

Progress of the New Jersey Department of Children and Families

Monitoring Period XV
(January 1 – June 30, 2014)

Charlie and Nadine H. v. Christie

January 9, 2015

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

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Charlie and Nadine H. v. Christie
January 1 – June 30, 2014**

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I. INTRODUCTION

The Center for the Study of Social Policy (CSSP) was appointed in July 2006 by the Honorable Stanley R. Chesler of the United States District Court for the District of New Jersey as Federal Monitor of the class action lawsuit *Charlie and Nadine H. v. Christie*. As Monitor, CSSP is charged with independently assessing New Jersey's compliance with the goals, principles and outcomes of the Modified Settlement Agreement (MSA)¹ aimed at improving the state's child welfare system.²

This report is the 15th monitoring report under the MSA and includes performance data for the period January 1 through June 30, 2014.

Methodology

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

- **Caseload Data Verification**

The Monitor conducted a telephone survey of 128 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.

- **Investigations Review**

In September 2014, the Monitor collaborated with DCF to review a statistically valid sample of 313 Child Protective Services (CPS) investigations involving 477 alleged child victims assigned to DCF Local Offices between February 1 and 14, 2014 to assess the overall quality of investigative practice. Findings and key recommendations are discussed in Section IV—DCF's Investigative Practice – of this report.

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

In August 2014, the Monitor collaborated with DCF to review case records of 73 youth ages 18 to 21 years who exited care between January and June 2014 without achieving permanency. The review focused on the education, housing and employment status of these youth to determine if performance met the level required by the MSA. Findings from the review are discussed in Section XII—Services to Older Youth—of this report.

¹ Copies of all previous Monitoring Reports can be found at www.cssp.org.

² To see the full Agreement, go to http://www.state.nj.us/dcf/documents/home/Modified_Settlement_Agreement_7_17_06.pdf.

- **Family Team Meeting Data Review**

The Monitor reviewed 37 cases from February 2014 to verify that workers were properly using and documenting legitimate reasons why the required FTMs did not occur. Further discussion of current performance is included in Section V – Implementing the Case Practice Model – of this report.

- **Visitation Data Review**

The Monitor reviewed a small sample of 25 case records from February 2014 of 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. The purpose of the review was to compare data from the case records with administrative data on visits produced by NJ SPIRIT (the CP&P data management system). The findings from CSSP’s manual audit of these cases was comparable to the performance reported by SafeMeasures version 5 (v5). The Monitor has concluded that reporting on the visitation measures can occur using aggregate data from NJ SPIRIT. Further discussion of current performance is included 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, youth permanency 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 June 30, 2014)*.

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

- Child protective services activities; including receiving reports and investigating allegations of alleged child maltreatment (Section IV);
- Implementation of DCF’s Case Practice Model (Section V);

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- 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);
 - 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 court ordered reform, the report includes, where appropriate, trend data from the first available data, usually June 2009 through June 2014.³ In addition, Appendices B-1 through C-2 provide data by Local Office on selected key case practice measures

³ For some performance measures, June 2014 data are not available. For those areas, the most recent data are cited with applicable timeframes.

II. SUMMARY OF PERFORMANCE

During this monitoring period, the state has maintained good performance in many areas of the Modified Settlement Agreement (MSA) and improved in some essential measures of case practice. There are other practice measures, as discussed below, where performance did not show significant change this period despite the state's efforts to implement improvement strategies and track results.

The MSA is structured in two phases. The first phase, focused on building infrastructure and standardizing caseloads while Phase II focuses on quality case practice and outcome measures. The thrust of current monitoring is on Phase II continued with close monitoring of caseload standards and needs assessment measures from Phase I. DCF has fully met 29 of the 34 Phase I measures and partially met three measures.

Phase II of the MSA requires the state to meet 53 performance measures,⁴ 10 measures require that performance be assessed annually using calendar year data and thus the 2014 performance on those measures will be included in the next monitoring report.⁵ (Based on the data from 2012 and 2013 calendar years, the State had met two of these and partially met a third measure). Of the 43 performance measures assessed this monitoring period, as of June 30, 2014, 19 have been met and 8 were partially met.⁶ In total, DCF has now met 21 of the 53 Phase II MSA performance measures and partially met an additional ten measures. Importantly, DCF has also been able to maintain performance for nearly all previously met performance measures.⁷

One performance measure was newly met during this monitoring period:

- Risk Reassessment Within 30 Days of Case Closure in Non-investigative Cases (Performance Measure 8c) which requires that in order to ensure safe case closure workers reassess the risk to a child(ren) prior to ending a case.

Also noteworthy during this monitoring period is the improvement in performance for visitation and adoption measures. While the MSA performance levels have not yet been met, DCF's improvement strategies are having a positive effect in these areas. For example:

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 These measures include placing of sibling groups together (*Measures 25 and 26* - MSA III.A.3.b.), stability of placement (*Measure 27* - MSA III.A.3.a.), abuse and neglect of children in foster care - met (*Measure 30* - MSA III.A.1.a.), repeat maltreatment (*Measures 31 and 32* - MSA III.A.1.b&c.), re-entry to placement (*Measure 33* - MSA III.A.2.b.) and discharge from foster care to permanency- partially met (*Measure 34a,d,e t*) including specific targets for adoption - met (*Measure 34(b)* - MSA III.A.2.a.).

⁶ "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 June 30, 2014.

⁷ Timeliness of initial case plans (Measure 10) and Independent Living Assessments (Measure 53) declined from 'yes' to 'partially.'

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- Caseworker visits to children within the first two months of an initial or subsequent placement has improved this period and now partially meets the required level of performance. These visits are important to support safety, service delivery and placement stability and CP&P has shown substantial progress in this area since we have been tracking visits as part of the MSA. In December 2009, performance was 18 percent and by June 2014, 92 percent of applicable children had the required number of visits by their caseworker in the first two months after an initial placement or replacement in a new resource home.
 - Performance for visits between children and their parents when the permanency goal is reunification is also partially met this monitoring period. Due to new capabilities of SafeMeasures v5, DCF is now able to more precisely report on completion of weekly visits between parents and their children and data indicate that in June 2014, 68 percent of children had weekly visits with their parents, exceeding the final MSA target of 60 percent for that month. Performance on visits at least every other week was also improved. Since 2009, there has been pronounced improvement on documented visits between children in foster care and their parents, an activity that is supported by research evidence as important to safe family reunification. Specifically, in December 2009, 11 percent of children that month had at least two visits with their parent. By June 2014, performance was 83 percent.
 - Improvements are also noted in completion of child specific adoption recruitment plans for children within 30 days of a goal change to adoption. During the previous monitoring period, only 37 percent of the 147 plans required were completed within 30 days. For this period, 67 percent of the 78 required plans were completed within 30 days; although not at the final target level of 90 percent, performance has moved significantly in the right direction.
 - Improvements were also noted in placement of children with a permanency goal of adoption in an adoptive home within nine months of the termination of parental rights. The final target requires this timeframe be met for 75 percent of applicable children and current performance for the 21 applicable children is now at 62 percent.

Qualitative Review (QR) data for the first six months of CY2014 also indicate improved case practice. The overall safety and well-being of children and families were rated as acceptable in 91 percent of cases reviewed, including a rating of 99 percent for safety in the home and 95 percent for physical health of the child reviewed.

In addition, the Monitor is encouraged by the first six months of QR data for 2014 which is also showing improved system performance in some important measures including the quality of case and service planning and meeting the educational needs of children.

Other accomplishments this monitoring period include:

- The commencement of child protective services investigations within the required response time for 98 percent of investigations;

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- Increased performance on the timely completion of child protective investigations (76% were completed within 60 days in the first six months of 2014, up from 63 percent in the previous nine month monitoring period);
 - Consistent quality performance on nearly all the MSA health care measures that assess whether children in out-of-home placement have dependable access to health care;
 - Solid QR ratings on how children’s out-of-home placement meets their developmental, emotional, behavioral and physical needs; and
 - Expansion of DCF’s policies and practices to support adolescents, including older youth transitioning out of care.

The monitoring report also identifies ongoing challenges and areas of practice where improvements have been slower. Of concern is the increase this period in both intake and adoption worker caseloads, which are now higher than acceptable. Also there remains a continuing issue with quality ratings on team formation and functioning, and providing services to support transitions out of placement. An area that DCF has targeted for more in-depth review and for improvement strategies is the high rate of repeat maltreatment of children and their family’s re-involvement with CP&P within one year of reunification. Assessing both statewide and local office data on this measure has prompted agency leaders and workers to reassess what additional steps and services may be needed to reduce the rate of repeat child welfare involvement.

Although there remain important MSA outcomes still to be achieved, DCF has demonstrated that it is a system that is continually trying to improve itself, as evidenced in no small part by the opportunities it has successfully sought to leverage new federal dollars to strengthen its adoption practice and to support highly vulnerable sub-populations such as runaway and homeless youth. The state leadership has emphasized and continues its work to further its capacity to effectively collect and use quantitative and qualitative data to assess practices and outcomes and adjust or develop new strategies as needed.

DCF has made a number of new appointments and changes to DCF’s management structure during this monitoring period. In September 2014, DCF appointed *Joseph Ribsam* as Deputy Commissioner. A previous member of the DCF leadership team, Ribsam will continue to oversee legislative, policy and regulatory work as well as be responsible for the Department’s legal and public affairs, grants management, auditing and communications work. *Charmaine Thomas* was appointed Assistant Commissioner for Community Partnerships. Most recently the Division Director of Family and Community Partnerships, she will oversee the Division on Women (DOW), which will now include the Office of Domestic Violence. DCF also consolidated the Middlesex Area Office and the Union Area Office into one office. Additionally, a high volume of recent retirements has provided the state with the opportunity for new staff to move into leadership positions as Area Directors and Local Office Managers.

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 full report.

Investigation of Alleged Abuse and Neglect

The State Central Registry (SCR) continues to operate professionally, efficiently and effectively; reports of alleged abuse and neglect are appropriately screened and timely forwarded to the field for investigation. Investigative staff are well trained. In September 2014, the Monitor with DCF assessed the quality of investigative practice in a random sample of 313 CPS investigations assigned to DCF Local Offices between February 1 and 14, 2014. Seventy-eight percent of the investigations were rated as meeting quality standards. The findings of the review reflect clear strengths in practice around conducting safety and risk assessments, interviewing the mothers of alleged child victims and holding both pre and post-investigation caseworker supervisory conferences. As noted in the report, investigations caseloads have risen beyond compliance levels and the Monitor is concerned that unless intake caseloads are reduced, the workload will have a deleterious impact on a worker's ability to conduct a timely and quality investigation.

Implementation of the Case Practice Model

DCF continued to focus on improving case practice performance and succeeded in significantly improving performance on holding initial and quarterly Family Team Meetings (FTMs) during this monitoring period. The state's strategy of holding bi-weekly conferences among DCF leadership, Area Directors and their Local Office managers to review individual performance on specific key indicators has shown results, particularly in improvement in FTM documentation and performance and worker visits to children during the first two months of initial or subsequent placement. Current data also demonstrate that DCF is performing better on worker visits with parents when the permanency goal is reunification, while DCF is also continuing to assess its data collection and analysis methods in an attempt to accelerate documented improvements in this area.

Notably, the QR overall ratings for January through June of 2014 for practice and system performance, one indicator of the quality of case practice statewide, show improvement. However, certain key QR ratings such as engagement with parents and family teamwork remain below levels expected by both DCF leadership and the MSA and more work is needed to raise ratings to anticipated levels and fully realize the principles of New Jersey's Case Practice Model.

Placement of Children in Out-of-Home Care

DCF's current performance on MSA requirements regarding the appropriate placement of children in the state's custody meets many of the MSA targets. Importantly, 96 percent of cases examined through the QR were judged to be acceptable on the appropriateness of a child's placement. DCF continued to meet standards on the placement of children in a family-like setting and within placement capacity limits. Sixty-six percent of newly licensed families are relatives of children in care, illustrating sustained improvement in this area.

Timely Permanency through Reunification, Adoption or Legal Guardianship

DCF continues to exceed the MSA target to finalize adoptions within nine months of an adoptive placement. DCF has also shown improvement since the previous monitoring period in completion of child specific recruitment plans for applicable children within 30 days of goal

change and in placement of children in an adoptive home within nine months of termination of parental rights, although performance still does not meet the required MSA targets.

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

As the Monitor has reported consistently over the past three years, 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 and that children and youth in out-of-home placement have timely access to healthcare services. The one continued challenge is ensuring that resource parents receive a child's health passport within five days of placement. Performance on this measure is 62 percent, well below the final target of 95 percent. However, in 98 percent of cases, the health passport was provided to resource parents within 30 days of a child entering out-of-home care.

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

Over the past six years, DCF has successfully expanded its use of Family Success Centers (FSCs), one of its core strategies to support children in their families and communities. FSCs are neighborhood-based centers where families can access services when needed and before falling into crisis. There are currently 52 FSCs statewide, and they continue to be a significant system strength for children, youth and families in New Jersey. DCF's Office of Family Support Services (OFSS) has provided additional funding to some FSCs in the areas of highest need (many of which suffered the effects from Superstorm Sandy) to offer psychosocial and family strengthening events and community building activities. DCF is also continuing to strengthen its work in the area of domestic violence prevention and treatment.

Services to Older Youth

DCF continues to allocate significant energy and resources towards improving the provision of services and supports to adolescents, including those for older youth transitioning out of care. The state has revised policies and practices to support and improve well-being and permanency outcomes for these youth. DCF continues to contract for 390 transitional and supportive housing slots statewide for youth seeking housing, aging out of care or who are homeless. Further, new programs and improvements to existing educational strategies have been developed to enhance academic performance, attainment and accessibility.

Despite consistent efforts to improve services for older youth, performance on one MSA measure pertaining to older youth has declined slightly and for two other measures, no improvements were found this monitoring period. The percentage of youth between the ages of 14 and 18 who completed Independent Living Assessments dropped slightly below the MSA target of 95 percent this monitoring period. Also data for the first six months of 2014 determined that 70 percent of older youth cases reviewed using the QR protocol were rated acceptable on services to older youth, below the MSA target of 90 percent. Moderate declines in performance for required services and supports to youth exiting care without achieving permanency were noted as well: although current data are only available for January through June 2014, the number of youth exiting care with a plan for housing fell compared to data for CY2013, and the number of youth

exiting care either with employment or enrollment in an educational or vocational training program remains below the required level.

Continuous Quality Improvement

Continuous quality improvement strategies are central to DCF's efforts to comply with the MSA. A highlight of DCF's improvements in recent years has been its focus on using regional and statewide data to identify areas of practice that need improvement. Its weekly reviews of performance with Local Office management are noteworthy, as are its regular QRs which provide county-level data on the state's progress in implementing the Case Practice Model. As further detailed in the report, DCF's monthly ChildStat meetings model for staff the importance of the increased use of quantitative and qualitative data to better understand and improve system performance and outcomes.

The Monitor continues to support DCF's development of its quality assurance and accountability processes and believes its quality improvement efforts have already demonstrated significant improvement in the quality of care for children, youth and families in New Jersey.

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).⁸ 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 and SafeMeasures,⁹ 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 June 2014, or the most current data available.

⁸ 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.

⁹ 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 June 30, 2014)**

Reference	Quantitative or Qualitative Measure	Final Target	December 2013 Performance ¹⁰	June 2014 Performance	Requirement Fulfilled (Yes/No/Ongoing) ¹¹	Direction of Change ¹²
<i>State Central Registry, Investigative Practice and Institutional Abuse Investigations Unit (IAIU)</i>						
CPM V.1	<u>1. 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. 12,568 calls b. 281 abandoned calls c. 15 seconds d. 4,500 calls screened out e. 1,222 CWS referrals	a. 13,809 calls b. 465 abandoned calls c. 27 seconds d. 5,092 calls screened out e. 1,466 CWS referrals	Ongoing Monitoring of Compliance	N/A

¹⁰ 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.

¹¹ “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 January 1 through June 30, 2014 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.

¹² 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 from the previous monitoring period to the current monitoring period cannot be made. The Monitor is comparing performance to the previous monitoring period and has taken into consideration that the previous monitoring period was nine months long (April –December 2013) while the current one is six months long.

Reference	Quantitative or Qualitative Measure	Final Target	December 2013 Performance ¹⁰	June 2014 Performance	Requirement Fulfilled (Yes/No/Ongoing) ¹¹	Direction of Change ¹²
CPM V.1	2. <u>Quality of SCR Response:</u> a. Respond to callers promptly, with respectful, active listening skills b. Essential information gathered—identification of parents and other important family members c. Decision-making process based on information gathered and guided by tools and supervision	Ongoing Monitoring of Compliance	Ongoing Monitoring of Compliance	Ongoing Monitoring of Compliance	Ongoing Monitoring of Compliance	N/A
CPM V.1 MSA III.B.2	3. <u>Timeliness of Response:</u> Investigations of alleged child abuse and neglect shall be received by the field in a timely manner and commenced within the required response time as identified at SCR, but no later than 24 hours.	a. For periods beginning July 1, 2009, and thereafter, 98% of investigations shall be received by the field in a timely manner. b. For periods beginning July 1, 2009, and thereafter, 98% of investigations shall be commenced within the required response time.	a. 100% of investigations were received by the field in a timely manner. b. 97% of investigations commenced within required response time.	a. 99% of investigations were received by the field in a timely manner. b. 98% of investigations commenced within required response time.	Yes	↔
CPM V.1 MSA III.B.3	4. <u>Timeliness of Completion:</u> Investigations of alleged child abuse and neglect shall be completed within 60 days.	By June 30, 2010, 98% of all abuse/ neglect investigations shall be completed within 60 days.	63% of investigations were completed within 60 days ¹³ .	76% of investigations were completed within 60 days ¹⁴ .	No	↑

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%.

¹⁴ Performance data for the monitoring period are as follows: January 2014, 72%; February 2014, 77%; March 2014, 79%; April 2014, 76%; May 2014, 75%; June 2014, 76%.

Reference	Quantitative or Qualitative Measure	Final Target	December 2013 Performance ¹⁰	June 2014 Performance	Requirement Fulfilled (Yes/No/Ongoing) ¹¹	Direction of Change ¹²
CPM V.1	5. <u>Quality Investigative Practice</u>: Investigations will meet measures of quality including acceptable performance on: a. Locating and seeing the child and talking with the child outside the presence of the caretaker within 24 hours of receipt by field; b. Conducting appropriate interviews with caretakers and collaterals; c. Using appropriate tools for assessment of safety and risk; d. Analyzing family strengths and needs; e. Seeking appropriate medical and mental health evaluations; f. Making appropriate decisions; and g. Reviewing the family's history with DCF/DCP&P	By December 31, 2009, 90% of investigations shall meet quality standards.	Ongoing Monitoring of Compliance	Data collected during a case record review conducted in September 2014 found that 78% of investigations met quality standards. ¹⁵	No	↔ ¹⁶

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

¹⁶ A case record review conducted in January 2013 found that 78 percent of investigations met quality standards.

Reference	Quantitative or Qualitative Measure	Final Target	December 2013 Performance ¹⁰	June 2014 Performance	Requirement Fulfilled (Yes/No/Ongoing) ¹¹	Direction of Change ¹²
CPM V.I MSA II.I.3 MSA III.B.4	6. <u>IAIU Practice for Investigations in Placements:</u> a. Investigations in resource homes and investigations involving group homes, or other congregate care settings shall be completed within 60 days. b. Monitor will review mechanisms that provide timely feedback to other divisions (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.	By June 2007 and thereafter, 80% of investigations by IAIU shall be completed within 60 days.	81% 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. ¹⁷	Yes	↑

¹⁷ Performance data for the monitoring period are as follows: January 2014, 82%; February 2014, 88%; March 2014, 89%, April 2014, 90%; May 2014, 90%; June 2014, 85%.

Reference	Quantitative or Qualitative Measure	Final Target	December 2013 Performance ¹⁰	June 2014 Performance	Requirement Fulfilled (Yes/No/Ongoing) ¹¹	Direction of Change ¹²
Implementation of Case Practice Model						
CPM V.3	7. <u>Family Involvement and Effective use of Family Team Meetings</u>. A family team (involving parents, youth and appropriate formal and informal supports) shall meet and plan together. The team should be involved in planning & decision-making throughout a case and have the skills, family knowledge and abilities to solve and help to organize effective services for the child and family. Number of family team meetings at key decision points. a. For children newly entering placement, the number/percent who have a family team meeting within 30 days of entry. b. For all other children in placement, the number/percent who have at least one family team meeting each quarter. c. Family Team Formation and Functioning.	a. By June 30, 2010, family meetings held prior to or within 30 days of entry for 90% of new entries and 90% of pre-placements. b. By June 30, 2010, family meetings held for 90% of children at least once per quarter. c. By June 30, 2011, 90% of cases show evidence in QR of acceptable team formation and functioning.	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%. 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%. c. 32% of cases rated at least minimally acceptable on both QR 'Family Teamwork' indicators: team formation and team functioning.	a. In June, 2014, 74% of children newly entering placement had a family team meeting within 30 days of entering placement. From January 1, 2014 to June 30, 2014 performance ranged from 68 to 80%.¹⁸ b. In June 2014, 60% of children had at least one family team meeting each quarter. From January 1, 2014 to June 30, 2014 performance ranged from 60 to 80%.¹⁹ c. 37% of cases rated at least minimally acceptable on both QR 'Family Teamwork' indicators: team formation and team functioning.^{20, 21}	No	↑

¹⁸ During the previous monitoring period and continuing from January through June 2014, DCF has been 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 is involved in this self-diagnosis and corrective action, the Monitor will 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 actually occurred. Performance data for the monitoring

Reference	Quantitative or Qualitative Measure	Final Target	December 2013 Performance ¹⁰	June 2014 Performance	Requirement Fulfilled (Yes/No/Ongoing) ¹¹	Direction of Change ¹²
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 reassessment completed within 30 days of case closure.	a. 100% of investigations completed had a safety assessment completed prior to investigation closure. b. 100% of investigations completed had a risk assessment completed prior to investigation closure. c. 92% of applicable closed cases had a risk reassessment completed within 30 days prior to case closure. ²²	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. 98% of applicable closed cases had a risk reassessment completed within 30 days prior to case closure.	Yes	↑

period are as follows: January 2014, 68%; February 2014, 74%; March 2014, 77%; April 2014, 76%; May 2014, 80%; June 2014, 74%. Note that the FTM data likely understates compliance because due to documentation and validation issues, it does not yet account for instances where FTMs may appropriately be excluded. 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. In July 2014 the Monitor reviewed a random sample of cases and was not able to validate the state's data.

¹⁹ See above footnote for an explanation of methodology. Using this methodology, in June 2014, out of 1,854 possible FTMs, 1,504 (79%) occurred. Performance data for the monitoring period are as follows: January 2014, 60%; February 2014, 63%; March 2014, 69%; April 2014, 75%; May 2014, 80%; June 2014, 79%.

²⁰ 120 cases were reviewed as part of the Qualitative Reviews (QRs) conducted from January to June 2014. 44 of 120 cases (37%) rated acceptable on *both areas* of Family Teamwork: team formation and team functioning; 63 of 120 cases (53%) rated acceptable on team formation; and 53 of 120 cases (44%) cases rated acceptable on team functioning.

²¹ Direction of change for subpart C. cannot be assessed until December 2014 as previously reported performance was based upon data for 12 months and current data are only available for the first six months of CY2014.

²² Applicable cases include reunification and do not include adoption, kinship legal guardianship or emancipation.

Reference	Quantitative or Qualitative Measure	Final Target	December 2013 Performance ¹⁰	June 2014 Performance	Requirement Fulfilled (Yes/No/Ongoing) ¹¹	Direction of Change ¹²
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.	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 %.	92% of children entering care had case plans developed within 30 days. Between January 2014 and June 2014, monthly performance ranged from 92 to 98 %. ²³	Partially	↓
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.	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 %.	98% of case plans were reviewed and modified as necessary at least every six months. From January 2014 through June 2014, monthly performance ranged from 97 to 99 %. ²⁴	Yes	↔

²³ Performance dipped slightly below final target; data for the monitoring period are as follows: January 2014, 93%; February 2014, 95%; March 2014, 97%; April 2014, 98%; May 2014, 92%; June 2014, 92%. The Monitor considers this measure as in partial compliance because only three of the six months met the standard.

²⁴Performance data for monitoring period are as follows: January 2014, 97%; February 2014, 98%; March 2014, 98%; April 2014, 98%; May 2014, 99%; June 2014, 98%.

Reference	Quantitative or Qualitative Measure	Final Target	December 2013 Performance ¹⁰	June 2014 Performance	Requirement Fulfilled (Yes/No/Ongoing) ¹¹	Direction of Change ¹²
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.	41% of cases rated at least minimally acceptable on both QR indicators 'Case Planning Process' and 'Tracking and Adjusting.'	56% of cases rated at least minimally acceptable on both QR indicators 'Case Planning Process' and 'Tracking and Adjusting.' ²⁵	No	N/A ²⁶

²⁵ 120 in and out-of-home were reviewed as part of the Qualitative Review (QRs) conducted from January to June 2014. 67 of 120 (56%) in and out-of-home cases rated acceptable on *both* the Case Planning Process and Tracking and Adjusting indicators; 75 of 120 cases (63%) rated acceptable on Case Planning Process; and 82 of 120 cases (68%) rated acceptable on Tracking and Adjusting.

²⁶ Direction of change cannot be assessed until December 2014 as previously reported performance was based upon data for nine months and current data are only available for the first six months of CY2014.

Reference	Quantitative or Qualitative Measure	Final Target	December 2013 Performance ¹⁰	June 2014 Performance	Requirement Fulfilled (Yes/No/Ongoing) ¹¹	Direction of Change ¹²
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.	67% of cases rated at least minimally acceptable on QR indicators 'Stability (school)' and 'Learning and Development - over age 5.'	88% of cases rated at least minimally acceptable on QR indicators 'Stability (school)' and 'Learning and Development - over age 5.' ²⁷	No	N/A ²⁸
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.	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.	In June 2014, 92% 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. ²⁹ Monthly range January – June 2014: 92 – 96%.	Partially ³⁰	↑
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. Monthly range April – December 2013: 93 – 95%.	93% of children had at least one caseworker visit per month in his/her placement. ³¹ Monthly range January – June 2014: 93 – 94%.	Partially ³²	↔

²⁷ 120 cases were reviewed as part of the Qualitative Reviews (QRs) conducted from January to June 2014. Of the 120 cases, only 52 involved children over the age of 5 and in out-of-home placement. Of the 52 applicable cases, 46 (88%) rated acceptable on *both* the Stability (school) and Learning and Development (age 5 and older) QR indicators; 56 of 61 applicable cases (92%) rated acceptable on Stability (school); 55 of 59 (93%) applicable cases rated acceptable on Learning and Development for children over age 5.

²⁸ Direction of change cannot be assessed until December 2014 as previously reported performance was based upon data for nine months and current data are only available for the first six months of CY2014.

²⁹ Performance data for monitoring period are as follows: January 2014, 95%; February 2014, 96%; March 2014, 95%; April 2014, 95%; May 2014, 94%; June 2014, 92%.

³⁰ The Monitor considers this performance measure to be partially met as DCF met the required level of performance for four of the six months this period.

³¹ Performance data for monitoring period are as follows: January 2014, 94%; February 2014, 93%; March 2014, 94%; April 2014, 94%; May 2014, 94%; June 2014, 93%.

³² 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 a monthly range of 98 to 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	December 2013 Performance ¹⁰	June 2014 Performance	Requirement Fulfilled (Yes/No/Ongoing) ¹¹	Direction of Change ¹²
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.	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%. ³³	78% of parents or other legally responsible family members of children in custody with a goal of reunification had at least two face-to-face visits with a caseworker. Monthly range January – June 2014: 72 – 80%. ^{34, 35}	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. ³⁶	66% of parents or other legally responsible family members had at least one face-to-face caseworker contact per month. Monthly range April – December 2013: 63 – 71%. ³⁷	65% of parents or other legally responsible family members had at least one face-to-face caseworker contact per month. Monthly range January – June 2014: 59 – 66%. ^{38, 39}	No	↔

³³ 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.

³⁴ Ibid.

³⁵ Performance data for monitoring period are as follows: January 2014, 73%; February 2014, 72%; March 2014, 79%; April 2014, 79%; May 2014, 80%; June 2014, 78%.

³⁶ Possible modification of this final target has been discussed among the parties and the Monitor with no resolution.

³⁷ 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.

³⁸ Ibid.

³⁹ Performance data for monitoring period are as follows: January 2014, 61%; February 2014, 59%; March 2014, 65%; April 2014, 66%; May 2014, 63%; June 2014, 65%.

Reference	Quantitative or Qualitative Measure	Final Target	December 2013 Performance ¹⁰	June 2014 Performance	Requirement Fulfilled (Yes/No/Ongoing) ¹¹	Direction of Change ¹²
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.	78% of children had recorded visits at least every other week. Monthly range April – December 2013: 76 – 80%. ⁴⁰ 56% of children had recorded weekly visits with their parents. Monthly range April – December 2013: 54 – 61%.	83% of children had recorded visits at least every other week. Monthly range January – June 2014: 75 – 83%. ^{41, 42} 68% of children had recorded weekly visits with their parents. Monthly range January – June 2014: 55 – 68%. ^{43, 44}	Partially ⁴⁵	N/A ⁴⁶

⁴⁰ 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.

⁴¹ Ibid.

⁴² Performance data for monitoring period for visits at least every other week between parent and child are as follows: January 2014, 75%; February 2014, 75%; March 2014, 80%; April 2014, 82%; May 2014, 82%; June 2014, 83%.

⁴³ 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.

⁴⁴ Performance data for monitoring period for weekly visits between parent and child are as follows: January 2014, 55%; February 2014, 59%; March 2014, 65%; April 2014, 66%; May 2014, 65%; June 2014, 68%.

⁴⁵ The Monitor considers this performance measure to be partially met as DCF met the required level of performance for one sub-part of the measure (weekly visits) for four of the six months this period.

⁴⁶ Due to the new capabilities of SafeMeasures v5, DCF is now able to more precisely report on completion of weekly visitation between parents and children on a week to week basis. Current performance is reported by the average percentage of children who had visits with their parent each week during the month. This is different than previous periods when performance was based upon the percentage of children who had four visits during the month with their parent. Due to this change in methodology, direction of change is not assessed.

Reference	Quantitative or Qualitative Measure	Final Target	December 2013 Performance ¹⁰	June 2014 Performance	Requirement Fulfilled (Yes/No/Ongoing) ¹¹	Direction of Change ¹²
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.	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%.	68% of children in custody who have siblings with whom they are not residing visited with their siblings monthly. Monthly range January – June 2014: 66 – 69%. ^{47,48}	No	↔
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.	131 (98%) of 134 staff positions filled with eight staff on full time leave; 123 (92%) available DAsG.	131 (100%) of 131 staff positions filled with four staff on full time leave; 127 (97%) available DAsG. ⁴⁹	Yes	↔

⁴⁷ Performance data for monitoring period are as follows: January 2014, 66%; February 2014, 68%; March 2014, 69%; April 2014, 67%; May 2014, 69%; June 2014, 68%.

⁴⁸ DCF has recently indicated that NJ SPIRIT data may undercount sibling visits by five to six percent each month. The Monitor has not yet verified this information.

⁴⁹ DCF reports that during this monitoring period it added two full time law assistants and 15.5 DAsG external to their Practice Group who dedicate time to DCF matters.

Reference	Quantitative or Qualitative Measure	Final Target	December 2013 Performance ¹⁰	June 2014 Performance	Requirement Fulfilled (Yes/No/Ongoing) ¹¹	Direction of Change ¹²
<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.'	96% of cases rated at least minimally acceptable on QR indicator 'Appropriateness of Placement.'	Yes	N/A ⁵⁰
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.	91% of children were placed in a family setting.	Yes	↔

⁵⁰ Direction of change cannot be assessed until December 2014 as previously reported performance was based upon data for nine months and current data are only available for the first six months of CY2014.

Reference	Quantitative or Qualitative Measure	Final Target	December 2013 Performance ¹⁰	June 2014 Performance	Requirement Fulfilled (Yes/No/Ongoing) ¹¹	Direction of Change ¹²
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 CY2013, 77% of sibling groups of 2 or 3 were placed together. ⁵¹	CY2014 data not yet available.	No based on CY2013 data CY2014 data not yet available	N/A
MSA III.A 3.b	26. <u>Placing Siblings Together</u> : Of sibling groups of four or more siblings entering custody at the same time or within 30 days of one another, the percentage in which all siblings are placed together.	For siblings entering in the period beginning July 2011 and thereafter, at least 40% will be placed together.	In CY2013, 26% of sibling groups of 4 or more were placed together. ⁵²	CY2014 data not yet available.	No based on CY2013 data CY2014 data not yet available	N/A
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 CY2012, 82% of children had two or fewer placements during the 12 months from their date of entry.	CY2013 data not yet available.	No based on CY2012 data CY2013 data not yet available	N/A

⁵¹ In CY2012 there were 783 sibling groups of two or three children. In CY2013 there were 842 sibling groups of two or three, representing an 8 percent increase over the previous year.

⁵² In CY2012, there were 136 sibling groups with four or more children. In CY2013, there were 103 sibling groups with four or more children, representing a 24 percent decrease over the previous calendar year.

Reference	Quantitative or Qualitative Measure	Final Target	December 2013 Performance ¹⁰	June 2014 Performance	Requirement Fulfilled (Yes/No/Ongoing) ¹¹	Direction of Change ¹²
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 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.	a. Between January 2014 and June 2014, four children under the age of 13 were placed in shelters. ⁵³ b. Between January 2014 and June 2014 98% of children over the age of 13 who were placed in shelters were in compliance with MSA standards.	Partially	↓

⁵³ There were a total of 5,713 children under 13 in placement in this monitoring period; three out of the four children under 13 years old placed in shelter in this monitoring period were in shelter for one day.

Reference	Quantitative or Qualitative Measure	Final Target	December 2013 Performance ¹⁰	June 2014 Performance	Requirement Fulfilled (Yes/No/Ongoing) ¹¹	Direction of Change ¹²
<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 CY2013, 0.32% of children were victims of substantiated abuse or neglect by a resource parent or facility staff member. ⁵⁴	CY2014 data not yet available	Yes, based on CY2013 data CY2014 data not yet available	N/A
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 CY2012 and remained at home, 7.6% had another substantiation within the next 12 months.	CY2013 data not yet available	No, based on CY2012 data CY2013 data not yet available	N/A
MSA III.A 1.c	32. <u>Repeat Maltreatment</u> : Of all children who are reunified during a period, the percentage who are victims of substantiated abuse or neglect within one year after the date of reunification.	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 CY2012, 8.5% of children who reunified were victims of substantiated child maltreatment within one year after reunification.	CY2013 data not yet available	No, based on CY2012 data CY2013 data not yet available	N/A

⁵⁴ 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	December 2013 Performance ¹⁰	June 2014 Performance	Requirement Fulfilled (Yes/No/Ongoing) ¹¹	Direction of Change ¹²
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 CY2012, 13% re-entered custody within one year of the date of exit. ⁵⁵	CY2013 data not yet available	No, based on CY2012 data CY2013 data not yet available	N/A

⁵⁵ 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 CY2012, 10 percent re-entered custody within one year of the date of exit. Using that definition, DCF calculates performance for previous years as follows: CY2007, 12%; CY2008, 10%; CY2009, 10%; CY2010, 9%, CY2011 9%.

Reference	Quantitative or Qualitative Measure	Final Target	December 2013 Performance ¹⁰	June 2014 Performance	Requirement Fulfilled (Yes/No/Ongoing) ¹¹	Direction of Change ¹²
Permanency						
MSA III.A 2.a	34.a., d., e. <u>Discharged to Permanency</u>: Percentage of children discharged from foster care to permanency (reunification, permanent relative care, adoption and/or guardianship). a. Of all children who entered foster care for the first time in target year and who remained in foster care for eight days or longer, percentage that discharged to permanency within 12 months. d. Of all children who were in foster care on the first day of the target year and had been in care between 13 -24 months, percentage that discharged to permanency prior to 21st birthday or by the last day of the year. e. Of all children who were in foster care for 25 months or longer on the first day of the target year, percentage that discharged to permanency prior to 21st birthday or by the last day of the year.	a. CY2011: 50% d. CY2011: 47% e. CY2011: 47%	a. CY2012: 46% d. CY2013: 46% e. CY2013: 36%	a. CY2013 data not yet available ⁵⁶ d. CY2014 data not yet available e. CY2014 data not yet available	Partially, based on CY2012 and 2013 data; ⁵⁷ more recent data not yet available.	N/A

⁵⁶ Data for CY2013 will not be available until early 2015.

Reference	Quantitative or Qualitative Measure	Final Target	December 2013 Performance ¹⁰	June 2014 Performance	Requirement Fulfilled (Yes/No/Ongoing) ¹¹	Direction of Change ¹²
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 CY2011, 60% will be discharged to a final adoption in less than 12 months from the date of becoming legally free.	74% of children who became legally free in CY2012 were discharged from foster care to a finalized adoption in less than 12 months from date of becoming legally free.	CY2013 data not yet available ⁵⁸	Yes, based on CY2012 data CY2013 data not yet available	N/A
MSA III.A 2.a	34.c. <u>Total time to Adoption</u> : Of all children who exited foster care to adoption in the target year, what percentage was discharged from foster care to adoption within 30 months from removal from home.	Of all children who exit to adoption in CY2011, 60% will be discharged from foster care to adoption within 30 months from removal from home.	Of all children who exited to adoption in CY2013, 45% were discharged from foster care to adoption within 30 months from removal from home.	CY2014 data not yet available	No, based on CY2013 data CY2014 data not yet available	N/A
MSA III.B 12(i)	35. <u>Progress Toward Adoption</u> : Number/percent of children with a permanency goal of adoption who have a petition to terminate parental rights filed within 60 days of the date of the goal change.	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 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%.	In June 2014, 68% 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 January and June 2014 ranged from 68 to 85%. ⁵⁹	No	↔

⁵⁷ 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.

⁵⁸ Data for CY2013 will not be available until early 2015.

⁵⁹ Performance data for monitoring period are as follows: January 2014, 79%; February 2014, 85%; March 2014, 73%; April 2014, 82%; May 2014, 78%; June 2014, 68%.

Reference	Quantitative or Qualitative Measure	Final Target	December 2013 Performance ¹⁰	June 2014 Performance	Requirement Fulfilled (Yes/No/Ongoing) ¹¹	Direction of Change ¹²
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 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.	Between January and June 2014, 78 children required child specific recruitment plans and 52 (67%) of these plans were developed within 30 days of the date of goal change.	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 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.	Between January and June 2014, 13 (62%) 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 December 2013, 100% of adoptions were finalized within nine months of adoptive placement.	In June 2014, 97% of adoptions were finalized within nine months of adoptive placement.	Yes	↔

Reference	Quantitative or Qualitative Measure	Final Target	December 2013 Performance ¹⁰	June 2014 Performance	Requirement Fulfilled (Yes/No/Ongoing) ¹¹	Direction of Change ¹²
<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. ⁶⁰	By December 31, 2009, 98% of children will receive a pre-placement assessment either in a non-emergency room setting, or in an emergency room (ER) setting if the child needed emergency medical attention or the child was already in the emergency room when DCP&P received the referral.	100% of children entering DCP&P custody received a pre-placement assessment (PPA). 99% of PPAs occurred in a setting appropriate for the situation.	100% of children entering DCP&P custody received a pre-placement assessment (PPA). ⁶¹ 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 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.	From January through June 2014, 84% of children received a CME within the first 30 days of placement and 97% received a CME within the first 60 days of placement.	Yes	↔

⁶⁰ 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.

⁶¹ Percentage reflected as 100 due to rounding.

Reference	Quantitative or Qualitative Measure	Final Target	December 2013 Performance ¹⁰	June 2014 Performance	Requirement Fulfilled (Yes/No/Ongoing) ¹¹	Direction of Change ¹²
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 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.	From January through June 2014, 89% of children ages 12-24 months were clinically up-to-date on their EPSDT visits and 91% of children older than two years were clinically up-to-date on their EPSDT visits.	Partially ⁶²	↔
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. 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.	a. By June 2014, 98% of children received an annual dental examination. b. By June 2014, 83% 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.	94% of children received follow-up care for needs identified in their CME. ⁶³	Yes	↔

⁶² 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.

⁶³ 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 August 1, 2013 and April 30, 2014 and were in care for a minimum of 60 days. 3,023 children comprise this cohort. A sample of 362 children was reviewed. The results have a $\pm 5\%$ margin of error with 95% confidence.

Reference	Quantitative or Qualitative Measure	Final Target	December 2013 Performance ¹⁰	June 2014 Performance	Requirement Fulfilled (Yes/No/Ongoing) ¹¹	Direction of Change ¹²
	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 October through December 2013, 94% of children in out-of-home placement were current with their immunizations.	From April through June 2014, 95% of children in out-of-home placement were current with their immunizations.	Partially ⁶⁴	↔
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.	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.	62% 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. ⁶⁵	No	↔

⁶⁴ 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.

⁶⁵ 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 August 1, 2013 and April 30, 2014 and were in care for a minimum of 60 days. 3,023 children comprise this cohort. A sample of 362 children was reviewed. The results have a $\pm 5\%$ margin of error with 95% confidence.

Reference	Quantitative or Qualitative Measure	Final Target	December 2013 Performance ¹⁰	June 2014 Performance	Requirement Fulfilled (Yes/No/Ongoing) ¹¹	Direction of Change ¹²
Health Care for Children in Out-of-Home Placement						
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.	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.	99% of eligible children and youth received a mental health screening. Of those screened, 44% had a suspected mental health need. Of those with a suspected mental health need (and 9 additional youth already receiving services) 94% received a mental health assessment. ⁶⁶	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 DCP&P and to prevent children and youth from entering DCP&P custody.	Ongoing Monitoring of Compliance	DCF continues to support CMO, YCMs, FSOs, Mobile Response, MST, FFT and community-based services to prevent children from being removed and to reunify children with their parents.	DCF continues to support CMO, YCMs, FSOs, Mobile Response, MST, FFT and community-based services to prevent children from being removed and to reunify children with their parents.	Yes	N/A

⁶⁶ 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 August 1, 2013 and April 30, 2014 and were in care for a minimum of 60 days. 3,023 children comprise this cohort. A sample of 362 children was reviewed. The results have a $\pm 5\%$ margin of error with 95% confidence.

Reference	Quantitative or Qualitative Measure	Final Target	December 2013 Performance ¹⁰	June 2014 Performance	Requirement Fulfilled (Yes/No/Ongoing) ¹¹	Direction of Change ¹²
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	52 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.	49% of cases rated at least minimally acceptable on QR indicator 'Transitions and Life Adjustments.'	55% of cases rated at least minimally acceptable on QR indicator 'Transitions and Life Adjustments.'	No	N/A ⁶⁷
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 13,890 adopted children by the end of CY2013. 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 14,025 adopted children as of June 2014. 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 to provide adoption specific counseling and supports to families.	Yes	N/A

⁶⁷ Direction of change cannot be assessed until December 2014 as previously reported performance was based upon data for nine months and current data are only available for the first six months of CY2014.

Reference	Quantitative or Qualitative Measure	Final Target	December 2013 Performance ¹⁰	June 2014 Performance	Requirement Fulfilled (Yes/No/Ongoing) ¹¹	Direction of Change ¹²
CPM	52. <u>Provision of Domestic Violence Services</u> . DCF shall continue to support Domestic Violence liaisons, PALS and Domestic Violence shelter programs to prevent child maltreatment and assist children and families involved with DCP&P.	Ongoing Monitoring of Compliance	31 liaisons are available in DCP&P's 46 Local Offices, one in each county.	39 liaisons are available in DCP&P's 46 Local Offices, one in each county. DCF also supports the Domestic Violence Legal Advocacy Program and the other programs targeted to assist eligible victims of domestic violence.	Yes	N/A
Services to Older Youth						
CPM	53. <u>Independent Living Assessments</u> : Number/percent of cases where DCF Independent Living Assessment is complete for youth age 14-18.	By December 31, 2011, 95% of youth age 14-18 have an Independent Living Assessment.	96% of youth ages 14 to 18 in out-of-home placement for at least six months had a completed Independent Living Assessment.	90% of youth ages 14 to 18 in out-of-home placement for at least six months had a completed Independent Living Assessment.	No	↓

Reference	Quantitative or Qualitative Measure	Final Target	December 2013 Performance ¹⁰	June 2014 Performance	Requirement Fulfilled (Yes/No/Ongoing) ¹¹	Direction of Change ¹²
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.	66% of youth received acceptable services. ⁶⁸	70% of youth received acceptable services. ⁶⁹	No	N/A ⁷⁰
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 January and December 2013 without achieving permanency found that 93% of youth had housing and 65% of youth were either employed or enrolled in education or vocational training program. ⁷¹	Data collected during a case record review of all youth exiting care between January and June 2014 without achieving permanency found that 84% of youth had housing and 63% of youth were either employed or enrolled in education or vocational training program. ⁷²	No	↔

⁶⁸ 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.

⁶⁹ Reported performance based upon QR findings from 20 cases of youth ages 18 to 21 whose cases were reviewed between January and June 2014. Cases were considered acceptable if acceptable ratings were determined for overall Child (Youth)/Family Status and Practice Performance. 19 (95%) of cases rated acceptable on overall Child (Youth)/Family Status and 15 (75%) of cases rated acceptable on Practice Performance.

⁷⁰ Direction of change cannot be assessed until December 2014 as previously reported performance was based upon data for cases reviewed during a 19 month period and current data are only available for the first six months of CY2014.

⁷¹ Case records for 106 youth were reviewed.

⁷² Case records for 73 youth were reviewed.

Ongoing Phase I and Phase II Requirements		
The following are additional MSA requirements that DCF must meet:	June 2014 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 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 January 1 and June 30, 2014, 85 (100%) new caseworkers (40 hired in the previous monitoring period) were enrolled in Pre-service Training within two weeks of their start date. (10 BCWEP hires). ⁷³	Yes
II.B.1.c. No case carrying worker shall assume a full caseload until completing Pre-service Training and passing competency exams.	Between January 1 and June 30, 2014, 85 (100%) new caseworkers (40 hired in the previous monitoring period) were enrolled in Pre-service Training within two weeks of their start date. (10 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.	DCF expects to reach this annual obligation by December 31, 2014.	Yes
II.B.2.d. The state shall implement In-service Training on concurrent planning for all existing staff.	Between January 1 and June 30, 2014, 89 (100%) eligible CP&P caseworkers were trained on concurrent planning and passed competency exams before assuming caseloads.	Yes

⁷³ The Baccalaureate Child Welfare Education Program (BCWEP) is a consortium of seven New Jersey colleges (Rutgers University, Seton Hall University, Stockton College, Georgian Court University, Monmouth University, Century College and Ramapo College) that enables students to earn a Bachelor of Social Work (BSW) degree. The Monitor has previously determined that this course of study together with Worker Readiness Training designed by the DCF Child Welfare Training Academy satisfies the MSA requirements. All BCWEP students are required to pass the same competency exams that non-BCWEP students take before they are permitted to carry a caseload.

Ongoing Phase I and Phase II Requirements		
The following are additional MSA requirements that DCF must meet:	June 2014 Performance	Fulfilled (Yes/No)
II.B.3.a. All new staff responsible for conducting intake or investigations shall receive specific, quality training on intake and investigations processes, policies and investigations techniques and pass competency exams before assuming responsibility for cases.	Between January 1 and June 30, 2014, 135 (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 January 1 and June 30, 2014, 35 supervisors were trained and passed competency exams.	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 develop and revise policies and provide services to older youth.	Yes
II.C.6 The state shall provide mental health services to at least 150 birth parents whose families are involved with the child system.	DCF continues to meet this standard by funding both in-home and office-based therapeutic interventions for over 400 birth parents (unduplicated count) in efforts to maintain children in, or return children to, the custody of their parents. The state's approved Medicaid Waiver moves adults into a managed care system which should allow for a more comprehensive approach to patient care and treatment of both physical and mental health needs. This impacts some parents involved with CP&P and could improve access to mental health care.	Yes

Ongoing Phase I and Phase II Requirements		
The following are additional MSA requirements that DCF must meet:	June 2014 Performance	Fulfilled (Yes/No)
II.D.1. The state shall implement an accurate real time bed tracking system to manage the number of beds available from the CSOC and match those with children who need them.	The state has implemented and utilizes a real time bed tracking system to match children with placements.	Yes
II.D.2. The state shall create a process to ensure that no child shall be sent to an out-of-state congregate care facility. The process will also ensure that for any child who is sent out-of-state, an appropriate plan is developed to maintain contacts with family and return the child in-state as soon as appropriate.	As of June 30, 2014, there were three youth in out-of-state residential placements. DCF is nearing completion of a program in state to meet the needs of youth needing residential placement who are deaf or hard of hearing.	Yes
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 January through June 2014, three youth in DCP&P custody were in juvenile detention awaiting a CSOC placement. All transitioned within 30 days of disposition of their juvenile court case.	Yes
II.G.9. The state shall provide adoption training to designated adoption workers for each Local Office.	43 (100%) adoption workers were trained between January 1 and June 30, 2014.	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 July 2013 and December 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 FY2015, the flex fund budget is \$5,714,602.	Yes

Ongoing Phase I and Phase II Requirements		
The following are additional MSA requirements that DCF must meet:	June 2014 Performance	Fulfilled (Yes/No)
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.	Resource family board rates sufficient to ensure continued availability of resource family homes.	Yes
II.J.2. The state shall initiate management reporting based on SafeMeasures.	The state continues to use SafeMeasures for management reporting.	Yes
II.J.6. The state shall annually produce DCF agency performance reports.	DCF's 2013 Annual Report is available at: http://www.state.nj.us/dcf/documents/about/NJDCF%20Today%20Accomplishments%20Report.pdf DCF's 2014 Annual Report is expected to be available Spring of 2015.	Yes
II.J.9. The state shall issue regular, accurate reports from SafeMeasures.	The state has the capacity and is regularly producing reports from SafeMeasures	Yes
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.	95% of DCP&P Local Offices have sufficient frontline supervisors, with ratios of five workers to one supervisor.	Yes
III.B.1.a 95% of offices with average caseloads meeting the standard and at least 95% of individual workers with caseloads meeting the standard: <i>permanency workers</i> : no more than 15 families and no more than ten children in out-of-home care.	98% of offices met permanency standards. 96% of permanency workers met caseload requirements. ⁷⁴	Yes

⁷⁴ Reported performance is the average of DCF's performance in meeting individual caseload standards during this six month monitoring period.

Ongoing Phase I and Phase II Requirements		
The following are additional MSA requirements that DCF must meet:	June 2014 Performance	Fulfilled (Yes/No)
III.B.1.b 95% of offices with average caseloads meeting the standard and at least 95% of individual workers with caseloads meeting the standard: <i>intake workers</i> : no more than 12 open cases and no more than eight new case assignments per month.	98% of offices met intake standards. 85% of intake workers met caseload requirements. ⁷⁵	Partially
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.	92% of IAIU workers met caseload requirements.	No
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. 83% of adoption workers met caseload requirements. ⁷⁶	Partially
III.C.2 The state shall promulgate and implement policies designed to ensure that psychotropic medication is not used as a means of discipline or control and that the use of physical restraint is minimized.	In January 2010, DCF issued policies on psychotropic medication and continues to monitor children and youth on psychotropic medication in accordance with this policy.	Yes
III.C.4 The state shall continue to meet the final standards for pre-licensure and ongoing training of resource families, as described in Phase I.	DCF continues to conduct pre-licensure training for DCP&P resource families and contracts with Foster and Adoptive Family Services (FAFS) to conduct ongoing In-service training.	Yes
III.C.5 The state shall incorporate into its contracts with service providers performance standards consistent with the Principles of the MSA.	The Monitor has previously reviewed several service provider contracts and found that such contracts incorporate performance standards consistent with the principles of the MSA.	Yes

⁷⁵Ibid.

⁷⁶ Ibid.

Ongoing Phase I and Phase II Requirements		
The following are additional MSA requirements that DCF must meet:	June 2014 Performance	Fulfilled (Yes/No)
III.C.6 In consultation with the Monitor, the state shall develop and implement a well-functioning quality improvement program consistent with the Principles of the MSA and adequate to carry out the reviews of case practice in Phase II.	DCF's Office Performance Management and Accountability continues to facilitate case record reviews, ChildStat and Qualitative Reviews statewide.	Yes
III.C.7 The state shall regularly evaluate the need for additional placements and services to meet the needs of children in custody and their families, and to support intact families and prevent the need for out-of-home care. Such needs assessments shall be conducted on an annual, staggered basis that assures that every county is assessed at least once every three years. The state shall develop placements and services consistent with the findings of these needs assessments.	DCF's Needs Assessment Plan was completed; Phase I work is nearly complete.	Partially
III.C.8 Reimbursement rates for resource families shall equal the median monthly cost per child calculated by the United States Department of Agriculture for middle-income, urban families in the northeast.	Resource family board rates continue to meet USDA standards.	Yes

IV. INVESTIGATIONS of ALLEGED CHILD ABUSE AND NEGLECT

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 and 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. A regionally organized Institutional Abuse Investigation Unit (IAIU) is responsible for follow-up to investigate allegations of abuse and/or neglect in institutional settings.

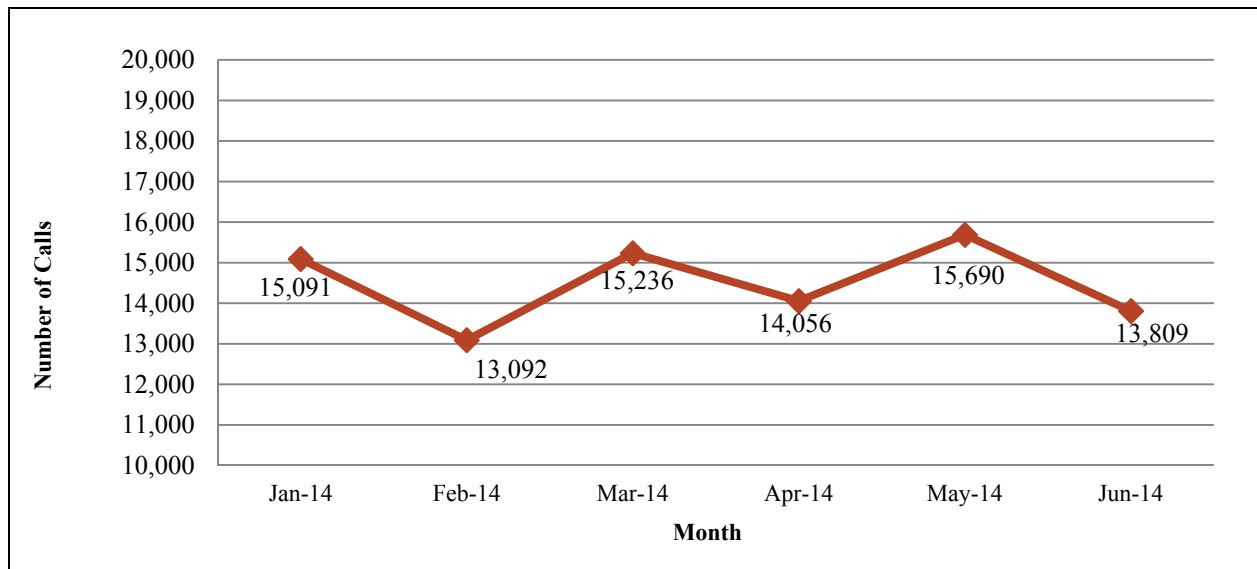
State Central Registry (SCR)

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

Performance as of June 30, 2014:

Between January and June 2014, the SCR received a total of 86,974 calls.⁷⁷ Data from the call system show that in June 2014 callers waited 27 seconds for an SCR screener to answer their call. Of all the calls received during this monitoring period, 30,312 (35%) calls related to the possible need for Child Protective Services (CPS) responses. Of those, screeners classified 29,718 (98%) reports for investigation of alleged child abuse or neglect. Another 8,912 (10%) calls related to the possible need for Child Welfare Services (CWS) and an assessment of service needs, of which 8,616 (97%) were referred for response. The call, CPS report and CWS assessment volumes are similar to those of the same time period in 2013. Figure 1 shows a month-by-month breakdown of the call volume at SCR for January through June 2014.

**Figure 1: Number of Calls to SCR by Month
(January – June 2014)**



Source: DCF data

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

Performance as of June 30, 2014:

Between January and June 2014, the SCR continued to conduct staff training and quality assurance which the Monitor believes has contributed to the overall quality of SCR response. SCR enhanced the internal training of newly hired staff by requiring 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 improvement, enabling the training to be tailored to the new hire's individual skill level. DCF employees who transfer to SCR continue to receive up to 20 days of training with an emphasis on live-call training.⁷⁸ 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.

DCF continues to focus efforts on leadership training to increase SCR supervisors' capacity to address complex situations, measure results and assist in the implementation of sustained system change to better support screeners and improve decision-making. In June 2014, three SCR screeners successfully graduated from the DCF/Rutgers School of Social Work's Violence Against Women Program. This program is part of DCF's efforts 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)⁷⁹ 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 decision making and 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 also performs a daily review of randomly selected reports. SCR supervisors also review and evaluate a prescribed number of calls of their staff in order to continually assess the screeners' performance, identify areas in need of improvement and provide on-going training to

⁷⁸ All employees at SCR must have prior field experience.

⁷⁹ A call is identified as I&R 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).

strengthen staff skills. During this monitoring period, SCR's administrative team analyzed trends related to requests where the intake call was originally coded as I&R, but upon administrative review, was determined that CP&P intervention was warranted, upgrading the call to either a CWS or CPS. The result of this review revealed a need to refocus on and enhance screener practices for referrals related to child-on-child sexual activity, requests for services from youth ages 18 to 21 and requests from out-of-state CPS agencies. A system was put in place requiring each screener to conference these types of referrals with a supervisor prior to coding the call. Additionally, SCR instituted case practice forums with supervisory staff to further discuss and strengthen practice for these specific case situations.

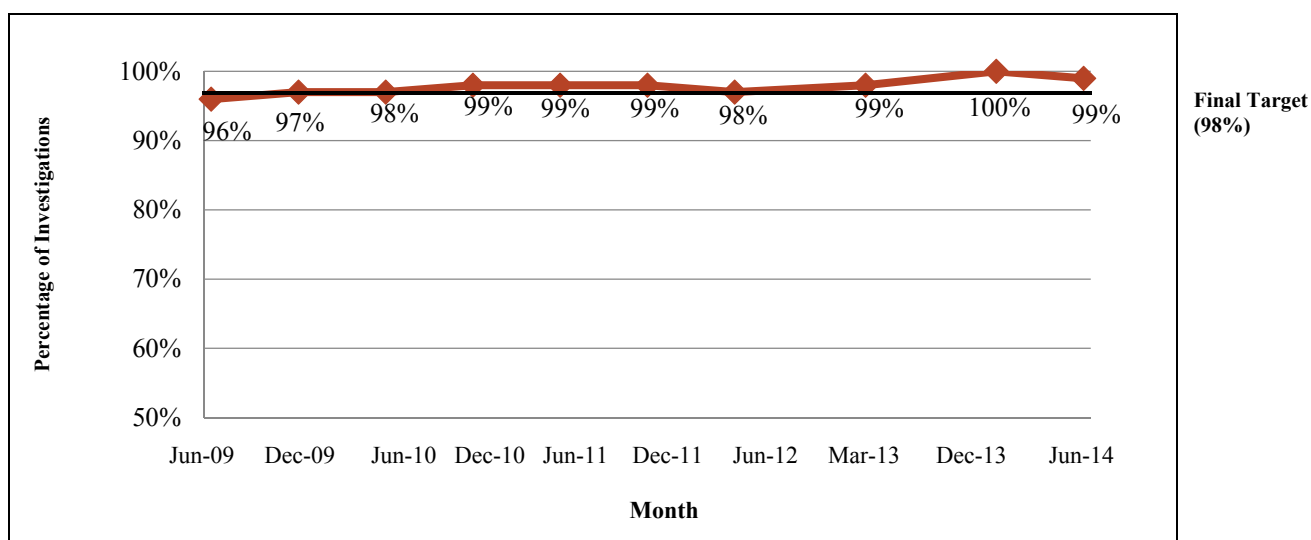
Work also continued on updating the call management system to allow screeners access to their own calls at their desktop via email, enabling them to listen to the call as many times as they need as they write their report and to facilitate supervision. This upgrade allows supervisors to immediately evaluate screeners' work and supports prompt supervisory feedback to screeners on their performance.

Investigative Practice

B. Timeliness and Quality of Investigative Practice

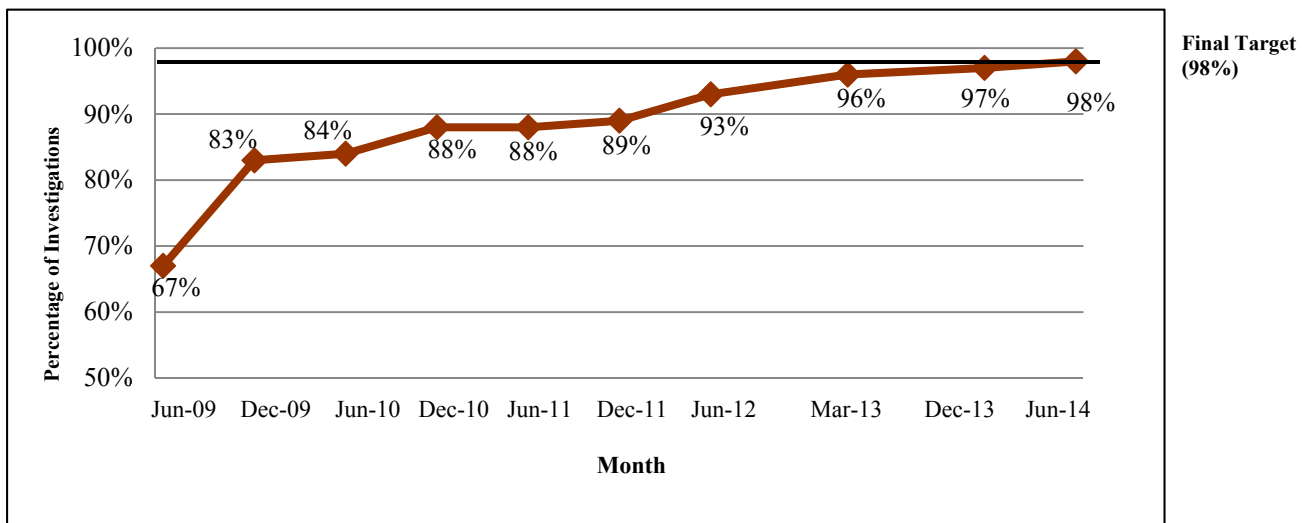
Quantitative or Qualitative Measure	3. <u>Timeliness of Response</u> : Investigations of alleged child abuse and neglect shall be received by the field in a timely manner and commenced within the required response time as identified at SCR, but no later than 24 hours.
Final Target	a. For periods beginning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

**Figure 2: Percentage of Investigations Received by the Field in a Timely Manner
(June 2009 – June 2014)**



Source: DCF data

**Figure 3: Percentage of Investigations Commenced within Required Response Time
(June 2009 – June 2014)**



Source: DCF data

Performance as of June 30, 2014:

As of June 2014, 99 percent of referrals were timely transmitted to the field (Figure 2) and 98 percent of investigations were commenced within the required response time (Figure 3). This level of performance meets the MSA standards.

CP&P policy on timeliness of investigations requires receipt by the field of a report within one hour of call completion.⁸⁰ During the month of June 2014, DCF received 4,661 referrals of child abuse and neglect requiring investigation. Of the 4,661 referrals, 4,335 (93%) referrals were received by the field in less than an hour of call completion. An additional 301 (6%) referrals were received by the field between one and three hours after call completion; for a total of 99 percent of referrals received by the field within three hours of call completion. The number of referrals received per month ranged from 4,359 in February 2014 to 5,345 in May 2014.

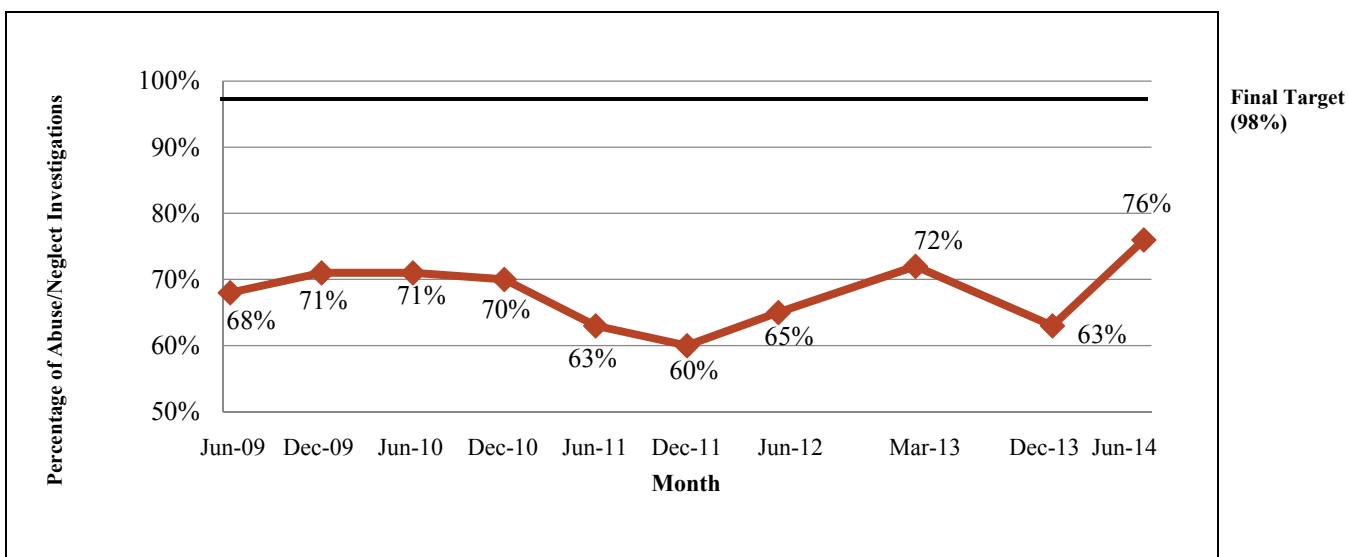
CP&P policy considers an investigation “commenced” when at least one of the alleged victim children has been seen by an investigator. During the month of June 2014, there were 4,474 CPS intakes applicable to this measure.⁸¹ Of the 4,474 intakes received, 1,216 intakes were coded for an immediate response and 3,258 intakes were coded for a response within 24 hours; 4,385 (98%) intakes were commenced within their required response time.

⁸⁰ The Monitor currently assesses performance of receipt by the field in a timely manner with a three hour standard.

⁸¹ 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.

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 – June 2014)



Source: DCF data

Performance as of June 30, 2014:

The MSA requires that 98 percent of all abuse and neglect investigations be completed within 60 days. There were 4,492 intakes in June 2014 that were applicable to this measure. Of the 4,492 intakes, investigations were completed within 60 days on 3,430 (76%) intakes. An additional 560 (13%) investigations were completed between 61 and 90 days after receipt, for a total of 89 percent of investigations completed within 90 days. Between January and June 2014, monthly performance on investigation completion ranged between 72 and 79 percent. Although at its highest performance level since measurement began in 2009, performance on completions of investigations within 60 days does not meet the final target.

A case record review of the quality of CP&P's investigative practice was conducted in September 2014. This review examined the quality of practice in 313 CPS investigations involving 477 alleged child victims assigned to DCF Local Offices between February 1 and February 14, 2014.⁸²

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

The reviewers found that 244 (78%) of the investigations were of acceptable quality.⁸³ The review findings show some clear strengths in CP&P investigative case practice as well as areas in need of further development. Key strengths include:

- Safety and risk assessments were completed in 100 percent of the investigations,
- Caseworkers interviewed the mother of the alleged child victim in 97 percent of the investigations and
- Pre and post-investigation worker/supervisor conference took place in 97 percent of the investigations.

Overall, recommendations for improvement include clarification through policy, training and coaching of staff and supervisors on some areas of investigative practice and improvement in documentation of investigative activities and events. The areas for improvement of investigative practice found in the review include:

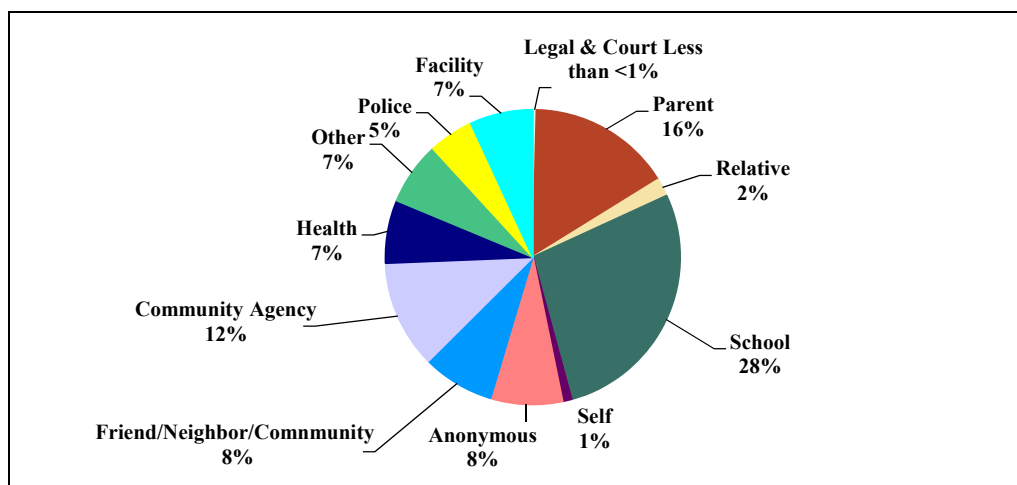
- Reviewing and integrating a family's prior child protection history through interviews with other CP&P workers as well as other protective authorities. This was of particular significance since the family had prior CP&P history in 66 percent of the investigations reviewed.
- Securing and integrating significant collateral information into investigative decision-making. Reviewers determined that all applicable collateral information was obtained in 53 percent of investigations.
- Interviewing the fathers of alleged child victims during investigations. Reviewers found that 65 percent of fathers where contact information was available were interviewed.

⁸³ Reviewers could select four possible responses to the question of the quality of the investigation which included completely, substantially, marginally and not at all. Completely and substantially responses are considered as having met quality standards. The results have a +/- 5% marginal error with 95% confidence.

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, residential facilities, resource family care homes and other out-of-home care settings.⁸⁴ From January to June 2014, IAIU received 1,629 referrals. This is a decrease of 85 referrals (5%) over the same period in 2013. Figure 5 illustrates the proportion of IAIU referrals from different sources.

**Figure 5: Referral Sources for All IAIU Referrals
(January – June 2014)
(n=1,629)**



Source: DCF Data

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

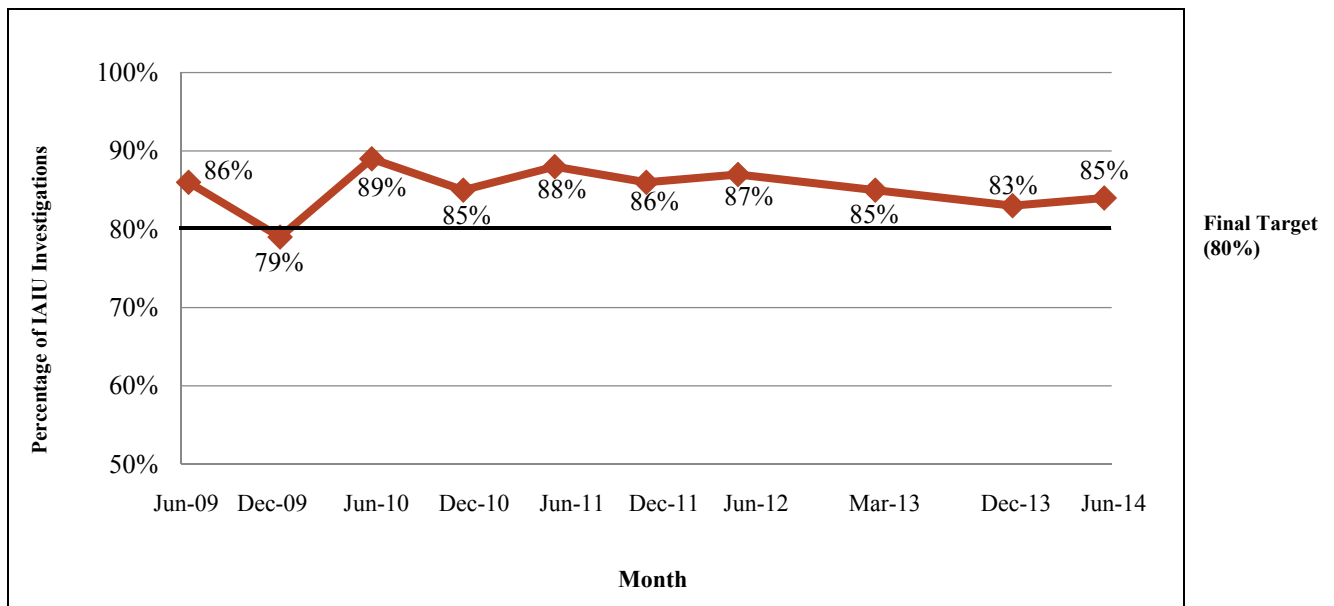
⁸⁴ CP&P Policy Manual (4-1-2013). Introduction to IAIU, I, A, 100.

1. Performance Measures for IAIU

IAIU Practice for Investigations in Placements

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

**Figure 6: Percentage of IAIU Investigations Completed within 60 days
(June 2009 – June 2014)**



Source: DCF data

Performance as of June 30, 2014:

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 87 percent of all IAIU investigations were open less than 60 days (see Table 2) during the months of January through June 2014.

The MSA does not make any distinction on the type of investigations IAIU conducts based on the allegation or location of the alleged abuse and 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 investigative timeliness performance for the dates cited and specific performance for resource family homes and congregate care facilities. DCF continues to exceed the final target for this measure.

**Table 2: IAIU Investigative Timeliness:
Percent of Investigations Completed within 60 days
(January – June 2014)***

Date	All IAIU investigations completed within 60 days	Investigations in resource family homes and congregate care completed within 60 days
JANUARY	79% (367 of 463)	82% (162 of 198)
FEBRUARY	86% (378 of 442)	88% (154 of 176)
MARCH	86% (422 of 493)	89% (160 of 179)
APRIL	87% (421 of 483)	90% (168 of 187)
MAY	85% (441 of 519)	90% (173 of 192)
JUNE	83% (444 of 538)	85% (159 of 188)

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, if applicable, identifies concerns and requests corrective action. Finding letters pertaining to resource homes, congregate care facilities, licensed child care centers and unregistered child care are all sent to DCF’s Office of Licensing (OOL). When a request for corrective action is made, DCF policy requires the facility administrator or the resource home unit responsible for supervising the resource home to develop and submit a corrective action plan (CAP) within 30 calendar days of the date on the IAIU finding letter.⁸⁵ IAIU’s Continuous Quality Improvement (CQI) staff are responsible for monitoring the development and implementation of CAPs 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, if they are addressed, will approve the CAP as successfully completed.

Between January and June 2014, IAIU issued 265 CAP requests involving resource family homes, group homes and residential facilities where children were placed. Information reported from the IAIU corrective action database indicate that 192 (72%) of 265 CAPs had been approved as successfully completed and 73 (28%) corrective action requests were outstanding or pending resolution as of June 30, 2014.

Review of Corrective Action Plans

The Monitor reviewed 10 randomly selected CAP requests that resulted from investigation findings between January and June 2014 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 four resource family homes, two kinship resource homes, one group home, one contracted shelter and two residential facilities. CAPs were developed and submitted to the IAIU CQI unit for eight of the 10 requests⁸⁶; seven of the eight were developed and submitted within 30 days from the date of the finding letter. IAIU’s CQI staff accepted all eight CAPs as successfully implemented. CAPs from this sample included the following corrective actions: monitoring of resource homes, closing of a resource home, training and re-training of resource parents and facility staff on CP&P policies and procedures.

⁸⁵ CP&P Policy Manual (4-1-2013). IAIU Remedial Action, Corrective Action and Monitoring, I, A, 700.

⁸⁶ For the two CAPs in the sample that had not been developed and submitted as of June 30, 2014, there was evidence of follow-up and subsequent requests by IAIU CQI staff for their development.

Additionally, the Monitor reviewed five randomly selected CAP requests resulting from investigation finding letters dated between January and June 2014 which were pending approval as successfully completed by IAIU CQI staff 90 days and after the date of the findings letter. 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 three resource family homes, one residential facility and one group home. CAPs were developed and submitted for two of the five requests. IAIU's CQI staff did not accept either of the two CAPs as of June 30, 2014 for varying reasons, indicating that the CAP did not comprehensively address all concerns identified and documentation was missing to verify that a staff member was no longer employed with the agency and that a resource home was closed. For the three CAPs in the sample that had not been developed and submitted as of June 30, 2014, there was evidence that IAIU staff had sent letters and emails to supervisors of resource home units and a group home to follow up on the requests for a 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. In addition, IAIU hosts monthly "systems partners" meetings with OOL and SCR to ensure that concerns identified during IAIU investigations are communicated to all system partners. The Monitor will observe at some of 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.

During this period, DCF continued its practice of holding weekly conference calls among DCF leadership, Area Directors and their Local Office managers to review individual performance on specific key indicators, including visitation, Family Team Meetings (FTMs) and case plan development. These weekly calls encourage 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 Qualitative Review (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 FTMs, where families and their formal and informal supports meet to discuss the families' strengths and needs and progress toward accomplishing their case plan. 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 on FTMs and on the CPM. Implementation Specialists train and mentor staff to serve as facilitators, coaches and master coaches who conduct FTMs and implement the CPM.⁸⁷ 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 June 30, 2014, DCF had developed 2,315 staff as FTM facilitators, 328 as coaches and 164 as master coaches. Table 3 shows the number of facilitators, coaches and master coaches by CP&P area.

⁸⁷ Facilitators are trained to conduct Family Team Meetings according to protocol and the principles and values of DCF's CPM. 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.

Table 3: Number of FTM Facilitators, Coaches and Master Coaches Developed as of June 30, 2014

County	Facilitators	Coaches	Master Coaches
Atlantic	80	15	9
Bergen	118	34	11
Burlington	114	18	10
Camden	226	25	12
Cape May	57	11	4
Cumberland	73	16	6
Essex	302	33	16
Gloucester	86	11	2
Hudson	205	22	17
Hunterdon	13	4	1
Mercer	107	13	4
Middlesex	158	16	9
Monmouth	88	18	10
Morris	79	15	7
Ocean	138	24	11
Passaic	133	16	14
Salem	41	6	1
Somerset	47	6	1
Sussex	39	9	4
Union	167	13	13
Warren	44	3	2
Total	2,315	328	164

Source: DCF

ChildStat Meetings

Since September 2010, DCF has held monthly ChildStat meetings, which have become central to DCF's continuous quality improvement processes.⁸⁸ 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 each ChildStat, the Local Offices also present the history and current progress on a case selected for review by the Office of Quality. During this monitoring period,

⁸⁸ 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.

ChildStat cases were permanency cases with families whose children have been reunited between three and six months prior to the ChildStat meeting. A revised ChildStat format features a focus on the quality of case practice with families where the children remain in the home, the assessment and case planning skill of workers, as well as the extent of collaboration with formal and informal resources available to support families. The Monitor continues to regularly attend DCF's ChildStat meetings as an observer and is impressed with the leadership attention to and the high quality of the ChildStat process.

Concurrent Planning Practice

DCF workers hold case reviews at five and 10 months into a child's placement for staff to address concurrent planning, a practice commonly used throughout the country in which workers engage 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 10 months to carry out its concurrent planning as required by the MSA. Enhanced reviews occur in all CP&P Local Offices.

Statewide, in June 2014, 91 percent of applicable families had the required five month reviews, and 90 percent had the required 10 month reviews.

As Table 4 reflects, in June 2014, 91 percent of five month reviews due that month were completed timely statewide. Between January and June 2014, monthly performance on this measure ranged from 91 to 98 percent.

**Table 4: Five Month Enhanced Review
(January – June 2014)**

	JANUARY		FEBRUARY		MARCH		APRIL		MAY		JUNE	
	#	%	#	%	#	%	#	%	#	%	#	%
Reviews Completed w/in Five Months	301	98%	333	97%	308	95%	271	97%	235	95%	308	91%
Reviews Not Completed w/in Five Months	7	2%	10	3%	15	5%	7	3%	12	5%	32	9%
Totals	308	100%	343	100%	323	100%	278	100%	247	100%	340	100%

Source: DCF data

Table 5 shows that statewide in June 2014, 90 percent of 10 month reviews due that month were completed timely. Between January and June 2014, monthly performance on this measure ranged from 90 to 98 percent.

**Table 5: Ten Month Enhanced Review
(January – June 2014)**

	JANUARY		FEBRUARY		MARCH		APRIL		MAY		JUNE	
	#	%	#	%	#	%	#	%	#	%	#	%
Reviews Completed w/in Ten months	190	93%	208	94%	251	94%	273	96%	242	98%	203	90%
Reviews Not Completed w/in Ten Months	14	7%	13	6%	16	6%	10	4%	4	2%	22	10%
Totals	204	100%	221	100%	267	100	283	100%	246	100%	225	100%

Source: DCF data

In June 2014, 70 percent of cases were transferred to an Adoption worker within 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 June 2014, 70 percent of cases were transferred to an Adoption worker within the required timeframe. Between January and June 2014, monthly performance on transfers within five days ranged from 61 to 76 percent; during these same months, performance on transfers to an Adoption worker within 30 days ranged from 79 to 92 percent of applicable cases.

**Table 6: Assignment to Adoption Worker within 5 days of Goal Change to Adoption
(January – June 2014)**

	JANUARY		FEBRUARY		MARCH		APRIL		MAY		JUNE	
	#	%	#	%	#	%	#	%	#	%	#	%
Within 5 days	103	76%	55	63%	75	61%	85	68%	85	69%	92	70%
6-20 days	9	7%	20	23%	24	20%	23	18%	20	16%	11	8%
21- 30 days	1	1%	5	6%	11	9%	3	2%	2	2%	1	1%
31 or more days	6	4%	4	5%	3	2%	5	4%	3	2%	2	2%
Unable to Determine (missing hearing date)	1	1%	0	0%	0	0%	0	0%	0	0%	0	0%
Not yet Assigned or Pending Assignment**	16	12%	4	5%	9	7%	9	7%	14	11%	26	20%
Totals	136	101%*	88	102%*	122	99%*	125	99%*	124	100%*	132	101%*

Source: DCF data

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

**This category was renamed from "Not Yet Assigned" as some children could potentially be assigned after the extract date; January – March extracted on 6/11/14; April – June extracted on 8/3/14.

B. 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.

Family Involvement and Effective Use of Family Team Meetings

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

Performance as of June 30, 2014:

Initial FTMs

DCF performance on holding initial FTMs is steadily improving although DCF has not yet met targets 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.

For the past several monitoring periods, DCF leaders have worked with Area Directors, Local Office managers and line staff to both improve worker 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 due to data validation challenges, reported documented progress would include only the number of FTMs that have actually occurred. DCF previously provided the Monitor with data intended to demonstrate its confidence that workers were properly using and documenting legitimate reasons for why the required FTMs are not occurring. In July 2014, the Monitor reviewed a random sample of cases and was not able to validate that workers were appropriately using the exceptions.⁸⁹ By agreement, as soon as the state determines that workers are properly using and documenting exceptions, the Monitor and DCF will conduct a statistically valid case record review and will report on the findings. Consequently, the report continues to show the progress that has been made in the number of FTMs actually held, recognizing that the data on these MSA measures understate performance because it does not yet reflect legitimate exceptions.

According to NJ SPIRIT, and counting only those FTMs that actually occurred, in June 2014, out of 346 possible FTMs, 257 (74%) occurred within 30 days of a child's removal; from January to June 2014, monthly performance ranged from 68 to 80 percent. The state's performance on FTMs that occurred has improved from the previous monitoring period, but does not yet meet the required level of 90 percent. Figure 7 shows DCF's performance on holding FTMs since March 2013, the first year in which documented progress includes only the number of FTMs that have actually occurred.⁹⁰ Appendix B-1 provides performance data on FTMs held within 30 days by Local Office for the month of June 2014.

**Table 7: Family Team Meetings Held within 30 days
(January – June 2014)**

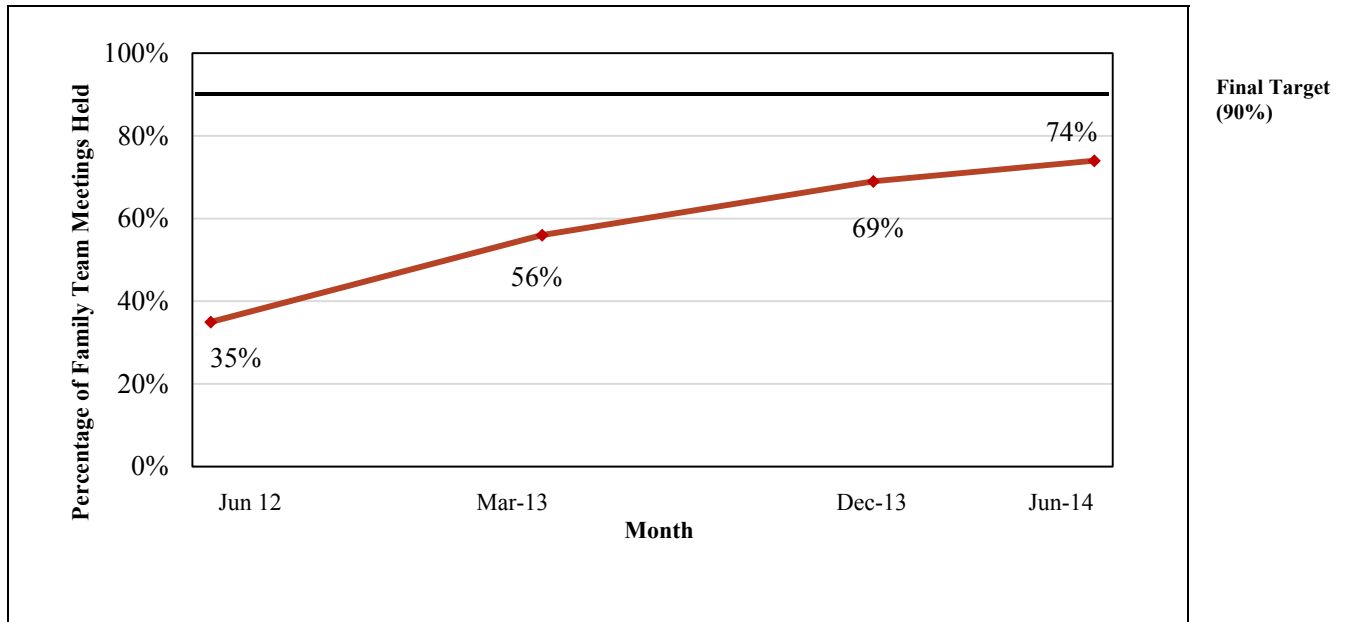
Month	Total Number of Applicable Children	Number of Children with Initial FTMs Held within 30 days	Percent
JANUARY	390	265	68%
FEBRUARY	341	254	74%
MARCH	401	308	77%
APRIL	357	273	76%
MAY	368	294	80%
JUNE	346	257	74%

Source: DCF data

⁸⁹ The Monitor reviewed 37 cases from February 2014 and determined that three (30%) of the 10 initial FTMs and 12 (44%) of the 27 quarterly FTMs demonstrated appropriate use of the exceptions.

⁹⁰ The data likely understates compliance because due to documentation and validation issues, it does not yet account for instances where FTMs were appropriately excluded.

**Figure 7: Family Team Meetings Held within 30 days
(June 2012 – June 2014)⁹¹**



Source: DCF data

⁹¹ Data in this figure reflect the change in methodology for FTMs that began in March 2013 and were recalculated retroactive to June 2012. FTM practice was incrementally introduced to local offices with extensive training; statewide implementation on and data collection occurred later. Prior to June 2012, the Monitor only received data and reported on those Local Offices that had implemented the Case Practice Model.

Quarterly FTMs

Performance on quarterly FTMs substantially improved during this monitoring period. Reporting only on FTMs that actually occurred, in June 2014, out of a possible 1,894 quarterly FTMs, 1,504 (79%) occurred; from January to June 2014, monthly performance ranged from 60 to 80 percent. Figure 8 shows DCF's performance on holding quarterly FTMs since March 2013, the first year in which documented progress includes only the number of FTMs that have actually occurred.⁹² Appendix B-2 provides performance data on quarterly FTMs by Local Office for the month of June 2014.

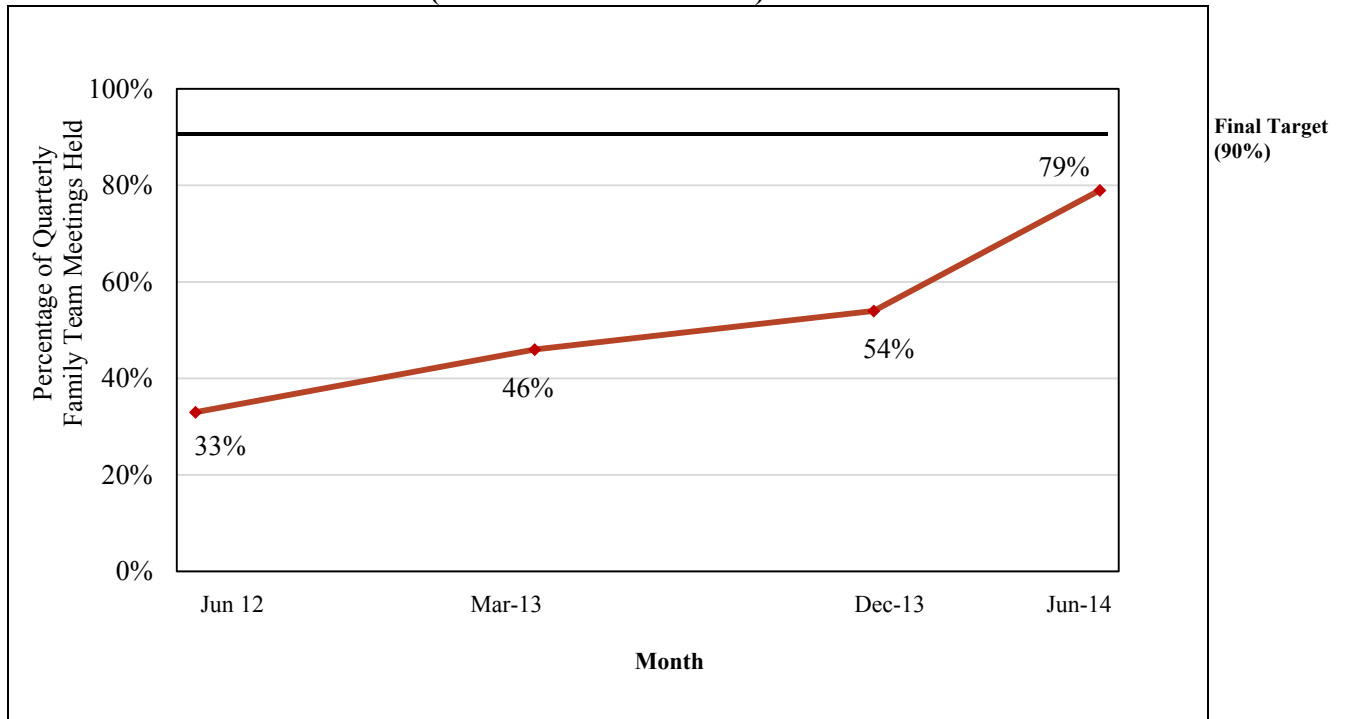
**Table 8: Quarterly Family Team Meetings Held
(January – June 2014)**

Month	Total Number of Applicable Children	Number of Children with Quarterly FTMs Held	Percent
JANUARY	1,832	1,100	60%
FEBRUARY	1,837	1,164	63%
MARCH	1,819	1,256	69%
APRIL	1,893	1,424	75%
MAY	1,822	1,452	80%
JUNE	1,894	1,504	79%

Source: DCF data

⁹² The data likely understate compliance because due to documentation and validation issues, it does not yet account for instances where FTMs were appropriately excluded.

**Figure 8: Quarterly Family Team Meetings Held
(June 2012 – June 2014)⁹³**



⁹³ Data in this figure reflect the change in methodology for FTMs that began in March 2013 and were recalculated retroactive to June 2012. FTM practice was incrementally introduced to local offices with extensive training; statewide implementation on and data collection occurred later. Prior to June 2012, the Monitor only received data and reported on those Local Offices that had implemented the Case Practice Model.

Team Formation and Functioning

**Figure 9: QR Cases Rated Acceptable on Family Involvement and Effective Use of Family Team Meetings
(January – June 2014)
(n=120)**



Source: DCF, QR results

Reported performance based upon QR results from cases reviewed between January to June 2014.

Performance as of June 30, 2014:

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. Results of 120 cases reviewed from January to June 2014 using the QR indicate that both team formation and functioning were rated acceptable in 37 percent of cases, far below required performance.⁹⁴ 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 effectively engaged.

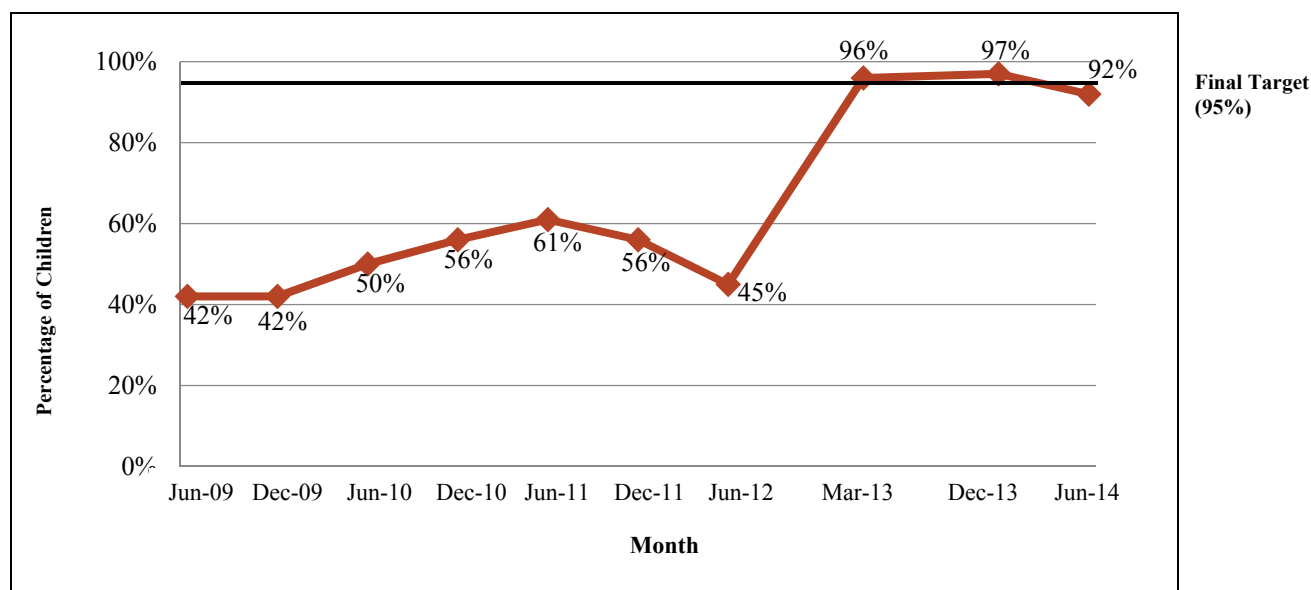
⁹⁴ 120 cases were reviewed as part of the Qualitative Reviews (QRs) conducted from January to June 2014. 44 of 120 cases (37%) rated acceptable on *both areas* of Family Teamwork, team formation and team functioning; 63 of 120 cases (53%) rated acceptable on team formation; and 53 of 120 cases (44%) cases rated acceptable on team functioning.

Timeliness of Case Planning-Initial Plans

DCF policy and the MSA require that a case plan be developed within 30 days of a child entering placement. After meeting this performance measure in the previous monitoring period, performance fell slightly below the 95 percent target during three months of this monitoring period (see Table 9).⁹⁵

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

Figure 10: Percentage of Children Entering Care with Case Plans Developed Within 30 days (June 2009 – June 2014)



Source: DCF data

Performance as of June 30, 2014:

In June, 2014, 320 (92%) out of a total of 347 case plans were completed within 30 days. A total of 345 (99%) cases had case plans completed within 60 days.

⁹⁵ The Monitor determined this performance measure to have been partially met in monitoring period XIII because the final target was met for two of the nine months of the reporting period.

As shown in Table 9, between January and June 2014, the timely development of initial case plans ranged from 92 to 98 percent each month. While DCF met the 95 percent target for the months of February, March and April, it came close but did not meet the standard for January, May or June.

**Table 9: Case Plans Developed Within 30 days of Child Entering Placement
(January – June 2014)**

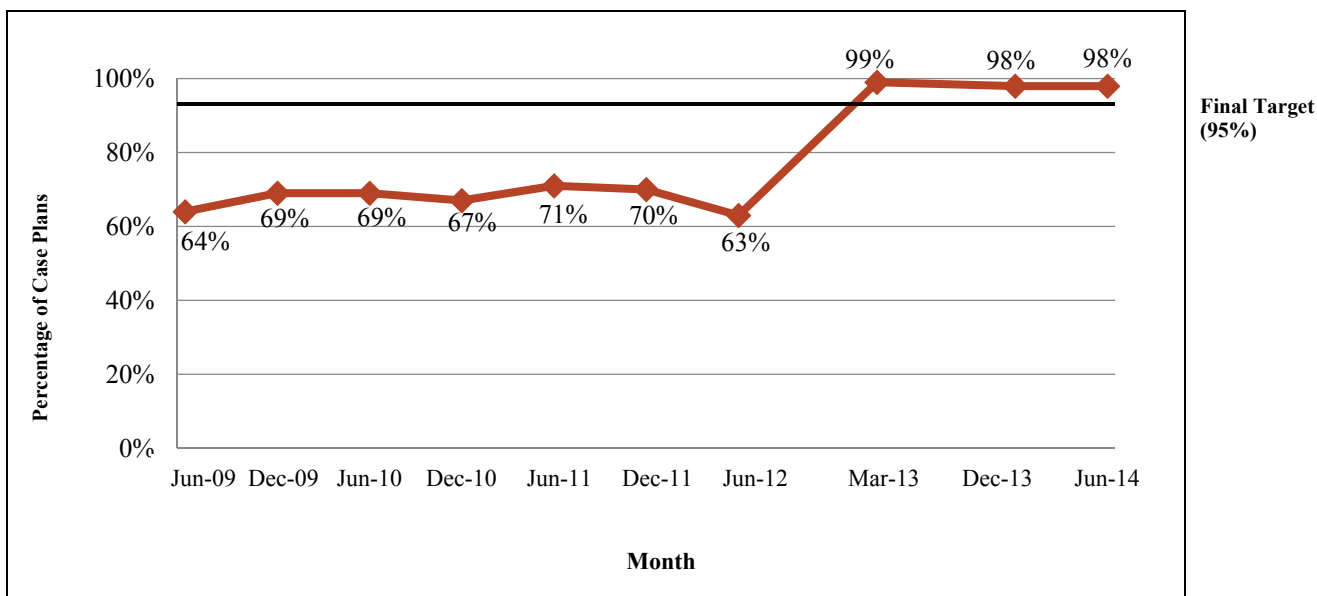
	JANUARY		FEBRUARY		MARCH		APRIL		MAY		JUNE	
	#	%	#	%	#	%	#	%	#	%	#	%
Case Plans Completed in 30 days	358	93%	324	95%	386	97%	358	98%	343	92%	320	92%
Case Plans Completed in 31-60 days	27	7%	16	5%	10	3%	8	2%	28	8%	25	7%
Case Plans Not Completed after 60 days	0	0%	0	0%	1	<1%	0	0%	0	0%	2	1%
Totals	385	100%	340	100%	397	100%	366	100%	371	100%	347	100%

Source: DCF data

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 11: Percentage of Case Plans Reviewed and Modified as Necessary at Least Every 6 Months (June 2009 – June 2014)



Source: DCF data

Performance as of June 30, 2014:

DCF policy requires that case plans be reviewed and modified at least every six months. From January through June 2014, between 97 and 99 percent of case plans were modified within the required six month timeframe. In June 2014, 98 percent of case plans had been modified as required. This is the second monitoring period in which DCF met or exceeded the final target of 95 percent for each month of the monitoring period.

**Table 10: Case Plans Updated Every 6 months
(January – June 2014)**

	JANUARY		FEBRUARY		MARCH		APRIL		MAY		JUNE	
	#	%	#	%	#	%	#	%	#	%	#	%
Case Plans Completed within Six Months	1,058	97%	1,133	98%	1,217	98%	1,164	98%	1,184	99%	1,066	98%
Outstanding	35	3%	24	2%	29	2%	20	2%	14	1%	17	2%
Totals	1,093	100%	1,157	100%	1,246	100%	1,184	100%	1,198	100%	1,083	100%

Source: DCF data

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. (measures 13 and 14 have been merged with this measure)
Final Target	By December 31, 2011, 90% of case plans rated acceptable as measured by the QR.

Performance as of June 30, 2014:

DCF policy and the MSA require family involvement in case planning; plans that are appropriate and individualized to the circumstances of the child/youth and family; oversight of the plans implementation to ensure case goals are being met; and course correction when needed. As Figure 12 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. Of 120 cases reviewed from January through June 2014, 56 percent were rated as acceptable on both QR indicators 'Case Planning Process' and 'Tracking and Adjusting'.⁹⁶

⁹⁶ 67 of 120 (56%) in and out-of-home cases rated acceptable on *both* the Case Planning Process and Tracking and Adjusting indicators; 75 of 120 cases (63%) rated acceptable on Case Planning Process; and 82 of 120 cases (68%) rated acceptable on Tracking and Adjusting.

To specifically address challenges in consistent high quality case planning, 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 protocol on case planning that provides "real time" evaluation tools and strategies for supervisors and workers. Between January and June 2014, 24 TOL training sessions were held at six Local Offices. DCF's expectation is that on site evaluation of staff will assist supervisors in improving staff engagement skills.

**Figure 12: Cases Rated Acceptable on Quality of Case and Service Planning
(January – June 2014)
(n=120)**



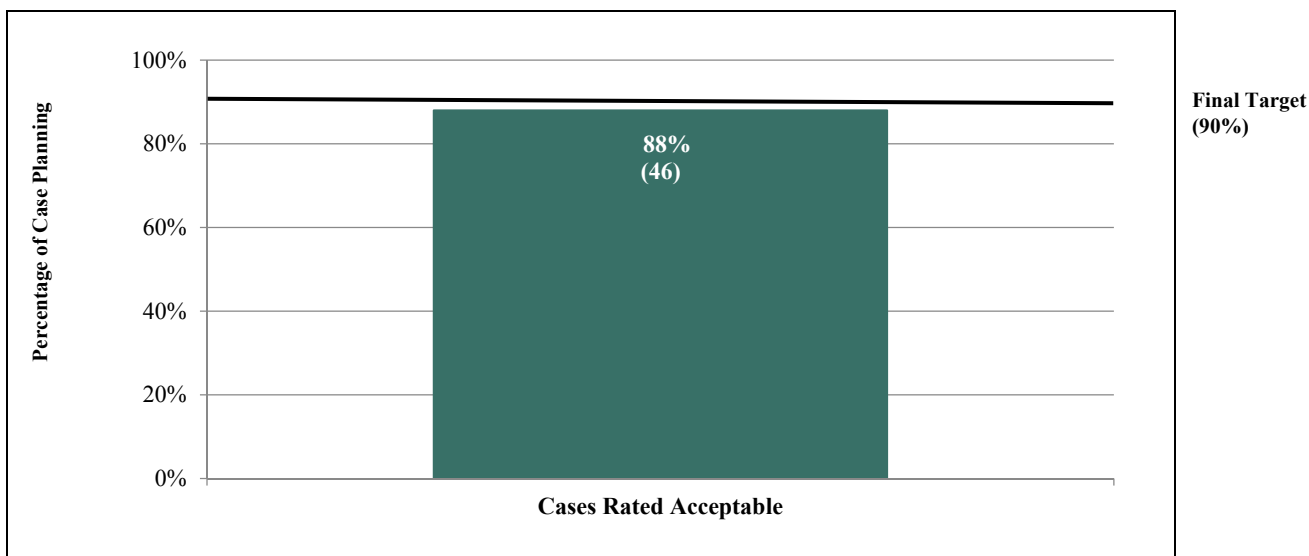
Source: DCF, QR results

Reported performance based upon QR results from cases reviewed between January to June 2014.

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 13: Cases Rated Acceptable on Planning to Meet Educational Needs
(January – June 2014)
(n=52)⁹⁷**



Source: DCF, QR results

Reported performance based upon QR results from cases reviewed between January to June 2014.

Performance as of June 30, 2014:

The QR Child and Family Status ratings, ‘Stability of School Placement’ and ‘Learning and Development’ (for children over the age of five), are measured together on each case to assess how children are faring in their educational setting. Fifty-two cases were applicable for this performance measure because cases must involve children five and older and in out-of-home placement. As Figure 13 indicates, 46 of 52 applicable cases (88%) rated acceptable on *both* the Stability (school) *and* Learning and Development (age five and older) QR indicators, up from 67 percent in the previous monitoring period.⁹⁸ 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

⁹⁷ As noted, although 120 cases were reviewed for the QR, only 52 involved children over the age of 5 *and* in out-of-home placement.

⁹⁸ Fifty-six of 61 applicable cases (92%) rated acceptable on Stability (school); 55 of 59 applicable (93%) cases rated acceptable on Learning and Development (age 5 and older).

children were achieving key development milestones. This is a substantial improvement over the last monitoring period and a great accomplishment.

C. Performance Benchmarks Related to Safety and Risk Assessment

Individualized, comprehensive assessment is a process by which information concerning the needs, problems, circumstances and resources of the family, youth and children are collected, evaluated and updated at key decision points 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 child(ren) 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. Safety and Risk Assessment: 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 reassessment completed within 30 days of case closure. ⁹⁹

Performance as of June 30, 2014:

Performance during January through June 2014 for both safety and risk assessments completed prior to investigation completion exceeded the 98 percent MSA final target. For example, in June 2014, there were 4,761 applicable¹⁰⁰ investigation cases closed; all 4,761 (100%) investigations had a safety assessment completed prior to investigation closure and all 4,761 (100%) investigations had a risk assessment completed prior to investigation completion.

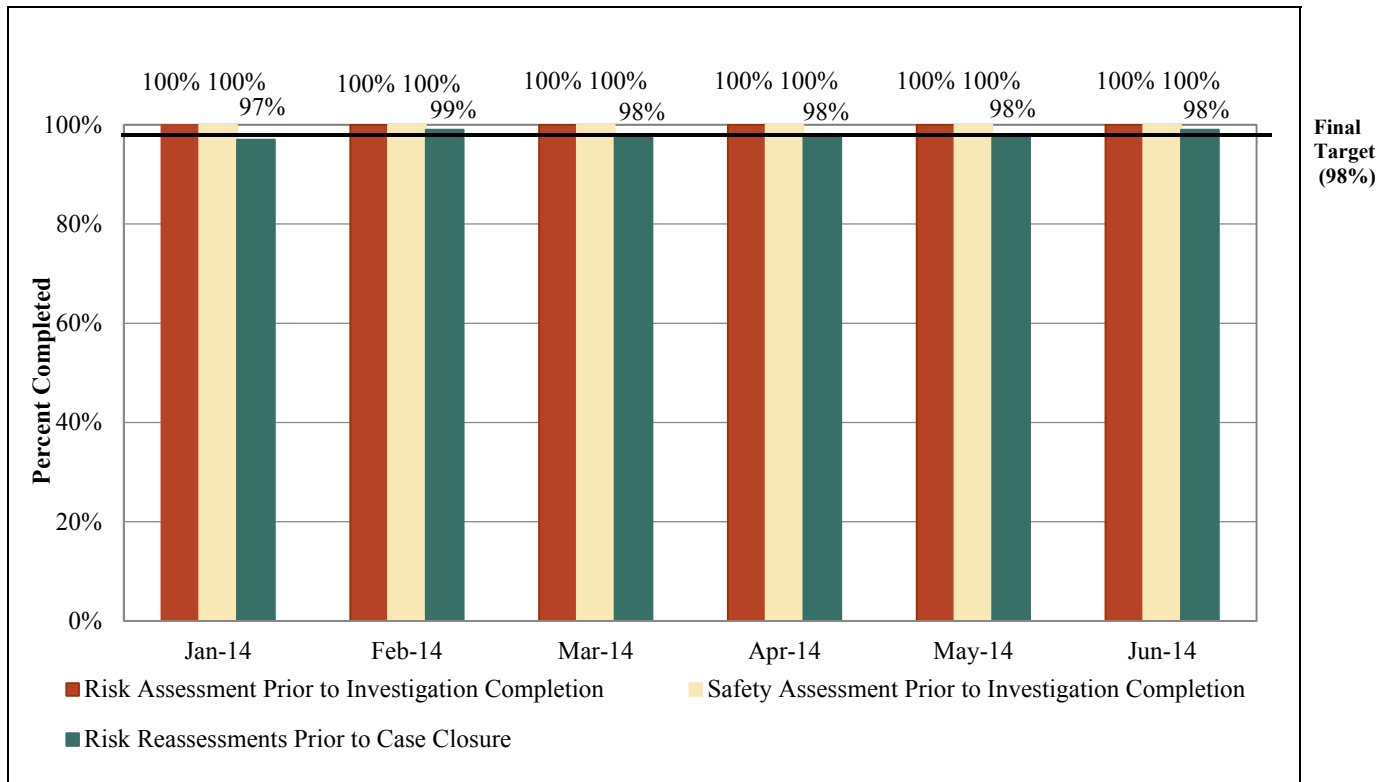
Performance on conducting a risk reassessment 30 days prior to non-investigative case closure was newly met this monitoring period (see Figure 14). In June 2014, there were 529 applicable¹⁰¹ cases closed. Of these 529 cases, 521 (98%) cases had a risk reassessment completed within 30 days prior to case closure; the remaining eight (2%) cases had a risk reassessment completed within 31 to 60 days prior to case closure. This is an important accomplishment.

⁹⁹ 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.

¹⁰⁰ In June 2014, an additional 15 investigations were closed; however, those cases were marked as "unable to make contact with children/family" and were excluded from the calculations.

¹⁰¹ Applicable cases include reunification and do not include adoption, kinship legal guardianship or emancipation.

Figure 14: Performance on Safety Assessments Completed Prior to Investigation Completion, Risk Assessments Completed Prior to Investigation Completion and Risk Reassessments Completed within 30 days Prior to Case Closure (January – June 2014)



Source: DCF data

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

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

DCF's performance on visits this monitoring period showed important improvements. DCF partially met the requirement for monthly caseworker visits to children in out-of-home placement and improvements were demonstrated in visits between parents and caseworkers. Additionally, due to the new capabilities of SafeMeasures v5 which was implemented this monitoring period, DCF is able to more precisely report on completion of weekly visitation between parents and children on a week to week basis for the six month period. Therefore, compliance can now be measured by the average percentage of children who had weekly visits with their parent each week during the month, not just the number of children who had four visits a month with their parent. Due to this change in methodology, it is difficult to make comparisons with previous periods.

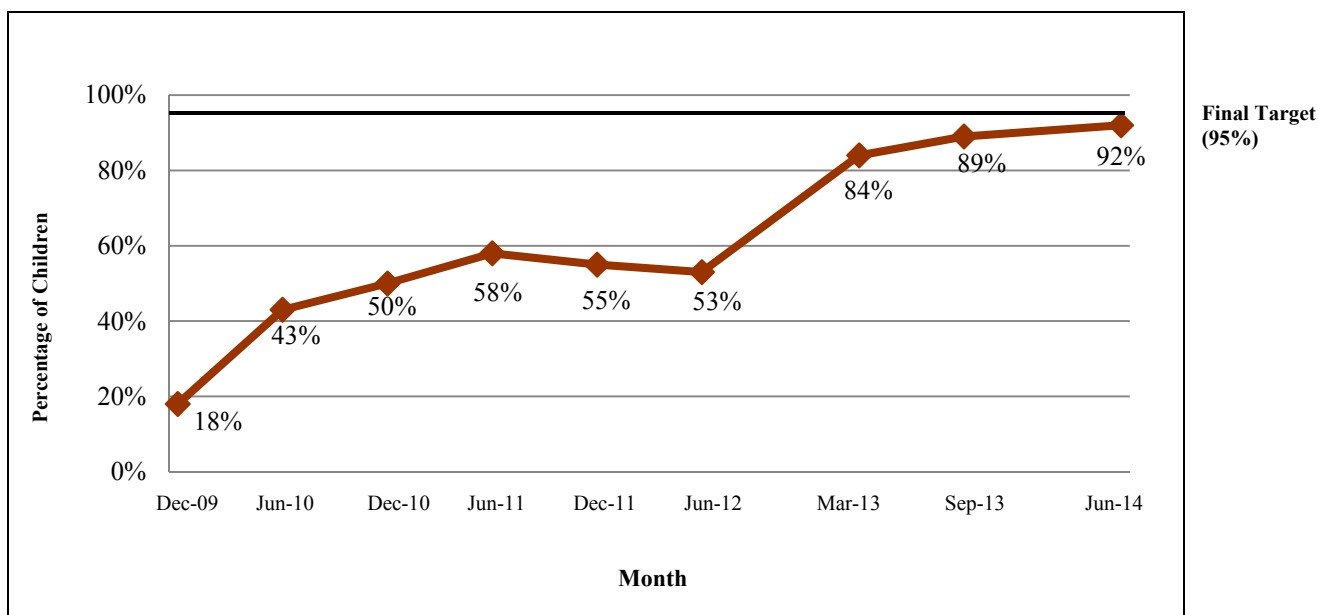
Per agreement with DCF, performance measures related to parent visits with caseworkers and parent visits with children do not exclude from calculations those instances where the parent was unavailable or because contacts were not required due to documentation concerns. Thus, current data understate actual performance on these measures.

In recognition of the importance of visits between parents and their children and between siblings, the Children in Court Improvement Committee with membership from DCF, CP&P, SCOC, offices of the Law Guardian, the Public Defender, the Attorney General, Administrative Office of the Courts (AOC) and other advocacy organizations developed a Visitation Bench Card that is intended to be used by judges as guidance at hearings and reviews. The Bench Card, which was distributed by the AOC to judges statewide in July 2014, highlights relevant regulations regarding supervision, frequency and duration, location and additional methods of contact as well as questions a Judge can ask during a court hearing to make decisions regarding visits.

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 15: Percentage of Children who had Two Visits per month during First Two months of an Initial or Subsequent Placement (December 2009 – June 2014)



Source: DCF data

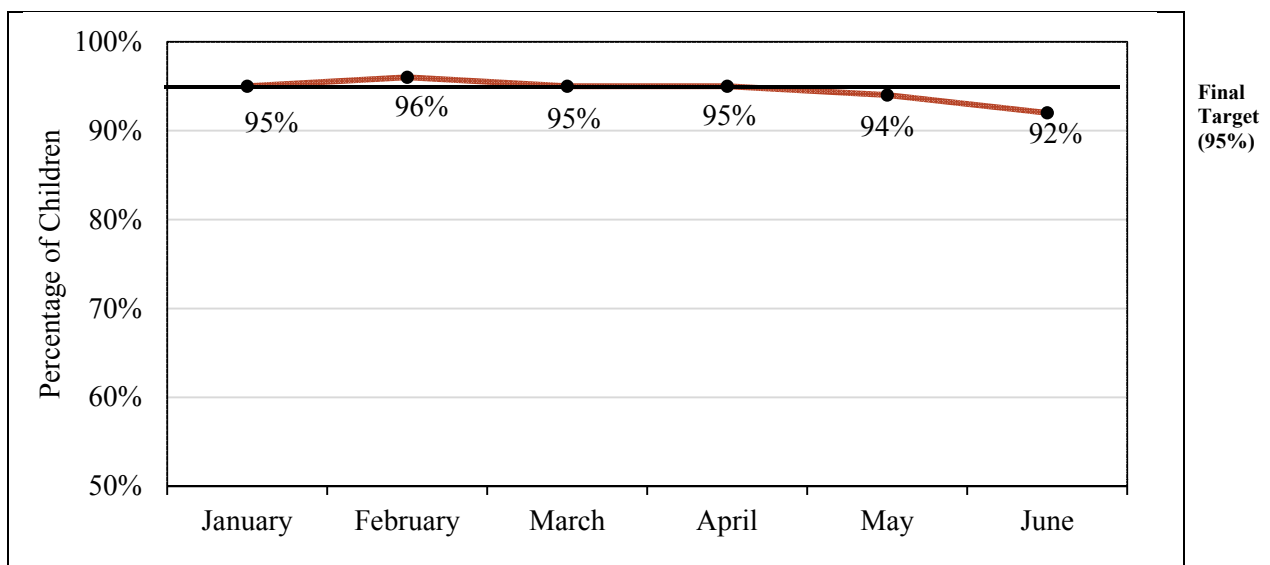
Performance as of June 30, 2014:

Due to concerns regarding SafeMeasures data quality for this measure, performance data were previously reported based on the findings of a manual audit of NJ SPIRIT data for one month during the monitoring period. Examination of February 2014 data obtained through a manual audit and SafeMeasures reporting for the same month indicate that the discrepancy between compliance performance is within three percent; given this finding, the Monitor has decided that SafeMeasures data can be appropriately used to report performance for each month this period and in the future.

Between January and June 2014, performance ranged monthly from 92 to 96 percent of children in out-of-home placement with at least one caseworker visit per month in his/her placement (see

Figure 16 below). During the month of June 2014, 92 percent of applicable children had two visits per month during the first two months of an initial or subsequent placement. Specifically, there were 501 children who were in an initial or subsequent placement and remained in the placement for a full two months; 459 (92%) had documented visits by their workers twice per month with at least one visit occurring in the placement setting. DCF met the required level of performance for four of the six months this period, and thus the Monitor considers this measure to be partially met this period. As demonstrated in Figure 15, progress since 2009 has been dramatic from 18 percent performance in December 2009 to 92 percent in June 2014.

Figure 16: Percentage of Children who had Two Visits per month during First Two months of an Initial or Subsequent Placement (January – June 2014)

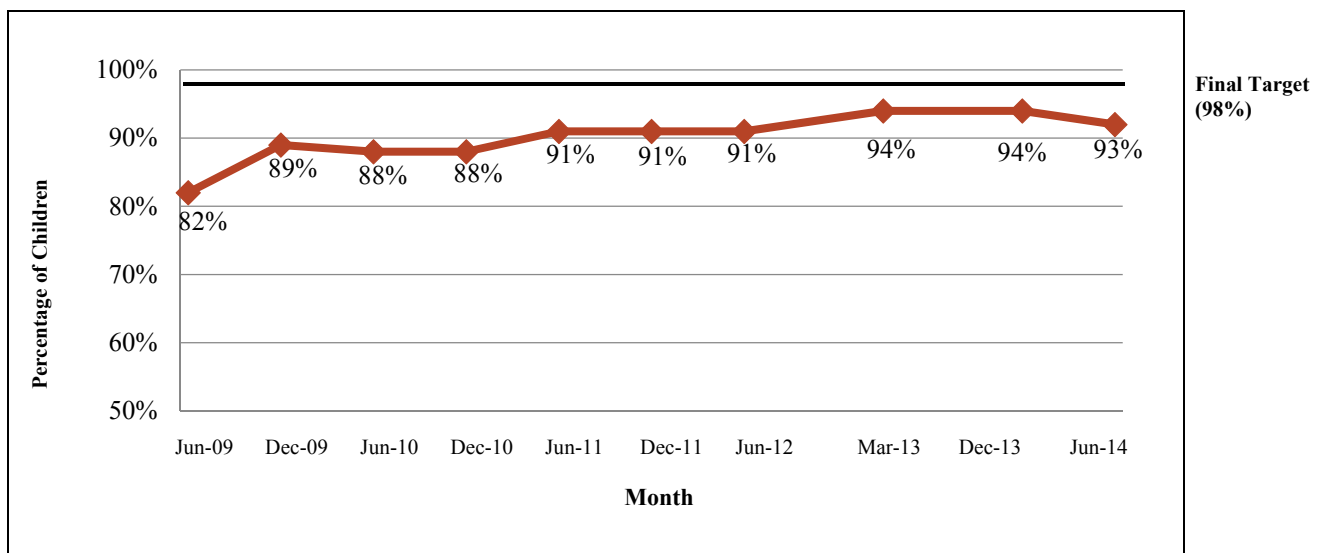


Source: DCF data

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 17: Percentage of Children in Out-of-Home Care who had at least One Caseworker Visit per month in his/her Placement (June 2009 – June 2014)



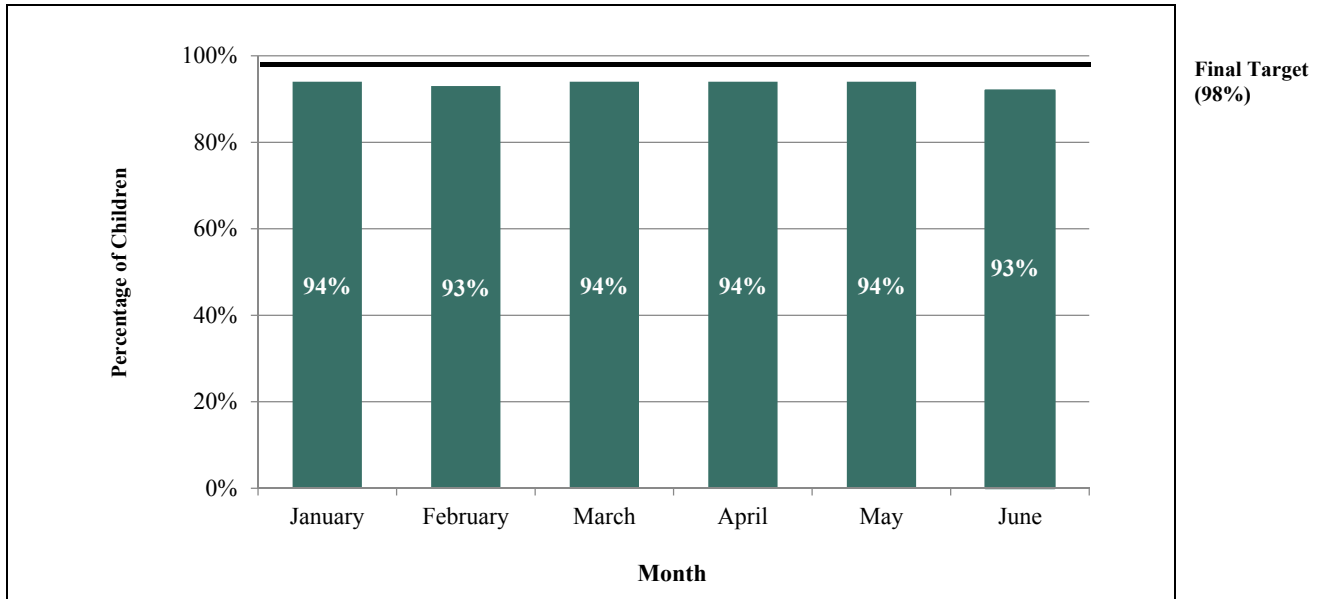
Source: DCF data

Performance as of June 30, 2014:

Between January and June 2014, performance ranged monthly from 93 to 94 percent of children in out-of-home placement with at least one caseworker visit per month in his/her placement (see Figure 18 below). For example, in June 2014 there were 6,950 children in out-of-home placement for a full month; 6,451 (93%) were visited by their caseworker at least one time per month in their placement. An additional 389 (6%) children had at least one caseworker visit per month in a location other than their placement, for a total of 98 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 June 2014, performance on this measure by Local Office ranged from 79 to 100 percent; nine Local Offices met the MSA standard and 20 Local Offices performed at 95 percent or higher (see Appendix B-3).

Figure 18: Percentage of Children in Out-of-Home Care who had at least One Caseworker Visit per month in his/her Placement (January – June 2014)

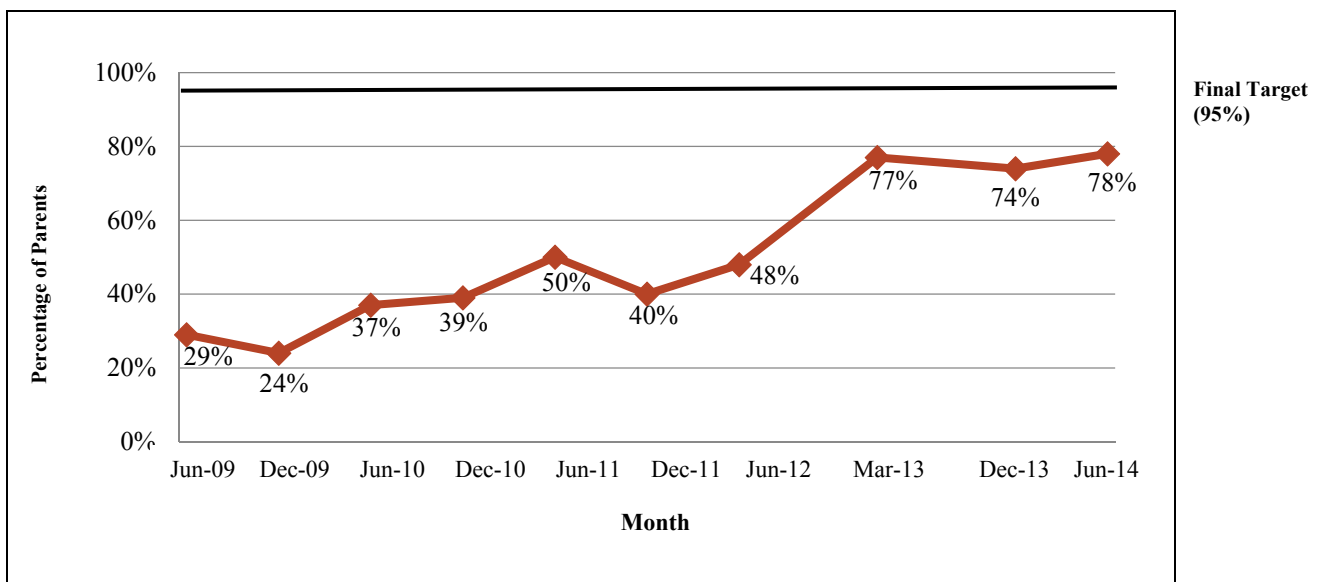


Source: DCF data

Caseworker Visits with Parents/Family Members

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

Figure 19: Percentage of Families who have at least Twice per month Face-to-Face Contact with Caseworker when the Goal is Reunification (June 2009 – June 2014)¹⁰²



Source: DCF data

Performance as of June 30, 2014:

Between January and June 2014, monthly performance on this measure ranged from 72 to 80 percent of parents or other legally responsible family members visited two times per month by a caseworker when the family's goal is reunification (see Figure 20 below).¹⁰³ For example, in June 2014, there were 3,773 children in custody with a goal of reunification; the parents of 2,948 (78%) children were visited twice during the month and the parents of an additional 131 (3%)

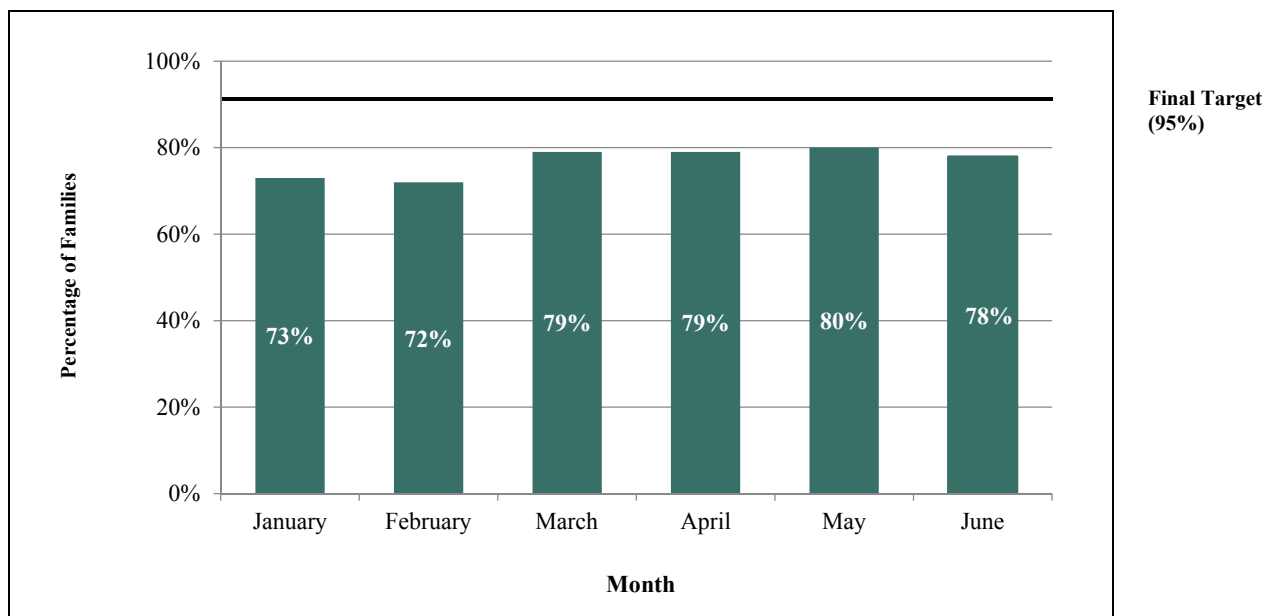
¹⁰² Previously reported performance for June 2011 through March 2013 excluded from calculations those instances where the parent was unavailable or because contacts were not required. Due to concerns regarding appropriate use of these exceptions and for comparison purposes, performance data in this figure for June 2011 through June 2014 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.

¹⁰³ 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.

children had at least one contact in June. The monthly range of performance has improved this monitoring period, however, does not yet demonstrate the level required by the MSA. As indicated, the data likely understates compliance because due to validation issues, it does not yet account for instances where visitation is legitimately not possible or appropriate.

Local Office data for June 2014 ranges between 42 and 94 percent; none of the Local Offices met the required level of 95 percent (see Appendix B-4).

Figure 20: Percentage of Families who have at least Twice per month Face-to-Face Contact with Caseworker when the Goal is Reunification (January – June 2014)¹⁰⁴



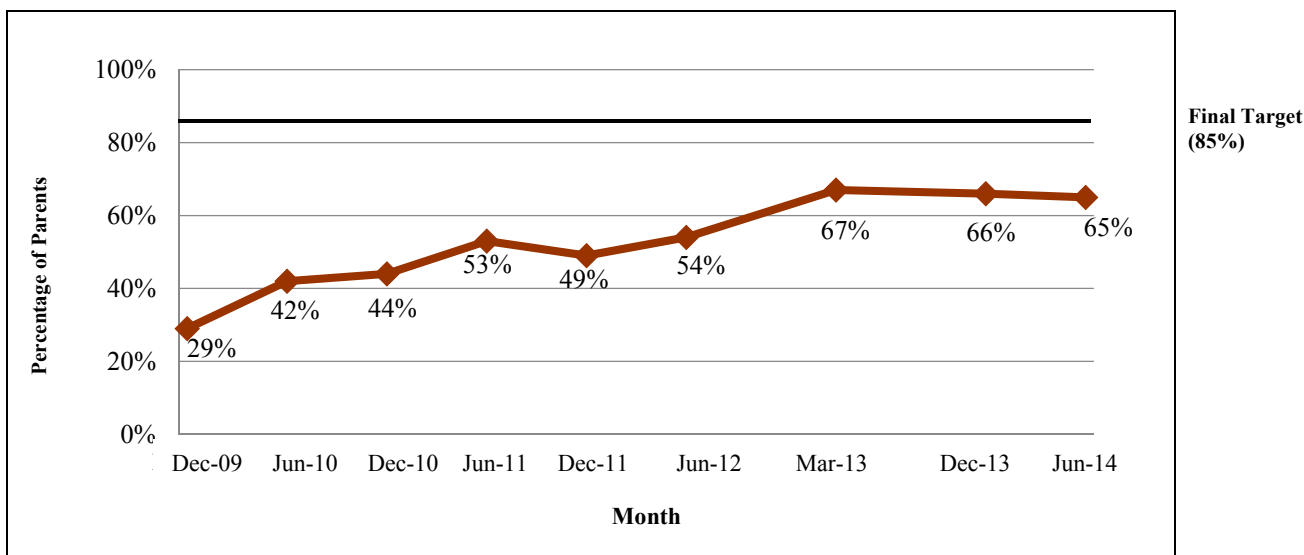
Source: DCF data

¹⁰⁴ 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 June 2014 do not exclude from calculations those instances where the parent was unavailable or because contacts were not required. Therefore, cited performance for June 2011 through March 2013 is different than previously reported performance.

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. ¹⁰⁵

Figure 21: Percentage of Parents who had at least One Face-to-Face Contact with Caseworker who had a Permanency Goal other than Reunification (December 2009 – June 2014)¹⁰⁶



Source: DCF data

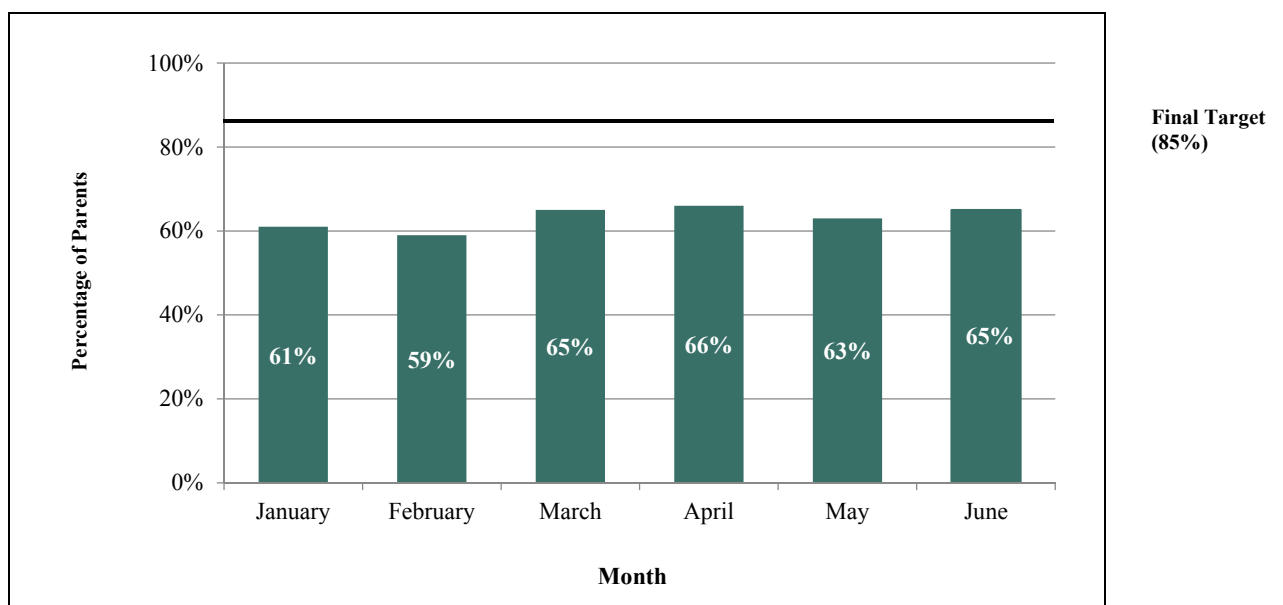
¹⁰⁵ Possible modification of this final target has been discussed among the parties and the Monitor with no resolution.

¹⁰⁶ 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 June 2014 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 June 30, 2014:

Between January and June 2014, monthly performance on this measure ranged from 59 to 66 percent of parents or other legally responsible family members visited monthly by a caseworker when the family's goal is no longer reunification (see Figure 22 below).¹⁰⁷ For example, in June 2014, there were 2,089 children in custody whose goal was not reunification; the parents for 1,356 (65%) children were visited monthly. Performance does not meet the level required by the MSA.

Figure 22: Percentage of Parents who had at least One Face-to-Face Contact with Caseworker who had a Permanency Goal other than Reunification (January – June 2014)



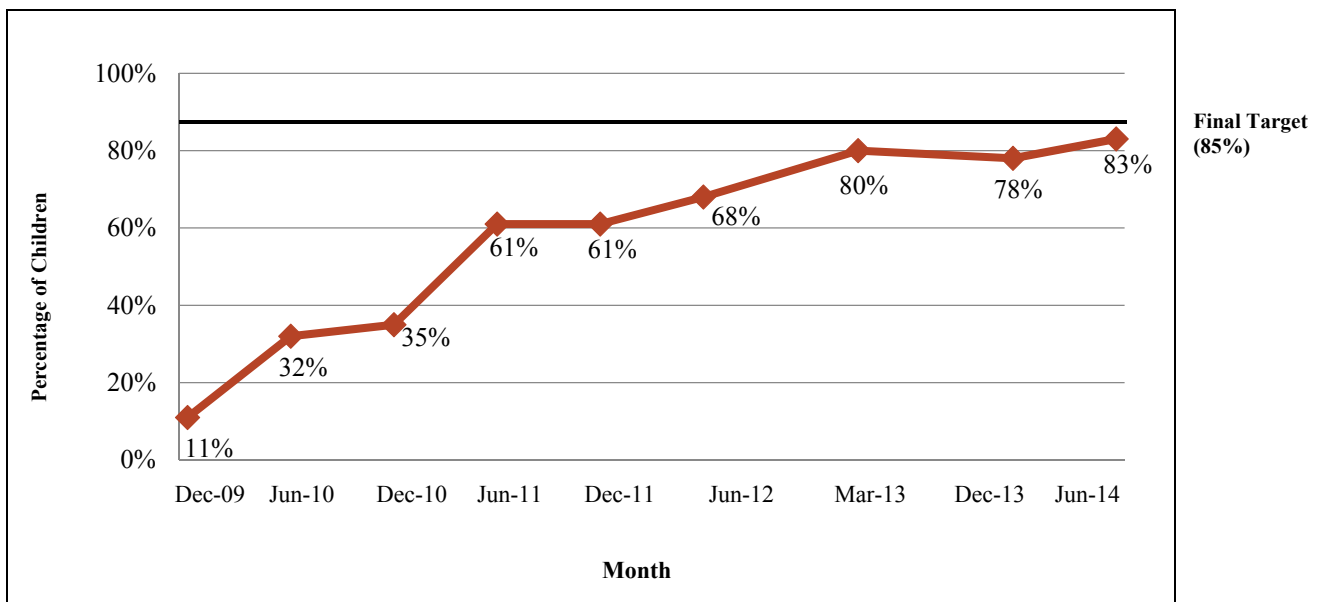
Source: DCF data

¹⁰⁷ 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.

Visits 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 23: Percentage of Children who had at least Two Visits per month with their Parent(s) (December 2009 – June 2014)



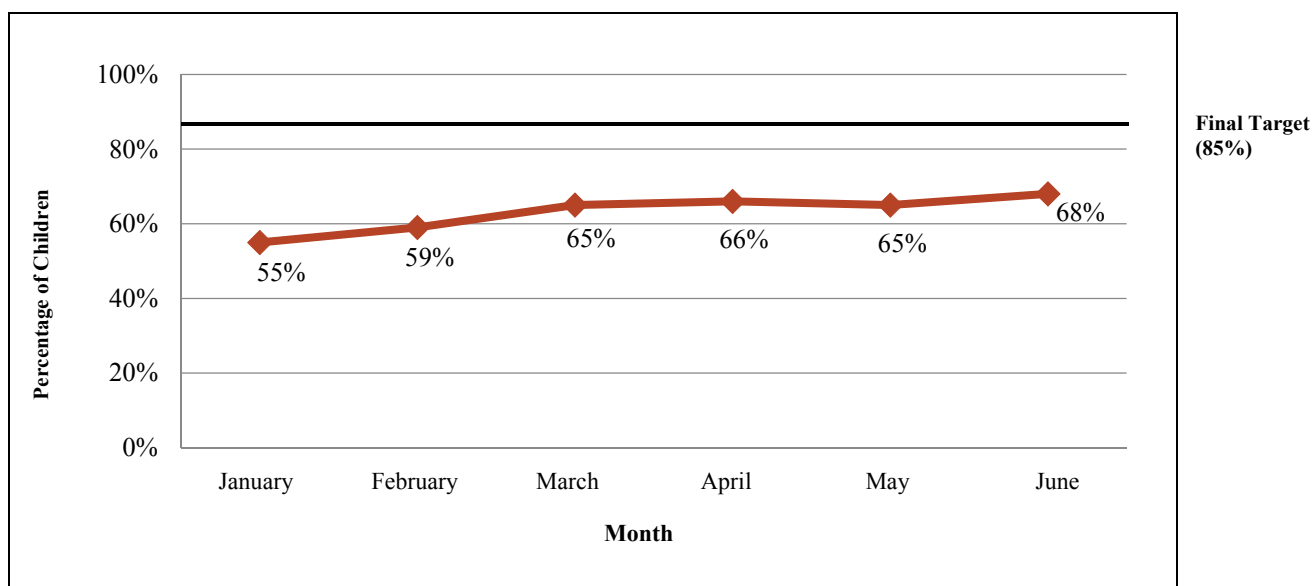
Source: DCF data

Performance as of June 30, 2014:

As indicated earlier in this section, due to the new capabilities of SafeMeasures v5, DCF is able to more precisely report on completion of weekly visits between parents and children for the six month period. Therefore, compliance can be measured by the average percentage of children who had weekly visits each week during the month, not just the number of children who had four visits a month with their parent (which was the methodology that was previously used to report on this measure).

Between January and June 2014, a monthly range of 55 to 68 percent of children had weekly visits with their parents when their permanency goal is reunification (see Figure 24 below)¹⁰⁸ and a monthly range of 75 to 83 percent of children had visits at least every other week (see Figure 25 below).¹⁰⁹ For example, for the four weeks in June 2014, there were an average of 3,770 children in placement with a goal of reunification that required weekly visits. Of these children in placement during that month, 68 percent had weekly visits. Additionally, of the 3,582 children applicable to this measure during the month of June 2014, 2,960 (83%) children had two or three visits during the month. Performance on parent/child visits continued to improve; the Monitor considers this performance measure to be partially met as DCF met the required level of performance for one sub-part of the measure (weekly visits) for four of the six months this period.

**Figure 24: Percentage of Children with Weekly Visits with their Parent(s)
(January – June 2014)**

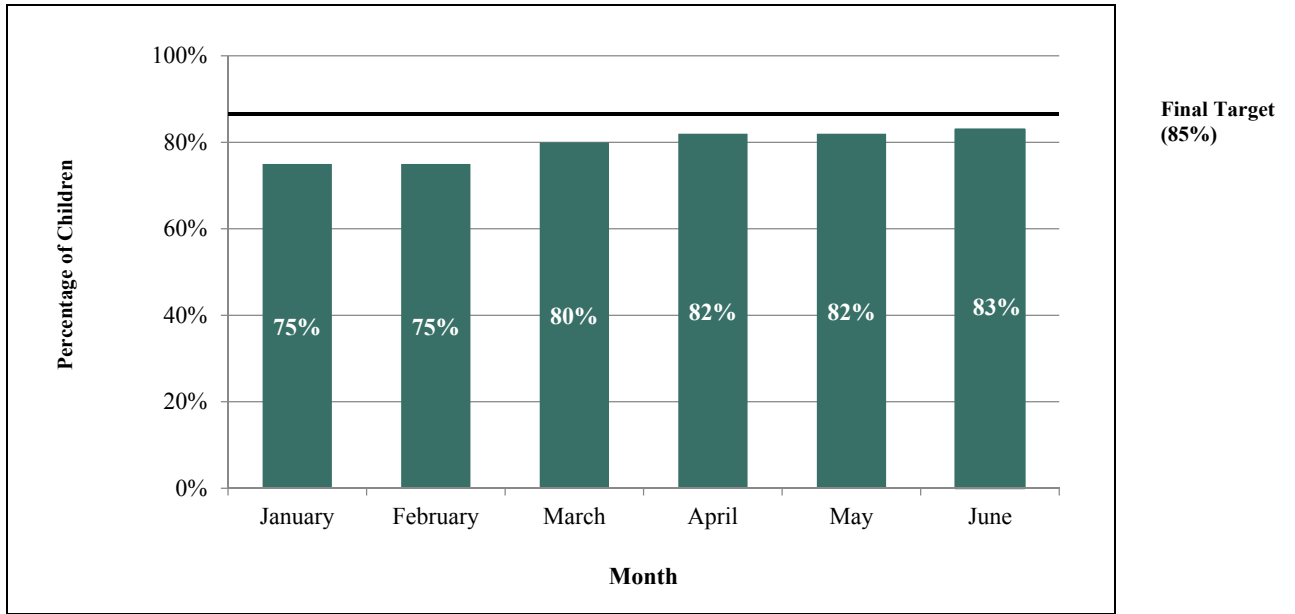


Source: DCF data

¹⁰⁸ 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.

¹⁰⁹ Ibid.

**Figure 25: Percentage of Children who had at least Two Visits
per month with their Parent(s)
(January – June 2014)**

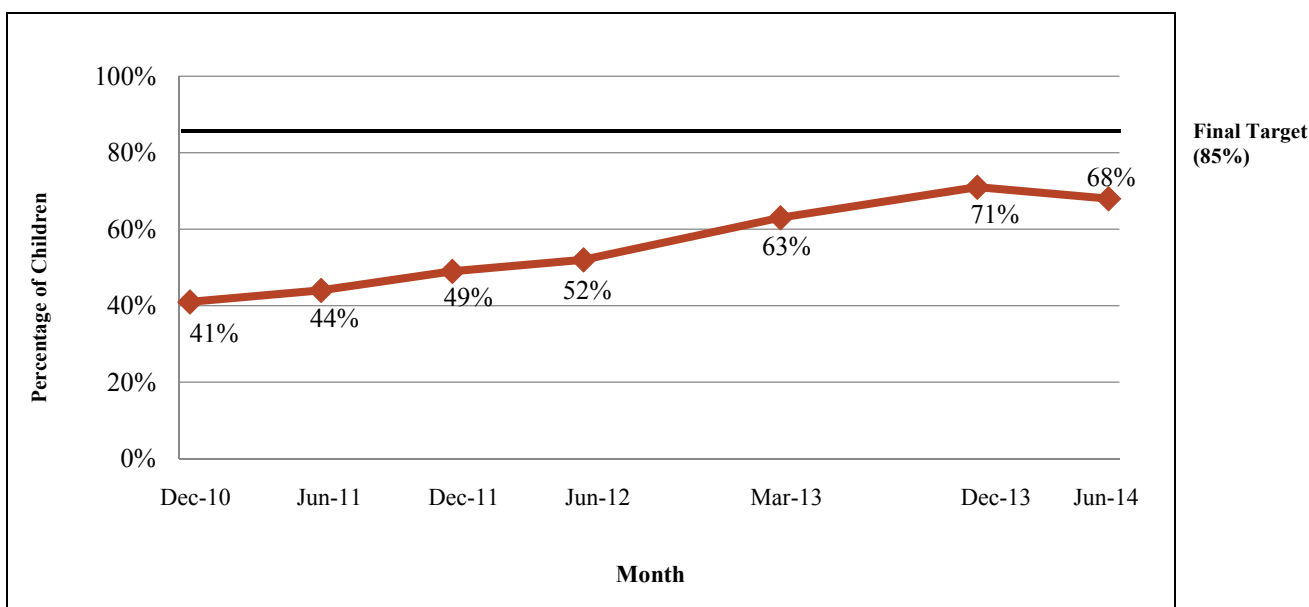


Source: DCF data

Visits 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 26: Percentage of Children in Custody who have at least Monthly Visits with Siblings, for Children not Placed with Siblings
(December 2010 – June 2014)**



Source: DCF data

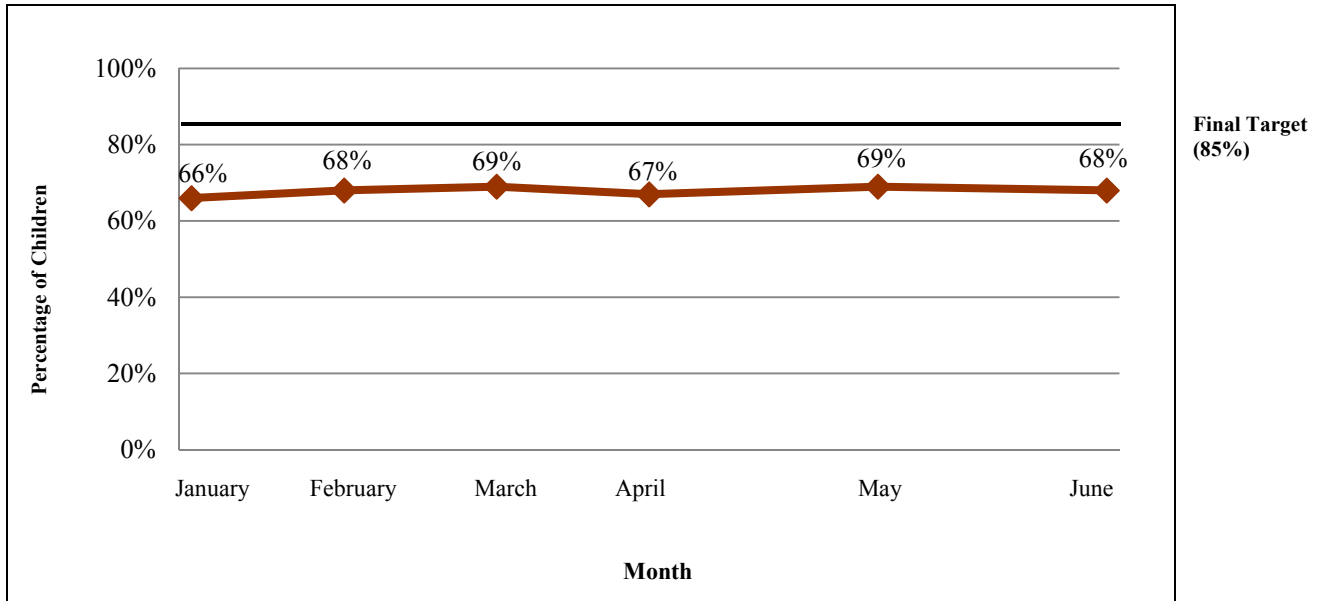
Performance as of June 30, 2014:

Between January and June 2014, a monthly range of 66 to 69 percent of children had monthly visits with their sibling(s) when they were not placed together.^{110, 111} For example, in June 2014 there were 2,587 children in placement who had at least one sibling who did not reside in the same household as them; 1,761 (68%) children had a visit with their siblings during the month.

¹¹⁰ Performance data for monitoring period are as follows: January, 66%; February, 68%; March, 69%; April, 67%; May, 69%; June, 68%.

¹¹¹ DCF has recently indicated that NJ SPIRIT data may undercount sibling visits by five to six percent each month. The Monitor has not yet verified this information.

Figure 27: Percentage of Children in Custody who have at least Monthly Visits with Siblings, for Children not Placed with Siblings (January – June 2014)

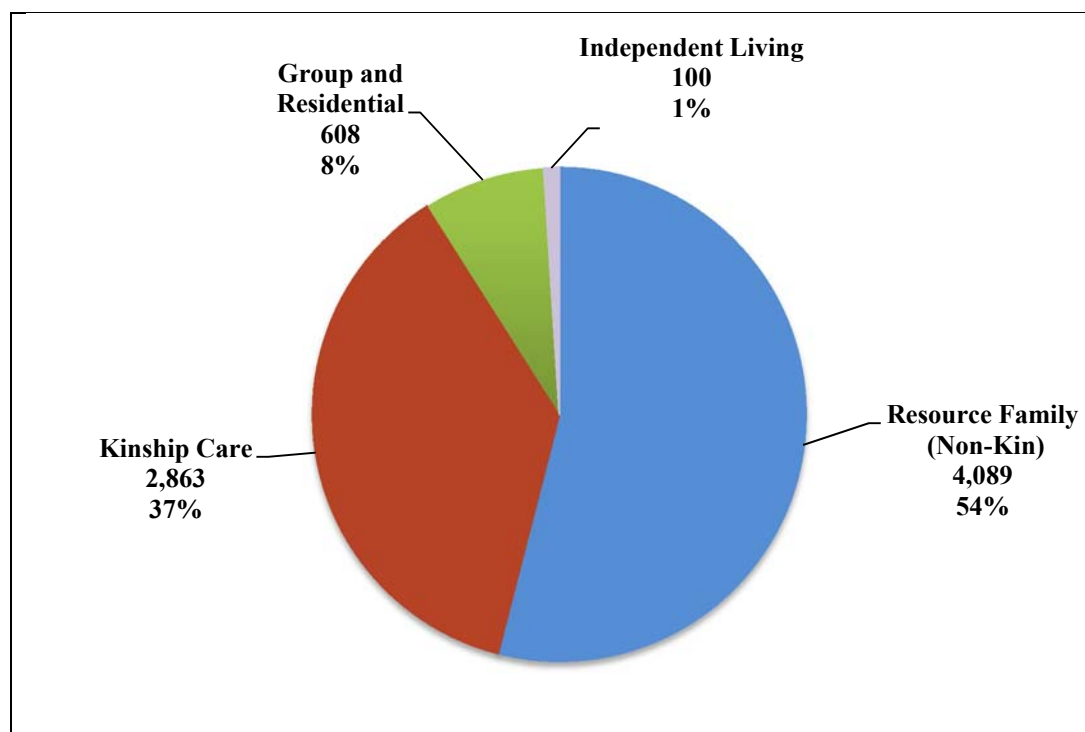


Source: DCF data

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

As of June 30, 2014, a total of 51,412 children were receiving services from CP&P: 7,660 in out-of-home placement and 43,752 in their own homes. Figure 28 shows the type of placement for children in CP&P custody as of June 30, 2014: 91 percent were in resource family homes (either kinship or non-kinship), 8 percent in group and residential facilities and one percent in independent living facilities.

**Figure 28: Children in CP&P Out-of-Home Placement by Type of Placement
as of June 30, 2014
(n=7,660)**



Source: DCF data

Table 11 shows selected demographics for children in out-of-home placement as of June 30, 2014. Forty-six percent of 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. Twenty-six percent of the population were age 13 or older and six percent were age 18 or older.

**Table 11: Selected Demographics for Children in Out-of-Home Placement
as of June 30, 2014
(n=7,660)**

Gender	Percent
Female	51%
Male	49%
Total	100%
Age	Percent
2 years or less	26%
3-5 years	20%
6-9 years	19%
10-12 years	10%
13-15 years	11%
16-17 years	9%
18+ years	6%
Total	101%*
Race	Percent
Black or African American	41%
White	29%
Hispanic	21%
Other	4%
Missing or Undetermined	4%
Total	99%*

Source: DCF data

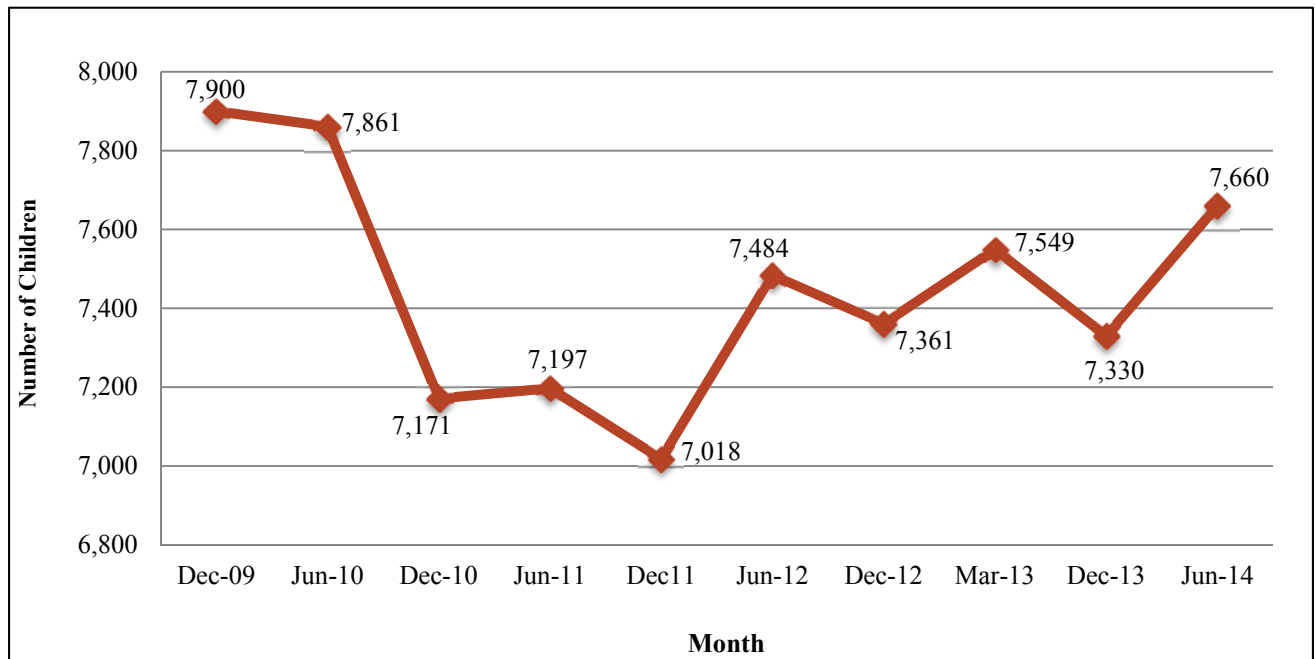
*Percentage is greater or less than 100 due to rounding.

**DCF includes American Indian, Alaska Native, Asian, Native Hawaiian/Other Pacific Islander and multiple races into the category of “other” because of the small numbers in this designation.

“Missing” is used when race or ethnicity is not documented in NJ Spirit and “Undetermined” is used when DCF cannot identify race or ethnicity. DCF combines these two categories due to the small numbers.

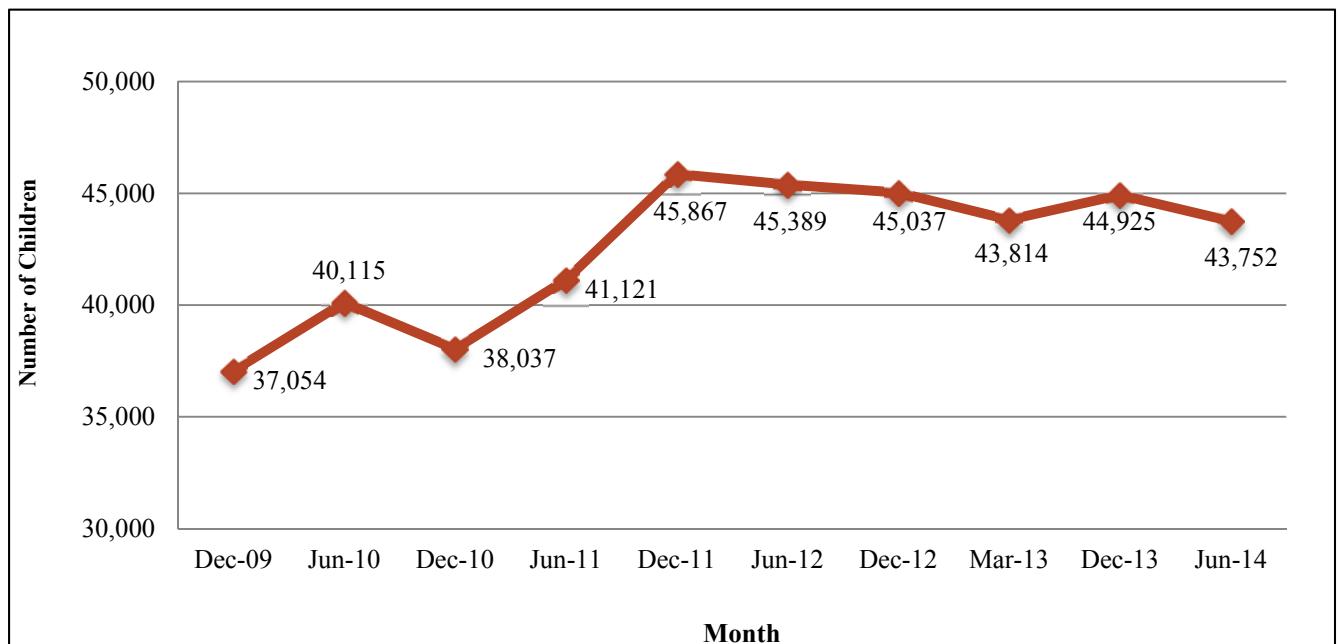
The number of children in out-of-home placement is 7,660 as of June 30, 2014, approaching numbers not seen since June 2010. (See Figure 29). The number of children receiving in-home services is 43,752 as of June 30, 2014.

**Figure 29: Children in Out-of-Home Placement
(December 2009 – June 2014)**



Source: DCF data

**Figure 30: Children Receiving In-Home Services
(December 2009 – June 2014)**



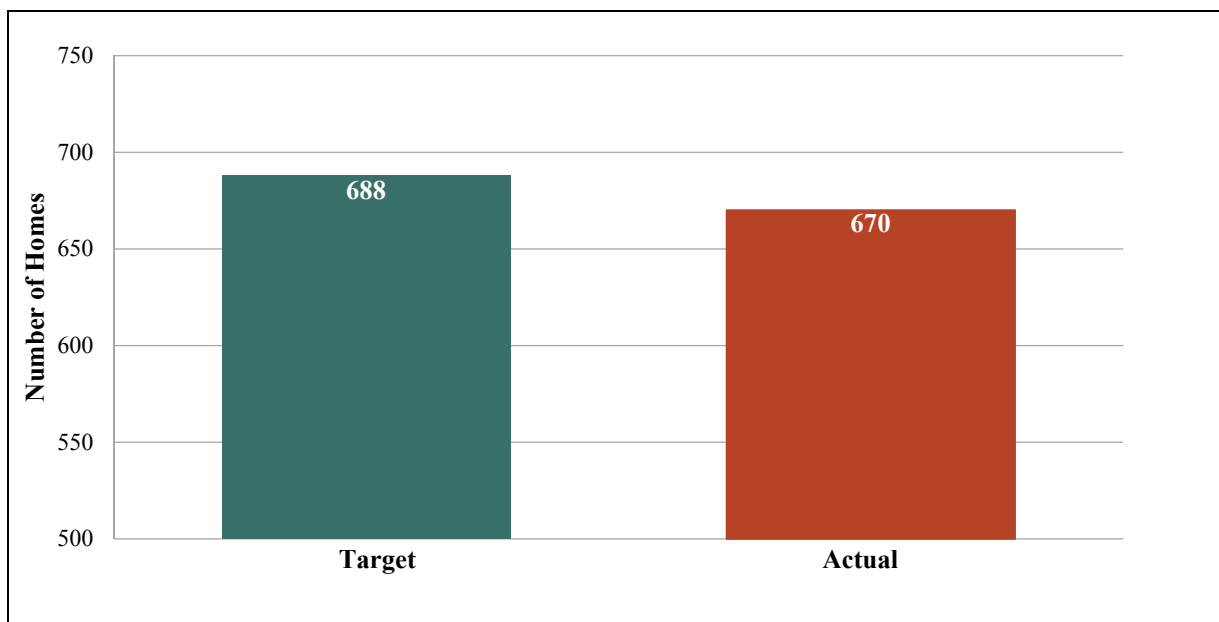
Source: DCF data

A. *Recruitment and Licensure of Resource Family Homes*

DCF's recruitment and licensure work is designed to provide a sufficient number of family-based settings in which to appropriately place children who need to enter placement. Its focus is currently on recruiting and licensing more large capacity resource family homes and homes for adolescents and for youth who identify as Lesbian, Gay, Bisexual, Transgender, Questioning or Intersex (LGBTQI). The large gains the state has achieved in licensing and placing children in kinship homes creates a new challenge: since kinship homes often close once permanency is achieved through adoption, kinship legal guardianship status and reunification, DCF must focus on retention of quality homes and recruiting to more narrowly meet the specific needs of children who cannot be placed with kin.

DCF recruited and licensed 670 new kinship and non-kinship resource family homes from January to June 2014, missing its recruitment target for this period by 18 homes. Sixty-six percent of the newly licensed families were relatives of children in care.

Figure 31: Number of Licensed Resource Family Homes Compared to Statewide Target (January – June 2014)
Total = 670

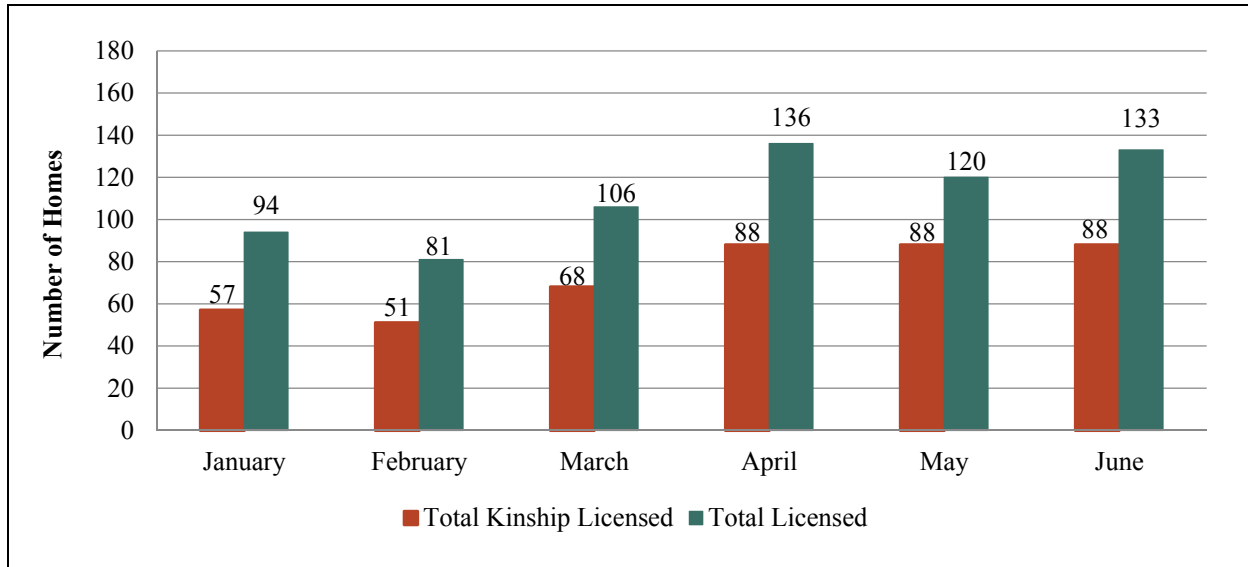


Source: DCF data

As indicated in Figure 31, 440 (66%) of the 670 newly licensed resource family homes during this monitoring period were kinship homes, up from 28 percent in 2007 and reflecting the state's commitment to exploring kinship care as the preferred placement option.¹¹²

¹¹² See Table 12 for total gross and net numbers of resource family homes.

**Figure 32: Newly Licensed Resource Family Homes
(Kinship and Non-Kinship)
(January – June 2014)
Total Licensed = 670
Total Kinship Licensed = 440**



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 June 2014. DCF reported a net loss of 172 resource family homes, the first time the state has reported more homes closed than licensed within a monitoring period since the start of the reform effort. DCF attributes this change to increased licensing of kinship resource family homes that tend to close when children achieve permanency through adoption, kinship legal guardianship or reunification. Despite the reported net loss this monitoring period, DCF reports that its capacity of resource family homes continues to exceed the rate of out of home placement needs. The Monitor will be closely monitoring recruitment and licensing to ensure that DCF maintains sufficient capacity of resource family homes, given the recent rise in out-of-home placements.

**Table 12: Resource Family Homes Licensed and Closed
(January – June 2014)**

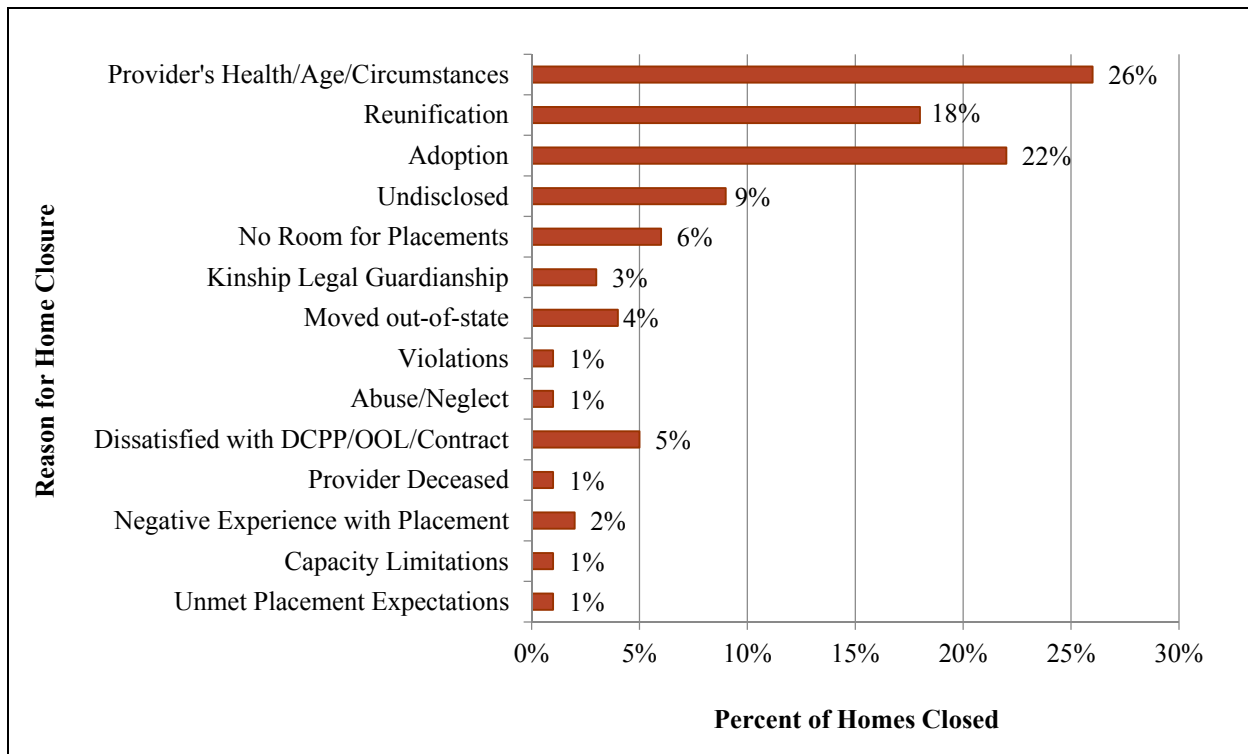
Month	Non-Kin Resource Homes Licensed	Kin Resource Homes Licensed	Total Resource Homes Licensed	Total Resource Homes Closed	Resource Homes Net Gain
JANUARY	37	57	94	117	-23
FEBRUARY	30	51	81	130	-49
MARCH	38	68	106	121	-15
APRIL	48	88	136	185	-49
MAY	32	88	120	153	-33
JUNE	45	88	133	136	-3
Jan – June 2014 Totals	230	440	670	842	-172

Source: DCF data

As reflected in Figure 33, 43 percent of all resource family homes that were closed between January and June 2014 were due to permanency exits of the children placed, specifically reunification (18%), kinship legal guardianship (3%) or adoption (22%). 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 (4%) 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 12 percent of homes were closed for other reasons: abuse or neglect (1%), death of a provider (1%), a provider's negative experiences (2%), a provider's dissatisfaction with CP&P and Office of Licensing (OOL) rules (5%), unmet placement expectations (1%), a provider reaching capacity limitations (1%) and violations of licensing rules (1%).

DCF is implementing several strategies to reduce resource home closures and to improve retention. Working with Rutgers University, DCF is developing tools to use with its resource families to identify areas of concern. With the assistance of Adopt Us Kids, a national organization supporting foster and adoptive families, DCF is also developing a Resource Family Retention Model for workers to use with families.

**Figure 33: Reasons for Resource Home Closures
(January – June 2014)
(n=842)**



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.

Between January and June 2014, most counties did not meet their licensure targets; only seven out of 21 counties met or exceeded their targets for newly licensed resource family homes. Table 13 shows county performance between January and June 2014 as compared to licensure targets.

DCF's plan to change its target setting methodology in 2015 will be reported on in the next monitoring report.

Table 13: Newly Licensed Resource Family Homes Compared to County/State Targets (January – June 2014)

County	Target	Licensed	Performance Against Target
Atlantic	25	30	5
Burlington	35	29	-6
Cape May	12	13	1
Camden	65	64	-1
Cumberland	18	16	-2
Gloucester	27	36	9
Salem	11	6	-5
Essex	108	86	-22
Hudson	54	48	-6
Bergen	40	36	-4
Hunterdon/Warren*	18	17	-1
Mercer	20	31	11
Somerset	18	20	2
Middlesex	43	40	-3
Morris	23	13	-10
Sussex	12	14	2
Passaic	35	34	-1
Ocean	42	63	21
Monmouth	42	33	-9
Union	42	41	-1
Totals	690	670	-20

Source: DCF

*DCF combines Hunterdon and Warren counties for the purpose of setting targets.

DCF continues to process the majority of resource family applications within 150 days despite a demonstrated increase in time to resolution for kinship family applications (MSA Section II.H.4).

As shown in Table 14, 1,209 resource family applications were received between July 2013 to December 2013, 694 (57%) were resolved within 150 days and 808 (67%) applications were resolved within 180 days. When compared to performance in 2007 (25% of applications resolved in 150 days), DCF has sustained improvement in its efforts to reach the 150 day timeframe.

Table 14: Total Number of All Resource Family Home Applications Resolved in 150 and 180 Days for Applications Submitted July 2013 through December 2013 (n=1,209)

2013 Month Applied	Total Applications	Resolved in 150 Days		Resolved in 180 Days	
	Number	Number	Percent	Number	Percent
JULY	251	152	61%	174	69%
AUGUST	230	136	59%	148	64%
SEPTEMBER	192	105	55%	122	64%
OCTOBER	194	103	53%	124	64%
NOVEMBER	185	116	63%	134	72%
DECEMBER	157	82	52%	106	68%
Total	1,209	694	57%	808	67%

Source: DCF data

DCF has previously reported that in their experience, kinship applications tend to encounter more challenges and delays than non-kinship applications. Tables 15 and 16 demonstrate that, consistent with its commitment to license relatives whenever possible, DCF receives more applications from kinship family homes than non-kinship homes and that those applications take longer to resolve than the non-kinship family home applications for reasons described in previous reports: once children are placed with relatives there is not as much incentive for relatives to conform to the rigors of the application process. During the period, for the 773 resource family home kinship applications received from July 2013 to December 2013, 386 (50%) were resolved within 150 days and 465 (60%) were resolved in 180 days. For the 436 non-kinship family home applications received during the same period, 308 (71%) of non-kinship homes were resolved in 150 days and 343 (79%) were resolved in 180 days. DCF continues to use Resource Family Impact Teams to more intensely monitor kinship applications to assist in expediting the 150 day application process.

**Table 15: Total Number of Kinship Family Home Applications Resolved in 150 and 180 Days for Applications Submitted July 2013 through December 2013
(n=773)**

2013 Month Applied	Total Applications	Resolved in 150 Days		Resolved in 180 Days	
	Number	Number	Percent	Number	Percent
JULY	162	84	52%	100	62%
AUGUST	147	75	51%	83	56%
SEPTEMBER	125	61	49%	71	57%
OCTOBER	116	55	47%	68	59%
NOVEMBER	122	69	57%	82	67%
DECEMBER	101	42	42%	61	60%
Total	773	386	50%	465	60%

Source: DCF data

**Table 16: Total Number of Non-Kinship Family Home Applications Resolved in 150 and 180 Days for Applications Submitted July 2013 through December 2013
(n=436)**

2013 Month Applied	Total Applications	Resolved in 150 Days		Resolved in 180 Days	
	Number	Number	Percent	Number	Percent
JULY	89	68	76%	74	83%
AUGUST	83	61	73%	65	78%
SEPTEMBER	67	44	66%	51	76%
OCTOBER	78	48	62%	56	72%
NOVEMBER	63	47	75%	52	83%
DECEMBER	56	40	71%	45	80%
Total	436	308	71%	343	79%

Source: DCF data

Resource Family Recruitment and Retention Strategies

Organizational Improvements

DCF restructured its recruitment staff during this monitoring period; beginning in May 2014 the Office of Resource Families (ORF) began direct supervision of local recruitment staff. The expectation is that this change will yield improvements in targeted recruitment efforts and will provide ORF with a greater degree of oversight around training and professional development.

Large Capacity Homes

DCF is committed to recruiting and licensing homes with capacity to accommodate large sibling groups. Foster and Adoptive Family Services¹¹³ (FAFS) assisted DCF by raising awareness of the need for homes for large sibling groups through its website and other social media outlets. DCF conducted a special project to help recruit for homes for large sibling groups from its existing pool of licensed resource homes from each Resource Family Unit; all local Resource Family Units reached out to licensed families with a capacity of four to discuss their willingness to care for large sibling groups.

The state has been using a specialized recruitment strategy to focus attention on identifying, recruiting and licensing these homes, termed “Siblings in Best Settings” or SIBS, which are defined as homes with five or more children or youth. At the end of this reporting period, DCF had 29 SIBS homes, an equivalent number of homes reported at the end of the previous reporting period; eight SIBS homes were newly licensed between January and June 2014, and eight homes left the SIBs program.¹¹⁴ Recruiting homes for large sibling groups continues to be a priority need.

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

DCF continued its work with the National Resource Center for Recruitment and Retention of Foster and Adoptive Parents at Adopt US Kids (NRCRRFAP) and phased in a market segmentation approach to the remaining nine counties.¹¹⁵ NRCRRFAP’s market segmentation approach uses 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. Local recruiters were trained in the approach and how to apply it to their recruitment efforts and strategies. DCF is at the beginning stages of quantifying how the market segmentation approach has improved its overall recruitment efforts.

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) Presentation Skills for PRIDE Trainers—this workshop provides the basic skills for developing and delivering effective presentations.
- PRIDE Presentation Skills for Recruiters – similar to the workshop for trainers, this workshop provides basic skills for delivering effective presentations for recruiters.

¹¹³ Foster and Adoptive Family Services is an organization in New Jersey that provides supports and advocacy for foster, adoptive and kinship families.

¹¹⁴ Eight homes left the SIBS program: six homes downgraded from SIBS status when the children were reunited with their biological parents, one home closed and one home downgraded from SIBS status when the resource parents determined the large number of siblings was too difficult to manage.

¹¹⁵ Bergen, Hudson, Atlantic, Cape May, Union, Hunterdon, Somerset, Warren and Passaic.

-
- Office of Licensing Pool Training – The Department of Community Affairs trains staff on code requirements of barriers for private swimming pools and bathing areas.
 - Structured Analysis Family Evaluation (SAFE) training for practitioners who conduct SAFE training. Courses include a two day training covering the practice values of SAFE, a one day training to build or refresh interviewing skills and a course designed to train supervisors.

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 FAFS are: on-line training, home correspondence courses, county-based workshops and webinars. Between January and June 2014 1,314 resource parents took a total of 3,952 In-service courses. FAFS offers a wide variety of topics, including:

- Loss and Separation,
- Post Adoption Issues,
- Child Safety,
- Parenting Through Puberty,
- Understanding Anger in Children and Adolescents, and
- Chew on This: A Guide to Diet and Nutrition.

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

For several of the outcomes related to placement of children in out-of-home care, the final targets are measured at the end of each calendar year. Consequently, the state's performance on the following placement outcomes is not newly assessed in this report and the most recent performance is from CY 2013 outcomes.

- *Performance Measure 25 – Placing Siblings Together*: Of sibling groups of two or three siblings entering custody at the same time or within 30 days of one another, the percentage in which all siblings are placed together.

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

Most Recent Performance – In CY2013, of the 842 sibling groups of two or three children that came into custody at the same time or within 30 days of one another, 77% were placed together.

- *Performance Measure 26 – Placing Siblings Together*: Of sibling groups of four or more siblings entering custody at the same time or within 30 days of one another, the percentage in which all siblings are placed together.

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.

Most recent performance – In CY2013, of the 103 sibling groups that had four or more children who came into custody at the same time or within 30 days of each other, 26% were placed together.

- *Performance Measure 27 – Stability of Placement*: Of the number of children entering care in a period, the percentage with two or fewer placements during the 12 months beginning with the date of entry.

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.

Most recent performance – For children entering care in CY2012, the most recent year for which data is available, 82% had two or fewer placements during the 12 months from their date of entry.

The state's more recent performance will be assessed in the next monitoring report.¹¹⁶

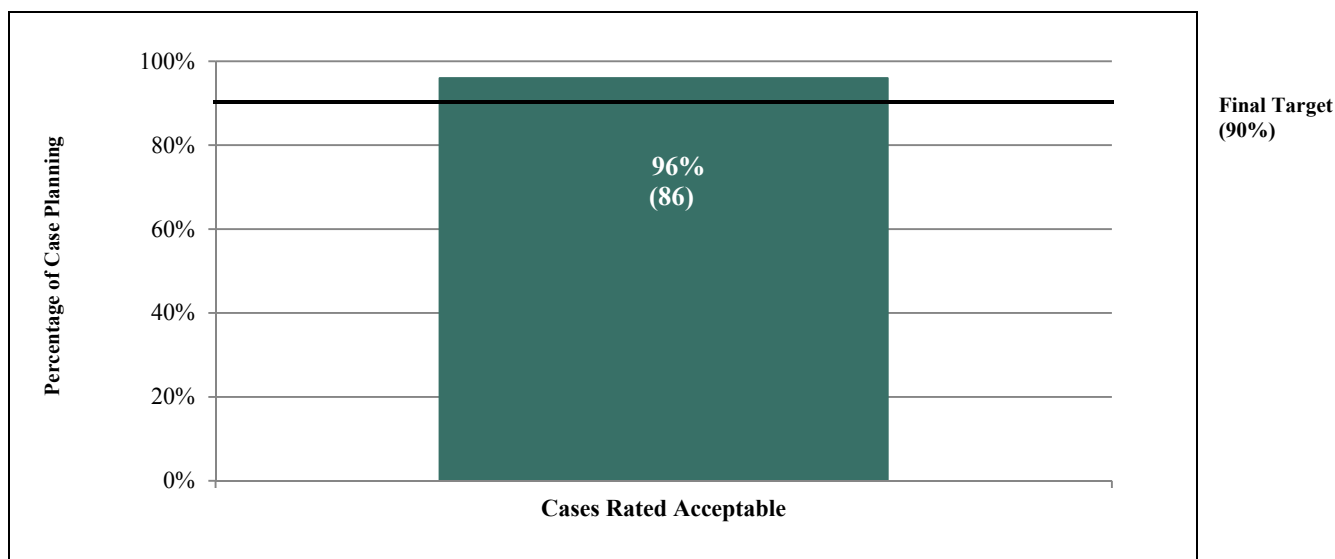
The remaining performance measures in this section examine appropriateness of children and youth in placement, placement of children in most family-like setting, DCF's compliance with limiting over-placement of children in resource homes and limiting the use of shelter as placements.

¹¹⁶ For performance measures 25 and 26, CY2014 data will not be available until early 2015. For performance measure 27, data on performance for CY2013 will not be available until early 2015 as performance is measured on the stability of placement for the first 12 months of children who entered care anytime in 2013.

Appropriateness of Placement

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

**Figure 34: Cases Rated Acceptable Appropriateness of Placement
(January – June 2014)
(n=90)**



Source: DCF, QR results

Reported performance based upon QR results from cases reviewed between January and June 2014.

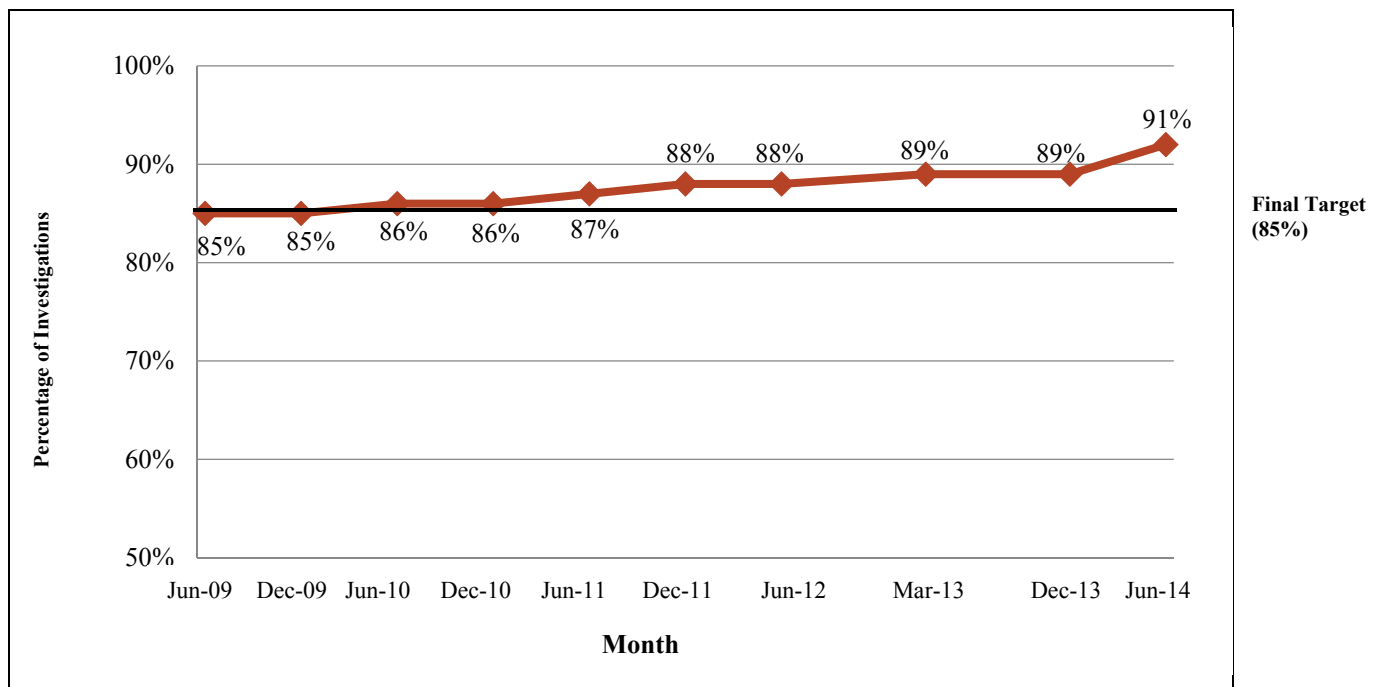
Performance as of June 30, 2014:

From January through June 2014, of the 120 cases reviewed using the QR protocol, 90 cases of children in out-of-home care were reviewed and were assessed for appropriateness of their placement. Eighty-six of the 90 (96%) child placements were rated acceptable, which is exceptional performance. This assessment considers the child's needs for family relationships, connections, age, ability, special needs and peer group and whether the living arrangement is consistent with the child's language and culture. The assessment of appropriateness of placement also considers whether the placement met the child's needs for emotional support, supervision and socialization and addresses special and other basic needs. This is a very significant accomplishment for DCF and one that it 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 35: Percentage of Children Placed in a Family Setting
(June 2009 – June 2014)**



Source: DCF data

Performance as of June 30, 2014:

As of June 30, 2014, there were 7,660 children in CP&P out-of-home placement; 6,952 (91%) of whom were placed in resource family placements (non-kinship or kinship). The remaining 708 (9%) children/youth were placed in independent living placements (100) or group and residential facilities (608). 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 CY2013 when a total of 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.¹¹⁷

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 June 30, 2014:

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

The Monitor reviews the waivers to population limits DCF has granted during each monitoring period to validate that they meet the designated capacity limitations. During this monitoring period less than one percent of resource home placements were over capacity.

The Monitor reviewed the three waivers to populations limits granted between January and June 2014 and each of these waivers were deemed appropriate. Two waivers were approved for children to be placed in homes with over four children: one for a child who was related to the resource parent and another for a child who had previously been placed in the home and returned again when reunification with family didn't succeed. Another waiver was approved for a child to be placed in a home with six children because the resource parent's grandchild had a baby and both were imminently scheduled to leave the home.

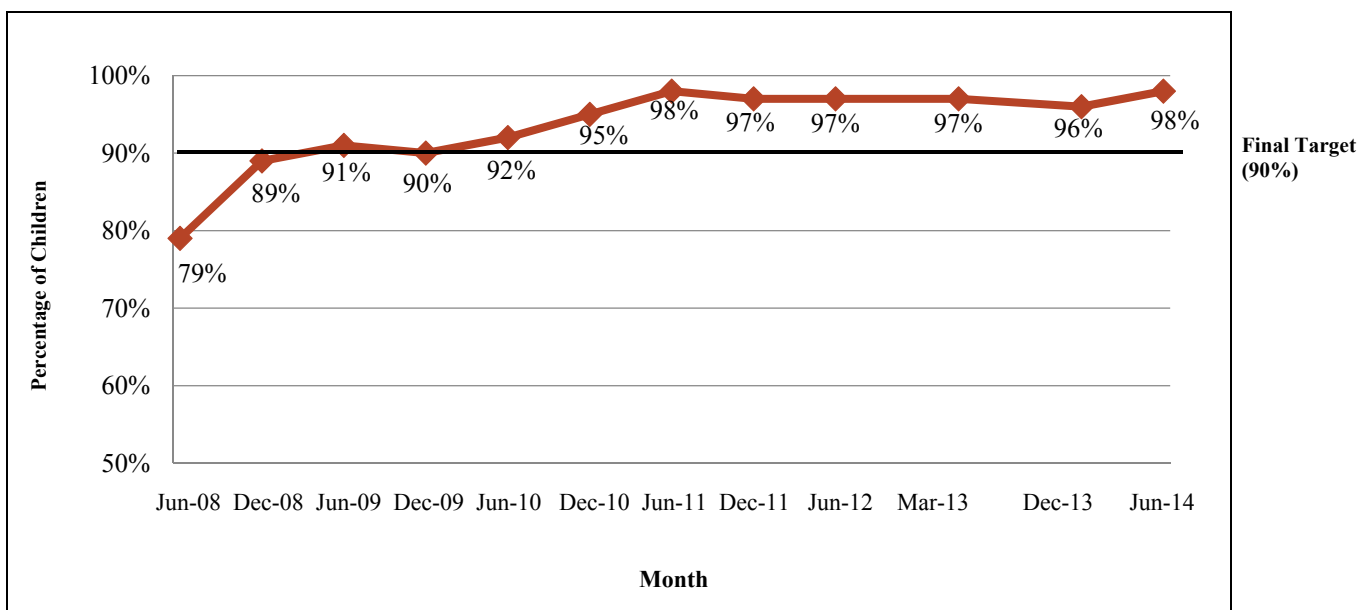
DCF continues to meet the MSA performance target for this outcome.

¹¹⁷ These data were analyzed by Hornby Zeller Associates.

Limiting Inappropriate Placements

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

**Figure 36: Percentage of Children over Age 13
Placed in Compliance with MSA Standards
(June 2008 – June 2014)**



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 17: Shelter Placements for Youth Aged 13 or Older
(January 2008 – June 2014)**

	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	Jan– Jun 2014
Number of youth 13 or older placed in shelters	451	421	465	393	350	303	337	315	292	411	439	256
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%)	250 (98%)
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%)	6 (2%)

Source: DCF data

Performance as of June 30, 2014:

From January to June 2014, four children under the age of 13 were placed in a shelter.¹¹⁸

Although three of the four children were moved out of the shelter within one day, this is the first time since 2009 that DCF placed a child under 13 in a shelter. The MSA standard is no child and thus DCF has not met the required performance on this measure for this period.

Between January and June 2014, 256 youth ages 13 or older were placed in shelters. Of these youth, 250 (98%) youth were reported by DCF to have been placed in accordance with criteria on appropriate use of shelters. This performance exceeds the MSA final target of 90 percent.

¹¹⁸ No children under the age of 13 were reported placed in a shelter between January and March 2014. In April 2014 two siblings under the age of 13 were placed for one night when caregiver requested their immediate removal after an altercation at school and a placement that had been identified fell through. The next day the children were moved from the shelter and placed in separate resource treatment homes, but were reunited into the same treatment home in June 2014. Two additional children were placed in June 2014: one child by an after-hours investigator who did not verify the child's age and the child was placed into a resource home the next day. A second child under 13 was placed in a shelter in June 2014 when the child refused to return home and DCF could not find a resource home that would meet the family court's strict conditions of placement for the child, such as no access to the telephone or internet and no male in the home. The child was reunified by court order following a twelve day placement in the all-female setting. It should be noted that there were a total of 5,713 children under 13 in placement in this monitoring period and that three out of the four children under 13 years old placed in shelter were in shelter for one day.

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. The state's performance on MSA outcomes related to abuse and neglect of children while in foster care, repeat maltreatment and re-entry into care is not newly assessed in this report as performance is measured at the end of each calendar year; more recent performance will be assessed in the next monitoring report when these data are available.¹¹⁹ DCF's most recent performance for each of these measures is bulleted below:

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

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

Most Recent Performance (previously reported) – In CY2013, 0.32% of children were victims of substantiated abuse or neglect by a resource parent or facility staff member.

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

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

Most Recent Performance (previously reported) – For children who were victims of substantiated allegation of child maltreatment in CY2012 and remained at home, 7.6% had another substantiation within the next 12 months.

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

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

¹¹⁹ In early 2015, CY2014 data for will be available for Performance Measure 30 and CY2013 data will be available for Performance Measures 31, 32 and 33.

Most Recent Performance (previously reported) – In CY2012, 8.5% of children who reunified were victims of substantiated child maltreatment within one year after reunification.

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

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

Most Recent Performance (previously reported) – Of all children who exited in CY2012, 13% re-entered custody within one year of exit.¹²⁰

The Monitor has previously noted concern with DCF’s performance on repeat maltreatment within one year after children exit to reunification. DCF shares this concern and has been examining the issue. Information is being collected through NJ SPIRIT and local reviews of children who experienced repeat maltreatment are being conducted in order to determine common themes or practice issues and develop strategies to reduce these occurrences.

¹²⁰ 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 CY2012, 10 percent re-entered custody within one year of the date of exit.

VIII. TIMELY PERMANENCY THROUGH REUNIFICATION, ADOPTION OR LEGAL GUARDIANSHIP

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

During this monitoring period, although not yet at compliance levels, DCF demonstrated improved performance in the development of child specific recruitment plans within 30 days of goal change to adoption and placement of children in adoptive homes within nine months of termination of parental rights (TPR). Performance fluctuated month to month on filing for TPR within 60 days of goal change to adoption (this may be attributable to the small number of applicable children) and performance does not meet the required target level. DCF continued to meet the MSA target on finalization of adoptions within nine months of placement in an adoptive home.

In an effort to further advance adoption practices and outcomes, on September 30, 2014 DCF was awarded a federal grant from the Administration on Children, Youth and Families to secure permanent families for children and youth who have waited over 18 months to be adopted. The program builds on existing adoption expertise within DCF and will be a collaboration with other partner agencies in New Jersey. For example, the Institute for Families at the Rutgers University School of Social Work will partner with DCF to evaluate and document project outcomes.

The state’s performance on the remaining permanency outcomes is not newly assessed in this report as final targets are measured at the end of each calendar year; more recent performance will be assessed in the next monitoring report when these data are available.¹²¹ DCF’s most recent performance for each of the MSA five permanency outcomes are bulleted below:

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

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

¹²¹ These data are not available until early 2015.

Most Recent Performance (previously reported) – Of all children who entered foster care for the first time in CY2012, 46% discharged to permanency (reunification, permanent relative care, adoption and/or guardianship) within 12 months from their removal from home.

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

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

Most Recent Performance (previously reported) – Of all children who were in care on the first day of CY2013 and had been in care between 13 and 24 months, 46% were discharged to permanency prior to their 21st birthday or by the last day of the year.

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

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

Most Recent Performance (previously reported) – Of all children who were in foster care for 25 months or longer on the first day of CY2013, 36% discharged to permanency prior to their 21st birthday and by the last day of the year.

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

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

Most Recent Performance (previously reported) – 74% of children who became legally free in CY2012 were discharged from foster care to a finalized adoption in less than 12 months from the date of becoming legally free.

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

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

Most Recent Performance (previously reported) – Of all children who exited to adoption in CY2013, 45% were discharged from foster care to adoption within 30 months from removal from home.

Finalized Adoptions

Between January 1 and June 30, 2014, DCF finalized 359 adoptions. Table 18 below shows the number of adoption finalizations by CP&P Local Office between January and June 2014. By way of comparison, in CY2013, there were a total of 1,021 adoptions finalized. As of June 30, 2014, 1,269 children in the state's custody remained legally free for adoption.¹²²

**Table 18: Adoption Finalizations by CP&P Local Office
(January – June 2014)**

Local Office	Number Finalized	Local Office	Number Finalized
Atlantic West	15	Salem	3
Cape May	4	Hudson Central	14
Bergen Central	5	Hudson North	6
Bergen South	10	Hudson South	6
Passaic Central	10	Hudson West	2
Passaic North	11	Hunterdon	2
Burlington East	14	Somerset	7
Burlington West	6	Warren	9
Mercer North	16	Middlesex Central	1
Mercer South	2	Middlesex Coastal	13
Camden Central	12	Middlesex West	3
Camden East	2	Monmouth North	5
Camden North	12	Monmouth South	5
Camden South	10	Morris East	6
Essex Central	17	Morris West	9
Essex North	7	Sussex	12
Essex South	5	Ocean North	8
Newark Northeast	14	Ocean South	5
Newark City Center	18	Union Central	3
Newark South	25	Union East	2
Gloucester West	13	Union West	6
Cumberland	4		
Total-359			

Source: DCF data

¹²² Not every legally free child is eligible to move toward adoption as some court decisions that terminate parental rights are appealed.

Paralegal Support

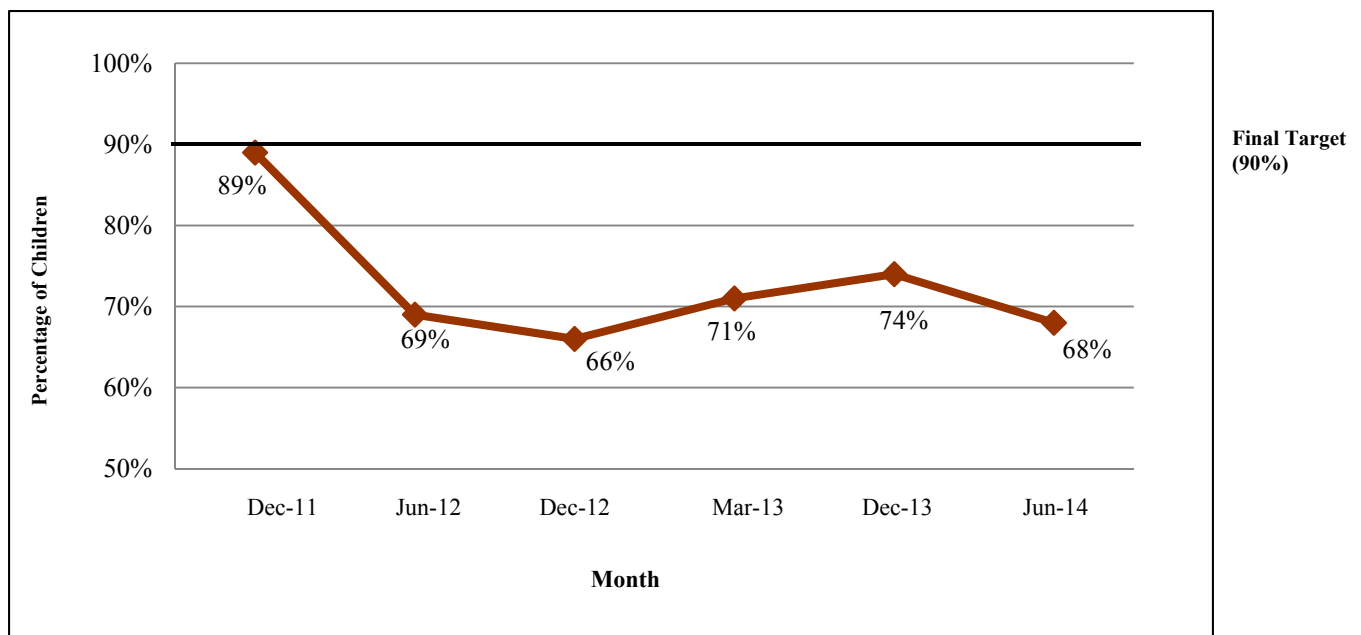
DCF continues to provide paralegal support as required under the MSA to assist with the paperwork necessary to finalize adoptions (Section II.G.5). As of June 30, 2014, CP&P had 144 paralegal positions in the Local Offices: 140 (97%) paralegal positions were filled and three of the four vacant positions were approved for new hires to fill the vacancy. In addition, nine of the 11 paralegal positions at DCF's central office were filled and the two vacant positions were approved to be filled.

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

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.

Figure 37: Percentage of Children with TPR Filed within 60 Days of Goal Change to Adoption (December 2011 – June 2014)



Source: DCF data

Performance as of June 30, 2014:

In June 2014, 68 percent of termination of parental rights (TPR) petitions were filed within 60 days of changing the child's permanency goal to adoption. From January through June 2014, a monthly range of 68 to 85 percent of TPR petitions were filed within 60 days of the child's goal change to adoption (see Table 19). Performance during this monitoring period on filing TPR petitions within 60 days of goal change to adoption does not meet the final target of 90 percent.

**Table 19: TPR Filing for Children with a Permanency Goal of Adoption
(January – June 2014)**

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
JANUARY	132	104	79%	113	86%
FEBRUARY	88	75	85%	77	88%
MARCH	122	89	73%	92	75%
APRIL	119	98	82%	109	92%
MAY	122	95	78%	100	82%
JUNE	136	93	68%	109	80%

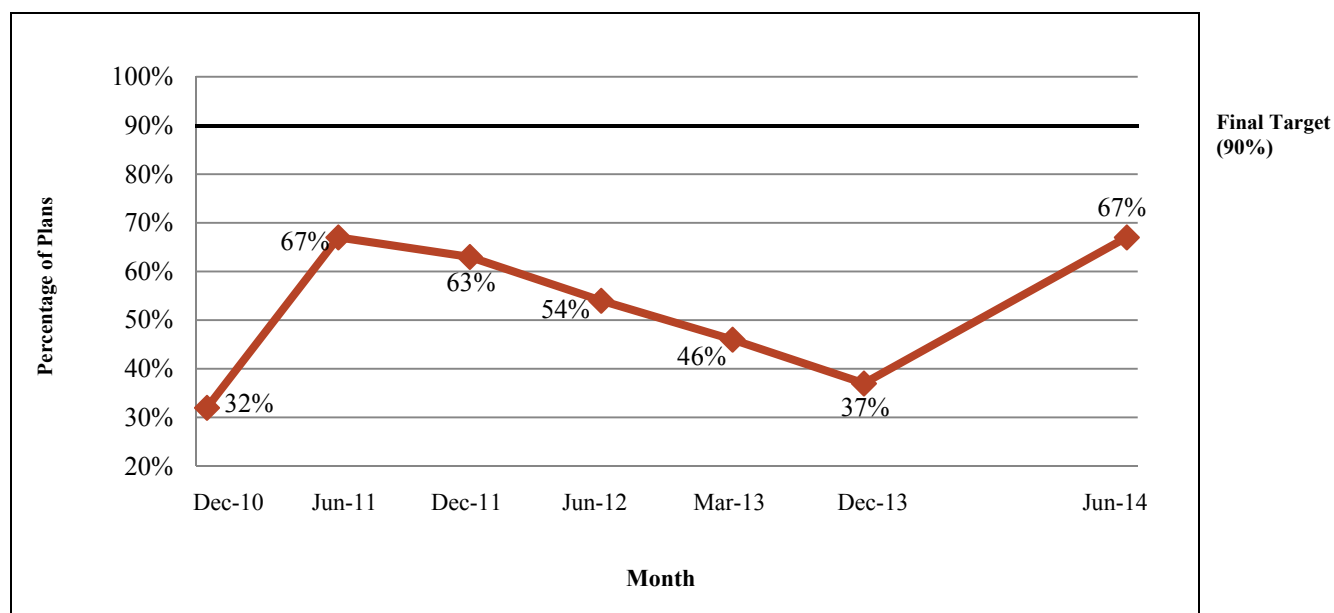
Source: DCF data

*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 – June 2014)**



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 June 30, 2014:

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 January and June 2014, of the 78 children requiring child-specific recruitment plans,¹²³ 52 (67%) had a child-specific recruitment plan developed within 30 days of the goal change (see Table 20). An additional 18 (23%) cases had a child-specific recruitment plan developed within 60 days and five (6%) eligible select home adoption cases had a plan developed over 60 days from the goal change. Three (4%) child-specific plans were not completed by the time the data were provided.¹²⁴ Current performance demonstrates substantial improvement since the previous monitoring period in timely completion of child specific recruitment plans.

Table 20: Child Specific Recruitment Plans Developed within 30 or 60 days of Goal Change for Children without Identified Adoption Resource (January – June 2014) (n=78)

Month in which Plan was Due	Plan developed within 30 days	Plan developed within 31-60 days	Plan developed over 60 days	Pending completion*
JANUARY	5	2	1	0
FEBRUARY	4	2	2	3
MARCH	5	10	1	0
APRIL	12	1	0	0
MAY	20	1	1	0
JUNE	6	2	0	0
Total	52 (67%)	18 (23%)	5 (6%)	3 (4%)

Source: DCF data

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

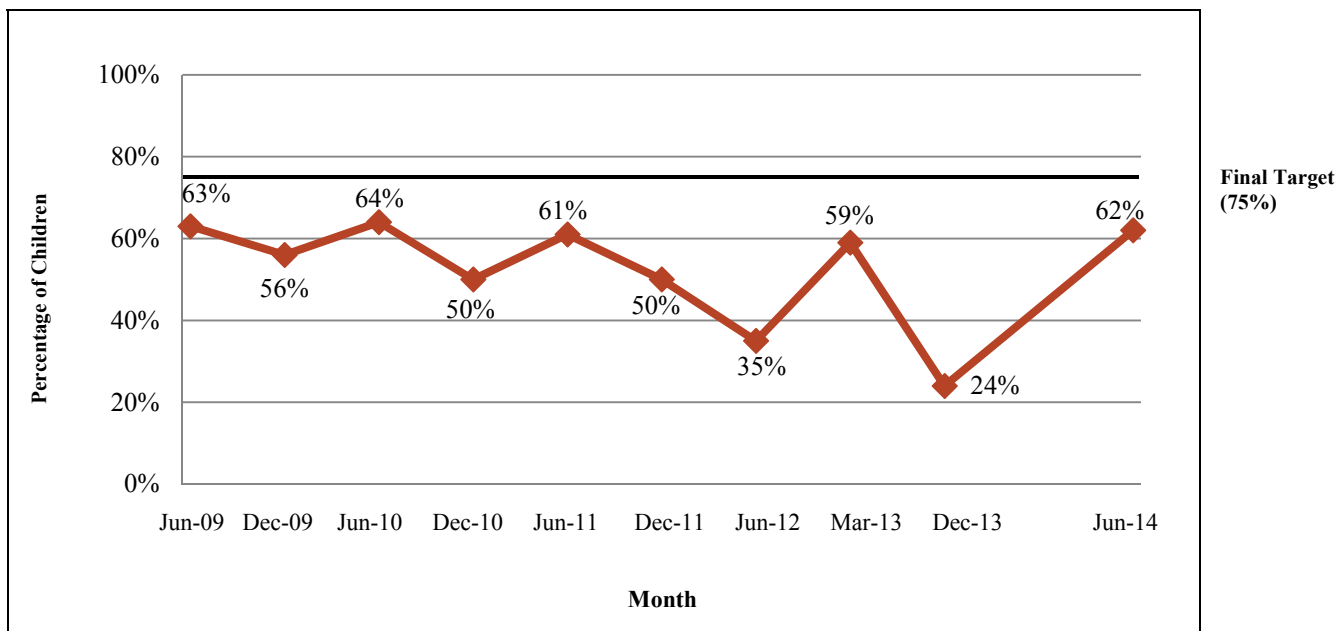
¹²³ Due to the small number of eligible cases per month, this measure is reported by aggregating the monthly data.

¹²⁴ January through March 2014 data were extracted on 5/27/2014 and April through June 2014 data were extracted on 8/7/2014.

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 – June 2014)¹²⁵



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 June 30, 2014:

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

¹²⁵ Due to the small number of applicable children each period, performance has varied considerably.

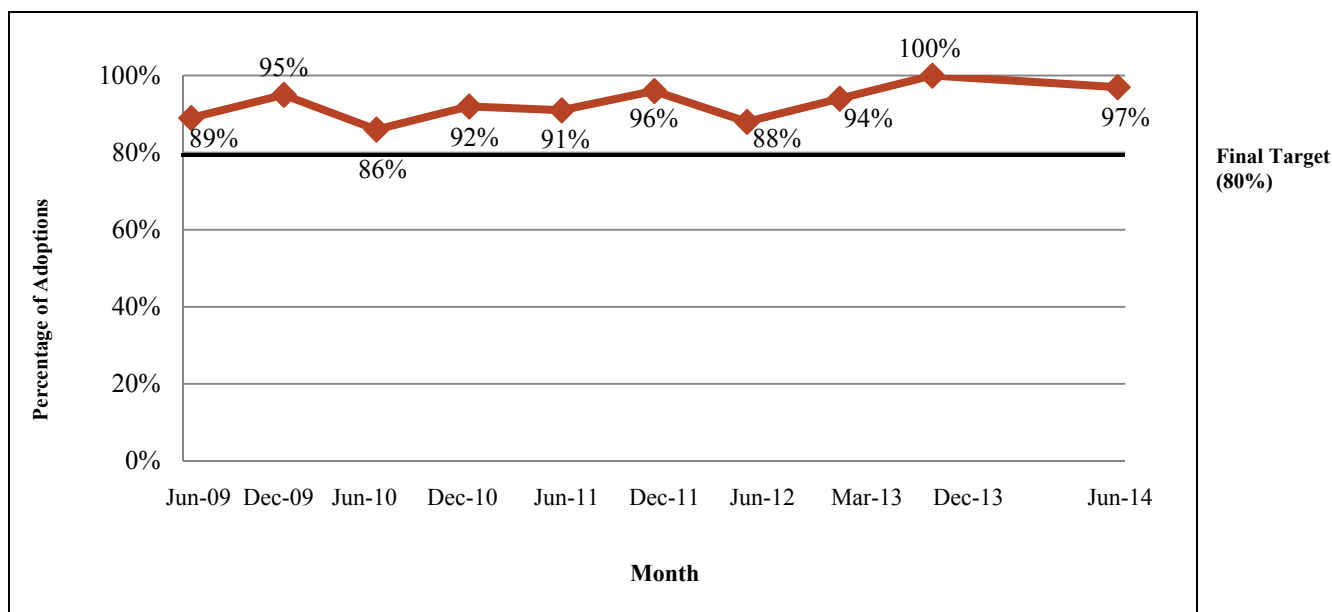
measure focuses on those children not already in an adoptive home at the time they become legally free for adoption.

Between January and June 2014, 21 children were applicable to this measure; 13 (62%) children were placed in an adoptive home within nine months of the TPR. Performance does not meet the level required by the final target; however, although based upon a small number of applicable children, current performance demonstrates an improvement over the previous monitoring period.¹²⁶

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 – June 2014)



Source: DCF data

¹²⁶ Between April and December 2013, 21 children were applicable to this measure; five (24%) were placed in an adoptive home within nine months of the TPR.

Performance as of June 30, 2014:

In June 2014, of the 77 adoptions eligible to be finalized, 75 (97%) were finalized within nine months of the adoptive placement. Between January and June 2014, 96 to 100 percent of adoptions each month were finalized within nine months of the child's placement in an adoptive home (see Table 21). Performance continues to exceed the final target of 80 percent.

**Table 21: Adoptions Finalized within 9 months of
Child's Placement in an Adoptive Home
(January – June 2014)**

Month	Total number eligible to be finalized	Finalized within 9 months (percent of total)
JANUARY	26	26 (100%)
FEBRUARY	25	24 (96%)
MARCH	53	51 (96%)
APRIL	68	67 (99%)
MAY	106	103 (97%)
JUNE	77	75 (97%)

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 generally maintained or improved performance on nearly all performance measures related to health care services.¹²⁷ These performance measures track DCF's progress in ensuring that children in out-of-home placement receive:

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

This section provides updates of ongoing efforts to improve policies, staffing and access to services, which are necessary to realize and sustain positive health outcomes for children as well as information about the health care received by children in out-of-home placement.¹²⁸ 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. The most recent case record review includes a random sample of children in out-of-home placement who were removed between August 1, 2013 and April 30, 2014 and were in care a minimum of 60 days.

¹²⁷ The notable 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 has consistently been below the final target. As of April 30, 2014, performance is 62 percent.

¹²⁸ 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>

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 managing Clinical Nurse Coordinator, nurse Health Care Case Managers 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 François-Xavier Bagnoud Center (FXB)¹²⁹ 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. DCF reports that as of June 2014, staffing goals of the Child Health Units allow for 236 nurses and nurse supervisors and 100 support staff. DCF reports that each Local Office is generally fully staffed. Every child in a resource home continues to have a nurse assigned for health care management.

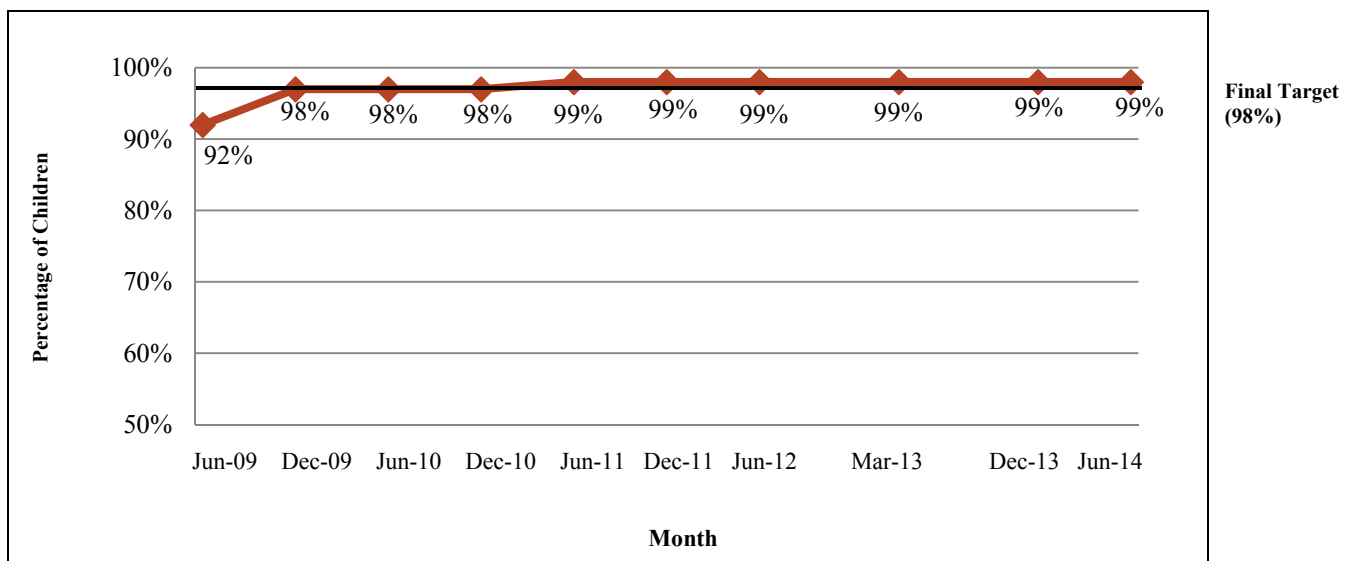
¹²⁹ As of July 1, 2013, the University of Medicine and Dentistry merged with Rutgers, The State University of New Jersey. The UMDNJ-School of Nursing is now Rutgers School of Nursing.

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. ¹³⁰
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.

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 – June 2014)



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 June 30, 2014:

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.

¹³⁰ 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.

From January through June 2014, 2,622 children entered out-of-home placement and 2,619 (100%)¹³¹ of them received a pre-placement assessment (PPA). Of those 2,619 children, 2,223 (85%) received the PPA in a non-emergency room setting. Three hundred and ninety-six (15%) received a PPA in an emergency room setting. During this period, DCF conducted an internal review of all 396 PPAs that occurred in an emergency room and determined that 375 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.¹³² Thus, 99 percent of children received a PPA in a setting appropriate to the situation—85 percent received PPAs in a non-ER setting and an additional 14 percent appropriately received a PPA in an ER setting.¹³³ DCF continues to meet the MSA standard regarding appropriate settings for PPAs.

¹³¹ Percentage is 100 due to rounding.

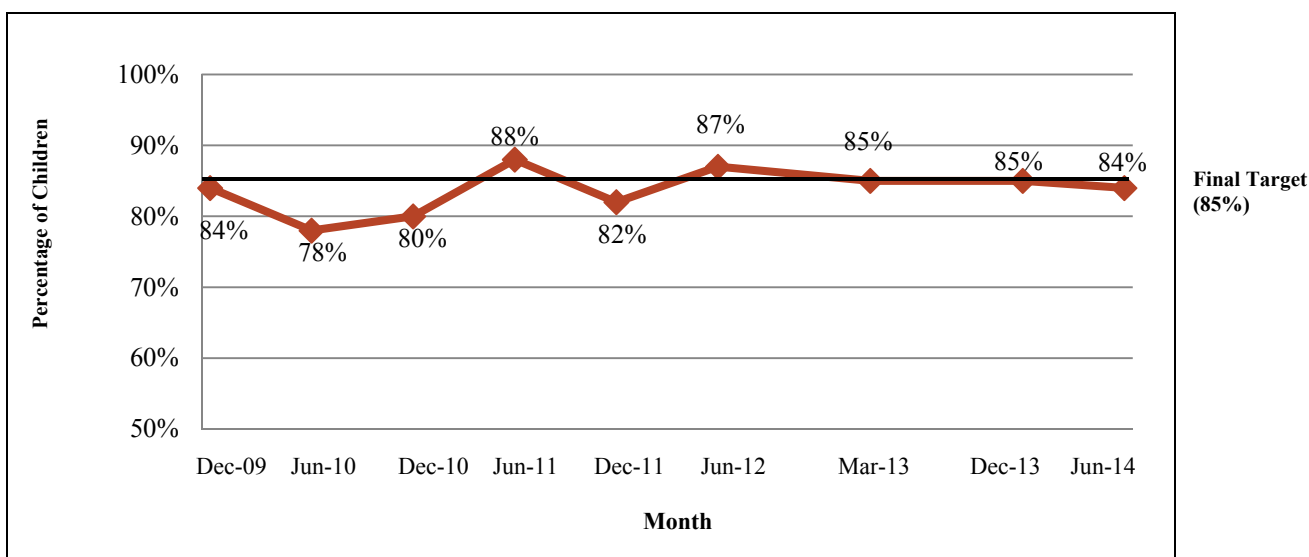
¹³² In monitoring Period XII, the Monitor reviewed back-up data provided by DCF regarding the PPAs occurring in an emergency room setting and agreed with DCF determinations regarding appropriate or inappropriate use of the ER for PPAs. In addition, the Monitor's previous Health Care Case Record Review 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.

¹³³ Of 2,619 children receiving PPAs, 2,223 (85%) were in a nonemergency room setting and 375 (14%) were appropriately seen in an ER. In addition, for 21 of the 396 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, less than one percent of children received their PPA in an inappropriate setting.

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.

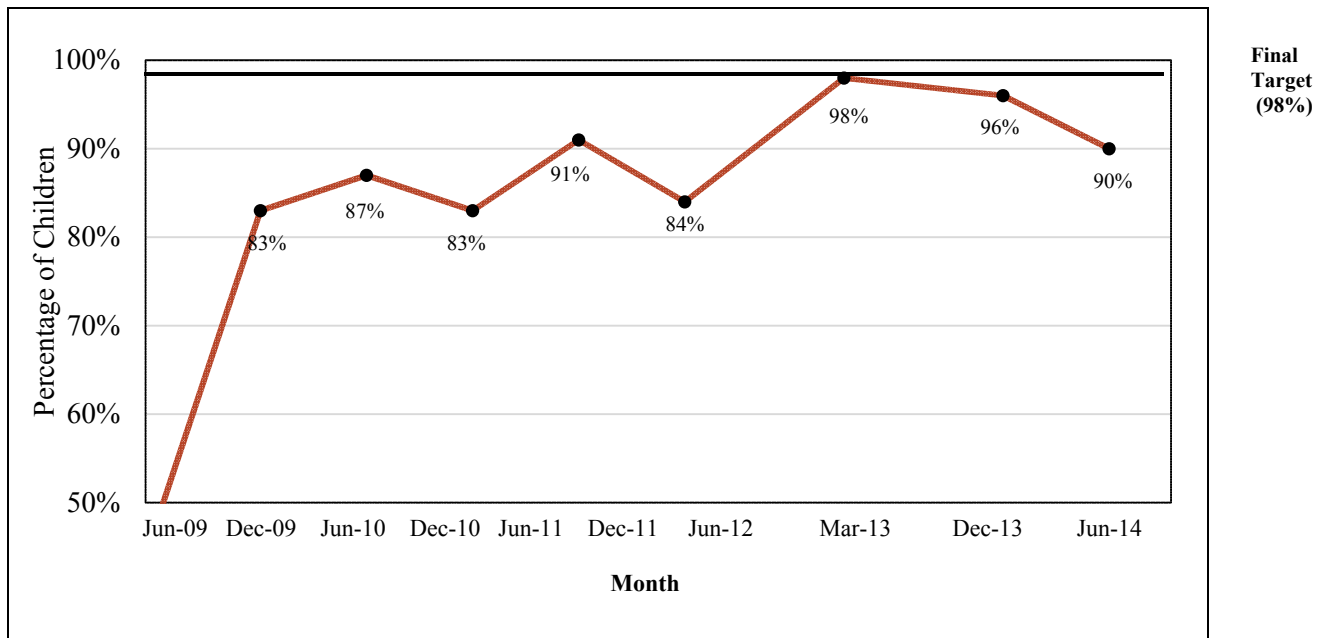
Figure 42: Percentage of Children with Comprehensive Medical Examination (CME) within 30 days of Entering Out-of-Home Care (December 2009 – June 2014)



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 43: Percentage of Children with Comprehensive Medical Examination (CME) within First 60 days of Placement (June 2009 – June 2014)



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 June 30, 2014:

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.¹³⁴ Mental health screenings determine if a child has a suspected mental health need.¹³⁵ 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 84 percent of children¹³⁶ received a CME within the first 30 days of placement and 97 percent of children received a CME within the first 60 days.

¹³⁴ 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.

¹³⁵ 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.

¹³⁶ Monitor considers performance met if it is within one percentage point of final target. Final target for this measure is that 85% of children receive a CME within the first 30 days of placement.

Data from January through June 2014 show that 2,201 children required a CME; 1,844 (84%) received a CME within the first 30 days of placement (see Table 22). An additional 301 (14%) children received their CME between 31-60 days of placement. Table 22 shows the monthly performance.

Table 22: Comprehensive Medical Examinations within 30 and 60 days of Entering DCF Custody (January – June 2014)

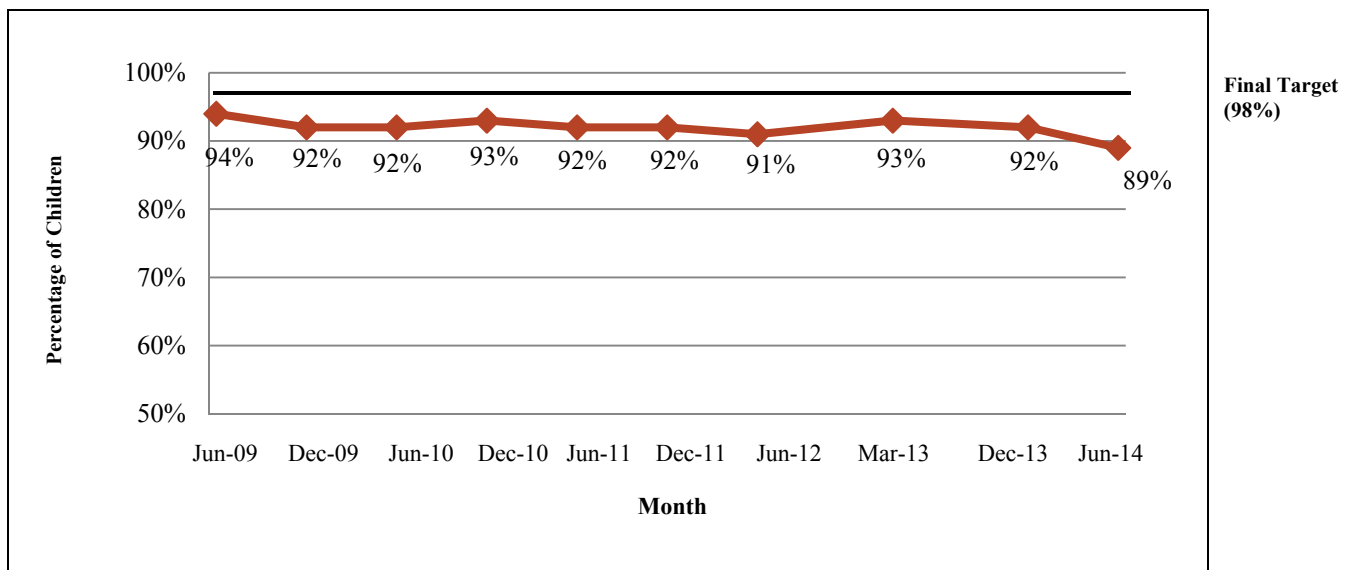
Comprehensive Medical Examinations Data January- June 2014							
	Children requiring CME	Total Completed within 30 days	%	Total Completed within 31- 60 days	%	Total Completed within 0- 60 days	%
JANUARY	391	314	80%	65	17%	379	97%
FEBRUARY	339	298	88%	36	11%	334	99%
MARCH	399	344	86%	46	12%	390	98%
APRIL	370	301	81%	58	16%	359	97%
MAY	370	308	83%	54	15%	362	98%
JUNE	332	279	84%	42	13%	321	97%
Total	2,201	1,844	84%	301	14%	2,145	97%

Source: Data produced by the Office of Child and Family Health

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.

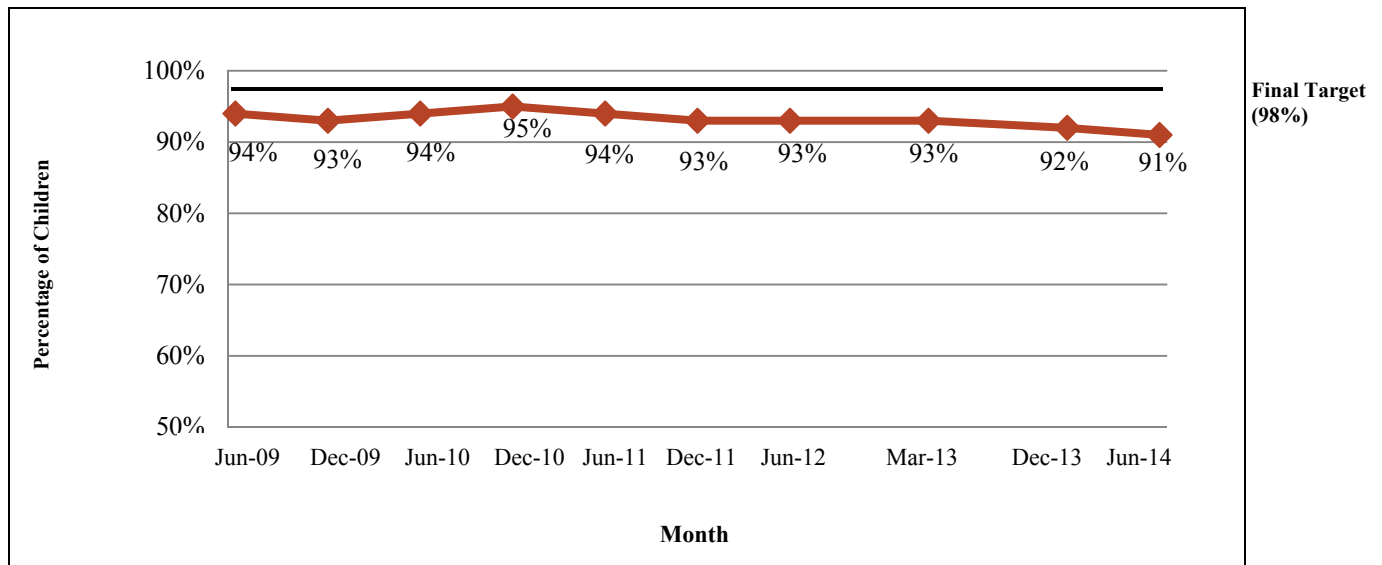
**Figure 44: Percentage of Children Ages 12-24 months Up-to-Date on EPSDT Visits
(June 2009 – June 2014)**



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 – June 2014)**



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 June 30, 2014:

Between January through June 2014, 89 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 23). Ninety-one percent of children age two and above also received the required EPSDT well-child examinations (see Figure 45 and Table 24). This performance is a slight decline as compared 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.¹³⁷ However, this slight decline does not negate the sustained access to medical care that children in out-of-home placement are able to receive in the state of New Jersey. The Monitor continues to assess compliance with this performance measure as partially met.

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

¹³⁷ 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.

EPSDT exam, DCF conducted a secondary review of all the records of children noted as “not current with their EPSDT exams” and found more children were clinically up-to-date on their EPSDT exam than reported in NJ SPIRIT and SafeMeasures.¹³⁸

**Table 23: EPSDT for Children Ages 12-24 months
(January – June 2014)**

Month	Children Requiring EPSDT	Children Up-to-Date	% Children Up-to-Date
JANUARY	49	42	85%
FEBRUARY	38	36	95%
MARCH	51	43	84%
APRIL	30	27	90%
MAY	38	32	84%
JUNE	47	44	94%
Total	253	224	89%

Source: DCF data produced by Child Health Program

**Table 24: EPSDT Annual Medical Exams for Children
Age 25 months and older
(January – June 2014)**

Month	Total Due	Annual Exam Completed		Annual Exam Not Completed	
JANUARY	197	174	88%	23	12%
FEBRUARY	199	185	93%	14	7%
MARCH	273	238	87%	35	13%
APRIL	198	186	94%	12	6%
MAY	258	239	93%	19	7%
JUNE	236	218	92%	18	8%
Total	1361	1240	91%	121	9%

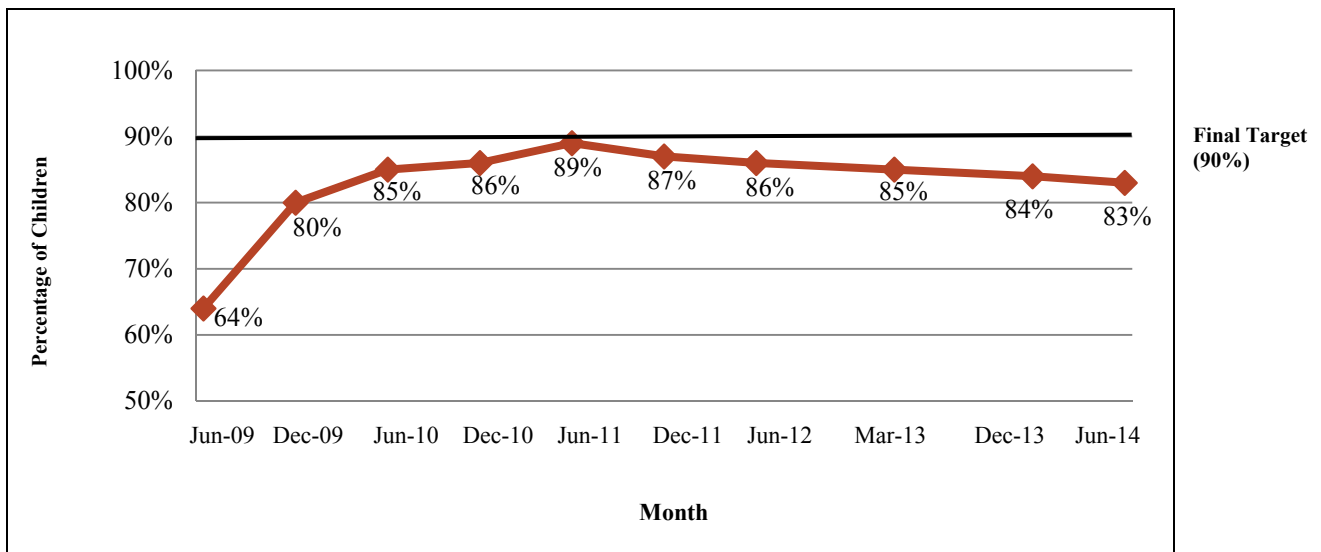
Source: DCF data

¹³⁸ 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 – June 2014)**



Source: DCF data

Performance as of June 30, 2014:

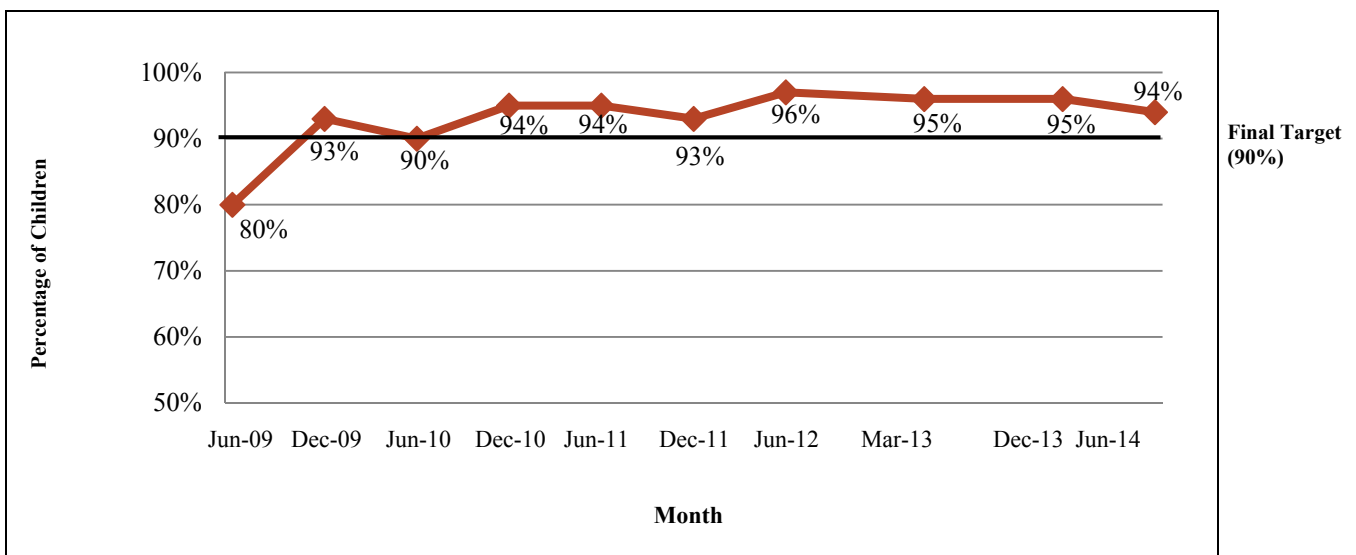
As of June 30, 2014, 83 percent of children age three or older who have been in care for at least six months had evidence of receiving a semi-annual dental exam (within the last six months) and 98 percent of these children had at least an annual exam completed. DCF's performance remains similar to the previous three monitoring periods. The Monitor continues to consider DCF to have partially fulfilled this performance measure.

As of June 30, 2014, DCF reports that there were 4,343 children age three and older who had been in CP&P out-of-home placement for at least six month; 3,605 (83%) had received a dental examination within the previous six months and an additional 647 (15%) had received an annual dental examination, thus there was evidence that 98 percent of children aged three and older had at least an annual dental examination. From January through June 2014, monthly performance on current semi-annual dental examinations ranged from 82 to 84 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 – June 2014)**



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

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 June 2014 represents performance for children in out-of-home placement who were removed between August 1, 2013 and April 30, 2014 and were in care for a minimum of 60 days.

Performance as of June 30, 2014:

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 August 1, 2013 and April 30, 2014 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.¹³⁹

DCF reports that of those children identified as needing follow-up care after their CME, 94 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.¹⁴⁰

**Table 25: Provision of Required Follow-up Medical Care
(June 30, 2014)
(n=362)¹⁴¹**

	#	%
No CME data in record	0	0%
CME Records	362	100%
No follow-up care needed	18	5%
Follow-up care required	344	95%
• Received follow-up	323	94%
• No evidence in record	21	6%

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

¹³⁹ 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.

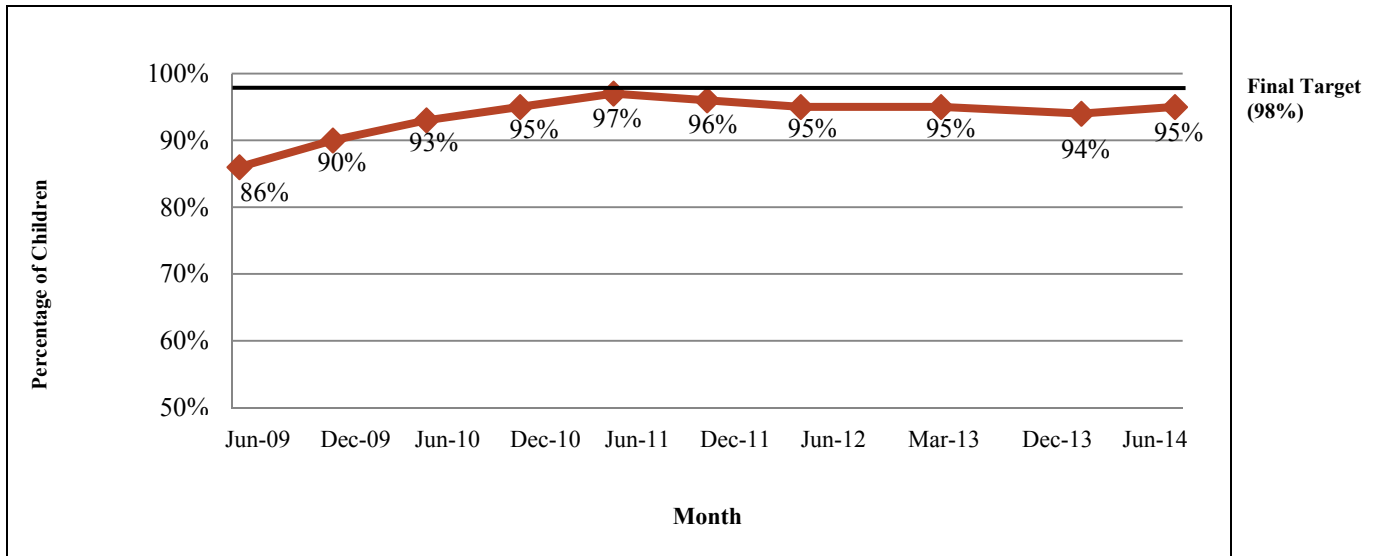
¹⁴⁰ The Monitor thus looks to Performance Measure 46 to measure whether children and youth receive mental health screenings, and whether those with a suspected mental health need receive assessments.

¹⁴¹ 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 August 1, 2013 and April 30, 2014 and were in care for a minimum of 60 days. 3,023 children comprise this cohort and a sample of 362 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 – June 2014)**



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 June 2014 represents performance from April through June 2014.

Performance as of June 30, 2014:

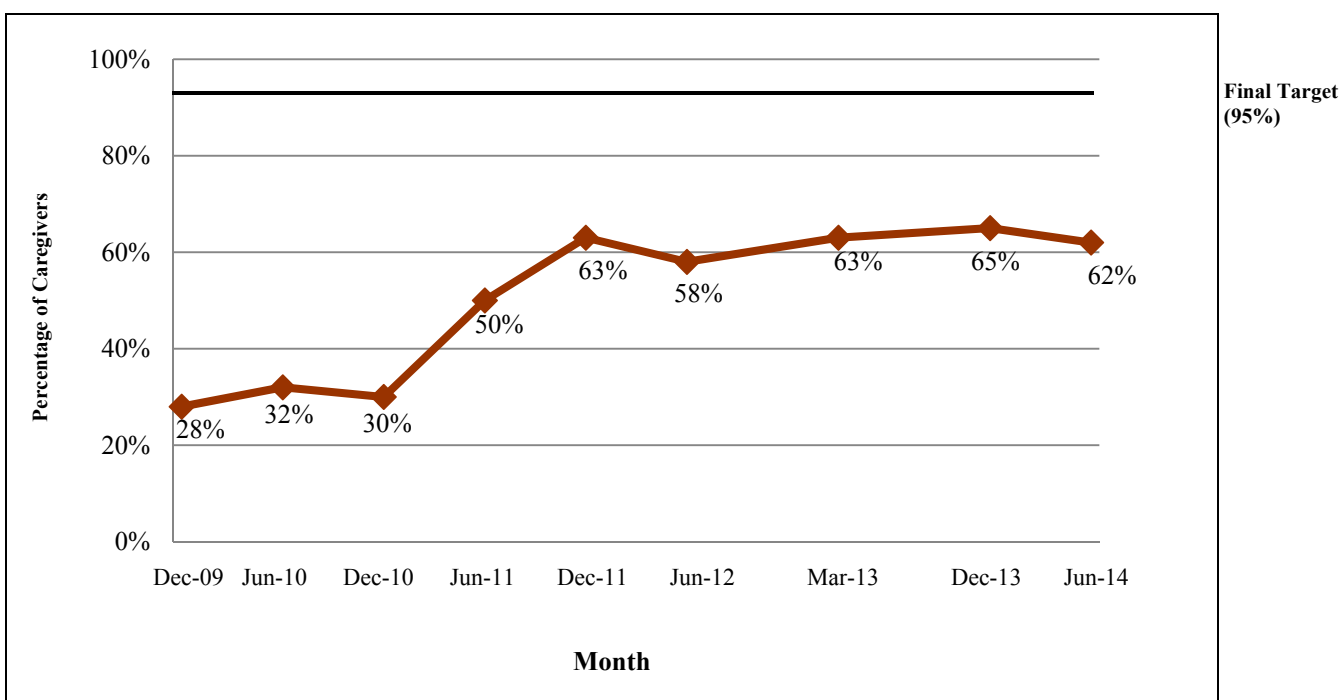
From April through June 2014, of the 6,947 children in out-of-home placement, 6,579 (95%) were current with their immunizations, below the performance requirement of 98 percent. Performance on this measure has varied only two percentage points since December 2011. While not meeting the MSA final target, 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.¹⁴²

¹⁴² 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.

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. ¹⁴³
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 – June 2014)**

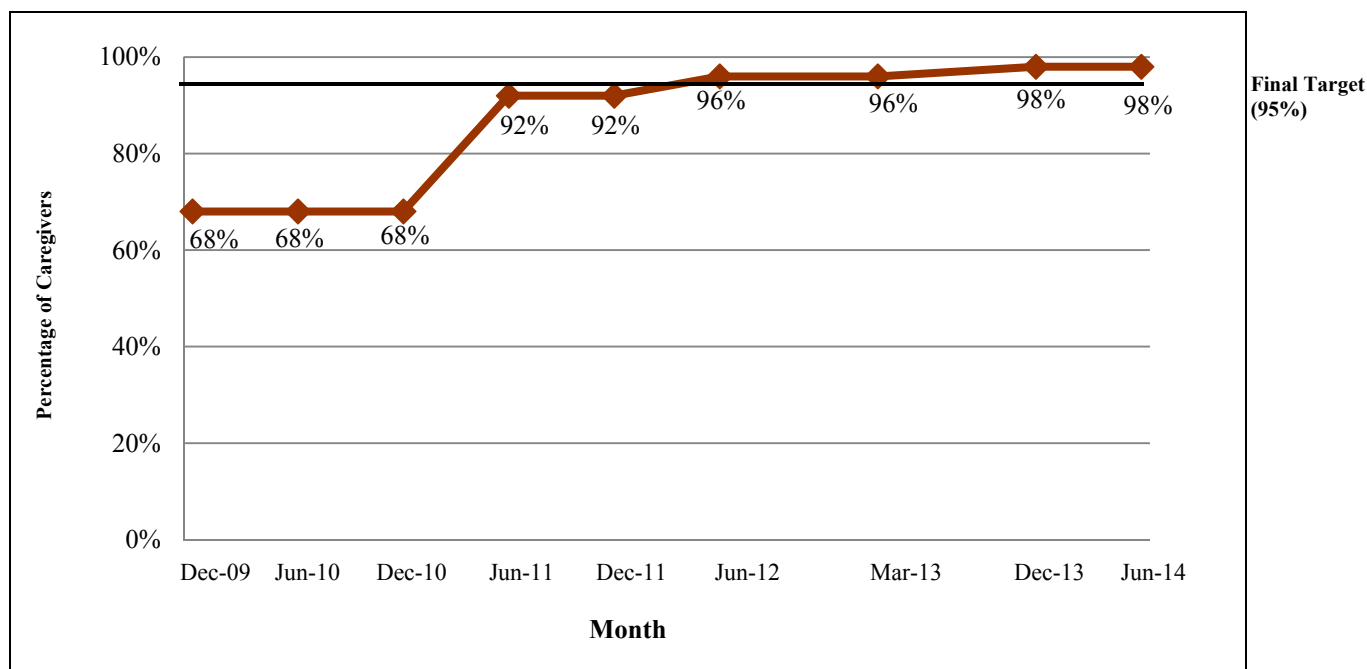


Source: DCF Health Care Case Record Review

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 June 2014 represents performance for children in out-of-home placement who were removed between August 1, 2013 and April 30, 2014 and were in care for a minimum of 60 days.

¹⁴³ 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 – June 2014)**



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 June 2014 represents performance for children in out-of-home placement who were removed between August 1, 2013 and April 30, 2014 and were in care for a minimum of 60 days.

**Table 26: Health Passport: Presence in the Record, Evidence of Sharing Records
(June 30, 2014)
(n=362)¹⁴⁴**

	#	%
Health Passport was present in the record	362	100%
Health Passport in record shared with provider	362	100%
Evidence of being shared with resource providers		
• Within 5 days	226	62%
• Between 6- 10 days	89	25%
• Between 11- 30 days	40	11%
• More than 30 days	7	2%

Source: DCF, Health Care Case Record Review

¹⁴⁴ 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 August 1, 2013 and April 30, 2014 and were in care for a minimum of 60 days. 3,023 children comprise this cohort and a sample of 362 children was reviewed. The results have a ± 5 percent margin of error with a 95 percent confidence.

Performance as of June 30, 2014:

Under the MSA, all children entering out-of-home care are expected 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 should 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 362 cases, there is evidence that Health Passports are shared with the child's caregiver within the first five days of placement in 62 percent of cases (see Table 26) which does not meet the MSA final 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. However, DCF continues to be unable to consistently meet its internal timeframe or the five day requirement set in the MSA. Further, evidence suggests 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 performance meeting the 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. DCF reports an increased use in case management services in part due to the long-term impact of Super Storm Sandy and the expansion of services to youth with the dual diagnosis of developmental and intellectual disabilities and youth with co-occurring substance abuse challenges.

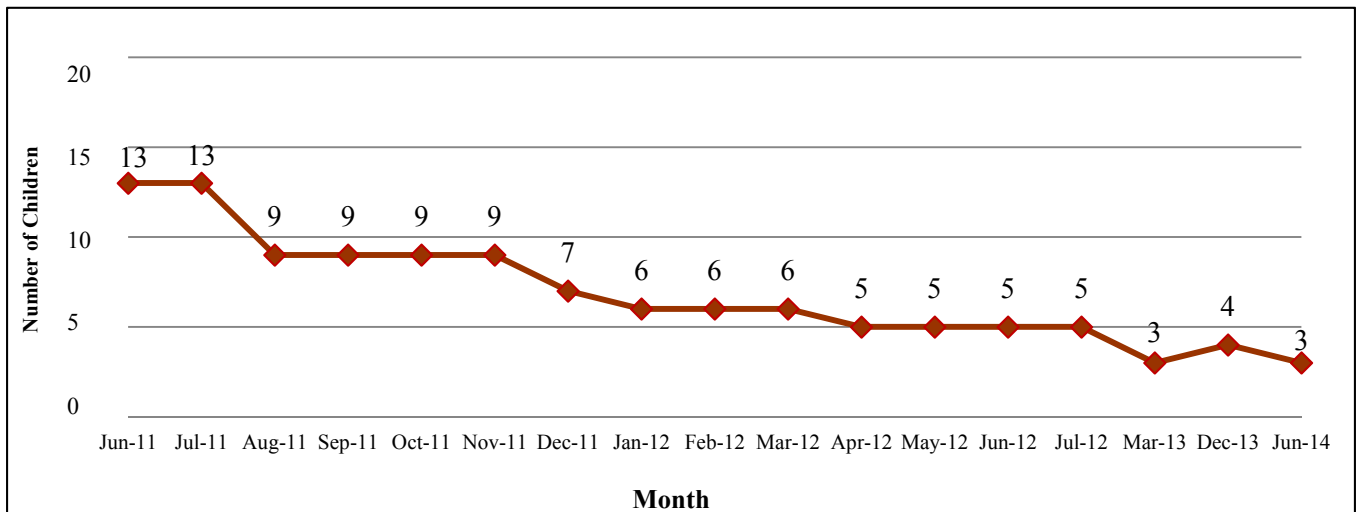
In October 2012 New Jersey received approval from the Centers for Medicare and Medicaid Services (CMS) for a Comprehensive Medicaid Waiver focused, in part, on increasing supports for children and youth who have a risk of hospital level care (children/youth considered to be seriously emotionally disturbed). This waiver has two pilot programs—one that focuses on children and youth with Autism Spectrum Disorder (ASD pilot) and one that focuses on increasing services for youth with a developmental disability and a behavioral health concern (DD/MI pilot). The ASD pilot has rolled out and now Applied Behavioral Analysis, an evidenced based practice for youth with Autism, is available for 200 youth receiving Medicaid. The DD/MI pilot is intended to provide 200 individuals with care management and intensive in-home services. DCF reports still working on several components of this pilot.

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

DCF continues to be successful in minimizing the number of children in CP&P custody placed in out-of-state congregate care settings. (MSA Section II.D.2). As of June 30, 2014, there were three youth in out-of-state residential placements. All three youth were in a specialized program for the deaf or hard of hearing. DCF 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. DCF reports that during the monitoring period the facility underwent updates and renovations. In November 2014, renovations were completed and the facility was licensed. As of late-December 2014, DCF reports that two of the three youth have been relocated to the new program.

Figure 51 shows the number of children placed out-of-state from June 2011 to June 2014.

**Figure 51: Children in Out-of-State Placement
(June 2011 – June 2014)**



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.

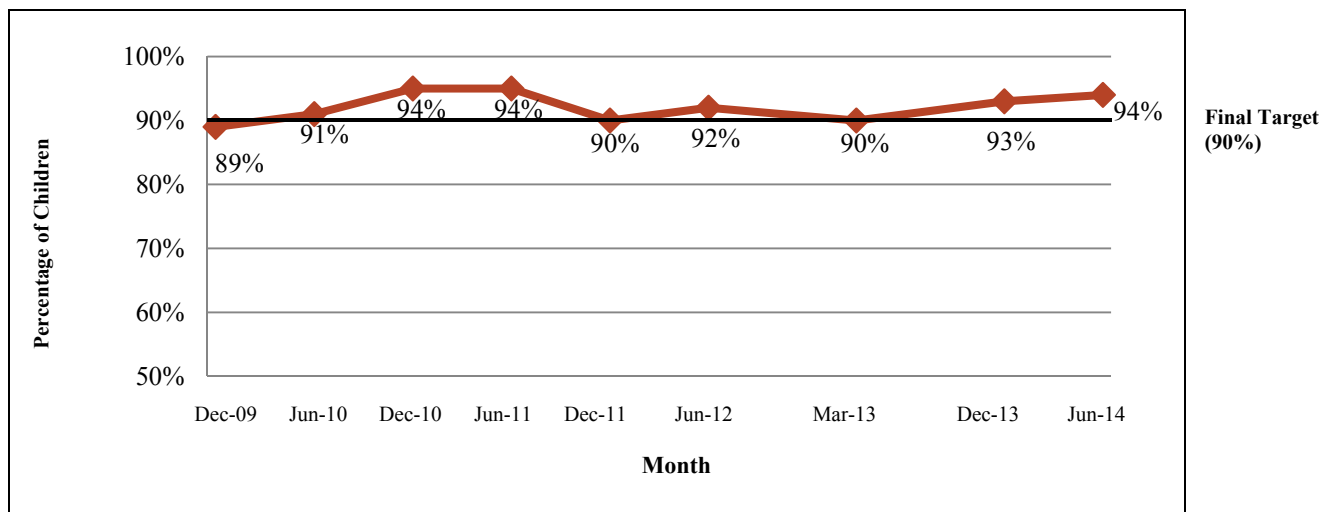
The MSA requires that no youth in CP&P custody should wait longer than 30 days in a detention facility post-disposition for an appropriate placement (Section II.D.5). From January through June 2014, three girls in CP&P custody, ages 14 to 17, were in juvenile detention awaiting a CSOC placement following disposition of their delinquency case. One youth transitioned from detention within 15 days after disposition. The remaining two girls transitioned between 16 and 30 days following disposition of their case, thereby meeting the MSA requirement.

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 – June 2014)



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 June 2014 represents performance for children in out-of-home placement who were removed between August 1, 2013 and April 30, 2014 and were in care for a minimum of 60 days.

Performance as of June 30, 2014:

DCF's internal Health Care Case Record Review found that 99 percent of eligible children and youth received the required mental health screening.¹⁴⁵ Eligible children are over the age of two and not already receiving mental health services. As shown in Table 27, as a result of the screening, a total of 94 children in the sample required a mental health assessment.

¹⁴⁵ 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.

DCF reports that 94 percent (88) of those 94 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 88 youth receiving a mental health assessment, 77 percent (68) were completed in the first 30 days of out-of-home placement and another 13 percent (11) were completed in 60 days.

**Table 27: Mental Health Screening and Assessments for Children Age 2 and older
as of June 30, 2014
(n=362)¹⁴⁶**

MH Screening		
Not reviewed already receiving services (57) or under the age of two (109)	166	46%
Children eligible for screening	196	54%
TOTAL RECORDS REVIEWED	362	100%
Children eligible screened	194	99%
Children eligible not screened	2	1%
TOTAL CHILDREN ELIGIBLE FOR SCREENING	196	100%
Suspected MH need identified	85	43%
Youth already receiving services were identified as needing an assessment	9*	
TOTAL REQUIRING MENTAL HEALTH ASSESSMENTS	94	
MH Assessment		
MH assessment completed	88	94%
MH assessment scheduled	1	1%
MH assessment not completed/not scheduled	5	65
TOTAL	94	100%
MH Assessment Completion Timeline		
MH assessment complete w/in 30 days	68	77%
MH assessment complete w/in 60 days	11	13%
Greater than 60 days	6	7%
Unable to determine	3	3%
TOTAL	88	100%
Recommendations made in MH Assessment		
Recommendation Made	84	95%
No Recommendation Made	4	5%
TOTAL	88	100%
Treatment Provided/Evidence in the Record		
All Recommended Treatment Provided	53	63%
Some Recommended Treatment Provided	17	20%
Recommended Treatment Not Provided	14	17%
TOTAL	84	100%

Source: DCF data, Health Care Case Record Review

*9 of the 57 children already receiving mental health services

¹⁴⁶ 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 August 1, 2013 and April 30, 2014 and were in care for a minimum of 60 days. 3,023 children comprise this cohort. A sample of 362 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 June 30, 2014:

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 81 percent of the program's capacity, a five percent increase since the last monitoring period. MST continues to be available in three counties: Camden, Essex and Hudson. The MST provider for Essex and Hudson counties operated below capacity – averaging 43 percent monthly census, however, this performance represents a 10 percent increase over last monitoring period.

The FFT and MST programs averaged approximately 15 successful discharges per month during the 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 June 30, 2014:

New Jersey began developing a network of Family Success Centers (FSCs) in 2007, initially with 21 centers. Now, in its seventh year, New Jersey has a total of 52 FSCs, at least one in each of the 21 counties.

FSCs are neighborhood-based places where any community resident can access family support, information and services, and specialized supports that tend to vary depending on the needs and desires of the community in which they are located. Their function is to provide resources and supports before families fall into crisis. FSCs are situated in many types of settings: storefronts, houses, schools, houses of worship and public housing. Services, which are available to any family free of charge, 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. FSCs now offer day to day support and a place to build and restore community. With the addition of post Sandy federal support, DCF's Office of Family Support Services (OFSS) has provided additional funding to some FSCs in the areas of highest need to offer psychosocial and family strengthening events and community building activities.¹⁴⁷

Between January and June 2014, DCF's OFSS funded the opening of Oceanside FSC in Atlantic City, one of the areas most severely affected by the storm. Oceanside FSC, which became operational in July 2014, is an example of one of the centers that offers individuals and families enhanced services, including those mentioned above.

DCF collects data on the number of individuals and families served by the FSCs. Table 28 shows the unduplicated number of people served by New Jersey's FSCs from January to June 2014. Table 29 shows the contracted services provided by FSCs statewide to people between January and June 2014. General information and referral and linkage to other services is the most frequently used service, followed by services related to life skills and advocacy.

¹⁴⁷ OFSS provided additional funding to Atlantic, Bergen, Cape May, Cumberland, Essex, Hudson, Middlesex, Monmouth, Ocean and Union counties.

**Table 28: Unduplicated Number of Participants Served by New Jersey's FSCs
(January – June 2014)***

	2014					
	January	February	March	April	May	June
FSC Unduplicated Number of Participants Served	5,266	4,699	5,230	6,154	3,822	3,661

Source: DCF data

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

**Table 29: Number of Contracted Services Provided by FSCs Statewide between
January and June 2014**

Contracted Service	2014					
	January	February	March	April	May	June
Family Health	886	1,018	1,122	984	907	650
Parent Education/Parent-Child Activity	687	735	717	1,249	971	965
Employment Related	839	787	918	818	956	930
Housing Related	776	661	706	587	716	811
Life Skills	1,564	1,385	1,299	1,336	1,514	1,028
Advocacy	1,130	1,074	1,259	1,392	1,284	1,315
Family Success Plans	434	296	300	301	458	234
General I&R/Linkage	4,247	3,790	4,291	4,531	4,414	3,928
Total Services	10,563	9,746	10,612	11,198	11,220	9,861

Source: DCF data

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. Beginning in CY2013 and continuing throughout this monitoring period, DCF has been updating policies and practices to provide appropriate guidance to workers and other staff to support well-being and permanency for youth while involved with DCF as well as to achieve better outcomes for youth after they exit care.

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; health care; expectant and parenting youth; LGBTQI services; and increasing staff skills. Following the practice updates, progress toward the Phase II performance measures is provided.

A. *Updates to Current Practices*

Housing

During this monitoring period, DCF contracted for 390 transitional and supported housing slots for older youth who are seeking housing, aging out of care or are homeless; 385 of these slots were used during the monitoring period (see Table 30). The Office of Adolescent Services (OAS) reports that data are being collected across the state related to youth housing needs in order to plan and make necessary adjustments to existing housing programs. OAS is continuing to work with providers listed on the Adolescent Housing Hub (AHH), a real-time automated housing slot tracking and referral system, to determine how to strengthen use of the system. In May 2014, three AHH provider focus groups were conducted to identify strategies to improve utilization of this system.

**Table 30: Youth Transitional and Supported Housing
as of June 30, 2014**

County	Contracted Slots	Operational Slots	Providers
Atlantic	6	6	Twin Oaks
Bergen	16	16	Bergen County Community Action Program Volunteers of America
Burlington	31	31	Crossroads Garden State Homes The Children's Home of Burlington County
Camden	31	34	Center For Family Services
Cape May	12	12	CAPE Counseling Center for Family Services
Essex	57	55	Care Plus (Strive for Independence I) Care Plus (Strive for Independence II) Corinthian Homes (Youth Build) Covenant House Covenant House Tri-City Peoples
Gloucester	30	30	Robin's Nest Inc.
Hudson	25	25	Catholic Charities Diocese of Newark (Strong Futures) Volunteers of America
Mercer	14	14	Anchorage Anchorline Lifeties
Middlesex	12	12	Garden State Homes Middlesex Interfaith Partners with the Homeless (MIPH)
Monmouth	19	19	Catholic Charities Diocese of Trenton Collier Services IEP
Morris	5	5	Plaid House - Thenen House
Ocean	8	8	Ocean Harbor House
Passaic	19	19	NJ Development Corporation (Ind House/Marion)
Salem	16	10	Ranch Hope (Hills) Robin's Nest, Inc.
Somerset	15	15	Somerset Home for Temporarily Displaced Children Somerset Home for Temporarily Displaced Children Somerset Home for Temporarily Displaced Children
Union	66	66	Community Access Unlimited Volunteers of America
Warren	8	8	Catholic Charities Diocese of Metuchen
Total	390	385	

Source: DCF data

Education

DCF has developed and implemented numerous strategies and programs to support older youth with their educational goals. Some of these strategies and programs are discussed below.

DCF continues to offer the *New Jersey Foster Care (NJFC) Scholars Program*, which provides assistance with tuition and fees to eligible current and former foster youth¹⁴⁸ in order to pursue post-secondary education at an accredited two or four year college, university, trade or career school. Data for recent participation are bulleted below:

- Between January and June 2014 (spring 2014 semester), 349 youth participated in the NJFC program; 251 (72%) youth utilized funding. 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 entire 2013-2014 academic year (July 1, 2013 – June 30, 2014), DCF reports that 367 unduplicated youth participated in the NJFC program; 296 (81%) youth utilized funding during the academic year and the remaining youth did not utilize Scholars program funding because the financial aid provided by their educational institutions covered their expenses.

The number of youth enrolled in the Scholars program has increased since the 2011-2012 academic year when 316 students participated. Outreach efforts continue by Foster and Adoptive Family Services (FAFS), the agency which administers the Scholars program. Between January and June 2014, FAFS hosted or participated in 38 outreach events which were attended by a total of 268 youth and 131 adults.

DCF reports that all youth enrolled in the Scholars program received support services through *Project MYSELF* which is administrated by the Transitions for Youth at the Institute for Families through the Rutgers School of Social Work. Project MYSELF is a multi-service mentoring program designed to improve academic performance, increase post-secondary education retention and completion and develop life skills and competencies. Recently, the “tier-system” used by the program to identify youth in need of increased support was updated. The update defines the two tiers as follows:

- “Tier-One” students are first-year NJFC scholars with below a 2.0 GPA for the previous semester, enrolled in remedial courses and who have had appeals granted to re-enter the program. These students receive a minimum of bi-weekly contact with at least one face-to-face meeting per month.

¹⁴⁸ Eligible youth must have a high school diploma or GED and be admitted to a degree or certificate granting post-secondary institution that has been accredited to receive Title IV funding. Additional eligibility requirements, including length of time in out-of-home placement or age at adoption, can be found at <http://www.state.nj.us/dcf/adolescent/involved/scholars/>

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- “Tier-Two” students are all returning students who are in good academic standing with a GPA of 2.0 or above from the previous semester. These students receive a minimum of monthly contact from their support coach by telephone or email. If needed, crisis intervention services can be provided and support coach contact can be increased.

Of the 367 students served in the 2013-2014 academic year, 227 were “Tier-One” and 140 were “Tier-Two” students.

DCF continues to fund the *Summer Housing Internship (SHIP)* and *Summer Internship Programs (SIP)* which provide academic, social and cultural opportunities for 60 youth who attend post-secondary educational institutions. SHIP also provides housing for youth involved in the child welfare system during the summer school break. The programs extend 11 weeks over the summer months and offer paid internships, skill building groups, recreational activities, one-on-one mentoring and coaching and a three-credit academic research course through Rutgers University. OAS reports an increased demand for this program with almost 100 applications received for the 60 slots (40 SHIP slots and 20 SIP slots) available the previous registration period.

Finally, the *DCF Scholarship Fund* was established to provide scholarships to eligible youth who have a high school diploma or GED and have had at least six cumulative months of CP&P placement after age 12. Scholarships provide up to \$2,500 per academic year and are intended to assist youth who do not qualify for the NJFC Scholars program or youth who participate in the NJFC Scholars program and are in need of additional assistance to cover the expense of their post-secondary education. Scholarship applications were initially made available in May 2013 and between January and June 2014, 11 students were awarded scholarships through this fund.

Employment

New this monitoring period, the Youth Employment Coordinator (YEC) within OAS organized training to staff and providers on utilizing the *New Jersey Career Assistance Navigator (NJCAN)*. Training was delivered by the NJ Department of Education in collaboration with the John J. Heldrich Center. NJCAN is a free, web-based career guidance system that can assist youth in exploring different career paths and planning for necessary educational and skill development tasks for these careers. YEC facilitated additional presentations and trainings on NJCAN at the Quarterly Networking Meeting, Adolescent Practice Forums, Union County Youth Recognition Day and Outreach to At-Risk Youth (OTARY) program providers meeting.

The YEC assisted with efforts to incorporate youth voice into workforce policy planning and formation and drafted a proposal for Casey Family Programs Technical Assistance regarding youth employment practices. Additionally, the YEC collaborated with the U.S. Department of Labor, Office of Apprenticeship to conduct presentations to Local Office staff and providers on apprenticeship programs.

OTARY programs continue to provide at-risk youth with enhanced educational, vocational and recreational services at 21 sites throughout New Jersey. DCF reports that OAS continues to visit these programs and provide technical assistance and consultation.

Financial Literacy

DCF continues to offer *EverFi*, an online financial literacy program, to youth in housing and life skills programs. As of June 30, 2014, 172 youth were either actively engaged in or completed the course. During the 2013-2014 school year, 96 students were fully certified.

Medicaid Extension for Youth Adults

The Office of Child and Family Health (OCFH) administers the Medicaid Extension for Youth Adults (MEYA) and adjusted the program based upon the new federal health care law which became effective January 1, 2014. OCFH continues to work with the Division of Medical Assistance and Health Services (NJ's single state Medicaid agency), the DCF Office of Information Technology, OAS and CP&P to design the program and develop a plan for implementation. Work to date includes:

- development of a new Medicaid code to identify youth between the ages of 18 to 26 who are eligible for continued Medicaid;
- eligibility determinations for former foster youth and youth who are turning 18 years old in the month are completed by NJ SPIRIT;
- informational flyer and wallet sized cards with MEYA information have been developed and are distributed to Local Offices, provider agencies and other community partners;
- presentations on the Medicaid extension were made to Area Directors, Local Office Managers, adolescent unit workers and provider agencies; and
- MEYA support line is available for caseworkers, youth, relatives of youth, provider agencies and others.

Recent data indicate that the majority of youth who exit care needing Medicaid receive Medicaid for at least one month following discharge. Specifically, of the 157 youth ages 17.9 to 20.9 who were discharged from placement between January and June 2014 and needed Medicaid, 149 (95%) youth had Medicaid for at least one month. Additionally, between July 1, 2013 and December 31, 2013, 181 youth ages 17.9 to 20.9 were discharged from placement and needed Medicaid; 154 (85%) of these youth received Medicaid for at least six months.

Expectant and Parenting Youth

In March 2014, OAS hired an Expectant and Parenting Youth Specialist to identify statewide community resources and services gaps for pregnant and parenting teens. A resource guide is being developed which will include resources for fatherhood programs, nutrition and food support, child support, home visitation, social services and housing programs.

Services for LGBTQI Population

The MSA requires DCF to develop and begin to implement a plan for appropriate service delivery to youth who identify as LGBTQI (MSA Section II.C.4). DCF has continued to implement strategies and services to meet the needs of this population, primarily through the

Safe Space Program. DCF has identified 160 Safe Space liaisons for all CP&P Local and Area Offices. Activities this monitoring period focused on identification of LGBTQI youth and families, services and resources, addressing LGBTQI case practice concerns, educating the public, improving Safe Space programming, developing draft policy and a proposal for cultural competency training for DCF staff. Additionally, OAS has a LGBTQI Coordinator who provides education and consultation to staff and community partners.

Increasing Staff Skills

In September 2012, OAS began offering quarterly training on adolescent policy, practice and resources to staff. The one-day training is mandatory for adolescent supervisors and workers and other CP&P staff who work with youth are encouraged to attend. As part of continuous quality improvement efforts, OAS determined during this monitoring period that enhancements and updates to the training curriculum were needed and training was not offered this period. DCF reports that training sessions resumed in August 2014.

In September 2013, 40 staff were enrolled in the *Adolescent Advocacy program*—a post-B.A., 15 credit certificate through Montclair State University focused on adolescent advocacy and case practice. DCF reports that the program continued to operate as scheduled during this monitoring period.

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 March and June on topics relevant to adolescent practice.¹⁴⁹ Approximately 40 staff attended each of the eight forums offered. Topics discussed at the practice forums included Medicaid extension to the age of 26, new structure of the Youth Advisory Boards, permanency initiatives, educational initiatives, trauma-informed care, youth engagement, updates on the Children's System of Care (CSOC) and employment resources. These forums also provide an opportunity for OAS to receive feedback from staff on policies and to strategize on efforts to improve services, resources and case practice tools.

Other Developments

Beginning in mid-2013, DCF developed a new structure for its *Youth Advisory Board (YAB)* model and has been working with the Rutgers School of Social Work for implementation. Fifteen YABs have been created statewide as well as one Youth Advisory Council which is composed of youth from CP&P, CSOC, the Division of Family and Community Partnerships and the Office of Education. The YABs meet twice a month and activities include identifying topics or policy for further study and impact, performing service activities and participation in cultural events. During this monitoring period, YAB youth created a Facebook page; presented at several meetings and forums; and met with the Commissioner and DCF leadership to share policy and practice concerns and recommendations including ensuring visitation rooms are warm and

¹⁴⁹ Staff are from CP&P, the DCF Office of Education and the Children's System of Care, Care Management Organizations.

welcoming, creating a resource family matching tool and youth obtaining information regarding their time in care.

In September 2013, the Administration for Children, Youth and Families awarded DCF a two year planning grant to conduct data analysis, complete a needs assessment and develop an intervention framework to address ongoing service gaps related to serving older youth through CP&P. The goal of this grant is to improve educational, employment, permanency and well-being outcomes for older youth involved with CP&P. DCF is currently working on the data analysis and needs assessment component of this project. Specifically, on June 26, 2014, a Systems Mapping Event was held with 80 stakeholder participants, including youth with a history in care, to outline gaps in services and proposed interventions. As part of the data analysis work, a MOU was signed to receive data from NJ's Housing, Mortgage Finance Agency in order to secure Homeless Management Information System (HMIS) data.

B. Performance Measures Measuring Services to Older Youth

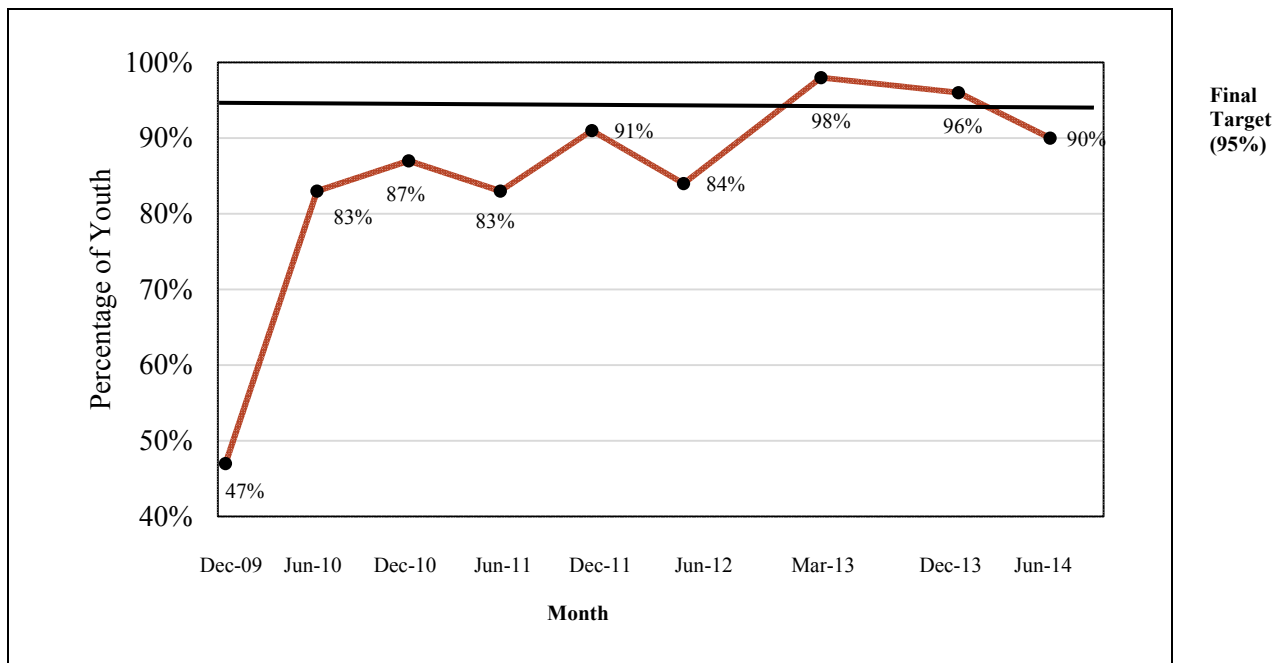
As of June 30, 2014, CP&P served 3,018 youth aged 18 to 21; current information indicates that 465 (15%) youth were living in a CP&P out-of-home placement; 1,549 (51%) youth were living in their own homes;¹⁵⁰ and 1,004 (33%) youth were receiving adoption or kinship legal guardianship subsidies.

¹⁵⁰ DCF is further analyzing these data to better understand the exact setting(s) indicated for the youth categorized as "living in their own homes" which can include, among other things, youth living with family, youth in independent living.

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 – June 2014)**



Source: DCF data

Performance as of June 30, 2014:

In June 2014, there were 1,026 youth aged 14 to 18 in out-of-home placement for at least six months; 925 (90%) had an Independent Living Assessment completed. Although DCF met the required final target for the previous two monitoring periods, current performance dropped below the target level.

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 June 30, 2014:

Performance data for this measure were collected through QR reviews conducted between January and June 2014 of 20 cases of youth ages 18 to 21. In rating these cases, reviewers utilize the standard QR protocol and a list of additional considerations to enhance the protocol to examine additional needs such as planning and supports for youth who identify as LGBTQI, 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.

Fourteen (70%) of the 20 cases reviewed were rated acceptable on both the Child/Youth and Family Indicator and Practice Performance Indicator. Additional cases are scheduled to be reviewed in CY2014 and ratings for all cases reviewed during the year will be included in the next monitoring report.

DCF analyzed the data collected through reviews completed in 2012 and 2013 and developed recommendations and next steps for practice.¹⁵¹ These recommendations and updates provided by DCF on implementation are bulleted below:

1. DCF should reinforce with its caseworkers the use of the Transition Plans through supervision and practice forums, ensuring that they are reflective of the youth's needs, voice and provide realistic and developmentally attainable goals for success.

DCF Update: OAS has been working with CP&P, OIT and Policy to update the existing transition plan to include more specific information around certain domains, including housing, education and employment. The updated plan is called Transitional Plan for YOUth Success was launched in September 2014 and will be added to NJ Spirit in January 2015.

2. DCF should strengthen the use of teaming for older youth through supervision, case conferencing and coaching, acknowledging different techniques and formats may be necessary.

¹⁵¹ Specific findings and recommendations are included in a report released in July 2014. See, http://nj.gov/dcf/about/divisions/opma/docs/Measure.54_2013.pdf

DCF Update: OAS is updating the Got Adolescents trainings and creating a training for the new Transitional Plan for YOUth Success. The emphasis on teaming, conferencing and flexible approaches and techniques for engagement will be included in these trainings.

3. CP&P staff must integrate both the formal and informal assessment of the needs of the older youth into case planning and reinforce it through supervision and case conferencing.

DCF Update: OAS reports that the trainings which are currently being updated will include information on utilizing available assessments to identify and address youth needs. The Transitional Plan for YOUth Success training will also specifically outline the use of the Independent Living Assessment to drive this planning and goal setting process.

4. CP&P must pay particular attention to planning with older youth for the upcoming transition of living independently from the child welfare system.

DCF Update: DCF reports that the updated transitional plan will assist staff in having conversations and planning with youth around education, employment, housing, life skills, health, and connections.

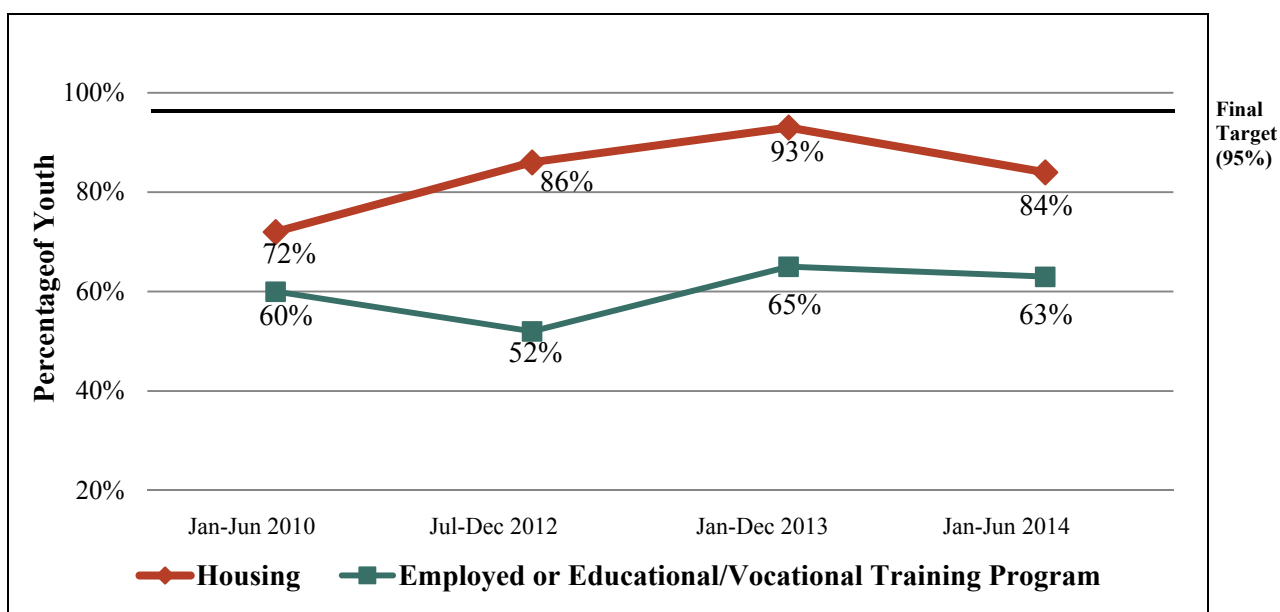
5. Lifelong and sustaining relationships with committed adults must be strengthened to create permanency for older youth.

DCF Update: OAS reports contracting with several community agencies to provide permanency services to youth. These services work with youth ages 14 to 21 to help the youth achieve relational or legal permanency. Planning around implementing Permanency Roundtables on a more consistent basis has occurred as well.

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 – June 2014)



Source: Data from DCF and CSSP Case Record Reviews

Performance as of June 30, 2014:

The Monitor and DCF conducted a case record review of the 73 youth who exited care without achieving permanency between January and June 2014 and found that 61 (84%) of these youth had documentation of a housing plan upon exiting CP&P care and 38 of 60 (63%) of applicable¹⁵² youth were either employed or enrolled in education or vocational training programs. While DCF was previously making progress on the housing component of this measure, current performance indicates that additional strategies may be necessary. Data collected during this review should be carefully reviewed by DCF to determine whether

¹⁵² Thirteen youth were not applicable for one or more of the following reasons: youth declined or not interested in employment or educational/vocational program, youth in the process of enrolling, youth was employed or enrolled in school prior to moving out-of-state when case closed, youth was missing or youth had mental impairment which prevented employment or educational/vocational program.

additional strategies are necessary; whether there are geographical locations within the state where additional resources are needed; whether enhanced or modified assessment and planning tools would be useful, and if engagement strategies should be strengthened to assist youth in achieving positive outcomes.

XIII. SUPPORTING A HIGH QUALITY WORKFORCE: CASELOADS AND TRAINING

DCF continued to meet average office caseload standards for Permanency and Adoption workers and individual caseload standards for permanency workers, and has met the average office caseload standard for Intake workers during this monitoring period. DCF continued to meet individual caseload standards for Permanency workers but did not meet individual caseload standards for Intake, IAIU and Adoption workers.

Although not in this monitoring period, in mid-November 2014, a caseworker was severely injured in an attack by a CP&P client with a knife at the DCF office in the city of Camden. Fortunately, the worker is recovering but the attack elevated concerns by DCF managers, frontline staff and union officials about safety issues for workers in their offices and when they are in the field. DCF leaders responded quickly in terms of meeting with workers and launching efforts to fully understand and address the magnitude of existing challenges to worker safety. A contractor expert in providing trauma support to first responders was immediately deployed to meet with groups of staff. Since the incident, DCF reports that it has also deployed security officers with metal detecting wands at all Local Offices and in some offices has installed panic buttons in meeting rooms and increased the availability of shuttles to transport staff to court. DCF policy also includes a buddy system which allows workers with supervisory approval to be accompanied by a colleague when they are concerned about going into the field on their own. Although line workers have reported inconsistent processes for approval for use of buddies, DCF leaders have indicated willingness to increase the use of the buddy system to address worker security concerns. DCF leadership has also launched a more systematic review of worker safety issues statewide.

The child welfare workers union and some outside advocates have called for rescinding a recent change that occurred in mid-November 2014 to centralize the dispatch of Human Services Police (employed by the State Department of Human Services (DHS)), who had previously been housed in many DCF Local Offices including Camden, but are now dispatched from three central locations in the state. The assignment of Human Services Police Officers to selected Local Offices was one of the early steps taken by the state as part the child welfare reform efforts to recruit and retain a high quality workforce. Prior to this most recent change, the state had 27 Human Services Police Officers stationed during business hours at approximately 20 Local Offices. Under the new policy, Human Services Police are assigned to one of three dispatch offices located on state hospital facility grounds and are centrally dispatched via phone and fax requests by Local Offices workers. These officers are also now expected to be accessible 24 hours a day. DHS believes that this change will promote efficiency and provide better overall service. Some local staff however believe that the presence of these officers at Local Offices was an important support that will be missed.

Given the critical importance of addressing safety issues in order to ensure a stable and qualified workforce, DCF officials have launched a review of safety issues at each Local Office and have indicated to the Monitor that they will closely track the impact of the recent change in the deployment of Human Services Police. The Monitor has expressed concern that worker safety is inextricably related to DCF's ability to maintain a stable and high quality workforce and that all

workers must be provided with adequate supports to ensure their safety and well-being. The state is now developing a process to track and assess the impact of these recent changes to the deployment of Human Services Police and the effect of new safety initiatives that are being put in place. The Monitor will be closely assessing all of the actions taken over the next few months to address the issues raised.

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 data

Interview Procedure to Verify Worker Caseloads

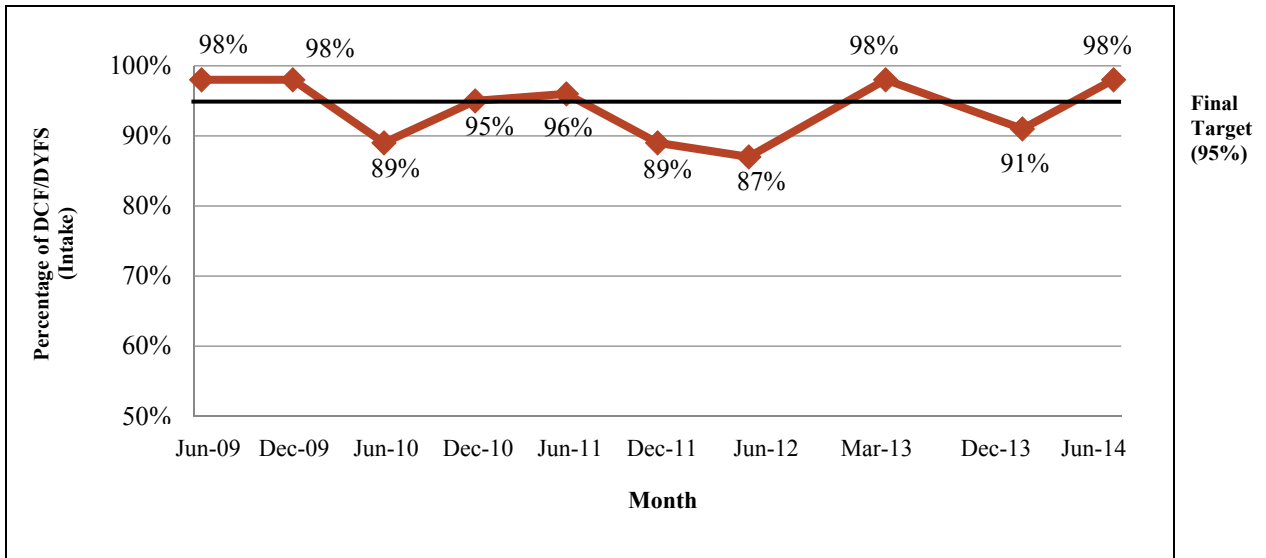
The Monitor verified caseload data supplied by DCF by conducting telephone interviews with randomly selected workers across the state. One-hundred sixty workers were selected from those active in June 2014. All of the 46 CP&P Local Offices were represented in the sample. The interviews were conducted throughout the months of July and August 2014. All 160 workers were called. Information was collected from 128 workers (86% of the eligible sample), located in all 46 Local Offices. Six workers were on extended leave during the period of the calls, and were removed from the sample. Two workers who declined to participate and another four who were newly assigned to their position for less than half of the monitoring period were also removed from the sample. The Monitor attempted contact at least three times for each worker.

During the interviews, workers were asked if their caseloads met caseload standards between January and June 2014 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 June 2014. 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.

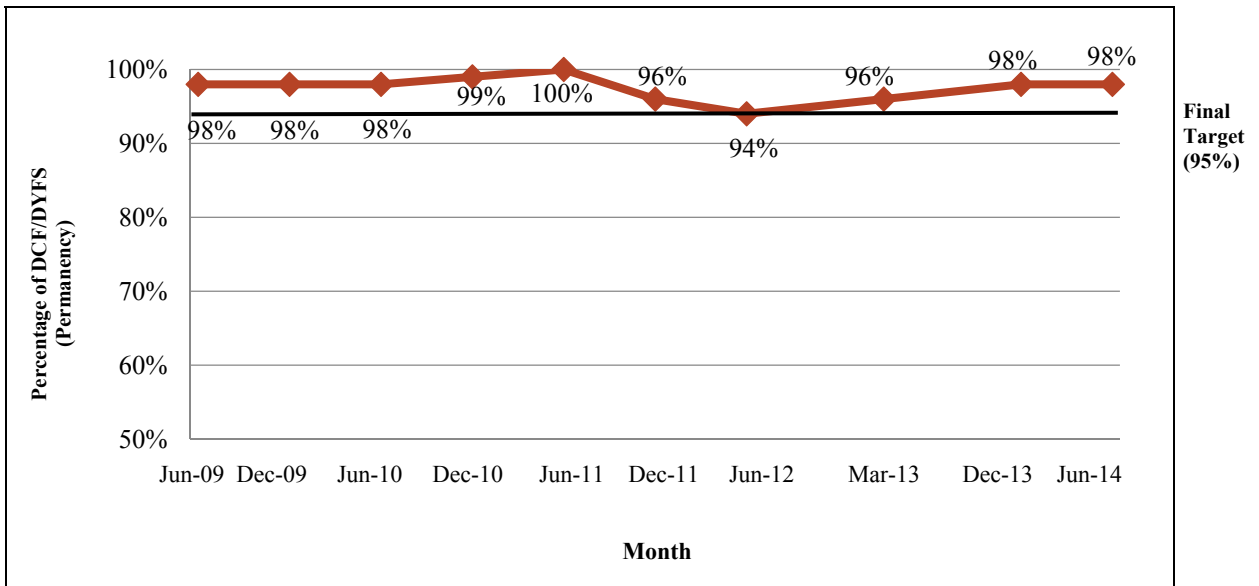
DCF met the standard for average office caseloads for all three functional areas during this monitoring period. Figures 55-57 summarize the Period XV performance on meeting Local Offices average caseload standards.

**Figure 55: Percentage of DCF/CP&P Local Offices Meeting Average Caseload Standards for Intake Workers
(June 2009 – June 2014)**



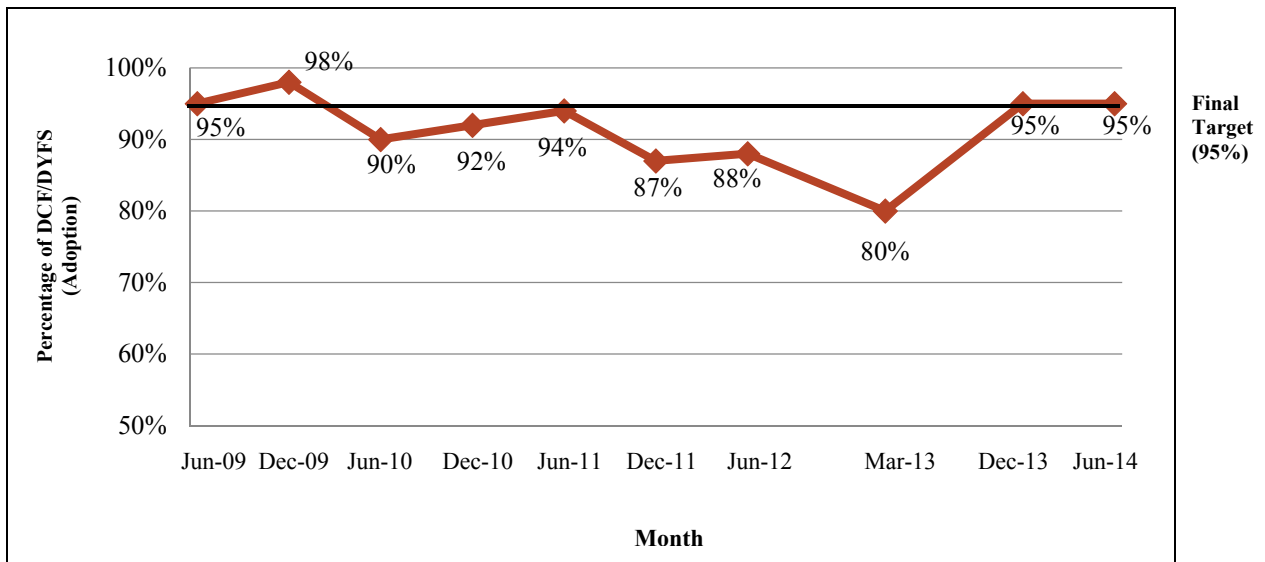
Source: DCF data

**Figure 56: Percentage of DCF/CP&P Local Offices Meeting Average Caseload Standards for Permanency Workers
(June 2009 – June 2014)**



Source: DCF data

**Figure 57: Percentage of DCF/CP&P Local Offices Meeting Average Caseload Standards for Adoption Workers
(June 2009 – June 2014)**



Source: DCF data

Intake

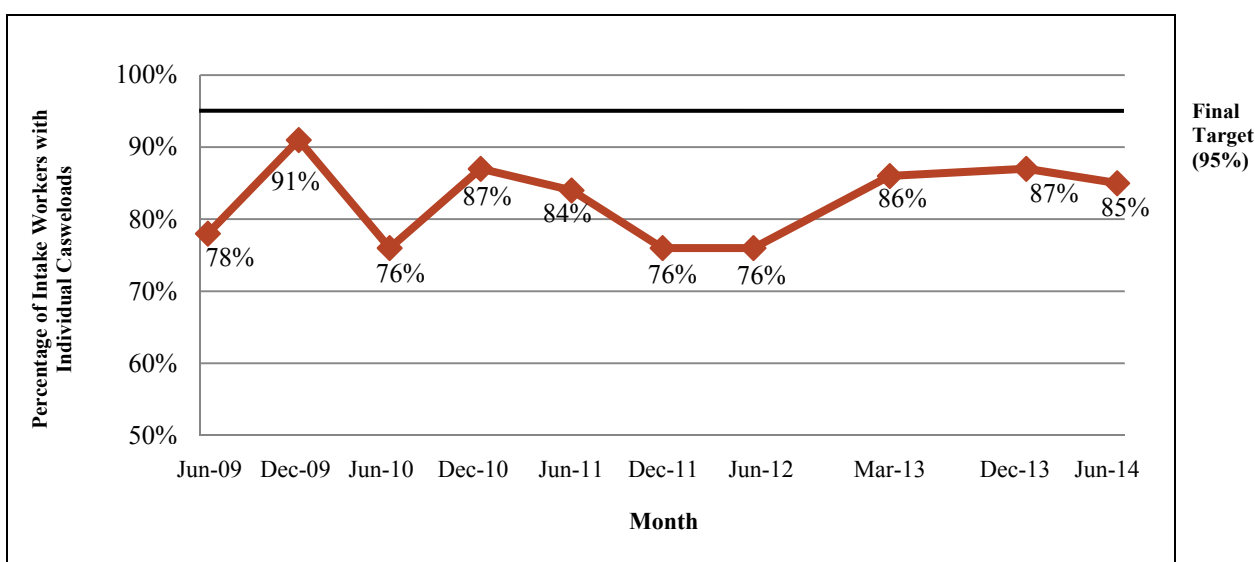
The individual worker caseload standard for Intake workers of no more than 12 open cases at any one time and no more than eight new referrals assigned a month was not met as of June 30, 2014. The state reported an average of 944 active Intake workers between January and June 2014. Among those active Intake workers, an average of 807 (85%) workers had caseloads that met the caseload requirements. Specifically, in June 2014, individual worker caseload compliance for Intake workers was 88 percent. For the 113 Intake workers who did not meet caseload requirements in June 2014, the highest number of new intakes during the month for any worker was 11 and the highest number of open cases for any worker in the month was 23 families.

Data by Local Office show that during June 2014, performance ranged between 15 and 100 percent, with 25 of 46 (54%) Local Offices having all Intake workers with caseloads in compliance (see Appendix C-1).

Among the 128 workers who participated in the phone interview for caseload verification, 77 were Intake workers. Thirteen (17%) of the 77 Intake workers reported going over the caseload limits for new assignments at some point between January and June 2014. Thirty-two (42%) Intake workers reported having more than 12 total families on their caseload at some point between January and June 2014.

DCF has discontinued the Ready Work Pool (RWP) which was developed to enhance capacity to quickly deploy staffing resources to designated Local Offices experiencing increases in referrals and caseloads in the aftermath of Superstorm Sandy. As of May 16, 2014, all cases that were assigned to the RWP staff were reassigned to staff within the respective Local Offices. Impact teams remain and 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 in order to 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 – June 2014)*



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 June 2014 is the average of the prior six month's performance in meeting individual caseload standards during that time.

Workers Report “Shared” Cases as a Common Occurrence

As described in the Period XIV 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 is currently 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 (Table 32) provides the reported number of secondary assignments to Intake workers by month for this monitoring period.

**Table 32: Number of DCF/CP&P Investigations and Secondary Intake Assignments by Month
(January – June 2014)**

Month	Total Investigations for the Month	*Secondary Intake Worker Assignments of CPS and CWS Investigations	
JANUARY	5,969	1,183	20%
FEBRUARY	5,355	1,084	20%
MARCH	6,279	1,177	19%
APRIL	5,955	1,171	20%
MAY	6,436	1,199	19%
JUNE	5,883	1,125	19%

Source: DCF NJ SPIRIT Data

*Total excluded intakes assigned to Impact workers.

*Total includes intakes assigned to On Leave workers

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 June 2014, 306 (33%) Intake workers received two or more secondary assignments. Of those 306 workers, 136 (44%) 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 77 Intake workers interviewed, 71 (92%) 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 January and June 2014 and 45 (58%) reported receiving at least one secondary assignment per month. Sixty-eight of the 71 (96%) Intake workers confirmed that their supervisor appropriately counts secondary assignments toward their eight new referrals for the month. Forty-three of the 71 (61%) 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 worker 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.

Additionally, during the phone interviews with caseworkers, the Monitor inquired whether the new DCF policy¹⁵³, effective April 7, 2014 has helped to clarify the division of labor for secondary assignments between Intake and Permanency workers. Both Intake and Permanency workers were asked if they received clear policy guidance on their role and on the division of labor for these shared cases. Of the 71 Intake workers who reported receiving an assignment to investigate a new report on an open permanency case as a secondary worker, 61 (86%) reported receiving clear policy guidance and 44 (62%) found the division of labor to be clear. Twenty-one (68%) of the 31 Permanency workers interviewed reported receiving clear policy guidance and 20 (65%) found the division of responsibilities to be clear. The most frequently cited reason by both Intake and Permanency workers for the lack of clarity in the division of responsibilities was the inconsistent application of the policy which varied by supervisor.

The Monitor further examined secondary case assignments during a case record review on the quality of investigative practice conducted in September 2014. This review examined the quality of practice of 313 CPS investigations assigned to DCF Local Offices between February 1 and 14, 2014. Fifty (16%) of the 313 CPS investigations were intakes on CP&P cases already open for services. Of those 50 investigations, 32 (64%) were of acceptable quality, which is slightly below the quality rating of 81 percent for all investigations excluding these 50 cases with shared responsibility.

DCF continues 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.

The Monitor remains concerned about the additional workload of these shared cases and will continue to track incidences of secondary assignments to Intake workers and conduct interviews with workers to determine how significant the impact of a shared case is on an Intake worker's workload.

¹⁵³ CP&P Manual (4-7-2014). Child Protection and Permanency Manual, II C Case Management, 400. (DCF policy that clarifies the division of responsibilities between Intake and Permanency workers for shared cases).

Assignment of Investigations to Non-caseload Carrying Staff

Table 33: Percentage of DCF/CP&P Investigations Assigned to Non-Caseload Carrying Staff by Month (January – June 2014)¹⁵⁴

Month	Total Investigations for the Month	Total Investigations Assigned to Non-Caseload Carrying Staff and Percentage of Investigation Assignments to Non-Caseload Carrying Staff	
JANUARY	6,092	81	1%
FEBRUARY	5,503	99	2%
MARCH	6,419	73	1%
APRIL	6,102	73	1%
MAY	6,562	79	1%
JUNE	5,991	63	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 overall, two percent of investigations were assigned to non-caseload carrying staff between the months of January through June 2014. DCF reports that its 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.

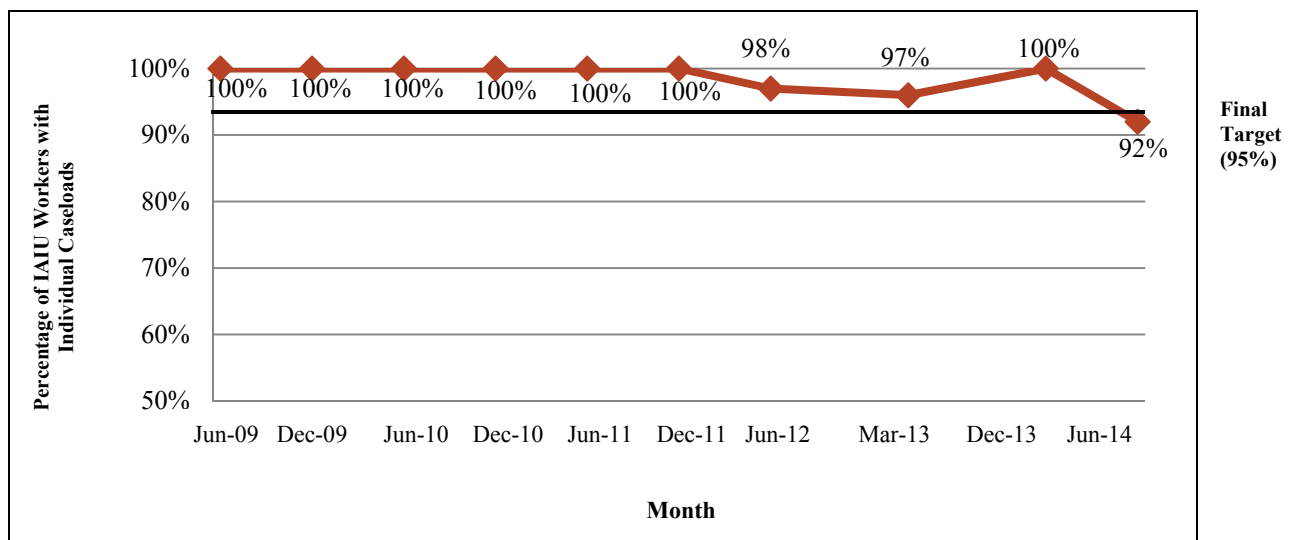
As part of the interviews discussed above, Intake workers were asked if there were scenarios in their office in which non-caseload carrying staff could be assigned an investigation. Twenty-six of the 77 workers (34%) reported that there are scenarios in which this takes place. Respondents stated that 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 and Resource Development Specialist.

¹⁵⁴ 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%.

Institutional Abuse Investigation Unit (IAIU)

As of June 30, 2014 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 not met: DCF data show 92 percent compliance with the standard for IAIU caseloads of 12 open cases at any one time. This represents a decline from consistent performance of meeting the MSA since December 2009.

Figure 59: Percentage of IAIU Workers with Individual Caseloads at or Below the Applicable Individual Caseload Standards (June 2009 – June 2014)



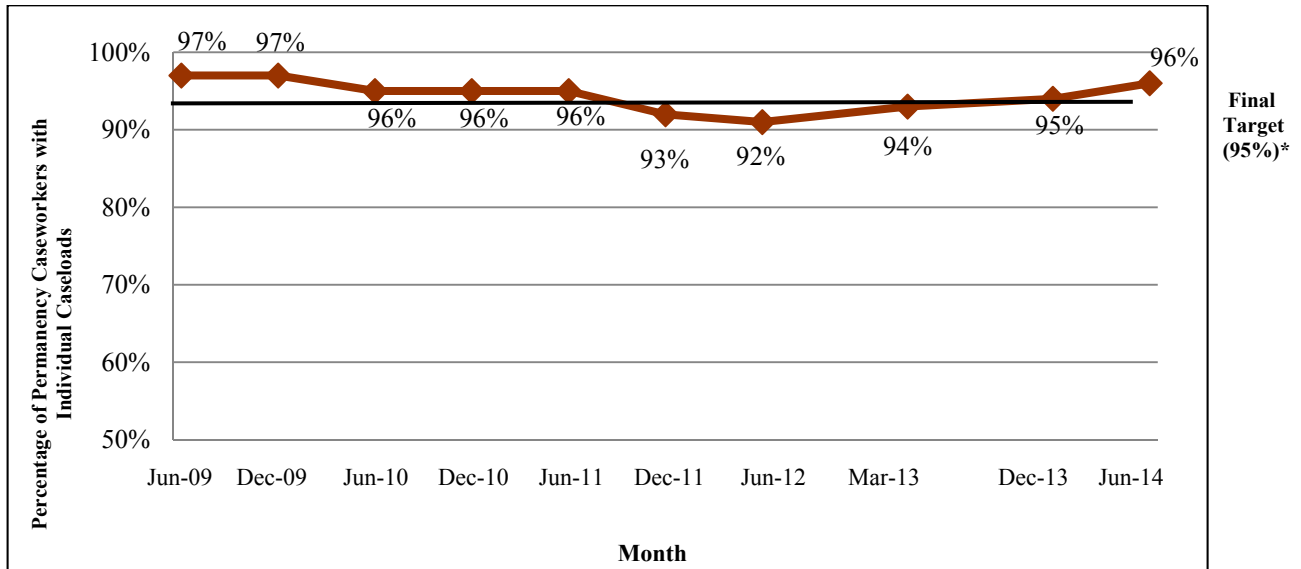
Source: DCF data

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 June 30, 2014. The state reported an average of 1,166 active Permanency workers between January and June 2014. Of the active Permanency workers, an average of 1,119 (96%) workers had caseloads that met the requirement. Specifically in June 2014, individual worker caseload compliance for Permanency workers was also at 96 percent. For the 41 Permanency workers who did not meet caseload requirements in June 2014, the highest individual caseload was 24 families and the highest number of children in placement was 12.

Among the 128 workers who participated in phone interviews conducted by the Monitor for caseload verification, 31 were Permanency workers. Three (10%) of the 31 Permanency workers interviewed reported having exceeded the caseload standard of no more than 15 families in any month at least once between January and June 2014. One (3%) of the 31 Permanency workers interviewed reported having exceeded the caseload standard of no more than 10 children in out-of-home care in any month at least once between January and June 2014.

Figure 60: Percentage of Permanency Caseworkers with Individual Caseloads at or Below the Applicable Individual Caseload Standards (June 2009 – June 2014)*



Source: DCF data

*The performance percentage shown on the last month of each monitoring period (June, March and December) is the average performance in meeting individual caseload standards during that monitoring period. All periods consist of six months except for March 2013 and December 2013 which were nine month periods.

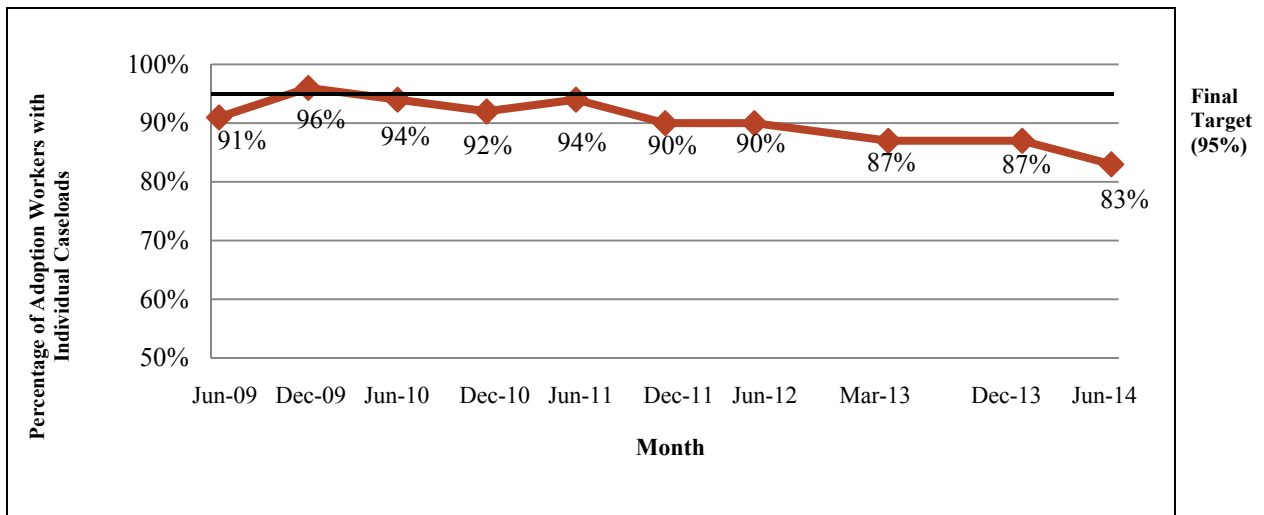
Adoption

The individual worker caseload standard for Adoption workers of no more than 15 children was not met as of June 30, 2014 and demonstrates the lowest performance to date. The state reported an average of 208 active Adoption workers between January and June 2014. Of the active Adoption workers, an average of 173 (83%) workers had caseloads that met the requirement during the monitoring period. Specifically in June 2014, individual worker caseload compliance for Adoption workers was at 87% percent. For the 28 Adoption workers who did not meet caseload requirements in June 2014, the highest caseload was 28 children.

Data by Local Office indicate that during June 2014, performance ranged between 25 and 100 percent among offices and 30 of 43 (70%) Local Offices met the standard for this measure (see Appendix C-2).

Among the 128 workers who participated in the phone interviews conducted by the Monitor for caseload verification, 20 were Adoption workers. Two (10%) of the 20 workers interviewed reported going over caseload standards at least once between January and June 2014.

Figure 61: Percentage of Adoption Workers with Individual Caseloads at or Below the Applicable Individual Caseload Standards (June 2009 – June 2014)*



Source: DCF data

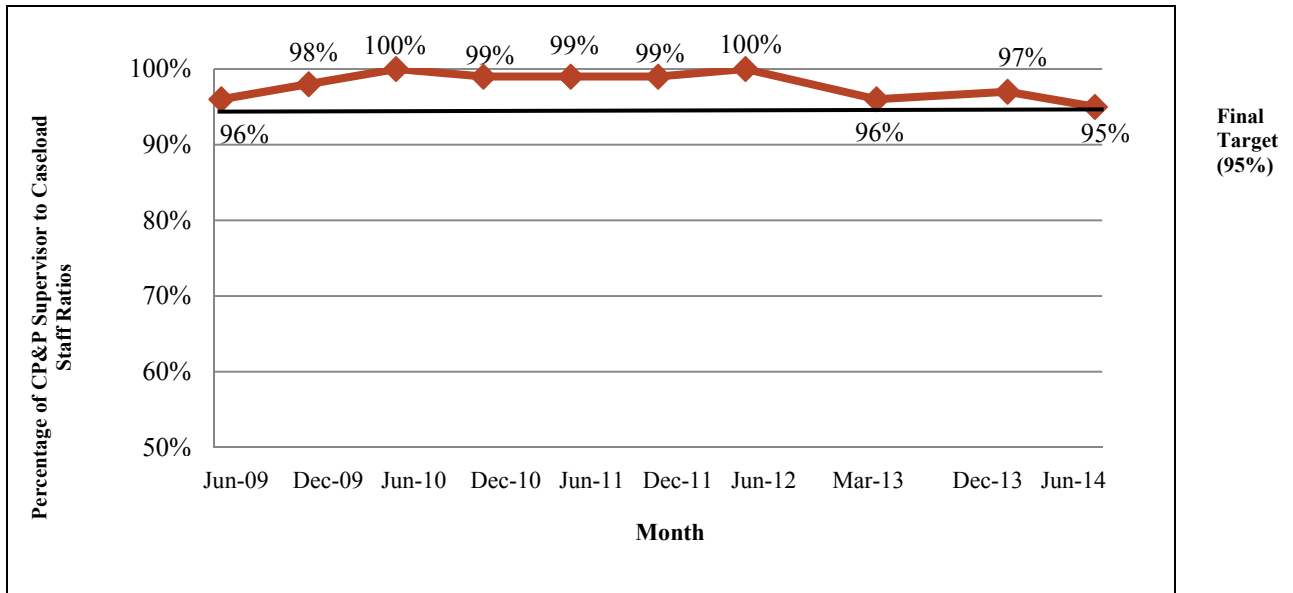
* The performance percentage shown on the last month of each monitoring period (June, March and December) is the average performance in meeting individual caseload standards during that monitoring period. All periods consist of six months except for March 2013 and December 2013 which were nine month periods.

The standard for the ratio of supervisors to workers was met for the period ending June 30, 2014.

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 (MSA Section II.E.20).

As shown in Figure 62, DCF reports that between January and June 2014, 95 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 128 workers interviewed the size of their units for the month of June 2014 and 121 (95%) workers reported being in units of five or fewer workers with a supervisor.

**Figure 62: New Jersey CP&P Supervisor to Caseload Staff Ratios
(June 2009 – June 2014)***



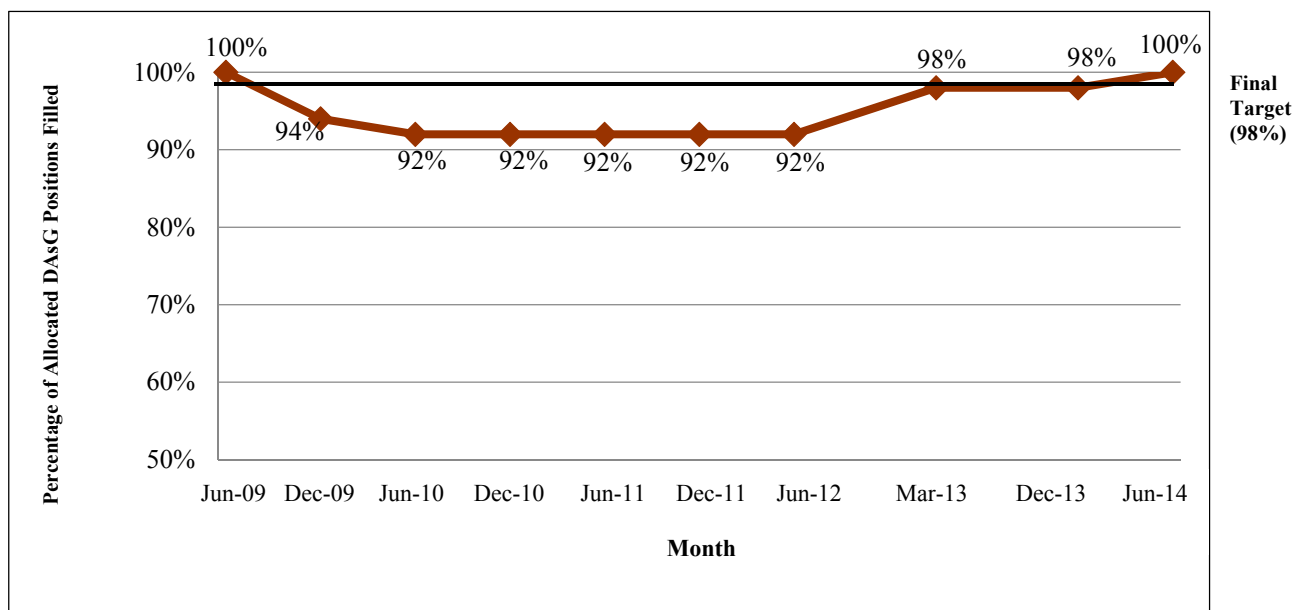
Source: DCF data

* The performance percentage shown on the last month of each monitoring period (June, March and December) is the average performance in meeting individual caseload standards during that monitoring period. All periods consist of six months except for March 2013 and December 2013 which were nine month periods.

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 63: Percentage of Allocated DAsG Positions Filled
(June 2009 – June 2014)**



Source: DCF data

Performance as of June 30, 2014:

As of June 30, 2014, 131 (100%) of 131 Deputy Attorneys General (DAsG) staff positions assigned to work with DCF are filled. Of those, four DAsG are on temporary full-time leave and expected to return. Thus, there are a total of 127 (97%) available DAsG. DCF reports that in addition to these positions, they have assigned one full-time law assistant to their Practice Group as well as the equivalent of 15.5 DAsG outside of the DCF Practice Group who dedicate their time to DCF matters. DCF has met the final target for several monitoring periods.

B. Training

January and June 2014 DCF fulfilled all of its training obligations required by the MSA, as shown in Table 34.¹⁵⁵

¹⁵⁵ 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, 2011 – June 30, 2014)¹⁵⁶**

Training	Settlement Commitment Description	# of Staff Trained in 1 st 6 months 2011		# of Staff Trained in 2 nd 6 months 2011	# of Staff Trained in 1 st 6 months 2012	# of Staff Trained (July 1, 2012 – March 31, 2013)	# of Staff Trained (April 1, 2013 – Dec. 31, 2103)	# of Staff Trained in 1 st 6 months 2014
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.	141		94	192	191	162	85
In-service Training	Ongoing: Staff shall have taken a minimum of 40 annual hours of In-service training	2,928			2,893		2,931**	N/A
Concurrent Planning	Ongoing: Training on concurrent planning; may be part of 20 hours In-service training by December 2007.	107 out of 107 (100%)	112 out of 112 (100%)	109	101	206	174	89
Investigations & Intake: New Staff	Ongoing: New staff conducting intake or investigations shall have investigations training and pass competency exams before assuming cases.	227 out of 227 (100%)	98 out of 98 (100%)	159	236	230*	304*	135**
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.	18	21	17	33	53	11	35
New Adoption Worker	As of December 2006 and ongoing, adoption training for adoption workers.	20	30	35	18	52	50	43

Source: DCF data

* Number of staff that completed one or more module of the revised First Responders training.

**This performance measure is an annual requirement in the MSA. The Monitor will report on annual In-service training performance in the monitoring period XVI report.

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.

¹⁵⁶ Data on training from prior years can be found in previous monitoring reports.

Pre-service Training

One hundred and fifteen caseload carrying staff (Family Service Specialist Trainees and Family Service Specialists) were hired between January and June 2014. CP&P trained 85 workers during this monitoring period, 40 of whom were hired in the previous monitoring period. Ten of the 85 workers were trained through the Baccalaureate Child Welfare Education Program (BCWEP).¹⁵⁷

The Monitor verified that the state complied with the MSA (Section II.B.1.b) regarding Pre-service training for workers.

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, a training for supervisors discussed below.

As reflected in Table 35, between January and June 2014, the New Jersey Office of Training and Professional Development (Training Academy) trained 81 staff on Module 1 of the CPM. The Training Academy also trained 99 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 are conducted by the New Jersey Child Welfare Training Partnership.¹⁵⁸ Between January and June 2014, 93 staff were trained in Module 3, 59 were trained in Module 4 and 47 were trained in Module 5. A total of 16 staff were trained in Module 6.¹⁵⁹

The Monitor verified that staff took CPM training and passed relevant competency exams.

¹⁵⁷ 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 a 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.

¹⁵⁸ 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.

¹⁵⁹ Sixteen 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, 2011 – June 30, 2014)¹⁶⁰**

Training	Settlement Commitment Description	# 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)	# Staff Trained in 1 st 6 months of 2014
Module 1 – Developing Trusting Relationships with Children and 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.	132	103	147	252	225	81
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.	131	99	107	228	215	99
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.	669	391	142	157	256	93
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.	539	551	200	166	200	59
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.	437	797	349	122	196	47
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.	57	154	82	0	7	16

Source: DCF data

¹⁶⁰ Data on training from prior years can be found in previous monitoring reports.

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 34, between January and June 2014, all 89 (100%) out of 89 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) regarding concurrent planning.

Investigation (or First Responder) Training

In September 2013 First Responders training was expanded into three separate modules covering six days of training. Between January and June 2014 a total of 135 staff completed one or more modules of the revised First Responders training.

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

Supervisory Training

As reflected in Table 35, 32 supervisors appointed in the monitoring period and three supervisors from the previous monitoring period were trained and passed competency exams between January and June 2014. An additional 29 newly appointed supervisors completed supervisory training and passed competency exams in July 2014.

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

New Adoption Worker Training

Forty-three newly appointed Adoption workers were trained between January and June 2014.

The Monitor verified that the state complied with MSA (Section II.G.9) regarding new adoption worker training.

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 (MSA Section II.B.2.c). The Monitor will report on annual In-service training performance for CY2014 in the monitoring period XVI report.

IAIU Training

Fifty-nine investigators completed one or more IAIU training modules between January and June 2014.

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

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 120 cases from ten counties,¹⁶¹ 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.

Table 36 provides the gender and age of the 120 children reviewed between January and June 2014. One third (30%) of the children were living with a parent at the time of the review; 70 percent of the children lived with a relative or non-relative resource parent.

**Table 36: Qualitative Review Gender and Age Demographics
(January – June 2014)**

Gender	#	%
Male	54	45%
Female	66	55%
Total	120	100%
Age	#	%
4 years or less	47	39%
5-9 years	21	17%
10-13 years	19	16%
14 -17 years	13	11%
18-21 years	20	17%
Total	120	100%

Source: DCF, QR Demographics January 2014 – June 2014

DCF reports that across the state, 1,223 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 child, youth or parent identified as supportive, relative and non-relative resource parents, education providers, mental health and legal professionals, substance abuse

¹⁶¹ Qualitative Reviews were conducted in Burlington, Somerset, Morris, Ocean, Hudson, Salem, Mercer, Union, Atlantic, and Bergen counties.

treatment providers, and children/youth.¹⁶² Reviewers evaluated the child and family's status and rated whether the status was acceptable or unacceptable.¹⁶³ 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, while improved, are lagging behind the overall status and remained essentially unchanged.

**Table 37: Qualitative Review Child and Family Status Results
(January – June 2014)**

Child & Family Status Indicators	# Cases Applicable	# Cases Acceptable	% Acceptable
Safety at Home	120	119	99%
Safety in other Settings	120	118	98%
Stability at Home	120	93	78%
Stability in School	77	70	91%
Living Arrangement	120	115	96%
Family Functioning & Resourcefulness	117	85	73%
Progress towards Permanency	120	69	58%
Physical Health of the Child	120	114	95%
Emotional Well-Being	120	110	92%
Learning & Development, Under Age 5	45	40	89%
Learning & Development, Age 5 & older	75	69	92%
OVERALL Child & Family Status	120	109	91%

Source: DCF, QR results January 2014 – June 2014

¹⁶² 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.

¹⁶³ 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 the previous monitoring period, under the heading of acceptable, status was changed to be further described as either “refine” or “maintain.” Unacceptable status was 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 January and June 2014. As with the status indicators, reviewers evaluated whether performance was acceptable or unacceptable.¹⁶⁴

With the exception of Provision of Health Care Services and Supports to Resource Families, the QR results on system performance while improved since December 2013, are lower than those for family status and demonstrate that continuing work is needed to fully implement the CPM with fidelity. Overall, 69 percent of cases scored acceptably on Practice Performance.

**Table 38: Qualitative Review Practice/System Performance Results
(January – June 2014)**

Practice Performance Indicators		# Cases Applicable	# Cases Acceptable	% Acceptable
Engagement	Overall	120	81	68%
	Child/Youth	71	58	82%
	Parents	91	33	36%
	Resource Family	74	61	82%
Family Teamwork	Formation	120	63	53%
	Functioning	120	53	44%
Assessment & Understanding	Overall	120	92	77%
	Child/Youth	120	104	87%
	Parents	91	48	53%
	Resource Family	73	66	90%
Case Planning Process		120	75	63%
Plan Implementation		120	83	69%
Tracking & Adjusting		120	82	68%
Provision of Health Care Services		120	117	98%
Resource Availability		120	105	88%
Family & Community Connections	Overall	67	52	78%
	Mother	56	44	79%
	Father	41	25	61%
	Siblings	41	34	83%
Family Supports	Overall	101	86	85%
	Parents	86	60	70%
	Resource Family	70	69	99%
Long Term View		120	68	57%
Transitions & Life Adjustments		120	66	55%
OVERALL Practice Performance		120	83	69%

Source: DCF January 2014 – June 2014 QR results

¹⁶⁴ Ibid.

QR scores that are clear indicators of CPM standards such as Engagement with parents and Family Teamwork remain low. 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.

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 post these reports on the DCF website for public viewing (MSA II.J.6).¹⁶⁵

NJ SPIRIT functionality was again enhanced during this monitoring period. A new feature was added to NJ SPIRIT that provided all supervisors the ability to search for and access an individual staff member's pending work. Enhancements were also made to allow supervisors to reroute pieces of work from one worker to another when a worker is inactive. Additionally, NJ SPIRIT allows for the extension of Medicaid coverage for qualifying young adults between the age of 18 and 26. Qualified candidates with existing DCF Medicaid in NJ SPIRIT are automatically transferred to the new Federal Medicaid program in their 18th or 21st birthday month.

The NJ SPIRIT Help Desk continues to support workers in resolving technical issues. Between January and June 2014 the Help Desk closed 15,243 tickets requesting help or NJ SPIRIT IT support. The Help Desk resolved 7,317 (48%) of the 15,243 closed tickets within one work day and an additional 5,945 (39%) tickets within seven work days for a total of 87 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 also provides the staff with quantitative data they can use to identify strengths and diagnose needs to improve outcomes.

During this monitoring period, DCF rolled out an enhanced version of SafeMeasures. The new SafeMeasures v5 provides more functionality with customized views and menus to meet the continuing needs of users. Effective August 1, 2014, staff will use the new version exclusively. DCF has seen a sustained usage of SafeMeasures by staff at all levels. SafeMeasures is also used by executive management to track and monitor targeted outcomes. DCF continues to develop new reports in SafeMeasures to help staff better manage caseloads and worker responsibilities.

¹⁶⁵ See <http://www.state.nj.us/dcf/childdata/>

XV. FISCAL YEAR 2015 BUDGET

The approved FY 2015 state appropriation for the Department of Children and Families, effective July 1, 2014, totals \$1,095,861,000 and the total budget including federal funds is slightly over \$1.6 billion. For the most part, the legislature accepted Governor Christie's proposed budget which includes a slight increase from the 2014 budget (including amounts that had been provided in 2014 supplemental funding). There are relatively small increases and reductions in identified areas within the budget, mostly reflecting budget adjustments from prior years due to utilization patterns. For example, budgeted funds for foster care were increased by \$314,000 based on the recent increases in the number of children in foster care. The legislature also increased funding for Domestic Violence Services, Sexual Assault Services and the Court Appointed Special Advocates (CASA) program. DCF reports that the budget allows for 6,643 staff positions which represents no change from FY 2014. DCF also reports that the FY 2015 budget provide sufficient funds to carry out the state's responsibilities for child protection, children's mental health (CSOC), services to support children in their own homes and in out-of-home placement and to achieve the MSA outcomes related to children's safety, permanency and well-being.

APPENDIX: A-1

Glossary of Acronyms Used in the Monitoring Report

ACF:	Administration for Children and Families	HSAC:	Human Services Advisory Council
AFCARS:	Adoption and Foster Care Analysis and Reporting System	IAIU:	Institutional Abuse Investigative Unit
AIP:	AFCARS Improvement Plan	KLK:	Kinship Legal Guardian
AQCs:	Area Quality Coordinators	LGBTQI:	Lesbian, Gay, Bisexual, Transgender, Questioning or Intersex
ASO:	Administrative Services Organization	LO:	Local Office
BCWEP:	Baccalaureate Child Welfare Education Program	MEYA:	Medicaid Extension for Youth Adults
CAP:	Corrective Action Plan	MH:	Mental Health
CCL:	Child Care Licensing	MSA:	Modified Settlement Agreement
CCRMT:	Congregate Care Risk Management Team	MST:	Multi-systemic Therapy
CFSR:	Child and Family Service Review	NCANDS:	National Data Archive on Child Abuse and Neglect
CHEC:	Comprehensive Health Evaluation for Children	NCIC:	Northeast and Caribbean Child Welfare Implementation Center
CHU:	Child Health Unit	NJCAN:	New Jersey Career Assistance Navigator
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	OTARY:	Outreach to At-Risk Youth
CWS:	Child Welfare Services	PALS:	<i>Peace: A Learned Solution</i> , New Jersey's trauma informed program for victims of domestic violence
CWTA:	Child Welfare Training Academy	PIP:	Performance Improvement Plan
CYBER:	Child Youth Behavioral Electronic Health Record	PPA:	Pre-placement Assessment
DAG:	Deputy Attorney General	QA:	Quality Assurance
DCA:	Department of Community Affairs	QR:	Qualitative Review
DCBHS:	Division of Child Behavioral Health Services	RDTC:	Regional Diagnostic and Treatment Center
DCF:	Department of Children and Families	RFL:	Resource Family Licensing
CP&P:	Division of Child Protection and Permanency	RFP:	Request for Proposal
DD:	Developmental Disability	RL:	Residential Licensing
DDD:	Division of Developmental Disabilities	SAFE:	Structured Analysis Family Evaluation
DDHH:	Division of the Deaf and Hard of Hearing	SCR:	State Central Registry
DFCP:	Division of Family and Community Partnerships	SETC:	State Employment and Training Commission
DHS:	Department of Human Services	SHIP:	Summer Housing and Internship Program
DPCP:	Division of Prevention and Community Partnerships	SHSP:	Special Home Service Providers
DR:	Differential Response	SIBS:	Siblings in Best Settings
DYFS:	Division of Youth and Family Services	SPRU:	Special Response Unit
EDW:	Electronic Data Warehouse	SIP:	Summer Internship Program
EPSDT:	Early and Periodic Screening, Diagnosis and Treatment	TF-CBT:	Trauma Focused Cognitive Behavioral Therapy
ETV:	Education and Training Voucher	TPR:	Termination of Parental Rights
FAFS:	Foster and Adoptive Family Services	UMDNJ:	University of Medicine and Dentistry of New Jersey
FAFSA:	Free Application for Federal Student Aid	USDA:	United States Department of Agriculture
FDC:	Family Development Credential	YAB:	Youth Advisory Board
FEMA:	Federal Emergency Management Agency	YCM:	Youth Case Management
FFT:	Functional Family Therapy	YEC:	Youth Employment Coordinator
FQHC:	Federally Qualified Health Center		
FSC:	Family Success Centers		
FSO:	Family Support Organizations		
FSS:	Family Service Specialist		
FTE:	Full-Time Equivalent		
FTM:	Family Team Meeting		
FXB:	Francois-Xavier Bagnoud Center		
HMIS:	Homeless Management Information System		

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"

June 2014						
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	8	0	0	0	8	100%
Bergen Central LO	2	0	0	0	2	100%
Bergen South LO	13	0	0	0	13	100%
Burlington East LO	19	1	0	12	6	32%
Burlington West LO	13	1	3	1	8	62%
Camden Central LO	17	3	0	4	10	59%
Camden East LO	6	0	0	2	4	67%
Camden North LO	21	0	9	1	11	52%
Camden South LO	11	0	0	1	10	91%
Cape May LO	5	0	0	1	4	80%
Cumberland East LO	1	0	0	1	0	0%
Cumberland West LO	6	1	0	2	3	50%
Essex Central LO	4	0	0	1	3	75%
Essex North LO	1	0	0	0	1	100%
Essex South LO	5	1	1	3	0	0%
Gloucester East LO	11	0	0	1	10	91%
Gloucester West LO	10	0	0	0	10	100%
Hudson Central LO	11	0	0	0	11	100%
Hudson North LO	1	0	0	0	1	100%
Hudson South LO	7	0	1	4	2	29%
Hudson West LO	7	0	0	0	7	100%
Mercer North LO	6	0	0	0	6	100%
Mercer South LO	14	1	0	0	13	93%
Middlesex Central LO	6	0	3	0	3	50%
Middlesex Coastal LO	4	0	0	1	3	75%
Middlesex West LO	4	0	0	1	3	75%
Monmouth North LO	5	0	1	1	3	60%
Monmouth South LO	13	0	0	0	13	100%
Morris East LO	2	0	0	0	2	100%
Morris West LO	5	0	0	0	5	100%
Newark Center City LO	4	0	0	2	2	50%
Newark Northeast LO	15	0	0	0	15	100%
Newark South LO	7	0	0	1	6	86%
Ocean North LO	4	0	1	0	3	75%
Ocean South LO	11	0	1	4	6	55%
Passaic Central LO	5	0	0	1	4	80%
Passaic North LO	13	0	2	0	11	85%
Salem LO	9	0	0	4	5	56%
Somerset LO	10	0	0	3	7	70%
Sussex LO	6	0	1	0	5	83%
Union Central LO	6	0	0	0	6	100%
Union East LO	9	0	0	2	7	78%
Union West LO	3	0	0	0	3	100%
Warren LO	6	0	2	2	2	33%

SafeMeasures Extract: 8/25/2014

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"

June 2014						
Local Office	Total	Outstanding	FTM Declined	FTM Not Held - Parent Unavailable	Completed	% Compliance
Atlantic East LO	44	0	0	1	43	98%
Atlantic West LO	35	1	1	5	28	80%
Bergen Central LO	39	0	0	0	39	100%
Bergen South LO	75	2	0	1	72	96%
Burlington East LO	78	4	1	2	71	91%
Burlington West LO	52	0	1	2	49	94%
Camden Central LO	33	1	4	5	23	70%
Camden East LO	26	1	0	9	16	62%
Camden North LO	37	0	6	4	27	73%
Camden South LO	59	0	2	11	46	78%
Cape May LO	48	1	0	1	46	96%
Cumberland East LO	20	0	1	13	6	30%
Cumberland West LO	49	0	1	8	40	82%
Essex Central LO	61	0	0	26	35	57%
Essex North LO	19	3	0	7	9	47%
Essex South LO	40	0	6	11	23	58%
Gloucester East LO	35	0	1	2	32	91%
Gloucester West LO	68	0	10	12	46	68%
Hudson Central LO	29	1	0	2	26	90%
Hudson North LO	14	0	0	0	14	100%
Hudson South LO	61	7	8	9	37	61%
Hudson West LO	26	3	0	6	17	65%
Hunterdon LO	15	0	0	0	15	100%
Mercer North LO	44	0	0	0	44	100%
Mercer South LO	39	0	1	0	38	97%
Middlesex Central LO	16	1	0	0	15	94%
Middlesex Coastal LO	42	0	0	2	40	95%
Middlesex West LO	39	2	0	8	29	74%
Monmouth North LO	48	0	12	11	25	52%
Monmouth South LO	39	1	2	14	22	56%
Morris East LO	10	0	0	0	10	100%
Morris West LO	27	2	0	0	25	93%
Newark Center City LO	66	5	2	13	46	70%
Newark Northeast LO	95	0	1	20	74	78%
Newark South LO	71	0	0	8	63	89%
Ocean North LO	34	1	3	1	29	85%
Ocean South LO	82	3	6	15	58	71%
Passaic Central LO	29	0	3	6	20	69%
Passaic North LO	43	0	0	2	41	95%
Salem LO	18	0	1	1	16	89%
Somerset LO	41	1	2	2	36	88%
Sussex LO	19	1	6	3	9	47%
Union Central LO	26	1	1	0	24	92%
Union East LO	51	0	0	6	45	88%
Union West LO	27	1	1	2	23	85%
Warren LO	25	7	2	4	12	48%

SafeMeasures Extract 8/26/2014

APPENDIX: B-3
LOCAL OFFICE PERFORMANCE ON SELECTED MEASURES

Measure #17
Caseworker Visits With Children in Placement

June 2014			
Local Office	Total # of Children in Placement (In State & Out-of-State)	# Contacts Completed in Placement	% Completed
Atlantic East LO	161	139	86%
Atlantic West LO	227	215	95%
Bergen Central LO	116	109	94%
Bergen South LO	223	206	92%
Burlington East LO	285	247	87%
Burlington West LO	167	147	88%
Camden Central LO	172	156	91%
Camden East LO	108	101	94%
Camden North LO	184	169	92%
Camden South LO	207	198	96%
Cape May LO	150	146	97%
Cumberland East LO	129	126	98%
Cumberland West LO	100	94	94%
Essex Central LO	215	205	95%
Essex North LO	75	69	92%
Essex South LO	126	119	94%
Gloucester East LO	97	91	94%
Gloucester West LO	265	253	95%
Hudson Central LO	122	116	95%
Hudson North LO	56	55	98%
Hudson South LO	236	226	96%
Hudson West LO	114	100	88%
Hunterdon LO	35	31	89%
Mercer North LO	195	178	91%
Mercer South LO	136	125	92%
Middlesex Central LO	53	45	85%
Middlesex Coastal LO	172	157	91%
Middlesex West LO	115	113	98%
Monmouth North LO	182	174	96%
Monmouth South LO	152	144	95%
Morris East LO	29	29	100%
Morris West LO	142	140	99%
Newark Center City LO	200	185	93%
Newark Northeast LO	314	278	89%
Newark South LO	210	187	89%
Ocean North LO	176	164	93%
Ocean South LO	279	267	96%
Passaic Central LO	98	88	90%
Passaic North LO	179	175	98%
Salem LO	94	93	99%
Somerset LO	130	125	96%
Sussex LO	78	77	99%
Union Central LO	81	79	98%
Union East LO	159	138	87%
Union West LO	90	80	89%
Warren LO	116	92	79%

SafeMeasures Extract: 10/28/2014

APPENDIX: B-4
LOCAL OFFICE PERFORMANCE ON SELECTED MEASURES

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

June 2014			
Local Office	Total Children	# Completed	% Completed
Atlantic East LO	139	109	78%
Atlantic West LO	61	45	74%
Bergen Central LO	64	55	86%
Bergen South LO	108	88	82%
Burlington East LO	162	125	77%
Burlington West LO	107	95	89%
Camden Central LO	92	66	72%
Camden East LO	70	60	86%
Camden North LO	101	92	91%
Camden South LO	113	80	71%
Cape May LO	43	34	79%
Cumberland East LO	41	17	42%
Cumberland West LO	100	82	82%
Essex Central LO	125	91	73%
Essex North LO	38	29	76%
Essex South LO	67	50	75%
Gloucester East LO	89	66	74%
Gloucester West LO	128	107	84%
Hudson Central LO	68	46	68%
Hudson North LO	37	33	89%
Hudson South LO	148	121	82%
Hudson West LO	74	58	78%
Hunterdon LO	30	26	87%
Mercer North LO	99	82	83%
Mercer South LO	100	83	83%
Middlesex Central LO	29	24	83%
Middlesex Coastal LO	83	67	81%
Middlesex West LO	69	50	73%
Monmouth North LO	130	92	71%
Monmouth South LO	77	59	77%
Morris East LO	12	11	92%
Morris West LO	51	44	86%
Newark Center City LO	110	77	70%
Newark Northeast LO	157	129	82%
Newark South LO	92	67	73%
Ocean North LO	90	66	73%
Ocean South LO	166	123	74%
Passaic Central LO	51	37	73%
Passaic North LO	86	66	77%
Salem LO	45	37	82%
Somerset LO	55	45	82%
Sussex LO	33	27	82%
Union Central LO	38	34	90%
Union East LO	89	71	80%
Union West LO	46	43	94%
Warren LO	60	39	65%

SafeMeasures Extract: 8/19/2014

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

Measure III.B.1.b

June 2014			
Local Office	Intake		
	Total Workers	Workers In Compliance	Percent in Compliance
Atlantic East	19	9	47%
Atlantic West	13	2	15%
Bergen Central	22	22	100%
Bergen South	30	29	97%
Burlington East	21	11	52%
Burlington West	22	20	91%
Camden Central	17	15	88%
Camden East	22	22	100%
Camden North	20	15	75%
Camden South	17	17	100%
Cape May	13	13	100%
Cumberland East	10	9	90%
Cumberland West	29	29	100%
Essex Central	20	20	100%
Essex North	15	15	100%
Essex South	15	15	100%
Gloucester East	17	14	82%
Gloucester West	21	20	95%
Hudson Central	18	16	89%
Hudson North	18	18	100%
Hudson South	22	21	95%
Hudson West	18	17	94%
Hunterdon	6	6	100%
Mercer North	19	18	95%
Mercer South	23	23	100%
Middlesex Central	15	14	93%
Middlesex Coastal	21	12	57%
Middlesex West	24	22	92%
Monmouth North	26	20	77%
Monmouth South	25	12	48%
Morris East	16	16	100%
Morris West	22	22	100%
Newark Center City	20	20	100%
Newark Northeast	19	17	89%
Newark South	22	20	91%
Ocean North	33	31	94%
Ocean South	31	30	97%
Passaic Central	25	9	36%
Passaic North	28	24	86%
Salem	15	14	93%
Somerset	28	27	96%
Sussex	16	16	100%
Union Central	19	18	95%
Union East	23	23	100%
Union West	18	18	100%
Warren	19	18	95%

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 – July 15, 2014

Data Extracts on July 7, 2014

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

Measure III.B.1.d

June 2014			
Local Office	Adoption		
	Total Workers	Workers In Compliance	Percent in Compliance
Atlantic East			
Atlantic West	10	3	30%
Bergen Central	4	4	100%
Bergen South	10	9	90%
Burlington East	7	4	57%
Burlington West	5	4	80%
Camden Central	4	1	25%
Camden East	3	3	100%
Camden North	4	4	100%
Camden South	5	4	80%
Cape May	7	5	71%
Cumberland East	6	4	67%
Cumberland West			
Essex Central	6	6	100%
Essex North	3	3	100%
Essex South	4	4	100%
Gloucester East			
Gloucester West	10	10	100%
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	3	3	100%
Middlesex Central	2	2	100%
Middlesex Coastal	5	3	60%
Middlesex West	3	3	100%
Monmouth North	4	4	100%
Monmouth South	5	5	100%
Morris East	1	1	100%
Morris West	6	6	100%
Newark Center City	9	9	100%
Newark Northeast	9	8	89%
Newark South	9	9	100%
Ocean North	6	4	67%
Ocean South	7	7	100%
Passaic Central	3	3	100%
Passaic North	7	5	71%
Salem	4	4	100%
Somerset	5	5	100%
Sussex	4	3	75%
Union Central	3	3	100%
Union East	3	3	100%
Union West	4	4	100%
Warren	4	4	100%

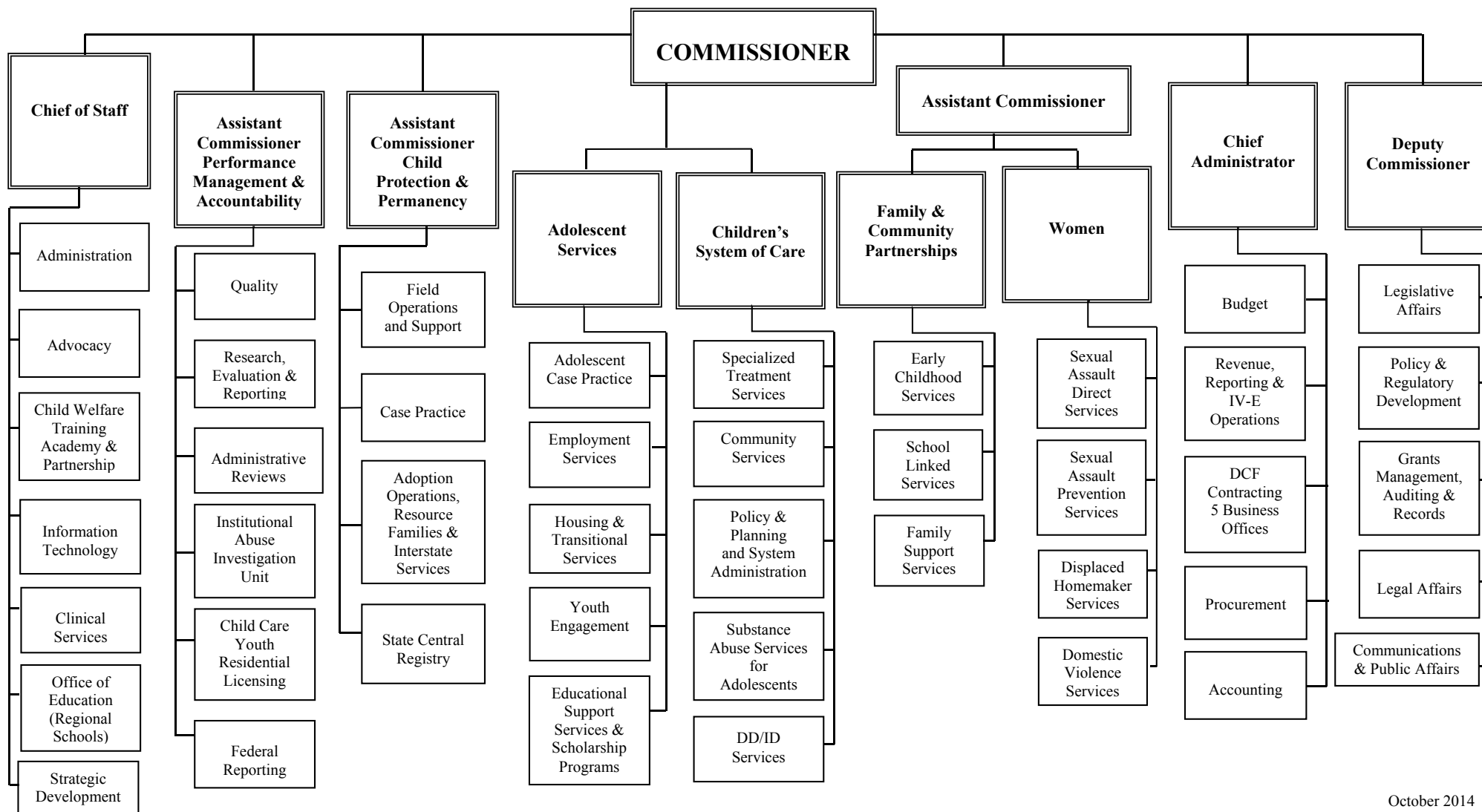
Adoption Standard - Percentage of workers that meet the 15 or fewer children standard (Standard = 95%)

Excludes On-Leave Workers.

Prepared by the Office of Research, Evaluation and Reporting – July 15, 2014

Data Extracts on July 7, 2014

APPENDIX: D-1
DCF Organizational Chart
Department of Children and Families



October 2014