

July 1 – December 31, 2010

Progress of the New Jersey Department of Children and Families

Period IX Monitoring Report for
Charlie and Nadine H. v. Christie

June 13, 2011

Center
for the
Study
of
Social
Policy

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

**Period IX Monitoring Report for
Charlie and Nadine H. v. Christie
July 1 – December 31, 2010**

TABLE OF CONTENTS

I.	INTRODUCTION	1
II.	SUMMARY OF PROGRESS AND CHALLENGES.....	4
III.	CHILD AND FAMILY OUTCOME AND CASE PRACTICE PERFORMANCE BENCHMARKS.....	12
IV.	DCF’S INVESTIGATIVE PRACTICE: THE STATE CENTRAL REGISTRY OPERATIONS AND THE INSTITUTIONAL ABUSE INVESTIGATIVE UNIT	57
	A. New Jersey’s State Central Registry (SCR).....	57
	B. Institutional Abuse Investigative Unit (IAIU): Investigations of Allegations of Child Maltreatment in Placements	62
V.	IMPLEMENTING THE CASE PRACTICE MODEL.....	67
	A. Activities Supporting the Implementation of the Case Practice Model.....	67
	B. Performance Benchmarks on Family Team Meetings and Case Planning	70
	C. Performance Benchmarks Related to Safety and Risk Assessments	75
	D. Performance Benchmarks Related to Visits	76
VI.	THE PLACEMENT OF CHILDREN IN OUT-OF-HOME CARE.....	83
	A. Recruitment and Licensure of Resource Family Homes	85
	B. Performance Benchmarks on Placement of Children in Out-of-Home Care	95
VII.	REPEAT MALTREATMENT AND RE-ENTRY INTO CARE.....	104
VIII.	TIMELY PERMANENCY THROUGH REUNIFICATION, ADOPTION OR LEGAL GUARDIANSHIP	108

IX.	HEALTH CARE FOR CHILDREN IN OUT-OF-HOME PLACEMENT	123
	A. Health Care Delivery System.....	123
	B. Health Care Performance Benchmarks	124
X.	MENTAL HEALTH CARE	138
	A. Building the Mental Health Delivery System	138
	B. Mental Health Performance Benchmarks	142
XI.	SERVICES TO PREVENT ENTRY INTO FOSTER CARE AND TO SUPPORT REUNIFICATION AND PERMANENCY	145
	A. Needs Assessment.....	145
	B. Services to Families Performance Benchmarks.....	146
XII.	SERVICES TO OLDER YOUTH	150
	A. Services for LGBTQI Population	151
	B. Performance Benchmarks Measuring Services to Older Youth	152
XIII.	SUPPORTING A HIGH QUALITY WORKFORCE: CASELOADS AND TRAINING	158
	A. Caseloads	158
	B. Training.....	166
XIV.	ACCOUNTABILITY THROUGH QUALITY REVIEW AND THE PRODUCTION AND USE OF ACCURATE DATA	171
XV.	BUDGET	174

APPENDICES

A: Glossary of Acronyms Used in the Monitoring Report

B: Organizational Chart

C: Caseload Data

 Table C-1: Intake

 Table C-2: Permanency

 Table C-3: Adoption

 Table C-4: DYFS Supervisory/Caseload Carrying Staff Ratios

 Table C-5: IAIU

 Table C-6: Workers in Compliance With Caseload Requirements by Office

LIST OF TABLES

Table

1.	<i>Charlie and Nadine H. v. Christie</i> Child and Family Outcome and Case Practice Performance Benchmarks (Summary of Performance as of December 31, 2010)	13
2.	IAIU Investigative Timeliness: Percent of Investigations Pending Less Than 60 Days As Recorded for the last date of each month, July – December 2010	65
3.	Five Month Enhanced Review (July – December 2010)	68
4.	Ten Month Enhanced Review (July – December 2010)	69
5.	Assignment to Adoption Worker within 5 Days of Goal Change to Adoption (July – December 2010)	70
6.	Case Plans Developed within 30 days of Child Entering Placement (July – December 2010)	74
7.	Case Plans Updated Every 6 Months (July – December 2010)	75
8.	Selected Demographics for Children in Out-of-Home Placement As of December 2010	84
9.	Resource Family Homes Licensed and Closed (January – December 2010)	88
10.	Newly Licensed Resource Family Homes Targets by County (January – December 2010)	91
11.	Total Number of Resource Family Homes Resolved (January – May 2010)	92
12.	Shelter Placements for Youth over the Age of 13 (January 2008 – December 2010)	103
13.	Adoption Finalization – By DYFS Local Office Between (January 1 – December 31, 2010)	115
14.	Progress Towards Achieving Permanent Connections for 100 Longest Waiting Teens As of December 31, 2010	117
15.	TPR Filing for Children with a Permanency Goal of Adoption (July – December 2010)	119
16.	Child-Specific Recruitment Plans Developed within 30 days of Goal Change for Children without Identified Adoption Resource (July – December 2010)	120
17.	Adoptions Finalized within 9 months of Child's Placement in an Adoptive Home (July – December 2010)	122
18.	EPSDT for Children Ages 12-24 months (July – December 2010)	130
19.	EPSDT Annual Medical Exams for Children Age 25 months and older (July – December 2010)	130
20.	Provision of Required Follow-up Medical Care	134
21.	Health Passport: Presence in the Record, Evidence of Sharing Records Reviewed	137

22.	Youth in DYFS Custody in Juvenile Detention Post-Disposition Awaiting DCBHS Placement (July – December 2010)	139
23.	Mental Health Screening and Assessments for Children Age 2 and older	144
24.	Families Served by Family Success Centers by Types of Service Provided (July – December 2010)	148
25.	DCF/DFYS Individual Caseload Standards	159
26.	Number of DCF/DYFS Investigations and Secondary Intake Assignments by Month (July – December 2010).....	163
27.	Staff Trained (January 1, 2006 – June 30, 2010)	166
28.	Staff Trained on Case Practice Model Modules (January 2008 – December 2010)	168

LIST OF FIGURES

Figure

1.	Number of Calls to SCR by Month (July – December 2010)	58
2.	IAIU Referral Source (July – December 2010).....	63
3.	Children in DYFS Out-of-Home Placement by Type of Placement As of December 2010	83
4.	Children in Out-of-Home Placement (December 2009 – December 2010)	85
5.	Number of Newly Licensed Resource Family Homes (January – December 2010)	86
6.	Newly Licensed Resource Family Homes (Kinship and Non-Kinship) (January – December 2010)	87
7.	Reasons for Resource Home Closures (July – December 2010).....	89
8.	Non-Emergency Room Pre-Placement Assessments (June 2008 – December 2010).....	126
9.	Children Receiving CMEs within 30 to 60 days of Placement (June 2008 – December 2010).....	128
10.	Children in Out-of-State Placement (December 31, 2009 – December 31, 2010)	138
11.	Children and Families Under DYFS Supervision (January 2004 – December 2010)	145
12.	Percent of DCF/DYFS Local Office Average Caseloads for Intake, Permanency and Adoption Meeting Applicable Caseload Standards (July – December 2010)	160
13.	Percent of DCF/DYFS Caseworkers with Individual Caseloads At or Below the Applicable Individual Caseload Standards (July - December 2010)	161
14.	NJ DCF/DYFS Supervisor to Caseload Staff Ratios (June 2008 – December 2010).....	165

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 to assess independently New Jersey's compliance with the goals, principles and outcomes of the Modified Settlement Agreement (MSA) aimed at improving the state's child welfare system.¹

This is the ninth Monitoring Report under the MSA and the third report that includes Phase II requirements of the Modified Settlement Agreement assessing performance benchmarks related to the provision of services to children and families and the results (outcomes) of the State's interventions in the lives of New Jersey's children and families.

This report provides information on the State's progress in meeting MSA requirements in the period between July 1 and December 31, 2010.

Methodology

The primary source of information for this Monitoring Report is information provided by DCF and verified by the Monitor. DCF provides the Monitor with extensive aggregate and back-up data as well as access to staff at all levels to enable the Monitor to verify performance. For this report, the Monitor was involved in the following activities:

- Caseload Verification

The Monitor surveyed 129 caseworkers to verify their individual caseloads during this monitoring period.

¹ To see the full Agreement, go to http://www.state.nj.us/dcf/home/Modified_Settlement_Agreement_7_17_06.pdf. For previous Monitoring Reports, see respectively, *Progress of the New Jersey Department of Children and Families: Period I Monitoring Report for Charlie and Nadine H. v. Christie—June 2006 through December 31, 2006*, Washington, DC: Center for the Study of Social Policy, February 26, 2007; *Progress of the New Jersey Department of Children and Families: Period II Monitoring Report for Charlie and Nadine H. v. Christie—January 1, 2007 through June 30, 2007*, Washington, DC: Center for the Study of Social Policy, October 26, 2007; *Progress of the New Jersey Department of Children and Families: Period III Monitoring Report for Charlie and Nadine H. v. Christie—July 1, 2007 through December 31, 2007*, Washington, DC: Center for the Study of Social Policy, April 16, 2008; *Progress of the New Jersey Department of Children and Families: Period IV Monitoring Report for Charlie and Nadine H. v. Christie—January 1, 2008 through June 30, 2008*, Washington, DC: Center for the Study of Social Policy, October 30, 2008; *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 DC: Center for the Study of Social Policy, April 27, 2009. *Progress of the New Jersey Department of Children and Families: Period VI Monitoring Report for Charlie and Nadine H. v. Christie—January 1 through June 30, 2009*, Washington, DC: Center for the Study of Social Policy, December 22, 2009. *Progress of the New Jersey Department of Children and Families: Period VII Monitoring Report for Charlie and Nadine H. v. Christie—July 1, 2009 through December 31, 2009*, Washington, DC: Center for the Study of Social Policy, June 1, 2010. *Progress of the New Jersey Department of Children and Families: Period VIII Monitoring Report for Charlie and Nadine H. v. Christie—January 1, 2010 through June 30, 2010*, Washington, DC: Center for the Study of Social Policy, December 16, 2010. Copies of all reports can be found at www.cssp.org.

- **Investigations Case Record Review**

In January 2011, the Monitor conducted a case record review on investigations opened between October 15th and October 31st of 2010. The review specifically assessed elements of the MSA pertaining to investigative practice including response times of investigations, and timeliness to completion of investigations. Several indicators pertaining to the quality of case practice were also assessed during the review such as interviewing children outside the presence of their caretaker, using appropriate tools to assess safety and risk, reviewing the family's history with DCF/DYFS, and seeking appropriate medical and mental health evaluations. The Monitor will issue a supplemental report in summer 2011, which will detail the findings and recommendations from this case record review.

- **Health Care Case Record Review observation**

In February 2011, the Monitor participated in DCF's internal Health Care case record review. The Monitor examined the instrument used during the review and followed reviewers as they analyzed cases. As part of the observation, the Monitor interviewed regional nurse administrators who served as reviewers.

- **Adolescent Case Record Review**

During the last monitoring period, the Monitor conducted a case record review on the status of youth aged 18-21 who had been in foster care at least 60 days and exited care between January 1 and June 30, 2010. The review assessed the educational achievement, employment status, and housing availability of these youth upon their exit. The review also examined any ongoing need for mental health, substance abuse, and other cross system supports.

While the data were collected last monitoring period, data analysis and the report were completed this period. Findings are included in this report (see Appendix for the full supplemental report).

- **Other Monitoring Activities**

The Monitor interviewed and/or visited many external stakeholders of New Jersey's child welfare system, including contracted service providers, youth, relatives and birth parents, advocacy organizations, judicial officers, and staff of the Office of the Child Advocate (before this office was disbanded). The Monitor also conducted limited case record reviews through NJ SPIRIT on selected performance measures such as the placement of youth in shelters.

Structure of the Report

All of the Child and Family Outcomes and Case Practice Performance Benchmarks and ongoing Phase I requirements and new Phase II requirements due this monitoring period are presented in Table 1, *Summary of Performance as of December 31, 2010*, at the end of this section. DCF is responsible for each requirement listed in Table 1.

The remaining sections of the report cover:

- New Jersey child protective services units which receive reports and investigate allegations of alleged child maltreatment;
- Implementation of DCF's Case Practice Model;
- Information regarding New Jersey's placement of children in out-of-home-settings, incidences of maltreatment of children in foster care, and abuse and neglect of children when they reunite with families;
- New Jersey's efforts at creating permanency for children either through reunification with family, legal guardianship, adoption or discharge to independent living situations;
- Improvements in the State's provision of health care and mental health services to children and families;
- Services provided to children, youth and families involved with DYFS and to prevent child welfare system involvement;
- Staff caseloads and training; and
- Accountability through Quality Review and the production and use of accurate data.

II. SUMMARY OF PROGRESS AND CHALLENGES

Summary of Accomplishments

The Department of Children and Families (DCF) continued to make progress in meeting many of the MSA requirements during this monitoring period. Data for the period ending December 31, 2010 show that DCF continues to increase access to health care for children in foster care, improve caseworker contact with children in foster care, and was successful in ending the use of shelters as placements for children under the age of 13. Between January 1 and December 31, 2010, 1,171 children had their adoptions finalized. DCF met or surpassed expectations in the following areas as set by the Child and Family Outcome and Case Practice Performance Benchmarks:

- Access to Health Care

Overall, DCF has continued to expand access to health care for children in New Jersey. Since the creation of the Child Health Units and the assignment of nurses to children in out-of-home care, DCF has achieved substantial and sustained results. For example, the data show that between July and December 2010, 100 percent of children entering out-of-home care received a pre-placement assessment and that 98 percent of these exams occurred in a setting appropriate for the situation (87 percent were held in a non-emergency room setting). The data also show continued improvement of ensuring children in foster care have access to dental care and to immunizations. As of December 2010, 86 percent of children age three or older who have been in out-of-home placement for at least six months received a semi-annual dental visit. Ninety-five percent of all children in out-of-home placement were current with their immunizations. From their internal case record review, DCF reports that 95 percent of children received follow-up care for needs identified during their Comprehensive Medical Exam (CME), exceeding the December 2011 benchmark. Further, 93 percent of children age 25 months or older in out-of-home placement are up-to-date with their annual EPSDT/well child exams and for children 12-24 months old, 92 percent are up-to-date with their more frequent well child exams.²

- Investigations

New Jersey continued to meet the July 1, 2009 final target for transmitting abuse and neglect referrals to the field. In December 2010, 99 percent of referrals from the State Central Registry (SCR) were received by the field within a timely manner.

- Children Placed in Family-like Settings

In December 2010, 86 percent of children were placed with families or in family-like settings, meeting the final target for this outcome. DCF has met this standard for the past four monitoring periods, demonstrating sustained practice change and fidelity to an important principle of the Case Practice Model.

² While technically not in compliance with the final benchmark, performance on EPSDT/well child exams represents sustained access to health care for this population and the Monitor considers this a significant accomplishment.

- **Achieving Permanency**

Of the children who entered foster care in calendar year 2009, the most recent year for which data are available, 45 percent discharged to permanency within 12 months of their removal from home.³ This performance meets the calendar year 2009 benchmark.

- **Adoptions Finalized**

In calendar year 2009, the most recent year for which data is available, 1,132 children became legally free for adoption.⁴ Of the 1,132 children, 825 (73%) were adopted within 12 months of becoming legally free, meeting the calendar year 2009 benchmark.

In addition, between July and December 2010, between 79 and 92 percent of adoptions were finalized within nine months of the child's placement in an adoptive home, meeting the July 1, 2009 final target that at least 80 percent of adoptions be finalized within nine months of placement.

These data demonstrate cooperation between DCF and New Jersey's family courts to achieve permanency for children and families.

- **Limiting Inappropriate Placements**

Between July and December 2010, no child under age 13 was placed in a shelter. No child under 13 was placed in a shelter for a full calendar year, meeting the final MSA target and demonstrating that DCF has ended the use of shelters for this population of young children. Ninety-five percent of children of age 13 or older placed in shelters were in compliance with MSA standards, also meeting the final target for this measure.

- **Maintaining Resource Homes within Capacity Limits**

Less than one percent of Resource Family homes had children placed over the capacity standards set by the MSA. DCF has maintained this positive performance for the past four monitoring periods.

- **DCF Met Sibling Placement Outcomes for Small and Large Sibling Groups**

In calendar year 2010, there were 771 sibling groups that came into custody at the same time or within 30 days of one another. Of these 771 sibling groups, 660 sibling groups had two or three children in them; 507 (77%) of these sibling groups were placed together. In addition, 111 sibling groups had four or more children in them; 38 (34%) of

³ Calendar year 2009 is the most recent year that data is available because a full 12 months has to pass in order to collect data for this measure.

⁴ Calendar year 2009 is the most recent year that data is available because a full 12 months has to pass in order to collect data for this measure. There were an additional 161 children who were not candidates for adoption because they no longer have a goal of adoption, the termination of parental rights was being appealed, their legal status changed due to an appeal or a data issue incorrectly reported them as being legally free.

these sibling groups were placed together. This meets the 2010 interim performance benchmark.

DCF continued to strengthen its infrastructure and move forward to implement important practice reforms in the field.

- **DCF reached or exceeded all of the expectations in the MSA pertaining to training its workforce.**

Eighty nine new caseworkers (100%) completed the Pre-Service training or participated in the Baccalaureate Child Welfare Education Program (BCWEP)⁵ program and passed competency exams. One hundred seven (100%) new DYFS caseworkers were trained in concurrent planning during this monitoring period. New Jersey continues to meet the MSA requirement to train all new supervisors within six months of their appointment. All staff has received Case Practice Model training and as sites become immersion sites (see below) workers receive additional training on the six modules of the Case Practice Model training.⁶

- **Sixty Percent (28 of 47) of DYFS local offices have now completed intensive “immersion” training on the Case Practice Model.**

At the conclusion of the previous monitoring period, 25 DYFS offices had completed immersion training. Three of the six offices that began the immersion process in the previous monitoring period completed it during this reporting period, making a total of 28 offices to have completed the process at the conclusion of the reporting period. The remaining three offices, are expected to complete training in March 2011. A total of eight offices began immersion training between July and December 2010 and are expected to complete it between June and August 2011.⁷ The remaining eight offices are expected to begin the immersion process between May and October 2011 and to have completed it by May 2012. Each region continues to have at least one DYFS local office undergoing the immersion process.

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

DCF recruited and licensed 836 new kin and non-kin Resource Family homes from July through December 2010. DCF exceeded its yearly recruitment target by 185 homes and currently has the capacity to serve more than twice the number of children than are currently in out-of-home placement. Forty-five percent of the 836 Resource Family homes licensed between July and December 2010 are kinship homes.

⁵ The Baccalaureate Child Welfare Education Program (BCWEP) is a consortium of seven New Jersey colleges (Rutgers University, Seton Hall University, Stockton College, Georgian Court University, Monmouth University, Kean University, and Ramapo College) that enables students to earn the Bachelor of Social Work (BSW) degree.

⁶ Between July and December 2010, DCF trained an additional 102 staff on Module 1 of the Case Practice Model- 128 staff on Module 2; 527 staff on Module 3; 464 staff on Module 4; 295 staff on Module 5 and 113 staff on Module 6.

⁷ Essex Adoption, Hudson Central, Union West, Camden South, Hunterdon, Warren, Essex Newark Northeast and Gloucester East.

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

As of December 1, 2010, 21 children were placed out-of-state in mental health treatment facilities, down from 44 as of December 2009. This is the lowest number since reporting began for the MSA. The Monitor requested and was provided information on efforts to ensure that children placed out-of-state maintain contact with their parent/previous caretaker/discharge resource. For the majority of youth, data provides evidence of frequent visits to the facility and/or visits home for each child with such family members. This positive trend is evidence of implementation of plans to provide more appropriate mental health treatment options for children within the state and nearer the children's homes.

Challenges Ahead

The trend toward positive, lasting change in child welfare practice continues in New Jersey, despite continued difficulty in meeting some of the performance benchmarks and outcomes. The MSA consciously structured the Phase II outcome requirements to be staged in over time in recognition of the fact that fully meeting outcome expectations can take several years. New Jersey has been in Phase II of the MSA for several monitoring periods and continues to confront challenges in meeting some of the outcome targets, particularly around some of the case practice standards. Slight improvement is noted in some areas, such as carrying out Family Team Meetings, although practice is far below expected levels. The State has to continue its efforts to diagnose and improve low performance in areas such as case planning, family team meetings and visitation, and to ensure that caseworkers and supervisors meet performance expectations for practice.

Summarized below are targets for this monitoring period set in the Child and Family Outcome and Case Practice Performance Benchmarks that were not met and/or need particular attention in order to meet the final targets.

- **Case Planning**

New Jersey's Case Practice Model requires that a case plan be developed within 30 days of a child entering placement and updated regularly thereafter. The June 2010 final target for this measure was that 95 percent of case plans be completed within 30 days. In December 2010, 56 percent of children entering care had case plans developed within 30 days. This performance is only slightly better than reported in the previous six months and continues to be a concern. The Case Practice Model depends upon quality case planning practices, and this low level of documented performance must improve.

Workers are also required to routinely review and adjust case plans to meet the needs of families. The June 2010 final target for this measure was that 95 percent of case plans were to be reviewed and modified as necessary or at least every six months. From July through December 2010, between 64 and 68 percent of case plans due each month were modified within the six month timeframe. The fact that this measure has not shown improvement—and has actually slightly declined—since the last Monitoring Report is a serious deficiency.

- **Family Team Meetings**

Family Team Meetings (FTMs) are a critical aspect of New Jersey's Case Practice Model. Through Family Team Meetings, workers engage families and partners in a coordinated effort to make change intended to result in safety, permanency and well-being for the family.

By June 30, 2010, DCF was required to hold FTMs prior to or within 30 days of a child entering foster care and at least once per quarter thereafter for 90 percent of families in all locations. In the third quarter of 2010, DCF held FTMs within 30 days of removal in the 25 sites which have completed immersion training in 28 percent of the cases requiring FTMs. An additional six percent were held after 30 days from the date of removal, and in 67 percent of cases FTMs were not conducted at all. In the fourth quarter of 2010, DCF reported that it held FTMs in the 28 immersion sites within 30 days of removal in 36 percent of cases requiring FTMs, up from 19 percent in the second quarter of 2010.⁸ An additional four percent were held after 30 days from the date of removal, and in 60 percent of cases FTMs were not conducted at all, as compared with 76 percent that were not conducted in the second quarter of 2010.

While an improvement from DCF's performance in the previous monitoring period, this performance is not acceptable. DCF still has a long way to go to reach the final targets on this measure. One reason for the improved performance may be DCF's use of the diagnostic process referred to as ChildStat, a process wherein organizations use quantitative and qualitative data from multiple contexts to understand and attempt to improve service delivery. DCF began holding ChildStat meetings in September 2010 to help determine where the challenges lie to improve FTM performance. DCF reports that in addition to improved performance during the monitoring period, performance on FTMs in immersion sites during January 2011 was at 61 percent.⁹ The Monitor will continue to follow DCF's progress in examining barriers to performance on this measure.

- **Visits**

According to DYFS policy, caseworkers are to visit with children in foster care twice per month during the first two months of a placement, and thereafter at least once per month in their placement. Data from December 2010 show that of the 432 children who were in an initial or subsequent placement for two full months, 216 (50%) had documented visits by their caseworkers twice per month. While DCF's performance improved by 7 percent over last monitoring period, it did not meet the December 31, 2009 interim performance benchmark for this measure. The Monitor continues to be very concerned by this low performance given the importance of visitation by caseworkers during the first few months of placement to assess children and families' needs and to ensure stability.

⁸ Data relating to fourth quarter FTM performance do not include FTMs where the family declined to participate.

⁹ These data do not include FTMs where the family declined to participate.

After the first two months of placement, caseworkers are required to visit children in placement once per month. In December 2010, 88 percent of children in out-of-home placement were visited by their caseworker in their placement at least once per month.¹⁰ This performance falls short of the June 2010 final target by ten percent.

Data on caseworker visits to parents or other legally responsible family members when the permanency goal is reunification is also troubling. DCF policy requires that caseworkers visit with parents or other legally responsible family members two times per month when the family goal is reunification. In December 2010, 39 percent of parents or other responsible family members were visited by caseworkers twice per month, falling short of the December 31, 2009 interim benchmark by 21 percent.

Also, in December 2010, 13 percent of children had four documented visits with their parents as required and an additional 22 percent of children had two or three visits with their parents during the month. This performance does not meet the December 31, 2009 interim benchmark. The Monitor remains extremely concerned about this level of performance; parent-child visitation is essential to successful reunification efforts and a core component of the Case Practice Model.

Other Areas Requiring Attention

There are four other substantive areas of challenge for the State: building capacity to grow and maintain the newly developed Quality Review (QR) process; completing safety and risk assessments prior to closing cases; meeting Intake caseload standards; and improving services to older youth aged 18-21.

- **Developing a Statewide Qualitative Review process.**

In 2010 New Jersey piloted a revised qualitative case review process termed the Qualitative Review (QR). A total of 95 cases were reviewed across nine counties to provide the state baseline data for the federal Child and Family Services Review (CFSR) Program Improvement Plan and guidance for developing an internal process to collect data for reporting performance on a meeting several qualitative measures of the Modified Settlement Agreement (MSA).¹¹ The Monitor intends to report data from 2011 QRs for these specific measures.¹²

DCF has produced a summary report of the findings from the 2010 pilot identifying areas of overall strength and areas needing improvement, some of which varied across counties. That summary, along with QR tools and documents were posted on DCF's website in early 2011.¹³

¹⁰ An additional 7% of children had at least one caseworker visit per month for a total of 95% of children with a least one caseworker visit per month regardless of location.

¹¹ DCF conducted the Qualitative Review in Bergen, Burlington, Camden, Essex, Gloucester, Hudson, Monmouth, Ocean and Passaic counties.

¹² By agreement of the parties, measures 7c, 9, 12, 13, 14, 15, 23, 43, 50 and 54 are to be assessed through a qualitative review.

¹³ The 2010 QR summary report and related documents may be found at <http://www.state.nj.us/dcf/continuous/>

Data from the 2010 pilot provided DCF and county offices specific examples of successes in achieving core goals for the status of children including: *safety* in their homes and other settings; *stability* in their living environment; physical *health*; *emotional well-being*; and *learning and development*. The QR results also reveal inconsistencies in implementing core Case Practice Model tenets such as *engagement* of children/youth, birth and foster parents in a working relationship and as part of a *team* to plan and implement case goals.

During 2011 DCF's newly established Office of Continuous Quality Improvement is tasked with several responsibilities regarding the QR including ensuring a robust review process across the state and the reliability and validity of collected data.

- **Completing Safety and Risk Assessments prior to case closure.**

The decision to close a case should reflect the achievement of satisfactory outcomes with regard to the child or youth's safety, permanence, and well-being. A timely assessment of both safety and risk prior to case closure is necessary to ensure these satisfactory outcomes. The MSA requires that by December 31, 2010, DCF was to have safety and risk of harm assessments completed prior to case closure in 98 percent of cases. DCF reports that 31% of cases had risk assessments or re-assessments completed within 30 days prior to case closure and 22% of cases had safety assessments completed within 30 days prior to case closure. The Monitor will continue to work with the State to determine and rectify the barriers to meeting this standard.

- **Meeting the caseload standard for Intake.**

DCF met most of the MSA caseload standards with the notable exception for Intake workers, where 87 percent of workers had caseloads that were at or below the standard. The failure to meet the requirement that 95 percent of Intake workers meet caseload standards was affected in monitoring period VIII by an unexpected spike in the number of reports requiring investigation between January and March 2010. It appeared the Intake situation had stabilized in the second half of 2010, but these new data point to a trend of non-compliance. If intake volume continues to remain high, DCF will need to identify additional staff for intake functions to maintain caseloads at required levels.

- **Improving service delivery to older youth, particularly 18-21 year olds who have not achieved permanency.**

DCF has made improvements in services to older youth over the past year, particularly in the area of required independent living assessments. DCF reports that of the 1,161 youth age 14-18 in out-of-home placement for at least six months, 87 percent had assessments completed, in contrast to one year ago when only two percent of youth had the required assessments. However, DCF has more work to do to fully meet the service needs of this population. The number of DYFS involved youth participating in the New Jersey Scholars program is declining significantly (from 556 in the 2007-2008 school year to 371 in the 2009-2010 to 279 in the 2010-2011 school year).

In an effort to assess DYFS's performance in meeting the needs of this population, the Monitor conducted a case record review of all youth ages 18-21 who exited from DYFS custody between January 1 and June 30, 2010. The Adolescent Case Record Review found many youth face significant struggles and require more focused attention from DCF and its partners. Specifically, the review found that:

- A significant portion of exiting youth do not have stable housing.
 - Of the 205 youth whose case records were reviewed, 148 (72%) had housing upon exiting placement. Reviewers found no evidence of a housing option for 57 youth when they exited DYFS placement and the long term stability of housing was questionable for many of these youth.
- Youth need help to stay in school and complete educational programs.
 - Ninety-two youth (45%) had a GED, high school degree or were enrolled in higher education at the time of exit from DYFS placement, while ninety-three youth (45%) were still enrolled in school at exit.
- There is under utilization of available scholarship programs for foster youth.
 - Twenty (10%) of the 205 youth whose cases were reviewed were participants in the NJ Scholars program. Reviewers found evidence that an additional 32 youth (16%) received information about the program.
- Youth are not well connected to the workforce.
 - Forty percent of youth were neither employed nor in school at the time of exit.
 - Sixty-eight percent of youth were unemployed at the time of exit from DYFS placement, and of those employed, 78 percent had part time jobs.
- Many youth exiting placement (72%) were connected to a caring adult upon exit from DYFS placement.

More detailed information about services for this population and the recommendations for DCF in serving this population are in the attached supplemental report.

III. CHILD AND FAMILY OUTCOME AND CASE PRACTICE PERFORMANCE BENCHMARKS

Throughout Phase I, the Monitor worked with Parties to create the Child and Family Outcome and Case Practice Performance Benchmarks (Performance Benchmarks), a set of 55 measures with baselines, interim performance benchmarks and final targets to assess the State's performance on implementing the Case Practice Model and meeting the requirements of the MSA (see Table 1 below). The Performance Benchmarks cover the areas of child safety; permanency; service planning; and child well-being. These benchmarks, in addition to ongoing infrastructure requirements pertaining to elements such as caseloads, training and resource family recruitment and retention, are the key provisions measured during Phase II of the MSA.

DCF continues to develop the capacity to accurately report on each of the Performance Benchmarks. Many of the measures are assessed using data from NJ SPIRIT and Safe Measures with validation by the Monitor. Some data are also provided through the Department's work with the Chapin Hall Center at the University of Chicago which assists with analysis for the purposes of reporting on some of the Performance Benchmarks.

**Table 1: *Charlie and Nadine H. v. Christie* Child and Family Outcome and Case Practice Performance Benchmarks
(Summary of Performance as of December 31, 2010)**

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance ¹⁴	December 2010 Performance	Requirement Fulfilled (Yes/No/Ongoing) ¹⁵
<i>State Central Registry, Investigative Practice and Institutional Abuse Investigations Unit (IAIU)</i>						
CPM V.1	1. <u>Responding to Calls to the SCR</u> a. Total number of calls b. Number of abandoned calls c. Time frame for answering calls d. Number of calls screened out e. Number of referrals for CWS	Ongoing Monitoring of Compliance	Ongoing Monitoring of Compliance	a. 15,785 calls b. 657 abandoned calls c. 28 seconds d. 4,271 calls screened out e. 1,090 CWS referrals ¹⁶	a. 14,072 calls b. 394 abandoned calls c. 20 seconds d. 4,109 calls screened out e. 866 CWS referrals	Ongoing Monitoring Of Compliance

¹⁴ In some cases where June 2010, performance data are not available, the most recent performance data are cited with applicable timeframes. In other cases, the Monitor provides a range of data over the monitoring period because these data are more illustrative of actual performance. More detailed information on DCF performance on specific measures is provided in subsequent chapters of the report.

¹⁵ “Yes” indicates that, in the Monitor’s judgment based on presently available information, DCF has substantially fulfilled its obligations regarding the requirement under the Modified Settlement Agreement for the July 1 to December 31, 2010 monitoring period, or is substantially on track to fulfill an obligation expected to have begun during this period and be completed in a subsequent monitoring period. The Monitor has also designated “Yes” for a requirement where DCF is within one percentage point of the benchmark or there is a small number (less than 3) of cases causing the failure to meet the benchmark. “Partially” is used when DCF has come very close but has not fully met a requirement. “No” indicates that, in the Monitor’s judgment, DCF has not fulfilled its obligation regarding the requirement. “Improved” indicates that while DCF has not fulfilled its obligation regarding the requirement, the performance shows significant improvement from the last monitoring period.

¹⁶ The number of CWS referrals reported for June 2010 is different from the number reported in the last Monitoring Report. This is due to a data analysis error on the part of the Monitor’s staff.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance ¹⁴	December 2010 Performance	Requirement Fulfilled (Yes/No/Ongoing) ¹⁵
CPM V.1	<p>2. <u>Quality of SCR Response</u>:</p> <p>a. Respond to callers promptly, with respectful, active listening skills</p> <p>b. Essential information gathered - identification of parents and other important family members</p> <p>c. Decision making process based on information gathered and guided by tools and supervision</p>	Ongoing Monitoring of Compliance	Ongoing Monitoring of Compliance	<p>See <u>The New Jersey State Central Registry: An Assessment</u>, CSSP, June 30, 2008.</p> <p>To be reassessed in the future.</p>	<p>See <u>The New Jersey State Central Registry: An Assessment</u>, CSSP, June 30, 2008.</p> <p>To be reassessed in the future.</p>	Ongoing Monitoring of Compliance
MSA III.B.2 CPM V.1	<p>3. <u>Timeliness of Response</u>: Investigations of alleged child abuse and neglect shall be received by the field in a timely manner and commenced within the required response time as identified at SCR, but no later than 24 hours.</p>	<p>a. By June 30, 2009, 90% of investigations shall be received by the field in a timely manner.</p> <p>b. By July 1, 2009, 98% of investigations commenced within the required response times.</p>	<p>a. For periods beginning July 1, 2009, and thereafter, 98% of investigations shall be received by the field in a timely manner.</p> <p>b. For periods beginning July 1, 2009, and thereafter, 98% of investigations shall be commenced within the required response time.</p>	<p>a. 98% of investigations were received by the field in a timely manner.</p> <p>b. 84% of investigations commenced within required response time.</p>	<p>a. 99% of investigations were received by the field in a timely manner.</p> <p>b. 88% of investigations commenced within required response time.</p>	<p>a. Yes</p> <p>b. No</p>

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance ¹⁴	December 2010 Performance	Requirement Fulfilled (Yes/No/Ongoing) ¹⁵
CPM V.1 MSA III.B.3	4. <u>Timeliness of Completion:</u> Investigations of alleged child abuse and neglect shall be completed within 60 days.	a. By June 30, 2009, 80% of all abuse/neglect investigations shall be completed within 60 days. b. By December 31, 2009, 95% of all abuse/neglect investigations shall be completed within 60 days.	By June 30, 2010, 98% of all abuse/ neglect investigations shall be completed within 60 days.	71% of investigations were completed within 60 days.	70% of investigations were completed within 60 days.	No

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance ¹⁴	December 2010 Performance	Requirement Fulfilled (Yes/No/Ongoing) ¹⁵
CPM V.1	<p>5. <u>Quality Investigative Practice</u>: Investigations will meet measures of quality including acceptable performance on:</p> <ul style="list-style-type: none"> a. Locating and seeing the child and talking with the child outside the presence of the caretaker within 24 hours of receipt by field; b. Conducting appropriate interviews with caretakers and collaterals; c. Using appropriate tools for assessment of safety and risk; d. Analyzing family strengths and needs; e. Seeking appropriate medical and mental health evaluations; f. Making appropriate decisions; and g. Reviewing the family's history with DCF/DYFS 	Not Applicable	By December 31, 2009, 90% of investigations shall meet quality standards.	To be assessed in the future.	To be assessed in the future. ¹⁷	Not assessed in this report.

¹⁷ The Monitor intended to report on aspects of this measure with data from the Qualitative Review. However, DCF determined that the Qualitative Review did not sufficiently provide data. The Monitor agrees and conducted a case record review examining the quality of investigations. A Supplemental Report will be released in the summer 2011.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance ¹⁴	December 2010 Performance	Requirement Fulfilled (Yes/No/Ongoing) ¹⁵
MSA II.I.3 MSA III.B.4 CPM V.I	<p>6. <u>IAIU Practice for Investigations in Placements:</u></p> <p>a. Investigations in resource homes and investigations involving group homes, or other congregate care settings shall be completed within 60 days.</p> <p>b. Monitor will review mechanisms that provide timely feedback to other division (e.g., DCBHS, OOL) and implementation of corrective action plans.</p> <p>c. Corrective action plans developed as a result of investigations of allegations re: placements will be implemented.</p>	By June 2007, the State shall complete 80% of IAIU investigations within 60 days.	By June 2007 and thereafter, 80% of investigations by IAIU shall be completed within 60 days.	89% of IAIU investigations involving resource homes group home and other congregate care settings were completed within 60 days.	85% of IAIU investigations involving resource homes and group home and other congregate care settings were completed within 60 days.	Yes

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance ¹⁴	December 2010 Performance	Requirement Fulfilled (Yes/No/Ongoing) ¹⁵
Implementation of Case Practice Model						
CPM V.3	<p>7. <u>Effective use of Family Teams</u>: Family teams (including critical members of the family [parents, youth, and informal supports], additional supports) will be formed and be involved in planning and decision-making and function throughout a case.</p> <p>Number of family team meetings at key decision points.</p> <p>a. For children newly entering placement, the number/percent who have a family team meeting within 30 days of entry.</p> <p>b. For all other children in placement, the number/percent who have at least one family team meeting each quarter.</p> <p>c. Quality of FTMs</p>	<p>a. By December, 31, 2009, family meetings held prior to or within 30 days of entry for 75% of new entries and 75% of pre-placements.</p> <p>b. By December 31, 2009, family meetings held for 75% of children at least once per quarter.</p> <p>c. By December 31, 2009, 75% of cases show evidence in QR of acceptable team formation and functioning.</p>	<p>a. By June 30, 2010, family meetings held prior to or within 30 days of entry for 90% of new entries and 90% of pre-placements.</p> <p>b. By June 30, 2010, family meetings held for 90% of children at least once per quarter.</p> <p>c. By June 30, 2011, 90% of cases show evidence in QR of acceptable team formation and functioning.</p>	<p>For Immersion Sites:</p> <p>a. In the second quarter of 2010, 19% of children newly entering placement had a family team meeting within 30 days of entry.</p> <p>b. In the second quarter of 2010, 7% of children in placement had at least one family team meeting each quarter.</p> <p>c. To be assessed in the future.¹⁸</p>	<p>For Immersion Sites:</p> <p>a. In the fourth quarter of 2010, 36% of children newly entering placement had a family team meeting within 30 days of entry.</p> <p>b. In the fourth quarter of 2010, 24% of children in placement had at least one family team meeting each quarter.</p> <p>c. To be assessed in the future.¹⁹</p>	<p>a. No</p> <p>b. No</p> <p>c. Not assessed in this report.</p>

¹⁸ Qualitative measures will be assessed through the Qualitative Review process which is currently in the pilot phase.

¹⁹ Beginning in January 2011 the Monitor will report on qualitative measures using data from the New Jersey Qualitative Review, which is to be fully implemented based on results of a 2010 pilot process.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance ¹⁴	December 2010 Performance	Requirement Fulfilled (Yes/No/Ongoing) ¹⁵
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. ²⁰	By December 31, 2009, 75% of cases will have a safety and risk of harm assessment completed prior to case closure.	By December 31, 2010, 98% of cases will have a safety and risk of harm assessment completed prior to case closure.	31% of cases had risk assessments or re-assessments completed within 30 days prior to case closure and 24% of cases had safety assessments completed within 30 days prior to case closure. ²¹	31% of cases had risk assessments or re-assessments completed within 30 days prior to case closure and 22% of cases had safety assessments completed within 30 days prior to case closure. ²²	No
CPM V.4	9. <u>Family Involvement</u> : Every reasonable effort will be made to develop case plans in partnership with youth and families, relatives, the families' informal support networks and other formal resources working with or needed by the youth and/or family.	By December 31, 2009 80% of cases shall be rated as acceptable on family involvement in case planning.	By December 31, 2011, 90% of case plans rated acceptable as measured by the QR.	To be assessed in the future. ²³	To be assessed in the future. ²⁴	Not assessed in this report.

²⁰ Safety assessments relate to whether the child is in imminent danger of harm; risk of harm assessments predict harm in the future based on current needs and capacities of the child and family.

²¹ The Monitor and DCF are working to ensure that both safety and risk assessments as required by the Case Practice Model are clearly defined in policy, communicated to the field as a practice expectation and accurately measured.

²² The Monitor and DCF are working to ensure that both safety and risk assessments as required by the Case Practice Model are clearly defined in policy, communicated to the field as a practice expectation and accurately measured.

²³ Qualitative measures will be assessed through the Qualitative Review process which is currently in the pilot phase.

²⁴ Beginning in January 2012 the Monitor will report on qualitative measures using data from the New Jersey Qualitative Review, which is to be fully implemented based on results of a 2010 pilot process.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance ¹⁴	December 2010 Performance	Requirement Fulfilled (Yes/No/Ongoing) ¹⁵
CPM V.4, 13.a.	10. <u>Timeliness of Initial Plans</u> : For children entering care, number/percent of case plans developed within 30 days.	a. By June 30, 2009, 50% of case plans for children and families will be complete within 30 days. b. By December 31, 2009, 80% of case plans for children and families will be complete within 30 days.	By June 30, 2010, 95% of case plans for children and families are completed within 30 days	50% of children entering care had case plans developed within 30 days.	56% of children entering care had case plans developed within 30 days.	No
CPM V.4, 13.b.	11. <u>Timeliness of Current Plans</u> : For children entering care, number/percent of case plans shall be reviewed and modified as necessary at least every 6 months.	By June 30, 2009, 80% of case plans for children and families will be reviewed and modified at least every 6 months.	By June 30, 2010, 95% of case plans for children and families will be reviewed and modified at least every 6 months.	69% of case plans were reviewed and modified as necessary at least every 6 months.	67% of case plans were reviewed and modified as necessary at least every 6 months.	No

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance ¹⁴	December 2010 Performance	Requirement Fulfilled (Yes/No/Ongoing) ¹⁵
CPM V.4	12. <u>Quality of Case Planning and Service Plans</u> : The Department, with the family, will develop timely, comprehensive and appropriate case plans with appropriate permanency goals and in compliance with permanency timeframes, which reflect family and children's needs, are updated as family circumstances or needs change and will demonstrate appropriate supervisory review of case plan progress.	By December 31, 2009, 80% of case plans rated acceptable as measured by the QR.	By December 31, 2011, 90% of case plans rated acceptable as measured by the QR.	To be assessed in the future. ²⁵	To be assessed in the future. ²⁶	Not assessed in this report.
CPM V.4	13. <u>Service Planning</u> : Case plans will identify specific services, supports and timetables for providing services needed by children and families to achieve identified goals.	By December 31, 2009 80% of case plans rated acceptable as measured by the QR.	By December 31, 2011, 90% of case plans rated acceptable as measured by the QR.	To be assessed in the future. ²⁷	To be assessed in the future. ²⁸	Not assessed in this report.

²⁵ Qualitative measures will be assessed through the Qualitative Review process which is currently in the pilot phase.

²⁶ Beginning in January 2012 the Monitor will report on qualitative measures using data from the New Jersey Qualitative Review, which is to be fully implemented based on results of a 2010 pilot process..

²⁷ Qualitative measures will be assessed through the Qualitative Review process which is currently in the pilot phase.

²⁸ Beginning in January 2012 the Monitor will report on qualitative measures using data from the New Jersey Qualitative Review, which is to be fully implemented based on results of a 2010 pilot process.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance ¹⁴	December 2010 Performance	Requirement Fulfilled (Yes/No/Ongoing) ¹⁵
CPM V.4	14. <u>Service Planning</u> : Service plans, developed with the family team, will focus on the services and milestones necessary for children and families to promote children's development and meet their educational and physical and mental health needs.	By December 31, 2009 80% of case plans rated acceptable as measured by the QR.	By December 31, 2011, 90% of case plans rated acceptable as measured by the QR.	To be assessed in the future. ²⁹	To be assessed in the future. ³⁰	Not assessed in this report.
CPM V.4	15. <u>Educational Needs</u> : Children's will be enrolled in school and DCF will have taken appropriate actions to insure that their educational needs will be met.	By December 31, 2009 80% of cases score appropriately as measured by QR.	By December 31, 2011, 90% of case plans rated acceptable as measured by the QR.	To be assessed in the future. ³¹	To be assessed in the future. ³²	Not assessed in this report.

²⁹ Qualitative measures will be assessed through the Qualitative Review process which is currently in the pilot phase.

³⁰ Beginning in January 2012 the Monitor will report on qualitative measures using data from the New Jersey Qualitative Review, which is to be fully implemented based on results of a 2010 pilot process.

³¹ Qualitative measures will be assessed through the Qualitative Review process which is currently in the pilot phase.

³² Beginning in January 2012 the Monitor will report on qualitative measures using data from the New Jersey Qualitative Review, which is to be fully implemented based on results of a 2010 pilot process.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance ¹⁴	December 2010 Performance	Requirement Fulfilled (Yes/No/Ongoing) ¹⁵
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 children in state custody.	By December 31, 2009, 75% of children will have two visits per month during the first two months of an initial placement or subsequent placement.	By December 31, 2010, during the first two months of an initial placement or subsequent placement, 95% of children had at least two visits per month.	43% 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.	50% 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.	No
MSA III.B 7.b	17. <u>Caseworker Visits with Children in State Custody</u> : Number/percent of children where caseworker has at least one caseworker visit per month in the child's placement.	By June 30, 2009, 85% of children had at least one visit per month.	By June 30, 2010, 98% of children shall have at least one caseworker visit per month during all other parts of a child's time in out-of-home care.	88% of children had at least one caseworker visit per month in his/her placement.	88% of children had at least one caseworker visit per month in his/her placement. ³³	No
CPM MSA III.B 8.a	18. <u>Caseworker Visits with Parents/Family Members</u> : The caseworker shall have at least two face-to-face visits per month with the parent(s) or other legally responsible family member of children in custody with a goal of reunification.	By December 31, 2009, 60% of families have at least twice per month face-to-face contact with their caseworker when the permanency goal is reunification.	By December 31, 2010, 95% of families have at least twice per month face-to-face contact with their caseworker when the permanency goal is reunification.	37% 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.	39% 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.	No

³³ An additional 7% of children had at least one caseworker visit per month for a total of 95% of children with a least one caseworker visit per month regardless of location.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance ¹⁴	December 2010 Performance	Requirement Fulfilled (Yes/No/Ongoing) ¹⁵
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.	December 31, 2009 Benchmark TBD after review of case record review data.	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.	42% of parents or other legally responsible family members had at least one face-to-face caseworker contact per month.	44% of parents or other legally responsible family members had at least one face-to-face caseworker contact per month.	Unable to Determine ³⁴
MSA III.B 9a. CPM	20. <u>Visitation between Children in Custody and Their Parents</u> : Number/percent of children who have weekly visits with their parents when the permanency goal is reunification unless clinically inappropriate and approved by the Family Court.	By December 31, 2009, 50% of children will have visits with their parents every other week and 40% of children will have weekly visits.	By December 31, 2010, at least 85% of children in custody shall have in person visits with their parent(s) or other legally responsible family member at least every other week and at least 60% of children in custody shall have such visits at least weekly.	14% of children had weekly visits with their parents. An additional 18% of children had two or three visits during the month.	13% of children had recorded weekly visits with their parents. An additional 22% of children had two or three visits during the month.	No

³⁴ The Monitor has recommended that this performance benchmark be deleted. Plaintiffs have not agreed. Until the issue is resolved, the Monitor will provide data on performance, but will not determine whether or not performance is sufficient.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance ¹⁴	December 2010 Performance	Requirement Fulfilled (Yes/No/Ongoing) ¹⁵
MSA III.B 10 CPM	21. <u>Visitation Between Children in Custody and Siblings Placed Apart</u> : Number/percent of children in custody, who have siblings with whom they are not residing shall visit with their siblings as appropriate.	By December 31, 2009, 60% of children will have at least monthly visits with their siblings.	By December 31, 2010, at least 85% of children in custody who have siblings with whom they are not residing shall visit with those siblings at least monthly.	Data Not Available ³⁵	41% of children in custody who have siblings with whom they are not residing visited with their siblings monthly.	No
CPM; MSA Permanency Outcomes	22. <u>Adequacy of DAsG Staffing</u> : Staffing levels at the DAsG office.	95% of allocated positions filled by June 30, 2009.	98% of allocated positions filled plus assessment of adequacy of FTE's to accomplish tasks by June 30, 2012.	131 (92%) of 142 staff positions filled with 7 staff on full-time leave; 124 (87%) available DAsG.	131 (92%) of 142 staff positions filled with two staff on full-time leave; 129 (91%) available DAsG.	No

³⁵ The Monitor and DCF are working together to refine the methodology for reporting on this measure from NJ SPIRIT and Safe Measures.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance ¹⁴	December 2010 Performance	Requirement Fulfilled (Yes/No/Ongoing) ¹⁵
<i>Placements of Children in Out-of-Home Care</i>						
CPM V.4	<p>23. <u>Combined assessment of appropriateness of placement based on:</u></p> <p>a. Placement within appropriate proximity of their parents' residence unless such placement is to otherwise help the child achieve the planning goal.</p> <p>b. Capacity of caregiver/ placement to meet child's needs.</p> <p>c. Placement selection has taken into account the location of the child's school.</p>	To be determined through pilot QR in immersion sites in the first quarter of 2010	By June 30, 2010, 90% of cases score appropriately as measured by QR Modules.	To be assessed in the future. ³⁶	<p>a. In CY2010, 77% of children who entered care were placed in the same county of the home from which they were removed and 69% of children were placed within 10 miles of the home from which they were removed.</p> <p>b. To be assessed in the future.³⁷</p> <p>c. To be assessed in the future.³⁸</p>	Not assessed in this report.
MSA III.A 3.c	<p>24. <u>Placing Children with Families:</u> The percentage of children currently in custody who are placed in a family setting.</p>	By July 2008, 83% of children will be placed in a family setting.	Beginning July 2009 and thereafter, at least 85% of children will be placed in a family setting.	86% of children were placed in a family setting.	86% of children were placed in a family setting.	Yes

³⁶ Qualitative measures will be assessed through the Qualitative Review process which is currently in the pilot phase.

³⁷ Beginning in January 2012 the Monitor will report on qualitative measures using data from the New Jersey Qualitative Review, which is to be fully implemented based on results of a 2010 pilot process.

³⁸ Beginning in January 2012 the Monitor will report on qualitative measures using data from the New Jersey Qualitative Review, which is to be fully implemented based on results of a 2010 pilot process.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance ¹⁴	December 2010 Performance	Requirement Fulfilled (Yes/No/Ongoing) ¹⁵
MSA III.A 3.b CPM	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.	a. For siblings entering custody in the period beginning July 2009, at least 65% will be placed together. b. For siblings entering custody in the period beginning July 2010, at least 70% will be placed together. c. For siblings entering custody in the period beginning July 2011, at least 75% will be placed together.	For siblings entering custody in the period beginning July 2012 and thereafter, at least 80% will be placed together.	CY2010 data not yet available.	In CY2010, 77% of sibling groups of two or three were placed together.	Yes
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.	a. For siblings entering custody in the period beginning July 2009, at least 30% will be placed together. b. For siblings entering in the period beginning July 2010, at least 35% will be placed together.	For siblings entering in the period beginning July 2011 and thereafter at least 40% will be placed together.	CY2010 data not yet available.	In CY2010, 34% of sibling groups of four or more were placed together.	Yes
MSA III.A 3.a	27. <u>Stability of Placement</u> : Of the number of children entering care in a period, the percentage with two or fewer placements during the 12 months beginning with the date of entry.	By December 31, 2008, at least 86% of children entering care will have two or fewer placements during the 12 months from their date of entry.	By June 2009 and thereafter, at least 88% of children entering care will have two or fewer placements during the 12 months from their date of entry.	CY2009 data not yet available.	In CY2009, 84% of children entering care had two or fewer placements during the 12 months from their date of entry.	No

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance ¹⁴	December 2010 Performance	Requirement Fulfilled (Yes/No/Ongoing) ¹⁵
MSA III.C	28. <u>Placement Limitations</u> : Number/percent of resource homes in which a child has been placed if that placement will result in the home having more than four foster children, or more than two foster children under age two, or more than six total children including the resource family's own children.	Not Applicable ³⁹	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

³⁹ For places where baseline data were not available prior to due date of final target, benchmarks have been removed.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance ¹⁴	December 2010 Performance	Requirement Fulfilled (Yes/No/Ongoing) ¹⁵
MSA III.B.6	<p>29. <u>Inappropriate Placements</u>:</p> <p>a. The number of children under age 13 placed in shelters.</p> <p>b. The number of children over age 13 placed in shelters in compliance with MSA standards on appropriate use of shelters to include: as 1) an alternative to detention; 2) a short-term placement of an adolescent in crisis not to extend beyond 45 days; or 3) a basic center for homeless youth.</p>	<p>a. By December 2008 and thereafter, no children under age 13 in shelters.</p> <p>b. By December 31 2008, 75% and by June 30, 2009, 80% of children placed in shelters in compliance with MSA standards on appropriate use of shelters.</p>	<p>a. By December 2008 and thereafter, no children under age 13 in shelters.</p> <p>b. By December 31, 2009, 90% of children placed in shelters in compliance with MSA standards on appropriate use of shelters to include: 1) an alternative to detention; 2) short-term placement of an adolescent in crisis not to extend beyond 30 days; or 3) a basic center for homeless youth.</p>	<p>a. Between January and June 2010, no child under age 13 was placed in a shelter.</p> <p>b. Between January and June 2010, 92% of children placed in shelters were in compliance with MSA standards.</p>	<p>a. Between July and December 2010, no child under age 13 was placed in a shelter.</p> <p>b. Between July and December 2010, 95% of children placed in shelters were in compliance with MSA standards.</p>	Yes

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance ¹⁴	December 2010 Performance	Requirement Fulfilled (Yes/No/Ongoing) ¹⁵
<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 2009, no more than 0.53% of children will be victims of substantiated abuse or neglect by a resource parent or facility staff member.	For the period beginning July 2010 and thereafter, no more than 0.49% of children will be victims of substantiated abuse or neglect by a resource parent or facility staff member.	CY2010 data not yet available.	In CY2010, 0.11% of children were victims of substantiated abuse or neglect by a resource parent or facility staff member.	Yes
MSA III.A 1.b	31. <u>Repeat Maltreatment</u> : Of all children who remain in home after substantiation of abuse or neglect, the percentage who have another substantiation within the next 12 months.	Not Applicable ⁴⁰	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.	CY2009 data not yet available.	For children who were the victims of a substantiated allegation of maltreatment in CY2009 and remained at home, 5.6% had another substantiation within the next 12 months. ⁴¹	Yes

⁴⁰ For places where baseline data were unavailable prior to due date of final target, benchmarks have been removed.

⁴¹ Chapin Hall has revised the methodology for capturing repeat maltreatment data. Instead of using the investigation start date to determine when a substantiation occurs, it now uses the CPS report date. This change in methodology changes previously reported performance data from past years.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance ¹⁴	December 2010 Performance	Requirement Fulfilled (Yes/No/Ongoing) ¹⁵
MSA III.A 1.c	32. <u>Repeat Maltreatment</u> : Of all children who are reunified during a period, the percentage who are victims of substantiated abuse or neglect within one year after the date of reunification.	Not Applicable ⁴²	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.	CY2009 data not yet available.	In CY2009, 7% of children who reunified were the victims of substantiated child maltreatment within one year after the reunification.	No
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.	a. For the period beginning July 2009, of all children who exit, no more than 14% will re-enter custody within one year of the date of exit. b. For the period beginning July 2010, of all children who exit, no more than 11.5% will re-enter custody within one year of the date of exit.	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.	CY2009 data is not yet available.	Of all children who exited in CY2009, 14% re-entered custody within one year of the date of exit.	Yes

⁴² For places where baseline data were unavailable prior to due date of final target, benchmarks have been removed.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance ¹⁴	December 2010 Performance	Requirement Fulfilled (Yes/No/Ongoing) ¹⁵
Permanency						
MSA III.A 2.a	34.a. <u>Permanency Outcome 1: Permanency in first 12 months.</u> ⁴³ Of all children who entered foster care for the first time in the target year and who remained in foster care for 8 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.	a. Of all children who entered foster care for the first time in CY2009, 43% will have been discharged to permanency (reunification, permanent relative care, adoption and/or guardianship) within 12 months from their removal from home. b. Of all children who entered foster care for the first time in CY2010, 45% will have been discharged to permanency (reunification, permanent relative care, adoption and/or guardianship) within 12 months from their removal from home.	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.	CY2009 data not yet available.	Of all children who entered foster care in 2009, 45% were discharged from foster care to permanency within 12 months from their removal from home.	Yes

⁴³ The data for this outcomes will be provided broken out into type of positive permanency (e.g. reunification, permanent relative care, adoption and/or guardianship), but the performance, benchmark and final target will be set on one measure of positive permanency.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance ¹⁴	December 2010 Performance	Requirement Fulfilled (Yes/No/Ongoing) ¹⁵
MSA III.A 2.a	34.b. <u>Permanency Outcome 2: Adoption:</u> Of all children who became legally free for adoption during the 12 months prior to the target year, what percentage was discharged from foster care to a finalized adoption in less than 12 months from the date of becoming legally free.	a. Of those children who become legally free in CY2009, 45% will be discharged to a final adoption in less than 12 months from the date of becoming legally free. b. Of those children who become legally free in CY2010, 55% will be discharged to a final 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.	CY2009 data not yet available.	73% of children who became legally free in CY2009 were discharged from foster care to a finalized adoption in less than 12 months from date of becoming legally free.	Yes
MSA III.A 2.a	34.c. <u>Permanency Outcome 3: Total time to Adoption:</u> Of all children who exited foster care to adoption in the target year, what percentage was discharged from foster care to adoption within 30 months from removal from home.	a. Of all children who exit to adoption in CY2009, 45% will be discharged from foster care to adoption within 30 months from removal from home. b. Of all children who exit to adoption in CY2010, 55% will be discharged from foster care to adoption within 30 months from removal from home.	Of all children who exit to adoption in CY2011, 60% will be discharged from foster care to adoption within 30 months from removal from home.	CY2010 data not yet available.	Of all children who exited to adoption in CY 2010, 45% were discharged from foster care to adoption within 30 months from removal from home.	No

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance ¹⁴	December 2010 Performance	Requirement Fulfilled (Yes/No/Ongoing) ¹⁵
MSA III.A 2.a	34.d. <u>Permanency Outcome 4: Permanency for children in care between 13 and 24 months:</u> ⁴⁴ Of all children who were in foster care on the first day of the target year and had been in care between 13 and 24 months, what percentage was discharged to permanency (through reunification, permanent relative care, adoption and guardianship) prior to their 21 st birthday or by the last day of the year.	a. Of all children who were in care on the first day of CY2009 and had been in care between 13 and 24 months, 43% will be discharged to permanency prior to their 21 st birthday or by the last day of year. b. Of all children who were in care on the first day of CY2010 and had been in care between 13 and 24 months, 45% will be discharged to permanency prior to their 21 st birthday or by the last day of year.	Of all children who were in care on the first day of CY2011 and had been in care between 13 and 24 months, 47% will be discharged to permanency prior to their 21 st birthday or by the last day of year.	CY2010 data not yet available.	Of all children who were in care on the first day of CY 2010 and had been in care between 13 and 24 months, 43% were discharged to permanency prior to their first 21 st birthday or by the last day of the year.	No

⁴⁴ The data for this outcomes will be provided broken out into type of positive permanency (e.g. reunification, permanent relative care, adoption and/or guardianship), but the performance, benchmark and final target will be set on one measure of positive permanency.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance ¹⁴	December 2010 Performance	Requirement Fulfilled (Yes/No/Ongoing) ¹⁵
MSA III.A 2.a	34.e. <u>Permanency Outcome 5: Permanency after 25 months:</u> ⁴⁵ Of all children who were in foster care for 25 months or longer on the first day of the target year, what percentage was discharged to permanency (through reunification, permanent relative care, adoption and guardianship) prior to their 21 st birthday and by the last day of the year.	a. Of all children who were in foster care for 25 months or longer on the first day of CY2009, 41% will be discharged to permanency prior to their 21 st birthday and by the last day of the year. b. Of all children who were in foster care for 25 months or longer on the first day of CY2010, 44% will be discharged to permanency prior to their 21 st birthday and by the last day of the year.	Of all children who were in foster care for 25 months or longer on the first day of CY2011, 47% will be discharged to permanency prior to their 21 st birthday and by the last day of the year.	CY2010 data not yet available.	Of all children who were in foster care for 25 months or longer on the first day of CY2010, 34% discharged prior to their 21 st birthday or by the last day of the year.	No
MSA III.B 12(i)	35. <u>Progress Toward Adoption:</u> Number/percent of children with a permanency goal of adoption who have a petition to terminate parental rights filed within six weeks of the date of the goal change.	Not applicable, final target set by the MSA.	Beginning January 1, 2010, of the children in custody whose permanency goal is adoption, at least 90% shall have a petition to terminate parental rights filed within six weeks of the date of the goal change.	Between January and June 2010, 42% to 58% of children with a permanency goal of adoption had a petition to terminate parental rights filed within six weeks of the date of the goal change. ⁴⁶	Between July and December 2010, 47% to 67% of children with a permanency goal of adoption had a petition to terminate parental rights filed within six weeks of the date of the goal change. ⁴⁷	No

⁴⁵ The data for this outcomes will be provided broken out into type of positive permanency (e.g. reunification, permanent relative care, adoption and/or guardianship), but the performance, benchmark and final target will be set on one measure of positive permanency.

⁴⁶ Because there is variation in monthly performance and the total number of applicable children is small, the Monitor is including the range of monthly performance.

⁴⁷ Because there is variation in monthly performance and the total number of applicable children is small, the Monitor is including the range of monthly performance.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance ¹⁴	December 2010 Performance	Requirement Fulfilled (Yes/No/Ongoing) ¹⁵
MSA III.B 12.a (ii) CPM	36. <u>Child Specific Adoption Recruitment</u> : Number/percent of children with a permanency goal of adoption needing recruitment who have a child-specific recruitment plan developed within 30 days of the date of the goal change.	Not applicable, final target set by the MSA.	Beginning January 1, 2010, of the children in custody whose permanency goal is adoption, at least 90% of those for whom an adoptive home has not been identified at the time of termination of parental rights shall have a child-specific recruitment plan developed within 30 days of the date of the goal change.	Between January and June 2010, 0 to 44% of children with a permanency goal of adoption needing recruitment had a child-specific recruitment plan developed within 30 days of the date of the goal change. ⁴⁸	Between July and December 2010, 11% to 88% of children with a permanency goal of adoption needing recruitment had a child-specific recruitment plan developed within 30 days of the date of the goal change. ⁴⁹	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.	Not applicable, final target set by the MSA.	Beginning July 1, 2009, of the children in custody whose permanency goal is adoption, at least 75% of the children for whom an adoptive home has not been identified at the time of termination shall be placed in an adoptive home within nine months of the termination of parental rights.	64% of 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.	50% of 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

⁴⁸ Because there is variation in monthly performance and the total number of applicable children is small, the Monitor is including the range of monthly performance.

⁴⁹ Because there is variation in monthly performance and the total number of applicable children is small, the Monitor is including the range of monthly performance. Between July and December 2011, 100 children required child specific recruitment plans, 32 (32%) of these plans were developed within 30 days of the date of the goal change.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance ¹⁴	December 2010 Performance	Requirement Fulfilled (Yes/No/Ongoing) ¹⁵
MSA III.B 12.b	38. <u>Final Adoptive Placements</u> : Number/percent of adoptions finalized within nine months of adoptive placement.	Beginning December 31, 2008, of adoptions finalized, at least 80% shall have been finalized within nine months of adoptive placement.	Beginning July 1, 2009, of adoptions finalized, at least 80% shall have been finalized within nine months of adoptive placement.	86% of adoptions were finalized within nine months of adoptive placement.	92% of adoptions were finalized within nine months of adoptive placement.	Yes
<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 non-emergency room setting.	By June 30, 2008, 95% of children will receive a pre-placement assessment in a non-emergency room setting.	By December 31, 2009, 98% of children will receive a pre-placement assessment in a non-emergency room setting.	99% of children entering DYFS custody received a pre-placement assessment (PPA). 89% of children received a PPA in a non-emergency room setting. An additional 9% of PPAs were appropriately received in an ER setting. ⁵⁰ Thus, in Monitor's assessment, 98% of PPAs occurred in a setting appropriate for the situation.	100% of children entering DYFS custody received a pre-placement assessment (PPA). 87% of children received a PPA in a non-emergency room setting. An additional 11% of PPAs were appropriately received in an ER setting. ⁵¹ Thus, in Monitor's assessment, 98% of PPAs occurred in a setting appropriate for the situation.	Yes ⁵²

⁵⁰ Emergency room pre-placement assessments are considered appropriate when a child needed emergency medical attention or the child was already in the emergency room when DYFS received the referral.

⁵¹ Emergency room pre-placement assessments are considered appropriate when a child needed emergency medical attention or the child was already in the emergency room when DYFS received the referral.

⁵² Technically, DCF has not fulfilled this measure, however, the Monitor believes that the measure should be modified to measure both PPAs in an non-ER setting and those PPA's conducted in an ER that are appropriate based on the presenting medical needs of the child or because the child was already in the ER when DYFS received the referral.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance ¹⁴	December 2010 Performance	Requirement Fulfilled (Yes/No/Ongoing) ¹⁵
MSA III.B 11	40. <u>Initial Medical Examinations</u> : Number/percent of children entering out-of-home care receiving full medical examinations within 60 days.	By June 30, 2008, 80% of children shall receive full medical examinations within 30 days of entering out-of-home care and at least 85% within in 60 days.	By January 1, 2009 and thereafter, at least 85% of children shall receive full medical examinations within 30 days of entering out-of-home care and at least 98% within 60 days.	From January through May 2010, 78% of children received a CME within the first 30 days of placement and 96% of children received a CME within the first 60 days of placement.	From July through December 2010, 80% of children received a CME within the first 30 days of placement and 97% of children received a CME within the first 60 days of placement.	Partial ⁵³
Negotiated Health Outcomes	41. <u>Required Medical Examinations</u> : Number/percent of children in care for one year or more who received medical examinations in compliance with EPSDT guidelines.	<p>a. By December 2008, 80% of children in care for one year or more will receive medical examinations in compliance with EPSDT guidelines.</p> <p>b. By June 2009, 90% of children in care for one year or more will receive medical examinations in compliance with EPSDT guidelines.</p> <p>c. By December 2009, 95% of children in care for one year or more will receive annual medical examinations in compliance with EPSDT guidelines.</p>	By June 2010, 98% of children in care for one year or more will receive medical examinations in compliance with EPSDT guidelines.	From January through June 2010, 92% of children ages 12-24 months were clinically up-to-date on their EPSDT visits and 94% of children older than two years were clinically up-to-date on their EPSDT visits.	From July through December 2010, 93% of children ages 12-24 months were clinically up-to-date on their EPSDT visits and 95% of children older than two years were clinically up-to-date on their EPSDT visits.	Partial ⁵⁴

⁵³ Because performance is within one percentage point of the 60 day target, the Monitor considers DCF to have fulfilled the 60 day standard, but not the 30 day standard.

⁵⁴ While technically not in compliance with the final benchmark, performance on EPSDT/well child exams represents sustained access to health care for this population and the Monitor considers this a significant accomplishment and therefore determines the requirement to be partially fulfilled.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance ¹⁴	December 2010 Performance	Requirement Fulfilled (Yes/No/Ongoing) ¹⁵
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 June 2009, 90% of children will receive annual dental examinations and 70% will receive semi-annual dental examinations. b. By December 2009, 95% of children will receive annual dental examinations and 75% will receive semi-annual dental examinations. c. By June 2010, 95% of children will receive annual dental examinations and 80% will receive semi-annual dental examinations. d. By December 2010, 98% of children will receive annual dental examinations and 85% will receive semi-annual dental examinations.	a. By December 2011, 98% of children will receive annual dental examinations. b. By June 2011, 90% of children will receive semi-annual dental examinations.	85% of children were current with semi-annual dental exams. ⁵⁵	86% of children were current with semi-annual dental exams. ⁵⁶	Yes

⁵⁵ This benchmark originally measured annual and semi-annual exams. Because the practice expectation in the field is that children age three or older receive semi-annual exams, DCF has been solely measuring whether children receive these exams semi-annually. The Monitor accepts this modification to original benchmark as it is a more stringent goal.

⁵⁶ This benchmark originally measured annual and semi-annual exams. Because the practice expectation in the field is that children age three or older receive semi-annual exams, DCF has been solely measuring whether children receive these exams semi-annually. The Monitor accepts this modification to original benchmark as it is a more stringent goal.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance ¹⁴	December 2010 Performance	Requirement Fulfilled (Yes/No/Ongoing) ¹⁵
MSA II.F.2	43. <u>Follow-up Care and Treatment</u> : Number/percent of children who received timely accessible and appropriate follow-up care and treatment to meet health care and mental health needs.	<ul style="list-style-type: none"> a. By June 2009, 70% of children will receive follow-up care and treatment to meet health care and mental health needs. b. By December 2009, 75% of children will receive follow-up care and treatment to meet health care and mental health needs. c. By June 2010, 80% of children will receive follow-up care and treatment to meet health care and mental health needs. d. By December 2010, 85% of children will receive follow-up care and treatment to meet health care and mental health needs. 	By June, 2011, 90% of children will receive follow-up care and treatment to meet health care and mental health needs.	DCF reports that 90% of children received follow-up care for needs identified in their CME. ⁵⁷	DCF reports that 94% of children received follow-up care for needs identified in their CME. ⁵⁸	Yes ⁵⁹

⁵⁷ DCF conducted a Health Care Case Record Review to report on the above indicators for Period VIII. DCF reviewed records of a random sample of children in DYFS out-of-home placement who were removed between November 1, 2009 and April 30, 2010 and were in care for a minimum of 60 days—1,266 children were age two and over at the time of removal and 636 children were under two for a total of 1,902 children. A sample of 335 children was selected. The results have ± 5 percent margin of error.

⁵⁸ DCF conducted a Health Care Case Record Review to report on the above indicators for Period IX. DCF reviewed records of a random sample of children in DYFS out-of-home placement who were removed between May 1, 2010-October 31, 2010 and were in care for a minimum of 60 days. 1,836 children comprise this cohort. A sample of 334 children was reviewed. The results have a ± 5 percent margin of error.

⁵⁹ The Monitor is working with DCF to determine how these qualitative measures will be assessed using DCF's existing Health Care Case Record Review protocol.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance ¹⁴	December 2010 Performance	Requirement Fulfilled (Yes/No/Ongoing) ¹⁵
	44. <u>Immunization</u> : Children in DCF custody are current with immunizations.	a. By December 31, 2009, 90% of children in custody will be current with immunizations. b. By December 31, 2010, 95% of children in custody will be current with immunizations.	By December 31, 2011, 98% of children in custody will be current with immunizations.	In the second quarter of 2010, DCF reports that 93% of all children in out-of-home placement were current with their immunizations.	In the fourth quarter of 2010, DCF reports that 95% of all children in out-of-home placement were current with their immunizations.	Yes
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, 2010, 75% of caregivers will receive a current Health Passport within five days of a child's placement.	By June 30, 2011, 95% of caregivers will receive a current Health Passport within five days of a child's placement.	From January through June 2010, 32% of caregivers received Health Passports within five days of a child's placement and 68% of caregivers received Health Passports within 30 days of a child's placement. ⁶⁰	From May through October 2010, 30% of caregivers received Health Passports within five days of a child's placement and 68% of caregivers received Health Passports within 30 days of a child's placement. ⁶¹	No

⁶⁰ DCF conducted a Health Care Case Record Review to report on the above indicators for Period VIII. DCF reviewed records of a random sample of children in DYFS out-of-home placement who were removed between November 1, 2009 and April 30, 2010 and were in care for a minimum of 60 days—1,266 children were age two and over at the time of removal and 636 children were under two for a total of 1,902 children. A sample of 335 children was selected. The results have ± 5 percent margin of error.

⁶¹ DCF conducted a Health Care Case Record Review to report on Health Passports for Period IX. This review was done by reviewing records of a random sample of children in DYFS out-of-home placement who were removed between May 1, 2010–October 31, 2010 and were in care for a minimum of 60 days. 1,836 children comprise this cohort. A sample of 334 children was reviewed. The results have a ± 5 percent margin of error.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance ¹⁴	December 2010 Performance	Requirement Fulfilled (Yes/No/Ongoing) ¹⁵
<i>Mental Health Care for Children in Out-of-Home Placement</i>						
MSA II.F.2	46. <u>Mental Health Assessments</u> : Number/percent of children with a suspected mental health need who receive mental health assessments.	<ul style="list-style-type: none"> a. By June 2008, 75% of children with a suspected mental health need will receive a mental health assessment. b. By December 2008, 80% of children with a suspected mental health need will receive a mental health assessment. c. By June 2009, 85% of children with a suspected mental health need will receive a mental health assessment. 	By December 31, 2011, 90% of children with a suspected mental health need will receive a mental health assessment.	From January through June 2010, 90% of eligible children received a mental health screen. Of those screened, 50% had a suspected mental health need. Of those with a suspected mental health need, 91% received a mental health assessment. ⁶²	From May through October 2010, 98% of eligible children received a mental health screen. Of those screened, 62% had a suspected mental health need. Of those with a suspected mental health need, 94% received a mental health assessment. ⁶³	Yes ⁶⁴

⁶² DCF conducted a Health Care Case Record Review to report on the above indicators for Period VIII. DCF reviewed records of a random sample of children in DYFS out-of-home placement who were removed between November 1, 2009 and April 30, 2010 and were in care for a minimum of 60 days—1,266 children were age two and over at the time of removal and 636 children were under two for a total of 1,902 children. A sample of 335 children was selected. The results have ± 5 percent margin of error.

⁶³ DCF conducted a Health Care Case Record Review to report on the above indicators for Period IX. DCF reviewed records of a random sample of children in DYFS out-of-home placement who were removed between May 1, 2010-October 31, 2010 and were in care for a minimum of 60 days. 1,836 children comprise this cohort. A sample of 334 children was reviewed. The results have a ± 5 percent margin of error.

⁶⁴ The Monitor is working with DCF to determine how these qualitative measures will be assessed using DCF's existing Health Care Case Record Review protocol.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance ¹⁴	December 2010 Performance	Requirement Fulfilled (Yes/No/Ongoing) ¹⁵
CPM	47. <u>Provision of in-home and community-based mental health services for children and their families:</u> DCBHS 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 DYFS and to prevent children and youth from entering DYFS custody.	Ongoing Monitoring of Compliance	Ongoing Monitoring of Compliance	DCF continues to support CMO, YCMs FSOs, mobile response, MST, FFT and community-based services to prevent children being removed from and reunify children with their parents.	DCF continues to support CMO, YCMs FSOs, mobile response, MST, FFT and community-based services to prevent children being removed from and reunify children with their parents.	Yes
<i>Services to Families</i>						
CPM	48. <u>Continued Support for Family Success Centers:</u> DCF shall continue to support statewide network of Family Success Centers	Ongoing Monitoring of Compliance	Ongoing Monitoring of Compliance	37 Family Success Centers statewide.	37 Family Success Centers statewide.	Ongoing Monitoring of Compliance

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance ¹⁴	December 2010 Performance	Requirement Fulfilled (Yes/No/Ongoing) ¹⁵
CPM	49. <u>Statewide Implementation of Differential Response. Pending Effectiveness of Pilot Sites:</u> Progress toward implementation of Differential Response statewide.	Ongoing Monitoring of Compliance	Ongoing Monitoring of Compliance	Six counties with Differential Response sites.	Six counties with Differential Response sites.	Ongoing Monitoring of Compliance ⁶⁵
CPM	50. <u>Services to Support Transitions:</u> The Department will provide services and supports to families to support or preserve successful transitions.	By December 31, 2010, 80% of cases score appropriately as measured by QR.	By December 31, 2011, 90% of cases score appropriately as measured by QR.	To be assessed in the future. ⁶⁶	To be assessed in the future. ⁶⁷	Not assessed in this report.

⁶⁵ DCF is currently undertaking an effort to gather information, evaluate and assess the Differential Response model as currently being implemented and will adjust the model as necessary to expand and improve the program implementation statewide.

⁶⁶ Qualitative measures will be assessed through the Qualitative Review process which is currently in the pilot phase.

⁶⁷ Beginning in January 2012 the Monitor will report on qualitative measures using data from the New Jersey Qualitative Review, which is to be fully implemented based on results of a 2010 pilot process.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance ¹⁴	December 2010 Performance	Requirement Fulfilled (Yes/No/Ongoing) ¹⁵
CPM	51. <u>Post-Adoption Supports</u> : The Department will make post-adoption services and subsidies available to preserve families who have adopted a child.	Ongoing Monitoring of Compliance	Ongoing Monitoring of Compliance	DCF administers an Adoption Subsidy Program which supports approximately 13,368 adopted children. DCF provides post-adoption supports through contracts totaling approximately \$2.5 million and administered through eight private agencies across the state.	DCF administers an Adoption Subsidy Program which supported 13,597 adopted children by the end of April 2011. DCF funds a statewide network of post-adoption services through contract arrangements with eight private agencies. Funding currently totals slightly over \$3million specifically to family counseling and family support services.	Ongoing Monitoring of Compliance
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 DYFS.	Ongoing Monitoring of Compliance	Ongoing Monitoring of Compliance	Domestic Violence liaisons now available in each DYFS local office.	Domestic Violence liaisons now available in each DYFS local office.	Yes

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance ¹⁴	December 2010 Performance	Requirement Fulfilled (Yes/No/Ongoing) ¹⁵
<i>Services to Older Youth</i>						
CPM	53. <u>Independent Living Assessments</u> : Number/percent of cases where DCF Independent Living Assessment is complete for youth 14-18.	a. By December 31, 2009, 75% of youth age 14-18 have an Independent Living Assessment. b. By December 31, 2010, 85% of youth age 14-18 have an Independent Living Assessment.	By December 31, 2011, 95% of youth age 14-18 have an Independent Living Assessment.	As of June 30, 2010, 83% of youth aged 14 to 18 in out-of-home placement for at least six months had an Independent Living Assessment.	As of January 2011, 87% of youth aged 14 to 18 in out-of-home placement for at least six months had an Independent Living Assessment.	Yes
CPM	54. <u>Services to Older Youth</u> : DCF shall provide services to youth between the ages 18 and 21 similar to services previously available to them unless the youth, having been informed of the implications, formally request that DCF close the case.	a. By December 31, 2009 75% of older youth (18-21) are receiving acceptable services as measured by the QR. b. By December 31, 2010 75% of older youth (18-21) are receiving acceptable services as measured by the QR.	By December 31, 2011, 90% of youth are receiving acceptable services as measured by the QR.	To be assessed in the future. ⁶⁸	To be assessed in the future. ⁶⁹	Data not available. ⁷⁰

⁶⁸ Qualitative measures will be assessed through the Qualitative Review process which is currently in the pilot phase.

⁶⁹ The Monitor will be working with DCF to determine an appropriate assessment of this measure. The Monitor's Adolescent Case Record Review, attached as a supplement to this report, provides some insight into the services received by this population.

⁷⁰ The Monitor will be working with DCF to determine an appropriate assessment of this measure. The Monitor's Adolescent Case Record Review, attached as a supplement to this report, provides some insight into the services received by this population.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance ¹⁴	December 2010 Performance	Requirement Fulfilled (Yes/No/Ongoing) ¹⁵
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.	a. By December 31, 2009 75% of youth exiting care without achieving permanency shall have housing and be employed or in training or an educational program. b. By December 31, 2010 75% of youth exiting care without achieving permanency shall have housing and be employed or in training or an educational program.	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.	For youth exiting DYFS placements between January 1 – June 30, 2010, the Monitor's Review found 72% of youth have housing; 60% of youth were employed or in some type of educational program. ⁷¹	Not available	Unable to determine

⁷¹This measure looks at the total percentage of youth employed and/or in some type of educational program. The total percentage of youth employed and/or in school is 60%. More specifically, of the total sample, 32% of youth were employed. Of the total sample, 45% of youth were in some type of educational program. Some youth were both employed and in school; 40% of the total sample were neither employed nor in school.

Ongoing Phase I and Phase II Requirements		
The following are additional MSA requirements that DCF must meet:	December 2010 Performance	Fulfilled (Yes/No) ⁷²
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.	Implementation "immersion sites" have been expanded across the state. As of December 2010, there are 36 DYFS local offices that are immersion sites, 28 of which 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.	89 (100%) new caseworkers (21 hired in the last monitoring period) were enrolled in Pre-Service training within two weeks of their start date. (8 BCWEP ⁷³ hires.)	Yes
II.B.1.c. No case carrying worker shall assume a full caseload until completing pre-service training and passing competency exams.	89 (100%) new workers who are now case-carrying workers have passed competency exams (8 BCWEP hires).	Yes

⁷² "Yes" indicates that, in the Monitor's judgment based on presently available information, DCF has substantially fulfilled its obligations regarding the requirement under the Modified Settlement Agreement for the July 1 to December 31, 2010 monitoring period, or is substantially on track to fulfill an obligation expected to have begun during this period and be completed in a subsequent monitoring period. The Monitor has also designated "Yes" for a requirement where DCF is within one percentage point of the benchmark or there is a small number (less than three) of cases causing the failure to meet the benchmark. "Partially" is used when DCF has come very close but has not fully met a requirement. "No" indicates that, in the Monitor's judgment, DCF has not fulfilled its obligation regarding the requirement.

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, Kean University and Ramapo College) that enables students to earn the Bachelor of Social Work (BSW) degree. As discussed on pg. 34 of Monitoring Report V, 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.

Ongoing Phase I and Phase II Requirements		
The following are additional MSA requirements that DCF must meet:	December 2010 Performance	Fulfilled (Yes/No) ⁷²
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.	2,987 out of 3,031 (96%) case carrying workers and supervisors completed 40 or more hours of training.	Yes
II.B.2.d. The State shall implement in-service training on concurrent planning for all existing staff.	Between July and December 2010, 107 out of 107 (100%) eligible DYFS caseworkers were trained on concurrent planning and passed competency exams.	Yes
II.B.3.a. All new staff responsible for conducting intake or investigations shall receive specific, quality training on intake and investigations process, policies and investigations techniques and pass competency exams before assuming responsibility for cases.	227 employees (100%) assigned to intake and investigations in this monitoring period successfully completed intake training and passed competency exams.	Yes

Ongoing Phase I and Phase II Requirements		
The following are additional MSA requirements that DCF must meet:	December 2010 Performance	Fulfilled (Yes/No) ⁷²
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 6 months of assuming their supervisory positions.	Between July and December 2010, 18 supervisors were trained and passed competency exams. Nine out of 10 of these supervisors were appointed in this monitoring period. Nine out of 11 supervisors appointed at the end of the previous monitoring period completed training in this monitoring period and passed competency exams. ⁷⁴ Supervisors passed competency exams within six months of assuming their supervisory positions.	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 plan.	A plan was developed by June 2007. Implementation of the plan continues.	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.	Policies have been promulgated and DCF continues its work to expand services to this population.	Yes

⁷⁴ Two of the 11 supervisors appointed in the previous monitoring period did not take competency exams; one was on leave and one due to illness. In addition, one supervisor appointed in this monitoring period was trained but was not able to take the competency exam due to attending a funeral when the exam was given.

Ongoing Phase I and Phase II Requirements		
The following are additional MSA requirements that DCF must meet:	December 2010 Performance	Fulfilled (Yes/No) ⁷²
II.D.1. The State shall implement an accurate real time bed tracking system to manage the number of beds available from the DCBHS and match those with children who need them.	The State has implemented and utilizes a real time bed tracking system to match children with DCBHS 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 to maintain contacts with family and return the child in-state as soon as appropriate.	For DYFS-involved youth, the DCBHS Director reviews case information for each request for an out-of-state placement, making specific recommendations in each case for tracking and follow-up by Team Leads based in DYFS area offices.	Yes
II.D.5. The State shall implement an automated system for identifying youth in its custody being held in juvenile detention facilities are placed within 30 days of disposition.	The State has continued to use an automated system with sufficient oversight and has successfully ensured that all youth in this category leave detention before the 30 day mark. No children remained in detention for more than 30 days.	Yes

Ongoing Phase I and Phase II Requirements		
The following are additional MSA requirements that DCF must meet:	December 2010 Performance	Fulfilled (Yes/No) ⁷²
II.G.9. The State shall provide adoption training to designated adoption workers for each local office.	Twenty adoption workers appointed in this monitoring period were trained between July 1 and December 31, 2010. Another 16 adoption workers appointed late in the monitoring period completed training on January 6, 2010.	Yes
II.G.15. The State shall issue reports based on the adoption process tracking system.	Adoption tracking data is 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.	Between July and December 2010, DCF resolved 70% of applications within 150 days.	No
II.H.9 The State shall create an accurate and quality tracking and target setting system for ensuring there is a real time list of current and available resource families.	The Office of Resource Families continues to partner with the NJ Training Academy to ensure greater utilization of the NJ SPIRIT automated system.	Yes
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 large capacity Resource Family homes and homes targeted for recruitment by County.	Yes

Ongoing Phase I and Phase II Requirements		
The following are additional MSA requirements that DCF must meet:	December 2010 Performance	Fulfilled (Yes/No) ⁷²
II.H.14 The State shall provide flexible funding at the same level or higher than provided in FY'07.	For FY2011, the flex fund budget is \$5,708,602.	Yes
II.H.17 The State shall review the Special Home Service Provider (SHSP) resource family board rates to ensure continued availability of these homes and make adjustments as necessary.	New rate assessment tool in use; new policies implemented.	Yes
II.J.2. The State shall initiate management reporting based on Safe Measures.	The State currently uses Safe Measures for management reporting.	Yes
II.J.6. The State shall annually produce DCF agency performance reports.	The State released an agency performance report for Fiscal Year 2010 and posted it on the DCF website.	Yes
II.J.9. The State shall issue regular, accurate reports from Safe Measures.	The State has the capacity and is regularly producing reports from Safe Measures.	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 a report for December 2010 that provides individual worker 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.	99% of DYFS local offices have sufficient front line supervisors to have ratios of five workers to one supervisor	Yes

Ongoing Phase I and Phase II Requirements		
The following are additional MSA requirements that DCF must meet:	December 2010 Performance	Fulfilled (Yes/No) ⁷²
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.	99% of permanency offices met standards. 96% of permanency workers met caseload requirements.	Yes
III.B.1.b 95% of offices with average caseloads meeting the standard and at least 95% of individual workers with caseloads meeting the standard: <i>intake workers</i> : no more than 12 open cases and no more than eight new case assignments per month.	95% of intake offices met standards. 87% of intake caseworkers met caseload requirements.	Partial
III.B.1.c 95% of offices with average caseloads meeting the standard and at least 95% of individual workers with caseloads meeting the standard: <i>IAIU investigators</i> : no more than 12 open cases and no more than eight new cases assignments per month.	100% of IAIU investigators had caseloads at or below the caseload requirement	Yes
III.B.1.d 95% of offices with average caseloads meeting the standard and at least 95% of individual workers with caseloads meeting the standard: <i>adoption workers</i> : no more than 12 children.	92% of adoption offices met standards. 92% of adoption caseworkers met caseloads requirements.	No
III.C.2 The State shall promulgate and implement policies designed to ensure that psychotropic medication is not used as a means of discipline or control and that the use of physical restraint is minimized.	On January 14, 2010, DCF issued a revised policy expanding on current policy and has been training staff statewide.	Yes

Ongoing Phase I and Phase II Requirements		
The following are additional MSA requirements that DCF must meet:	December 2010 Performance	Fulfilled (Yes/No) ⁷²
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 conducts pre-licensure training for DYFS resource families and contracts with Foster Family and Adoption 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.	DCF developed a set of performance measures and set baseline performance targets for each service across all DCF contracts.	Yes
III.C.6 In consultation with the Monitor, the State shall develop and implement a well-functioning quality improvement program consistent with the Principles of the MSA and adequate to carry out the reviews of case practice in Phase II.	DCF continues to pilot the Quality Review protocol and the process.	Partial

Ongoing Phase I and Phase II Requirements		
The following are additional MSA requirements that DCF must meet:	December 2010 Performance	Fulfilled (Yes/No) ⁷²
<p>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.</p>	<p>The first set of evaluations (Union, Gloucester, Camden, Middlesex, Essex, Somerset and Hudson Counties) was submitted in July 2010. Submissions identified some key areas of need, such as affordable housing, services for youth leaving foster care and transportation. The second set of five evaluations (Atlantic, Cumberland, Mercer, Monmouth and Ocean) is due July 2011.</p>	In Progress
<p>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.</p>	<p>Resource family board rates were reassessed in 2011 and continue to meet USDA standards.</p>	Yes

IV. DCF'S INVESTIGATIVE PRACTICE: THE STATE CENTRAL REGISTRY OPERATIONS AND THE INSTITUTIONAL ABUSE INVESTIGATIVE UNIT

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

A critical DYFS function is receiving and screening calls alleging child abuse and/or neglect and appropriately and timely responding to those calls which are screened in as needing a child welfare assessment or an investigation of child maltreatment. This function also includes receiving calls about and investigating allegations of abuse and/or neglect in institutional settings (e.g., resource homes, schools, shelters, detention facilities, etc.). New Jersey has a centralized "hotline" to receive and screen calls from the community that allege abuse and/or neglect in any setting. DYFS local offices employ investigative staff to follow-up on the calls as appropriate and a regionally organized Institutional Abuse Investigation Unit (IAIU) is responsible for investigations in institutional settings.

New Jersey's State Central Registry (SCR) is charged with receiving calls of both suspected child abuse and neglect as well as calls where reporters believe the well-being of families is at risk and an assessment, support, and/or information and referral is needed, even though there is no allegation of child abuse or neglect. To effectively execute this responsibility, 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.

State Central Registry

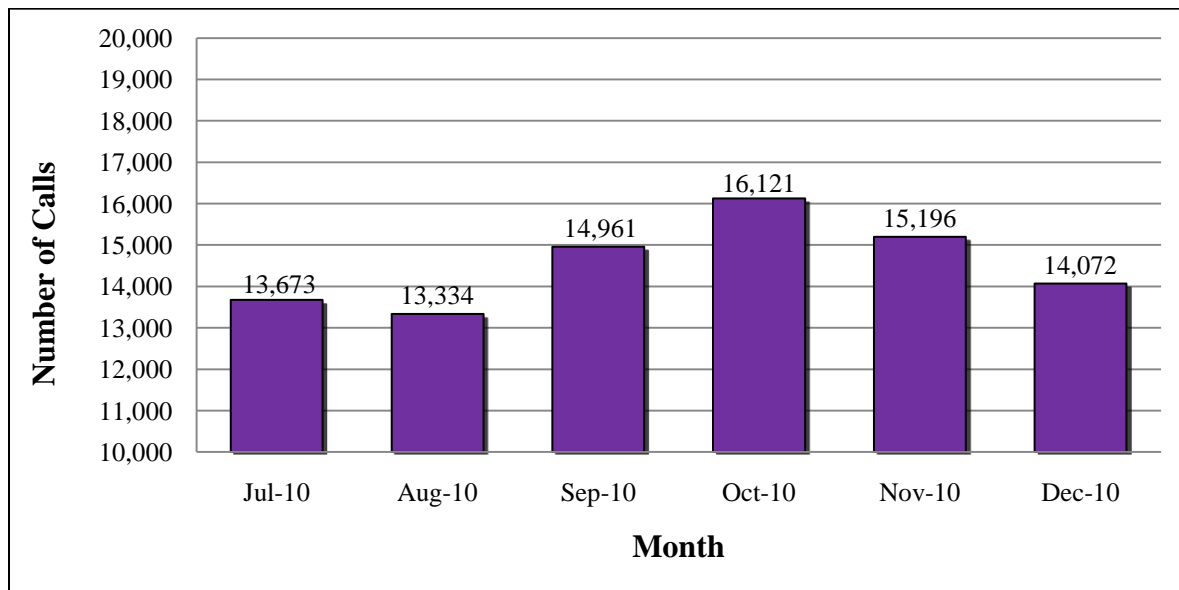
Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance	December 2010 Performance	Requirement Fulfilled as of December 31, 2010 (Yes/No/Ongoing)
1. <u>Responding to Calls to the SCR:</u> a. Total number of calls b. Number of abandoned calls c. Time frame for answering calls d. Number of calls screened out e. Number of referrals for CWS	Ongoing Monitoring of Compliance	Ongoing Monitoring of Compliance	a. 15,785 calls b. 657 abandoned calls c. 28 seconds d. 4,271 calls screened out e. 1,090 CWS referrals ⁷⁵	a. 14,072 calls b. 394 abandoned calls c. 20 seconds d. 4,109 calls screened out e. 866 CWS referrals	Ongoing Monitoring of Compliance

⁷⁵ The number of CWS referrals reported for June 2010 is different from the number reported in the last Monitoring Report. This is due to a data analysis error on the part of the Monitor's staff.

Performance as of December 31, 2010:

Between July and December 2010, the SCR received 87,357 calls. This is a decrease of 6,008 calls as compared to the last monitoring period (January-June 2010) and an increase of 2,639 calls as compared to the same six month period in 2009 (July-December). On average, the State reports callers waited about 21 seconds for an SCR screener to answer their calls. Of those 87,357 calls, 27,559 (32%) calls⁷⁶ related to the possible need for Child Protective Services (CPS) responses. Of those, screeners classified 26,602 reports for investigation of alleged child abuse or neglect. Another 6,273 (7%) calls related to the possible need for Child Welfare Services (CWS). In these circumstances, screeners classified 5,744 referrals for assessment of service need. Figure 1 shows a month-by-month breakdown of the call volume at SCR for July through December 2010.

**Figure 1: Number of Calls to SCR by Month
(July – December 2010)**



Source: DCF Avaya Data

⁷⁶ 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.

State Central Registry

Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance	December 2010 Performance	Requirement Fulfilled as of December 31, 2010 (Yes/No/Ongoing)
2. <u>Quality of SCR Response:</u> Quality of Response. 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	See <i>The New Jersey State Central Registry: An Assessment</i> , CSSP, June 30, 2008. To be reassessed in the future.	See <i>The New Jersey State Central Registry: An Assessment</i> , CSSP, June 30, 2008. To be reassessed in the future.	Ongoing Monitoring of Compliance

Performance as of December 31, 2010:

Leadership at SCR continues to implement previous improvements to the certification and training of SCR screeners and supervisors. During the monitoring period, SCR supervisors continued to certify and re-certify screeners. As previously described, the certification process involves random evaluations of calls to the SCR by the supervisor and the casework supervisor. All SCR screeners are re-certified annually. Also, on a weekly basis, supervisors are required to listen to three random calls for un-certified screeners and two random calls for certified screeners. This method of supervision extends to both full and part-time staff. Additionally, supervisors are listening to calls in real-time as needed to integrate day-to-day supervision.

As of May 2011, SCR has 105 full-time and 68 part-time positions, with no vacancies. SCR leadership reports that this is adequate staffing, though they are monitoring the call volume regularly to ensure the staffing ratio remains sufficient.

In July 2008, the Monitor completed an independent assessment of SCR.⁷⁷ In the report, the monitor recommended that DCF clarify policies and criteria for reports of alleged abuse or neglect involving resource parents and other institutional providers. In response to this

⁷⁷ *The New Jersey State Central Registry: An Assessment*, July 30, 2008. A complete copy of the report is available on CSSP's website, <http://www.cssp.org/publications/child-welfare/class-action-reform/11-18-class-action-reform-new-ones/charlie-and-nadine-h-v-corzine-the-new-jersey-state-central-registry-an-assessment-july-2008.pdf>.

recommendation, DCF established an SCR and IAIU workgroup that created a joint training for SCR and IAIU staff. Joint training continues and SCR/IAIU relations have been strengthened with the relocation of the IAIU central office to the same floor as SCR.

Work has continued to ensure that SCR screeners and supervisors are trained on the Case Practice Model. As of June 1, 2011, 92 SCR staff had received the first module of CPM training and 70 SCR staff had received the second module. This is especially impressive given that only two SCR screeners and one supervisor can be in training on any given day in order to maintain adequate support to answer the hotline calls. In addition to CPM training, SCR leadership has also continued training SCR staff on structured decision making and critical thinking, documentation, cultural competency and the DYFS domestic violence protocol. In addition, SCR has begun to implement efforts to educate the field on the unique role of hotline. These efforts have included visits to SCR by DCF executive leadership, the human resources office and staff from DYFS local offices.

Investigative Practice

Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance	December 2010 Performance	Requirement Fulfilled as of December 31, 2010 (Yes/No/Ongoing)
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. By June 30, 2009, 90% of investigations shall be received by the field in a timely manner. b. By July 1, 2009, 98% of investigations commenced within the required response times.	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. 98% of investigations were received by the field in a timely manner. b. 84% of investigations commenced within required response time.	a. 99% of investigations were received by the field in a timely manner. b. 88% of investigations commenced within required response time.	a. Yes b. No

Performance as of December 31, 2010:

DCF continued to meet the final target for transmitting referrals to the field. Performance continued to fall short of the final target for commencing investigations within the required response times. DCF uses NJ SPIRIT data analyzed by Safe Measures to report on this measure.

DYFS policy on timeliness requires receipt by the field of a report within one hour of call completion.⁷⁸ During the month of December 2010, DCF received 4,352 referrals of child abuse and neglect requiring investigation. Of the 4,352 referrals, 3,723 (86%) referrals were received by the field within one hour or less of call completion. An additional 565 (13%) referrals were received by the field between one and three hours after call completion; for a total of 99 percent of referrals being received by the field within three hours of call completion. The remaining 64 referrals were received by the field within 30 hours.

The number of referrals received per month ranged from 3,957 in August 2010 to 4,932 in October 2010. Between 96 percent and 99 percent of referrals were received by the field within three hours of call completion during the entire monitoring period.

DYFS policy considers an investigation “commenced” when at least one of the alleged victim children has been seen by an investigator. During the month of December 2010, there were 4,143 CPS intakes received applicable to this measure.⁷⁹ Of the 4,143 intakes received, 1,164 intakes were coded for an immediate response and 2,979 intakes were coded for a response within 24 hours. Of the 4,143 intakes received, 3,638 (88%) intakes were commenced within their required response time. Between July and December 2010, the percentage of monthly intakes commenced within their required response time ranged from 87-92 percent. While DCF continues to make progress in responding to intakes within required timeframes, the final target for this measure was not met.

⁷⁸ The Monitor currently assesses performance on receipt by the field in a timely manner with a three hour standard. DCF considered modifying policy to be in line with this more lenient standard, but decided as a management strategy to keep the one hour standard.

⁷⁹ Intakes are differentiated from referrals because SCR can receive several referrals related to one incident or in other instances, one referral can result in several intakes.

Investigative Practice

Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance	December 2010 Performance	Requirement Fulfilled as of December 31, 2010 (Yes/No/Ongoing)
4. <u>Timeliness of Completion:</u> Investigations of alleged child abuse and neglect shall be completed within 60 days.	a. By June 30, 2009, 80% of all abuse/neglect investigations shall be completed within 60 days. b. By December 31, 2009, 95% of all abuse/neglect investigations shall be completed within 60 days.	By June 30, 2010, 98% of all abuse/neglect investigations shall be completed within 60 days.	71% of investigations were completed within 60 days.	70% of investigations were completed within 60 days.	No

Performance as of December 31, 2010:

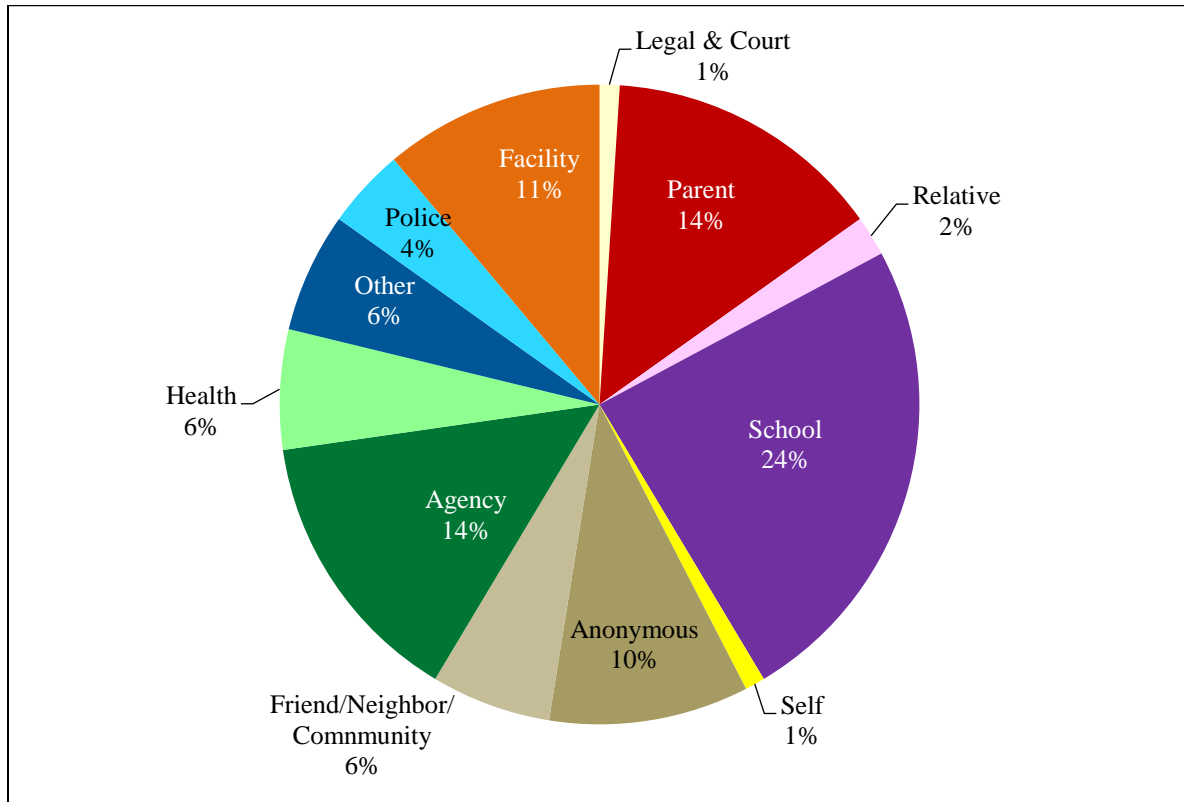
DCF policy and the Performance Benchmarks require that all investigations of alleged child abuse and neglect be completed within 60 days. DCF uses NJ SPIRIT data analyzed by Safe Measures to report on this measure. There were 4,200 intakes received in December 2010 applicable to this measure. Of the 4,200 intakes, investigations were completed within 60 days on 2,934 (70%) intakes. An additional 935 (22%) investigations were completed between 61 and 90 days after receipt. The longest time to completion of an investigation for intakes received in December 2010 was 106 days, with 73 (2%) investigations taking more than 90 days to complete and 258 (6%) investigations not complete as of March 22, 2011. Between July and December 2010, performance on investigation completion ranged between 66 percent and 73 percent. Performance on this measure has remained steady throughout 2010, but did not meet the final target.

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

The Institutional Abuse Investigations Unit (IAIU) is responsible for investigating allegations of child abuse and neglect in settings including correctional facilities, detention facilities, treatment facilities, schools (public or private), residential schools, shelters, hospitals, camps or child care centers that are required to be licensed, Resource Family homes and registered family day care homes.⁸⁰ In 2010, IAIU received approximately 3,549 referrals. This is an increase of 251 referrals over 2009. Figure 2 illustrates the proportion of IAIU referrals from different sources. The referral distribution remained nearly identical to 2009 proportions with fluctuations of no more than two percent in all categories.

⁸⁰ DYFS (7-1-1992). IAIU Support Operations Manual, III E Institutional Abuse and Neglect, 302.

**Figure 2: IAIU Referral Source
(July – December 2010)
Total Referrals = 3,549**



Source: DCF NJ SPIRIT Data

1. Performance Benchmarks for IAIU

IAIU Practice for Investigations in Placements

Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance	December 2010 Performance	Requirement Fulfilled as of December 31, 2010 (Yes/No/Ongoing)
<p>6. <u>IAIU Practice for Investigations in Placements:</u></p> <p>a. Investigations in resource homes and investigations involving group homes, or other congregate care settings shall be completed within 60 days.</p> <p>b. Monitor will review mechanisms that provide timely feedback to other division (e.g., DCBHS, OOL) and implementation of corrective action plans.</p> <p>c. Corrective action plans developed as a result of investigations of allegations re: placements will be implemented.</p>	By June 2007, the State shall complete 80% of IAIU investigations within 60 days.	By June 2007 and thereafter, 80% of investigations by IAIU shall be completed within 60 days.	89% of IAIU investigations involving group home and other congregate care settings were completed within 60 days.	85% of IAIU investigations involving group home and other congregate care settings were completed within 60 days.	Yes

Performance as of December 31, 2010:

DCF manages and tracks IAIU performance daily, calculating the proportion of investigations open 60 days or more statewide and within regional offices. The month-end statistics supplied by DCF and displayed in Table 2 indicate that between July and December 2010, 80-88 percent of all IAIU investigations were open less than 60 days.

The MSA does not make any distinctions about the type of investigations IAIU conducts based on the allegation or location of the alleged abuse. The 60 day completion standard applies to all IAIU investigations. However, under the MSA, the Monitor's fundamental concern is the safety and well-being of the children who are in DCF custody (and part of the class of children to whom the MSA applies). Therefore, in reviewing IAIU performance, the Monitor requests data

separately on investigations of maltreatment in foster care settings (Resource Family homes and congregate care facilities) from other settings (schools, day care, buses, etc). Table 2 below displays IAIU's reported overall performance for the dates cited, as well as the timeliness of investigations in Resource Family homes and congregate care facilities. The Monitor considers DCF to have met this measure.

**Table 2: IAIU Investigative Timeliness:
Percent of Investigations Pending Less Than 60 days
As Recorded for the last date of each month, July – December 2010**

Date	All Open Investigations pending less than 60 days	Open Investigations in Resource Family homes and congregate care pending less than 60 days
July 31, 2010	87%	86%
August 31, 2010	80%	83%
September 30, 2010	85%	83%
October 31, 2010	88%	95%
November 30, 2010	86%	89%
December 31, 2010	83%	85%

Source: DCF, IAIU, Daily Workflow Statistics

2. Corrective Action Monitoring

If the evidence does not support substantiating maltreatment, IAIU investigators must legally conclude that a reported allegation is “unfounded” and enter that as the investigative finding. However, during the course of the investigation, investigators may identify policy, licensing, training or other issues that require attention. These circumstances often prompt the investigators to conclude that, even though the allegation of abuse or neglect was “unfounded,” there remain concerns that should be addressed. Investigators refer to this as a finding “with concerns.” The concerns generally require some type of corrective action by the facility, home, corporation, etc. Once the corrective action is complete, it is considered “accepted” in the corrective action database.

Every IAIU investigation results in a “finding letter” sent to a facility or resource home. These letters cite the investigative conclusion and when applicable, concerns that are separate from the investigative finding. The Office of Licensing (OOL) is copied on every “finding letter.”

IAIU's Continuous Quality Improvement (CQI) staff is responsible for monitoring the development and completion of corrective actions required by concerns raised in IAIU investigations (MSA Section II.I.2). Between July 1 and December 31, 2010, IAIU issued 158 corrective action requests involving Resource Family homes, group homes, and residential facilities where foster children were placed. According to the information reported from the IAIU corrective action database, 146 (92%) corrective actions had been successfully completed (accepted) and 12 (8%) corrective action requests were outstanding or pending resolution as of

December 31, 2010. This is a marked improvement from monitoring period VIII, where 56 percent of corrective actions had been completed. Of the 12 outstanding, 7 (58%) corrective actions were requested prior to December 1, 2010. As of December 31, 2010, those 7 requests had been outstanding 31-154 calendar days since the date of the findings letter.

3. Aligning Data across Congregate Care Programs

IAIU schedules a monthly meeting of its systems partners called the Congregate Care Risk Management Team (CCRMT). CCRMT is comprised of team members representing the Division of Child Behavioral Health Services (DCBHS) – Specialized Residential Treatment Unit and Contract Unit, the Division of Youth and Family Services (DYFS), the Institutional Abuse Investigation Unit (IAIU), the Office of Licensing (OOL), and the Office of Continuous Quality Improvement (CQI) during this period, the CCRMT met on a routine basis to gather and assess information regarding congregate care facilities (including group homes, psychiatric community residences, residential treatment centers, shelter facilities, treatment homes) licensed and/or contracted with the Department. CCRMT worked with programs to help improve the services they provide. The CCRMT program review process is a formalized opportunity for DCF entities working with congregate care facilities to communicate on the observed trends in these settings and to discuss system-wide and program-specific improvements or difficulties pertaining to placement, clinical treatment, and operational issues. The CCRMT's most recent program reviews took place in July, September, and October of 2010.

The CCRMT was reassigned to the newly-created Office of Continuous Quality Improvement (CQI) late in 2010 and has made a shift to focusing more specifically on data. The group was convened in December 2010 to cover several topics including the direction of future work of the team, enhancements to the unusual incident reporting (UIR) process,⁸¹ and improving the efficiency of data collection, data sharing, and data analysis for congregate care programs that currently exist within DCF entities. Data are currently available in multiple systems and divisions. The CCRMT is focusing on how such systems and data can be brought together for analysis and to identify trends to guide DCF intervention with congregate care programs. Work is also focused on ways to reduce the amount of separate reporting providers need to provide to DCF entities.

⁸¹ The UIR process is an electronic way of collecting, reporting, and analyzing information about unusual incidents that occur in Department of Children and Families (DCF) facilities and contracted programs. Unusual incidents involve a service recipient and are occurrences which may potentially have an adverse impact on the health, safety and welfare of that service recipient or others.

V. IMPLEMENTING THE CASE PRACTICE MODEL

DCF continues to roll out its intensive on-site training on the Case Practice Model (CPM). During this monitoring period additional staff were trained and are expected to practice according to the CPM, which is designed to guide and support staff towards a strength-based and family-centered practice while ensuring safety, permanency and well-being for children. The focus of this new practice continues to be engaging with children, youth and families by working in teams with families and crafting individualized, meaningful case plans. The Performance Benchmarks discussed below measure progress on some of these activities. Other Performance Benchmarks on case practice are being measured as part of New Jersey's Qualitative Review process (see discussion on page 171).⁸²

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

Immersion Sites

Previous Monitoring Reports describe in detail the process New Jersey has undertaken to implement the CPM through intensive training, coaching and mentoring in "immersion sites" across the state. This immersion process was carefully designed and transparently flexible to address needs as they arise. For example, as will be discussed in more detail, DCF determined that staff required more assistance in order to carry out Family Team Meetings (FTMs) as required by the CPM. To respond to that need, DCF is developing more facilitators and coaches in immersion sites during the initial stages of the immersion process. The State's goal is that by May 2012, each of the 47 DYFS local offices will have been trained intensively on the CPM. By then, all staff will be expected to incorporate the values and principles of the CPM in every aspect of their cases, from investigation to case closure.

At the conclusion of the previous monitoring period, 25 DYFS offices had completed immersion training, five offices in March 2010,⁸³ and four offices in June 2010.⁸⁴ Three⁸⁵ of the six offices that began the immersion process in the previous monitoring period completed it during this reporting period, making a total of 28 offices to have completed the process at the conclusion of the reporting period. The remaining three offices are expected to complete training in March 2011. A total of eight offices began immersion training between July and December 2010⁸⁶ and are expected to complete it between June and August 2011. The remaining eight offices are expected to begin the immersion process between May and October 2011 and to have completed it by May 2012. Each region continues to have at least one DYFS local office undergoing the immersion process.

⁸² By agreement of the parties, measures 7c, 9, 12, 13, 14, 15, 23, 43, 50 and 54 are to be assessed through a qualitative review.

⁸³ Southern Monmouth, Western Essex North, Somerset, Middlesex Central and Hudson West.

⁸⁴ Passaic Central, Union Central, Newark Center City and Camden Central.

⁸⁵ Ocean North, Morris East and Sussex completed immersion training in August 2010.

⁸⁶ Essex Adoption, Hudson Central, Union West, Camden South, Hunterdon, Warren, Essex Newark Northeast and Gloucester East.

DYFS has been working to build its capacity to coach, facilitate and supervise FTMs, a critical element of the CPM. With the assistance of the New Jersey Partnership and the Training Academy, DCF has developed new coaches and master coaches to assist in conducting Family Team Meetings and implementing the Case Practice Model.⁸⁷ At the conclusion of the previous monitoring period there were a total of 119 coaches and 33 master coaches statewide. Between July and December 2010, DCF has strategically added 66 coaches and 19 master coaches for a total of 185 coaches and 52 master coaches statewide, positioning them in areas of greatest need, such as in Camden South (4 coaches added) and Sussex (3 master coaches added). The Monitor will continue to assess DCF's capacity as it relates to its ability to meet performance goals on Family Team Meetings as set by the Performance Benchmarks.

Concurrent Planning Practice

DCF continues its practice of holding meetings five and ten months into a child's placement to address concurrent planning, a practice used throughout the country in which caseworkers work with families with children in out-of-home placement to reunify children as quickly as possible, while simultaneously pursuing alternative permanency options should reunification efforts fail. DYFS conducts "enhanced reviews" after a child has been in placement for five and ten months to carry out its concurrent planning required by the MSA.⁸⁸ As of 2009, enhanced reviews are occurring in all 47 DYFS local offices.

Statewide, in December 2010, 93 percent of families had required five month reviews, and 91 percent had required ten month reviews.

As Table 3 below reflects, in December 2010, 93 percent of five month reviews due that month were completed timely. Between July and December 2010, performance on this measure ranged from 91-96 percent.

**Table 3: Five Month Enhanced Review
(July – December 2010)**

	July		August		September		October		November		December	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Reviews Completed w/in five months	227	93	315	95	235	91	247	95	280	96	249	93
Reviews Not Completed w/in five months	17	7	17	5	23	9	14	5	11	4	19	7
Totals	244	100	332	100	258	100	261	100	291	100	268	100

Source: DCF

*Percentage is greater than 100 due to rounding.

⁸⁷ Coaches are DYFS staff of varying levels and others who are trained specifically to lead Family Team Meetings; master coaches lead Family Team Meetings and are trained to teach others to lead them.

⁸⁸ For more information, see Period II Monitoring Report for *Charlie and Nadine H. v. Christie*, pg. 36

Table 4 below shows that statewide in December 2010, 91 percent of ten month reviews due that month were completed timely. Between July and December 2010, performance on this measure ranged from 80-92 percent. This measure fell from a range of between 88 and 97 during the previous monitoring period. The Monitor expects DCF to return to that performance or better for the next monitoring period, and will be observing reviews to monitor quality.

**Table 4: Ten Month Enhanced Review
(July – December 2010)**

	July		August		September		October		November		December	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Reviews Completed w/in ten months	239	92	173	80	188	87	176	85	190	91	191	91
Reviews Not Completed w/in ten months	21	8	44	20	28	13	32	15	20	10	20	10
Totals	260	100	217	100	216	100	208	100	210	100	211	100

Source: DCF

*Percentage is greater than 100 due to rounding.

Statewide, in December 2010, 60 percent of cases were transferred to an Adoption worker in the required five days after a change of goal to adoption.

The MSA requires DYFS to transfer a case to an adoption worker within five business days after a child's permanency goal has been changed to adoption (Section II.G.2.c). As Table 5 reflects, statewide in December 2010, 60 percent of cases were transferred to an Adoption worker within the required timeframe. Between July and December 2010, monthly performance on this measure ranged from 60-76 percent. Performance levels improved only marginally from last monitoring period. However, the data shows that monthly performance of assignments to adoption workers within 20 days after a change of goal ranges from 75 to 90 percent between July and December 2010. The Monitor will be working with DYFS to determine barriers to improved performance, as well as the number of cases—as high as 12 in December 2010—in which DYFS is not able to determine whether transfer of a case to an adoption worker has occurred within the required timeframe.

**Table 5: Assignment to Adoption Worker within 5 days of Goal Change to Adoption
(July – December 2010)**

	Jul-10	%	Aug-10	%	Sep-10	%	Oct-10	%	Nov-10	%	Dec-10	%	Totals	%
Totals	89	100%	111	100%	112	100%	145	100%	80	100%	103	100%	640	100%
Within 5 days	53	59.6%	67	60.4%	85	75.9%	95	65.5%	51	63.8%	62	60.2%	413	64.5%
6-20 days	15	16.9%	17	15.3%	16	14.3%	33	22.8%	16	20.0%	15	14.6%	112	17.5%
21- 30 days	8	9.0%	3	2.7%	0	0.0%	6	4.1%	1	1.3%	6	5.8%	24	3.8%
31 or More days	9	10.1%	13	11.7%	6	5.4%	5	3.4%	8	10.0%	1	1.0%	42	6.6%
Not Yet Assigned	3	3.4%	3	2.7%	2	1.8%	5	3.4%	3	3.8%	7	6.8%	23	3.6%
Not Able to Determine (Missing hearing date)	1	1.1%	8	7.2%	3	2.7%	1	0.7%	1	1.3%	12	11.7%	26	4.1%

Source: DCF

*Percentage is greater than 100 due to rounding.

B. Performance Benchmarks on Family Team Meetings and Case Planning

As described in previous Monitoring Reports, Family Team Meetings (FTMs) are a critical part of DCF's shift in practice, and are intended to work in concert with individualized case planning. Caseworkers are trained and coached to hold FTMs on their cases at key decision points in the life of a case, such as when a child enters placement, a change of placement and/or part of adjusting a case plan. Working at optimal capacity, FTMs enable families, providers and formal and informal supports to exchange information that can be critical to coordinating and following up on services, examining and solving problems and achieving positive outcomes. Meetings are to be scheduled according to the family's timetable in an effort to get as many family members and family supports as possible around the table.

DCF has acknowledged that making FTMs a routine part of case practice has been difficult and is taking longer than desired, even in offices that have been trained intensively on the Case Practice Model. However, efforts to improve have shown results.

Effective Use of Family Teams

Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance	December 2010 Performance	Requirement Fulfilled as of December 31, 2010 (Yes/No/Ongoing)
<p>7. <u>Effective use of Family Teams:</u> Family teams (including critical members of the family [parents, youth, and informal supports], additional supports) will be formed and be involved in planning and decision-making and function throughout a case.</p> <p>Number of Family Team Meetings at key decision points.</p> <p>a. For children newly entering placement, the number/percent who have a family team meeting within 30 days of entry.</p> <p>b. For all other children in placement, the number/percent who have at least one family team meeting each quarter.</p> <p>c. Quality of FTMs</p>	<p>a. By December, 31, 2009, family meetings held prior to or within 30 days of entry for 75% of new entries and 75% of pre-placements.</p> <p>b. By December 31, 2009, family meetings held for 75% of children at least once per quarter.</p> <p>c. By December 31, 2009, 75% of cases show evidence in QR of acceptable team formation and functioning.</p>	<p>a. By June 30, 2010, family meetings held prior to or within 30 days of entry for 90% of new entries and 90% of pre-placements.</p> <p>b. By June 30, 2010, family meetings held for 90% of children at least once per quarter.</p> <p>c. By June 30, 2011, 90% of cases show evidence in QR of acceptable team formation and functioning.</p>	<p>For Immersion Sites:</p> <p>a. In the second quarter of 2010, 19% of children newly entering placement had a family team meeting within 30 days of entry.</p> <p>b. In the second quarter of 2010, 7% of children in placement had at least one family team meeting each quarter.</p> <p>c. To be assessed in the future.⁸⁹</p>	<p>For Immersion Sites:</p> <p>a. In the fourth quarter of 2010, 36% of children newly entering placement had a family team meeting within 30 days of entry.</p> <p>b. In the fourth quarter of 2010, 24% of children had at least one family team meeting each quarter.</p> <p>c. To be assessed in the future.⁹⁰</p>	<p>a. No</p> <p>b. No</p> <p>c. Not assessed in this report.</p>

⁸⁹ Qualitative measures will be assessed through the Qualitative Review process which is currently in the pilot phase.

⁹⁰ Beginning in January 2012 the Monitor will report on qualitative measures using data from the New Jersey Qualitative Review, which is to be fully implemented based on results of a 2010 pilot process.

Performance as of December 31, 2010

DCF did not meet the June 2010 final target requiring Family Team Meetings for 90 percent of families prior to or within 30 days of a child entering foster care, for pre-placements, and at least once per quarter thereafter. DCF uses NJ SPIRIT data analyzed through Safe Measures to report on the timeliness of FTMs.

DCF currently reports on FTMs held in all offices that completed immersion training as of the end of the quarter: 25 sites in the third quarter of 2010, 28 sites by the end of the fourth quarter.⁹¹ According to NJ SPIRIT data, in the third quarter of 2010, DCF held FTMs in the 25 completed immersion sites within 30 days of removal in 28 percent of the cases requiring FTMs. Six percent were held after 30 days from the date of removal, and in 67 percent of cases FTMs were not conducted at all. In the fourth quarter of 2010, DCF reported that it held FTMs in the 28 completed immersion sites within 30 days of removal in 36 percent⁹² of cases requiring FTMs, up from 19 percent in the second quarter of 2010. An additional four percent were held after 30 days from the date of removal, and in 60 percent of cases FTMs were not conducted at all, as compared with 76 percent that were not conducted in the second quarter of 2010.

NJ SPIRIT data show that the required quarterly FTMs were held in 14 percent of cases in the 25 immersion sites in the third quarter of 2010, and in the fourth quarter a timely FTM was conducted in the 28 completed immersion sites in 24 percent of cases, up from seven percent in the second quarter of 2010.

While data still show weak performance, it is significantly better than DCF's performance in the previous monitoring period. One reason for the improved performance may be DCF's use of the diagnostic process referred to as ChildStat, a process wherein organizations use quantitative and qualitative data from multiple contexts to understand and attempt to improve service delivery. DCF began holding ChildStat meetings in September 2010 to help determine where the challenges lie to improve FTM performance. In its current form, counties present information related to a number of practice related issues, including whether they are holding FTMs timely, who conducts them, and the general practice around FTMs in the local offices. The ChildStat process also focuses on reasons FTMs did not occur and issues related to documentation. DCF reports that in addition to improved performance during the monitoring period, performance on FTMs in immersion sites during January 2011 rose to 61 percent.⁹³ The Monitor will continue to follow DCF's progress in examining and resolving barriers to performance on this measure.

⁹¹ Atlantic West LO; Bergen Central LO; Bergen South LO; Burlington East LO; Burlington West LO; Camden Central LO; Camden North LO; Cape May LO; Cumberland East LO; Cumberland West LO; Essex Central LO; Essex North LO; Gloucester West LO; Hudson West LO; Mercer North LO; Mercer South LO; Middlesex Central LO; Monmouth South LO; Morris West LO; Passaic Central LO; Passaic North LO; Salem LO; Somerset LO; Union Central LO; Union East LO completed immersion training by the third quarter of 2010, Newark Center City LO; Ocean North LO and Sussex LO completed in fourth quarter.

⁹² Figures relating to fourth quarter FTM performance do not include FTMs where the family declined to participate.

⁹³ This figure does not include FTMs where the family declined to participate and has not been validated by the Monitor.

Timeliness of Case Planning-Initial Plans

Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance	December 2010 Performance	Requirement Fulfilled as of December 31, 2010 (Yes/No/Ongoing)
10. <u>Timeliness of Initial Plans</u> : For children entering care, number/percent of case plans developed within 30 days.	a. By June 30, 2009, 50% of case plans for children and families will be complete within 30 days. b. By December 31, 2009, 80% of case plans for children and families will be complete within 30 days.	By June 30, 2010, 95% of case plans for children and families are completed within 30 days.	50% of children entering care had case plans developed within 30 days.	56% of children entering care had case plans developed within 30 days.	No

Performance as of December 31, 2010:

DCF policy requires a case plan to be developed within 30 days of a child entering placement. In December 2010, 162 (56%) out of a total of 287 case plans were completed within 30 days. DCF uses NJ SPIRIT data analyzed by Safe Measures to report on this measure.

As shown in the table below, between July and December 2010, the timely development of case plans ranged from 50-56 percent. While there appears to be some improvement, performance on this measure continues to be consistently low. Additionally, performance has declined on completing case plans within 31 and 60 days. DCF acknowledges areas needing improvement regarding case planning in its 2010 Quality Review report. In addition, the Performance Improvement Plans (PIPs) required from each county participating in the ChildStat process discussed above will address case planning and its link to Family Team Meetings.

**Table 6: Case Plans Developed within 30 days of Child Entering Placement
July – December 2010**

	July		August		September		October		November		December	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Case Plans Completed in 30 days	162	51	157	50	147	51	155	50	135	50	162	56
Case Plans Completed in 31-60 days	77	24	69	22	61	21	65	21	52	19	52	18
Case Plans Not Completed after 60 days	78	25	87	28	79	28	90	29	83	31	73	25
Totals	317	100	313	100	287	100	310	100	270	100	287	100

Source: DCF

*Percentage is greater than 100 due to rounding.

Timeliness of Case Planning-Current Plans

Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance	December 2010 Performance	Requirement Fulfilled as of December 31, 2010 (Yes/No/Ongoing)
11. <u>Timeliness of Current Plans</u> : For children entering care, number/percent of case plans shall be reviewed and modified as necessary at least every six months.	By June 30, 2009, 80% of case plans for children and families will be reviewed and modified at least every six months.	By June 30, 2010, 95% of case plans for children and families will be reviewed and modified at least every six months.	69% of case plans were reviewed and modified as necessary at least every six months.	67% of case plans were reviewed and modified as necessary at least every six months.	No

Performance as of December 31, 2010

DCF policy requires that case plans be reviewed and modified at least every six months. DCF uses NJ SPIRIT data analyzed by Safe Measures to report on this measure. From July through December 2010, between 64 and 68 percent of case plans were modified within a six month timeframe. In December 2010, 67 percent of case plans had been modified as necessary within six months as compared to 69 percent modified timely in June 2010. DCF has not met the final target of 95 percent of cases with timely modified plans, and its performance has declined from the previous monitoring period.

**Table 7: Case Plans Updated Every 6 Months
(July – December 2010)**

	July		August		September		October		November		December	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Case Plans Completed within six months	833	7	757	65	832	68	714	64	686	65	719	67
Outstanding	406	33	401	35	384	32	398	36	369	35	353	33
Totals	1,239	100	1,158	100	1,216	100	1,112	100	1,055	100	1,072	100

Source: DCF

*Percentage is greater than 100 due to rounding.

C. Performance Benchmarks Related to Safety and Risk Assessments

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

Safety and Risk Assessments

Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance	December 2010 Performance	Requirement Fulfilled as of December 31, 2010 (Yes/No/Ongoing)
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. ⁹⁴	By December 31, 2009, 75% of cases will have a safety and risk of harm assessment completed prior to case closure	By December 31, 2010, 98% of cases will have a safety and risk of harm assessment completed prior to case closure.	31% of cases had risk assessments or re-assessments completed within 30 days prior to case closure and 24% of cases had safety assessment completed within 30 days prior to case closure.	31% of cases had risk assessments or re-assessments completed within 30 days prior to case closure and 22% of cases had safety assessments completed within 30 days prior to case closure.	No

⁹⁴ Safety assessments relate to whether the child is in imminent danger of harm; risk of harm assessments predict harm in the future based on current needs and capacities of the child and family.

Performance as of December 31, 2010:

In December 2010, 22 percent of cases had a safety assessment and 31 percent of cases had a risk assessment or re-assessment completed within 30 days prior to case closure.⁹⁵ In December 2010, there were 4,781 cases closed. Of these 4,781 cases, 1,035 (22%) cases had a safety assessment prior to case closure, 1,263 (26%) cases had a risk assessment within 30 days prior to closure and 237 (5%) cases had a risk re-assessment within 30 days prior to closure. This performance does not meet the December 31, 2010 final target.

According to DCF one reason for the poor performance on this measure is the requirement to complete these assessments within *30 days of case closing*. Until June 1, 2011, DCF policy did not require that a risk assessment or re-assessment be completed within 30 days prior to closure. The Monitor will continue to work with DCF to ensure that safety and risk assessments as required by the Case Practice Model are clearly defined in policy; communicated to the field as a practice expectation and accurately measured.

D. Performance Benchmarks Related to Visits

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

According to DYFS policy, caseworkers are to visit with children in foster care twice per month (at least one of these visits must be in the child's placement) during the first two months of a placement, and thereafter at least once per month in the child's placement. The caseworker must also visit the parent or guardian when the goal is reunification at least twice per month, and once per month if the goal differs from reunification. Children are to be afforded weekly visits with their parents unless inappropriate, and at least monthly visits with their siblings.

⁹⁵ A risk re-assessment is the risk assessment completed prior to case closure on a family who has been receiving in-home services or has a child placed in out-of-home placement.

Caseworker Visits With Children in State Custody

Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance	December 2010 Performance	Requirement Fulfilled as of December 31, 2010 (Yes/No/Ongoing)
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 children in state custody.	By December 31, 2009, 75% of children will have two visits per month during the first two months of an initial placement or subsequent placement.	By December 31, 2010, during the first two months of an initial placement or subsequent placement, 95% of children had at least two visits per month.	43% 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.	50% 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.	No

Performance as of December 31, 2010:

This measure requires an analysis of the pattern of caseworker visits with children who are in a new initial or subsequent placement and remain in that placement for at least one month. DCF uses NJ SPIRIT data analyzed by Safe Measures to report on this measure. In December 2010, there were 432 children who were in an initial or subsequent placement and remained in the placement for two full months. Of the 432 children, 216 (50%) had documented visits by their caseworkers twice per month with at least one visit occurring in the placement setting.

Between July and December 2010, between 33 and 50 percent of children had documented visits by their caseworkers twice per month during the first two months of an initial or subsequent placement. While DCF performance on caseworker visits has substantially improved, DCF did not meet the December 31, 2010 final target for this measure. It is not clear the extent to which data entry is deflating actual performance. However, given the importance of visitation during the first few months to assess children and families' needs and to ensure children's stability in these placements, the Monitor continues to be very concerned by the low performance on this measure.

Caseworker Visits With Children in State Custody

Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance	December 2010 Performance	Requirement Fulfilled as of December 31, 2010 (Yes/No/Ongoing)
17. <u>Caseworker Visits with Children in State Custody</u> : Number/ percent of children where caseworker has at least one caseworker visit per month in the child's placement.	By June 30, 2009, 85% of children had at least one visit per month.	By June 30, 2010, 98% of children shall have at least one caseworker visit per month during all other parts of a child's time in out-of-home care.	88% of children had at least one caseworker visit per month in his/her placement.	88% of children had at least one caseworker visit per month in his/her placement. ⁹⁶	No

Performance as of December 31, 2010:

DCF uses NJ SPIRIT data analyzed by Safe Measures to report on the number of children in out-of-home placement who have at least one caseworker visit per month in his/her placement. In December 2010, there were 6,446 children in out-of-home placement who were not in the first two months of an initial or subsequent placement. Of the 6,446 children, 5,674 (88%) were visited by their caseworker at least one time per month in their placement. An additional 436 (7%) of children had at least one caseworker visit per month for a total of 95% of children with at least one caseworker visit per month regardless of location. Between July and December 2010, performance on this measure ranged from 88-90 percent. This performance does not meet the June 30, 2010 final target.

⁹⁶ An additional 7% of children had at least one caseworker visit per month for a total of 95% of children with a least one caseworker visit per month regardless of location.

Caseworker Visits with Parents/Family Members

Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance	December 2010 Performance	Requirement Fulfilled as of December 31, 2010 (Yes/No/Ongoing)
18. <u>Caseworker Visits with Parents/Family Members</u> : The caseworker shall have at least two face-to-face visits per month with the parent(s) or other legally responsible family member of children in custody with a goal of reunification.	By December 31, 2009, 60% of families have at least twice per month face-to-face contact with their caseworker when the permanency goal is reunification.	By December 31, 2010, 95% of families have at least twice per month face-to-face contact with their caseworker when the permanency goal is reunification.	37% 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.	39% 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.	No

Performance as of December 31, 2010:

DCF uses NJ SPIRIT data analyzed by Safe Measures to report on the number of parents or other legally responsible family members who are visited two times per month by a caseworker when the family's goal is reunification. In December 2010, there were 2,746 children in custody with a goal of reunification applicable to this measure. Of the 2,746 children, the parents of 1,068 (39%) children were visited twice during the month. Between July and December 2010, performance on this measure ranged from 37-42 percent. This performance does not meet the December 31, 2010 final target of 95 percent. The Monitor remains concerned about this low performance.

Caseworker Visits with Parents/Family Members

Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance	December 2010 Performance	Requirement Fulfilled as of December 31, 2010 (Yes/No/Ongoing)
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.	December 31, 2009 Benchmark TBD after review of case record review data.	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.	42% of parents or other legally responsible family members had at least one face-to-face caseworker contact per month.	44% of parents or other legally responsible family members had at least one face-to-face caseworker contact per month.	Unable to Determine ⁹⁷

Performance as of December 31, 2010:

DCF uses NJ SPIRIT data analyzed by Safe Measures to report on the number of parents or other legally responsible family members who are visited monthly by a caseworker when the family's goal is no longer reunification. In December 2010, there were 2,168 children in custody whose goal was not reunification applicable to this measure. Of these 2,168 children, the parents for 955 (44%) children were visited monthly. Between July and December 2010, performance on this measure ranged from 43-46 percent. The Monitor and Parties are in discussion about this measure, in particular the MSA final target and whether it is an appropriate performance expectation. Until the issue is resolved, the Monitor will provide data on performance, but will not determine whether or not performance is sufficient.

⁹⁷ The Monitor has recommended that this performance benchmark be deleted. Plaintiffs have not agreed. Until the issue is resolved, the Monitor will provide data on performance, but will not determine whether or not performance is sufficient.

Visitation Between Children in Custody and Their Parents

Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance	December 2010 Performance	Requirement Fulfilled as of December 31, 2010 (Yes/No/Ongoing)
20. <u>Visitation between Children in Custody and Their Parents</u> : Number/percent of children who have weekly visits with their parents when the permanency goal is reunification unless clinically inappropriate and approved by the Family Court.	By December 31, 2009, 50% of children will have visits with their parents every other week and 40% of children will have weekly visits.	By December 31, 2010, at least 85% of children in custody shall have in person visits with their parent(s) or other legally responsible family member at least every other week and at least 60% of children in custody shall have such visits at least weekly.	14% of children had weekly visits with their parents. An additional 18% of children had two or three visits during the month.	13% of children had weekly visits with their parents. An additional 22% of children had two or three visits during the month.	No

Performance as of December 31, 2010:

DCF uses NJ SPIRIT data analyzed by Safe Measures to report on the number of children who have weekly visitation with their parents when their permanency goal is reunification. In December 2010, there were 2,761 children with a goal of reunification applicable to this measure. Of the 2,761 children, 352 (13%) children had four documented visits with their parents or other legally responsible family member during the month. An additional 615 (22%) children had two or three documented visits during the month. This performance does not meet the December 31, 2010 final target. The Monitor remains concerned about this level of performance as parent-child visitation is a cornerstone to successfully maintaining family connections and assisting in reunification efforts.

In most cases, DCF utilizes contract providers to supervise parent-child visits. In the past, these providers have not been able to document these visits directly into NJ SPIRIT and therefore, DCF was unable to effectively track the occurrence. Throughout 2010, DCF developed a mechanism for providers to document their visits directly into NJ SPIRIT. DCF believes that more visits are occurring than are captured by NJ SPIRIT and hopes that this strategy will show improvement in performance.

Additionally, DCF has been receiving technical assistance to examine visitation in particular counties and as a result has created a visit log for relative caregivers to be piloted statewide. DCF is asking caseworkers to distribute the logs to families on their caseloads where relatives or resource parents are directly involved in visitation activities with birth families. The expectation is that the caretakers will record information on the log and the caseworker will then enter that information into NJ SPIRIT to document the visitation.

Finally, the Office of Continuous Quality Improvement has been convening meetings to discuss data issues related to parent-child and sibling visitation. CQI conducted a case record review targeted at the lowest performing DYFS local offices to assess if visits are occurring and not being documented correctly. The Monitor will continue to report on the result of all of these efforts.

Visitation Between Children in Custody and Siblings Placed Apart

Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance	December 2010 Performance	Requirement Fulfilled as of December 31, 2010 (Yes/No/Ongoing)
21. <u>Visitation Between Children in Custody and Siblings Placed Apart</u> : Number/percent of children in custody, who have siblings with whom they are not residing shall visit with their siblings as appropriate.	By December 31, 2009, 60% of children will have at least monthly visits with their siblings.	By December 31, 2010, at least 85% of children in custody who have siblings with whom they are not residing shall visit with those siblings at least monthly.	Data Not Available ⁹⁸	41% of children in custody who have siblings with whom they are not residing visited with their siblings monthly.	No

Performance as of December 31, 2010:

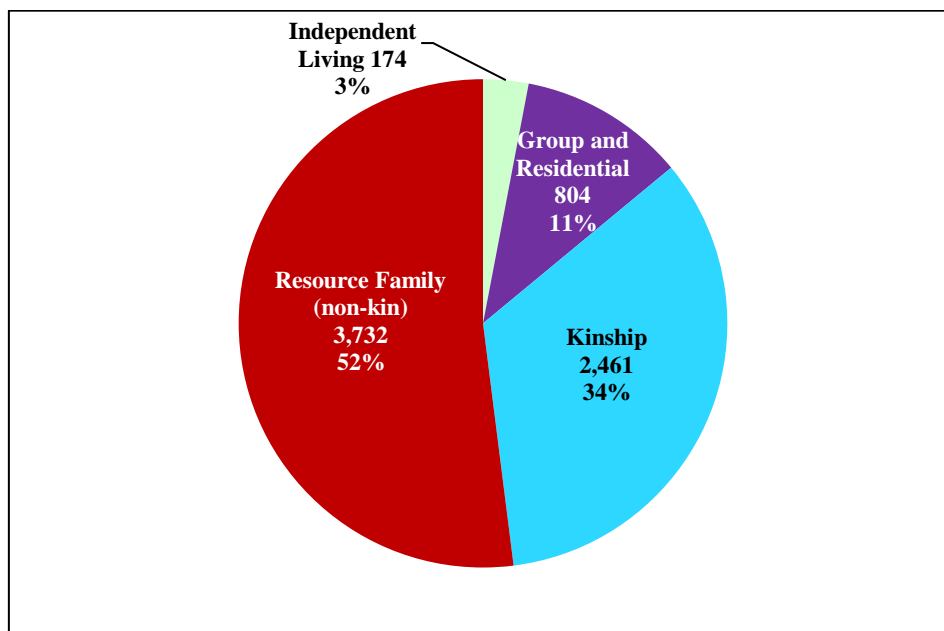
DCF uses NJ SPIRIT data analyzed by Safe Measures to report on the number of children who have monthly visitation with their siblings when they are not placed together. In December 2010, there were 2,421 children in placement who had at least 1 sibling who did not reside in the same household as them. Of the 2,421 children, 1000 (41%) children had a visit with their siblings during the month. This performance does not meet the December 31, 2010 final target.

⁹⁸ The Monitor and DCF are working together to refine the methodology for reporting on this measure from NJ SPIRIT and Safe Measures.

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

As of December 31, 2010, a total of 45,208 children were receiving DYFS services in placement (7,171) or in their own homes (38,037). Figure 3 shows the type of placement for children in DYFS custody as of December 31, 2010: 86 percent were in family resource homes (either non-relative or kinship), 11 percent in group and residential facilities and three percent in independent living facilities.

Figure 3: Children in DYFS Out-of-Home Placement by Type of Placement
As of December, 2010
Total = 7,171



Source: DCF

Table 8 below shows selected demographics for children in out-of-home placement as of December 31, 2010. As seen in Table 8, 43 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. Thirty-four percent of the population was age 13 or older, with nine percent age 18 or older.

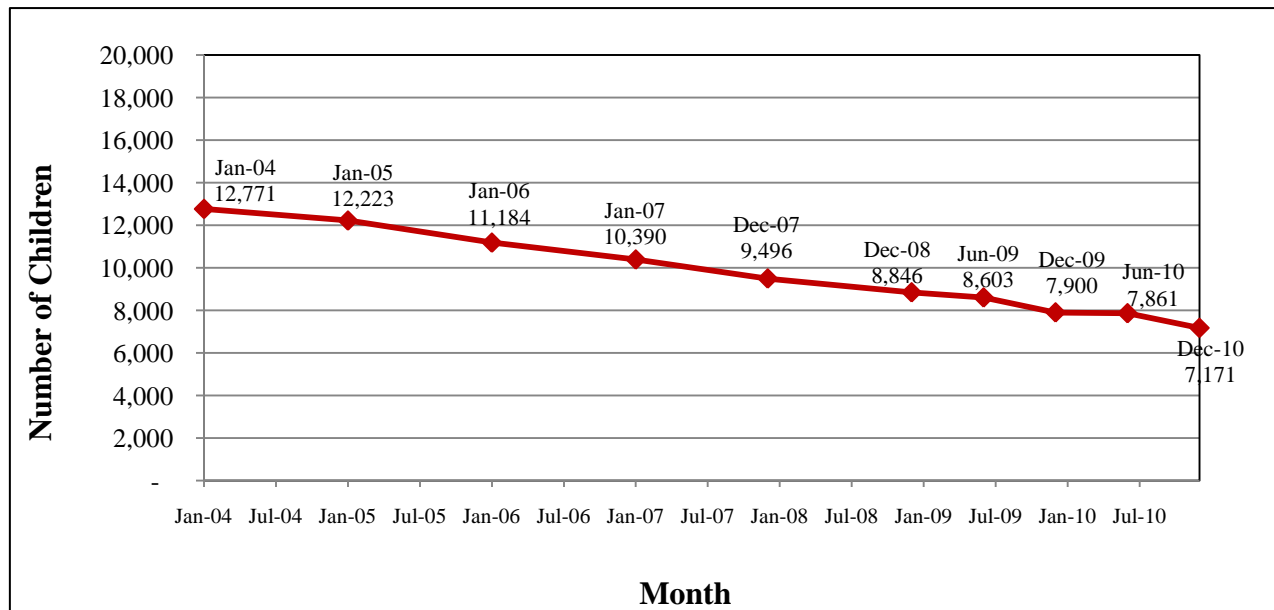
**Table 8: Selected Demographics for Children in Out-of-Home Placement
As of December 2010
(n=7,171 children, point in time data)**

Gender	Percent
Female	48%
Male	52%
Total	100%
Age	Percent
2 years or less	26%
3-5 years	17%
6-9 years	14%
10-12 years	9%
13-15 years	12%
16-17 years	13%
18+ years	9%
Total	100%
Race	Percent
Black or African American	48%
American Indian or Alaska Native	<1%
Asian	<1%
Native Hawaiian or Other Pacific Islander	<1%
White	
Multiple Races	35%
Undetermined	3%
	13%
Total	100%

Source: DCF, NJ SPIRIT

The number of children in out-of-home placement has continued to decline (See Figure 4). As of December, 2010, there were 7,171 children in out-of-home placement, representing a total reduction of 44 percent since 2005.

**Figure 4: Children in Out-of-Home Placement
(December 2009 – December 2010)**

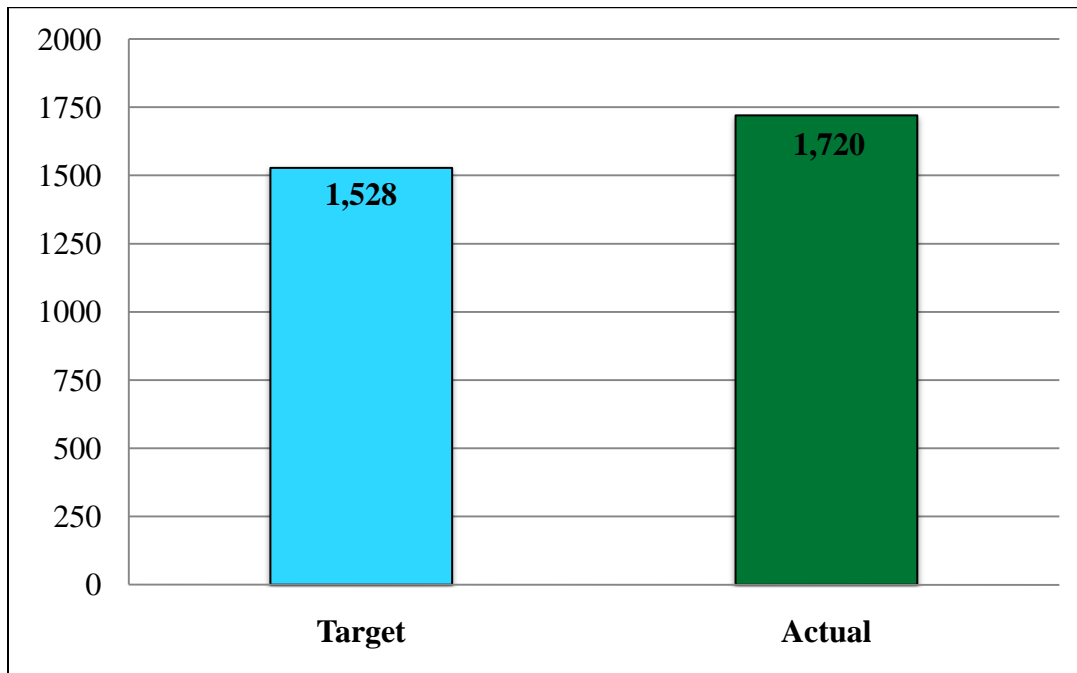


Source: DCF, NJ SPIRIT

A. Recruitment and Licensure of Resource Family Homes

DCF recruited and licensed 1,720 new kin and non-kin Resource Family homes from January 1 through December 31, 2010, exceeding its annual target by 192 homes.

**Figure 5: Number of Newly Licensed Resource Family Homes
(January – December 2010)
Total = 1720**

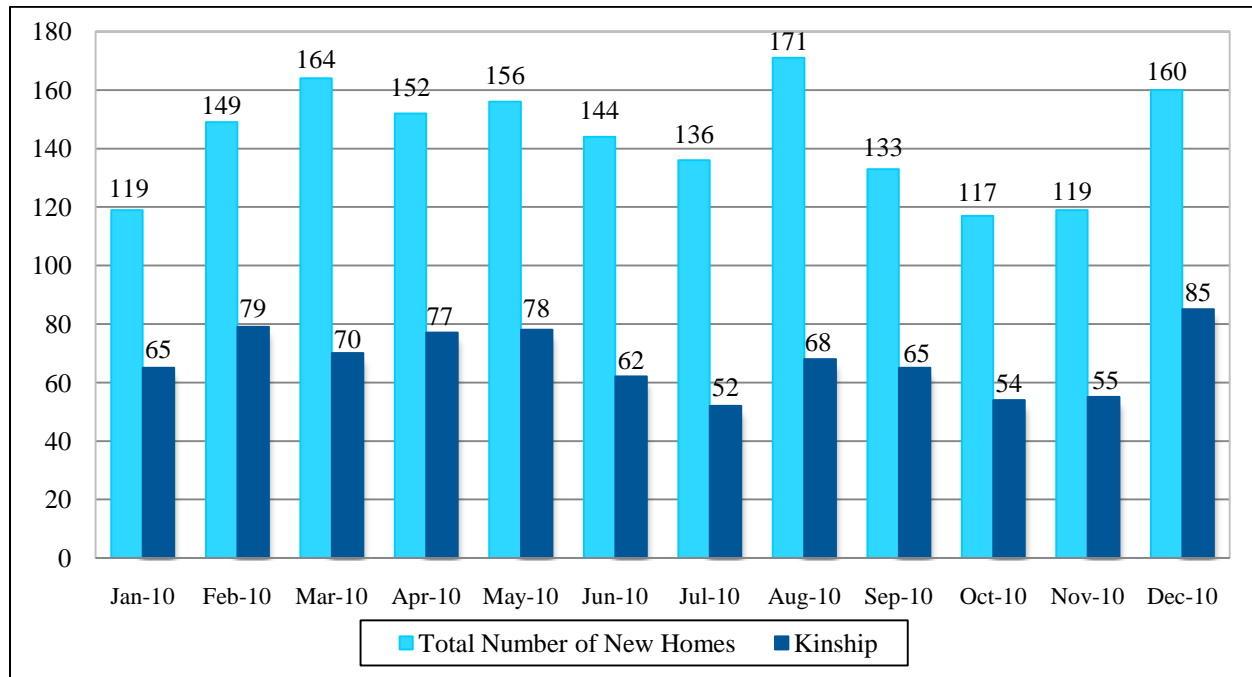


Source: DCF

DCF reports that 810 of 1,720 (47%) newly licensed Resource Family homes during this monitoring period were kinship homes, a figure consistent with the past two monitoring periods, reflecting DCF's fidelity to the tenets of New Jersey's Case Practice Model that children should be placed with family members whenever possible. Figure 6 below shows the total number of newly licensed resource family (kinship and non-kinship) homes by month from January to December 2010.⁹⁹

⁹⁹ See Table 9 on pg. 88 for total gross and net numbers of Resource Family homes.

**Figure 6: Newly Licensed Resource Family Homes
(Kinship and Non-Kinship)
January – December 2010
Total Licensed = 1720
Total Kinship = 810**



Source: DCF

DCF reports that as of December 2010, it has approximately 19,623 family beds for the 7,171 children in placement, a net family bed capacity of 12,578, well over its goal of maintaining a family bed capacity rate of 200 percent for every child in placement. This compares with 2004, when DCF had only 12,717 family beds for the 12,771 children in placement, a deficit of 54 beds. As discussed below, this surplus of family beds has permitted a wider range of options for placement of children in care.

According to DCF, the wider range of options for placement has led to many positive outcomes, such as high placement stability rates and lower rates of maltreatment of children in out-of-home care. In addition, while the Resource Family home capacity has grown by 54 percent between 2004 and 2010, the number of children in placement has dropped by 45 percent. DCF expects that as practice continues to improve and the rate of children exiting to permanency increases, the need for family beds will decline, so a reduction in the number of beds would not be an indication of a problem, but instead a system that is self-correcting depending on need.

In recognition of these changes in demographics and its success in recruiting and licensing large numbers of Resource Family homes, DCF has shifted focus from meeting designated annual targets for Resource Family homes to improving local capacity to meet targeted needs, such as keeping large sibling groups together and expanding the number of homes for adolescents and

children with special needs. Tying total family bed capacity to 200 percent for every child in placement, and setting targets based on need as derived from annual needs assessments will allow DCF to be more nimble and prepared to respond to fluctuations in placement that may arise.

Between July and December 31, 2010, DCF had a net gain of 17 Resource Family homes, for an annual net loss of 16 Resource Family homes. Table 9 below shows the monthly data on the number of kin and non-kinship homes licensed and closed in the calendar year. The Monitor is not concerned with the annual net decrease in the number of Resource Family homes given that the State reports that it has the capacity to serve more than twice the number of children than are currently in out-of-home placement. DCF's surplus of Resource Family homes permits it to shift focus to better retention and recruitment of quality homes in areas of need.

**Table 9: Resource Family Homes Licensed and Closed
(January – December 2010)**

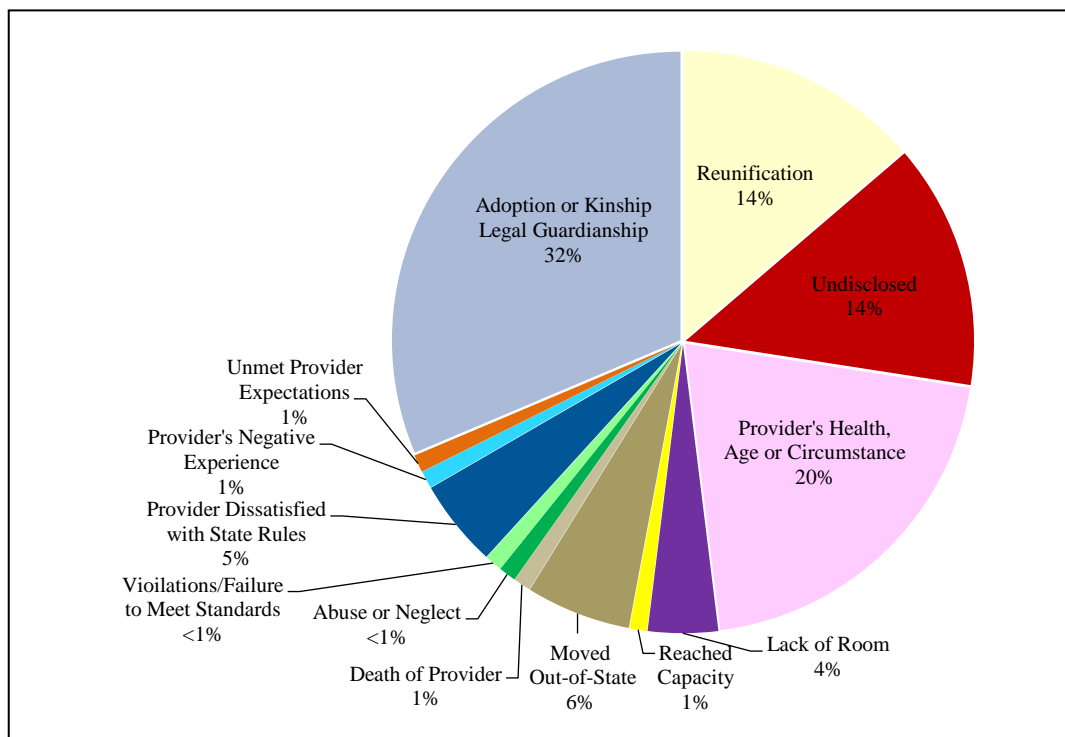
2010 MONTHLY STATISTICS	Non-Kin Resource Homes Licensed	Kin Resource Homes Licensed	Total Resource Homes Licensed	Resource Homes Closed	Resource Homes Net Gain
JANUARY	54	65	119	85	34
FEBRUARY	70	79	149	136	13
MARCH	94	70	164	226	-62
APRIL	75	77	152	163	-11
MAY	78	78	156	214	-58
JUNE	82	62	144	93	51
Jan – Jun Total	453	431	884	917	-33
JULY	84	52	136	226	-90
AUGUST	103	68	171	151	20
SEPTEMBER	68	65	133	129	4
OCTOBER	63	54	117	192	-75
NOVEMBER	64	55	119	62	57
DECEMBER	75	85	160	59	101
Jul – Dec Total	457	379	836	819	17
2010 Total	910	810	1,720	1,736	-16

Source: DCF

DCF reports that its surplus of Resource Family homes has resulted, among other things, in better permanency outcomes for children in care. Better permanency outcomes has resulted in more Resource Homes closing for positive reasons, including exits to family: of the 819 homes that closed during this monitoring period, 42 percent were kinship homes, indicating that permanency was achieved by adoption, kinship legal guardianship or reunification with biological parents.

Data on reasons for Resource Family home case closures as reflected in Figure 7 below indicate that 45 percent of all case closings in this monitoring period were for positive reasons, either to adoption or kinship legal guardianship (31%) and reunification of the placed child(ren) (14%). Another 33 percent were closed due to the personal circumstances of the provider, such as health, age and other personal reasons ranging from ill relatives to employment demands (21%), a family move out-of-state (6%), lack of room (4%), placement reached capacity (1%), and provider's death (1%). Five percent of the Resource Family home closings were due to a provider's dissatisfaction with New Jersey's rules. An additional three percent were closed for other reasons: provider having negative experiences with the placement (1%), abuse or neglect (1%), or unmet provider expectations (1%). Resource Family home providers did not disclose their reasons for closing homes in the remaining 14 percent of cases.

**Figure 7: Reasons for Resource Home Closures
(July – December 2010)**



Source: DCF

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

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

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

DCF exceeded its goal to license 1,528 homes in the calendar year by 185 homes.¹⁰⁰ (See Table 10). Atlantic and Ocean, two counties that had deficits in the previous monitoring period, met their targets in this monitoring period. Five counties did not meet their targets. Two of those counties, Camden and Essex, fell far short of their targets for two consecutive reporting periods, particularly Essex, where the annual target was 300 and only 249 Resource Family homes were licensed. DCF has attempted to correct these deficits by addressing the staffing vacancies in the Resource Family units in these two counties. As of January 2011 Essex and Camden counties have each hired Area Resource Family Specialists whose roles are to assist with Resource Family recruitment and retention.

¹⁰⁰ Seven out-of-state adoption homes not included.

**Table 10: Newly Licensed Resource Family Homes Targets by County
(January – December 2010)**

County	Target	Licensed	Performance Against Target
Atlantic	62	62	0
Bergen	66	93	27
Burlington	81	91	10
Camden	163	133	-30
Cape May	39	21	-18
Cumberland	52	48	-4
Essex	300	249	-51
Gloucester	47	62	15
Hudson	81	120	39
Mercer	45	57	12
Middlesex	72	117	45
Monmouth	73	109	36
Morris	41	60	19
Ocean	92	92	0
Passaic	63	92	29
Salem	36	31	-5
Sussex	27	39	12
Union	87	118	31
Hunterdon/Somerset/ Warren	101	119	18
Totals	1,528	1,713	185

Source: DCF

*Hunterdon, Somerset and Warren Counties are considered collectively as they have one unit that services all three counties.

DCF has made further progress in processing resource family applications within 150 days.

DCF has continued to make progress in closing the gap on resolving resource family applications for licenses within 150 days (MSA Section II.H.4). As shown in Table 11 below, for applications received from January through May 2010, 70 percent were resolved in 150 days. Eighty percent of applications were resolved in 180 days, up from 77 percent in the previous monitoring period.

**Table 11: Total Number of Resource Family Homes Resolved
(January – May 2010)**

2010 Month Applied	Total Applications	Applications Resolved in 150 Days		Applications Resolved in 180 Days	
	Number	Number	Percent	Number	Percent
January	207	144	70%	167	81%
February	241	178	74%	202	84%
March	278	194	70%	220	79%
April	243	167	69%	186	77%
May	230	158	69%	179	78%
Total	1,199	841	70%	954	80%

Source: DCF

Resource Family Impact Teams

An innovative strategy for recruiting and licensing Resource Family homes in New Jersey is the practice of deploying Resource Family Impact Team (Impact Teams) via monthly statewide conferences with local and Area Office Resource Family staff, Office of Resource Families Case Practice Specialists, and Office of Licensing inspectors. The Impact Teams continue to strategize, prioritize, and troubleshoot challenges in meeting the 150 day timeframe. During this monitoring period, the Impact Teams served as a venue for staff to discuss new policies and laws, such as the phase out of the Special Home Service Provider (SHSP) program discussed below, and NJ SPIRIT enhancements. The Impact Teams continue to identify the importance of staff training and development. Quarterly meetings continue with resource family supervisory staff sharing information and encouraging compliance with resource family unit objectives.

The next Monitoring Report will include findings from a statewide analysis that DCF and the Monitor are undertaking to identify barriers that occur in resolving applications within the 150 day timeframe; twenty applications from twelve offices will be tracked and monitored at 30, 60 and 90 day intervals.

DCF continues to use creative recruitment and retention strategies that have led to success in licensing quality Resource Family homes.

Large Capacity Homes

DCF identified recruiting and licensing homes with capacity to accommodate large sibling groups as a priority in the needs assessment it conducted in 2007. As previously reported, the State developed a specialized recruitment strategy to focus attention on identifying, recruiting and licensing these homes, termed “Siblings in Best Settings” or SIBS. DCF’s 2010 target number of families to recruit who are willing to care for five children was 29 families. DCF

began the calendar year with 35 SIBS homes and ended the year with 28 homes. Between January and December 31, 2010, twelve newly licensed or upgraded SIBS families became part of the program, four between January and June 2010 and eight between July and December 2010. Nineteen SIBS families left the program during the calendar year. Of those nineteen, eleven had achieved permanency through adoption or KLG, and six families were reunited. An additional relative provider passed away, and the final licensed SIBS family that left the program in the calendar year became a treatment home provider. DCF's strategy to shift focus from meeting resource family targets to building capacity to meet critical needs should help to increase the number of SIBS homes available for large families with children in out-of-home care.

Policy and Practice Changes

In May 2009, DCF established a workgroup to review its Special Home Service Provider (SHSP) resource family board rate to ensure continued availability of SHSP families as resources for children with special needs and to make appropriate rate adjustments (MSA Section II.H17). During this monitoring period DCF began phasing out New Jersey's SHSP Program and began implementation of its new policy regarding Resource Families caring for children with specialized medical needs. The new policy changes became effective in September 2010 and are intended to make the rate structure fit individual situations and families and ensure that children with specialized medical care will be successfully matched with families who are fully trained, prepared, willing and able to care for them. Policy changes include:

- Approval of new board rates by the Office of Management and Budget. New rates will be determined by assessing a child's age, level of care and acuity level.
- Phasing out of contracting with SHSP providers. Existing contracts were honored until the end of their term but no renewals were rewarded beyond June 30, 2010.
- Elimination of the rule that at least one parent could not work outside the home. The desired result is to encourage recruitment of professional medical staff, such as doctors, nurses and other health care professionals.
- Enhanced health care became part of the PRIDE foster parent curriculum.
- Additional child specific health care training will be arranged by nursing staff for all children in placement and their Resource Families.
- Development of a Child's Placement Kit to be used when a child enters placement to provide immediate information about children entering care, e.g. child health logs, and information about safety websites and resources.

To kick off the new policy, DCF provided training in August 2010, conducted jointly by Resource Family and Child Health Unit staff. Resource Family and Child Health Unit staff as well as other key staff members were trained using a train the trainer approach, so that their responsibilities will include training DYFS local office staff. Former SHSP providers were invited to attend information sessions in September 2010, which were conducted in partnership with Foster and Adoptive Family Services (FAFS). FAFS conducted twenty-one meetings statewide with representatives from Child Health Units, the Office of Resource Families, and DYFS local and Area Office staff.

Recruitment

The Federal Department of Health and Human Services' Children's Bureau (the "Children's Bureau") will be providing New Jersey with technical assistance from the National Resource Center for Recruitment and Retention of Foster and Adoptive Parents (NRCRRFAP) in the area of targeted recruitment strategies, using a tool called "market segmentation," a research-based marketing approach to target Resource Family homes. In addition, in the summer and fall of 2010 New Jersey's resource family recruiters continued to attend workshops intended to develop their public speaking skills.

Between July 1 and December 31, 2010, DCF held eight events designed to pair licensed families who had expressed interest about adoption with legally free children in their area. Mercer and Burlington counties hosted a hayride and Atlantic and Cape May counties hosted an open house featuring exhibits about the children. Finally, DCF continued to retool family and training material—including training to foster families—to include LGBT language, including examples and exercises that refer to LGBT youth.

Staff Training

In this monitoring period, the Office of Licensing supervisors participated in three hour home inspection simulations with Resource Family Unit staff. In addition, three staff from each DYFS local office were trained in different automated searches available through the Children in Court (CIC) database. The CIC enables a wide range of searches in multiple databases and allows access to state, municipal and domestic violence information. Staff report that this new technology has made background checks more accurate and efficient. DCF also held a Resource Enhancement Forum in this monitoring period attended by over half the Resource Family staff statewide. This forum provided training on improvements to NJ SPIRIT, including a more sophisticated Resource Family match system and changes required by the phasing out of the SHSP program.

Between July and December 31, 2010, two train the trainer sessions were conducted with new Resource Family Support Workers (RFSW), who then train Resource Families. In addition, a five month long "Excellence in PRIDE" program began and will continue into the next monitoring period that will involve training the PRIDE trainers on a monthly basis on the revised PRIDE training. At the conclusion of the program, the PRIDE trainers will become mentors to new PRIDE trainers.

Resource Family In-Service Training

Every resource parent is required to complete in-service training to maintain a Resource Family home license. There are four types of training FAFS offers to resource parents: on-line training, home correspondence courses, on-site speakers at monthly volunteer meetings, and county-based workshops. Over 1,518 resource parents took 2,754 courses during this monitoring period, and 2,302 took a total of 6,670 courses in calendar year 2010. In addition to the eleven new courses developed in the first six months of 2010, FAFS added the following during the past six months:

- Two County-based trainings: *Supporting Children Who Are Exposed to Domestic Violence* and *Stop Picking On Me: A Look At The Impact Of Bullying*
- Four Home Correspondence Courses: *Help: My Child has Run Away from Home; The Birds, Bees & Everything in Between; Do I Really Have to Talk to the Parents of my Child in Foster Care?; Who Am I: Helping Children and Adolescents Develop Positive Identity*
- One Online Training: *Trans-Racial/Trans-Cultural Care, Part 1*

Fifteen additional training opportunities were offered at local FAFS meetings. Additionally, FAFS posted a new Resource Parent Handbook on its website in March 2011. The Handbook provides information for resource parents to navigate the child welfare system and answers questions regarding the rights and responsibilities of resource parents.

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

The following measures relate to children's placement in out-of-home care. Several of the placement outcome measures are not assessed in this report as indicated in the text and charts that follow.

Appropriateness of Placement

Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance	December 2010 Performance	Requirement Fulfilled as of December 31, 2010 (Yes/No/Ongoing)
<p>23. <u>Combined assessment of appropriateness of placement based on:</u></p> <p>a. Placement within appropriate proximity of their parents' residence unless such placement is to otherwise help the child achieve the planning goal.</p> <p>b. Capacity of caregiver/ placement to meet child's needs.</p> <p>c. Placement selection has taken into account the location of the child's school.</p>	To be determined through pilot QR in immersion sites in the first quarter of 2010.	By June 30, 2010, 90% of cases score appropriately as measured by QR Modules.	To be assessed in the future. ¹⁰¹	<p>a. In CY2010, 77% of children who entered care were placed in the same county of the home from which they were removed and 69% of children were placed within 10 miles of the home from which they were removed.</p> <p>b. To be assessed in the future.¹⁰²</p> <p>c. To be assessed in the future.¹⁰³</p>	Not assessed in this report.

Performance as of December 31, 2010:

Data on the appropriateness of a child's placement are not currently available. This will be measured using the QR process, the development of which has taken longer than expected. As discussed in this report under Assessing Quality of Practice on page 171, the tools for this review are currently being refined.

DCF is able to report on the number of children placed within the same county of the home from which they were removed as well as within 10 miles of the home from which they were removed. DCF uses NJ SPIRIT data analyzed by Chapin Hall to report on this measure. In CY2010, there were 3,836 children who entered out-of-home placement. Of those 3,836 children there were 2,284 for whom a valid address was retrieved. Of those 2,284 children, 1,754 (77%) children were placed within the same county as the home from which they were removed. Additionally, of the 3,836 children removed, 1,925 children's addresses were successfully

¹⁰¹ Qualitative measures will be assessed through the Qualitative Review process which is currently in the pilot phase.

¹⁰² Beginning in January 2012 the Monitor will report on qualitative measures using data from the New Jersey Qualitative Review, which is to be fully implemented based on results of a 2010 pilot process.

¹⁰³ Beginning in January 2012 the Monitor will report on qualitative measures using data from the New Jersey Qualitative Review, which is to be fully implemented based on results of a 2010 pilot process.

geocoded by Chapin Hall. Of the 1,925 children, 1,320 (69%) children were placed within 10 miles of the home from which they were removed.

Placing Children with Families

Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance	December 2010 Performance	Requirement Fulfilled as of December 31, 2010 (Yes/No/Ongoing)
24. <u>Placing Children with Families</u> : The percentage of children currently in custody who are placed in a family setting.	By July 2008, 83% of children will be placed in a family setting.	Beginning July 2009 and thereafter, at least 85% of children will be placed in a family setting.	86% of children were placed in a family setting.	86% of children were placed in a family setting.	Yes

Performance as of December 31, 2010:

DCF uses NJ SPIRIT to report on children's placements. As of December 31, 2010, there were 7,171 children in a DYFS out-of-home placement, 6,193 (86%) of whom were placed in resource family (non-kin) or kinship placements. The remaining 978 (14%) children were placed in independent living placements (174) or group and residential facilities (804). The Monitor considers DCF to have met the performance target for this outcome.

DCF also provides data on children's out-of-home placement type at the time of initial placement. The most recent data is from calendar year 2010 when 3,836 children entered out-of-home placement. Of the 3,836 children, 3,426 (89%) children were placed in family settings for their first placement or within seven days of initial placement.

Placing Siblings Together

Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance	December 2010 Performance	Requirement Fulfilled as of December 31, 2010 (Yes/No/Ongoing)
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.	a. For siblings entering custody in the period beginning July 2009, at least 65% will be placed together. b. For siblings entering custody in the period beginning July 2010, at least 70% will be placed together. c. For siblings entering custody in the period beginning July 2011, at least 75% will be placed together.	For siblings entering custody in the period beginning July 2012 and thereafter, at least 80% will be placed together.	CY2010 data not yet available.	In CY2010, 77% of sibling groups of 2 or 3 were placed together	Yes

Performance as of December 31, 2010:

In calendar year 2010, there were 771 sibling groups that came into custody at the same time or within 30 days of one another. Of these 771 sibling groups, 660 sibling groups had two or three children in them; 507 (77%) of these sibling groups were placed together. This meets the July 2010 interim performance benchmark.

Placing Siblings Together

Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance	December 2010 Performance	Requirement Fulfilled as of December 31, 2010 (Yes/No/Ongoing)
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.	a. For siblings entering custody in the period beginning July 2009, at least 30% will be placed together. b. For siblings entering in the period beginning July 2010, at least 35% will be placed together.	For siblings entering in the period beginning July 2011 and thereafter at least 40% will be placed together.	CY2010 data not yet available.	In CY2010, 34% of sibling groups of 4 or more were placed together.	Yes

Performance as of December 31, 2010:

In calendar year 2010, there were 771 sibling groups that came into custody at the same time or within 30 days of one another. Of these 771 sibling groups, 111 sibling groups had four or more children in them; 38 (34%) of these sibling groups were placed together. This performance meets the July 2010 interim performance benchmark.

Stability of Placement

Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance	December 2010 Performance	Requirement Fulfilled as of December 31, 2010 (Yes/No/Ongoing)
27. <u>Stability of Placement</u> : Of the number of children entering care in a period, the percentage with two or fewer placements during the 12 months beginning with the date of entry.	By December 31, 2008, at least 86% of children entering care will have two or fewer placements during the 12 months from their date of entry.	By June 2009 and thereafter, at least 88% of children entering care will have two or fewer placements during the 12 months from their date of entry.	CY2009 data not yet available.	In CY2009, 84% of children entering care had two or fewer placements during the 12 months from their date of entry.	No

Performance as of December 31, 2010:

Data on calendar year 2010 performance is not yet available as performance is measured on the stability of placement for the first 12 months of children who entered care anytime in 2010. The most recent performance data assesses the 3,987 children who entered care in calendar year 2009 and aggregates the number of placements each child experienced. In calendar year 2009, 84 percent of these children (3,356 children) had two or fewer placements during the 12 months from their date of entry. This performance does not meet the June 2009 final target.

Placement Limitations

Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance	December 2010 Performance	Requirement Fulfilled as of December 31, 2010 (Yes/No/Ongoing)
28. <u>Placement Limitations</u> : Number/percent of resource homes in which a child has been placed if that placement will result in the home having more than four foster children, or more than two foster children under age two, or more than six total children including the resource family's own children.	Not Applicable ¹⁰⁴	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

Performance as of December 31, 2010:

The MSA sets limits on how many children can be placed in a Resource Family home at one time: no child should be placed in a resource 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 limits as follows: no more than five percent of Resource Home placements may be made into resource homes with seven or eight total children including the resource family's own children, but such placements can be made as long as there is adherence to the other limitations referred to above. Any of the limitations may be waived if needed and appropriate to allow a group of siblings to be placed together.

The Monitor reviewed the four waivers to population limits awarded to Resource Family homes between July 1 and December 31, 2010. All waivers were appropriate. Two waivers were awarded to families with more than one child under two years old, one was a short term placement for a child with medical needs, and the other because the toddler was being placed with a relative. Two additional waivers were awarded to families with more than six children, one was a short term waiver that just exceeded the fourteen day mark to require a waiver, and the other was awarded to a foster mother because of her expertise with teenage girls.

¹⁰⁴ For places where baseline data were not available prior to due date of final target, benchmarks have been removed.

Limiting Inappropriate Placements

Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance	December 2010 Performance	Requirement Fulfilled as of December 31, 2010 (Yes/No/Ongoing)
<p>29. <u>Inappropriate Placements:</u></p> <p>a. The number of children under age 13 placed in shelters.</p> <p>b. The number of children over age 13 placed in shelters in compliance with MSA standards on appropriate use of shelters to include: as 1) an alternative to detention; 2) a short-term placement of an adolescent in crisis not to extend beyond 45 days; or 3) a basic center for homeless youth.</p>	<p>a. By December 2008 and thereafter, no children under age 13 in shelters.</p> <p>b. By December 31 2008, 75% and by June 30, 2009, 80% of children placed in shelters in compliance with MSA standards on appropriate use of shelters.</p>	<p>a. By December 2008 and thereafter, no children under age 13 in shelters.</p> <p>b. By December 31, 2009, 90% of children placed in shelters in compliance with MSA standards on appropriate use of shelters to include: 1) an alternative to detention; 2) short-term placement of an adolescent in crisis not to extend beyond 30 days; or 3) a basic center for homeless youth.</p>	<p>a. Between January and June 2010, no child under age 13 was placed in a shelter.</p> <p>b. Between January and June 2010, 92% of children placed in shelters were in compliance with MSA standards.</p>	<p>a. Between July and December 2010, no child under age 13 was placed in a shelter.</p> <p>b. Between July and December 2010, 95% of children placed in shelters were in compliance with MSA standards.</p>	Yes

Performance as of December 31, 2010:

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

From July through December 2010, no child (0) in out-of-home placement under the age of 13 was placed in a shelter. This is the second consecutive reporting period in which DCF has achieved this performance i.e., DCF did not place a child under the age of 13 in a shelter for the entire 2010 calendar year. In 2009, DCF had placed one or two children under the age of 13 in a shelter during each sixth month monitoring period, demonstrating that DCF has consistently ended the use of shelters for this population of children. This is a substantial and important accomplishment.

From July 1 through December 31, 2010, 303 youth age 13 or older were placed in a shelter. Of the 303 youth, 287 (95%) youth were placed in accordance with criteria on appropriate use of shelters.

This period, the Monitor again independently verified data on appropriate use of shelters for this population of youth by reviewing case level documentation in NJ SPIRIT. The Monitor randomly reviewed 30 cases, representing 10 percent of the youth who had been placed in shelter between July and December 2010. Of the cases reviewed, 27 had been determined by DCF to be an appropriate use of shelters, and three an inappropriate use of shelters. The Monitor agreed with DCF's determination in all cases.¹⁰⁵

Similar to past reviews, the Monitor found that many of the youth placed in shelters had significant mental health and behavioral challenges.

**Table 12: Shelter Placements for Youth over the Age of 13
(January 2008 – December 2010)**

	January – June 2008	July – December 2008	January – June 2009	July – December 2009	January – June 2010	July- December 2010
Number of youth over 13 placed in shelters	451	421	465	393	350	303
Number of youth appropriately placed	358 (79%)	375 (89%)	423 (91%)	352 (90%)	322 (92%)	287 (95%)
Number of youth inappropriately placed	93 (21%)	46 (11%)	42 (9%)	41 (10%)	28 (8%)	16 (5%)

Source: DCF

¹⁰⁵ Based on a NJ SPIRIT review alone, the Monitor could not determine the appropriate use of shelters in 6 of the 30 cases. DYFS provided additional clarification from case files for the Monitor which supported the appropriate use of shelters.

VII. REPEAT MALTREATMENT AND RE-ENTRY INTO CARE

The State is responsible for ensuring the safety of children who are receiving or have received services from DYFS. This responsibility includes ensuring the safety of children who are placed in Resource Family homes or facilities. As detailed below, the MSA includes a number of outcomes on repeat maltreatment, maltreatment while in care and re-entry into care.

Abuse and Neglect of Children in Foster Care

Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance	December 2010 Performance	Requirement Fulfilled as of December 31, 2010 (Yes/No/Ongoing)
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 2009, no more than 0.53% of children will be victims of substantiated abuse or neglect by a resource parent or facility staff member.	For the period beginning July 2010 and thereafter, no more than 0.49% of children will be victims of substantiated abuse or neglect by a resource parent or facility staff member.	CY2010 data not yet available.	In CY2010, 0.11% of children were victims of substantiated abuse or neglect by a resource parent or facility staff member	Yes

Performance as of December 31, 2010:

In calendar year 2010, 0.11 percent of children in custody in out-of-home placement were the victims of substantiated abuse or neglect by a resource parent or facility member, meeting the July 2010 final target established by the MSA.

Data on maltreatment in out-of-home care come from DCF's work with Chapin Hall. The most recent data analyzed by Chapin Hall is from calendar year 2010. Chapin Hall found that 13 children were the victims of substantiated abuse or neglect by a resource parent or facility staff member. Of the 12,227 children who were in care at any point in calendar year 2010, this equates to 0.11 percent of children were the victims of abuse or neglect in an out-of-home placement.

Repeat Maltreatment

The Performance Benchmarks measure two types of repeat maltreatment. The first is for children who are not removed from their own homes after a substantiation of child abuse or neglect. The second measures repeat maltreatment for children who have been removed and subsequently reunified with their families.

Repeat Maltreatment

Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance	December 2010 Performance	Requirement Fulfilled as of December 31, 2010 (Yes/No/Ongoing)
31. <u>Repeat Maltreatment</u> : Of all children who remain in home after substantiation of abuse or neglect, the percentage who have another substantiation within the next 12 months.	Not Applicable ¹⁰⁶	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.	CY2009 data not yet available.	For children who were the victims of a substantiated allegation of child maltreatment in CY2009 and remained at home, 5.6% had another substantiation within the next 12 months. ¹⁰⁷	Yes

Performance as of December 31, 2010:

Of those children who were victims of a substantiated allegation of abuse or neglect and who did not enter out-of-home care in calendar year 2009, 5.6 percent had another substantiation within the next 12 months.

DFC uses Chapin Hall data to report on repeat maltreatment and the most recent data analyzed by Chapin Hall are for children whose first substantiation occurred in calendar year 2009. In calendar year 2009, there were 4,945 children who were the victims of a substantiated allegation of abuse or neglect and were not placed in out-of-home care. As of December 31, 2010, of the 4,945 children, 278 (5.6%) children were the victims of a substantiated allegation of child abuse or neglect within 12 months of the initial substantiation.

¹⁰⁶ For places where baseline data were unavailable prior to due date of final target, benchmarks have been removed.

¹⁰⁷ Chapin Hall has revised the methodology for capturing repeat maltreatment data. Instead of using the investigation start date to determine when a substantiation occurs, it now uses the CPS report date. This change in methodology changes previously reported performance data from past years.

Repeat Maltreatment

Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance	December 2010 Performance	Requirement Fulfilled as of December 31, 2010 (Yes/No/Ongoing)
32. <u>Repeat Maltreatment</u> : Of all children who are reunified during a period, the percentage who are victims of substantiated abuse or neglect within one year after the date of reunification.	Not Applicable ¹⁰⁸	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.	CY2009 data not yet available.	In CY2009, 7% of children who reunified were the victims of substantiated child maltreatment within one year after the reunification	No

Performance as of December 31, 2010:

In calendar year 2009, seven percent of children who were reunified were victims of substantiated abuse or neglect within one year after the date of reunification.

DCF uses Chapin Hall data to report on repeat maltreatment and the most recent data analyzed by Chapin Hall are from calendar year 2009. In calendar year 2009, there were 3,454 children who were returned home or to a family member after a stay in out-of-home placement. Of the 3,454 children, 245 (7%) were the victims of a substantiated allegation of abuse or neglect within 12 months of their return home. The Monitor is concerned about the performance on this measure as the percentage of children who are the victims of a substantiated allegation of child maltreatment within one year after reunification has been increasing instead of decreasing (from 4% in CY 2004 to 7% in CY 2009).

Over the past several years, DCF has been improving permanency results including reunification. This measure on repeat maltreatment helps DCF to assess whether appropriate decisions are being made upon reunification. These data prompt the need to go further and ask questions about whether sufficient supports are in place at time of reunification and the strength of family connections to community support.

¹⁰⁸ For places where baseline data were unavailable prior to due date of final target, benchmarks have been removed.

Re-entry to Placement

Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance	December 2010 Performance	Requirement Fulfilled as of December 31, 2010 (Yes/No/Ongoing)
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.	a. For the period beginning July 2009, of all children who exit, no more than 14% will re-enter custody within one year of the date of exit. b. For the period beginning July 2010, of all children who exit, no more than 11.5% will re-enter custody within one year of the date of exit.	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.	CY2009 data is not yet available.	Of all children who exited in CY2009 14% re-entered custody within one year of the date of exit.	Yes

Performance as of December 31, 2010:

DCF uses Chapin Hall data to report on re-entry into placement. The most recent data analyzed by Chapin Hall are from calendar year 2009. In calendar year 2009, there were 6,151 children who exited foster care. Of the 6,151 children who exited, 4,095 children exited to qualifying exits (i.e., reunification, guardianship or to a relative placement).¹⁰⁹ Of the 4,095 children who exited to qualifying exits, 585 (14%) children re-entered placement as of December 31, 2010.

¹⁰⁹ DCF has objected to the Monitor's definition of "qualifying exits" used to analyze this measure. The agency believes that due to the language of the MSA, the definition of qualifying exits should only exclude children who run away from placement. The Monitor uses a definition of qualifying exits which excludes from the calculations runaways as well as children who are adopted. Based on the DCF definition, of all children who exited in CY2009, 10% 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.” Permanency can be achieved through a number of different avenues: safe family reunification is the preferred choice, but permanency also includes kinship/guardianship and adoption.

As required by the MSA, the Monitor, in consultation with the Parties, developed specific measures and performance benchmarks to determine whether children in custody achieve timely permanency through reunification, adoption or legal guardianship (Section III.A.2.a). These five permanency outcomes and associated performance benchmarks and final targets are shown below.

Together, the five permanency measures established by the Monitor and Parties reflect an expectation that children entering custody will attain permanency in a timely manner through whatever is the most appropriate pathway to meet their situation and needs. The measures were designed to avoid creating unintended incentives in favor of one permanency path (for example reunification or adoption) over another. The measures also seek to examine performance and set realistic permanency expectations and timeframes for children who have newly entered foster care and how long they remain in care as well as those children and youth who have remained in care for extended periods of time. DCF is expected to reunify families safely and as quickly as possible and when that is not feasible, make decisions and take actions, if appropriate, to terminate parental rights and help children achieve permanency through guardianship or adoption in a timely manner.

Timely Permanency through Reunification, Adoption or Legal Guardianship

Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance	December 2010 Performance	Requirement Fulfilled as of December 31, 2010 (Yes/No/Ongoing)
34. a. <u>Permanency Outcome 1: Permanency in first 12 months:</u> ¹¹⁰ Of all children who entered foster care for the first time in the target year and who remained in foster care for 8 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.	<p>a. Of all children who entered foster care for the first time in CY2009, 43% will have been discharged to permanency (reunification, permanent relative care, adoption and/or guardianship) within 12 months from their removal from home.</p> <p>b. Of all children who entered foster care for the first time in CY2010, 45% will have been discharged to permanency (reunification, permanent relative care, adoption and/or guardianship) within 12 months from their removal from home.</p>	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.	CY2009 data not yet available.	Of all children who entered foster care in 2009, 45% were discharged from foster care to permanency within 12 months from their removal from home.	Yes

Performance as of December 31, 2010:

DCF uses NJ SPIRIT analyzed by Chapin Hall to report on the percentage of children who exit to permanency within 12 months of removal from their home within any given calendar year. The most recent data analyzed by Chapin Hall is for children who entered foster care in calendar year 2009. Of the children who entered foster care in calendar year 2009, 45 percent discharged to permanency within 12 months from their removal from their home. This performance meets the calendar year 2009 benchmark.

¹¹⁰ The data for this outcome will be provided by type of positive permanency (e.g. reunification, permanent relative care, adoption and/or guardianship), but the performance, benchmark and final target are set on a total measure of positive permanency.

Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance	December 2010 Performance	Requirement Fulfilled as of December 31, 2010 (Yes/No/Ongoing)
34. b. <u>Permanency Outcome 2:</u> <u>Adoption:</u> Of all children who became legally free for adoption during the 12 months prior to the target year, what percentage was discharged from foster care to a finalized adoption in less than 12 months from the date of becoming legally free.	a. Of those children who become legally free in CY2009, 45% will be discharged to a final adoption in less than 12 months from the date of becoming legally free. b. Of those children who become legally free in CY2010, 55% will be discharged to a final 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.	CY2009 data not yet available.	73% of children who became legally free in CY2009 were discharged from foster care to a finalized adoption in less than 12 months from the date of becoming legally free.	Yes

Performance as of December 31, 2010:

DCF uses NJ SPIRIT data to report on the number of children who are adopted within 12 months of becoming legally free for adoption. The most recent data available are for calendar year 2009. In calendar year 2009, 1,132 children became legally free for adoption.¹¹¹ Of the 1,132 children, 825 (73%) were adopted within 12 months of becoming legally free. An additional 159 (14%) of the children who became legally free in calendar year 2009 have been adopted with their finalizations occurring more than 12 months after they became legally free. Based on this performance, DCF has exceeded the calendar year 2009 benchmark.

¹¹¹ There were an additional 161 children who were not candidates for adoption because they no longer have a goal of adoption, the termination of parental rights was being appealed, their legal status changed due to an appeal or a data issue incorrectly reported them as being legally free.

Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance	December 2010 Performance	Requirement Fulfilled as of December 31, 2010 (Yes/No/Ongoing)
34. c. <u>Permanency Outcome 3: Total time to Adoption:</u> Of all children who exited foster care to adoption in the target year, what percentage was discharged from foster care to adoption within 30 months from removal from home.	a. Of all children who exit to adoption in CY2009, 45% will be discharged from foster care to adoption within 30 months from removal from home. b. Of all children who exit to adoption in CY2010, 55% will be discharged from foster care to adoption within 30 months from removal from home.	Of all children who exit to adoption in CY2011, 60% will be discharged from foster care to adoption within 30 months from removal from home.	CY2010 data not yet available.	Of all children who exited to adoption in CY2010, 45% were discharged from foster care to adoption within 30 months from removal from home.	No

Performance as of December 31, 2010:

DCF uses NJ SPIRIT data analyzed by Chapin Hall to report on the percentage of children who exit to adoption within 30 months from their removal from their home. The most recent data analyzed by Chapin Hall is from calendar year 2010. Of the children who exited foster care to adoption in calendar year 2010, 45 percent had been in care for 30 months or less. This performance falls short of the calendar year 2010 interim performance benchmark of 55 percent.

Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance	December 2010 Performance	Requirement Fulfilled as of December 31, 2010 (Yes/No/Ongoing)
<p>34. d. <u>Permanency Outcome 4: Permanency for children in care between 13 and 24 months:</u>¹¹²</p> <p>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.</p>	<p>a. Of all children who were in care on the first day of CY2009 and had been in care between 13 and 24 months, 43% will be discharged to permanency prior to their 21st birthday or by the last day of year.</p> <p>b. Of all children who were in care on the first day of CY2010 and had been in care between 13 and 24 months, 45% will be discharged to permanency prior to their 21st birthday or by the last day of year.</p>	<p>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 year.</p>	<p>CY2010 data not yet available.</p>	<p>Of all children who were in care on the first day of CY2010 and had been in care between 13 and 24 months, 43% discharged to permanency prior to their 21st birthday or by the last day of the year.</p>	<p>No</p>

Performance as of December 31, 2010:

DCF uses NJ SPIRIT data analyzed by Chapin Hall to report on the percentage of children who were in care on the first day of any given calendar year and had been in care between 13 and 24 months who discharged to permanency prior to their 21st birthday or the last day of the year. The most recent data analyzed by Chapin Hall is from calendar year 2010. Of all children who were in care on the first day of calendar year 2010 and had been in care between 13 and 24 months, 43 percent discharged to permanency prior to their 21st birthday or the last day of the year. This performance falls just short of the calendar year 2010 interim performance benchmark of 45 percent.

¹¹² The data for this outcome will be provided by type of positive permanency (e.g. reunification, permanent relative care, adoption and/or guardianship), but the performance, benchmark and final target are set on a total measure of positive permanency.

Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance	December 2010 Performance	Requirement Fulfilled as of December 31, 2010 (Yes/No/Ongoing)
34. e. <u>Permanency Outcome 5: Permanency after 25 months:</u> ¹¹³ Of all children who were in foster care for 25 months or longer on the first day of the target year, what percentage was discharged to permanency (through reunification, permanent relative care, adoption and guardianship) prior to their 21 st birthday and by the last day of the year.	a. Of all children who were in foster care for 25 months or longer on the first day of CY2009, 41% will be discharged to permanency prior to their 21 st birthday and by the last day of the year. b. Of all children who were in foster care for 25 months or longer on the first day of CY2010, 44% will be discharged to permanency prior to their 21 st birthday and by the last day of the year.	Of all children who were in foster care for 25 months or longer on the first day of CY2011, 47% will be discharged to permanency prior to their 21 st birthday and by the last day of the year.	CY2010 data not yet available.	Of all children who were in foster care for 25 months or longer on the first day of CY2010, 34% discharged to permanency prior to their 21 st birthday or the last day of the year.	No

Performance as of December 31, 2010:

DCF uses NJ SPIRIT data analyzed by Chapin Hall to report on the percentage of children who were in foster care for 25 months or longer on the first day of any given calendar year who discharge to permanency prior to their 21st birthday or by the last day of the year. The most recent data analyzed by Chapin Hall is from calendar year 2010. Of all children who were in care on the first day of calendar year 2010 and had been in care for 25 months or longer, 34 percent discharged to permanency prior to their 21st birthday or the last day of the year. This performance falls short of the calendar year 2010 interim performance benchmark of 44 percent.

Permanency Through Adoption

In addition to the adoption performance measure discussed above, the Monitor analyzes DCF's adoption practice by reviewing the number of adoptions finalized and the progress that the State made in finding permanence for the 100 Longest Waiting Teens. This report also provides data

¹¹³ The data for this outcome will be provided by type of positive permanency (e.g. reunification, permanent relative care, adoption and/or guardianship), but the performance, benchmark and final target are set on a total measure of positive permanency.

on interim performance benchmarks related to adoption case processes such as the timeliness with which petitions to terminate parental rights have been filed, child-specific recruitment plans have been developed, children have been placed in an adoptive home and an adoptive home placement has been finalized.

Between January 1 and December 31, 2010, DCF finalized 1171 adoptions.

As of December 31, 2009, 1,086 children were legally free and able to move toward adoption.¹¹⁴ DCF set as a target that 1,015 children would achieve adoption in 2010. The 1,171 children adopted in 2010 represent children legally free as of December 2009 and any children who became newly free for adoption in 2010. As of December 31, 2010, there were 1,223 children legally free for adoption.

¹¹⁴ In total 1,314 children were legally free, but 228 children were not able to move toward adoption because the lower court decision in their case was under appeal.

**Table 13: Adoption Finalization – by DYFS Local Office Between
(January 1 – December 31, 2010)**

Local Office	Number Finalized	Local Office	Number Finalized
Atlantic East	23	Salem	16
Atlantic West	10	Hudson Central	27
Cape May	21	Hudson North	23
Bergen Central	14	Hudson South	31
Bergen South	25	Hudson West	22
Passaic Central	35	Hunterdon	4
Passaic North	31	Somerset	11
Burlington East	17	Warren	38
Burlington West	6	Middlesex Central	13
Mercer North	45	Middlesex Coastal	23
Mercer South	40	Middlesex West	23
Camden Central	15	Monmouth North	23
Camden East	14	Monmouth South	12
Camden North	20	Morris East	14
Camden South	28	Morris West	13
Essex Central	53	Sussex	7
Essex North	15	Ocean North	48
Essex South	20	Ocean South	43
Newark Adoption	216	Union Central	19
Gloucester	35	Union East	37
Cumberland	23	Union West	15
Total – 1,171			

Source: DCF

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

As required under the MSA, DCF continues to provide paralegal support to assist with the necessary adoption paperwork (Section II.G.5). As of September 11, 2010, the State employed a total of 145 paralegals, and had approval to fill three more positions (for a total of 148 positions). Additionally, DCF maintains a contract with Children's Home Society to provide 23 child summary writers statewide and five part-time adoption expeditors who assist with adoption paperwork in Essex, Union and Middlesex counties. The State has consistently maintained support for these positions that advance adoptions.

DCF found permanent homes or lifelong connections for half of the 100 Longest Waiting Teens.

Beginning in January 2007, DCF prioritized finding permanent homes for older youth who had been in care for an extended period of time, with particular attention to youth known as the 100 Longest Waiting Teens. DCF made slow and steady progress at finding permanent connections for these youth. Between July and December 2010, one additional youth achieved adoption

finalization, so that since January 2007, 26 youth who were identified by DYFS as waiting the longest in foster care have now successfully achieved a permanent, legal family through adoption. Another 24 youth have achieved permanency (or are about to achieve permanency)—five youth are living in an adoptive home awaiting finalization by the court, one is in a kinship legal guardianship, 11 youth have reunified with their birth family and seven are able to remain permanently with their resource family. Thus, 50 of the teens identified as waiting the longest for permanency have or are about to have permanent family. For eight youth, DCF stated that there are permanency plans in development.

Over the last year, DCF has brought focused attention to youth who had yet to achieve a permanent home or connection. Specifically, DCF worked with a consultant through the National Resource Center for Permanency Planning and Family Connections (a federal support center) to review the status of 21 youth who were not moving toward permanency. As a result of this in-depth consultation, DCF reports that an additional 12 youth have moved toward permanency—eight have established a family connection, two are visiting with potential adoptive families, one has an adoption finalization pending, and one signed a “permanency pact” with her foster family. DCF reports that 17 of the 21 youth were in residential treatment programs. Based on this analysis, DCF has increased education to residential treatment providers about the importance of integrating permanency issues as a part of treatment and changing visitation with families so that they are based in homes and communities rather than in treatment programs.

DCF reports that, at this time, of the original 100 Longest Waiting Teens, all have either achieved permanency or have reached the age of 18. For the youth who did not achieve permanency, DCF is working to support them in building meaningful family and community connections and in preparing them to live independently. Table 14 below provides description of the permanency status for all 100 youth.

**Table 14: Progress Towards Achieving Permanent Connections
for 100 Longest Waiting Teens
As of December 31, 2010**

Status of Permanent Plan	Number of Teens
1. <u>Permanent Plan Achieved</u>	
a. Adoption Finalized/Case Closed	26
b. Placed in an Adoptive Home, pending court finalization	5
c. Kinship Legal Guardianship/Case Closed	1
d. Returned to Birth Family(reunification)/relative placement	11
e. Teen remaining with resource family*	7
Subtotal	50
2. <u>Permanent Placement Underway</u>	
a. Visiting an Interested Adoptive Family	1
b. Visiting an Interested Relative Family	3
Subtotal	4
3. <u>Permanency Plan in Development</u>	
a. Connection tasks ongoing	8
Subtotal	8
4. <u>Other Outcomes</u>	
a. Re-Connected with Family**	28
b. Teen achieved Independence	10
Subtotal	38
TOTAL	100

Source: DCF Office of Adoption Operations

* As part of the Independent Living Plan for some youth, permanent stay with a resource parent is the goal.

**DCF reports that although the teens are not living with family members, they visit frequently and maintain contact. These family contacts include connecting youth with their birth parents, previous resource family homes, siblings, grandmothers, aunts, uncles and a former therapist.

Adoption Performance Benchmarks**Progress Toward Adoption**

Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance	December 2010 Performance	Requirement Fulfilled as of December 31, 2010 (Yes/No/Ongoing)
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 six weeks of the date of the goal change.	Not applicable, final target set by the MSA.	Beginning January 1, 2010, of the children in custody whose permanency goal is adoption, at least 90% shall have a petition to terminate parental rights filed within six weeks of the date of the goal change.	Between January and June 2010, 42% to 58% of children with a permanency goal (of adoption had a petition to terminate parental rights filed within six weeks of the date of the goal change.) ¹¹⁵	Between July and December 2010, 47% to 67% of children with a permanency goal of adoption had a petition to terminate parental rights filed within six weeks of the date of the goal change. ¹¹⁶	No

Performance as of December 31, 2010:

DCF uses NJ SPIRIT data analyzed by Safe Measures to report on the percent of children who have termination of parental rights petitions filed within six weeks of their goal change to adoption. In December 2010, 67 percent of termination of parental rights (TPR) petitions were filed within six weeks of changing the child's permanency goal to adoption. From July through December 2010, TPR petitions were filed in 47 to 67 percent of cases within six weeks of the child's goal change to adoption. This performance does not meet the January 1, 2010 final target of 90 percent. Monthly performance on filing TPR petitions within six weeks and after six weeks is shown in Table 15 below.

¹¹⁵ Because there is variation in monthly performance and the total number of applicable children is small, the Monitor is including the range of monthly performance.

¹¹⁶ Because there is variation in monthly performance and the total number of applicable children is small, the Monitor is including the range of monthly performance.

**Table 15: TPR Filing for Children with a Permanency Goal of Adoption
(July – December 2010)**

Month of goal change (Total number of goal change)		TPR filed within 6 weeks	TPR filed after 6 weeks	TPR not filed As of 10/03/2010
July	(71)	36(51%)	22(31%)	13(18%)
August	(100)	50(50%)	39(39%)	11(11%)
September	(103)	61(59%)	30(28%)	12(12%)
October	(143)	95(66%)	32(22%)	16(11%)
November	(76)	36(47%)	28(37%)	12(16%)
December	(87)	58(67%)	17(20%)	12(14%)

Source: DCF

*Percentages may not equal 100 due to rounding.

Child Specific Adoption Recruitment

Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance	December 2010 Performance	Requirement Fulfilled as of December 31, 2010 (Yes/No/Ongoing)
36. <u>Child Specific Adoption Recruitment</u> : Number/percent of children with a permanency goal of adoption needing recruitment who have a child-specific recruitment plan developed within 30 days of the date of the goal change.	Not applicable, final target set by the MSA.	Beginning January 1, 2010, of the children in custody whose permanency goal is adoption, at least 90% of those for whom an adoptive home has not been identified at the time of termination of parental rights shall have a child-specific recruitment plan developed within 30 days of the date of the goal change.	Between January and June 2010, 0 to 44% of children with a permanency goal of adoption needing recruitment had a child-specific recruitment plan developed within 30 days of the date of the goal change. ¹¹⁷	Between July and December 2010, 11% to 88% of children with a permanency goal of adoption needing recruitment had a child-specific recruitment plan developed within 30 days of the date of the goal change. ¹¹⁸	No

¹¹⁷ Because there is variation in monthly performance and the total number of applicable children is small, the Monitor is including the range of monthly performance.

¹¹⁸ Because there is variation in monthly performance and the total number of applicable children is small, the Monitor is including the range of monthly performance.

Performance as of December 31, 2010:

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

DCF uses NJ SPIRIT data analyzed by Safe Measures to report on this outcome. In December 2010, 14 out of 16 eligible select home adoption cases (88%) had a child-specific recruitment plan developed within 30 days of the goal change.¹¹⁹ This performance marks a dramatic improvement from all previous months in this monitoring period. From July through December 2010, the percentage of select home adoption cases that had child specific recruitment plans developed within 30 days ranged from 11 to 88 percent. DCF has not meet the January 2010 final target which requires that child-specific recruitment plans are developed in 90 percent of eligible cases (see Table 16). The number of children requiring a child specific recruitment plan remains small. From July through December 2010, 100 children required a child specific recruitment plan and 32 (32%) had such a plan developed within 30 days.

Table 16: Child-Specific Recruitment Plans Developed within 30 days of Goal Change for Children without Identified Adoption Resource (July – December 2010)

Month in which Plan was Due	Plan developed within 30 days	Plan developed within 31-60 days	Plan developed over 60 days	Not completed as of 10/19/2010
July	3 (11%)	10 (36%)	0	15 (54%)
August	1 (20%)	2 (40%)	0	2 (40%)
September	7 (30%)	7 (30%)	0	9 (40%)
October	3 (23%)	4 (31%)	6 (46%)	0
November	4 (27%)	10 (66%)	1 (7%)	0
December	14 (88%)	2 (13%)	0	0

Source: DCF

*Some percentages do not equal 100 due to rounding.

¹¹⁹ Select home adoption cases are situations where no adoptive home has already been identified for the child.

Placement in an Adoptive Home

Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance	December 2010 Performance	Requirement Fulfilled as of December 31, 2010 (Yes/No/Ongoing)
37. <u>Placement in an Adoptive Home</u> : Number/percent of children with a permanency goal of adoption and for whom an adoptive home had not been identified at the time of termination are placed in an adoptive home within nine months of the termination of parental rights.	Not applicable, final target set by the MSA.	Beginning July 1, 2009, of the children in custody whose permanency goal is adoption, at least 75% of the children for whom an adoptive home has not been identified at the time of termination shall be placed in an adoptive home within nine months of the termination of parental rights.	64% of 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.	50% of 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

Performance as of December 31, 2010:

DCF policy is that a child should be placed in an adoptive home within nine months of the termination of parental rights.

DCF uses NJ SPIRIT to report on this measure. DCF reports that between October and December 2010, 18 children had a permanency goal of adoption, but did not have an adoptive home identified at the time of termination of parental rights. Nine (50%) children were placed in an adoptive home within nine months of the termination of parental rights. DCF's performance has declined by 14 percent since the last monitoring period. While performance continues to fall short of the January 2010 final target of at least 75 percent of these children placed in an adoptive home, it is important to note the very small number of children who fall within this group and the corresponding impact on the resulting percentage.

DCF has emphasized earlier permanency planning to effectively move decision making earlier in the placement process so that very few children currently complete TPR litigation without an identified family. DCF reports that the handful of children who remain are a tiny group whose age (middle teens) or circumstances (medical/developmental challenges) require that adoptive placement typically begin with specialized family recruitment. This type of recruitment often requires more than a nine month period as it includes the need to identify, study and license an interested family before beginning the actual placement process.

Final Adoptive Placement

Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance	December 2010 Performance	Requirement Fulfilled as of December 31, 2010 (Yes/No/Ongoing)
38. <u>Final Adoptive Placements</u> : Number/percent of adoptions finalized within nine months of adoptive placement.	Beginning December 31, 2008, of adoptions finalized, at least 80% shall have been finalized within nine months of adoptive placement.	Beginning July 1, 2009, of adoptions finalized, at least 80% shall have been finalized within nine months of adoptive placement.	86% of adoptions were finalized within nine months of adoptive placement.	92% of adoptions were finalized within nine months of adoptive placement	Yes

Performance as of December 31, 2010:

DCF uses NJ SPIRIT to report on this measure. DCF reports that in December 2010, of 62 adoptions eligible to be finalized, 57 (92%) were finalized within nine months of the adoptive placements. Between July and December 2010, 79-92 percent of adoptions were finalized within nine months of the child's placement in an adoptive home (See Table 17 below). The Monitor considers DCF to have fulfilled the July 1, 2009 final target of finalizing at least 80 percent of adoptions within the prescribed time period for each month of this monitoring period. This performance is the result of significant cooperation between DCF and the courts.

Table 17: Adoptions Finalized within 9 months of Child's Placement in an Adoptive Home (July – December 2010)

Month	Total number eligible to be finalized	Finalized within 9 months(percent of total)
July	107	91 (85%)
August	105	84 (80%)
September	76	60 (79%)
October	72	61 (85%)
November	281	239 (85%)
December	62	57 (92%)

Source: DCF

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

The provision of appropriate health care services to children in DYFS custody has been a principal focus of the MSA and the Department's reform agenda. The Performance Benchmarks track DCF's progress in ensuring that children in out-of-home placement receive:

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

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.

This section provides updates of ongoing efforts to improve the infrastructure—policies, staffing and access to services—necessary to realize and sustain positive health outcomes for children. This section also provides information about the health care received by children in out-of-home placement.¹²⁰

A. Health Care Delivery System

Child Health Units

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

¹²⁰ 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/11-18-class-action-reform-new-ones/charlie-and-nadine-h-v-corzine-supplemental-mointoring-report-an-assessment-of-provision-of-health-care-services-for-children-in-dyfs-custody-december-2009.pdf>.

The Child Health Units are operational in all DYFS local offices. As of December 31, 2010, DCF employed 188 Health Care Case Managers and 115 staff assistants. DCF continues to ensure that the ratio of Health Care Case Managers to children in out-of-home care is 1 to 50 in every office.

B. Health Care Performance Benchmarks

Pre-Placement Medical Assessment

Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance	December 2010 Performance	Requirement Fulfilled as of December 31, 2010 (Yes/No/Ongoing)
39. <u>Pre-Placement Medical Assessment</u> : Number/percent of children receiving pre-placement medical assessment in a non-emergency room setting.	By June 30, 2008, 95% of children will receive a pre-placement assessment in a non-emergency room setting.	By December 31, 2009, 98% of children will receive a pre-placement assessment in a non-emergency room setting.	99% of children entering DYFS custody received a pre-placement assessment (PPA). 89% of children received a PPA in a non-emergency room setting. An additional 9% of PPAs were appropriately received in an ER setting. ¹²¹ Thus, in Monitor's assessment, 98% of PPAs occurred in a setting appropriate for the situation.	Between July and December 2010, 100% of children entering DYFS custody received a pre-placement assessment (PPA). 87% of children received a PPA in a non-emergency room setting. An additional 11% of PPAs were appropriately received in an ER setting. ¹²² Thus, in Monitor's assessment, 98% of PPAs occurred in a setting appropriate for the situation.	Yes ¹²³

Performance as of December 31, 2010:

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

¹²¹ Emergency room pre-placement assessments are considered appropriate when a child needed emergency medical attention or the child was already in the emergency room when DYFS received the referral.

¹²² Emergency room pre-placement assessments are considered appropriate when a child needed emergency medical attention or the child was already in the emergency room when DYFS received the referral.

¹²³ The Monitor is determining performance based on the percentage of PPAs in a non-ER setting and those PPA's conducted in an ER that are appropriate to the ER based on the presenting medical needs of the child or because the child was already in the ER when DYFS received the referral. Because DCF is within 1 percentage point of the target, the Monitor considers the requirement fulfilled.

From July through December 2010, 2,094 children entered out-of-home placement and 2,092 (100%) received a pre-placement assessment (PPA).¹²⁴ Of those 2,092 children, 1,821 (87%) received the PPA in a non-emergency room setting and an additional 227 children (11%) appropriately received a PPA in an ER setting based on the medical needs and situation of the child.

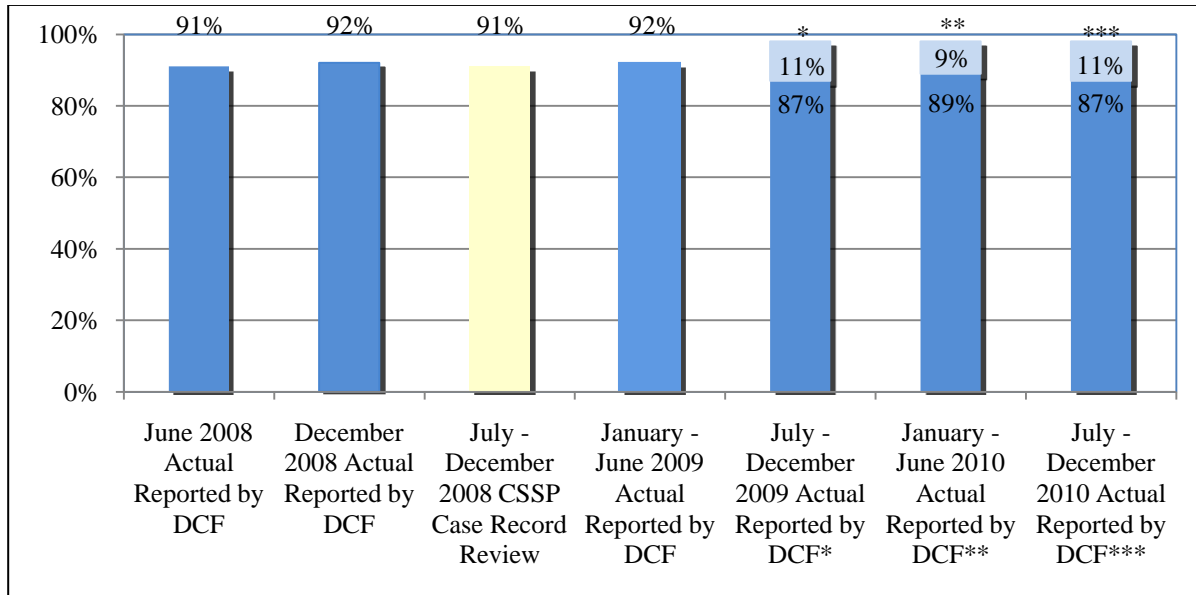
During this period, DCF conducted an internal review of all 271 PPAs that occurred in an emergency room and determined that 227 (84%) were appropriate for the situation, that is, the child needed emergency medical attention or the child was already in the emergency room when DYFS received the referral.¹²⁵ Thus, 98 percent of children received a PPA in a setting appropriate to the situation—87 percent received PPAs in a non-ER setting and an additional 11 percent appropriately in an ER setting. In the Monitor's view, DCF is thus meeting the MSA standard on the appropriate setting for the PPAs.

Figure 8 below shows the State's progress in obtaining non-emergency room PPAs for children entering out-of-home placement.

¹²⁴ In actuality two of the 2,094 children, did not receive a PPA. Performance, therefore, is that 99.9% of children and youth received PPAs, however, because this is a low number of children (and rounding numbers) the Monitor considers performance at 100%.

¹²⁵ In monitoring period VII, the Monitor reviewed back up data provided by DCF regarding the PPAs occurring in an emergency room setting and agreed with DCF determinations regarding appropriate or inappropriate use of the ER for PPAs. In addition, the Monitor's previous health care case record review found that in many of the PPAs occurring in an ER were because the child had an injury requiring ER treatment or had been brought to the ER by the police or other service provider.

**Figure 8: Non-Emergency Room Pre-Placement Assessments
(June 2008 – December 2010)**



Source: DCF and CSSP Case Record Review

*An additional 11 percent of PPAs were appropriate emergency room PPAs.

**An additional 9 percent of PPAs were appropriate emergency room PPAs.

***An additional 11 percent of PPAs were appropriate emergency room PPAs.

Initial Medical Examinations

Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance	December 2010 Performance	Requirement Fulfilled as of December 31, 2010 (Yes/No/Ongoing)
40. <u>Initial Medical Examinations:</u> Number/percent of children entering out-of-home care receiving full medical examinations within 60 days.	By June 30, 2008, 80% of children shall receive full medical examinations within 30 days of entering out-of-home care and at least 85% within 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 January through May 2010, 78% of children received a CME within the first 30 days of placement and 96% of children received a CME within the first 60 days of placement.	From July through December 2010, 80% of children received a CME within the first 30 days of placement and 97% of children received a CME within the first 60 days of placement.	Partial ¹²⁶

Performance as of December 31, 2010:

From July through December 2010, 80 percent of children received a Comprehensive Medical Examination (CME) within the first 30 days of placement and 97 percent of children received a CME within 60 days of placement. While DCF did not meet the 30 day target for CMEs, the Monitor considers DCF to have fulfilled the 60 day requirement.¹²⁷ Data again demonstrate a dramatic and sustained improvement in the delivery of health care to children in out-of-home placement.

Children entering out-of-home placement must receive a CME within 60 days of entering placement (MSA Section II.F.2.ii). The Monitor set a benchmark and final target that measured the delivery of a CME within the first 30 and first 60 days of placement.

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

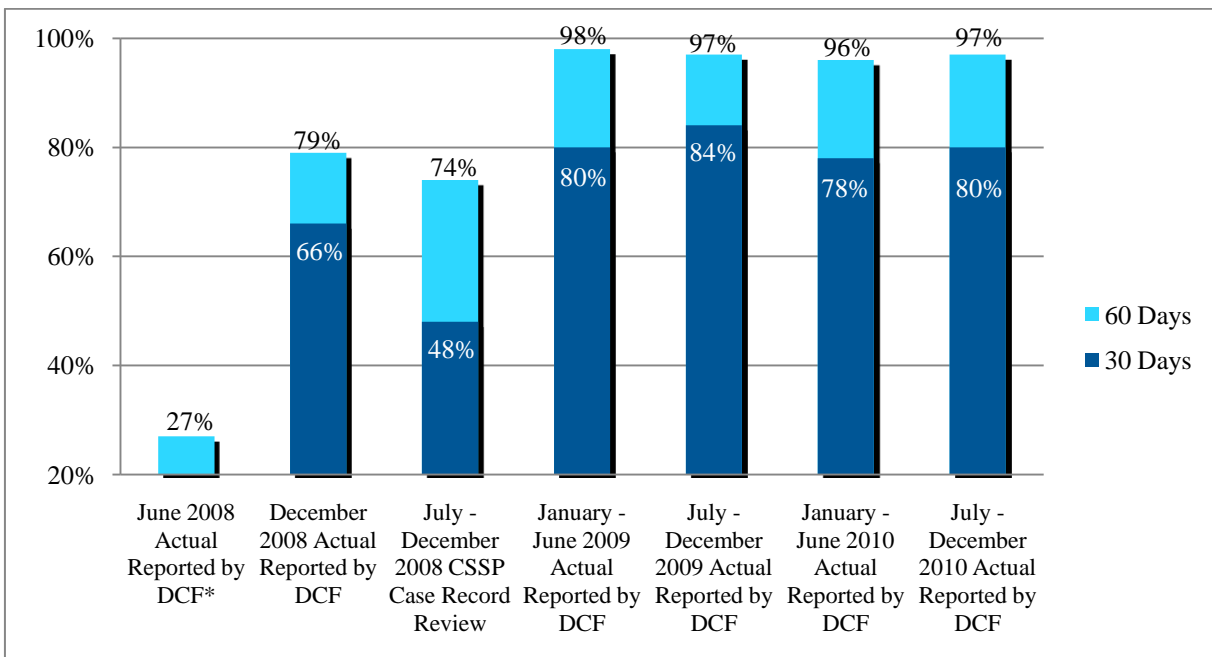
¹²⁶ Because performance is within one percentage point of the 60 day target, the Monitor considers DCF to have fulfilled the 60 day standard, but not the 30 day standard.

¹²⁷ When performance is within one percentage point, the Monitor considers the target fulfilled.

In addition to the expectation that a mental health screening occur as part of the CME, DCF directs Health Care Case Managers to conduct a mental health screen with children in out-of-home placements who are old enough and not already receiving mental health services. Health Care Case Managers conduct this screening within the first two weeks of a child's placement. The Monitor's Health Care Case Record Review, conducted in the spring 2009, found poor documentation of mental health screening routinely occurring as part of the CME. Since then, the use of Health Care Case Managers has significantly increased evidence that mental health screening is conducted on all children entering out-of-home placement.¹²⁸

From July through December 2010, 1,781 children required a CME. Of these 1,781 children, 1,430 (80%) received a CME within the first 30 days of placement. An additional 301 (17%) children received their CME within 60 days of placement, thus 97 percent of children received a CME within 60 days of placement. Figure 9 below shows the progress the State has made in increasing access to full medical examinations for children entering out-of-home care.

**Figure 9: Children Receiving CMEs within 30 to 60 days of Placement
(June 2008 – December 2010)**



Source: DCF and CSSP Case Record Review

*For June 2008, the 30 day standard was not required.

¹²⁸ DCF's Internal Health Care Case Record Review found that 98% of eligible children had mental health screens completed.

Required Medical Examinations

Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance	December 2010 Performance	Requirement Fulfilled as of December 31, 2010 (Yes/No/Ongoing)
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.	a. By December 2008, 80% of children in care for one year or more will receive medical examinations in compliance with EPSDT guidelines. b. By June 2009, 90% of children in care for one year or more will receive medical examinations in compliance with EPSDT guidelines. c. By December 2009, 95% of children in care for one year or more will receive annual medical examinations in compliance with 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 January through June 2010, 92% of children ages 12-24 months were clinically up-to-date on their EPSDT visits and 94% of children older than two years were clinically up-to-date on their EPSDT visits.	From July through December 2010, 93% of children ages 12-24 months were clinically up-to-date on their EPSDT visits and 95% of children older than two years were clinically up-to-date on their EPSDT visits.	Partial ¹²⁹

Performance as of December 31, 2010:

Between July and December, 2010, 93 percent of children 12-24 months received EPSDT well-child examinations as required. Ninety-five percent of children age two and above received EPSDT well-child examinations as required (See Tables 18 and 19 below). This performance is slightly below the June 2010 final target of 98 percent of children in care for one year or more receiving timely EPSDT well-child examinations. This is the third monitoring period for which DCF is able to provide information about children aged 12-24 months, an age group that requires multiple EPSDT visits in a year.¹³⁰ DCF reports that NJ SPIRIT and Safe Measures can report

¹²⁹ While technically not in compliance with the final benchmark, performance on EPSDT/well child exams represents sustained access to health care for this population and the Monitor considers this a significant accomplishment and therefore determines the requirement to be partially fulfilled.

¹³⁰ 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.

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.¹³¹ Also, especially for younger children, once a child is off schedule, they will remain off schedule within DCF's data system for all subsequent EPSDT exams. Therefore, in an effort to determine the actual receipt of an EPSDT exam, DCF conducted a secondary review of the records of children noted as "not current with their EPSDT exams" and found more children were clinically up-to-date on their EPSDT exam. The Monitor reviewed back up data of this secondary review for children age 12-24 months and found DCF's secondary review adequate to determine if children in the age range were clinically up-to-date on their EPSDT exam.

**Table 18: EPSDT for Children Ages 12-24 months
(July – December 2010)**

Month	Children Requiring EPSDT	Children Up-to-Date	% Children Up-to-Date
July	106	99	93%
August	112	104	93%
September	113	103	91%
October	111	101	91%
November	109	102	94%
December	112	105	94%
Total	663	614	93%

Source: DCF, Child Health Unit

**Table 19: EPSDT Annual Medical Exams for Children Age 25 months and older
(July – December 2010)**

Month	Total Due	Annual Exam Completed		Annual Exam Not Completed	
July	284	271	95%	13	5%
August	322	310	96%	12	4%
September	236	221	94%	15	6%
October	251	241	96%	10	4%
November	188	179	95%	9	5%
December	192	177	92%	15	8%
Total	1,473	1,399	95%	74	5%

Source: DCF

*Percentage is greater than 100 due to rounding.

¹³¹ DCF reports that snowstorms in December affected the ability of some children to receive timely EPSDT visits as well.

Semi-annual Dental Examinations

Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance	December 2010 Performance	Requirement Fulfilled as of December 31, 2010 (Yes/No/Ongoing)
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 June 2009, 90% of children will receive annual dental examinations and 70% will receive semi-annual dental examinations. b. By December 2009, 95% of children will receive annual dental examinations and 75% will receive semi-annual dental examinations. c. By June 2010, 95% of children will receive annual dental examinations and 80% will receive semi-annual dental examinations. d. By December 2010, 98% of children will receive annual dental examinations and 85% will receive 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.	86% of children were current with semi-annual dental exams. ¹³²	86% of children were current with semi-annual dental exams. ¹³³	Yes

¹³² This benchmark originally measured annual and semi-annual exams. Because the practice expectation in the field is that children age three or older receive semi-annual exams, DCF has been solely measuring whether children receive these exams semi-annually. The Monitor accepts this modification to original benchmark as it is a more stringent goal.

¹³³ This benchmark originally measured annual and semi-annual exams. Because the practice expectation in the field is that children age three or older receive semi-annual exams, DCF has been solely measuring whether children receive these exams semi-annually. The Monitor accepts this modification to original benchmark as it is a more stringent goal.

Performance as of December 31, 2010:

As of December 31, 2010, 86 percent of children age three or older who have been in care for at least six months had evidence of receiving a semi-annual dental exam (within the last six months), meeting the December 2010 benchmark of 85 percent. The dental care measure includes targets for annual and semi-annual dental exams. Because the performance expectation for field staff is to ensure that children age three or older receive semi-annual dental exams, DCF has been solely measuring whether children receive dental exams semi-annually. DCF uses NJ SPIRIT to report on this measure.

As of December 31, 2010, DCF reports that there were 4,234 children age three or older who had been in DYFS out-of-home placement for at least six months. Of the 4,234 children, 3,637 (86%) had received a dental examination within the previous six months. DCF performance in this area remains consistent (last monitoring period, 85% of eligible children were up-to-date on their semi-annual dental exams).

Follow-up Care and Treatment

Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance	December 2010 Performance	Requirement Fulfilled as of December 31, 2010 (Yes/No/Ongoing)
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.	a. By June 2009, 70% of children will receive follow-up care and treatment to meet health care and mental health needs. b. By December 2009, 75% of children will receive follow-up care and treatment to meet health care and mental health needs. c. By June 2010, 80% of children will receive follow-up care and treatment to meet health care and mental health needs. d. By December 2010, 85% of children will receive follow-up care and treatment to meet health care and mental health needs.	By June 2011, 90% of children will receive follow-up care and treatment to meet health care and mental health needs.	DCF reports that 90% of children received follow-up care for needs identified in their CME. ¹³⁴	DCF reports that 94% of children received follow-up care for needs identified in their CME. ¹³⁵	Yes ¹³⁶

¹³⁴DCF conducted a Health Care Case Record Review to report on the above indicators for Period VIII. DCF reviewed records of a random sample of children in DYFS out-of-home placement who were removed between November 1, 2009 and April 30, 2010 and were in care for a minimum of 60 days—1,266 children were age two and over at the time of removal and 636 children were under two for a total of 1,902 children. A sample of 335 children was selected. The results have ± 5 percent margin of error.

¹³⁵DCF conducted a Health Care Case Record Review to report on the above indicators for Period IX. DCF reviewed records of a random sample of children in DYFS out-of-home placement who were removed between May 1, 2010–October 31, 2010 and were in care for a minimum of 60 days. 1,836 children comprise this cohort. A sample of 334 children was reviewed. The results have a ± 5 percent margin of error.

¹³⁶The Monitor is working with DCF to determine how these qualitative measures will be assessed using DCF's existing Health Care Case Record Review protocol.

Performance as of December 31, 2010:

During Phase II of the MSA, performance in providing appropriate follow-up care and treatment for medical and mental health needs is supposed to be assessed through a QR or other qualitative methodology. Currently, DCF is able to provide some preliminary quantitative data on children receiving follow-up care based on an internal Health Care Case Record review of a random sample of children in out-of-home placement who were removed between May 1, 2010 and October 31, 2010 and who were in care for a minimum of 60 days.¹³⁷ A sample of 334 children was reviewed and the results have a ± 5 percent margin of error. The Monitor observed this internal Review and interviewed reviewers about their findings. The Monitor is satisfied with the rigor of the DCF review.

DCF reports that of those children identified as needing follow-up care after their CME, 94 percent received follow-up care. As stated previously, mental health screenings are not routinely documented as part of the CME, but Health Care Case Managers are helping to ensure that children in out-of-home placement receive needed mental health services. Therefore, the Monitor considers this follow-up care data with the caveat that mental health needs requiring follow-up may not have been fully identified or documented as part of the CME for some children. The Monitor thus looks to Performance Benchmark #46 to accurately measure follow-up mental health assessments.

Table 20: Provision of Required Follow-up Medical Care
N=334 children

No CME data in record	3	1%
CME data in record	331	99%
• No follow-up care needed	26	17%
• Follow-up care required	275	83%
• Received follow-up	257	94%
• No evidence in record	18	6%

Source: DCF, Health Care Case Record Review, Child Health Unit¹³⁸

¹³⁷ The Monitor did not independently verify the findings of DCF's Health Care Case Record Review. However, the Monitor did review the protocol and discuss the methodology with DCF staff review. The methodology and analysis are comparable to the Health Care Case Record review conducted by the Monitor in winter 2010.

¹³⁸ The Health Care Case Record Review conducted by DCF to report on the above indicators for Period 9 was done by reviewing records of a random sample of children in DYFS out-of-home placement who were removed between 5/1/10-10/31/10 and were in care for a minimum of 60 days. 1,836 children comprise this cohort. A sample of 334 children was reviewed. The results have a ± 5 percent margin of error.

Immunization

Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance	December 2010 Performance	Requirement Fulfilled as of December 31, 2010 (Yes/No/Ongoing)
44. <u>Immunization</u> : Children in DCF custody are current with immunizations.	a. By December 31, 2009, 90% of children in custody will be current with immunizations. b. By December 31, 2010, 95% of children in custody will be current with immunizations.	By December 31, 2011, 98% of children in custody will be current with immunizations.	In the second quarter of 2010, DCF reports that 93% of all children in out-of-home placement were current with their immunizations.	In the fourth quarter of 2010, DCF reports that 95% of all children in out-of-home placement were current with their immunizations.	Yes

Performance as of December 31, 2010:

From July through December 2010, of the 6,404 children in out-of-home placement, 6,090 (95%) were current with their immunizations, meeting the December 2010 interim performance benchmark. The Monitor did not independently verify this performance.¹³⁹

¹³⁹ The Monitor has previously verified this data through a Health Care Case Record Review conducted in spring 2009.

Health Passports

Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance	December 2010 Performance	Requirement Fulfilled as of December 31, 2010 (Yes/No/Ongoing)
45. <u>Health Passports</u> : Children's parents/caregivers receive current Health Passport within five days of a child's placement.	By June 30, 2010, 75% of caregivers will receive a current Health Passport within five days of a child's placement.	By June 30, 2011, 95% of caregivers will receive a current Health Passport within five days of a child's placement.	From January through June 2010, 32% of caregivers received Health Passports within five days of a child's placement and 68% of caregivers received Health Passports within 30 days of a child's placement. ¹⁴⁰	From May through October 2010, 30% of caregivers received Health Passports within five days of a child's placement and 68% of caregivers received Health Passports within 30 days of a child's placement. ¹⁴¹	No

Performance as of December 31, 2010:

Based on DCF's internal Health Care Case Record Review of 334 cases, there is evidence that Health Passports are shared with the child's caregiver within the first five days of placement in 30 percent of cases (See Table 21). DCF continues to fail to meet the June 2010 interim performance benchmark for this measure requiring that 75 percent of caregivers receive a Health Passport within five days of a child's placement. The DCF data found that within 30 days of the placement, the Health Passport has been shared with 68 percent of caregivers.

Under the MSA, all children entering out-of-home care are to have a Health Passport created for them (Section II.F.8). This Health Passport records all relevant health history and current health status of the child and is expected to be regularly updated and made available to resource parents, children (if old enough) and their parents. DYFS uses a form, known as the 11-2A, to organize health information from a range of sources and the findings of the PPA and then provides this form to the resource provider.

DCF policy requires that the Health Care Case Manager complete the form, which is maintained by the DYFS local office Child Health Unit, and is supposed to be provided to the resource parent within 72 hours of the child's placement. This policy is a more stringent policy than the

¹⁴⁰ DCF conducted a Health Care Case Record Review to report on the above indicators for Period VIII. DCF reviewed records of a random sample of children in DYFS out-of-home placement who were removed between November 1, 2009 and April 30, 2010 and were in care for a minimum of 60 days—1,266 children were age two and over at the time of removal and 636 children were under two for a total of 1,902 children. A sample of 335 children was selected. The results have ± 5 percent margin of error.

¹⁴¹ DCF conducted a Health Care Case Record Review to report on Health Passports for Period IX. This review was done by reviewing records of a random sample of children in DYFS out-of-home placement who were removed between 5/1/10-10/31/10 and were in care for a minimum of 60 days. 1,836 children comprise this cohort. A sample of 334 children was reviewed. The results have a ± 5 percent margin of error.

MSA requirement that requires the Health Passport to be conveyed to the child's caregiver within five days. DCF continues to be unable to meet the 72 hour policy or the five day requirement set in the MSA. Based on the Monitor's previous case record review, a significant number of Health Passports provided to caregivers within five days were provided without any meaningful medical information (demographic information only). DCF reports that they are working with the Child Health Units to ensure that critical health information is conveyed to resource providers as soon as the information becomes known to DYFS. Interviews with Health Care Case Managers and other staff suggest that there may be external barriers in collecting meaningful health history information within a five day timeframe and depending on the case, this timeframe may not be a rational one to impose on the existing health care infrastructure. Examples of barriers include response time from hospitals in receiving a child's birth record and doctor's offices in releasing important health history.

Table 21: Health Passport: Presence in the Record, Evidence of Sharing Records Reviewed (n=334)

No evidence of Health Passport shared with provider	16	6%
Health Passport in Record shared with provider	315	94%
Evidence of being shared with resource providers		
• Within 5 days	94	30%
• Within 10 days	51	16%
• Within 30 days	69	22%
• More than 30 days	101	32%

Source: DCF, Health Care Case Record Review¹⁴²

The Health Passport is one of several mechanisms DYFS has for communicating significant health information to caregivers. Critical health information is also shared by nurses making home visits to resource providers within two weeks of placement. The Monitor will explore other means of quickly sharing health information with caregivers and discuss with parties the feasibility of this performance measure as currently constructed.

¹⁴² The Health Care Case Record Review conducted by DCF to report on the above indicators for Period 9 was done by reviewing records of a random sample of children in DYFS out-of-home placement who were removed between 5/1/10-10/31/10 and were in care for a minimum of 60 days. 1,836 children comprise this cohort. A sample of 334 children was reviewed. The results have a ± 5 percent margin of error.

X. MENTAL HEALTH CARE

DCF's Division of Child Behavioral Health Services (DCBHS) continued to work on improving aspects of the functioning of the Contracted Systems Administrator, to reduce the number of children placed out-of state and to work with providers of evidence-based treatments to improve outcomes for youth and their families.

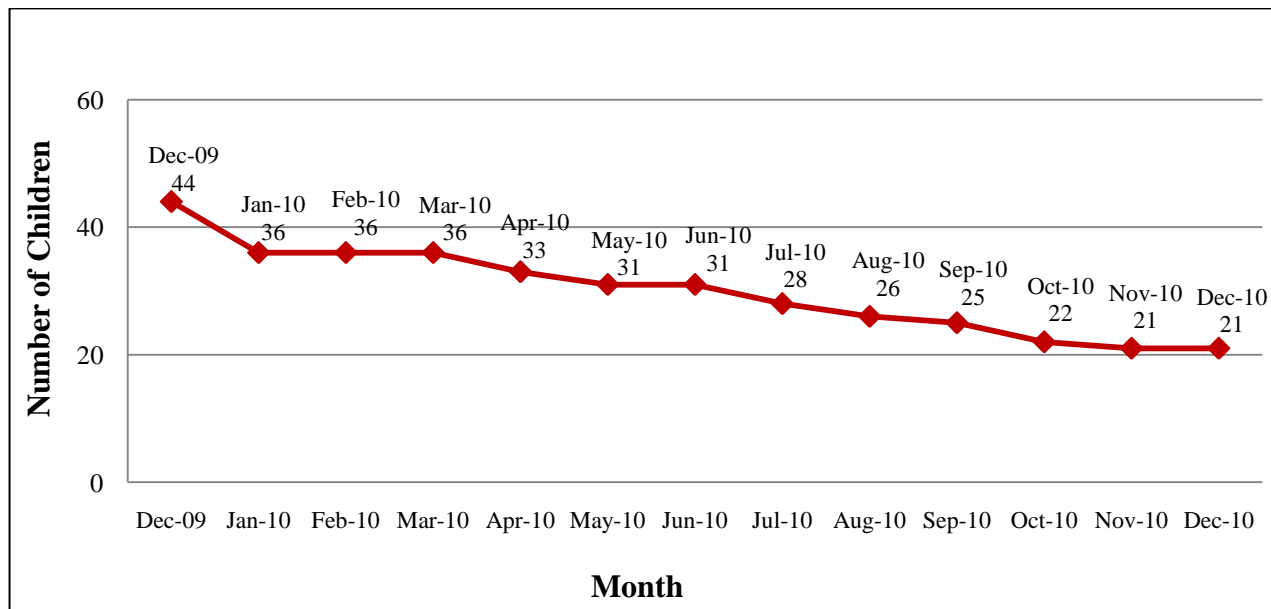
A. *Building the Mental Health Delivery System*

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

Under the MSA, DCF is required to minimize the number of children in DYFS custody placed in out-of-state congregate care settings and to work on transitioning these children back to New Jersey (Section II.D.2).

As of December 1, 2010, there were 21 children in out-of-state placements, the lowest number since reporting for the MSA. DCBHS received and granted one new authorization for an out-of-state placement during this monitoring period. DCBHS also gave authorization for two children already placed out-of-state to move to another out-of-state facility. The Monitor requested and was provided information on efforts to ensure that children placed out-of-state maintain contact with their parent/previous caretaker/discharge resource. Data provided indicates that for each child with such family members there was evidence of visits to the facility and/or visits home. For the majority of youth, those contacts were reportedly frequent. Figure 10 below depicts the number of children placed out-of-state from December 31, 2009 - December 31, 2010.

**Figure 10: Children in Out-of-State Placement
(December 31, 2009 – December 31, 2010)**



Source: DCF, DCBHS

DCF worked to transition detained DYFS youth in a timely manner.

Under the MSA, no youth in DYFS custody should wait longer than 30 days in a detention facility post-disposition for an appropriate placement (Section II.D.5). DCF reports that six youth in DYFS custody, four females and two males ages 14-17, were in a juvenile detention facility from July 1 to December 31, 2010, awaiting a DCBHS placement post-disposition of their delinquency case. One of the youth transitioned from detention the day after disposition, the remaining five transitioned between 17 and 28 days following disposition. Table 22 below provides information on the length of time each of the youth waited for placement.

**Table 22: Youth in DYFS Custody in Juvenile Detention Post-Disposition
Awaiting DCBHS Placement
(July – December 2010)**

Length of Time to placement while in Detention Post-Disposition	Number of Youth
0-15 Days	1
16-30 Days	5
Over 30 Days	0
Total	6

Source: DCF, DCBHS

DCBHS maintained efforts to improve the performance of the Contracted System Administrator and the management information system.

Improvement to the State's children's mental health Contracted Services Administrator (CSA), PerformCare continued during this monitoring period. Representatives of the provider community meet with PerformCare representatives to directly share their own concerns and those of their clients and learn about efforts being made to respond to feedback. Hearing from and responding to the needs of end users has been one of the commitments of the current Director of DCBHS.

Planning remained on track to release a new version of the DCBHS management information system, CYBER, in early 2011.¹⁴³

DCBHS continued to support evidence-based therapeutic treatments.

As previously reported by the Monitor, as of June 30, 2010, DCBHS ended its contract with two of five providers of Functional Family Therapy (FFT). DCF does not plan to issue new contracts to replace that capacity, reporting that the approximately 200 children served annually by the two programs in Mercer, Middlesex, and parts of Somerset and Union counties will continue to have access to appropriate treatments from alternative providers, such as through care or case

¹⁴³ In early February 2011 a new version of CYBER was released to include automatic approval of treatment plans, call resolution enhancements and validations of data entries.

management, or outpatient providers offering other evidence-based treatments, therefore the service need is being met through existing contracts and providers. The Monitor will follow-up to further assess the impact of this cut in capacity for specialized interventions.

Between July 1 and December 31, 2010, the remaining three programs had an average combined census of 83 percent. With an average combined census for the same period of 88 percent, Multisystemic Therapy (MST) is also highly utilized in the three counties served: Camden, Essex and Hudson. DCBHS attributes these overall high utilization rates to successful efforts by providers to establish relationships with referral sources which include probation, DYFS and mobile crisis response.

The rate of successful discharges¹⁴⁴ from FFT and MST is being tracked by DCBHS. Also, DCF is exploring methods of analyzing the status of youth who have been successfully discharged. In the six-month period between July 1 and December 31, 2010, FFT and MST collectively averaged over 20 successful discharges per month. DCBHS expects programs to continue to increase the number of successful discharges and decrease the number of families who do not complete a full therapy cycle because therapists are unable to engage them; the number of families that decline to participate; and the number of youth with subsequent legal involvement.

DCF continued to fund mental health services for birth parents

The MSA requires DCF to provide mental health services to at least 150 birth parents whose families are involved with DYFS (Section II.C.6). DCF continues to meet this standard by funding both in-home and office-based therapeutic interventions for over 400 birth parents (unduplicated count) in efforts to maintain children in, or return children to the custody of their parents.

DCF supported efforts to implement DYFS' psychotropic medication policy

During this monitoring period DCF's Office of Child Health Services (OCHS) took steps to further implement DYFS' psychotropic medication policy for children in custody. DCF's Chief Child/Adolescent Psychiatrist facilitated workshops in each DYFS Area Office to introduce managers and supervisors and Child Health Unit leadership to psychopharmacology.

DCF's Psychotropic Advisory Group, an interdisciplinary group of internal and external stakeholders, is facilitated by OCHS and meets on a quarterly basis. The group's goal is to provide guidance and support for issues related to psychotropic medication.

¹⁴⁴ Successful discharges are defined as: 1. The youth and family met and sustained a majority of the overarching treatment goals; 2. The standard Needs Assessment Tool and other relevant information indicate that the youth no longer needs the particular EBP therapy; 3. The youth has few significant behavioral problems and the family is able to effectively manage any recurring problems; 4. The youth and the family have functioned reasonably well for at least three (3) to four (4) weeks; 5. The youth is making reasonable educational/vocational efforts; 6. The youth is involved with pro-social peers and is not involved with (or is minimally involved with) problem peers; and 7. The therapist and supervisor believe that the caregivers have the knowledge, skills, resources and support needed to handle subsequent problems.

OCHS has begun to conduct quality assurance reviews of various cohorts of children who are prescribed psychotropic medication. These reviews are led by the Chief Child/Adolescent Psychiatrist and two Advanced Practice Nurses.

CHU nurses are continuing to track children prescribed psychotropic medication and maintain the following data:

- the child's diagnosis;
- medications;
- dosage;
- prescriber's name and credentials; and
- evidence that DCF policy is being upheld related to documentation of informed consent documentation, treatment plans, and engagement in non-pharmacological therapies.

These data are submitted to OCHS on a quarterly basis for review and analysis.

DCF reports that CHU nurses are visiting children in custody in their foster homes at least quarterly, based in part on the child's health acuity level. For children who are placed in group settings, nurses are participating in treatment team meetings.

B. Mental Health Performance Benchmarks**Mental Health Assessment**

Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance	December 2010 Performance	Requirement Fulfilled as of December 31, 2010 (Yes/No/Ongoing)
46. <u>Mental Health Assessment</u> : Number/percent of children with a suspected mental health need who receive a mental health assessment.	a. By June 2008, 75% of children with a suspected mental health need will receive a mental health assessment. b. By December 2008, 80% of children with a suspected mental health need will receive a mental health assessment. c. By June 2009, 85% of children with a suspected mental health need will receive a mental health assessment.	By December 31, 2011, 90% of children with a suspected mental health need will receive a mental health assessment.	From January through June 2010, 90% of eligible children received a mental health screen. Of those screened, 50% had a suspected mental health need. Of those with a suspected mental health need, 91% received a mental health assessment. ¹⁴⁵	From May through October 2010, 98% of eligible children received a mental health screen. Of those screened, 62% had a suspected mental health need. Of those with a suspected mental health need, 94% received a mental health assessment. ¹⁴⁶	Yes ¹⁴⁷

Performance as of December 31, 2010:

During Phase II of the MSA, this measure is to be assessed by collecting data through QR or other qualitative methodology.

DCF's internal Health Care Case Record Review found that 98 percent of eligible children or youth received the required mental health screen.¹⁴⁸ Of those screened, 62 percent were determined to have a suspected mental health need, and 94 percent of those children or youth received a mental health assessment by the time of the record review. Using DCF's case record review data, DCF met the December 2011 final target that 90 percent of children with suspected

¹⁴⁵ DCF conducted a Health Care Case Record Review to report on the above indicators for Period VIII. DCF reviewed records of a random sample of children in DYFS out-of-home placement who were removed between November 1, 2009 and April 30, 2010 and were in care for a minimum of 60 days—1,266 children were age two and over at the time of removal and 636 children were under two for a total of 1,902 children. A sample of 335 children was selected. The results have ± 5 percent margin of error.

¹⁴⁶ DCF conducted a Health Care Case Record Review to report on the above indicators for Period IX. DCF reviewed records of a random sample of children in DYFS out-of-home placement who were removed between May 1, 2010–October 31, 2010 and were in care for a minimum of 60 days. 1,836 children comprise this cohort. A sample of 334 children was reviewed. The results have a ± 5 percent margin of error.

¹⁴⁷ The Monitor is working with DCF to determine how these qualitative measures will be assessed using DCF's existing Health Care Case Record Review protocol.

¹⁴⁸ The Monitor did not independently verify the findings of DCF's Health Care Case Record Review. However, the Monitor did review the protocol 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. "Eligible" children are over the age of 2 and not already receiving mental health services.

mental health needs receive an assessment. The data also show that of the 94 percent of youth receiving a mental health assessment, 60 percent of the assessments were completed in the first 30 days of out-of-home placement and another nine percent were completed in 60 days.

DCF reports that Child Health Unit Health Care Case Managers (nurses) conduct mental health screens during their first home visits to children who are not already receiving mental health services. It appears that using Health Care Case Managers has contributed to improved performance over last reporting period when 10 percent of eligible children did not receive a mental health screen at all (as compared to 2% in this monitoring period).

**Table 23: Mental Health Screening and Assessments for Children Age 2 and older
N=335 records**

MH Screening		
Not required child under <2	90	27%
Not required child receiving services	27	8%
Children eligible for screening	217	65%
TOTAL RECORDS REVIEWED	334	100%
Children eligible screened	212	98%
Children eligible not screened	5	2%
TOTAL CHILDREN ELIGIBLE FOR SCREENING	217	100%
Suspected MH need identified	131	62%
MH Assessment		
MH assessment completed	123	94%
MH assessment scheduled	1	1%
MH assessment not scheduled/completed	7	5%
TOTAL	131	100%
MH Assessment Completion Timeline		
MH Assessment complete w/in 30 days	74	60%
MH Assessment complete w/in 45 days	6	5%
MH Assessment complete w/in 60 days	5	4%
Greater than 60 days	5	4%
Unable to determine	33	27%
TOTAL	123	100%

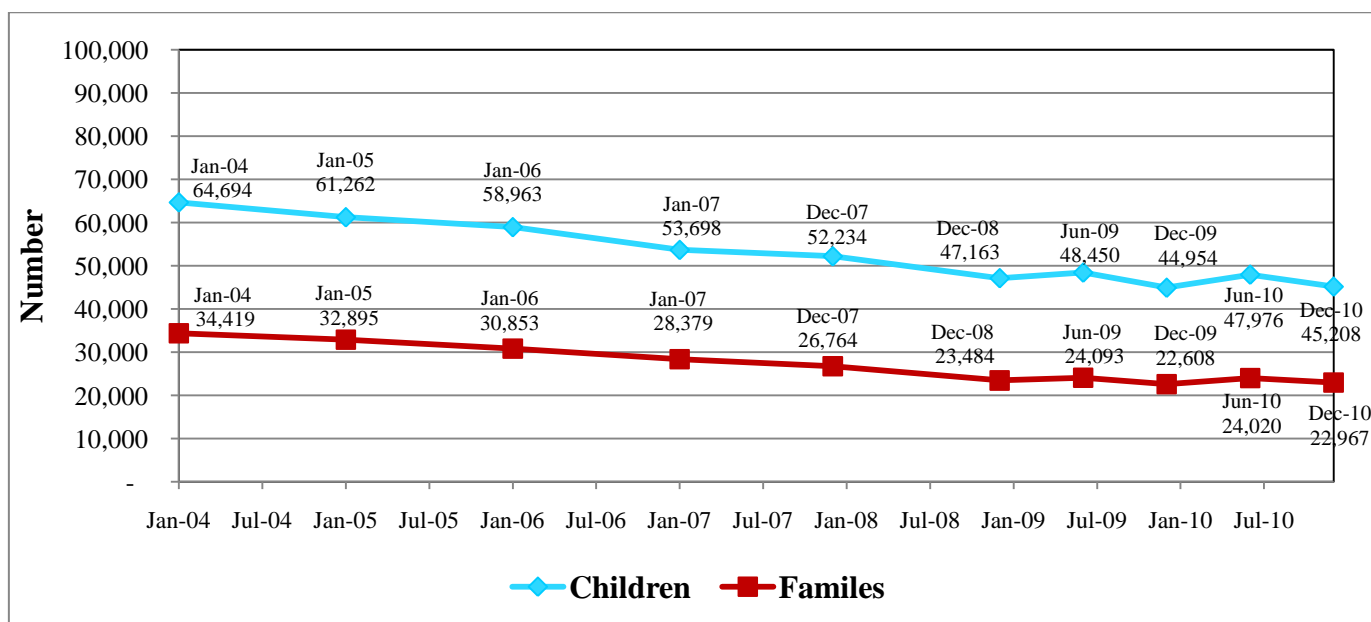
Source: DCF, Health Care Case Record Review¹⁴⁹

¹⁴⁹ The Health Care Case Record Review conducted by DCF to report on the above indicators for Period IX was done by reviewing records of a random sample of children in DYFS out-of-home placement who were removed between 5/1/10-10/31/10 and were in care for a minimum of 60 days. 1,836 children comprise this cohort. A sample of 334 children was reviewed. The results have a ± 5 percent margin of error.

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

The need for accessible in-home and community-based services for children and families becomes more critical as the number of children and families under DYFS supervision declines. As shown in Figure 11, the number of families under DYFS supervision has declined from 34,419 in 2004 to about 23,000 in June 2010. These families include over 45,000 children.

**Figure 11: Children and Families Under DYFS Supervision
(January 2004 – December 2010)**



Source: DCF

A. Needs Assessment

The MSA requires that by June 2009 and annually thereafter, DCF “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” (Section III.C.7). Every county is required to be assessed at least once every three years, and the State must “develop placements and services consistent with the findings of the needs assessments” (MSA Section III.C.7). DCF’s efforts to evaluate service delivery needs and behavioral health service needs are set forth in detail in previous Monitoring Reports.¹⁵⁰

¹⁵⁰ For a more detailed description of this process, see *Period VI Monitoring Report Charlie and Nadine H. v. Christie* pg. 137-139. For information specifically on DCF’s approach to evaluating needs in the area of Resource Family homes, see *Period V Monitoring Report for Charlie and Nadine H. v. Christie* pg. 68. Both reports can be found at www.cssp.org.

DCF asked Human Service Advisory Councils (HSACs) in each county to evaluate service delivery needs in the area of basic needs, substance abuse, mental health services for parents, and transitional services for adolescents exiting foster care. HSACs in each county were to evaluate these service delivery needs on a rotating basis for all 21 counties, seven counties a year every year using a set of guidelines established by the State so that a needs assessment would be conducted on each county every three years. The first set of evaluations from Union, Somerset, Gloucester, Camden, Middlesex, Hudson and Essex counties were submitted to DCF in July 2010.

While the first round of assessments produced very mixed results in terms of the kind of information the HSACs provided and the format of the presentation of information, the needs assessments assisted the Division of Prevention and Community Partnerships (DPCP) in determining funding priorities. Submissions also identified some key areas of need, such as affordable housing, services for youth leaving foster care and transportation. Another item identified in many of the assessments is the public's lack of awareness of services which exist in various communities, indicating a need to better publicize existing resources.

Because of the lack of consistency of format and information gathered in the assessments, DCF has developed a new set of guidelines for the second set of five counties that have agreed to participate: Atlantic, Cumberland, Mercer, Monmouth and Ocean.¹⁵¹ The second round of completed assessments is due July 2011. For the second round of assessments, consumers will play a larger role. The fact that DCF does not have the full complement of counties in the second round, together with the lack of clarity about expectations in the first round, raises questions and concerns about the needs assessment process that DCF will need to answer in the next reporting period.

B. Services to Families Performance Benchmarks

Continued Support for Family Success Centers

Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance	December 2010 Performance	Requirement Fulfilled as of June 30, 2010 (Yes/No/Ongoing)
48. <u>Continued Support for Family Success Centers:</u> DCF shall continue to support statewide network of Family Success Centers.	Ongoing Monitoring of Compliance	Ongoing Monitoring of Compliance	37 Family Success Centers statewide.	37 Family Success Centers statewide.	Ongoing Monitoring of Compliance

¹⁵¹ As a result of certain leadership changes that occurred on the county level during this monitoring period, some counties preferred to wait to participate in the needs assessments in the third round. DCF will need to increase the number of counties assessed in subsequent rounds because the MSA requires that DCF conduct needs assessments on each county once every three years (MSA III.C.7).

Performance as of December 31, 2010:

As previously reported, in 2007 New Jersey began developing a network of Family Success Centers (FSCs), initially with 21 centers. FSCs are intended to be neighborhood-based places where any community resident can access family support, information and services. Their function is to provide resources and supports before families fall into crisis. Now, in the fourth year of the initiative, New Jersey has a total of 37 FSCs in 16 counties.¹⁵² FSCs are situated in many types of settings: storefronts, houses, schools, houses of worship, or housing projects. Services range from life skills training, parent and child activities, advocacy, parent education and housing related activities. These services are available to any family in the community.

As shown in Table 24 below, DCF served 23,122 families in this monitoring period through the FSCs compared to 23,487 families served in the prior six months. The total number of services provided—families can receive multiple services—increased to 78,575, up from 75,191 in the previous monitoring period in this period. As reflected in the Table, the most requested services are general information and referral services¹⁵³ (25,002), access to child, maternal and family health information¹⁵⁴ (10,216), and parent-child activities (8,637). DCF reports an increase of families seeking help from FSCs who are in need of emergency services as the gaps in county and local services increase.

¹⁵² An additional RFP was awarded to Gloucester County and that FSC will be operational in July 2011.

¹⁵³ Information and referral services mean that FSC staff gave information to families about an agency they requested or needed help from either on the phone, in person, or via email. FSC also assists families in this category to access agencies that could assist the families.

¹⁵⁴ Families seeking health services for all members of the family, including child screenings and immunizations.

**Table 24: Families Served by Family Success Centers by Types of Services Provided
(July – December 2010)**

Level of Service							
FSC Unduplicated # families served*	July '10	Aug '10	Sep '10	Oct '10	Nov '10	Dec '10	Total
	3,732	3,048	3,282	4,574	4,266	4,220	23,122
Type of Services Provided							
Core Services	July '10	Aug '10	Sep '10	Oct '10	Nov '10	Dec '10	Total
Access to child, maternal and family health information	2,054	1,523	1,987	1,522	1,843	1,287	10,216
Development of "Family Success" plans	1,518	898	1,574	951	988	785	6,714
Self-sufficiency/employment related services	685	814	912	1,011	1,342	1,206	5,970
Information and referral services	2,279	3,999	4,865	5,055	5,039	3,765	25,002
Life Skills	809	843	943	885	1,434	1,240	6,154
Housing-related services	493	389	493	442	461	360	2,638
Parent education	578	694	766	770	830	577	4,215
Parent-child activities	1,081	2,001	1,009	1,641	1,127	1,778	8,637
Advocacy	1,096	1,011	1,233	1,166	1,512	1,098	7,116
Home visits	310	261	298	311	367	366	1,913
Total	10,903	12,433	14,080	13,754	14,943	12,462	78,575

Source: DCF

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

DCF reports that a positive development in the evolution of FSCs is the increase in number of parents and community residents taking on leadership roles at the Centers: leading workshops, planning activities and chairing the FSCs' Advisory Board. The FSCs continue to receive technical assistance regarding keeping parents engaged in programming and ways to reflect the demographics of the community in activities. Some FSCs have developed grandparent support groups as the number of grandparents seeking assistance increases. Areas of challenge for FSCs are serving the growing number of undocumented families, lack of access to FSCs in rural communities, and the impact of losing funding for FSCs from sources other than DCF.

DCF has begun to address the need to better integrate the work of FSCs with DCF's overall efforts to support families and prevent child maltreatment. The goal is to develop a continuum of prevention supports and services across the state so that a parent in need of prevention services can access services at the level and type of need appropriate, whether that is through a Home Visitation program, a domestic violence shelter, or a Family Success Center.

Statewide Implementation of Differential Response

Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance	December 2010 Performance	Requirement Fulfilled as of December 31, 2010 (Yes/No/Ongoing)
49. <u>Statewide Implementation of Differential Response. Pending Effectiveness of Pilot Sites:</u> Progress toward implementation of Differential Response statewide.	Ongoing Monitoring of Compliance	Ongoing Monitoring of Compliance	Six counties with Differential Response sites.	Six counties with Differential Response sites.	Ongoing Monitoring of Compliance ¹⁵⁵

Performance as of December 31, 2010:

As previously reported, in April 2007, DCF awarded contracts under its Differential Response Pilot Initiative and in early 2009 DCF expanded its Differential Response Program. Currently, Differential Response operates in six counties (Camden, Cumberland, Gloucester, Salem, Middlesex and Union). DCF is currently undertaking an effort to gather information, evaluate and assess the Differential Response model as implemented. This effort has begun with focused meetings with the Directors and staff of the Differential Response agencies to understand how the model, as implemented, has conformed to the original expectations. Based on these meetings, DCF has identified three areas of focus: data collection and reporting requirements; reciprocal education and training between the Differential Response agencies and SCR; and stronger and more consistent cross-system communication between the agencies, the Division of Prevention and Community Partnerships (DPCP) and other divisions within DCF.

DCF anticipates conducting a cross-site program evaluation to ensure the model is meeting the needs of children and families across each pilot county and the state and to expand program implementation statewide.

¹⁵⁵ DCF is currently undertaking an effort to gather information, evaluate and assess the Differential Response model as it is currently being implemented and will adjust the model as necessary to expand the program implementation statewide.

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 18-21, including monitoring youth in DYFS custody until age 21.

Forty-six DYFS local offices have either an adolescent unit or designated adolescent workers (this includes all offices but the Newark Adoption Office). Each of these offices has at least one caseworker, one supervisor, and one casework supervisor dedicated to working with adolescents. Since the last monitoring period, a new director of the Office of Adolescent Services reporting directly to the DCF Commissioner has been appointed.

DCF continues to train DYFS staff on best practices to serve older youth in foster care. The Office of Adolescent Services continues to collaborate with the National Resource Center for Youth Services, the Training Academy and Rutgers University to train DYFS staff and community-based providers. Four modules focus on positive youth development and life skills. Further, the Office of Adolescent Services trained 1,171 staff on the National Youth in Transition database. This training prepared staff to complete surveys with youth in out-of-home placement aged 17 years or older and to enter into NJ SPIRIT information about independent living services for youth up to age 21.

Finally, the Office of Adolescent Services conducted eleven “road shows” for DYFS staff and Child Health Unit nurses where the following topics were addressed: independent living assessments and transition planning, the National Youth in Transition Database, the role of Health Care Case Managers with adolescents, and access to medical insurance and identifying a medical proxy.

To better assess outcomes for older youth, the Monitor conducted a limited case record review of youth who were considered to have exited DYFS custody. This review, the report of which is attached as Appendix C, assessed information documented in NJ SPIRIT and paper copies of Ansell Casey Independent Living Assessments of 205 youth aged 18 or older who had spent at least 60 days in out-of-home care and were considered to have exited from DYFS placement between January 1 and June 30, 2010. The review was conducted between August and October 2010. Outcomes measured in this review included: housing, education, employment and permanency. The review found many youth face significant struggles and require more focused attention from DCF and its partners.¹⁵⁶ Specifically:

Housing

While many youth appeared to have housing upon exit from placement, for more than one fourth of exiting youth, documentation as to housing options were unclear. Five of the youth left DYFS placement to a shelter.

¹⁵⁶ The case record review relied exclusively on documentation in NJ SPIRIT and copies of Ansell Casey Independent Living Assessments. The Review Team found many instances of incomplete documentation and concluded that there may have been additional efforts to plan for and secure services for older youth exiting placement not documented and therefore not credited in this review.

- Seventy-two percent (72%) of youth had housing identified upon exiting DYFS placement, the largest number of whom were living with their biological or adoptive parents (18%) or relatives (17%).

Education

Upon exit from placement, too often youth were not connected to educational opportunities, and were not counseled as to how to take advantage of funding possibilities to pursue higher education. More needs to be done to help youth enroll in college, pay for it, and stay in school once they get there.

- Upon exit, 45 percent of youth had a GED, high school degree or higher. However, less than half of all youth (45%) were enrolled in school at exit.
- Reviewers found documentation in an additional 16 percent of cases that the youth received information about the New Jersey Scholars program, a program that provides funding for post- secondary and vocational education for youth in foster care.

Employment

Far too many youth (68%) were unemployed at the time of exit from placement. Despite economic realities, the State must do more to assist youth in career counseling and employment services.

- Forty percent (40%) of youth were neither employed nor in school at the time of exit.
- Sixty-eight percent (68%) of youth were unemployed at the time of exit from DYFS placement, and of those employed, 78 percent had part time jobs.

Permanency

Many youth exiting placement were connected to a caring adult.

- Seventy-two percent (72%) of youth were connected to a caring adult upon exit from DYFS placement. However, case stories showed that many of these adults struggled with their own mental health or substance abuse issues.

A. Services for LGBTQI Population

Phase I of the MSA required DCF to develop and begin to implement a plan for appropriate services to be delivered to youth who identify as Lesbian, Gay, Bisexual, Transgender, Questioning, or Intersex (LGBTQI) (Section II.C.4). The Monitor continues to follow DCF's efforts to work with this population of youth. DCF efforts include: creating a Safe Space initiative; developing and delivering a LGBTQI competency training for all field staff; and creating a comprehensive LGBTQI Resource Guide.

The Safe Space initiative creates "safe zones" that LGBTQI youth can easily recognize. This strategy provides environments where LGBTQI youth can feel supported in accessing resources and talking about their needs. There are a total of 46 primary Safe Space liaisons (with

additional back up liaisons) identified for all 47 DYFS local offices. Two DYFS residential treatment programs also have liaisons. Safe Space liaisons are responsible for identifying local resources to support LGBTQI youth and for making sure that staff and youth are aware of these resources. In the southern part of the state, a community partner meets regularly with Safe Space liaisons to provide information on resources and support in understanding LGBTQI issues. Statewide, liaisons were trained on the Safe Space Liaison Resource Management website. The Safe Space Liaison Resource Management website, located within the Training Academy website, facilitates communication about resources among the liaisons. Additionally, DCF obtained 200 copies of “It’s Your Life”, a booklet prepared by the American Bar Association to help LGBTQI youth navigate the child welfare system. A link to this resource is also available on the Safe Space Liaison Resource Management website and books have been handed out at conferences and “road shows.”

LGBTQI competency training is a part of a two-day cultural competency training for all field staff. Between July and December 2010, 178 staff completed the entire training. To date, 1,132 DYFS staff have completed this module.

The Monitor’s Adolescent Case Record Review found that very few youth (4% of the universe of 205 youth) identified as LGBTQI. Three youth found their own supports to deal with issues related to their sexual orientation, in one case a worker actively sought a mentor for the youth, and in the remaining five cases there was no documentation of any supports offered.

B. Performance Benchmarks Measuring Services to Older Youth

Independent Living Assessments

Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance	December 2010 Performance	Requirement Fulfilled as of December 31, 2010 (Yes/No/Ongoing)
53. <u>Independent Living Assessments</u> : Number/percent of cases where DCF Independent Living Assessment is complete for youth 14-18.	a. By December 31, 2009, 75% of youth age 14-18 have an Independent Living Assessment. b. By December 31, 2010, 85% of youth age 14-18 have an Independent Living Assessment.	By December 31, 2011, 95% of youth age 14-18 have an Independent Living Assessment.	As of June 30, 2010, 83% of youth aged 14 to 18 in out-of-home placement for at least six months had an Independent Living Assessment.	As of January 2011, 87% of youth aged 14 to 18 in out-of-home placement for at least six months had an Independent Living Assessment.	Yes

Performance as of December 31, 2010:

As of January 10, 2011, there were 1,161 youth aged 14-18 in out-of-home placement for at least six months. Of the 1,161 youth, 1,010 (87%) had assessments completed, 151 (13%) did not. The State met the interim performance benchmark of 85 percent of youth 14-18 with a completed Independent Living Assessment.

Independent Living Assessments are filled out by the youth or his/her caregiver online. These assessments examine the youth's knowledge related to financial decision making, work and study skills, self care, social relationships, and other life skills. The Monitor reviewed five Independent Living Assessments and corresponding planning with youth. Many of the domains on which youth needed assistance appeared to be picked up in case planning—e.g., needing help with budgeting, nutritious eating, finding a job, understanding where to get assistance with food stamps or other public assistance.

The completion of such assessments is laudable given that one year ago the compliance rate for this measure was two percent. DCF's directives to the field and training of staff have resulted in significantly improved performance on this measure.

Services to Older Youth

Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance	December 2010 Performance	Requirement Fulfilled as of December 31, 2010 (Yes/No/Ongoing)
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.	a. By December 31, 2009 75% of older youth (18-21) are receiving acceptable services as measured by the QR. b. By December 31, 2010 75% of older youth (18-21) are receiving acceptable services as measured by the QR.	By December 31, 2011, 90% of youth are receiving acceptable services as measured by the QR.	To be assessed in the future. ¹⁵⁷	To be assessed in the future. ¹⁵⁸	Data Not Available ¹⁵⁹

Performance as of December 31, 2010:

Performance on the provision of services to youth between the ages of 18 and 21 will be measured through a QR or other quality assessment process.

Between October and December, 2010, DYFS served 1,868 youth aged 18-21. Of the 1,868 youth, 755 (40%) were living in out-of-home placement and 394 (21%) were living in their own homes. An additional 719 (39%) youth aged 18-21 were receiving adoption or Kinship Legal Guardianship subsidies.

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

¹⁵⁷ Qualitative measures will be assessed through the Qualitative Review process which is currently in the pilot phase.

¹⁵⁸ The Monitor will be working with DCF to determine an appropriate assessment of this measure. The Monitor's Adolescent Case Record Review, attached as a supplement to this report, provides some insight into the services received by this population.

¹⁵⁹ The Monitor will be working with DCF to determine an appropriate assessment of this measure. The Monitor's Adolescent Case Record Review, attached as a supplement to this report, provides some insight into the services received by this population.

The Monitor's supplemental report provides more details regarding services made available to this age group (See Appendix C). Specifically, of the 205 youth in the case record review sample, 135 (66%) participated in independent living activities, 70 (34%) did not. Independent living activities included life skills assessment and/or training, driving lessons, budget and financial management, mentoring, Aging Out seminars, food shopping and cooking support, and college preparation activities.

Some critical aspects of working with youth aged 18 -21 include connecting youth to health insurance, supporting youth in pursuing higher education, and in finding stable housing. DCF reports that a Chafee Coordinator works within the Office of Child Health Services to ensure that eligible youth receive the appropriate type of Medicaid. DCF reports that 95 percent of youth leaving DYFS custody between January 1 and December 31, 2010 had some form of Medicaid health insurance for at least one month after placement. Of the 218 youth aged 17.9 – 21 years old discharged from foster care placement between January and June 2010, DCF reports that 94 (43%) had received at least six months of Chafee Medicaid and 97 (45%) had at least six months of Medicaid through DYFS or through other programs such as TANF or SSI.

The NJ Scholars program is another service the Monitor has tracked for youth involved with DYFS. Through the NJ Scholars program, participants can receive funding assistance for tuition, books and related school expenses. According to DCF, 279 youth were a part of the NJ Scholars program in the 2010-2011 school year. Of the 279 youth, 215 (77%) received scholarship funds and support services (through Project MYSELF) during that time period. All youth, regardless of funding, are supposed to receive supports, such as coaching and mentoring. The participation of youth in the NJ Scholars Program, especially the number of youth receiving financial assistance, continues to decline significantly. For the 2007-2008 school year, there were 556 participants in the NJ Scholars Program, 443 (80%) of whom received funding. For the 2008-2009 school year, there were 398 participants, 305 (76%) of whom received funding. At the beginning of the 2009-2010 school year, there were 371 participants with 325 (88%) receiving funding, the year ended with 340 participants. The small number of participants remains concerning. The Monitor's Adolescent case record review found that 20 (10%) of the 205 youth whose cases were reviewed were participants in the NJ Scholars program. Reviewers found evidence that an additional 32 youth (16%) received information about the program.

DYFS and Foster and Adoptive Family Services (FAFS) report working to increase outreach events to promote the NJ Scholars program, conduct workshops to help youth fill out the Free Application for Federal Student Aid (FAFSA) and the NJ Scholars applications, identify and recruit youth for NJ Scholars, and include information about NJ Scholars in Adolescent worker training. A full-time coordinator was identified in the fall of 2010 to supervise the recruitment of youth at over 40 events between January and June 2011. The Monitor will continue to follow enrollment of youth in this program.

DCF reports expanding the Summer Housing and Internship program (SHIP) from 14 to 40 participants for summer 2011. This program provides youth with a 12 week long intensive summer experience. Housing, internships, stipends, life skill instruction and recreational opportunities are all part of the SHIP experience.

Youth Exiting Care

Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance	December 2010 Performance	Requirement Fulfilled as of December 31, 2010 (Yes/No/Ongoing)
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.	a. By December 31, 2009 75% of youth exiting care without achieving permanency shall have housing and be employed or in training or an educational program. b. By December 31, 2010 75% of youth exiting care without achieving permanency shall have housing and be employed or in training or an educational program.	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.	For youth exiting DYFS placements between January 1 – June 30, 2010, the Monitor's Review found 72% of youth have housing; 60% of youth were employed or in some type of educational program. ¹⁶⁰	Not Available	Unable to Determine

Performance as of December 31, 2010:

In an effort to assess outcomes for youth exiting care, the Monitor conducted a case record review of all youth aged 18-21 who exited from DYFS custody. Of the 205 youth whose case records were reviewed, 148 (72%) had housing upon exiting placement. Reviewers found no evidence of a housing option for 57 youth when they exited DYFS placement.

During Phase I, the sole MSA requirement regarding Transitional Living Housing was for DCF to establish 18 beds for youth transitioning out of the foster care system by June 2008 (Section II.C.11). The State far exceeded this requirement by contracting for 240 beds. DCF reports adding an additional 10 beds for youth in transition. The need for supportive housing for youth exiting foster care is evident in the findings of the Monitor's case record review.

¹⁶⁰This measure looks at the total percentage of youth employed and/or in some type of educational program. The total percentage of youth employed and/or in school is 60%. More specifically, of the total sample, 32% of youth were employed. Of the total sample, 45% of youth were in some type of educational program. Some youth were both employed and in school; 40% of the total sample were neither employed nor in school.

Completing high school and participating in college can also be a challenge for many youth transitioning from foster care. Of the 205 youth exiting DYFS placement, the Monitor's case record review found that 92 (45%) youth had a GED, high school degree or were enrolled in higher education at the time of exit. More specifically, 24 percent had a high school diploma, five percent had a GED, 15 percent had some college and less than 1 percent had an associate's degree at the time of exit. Less than half (45%) were still enrolled at school at the time of exit from DYFS placement. More detailed information about this measure is in the attached supplemental report (See Appendix C).

Based on the Monitor's case record review, DCF did not meet this performance measure.

XIII. SUPPORTING A HIGH QUALITY WORKFORCE: CASELOADS AND TRAINING

DCF has continued to maintain key infrastructure improvements that were the focus of Phase I investments. Meeting caseload standards for Intake staff continues to be a challenge, but the State met or came close to meeting all caseload targets in other areas.

A. *Caseloads*

Monitoring Period VIII Caseload Reporting

Caseload compliance is measured by individual caseworker caseloads in each of the functional areas (Intake, Permanency, and Adoption) as well as a standard for DYFS local offices. Investigators in the Institutional Abuse Investigations Unit (IAIU) have had an individual caseload standard since Period IV (June 2008). Table 25 summarizes the caseload expectations for individual workers. Office-wide average caseloads are to comply with the applicable functional area caseload standards in 95 percent of all DYFS 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 25: DCF/DYFS Individual Caseload Standards

Caseworker Function	Responsibility	Individual Caseload Standard
Intake	Respond to community concerns regarding child safety and well-being. Specifically, receive referrals from the State Central Registry (SCR) and depending on the nature of the referral, respond between two hours and five days with a visit to the home and begin investigation or assessment. Complete investigation or assessment within 60 days.	Intake caseworkers are to have no more than 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).
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. ¹⁶¹	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 DYFS and those families whose children are removed from home due to safety concerns.	Permanency caseworkers 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 caseworkers are to serve no more than 15 children at any one time. (Section II.E and Section III.B.1).

Interview Procedure

The Monitor verified the caseload data supplied by the State by conducting telephone interviews with randomly selected caseworkers across the state. One hundred forty-two caseworkers were selected from those active in December 2010. Of the 47 DYFS local offices, 41 were represented in the sample. The interviews were conducted throughout the months of April and May 2011. All 142 caseworkers were called. Information was collected from 97 caseworkers (75% of the eligible sample), located in 41 offices. Approximately 13 of the remaining 32 caseworkers were no longer employed by DYFS, were on extended leave during the period of the calls, or were not actually case-carrying staff in December of 2010. These workers were not included in the sample. Contact was attempted at least two times for all caseworkers that were not interviewed.

In the interviews, caseworkers were asked about their caseload size in December 2010 and their responses were compared to the caseload information the State supplied for December 31, 2010 from NJ SPIRIT. They were also asked about their caseload size on the day of the call.

¹⁶¹ DYFS (7-1-1992). IAIU Support Operations Manual, III E Institutional Abuse and Neglect, 302.

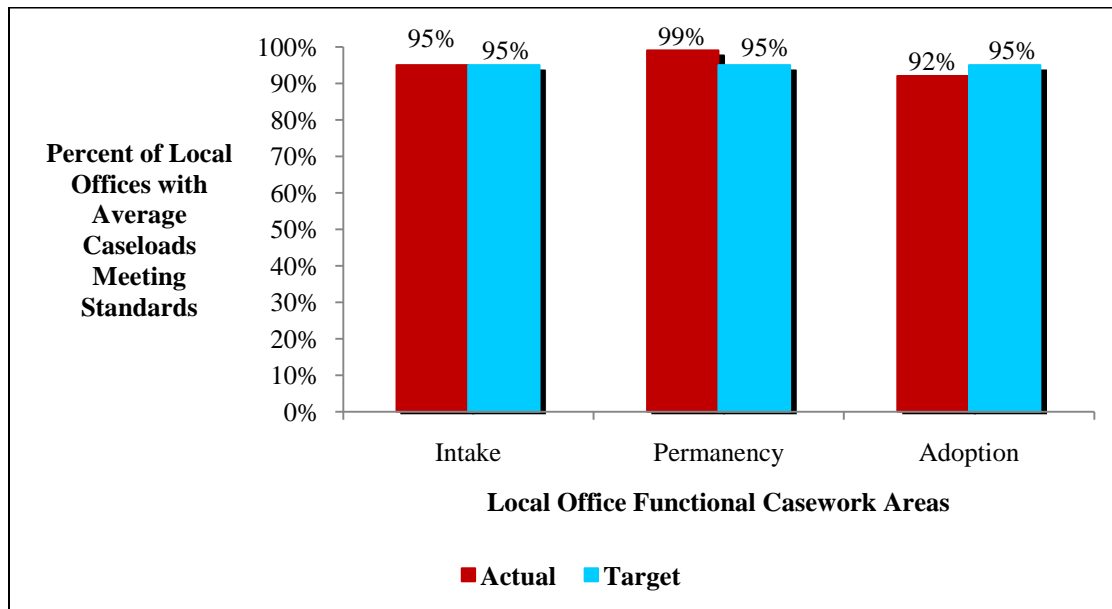
Identified discrepancies were discussed with the caseworkers. The Monitor found that in general, NJ SPIRIT reflects worker caseloads. In addition, the interviews collected information about any caseload fluctuation between July and December 2010 and the range of cases caseworkers had experienced—the highest number of cases and the lowest number of cases. Although not all 129 eligible caseworkers responded, the Monitor believes sufficient information was gathered from the 97 caseworkers to verify the accuracy of the state caseload reporting.

The following discussion describes the State's performance in meeting the office caseload standards and the individual caseload standards. The State's performance on supervisory ratios is at the end of the caseload discussion.

DCF/DYFS met the office average caseload standards in two of the three functional areas.

DCF/DYFS met the average office caseload standards in the areas of Intake and Permanency. Adoption failed to meet the 95 percent standard. Figure 12 summarizes the Period IX performance.

Figure 12: Percent of DCF/DYFS Local Office Average Caseloads for Intake, Permanency, and Adoption Meeting Applicable Caseload Standards (July – December 2010)

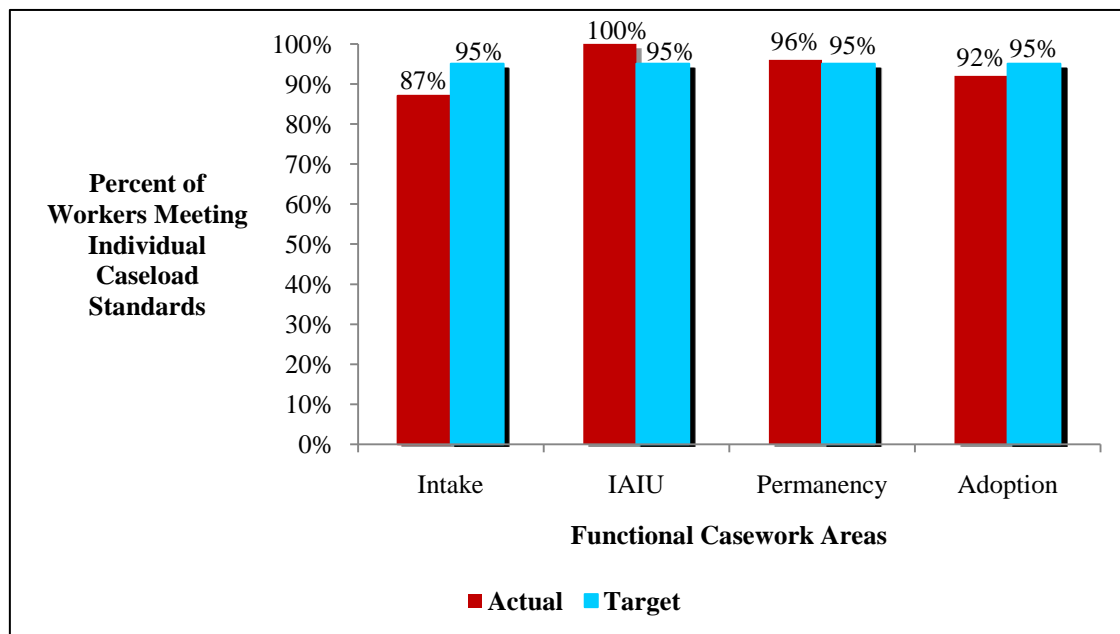


Source: DCF NJ SPIRIT Data

From July 1, 2010, to December 31, 2010, 93 percent of the DCF/DYFS caseworkers met the individual caseload standards.

Individual caseloads complied with individual caseload standards in all areas except Intake and Adoption. Among Intake workers, 87 percent of the caseworkers had caseloads that met the caseload standard. This is an 11 percent improvement in compliance from the previous monitoring period when a jump in SCR reports was assumed to be the cause of a dip in compliance rate. Among Adoption workers, 92 percent of caseworkers had caseloads that met the caseload standard. This is a two percent decrease in compliance rate from the previous monitoring period.

Figure 13: Percent of DCF/DYFS Caseworkers with Individual Caseloads At or Below the Applicable Individual Caseload Standards (July – December 2010)



Source: DCF NJ SPIRIT Data

Additional details on individual caseload findings are as follows:

- **Intake**

The individual worker caseload standard for Intake workers as of December 31, 2010 was not met. The State reported an average of 873 active Intake caseworkers between July and December 2010. Among those active workers, an average of 763 (87%) caseworkers had caseloads that met the caseload requirements. For the 122 Intake workers who did not meet caseload requirements in the month of December 2010, the number of new intakes ranged from 0-13 and the number of open cases in the month ranged from 0-42 families.

Among the 97 caseworkers that participated in the phone interview for caseload verification, 72 were Intake caseworkers. Twenty-five of the 72 Intake workers (35%) had experienced fluctuating caseloads between July and December 2010. This is in comparison to the phone survey results from the last monitoring period where 45 percent of Intake workers surveyed had experienced fluctuation. According to workers, the fluctuations in caseloads were often the result of a spike in reports when school is back in session, and during the holidays.

Workers Report “Shared” Cases Common Occurrence

The true workload of Intake caseworkers can be understated as Intake and Permanency caseworkers actually “share responsibility” for some cases (families). According to DCF, all CPS-Family reports are assigned to Intake workers to investigate and these reports are reflected in caseload reporting as “new assignments” in the month of the report and as one of the “open cases” for the month. When circumstances indicate that a permanency case needs to be opened before the investigation is complete or a family with an open permanency case is the subject of a CPS-Family report, the family becomes the focus of both Intake and Permanency workers until the investigation is completed.

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

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

Table 26: Number of DCF/DYFS Investigations and Secondary Intake Assignments by Month (July – December 2010)

2010	Investigations	Secondary Intake Worker Assignments
July	4,781	663
August	4,757	609
September	5,522	580
October	5,706	650
November	5,446	577
December	5,027	708

Source: DCF NJ SPIRIT Data

The Monitor asked questions designed to follow up on the topic of “secondary” cases during phone interviews. Intake workers were asked how prevalent secondary cases are, what effect these cases have on their workload, and how they are measured. Of the 72 intake workers interviewed, 82% reported being assigned as a secondary worker on an open permanency case in the past. Responses varied by office regarding how these cases are specifically tracked. Many workers reported that in their office, shared cases were accounted for toward their official case count by supervisors. Intake workers often confirmed that the secondary designation is not reflected in the caseload counts of “open cases” for Intake workers in SafeMeasures, but it is reflected under the secondary status in NJ SPIRIT.

The majority of Intake workers responded that the workload for open permanency investigations where they are designated as “secondary” is less than for a regular investigation due to collateral contacts already being completed by Permanency workers. Intake workers responded that most supervisors were aware of the actual workload of their staff even when accounting for the measurement challenges. The Monitor continues to track the prevalence of shared cases as the department has missed caseload targets for Intake staff, raising concerns about their workload even without taking the “secondary” assignments into account. Many Intake staff reported rarely receiving these assignments, but several workers reported they can get up to 3 secondary assignments per month.

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

The individual worker caseload standard for IAIU investigators as of December 31, 2010 was met. According to the data supplied by DCF, all 55 investigators had caseloads in compliance with the standard.

- **Permanency**

The individual worker caseload standard for Permanency workers as of December 31, 2010 was met. The State reported an average of 1,195 active Permanency caseworkers between July and December 2010. Of the 1,195 caseworkers, an average of 1,143 (96%) caseworkers had caseloads that met the caseload requirements. In the month of December, among the 53 permanency caseworkers that had caseloads over one or both of the caseload component caps, 51 workers had 16-21 families and six had 11-17 children in placement.

Among the 97 caseworkers that participated in phone interviews conducted by the Monitor for caseload verification, 20 were in Permanency units. Three of the 20 caseworkers interviewed (15%) reported fluctuating caseloads between July and December 2010. This compares to 29 percent of Permanency workers who reported fluctuating caseloads during phone interviews for the last monitoring period (January to June 2010). Permanency workers reported caseloads as low as four families and up to 15 families in the six-month period.

- **Adoption**

Of the 47 DYFS local offices, one office is dedicated solely to Adoption work and 41 local offices have Adoption workers or full Adoption units.

The individual worker caseload standard for Adoption workers as of December 31, 2010 was not met. The State reported an average of 248 active Adoption caseworkers between July and December 2010. Of the 248, an average of 229 (92%) workers had caseloads that met the caseload requirement. In the month of December, among the 13 caseworkers with caseloads over 15 children, seven had 16 children, five had between 17 and 23 children, and one had 35 children.

Among the 97 caseworkers that participated in the phone interviews conducted by the Monitor for caseload verification, five were Adoption workers. No Adoption workers experienced fluctuating caseloads between July and December 2010. All workers interviewed in this monitoring period were in compliance with caseload standards.

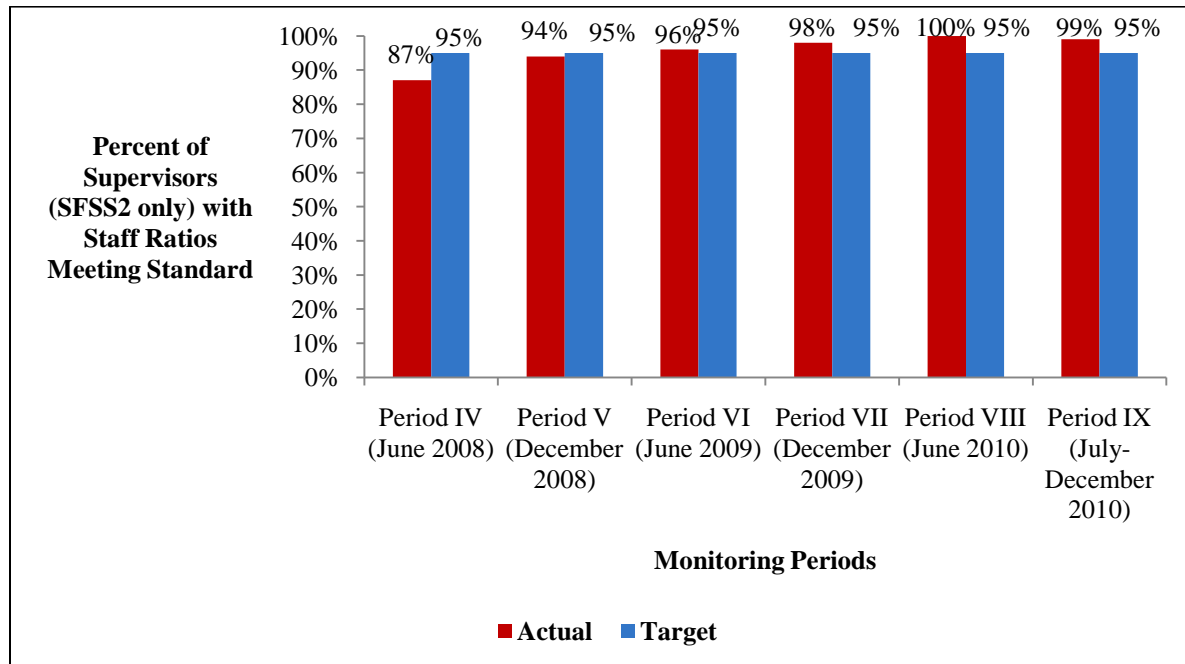
The standard for the ratio of supervisors to workers was met for the period ending December 31, 2010.

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

As displayed in Figure 14, the State reported that between July and December 2010, 99 percent of DYFS local offices had sufficient supervisors to have ratios of five workers to one supervisor. The Monitor verified the State reported information about supervision by asking all 97 case

managers interviewed the size of their units and 96 percent reported having units of five or fewer caseworkers.

**Figure 14: NJ DCF/DYFS Supervisor to Caseload Staff Ratios
(June 2008 – December 2010)**



Source: DCF NJ SPIRIT Data

Adequacy of Deputy Attorneys General (DAsG)

Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance	December 2010 Performance	Requirement Fulfilled as of December 31, 2010 (Yes/No/Ongoing)
22. <u>Adequacy of DAsG Staffing:</u> Staffing levels at the DAsG office.	By June 30, 2009, 95% of allocated positions will be filled.	98% of allocated positions will be filled plus assessment of adequacy of FTE's to accomplish tasks by June 30, 2012.	131 (92%) of 142 staff positions filled with seven staff on full-time leave; 124 (87%) available DAsG.	131(92%) of 142 staff positions filled with two staff of full-time leave; 129 (91%) available DAsG.	No

Performance as of December 31, 2010:

DCF reports that as of January 1, 2011, 131 of 142 DAsG staff positions are filled. Of those, two DAsG are on full-time leave. Thus, there are a total of 129 available DAsG. The State has yet to meet the interim benchmark for this measure.

B. Training

DCF continues to routinely and timely train its workforce in all areas of practice, while proceeding on its schedule to train all staff intensively on New Jersey's Case Practice Model by May 2012. The State fulfilled all of its training obligations required by the MSA, as shown in Table 27 below.¹⁶²

**Table 27: Staff Trained
(January 1, 2006 – June 30, 2010)**

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

Source: DCF

¹⁶² In any six month period there is not an exact correlation between number of staff trained and number of staff hired because of different points of entry, as reflected in the number of staff hired in the previous monitoring period that were trained in this monitoring period, and the number of staff hired in this monitoring period that will be trained in the next monitoring period.

Pre-Service Training

One hundred and nineteen trainees (Family Service Trainees and Family Service Specialists) were hired between July 1 and December 31, 2010. DFYS trained eighty-one workers between July 1 and December 31, 2010, who also passed competency exams. Table 27 also reflects an additional 8 workers as being trained, for a total of 89 workers trained in the monitoring period. These eight workers were trained through the BCWEP program and passed competency exams.¹⁶³ Twenty-one of the 89 workers trained in this monitoring period were hired in the previous monitoring period, one worker hired in the last monitoring period is on leave and therefore has not been trained. Fifty-one of the 119 workers hired in this monitoring period are enrolled in pre-service training.

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

Case Practice Model Training

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

As reflected in Table 28 below, between July 1 and December 31, 2010, the New Jersey Child Welfare Training Academy (the “Training Academy”) trained 102 staff on Module 1 of the Case Practice Model. The Training Academy also trained 128 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 DYFS local offices and are part of the immersion training described in previous reports. In these immersion sites, between July 1 and December 31, 2010, 527 staff were trained in Module 3; 464 were trained in Module 4; 295 were trained in Module 5, and 113 staff were trained on Module 6. Staff are trained on Modules 3 through 6 by the New Jersey Child Welfare Training Partnership (“the Training Partnership”).¹⁶⁴

¹⁶³ The Baccalaureate Child Welfare Education Program (BCWEP) is a consortium of seven New Jersey colleges (Rutgers University, Seton Hall University, Stockton College, Georgian Court University, Monmouth University, Kean University and Ramapo College) that enables students to earn the Bachelor of Social Work (BSW) degree. As discussed on pg. 34 of Monitoring Report V, 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.

¹⁶⁴ The New Jersey Child Welfare Training Partnership is a consortium of four New Jersey colleges and universities (Rutgers School of Social Work, Montclair State University Center for Child Advocacy, Kean University, and the Richard Stockton College of New Jersey) that DCF contracts with to provide In-Service training to DFYS staff.

The Monitor reviewed a statistically valid random sample of staff transcripts reflecting Case Practice Model training and cross-referenced them with Human Services data to determine that staff took Case Practice Model training and passed competency exams.¹⁶⁵

**Table 28: Staff Trained on Case Practice Model Modules
(January 2008 – December 2010)**

Training	Settlement Commitment Description	# of Staff Trained in 2nd 6 months 2007	# of Staff Trained in 1st 6 months 2008	# of Staff Trained in 2nd 6 months 2008	# of Staff Trained in 1st 6 months 2009	# of Staff Trained in 2nd 6 months 2009	# of Staff Trained in 1st 6 months 2010	# of Staff Trained in 2nd 6 months 2010
Module 1 - Engaging Families and Building Trust-Based Relationships	As of December 2008 and ongoing, case carrying staff, supervisors and case aides that had not been trained on the new case practice model shall receive this training.	200	3595	256	110	89	176	102
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.	N/A	711	2,922	89	112	149	128
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.	N/A	N/A	N/A	872	706	560	527
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.	N/A	N/A	N/A	649	640	592	464
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.	N/A	N/A	N/A	378	885	455	295
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.	N/A	N/A	N/A	37	207	110	113

Source: DCF

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

¹⁶⁵ Staff transcripts for Case Practice Model and Immersion Site training were pulled using the Random Integer Generator located on www.random.org.

for more than one permanency outcome for a child in care. Plans are underway to fold concurrent planning training into training on the Case Practice Model to better integrate concurrent planning practice into Family Team Meetings and other elements of case practice. As reflected in Table 27, between July 1 and December 31, 2010, 107 out of 107 (100%) new DYFS caseworkers were trained in concurrent planning and passed competency exams. Four of the 107 staff trained were hired in the previous monitoring period.

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

Investigation (or First Responder) Training

All 227 employees (100%) assigned to intake and investigations in this monitoring period successfully completed First Responders training and passed competency exams (See Table 27).

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

Supervisory Training

As reflected in Table 27, a total of 18 supervisors were trained and passed competency exams between July 1 and December 31, 2010; nine out of ten of these supervisors were appointed during this period. One supervisor appointed during this period was trained but was not able to take the competency exam because she was attending a funeral when the exam was given. An additional nine out of 11 supervisors appointed at the end of the previous monitoring period (Period VIII) also completed training in this monitoring period and passed competency exams. Two out of the 11 supervisors appointed in the previous monitoring period did not take competency exams; one was on leave and one due to illness. Another eight supervisors appointed at the end of this monitoring period are expected to complete training and pass competency exams in Period X.

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

New Adoption Worker Training

Twenty Adoption workers appointed in this monitoring period were trained between July 1 and December 31, 2010. Another 16 Adoption workers appointed late in the monitoring period completed training on January 6, 2011.

The Monitor reviewed all 20 staff transcripts and cross-referenced them with Human Resources data to verify that the State complied with MSA (Section II.G.9.).

IAIU Training

Over the past several monitoring periods DCF has been in the process of developing a specialized training for IAIU investigators. Between July and December 2010, the Training Academy conducted six of these trainings geared specifically to IAIU investigators, 56 of whom took the training and passed competency exams. Seven additional IAIU investigators completed the training in January 2011.

In addition, DCF reports that during this monitoring period one investigator completed Module 1 of Case Practice Model training and 16 investigators and supervisory staff completed Module 2. DCF also reports that 7 investigators completed Case Practice Model training in January 2011, and two more are expected to complete training in February 2011, when a total of 68 IAIU investigators out of 72 (94%) will have completed Case Practice Model training. An additional three IAIU staff were scheduled to complete training by April 2011. One investigator remains on leave.

The State provided the Monitor with a roster of IAIU workers. The Monitor cross-referenced all of the IAIU workers' transcripts who had been trained during the past six months with the IAIU rosters and concluded that the State complied with the MSA training requirements.

In-Service Training

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

As reflected in Table 27, between January 1 and December 31, 2010, 2,987 out of 3,031 (96%) case carrying workers and supervisors completed 40 or more hours of training. DCF reports that the remaining 134 staff completed some In-Service training hours but did not complete 40 hours either because they were on leave or had left DCF during 2010. Thus, the Monitor considers the MSA requirement to be fulfilled. Some, but not all of the training the case carrying workers and supervisors completed consisted of training on the Case Practice Model described in this report. DYFS has been working closely with the Training Partnership to coordinate training opportunities for DYFS staff to fulfill MSA training requirements. New courses have been developed on key topics such as immigration and trauma. DYFS is experimenting with an innovative training format that will incorporate outside service providers into In-Service training opportunities so that DYFS staff can learn from service providers and service providers can become more knowledgeable about the changes in practice at DFYS.

The Monitor reviewed a statistically valid random sample of staff transcripts reflecting In-Service training and cross-referenced them with Human Services data to determine that the MSA requirements had been fulfilled.¹⁶⁶

¹⁶⁶ Staff transcripts for In Service training were pulled using the Random Integer Generator located on www.random.org.

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

DCF completed the pilot of the New Jersey Qualitative Review

In 2010 New Jersey piloted a revised qualitative case review process termed the Qualitative Review (QR). A total of 95 cases were reviewed across nine counties to provide the state baseline data for the federal Child and Family Services Review (CFSR) Program Improvement Plan and guidance for developing an internal process to collect data for reporting performance on a meeting several qualitative measures of the Modified Settlement Agreement (MSA).¹⁶⁷ The Monitor intends to report data from 2011 QRs for most of these specific measures.¹⁶⁸

Consultants with the Child Welfare Policy and Practice Group (CWPPG) provided classroom training in February and May of 2010 for over 50 DYFS, DCF and New Jersey Child Welfare Training Partnership staff.¹⁶⁹ CWPPG consultants also assisted in providing field training following the classroom training. By December 2010 approximately forty DYFS staff had participated in at least one review as part of a plan to participate in QRs in the future. In 2011, additional DYFS staff, staff from other offices/divisions within the DCF and staff from New Jersey's provider community are slated to participate in both QR classroom and field training and conduct reviews independently, once ready to do so based on demonstrated progress in acquiring review skills.

DCF has produced a summary report of the findings from the 2010 pilot focusing on broad trends identified through the Reviews in several counties as well as areas of overall strength and areas needing improvement, some of which varied across counties. That summary, along with QR tools and documents were posted on DCF's website in early 2011.¹⁷⁰ DCF reports that the QR process was particularly useful in providing additional information regarding previously identified issues and informing improvement efforts, many of which are already underway.

Notably, there were no cases flagged during any review that required immediate attention due to concerns about a child's safety. The status of children's health and the provision of health care services were also consistently identified as a strength across counties. The reviews provided specific examples of successes and challenges in achieving core Case Practice Model tenets such as engagement of children/youth, birth and foster parents in a working relationship and as part of a team in case planning.

The 2010 pilot also included QRs of 24 closed investigation cases in eight counties. Many challenges were identified in conducting QRs of investigations. With the Monitor's agreement, DCF has decided to exclude investigation cases from the general QR process going forward.

¹⁶⁷ DCF conducted the Qualitative Review in Bergen, Burlington, Camden, Essex, Gloucester, Hudson, Monmouth, Ocean and Passaic counties.

¹⁶⁸ By agreement of the parties, measures 7c, 9, 12, 13, 14, 15, 23, 43, 50 and 54 are to be assessed through a qualitative review.

¹⁶⁹ In February 2011 CWPPG again provided classroom training and mentored CWTP staff to conduct future classroom training. The CWTP trainers participated in and plan to continue to participate in QR field training.

¹⁷⁰ The 2010 QR summary report and related documents may be found at <http://www.state.nj.us/dcf/continuous/>

The pilot helped to inform county-based improvement plans as well as the structure of future reviews. DCF's newly formed Office of Continuous Quality Improvement (CQI) will lead the QRs across the state with significant involvement of DYFS local offices. Central office tasks include ensuring the quality of the review process and reliability of data collected as well as supporting work to address what is learned from each review. The Monitor will continue to work with DCF to ensure a robust and useful QR process that meets the needs of multiple stakeholders and improves practices and systems to benefit children and families.

NJ SPIRIT

DCF continues to work to improve data entry, data quality and data reporting through NJ SPIRIT. Additionally, DCF continues to fulfill the MSA requirement to produce agency performance reports with a set of measures approved by the Monitor and to post these reports on the DCF website for public viewing (MSA II.J.6).¹⁷¹

NJ SPIRIT functionality was again enhanced during this monitoring period. The enhancements include changes to meet the new Federal reporting requirements for the National Youth in Transition Database (NYTD) and the Fostering Connections to Success and Increasing Adoptions Act of 2008 as well as full automation of the notice of placement and notice of change in placement to the courts. These enhancements eliminated the need for caseworkers to submit paper forms concerning changes in a child's placement to the court. Additionally, in July 2010, the case note screens were changed to improve the accuracy of Family Team Meeting documentation.

The NJ SPIRIT Help Desk has continued to publish an electronic newsletter to communicate changes and enhancements to NJ SPIRIT to the DYFS local offices. The monthly newsletter is emailed to field staff and posted on the intranet and it notifies staff of recent changes and planned future NJ SPIRIT enhancements.

The Help Desk also provided training on NJ SPIRIT to DYFS contract provider agencies to assist them in documenting supervised parent-child visitation services. The Help Desk conducted on-site training sessions for each of the 27 agencies and all designated agency staff members have been trained. Additionally, the Help Desk provided a review session on NJ SPIRIT to SCR and IAIU staff and an overview session on NJ SPIRIT to DAsG.

The Federal Administration of Children and Families (ACF) conducted an on-site review of the compliance of NJ SPIRIT. DCF received positive feedback indicating that NJ SPIRIT and Safe Measures are being used by DYFS staff as intended. In May 2011, DCF submitted its Program Improvement Plan to ACF and is awaiting feedback.

In this monitoring period, the Help Desk opened 8,475 tickets requesting help or NJ SPIRIT fixes. Of the 8,475 tickets open, 7,910 (93%) tickets were closed by December 31, 2010. The Help Desk resolved 3,797 (48%) of the 7,910 closed tickets within one work day and an additional 2,215 (28%) tickets within 7 work days for a total of 76 percent resolved within seven work days.

¹⁷¹ See <http://www.state.nj.us/dcf/home/childdata/index.html>.

Safe Measures

DCF reports continued refinement to reporting on data from Safe Measures. Safe Measures provides DCF with the ability to measure utilization and DCF has seen a sustained increase in Safe Measures usage. DCF added several enhancements to Safe Measures based on requests from the field to develop new screens, design new features and make revisions to some screens.

Additionally, DCF has added a number of new reports to Safe Measures to help staff better manage caseloads and worker responsibilities. These reports include a baseline population for the National Youth in Transition Database (NYTD) and a timeliness of Family Team Meetings for children in out-of-home placement report.

As is evident in this Monitoring Report, there has been considerable progress in producing data on a range of MSA requirements although there are still some practice elements for which reliable reporting from NJ SPIRIT is not yet available. DCF continues to work with frontline staff and managers to ensure timely and accurate data entry. At the same time, DCF has continued analytic work to ensure that reports accurately measure what is intended.

Managing by Data

During this monitoring period, DCF completed the first phase of its Manage by Data Initiative with the Northeast and Caribbean Implementation Center (NCIC). The first phase included a survey of best practices used by child welfare agencies in other states and interviews with appropriate staff from Illinois, Kentucky, Rhode Island, Texas and Utah. The second phase is underway and includes the training of 100 “fellows” from throughout DCF to become users of data for management purposes. These fellows will attend training over an 18 month period beginning in January 2011 and engage in practical data projects beneficial to their current workplace. Additionally, the second phase will include the creation of a protocol to be used in training new managers.

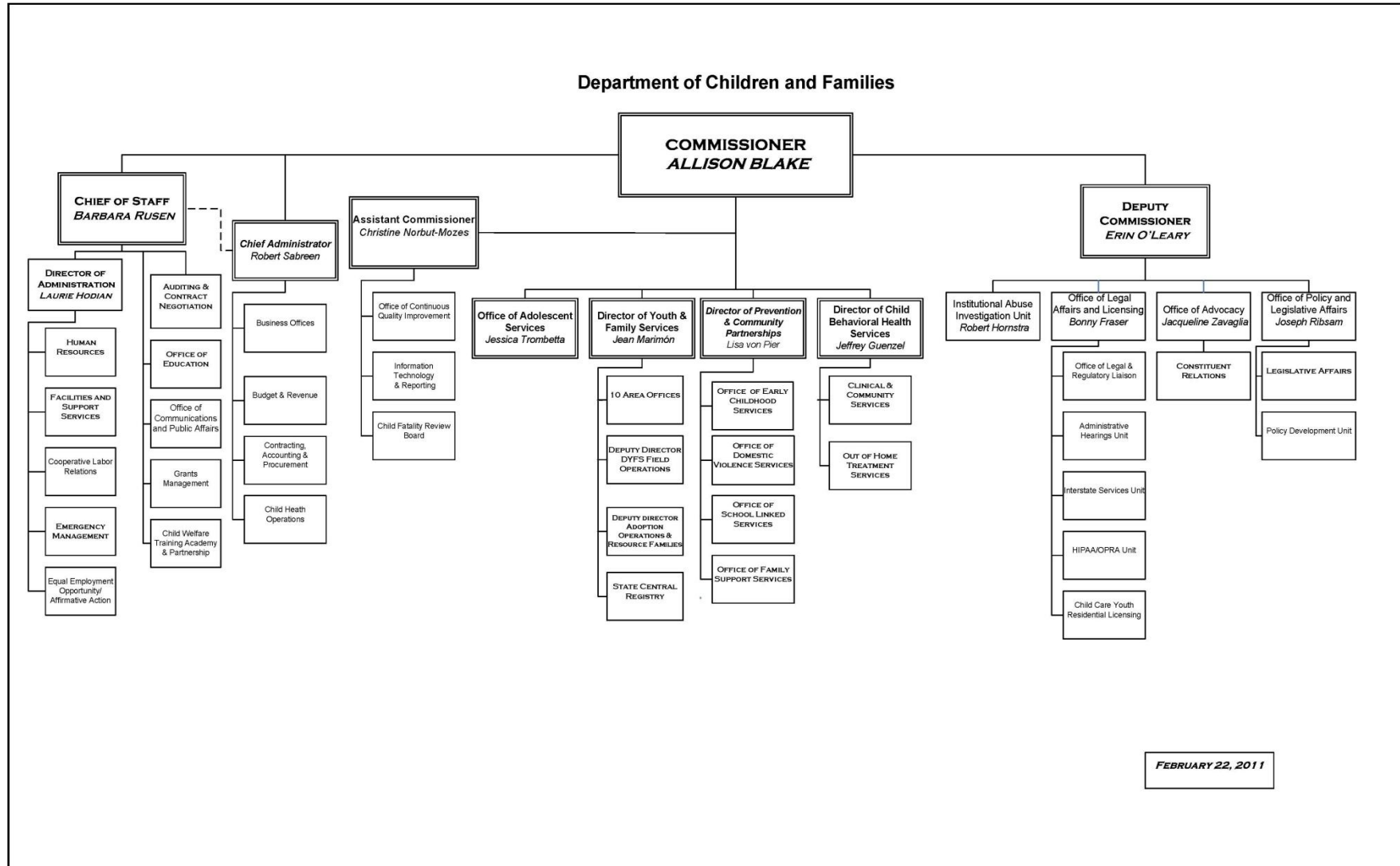
XV. BUDGET

Governor Christie's proposed fiscal year 2012 (FY 2012) budget for DCF was crafted to maintain the State's commitments to meet all MSA requirements for staffing and service delivery. The proposed FY2012 DCF budget includes a reduction in state funding that is largely attributed to a projected decrease in the number of children in foster care, the closure of residential treatment centers, and the elimination of funded, unfilled vacancies at the administrative level. Proposed state funds are designated to offset the loss of federal American Recovery and Reinvestment Act dollars. Budget hearings were held in May 2011 and the Monitor hopes that the Legislature will reinforce the Governor's budget priority of DCF's reform work.

APPENDIX A: Glossary of Acronyms Used in the Monitoring Report

BCWEP:	Baccalaureate Child Welfare Education Program	FQHC:	Federally Qualified Health Center
CCRMT:	Congregate Care Risk Management Team	FSC:	Family Success Centers
CHEC:	Comprehensive Health Evaluation for Children	FSS:	Family Service Specialist
CIACC:	Children's Interagency Coordinating Council	FTM:	Family Team Meeting
CHU:	Child Health Unit	FXB:	Francois-Xavier Bagnoud Center
CME:	Comprehensive Medical Examination	LGBTQ:	Lesbian, Gay, Bisexual, Transgender or Questioning
CMO:	Care Management Organization	HSAC:	Human Services Advisory Council
CPM:	Case Practice Model	IAIU:	Institutional Abuse Investigations Unit
CQI:	Continuous Quality Improvement	KLK:	Kinship Legal Guardian
CSA:	Contracted System Administrator	LO:	Local Office
CFSR:	Child and Family Service Review	MSA:	Modified Settlement Agreement
CSSP:	Center for the Study of Social Policy	NJ SPIRIT:	New Jersey Spirit
CWPPG:	Child Welfare Policy and Practice Group	OCA:	Office of the Child Advocate
CWTA:	Child Welfare Training Academy	OOL:	Office of Licensing
CWS:	Child Welfare Services	ORF:	Office of Resource Families
CYBER:	Child Youth Behavioral Electronic Health Record	PIP:	Performance Improvement Plan
DAG:	Deputy Attorney General	PPA:	Pre-placement Assessment
DCBHS:	Division of Child Behavioral Health Services	QA:	Quality Assurance
DCF:	Department of Children and Families	QR:	Qualitative Review
DPCP:	Division of Prevention and Community Partnerships	RDTC:	Regional Diagnostic and Treatment Center
DYFS:	Division of Youth and Family Services	RFP:	Request for Proposal
EPSDT:	Early and Periodic Screening, Diagnosis and Treatment	SCR:	State Central Registry
FAFS:	Foster and Adoptive Family Services	SHSP:	Special Home Service Providers
FAFSA:	Free Application for Federal Student Aid	SIBS:	Siblings in Best Settings
FFT:	Functional Family Therapy	SPRU:	Special Response Unit
		TPR:	Termination of Parental Rights
		UMDNJ:	University of Medicine and Dentistry of New Jersey
		USDA:	United States Department of Agriculture
		YCM:	Youth Case Management

APPENDIX B: DCF Organizational Chart



APPENDIX C:
Adolescent Case Record Review

June 2011

Charlie and Nadine H. v. Christie

Supplemental Monitoring Report:
An Assessment of Services and Outcomes for
Older Adolescents Exiting DYFS Placements

Center
for the
Study
of
Social
Policy

Charlie and Nadine H. v. Christie
Supplemental Monitoring Report:
An Assessment of Services and Outcomes for
Older Adolescents Exiting DYFS Placements

TABLE OF CONTENTS

I.	Introduction	1
II.	Methodology	8
III.	Demographic Information on Cases Reviewed	10
IV.	Findings.....	14
	A. Exiting DYFS Placement.....	14
	B. Outcomes for Youth Exiting Placement	15
	C. Case Planning and Assessments	23
	D. Services	24

APPENDICES

A.	MSQ Requirements Related to Older Adolescents	29
B.	Adolescent Case Closing Agreement	33
C.	NJ Instrument: Exiting Youth Record Review	35

LIST OF TABLES

Table

1.	Age of Youth.....	11
2.	Type of Placement of Youth Upon Exit from DYFS Placement.....	13
3.	Type of Housing After Exiting DYFS Placement	16
4.	Youth's Highest Level of Educational Attainment.....	16
5.	Type of School.....	17
6.	Number of Youth in High School or College Who Received Information About NJ Scholars Program.....	17
7.	Youth School and Employment Status Upon Exit.....	18
8.	Medicaid Status for Youth Exiting DYFS Placement	19
9.	Criminal Justice, Substance Abuse and Mental Health Challenges by Gender.....	21
10.	Criminal Justice, Substance Abuse and Mental Health by Race/Ethnicity	21

LIST OF FIGURES

Figure

1.	Gender Distribution of Youth in Cases Reviewed.....	10
2.	Race/Ethnicity of Youth in Cases Reviewed	11
3.	Length of Stay for Current Placement Episode for Youth in Cases Reviewed	12
4.	Independent Living Activities.....	25

I. INTRODUCTION

In July 2006, the Center for the Study of Social Policy (CSSP) was appointed 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*.¹ As Monitor, CSSP is charged with independently assessing the State's progress in meeting the requirements and outcomes established in the Modified Settlement Agreement (MSA), approved by the Court in July 2006.

CSSP has issued, to date, eight comprehensive Monitoring Reports assessing the State's progress. The State is currently in Phase II of the Modified Settlement Agreement (MSA). Phase II assesses performance benchmarks related to the provision of services to children and families and the results (outcomes) of the State's interventions in the lives of New Jersey's children, youth and families. ***This supplemental Monitoring Report, based on a review of case records, is focused on outcomes for a subpopulation of older youth regarding their educational achievement, housing, employment and social connection at the point of exit from the Division of Youth and Family Services (DYFS) placement. The report also provides information on case planning and services for this population.***

As discussed in the Period VIII Monitoring Report, over the past four years, New Jersey has created and promoted policies to provide support and services to youth age 18 to 21.² Forty-six DYFS local offices have either an adolescent unit or designated adolescent workers specifically trained to address the specialized needs of the adolescent population in their caseload.³

The independent case record review assesses youth aged 18 or older who had spent at least 60 days in out-of-home care and were considered to have exited from DYFS placement between January 1 and June 30, 2010.⁴ Staff and consultants of CSSP conducted the case review between August 15 and October 31, 2010.

This report is intended to provide baseline information on the MSA requirement that youth exiting DYFS care without being reunified or otherwise achieving permanency have housing and are employed or in a training or educational program (Child and Family Outcome and Case Practice Performance Benchmark #55). Appendix A provides a summary of all the relevant MSA requirements that were examined during this review. Recommendations based on findings of this review were developed after conversations with DCF and Plaintiffs.

¹ *Charlie and Nadine H. et al. v. Christie*, Modified Settlement Agreement, United States District Court for the District of New Jersey, Civ. Action No. 99-3678 (SRC), July 18, 2006.

² *Progress of the New Jersey Department of Children and Families Period VIII Monitoring Report for Charlie and Nadine H. v. Christie*, Dec. 2010.

³ More about the Department of Children and Family's work with this population is discussed in the Monitor's Period VIII report. See, *Progress of the New Jersey Department of Children and Families Period VIII Monitoring Report for Charlie and Nadine H. v. Christie*, Dec. 2010.

⁴ One youth in the universe of cases provided to the Monitor was 17, almost 18, and was included in this review. This youth was involved in the juvenile justice system and DYFS was ordered to place him in a treatment program. The youth exited upon completion of the program.

NATIONAL CONTEXT ON ISSUES SURROUNDING OLDER YOUTH EXITING STATE CUSTODY

Nationwide Increase of Youth in Foster Care

While the number of children in foster care has been declining nationally in the past decade, the proportion of older children in care has increased.⁵ Child welfare agencies across the country have had to adjust to this change, and respond to the needs of this older population of children. Federal and state legislation provide targeted funding for services for youth, but in too many cases this population's needs remain insufficiently addressed. New federal legislation expands obligations for states to provide services and supports for older youth and provides more options, but much remains to be done to ensure that youth who have experienced foster care receive the range of services and supports necessary to have the opportunity to successfully transition to adulthood.

Federal Law Provides Support to Youth

Federal law provides specific supports for youth in foster care. Child welfare agencies have access to federal and state funds to facilitate children reuniting with their parents and, when that is not possible, placement in other, preferably permanent living arrangements. In order to be eligible for these funds, states must comply with certain mandates intended to promote safety, permanency and well-being of children, such as the development of written case plans and case reviews and, for youth 16 or older, a description of programs and services to help children make the transition to living independently.⁶

In 1999, the Foster Care Independence Act created the federal Chafee Foster Care Independence Program (CFCIP) to provide funding for youth who are aging out of foster care. With this funding, and a 20 percent state match, states have created independent living programs designed to assist youth with housing, career advancement, education services, counseling, mentoring, and other services. The Promoting Safe and Stable Families Amendments of 2001 (P.L. 107-133) authorized the Chafee Education and Training Voucher Program for youth who age out of foster care to obtain education vouchers worth up to \$5,000 annually for the cost of full-time or part-time attendance at a college or other secondary school.

Fostering Connections to Success and Increasing Adoptions Act of 2008 (Fostering Connections) made significant additional changes to previous child welfare legislation, particularly changes related to older youth in foster care. As a result of Fostering Connections, Title IV-E funds are authorized to reimburse states for the cost of providing foster care to youth up to age 21, at the state's option. In order to be eligible, a youth must be completing high school or an equivalent program, enrolled in post-secondary or vocational education or certain employment programs, or employed part-time. Fostering Connections also made CFCIP services available to youth exiting foster care to adoption or kinship guardianship at 16 or older, as well as to youth who age out of

⁵ Adrienne L. Fernandez, *Youth Transitioning from Foster Care: Issues for Congress*, Congressional Research Service, CRS Report for Congress February 12, 2009 (Hereafter referenced as Congressional Report, February 2009)

⁶ Section 475(5)(C), Title IV-E of the Social Security Act

care without a permanent home. In addition, Fostering Connections requires a youth's caseworker or other representative to assist and support the youth in developing a transition plan, which identifies and addresses what supports and services the youth may need after the youth is no longer in the care or custody of the state.

Current Research

Recent studies of former foster youth have demonstrated that at age 21 a significant portion of former foster youth have serious problems adjusting to life as independent adults.⁷ And, while research has shown that a key element to a successful transition to adulthood is connection to a caring, supportive adult, an increasing number of older youth are exiting foster care without being reunited with their birth families or having been connected to another permanent relationship. Nationally, in fiscal year (FY) 2007, approximately 29,000 youth reached majority without a permanent, legal connection to an adult⁸ as compared with 20,000 in FY 2002.⁹

The Midwest Evaluation of the Adult Functioning of Former Foster Youth was conducted at various stages of former foster youth's lives before and after they left care. The study found disturbing trends for youth at age 21 who had been in foster care as compared with youth in the general population: they were less likely to have attended college for at least year and more likely to encounter barriers to enrolling or staying in school. They also become parents at a higher rate, lack enough money to pay rent, and are more likely to report having received food stamps.¹⁰ Research also shows that African American foster youth are less likely to have avoided public assistance than their White or Hispanic counterparts, less likely to be employed, and less likely to have earned at least \$5,000 during the past year.¹¹ This study also showed that some young people transitioning out of foster care do well and that relational permanency—strong ties to family or adult mentors—contributes to improved outcomes for these youth.

Work in New Jersey

Beginning in 2004, even prior to Fostering Connections, the Department of Children and Families (DCF) in New Jersey began improving policies and practices for youth in foster care. In 2004, New Jersey changed its policy to permit youth to remain in foster care until they reach age 21. In 2008, DCF created Adolescent Units in DYFS local offices with caseworkers specifically assigned to work with older youth. Stakeholders report that while attention to the needs of adolescents has grown, much work remains to be done.

⁷ Mark Courtney et al., *Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at Age 21*, Chapin Hall Center for Children, University of Chicago, Dec. 2007. This study examined the experiences of foster youth in Iowa, Wisconsin and Illinois who were in care before their 16th birthday, were still in care at age 17, and had been removed from their homes for reasons other than delinquency. Data were collected from the 732 youth when they were 17 or 18, and again when they were 19 (n=603), 21 (n=591), and 23 or 24 (n=602).

⁸ Policy for Results, Center for the Study of Social Policy, PolicyforResults.org, Executive Summary Dec. 2010

⁹ Congressional Report, February 2009

¹⁰ Midwest Evaluation, p.3

¹¹ Amy Dworsky et. al., *Racial and ethnic differences in the outcomes of former foster youth*, Children and Youth Services Review 32(6), June 2010, pp. 902-912.

The New Jersey Child Welfare Citizen Review Panel (CWCPR) recently conducted a survey of 175 youth ages 15 to 21 transitioning out of New Jersey's foster care system.¹² Surveys were administered between November 2008 and June 2009 to youth and to advocates, volunteers and other professionals who work directly with youth, such as Court Appointed Special Advocates (CASA), Law Guardians, and caseworkers, supervisors and executive management from Care Management, Youth Case Management and Family Support organizations. Some of CWCPR's findings are encouraging and are consistent with some of the findings in this report. For example, of the youth who responded to CWCPR's survey, close to 93 percent indicated that they have an adult in their lives who cares about them and who they use as a support system. Two-thirds of the youth reported maintaining regular contact with their birth or adoptive parents and their siblings.¹³ Other CWCPR survey findings are less positive and support the conclusion that much more must be done in New Jersey to prepare youth for the transition out of foster care and into the community as successful adults.¹⁴

SUMMARY OF FINDINGS OF MONITOR'S CASE RECORD REVIEW

Similar to the Midwest Evaluation, the Monitor's review found that youth exiting care fell into one of four categories: youth who were functioning well and connected to caring adults, school and/or employment; youth who were struggling to be connected to school and/or employment but generally avoiding extreme hardship; youth struggling in their role as parents; and youth that were "troubled or troubling," that is, youth with significant involvement in the criminal justice system, limited education, unemployed and/or homeless.¹⁵ The review also found many instances of DYFS caseworkers making continued attempts to engage with youth who wanted to exit from DYFS placement and close their case prior to turning 21. In some instances DYFS caseworkers were successful in keeping the youth engaged in services, in other instances not. Such engagement efforts are critical as national data show that youth who remain in care until age 21 have an increased likelihood of pursuing post-secondary education, increased earnings, delayed pregnancy and delayed homelessness.¹⁶

The findings and recommendations of this case review are intended to be useful to the State as it further develops its adolescent programs and supports as well as the responsibilities of the workers trained to address the needs of older youth. This report assesses the services and outcomes for youth age 18-21 who exited DYFS placement. Although their placement episode ended, 77 percent of these youth continued to receive some service and supports from DYFS in

¹² Child Welfare Citizen Review Panel, *NJ Youth Aging Out of Foster Care*, April 2010.

¹³ Ibid.

¹⁴ Of the 27 percent youth with cases closed at the time of the survey, 56 percent said that they wanted their case closed, while 44 percent said they did not. A significant number of the youth (31%) said their case was closed when they were 14 years of age or younger. The youth and the professionals that took part in the survey indicated that there are not enough housing options for transitioning youth. While most of the youth report that they are working either in full or part time positions, 78 percent of the youth report that no one assisted them in finding employment. Too many youth (68%) reported never completing a life skills program, and 69 percent indicated never being referred to one.

¹⁵ Jim Casey Youth Opportunity Initiative Convening, Mark Courtney Presentation, *The Transition to Adulthood for Youth in foster care: Taking stock and moving forward*, November 15-17, 2010.

¹⁶ Ibid.

the months that followed.¹⁷ The following findings listed below should be considered with this in mind.

Outcomes measured in this review fall into four categories: housing, education, employment and permanency. Similar to findings in the Midwest Evaluation, many youth whose cases were reviewed face significant struggles and require more focused attention from DCF and its partners in order to be better situated to live independently.

Housing

While many youth appeared to have housing upon exit from placement, for more than one fourth of exiting youth, there was no documentation of a housing option. Five of the youth left DYFS placement to a shelter.

- Of the seventy-two percent (72%) of youth who had housing identified upon exiting DYFS placement, the largest numbers were living with their biological or adoptive parents (18%) or relatives (17%).

Education

Upon exit from placement, too often youth were not connected to educational opportunities, and were not counseled as to how to take advantage of funding possibilities to pursue higher education. More needs to be done to help youth enroll in college, pay for it, and stay in school once they get there.

- Upon exit, 45 percent of youth had a GED, high school degree or higher.¹⁸ However, less than half of all youth (41%) were enrolled in school at exit.
- Fifty-nine percent of youth exiting DYFS placement and in college were participants in the NJ Scholars program. Reviewers found documentation in 17 percent of cases that youth received information about the New Jersey Scholars program, a program that provides funding for post- secondary and vocational education for youth in foster care.¹⁹

¹⁷ This assessment did not solely focus on older youth with closed cases as that would miss a number of youth who had exited DYFS placement. According to DCF, a youth by himself/herself is not considered a “case”, rather a youth is a participant in a case. The family is considered the “case.” Looking at closed cases only would miss youth who exited placement but the “case” remained open because other family members remain active with DYFS services. In consultation with DCF, the Monitor determined that examining youth who exited DYFS placement provides more information about the experience of older adolescents.

¹⁸ Specifically, 24 percent had a high school diploma, 5 percent had a GED, 15 percent had some college education, and less than 1 percent had an associate’s degree.

¹⁹ Not all 205 would be eligible for NJ Scholars participation because they must have completed high school and be accepted into college. However, the Monitor was interested in understanding how many youth were informed of this support.

Employment

Far too many youth (68%) were unemployed at the time of exit from placement. Despite economic realities, the State must do more to assist youth in career counseling and employment services.

- Forty percent (40%) of youth were neither employed nor in school at the time of exit.
- One hundred thirty-nine youth (68%) were unemployed at the time of exit from DYFS placement; and of those youth employed, 78 percent held part time jobs.²⁰

Permanency

Many youth (72%) were connected to a caring adult upon their exit from DYFS placement.

- However, case stories documented that many of these caring adults to whom youth were connected struggled with their own mental health or substance abuse issues.
- Of the youth who were not connected to a caring adult, reviewers found evidence of efforts by DYFS workers to find permanent connections for 49 percent of youth.

Specific Populations: Criminal Justice, Mental Health, Substance Abuse, Developmentally disabled, and Pregnant and Parenting Teens

There is a high rate of juvenile or adult criminal justice involvement of exiting youth.

- Of the universe of 205 youth, 43 percent had been or were currently involved with the juvenile or adult criminal justice system (53% of males and 35% of females).

Many youth had documented mental health needs and a significant portion of these youth were not connected to mental health services at exit.

- Forty-four percent (44%) of youth had documented ongoing mental health needs. Of those youth, 39 percent were not connected to mental health services, 34 percent refused such services and 28 percent were connected to such services.

Similarly, youth with documented active substance abuse problems were not consistently connected to treatment.

- Twenty percent (20%) of youth had an active substance abuse problem at the time of exit from DYFS placement. Of those youth, 41 percent were not connected to substance abuse treatment, 36 percent refused such services, and 24 percent were connected to such services.

A small number of youth qualify for public services for adults developmental disabilities.

- Three percent (3%) of youth qualified for services through the Division of Developmental Disabilities, but case stories show many more will need support in adulthood due to cognitive delays, mental health and other problems.

²⁰ Of those 139 youth, 56 (40%) were enrolled in school.

Nearly one-fifth of youth exiting care were pregnant or were parents.

- Nineteen percent (19%) of the youth were pregnant or were parents; 16 percent of those parents were identified as fathers. Reviewers found very little documentation about the role adolescent fathers played in their children's lives or what services they were offered or received.

Case Planning, Assessments and Services

- *Ninety-four percent (94%) of youth exiting DYFS placement had case plans with an identified case goal. Fifty-eight percent (58%) had a goal of independent living; 22 percent individual stabilization;²¹ seven percent family reunification; two percent adoption; one percent kinship legal guardianship, and six percent family stabilization.*
- *Thirty-one percent (31%) of the youth had an independent living assessment completed upon exit from DYFS placement and 69% did not.²²*
- *Sixty-six percent (66%) of the youth participated in independent living skills activities, and 34 percent did not. Forty-three percent (43%) participated in life skills assessment and/or training. Of the youth who did not participate in independent living skills activities, 50 percent had never been referred to such services.*
- *Twenty-three percent (23%) of youth were assisted with obtaining a driver's license prior to exit from placement.*
- *Twenty-two percent (22%) had a savings or checking account upon exit.*

In general, the findings in this report are consistent with national data that suggest that youth exiting placement at age 21 have unacceptably high chances of ending up homeless, incarcerated, or otherwise experiencing problems severe enough to prevent them from becoming successful and functioning adults.

²¹DCF states that the independent living goal applies to youth 16 to 18 years old after the goals of reunification, adoption, and kinship legal guardianship have been explored and ruled out. The youth must be enrolled in, or completed independent living skills and requires support from DYFS. Individual stabilization applies to youth 18 to 21 who are being transitioned to an independent living program or other setting, have agreed to a continuation of services, and for whom no other goal is appropriate.

²² An independent living assessment is a web-based tool to be completed by the youth and/or caregiver. The MSA requires that 75 percent of youth age 14-18 have such an assessment. The MSA also requires that 18-21 year olds should receive services similar to ones previously available to them when under the age of 18. Thus, the Monitor expected to find these assessments for youth in the universe of cases reviewed.

II. METHODOLOGY

The case record review (Review) was conducted between August 15 and October 31, 2010. The Review Team consisted of Monitor staff and consultants hired by the Monitor. A total of five individuals reviewed cases.

The CSSP case record Review Team designed a sampling plan, developed a structured data collection instrument, trained the Review Team members, employed a quality assurance approach to ensure inter-rater reliability, and utilized Statistical Package for the Social Sciences (SPSS) for data analysis. These activities were accomplished as follows:

1. Sample Plan and Implementation

The universe of children for the review was every youth between the ages of 18 and 21 who had been in care at least 60 days and who exited DYFS placement between January 1 and June 30, 2010. The Review Team read the case records of all (212) youth who met these parameters. Seven cases were dropped from the universe because, upon review of the case file, they failed to meet the criteria.²³ In sum, the analysis presented here includes a review of the case files of 205 youth.

The Review Team used a structured instrument (see Appendix B) for data collection. Each team member had access to NJ SPIRIT (New Jersey's statewide automated child welfare information system) and the auxiliary paper copies of Ansell Casey Independent Living Assessments²⁴ to confirm and gather data needed to complete each case record review.

2. Data Collection

The structured data collection instrument used to review the case records was produced using Survey Monkey, an online software tool used for creating surveys and questionnaires. This instrument was designed in collaboration with Troy Blanchard, Ph.D. of Louisiana State University. Drafts of the instrument were reviewed by DYFS staff. Two CSSP staff pilot tested the instrument in early July 2010 and made adjustments as necessary. Remote data collection took place August 15 – October 31, 2010.

3. Reviewer Training

Each reviewer participated in a four hour training facilitated by a CSSP senior staff member. The training included: reviewing the data collection tool, learning to navigate NJ SPIRIT, and reviewing an example case record. The results of the test case record were discussed in-depth to ensure uniformity in data collection and decision-making.

²³ The cases dropped involved children who were not in DYFS custody at all or not in care for the full 60 days, a youth who died from natural causes and a duplicative record.

²⁴ The Ansell Casey Independent Living Assessment is an online tool to be completed jointly by the youth and/or caregiver. The tool captures information about a youth's understanding of financial decision making, work and study skills, self care, social relationships and other life skills.

4. Quality Control and Assurance

During the review period, Monitor staff checked data collection instruments for completeness and internal consistency prior to data entry and analysis. For the first two cases reviewed by each reviewer, each record received a full second review by Monitor staff to ensure consistency and inter-rater reliability. Subsequently and throughout the data collection period, Monitor staff conducted random second reviews of cases for consistency and completeness. Of the 212 records reviewed, 21 received a full second review.

5. Data Analysis

The data collection instruments were coded into a format that allowed statistical analysis using the SPSS computer program. Review Team comments were also captured and reviewed to gain a greater understanding of each case.

6. Limitations of Case Record Review

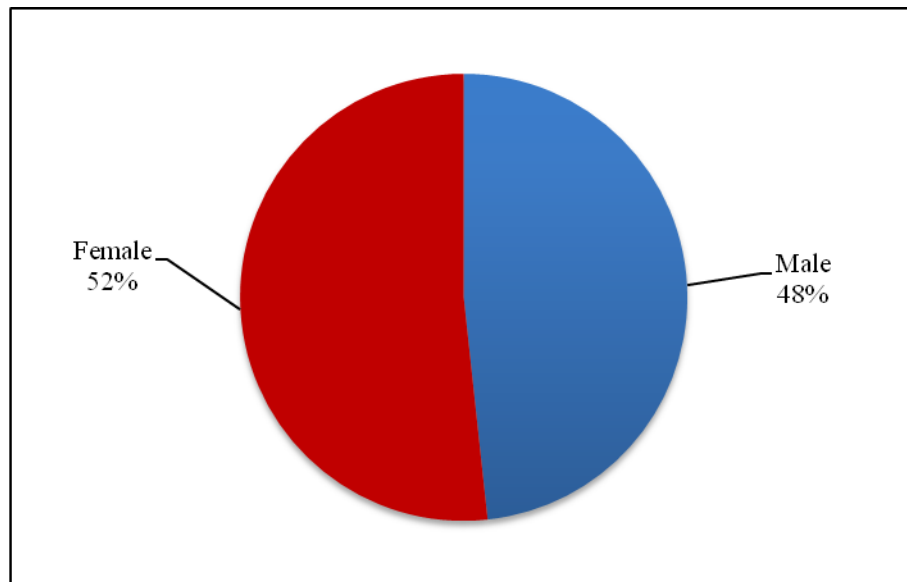
The case record review relied exclusively on documentation in NJ SPIRIT and copies of Independent Living Assessments. The Review Team found many instances of incomplete documentation. The Review Team concluded that there may have been additional efforts to plan for and secure services for older youth exiting placement that were not documented and therefore not credited in the review. Additionally, case record reviews in general have inherent limitations in assessing the comprehensiveness and quality of service delivery.

III. DEMOGRAPHIC INFORMATION ON CASES REVIEWED

Gender

As shown in Figure 1, of the 205 youth in the universe of cases reviewed, 106 (52%) were female and 99 (48%) were male.²⁵

Figure 1: Gender Distribution of Youth in Cases Reviewed
N=205 youth



Source: CSSP case record review, 2010

Race/Ethnicity

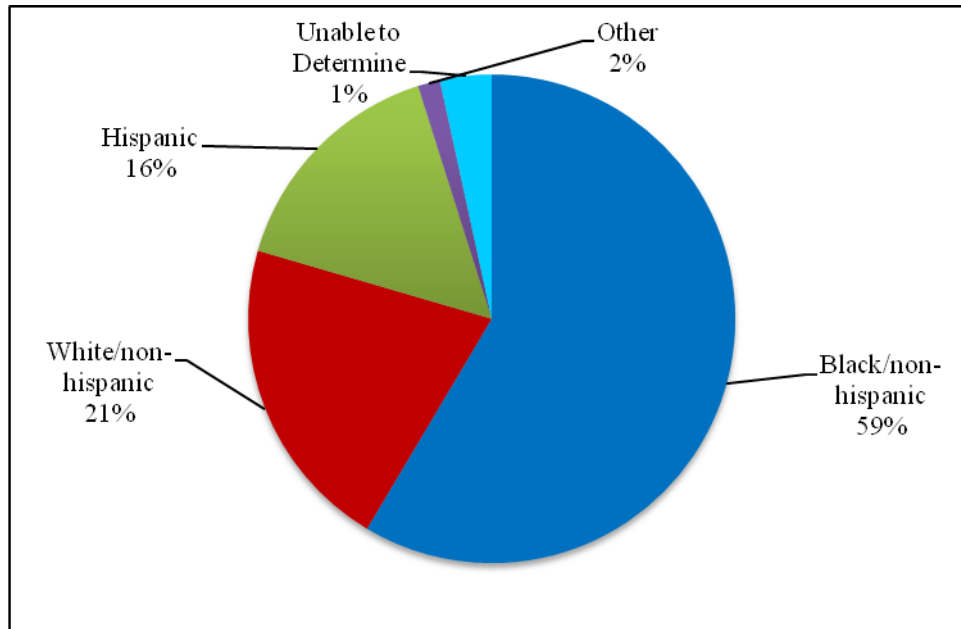
As shown in Figure 2 below, 120 youth (59%) in the universe were identified as Black, non-hispanic; 43 (21%) were White; 32 (16%) were Hispanic; 3 (2%) were identified as another race/ethnicity and for 7 youth (1%) the race/ethnicity was unable to be determined.²⁶ DCF has significantly improved its ability to capture the race/ethnicity of youth since the Monitor's 2009 Health Care Case Record Review when 11 percent of children's race/ethnicity was unknown or unable to be determined.²⁷

²⁵ This data is comparable to DCF's report that on June 30, 2010, of the 7,861 children in out-of-home placement, 48 percent were female and 52 percent were male.

²⁶ Total percentages do not equal 100 due to rounding. Because these race/ethnic categories are used by New Jersey, the Monitor uses these categories as shortened to Black, White and Hispanic.

²⁷ 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/11-18-class-action-reform-new-ones/charlie-and-nadine-h-v-corzine-supplemental-mointoring-report-an-assessment-of-provision-of-health-care-services-for-children-in-dyfs-custody-december-2009.pdf>.

Figure 2: Race/Ethnicity of Youth in Cases Reviewed
N=205 youth



Source: CSSP case record review, 2010

Age

The universe of youth examined ranged in age from 17 to 21. The majority of youth in this case record review were age 18 (51%). The following table lists the ages of youth as of August 1, 2010.

Table 1: Age of Youth

Age	Number in Universe	Percentage
17	1	1%
18	104	51%
19	63	31%
20	33	16%
21	4	4%
Total	205	100%

Source: CSSP case record review, 2010

*Percentage is greater than 100 due to rounding.

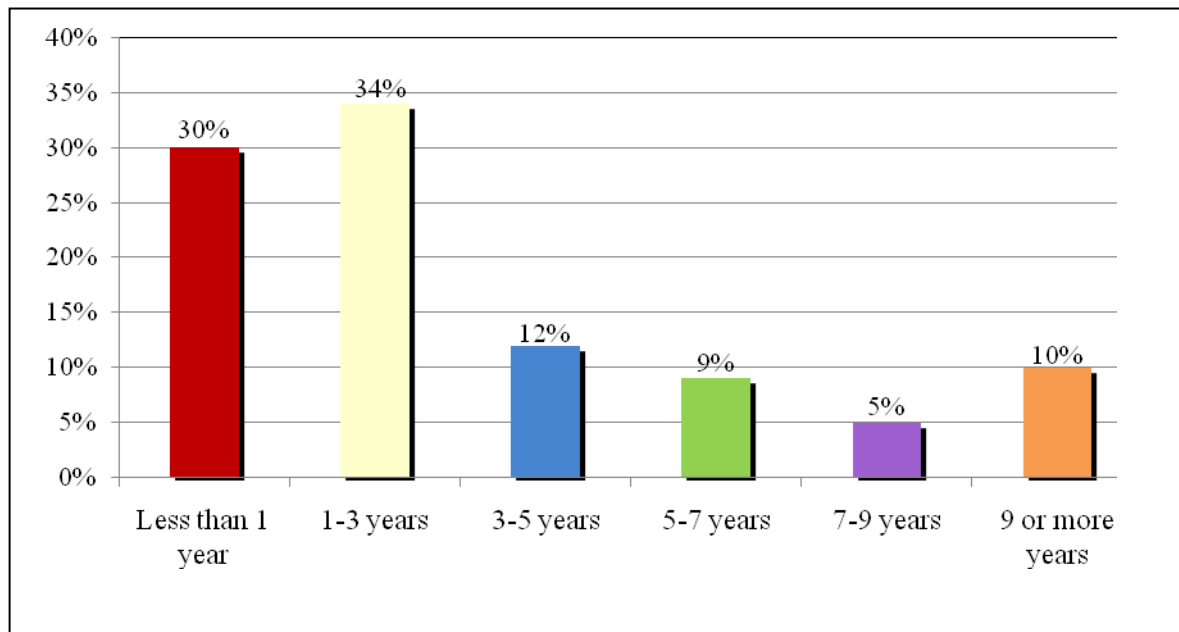
Previously in DYFS or other state custody

This record review examined the most current child protective custody placement or episode for each youth in the universe. Over half (108 youth or 53%) of the youth in the review, had previously been in DYFS or another state child protective custody, exited care, and then reentered. For 69 youth (34%), this was their first child protective custody episode and for 28 youth (14%) reviewers were unable to determine if the youth had previously experienced child protection interventions.

Length of Stay

The majority of youth exiting DYFS placement had been in care three years or less for the current child protection placement episode. Figure 3 below shows the variation of the length of stay in DYFS out-of-home placement for the youth. Of these 205 youth, 62 (30%) had been in this placement episode for less than one year before exiting DYFS placement and 49 (24%) had been in care for five or more years at the time of exit.

**Figure 3: Length of Stay for Current Placement Episode for Youth in Cases Reviewed
N=205 youth**



Source: CSSP case record review, 2010

Type of placement prior to exit from DYFS placement

Prior to exit from DYFS placement, the greatest number of youth were living in a non-relative foster home (55 youth), in transitional/independent living housing (47 youth), or with relatives (21 youth). Other living arrangements included: group homes (18 youth), residential treatment (14 youth), therapeutic foster homes (16 youth), shelter (8 youth), friend's home (6 youth),

relative foster home (5 youth), own apartment or college housing (3 youth), substance abuse treatment facility (3 youth), psychiatric hospital (3 youth), pregnant/parenting program (2 youth), or prison (2 youth). Reviewers were unable to determine the living arrangement for two youth. See Table 2 below.

Table 2: Type of Placement of Youth Just Prior to Exit from DYFS Placement

Type of Placement Upon Exit	Number of youth	Percentage
Non-relative Foster Home	55	27%
Transitional/Independent Living	47	23%
Living with Relatives (not formal foster home placement)	21	10%
Group Homes	18	9%
Residential Treatment	14	7%
Therapeutic Foster Homes	16	8%
Shelter	8	4%
Friend's Home	6	3%
Relative Foster Home	5	2%
Own Apartment or College Housing	3	1%
Substance Abuse Treatment	3	1%
Psychiatric Hospital	3	1%
Pregnant/Parenting Program	2	1%
Prison	2	1%
Unable to Determine	2	1%
Total	205	100%

Source: CSSP case record review, 2010

Of the 205 youth, 128 (62%) had been in their current placement for less than one year before exiting DYFS placement.

Assignment of Adolescent DYFS worker

DCF has designated certain workers as *Adolescent workers* who are assigned specialized caseloads of older youth. Adolescent workers have, at a minimum, completed the first three modules of specialized Adolescent Training. Of the cases reviewed, 118 youth (58%) had an Adolescent worker as their most recent caseworker, 87 (42%) had a different type of worker, usually a Permanency worker.²⁸

²⁸ The Monitor provided DCF with a list of the last known worker for each youth and DCF determined if the worker was an Adolescent worker.

IV. FINDINGS

A. Exiting DYFS Placement

The Review Team found that determining the date at which a youth technically exits foster care and ends his or her DYFS involvement was difficult. While the cases reviewed were by definition youth who were considered by DYFS to have exited placement, there was evidence that the majority of youth continued to receive some type of supports or services from DYFS beyond the NJ SPIRIT-generated “exit” date.

DYFS defines youth as ending a placement episode when one of the following occurs:

- “The child is returned to the permanent care of the parent(s)/caregivers(s) or relative(s), or is otherwise discharged from any and all out-of-home placement settings;
- Adoption or Kinship Legal Guardianship has been finalized;
- An adolescent, over the age of 18, is no longer in out-of-home placement, ages out, or becomes emancipated;
- The child has run away from the placement and has been missing for at least six months;
- Responsibility for the care of the child is transferred to another agency, such as Corrections/Juvenile Justice.” DYFS Policy, IIA 4000.3

Of the 205 youth identified through NJ SPIRIT as exiting DYFS placement between January 1 and June 30, 2010, there were case notes documenting 158 youth (77%) continued to receive services and had DYFS caseworkers involvement in their lives after ending their placement episode. Forty-three youth (20%) were not receiving services post-exit and reviewers were unable to determine if four youth were connected to DYFS after the exit date provided by NJ SPIRIT.

The types of services and supports to youth who had exited placement, but remained connected to DYFS, varied significantly. Some youth regularly sought support from DYFS caseworkers; others maintained more distant and episodic contact with caseworkers. Reviewers saw evidence in case files of monthly visits by caseworkers, financial assistance with housing and transportation, purchasing of laptops, and referrals to services, job and training opportunities. Thus, the Review Team determined that DYFS has numerous opportunities to intervene and support youth who clearly remain connected to DYFS, but have technically exited from placement.

Over two-thirds of youth were counseled about the benefits of staying involved with DYFS past the age of 18.

DYFS policy requires that eligible youth may continue to receive DYFS services up to age 21 and that youth are to be counseled about their right to continue to receive services until their 21st birthday. Of the 205 youth, there was evidence that 16 did not receive this counseling because the youth relocated to another state, the youth was missing or had run away, or the youth was involved in the criminal justice system and did not have the option to continue DYFS involvement. Thus, a total of 192 youth should have received such counseling. Of the 192

youth, 134 (70%) were counseled about the benefits of staying involved with DYFS. For 42 youth (22%), there was no evidence that they were counseled about these benefits.²⁹

Adolescent closing agreements

An “adolescent closing agreement” is the document that the DYFS caseworker and youth sign after a decision is made to close the case.³⁰ Closing agreements are a means of ensuring that youth understand that if they are under the age of 21, they can continue to receive services. It also provides youth other information such as contact information for Medicaid. When a youth exits DYFS placement prior to age 21 but still receives case management services, the form will not be completed. Of the youth who had exited DYFS placement, 77 percent continued to receive supports from DYFS and may not consider their case to be closed even though they exited placement. Of the total cases reviewed, 22 percent had signed an adolescent closing agreement and in 15 percent of cases, reviewers were unable to determine if an agreement was signed.³¹

B. Outcomes for Youth Exiting Placement

The MSA requires DCF to ensure that youth exiting placement without achieving permanency through reunification, adoption or legal guardianship have housing and be employed or in a training or educational program (See Appendix A, Performance Benchmark #55). The review examined these outcomes for youth as well as explored whether youth were connected to caring adults.

The majority of youth had housing upon exit from DYFS placement, but for more than one-fourth of exiting youth, documentation on housing was unclear.

Of the 205 youth, 148 youth (72%) had housing upon exiting placement. Although a large number of youth had housing, the long term stability of housing was questionable for many youth. Five youth were living in a temporary shelter and other youth had informal living arrangements with friends and relatives, but in some cases, the contact notes showed that the housing was not stable and youth did not know how long they could remain in their housing. The reviewers found no documentation in the case file of a housing option for 57 (28%) youth when they exited DYFS placement. Stable housing is a significant problem for many youth exiting DYFS placements.

Table 3 below describes the type of housing youth were in, or had plans to go to, upon their exit from DYFS placement.

²⁹ For an additional 13 youth (7%), no counseling occurred because they had turned 21 or had exited to permanency.

³⁰ See Appendix for an example of the Adolescent Closing Agreement.

³¹ Percentages do not add up to 100 because of rounding.

Table 3: Type of Housing After Exiting DYFS Placement

Type of Housing	Number of Youth
(Own) Apartment	10
Biological Parent(s)/Adoptive Parents Home	37
College Dormitory or Other College Affiliated Housing	7
Home with Friends	28
Home with Relatives	35
Shelter	5
Transitional Housing/Supported Independent Living	14
Other Housing (e.g., job corps, Mommy and Me)	7
Unable to Determine type of housing	5
Total	148
No documentation of housing	57
Total	205

Source: CSSP case record review, 2010

More needs to be done to help youth enroll in college, pay for it and complete their degree.

Over half of youth exiting DYFS placement are not educationally prepared to succeed. Of the 205 youth, 92 (45%) had a GED, high school degree or higher at the time of exit. Less than half (45%) of the 205 youth were enrolled in school at the time of exit.

The following table describes the highest level of educational achievement for youth upon exit from DYFS placement.

Table 4: Youth's Highest Level of Educational Attainment

Highest Level of Education	Number of Youth	Percent
Associate's Degree	1	>1%
Some College	30	15%
High School Diploma	50	24%
GED	11	5%
GED Preparation	9	4%
Some High School	93	45%
Some Junior High School	1	>1%
Unable to Determine	10	5%
Total	205	100%

Source: CSSP case record review, 2010

Of the 205 youth, 121 (59%) were not enrolled at school upon their exit from DYFS placement, 84 (41%) were enrolled. The following table describes the type of school the 84 youth were attending at the time of their exit from placement. The greatest number of these youth were enrolled in high school (33 youth) or community college (22 youth).

Table 5: Type of School

Type of School	Number of Youth	Percent
4 year College	12	14%
Community College	22	26%
High School	33	39%
GED	4	5%
Alternative High School	10	12%
Other	3	4%
Total	84	100%

Source: CSSP case record review, 2010

The New Jersey Scholars Program (NJ Scholars) is a federally and state funded initiative by which youth intending to participate in secondary education can receive funding assistance for tuition, books, and related school expenses. In previous Monitoring Reports, the Monitor has expressed concern about the low and decreasing numbers of youth involved in this program.

Of the youth in the universe, reviewers found documentation that 20 (10%) were participants in the NJ Scholars program. Reviewers found evidence that an additional 32 youth (16%) received information about the program.

Recognizing that not all youth would be eligible for the NJ Scholars program, the Monitor looked at youth enrolled in high school and college (community or 4-year college). Looking specifically at the 66 youth enrolled in community college, four year college, or high school, there was documentation that 15 (23%) received information about the NJ Scholars program.³²

Table 6: Number of Youth in High School or College Who Received Information About NJ Scholars Program
N=66

Youth Received NJ Scholars Information?	Enrolled in High School or College
No	51
Yes	15
Total	66

Source: CSSP case record review, 2010

³²The Monitor examined the sharing of NJ Scholars information for the 67 youth in high school, including GED, or college. In one case, a response to this question was missing.

Forty percent of youth exiting DYFS custody were not connected to either education or employment.

Such lack of connection increases a youth's risk of poor outcomes related to housing, future employment, and involvement with the criminal justice system. Of the 205 youth, 83 (40%) were neither employed nor continuing their education. Some youth relied on public assistance programs for support, others relied on a network of extended family and friends, and for others it was unclear how they were able to meet their basic needs.

Of the 205 youth in the universe, 139 (68%) were unemployed, 45 youth (22%) were employed, and reviewers were unable to determine the employment status of 21 youth (10%). Of the 45 employed youth, 34 (78%) held part-time jobs, 8 (18%) had full time paid positions, one (2%) had a part-time unpaid position, and reviewers were unable to determine the type of employment for two youth (4%).

Table 7: Youth School and Employment Status Upon Exit

	Youth Enrolled in School	Youth not Enrolled in School	TOTAL
Youth unemployed at exit	56	83	139
Youth employed	28	17	45
Unable to determine	9	12	21
TOTAL	93	112	205

Source: CSSP case record review, 2010

The majority of youth exiting placement were connected to a caring adult.

Of 205 youth in the universe, 148 (72%) were connected to at least one caring adult at the time of exit. Thirty-nine youth (19%) were not connected to an adult, and reviewers were unable to determine whether 18 youth (9%) were connected to a caring adult. Of the 148 youth who were connected, 83 youth were connected to a biological parent and 101 youth were connected to a relative (or fictive kin). Other caring adults included former foster parents, older siblings, boyfriend/girlfriend, family friends from their church or neighborhood, and DYFS staff (caseworkers and nurses) reviewers noted that many of these connections were tenuous due to the adult's challenges with mental health, substance abuse or other issues.

Of the youth who were not connected to a caring adult, the reviewers found that DYFS caseworkers tried to find a permanent connection for 19 of the 39 youth (49%). For the remaining 20 youth, there was no evidence that DYFS tried to connect them to a caring adult.

NJ SPIRIT case files showed that the majority of youth did not have Medicaid or other medical coverage upon exit from DYFS placement. However, in a separate analysis, DCF determined the overwhelming majority of youth had health insurance at exit.

Of the youth who exited placement, there was evidence in NJ SPIRIT that 69 had Medicaid coverage and eight had another type of health insurance (through parents, employer or school). Reviewers were unable to determine from NJ SPIRIT the Medicaid coverage for 67 youth, and 64 youth did not appear to have Medicaid health insurance coverage.

In addition to the information reviewers found in the NJ SPIRIT case record, DCF provided the Review Team with information about the health care enrollment status by type of Medicaid for the youth in the universe.³³ The following table compares the data reviewers found in NJ SPIRIT with the data provided by DCF. In contrast to what reviewers found, DCF indicates that 199 of 205 youth were connected to Medicaid or another health insurance source upon exit. While it is positive that nearly all youth appear to have health insurance coverage at exit, it is critical that workers document and continue to track the health insurance status of youth who exit and remain connected to DYFS.

Table 8: Medicaid Status for Youth Exiting DYFS Placement³⁴

		Is there evidence that the youth had Medicaid coverage upon exit?			Total
		Yes	No	Unable to determine	
Medicaid Type at Discharge	AFDC/NJC	1	1	1	4
	DYFS-Federal	67	62	62	195
	Other	1	1	1	2
	None	0	2	2	4
Total		69	66	70	205

Source: CSSP case record review, 2010

Outcomes for specific populations:

As previously discussed, the Midwest Evaluation study identified four categories of youth exiting foster care: youth who are faring well; youth who are struggling with key pieces of independence (e.g., no housing, no employment), but are generally avoiding extreme hardship; struggling parents; and youth who are “troubled or troubling.” As part of this review, the Monitor examined factors that contribute to youth being disconnected from caring adults, school

³³ DCF reports that Medicaid data was provided as a result of interfacing NJ SPIRIT data with Division of Medical Assistance.

³⁴ Health insurance for youth exiting care included insurance through Aid to Families with Dependent Children (AFDC/NJC), health insurance through Chafee Medicaid (DYFS-Federal) and other (through the youth’s work or school).

and their communities (youth who are “troubled or troubling”) and youth who are struggling as parents. Specifically, the review looked at the experience of youth with the criminal justice system; the connection of youth to mental health and substance abuse treatment services; the types of services received for expectant or current youth-parents; and supports for youth who identify as gay, lesbian, bisexual or transgender.

Many youth had documented histories of loss, trauma, abuse and neglect. Providing services and supports to this population can be challenging and there were many cases where youth were unable to become engaged in services despite DYFS’ efforts. However, despite the challenges, the data show why the State and DCF need to be concerned about their futures as many are especially vulnerable to homelessness, adult incarceration and lack of connection to school or community.

Eighty-nine youth (43%) had been or were currently involved with the juvenile or adult criminal justice system.

Fifty-three percent of males and 35 percent of females in the universe were involved with the juvenile or adult criminal justice system. Black youth were more likely to be involved in the juvenile justice system than White or Hispanic youth. Of the Black youth in the universe, 50 percent were involved in the juvenile justice system, as compared to 31 percent of White and 34 percent of Hispanic youth.

The level of detail documented in NJ SPIRIT regarding a youth’s involvement in the juvenile justice system varied. Reviewers were usually able to determine from case notes the nature of the youth’s criminal charges and whether the youth was currently on probation. Documentation of charges included shoplifting, assault of another student at school, running away from a DYFS placement, assault of a youth at a residential treatment facility, possession of or dealing drugs, possession of firearms, and sexual misconduct. At least two youth were considered sex offenders and under Megan’s Law were on a sex offender registry.³⁵ Details about the length and requirements of probation were frequently not documented in case files, even though caseworkers were often in contact with probation officers or taking youth to court and therefore in possession of more information than what was reflected in the case files. Moreover, details of those interactions and implications for case planning were also missing.

Of the 205 youth, 91 youth (44%) had documented, ongoing mental health needs and 25 youth (28%) were connected to mental health services at exit.

Of the 91 youth with documented, ongoing mental health needs, 35 (39%) were not connected to needed mental health services, 25 (28%) were connected, and 31 youth (34%) refused services. In the universe of cases reviewed, 48 percent of girls and 40 percent of the boys had ongoing mental health needs. Forty-four percent of Hispanic, 35 percent of Black, and 64 percent of White youth had ongoing mental health needs.

³⁵ Passed both federally and in New Jersey in the early 1990s, Megan’s Law requires those convicted of sex crimes maintain updated address and employment information with local law enforcement. In some jurisdictions, this registry is available to the public.

Upon exit, 55 of the 205 youth (27%) were prescribed psychotropic medication. However, two-thirds (65%) of these youth were not connected to a provider who could monitor medication or prescribe additional medication if needed.

Forty-two of the youth (20%) had a documented, active substance abuse problem at the time of exit, but less than half of them were connected to treatment at exit.

Of those 42 youth with a documented, active substance abuse problem, 17 (41%) were not connected to substance abuse treatment, 10 (24%) were connected, and 15 (36%) refused services.

In the universe of cases reviewed, 23 percent of boys and 18 percent of girls had a substance abuse problem. Twenty percent of Black youth, 25 percent of Hispanic, and 17 percent of White youth had a documented substance abuse problem.

The following tables summarize the above information. In particular, the data raise questions which deserve further analysis about which populations (by race, ethnicity, and gender) struggle more with interactions with the criminal justice system and which have ongoing mental health needs (or may have undiagnosed mental health needs).

Table 9: Criminal Justice, Substance Abuse and Mental Health Challenges by Gender

	Percentage (Number) of Male N= 99	Percentage (Number) of Female N= 106
Involved in juvenile justice system	53% (37)	35% (52)
With ongoing substance abuse problems	23% (23)	18% (19)
With ongoing mental health needs	40% (40)	48% (51)

Source: CSSP case record review, 2010

Table 10: Criminal Justice, Substance Abuse and Mental Health by Race/Ethnicity

	Percentage (Number) of Whites N = 42	Percentage (Number) of Blacks N = 120	Percentage (Number) of Hispanics N = 32
Involved in juvenile justice system	31% (13)	50% (60)	34% (11)
With ongoing substance abuse problems	17% (7)	20% (23)	25% (8)
With ongoing mental health needs	64% (27)	35% (42)	44% (14)

Source: CSSP case record review, 2010

Very few youth qualified for services from the New Jersey Division of Developmental Disabilities (DDD), although several additional case files indicated significant developmental delays and mental health issues that show youth will need support into adulthood.

The DDD funds services and supports for youth and adults with many types of developmental disabilities. Only seven youth in the universe (3%) qualified for DDD services. Of those seven, five were connected to the adult DDD service system at the time of exit from DYFS placement. However, case stories of several additional youth suggest the need for ongoing adult supportive services. In one case, DYFS was actively appealing the denial of DDD eligibility; in other cases it was not clear if DDD eligibility restrictions precluded these youth getting help or if the necessary referrals had not been attempted.

One-fifth (38) of exiting youth were pregnant or already parents.

DYFS assists in providing a variety of services to teenage pregnant and parenting teens in custody. Services to pregnant or parenting teenage girls documented in the review included housing services with specialized programs for expectant teen mothers, tracking prenatal care, support and monitoring from a DYFS nurse, assistance with day care, parenting classes, and connection to community-based programs such as Healthy Families. Additionally, the review found that DYFS sometimes requests and is granted court-ordered “care and supervision” of the babies of teenage mothers already in DYFS placement. In two cases, contact notes indicated that court orders were sought for payment and placement purposes only, not because there were concerns about the safety of the baby.

Case files contained very little documentation about workers identifying whether teenage boys in their caseload were fathers. Of the 38 youth in the review identified as expectant or current parents, six were fathers. Services to fathers appeared minimal. In one case, the youth was connected to a parenting program. In two other cases, the parenting services consisted of counseling the youth to get paternity testing or suggesting (but not ensuring) visitation with their children. For example, one teen father, whom DYFS had placed in a residential treatment facility, told his worker that he had a two year old child. The worker documented that she planned to ask the youth’s mentor to arrange visitation, but there is no indication that the worker followed through with the mentor or whether these visits occurred. In the three remaining cases, documented services related to parenting were absent altogether.

Nine youth (4%) were identified as gay, lesbian, bisexual or transgender.

Gay, lesbian, bisexual and transgender youth in foster care often have added challenges and experience more frequent disruption and dislocation. In recognition of these challenges and as part of the MSA, DYFS has developed a specific plan for addressing the unique struggles experienced by this population.³⁶

³⁶ The MSA requires that “the State will develop a plan for appropriate service delivery for lesbian, gay, bisexual, transgender, and questioning youth, and thereafter begin to implement plan.” (Section II.C.4).

Of the nine cases of youth who identified as lesbian, gay, bisexual, transgender or questioning (LGBTQ) in the review, three had found their own supports (groups through their school or their community) to deal with issues related to sexual orientation. In one case, a worker attempted to secure a mentor for the youth, but the youth left placement before the worker could make the connection.

In the remaining five cases, there was no documentation of LGBTQ supports offered of any kind. In one case, a bisexual youth entered DYFS custody because her mother physically assaulted her when she learned of her daughter's sexual orientation. Contact notes did not reflect any efforts on the part of the caseworker to provide support for the girl or her family about her sexuality despite the fact that the youth returned home. In two cases, documentation reflected that youth were in placements in which they experienced teasing because they identified as gay but there was no evidence of response on the part of DYFS or the staff at the placement to assist the youth.

C. Case Planning and Assessments

The review examined files to ensure that timely and ongoing case planning and services were provided to youth. *The MSA requires DCF to provide youth ages 18 to 21 with services comparable to those available to youth under the age of 18, unless the youth formally requests case closure.* (See Appendix A, Performance Benchmark #54).

One hundred ninety-two youth (94%) had a case plan with an identifiable case goal.

DYFS had developed case plans for the youth in 94 percent of the cases reviewed. One hundred and nineteen youth (58%) had the goal of independent living and 46 (22%) had the goal of individual stabilization. DCF reports that the independent living goal applies to youth 16 to 18 years old after the goals of reunification, adoption, and kinship legal guardianship have been explored and ruled out. The youth must be enrolled in, or completed independent living skills and require support from DYFS. Individual stabilization applies to youth 18 to 21 who are being transitioned to an independent living program or other setting, have agreed to a continuation of services, and for whom no other goal is appropriate. Other goals included family reunification for 15 youth (7%); adoption for 3 youth (2%); kinship legal guardianship for 2 youth (1%); and family stabilization for 6 youth (6%). Reviewers were unable to determine a case goal or find a case plan in 13 cases.

For the three youth with the goal of adoption, one youth achieved adoption and then exited care. For the 15 youth with the goal of reunification, 10 were reunified after their 18th birthday.

The majority of youth exiting DYFS placement did not have an Independent Living Assessment.

New Jersey uses the Ansell Casey Life Skills Assessment to understand a youth's capacity for independent living. These Independent Living Assessments (ILA) assess the youth's life skills in areas including:

- communication and social relationships (ability to relate to others both now and in the future)
- daily living (including basic skills, like nutrition, grocery shopping, meal preparation)
- home life (home management, home safety)
- housing and money management (savings, income tax, banking and credit, budgeting)
- self care (personal hygiene, health, alcohol, drugs and tobacco, and sexuality),
- career planning, and
- work and study skills (employment, decision-making).³⁷

The ILA is a web-based tool to be completed by the youth and/or caregiver. *The MSA requires that, by December 2010, 85 percent of youth age 14-18 are required to have an ILA* (See Appendix A, Performance Benchmark #53). The MSA also requires that 18-21 year olds receive services similar to ones previously available to them when under the age of 18 (See Appendix A, Performance Benchmark #54). Thus, the Monitor expected to find ILAs for youth in the universe of cases reviewed.

Of 205 youth, there was no documentation of an ILA in the file for 141 youth (69%). For 64 youth (31%) there was documentation of an ILA. Of these 64 youth, 57 had evidence of one ILA and 7 youth had evidence of two ILAs. Of the 64 youth with an ILA, 44 (69%) participated in the creation of the assessment or created it themselves. The only 17 year old who exited DYFS placement in this cohort had an ILA. Of the 104 eighteen year olds who exited placement, 38 (37%) had an ILA and 66 (63%) did not.

In the last Monitoring Report DCF reported that as of June 30, 2010, 83 percent of youth aged 14-18 in out-of-home placement for at least six months had an ILA.³⁸ The Monitor cannot explain why the findings from the review on ILAs differ to such a large degree from DCF data, despite some differences in age cohort and timeframes. The Monitor will be exploring this discrepancy with DCF.

D. Services

The MSA requires DCF to provide youth ages 18 to 21 with services comparable to those available to youth under the age of 18. (See Appendix A, Performance Benchmark #54). Those services include activities ranging from help with life skills such as financial management and budgeting to employment and college readiness programs as well as support to access medical and mental health care, employment and housing.

The majority of youth participated in independent living activities.

One hundred thirty-five youth (66%) participated in independent living activities, 70 youth (34%) did not. Eighty-nine youth (43%) participated in life skills assessment and/or training. A smaller number of youth participated in driving lessons (22), budget and financial management

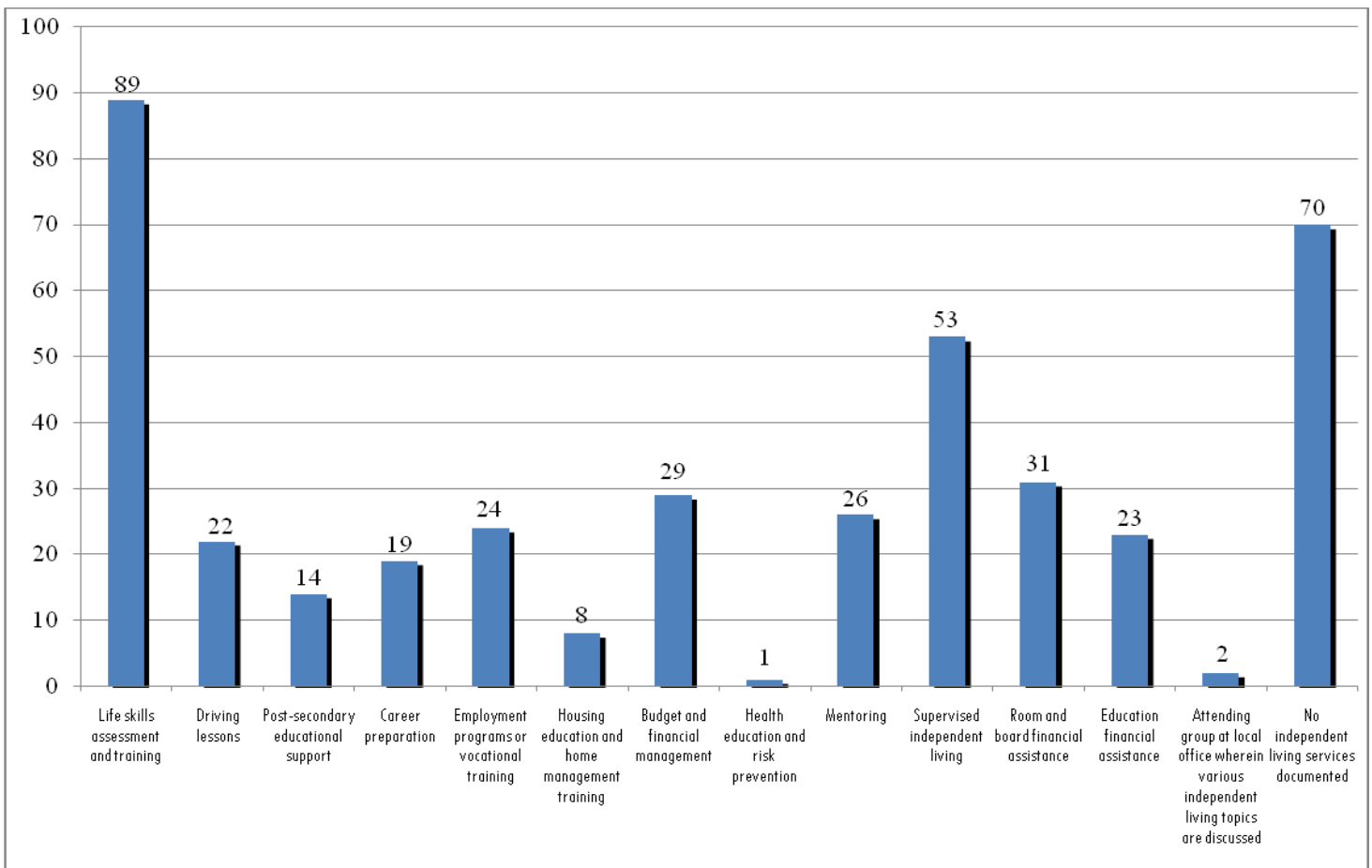
³⁷ <http://www.caseylifeskills.org/pages/assess/whatis.htm>

³⁸ *Progress of the New Jersey Department of Children and Families: Period VIII Monitoring Report for Charlie and Nadine H. v. Christie- January 1 through June 30, 2010*, Washington, DC: Center for the Study of Social Policy, December 16, 2010.

(29), and mentoring (26). Other types of independent living activities included supports through supervised independent living programs, Aging Out seminars across the state conducted by Rutgers University, food shopping and cooking support from foster parents, and college preparation activities.

Of the 70 youth who did not participate in independent living services, 35 youth (50%) had not been referred to independent living services and 24 youth (34%) had been referred but did not participate. Reviewers were unable to determine whether referrals existed for 11 youth (18%). Of the 24 who were referred for independent living services but did not participate, contact notes document that 11 youth refused services. Other reasons youth did not participate in services include the youth had run away from placement, were in an inpatient substance abuse treatment facility, left the state, or worked more than one job.

Figure 4: Independent Living Activities
N=205 youth*



Source: CSSP case record review, 2010

*Note: Youth may have been involved in more than one activity.

As part of examining a youth's preparedness to live independently, the review also examined whether eligible youth were assisted in obtaining a driver's license or if they had a savings or checking account.

Forty-seven youth (23%) were assisted with obtaining a driver's license, 158 were either not assisted or were not eligible to obtain a license.

Forty-four youth (22%) had a savings or checking account, 161 (79%) did not.

RECOMMENDATIONS

In recognition of the challenges and importance of helping older youth in foster care launch themselves as productive and stable adults, DCF began last year to assess its work and determine how to improve outcomes. The DCF Commissioner created a new Office of Adolescent Services (OAS), a department-level unit with a new director reporting directly to the Commissioner. With a staff of 14, the OAS is working to enhance the practice of staff throughout the agency who are a part of adolescent units or manage adolescent caseloads. The OAS has begun a strategic planning process with other agencies, community partners, and youth and parents to better understand the needs of this population and identify and prioritize effective interventions. Further, OAS plans to review all "life skills" and "mentoring" contracts to determine if the services most adolescents need are being provided effectively and in ways that are accessible and valued by youth in care.

The recommendations below are based on the findings of the Monitor's case record review and ongoing discussions with DCF about current efforts underway to effectively serve and support older adolescents. The Monitor hopes that the specific recommendations below are considered in DCF's strategic planning process and receive focused attention in plans and actions going forward.

Youth voice

- DCF should continue to expand its efforts to solicit and incorporate youth voice into all aspects of work with older adolescents. DCF has already included youth voice in the development of its strategic plan and in some ChildStat reviews. DCF also proposes to train youth to participate in the Qualitative Reviews of case practice currently underway throughout the state. Youth should always be actively involved in planning for their own futures and consulted about DCF policy and practice developments.

Education

- Youth in foster care must be better prepared to enter and succeed in higher educational settings.
 - DCF should ensure that preparation work with youth and caregivers begins as soon as possible, but at least by the 9th grade. Both youth and caregivers must be aware of and supported in accessing classes, tests, and other activities required for the youth to be prepared for college or other post-secondary options.

- DCF should continue to support and expand Foster and Adoptive Family Services' (FAFS) outreach efforts to recruit youth to participate in the NJ Scholars Program; FAFS efforts should be tracked and evaluated to ensure outreach and support of youth is adequate.
- DCF should reexamine and seek to modify as needed the NJ Scholar Program requirements to ensure that they do not exclude youth who are interested or are already participating in higher education.
- DYFS caseworkers or other contracted providers should ensure all youth have adequate assistance in completing the federal financial aid forms for post-secondary education.
- Public/private partnerships should continually be explored to make sure that every youth in foster care who wants to attend a post-secondary program (including college) has sufficient resources.
- DCF and its partners should link with local community colleges to develop strategies to support youth, particularly in their first year.
- DCF and its partners should ensure that every youth who exits DYFS placement and who attends college has housing for school breaks and summer.

Career Development and Employment Training

- Strategic planning with the Department of Labor and Workforce Development and other public and private partners is needed to ensure that there are school-to-career workforce pipelines and opportunities for youth exiting foster care.
- Exiting youth who are not in school or in career development programs should be linked to a job coach/mentor to help them access meaningful employment.

Housing

- OAS should review existing transitional living programs in terms of location, program models, and availability of mental health and support services to ascertain that these programs match the presenting needs of this population. Based on this review, contracts should be modified as needed and additional programs with appropriate services and locations developed. Further, as part of their ongoing assessment of services, OAS should survey youth who have lived in current programs to understand how their needs were met.
- DCF should develop a strong partnership with the Department of Community Affairs to increase access to public housing, vouchers, and other housing initiatives so that youth exiting DYFS custody have multiple housing options and are effectively linked to stable housing.

Work with specific populations

- *Pregnant and parenting teens:* DCF should at a minimum keep data on youth who are pregnant or parenting. DYFS workers should routinely inquire of young men whether they are in a relationship and are fathers. Specific work must be done to support young fathers in maintaining healthy connections with their children. All pregnant and parenting teens should be linked with Family Success Centers, high quality early child care and education programs, and other community providers who can support them in understanding and meeting the developmental needs of their children.

- *Youth involved in the criminal justice system:* Cross agency collaboration is necessary to effectively intervene with youth involved in the juvenile or adult criminal justice system. The ability to work together on joint case plans should be explored and older youth must be assisted in expunging juvenile records.
- *Youth with mental health or substance abuse issues:* Additional analysis is needed to understand why so many youth with mental health and/or substance abuse problems disengage from services as soon as they exit DYFS placement. While these are clearly challenging populations to serve, additional efforts need to be made to understand this disengagement from the youth's perspective and to determine if there are more effective strategies that can be used to engage and serve these youth. Existing youth advisory boards (YABs) should be asked to participate in this assessment and make recommendations.
- *LGBTQ youth:* DCF should know how many youth in foster care identify as LGBTQ. DCF should continue to work with Safe Space liaisons to ensure that LGBTQ youth feel safe speaking frankly to their workers or other DYFS staff. Further, DCF should reach out to LGBTQ youth to understand any specific barriers they have to finding permanency or accessing services.

Case planning

- When working with older youth, DCF must ensure early and ongoing activities to find and/or build permanent, loving adult connections. This may include additional training of workers to appropriately engage with older youth and approach youth with a sense of hope and possibility for their future. Further, for older youth reconnecting with their biological family, support may be needed to help them establish positive, healthy connections.
- OAS is currently working with DCF's Information Technology and Reporting department to collect reports regarding documentation of case planning activities, including independent living assessments and other data related to life skills activities, health insurance, housing and education. Results of this analysis should be shared with leadership.
- DCF should work to ensure that older youth, not just those 14-18 years old, understand the value of completing independent living assessments (ILAs). Results of these ILAs should be shared with youth and integrated in case plans.
- Child Health Units nurses should continue efforts to educate 18-21 year olds about the importance of health insurance, choosing a provider, and being the drivers of their own health care.

While the Monitor recognizes that many of these recommendations will require significant time and planning, some of these recommendations and hopefully other ideas by DCF, youth, parent groups, and community partners should be implemented quickly. These youth cannot wait. Inadequately investing in these youth before they exit DYFS placements can have drastic consequences in terms of their ability to be productive taxpayers, good parents, and engaged citizens.

APPENDIX A

MSA Requirements Related to Older Adolescents

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance ³⁹	December 2010 Performance ⁴⁰	Requirement Fulfilled (Yes/No/Ongoing) ⁴¹
<i>Services to Older Youth</i>						
CPM	53. <u>Independent Living Assessments</u> : Number/percent of cases where DCF Independent Living Assessment is complete for youth 14-18.	a. By December 31, 2009, 75% of youth age 14-18 have an Independent Living Assessment. b. By December 31, 2010, 85% of youth age 14-18 have an Independent Living Assessment.	By December 31, 2011, 95% of youth age 14-18 have an Independent Living Assessment.	As of June 30, 2010, 83% of youth aged 14 to 18 in out-of-home placement for at least six months had an Independent Living Assessment.	As of January 2011, 87% of youth aged 14 to 18 in out-of-home placement for at least six months had an Independent Living Assessment.	Yes

³⁹ In some cases where June 2010, performance data are not available, the most recent performance data are cited with applicable timeframes. In other cases, the Monitor provides a range of data over the monitoring period because these data are more illustrative of actual performance. More detailed information on DCF performance on specific measures is provided in subsequent chapters of the report.

⁴⁰ In some cases where December 2010, performance data are not available, the most recent performance data are cited with applicable timeframes. In other cases, the Monitor provides a range of data over the monitoring period because these data are more illustrative of actual performance. More detailed information on DCF performance on specific measures is provided in subsequent chapters of the report.

⁴¹ “Yes” indicates that, in the Monitor’s judgment based on presently available information, DCF has substantially fulfilled its obligations regarding the requirement under the Modified Settlement Agreement for the July 1 to December 31, 2010 monitoring period, or is substantially on track to fulfill an obligation expected to have begun during this period and be completed in a subsequent monitoring period. The Monitor has also designated “Yes” for a requirement where DCF is within one percentage point of the benchmark or there is a small number (less than 3) of cases causing the failure to meet the benchmark. “Partially” is used when DCF has come very close but has not fully met a requirement. “No” indicates that, in the Monitor’s judgment, DCF has not fulfilled its obligation regarding the requirement. “Improved” indicates that while DCF has not fulfilled its obligation regarding the requirement, the performance shows significant improvement from the last monitoring period.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance ³⁹	December 2010 Performance ⁴⁰	Requirement Fulfilled (Yes/No/Ongoing) ⁴¹
<i>Services to Older Youth</i>						
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.	a. By December 31, 2009 75% of older youth (18-21) are receiving acceptable services as measured by the QR. b. By December 31, 2010 75% of older youth (18-21) are receiving acceptable services as measured by the QR.	By December 31, 2011, 90% of youth are receiving acceptable services as measured by the QR.	To be assessed in the future. ⁴²	To be assessed in the future. ⁴³	Data Not Available.
CPM	55. Youth Exiting Care: Youth exiting care without achieving permanency shall have housing and be employed or in training or an educational program.	a. By December 31, 2009 75% of youth exiting care without achieving permanency shall have housing and be employed or in training or an educational program. b. By December 31, 2010 75% of youth exiting care without achieving permanency shall have housing and be employed or in training or an educational program.	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.	For youth exiting DYFS placements between January 1 – June 30, 2010, the Monitor's Review found 72% of youth have housing; 60% of youth were employed or in some type of educational program. ⁴⁴	Not Available	Not assessed in this report

⁴² Qualitative measures will be assessed through the Qualitative Review process which is currently in the pilot phase.

⁴³ Qualitative measures will be assessed through the Qualitative Review process which is currently in the pilot phase.

⁴⁴ This measure looks at the total percentage of youth employed and/or in some type of educational program. The total percentage of youth employed and/or in school is 60%. More specifically, of the total sample, 32% of youth were employed. Of the total sample, 45% of youth were in some type of educational program. Some youth were both employed and in school; 40% of the total sample were neither employed nor in school.

Ongoing Phase I and Phase II Requirements			
The following are additional MSA requirements that DCF must meet:	June 2010 Performance	December 2010 Performance	Fulfilled (Yes/No) ⁴⁵
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 plan.	A plan was developed by June 2007. Implementation of the plan continues.	Yes	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.	Policies have been promulgated and DCF continues its work to expand services to this population.	Yes	Yes

⁴⁵ “Yes” indicates that, in the Monitor’s judgment based on presently available information, DCF has substantially fulfilled its obligations regarding the requirement under the Modified Settlement Agreement for the July 1 to December 31, 2010 monitoring period, or is substantially on track to fulfill an obligation expected to have begun during this period and be completed in a subsequent monitoring period. The Monitor has also designated “Yes” for a requirement where DCF is within one percentage point of the benchmark or there is a small number (less than three) of cases causing the failure to meet the benchmark. “Partially” is used when DCF has come very close but has not fully met a requirement. “No” indicates that, in the Monitor’s judgment, DCF has not fulfilled its obligation regarding the requirement.

APPENDIX B

Adolescent Case Closing Agreement

DYFS Form 5-66: Instructions

8-13-2007

PURPOSE AND USE

Use this form in conjunction with the [DYFS Form 5-67](#), Adolescent Case Closing Checklist. This agreement allows the Worker to review and document a discussion held with the adolescent about limitations on service eligibility, once his or her DYFS case is closed. The form allows the adolescent to give a written explanation and documentation as to why he or she would like his or her DYFS case closed. The form cannot be used/does not apply when DYFS has custody of the child or when the adolescent is receiving services based on child abuse/neglect.

INSTRUCTIONS FOR COMPLETING THE FORM

The DYFS Form 5-66 is completed by hand.

The Worker:

1. Enters additional specialized services and/or payments that the adolescent will not be Entitled to once his or her case is closed.
2. Reviews the closing agreement with the adolescent.
3. Helps the adolescent to articulate his or her thoughts and reasons for requesting case closure.

The Adolescent:

1. Writes why he or she would like his or her DYFS case to be closed.
2. Signs his or her name on the signature line, and dates the signing.

The Worker:

1. Witnesses the adolescent's completion of the form by signing his or her name on the signature line, and dating the signing.

DISTRIBUTION

Original (White) - Case Record
Copy (Yellow) - Adolescent CPRB, Law Guardian, Independent Living Placement or Contract Agencies

State of New Jersey
DEPARTMENT OF CHILDREN AND FAMILIES
Division of Youth and Family Services

Adolescent Case Closing Agreement

I understand that upon the closure of my case, I will no longer be eligible for child welfare/out-of-home placement services provided by the Division of Youth and Family Services (DYFS) under the Department of Children and Families (DCF), such as, but not limited to: resource/foster home placement, independent living stipend, clothing allowances.

Additionally, I will not be eligible for other specialized services, such as: _____

I further understand that in signing this agreement prior to my 18th birthday, I may not be eligible for Medicaid.

By signing this agreement while I am between the ages of 18 and 21 years, I will continue to receive Medicaid until my 21st birthday by contacting Medicaid Extension for Young Adults, toll free at 1-888-235-4766. I may also be eligible for transitional housing, after care services, and scholarships. My Worker will give me information about these services upon my request.

I have received the items initialed and checked off on the Adolescent Case Closing Checklist, attached to this agreement.

I am requesting that my case with DYFS be closed for the following reasons: _____

Adolescent's signature

Date

Worker's signature

Date

APPENDIX C

NJ Instrument

Exiting Youth Record Review NJ August 24, 2010

1.

1. Please enter Review Case #:

2. Please enter Case Record/SPIRIT #:

3. Please enter NJ SPIRIT Person ID #:

4. Please enter DYFS Local Office:

5. Please enter reviewer name:

6. Case could not be reviewed because:

- ☐ Not applicable-case CAN be reviewed
- ☐ Not within age range (under the age of 17 or over the age of 22)
- ☐ Most recent placement episode was less than 60 days
- ☐ Youth's case never closed
- ☐ Unable to access NJ SPIRIT record
- ☐ Other (please specify)

2.

7. Please enter the gender of the child:

- ☐ Male
- ☐ Female

8. Please enter the child's date of birth:

Date of Birth

MM	DD	YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>

Exiting Youth Record Review NJ August 24, 2010

9. Please specify the race of the child:

- ☐ White
- ☐ Black or African American
- ☐ American Indian/Alaska Native
- ☐ Asian
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ Unable to determine
- ☐ Other (please specify)

10. Please specify the child's ethnicity:

- ☐ Non-Hispanic
- ☐ Hispanic
- ☐ Unable to Determine

3.

11. Date of youth's most recent entry into out-of-home placement:

MM DD YYYY
Date of placement / /

12. Date of youth's exit from out-of-home placement:

MM DD YYYY
Date of exit / /

13. How was the exit date determined?

14. Did the youth sign an adolescent closing agreement?

- ☐ Yes
- ☐ No
- ☐ Unable to determine

Exiting Youth Record Review NJ August 24, 2010

15. Has the youth previously been in DYFS (or other state) custody prior to the most recent entry into out-of-home placement?

- ☐ Yes
- ☐ No
- ☐ Unable to determine

16. What type of placement was the youth in PRIOR to his/her exit from out-of-home placement?

- ☐ Non-relative Foster Home
- ☐ Biological Parent(s)' Home
- ☐ Transitional Housing
- ☐ Home with Friends
- ☐ Home with Relatives
- ☐ Shelter
- ☐ (Own) Apartment
- ☐ College Dormitory or Other College Affiliated Housing
- ☐ Unable to Determine
- ☐ Other (please specify)

4.

17. For how long had the youth been in this placement?

- ☐ Less than 1 year
- ☐ 2-3 years
- ☐ 4-5 years
- ☐ 6 or more years
- ☐ Unable to Determine

5.

Exiting Youth Record Review NJ August 24, 2010

18. What was date of the most recent case plan?

Date of plan MM DD YYYY
 / /

19. What is the permanency goal of the most recent case plan?

- ☐ Reunification
- ☐ Adoption
- ☐ Kinship Legal Guardianship
- ☐ Independent Living (16-17)
- ☐ Individual Stabilization (18+)
- ☐ Other Long Term Specialized Care
- ☐ Unable to determine

Other (please specify)

6.

20. Was the permanency goal of the case plan achieved when the youth exited care?

- ☐ Yes
- ☐ No, the identified permanency goal was not achieved, but another one was
- ☐ No, no permanency goal was achieved
- ☐ Unable to determine

7.

21. Is there evidence in the record that the youth was counseled about the benefits of staying in DYFS' custody?

- ☐ Yes
- ☐ No
- ☐ Not Applicable – youth exited at age 21 or youth exited to positive permanency (e.g. reunification, adoption, kinship legal guardianship)
- ☐ Other (examples include youth missing or on runaway status, youth in criminal justice system and does not have the option to stay in custody, youth relocated to another state)

Exiting Youth Record Review NJ August 24, 2010

8.

22. Is there evidence that the youth affirmatively chose to remain involved with DYFS past his/her 18th birthday?

- ☐ Yes
- ☐ Unable to determine
- ☐ No (please explain why)

9.

23. Please enter the name of the youth's last caseworker:

24. Is this worker an adolescent worker?

- ☐ Yes
- ☐ No
- ☐ Unable to determine

25. Is there documentation of an independent living assessment?

- ☐ Yes
- ☐ No

10.

26. How many independent living assessments were found in the youth's record?
(please note independent living assessments only go back to 9/2007 in SPIRIT – please look back to age 14 or length of time youth is in care)

27. When was the most recent independent living assessment?

Date of assessment MM DD YYYY
 / /

Exiting Youth Record Review NJ August 24, 2010

28. Is there documentation that the youth participated in the independent living assessment?

- ☐ Yes
☐ No

11.

29. Is there documentation that the youth participated in independent living activities?

- ☐ Yes
☐ No

12.

30. Please specify which independent living activities (check all that apply):

- ☐ Life skills assessment and training
☐ Driving lessons
☐ Post-secondary educational support
☐ Career preparation
☐ Employment programs or vocational training
☐ Housing education and home management training
☐ Budget and financial management
☐ Health education and risk prevention
☐ Mentoring
☐ Supervised independent living
☐ Room and board financial assistance
☐ Education financial assistance
☐ Attending group at local office wherein various independent living topics are discussed
☐ Other (please specify)

13.

Exiting Youth Record Review NJ August 24, 2010

31. Is there evidence that the youth was referred to Independent Living activities?

- ☐ Yes (See comment box below)
- ☐ No
- ☐ Unable to Determine

If yes, please specify why youth is not participating?

14.

32. Is there evidence that the youth had Medicaid coverage upon exit?

- ☐ Yes
- ☐ No
- ☐ Unable to determine

15.

33. What type of Medicaid?

- ☐ Chafee (aka Medicaid Extension for Young Adults)
- ☐ TANF (aka Board of Social Services, municipal or county welfare)
- ☐ Other (See comment box below)
- ☐ Unable to Determine

If other, please specify:

16.

34. Is there evidence that the youth had other types of medical insurance?

- ☐ Yes (See comment box below)
- ☐ No
- ☐ Unable to Determine

If yes, please specify:

17.

Exiting Youth Record Review NJ August 24, 2010

35. Is there documentation that the youth was enrolled in school at exit?

- ☐ Yes
☐ No

18.

36. What type of school?

- ☐ High school
☐ Alternative high school
☐ GED
☐ 4 year college
☐ Community college
☐ Vocational training/employment training program
☐ Other (please specify)

37. Was the youth actively participating in their education?

- ☐ Yes
☐ No
☐ Unable to Determine

19.

Exiting Youth Record Review NJ August 24, 2010

38. What was the youth's highest level of educational attainment?

- ☐ Some Junior High School
- ☐ Some High School
- ☐ High School Diploma
- ☐ GED Preparation
- ☐ GED
- ☐ Some College
- ☐ Unable to Determine
- ☐ None of the above (please specify)

20.

39. What was the youth's functional educational attainment/other comments about youth's educational experience? (This is an opportunity to comment on examples such as the youth graduated from high school, but has an 8th grade reading level.)

40. Was the youth a participant in the NJ Scholars program?

- ☐ Yes
- ☐ No

21.

41. Was there evidence that the youth was given information about the NJ Scholars program?

- ☐ Yes
- ☐ No

22.

42. Did the youth have housing at exit?

- ☐ Yes
- ☐ No

Exiting Youth Record Review NJ August 24, 2010

23.

43. What type of housing?

- ☐ Non-relative Foster Home
- ☐ Biological Parent(s)' Home
- ☐ Transitional Housing
- ☐ Home with Friends
- ☐ Home with Relatives
- ☐ Shelter
- ☐ (Own) Apartment
- ☐ College Dormitory or Other College Affiliated Housing
- ☐ Unable to Determine
- ☐ Other (please specify)

44. Was the youth paying for part or all of the costs of their housing?

- ☐ Yes
- ☐ No
- ☐ Unable to Determine

24.

45. Was the youth employed at exit?

- ☐ Yes
- ☐ No
- ☐ Unable to determine

25.

Exiting Youth Record Review NJ August 24, 2010

46. What type of job?

- ☐ Full time (paid)
- ☐ Full time (unpaid)
- ☐ Part time (paid)
- ☐ Part time (unpaid)
- ☐ Unable to determine

26.

47. Was there documentation in the record that the youth was connected to caring adults at exit?

- ☐ Yes
- ☐ No
- ☐ Unable to determine

27.

48. Please identify who the youth was connected to at exit?

- ☐ Biological parent
- ☐ Relative/Fictive Kin
- ☐ Teacher
- ☐ Mentor
- ☐ Other Caring Adult

49. What was the nature of the relationship? (strength of connection, types of support adult is providing to youth—emotional, financial, etc.)

28.

50. Is there any evidence that DYFS attempted to make a connection to a caring adult for the youth?

- ☐ Yes
- ☐ No

Exiting Youth Record Review NJ August 24, 2010

29.

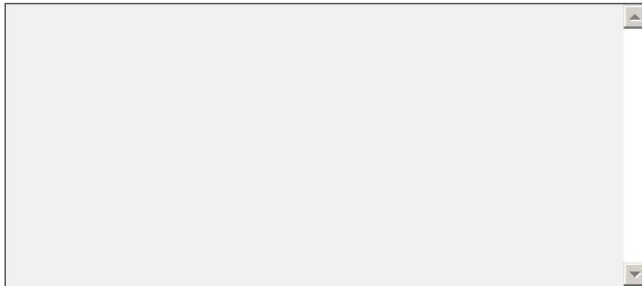
51. Was there documentation in the record that this youth was a parent (or going to be a parent) at exit?

☐ Yes

☐ No

30.

52. Please record any information about services/supports made available or used by youth to support his/her role as a parent.



31.

53. Was there any documentation that the youth identifies as GLBTQI?

☐ Yes

☐ No

32.

54. Please record any information about GLBTQI-related services that were made available to or used by the youth?



33.

Exiting Youth Record Review NJ August 24, 2010

55. Is there documentation that the youth had a savings or checking account at exit?

- ☐ Yes
☐ No

56. Is there documentation that the youth had current/past involvement with the criminal/juvenile justice system?

- ☐ Yes
☐ No

34.

57. What type of involvement (e.g. whether current or past involvement, need to expunge a juvenile record, etc.)?



35.

58. Is there documentation that the youth had a driver's license or was assisted in obtaining one if eligible?

- ☐ Yes
☐ No

36.

59. Is there documentation that the youth had continuing mental health needs that required ongoing attention?

- ☐ Yes
☐ No

37.

Exiting Youth Record Review NJ August 24, 2010

60. Is there evidence that the youth was connected to needed mental health services?

- ☐ Yes
☐ No
☐ Youth refused services

38.

61. Is there evidence that the youth was prescribed psychotropic medication at the time of exit from care?

- ☐ Yes
☐ No

39.

62. Is there evidence that the youth was linked to a provider who could renew psychotropic medications?

- ☐ Yes
☐ No

40.

63. Is there documentation that the youth qualified for DDD services?

- ☐ Yes
☐ No

41.

64. Was the youth connected to adult DDD services?

- ☐ Yes
☐ No

42.

Exiting Youth Record Review NJ August 24, 2010

65. Is there evidence that the youth had substance abuse issues at the time of exit from care?

☐ Yes

☐ No

43.

66. Is there evidence that the youth was connected to needed substance abuse services?

☐ Yes

☐ No

☐ Youth refused services

44.

67. Any further comments? (Include any information about use of flex funds to support youth, SIJS, involvement with DCBHS)

