# Progress of the New Jersey Department of Children and Families

# Period V Monitoring Report for *Charlie and Nadine H. v. Corzine*

# July 1 – December 31, 2008

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# I. INTRODUCTION

***Purpose of this Report***

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. Corzine*. In this role, CSSP is to assess independently New Jersey's compliance with the goals, principles and outcomes of the Modified Settlement Agreement (MSA) aimed at improving longstanding problems in the State's child welfare system.[1] CSSP reports periodically to the parties and the public on the State's progress in achieving systemic improvement and better results for children and families. This is the fifth Monitoring Report under the MSA and completes Phase I of the Modified Settlement Agreement. CSSP released four previous monitoring reports on Phase I requirements: February 2007, October 2007, April 2008, and October 2008.[2]

The MSA structures the State's commitments into two phases of work. Phase I (July 2006 - December 2008) is primarily directed at establishing a strong infrastructure within the Department of Children and Families (DCF) to ensure children are healthy and safe; children achieve permanency and stability; and resource and service delivery systems meet children's health, mental health, educational, and developmental needs. In addition to reporting on DCF's activities and progress made in the last six months of Phase I (July 2008 - December 2008), this

[1] *Charlie and Nadine H. et al. v. Corzine*, Modified Settlement Agreement, United States District Court for the District of New Jersey, Civ. Action No. 99-3678 (SRC), July 18, 2006. To see the full Agreement, go to http://www.state.nj.us/dcf/home/Modified_Settlement_Agreement_7_17_06.pdf.

[2] See respectively, *Progress of the New Jersey Department of Children and Families: Period I Monitoring Report for Charlie and Nadine H. v. Corzine—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. Corzine—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. Corzine—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. Corzine—January 1, 2008 through June 30, 2008*. Washington, DC: Center for the Study of Social Policy. October 30, 2008.

fifth report highlights overall progress made in Phase I on foundational elements and DCF's efforts to implement the new Case Practice Model. In Phase II, beginning in January 2009, the MSA holds DCF accountable for measurable improvements in outcomes for children and families.

***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 data and report on actions taken and progress made. During this monitoring period, the Monitor observed several Family Team Meetings and Enhanced Reviews (5 and 10 month reviews held as part of concurrent planning). The Monitor visited various Division of Youth and Family Services (DYFS) local offices and met with all levels of staff, as well as staff from DYFS's new Child Health Units. The Monitor also interviewed and/or visited many external stakeholders of New Jersey's child welfare system, including contracted service providers, emergency shelters, youth, relatives and birth parents, advocacy organizations, judicial officers, and staff of the Office of the Child Advocate (OCA). Further, the Monitor conducted limited case record reviews through NJ SPIRIT on selected measures.

# II. SUMMARY OF PHASE I ACCOMPLISHMENTS

Phase I of the Modified Settlement Agreement covers a two and a half year period July 2006 to December 31, 2008, during which the Department of Children and Families (DCF) was created as a separate Cabinet-level department and the new Department was to establish the necessary institutional supports for significant child welfare reform to occur in New Jersey. From the outset, DCF has been dedicated to reaching all of the goals in the MSA and is to be commended on the substantial progress it has made during Phase I. While the majority of this report is focused on the last six months of 2008 (the current monitoring period), in this Section the Monitor steps back and briefly summarizes some of the State's accomplishments and highlights of progress made during the last two and one half years.

## *A. During Phase I, the Department built necessary infrastructure to create lasting reform. Examples include:*

- On July 11, 2006, Governor Jon S. Corzine signed legislation that created the New Jersey Department of Children and Families (DCF) as a cabinet-level department with responsibilities for child welfare, children's behavioral health and preventive services and community supports for children and families.[3] The Division of Youth and Family Services (DYFS), Division of Child Behavioral Health Services (DCBHS), and the Division of Prevention and Community Partnerships all were transferred from the New Jersey Department of Human Services to the new DCF with the goal of creating unified responsibility and improved coordination of services for New Jersey's children and families.

- In January 2007, DCF published a Case Practice Model (CPM). The CPM includes the agency's mission, a definition of who DCF serves, and the guiding values and principles that undergird how DCF staff is to work with and engage children and families in New Jersey. The CPM articulates the agency's belief that children do best when they have strong families, preferably their own, and when that is not possible, a stable relative, foster or adoptive family. It stresses the importance of planning with families through team meetings, where families and their support systems help develop and carry out plans to ensure the safety, permanency and well-being of children. Family Team Meetings also provide the opportunity for continuous review and adaptation of case progress, the appropriateness of decision making and goals, and whether services are suitable to meet the need(s). DCF is now intensively training staff on the skills needed to carry out the Case Practice Model. They are implementing an ambitious training and mentoring agenda and have deployed Assistant Area Directors and Case Practice Implementation Specialists to the field to support staff in applying learning to daily practice guided by the Case Practice Model.

[3] *N.J.S.A.* 9:3A-3.

- During Phase I, DCF hired hundreds of new workers and as a result appreciably reduced caseload sizes in compliance with the MSA standards. Prior to the current reform effort, high caseloads had plagued New Jersey's child welfare system for years. At the conclusion of Phase I, the State exceeded the MSA requirement that 95 percent of permanency workers serve no more than 15 families and 10 children in out-of-home care. DCF also reached MSA requirements for Intake and Adoption staff caseloads. By all reports, this reduction in caseload size is beginning to make a difference in the quality of practice across the State, has produced greater stability in the workforce, and has created an environment that provides staff the opportunity to follow the principles articulated in the Case Practice Model.

- DCF has reached or succeeded all of the expectations in the MSA pertaining to training its workforce. By December 2008, DCF had trained 4,000 staff on the core elements of its new Case Practice Model (CPM). By partnering with local universities and outside consultants, DCF trained its workforce statewide while also training staff located in local office "immersion sites" more intensively on skills required to consistently practice in accordance with the CPM.

- At the start of Phase I, the State was encumbered with a hotline system – which serves as the front door of the child welfare system, receiving calls regarding alleged child maltreatment – that had multiple policy, management, and operations problems. By July 2008, the hotline (known as the State Central Registry, or SCR) operations were well-managed, professional, and appropriately focused on the timeliness and the quality of the response to the public's reports of child maltreatment.

- One of the State's key accomplishments in Phase I is its roll-out of a new automated case record data system (NJ SPIRIT) statewide in August 2007. Since then, staff has become increasingly comfortable with the new system. NJ SPIRIT has also assisted the State enormously in its ability to collect, analyze and report on key data, as well as provide increased accountability for staff performance. DCF now regularly reports new data on its public website, and, in 2008, issued what will become an annual report that provides reliable information on key data elements and performance measures. To further their focus on quality improvement and use of data for management, there is now a dedicated QA Specialist for each of the DCF Area Offices.

- The State created a review process designed to improve permanency planning and adoption practice. Now, after every 5$^{th}$ and 10$^{th}$ month a child is in placement, his or her case must be reviewed by a team of DYFS staff and members of the family's support networks. This approach promotes the family's active participation in planning for the future and requires the State to make timely decisions for children and families. The State is working to ensure that this practice incorporates the elements of the Case Practice Model.

- The State has made notable progress in meeting its Phase I obligation to redesign the delivery of quality health care services to children and youth in out-of-home placement. Its plan, released in May 2007, has as its centerpiece among other things, the creation of new Child Health Units staffed by nurses and staff assistants in each DYFS local office. Initial data suggest that with the support of the Child Health Units, there have been substantial improvements in timely health care for children in out-of-home placement in New Jersey.

- Over the three fiscal years in Phase I, DCF closed the gap (in 25% annual increments) between resource family support rates and the USDA's estimated cost of raising a child.

***B. The State added important service resources to support children and families in each year during Phase I.***

- During Phase I, DCF funded 64 new intensive outpatient substance abuse treatment slots for parents and children, 30 adult residential treatment slots, and 20 adolescent residential treatment slots. These programs provide a variety of services to treat issues often accompanying substance abuse, such as domestic violence, sexual and physical trauma, and parenting.

- New Jersey's Differential Response pilot initiative responds to voluntary requests for assistance from families experiencing unmet needs prior to an allegation of child abuse or neglect. In April 2007, DCF awarded Differential Response contracts totaling $4.2 million to pilot sites covering Camden, Cumberland, Gloucester and Salem counties. Differential Response case managers meet with families seeking help within 72 hours of referral and family team meetings are held within ten days of referral. The most identified needs include financial assistance for housing, rent, utility, and/or mental health services for children. DCF expanded to two additional counties, Middlesex and Union, during the first quarter of 2009. The plan is to eventually expand this initiative to other areas of the State.

- DCF developed and began implementation of Family Success Centers whose purpose is to strengthen families by providing integrated, locally-based services to families in the communities in which they live. The State is funding 32 Family Success Centers in 16 counties.

- The State's Home Visitation initiative was funded during Phase I. These programs focus on young families who are at risk for child abuse and neglect. They provide primary prevention and early intervention services for pregnant women and children up to age five. The State has funded 30 Home Visitation programs in 18 counties. In fiscal year 2008, over 2,200 families in New Jersey were served by a Home Visitation program.

- DCF increased its services to older youth in Phase I. It created a new state-level unit called the "Adolescent Practice and Permanency Unit" and promoted new policies to provide support services to youth age 18 to 21. The State has also dramatically reduced the use of congregate care, and increased the number of transitional living program slots for this population.

- The State has increased the amount of flexible funding available to families to (1) promote family preservation and reunification, and (2) assist resource families so as to avoid the disruption of otherwise stable placements. Case managers are now better able to support families who need financial assistance with utility bills, rental down payments, respite care, furnishings, tutoring, and other individualized needs and services.

## *C. There is beginning evidence of improved outcomes for children and families.*

- DCF has achieved a net increase of resource family homes each year since 2006. Prior to 2006, DCF experienced annual losses of resource family homes, creating enormous negative consequences to the children and families of New Jersey and to the efficient functioning of the agency. The State began to reverse that trend in 2006 with a modest net gain of 200 families. Commendably, in each of the past two years, DCF has had a net gain of more than 800 new resource homes. This shift has meant that more children have more and better placement options, and the use of congregate care settings has declined. In addition, the State has succeeded in placing more children with relatives by encouraging and facilitating the licensing of kinship homes. In 2007, DCF licensed 517 kinship homes; in 2008, this climbed to 903 kinship homes.

- In January 2006, there were 2,260 children who were legally free for adoption but who had not been adopted. Through carefully assessing barriers to adoption, deploying "Impact Teams" across the state, and rebuilding specialized adoption practice in local offices, DCF reduced the number of legally free children to 1,295 by December 2007.[4] As of February 2009, there were 1,352 children legally free for adoption.

- DCF has dramatically increased the number of finalized adoptions for children who are achieving permanency through adoption. In calendar year 2006, DCF finalized the adoptions of 1,387 children, exceeding the MSA target of 1,100 adoptions. In 2007, the State finalized a record 1,540 adoptions exceeding the final MSA target, and in 2008, it maintained the steady pace of adoptions by finalizing a total of 1,374 adoptions.

[4] DCF reports that approximately 1,200 children become legally free for adoption each year in New Jersey.

- The State has made significant progress in eliminating the use of shelters as placement for children under the age of 13. During the previous monitoring period, less than one percent of children under the age of 13 in out-of-home placement was placed in a shelter. Infrastructure changes within DCF and the development of new family placement resources appear to have significantly contributed to a reduction in the use of shelters as an initial placement for older youth as well, although some youth are still placed in shelters inappropriately.

- DCF made notable progress in reducing the number of children placed out-of-state. In July 2006, 322 children were placed out-of-state. By January 2009, that number had declined to 98 children. This trend reflects the State's focus on moving children home and developing and implementing plans to provide more and better treatment to children in New Jersey.

- DCF's Institutional Abuse Investigations Unit (IAIU) achieved its Phase I targets for timeliness of investigations, eliminating earlier problems where IAIU investigations were backlogged for appropriate action.

- Increased capacity to manage the health care needs of children with the support of local office Child Health Units has yielded some promising results. By the end of Phase I, nearly 100 percent of children placed out-of-home received a pre-placement assessment, and most children received this assessment in a non-emergency room setting. Additionally, 79 percent of children received Comprehensive Medical Examinations within 60 days of placement (the majority within 30 days).

## CHALLENGES AHEAD

DCF has made significant progress in every area of the MSA during Phase I. In the first four Monitoring Reports, it met nearly every requirement for the period evaluated. In this period, DCF met almost all of the performance targets; there were only a few that were partially met or not met at all. Table 1 in the following section of the Report summarizes the State's progress on MSA requirements between July 1, 2008 and December 31, 2008.

The next monitoring period, beginning in January 2009, marks the beginning of Phase II of the MSA, and requires the State to meet specific performance and outcome benchmarks that measure improvements in results for children and families. These benchmarks set higher expectations than were set in Phase I. For example, by June 2009 caseload standards will be evaluated not by average caseload in a DYFS local office, but by individual worker caseload. DCF leadership and managers will need to consistently monitor and report on individual caseloads of workers. Similarly, the State will be measured on child-specific outcomes like, for example, a reduction in multiple placements and timeliness for reaching permanency.

In order to meet Phase II performance benchmarks and outcomes, the State will need to simultaneously maintain the infrastructure improvements and accelerate the pace of improvements in direct practice with children, families and the wider community. A considerable challenge in the coming year will be DCF's ability to increase coaching, training and monitoring capacity within the state sufficient to support and fully implement its Case Practice Model in every region of the state and in collaboration with DCF's essential partners, including the Family Court. Consistent high quality practice around children's safety, permanency and well-being necessitate active engagement with a wide range of community partners and with judges, attorneys and other service providers.

During Phase I, DCF made a solid start in implementing its prevention and early intervention initiatives through Differential Response, Family Success Centers, and Home Visitation programs. The State will need to keep sharp focus on these promising models in order to achieve anticipated results. And the importance of continuing and expanding investments in prevention and early intervention services cannot be lost as the State deals with its current budget and economic troubles.

While much of the Phase I reform focused on DYFS, the mental health system is also critically important. DCF has redefined and issued a new competitive procurement for a Contract System Administrator (CSA) to screen, authorize, and track cases of children and youth for mental health services. DCF anticipates the award in Spring 2009 with implementation by the Fall 2009. Modifying the CSA role is a significant undertaking requiring substantial work throughout DCBHS and DCF. It will be important to ensure that DYFS-involved children as well as all other eligible New Jersey children have prompt and appropriate access to mental health services as this transition occurs.

Work still remains to be done to ensure that older youth, particularly 18-21 year olds who will transition from DYFS custody without having achieved permanency, are adequately provided for while in custody and are prepared for successful adulthood. During Phase I, the State began to increase resources and improve services and supports for DYFS-involved youth. It created and promoted new policies to provide support services to youth age 18 to 21, dramatically reduced the use of congregate care, and increased the number of transitional living program slots for this population. However, there remains a sizeable need for services for youth, including a need for specialized transitional living services to support youth with complex mental health needs. Further, much work is needed to meet the commitment that youth exiting DYFS custody have a safe place to live, health insurance, a caring adult resource, a job or are enrolled in a training or educational program.

This is a large list of priorities. Keeping them all moving forward will be a significant undertaking in light of complex and sobering fiscal realities the State is facing. However, to lose momentum now may mean a steeper climb in future years and could compromise the safety and well-being of children and their families. State leaders from the Governor to the Legislature to Agency administrators have demonstrated their commitment to the goals of the reform and have made commendable progress to date in meeting challenges and expeditiously moving forward.

That being said, much of the work to make sure that the improvements in training, caseloads, and services are translated consistently into better outcomes for New Jersey's children and families remains to be accomplished. We fully expect that the State's focused efforts in this work will not diminish in the next few years.

# III. SUMMARY OF CURRENT REPORTING PERIOD (July 1 – December 31, 2008)

**Table 1: Summary of Settlement Agreement Requirements (July 1 - December 31, 2008)**

| Settlement Agreement Requirements | Due Date | Fulfilled (Yes/No)[5] | Comments |
|---|---|---|---|
| **PHASE I** | | | |
| **New Case Practice Model** | | | |
| **II.A.4.** Identify the methodology used in tracking successful implementation of the Case Practice Model in order to create baseline data that will be available for key case practice elements. | December 2007 | Yes | The Monitor, in consultation with the Parties, developed the *Child and Family Outcome and Case Practice Performance Benchmarks*, which set measures and methodology for tracking implementation of the Case Practice Model. |
| **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. | Ongoing | Yes | Over 4,000 workers trained on Case Practice Model. Implementation "immersion sites" have been expanded across the State to new offices. |
| **Training** | | | |
| **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. | Ongoing | Yes | 149 of 149 new workers trained or enrolled in training; 114 (77%) trained; 35 (23%) enrolled. |
| **II.B.1.c.** No case carrying worker shall assume a full caseload until completing pre-service training and passing competency exams. | Ongoing | Yes | All case carrying workers are assessed and pass Trainee Caseload Readiness Assessment and competency exams before assuming a full caseload. 114 new workers who are now case carrying workers have been assessed and passed competency exams. |

[5] "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 – December 2008 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 1 percentage point of 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.

| Settlement Agreement Requirements | Due Date | Fulfilled (Yes/No) | Comments |
|---|---|---|---|
| In-Service Training | | | |
| **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. | Ongoing Annual Requirement | Yes | Since January 2008, 3,015 out of 3,019 (99%) case carrying workers and supervisors have received 40 or more hours of In-Service training (primarily on the Case Practice Model) and passed competency exams. |
| **II.B.2.d.** The State shall implement in-service training on concurrent planning for all existing staff. | Ongoing | Yes | A total of 94 out of 98 new DYFS workers (96%) were trained on concurrent planning between 6/30/08 and 12/31/08. 4 were scheduled to be trained in the next 6 months. |
| Investigations/Intake Training | | | |
| **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. | Ongoing | Yes | A total of 104 out of 105 new investigators (99%) completed First Responders training between 6/30/08 and 12/31/08 and passed competency exams. |
| Supervisory Training | | | |
| **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. | Ongoing | Yes | All newly appointed supervisors have been trained or are enrolled in training to meet the supervisory training requirements. 56 supervisors were promoted between 6/30/08 and 12/31/08. 8 were appointed and trained in this monitoring period. The remaining 48 newly appointed supervisors began training in 1/09 and are expected to complete it within the required 6 month time frame. |

| Settlement Agreement Requirements | Due Date | Fulfilled (Yes/No) | Comments |
|---|---|---|---|
| **Services for Children and Families** | | | |
| **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. | Ongoing | Yes/ In progress | A plan has been developed. Implementation of the plan remains a work in progress. |
| **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. | Ongoing | Yes/ In progress | Policies have been promulgated. Progress continues on the expansion of services. |
| **II.C.6.** The State shall provide mental health services to at least 150 birth parents whose families are involved with the child welfare system. | December 2008 | Yes | From July to December 2008, DCF served 575 birth parents across the state via home and office-based services designed to stabilize children and families and facilitate reunification. |
| **II.C.7** The State shall expand its preventive home visitation program above the baseline slots available as of June 2006. | December 2008 | Yes | DCF expanded the number of slots by 1,212 over the slots available in 2006. The home visitation prevention program is now available in all 21 counties in New Jersey. |
| **Finding Children Appropriate Placements** | | | |
| **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. | Ongoing | Yes | The State has implemented and utilizes a real time bed tracking system to match children with DCBHS placements. |
| **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. | Ongoing | Yes | 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. |
| **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. | Ongoing | Yes | 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. Only one child remained in detention for more than 30 days due to a court order. |

| Settlement Agreement Requirements | Due Date | Fulfilled (Yes/No) | Comments |
|---|---|---|---|
| **II.D.7.** The State shall not place a child under the age of 13 in a shelter | Ongoing | Yes | 99% of children 13 and under were placed with a resource family. 5 children under age 13 were placed in a shelter during this period. |
| **II.D.8.** DYFS will eliminate the inappropriate use of shelters as an out-of-home placement for children in custody. | June 2007/ Ongoing | No | Of 421 youth in shelters, 375 (89%) were appropriately placed[6] during this monitoring report, 46 (11%) were not placed appropriately. |
| **II.D.9.** The State, in consultation with the Monitor, shall set forth a placement process consistent with the Principles of this Agreement and sufficient to meet the needs and purposes of this Agreement. | December 2008 | Yes | DCF, in consultation with the Monitor, has refined its placement process to be consistent with the principles and purposes of the Settlement Agreement. |
| **Caseloads** | | | |
| **II.E.2.** The State shall provide on a quarterly basis accurate caseload data to Plaintiffs and the public via the DCF website. | Ongoing | Yes | The State posted Dec. 2008 data in a timely manner. |
| **II.E.4.** The State shall make Safe Measures accessible to all staff. | Ongoing | Yes | Safe Measures is accessible to all staff. It is increasingly becoming an effective management tool. |
| **II.E.5.** DCF shall train all staff on the use of Safe Measures. | Ongoing | Yes | All staff has received Safe Measures training and continues to receive training on the interface between NJ SPIRIT and Safe Measures. |
| **II.E.18.** 95% of offices shall have the average caseload standard for permanency staff of 15 families or less and 10 children in out-of-home care or less. | December 2008 | Yes | DCF continues to meet the average caseload standards for Permanency staff with 98% of offices achieving the standard. |

[6]"Appropriate" placement is defined by the MSA as an alternative to detention, a short-term placement of an adolescent in crisis not to exceed 45 days (during Phase I of monitoring period), a basic center for homeless youth, pursuant to the NJ Homeless Youth Act, or when there is a court order requiring placement in a shelter.

| Settlement Agreement Requirements | Due Date | Fulfilled (Yes/No) | Comments |
|---|---|---|---|
| **II.E.19.** 95% of offices shall have average caseloads for the intake staff at the caseload standard of 12 families or less and 8 new referrals per month or less. | December 2008 | Yes | DCF continues to meet the average caseload standards for Intake staff with 100% of offices achieving standard. |
| **II.E.20.** 95% of offices shall have sufficient supervisory staff to maintain a 5 worker to 1 supervisor ratio. | December 2008 | Yes[7] | 94% of offices met the supervisory ratio standard. This is an improvement over the previous reporting period. |
| **Provision of Health Care** | | | |
| **II.F.2, 5, &6** 100% of children receive Pre-Placement assessments upon entering out-of-home care, 95% in non-emergency room settings | December 2008 | Yes for pre-placement assessment/ Partially for use of non-emergency room settings[8] | 99.9% of children received assessments, 92% in non-emergency room settings. |
| **II. F.2, 5, & 6** 80% of children receive Comprehensive Medical Examinations within 60 days of entering out-of-home care placement | December 2008 | Yes[9] | 79% of children received CMEs within 60 days of placement, the majority within 30 days. |
| **II.F.2, 5, & 6** 80% of children in out-of-home placement receive regular exams in accordance with EPSDT guidelines. | December 2008 | Partially | 77% of children statewide received exams in accordance with EPSDT guidelines.[10]<br><br>90% of children whose health care is managed by a nurse in a Child Health Unit were current in receiving their EPSDT/well child exams (1,913 of 2,116 children whose health care was managed by a nurse for 3 or more months). |

[7] Monitor deems this requirement as fulfilled because DCF's performance was within 1 percentage point of achieving the target.
[8] Monitor will continue to review the requirement that 95% of pre-placement assessments occur in non-emergency room settings to determine whether this is a reasonable standard as some children are first reported to the system when they are in hospital emergency rooms and enter placement from there.
[9] See footnote 7.
[10] This is based on a representative, random sample of 358 children in placement for at least one day between July 1, 2008 and December 31, 2008 who were at least 3 years old and had been in placement for at least one year. The full universe was 5,033 children, making the results have a margin of error of ±5 percent. This same sample was used to determine EPSDT visits, semi-annual dental examinations, and immunizations.

| Settlement Agreement Requirements | Due Date | Fulfilled (Yes/No) | Comments |
|---|---|---|---|
| **II.F.5 & 6** 65% of children 3 and older in out-of-home placement receive annual dental exams; 50% receive semi-annual exams. | December 2008 | Yes[11] | 59% of children statewide received semi-annual dental exams and are considered "current" with their dental care.[12]<br><br>67% children age 3 or older whose health care is managed by a nurse in a Child Health Unit are considered current on their dental care (873 children out of 1,296 whose health care was managed by a nurse for 3 or more months). |
| **II.F. 5 & 6** 80% of children in out-of-home placement with a suspected mental health need receive a mental health assessment | December 2008 | Unable to determine pending Monitor case record review | Statewide, 59% of all children entering out-of-home care received a mental health assessment. Until Monitor performs qualitative review, we are unable to determine the extent to which children with *suspected* mental health need received assessment. |
| **II.F. 5 & 6** 65% of children in out-of-home placement with medical/mental health issues identified in the Comprehensive Medical Exam (CME) receive timely accessible and appropriate follow-up care. | December 2008 | Yes | 70% of children who had a CME received follow-up care.[13] |
| **II.F.5 & 6** Children in out-of-home care are current with immunization. | *[14] | No Benchmark for this period | 81% of children statewide had current immunizations.[15]<br><br>Immunizations were current for 87% (1,833 of 2,116) children whose health care is managed by a nurse in the Child Health Unit for 3 months or more. |

[11] This benchmark originally measured annual and semi-annual exams. Because the expectation of the field is that children age 3 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.
[12] See note 10 above.
[13] This is based on a representative sample of children who entered care between July 1-December 31, 2008, received a Comprehensive Medical Examination, and required follow up care. The full universe was 1,504 children; the sample was 306, for a margin of error of ±5 percent.
[14] Monitor has recently set benchmarks and a final target for immunizations which are 90% current by June 30, 2009; 95% current by December 31, 2009; and 98% current by June 30, 2010 and thereafter.
[15] See note 10 above.

| Settlement Agreement Requirements | Due Date | Fulfilled (Yes/No) | Comments |
|---|---|---|---|
| **II.F.8** Children's caregivers receive an up-to-date health passport within 5 days of placement. | December 2008 | Pending monitor review | Will be measured by foster parent survey prior to next Monitoring Report. |
| **Permanency Planning and Adoption** | | | |
| **II.G.2.** The State shall develop and begin implementation of permanency practices that include: five and ten month placement reviews and transfer of cases to adoption worker within 5 days of court approving permanency goal change to adoption. | December 2006/ Ongoing | Partially/ In Progress | Based on the 26 concurrent planning sites, 92% of cases had timely 5 month reviews, 97% of cases had timely 10 month reviews, and 55% of cases had timely transfer to an adoption worker upon goal change. |
| **II.G.5.** The State shall continue to provide paralegal support and case summary writers support for adoption staff in local offices. | Ongoing | Yes | DCF continues to provide paralegal support for adoptions (140 paralegals), Child Case Summary Writers (23) and Adoption Expediters (3). |
| **II.G.9.** The State shall provide adoption training to designated adoption workers for each local office. | Ongoing | Yes | The State hired or reappointed 43 new Adoption workers in the past six months. 22 new Adoption workers completed training between June 30, 2008 and December 31, 2008. 17 of the 43 new Adoption workers were reappointments from other units within DYFS and had previously taken adoption training. The remaining 4 staff members reappointed in this monitoring period were trained in February 2009. |
| **II.G.15.** The State shall issue reports based on the adoption process tracking system. | Ongoing | Partially | Adoption tracking data is now collected in NJ SPIRIT. Previously, DCF has only reported on 3 of the tracking system data points. By having data accessible through NJ SPIRIT, DCF has the capability to issue more regular reports on other data points such as termination of parental rights filings, appeals of terminations, and timeliness of adoption placements. |

| Settlement Agreement Requirements | Due Date | Fulfilled (Yes/No) | Comments |
|---|---|---|---|
| **II.G.19.** 95% of offices will have average caseloads for adoption staff of 15 or fewer children. | December 2008 | Yes | DCF continues to meet the average caseload standards for Adoption staff with 95% of offices achieving the standard. |
| **Resource Families** | | | |
| **II.H.4.** The period for processing resource family applications through licensure will be 150 days. | December 2006/ Ongoing | No | The State continued to improve performance on the 150 day timeframe. Between 7/08 and 12/08, DCF resolved an average of 51% of applications within 150 days, up from 43% in the previous monitoring period. |
| **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. | Ongoing | Yes | The Office of Resource Families has partnered with the NJ Training Academy to ensure greater utilization of the NJ SPIRIT automated system. |
| **II.H.13** The State shall implement the methodology for setting annualized targets for resource family non-kin recruitment. | January 2008/ Ongoing | Yes | DCF continues to reach targets for large capacity resource family homes and homes targeted for recruitment by County. |
| **II.H.14** The State shall provide flexible funding at the same level or higher than provided in FY'07. | Ongoing | Yes | The State continues to provide flexible funding to support care of children, stability of placements, and family reunification/ preservation. In State Fiscal Year 2007, $2.7 million was allocated to flexible funds. In FY2008, $3.7 million was allocated. In FY 2009, $5.7 million has been allocated. |
| **II.H.15** Continue to close by a final 25% the gap between current resource family support rates and the USDA's estimated cost of raising a child. | January 2009 | Yes | New resource family rates became effective January 2009. |
| **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. | January 2009 | Yes | DCF reported it conducted a review of the SHSP rate and concluded it is sufficient to meet the needs of medically fragile children.[16] |

[16] Monitor has not yet examined DCF internal review process but will do so in next monitoring period.

| Settlement Agreement Requirements | Due Date | Fulfilled (Yes/No) | Comments |
|---|---|---|---|
| **Institutional Abuse Investigations Unit (IAIU)** | | | |
| **II.I.3.** The State shall complete 80% of IAIU investigations within 60 days. | Ongoing | Yes | 83-90% of all IAIU investigations were completed within 60 days.[17] |
| **II.I.5.** The State shall hire sufficient IAIU field investigators such that 95% of investigators shall have no more than 8 new cases per month and 12 open cases at a time. | Ongoing | Partially | 39 of 48 (81%) IAIU investigators met the caseload standard in December. All nine investigators were in one regional office where there were a number of vacancies. DCF was at 100% compliance for July-November 2008. |
| **Data** | | | |
| **II.J.1,3.&5** The State shall identify, ensure and publish key management indicators, additional key management indicators and additional (non-key management) indicators. | Ongoing | Yes | The State identified and publishes on its website all of these indicators. |
| **II.J.2.** The State shall initiate management reporting based on Safe Measures. | Ongoing | Yes | The State currently uses Safe Measures for management reporting. |
| **II.J.6.** The State shall annually produce DCF agency performance reports. | Ongoing | Yes | The State released an agency performance report for Fiscal Year 2008 and posted it on the DCF website. |
| **II.J.9.** The State shall issue regular, accurate reports from Safe Measures. | Ongoing | Yes | The State has the capacity and is producing reports from Safe Measures. |
| **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. | Ongoing | Yes | The State has provided the Monitor with a report for December 2008 that provides individual worker caseloads of children and families for intake, permanency and adoption workers. |
| **II.J.11.** The State shall maintain an accurate worker roster. | Ongoing | Yes | The DYFS Director and DCF HR Director review vacancies with DYFS local offices and reconcile worker rosters on an ongoing basis. |

[17] On six separate days in the reporting period (the last date in each month, July - December 2008), the daily statistics supplied by DCF indicate that 83 percent to 90 percent of all IAIU investigations were open less than 60 days.

# IV. CURRENT STATE OF THE DEPARTMENT OF CHILDREN AND FAMILIES

## A. Budget

Governor Corzine's proposed state fiscal year (FY) 2010 budget for DCF was crafted to maintain the State's commitments to the child welfare reform effort and specifically the MSA requirements. As is true across the nation, New Jersey has been struggling to create a balanced budget in light of reduced state and local revenue. The proposed 2010 DCF budget is essentially flat funding (with a small net increase) from 2009. It includes a reduction in state dollars that are largely offset by federal stimulus funds (increased federal Title IV-E and Medicaid funds) for some key child welfare functions. Table 2 below shows the summary information on the DCF budget from FY2008 to proposed FY2010. Table 3 shows the areas of projected growth in the proposed FY2010 budget and the offsets created by federal stimulus (Title IV-E and Medicaid) funds or selected budget reductions. Given the challenges of the nation's fiscal crisis, the Governor's budget is a reflection of continued and strong executive level commitment to the reform. Budget hearings will be held in May and the Monitor hopes that the Legislature will reinforce the Governor's budget priority of DCF's reform work.

**Table 2: DCF Budget FY 2008 - Proposed FY2010**

| DCF Budget Summary (in thousands) | |
|---|---|
| FY2008 Appropriation (July 1, 2007) | 1,441,269 |
| FY2008 Expended (June 30, 2008) | 1,469,960 |
| | |
| FY2009 Adjusted Appropriation | 1,544,899 |
| | |
| FY2010 Recommended Appropriation | 1,580,389 |

Source: DCF

**Table 3:**
**Key Areas of Increase and Offsetting Revenue/Decreases:**
**FY2010 Governor's Recommended Budget**

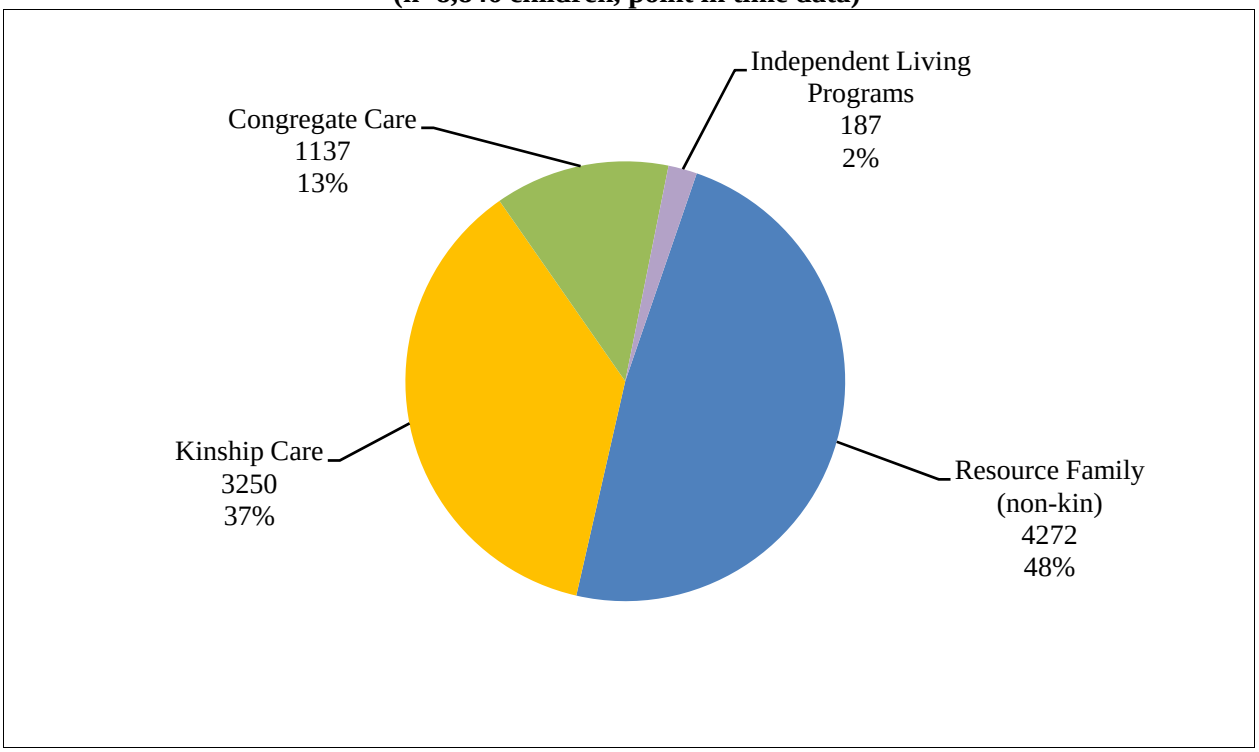
| **Increases to Accommodate Caseload Growth/MSA Requirements** | **Amount Increase/ (Decrease) in thousands** |
|---|---|
| Subsidized Adoption | $12,620 |
| Foster Care Board Rate | $9,283 |
| Family Support Services | $15,678 |
| Residential Placements | $2,144 |
| Independent Living and Shelter Care | $405 |
| Child Health Services | $9,000 |
| **Offsetting Funding Sources/Proposed Decreases** | **Amount Increase/Decrease** |
| Federal Stimulus Funds (Medicaid) | ($24,000) |
| Federal Stimulus Funds (Title IV-E) | ($5,392) |
| DCBHS Reallocation | ($7,000) |
| Office of Education - Phase Out of Regional Schools | ($4,000) |
| Contract Efficiencies | ($2,901) |
| Additions, Improvements, and Equipment | ($2,500) |
| Court Appointed Special Advocates | ($289) |
| NJ Safe Haven Infant Protection Act - centralization of media | ($250) |
| Debt Service Reductions | ($36) |
| Emergency Generators (capital) | $240 |
| | |
| ***DCF FY 2010 Recommended Budget Increase*** | **$3,002** |

Source: DCF

## B. Demographic Information of Children Served by DYFS

As of December 31, 2008, a total of 47,163 children were receiving DYFS services in placement (8,846) or in their own homes (38,317). Figure 1 shows the type of placement for children in DYFS custody as of December 31, 2008. Of children in placement, 85 percent were in family resource homes (either non-relative or kinship), 13 percent in congregate care facilities, and 2 percent in independent living facilities.

**Figure 1: Placement Types for Children in Out-of-Home Placement as of December 31, 2008 (n=8,846 children, point in time data)**




Source: DCF NJ SPIRIT Data, March 6, 2009.

As seen in Table 4 below, 40 percent of children in out-of-home care were age 5 or under, with the largest single group (children 2 or younger) comprising 25 percent of the out-of-home placement population. Thirty-four percent of the population was age 13 or older, with 7 percent age 18 or older.

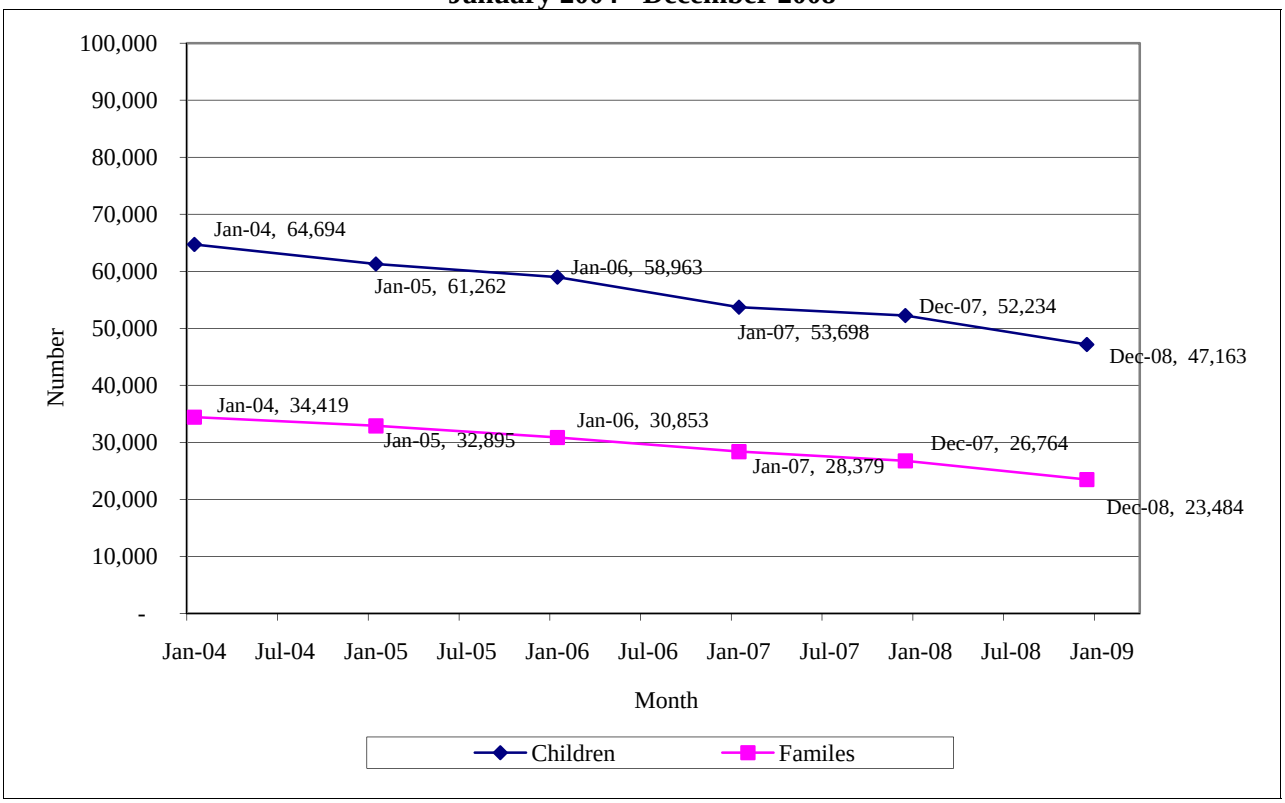
**Table 4: Selected Demographics for Children in Out-of-Home Placement as of December 31, 2008 (n=8,846 children, point in time data)**

| Gender | Percent |
|---|---|
| Female | 48% |
| Male | 52% |
| **Total** | **100%** |
| **Age** | **Percent** |
| 2 years or less | 25% |
| 3-5 years | 15% |
| 6-9 years | 15% |
| 10-12 years | 11% |
| 13-15 years | 14% |
| 16-17 years | 13% |
| 18+ years | 7% |
| **Total** | **100% (8846)** |
| **Race** | **Percent** |
| Black or African American | 52% |
| American Indian or Alaska Native | <1% |
| Asian | <1% |
| Native Hawaiian or Other Pacific Islander | <1% |
| White | 31% |
| Multiple Races | 2% |
| Undetermined | 15% |
| **Total** | 100% |

Source: DCF NJ SPIRIT Data, March 6, 2009.

The number of children and families under DYFS supervision has been steadily declining in the past few years. As seen in Figure 2 below, in January 2004, there were 64,694 children under DYFS supervision both in out-of-home care and at home with their families and there were 34,419 families under DYFS supervision. As of December 31, 2008, this had declined to 47,163 children under DYFS supervision and 23,484 families.

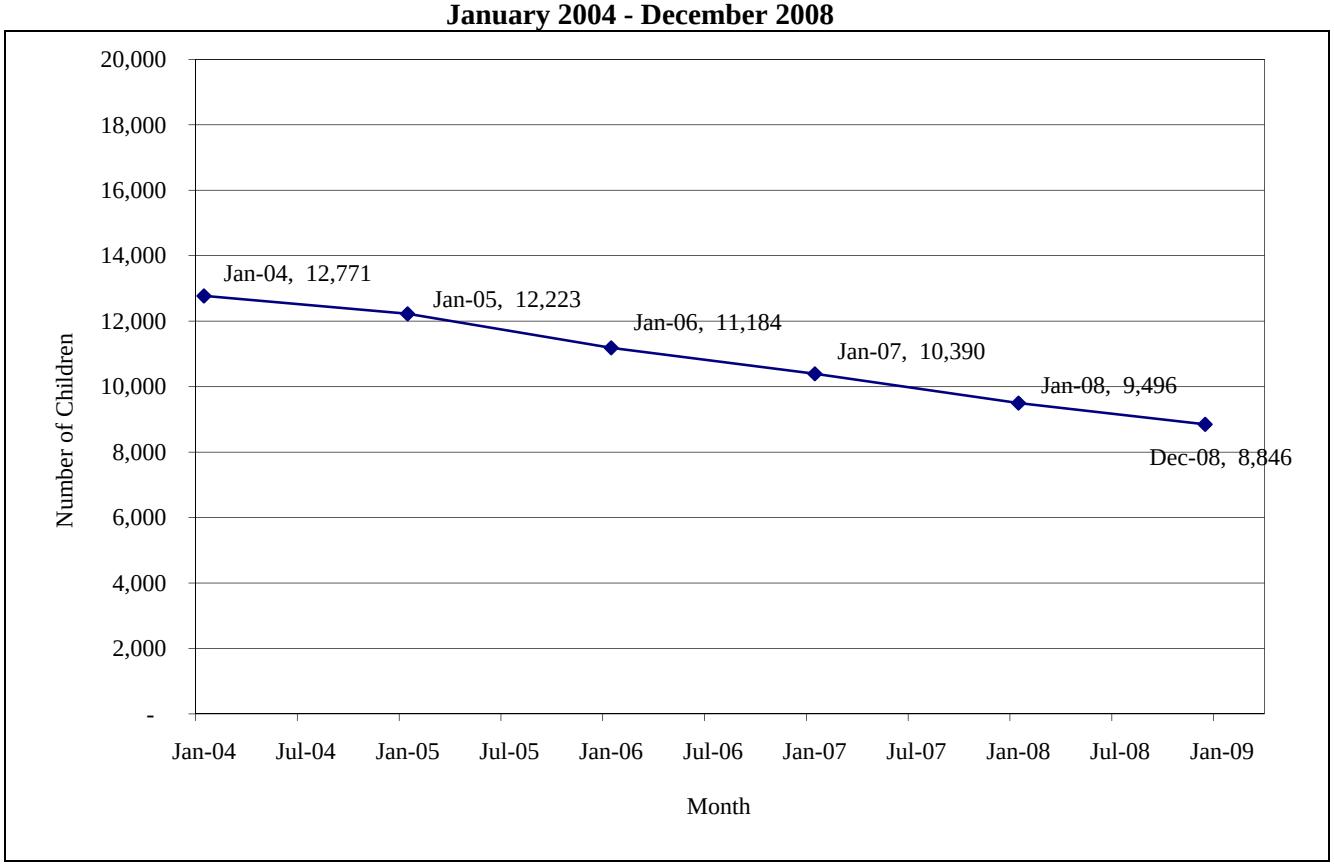
**Figure 2: Children and Families Under DYFS Supervision**
**January 2004 - December 2008**




Source: DCF NJ SPIRIT Data, March 6, 2009.

The number of children in out-of-home placement has also been steadily declining. In January 2004, there were 12,771 children in out-of-home placement. As of December 31, 2008, there were 8,846 children in out-of-home placement. (See Figure 3).

**Figure 3: Children in Out-of-Home Placement**
**January 2004 - December 2008**




Source: DCF NJ SPIRIT Data, March 6, 2009.

# V. BUILDING THE MANAGEMENT INFRASTRUCTURE

## A. Caseloads

With increasingly smaller caseloads for all workers, the State continued to demonstrate work-force progress during this reporting period and has met or exceeded almost all of the December 2008 caseload standards in the Modified Settlement Agreement (MSA). Phase I of the MSA measures the average caseloads across all offices. By June 2009, the caseload standard will be applied to individual workers and requires at least 95 percent of individual workers to have caseloads meeting the standard (MSA Section III.B.1). In previous periods, the Monitor has verified the caseload data and has consistently found the State reports to be valid. Therefore the Monitor did not verify caseload information for reporting period five.

On December 31, 2008, the State reported that ten DYFS case managers had caseloads of more than 20 cases (families or children). This compares to 15 case managers with caseloads exceeding 20 cases on June 30, 2008 and again represents less than one percent of the total available case managers. All but one of the ten case managers had caseloads between 21 and 25 families. The remaining case manager had 32 children on an adoption caseload.

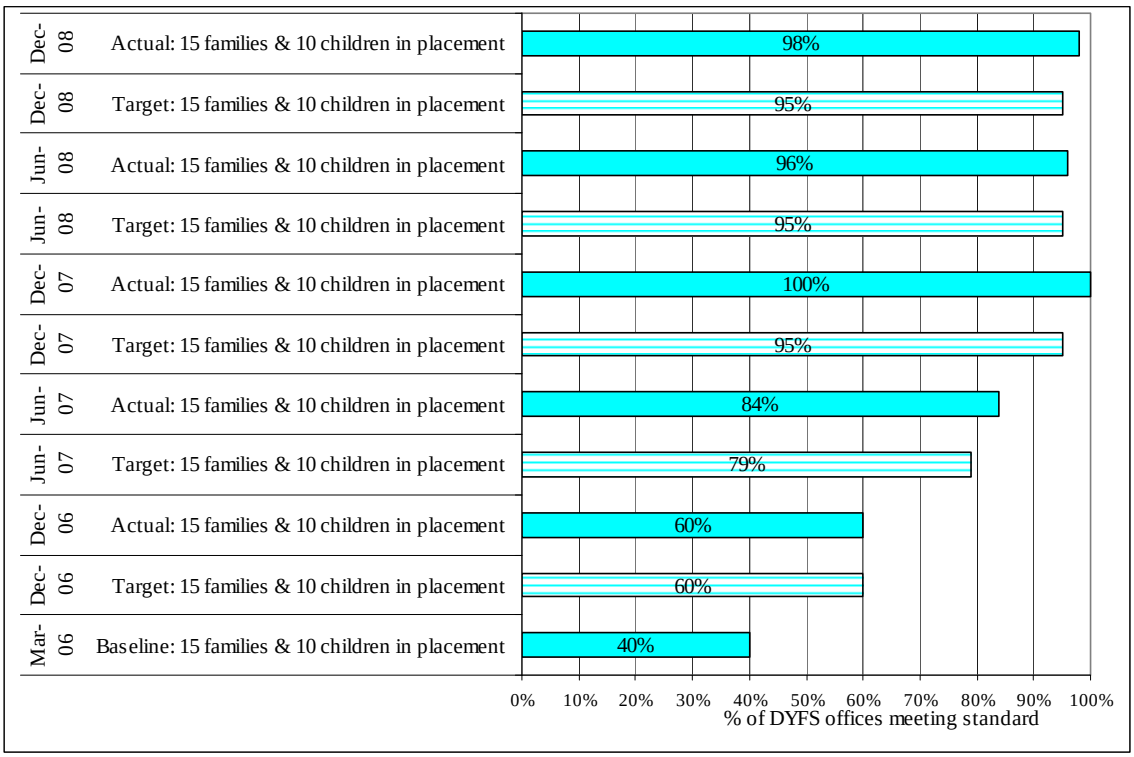
***DCF/DYFS exceeded the December 2008 caseload target set for Permanency staff.***

Permanency workers provide case management of 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. To ensure staff has the time to devote to children and families with diverse needs and circumstances, the State agreed to achieve a caseload standard that has two intertwined components. One component is the number of families and the other component is the number of children placed out-of-home. This has been referred to as a "two prong" standard. Permanency workers are to serve no more than 15 families and 10 children in out-of-home care. If a case manager has a caseload higher than either of these components, the caseload is not compliant with the MSA standard (Section II.E).

During Phase I (until December 2008), caseload compliance is measured by average caseloads in DYFS local offices. By December 2007 and thereafter, 95 percent of all offices were to have average Permanency caseloads that meet the two-pronged standard (Sections II.E.12 and II.E.18).

As displayed in Figure 4, the State exceeded this target in December 2008 with 98 percent of the DYFS local offices having average caseloads for available Permanency workers of 15 or fewer families and 10 or fewer children in out-of-home placement. In the DYFS local office that did not meet the standard, the caseloads averaged fewer than 10 children in placement, but averaged 16 families per Permanency worker. One case manager had a caseload that exceeded both the family standard and the children in placement standard. Appendix A, Table A1 contains caseload averages for each DYFS local office.

**Figure 4: NJ DCF/DYFS Permanency Caseloads**




Source: DCF NJ SPIRIT Data
Note: Adoption staff and cases were included in Permanency Caseloads in March 2006 only. After March 2006, they are separately counted.

The State reported that 36 DYFS local offices now have designated "Adolescent Units." As will be described in greater detail later in this report, staff in the Adolescent Units is dedicated to helping adolescents in foster care achieve permanency. These workers are held to the same caseload standard as all other Permanency staff and are included in the caseload calculations for Permanency staff.

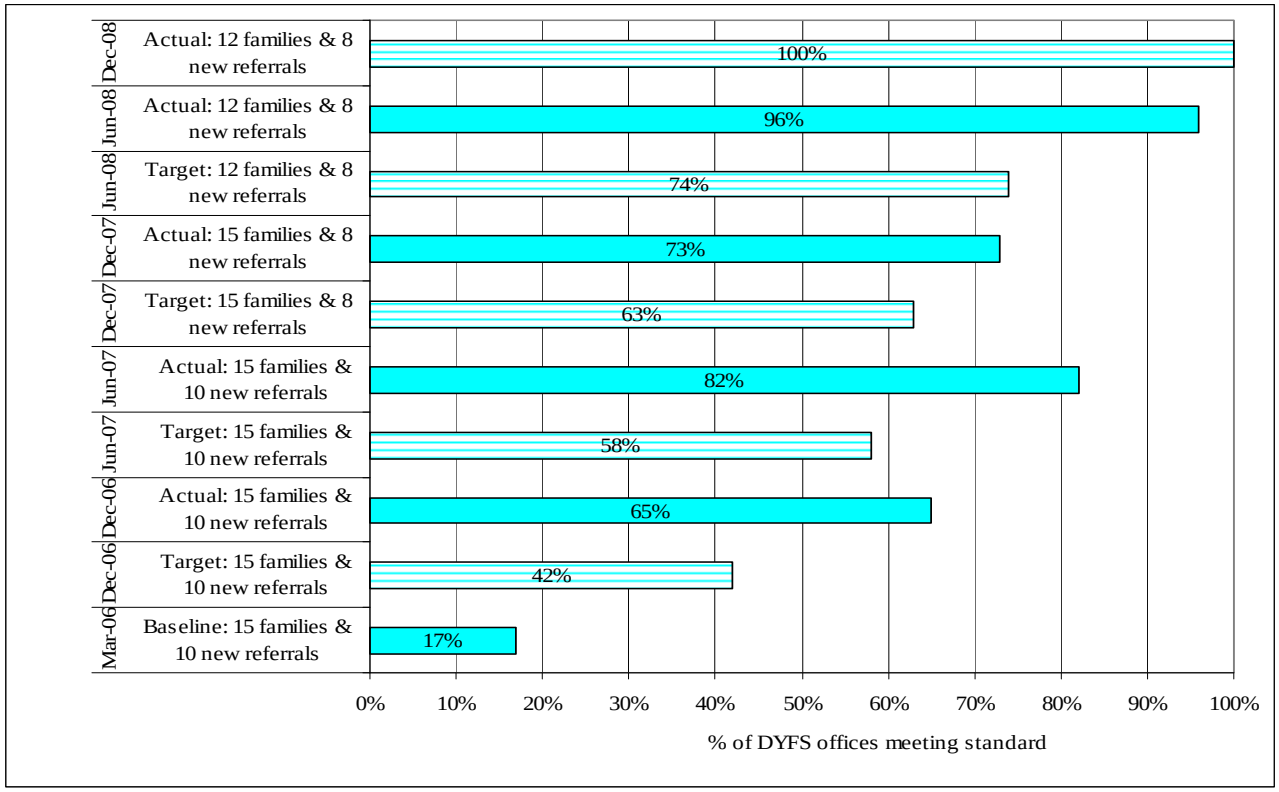
***DCF/DYFS exceeded the December 2008 caseload target set for Intake staff.***

DYFS Intake staff is responsible for responding to community concerns regarding child safety and well-being. They receive referrals from the State Central Registry (SCR) and depending on the nature of the referral, they have between 2 hours and 5 days to visit the home and begin their investigation or assessment. They are to complete their investigation or assessment within 60 days.

The caseload standard for Intake staff also has two components. One component is the number of families under investigation or assessment at any given time and the other component is the number of new referrals assigned to a worker each month. As with the Permanency caseloads, the Phase I standard for Intake caseloads is based on average caseloads in an office and the limits become progressively lower as the MSA implementation proceeds. When fully implemented in December 2008, 95 percent of all offices were to have average Intake caseloads that meet the two-pronged standard of 12 families or less and no more than 8 new referrals assigned in a month (MSA Section II.E.19).

As displayed in Figure 5, the State exceeded the December 2008 target for Intake staff. In December 2008, the State reported all (100%) offices had average Intake caseloads at or below the standard. Nineteen case managers across 15 offices exceeded both the open case standard of 12 investigations and the new assignment standard of 8 investigations during the month of December. Appendix A, Table A2 contains caseload averages for each office.

**Figure 5: NJ DCF/DYFS Intake Caseloads**



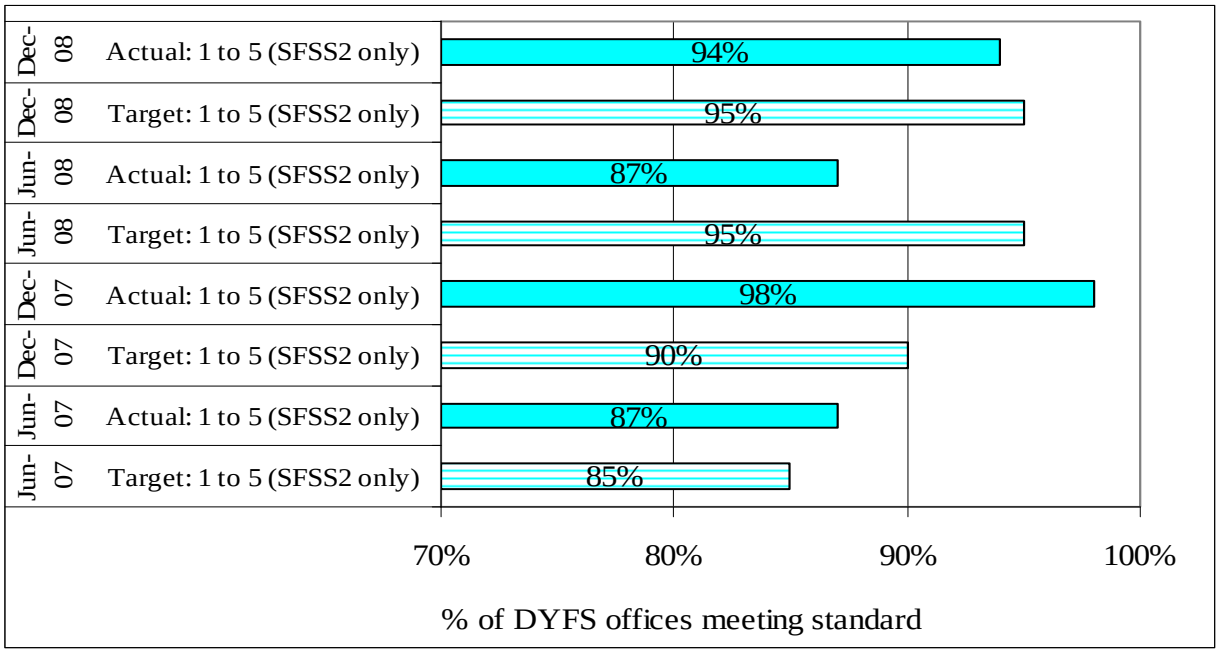

Source: DCF NJ SPIRIT Data

***DCF/DYFS fell just short of the benchmark for the ratio of supervisors to workers, but the vast majority of units appear to have the required level of supervision.***

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 standards for supervisory ratios. By June 2008 and for the remaining time in Phase I, 95 percent of all offices should be maintaining a 5 worker to 1 supervisor ratio (MSA Section II.E.17 and Section II.E.20).

As displayed in Figure 6, the State fell just short of the December 2008 target with 94 percent (44) of the DYFS local offices having 5 to 1 supervisory ratios. All three offices not meeting the standards had sufficient supervisory staff to achieve a 6 to 1 ratio. This is an improvement over the previous reporting period when 87 percent of the offices met the supervisory ratio standard. Appendix A, Table A3 contains supporting detail for each office, including the number of supervisors at each level.

**Figure 6: NJ DCF/DYFS Supervisor to Caseload Staff Ratios**



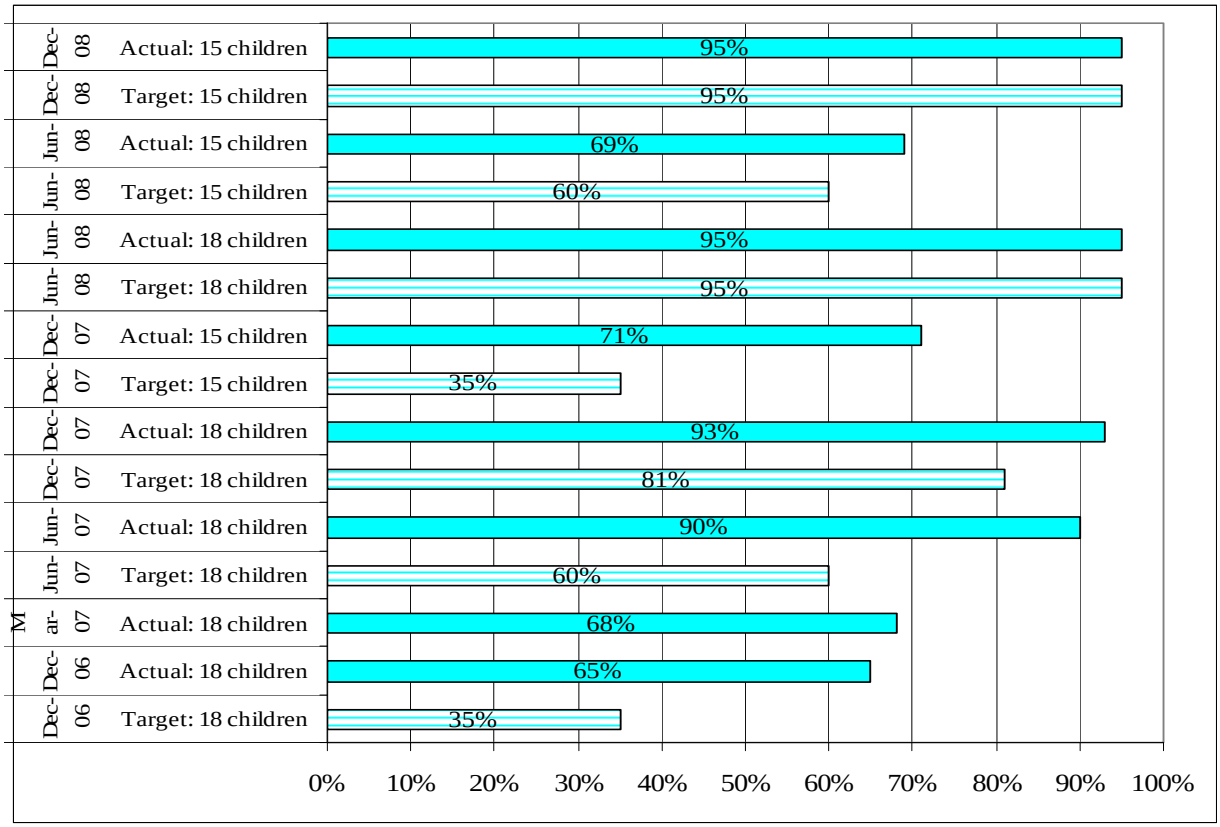

Source: DCF NJ SPIRIT Data
Note: 2006 data not included because casework supervisors (SFSS1) and field supervisors (SFSS2) were counted together at that time.

***DCF/DYFS achieved the December 2008 caseload targets set for Adoption staff.***

Adoption staff members are responsible for finding permanent homes for children who cannot safely return to their parents by developing adoptive resources and performing the work needed to finalize adoptions. The MSA requires the State to move away from generic permanency caseloads and to ensure that children with a permanency goal of adoption are assigned to designated Adoption workers (Section II.G). Of the 47 DYFS local offices, 41 have Adoption workers or full Adoption units.

As with the Permanency caseloads, by December 2008, 95 percent of offices were to have average Adoption caseloads of 15 or fewer children (MSA Section II.G.19). As displayed in Figure 7, the State met the Adoption caseload target for December 2008 with 95 percent of the offices[18] having average Adoption caseloads at or below the standard of 15 children. The two offices where the average Adoption caseload exceeded the standard, had average Adoption caseloads of 17 and 18 children. Appendix A, Table A4 contains caseload averages for each office.

**Figure 7: NJ DCF/DYFS Adoption Caseloads**




Source: DCF NJ SPIRIT Data

[18] In Newark, one office is devoted solely to adoption caseloads for the entire city. In Cumberland and Gloucester, one of the two offices in each county houses the Adoption units as well as Intake and Permanency units.

## B. Training

DCF has made training of its staff a priority in Phase I. It developed a new Case Practice Model (CPM) that emphasizes engagement with families, and proceeded with an aggressive schedule to train staff on the values, principles, and skills necessary to implement the CPM.

As shown in Table 5 below, the State has made noteworthy accomplishments in training its workforce this past year. Particularly significant is DCF's training of over 4,000 case carrying workers on essential elements of its new Case Practice Model, over 3,000 of whom were trained in the past six months.

**Table 5: Training Compliance with Modified Settlement Agreement**

| 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 | Total # of Staff Trained (Cumulative 2006 - 2008) |
|---|---|---|---|---|---|---|---|
| **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 | 149 of 149 trained or enrolled in training. 114 (77%) trained; 35 (23%) enrolled | 1,495 |
| **In-Service Training** | Ongoing: Staff shall have taken a minimum of 40 hours of in-service training | N/A | 3,001 | | 3,015 out of 3, 019 (99%) | | 6,016[19] |
| • **Concurrent Planning** | Ongoing: Training on concurrent planning; may be part of 20 hours in-service training by December 2007. | 2,522 | 729 | 387 | 87 | 94 out of 98 new staff trained (96%) | 3,799 |
| • **Case Practice Model Module 1** | 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 | Trainers 38; Exec Mgt 14; Senior Mgt 40; Case Work Staff 108 | 3,595[20] | | 4,051 |

[19] This represents the total number of staff who received in-service training during 2007 and 2008 in satisfaction of the MSA In-Service requirement for all case-carrying staff to take 40 hours of In-Service training annually. This training could have consisted of Case Practice Module 1, Case Practice Module 2, or other offered courses (as reflected in the information that follows in the Table).

[20] 3,355 is DCF's reported total of all case carrying staff, supervisors and case aides. Total number trained on Modules 1 and 2 exceeds 3,355 because non case-carrying staff is included, such as paralegals, management, central office program staff, etc. An additional 340 staff completed Immersion Training.

| 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 | Total # of Staff Trained (Cumulative 2006 - 2008) |
|---|---|---|---|---|---|---|---|
| • **Case Practice Model Module 2** | 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 | 3,633[21] | | 3,633 |
| **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 | 104/105 (99%) | 943 |
| **Supervisory: New Supervisors** | As of December 2006 and ongoing, newly promoted supervisors to complete 40 hours of supervisory training; pass competency exams within 6 months of assuming position. | N/A | 114 | 65 | 35 | 56 supervisors were promoted between 6/30/08 and 12/31/08, 16 of whom were trained in this monitoring period. Eight of the 16 supervisors trained were appointed during the previous monitoring period. Another 8 were appointed and trained in this monitoring period. The remaining 48 newly appointed supervisors began training in 1/09 and are expected to complete it within the required 6 month time frame. | 230 |

[21] Total reflects training of leadership and pilot session with staff.

| 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 | Total # of Staff Trained (Cumulative 2006 - 2008) |
|---|---|---|---|---|---|---|---|
| **Adoption Worker** | As of December 2006 and ongoing, adoption training for adoption workers. | 91 | 140 | 44 | 38 | The State hired or reappointed 43 new Adoption workers in the past six months. All staff required to have been trained were trained: 22 new Adoption workers (51%) completed training between 6/30/08 and 12/31/08. 17 of the 43 new Adoption workers were reappointments who had previously been trained. The remaining 4 Adoption workers reappointed in this monitoring period were trained in February 2009. | 335 |

***Pre-Service Training***

As reflected in Table 5, 149 caseload carrying workers (Family Service Specialist Trainee and Family Service Specialist 2) were hired in this monitoring period. One hundred fourteen (114) workers were trained and 35 are enrolled in training to meet the Pre-Service training requirements. Thirty-five (35) of the 114 workers trained in this monitoring period were hired in the previous monitoring period. In total, 1,495 workers received Pre-Service training from 2006 to 2008. The Monitor reviewed a random sample of 20 percent of staff transcripts and cross-referenced them with Human Resources data to determine that the workers took the training and passed competency exams. The Monitor verified that all newly hired and/or promoted staff enrolled in Pre-Service training within two weeks of their start dates.

Four (4) of the 114 caseload carrying staff members trained in this monitoring period were BCWEP students.[22] BCWEP students are trained through a combination of coursework and DYFS Worker Readiness Training developed by DYFS in conjunction with a committee of faculty from Stockton College, Kean University and Seton Hall University. The committee designed the Worker Readiness Training specifically for BCWEP students to supplement DYFS pre-service training. The Monitor carefully reviewed the Worker Readiness Training and is satisfied that it is comparable to, or more comprehensive than the training non-BCWEP staff receive. All BCWEP students are required to pass the same competency exams that non-BCWEP students take before they are permitted to carry a caseload.

***In-Service Training***

Beginning in January 2008 the MSA required all case carrying workers and supervisors to take a minimum of 40 hours of annual In-Service training and pass competency exams (MSA Section II.B.2.c). The majority of case carrying workers took 40 hours of In-service training in calendar year 2008 by participating in extensive training on the new Case Practice Model (see below for additional information on CPM training). As reported last monitoring period, the training consists of two training modules, *Developing Trust Based Relationships with Children and Families* (Module 1) and *Making Visits Matter* (Module 2). Since implementation, an impressive 3,015 out of 3,019 (99%) case carrying workers and supervisors have received 40 or more hours of in-service training and passed competency exams. In addition, other non-case carrying staff such as paralegals, management, and central office program staff was trained in the Case Practice Model.

The Monitor reviewed a random sample of 20 percent of staff transcripts and cross-referenced them with Human Resources data to determine that relevant case carrying staff took 40 or more hours of training and passed competency exams.

[22] 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. A total of 19 BCWEP students were hired in this monitoring period.

***Case Practice Model Training***

By agreement of all parties, as of December 2008 all case carrying staff and case aides had to be trained on the new Case Practice Model and pass competency exams. Given the size of the DYFS workforce, this was a major undertaking that required a lot of careful organization and planning. In the past year DYFS, with the assistance of the Child Welfare Policy and Practice Group (CWPPG) and consultant teams, the State succeeded in training a total of 4,051 staff in Module 1 of the Case Practice Model training, *Building Trust Based Relationships with Children and Families*. Another 340 staff completed intensive immersion training, where staff is intensively trained on engagement skills and the values and principles of the Case Practice Model in its entirety. Of the 4,051 staff trained on Module 1, 256 were trained in the last six months of 2008.

Two thousand nine hundred twenty-two (2,922) staff received training on Module 2, *Making Visits Matter*, in the last six months of 2008, making a total of 3,633 staff trained on Module 2 since January 2008. The Monitor applauds the State for accomplishing its goal of training almost its entire workforce on the Case Practice Model by the end of 2008 and sees it as an extraordinary achievement that is expected to yield significant improvements in the quality of case practice in New Jersey.

***Concurrent Planning Training***

Rutgers University School of Social Work continues to take the lead in training DYFS staff on concurrent planning, the practice of simultaneously planning for more than one permanency outcome for a child in care. As reflected in Table 5, 94 out of 98 (96%) DYFS caseworkers were trained in concurrent planning in this monitoring period, for a total of 3,799 trained since January 2006. Ten of the 94 were hired in the previous monitoring period and trained in the last six months. An additional 4 workers hired this monitoring period are scheduled to be trained in the next six months. The Monitor randomly selected and cross-referenced 20 percent of staff transcripts with Human Resource data to verify that the State complied with the MSA (Section II.B.2.d).

DCF continues to work toward aligning the curriculum of its Case Practice Model training and its concurrent planning training. Toward that goal, DYFS plans to revise its *Concurrent Planning Handbook Desk Guide* to better support the values and principles of the Case Practice Model.

***Investigations Training***
One hundred and four (104) out of a total of 105 (99%) new investigators completed First Responders training in this monitoring period and passed competency exams (see Table 5). Twenty-one of these new investigators were hired at the end of the previous monitoring period but were trained in the last six months of 2008. One additional investigator hired in the previous monitoring period remains on maternity leave.

No new IAIU investigators were hired or trained in this monitoring period.

The Monitor reviewed 20 percent of First Responders' (Investigators) training rosters for this monitoring period and cross-referenced them with Human Resource records to determine that the State complied with the MSA (Section II.B.3.a).

***Supervisory Training***
Fifty-six (56) supervisors were promoted between June 30, 2008 and December 31, 2008, 16 of whom were trained in this monitoring period. Eight of the 16 supervisors trained were appointed during the previous monitoring period. Another 8 were appointed and trained in this monitoring period. The remaining 48 newly appointed supervisors began training in January 2009 and are expected to complete it within the required 6 month time frame

The State provided the Monitor with a Human Resources roster that includes promotion and training dates. The Monitor cross-referenced 100% percent of 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). The State reported and, after analysis, the Monitor confirmed, that it is meeting its obligation to train all newly appointed supervisors within six months of their appointment.

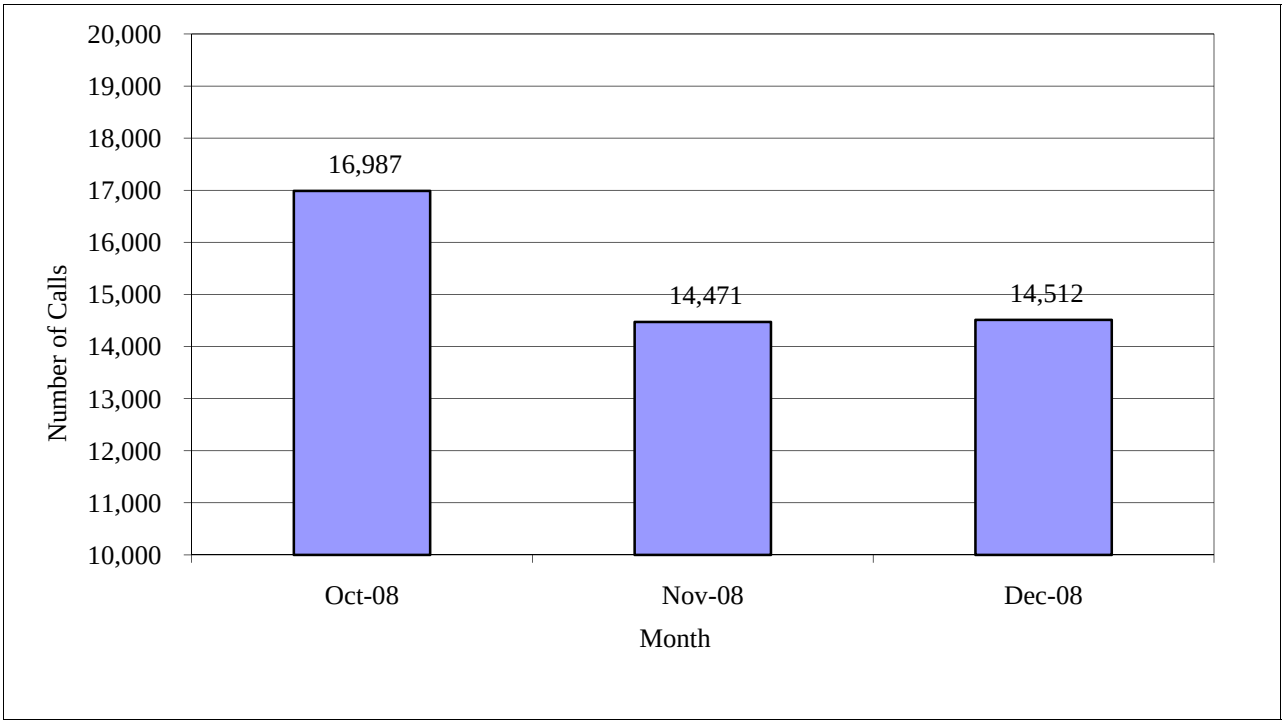
***New Adoption Worker Training***
The State reports that it hired or reappointed 43 new Adoption workers in the past six months. Twenty-two new adoption workers (51%) completed training between June 30, 2008 and December 31, 2008 as reflected in Table 5. Seventeen (17) of the 43 new Adoption workers were reappointments from other units within DYFS and had previously taken adoption training. The remaining four staff members reappointed in this monitoring period were trained in February 2009. The Monitor reviewed 100% of the Human Resources records and transcripts of the Adoption workers hired and trained in this monitoring period and concluded that the State complied with the MSA (Section II.G.9).

## C. State Central Registry (SCR)

New Jersey's State Central Registry (SCR) is a unit of the DCF Division of Central Operations. The 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 needs an assessment, support, and/or information and referral, even though there is no allegation of child abuse or neglect. To effectively execute this responsibility, the SCR has established a 24 hour per day, 7 days per week operation that requires 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.

In the last quarter of calendar year 2008 (October-December 2008), SCR received 45,970 calls. Of those 45,970 calls, 14,124 (31%) calls[23] related to the possible need for Child Protective Services (CPS) responses. Of those, screeners classified 12,756 referrals for investigation as meeting the criteria for a report of alleged child abuse or neglect. Another 3,302 (7%) calls related to the possible need for Child Welfare Services (CWS). In these circumstances, screeners classified 2,806 referrals as meeting the criteria for referral for assessment of service need. Figure 8 shows a month-by-month breakdown of the call volume at SCR for October, November and December 2008.

**Figure 8: Number of Calls to SCR by Month**
**October - December 2008**




Source: DCF NJ SPIRIT Data, March 6, 2009

[23] 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.

In July 2008, the Monitor issued an independent assessment of the SCR.[24] The Monitor was joined in the assessment by representatives of the New Jersey Office of the Child Advocate (OCA) and the Department of Children and Families' (DCF) Quality Analysis and Information unit. The report included multiple recommendations regarding policy, operations and staff development to further strengthen the operations of the SCR. DCF reviewed the report's recommendations and shared its plans to implement the recommended quality improvement strategies with the Monitor. The plans include updating the policy manual, greater training and supervision of part-time staff, a revised review protocol for calls that do not appear to need a field response, and an enhanced screener evaluation and certification process.

During this monitoring period, the SCR Administrator resigned for another opportunity and DCF is currently recruiting to fill the position. In the interim, an acting manager has been designated from within DYFS leadership. Despite the turnover, DCF reports moving ahead with SCR improvement plans. According to the Department, SCR now has:

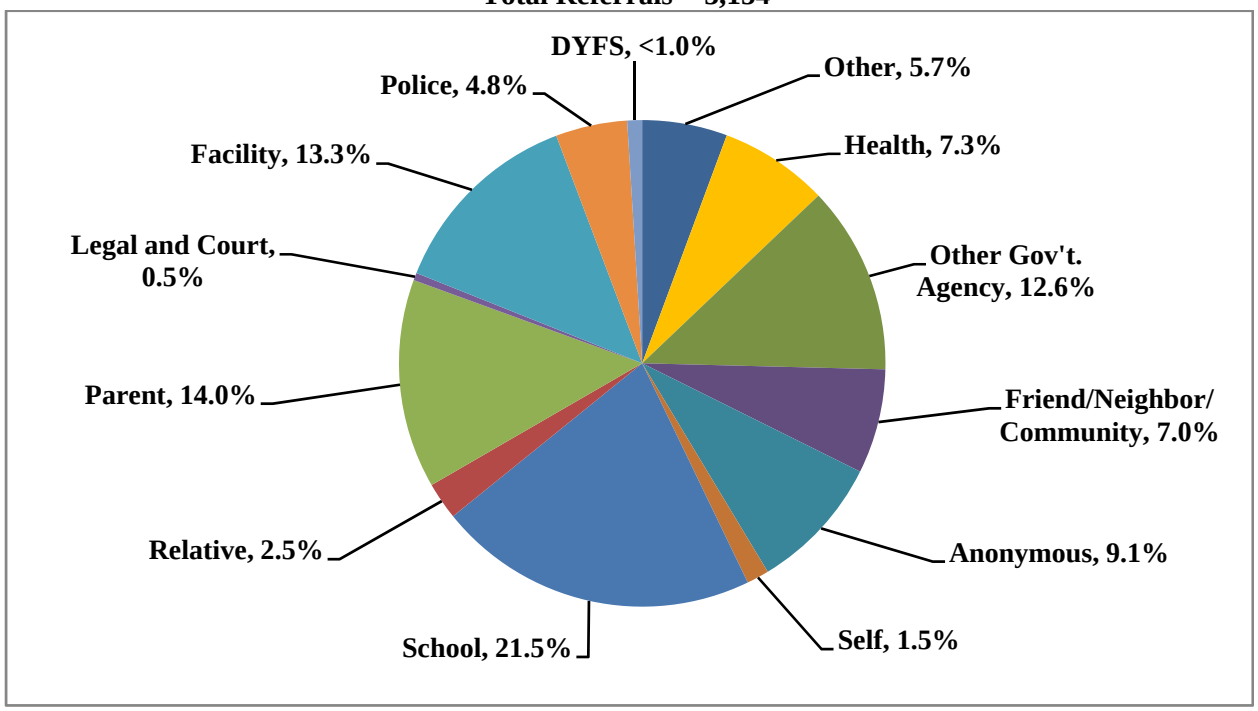
- developed criteria for when a screener can stop being available to respond to incoming phone calls in order to complete reports and referrals to be sent to the field so as to ensure timely transmittal;
- initiated joint training of SCR and IAIU staff on types of calls that should be reported to IAIU;
- established the practice of always designating the family's primary language in reports and referrals;
- developed a specific SCR training agenda in coordination with the Child Welfare Training Academy;
- established ongoing case practice presentations at supervisory meetings;
- revised supervisor evaluations; and
- established an annual screener certification review.

## D. The Institutional Abuse Investigations Unit (IAIU)

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.[25] In the last half of 2008, IAIU received approximately 1,600 referrals. For the entire year, IAIU had 3,154 referrals from various sources as depicted in Figure 9 below. IAIU referrals represent about five percent of all calls or requests accepted by the State Central Registry for DCF response.

[24] *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/uploadFiles/Final_NJ_SCR_Report_%2007%2030%2008.pdf.
[25] DYFS (7-1-1992). IAIU Support Operations Manual, III E Institutional Abuse and Neglect, 302.

**Figure 9: IAIU Referral Source**
**January 1 - December 31, 2008**
**Total Referrals = 3,154**




Source: DCF NJ SPIRIT Data

The purpose of IAIU's investigative effort is to determine whether children have been abused or neglected[26] and to ensure their safety by requiring corrective action to eliminate the risk of future harm.

***IAIU investigation timeliness met the established standard.***
By June 30, 2007, and continuing thereafter, IAIU was expected to complete 80 percent of its investigations within 60 days of referral (MSA Section II.I.3.) DCF manages and tracks IAIU performance daily, calculating the proportion of investigations open 60 days or more statewide and within regional offices. This proportion varies on a day-to-day basis. On six separate days in the reporting period (the last date in each month, July – December 2008), the daily statistics supplied by DCF indicate that 83 percent to 90 percent of all IAIU investigations were open less than 60 days. The statewide summaries for these dates are provided in Table 6. The Monitor has previously verified this information by reviewing a portion of investigations.[27] No additional verification was completed this monitoring period. The Office of the Child Advocate audit of 2007 investigations cited IAIU's timeliness as a strength, stating DCF "has made significant

[26] Abuse and neglect are defined by statute at N.J.S.A. 9:6-8.21.
[27] See *Period III Monitoring Report for Charlie and Nadine H. v. Corzine*.

strides in completing investigations of institutional abuse and neglect in a more timely manner."[28]

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 timeliness standard applies to all IAIU investigations. However, 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, it is important to separately consider investigations of maltreatment in foster care settings (resource homes and congregate care facilities) from other settings (schools, day care, buses, etc). Table 6 below displays IAIU's overall performance for the dates cited as well as the timeliness of investigations in foster homes and congregate care facilities.

**Table 6: IAIU Investigative Timeliness:**
**Percent of Investigations Pending Less Than 60 days**
**As recorded for the last date of each month, July - December 2008**

| Date | All Investigations pending less than 60 days | Investigations in congregate care and resource homes pending less than 60 days |
|---|---|---|
| July 31, 2008 | 84% | 91% |
| August 29, 2008 | 83% | 87% |
| September 30, 2008 | 85% | 86% |
| October 31, 2008 | 90% | 93% |
| November 30, 2008 | 87% | 91% |
| December 31, 2008 | 86% | 90% |

Source: DCF, IAIU, Daily Workflow Statistics

***During the first five months of the monitoring period, DCF achieved the caseload targets set for IAIU Investigation staff. During the sixth and final month of the period, however, DCF did not.***

By June 2008, 95 percent of IAIU investigators were to have no more than 8 new cases per month and 12 open cases at a time (MSA Section II.I.5). According to data supplied by the State, all IAIU investigators had caseloads in compliance at the end of July, August, September, October, and November. On December 31, 2008, however, 39 of the 48 investigators (81%) had caseloads in compliance with the standard. The State reported that all nine investigators who

[28] See *Protecting Children, A Review of Investigations of Institutional Child Abuse and Neglect*, Trenton, New Jersey: New Jersey Office of the Child Advocate, December 2008.

exceeded the standard were in one of IAIU's regional offices. The office was short-staffed in December because of two vacancies and one investigator on maternity leave. None of the nine investigators reportedly had more than 12 open cases during the month of December. However, the number of new assignments they received during the month ranged from 9 to 12. See Appendix A, Table A5 for more detail.

***Both external and internal IAIU audits strongly support the soundness of IAIU decision-making.***

During this monitoring period, three audits of IAIU investigations were conducted. One audit was conducted by the Office of the Child Advocate as part of its role in monitoring New Jersey's child protection system. The other two were completed by IAIU alone or in conjunction with representatives from other DCF units as part of its own internal quality assurance efforts.

The Office of the Child Advocate (OCA) reviewed 90 investigations of alleged maltreatment of 131 children living in out-of-home settings. The investigations were initiated between January and June 2007. OCA also attempted to obtain a more recent picture of IAIU practice through focus groups and interviews with IAIU and DCF staff in May and June 2008.[29]

The Continuous Quality Improvement (CQI) unit of IAIU also conducted an audit of 104 randomly selected investigations involving physical abuse or neglect, or sexual abuse in congregate care settings between January through December 2007. This represented ten percent of all such investigations in calendar year 2007.[30]

Although the audits covered slightly different time frames (half of 2007 compared to all of 2007) and slightly different settings (all out-of-home care settings compared to congregate care settings only), the conclusions of both were very similar. OCA reviewers concurred with the investigative conclusions in 91 percent of the investigations it reviewed. OCA further concluded that there was a high degree of consistency with state law in decision-making and that DYFS local offices were notified in nearly all of the investigations about alleged victims on their caseloads. IAIU CQI concurred with 94 percent of the investigative conclusions.

The third audit, conducted by a team composed of representatives from DCF Legal Affairs, DYFS, IAIU, and a Deputy Attorney General representing the Department of Law and Public Safety focused on investigations that resulted in "Unfounded" findings. This team reviewed a total of 98 randomly selected "unfounded" investigations completed January 2007 through June 2007. This audit team concurred with the findings in 95 (97%) of the 98 investigations. The team could not make conclusions on the remaining three investigations because there was missing or conflicting information.[31]

[29] Ibid.
[30] DCF IAIU Quality Assurance Review (January – December 2007), provided to Monitor for review.
[31] DCF IAIU Quality Assurance Review (January – June 2007), provided to Monitor for review.

***IAIU audit findings identified opportunities for improvement.***

Despite the high degree of agreement with IAIU's decisions regarding whether to substantiate child abuse or neglect, the audits conducted by both OCA and DCF identified similar opportunities for improvement. OCA concluded that the "Department needs to be more rigorous in the collection of documentation and interpretation of information."[32] This observation was prompted by finding four investigations with insufficient documentation for the OCA team to make a conclusive interpretation and finding another four where the OCA team believed the evidence supported a finding of "substantiation" instead of "unfounded." OCA recommended IAIU continue to develop its Quality Assurance process and strengthen training for investigators and documentation policy. Other OCA recommendations included explicitly defining the range of cases to which the "Unfounded" finding applies; examining the Child Abuse Registry; improving corrective action monitoring; expanding supervisory review to the "unfounded" cases as well as the substantiated cases; and strengthening investigative quality assurance. As of the middle of March 2009, DCF had provided a corrective action plan to OCA which was under review and pending additional discussions based on OCA feedback.

The recommended improvements from the two internal audits were similar to those of the OCA: staff development is needed in the areas of critical thinking, development of assessment skills, interviewing and documentation. To this end, the Child Welfare Training Academy is drafting training modules for IAIU and investigators will receive the Case Practice Model training. DCF is also seeking opportunities for joint training and collaboration with Law Enforcement. DCF has designed a documentation guide that reminds investigators to more clearly record critical elements such as the names, ages and relationships of those interviewed, the date, time, and location of interviews, and the privacy of the interview. DCF is also planning to strengthen its Quality Assurance process by instituting a centralized weekly review of all investigations in resource provider homes and congregate care facilities. According to DCF's plan, a Central IAIU Office Supervisor will review the investigations to "ensure child safety, notification to appropriate offices and monitor the initial investigation process."

***Investigations resulting in "Unfounded" allegations of maltreatment may still receive DCF follow-up.***

If the evidence does not support substantiating the allegation of maltreatment, the Investigators must legally conclude that the allegation is "Unfounded" and enter that as the investigation 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 are nonetheless concerns that should be addressed. Investigations refer to this as a finding "with concerns." The data reviewed by OCA suggested that about one-third of "unfounded" investigations had identified concerns.

[32] See *Protecting Children, A Review of Investigations of Institutional Child Abuse and Neglect.*

Depending on the setting and the type of concern, the Office of Legal Affairs and Licensing or the Office of Resource Families, Licensing, and Adoptions Operations are notified. These licensing bodies may decide to continue to suspend placement in these settings until the concerns are resolved. These bodies request and oversee the corrective action plans with the targeted settings and notify IAIU's Continuous Quality Improvement (CQI) unit when the corrective action plans have been received and when they have been successfully completed. In circumstances that do not involve licensing or policy issues, IAIU requests a corrective action plan directly from the local office supporting the resource family home or from the facility.

The CQI unit maintains a tracking system to record the progress of all corrective actions requested, including those monitored by the licensing bodies. However, in practice, OCA's audit found that almost 40 percent of the corrective action plans from the 2007 investigations reviewed were never entered into IAIU's monitoring system and therefore were never tracked for subsequent compliance. OCA recommended improving the corrective action process with an electronic tracking system that captures all requested corrective action plans; subsequent receipt, approvals and amendments; and satisfactory timely completion of implementation steps.

DCF acknowledged that the tracking mechanism needs improvement and as of January 2009 has instituted some new steps and plans to redevelop the current electronic data base. The new steps include sending the CQI unit a copy of all IAIU finding letters with the CQI unit sending a request for Corrective Action, where applicable, within 30 days after the findings letter. Subsequent follow-up is required for non-responses. As of December 31, 2008, DCF reports IAIU was tracking 60 corrective action requests from 54 facilities or resource homes. The length of time these corrective actions have been tracked ranged from a few days to nearly a year. DCF believes it has corrected the communication problem identified by OCA. However, the tracking list was supplied too late to the Monitor for it to be verified prior to this Report. The Monitor will work with DCF to verify the tracking system during the next period.

***DCF's review of IAIU's substantiations of maltreatment in care reveals a declining trend but suggests increased consistency with legal standards.***

As a result of the apparent declining trend in the IAIU substantiation rate over the last few years, DCF undertook an analysis of the IAIU substantiations for calendar years 2003 through 2007 using data from its previous information system and NJ SPIRIT. The purpose of the analysis was to determine what, if any, quality improvements were needed in the IAIU investigative and decision-making process. The analysis looked at substantiations by child victim (rather than by referral or allegation) and was consistent with the manner in which the federal Administration for Children and Families counts substantiations.

Between 2003 and 2007, the annual number of children in investigations with substantiated findings declined from 276 to 168, a drop of 39 percent. Placing this performance in the context of the number of referrals received, the substantiation rate declined from 9.8 percent in 2003 to 3.7 percent in 2007. At the same time, DCF reported that the total number of children in IAIU maltreatment reports increased from 2,817 to 4,544 annually. Thus, the substantiation rate decline reflects both fewer substantiated child victims and an increasing number of child subjects

in allegations of maltreatment. The Monitor has not found comparative information by which to assess the IAIU substantiation rates.

DCF's analysis concluded that the decline in the number of substantiations "is more related to factors regarding the overall administration if IAIU" than to other factors such as the type of alleged maltreatment or the settings. The most significant change in IAIU administration came in the spring of 2006 when new leadership was put into place. According to DCF, the new leadership "refocused and disciplined" IAIU investigative practice to be "consistent with legal standards." This effort included increased focus on "ensuring that a preponderance of evidence" supports the finding through quality supervision at the investigation level and across all investigations at the regional level. Since that time all substantiated findings have been subject to review and approval by IAIU senior staff. In addition, senior staff is expected to "consult with a DAG to determine if additional evidence is required to support the substantiated findings." As reported by DCF, the median number of IAIU substantiations each month was 23 before the April/May 2006 leadership transition and was 13 each month after that transition.

The historical analysis of substantiation data coupled with the recent audit findings regarding the appropriateness and consistency of investigation decisions suggests that IAIU's current number of substantiations and substantiation rate is reasonable. However, DCF should continue to closely monitor the substantiation rate in the future.

***Tracking Systemic Issues and Trends from IAIU Data.***

IAIU is not responsible for assembling its investigative findings over a period of time to identify patterns among facilities or resource development homes. However, other units of DCF use IAIU investigative findings to help identify issues that require action, both institution-specific and systemic. For example, the Office of Legal Affairs and Licensing reports that they compile facility violation trends for follow-up in on-site licensing inspections. Any individual facilities are targeted for technical assistance and further guidance.

IAIU investigative findings also contribute to the Congregate Care Risk Management process which is coordinated through the Office of Evaluation Support and Special Investigations (ESSI). ESSI convenes a team of representatives from IAIU, Licensing, and the Division of Child Behavioral Health Services monthly to review approximately 60 facilities on a rolling schedule. Any critical incident, however, can cause a facility to be reviewed more immediately than scheduled. At the conclusion of each meeting, DCF reports that the team determines whether the facilities reviewed require ongoing monitoring, "early alert" or "red alert" status.[33] Each of these designations triggers a variety of actions tailored to the specific concerns.

[33] *Congregate Care Risk Management Protocol*, DCF, draft.

## E. Accountability through the Production and Use of Accurate Data

### *NJ SPIRIT*

As part of laying a foundation for a solid infrastructure, DCF fully implemented NJ SPIRIT statewide in August 2007. The transition to a new automated case record system was one of DCF's highest priorities and has been a major accomplishment. The roll-out and implementation have not been without system glitches and challenges, but these have been addressed with both focus and urgency. A significant amount of data was cleaned and converted from existing legacy information systems and front line users and supervisors were trained on NJ SPIRIT. Over time, front line users and supervisors increasingly have used and become reliant on both NJ SPIRIT and Safe Measures. The Monitor is pleased to report that during this monitoring period, for the first time, DCF has been able to provide the Monitor with a data packet measuring many of the outcomes in the MSA.

DCF reports continued effort to provide ongoing support of field workers as the transition to the use of NJ SPIRIT continues. DCF conducted six half-day hands-on NJ SPIRIT data entry training sessions for Adoption and Litigation supervisors and Child Health Unit staff assistants. These training sessions focused on the data entry fields that tie directly to the MSA adoption measures and the medical and mental health screens respectively. Help Desk staff sought to further field workers' understanding of where data must be entered into NJ SPIRIT in order to be captured accurately in Safe Measures reporting. Help Desk staff also worked one-on-one with supervisors in selected offices to ensure they understood NJ SPIRIT and the connection to Safe Measures reports.

The Help Desk has also been working with the Training Academy to develop a curriculum for both NJ SPIRIT and Safe Measures refresher and enhanced training. The goal of these additional training sessions is to help workers understand how to enter data in NJ SPIRIT so that it is captured accurately by Safe Measures reporting. DCF and the Training Academy hope to provide this training to workers and supervisors throughout the state during the second half of calendar year 2009.

NJ SPIRIT functionality was enhanced during this monitoring period. These enhancements include making case closure easier and faster by running the system every 15 minutes as opposed to overnight; implementing the "Navigation Path" functionality which shows field staff the windows clicked on to arrive at the current screen; resolving issues with the investigation, intake and assessment windows, and enhancing the medical and mental health screens to streamline data entry. Additionally, in September 2008, the Help Desk began publishing an electronic newsletter to communicate changes and enhancements to NJ SPIRIT to the field offices. The monthly newsletter is emailed to field staff and posted on the intranet and it notifies them of recent changes and planned future NJ SPIRIT enhancements.

The Help Desk has continued to improve performance on closing requests for help ("tickets") more quickly. In this monitoring period, the Help Desk closed 6,311 tickets – about the same number of tickets during the last monitoring period. The Help Desk resolved 58 percent of the

6,311 tickets within 1 work day and an additional 24 percent of tickets within 7 work days for a total of 82 percent resolved within 7 work days. This is an improvement over last monitoring period's performance of 75 percent of tickets being resolved within 7 work days. DCF reports that many of the tickets remaining open for more than 7 work days require software fixes to NJ SPIRIT or other technical work. These tickets remain open so the Help Desk can follow up with the user once the software fix has been made.

***Safe Measures***

DCF reports an increased reliance and confidence in Safe Measures as an effective and accurate reporting and management tool. During this monitoring period, DCF has made a number of modifications and enhancements to Safe Measures including building new management screens which are in alignment with the MSA requirements. The new or re-designed Safe Measures screens include:

- Response Priority Timeliness for Investigations
- Timely CPS Investigation Completion
- Monthly Staff Contacts with Children – both In-Home and In Placement
- Contacts with Children Placed Out of State – both Monthly and Quarterly
- Comprehensive Medical Examinations
- Annual Medical Examinations (EPSDT)
- Initial Case Plan Timeliness
- Ongoing Case Plan Timeliness
- Length of Shelter Stays
- Children in a Shelter
- Pre-Placement Conference Timeliness
- Five-Month Enhanced Review Timeliness
- Ten-Month Enhanced Review Timeliness
- Assignment to an Adoption Worker Timeliness
- Recruitment Plan Timeliness
- TPR Petition Timeliness
- Legally Free Children
- Adoption Home Placement Timeliness
- Adoption Finalization Timeliness
- Upcoming Adoption Finalizations
- Finalized Adoptions (By Adoption Home Type)

***Caseload Reports and Worker Rosters***

DCF continues to generate and provide data to the Monitor with regard to caseloads by DYFS local office and by type of worker. DCF also continues to maintain an accurate worker roster which is the foundation for the caseload reporting.

### *Key Indicators and Data on DCF Website*

The MSA requires that:

1. By August 2006 and continuing thereafter, the State shall identify an initial key set of indicators, ensure the accuracy of such indicators and publish these indicators (MSA II.J.1).
2. By November 2006 and continuing thereafter, the State shall identify and ensure the accuracy of additional key management indicators and shall publish these indicators (MSA II.J.3).
3. By February 2007 and continuing thereafter, the State shall identify additional indicators, ensure their accuracy and shall publish these indicators (MSA II.J.5).

During Phase I, as confirmed by prior Monitoring Reports, DCF identified nine initial key indicators to meet the first two requirements above and an additional 23 indicators to meet the third requirement. These 32 indicators and an additional 54 indicators have been published with updated data at least semi-annually on the DCF website.[34] The publishing of these data fosters transparency and accountability to the public of DCF's performance.

### *Annual Agency Performance Report*

The MSA requires DCF to produce an annual Agency Performance Report with a set of measures approved by the Monitor (MSA II.J.6). DCF released the Annual Agency Performance Report on December 23, 2008 to cover the fiscal year from July 1, 2007 through June 30, 2008.[35] The report outlines DCF's accomplishments from the past two years; describes the Case Practice Model and its implementation process; presents data on caseloads, the State Central Registry, the Institutional Abuse Investigations Unit (IAIU), the demographics of children and families served by DYFS, adoption and permanency, recruiting and licensing of resource family homes; explains the roll-out of NJ SPIRIT; and provides information on services for youth aging out, on the coordinated child health services for children in out-of-home placement and on services for children with mental and behavioral health needs. Additionally, the report describes the State's expansion in child abuse and prevention and family support services.

### *Child and Family Outcome and Case Practice Performance Benchmarks*

The MSA requires the Monitor, in consultation with the parties, to identify the methodology to be used in tracking successful implementation of the Case Practice Model (MSA II.A.4). Additionally, Section III of the MSA requires the Monitor to set interim or final performance targets on key measures (MSA III). Throughout Phase I, the Monitor has worked with Parties to create the Child and Family Outcome and Case Practice Performance Benchmarks (Performance Benchmarks), a set of 53 measures with baselines, benchmarks and final targets to assess the State's performance on implementing the Case Practice Model and meeting the requirements of the MSA. The Performance Benchmarks cover the areas of Child Safety; Children Have

[34] A list of all the indicators published regularly on the website can be found as Appendix B.
[35] The report can be found at http://www.nj.gov/dcf/about/DCFAnnualAgencyPerformanceReport_12.23.08.pdf.

Permanent, Stable Families; Caseworker Contacts & Visits; Child Well-Being, Service Planning, & Resources; Engaging Youth and Families by Working with Family Teams; and Transition from DCF/DYFS Involvement. All Parties have reached agreement on the measures and the methodology for data collection, but a number of benchmarks and final targets still need to be set, pending review of baseline data. The Monitor is working closely with Parties to finalize the benchmarks and final targets in each area.

Over the past six months, DCF has been working hard to produce data on the Performance Benchmarks. Many of the measures are assessed using data from NJ SPIRIT and Safe Measures with validation by the Monitor. For the time being, a handful of the measures will require independent case record review in order to measure DCF's performance. Another group of measures will be assessed through qualitative review. The Monitor and DCF are currently working to develop the methodology for the qualitative assessment. The Monitor will begin to report on DCF's performance on most of the Performance Benchmark measures in the next Monitoring Report.

# VI. CHANGING PRACTICE TO SUPPORT CHILREN AND FAMILIES

## A. Implementing the New Case Practice Model

The Monitor's previous three reports describe in detail DCF's ambitious plan to implement the Case Practice Model, and the curricula and strategies the State is using to train, coach and mentor staff. The process has been a systematic and dynamic one, with work conducted simultaneously throughout the State.

By January 2011, all DYFS offices will have gone through the intensive immersion process. As discussed in detail above, by December 2008 DCF successfully concluded its statewide training on the core elements of the Case Practice Model by training over 4,000 staff members. It prioritized managers and casework supervisors as the key leaders of the practice change. During the next year DCF will continue its statewide training and aggressively pursue its strategy of training, coaching, and mentoring staff in immersion sites. Through intensive oversight and modeling, staff in these "immersion sites" develop expertise in the Case Practice Model and begin to incorporate its values and principles into their interactions with children, families and caregivers.

### *Immersion Sites*

On a rolling basis, DCF has created "immersion sites" where staff is trained utilizing a rigorous schedule of alternating weeks of immersion training, coaching and mentoring, including a combination of classroom teaching and modeling of techniques. DCF has been assisted in this work by the Child Welfare Policy and Practice Group (CWPPG). Over the next year, this work will be transferred to the New Jersey Partnership for Child Welfare Program (NJPCWP) and DCF/DYFS staff.[36]

Beginning in January 2008, DCF launched the immersion process in four DYFS offices: Bergen Central, Burlington East, Gloucester West and Mercer North.

DCF expanded the immersion process to three more sites in November 2008: Mercer South, Cumberland West, and Bergen South. Beginning in January 2009, DCF has plans to begin the immersion process in new sites every three months, with each new group of local offices overlapping the previous group. Table 7 indicates the months in which DYFS expects each office to begin the immersion process. By July 2009, DCF will have begun immersion training in at least one DYFS office in all 12 areas so that the leadership of each area will be in a position to transfer the learning to the remaining "sister" immersion sites.

[36] The New Jersey Partnership for Child Welfare Program (NJPCWP) is a collaboration of New Jersey social work schools led by the Rutgers University School of Social Work.

**Table 7: Case Practice Model Implementation Schedule**

| # | Office | Immersion Start |
|---|---|---|
| 1 | Bergen Central | January 2008 |
| 2 | Burlington East | January 2008 |
| 3 | Gloucester West | January 2008 |
| 4 | Mercer North | January 2008 |
| 5 | Mercer South | November 2008 |
| 6 | Cumberland West | November 2008 |
| 7 | Bergen South | November 2008 |
| 8 | Camden North | January 2009 |
| 9 | Atlantic West | January 2009 |
| 10 | Cape May | January 2009 |
| 11 | Morris West | January 2009 |
| 12 | Union West | January 2009 |
| 13 | Burlington West | April 2009 |
| 14 | Passaic North | April 2009 |
| 15 | Cumberland East/Salem | April 2009 |
| 16 | Monmouth/Ocean (Office TBD) | July 2009 |
| 17 | Essex (Office TBD) | July 2009 |
| 18 | Somerset | July 2009 |
| 19 | Middlesex (Office (TBD) | July 20009 |
| 20 | Hudson (Office TBD) | July 2009 |
| 21 | Passaic South | October 2009 |
| 22 | Gloucester East | October 2009 |
| 23 | Morris East/Sussex | October 2009 |
| 24 | Camden (Office TBD) | October 2009 |
| 25 | Atlantic East | January 2010 |
| 26 | Monmouth/Ocean (Office TBD) | January 2010 |
| 27 | Middlesex (Office TBD) | January 2010 |
| 28 | Union Central | January 2010 |
| 29 | Essex (Office TBD) | January 2010 |
| 30 | Camden (Office TBD) | April 2010 |
| 31 | Hudson (Office TBD) | April 2010 |
| 32 | Essex (Office TBD) | April 2010 |
| 33 | Hunterdon/Warren | April 2010 |
| 34 | Monmouth/Ocean (Office TBD) | July 2010 |
| 35 | Essex (Office TBD) | July 2010 |
| 36 | Middlesex (Office TBD) | July 2010 |
| 37 | Union West | July 2010 |
| 38 | Camden (Office TBD) | October 2010 |
| 39 | Hudson ( Office TBD) | October 2010 |
| 40 | Essex (Office TBD) | October 2010 |
| 41 | Essex (Office TBD) | October 2010 |
| 42 | Monmouth/Ocean (Office TBD) | January 2011 |
| 43 | Hudson ( Office TBD) | January 2011 |
| 44 | Essex (Office TBD) | January 2011 |

Source: DYFS

With funding from a private foundation (Casey Family Programs), trainers and coaches are now provided by the CWPPG, recognized national experts in the field of child welfare reform. In our last report, one of the challenges cited was a concern about the State's ability to develop coaches and trainers in a sufficient number in each county to expeditiously expand the immersion process statewide. DCF had also reached the same conclusion and has been developing a plan over the past six months to build internal capacity for staff to function as:

- Trainers who are prepared to conduct classes on the change in practice required by the Case Practice Model;
- Coaches who train, mentor, assist and support staff to become facilitators; and
- Master coaches who train, coach and mentor caseworkers who are qualified as facilitators to become coaches themselves.

As a result of immersion training, all staff is expected to adhere to the values and principles of the CPM. Each case carrying staff is also minimally expected to become a qualified facilitator. Other staff and community partners are being prepared to assume the other roles as discussed below.

During the past six months, DCF has been carefully planning to sustain its practice change strategies while simultaneously decreasing its reliance on outside contractors. The State's vision is to build staff capacity to serve not just as facilitators, but also as trainers, coaches and even master coaches. The State anticipates that some of the new capacity will come from the local offices as supervisors and casework supervisors gain expertise and develop in their roles as facilitators and coaches. DCF is targeting its 12 Areas to have at least one master coach per area to serve as the primary person responsible for teaching, mentoring and coaching engagement and teaming skills. The DCF Training Academy and the consortium of social work schools that form the NJPCWP will also play critical roles in building the State's new capacity. These entities will work closely with the State to monitor quality of practice as DCF transitions into its role as the workforce's primary source of training, coaching and mentoring on the Case Practice Model.

During 2009, CWPPG will continue to mentor and coach staff in at least one office in each of DYFS's 12 Area Offices. By April 2009, New Jersey trainers (the Training Academy and NJPCWP) will co-train with CWPPG trainers and subsequently begin training independently, with CWPPG supervision. In October 2009, when at least one office in each area has completed the immersion process, CWPPG's direct involvement with the State will end and DCF will be responsible for the immersion process in the remaining sites. DCF has set numerical targets for this ambitious resource development plan.

The immersion process has been modified based on early lessons learned. Immersion sites now train all management and supervisors at the beginning of the process to assist them in leading staff through immersion training. Intake staff is also trained earlier in the process to teach them the value of the relationship between engagement and teaming and their investigative work. Another lesson learned is the need for early identification and training of potential DCF coaches to assist in ongoing capacity building.

Monitor staff observed Family Team Meetings at offices that have been through immersion training and was impressed with the skill level of the facilitators and the commitment of staff to work as a team with families. For example, staff readily scheduled meetings in the evenings or at a time convenient to the families, and took care to see that all members of the team – including relatives, friends and other support systems – had the opportunity to be present and contribute to planning for the family. Additionally, Monitor staff has received positive feedback from community providers who have participated in Family Team Meetings.

There remain mixed results, however, in the level of understanding of the Case Practice Model across DCF divisions and with partner providers and other stakeholders. Specifically, for DYFS to be effective in its work with families, the Deputy Attorney Generals who represent DYFS in court will need to better integrate legal practice with the Case Practice Model. As in previous reports, the Monitor urges DCF to place more of an emphasis on providing its partners, such as judges, attorneys and service providers with an understanding of the fundamental practice changes underway across the State. Without a more integrated and shared approach to service planning and delivery, the practice changes at DCF that are just beginning to take hold will not effectively reach all families for whom they are intended. DCF has conducted a number of trainings for the courts, DAsG, and providers, but that effort will need to continue.

### *Concurrent Planning Practice*

- ***DCF continues to improve its Concurrent Planning Practice.***

Concurrent planning is a practice used throughout the country in which workers assist children in out-of-home placement to reunify with their family of origin safely and quickly, while simultaneously pursuing alternative placements should reunification efforts fail. DYFS employs what it terms "enhanced reviews" to carry out this process and to comply with the MSA.[37] The practice has expanded in 2008 to 26 DYFS local offices, with plans to move the practice to the remaining 21 offices by December 2009.

DCF's ongoing challenge is to integrate its concurrent planning training and practice with the values and principles of the Case Practice Model. The State reports that concurrent planning specialists are "fully disclosing" permanency options and foster care permanency timeframes to families, and using widely DYFS's *Concurrent Planning Handbook: A Caseworker's Desk Guide.* "Full disclosure," New Jersey's term for explaining fully to families all aspects of case planning, is only a portion of good concurrent planning practice. It needs to be paired with equally good engagement, teaming and assessment skills, which are at the heart of the case practice model.

Monitor staff attended five enhanced reviews during this period. The use of concurrent planning Specialists at each review was demonstrably effective. Monitor staff observed good practice, as well as practice that still needs improvement. The Monitor believes that additional work is needed to fully integrate concurrent planning practice with the CPM and will be discussing this integration with the State in the next monitoring period.

- ***DCF continues to hold regular 5 and 10 month reviews in concurrent planning sites and use NJ SPIRIT to better track its adoption process.***

DCF reports that DYFS's 26 local office concurrent planning sites are generally able to conduct timely 5 and 10 month reviews of cases. Data for this monitoring period show that 95 percent of cases had timely five month reviews. DYFS improved timeliness of ten month reviews by 16 percent over last reporting period at the 10 original sites with 98 percent of ten month reviews completed timely during the past six months. In the 16 DYFS local offices that became concurrent planning sites in the first half of 2008, 90 percent of cases had timely five month reviews, up from 81 percent the State reported in the previous reporting period, and 97 percent of offices completed ten month reviews timely, up from 82 percent.

According to data provided by DCF, DYFS has made improvements but is still struggling to transfer cases to Adoption workers within 5 business days of a change of goal (MSA Section II.G.2.c). Site visits by the Monitor confirmed this is an ongoing challenge. Statewide, 55 percent of cases were transferred to an Adoption worker within 5 business days of the goal change. In the 10 sites where concurrent planning began, 75 percent of cases were transferred

[37] For more information, see *Period II Monitoring Report for Charlie and Nadine H. v. Corzine*.

within 5 days, and 91 percent were transferred within 30 days. In the 16 sites that began concurrent planning within the last year, only 42 percent of cases were transferred within 5 days of the goal change and 87 percent were transferred within 30 days.

Under the MSA, DCF is required to issue reports based on the adoption process tracking system (Section II.G.15). As noted in Monitoring Report 4, the tracking system is intended to monitor important milestones in the concurrent planning process – the 5 month reviews, 10 month reviews, transfer to the adoption worker, filings for the termination of parental rights petition, court orders terminating parental rights, appeal of terminations, adoption placements, and adoption finalizations. In the last six months of 2008, DCF has succeeded in developing this tracking capacity as part of NJ SPIRIT so that it will more easily be able to issue reports about its adoption process with more detail and specificity.

Monitor staff observed that this new and promising capability in NJ SPIRIT has great potential to assist staff in collecting appropriate adoption and concurrent planning data. However, better integration of adoption tracking data is required to make reporting of data easier for workers. For example, staff has reported that it is very difficult to enter data into NJ SPIRIT on ASFA[38] approved exceptions to timeframes to permanency and as a result the legitimate exceptions may be underutilized. The Monitor urges the State to closely observe how the new tracking system works for DYFS local offices, and whether it assists staff in collecting and reporting data. It should be noted that DCF continues to provide the Monitor with only three of the adoption tracking data points (5 month reviews, 10 month reviews, and transfer to the adoption worker). Given that the process tracking system is now part of NJ SPIRIT, the Monitor expects DCF to be reporting on the remaining data points for the first half of 2009 as they are required by Phase II reporting.

[38] *The Adoption and Safe Families Act of 1997*, Pub. L. No.105-89, 111 Stat. 2115 (1997).

## B. Increasing Services To Families

### *Family Success Centers*

New Jersey began developing a network of Family Success Centers (FSCs) in 2007, initially with twenty-one Centers. FSCs are intended to be neighborhood-based gathering places where any community resident can access family support and services. The number of FSCs available has now grown to 37, located in 16 counties. 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 with no prerequisites. In the first six months of 2008, approximately 1,500 to 1, 800 families accessed FSC services each month. With its focus on prevention and keeping families together when possible, New Jersey's Family Success Centers are foundational to the success of the Case Practice Model.

Between July 1, 2008 and December 31, 2008, FSCs served a total of 10,118 families. According to DCF's Annual Report, 15,000 families accessed services in Fiscal Year 2008 through their local FSC.

### *Home Visitation*

The MSA required the State to expand its Home Visitation program above the 2006 baseline by December 2008 (MSA II.C.7). As shown in Table 8 below, the State expanded the number of slots by 1,212. The program is now available in all 21 counties in the State. According to DCF's Annual Report, in fiscal year 2008, over 2,200 New Jersey families were served by a Home Visitation program.

**Table 8: Expansion of Home Visitation Programs by County (2006 – 2008)**

| County | Provider | Available Slots/Families | | |
|---|---|---|---|---|
| | | Baseline 2006 | Net Increase | 2008 Capacity |
| Atlantic | Southern NJ Perinatal Cooperative | 60 | 11 | 71 |
| Bergen | Care Plus NJ, Inc. | 60 | 0 | 60 |
| Burlington | Burlington County Comm. Action Prgm. | 45 | 15 | 60 |
| Camden | Center for Family Services | 68 | 0 | 68 |
| Camden | Southern NJ Perinatal Cooperative | 0 | 100 | 100 |
| Cape May | Holy Redeemer Health System | 45 | 15 | 60 |
| Cumberland | Robin's Nest, Inc. | 48 | 87 | 135 |
| Cumberland | FamCare, Inc. | 0 | 75 | 75 |
| Essex | Youth Consultation Service | 0 | 100 | 100 |
| Essex | Northern NJMCH Consortium | 60 | 30 | 90 |
| Essex | Essex Valley VNA | 43 | 40 | 83 |
| Gloucester | Robin's Nest, Inc. | 48 | 37 | 85 |
| Hudson | Care Plus NJ, Inc. | 50 | 25 | 75 |
| Hunterdon | NORWESCAP | 0 | 6 | 6 |
| Mercer | Mercer St. Friends | 60 | 15 | 75 |
| Mercer | Children's Futures | 0 | 100 | 100 |
| Middlesex | Central New Jersey MCH Consortium | 38 | 30 | 68 |
| Middlesex | VNA of Central Jersey | 30 | 0 | 30 |
| Middlesex | United Way of Central Jersey | 0 | 100 | 100 |
| Monmouth | VNA of Central Jersey | 30 | 168 | 198 |
| Morris | Gateway Northwest MCH Network | 30 | 6 | 36 |
| Ocean | Preferred Children's Services | 50 | 9 | 59 |
| Passaic | Northern NJMCHC | 87 | 111 | 198 |
| Salem | Robin's Nest, Inc. | 50 | 35 | 85 |
| Somerset | Central New Jersey MCH Consortium | 0 | 7 | 7 |
| Sussex | Project Self Sufficiency | 0 | 36 | 36 |
| Union | Visiting Nurse and Health Services | 60 | 23 | 83 |
| Warren | NORWESCAP | 0 | 31 | 31 |
| **TOTAL** | | **962** | **1,212** | **2,174** |

Source: DCF

New Jersey's Home Visitation program focuses on young families at risk of child abuse and neglect and provides primary prevention and early intervention services for pregnant women and

children up to age five. The goal of the program is to promote strong families so that babies and young children will be safe, healthy and school-ready. The State reports that some programs are staffed by nurses, while others are staffed by social workers, child development specialists, and other trained and certified professionals who visit with pregnant women, new parents, and other caregivers with newborns and infants. Staff initially meets weekly with families, and visits can continue until the family is no longer eligible, which is defined differently by each program.

Assistance provided to the family is tailored around the individual needs of the family members. The goal is to support parents and caregivers as they build strong, nurturing relationships with their children. Pregnant women receive linkages to prenatal care, health care, WIC, transportation, and community and social services. Families with newborns and infants receive specialized services, including information on health insurance, pediatric well-child care, growth and development checkups, immunizations and lead screening. New Jersey's home visitation programs are voluntary and include mothers, fathers and other key adults. They are evidenced-based, and use standardized training program materials.

New Jersey has three types of Home Visitation programs:

- Nurse-Family Partnership (NFP)

  These programs are specifically for first-time pregnant women or new mothers. Registered nurses visit new families and provide support to improve health, well-being and self-sufficiency and link families to other community services and supports. Services are provided from pregnancy until the baby is two years old. NFP is based on a research model that has demonstrated proven success in improved prenatal health, fewer childhood injuries, fewer subsequent pregnancies, increased intervals between births, increased maternal employment, and improved school readiness.

- Healthy Families Program/TANF Initiative for Parents (HF/TIP)

  Pregnant women or women who have recently given birth are eligible. Family Assessment Workers (FAWs) and Family Support Workers (FSWs) visit homes from enrollment until children are age three. Some programs continue visits until the child is age five. At least 50% of HF home visitors speak Spanish and HF uses translation services for other language needs. Similar to NFP above, FSWs link new families to existing social service or health providers to encourage positive parenting behaviors. If families are recipients of Temporary Assistance to Needy Families (TANF) or General Assistance (GA) they are served by a similar Home Visitation Program entitled TANF Initiative for Parents (TIP Program). The TIP Program serves families from the third trimester of the pregnancy until the child is age one.

- Parents as Teachers (PAT)

  The focus of PAT is early childhood parent education, family support and school readiness. Parent Educators visit families in this program throughout the mother's pregnancy and until the child enters kindergarten at age 5. Most PAT visits take place in the home, but may also include group meetings about early childhood development, parenting, and school

achievement. PAT reports that it has 25 years of research demonstrating its effectiveness in measures such as increased parent knowledge of children's needs, early detection in childhood delays, the prevention of child abuse and neglect, and increased school readiness.

New Jersey is in the process of building a system of care whereby prenatal and other maternal and child health providers identify pregnant women and new parents early and link them with prevention programs. In October 2008 the State was awarded a five year grant of $500,000 by the federal Administration for Children and Families to support and sustain its Home Visitation programs for at risk families.

***Differential Response and Prevention Efforts***

DCF has committed to developing individualized service plans built from a quality assessment of family and child strengths and needs (Section II.A.2.e). Over the last year, DCF expanded its community-based resources to respond to voluntary requests for services from families experiencing a current or developing need that does not pose a safety threat to the children.

In April 2007, DCF awarded contracts under its Differential Response Pilot Initiative of approximately $4.2 million to pilot sites covering Camden, Cumberland, Gloucester and Salem Counties to engage vulnerable families and provide supportive, prevention services to promote healthy family functioning.

The pilot sites use a Differential Response approach that is consistent with the new Case Practice Model. The sites are able to respond to families in a family-centered, child-focused, community-based manner 24 hours a day, 7 days a week. The State Central Registry (SCR) screens calls for assistance directly from the family or about which the family knows and transmits them to the respective Differential Response agency through a live, warm-line telephone transfer. Differential Response case managers meet with families within 72 hours of referral and family team meetings are held within 10 days of the referral. Services provided by the Differential Response Initiative are voluntary and families may decide to refuse them at any time. Length of engagement with families averages about 70 days with a range of 2 to 150 days.

Between July 2008 and December 2008, 243 families were served by the Differential Response initiative in Cumberland, Gloucester and Salem counties, and 308 families were served in Camden County for a total of 551 families served by the Differential Response Initiative in the past six months.[39] The Differential Response initiative expanded to Middlesex and Union counties during the first quarter of 2009. Further expansion plans are currently under review.

As SCR screeners have come to better understand which cases are appropriate for Differential Response, the referral process has become more routine. However, the Differential Response office that Monitor staff visited reports that communication with DYFS staff needs additional strengthening and clarification, especially when Differential Response workers are engaging with families with prior DYFS history.

[39] DCF DPCP Data, March 2006.

***DCF has increased overall capacity to provide substance abuse services, but may need to further study geographic need and availability.***

As noted in Monitoring Period 4 report[40], by June 2008 DCF was required to increase its capacity to provide substance abuse services to parents and children above the baseline slots available as of June 2006. (MSA Section II.C.12). The State was required to add 30 new residential treatment slots for parents, 50 new intensive outpatient care slots for parents, and 20 new residential treatment slots for youth. Table 9 below shows the number and location of the new slots, and the date each became operational. DCF added eight new intensive outpatient treatment slots for parents and children in November 2008. The new slots for residential treatment for adolescents required by the MSA became operational in March 2009.

[40] *Period IV Monitoring Report for Charlie and Nadine H. v. Corzine.*

**Table 9: Increase in Substance Abuse Slots by Geographic Area (July 2006 - March 2009)**

| Type of Substance Abuse Program | MSA Required Slots | Number of Slots Added | Provider | Date Operational | Geographic Area |
|---|---|---|---|---|---|
| Residential Treatment of Parents and Children | 30 | 30 | Seabrook House | July 2006 | Statewide |
| Intensive Outpatient Treatment of Parents and Children | | 12 | Parkside | July 2007 | Camden |
| | | 12 | SODAT | July 2007 | Gloucester/Cumberland |
| | | 12 | Family Recovery | July 2007 | Essex |
| | | 12 | Preferred Behavioral Health | July 2007 | Ocean/Monmouth |
| | | 8 | Center for Great Expectations | June 2008 | Statewide |
| | | 8 | Eva's Village | November 2008 | Statewide |
| ***Total*** | 50 | 64 | | | |
| Residential Treatment for Adolescents | | 18 | Daytop Village of NJ, Inc. | March 2009 | Statewide |
| | | 3 | Existing Contract Providers - Purchase of Service | | Statewide |
| ***Total*** | 20 | 21 | | | |
| Adolescent Intensive Outpatient Treatment | | 13 | Catholic Charities, Diocese of Trenton | November 2008 | Mercer |
| | | 6 | Child Psychiatric Center (CPC) | November 2008 | Monmouth |
| ***Total*** | 0 | 19 | | | |

Source: DCF, DYFS

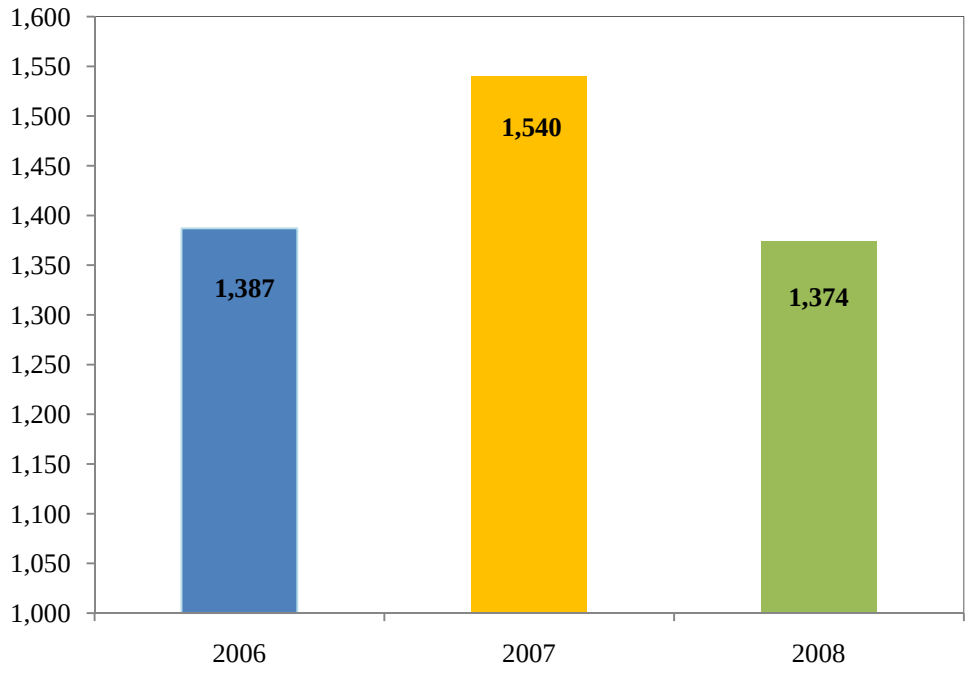
## C. Permanency Planning and Adoption

Phase I of the MSA required the implementation of a new permanency practice in DYFS to ensure that decisions about children's lives are timely and appropriate and are carried out through high quality reunification, permanency and adoption practices across the State. In an effort to more quickly achieve adoption for eligible children, the State reconstituted adoption units within DYFS local offices during Phase I. Designated Adoption workers, with specialized training and expertise, exist in each DYFS local office and cases are to be transferred to them within five days of a child's goal becoming adoption at a permanency court hearing. Concurrent planning specialists are also assigned to each Area Office to support adoption practice. These specialists provide expertise in concurrent planning practice, assist with decisions made on cases, track progress toward adoption, and monitor compliance with review hearings.

***DCF finalized a commendable number of adoptions during Phase I.***

From 2006 to 2008, DCF finalized a significant number of adoptions (see Figure 10 below). Between July 1, 2008 – December 31, 2008, DCF maintained the pace of adoption achievement, despite having a smaller pool of children who were legally free for adoption.

**Figure 10: Adoptions Finalized for Calendar Years 2006-2008**




Source: DCF

Table 10 below shows the number of adoptions finalized in each local office during the second half of 2008.

**Table 10: Adoption Finalizations for July - December 2008**

| Local Office | Finalizations | | Local Office | Finalizations |
|---|---|---|---|---|
| Atlantic East | 17 | | Salem | 17 |
| Atlantic West | 8 | | Hudson Central | 13 |
| Cape May | 23 | | Hudson North | 21 |
| Bergen Central | 9 | | Hudson South | 6 |
| Bergen South | 34 | | Hudson West | 13 |
| Passaic Central | 36 | | Hunterdon | 2 |
| Passaic North | 24 | | Somerset | 5 |
| Burlington East | 15 | | Warren | 16 |
| Burlington West | 23 | | Middlesex Central | 3 |
| Mercer North | 14 | | Middlesex Coastal | 18 |
| Mercer South | 25 | | Middlesex West | 9 |
| Camden Central | 21 | | Monmouth North | 22 |
| Camden North | 14 | | Monmouth South | 12 |
| Camden East | 17 | | Morris East | 9 |
| Camden South | 27 | | Morris West | 12 |
| Essex Central | 38 | | Sussex | 12 |
| Essex North | 26 | | Ocean North | 36 |
| Essex South | 9 | | Ocean South | 23 |
| Newark Adoption | 138 | | Union Central | 22 |
| Gloucester | 11 | | Union East | 28 |
| Cumberland | 40 | | Union West | 28 |
| | **Total** | | **896** | |

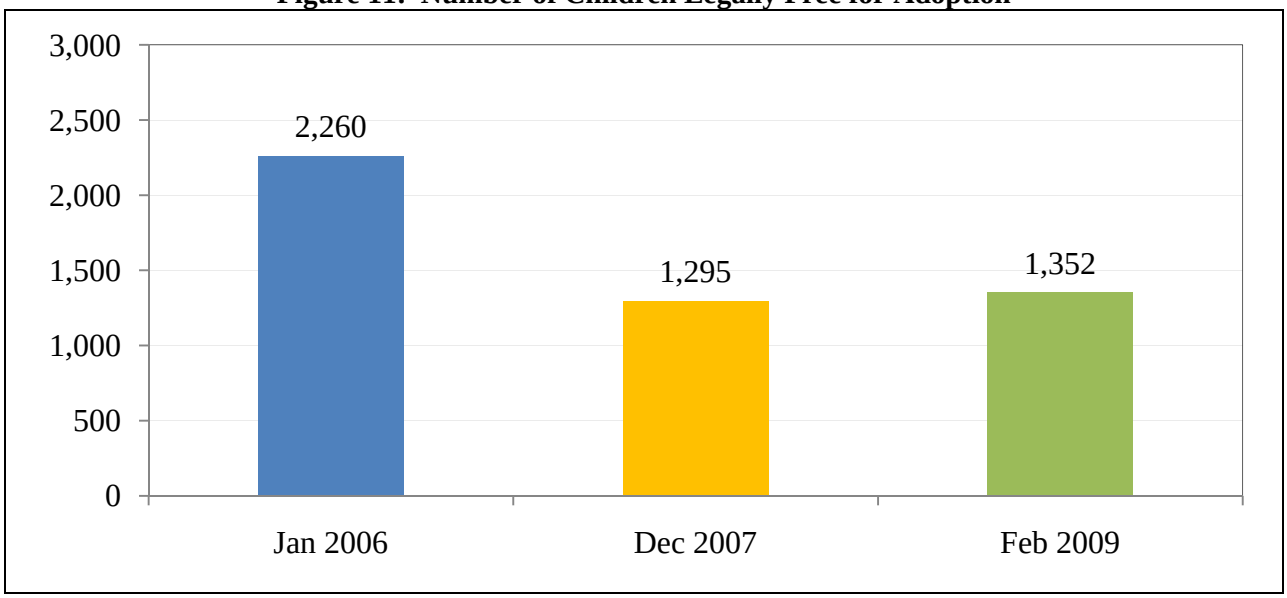
Source: DCF

Two years ago, there was an unacceptably high number of legally free children awaiting adoption. By December 2007 the number of legally free children had been reduced to 1,295.[41] As of February 2009, there were 1,352 children legally free for adoption. During Phase I, DCF has made significant progress by eliminating the backlog and rebuilding specialized adoption

[41] DCF reports that historically, approximately 1,200 children become legally free for adoption each year in New Jersey.

practice. The importance of timely adoptions cannot be understated, of course, and this is one of the key outcome indicators that the Monitor will measure during Phase II.

**Figure 11: Number of Children Legally Free for Adoption**




Source: DCF

***DCF provided DYFS local offices with support to address backlog issues.***

During Phase I, the State assessed barriers for cases in which a child was legally free for adoption for more than 90 days and not in a finalized adoptive home. Barriers identified included: timely completion of consent materials (vast majority), completion of home study, completion of ICPC (out-of-state) study, criminal history/child abuse clearance, and recruitment of an adoptive home. DCF central office Adoptions staff worked with local offices to create strategies to alleviate the primary barriers identified, including the use of Adoption expeditors to write child summaries, assemble necessary packets, write court reports, and perform other administrative tasks. As a result, the large number of cases that were considered backlogged diminished.

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

As required under the MSA, DCF reports that it continues to provide paralegal support to assist with the necessary adoption paperwork and that all Area offices have access to case summary writers (MSA Section II.G.5). DCF reports that 86 paralegals are full time DCF state employees with an additional 55 paralegals available through a temporary agency as needed. Twenty-three (23) child case summary writers are provided statewide through a contract with Children's Home Society. Three (3) part-time adoption expediters also remain to support adoption related paper work in Essex county and other offices as needed. The Monitor interviewed several child summary writers and paralegals to confirm their work assignments.

## D. Permanency for Older Youth

***DCF made progress in finding permanent homes and connections for older youth.***

Specific attention has been paid during Phase I to finding permanent homes for older youth in the foster care system. In December 2006, DYFS created Adoption Impact Teams to find permanent homes for 100 youth who are legally free and have been waiting the longest to be adopted. Leaders of these teams, known as recruiters, received specialized training, "mined" the youth's files, and worked with the adoption worker and youth to identify permanency options.

The 100 youth targeted by the Adoption Impact teams are primarily African American (89 youth), a little over half of whom are boys (59 boys and 41 girls). Many of these youth have experienced extensive trauma and have significant educational, behavioral, and emotional challenges. Reportedly, youth have actively worked with their teams to identify adults with whom they would consider a lifelong connection.

Table 11 summarizes the progress to date made by the Adoption Impact Teams in finding permanent homes for the "100 Longest Waiting Teens." Despite the difficulty of this task, the progress has been slow but steady. It is notable that 9 adoptions were completed during this last monitoring period—a group of 3 siblings were all adopted by the same family. An additional youth had his adoption finalized in January 2009.

**Table 11: Progress on Permanency for "100 Longest Waiting Teens"**

| Permanency Activity | Number of youth |
|---|---|
| Finalized Adoption | 16 |
| Placed in Adoptive Home | 7 |
| Adoption Placement Pending | 1 |
| Foster Parent Adoption Pending | 2 |
| Placed with Relative for Adoption | 8 |
| Placed with Relative for Kinship Legal Guardianship | 4 |
| Interested Family Study in Process | 8 |
| Visiting with interested families | 4 |
| Family connections established | 14 |
| Family recruitment continues | 36 |
| TOTAL | 100 |

Source: DCF, February 2009.

In addition to efforts with these 100 youth, the State designated 13 child-specific recruiters to work with the Area Offices to find adoptive placements for children who are legally free for adoption but with no adoptive home identified.

Further, DCF began a Youth Permanency Demonstration Project to address the problem of too many youth leaving the foster care system without permanent connections to caring adults. Beginning in July 2007, DCF worked with three agencies to support permanency planning for youth between the ages of 14 - 21. The agencies are Robin's Nest, Family Services in Burlington County, and Children's Aid and Family Services in Bergen County. Each agency works with between 10 - 12 youth at a time and provides intensive weekly support lasting 12 - 18 months. Although not at the evaluation stage yet, anecdotal reports appear positive.

DCF receives some funding from Wendy's Wonderful Kids to assist with recruitment of permanent caring adult connections for youth. The National Adoption Center in Philadelphia works with approximately 15 - 18 young people at a time between the ages of 14 - 21 who are legally free with a goal of adoption or who are not legally free and have a goal of finding a permanent connection. In part due to these efforts, DCF reports that 5 youth are in pre-adoptive homes and 2 youth have had finalized adoptions.

# VII. APPROPRIATE PLACEMENTS AND SERVICES FOR CHILDREN

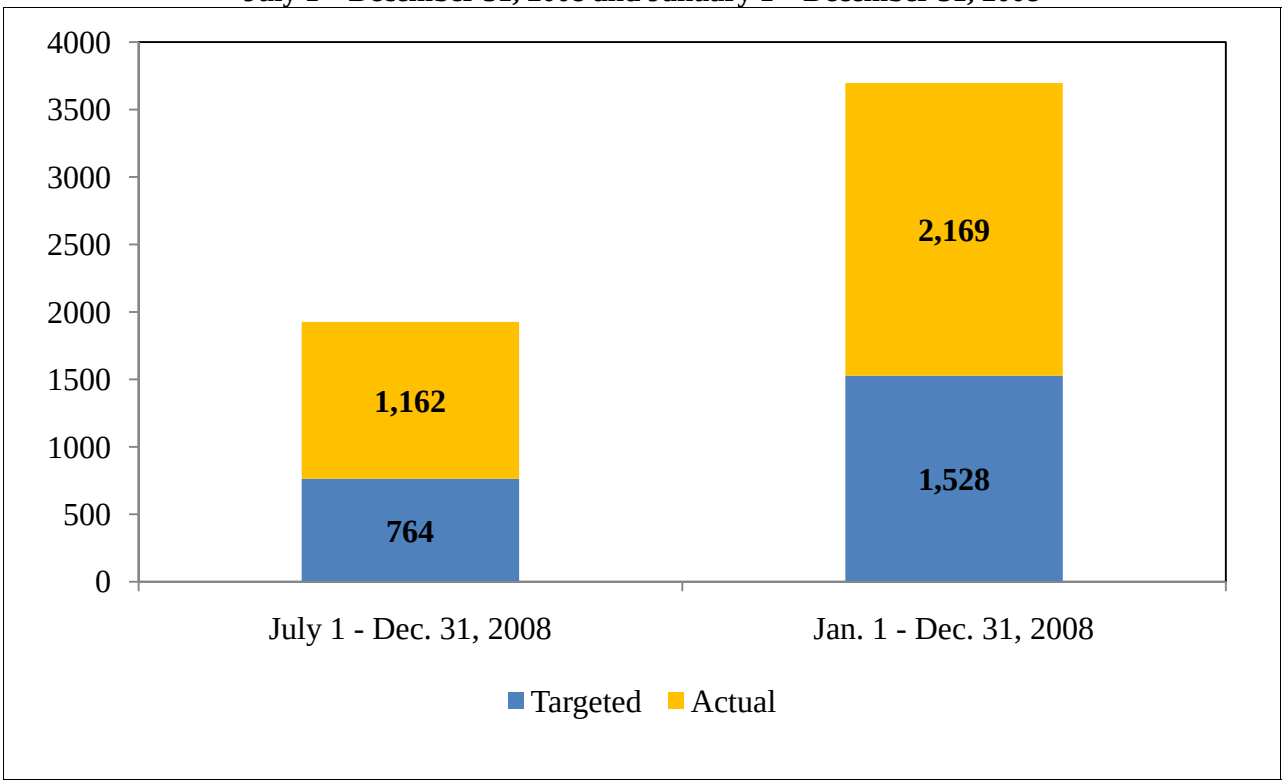
## A. Resource Families

In three years, DCF has moved from an agency with consistent net losses of resource family homes to one that reliably demonstrates important net gains in recruitment and licensure of new homes for children in out-of-home placement. (MSA Section II.H.11). In the past two years, DCF has had a net gain of more than 1,600 new homes – more than 800 each year. DCF continued this upward trend in the second half of 2008.

***DCF recruited and licensed 1,162 new kin and non-kin Resource Families in the second six months of 2008, for a total of 2,169 homes licensed in calendar year 2008.***

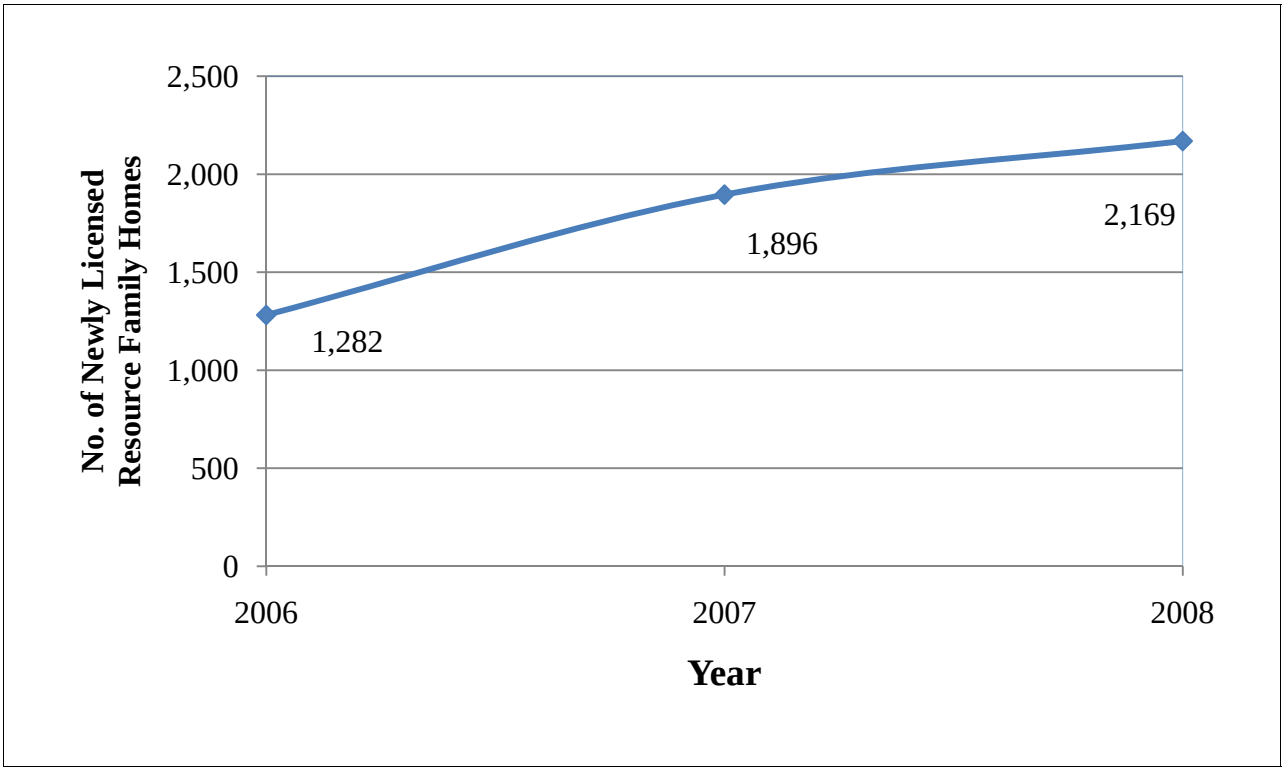
As shown in Figure 12, the State licensed a total of 1,162 new resource family homes in the last six months of 2008, almost 400 homes above its target. In calendar year 2008 the State licensed a total of 2,169 homes, far exceeding its target of 1,528 new homes. This notable accomplishment continues a trend: in each of the last three years DCF has improved significantly upon the number of resource homes licensed in the preceding year: 1,282 in 2006, 1,896 in 2007, and 2,169 in 2008 (See Figure 13).

**Figure 12: Number of Newly Licensed Family Homes – Actual and Targeted**
**July 1 – December 31, 2008 and January 1 – December 31, 2008**




Source: DCF, Office of Resource Families

**Figure 13: Number of Newly Licensed Resource Family Homes**
**2006 – 2008**




Source: DCF, Office of Resource Families

DCF's target for 2009 is to recruit and license 1,459 new resource family homes. It reports that Cape May, Hudson and Salem counties are most in need of new homes and that staff will focus recruitment activities in those areas in the coming year. DCF has also targeted Essex, Camden and Mercer counties as needing a small increase in the number of new homes.

DCF must consistently sustain a net gain of resource family homes to ensure there are sufficient family-based settings in which to place children. The State therefore semi-annually measures the net gain it achieves in the number of new kinship and non-kinship homes licensed. During the second half of 2008 DCF had a net gain of 399 homes licensed[42], and a calendar year net gain of 802 new homes (Table 12). This increase, combined with DCF's 2007 net gain of 829 homes, demonstrates the State's sustained and sizeable progress toward ensuring that New Jersey has a substantial pool of homes in which to place children.

[42] DCF closed 763 homes for a variety of routine reasons including adoption, a change in family circumstances, or a move out of state.

Table 12 below shows, by month, the number of resource, adoption and treatment homes licensed and closed for kin and non-kinship homes, and the net gain the State achieved in 2008 for each type of resource home.

**Table 12: Net Gain in Resource Families Licensed, By Type, 2008**

| | Non-Kin Resource Homes Licensed | Kin Resource Homes Licensed | Resource Homes Licensed | Resource Homes Closed | Treatment Homes Licensed | Treatment Homes Closed | Total Resource, Adoption & Treatment Homes Licensed | Total Number Resource & Treatment Homes Closed | Net Gain |
|---|---|---|---|---|---|---|---|---|---|
| January | 97 | 66 | 163 | 95 | 17 | 14 | 180 | 109 | 71 |
| February | 81 | 52 | 133 | 73 | 9 | 10 | 144 | 83 | 61 |
| March | 71 | 54 | 125 | 103 | 10 | 11 | 138 | 114 | 24 |
| April | 97 | 70 | 167 | 82 | 17 | 8 | 184 | 90 | 94 |
| May | 94 | 93 | 187 | 103 | 5 | 4 | 193 | 107 | 86 |
| June | 89 | 62 | 151 | 84 | 14 | 17 | 168 | 101 | 67 |
| **Subtotal** | **529** | **397** | **926** | **540** | **72** | **64** | **1007** | **604** | **403** |
| July | 96 | 89 | 185 | 115 | 13 | 11 | 201 | 126 | 75 |
| August | 104 | 73 | 177 | 84 | 11 | 15 | 191 | 99 | 92 |
| September | 117 | 95 | 212 | 137 | 10 | 15 | 224 | 152 | 72 |
| October | 87 | 87 | 174 | 154 | 19 | 11 | 193 | 165 | 28 |
| November | 76 | 81 | 157 | 104 | 20 | 6 | 177 | 110 | 67 |
| December | 77 | 81 | 158 | 95 | 17 | 16 | 176 | 111 | 65 |
| **Subtotal** | **557** | **506** | **1063** | **689** | **90** | **74** | **1162** | **763** | **399** |
| **Total** | **1086** | **903** | **1989** | **1229** | **162** | **138** | **2169** | **1367** | **802** |

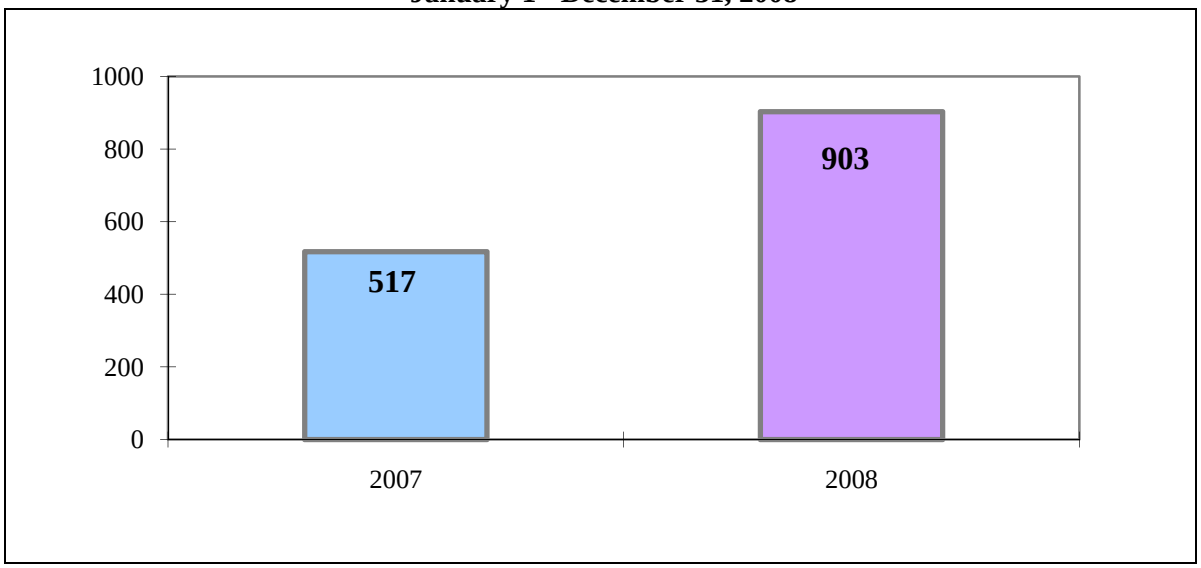
Source: DCF.

***DCF continues to make great strides in recruiting and licensing kinship resource family homes.***

In 2008, DCF began to encourage the recruiting and licensing of kinship family homes by eliminating disincentives, developing new targets, and tracking the licensing of both kin and non-kinship homes. These efforts helped to increase substantially the number of newly licensed kinship homes in 2008.

As shown in Figure 14, in 2007 DCF licensed a total of 517 kinship family homes, or 27 percent of the total number of licensed homes. In the first half of 2008, 395 or 40 percent of the total number of licensed homes were kinship homes. In the past six months DCF licensed another 508 kinship homes, for a total of 903 kinship homes licensed in 2008, 386 more than in 2007, and 42 percent of the total number of homes licensed in 2008. These gains demonstrate that the State is successfully putting into practice a fundamental tenant of its Case Practice Model: that children should remain with family whenever possible.

**Figure 14: Newly Licensed Kinship Resource Family Homes**
**January 1 - December 31, 2008**




Source: DCF

In sum, in 2008 DCF's Resource Family and Resource Family Licensing units again achieved impressive results. The Monitor reviewed a random sample of 20 percent of licensing files from July 1, 2008 to December 31, 2008 and verified reported data.

The success DCF has had in recruiting resource family homes in the past two years has placed it in a position of strength. Rather than placing all of its efforts on the recruitment of new homes, the State reports that it plans to concentrate on maintaining the homes it has and strategically targeting areas of improvement: counties that need more resource homes, large capacity homes to help place siblings together, and kinship homes.

***DCF maintained its goal of keeping children entering placement in their home counties and made progress in recruiting large capacity resource family homes to keep siblings together.***

### *Geographic Alignment*

As previously reported, DCF conducted a needs assessment and geographic analysis comparing capacity of resource family homes by county to set county-based annualized targets for recruitment (MSA Section II.H.13). Table 13 indicates progress the State has made on the net number of resource family homes licensed by county during this monitoring period.

**Table 13: Net Number of Resource Family Homes Licensed by County**
**January – December 2008**

| County | Goal Set for Monitoring Period | Total Number of Resource Family Homes Licensed | Total Number of Resource Family Homes Closed | Net Gain |
|---|---|---|---|---|
| **Atlantic** | Maintain | 73 | 61 | 12 |
| **Bergen** | Maintain | 137 | 83 | 54 |
| **Burlington** | Maintain | 166 | 103 | 63 |
| **Camden** | Small Increase | 140 | 115 | 25 |
| **Cape May** | Increase | 31 | 20 | 11 |
| **Cumberland** | Maintain | 65 | 48 | 17 |
| **Essex** | Small Increase | 373 | 204 | 169 |
| **Gloucester** | Maintain | 70 | 53 | 17 |
| **Hudson** | Increase | 122 | 52 | 70 |
| **Mercer** | Small Increase | 108 | 49 | 59 |
| **Middlesex** | Maintain | 120 | 80 | 40 |
| **Monmouth** | Maintain | 114 | 67 | 47 |
| **Morris** | Maintain | 75 | 43 | 32 |
| **Ocean** | Maintain | 138 | 93 | 45 |
| **Passaic** | Maintain | 104 | 72 | 32 |
| **Salem** | Increase | 20 | 23 | -3 |
| **Sussex** | Maintain | 38 | 28 | 10 |
| **Union** | Maintain | 138 | 79 | 59 |
| **Hunterdon, Somerset, Warren *** | Maintain | 118 | 94 | 24 |
| **Adoption** | Maintain | 19 | 0 | 19 |
| **Total** | | **2,169** | **1,367** | **802** |

Source: New Jersey Department of Children and Families.
Note: Hunterdon, Somerset and Warren Counties are considered collectively as they have one unit that serves all three counties.

The State reports that seven of the eight counties that DCF had identified[43] as needing a significant net increase in available homes – Cape May, Cumberland, Essex, Hudson, Mercer, Monmouth, and Ocean – increased their numbers in 2008. Salem County, also identified in the previous reporting period as needing a significant increase, has a shortfall of three resource homes. Going forward, DCF has identified Cape May, Hudson and Salem counties as most in need of new homes. DCF is also targeting Essex County – which achieved a notable net gain of 169 new homes – along with Camden and Mercer as needing small increases in the number of available resource family homes. The Monitor will continue to follow the extent to which the increase in homes in the six counties satisfies the State's need for new resource family homes, and urges the State to continue to focus its recruitment efforts in the counties most in need of new resource homes.

***Large Capacity Homes***

DCF's focus on keeping siblings together is a core element of its new Case Practice Model. The needs assessment DCF conducted in 2007 identified a pressing need for more placement homes to accommodate large sibling groups. The State's goal for 2008 was to secure 28 licensed homes with a capacity to serve 5 or more children. DCF developed a specialized recruitment strategy to focus attention on identifying, recruiting and licensing large capacity homes, called SIBS or "Siblings in Best Settings." The State planned to recruit large capacity homes in Essex, Mercer, Monmouth and Ocean counties.

In the last six months, the State licensed 13 new large capacity homes and ends CY2008 with a total of 29 SIBS homes, 5 of which are located in Essex County. While DCF did not license any SIBS homes in the other 3 targeted counties – Mercer, Monmouth and Ocean – it reports that large capacity homes are available in the adjacent Burlington, Middlesex and Atlantic counties. The State's target for 2009 is to maintain its 29 large capacity homes through 2009.

***The State is making steady progress on timely processing of resource home applications and has identified challenges to resolving licensing applications within the required 150 days.***

The Department has continued to use Resource Family Support Impact Teams (Impact Teams) to assist in completing the licensing review process and to make decisions on resource family home applications within 150 days (MSA Section II.H.4).

As in previous monitoring periods, DCF deployed these Impact Teams into DYFS local offices/counties; in the past six months those counties were Mercer South, Gloucester and Passaic. Each of these counties achieved a net gain in the total number of resource family homes licensed in 2008, and DCF continues to attribute its success in improving the number of homes licensed annually to the role of the Impact Teams and to increased conferencing and team building between the local offices and the Office of Licensing. The State reports that approximately 100 home studies were resolved by the Impact Teams working in the field offices.

[43] *Period II Monitoring Report for Charlie and Nadine H. v. Corzine*, p. 60.

The Impact Teams were also involved in:

- *Identifying the need for an office in the northern part of the State.* In November 2008 DCF opened a new Office of Resource Families in North Bergen, New Jersey, which more easily serves counties such as Bergen, Passaic and Hudson. The Monitor visited this new office and heard examples of ways in which better communication between the surrounding local offices and the new Office of Resource Families, Licensing and Adoption Office appears to have improved practice.

- *Focusing on the consistent need for enhanced skill building for resource family workers, supervisors, licensing inspectors and their supervisors.* DCF conducted Structured Analyses Family Evaluation (SAFE) training for Resource Family Support staff in September and December 2008.

- *Placing emphasis on joint training of the resource family workers and the licensing staff.* This training explains to licensing staff the role resource family workers play in the recruiting and licensing process, and conversely explains to resource family workers the important role played by the licensing staff. During a visit to the North Bergen Resource Family Office the Monitor heard about licensing staff going with resource family staff to homes to complete home studies, and resource family staff attending home inspections with members of the licensing team. This kind of "cross-fertilization" promotes better understanding of the interdependent roles staff plays in the timely processing of licensing applications.

- *Reviewing public comments and helping to draft new resource family regulations (see below).*

Despite these meaningful innovations, challenges to compliance with the 150 day timeframe remain. These challenges include promptly securing information necessary to complete a home study from third parties who are not aware of or able to comply with short timeframes such as physicians, mental health professionals, or schools. Other challenges outside of DCF's control include a family's need for additional time to decide whether to foster a child, family vacations, family transitions, etc.

Despite these challenges, DCF continued to improve its compliance with the 150 day timeframe. As shown below in Table 14, in the second half of 2008 DCF resolved 51 percent of applications within 150 days, as compared with 43 percent in the previous monitoring period.[44] DCF reports that it resolved 65 percent of home studies within 180 days.[45]

[44] Months referred to in Table 12 indicate months in which resource family applications were submitted.
[45] The Monitor did not report on home studies completed within 180 days in Monitoring Report 4.

**Table 14: Total Number of Resource Family Home License Applications Resolved in 150 and 180 Days February 2008 – June 2008**

| Month Applied | Total Applications | Resolved in 150 Days | | Resolved in 180 Days | |
|---|---|---|---|---|---|
| | Number | Number | Percent | Number | Percent |
| February | 221 | 106 | 48% | 140 | 63% |
| March | 268 | 135 | 50% | 181 | 68% |
| April | 251 | 118 | 47% | 147 | 59% |
| May | 253 | 137 | 54% | 170 | 67% |
| June | 258 | 144 | 56% | 174 | 67% |
| Total | 1251 | 640 | 51% | 812 | 65% |

Source: DCF

DCF reports that when the target of 150 days to resolution of a home study was set in the MSA, there were no data or research available to help the parties establish an appropriate timeframe. For purposes of comparison, during the past six months DCF evaluated its home study processes in relation to other states and localities. DCF contacted over a dozen jurisdictions and determined that there is no national consensus regarding the ideal timeframe for resolution of home studies. It learned that practices differ widely. For example, a number of jurisdictions certify resource family homes rather than license them. Further, some jurisdictions have the same worker responsible for completing both the home study and the certification process. New Jersey has deliberately bifurcated these two functions as a means of promoting best practices and ensuring that a home is safe. One jurisdiction removes children from placement with a relative if its 90 day timeframe for licensure is not complete, and another limits services to Medicaid and a clothing allowance if the relative is not licensed within 90 days. The Monitor agrees with DCF that these practices would not benefit the children and families of New Jersey.

DCF reports that it will concentrate efforts on further improving time to resolution. The Monitor has agreed to continue to review the State's efforts to meet the 150 day timeframe while recognizing the challenges of this timeframe, specifically the State's concern that this timeframe may act as a disincentive to some otherwise viable resource families. DCF also expects that compliance with the 150 timeframe will continue to improve, but is concerned that the current economic climate may have an adverse impact on recruitment.

***DCF has taken steps to overcome challenges to the use of its automated resource family tracking system.***

In 2007, DCF invested in a new automated placement request matching system which identifies with specificity appropriate resource family homes for children coming into care as required by the MSA (Section II.H.9). In the last monitoring period the Monitor noted inconsistent use of the automated system by DYFS local office staff.

Recognizing the potential this tool has to significantly improve the timeliness with which a worker can identify available resource family homes for a child, DCF has brought the Office of Resource Families together with the NJ Training Academy and NJ SPIRIT staff to strengthen existing training on the tracking system. The team developed a computer lab-based training that will be ready for implementation in early June 2009.

***The State published new licensing regulations that became effective January 20, 2009.***

In June 2008 DCF proposed new regulations to address avoidable barriers to licensing resource family homes in New Jersey. As reported in Monitoring Report 4 in more detail[46], the predominant modification in the new set of regulations addresses room size and space specifications for resource family homes and modifies requirements that were potential barriers to licensing kinship homes.

Amendments to the Manual of Requirements for Resource Family Parents, proposed June 16, 2008 were subject to public comment during this monitoring period. The amended regulations were effective January 20, 2009. DCF has committed to mandatory training on the new regulation for the Office of Resource Families staff in February and March 2009. It also anticipates modifying existing DYFS and Office of Resource Families forms and policies to reflect the new regulatory changes.

***DCF continues to appropriately use exception to population waivers.***

MSA Section III.C.1 sets limitations as to how many children can be placed in a resource family home at one time. The State can waive these limits for appropriate reasons or to "allow a group of siblings to be placed together." The limitations set by the MSA are applicable in Phase II, however, the Monitor reviewed all 28 waivers to population limits awarded to resource family homes in this monitoring period. Seventeen of the waivers were awarded to SIBS homes to keep large sibling groups together. Four waivers were awarded to permit a family to have more than a total of six children including the resource family's own children in order to unite siblings. Seven waivers were awarded to resource parents who were either caring for more than two children under the age of two in order to keep children with relatives or for resource parents with special skills to care for medically fragile children.

[46] *Period II Monitoring Report for Charlie and Nadine H. v. Corzine*, p. 61.

***DCF further closed the gap by 25 percent between current resource family support rates and the USDA's estimated cost of raising a child.***

The MSA requires the State to close the gap between current resource family support rates (foster care, kinship care, and adoption subsidy) and the United States Department of Agriculture's estimated cost of raising a child (MSA II.H.15). As shown in Table 15 below, new rates sufficient to close the gap by 25 percent became effective January 1, 2009. The new rate tables have been added to NJ SPIRIT and updated in policy.

**Table 15: DCF/DYFS Approved Resource Family Rates, Effective January 1, 2009**

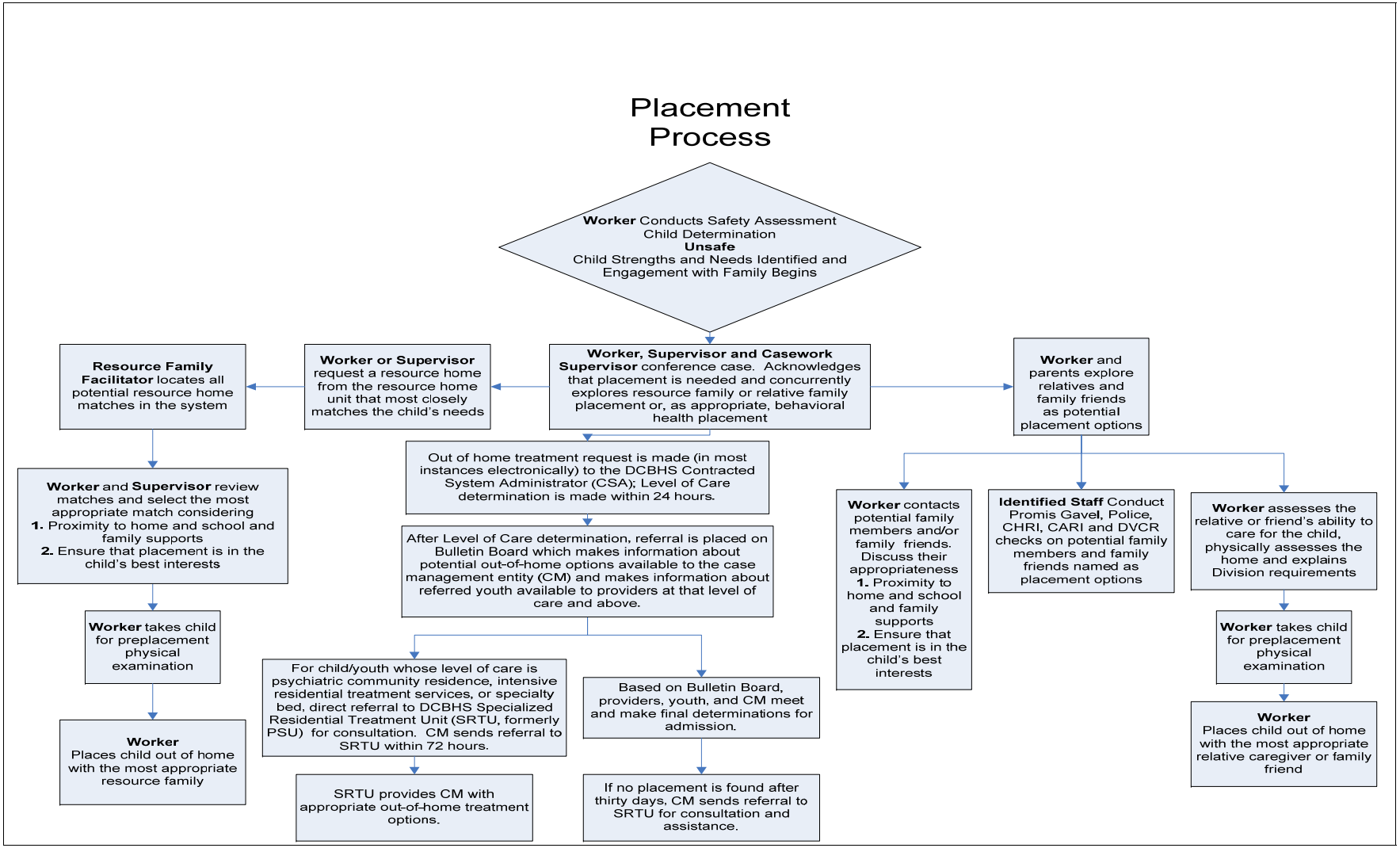
| Age of Child | DYFS Rate 12/31/07 (STEP 0) | USDA Rate CY 2007 (published April 2008) | Difference between USDA 2007 Rate and DYFS Rate 12/31/07 | Percentage of gap to be closed by 1/1/09 | Overall Increase to Monthly Rate | New DYFS Rate 1/1/09 |
|---|---|---|---|---|---|---|
| 0-5 | $553 | $713 | $160 | 100% | $160 | $713 |
| 6-9 | $595 | $765 | $170 | 100% | $170 | $765 |
| 10-12 | $618 | $790 | $172 | 100% | $172 | $790 |
| 13-17 | $667 | $838 | $171 | 100% | $171 | $838 |

Source: DCF

***DCF's placement process is aligned with the principles of the MSA.***

By December 2008, DCF was required to review their placement process for children entering out-of-home care and to modify it to be consistent in the Principles of the MSA (Section II.D.9). The Monitor has reviewed and commented on DCF's placement process. Figure 15 depicts the placement process and how the principles of the MSA and the CPM are incorporated.

## Figure 15: Placement Process




Source: DCF

## B. Shelters

DCF continues to work to prevent the inappropriate use of shelters for children entering foster care and has been successful in restricting shelter use for children under the age of 13.

The MSA requires the State to eliminate the inappropriate use of shelters for youth entering foster care. The only appropriate uses of shelters are: "(i) as an alternative to detention, or (ii) a short-term placement of an adolescent in crisis which shall not extend beyond 45 days; or (iii) a basic center for homeless youth" or when there is a court order (MSA, Section II.D.8). Further, beginning in July 2007, shelters were not to be used as a placement option for children under the age of 13 (MSA, Section II.D.7). DCF developed policy to support these placement restrictions in the late spring of 2007. Memos outlining these restrictions were sent to Area Directors and local office managers on May 2, 2007 with reminders sent on June 6, 2007.

In the past, DCF had significant challenges in reporting on this requirement to the Monitor. DCF has made significant progress in tracking this measure through SPIRIT and Safe Measures, however, a verification process with local offices is still required to ensure that youth who are placed in shelters meet one of the exceptions listed above. DCF also can now identify the length of stay for these youth in a shelter. Such reporting capacity is critical as commencing with Phase II, youth considered to be "in crisis" will only be allowed to stay appropriately in shelters for 30 days.

DCF/DYFS placed 421 youth ages 13-18 in shelters during this monitoring period.[47] Of those youth, 375 (89%) were appropriately placed, 46 (11%) were not appropriate placements. As compared to the last monitoring period, this reflects similar overall use of shelters for this population, but higher compliance rate in ensuring appropriate placements. Through a random case review in NJ SPIRIT, the Monitor independently verified the appropriateness of placement for these youth. The review found that DCF data accurately captured when and where youth were placed, however, further qualitative work is necessary to verify that some of the placements were appropriate in accordance with the MSA standard.

**Table 16: Shelter placements for youth over the age of 13**

| | January - June 2008 | July - December 2008 |
|---|---|---|
| Number of youth over 13 placed in shelters | 451 | 421 |
| Number of youth appropriately placed | 358 (79%) | 375 (89%) |
| Number of youth inappropriately placed | 93 (21%) | 46 (11%) |

Source: DCF

[47] Youth older than 18 are not considered to be under DYFS custody and are not included in this count.

DCF has all but eliminated the use of shelters for youth under the age of 13. During the last monitoring period, less than one percent (only five children) under the age of 13 in out-of-home placement were placed in a shelter. According to DCF, of the five children, two were court ordered to shelter; one was placed with a sibling by a SPRU worker for one night and then went to a resource family the next day; one 12 year old youth was placed in a shelter for two days; and one 12 year old was in shelter for 32 days.

The Monitor made several phone calls to shelter providers throughout the state of New Jersey. All shelters contacted confirmed that DCF had stopped placing youth under the age of 13 in shelters. In a couple of cases, this unfortunately meant that older siblings were separated from younger siblings. However, as resource family home capacity has increased, shelters report that such sibling separation is minimal. Shelters also confirmed that the length of time youth remain in their care has also significantly diminished. Infrastructure changes within DCF, which have funneled caseworkers' requests for shelter placements through a small number of placement liaisons, appear to have significantly contributed to the successful reduction in the use of shelters as an initial placement for youth.

## C. Services and Supports for Youth

DCF has focused significant time and resources to improving services and supports for DYFS involved youth. During Phase I, DCF created and promoted policies to provide support services to youth aged 18 to 21 and for youth who identify as lesbian, gay, bisexual, transgender, questioning, or intersex (LGBTQI). Additionally, DCF staff received training on DYFS policy, youth development issues, and the importance of lifelong connections from the Rutgers Institute for Families. The Rutgers Child Advocacy Center also continues to provide training for DYFS involved youth to assist them in advocating for themselves and networking with other youth. Further, Youth Advisory Boards exist in almost all counties (18 of 21) as a support for youth and a vehicle for providing information and feedback to DYFS. Finally, in keeping with the principles of the MSA, the use of congregate care for youth has decreased and the number of transitional living program slots has dramatically increased.

Some of New Jersey's permanency activities for older youth are highlighted in Section VI.D. of this report. Described below are additional services and supports which DCF has created for youth.

***DCF reorganized frontline workers to improve practice with older youth.***

In an effort to integrate services currently available to adolescents and to leverage more resources, DYFS has reorganized adolescent services under an Assistant Director for Adolescent Practice and Permanency in Central Office. The Adolescent Practice and Permanency Unit (APPU) works with 5 "pilot" DYFS local offices to analyze the needs of adolescents and the resources available through DYFS to support youth in achieving permanency and obtaining necessary skills to transition into adulthood. The number of Adolescent workers and Adolescent units continues to increase across the state. (See Table 17 below).

**Table 17: Local Office Adolescent Units/Caseworkers**
**(as of December 15, 2008)**

| Office | Adolescent Caseworkers or full unit | Office | Adolescent Caseworkers or full unit |
|---|---|---|---|
| Bergen South | Yes – 3 workers | Monmouth North | Yes—Unit |
| Bergen Central | Yes – 2 workers | Monmouth South | Yes - 3/5 worker |
| Passaic Central | Yes – 3 workers | Middlesex Central | Yes—Unit |
| Passaic North | Yes – 3 workers | Middlesex Coastal | Yes—Unit |
| Hudson Central | Yes—Unit | Middlesex Western | Yes—Unit |
| Hudson North | Yes—Unit | Ocean North | Yes —Unit |
| Hudson South | Yes—Unit | Ocean South | Yes—Unit |
| Hudson West | No | Burlington West | Yes —Unit |
| Morris East | Yes – 2 workers | Burlington East | Yes —Unit |
| Morris West | Yes – 1/2 worker | Mercer North | Yes —Unit |
| Sussex | Yes – 1 worker | Mercer South | Yes —Unit |
| Hunterdon | No | Camden Central | Yes —Unit |
| Somerset | No | Camden East | Yes —Unit |
| Warren | No | Camden South | Yes—Unit |
| Union Central | Yes – 3 workers | Camden North | Yes—Unit |
| Union East | Yes—Unit | Atlantic East | Yes —Unit |
| Union West | Yes – 3 workers | Atlantic West | Yes —Unit |
| Newark Center City | No | Cape May | Yes – 2/3 workers |
| Newark Northeast | No | Cumberland East | Yes – 1 worker |
| Newark South | No | Cumberland West | Yes—Unit |
| Newark Adoption | No | Gloucester East | Yes – 2 workers |
| Essex Central | No | Gloucester West | Yes – 2 workers |
| Essex North | No | Salem | Yes – 3 workers |
| Essex South | No | | |

Source: DCF

***The State improved policies to support youth aged 18 to 21.***

By policy and as required under the MSA, youth ages 18 - 21 can continue to receive similar services available to them when they were under the age of 18 (Section II.C.5). These services shall continue to be provided to them unless the youth formally requests that their case be closed. Originally, there was an operating presumption in policy and practice of closing the DYFS case when a youth turned 18, unless there was a proactive request by the worker and youth to keep the case open. DCF corrected this presumption through policy and amended the supporting computer system. However, interviews with youth and community-based service providers suggest that work remains to ensure that workers commit to the practice of keeping cases open for older youth who lack an adequate permanent connection and for youth who may not be cooperative with the case plan yet require significant supports due to developmental, behavioral, or psychological needs.

Table 18 below provides data from DCF on services and supports provided to youth ages 18-21.

**Table 18: Services to Youth Aged 18 – 21**

| | Jan - Jun 2008 | Jul – Dec 2008 |
|---|---|---|
| In home services | 521 | 823 |
| Out-of-home services | 885 | 950 |
| Chafee Medicaid | 107 | 92 |
| NJ Scholars program[48] | 443 | 305 |

Source: DCF

DCF continues to provide services to older youth either in their own homes or in out-of-home settings. Youth living in out-of-home settings continue to receive Medicaid as part of their services. Youth aged 18-21 who were in a DYFS approved, paid placement on their 18th birthday and now have a closed DYFS case are eligible to receive Chafee Medicaid. Over the last two monitoring periods, the Monitor has expressed concern about the low enrollment of eligible youth in Chafee Medicaid. That number has actually declined since 2007. DCF policy currently places the burden of Medicaid enrollment on the youth leaving DYFS custody, and as a result not many are benefiting from this necessary service. Interviews with service providers found that many youth did not understand how to enroll in Medicaid and some youth subsequently accumulated significant medical debt as a result of seeking treatment while uninsured. Recently, DCF sent a memo to the field affirming that workers should assume responsibility to enroll eligible youth in Medicaid. DCF is also exploring internal mechanisms that would support the automatic enrollment of youth in Medicaid so that there is no longer any

[48] For 2007-2008 school year, there were 556 participants in the NJ Scholars Program, 443 received funding for tuition, books, etc. Other youth were enrolled in higher education but did not require financial assistance through the NJ Scholars program. Often, youth continue to access funds through other DYFS programs or federal aid to cover in full all tuition, room and board, and living expenses, and do not require additional assistance through the program. For the 2008-2009 school year, there were 398 participants, 305 received funding.

vulnerability to a break in health insurance coverage. Youth enrollment in Chafee Medicaid will continue to be followed in Phase ii of the MSA.

***The State created a plan to support youth who identify as LGBTQI.***

DCF has made initial efforts to improve services for youth who identify as lesbian, gay, bisexual, transgender, questioning, or intersex (LGBTQI). First, as part of their Adolescent Services resource guide for staff, resources that support the LGBTQI population have been identified. Services included in this guide are: housing for LGBTQI youth, community-based LGBTQI associations, school-based resources, as well as statewide resources. DCF has also begun training and education for caseworkers on issues relevant to LGBTQI issues through an in-service, ongoing seminar series. Additional training has been scheduled or is under consideration, specifically directed at Adolescent and Resource caseworkers. Finally, the concept of "safe zones" for LGBTQI youth in local offices has been presented. Safe zones are places LBGTQI youth can easily recognize (such as through symbols, posters, flyers, etc.) as free from discrimination and safe to discuss their sexual identity. DCF reports that a local office in Ocean County has identified the need for and created a "safe zone" for youth and families.

DCF has become involved in the Human Rights Campaign All Children, All Families program in an effort to welcome all families as potential resource and adoptive parents. This program directs New Jersey DCF to sign a pledge about their willingness to work with all families and conduct an assessment of their laws, policies, and practices that might have a discriminatory effect on children or families who identify as LBGTQI.

DCF has laid a beginning framework to promote better policies and practices for working with this population of youth and families. The Monitor will examine the results of these efforts in future qualitative evaluations of DYFS-involved youth and families.

***DCF has reduced the use of congregate care for youth.***

DCF continues to build its capacity to place youth with families, rather than group home settings, in keeping with DCF's Case Practice Model. There were 1,552 youth (15% of the 10,390 youth in out-of-home placement) in congregate care in January 2007. In March 2008, DCF reported that 1,348 youth (14% of the 9,556 youth in out-of-home placement) were in congregate care settings. As of December 31, 2008, DCF reports that 1,137 youth (13% of 8,846 youth in out-of-home placement) were in congregate care. This reduction is a significant accomplishment given that the total number of youth in out-of-home care also significantly decreased.

***DCF has dramatically increased the number of transitional living program slots.***

In April 2007, DCF far exceeded the MSA June 2008 requirement to add 18 beds for youth transitioning out of the foster care system (Section II.C.11). DCF established 112 transitional living beds, and dedicated a handful of these beds to youth who identify as lesbian, gay, bisexual, transgender, questioning, or intersex.

DCF continued to increase service beds available to youth transitioning out-of-care. At the end of Phase I, DCF had 231 operational beds, with an additional 9 under contract.[49] These beds are located in apartments or buildings, some of which were built specifically to support transitioning youth. These programs offer services including case management, life skills, and employment readiness, and they have varying levels of available supervision.

This highly commendable increase still does not meet the needs of the significant number of youth aging out of the foster care system. The Monitor has received reports of waitlists for some of these services and the need for specialized transitional living services to support youth with complex mental health needs.

**Table 19: Transitional and Supported Housing Slots for Youth**

| County | Providers | Contracted Slots | Operational Slots |
|---|---|---|---|
| Bergen | Bergen County Community Action Program | 9 | 9 |
| | Children's Aid and Family Services | | |
| Burlington | Crossroads | 14 | 14 |
| | The Children's Home | | |
| Camden | Center For Family Services | 25 | 25 |
| | Vision Quest | | |
| Cape May | CAPE Counseling | 4 | 4 |
| Essex | Covenant House | 47 | 39 |
| | Corinthian Homes | | |
| | Tri-City Peoples | | |
| | Care Plus | | |
| Gloucester | Robin's Nest | 30 | 30 |
| Hudson | Catholic Charities | 10 | 10 |
| | Volunteers of America | | |
| Mercer | Lifeties | 12 | 11 |
| | Anchorage | | |
| Middlesex | Middlesex Interfaith Partners with the Homeless (MIPH) | 11 | 11 |
| | Garden State Homes | | |
| Monmouth | IEP | 22 | 22 |
| | Catholic Charities | | |
| | Collier Services | | |
| Ocean | Ocean Harbor House | 8 | 8 |
| Passaic | Paterson Coalition | 23 | 23 |
| | NJ Development Corporation | | |
| Somerset | Somerset Home for Temporarily Displaced Children | 10 | 10 |
| Union | Community Access | 15 | 15 |
| | **Total** | **240** | **231** |

Source: DCF

[49] DCF originally targeted a total of 263 beds to be operational for youth in transition, however due to a variety of issues the final number of operational beds is targeted to be 240.

# VIII. MEETING THE HEALTH AND MENTAL HEALTH NEEDS OF CHLDREN

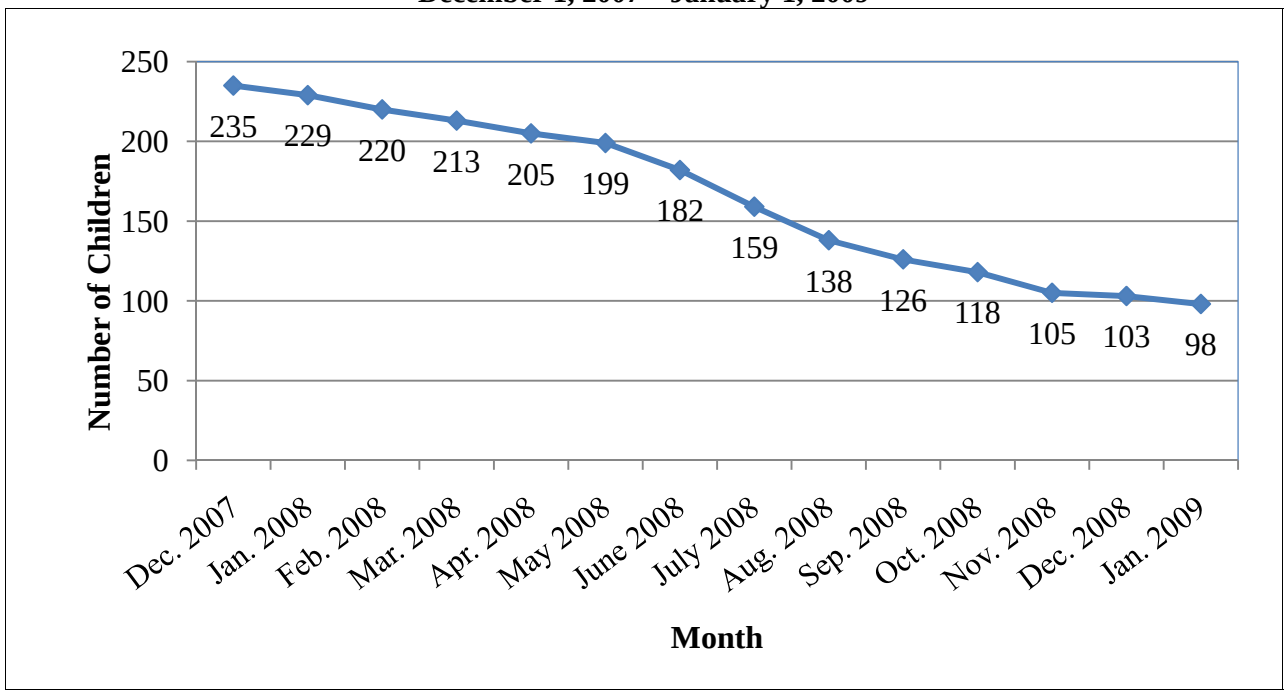
## A. The Division of Child Behavioral Health Services

During Phase I of implementation of terms of the MSA, the Division of Child Behavioral Health Services (DCBHS) focused on implementing its September 2006 Strategic Plan with an emphasis on providing treatment to children and youth closer to their homes and families and in the most normative environment possible.

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

Under the MSA, DCF, through DCBHS, is required to minimize the number of children in DYFS custody placed in out-of-state congregate care settings and work to transition these children back to New Jersey (Section II.D.2). As of January 1, 2009, 98 children were placed out-of-state. As illustrated in Figure 16 below, the number of children placed out-of-state has dramatically decreased. The trend over time may be reflective of ongoing efforts to transition children home and to create and implement plans to provide treatment to children in state.

**Figure 16: Children in Out-of-State Placement**
**December 1, 2007 – January 1, 2009**




Source: DCF, DCBHS

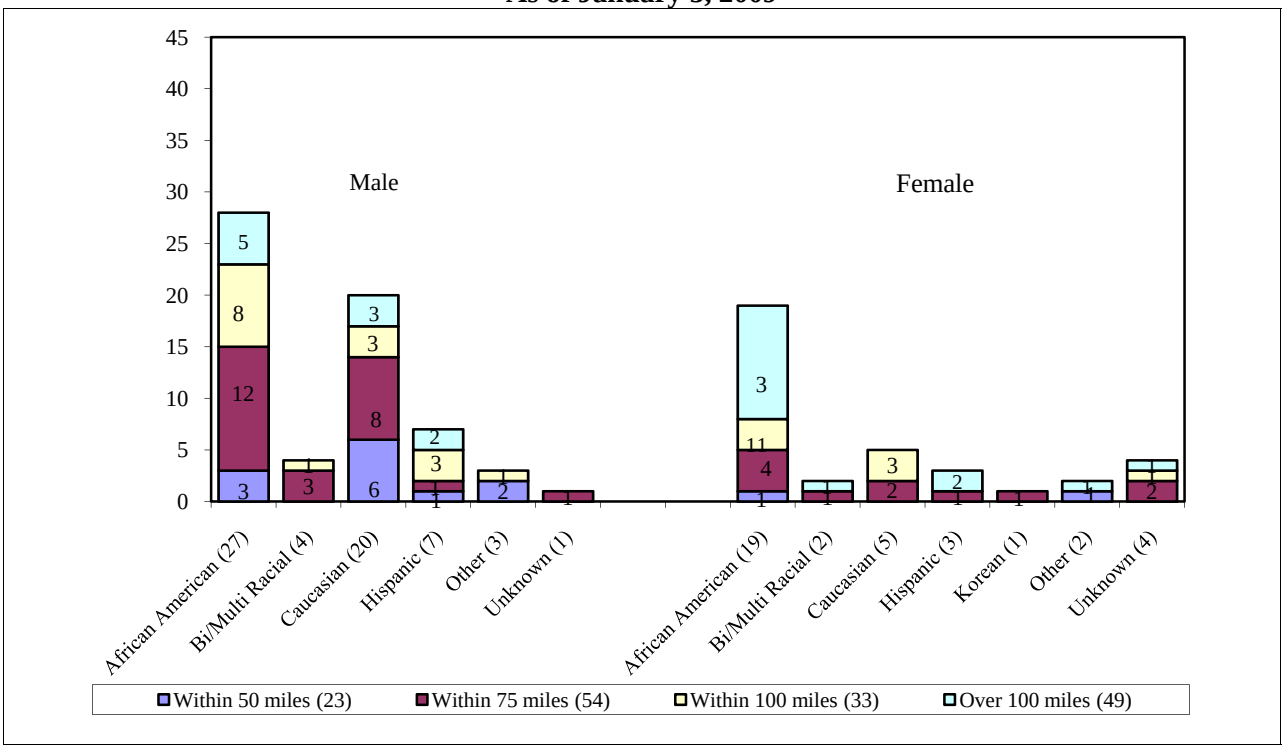
Table 20 below reflects July 2008 – December 2008 data on the number of children, both DYFS involved and not, where DCBHS authorization was granted for an out-of-state placement. Figure 17 provides demographic information on the 98 children and youth, ages 9-21 and most of whom are ages 15-18, placed out-of-state as of January 1, 2009.

**Table 20: Out-of-State Placement Authorizations by DCBHS**
**July 1, 2008 – December 31, 2008**

| Month | Number of Authorizations for Youth in DYFS Custody (Total Number of Authorizations) |
|---|---|
| **July 2008** | 2 (1) |
| **August 2008** | 2* (0) |
| **September 2008** | 0 (0) |
| **October 2008** | 0 (2) |
| **November 2008** | 1* (2*) |
| **December 2008** | 0 (1) |
| **Total** | 5 (7) |

Source: DCF, DCBHS.
*New placement is closer to New Jersey. One child moved from one out of state placement to another for clinical reasons and following DCBHS review.

**Figure 17: Demographic Data on Youth Placed Out-of-State**
**As of January 5, 2009**




Source: DCF, DCBHS

***DCF and partners continue collaboration on finding placements for detained DYFS youth.***

Under the MSA, no youth in DYFS custody should wait longer than 30 days in detention post-disposition for an appropriate placement (Section II.D.5). DCF reports that 10 youth in DYFS custody, two females and eight males, were in detention and awaiting placement post-disposition during this monitoring period. Nine of the youth were placed within 30 days in a range of residential treatment and alternative to detention settings. The stay of one of the youth exceeded the 30 day requirement; he was not placed until 37 days post-disposition since the Court ordered that the youth remain in detention until pending the youth's transfer to a specific alternative to detention placement. The 10 youth ranged in age from 15 to17 at the time of disposition. Table 21 below provides information on the length of time each of these youth waited for placement.

**Table 21: Youth in DYFS Custody in Juvenile Detention Post-Disposition Awaiting Placement (July 1 - December 31, 2008)**

| Length of Time in Detention Post Disposition | Number of Youth |
|---|---|
| **0-15 Days** | 1 |
| **16-30 Days** | 8 |
| **Over 30 Days** | 1 |
| **Total** | 10 |

Source: DCF, DCBHS

***Evidence-based treatment services are well utilized in most locations.***

From September 2008 to early January 2009, Multi-Systemic Therapy and Functional Family Therapy providers served 204 families. Some of those families remain active with the programs since the average length of service is 3-5 months. A small number (2 families) successfully completed a full therapy cycle as evidenced by meeting and sustaining treatment goals. Some families discontinued therapy prior to completing a full cycle. Six of the eight programs providing these evidence-based, intensive interventions were at or above 70% capacity. Juvenile Probation was the referral source for one-third of 204 families served, followed by Mobile Response and Stabilization service providers (24%), Family Court (9%) and DYFS (8%). Other referral sources included Youth Case Management, schools, and self-referrals.

It is too soon to substantively evaluate the impact of these interventions; however ongoing data collection and analysis are integral components of both of these interventions. DCBHS plans to issue a report documenting results of the first year of implementation of these services. See Table 22 below for provider information, counties served, the number of families served as of January 9, 2009 and the program capacity.

**Table 22: Functional Family Therapy (FFT) and Multi-Systemic Therapy (MST) Utilization as of January 2009**

| Provider | Program | County | Families served/ Program capacity |
|---|---|---|---|
| **Robin's Nest** | FFT | Cumberland | **41/41** |
| | | Gloucester | |
| | | Salem | |
| **University Behavioral HealthCare** | FFT | Middlesex<br><br>Expanding to parts of Union and Somerset | **18/68** |
| **Community Treatment Solutions** | FFT | Burlington | **23/30** |
| **Cape Counseling** | FFT | Atlantic | **31/42** |
| | | Cape May | |
| **Mercer Street Friends** | FFT | Mercer | **34/72** |
| **Center for Family Services** | MST | Camden | **26/30** |
| **Community Solutions** | MST | Hudson | **14/20** |
| | | Essex | **15/20** |
| **Total** | | | **202/323** |

Source: DCBHS

***Work on an improved Contracted System Administrator for DCBHS services continues.***

Implementation of a Contracted System Administrator (CSA) is still anticipated for early September 2009. A Request For Proposals was issued in October 2008 and DCF received four bids by the early January 2009 due date. An award for the contract to screen, authorize, and track the cases of children and youth accessing behavioral and mental health services through DCF in a manner that improves system performance on behalf of and enhances service delivery to children and families is expected in Spring 2009.

***Providing access to mental health services to preserve families.***

The MSA requires DCF to provide mental health services to at least 150 birth parents whose families are involved with the child welfare system (II.C.6). DCF reports providing access to mental health services for a total of 575 birth parents involved with DYFS. The range of services includes both intensive home and office-based treatment for individuals and families. These services are provided to facilitate the goal of a child's return home or to ensure a child's safety, reduce risk and maintain a child at home. Table 23 below reflects the providers and the range of services provided in these efforts.

**Table 23: Mental Health Services Provided to Birth Parents**
**July 1 – December 31, 2008**

| Program | Service Description | Birth parents served |
|---|---|---|
| Ocean Mental Health – CAFS | Intensive in-home mental health services to ensure the prevention foster care placement. | 43 |
| Ocean Mental Health - Family Focus | Intensive out-patient mental health services to decrease incidence of abuse and neglect and increase family's level of functioning. | 23 |
| Ocean Mental Health – FPS | Treatment with the primary goal of improving family functioning. The expected outcome is to enable the family to remain safely intact. | 24 |
| Mental Health Association of Monmouth County | Intensive case management to families at risk of losing custody of children due to abuse/neglect. | 8 |
| Community YMCS - Family Support | Provides in-home therapy to families to prevent a child's out-of-home placement. | 110 |
| Children's Home Society - Intensive Service Program | Therapeutic treatment program for parents who have had their children removed as a result of abuse, neglect, or abandonment. | 26 |
| Preferred Behavioral Health - Family Support Program | Intensive family therapy and/or individual therapy for parents and children at risk for out-of-home placement and for families whose children are in foster care with a goal of reunification. | 21 |
| Drenk Behavioral Health Center | Therapeutic skills development for parents whose children have been removed and for whom reunification is planned, including weekly peer support groups, parenting classes, and visitation services. | 30 |
| Catholic Charities - Therapeutic Visitation | Hands-on individualized parenting education in preparation for reunification with children. | 46 |
| UMDNJ – CARRI Program | For parents with children under 4 years of age, through home visits: supportive counseling, parent education, infant assessment, and other assistance aimed at improving the parents' capacity to provide a nurturing, safe, and appropriately stimulating environment. | 66 |
| Catholic Charities of Newark - Family Resource Center | In-home clinical and supportive services to prevent out-of-home placements or reunify and maintain children in their own home. | 30 |
| Family Connections - Reunity House 1 | Services to parents and children in foster care with the goal of reunification: weekly supervised visitation, parenting skills/support group, and individual and/or family treatment. | 49 |
| Newark Beth Israel Medical Center – FLEC | Services to parents when there is a risk of out-of-home placement or when children have been removed from home. | 43 |
| Catholic Charities of Metuchen | In-home therapy with focus on stabilizing families and reducing risk of abuse/neglect so children may remain or return to home. | 15 |
| Catholic Charities of Metuchen | In-home therapy for parents of infants through 18 year olds in foster care with the goal of reunifying children with parents. | 14 |
| Cape Counseling Services | Individual, group, couples, and family therapy in clients' homes to assist families in reducing risk of harm to children. | 27 |
| **Total** | | **575** |

Source: DCF

## B. Health Care

Over the last two years, DCF redesigned the health care delivery system for children and youth in out-of-home care (in accordance with MSA Section II.F.8). Under the MSA, the State is required to provide all children entering out-of-home care with comprehensive medical care. Services the State has committed to provide include:

- A pre-placement assessment for children entering out-of-home care,
- A Comprehensive Medical Examination(CME) within the first 60 days of placement,
- Periodic medical exams in accordance with federal Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) guidelines,
- Semi-annual dental exams for children ages 3 and older in care 6 months or longer,
- Mental health assessments for children with suspected mental health needs,
- Any follow-up care needed by a child (Section II.F.2), and
- Medical passports for children (Section II.F.8).

In May 2007, DCF released their Coordinated Health Care Plan for Children in Out-of-home Placement. This plan outlined the current obstacles to accessing quality health care services for these children. To summarize, this plan called for new Child Health Units to be built in each DYFS local office; pre-placement assessments to be provided in non-emergency room settings; and modifications to the manner in which Comprehensive Medical Examinations (CMEs) are delivered. Additionally, the plan clarified the use of Regional Diagnostic Treatment Centers (RDTCs).[50]

In two years, DCF made substantial progress in laying the critical foundation for a coordinated health care delivery system to children entering out-of-home care. This foundation notably sets New Jersey ahead of many states who are now all required by federal legislation (Fostering Connections to Success and Increasing Adoptions Act) to have coordinated health care systems.[51] Additionally, DCF has made significant progress in tracking the delivery of health care services to children in out-of-home care through NJ SPIRIT and Safe Measures.

This foundation has resulted in notable improvement in timely health care to children placed outside of their homes. Nearly one hundred percent of children (99.9%) entering out-of-home placement received a timely pre-placement assessment with the vast majority receiving such an assessment in a non-emergency room setting. Additionally, DCF has significantly increased the number of youth receiving Comprehensive Medical Examinations within 60 days of being placed out-of-home (the MSA requirement). It is notable that the majority of these examinations occur

[50] For additional information on this plan, see New Jersey Department of Children and Families, Coordinated Health Care Plan for Children in Out-of-Home Placement, May 22, 2007. http://www.nj.gov/dcf/DCFHealthCarePlan_5.22.07.pdf .

[51] GovTrack.us. H.R. 6893--110th Congress (2008): Fostering Connections to Success and Increasing Adoptions Act of 2008, *GovTrack.us (database of federal legislation)* , http://www.govtrack.us/congress/bill.xpd?bill=h110-6893 (accessed Mar 23, 2009).

within the first 30 days of a child entering out-of-home care—the best practice standard promoted by the Child Welfare League of America and the American Academy of Pediatrics.[52]

DCF still faces many challenges in ensuring that children receive timely and quality care. The Child Health Units are not fully staffed so not all eligible children's care is being managed by a nurse. DCF continues to work to build a sufficient pool of health care providers for children. In many locations in New Jersey, caseworkers are challenged to connect children with dentists who will accept Medicaid reimbursement rates. Additionally, DYFS workers and nurses have reported that New Jersey, like many other states, lacks sufficient pediatric specialists such as child psychiatrists, cardiologists, pulmonologists, etc. DCF continues to work with Medicaid to identify pediatric sub-specialists as needed to provide appropriate follow up care.

As previously reported in the October 2007 Monitoring Report, the DCF Office of Child Health Services staff conducted two studies of DYFS and Medicaid data to assess the current status of health care delivery and inform the setting of health care baselines and targets.[53] The studies were of a small, but significant sample size. Based on this information and after discussions with the Monitor, health care baselines and targets were agreed upon for almost all items. DCF is now able to report out information on all of the indicators. However, as noted below a couple of the indicators require a qualitative assessment to measure more definitively if children received a particular service. For example, DCF is required to provide mental health assessments to children with mental health needs and can provide data about how many children in total receive such an assessment. However, it will take a qualitative review to directly measure the number of children with a suspected mental health need who received appropriate assessment.

Table 24 below presents the State's progress in meeting these health care indicators.

[52] *Health Care of Young Children in Foster Care***,** Committee on Early Childhood, Adoption, and Dependent Care, Pediatrics 2002, Vol. 109: 536-541.
[53] See *Period II Monitoring Report for Charlie and Nadine H. v. Corzine*.

**Table 24: Health Care Baseline, Target and Performance**
**(June 2007 – December 2008)**

| Indicator | Baseline as of June 2007 | June 2008 Benchmark | June 2008 Actual | Dec 2008 Benchmark | Dec 2008 Actual |
|---|---|---|---|---|---|
| 1. Pre-placement assessments completed in a non-emergency room setting | 90% | 95% | 91% | 95% | 92% |
| 2. Children receiving Comprehensive Medical Exams completed within 60 days of child's entry into care | 75% | 75% | 344 of 1282 (27%) statewide (January-April 2008)<br><br>118 of 154 (77%) of children in fully staffed health units | 80% | 79% |
| 3. Medical examinations in compliance with EPSDT guidelines for children in care for one year or more | 75% | 75% | No Data Available Statewide<br><br>151 of 157 (96%) of children in fully staffed health units | 80% | 77% (statewide sample*)<br><br>90% of 2,116 children receiving health care case management for at least one quarter |

* Two separate statewide samples were conducted to evaluate the delivery of health care services to children in out-of-home placement. Sample One was a representative, random sample of 358 children in placement for at least one day between July 1 – December 31, 2008 who were at least three years old and had been in placement for at least one year. The full cohort was 5,033. The results have a margin of error of ±5 percent. This sample was used to determine EPSDT visits, semi-annual dental examinations, and immunizations. Sample Two was a representative sample of 306 children who entered care between July 1- December 31, 2008, received a Comprehensive Medical Examination, and required follow up care. The full cohort was 1,504 children. The results have a margin of error of ±5 percent. This sample was used only to examine follow up care.

| Indicator | Baseline as of June 2007 | June 2008 Benchmark | June 2008 Actual | Dec 2008 Benchmark | Dec 2008 Actual |
|---|---|---|---|---|---|
| 4. Semi-annual dental examinations for children ages 3 and older in care 6 months or more | Annual 60%<br><br>Semi-Annual 33% | Annual 60%<br><br>Semi-Annual Benchmark not set | Annual No Data Available Statewide<br><br>77 of 95 (81%) of children in fully staffed health units<br><br>No Data Available for Semi-Annual Exams | Annual 65%<br><br>Semi-Annual 50% | Semi-Annual[54] 58% (statewide sample*)<br><br>67% of 1296 children age 3 and older receiving health care case management for at least a quarter are current on their dental care(have had a semi-annual exam) |
| 5. Mental health assessments for children with a suspected mental health need | Not Set | 75% | No Data Available | 80% of children with suspected mental health need should receive assessments. | 59% of all children (11,801) in out-of-home care during the monitoring period received a mental health assessment. Unable to determine if children with suspected mental health need received assessment without qualitative review, which is pending. |

[54] This benchmark originally measured annual and semi-annual exams. Because the expectation of the field is that children age 3 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.

| Indicator | Baseline as of June 2007 | June 2008 Benchmark | June 2008 Actual | Dec 2008 Benchmark | Dec 2008 Actual |
|---|---|---|---|---|---|
| 6. Receipt of timely accessible and appropriate follow-up care and treatment to meet health care and mental health needs | Not Set | 60% | No Data Available | 65% | 70% (statewide sample*) |
| 7. Children are current with immunizations | Not Set | Not Set | No Data Available Statewide<br><br>149 of 157 (95%) of children in fully staffed health units | Not Set | 81% (statewide sample*)<br><br>87% of 2,116 children receiving health care case management for at least one quarter |
| 8. Children's caregivers receive an up-to-date health passport within 5 days of placement | Not Set | Not Set | Data will be collected through an upcoming survey of foster parents | Not set | Data will be collected through a survey of foster parents |

Source: DCF

DCF has worked impressively to have data about pre-placement assessments and CMEs entered into NJ SPIRIT. Currently, DCF is able to determine all health care indicators for all children who are managed by a nurse in a Child Health Unit. In order to measure the health care experience of children statewide, DCF conducted a statistically significant survey of children in out-of-home care during the monitoring period. In Spring 2009, the Monitor plans to conduct an independent case record review to verify the health care experience of children in out-of-home placement.

Much work remains to be done in building and improving the health care system for children in out-of-home placement. Having said this, the strong attention to health care in this past year has resulted in significant improvements in delivery of services statewide and even more encouraging results from counties with well developed Child Health Units (where nurses have actively managed the health care for children in out-of-home placement for at least three months).

***Nearly 100 percent of children and youth received pre-placement assessments when they enter out-of-home care, with the vast majority occurring in a non-emergency room setting.***

Under the MSA, all children entering out-of-home placement are required to have a pre-placement assessment. Beginning in June 2008, 95 percent of these children must have pre-placement assessments in a setting that is not an emergency room (Section II.F.7 and agreed upon benchmarks). Similar to the last monitoring period, DCF fell slightly short of the 95 percent benchmark with 92 percent of children in December 2008 receiving pre-placement assessments in non-emergency settings. In visits to Child Health units, nurses reported conducting pre-placement assessments of children. Limited review of NJ SPIRIT case files also found that community based medical providers and children's own pediatricians are being used for these assessments.

**Table 25: Pre-Placement Assessments**
**(July – December 2008)**

| Month | Number of Children Entering Care | Pre-Placement Assessment Completed | Percent | Percent Completed in non-Emergency Room Settings |
|---|---|---|---|---|
| **July 2008** | 442 | 442 | 100% | 89% |
| **August 2008** | 464 | 463 | 99.8% | 89% |
| **September 2008** | 436 | 436 | 100% | 93% |
| **October 2008** | 440 | 439 | 99.8% | 91% |
| **November 2008** | 360 | 359 | 99.7% | 92% |
| **December 2008** | 353 | 353 | 100% | 92% |
| **Total** | 2,249 | 2,248 | 100% | 91% |

Source: DCF NJ SPIRIT Data, March 26, 2009

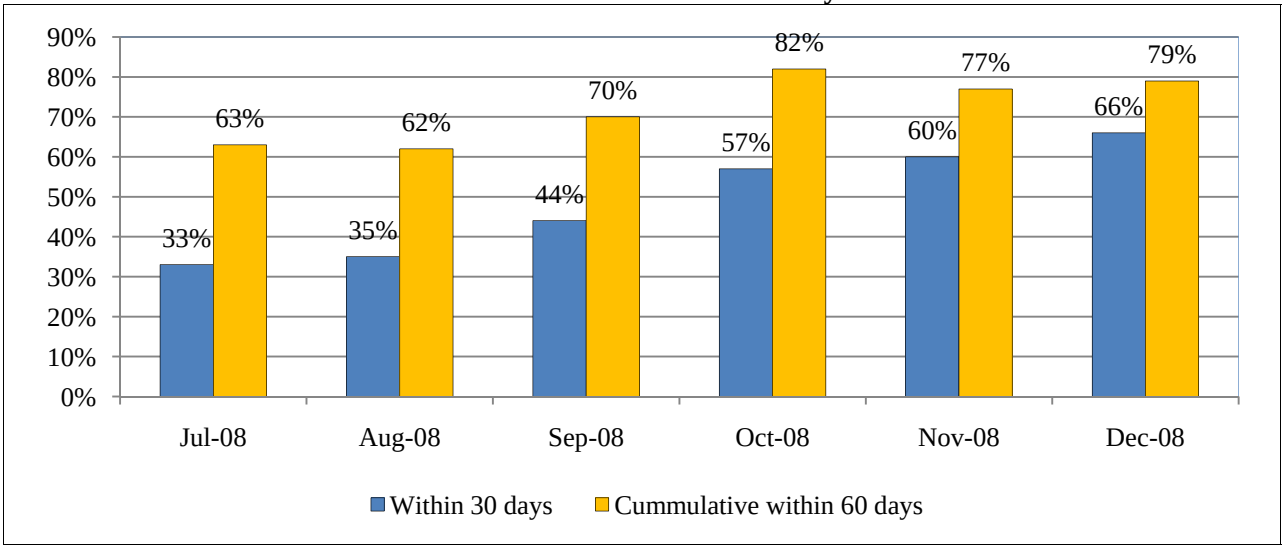
***DCF has made significant progress in ensuring access to Comprehensive Medical Examinations for children placed out of their homes.***

Children entering out-of-home placement must receive a Comprehensive Medical Examination (CME) within 60 days of entering placement (MSA, Section II.F.2.ii). Previously, the State relied on the Comprehensive Health Evaluation for Children (CHEC) model as the only vehicle to comprehensively assess the health care needs of these children. In short, CHEC examinations require a three part examination—medical, neurodevelopmental, and mental health assessments—and in most instances occur on a single day. CHEC examinations still take place in counties with access to CHEC providers. However, in accordance with the MSA and the new Coordinated Health Care Plan for Children in Out-of-Home Placement, children are now receiving Comprehensive Medical Examinations through a variety of community based medical providers including the original CHEC providers and in some instances their own pediatricians. The Comprehensive Medical Examinations differ from a complete CHEC in that CME health examinations require a comprehensive physical as well as an initial mental health screening.

Should a child be found to have a mental health need, a full mental health assessment will then be conducted. The CHEC includes a full mental health assessment for children four years of age and older.

In this monitoring period, 79 percent of children entering out-of-home care received a CME within 60 days of placement as compared to only 27 percent of children during the last reporting period. Commendably, the majority of children received this examination within the first 30 days of placement. This meets the standard set by the Child Welfare League of America and the American Academy of Pediatrics. DCF attributes much of this success to the intense work at building the infrastructure to meet the health care needs of children, education of field staff about the timelines for obtaining a CME, and the efforts of Child Health Unit staff and DYFS caseworkers to schedule these exams.

**Figure 18: Percentage of Children in Out-of-Home Placement Who Received a CME in 60 Days**




Source: DCF, NJ SPIRIT Data

***A significant number of children in out-of-home placement have received mental health assessments.***

DCF reports that during the last monitoring period 7,005 children received a mental health assessment. This represents 59 percent of all the children in out-of-home placement from July1-December 31, 2008. Qualitative measures will be implemented in Phase II to evaluate the extent to which all children with a suspected mental health need receive an adequate assessment.

***The Child Health Units continue to be an important addition to the support of children in placement, however, work remains to fully staff these units statewide.***

**Staffing**

During the course of Phase I, DCF has worked with University of Medicine and Dentistry of New Jersey's Francois-Xavier Bagnound Center (FXB) and DYFS local offices to build Child Health Units. These units consist of a clinical nurse coordinator, health care case managers, and staff assistants. A regional nurse administrator supervises local units for a particular region (aligning with the division of Area Offices). Under a Memorandum of Understanding (MOU) that began on July 1, 2007, DCF and FXB worked collaboratively to hire appropriate nurses and staff assistants. When fully staffed, there will be 47 clinical nurse coordinators (for the 47 DYFS local offices) and 13 regional nurse administrators (one more than the 12 Area Offices). As of February 2009, all Regional Nurse Administrator positions and 36 out of 47 Clinical Nurse Coordinator positions were filled.

Nurses, who are health care case managers, are available for conducting pre-placement assessments and for case management of the health care of 50 children each. These nurses are responsible for coordinating and tracking the health care services of children in out-of-home placement including ensuring that children receive a CME, EPSDT examinations as required, and semi-annual dental exams for children aged 3 and older. Additional responsibilities include: record tracking and data entry into NJ SPIRIT, working with a child's caregiver to facilitate access to health care providers, participating in Family Team Meetings, recording medical information on a child's health care forms, and otherwise providing medical consultation to the DYFS local office. Monitoring staff met with nurses in the course of verifying information. Because most units are not fully staffed with health care case managers, the nurses are assigned children in out-of-home placement with more acute or chronic health care needs that require active attention. However, nurses are responsible for completing and updating the Health Passport for all children in out-of-home placement.

Staff assistants are responsible for collecting medical records, searching databases for immunization histories, and scheduling medical and mental health evaluations for children placed in out-of-home care. DYFS local offices are allocated one staff assistant per 100 children in out-of-home placement. Table 26 below shows the progress made toward staffing these health units. Table 26 reflects staffing on a County basis, however, most DYFS local offices will have a Child Health Unit on site.[55]

[55] Some Counties, due to space issues, will house their Child Health Units in a single DYFS local office. For example, in Gloucester, the Child Health Units will only be located in the Gloucester East local office. However, DCF reports the each local office currently has access to at least one nurse and at least one staff assistant.

**Table 26: Child Health Unit Staffing**
**(December 31, 2007 – February 2009)**

| County | Health Care Case Managers (HCCM) | | | | | Staff Assistants (SA) | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | As of 12/31/07 | As of 8/14/08 | As of 2/28/09 | Target | % Filled | As of 12/31/07 | As of 8/14/08 | As of 2/28/09 | Target | % Filled |
| **Atlantic** | 3 | 3 | 5 | 8 | 63% | 1 | 2 | 4 | 4 | 100% |
| **Bergen** | 1 | 4 | 8 | 10 | 80% | 5 | 5 | 5 | 5 | 100% |
| **Burlington** | 2 | 4 | 4 | 10 | 40% | 0 | 3 | 5 | 5 | 100% |
| **Camden** | 4 | 5 | 4 | 20 | 20% | 0 | 5 | 8 | 9 | 89% |
| **Cape May** | 2 | 2 | 2 | 5 | 40% | 0 | 0 | 2 | 2 | 100% |
| **Cumberland** | 2 | 2 | 0 | 10 | 0% | 0 | 3 | 4 | 4 | 100% |
| **Essex** | 0 | 6 | 21 | 51 | 42% | 7 | 20 | 26 | 29 | 90% |
| **Gloucester** | 1 | 1 | 4 | 7 | 57% | 0 | 4 | 4 | 4 | 100% |
| **Hudson** | 1 | 3 | 4 | 18 | 22% | 2 | 8 | 8 | 9 | 89% |
| **Hunterdon** | 0 | 2 | 1 | 2 | 50% | 0 | 1 | 1 | 1 | 100% |
| **Mercer** | 1 | 1 | 5 | 12 | 42% | 0 | 2 | 4 | 5 | 80% |
| **Middlesex** | 2 | 6 | 10 | 15 | 67% | 0 | 5 | 7 | 7 | 100% |
| **Monmouth** | 0 | 3 | 10 | 13 | 77% | 0 | 1 | 7 | 7 | 100% |
| **Morris** | 1 | 3 | 5 | 5 | 100% | 2 | 4 | 4 | 4 | 100% |
| **Ocean** | 0 | 2 | 10 | 14 | 71% | 0 | 2 | 6 | 7 | 86% |
| **Passaic** | 2 | 6 | 9 | 11 | 82% | 4 | 5 | 5 | 5 | 100% |
| **Salem** | 1 | 3 | 4 | 5 | 80% | 0 | 1 | 2 | 2 | 100% |
| **Somerset** | 0 | 1 | 3 | 3 | 100% | 0 | 1 | 2 | 2 | 100% |
| **Sussex** | 0 | 1 | 3 | 2 | 150% | 1 | 2 | 1 | 2 | 50% |
| **Union** | 0 | 1 | 6 | 19 | 32% | 1 | 4 | 8 | 8 | 100% |
| **Warren** | 1 | 3 | 3 | 3 | 100% | 0 | 1 | 2 | 2 | 100% |
| **Total** | 24 | 62 | 121 | 243 | 50% | 23 | 79 | 115 | 123 | 93% |

Source: DCF, March 2009

Almost all of the CHU's staff assistant positions (93%) are now filled. According to FXB, the hiring of nurses continues at a steady pace. One hundred twenty-one (121) health care case managers (50% of the 243 required) were employed as of the end of February 2009. By March 26, 2009 an additional 14 nurses were employed, with an additional 80 in various stages of the interview/hiring process. Originally, DCF and FXB expected to have all positions filled by the end of 2008. However, at least in part due to the nursing shortage, completing the hiring of nurses has proved to be more challenging. FXB has engaged in significant recruitment efforts for nurses including a "phone blast" to 7,000 nurses throughout the region encouraging nurses to consider applying to work in the Child Health Units. FXB first recruited for nurses with significant pediatric and public health experience. According to FXB and DCF, the pool of

available nurses who meet these criteria is limited so they expanded recruitment efforts and the criteria for nurses. Seventeen (17) of the recently hired nurses do not have pediatric experience, but went through a special curriculum to prepare them to work with DYFS involved children.

**Health audits**

As part of their work to support Child Health Units, FXB staff has conducted health audits to determine the existing health care needs of children in out-of-home placement. For these audits, nurses review each child's DYFS case record, Medicaid claims information and immunization history to assign a child/patient acuity level.[56] As of March 26, 2009, 6,487 children have had their records reviewed and have received an acuity rating. Only 14 local offices (primarily in the southern area of the State) remain that have not been audited. As is the case nationally, the review of these children has found that many children entering into out-of-home placement have multiple, significant health needs, thus reinforcing the urgency of coordinating their health care.

***DCF is able to measure health outcomes for children in out-of-home placement statewide. Initial outcomes are mixed, however, DCF is able to meet all MSA established targets for children who currently receive health care management from a Child Health Unit nurse.***

DCF reported that as of December 31 2008, 2,700 children received health care case management from a nurse in the CHU for varying lengths of time, approximately 31 percent of children in out-of-home care. From July 1 - December 31, 2008, there were 2,116 children who received health care case management from CHU for at least 3 months. Preliminary data show that the majority of children who receive this health care case management are current with EPSDT visits, immunizations, and dental care. Of 2,116 children receiving such health care case management for at least one quarter, 1,913 (90%) were current with EPSDT/Well-child care and 1,833 (87%) were current with their immunizations. Of these children who were age 3 or older, 67 percent were current with their dental care (873 out of 1,296 children), meaning that they had received a semi-annual dental check up. These data from children who are receiving active health care management from the Child Health Unit are encouraging. As staffing capacity grows, additional children are receiving health care case management from CHU nurses and according to DCF, 3,300 children were receiving health care case management as of February 28, 2009.

Through the representative statewide sample study discussed previously, DCF is able to report on the status of EPSDT/well-child visits, semi-annual dental visits, and immunization status. A separate statewide sample study captured the follow up care for children who entered care during the monitoring period (July -December 2008), received a CME, and were identified as requiring follow up care. Based on these studies, DCF reports that statewide 77 percent of children are current with EPSDT visits; this is *slightly short* of the established benchmark of 80 percent. For immunizations, 81 percent of children are current (benchmarks have yet to be established). For semi-annual dental visits, 59 percent of children are current, *exceeding* the 50 percent benchmark. Finally, 70 percent of children received follow up care *exceeding* the 65 percent benchmark.

[56] For more information, see *Period III Monitoring Report for Charlie and Nadine H. v. Corzine*.

The Monitor will separately verify the health care experience of children in out-of-home placement through an independent case record review later this Spring.

***The Health Passport is designed and available, but not yet fully operational.***

Under the MSA, all children entering out-home home placement are to have a Health Passport created for them which gathers all relevant medical information in a single place. The Child Health Unit nurses are responsible for ensuring that the Passports are created, given to children, families, and providers, and updated regularly. The original intention was that the medical information would be entered into NJ SPIRIT by the nurses, and then exported to a "passport" form. Items included in the Passport should be: medication of child, immunizations, hospitalizations, chronic health issues, practitioners and contact information, key mental health and developmental milestones, last EPSDT, dental information, and any special transportation needs. The Monitor will examine the use of the Health Passport as part of the larger health care case record review to be conducted later this Spring.

***Dental care***

Adequate and timely dental care is an area that has required significant attention by DCF. The lack of dentists willing to accept Medicaid patients has been a continual theme in the course of monitoring efforts over the last two years, affirmed again in a recent visit to a Child Health Unit. In an effort to address the lack of dentists, in January 2008, the state of New Jersey increased Medicaid fee-for-service reimbursement rates for dentist from $18.02 per exam to $64 per exam. Additionally, the State increased all fee-for-service rates for dental procedures for children under the age of 20. Since January, 52 new dentists have been enrolled in Medicaid fee-for-service providers. Further, the State reports that DCF's Office of Child Health Services is working with New Jersey's Medicaid (Department of Human Services' Division of Medical Assistance and Health Services) to resolve dental access issues for children enrolled in HMO plans. DCF also recently met with the New Jersey Dental Association (NJDA) to discuss strategies for improving access to preventive dental services and treatment for DYFS-involved youth. Following the meeting with NJDA, DCF joined the Medicaid Dental Advisory Committee and will work with NJDA to encourage provider participation in Medicaid.

# APPENDICES

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**A:** **Caseload Data**

**B:** **Indicators Published on the DCF Website**

**C:** **Requests for Proposal Issued by New Jersey Department of Children and Families during Phase I**

**D:** **Glossary of Acronyms Used in the Monitoring Report**

# APPENDIX A
## Caseload Data

**Table A-1: Caseloads - Permanency (December 2008)**

| Local Office | No. of Permanency Workers | Families | Average No. of Families (Std = 15) | Children Placed | Average No. of Children Placed (Std=10) | Office Meets Criteria |
|---|---|---|---|---|---|---|
| Atlantic East | 19 | 197 | 10 | 89 | 5 | Yes |
| Atlantic West | 14 | 196 | 14 | 75 | 5 | Yes |
| Bergen Central | 18 | 247 | 14 | 74 | 4 | Yes |
| Bergen South | 30 | 413 | 14 | 138 | 5 | Yes |
| Burlington East | 32 | 371 | 12 | 135 | 4 | Yes |
| Burlington West | 28 | 244 | 9 | 96 | 3 | Yes |
| Camden Central | 37 | 437 | 12 | 125 | 3 | Yes |
| Camden East | 45 | 318 | 7 | 100 | 2 | Yes |
| Camden North | 38 | 373 | 10 | 110 | 3 | Yes |
| Camden South | 37 | 353 | 10 | 119 | 3 | Yes |
| Cape May | 20 | 257 | 13 | 90 | 5 | Yes |
| Cumberland East | 13 | 145 | 11 | 58 | 4 | Yes |
| Cumberland West | 30 | 259 | 9 | 131 | 4 | Yes |
| Essex Central | 41 | 330 | 8 | 227 | 6 | Yes |
| Essex North | 26 | 212 | 8 | 61 | 2 | Yes |
| Essex South | 25 | 216 | 9 | 125 | 5 | Yes |
| Gloucester East | 21 | 213 | 10 | 88 | 4 | Yes |
| Gloucester West | 21 | 218 | 10 | 85 | 4 | Yes |
| Hudson Central | 27 | 354 | 13 | 195 | 7 | Yes |
| Hudson North | 24 | 378 | 16 | 111 | 5 | No |
| Hudson South | 27 | 333 | 12 | 147 | 5 | Yes |
| Hudson West | 18 | 180 | 10 | 90 | 5 | Yes |
| Hunterdon | 5 | 62 | 12 | 15 | 3 | Yes |
| Mercer North | 27 | 248 | 9 | 158 | 6 | Yes |
| Mercer South | 37 | 306 | 8 | 125 | 3 | Yes |
| Middlesex Central | 18 | 210 | 12 | 60 | 3 | Yes |
| Middlesex Coastal | 51 | 430 | 8 | 143 | 3 | Yes |
| Middlesex West | 40 | 295 | 7 | 111 | 3 | Yes |
| Monmouth North | 28 | 309 | 11 | 206 | 7 | Yes |
| Monmouth South | 24 | 166 | 7 | 100 | 4 | Yes |
| Morris East | 11 | 98 | 9 | 35 | 3 | Yes |
| Morris West | 19 | 201 | 11 | 55 | 3 | Yes |
| Newark Center City | 48 | 495 | 10 | 222 | 5 | Yes |
| Newark Northeast | 46 | 336 | 7 | 260 | 6 | Yes |
| Newark South | 54 | 453 | 8 | 238 | 4 | Yes |

| Table A-1: Caseloads - Permanency (December 2008) – *Continued* | | | | | | |
|---|---|---|---|---|---|---|
| **Local Office** | **No. of Permanency Workers** | **Families** | **Average No. of Families (Std = 15)** | **Children Placed** | **Average No. of Children Placed (Std=10)** | **Office Meets Criteria** |
| Ocean North | 41 | 385 | 9 | 210 | 5 | Yes |
| Ocean South | 35 | 353 | 10 | 125 | 4 | Yes |
| Passaic Central | 24 | 324 | 14 | 134 | 6 | Yes |
| Passaic North | 22 | 294 | 13 | 151 | 7 | Yes |
| Salem | 19 | 207 | 11 | 74 | 4 | Yes |
| Somerset | 18 | 233 | 13 | 89 | 5 | Yes |
| Sussex | 12 | 109 | 9 | 36 | 3 | Yes |
| Union Central | 27 | 262 | 10 | 128 | 5 | Yes |
| Union East | 38 | 196 | 5 | 125 | 3 | Yes |
| Union West | 28 | 174 | 6 | 119 | 4 | Yes |
| Warren | 15 | 196 | 13 | 95 | 6 | Yes |
| **Total** | **1,278** | **12,586** | | **5,483** | | **98%** |

| Table A-2: Caseloads - Intake (December 2008) | | | | | | |
|---|---|---|---|---|---|---|
| **Local Office** | **Intake Workers** | **Assignments** | **Avg. No. of Assignments (Std=8)** | **Families** | **Avg. No. of Families (Std=12)** | **Office Meets Criteria** |
| Atlantic East | 22 | 137 | 6 | 156 | 7 | Yes |
| Atlantic West | 11 | 91 | 8 | 103 | 9 | Yes |
| Bergen Central | 18 | 116 | 6 | 184 | 10 | Yes |
| Bergen South | 23 | 149 | 6 | 195 | 8 | Yes |
| Burlington East | 18 | 106 | 6 | 222 | 12 | Yes |
| Burlington West | 17 | 136 | 8 | 130 | 8 | Yes |
| Camden Central | 21 | 136 | 6 | 159 | 8 | Yes |
| Camden East | 14 | 69 | 5 | 87 | 6 | Yes |
| Camden North | 14 | 100 | 7 | 147 | 11 | Yes |
| Camden South | 20 | 98 | 5 | 87 | 4 | Yes |
| Cape May | 10 | 61 | 6 | 69 | 7 | Yes |
| Cumberland East | 12 | 77 | 6 | 113 | 9 | Yes |
| Cumberland West | 23 | 117 | 5 | 164 | 7 | Yes |
| Essex Central | 16 | 103 | 6 | 118 | 7 | Yes |
| Essex North | 12 | 51 | 4 | 74 | 6 | Yes |
| Essex South | 17 | 68 | 4 | 140 | 8 | Yes |
| Gloucester East | 15 | 95 | 6 | 128 | 9 | Yes |
| Gloucester West | 18 | 105 | 6 | 128 | 7 | Yes |
| Hudson Central | 18 | 93 | 5 | 177 | 10 | Yes |
| Hudson North | 15 | 73 | 5 | 116 | 8 | Yes |
| Hudson South | 16 | 99 | 6 | 117 | 7 | Yes |
| Hudson West | 13 | 89 | 7 | 122 | 9 | Yes |
| Hunterdon | 7 | 50 | 7 | 56 | 8 | Yes |
| Mercer North | 19 | 108 | 6 | 194 | 10 | Yes |
| Mercer South | 15 | 87 | 6 | 142 | 9 | Yes |
| Middlesex Central | 15 | 97 | 6 | 125 | 8 | Yes |
| Middlesex Coastal | 20 | 113 | 6 | 137 | 7 | Yes |
| Middlesex West | 16 | 129 | 8 | 103 | 6 | Yes |
| Monmouth North | 25 | 142 | 6 | 233 | 9 | Yes |
| Monmouth South | 25 | 140 | 6 | 240 | 10 | Yes |
| Morris East | 13 | 69 | 5 | 69 | 5 | Yes |
| Morris West | 16 | 117 | 7 | 164 | 10 | Yes |
| Newark Center City | 17 | 114 | 7 | 201 | 12 | Yes |
| Newark Northeast | 19 | 110 | 6 | 204 | 11 | Yes |
| Newark South | 14 | 82 | 6 | 112 | 8 | Yes |
| Ocean North | 19 | 134 | 7 | 132 | 7 | Yes |
| Ocean South | 25 | 139 | 6 | 214 | 9 | Yes |
| Passaic Central | 22 | 136 | 6 | 214 | 10 | Yes |

| Table A-2: Caseloads - Intake (December 2008) - *Continued* | | | | | | |
|---|---|---|---|---|---|---|
| **Local Office** | **Intake Workers** | **Assignments** | **Avg. No. of Assignments (Std=8)** | **Families** | **Avg. No. of Families (Std=12)** | **Office Meets Criteria** |
| Passaic North | 27 | 133 | 5 | 152 | 6 | Yes |
| Salem | 13 | 56 | 4 | 87 | 7 | Yes |
| Somerset | 24 | 117 | 5 | 297 | 12 | Yes |
| Sussex | 15 | 71 | 5 | 127 | 8 | Yes |
| Union Central | 14 | 91 | 7 | 107 | 8 | Yes |
| Union East | 14 | 78 | 6 | 159 | 11 | Yes |
| Union West | 14 | 94 | 7 | 138 | 10 | Yes |
| Warren | 14 | 78 | 6 | 130 | 9 | Yes |
| **Total** | 785 | 4,654 | 6 | 6,673 | 9 | **100%** |

**Table A-3: DYFS Supervisor/Caseload Carrying Staff Ratios-No CWS (December 2008)**

| Local Office | Supervisors | | Case Work Supervisors | | Ratio | Office Meets Criteria |
|---|---|---|---|---|---|---|
| | CLC Workers | Supervisors | CLC Workers | Supervisors | | |
| Atlantic East | 45 | 9 | 0 | 0 | 5 | Yes |
| Atlantic West | 26 | 6 | 4 | 1 | 5 | Yes |
| Bergen Central | 39 | 9 | 3 | 1 | 5 | Yes |
| Bergen South | 60 | 12 | 5 | 1 | 5 | Yes |
| Burlington East | 57 | 11 | 0 | 0 | 5 | Yes |
| Burlington West | 54 | 10 | 0 | 0 | 5 | Yes |
| Camden Central | 64 | 13 | 0 | 0 | 5 | Yes |
| Camden East | 71 | 13 | 0 | 0 | 5 | Yes |
| Camden North | 54 | 12 | 0 | 0 | 5 | Yes |
| Camden South | 64 | 13 | 0 | 0 | 5 | Yes |
| Cape May | 37 | 8 | 0 | 0 | 5 | Yes |
| Cumberland East | 32 | 7 | 0 | 0 | 5 | Yes |
| Cumberland West | 53 | 11 | 0 | 0 | 5 | Yes |
| Essex Central | 68 | 15 | 0 | 0 | 5 | Yes |
| Essex North | 44 | 10 | 0 | 0 | 4 | Yes |
| Essex South | 46 | 12 | 0 | 0 | 4 | Yes |
| Gloucester East | 37 | 8 | 0 | 0 | 5 | Yes |
| Gloucester West | 45 | 9 | 5 | 1 | 6 | No |
| Hudson Central | 49 | 11 | 1 | 1 | 5 | Yes |
| Hudson North | 48 | 10 | 5 | 2 | 5 | Yes |
| Hudson South | 47 | 11 | 0 | 0 | 4 | Yes |
| Hudson West | 34 | 7 | 0 | 0 | 5 | Yes |
| Hunterdon | 14 | 3 | 0 | 0 | 5 | Yes |
| Mercer North | 55 | 12 | 0 | 0 | 5 | Yes |
| Mercer South | 53 | 11 | 5 | 1 | 5 | Yes |
| Middlesex Central | 39 | 7 | 0 | 0 | 6 | No |
| Middlesex Coastal | 79 | 17 | 0 | 0 | 5 | Yes |
| Middlesex West | 60 | 15 | 0 | 0 | 4 | Yes |
| Monmouth North | 63 | 13 | 1 | 1 | 5 | Yes |
| Monmouth South | 54 | 11 | 0 | 0 | 5 | Yes |
| Morris East | 29 | 6 | 0 | 0 | 5 | Yes |
| Morris West | 39 | 8 | 5 | 1 | 6 | No |
| Newark Adoption Office | 43 | 9 | 5 | 1 | 5 | Yes |
| Newark Center City | 67 | 14 | 1 | 1 | 5 | Yes |
| Newark Northeast | 62 | 14 | 3 | 1 | 5 | Yes |
| Newark South | 64 | 15 | 4 | 1 | 5 | Yes |
| Ocean North | 71 | 15 | 0 | 0 | 5 | Yes |
| Ocean South | 67 | 13 | 0 | 0 | 5 | Yes |
| Passaic Central | 61 | 13 | 0 | 0 | 5 | Yes |
| Passaic North | 55 | 12 | 0 | 0 | 5 | Yes |
| Salem | 38 | 9 | 0 | 0 | 4 | Yes |
| Somerset | 59 | 13 | 0 | 0 | 5 | Yes |
| Sussex | 36 | 7 | 0 | 0 | 5 | Yes |

| Table A-3: DYFS Supervisor/Caseload Carrying Staff Ratios-No CWS (December 2008) *Continued* | | | | | | |
|---|---|---|---|---|---|---|
| **Local Office** | **Supervisors** | | **Case Work Supervisors** | | **Ratio** | **Office Meets Criteria** |
| | **CLC Workers** | **Supervisors** | **CLC Workers** | **Supervisors** | | |
| Union Central | 48 | 11 | 0 | 0 | 4 | Yes |
| Union East | 61 | 14 | 0 | 0 | 4 | Yes |
| Union West | 49 | 11 | 2 | 1 | 5 | Yes |
| Warren | 39 | 9 | 0 | 0 | 4 | Yes |
| **Total** | **2,379** | **509** | **49** | **15** | **5** | **94%** |

| Table A-4: Caseloads - Adoption (December 2008) | | | | |
|---|---|---|---|---|
| **Local Office** | **No. of Adoption Workers** | **No. of Children** | **Average No. of Children** | **Office Met Standard** |
| Atlantic East | 4 | 55 | 14 | Yes |
| Atlantic West | 2 | 30 | 15 | Yes |
| Bergen Central | 4 | 59 | 15 | Yes |
| Bergen South | 8 | 109 | 14 | Yes |
| Burlington East | 4 | 61 | 15 | Yes |
| Burlington West | 6 | 44 | 7 | Yes |
| Camden Central | 6 | 77 | 13 | Yes |
| Camden East | 11 | 150 | 14 | Yes |
| Camden South | 6 | 83 | 14 | Yes |
| Cape May | 5 | 74 | 15 | Yes |
| Cumberland East | 7 | 60 | 9 | Yes |
| Essex Central | 11 | 134 | 12 | Yes |
| Essex North | 6 | 82 | 14 | Yes |
| Essex South | 4 | 45 | 11 | Yes |
| Gloucester West | 8 | 105 | 13 | Yes |
| Hudson Central | 4 | 38 | 10 | Yes |
| Hudson North | 3 | 44 | 15 | Yes |
| Hudson South | 4 | 33 | 8 | Yes |
| Hudson West | 3 | 29 | 10 | Yes |
| Hunterdon | 2 | 17 | 9 | Yes |
| Mercer North | 8 | 122 | 15 | Yes |
| Mercer South | 6 | 87 | 15 | Yes |
| Middlesex Central | 3 | 36 | 12 | Yes |
| Middlesex Coastal | 8 | 71 | 9 | Yes |
| Middlesex West | 4 | 51 | 13 | Yes |
| Monmouth North | 6 | 64 | 11 | Yes |
| Monmouth South | 5 | 62 | 12 | Yes |
| Morris East | 2 | 27 | 14 | Yes |
| Morris West | 4 | 59 | 15 | Yes |
| Newark Adoption | 42 | 614 | 15 | Yes |
| Ocean North | 9 | 138 | 15 | Yes |
| Ocean South | 7 | 97 | 14 | Yes |
| Passaic Central | 6 | 102 | 17 | No |
| Passaic North | 4 | 71 | 18 | No |
| Salem | 6 | 80 | 13 | Yes |
| Somerset | 3 | 43 | 14 | Yes |
| Sussex | 3 | 41 | 14 | Yes |
| Union Central | 6 | 43 | 7 | Yes |

| **Table A-4: Caseloads - Adoption (December 2008)** – *Continued* | | | | |
|---|---|---|---|---|
| **Local Office** | **No. of Adoption Workers** | **No. of Children** | **Average No. of Children** | **Office Met Standard** |
| Union East | 9 | 102 | 11 | Yes |
| Union West | 8 | 78 | 10 | Yes |
| Warren | 6 | 82 | 14 | Yes |
| **Total** | 263 | 3,399 | 13 | **95%** |
| | | | | |
| | | | | 41 offices |

| Table A-5: IAIU Caseloads (December 2008) | | | |
|---|---|---|---|
| | **Open Cases** | **New Assignments** | **Compliance** |
| *Investigator #1* | 8 | 11 | No |
| *Investigator #2* | 9 | 11 | No |
| *Investigator #3* | 2 | 0 | Yes |
| *Investigator #4* | 11 | 11 | No |
| *Investigator #5* | 11 | 10 | No |
| *Investigator #6* | 12 | 10 | No |
| *Investigator #7* | 12 | 11 | No |
| *Investigator #8* | 12 | 10 | No |
| *Investigator #9* | 11 | 12 | No |
| *Investigator #10* | 12 | 9 | No |
| *Investigator #11* | 7 | 7 | Yes |
| *Investigator #12* | 12 | 7 | Yes |
| *Investigator #13* | 10 | 7 | Yes |
| *Investigator #14* | 1 | 0 | Yes |
| *Investigator #15* | 11 | 6 | Yes |
| *Investigator #16* | 12 | 6 | Yes |
| *Investigator #17* | 12 | 7 | Yes |
| *Investigator #18* | 12 | 5 | Yes |
| *Investigator #19* | 11 | 7 | Yes |
| *Investigator #20* | 8 | 8 | Yes |
| *Investigator #21* | 1 | 0 | Yes |
| *Investigator #22* | 10 | 5 | Yes |
| *Investigator #23* | 4 | 8 | Yes |
| *Investigator #24* | 10 | 7 | Yes |
| *Investigator #25* | 11 | 6 | Yes |
| *Investigator #26* | 12 | 8 | Yes |
| *Investigator #27* | 10 | 5 | Yes |
| *Investigator #28* | 8 | 4 | Yes |
| *Investigator #29* | 0 | 0 | Yes |
| *Investigator #30* | 6 | 1 | Yes |
| *Investigator #31* | 8 | 8 | Yes |
| *Investigator #32* | 11 | 8 | Yes |
| *Investigator #33* | 6 | 8 | Yes |
| *Investigator #34* | 8 | 4 | Yes |
| *Investigator #35* | 12 | 7 | Yes |
| *Investigator #36* | 1 | 7 | Yes |
| *Investigator #37* | 9 | 6 | Yes |
| *Investigator #38* | 12 | 6 | Yes |
| *Investigator #39* | 9 | 8 | Yes |

| Table A-5: IAIU Caseloads (December 2008) - *Continued* | | | |
|---|---|---|---|
| | **Open Cases** | **New Assignments** | **Compliance** |
| *Investigator #40* | 5 | 7 | Yes |
| *Investigator #41* | 11 | 7 | Yes |
| *Investigator #42* | 8 | 6 | Yes |
| *Investigator #43* | 7 | 6 | Yes |
| *Investigator #44* | 9 | 7 | Yes |
| *Investigator #45* | 8 | 7 | Yes |
| *Investigator #46* | 4 | 6 | Yes |
| *Investigator #47* | 11 | 7 | Yes |
| *Investigator #48* | 8 | 8 | Yes |
| **Total** | | | **81%*** |

*During December, one of IAIU's regional offices was in the process of filling two vacancies and had one investigator out on maternity leave. All staff who were non-compliant were located in that office.

# APPENDIX B:
## Indicators Published on the DCF Website

1. Division of Child Behavioral Health Services (DCBHS): Out of State Placements
2. Initial Response: Initial Response Referrals (Child Protective Services [CPS] and Family Service)
3. Initial Response: Source of CPS Referrals
4. Initial Response: Source of Requests for Family Services
5. Caseloads: intake Caseload Compliance
6. Caseloads: Permanency Caseload Compliance
7. Resource Families: Newly-Licensed Resource Families
8. Adoptions: Legally Free Children Awaiting Adoption
9. Adoptions: Adoptions Finalized
10. DYFS: Families Involved with DYFS
11. DYFS: Children in DYFS Out-of-Home Placement (OOHP)
12. DYFS: Children in DYFS OOHP by Placement Type
13. DYFS: Children in DYFS OOHP by Age
14. DYFS: Children in DYFS OOHP by Race
15. DYFS: Subsidized Adoption Placements
16. DYFS: Kinship Legal Guardianship (KLG) Placements
17. Caseloads: Permanency Caseload Office Detail
18. Caseloads: Adoption Caseload Compliance
19. Caseloads: Adoption Caseload Office Detail
20. Caseloads: Supervisor Caseload Compliance
21. Caseloads: Supervisor Caseload Office Detail
22. Caseloads: Statewide Worker Detail by Office
23. Caseloads: Caseload Carrying Staff Separation Rate
24. Training: Pre-Service
25. Training: Supervisory
26. Training: PRIDE
27. Training: Foundation Courses
28. Training: Resource Family In-Service
29. Training: Concurrent Planning
30. Training: First Responders
31. Resource Families: Resource Families Non-Kin
32. Resource Families: Resource Families Net Gain
33. DYFS: Children Under DYFS Supervision
34. DYFS: Children in DYFS OOHP by County
35. DYFS: All Children Receiving DYFS Services by Gender
36. DYFS: All Children Receiving DYFS Services by Race/Ethnicity
37. DYFS: All Children Receiving DYFS Services by Age
38. DYFS: Children Receiving DYFS In-Home Services by Gender
39. DYFS: Children Receiving DYFS In-Home Services by Race/Ethnicity
40. DYFS: Children Receiving DYFS In-Home Services by Age;
41. DYFS: Subsidized Adoption v. Placement;
42. DCBHS: Children in Placement by Type;
43. DCBHS: Children in Placement by Age;
44. DCBHS: Children in Placement by Gender;
45. DCBHS: Children in Placement by Race/Ethnicity;
46. DCBHS: Children Served by Case Management;
47. DCBHS: Children Served by Case Management (Detail by County);

48. DCBHS: Children Served by Care Management Organizations CMOs by Age;
49. DCBHS: Children Served by CMOs by Race/Ethnicity;
50. DCBHS: Children Served by CMOs by Gender;
51. DCBHS: Authorized Services for CMO youth;
52. DCBHS: Child Crises Addressed by Mobile Response Stabilization Services (MRSS);
53. DCBHS: Child Crises Addressed by MRSS (County Detail);
54. DCBHU Child Crises Stabilized at Home;
55. Initial Response: Referrals (CPS & Family Service) by Source;
56. Initial Response: CPS Referrals;
57. Initial Response: Requests for Family Service;
58. Initial Response: Institutional Abuse Investigation Unit (IAIU) Referrals;
59. Initial Response: IAIU Referral Sources;
60. Initial Response: Substantiations (by County);
61. Caseloads: Intake Caseload Office Detail;
62. Caseloads: Intake Caseload Detail;
63. Caseloads: Caseload Targets (All);
64. Caseloads: Caseload Compliance Overview (All);
65. Caseloads: Worker Detail;
66. Caseloads: Average Caseloads;
67. Caseloads: Staff with more than 30 Families;
68. Adoptions: Adoptions Finalized Within 24 Months of Placement;
69. Healthcare: Preplacement Assessments;
70. Healthcare: Preplacement Assessments - ER/Non-ER;
71. Healthcare: Preplacement Assessments - Non-ER by Time of Day;
72. Outcomes: Substantiated Abuse or Neglect with Prior Unsubstantiated Abuse or Neglect;
73. Outcomes: Substantiated Abuse or Neglect within Six Months of Prior Substantiated Abuse or Neglect;
74. Outcomes: Entries into DYFS Care;
75. Outcomes: Entries per 1,000 Population;
76. Outcomes: Entries and Exits into Care;
77. Outcomes: Sibling Placement Rates;
78. Outcomes: Children Placed within Ten Miles;
79. Outcomes: Placement with Relatives in First Time Entering Care;
80. Outcomes: Less than Two Moves;
81. Outcomes: Abuse or Neglect in Foster Care;
82. Outcomes: Average Time in OOHP;
83. Outcomes: Percentage of Youth Discharged within Twelve Months;
84. Outcomes: Children Exiting and Staying at Home Twelve Months; and
85. Other: Safe Haven

# APPENDIX C:

## Requests for Proposal Issued by New Jersey Department of Children and Families during Phase I

| Name of RFP | RFP Issue Date |
|---|---|
| Training and Technical Assistance | 9/20/06 |
| Creation of the NJ Partnership for Child Welfare | 12/8/06 |
| Child Advocacy Services | 1/23/07 |
| Out-of-Home Specialty Services for Youth | 3/2/07 |
| Differential Response Pilot Initiative | 3/16/07 |
| Youth Supported Housing | 3/20/07 |
| Home Visitation Initiative | 3/23/07 |
| Community Based Child Abuse Prevention Program | 3/26/07 |
| NJTFCAN Children's Trust Fund Grant | 3/26/07 |
| Safe Haven | 3/30/07 |
| Family Success Centers | 4/4/07 |
| Resource Family Procurement | 4/9/07 |
| Post Adoption/Post Kinship Legal Guardianship Services | 4/11/07 |
| Visitation Services and Family Engagement | 4/18/07 |
| Educational Related Services | 4/19/07 |
| Youth Permanency Demonstration Project | 4/20/07 |
| Family Preservation Services | 5/4/07 |
| Parent Linking Services - Passaic | 5/21/07 |
| School Based Youth Services Program (Asbury Park) | 5/24/07 |
| Prevention of Juvenile Delinquency | 5/24/07 |
| Health Services for Children in Out-of-Home Placement | 06/29/07 |
| PALS - Peace A Learned Solution | 07/19/07 |
| School-Based Youth Services Program | 08/31/07 |
| School-Based Youth Services Program - Parent Linking Program | 08/31/07 |
| Specialty Services | 10/10/07 |
| NJ Teen Helpline | 10/10/07 |
| Outreach to At-Risk-Youth | 10/10/07 |
| Replication of Evidence Based Program - Functional Family Therapy/Multi-Systemic Therapy | 10/22/07 |
| Emergency Assistance Administrator Services (Mercer County) | 10/22/07 |
| Treatment Home Services | 11/08/07 |
| NJ Task Force on Child Abuse & Neglect Children's Justice Act Grant | 12/20/07 |
| Psychological Evaluation, Assessment & Treatment Services for Morris & Sussex Co. | 01/07/08 |
| Family Team Meeting Services | 01/09/08 |
| Dually Diagnosed (DD & Mental Illness) Training & Technical Assistance Program | 01/22/08 |
| Pediatric Palliative Care Services for Children with Terminal Illness | 02/11/08 |
| Educational Related Services | 02/13/08 |
| Differential Response Initiative for Middlesex and Union Counties | 04/18/08 |
| NJ Task Force on Child Abuse & Neglect Children's Justice Act Grant | 05/01/08 |
| 2008 Capital Bond Funding | 05/07/08 |

| Name of RFP | RFP Issue Date |
|---|---|
| Intensive In-Home Parent Training (Passaic County) | 06/27/08 |
| Home Visitation Initiative Healthy Families/TANF Initiative for Parents | 07/07/08 |
| Unified Care Management for Mercer & Monmouth Counties | 07/29/08 |
| Contracted System Administrator for the Children's System of Care | 10/16/08 |
| Home Visitation Initiative Program Evaluation & Research Study | 12/19/08 |
| Psychiatric Community Residence | 01/22/09 |
| Forensic Interview Training Program | 01/28/09 |
| Therapeutic Nursery | 02/11/09 |
| Home Visitation - New Jersey Comprehensive Home Visitation System (Essex County, Middlesex/Somerset Counties) | 03/13/09 |
| Home Visitation - Nurse Family Partnership (Hudson and Union) and Parents as Teachers (Cape May) | 03/13/09 |

Source: DCF

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

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|---|---|
| **APPU:** | Adolescent Practice and Permanency Unit |
| **BCWEP:** | Baccalaureate Child Welfare Education Program |
| **CHEC:** | Comprehensive Health Evaluation for Children |
| **CHU:** | Child Health Unit |
| **CME:** | Comprehensive Medical Examination |
| **CMO:** | Care Management Organization |
| **CPM:** | Case Practice Model |
| **CQI:** | Continuous Quality Improvement |
| **CSA:** | Contracted System Administrator |
| **CSSP:** | Center for the Study of Social Policy |
| **CWPPG:** | Child Welfare Policy and Practice Group |
| **CWTA:** | Child Welfare Training Academy |
| **DCBHS:** | Division of Child Behavioral Health Services |
| **DCF:** | Department of Children and Families |
| **DPCP:** | Division of Prevention and Community Partnerships |
| **DYFS:** | Division of Youth and Family Services |
| **EPSDT:** | Early and Periodic Screening, Diagnosis and Treatment |
| **FFT:** | Functional Family Therapy |
| **FQHC:** | Federally Qualified Health Center |
| **FSC:** | Family Success Centers |
| **FSS:** | Family Service Specialist |
| **FXB:** | Francois-Xavier Bagnoud Center |
| **IAIU:** | Institutional Abuse Investigations Unit |
| **LGBTQI:** | Lesbian, Gay, Bisexual, Transgender, Questioning or Intersex |
| **MSA:** | Modified Settlement Agreement |
| **NJ SPIRIT:** | New Jersey Spirit |
| **OCA:** | Office of the Child Advocate |
| **QA:** | Quality Assurance |
| **QSR:** | Quality Service Review |
| **RDTC:** | Regional Diagnostic and Treatment Center |
| **RFP:** | Request for Proposal |
| **SCR:** | State Central Registry |
| **SHSP:** | Special Home Service Providers |
| **SIBS:** | Siblings in Best Settings |
| **SPRU:** | Special Response Unit |
| **TPR:** | Termination of Parental Rights |
| **UMDNJ:** | University of Medicine and Dentistry of New Jersey |
| **USDA:** | United States Department of Agriculture |
| **WIC:** | Women, Infants, and Children |
| **YCM:** | Youth Case Management |