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## **PERIOD II MONITORING REPORT**

*January 1, 2005 to June 30, 2005*

*October 11, 2005*

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## TABLE OF CONTENTS

---

<b>PART I:</b>	<b>INTRODUCTION</b>	<b>4</b>
----------------	---------------------	----------

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<b>PART II:</b>	<b>MAJOR CONCLUSIONS AND RECOMMENDATIONS</b>	<b>5</b>
-----------------	----------------------------------------------	----------

---

<b>PART III:</b>	<b>BACKGROUND DATA AND OUTCOME MEASURES</b>	<b>14</b>
------------------	---------------------------------------------	-----------

---

A.	Basic Data about New Jersey's Child Welfare System	14
----	----------------------------------------------------	----

*Table 1. All Families & Children under DYFS Supervision*

*Table 2. Children in Out-of-Home Care*

*Table 3. Children Entering Out-of-Home Care*

*Table 4. Children Exiting Out-of-Home Care*

*Table 5. Age of Children in Out-of-Home Care*

*Table 6. Race and Ethnicity of Children in Out-of-Home Care*

*Table 7. Placement Type of Children in Out-of-Home Care*

*Table 8. Permanency Goals for Children in Out-of-Home Care*

*Table 9. Adoption*

B.	Outcome Indicators	21
----	--------------------	----

*Indicator 1. Median Length of Stay*

*Indicator 2. Probability of a Permanency Exit*

*Indicator 3. Probability of Non-permanent Exit*

*Indicator 5. Sibling Groups Entering Care Placed Together*

*Indicator 6. Sibling Groups in care Currently Placed Together*

*Indicator 7. Children whose First Placement was with a Relative*

*Indicator 8. Children whose First Placement was within Ten Miles of Home*

*Indicator 9. Children whose first placement was in the same county or the same city*

*Indicator 11. Children in out-of-home care who experience a substantiated instance*

- Indicator 12. Children whose predominant placement was in a congregate setting*
- Indicator 13. Children currently placed is in a congregate setting*
- Indicator 14. Children initially placed in shelter care*
- Indicator 15. Children who have experienced two or more placement moves*
- Indicator 16. Children currently in care who have experienced two or more placement moves.*
- Indicator 17. Children (by exit cohort) who have returned to care within twelve months of exit.*
- Indicator 18. Rate of Entry*
- Indicator 19. Rate of Entry in communities with historically high placement rates*
- Indicator 20. Children with a second substantiated case*
- Indicator 21. Children with a substantiated allegation following an unsubstantiated allegation*
- Indicator 22. Children with a substantiated allegation following reunification*
- Indicator 23. Rates of Entry by Race and Ethnicity*
- Indicator 24. Median Length of Stay by Race and Ethnicity*
- Indicator 25. Probability of a permanency exit by Race & Ethnicity*
- Indicator 26. Likelihood of reentry by race & ethnicity*

---

**PART IV: REFORM PLAN STRATEGIES AND ACTIONS 36**

---

- A. Keeping Children Safe 36
- B. Placing Children who Need Out-of-Home Settings 40
- C. Achieving Permanency for Children 43
- D. Resource Families 48
- E. Adolescents and Youth Transitioning Out of the System 52
- F. Reducing Inappropriate Reliance on Institutional Settings 54

*Table 12. Number of Children in Out-of-Home Congregate Care, page 55*

- G. Partnering with Communities and Expanding Necessary Services 60
- H. Striving for Safety and Permanency in the Courts 66
- I. Developing the Necessary Culture and Workforce 69

*Table 13. Caseload Distribution for Staff Assigned More than Five Families*

*Table 14. Percent of Caseload Distribution for Staff Assigned More than Five Families*

*Table 15. Worker Caseloads*

J. Infrastructure and Resources	77
K. Continuous Quality Improvement	81

---

**APPENDIX A: TARGETED REVIEW – YOUNG CHILDREN IN CONGREGATE CARE** **83**

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## PART I: INTRODUCTION

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### *Purpose of this Report*

The New Jersey Child Welfare Panel was formed as part of the settlement of class-action litigation (*Charlie and Nadine H. v. McGreevey*) aimed at improving serious and long-standing problems in the State's child welfare system. Following the settlement, New Jersey developed a comprehensive and ambitious reform plan (*A New Beginning: The Future of Child Welfare in New Jersey*, June 2004), which was approved by the Panel and the United States District Court and applauded by concerned citizens and groups who have long advocated for major improvements in New Jersey's child welfare work. Now the Panel is charged with monitoring the State's progress in implementing the plan and bringing about better results – increased safety, more rapid movement to stable and permanent homes, and improved well-being – for vulnerable children and their families.

This document is the Panel's second monitoring report, and it covers the period from January 1 through June 30, 2005. In some areas where significant activity has occurred since the end of the monitoring period, we also provide information on developments in July and August 2005. Our first report, covering the period ending December 31, 2004, was issued on March 7, 2005. For a discussion of the methods used by the Panel to gather and evaluate information, we refer the reader to that document. We extend our thanks to the many dedicated individuals – staff of the Department of Human Services and other arms of State government, the non-profit community, advocacy organizations, and community representatives, along with parents and children who have experienced the system first-hand – whose thoughtful comments have informed our work.

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## PART II: MAJOR CONCLUSIONS AND RECOMMENDATIONS

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### *Overview*

*A New Beginning* sets out an ambitious plan to change an under-funded, overstressed and ineffective child welfare system to one that reflects best practices in the field and routinely produces good results for children and families. It envisions a capable and highly trained workforce, with caseloads low enough to permit intensive and careful work with fragile families and at-risk children; the establishment of community based support services that will help keep children safe without breaking critical family bonds; and the development of a substantial array of well-trained and well-supported resource families to meet the needs of children who do have to be separated from their parents, among other critical changes. Creating such a system requires a nimble, lean management structure, in which resources flow first to the front lines and staff at all levels use data to monitor their own performance. It also makes great demands on the system's leaders, who must undertake a massive communication effort both internally and externally; continually attend to many competing priorities; and demonstrate political will and strong resolve.

In evaluating the State's progress in meeting these challenges, we make allowances for three factors:

First, the implementation of system reform on a large scale is inherently complicated and difficult, and success always takes longer than anyone would like. A child welfare system cannot be shut down and re-tooled; it must continue to carry out day-to-day operations that affect the lives of thousands of children while simultaneously putting into place new policies and practices. Even the most impressive reform efforts we have seen have taken years to produce the intended results and have encountered significant problems along the way.

Second, the very comprehensiveness and urgency of New Jersey's plan has made the task even more challenging here. In some other systems, leaders have had the comparative luxury of trying to address one or two areas at a time. In New Jersey, an entire system needs comprehensive change, and the State must try to bring about progress on many fronts simultaneously.

Finally, the natural tendency of concerned observers to focus on problems should not be allowed to obscure either the real gains the State has made or the impressive effort that many dedicated managers, supervisors, and front-line continue to make every day to help children and families. We discuss some of the major improvements in this section and throughout this report as "Noteworthy Accomplishments."

With this important context in mind, we nevertheless conclude that the State's record in the first year of implementing the reform plan is on the whole a disappointing one. For a few of the commitments New Jersey made, the State has not taken action; for too many others, it has taken

actions that are late or incomplete or do not meet the test of quality and thoughtfulness. As a result, the overall progress of the reform effort is considerably less than the Court and the citizens of New Jersey could reasonably have expected. Six months ago, in our first monitoring report, we wrote that the reform effort was in need of a “significant course correction.” That conclusion remains true today, and it is increasingly urgent in view of the additional time that has passed.

In the balance of this section, we:

- identify those areas that we regard as significant accomplishments of the past six months;
- identify those areas in which we conclude that there has been “seriously inadequate progress” as defined by Section VI.E of the Settlement Agreement,<sup>1</sup> with an explanation of the criteria used for making such judgments;
- seek to identify the underlying causes of the problems, focusing on issues related to the overall direction of the reform effort and the organizational structure within which it is being carried out;
- provide recommendations on the actions needed to improve the prospects for success of this reform effort.

#### *Noteworthy Accomplishments During This Period*

New Jersey has:

- Hired hundreds of additional front-line staff and supervisors. While the goal of this hiring – caseload sizes that permit adequate attention to the needs of every child and family with whom the Department comes into contact, and the institution of a new practice model that promises better outcomes – have not yet been achieved, this addition of new staff is an essential building block and it promises improvement in the future;
- Appropriated the full amount of funds committed in the reform plan, making available significant and long overdue resources needed for system improvement;
- Established Area Offices and local offices that are more appropriately staffed for the work they must accomplish and begun to put in place new leadership for most of these offices;
- Created, in every local office, staff units to recruit and support resource families, substantially increasing the resources available for these critical functions and bringing them together with the front-line workers they must support;
- Made available significantly increased amounts of flexible funds to provide individualized services for birth families, children in care, and resource families;

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<sup>1</sup> This section provides that, “At any time during the 18-month period described in this Section, if the Panel identifies any areas, enforceable under this agreement, in which it believes that the Division’s progress is seriously inadequate, it shall immediately inform both plaintiffs and defendants. If plaintiffs subsequently conclude, based upon such information, that the Division is not in substantial compliance with one or more enforceable provisions of this Agreement, they may commence the dispute resolution process set forth in Section X” of the Agreement.

- Continued to expand children’s behavioral health services, with Mobile Crisis Response, Care Management Organizations and Family Support Organizations on schedule to be available State-wide by the end of the calendar year;
- Proceeded on schedule with the development of alternative placements and services needed to allow the closure of the Arthur Brisbane Child Treatment Center and made interim reductions to the population at Brisbane as planned; and
- Effectively piloted the Quality Service Review process, the most useful tool the State has ever had for evaluating the quality of its own casework practice, and prepared to implement it State-wide over the next year.

*Areas of Seriously Inadequate Progress*

We indicate in this section those areas in which we have concluded that New Jersey’s progress has been seriously inadequate. These findings are not legal conclusions, which can only be made by the Court. They are, rather, the carefully considered judgments of the Panel, taking into account all of the information gathered from multiple sources and examining the entire first year of the reform effort. In making these judgments, we have limited the designation of “seriously inadequate progress” to areas in which we believe that all of the following factors apply:

- New Jersey has accomplished much less than it could and should have;
- The resulting lack of progress is of significant importance to the lives of children and families and the prospects of the reform effort as a whole; and
- If there have been recent improvements during the three months after the end of the monitoring period, these changes have not been substantial enough to lead us to believe that New Jersey is well on the way to remedying earlier problems.

In other words, this is not meant to be a comprehensive list of areas in which the State has achieved less than anticipated by the Settlement Agreement. It excludes areas in which we believe the State has made meaningful advances, even if New Jersey has fallen short of the specific enforceable elements of the Settlement Agreement.<sup>2</sup> It excludes areas in which recent progress is substantial enough to convince us that earlier problems can be resolved within a reasonable time period.<sup>3</sup> Finally, it excludes areas that seem to the Panel to be of less current

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<sup>2</sup> For example, we do not label progress with regard to reducing caseload sizes as “seriously inadequate,” even though this is a very important issue and even though caseloads for too many workers are still much higher than the levels expected by June 30, 2005. We would argue that, even if progress in this area is “inadequate,” the caseload reductions achieved to date mean that it is not “seriously inadequate.” This distinction, necessary because of the requirements of the Settlement Agreement, of course does not in any way diminish the critical importance of continued attention to caseload reduction.

<sup>3</sup> For example, we do not label New Jersey’s efforts to investigate and remedy abuse or neglect of children in out-of-home settings as “seriously inadequate,” despite long-standing problems in the Institutional Abuse Investigations Unit (IAIU). Recent data demonstrate that New Jersey has reduced the backlog of IAIU investigations by more than 60% from late June through early September of this year. This progress, coupled with a thoughtful plan for improving management controls and the quality of decision-making at IAIU, is substantial enough to avoid the



importance to the reform effort overall – in effect, those areas in which we would have granted an extension of timeframes if requested by the State, in order to allow DHS to focus on more essential activities during this first year of the reform.

Drawing these conclusions has inevitably involved an exercise of discretion on the part of the Panel. We believe that this is entirely consistent with one of the primary purposes for which the Panel was established: ensuring that a well-informed and independent body would have the responsibility to evaluate and make judgments about the State’s progress.

For each area mentioned below, we refer the reader to fuller discussion in the body of this report. Parenthetical notations indicate the chapter and strategy number in which these discussions can be found.

*Building the skills needed to effectively help children and families.* Training (I12 and I14) is well behind schedule, as are the critical activities designed to establish a new practice model – developing family team meetings (C2), improving assessment of child and family strengths and needs (C3), and formulating individualized service plans (C4).

*Stabilizing and improving operations critical to safety and permanency.* Adoption operations (C8) were seriously disrupted as the existing system was shut down before a new one was ready to take its place. The State cannot yet ensure regular, face-to-face contact between workers and the children for whom they are responsible (C7), nor can it demonstrate that children entering care are routinely getting the medical care they need (G6).

*Finding appropriate placements for children in out-of-home care.* The State has made little progress in reducing the number of very young children placed in congregate settings (F1). There has been minimal attention to reducing the number of children who have temporary placements in shelters because a more stable setting is not available for them (F2). There has also been little improvement in reducing the number of children in out-of-state placement and planning for permanency for those who remain out-of-state (F3).

*Creating the organizational structure and supports needed to achieve better outcomes for children and families.* The development of an effective Office of Children’s Services (J1) has been slow and hampered by continued issues of authority within the larger Department of Human Services. The State has not yet fulfilled its commitments to improve hiring and promotional standards and civil service examinations for child welfare staff (I1) or to adequately reimburse non-profit providers so they can hire and retain well-qualified staff (J7).

Many people have worked extraordinarily hard over the past year, yet their efforts have not produced enough improvement in New Jersey’s child welfare system. To understand why this is so, and to begin to identify remedies, we turn to a consideration of the leadership of the reform effort and the organization in which it has been housed.

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“seriously inadequate progress” designation, even though it is later than planned and considerable work remains to be done.

## *Leadership*

The leaders charged with implementing the reform plan have consistently demonstrated dedication, commitment, and hard work. In our view, however – and with an important caveat, noted below – they have not routinely and effectively met some of the fundamental challenges inherent in an effort of this magnitude. In particular, we believe that there have been significant gaps in each of the following areas:

- reinforcing the vision and purpose behind the many changes underway;
- communicating with and consistently engaging staff and community partners, and remaining open and accessible to these critical stakeholders;
- setting and keeping priorities;
- attending to the “big picture” and ensuring that the many different pieces of the reform effort are coordinated with one another;
- building and sustaining the capacity for effective implementation;
- ensuring that the right people are in the right jobs and that they have the support they need to do those jobs;
- delegating responsibility clearly and holding staff accountable for producing results; and
- routinely monitoring and evaluating progress and making prompt mid-course corrections where necessary.

As a result, implementation issues have largely been left to “the field,” sometimes without adequate support and often without the honest, thorough communication and feedback and access to executive leadership needed to identify and resolve problems as they arise. Managers and staff in the field, meanwhile, have too often found themselves pulled from one issue to another without ever having the time and sustained attention needed to implement changes well. The organizational issues we discuss below have furthered this difficulty, as gaps between DYFS and OCS, and between OCS and DHS, lead to confusion and miscommunication.

Many of these themes are illustrated in the way in which New Jersey has approached the parts of the reform plan that deal with adoption. In *A New Beginning*, New Jersey committed itself to strengthen its adoption practice. One important strategy for doing so was replacing a system in which cases were transferred to a separate organizational unit (“ARC’s,” or Adoption Resource Centers) when the permanency goal changed to adoption. In the new model (“one worker, one family”), the same worker who already has a relationship with the child will remain responsible for working with her until she can safely leave the child welfare system, whether by reunification with family or by adoption. This worker is to be supported by Adoption Specialists with expertise in the adoption legal process and specialized recruitment.

New Jersey’s leaders never adequately communicated the reasons for this change, its expected benefits, or its relationship to the principles and values set out in *A New Beginning*, either to their own staff or to outside stakeholders. During our site visits, Panel members found that ARC staff had no idea why their job responsibilities were to change, and that permanency workers in local offices were concerned that they were about to be asked to take on additional work without adequate preparation or support.

These concerns, which were shared even by local managers, proved largely justified. New Jersey proceeded to dismantle the ARC's before putting in place the basic elements of the new system, including such absolutely fundamental needs as training for workers and supervisors. A State-wide adoption advisory committee made specific recommendations of the kinds of safeguards and supports that needed to be put in place to support the transition, but these recommendations were not adopted. At the same time, the pace of caseload reduction – a precondition for permanency workers to be able to continue to help children with a goal of adoption – proved much slower than anticipated. But, for many months, no one with sufficient authority to act connected these facts, concluded that the State needed to amend its plans, and ensured the development of an alternative approach that could stabilize adoption practice while still preparing for the new system to be implemented in the future.

We noted above one important caveat with regard to these concerns. Over the past few months, we have begun to see some positive changes at the Office of Children's Services. To continue the adoption example, in May 2005 OCS prepared a thoughtful revised approach to adoption and, after consultation with the Panel, has begun to implement it. Similarly, OCS agreed in August to make substantial changes in the way it screens allegations of child abuse or neglect, in order to resolve problems that had not been solved for many months after they were identified. In other areas, we have seen increasing use of data and increasing evidence that OCS's senior leaders are working together as a team to manage the overall reform effort. There is additional, regular interaction between the OCS leadership team in Trenton and the new Area Office directors. It is too soon to draw a conclusion based on these preliminary signs, particularly given the organizational issues described below, but they are encouraging nonetheless.

### *Organization*

In our view, the leadership issues identified above have been exacerbated by a problematic organizational structure. In our March report, one of the Panel's primary conclusions was: "We are deeply concerned that the organizational structure of DHS does not adequately support the reform effort." We accordingly recommended that "New Jersey's leadership should, within 30 days, put in place critical organizational changes...."

OCS is now, six months later, in the process of implementing many of the organizational changes we pointed to. It is designating Area Office directors with responsibility for all operations in a county or a set of counties, rather than having "team leaders," each independent and reporting to a separate central office director, for each of three parts of OCS in each Area. Centrally, it will name a Director of Operations for OCS as a whole, and a critically needed Director of Policy, Planning, and Coordination. It is beginning to build single, OCS-based administrative support units in areas such as contracting and quality improvement, to replace multiple and overlapping units that now exist.

We continue to view these changes as useful and important ones, but we do not think that the organizational problem is solved. First, the amount of time it has taken to prepare for them is telling, indicating that DHS and OCS are not yet nimble enough to manage a large and complex reform effort. Second, the changes being put in place do not address a critical part of the

problem, the ability of OCS to act promptly and effectively within the larger Department of Human Services.

Under the reform plan, OCS was to function as an “agency within an agency.” The State’s idea was that OCS would benefit from being part of a large agency that includes many other programs important to children and families, yet be provided with substantial authority to direct the reform effort and manage its own infrastructure needs. The reality appears to us to be very different. The parts of DHS operate largely in isolation from one another, and OCS has not measurably benefited from its connection to other parts of the agency. At the same time, OCS budget, personnel, facilities, and contract issues continue to depend in substantial part on decisions made by various units of DHS. OCS leaders have had to spend a good deal of their time navigating the DHS bureaucracy, detracting from their ability to focus on implementing reforms in the field.

A further result of these difficulties is that New Jersey continues to have a highly centralized management structure. Area Office directors will be expected to produce better results for children and families in the counties they are responsible for, but to date they have very limited authority to act. Many important decisions cannot be made until recommendations have made their way from the field to a division director in Trenton, then to the OCS Deputy Commissioner, and finally on to DHS. This process is slow, risks the loss of important information at every step, and furthers the very considerable distance between those who are responsible for delivering services on the ground and those with decision-making authority in Trenton.

In the Panel’s view, therefore, New Jersey has not yet put in place an organizational structure that supports the implementation of the reform plan.

### *Immediate Priorities*

The other major recommendation of our first monitoring report was that “New Jersey’s leadership should set and communicate clear and firm priorities for the work of the next six months, focused on (a) those elements of the plan with immediate implications for children currently in care or under State supervision, and (b) those remaining foundational elements that are essential to the rest of the reform effort.” As was the case with reorganization, this effort has taken a long time to get underway, and in August the Panel received from OCS for the first time a written description proposed priorities. The State’s proposal is largely consistent with the list below, which includes several additional items the Panel believes must be attended to promptly.

1. Significantly reducing caseload sizes by hiring additional workers, closing cases that no longer require services, and eliminating investigations backlogs in protective service and assessment units and IAIU;
2. Implementing new worker training, developing a cadre of trainers with the ability to teach workers the skills they need on the job, and preparing for the re-training of existing staff;
3. Stabilizing the most troubled parts of OCS operations – the State Central Registry and adoption;
4. Ending or significantly reducing the use of inappropriate placement settings;
5. Continuing the development of community services, especially recruitment of additional resource families;

6. Laying the groundwork for practice change by piloting Family Team Meetings in selected parts of the State;
7. Continuing the development of the quality improvement function and strengthening data analysis and the routine use of data by management; and
8. Fully implementing the reorganization plan.

In late September, the Panel received further proposals from the State, providing additional details on the specific actions to be included in these priority areas; the sequence in which they are to be addressed; and a revised time schedule by which the State believes they can be accomplished. The development of these proposals is a positive step; they are now under review by the Panel, and they will require discussions involving plaintiffs' counsel as well.

### *Conclusions and Recommendations*

New Jersey's reform plan is strong. That plan, and the resources attached to it, has already produced some changes that are absolutely critical and beneficial: many more workers are in place and caseloads have begun to decline; resource parents are better compensated and a substantial recruitment and support effort is ready to begin; and some more services are available to help families and children.

The implementation of the reform plan, by contrast, has not been as strong as needed. As a result, the State has made far less progress than it should have during this first year. In the community, and among staff, there is a strong sense of disappointment and confusion. Some observer's question whether the State is trying to do too much, or whether reform of this complicated system is even possible. Public confidence is low, and there is an urgent need for the State's leaders to re-engage critical stakeholders and rebuild trust and hope for the future.

The Panel has a role to play in this process as well, beyond the obvious steps of advising the Court and monitoring the State's progress. As we have noted in virtually every document this Panel has produced, the Settlement Agreement grants us significant flexibility with regard to modifying what must be done and when. Such modifications are essential; at this point, many of the targets and dates set out a year ago are no longer a reliable guide to future progress. Even if New Jersey does excellent work during the next monitoring period, it is now far enough behind in many areas that it will be unable to meet some of its commitments. And, as noted above, some of those commitments ought in any event to be delayed so more attention can be devoted to the most urgent priority items.

The Panel's judgments regarding "seriously inadequate progress" may lead plaintiffs' counsel to invoke the dispute resolution portions of the Settlement Agreement. The parties structured this process in order to create an opportunity to resolve problems collaboratively, rather than having to return immediately to the adversarial setting of the courtroom. It is essential that everyone approach the upcoming discussions in this spirit.

In our view, in order to be effective this process must produce two concrete results. First, the parties and the Panel must come to agreement about how to resolve the large questions laid out above regarding the overall direction and leadership of the reform effort. Creating still more

detailed plans to address individual items on which the State is behind schedule will not be useful unless these larger issues are addressed. Second, the parties and the Panel must come to agreement on the priority areas that New Jersey will focus on over the next year and against which its performance will be measured. This means giving correspondingly less weight to the actions and timeframes set out in other parts of the plan, even if they are “enforceable actions” that will still ultimately be required of the State.

New Jersey is now at a critical point in its child welfare reform effort. Success is possible. The presence of a strong reform plan, substantial resources, an informed and demanding public, and the commitment of many people involved in the child welfare system at all levels are enormous strengths to build upon. Success is also uncertain, and it will be very difficult to achieve unless the problems identified in this report are addressed promptly and thoroughly. The Court and the public should expect no less.

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## PART III: BACKGROUND DATA AND OUTCOME MEASURES

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This Part contains two sections. The first provides basic descriptive information about New Jersey's child welfare system, such as the number of children in out-of-homecare, their placement locations and permanency goals, and the number of adoptions completed. The second provides baseline and most current information for longitudinal measures of outcomes for children and families. Future reports will continue to include current performance information compared to these baselines to determine the extent of progress on each indicator. Improving these outcomes will ultimately be the primary measure of the success of New Jersey's reform effort.

In tables showing data regarding children currently in care, references to "Percentage Change for this Monitoring Period" indicate comparisons between data as of June 30, 2005, or the closest available date, and data as of December 31, 2004, or the closest available date. In tables showing data about activities occurring over time (for example, the number of children entering placement), such references indicate comparisons between the second monitoring period (January 1, 2005 – June 30, 2005) and the first monitoring period (July 1, 2004 – December 31, 2004).

### A. BASIC DATA ABOUT NEW JERSEY'S CHILD WELFARE SYSTEM

**Table 1. All Families and Children under DYFS Supervision**

	July 1, 2005	January 7, 2005	July 2, 2004	<i>Percentage change for this monitoring period</i>
<b>Under DYFS Supervision</b>				
Families	33,570	32,895	36,682	+2.1%
Children	63,341	61,262	68,454	+3.4%
<b>Subsidy support without case management</b>				
Families	7,499	6,969	6,407	+7.6%
Children	11,738	10,925	10,009	+7.4%

*Data supplied by OCS. Not independently verified.*

The number of families and children with an open child welfare case increased during the second monitoring period; however, these figures still remain below where they were a year ago. The number of families and children receiving subsidy support, following an adoption or kinship legal guardianship, continues to grow.

**Table 2. Children in Out-of-Home-Care**

	July 1, 2005	January 7, 2005	July 2, 2004	<i>Percentage change for this monitoring period</i>
Children in out-of-home care	11,813	12,222	12,938	-3.3%

*Data supplied by OCS. Not independently verified.*

During this monitoring period the number of children in out-of-home care continued to decrease. The 11,813 children in care on July 1, 2005 represent a decrease of 8.7% from the figure a year earlier.

**Table 3. Children Entering Out-of-Home Care**

<i>Entry Year</i>	<i>Entry during the first six months of 2005</i>	2004	2003	2002	2001	2000
Number of Children entering out of home care	3,340	7,281	8,173	6,997	6,268	5,497
Percentage change from previous period	--	-10.9%	16.8%	11.6%	14.0%	--

*Data supplied by OCS. Not independently verified.*

The number of children entering out of home care in New Jersey has fluctuated substantially over the last several years. If the trend from the first six months of calendar year 2005 continues, fewer children will enter care this year than entered in 2004.

**Table 4. Children Exiting Out-of-Home Care**

Exit Type	<i>Exiting during the first six months of 2005</i>	2004	2003	2002	2001	2000
Reunification	1,863	3,939	3,527	3,256	2,790	2,794
Adoption	553	1,398	987	1,260	1,017	908
Guardianship	382	447	241	14	--	--
Relative	6	43	30	33	124	151
<i>Subtotal Permanent Exit Types</i>	2,804	5,827	4,785	4,563	3,931	3,853
Reach Majority	251	404	319	276	213	267
Runaway	130	298	322	267	264	232
Other	572	1,393	1,301	1,167	1,032	927
<i>Subtotal Nonpermanent Exit Types</i>	953	2,095	1,942	1,710	1,509	1,426
<b>All Children</b>	<b>3,757</b>	<b>7,922</b>	<b>6,727</b>	<b>6,273</b>	<b>5,440</b>	<b>5,279</b>
<i>% with permanency exits</i>	74.6%	73.6%	71.1%	72.7%	72.3%	73.0%
<i>% with non-permanency exits</i>	25.4%	26.4%	28.9%	27.3%	27.7%	27.0%

*Data supplied by OCS. Not independently verified*



The number of children leaving out-of-home placement has also varied significantly over the past several years. If the rate of exit during the first six months of 2005 continues, fewer children will leave care this year than left in 2004. The number of children leaving care overall would, however, be greater than in any of the earlier years (2000-2003) shown in the table. The figures above also suggest that the number of adoptions completed in 2005 is decreasing, while the number of children who leave care to a permanent legal guardian is increasing significantly. The number of children exiting care to a permanent exit type, 74.6%, is higher than any other previous year.

**Table 5. Age of Children in Out-of-Home Care**

<b>Distribution by Age of Children in Out-of-Home Care</b>					
Age	July 1, 2005		January 7, 2005		<i>Percentage change for this monitoring period</i>
	Number of Children	Total	Number of Children	Total	
0 to 2	2,675	22.6%	2,763	22.6%	-3.2%
3 to 5	1,734	14.7%	1,765	14.4%	-1.8%
6 to 9	1,824	15.4%	1,891	15.5%	-3.5%
10 to 12	1,569	13.3%	1,697	13.9%	-7.5%
13 to 15	2,139	18.1%	2,218	18.1%	-3.6%
16 to 17	1,589	13.5%	1,612	13.2%	-1.4%
18 & older	283	2.4%	276	2.3%	+2.5%
<i>All Children</i>	<i>11,813</i>	<i>100.0%</i>	<i>12,222</i>	<i>100.0%</i>	<i>-3.3%</i>

*Data supplied by OCS. Not independently verified.*

This distribution of children by age in New Jersey has remained quite similar throughout this monitoring period and remains comparable to national data. One area of note in this table is the number of children 18 and older in out-of-home care. Policy changes promulgated under the State's reform plan were designed to make it easier for such children to continue to receive assistance until their 21<sup>st</sup> birthday. This age group has shown the only increase in the table, but it is a very small one, suggesting that further work will be needed to achieve the intention of the policy change. There were 283 children 18 or older in care as of July 1, 2005, an increase of seven children, or 2.5%, from the comparable figure on January 7, 2005.

**Table 6. Race and Ethnicity of Children in Out-of-Home Care**

Distribution by Race & Ethnicity of Children in Out-of-Home Care					
Race & Ethnicity	July 1, 2005		January 7, 2005		Percentage Change for this monitoring period
	Number of Children	Total	Number of Children	Total	
American Indian/ Alaska Native	17	0.1%	18	0.1%	-5.6%
Asian/Native Hawaiian/Other Pacific Islander	32	0.3%	28	0.2%	+14.3%
African American	6,770	57.3%	7,208	59.0%	-6.1%
Hispanic/Latino	1,364	11.5%	1,494	12.2%	-8.7%
Interracial	304	2.6%	305	2.5%	-0.3%
White	2,847	24.1%	2,910	23.8%	-2.2%
Other	479	4.1%	259	2.1%	+84.9%
<i>All Children</i>	<i>11,813</i>	<i>100.0%</i>	<i>12,222</i>	<i>100.0%</i>	<i>-3.3%</i>

In New Jersey, as in most systems across the country, African-American children are substantially overrepresented compared to their numbers in the general population. While African-American children make up only 15.4% of the children in New Jersey, they represent 57.3% percent of the children in out-of-home care in the state. During this monitoring period, however, the number of African-American children in care decreased more rapidly than the number of white children in care (6.1% vs. 2.2%), slightly reducing this overrepresentation. Outcome N at the end of this section provides further information about issues of racial disproportionality.

**Table 7. Placement Type of Children in Out-of-Home Care**

Placement Type of Children in Out-of-Home Care					
	July 1, 2005		January 7, 2005		
Placement Type	Number of Children	Total	Number of Children	Total	<i>% Change for this Monitoring Period</i>
Group Homes	402	3.4%	443	3.6%	-9.3%
Public Institutions	92	0.8%	96	0.8%	-4.2%
Shelters	397	3.4%	417	3.4%	-4.8%
Residential Treatment Centers	966	8.2%	973	8.0%	-0.7%
<i>Subtotal Congregate Settings</i>	<i>1,857</i>	<i>15.7%</i>	<i>1,929</i>	<i>15.8%</i>	<i>-3.7%</i>
Foster Care	5,146	43.6%	5,512	45.1%	-6.6%
Relative Foster Care	4,028	34.1%	4,031	33.0%	-0.1%
Treatment Foster Care	650	5.5%	631	5.2%	+3.0%
Independent Living	132	1.1%	119	1.0	+10.9%
<i>Subtotal Family Settings</i>	<i>9,956</i>	<i>84.3%</i>	<i>10,293</i>	<i>84.2%</i>	<i>-3.3%</i>
<i>All Children</i>	<i>11,813</i>	<i>100.0%</i>	<i>12,222</i>	<i>100.0%</i>	<i>-3.3%</i>

*Data supplied by OCS. Not independently verified.*

Most of the children in out-of-home care (84.3%) are living in family settings, a figure that was essentially unchanged during this monitoring period. New Jersey succeeded in increasing the number of children in treatment foster homes by 19, or 3.0%. There was a relatively sharp decrease in the number of children in regular foster homes, which dropped by 366 or 6.6%. At the end of the monitoring period, nearly 400 children remained in shelters, which are inherently unstable settings, presumably because of the lack of appropriate alternatives.

**Table 8. Permanency Goals for Children in Out-of-Home Care**

Permanency Goals for Children in Out-of-Home Care					
Goal	July 1, 2005		January 7, 2005 <sup>4</sup>		Percentage change for this monitoring period
	Number of Children	Total	Number of Children	Total	
Reunification	4,976	42.1%	5,266	43.2%	-5.5%
Family Stabilization	1,251	10.6%	825	6.8%	+51.6%
Adoption	3,340	28.3%	3,521	28.9%	-5.1%
Relative Placements	599	5.1%	1,070	8.8%	-44.0%
Long Term Foster Care	805	6.8%	958	7.9%	-16.0%
Independent Living	413	3.5%	311	2.6%	32.8%
Kinship Legal Guardianship	328	2.8%	223	1.8%	+47.1%
Other	101	0.9%	5	0.0%	+1920.0%
All Children	11,813	100.0%	12,179	100.0%	-3.0%

*Data supplied by OCS. Not independently verified.*

New Jersey uses multiple permanency goals (reunification, family stabilization, and relative placement) to indicate the intention to return a child to her family. These three goals combined account for about 58% of the children in out-of-home care, a figure that changed only marginally during the monitoring period. Somewhat fewer children now have a goal of adoption, and somewhat more have a goal of kinship legal guardianship.

“Long term foster care” is not really a permanency goal, and New Jersey has committed to eliminating its use. The State made relatively slight progress in this area; there are still more than 800 children with this goal, down 16% from six months earlier. Moreover, the number of children with a goal of independent living – meaning, essentially, that they are expected to age out of care without a permanent family – increased by more than 32% during the period.

<sup>4</sup> These data are from a special computer run and vary slightly from the totals shown in other tables.

## Table 9. Adoption

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During this monitoring period, 553 children were adopted. As of July 1, 2005 there were 2,129 children in New Jersey who were legally free awaiting finalization.

<b>Placement Type for Children Who Are Legally Free Awaiting Finalization<sup>5</sup></b>		
	<b>Number of Children</b>	<b>Legally Free</b>
Children in a foster home where they are expected to be adopted	585	27.5%
Children for whom a new adoptive family must still be recruited	1,404	65.9%
Children in homes where it is not yet clear whether the foster family will adopt	140	6.6%
<i>Children who are legally free and awaiting finalization</i>	<i>2,129</i>	<i>100.0%</i>

*Data supplied by OCS. Not independently verified.*

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<sup>5</sup> Source: SIS074 Report on Status of Children Under Adoption Planning Process, June 2005 (Report Date July 2, 2005)

## B. OUTCOME INDICATORS

The purpose of both the Settlement Agreement and *A New Beginning* is to produce better results for children and families. The parties agreed that those results would be measured by eleven outcomes. They also authorized the Panel to designate additional outcomes<sup>6</sup> and to define the specific numerical measures by which each outcome will be tracked over time. This section of the Monitoring Report includes, for most of these outcomes, definitions of the indicators, the baseline data against which future performance will be judged<sup>7</sup>, as well as the most current data available for this monitoring period. Baseline data for the remaining items will be available in the near future. The Panel, in consultation with the parties, will establish target levels of performance at a later date.

In most instances the universe of cases to be reviewed consists of “entry cohorts” – that is, all of the children who entered care in a particular time period, typically a calendar year.<sup>8</sup> The experts consulted unanimously recommend this methodology, because it provides a view of all the children who experience out-of-home care, not just those who remain in care on a given date. For a few items, the universe consists of “exit cohorts” (all children exiting from care in a similar time period), and in other cases cohort information has been supplemented with data on all children in care at a given point in time. Most data reported are for the six months of 2005, but for indicators measuring flow or length of placement it is necessary to look at the ongoing experience of children who entered care in previous time periods,

Lettered items below are the outcomes specified in Section IV of the Settlement Agreement. Numbered and italicized items denote indicators developed by the Panel in order to measure progress towards these outcomes. Baseline data are shown in shaded columns and current data are shown in unshaded columns.

Child welfare data can be difficult to interpret, and this is especially true when considering changes over a relatively short period of time. Often there are several potential explanations of a particular result when viewed in isolation from other indicators. (For example, a decrease in length of stay may mean that the system is doing a better job of moving children to permanency quickly – or that it is taking in more children who stay only a few months and then go home, and who might have been kept out of care altogether with more effective preventive services.) Accordingly, we encourage caution in drawing conclusions from the data below.

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<sup>6</sup> The four outcomes added by the Panel are items L, M, N, and O indicated on subsequent pages.

<sup>7</sup> While the baseline time period will remain constant the data may fluctuate slightly over time due to data entry lags (e.g., subsequent investigations) and/or time passage (e.g., median length of stay).

<sup>8</sup> Cohort data derived from the New Jersey Spell file, based on DYFS SIS data extract through June 2005.

- A. Decrease the length of time in care for children with a goal of reunification.**  
**B. Decrease the length of time in care for children with a goal of adoption.**

*Indicator 1: Median length of stay for all children in the most recent available entry cohort.*

	<i>Entry during the first six months of 2004</i>	2003 entry cohort	2002 entry cohort (baseline)
Length in Months	10.6	11.0	11.5
<i>All Children</i>	3,899	8,173	6,997

*Data supplied by OCS. Not independently verified.*

More than half of the children who entered care during the first six months of 2004 have now exited. Their median length of stay was 10.6 months, a decrease of 7.8% compared to children who entered during the baseline period.

*Indicator 2: The probability of a permanency exit (reunification, adoption, or legal guardianship) within 12, 24, and 36 months of entry to care.*

	<i>Entry during the first six months of 2004</i>	2003 entry cohort	2002 entry cohort	2001 entry cohort	2000 entry cohort
Permanency Exit within 12 Months	38.8%	35.4%	35.6%	36.2%	37.2%
Permanency Exit within 24 Months	--	--	50.2%	49.6%	48.7%
Permanency Exit within 36 Months	--	--	--	58.2%	56.7%
<i>All Children</i>	3,899	8,173	6,997	6,268	5,487

*Data supplied by OCS. Not independently verified.*

Of the children who entered care during the first six months of 2004, 38.8% left within twelve months to a “permanency exit” – reunification with a family member, adoption, or legal guardianship. This is an improvement of approximately three percentage points over the results for children who entered care in both 2003 and 2002.

*Indicator 3: Probability of exit to a non-permanent exit type (such as running away or ageing out)*

Timeframe	<i>Entry during the first six months of 2004</i>	2003 entry cohort	2002 entry cohort	2001 entry cohort	2000 entry cohort
Nonpermanent exit within 12 Months	14.7%	17.0%	15.8%	16.1%	16.7%
Nonpermanent exit within 24 Months	--	--	20.5%	20.9%	20.6%
Nonpermanent exit within 36 Months	--	--	--	22.8%	22.6%
<i>All Children</i>	3,899	8,173	6,997	6,268	5,487

*Data supplied by OCS. Not independently verified.*

This indicator also shows improvement compared to the baseline. Of the children who entered during the first six months of 2004, 14.7% left care within a year to a “non-permanent exit” (for example, running away, or discharge to independent living), a figure that is lower than that for any of the baseline years.

*Indicator 4: Likelihood of achieving permanency for children who have already been in care for a long period of time.*

An additional indicator, not yet defined, will measure the system’s performance in achieving permanency for children who have already been in care for a long period of time.

**C. Increase the proportion of siblings in foster care who are placed together.**

*Indicator 5: The sibling groups, entering care at the same time, in which all siblings were placed together.<sup>9</sup>*

	<i>Entry during the first six months of 2005</i>	2004 entry cohort	2003 entry cohort (baseline)	2000 - 2002 entry cohorts
Percentage with all Siblings Placed Together	58.9%	58.1%	48.4%	50.6%
Total Number of Sibling Groups	462	915	1,095	1,944

*Data supplied by OCS. Not independently verified.*

<sup>9</sup> These indicators will be broken down to show the differences between smaller sibling groups (3 or fewer) where larger groups (4 or more). For the first 6 months of 2005, 64.6% of smaller sibling groups and 30.8% of larger siblings were placed together respectively.



Siblings entering care in the during the first six months of 2005 were just about as likely to be placed together as those who came into care during 2004. Both periods show significant improvement over the baseline. Both remain, however, far below acceptable levels.

*Indicator 6: The children in sibling groups, currently in care,<sup>10</sup> in which all siblings are placed together.*

	July 1, 2005	July 2, 2004 (baseline)
Percentage of families with multiple children in placement with all siblings placed together.	53.6%	51.7%

*Data supplied by OCS. Not independently verified.*

Siblings currently in care are slightly more likely to be placed together than they were a year ago.

**D. Increase the proportion of children in foster care who are appropriately<sup>11</sup> placed with relatives.**

*Indicator 7: The children entering care whose first placement<sup>12</sup> was with a relative, for the most recent entry cohort.*

	<i>Entry during the first six months of 2005</i>	2004 entry cohort	2003 entry cohort (baseline)
Percentage of children entering care initially placed with a relative	40.5%	44.8%	41.5%
Total Children in Entry Cohort	3,340	7,281	8,173

*Data supplied by OCS. Not independently verified.*

Children entering care in 2005 were less likely to be placed with a relative than those entering in 2004 and slightly less likely than those entering during the baseline period of 2003.

<sup>10</sup> Point in time data come from DAR-SISQ-19 prepared by the DYFS Data Analysis and Reporting Unit.

<sup>11</sup> We will use breakdowns of some of the other variables to address the question of appropriateness; for example, we will examine levels of placement stability and rates of abuse and neglect in relative homes compared to those in other foster homes. We may add data drawn from qualitative service reviews at a later date.

<sup>12</sup> For this indicator, “first placement” is defined to include children who were moved to a placement with a relative within seven days after an initial placement with a stranger or in congregate care.

**E. Increase the proportion of children in foster care who are placed in their home neighborhoods.**<sup>13</sup>

*Indicator 8: The children entering care whose first placement was within ten miles of their home.*

	<i>Entry during the first six months of 2005</i>	2004 entry cohort	2003 entry cohort (baseline)	2000 - 2002 entry cohorts
Percentage of children placed within ten miles of their home	60.3%	60.9%	60.5%	58.3%
Total Children in Entry Cohort <sup>14</sup>	2,358	5,264	5,880	11,072

*Data supplied by OCS. Not independently verified.*

Performance on this indicator is essentially unchanged over the past several years.

*Indicator 9: The children entering care whose first placement was in the same county as their home (for children from rural areas) or the same city as their home (for children from urban areas).*

	<i>Entry during the first six months of 2005</i>	2004 entry cohort	2003 entry cohort (baseline)
<b>Ten Cities with the Largest Number of Children Placed in Out-of-Home Care</b> <sup>15</sup>			
Percentage of children placed within ten miles of their home.	45.5%	44.6%	47.8%
Total Placements	1,015	2,464	2,902
<b>Balance of State</b>			
Percentage of children placed within ten miles of their home	52.8%	54.3%	53.9%
Total Placements	1,533	3,224	3,534

*Data supplied by OCS. Not independently verified.*

Performance on this indicator decreased slightly compared to the baseline year of 2003 but improved slightly compared to 2004 for children living in the largest cities in the State.

<sup>13</sup> This data will be broken down by level of care, so that we can distinguish the experience of children being placed with foster families from that of children going to congregate settings.

<sup>14</sup> Cohort counts only include the children with one or more address that could be geocoded; for these data 77% were successfully geocoded.

<sup>15</sup> In the first six months of 2005 the ten cities from which children were most likely to enter out of home placement in order of contribution were Newark, Jersey City, Trenton, Camden, Paterson, East Orange, Irvington, Atlantic City, Elizabeth, and Asbury Park.

*Indicator 10: The children entering care whose first placement allowed for continuity in their schooling.*

We have not yet identified an accurate way of capturing this data.

**F. Decrease the incidence of abuse and neglect in out-of-home care.**

*Indicator 11: The children in out-of-home care who experience a substantiated instance of abuse or neglect during the reporting period (i.e. a calendar year).<sup>16</sup>*

	2004	2003 (baseline)
Percentage of children in out-of-home care who experience a substantiated instance of abuse or neglect during the reporting period	2.0%	2.2%
Number of Children experiencing a substantiated instance of abuse or neglect	236	253
Average Daily Population of Children in Out-of-Home Care for stated calendar year	12,102	11,720

*Data supplied by OCS. Not independently verified.*

Results for 2005 will not be available until after the end of the calendar year.

**G. Decrease the proportion of children in out-of-home care who are placed in congregate settings.**

*Indicator 12: The children (by entry cohort) whose predominant placement<sup>17</sup> was in a congregate setting.<sup>18</sup>*

	<i>Entry during the first six months of 2005 entry cohort</i>	2004 entry cohort	2003 entry cohort (baseline)
Percentage of children predominantly placed in a congregate setting.	21.5%	21.4%	22.5%
Number of Children predominantly placed in a congregate setting	719	1,558	1,842
Total Children in Entry Cohort	3,340	7,281	8,173

Roughly one in five children entering out-of-home placement in New Jersey spends most of that placement in a congregate setting. The data show essentially no change from 2004 to 2005; both periods indicate slightly improved performance compared to the 2003 baseline.

<sup>16</sup> This indicator counts all substantiated abuse or neglect during an out-of-home care episode, including the relatively small number of incidents perpetrated by the parent on a home visit or prior abuse reported after entry.

<sup>17</sup> “Predominant placement” is the setting in which the child has spent the largest part of her placement experience.

<sup>18</sup> These indicators will be broken down by age group, so we can separately examine the experience of children 12 and under (where 3.5%) and children 13 or older (where 18.0%) are predominantly placed in a congregate setting.

*Indicator 13: The children currently in care whose current placement is in a congregate setting.*<sup>19</sup>

	July 1, 2005	January 7, 2005	July 2, 2004
Percentage of children placed in a congregate setting on stated date	15.7%	15.8%	15.2%
Number of Children currently in a congregate setting	1,857	1,929	1,971
Total Children in care as of stated date	11,813	12,222	12,938

*Data supplied by OCS. Not independently verified.*

The proportion of children currently in congregate care has increased slightly from one year ago and is essentially unchanged over the past six months.

*Indicator 14: The children (by entry cohort) whose initial placement was in shelter care.*

	<i>Entry during the first six months of 2005</i>	2004 entry cohort	2003 entry cohort (baseline)
Percentage of children entering care initially placed in a shelter setting	11.8%	13.0%	13.0%
Number of Children initially placed in a shelter setting	395	944	1,060
Total Children in Entry Cohort	3,340	7,281	8,173

*Data supplied by OCS. Not independently verified.*

New Jersey showed some improvement in this area, reducing the proportion of new entrants to care who are first placed in shelter from 13.0% (in both 2004 and the baseline period of 2003) to 11.8%. This rate, however, remains strikingly high.

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<sup>19</sup> Congregate placement settings include shelter, residential treatment centers, group homes, and public institutions. Source Data: DAR SISQ-20.

## H. Decrease the average number of placement moves experienced by children while in out-of-home care.

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*Indicator 15: The children (by entry cohort) who have experienced two or more placement moves.*<sup>20</sup>

	2004 entry cohort	2003 entry cohort	2002 entry cohort (baseline)	2001 - 2002 entry cohorts (baseline)
Percentage of children who have experienced two or more moves	14.1%	20.1%	19.1%	17.3%
Number of Children who have experienced two or more moves	1,026	1,642	1,337	2,286
Total Children in Entry Cohort	7,279	8,165	6,984	13,216

*Data supplied by OCS. Not independently verified.*

No conclusions should be drawn yet from these data, as they will continue to change over time. Many of the children in the 2004 cohort, and some of those in the earlier cohorts, are still in care and may have further placement moves. The footnote below provides further information on this.

*Indicator 16: The children currently in care who have experienced two or more placement moves.*

	July 1, 2005	January 7, 2005
Percentage of children currently in care who have experienced two or more moves	43.1%	40.6%
Number of Children currently in care who have experienced two or more moves	4,239	4,379
Median Number of Placements for children with more than two moves	4.0	4.0

*Data supplied by OCS. Not independently verified.*

## I. Increase the proportion of children in care, and their families, who receive the services they need.

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The Quality Service Review (QSR) process, now being implemented in the Phase I counties, will be used to measure performance against this outcome. QSR data can be used to show the extent to which children in care are receiving the educational, medical, and mental health services they need. The QSR also has broader measures of whether the service plans for

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<sup>20</sup> As of June 30, 2005, 45.9% percent of children entering in 2004 remained in care. Most moves, however, occur relatively early during a child's stay.

children and families are being effectively designed and implanted. Initial QSR data should be available in the monitoring report for Period III (July 1, 2005 – December 31, 2005).

**J. Decrease the rate of re-entry into out-of-home care.**

*Indicator 17: The children (by exit cohort) who have returned to care within twelve months of exit.*<sup>21</sup>

	<i>Exit during the first six months of 2004</i>	2003 exit cohort	2002 exit cohort (baseline)
Percentage of children who exited care who returned to care within twelve months of exit	26.1%	29.1%	30.2%
Number of children returning within 12 months	780	1,575	1,430
Total number of children who exited	2,990	5,421	4,737

*Data supplied by OCS. Not independently verified.*

This indicator shows a high frequency of re-entry to care, with some progress over the past year in reducing that rate. Of children leaving care in the first six months of 2004, 26.1% had returned within a year, a decrease of three percentage points from the 29.1% figure for children who left care during 2003.

**K. Reduce the number of adoptive and pre-adoptive placements that disrupt.**

We do not yet have a reliable source of data for this information and will develop indicators and a methodology for obtaining the data at a later date.

**L. Reduce the proportion of children entering out-of-home care.**

*Indicator 18: The number of children entering care per 1,000 children in the general population.*

	<i>Entry during the first six months of 2005</i>	2004 entry cohort	2003 entry cohort (baseline)
Number of children per 1,000 in the general population entering into care	<i>1.6 children per thousand</i>	3.4 children per thousand	3.8 children per thousand
Total children placed into out of home care	3,340	7,210	8,150
All Children in New Jersey	<i>2.145 million</i>	2.145 million	2.145 million

*Data supplied by OCS. Not independently verified.*

<sup>21</sup> These data do not include children who were adopted or youth who aged out.

If the rate of placement during the first six months of 2005 continues through the rest of the year, New Jersey will place 3.2 children per thousand in the general population. This rate would be a slight improvement over performance in 2004 and a significant change compared to the baseline rate of 3.8/1000 in 2003.

*Indicator 19: The number of children entering care per 1,000 children, in those communities from which placement rates have historically been highest.*

Table 7. Baseline data of City and County Entry Rates

		2004 entry cohort	2003 entry cohort (baseline)
<i>Cities</i>	<i>State Population in City/County</i> <sup>22</sup>	<i>Entry rate per 1,000 children</i>	<i>Entry rate per 1,000 children</i>
Asbury Park (Monmouth)	0.2%	20.7	22.5
Camden (Camden)	1.3%	13.5	16.3
Trenton (Mercer)	1.1%	13.1	12.0
Newark (Essex)	3.7%	9.6	11.9
Atlantic City (Atlantic)	0.5%	9.2	10.8
East Orange (Essex)	0.9%	8.5	9.4
<i>Counties</i>			
Salem	0.7%	9.2	10.6
Cumberland	1.8%	8.7	8.0
Cape May	1.0%	6.7	9.6
<i>Total General Population</i>	<i>100.0%</i>	<i>3.4</i>	<i>3.8</i>

*Data supplied by OCS. Not independently verified*

**M. Reduce the recurrence of maltreatment for children who have been abused or neglected.**<sup>23</sup>

The three relatively complex indicators below are meant to measure different aspects of the same question: when a child has allegedly or actually been abused or neglected, does New Jersey effectively protect that child from future harm? The three measures are as follows:

<sup>22</sup> These data are derived from 2003 U.S. Department of Labor estimates and 2005 Claritas product.

<sup>23</sup> During earlier time period the State had three findings of abuse and neglect including substantiation, unfounded, and unsubstantiated. Current and future practice will indicate only two categories, substantiation and unfounded.

- Indicator 20 looks at children whom New Jersey determined had actually been abused or neglected but who remained in their own homes. It asks how many such children were abused or neglected a second time within a year.
- Indicator 21 looks at children for whom New Jersey determined that an allegation of abuse or neglect was unfounded. It asks how many such children, within one year, had a later allegation that was substantiated as abuse or neglect, calling into question the determination regarding the first report.
- Indicator 22 looks at children who were abused or neglected and placed outside of their homes, then reunified with their parents. It asks how many such children were again subjected to abuse or neglect within a year after reunification.

*Indicator 20: The children with substantiated allegations of abuse or neglect in the most recent year, who do not enter out-of-home care and have a second substantiated case within twelve months.*

	<i>First six months of 2004</i>	2003	2002 (baseline)
Percentage of children with a substantiated allegation of abuse or neglect, who do not enter out-of-home care, who have a second substantiated case within twelve months	9.2%	8.5%	9.5%
Children with a second substantiation	202	414	461
All children with a substantiated allegation of abuse or neglect in the time period	2,201	4,879	4,841

*Data supplied by OCS. Not independently verified.*

This indicator shows a decrease in performance compared to 2003, though a slight increase compared to the baseline year of 2002.

*Indicator 21: The children with an unsubstantiated allegation of abuse or neglect in the most recent year who have a new, substantiated allegation within the following twelve months.*

	<i>First six months of 2004</i>	2003	2002 (baseline)
Percentage of children with an unsubstantiated allegation of abuse or neglect who had a subsequent substantiated allegation within the following twelve months.	3.9%	4.6%	4.8%
Children with a subsequent substantiation	662	1,379	1,282
Total children with an substantiated allegation of abuse or neglect	17,007	30,200	26,747

*Data supplied by OCS. Not independently verified.*



This indicator shows improvement compared both to 2003 and to the baseline period of 2002.

*Indicator 22: The children who have a substantiated allegation of abuse or neglect within twelve months of exit from out-of-home care to reunification with parent(s) or relative(s).*

	<i>First six months of 2004 reunification exit cohort</i>	2003 reunification exit cohort	2002 reunification exit cohort (baseline)
Percentage of children exiting from out-of-home care to reunification with parent(s) or relative(s) who had a subsequent substantiated allegation of abuse or neglect within twelve months of exit.	4.6%	5.2%	5.1%
Children with a subsequent substantiated allegation of abuse or neglect	88	178	163
Total Children exiting to Reunification	1,901	3,452	3,176

*Data supplied by OCS. Not independently verified.*

This indicator also shows improvement compared to both 2003 and the baseline year of 2002.

#### **N. Improve outcomes for African-American and Hispanic children in New Jersey's child welfare system.**

These indicators address disproportionality in rates of entry into out-of-home care; median length of stay in out-of-home care; the likelihood of a permanency exit from out-of-home care; and the likelihood of re-entry into out-of-home care after discharge.

*Indicator 23: Rates of Entry into out of home care (Outcome L) by Race and Ethnicity*

Race & ethnicity of child	<i>First six months of 2005</i>		<i>2004 entry cohorts</i>		<i>2003 entry cohort</i>	
	Entry rate per 1,000 children	Rate of entry compared to White children	Entry rate per 1,000 children	Rate of entry compared to White children	Entry rate per 1,000 children	Rate of entry compared to White children
African-American	4.6	5.8 times as likely	9.8	8.9 times as likely	11.3	7.0 times as likely
Hispanic/Latino	1.1	1.4 times as likely	3.5	3.2 times as likely	3.8	2.0 times as likely
White	.8	--	1.1	--	1.9	--
All Children	1.6	--	3.4	--	3.8	--

*Data supplied by OCS. Not independently verified.*

The entry rates for African-American and Hispanic children decreased from 2003 to 2004 and decreased again for the first six months of 2005. Entry rates for white children fluctuated over these three periods. If the trends from the beginning of 2005 continue through the year, the extent of disproportionality in entry will decrease from the prior periods.

*Indicator24: Median Length of Stay in months (Outcome AB) By Race and Ethnicity*

Race & ethnicity of child in placement	Entry during the first six months of 2004			2003 entry cohort			2002 entry cohort		
	Number of children	Median length of stay in months	Median length of stay compared to White children	Number of children	Median length of stay in months	Median length of stay compared to White children	Number of children	Median length of stay in months	Median length of stay compared to White children
African-American	1,458	12.6	44.8% longer	4,081	13.4	55.8% longer	3,710	14.6	53.7% longer
Hispanic/Latino	542	9.2	5.7% longer	1,335	9.0	4.7% longer	1,101	8.1	--
White	848	8.7	--	2,346	8.6	--	1,825	9.5	--
Other	142	10	--	411	10.1	--	354	8.3	--
All children	2,990	10.6	--	8,173	11	--	6,997	11.5	--

*Data supplied by OCS. Not independently verified.*

African-American children have a significantly longer median length of stay in out-of-home care than white children. The extent of this difference grew from 2003 to 2003; it has decreased for children who entered care during the first six months of 2004

*Indicator 25: Probability of a permanency exit within 24 months of entry to care (Outcome AB) by Race & Ethnicity*

Race and Ethnicity	2002 entry cohort		2001 entry cohort	
	Probability of Permanency Exit Within 24 Months	Probability of a permanent exit within 24 months compared to White children	Probability of Permanency Exit Within 24 Months	Probability of a permanent exit within 24 months compared to White children
African-American	44.8%	19.9% less likely	45.3%	17.2% less likely
Hispanic/Latino	57.8%	--	55.0%	--
White	56.0%	--	54.7%	--
Other	52.1%	--	53.1%	--
All Children	50.2%	--	49.6%	--

*Data supplied by OCS. Not independently verified.*

African-American children remain significantly less likely than white children to leave care both in a relatively timely manner (i.e. within 24 months) and to a discharge that is expected to provide them with a permanent family. The extent of disproportionately grew slightly worse for children entering care in 2002 compared to those entering in the baseline year of 2001.

*Indicator 26: Likelihood of Reentry into out of home care after discharge (Outcome J) by race & ethnicity*

Race & ethnicity	January – June 2004 exit cohort				2003 exit cohort			
	Total Exits	Reentry within 12 months	% of exiters who re-enter	Rate of reentry compared to White children	Total Exits	Reentry within 12 months	% of exiters who re-enter	Rate of reentry compared to White children
African-American	1,458	454	31.1%	52.5% greater	2,636	858	32.5%	23.6% greater
Hispanic/Latino	542	130	24.0%	17.6% greater	849	210	24.7%	--
White	1,458	173	20.4%	--	1,656	436	26.3%	--
Other	142	23	16.2%	--	Other	280	71	25.4%
All Children	2,990	780	26.1%	--	5,421	1,575	29.1%	--

Race & ethnicity	2002 exit cohort (baseline)			
	Total Exits	Reentry within 12 months	% of exiters who re-enter	Rate of reentry compared to White children
African-American	2,364	764	32.3%	23.8% greater
Hispanic/Latino	795	243	30.6%	17.2% greater
White	1,325	346	26.1%	--
Other	253	77	30.4%	--
All Children	4,737	1,430	30.2%	--

*Data supplied by OCS. Not independently verified.*

African-American children who leave care are substantially more likely to return than White children; there were very slight differences in these figures for children leaving in 2003 compared to 2002. Differences in re-entry rates by race grew for children leaving during the

first six months of 2004, because the rate of re-entry for white children decreased significantly faster than the rate of re-entry for African-American children.

**O. Increase the likelihood that youth leaving care at age 18 or older have adequate preparation and support.**

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The Panel will develop specific indicators, which will likely include the youth in this category who have a high school diploma or equivalent; who have a job or are in enrolled in a higher education program at the time of discharge; and who have stable housing and medical care at the time of discharge.

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## PART IV: REFORM PLAN STRATEGIES AND ACTIONS

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For each major section of the reform plan, we present our findings as follows:

1. First, we provide a brief overview of New Jersey's progress with regard to the area as a whole;
2. Next, bulleted lists indicate "Noteworthy Accomplishments During This Period" and "Noteworthy Problems" related to this part of the plan; and
3. Finally, we review each strategy and each individual action that was either due during this monitoring period or left incomplete as of the end of the last monitoring period. These more detailed discussions include further explanation of the "Noteworthy Accomplishments" and "Noteworthy Problems." Where there are several actions related to a strategy, we often conclude our discussion with a statement addressing the "Quality and Impact" of the State's overall work on that strategy. We also identify areas of "seriously inadequate progress," as explained in the "Major Conclusions and Recommendations" section of this report.

### A. Keeping Children Safe

#### *Overview*

New Jersey has adopted new policies and tools to help field operations focus on child safety. These procedural changes have not yet produced the desired improvements in practice. Progress is hampered by the lack of accurate and timely data. Several strategies are behind schedule, and in the one area that was implemented ahead of schedule, the State Central Registry, the State has not yet achieved an adequate degree of stability or performance. In August, New Jersey agreed to useful changes in the way it handles calls regarding abuse and neglect.

#### Noteworthy Accomplishments During This Period:

- Calls to the State Central Register ("hotline") are now taped, and the tapes are used for continuous quality improvement and training.
- Response times at the hotline have improved, and the number of calls being lost because screeners could not answer them quickly enough has decreased substantially.
- The percentage of investigations that have documented Safety and Risk Assessments at case closing has increased.

#### Noteworthy Problems:

- Unclear guidelines for "child welfare assessments" led to confusion for staff and a loss of public confidence in the way the State handles abuse and neglect allegations.
- An outside review indicated that roughly one-sixth of calls coming into the State Central Register were not screened appropriately, and that there were significant inconsistencies in decision-making among screeners.

- While there has been recent progress, throughout the monitoring period, IAIU continued to have a large backlog of investigations that had not been completed within the required time period.
- Many open cases remain in protective services units for longer than they should, hampering the ability of these workers to devote full attention to new allegations and making it unlikely that children and families get the attention they need.
- Safety and risk assessments are still not being done routinely.
- No data is available to determine whether investigations are being initiated in a timely fashion.

*Progress on Specific Strategies and Actions:*

**1. Create a centralized child abuse hotline, responsive to reports 24 hours per day, 7 days per week.**

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Actions were due in a prior monitoring period and were completed on schedule.

**2. Revise and adopt policies regarding safety, risk, and involvement with child protective services.**

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Most of these new policies were due in a prior monitoring period and were completed on schedule. Exceptions are:

(b) By December 31, 2004, revise and adopt policies regarding the standards for child abuse and neglect findings, eliminating the “unsubstantiated” category and concluding an investigation only once the report is either “substantiated” or “unfounded.”

This policy was implemented in the fall of 2004, ahead of schedule, and finalized in regulations on April 1, 2004.

(d) By December 31, 2004, revise and adopt policies to refer families and children at risk of child welfare involvement but who, based on the report or investigation, do not meet the threshold for substantiated child abuse or neglect, to other government or community agencies for follow-up and supportive services.

These policies have been appropriately delayed because OCS is not yet prepared to make such referrals and the community capacity to receive them does not yet exist.

*Quality and Impact.* As noted in the Panel’s first monitoring report, the policies adopted by OCS did not provide sufficient guidance to help staff consistently determine which calls should lead to abuse/neglect investigations and which to child welfare assessments. A review of screening operations by Hornby Zeller Associates Inc. (June 2005) concluded that screeners made accurate judgments in 82.5% of calls, with various possible errors in the remaining 17.5% (p. 21). In early August, OCS decided to change its protocols. All cases accepted by the hotline are now to have an in-person visit within 24 hours. Final classification as an investigation or an assessment will be made by the worker who conducts the initial field visit, rather than by a screener. The Panel supports this corrective action, which began to be implemented as of September 6, 2005.

An internal work group is monitoring implementation and is prepared to take further corrective action if warranted.

In our view, therefore, the State's record with regard to improving hotline operations has been mixed. New Jersey has taken several useful corrective actions, but these have often come months after problems were widely known. Continued monitoring of the hotline is needed to ensure that the new system works as planned.

**3. Screen and, when merited, investigate reports of child abuse and neglect professionally, thoroughly, and, with appropriate urgency.**

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(a) By December 31, 2004, deploy an automated system to transmit and track reports and investigations, including timeliness of responses and results.

New Jersey will not have complete and accurate information until its new automated child welfare information system ("NJ SPIRIT") is fully operational early in 2006. The State has made progress in reducing the frequency of problems in transferring information between its old information system ("SIS") and NJ SPIRIT. OCS reports that just over 80% of intakes successfully cross this "bridge" within a few minutes, up from 53% in January, and that there are now procedures for prompt manual entry into NJ SPIRIT of those cases that do not register automatically.

There are, however, no routine, reliable reports showing the results of this process. New Jersey cannot yet accurately determine whether it is meeting its standards for getting reports to the field for investigation within one hour of receipt at the hotline.

(b) By March 31, 2005, separate the investigative function from the permanency function, assigning protective workers who do not carry ongoing service or placement cases to conduct investigations.

All offices now have separate units devoted to protective functions. Allegations sent to these units are supposed to be resolved within 60 days, and then either closed or referred to a permanency worker for ongoing services. This is not yet routine practice; instead, as of June 30, 2005, 5,926 cases open more than 60 days remained in protective services units. In July, OCS began analyzing these cases to determine how many require further investigation and how many are ready for transfer to an ongoing services unit. As a result, more than 1,200 cases were transferred to permanency workers, and others were closed altogether. OCS made significant progress in reducing the backlog, bringing it down by 35% to 3,823 at the end of July. Of these, 2,512 were in protective services units (charged with investigating allegations of abuse or neglect) and 1,311 were in assessment units (charged with conducting child welfare assessments).

(c) By March 31, 2005, commence investigation of 98% of reports of child abuse or neglect within 24 hours, including a face-to-face, private interview with each child in the household within that timeframe.

New Jersey cannot produce data to demonstrate its success in commencing investigations on time. It has agreed to conduct an audit of a sample of investigations, under Panel supervision, to establish a baseline level of performance. This audit has not yet been scheduled.

*Quality and Impact.* See the discussion regarding strategy #5, below.

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**4. Effectively investigate and appropriately remediate abuse or neglect in resource family or congregate care settings.**

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(a) By March 30, 2005, develop a plan subject to Panel review and approval to strengthen the Institutional Abuse Investigations Unit (IAIU). Thereafter, implement the plan, completing enforceable strategies, action steps, and benchmarks within the timeframes designated by the Panel.

This plan has been submitted and undergone several revisions after review by the Panel. It now includes staff and training enhancements; revised policies and investigation protocols; the establishment of a continuous quality improvement unit in IAIU; and strategies to eliminate the investigations backlog (see below). The Panel approves the plan with revisions and will shortly designate the specific elements we will monitor in the future.

(b) By June 30, 2005, locate IAIU within Office of Children's Services.  
This action has not been completed, and it is now planned for January 1, 2006.

*Quality and Impact.* The Panel has had two serious concerns about the work of IAIU. First, throughout the monitoring period the unit continued to have a very large backlog of investigations not completed within the required 60 day period. At the end of June, the size of the backlog remained at approximately 800, essentially unchanged from its level in November 2004. Second, repeated studies by outside experts – the most recent by the Office of the Child Advocate in February 2005 – have documented serious problems with the quality of investigations and the accuracy of findings. Had this report been issued in July or August, the Panel would have found this area to be one in which the State has made significantly inadequate progress.

Since that time, however, there have been encouraging signs of progress at IAIU. The unit has substantially reduced the investigations backlog, which stood at 333 as of September 23, 2005. It has also begun implementing the plan referenced above, which includes thoughtful actions designed to address these problems. It is still too early to conclude that problems at IAIU have been resolved, and IAIU continues to require careful monitoring.

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**5. Routinely and consistently assess children's safety and exposure to risks and take appropriate action to remediate.**

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(a) By December 31, 2004, deploy tools and routinely have protective and permanency workers use them to assess the safety and risk of children living in their own homes.

(b) By December 31, 2004, deploy tools and routinely have permanency workers and resource family support workers use them to assess the safety and risk of children in placement.



- (c) By December 31, 2004, assign resource family support workers the responsibility of using the tool to assess safety and risk in resource family homes when they add the home their caseload.
- (d) By June 30, 2005, develop, execute, and monitor a corrective action plan when a safety or risk factor is identified.

Tools to assess safety and risk have been deployed in each of these areas and staff have been instructed to use them. However, data indicate that the tools are not yet being used “routinely,” with implementation varying a great deal at different stages of a case:

- Open investigations in which a safety assessment has been completed: 31% (June 2005)
- Closed investigations in which a safety assessment has been completed: 84% (May 2005)
- Closed investigations in which a risk assessment has been completed: 74% (May 2005)
- Open cases with children remaining at home in which a risk re-assessment has been done within the past 90 days as required: 19% (June 2005)
- Homes assigned to a resource family support worker in which that worker does safety and risk assessments: not yet measured

*Quality and Impact.* The fact that safety and risk assessments are now done on a significant majority of investigations before they are completed is a sign of progress. However, the data above indicate that much more must be done to ensure the basic safety of children who come to the attention of OCS. Concerns in this area are reinforced by our findings regarding strategy #3: there is no data on how quickly investigations are started, and a very large number of cases remain in protective units beyond 60 days.

## B. Placement

### *Overview*

During this monitoring period New Jersey has made relatively little progress in creating a placement process that meets children’s needs in an efficient manner. One positive step is the decentralization of placement to local offices, now well underway. Automated systems are not yet in place to support good placement decisions. New regulations are being promulgated and it is not yet clear what effect they will have in practice.

### Noteworthy Accomplishments During This Period:

- Beginning decentralization of placement to local offices and establishment of resource family units in most Phase I locations.
- Increased availability of flexible funds to make it possible for relatives to care for children.

### Noteworthy Problems:

- Continued lack of clarity in some parts of the placement plan.
- Continued concerns about the availability of therapeutic placements for children who need them.
- Development of the tools workers need to match children with appropriate placements is behind schedule.

- Lack of preparation for major changes involved in licensing relative caregivers, with the associated risk that this will make it more difficult to make appropriate placements.

*Progress on Specific Strategies and Actions*

**1. Develop a process for making timely, appropriate placements of children who need out-of-home care.**

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(a) By September 30, 2004, develop a plan subject to Panel review and approval to carry out this strategy. Thereafter, implement the plan, completing enforceable strategies, action steps, and benchmarks within the timeframes designated by the Panel.

The State submitted a plan and modified it after review by the Panel. However, some of the issues identified by the Panel remain unresolved and we have therefore not yet given final approval to the plan. The remaining issues include the need for further clarification regarding: integration between DYFS and Children's Behavioral Health when both systems are involved with a child; how information about children's strengths and needs will be collected and used in matching children to appropriate placements; and how families will be involved in the placement process, given the delays in implementing Family Team Meetings.

(b) By December 31, 2004, deploy a common tool and procedure to be used in assessing children and matching them to appropriate placement settings—including family settings, therapeutic homes, and congregate care facilities, whether managed by the child welfare or children's behavioral health agency.

This work is behind schedule. OCS is now close to completing an automated tool for matching and has provided screen shots of the reports the system will produce. OCS reports that it has modified an earlier version of the system in order to include information about children's strengths and needs in addition to their deficits and problems; the Panel has not yet received this revised material.

(c) By June 30, 2005, deploy a database of resource families for use in matching, with records for resource families managed by the public and the private agencies.

This work is well behind schedule. New Jersey now expects that the database will not be fully functional until the spring of 2006.

*Quality and Impact.* The decentralization of the placement function to local offices has largely been completed in Phase I areas and is underway in the rest of the State. It is a promising development that should make it much easier for workers to make thoughtful placements. Other activities needed to support this work are well behind schedule and in many respects the local offices have been left to figure out how to make a new placement process work, without substantial guidance and support from OCS. This creates room for good practice to be demonstrated at the local level; it will be important for OCS to identify the most successful local efforts and ensure that they are systematized State-wide.

## **2. Reduce the number and type of experiences during removal from home that contribute to child trauma.**

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(a) By June 30, 2004 and thereafter, provide childcare, transportation to school, and/or after-school programming to prevent children from remaining in child welfare offices while awaiting a placement.

(b) By December 31, 2004, ensure children are not seen in emergency rooms for their pre-placement examinations unless medically necessary.

In these two areas, New Jersey made early and significant progress with regard to children who are placed during regular business hours. Children who are placed after hours and on weekends, however, are still likely to get their medical examination in a hospital emergency room. There is no indication of recent progress in this area.

(c) By December 31, 2004, revise and adopt policies designed to reduce trauma during removals.

These policies were completed on schedule and are appropriate. New Jersey must demonstrate that they are routinely being used in practice by December 31, 2005.

## **3. Identify, license, and support appropriate relative caregivers as the first resource for placing children.**

---

(a) By December 31, 2004, revise and adopt policies regarding work with relatives.

This action was due in the first monitoring period and was completed appropriately and on time.

(c) By June 30, 2005, reduce barriers to emergency placement with relatives by streamlining and clarifying emergency clearance/presumptive eligibility procedures and providing emergency and ongoing support services.

The regulations were completed on schedule, and are generally appropriate. We have one concern which will require further discussion with the State. The regulations appear to require formal waivers for any applicant with a criminal record, even when the crime in question was minor, occurred long ago, and was unrelated to the applicant's ability to care for children. This requirement may have the effect of discouraging placement with appropriate relatives, and it requires further review.

*Quality and Impact.* New Jersey has relied very heavily on relatives to provide placements for children coming into care. On the whole this is a positive feature of the system, consistent with the values in the reform plan emphasizing the need to maintain children's connections with extended family. To some extent, however, it is also the result of New Jersey's historic lack of an adequate supply of trained foster families. *A New Beginning* includes impressive commitments to screen, train, and license relative caregivers, and then to provide the supports they need. The State has made some progress to date, with its new regulations and by making available flexible funds that can be used to support these kinship homes. However, there is reason for concern going forward. Beginning July 1, 2005, all new relative caregivers were to be licensed, and there is serious question about whether New Jersey has the staffing capacity needed

to carry out this plan. Resource family support workers are not yet being assigned to relative caregivers, many of whom are likely to require special supports in order to complete the licensing process. Ensuring appropriate screening and support for these families remains an important challenge for the system.

### C. Permanency

#### *Overview*

During this period New Jersey has manifested serious problems in most of its work relating to finding permanent homes for children. It is well behind schedule in developing family team meetings, a functional assessment process, and appropriate tools for service plans that are individualized and family-centered. It has dismantled its prior adoption system before building a new one, resulting in disruption and likely to lead to additional delays for children awaiting adoption. It has not yet achieved regular contact between workers and the children and families they are expected to help.

#### Noteworthy Accomplishments During This Period:

- More than \$1 million in additional flexible funds distributed to local offices.
- 95% of children in congregate care settings have up-to-date assessments.
- Local office leadership has, at the end of the period, been engaged in planning to implement Family Team Meetings.

#### Noteworthy Problems:

- Delays and missteps in developing Family Team Meetings.
- Disruption of the adoption process before a new process was in place; major delays in offering training on adoption to staff who will have adoption-related responsibilities.
- Casework contacts with children and families far below the level required to assist them effectively.
- No progress on an improved functional assessment process.
- No progress on an improved format for case planning.

#### *Progress on Specific Strategies and Actions:*

### **1. Structure case management and related supports so as to provide children and family with continuity in their relationship with their worker.**

---

(a) By September 30, 2004, provide an active caseworker, continuing case management coverage during personal/medical leaves, through case transfers, and following attrition.

As of June 30, 2005, New Jersey's caseload reports still showed 550 families without a worker currently assigned. Given the obvious risks associated with uncovered caseloads, it is essential that this problem be eliminated in the near future. July data show some improvement, with 427 cases lacking an assigned worker as of July 31, 2005.

(b) By March 31, 2005, separate the permanency function from the protective function, such that permanency workers who have responsibility for ongoing services and placement cases do not have responsibility for investigations.

All offices now have permanency units whose caseworkers are expected to be assigned only to ongoing service work.

**2. Engage families, children, and resource families as partners in decision-making, identifying their own strengths, needs, and goals through the use of family team meetings.** *Seriously inadequate progress.*

---

(a) By September 30, 2004, develop a plan to carry out this strategy subject to Panel review and approval. Thereafter, implement the plan, completing enforceable strategies, action steps, and benchmarks within the timeframes designated by the Panel.

This work is well behind schedule and has involved missteps, including devoting most of the initial training on this subject to staff who have other responsibilities and cannot be assigned to facilitate Family Team Meetings. OCS now has a revised plan to begin implementation in “launch sites” where caseload levels are low enough to support practice change. The Panel has endorsed this approach going forward, subject to the development of appropriate new benchmarks. The launch sites have developed local plans, many of which indicate the need for additional resources to implement Family Team Meetings effectively. We will work with OCS to understand how those resources will be provided and to develop new expectations for how and when Family Team Meetings will be rolled out State-wide.

(b) By March 31, 2005, deploy a tracking system to monitor the scheduling, participation, completion, and results of family team meetings.

This work is behind schedule. The development work done to date incorporates most of the necessary data elements, but the Panel has not yet received a schedule for implementation.

(c) By June 30, 2005, in Phase I Area Offices, make 85% of placement decisions in the context of a facilitated family team meeting prior to placement or within 72 hours of a placement in cases of unavoidable, emergency removals.

New Jersey will not come close to meeting this target and, as noted above, revised targets will have to be developed in the near future.

*Quality and Impact.* *A New Beginning* recognized that lower caseloads, while absolutely required to make quality casework possible, will not themselves produce good results for children and families. Staff also need to learn and use a practice model that engages families and involves them in case planning. During this first year of the reform effort, New Jersey was to build the infrastructure for practice change, by revamping its training and by developing a cadre of dedicated FTM facilitators. As other staff members had their caseloads come down to manageable levels, the facilitators would also begin to coach them in conducting FTM’s. The

State's failure to develop these supports on schedule has done real damage to the pace of the reform effort as a whole.

**3. Efficiently and effectively assess child and family needs and strengths.** *Seriously inadequate progress.*

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- (a) By December 31, 2004, define a functional assessment process and deploy related tools and policies to support functional assessments.
- (b) By June 30, 2005, practice will substantially conform to policies.

This work is far behind schedule, and New Jersey's latest estimate is that a common assessment tool will not be implemented until March 31, 2006. The contents of that tool and the process by which staff will gather the information needed remain unclear.

- (c) By June 30, 2005, maintain a current/updated assessment every 90 days for 95% of children in congregate care settings.

This action refers to a pre-existing assessment process, used by the Children's Behavioral Health system to evaluate the need for treatment services and the appropriate level of care. Data provided by New Jersey indicate that this target has been met, and we will continue to monitor it in the future.

**4. Support individualized, tailored service planning with families.** *Seriously inadequate progress.*

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- (a) By December 31, 2004, deploy a revised individualized service plan format to facilitate families' and children's involvement in service planning.
- (b) By June 30, 2005, incorporate findings and recommendations from the functional assessments in 95% of case plans.

This work is behind schedule, and it is not clear who is responsible for carrying it out or when it will be done.

**5. Provide flexible funding to meet the unique needs of children, birth families, and resource families.**

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- (a) By December 31, 2004, revise and adopt policies regarding access to and use of flexible funds for service delivery.
- (b) By June 30, 2005, practice will substantially conform to policies.

Data supplied by OCS show that it has allocated \$4.4 million in flexible funding, available to support both families that are still intact and children in out-of-home care and their resource families. This is an important and encouraging development. Spending reports show that approximately \$1.5 million, or 37% of the total, had been spent by May 2005. Nearly half the flex funds reportedly served birth families, another third served resource families, and almost 20% served youth with no families. Expenditures ranged from security deposits to help families

have adequate housing to prom expenses to help youth have a typical teenage experience. Later data submitted by the State indicate that nearly all of the \$4.4 million had been spent by the end of the fiscal year; the Panel will review this additional information.

In our last report, the Panel expressed concerns about a cumbersome approval process and about the need for additional communication to the field on how and for what purposes these funds can be used. These concerns have not been addressed.

**6. Facilitate frequent visits in the least intrusive and safest setting possible between children in placement with a goal of reunification, their parents, and siblings from whom they are separated.**

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(a) By December 31, 2004, revise and adopt policies regarding the frequency of visits, the standards for visitation supervision, and the use of visits in achieving reunification.

These policies were completed on schedule and they are appropriate. A great deal of work will be needed for them to be routinely put into practice; future monitoring reports will evaluate the State's progress in improving the frequency and quality of visits.

**7. Promote achievement of safety, well-being, and timely permanency through frequent face to face contact between caseworkers, children, and families. *Seriously inadequate progress.***

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(a) By June 30, 2005, 98% of children in placement, regardless of placement type, will be visited by their permanency worker in their placement setting at least one time per month.

(d) By June 30, 2005, intact families with open cases for services will be visited by their permanency worker at least once per month, with more frequent visits required at the beginning of cases and when risk or safety concerns are heightened.

There are three sources of data, each of which suggests that New Jersey is not close to meeting the required level of performance.

First, New Jersey has reports from the Safe Measures data system. The most recent data show that, in May 2005, only 24% of children in out-of-home placement received at least one visit. Data for intact families with open cases are reported regionally without State-wide aggregate data; they show performance ranging from a high of 20% of families receiving a visit in the northern region to less than 1% in the ARC's. OCS believes that these figures substantially understate the amount of contact because of data entry problems.

Accordingly, the State has reviewed self-reports from local offices based on manual counts of visits. They show that, in June 2005, performance in meeting "Minimum Visitation Requirements" ranged from a low of 48% to a high of 97%. Fewer than half the offices met the requirements for 80% of cases.

Finally, the Panel's case record review examined the frequency of contact for children in out-of-home placement during the period July 1, 2004 through January 31, 2005. The findings were as follows:

Met standards (at least one visit per month)	134	39.9%		
Did not meet standards	202	60.1%		
Met half the standard (at least one visit every other month)			111	33.0%
Less than one visit per two months			91	27.1%

Source: Case record review conducted for Child Welfare Panel, forthcoming

*Quality and Impact.* Regular face-to-face contact with children and families is absolutely essential, both for ensuring child safety and for providing the help needed for permanency and well-being. The current level of performance is undoubtedly influenced by the high caseloads still carried by many workers. Nevertheless, this is an area in need of priority attention by OCS management.

One other area will need review as well. Documentation submitted by OCS is inconsistent with regard to the frequency of contact required with families under DYFS supervision in which children remain at home. We believe that the plan is clear in requiring that such contacts must be at least monthly for all families; some OCS materials suggest that bi-monthly contacts may have been permitted for “low risk” families, at least through the end of the monitoring period.

**8. Provide timely, specialized, high-quality adoption services to children who cannot safely reunify with their birth parents, including special strategies for adoptions of older children and those with special needs. *Seriously inadequate progress.***

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Two specific actions were due in an earlier monitoring period, relating to development of an adoption plan and enrollment in the Interstate Compact on Adoption Medical Assistance. Both were completed on schedule.

*Quality and Impact.* New Jersey’s ability to “provide timely, specialized, high-quality adoption services” has decreased rather than improved during this monitoring period. The State, in keeping with the reform plan, established a new category of workers (adoption specialists, who will support permanency workers so those workers can continue to work with children even after their discharge goal changes to adoption) and began to phase out its Adoption Resource Centers. It did not, however, build the capacity to implement its new adoption system. Permanency workers were not trained in their new responsibilities, and in most offices their caseloads are still too high for them to do any additional work. Supervisory expertise has been lost, and adoption support functions were not moved quickly to the local offices.

In May and June, OCS recognized that adoption expertise in the field was quickly eroding and presented the Panel with a revised plan. It calls for training supervisors immediately; training workers in local offices from October 2005 through March 2006; creating adoption units with trained workers and supervisors in most local offices until caseloads come down; and providing Concurrent Planning Case Practice Specialist positions to bring expert knowledge to the field. This plan is thoughtful and thorough, and the Panel has approved it. An early review suggests that OCS is meeting many of the timeframes established in the plan and is slightly behind schedule in others.



## D. Resource Families

### *Overview*

The first year of the reform was envisioned as a time during which the State would make some early progress in building an adequate supply of well-qualified, well-trained, and well-supported resource families, while also building a firm foundation for future progress. New Jersey took some important steps during the year, raising reimbursement rates for resource families and acquiring and customizing a much-improved training program. The State is behind schedule in other areas of this work, and leadership for this part of the plan was unclear for much of the year and went through several transitions. Recently, however, the State has taken additional promising actions.

### Noteworthy Accomplishments During This Period:

- More than 900 new families licensed and more than 400 new relative caregivers enrolled.
- New training curriculum prepared for use on schedule beginning July 1.
- By this fall, all 46 local offices will have a dedicated recruiter with a budget available to support recruitment.
- Local recruitment plans have been created for Fiscal Year 2006 and are promising and informed by an understanding of local needs.

### Noteworthy Problems:

- The need for more families remains acute, especially in high-need areas such as Newark and Camden.
- An inventory of existing homes has not been completed, and too little information is available to support targeting the State's recruitment efforts where they are most needed.
- A more supportive and streamlined process for homestudy, licensing and training is not yet in place, and the State is also behind schedule in producing data on how well these functions are working.

### *Progress on Specific Strategies and Actions*

#### **1. Recruit resource parents, focused on the populations and areas of greatest need, working in partnership with local communities.**

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(a) By September 30, 2004, develop a fiscal year 2005 recruitment plan subject to Panel review and approval to license 1,000 new resource families by June 30, 2005. Thereafter, implement the plan, completing enforceable strategies, action steps, and benchmarks within the timeframes designated by the Panel.

New Jersey developed the plan on schedule, and the Panel approved it. During the year, the State added 697 new foster families and 225 new adoptive families, for a total of 922 newly licensed families in Fiscal Year 2005, 8% less than the goal of 1,000. However, it also approved 408 new relative care homes during this period, for a total of 1,330 new resource families.

The net gain of available families is considerably smaller than these figures would suggest. When foster and adoptive homes that left the system or are on suspended or restricted status are subtracted, there remain 36 more licensed and available homes on June 30, 2005 compared to one year earlier. Data for the number of relative caregivers who left the system are unclear, and we cannot confidently estimate the extent to which this group has increased during the year.

(b) By December 31, 2004, complete an inventory of available resource family homes, tracking the demographic characteristics and particular needs of children for which these caregivers are available to provide care.

This work is well behind schedule; recent communications suggest that it will not be complete until February of 2006. Until it is done, New Jersey will have difficulty in targeting its recruitment efforts where they matter most – in communities where there are not enough families to meet the needs of children who need placement, and for specialized populations such as large sibling groups and teenagers.

(c) By June 30, 2005, and annually thereafter, develop a recruitment plan for the upcoming State Fiscal Year subject to Panel review and approval. Thereafter, implement the plan, completing enforceable strategies, action steps, and benchmarks within the timeframes designated by the Panel.

Both State-wide and local plans were completed on schedule, and they have significant strengths. Most are well informed by an understanding of local communities and several include creative strategies, working with existing resource families and focused on recruiting in minority communities and for special populations. By the fall, all 46 local offices will have a dedicated recruiter with a budget available. The plans need to be supplemented with specific numerical targets for the number of new families to be added and the net gain to be achieved, at both State and local levels. There may also be a need to reallocate some resources to ensure that the areas of greatest need get the support they require.

*Quality and Impact.* The goal of 1,000 new families in Fiscal Year 2005 called for a relatively modest increase compared to recruitment in past years, when New Jersey had averaged approximately 750 new licensed families per year. New Jersey has surpassed its past efforts and come close to meeting this initial target, but, given the very small net gain in available families, its efforts have so far had relatively little impact for children. Workers in the field report as much difficulty in finding a good family for children who need placement as they had in the past. The formation of a new resource family unit, the beginning implementation of contract changes, and the strong local recruitment plans are encouraging signs for the future.

## **2. Prepare prospective resource families to have children placed in their home by using an efficient and customer-friendly process to train, homestudy, and license appropriate applicants.**

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(a) By December 31, 2004, provide families with a single point of contact, such that they work with one organizational entity from the time they express interest until the point of placement.

- (b) By June 30, 2005, reduce the length of time between initial recruitment (application) and completion of licensure to 120 days or fewer for 95% of resource families. (See Benchmark 26)
- (c) By June 30, 2005, increase the number/percent of prospective resource families who continue from the start of the process to completion of licensing.

This work is behind schedule. Few families entering the licensing process experience a single point of contact, and, since some aspects of the process are handled for many families by private providers, this will not change until New Jersey changes its contract arrangements. Some contracts have already been revised and OCS expects to complete this process by December 31, 2005. OCS cannot yet produce data showing how quickly families complete the licensing process or how many families continue to the completion of the process. Manual systems are being put in place to begin tracking the experience of families entering the licensing process beginning July 1, 2005.

### **3. Provide timely and appropriate training to develop resource families' competencies to care for children placed in their homes.**

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- (a) By December 31, 2004, acquire and customize a pre-service curriculum (PRIDE, MAPP, or an equivalent), subject to Panel approval, for training resource families.
- (b) By June 30, 2005 and thereafter, train new, incoming resource families using this pre-service training curriculum, providing a minimum of 24 hours of training.

These actions were completed on schedule; OCS selected PRIDE as the curriculum and it is being provided to new applicants as of July 1, 2005.

- (c) By June 30, 2005, revise and adopt policies requiring 10 hours of in-service training to licensed resource families during the upcoming State Fiscal Year 2006.

The new policies have been adopted.

- (f) By June 30, 2005, support resource families' ability to participate in training through the availability of pre-service and in-service training in accessible locations and schedules.

Almost all training is now conducted at the local level, rather than at regional offices, making it more accessible to families.

*Quality and Impact.* PRIDE is a high-quality curriculum and is consistent with the reform plan's focus on meeting children's needs and building partnerships between resource parents and birth families whenever possible. OCS has done good work in selecting it and preparing it for use in New Jersey. There remain questions about the preparation of trainers (who had to learn the new curriculum on a very rapid schedule) and the State's ability to meet its commitment that resource parents will be co-trainers (this has not yet been implemented, but some resource parents are now being trained as co-trainers). It is not clear whether the State currently has the capacity to provide sufficient training to all current resource families, and more work will be needed to have this training support other aspects of the reform plan (e.g. participation in family team meetings).

**4. Revise licensing regulations to dually license families for foster care and adoption and to insure that licensing requirements support the ability of workers to make individualized determinations on the qualifications and skills of caregivers to be effective resource parents.**

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(a) By June 30, 2005, revise and adopt regulations regarding the capacity limits on number of children per resource family home, consistent with CWLA standards: no more than four foster children, no more than two foster children under two, and no more than six total children, with exceptions for keeping large sibling groups together and for maintaining placements made before regulations were enacted.

This work was completed on schedule.

**5. Increase reimbursement for resource families and equalize reimbursement for relatives with reimbursement for non-relative caregivers.**

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(a) By June 30, 2004 and thereafter, equalize payment rates to kin and non-kin caregivers.  
(b) By the following dates, close the gap between current resource family support rates (foster care, kinship care, and adoption subsidy) and the United State Department of Agriculture's estimated cost of raising a child in a two-parent, middle-income family in the urban northeast: 10% of the current gap by December 31, 2004; a further 15% by June 30, 2005; a further 25% by June 30, 2006; a further 25% by June 30, 2007; and a final 25% by June 30, 2008.

New Jersey equalized payment rates last year and provided the first rate increases as scheduled on December 31, 2004. Coupled with the equalization of payments for relative caregivers, this was an important early accomplishment of the reform. In preparing its budget for Fiscal Year 2006, OCS determined that it would need to delay the next installment from July 1, 2005 to January 1, 2006, in order to free funds needed to hire additional front-line staff early in the year. In view of the urgency of caseload reduction, the Panel has approved this change.

**6. Provide resource families with timely, effective support, including an involved resource family support worker, access to a network of peer support, respite care, child care, flexible funds, crisis response services, and other needed supports.**

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(a) By September 30, 2004, expand existing contracts to allow resource families access to an existing array of services.  
(b) By December 31, 2004, develop a plan subject to Panel review and approval to enhance support to resource families. Thereafter, implement the plan, completing enforceable strategies, action steps, and benchmarks within the timeframes designated by the Panel.  
(c) By June 30, 2005, provide resource parents with access to 24-hour crisis support.

The two actions due during the first monitoring period were completed on schedule and the Panel approved the resource family support plan. As discussed in part I.4 of this section, below, we are concerned about the process by which Resource Family Support Workers are being assigned to families. OCS's plan for 24-hour crisis support is that this service will be provided by Mobile Crisis Response teams, which are now operational in 13 of 15 areas of the State and

will be available State-wide by December 31 as part of the children's behavioral health system. This approach is potentially valuable, and additional strategies will be required to ensure that resource parents and workers are well-informed about it and to monitor whether it is being used.

## E. Adolescents and Youth

### *Overview*

Most actions to date in this area have involved the development of new plans and new policies designed to assist older youth in care and those making the transition to adulthood. The State has developed these on schedule, and now faces the challenge of implementing them. Leadership for this work is not yet in place, and OCS has not created the planned Office of Youth Development.

#### Noteworthy Accomplishments During This Period:

- Plans and policy changes continue to be completed on schedule.
- Collaboration between DHS and the Department of Community Affairs to expand transitional living programs.

#### Noteworthy Problems:

- Leadership for this part of the plan has not yet been identified.
- Plans to improve services to lesbian, gay, bisexual, transgendered and questioning youth lack specificity and clear lines of authority.

#### *Progress on Specific Strategies and Actions:*

### **1. Revise and adopt policies regarding continued support and pursuit of permanency for adolescents.**

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Several policy changes were due in the first monitoring period and were completed as scheduled. One of these requires additional comment:

(a) By December 31, 2004, maintain placements, case management, and services for youth in the child welfare system until age 21, unless a youth age 18 to 21 requests earlier termination.

The Panel's first monitoring report noted that New Jersey completed policies to this effect on schedule. During the current monitoring period the Panel became aware of difficulties in implementing the new policies, tied to the fact that New Jersey continued to use old materials (including a letter to youth turning 18 that was labeled a "pre-termination notice"). These materials made it difficult for youth to understand that there is now an expectation that the State will continue to assist them past their 18<sup>th</sup> birthdays, and were confusing to staff as well. After further discussion the State has changed these materials and will provide further instructions to staff to reinforce the purpose of the change.

(d) By December 31, 2004, review current Long Term Foster Care cases to determine if a more appropriate permanent option can be achieved.

“Long term foster care” is not really a goal; it simply states that a child is expected to remain in foster care, without clarity about when and how she is expected to leave and who will be there to support her when she does. Ultimately, the use of this “goal” should be eliminated altogether. New Jersey conducted this review as scheduled, but the Panel noted in our first monitoring report that it was unclear what if any actions had been taken in response. The State has now provided some additional information, showing that goals have been changed for 73 of the 154 children under 12 (47%) who had a “goal” of long term foster care. No further information has been provided with regard to older youth with this goal.

(e) By June 30, 2005, revise and adopt policies to limit the use of Independent Living as a permanency goal for youth and never use it for youth under age 16.

The revised policy was completed on schedule and is appropriate.

## **2. Provide meaningful adult support to youth in care.**

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(b) By June 30, 2005, revise and adopt policies regarding connecting youth exiting from the child welfare system without legal permanency with an adult who will assist them with the transition to independence.

The revised policy was completed on schedule and the new policies are appropriate.

## **3. Provide educational, employment, health, housing, and aftercare resources to youth in out-of-home placements and youth exiting the child welfare system without legal permanency.**

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(a) By December 31, 2004, develop an office within the Division of Prevention and Community Partnerships dedicated to planning for the needs of adolescents and youth transitioning out of the system.

OCS has appropriately decided that this office should be located in the Office of Policy, Planning and Coordination, rather than in the Division of Prevention and Community Partnerships. However, the office has not yet been formed; OCS is currently recruiting an administrator to run it.

(b) By December 31, 2004, develop a plan to ensure youth ages 14 and older in out-of-home placements receive life skills training. Thereafter, take all reasonable steps to implement the plan.

This plan was developed on schedule in the last monitoring period and approved by the Panel. During this monitoring period OCS conducted training on the plan for some of its staff and private providers.

(e) By June 30, 2005, sign a Memorandum of Agreement with the Department of Labor and the Juvenile Justice Commission to provide career counseling, job training, apprenticeships,

vocational rehabilitation, or other employment programs to youth exiting the child welfare system without legal permanency.

The MOA was signed as scheduled. It lacks sufficient specificity as to what will be accomplished and when and how results will be measured, and the Panel will require modifications.

(g) By December 31, 2004, enroll eligible children in the Chafee Medicaid Extension program when they turn 18, and maintain enrollment until age of 21.

As of June 28, 2005, New Jersey reports 257 youth enrolled in the program. The State cannot provide data on how many youth were eligible but are not enrolled. The State has identified one significant barrier to full enrollment (the fact that Medicaid cards are issued monthly and automatically canceled if the address is no longer correct) and is working on a plan to resolve this problem.

*Quality and Impact.* Each of the areas discussed above includes some useful actions, in most instances requiring further follow-up. We believe that, in order to develop the capacity to implement these policies and procedures at the required scale, establishment of the Office of Youth Development with strong leadership is essential.

#### **4. Provide services for lesbian, gay, bi-sexual, transgender and questioning youth**

(a) By June 30, 2005, develop a plan for appropriate service delivery for lesbian, gay, bi-sexual, transgender and questioning youth. Thereafter, take all reasonable steps to implement the plan.

The plan was developed on schedule, and a wide range of stakeholders were appropriately involved in its development. It appropriately identifies the need for training and the development of additional resource families prepared to serve this population. However, it has significant weaknesses, including a lack of data on the number of youth requiring these services; a lack of specificity about what actions will be taken by what date; and a lack of clarity about who will have the authority to ensure that the plan is implemented. The Panel will require modifications.

#### **F. Reducing the Inappropriate Use of Congregate Care**

##### *Overview*

New Jersey continues to have a substantial number of children and youth in settings where they do not belong. The rate of progress in reducing the scope of this problem has, at best, not been equal to the urgency required, and in some areas there has been little or no improvement.

##### Noteworthy Accomplishments During This Period:

- Continued reduction in the census at the Arthur Brisbane Child Treatment Center.
- Beginning development of smaller, community-based alternatives; when these programs are up and running (expected by the end of 2005), Brisbane will be closed.

- On September 30, 2005, OCS announced that all children who had been in detention while awaiting placement in a treatment setting had been transferred to an appropriate placement.

Noteworthy Problems:

- Very young children continue to be placed in congregate settings solely because the State cannot find appropriate families for them.
- More than 400 children in the child welfare system continue to reside in shelters, which are inherently temporary settings, and the State has made almost no progress in reducing the size of this group.
- There has been little progress with regard to children in out-of-state placement.
- New Jersey does not yet have the capacity to oversee effectively the care provided in residential facilities with which it contracts.

*Progress on Specific Strategies and Actions*

**1. Eliminate the use of congregate care for young children.** *Seriously inadequate progress.*

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One item due in the first monitoring period, a policy revision stating that children under six were not to be placed in congregate settings except in cases of medical necessity, was completed on schedule.

(b) By December 31, 2004 and thereafter, leave no (0) “boarder babies” in hospitals awaiting placement for more than five days beyond the point of medical clearance.

In our first monitoring report, the Panel cited significant progress in this area. While there were still some “boarder babies,” New Jersey had sharply decreased both the number of children in this status and the length of time they were staying in the hospital after medical clearance.

During the second monitoring period, this progress subsided. From January through June, 84% of boarder babies remained in the hospital for more than five days after medical clearance. Moreover, the number of boarder babies, while still relatively low compared to the level a year ago, increased from the beginning to the end of the period.

	# of boarder babies discharged	Average number of days in hospital after medical clearance
January	15	8
February	17	12
March	27	13
April	20	10
May	28	15
June	26	10

In view of these results, New Jersey must re-evaluate its efforts to resolve the “boarder baby” problem.



(c) By December 31, 2004 and thereafter, place no (0) new children under age 6 in congregate settings, except cases of medical necessity.

(e) By June 30, 2005 and thereafter, place no (0) new children under age 10 in congregate settings, except in cases of medical necessity.

Very young children continue to be placed in congregate settings. During the period January 1 – June 30, 2005, 119 children under six were placed such settings. Data provided by OCS indicates the following:

Category	Number
Placed in congregate setting because of physical health need	32
Placed in congregate setting because of behavioral health need	7
Children whose placement in a congregate setting is not due to a health need	80
Total	119

*Data not independently verified*

Comparable data are not available for earlier periods.

*Quality and Impact.* This issue received little attention until after the end of the monitoring period. Since that time, OCS has instituted additional controls on placement of young children. In August, the State reported that it had begun to reduce the number of such children in congregate care. Shortly thereafter, however, it became apparent that at least part of the reduction resulted not from progress in matching children with families, but rather from the inappropriate re-placement of children in settings where siblings had to be separated or children were subjected to multiple placement moves. OCS has taken appropriate corrective actions, but in view of the problem we cannot conclude that there has been progress in reducing the number of young children sent to congregate settings.

Because of the importance of this issue, the Panel conducted a targeted review of young children placed in congregate settings during the period January 1 – June 30, 2005. We also reviewed the data extensively with OCS in an effort to learn more about the young children in congregate settings. Our primary findings are as follows:

- In the sample of facilities visited, young children appeared to be safe and well cared-for.
- For 53 of the 80 children without a medical reason for placement in congregate care, there was simply no reason for this placement type other than the system's inability to provide an appropriate resource family. There is nothing to distinguish these children from many others who do live with families.
- The remaining 27 children in this group are placed together with their mothers, in a variety of settings. Some are in substance abuse programs, where keeping mothers and their children together whenever possible is good practice. Others, however, are in group homes or shelters, and these placements are a source of concern. Other systems have developed resource homes for mother-child pairs and, although the State has not

submitted data on this, we expect that some such homes exist in New Jersey as well. The placement of mother-child pairs in shelters is particularly troublesome.

- Some of the children with physical health needs can and should be served in family settings. Our sample was too small to estimate the size of this population, but it was clear to us that at least some of these children have health needs that are not more severe than those of other children who are appropriately placed in specially trained resource family homes under the “SHSP” program.

A more complete description of the review can be found in Appendix A.

**2. Eliminate the placement of children and youth by the child welfare system into inappropriate congregate care settings.** *Seriously inadequate progress regarding item (d), placement in shelters.*

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One item due in the first monitoring period, assignment of case managers to youth in detention and shelter settings, was partially accomplished. The Panel noted in our first report our considerable concern about the manner in which these youth were referred to Youth Case Management providers, many of which were not yet prepared to serve them. (We comment on current issues regarding YCM under strategy #5, below.)

(b) By June 30, 2005 and thereafter, no (0) new children will be placed in juvenile justice facilities because of the lack of appropriate placements within the child welfare system and any children previously waiting in juvenile justice facilities will have been moved to appropriate alternative placements.

(c) By June 30, 2005 and thereafter, no (0) new children will be placed in detention centers because of the lack of appropriate placements in the child welfare system and any children previously waiting in detention centers will have been moved to appropriate alternative placements.

On September 30, 2005, OCS announced that all children who had been in detention while awaiting placement in a treatment setting had been transferred to an appropriate placement. This welcome news represents an important advance over the past few months. At the end of the monitoring period, OCS reported that, as of June 28, there were 26 children still in detention settings while awaiting a treatment setting. Over the next few months, this number fluctuated, declining to 16 children in July and then increasing to 22 on August 29, 2005.

*Quality and Impact.* The problem of youth remaining in detention inappropriately involves many arms of State government, including the courts, the Department of Human Services, the Juvenile Justice Commission, the Office of the Public Defender, 17 county-run shelters, the Department of Education, and local education authorities. This enforceable item, however, focuses on children for whom primary responsibility rests with OCS, which is charged with finding a treatment program or placement pursuant to a court order. The number of children who remain in detention because such services are not made available quickly is relatively small, but for each such child the impact is enormous. The Office of the Child Advocate has played a valuable role in focusing attention on this issue and encouraging stakeholders to work together to resolve it.

OCS's efforts to solve this problem have been mixed. In the fall of 2004, it issued new contracts for services in Camden County; with the cooperation of the courts and other agencies, this initiative led to a significant decline in the number of children inappropriately in Camden's detention center. Efforts to replicate this process in other counties, however, did not begin until May and June of 2005. At that point OCS also recognized that the assignment of Youth Case Managers to facilitate movement for children in detention had largely been unsuccessful. Efforts at inter-agency coordination have also been mixed and there has not been consistent leadership in bringing together the many agencies that must contribute to a solution.

The State's September 30 announcement represents a significant accomplishment. This issue will require continued monitoring to ensure that the progress is sustained and that placements for children leaving detention facilities are appropriate.

(d) By June 30, 2005 and thereafter, no (0) children will be placed by the child welfare system in shelters and the child welfare system will find appropriate alternative placements for any children previously placed in shelters.

Shelters serve several purposes in New Jersey. Some provide temporary accommodation for runaway and homeless youth; others are used as non-secure detention resources by judges. The State's reform plan does not seek to change these appropriate uses. It does, however, require that New Jersey develop sufficient alternatives so that children in the child welfare system no longer have to be placed in inherently temporary settings, where they await transfer to another facility.

New Jersey has not taken significant actions to meet this requirement. Just under 400 children in DHS custody remain in shelters, a figure that is essentially unchanged from that in January 2005. The State has worked with a coalition of shelter providers to begin to understand the needs of children in shelter, and is preparing to re-license as group homes some shelters which provide therapeutic services. Beyond this change in labels, however, OCS does not currently have a plan even to reduce the number of children who are sent to inherently temporary programs because the State does not have a sufficient array of longer-term services.

**3. Provide placement for children in New Jersey, moving or maintaining placements for children out-of-state only for compelling reasons. *Seriously inadequate progress.***

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(a) By June 30, 2005, revise and adopt policies regarding the placement of children out of state.

These policies were completed on schedule and are appropriate.

(c) By September 30, 2004, review children in out-of-state placement to determine if the placement is appropriate and meeting their permanency goals.

New Jersey has not given significant attention to children placed out of State. The most recent data available show that on July 13, 2005 there were 710 such children, of whom 225 were in residential treatment programs and the balance were in family settings. During the first monitoring period, OCS conducted a review of these cases, but did not indicate what actions

were to be taken as a result of that review. No further information is available, other than an apparent intention to conduct a new review before the end of 2005.

(d) By December 31, 2004, assign a case manager from the children's behavioral health system to children and youth placed out-of-state for behavioral health services in order to assist them and their permanency worker with the transition to family- and community-based settings.

OCS has attempted to assign all such children to a Youth Case Management program, and these programs are running at above their assigned capacity levels. While we cannot determine that every eligible child has been assigned a Youth Case Manager; it appears that virtually every such child should have one.

**4. Close the Arthur Brisbane Child Treatment Center, transferring or discharging all youth to another setting appropriate to their needs, with adequate supportive services in place.**

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In the first monitoring period, OCS met its commitments to stop admitting young children and children charged with juvenile delinquency to Brisbane, and to find alternative placements for all children under 14 who had been at Brisbane.

(d) By March 31, 2005, no youth with a delinquency adjudication will remain at Brisbane.

New Jersey has met this commitment. Youth with juvenile justice involvement who require services formerly provided at Brisbane are now admitted to a 4-bed secure Children's Crisis Intervention Services Unit at Trinitas Hospital.

(e) By June 30, 2005, provide in-patient treatment services and alternative less-restrictive community-based services for children and youth who need psychiatric care.

OCS has continued the expansion of behavioral health services, opening Mobile Crisis Response units and Care Management Organizations in additional counties as scheduled. The opening of programs specifically designed to replace Brisbane is now scheduled to occur by the end of this year, when Brisbane will close. OCS has issued Requests for Proposals for the establishment of four Intensive Residential Treatment Services units in different parts of the State. These are expected to produce seven more beds for children aged 11 through 13, and between 24 and 30 beds for teens aged 14 through 17. Award letters for the new contracts were sent in September.

**5. Transfer or discharge children living in a congregate care facility whose needs can be met in a family setting or in a less intensive level of care to the least restrictive setting safely possible.**

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In the first monitoring period, New Jersey assigned case managers to these children. Further enforceable actions are not expected until the third monitoring period.

*Quality and Impact.* The Needs Assessment completed in April 2005 for the Division of Children's Behavioral Health Services by Dr. John Lyons confirmed earlier estimates that as

many as 25% of New Jersey children in residential treatment settings and group homes no longer need to be in these expensive and restrictive settings. They are ready for return to their own families or, if this is not possible because of safety issues, transfer to a foster family. Facilitating such movement and ensuring that there are sound plans in place for community-based services are critical tasks that have been assigned to Youth Case Managers. If these tasks are accomplished routinely, New Jersey will improve the lives of two groups of children – those who are ready to return to the community, and those who are in inappropriate settings (detention facilities, shelters, and out-of-state placements) because there is no room for them in residential treatment programs.

There is little to indicate that the movement of children from congregate care programs to families is happening routinely or effectively. The Youth Case Management programs face significant challenges, including high caseloads; lack of clarity about the division of responsibility between YCM workers and DYFS workers; the need for continued training and skill development; and in some instances lack of sufficient funding for community services. We encourage OCS leadership to pay significant attention to resolving these issues as quickly as possible.

#### **6. Evaluate and improve the safety conditions and quality of services within congregate care and institutional facilities**

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(a) By June 30, 2005, complete timely licensing assessments and annual facilities and program reviews on 98% of congregate settings. Thereafter, follow up on corrective actions.

New Jersey is not close to meeting this requirement and now believes that it will not be able to do so until December 2006. The State has submitted a conceptual plan for carrying out the reviews, but it does not provide sufficient specificity about what will be done, by whom and when, and the Panel will require further information and revisions.

#### G. Partnering with Communities and Expanding Necessary Services

##### *Overview*

New Jersey has begun to make some additional community services available for families. These include expansion of children's behavioral health services; inpatient and community substance abuse treatment; and steps to make domestic violence programming more widely available. It is too early to judge the quality and effectiveness of these new services. OCS has also developed a thoughtful plan for improving medical services to children in out-of-home placement. However, it lacks adequate information on current services, and there remains significant reason for concern about whether children now in care are having their needs met.

##### Noteworthy Accomplishments During This Period:

- Continued rollout of some of the important services promised in the reform plan.
- The medical plan includes appropriate, challenging goals and thoughtful approaches to achieving them.

Noteworthy Problems:

- Continued lack of clarity in the community about what OCS intends with regard to the development of collaboratives and the establishment of locally-based preventive services.
- Lack of data about important services, and reason for continued serious concern about whether children are receiving the medical care they need.
- Problematic implementation of Youth Case Management and continued concern about whether behavioral health services are effective and are reaching the children who need them most.

*Progress on Specific Strategies and Actions*

**1. Develop partnerships with communities statewide with special emphasis on those areas which have high numbers of children coming into care.**

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(a) By December 31, 2004, identify the purpose, structure, standards, roles, responsibilities, and performance measures for implementing Child Welfare Planning Councils.

(b) By March 31, 2005, form a Child Welfare Planning Council for each of the 15 Area Offices, building upon existing child welfare-related planning groups and including a diverse group of service consumers, community members, providers, and public agency staff.

As described in our first monitoring report, OCS developed guidelines and began to form Councils in several parts of the State. However, the Panel found the purposes and responsibilities of these Councils to be unclear. We recommended that the State prioritize other aspects of its work and delay further implementation of the Councils, except in a few areas where there was already significant community participation. OCS has done so. The Panel also recommended that the “council of collaboratives” in Essex County be evaluated as a model for other Councils; the Cornwall Center at Rutgers is undertaking such an evaluation and results are expected in February, 2006.

**2. Support the development of locally governed community collaboratives in the communities which have the highest numbers of children coming into care.**

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(a) By September 30, 2004, identify the funding process for implementing community collaboratives.

(b) By March 31, 2005, establish and support a total of 6 community collaboratives.

OCS has now provided start-up grants to 14 collaboratives. The process by which OCS selected collaboratives for funding emphasized areas in which community organization was already underway. As a result, the grants made to date include communities in only two of the four Phase I areas (Newark and Camden).

*Quality and Impact.* Building successful community collaboratives takes time, and it is too early to judge whether OCS’s early efforts at supporting these initiatives will be successful. We have several areas of concern at this early stage. First, in at least one area, funding was provided to an

organization with existing contracts and significant political influence, rather than to a collaborative effort of residents and multiple providers. Second, OCS's expectations for the collaboratives are still defined very broadly, and it remains unclear how their work will be evaluated. At this point, it appears that all of the collaboratives have worked on improving outreach to and coordination of local service providers; most are engaged in community needs assessments; and most have recruitment and support of resource families as a priority but in some instances they have not yet taken significant action in this area.

### **3. Provide services and supports to families at high-risk of involvement with the child welfare system.**

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This strategy includes a variety of actions addressing different service needs. In the first monitoring period, OCS expanded the number of available child care slots on schedule.

(a) By June 30, 2005, in conjunction with New Jersey's Task Force on Child Abuse and Neglect, develop a plan to carry out this strategy [i.e., provision of preventive services]. Thereafter, take all reasonable steps to implement the plan.

The plan was not submitted on schedule; it is expected in late September.

### **4. Provide case management services to families referred by or at high risk of involvement with the child welfare system.**

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There are no enforceable actions for this strategy until the third monitoring period. However, the Panel has encouraged OCS to begin piloting in the near future community-based services to support families and prevent the need for out-of-home placement. In our view, such an effort is important to the success of the reform plan for two reasons.

First, New Jersey now has too few means for helping families before they reach the point of crisis. Some of these families simply never get help of any kind until something goes badly wrong. Others come to the attention of the public child welfare system through a report of abuse or neglect that may be unfounded or be substantiated but with a low level of current risk. Lacking community-based resources, the system's typical response is to keep these families as "open cases," while providing them with little in the way of services. At the same time, each such family is part of the caseload of a worker who, in most of the State, continues to be asked to work with too many children and families.

Secondly, many such families are far more likely to make good use of services that are provided in their own community, in places that are accessible and culturally familiar. They are more likely to trust a worker from a community agency with which they or their neighbors have other ties than one from a public child welfare system they may associate with the risk of having their children taken away from them. This is not true of every family, and we do not mean to suggest that public sector workers cannot provide valuable services. Moreover, many families in which abuse and neglect have occurred require ongoing protective supervision by a public agency worker. But New Jersey will not succeed in substantially reducing the number of children who

must be placed in out-of-home care until it has developed a more robust system of prevention that includes significant community-based services.

Such a system must be developed carefully, with particular attention to the connection between community-based providers and the public child welfare system. We therefore recommend that the State begin pilot efforts in some of the communities where preventive efforts are most essential, involving the new community collaboratives in the development and evaluation of these services.

**5. Provide high-quality services, responsive to the needs of children and families involved with the child welfare system who have experienced domestic violence.**

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(a) By December 31, 2004, revise and adopt policies and protocols regarding practice with families who have experienced domestic violence.

The State has not met this commitment. Last year, the Panel agreed to extend the deadline to March 31, 2005, to allow more time for OCS to work with the New Jersey Battered Women's Coalition on the policies and protocols. Since that time the State has provided draft policies and revised them once, but there are still no protocols for workers to follow in implementing the policies and it appears that there are no plans for developing such protocols. Moreover, the policies are unclear in some respects and will require further revisions.

(c) By June 30, 2005, replicate "Peace: A Learned Solution" in three high-risk counties during State Fiscal Year 2006.

During this monitoring period, New Jersey expanded three existing programs, so there are now four full-scale programs (in Bergen, Burlington, Hunterdon, and Middlesex Counties). OCS has also issued an RFP for new, full-scale programs in three high-risk counties (Essex, Camden, and Passaic). Awards are scheduled for the fall and programs are expected to be up and running by January 1, 2006, meeting the commitment to have them operational during Fiscal Year 2006.

**6. Provide high-quality emergency and routine health care for children in out-of-home placement. *Seriously inadequate progress.***

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(a) By March 31, 2005, develop a comprehensive medical plan for the Office of Children's Services subject to Panel review and approval. Thereafter, implement the plan, completing enforceable strategies, action steps, and benchmarks within the timeframes designated by the Panel.

OCS provided this plan in April 2005 and has incorporated revisions and developed an implementation schedule after discussion with the Panel. The Panel has approved the direction of the plan and the State is moving forward with implementation. Some additional work remains to identify the specific measures that will be used in the future to gauge the State's progress in improving medical services.



(b) By June 30, 2005, provide 98% of children with pre-placement physicals.

New Jersey does not have data to demonstrate whether this goal is being met. It continues to rely on hand counts by local offices, which are used primarily to show how many children received physicals in a hospital emergency room, and which do not clearly show the total number of children who should have had a physical.

*Quality and Impact.* More broadly, the existing data about medical services are weak and suggest continued serious concern about whether children are receiving the medical care they need. In 2004, New Jersey established procedures by which children entering care are to have a comprehensive medical and mental health examination known as a CHEC exam. For the period April through June 2005, OCS reports that there were 909 children placed with resource families and that there were 260 CHEC exams completed, 29% of the number that presumably should have been done.<sup>24</sup> Of equal importance, OCS can not show how many of the exams identified problems that required medical or mental health follow-up, and whether that follow-up treatment was actually provided.

**7. Provide high-quality mental and behavioral health services for children and families involved with, referred by, or at-risk of involvement with the child welfare system.**

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(a) By June 30, 2005, create 75 additional treatment homes and 40 emergency treatment homes.

As of July 1, OCS reports having licensed an additional 77 treatment homes since January 1, 2005, bringing the total to 717. It is behind schedule in adding emergency treatment homes, having licensed 11 of the expected 40 beds. The remainder are in development and OCS expects that they will be licensed by September 30, 2005.

(c) By September 30, 2004, increase the number of Youth Case Managers to 167, providing capacity to serve 10,000 children per year.

The State has exceeded this commitment, adding an additional 20 positions because caseloads in YCM programs were too high. There are now 187 funded Youth Case Manager jobs.

(e) By March 31, 2005 and annually thereafter, complete a needs assessment regarding children's behavioral health services for the next State Fiscal Year (2006 and thereafter).

(f) By June 30, 2005 and thereafter, take all reasonable steps to fund and expand children's behavioral health services to fill needs, as assessed.

The needs assessment was completed on schedule. Its most urgent finding was that New Jersey needs to add a substantial number of new treatment home beds in Fiscal Year 2006 and for several years thereafter. These homes and the services associated with them will meet the needs of some of the children entering care who require a treatment setting, and also of some children

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<sup>24</sup> This calculation is not precise; some of the exams done during this period may have been for youngsters who entered care at the end of the prior period, and some children who entered in June may have had CHEC exams in July.

currently in residential placements who are ready to step down to a family setting but for whom a suitable trained family is not available. Funds for these additional homes have not yet been included in the budget; OCS is optimistic that it will be able to find such funding and is proceeding with RFPs for 215 additional treatment home beds, of which 110 have now been awarded. This is an important and positive development. The Panel will regard development of these homes as an enforceable item.

(i) By December 31, 2004, develop protocols and capacity to provide adult mental health services via the Division of Family Development to 150 individuals whose families are involved with the child welfare system. Thereafter, expand the number of counties and individuals served by DFD to meet the mental health needs of adults whose families are involved with the child welfare system.

Current information is not available.

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**8. Provide high-quality addiction treatment services and substance abuse services for children and families involved with, referred by, or at-risk of involvement with the child welfare system.**

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(a) By June 30, 2005, increase substance abuse services to families who need them, as planned for this period, to include 40 short-term residential slots, 135 outpatient/partial care slots, 100 regular outpatient slots, and 150 methadone treatment slots

The Panel agreed last year to extend this deadline to December 31, 2005, and to modify the requirement to 40 residential and 200 outpatient slots. OCS reports that 18 of the residential slots and all 200 outpatient slots are now operating, and that the remaining 22 residential slots are under contract and will be operating by December 31, 2005.

(b) By June 30, 2005, create 40 residential treatment slots and 200 outpatient treatment slots for adolescent abusing substances.

The Panel agreed last year to amend this commitment to 125 new adolescent treatment slots, including 25 residential slots, serving a total of 300 youth over the course of a year. OCS reports that all of this new capacity is now in place. Contracts with providers were expanded, adding 106 outpatient and 25 residential slots.

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**9. Meet the educational needs of children in placement.**

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There are no enforceable actions for this strategy until the third monitoring period.

## H. Striving for Safety and Permanency in the Courts

### *Overview*

New Jersey has made some progress in planning and carrying out improvements to the legal process in child welfare proceedings. Much of this work is still in the planning stages and the effectiveness of implementation cannot reasonably be evaluated at this time.

#### Noteworthy Accomplishments During This Period:

- Elimination of voluntary placements.
- Development of a strong plan to provide prior notification to parents of legal proceedings involving their children.

#### Noteworthy Problems:

- An expert report indicated need for substantial improvement in quality of legal representation of both children and parents in child welfare cases.
- The State is behind schedule in reducing caseloads for law guardians, and the Office of the Public Defender reports that its budget is insufficient to achieve these reductions as planned.

### *Progress on Specific Strategies and Actions*

#### **1. Develop a high-level coordinating body, the Interagency Council for Children and Families (ICCF), to oversee and report on court reform efforts.**

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This part of the plan requires cooperation across many arms of State government. Accordingly, New Jersey decided to establish the ICCF as a high-level coordinating body. It did so on schedule during the first monitoring period. The ICCF has met infrequently, and it is not yet clear that it will be an effective mechanism for resolving disagreements among members or overseeing plan implementation. It does not appear that the ICCF has been the forum in which the State attempts to resolve difficult problems involving multiple agencies. The ICCF has, however, established a subcommittee of senior staff from each department, which meets regularly and has worked together effectively to develop many of the plans described in the remainder of this section.

#### **2. Eliminate the practice of accepting voluntary placements of children.**

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Voluntary placements were eliminated in Essex County on schedule at the end of the first monitoring period. The next commitment – elimination of such placements State-wide – is due during the third monitoring period but New Jersey reports that it has already been achieved.

#### **3. Provide parents adequate notice of initial removal hearings.**

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(a) By March 31, 2005, develop a plan to carry out this strategy. Thereafter, take all reasonable steps to implement the plan.

Several agencies of State government worked together to develop a thoughtful and impressive plan to meet this basic right of parents involved in abuse/neglect proceedings. The Panel has approved the plan with a request for additional detail on the dates by which its elements will be implemented, and been informed that the new system should be in place State-wide by November 1, 2005.

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**4. Provide resource families adequate notice of hearings involving children in their care.**

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This plan was developed on schedule during the first monitoring period, revised after review by the Panel, and approved. We will include an update on progress in implementing the plan in the next monitoring report.

**5. Take all reasonable steps to complete abuse and neglect proceedings, permanency hearings, and termination of parental rights and adoption cases in accordance with State and Federal Adoption and Safe Families Act timelines.**

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A plan to accomplish this was submitted on schedule during the first monitoring period. It did not, however, clearly indicate what actions the State would take in areas where the various arms of government involved had not reached consensus on how to proceed. The Panel has now been provided with supplemental information and has approved the revised plan. Three counties have been identified for a pilot project, which will begin on November 1, 2005.

**6. Provide high-quality legal representation to children involved in child welfare proceedings.**

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A plan for reducing law guardian caseloads was submitted on schedule during the first monitoring period. The Panel approved the final goal for caseload sizes and had questions concerning the amount of time it would take to reach those goals. The Office of the Law Guardian has now provided information showing that by June 30, 2005, average caseloads were 143 children per attorney, down from the prior level of 177 but still above the interim target of 133 that had been set for that date. Of greater concern, OLG also reported that its budget for the Fiscal Year beginning July 1, 2005, was not sufficient to support further caseload reductions as planned. ICCF leadership has now scheduled a meeting with the Treasury Department to try to resolve this problem.

**7. Provide high-quality legal representation to child welfare agency staff through effective collaboration and coordination with Deputy Attorneys General (DAG).**

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- (a) By December 31, 2004, revise and adopt policies concerning working relationships and dispute resolution.
- (b) By June 30, 2005, practice will substantially conform to policies.

The policies were submitted on schedule during the first monitoring period. The ICCF reports that they have been distributed to all appropriate staff; there is no further information available to confirm whether they are being used routinely.

**8. Provide high-quality legal representation to parents involved in child welfare proceedings.**

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(a) By June 30, 2005, develop a plan, based on the report of expert(s) selected by the Panel and subject to Panel review and approval, to address both the quality of legal representation of parents and any legal conflict of interests in organizational structure. Thereafter, implement the plan, completing enforceable strategies, action steps, and benchmarks within the timeframes designated by the Panel.

The expert report was completed in April 2005. It made recommendations for far-reaching changes in the way New Jersey organizes legal representation of parents, and corresponding recommendations with regard to legal representation of children. Because these recommendations are far-reaching, the Panel extended the deadline for the State's plan until December 2005.

## I. Developing the Necessary Culture and Workforce

### *Overview*

The child welfare workforce is substantially larger than it was a year ago. It is not yet better trained, supervised or supported, and, while there has been some progress in caseload reduction, too many workers are still carrying caseloads that are far too high. The State has taken some appropriate actions to drive down caseloads in the future, transferring funds to allow for hiring more front-line staff earlier in this new fiscal year. Much more will be needed. There has been recent progress towards implementing new training curricula. Significant questions remain about the State's ability to deliver training effectively.

### Noteworthy Accomplishments During This Period

- Hundreds of new front-line staff, supervisors, and case aides hired.
- A training plan has been developed, and a new pre-service training curriculum is ready for implementation in September.
- OCS has established resource family units in each local office. These units, which include a local recruiter, a trainer, a placement facilitator, and one or more Resource Family Support Workers, are an important addition and a key step towards more successful resource family recruitment and retention and better placement decision-making.

### Noteworthy Problems

- Caseloads remain far too high for most workers.
- Protective services workers are still responsible for far too many open cases, impairing their ability to investigate new allegations.
- There are still no plans to re-train existing staff.
- There are not yet a sufficient number of well-qualified trainers who can teach the skills workers need to learn.
- Supervisors have not had an opportunity to learn what workers will be taught in training, nor have they been provided with additional training in supervisory skills.
- Training a cadre of Family Team Meeting facilitators is well behind schedule.

### *Progress on Specific Strategies and Actions*

- 1. Revise and clarify the roles, responsibilities, qualifications, and experience levels expected of staff positions.** *Seriously inadequate progress.*
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One action due in the first monitoring period, expansion of the tuition reimbursement pool for staff who further their education, was completed on schedule.

(a) By September 30, 2004, revise hiring procedures and promotional requirements for caseload-carrying staff and supervisors, including: (i) a preference for front-line staff with a BSW, MSW, or another related degree, or a specified amount of experience, and (ii) a preference for supervisors with an MSW or another related advanced degree.

Without changing any formal policies, OCS has established appropriate preferences regarding education and experience for front-line staff. It reports that, of 1,007 people hired for Family Service Specialist lines between April 1, 2004 and June 30, 2005, 757 (75%) had an MSW, a BSW, or a Master's or Bachelor's degree in a related field. There is no indication of similar progress with regard to supervisory positions, where individuals continue to be promoted without a preference for an advanced degree in social work or a related field.

(c) By June 30, 2005, develop new or revised job descriptions and civil service examinations and schedules to select candidates with appropriate skills.

This work has not advanced. There have been some meetings and exchanges of documents between DHS and the Department of Personnel, but there is no evidence that these will lead to action meeting the State's commitment in this area.

*Quality and Impact.* New Jersey is in the midst of an unprecedented expansion of its child welfare workforce at both the front-line and supervisory levels. The quality of OCS's work for years to come will be determined in part by how well the State screens, selects, trains, and promotes its staff. Our field experience suggests that many of the new staff bring a high level of energy and commitment to the job, and they are anxious for strong training and supervision. The child welfare reform plan created an opportunity for State leadership to further strengthen its workforce, and in particular to find new ways to ensure that its supervisory workforce is as strong as possible. New Jersey has not yet made effective use of this opportunity. The Department of Human Services contention that it should not be held responsible for lack of progress in this area because it does not control the actions of the Department of Personnel is cause for further concern.

## **2. Provide sufficient, trained staff to screen reports of child abuse and neglect and handle investigations.**

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In the prior monitoring period, New Jersey met its commitment regarding staffing the child abuse/neglect hotline and also provided additional staff when it became clear that the original contingent was not sufficient.

(c) By March 31, 2005, 95% of protective workers will have no more than 12 new cases per month and no more than 18 open cases.

As of June 30, 2005, New Jersey reported that 57% of protective workers had no more than 18 open cases, and 96% had been assigned no more than 12 new cases during the month; 63% of workers assigned to child welfare assessments had no more than 18 open cases, and 99% had been assigned no more than 12 new cases during the month. These statistics should be read with caution, as they do not account for 550 cases on New Jersey's information system that do not show a worker assigned, and it is possible that there are additional cases not included because they have not yet been registered on the system at all.

*Quality and Impact.* The assignment of staff to separate protective services units, along with the attempt to ensure that these staff have a manageable number of new investigations each month, is

a major step forward for New Jersey’s child welfare system. New Jersey has demonstrated some progress in reducing the number of new cases assigned to these workers, but many of them still have far too many open cases. As noted elsewhere in this report, OCS is working to reduce a backlog that still exceeded 3,800 cases open more than 60 days at the end of July. Each such case represents either an investigation that has not been completed on time, potentially jeopardizing child safety, or a case that needs ongoing service from a permanency worker, in which the child and family are likely not to be getting the help they need. The benefits of separate protective units will only be realized when these cases are completed and/or transferred, and protective workers can devote their full attention to new investigations.

**3. Provide sufficient, trained staff to provide permanency (ongoing) services.**

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In the first monitoring period, New Jersey met its commitment for hiring new front-line permanency workers.

(a) By the following dates, attain interim caseload standards:

<b>Date</b>	<b>Phase I Areas</b>	<b>Phase II Areas</b>	<b>Phase III Areas</b>
June 30, 2005: STANDARDS	Final standard (95% of workers to have no more than 15 cases and no more than 10 children in out-of-home care)	95% of workers to have 17 or fewer cases	Average caseload to be no greater than 15 AND 80% of workers to have 20 or fewer cases
June 30, 2005: ACTUAL PERFORMANCE	50% of workers had caseloads meeting the standard. 24% had more than 15 cases, 9% had more than 10 children in placement, and 18% had both more than 15 cases and more than 10 children in placement. <sup>25</sup>	60% of workers had 17 or fewer cases	The average caseload met the standard of 15, and 74% of workers had 20 or fewer cases.

*Quality and Impact.* New Jersey has made progress in reducing caseloads for front-line staff. The extent of that progress cannot be measured precisely because comparable data are not available for earlier periods. It is clear, however, that many workers have fewer cases than they were assigned in the past. It is equally clear from the table above that the State’s progress has been far less than expected and required. Moreover, many of the workers whose caseloads meet standards are trainees, and if the statistics presented above could be shown for experienced workers only they would look still more alarming. Perhaps most critically, the problem of very large caseloads has not been eliminated. As of June 30, 2005, 167 workers still had caseloads of 30 or more families, double the standard the State must achieve. This figure is, however, less than half of what it was a year earlier, when OCS estimates that more than 400 workers had caseloads of 30 or larger.

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<sup>25</sup> Figures do not add to 100% because of rounding.



New Jersey has rightly prioritized further caseload reduction. It will hire all of the new front-line staff scheduled for Fiscal Year 2006 as early as possible and will reallocate some other funds so more staff can be hired. In our view, at least three other areas must be addressed in order to achieve greater and faster caseload reduction. First, OCS must review its existing cases carefully and continue its efforts to close those that no longer require State supervision. It has already begun to target some additional categories of cases for close review to see if they can safely be closed. Second, New Jersey must begin to develop community-based preventive and family support services, so families at low risk of future abuse or neglect can get help without requiring supervision by a State employee. Third, the State must make better use of its ability to hire new workers with appropriate experience onto Family Services Specialist II, rather than trainee, positions, allowing them to take on a full caseload more rapidly.

#### **4. Provide sufficient, trained staff to; recruit, retain, license, and support resource families.**

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(a) By March 31, 2005, hire a resource family recruiter, resource family trainer, and a placement facilitator, to staff each District Office within the Phase I Area Offices.

As of June 30, 2005, all offices in Phase I counties had at least one trainer, one Resource Family Support Worker, one recruiter, and one supervisor. Three such offices lacked a placement facilitator.

(b) By June 30, 2005, hire, assign, or contract for the services of 130 resource family support workers.

The most recent information (undated) provided by OCS shows 99 Resource Family Support Workers and 22 Relative Care Specialists, a related position, throughout the State. It also indicates that 130 Resource Family Support Workers should be in place by September 30, 2005.

*Quality and Impact.* Creating new units of workers who will train and support resource families is an important step forward for New Jersey. Implemented well, these new units should lead more thoughtful placement decisions, better matching of children and families, fewer placement disruptions, and better retention of resource parents.

At this early stage of implementation, a number of issues have already emerged that require further attention from OCS leadership. Offices have not yet been assigned a sufficient number of support workers to meet the standard established in the reform plan (no more than 35 families, including no more than 5 homestudies per month). Offices have set their own priorities for which families should be assigned workers first, with considerable inconsistency across the State. In some offices, many families do not have a worker assigned; in others, workers have been assigned to all resource families but therefore have very high caseloads. OCS's plans to ensure full staffing of this function are not yet clear.

## **5. Provide sufficient, trained staff to facilitate family team meetings.**

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(a) By December 31, 2004, assign 50 staff to participate in intensive training, becoming leaders of the State's transition to family team meetings.

(b) By March 31, 2005, assign sufficient trained personnel to facilitate family team meetings for 85% of placement decisions made in Phase I Area Offices.

As noted in the section regarding Family Team Meetings (FTMs), OCS's planning for this practice change has involved some significant missteps. Most of the group initially trained were Case Practice Specialists who ultimately were not relieved of their other duties, and who therefore will have little if any ability to facilitate FTMs. OCS is now training a second cadre of facilitators and working on a revised implementation plan that focuses first on offices with lower caseload levels. The Panel has approved this plan in concept but requires further data on when training will be completed and how much FTM capacity will be available by what dates in each of the offices.

## **6. Provide sufficient, trained specialists to support the needs of adolescents.**

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There are no enforceable actions for this strategy until the third monitoring period. The Department has proposed, and the Panel has accepted, a plan to substitute additional front-line staff for the adolescent specialists who were to be hired during Fiscal Year 2006. Accordingly, implementation of this part of the plan will be delayed at least until 2007.

## **7. Provide sufficient, trained specialists to support children with a goal of adoption.**

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(a) By March 31, 2005, assign adoption specialists to every District Office.

Expectations regarding this action must be modified in light of the revised adoption plan discussed in part C.8 of this section, above. At this point, only a small number of offices are ready for adoption specialists (i.e., they are actually assigning responsibility for adoption to permanency workers who need the support of an adoption specialist). Adoption specialists are in place in all such offices.

## **8. Provide sufficient, trained supervisors to support front-line staff.**

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(a) By June 30, 2005, hire at least 95% of 48 new supervisory positions planned for this period.

OCS has submitted two sets of reports with conflicting data on the number of new supervisors. Both, however, show that it is well in excess of the 48 positions required during the year.

*Quality and Impact.* OCS has promoted an appropriate number of supervisors. It is too early to judge the quality and capacity of this cadre of new supervisors, whose effectiveness is essential to the success of the reform as a whole. The importance of front-line supervision, critical at any time, is especially great now, when so many supervisors must guide workers who are new to the job. One area of concern is that it appears that OCS has not taken advantage of the opportunity provided by the plan to select new supervisors in a manner that would "...include recruitment

and selection from outside of the current agency staff, as needed to find experienced, quality staff.”

(c) By December 31, 2004, revise and adopt policies requiring supervisors to go out into the field with each of their staff members at least once per month.

(d) By June 30, 2005, practice will substantially conform with policies.

As noted in the last monitoring report, the policy was established on schedule. There is no evidence to suggest that it is being followed in practice. Given the very large number of cases of cases each supervisor remains responsible for, it is at best unlikely that adherence to the policy is routine. In the short run, we believe that OCS’s priority should be ensuring that supervisors periodically accompany to the field their least experienced workers and those whose skills are weakest.

**9. Develop an array of positions through out the Office of Children’s Service and Department of Human Services, to provide other necessary supports to the caseload carrying staff.**

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In the first monitoring period, hiring of additional staff for the Office of Licensing was completed on schedule.

(a) By June 30, 2005, hire sufficient IAIU field investigators such that 95% of investigators have no more than 8 new cases per month and 12 open cases at a time.

The full staffing compliment for IAIU is 81, consisting of 76 positions (investigators, supervisors, and support staff) dedicated to investigations and five assigned to continuous quality improvement of IAIU’s work. IAIU management believes that this staffing pattern will allow them to achieve the caseload targets. As of June 30, 2005, IAIU reported that all 76 investigations positions were filled, as were four of the five CQI positions.

(c) By June 30, 2005, hire 95% of 162 new case aides positions planned for this period.

OCS has submitted data showing that it has met this commitment, filling 155 new case aide positions, 96% of the planned amount.

**10. Effectively monitor and remediate situations in which a worker’s caseload exceeds the standards.**

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(a) By September 30, 2004, deploy an automated system to monitor caseload sizes of individual workers and under individual supervisors’ span of control.

New Jersey has made further modifications of the caseload reports developed during the first monitoring period. These reports now show protective workers and permanency workers separately and appropriately show the number of children in out-of-home care as well as the number of families on the caseloads of permanency workers. Accordingly, they are significantly

improved management tools. OCS has also conducted desk audits to verify the caseload statistics and reports favorable early results; it has provided documentation of the desk audits to the Panel for only one office, in Mercer County. The automated reports do not yet show which workers are trainees, and we continue to recommend that trainees be clearly identified.

(b) By March 30, 2005, deploy case assignment guidelines to help supervisors manage workload distribution.

(c) By June 30, 2005, deploy a system to promptly remediate any situation in which caseload standards are exceeded.

OCS has worked with the Children's Research Center on a draft case assignment tool, which has been field- tested in two locations. OCS began implementation in the remainder of the State on September 1, 2005 and expects to complete it State-wide by the end of the month.

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**11. Provide uninterrupted service to families, despite attrition, temporary leaves, training or education-related absence, or fluctuations in the system-wide caseload.**

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There are no enforceable actions for this strategy until the third monitoring period.

**12. Establish a New Jersey Child Welfare Training Academy with the capacity to coordinate and provide high-quality pre-service and in-service training for the Office of Children's Services workforce, community partners, and resource families. *Seriously inadequate progress.***

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(a) By December 31, 2004, develop a plan subject to Panel review and approval for the Training Academy. Thereafter, implement the plan, completing enforceable strategies, action steps, and benchmarks within the timeframes designated by the Panel.

Discussed together with 13 below.

**13. Develop, adapt, and/or purchase curricula that are both reflective of the new practice model and the larger reform effort.**

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(a) By December 31, 2004, develop a set of specialized modules to supplement training of existing staff including: Structured Decision Making, family team meetings, and investigations.

(b) By March 31, 2005, deliver specialized training modules to existing staff.

(c) By March 31, 2005, develop new pre-service training curriculum, providing a minimum of six weeks of training, to promote the development of knowledge, skills, and abilities around critical case work responsibilities.

(d) By June 30, 2005, and thereafter, deliver the new pre-service training to incoming staff.

We discuss these two—12 and 13--inter-related strategies together, as their implementation has overlapped. As noted in our first monitoring report, New Jersey did not develop an acceptable training plan by December 31, 2004. It subsequently hired a well-qualified Assistant Commissioner to take charge of this function, and proceeded to work on the training plan and the development of new curricula simultaneously.

The training plan has been submitted to the Panel. It is considerably stronger than prior work, and it includes a timeline with expected results. It requires further improvement and clarification in at least the following areas. (1) It does not yet contain a plan for re-training current staff and supervisors, all of whom will need to be introduced to a new practice model and given the opportunity to develop the skills it requires. (2) The Training Academy does not yet have a sufficient cadre of trainers with the skills needed to deliver the new curricula. It is unclear when and how this problem will be resolved. (3) The plan does not yet address integration across the various parts of OCS.

The revised pre-service curriculum has been developed. Trainers were trained in July and August and the first class of trainees to receive the new curriculum began at the end of August. Each local office is setting up training units in an effort to ensure that trainees have supervision that reinforces what they learn in the classroom.

The status of specialized training modules is as follows. All staff were trained on Structured Decision Making. Family Team Meeting training for the first three cadres of facilitators has now been completed. The specialized protective services curriculum is under revision and will not be ready for use until January 2006. Additional training for supervisors is to begin at the end of 2005.

*Quality and Impact.* The substantial delay in developing and implementing new training, particularly pre-service training and training for supervisors, has done considerable harm to the reform effort. In the spring of 2005 New Jersey brought in strong new leadership for training, and in recent months it has made progress particularly with regard to developing the new worker training curriculum. This new pre-service curriculum is a clear improvement over the old one; further modifications are almost certain to be necessary as OCS learns from the experience of using the training and gets feedback from the trainers and trainees. The Panel will also hold further conversations with OCS aimed at confirming that the training provides sufficient opportunity for staff to learn and practice the skills they will need to do their jobs.

For the new training to have the desired impact, OCS must also address outstanding issues regarding the qualifications of trainers, the link between classroom training and on-site supervision, and the need for training of all staff and supervisors, not just new employees.

**14. Ensure that staff and supervisors taking on regular responsibilities have successfully completed training prior to assuming responsibilities or have successfully completed re-training, if they assumed positions prior to 2005. *Seriously inadequate progress.***

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- (a) By June 30, 2005, develop and implement a program of competency testing at the end of pre-service training.
- (c) By March 31, 2005, 95% of new front-line staff receive the requisite pre-service training before carrying a caseload.
- (d) By March 31, 2005, 95% of new supervisors receive the requisite pre-service training before supervising front-line staff.

None of these activities has been completed as planned. OCS does not yet have a schedule for developing competency testing, either for line staff or for supervisors. All new front-line staff have received training as they began their work, but in the absence of a new curriculum that training has not been sufficient to prepare them. Reports from the field continue to show that many workers begin to take on caseloads before they complete training. Supervisors are not yet provided with additional training before they take on their new responsibilities. OCS expects that a supervisory training module will be in place by September 30, but it is not yet clear whether this training will be provided in advance of promotion.

## **15. Prepare OCS staff to competently meet the needs of a diverse client population.**

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(a) By June 30, 2005 develop a plan, based on an assessment prepared by an independent consultant, to improve cultural competence of service delivery by OCS staff and community partners. Thereafter, take all reasonable steps to implement the plan.

This work is behind schedule; OCS is only now at the point of contracting for the independent assessment. The contract will require work with OCS to develop a plan by September 30, 2005, a date that appears to us to be somewhat unrealistic.

### J. Infrastructure and Resources

#### *Overview*

New Jersey has been extraordinarily successful in obtaining the resources needed to support its comprehensive child welfare reform plan. It has been far less effective in developing an efficient and effective organizational structure.

#### Noteworthy Accomplishments During This Period

- Full funding of the reform plan obtained for Fiscal Year 2006.
- Recent progress in developing an improved organizational plan for OCS. Much of the plan is still to be implemented.

#### Noteworthy Problems

- Delays in setting up effective leadership teams at the Area Office level and considerable confusion in the field about authority and reporting relationships.
- Complicated relationship between DHS and OCS continues to be a barrier to reform.
- Too little progress in improving data systems and developing new reporting capacity.

#### *Progress on Specific Strategies and Actions*

### **1. Structure the Office of Children's Service to provide an integrated, supported continuum of services for children and families. *Seriously inadequate progress.***

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During the first monitoring period, New Jersey completed early actions related to this strategy, such as hiring people for key positions in OCS, on time. At the end of this second monitoring

period, however, we believe that OCS is not yet well-positioned to carry out its responsibilities effectively, for reasons discussed below.

*Quality and Impact.* In our first monitoring period, the Panel identified significant concerns regarding the ability of the Office of Children's Services (OCS) to lead the reform effort and carry out its responsibilities. First, OCS had three operating divisions (Youth and Family Services; Children's Behavioral Health; and Prevention and Community Partnerships) that were not integrated with one another – so much so that new Area Offices were to have a Director or team leader assigned by each division, with no one individual accountable for the functioning of the office as a whole. Second, OCS did not have the authority within the larger Department of Human Services (DHS) to make critical decisions relating to budget, personnel, and other infrastructure needs.

New Jersey now has a reasonable plan to solve the first problem. Each Area Office will now have a single director responsible for all of its operations. Similarly, in Trenton there will be a single Director of Operations for OCS; a new Office of Policy, Planning and Coordination will provide subject area expertise and coordination of functions across the State. This plan is in early stages of implementation; at this point there are true Area Office Directors only in Essex, Camden, and Passaic Counties, and the central office operations have not yet been reorganized. OCS has also begun to build a better integrated and better functioning leadership team. It expects to complete implementation of the reorganization plan by {*date?*}.

The second problem remains. OCS is part of the largest Department in State government. Many decisions, both large and small, require approval or review by a variety of other units in DHS. OCS leadership does not have the authority to hold these units accountable. Under the best of circumstances, this is a recipe for delay; sometimes it is a recipe for inaction.

Finally, we note an additional problem. Many stakeholders have conveyed a sense of frustration and confusion about these organizational questions. They say that, with so many organizational units changing so rapidly, it is difficult to know who is responsible for what and how much authority anyone in the field really has. These concerns point to the need for substantially more and better communication between DHS centrally, field operations throughout the State, contract providers, and other stakeholders.

As noted in our Major Conclusions and Recommendations, New Jersey has not yet demonstrated that it can successfully implement its reform plan within the existing DHS structure.

**2. Establish Area Offices based on a county structure (or combination of small counties, as appropriate), divided into District Offices, responsible for child welfare, children’s behavioral health, and community partnerships and prevention.**

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(a) By the following dates, develop Area and District Offices<sup>26</sup>:

<b>Activity:</b>	<b>Phase I Areas:</b>	<b>Phase II Areas:</b>
Identify appropriate locations for Area and District Offices.	September 30, 2004	March 31, 2005
Hire qualified leadership for Area and District Office positions.	December 31, 2004	June 30, 2005
Open operational Area and District Offices.	March 31, 2005	
Within District Offices, assign new cases geographically.	June 30, 2005	

As noted in our first report, OCS has identified locations for its Area and District Offices. Some of these sites are not well-located for the communities they are to serve, and should be replaced when short-term leases expire.

Area Office director positions are currently being filled in line with the broader responsibilities assigned to them by the OCS reorganization plan. OCS reports that, as of September 28, 2005, 14 of these 16 positions were filled and it expects to fill the remaining vacancies in the near future.

Phase I Area Offices are operational, as are District Offices in these areas. Because the number of District Offices has increased, cases are now assigned within smaller geographic areas. However, individual workers continue to be assigned cases from the entire catchment area of the District Office, and OCS is therefore behind schedule in meeting its commitment for true geographic assignment at the neighborhood level.

(b) By December 31, 2004, cease transferring cases to Adoption Resource Centers when a child’s goal becomes adoption; instead, retain case management with the existing permanency worker.

We explain the status of this work in part C.8 of this section, regarding adoption.

**3. Create an MIS and IT support system to integrate and maintain the technical and data needs of the Office of Children’s Services.**

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(a) By December 31, 2004, develop an MIS and IT plan subject to Panel review and approval. Thereafter, implement the plan, completing enforceable strategies, action steps, and benchmarks within the timeframes designated by the Panel.

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<sup>26</sup> Actions due after June 30, 2005 have been removed from the table.



In our first monitoring report, the Panel noted that the MIS/IT plan submitted by the State was essentially a “plan to plan,” without concrete detail about important elements. We were concerned about the need for greater integration between the data systems of DYFS and DCBHS; the need for greater clarity about organizational responsibility for leadership and development of data systems; and the need to develop data tracking capacity more rapidly. OCS planned to hire a consultant to review these issues. It did not succeed do so and the problems are still outstanding.

(b) By December 31, 2004, introduce Release 1 of the SACWIS system, with capacity and functionality as referenced “A New Beginning.”

As noted in our first report, Release I was implemented on schedule. The Panel agreed to extend the timeframe for Release II from September 30, 2005 to December 31, 2005.

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**4. Make all reasonable efforts to ensure the continued availability of sufficient resources.**

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(a) By June 30, 2004, secure \$125 million in additional state funds for State Fiscal Year 2005.

(b) By June 30, 2005, make all reasonable efforts to secure \$180 million in additional state fund for State Fiscal Year 2006.

New Jersey met both commitments, a particularly impressive result given the significant pressure on other areas of the State budget this year.

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**5. Maximize federal financial participation for reimbursable services.**

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(a) By December 31, 2004, develop a plan to regarding federal reimbursement strategies. Thereafter, take all reasonable steps to implement the plan.

New Jersey developed a preliminary plan during the first monitoring period and the Panel requested additional specificity and detail. Since that time, the State has entered into two contracts with well-qualified consultants and they have identified a number of promising steps, including increasing the number of staff devoted to reviewing eligibility determinations and reviewing certain types of expenditures which may be eligible for Federal funding. The Panel will request periodic updates on the progress of this work.

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**6. Implement county-based budgeting for children’s services.**

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There are no enforceable actions for this strategy until the third monitoring period.

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**7. Strengthen the ability of non-profit organizations in New Jersey to provide high-quality services to children and families referred by or at-risk of child welfare involvement.**

*Seriously inadequate progress.*

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(a) By March 31, 2005, develop a plan subject to Panel review and approval, based on the findings and recommendations of a task force that includes private provider representation, to

resolve the problem of low salaries and benefit levels for many private providers with whom the state contracts for services. Thereafter, implement the plan, completing enforceable strategies, action steps, and benchmarks within the timeframes designated by the Panel.

The plan was submitted on schedule. The Panel did not approve it, citing the absence of strategies to directly address the underlying problem. DHS has since indicated its support for legislation providing cost-of-living increases for private providers. Such actions, while necessary, would at best maintain the current disparity between public and private sector salaries, rather than allowing them to grow still worse. New Jersey has not met its commitment in this area and does not appear to be prepared to do so.

## K. Continuous Quality Improvement

### *Overview*

OCS has made progress in establishing a CQI process during this monitoring period. It developed local CQI units and effectively piloted Quality Service Reviews (QSRs) in Passaic County. It also conducted training in performance-based contracting for its own staff and private providers.

### Noteworthy Accomplishments During This Period

- Development and effective piloting of the Quality Service Review process.
- Progress in moving towards performance-based contracting.
- Establishment of CQI units in the phase I Area Offices.

### *Progress on Specific Strategies and Actions*

#### **1. Develop the Office of Children's Services' capacity to engage in Continuous Quality Improvement.**

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(a) By December 31, 2004, develop a plan subject to Panel review and approval to carry out this strategy. Thereafter, implement the plan, completing enforceable strategies, action steps, and benchmarks within the timeframes designated by the Panel.

In our first monitoring report, we noted that OCS has submitted the CQI plan on time. We found it thoughtful and appropriate, but also expressed concerns about (a) the continued existence of multiple CQI units in different parts of OCS; (b) the need for local office staffing of the CQI function; and (c) the need for greater clarity about who will hold overall responsibility for developing and analyzing data.

OCS has made considerable progress in addressing at least the first two of these concerns. The OCS reorganization plan will combine all of the current CQI operations into a single unit at the OCS level. We do not yet have an implementation date for this change. Each of the Phase I Area Offices has a CQI coordinator working directly for the Area Office Director, and reaching

out to community stakeholders and staff to form a local CQI committee. OCS plans for addressing the third concern are less clear.

(b) By December 31, 2004, produce baseline measures for the benchmarks to be monitored in “A New Beginning.”

In our first report, we encouraged OCS to propose a reduction in the very large number of benchmarks in *A New Beginning*, prioritizing those that were of greatest importance to managers. This process has not been completed. OCS has developed a “benchmark data system” and has made progress in providing data on more of these indicators; considerable work remains to be done in this area.

## **2. Publicly report on performance and progress toward outcomes.**

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(a) By March 31, 2005 and thereafter, publish quarterly and annual data reports at the state level and for each Area and District Office, reporting on outcome indicators and benchmarks.

OCS has developed a package of monthly reports, including a District Office Progress Report that is to be posted on its website. As of August 31, 2005, these reports were not up on the website. While these reports still need refinement, this is an important step forward in using data regularly; they must be posted on the website promptly for OCS in order to further public accountability.

## **3. Hold private providers accountable for improving outcomes for the children and families they serve.**

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(a) By June 30, 2005, revise and adopt policies and revise contracts to make private agency staff and services available on weekday evenings and weekends, set appropriate staffing levels and educational requirements, and include flexibility to allow nontraditional providers and informal community supports to be funded.

(b) By December 31, 2004, develop a plan subject to Panel review and approval to develop performance-based contracting. Thereafter, implement the plan, completing enforceable strategies, action steps, and benchmarks within the timeframes designated by the Panel.

New Jersey developed an impressive plan for performance-based contracting on schedule during the first monitoring period. It has now indicated that the contract revisions described in (a) above will not be ready until the performance-based contracting initiative is fully implemented. The State’s work on this larger initiative is encouraging. It has conducted training on outcome management for approximately 1,000 contract agency representatives, and is working with well-qualified outside consultants to develop performance measures for each type of contract. OCS expects that these measures will be in place for contracts beginning July 1, 2006.

**APPENDIX A – TARGETED REVIEW  
YOUNG CHILDREN IN CONGREGATE CARE**

**Background**

In “A New Beginning,” the State declared that every child deserves a family, and that New Jersey staff would incrementally shift the system so that no child under 12 years of age would be placed in a congregate facility because an appropriate family-based setting was not available. The first step towards this goal was to be that no child under 6 would be placed in a congregate setting after December 31, 2004, except in cases of medical necessity. New Jersey did not meet this commitment. Table I below breaks out by reason of placement the 115 children under six years old placed in congregate care between January 1 and June 30, 2005.

<b>Table I: Placement Children Under Six Years of Age, in Congregate Care January through June, 2005.</b>	
<i>Placed in congregate setting because of health need</i>	
Children placed in a congregate setting due to physical health needs	32
Children placed in a congregate setting due to behavioral health needs	4
<i>Subtotal</i>	<i>36</i>
<i>Placement in a congregate setting not due to a health need</i>	
Children placed with a parent either in a treatment setting or in shelter	26
Children placed in shelter because of a lack of a family-based alternative	53
<i>Subtotal</i>	<i>79</i>
<b>Total Number of Children</b>	<b>115</b>

*Data supplied by OCS. Not independently verified.*

The Panel undertook a targeted review of a sample of the 115 children and the approximately 25 facilities in which they have been placed. The review was designed to address two questions. First, were there compelling reasons for these children to be placed in a congregate setting? Second, were the facilities providing a safe placement for the children and meeting their basic needs?

**Review Methodology**

*Site Visits*

In August 2005, Panel staff visited four of the approximately 25 programs in New Jersey designed to support placement of very young children. These facilities included those contracted to care for young children with physical or mental and behavioral health needs, as well as those designed as time-limited shelters because an appropriate family-based placement was not

available. During each of these visits, the Panel and staff met with executive directors, program managers, and supervisory staff to better understand the programs and services of the facilities.<sup>27</sup>

### *Targeted Case Record Review*

The Panel developed a case record review data collection instrument. In August of 2005, Panel staff used the instrument to review case records of 15 children under 6 years of age placed in congregate care facilities after January 1, 2005. These cases came from local offices across the State. Reviewers focused on rationale and documentation for placement in a congregate facility, evidence of safety and supportive services during placement, ongoing case and permanence planning, as well as regular contacts with workers, parents, and siblings where applicable.<sup>28</sup>

## **Program Descriptions**

### *Addressing physical health needs*

Two congregate facilities visited were designed to support children with physical health needs. They were both created in their individual communities at a time when young children were languishing in hospitals because there were either too few foster homes in a particular community or because few families would take children infected with HIV and AIDS. Currently, these programs have shifted to focus on children with a larger range of medical needs.

Typically, the children who enter these programs have been medically cleared to leave the hospital, but neither kin nor a Special Home Service Providers (SHSP)<sup>29</sup> home is available to care for the child. In some instances, families may have been identified but are still in training or require additional medical information before they can safely care for the child. The settings tended to be located in a single-family home in the community. Children are overseen by shift staff around the clock. The facilities visited accept children from birth up to 12 years old, but they reported that most children tend to be under 4 years old. Children in the facilities attend local schools and pre-schools, often as early as 3 years old for those children who are developmentally delayed.

The programs report that the ideal intervention for their level of care varies from 90 to 120 days, although children placed during this monitoring period were in this level of placement from four days to the entire six month monitoring period. The agencies reported that average length of stay varies around four to six months. Medical oversight within these programs includes at least 40 hours a week overseen by a registered nurse as well as supplemental support from other licensed nursing staff. Most of the children step down either to a SHSPs therapeutic home or to relative foster care. Other than medical staff, the children tend to be overseen by health care and/or child care workers. These facilities have a high level of discretion about the children that they accept;

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<sup>27</sup> The Panel and staff members had previously visited one other shelter program designed to serve very young children. Staff did not visit any of the facilities designed as a shelter or treatment setting for parents and their children.

<sup>28</sup> The review was not intended to be statistically representative of all programs or children in New Jersey but was intended to provide more in-depth understanding of how very young children in New Jersey were placed in congregate settings during this monitoring period and what was being done on their behalf while in care.

<sup>29</sup> SHPS homes are specialized resource homes trained to accept children with higher level of therapeutic needs.

while this ensures that program staff are not overwhelmed by a particular mix of children, it also may result in children who need such placements being unable to obtain them.

*Addressing mental or behavioral health needs*

Panel staff visited a highly restrictive facility designed for children with neurological disabilities including developmental disabilities and/or traumatic brain injury. The overarching program goal is to help a child reduce the frequency and/or type of disruptive behaviors and to demonstrate improvement of appropriate behaviors so that a child can step down to a lower level towards reentry into community and or family-based settings. The program is designed to have either one or two staff persons to support each child. Although there was a child under six in placement at the time of our visit, the program reported historically having less than one child per year of that age in the program.

Children are referred to the program through a central assessment process involving the Division of Youth and Family Services (DYFS) caseworker, the Division of Child Behavioral Health Services (DCBHS) staff, and Value Options. Records are then sent to the program for review; these programs have a high level of discretion over which children are placed into their programs. The program reports that children typically receive treatment supports and services for at least six months. Visitation for parents and siblings is allowed on a daily basis. The facility reported focusing on intensive transition planning, often to another congregate setting but sometimes to a DCBHS treatment home.

*Placement with parents in treatment or shelter settings*

There are two types of child-parent placements—parents in need of substance abuse treatment and young mothers placed in specialized group homes or shelter settings. While the data are not precise, of the 26 children placed with their parent, we can identify at least one-third of the children as being placed with their young adult mother into mother and child group homes or shelters.

*Children placed in shelter because of lack of a family based alternative*

In New Jersey some programs are designed to accept and care for very young children simply because there is not a resource home available for a child or for a sibling group at time of entry into care. These programs tend to have a capacity somewhere between five and twelve children. They too are often in a house-based setting but are similarly distinguished as a congregate facility by the use of shift staff and volunteers to meet the needs of children.

By design, these facilities are vacancy driven and have much less control over placement decisions into their facilities. Some of the children have medical needs, so the facilities tend to have medical support from nursing staff and relationships with nearby medical facilities and teaching hospitals. The facilities reported having flexible visitation policies. Most children exit to regular resource homes or return home. Length of stay for children in the case record review varied from 4 days to at least 45 days (with placement continuing beyond the date of record review), although length of stay varies widely by agency.

## **Findings**

### *Inappropriate Initial and Ongoing Placement of Young Children in Congregate Care*

Based on our review of case records and site visits, some of children initially placed in congregate care for physical health reasons could have been placed and supported (with additional services and assistance) in a family-based setting. Indeed, many of these children looked similar to other children who are placed in Special Home Service Providers (SHPS) or treatment homes. Similarly, some of the young children initially placed in congregate care because of mental or behavioral health needs could have been served in a home-based treatment setting. With regard to parent-child placements, research supports New Jersey's creation of parent and child substance abuse treatment settings. However, in other states, teen mothers and babies are successfully cared for in families, and New Jersey could have done so as well.

Regardless of the appropriateness of the initial placement, many young children are remaining in congregate care longer than necessary. Infants are remaining after they are medically clear because a family-based setting can not be found. Programs reported that children often stay in facilities longer than their particular intervention and service have been designed.

Once a child is in placement, programs report that they meet with DYFS caseworkers and supervisors on a monthly basis to conference the cases of all children placed in their facilities. However, in both the record review and in our site visits, we found that the role of the DYFS worker diminishes once a child has been placed in such a facility. Staff in the facilities remarked that case planning became their responsibility once a child was placed. This does not mean that the DYFS worker was not involved or that he or she did not continue to visit the child or to facilitate visits with a parent or other siblings, but it appears that less attention is paid to immediate step down and/or permanence once a child is safely placed with an agency.

Reduced attention to step down is evidenced in seemingly long lengths of stay and moves to relative placements after fairly long lengths of stay. As example, one child moved to a relative placement after 32 days in shelter. Other than case notes, we found little evidence in the records of ongoing planning. The care record review revealed that few of the records demonstrated a step down plan initiated by the State. All of the programs we visited spoke of the importance of thoughtful transition planning to reduce trauma to the child. While it is beneficial to place children into a family-based setting as quickly as possible, a haphazard transition can be harmful.

For parent-child placements, case records found that the goal was assumed to be continued placement in such a shelter setting until the teenage parent reached the age of majority, despite the possibility of relative resources or other adult connections. This means that the children are likely to stay in congregate care for an extended period of time unnecessarily.

### *Program Quality Concerns*

Overall, we observed that children were safe and adequately cared for in the facilities that we visited. There appeared to be adequate staff to watch and tend to the varying level of needs of the children. Many of the staff and volunteers that we met with – from front-line and support staff to administrators and board members – appeared to be dedicated and committed to the children who have spent time in their respective facilities. In the programs for children with physical needs as well as the shelter settings, programs reported that numerous staff and volunteers have become foster and adoptive parents for many young children placed in these facilities. Young children were housed separately from older children. We did observe children participating in therapeutic services, but we are unable to draw an informed conclusion about either the extent or quality of services available.

However, neither the records nor the placement process consistently do a good job of documenting why a child was placed in a particular congregate facility. There is little evidence in the record that the specific needs that the child was placed for are being met in the particular facility. None of the case records of children placed in these facilities reported the assistance of a Youth Case Manager, although all children placed in a congregate facility were to be assigned a worker for step-down assistance. Most of the information gathered about a facility is captured in the caseworker's notes, which are uneven at best, about the experiences of children in a particular placement facility.

### **Recommendations**

In recent months the State has made an effort to monitor this issue even more closely. They have begun to produce regular data reports indicating all children under 10 years of age in these categories. The Panel is encouraged by new administrative review policies that have been promulgated for placement of children 10 and under going into shelter. New policies require approval at the District Manager level for these placements; this helps to ensure that staff make diligent efforts to identify appropriate family resources for every child. Such changes in practice are instrumental in helping to shift the current paradigm

#### *Targeted Recruitment*

Across the spectrum New Jersey has not yet developed an adequate supply of regular or specialized resource homes to meet the needs of all of the young children coming into care. It is our recommendation that as an immediate next step, New Jersey focus on recruitment for this specific population based on the specific and differing needs of each county and/or locality. More specifically, the State should set recruitment targets for additional foster homes for very young children and for adolescents with children of their own, as well as additional SHPS homes and treatment homes for children with significant physical or behavioral health needs.

#### *Review of Medical Necessity Criteria*

As more resource homes become available, particularly additional treatment homes and SHPS homes, OCS should scrutinize the medical necessity criteria to ensure that children with medical needs who could be supported in a family-based setting are placed in such settings (including potential additional supports for SHPS or other resource parents). The criteria should clearly differentiate children with medical needs who can be stabilized in a family-like environment



from those who require a higher level of care as an initial transition step. Since some of the children currently deemed medically fragile appear similar to children being supported in relative and SHPS resource families, OCS should conduct a quality assurance review of the cases deemed medical necessity by DYFS nursing staff to ensure that cases deemed “medically necessity” are only those children whose needs cannot be met in a family and to determine if similar criteria are being used around the State.

*Transition Planning*

Until New Jersey has additional regular or specialized resource homes to meet the needs of these very young children typically placed in these facilities, OCS should focus greater attention on appropriate lengths of stays when such placement are deemed necessary. This includes greater attention to child-centered transition planning through early focus on concurrent and step down-planning.