

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

**Monitoring Report for
*Charlie and Nadine H. v. Corzine***

January 1 – June 30, 2008

Center for the Study of Social Policy
1575 Eye Street, NW
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I. INTRODUCTION

Purpose of this Report

In July 2006, the Center for the Study of Social Policy (CSSP) was appointed by the Honorable Stanley R. Chesler of the United States District Court for the District of New Jersey as Monitor of *Charlie and Nadine H. v. Corzine*. As Monitor, CSSP is to independently assess New Jersey's compliance with the goals, principles and outcomes of the Modified Settlement Agreement (MSA) of the class action litigation aimed at improving the State's child welfare system.¹ CSSP released Monitoring Reports in February 2007, October 2007, and April 2008.² This is the fourth Monitoring Report under the MSA and covers the period of January 1, 2008 through June 30, 2008.

The MSA structures the State's commitments into two phases of work. Phase I (through December 2008) is primarily directed to establishing a strong infrastructure within the Department of Children and Families (DCF) to ensure children are healthy and safe; children achieve permanency and stability; and resource and service delivery systems meet children's health, mental health, educational and developmental needs. This fourth Monitoring Report reflects the State's continued work on these foundational elements, and pays particular attention to DCF's efforts to implement the new Case Practice Model, a central element of New Jersey's child welfare reforms. Beginning in January 2009, with the onset of Phase II, DCF will be held accountable for measurable improvements in outcomes for children and families.

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

² See respectively, *Progress of the New Jersey Department of Children and Families: Period I Monitoring Report for Charlie and Nadine H. v. Corzine—June 2006 through December 31, 2006*. Washington, DC: Center for the Study of Social Policy. February 26, 2007; *Progress of the New Jersey Department of Children and Families: Period II Monitoring Report for Charlie and Nadine H. v. Corzine—January 1, 2007 through June 30, 2007*. Washington, DC: Center for the Study of Social Policy. October 26, 2007; *Progress of the New Jersey Department of Children and Families: Period III Monitoring Report for Charlie and Nadine H. v. Corzine—July 1, 2007 through December 31, 2007*. Washington, DC: Center for the Study of Social Policy. April 16, 2008.

Methodology

The primary source of information for this Monitoring Report is information provided by DCF and verified by the Monitor. DCF provides the Monitor with extensive aggregate and back up data as well as access to staff at all levels to enable the Monitor to verify DCF data and report on actions taken and progress made. During this monitoring period, the Monitor visited seven Division of Youth and Family Services (DYFS) local offices, four of which were sites that are receiving intensive support to implement the Case Practice Model (known as Immersion Sites). Sites visited include: Mercer North, Burlington East, Gloucester West, and Bergen Central (all Immersion Sites); and Camden, Burlington West, and Gloucester East. During these visits, the Monitor spoke with various levels of DCF and DYFS staff, nurses in Child Health Units, and a Differential Response community-based provider. The Monitor also interviewed and/or visited many external stakeholders of New Jersey's child welfare system, including contracted service providers, emergency shelters, foster parents, relatives and birth parents, advocacy organizations, judicial officers, and staff of the Office of the Child Advocate (OCA).

II. SUMMARY OF PROGRESS AND CHALLENGES AHEAD

Summary of Accomplishments

In the six month period covered by this report, the Department of Children and Families (DCF) has undergone two significant leadership changes. The first commissioner of DCF, Kevin Ryan, resigned in March 2008 and Eileen Crummy, Director of the Division of Youth and Family Services (DYFS) was appointed as the interim Acting Commissioner. In June 2008, Governor Corzine appointed Kimberly Ricketts as the Commissioner of DCF. Such significant leadership change at both DCF and DYFS (which had a new Director, Christine Mozes, appointed in March 2008) in such a short period of time had the potential to stall or even derail reform efforts. Despite the leadership changes, however, DCF has continued to drive forward the implementation of the new Case Practice Model and has strived to meet all requirements under the Modified Settlement Agreement (MSA) during this monitoring period. The State and DCF leadership, under the new Commissioner, remain fully committed to achieving the outcomes of the MSA.

While the MSA was consciously crafted to give the State time to build a solid infrastructure before being held accountable for child and family results, there is now beginning evidence of change taking hold in the field. In the site visits to seven DYFS local offices, the Monitor saw both managers and workers positively engaged in the reforms. Previous site visits in 2007 found DYFS local offices grappling to train and integrate large numbers of new staff, to understand the expectations of the new Case Practice Model, and to keep up with the rapid pace of change required by the State's child welfare reform effort. In the most recent visits, DYFS local office managers, supervisors, and caseworkers understood the Case Practice Model and were actively pursuing strategies to implement the Model and address its challenges. Many staff could articulate how the State's investments in staff, training, and services over the past two years and the new Case Practice Model have the potential to improve outcomes for children and families. Staff was able to report several meaningful examples of how their work with families shifted and is beginning to produce better results in some individual cases. Workers expressed relief at lower caseloads, but noted continued frustration with mastering the new computer system (NJ

SPIRIT) and in working around the glitches that still remain with the system. Local leadership discussed their many strategies to manage the pace of the reform and support their workers. The local offices visited appeared stable and the majority of workers seem committed to staying and improving how DYFS serves families.

Additional highlights of the Monitor's assessment of progress include:

The Department continues to build the necessary infrastructure for lasting reform. Examples include:

- DCF achieved or exceeded the June 2008 average caseload targets set for Permanency, Intake and Adoption staff. Site visits confirmed that individual caseloads of workers across the State have been reduced to manageable levels.
- As expected, the number of new hires was dramatically reduced this period as the agency's overall staffing stabilized. Training of new staff is occurring in a timely manner. Of the 117 new staff hired into Family Service Specialist Trainee (FSST) and Family Service Specialist 2 (FSS 2) positions during this monitoring period, 114 new workers completed the Pre-Service training or comparable training by June 30, 2008 (or had been previously trained³) and passed competency exams.
- Eighty-seven staff members were trained in Concurrent Planning as part of the State's work to improve permanency outcomes for children. Thirty-eight of 48 new Adoption workers completed adoption training in this monitoring period. The remaining workers are scheduled to be trained in October 2008.
- The State trained 35 new supervisors between January 1, 2008 and June 30, 2008. Twelve of the 35 supervisors trained were appointed during the previous monitoring period and trained during the past six months. Twenty-three of the 35 supervisors trained were appointed during this monitoring period.⁴ All 35 new supervisors completed 40 hours of supervisory training and passed competency exams. The State created a more rigorous review process for identifying supervisors who need to improve supervisory skills.

³ Twenty-four of 27 of the workers who were hired after a year internship at the DYFS in the Baccalaureate Child Welfare Education Program completed comparable worker readiness training. Three BCWEP workers deferred training while they completed their MSW degree; they are scheduled for training beginning November 2008. The Baccalaureate Child Welfare Education Program (BCWEP) is a consortium of seven New Jersey colleges (Rutgers University, Seton Hall University, Stockton College, Georgian Court University, Monmouth University, Kean University, and Ramapo College) that enables students to earn the Bachelor of Social Work (BSW) degree.

⁴ Twenty-three of the 31 supervisors that were hired in this monitoring period were trained during this monitoring period. The remaining eight hired in this monitoring period will begin training in July and complete it within the required six-month time frame.

The Department has continued to implement the new Case Practice Model that is intended to improve outcomes for children and families.

- As of June 2008, DCF trained a total of 3,595 staff on the first module of the Case Practice Model training, *Developing Trust Based Relationships*, and is well positioned to complete training on the second module, *Making Visits Matter*, by the target date of December 2008.
- Following a rigorous schedule of training, coaching and mentoring provided by DCF and the Child Welfare Policy and Practice Group (CWPPG), a total of 397 staff were trained in the first four Immersion Sites—Bergen Central, Burlington East, Gloucester West and Mercer North.
- The Department made progress throughout the State on gaining experience in convening Family Team Meetings, where families plan with the Department and other invited service providers for permanency for children. The Monitor saw beginning evidence in the Immersion Sites and other places that family meetings are held more regularly and conducted with greater skill.

Significant service resources continue to be added to support children, youth, and families.

- DCF moved forward to procure many additional resources for children and families through the Requests for Proposals (RFP) process. The RFPs issued included: intensive in-home parent training, expansion of Differential Response, support of Family Team Meetings, and expansion of substance abuse treatment providers.
- Field visits revealed workers are beginning to creatively use special funds, known as Flex Funds, to support children's placement and promote stability and well-being. Funds have been used to remove bed bugs, pay for utility bills, send children to dance competitions and summer camp, and buy necessary and expensive specialized infant formula to help keep children safe with their family and/or support stable out-of-home placements.

Small, but significant changes have resulted in improved outcomes for children and families.

- Adoptions are continuing at a steady pace. From January – June 2008, 478 legally free children had their adoptions finalized. DCF is also making a concerted effort to find permanent families for children and youth who have significant mental health, educational, emotional, and behavioral challenges. Three of the “100 longest waiting teens” had their adoptions finalized in this reporting period.
- DCF has made significant progress in licensing and supporting Resource Family homes. DCF recruited and licensed 992 new kin and non-kin Resource Families in the first six months of 2008, far exceeding its target of 764 homes. The total number of newly licensed *kinship* homes in this monitoring period increased dramatically; 40 percent of the 992 Resource Family homes licensed in the past six months are kinship homes.

Further, DCF achieved a total net gain of 414 Resource Family homes in the first half of 2008.

- The early implementation of the health care plan to deploy nurses and staff assistants to Child Health Units in DYFS local offices is promising. A significant number of children entering out-of-home care in locations with fully functioning Child Health Units is receiving timely medical care. For example, looking at data from areas with fully developed Child Health Units, only 39 percent of children had evidence of up-to-date immunizations when they were removed from their homes, but within three months of receiving case management services, 95 percent of these children's immunizations were up-to-date.
- Statewide, 100 percent of children entering out-of-home care received pre-placement health care assessments. For the majority of children and youth, these assessments (91% in June 2008) occurred in a non-emergency room setting.
- There has been a continuing and dramatic reduction in the number of children and youth placed outside of the state of New Jersey. During this monitoring period, only 19 children were newly placed out of the state (8 of whom were in DYFS custody).⁵ Combined efforts to prevent new out-of-state placements and to develop appropriate new resources to serve children and youth in the state has resulted in a 52 percent decline in youth placed out-of-state from June 2007 (305 youth) to June 2008 (159 youth).

Challenges ahead

Much has been accomplished in this monitoring period and progress continues to be evident in all of the major areas of the reform. In the first three Monitoring Reports, DCF met nearly every requirement of the MSA for the period evaluated. In this period, DCF met almost all of the performance targets although there were MSA requirements that were only partially or not met. Table 1 following summarizes State progress on MSA requirements between January 1 and June 30, 2008.

DCF will face higher expectations for performance as Phase I ends in December and Phase II requirements begin. Specifically, by June 2009, caseload standards will be evaluated not by average caseload in a DYFS local office but by individual worker caseload. This will require DCF leadership and managers to consistently monitor and report on individual caseloads of workers.

Although DCF has made impressive strides in this period in implementing its Case Practice Model, the challenge ahead will be to increase coaching, training and mentoring capacity within the state sufficient to support and maintain the sweeping practice change underway. The Monitor urges DCF to consider deploying more staff centrally and in DYFS local offices whose exclusive responsibility is to help support the implementation of the Case Practice Model. A corresponding effort to fully engage judges, attorneys, and other partners in the new Case

⁵ The other 11 children were placed through DCBHS but were not in DYFS custody.

Practice Model is needed in order to fully realize the benefits to children and families of change in DCF practice.

DCF's health plan, released in May 2007, committed to the creation of fully staffed and functioning Child Health Units statewide by December 2008. Data from the first four fully functioning Child Health Units suggest that this is a promising model for coordinating the health care of children in out-of-home placement. Unfortunately, the statewide shortage of nurses and the length of time required to hire identified nurses have slowed the progress of developing these units. DCF has recognized these challenges and will need to continue to work diligently to have all Child Health Units fully staffed. DCF reports that units will be fully staffed with staff assistants by December 2008 and with nurses by June 2009, six months later than their original target date. Further, DCF continues to be challenged to find medical and dental providers who will accept Medicaid and treat children and youth involved with DYFS.

Finally, DCF leadership must fundamentally enhance staff's ability use NJ SPIRIT so that the Department can collect and analyze data and produce timely and accurate reports for individual workers, managers, and the general public. Based on meetings with DCF leadership and DYFS local office visits, the Monitor recognizes that the State continues to diligently refine and improve NJ SPIRIT to collect, analyze and report on data for management and public accountability and to support the field staff as they master the new system. However, it is also apparent that challenges remain in improving staff competency in using the system and aspects of NJ SPIRIT functioning. Work is still underway to clean the data that is currently in NJ SPIRIT so that it is accurate and that it is accurately reflected in reporting programs such as Safe Measures. Additionally, DYFS local offices and DCF Central Office staff continue to laboriously collect and verify data through hand counts or other electronic systems because programs do not exist to pull data or, if they do exist, data are not consistently precise. The Monitor believes that a significant portion of the problems can be remedied by providing DYFS local offices with additional support such as targeted training for staff and the re-introduction of local Super Users (dedicated staff who were available locally the first few months after the conversion to NJ SPIRIT) who provided support to individual workers and updates to DYFS local offices on system-wide changes and glitches.

Taking into account the wide range of activities and requirements during this period, the State should be acknowledged for its accomplishments and its continued focus on moving forward with urgency on statewide child welfare reforms.

**Table 1: Summary of State Progress on
Modified Settlement Agreement Requirements
(January 1, 2008 through June 30, 2008)**

Settlement Agreement Requirements	Due Date	Fulfilled (Yes/No) ⁶	Comments
PHASE I			
New Case Practice Model			
<p>II.A.4. Identify the methodology used in tracking successful implementation of the Case Practice Model in order to create baseline data that will be available for key case practice elements.</p>	December 2007	Monitor is still negotiating.	<p>The Monitor, in consultation with the parties, defined the measures and methodology for tracking implementation of the Case Practice Model.</p> <p>Baseline performance data are needed from the State in some areas in order for the Monitor to establish benchmarks and outcomes.</p>
Training			
<u>Pre-Service Training</u>			
<p>II.B.1.b. 100% of all new case carrying workers shall be enrolled in Pre-Service Training, including training in intake and investigations, within two weeks of their start date.</p>	Ongoing	Yes	<p>114 out of 117 (97%) new workers hired between 1/1/08 and 6/30/08 were enrolled in training within 2 weeks of their start date. 24 of the new workers were BCWEP⁷ students who did not formally take DYFS Pre-Service training, but were provided comparable training through their university curriculum and DYFS worker readiness training. 3 BCWEP workers deferred training while they completed their MSW degree and are scheduled to begin training in 11/2008.</p>

⁶ “Yes” indicates that, in the Monitor’s judgment based on presently available information, DCF has substantially fulfilled its obligations regarding the requirement under the Modified Settlement Agreement for the January 1, 2008 – June 30, 2008 monitoring period or is substantially on track to fulfill an obligation expected to have begun during this period and be complete in a subsequent monitoring period. “No” indicates that, in the Monitor’s judgment, DCF has not fulfilled its obligation regarding the requirement. “Partially” reflects the Monitor’s judgment that a significant part but not all of the requirement has been met.

⁷Baccalaureate Child Welfare Education Program, Stockton College: The Baccalaureate Child Welfare Education Program (BCWEP) is a consortium of seven New Jersey colleges (Rutgers University, Seton Hall University, Stockton College, Georgian Court University, Monmouth University, Kean University, and Ramapo College) that enables students to earn the Bachelor of Social Work (BSW) degree.

Settlement Agreement Requirements	Due Date	Fulfilled (Yes/No) ⁶	Comments
II.B.1.c. No case carrying worker shall assume a full caseload until completing Pre-Service Training and passing competency exams. ⁸	Ongoing	Yes	From 2/15/08 to 6/30/08, 96 out of a total of 102 (94%) eligible trainees were assessed using the new Trainee Caseload Readiness Assessment Tool and passed that assessment during the monitoring period. ⁹ Workers passed competency exams after each training module.
<u>In-Service Training</u>			
II.B.2. c. 100% of case carrying workers and supervisors shall take a minimum of 40 hours of annual In-Service Training and shall pass competency exams.	Ongoing Annual Requirement Spanning January- December 2008	In progress	520 of 4,000 staff have completed 40 or more hours of training so far in 2008. DCF expects to reach this obligation by December 2008 once all staff completes Module 2 of the Case Practice Model training. Workers are required passed competency exams after each Module.
II.B.2.d. The State shall implement in-service training on Concurrent Planning for all existing staff.	Ongoing	Yes	87 staff (100%) was trained on Concurrent Planning between 1/1/08 and 6/30/08.
II.B.2.e. 100% of cases carrying staff, supervisors and case aides that have not been trained in the new Case Practice Model shall have received this training.	Ongoing	Yes	3,595 out of 4,000 (90%) staff statewide was trained in the Case Practice Model plus an additional 397 staff in Immersion Sites received intensive training, for a total of 3,992 trained (99%).
<u>Investigations/Intake Training</u>			
II.B.3.a. All new staff responsible for conducting intake or investigations shall receive specific, quality training on intake and investigations process, policies and investigations techniques and pass competency exams before assuming responsibility for cases.	Ongoing	Yes	127 of 150 (85%) new investigations staff was trained between 1/1/08 and 6/30/08; another 23 were trained by August 2008 for a total of 150 (100%) trained. All passed competency exams.

⁸ Competency exams are given at the conclusion of every Pre-Service training module. In addition, following the completion of the training, new workers are assessed with a Trainee Caseload Readiness Assessment Tool to determine whether they are sufficiently prepared to assume a full caseload.

⁹ The remaining six trainees have been assessed, outside of this monitoring period, and passed the assessment.

Settlement Agreement Requirements	Due Date	Fulfilled (Yes/No) ⁶	Comments
<u>Supervisory Training</u>			
II.B.4.b. 100% of all staff newly promoted to supervisory positions shall complete their 40 hours of supervisory training and shall have passed competency exams within 6 months of assuming supervisory positions	Ongoing	Yes	35(100%) newly appointed supervisors were trained between 1/1/08 and 6/30/08 and passed competency exams.
Services for Children and Families			
II.C.4. The State will develop a plan for appropriate service delivery for lesbian, gay, bisexual, transgender and questioning youth, and begin to implement the plan.	June 2007/ Ongoing	Partially	DCF has developed a preliminary plan. There is marginal evidence of implementation. More focused attention and resources are required to meaningfully implement the plan statewide.
II.C.5. The State will promulgate and implement policies for youth 18-21 to ensure the State continues to provide services previously available.	June 2007/ Ongoing	Yes (progress continuing)	Policies developed. New services for 18-21 year olds available, but additional services/resources need to be developed.
II.C.8 The State will support an additional 250 child care slots for children whose families are involved with DYFS above the baseline available as of June 2006	June 2008	Yes	The State has funded an additional 322 protective services child care slots between June 2006 and June 2008.
II.C.9 The State will expand its support of the violence prevention and child therapy initiative, "Peace: A Learned Solution" (PALS) to four additional counties above the number of counties where PALS operates as of June 2006.	June 2008	Yes	The new PALS programs in Atlantic, Monmouth, Ocean and Union Counties served 138 children and 83 non-offending parents.
II.C.10 The State will increase the flexible funding available, above the amount available as of December 2006, to meet the unique needs of children and birth families.	June 2008	Yes	In State Fiscal Year 2007, \$2.7 million was allocated to flexible funds. In State Fiscal Year 2008, \$3.7 million was allocated for flexible funds.
II.C.11 The State will add 18 transitional living program beds for youth between the ages of 16 and 21, above the number of beds available in June 2006.	June 2008	Yes	DCF has added 263 transitional living beds, exceeding the MSA requirement.

Settlement Agreement Requirements	Due Date	Fulfilled (Yes/No) ⁶	Comments
II.C.12 The State will increase substance abuse services to DCF-involved parents and children to include (i) 30 new residential treatment slots for parents; (ii) 50 new intensive outpatient care slots for parents; and (iii) 20 new residential treatment slots for youth.	June 2008	Partially (new services procured but not all are operational)	The state funded 30 new residential treatment slots, 64 new intensive substance abuse outpatient treatment slots and 20 new residential treatment slots for youth. ¹⁰
Finding Children Appropriate Placements			
II.D.1. The State shall implement an accurate real time bed tracking system to manage the number of beds available from the DCBHS and match those with children who need them.	Ongoing	Yes	The State has implemented and utilizes a real time bed tracking system to match children with DCBHS placements.
II.D.2. The State shall create a process to ensure that no child shall be sent to an out-of-state congregate care facility. The process will also ensure that for any child who is sent out-of-state an appropriate plan to maintain contacts with family and return the child in-state as soon as appropriate.	Ongoing	Yes	For DYFS-involved youth, DCBHS' Director reviews case information for each request for an out-of-state placement, making specific recommendations in each case for tracking and follow-up by Team Leads based in DYFS area offices.
II.D.3. The State shall evaluate the needs of the children in custody, who are currently placed in out-of-state services to serve these children, and develop action steps with timetables to develop those services and placements.	Ongoing	Yes	DCBHS has completed case conferences for each child in an out-of-state residential facility resulting in the return of some children to New Jersey, plans to return others, and individualized plans for follow-up by DYFS Team Leads working in conjunction with DCBHS.

¹⁰ These totals include 8 intensive outpatient slots (with a housing component) for mothers and children and 17 adolescent residential treatment slots that were included in a Request for Proposal issued in May 2008. The 8 outpatient slots will be operational by November 1, 2008. The RFP for 17 adolescent residential treatment slots will be re-issued in October 2008. The Department expects these services to be operational by March 2009. DCF reports also funding substance abuse services through purchase of service agreements.

Settlement Agreement Requirements	Due Date	Fulfilled (Yes/No)⁶	Comments
II.D.5. The State shall implement an automated system for identifying youth in its custody being held in juvenile detention facilities are placed within 30 days of disposition	Ongoing	Yes	One DYFS youth remained in detention for more than 30 days. The State has had automated systems to track youth in detention since 2006 though they are not always aligned.
II.D.7. The State shall not place a child under the age of 13 in a shelter.	Ongoing	Yes	5 (.06%) of 7,728 youth under age 13 in out-of-home care during the monitoring period were placed in shelters.
II.D.8. DYFS will eliminate the inappropriate use of shelters as an out-of-home placement for children in custody.	June 2007/Ongoing	No	358 (79%) of 451 youth aged 13 and over in out-of-home care were placed in shelters in compliance with the MSA exceptions.
Caseloads			
II.E.2. The State shall provide on a quarterly basis an accurate caseload data to Plaintiffs and the public via the DCF website	December 2006/Ongoing	Partially	The State is posting caseload data, but has not started to post it quarterly. June 2008 data was posted in October 2008. A previous posting was 6 months prior.
II.E.4. The State shall make Safe Measures accessible to all staff.	Ongoing	Yes	Safe Measures is accessible to case managers, supervisors, and office management. Some Safe Measures reports are not accurate due to data issues in NJ SPIRIT.
II.E.15. 95% of offices shall have average caseloads for the permanency staff at the caseload standard of 15 families or less and 10 children in out-of-home care or less.	June 2008	Yes	DCF continues to meet the average caseload standards for permanency staff with 96% of offices achieving the standard.
II.E.16. 74% of offices shall have average caseloads for the intake staff of 12 families or less and 8 new referrals per month or less.	June 2008	Yes	DCF continues to meet the average caseload standards for intake staff with 96% of offices achieving the standard.

Settlement Agreement Requirements	Due Date			Fulfilled (Yes/No) ⁶	Comments
II.E.17. 95% of offices shall have sufficient supervisory staff to maintain a 5 worker to 1 supervisor ratio.	June 2008			No	87% of offices met the supervisory ratio standard. DCF was unable to meet the supervisory ratio standard because of vacant supervisory positions at the end of June, some of which were filled in August 2008.
Provision of Health Care					
II.F.5. and II.F.6 Set health care baseline and targets. Methodology for tracking compliance decided. The following indicators were negotiated in June 2007, with first benchmarks measured in June 2008. <ol style="list-style-type: none"> 1. Pre-Placement assessment completed in a non-emergency room setting. 2. Comprehensive medical exams completed within 60 days of child's entry into care. 3. Medical examinations in compliance with EPSDT guidelines for children in care for one year or more. 4. Semi-annual dental examinations for children ages 3 and older in care six months or more. 5. Mental health assessments for children with a suspected mental health need. 6. Receipt of timely accessible and appropriate follow-up care and treatment to meet health care and mental health needs. 7. Children are current with immunizations. 8. Children's caregivers receive an up-to-date health passport within 3 days of placement. 	Base-line as of June 2007 90% 75% 75% Annual 60% Semi-Annual 33% Data Not Available Data Not Available Not Set Not Set	June 2008 Benchmark 95% 75% 75% Annual 60% Semi-Annual Benchmark not set 75% 60% Not Set Not Set	June 2008 Actual 91% 27% Data Not Available Data Not Available Data Not Available Data Not Available Data Not Available Data Not Available	June 2008 benchmarks – NOT MET, or UNABLE TO MEASURE on a statewide basis.	Indicator 1: DCF fell slightly short of June 2008 benchmark for pre-placement assessments occurring in a non-emergency room setting. Indicator 2: DCF did not provide the majority of children with Comprehensive Medical exams within 60 days of out-of-home placement—27% received timely exams. Indicators 3 – 6: Statewide data not available Indicators 7 & 8: Baselines and benchmarks have not been set due to data and methodology issues.

Settlement Agreement Requirements	Due Date	Fulfilled (Yes/No) ⁶	Comments
Permanency Planning and Adoption			
II.G.5. The State shall continue to provide paralegal support and child case summary writer support for adoption staff in local offices.	Ongoing	Yes	DCF continues to provide paralegal support. DCF reports that case summary writers are available in each Area Office.
II.G.9. The State shall provide adoption training to adoption workers.	Ongoing	Yes	38 out of 48 new adoption workers were trained during the monitoring period; the remaining 10 to be trained in October 2008.
II.G.15. The State shall issue reports based on the adoption process tracking system.	December 2007/ Ongoing	Partially	An adoption process tracking system exists. Although designed to track all elements, DCF reports it does not currently track termination of parental rights filings, appeals of terminations and timeliness of adoption placements.
II.G.18 95% of offices will have average caseloads for adoption staff of 18 or fewer, with a subset of 60% of total offices achieving average caseloads for adoption staff of 15 or fewer children.	June 2008	Yes	DCF continues to meet the standard for adoptions. 95% of offices met the standard, 69% of offices met the subset requirement.
Resource Families			
II.H.4. The period for processing resource family applications through licensure will be 150 days.	December 2006/Ongoing	No	The State continued to improve performance on the 150 day timeframe. Between 8/07 and 1/08 DCF resolved an average of 43% of applications within 150 days.
II.H.9. The State shall create an accurate and quality tracking and target setting system for ensuring there is a real time list of current and available resource families.	Ongoing	Yes	Workers have access and do use the tool. However, despite investing in training to make this tool accessible to workers, it is used inconsistently by workers in the field.
II.H.13 The State shall implement the methodology for setting annualized targets for resource family non-kin recruitment.	January 2008	Yes	DCF continues to reach targets for large capacity Resource Family homes and homes targeted by county.

Settlement Agreement Requirements	Due Date	Fulfilled (Yes/No) ⁶	Comments
II.H.14 The State shall provide flexible funding at the same level or higher than provided in FY'07 to ensure that families are able to provide appropriate care for children and to avoid the disruption of otherwise stable and appropriate placements.	June 2008	Yes	In State Fiscal Year 2007, \$2.7 million was allocated to flexible funds. In State Fiscal Year 2008, \$3.7 million was allocated for flexible funds.
II.H.15 Continue to further close by 25% the gap between current resource family support rates and the USDA's estimated cost of raising a child.	January 2008	Yes	New Resource Family rates became effective January 1, 2008.
Institutional Abuse Investigations Unit (IAIU)			
II.I.3 The State shall complete 80% of IAIU investigations within 60 days	Ongoing	Yes	80% of all IAIU investigations were completed within 60 days.
II.I.5. The State shall hire sufficient IAIU field investigators such that 95% of investigators shall have no more than 8 new cases per month and 12 open cases at a time.	June 2008	Yes	45 of 47 (96%) of IAIU investigators met the caseload standard. The IAIU investigators are being held to the same caseload standard as other Child Protective Services investigators.
Data			
II.J.2. The State shall initiate management reporting based on Safe Measures.	September 2006/Ongoing	Partially	Safe Measure reports are generated for management purposes. However, reports are not consistently accurate.
II.J.3 and 5. The State shall identify, ensure and publish additional indicators.	November 2006 February 2007/ Ongoing	Partially	DCF did publish some additional indicators since February 2007. However, regular reports on key performance indicators are not yet available.

Settlement Agreement Requirements	Due Date	Fulfilled (Yes/No)⁶	Comments
II.J.6. The State shall annually produce DCF agency performance reports.	February 2007/ Ongoing	No	DC has not produced annual DCF agency performance reports. DCF and Monitor have begun discussions about the content of an annual report.
II.J.9. The State shall issue regular, accurate reports from Safe Measures.	August 2007/Ongoing	Partially	DCF has the capacity and is producing reports from Safe Measures. However, reports are not consistently reliable and accurate as staff learn to input data properly and use NJ SPIRIT and as the state fixes remaining system glitches.
II.J.10. The State shall produce caseload reporting that tracks caseloads by office and type of worker and, for permanency and adoption workers, that tracks children as well as families.	Ongoing	Yes	The State has provided the Monitor with a report for June 2008 that provides individual worker caseloads of children and families for intake, permanency, and adoption workers.
II.J.11. The State shall maintain an accurate worker roster.	Ongoing	Yes	The DYFS Director and DCF HR Director review vacancies with DYFS local offices monthly and, at least semi-annually, the worker rosters in each office are reconciled to produce caseload reports for monitoring purposes.
PHASE II			
Targeted Performance Levels for Critical Outcomes			
III.A.2.a.i. Interim and final targets will be set for reunification and adoption.	June 2008	In process	Negotiation among DCF, plaintiffs and Monitor has not concluded.

III. PROGRESS REPORT: CURRENT STATE OF THE DEPARTMENT OF CHILDREN AND FAMILIES (DCF)

A. Leadership

Upon the resignation of Kevin Ryan in March 2008 (the first Commissioner of New Jersey's Department of Children and Families), Eileen Crummy, former DYFS Director was appointed to serve as the interim Acting DCF Commissioner. The accomplishments of this reporting period can be attributed in large part to the overlapping leadership of these two Commissioners and their shared vision and commitment to reforming New Jersey's child welfare system. In June 2008, Governor Corzine appointed Acting Commissioner Kimberly Ricketts to lead DCF. Although in place only a few short months, Commissioner Ricketts has made a smooth transition into her leadership role. Maintaining many of the leadership staff and DCF infrastructure developed under the prior commissioners, Commissioner Ricketts has quickly embraced the State's commitments to achieve the goals of the Modified Settlement Agreement (MSA). Having extensive background in government but limited experience in the field of child welfare, Commissioner Ricketts has spent her first few months learning quickly and thoroughly about the strengths and challenges of the reform effort. She has visited DYFS local offices, spoken with frontline workers and supervisors, and accompanied field staff on investigations. She has reached out to child welfare leaders in other states undertaking reform and has established a collaborative relationship with the Monitor.

Appendix A is the new organization chart reflecting the current leadership of DCF. Notably, Commissioner Ricketts' executive team includes many of the key staff who served under Commissioners Ryan and Crummy. During Acting Commissioner Crummy's tenure, a new DYFS Director, Christine Mozes, was appointed who continues to serve in that key position. There is a newly appointed Chief of Staff. The Department is recruiting to fill positions to support its strategic planning and data management work.

B. Budget

DCF's FY2009 budget, approved by the Legislature, provides continued funding for the child welfare reform commitments of the Modified Settlement Agreement as part of DCF's overall budget. DCF's FY2008 Adjusted Appropriation totaled \$1,524,482,000 and the FY2009 Appropriation Act totals \$1,523,785,000.

New Jersey, like almost every state, is experiencing severe fiscal pressures, however, in the FY2009 budget, the Governor and Legislature have protected the ability of DCF to move forward with the reform. The Monitor anticipates that the Governor and Legislature will continue to support reforms required by the MSA. The Monitor will continue to review the sufficiency of the State's budget to carry out these reforms.

C. Demographics of Children Served by DCF

As of June 30, 2008, a total of 48,647 children were receiving services in placement (9,375 children) or in their own homes (39,272) from DYFS. Of children in placement, 4,424 (47%) were placed in non-relative Resource Family homes, 3,548 (38%) were in kinship care, 1,253 (13%) were living in congregate care facilities, and 150 (2%) were in independent living programs.

As seen in Table 2 below, 40 percent of children in out-of-home care were age 5 or under, with the largest single group (children 2 or younger) comprising 25 percent of the out-of-home placement population. Thirty-five percent of the population was age 13 or older, with 6 percent age 18 or older. DCF is unable currently to provide specific demographic data regarding the race/ethnicity of children in DYFS custody.

Table 2: Selected Demographics for Children in Out-of-Home Placement June 30, 2008

	June 30, 2008	
Gender	Percent	
Female	48%	
Male	52%	
Unknown	0%	
TOTAL	100%	
Age	Percent	
2 years or less	25%	
3-5 years	15%	
6-9 years	15%	
10-12 years	11%	
13-15 years	15%	
16-17 years	13%	
18+ years	6%	
TOTAL	100% (9375)	
Placement Type	Number	Percent
Resource Family (non-kin)	4424	47%
Kinship Care	3548	38%
Group & Residential	1253	13%
Independent Living	150	2%
TOTAL	9375	100%

Source: New Jersey Department of Children and Families

Table 3: Children in Placement on June 30, 2008

Age Category	Placement Type				Total
	Group and Residential	Kinship	Resource Family (non-Kin)	Independent Living	
To 2 Yrs	60	923	1,328	0	2,311
3 to 5 Yrs	24	687	685	0	1,396
6 to 9 Yrs	61	697	681	0	1,439
10 to 12 Yrs	91	423	499	0	1,013
13 to 15 Yrs	374	421	591	0	1,386
16 and 17 Yrs	466	310	428	38	1,242
18 and Older	177	87	212	112	588
Total	1,253	3,548	4,424	150	9,375

Source: New Jersey Department of Children and Families

IV. CONTINUING TO BUILD A HIGH QUALITY WORKFORCE AND MANAGEMENT INFRASTRUCTURE

A. Caseloads

Over the last two years, the DCF workforce has changed in many ways. Its number has grown rapidly across the State. Currently the workforce is increasingly stable, gaining in experience and populated by workers responsible for a far smaller number of cases than two years ago. The State continued to demonstrate progress in this area during this reporting period. Phase I of the Modified Settlement Agreement (MSA) measures the average caseloads across all offices. By June 2009, the caseload standard will be applied to individual workers and requires at least 95 percent of individual workers to have caseloads meeting the standard. (MSA Section III.B.1)

Lower caseloads across the State have not only produced greater stability in the workforce, but have created an environment conducive to moving forward with the Case Practice Model implementation and other reforms. As of June 30, 2008, the State reported that only 15 DYFS case managers had caseloads of more than 20 families. That represents less than one percent of the total available case managers. All but one of the 15 case managers had caseloads between 21 and 24 families. The remaining case manager had 27 families. No case manager had more than 30 families.¹¹

The Monitor verified the caseload information primarily through follow-up with DYFS local offices during site visits in July through September 2008. This follow-up consisted of comparing the information provided directly by workers with the individual local office reports and summary data supplied by DCF. The Monitor collected information directly from all case managers who participated in focus groups and reviewed caseload reports from Safe Measures with local office leadership. Because of adjustments still being made to the data that was converted into NJ SPIRIT from previous systems, caseload data in Safe Measures is not consistently reliable. However, local managers were able to produce caseload reports for the days of the site visits and identify discrepancies in caseload numbers on the Safe Measures reports. No case managers cited caseloads that varied significantly from the June 2008 NJ SPIRIT caseload report or the daily Safe Measures report.

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

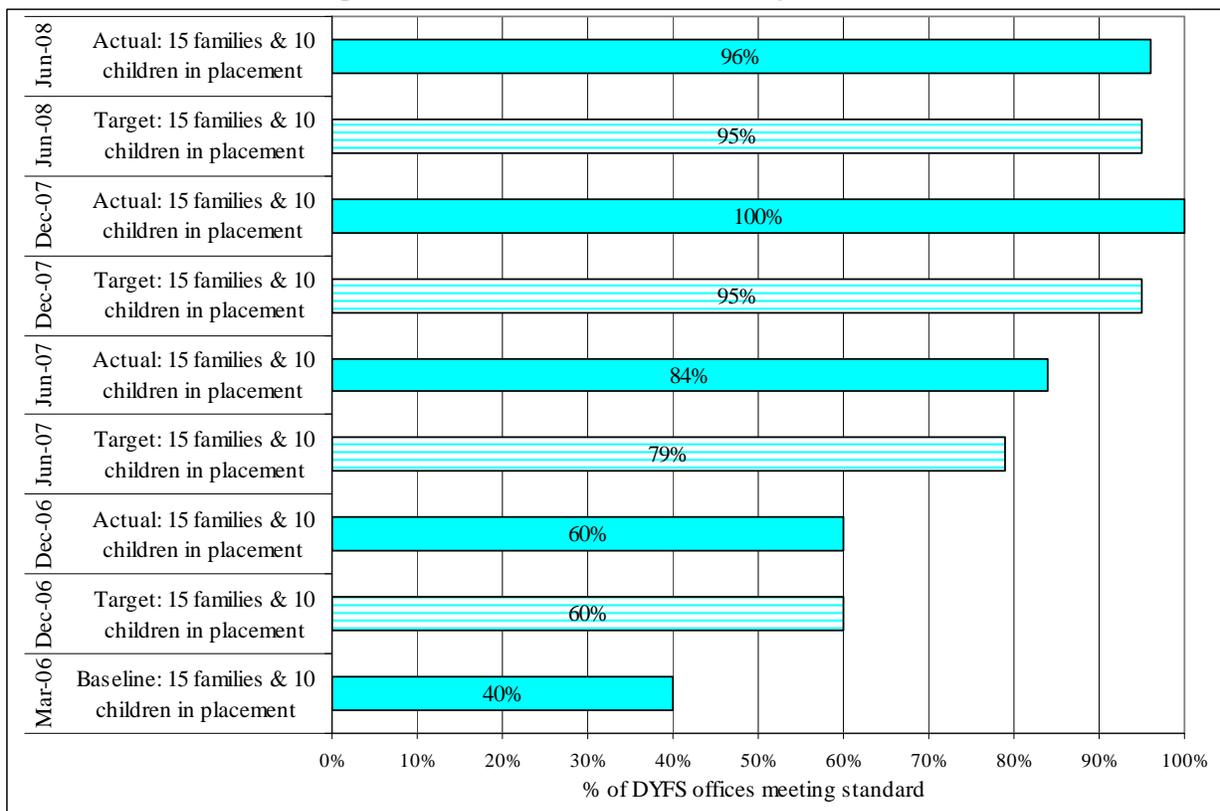
Permanency workers provide case management of services to families whose children remain at home under the protective supervision of DYFS and those families whose children are removed from home due to safety concerns. To ensure staff has the time to devote to children and families with diverse needs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

¹¹ For detailed information of caseload compliance by DYFS local office, see Appendix B, Table B5.

During Phase I (until December 2008), caseload compliance is measured by average caseloads in an office. By December 2007 and thereafter in Phase I, 95 percent of all offices are to have average caseloads for the Permanency workers that meet the two-pronged standard (Section II.E.12).

As displayed in Figure 1, the State exceeded this target with 96 percent of the offices having average caseloads for available Permanency workers of 15 or fewer families and 10 or fewer children in out-of-home placement. For the two offices that did not meet the standard, the caseloads did average fewer than 10 children in placement, but averaged 16 and 17 families per permanency worker. Appendix B, Table B1 contains supporting details for each office.

Figure 1: NJ DCF/DYFS Permanency Caseloads



Source: New Jersey Department of Children and Families, Policy and Planning

Note: Adoption staff and cases were included in Permanency Caseloads in March 2006 only.

During visits to DYFS local offices, the Monitor learned that some offices are experimenting with caseload strategies to improve services to adolescents and those children who have a concurrent permanency goal. These offices are designating certain permanency staff and, in some cases, entire units as “Adolescent” workers or “Concurrent” workers. The Adolescent worker is being modeled after the role of the Adoption worker and the leadership in the local offices visited believed that it is appropriate for these workers to have caseloads of 15 children as established for Adoption workers. DCF and DYFS leadership have recently clarified with the Area Directors that the caseload standard applicable to Adolescent workers is 15 families but no

more than 10 children/youth in out-of-home placement, the same standard that applies to Permanency workers. During the last monitoring period, adolescent units, with workers devoted to working with older adolescents, were established in 11 DYFS local offices. Two additional offices have adolescent specialists within regular permanency units. Such experimentation is certainly allowed under the MSA as long as these specially designated caseloads do not exceed the caseload standards for permanency staff. However, it is important that the State remain vigilant about pursuing permanent families for adolescents and not merely focus on providing independent living services.

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

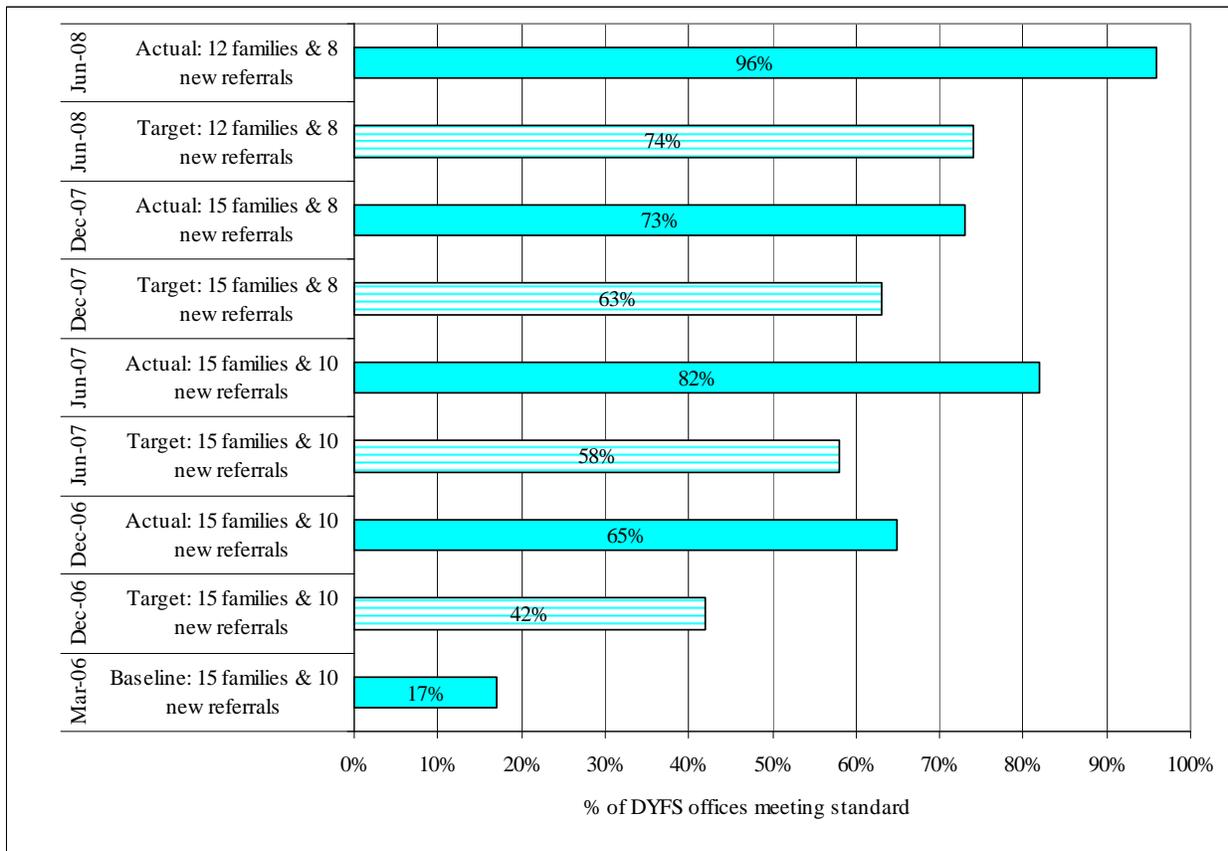
DYFS Intake staff is responsible for responding to community concerns regarding child safety and well-being. They receive referrals from the State Central Registry (SCR) and depending on the nature of the referral, they have between 2 hours and 5 days to visit the home and begin their investigation or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

The caseload standard for Intake staff also has two components. One component is the number of families under investigation or assessment at any given time and the other component is the number of new referrals assigned to a worker each month. The standards for caseload limits become progressively lower as the MSA implementation proceeds. When fully implemented in Phase I of the MSA, Intake workers are to have caseloads of 12 families or less and 8 new referrals or less per month. (Section II.E.19)

As with the Permanency caseloads, the Phase I standard for Intake caseloads is based on average caseloads in an office. By December 2008, the goal is for 95 percent of all offices to have average caseloads for Intake workers that meet the two-pronged standard (MSA Section II.E.19). As of June 2008, 74 percent of all DYFS local offices were to have average caseloads for Intake staff of 12 families or less and 8 or fewer new referrals per month (MSA Section II.E.13).

As displayed in Figure 2, the State has exceeded the June 2008 target for Intake staff. As of June 2008, 96 percent of the offices -- all but two -- had average caseloads for Intake staff at or below the standard. The two offices not meeting this standard averaged 8 or fewer new assignments but averaged 13 and 17 families per Intake worker, respectively. These data were independently verified by the Monitor as part of the previously described process. Appendix B, Table B2 contains supporting details for each office.

Figure 2: NJ DCF/DYFS Intake Caseloads



Source: New Jersey Department of Children and Families, Policy and Planning

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

Supervision is a critical role in child welfare and the span of supervisor responsibility should be limited to allow more effective individualized supervision. Therefore, the MSA also established standards for supervisory ratios. By June 2008, 95 percent of all offices should be maintaining a 5 worker to 1 supervisor ratio (MSA Section II.E.17). Like the caseload standards, this standard was to be phased in starting in December 2006.

As displayed in Figure 3, the State fell just short of the June 2008 target with 87 percent (41) of the DYFS local offices having 5 to 1 supervisory ratios. Among the six offices not meeting the standards, two offices had sufficient supervisory staff to achieve a 7 to 1 ratio. Another four offices had supervisors leave their positions during the months of May and June and had supervisory ratios of 6 to 1 on June 30, 2008. In all offices, Case Work Supervisors (SFSS1) are available on an interim basis to provide supervision to the frontline staff. In follow-up with the State, leadership reported that two of the four supervisory positions were filled in the first week of August 2008. Appendix B, Table B3 contains supporting detail for each office, including the number of supervisors at each level.

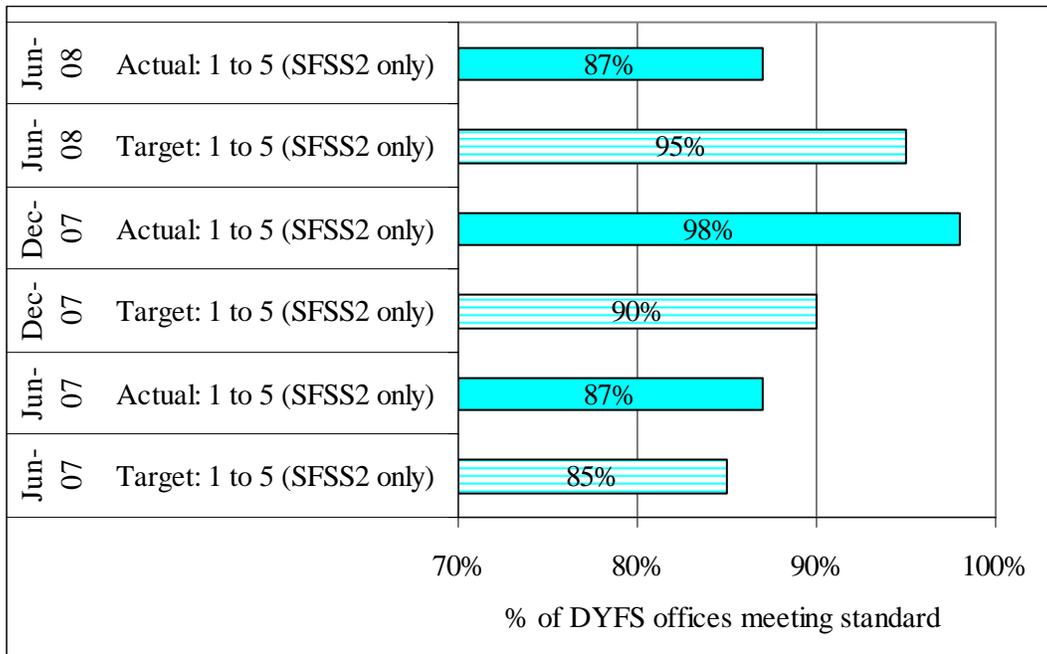
Although performance on this standard declined from the previous reporting period, it is also important to provide some context regarding DCF efforts to manage personnel issues, especially supervisory vacancies. The State's timeliness in filling vacancies needs also to be balanced with selection of quality candidates within the constraints of a civil service system.

The State leadership reports that it generally takes 30 to 90 days to fill a supervisory vacancy. The recruitment and replacement effort is dependent, in part, on the number and qualifications of the personnel on the list assembled by the Civil Service Commission (formerly Department of Personnel) from the individuals who have passed the civil service exam for supervisors. The process is also dependent on the scheduling of interviews in the DYFS local offices and, most importantly, whether a DYFS local office believes it has found the person who is a good fit with the unit needing supervision and the local office organizational culture. If the list of supervisor candidates is not up-to-date because of a pending supervisory exam or the local office interviews available candidates and does not find a satisfactory individual, there may be a period of time before there is a new pool of individuals to consider. Thus, there are many variables that may impact the process, extending it in some instances to 90 days. Vacancies, particularly supervisory vacancies are monitored by the DYFS Director and the DCF Director of Administration in monthly phone calls with the Area Directors. In this way, impediments to quickly filling vacancies are identified and remedies are considered.

As a result of the DYFS two-tiered supervisory structure that has both a frontline supervisory tier filled by individuals classified as SFSS2 and a second tier referred to Case Work Supervisors filled by individuals classified as SFSS1, DYFS caseworkers should not be unsupervised even when there is an unfilled supervisory vacancy. However, even this arrangement provides challenges as both supervisory positions are essential for the effective oversight of practice. When a Case Work Supervisor has to provide direct supervision to a unit of five frontline case managers, his or her other duties naturally suffer. In the Monitoring staff's site visits, case managers and supervisors expressed concern and frustration when the Case Work Supervisors cannot devote the time for review and approval of the actions sent to them because they are focused on directly supervising a unit.

Filling supervisory vacancies should have a sense of urgency, however DYFS local offices should not feel pressured to hire a candidate that is not satisfactory to them solely to meet a time requirement. The Monitor urges DCF to continue monitoring the process closely and seek strategies to keep the elapsed time closer to 30 days rather than 90 days or more while not sacrificing quality in hiring decisions.

Figure 3: NJ DCF/DYFS Supervisor to Caseload Staff Ratios



Source: New Jersey Department of Children and Families, Policy and Planning

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

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

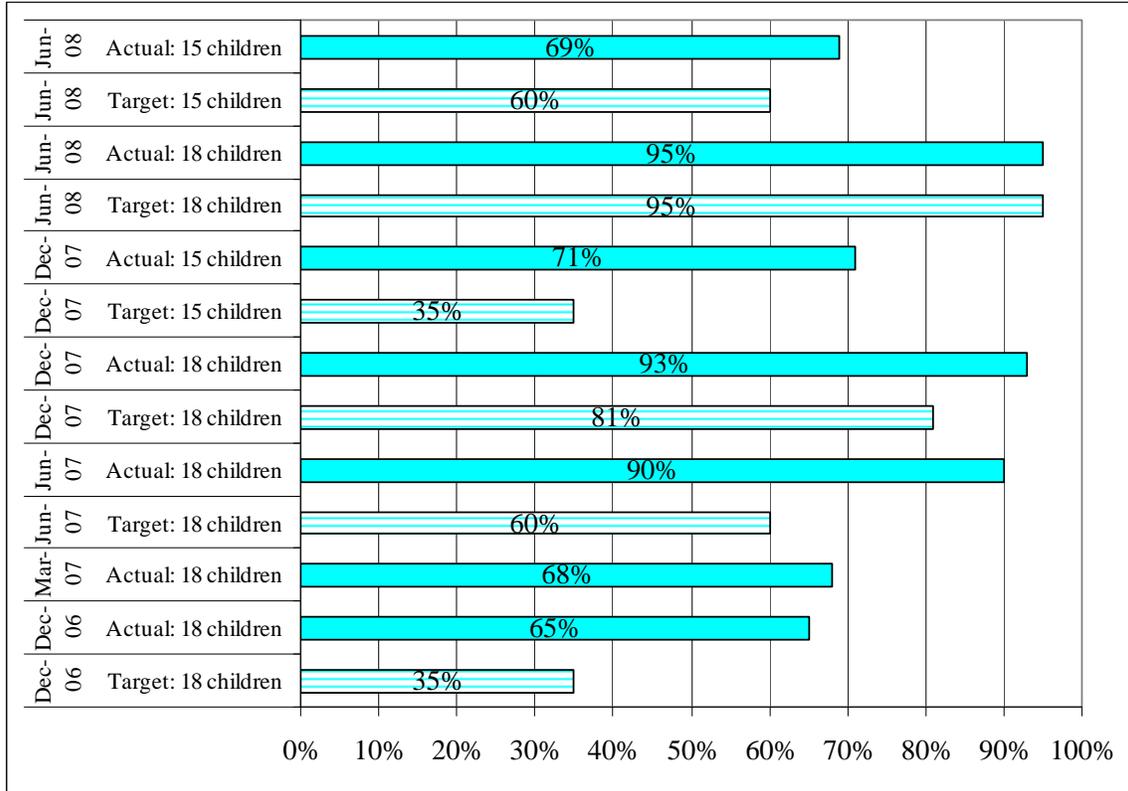
Adoption staff members are responsible for finding permanent homes for children who cannot safely return to their parents by developing adoptive resources and performing the work needed to finalize adoptions. The MSA requires the State to move away from generic permanency caseloads and to ensure that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

As with the Permanency caseloads, by December 2008, the goal is for 95 percent of offices to have average caseloads for Adoption staff of 15 or fewer children (MSA Section II.G.19). As of June 2008, 95 percent of DYFS local offices are to have average caseloads for Adoption staff of 18 or fewer children with a subset of 60 percent of all offices achieving average caseloads for Adoption staff of 15 or fewer children (MSA Section II.G.16).

As displayed in Figure 4, the State exceeded the Adoption caseload targets for June 2008 with 95 percent of the offices¹² having average caseloads for Adoption staff at or below the standard of 18 children and 69 percent of the offices with average caseloads of 15 or fewer children. This information was verified by the Monitor using the previously described approach for all caseloads. Appendix B, Table B4 contains supporting details for each office.

¹² There are total of 42 offices with Adoption units. In Newark, one office is devoted solely to adoption caseloads for the entire city. In Cumberland and Gloucester, one of the two offices in each county houses the Adoption units as well as intake and permanency units.

Figure 4: NJ DCF/DYFS Adoption Caseloads



Source: New Jersey Department of Children and Families, Policy and Planning

B. Training

The State has met all of its MSA obligations for training in this monitoring period as shown in Table 4 below. This is particularly impressive given the enormity of the task underway at DCF to train all staff on its new Case Practice Model by December 2008.

Table 4: Training Compliance with Modified Settlement Agreement

Type of Training	MSA Commitment	Number of Staff Trained January-June 2008	Total Number of Staff Trained (Cumulative 2006-June 2008)
Pre-Service	II.B.1. New caseworkers shall have 160 class hours, including Intake & Investigations training; be enrolled within two weeks of start date; complete training and pass competency exams before assuming a full caseload	114 (97%) out of 117 staff hired received DYFS Pre-Service training or its equivalent ¹³	1381
In-Service	II.B.2.c. Staff shall have taken a minimum of 40 hours of in-service training	520/4000 received 40+ hrs. by June 30. Remainder to complete by December 2008	3521
Concurrent Planning	II.B.2.d. Training on concurrent planning; may be part of 40 hours in-service training by January 2008.	87 (100%)	3725
Case Practice Model	II.B.2.e. As of April 2007 and ongoing, case carrying staff, supervisors and case aides that had not been trained on the new Case Practice Model shall receive this training.	3595 (90%) plus an additional 397 in Immersion Sites, for a total of 3992 trained (99%).	3795
Investigations & Intake: New Staff	II.B.3.a. New staff conducting intake or investigations shall have investigations training and pass competency exams before assuming cases.	127 (85%) by June 30; 23 were trained by August 2008 for a total of 150 (100%) trained.	839
Supervisory: New Supervisors	II.B.4.b. As of December 2006 and ongoing, newly promoted supervisors to complete 40 hours of supervisory training; pass competency exams within 3 months of assuming position.	35 (100%)	214
Adoption	II.G.9. As of December 2006 and ongoing, adoption training for adoption workers.	38/48 (79%) 10 to be trained in October 2008	313

Source: DCF, Administrative Data, July 2008.

¹³ Twenty-four of 27 BCWEP interns who were subsequently hired by DYFS received comparable training through a combination of courses in their undergraduate social work program and in an abbreviated Worker Readiness Training program. Three BCWEP workers deferred training while they completed their MSW degree; they are scheduled for training beginning November 2008.

Pre-Service Training

As reflected in Table 4, 114 of 117 (97%) new hires met the pre-service training requirements. Ninety caseload carrying staff hired as Family Service Specialist Trainee (FSST) and Family Service Specialist 2 (FSS 2) completed DYFS Pre-Service training and passed competency exams after each module. Thirty-seven of the 117 new hires are BCWEP¹⁴ students, 10 of whom completed DYFS pre-service training by August 2008. Twenty-four of the remaining 27 received comparable training through a combination of their coursework and the Department's Worker Readiness Training for BCWEP students. The three remaining are BCWEP students who initially deferred hire to complete their MSW degree; they are scheduled to begin training in November 2008. The Monitor reviewed a random sample of 22 percent of staff transcripts and cross-referenced them with Human Resources data to determine that the workers who took the training passed competency exams.¹⁵ All of the BCWEP students passed competency exams conducted at the conclusion of their internship year. The Monitor verified that all newly hired/promoted staff was enrolled within two weeks of their start dates.

The Department began to use a Trainee Caseload Readiness Assessment Tool in October 2007. Since that time, DCF Central Office has regularly verified with Area Offices how many trainees were assessed and met the assessment standards. If a trainee does not meet the standards, DCF imposes remedial actions, including extending the period a trainee remains in the training unit, and more intensive supervisory oversight. DCF reports that between February 15, 2008 and June 30, 2008 102 trainees were eligible to be assessed, 96 of whom were assessed by the end of the monitoring period and met the assessment standards. DCF reports that the six trainees who were not assessed in the monitoring period have subsequently been assessed using the tool and met the standards.

In-Service Training

DCF is involved in a significant undertaking to train 4,000 staff members statewide on the new Case Practice Model by December 2008. The training consists of two training modules, *Developing Trust Based Relationships with Children and Families* and *Making Visits Matter*, discussed in more detail starting on page 41 of this report. As reflected in Table 4, as of June 2008 DCF trained a total of 3,595 staff in this monitoring period, and staff passed the necessary competency exams. These staff members were trained on Module 1, *Developing Trust Based Relationships*. Overall, staff reports the training to be helpful and relevant to their day to day practice. In focus groups, staff report excitement that in their work with families they began to use skills they had left behind in social work school.

¹⁴ See footnote 7 for definition of BCWEP. The Department determined that the BCWEP curriculum in conjunction with a 4 module Worker Readiness Training met DCF's pre-service training requirements. The Monitor will review this in more depth during the next period.

¹⁵ In verifying all training data, Monitor staff reviewed a random sample of rosters from a comprehensive list of workers trained. Sample size for each review varied based on the total number of workers trained.

An additional 397 staff members completed intensive “immersion” training as discussed on page 42. Over the next six months, DCF will train all staff on Module 2, *Making Visits Matter*.

Concurrent Planning Training

Rutgers University School of Social Work continues to take the lead in training DYFS staff on Concurrent Planning, the practice of simultaneously planning for more than one permanency outcome for a child in care. As reflected in Table 4, a total of 87 additional DYFS staff was trained in Concurrent Planning in this monitoring period. The Monitor randomly selected and cross-referenced 50 percent of staff transcripts with Human Resource data to verify that the State complied with the MSA (Section II.B.2.d).

During the past six months DCF has focused on aligning the message staff receive from its Case Practice Model trainers and its team of concurrent planning trainers. The Rutgers trainers have taken the first two modules of CWPPG’s Case Practice Model training in order to be better able to integrate its principles and values into the Concurrent Planning training.

Investigations Training

One hundred twenty-seven out of a total of 150 new investigators completed First Responders training in this monitoring period and passed competency exams (see Table 4). Three of these new investigators were hired at the end of the last monitoring period but were trained during the past six months. Twenty-three new investigators were scheduled to begin training by August 2008. The Monitor reviewed 37 percent of First Responders training rosters for this monitoring period and cross referenced them with Human Resource records to determine that the State complied with the MSA (Section II.B.3.a).

Supervisory Training

The State trained 35 new supervisors between January 1, 2008 and June 30, 2008. Twelve of these supervisors were appointed during the previous monitoring period and trained during the past six months. A total of 31 supervisors were appointed during the monitoring period. Twenty-three supervisors were trained during the past six months. Eight additional supervisors were scheduled to be trained in July 2008 and complete it within the required six-month time frame. The State provided the Monitor with a Human Resources roster that includes promotion and training dates. The Monitor randomly selected and cross-referenced 48 percent of supervisor’s transcripts with the Human Resources rosters and concluded that the State complied with the MSA (Section II.B.4.b). The State reports and, after analysis, the Monitor confirms that it is meeting its obligation to train all newly appointed supervisors within six months of their appointment.

In this monitoring period, DYFS created a more rigorous means of identifying supervisors who need to improve or strengthen their supervisory skills. During the Supervisory Training process Child Welfare Training Academy (CWTA) trainers now report any staff readiness issues directly to the Assistant Area Director (AAD). The AAD in turn ensures that the supervisor’s local

office manager and casework supervisor work directly with the supervisor on areas of weakness. Results of all competency exams are now also shared with the AADs, creating an added incentive for supervisors to perform well on competency exams.

New Adoption Worker Training

As shown in Table 4, the State reports that 38 of a total of 48 new adoption workers were trained between January 1, 2008 and June 30, 2008. Four of these new adoption workers are recent hires. These four new adoption workers together with six more workers designated as adoption workers in June are scheduled for new adoption worker training in October 2008. The Monitor randomly selected and cross-referenced 55 percent of staff transcripts with Human Resources records and concluded that the State complied with the MSA (Section II.G.9).

C. The Statewide Central Registry and Institutional Abuse Investigations Unit (IAIU)

The Statewide Central Registry (SCR)

One of the most important child protective services functions of a public child welfare agency is to receive and to promptly and appropriately respond to reports of suspected child abuse or neglect. Commonly referred to as a State's *child abuse and neglect hotline*, the State Central Registry (SCR) is the unit within New Jersey's Department of Children and Families (DCF) that is responsible for receiving and responding to reports of child abuse and neglect. The SCR is a 24 hour-7 day per week operation. With every call, decisions are made which potentially affect the safety, well-being and chance for a stable, permanent future for a child and his or her family. The manner, speed and clarity with which the SCR receives, screens and acts on calls to its hotline greatly influences how the community interacts with and perceives the State's overall child protection performance.

In July 2008, the Monitor issued an independent assessment of the SCR. The Monitor was joined in the assessment by representatives of the New Jersey Office of the Child Advocate (OCA) and the Department of Children and Families (DCF) Quality Analysis and Information unit.

The assessment was designed to answer the following three questions:

1. Are SCR screening decisions appropriate?
2. Is SCR screening documentation accurate and sufficiently complete to enable the case managers in the Division of Youth and Family Services (DYFS) field offices to respond appropriately?
3. Is complete and accurate information reaching the DYFS field office staff in a timely manner?

The assessment was the second formal assessment completed on New Jersey's SCR. In 2005, shortly after the SCR was created, the independent Child Welfare Panel created by the original *Charlie and Nadine H. v. McGreevey* Settlement Agreement reviewed SCR operations.¹⁶ In

¹⁶ New Jersey Child Welfare Panel, *Period I Monitoring Report*, March 2005 and *Period II Monitoring Report*, October 2005.

contrast to 2005 review, which found multiple policy, management and operational problems within the SCR, *the July 2008 review found the SCR operations to be well managed, professional and appropriately focused on the timeliness and the quality of the response to the public's reports of child maltreatment.*

Much has been accomplished in the past three years. Overall, the Monitor's assessment found that:

- ***SCR decision-making is sound and the vast majority of screening decisions are appropriate.*** The Study Team concurred with the SCR call classification in 92 percent of the calls reviewed and with the assigned response priority for 93 percent of the calls. After listening to tape recordings of calls and reviewing written documentation, the number of cases in which the Study Team came to a different conclusion than the SCR was small. The findings however suggest several areas in which additional policy guidance and clarification is needed, particularly with respect to handling calls alleging maltreatment in institutions which require a referral to the Institutional Abuse Investigations Unit (IAIU) and for those reports that need a child welfare assessment, not an investigation, but in a urgent time frame.
- ***For the vast majority of calls, screeners collect the information that DYFS case managers need in order to appropriately investigate complaints and assess families in need of services, although in some cases the documentation forwarded to the field offices needs to be more accurate and complete.*** Over 80 percent of the NJ SPIRIT Screening Summaries contained sufficient information to support the screening and priority decisions.
- ***The SCR completes its work in a timely fashion and the vast majority of reports or referrals reach the field within three hours of a call to the SCR.*** Eighty (80) percent of the Child Protective Services (CPS) reports and Child Welfare Services (CWS) referrals were sent to the field offices within 3 hours of the conclusion of the call.
- ***The majority of calls were handled thoroughly and professionally by SCR screeners.*** The SCR has established protocols for training and supervising its workers and has developed processes for continuous quality assurance. These are far more developed and effective than were evident in 2005, although there is still room for continued improvement.
- ***In addition to using the SCR to receive and process reports of maltreatment and requests for child welfare services, the SCR call and data tracking system is currently used to keep track of after hours employees (SPRU workers) and their schedules.*** This use of SCR staff time and resources for administrative purposes which are not integral to the functions of the SCR should be reconsidered.

In addition to the findings, the report included multiple recommendations regarding policy, operations and staff development to further strengthen the operations of the SCR. DCF has reviewed the report's recommendations and shared its plans to implement the recommended

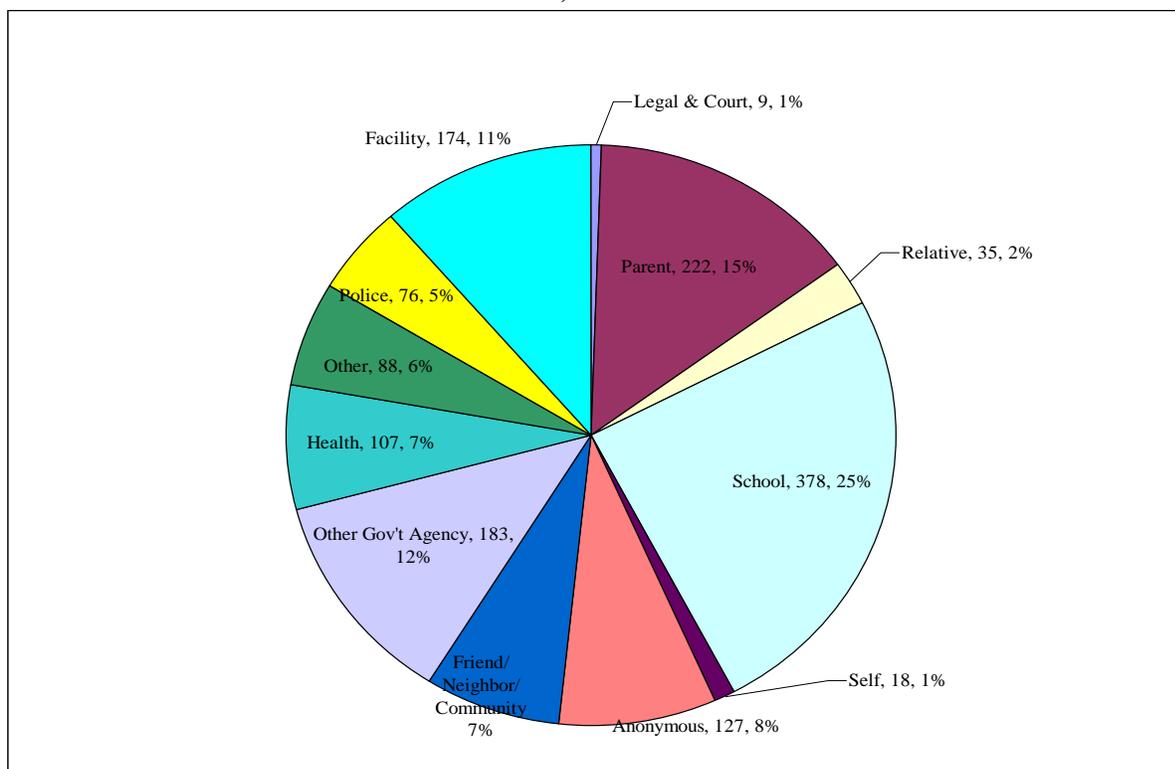
quality improvement strategies with the Monitor. The plans include updating the policy manual, greater training and supervision of part-time staff, revised review protocol of the calls that do not appear to need a field response, and enhanced Screener evaluation and certification process. The Monitor will continue to follow-up with DCF's implementation.

A complete copy of the report is available on CSSP's website, www.cssp.org.

The Institutional Abuse Investigations Unit (IAIU)

The Institutional Abuse Investigations Unit (IAIU) is responsible for investigating allegations of abuse and neglect in settings including correctional facilities, detention facilities, treatment facilities, schools (public or private), residential schools, shelters, hospitals, camps or child care centers that are licensed or should be licensed, Resource Family homes and registered family day care homes.¹⁷ In the first half of 2008, IAIU received 1,526 referrals. Figure 5 below provides the source of referrals for January through June 2008.

**Figure 5: IAIU Referral Source
January 1 - June 30, 2008
N=1,526 Referrals**



Source: DCF Administrative Data

¹⁷ DCF Policy III Support Operations Manual, E Institutional Abuse and Neglect, Section 100.6 Key Definitions, August 2008 and Institution as defined by N.J.S.A. 9:6-8:21g.

The purpose of IAIU's investigative effort is to determine whether children have been abused or neglected¹⁸ and to ensure their safety by requiring corrective actions to eliminate the risk of future harm.

To better understand the work of IAIU, the Monitor interviewed a cross-section of IAIU staff. Through these interviews, the Monitor gathered information to verify the reported caseloads and investigation timeliness. In addition, the Monitor explored IAIU staff perspectives on accomplishments and challenges in their work.

IAIU investigation timeliness met the established standard

By June 30, 2007, and continuing thereafter, IAIU was expected to complete 80 percent of its investigations within 60 days of referral (MSA Section II.I.3.) DCF manages and tracks IAIU performance daily, calculating the proportion of investigations open 60 days or more statewide and within regional offices. This proportion varies on a day-to-day basis. However, on six separate days in the reporting period (the last date in each month, January –June 2008), the daily statistics supplied by DCF indicate that 84 percent to 88 percent of all IAIU investigations were open less than 60 days. The statewide summaries for these dates are provided in Table 5. The Monitor has previously verified this information by reviewing a portion of investigations.¹⁹ No additional verification was completed this period because the Office of the Child Advocate has been conducting an in-depth review of IAIU operations and is expected to release its report in October 2008.

The MSA does not make any distinctions about the type of investigations IAIU conducts based on the allegation or location of the alleged abuse. The timeliness standard applies to all IAIU investigations. However, the Monitor's fundamental concern is the safety and well-being of the children who are in DCF custody (and part of the class of children to whom the MSA applies). Therefore, in reviewing IAIU performance, it is important to separately consider investigations of maltreatment in foster care settings – resource homes and congregate care facilities. Table 5 displays IAIU's overall performance for the dates cited as well as the timeliness of investigations in foster homes and congregate care facilities.

In a focus group of a cross section of IAIU staff, several challenges to completing investigations within 60 days were identified. When a case involves law enforcement and local prosecution, IAIU investigators try to conduct joint interviews but are sometimes asked to wait until law enforcement has completed their work. If a child received medical attention in a hospital emergency room as a result of the alleged abuse, the investigators reported that it takes more time to identify and contact the emergency room personnel who treated the child and obtain associated medical records. Investigators may also find it difficult to interview all involved staff in one trip to a congregate care facility because the staff may work different shifts and have different days off. This challenge is reportedly exacerbated by the large geographic area each investigator covers. Focus group participants also reported that obtaining information about past

¹⁸ Abuse and neglect are defined by statute at *N.J.S.A. 9:6-8.21c*.

¹⁹ See *Progress of the New Jersey Department of Children and Families: Period III Monitoring Report for Charlie and Nadine H. v. Corzine, July 1, 2007 through December 31, 2007*. Washington, DC: Center for the Study of Social Policy. April 16, 2008.

allegations in a facility or resource home can be time consuming and challenging. Scheduling and conducting exit conferences with administrators and resource families, required before closing an investigation even if there are no concerns, can also delay the completion of an investigation. NJ SPIRIT implementation and residential facilities' cooperation help to mitigate some of these challenges. Focus group participants noted that information available in NJ SPIRIT helps with gathering history in a more timely way. In addition, residential facilities generally help facilitate investigations because they need the results quickly in order to make decisions about whether personnel actions are necessary.

**Table 5: IAIU Investigative Timeliness:
Percent of Investigations Pending Less Than 60 days
As recorded for the last date of each month, January - June 2008**

Date	All Investigations pending less than 60 days	Investigations in congregate care and resource homes pending less than 60 days
January 31, 2008	84%	73%
February 29, 2008	86%	84%
March 31, 2008	84%	80%
April 30, 2008	86%	82%
May 31, 2008	88%	80%
June 30, 2008	85%	86%

Source: Department of Children and Families, Institutional Abuse Investigations Unit, Daily Workflow Statistics

DCF achieved the June 2008 caseload targets set for IAIU Investigation staff.

By June 2008, the goal is for 95 percent of IAIU investigators to have no more than 8 new cases per month and 12 open cases at a time. (MSA Section II.I.5). According to data supplied by the State, 45 of the 47 investigators (96%) had caseload sizes in compliance with the standard on June 30, 2008. Two investigators had slightly larger than required caseloads. One investigator had 10 new cases assigned during the month and the other had 9 new cases. But each had 12 or fewer open cases at the end of the month. See Appendix B, Table B6 for more detail.

These lower caseloads appear to be holding. In the previously referenced focus group with a cross section of IAIU staff in August 2008, the staff report that the individual caseloads ranged from four to ten open investigations on the day of the focus group.

DCF is conducting a review of IAIU's substantiation rate of maltreatment in care to better understand current performance in light of historical trends.

According to data supplied by IAIU, about 2 percent of the investigations in congregate care and family foster care homes had substantiated the allegations of maltreatment in calendar year 2007. This appears to have declined since calendar year 2005 and the drop has led to public questions about IAIU investigations. DCF reports that there may be several possibilities for historical differences including different recording methodologies employed over the years. To better understand the current performance in light of past performance, DCF reports that it is currently attempting to create a comparable history from 2001 through 2007 and to look at any patterns that suggest reasons for the decline. The Monitor will continue to follow-up with DCF regarding the analysis and its results.

A comparable history is a useful step in assessing current performance but it is not the only step because historical performance may well be affected by different management and investigative philosophies, skill levels, and training. Continual assessment of the current quality, thoroughness, and decisions made during the investigations is more important. This assessment should be at both the investigator level and at the unit level. It should include analyzing patterns of complaints (referrals) and substantiations to determine if there are repeated issues that do not appear to be adequately addressed in institutional investigations.

IAIU needs to systematically analyze and address patterns to assess its own performance.

As noted above, identifying patterns among complaints and substantiations can help IAIU assess the effectiveness of its investigations as well as possibly help DYFS case managers prevent maltreatment in care. IAIU has several practices in place to identify patterns but it is not clear whether they add up to an effective overall approach to identify patterns among institutions or providers that would enable licensing and DYFS local offices initiate corrective actions. Focus group participants suggested that the monthly regional office process of reviewing the status of open investigations (referred to as "compstat") can informally reveal patterns. Participants also stated that investigations include a search of NJ SPIRIT to obtain history of a facility or home and they confer with their counter parts in the Office of Licensing (OOL.) Another source for analysis is the Corrective Action Database. It reportedly can produce the number of times a facility or home may have previously had a corrective action or there is the same perpetrator for multiple incidents.

In order to use the information obtained by IAIU to strengthen oversight of caregivers, the Department reports that they have begun piloting a draft protocol to systematically identify patterns among complaints in congregate care settings. During the next reporting period, the Monitor will explore further with IAIU leadership their approach to identifying patterns among complaints and substantiated reports. In addition, IAIU investigations often make recommendations for strengthened policies or training or supervision even if the complaint is not substantiated. These recommendations may also reveal patterns that suggest broader actions within DCF or the provider community.

IAIU has a structure for providing “feedback” to the Office of Licensing and DYFS local offices.

According to policy and observed practice²⁰, the SCR provides the first important communication link among IAIU, the Office of Licensing, and the DYFS local offices when there is an allegation of abuse of a child in custody in a placement setting. If a report “concerns a facility regulated by the Department of Children and Families’ Office of Licensing (OOL), SCR makes a Secondary Assignment to OOL in NJ SPIRIT as a courtesy notification.”²¹ In addition, policy requires the SCR to electronically notify “identified offices within DYFS, DCF, DHS, and other entities, based on the type of facility, program, or provider and/or the nature/severity of the presenting allegation.”²² If the allegation involves a resource home, the SCR suspends the resource home, preventing any DYFS local office from making a new placement to the resource until the investigation and the suspension is removed.²³ Suspensions can only be lifted by the assigned Resource Family Support Worker if the action is supported by both IAIU findings and OOL recommendations.²⁴

IAIU policy lays out clear steps for initial and ongoing communication with OOL and Local offices once an investigation is assigned that appears to have a sufficient number of “check points” to keep DYFS local offices informed of the issues and findings. For example:

- When assigned an investigation, IAIU investigators are required to confirm that SCR has notified the applicable offices and entities and may seek to conduct the investigation jointly with OOL and/or the DYFS local office Resource Family Support Worker.²⁵
- When an allegation involves a Resource Family, IAIU investigators are to obtain information from DYFS local office personnel at the beginning of the investigation.²⁶ Investigators and supervisors participating in a focus group generally reported that the DYFS local offices do know about the allegations when they call although this appeared to vary somewhat among regions.
- At the end of an investigation, IAIU is to conduct an exit interview with the Resource Family home Supervisor.²⁷
- IAIU investigators are responsible for assessing the safety and protection of each child in a Resource Family home and providing an initial report with recommendations to OOL, the Resource Family Supervisor Unit and each Local office that supervises a child in the

²⁰ *The New Jersey State Central Registry: An Assessment*. Center for the Study of Social Policy. Washington, DC. July 30, 2008.

²¹ See Section III.E.300.3 in the DYFS Manual

²² See Section III.E.300.12 in the DYFS Manual

²³ See Section III.E.300.13 in the DYFS Manual

²⁴ See Section III.E.702.2

²⁵ See Section III.E.402.5

²⁶ See Section III.E.403.1

²⁷ See Section III.E.403.2

home under investigation.²⁸ Similar communication is taken for children in congregate care settings.

The Monitor has not yet assessed the strength of this process and the consistency of its implementation to determine if DYFS local offices actually receive sufficient information to guide response to potential child trauma, placement decision making, and appropriate follow-up with Resource Family homes. IAIU leadership report convening monthly meetings of systems partners to discuss issues. These meetings are to include representatives of OOL and the central office Foster Care and Resource Development units.

IAIU staff report strengthening investigative quality but believe they can improve further with more skill development.

As reported above, the caseloads in IAIU meet the standards set by the MSA. Lower caseloads are expected to improve timeliness and investigation quality. The Office of Child Advocate is currently completing a review of IAIU operations and investigative quality. Because the OCA findings were not yet published as this report was being prepared, the Monitor sought to understand from IAIU staff what they believed they were doing well and where they thought IAIU needed improvement. The cross section of investigators and supervisors in the focus group reported that the lower caseloads and improved internal policy have strengthened their investigative approach. They cited improved evidence collection to support findings as one of the most notable improvements in investigative quality. One of their most important tasks is to determine the immediate safety of a child and what remedial actions are needed to ensure safety at the outset of an investigation and they reported their judgment in these situations is a strength of their work. Such remedial action may include recommending removal of the child from the setting or the reassignment of the alleged perpetrator. IAIU leadership concurred with the staff self-assessment stating that investigators are getting more signed testimony and corroborating documentation than they had in the past. The leadership also reported that supervisory conferencing is stronger now with supervisors providing more investigation-specific direction and shared decision making. They also see improved communication with their partners, especially OOL and law enforcement.

The participants were also very candid about the areas of needed improvement. They reported their interviewing skills and documentation skills need more development to further enhance their ability to collect and corroborate evidence and support the findings with more comprehensive and specific detail. Here again, IAIU leadership concurred and noted that efforts to create IAIU-specific training in the past stalled with the structural transitions in DCF and emerging priorities in the Department since the inception of the Training Academy. DCF has expressed a commitment to developing IAIU-specific training and possible cross-training with law enforcement.

Skill development, therefore, is an area that needs more attention in IAIU. The type of skill development, however, may require some review to ensure consistency with current agency values and the Case Practice Model. For example, IAIU staff and leadership report receiving the

²⁸ See Section III.E.404.1

First Responders Training but they believe IAIU investigators need more focus on forensic interviewing rather than on interviewing skills designed to build engagement. They suggest the Case Practice Model would not be pertinent to their work. As part of determining the best approach to skill development in IAIU, the Case Practice Model training should not be dismissed. The Monitor suggests IAIU identify investigators whose work is considered to be high quality and train others on the skills these workers employ to achieve quality performance.

IAIU reports improvements to the corrective action process.

An IAIU investigation may result in recommendations for improvement and facilities or resource homes may be asked to take corrective action even when a complaint is not substantiated. In January 2008, IAIU instituted a change in how corrective actions are developed. Previously, the investigators in consultation with their supervisors would inform the facility/home as to what corrective action should be taken. The Continuous Quality Improvement (CQI) unit was responsible for follow-up and obtaining proof that the corrective action was taken. Since January, the facilities/homes are informed of the investigation findings and recommendations and requested to respond with a corrective action plan. The CQI unit now reviews the plan and approves it or requests revisions from the institution/home. Once the corrective action plan is approved, CQI continues to follow-up until the plan is successfully completed. As of mid-September 2008, the CQI unit reported oversight of 38 outstanding Corrective Actions from the January-June 2008 period. During the next reporting period the Monitor will follow-up with IAIU as to the effectiveness of this process and the responsiveness of the providers.

D. Accountability through the Production and Use of Accurate Data

Continuing MSA requirements related to data during this monitoring period include:

- The distribution of regular, accurate reports from Safe Measures.
- The production of caseload reporting that tracks actual caseloads by office and type of worker and for permanency and adoption workers that tracks children as well as families.
- The maintenance of an accurate worker roster.
- Posting data on the DCF website.

Each of these is discussed separately below.

DCF has continued to address problems encountered with NJ SPIRIT in order to achieve the systems full potential.

Considerable work has occurred and continues to complete the successful implementation of NJ SPIRIT. However, in almost any discussion with internal and external stakeholders, NJ SPIRIT's strengths and challenges are identified. Several themes emerge. The first theme concerns worker competency and comfort in navigating NJ SPIRIT as well as staff impatience around the resolution of system issues. As anticipated, increasing the comfort level of field staff in using NJ SPIRIT is a high priority. As reported in the last Monitoring Report, deployment of NJ SPIRIT was met with heightened anxiety in DCF central office and DYFS Local offices and

the benefits of NJ SPIRIT had yet to be fully realized by the field. DCF has continued to provide support to staff as they learn to use the system and has accelerated systems work to make sure SPIRIT can produce functionality in all areas.

In December 2007, to position itself better for the next stages of NJ SPIRIT, DCF restructured, combining several special NJ SPIRIT, technology and data analysis units into a single unit responsible for information technology (IT) and reporting for all of DCF. The single unit has five teams: the help desk, the application development group, the infrastructure unit, the application maintenance unit and the data analysis and reporting unit. DCF has approximately 90 staff employed in the IT and Reporting Unit. During this monitoring period, DCF hired an IT Help Desk manager and more than doubled the number of state staff assigned to the Help Desk to include 10 analysts and 1 supervisor.

Workers who experience difficulties with NJ SPIRIT typically call the Central Office “Help Desk.” Between January and June 2008, the Help Desk received 6,837 requests for help or “tickets.” The Help Desk resolved 50 percent of those “tickets” within 1 workday, 75 percent within 7 workdays and the remaining 25 percent in excess of 7 workdays. Response time has been cut by more than half from the prior monitoring period, when tickets were closed in an average of 14 workdays

The greatest frustration expressed to the Monitor by field staff during site visits was the cessation of the Super Users and the in-office NJ SPIRIT help. Case managers, supervisors and administrators alike felt the Help Desk, although trying to be helpful, was frequently incapable of addressing their immediate needs. Staff reported that many times “tickets” go unresolved for weeks and that by the time the Help Desk gets back to them they had either figured out the problem or work around the problem in order to effectively use NJ SPIRIT. Additionally, DYFS local office field staff was frustrated by the feedback and communication loop from the Help Desk back to the DYFS local offices. Many times DYFS local office field staff learns informally that others are experiencing the same difficulties; yet they feel that this information is not aggregated and regularly distributed to them to know that the difficulties they are experiencing are statewide problems.

The second theme is a redundancy in day to day operations. When released, NJ SPIRIT was intended to streamline many of the daily operations of DYFS local offices. However, there seem to be a number of activities in which the work has not been streamlined and staff has to conduct multiple steps to process a request or accomplish a particular task. For example, the Monitor heard throughout the state about requests for payments through DYFS local office Bank Accounts (LOBAs). The initiation and payment for many services occurs with the filing of a LOBA. A case manager must enter the LOBA information into NJ SPIRIT and then send it electronically to a supervisor for approval. It was anticipated that this would be the end of the process and that the supervisor could electronically approve and initiate the payment. In reality, the case manager must also print the LOBA and get supervisory approval by handwritten signature prior to submitting the LOBA in hard copy to clerical staff for payment.²⁹

²⁹ DCF reports that it has identified a solution to this problem which will automate the approvals and is determining how soon it can be implemented.

The third concern is the inaccuracy of some data in the system which impacts the timeliness and accuracy of the reports generated by NJ SPIRIT for use by DCF Central Office and DYFS Area Directors and local office management. This problem has also caused delay in routinely producing management and performance data for public accountability and for MSA monitoring. During this monitoring period, the Monitor continued to experience difficulty in obtaining accurate and timely data to verify achievement in meeting the outcomes from the MSA despite the commitment of much time and effort by DCF staff. DCF continues to use manual counts for certain data elements including data on youth placed in shelters and on health care case management for children in care, although there are plans to transition these to NJ SPIRIT.

Additionally, some staff continues to distrust the accuracy of the reports produced by NJ SPIRIT. For example Resource Family units do not routinely rely on the NJ SPIRIT matching system to facilitate placements in Resource Family homes. Units across the State expressed that they do not believe that NJ SPIRIT is up-to-date about placements and thus staff continues to use manual tracking systems to find open placements for children coming into care.

DCF partially met its obligation to report from Safe Measures.

DCF has continued to work to expand the scope of the analysis that Safe Measures provides. Safe Measures now contains elements regarding caseloads, investigations and assessments, permanency practice, as well as adoption. The State reports that many staff regained their comfort level with Safe Measures during this monitoring period.

During site visits, the Monitor heard concerns about the accuracy of the information displayed by Safe Measures. Case managers and supervisors complained about phantom cases showing on their Safe Measures caseloads and their inability to correct inaccurate information in Safe Measures. DCF is working hard to correct these problems, many of which are related to old data which was not converted correctly into NJ SPIRIT. Most of the large scale conversion issues have been resolved and attention is increasingly turning to developing supports for field staff to improve their skills and knowledge so that data are appropriately entered and retrievable from NJ SPIRIT.

Caseload reporting tracks actual caseloads by office and type of worker.

DCF has been able to generate and provide data to the Monitor with regard to caseloads by office and by type of worker. These data are not, however, provided with regularity and are not yet routinely updated on the DCF website. The Department has committed to updating caseload data on the DCF website quarterly.

DCF maintains an accurate worker roster.

NJ SPIRIT is able to create and track an accurate worker roster. This roster is the foundation for the report used by the Monitor and DCF to assess compliance with MSA caseload requirements.

DCF posts data on its website.

DCF posts data on a variety of indicators on its website. The Monitor has requested from DCF a data plan that lays out a predictable schedule of when data will be received by the Monitor and posted to the website as no consistent pattern currently exists.

V. CHANGING PRACTICE TO SUPPORT CHILDREN AND FAMILIES

A. Implementing the New Case Practice Model

The Monitor's previous two reports describe in detail DCF's plan to implement the Case Practice Model. It includes six core elements: (1) Leadership; (2) Statewide Readiness; Immersion; (3) Service Development; (5) Focus on the Fundamentals and (6) Enhanced Planning between DYFS and DCBHS. Over the past six months DCF has continued its focus on statewide readiness by embarking on a massive statewide training process. In addition to training staff statewide, there has been an intensive, concentrated training and coaching process in select field offices known as "Immersion Sites."

Statewide Readiness Strategy: Training on the new Case Practice Model

DCF and its partners, the Child Welfare Policy and Practice Group (CWPPG) and the New Jersey Partnership for Child Welfare Program (the Partnership),³⁰ have joined forces to train DCF's entire workforce of approximately 4,000 on the new Case Practice Model.

By December 2008, DCF workers statewide will have attended two modules of training, *Developing Trust Based Relationships with Children and Families*³¹ and *Making Visits Matter*. *Making Visits Matter* builds on the first Module, and adds topics such as:

- Worker Roles in Visiting Across a Family's Involvement in the Foster Care System
- Building a Working Agreement
- Furthering the Working Agreement based on Safety and Stability
- Interviewing Children
- Tracking and Adjusting in work with Families

These training modules are intended to satisfy the Department's commitment of 40 hours of In-Service training in 2008 for all case carrying workers and supervisors (MSA Section II.B.2.c). As of June 2008, DCF trained a total of 3,795 staff on *Developing Trust Based Relationships* and is well positioned to complete training on the second module, *Making Visits Matter*, by the target date of December 2008.

Staff in the field report that overall the Case Practice Model training is helpful and relevant to their work. They talk about using new skills to better engage and work with, rather than for, families. Monitor staff attended *Making Visits Matter* training and was encouraged both by the content and by the energy and commitment to practice change exhibited by staff and trainers alike.

³⁰ The New Jersey Partnership for Child Welfare Program is a collaboration of New Jersey social work schools led by Rutgers University School of Social Work.

³¹ *Progress of the New Jersey Department of Children and Families: Period III Monitoring Report for Charlie and Nadine H. v. Corzine*, July 1 – December 31, 2007. Washington, D.C.: Center for the Study of Social Policy, April 16, 2008, p. 33.

DCF continues to link training and support for good practice through its Case Practice Model Technical Assistance Group. This group consists of 12 Assistant Area Directors (each deployed locally by area) and four DYFS technical assistance staff called Case Practice Implementation Specialists. This group, charged with the task of providing staff with the knowledge and means to apply their learning to the field, have developed “tool kits” that bring alive the day to day work of case practice change. One tool, “Developing a Strategic Interview Plan” guides workers in preparing for interviews with families. Another, “Case Presentation and Consultation Format” assists workers with tips on how to present a case to other staff and/or supervisors. The kit is primarily used as a supervisory tool, but it is being used more widely by all levels of staff. The Assistant Area Directors track the use of these tools monthly, and report progress to the DYFS Director.

The Monitor’s visits to DYFS local offices reveal healthy signs that the practice change envisioned by the new Case Practice is taking hold. While some staff remains anxious about the time it takes to work differently with families, there is clearly a beginning shift in the way workers see their roles. Some intake workers speak of approaching families with more respect and empathy with the result of improved ability to work with families to keep children safe. Permanency workers report new and creative ways to use flexible funds to assist families facing obstacles to reunification. One office has taken a creative approach to infusing the values of the Case Practice Model throughout the office by involving a wide spectrum of staff in preparations for a Family Team Meeting. The Monitor applauds these innovations and encourages sharing of creative solutions and successes resulting from these shifts in practice.

Immersion Sites

DCF selected four sites (“Immersion Sites”) in which to develop and refine new family engagement skills and practices through intensive training, coaching, and partnering with families. The first four DYFS local offices are Bergen Central, Burlington East, Gloucester West and Mercer North. During the past six months staff at these sites continued to receive CWPPG’s training on *Developing Strength Based, Individualized Child and Family Practice*. A total of 397 staff were trained in these first four Immersion Sites, utilizing a rigorous schedule of training, coaching and mentoring provided by DCF and CWPPG. DCF plans to complete the immersion process in these four sites by October 2008.

DCF has determined that the next round of Immersion Sites will involve seven new sites, three new “sister” offices in the same areas as in Round One, and four new offices located in other areas. As in Round One, these seven Immersion Sites will receive alternating weeks of immersion training, coaching and mentoring, including a combination of classroom teaching and modeling of techniques, and opportunities to actually work with families under the supervision of trainers and coaches. DCF plans to complete the immersion process in the three sister sites in April 2009 and in the four new sites by July 2009. At that time another set of offices will begin to undergo immersion training.

A key component to the immersion model is the “train the trainer” approach. Currently CWPPG is taking the lead on training and coaching staff in the immersion zones. Going forward, DCF will need to build its own capacity to train and coach new and existing staff. As the number of Immersion Sites expands, planning for local capacity to train and coach staff will become increasingly important. With the support of Casey Family Programs, DCF is working with CWPPG and the Partnership to develop plans to increase capacity statewide that involve DCF staff and New Jersey based training providers.

As offices wait their turn to receive immersion support, DCF is developing ways to integrate Case Practice Model training into day to day practice statewide. To underscore the message of widespread practice change, DCF plans to expand its internal communications strategy, highlighting the core elements of the Case Practice Model for all staff.

Recommendations for Additional Improvement

The Monitor is encouraged by the progress New Jersey has made toward implementing its Case Practice Model. However, additional capacity for staff support may be necessary; four centrally located Case Practice Implementation Specialists may not be sufficient as the immersion process unfolds statewide. Similarly, additional DYFS local office staff needs to be exclusively dedicated to the effort. The Monitor urges and DCF has plans to develop coaching and training capacity in each county, rather than by area. The Monitor will evaluate DCF’s plans to expand capacity and will be looking to ensure that quality remains high.

In addition, to achieve its goals, the values and principles of the new Case Practice model need to be disseminated across the DCF divisions. The Monitor urges DCF to provide non case-carrying staff such as on-site nurses, SCR and IAIU staff with training on the new Case Practice Model.

Finally all levels of staff across the state report that implementing the new Case Practice Model is difficult when partner providers and other stakeholders do not fully understand the change in practice in which New Jersey is engaged. It will be important to develop and carry out plans to ensure that other stakeholders such as judges, attorneys and service providers understand and are trained on the new Case Practice Model so that families can benefit from an integrated service delivery system operating within the same values and practice framework.

B. Concurrent Planning Practice

DCF continues to improve and expand Concurrent Planning Practice

Concurrent planning is a concept employed by jurisdictions throughout the country in which workers assist children in out-of-home placement to reunify with their family of origin safely and quickly, while simultaneously pursuing alternative permanent placements should reunification efforts fail. Previous Monitoring Reports have described DYFS’s development and implementation of its Concurrent Planning “Enhanced Review” Model, a MSA commitment the

state began to implement in 2006.³² Originally tested in 10 DYFS local offices, the practice expanded to 16 additional DYFS local offices this monitoring period. Work continues to have the concurrent planning practice be consistent and reinforced by the new Case Practice Model. New Jersey has taken steps to integrate the two in training and practice. DCF plans to include the importance of concurrent planning practice into its DCF-wide communications strategy around the new Case Practice Model in order to broaden the message to all staff and its provider partners. It is a clear message that Concurrent Planning means more than seeking a potential adoptive home for a child, and more than meeting state or federal timelines for permanency. It reminds staff that Concurrent Planning is part of a larger practice framework embodied by the values and principles of the Case Practice Model.

In concurrent planning demonstration sites, DCF continues to make progress in holding regular 5 and 10 month reviews.

According to DCF, and as confirmed by site visits, DYFS local offices are able to conduct timely 5 and 10 month reviews of cases (with the exception of a few offices). In the 10 original demonstration sites, data for this monitoring period show that on average 92 percent of cases had timely 5 month reviews and 82 percent had timely 10 month reviews. The 16 DYFS local offices that recently began implementing concurrent planning are, for the most part, performing similarly to the 10 original demonstration offices with data showing that on average 81 percent of cases had timely 5 month reviews and 82 percent had timely 10 month reviews. It is notable that many cases are not routinely transferred to adoption workers within 5 business days per MSA Section II.G.2.c. On average 58 percent of cases were transferred to an adoption worker within 5 days in the 10 original sites, and 51 percent of cases were timely transferred to an adoption worker in the 16 new sites.

Under the MSA, DCF is required to issue reports based on the adoption process tracking system (Section II.G.15). This system tracks important moments in concurrent planning—the 5 month review, 10 month review, transfer to the adoption worker, filings for the termination of parental rights petition, court orders terminating parental rights, appeals of terminations, adoption placements, and adoption finalizations. DCF only provided the monitor with three of these data points (5 month review, 10 month reviews, and transfer to the adoption worker). The Monitor expects to receive reports including all the required elements.

C. Increasing Services to Families

Differential Response and Prevention Efforts

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

³² For more information, see *Progress of New Jersey Department of Children and Families: Period II Monitoring Report for Charlie and Nadine H. v. Corzine*, January 1, 2007 through June 30, 2007. Washington, DC: Center for the Study of Social Policy. October 26, 2007.

alternative (differential) response provides services to children and families prior to an allegation of child abuse or neglect.

In April 2007, DCF awarded contracts under its Differential Response Pilot Initiative of approximately \$4.2 million to pilot sites covering Camden, Cumberland, Gloucester and Salem Counties to engage vulnerable families and provide supportive, prevention services to promote healthy family functioning. As reported in the last Monitoring Report, the pilot sites use a Differential Response approach that is based on and consistent with the new Case Practice Model. The sites are able to respond to families in a family-centered, child-focused, community-based manner 24 hours a day, 7 days a week. Referrals are screened by the State Central Registry (SCR) and primarily transmitted to the Differential Response agency through a live, warm-line telephone transfer. Differential Response case managers meet with families within 72 hours of referral and family team meetings are held within 10 days of the referral.

Between September 2007 and September 2008, 962 families were served by the Differential Response initiative in Camden, Cumberland, Gloucester and Salem counties.³³ Differential Response case managers in Cumberland, Gloucester and Salem Counties have case loads of between 15 and 16 families and in Camden County have case loads of between 20 and 35 families. In Cumberland, Gloucester and Salem Counties, the two most identified needs were temporary or emergency financial assistance and mental health services for children. In Camden County, housing, rent, utility or emergency shelter needs were identified most often.

During the next monitoring period, the Differential Response Pilot Initiative is being expanded to Union and Middlesex Counties. A bidder's conference was held in May 2008 and two agencies were selected to implement Differential Response. DCF is currently finalizing the contracts and anticipate the services to begin in the near future. Additionally, the Differential Response case managers will be offered training on the family support concept through the Partnership for Family Success Training and Technical Assistance Center.³⁴ The Division of Prevention and Community Partnerships has advised that the training will be aligned with the DCF Case Practice Model, the Strengthening Families Initiative protective factors, and the New Jersey Standards of Prevention. DCF also plans to have all Differential Response staff attend training for the Family Development Credential offered through Rutgers University in collaboration with Cornell University.

DYFS local office management reports good relationships with the Differential Response providers. Initially it was a challenge for DYFS staff in the pilot sites, particularly Intake staff, to understand which cases are appropriate for Differential Response and which for child welfare service assessments, but the use of Differential Response services are now better understood. Additionally, management in some of the Differential Response Pilot Sites report that the referral process has become smoother as communications between the DYFS local offices and the Differential Response programs has improved. The State has committed to a formal evaluation of the Pilot experience after additional implementation experience.

³³ Based on DCF internal reports.

³⁴ This partnership is a five agency consortia designed to train all family-serving grantees within the Division of Prevention and Community Partnerships and the Family Support Organizations in the Division of Behavioral Health Services (DCBHS).

Peace: A Learned Solution (PALS)

In addition to the Differential Response initiative, DCF has expanded the Peace: A Learned Solution (PALS) violence prevention program to comply with the MSA (Section II.C.9) and has expanded support for Family Success Centers. The PALS program is an evidence-based comprehensive assessment and treatment program which uses art therapy for children and non-offending parents exposed to domestic violence in an attempt to reduce the impact of domestic violence on children, improve child and family functioning and well-being and break the cycle of abuse for future generations. Each PALS program provides comprehensive assessments, child care and/or summer camp, case management, group and individual therapy and education support, follow up services and transportation. Each child and family receives intensive therapeutic and case management services for six months and follow-up services for an additional six months. The PALS caseworker meets with the parent on a weekly or biweekly basis to assist the family with daily living needs and to coordinate the therapeutic and supportive services being provided.

During this monitoring period, the new PALS programs in Atlantic, Monmouth, Ocean and Union Counties served 138 children and 83 non-offending parents. Specifically, the programs provided children with individual, family, group and outreach therapy, advocacy and family case management. Parents involved with the PALS programs received parenting classes, support groups individual, group and family therapy, information and referrals and financial assistance.

Family Success Centers

In 2007, DCF awarded new funding to twenty-one Family Success Centers (FSC) in New Jersey. Through the Division of Prevention and Community Partnerships, DCF also transitioned 11 of its FACES programs to Family Success Centers with a slight increase in funding from existing dollars. These actions have expanded the network to 32 state-supported Family Success Centers in 16 counties. In addition, DCF reports that it oversees five Family Support Centers through the Atlantic County Children & Families Initiatives (AC-CFI). These five centers are similar in vision and mission, but are not yet mandated to provide all the same core and expanded services as the 32 Family Success Centers. These five centers will receive training and technical assistance through the Training Partnership as well.

The purpose of Family Success Centers is to strengthen families by providing integrated, locally-based services to families in the communities in which they live. The Family Success Centers offer an innovative approach to working with families that is collaborative; local residents serve as mentors and decision-makers, and families identify their own goals that are supported and reinforced by staff. Family Success Centers are situated in many types of settings: storefronts, houses, schools, houses of worship, office buildings, or housing projects. Community involvement, economic self sufficiency and shared responsibility are emphasized. The core services of the Family Success Centers include access to information on child, maternal and family health services, development of strength-based plans to address challenges to family stability and safety, provision of income security services, connection to other public and private resources, life skills training, parent education and home visiting. These services are available to any family in the community with no prerequisites.

In addition, DCF continued its work as a pilot program of the national Strengthening Families Initiative (SFI), seeking to improve linkages between child welfare and early care and education programs. Efforts include training early care and education professionals in every county through the New Jersey Association of Child Care Resource and Referral Agencies to work more effectively with DCF. To date, 114 Early Care and Education Centers have been identified and trained in the Strengthening Families/Protective Factors approach. These Centers also agreed to establish connections with local DYFS offices, an innovative strategy to establish a statewide Strengthening Families Network linking local child care resources to DYFS field offices.

The State has added over 250 additional child care slots

The MSA requires the state to “support an additional 250 child care slots for children whose families are involved with DYFS above the baseline available as of June 2006” (Section II.C.8). Contracting and fiscal responsibility for providing state-sponsored child care rests with the Division of Family Development within the Department of Human Services. Children who are abused or neglected or are at risk for abuse or neglect are prioritized for enrollment.

In June 2006, there were 2,135 child care slots for children whose families were involved with DYFS. In April 2008, the number of slots for these children had increased by 322 to 2,457. The Monitor’s site visits suggest that workers believe they are able to help families access child care.

Further, families who have adopted children through DYFS can receive child care benefits. According to DCF, 318 additional post-adoption child care slots were made available between June 2006 and April 2008. There are now 490 post-adoption childcare slots available.

Flexible Funds

By June 2008, the MSA required New Jersey to increase the flexible funding available to meet the unique needs of children and birth families, above the amount available as of December 2006 in order to facilitate family preservation and reunification where appropriate (Section II.C.10). Additionally, by June 2008, the State was required to provide flexible funding, meant to ensure that families are able to provide appropriate care for children and to avoid the disruption of otherwise stable and appropriate placements at the same level or higher than provided in FY07 (MSA Section II.H.14).

As required under the MSA, New Jersey amended its policies and procedures in June 2007 to increase the utilization of flexible funds for birth families involved with DYFS to facilitate family preservation and reunification where appropriate. The policy change increased the amount of possible expenditures from the flex fund pool from \$1,500 per parent annually to \$8,634 annually and extended the limitation on payments from three months to twelve months (MSA Section II.C.3).

The “flex funds” are intended to supplement the existing array of services for which DCF contracts to meet the needs of children and families. During State Fiscal Year 2007, the DCF budget included \$2.7 million to flexible funds and during State Fiscal Year 2008, DCF increased

the funding to \$3.7 million. These increased resources were allocated to the DYFS local offices and DYFS workers were trained on the availability and use of these flexible funds as a part of the Case Practice Model Implementation roll-out and Immersion. The Monitor currently cannot assess whether this \$1 million increase is sufficient. With the increased use of Family Team Meetings through the implementation of the Case Practice Model, it is likely that the demand for these funds could increase as a means to create individualized service plans for children and families.

In site visits, DYFS local office staff reported creatively using flex funds to facilitate family preservation and reunification, to support individualized child and family-centered service plans and to ensure out-of-home placements are stable. Flex funds play a critical role in the deployment of the Case Practice Model as they are used to support individualized child and family-centered service plans created during Family Team Meetings. For example, DYFS paid for and provided a family with Pediasure for a medically fragile child until the family began to receive WIC payments. This kept the child in the home and facilitated family preservation. In another example, DYFS hired an exterminator to rid a family's home of bed bugs and replaced their beds with flex funds. The Monitor also heard evidence of creative uses of flex funds to stabilize out-of-home placements. An example of this was the use of flex funds to enroll a youth in a dance competition and to provide her with the necessary accoutrements for the competition in order to help her adjust to her out-of-home placement. Flex funds are being used in more basic ways to pay utility bills, to send children to summer camp or extracurricular activities, for child care, and for respite services.

DCF has succeeded in increasing capacity to provide substance abuse services, but the need for more accessible services remains.

In this monitoring period, DCF was required to increase its capacity to provide substance abuse services to parents and children above the baseline slots available as of June 2006. (MSA Section II.C.12). It was required to add 30 new residential treatment slots for parents, 50 new intensive outpatient care slots for parents, and 20 new residential treatments slots for youth above capacity in June 2006.

As demonstrated in Table 6 below, since June 2006 DCF reports that it has funded:

- Sixty-four new intensive outpatient treatment slots for parents and children. Of these, 48 slots were added in July 2007; 8 more were added in June 2008; and eight additional slots are being added as of November 2008. These programs provide intensive gender specific, family centered substance abuse programming.
- Thirty adult residential treatment slots statewide. These programs provide intensive gender-specific substance abuse treatment services as well as programs to address issues of domestic violence, sexual and physical abuse, trauma, and parenting.
- Twenty adolescent residential treatment slots. Three slots are provided by service providers with existing contracts with DYFS. In addition to substance abuse treatment, these programs provide individual, group and didactic sessions and include programs that cover issues such as sexuality, gang activity, abuse and victimization.

These totals include 17 adolescent residential treatments slots that were part of a Request for Proposal (RFP) issued in May 2008. DCF reports this RFP was re-issued in October 2008 and anticipates beds to be operational by March 2009. Further, DCF determined an additional need for adolescent intensive outpatient treatment programs and funded 19 slots for them in the May 2008 RFP that were beyond what is required by the MSA.

Despite these improvements, the need for quality substance abuse treatment programs in New Jersey for parents and youth involved with DYFS remains great. DYFS has certified alcohol and drug counselors at every DYFS local office. They identify families with potential substance abuse issues, evaluate the need, and link individuals to appropriate treatment providers. These counselors perform a critical role for families, but it is made more difficult by the lack of availability of programs. In every office the Monitor visited, staff described a lack of quality substance abuse treatment program to refer families to and long waiting lists for existing providers. And, while a slot may be available to a parent or youth elsewhere in the state, caseworkers describe challenges to getting a parent or youth to attend programs located too far from home to be feasible. If a parent lives in the southern part of New Jersey, it is not realistic or practical to refer him to an outpatient program in the north. The Department of Human Services, the Division of Addiction Services and DYFS should consider re-assessing utilization of existing contracts and whether additional substance abuse slots or contracts are required.

**Table 6: Expansion of Substance Abuse Services Utilization
January 1 - June 30, 2008**

Type of Substance Abuse Program	Required Slots	Number of Slots and Date Added	Geographic Area
Residential Treatment for Parents and Children	30	Seabrook House – 30 (July 2006)	Statewide
Intensive Outpatient Treatment for Parents and Children	50	Parkside – 12 (July 2007) SODAT – 12 (July 2007) Family Recovery – 12 (July 2007) Preferred Behavioral Health – 12 (July 2007) Center for Great Expectations – 8 (June 2008) RFP Announced – 8 (May 2008) Total = 64	Camden Gloucester/ Cumberland Essex Ocean/ Monmouth Statewide Statewide
Residential Treatment for Adolescents	20	RFP Announced – 17 (May 2008) and be re-issued October 2008 Purchase of service from existing contract providers – 3 Total = 20	Statewide
Adolescent Intensive Outpatient Treatment	None	RFP Announced – 19 (May 2008)	Statewide

Source: New Jersey Department of Children and Families

D. Permanency Planning and Adoption

DCF continues to finalize adoptive homes for legally free children at a steady pace.

Much progress has been made during this monitoring period toward improving permanency outcomes for children and youth. DCF continues to actively find homes for these children and works to finalize adoptions quickly. As of December 2007, there were 1,295 children legally free for adoption. Between January and June 2008, 478 legally free children had finalized adoptions. While the number of adoptions is lower than in the past two years, that decline is to be expected because the overall number of legally free children—those children who are awaiting adoption—continues to decline. Table 7 provides information to date of number of adoptions finalized by county between January and June 2008.

Table 7: Adoption Finalizations (January – June 2008)

Local Office	January - June 2008
Atlantic	6
Bergen	28
Burlington	14
Camden	46
Cape May	2
Cumberland	23
Essex	114
Gloucester	17
Hudson	28
Hunterdon	4
Mercer	6
Middlesex	31
Monmouth	25
Morris	11
Ocean	34
Passaic	22
Salem	13
Somerset	10
Sussex	1
Union	43
Warren	0
Total	478

Source: New Jersey Department of Children and Families, September 2008

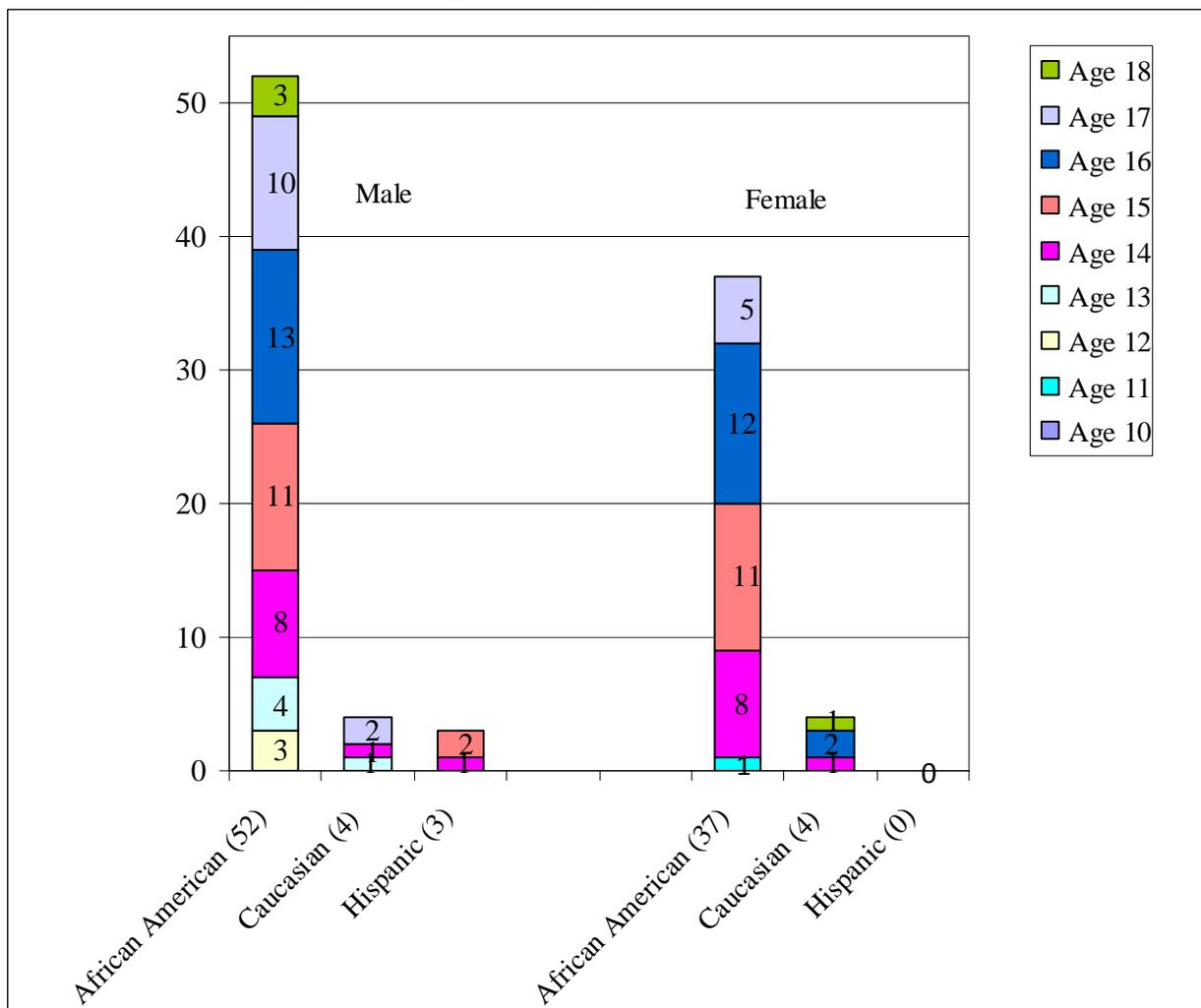
As required under the MSA, DCF reports that it continues to provide paralegal support to assist with the necessary adoption paperwork and that all Area offices have access to case summary writers (Section II.G.5).

Permanency for Older Youth

DCF has made progress towards finding permanency for the 100 Longest Waiting Teens.

Over the last year, specific attention has been directed toward older youth waiting the longest for a permanent family. This project called the “100 Longest Waiting Teens” created Teen Recruitment Impact Teams and resulted in policy and practice change. Through the significant efforts of DYFS staff working in partnership with teens, slow and steady progress has been made in finding permanent homes for these children. As reflected in Figure 6 below, the majority of the 100 longest waiting youth are over the age of fifteen (72) and are African American (89).

Figure 6: Longest Waiting Teens by Race and Gender



Source: Longest Waiting Teens Mid-Year Report Based on 100 Longest Waiting Teens DCF Report, June 2008

DCF reports that since the inception of this work seven teens have finalized adoptions, three within the last reporting period. Another 10 youth placed in select adoptive homes are awaiting finalization, and three more were placed during the last reporting period. Six youth have plans for relative adoptive placement. These are significant strides given the often complex needs of

the youth who have endured the foster care system for long periods of their lives. Much work remains in finding permanent homes and in engaging youth to think about and be open to finding permanent lifelong connections. DCF reports that several youth (currently 8) require help becoming psychologically stable before pursuing an adoption plan and some other youth are pursuing Independent Living Programs by their own choice (9) or are remaining in their foster home placement even though the caregiver is unwilling to adopt (7).

VI. APPROPRIATE PLACEMENTS AND SERVICES FOR CHILDREN

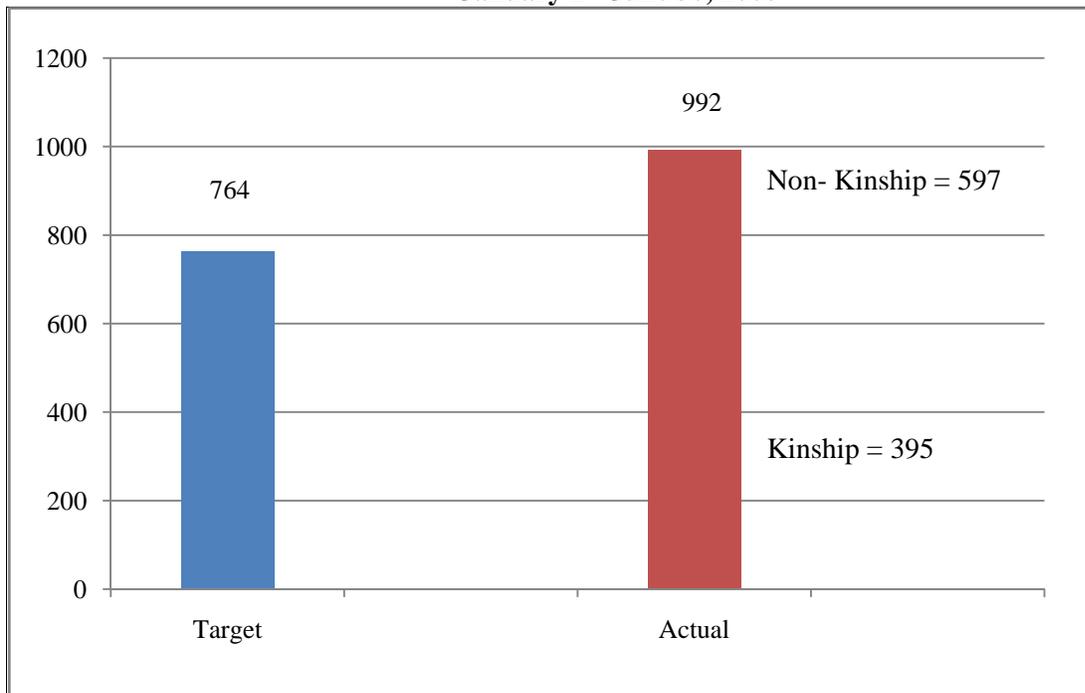
A. Resource Families

As previously reported, DCF made exceptional progress in recruitment and licensure of new resource families in 2007. (MSA Section II.H.11). DCF continued this impressive trend in the first half of 2008.

DCF recruited and licensed 992 new kin and non-kin Resource Families in the first six months of 2008, far exceeding its target of 764 families.

The State licensed a total of 992 new Resource Family homes during this period, more than two hundred homes above the target and had a net gain of 414 resource homes.³⁵

**Figure 7: Number of Newly Licensed Resource Family Homes
January 1 - June 30, 2008**

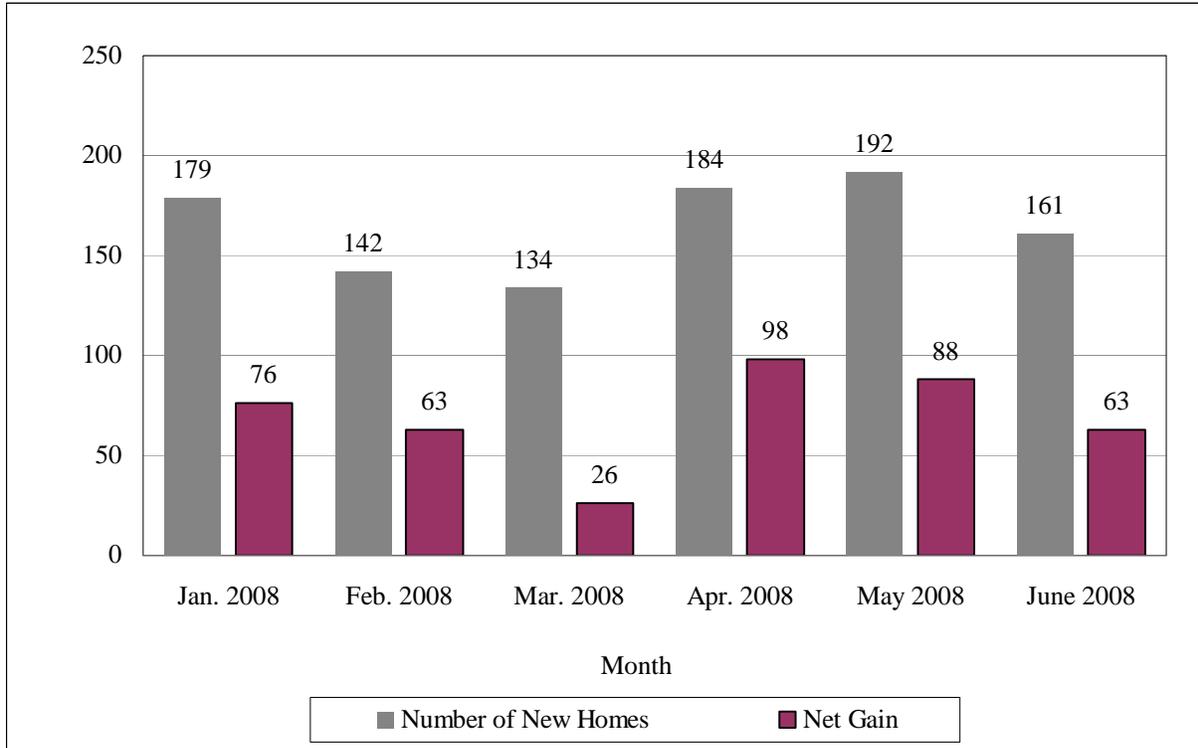


Source: New Jersey Department of Children and Families, Adoption Operations and Resource Families.

Figure 8 below provides data on the number of new kinship and non-kinship homes licensed each month and the net gain. As reflected in Figure 8 below, DCF achieved a net gain of 414 Resource Family homes in the first half of 2008. DCF licensed 992 homes in the past six months and closed 578 homes. Closures are expected and can occur for any number of reasons, including an adoption, a change in family circumstances, or a move out-of-state.

³⁵ Data on Resource Family homes must include an assessment of net gains in the number of licenses homes. A net gain is necessary to sustain DCF's goal to ensure there are sufficient family based settings in which to place children.

**Figure 8: Newly Licensed Resource Family Homes (Kinship and Non-Kinship)
and Net Gain
January – June 2008
Total Licensed=992; Net Gain=414**



Source: New Jersey Department of Children and Families, Adoption Operations and Resource Families.

In 2006 and 2007, MSA requirements focused exclusively on licensing of non-kin family homes. As detailed in the last Monitoring Report, in order to eliminate any disincentive to recruit and license kin family homes, beginning in 2008 DCF expanded its target setting to include both kin and non-kin homes. Including kinship homes into the target setting increased the number of newly licensed kinship homes in this monitoring period dramatically. Three hundred and ninety-five (40%) of the total number of licensed homes are kinship homes (see Table 8). In comparison, in 2007, 28 percent of the total number of the newly licensed homes were kinship homes.

**Table 8: Newly Licensed Kinship and Non-Kinship Resource Family Homes by Month
January – June 2008**

Month	Number of Newly Licensed Kin Resource Family homes	Number of Newly Licensed Non-Kin Resource Family homes	Total Licensed
January 2008	66	113	179
February 2008	52	90	142
March 2008	53	81	134
April 2008	70	114	184
May 2008	93	99	192
June 2008	61	100	161
Total	395	597	992

Source: New Jersey Department of Children and Families Adoption Operations and Resource Families.

DCF’s Resource Family Support and Resource Family Licensing units have achieved impressive results. The Monitor reviewed a random sample of approximately 20 percent of licensing files from December 2007 to June 2008 and verified reported DCF data. Strong leadership and thoughtful planning in this area appear to have made a significant difference in the recruiting and licensing of foster families in New Jersey.

The State made progress on timely processing of Resource Home applications but continues to face challenges to complete the licensing review process and make licensing decisions within 150 days.

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

In the past six months, the Impact Teams worked in nine field offices: Ocean South, Newark Center City, Hudson North, Hudson Central, Gloucester, Cumberland, Bergen South, Burlington West, and Monmouth North. Much of the work involves fostering better communication between field and licensing staff by encouraging regular conferencing of challenging cases. The Impact Teams were also involved in:

- Developing a new report that DYFS local office managers and Assistant Area directors receive monthly regarding pending resource family applications that need special attention;
- Developing a better communications loop from the field to the resource family central office staff;
- Coordinating enhanced training and coaching for supervisory and field staff on conducting home studies. 46 Resource Family supervisors and 106 Resource Family support staff participated in this training;
- Replacing less popular one-on-one orientation training sessions with group orientation sessions for potential foster families;
- Increasing from three to six the number of peer advocates. Peer advocates are foster parents from Foster and Adoptive Family Services (FAFS), an organization DYFS contracts with to assist, support and recruit foster parents;
- Assisting in the revision of existing Resource Family home licensing regulations.

Despite ongoing challenges, the Office of Licensing and Resource Families continues to promote better coordination and communication, which has contributed to the increasing number of applications licensed within 150 days. Over 300 resource family licensing and field staff participated in a three day workshop with a focus on better integrating the recruitment and licensing process. Topics included the 150 day licensing process, an introduction to the new Case Practice Model, the home study and inspection process, interviewing skills and customer service training. In meetings with DYFS local office staff, the Monitor was frequently told how communication between licensing and resource family field staff has improved markedly over the past year.

During the last monitoring period, 25 percent of applications begun in July 2007 were licensed within 150 days. As reflected in Table 9 below, from August 2007 to January 2008, performance improved and an average of 43 percent of resource family applications were resolved within 150 days.

**Table 9: Total Number of Resource Family Homes Resolved Within 150 Days
August 2007 - January 2008**

Month Applied	Total Applications	Applications Resolved in 150 Days	
	Number	Number	Percent
August 2007	290	136	47%
September 2007	259	104	40%
October 2007	269	103	38%
November 2007	207	90	43%
December 2007	225	100	44%
January 2008	275	124	45%
Total	1525	657	43%

Source: New Jersey Department of Children and Families Adoption Operations and Resource Families.

DCF reports that the challenges to completing the licensing process within 150 days fall into two categories. The first category relates to delays and challenges inherent in working with families that have their own personal timeframes and needs. Families often need additional time to make a decision as important as taking on the care of a foster child. Or, personal challenges arise that delay the process, such as an unexpected illness, job change or financial situation. Resource Family leadership report that staff is often caught between wanting to comply with the 150 day timeframe, and knowing a given family may need more time to become ready to foster a child.

The second category applies to challenges within the Department related to the workforce and the complexity of the home licensing task. New workers may need more time to become facile with the home study process, whereas experienced workers process applications faster. According to policy, the first 60 of the 150 day timeframe for licensing is devoted to field work, primarily conducted by the Resource Family Support Worker (RFSW) and his/her supervisor. By the ninety day mark, the field staff is supposed to send the application to the DYFS Office of Licensing to prepare for inspection and to resolve any violations. In focus groups, RFSWs suggested they frequently need more than the 90 days assigned to them to finish the home study packet before it goes to licensing for approval. The Monitor suggests an examination of policy to determine whether an increase in the number of days field staff has to complete the application coupled with a decrease in time allocated for OOL licensing staff is warranted as well as a detailed look at applications taking longer to identify barriers and to assess the 150 day timeframe.

DCF is exploring how other jurisdictions resolve the issue of licensure timeframes, and has requested continued dialogue with plaintiffs and the Monitor on this issue.

DCF launched its automated resource family tracking system but has encountered challenges.

In 2007, DCF invested in a new automated placement request matching system which identifies with specificity appropriate Resource Family homes for children coming into care as required by the MSA (Section II.H.9). Prior to the deployment of NJ SPIRIT, the Monitor observed the functionality of this tracking system and how staff could obtain names of open homes available for placement within minutes.

During the past six months, since NJ SPIRIT became operational, DCF has attempted to put resources into making this new tool accessible to its Resource Family home workers. DCF conducted 12 training sessions for resource family workers and supervisors, much of which related to use of the new tool. Half of the training day was devoted to class training, the other half to hands-on technical assistance. Additional training and review sessions were held to further explain how the system is intended to operate

Despite this effort, there remains inconsistent use of the automated system by DYFS local office staff. Site visits revealed a wide range of opinion as to how useful and how accurate the new tracking system is. In some cases, resource family facilitators were developing their own spreadsheets of available Resource Family homes in lieu of using the new database. One DYFS local office reported that the resource family support worker is notified of changes in placement status of Resource Family homes, but the facilitator who keeps the spreadsheet is not provided

with the same information. Since the new database was designed as a comprehensive tool for use statewide, the development of individualized locally produced data processes is of concern.³⁶ Given the potential this new tool has to significantly improve the timeliness with which a worker can identify available Resource Family homes for a child, all efforts should be made to ensure that the tool is used to its fullest capacity. The Monitor recommends that DCF resolve whatever challenges to implementation of the tracking system remain for staff so that they can take full advantage of this innovation.

DCF continues to strive to recruit large capacity Resource Family homes and to maintain the goals it set to keep children entering placement in their home counties.

Siblings

During the last monitoring period DCF did a needs assessment in each county to set annualized targets for Resource Family home recruitment (Section II. H. 13). The needs assessment identified keeping sibling groups together and placing children closer to their communities and schools as two top priorities to factor into the target setting calculations. The needs assessment identified that New Jersey needed more placement homes to accommodate sibling groups of 5 or more children. DCF set a target of 28 licensed homes with a capacity to serve 5 or more children by December 30, 2008. It placed particular emphasis on homes in Essex, Mercer, Monmouth and Ocean counties. As of the end of 2007, there were 16 such home statewide and thus a recruitment goal was set for an additional 12 large capacity homes for siblings.

To meet this target, DCF has developed specialized recruitment and support strategies – termed SIBS for “Siblings in Best Settings”-- to identify, recruit and license larger capacity homes. These strategies include a special means of identifying larger capacity homes in the resource family database to ensure that they are reserved for large sibling groups. As part of the strategy, DCF contracted with Adopt Us Kids National Resource Center to conduct two full day training sessions on the importance of keeping siblings together; approximately 140 staff were trained. DCF also approved an enhanced recruitment incentive, or “retainer fee” for large capacity Resource Family homes. Finally, the FAFS Peer-to-Peer staff and Area Office Resource Family Specialists have been charged to work with families willing to care for large sibling groups to help them succeed. DCF licensed five large capacity homes in this monitoring period, four of which were kin homes and one of which was non-kin.

While large capacity homes are always a need, staff in each site visit also reported a need for homes for youth of all ages, and particularly for pre-teens and teens. This is not a problem unique to New Jersey, but it should not be overlooked.

Geographic Alignment

The target setting process described above also involved a geographic analysis comparing capacity of Resource Family homes by county. Of the 21 counties, the State reports that 18 made

³⁶ For more information on this issue and other challenges to NJ SPIRIT, see pg. 37.

significant progress relative to need, 2 maintained and 1, Passaic County, fell below goals for recruiting and licensing new resource families.

Table 10 below indicates progress on the net number of Resource Family homes licensed by county.³⁷

**Table 10: Net Number of Resource Family Homes Licensed by County
January – June 2008**

County	Goal	Total Number of Resource Family Homes Licensed	Total Number of Resource Family Homes Closed	Net Gain
Atlantic	Maintain	34	32	2
Bergen	Small Increase	66	24	42
Burlington	Maintain	67	36	31
Camden	Small Increase	71	53	18
Cape May	Increase	18	12	6
Cumberland	Increase	33	14	19
Essex	Increase	166	83	83
Gloucester	Maintain	28	24	4
Hudson	Increase	52	19	33
Hunterdon	Maintain	8	9	-1
Mercer	Increase	53	22	31
Middlesex	Small Increase	56	18	38
Monmouth	Increase	45	35	10
Morris	Maintain	30	22	8
Ocean	Increase	67	48	19
Passaic	Small Increase	34	37	-3
Salem	Increase	12	8	4
Somerset	Maintain	34	19	15
Sussex	Maintain	21	11	10
Union	Small Increase	84	36	48
Warren	Maintain	13	16	-3
Total		992	578	414

Source: New Jersey Department of Children and Families

³⁷ See p. 44 Table 14 of Monitoring Report 3 in which the state lists each county and classifies them in three ways: (1) counties in which a significant net increase in available homes is needed labeled Increase, (2) counties which currently have adequate supply of homes but need improvement labeled Improve, and (3) counties that have an excess number of homes but will need to recruit and license more to accommodate turnover and attrition labeled Maintain. In Table 10, DCF has changed the label Improve to Small Increase.

DCF is particularly proud of Essex County, which increased its net by 83 homes. As seen in Table 10, three counties had a decrease in homes: Passaic (which had a goal to increase capacity) and Hunterdon and Warren which had maintenance goals. While the losses in those three counties were small, they will need to have net gains in the next period to maintain needed Resource Family home capacity.

DCF reports that an Impact Team will be focusing on Passaic County in the next monitoring period to help resource family staff meet the county's need for newly licensed resource families.

The State published new licensing regulations that are expected to become final by January 2009.

In June 2008 DCF proposed new regulations to address avoidable barriers to licensing Resource Family homes in New Jersey. The predominant modification in the new set of regulations addresses room size and space specifications for Resource Family homes. DCF's guidelines for room size and space had been adopted from the state's guidelines for new construction which were drafted in 1970. Since a significant portion of the housing stock in New Jersey was built before 1970, the standards were overly exclusionary and often inadvertently discriminated against potential kinship and family placements. In drafting its new regulations, DCF looked to other states' guidelines and adapted them to suit New Jersey's needs. The new regulations are responsive to input the Department received from many stakeholders and from its Resource Family staff.

DCF also updated other provisions in the regulations, such as the creation of the Department of Children and Families and the recognition of civil unions. The comment period for the new regulations ended in August 2008. Barring unanticipated complications, the State expects the new licensing regulations to become final by January 2009. They are expected to increase the Department's ability to license qualified kinship Resource Family homes.

Staff report that many immigrant families would be willing to become Resource Family homes but for their immigration status and the bar to licensure it presents. The Monitor recommends that DCF look to policy in other states to see if immigrant families could be considered for licensure.

DCF is appropriately using exception to population waivers

MSA Section III.C.1 sets limitations as to how many children can be placed in a Resource Family home at one time. The State can waive these requirements in appropriate circumstances in order to "allow a group of siblings to be placed together." The Monitor reviewed all 13 waivers awarded to Resource Family homes in this monitoring period. Of the 13 waivers, 10 were awarded in order to keep sibling groups together. Two were for children requiring homes which accept medically fragile children. Another waiver was awarded to temporarily place a Spanish-speaking autistic child in a home with parents who could speak his language. This small review may suggest the need for more Resource Family homes that accept medically fragile children, a sentiment often repeated by staff in DYFS local offices.

B. Shelters

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

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

DCF continues to experience difficulty in reporting on this requirement. DCF intends to use an automated process in NJ SPIRIT and Safe Measures to monitor shelter placements in the coming months. DCF will also be convening an internal working group comprised of staff from DYFS, DCBHS and the data analysis unit to review the placements not in compliance with the MSA requirements.

DCF reports that 451 youth over the age of 13 were placed in shelters during the monitoring period. Of the 451 youth, 358 (79%) were placed in shelters in compliance with the MSA. Due to data limitations, DCF is currently unable to report the length of stay of these youth in the shelter placements.

In the period of January to June 2008, DCF reports there were a total of five children statewide under the age of 13 who spent time in a shelter, less than .06 percent of the 7728 children under age 13 in out-of-home placement as of June 30, 2008. According to DCF, of the five children under age 13 placed in shelters, two were court ordered to be placed and the other three were short-term emergency placements. DCF is working with external stakeholders in Camden County to ensure compliance with the MSA’s shelter provisions and is looking more closely into the situations of three children who were placed in a shelter due to emergency.

C. Services and Supports for Youth

DCF continues efforts to improve frontline practice with older youth.

In an effort to integrate services currently available to adolescents and to leverage more resources, DYFS has reorganized adolescent services under an Assistant Director for Adolescent Practice and Permanency in Central Office. This director reports to the Deputy Director of Case Practice and Program Support. The Adolescent Practice and Permanency Unit (APPU), a part of this office, will work intensively with 5 DYFS local offices during the next monitoring period to analyze the needs of adolescents and the resources available through DYFS to support youth in achieving permanency and obtaining necessary skills to transition into adulthood. The Monitor will track the progress of this work over the next several months.

Currently, 13 DYFS local offices have designated workers to specialize in providing services to adolescents in DYFS custody. In the beginning stages, DYFS local office managers report that youth will be assigned to these units based on treatment needs, single status (i.e., entering into out-of-home care not part of a sibling group with young children), and age (with the focus on older teens and youth 18-21). Site visits confirm that Adolescent workers have a caseload of up to 15 youth and that these workers focus on finding permanent lifelong connections for youth in addition to providing independent living skills services. These workers were knowledgeable about the rights of youth ages 18-21 to continue to receive services from DYFS and informed the Monitor of the many ways they worked with older youth to convince them to remain in DYFS care. Such a dedicated group of workers appears necessary for this population as the Monitor has received reports from concerned community members that some youth are being persuaded, encouraged, and in some instances coerced to sign themselves out of DYFS custody upon their 18th birthday. Further, community members report that many DYFS workers have limited understanding of resources in the community available for older youth and do not regularly create transitional living plans for these youth. The Monitor supports DCF's efforts to improve adolescent practice and was impressed with the knowledge and quality of the few specialized adolescent workers met during site visits. Given that nationwide the outcomes for youth who transition out of foster care are so poor, the Monitor will continue to evaluate DCF's strategies to enhance independent living skills and find permanent families for older youth.

DCF is working to increase supports for youth ages 18-21.

Commendably, DCF continues to focus on expanding the number of youth 18-21 who receive services if they have not achieved permanency by age 18, and the range of supports available and provided to older youth. By policy as required under the MSA, youth ages 18-21 can continue to receive similar services available to them when they were under the age of 18. These services shall continue to be provided to them unless the youth formally requests that their case be closed (Section II.C.5).

For the period of January – June 2008, DCF reported the following:

- 521 youth ages 18-21 were receiving in-home services;
- 885 youth ages 18-21 were receiving out-of-home services, including Medicaid;
- 107 additional youth were enrolled in Chafee Medicaid;³⁸ and
- 443 youth received financial support during the 2007-2008 school year through the NJ Scholars Program.

DCF is employing several strategies to enhance adolescent practice through a partnership with Rutgers Child Advocacy Center.

Rutgers Institute for Families currently conducts training for local office staff on DYFS policy, youth development issues, and the importance of lifelong connections. Rutgers also conducts training for DYFS involved youth to assist them in advocating for themselves and networking

³⁸ In the next monitoring period, the Monitor intends to work with DCF to further look at Chafee Medicaid in relation to youth leaving custody between the ages of 18-21 to determine if every eligible youth is appropriately enrolled.

with other youth.³⁹ Finally, Rutgers is supporting the Youth Advisory Boards in each county (currently there are boards in 19 of the 21 counties in New Jersey). DCF reports that these boards currently provide feedback to DYFS on policy and practice issues such as reviewing the annual Chafee plan and participating in the Child and Family Services Review.

DYFS has reduced the use of congregate care for youth.

DCF is building its capacity to place youth with families, rather than group home settings. There were 1,552 youth (15% of the 10,390 youth in out-of-home placement) in congregate care in January 2007. Over a year later in March 2008, DCF reports 1,348 youth (14% of the 9,556 youth in out-of-home placement) in congregate care settings. The increase in independent living program beds and therapeutic foster homes has assisted in part in the reductions in the number and percentage of youth in congregate care settings.

DCF has increased the number of transitional living programs slots to 263, significantly more than the 18 required by the MSA, but still below the need for such programs identified in many communities.

In April 2007, DCF far exceeded the MSA June 2009 requirement to establish 18 beds available to youth transitioning out of the foster care system (Section II.C.11). DCF established 112 transitional living beds, and dedicated a handful of these beds to youth who identify as gay, lesbian, bisexual, transgender, and intersexual (GLBTI).

DCF has continued to increase services available to this population and now has a total of 263 transitional living program beds. These beds are located in apartments or buildings, some of which were built specifically to support transitioning youth. These programs offer services including case management, life skills, and employment readiness, and they have varying levels of available supervision. Table 11 below describes how many slots are available and the counties in which these services are located. Despite these important improvements, workers and supervisors during site visits uniformly described their frustration in the lack of services for youth who will be “aging out” of the foster care system. Workers described 6-8 month waits for transitional living services. Thus, this continuing commitment to expanding resources to youth transitioning out of foster care is much needed.

³⁹ Rutgers has a website, www.transitionsforyouth.org to assist in linking DYFS involved youth with available services and a supportive on-line community.

Table 11: Youth Transitional and Supported Housing Grants

County	Total No. of Contracted Program/Housing slots	No. of Slots Operational	Provider
Bergen	11	11	Bergen County CAP CAFS
Burlington	12	12	Crossroads The Children's Home
Camden	25	25	Center For Family Services Vision Quest
Cape May	4	4	CAPE Counseling
Essex	51	43	Covenant House, Corinthian Homes, Care Plus, Tri-City Peoples
Gloucester	30	30	Robin's Nest
Hudson	18	15	Catholic Charities, Volunteers of America
Mercer	24	4	Lifeties Anchorage
Middlesex	11	11	Middlesex Interfaith Partners with the Homeless (MIPH) Garden State Homes
Monmouth	24	24	IEP Catholic Charities Collier Services
Ocean	7	7	Ocean Harbor House
Passaic	24	24	Paterson Coalition NJ DC
Somerset	10	10	Somerset Home for Temporarily Displaced Children
Union	12	12	Community Access
Total:	263	232	14 Counties

Source: New Jersey Department of Children and Families, September 2008

DCF still needs to fully and meaningfully implement its GLBTQI plan.

MSA Section II.C.4 requires DCF to create and implement a plan that would support youth who identify as gay, lesbian, bisexual, transgender, questioning, or intersexual (GLBTQI). A preliminary plan was developed in 2007 with intentions by the State to refine and expand it as implementation proceeded. Since then, there has not been much focus or emphasis on implementation. Based on interviews with DCF leadership, DYFS caseworkers, external stakeholders and youth, the Monitor believes the plan is still under development and has yet to roll out to meaningfully affect youth. The Monitor recommends that implementation of plans to support GLBTQI be prioritized.

VII. MEETING THE MENTAL HEALTH AND HEALTH NEEDS OF CHILDREN

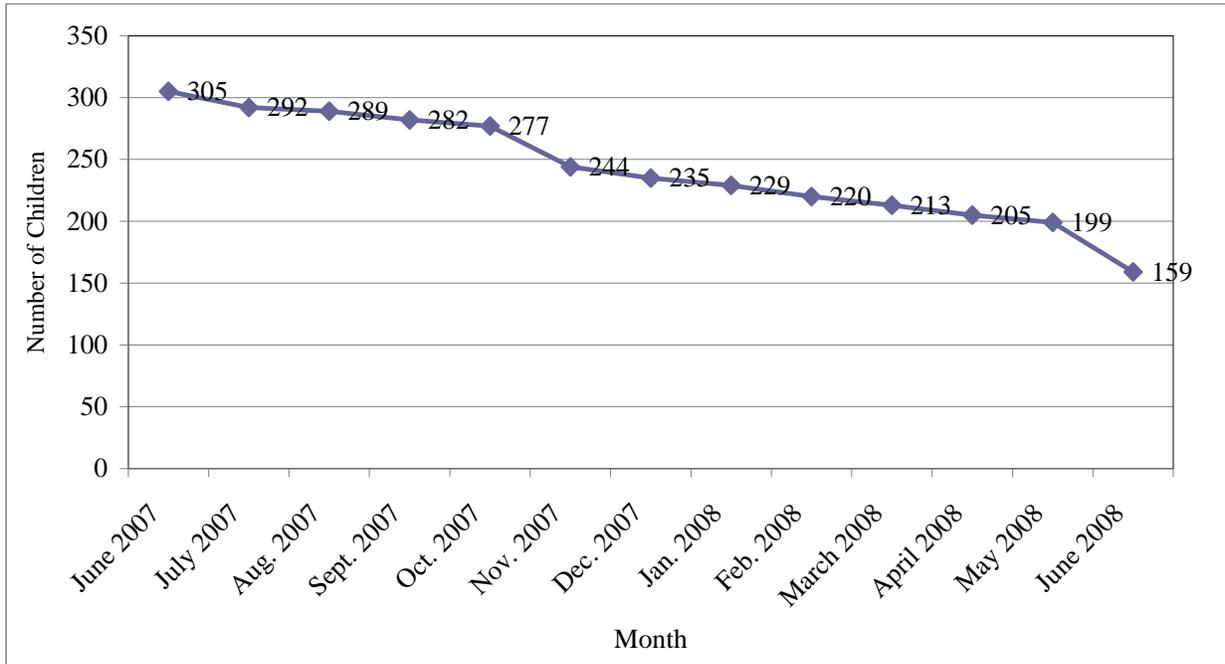
A. The Division of Child Behavioral Health Services continues to work on improving the behavioral health services and delivery system

Much of the work of the Division of Child Behavioral Health Services (DCBHS) during this monitoring period focused on a redistribution of existing resources and introduction and procurement of new, high quality resources for children and youth with mental and behavioral health needs. DCBHS continues its commitment to serve all children in New Jersey with an array of community-based resources focused on preventing out-of-home and out-of-state placements while appropriately meeting children's mental and behavioral health needs and is simultaneously focused on meeting needs for children and youth in DYFS custody.

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

Under the MSA, DCF, through DCBHS, is required to minimize the number of children in DYFS custody placed in out-of-state congregate care settings and work to transition these children back to New Jersey (Section II.D.2). As of June 2008, 159 children were placed out-of-state. This represents a 48 percent reduction from one year ago in June 2007 when 305 children were placed out-of-state for mental health treatment and a continued reduction since December 31, 2007, when 235 children were placed in out-of-state treatment facilities. DCBHS notes that the goal of case conferences to review the circumstances of each child placed out-of-state was not simply to reduce the number of children out-of-state but rather to focus on providing high quality, appropriate care for children and youth as close to their home communities as possible. DCBHS has now institutionalized the case conferencing process at the local DYFS office level through the implementation of standardized tools and coaching and mentoring of the 15 Team Leaders located in each area office. With technical assistance and monitoring from the central office, these staff persons facilitate a locally-driven process aimed at transitioning children home with appropriate local community supports. Figure 9 below illustrates the trend of out-of-state residential treatment placements from June 2007 to June 2008.

**Figure 9: Children in Out-of-State Placement
June 2007 – June 2008**



Source: DCBHS Administrative Data

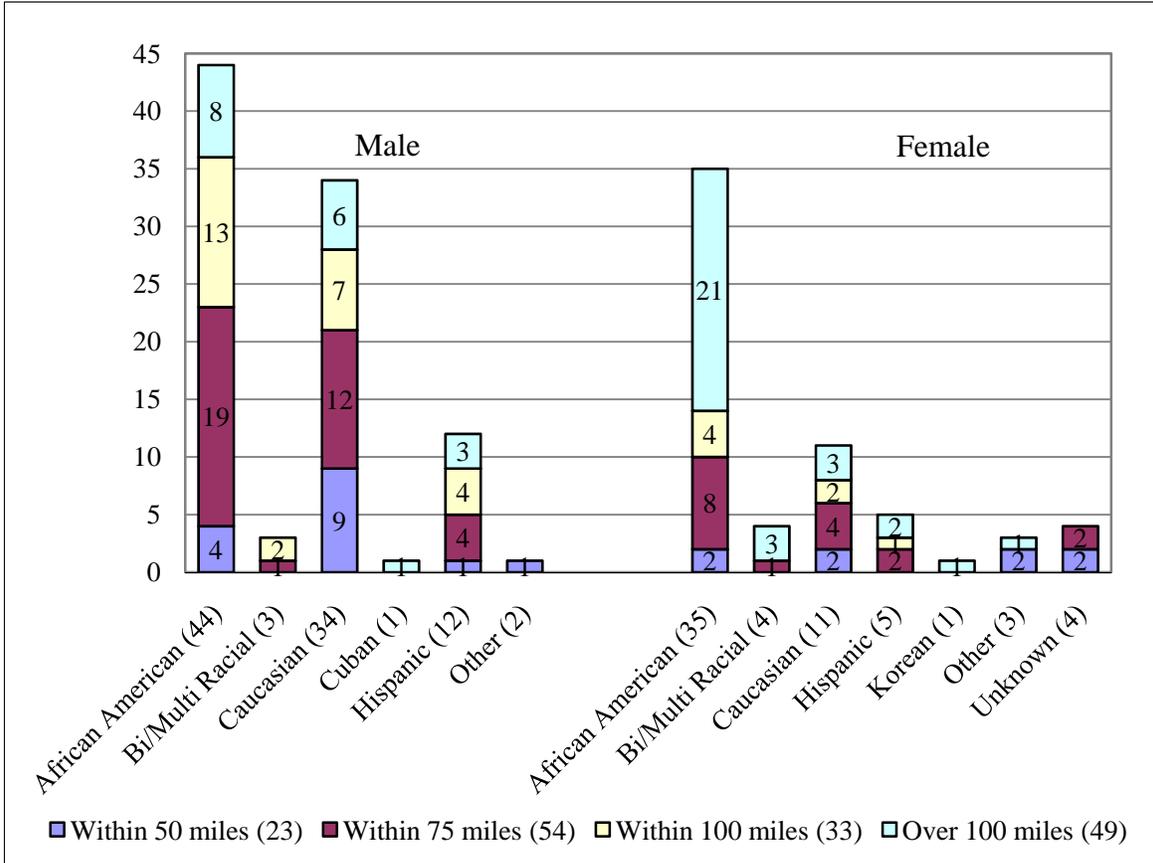
The Division continues to look closely at new authorizations for out-of-state placement to ensure that in-state resources have been fully considered. The Monitor has reviewed DCBHS data on requests for authorizations. The Division’s oversight effort has had a positive impact on reducing the number of out-of-state placements and has also provided the opportunity for the state to gather and analyze data to assess trends in children’s needs and inform efforts to strengthen local provider capacity. Table 12 shows the number of new out-of-state placements authorized for children and youth during this reporting period. Figure 10 provides demographic information on youth placed out-of-state.

**Table 12: Out-of-State Placement Authorizations by DCBHS
January 1 - June 30, 2008**

Month	Number of Authorizations for Youth in DYFS Custody (Total Number of Authorizations)
January 2008	2 (6)
February 2008	1 (5)
March 2008	3 (4)
April 2008	0 (2)
May 2008	2 (2)
June 2008	0
Total	8 (19)

Source: DCBHS

**Figure 10:
Youth Placed Out-of-State**



Source: DCBHS.

As previously reported, the ability to reduce new out-of-state placements and transition children to New Jersey has been made possible by continued expansion of residential treatment within the State. Table 13 below illustrates the present DCF/DCBHS commitments and status of specialty services beds.

Table 13: New Specialty Residential Capacity in New Jersey

	Date and Number of New Placements Available				Total
	June 2008	July 2008	August 2008	September 2008	
May 2007 awards ⁴⁰	75			18	93
March 2008 awards ⁴¹	12	4	5	34	55
Total	87	4	5	52	148

Source: DCBHS

⁴⁰ January 2007 RFP

⁴¹ November 2007 RFP

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

Under the MSA, no youth in DYFS custody should wait longer than 30 days in detention post-disposition for an appropriate placement (Section II.D.5). According to DCF, nine youth in DYFS custody, all male, were in detention and awaiting placement during this monitoring period. Eight of the youth were placed within 30 days: one was placed in a diagnostic facility, two were placed in treatment homes, and six were placed in specialized group homes. The stay of one of the youth exceeded the 30 day requirement; he was not placed until 42 days post-disposition. The nine youth ranged in age from 14 to 17. Table 14 below provides information on the length of time each of these youth waited for placement.

**Table 14:
Youth in DYFS Custody in Juvenile
Detention Post-Disposition Awaiting Placement
(January 1 - June 30, 2008)**

Length of Time in Detention Post Disposition	Number of Youth
0-15 Days	0
16-30 Days	8
Over 30 Days	1
Total	9

Source: DCF, August 2008 DCBHS Summary Update.

For the one youth whose stay exceeded the 30 day requirement, the staff responsible for ensuring timely transfers of youth in DYFS custody from detention centers did not receive notification of his placement in detention until after the 30-day timeframe. According to DCF, none of the three automated tracking systems in place reported on this youth. DCF and DCBHS have taken steps to address the concerns that the tracking system failure raises including retraining youth case management (YCM) staff, court liaisons and DCBHS case managers; facilitating of weekly communication and monthly meetings between DYFS court liaisons and the YCM; and obtaining the Administrative Office of the Courts' (AOC) commitment to ensure its tracking system is updated in a timely manner with weekly monitoring by the AOC's Assistant Director of the Family Practice Division.

DCBHS has added evidence-based treatment services and increased the pool of in-community treatment providers for children and youth

DCBHS is funding Multi-Systemic Therapy (MST) and Functional Family Therapy (FFT), two intensive clinical interventions with proven efficacy in serving youth presenting with a range of behavioral challenges. See Table 15 below for provider information, counties served, and the anticipated number of youth to be served. MST providers hosted local "kick-off" meetings to introduce their organization and the service model to key community decision-makers. DCBHS also facilitated meetings to introduce MST services to stakeholders in the respective communities. FFT providers are also hosting kick-off meetings as a way of introducing the new service to the community.

**Table 15:
Functional Family Therapy (FFT) and Multi-Systemic Therapy (MST) Providers**

Provider	Program	County	Anticipated Implementation	Service Capacity	Average Length of Service
Robin's Nest	FFT	Cumberland	October 2008	132	3-4 months
		Gloucester			
		Salem			
University Behavioral HealthCare	FFT	Middlesex Expanding to parts of Union and Somerset	September 2008	100	3-4 months
Community Treatment Solutions	FFT	Burlington	October 2008	80-100	3 months
Cape Counseling	FFT	Atlantic	October 2008	126	4 months
		Cape May			
Mercer Street Friends	FFT	Mercer	October 2008	120	4 months
Center for Family Services	MST	Camden	September 2008	60-75	3-5 months
Community Solutions	MST	Hudson	October 2008	60-75	4 months
		Essex		60-75	
Total				663-728	

Source: DCBHS

In January 2008 DCBHS lifted the moratorium on certifying new agencies, medical/mental health practices, or individuals seeking to become enrolled by Medicaid as providers of Intensive In-Community Mental Health Rehabilitative Services for children, youth and young adults. The Division strongly encouraged bilingual and/or bicultural providers to respond. As a result, DCBHS reports that many new providers demonstrated fluency in Arabic and Creole and demonstrated skills in treating GLBTQI youth and trauma issues. The following gains were made:

- Cumberland county: 18 new providers; four are fluent in Spanish
- Gloucester county: 22 new providers; four are fluent in Spanish
- Atlantic county: 20 new providers; three are fluent in Spanish
- Passaic county: 35 new providers; 19 are fluent in Spanish.

An improved Contracted System Administrator for DCBHS services is now targeted for Implementation in September 2009.

Originally anticipated for implementation by May 2009 with RFP and award dates in March 2008 and November 2008 respectively, DCF/DCBHS now expects implementation of a Contracted System Administrator (CSA) in early September 2009 based on contract terms which will be informed by an RFP to be issued in early October 2008. The CSA functions as a common single point of entry for all children, youth and young adults accessing behavioral and mental health services from DCF. The CSA also authorizes, tracks, and aids in coordinating care for children, youth and young adults in manners consistent with the System of Care philosophy which aligns with DCF's practice model.⁴² Currently Value Options is the CSA and their contract is extended in the interim. The RFP is informed by public forums and stakeholder meetings conducted by DCF. Remodeling of the CSA will require developing and maintaining a DYFS-dedicated unit whose business rules will be consistent with the specific needs of the child protection system. DCF anticipates that modifying the CSA role will be a massive undertaking requiring significant work throughout DCBHS and DCF. This transition is one of the largest challenges facing DCF in the near term.

B. Health Care

DCF continues its efforts to build a health care delivery system for children in placement.

DCF is challenged to redesign the delivery system and increase the quality of health care services to children in youth in out-of-home care in accordance with MSA (Section II.F.8). Under the MSA, the State is required to provide all children entering out-of-home care with comprehensive medical care. Services the State has committed to provide include:

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

Over a year ago in May 2007, DCF released their Coordinated Health Care Plan for Children in Out-of-Home Placement. This plan outlined the current obstacles to accessing quality health care services for children in temporary out-of-home placement and presented DCF's new model for the provision of health care for these children. To summarize, this plan called for new Child Health Units to be built in each DYFS local office; pre-placement assessments to be provided in non-emergency settings; and modifications to the manner in which Comprehensive Medical Examinations (CMEs) are delivered. Additionally, the plan clarified the use of Regional

⁴² See www.state.nj.us/def/about/case/index.html.

Diagnostic Treatment Centers (RDTCs).⁴³ In assessing the development of a functioning health care system for children in placement, the MSA obligations and the commitment in the health plan have both been monitored.

During the last year, the State has made significant strides in planning for and building Child Health Units and increasing providers for CMEs. Pre-placement assessments are now regularly conducted in non-emergency room settings for the vast majority of children entering out-of-home placements. In partnership with the Francois Xavier Bagnoud Center (FXB) located within the University of Medicine and Dentistry of New Jersey, nearly 4,100 children's records have been reviewed to ascertain their current health status. This is significant progress.

However, much critical work remains in building the infrastructure necessary to the delivery of timely and quality health care to children in DYFS custody. Most Child Health Units are not yet fully staffed due to the nursing shortage and other hiring barriers. The State continues to struggle to connect children and youth with dentists who will accept Medicaid reimbursement rates. And, in general, the State must still work to develop data systems that can efficiently and accurately capture health care data and relay this data to workers, caregivers and youth. DCF must be able to quickly compile and analyze individual information to present to managers, administrators, the Monitor, and the general public.

As previously reported in the October 2007 Monitoring report, the DCF Child Health Unit staff conducted two studies of DYFS and Medicaid data to assess the current status of health care delivery and inform the setting of health care baselines and targets.⁴⁴ The studies were of a small, but significant sample size. Based on this information and after discussions with the Monitor, health care baselines and targets were agreed upon. June 2008 is the date of the first benchmark on these outcomes.

⁴³ For additional information on this plan, see New Jersey Department of Children and Families, Coordinated Health Care Plan for Children in Out-of-Home Placement, May 22, 2007.

http://www.nj.gov/dcf/DCFHealthCarePlan_5.22.07.pdf .

⁴⁴ See *Progress of the New Jersey Department of Children and Families: Period II Monitoring Report for Charlie and Nadine H. v. Corzine, January 1, 2007 through June 30, 2007*. Washington, DC: Center for the Study of Social Policy. October 26, 2007.

**Table 16: Health Care Baseline, Target and Actual
(June 2007 - June 2008)**

Indicator	Baseline as of June 2007	June 2008 Benchmark	June 2008 Actual
1. 75% of pre-placement exams completed in a non-emergency room setting	90%	95%	91%
2. 75% of children received comprehensive medical exams completed within 60 days of child's entry into care	75%	75%	344 of 1282 (27%) statewide (January-April 2008) 118 of 154 (77%) of children in fully staffed health units
3. Medical examinations in compliance with EPSDT guidelines for children in care for one year or more	75%	75%	No Data Available Statewide 151 of 157 (96%) of children in fully staffed health units
4. Semi-annual dental examinations for children ages 3 and older in care 6 months or more	Annual 60% Semi-Annual 33%	Annual 60% Semi-Annual Benchmark not set	Annual No Data Available Statewide 77 of 95 (81%) of children in fully staffed health units No Data Available for Semi-Annual Exams
5. Mental health assessments for children with a suspected mental health need	Not Set	75%	No Data Available
6. Receipt of timely accessible and appropriate follow-up care and treatment to meet health care and mental health needs	Not Set	60%	No Data Available
7. Children are current with immunizations	Not Set		No Data Available Statewide 149 of 157 (95%) of children in fully staffed health units
8. Children's caregivers receive an up-to-date health passport within 5 days of placement	Not Set		Data will be collected through an upcoming survey of foster parents

Source: June 2008 data compiled by DCF Central Office Health Unit.

As Table 16 above reflects, much of the health care data is currently not available from DCF. On a statewide basis, DCF did not have the capacity to collect, analyze and report out on the data in time for this monitoring report. Currently, health care data are collected and analyzed in a variety of laborious ways. For example, information about pre-placement exams are collected by hand in DYFS local offices and then sent to the DCF Central Office which verifies the data by comparing data on children entering out-of-home care and the data presented by the local office. Central Office staff is working with Safe Measures to design screens that will lift medical data from NJ SPIRIT so that the State can better track outcomes.

Much work remains to be done in building and improving the health care system for children in out-of-home placement. Having said this, the data are very encouraging from the four counties with well developed Child Health Units where nurses have actively managed the health care for children in out-of-home placement for at least three months.

The Child Health Units are a promising development, although DCF is encountering several challenges in fully staffing these units.

DYFS local offices are in the process of building Child Health Units. These units consist of a clinical nurse coordinator, health care case managers, and staff assistants. A regional nurse administrator supervises each local unit. Under a Memorandum of Understanding (MOU) that began on July 1, 2007, DCF and FXB worked collaboratively to hire appropriate nurses and staff assistants. When fully staffed, there will be 47 clinical nurse coordinators (for the 47 DYFS local offices) and 12 regional nurse administrators (corresponding to the 12 Area Offices). As of August 2008, 8 of the 12 regional nurse administrators' positions and 24 of the 47 Clinical Nurse Coordinator positions were filled.

Nurses, who are health care case managers, will be responsible for conducting pre-placement exams and case managing the health care of 50 children each. These nurses are responsible for coordinating and tracking the health care services of children in out-of-home placement including ensuring that children receive a CME, EPSDT examinations as required, and semi-annual dental exams for children aged 3 and older. Additional responsibilities include: participating in Family Team Meetings, recording medical information on a child's health care forms, and otherwise providing medical consultation to the DYFS local office. As nurses are hired, many participate in reviewing case files for the FXB health care audit.

Staff assistants are responsible for collecting medical records, searching databases for histories of immunizations, and scheduling medical and mental health evaluations for children placed in out-of-home care. DYFS local offices are allocated one staff assistant per 100 children in out-of-home placement. Table 17 below shows the progress made toward staffing these health units. The table reflects staffing on a county basis, but not a local office basis. Most DYFS local offices will have a Child Health Unit on site, however, some counties, due to space issues, will house their Child Health Units in a single DYFS local office. For example, in Gloucester, the Child Health Units will only be located in the Gloucester East local office. However, DCF reports the each local office currently has access to at least one nurse and at least one staff assistant.

**Table 17: Child Health Unit Staffing
(December 31, 2007 - August 14, 2008)**

County	Health Care Case Managers (HCCM)				Staff Assistants (SA)			
	As of 12/31/07	As of 8/14/08	Target	% Filled	As of 12/31/07	As of 8/14/08	Target	% Filled
Atlantic	3	3	8	38%	1	2	4	50%
Bergen	1	4	10	40%	5	5	5	100%
Burlington	2	4	10	40%	0	3	5	60%
Camden	4	5	20	25%	0	5	9	56%
Cape May	2	2	5	40%	0	0	2	0%
Cumberland	2	2	10	20%	0	3	4	75%
Essex	0	6	51	12%	7	20	29	69%
Gloucester	1	1	7	14%	0	4	4	100%
Hudson	1	3	18	17%	2	8	9	89%
Hunterdon	0	2	2	100%	0	1	1	100%
Mercer	1	1	12	8%	0	2	5	40%
Middlesex	2	6	15	40%	0	5	7	71%
Monmouth	0	3	13	23%	0	1	7	14%
Morris	1	3	5	60%	2	4	4	100%
Ocean	0	2	14	14%	0	2	7	29%
Passaic	2	6	11	55%	4	5	5	100%
Salem	1	3	5	60%	0	1	2	50%
Somerset	0	1	3	33%	0	1	2	50%
Sussex	0	1	2	50%	1	2	2	100%
Union	0	1	19	5%	1	4	8	50%
Warren	1	3	3	100%	0	1	2	50%
Total	24	62	243	26%	23	79	123	64%

Source: DCF, August 15, 2008

Sussex, Hunterdon, Bergen and Passaic counties have Child Health Units that are the most developed. All staff assistant positions are filled and it is anticipated that the nursing positions will be filled by the end of the year. Looking statewide, DCF and FXB are much further along in hiring staff assistants than in hiring nurses and expect to have all positions filled by the end of 2008. Completing the hiring of nurses has proved to be more challenging. Once hired, the background checks required by FXB and DYFS have often resulted in a three month lag between

a nurse's hiring date and start date. Further, FXB currently recruits for nurses with significant pediatric and public health experience. According to FXB and DCF, the pool of available nurses who meet these criteria is limited. Over the last few months, DCF's Central Office health staff has worked with FXB to identify and alleviate these barriers. DCF and FXB are now conducting simultaneous background checks and together DCF and FXB have explored expanding recruitment efforts and the criteria for nurses. DCF reports that these issues have largely been resolved and should result in more expeditious hiring going forward.

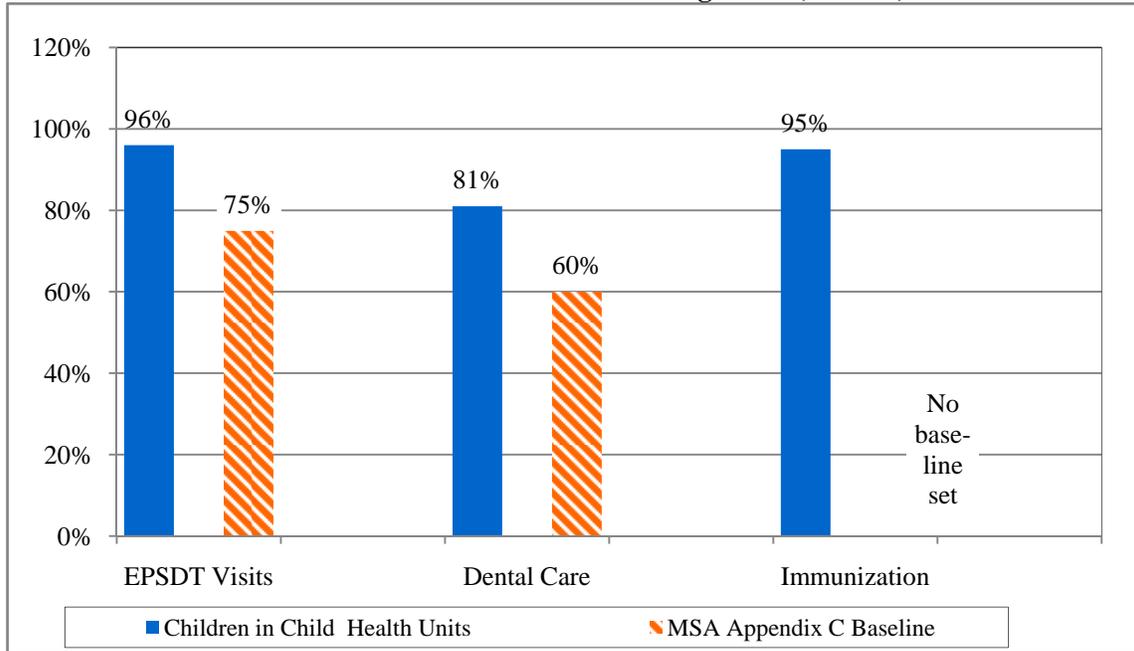
During the last year, FXB staff has conducted health audits to determine the existing health care needs of children in out-of-home placement. For these audits, nurses review each child's DYFS case record, Medicaid claims information and immunization history to assign a child/patient acuity level.⁴⁵ Over 4,100 children have had their records reviewed and have received an acuity rating. As is the case nationally, the review of these 4,100 children has found that the majority of children entering into out-of-home placement have multiple, significant health needs, thus, reinforcing the urgency of coordinating their health care. In addition to measuring the acuity level of children, the audit's original intention was to help FXB and the local nurses understand how best to staff each office. However, it appears that FXB and DCF are primarily focusing on fully staffing each office using a ratio of one nurse for every 50 children in out-of-home care before creating any variations based on the acuity level.

The Child Health Unit model is very promising. Preliminary data, as shown in Figure 11 below, document improvements in children's access to health care services in the four counties with well developed health units. Further, it was obvious during site visits that nurses had a strong knowledge of available health care services in the local community and were excited about working in partnership with DYFS to meet the health care needs of children.

As previously noted, DCF currently collects and verifies medical information for children in out-of-home placements through laborious hand counts. DCF's legacy systems did not track this information and DCF is transitioning the data to NJ SPIRIT. Because of this, DCF is unable to provide statewide information for this monitoring period about the following: medical examinations conducted in accordance with EPSDT guidelines, and semi-annual dental exams. Further, DCF and the Monitor are coming to agreement on the qualitative measures necessary to adequately evaluate the mental health assessments and follow up care for children in out-of-home placement. In the meantime, DCF did provide the following information regarding the health status of children in the four counties with well-developed Child Health Units.

⁴⁵ For more information, see *Progress of the New Jersey Department of Children and Families: Period III Monitoring Report for Charlie and Nadine H. v. Corzine*, July 1 - December 31, 2007. Washington, D.C.: Center for the Study of Social Policy, April 16, 2008.

**Figure 11:
Select Children’s Initial Health Status and Status After Receiving
3 Months of Health Care Case Management (HCCM)**



Source:

As data capacity builds and medical information is regularly entered into NJ SPIRIT, it is anticipated that DCF will be able to report data on health care performance outcomes more regularly. The Monitor will conduct periodic case record reviews to verify health data.

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

Under the MSA, all children entering out-of-home placement are required to have a pre-placement assessment. Beginning in June 2008, 95 percent of these children must have pre-placement assessments in a setting that is not an emergency room (Section II.F.7 and agreed upon benchmarks). DCF fell slightly short of the 95 percent benchmark with 91 percent of children in June 2008 receiving pre-placement assessments in non-emergency settings. In site visits, caseworkers and supervisors reported regularly using nurses to conduct pre-placement assessments of children and also discussed using children’s own pediatricians or other community based providers for these assessments. However, challenges still remain in accessing providers for pre-placement assessments after regular business hours. Further, for adolescents who are removed and will be placed in a residential treatment facility, a doctor is required by these facilities to perform a pre-placement assessment. As the Child Health Units are staffed, reportedly nurses in some offices will rotate being “on call” to provide after hours assessments. The challenge with adolescents entering residential facilities remains. According to the State, the Office of Child Health Services reviews the circumstances surrounding each pre-placement assessment that occurs in an emergency room to ensure that it is warranted, such as when there is a need for emergent medical treatment or when the child is already in the emergency room.

**Table 18: Pre-Placement Assessments
(January – June 2008)**

Month	Number of Children Entering Care	Pre-Placement Assessment Completed	Percent	Percent Completed in non-Emergency Room Settings
January 2008	308	308	100%	86%
February 2008	382	382	100%	87%
March 2008	372	372	100%	94%
April 2008	406	405	100%	88%
May 2008	374	374	100%	90%
June 2008	407	407	100%	91%
Total	2,249	2,248	100%	89%

Source: DCF, August 15, 2008

DCF still has much work to improve the access of Comprehensive Medical Examinations for children placed out of their homes.

Children entering out-of-home placement must receive a Comprehensive Medical Examination (CME) within 60 days of entering placement (MSA, Section II.F.2.ii). Previously, the State relied on the Comprehensive Health Evaluation for Children (CHEC) model as the only vehicle to comprehensively assess the health care needs of these children. In short, CHEC examinations require a three part examination—medical, neurodevelopmental, and mental health assessments—and in most instances occur on a single day. CHEC examinations still take place in counties with access to CHEC facilities. However, in accordance with the MSA and the new Coordinated Health Care Plan for Children in Out-of-Home Placement many children are now receiving Comprehensive Medical Examinations not through a CHEC provider, but through other community based medical providers, in some instances their own pediatricians. The Comprehensive Medical Examinations differ from a CHEC in that CME health examinations require a comprehensive physical as well as an initial mental health screening. Should a child be found to have a mental health need, a full mental health evaluation will then be conducted. There is some community concern that there needs to be additional work with CME providers around the content of the examination and particularly, the quality of the mental health screening component.

In December 2007, six new agencies were brought on board to provide comprehensive health examinations through a Request for Proposals process. By April 1, 2008, contracts were in place for these providers who cover Middlesex, Monmouth, Morris, and Union Counties. Since that time, an additional nine providers have been brought on board (six have contracts in place). These providers will cover Burlington, Essex, Camden and Mercer. Two are mental health providers located in Monmouth and Bergen Counties.

Stakeholders continue to voice concern that the new CME model creates a bifurcated system of medical and mental health assessment. Specifically, their concern is that mental health needs can go unaddressed and that children in need of evaluation will not receive these services and the potential insights mental health providers can provide to workers, parents, foster parents and youth will be lost. The CME mental health screen relies on a self-reporting instrument and on the medical provider to recognize the unique needs of children entering foster care. This is an issue of concern to the Monitor and will be an area of further qualitative examination.

Data show that between January 1 and April 20, 2008, only 27 percent of eligible children statewide (344 of 1,282 children) received a CME within 60 days. DCF did not have information regarding how many of the CMEs were provided by a CHEC provider. In the four counties that are further along in the development of Child Health Units, children fared significantly better with success in obtaining a CME, ranging from 44 percent to 100 percent compliance (see Table 19 below).

Table 19: Comprehensive Medical Examinations for Children Entering Out-of-Home Placement in Four Counties with Well-Developed Child Health Units⁴⁶

Local Office	Number of Children Entering Placement	Children who Received a CME within 60 Days of Entering Placement		Number of Children who Received a CME within 90 Days of Entering Placement	Cumulative Percent
		Number	Percent		
Bergen Central	27	12	44%	9	78%
Bergen South	25	19	76%	4	92%
Hunterdon	2	2	100%	0	100%
Passaic Central	56	46	82%	7	95%
Passaic North	28	23	82%	3	93%
Sussex	16	16	100%	0	100%
Total	154	118	77%	23	92%

Source: DCF, August 15, 2008

⁴⁶ Due to the 60-day time period to complete the CME, this table reflects children entering care between January 1, 2008 and April 30, 2008, who remained in care 30 days or more.

The Medical Passport is designed and available, but not yet fully operational in NJ SPIRIT.

Under the MSA, all children entering out-home home placement are to have a Medical Passport created for them. This Passport will gather all relevant medical information in a single place and be made available to foster parents, children (if old enough) and their parents. The Child Health Unit nurses are responsible for ensuring that the Passports are created, given to children, families, and providers, and updated regularly. The original intention was that the medical information would be entered into NJ SPIRIT by the nurses, and then exported to a “passport” form. Items included in the Passport should be: medication of child, immunizations, hospitalizations, chronic health issues, practitioners and contact information, key mental health and developmental milestones, last EPSDT, dental information, and any special transportation needs. According to DCF, nurses are not yet entering this information into NJ SPIRIT, but rather nurses record information in the Medical Passport form (a Microsoft Word™ document) which is saved in a folder on the DYFS local office public drive so that the information can be accessible to the case workers. Longer term, the plan is for nurses to enter the relevant information into NJ SPIRIT and NJ SPIRIT will be modified to generate the Medical Passport.

Regional Diagnostic Treatment Centers (RDTCs) continue to provide a valuable service to DCF.

Currently, DCF works with four Regional Diagnostic and Treatment Centers (RDTCs) and one satellite office to assist in the evaluation of children who are or may have been victims of physical, sexual or emotional abuse or severe neglect. Historically, many children who require RDTC services were not seen. DCF believes that the reason for this gap in service is due to inappropriate referrals of children to RDTCs and high cancellation and “no show” rates for appointments. In May 2007, DCF issued new referral protocols to help prioritize and target RDTC services to youth most in need. Most offices are also now equipped with staff assistants who help with coordinate filling spots for canceled appointments and remind responsible adults of the RDTC appointment. To date, no formal assessment has been conducted to evaluate the effectiveness of the protocol and the staff assistants in enhancing efficiency.

DCF hired a psychiatrist.

DCF has hired a psychiatrist, Dr. Mary Frances Beirne, to assist DCF leadership and frontline staff understand and address the behavioral and mental health needs of children and youth who come into contact with DYFS and/or DCBHS. The new psychiatrist will have broad responsibilities for assisting in the implementation of the new coordinated health care plan and reforms efforts within DCBHS. Additionally, as part of her duties, the psychiatrist will provide clinical consultation to frontline staff, particularly consulting on psychiatric diagnosis and psychotropic medication.

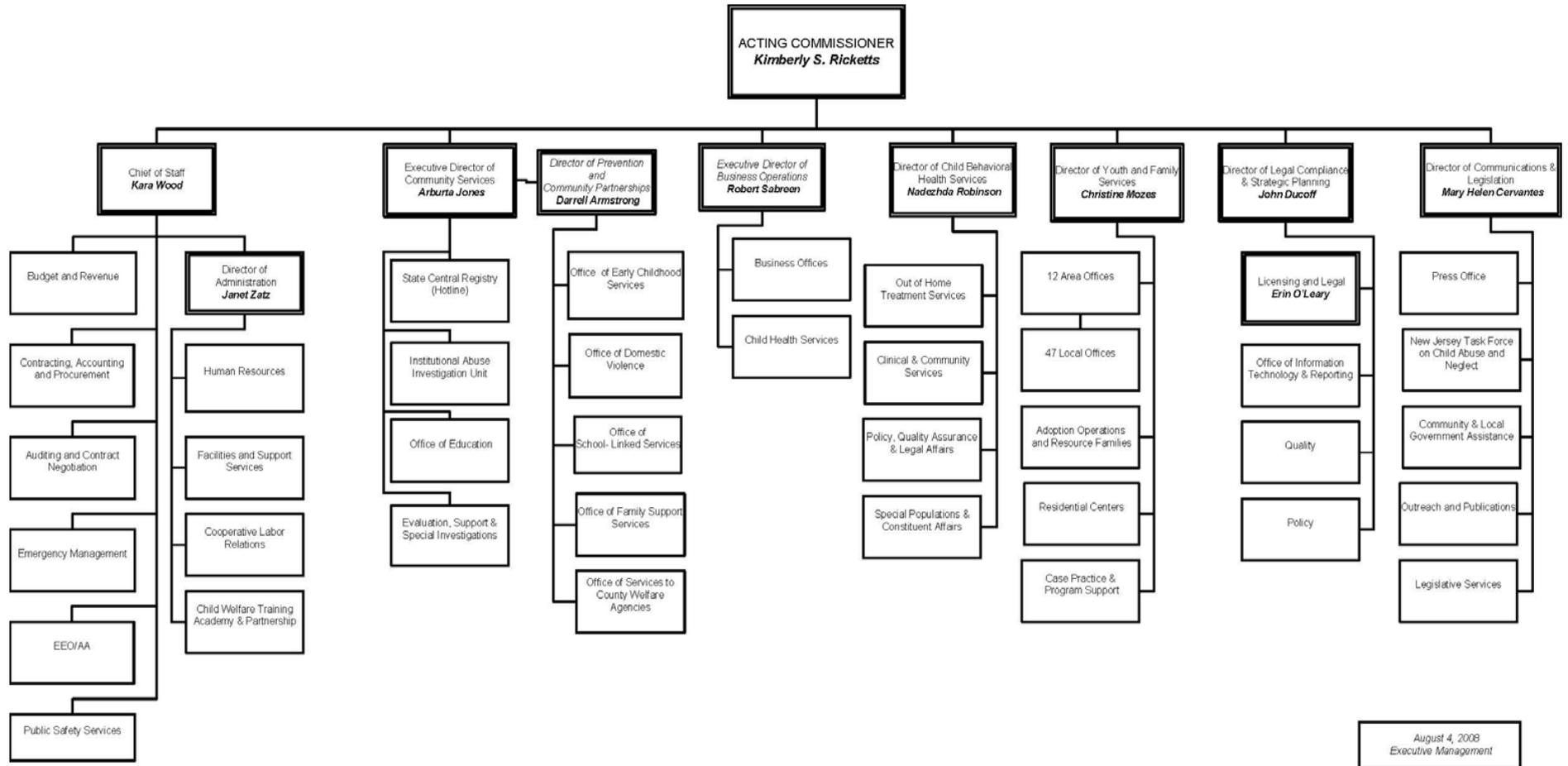
Dental care

As of January 1, 2008, the state of New Jersey increased Medicaid fee-for-service reimbursement rates for dentist from \$18.02 per exam to \$64 per exam. Additionally, the State increased all fee-for-service rates for dental procedures for children under the age of 20. Since January, 52 new dentists have been enrolled in Medicaid fee-for-service. Reportedly, Medicaid expects this investment to translate to rate increases for dentists within its Medicaid Health Maintenance Organization (HMO) networks. Approximately 85 percent of the children in DYFS custody are enrolled in Medicaid HMO, thus expansion of dental services in these networks is urgently needed. DCF reports that the five Medicaid HMOs have increased the number of dentists in their networks as a result of aggressive recruitment efforts.

APPENDIX A:

**New Jersey Department of Children and Families
Table of Organization**

**APPENDIX A:
DEPARTMENT OF CHILDREN AND FAMILIES TABLE OF ORGANIZATION**



August 4, 2009
Executive Management

APPENDIX B
Caseload Data – June 2008

Table B1: Permanency

Table B2: Intake

Table B3: DYFS Supervisor/Caseload Carrying Staff Ratios

Table B4: Adoption

Table B5: Caseload Compliance

Table B6: IAIU

**APPENDIX B:
Caseload Data**

Table B1: Caseloads - Permanency (June 2008)

<i>Local Office</i>	<i>Number of Permanency Workers</i>	<i>Families</i>	<i>Average Number of Families (Std = 15)</i>	<i>Children Placed</i>	<i>Average Number of Children Placed (Std=10)</i>	<i>Office Meets Criteria</i>
Atlantic East	22	186	8	106	5	Yes
Atlantic West	15	198	13	63	4	Yes
Bergen Central	23	272	12	81	4	Yes
Bergen South	34	417	12	137	4	Yes
Burlington East	35	324	9	142	4	Yes
Burlington West	28	228	8	86	3	Yes
Camden Central	34	359	11	122	4	Yes
Camden East	48	403	8	133	3	Yes
Camden North	38	351	9	124	3	Yes
Camden South	35	351	10	121	3	Yes
Cape May	23	271	12	95	4	Yes
Cumberland East	11	131	12	74	7	Yes
Cumberland West	26	290	11	119	5	Yes
Essex Central	47	355	8	246	5	Yes
Essex North	30	264	9	58	2	Yes
Essex South	28	231	8	107	4	Yes
Gloucester East	22	217	10	103	5	Yes
Gloucester West	21	250	12	92	4	Yes
Hudson Central	26	348	13	173	7	Yes
Hudson North	24	390	16	126	5	No
Hudson South	25	311	12	154	6	Yes
Hudson West	18	180	10	73	4	Yes
Hunterdon	8	80	10	19	2	Yes
Mercer North	29	272	9	188	6	Yes
Mercer South	33	302	9	132	4	Yes
Middlesex Central	15	209	14	75	5	Yes
Middlesex Coastal	57	481	8	164	3	Yes
Middlesex West	46	361	8	137	3	Yes
Monmouth North	33	344	10	210	6	Yes
Monmouth South	26	206	8	131	5	Yes
Morris East	11	108	10	34	3	Yes
Morris West	17	198	12	67	4	Yes
Newark Center City	52	556	11	244	5	Yes
Newark Northeast	57	347	6	256	4	Yes
Newark South	56	508	9	190	3	Yes
Ocean North	44	425	10	253	6	Yes

Table B1: Caseloads - Permanency (June 2008)

<i>Local Office</i>	<i>Number of Permanency Workers</i>	<i>Families</i>	<i>Average Number of Families (Std = 15)</i>	<i>Children Placed</i>	<i>Average Number of Children Placed (Std=10)</i>	<i>Office Meets Criteria</i>
Ocean South	32	378	12	144	5	Yes
Passaic Central	24	354	15	182	8	Yes
Passaic North	23	259	11	122	5	Yes
Salem	28	186	7	77	3	Yes
Somerset	23	281	12	95	4	Yes
Sussex	13	167	13	34	3	Yes
Union Central	32	333	10	159	5	Yes
Union East	39	214	5	122	3	Yes
Union West	31	214	7	139	4	Yes
Warren	13	221	17	87	7	No
Total	1,355	13,331		5,796		96%

Table B2: Caseloads - Intake (June 2008)

Local Office	Intake Workers	Assignments	Avg. # of Assignments (Std=8)	Families	Avg. # of Families (Std=12)	Office Meets Criteria
Atlantic East	18	147	8	175	10	Yes
Atlantic West	10	75	8	61	6	Yes
Bergen Central	16	119	7	184	12	Yes
Bergen South	19	126	7	179	9	Yes
Burlington East	20	104	5	164	8	Yes
Burlington West	16	112	7	113	7	Yes
Camden Central	18	146	8	160	9	Yes
Camden East	18	87	5	130	7	Yes
Camden North	13	77	6	131	10	Yes
Camden South	19	137	7	140	7	Yes
Cape May	10	84	8	87	9	Yes
Cumberland East	10	58	6	107	11	Yes
Cumberland West	21	99	5	172	8	Yes
Essex Central	13	107	8	115	9	Yes
Essex North	15	63	4	84	6	Yes
Essex South	14	53	4	165	12	Yes
Gloucester East	14	87	6	132	9	Yes
Gloucester West	15	88	6	138	9	Yes
Hudson Central	20	83	4	230	12	Yes
Hudson North	15	64	4	190	13	No
Hudson South	17	102	6	143	8	Yes
Hudson West	14	74	5	97	7	Yes
Hunterdon	6	39	7	60	10	Yes
Mercer North	16	109	7	177	11	Yes
Mercer South	15	104	7	66	4	Yes
Middlesex Central	15	80	5	139	9	Yes
Middlesex Coastal	17	120	7	148	9	Yes
Middlesex West	18	108	6	96	5	Yes
Monmouth North	22	137	6	268	12	Yes
Monmouth South	23	139	6	231	10	Yes
Morris East	12	70	6	93	8	Yes
Morris West	19	118	6	167	9	Yes
Newark Center City	15	67	4	119	8	Yes
Newark Northeast	19	87	5	189	10	Yes
Newark South	19	80	4	164	9	Yes
Ocean North	20	125	6	110	6	Yes
Ocean South	25	164	7	269	11	Yes
Passaic Central	24	138	6	249	10	Yes
Passaic North	28	177	6	165	6	Yes
Salem	11	67	6	87	8	Yes

Table B2: Caseloads - Intake (June 2008)

Local Office	Intake Workers	Assignments	Avg. # of Assignments (Std=8)	Families	Avg. # of Families (Std=12)	Office Meets Criteria
Somerset	19	135	7	327	17	No
Sussex	15	74	5	153	10	Yes
Union Central	16	84	5	132	8	Yes
Union East	17	86	5	124	7	Yes
Union West	13	59	5	101	8	Yes
Warren	13	66	5	161	12	Yes
Total	762	4,525		6,892		96%

Table B3: DYFS Supervisor/Caseload Carrying Staff Ratios (June 2008)

Local Office	Supervisors		Case Work Supervisors		Ratio	Office Meets Criteria
	CLC Workers	Supervisors	CLC Workers	Supervisors		
Atlantic East	45	9	0	0	5	Yes
Atlantic West	29	7	0	0	4	Yes
Bergen Central	44	10	0	0	4	Yes
Bergen South	58	13	5	1	5	Yes
Burlington East	51	9	9	2	7	No
Burlington West	51	10	1	1	5	Yes
Camden Central	57	13	0	0	4	Yes
Camden East	72	15	0	0	5	Yes
Camden North	55	11	0	0	5	Yes
Camden South	61	13	0	0	5	Yes
Cape May	33	7	6	2	6	Yes*
Cumberland East	28	6	0	0	5	Yes
Cumberland West	44	11	4	1	4	Yes
Essex Central	74	16	0	0	5	Yes
Essex North	53	12	0	0	4	Yes
Essex South	48	12	0	0	4	Yes
Gloucester East	36	8	0	0	5	Yes
Gloucester West	42	10	0	0	4	Yes
Hudson Central	52	11	0	0	5	Yes
Hudson North	49	9	0	0	5	Yes
Hudson South	49	11	0	0	4	Yes
Hudson West	36	8	0	0	5	Yes
Hunterdon	16	4	0	0	4	Yes
Mercer North	55	13	0	0	4	Yes
Mercer South	60	12	0	0	5	Yes
Middlesex Central	34	7	0	0	5	Yes
Middlesex Coastal	83	18	0	0	5	Yes
Middlesex West	68	14	0	0	5	Yes
Monmouth North	60	11	2	1	6	Yes*
Monmouth South	54	11	1	1	5	Yes
Morris East	25	6	0	0	4	Yes
Morris West	42	9	0	0	5	Yes
Newark Adoption Office	44	10	0	0	4	Yes
Newark Center City	65	12	4	1	6	Yes*
Newark Northeast	76	16	2	1	5	Yes
Newark South	76	16	0	0	5	Yes
Ocean North	74	15	0	0	5	Yes
Ocean South	70	14	0	0	5	Yes
Passaic Central	59	13	0	0	5	Yes
Passaic North	51	10	6	2	6	Yes*
Salem	46	10	0	0	5	Yes
Somerset	49	12	0	0	4	Yes
Sussex	29	5	4	2	7	No

Table B3: DYFS Supervisor/Caseload Carrying Staff Ratios (June 2008)

Local Office	Supervisors		Case Work Supervisors		Ratio	Office Meets Criteria
	CLC Workers	Supervisors	CLC Workers	Supervisors		
Union Central	54	12	0	0	5	Yes
Union East	66	14	1	1	5	Yes
Union West	55	12	0	0	5	Yes
Warren	27	7	5	1	5	Yes
Total	2,405	514	50	17	5	87%

*In four offices (Cape May, Monmouth North, Newark Center City, and Passaic North) a supervisor left a SFSS2 supervisory position near the end of the monitoring period. (Two left on 6/21/08, one left on 5/29/08, and one left on 6/7/08). All four offices assigned a casework supervisor to cover and are in the process of hiring new supervisors.

Table B4: Caseloads - Adoption (June 2008)

Local Office	Number of Adoption Workers	Number of Children	Average Number of Children	Office Met Standard I	Office Met Standard II
Atlantic East	5	66	13	Yes	Yes
Atlantic West	2	22	11	Yes	Yes
Bergen Central	5	60	12	Yes	Yes
Bergen South	9	130	14	Yes	Yes
Burlington East	5	63	13	Yes	Yes
Burlington West	5	82	16	Yes	No
Camden Central	5	82	16	Yes	No
Camden East	5	83	17	Yes	No
Camden North	4	54	14	Yes	Yes
Camden South	5	67	13	Yes	Yes
Cape May	5	74	15	Yes	Yes
Cumberland East	7	77	11	Yes	Yes
Essex Central	13	163	13	Yes	Yes
Essex North	8	91	11	Yes	Yes
Essex South	5	50	10	Yes	Yes
Gloucester West	6	89	15	Yes	Yes
Hudson Central	4	59	15	Yes	Yes
Hudson North	4	58	15	Yes	Yes
Hudson South	4	37	9	Yes	Yes
Hudson West	4	50	13	Yes	Yes
Hunterdon	2	15	8	Yes	Yes
Mercer North	7	110	16	Yes	No
Mercer South	5	75	15	Yes	Yes
Middlesex Central	3	36	12	Yes	Yes
Middlesex Coastal	7	82	12	Yes	Yes
Middlesex West	4	48	12	Yes	Yes
Monmouth North	6	77	13	Yes	Yes
Monmouth South	5	65	13	Yes	Yes
Morris East	2	31	16	Yes	No
Morris West	4	55	14	Yes	Yes
Newark Adoption	40	705	18	Yes	No
Ocean North	8	128	16	Yes	No
Ocean South	5	84	17	Yes	No
Passaic Central	6	122	20	No	No
Passaic North	4	62	16	Yes	No
Salem	7	78	11	Yes	Yes
Somerset	3	47	16	Yes	No
Sussex	3	57	19	No	No
Union Central	5	55	11	Yes	Yes

Table B4: Caseloads - Adoption (June 2008)

Local Office	Number of Adoption Workers	Number of Children	Average Number of Children	Office Met Standard I	Office Met Standard II
Union East	11	120	11	Yes	Yes
Union West	10	106	11	Yes	Yes
Warren	5	79	16	Yes	No
Total	262	3,694		95%	69%

Table B5: Caseload Compliance (June 2008)

STANDARD	Intake	Permanency	Adoption I	Adoption II	Supervisor Ratio
	8 new referrals & 12 families	15 families & 10 children in placement	18 Children	15 children	1 Supervisor for 5 Staff
TARGET	74%	95%	95%	60%	95%
ACTUAL	96%	96%	95%	69%	96%
Atlantic East	Yes	Yes	Yes	Yes	Yes
Atlantic West	Yes	Yes	Yes	Yes	Yes
Bergen Central	Yes	Yes	Yes	Yes	Yes
Bergen South	Yes	Yes	Yes	Yes	Yes
Burlington East	Yes	Yes	Yes	Yes	No
Burlington West	Yes	Yes	Yes	No	Yes
Camden Central	Yes	Yes	Yes	No	Yes
Camden East	Yes	Yes	Yes	No	Yes
Camden North	Yes	Yes	Yes	Yes	Yes
Camden South	Yes	Yes	Yes	Yes	Yes
Cape May	Yes	Yes	Yes	Yes	Yes
Cumberland East	Yes	Yes	Yes	Yes	Yes
Cumberland West	Yes	Yes	N/A	N/A	Yes
Essex Central	Yes	Yes	Yes	Yes	Yes
Essex North	Yes	Yes	Yes	Yes	Yes
Essex South	Yes	Yes	Yes	Yes	Yes
Gloucester East	Yes	Yes	N/A	N/A	Yes
Gloucester West	Yes	Yes	Yes	Yes	Yes
Hudson Central	Yes	Yes	Yes	Yes	Yes
Hudson North	No	No	Yes	Yes	Yes
Hudson South	Yes	Yes	Yes	Yes	Yes
Hudson West	Yes	Yes	Yes	Yes	Yes
Hunterdon	Yes	Yes	Yes	Yes	Yes
Mercer North	Yes	Yes	Yes	No	Yes
Mercer South	Yes	Yes	Yes	Yes	Yes
Middlesex Central	Yes	Yes	Yes	Yes	Yes
Middlesex Coastal	Yes	Yes	Yes	Yes	Yes
Middlesex West	Yes	Yes	Yes	Yes	Yes
Monmouth North	Yes	Yes	Yes	Yes	Yes
Monmouth South	Yes	Yes	Yes	Yes	Yes
Morris East	Yes	Yes	Yes	No	Yes
Morris West	Yes	Yes	Yes	Yes	Yes
Newark Adoption	N/A	N/A	Yes	No	Yes
Newark Center City	Yes	Yes	N/A	N/A	Yes
Newark Northeast	Yes	Yes	N/A	N/A	Yes
Newark South	Yes	Yes	N/A	N/A	Yes
Ocean North	Yes	Yes	Yes	No	Yes
Ocean South	Yes	Yes	Yes	No	Yes
Passaic Central	Yes	Yes	No	No	Yes
Passaic North	Yes	Yes	Yes	No	Yes
Salem	Yes	Yes	Yes	Yes	Yes
Somerset	No	Yes	Yes	No	Yes
Sussex	Yes	Yes	No	No	No
Union Central	Yes	Yes	Yes	Yes	Yes

Table B5: Caseload Compliance (June 2008)

STANDARD	Intake	Permanency	Adoption I	Adoption II	Supervisor Ratio
	8 new referrals & 12 families	15 families & 10 children in placement	18 Children	15 children	1 Supervisor for 5 Staff
TARGET	74%	95%	95%	60%	95%
ACTUAL	96%	96%	95%	69%	96%
Union East	Yes	Yes	Yes	Yes	Yes
Union West	Yes	Yes	Yes	Yes	Yes
Warren	Yes	No	Yes	No	Yes

Table B6: Caseloads - IAIU (June 2008)

	Open Cases	Assignments	Compliance - Open Cases	Compliance - Assignments	Overall Compliance
Investigator #1	9	7	Yes	Yes	Yes
Investigator #2	10	6	Yes	Yes	Yes
Investigator #3	0	1	Yes	Yes	Yes
Investigator #4	12	8	Yes	Yes	Yes
Investigator #5	11	8	Yes	Yes	Yes
Investigator #6	12	8	Yes	Yes	Yes
Investigator #7	9	10	Yes	No	No
Investigator #8	10	7	Yes	Yes	Yes
Investigator #9	12	9	Yes	No	No
Investigator #10	12	8	Yes	Yes	Yes
Investigator #11	12	1	Yes	Yes	Yes
Investigator #12	12	6	Yes	Yes	Yes
Investigator #13	11	8	Yes	Yes	Yes
Investigator #14	12	6	Yes	Yes	Yes
Investigator #15	11	8	Yes	Yes	Yes
Investigator #16	11	6	Yes	Yes	Yes
Investigator #17	12	8	Yes	Yes	Yes
Investigator #18	3	0	Yes	Yes	Yes
Investigator #19	10	4	Yes	Yes	Yes
Investigator #20	11	4	Yes	Yes	Yes
Investigator #21	7	5	Yes	Yes	Yes
Investigator #22	11	6	Yes	Yes	Yes
Investigator #23	4	8	Yes	Yes	Yes
Investigator #24	5	4	Yes	Yes	Yes
Investigator #25	12	7	Yes	Yes	Yes
Investigator #26	9	8	Yes	Yes	Yes
Investigator #27	8	8	Yes	Yes	Yes
Investigator #28	8	7	Yes	Yes	Yes
Investigator #29	12	8	Yes	Yes	Yes
Investigator #30	8	8	Yes	Yes	Yes
Investigator #31	0	7	Yes	Yes	Yes
Investigator #32	10	0	Yes	Yes	Yes
Investigator #33	9	8	Yes	Yes	Yes
Investigator #34	10	5	Yes	Yes	Yes
Investigator #35	5	6	Yes	Yes	Yes
Investigator #36	5	5	Yes	Yes	Yes
Investigator #37	9	4	Yes	Yes	Yes
Investigator #38	7	6	Yes	Yes	Yes
Investigator #39	7	5	Yes	Yes	Yes

Table B6: Caseloads - IAIU (June 2008)

	Open Cases	Assignments	Compliance - Open Cases	Compliance - Assignments	Overall Compliance
Investigator #40	9	5	Yes	Yes	Yes
Investigator #41	7	5	Yes	Yes	Yes
Investigator #42	10	7	Yes	Yes	Yes
Investigator #43	8	6	Yes	Yes	Yes
Investigator #44	6	5	Yes	Yes	Yes
Investigator #45	9	5	Yes	Yes	Yes
Investigator #46	7	5	Yes	Yes	Yes
Investigator #47	4	4	Yes	Yes	Yes
Total			100%	96%	96%

APPENDIX C
Glossary of Acronyms Used in the Monitoring Report

**APPENDIX C:
Glossary of Acronyms Used in the Monitoring Report**

AAD:	Assistant Area Director	FQHC:	Federally Qualified Health Center
AOC:	Administrative Office of the Courts	FSS:	Family Service Specialist
APPU:	Adolescent Practice and Permanency Unit	FSST:	Family Service Specialist Trainee
BCWEP:	Baccalaureate Child Welfare Education Program	FXB:	Francois-Xavier Bagnoud Center
CHEC:	Comprehensive Health Evaluation for Children	IAIU:	Institutional Abuse Investigations Unit
CHU:	Child Health Unit	IT:	Information Technology
CIACC:	Children’s Inter-Agency Coordinating Council	LOBA:	local office Bank Account
CME:	Comprehensive Medical Examination	MSA:	Modified Settlement Agreement
CMO:	Care Management Organization	NJ SPIRIT:	New Jersey Spirit
CPM:	Case Practice Model	OCA:	Office of the Child Advocate
CQI:	Continuous Quality Improvement	OOL:	Office of Licensing
CSA:	Contracted System Administrator	PALS:	Peace: A Learned Solution
CSSP:	Center for the Study of Social Policy	QA:	Quality Assurance
CWPPG:	Child Welfare Policy and Practice Group	QSR:	Quality Service Review
CWTA:	Child Welfare Training Academy	RDTC:	Regional Diagnostic and Treatment Center
DCBHS:	Division of Child Behavioral Health Services	RFP:	Request for Proposal
DCF:	Department of Children and Families	SACWIS:	State’s Automated Child Welfare Information System
DDD:	Division of Developmental Disabilities	SCR:	State Central Registry
DMHS:	Division of Mental Health Services	SFI:	Strengthening Families Initiative
DPCP:	Division of Prevention and Community Partnerships	SFSS:	Supervising Family Service Specialist
DYFS:	Division of Youth and Family Services	SIBS:	Siblings in Best Settings
EPSDT:	Early and Periodic Screening, Diagnosis and Treatment	SIS:	DYFS Service Information System
FAFS:	Foster and Adoptive Family Services	SPRU:	Special Response Unit
FFT:	Functional Family Therapy	TPR:	Termination of Parental Rights
		UMDNJ:	University of Medicine and Dentistry of New Jersey
		WIC:	Women, Infants, and Children
		YCM:	Youth Case Management