Progress of the New Jersey Department of Children and Families

Monitoring Period XVIII
(January 1 – June 30, 2016)

Charlie and Nadine H. v. Christie

April 5, 2017

Center for the Study of Social Policy

Progress of the New Jersey Department of Children and Families

Monitoring Period XVIII Report for *Charlie and Nadine H. v. Christie*

January 1 – June 30, 2016

TABLE OF CONTENTS

I. INTRODUCTION 1

II. SUMMARY OF PERFORMANCE DURING JANUARY THROUGH JUNE 2016 6

III. CHILD AND FAMILY OUTCOMES AND CASE PRACTICE PERFORMANCE MEASURES 9

IV. FOUNDATIONAL ELEMENTS 43
- A. DATA TRANSPARENCY 43
- B. CASE PRACTICE MODEL 44
- C. APPROPRIATE PLACEMENTS 44
- D. SERVICE ARRAY 45
- E. PERMANENCY 46
- F. ADOPTION PRACTICE 46

V. SEP PERFORMANCE MEASURES *TO BE ACHIEVED* AND *TO BE MAINTAINED* 48
- A. INVESTIGATIONS 48
- B. FAMILY TEAM MEETINGS 51
- C. QUALITY OF CASE SERVICE PLANNING 57
- D. EDUCATION 60
- E. VISITATION 61
- F. PLACEMENT 65
- G. MALTREATMENT 68
- H. TIMELY PERMANENCY 70
- I. CHILD HEALTH UNITS 71
- J. OLDER YOUTH 72
- K. SERVICES TO SUPPORT TRANSITION 76
- L. CASELOADS 77
- M. DAsG STAFFING 88
- N. ACCOUNTABILITY THROUGH THE QUALITATIVE REVIEW AND THE PRODUCTION AND USE OF ACCURATE DATA 88
- O. NEEDS ASSESSMENT 92
- P. FISCAL YEAR 2017 BUDGET 93

APPENDICES

A. Glossary of Acronyms Used in Monitoring Report A-1

B. DCF Organizational Chart as of May 2016 ..... B-1

LIST OF TABLES

TABLE

1. *Charlie and Nadine H. v. Christie* Child and Family Outcome and Case Practice Performance Measures (Summary of Performance as of June 30, 2016) 11
2. At Least Three Family Team Meetings Held within the first 12 Months (January – June 2016) 52
3. At Least Two Family Team Meetings Held After 12 Months in Placement with a Goal other than Reunification (January – June 2016) 54
4. Case Plans Developed within 30 and 60 Days of Child Entering Placement (January – June 2016) 58
5. CP&P Individual Worker Caseload Standards 77
6. Number of CP&P Investigations and Secondary Intake Assignments by Month (January – June 2016) 82
7. Percentage of CP&P Investigations Assigned to Non-Case Carrying Staff by Month (January – June 2016) 84
8. Percentage of CP&P Investigations Assigned to Other or Non-Intake Case Carrying[1] Staff by Month (January – June 2016) 84
9. Qualitative Review: Gender, Age and Race/Ethnicity Demographics (January – June 2016) 89
10. Qualitative Review: Child and Family Status Results (January – June 2016) 90
11. Qualitative Review: Practice/System Performance Results (January – June 2016) 91

[1] This includes Permanency, Adoption, Impact and Advocacy center caseload carrying workers.

LIST OF FIGURES

FIGURE

1. Percentage of Abuse/Neglect Investigations Completed within 60 Days (January 2009 – June 2016) 49
2. At Least Three Family Team Meetings Held within the First 12 Months of Placement (January – June 2016) 53
3. At Least Two Family Team Meetings Held After 12 Months in Placement with a Goal other than Reunification (January – June 2016) 55
4. Qualitative Review (QR) Cases Rated Acceptable on Family Teamwork (January – June 2016) 56
5. Qualitative Review (QR) Cases Rated Acceptable on Quality of Case Plans and Components of Planning (January – June 2016) 59
6. Percentage of Families who had at least Twice per Month Face-to-Face Contact with Caseworker when the Goal is Reunification (January – June 2016) 63
7. Youth Exiting Care without Permanency with Housing (January 2010 – June 2016) 74
8. Youth Exiting Care without Permanency Who are Employed or Enrolled in an Educational or Vocational Training Program (January 2010 – June 2016) 75
9. Qualitative Review (QR) Cases Rated Acceptable for Services to Support Transitions (January – June 2016) 76
10. Percentage of CP&P Local Offices Meeting Average Caseload Standards for Intake workers (June 2009 – June 2016) 79
11. Percentage of Intake workers with Individuals Caseloads at or Below Applicable Individual Caseloads Standards (June 2009 – June 2016) 80
12. Average Percentage of Adoption Workers with Individual Caseloads at or Below the Applicable Individual Caseload Standards (June 2009 – June 2016) 86

I. INTRODUCTION

The Center for the Study of Social Policy (CSSP) was appointed in July 2006 by the Honorable Stanley R. Chesler of the United States District Court for the District of New Jersey as Federal Monitor of the class action lawsuit *Charlie and Nadine H. v. Christie*. As Monitor, CSSP is charged with independently assessing New Jersey's compliance with the goals, principles and outcomes of the original Court Order and the Modified Settlement Agreement (MSA) aimed at improving the state's child welfare system. On November 4, 2015, the court approved a Sustainability and Exit Plan (SEP) that supersedes the MSA. This is the second monitoring report measuring progress under the SEP[2] and includes performance data for the period January 1 through June 30, 2016.[3]

The Monitor's public reports cover six month periods[4] and rely heavily on data collected by the Department of Children and Families. Over the years, as part of the reform, DCF's capacity to accurately collect and analyze data and make it regularly available to the public has significantly grown. Reflecting this increased capacity, the Monitor first looks to the state's data for analysis and takes steps to validate its accuracy. The Monitor also retains the authority to engage in independent data collection and analysis where needed. The state has committed to continuing to expand the data that it publishes on its public website.[5]

Reports that the state currently publishes on its website, the schedule for regular production of those reports and the addition of new reports include:

- Commissioner's Monthly Report[6] – *Current and produced monthly*. This report gives a broad data snapshot of various DCF services. The report includes information from Child Protection & Permanency (CP&P), Office of Adolescent Services (OAS), Institutional Abuse Investigation Unit (IAIU), Children's System of Care (CSOC), Family & Community Partnerships and the Division on Women.

- Screening and Investigations Report[7] – *Current and produced monthly*. This report details State Central Registry (SCR) activity, including data regarding calls to the Child Abuse and Neglect Hotline, assignments to CP&P offices and trends in Child Protective Services (CPS) Reports and Child Welfare Services (CWS) Referrals.

[2] Some measures are assessed on an annual basis and data were not yet available at the time of writing this report.
[3] Copies of all Monitoring Reports can be found at: http://www.cssp.org/publications/child-welfare
[4] The exceptions to this time frame were monitoring period 13, which covered July 1, 2012 through March 31, 2013, monitoring period 14, which covered April 1 through December 31, 2013 and monitoring period 17, which covered January 1 through December 31, 2015.
[5] To see DCP&P's public website, go to: http://www.state.nj.us/dcf/about/
[6] To see the February 2016 Commissioner's Monthly Report, go to: http://www.state.nj.us/dcf/childdata/continuous/Commissioners.Monthly.Report_2.16.pdf
[7] To see the December 2015 Screening and Investigations Report, go to: http://www.state.nj.us/dcf/childdata/continuous/Screening.and.Investigation.report_12.15.pdf

- Workforce Report[8] – *Second of planned annual reports completed December 2016*. This report provides information regarding the demographics and characteristics of current workers, as well as a variety of indicators of workforce planning and development.

- Demographics Report[9] – *Current and produced quarterly*. This report provides demographic data on children and youth receiving in-home and out-of-home services.

- Qualitative Review Report[10] – *Formerly produced annually as a separate report (last report dated 2014).* Going forward, the results of yearly Qualitative Reviews are to be included in an annual report entitled "Our Work with Children, Youth and Families", anticipated in CY 2017. This report will assess the status of children in care throughout the state, as well as the overall performance of DCF systems and practice models. The qualitative data is used to uncover trends and provide insight into systems issues.

- Children's InterAgency Coordinating Council Report[11] – *Current and produced monthly*. This summary report details call and service activity for CSOC. It also includes the demographics of the youth, caller types, reasons for calls, resolutions to calls and services provided.

- New Jersey Youth Resource Spot[12] – *Ongoing and updated as relevant*. The website offers the latest resources, opportunities, news and events for young people. This site includes a list of current Youth Advisory Boards, as well as additional resources available in each county and statewide.

- DCF Needs Assessment[13] – *Planned to be annual*. DCF will produce an annual report on its website and will report twice annually to the Monitor. The most recent report updates interim findings on DCF's three year multi-phase needs assessment process to identify the resources needed to serve families with children at risk for entering out-of-home placement and those already in placement. DCF expects the final report to be released in December 2017.

- Adoptions Report[14] – *Current and produced annually; last report dated 2016*. This report reviews CP&P adoption data and practice related to SEP requirements and is based on calendar year (CY) data.

[8] To see the NJ DCF Workforce Report, go to: http://www.nj.gov/dcf/childdata/exitplan/NJ.DCF.Workforce.Report_2015-2016.pdf. To see the NJ DCF Workforce: Preliminary Highlights 2014-2015 Report, go to: http://www.state.nj.us/dcf/childdata/orgdev/NJ.DCF.Workforce.Report_2015.pdf
[9] To see the 4th Quarter 2015 Demographics Report, go to: http://www.state.nj.us/dcf/childdata/continuous/Demo.2015_Q4.pdf
[10] To see the 2014 Qualitative Report, go to: http://www.nj.gov/dcf/about/divisions/opma/Qualitative%20Review%20-%202014%20Annual%20Report.pdf
[11] To see January 2016 Children's InterAgency Coordinating Council Report, go to: http://www.state.nj.us/dcf/childdata/continuous/CIACC_Dashboard_AllCounty_1.16.pdf
[12] To see the New Jersey Youth Resource Spot, go to: http://www.njyrs.org/
[13] To see the CP&P Needs Assessment Interim Report, go to: http://www.state.nj.us/dcf/childdata/protection/DCF.Needs.Assessment.Interim.Report_3.16.pdf
[14] To see the Adoptions Report, go here: http://www.nj.gov/dcf/childdata/exitplan/AdoptionReport2016.pdf

Reports not yet available but that the state has committed to produce and publish on DCF's website include:

- Our Work with Children, Youth and Families Report – *To be produced annually, first report expected in CY 2017.* This report will analyze DCF's implementation of the Case Practice Model (CPM), largely utilizing annual data from the QRs as well as selected qualitative data sets.

- CP&P Outcomes Report – *To be produced annually; first report expected in CY 2017.* This report will review all of the longitudinal outcome data identified in the SEP. This report will be based on CY data.

- Healthcare of Children in Out-of-Home Placement – *To be produced annually; first report expected in CY 2017.* This report will be a review of the health indicators identified in the SEP and will be based on state FY (July 1 - June 30) data.

DCF has also been developing an on-line data portal in cooperation with Rutgers University. The most recent phase of the New Jersey Child Welfare Data Hub was launched in November 2016 and allows users to view customized charts and graphs related to New Jersey child welfare data from CY 2008 to CY 2015.[15]

Monitoring Methodology

The primary sources of information on New Jersey's progress are quantitative and qualitative aggregate and back-up data supplied by DCF and independently validated by the Monitor.[16] DCF provides back-up data and access to staff at all levels to enable the Monitor to verify performance. For this report, the Monitor engaged in the following additional verification activities:

- ***Caseload Data Verification***

  The Monitor conducted a telephone survey during July and August of 2016 of 130 workers to verify their individual caseloads during the period January to June 2016. Findings from this survey are discussed in Section V.L – Caseload – of this report.

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

  The Monitor collaborated with DCF to review case records of 83 youth ages 18 to 21 who exited care between January and June 2016 without achieving permanency. The review focused on the housing, education and employment status of these youth to determine if performance met the level required by the SEP. Findings from the review are discussed in Section V.J – Older Youth – of this report.

[15] To see the New Jersey Child Welfare Data Hub, go here: https://njchilddata.rutgers.edu/. For further information on the Data Hub and Portal, see page 9 of this report.
[16] Not all data are validated for each monitoring period.

- ***Visitation Data Review***

  The Monitor conducted a review of a statistically significant sample of 293 cases requiring parent visits with children in which documentation indicated that the parent was unavailable or the visit was not required and 266 cases requiring sibling visits during the months of April, May and June 2016.[17] This is discussed in Section V.E – Visitation – of this report.

- ***Family Team Meeting Data Review***

  The Monitor reviewed 14 cases from January to June 2016 for SEP Measures 17[18] and 19[19] to verify how workers were using and documenting instances in which Family Team Meetings (FTMs) were not required. Further discussion of the current performance is included in Section V.B – Family Team Meetings – of this report.

- ***Investigation Case Record Review***

  The Monitor conducted a review and examined the quality of practice of 327 randomly selected CPS investigations assigned to DCF Local Offices between February 1 and February 14, 2016 involving 497 alleged child victims. This is discussed in Section V.E – Visitation – of this report.

- ***Site Visits***

  In September and October 2016, the Monitor visited five Local Offices and met with leadership and staff to discuss current case practice strategies and to hear directly from frontline staff and some local providers.

- ***Other Monitoring Activities***

  The Monitor interviewed and/or visited multiple internal and external New Jersey child welfare system stakeholders, including staff at all levels, contracted service providers, youth, relatives, birth parents and advocacy organizations. The Monitor also periodically attends DCF's ChildStat meetings, statewide Child Fatality/Near Fatality Review Board meetings, adolescent practice forums and Area Director meetings, and participates in statewide Qualitative Reviews. The Monitor staff participate as reviewers in almost every scheduled Qualitative Review throughout the year.

  DCF has fully cooperated with the Monitor in notifying Monitor staff of schedules and facilitating their participation in relevant activities.

[17] 95% confidence level with +/- 5% margin of error
[18] SEP measure 17 requires that 80% of children will have three additional FTMs within the first 12 months of the child coming into placement.
[19] SEP measure 19 requires that after the first 12 months of a child being in care, 90% of those with a goal of reunification will have at least three FTMs each year.

Structure of the Report

Section II of this report provides an overview of the state's accomplishments and challenges. Section III provides a summary of performance data on each of the outcomes and performance measures required by the SEP in Table 1, *Charlie and Nadine H. v. Christie* Child and Family Outcome and Case Practice Performance Measures *(Summary of Performance as of June 30, 2016).* Section IV provides details and discussion of the SEP Foundational Elements.[20]

Section V of the report provides more detailed data and discussion of performance on select SEP Measures *To Be Maintained* and Measures *To Be Achieved* in the following areas:

- Investigations of alleged child maltreatment (Section V.A);
- Implementation of DCF's Case Practice Model; including Family Team Meetings, case planning and visitation (Sections V.B, V.C & V.E);
- Placement of children in out-of-home settings, incidence of maltreatment of children in foster care and abuse of children when they reunite with families (Sections V.F & V.G);
- Efforts to achieve permanency for children either through reunification with family, legal guardianship or adoption (Section V.H);
- Provision of health care services to children and families (Section V.I);
- Services to older youth (Sections V.J & V.K);
- Caseloads (Section V.L);
- DAsG Staffing (Section V.M);
- Accountability through the Qualitative Review and the production and use of accurate data (Section V.N);
- Needs Assessment (Section V.O); and
- Fiscal Year 2017 budget (Section V.P).

[20] The Foundational Elements requirements of the SEP intentionally recognize the state's accomplishments in early implementation of the MSA. These Foundational Elements remain enforceable and the state is required to continue to collect and publish related data to support their continued maintenance. At the Monitor's discretion, if there is any concern that a Foundational Element has not been sustained, the Monitor may request data and information from the state. Further, if problems are identified, the state may propose and implement corrective action, although this is not anticipated by either party.

II. SUMMARY OF PERFORMANCE DURING JANUARY THROUGH JUNE 2016

DCF celebrated its ten year anniversary this monitoring period, providing leadership, management, staff and community partners an opportunity to recognize and celebrate successes and assess opportunities for further growth. DCF continues to perform well in many key areas covered by the SEP. It has maintained acceptable performance on each of the Foundational Elements included in the SEP, including solid performance on all of the SEP health care measures that determine whether children in out-of-home placement have access to health care, and continuance of well-planned and operated training programs offering required pre and in-service training for child welfare staff, supervisors and managers.

At the start of this monitoring period, fourteen of the 36 SEP performance measures originally designated in the SEP as *To Be Achieved* have been met and as of this period have been re-designated as *To Be Maintained.*[21] This is a significant achievement.

During this monitoring period, DCF continued to focus efforts on the SEP Outcomes *To Be Achieved*, and progress has been made on some of the 22 remaining performance Measures *To Be Achieved*. The Monitor has assessed that between January and June 2016, six[22] of these remaining *To Be Achieved* measures were met and one[23] was partially achieved. Notably, as discussed below, DCF met the caseload standard for Intake workers during this reporting period for the first time since New Jersey's reform efforts began. The Department has targeted stabilizing intake caseloads as a high priority for a long time and the achievement of this milestone demonstrates solid management and improved practices at the intake level.

The discussion below provides an analysis of current performance within specific content areas. In accordance with the SEP, subsequent to the release of this report, the Monitor will be providing information to the Court on the new measures that the Monitor intends to certify as *To Be Maintained*.

Investigations of Alleged Child Abuse and Neglect

The SEP requires that 85 percent of investigations of child abuse and neglect be completed within 60 days. For the period January through June 2016, DCF met the required standard for this measure during every month of the period for the first time since the reform effort began, an important accomplishment. In June 2016, there were 4,260 investigations of alleged child abuse and neglect and 3,666 (86%) were completed within 60 days.

[21] These measures include: Timeliness of Investigation Completion (90 days) (IV.A.14); Initial Family Team Meeting (IV.B.16); Parent-Child Visits – weekly (IV.F.29); Parent-Child Visits – bi-weekly (IV.F.30); Sibling Placements (IV.G.32); Sibling Placements of Four or More Children (IV.G.33); Placement Stability 13-24 Months in Care (IV.G.36); Permanency within 12 Months (IV.I.40); and Independent Living Assessments (IV.K.45). Measures met for July through December 2015 include: Subsequent FTMs after 12 months – Reunification Goal (IV.B.18); Adoption Local Office Caseload (IV.E.26); Recruitment for Sibling Groups of Four or More (IV.G.34); Repeat Maltreatment (In-home) (IV.H.37); and Quality of Case Planning and Services (IV.K.46).

[22] Measures met for monitoring period 18 include: Timeliness of Investigation Completion (60 days) (IV.A.13); Subsequent FTMs within 12 months (IV.B.17); Initial Case Plans (IV.D.22); Intake Workers (Local Offices) (IV.E.24); and Intake Workers (IV.E.25); and Adoption Workers (IV.E.27).

[23] Measures partially met for monitoring period 18 include: Needs Assessment (IV.C.21).

The SEP also requires that 85 percent of investigations meet the quality standard as determined by the Monitor and the parties (SEP Section IV.A.15). Overall, reviewers found that 271 (83%) of the investigations were of acceptable quality, an improvement of five percent from the most recent review in 2014, and just short of the SEP performance standard.

Worker and Supervisor Caseloads

The SEP requires individual Intake workers to have (a) no more than 12 open cases, and (b) no more than eight new assignments per month (SEP Section IV.E.25). In addition, no Intake worker with 12 or more open cases can be given more than two secondary assignments per month. Between January 1 and June 30, 2016, this standard was met for the first time since the beginning of New Jersey's child welfare reform efforts. Among active Intake workers, an average of 93 percent had caseloads that met the caseload standard. DCF leadership and staff have worked hard over many years to accomplish this notable achievement. Additionally, DCF met the caseload standard for Adoption workers and has maintained acceptable performance on other caseload standards.

Implementation of New Jersey DCF's Case Practice Model

The SEP places an emphasis on the quality of New Jersey's case practice with children, youth and families, measured largely through the Quality Review (QR) process. In CY 2015, the state refined its QR protocol and process and intensified efforts to support quality supervision. Trained review teams of two persons including DCF staff at various levels, community stakeholders and Monitor staff review CP&P records and interview as many people as possible who are involved with the child and families of selected cases where children are in foster care and/or the families are served in-home due to child protection concerns. A rigorous quality control process is in place as an important part of each case review and findings from multiple cases are used to identify practice trends and systemic issues for improvement. In addition, the QR schedule was changed last year so that each county is now reviewed once every two years to allow for a more robust and well supported performance improvement process for each county following reviews within the local offices. The QR process as a whole reinforces the state's efforts to embed its Case Practice Model (CPM) into consistent everyday practice. Findings from the QRs are incorporated into existing training and supervisory tools and used to identify systemic opportunities for improvement.

Between January and June 2016, DCF began using the new protocol in its review of 126 cases across seven counties. The Monitor will reserve determination on these QR performance measures until the annual data are available. However, based on the reviews in the first six months of the year, the status of children and families as rated by the QR was rated acceptable in the majority of cases, including in key areas of safety, stability in school, living arrangement, learning and development and physical health of the child. With respect to the practice/system performance indicators, aggregate QR data for some QR indicators (i.e., *provision of health care services* and *engagement with resource families*) between January and June 2016 demonstrate good case practice overall. However, there are key practice performance indicators that remain

below acceptable levels expected by the Monitor and DCF in areas such as family teamwork, case planning and engagement with parents (See Section V.N).
A critical component of the DCF's CPM is the use of Family Team Meetings (FTMs) to engage families and their formal and informal supports to discuss the families' strengths and needs, craft individualized service plans and track progress toward accomplishing case plan goals. There are five performance measures in the SEP pertaining to FTMs: in the previous monitoring period DCF met the SEP requirement that FTMs be held within 45 days of a child's removal and the SEP standard requiring children with a goal of reunification have at least three FTMs each year (as described more fully in Section V.B). Performance on these FTM measures fell slightly during the current monitoring period; at this point, the Monitor has determined these declines to be temporary in accordance with the SEP provisions and will monitor performance over the next period to see whether previously achieved performance levels are again achieved. In the current monitoring period DCF met the requirement that all children entering placement have at least three FTMs in the first twelve months of placement, but has yet to meet the remaining two SEP performance measures in this area (SEP IV.B 19 and 20).

For the first time since the state's reform began, DCF met the requirement that 95 percent of case plans are developed within 30 days of a child entering out-of-home care. This is a notable achievement and one that has taken significant effort, leadership and attention to improved documentation and supervision. DCF continues to meet the standard for reviewing and modifying case plans within the required six month time frame. The Monitors will be closely tracking results of the QR measure related to the quality of case planning in the next monitoring period.

Visitation

Visitation between children and their workers, parents and siblings is critical to strengthening families and achieving permanency, and is vitally important to virtually all aspects of the Department's CPM. As discussed in Section V.E, DCF maintained satisfactory performance with respect to three of the six SEP visitation measures this monitoring period, exceeding requirements for caseworker visits with children in ongoing placements and visits between children and their parents. DCF's performance with respect to caseworker visits with children in new placements fell just below the SEP standard. The Monitor considers this to be a temporary decline in performance that is likely to improve in the next monitoring period. DCF has yet to meet the SEP requirements for sibling visits and caseworker visits with parent(s) with a goal of reunification.

Appropriate Placements and Services

DCF continues to retain a solid pool of placement resource homes and group settings for children in out-of-home settings. As of June 30, 2016, a total of 7,125 children were in out-of-home placement; 6,484 (91%) children were in family-like settings, with 53 percent placed in non-kinship resource family homes and 38 percent in kinship homes. During the monitoring period, DCF recruited and licensed 574 new kinship and non-kinship family homes; 352 (61%) of the 574 newly licensed homes were kinship homes, reflecting the state's continued commitment to licensing relatives.

In site visits conducted at five Local Offices in September and October 2016 in diverse geographic areas of the state, Monitor staff met with dedicated staff at all levels of the Department. Monitor staff continued to hear about the need for more resource families willing to care for large sibling groups and adolescents, particularly those with behavioral challenges; transportation and capacity challenges in rural communities for families trying to access services; and the need for more Spanish-speaking service providers.

As discussed in Section V.F, DCF recognizes the need to do more to meet the placement needs of large sibling groups and adolescents. DCF has been working for several years to implement a process that more thoroughly accounts for the characteristics of existing placement resources so that recruitment targets and practices can be appropriately tailored. During this monitoring period, DCF updated its approach to more accurately forecast the need for new non-kinship resource family homes to accommodate sibling groups in each county.

Data Transparency

DCF continues to expand the ways in which it shares state child welfare data with the public. It is working with Rutgers University to expand the New Jersey Child Welfare Data Hub which includes the Data Portal and Data Map.[24] The Data Map provides statewide and county level data trends from CY 2011 to CY 2015 and includes indicators related to the number of hotline referrals, the number of children served, the number of children entering foster care and the percentage of children placed with relatives. The second phase of the Data Hub, the Data Portal, was launched in November 2016 and allows users to view customized charts and graphs related to New Jersey child welfare data from CY 2008 to CY 2015. Available indicators include children served, total hotline referrals, CPS reports, child welfare referrals and IAIU reports by child, children entering and exiting placement and placement rates which can be sorted by living arrangement (in or out-of-home), age, county, race/ethnicity and gender.

III. CHILD AND FAMILY OUTCOMES AND CASE PRACTICE PERFORMANCE MEASURES

The child and family outcomes and case practice performance measures are 48 measures and Foundational Elements that assess the state's performance in meeting the requirements of the SEP (see Table 1). These performance measures cover the areas of child safety, permanency, service planning, child well-being and ongoing infrastructure development pertaining to elements such as caseloads and appropriate staffing.

Many of the measures are assessed using data from NJ SPIRIT and SafeMeasures,[25] reviewed and, in some areas, independently validated by the Monitor. Some data are also provided through DCF's work with Hornby Zeller Associates, Inc. who assist with data analysis. Data provided in this report are as of June 2016, or the most current data available.

[24] The DCF Data Hub website is found at: https://njchilddata.rutgers.edu/

[25] SafeMeasures is a data warehouse and analytical tool that allows tracking of critical child welfare indicators by worker, supervisor, Local Office, county and statewide. It is used by different levels of staff to track, monitor and analyze performance and trends in case practice and targeted measures and outcomes.

Table 1: *Charlie and Nadine H. v. Christie* Child and Family Outcome and Case Practice Performance Measures (Summary of Performance as of June 30, 2016)

Table 1A: To Be Achieved					
SEP Reference	**Quantitative or Qualitative Measure**	**Sustainability and Exit Plan Standard**	**December 2015 Performance**	**June 2016 Performance[26]**	**Requirement Fulfilled (Yes/No/Partially/NA)[27]**
Investigations					
IV.A. 13	Timeliness of Investigation Completion (60 days)	85% of all investigations of alleged child abuse and neglect shall be completed within 60 days. Cases with documented acceptable extensions in accordance with policy are considered compliant.	In November 2015,[28] 83% of all investigations were completed within 60 days. Monthly range during July – November 2015 monitoring period: 83 to 85%.	In June 2016, 86% of all investigations were completed within 60 days. Monthly range during January – June 2016 monitoring period: 85 to 87%.[29]	Yes

[26] In some instances where the Monitor does not have June 2016 data, the Monitor included the most recent data available.
[27] "Yes" indicates that, in the Monitor's judgment based on presently available information, DCF has fulfilled its obligations regarding the requirement under the SEP. The Monitor has also designated "Yes" for a requirement where DCF has met or is within one percentage point of the SEP standard or there are a small number of cases causing the failure to meet the SEP standard. "Partially" is used when DCF has come very close but, in the Monitor's judgement, has not met the SEP standard. No" indicates that, in the Monitor's judgment, DCF has not fulfilled its obligation regarding the requirement. "NA" indicated that data are not available for the relevant monitoring period.
[28] November 2015 was the most current data available at the time of writing of this report.
[29] Monthly performance is as follows: January, 87%; February, 87%; March, 85%; April, 86%; May, 85%; June, 86%.

Table 1A: To Be Achieved					
SEP Reference	**Quantitative or Qualitative Measure**	**Sustainability and Exit Plan Standard**	**December 2015 Performance**	**June 2016 Performance[26]**	**Requirement Fulfilled (Yes/No/Partially/NA)[27]**
IV.A. 15	Quality Investigations	85% of investigations shall meet the standards for quality investigations. The Monitor, in consultation with the parties, shall determine appropriate standards for quality investigations.	New data not available; quality measured through an Investigation Case Record Review, last conducted in Fall 2016.[30]	A review of a statistically significant sample[31] of investigations completed in February 2016 found that 83% of investigations met quality standards.[32]	No

[30] Investigation Case Record Review is conducted every two years.
[31] Three-hundred and twenty-seven investigations were reviewed.
[32] Reviewers could select four possible responses to the question of the quality of the investigation which included completely, substantially, marginally and not at all. Completely and substantially responses are considered as having met quality standards. The results have a +/- 5% marginal error with 95% confidence.

Table 1A: To Be Achieved					
SEP Reference	**Quantitative or Qualitative Measure**	**Sustainability and Exit Plan Standard**	**December 2015 Performance**	**June 2016 Performance[26]**	**Requirement Fulfilled (Yes/No/Partially/NA)[27]**
Family Teaming					
IV.B. 17	Subsequent FTMs within 12 months	80% of children will have three additional FTMs within the first 12 months of the child coming into placement.	In December 2015, 77% of children had an additional three or more FTMs within the first 12 months of placement. Monthly range during July – December 2015 monitoring period: 74 to 78%.	In June 2016, 86% of children had an additional three or more FTMs within the first 12 months of placement. Monthly range during January – June 2016 monitoring period: 76 to 87%.[33, 34]	Yes
IV.B. 19	Subsequent FTMs after 12 months – Other than Reunification Goal	After the first 12 months of a child being in care, for those children with a goal other than reunification, 90% shall have at least two FTMs each year.	In December 2015, 78% of children with a goal other than reunification had two or more FTMs after 12 months of placement. Monthly range July – December 2015 monitoring period: 63 to 78%.	In June 2016, 83% of children with a goal other than reunification had two or more FTMs after 12 months of placement. Monthly range during January – June 2016 monitoring period: 73 to 87%.[35, 36]	No

[33] Monthly performance on FTMs held within the first 12 months in placement is as follows: January, 87%; February, 76%; March, 82%; April, 81%; May, 83%; June, 86%.
[34] Reported performance may understate actual performance because data do not exclude instances where an FTM is not required. These data, however, do reflect one FTM event for one applicable child in February 2016 provided by DCF and validated by the Monitor in which exceptions to FTM policy were appropriately applied and documented.
[35] Monthly performance on FTMs held after the first 12 months in placement with a goal other than reunification is as follows: January, 74%; February, 73%; March, 73%; April, 82%; May, 87%; June, 83%.
[36] Reported performance may understate actual performance because data do not exclude all instances where an FTM is not required. These data reflect 7 FTM events provided by DCF and validated by the Monitor in which exceptions to FTM policy were appropriately applied and documented.

Table 1A: To Be Achieved					
SEP Reference	**Quantitative or Qualitative Measure**	**Sustainability and Exit Plan Standard**	**December 2015 Performance**	**June 2016 Performance[26]**	**Requirement Fulfilled (Yes/No/Partially/NA)[27]**
IV.B. 20	Quality of Teaming	75% of cases involving out-of-home placements that were assessed as part of the QR process will show evidence of both acceptable team formation and acceptable functioning. The Monitor, in consultation with the parties, shall determine the standards for quality team formation and functioning.	40% of cases rated at least minimally acceptable on both QR *family teamwork* indicators: *team formation* and *team functioning*. (CY 2015)	51% of cases rated at least minimally acceptable on QR indicator *teamwork and coordination*.[37, 38] (January-June 2016)	NA[39]

[37] Under the new QR protocol, the *team formation* and *team functioning* indicators are measured under one indicator, *teamwork and coordination*.
[38] Reported performance based upon QR findings from 95 out-of-home cases reviewed between January and June 2016; forty-eight of 95 (51%) rated acceptable on the *teamwork and coordination* indicator.
[39] The Monitor will reserve determination on this performance until the annual data are available.

Table 1A: To Be Achieved					
SEP Reference	**Quantitative or Qualitative Measure**	**Sustainability and Exit Plan Standard**	**December 2015 Performance**	**June 2016 Performance[26]**	**Requirement Fulfilled (Yes/No/Partially/NA)[27]**
Needs Assessment					
IV.C. 21	Needs Assessment	The state shall regularly evaluate the need for additional placements and services to meet the needs of children in custody and their families, and to support intact families and prevent the need for out-of-home care. Such needs assessments shall be conducted on an annual, staggered basis that assures that every county is assessed at least once every three years. The State shall develop placements and services consistent with the findings of these needs assessments.	DCF has completed Phase I and II of a three part Needs Assessment process.[40] In April 2016, DCF published its March 2016 – New Jersey DCF Needs Assessment Interim Report.	DCF began the Phase III process to consist of interviews and focus groups involving 170 participants, including external and internal stakeholders. DCF anticipates a final report will be completed by December 2017.	Partially

[40] DCF has modified the Needs Assessment to be a four part process.

Table 1A: To Be Achieved					
SEP Reference	**Quantitative or Qualitative Measure**	**Sustainability and Exit Plan Standard**	**December 2015 Performance**	**June 2016 Performance[26]**	**Requirement Fulfilled (Yes/No/Partially/NA)[27]**
Case And Service Planning					
IV.D. 22	Initial Case Plans	95% of initial case plans for children and families shall be completed within 30 days.	100% of children entering care had case plans developed within 30 days. Monthly range during July – December 2015 monitoring period: 88 to 100%.	96% of children entering care had case plans developed within 30 days. Monthly range during January – June 2016 monitoring period: 91 to 99%.[41]	Yes
IV.D. 23	Quality of Case Plans	80% of case plans shall be rated acceptable as measured by the QR process. The Monitor, in consultation with the parties, shall determine that standards for quality case planning.	53% of cases rated at least minimally acceptable on both QR indicators *case planning process* and *tracking and adjusting*. (CY 2015)	51% of cases rated at least minimally acceptable on both QR indicators *case planning process* and *tracking and adjusting*.[42] (January-June 2016)	NA[43]

[41] Monthly performance on case plans developed within 30 days of placement is as follows: January, 99%; February, 98%; March, 94%; April, 91%; May, 96%; June, 96%.
[42] 126 cases were reviewed as part of the QRs conducted from January to June 2016. Sixty-four of 126 (51%) in and out-of-home cases rated acceptable on *both* the *case planning process* and *tracking and adjusting indicators*; 72 of 126 cases (57%) rated acceptable on *case planning process*; and 83 of 126 cases (66%) rated acceptable on *tracking and adjusting*.
[43] The Monitor will reserve determination on this performance until the annual data are available.

Table 1A: To Be Achieved					
SEP Reference	**Quantitative or Qualitative Measure**	**Sustainability and Exit Plan Standard**	**December 2015 Performance**	**June 2016 Performance[26]**	**Requirement Fulfilled (Yes/No/Partially/NA)[27]**
Caseloads					
IV.E. 24	Intake workers (Local Offices) Caseload	95% of local offices will have average caseloads for Intake workers of no more than 12 families and no more than eight new case assignments per month.	Unable To Determine.[44]	100% of local offices met intake caseload standards. Monthly range during January-June 2016 monitoring period: 98 to 100%.[45]	Yes
IV.E. 25	Intake workers Caseload	90% of individual intake works shall have no more than 12 open cases and no more than eight new case assignments per month. No intake worker with 12 or more open cases can be given more than two secondary assignments per month.	Unable To Determine.[46]	93% of Intake workers met caseload standards.[47] Monthly range during January – June 2016 monitoring period: 90 to 95%.[48]	Yes

[44] The Monitor did not report on Intake caseloads during the last monitoring period due to data irregularities and while efforts to address them were being pursued by DCF.
[45] Monthly performance for average office intake caseloads is as follows: January, 100%; February, 98%; March, 100%; April, 98%; May, 98%; June, 100%.
[46] The Monitor did not report on Intake caseloads during the last monitoring period due to data irregularities and while efforts to address them were being pursued by DCF.
[47] Reported performance is the average of DCF's performance in meeting individual caseload standards during this six month monitoring period.
[48] Monthly performance for individual Intake worker caseloads is as follows: January, 95%; February, 92%; March, 94%; April, 93%; May, 90%; June, 93%.

Table 1A: To Be Achieved					
SEP Reference	**Quantitative or Qualitative Measure**	**Sustainability and Exit Plan Standard**	**December 2015 Performance**	**June 2016 Performance[26]**	**Requirement Fulfilled (Yes/No/Partially/NA)[27]**
IV.E. 27	Adoption Workers Caseload	95% of individual adoption worker caseloads shall be no more than 15 children per worker.	92% of Adoption workers met caseload standards. Monthly range during July – December 2015 monitoring period: 88 to 94%.	94% of Adoption workers met caseload standards.[49] Monthly range during January – June 2016 monitoring period: 93 to 96%.[50]	Yes[51]
Visitation					
IV.F. 28	Caseworker Contacts with Family When Goal is Reunification	90% of families will have at least twice-per-month, face-to-face contact with their caseworker when the permanency goal is reunification.	In December 2015, 77% of applicable parents of children in custody with a goal of reunification had at least two face-to-face visits with a caseworker. Monthly range during July – December 2015 monitoring period: 76 to 80%.	In June 2016, 74% of applicable parents of children in custody with a goal of reunification had at least two face-to-face visits with a caseworker. Monthly range during January – June 2016 monitoring period: 71 to 74%.[52, 53]	No

[49] Reported performance is the average of DCF's performance in meeting individual caseload standards during this six month monitoring period.
[50] Monthly performance for individual adoption worker caseloads is as follows: January, 93%; February, 96%; March, 93%; April, 93%; May, 95%; June, 94%.
[51] Performance is calculated based on an average of the six month period and it is one percentage point short of the SEP standard.
[52] Monthly performance on twice-per-month caseworker visits with parents is as follows: January, 71%; February, 72%; March, 73%; April, 74%; May, 73%; June, 74%. Reported performance may understate actual performance because data do not account for cases in which a visit was not required.
[53] Data for this period are not comparable to data reported in the previous monitoring period. In that period, data analysis for this measure took into account a small percentage of cases in which the Monitor was able to validate that a visit was not required. Cases in which visits were not required were not excluded for reporting purposes this reporting period.

Table 1A: To Be Achieved					
SEP Reference	**Quantitative or Qualitative Measure**	**Sustainability and Exit Plan Standard**	**December 2015 Performance**	**June 2016 Performance[26]**	**Requirement Fulfilled (Yes/No/Partially/NA)[27]**
IV.F 31	Child Visits with Siblings	85% of children in custody who have siblings with whom they are not residing will visit those siblings at least monthly, excluding those situations where a court order prohibits or regulates visits or there is supervisory approval of a decision to cancel a visit because it is physically or psychologically harmful to a child.	In December 2015, 77% of children in custody who have siblings with whom they are not residing visited with their siblings monthly. Monthly range during July – December 2015 monitoring period: 73 to 78%.	In June 2016, 71% of children in custody who have siblings with whom they are not residing visited with their siblings monthly. Monthly range during January – June 2016 monitoring period: 71 to 76%.[54, 55]	No
Placement					
IV.G 35	Placement Stability, First 12 Months in Care	At least 84% of children entering out-of-home placement for the first time in a calendar year will have no more than one placement change during the 12 months following their date of entry.	Of all children who entered out-of-home care for the first time in CY 2014, 82% had no more than one placement change in the 12 months following their date of entry.	CY 2015 data not yet available.[56]	NA

[54] Performance data for the monitoring period for monthly sibling visits is as follows: January, 74%; February, 75%; March, 71%; April, 76%; May, 74%; June, 71%.
[55] Reported performance may understate actual performance because data do not account for instances in which a visit is not required. A review of a statistically significant sample of cases by the Monitor found that exceptions were not appropriately applied in a majority of cases. The Monitor has therefore not excluded any cases from the universe of cases requiring sibling visits during this monitoring period.
[56] CY 2015 data will not be available until early CY 2017.

Table 1A: To Be Achieved					
SEP Reference	**Quantitative or Qualitative Measure**	**Sustainability and Exit Plan Standard**	**December 2015 Performance**	**June 2016 Performance[26]**	**Requirement Fulfilled (Yes/No/Partially/NA)[27]**
Maltreatment					
IV.H 38	Maltreatment Post-Reunification	Of all children who enter foster care in a 12-month period for the first time who are discharged within 24 months to reunification or living with a relative(s), no more than 6.9% will be the victims of abuse or neglect within 12 months of their discharge.[57]	Of all children entering care for the first time in CY 2012 who discharged to reunification or living with a relative within 24 months, 7.7% were victims of abuse or neglect within 12 months after their discharge.	CY 2013 data not yet available.[58]	NA
IV.H 39	Re-entry to Placement	Of all children who enter foster care in a 12 month period for the first time who are discharged within 12 months to reunification, living with a relative(s), or guardianship, no more than 9% will re-enter foster care within 12 months of their discharge.	Of all children entering care for the first time in CY 2013 who discharged to reunification, living with a relative or guardianship within 12 months, 11.5% re-entered foster care within 12 months of their discharge.	CY 2014 data not yet available.[59]	NA

[57] Under the MSA standard, no more than 4.8% of children who reunified shall be victims of substantiated abuse or neglect within one year after reunification.
[58] CY 2013 data will not be available until early CY 2017.
[59] CY 2014 data will not be available until early CY 2017.

Table 1A: To Be Achieved					
SEP Reference	**Quantitative or Qualitative Measure**	**Sustainability and Exit Plan Standard**	**December 2015 Performance**	**June 2016 Performance[26]**	**Requirement Fulfilled (Yes/No/Partially/NA)[27]**
Timely Permanency					
IV.I 41	Permanency within 24 Months	Of all children who enter foster care in a 12-month period, at least 66% will be discharged to permanency (reunification, living with relatives, guardianship or adoption) within 24 months of entering foster care.[60]	Of all children who entered foster care in CY 2013, 64% discharged to permanency within 24 months of entering foster care.	CY 2014 data not yet available.[61]	NA
IV.I 42	Permanency within 36 Months	Of all children who enter foster care in a 12-month period, at least 80% will be discharged to permanency (reunification, living with relatives, guardianship or adoption) within 36 months of entering foster care.	Of all children who entered foster care in CY 2012, 78% discharged to permanency within 36 months of entering foster care.	CY 2013 data not yet available.[62]	NA

[60] Under the MSA standard, 47% of all children who were in foster care on the first day of the target year and remained in care between 12 – 24 months were to be discharged to permanency prior to their 21st birthday.
[61] CY 2014 data will not be available until early CY 2017.
[62] CY 2013 data will not be available until early CY 2017.

Table 1A: To Be Achieved					
SEP Reference	**Quantitative or Qualitative Measure**	**Sustainability and Exit Plan Standard**	**December 2015 Performance**	**June 2016 Performance[26]**	**Requirement Fulfilled (Yes/No/Partially/NA)[27]**
IV.I 43	Permanency within 48 Months	Of all children who enter foster care in a 12-month period, at least 86% will be discharged to permanency (reunification, living with relatives, guardianship or adoption) within 48 months of entering foster care.	Of all children who entered foster care in CY 2011, 85% discharged to permanency within 48 months of entering foster care.	CY 2012 data not yet available.[63]	NA
Services to Support Transition					
IV.J 44	Services to Support Transitions	80% of cases will be rated acceptable for supporting transitions as measured by the QR. The Monitor, in consultation with the parties, shall determine the standards for quality support for transitions.[64]	68% of cases rated at least minimally acceptable on QR indicator *transitions and life adjustments*. (CY 2015)	65% of cases rated at least minimally acceptable on QR indicator *successful transitions*.[65, 66] (January-June 2016)	NA[67]

[63] CY 2012 data will not be available until early CY 2017.
[64] Under the MSA standard, 90% of cases were to have been rated as acceptable for supporting transitions as measured by the QR.
[65] To be applicable to this measure, the case reviewed must have a transition that has occurred within the last 90 days or have a transition identified within the next 90 days of the QR. Eighty-four of the total 126 QR cases reviewed from January to June 2016 were applicable. Fifty-five of the 84 cases (65%) rated acceptable for *services to support transitions*.
[66] This indicator replaces the previous *transitions and life adjustments* indicator in the new QR protocol.
[67] The Monitor will reserve determination on this performance until the annual data are available.

Table 1A: To Be Achieved					
SEP Reference	**Quantitative or Qualitative Measure**	**Sustainability and Exit Plan Standard**	**December 2015 Performance**	**June 2016 Performance[26]**	**Requirement Fulfilled (Yes/No/Partially/NA)[27]**
Older Youth					
IV.K 47	Housing	95% of youth exiting care without achieving permanency shall have housing.	91% of youth exiting care between January and December 2015 without achieving permanency had documentation of a housing plan upon exiting care.[68]	91% of youth exiting care between January and June 2016 without achieving permanency had documentation of a housing plan upon exiting care.[69]	No
IV.K 48	Employment/Education	90% of youth exiting care without achieving permanency shall be employed, enrolled in or have recently completed a training or an educational program or there is documented evidence of consistent efforts to help the youth secure employment or training.[70]	85% of youth exiting care between January and December 2015 without achieving permanency were either employed or enrolled in education or vocational training programs.[71]	83% of youth exiting care between January and June 2016 without achieving permanency were either employed or enrolled in education or vocational training programs.[72]	No

[68] Case records for 72 youth were reviewed.
[69] Case records for 83 youth were reviewed.
[70] Under the MSA standard, 95% of youth were to have been employed, enrolled in, or completing a training or an educational program or have documented evidence of consistent efforts to help the youth secure employment or training.
[71] Case records for 72 youth were reviewed.
[72] Case records for 83 youth were reviewed.

Table 1B: To Be Maintained					
Reference	**Quantitative or Qualitative Measure**	**Sustainability and Exit Plan Standard**	**December 2015 Performance**	**June 2016 Performance[26]**	**Requirement Maintained (Yes/No/Other/NA)[73]**
Investigations					
III.A. 1	Institutional Abuse Investigations Unit (IAIU)	80% of IAIU will be completed within 60 days.	86% of IAIU were completed within 60 days.	87% of IAIU were completed within 60 days.	Yes
IV.A. 14	Timeliness of Investigation Completion (90 days)	95% of all investigations of alleged child abuse and neglect shall be completed within 90 days. Cases with documented acceptable extensions in accordance with policy are considered compliant.	In November 2015,[74] 95% of all investigations were completed within 90 days.[75] Monthly range during January – November 2015 monitoring period: 95 to 96%.	In June 2016, 95% of all investigations were completed within 90 days.[76]	Yes

[73] "Yes" indicates that, in the Monitor's judgment based on presently available information, DCF has fulfilled its obligations regarding the requirement under the SEP. The Monitor has also designated "Yes" for a requirement where DCF has met or is within one percentage point of the SEP standard or there are a small number of cases causing the failure to meet the SEP standard. "Other" is used when, in the Monitor's judgment, there has been a temporary and/or insubstantial decline in performance on the SEP standard during this period. "No" indicates that, in the Monitor's judgment, DCF has not fulfilled its obligation regarding the requirement. "NA" indicated that data are not available for the relevant monitoring period.

[74] November 2015 was the most current data available at the time of writing of the prior report.

[75] The Monitor was unable to validate appropriate use of investigation extensions and thus could not determine performance for this monitoring period using the new reporting methodology. Data on these measures understate performance because they do not yet reflect acceptable extension requests.

[76] Data on this measure understates performance because they do not reflect acceptable extension requests.

Table 1B: To Be Maintained					
Reference	**Quantitative or Qualitative Measure**	**Sustainability and Exit Plan Standard**	**December 2015 Performance**	**June 2016 Performance[26]**	**Requirement Maintained (Yes/No/Other/NA)[73]**
Family Teaming					
IV.B. 16	Initial Family Team Meeting	80% of children newly entering placement shall have a family team meeting before or within 45 days of placement.	In December 2015, 85% of children newly entering placement had a FTM within 45 days of entering placement. Monthly range during July – December 2015 monitoring period: 80 to 88%.	In June 2016, 75% of children newly entering placement had a FTM within 45 days of entering placement. Monthly range during January – June 2016 monitoring period: 74 to 87%.[77, 78]	Other (Insubstantial/Temporary Decline)[79]
IV.B. 18	Subsequent FTMs after 12 months – Reunification Goal	After the first 12 months of a child being in care, 90% of those with a goal of reunification will have at least three FTMs each year.	In December 2015, 100% of children with a goal of reunification had three or more FTMs after 12 months of placement. Monthly range during July – December 2015 monitoring period: 83 to 100%.	In June 2016, 79% of children with a goal of reunification had three or more FTMs after 12 months of placement. Monthly range during January – June 2016 monitoring period: 79 to 94%.[80, 81]	Other (Insubstantial/Temporary Decline) [82]

[77] Monthly performance on Initial FTMs is as follows: January, 77%; February, 87%; March, 85%; April, 74%; May, 74%; June, 75%.

[78] Reported performance may understate actual performance because data do not exclude all instances where an FTM is not required

[79] Performance has declined, but the Monitor has determined this decline is temporary in accordance with the SEP provisions and will monitor performance over the next period to see whether previously achieved performance levels are achieved.

[80] Monthly performance on FTMs held after the first 12 months in placement with a goal of reunification is as follows: January, 93%; February, 83%; March, 94%; April, 92%; May, 94%; June, 79%. Monthly fluctuations in performance percentages in part reflect the small numbers of applicable children each month.

[81] Reported performance may understate actual performance because data do not exclude all instances where an FTM is not required

[82] While performance was met in four of the six months, a performance decline is noted and in accordance with the SEP, the Monitor will closely review this measure over the next period to see whether previous performance levels are achieved.

Table 1B: To Be Maintained					
Reference	**Quantitative or Qualitative Measure**	**Sustainability and Exit Plan Standard**	**December 2015 Performance**	**June 2016 Performance[26]**	**Requirement Maintained (Yes/No/Other/NA)[73]**
Caseloads					
III.B. 2	Supervisor/Worker Ratio	95% of offices will have sufficient supervisory staff to maintain a 5 worker to 1 supervisor ratio.	98% of Local Offices have sufficient supervisory staff.	100% of Local Offices have sufficient supervisory staff.	Yes
III.B. 3	IAIU Investigators Caseload	95% of IAIU investigators will have (a) no more than 12 open cases, and (b) no more than eight new case assignments per month.	100% of IAIU investigators met caseload standards.	100% of IAIU investigators met caseload standards.	Yes
III.B. 4	Permanency Workers (Local Offices) Caseload	95% of local offices will have average caseloads for permanency workers of (a) no more than 15 families, and (b) no more than 10 children in out-of-home care.	100% of Local Offices met permanency standards.	100% of Local Offices met permanency standards.	Yes
III.B. 5	Permanency Workers Caseload	95% of permanency workers will have (a) no more than 15 families, and (b) no more than 10 children in out of home care.	100% of Permanency workers met caseload standards.	100% of Permanency workers met caseload standards.[83]	Yes

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

Table 1B: To Be Maintained					
Reference	**Quantitative or Qualitative Measure**	**Sustainability and Exit Plan Standard**	**December 2015 Performance**	**June 2016 Performance[26]**	**Requirement Maintained (Yes/No/Other/NA)[73]**
IV.E. 26	Adoption Workers (Local Offices) Caseload	95% of Local Offices will have average caseloads for adoption workers of no more than 15 children per worker.	98% of Local Offices met adoption standards. Monthly range during July – December 2015 monitoring period: 95 to 98%.	100% of Local Offices met adoption standards.	Yes
Case Plans					
III. C. 6	Timeliness of Current Plans	95% of case plans for children and families will be reviewed and modified no less frequently than every six months.	97% of case plans were reviewed and modified as necessary at least every six months. Monthly range during July – December 2015 monitoring period: 95 to 97%.	96% of case plans were reviewed and modified as necessary at least every six months. Monthly range during January – June 2016 monitoring period: 95 to 96%.	Yes
DAsG					
III.D. 7	Adequacy of DAsG Staffing	The State will maintain adequate DAsG staff positions and keep positions filled.	132 (100%) of 132 staff positions filled with seven staff on leave; 125 (95%) available DAsG.	134 (100%) of 134 staff positions filled with four staff on leave; 130 (97%) available DAsG.[84]	Yes

[84] DCF reported that during this monitoring period DAsG outside of the DCF Practice Group have dedicated their time to DCF matters.

Table 1B: To Be Maintained					
Reference	**Quantitative or Qualitative Measure**	**Sustainability and Exit Plan Standard**	**December 2015 Performance**	**June 2016 Performance[26]**	**Requirement Maintained (Yes/No/Other/NA)[73]**
Child Health Units					
III.E. 8	Child Health Units	The State will continue to maintain its network of child health units, adequately staffed by nurses in each local office.	As of December 2015, DCF had 168 health care case managers and 84 staff assistants.	As of June 2016, DCF had 180 health care case managers and 84 staff assistants.[85, 86]	Yes
Visitation					
IV.F. 29	Parent-Child Visits – weekly	60% of children in custody with a return home goal will have an in-person visit with their parent(s) at least weekly, excluding those situations where a court order prohibits or regulates visits or there is a supervisory approval of a decision to cancel a visit because it is physically or psychologically harmful to a child.	In December 2015, 81% of applicable children had weekly visits with their parents. Monthly range during July – December 2015 monitoring period: 76 to 81%.	In June 2016, 84% of applicable children had weekly visits with their parents. Monthly range during January – June 2016 monitoring period: 82 to 87%.[87]	Yes

[85] In June, 2016 of the 180 health care case managers (HCCM), 175 were available for coverage for a ratio of one HCCM to every 41 children in out-of-home care. A ratio of one HCCM to 50 children in out-of-home care or less is considered adequately staffed.

[86] During this monitoring period, DCF changed the staffing structure in its Child Heath Units (CHUs). The Regional Nurse Coordinator positions were eliminated statewide to allow for an increased number of HCCMs.

[87] Monthly performance on weekly visits between parents and children is as follows: January, 82%; February, 86%; March, 84%; April, 86%; May, 87%; June, 84%.

Table 1B: To Be Maintained					
Reference	**Quantitative or Qualitative Measure**	**Sustainability and Exit Plan Standard**	**December 2015 Performance**	**June 2016 Performance[26]**	**Requirement Maintained (Yes/No/Other/NA)[73]**
IV.F 30	Parent-Child Visits – bi-weekly	85% of children in custody will have an in-person visit with their parent(s) or legally responsible family member at least every other week, excluding those situations where a court order prohibits or regulates visits or there is supervisory approval of a decision to cancel a visit because it is physically or psychologically harmful to a child.	In December 2015, 86% of applicable children had bi-weekly visits with their parents. Monthly range during July – December 2015 monitoring period: 85 to 87%.	In June 2016, 89% of applicable children had bi-weekly visits with their parents. Monthly range during January – June 2016 monitoring period: 86 to 89%.[88]	Yes

[88] Monthly performance on bi-weekly visits between parents and children is as follows: January, 86%; February, 88%; March, 89%; April, 89%; May, 88%; June, 89%. The validation process looked only at one of two types of cases for which DCF utilized an exception. After the Monitor had begun the validation process in December 2016, DCF identified additional cases in which an exception was believed to apply. Due to time constraints, the Monitor did not validate the use of exceptions in this second set of cases and, therefore, did not exclude any of the cases. As a result, actual performance may exceed reported performance for this period.

Table 1B: To Be Maintained					
Reference	**Quantitative or Qualitative Measure**	**Sustainability and Exit Plan Standard**	**December 2015 Performance**	**June 2016 Performance[26]**	**Requirement Maintained (Yes/No/Other/NA)[73]**
III.F. 9	Caseworker Contacts with Children – New Placement/Placement Change	93% of children shall have at least twice-per-month face-to-face contact with their caseworker within the first two months of placement, with at least one contact in the placement.	In November 2015, 94% of children had two visits per month, one of which was in the placement, during the first two months of an initial or subsequent placement. Monthly range during July – November 2015 monitoring period:[89] 90 to 94%.	In June 2016, 91% of children had two visits per month, one of which was in the placement, during the first two months of an initial or subsequent placement. Monthly range during January – June 2016 monitoring period: 88 to 94%.[90]	Other (Insubstantial/Temporary Decline)[91]
III.F. 10	Caseworker Contact with Children in Placement	During the remainder of the placement, 93% of children shall have at least one caseworker visit per month, in the placement.	In December 2015, 97% of children had at least one caseworker visit per month in his/her placement. Monthly range during July – December 2015 monitoring period: 96 to 97%.	In June 2016, 96% of children had at least one caseworker visit per month in his/her placement. Monthly range during January – June 2016 monitoring period: 96 to 97%.[92]	Yes

[89] Data for December 2015 was not available at the time of this report.
[90] Performance data for the monitoring period for caseworker visits with children after a new placement is as follows: January, 88%; February, 90%; March, 91%; April, 92%; May, 94%; June, 91%.
[91] This is the second period in which performance fell below the standard in some months.
[92] Performance data for the monitoring period for caseworker visits with children is as follows: January, 97%; February, 96%; March, 96%; April, 97%; May, 97%; June, 96%.

Table 1B: To Be Maintained					
Reference	**Quantitative or Qualitative Measure**	**Sustainability and Exit Plan Standard**	**December 2015 Performance**	**June 2016 Performance[26]**	**Requirement Maintained (Yes/No/Other/NA)[73]**
Placement					
IV.G 32	Placing Siblings	At least 80% of siblings groups of two or three children entering custody will be placed together.	In CY 2015, 79% of sibling groups of 2 or 3 were placed together.	CY 2016 data not yet available.	NA
IV.G 33	Sibling Placements of Four or More Children	All children will be placed with at least one other sibling 80% of the time.	In CY 2015, 87% of applicable children were placed with at least one other sibling.	CY 2016 data not yet available.	NA
IV.G.34	Recruitment for Sibling Groups of Four or More	DCF will continue to recruit for resource homes capable of serving sibling groups of four or more.	DCF is focusing recruitment efforts on targeted needs, including large sibling groups. DCF began and ended CY 2015 with a total of 24 SIBS homes: 16 SIBS homes were newly licensed during CY 2015 and 16 SIBS homes left the program.	Between January and June 2016, DCF expanded its Siblings in Best Placement Settings (SIBS) program to include resource families (kinship, non-kinship or new families) willing and able to accommodate large sibling groups of four or more children. As of June 2016, DCF had 94 SIBS homes: 65 homes with the capacity for four children and 29 homes with the capacity of five or more children.	Yes

Table 1B: To Be Maintained					
Reference	**Quantitative or Qualitative Measure**	**Sustainability and Exit Plan Standard**	**December 2015 Performance**	**June 2016 Performance[26]**	**Requirement Maintained (Yes/No/Other/NA)[73]**
IV.G 36	Placement Stability, 13 – 24 Months in Care	At least 88% of these children will have no more than one placement change during the 13 – 24 months following their date of entry.	Of all children entering care for the first time in CY 2013 who remained in care for at least 12 months, 97% had no more than one placement change during the 13 – 24 months following their date of entry.	CY 2014 data not yet available.[93]	NA
Education					
III.G. 11	Educational Needs	80% of cases will be rated acceptable as measured by the QR in stability (school) and learning and development. The Monitor, in consultation with the parties, shall determine the standards for school stability and quality learning and development.	86% of cases rated acceptable for both QR indicators: *stability (school)* and *learning and development*. (CY 2015)	85% of cases rated acceptable for both QR indicators: *stability (school)* and *learning and development*.[94] (January-June 2016)	NA[95]

[93] CY 2014 data will be available early CY 2017.

[94] Sixty of the total 126 QR cases reviewed from January to June 2016 were applicable for this performance measure because cases must involve children five and older who are in out-of-home placement. Fifty-one of 60 applicable cases (85%) rated acceptable on *both* the *stability (school)* and *learning and development* (age 5 and older) QR indicators. Seventy-six of 83 applicable cases (92%) rated acceptable on *stability (school)* alone. Seventy-six of 84 applicable (92%) cases rated acceptable on *learning and development* alone.

[95] The Monitor will reserve determination on this performance until the annual data are available.

Table 1B: To Be Maintained					
Reference	**Quantitative or Qualitative Measure**	**Sustainability and Exit Plan Standard**	**December 2015 Performance**	**June 2016 Performance[26]**	**Requirement Maintained (Yes/No/Other/NA)[73]**
Maltreatment					
III.H. 12	Abuse and Neglect of Children in Foster Care	No more than 0.49% of children will be victims of substantiated abuse or neglect by a resource parent or facility staff member.	CY 2015, 0.16% of applicable children in foster care were victims of substantiated abuse or neglect by resource parent or facility staff.	CY 2016 data not yet available.	NA
IV.H 37	Repeat Maltreatment (In-home)	No more than 7.2% of children who remain at home after a substantiation of abuse or neglect will have another substantiation within the next 12 months.	Of all children with a substantiated investigation within CY 2013 who remained in their home, 6.9% had another substantiation within the next 12 months.	CY 2014 data not yet available.[96]	NA

[96] CY 2014 data will not be available until early 2017.

Table 1B: To Be Maintained					
Reference	**Quantitative or Qualitative Measure**	**Sustainability and Exit Plan Standard**	**December 2015 Performance**	**June 2016 Performance[26]**	**Requirement Maintained (Yes/No/Other/NA)[73]**
Permanency					
IV.I 40	Permanency within 12 Months	Of all children who enter foster care in a 12-month period, at least 42% will be discharged to permanency (reunification, living with relatives, guardianship or adoption) within 12 months of entering foster care.	Of all children who entered foster care in CY 2014, 41% discharged to permanency within 12 months of entering foster care.	CY 2015 data not yet available.[97]	NA
Older Youth					
IV.K 45	Independent Living Assessments	90% of youth ages 14 to18 have an Independent Living Assessment.	93% of youth ages 14 to 18 in out-of-home placement for at least six months had a completed Independent Living Assessment.	95% of youth ages 14 to 18 in out-of-home placement for at least six months had a completed Independent Living Assessment.[98]	Yes
IV.K 46	Quality of Case Planning and Services	75% of youth aged 18 to 21 who have not achieved legal permanency shall receive acceptable quality case management and service planning.	74% of youth cases reviewed rated acceptable. (CY 2015)	67% of youth cases reviewed rated acceptable.[99] (January-June 2016)	NA[100]

[97] CY 2015 data will not be available until early CY 2017.
[98] Monthly performance for completion of independent living assessments is as follows: January, 93%; February, 93%; March, 92%; April, 90%; May, 88%; June, 95%.
[99] Reported performance based upon QR findings from 21 cases of youth ages 18 to 21 whose cases were reviewed between January and June 2016. Cases were considered acceptable if acceptable ratings were determined for *both* Child (Youth)/Family Status and Practice Performance. Of the 21 cases reviewed, 17 (81%) rated acceptable on overall Child (Youth)/Family Status, 16 (76%) rated acceptable on Practice Performance and 14 (67%) cases were rated acceptable for *both* categories.
[100] The Monitor will reserve determination on this performance until the annual data are available.

Table 1C: Foundational Elements			
Reference	**Additional SEP Requirements That DCF Must Sustain:**	**Data Source**	**June 2016 Fulfilled (Yes/No)**
A. Data Transparency	DCF will continue to maintain a case management information and data collections system that allows for the assessment, tracking, posting or web-based publishing, and utilization of key data indicators.	Data are currently provided directly to the Monitor and published by DCF in reports and on its website.[101] NJ SPIRIT functionality is routinely assessed by the Monitor's use of NJ SPIRIT data for validation and through use of SafeMeasures, as well as in conducting case inquiries and case record reviews.	Yes

[101] Going forward, the following reports will be published as data sources for this Foundational Element: Report on Our Work with Children, Youth & Families; CP&P Outcome Report; Report on the Healthcare of Children in Out-of-Home Placement in NJ; Adoption Report; DCF Needs Assessment; and the DCF Workforce Report.

Table 1C: Foundational Elements			
Reference	**Additional SEP Requirements That DCF Must Sustain:**	**Data Source**	**June 2016 Fulfilled (Yes/No)**
B. Case Practice Model	Implement and sustain a Case Practice Model	QR Data Data are currently provided directly to the Monitor.[102] Monitor site visits and attendance at QRs, Childstat and other meetings.	Yes
	Quality investigation and assessment	Investigation case record review.	
	Safety and risk assessment and risk reassessment	Data are currently provided directly to the Monitor.[103]	
	Engagement with youth and families	QR Data Data are currently provided directly to the Monitor.[104]	
	Working with family teams	QR Data Data are currently provided directly to the Monitor.[105]	
	Individualized planning and relevant services	QR Data Data are currently provided directly to the Monitor.[106]	
	Safe and sustained transition from DCF	QR Data Data are currently provided directly to the Monitor.[107]	
	Continuous review and adaptations	Data are currently provided directly to the Monitor.[108]	

[102] Going forward, the following new report will be published as the data source for this Foundational Element: Report on Our Work with Children, Youth & Families.
[103] Ibid
[104] Ibid
[105] Ibid
[106] Ibid
[107] Ibid
[108] Ibid

Table 1C: Foundational Elements			
Reference	**Additional SEP Requirements That DCF Must Sustain:**	**Data Source**	**June 2016 Fulfilled (Yes/No)**
C. State Central Registry	Received by the field in a timely manner	Commissioner's Monthly Report	Yes
	Investigation commenced within required response time	Commissioner's Monthly Report	
D. Appropriate Placements	Appropriate placements of children	QR data Data are currently provided directly to the Monitor.[109] Monitor site visits and attendance at QRs, Childstat and other meetings.	Yes
	Resource family homes licensed and closed (kinship/non-kinship)	Commissioner's Monthly Report	
	Number of children in home/out of home demographic data	Quarterly Demographic Report	
	Placed in a family setting	Commissioner's Monthly Report	
	Placement proximity	Data are currently provided directly to the Monitor.[110]	
	No children under 13 years old in shelters	Commissioner's Monthly Report	
	Children over 13 in shelters no more than 30 days	Commissioner's Monthly Report	
	No behavioral health placements out of state without approval	Commissioner's Monthly Report	
	Adequate number of resource placements	CP&P Needs Assessment Data are currently provided directly to the Monitor.[111]	

[109] Ibid
[110] Ibid
[111] Ibid

Table 1C: Foundational Elements			
Reference	**Additional SEP Requirements That DCF Must Sustain:**	**Data Source**	**June 2016 Fulfilled (Yes/No)**
E. Service Array	Services for youth age 18-21, LGBTQI, mental health and domestic violence for birth parents with families involved with the child welfare system	Services for older youth can be found at NJYRS.org DCF Website will be updated with information on services for youth (e.g. Safe Space Liaison Program) CP&P Needs Assessment	Yes DCF continues to operate Safe Space Programs in the north, south and central regions of the state with representation from all Local Offices, IAIU and school-based programs. Two-day mandatory LGBTQI training was provided in 2016 and is required for leadership staff and front line workers.
	Preventive home visitation programs	Commissioner's Monthly Report	
	Family Success Centers	Commissioner's Monthly Report Monitor Site Visits	

Table 1C: Foundational Elements			
Reference	**Additional SEP Requirements That DCF Must Sustain:**	**Data Source**	**June 2016 Fulfilled (Yes/No)**
F. Medical and Behavioral Health Services	Appropriate medical assessment and treatment	Data are currently provided directly to the Monitor.[112]	Yes DCF provides sustained access to health care for children in out-of-home placement.
	Pre-placement and entry medical assessments	Data are currently provided directly to the Monitor.[113] Commissioner's Monthly Report	
	Dental examinations	Data are currently provided directly to the Monitor.[114] Commissioner's Monthly Report	
	Immunizations	Data are currently provided directly to the Monitor.[115] Commissioner's Monthly Report	
	Follow-up care and treatment	Data are currently provided directly to the Monitor.[116]	
	Mental health assessment and treatment	Data are currently provided directly to the Monitor.[117]	
	Behavioral health	CIACC Monthly Report	

[112] Going forward, the following new report will be published as the data source for this Foundational Element: Report on the Healthcare of Children in Out-of-Home Placement in NJ.
[113] Going forward, the following new reports will be published as data sources for this Foundational Element: Report on Our Work with Children, Youth & Families, CP&P Outcome Report, Report on the Healthcare of Children in Out-of-Home Placement in NJ and Adoption Report.
[114] Ibid
[115] Ibid
[116] Going forward, the following new report will be published as the data source for this Foundational Element: Report on the Healthcare of Children in Out-of-Home Placement in NJ.
[117] Going forward, the following new report will be published as the data source for this Foundational Element: Report on the Healthcare of Children in Out-of-Home Placement in NJ.

Table 1C: Foundational Elements			
Reference	**Additional SEP Requirements That DCF Must Sustain:**	**Data Source**	**June 2016 Fulfilled (Yes/No)**
G. Training	Pre-service training	Data are currently provided directly to the Monitor.[118]	Yes 100 percent of DCF's caseload carrying staff and supervisors completed at least 40 hours of annual in-service training. From January 1 to June 30, 2016, 190 staff were trained and passed competency exams in pre-service; 165 staff participated in concurrent planning training; 202 were trained and passed competency exams in investigations and intake; 34 supervisors completed supervisory training; and 46 staff were trained in adoption practice.
	Case practice model		
	Permanency planning		
	Concurrent planning		
	Adoption		
	Demonstration of competency		
H. Flexible Funding	DCF will continue to make flexible funds available for use by workers in crafting individualized service plans for children, youth and families to meet the needs of children and families, to facilitate family preservation and reunification where appropriate, and to ensure that families are able to provide appropriate care for children and to avoid the disruption of otherwise stable and appropriate placements.	Data are currently provided directly to the Monitor DCF Online Policy Manual Budget Report	Yes

[118] Going forward, the following new report will be published as the data source for this Foundational Element: Workforce Report

Table 1C: Foundational Elements			
Reference	**Additional SEP Requirements That DCF Must Sustain:**	**Data Source**	**June 2016 Fulfilled (Yes/No)**
I. Resource Family Care Support Rates	Family care support rates	DCF Online Policy Manual DCF Website.[119]	Yes
	Independent Living Stipend	DCF Online Policy Manual Youth Website	
J. Permanency	Permanency practices	Data are currently provided directly to the Monitor.[120] Monitor site visits and attendance at QRs, Childstat and other meetings.	Yes
	Adoption practices		
K. Adoption Practice	5- and 10-month placement reviews	Data are currently provided directly to the Monitor.[121] Monitor site visits and attendance at QRs, Childstat and other meetings.	Yes <u>5 month reviews</u> Monthly range during January – June 2016 monitoring period: 90 – 97% <u>10 month reviews</u> Monthly range during January – June 2016 monitoring period: 82 – 91% <u>Child specific recruitment</u> 59 children required a plan between January and June 2016; 58 (98%) had a plan developed within 30 days of goal change.
	Child specific recruitment		

[119] USDA has altered its schedule for producing its Annual Report on costs of raising a child. By agreement, DCF will update the rates within 30 days of the USDA annual report's release to meet the SEP standards and will provide written confirmation to the Monitor.
[120] Going forward, the following new report will be published as the data source for this Foundational Element: Report on Our Work with Children, Youth & Families
[121] Going forward, the following new report will be published as the data source for this Foundational Element: Adoption Report

IV. FOUNDATIONAL ELEMENTS

The Foundational Elements required in the SEP intentionally recognize the state's accomplishments in implementation of the MSA. These Foundational Elements remain enforceable and the state is required to continue to collect and publish related data to support their continued maintenance. During this monitoring period, DCF published the data reports described in the Introduction to this report. Three reports have not yet been published and are planned for production and dissemination through DCF's website: 1) Our Work with Children, Youth and Families Report; 2) CP&P Outcomes Report; and 3) Healthcare of Children in Out-of-Home Placement. As a result, for the reporting period January 1 to June 30, 2016, DCF continued to provide data directly to the Monitor for verification wherever necessary. Additionally, the Monitor assesses maintenance of key Foundational Elements through its participation in statewide QRs, conducting site visits to local offices; attendance at monthly Childstat presentations and meetings with stakeholders throughout the state.

During the monitoring period, DCF maintained performance on all Foundational Elements including such important provisions as Medical and Behavioral Health Services (SEP II.F), Training (SEP II.G) and Flexible Funding (SEP II.H).

In general, DCF's sustainability of the SEP Foundational Elements is reported primarily in Table 1C of this report. As agreed to in the SEP, the Monitor will not report on all Foundational Elements in each report unless the Monitor determines that it is useful to highlight some significant new action or to explain something in greater detail. For example, between January 1 and June 30, 2016, DCF developed a new approach to setting resource family home targets and expanded its Siblings in Best Placement Settings (SIBS) program and created new positions to ensure that the voices of former foster youth are heard. These developments are described below.

A. DATA TRANSPARENCY – SEP Section II.A

In April 2016, DCF launched the New Jersey Data Map, developed jointly by DCF and Rutgers Institute for Families (now part of the New Jersey Child Welfare Data Hub).[122] The Data Map is intended to help users better understand how children and families interact with the state's child welfare system. Users have access to key child welfare measures, population characteristics and socioeconomic variables at the state and county levels. The site was enhanced in November 2016 by the release of the New Jersey Child Welfare Data Portal, which allows viewers to create customized reports based on key information such as child abuse hotline referrals, number of children served, child protective services reports, child welfare referrals and IAIU reports. Users are able to view the data by key demographic categories such as age, sex, race, ethnicity, geographic area and year and is presented in a user-friendly manner with graphs and data tables. The Data Portal is a visual representation of the Department's commitment to working with the public and partners to be a learning organization dedicated to accountability and transparency.

[122] The DCF Data Hub website is found at: https://njchilddata.rutgers.edu/

B. CASE PRACTICE MODEL – SEP Section II.B

Safety and Risk Assessment

DCF completed a recent validation of their risk assessment, risk reassessment and risk reunification assessment tools during this reporting period, which included recommendations for revisions of the risk assessment and reassessment tools. During the next monitoring period DCF will be working with Children's Research Center to make the tool revisions, update its policy to offer clearer direction to staff and develop training curricula to support implementation of the updated tools.

C. APPROPRIATE PLACEMENTS – SEP Section II.D

Section II.D of the SEP provides that "when out-of-home placement is necessary, DCF will provide the most appropriate and least restrictive placements, allowing children to remain in their own communities, be placed with or maintain contact with siblings and relatives, and have their educational needs met. The State shall maintain an adequate number and array of family-based placements to appropriately place children in family settings."

DCF has continued to maintain an adequate pool of placement resource homes and group settings to meet the needs of children in out-of-home settings. At the same time, DCF recognizes the need to make improvements in its approach to setting targets for resource family homes, as described below.

As of June 30, 2016, a total of 7,125 children were in out-of-home placement; 6,484 (91%) in family-like settings, with 53 percent placed in non-kinship resource family homes and 38 percent in kinship homes. Seven percent of children were placed in group and residential settings and two percent were in independent living programs.

Between January 1 and June 30, 2016, DCF recruited and licensed 574 new kinship and non-kinship family homes; 352 (61%) of the 574 newly licensed homes were kinship homes.

A total of 831 resource family homes closed between January 1 and June 30, 2016, resulting in a net loss of 257 resource family homes during the monitoring period. DCF is in the process of evaluating the reason for the net loss during this monitoring period and is, among other things, closely examining how the continued increase in kinship homes factors into the losses, including whether the net loss may be due, in part, to the above-average number of kinship homes that closed due to children achieving permanency. It is important to continue to track and evaluate these trends in order to ensure that the State continues to have a robust pool of resource parents available in every area of the state.

The DCF Office of Resource Families (ORF) has continued to use a resource recruitment process that utilizes market segmentation as well as other more traditional recruitment strategies, including community outreach and engaging with existing families about the need for more homes willing to accept large sibling groups and adolescents. As in prior monitoring periods, DCF calculated its placement needs through the use of a fixed formula, accounting for the

number of children in placement in each county, the number and size of sibling groups placed, the number and location of the existing non-kinship resource families and the number of homes closed. Though this calculation has generally resulted in an ample number of kinship and non-kinship resource homes to accommodate the number of children in placement, DCF has been working for several years towards developing a process that more thoroughly accounts for the characteristics of existing placement resources so that recruitment targets can be more specifically tailored. For example, during this reporting period, ORF updated its approach to allow for more targeted recruitment of homes to accommodate large sibling groups.

In addition, as discussed in Section V.F, DCF expanded its Siblings in Best Placement Settings (SIBS) program this reporting period to include resource families (kinship, non-kinship or new families) willing and able to accommodate large sibling groups of four or more. Once accepted into the SIBS program, the resource family receives an increased board rate—to be used for a child's recreational needs, respite care or other supportive services—as well as a monthly retainer to ensure that the home is preserved for a sibling group of four or more when it is not being utilized. In response to recommendations of the Youth Advisory Board, the Commissioner created two new youth advocate positions at the Office of Resource Families (ORF) this monitoring period to ensure that youth voice is heard in the resource development process. The two young people appointed to the new positions will offer support in the areas of recruitment, training and retention of resource families.

D. SERVICE ARRAY – SEP Section II.E

Section II.E of the SEP requires the state to provide comprehensive, culturally responsive services to address the identified needs of the children, youth and families it serves, and maintain an adequate statewide network of Family Success Centers. These services shall include but not be limited to services for: youth age 18 to 21, LGBTQI services, mental health and domestic violence services for birth parents whose families are involved with the child welfare system and preventive home visitation programs.

Expansion of Resources

DCF has continued resource development work in important areas, including Request for Proposals (RFPs) for additional Family Success Centers, trauma-focused Cognitive Behavioral Therapy for child victims of domestic violence, substance abuse treatment programs and LGBTQI services.[123]

Older Youth Updates

Youth Age 18 to 21 Services

DCF continues to provide services to older youth in the areas of housing, education, employment, general transition support, youth engagement and permanency. DCF's work

[123] For more information, visit: http://www.nj.gov/dcf/providers/notices/

continues to positively evolve and expand the diversity of service offerings for older youth. This section is included to highlight changes to current services, policies and practices:

- Late last year, DCF was awarded federal funding to begin implementation of their Youth At-Risk of Homelessness work. Pilot services focused in Burlington, Mercer and Union counties were scheduled to begin in July 2016. There are three service types available – 1) radical permanency and group-based life skills; 2) a new goal-focused mentoring model aimed at building character and leadership skills; and 3) housing vouchers. Sixty of the 100 new Section 8 Housing Vouchers from New Jersey's Department of Community Affairs will be allocated to the pilot sites (20 per county) and will be prioritized toward youth with mental health, substance use or a juvenile justice history who are at risk of homelessness post DCF involvement.

- Beginning in April 2016, independent living stipend payments were moved from paper check to a debit card for youth. The card is reloadable and youth have access to a mobile app that helps them learn about financial literacy.

- The Office of Adolescent Services (OAS) has begun work to modify or create approximately 30 policies related to older youth. Policies related to the Voluntary Services Agreement, Independent Living Stipend and Independent Living Placements were updated and finalized with input from youth, workers and service providers.

E. PERMANENCY - SEP Section II.I

Section II.J of the SEP requires, "Consistent with the principles of this agreement, DCF will continue to strengthen and sustain appropriate permanency and adoption practices for the children and youth it serves, recognizing that DCF's permanency work begins at intake and is encompassing of the elements of the Case Practice Model."

Permanency is a cornerstone of child welfare work and DCF's continued training and implementation of the CPM provides a framework for staff to focus on improved permanency outcomes for children and families.

F. ADOPTION PRACTICE – SEP Section II.K

Section II.K of the SEP requires the state maintain the "process of freeing a child for adoption and seeking and securing an adoptive placement shall begin as soon as the child's permanency goal becomes adoption but no later than as required by federal law." The State will conduct five and 10 month placement reviews for children in custody. DCF shall commence the adoption process as soon as a diligent search process has been completed and has failed to identify the location of both parents or a suitable family placement. DCF shall develop a child specific recruitment plan for all children with a permanency goal of adoption needing the recruitment of an adoptive family." DCF will report on these data in the annual Adoption Report, which is

available on DCF's website.[124] Specific performance data for five- and 10- month placement reviews and child specific adoption recruitment plans for January through June 2016 are discussed below,[125] followed by several highlights from the 2016 annual Adoption Report.

To assure timely permanency, DCF workers conduct enhanced reviews in CP&P Local Offices to enable staff to engage families in concurrent planning, a child welfare practice in use throughout the country that requires workers to simultaneously work with families to safely reunify children as quickly as possible while also pursuing alternative permanency options should reunification efforts fail. Five- and 10- month placement reviews continue to occur regularly. DCF reports that between January and June 2016, 90 to 97 percent of applicable families each month had the required five-month reviews and between 82 and 91 percent of applicable families each month had the required 10- month reviews.

It is CP&P's practice to develop a child specific recruitment plan for children with a permanency goal of adoption who do not have an adoptive home identified at the time of termination of parental rights. These plans are to be developed within 30 days of a child's goal change. Nearly all required child specific adoption recruitment plans are being completed in a timely manner. Specifically, of the 59 children requiring a child specific plan between January and June 2016, 58 (98%) had a child specific recruitment plan developed within 30 days of goal change.[126]

Bulleted below are highlights from the DCF's annual Adoption Report for 2016 which includes outcome data from CY 2015 for a cohort of children who entered foster care in CY 2012.

- Of the 4,704 children who entered care in CY 2012, 55 percent were reunified within 36 months, 14 percent were adopted within 36 months, seven percent were discharged to live with relatives and three percent discharged to kinship legal guardianship.[127]
- A committed adoptive home was identified by the time parental rights were terminated for 88 percent of children who entered care in 2012 and had a goal of adoption.[128]
- Sixty-seven percent of kinship adoptions were completed within 36 months compared to 54 percent of planned resource home adoptions and 28 percent of select home adoptions.[129, 130]

[124] Adoption Repot 2016, which includes performance from CY 2015 for a cohort of children who entered care in 2012, is available at: http://www.nj.gov/dcf/childdata/exitplan/AdoptionReport2016.pdf
[125] Data for the current monitoring period, January through June 2016, were provided directly to the Monitor by DCF as data in the Adoption Report are for CY 2015.
[126] For the one case where the plan not completed within 30 days of goal change, the plan was developed within 60 days of goal change.
[127] Adoption Report 2016, p. 8.
[128] Ibid, at p.13.
[129] A select home adoption is when CP&P has not identified a kin or an unrelated resource parent who is ready and willing to adopt by the time parental rights are being terminated.
[130] Adoption Report 2016, p.14.

V. SEP PERFORMANCE MEASURES *TO BE ACHIEVED* AND *TO BE MAINTAINED*

This section of the report provides information on the requirements in the SEP for which the state has satisfied the specified performance targets for at least six months – designated as *To Be Maintained* – and, in more detail, those requirements that the state still needs to achieve – designated in the SEP as *To Be Achieved*. The report discusses them within each area of practice.

A. INVESTIGATIONS

Investigative Practice

The SEP includes four measures related to investigative practice – two are currently designated as *To Be Achieved* (completion of child abuse and neglect investigation within 60 days and quality of investigations) and the other two measures are *To Be Maintained* (timeliness of IA investigation completion and timeliness of alleged child abuse and neglect investigation completion within 90 days).

Timeliness of Investigation Completion

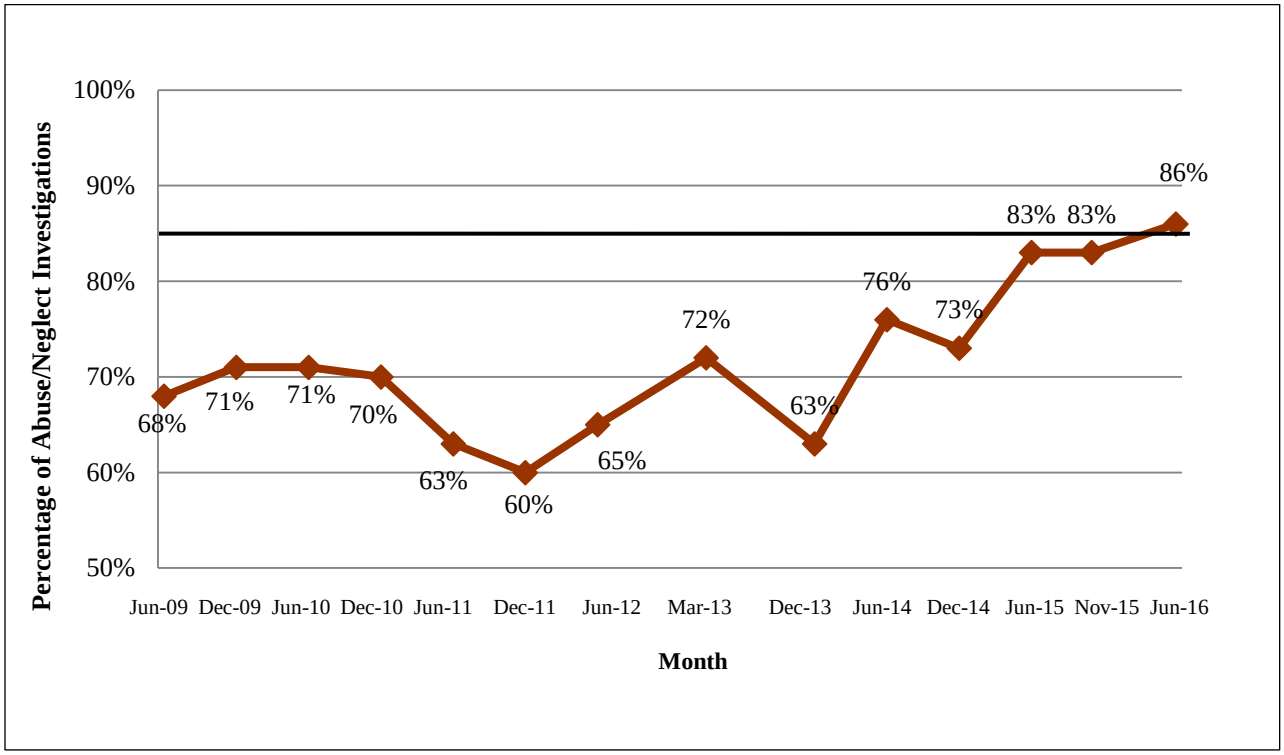
Quantitative or Qualitative Measure	13. Timeliness of Investigation Completion: Investigations of alleged child abuse and neglect shall be completed within 60 days.
Performance Target	85% of all abuse/neglect investigations shall be completed within 60 days. Cases with documented acceptable extensions in accordance with policy are considered compliant.

Performance as of June 30, 2016:

The SEP performance standard for timeliness of investigation completion within 60 days was met for the period of January through June 2016. In June 2016, there were 4,260 investigations of alleged child abuse and neglect, 3,666 (86%) of which were completed within 60 days. Performance from January to June 2016 ranged from a low of 85 percent to a high of 87 percent.

DCF met this standard for the first time this monitoring period.

Figure 1: Percentage of Abuse/Neglect Investigations Completed within 60 days (June 2009 – June 2016)



Source: DCF data

Quantitative or Qualitative Measure	14. Timeliness of Investigation Completion: Investigations of alleged child abuse and neglect shall be completed within 90 days.
Performance Target	95% of all abuse/neglect investigations shall be completed within 90 days. Cases with documented acceptable extensions in accordance with policy are considered compliant.

Performance as of June 30, 2016:

The SEP performance standard for the timeliness of investigation completion within 90 days continued to be met for period of January through June 2016. In June 2016, there were 4,260 investigations of child abuse and neglect and 4,033 (95%) were completed within 90 days.

Quality of Investigations

Quantitative or Qualitative Measure	15. Quality of Investigations: Investigations of alleged child abuse and neglect shall meet standards of quality.
Performance Target	85% of all abuse/neglect investigations shall meet standards of quality.

A case record review of the quality of CP&P's investigative practice was conducted in September 2016. The review examined the quality of practice of 327 randomly selected CPS investigations assigned to DCF Local Offices between February 1 and February 14, 2016 involving 497 alleged child victims.[131] Overall, reviewers found that 271 (83%) of the investigations were of acceptable quality.[132] The findings of this review reflect some clear strengths in CP&P investigative case practice as well as areas in need of further development. DCF will include the findings from this investigative case practice review in its Our Work with Children and Families report to be released in CY 2017.

Institutional Abuse Investigations

Quantitative or Qualitative Measure	1. Timeliness of Completion: IAIU investigations of child maltreatment in placements shall be completed within 60 days.
Performance Target	80% of IAIU shall be completed within 60 days.

The Institutional Abuse Investigations Unit (IAIU) is responsible for investigating allegations of child abuse and neglect in resource family homes and other out-of-home care settings, as well as in child care facilities, detention centers, schools and residential facilities.[133]

Performance as of June 30, 2016:

Performance data for January through June 2016 shows that DCF continued to exceed the SEP performance standard for this measure, with 87 percent of IAIU investigations completed within 60 days.

[131] These results have a ± 5% margin of error with 95% confidence.
[132] Reviewers could select four possible responses to the question of quality of the investigation which included completely, substantially, marginally and not at all. Investigations determined to be completely and substantially of quality were considered acceptable.
[133] CP&P Policy Manual (4-1-2013). Introduction to IAIU, I, A, 100.

B. FAMILY TEAM MEETINGS

Family Team Meetings (FTMs) enable families, providers, formal and informal supports to exchange information that can be critical to case planning, coordinating and following up on services, examining and solving problems and achieving positive outcomes. Meetings are intended to be scheduled according to the family's availability in an effort to involve as many family members and family supports as possible. Workers are trained and coached to hold FTMs at key decision points in the life of a case, such as when a child enters placement, when a child has a change of placement and/or when there is a need to adjust a case plan to achieve permanency or meet a child's needs.

DCF continues to focus on improving practice in this area, as well as on strengthening documentation to account for legitimate situations in which FTMs do not occur (either because the parent is unavailable or the parent declined to attend). Due to continued challenges in verifying such data, FTM performance data include only the number of FTMs that have actually occurred unless otherwise noted.[134]

There are five performance measures pertaining to FTMs in the SEP. DCF met two of the performance measures in the previous monitoring period: the SEP requirement that FTMs be held within 45 days of a child's removal (SEP Measure 16) and the SEP requirement that children in care after 12 months with the goal of reunification have at least three FTMs each year (SEP Measure 18). As a result of meeting the standards, these two measures are now in the *To Be Maintained* category. During this monitoring period, DCF met the SEP requirement that for children in out-of-home placement, at least three additional FTMs after the initial FTM be held within the first 12 months of placement. DCF has yet to meet the remaining two SEP targets pertaining to FTMs.

Initial FTMs Held within 45 Days of Entry

Quantitative or Qualitative Measure	16. For children newly entering placement, the number/percent who have a family team meeting within 45 days of entry.
Performance Target	80% of children newly entering placement shall have a family team meeting before or within 45 days of placement.

Performance as of June 30, 2016:

Based on data from NJ SPIRIT, in June 2016, out of 283 possible FTMs, 213 (75%) occurred within 45 days of a child's removal from his or her home. Performance from January to June 2016 ranged from a low of 74 percent in April and May 2016 to a high of 87 percent in February 2016, with four of the six months failing to meet the performance target. This measure had been previously designated in Maintenance. The Monitor will continue to assess in this next monitoring period whether the declines in performance were temporary and are reversed and/or reflect insubstantial variation.

[134] The Monitor validated data to document the appropriate use of exceptions for Measures 17 and 19 as discussed herein. The reported data accounts for those validated exceptions that met policy.

FTMs Held within the First 12 Months

Quantitative or Qualitative Measure	17. For all other children in placement, the number/percent who have three additional FTMs within the first 12 months of the child coming into placement.
Performance Target	80% of children will have three additional FTMs within the first 12 months of the child coming to placement.

Performance as of June 30, 2016:[135]

Based upon data from NJ SPIRIT, in June 2016, out of 180 applicable children, 154 (86%) had an additional three or more FTMs within the first 12 months of entering placement. Performance from January to June 2016 ranged from a low of 76 percent in February 2016 to a high of 87 percent in January 2016[136] (see Table 2). Figure 2 shows DCF's performance on holding FTMs within the first 12 months from January to June 2016. DCF met the standard in five of six months in the monitoring period.

In the Monitor's judgment DCF has maintained this SEP performance measure for the period of January through June 2016.

Table 2: At Least Three Family Team Meetings Held within the First 12 Months (January – June 2016) Performance Target 80%

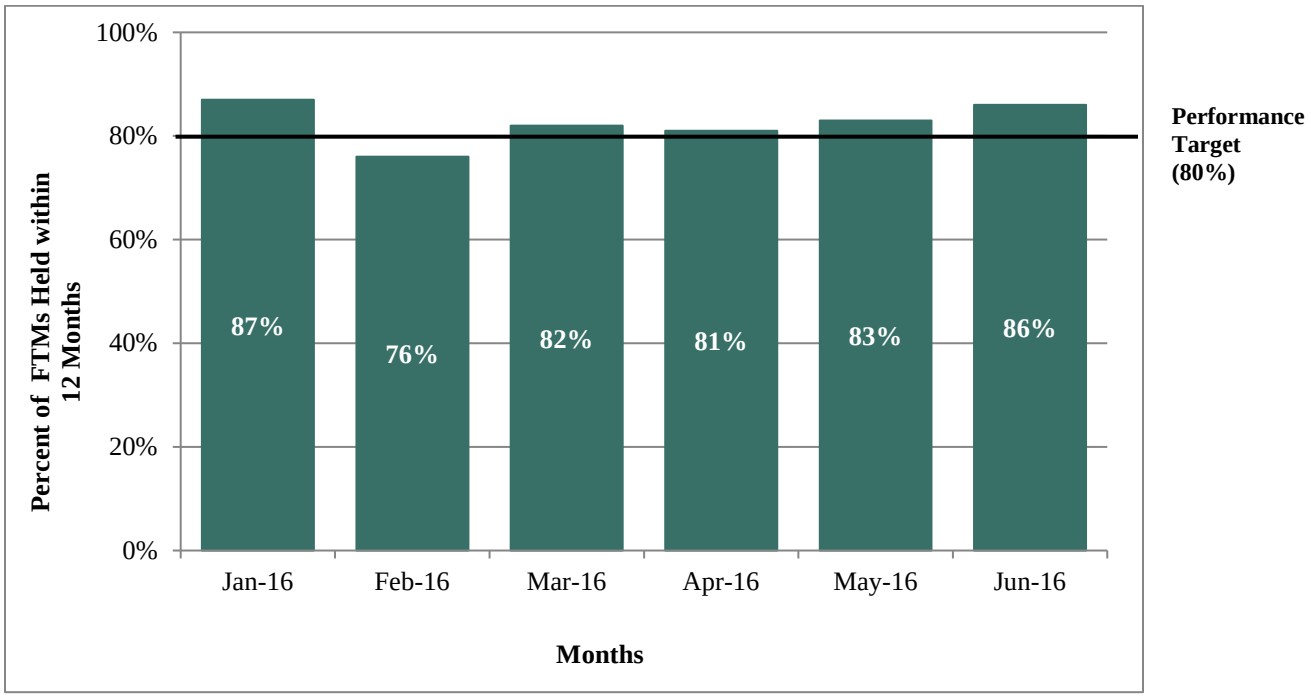
Month	Total Number of Applicable Children	Number of 3 or More FTMs Held within 12 Months	Percent
JANUARY	180	157	87%
FEBRUARY	177	134	76%
MARCH	239	197	82%
APRIL	215	173	81%
MAY	192	159	83%
JUNE	180	154	86%

Source: DCF data

[135] Children eligible for Measure 17 are all children who have been in out-of-home placement for 12 months who entered care in the specified month. For example, performance for January 2016 is based upon the 180 children who entered care in January 2015. Compliance is based on whether at least three FTMs were held for these children during the 12 month period they were in care.

[136] Reported performance may understate actual performance because data do not exclude instances where an FTM is not required. These data, however, do reflect one FTM event for one applicable child in February 2016 provided by DCF and validated by the Monitor in which exceptions to FTM policy were appropriately applied and documented.

Figure 2: At Least Three Family Team Meetings Held within the First 12 Months (January – June 2016)



Source: DCF data

FTMs Held After 12 Months in Placement with a Goal of Reunification

Quantitative or Qualitative Measure	18. For all children in placement with a goal of reunification, the number/percent who have at least three FTMs each year.
Performance Target	After the first 12 months of a child being in care, 90% of those with a goal of reunification will have at least three FTMs each year.

Performance as of June 30, 2016:[137]

Based on data from NJ SPIRIT, in June 2016, out of 48 applicable children with a permanency goal of reunification, 38 (79%) had three or more FTMs in the 12 months following their first year in out-of-home placement.[138] Performance from January to June 2016 ranged from a low of 79 percent in June 2016 to a high of 94 percent in March and May 2016.

DCF met this SEP performance measure in four of the six months for the period of January through June 2016. In February 2016 performance was at 83 percent and in June 2016

[137] Children eligible for Measure 18 are all children who have been in care *for at least 24 months* who entered care in the specified month each year and have a goal of reunification. For example, in January 2016, a combined total of 44 children entered care in January 2014, January 2013, January 2012, etc. and are still in placement with a goal of reunification. Compliance is based on whether at least three FTMs were held for these children during the most recent 12 months in care.
[138] Reported performance may understate actual performance because data do not exclude instances where an FTM is not required.

performance fell to 79 percent. As this measure was designated as *To Be Maintained* in the previous monitoring period, the Monitor will continue to carefully track this data to determine if this decline in performance is temporary and/or insubstantial.

FTMs Held After 12 Months in Placement with a Goal Other than Reunification

Quantitative or Qualitative Measure	19. For all children in placement with a goal other than reunification, the number/percent who have at least two FTMs each year.
Performance Target	After the first 12 months of a child being in care, for those children with a goal other than reunification, 90% shall have at least two FTMs each year.

Performance as of June 30, 2016:[139]

Based upon data from NJ SPIRIT, in June 2016, out of 200 children with a permanency goal other than reunification, 165 (83%) had two or more FTMs after 12 months in out-of-home placement. Performance from January to June 2016 ranged from a low of 73 percent in February and March 2016 to a high of 87 percent in May 2016. [140] Table 3 and Figure X show DCF's performance from January to June 2016 on holding FTMs after the first 12 months in placement for children with a goal other than reunification.

DCF has not yet met this performance measure.

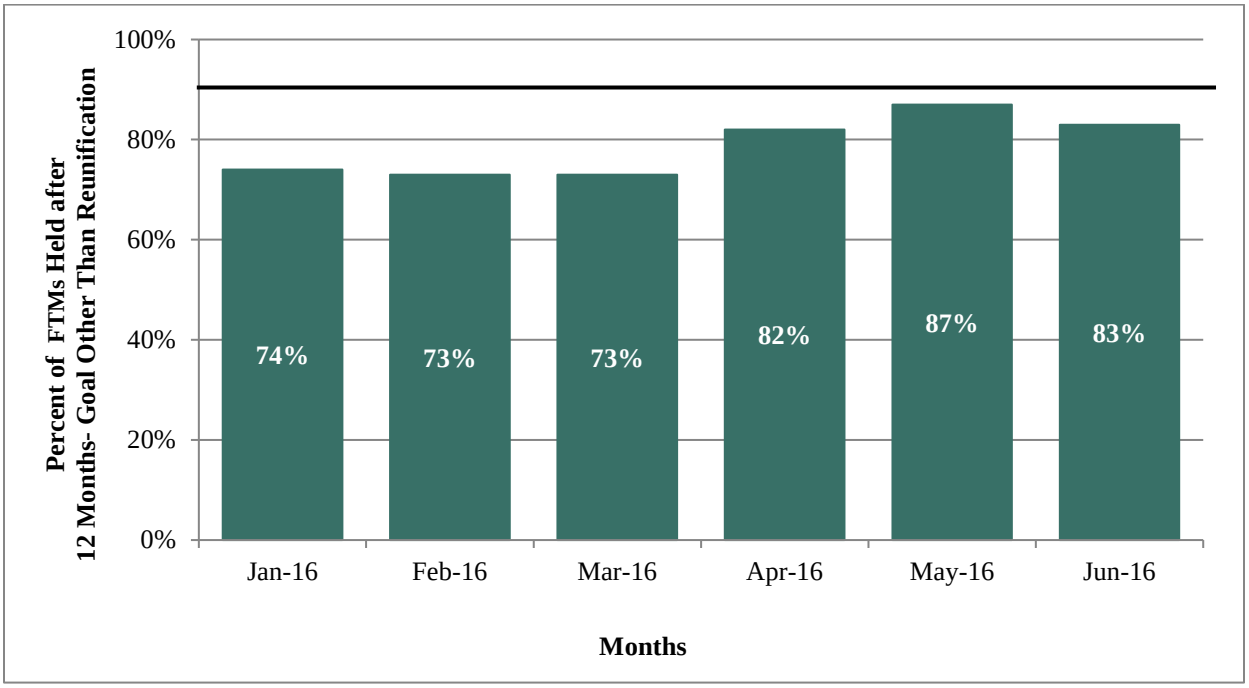
Table 3: At Least Two Family Team Meetings Held After 12 Months in Placement with a Goal other than Reunification
(January – June 2016)
Performance Target 90%

Month	Total Number of Applicable Children	Number of 2 or More FTMs Held After 12 Months in Placement with a Goal Other than Reunification	Percent
JANUARY	191	142	74%
FEBRUARY	174	127	73%
MARCH	207	152	73%
APRIL	201	165	82%
MAY	206	180	87%
JUNE	200	165	83%

Source: DCF data

[139] Children eligible for Measure 19 are all children who have been in care *for at least 24 months* who entered care in the month specified each year and have a goal other than reunification. For example, in January 2016, a combined total of 192 children entered care in January 2015, January 2014, January 2013, etc. and are still in placement with a goal other than reunification. Compliance is based on whether at least two FTMs were held for these children during the most recent 12 months in care.
[140] Reported performance may understate actual performance because data do not exclude all instances where an FTM is not required. These data reflect 7 out of a total of 13 FTM events provided by DCF and validated by the Monitor in which exceptions to FTM policy were appropriately applied and documented.

Figure 3: At Least Two Family Team Meetings Held After 12 Months in Placement with a Goal other than Reunification (January – June 2016)



Source: DCF data

Quality of Teaming

Quantitative or Qualitative Measure	20. Cases involving out-of-home placement show evidence of family teamwork.
Performance Target	75% of cases involving out-of-home placements that were assessed as part of the Quality Review (QR) process will show evidence of both acceptable team formation and acceptable functioning. The Monitor, in consultation with the parties, shall determine the standards for quality team formation and functioning.

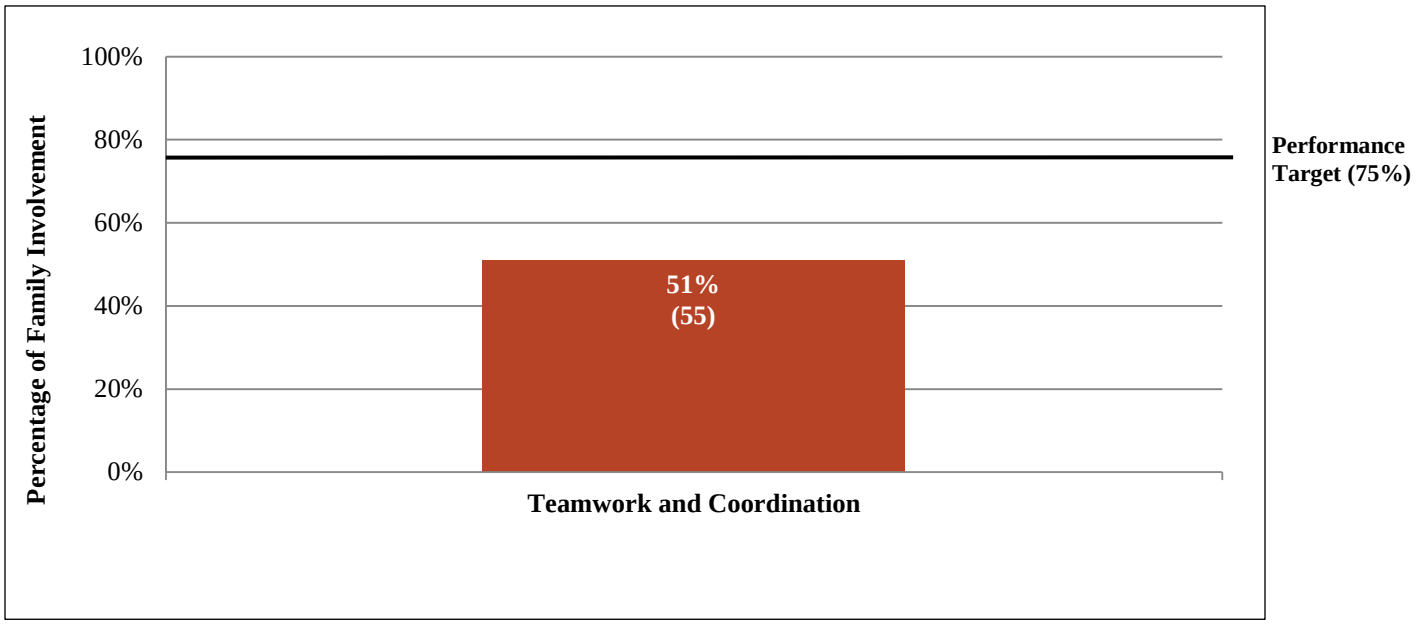
In order to assess the quality of collaborative teamwork with children, youth and families, results from the *teaming and coordination* indicator in the QR are used. This indicator reflects the new QR protocol developed in CY 2015 and implemented this monitoring period.[141] In assessing case ratings, the reviewer considers a range of questions for this indicator, including whether the family's team is composed of the providers and informal supports needed to meet the child and family's needs and the extent to which team members, family members included, work together to meet goals. To read more about the QR and the new protocol, see Section V.N.

[141] The protocol used prior to this had two indicators, *team formation* and *team functioning*, which is now reflected in the single indicator

Performance as of June 30, 2016:

Results from the 95 out-of-home cases reviewed from January through June 2016 showed that 51 percent (48 of 95) rated acceptable for the *teamwork and coordination* indicator. Figure 4 below reflects the findings from January through June 2016. Although the Monitor will reserve determination on this performance until the annual data are available, the data continue to reflect the state's low performance in this area.

Figure 4: Qualitative Review (QR) Cases Rates Acceptable on Teamwork and Coordination (January – June 2016) (N=126)



Source: DCF data

C. QUALITY OF CASE AND SERVICE PLANNING

The SEP incorporates the requirements related to case plans established in the MSA. In recognition of the state meeting the MSA requirement that a case plan be reviewed and modified every six months, SEP Section III.C.VI designated this measure as an Outcome *To Be Maintained*. The remaining two measures – timeliness of the initial case plan and the quality of case planning – were designated as Outcomes *To Be Achieved*. DCF reports publically on case planning in its Commissioner's Monthly Reports.

Timeliness of Case Planning – Initial Case Plans

Quantitative or Qualitative Measure	22. Timeliness of Initial Plans: For children entering care, number/percent of case plans developed within 30 days.
Performance Target	95% of case plans for children and families are completed within 30 days.

Performance as of June 30, 2016:

In June 2016, 283 (96%) out of a total of 295 initial case plans were completed within 30 days of a child entering placement. As shown in Table 4, between January and June 2016 the timely development of initial case plans ranged from 99 percent in January 2016 to 91 percent in April 2016, with performance during four of the six months meeting or exceeding the final performance target. [142]

In the Monitor's judgment DCF has met this performance measure for the period January through June 2016. This is a notable achievement that has taken effort and attention to reach the current level of performance.

[142] The Monitor reviews monthly performance data to determine if the performance target was met for each monitoring period.

Table 4: Case Plans Developed within 30 and 60 days of Child Entering Placement (January – June 2016) Performance Target 95%

	JANUARY		FEBRUARY		MARCH		APRIL		MAY		JUNE	
	#	%	#	%	#	%	#	%	#	%	#	%
Case Plans Completed in 30 days	318	99%	341	98%	304	94%	303	91%	292	96%	283	96%
Case Plans Completed in 31-60 days	5	2%	6	2%	18	6%	17	5%	11	4%	11	4%
Case Plans Not Completed after 60 days	0	0%	0	0%	1	<1%	14	4%	2	<1%	1	<1%

Source: DCF data
*Percentage is greater or less than 100 due to rounding.

Timeliness of Case Planning-Every Six Months

Quantitative or Qualitative Measure	6. Case Plans: Case plans for children and families will be reviewed and modified no less frequently than every 6 months.
Performance Target	95% of case plans for children and families will be reviewed and modified no less frequently than every six months.

Performance as of June 30, 2016:

SEP Section III.C requires that 95 percent of case plans be reviewed and modified no less frequently than every six months. In June 2016, 96 percent of case plans had been modified as required by the SEP. DCF met or exceeded performance on this measure for each month between January and June 2016.

Quality of Case Plans

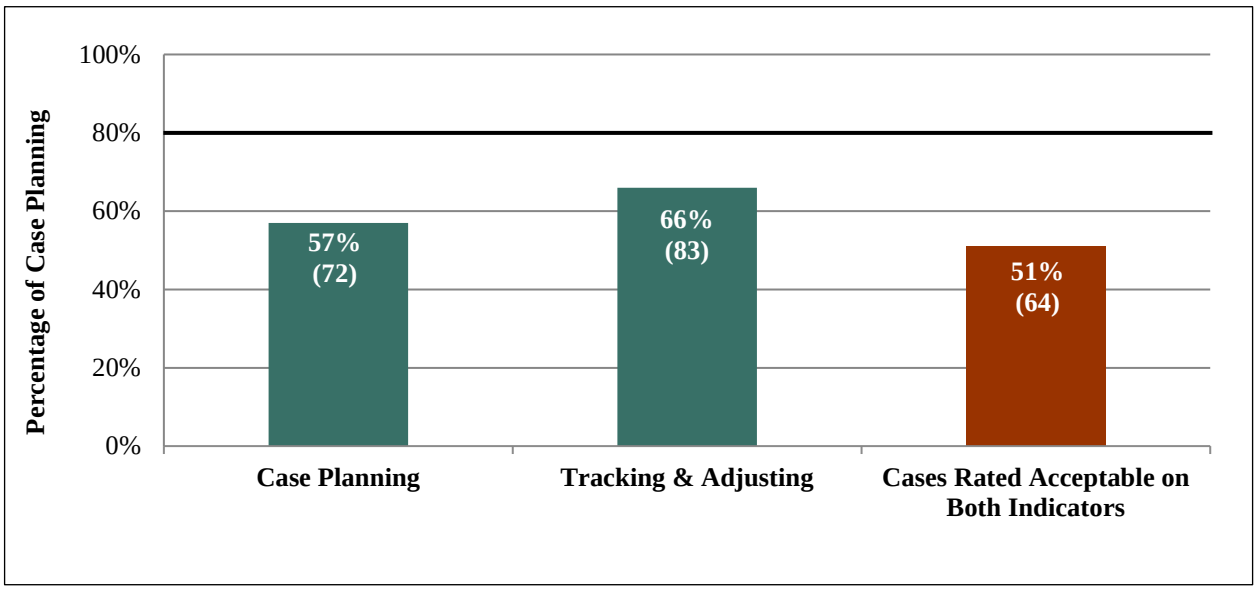
Quantitative or Qualitative Measure	23. Quality of Case Plans: The child's/family's case plan shall be developed with the family and shall be individualized and appropriately address the child's needs for safety, permanency and well-being. The case plan shall provide for the services and interventions needed by the child and family to meet identified goals, including services necessary for children and families to promote children's development and meet their educational, physical and mental health needs. The case plan and services shall be modified to respond to the changing needs of the child and family and the results of prior service efforts.
Performance Target	80% of case plans rated acceptable as measured by the Quality Review (QR).

DCF policy and the SEP require family involvement in case planning, that plans are appropriate and individualized to the circumstances of the child/youth and family and that there is oversight of plan implementation to ensure case goals are being met and that plans are modified when necessary. Results from two QR indicators, *case planning process* and *tracking and adjusting*, are used to assess performance on this measure. Cases rated as acceptable demonstrate evidence that the child and families' needs are addressed in the case plan, appropriate family members were included in the development of the plan and interventions are being tracked and adjusted when necessary.

Performance as of June 30, 2016:

Results from the 126 cases reviewed from January to June 2016 indicate that 51 percent (64 of 126) were rated acceptable for *both* the *case planning process* and *tracking and adjusting* indicators.[143] DCF has focused work in this area and is hopeful that performance in this area will improve based on the use of new case planning tools and a redoubled focus on clinical and practice supervision of workers. The Monitor will reserve determination on this performance until the annual data are available.

Figure 5: Qualitative Review (QR) Cases Rated Acceptable for Case Planning and Tracking and Adjusting (January – June 2016) (N=126)



Source: DCF data

[143] From January to June 2016, 57 percent (72 of 126) of cases were rated acceptable on *case planning process* indicator and 66 percent (83 of 126) of cases were rated acceptable on *tracking and adjusting* indictor.

D. EDUCATION

SEP Section III.G.11 requires that "children will be enrolled in school and DCF will have taken appropriate actions to ensure that their educational needs are being met," and designates this performance measure as *To Be Maintained*. The SEP requires that 80 percent of cases be rated acceptable on *stability in school* and *learning and development* indicators as measured by the QR. [144] The QR process and protocol are discussed in detail in Section V.N.

Quantitative or Qualitative Measure	11. Educational Needs: Children will be enrolled in school and DCF will have taken appropriate actions to ensure that their educational needs are being met.
Performance Target	80% of cases will be rated acceptable as measured by the Quality Review (QR) in stability (school) and learning and development. The Monitor, in consultation with the parties, shall determine the standards for school stability and quality learning and development.

Performance as of June 30, 2016:

From January to June 2016, 85 percent (51 of 60) of cases reviewed were rated acceptable for both *stability in school* and *learning and development*.[145] The Monitor will reserve determination on this performance until the annual data are available.

[144] Children must be school-aged and in placement to be applicable for this measure.
[145] Eighty-eight percent (60 of 68) were rated acceptable for *school stability* and 94 percent (58 of 62) were rated acceptable for *learning and development.*

E. VISITATION

Visitation between children in foster care and their workers, parents and siblings is critical to protecting children's safety, strengthening family connections and improving prospects for permanency in accordance with the CPM. The SEP includes six measures related to visitation. Four measures are designated as Outcomes *To Be Maintained* – 1) caseworker contacts with children newly placed or after a placement change; 2) caseworker contacts with children in ongoing placement; 3) parent and child weekly visits; and 4) parent and child bi-weekly visits. The remaining two measures – 1) caseworker contacts with parent when goal is reunification and 2) sibling visits—are designated as Outcomes *To Be Achieved*, and have yet to be met by DCF.

Three of the visitation measures were modified in the SEP to allow for exclusions where a court order prohibits or regulates visits or there is supervisory approval of a decision to cancel a visit because it is physically or psychologically harmful to a child. As described below, in some instances, inability to confirm valid exclusions may have resulted in a reported performance level that is below actual performance.[146]

Caseworker Visits with Children in State Custody

As stated above, both performance measures pertaining to caseworker visits with children in placement are designated as Outcomes *To Be Maintained*. Performance with respect to children in new placements fell slightly during some months this monitoring period. Performance with respect to caseworker visits to children in ongoing placements exceeded the standard.

Quantitative or Qualitative Measure	9. Caseworker Contacts with Children – New Placement/Placement Change: The caseworker shall have at least twice-per-month face to face contact with the children within the first two months of placement, with at least one contact in the placement.
Performance Target	93% of children shall have at least twice-per-month face to face contact with their caseworker during the first two months of placement, with at least one contact in the placement.

Performance as of June 30, 2016:

In June 2016, the standard was met for 394 (91%) of 432 of children in a new placement. Between January and June 2016, monthly performance ranged from 88 to 94 percent and was only met in one month. This constitutes a slight decline from the previous monitoring period. The Monitor considers this to be a temporary decline in performance that is likely to improve in the next monitoring period.

[146] Due to the late receipt of case-level data, the Monitor was unable to do a complete validation of the use of these exclusions.

Quantitative or Qualitative Measure	10. Caseworker Contacts with Children in Placement: During the remainder of placement, children will have at least one caseworker visit per month, in placement.
Performance Target	93% of children will have at least one caseworker visit per month in placement, for the remainder of placement.

Performance as of June 30, 2016:

In June 2016, the standard was met for 6,025 (96%) of 6,247 children in an ongoing placement. Between January and June 2016, monthly performance ranged between 96 and 97 percent, exceeding the target.

Caseworker Visits with Parents/Family Members

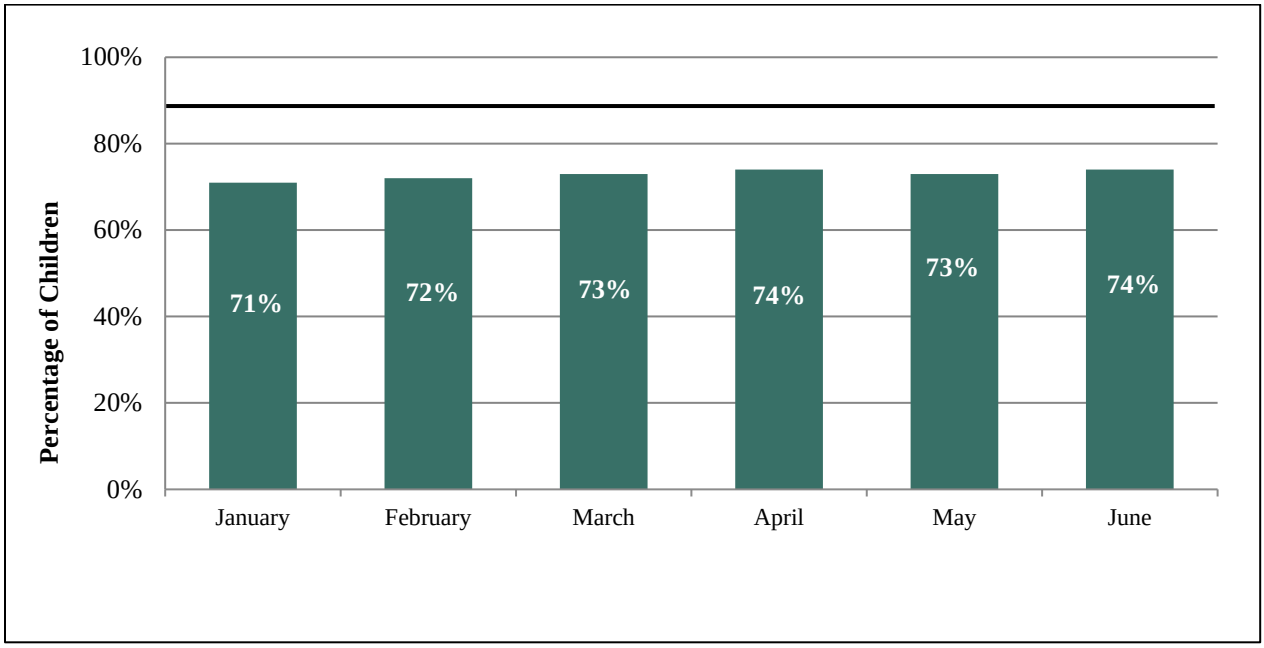
Quantitative or Qualitative Measure	28. Caseworker Visits with Parents/Family Members with Goal of Reunification: The caseworker shall have at least two face-to-face visits per month with the parent(s) or other legally responsible family member of children in custody with a goal of reunification.
Final Target	90% of families will have at least twice-per-month face-to-face contact with their caseworker when the permanency goal is reunification.

Performance as of June 30, 2016:

Current performance does not yet meet the level required by the SEP. Between January and June 2016, a range of 71 and 74 percent of applicable parents or other legally responsible family members were visited at least two times per month by a caseworker (see Figure 6 below). For example, in June 2016, there were 3,169 children in custody with a goal of reunification; the parents of 2,328 children (74%) were visited at least twice during the month and the parents of an additional 475 children (15%) had one contact in the same month.[147]

[147] Reported performance may understate actual performance because data do not account for cases in which a visit was not required due to a valid exception.

Figure 6: Percentage of Families who have at least Twice per month Face-to-Face Contact with Caseworker when the Goal is Reunification (January – June 2016)



Source: DCF data

Visits between Children in Custody and their Parents

Quantitative or Qualitative Measure	29. Weekly Visitation between Children in Custody and Their Parents: Number/percent of children who have weekly visits with their parents when the permanency goal is reunification unless a court order prohibits or regulates visits or there is a supervisory approval of a decision to cancel a visit because it is physically or psychologically harmful to a child.
Final Target	60% of children in custody with a return home goal will have an in-person visit with their parent(s) or other legally responsible family member at least weekly, excluding those situations where a court order prohibits or regulates visits or there is a supervisory approval of a decision to cancel a visit because it is physically or psychologically harmful to a child.

Performance as of June 30, 2016:

DCF maintained the required level of performance for this measure during this reporting period. Between January and June 2016, a monthly range of 82 to 87 percent of children had a weekly visit with their parents when their permanency goal was reunification. In assessing performance for this measure, the Monitor applied the findings from a review of a statistically significant sample of cases from April, May or June 2016 requiring parent visits with their children in which documentation indicated that the parent was unavailable or the visit was not required. Based on

the findings, the Monitor excluded cases in which it was appropriately determined that a visit was not required. [148]

Quantitative or Qualitative Measure	30. Bi-Weekly Visitation between Children in Custody and Their Parents: Number/percent of children who have weekly visits with their parents when the permanency goal is reunification unless a court order prohibits or regulates visits or there is a supervisory approval of a decision to cancel a visit because it is physically or psychologically harmful to a child.
Final Target	85% of children in custody with a return home goal will have an in-person visit with their parent(s) or other legally responsible family member at least every other week, excluding those situations where a court order prohibits or regulates visits or there is a supervisory approval of a decision to cancel a visit because it is physically or psychologically harmful to a child.

Performance as of June 30, 2016:

DCF maintained the required level of performance for this Measure. In assessing performance for this measure, the Monitor conducted a review of a statistically significant sample of cases requiring parent visits with their children in which documentation indicated that the parent was unavailable or the visit was not required during the months of April, May or June 2016.[149] Based on the findings, the Monitor excluded cases in which it was appropriately determined that a visit was not required. [150]

Between January and June 2016, a monthly range of 86 to 89 percent of children had visits at least twice a month with their parents when their permanency goal is reunification. For example, during the month of June 2016, 2,459 (89%) children had at least two visits during the month.

[148] The Monitor reviewed 293 cases from the universe of cases from April, May and June 2016 in which no parent visits were held and determined that 279 (95%) had utilized valid SEP exception. The Monitor determined that this finding could be applied to this measure and excluded 95% of the cases with exceptions in each month from the universe. For example, for the four weeks in June 2016, there were an average of 3,307 children with a goal of reunification. Data from NJ SPIRIT indicated that in an average of 822 cases, the worker had determined that the parent was unavailable for the visits or the visit was not required. Based on these findings, the Monitor excluded from the universe 95% of the 822 cases, making the universe of applicable children 2,526 (3,307-781).

[149] The validation process looked only at one of two sets of cases for which DCF utilized an exception. After the Monitor had begun the validation process in December 2016, DCF identified additional cases in which an exception was believed to apply. Due to time constraints, the Monitor did not validate the use of exceptions in this second set of cases and, therefore, did not exclude any of the cases. As a result, actual performance may exceed reported performance for this period.

[150] The Monitor reviewed 293 cases and determined that 279 (95%) had utilized valid SEP exception. Applying a 95% confidence level with a +/-5% margin of error, 95% of the cases with exceptions in each month were excluded from the universe. For example in June 2016, there were a total of 3,167 children with a goal of reunification. Data from NJ SPIRIT indicated that in 426 of those cases, the worker had determined that the parent was unavailable for the visits or the visit was not required. Based on its validation, the Monitor excluded from the universe 95% of the 426, making the universe of applicable children 2,762 (3,167-405).

Visits between Children in Custody and Sibling Placed Apart

Quantitative or Qualitative Measure	31. Visitation Between Children in Custody and Siblings Placed Apart: Number/percent of children in custody, who have siblings with whom they are not residing shall visit with their siblings as appropriate.
Final Target	85% of children in custody who have siblings with whom they are not residing shall visit with those siblings at least monthly, excluding those situations where a court order prohibits or regulates visits or there is a supervisory approval of a decision to cancel a visit because it is physically or psychologically harmful to a child.

Performance as of June 30, 2016:

DCF performance does not yet meet the required level for visits between children in custody and siblings who are not placed with them. In assessing performance for this measure, the Monitor conducted a review of a statistically significant sample of cases for children requiring sibling visitation in which DCF data indicated that the sibling was unavailable or the visit was not required. The Monitor's case record review was able to validate appropriate use of this exclusion for 44 percent of the cases in which workers asserted an exception to visits. As a result of the review findings, the Monitor determined that DCF needs to evaluate and improve its practice around the use of exceptions for sibling visits before exclusions can be appropriately applied.[151]

Between January and June 2016, a range of 71 and 76 percent of children had at least monthly visits with one of their siblings with whom they were not placed. For example, in June 2016 there were 2,234 children in placement who had at least one sibling who did not reside in the same household; 1,591 (71%) children had at least one visit with one of their siblings during the month.

F. PLACEMENT

DCF policy requires siblings to be placed together whenever possible, and that children experience as few placement changes as necessary when in out-of-home placement. The SEP includes three measures related to the placement of sibling groups (Sections IV.G. 32 – 34) and two measures related to placement stability (Sections IV.G. 35 – 36). All measures related to the placement of sibling groups are designated Outcomes *To Be Maintained*. The measure related to placement stability after a child's first 12 months in care is also an Outcome *To Be Maintained*; the measure related to placement stability for a child's first 12 months in care is an Outcome *To Be Achieved.*

The state's performance with respect to placement stability is not newly assessed in this report for SEP IV.G.32, IV.G.33, IV.G.35 and IV.G.36 as performance for these standards is measured

[151] Reported performance may understate actual performance because data do not account for instances in which a visit is not required. A review of a statistically significant sample of cases by the Monitor found that exceptions were not appropriately applied in a majority of cases. The Monitor has therefore not excluded any cases from the universe of cases requiring sibling visits during this monitoring period.

at the end of each calendar year; more recent performance will be assessed in the next monitoring report when these data are available. Using the last available data, DCF's performance for these measures is bulleted below:

- Siblings Placements (SEP Measure IV.G.32)
    - SEP Requirement: At least 80% of siblings groups of two or three children entering placement will be placed together.
    - Most Recent Performance (previously reported) – In CY 2015, 79 percent of sibling groups of two or three that came into care at the same time or within 30 days of one another were placed together. As previously reported, although close, DCF did not meet the SEP performance standard for CY 2015.
- Sibling Placements of four or more children (SEP Measure IV.G.33)
    - SEP Requirement: For sibling groups of four or more 80% will be placed with at least one other sibling.
    - Most Recent Performance (previously reported) – In CY 2015, 87 percent of children who were part of a sibling group of four or more were placed with at least one other sibling. As previously reported, DCF met the SEP performance standard for CY 2015.
- Placement Stability, First 12 Months in Care (SEP IV.G.35)
    - SEP Requirement: At least 84% of children entering care for the first time in a calendar year will have no more than one placement change during the 12 months following their date of entry.
    - Most Recent Performance (previously reported) – In CY 2014, 82 percent of children entering care had no more than one placement change during the 12 months from their date of entry. As previously reported, although close, DCF did not meet the SEP performance standard for CY 2014.
- Placement Stability, 12 – 24 Months in Care (SEP Measure IV.G.36)
    - SEP Requirement: At least 88% of children in out-of-home placement will have no more than one placement change during the 13 to 24 months following their date of entry.
    - Most Recent Performance (previously reported) – In CY 2013, 97 percent of children entering care in CY 2013 had no more than one placement change during the 13 to 24 months following their date of entry. As previously reported, DCF met the SEP performance standard for CY 2013.

Recruitment of Sibling Groups of Four or More

Quantitative or Qualitative Measure	34. Recruitment of Sibling Groups of Four or More
Performance Target	DCF will continue to recruit for resource homes capable of serving sibling groups of four or more.

Performance as of June 30, 2016:

DCF updated its approach to more accurately forecast the need for new non-kinship resource family homes to accommodate sibling groups in each county. The process has involved a monthly cross-walk of NJ SPIRIT and Office of Licensing (OOL) data of the homes available by county and sibling group size. This ongoing effort has had the added benefit of requiring that resource workers be in more regular communication with resource families regarding current capacity, and has provided staff with naturally occurring opportunities for resource family engagement and retention efforts. DCF hopes to expand this targeting approach to the recruitment of other types of homes in the future.

Between January and June 2016, DCF also expanded its Siblings in Best Placement Settings (SIBS) program to include resource families (kinship, non-kinship or new families) willing and able to accommodate large sibling groups of four or more. Once accepted into the SIBS program, the resource family receives an additional $100 above the regular board rate per child in placement, to be used for a child's recreational needs, respite care or other supportive services. SIBS families with no children in placement are compensated with a $200 monthly retainer fee to ensure that the home is preserved for a sibling group of four or more. DCF's placement needs assessment showed a need for 101 additional resource family homes with the capacity to accommodate four or more children. As of June 2016, DCF had 94 such homes: 65 homes with capacity for four children and 29 homes with capacity of five or more children.

G. MALTREATMENT

The state is responsible for ensuring the safety of children who are receiving or have received services from CP&P. This responsibility includes ensuring the safety of children who are placed in resource family homes and congregate facilities and preventing future maltreatment. There are four performance measures included in this section – two are designed as *To Be Maintained* (abuse and neglect of children in foster care and repeat maltreatment for children who remain in home) and the remaining two continue as *To Be Achieved* (maltreatment post-reunification and re-entry to placement).

The state's performance is not newly assessed in this report as performance is measured at the end of each calendar year; more recent performance will be assessed in the next monitoring report when these data are available. DCF's most recent performance for these measures is bulleted below:

- Abuse and Neglect in Foster Care (SEP Measure III.H.12.)
    - SEP Requirement: No more than 0.49 percent of children will be victims of substantiated abuse or neglect by a resource parent or facility staff member.
    - Most Recent Performance (previously reported) – In CY 2015, 0.16 percent of children were victims of substantiated abuse or neglect by a resource parent, relative placement provider or facility staff member. As previously reported, DCF met the SEP performance standard for CY 2015.
- Repeat Maltreatment (In-Home) (SEP Measure IV.H.37.)
    - SEP Requirement: No more than 7.2% of children who remain at home after a substantiation of abuse or neglect will have another substantiation within the next 12 months.
    - Most Recent Performance (previously reported) – In CY 2014, 152, 6.9 percent of applicable children were victims of a substantiated allegation of child abuse and/or neglect within 12 months of the initial substantiation. As previously reported, DCF met the SEP performance standard for CY 2014.
- Maltreatment Post-Reunification (SEP Measure IV.H.38.)
    - SEP Requirement: Of all children who enter foster care in a 12-month period for the first time who are discharged within 24 months to reunification or living with relative(s), no more than 6.9% will be the victims of substantiated abuse or neglect within 12 months after reunification.

[152] Data for CY 2015 will not be available until early CY 2017.

- Most Recent Performance (previously reported) – In CY 2012, 153 children, 7.7 percent of applicable children were victims of a substantiated allegation of abuse and/or neglect within 12 months of their return home. As previously reported, DCF did not meet the SEP performance standard for CY 2012.

- Re-entry to Placement (SEP Measure IV.H.39.)

  - SEP Requirement: Of all children who enter foster café in a 12 month period for the first time who are discharged within 12 months to reunification, living with relative(s), or guardianship, no more than 9% will re-enter foster care within 12 months of their discharge.

  - Most Recent Performance (previously reported) – In CY 2013, 154 children, 11.5 percent of applicable children re-entered placement within 12 months of their discharge. As previously reported, DCF did not meet the SEP performance standard for CY 2013.

[153] Data for CY 2013 will not be available until early CY 2017.
[154] Data for CY 2014 will not be available until early CY 2017.

H. TIMELY PERMANENCY

All children—regardless of age, gender, race or ethnicity—need and deserve a safe, nurturing family to protect and guide them. In child welfare work, this is called achieving "permanency" and can occur through a number of different avenues: safe family reunification is the preferred choice, but permanency also includes living with other relatives, kinship/guardianship and adoption.

The Foundational Elements of the SEP include permanency and adoption practice which encompass elements of the CPM and requirements regarding freeing children for adoption, securing adoptive placements and developing child specific recruitment plans that were previously discussed in Section IV of this report.[155]

There are four permanency measures in the SEP that assess timeliness of permanency for four different entry cohorts of children and youth. One of these measures – permanency within 12 months – was achieved during the previous monitoring period and is now designated as *To Be Maintained*. The remaining three measures continue as *To Be Achieved*. The state's performance is not newly assessed in this report as performance is measured at the end of each calendar year; more recent performance will be assessed in the next monitoring report when these data are available. DCF's most recent performance for these measures is bulleted below:

- Permanency within 12 Months (SEP IV.I.40.)
    - SEP Requirement: Of all children who enter foster care in a 12 month period, at least 42% will be discharged to permanency (reunification, living with relatives, guardianship or adoption) within 12 months of entering foster care.
    - Most Recent Performance (previously reported) – Of the children who entered foster care in CY 2014, 41 percent discharged to permanency within 12 months of their removal from their home. As previously reported, DCF met the required SEP performance level in CY 2014.
- Permanency within 24 Months (SEP IV.I.41.)
    - SEP Requirement: Of all children who enter foster care in a 12 month period, at least 66% will be discharged to permanency (reunification, living with relatives, guardianship or adoption) within 24 months of entering care.
    - Most Recent Performance (previously reported) – Of all children who entered foster care in CY 2013, 64 percent discharged to permanency within 24 months from their removal from their home. As previously reported, DCF did not meet the SEP performance standard.

[155] See Section IV of this report for discussion of the Foundational Elements.

- Permanency within 36 Months (SEP IV.I.42.)

    - SEP Requirement: Of all children who enter foster care in a 12 month period, what percentage were discharged to permanency (reunification, living with relatives, guardianship or adoption) within 36 months of entering care.

    - Most Recent Performance (previously reported) – Of all children who entered foster care in CY 2012, 78 percent discharged to permanency within 36 months of their removal from their home. As previously reported, DCF did not meet the SEP performance standard.

- Permanency within 48 Months (SEP IV.I.43.)

    - SEP Requirement: Of all children who enter foster care in a 12 month period, at least 86% will be discharged to permanency (reunification, living with relatives, guardianship or adoption) within 48 months of entering care.

    - Most Recent Performance (previously reported) – Of all children who entered foster care in CY 2011, 85 percent discharged to permanency within 48 months from their removal from their home. As previously reported, DCF partially met the SEP performance standard.

I. CHILD HEALTH UNITS

Early in New Jersey's child welfare reform efforts, DCF built Child Health Units (CHUs) to facilitate and ensure the timely provision of health care to children in CP&P custody. These units are operational in each CP&P Local Office and currently are staffed with Regional Nurse Administrators, Nurse Health Care Case Managers (HCCMs) and staff assistants based on the projected number of children in out-of-home placement.

Section III.E of the SEP requires the state to "maintain its network of child health units, adequately staffed by nurses in each local office." This standard is designated as *To Be Maintained*. Each child in a resource home continues to have a nurse assigned for health care case management. Since the development of the CHUs, the Monitor has requested and received data to assess the staffing adequacy and has found the CHUs to generally be fully staffed according to a standard of one nurse for every 50 children in foster care placement.

Quantitative or Qualitative Measure	8. Child Health Units: The State will continue to maintain its network of child health unites, adequately staffed by nurses in each Local Office.
Performance Target	DCF will maintain adequate staffing levels in Local Offices.

Performance as of June 30, 2016:

DCF continues to maintain this SEP performance standard. As of June 30, 2016, DCF had 180 HCCMs and 84 staff assistants. Of the 180 HCCMs, 175 were available for coverage for a ratio of one HCCM to every 41 children in out-of-home care.[156] A ratio of one HCCM to 50 children in out-of-home care or less is considered adequately staffed.

J. OLDER YOUTH

The SEP includes three measures designated as *To Be Achieved* related to older youth including quality of case planning and services, housing for youth who exit care without achieving permanency and education/employment for youth who exit care without achieving permanency. DCF met the required level of performance for the measure related to completion of independent living assessments during the previous monitoring period which has been re-designated as *To Be Maintained*. Performance for all four measures during the current monitoring period are discussed below.

Independent Living Assessments

Quantitative or Qualitative Measure	45. Independent Living Assessments: Percentage of youth aged 14 and 18 with a completed Independent Living Assessment.
Performance Target	90% of youth ages 14 to 18 will have an Independent Living Assessment.

Performance as of June 30, 2016:

DCF continues to maintain this SEP performance standard. In June 2016, there were 858 youth aged 14 to 18 in out-of-home placement for at least six months; 815 (95%) had an Independent Living Assessment (ILA) completed. Monthly performance between January and June 2016 ranged from 88 to 95 percent.

[156] During this monitoring period, DCF changed the staffing structure in its CHUs. The Regional Nurse Coordinator positions were eliminated statewide to allow for an increase number of HCCMs.

Quality of Case Planning and Services for Older Youth

Quantitative or Qualitative Measure	46. Quality of Case Planning and Services: DCF shall provide case management and services to youth between the ages 18 and 21 who have not achieved legal permanency.
Performance Target	75% of youth aged 18 to 21 who have not achieved legal permanency shall receive acceptable quality case management and service planning.

Performance as of June 30, 2016:

Performance data for this measure were collected through QRs conducted from January to June 2016 of 21 cases of youth ages 18 to 21. In rating these cases, reviewers use both the standard QR protocol and a list of additional considerations relevant to this population, such as DCF's efforts to plan and support youth who identify as LGBTQ, are victims of domestic violence, are expectant or parenting and/or are developmentally disabled.

Of the 21 cases reviewed, 14 (67%) cases were rated acceptable overall for *both* the child (youth)/Family Status and Practice Performance indicators. Looking at each area separately, 17 (81%) cases rated acceptable overall for Child (Youth)/Family Status and 16 (76%) cases rated acceptable for Practice Performance. Over the six month period, 21 cases were reviewed; the Monitor will reserve determination on this performance until the annual data are available.

Housing

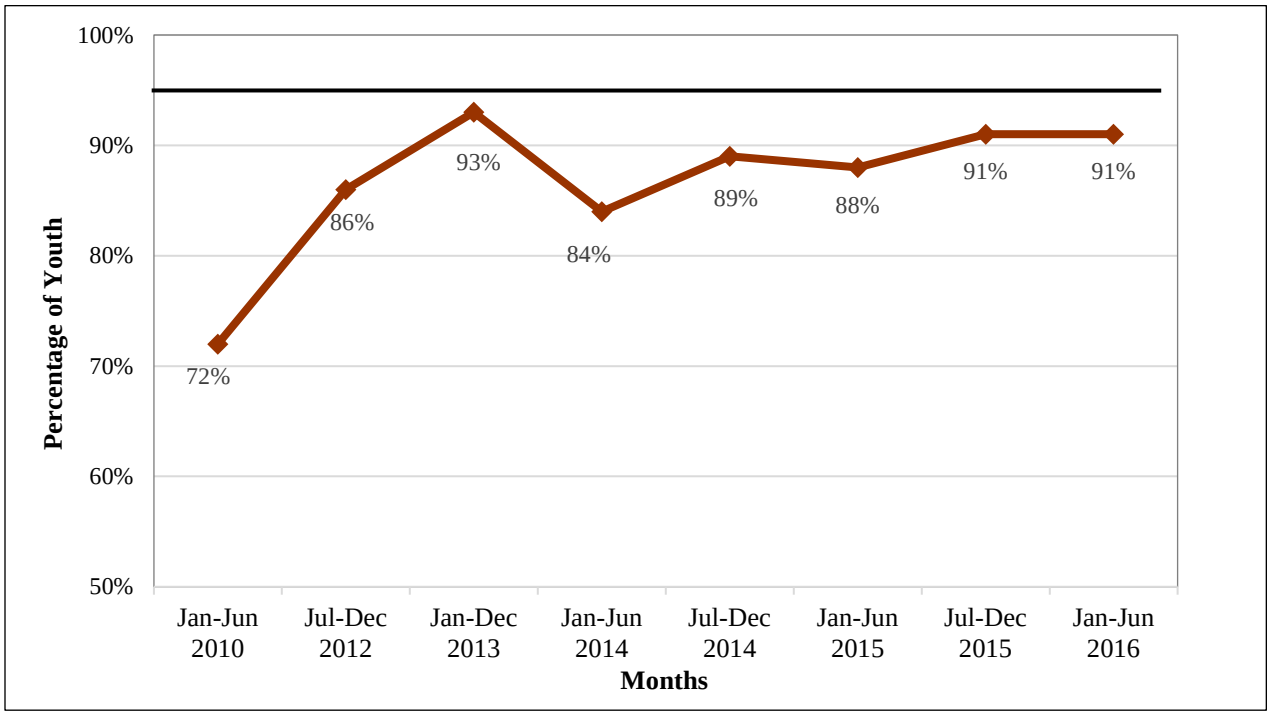
Quantitative or Qualitative Measure	47. Housing: Youth exiting care without achieving permanency shall have housing.
Performance Target	95% of youth exiting care without achieving permanency shall have housing.

Performance as of June 30, 2016:

The Monitor and DCF conducted a case record review of the 83 youth who exited care without achieving permanency between January and June 2016; 78 youth were applicable[157] to this measure and 71 (91%) youth had documentation of a housing plan upon exiting CP&P care. DCF has not met but is close to reaching the performance level required by the SEP.

[157] Five youth were not applicable either because the youth declined to provide this information or, despite efforts by CP&P, the youth was unable to be located to confirm housing plan.

Figure 7: Youth Exiting Care without Permanency with Housing (January 2010 – June 2016)



Source: Data from DCF and CSSP Case Record Reviews

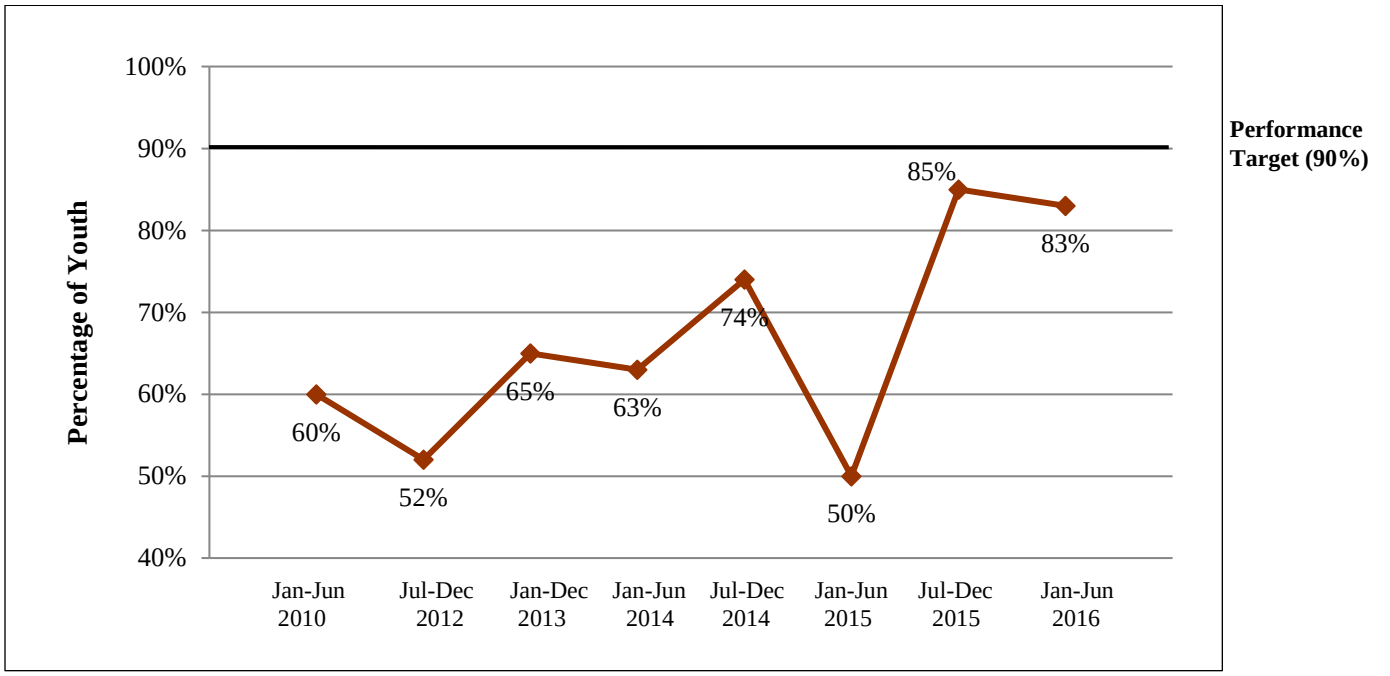
Employment/Education

Quantitative or Qualitative Measure	48. Employment/Education: Youth exiting care without achieving permanency shall be employed, enrolled in or have recently completed a training or an educational program or there is documented evidence of consistent efforts to help the youth secure employment or training.
Performance Target	90% of youth exiting care without achieving permanency shall be employed, enrolled in or have recently completed a training or an educational program or there is documented evidence of consistent efforts to help the youth secure employment or training.

Performance as of June 30, 2016:

The Monitor and DCF conducted a case record review of the 83 youth who exited care without achieving permanency between January and June 2016; this measure was applicable to 70 youth[158] and 52 (74%) youth were either employed or enrolled in education or vocational training programs and in an additional six (9%) cases, there was documented evidence of consistent efforts by the social worker to help the youth secure employment or training. Overall performance for this measure was 83 percent. Performance does not yet meet the SEP required level of performance.

Figure 8: Youth Exiting Care Without Permanency Who are Employed or Enrolled in Educational or Vocational Training Program (January 2010 – June 2016)



Source: Data from DCF and CSSP Case Record Reviews

[158] Thirteen youth were not applicable for one of the following reasons: youth was incarcerated, youth was missing and the worker made attempts to locate the youth, youth declined or not interested in employment or educational/vocational program, youth in the process of enrolling or youth had mental impairment which prevented employment or enrolled in an educational/vocational program.

K. SERVICES TO SUPPORT TRANSITION

Services to Support Transition

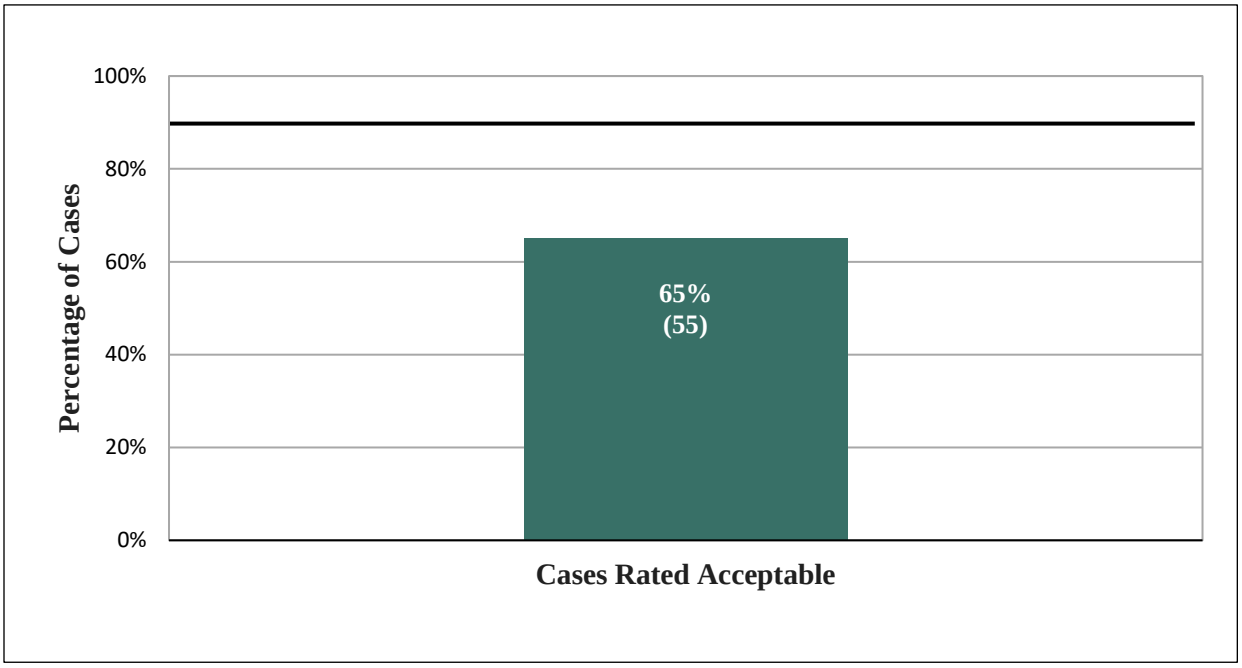
Quantitative or Qualitative Measure	44. Services to Support Transition: DCF will provide services and supports to families to support and preserve successful transitions.
Performance Target	80% of cases will be plans rated acceptable for supporting transitions as measured by the Quality Review (QR).

Performance as of June 30, 2016:

While involved with DCF, families and children may face several transitions, including changes in family relationships, living arrangements, service providers or schools. Some transitions are more critical than others but all require recognition and planning in order to be smooth and successful. DCF uses the QR process to measure case practice that supports families to make successful transitions.

Section IV.J of the SEP requires that 80 percent of cases be rated acceptable for supporting transitions as measured by the QR. Results from 84 cases reviewed from January to June 2016 indicate that 65 percent (55 or 84) of cases were rated acceptable for supporting transitions. The Monitor will reserve determination on this performance until the annual data are available.

Figure 9: Qualitative Review (QR) Cases Rated Acceptable for Services to Support Transitions
(January to June 2016)
(N=84)



Source: DCF data

L. CASELOADS

Caseload compliance is measured by individual caseworker caseloads in each of the functional areas (Intake, Permanency, Adoption and IAIU) as well as office standards for CP&P Local Offices. Table 5 summarizes the caseload standards for individual workers.

The SEP includes eight standards related to caseloads - three are designated as *To Be Achieved* (Intake office caseloads, Intake individual worker caseloads and Adoption individual worker caseloads) and the remaining five measures are *To Be Maintained* (Permanency office caseloads, Permanency individual worker caseloads, Adoption office caseloads, IAIU investigators individual caseloads and supervisory/worker ratio).

Table 5: CP&P Individual Caseload Standards

Caseworker Function	Responsibility	Individual Caseload Standard (SEP Sections IV.E and III.B)
Intake	Respond to community concerns regarding child safety and well-being. Specifically, receive referrals from the State Central Registry (SCR) and depending on the nature of the referral, respond between two hours and five days with a visit to the home and begin investigation or assessment. Complete investigation or assessment within 60 days.	Intake workers are to have no more than **12 open cases** at any one time **and** no more than **eight new referrals** assigned in a month. No Intake worker with 12 or more open cases can be given more than **two secondary assignments**[159] per month.
Institutional Abuse Investigations Unit (IAIU)	Respond to allegations of child abuse and neglect in settings including correctional facilities, detention facilities, treatment facilities, schools (public or private), residential schools, shelters, hospitals, camps or child care centers that are required to be licensed, resource family homes and registered family day care homes.	IAIU staff workers are to have no more than **12 open cases** at any one time **and** no more than **eight new referrals** assigned in a month.
Permanency	Provide services to families whose children remain at home under the protective supervision of CP&P and those families whose children are removed from home due to safety concerns.	Permanency workers are to serve no more than **15 families and 10 children in out-of-home care at any one time**.
Adoption	Find permanent homes for children who cannot safely return to their parents by preparing children for adoption, developing adoptive resources and performing the work needed to finalize adoptions.	Adoption workers are to serve no more than **15 children** at any one time.

Source: DCF

[159] Secondary assignments refer to shared cases between Intake and Permanency workers for families who have a case open with a permanency worker where there are new allegations of abuse or neglect that require investigation.

Verifying Worker Caseloads

DCF caseload data are collected and analyzed through NJ SPIRIT. As in previous monitoring periods, the Monitor verifies caseload data supplied by DCF by conducting telephone interviews with randomly selected workers across the state. The caseload verification includes workers in all areas in which the SEP establishes caseload standards: Intake, Permanency and Adoption. A sample of 170 workers were selected from all those workers active in June 2016. All of the 46 CP&P Local Offices were represented in the sample. For the past several years, CSSP has weighted the sample with Intake workers to examine in more depth the impact of shared cases between Intake and Permanency workers. The interviews were conducted in the months of July and August 2016. All 170 workers were called and information was collected from 130 workers (80% of the eligible sample).[160] Among the 130 workers who participated in the caseload verification interviews, 79 were Intake workers, 26 were Permanency workers, 14 were Adoption workers and 11 were trainees.

During the interviews, Monitor staff asked each caseworker whether his or her caseload met caseload standards between January and June 2016; responses were compared to the caseload information from NJ SPIRIT on identified workers for the same period. Workers were also asked to report their specific caseload size for the month of June 2016, and their reports were compared with NJ SPIRIT data for that month.

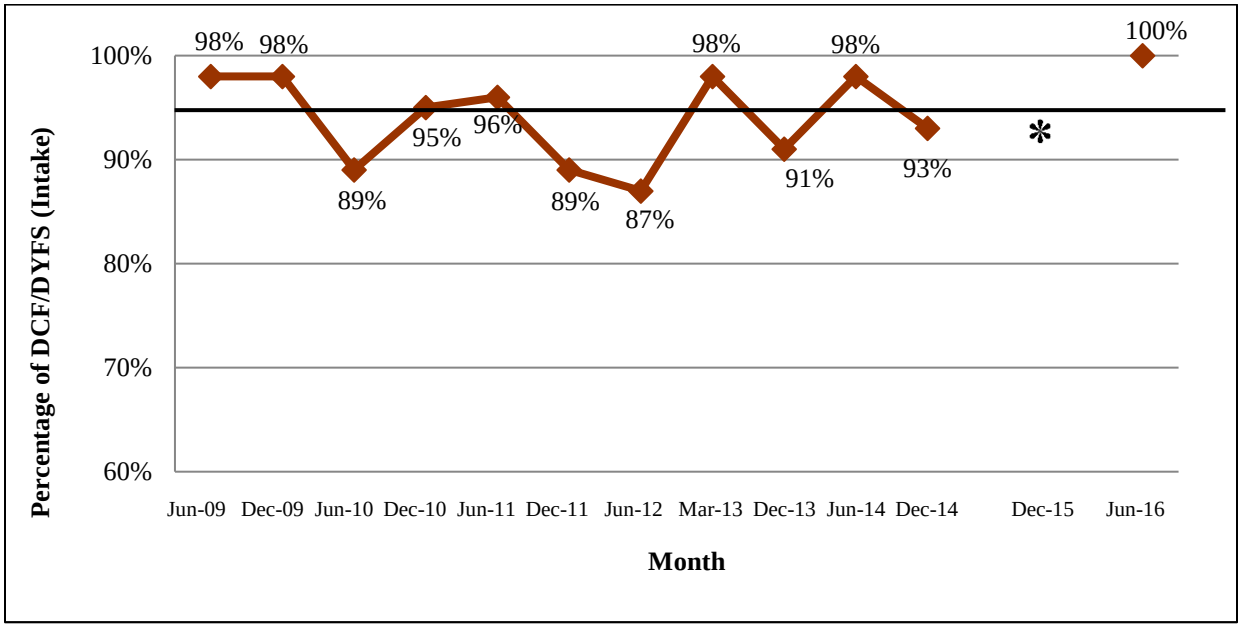
Intake

In CY 2015, the Monitor was unable to validate and report on intake caseload data. DCF leaders subsequently initiated a robust internal process to assess intake caseload data in order to identify and address case assignment and data irregularities on an ongoing basis. During the period of January through June 2016, the Monitor did not receive any reports from Intake workers with concerns about the manner in which high intake volumes are managed in their offices, and was able to validate Intake caseload data for the monitoring period. In addition, the Monitor reviewed and approved DCF's newly implemented caseload verification process, which was developed in consultation with a national expert as part of its continuous quality improvement efforts. The Monitor continues to work closely with DCF leadership as it implements its new caseload verification process and ongoing continuous quality improvement efforts.

Quantitative or Qualitative Measure	24. Intake Local Office Caseloads: Local Offices will have an average caseloads for Intake workers of (a) no more than 12 families, and (b) no more than eight new assignments per month. No Intake worker with 12 or more open cases can be given more than two secondary assignments per month.
Performance Target	95% of Local Offices will have an average caseload of (a) no more than 12 families, and (b) no more than eight new assignments per month. No Intake worker with 12 or more open cases can be given more than two secondary assignments per month.

[160] Four workers were on extended leave during the calls were made and were removed from the sample. One additional worker refused to participate and two caseworkers newly assigned to the position for less than half of the monitoring period were also removed from the sample. The Monitor made at least three attempts to contact each caseworker in the sample.

Figure 10: Percentage of CP&P Local Offices Meeting Average Caseload Standards for Intake workers (June 2009 – June 2016)



Source: DCF data

* The Monitor was unable to verify Intake caseload data for CY 2015 and thus that data are not included in this Figure.

Performance as of June 30, 2016:

Figure 10 summarizes performance on meeting average Local Office Intake caseload standards. As indicated above, DCF has exceeded this standard (100%) for the period of January through June 2016.

Quantitative or Qualitative Measure	25. Individual Intake Caseloads: individual Intake workers shall have (a) no more than 12 open cases, and (b) no more than eight new assignments per month. No Intake worker with 12 or more open cases can be given more than two secondary assignments per month.
Performance Target	90% of individual Intake workers shall have (a) no more than 12 open cases, and (b) no more than eight new assignments per month. No Intake worker with 12 or more open cases can be given more than two secondary assignments per month.

Performance of June 30, 2016:

The individual Intake worker caseload standard was met for the first time this monitoring period. The state reported an average of 967 active Intake workers between January and June 2016. Among those active Intake workers, an average of 899 (93%) workers had caseloads that met the caseload standard. Specifically, in June 2016 individual worker caseload compliance for Intake workers was 93 percent (907 of 971 total workers). For the 64 Intake workers who did not meet

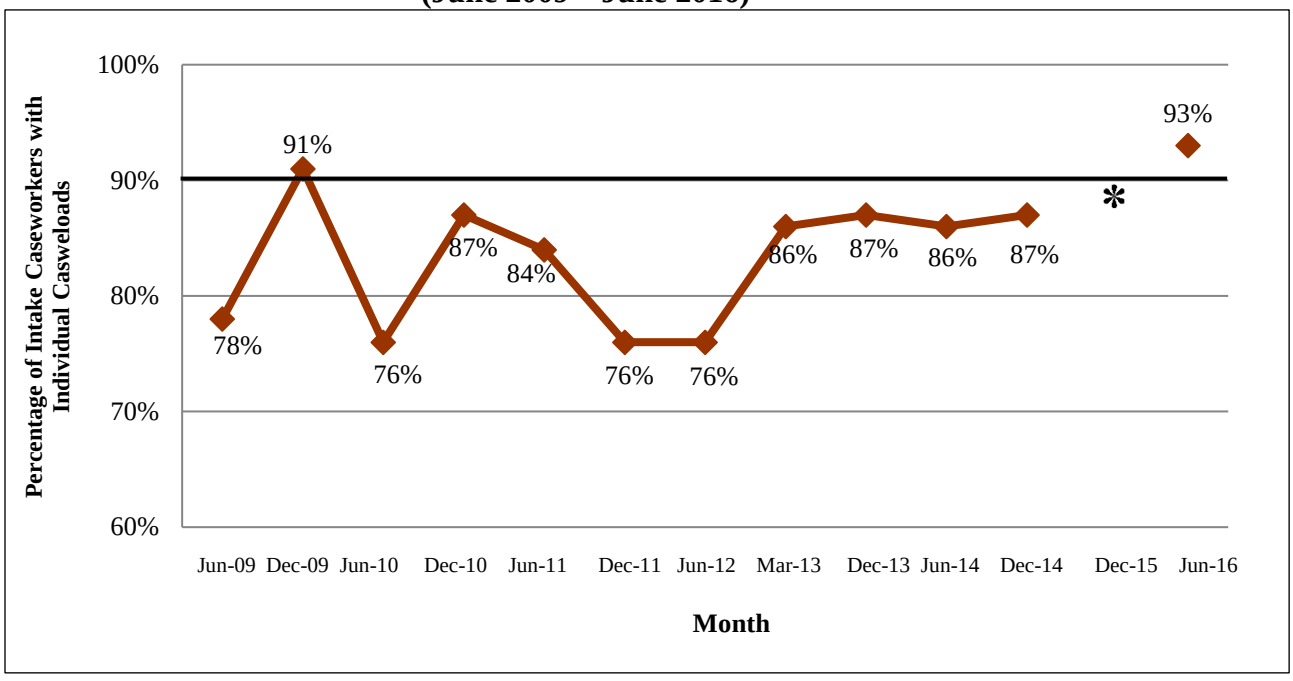
caseload requirements in June 2016, the highest number of new intakes during the month for any worker was 11 and the highest number of open cases for any worker in the month was 19 families.

Data by Local Office show that during June 2016, performance ranged between 57 and 100 percent, with 36 of 46 Local Offices (78%) having all Intake workers in compliance with caseload standards.

Among the 130 workers who participated in the Monitor's telephone interviews for caseload verification, 79 were Intake workers. Four (5%) of the 79 Intake workers reported exceeding the caseload limits for new assignments at some point between January and June 2016. Twenty-five (32%) Intake workers reported having more than 12 total families on their caseload at some point during the same period.

DCF deploys Impact Teams (consisting of a supervisor and three workers) to a unit or a Local Office in different areas of the state when intakes are unusually high in order to assist in maintaining caseload standards by conducting any overflow of investigations. There are nine Impact Teams in existence, one per Area Office.

Figure 11: Percentage of Intake workers with Individual Caseloads at or Below the Applicable Individual Caseload Standards (June 2009 – June 2016)*[161, 162]



Source: DCF data

* The Monitor was unable to verify Intake caseload data for CY 2015 and thus that data are not included in this figure.

[161] The performance percentage shown on the last month of each monitoring period (June and December) is the average of the prior six month's performance in meeting individual caseload standards. The performance percentage shown for March and December 2013 is the average of the prior nine month's performance in meeting individual caseload standards.

[162] The MSA standard of 95% applies to June 2009 through December 2014 data.

"Shared" Cases between Intake and Permanency Workers

As described in previous monitoring reports, Intake and Permanency workers sometimes share responsibility for families with open permanency cases where there are new allegations of abuse or neglect. Thus caseload numbers for almost a third of Intake workers in any month actually understate their workload. According to DCF procedure, all CPS family reports and CWS family referrals are assigned to Intake workers to investigate and are reflected in caseload reporting as one of the Intake workers' eight new referrals in the month and as one of their 12 open families for that month. However, when circumstances indicate that a family with an already open permanency case is the subject of a new CPS family report, the work with the family becomes the shared responsibility of both Intake and Permanency workers until the investigation is completed.

Intake workers are assigned a secondary worker designation in NJ SPIRIT on a shared case for a family who is also currently assigned to a Permanency worker. According to DCF, this arrangement emphasizes the primary role of the Permanency worker in securing placement, facilitating visits, supporting the family to implement the case plan and coordinating services. It also reflects the Permanency workers' responsibility to provide information to the Intake worker and to link the family to appropriate services and supports identified during the course of the new investigation, thus relieving the Intake worker of the overall case management responsibility for the case. Intake workers continue to be responsible for the work required to complete investigative tasks and to reach and document an investigative finding. The designation as a secondary worker is not reflected as an open family for the Intake worker's caseload and is not categorized as an open family in monthly caseload reports. Thus, these secondary assignments are counted as one of the Intake worker's eight new referrals assigned in a month, but are not counted as part of their 12 open families in a month.

DCF reports that Intake supervisors in CP&P Local Offices are expected to appropriately manage the workload of staff in their units and consider an Intake worker's primary and secondary responsibilities when assigning new referrals. Table 6 provides the reported number of secondary assignments to Intake workers by month for this monitoring period.

Table 6: Number of CP&P Investigations and Secondary Intake Assignments by Month (January – June 2016)[163]

Month	Total Investigations Assigned to Intake Workers for the Month	Secondary Intake Worker Assignments of CPS and CWS Investigations*	
January	5,389	968	18%
February	6,030	1,025	17%
March	5,946	1,066	18%
April	5,781	951	16%
May	6,169	1,061	17%
June	5,486	940	17%

Source: DCF data

The Monitor reviewed monthly Local Office data on secondary assignments and found that the average number of secondary assignments per Intake worker over the monitoring period is one case. The Monitor also found that an average of 27 percent of Intake workers received two or more secondary case assignments and an average of 10 percent of Intake workers received three or more secondary assignments each month during the monitoring period. Specifically, in the month of June 2016, 247 (25%) Intake workers received two or more secondary intake assignments and 75 (8%) Intake workers received three or more secondary intake assignments.

During phone interviews with caseworkers, Monitor staff inquired about the prevalence of secondary assignments and their impact on a worker's workload. Intake workers were asked about the frequency of secondary assignments, the effect these assignments have on workload and how they are measured. Of the 79 Intake workers interviewed, 74 (94%) reported receiving an assignment to investigate a new report on an open permanency case as a secondary worker at least once in the six month period between January and June 2016 and 54 workers (73%) reported receiving at least one secondary assignment per month. Sixty-three of the 74 (85%) Intake workers confirmed that their supervisor appropriately counts secondary assignments toward their eight new referrals for the month. Forty-three of the 74 (58%) Intake workers interviewed responded that in their opinion, the workload for an investigation on an open permanency case in which they are designated as secondary worker is equivalent to, or sometimes more than, the workload for an initial investigation. Workers explained that although Permanency workers may have completed collateral contacts or are able to provide information about the family's circumstances, every investigation must be approached in the same manner regardless of primary or secondary status.

[163] Total excludes intakes assigned to Impact, Permanency, Adoption and Advocacy Center workers and includes intakes assigned to workers on leave.

In April 2014, DCF began implementing a policy which helped to clarify the division of labor for secondary assignments between Intake and Permanency workers.[164] Both Intake and Permanency workers were asked during phone interviews if they received clear policy guidance on their role and on the division of labor for these shared cases. Of the 74 Intake workers who reported receiving an assignment to investigate a new report on an open permanency case as a secondary worker, 54 (73%) reported receipt of clear policy guidance and 38 (51%) found the division of labor to be clear. Five (36%) of the 14 Permanency workers interviewed who reported assignment on cases where there were new allegations of abuse or neglect reported receipt of clear policy guidance, and five (36%) found the division of responsibilities to be clear. The most frequently cited reason by both Intake and Permanency workers for the lack of clarity in the division of responsibilities was the inconsistent enforcement of the policy, which workers reported to vary by office and supervisor.

To ensure that Intake workload is properly managed regardless of the combination of primary and secondary assignments, DCF continues to examine the processes used in Local Offices to make secondary assignments, as well as Local Office workflow management practices.

Assignment of Investigations to Non-Case Carrying Staff

On occasion, in order to handle the flow of referrals for investigations, trained non-case carrying staff as well as case-carrying staff who are not part of Intake units (non-intake case carrying staff) in Local Offices are assigned to an investigation. DCF reports that policy requires all staff to complete First Responder training prior to being assigned an investigation, and non-case carrying staff have to have been trained and receive supervision by the Intake supervisor. The Monitor's review of DCF's data for the months of January through June 2016, found that approximately two percent of investigations were assigned each month to non-case carrying staff and that five percent were assigned to non-Intake case-carrying staff. DCF produces a Caseload Report Exception List that documents all instances of intakes identified as assigned to non-case carrying workers and closely monitors this on an ongoing basis. Table 7 below shows the number and percentage of investigations assigned to non-case carrying staff, and Table 8 shows the number and percentage of investigations assigned to non-Intake case-carrying staff.

[164] CP&P Policy Manual (4-4-2014). Child Protection and Permanency Manual, II C Case Management, 400.

Table 7: Percentage of CP&P Investigations Assigned to Non-Case Carrying Staff by Month (January – June 2016)[165]

Month	Total Investigations Received for the Month	Number and Percentage of Investigations Assigned to Non-Case Carrying Staff	
January	5,763	96	2%
February	6,486	128	2%
March	6,436	143	2%
April	6,198	107	2%
May	6,630	107	2%
June	5,826	60	1%

Source: DCF NJ SPIRIT Data

Table 8: Percentage of CP&P Investigations Assigned to Other or Non-Intake Case Carrying[166] Staff by Month (January – June 2016)

Month	Total Investigations Received for the Month	Number and Percentage of Investigations Assigned to Non- Intake Caseload Carrying Staff	
January	5,763	278	5%
February	6,486	328	5%
March	6,436	347	5%
April	6,198	310	5%
May	6,630	354	5%
June	5,826	280	5%

Source: DCF NJ SPIRIT Data

As part of the phone interviews previously discussed, Intake workers were asked if there were scenarios in their office in which non-case carrying staff could be assigned an investigation. Twenty-eight of the 79 workers (35%) reported that they were aware of instances in which this has happened in their office. Respondents stated that non-case carrying staff with prior investigative experience can be assigned cases when all Intake workers in a Local Office reach

[165] Data are provided for investigations assigned within five days of intake receipt date and does not reflect additional assignments to an investigation after those first five days. DCF conducted a review of assignments to non-caseload carrying staff in NJ SPIRIT and found that some investigations had been re-assigned to caseload carrying workers after the initial five days. As a result, there is potential for the percentage of investigations assigned to non-caseload carrying staff to be lower than two percent.

[166] This includes Permanency, Adoption, Impact and Advocacy center caseload carrying workers.

their assignment limit for the month. The most frequently identified job titles for the non-case carrying staff who are assigned investigations are Administrative Assistant and Resource Development Specialist.

Adoption

Quantitative or Qualitative Measure	26. Adoption Local Office Caseloads: Local offices will have an average caseloads for Adoption workers of no more than 15 children per worker.
Performance Target	95% of Local Offices will have an average caseload of no more than 15 children per Adoption worker.

Performance as of June 30, 2016:

Performance data for January through June 2016 show that 100 percent of Local Offices met the adoption caseload standard.

Quantitative or Qualitative Measure	27. Individual Worker Adoption Caseloads: individual Adoption worker caseloads shall be no more than 15 children per worker.
Performance Target	95% of individual Adoption workers shall have a caseload of no more than 15 children per month.

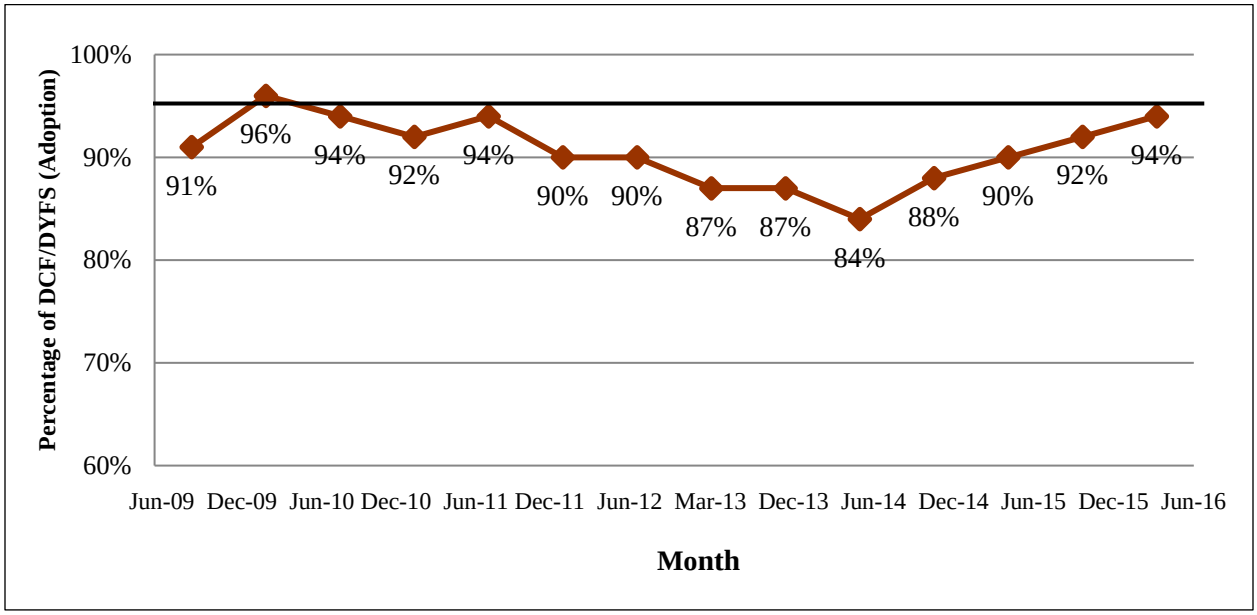
Performance as of June 30, 2016:

DCF reported an average of 230 active Adoption workers between January and June 2016. Of the active Adoption workers, an average of 216 (94%) workers had caseloads that met the requirement throughout the monitoring period. Specifically in June 2016, individual worker caseload compliance for Adoption workers was at 94 percent. For the 13 Adoption workers who did not meet caseload requirements in June 2016, the highest caseload was 19 children. The individual worker caseload standard for Adoption workers of no more than 15 children was met for the period of January through June 2016.

Data by Local Office indicate that during June 2016, performance ranged between 50 and 100 percent among offices and 34 of 43 (79%) Local Offices met the standard for this measure.

Among the 130 workers who participated in the phone interviews conducted by Monitor staff for caseload verification, 14 were Adoption workers. None of the 14 workers interviewed reported going over caseload standards at any time during the period of January through June 2016.

Figure 12: Average Percentage of Adoption Workers with Individual Caseloads at or Below the Applicable Individual Caseload Standards (June 2009 – June 2016)[167]



Source: DCF data

Permanency

Quantitative or Qualitative Measure	4. Permanency Local Office Caseloads: Local offices will have an average caseloads for Permanency workers of (a) no more than 15 families, and (b) no more than 10 children in out-of-home placement per worker.
Performance Target	95% of Local Offices will have an average caseload of (a) no more than 15 families, and (b) no more than 10 children in out-of-home placement per worker.

Quantitative or Qualitative Measure	5. Individual Worker Permanency Caseloads: individual Permanency worker caseloads shall be (a) no more than 15 families, and (b) no more than 10 children in out-of-home placement per worker.
Performance Target	95% of individual Permanency workers shall have a caseload of (a) no more than 15 families, and (b) no more than 10 children in out-of-home placement per worker.

[167] The performance percentage shown on the last month of each monitoring period (June and December) is the average of the prior six month's performance in meeting individual caseload standards. The performance percentage shown for March and December 2013 is the average of the prior nine month's performance in meeting individual caseload standards during that time.

Performance as of June 30, 2016:

Performance January through June 2016 shows that 100 percent of Local Offices and 100 percent of individual workers[168] continued to maintain the permanency caseload standard during this period.

Among the 130 workers who participated in telephone interviews conducted by Monitor staff for caseload verification, 26 were Permanency workers. Two (8%) of the 26 Permanency workers interviewed reported exceeding the caseload standard of no more than 15 families and no more than 10 children in out-of-home placement for the monitoring period January through June 2016.

Institutional Abuse Investigation Unit (IAIU)

Quantitative or Qualitative Measure	3. Individual Worker IAIU Caseloads: individual IAIU worker caseloads shall be (a) no more than 12 open cases, and (b) no more than eight new case assignments per month.
Performance Target	95% of individual IAIU workers shall have a caseload (a) no more than 12 open cases, and (b) no more than eight new case assignments per month.

Performance as of June 30, 2016:

DCF data show 100 percent of individual workers maintained the IAIU caseload standard for the period of January through June 2016.

Supervisory Ratio

Quantitative or Qualitative Measure	2. Supervisor/Worker Ratio: Local Offices shall have sufficient supervisory staff to maintain a five worker to one supervisor ration.
Performance Target	95% of Local Offices shall have sufficient supervisory staff to maintain a five worker to one supervisor ration.

Performance as of June 30, 2016:

DCF maintained this standard for the period of January through June 2016. Data between January and June 2016, show that 100 percent of CP&P Local Offices had sufficient supervisors to maintain ratios of five workers to one supervisor.

The Monitor verified the state's reported information about supervisor/worker ratios by asking all 130 workers who participated in the telephone interviews about the size of their units for the month of June 2016; 124 (95%) workers reported being in units of five or fewer workers with a supervisor.

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

M. DAsG STAFFING

Quantitative or Qualitative Measure	7. DAsG Staffing: The State will maintain adequate DAsG staff potions and keep positions filled.
Performance Target	DCF will maintain adequate staffing levels at the DAsG office.

Performance as of June 30, 2016:

DCF continues to meet this SEP standard. As of June 30, 2016, 134 DAsG staff positions assigned to work with DCF were filled. Of those, four DAsG were on full time leave. Thus, there are a total of 130 (97%) available DAsG. DCF reports that in addition to these positions, DAsG outside of the DCF Practice Group have dedicated some of their time to DCF matters.

N. ACCOUNTABILITY THROUGH QUALITATIVE REVIEW AND THE PRODUCTION AND USE OF ACCURATE DATA

QUALITATIVE REVIEW

New Jersey's Qualitative Review (QR) is an assessment of the status of children, the status of practice and the functioning of systems in each of the counties. The protocol and process used for the QR are aligned with DCF's CPM. Select QR results related to both Child (Youth)/Family Status and Practice Performance are also used to report on several SEP requirements included in this report.

When conducting a QR involving children under age 18, the child's legal guardian is asked to give informed consent for participation in the QR. Trained review teams of two persons including DCF staff, community stakeholders and staff from the Monitor's office review CP&P case records and interview as many people as possible who are involved with the child and family. The results from reviews provide critical qualitative data on child and family status and system performance. A rigorous quality review process is in place and is an important part of each review. Immediately following the review in each county, areas of accomplishment and challenges for the system are identified and discussed to inform continued case practice improvement. Findings from the QRs are also incorporated into existing training and supervisory tools.

Between January through December 2015, DCF's Office of Performance Management and Accountability (OPMA) consulted with other states, national experts, the Monitor and outside community-based providers to update key portions of New Jersey's QR process and protocol. Changes made to the QR process and protocol reflect the CPM and practice improvement efforts of DCF within the workforce. Key changes to the protocol include (1) combination of *team functioning* and *team formation* indicators into one indicator, *teamwork and coordination* (2) exclusion of the *overall* indicator for all practice performance indicators (3) rating mothers and fathers separately in the practice performance indicators (4) removal of the *family supports* indicators for the practice performance indicators and (5) replacement of the *transitions and life adjustment* indicator with *successful transitions* indicator. In addition, in response to feedback

from Local Office and area administrators around timeframes for improvement, DCF changed the review schedule so that each county would be reviewed every other year so that there is sufficient time in between reviews for offices to implement performance improvement plans (PIPs) that are responsive to QR findings. In 2016 this new QR process was implemented and is reflected in the findings for QR measures in this report. As this QR data reflects findings from January through June 2016 reviews, the Monitor will reserve determination on all QR performance until the annual data are available.

During the monitoring period, DCF reviewed 126 cases from 15 counties.[169] Table 9 provides the gender, age and racial and ethnic demographics of the 126 children. Thirty-one of the children were living with a parent at the time of the review and 95 of the children lived with a relative or non-relative resource parent.

Table 9: Qualitative Review: Gender, Age and Race/Ethnicity Demographics (January – June 2016) (N=126)

Gender	**#**	**%**
Male Female	58 68	46% 54%
Total	126	100%
Age	**#**	**%**
4 years or less 5-9 years 10-13 years 14 -17 years 18-21 years	45 22 20 18 21	36% 17% 16% 14% 17%
Total	126	100%
Race/Ethnicity	**#**	**%**
White/Caucasian	86	68%
African American	44	34%
Hispanic	42	33%
Native Hawaiian	0	0%
American Indian	1	<1%
Asian	3	2%
Unable to Determine/Unknown	2	<2%

Source: DCF data

DCF reports that 1,257 individuals were interviewed across the state to inform the QR data for this reporting period. The informants for the QR include CP&P and Child Health Unit staff, biological parents, others who the youth or parent identified as supportive, relative and non-

[169] Qualitative Reviews were conducted in Burlington, Hudson, Hunterdon, Monmouth, Passaic, Salem and Union.

relative resource parents, education providers, mental health and legal professionals, substance abuse treatment providers and children/youth.[170] Reviewers evaluate the child and family's status on a range of indicators and rate whether the status was acceptable or unacceptable.[171] See Table 10 for the results on each child and family status indicator and overall child and family status ratings for all cases.

As shown in Table 10, the overall status of children was rated as acceptable in 93 percent of cases reviewed, with separate ratings on specific child and family status indicators rating acceptable in 73 percent (*progress towards permanency*) to 100 percent (*physical health of the child*). Child and family status indicators as shown in the Table 10 below cover key areas of safety, stability in school, living arrangement, learning and development and physical health of the child.

Table 10: Qualitative Review: Child and Family Status Results (January- June 2016)

Child & Family Status Indicators	# of Applicable Cases	# of Acceptable Cases	% of Acceptable Cases
Safety at Home	126	124	98%
Safety in other Settings	126	121	96%
Stability at Home	126	101	80%
Stability in School	89	81	91%
Living Arrangement	126	120	95%
Family Functioning & Resourcefulness	121	88	73%
Progress towards Permanency	126	92	73%
Physical Health of the Child	126	126	100%
Emotional Well-Being	126	116	92%
Learning & Development, Under Age 5	45	44	98%
Learning & Development, Age 5 & older	78	73	94%
OVERALL Child & Family Status	126	117	93%

Source: DCF data

Table 11 shows the results of the QR ratings for system and practice performance indicators from reviews conducted January through June 2016. As with the status indicators, reviewers evaluated whether performance was acceptable or unacceptable.[172] The QR results identify where further work is needed to fully implement the CPM, such as engagement with fathers,

[170] Interviews are usually conducted individually with participants, either by phone or in person. All efforts are made to see children/youth in the setting in which they reside.
[171] Cases are considered acceptable if the overall QR rating based on a standardized protocol is a 4, 5 or 6 and unacceptable if the overall rating is a 1, 2 or 3.
[172] Ibid.

assessment and understanding of fathers and mothers and family teamwork. Reviewers found acceptable Practice/System Performance in 60 percent (75 of 126) of cases. As reported above, these findings reflect data from January through June 2016; the Monitor will reserve determination on all QR performance until the annual data are available.

Table 11: Qualitative Review: Practice/System Performance Results (January – June 2016)

Practice Performance Indicators		# Cases Applicable	# Cases Acceptable	% Acceptable
Engagement	Child/Youth	77	63	82%
	Mother	92	55	60%
	Father	79	25	32%
	Resource Family	74	64	86%
Family Teamwork	Teamwork & Coordination	126	55	44%
Assessment & Understanding	Child/Youth	126	97	77%
	Mother	93	37	40%
	Father	79	18	23%
	Resource Family	74	68	92%
Case Planning Process		126	72	57%
Plan Implementation		126	77	61%
Tracking & Adjusting		126	83	66%
Provision of Health Care Services		125	125	100%
Resource Availability		126	109	87%
Family & Community Connections	Mother	59	45	76%
	Father	49	24	49%
	Siblings	20	19	95%
Successful Transitions		84	55	65%
Long Term View		126	66	52%
OVERALL Practice/System Performance		**126**	**75**	**60%**

Source: DCF data

O. NEEDS ASSESSMENT

Quantitative or Qualitative Measure	21. Needs Assessment: The State shall regularly evaluate the needs for additional placements and services to meet the needs of children in custody and their families, and to support intact families and prevent the needs for out-of-home care. Such needs assessments shall be conducted on an annual, staggered basis that assures that every county is assessed at least once every three years.
Final Target	The State shall develop placements and services consistent with the findings of these needs assessments.

DCF, in partnership with the Institute for Families at Rutgers University School of Social Work, continued its work on Phase III of its Needs Assessment process to identify the strengths and needs of children and youth at risk for and those who have already entered out-of-home placement.

Phase I of the DCF's Needs Assessment process involved a review of DCF internal reports and assessments completed by the Department and its partners from CY 2008 to CY 2014 to identify common needs across practice areas, including child maltreatment reporting as well as the provision of services for families with children in the home and in out-of-home placement. DCF published a detailed description of its Phase I activities in its *Needs Assessment: Interim Report* completed in December 2014 and available on DCF's website (See Table 1B).[173] DCF determined from its Phase I activities that families who encounter the child welfare system have difficulty acquiring safe, stable housing and accessing consistent, affordable transportation, employment and vocational opportunities and affordable food. The report highlights the need for accessible substance abuse and mental health treatment statewide.

DCF published its Phase II activities and findings in its *DCF Needs Assessment 2015: Interim Report* on its website in April 2016 (See Table 1B).[174] As part of Phase II, DCF used New Jersey's state administered child welfare information system, NJSPIRIT – the state's client level case management system – to determine categories of need for children and families served by DCF from 2009 to 2013. The seven categories the state identified as areas of need are: caregiver mental health, caregiver substance abuse, child mental health, child substance abuse, poverty, housing and domestic violence.

Key findings of DCF's Phase II client level data analysis for the years 2009 to 2013 are:

- The areas of greatest need involve caregiver substance abuse and caregiver mental health.
- Caregiver substance abuse and mental health issues often co-occur with other needs, such as poverty, domestic violence and children's mental health needs.
- Between 2011 and 2013, reports to DCF of domestic violence in homes with children increased by 22 percent.

[173] DCF's Needs Assessment: Interim Report 2015 can be found here: http://www.state.nj.us/dcf/childdata/continuous/DCF_Needs_Assessment_Interim-Report.pdf
[174] DCF's Needs Assessment: Interim Report can be found here: http://nj.gov/dcf/childdata/protection/DCF.Needs.Assessment.Interim.Report_3.16.pdf

- Mental health issues and substance abuse among children decreased between 2009 and 2013.

DCF also analyzed the seven areas of need across counties in order to examine regional variation. County level data show, for example, that between 2009 and 2013 caregiver substance abuse was less likely to be identified in northeastern counties, with the exception of Essex and Hudson, and more likely to be prevalent in Sussex, Warren, Salem, Gloucester and Atlantic counties. DCF's *Needs Assessment 2015 Interim Report* provides an analysis of each of the seven identified categories of need, by county, for CY 2013.

Phase II of the Needs Assessment process also involved identifying secondary data on the current range of services available in the state. The three primary sources for determining the state's range of services are (1) the service modules in NJSPIRIT, (2) the Department's review of service provider contracts by Area Office and (3) forms used with DCF's contract providers. DCF reports that there are limitations to its review of secondary data due to data entry issues and the generality of the information furnished by service providers about geographic areas served and types of services listed.

In Phase III of the Needs Assessment process, in order to further understand the needs of children and families involved or at risk of involvement with DCF, researchers at the Rutgers School of Social Work conducted interviews and focus groups with family members, staff and contracted service providers, involving a total of 170 participants. Rutgers is currently analyzing themes that emerged from this qualitative data and DCF is expected to issue a report on Phase III in January 2017. DCF anticipates that a final report will be completed by December 2017.

P. FISCAL YEAR BUDGET

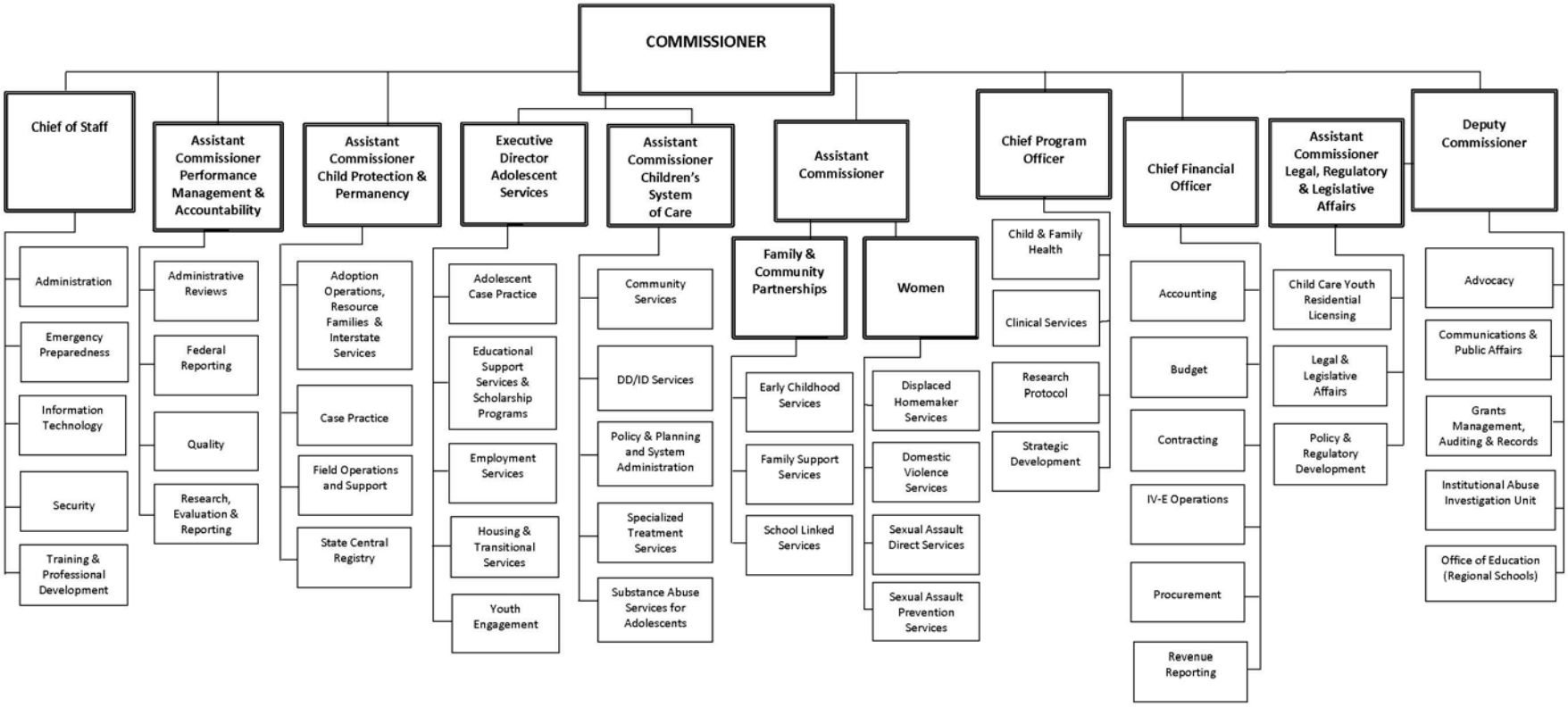
The Governor's proposed FY 2017 budget which was to take effect July 1, 2016 and was discussed in the prior monitoring report was approved by the legislature on June 30, 2016. The budget included legislative additions to the Governor's initial request, including funds for the Division on Women, Court Appointed Special Advocates (CASAs) and new grants for Child Advocacy Centers.

As previously reported, DCF leadership has indicated that the FY 2017 budget provides sufficient funds to carry out the state's responsibilities for child protection; children's mental health; services to support children in their own homes and in out-of-home placement; and to achieve the SEP outcomes related to children's safety, permanency and well-being.

APPENDIX: A-1
Glossary of Acronyms Used in the Monitoring Report

ACF: Administration for Children and Families
AFCARS: Adoption and Foster Care Analysis and Reporting System
AIP: AFCARS Improvement Plan
AQCs: Area Quality Coordinators
ASO: Administrative Services Organization
BCWEP: Baccalaureate Child Welfare Education Program
CAP: Corrective Action Plan
CCL: Child Care Licensing
CCRMT: Congregate Care Risk Management Team
CFSR: Child and Family Service Review
CHEC: Comprehensive Health Evaluation for Children
CHU: Child Health Unit
CIC: Children in Court
CIACC: Children's Interagency Coordinating Council
CLSA: Casey Life Skills Assessment
CME: Comprehensive Medical Examination
CMO: Case Management Organizations
CMS: Centers for Medicare and Medicaid Services
CBT: Cognitive Behavioral Therapy
CPEP: Child Placement Enhancement Project
CPM: Case Practice Model
CPS: Child Protective Services
CQI: Continuous Quality Improvement
CSA: Contracted System Administrator
CSOC: Children's System of Care
CSSP: Center for the Study of Social Policy
CWPPG: Child Welfare Policy and Practice Group
CWS: Child Welfare Services
CWTA: Child Welfare Training Academy
CYBER: Child Youth Behavioral Electronic Health Record
DAG: Deputy Attorney General
DCA: Department of Community Affairs
DCBHS: Division of Child Behavioral Health Services
DCF: Department of Children and Families
CP&P: Division of Child Protection and Permanency
DD: Developmental Disability
DDD: Division of Developmental Disabilities
DDHH: Division of the Deaf and Hard of Hearing
DD/MI Developmental Disability/Mental Illness
DFCP: Division of Family and Community Partnerships
DHS: Department of Human Services
DPCP: Division of Prevention and Community Partnerships
DR: Differential Response
DYFS: Division of Youth and Family Services
EDW: Electronic Data Warehouse
EPSDT: Early and Periodic Screening, Diagnosis and Treatment
ETV: Education and Training Voucher
FAFS: Foster and Adoptive Family Services
FAFSA: Free Application for Federal Student Aid
FDC: Family Development Credential
FEMA: Federal Emergency Management Agency
FFT: Functional Family Therapy
FQHC: Federally Qualified Health Center
FSC: Family Success Centers
FSO: Family Support Organizations
FSS: Family Service Specialist
FTE: Full-Time Equivalent
FTM: Family Team Meeting
FXB: Francois-Xavier Bagnoud Center
HMIS: Homeless Management Information System
HSAC: Human Services Advisory Council
IAI: Institutional Abuse Investigative
IAIU: Institutional Abuse Investigative Unit
KLG: Kinship Legal Guardian
LGBTQI: Lesbian, Gay, Bisexual, Transgender, Questioning or Intersex
LO: Local Office
MEYA: Medicaid Extension for Youth Adults
MH: Mental Health
MSA: Modified Settlement Agreement
MST: Multi-systemic Therapy
NCANDS: National Data Archive on Child Abuse and Neglect
NCIC: Northeast and Caribbean Child Welfare Implementation Center
NJCAN: New Jersey Career Assistance Navigator
NJCBW: New Jersey Coalition for Battered Women
NJFC: New Jersey Foster Care
NRCRRFAP: National Resource Center for Recruitment and Retention of Foster and Adoptive Parents
NYTD: National Youth in Transition Database
OAS: Office of Adolescent Services
OCHS: Office of Child Health Services
OCQI: Office of Continuous Quality Improvement
OESP: Office of Educational Support and Programs
OIT: New Jersey Office of Information Technology
OMPA: Office of Performance Management and Accountability
OOE: Office of Education
OOL: Office of Licensing
ORF: Office of Resource Family
OTARY: Outreach to At-Risk Youth
PALS: *Peace: A Learned Solution*, program for victims of domestic violence
PIP: Performance Improvement Plan
PPA: Pre-placement Assessment
QA: Quality Assurance
QR: Qualitative Review
RDTC: Regional Diagnostic and Treatment Center
RFL: Resource Family Licensing
RFP: Request for Proposal
RL: Residential Licensing
SAFE: Structured Analysis Family Evaluation
SCR: State Central Registry
SETC: State Employment and Training Commission
SHIP: Summer Housing and Internship Program
SHSP: Special Home Service Providers
SIBS: Siblings in Best Settings
SPRU: Special Response Unit
SIP: Summer Internship Program
TF-CBT: Trauma Focused Cognitive Behavioral Therapy
TPR: Termination of Parental Rights
UMDNJ: University of Medicine and Dentistry of New Jersey
USDA: United States Department of Agriculture
YAB: Youth Advisory Board
YCM: Youth Case Management
YEC: Youth Employment Coordinator

Appendix: B-1
DCF Organizational Chart
Department of Children and Families



May 2016