Progress of the New Jersey Department of Children and Families

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

July 1– December 31, 2007

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I. INTRODUCTION

Purpose of this Report

In July, 2006 the Center for the Study of Social Policy (CSSP) was appointed by the Honorable Stanley R. Chesler of the United States District Court for the District of New Jersey as Monitor of *Charlie and Nadine H. v. Corzine*. As Monitor, CSSP is to independently assess New Jersey's compliance with the goals, principles and outcomes of the Modified Settlement Agreement (MSA) of the class action litigation aimed at improving the State's child welfare system.[1] CSSP released its Period I Monitoring Report in February 2007 describing progress New Jersey had made towards compliance with the MSA as of December 31, 2006.[2] CSSP released its Period II Monitoring Report in October 2007.[3] This is the third Monitoring Report under the MSA and covers the period of July 1, 2007 through December 31, 2007.

The MSA structures the State's commitments into two phases of work. Phase I (through December 2008) is primarily directed to building a strong infrastructure within the Department of Children and Families (DCF) to ensure children are healthy and safe; children achieve permanency and stability; and resource and service delivery systems meet children's health, mental health, educational and developmental needs. This third Monitoring Report reflects the State's continued work in and commitment to these foundational elements of a successful reform, and also describes the Department's beginning efforts to train its workforce on the new Case Practice Model (CPM), a central element of New Jersey's child welfare reforms.

Methodology

The primary source of information for this Monitoring Report is information provided by DCF and verified by the Monitor. DCF provides the Monitor with extensive aggregate and

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

[2] *Progress of the New Jersey Department of Children and Families: Period I Monitoring Report for Charlie and Nadine H . v. Corzine – July 2006 through December 31, 2006.* Washington, DC: Center for the Study of Social Policy. February 26, 2007.

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

back up data as well as access to staff at all levels to enable the Monitor to verify DCF data and report on actions taken and progress made. During this Monitoring period, the Monitor observed DYFS Local Office Manager and Area Director meetings, visited DYFS Local Offices with Child Health Units (CHUs), observed interdivisional out-of-state child conferences and Family Team Meetings and spent a good deal of time at the State Central Registry (SCR) reviewing operations. In addition, a telephone survey to 13 local offices was used to validate caseload data. The Monitor also spoke with various levels of DCF staff in every Division[4] and with external stakeholders of New Jersey's child welfare system, including the New Jersey Partnership for Child Welfare Program[5], foster parents, relatives and birth parents, advocacy organizations and the Office of the Child Advocate (OCA).

Section II of the report provides overall conclusions and a summary of the State's progress in meeting the MSA requirements through December 31, 2007.

Other sections of the report provide specific information on the requirements of the MSA as follows:

SECTION III:	Continuing to Build a High Quality Workforce and Management Infrastructure
SECTION IV:	Changing Practice to Support Children and Families
SECTION V:	Appropriate Placements and Services for Children
SECTION VI:	Meeting the Health and Mental Health Needs of Children

[4] These include: Division of Youth and Family Services (DYFS); Division of Child Behavioral Health Services (DCBHS); Division of Prevention and Community Partnerships; Policy and Planning; Central Operations and Training.

[5] At the beginning of this monitoring period, DCF changed the name of the Child Welfare Training Consortium to the NJ Partnership for Child Welfare Program.

II. SUMMARY OF PROGRESS AND CHALLENGES AHEAD

Summary of Accomplishments
Significant accomplishments toward meeting the requirements of the Modified Settlement Agreement (MSA) continued in the six month period between July 1 and December 31, 2007 – both in the work to build a solid infrastructure within the Department of Children and Families (DCF) and in launching some important and transformative changes in the ways in which child welfare is practiced in New Jersey. As shown in summary fashion in Table 1 on pages 10 to 14 and discussed in more detail in this report, DCF fulfilled and sometimes exceeded the expectations of the MSA in almost every area in which the MSA called for activity.

Highlights of the Monitor's assessment of progress include:

The Department continued to develop the infrastructure it needs to promote and sustain reform. Examples include:

Staffing

- DCF achieved or exceeded the December 2007 caseload targets for Permanency, Intake and Adoption Staff. Caseloads in offices across the State are at or approaching levels where it is possible to begin to implement the Department's Case Practice Model and to more effectively serve children and families.

- DCF exceeded the MSA benchmark for the ratio of supervisors to workers with 98% of offices in compliance with a five to one supervisory ratio.

Training

- The Department met all of the expectations in the MSA related to training.

    - In the past six months, 168 new staff (98%) completed 160 class hours of Pre-Service training, including Intake and Investigations training, within two weeks of being hired and passed competency exams on the training content.

    - In calendar year 2007, 3001 staff (99%) received the required hours of In-Service training which mostly focused, in this period, on learning how to use NJ SPIRIT.

    - 386 staff were trained in Concurrent Planning as part of the State's work to improve permanency outcomes for children.

    - A new training team was established composed of the Child Welfare Policy and Practice Group (CWPPG) and a collaboration of New Jersey Social Work Schools led by Rutgers University School of Social Work with the DCF Training Academy. The team began the work to provide training to every Division of Youth and Family Services (DYFS) worker, supervisor and case

aide on the new Case Practice Model. (See separate discussion below on implementation of the Case Practice Model.)

- 62 new Investigators (95%) received training and passed competency exams before assuming caseloads.

- 44 new Adoption workers (100%) received adoption training in this monitoring period.

- 52 Supervisors appointed in the last monitoring period and 13 appointed in this monitoring period, for a total of 65 newly promoted supervisors (100% of supervisors requiring such training) were trained between July 1, 2007 and December 31, 2007.

Data

- NJ SPIRIT, the State's new automated child welfare information system, was rolled-out statewide in August 2007. The roll-out was not without significant (and anticipated) on-the-ground implementation problems, but DCF made successful execution of NJ SPIRIT one of its highest priorities and attacked each problem with focus and urgency. Work continues to fix remaining problems with the hardware, software and its applications and interfaces. In addition, work has begun to routinely produce meaningful management reports from NJ SPIRIT and to realize the benefits to frontline workers and managers regarding documentation of case management activities and standardizing other business processes.

- For example, during this period DCF developed and began implementation of a new tracking system linked to NJ SPIRIT to find Resource Family homes available for placement. The system is designed to provide real-time information on available homes and to facilitate appropriate matching for children.

The Department continued its work to promote and support a consistent model of case practice that is intended to improve outcomes for children and families.

- Following the development of its Case Practice Model Implementation Plan, DCF has moved systematically to create and execute a schedule to train its workforce of 4,000 employees on the new Case Practice Model by the end of 2008. The training plan was developed and will be carried out with help from consultants and partners from social service schools statewide.

- The implementation process involves a "train-the-trainer" model that develops trainers for regional training teams deployed locally to provide intensive Case Practice Model training to staff and community partners. As of December 31, 2007 training teams had delivered 13 days of train-the-trainer sessions at which 38 trainers, 54 executive and senior management staff, and 108 case work supervisors were trained on the new Case Practice Model.

- DCF began intensive training in four selected Immersion Sites (Bergen Central, Burlington East, Gloucester West and Mercer North Local Offices) that involves coaching, practicing and partnering with families. The intensive training envisions staff and leadership working closely with Area Directors, Assistant Area Directors and local community partners to create the environment in which Family Team Meetings will become routine and will embody the critical elements of the new Case Practice Model. Each region will ultimately be designated an Immersion Site and receive this intensive training.

Significant progress was made on increasing appropriate placement and other resources for children throughout the State.

- DCF achieved its mandate to license 1,071 new non-kin Resource Family homes, licensing a total of 1,367 new non-kin foster and adoptive homes between January 1, 2007 and December 31, 2007, surpassing by 296 homes, the target set in the MSA.

- DCF achieved a net increase of more than 800 licensed resource homes statewide, with a net increase in all 21 counties. The largest increase was in Essex County, which represents 11% of the total net increase, and the second largest was in Camden County with 10% of the total net increase.

- DCF implemented a new Resource Family licensing tracking system as part of the NJ SPIRIT roll-out.

- DCF made significant progress in returning children to New Jersey from out-of-state congregate care placement. As of March 7, 2008, 213 children are placed out-of-state, down from 306 at the conclusion of the last monitoring period. This reduction reflects the Department's focus on increasing the array of community-based mental health services and therapeutic placements to assist in maintaining children in their home, in their community and in New Jersey.

The State exceeded its goals for the successful adoption of children requiring permanent homes.

- 1540 children's adoptions were finalized in calendar year 2007, exceeding the MSA target of 1400 adoptions.

- DCF reduced the number of children legally free and awaiting adoption from 2,260 on January 1, 2006 to 1,295 on December 31, 2007, a 44% decrease over two years. The Department also achieved promising results from its intensive work to find homes for youth who have been waiting for a long time.

    - DCF made progress with the 100 Longest Waiting Teens (mostly aged 14 and older) in this monitoring period. Every youth in the group is paired with a

member of the Teen Recruitment Impact Team, staff members who have had special training on recruitment and permanency planning for adolescents.

- 3 of the longest waiting youth have been adopted and another 25 are close to permanency, whether through adoption or kinship legal guardianship.

The early work of the Differential Response pilot programs and the expanded network of Family Success Centers promises to create new avenues to support children and families and to avoid formal child welfare intervention.

- DCF awarded approximately $4.2 million to pilot sites covering Camden, Cumberland, Gloucester and Salem Counties to engage vulnerable families and provide supportive prevention services and promote healthy family functioning. The Differential Response pilot sites respond to families 24 hours a day, 7 days a week. Many families are directly referred from the State's centralized child abuse and neglect hotline (SCR) through a warm-line telephone transfer. Between September 2007 and December 31, 2007, 124 families were referred to the Differential Response initiatives.

- The Peace: A Learned Solution (PALS) violence prevention program was expanded to Atlantic, Monmouth, Ocean and Union Counties in addition to the previously-existing capacity in Bergen, Burlington, Camden, Essex, Hunterdon, Middlesex and Passiac Counties. This evidence-based program provides comprehensive assessment and treatment for children and non-offending parents exposed to domestic violence in an attempt to reduce the impact and to break the cycle of abuse for future generations.

- During the summer of 2007, DCF awarded new funding to twenty-one Family Success Centers and with some increased funding transitioned 11 FACES programs into Family Success Centers to expand the network to a total of 32 state-supported centers in 16 counties. The Family Success Centers offer primary and secondary child abuse prevention services and bring together community residents, leaders and agencies to address the problems that lead to child abuse and neglect. These services are available to any family in the community with no prerequisites. In addition, DCF continued its work as a pilot program of the national Strengthening Families Initiative, seeking to prevent child abuse and neglect through work to support families in early care and education settings.

Challenges Ahead

The Department has much to be proud of in terms of its accomplishments in this monitoring period and since its creation in July 2006. Stakeholders throughout the State have observed and shared with the Monitor their views that the New Jersey child welfare system in 2008 is on the road toward positive reform. While it is equally clear that the system's expectations for high quality, individualized and effective practice for every child and family it serves have not yet been realized, there is increasingly a shared view that this goal is possible. At the same time, the fragility of the reforms and the importance of follow-through on plans just

developed or only beginning to be implemented are obvious. It is for these reasons that the Monitor, the plaintiffs and other State stakeholders are concerned about the potential impact of two specific challenges on the horizon.

The first challenge is successfully managing the leadership transition necessitated by the departure, on March 14, 2008, of Kevin Ryan, the first Commissioner of the Department of Children and Families (DCF), and the impending departure of Molly Armstrong, the Director of Policy and Planning in April 2008. From the Monitor's perspective, Commissioner Ryan provided exceptional leadership for the new Department and has succeeded in setting a direction for change, for rebuilding the workforce and for laying the groundwork for fundamental reform in the practice of child welfare in New Jersey. During the first year, much of the work was focused on stabilizing a state structure and a workforce that was confused about the mission, values and practice of child welfare in New Jersey and were demoralized by years of high caseloads, inadequate resources, poor follow-through on plans and insufficient funding. With the support of Governor Corzine and the Legislature, the Commissioner identified problems, sought advice from the field, and moved forward aggressively to secure needed internal and external resources. Across the State, significant new resources through Division of Youth and Family Services (DYFS), Division of Child Behavioral Health Services (DCBHS) and through the Division of Prevention and Community Partnerships have been developed to support families and serve children.

Commissioner Ryan's successor, however, will inherit a system that has only begun the process of change, with many ambitious plans about to be implemented, pilot efforts just beginning to yield results and a score of internal and community partners that are skeptical that the work in progress will be continued and sustained. The reform process has barely begun to take root on the ground and is only just beginning to be felt in the field, by families and with the public. Successful reform will need continued support, attention and resources in order to achieve its full potential. The able Director of DYFS, Eileen Crummy, has agreed to serve as Acting Commissioner while the search for a permanent replacement is found. The Acting Commissioner is knowledgeable and experienced and can provide consistent and stable leadership during this transition period, which is essential. The Acting Commissioner will need to move forward with urgency and as importantly, will need the tangible support of the Governor and the Legislature to keep the reform on track during this transition period. The identification of a highly skilled permanent Commissioner for DCF needs to remain a top priority for Governor Corzine.

The second overall challenge in the months ahead is ensuring that the State's FY 2009 budget provides the resources necessary to continue the child welfare, community prevention and children's behavioral health reforms. The Governor's proposed budget includes modest cuts for DCF, but appears to provide sufficient funding to carry out existing commitments. However, the budget that emerges from the legislative process must maintain these essential resources, for the explicit commitments within the Modified Settlement Agreement, to achieve good outcomes for children and families *and* for the continued development of the community-based prevention, behavioral health and other service resources that must surround and work in partnership with an effective child welfare system.

A related concern is the Governor's proposal to offer early retirement options for state employees and allow agencies to replace only 10% of employees who leave as a result of exercising early retirement options. The Monitor is concerned that early retirement incentives could seriously impact management and middle management expertise in DCF. Further, the proposal to limit an agency's ability to replace vacated positions would have devastating consequences for DCF which has only just begun to rebuild a workforce sufficient to its mission and mandated responsibilities.

Beyond these overarching issues, there are three areas of work where significant implementation challenges remain ahead.

The Monitor's last report identified as a challenge the Department's Health Care Plan. There has been progress in this period with an operational plan and model[6] to institute Child Health Units in every local office with sufficient resources to ensure children receive pre-placement examinations, comprehensive medical and behavioral health assessments and timely follow-up treatment and care. The plan is both ambitious and sound and when fully implemented by the end of 2008, should have a significant positive impact on children in the Department's care. However, establishing fully staffed Child Health Units in each local DYFS office is an enormous undertaking and will need high level management attention, further development and deployment of resources to realize its potential. Accessible and appropriate space for the Health Units remains an issue in some areas and the shortage of willing providers of specialty dental care (despite recent changes to raise Medicaid reimbursement rates) has not been fully resolved.

Another continuing challenge for the Department over the next year is completing the implementation of NJ SPIRIT. During the past six months, the Department has succeeded in rolling-out NJ SPIRIT without large-scale breakdowns or setbacks. However, as has been experienced in every State that has implemented a complex information system change like NJ SPIRIT, many staff continue to have difficulty integrating the new system into their daily work, and although the number and frequency are greatly reduced, New Jersey staff continue to discover glitches in the system that need to be fixed. Consistent and focused attention will continue to be required over the next monitoring period and beyond to make NJ SPIRIT as efficient as possible to support workers and in order to effectively utilize its enormous potential for management reporting and data analysis.

A final challenge will be the successful implementation of DCF's new Case Practice Model. The completion of the work in the Immersion Sites and the roll-out throughout the State will require oversight, consistent management and insight to see that its potential is fulfilled. This undertaking cannot succeed if accomplished only in name or in part. To make and sustain the fundamental changes in practice statewide that are envisioned, all offices need intensive training, coaching, and supervision. The vision of a family-centered approach cannot happen without all stakeholders fully engaging in the reform effort. To date, most of the work has

[6] As of March 13, 2008, fully operational Child Health Units exist in Sussex and Hunterdon Counties.

been focused on DYFS staff and their immediate partners, but as the work moves forward, the mental health community, Judges, the Attorney General's office, legal representatives of parents and children and others will have to be more systematically involved.

The Modified Settlement Agreement (MSA) charged the Monitor with establishing the measures and methods to be used to assess implementation of the Case Practice Model. Attached as Appendix C is a matrix identifying the measures, data sources and timeframes for measuring Case Practice Model implementation going forward. This matrix was developed by the Monitor, in consultation with both DCF and plaintiffs, and when finalized, with approval of the Court, will become an enforceable part of the Modified Settlement Agreement. In some areas, the baseline, benchmarks, and ultimate performance measures are not yet finalized.[7] Over the next six months, as the Department is increasingly able to provide accurate baseline data on several of the measures, the Monitor will set interim and final monitoring targets in each area.

[7] Section III of the Modified Settlement Agreement requires the Monitor to set interim or final performance targets on key measures by December 2008.

Table 1:
Summary of State Progress on Modified Settlement Agreement Requirements
(July 2007 – December 2007)

Settlement Agreement Requirements	Due Date	Fulfilled (Yes/No)	Comments
New Case Practice Model			
II.A.4. Identify the methodology used in tracking successful implementation of the case practice model in order to create baseline data that will be available for key case practice elements.	December 2007	Yes.	The Monitor, in consultation with the parties, defined the measures and methodology for tracking implementation of the Case Practice Model. (Appendix C) Baseline performance is needed in some areas to set benchmarks and outcomes.
Training			
Pre-Service Training			
II.B.1.b. 100% of all new case carrying workers shall be enrolled in Pre-Service Training, including training on intake and investigations, within two weeks of their start date.	Ongoing	Yes	168 out of 172 (98%) new workers were trained between 7/1/07 and 12/31/07[8]. All but 5 workers were enrolled in training within 2 weeks of their start date.
II.B.1.c. No case carrying worker shall assume a full caseload until completing pre-service training and passed competency exams.	Ongoing	Yes	Monitor approved new "Trainee Caseload Readiness Assessment" Tool which is being used in addition to competency exams post training modules to assess caseworker competency.
In-Service Training			
II.B.2.b. 100% of all case carrying workers and supervisors shall participate in a minimum of 20 hours of In-Service Training and shall pass competency exams.	December 2007 and ongoing	Yes	3,001 (99%) workers trained 7/1/07 to 12/31/07 (minimum of 20 hours training per worker). Content was primarily on NJ SPIRIT.
II.B.2.e. 100% of case carrying staff, supervisors and case aides that have not been trained on the new case practice model shall have received this training.	December 2007 and ongoing	Ongoing	DCF has begun implementing training for all 4,000 staff on the case practice model, employing a "train the trainer" model.

[8] Three Social work students (BCWEP) had taken pre-service training during their internships, one was a returning employee who had previously received pre-service training .

Settlement Agreement Requirements	Due Date	Fulfilled (Yes/No)	Comments
Investigations/Intake Training			
II.B.3.a All new staff responsible for conducting intake or investigations shall receive specific, quality training on intake and investigations process, policies and investigation techniques, and shall pass competency exams. The staff shall pass competency exams before assuming responsibility for intake/investigations cases.	Ongoing	Yes	62 of 65 (95%) new investigations staff were trained between 7/1/07 and 12/31/07, the remaining 3 are scheduled for training in the current monitoring period.
Supervisory Training			
II.B.4.b. Beginning December 2006 and continuing thereafter, 100% of all staff newly promoted to supervisory positions shall receive their 40 hours of the supervisory training and shall passed competency exams within 3 months of assuming their supervisory positions.	Ongoing	Yes	65 newly promoted supervisors (100%) trained between 7/1/07 and 12/31/07.[9]
Services for Children and Families			
II.C.3. The State will amend its policies and procedures to support family preservation and reunification through the use of flexible funds for birth families. DYFS will be permitted to increase the amount of expenditures that may be made without obtaining consent for an exception to the rule from $1,500 annually to $8,634 annually. The current limitations that payments made on behalf of birth parents may not be made for a period exceeding 3 months shall be extended to 12 months.	June 2007	Yes	Increased funding is available and has been allotted to Regional Offices. DCF plans to include specific training on the use of flexible funds as a part of the Case Practice Model roll-out and immersion.
II.C.4. The State will develop a plan for appropriate service delivery for lesbian, gay, bisexual, transgender and questioning youth, and begin to implement the plan.	June 2007	Ongoing	Preliminary plan developed in June 2007; implementation has just begun.
II.C.5. The State will promulgate and implement policies for youth 18-21 to ensure the State continues to provide services preciously available.	June 2007	Ongoing	Policies developed during last monitoring period; additional services for 18-21 year olds have begun to be available.

[9] All supervisors requiring training in this monitoring period received it. Of 65 supervisors trained, 52 were appointed in the last monitoring period and 13 were appointed during this monitoring period. 1 additional supervisor who was appointed in this monitoring period is experienced and did not require training. 12 new supervisors were appointed at the end of the monitoring period, 3 of whom are experienced and 9 of whom began training in January 2008.

Settlement Agreement Requirements	Due Date	Fulfilled (Yes/No)	Comments
Finding Children Appropriate Placements			
II.D.3. The State shall evaluate the needs of the children in custody, who are currently placed in out-of-state congregate care, identify additional in-state services to serve these children, and develop action steps with timetables to develop those services and placements.	June 2007	Yes/Ongoing	Number of children placed out-of-state has declined from 305 in June 2007 to 213 as of March 7, 2008 due to individualized assessment of children and development of new in-state service alternatives.
II.D.4. The State will assess the efficacy of a separate division for children's behavioral health for meeting the behavioral health needs of children in custody of the State.	September 2007	Yes	DCF has decided to maintain a separate Division for child behavioral health, but has been promoting stronger linkages between DCBHS and DYFS.
II.D.7. The State shall not place a child under the age of 13 in a shelter.	July 2007 and ongoing	Yes	4 (.07%) of 6,049 children under the age of 13 in out-of-home placement spent time in a shelter during the monitoring period.
II.D.8. DYFS will eliminate the inappropriate use of shelters as an out-of-home placement for children in custody.	June 2007	Partially	423 children were placed in a shelter during the monitoring period. Of those 423, DCF reports that 332 (78%) children met the criteria for appropriate shelter placement.
Caseloads			
II.E.12. 95% of offices shall have average caseloads for the permanency staff at the caseload standard of 15 families or less and 10 children in out-of-home care or less.	December 2007	Yes	100% of offices met this requirement.
II.E.13. 63% of offices shall have average caseloads for the intake staff at an interim caseload standard of 15 families or less and 8 new referrals per month or less.	December 2007	Yes	73% of offices met this requirement.
II.E.14. 90% of offices shall have sufficient supervisory staff to maintain a 5 workers to 1 supervisor ratio.	December 2007	Yes	98% of offices met this requirement
II.G.16 81% of offices will have average caseloads for the adoption staff consisting of 18 or fewer children with a subset of 35% of total offices achieving average caseloads for adoption staff of 15 or fewer children	December 2006 and ongoing	Yes	93% of offices met this requirement with 71% of offices meeting the subset requirement of caseloads of 15 or fewer children.

Settlement Agreement Requirements	Due Date	Fulfilled (Yes/No)	Comments
Provision of Health Care			
II.F.7. 90% of children entering out-of-home custody shall have pre-placement assessments in a setting other than an emergency room.	June 2007 and ongoing	Yes	Between July and December 2007, an average of 90% of children entering out-of-home custody had pre-placement assessments in a setting other than an emergency room.
II.F.8. The State shall identify a statewide coordinated system of health care including a provision to develop a medical passport for children in out-of-home care.	June 2007 and ongoing	Yes	Implementation has begun of a plan to staff a Child Health Unit in every DYFS office with nurses assuming responsibility for tracking and coordinating appropriate health care services.
Permanency Planning and Adoption			
II.G.5. The State shall continue to provide paralegal support and child case summary writer support for adoption staff in local offices.	December 2006 and ongoing	Yes	The State continues to provide paralegal support and child case summary support for adoption staff.
II.G.15. The State shall issue reports based on the adoption process tracking system	December 2007 and ongoing	Partially	State reported on pilot sites only. Routine adoption tracking reports are not yet available from NJ SPIRIT.
II.G.17. The State shall have finalized 1400 adoptions for calendar year 2007.	December 2007	Yes	1,540 adoptions were finalized in calendar year 2007, exceeding the target by 140 adoptions.
Resource Families			
II.H.4. The period for processing resource family applications through licensure will be 150 days.	December 2006 and ongoing	No	Substantial progress made in meeting 150 day timeframe. 25% of applications initiated in July 2007 were complete within 150 days; an additional 29% in 180 days.
II.H.9. The State shall create an accurate and quality tracking and target setting system for ensuring there is a real time list of current and available resource families.	June 2007 and ongoing	Yes	State has created and is implementing a tracking system that is designed to provide the field with real time access to information on available resource family homes.
II.H.11. The State shall establish new targets for numbers of new resource families to license by office.	December 2007	Yes	Statewide target of 1,528 new resource homes has been set; broad targets set for individual offices.

Settlement Agreement Requirements	Due Date	Fulfilled (Yes/No)	Comments
II.H.12. The State shall have licensed 1071 non-kin resource family homes between January 2007 and December 2007.	December 2007	Yes	1,367 non-kin resource family homes licensed in calendar year 2007, exceeding the target by 296 families.
II.H.13. The State shall have created a methodology for setting annualized targets for resource family non-kin recruitment based on a needs assessment for such homes by county throughout the State of New Jersey.	December 2007	Yes	State has created methodology that takes into account replacement rate, intact sibling placement rate, and incentives for licensing kin homes.
Institutional Abuse Investigations Unit ("IAIU")			
II.I.2. The State shall maintain a continuous quality improvement (CQI) unit within IAIU to screen all corrective action plans and ensure follow up.	December 2007	Yes	The State maintains a continuous quality improvement unit within IAIU to screen all corrective action plans and ensure follow up.
Data			
II.J.9. The State shall issue regular, accurate reports from Safe Measures	August 2007	Yes	Safe Measures was not functional while NJ SPIRIT was deployed. Safe Measures has been redeployed as of November 2007.
II.J.10. The State shall produce caseload reporting that tracks actual caseloads by office and type of worker and, for permanency and adoption workers, that tracks children as well as families.	December 2007	Yes	Through NJ SPIRIT, the State can produce caseload reports that track actual caseloads by office and type of worker.
II.J.11. The State shall maintain an accurate worker roster.	December 2007	Yes	The State is producing a worker roster biweekly that is updated by local offices and Human Resources.

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

A. Caseloads

No child welfare system can be expected to be successful unless and until it has a sufficient, well-trained and stable workforce. Significantly reducing caseloads was a primary commitment of the Department of Children and Families' (DCF) basic stabilization plan and is an essential building block for the overall success of New Jersey's child welfare reform. The State continued to demonstrate progress in this area during this reporting period by meeting all of the staffing commitments in the Modified Settlement Agreement (MSA), as discussed below. Reduction in worker caseloads across the State has created an environment conducive to moving forward with the Case Practice Model implementation and other reforms. As of December 31, 2007, the State reported that only 4% of DYFS workers had caseloads of more than 20 families. Among the 84 case managers with caseloads greater than 20 families, 75 case managers had caseloads of 21 to 30 families and nine case managers had caseloads of 31 or more families.

1. DCF DYFS exceeded the December 2007 caseload target set for Permanency staff.

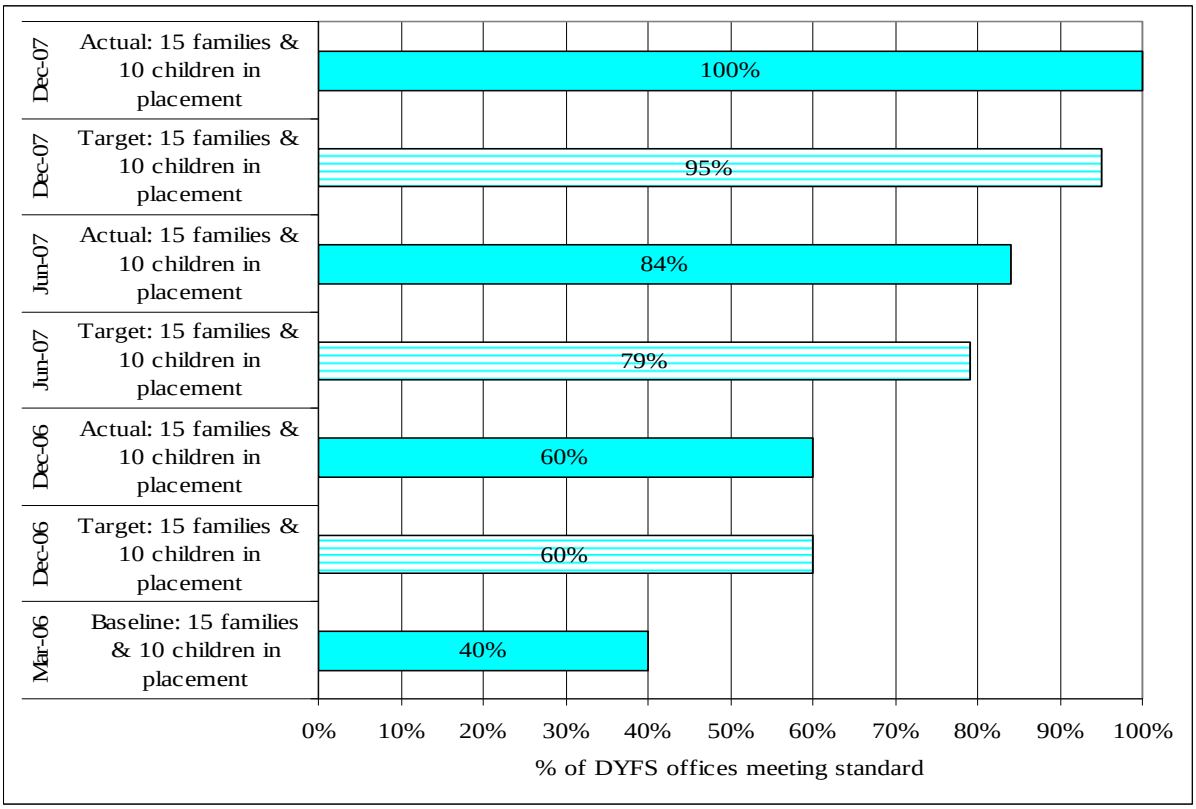
Permanency workers are assigned to provide case management of services to families whose children remain at home under the protective supervision of DYFS and those families whose children are removed from home due to safety concerns. To ensure staff has the time to devote to children and families with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

During Phase I (until December 2008), caseload compliance is measured by *average* caseloads in an office. By December 2007 and thereafter, 95% of all offices are to have average caseloads for the Permanency workers that meet the two-pronged standard (Section II.E.12).[10]

As displayed in Figure 2, the State exceeded this target with 100% of the offices having average caseloads for available Permanency workers of 15 or fewer families and 10 or fewer children in out-of-home placement. Appendix A-3 contains a table with supporting details for each office.

[10] On December 31, 2007, there were 46 local offices.

Figure 2:
NJ DCF DYFS Permanency Caseloads



Source: New Jersey Department of Children and Families, Policy and Planning
Note: Adoption staff and cases were included in Permanency Caseloads in March 2006 only.

The Monitor verified the caseload information by reviewing the methodology employed by DCF staff to produce the caseload report as well as the process DCF uses for verifying and refining the caseload reporting. The Monitor's verification process included reviewing examples of communication between central office and Local Office Managers regarding exception reporting and resolution. In addition to assessing DCF's internal quality assurance on the accuracy of DYFS caseload data, the Monitor collected information from telephone interviews with Local Office Managers in thirteen randomly selected offices. This independent review supports the accuracy of the State's caseload reporting.

2. DCF DYFS exceeded the December 2007 caseload target set for Intake staff.

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

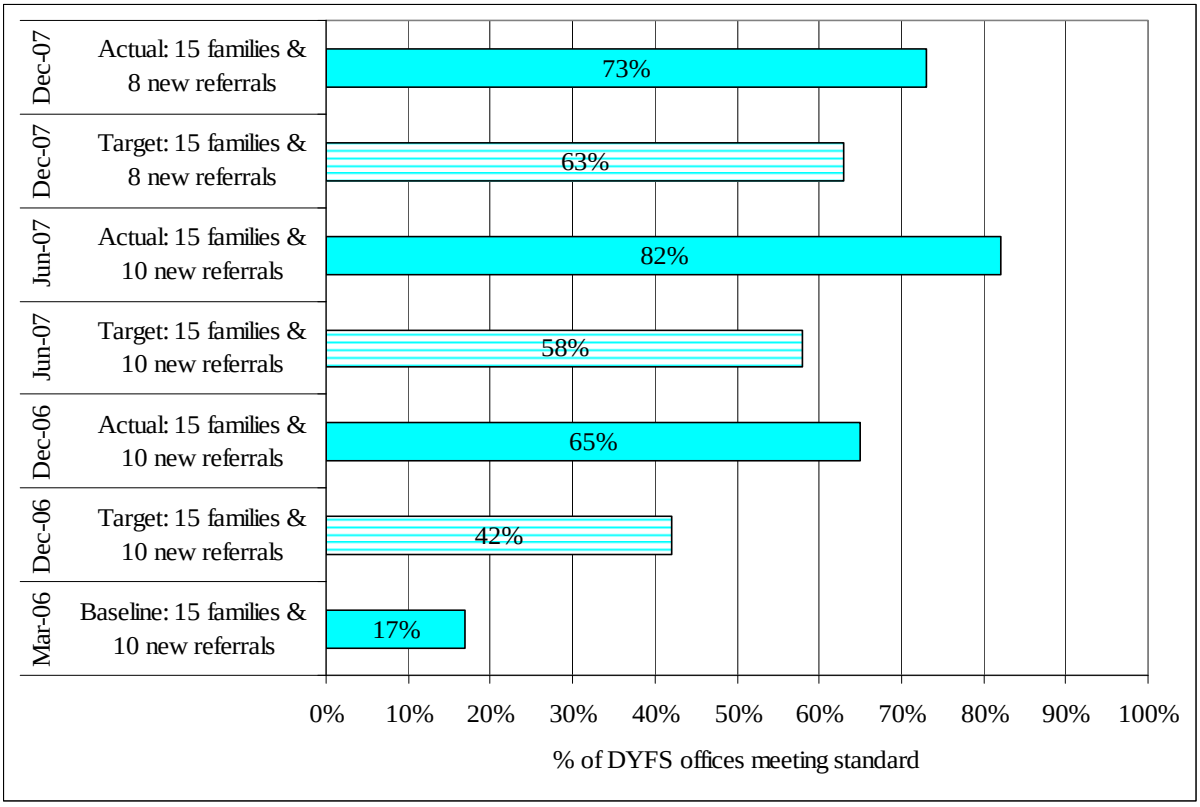
The caseload standard for Intake staff also has two components. One component is the number of families under investigation or assessment at any given time and the other

component is the number of new referrals assigned to a worker each month. The standards for caseload limits become progressively lower as the MSA implementation proceeds. When fully implemented in Phase II of the MSA, Intake workers are to have caseloads of 12 families or less and 8 new referrals or less per month. (Section II.E.19)

As with the Permanency caseloads, the Phase I standard for Intake caseloads is based on *average* caseloads in an office. By December 2008, the goal is for 95% of all offices to have average caseloads for Intake workers that meet the two-pronged standard (MSA Section II.E.19). As of December 2007, 63% of all Local Offices were to have average caseloads for Intake staff of 15 families or less and 8 or fewer new referrals per month (MSA Section II.E.13).

As displayed in Figure 3, the State has exceeded the December 2007 target for Intake staff. As of December 2007, 76% of the offices had average caseloads for Intake staff at or below the standard. These data were independently verified by the Monitor as part of the previously described process. Appendix A-2 contains a table with supporting detail for each office.

Figure 3:
NJ DYFS Intake Caseloads[11]



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

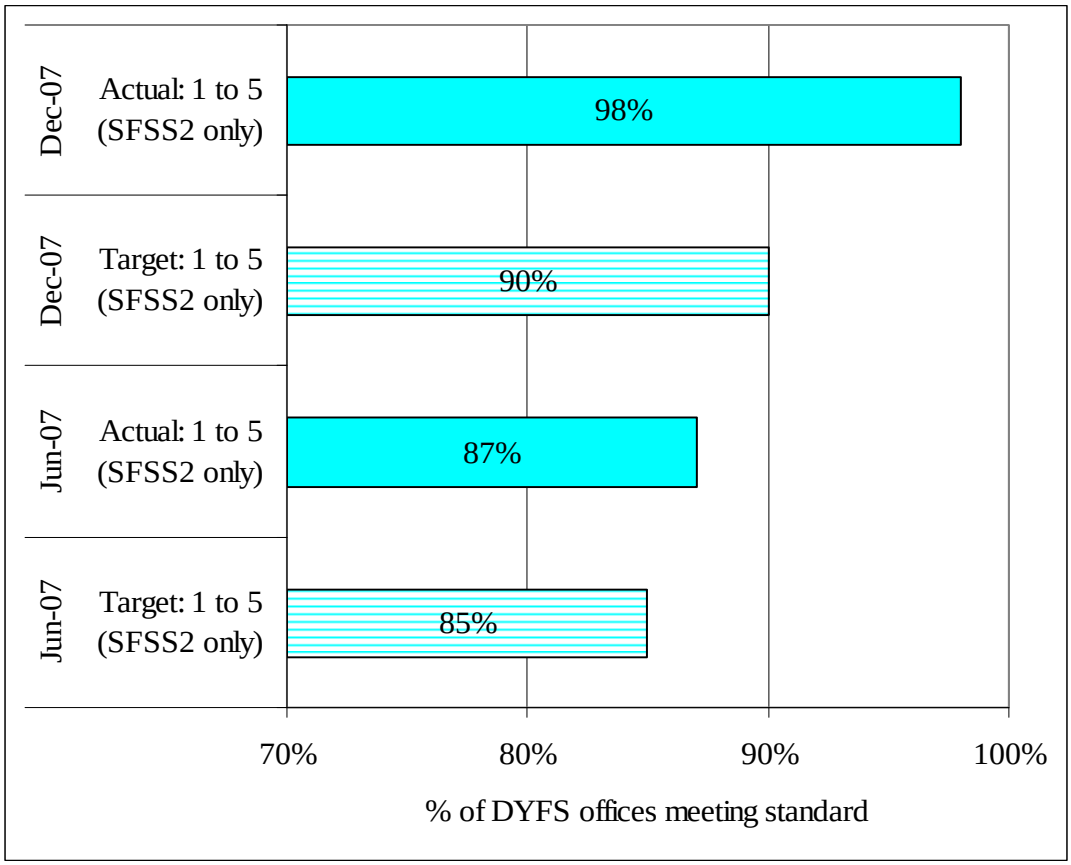
[11] At first glance, this could be read to suggest a decline from 82% compliance in June 2007 to 76% compliance in December 2007. Note, however, that this is in fact not a decline at all: the standard changed and became more difficult to meet, moving from 15 families and 10 new referrals to 15 families and 8 new referrals.

3. DCF DYFS exceeded the benchmark for the ratio of supervisors to workers.

Supervision is a critical role in child welfare and the span of supervisor responsibility should be limited to allow more effective individualized supervision. Therefore, the MSA also established standards for supervisory ratios. By December 2008, 95% of all offices should be maintaining a 5 worker to 1 supervisor ratio (MSA Section II.E.20). Like the caseload standards, this standard was to be phased in starting in December 2006. As of December 2007, 90% of the offices were to have sufficient field level supervisory staff (SFSS2) to maintain a 5 worker to 1 supervisor ratio (MSA Section II.E.14).

As displayed in Figure 4, the State exceeded the December 2007 target with 98% of the Local Offices having 5 to 1 supervisory ratios. Appendix A-5 contains a table with supporting detail for each office, including the number of supervisors at each level.

Figure 4: NJ DCF DYFS Supervisor to Caseload Staff Ratios



Source: New Jersey Department of Children and Families, Policy and Planning
Note: 2006 data not included because casework supervisors (SFSS1) and field supervisors (SFSS2) were counted together at that time.

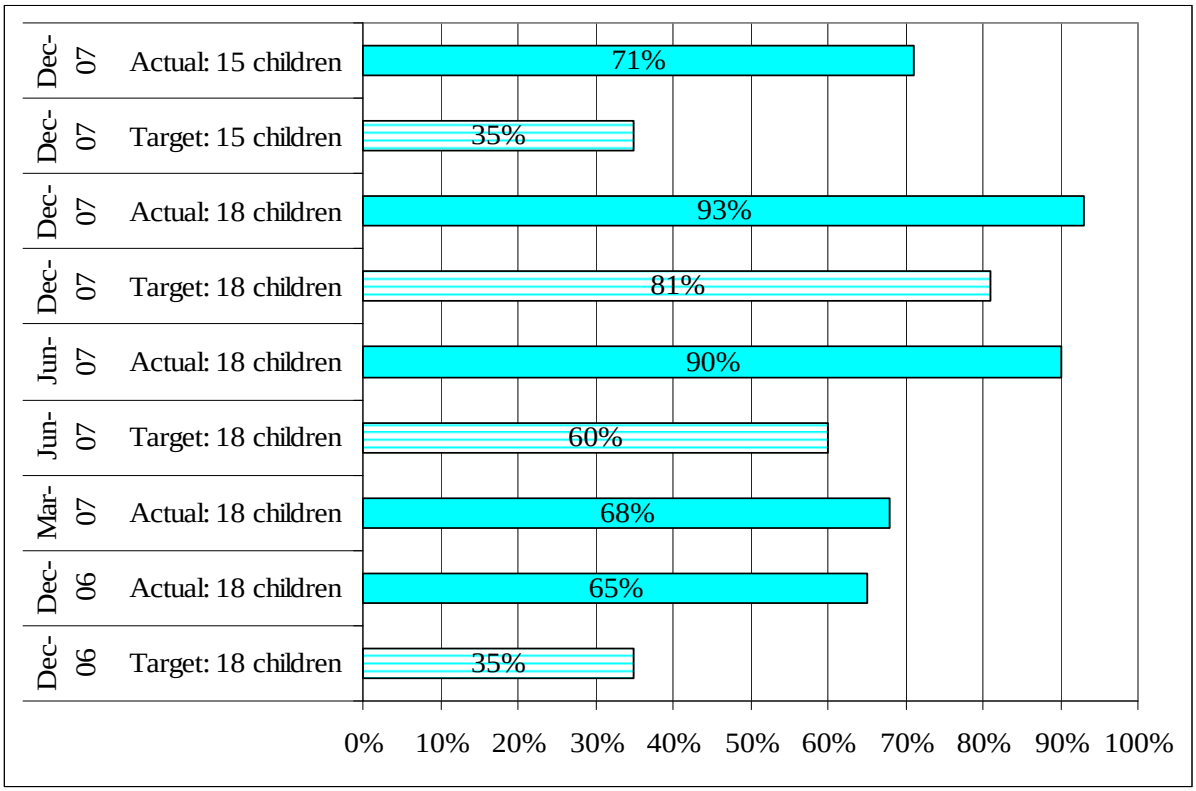
4. DCF DYFS achieved the December 2007 caseload targets set for Adoption staff.

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

As with the Permanency caseloads, by December 2008, the goal is for 95% of offices to have average caseloads for Adoption staff of 15 or fewer children (MSA Section II.G.19). As of December 2007, 81% of Local Offices are to have average caseloads for Adoption staff of 18 or fewer children with a subset of 35% of all offices achieving average caseloads for Adoption staff of 15 or fewer children (MSA Section II.G.16).

As displayed in Figure 5, the State far exceeded the Adoption caseload targets for December 2007 with 93% of the offices having average caseloads for Adoption staff at or below the standard of 18 children and 71% of the offices with average caseloads of 15 or fewer children. This information was verified by the Monitor using the previously described approach for all caseloads. Appendix A-4 contains a table with supporting detail for each office.

Figure 5:
NJ DCF DYFS Adoption Caseloads



Source: New Jersey Department of Children and Families, Policy and Planning
Note: Prior to Dec 06, Adoption staff & adoption cases were included in permanency caseload data.

B. Training

Consistent with the past two monitoring periods, and as shown in Table 6, the State has met each of its MSA obligations for training during this monitoring period. Given that most of the hiring of new caseload-carrying staff and the associated Pre-Service training occurred in the past monitoring periods, DCF's focus has shifted to providing In-Service training to the workforce. The most significant accomplishment, overseen by DCF's Director of Administration and discussed on page 21, is bringing together a highly expert team to formulate and begin the implementation of a unified strategy for training on the new Case Practice Model.

Table 6: Training Compliance with the Modified Settlement Agreement

Training Type	MSA Commitment	# of Staff Trained in 2006	# of Staff Trained Jan-June 2007	# of Staff Trained July-Dec 2007	Total # of Staff Trained CY 2007
Pre-Service MSA II.B.1.a	New caseworkers shall have 160 class hours, including intake and investigations training; be enrolled within two weeks of start date; complete training and pass competency exams before assuming a full caseload	711	412	168 (98%)	**1,291**
In-Service MSA II.B.2.b	Staff shall have a minimum of 20 hours of in-service training annually	N/A	3,001 (99%)		**3,001**
Concurrent Planning MSA II.B.2.d	Training on concurrent planning; may be part of 20 hours in-service training	2,522	729	386	**3,637**
Case Practice Model MSA II.A.3	As of December 2008, case carrying staff, supervisors and case aides that had not been trained on the new case practice model shall receive this training	N/A	N/A	Trainers (38) Exec Mgt (14) Senior Mgt (40) Child Welfare Supervisors (108)	**200**
Investigations & Intake MSA II.B.3.a	New staff conducting intake or investigations shall have investigations training and pass competency exams before assuming cases	N/A	650	62 (95%)	**712**
Supervisory MSA II.B.4.b	Newly promoted supervisors to complete 40 hours of supervisory training; pass competency exams within 3 months of assuming position	N/A	114	65 (100%)	**179**
Adoption MSA II.G.9	Adoption training for adoption workers	91	140	44 (100%)	**275**

Source: DCF Administrative Data, March 5, 2008

During this monitoring period, the Training Academy[12] also accomplished the following:

- Together with the Child Welfare Policy and Practice Group (CWPPG), a master schedule to train 4000 staff on the Case Practice Model between November 2007 and October 2008 was developed and implementation began.

- Training Academy staff were reorganized by regions to establish better accountability measures that more clearly define managers' responsibilities for effective training delivery.

- A staff person whose role is to collect and monitor training data to ensure compliance with the MSA was assigned, greatly enhancing DCF's ability to track training participation.

- DCF began utilizing the Training Academy website to register staff for training, to take attendance and to post grades.

- Human Resources and the Training Academy devised a plan to standardize hiring/appointments of Supervisors so that supervisory training groups can begin in a timely fashion.

- The backlog of training rosters was updated to ensure training records are up-to-date.

- Communication protocols between the Training Academy and the field were implemented to ensure results of examinations during the supervisory modules are more closely linked to staff development.

- Eight core competencies for frontline Supervisors were identified to be used for selection, training and evaluation of Supervisors.

1. Case Practice Model Training and Support

During Phase I of implementation, the MSA requires the Monitor to focus "primarily on the quality of the Case Practice Model and the actions taken to implement it." (Section II.A.5). The previous Monitoring Report described the State's ambitious Case Practice Model Implementation Plan which involves intensive training and implementation support to four Immersion Sites with simultaneous roll-out to other areas of the State.[13] As previously discussed, a major focus of the past six months has been the development and implementation of training on the new Case Practice Model. By agreement of the parties, the delivery of training on the Case Practice Model did not begin until November 2007. The Department

[12] The Training Academy is the DCF Division with overall responsibility for training and staff development.

[13] *Progress of the New Jersey Department of Children and Families: Period I Monitoring Report for Charlie and Nadine H . v. Corzine – January 1, 2007 through June 30, 2007*. Washington, DC: Center for the Study of Social Policy. October 26, 2007, page 33.

reports that during this monitoring period, the training team delivered 13 days of train-the-trainer sessions at which 38 trainers, 54 executive and senior management staff, and 108 case work supervisors were trained on the new Case Practice Model. These trainers will then become the engine of the State's roll-out strategy.

2. Pre-Service Training

Between July 1 and December 31, 2007, the State hired 172 case-carrying staff in Family Service Specialist Trainee (FSST) and Family Service Specialist 2 (FSS) positions. Table 6 lists 168 staff (98%) enrolled in New Worker and/or Pre-Service training. Five of the 172 staff did not attend Pre-Service training within two weeks of their start date, but all 172 staff (100%) have now been trained. The Monitor reviewed a random sample of 20% of the training rosters of Pre-Service training classes for the months of July 2007 to December 2007, cross-referenced Human Resources records from the same period and concluded that the State complied with the MSA (Section II.H.1.b).

In this monitoring period, the Department became almost fully staffed and the number of new appointments decreased markedly. The sharp reduction in staff to be trained led the State to implement a new plan in order to better coordinate hiring and the start of Pre-Service training to comply with the MSA (Section II H.1.a). Starting in January 2008, FSS trainees are now only able to begin employment on any one of ten monthly hiring dates and new training will commence monthly.

As part of the Pre-Service training process, trainees are assessed on knowledge acquisition at the end of each training module. In the last Monitoring Report, the Monitor recommended the development of a standardized statewide process to certify when a trainee is ready to assume a full caseload. The Training Academy developed a Trainee Caseload Readiness Assessment tool, which was subsequently approved by Human Resources, the employee union, and the Monitor. Since the tool's implementation in October 2007, the State reports that a survey of Local Offices reveals approximately 108 trainees have been formally assessed using it, with a majority of those trainees meeting the assessment standards. Eight trainees were reported as "not ready" to assume a full caseload based on the results of the assessment tool. Those eight trainees were required to spend more time in the Local Office training units and were provided more focused supervisory oversight and conferencing. DCF reports that it continues to examine the assessment tool for improvements to ensure consistent system-wide application.

3. In-Service Training

As shown in Table 6, 3,001 workers (99%) received at least 20 hours of In-Service training during 2007. As agreed by the parties, much of the training received was tied to the deployment of NJ SPIRIT. The Monitor compared 60 staff transcripts with Human Resource data to verify the State's data about compliance with the MSA (Section II.B.2.b).

The roll-out of the Case Practice Model training will become the In-Service training component for staff during the next calendar year, beginning with training sessions in January 2008.

4. Concurrent Planning

As reflected in Table 6, Rutgers University School of Social Work trained a total of 386 staff between July 1 and December 31, 2007 on Concurrent Planning. The Monitor cross referenced 10% of staff transcripts with Human Resource data to verify that the State complied with the MSA (Section II.B.3.d). The Training Academy is planning to meet with the University Partnership to seek ways in which to better integrate Concurrent Planning training with the training on the Case Practice Model.

5. Investigations Training

As reflected in Table 6, 62 new Intake and Investigations staff (95%), including 11 IAIU Investigators received or were scheduled to receive First Responders training in this monitoring period. The Monitor reviewed 32% of First Responders training rosters for this monitoring period and cross referenced them with Human Resources records to determine that the State complied with the MSA (Section II.B.3.a).

6. Supervisory Training

The State reports the number of Supervisors appointed during this monitoring period decreased significantly from the past two monitoring periods. During the months of July and August 2007, five Supervisors were appointed each month and three were appointed in September 2007. The State believes the supervisory curriculum works best with a class of at least 12 participants. DCF therefore proposed and the Monitor approved a plan to begin Supervisory training once per quarter. This plan means newly appointed Supervisors will commence training within three months of promotion and complete it within six months. The Monitor also approved the State's proposal that if the number of new Supervisors appointed in a quarter is fewer than 12, the commitment will be delayed until such time as a class of 12 can be assembled, but in no event will any Supervisor commence training beyond six months after assuming supervisory duties.

As shown in Table 6, during this reporting period, the State trained 65 new Supervisors (100%). Of these 65 Supervisors, 52 were appointed in the last monitoring period and 13 were appointed in this monitoring period. An additional supervisor was appointed in this monitoring period who was an experienced supervisor. 12 other new Supervisors were appointed at the end of the monitoring period, 3 of whom are experienced Supervisors and 9 of whom began training in January 2008. The State provided the Monitor with a detailed list of the Supervisors and their promotion and training dates. The Monitor cross referenced 33%

of staff transcripts with Human Resources data and concluded that the State complied with the MSA (Section II.B.4.b).[14]

In response to the Monitor's concerns about staff development, the Training Academy instituted a feedback loop that more closely links the Training Academy staff and the field to ensure that results of supervisory competency exams better assist Managers and Supervisors to develop effective supervisory strategies.

The Training Academy, in consultation with DCF executive management, identified eight core competencies that reflect the mission, vision and values of the agency, each of which are consistent with the new Case Practice Model. They are:

- Customer/Client Focus
- Cultural Competence
- Communication
- Guiding and Developing Staff
- Coaching
- Facilitating Change
- Technical/Professional Knowledge and Skills
- Organizational Ability

The State plans to incorporate these eight core competencies into the selection, training and performance evaluation of frontline Supervisors.

7. New Adoption Worker Training

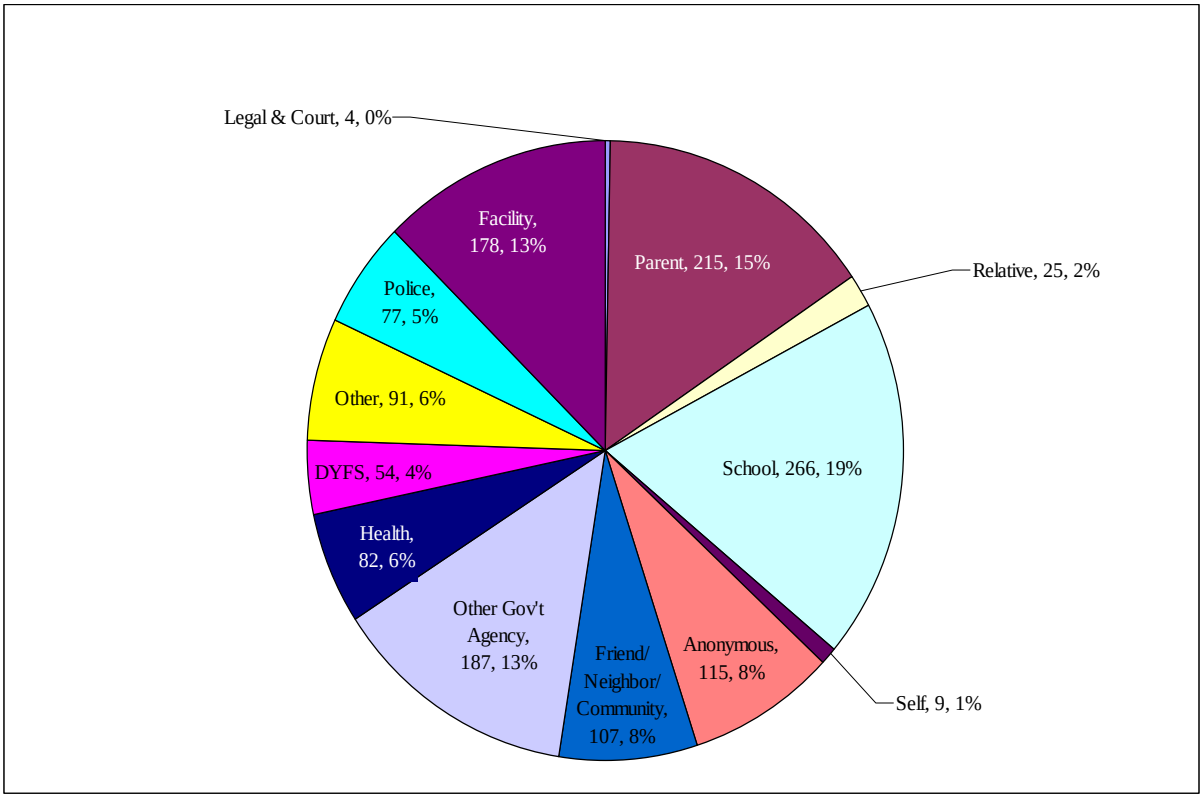
Forty-four staff members (100%) new to the Adoption units were trained during the reporting period, as shown in Table 6. In total, 184 Adoption workers were trained during the year. The Monitor cross referenced 33% of staff transcripts with Human Resources records and concluded that the State complied with the MSA (Section II.G.9).

[14] The Monitor reviewed transcripts from those Supervisors who did not complete supervisory training on the Case Practice Model by the end of the last monitoring period and determined the Supervisors had completed the requisite supervisory training.

C. Institutional Abuse Investigations Unit (IAIU)

The Institutional Abuse Investigations Unit (IAIU) is responsible for investigating allegations of abuse and neglect in any out-of-home care setting. This includes correctional facilities, detention facilities, treatment facilities, schools (public or private), residential schools, shelters, hospitals, camps or day care centers that are licensed or should be licensed, Resource Family homes and registered family day care homes.[15] In the last half of 2007, IAIU received 1532 referrals. Figure 7 below provides the source of referrals for July to December, excluding 122 referrals from August 2007.[16]

Figure 7: IAIU Referral Source July – December 2007



Source: DCF Administrative Data; excludes data on August 2007 referrals.

The purpose of IAIU's investigative effort is to determine whether children in out-of-home care settings have been abused or neglected[17] and to ensure their safety by requiring corrective actions to eliminate the risk of future harm. Beginning July 1, 2007, IAIU was expected to complete 80% of its investigations within 60 days of referral (MSA Section II.I.3)

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

[16] August 2007 referrals are excluded due to issues with data conversion from the State's previous data system (SIS) to NJ SPIRIT.

[17] As defined by statute at *N.J.S.A.* 30:40C-12 or 9:6-8.21.

and by December 2007, IAIU was expected to have a continuous quality improvement (CQI) unit to screen all corrective action plans and ensure follow-up (MSA Section II.I.2).

1. The IAIU met the target for timeliness of IAIU Investigations.

DCF reported that IAIU Investigators completed 80% or more of all investigations within 60 days during this monitoring period. The Monitor verified this information by reviewing the pattern of investigations completed in less than 60 days on randomly selected days from July to December and for all days in September. Over all these days, the performance ranged from 80% to 88% of investigations completed within 60 days. For the entire month of September 2007, 81% of all referrals had investigations completed within 60 days.

Among investigations of maltreatment in foster care settings – foster homes and congregate care facilities – IAIU's performance appears to be slightly better than overall. For example in September 2007, IAIU received 253 referrals and, as noted, completed 81% of investigations within 60 days. Among the 253, 116 (46%) referrals were of alleged maltreatment in foster homes and congregate care facilities. Of the 116 referrals of alleged maltreatment in foster homes and congregate care facilities, a slightly larger portion, 96 (83%) were completed within 60 days. The Monitor verified this information by reviewing 26 (approximately 20%) of the 116 investigations of alleged maltreatment in foster homes or congregate care facilities initiated in September 2007. Twenty-five of the 26 investigations reviewed were completed[18] in an average of 33 days by February 1, 2008. All of these 25 investigations resulted in unfounded allegations. However, some had recommendations for additional training, counseling, or restrictions on the age of children to be placed in the setting. The 25 cases reviewed included three investigations that required 63, 67, and 84 days to complete.[19]

2. By December 31, 2007, IAIU had created a Continuous Quality Improvement unit.

IAIU's Continuous Quality Improvement unit (CQI) has been in place since July 2006 when IAIU was located within the Department of Children and Families.[20] The unit is staffed with one supervisor and four liaisons to each of the IAIU Regional Offices.

[18] Two (2) of the "completed" cases did not have any approval signatures from supervisors or central office. Those cases were completed shortly after the transition to NJ SPIRIT and the supervisors apparently relied on the fact that they had electronically approved these cases and did not also sign the paper file copy.

[19] The one investigation still open after nearly six months involved allegations of sexual abuse in a foster home that the child began disclosing after being returned home and local prosecutors were working on a criminal investigation. In such circumstances, law enforcement requires that IAIU Investigators suspend completion of their investigation pending completion of the criminal investigation.

[20] While the CQI unit is operational, overall policies providing guidance for IAIU and the rest of the Department regarding IAIU's role need revision. DCF's Policy Development Unit (PDU) and IAIU have already begun collaborating on the revision process and PDU has prepared a draft of the updated policies. DCF targets June 30, 2008 for the completion of the policy revision process.

The CQI unit currently reviews all corrective action plans and makes decisions to accept or reject the plans. Results are entered into a database that is used for continuous tracking and identification of systemic deficiencies. As of December 31, 2007, the IAIU CQI unit was monitoring 49 corrective action plans.

In addition to monitoring and ensuring corrective action plans are implemented, CQI responsibilities[21] include:

- *Monitoring Investigation Timeliness and Quality*

The CQI unit participates in monthly reviews of every open IAIU investigation held in order to devise strategies and tactics to resolve investigation delays, reduce any existing backlog and ultimately improve the quality of investigations. This is referred to as the COMPSTAT process.

- *Orientation and Training of New IAIU Staff and Feedback to Existing Staff*

The CQI unit conducts an IAIU Business Orientation with all new IAIU staff within two weeks of their joining IAIU and may also retrain existing staff when deficiencies have been noted. The orientation covers the following investigative processes: the use of IAIU and DYFS forms, investigative interviews, gathering supporting documentation, timeframe expectations, collateral contacts, IAIU policy and best practice, the responsibilities of an IAIU investigator, explores observation skills and finding overview. CQI staff also shadow new investigative staff.

The CQI unit developed an IAIU Investigation Guide to emphasize investigative practice and has developed investigative tools based on case practice needs (e.g. IAIU Checklist, Supervisor Weekly Log, IAIU consultation log, Supervisor Conference Form, IAIU Reference guide, etc.). In addition, the CQI unit has drafted an investigative training manual specifically for Institutional Abuse Investigations. The draft manual is complete and has been submitted to the DYFS Training Academy for review. CQI also distributes a quarterly newsletter that captures central office communication, case practice issues, IAIU milestones, etc.

- *Conducting Safety Assessments*

The CQI unit participates in periodic safety assessments of congregate care facilities with the Office of Licensing (OOL). In calendar year 2007, the CQI unit participated in 3 of these safety assessments and as of March 31, 2008, the CQI unit had participated in 3 safety assessments thus far in 2008. During the next monitoring period, OOL and CQI are targeting completing these reviews on a monthly basis.

[21] It is not clear whether the IAIU CQI unit currently reviews decision-making about referral to IAIU for investigation and acceptance of cases for IAIU investigation. The Monitor is currently reviewing this issue as part of a larger review of the State Central Registry (SCR).

- *Maintaining Data Integrity in Automated Systems*

The CQI unit monitors and corrects, as necessary, NJ SPIRIT information on IAIU investigations and provides supplemental training for staff regarding NJ SPIRIT data entry. The unit also corrects and updates Safe Measure information, as necessary.

D. Accountability through the Production and Use of Accurate Data

During this monitoring period, the MSA required further development of data capacity in four major ways:

- The deployment of Phase II of NJ SPIRIT (NJ SPIRIT Release 3).
- The distribution of regular, accurate reports from Safe Measures.
- The production of caseload reporting that tracks actual caseloads by office and type of worker and for permanency and adoption workers that tracks children as well as families.
- The maintenance of an accurate worker roster.

Each of these is discussed separately below.

1. Deployment of Phase II of NJ SPIRIT

NJ SPIRIT was deployed statewide in August 2007. The MSA required the deployment of NJ SPIRIT Release 3 by December 2007 (MSA Section II.J.12), but the State chose to include the critical functionality in Release 2 Phase 2, which, by prior agreement between DCF, the plaintiffs and the Monitor, was deployed statewide on August 22, 2007. To support the deployment, 176 staff were placed in DYFS local offices to assist field workers and 13 staff were stationed to operate a centralized Help Desk. The on-site support was originally intended to extend for a total of four weeks. Given the many challenges associated with rolling out an application of NJ SPIRIT's size and scope, DCF extended the on-site support period to fifteen weeks to better assist field workers and mitigate the impact on their work. Additionally, DCF provided supplemental training, increased the number of staff at the Help Desk and shared video presentations to further assist workers as they transitioned to use NJ SPIRIT in their everyday work. While still considerable, the volume of Help Desk tickets opened each day has decreased from an average of approximately 200 each day in August and September 2007 to an average of approximately 50-60 each day at the end of December 2007.

Deployment of NJ SPIRIT was met with heightened anxiety in DCF central and Local Offices. Conversion to a new data system is fraught with stress. Although there have and continue to be problems with conversion and field implementation, DCF deserves credit for its focus, diligence and efforts to head off problems and then move as rapidly as possible to fix them once identified.

The deployment of NJ SPIRIT began with pre-conversion clean up of the data from the existing legacy information systems to ease the conversion process. The conversion process

presented a significant number of challenges which had to be triaged to address first those with the greatest impact to the frontline staff. DCF has prioritized the changes to be made to the NJ SPIRIT application and is addressing first those which have the greatest impact on clients, the field and federal claiming and reporting. Based on the Monitor's work in other jurisdictions, these challenges are not unexpected with the roll-out of such a sophisticated system.

Creation and implementation of NJ SPIRIT provides New Jersey with increased capacity both to support the day-to-day work of the staff in the field and to collect and track data on DCF's performance. Instead of a largely paper based system where information is handed off to clerical support staff for data entry, the overwhelming bulk of the information must now be entered by the case-carrying staff. On the whole, staff are becoming more comfortable in navigating and using NJ SPIRIT, but the benefits of NJ SPIRIT have yet to be fully realized by the field.

To position itself better for the next stages of NJ SPIRIT work, in December 2007, DCF restructured, combining several special NJ SPIRIT, technology and data analysis units into a single unit responsible for information technology (IT) and reporting for all of DCF. The single unit has five teams: the help desk, the application development group, the infrastructure unit, the application maintenance unit and the data analysis and reporting unit. DCF has approximately 90 staff employed in the IT and Reporting Unit and continues aggressive work to trouble shoot and solve problems and to realize the benefits of NJ SPIRIT for case management and data reporting. The creation of the new IT unit has also tightened the communication between IT and the field.

2. DCF met its obligation to report from Safe Measures, although that reporting was unavailable for a time due to the transition to NJ SPIRIT.

By August 2007, as required by the MSA, DCF created extensive reporting capacity through Safe Measures, a management tool that analyzes the data from DCF's IT systems and makes the analysis available to workers, supervisors and administrators in the field. (MSA Section II.J.9). DYFS administrators have begun to rely heavily on Safe Measures as they focus on the management of caseloads and other initiatives and seek to comply with the MSA standards. There was a gap in access to Safe Measures because it had been configured to work with DCF's former information system. After the deployment of NJ SPIRIT, Safe Measures had to be reconfigured to work with the new application. DCF and DYFS Local Office Managers report that Safe Measures is now functional, but DCF will need to continue to ensure that issues with the data are addressed in a prioritized and focused manner.

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

DCF has been able to generate and provide data to the Monitor with regard to caseloads by office and by type of worker.

4. DCF maintains an accurate worker roster.

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

IV. CHANGING PRACTICE TO SUPPORT CHILDREN AND FAMILIES

A. Field Launch of the New Case Practice Model

One of the most significant developments of the monitoring period is the beginning implementation of the Case Practice Model. DCF views the new Case Practice Model as the cornerstone of child welfare reform in New Jersey with the potential to create lasting change in practice at every level of the Department.

The daunting challenge DCF faced was to develop a mechanism to meaningfully train the entire workforce on the Case Practice Model. The Department began by focusing on the first three prongs of its six prong approach to system change, explained in detail in the last Monitoring Report[22], which involve:

1. Leadership Development
2. Statewide Readiness Strategy
3. Immersion
4. Service Development
5. Continued Focus on the Fundamentals
6. Enhanced Planning Between DYFS and DCBHS

1. Leadership Development

The Department convened a Leadership Summit in October 2007 with the its new training partners, the New Jersey Partnership for Child Welfare Program (University Partnership) and the Child Welfare Policy and Practice Group (CWPPG). The Summit provided DCF with an opportunity to experiment with the concepts in the Case Practice Model and to share its mission across Divisions within DCF.

2. Statewide Readiness Strategy

The bulk of work in this reporting period has been devoted to the second prong of the Department's system change roadmap: the development of a Statewide Readiness Strategy. In November 2007, the expert trainers at CWPPG delivered a comprehensive multi-day training session to DCF Executive Management, Area Directors, Local Office Managers and trainers that covered the first module of the Case Practice Model training, *Engaging Families and Building Trust Relationships*. Simultaneously DCF, in consultation with CWPPG, developed a schedule and the infrastructure necessary to deliver the training in the four Immersion Sites and statewide.

The challenges around developing a calendar to train approximately 4000 staff and community partners are significant. The Case Practice Model training for staff statewide

[22] *Progress of the New Jersey Department of Children and Families: Period I Monitoring Report for Charlie and Nadine H . v. Corzine – January 1, 2007 through June 30, 2007*. Washington, DC: Center for the Study of Social Policy. October 26, 2007, page 32.

begins with the module on *Engaging Families and Building Trust Relationships* and is intended to satisfy the Department's commitment of 40 hours of In-Service training for each case carrying worker and supervisor to have begun in January 2008 (MSA Section II.B.2.c). In-Service training for staff statewide involves over 1100 session days of training. DCF's goal is to have all designated DYFS staff complete this basic training on the Case Practice Model in 2008. The training plan anticipates training to be delivered by trainers who are coached, assessed and approved by CWPPG. The training process involves a "train the trainer" model which develops trainers to be part of regional training teams deployed locally to provide intensive Case Practice Model training to staff and the community. The regional training teams include representatives from the DCF Training Academy, the University Partnership (including trainers with a history of delivering family-centered training for DYFS), DYFS staff and CWPPG team members.

Monitor staff attended one of the three-part training modules entitled *Engaging Families and Building Trust Relationships* held in Livingston, New Jersey. The class members included Area Directors, casework supervisors, and other administrators. The Monitor found the trainers to be knowledgeable, clear and purposeful. The staff were visibly impressed with the curricula and generally spoke very positively about how they thought such trainings would improve practice.

The Department is working to link training and practice by forming a Case Practice Model Technical Assistance Group. This group consists of 12 Assistant Area Directors (each deployed locally by area) and four DYFS technical assistance staff (3 positions currently filled) under the direction of the DYFS Deputy Director. DYFS reports that this Technical Assistance Group will provide support to the field on the Case Practice Model. DCF reports that it is engaged in providing staff with the knowledge and means to apply what they are learning in training to their daily practice.

3. Immersion Sites

New Jersey selected four Immersion Sites (Bergen Central, Burlington East, Glouster West and Mercer North Local Offices) to fully develop new family engagement skills and practices through intensive training, coaching, practicing and partnering with families. DCF, together with its partners, has created an intensive training and coaching calendar for staff at these four Immersion Sites. The intensive training and coaching being employed envisions staff and leadership working closely with Area Directors, Assistant Area Directors and local community partners to routinely conduct Family Team Meetings which adhere to all critical elements (e.g., Assessment, Teaming, and Tracking) of the Case Practice Model in their work with children and families.

In November and December 2007, DCF sought additional community support for the immersion process by meeting with local judges in immersion vicinages to explain the process and to invite the judiciary to join the practice change efforts. The DCF Commissioner also met with the Chief Justice of the Supreme Court and discussed the new Case Practice Model and permanency for children. Additionally, the DCF Director of Policy and Planning,

the Deputy Director of DYFS and the Assistant Attorney General in charge of DYFS Practice convened a day long summit in December 2007 to introduce the Deputy Attorneys General who represent DYFS to the Case Practice Model and the immersion process.

The Immersion Sites will receive intensive coaching and training from a curriculum entitled *Developing Strength Based, Individualized Child and Family Practice* which has been adapted from Utah, a state that has successfully implemented a child welfare reform agenda. The training covers the topics listed in Table 8 below.

Table 8:
Developing Strength Based, Individualized Child and Family Practice Training Topics

Developing trusting relationships with children and families
• Overview of the skill for building a trusting relationship • Understanding the cycle of need, challenge model and the five stages of change • Working through resistance • Use of solution focused questions • Assessing your relationship with a family • Developing and using a plan to build a trusting relationship
The basics of creating and supporting family teams
• Identifying the characteristics of a successful team • Assessing team • Conflict management, consensus building and conflict resolution • Introduction to family systems • Family focused interviewing • Family and social network mapping • Identifying and assembling the team • Prepping for the team • Facilitation • Building trust and agreement among team members • Leadership style, validation, cooperation • Five stages of creating a team • Team skills building
Assessment
• Functional assessment • Self assessment • Helping families self-discover • Strengths and needs • Timeline tools • Safety/CPS assessment • Genograms, eco mapping, and family systems mapping • Dual track – assessment and investigation • Quality service reviews and assessing documentation • On-going assessment • Strength and resiliency
Using assessment to craft individual plans
• Effective planning • Gathering assessments • Practice crafting plans

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

Additionally, during this monitoring period, the State increased the funds available to support family preservation and reunification through the use of flexible funds for birth families. These increased resources have been allocated to the Local Offices. DCF reports that DYFS workers will be trained on the availability and use of these flexible funds as a part of the Case Practice Model Implementation roll-out and immersion

The roll-out of the new Case Practice Model will be an ongoing focus of DCF for the coming year and beyond. The Monitor will closely follow its implementation and report on its progress at the field level in the next monitoring period report.

4. Differential Response and Prevention Efforts

The MSA requires the case practice model to address the development of individualized service plans built on the strengths and needs identified in a quality assessment of family and child strengths and needs (Section II.A.2.e). To fulfill this commitment, DCF expanded its community-based resources to respond to voluntary requests for services from families experiencing a current or developing need that does not pose a safety threat to the children. This alternative response provides services to children and families prior to an allegation of child abuse or neglect.

In April 2007, DCF awarded contracts under its Differential Response Pilot Program of approximately $4.2 million to pilot sites covering Camden, Cumberland, Glouster and Salem Counties to engage vulnerable families and provide supportive, prevention services to promote healthy family functioning. During the summer of 2007, DCF worked with its community partners to train Differential Response staff. Training focused on family engagement, interviewing and communicating with families, building family teams and developing family plans and family needs assessments.

The pilot sites use a Differential Response Practice Model that is based on and consistent with the new Case Practice Model. The sites are able to respond to families in a family-centered, child-focused, community-based manner 24 hours a day, 7 days a week. Referrals are generated by the State Central Registry (SCR) primarily through a live, warm-line telephone transfer. Differential Response case workers meet with families within 72 hours of referral and family team meetings are held within 10 days of the referral.

DCF reports that between September 2007 and December 31, 2007, 124 families were referred to the Differential Response initiative in the four counties. Of the 124 families, 111 (89%) families accepted services. In Cumberland, Glouster and Salem Counties, the two most identified needs were temporary or emergency financial assistance and mental health services for children. In Camden County, housing, rent, utility or emergency shelter needs were identified most often.

In addition to the Differential Response initiative, DCF has expanded the Peace: A Learned Solution (PALS) violence prevention program and the Family Success Centers to focus on primary prevention and comply with the MSA (Section II.C.9). In November 2007, well in

advance of the June 2008 deadline, DCF completed the expansion of the PALS program to Atlantic, Monmouth, Ocean and Union Counties as required by the MSA (Section II.C.9), in addition to the previously existing capacity in Bergen, Burlington, Camden, Essex, Hunterdon, Middlesex and Passaic Counties. The PALS program is an evidence-based comprehensive assessment and treatment program model which uses art therapy for children and non-offending parents exposed to domestic violence in an attempt to reduce the impact of domestic violence on children, improve child and family functioning and well-being and break the cycle of abuse for future generations. Each PALS program provides comprehensive assessments, child care and/or summer camp, case management, group and individual therapy and education support, follow up services and transportation. Each child and family receives intensive therapeutic and case management services for six months and follow-up services for an additional six months. The PALS caseworker meets with the parent on a weekly or biweekly basis to assist the family with daily living needs and to coordinate the therapeutic and supportive services being provided.

During the summer of 2007, DCF awarded new funding to twenty-one Family Success Centers to provide wrap-around resources and supports for families. Through the Division of Prevention and Community Partnerships, DCF also transitioned 11 of its FACES programs to Family Success Centers with a slight increase in funding from existing dollars. These actions have expanded the network to 32 state-supported Family Success Centers in 16 counties. The Family Success Centers offer primary and secondary child abuse prevention services and bring together community residents, leaders and agencies to address the problems that lead to child abuse and neglect. The core services of the Family Success Centers include access to information on child, maternal and family health services, development of strength-based plans to address challenges which threaten family stability and safety, provision of income security services, connection to other public and private resources, life skills training, parent education and home visitation. These services are available to any family in the community with no prerequisites. In addition, DCF continued its work as a pilot program of the national Strengthening Families Initiative (SFI), seeking to prevent child abuse and neglect through work to support families in early care and education settings.

5. Permanency Planning and Adoption

DCF set specific targets to ensure that the State met the MSA requirement of 1400 adoptions completed by December 2007. DCF finalized 1540 adoptions by the end of this monitoring period – 140 adoptions over the target set by the MSA (Section II.G.17). This is a tremendous accomplishment and sets a new performance bar for the State, surpassing the previous state record of 1418 adoptions finalized in 2004. The State attributes its success to the effective work and support of adoption practice units in each DYFS office. The State's success over the last two years has resulted in a greatly reduced number of children legally free and awaiting adoption – from 2,260 on January 1, 2006 to 1,295 on December 31, 2007.

In addition, special Adoption Impact Teams, described in more detail in the last Monitoring Report, worked hard in their search for permanency for the 100 youth in foster care who have

been waiting the longest to be adopted.[23] DCF reports that three of these youth have been successfully adopted and another twenty-five are close to permanency through adoption or kinship legal guardianship. Seventy-one of these youth are included in the exhibit created by the Heart Gallery of New Jersey, a travelling photography exhibit of youth awaiting adoption. The Department succeeded in having the exhibit profiled in People Magazine, giving the Heart Gallery a wider distribution network to attract more interest in the youth waiting to be adopted. DCF is now working with two local newspapers, the Star Ledger and the Asbury Park Press, to feature waiting children on a regular basis.

Work is also proceeding toward developing a permanency planning practice that is more consistent with the new Case Practice Model. Previous Monitoring Reports[24] have described DYFS's development and implementation of its Concurrent Planning Model which continues to be pilot-tested in 10 sites across the state. The Model, common in many jurisdictions across the country, is designed to work with families simultaneously on both a reunification strategy and a back-up strategy for permanency in the event reunification fails.

An important component of New Jersey's Concurrent Planning Model involves permanency planning case reviews when children have been in care for 5 months and again at 10 months. Five month reviews are critical meetings with all participants in a family's DYFS case, including parents, children, service providers and caseworkers. The focus is on how the team is progressing towards the goals of the case plan, what DYFS can do to assist the family, and whether the current goals still meet the children's needs. Ten month reviews are similar and are held in preparation for Family Court permanency hearings. Table 9 below provides a breakdown of the number of 5 and 10 month reviews completed in the 10 pilot sites between July 1, 2007 and December 31, 2007 for children who entered placement as of September 1, 2006. In this monitoring period, DCF reports 87% of five month reviews due and 88% of ten month reviews due were completed timely. Table 9 also reports the number of cases transferred from a Permanency worker to an Adoption worker within 5 days of a permanency goal change to adoption, a process described in detail in the MSA (Section II.G.2). The adoption cases were transferred timely 100% of the time in half of the pilot sites, with an average compliance rate across the 10 sites of 64%.

[23] *Progress of the New Jersey Department of Children and Families: Period I Monitoring Report for Charlie and Nadine H . v. Corzine – January 1, 2007 through June 30, 2007*. Washington, DC: Center for the Study of Social Policy. October 26, 2007, page 36.

[24] *Progress of the New Jersey Department of Children and Families: Period I Monitoring Report for Charlie and Nadine H . v. Corzine – January 1, 2007 through June 30, 2007*. Washington, DC: Center for the Study of Social Policy. October 26, 2007, page 37.

Table 9: Concurrent Planning in 10 Pilot Sites Between July 1, 2007 and December 31, 2007
For Children Who Entered Placement as of September 1, 2006

		5 Month Review			10 Month Review			Transferred to an Adoption Worker		
Local Office	**Total # of children who entered placement as of 9/1/2006**	**# Due**	**# Completed**	**% Completed**	**# Due**	**# Completed**	**% Completed**	**# with Goal Changed to Adoption**	**# Transferred to Adoption Worker within 5 Working Days**	**% Completed**
Atlantic East	89	34	32	94%	15	9	60%	3	3	100%
Bergen South	176	44	30	68%	32	31	97%	16	12	75%
Essex North	88	20	19	95%	20	16	80%	14	5	36%
Hudson Central	120	38	33	87%	23	23	100%	8	4	50%
Mercer North	157	76	69	91%	50	45	90%	24	14	58%
Monmouth North	189	57	50	88%	46	36	78%	2	2	100%
Passaic North	128	46	35	76%	35	33	94%	6	4	67%
Salem	95	19	16	84%	16	11	69%	1	1	100%
Somerset	127	37	37	100%	23	23	100%	5	5	100%
Sussex	120	58	52	90%	22	20	91%	2	2	100%
Total	1287	429	373	87%	282	247	88%	81	52	64%

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

V. APPROPRIATE PLACEMENTS AND SERVICES FOR CHILDREN

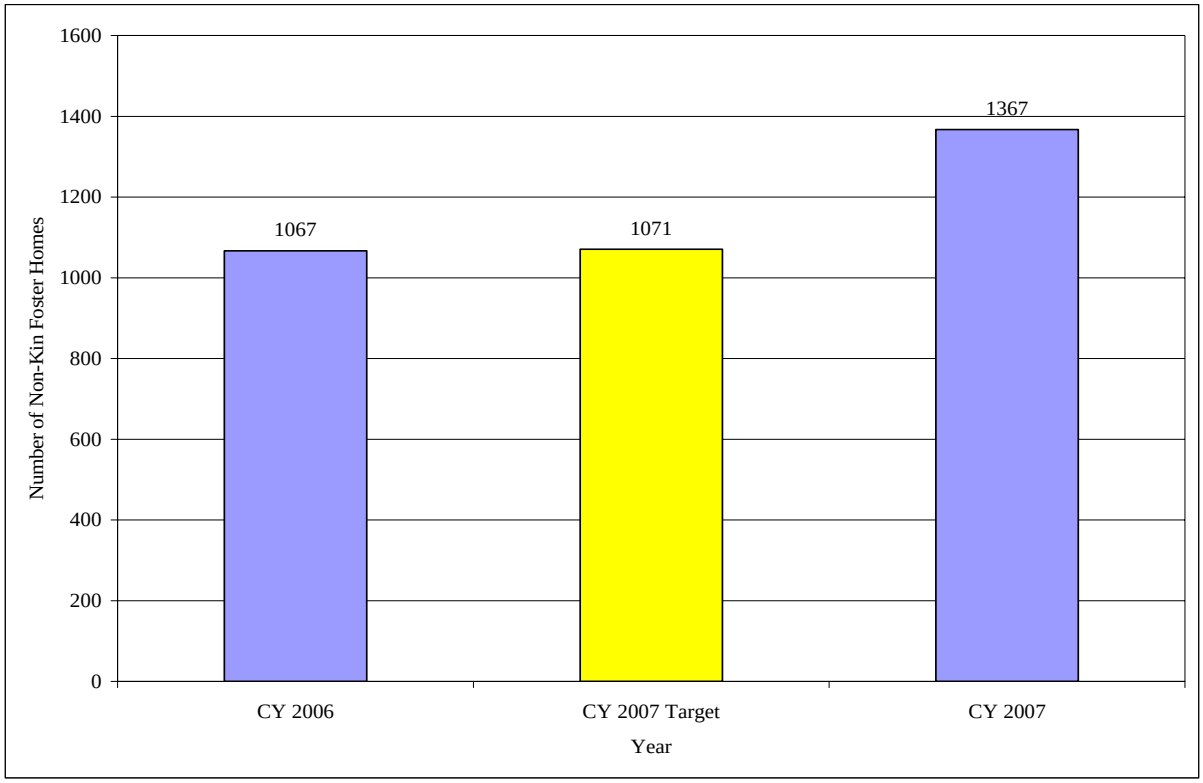
A. Resource Families

DCF has made exceptional gains in its recruitment and licensure of Resource Families (kinship, foster and adoptive caregivers) over the past year. The structural and substantive changes within the Department appear to have paid off. In 2007, DCF licensed 1367 new non-kin Resource Family homes, far exceeding the MSA requirement to license 1071 non-kin Resource homes between January 2007 and December 2007 (Section II.H.12). This resulted in a 50% increase in licensed Resource Family homes over 2006 performance and almost a 100% increase over 2005 performance.

1. DCF recruited and licensed 1367 new non-kin Resource Families in 2007, far exceeding its mandate to license 1071 non-kin Resource Family homes in this period.

The State licensed a total of 1367 non-kin Resource Family homes in 2007. The MSA required that the State license 1071 non-kin Resource Family homes between January and December 2007 (Section II.H.12).

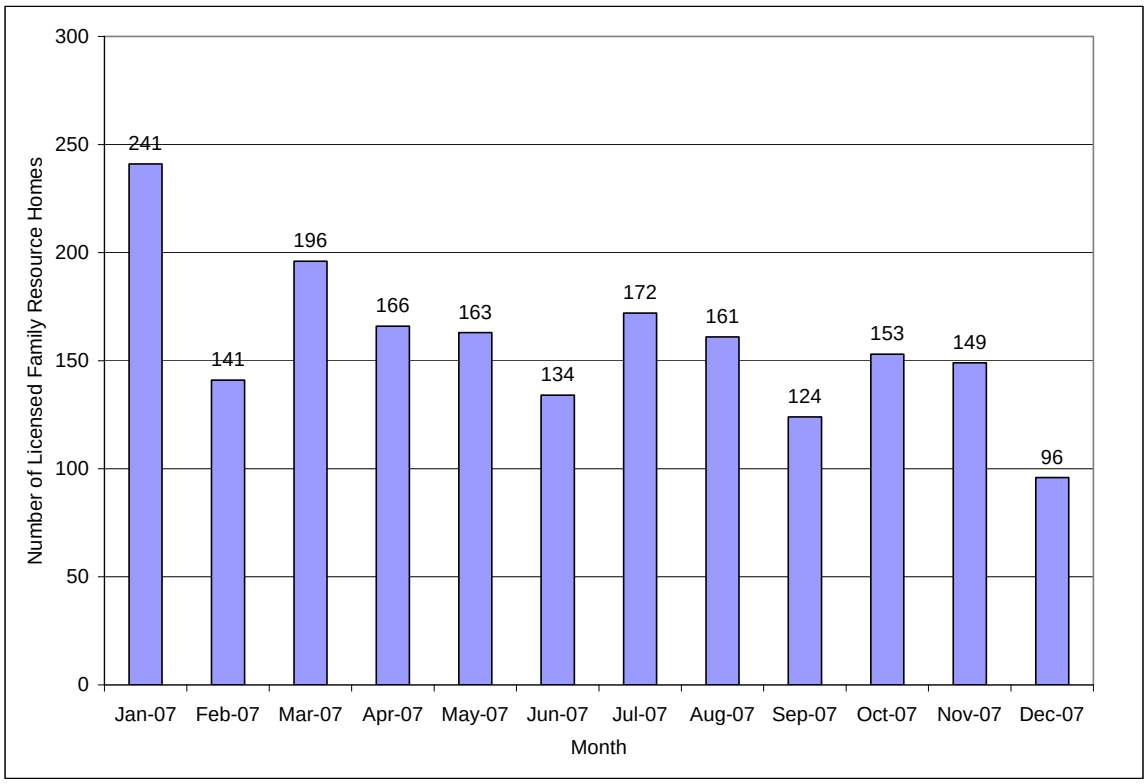
Figure 10:
Number of Newly Licensed Non-Kin Resource Family Homes by Calendar Year



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

The State also licensed 529 Kinship Resource Family homes in CY 2007 to reach a total of 1896 new homes (kinship and non-kinship) licensed in CY 2007. Figure 10 below provides data on the number of kinship and non-kinship homes licensed each month.

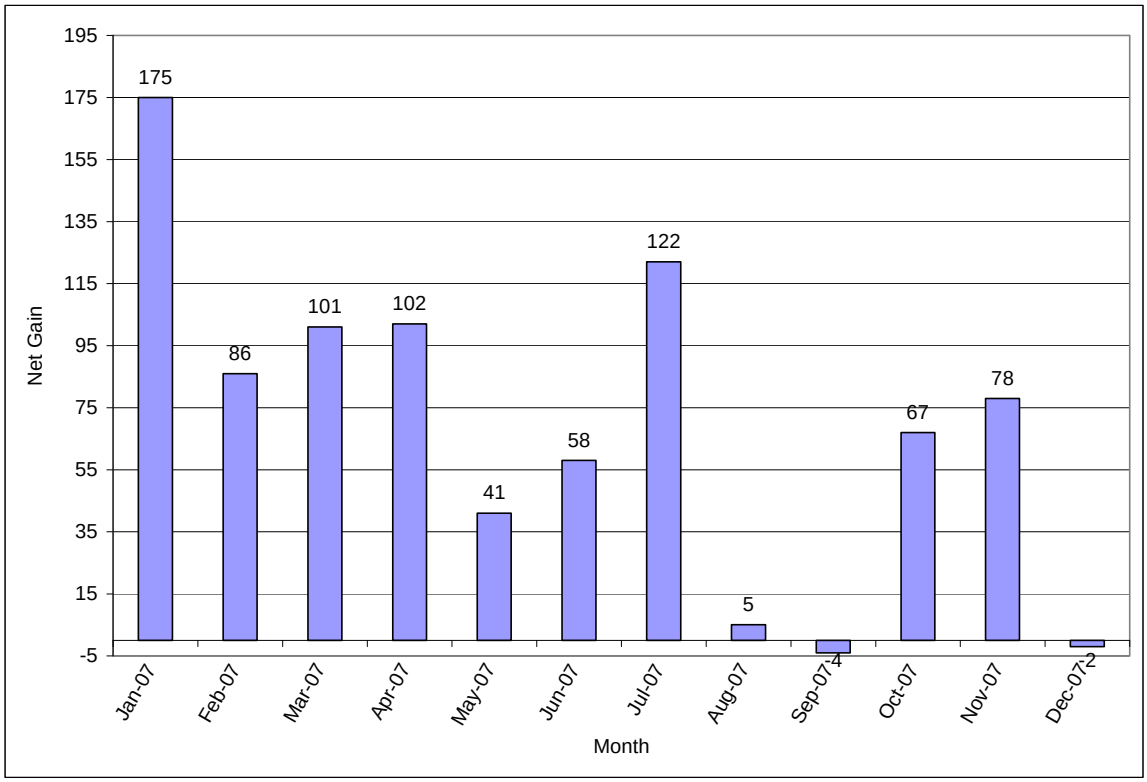
Figure 11:
New Licensed Family Resource Homes (Kinship and Non-kinship)
January 2007-December 2007
Total Licensed in 2007 = 1896 Homes



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

In looking at data on Resource Family homes, it is also critically important to assess net gains in the number of licensed Resource Family homes. An overall net increase of homes is required to sustain DCF's goal to ensure an increasing number of children are placed in family-based settings. In CY 2007, DCF achieved a total net gain of 829 Resource Family homes. As seen in Figure 12 below, large net gains occurred between January and July 2007. During the summer months as staff focused time and effort on training on the new data system (NJ SPIRIT) and on implementing a new licensing information system, the net gains decreased.

Figure 12:
Net Gain of Resource Families January-December 2007
Total Net Gain = 829 Homes



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

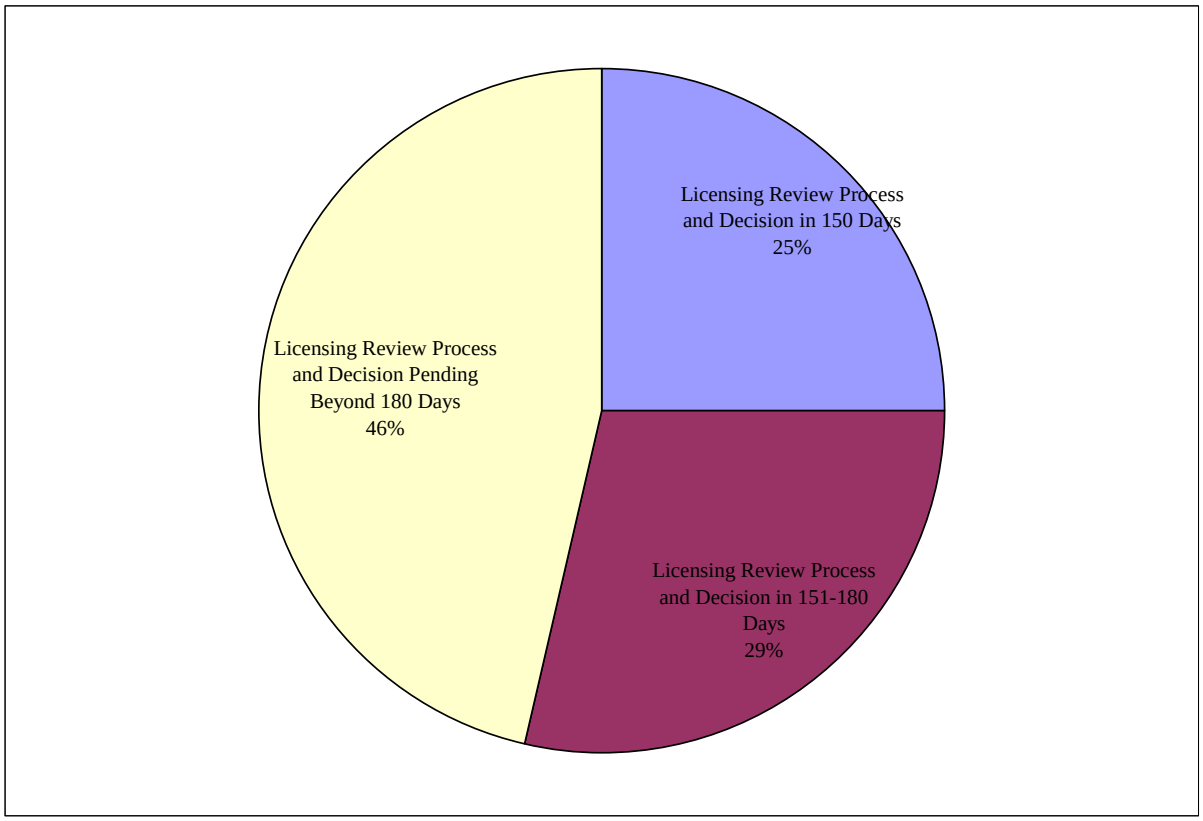
The Monitor reviewed a random sample of approximately 20% of licensing files from January 2007 to December 2007 and verified reported DCF data. Consistent with the last monitoring period, DCF's Resource Family Support and Resource Family Licensing units have achieved impressive results. Influenced by new targeted training, the continued work of the Resource Family Impact Teams and the changes to licensing protocols which eliminate unnecessary barriers for families, the Department has accomplished a great deal and is to be lauded for its work in this area.

2. *The State made progress on timely processing of Resource Home Applications but did not meet the target to complete the licensing review process and make licensing decisions within 150 days.*

The Department has continued to use Resource Family Support Impact Teams (Impact Teams), which made significant gains towards reducing the backlog of Resource Family home applications in the last monitoring period, to diagnose and develop strategies to complete the licensing review process and to make decisions on applications within 150 days (MSA Section II.H.4). This requirement was not met although improvements in the process have occurred and continue. Based on a sample of July 2007 applications for licensure, and as shown in Figure 13 below, DCF was successful in meeting the 150 day licensing requirement

for 25% of those homes, 29% of the homes took between 150 and 180 days to make a decision on the application and 46% of the homes took more than 180 days.

Figure 13:
Time from Application to Completion of Licensing Review Process and Decision for Family Resource Home Applications
(For Homes that Applied for Licensure in July 2007)



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

Beginning in April 2007 and ending in July 2007, the Impact Teams working together with Area Resource Family Specialists, Licensing Inspectors and the Office of Resource Family Supervisor, completed an intensive process in which any application statewide pending over 150 days was conferenced at least once a month.

As a result of this work, the Impact Teams recommended additional structural and practice changes which were implemented beginning in September 2007. These recommendations include:

- Assigning four Office of Resource Family Case Practice Supervisors to four different geographical areas of the state. These staff members were tasked to work intensively with each Resource Family Unit on all applications approved since January 2007 and pending 60 days or more.

- Continuing monthly conferences with the Licensing Inspector, Resource Family Supervisor, the Area Resource Family Specialist and all members of the unit. These conferences focused on reaching a resolution on each pending study within 150 days and identifying issues that delay the process.

The Impact Teams also concluded that some offices needed more intensive work. Moving forward, four Local Offices and one private agency conducting home studies have been identified for more focused assistance.

DCF believes that additional progress is possible in increasing the percentage of Resource Family homes licensed within 150 days, though some families will always require more time to move through the licensing process. Other efforts the State has undertaken to increase compliance of the 150 day licensing process include enhancing its contract with Foster and Adoptive Family Services (FAFS) to provide six resource family advocates to support prospective and existing Resource Families in Monmouth/Middlesex, Camden, Essex, Union, Hudson and Bergen/Passaic areas and continuing to hold meetings of Area Resource Family Specialists and Office of Licensing Staff to review policy and discuss challenges.

3. The State has a usable database of current and available Resource Family homes.

In the last monitoring period the State, as part of its development of NJ SPIRIT, created a tracking system to provide a real time database of current and available Resource Family homes as required by the MSA (Section II.H.9). The Monitor recently observed this tracking system, and witnessed how, within minutes, staff are now able to obtain names of open homes available for placement. The system can display the number of children in prospective homes, their history with the Department, their ages and backgrounds. It can also provide staff with information on each Resource Family home and the home's history with the Department. This tracking system has the potential to significantly improve the timeliness with which potential Resource Family homes are identified and should assist in better matching children's needs with the capacities and skills of available resource parents.[25]

4. The State created a methodology for setting annualized targets for Resource Family non-kin recruitment based on a needs assessment by county.

The methodology the State has created to set targets for Resource Family non-kin recruitment takes into account many factors and is focused on recruiting homes that meet the priority identified needs of the Department to keep sibling groups together in placement and to place children closer to their home communities and schools.

[25] Although an accurate database and tracking system have been developed, the use of the automated system by Local Office staff for placement matching is reportedly still inconsistent; some staff continue to rely on memory and manual card files of available Resource Family homes. Over the next monitoring period, the Monitor will examine more closely how the tracking system is used in daily operations.

DCF does not believe it has an overall statewide net capacity issue, but is appropriately focused on the geographic distribution of homes, the ability to keep sibling groups together and the need to continually replace homes lost to the system due to permanency decisions and attrition. As of December 2007, the existing licensed resource home capacity would accommodate 15,712 children, many more than the 9,200 children who were in placement at that time. Given these objectives, DCF established a target for newly licensed homes for 2008 of 1,528 homes, which includes newly licensed kinship and non-kinship homes.

The State's methodology for establishing the target of 1,528 newly licensed homes takes into account four factors:

- The replacement rate (i.e. the number of homes that need to be replaced as a result of home closures);
- An analysis of Resource Family home capacity compared to sibling group placement rates, given goals for keeping sibling groups together established by Phase II of the MSA;
- An analysis by county of Resource Family home capacity and demographic factors which will impact DCF's ability to meet MSA standards for placement proximity; and
- The state's desire to set targets for both kinship and non-kinship homes with the result that staff will be recognized for recruiting kinship as well as non-kinship homes. The State will report on both sets of numbers.

With regard to sibling group placement, the State believes the largest need is for homes that can accommodate sibling groups of 5 or more children. As of December 2007, there were 16 homes statewide licensed for 5 or more children. The State has estimated a need for an additional 12 homes with this capacity in order to attain targets for intact sibling placements. DCF reports that its data suggest that kinship homes are the most successful source of large capacity placements. The State has set a target by December 30, 2008 for 28 homes with a capacity to serve of 5 or more children with a focus on homes in Essex, Mercer, Monmouth and Ocean counties.

With regard to geographic proximity of homes to communities from which children are coming into placement, the State examined licensed home capacity against placement population in each county, the intact sibling placement rates, non-kinship placement rates, kinship placement rates, and proximity. It concluded that while overall capacity is sufficient, best practice suggests a different distribution by county as follows:

- 8 counties have excess capacity that the State utilizes for other counties with less capacity. The State intends to maintain those numbers for placements in and out of those counties.
- 5 counties have adequate capacity, but targets will be set for a small net increase to ensure a safety net.
- 8 additional counties need a net increase of licensed homes beyond the net increase achieved in 2007 to meet the placement needs of children in that county.

Table 14 below lists each county and classifies them in three ways: Increase for those counties where a significant net increase in available homes is needed; Improve for those counties which currently have adequate supply, but will seek to create modest additional capacity; and Maintain for counties which currently have excess capacity but will need to recruit and license to accommodate turnover and attrition.

Table 14:
Recruitment Licensing Categories by County for FY 2008

County	Status
Cape May	Increase
Cumberland	
Essex	
Hudson	
Mercer	
Monmouth	
Ocean	
Salem	
Bergen	Improve
Camden	
Middlesex	
Passaic	
Union	
Atlantic	Maintain
Burlington	
Gloucester	
Hunterdon	
Morris	
Somerset	
Sussex	
Warren	

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

According to the State, each of the targeted counties has analyzed its own challenges and will be pursuing strategies to meet the targets the State has set.

5. Creating targets for both Kinship and Non-kinship Recruitment

The MSA and the State placed a primary focus in 2007 on achieving a net increase of non-kinship Resource Family homes. However, New Jersey data shows the rate of kinship placements are now declining. At the same time, national data increasingly suggests that there are improved permanency and stability outcomes for children placed with kin. The State believes that the MSA and internal targets for new non-kinship resources in 2007 may have had an unintended consequence of communicating a lower priority for the licensing of kinship homes. As a result, DCF will separately track and publish data on the number of kinship and non-kinship homes licensed, but set Area and Statewide targets that represent the total of both categories.

6. Regulatory Changes

The Monitor has observed and the State has confirmed that often unnecessarily rigid regulations delay or deny a family from becoming licensed even though that family could provide a safe and appropriate home for children in DCF's custody. During this monitoring period, the State began to address this issue by drafting changes to the Resource Family regulations. To inform that effort, DCF conducted a series of focus groups and discussions with existing and potential Resource Families and key advocates, analyzed current practice and reviewed best practices from across the nation.

The existing Resource Family regulations were adopted in 2005 and are based on the State's construction code from the 1970s. The most significant series of proposed changes relate to a new approach to assess a potential Resource Family home's physical space. The changes in the regulations focus more on the quality of life provided by the space, as opposed to the rigid square footage or ceiling height restrictions from the construction code. The draft also modifies the existing regulations, which state that no person living in the house may sleep in an unfinished attic or basement to make it clear that no *child* may do so.[26] DCF also added clarifying language needed to ensure safety. For example, the existing regulations mandate that pools meet local ordinances, but DCF found in practice that those ordinances were inconsistent. Thus, DCF added language that requires that pools be enclosed with a barrier approved by DCF licensing inspectors. All of the changes are intended to ensure safety while permitting the use of safe and appropriate homes previously barred by the existing regulations.

A draft of the regulations has been prepared and is currently in final review by DCF. The review is expected to take no more than 45 days at which time the regulations will be submitted to the New Jersey Office of Administrative Law for publication. DCF anticipates the new regulations will be published in the June 16, 2008 New Jersey Register and are expected to be effective after the conclusion of the 60-day comment period on August 15, 2008.

[26] DCF had found in practice that some promising Resource Family homes were eliminated for licensure because an adult student coming home from college or an adult relative who wanted to accommodate a kinship placement was sleeping in a basement, even though the child was not impacted.

7. DCF continues to close the gap between current Resource Family Support rates and the USDA's estimated cost of raising a child.

The MSA (Section II.H.15) requires the State to close the gap between current Resource Family support rates (foster care, kinship care, and adoption subsidy) and the United States Department of Agriculture's estimated cost of raising a child over a several year period. New Resource Family support rates which move to close the gap became effective January 1, 2008 and are included as Appendix B.

8. Preventing inappropriate use of shelters for children entering foster care.

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

A concrete impact from the implementation of these new policies has been that a number of shelters have been forced to close and several of those which have remained open report a decrease in the number of children referred for shelter placement. DCF senior management is working to adjust the shelter capacity to meet the decreased need.

DCF reports there were a total of four children statewide under the age of 13 who spent time in a shelter during the monitoring period, less than .07% of the 6,049 children under 13 in out-of-home placement as of December 31, 2007. The lengths of stay for the 4 children were 1 day (1 child), 4 days (2 children) and 16 days (1 child). Three of the four children were placed directly by the Special Response Unit (SPRU) in one county and DCF has addressed the issue to prevent reoccurrence. The fourth child was placed in a shelter due a court order.

As of February 28, 2008, DYFS had contracts with 28 shelters across the state. Currently, DCF is unable to provide the Monitor with aggregate data as to utilization and length of stay for these shelters. Additionally, according to DCF, there were 423 children over the age of 13 who spent time in a shelter placement during the monitoring period. DCF reports 332 (78%) of the 423 children met the criteria for an appropriate shelter placement under the MSA. DCF reports that the older youth, those aged 18-20, are most often being placed in shelters. DCF hopes that recent investments in expansion of transitional housing resources will help provide better placement alternatives for these youth. Due to data limitations, DCF is unable to report the length of stay of these youth in the shelter placements.

The Monitor visited one shelter in transition (Angel's Wings in Trenton) and one shelter/diagnostic treatment center (Grace Hall in Newark) in preparation for this report. Angel's Wings is licensed as a shelter placement as a part of the Anchor House Shelter Program, but has modified its program to provide family-based emergency care utilizing a houseparent model. This change occurred because of the new DCF prohibition on placing children under age 13 in a congregate setting. Angel's Wings is now contracted for two homes to serve children, but is currently only operating one due to decreased demand. During the Monitor's site visit, Angel's Wings' Director and staff commented on the advantages and challenges of providing a family setting for emergency care. They positively cited their recent ability to keep sibling groups together on an emergency basis while longer term placement options were developed for these children.[27]

[27] Angel's Wings reported placement of 38 children, during the monitoring period, whose lengths of stay ranged from one to 45 days. Of these 38 children, 26 were members of (12) sibling groups.

VI. MEETING THE HEALTH AND MENTAL HEALTH NEEDS OF CHILDREN

A. Improving the Behavioral Health Services and Delivery System

A new permanent Director of the Division of Child Behavioral Health Services (DCBHS) was appointed in November 2007. DCBHS is responsible for finding appropriate home and community-based services and/or out-of-home placements for all children and youth in New Jersey who are experiencing emotional and behavioral challenges and are in need of behavioral or mental health services. DCBHS continues as a free standing child behavioral health system focusing on improving access to and the quality of behavioral health care achieved in part through a redistribution of existing resources and introduction and procurement of new, high quality resources.

Some youth involved with DCBHS are also involved with other systems, such as DYFS and the Division of Developmental Disabilities (DDD). Under the MSA, DCF, through DCBHS, is required to minimize the number of children in DYFS custody placed in out-of-state congregate care settings and work to transition these children back to New Jersey (Section II.D.2).

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

DCF has made steady progress in reducing the number of children in DYFS custody placed out-of-state.[28] The majority of children placed out-of-state have experienced significant mental health challenges and are placed out-of-state following attempts to find an appropriate placement in New Jersey. As of December 31, 2007, 235 children were placed out-of-state and as of March 7, 2008, the reduction continued and DCF reports that there were 213 children placed out-of-state (See Figure 16).

In addition to implementing strategies to move children to in-state treatment options, DCBHS has dramatically reduced the number of children newly placed out-of-state. Table 15 shows the number of new out-of-state placements authorized for children and youth in DYFS custody during this reporting period.

[28] In some cases placements made out-of-state are in locations closer to the child's community than alternative in-state placements.

Table 15: Out-of-State Placement Authorizations by DCBHS
July - December 2007

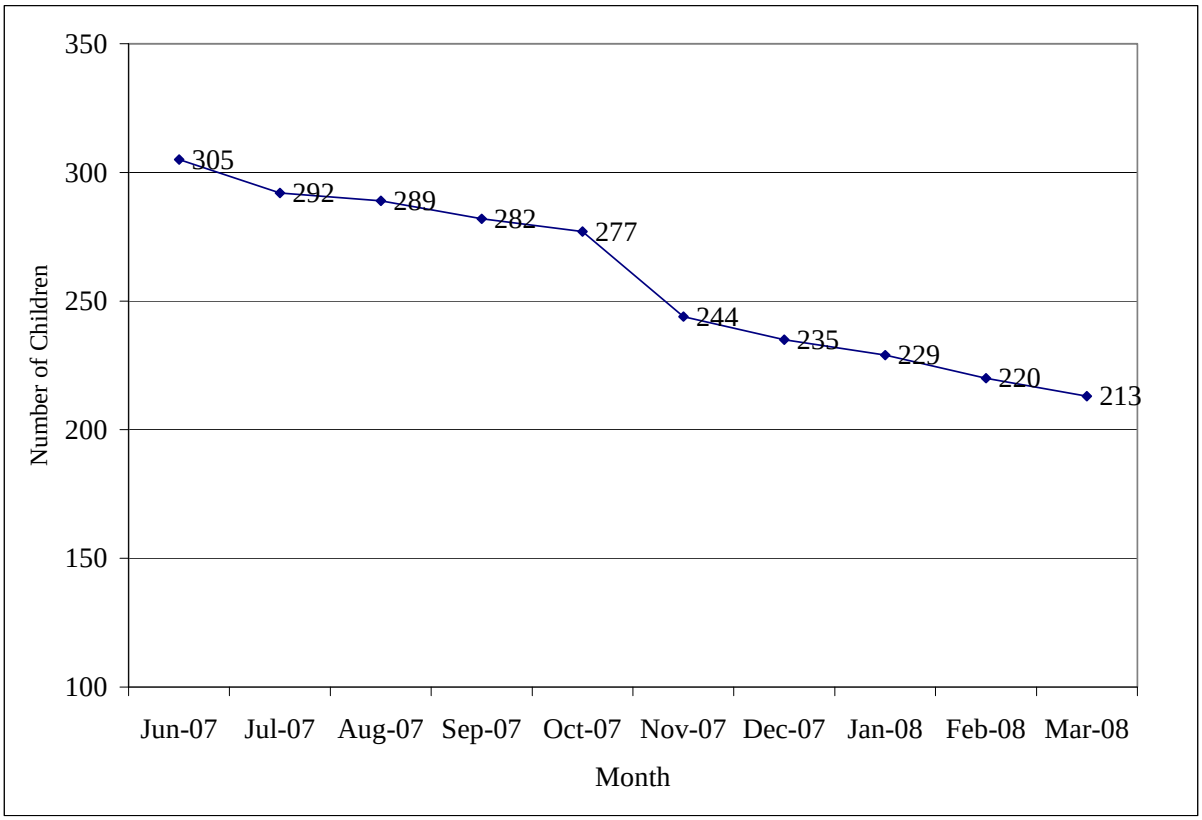
Month	Number of authorizations for youth in DYFS custody (total number of DCBHS out-of-state authorizations)
July	10 (19)
August	6 (15)
September	1 (3)
October	0 (8)
November	6 (8)
December	0 (2)
TOTAL	23 (55)

Source: New Jersey Department of Children and Family Services, DCBHS

The ability to reduce new out-of-state placement has been made possible by continued expansion of treatment resources within the State. The resource creation work is continuing. DCBHS reports that by June 1, 2008 additional therapeutic, community-based programs housing up to five youth each will be added to the array of services available to children, youth and families in New Jersey. DCBHS issued an RFP in November 2007 and has selected providers for approximately 43 youth; these new placement and service options will serve to prevent out-of-state placements and provide for youth who are returning to the State from more restrictive placements.

In addition to employing strategies to prevent out-of-state placement through resource creation and through careful review and service planning for new requests for out-of-state placement, DCBHS has begun to examine the circumstances of each child currently placed out-of-state and is developing and implementing individualized plans for children to return to New Jersey and their community. This initiative began with a focus on DYFS involved youth. Case conferences were scheduled, beginning in September 2007, throughout the state and conducted with significant input from DCF partners in each county to identify appropriate programs and/or community services needed to return the child to the state. The Monitor attended one of the case conferences and was impressed by the team approach to placement decision-making and the purposefulness of the participants. As a result of these conferences, as of February 20, 2008, 45 children have returned to New Jersey or have been reunited with family members out-of-state. DCBHS, DYFS and the involved county partners should be commended for their collaboration and the local relationship building achieved through this case conference process. Figure 16 depicts the reduction in out-of-state placements over time.

Figure 16:
Children in Out-of-State Placement June 2007 through February 2008



Source: DCBHS administrative data, February 29, 2008.

Additionally, DCBHS has begun to review a small subset of non-DYFS involved youth, specifically the 16 youth residing at Kids Peace, a facility in Pennsylvania, with the longest length of stay. Five of the 16 were reviewed by February 6, 2008 and the other 11 were expected to be reviewed by the first week of March 2008. DCBHS intends to continue to use the case conference process to reduce the number of children being sent out-of-state and to reduce the length of stay for those children for whom a placement resource cannot be found in New Jersey.

2. Providing mental health expertise in DYFS offices

In October 2007, DCBHS redeployed Child Behavioral Health Team Leaders to DYFS Area Offices to serve as experts in the behavioral health system of care and on local resources. The goal of this change was to improve coordination between DYFS local staff and DCBHS in meeting the needs of DYFS-involved children with mental and behavioral health needs. This decision has drawn mixed reaction across the state. DYFS staff are generally pleased by the greater access to the knowledge of DCBHS resources. Some local system of care partners, including Care Management Organizations (CMOs) and Youth Case Management Organizations (YCMs) are worried that this organizational shift has diminished the broader system of care coordination function of the Team Leaders. Eventually, the Team Leaders will

assume responsibility for the case conferences discussed above on all children placed out-of-state and for inter-divisional coordination of service provision to children. DCBHS anticipates that these planning conferences will be conducted on a quarterly basis with the third review cycle to begin in mid-March 2008.

In April 2008, additional licensed behavioral health clinicians will be hired by Care Management Organizations and deployed to DYFS' Case Practice Model Immersion Sites in Bergen, Gloucester, Mercer, and Burlington counties. DYFS Area Office Directors will participate in the selection process for these professionals, who will work collaboratively with Child Health Units and take responsibility for supporting the development of behavioral health plans for children. DCBHS is targeting December 31, 2008 for each local office to have clinicians proportionate to the number of children served by that office.

3. Finding placements for detained DYFS youth

As described in the last Monitoring Report, DCF created a systematic process to identify and track youth in juvenile detention facilities who remain in these facilities solely because they are awaiting appropriate placement. Under the MSA, no youth in DYFS custody should wait longer than 30 days in detention post-disposition for an appropriate placement (Section II.D.5). According to DCF, 17 youth in DYFS custody and in detention were awaiting placement from July 2007 to December 2007. Of the 17 youth awaiting placement (12 male; 5 female), one youth exceeded the 30 day requirement and was not placed until 48 days post-disposition. [29]

Table 17 below provides information on the length of time each of these youth waited for placement.

Table 17:
Youth in DYFS Custody in Juvenile
Detention Post-disposition Awaiting Placement

Length of waiting time	Number of Youth
0-15 days	5
16-30 days	11
Over 30 days	1

Source: DCF, January 2008 DCBHS summary update

[29] Although DCBHS identified that the youth's placement was available within the 30-day requirement, the court ordered that the youth remain in detention until the youth was medically cleared for transfer to placement.

4. Funding Evidence-Based Treatment and Services

Under the MSA, the State was required to seek approval from the federal government for a Medicaid rate structure "to support the use of new services for children and families, including community-based and evidence-based informed, or support practices, such as Functional Family Therapy and Multi-Systemic Therapy" (Section II.C.2). As previously reported, DCF determined that these practices could be funded within the existing New Jersey Medicaid State Plan and federal government approval was not required. In October 2007, DCF issued a Request for Proposals (RFP) to support providers of Multi-systemic Therapy (MST) and Functional Family Therapy (FFT), both of which have proven efficacy with youth involved in the juvenile justice system in other jurisdictions and have also proven effective for youth with challenging behaviors involved with other systems. Twenty-eight responses were received. Awards are expected to be announced by the end of April 2008. Contracts are expected to be executed by June 30, 2008.

B. Building a Health Care Delivery System for Children in Placement

Redesigning the delivery system and increasing the quality of health care services to children and youth in out-of-home care are key obligations under the MSA (Section II.F.8). Like other MSA reform efforts, the improvement of health care service delivery to children and youth in foster care requires a thoughtful and staged process with continuous feedback to ensure that goals are met and to make adjustments to planning as needed. As previously reported, DCF undertook a deliberative process to build a new comprehensive health care model.

In May 2007, DCF released their vision for providing comprehensive coordinated health care to children and youth entering or in out-of-home care.[30] With the new coordinated health care plan, modifications were made to the manner in which comprehensive medical examinations will be delivered; plans were made to build children's medical health units and significantly expand the number of nurses in local DYFS offices; the intended use of Regional Diagnostic Treatment Centers was clarified; and efforts continued to ensure that pre- placement assessments were provided in non-emergency settings.

1. Providing Comprehensive Medical Examinations

Under the MSA, the State is required to provide all children entering out-of-home care with comprehensive medical care. Services the State has committed to provide include:

- pre-placement assessment,
- a comprehensive medical examination within the first 60 days of placement,
- medical exams in accordance with federal Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) guidelines,
- semi-annual dental exams,

[30] New Jersey Department of Children and Families, Coordinated Health Care Plan for Children in Out-of-Home Placement, May 22, 2007. http://www.nj.gov/dcf/DCFHealthCarePlan_5.22.07.pdf

- mental health assessments for children with suspected mental health needs, and
- any follow-up care needed by a child (MSA, II.F.2).

DCF determined that there were many challenges to the previous Comprehensive Health Evaluation for Children (CHEC) approach as the intended vehicle to comprehensively assess the health care needs of all children and youth entering out-of-home care.[31]

Based on a review of capabilities of federally qualified health centers (FQHCs), it was determined that some FQHCs and other providers had the capacity to comprehensively serve children and youth, but that providing all components of the desired comprehensive medical exam would require the health centers to partner with other providers for particular parts of the exam; for example, mental health assessments. A Request for Proposal (RFP) published in June 2007 provided for flexibility in such partnerships and was designed to increase the number of providers available statewide to provide comprehensive medical exams. A bidders' conference was held in July 2007 and additional questions emailed to DCF were answered publicly on the DCF website. In September 2007 DCF received responses from nine agencies interested in providing the required services outlined in the RFP. In December 2007, DCF made initial awards to six agencies with the expectation that the centers would be operational by March 2008. These agencies will add to the provider network by offering services to children in Middlesex, Monmouth, Morris, Passaic, Sussex and Union Counties thereby doubling the existing number of providers performing comprehensive medical examinations. DCF's focus continues to be on ensuring and increasing capacity within counties lacking CHEC providers.

2. Creating Child Health Units

A key component of DCF's strategy to improve health services and outcomes for children in its care is the creation and staffing of Child Health Units in every Local Office. This strategy has been well received by social work staff as a key support to their work.

DCF had previously contracted with the Francois Xavier Bagnoud Center (FXBC) within the School of Nursing at University of Medicine and Dentistry New Jersey to staff offices in 14 counties and Professional Nurse Consultants to staff the remaining seven counties. However, during this Monitoring Period, DCF signed a Memorandum of Understanding with FXBC to begin rolling out Child Health Units in each of the local DYFS offices; FXBC has now assumed responsibility for the entire state.

The Child Health Units will work to improve coordination, case management and documentation of health care for children in out-of-home care. These Units build on the existing nursing model, which placed a nurse in every local office to perform nursing assessments and assist DYFS caseworkers. The staffing level for each new Child Health Unit

[31] For fuller discussion of problems with the CHEC approach see: Office of the Child Advocate, Needs and Assets Assessment of the Comprehensive Health Evaluation for Children (CHEC) Program December 19, 2005 and Office of the Child Advocate, Needs and Assets Assessment of the Comprehensive Health Evaluation for Children (CHEC) Program October 3, 2007.

is tied to the number of children the particular DYFS office has in out-of-home placement. In addition to the nurse already assigned to the local office, each Child Health Unit will have staff based on the following ratio: 1 Nurse Health Care Case Manager per 50 children in placement and 1 Staff Assistant per 100 children in placement.

As the Child Health Units become operational, FXBC staff conduct health audits to determine the existing health care needs and provision of care for children in placement and to inform staffing needs. In conducting the audits, nurses review each child's DYFS case record, Medicaid claims information and immunization history to assign a child/patient acuity level. FXBC has adapted a tool utilized by the state of Utah's Fostering Healthy Children Program[32] to assess a child's health and health care needs at the time of removal from his/her home and at regular intervals during placement to determine the level of nursing case management needed. Acuity levels range from Level 1 (well-child) to Level 6 (untreated complex health issues or unknown health history/child newly entering care). This method allows FXBC to assign balanced caseloads to its nurses and provides baseline data for DCF. DCF and FXBC anticipate that children's acuity levels will decrease or stabilize with the provision of health care case management services by the Child Health Units. This measurement can be also be used to evaluate the efficacy of the Child Health Units. As of February 20, 2008, FXBC had completed health audits for over 1600 children and youth across 7 counties. DCF and FXBC expect to be able to share preliminary aggregate data from these audits with the Monitor by April 2008. The Monitor will report on this data in the next Monitoring Report.

Currently there are fully functional Child Health Units in Sussex and Hunterdon Counties. The Child Health Unit in the Sussex County office became functional in January 2008 and is staffed by three nurses, a Clinical Nurse Coordinator, two staff assistants, and an MSW Intern. The Monitor visited this site in February 2008 and met with Child Health Unit staff to learn about its operation. The Sussex County office is a relatively small office with approximately 100 children in placement. Most of the staff are familiar both with DYFS and outpatient pediatric and adolescent health care provision. The combination of skilled staff and a smaller office has enabled a focus on the implementation of procedures and protocols to enhance the functioning of the Child Health Unit. Some of these procedures and protocols will be adapted for use in other Local Offices. FXBC management is very involved and familiar with day-to-day planning for bringing other Child Health Units on-board; cognizant of what may be standardized across the state as well as what may have to be adjusted for local implementation. Current reported challenges to implementing Child Health Units across the state include recruiting nurses and working within a short timeframe for start-up and full implementation. DCF and FXBC provided information about plans for preliminary staffing in other counties this fiscal year and staffing projections through December 2008. (See Table 18).

[32] Utah Department of Health, Fostering Healthy Children Program, http://health.utah.gov/cshcn/FHCP

Table 18:
Nurses and Nurse Staff Assistants Hired for Child Health Units as of December 31, 2007 and Planned through December 2008

County	Nurses as of December 31, 2007	Nurse Staff Assistants as of December 31, 2007	Projected Hires through December 2008	
			Nurses	Nurse Staff Assistants
Atlantic	3	1	6	4
Bergen	3	5	9	5
Burlington	2	0	8	5
Camden	4	0	16	8
Cape May	1	0	3	2
Cumberland	2	0	7	4
Essex	8	9	43	22
Gloucester	2	0	5	4
Hudson	5	5	14	9
Hunterdon	2	0	1	1
Mercer	2	0	10	5
Middlesex	5	1	11	7
Monmouth	3	0	11	7
Morris	3	1	4	4
Ocean	3	0	12	7
Passaic	3	2	10	5
Salem	1	0	4	2
Somerset	1	0	3	2
Sussex	1	2	2	2
Union	4	1	16	9
Warren	3	0	3	2
TOTAL	**61**	**27**	**198**	**116**

Source: DCF administrative data, March 20, 2008

3. Supporting Regional Diagnostic Treatment Centers (RDTCs)

Currently, DCF works with four Regional Diagnostic and Treatment Centers (RDTCs) and one satellite office to assist in the evaluation of children who are or may have been victims of physical, sexual or emotional abuse or severe neglect. In the spring of 2007, DCF reached agreement with the RDTCs on revised guidelines for referrals from DYFS and RDTCs reporting back to DYFS. Processes were standardized across RDTCs such as types of cases to be referred, timeframes for scheduling appointments, and time frames for the production of reports. Program descriptions for each site were revised and individualized.

In 2007**,** DCF significantly expanded investment in the RDTC system, funding an additional half-time position at the Jersey Shore Medical Center, the site serving Ocean and Monmouth Counties, and offering to add physician capacity at two other RDTCs as follows: increasing a part-time position at St. Peter's University Hospital in New Brunswick which serves Middlesex, Somerset, Mercer, Hunterdon, and Union counties to a full-time position and

adding a position at Newark Beth Israel Medical Center which services Essex and Union county. As of March 11, 2008, Newark Beth Israel Medical Center, St. Peter's University Hospital and the CARES Center at UMDNJ each have a vacant physician position as the result of staff resignations.

These steps are attempting to address longstanding concerns about the financial viability of the RDTC system as well as to anticipate an increase in appropriate referrals from DYFS. Reimbursement for physical abuse/physical neglect and sexual abuse medical exams increased 100%, from $300 to $600 per exam; chart reviews increased from $400 to $600; and the reimbursement rate for psychosocial assessments is $1300. Steps have also been taken to improve communication and coordination between DYFS and the RDTCs. DYFS liaisons to the RDTC are assigned to train and provide information to DYFS staff about their RDTC, track referrals and troubleshoot issues. In the next monitoring period, the Monitor plans to meet with liaisons and staff who have contact with RDTCs and visit RDTCs to learn firsthand about the impact of improvement efforts and any outstanding concerns.

4. Conducting Pre-Placement Health Assessment

Under the MSA, all children entering out of home care are required to have a pre-placement assessment and beginning in June 2007, 90% of children entering out-of-home placements must have pre-placement assessments in a setting that is not an emergency room (Section II.F.7). Nurses in local DYFS offices continue to conduct pre-placement assessments during business hours. In Bergen and Passaic counties, nurses adjust their work hours to be available beyond business hours or "after hours" to conduct assessments. Statewide, workers also access children's primary care providers to conduct pre-placement assessments. DCF reports that from July 1, 2007 – December 31, 2007, 11% (229 of 2113) of children entering care had a pre-placement assessment in the office of their primary care physician. In Camden and Essex counties, screenings are conducted beyond business hours or "after hours" by Youth Consultative Services and FXBC, respectively. According to DCF, emergency rooms are used to provide pre-placement assessments only under exceptional circumstances such as when the child is already at the emergency room prior to the initial report to DYFS. Combined, these strategies helped meet the goal as set forth in the MSA (Section II.F.7). As shown in Table 19, DCF reports that all children entering placement received a pre-placement assessment. In addition, on average, ninety percent of all children in out-of-home care received their pre-placement health assessments in a non-emergency room setting during this monitoring period. (See Table 19). By the end of 2008, as information captured in NJ SPIRIT is mapped against Safe Measures, DCF expects to be able to present more specific data about pre-placement screenings, such as the number of assessments conducted beyond 24 hours post-placement. [33]

[33] Under special circumstances a child may receive a pre-placement assessment within 24 hours of placement if it is determined that this is in the child's best interest.

Table 19:
Completion of Pre-Placement Health Assessments
and Use of Emergency Rooms for Assessments
July –December 2007

Month	Number of Children Entering Care	Number of Pre-Placement Assessments Completed	Percentage of Pre-Placement Assessments Completed	Percentage of Pre-Placement Assessments Completed in Non-ER Setting
July	379	379	100%	92%
August	394	394	100%	92%
September	259	259	100%	90%
October	399	399	100%	88%
November	362	362	100%	90%
December	320	320	100%	85%
TOTAL	**2113**	**2113**	**100%**	**Average: 90%**

Source: DCF, Healthcare Pre-placement Assessment Update, January 2008, not independently verified by Monitor.

5. Compiling Medical Records and Creating Health Passports

All children entering placement are to have a medical record created for them. The record is a compilation of all relevant medical information. As the Child Health Units are rolled out across the state, the nurses will be responsible for ensuring that the records are created and updated regularly. In Sussex County, for example, Staff Assistants are assigned the responsibility of assembling the Child Health Unit medical record with information gathered from numerous sources including NJ SPIRIT, DYFS records, and medical records. Child Health Unit nurses review the information assembled; obtain further necessary information; schedule initial health examinations; assist in scheduling other needed medical and related appointments; track to ensure completion of other needed medical and related appointments; ensure the appropriate flow of health information to and from providers; and provide support to the child's medical home by coordinating and collaborating with DYFS staff, caregivers, other community-based providers, the child/youth, family members, and caregivers.

Currently, the information from the medical record is not entered into NJ SPIRIT. DCF and FXBC are in the process of updating NJ SPIRIT screens to be compatible with the forms being used by the nurses. All nurses have been trained on NJ SPIRIT, but currently use a separate electronic database for storage of information.

In addition to the medical record, a Health Passport is to be created for each child and given to parents, children (if age appropriate), and caregivers. Children's caregivers are to receive an up-to-date Health Passport upon the child's placement or within three days of placement. A form downloaded from NJ SPIRIT presently functions as the Health Passport. DCF is working with UMDNJ/FXBC to edit the form for better use by caregivers.

6. Providing For Children's Dental Care

New Jersey still faces significant challenges in building capacity for dental care for children in its custody. The Monitor previously reported the lack of dentists willing to accept Medicaid as a barrier to DCF in providing for children's dental care. As of January 1, 2008, New Jersey invested an additional $6 million dollars annually to increase fee-for-service Medicaid provider rates for pediatric dentistry. As a result, fee-for-service dentists will see payments jump from $18.02 per exam to $64 per exam. However, 85% of children in DYFS custody in out-of-home placements are enrolled in Medicaid HMOs, which have difficulty recruiting dentists who will accept the Medicaid managed care reimbursement rate applicable to those children. The fee for service increase does not yet significantly impact them.

Additionally, New Jersey has created a statewide "Access to Dentistry" workgroup which will focus in 2008 on determining and removing barriers to access to dental care. DCF's participation in this work group is integral to increasing dental access for children in out-of-home care. DCF's expansion of CHEC providers also provides opportunities to expanded dental care capacity. Three of the CHEC new providers either have in-house dental services or referral processes in place.

7. Reporting on Additional Health Care Indicators

DCF expects to be able to provide data by April 2008 on five of the eight health care indicators agreed upon in 2007. These five indicators are:

- completion of pre-placement assessment,
- completion of comprehensive medical assessments within 60 days of a child's entry into care,
- annual medical examinations in compliance with EPSDT guidelines for children in care for one year or more,
- semi-annual dental examinations for children ages 3 or older in care 6 months or more; and
- children are current with immunizations

The Monitor and the State are in the process of determining how and when baseline and performance data will be made available on these other three indicators:

- mental health assessments for children with a suspected mental health need, and
- receipt of timely, accessible and appropriate follow-up care and treatment to meet health care and mental health needs; and
- children's caregivers receive an up-to-date Health Passport upon placement or within three days of placement.

APPENDICES

APPENDIX A:
CASELOAD AND SUPERVISORY LEVEL DETAIL FOR LOCAL OFFICES

Table A-1: NJ DCF DYFS Caseload Report – Summary (December 2007)

LOCAL OFFICE	Caseload Compliance Dec 2007				
STANDARD	Intake 8 new referrals & 15 families	Perm 15 families & 10 children in placement	Adoption I 18 children	Adoption II 15 children	Supervisor Ratio 1 sup for every 5 staff
TARGET	63%	95%	81%	35%	90%
ACTUAL	76%	100%	93%	71%	98%
Atlantic East	Yes	Yes	Yes	Yes	Yes
Atlantic West	No	Yes	Yes	Yes	Yes
Bergen Central	Yes	Yes	Yes	Yes	Yes
Bergen South	Yes	Yes	No	No	Yes
Burlington East	No	Yes	Yes	Yes	Yes
Burlington West	No	Yes	Yes	Yes	Yes
Camden City	Yes	Yes	Yes	Yes	Yes
Camden East	No	Yes	Yes	No	Yes
Camden South	Yes	Yes	Yes	No	Yes
Cape May	Yes	Yes	Yes	No	Yes
Cumberland East	Yes	Yes	Yes	Yes	No
Cumberland West	Yes	Yes	NA		Yes
Essex Central	Yes	Yes	Yes	Yes	Yes
Essex North	Yes	Yes	Yes	Yes	Yes
Essex South	Yes	Yes	Yes	Yes	Yes
Newark Center City	Yes	Yes	NA	NA	Yes
Newark Northeast	Yes	Yes	NA	NA	Yes
Newark South	Yes	Yes	NA	NA	Yes
Newark Adoption	NA	NA	Yes	No	Yes
Gloucester East	Yes	Yes	Yes	Yes	Yes
Gloucester West	Yes	Yes	Yes	Yes	Yes
Hudson Central	Yes	Yes	Yes	Yes	Yes
Hudson North	Yes	Yes	No	No	Yes
Hudson South	Yes	Yes	Yes	Yes	Yes
Hudson West	Yes	Yes	Yes	No	Yes
Mercer North	Yes	Yes	Yes	Yes	Yes
Mercer South	Yes	Yes	Yes	No	Yes
Middlesex Central	No	Yes	Yes	Yes	Yes
Middlesex Coastal	Yes	Yes	Yes	Yes	Yes
Middlesex West	Yes	Yes	Yes	Yes	Yes
Monmouth North	No	Yes	Yes	No	Yes

Source: NJDCF, 02/25/2008.

Table A-1: NJ DCF DYFS Caseload Report – Summary (December 2007) (Continued)

LOCAL OFFICE	Caseload Compliance Dec 2007				
STANDARD	Intake 8 new referrals & 15 families	Perm 15 families & 10 children in placement	Adoption I 18 children	Adoption II 15 children	Supervisor Ratio 1 sup for every 5 staff
Monmouth South	Yes	Yes	Yes	Yes	Yes
Morris East	No	Yes	Yes	Yes	Yes
Morris West	Yes	Yes	Yes	Yes	Yes
Ocean North	Yes	Yes	No	No	Yes
Ocean South	No	Yes	Yes	Yes	Yes
Passaic Central	No	Yes	Yes	Yes	Yes
Passaic North	Yes	Yes	Yes	No	Yes
Salem	Yes	Yes	Yes	Yes	Yes
Somerset	No	Yes	Yes	Yes	Yes
Sussex	No	Yes	Yes	Yes	Yes
Union Central	Yes	Yes	Yes	Yes	Yes
Union East	Yes	Yes	Yes	Yes	Yes
Union West	Yes	Yes	Yes	Yes	Yes
Warren	Yes	Yes	Yes	No	Yes
Total	76%	100%	93%	71%	98%

Table A-2: NJ DYFS DCF Caseload Report – Intake (December 2007)

Local Office	Intake Workers	Assignments	Avg. # of Assignments (Std=8)	Families	Avg. # of Families (Std=15)	Office Meets Criteria
Atlantic East	17	121	7	233	14	Yes
Atlantic West	10	88	9	152	15	No
Bergen Central	17	116	7	189	11	Yes
Bergen South	21	134	6	310	15	Yes
Burlington East	16	133	8	281	18	No
Burlington West	11	96	9	180	16	No
Camden City	25	138	6	206	8	Yes
Camden East	18	134	7	352	20	No
Camden South	18	121	7	197	11	Yes
Cape May	10	67	7	110	11	Yes
Cumberland East	11	51	5	126	11	Yes
Cumberland West	23	95	4	276	12	Yes
Essex Central	16	108	7	84	5	Yes
Essex North	12	62	5	90	8	Yes
Essex South	13	70	5	168	13	Yes
Gloucester East	12	78	7	156	13	Yes
Gloucester West	16	85	5	140	9	Yes
Hudson Central	16	52	3	164	10	Yes
Hudson North	15	87	6	171	11	Yes
Hudson South	17	82	5	142	8	Yes
Hudson West	11	83	8	124	11	Yes
Hunterdon	7	46	7	64	9	Yes
Mercer North	15	89	6	221	15	Yes
Mercer South	14	89	6	158	11	Yes
Middlesex Central	10	61	6	199	20	No
Middlesex Coastal	18	90	5	142	8	Yes
Middlesex West	22	118	5	147	7	Yes
Monmouth North	20	128	6	351	18	No
Monmouth South	20	111	6	283	14	Yes
Morris East	13	61	5	206	16	No
Morris West	17	98	6	200	12	Yes

Source: NJDCF, 02/25/2008.

Table A-2: NJ DCF DYFS Caseload Report – Intake (December 2007) (Continued)

Local Office	Intake Workers	Assignments	Avg. # of Assignments (Std=8)	Families	Avg. # of Families (Std=15)	Office Meets Criteria
Newark Center City	15	74	5	166	11	Yes
Newark Northeast	19	94	5	170	9	Yes
Newark South	10	49	5	136	14	Yes
Ocean North	20	130	7	272	14	Yes
Ocean South	22	139	6	382	17	No
Passaic Central	25	150	6	427	17	No
Passaic North	25	130	5	102	4	Yes
Salem	11	55	5	98	9	Yes
Somerset	16	88	6	346	22	No
Sussex	9	65	7	187	21	No
Union Central	13	50	4	114	9	Yes
Union East	16	76	5	80	5	Yes
Union West	14	78	6	133	10	Yes
Warren	14	77	6	176	13	Yes
Total	710	4,147		8,611		76%

Table A-3: NJ DYFS DCF Caseload Report – Permanency (December 2007)

Local Office	Number of Permanency Workers	Families	Average Number of Families (Std=15)	Children Placed	Average Number of Children Placed (Std=10)	Office Meets Criteria
Atlantic East	22	203	9	107	5	Yes
Atlantic West	12	166	14	54	5	Yes
Bergen Central	20	261	13	78	4	Yes
Bergen South	30	393	13	151	5	Yes
Burlington East	32	336	11	143	4	Yes
Burlington West	32	263	8	87	3	Yes
Camden City	79	633	8	211	3	Yes
Camden East	41	486	12	172	4	Yes
Camden South	34	432	13	143	4	Yes
Cape May	20	262	13	91	5	Yes
Cumberland East	9	98	11	48	5	Yes
Cumberland West	26	262	10	104	4	Yes
Essex Central	45	439	10	257	6	Yes
Essex North	31	303	10	74	2	Yes
Essex South	29	269	9	94	3	Yes
Gloucester East	19	208	11	75	4	Yes
Gloucester West	19	243	13	98	5	Yes
Hudson Central	26	307	12	128	5	Yes
Hudson North	21	316	15	83	4	Yes
Hudson South	23	305	13	138	6	Yes
Hudson West	19	161	8	67	4	Yes
Hunterdon	6	59	10	18	3	Yes
Mercer North	31	317	10	243	8	Yes
Mercer South	37	319	9	154	4	Yes
Middlesex Central	14	175	13	63	5	Yes
Middlesex Coastal	55	493	9	157	3	Yes
Middlesex West	41	369	9	112	3	Yes
Monmouth North	33	351	11	211	6	Yes
Monmouth South	30	234	8	147	5	Yes
Morris East	13	95	7	49	4	Yes
Morris West	20	207	10	67	3	Yes
Newark Center City	47	584	12	269	6	Yes
Newark Northeast	45	356	8	281	6	Yes
Newark South	58	514	9	256	4	Yes
Ocean North	39	411	11	250	6	Yes
Ocean South	39	388	10	162	4	Yes

Source: NJDCF, 02/25/2008.

Table A-3: NJ DYFS DCF Caseload Report – Permanency (December 2007) (Continued)

Local Office	Number of Permanency Workers	Families	Average Number of Families (Std=15)	Children Placed	Average Number of Children Placed (Std=10)	Office Meets Criteria
Passaic Central	28	278	10	168	6	Yes
Passaic North	24	279	12	131	5	Yes
Salem	27	198	7	66	2	Yes
Somerset	22	306	14	115	5	Yes
Sussex	14	155	11	50	4	Yes
Union Central	28	300	11	119	4	Yes
Union East	39	283	7	123	3	Yes
Union West	32	268	8	170	5	Yes
Warren	17	223	13	78	5	Yes
Total	1,328	13,508		5,862		100%

Table A-4: NJ DYFS DCF Caseload Report – Adoption (December 2007)

LOCAL OFFICE	Adoption Workers				
	Staff	Children	Average Number of Children	Office Met Standard I	Office Met Standard II
TARGET				**81%**	**35%**
ACTUAL				**93%**	**71%**
Atlantic East	5	45	9	Yes	Yes
Atlantic West	2	23	12	Yes	Yes
Bergen Central	5	69	14	Yes	Yes
Bergen South	7	142	20	No	No
Burlington East	5	67	13	Yes	Yes
Burlington West	6	88	15	Yes	Yes
Camden City	11	129	12	Yes	Yes
Camden East	4	68	17	Yes	No
Camden South	4	68	17	Yes	No
Cape May	4	67	17	Yes	No
Cumberland East	8	106	13	Yes	Yes
Essex Central	9	127	14	Yes	Yes
Essex North	5	75	15	Yes	Yes
Essex South	5	47	9	Yes	Yes
Gloucester East	2	30	15	Yes	Yes
Gloucester West	3	39	13	Yes	Yes
Hudson Central	4	54	14	Yes	Yes
Hudson North	4	81	20	No	No
Hudson South	4	36	9	Yes	Yes
Hudson West	3	47	16	Yes	No
Mercer North	4	58	15	Yes	Yes
Mercer South	4	63	16	Yes	No
Middlesex Central	4	38	10	Yes	Yes
Middlesex Coastal	7	84	12	Yes	Yes
Middlesex West	3	37	12	Yes	Yes
Monmouth North	5	78	16	Yes	No
Monmouth South	5	45	9	Yes	Yes
Morris East	2	24	12	Yes	Yes
Morris West	4	47	12	Yes	Yes
Newark Adoption	35	609	17	Yes	No
Hunterdon	2	22	11	Yes	Yes

Source: NJDCF, 02/25/2008.

Table A-4: NJ DCF DYFS Caseload Report – Adoption (December 2007) (Continued)

LOCAL OFFICE	Adoption Workers				
	Staff	**Children**	**Average Number of Children**	**Office Met Standard I**	**Office Met Standard II**
Ocean North	7	158	23	No	No
Ocean South	6	70	12	Yes	Yes
Passaic Central	6	84	14	Yes	Yes
Passaic North	3	53	18	Yes	No
Salem	7	91	13	Yes	Yes
Somerset	3	40	13	Yes	Yes
Sussex	3	40	13	Yes	Yes
Union Central	5	69	14	Yes	Yes
Union East	10	114	11	Yes	Yes
Union West	9	90	10	Yes	Yes
Warren	3	51	17	Yes	No
Total	237	3,373		93%	71%

Table A-5: NJ DCF DYFS Caseload Report – Supervisory Ratios (December 2007)

Local Office	Intake	Perm	Adoption	Trainees with Cases	Trainees without Cases	Total	Supervisors	Ratio	Compliance
Atlantic East	17	22	5	2	1	47	10	5	Yes
Atlantic West	10	12	2	4	1	29	6	5	Yes
Bergen Central	17	20	5	2	3	47	10	5	Yes
Bergen South	21	30	7	3	0	61	14	4	Yes
Burlington East	16	32	5	1	1	55	12	5	Yes
Burlington West	11	32	6	1	1	51	10	5	Yes
Camden Central	25	79	11	1	2	118	25	5	Yes
Camden East	18	41	4	4	5	72	15	5	Yes
Camden South	18	34	4	1	1	58	13	4	Yes
Cape May	10	20	4	4	2	40	8	5	Yes
Cumberland East	11	9	8	1	1	30	5	6	No
Cumberland West	23	26	0	3	0	52	11	5	Yes
Essex Central	16	45	9	6	1	77	14	5	Yes
Essex North	12	31	5	8	2	58	13	4	Yes
Essex South	13	29	5	0	0	47	13	4	Yes
Gloucester East	12	19	2	2	0	35	8	4	Yes
Gloucester West	16	19	3	3	1	42	9	5	Yes
Hudson Central	16	26	4	5	1	52	12	4	Yes
Hudson North	15	21	4	2	0	42	10	4	Yes
Hudson South	17	23	4	3	3	50	12	4	Yes
Hudson West	11	19	3	2	2	37	8	5	Yes
Hunterdon	7	6	2	2	1	18	4	5	Yes

Source: NJDCF, 02/25/2008.

Table A-5: NJ DCF DYFS Caseload Report – Supervisory Ratios (December 2007) (Continued)

Local Office	Intake	Perm	Adoption	Trainees with Cases	Trainees without Cases	Total	Supervisors	Ratio	Compliance
Mercer North	15	31	4	5	0	55	13	4	Yes
Mercer South	14	37	4	5	0	60	13	5	Yes
Middlesex Central	10	14	4	3	0	31	6	5	Yes
Middlesex Coastal	18	55	7	8	1	89	18	5	Yes
Middlesex West	22	41	3	1	1	68	14	5	Yes
Monmouth North	20	33	5	2	1	61	13	5	Yes
Monmouth South	20	30	5	0	0	55	12	5	Yes
Morris East	13	13	2	0	0	28	6	5	Yes
Morris West	17	20	4	3	1	45	10	5	Yes
Newark Adoption	0	0	34	3	2	39	9	4	Yes
Newark Center City	15	47	0	5	0	67	13	5	Yes
Newark Northeast	19	45	0	8	2	74	17	4	Yes
Newark South	10	58	0	7	1	76	16	5	Yes
Ocean North	20	39	7	3	0	69	16	4	Yes
Ocean South	22	39	6	0	1	68	15	5	Yes
Passaic Central	25	28	6	2	1	62	13	5	Yes
Passaic North	25	24	3	7	1	60	13	5	Yes
Salem	11	27	7	2	0	47	10	5	Yes
Somerset	16	22	3	5	0	46	11	4	Yes
Sussex	9	14	3	0	1	27	7	4	Yes
Union Central	13	28	5	4	1	51	12	4	Yes
Union East	16	39	10	1	0	66	12	5	Yes
Union West	14	32	9	2	3	60	12	5	Yes
Warren	14	17	3	1	0	35	8	4	Yes
Total	710	1328	237	137	46	2458	531	5	98%

APPENDIX B

Table B: Foster Care and Subsidized Adoption Board Rates FY 2008

Foster Care (Includes Relative Care and Special Home Providers)					
Age	**Step 0**	**Step 1**	**Step 2**	**Step 3**	**Step 5**
0 thru 5	$632.00	$682.00	$732.00	$782.00	
6 thru 9	$679.00	$729.00	$779.00	$829.00	
10 thru 12	$703.00	$753.00	$803.00	$853.00	
13 and over	$751.00	$801.00	$851.00	$901.00	
Medically Fragile					$1,113.00
HIV Asymptomatic					$1,256.00
HIV Symptomatic					$1,539.00
Subsidized Adoption (Finalized On Or After 1/1/2008)					
Age	**Step 0**	**Step 1**	**Step 2**	**Step 3**	
0 thru 5	$632.00	$682.00	$732.00	$782.00	
6 thru 9	$679.00	$729.00	$779.00	$829.00	
10 thru 12	$703.00	$753.00	$803.00	$853.00	
13 and over	$751.00	$801.00	$851.00	$901.00	
Subsidized Adoption (Finalized 1/1/2007 Through 12/31/2007)					
Age	**Step 0**	**Step 1**	**Step 2**	**Step 3**	
0 thru 5	$570.00	$620.00	$670.00	$720.00	
6 thru 9	$613.00	$663.00	$713.00	$763.00	
10 thru 12	$637.00	$687.00	$737.00	$787.00	
13 and over	$687.00	$737.00	$787.00	$837.00	
Subsidized Adoption (Finalized 1/1/2006 THROUGH 12/31/2006)					
Age	**Step 0**	**Step 1**	**Step 2**	**Step 3**	
0 thru 5	$512.00	$562.00	$612.00	$662.00	
6 thru 9	$550.00	$600.00	$650.00	$700.00	
10 thru 12	$574.00	$624.00	$674.00	$724.00	
13 and over	$627.00	$677.00	$727.00	$777.00	
Subsidized Adoption (Finalized 1/1/2005 THROUGH 12/31/2005)					
Age	**Step 0**	**Step 1**	**Step 2**	**Step 3**	
0 thru 5	$480.00	$530.00	$580.00	$630.00	
6 thru 9	$516.00	$566.00	$616.00	$666.00	
10 thru 12	$539.00	$589.00	$639.00	$689.00	
13 and over	$595.00	$645.00	$695.00	$745.00	
Subsidized Adoption (Finalized 3/1/1999 THROUGH 12/31/2004)					
Age	**Step 0**	**Step 1**	**Step 2**	**Step 3**	
0 thru 5	$459.00	$509.00	$559.00	$609.00	
6 thru 9	$495.00	$545.00	$595.00	$645.00	
10 thru 12	$517.00	$567.00	$617.00	$667.00	
13 and over	$576.00	$626.00	$676.00	$726.00	

Table B: Foster Care and Subsidized Adoption Board Rates FY 2008 (Continued)

Subsidized Adoption (Finalized 1/1/1984 THROUGH 2/28/1999)					
Age	**Step 0**	**Step 1**	**Step 2**	**Step 3**	
0 thru 5	------	------	------	------	
6 thru 9	$366.00	$406.00	$446.00	$486.00	
10 thru 12	$406.00	$446.00	$486.00	$526.00	
13 and over	$431.00	$471.00	$511.00	$551.00	
Kinship/Legal Guardian (Finalized On Or After 1/1/2008)					
Age	**Step 0**	**Step 1**	**Step 2**	**Step 3**	
0 thru 5	$632.00	$682.00	$732.00	$782.00	
6 thru 9	$679.00	$729.00	$779.00	$829.00	
10 thru 12	$703.00	$753.00	$803.00	$853.00	
13 and over	$751.00	$801.00	$851.00	$901.00	
Kinship/Legal Guardian (Finalized 1/1/2007 THROUGH 12/31/2007)					
Age	**Step 0**	**Step 1**	**Step 2**	**Step 3**	
0 thru 5	$570.00	$620.00	$670.00	$720.00	
6 thru 9	$613.00	$663.00	$713.00	$763.00	
10 thru 12	$637.00	$687.00	$737.00	$787.00	
13 and over	$687.00	$737.00	$787.00	$837.00	
Kinship/Legal Guardian (Finalized 1/1/2006 THROUGH 12/31/2006)					
Age	**Step 0**	**Step 1**	**Step 2**	**Step 3**	
0 thru 5	$512.00	$562.00	$612.00	$662.00	
6 thru 9	$550.00	$600.00	$650.00	$700.00	
10 thru 12	$574.00	$624.00	$674.00	$724.00	
13 and over	$627.00	$677.00	$727.00	$777.00	
Kinship/Legal Guardian (Finalized 1/1/2005 THROUGH 12/31/2005)					
Age	**Step 0**	**Step 1**	**Step 2**	**Step 3**	
0 thru 5	$480.00	$530.00	$580.00	$630.00	
6 thru 9	$516.00	$566.00	$616.00	$666.00	
10 thru 12	$539.00	$589.00	$639.00	$689.00	
13 and over	$595.00	$645.00	$695.00	$745.00	
Kinship/Legal Guardian (Finalized 7/1/2004 THROUGH 12/31/2004)					
Age	**Step 0**	**Step 1**	**Step 2**	**Step 3**	
0 thru 5	$459.00	$509.00	$559.00	$609.00	
6 thru 9	$495.00	$545.00	$595.00	$645.00	
10 thru 12	$517.00	$567.00	$617.00	$667.00	
13 and over	$576.00	$626.00	$676.00	$726.00	
Kinship/Legal Guardian (Finalized On Or Before 6/30/2004)					
Age	**Step 10**				
0 thru 18	$250.00				

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

Appendix C

Tracking the Successful Implementation of the New Jersey Case Practice Model and Outcomes of the Modified Settlement Agreement

Reference	Area	Quantitative or Qualitative Measure	Baseline[34]	Benchmark[35]	Final Target[2]	Methodology	Comments
A. Child Safety							
CPM V.1	1. State Central Registry Operations	Data on Reports to SCR a. Total number of calls b. Number of abandoned calls c. Time frame for answering calls d. Number of calls screened out e. Number of referrals for CWS f. Number of referrals assigned for CPS investigation and their required response times g. Required response times for referrals assigned for CPS investigation	NA	NA	NA	Data to be provided quarterly beginning 03/31/08 from SCR Phone System and SPIRIT (verified by Monitor), except g., which is targeted to be produced beginning June 30, 2008.	
CPM V.1	2. State Central Registry Operations	Quality of Response a. Respond to callers promptly, with respectful, active listening skills b. Essential information gathered – identification of parents and other important family members c. Decision making process based on information gathered and guided by tools and supervision	NA	NA	NA	Periodic in-depth review/ observation of SCR conducted 02/08 (Monitor, DCF QA and OCA staff).	Report to be complete 04/08.

[34] MSA Section II.4. states that baselines for key case practice model elements will be created as soon as practicable but no later than December 2007. Methodology for tracking successful implementation to be "phased in" over time. MSA Section II.5. states that during Phase 1 (July 1, 2006 to December 2008), the Monitor shall focus "primarily on the quality of the case practice model and the actions taken by the State to implement it."

[35] MSA Section III.A. states that for all measurements for which Monitor is to set interim or final performance target, they will be set no later than December 2008 with reporting on compliance by December 2009 or later.

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Reference	Area	Quantitative or Qualitative Measure	Baseline[34]	Benchmark[35]	Final Target[2]	Methodology	Comments
MSA III.B.2 CPM V.1	3. Quality Investigative Practice	Investigations of alleged child abuse and neglect shall be commenced within the required response time as identified at SCR, but no later than 48 hours.	Baseline to be established by June 2008.	By December 31, 2008, ___% of investigations commenced within the required response times.	For periods beginning July 1, 2009, and thereafter, 98% of investigations shall commenced within the required timeframes.	SPIRIT data to be available by June 2008. (Verified by Monitor)	Benchmark to be set following review of baseline data.
CPM V.1 MSA III.B.3	4. Investigative Practice	Investigations of alleged child abuse and neglect shall be completed within 60 days.	Baseline to be established by June 2008.	By June 30, 2008, ____% of all abuse/neglect investigations shall be completed within 60 days. By December 31, 2008, ___% of all abuse/neglect investigations shall be completed within 60 days.	By June 30, 2009, 98% of all abuse/neglect investigations shall be completed within 60 days.	SPIRIT/SAFE MEASURES Verified by Monitor	Benchmark to be set following review of baseline data. Note: Parties will review/discuss outcome at end of 2008.
MSA II.I.3 MSA III.B.4 CPM V.I	5. IAIU Practice for Investigations in Placements	o Investigations in foster homes and investigations involving group homes, day care settings or other congregate care settings shall be completed within 60 days. o Monitor will review mechanisms that provide timely feedback to other division (e.g., DCBHS, DOL) and implementation of corrective action plans. o Corrective action plans developed as a result of investigations of allegations re: placements will be implemented.	83 - 88% complete within 60 days between July and August 2007	By June 2007, the State shall complete 80% of IAIU investigations within 60 days. (MSA III.3)	By June 2007 and thereafter, 80% of investigations by IAIU shall be completed within 60 days.	Monthly data from IAIU Internal Reporting System (verified by Monitor). Monitor will review mechanisms that provide timely feedback to other divisions (e.g., DCBHS, DOL) and implementation of corrective action plans.	

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Reference	Area	Quantitative or Qualitative Measure	Baseline[34]	Benchmark[35]	Final Target[2]	Methodology	Comments
CPM V.1	6. Quality of Investigative Practice	Investigations will meet measures of quality including acceptable performance on: o Locating and seeing the child and talking with the child outside the presence of the caretaker; o Conducting appropriate interviews with caretakers and collaterals; o Using appropriate tools for assessment of safety and risk; o Analyzing family strengths and needs; o Seeking appropriate medical and mental health evaluations; and o Making appropriate decisions.	Baseline to be established by December 2008 using Family Survey post-investigation and QA investigation module.	By _____, _____, ___% of investigations shall achieve qualitative measures.	To be established by December 2008 following review of baseline.	DCF proposes use of Family Survey post closed investigations and QA investigation module; Monitor may add case record review.	
MSA III.A. 1.a	7. Outcome: Abuse and Neglect of Children in Foster Care	Number of Children in custody in out-of-home placement who were victims of substantiated abuse or neglect by a resource parent or facility staff member during twelve month period, divided by the total number of children who have been in care at any point during the period.	0.3% as of June 2007.	For the period beginning July 2009, no more than 0.53%	For the period beginning July 2010 and thereafter, no more than 0.49%	SPIRIT/Chapin Hall Verified by Monitor	Baseline and benchmark to be reviewed with Chapin Hall.
MSA III.A 1.b	8. Outcome: Repeat Maltreatment	Of all children who remain in home after substantiation of abuse or neglect, the percentage who have another substantiation within the next twelve months.	7.4% as of 12/06.	7.3% as of 06/30/08	For the period beginning July 2009 and thereafter, no more than 7.2%	SPIRIT/ Chapin Hall Verified by Monitor	Baseline and benchmark to be reviewed with Chapin Hall.
MSA III.A 1.c	9: Outcome: Repeat Maltreatment	Of all children who are reunified during a period, the percentage who are victims of substantiated abuse or neglect within one year after the date of reunification.	6.8% as of 12/06.	5.8% as of 06/30/08.	For the period beginning July 2009 and thereafter, no more than 4.8%	SPIRIT/ Chapin Hall Verified by Monitor	Baseline and benchmark to be reviewed with Chapin Hall.
B. Children Have Permanent, Stable Families							
MSA III.A 2.a	10. Outcome: Timely permanency through reunification, adoption or legal guardianship.	Measures to be set by Monitor in consultation with DCF and Plaintiffs.	Baseline to be established no later than December 2008.	TBD by December 2008	TBD by December 2008	SPIRIT/Analysis Plan by June 2008.	Discussions underway on permanency measures and outcomes.

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Reference	Area	Quantitative or Qualitative Measure	Baseline[34]	Benchmark[35]	Final Target[2]	Methodology	Comments
MSA III.A 2.b	11. Outcome: Re-entry to Placement	Of all children who leave custody during a period, except those whose reason for discharge is that they ran away from their placement, the percentage that re-enter custody within one year of the date of exit.	Baseline to be established no later than December 2008.	For the period beginning July 2009, no more than 14%; for the period beginning July 2010, no more than 11.5%	For the period beginning July 2011 and thereafter, no more than 9%	SPIRIT/Analysis Plan by June 2008.	Discussion re: earliest date baseline available.
MSA III.A 3.a	12. Outcome: Stability of Placement	Of the number of children entering care in a period, the percentage with two or fewer placements during the twelve months beginning with the date of entry.	By 12/08	TBD by June 2008	By June 2009 and thereafter, at least 88%	SPIRIT/Analysis Plan by June 2008.	SPIRIT (discussions underway re: analysis plan)
MSA III.C	13. Placement Limitations	Number/percent of resource homes in which a child has been placed if that placement will result in the home having more than four foster children, or more than two foster children under age two, or more than six total children including the resource family's own children.	To be established by December 2008.	TBD by December 2008.	By June 2009, no more than 5% of resource home placements may have seven or eight total children including the resource family's own children	Monitor review of foster homes or Living Arrangement QA Module.	
CPM V.4	14. Appro-priateness of Placement	Combined assessment of appropriateness of placement based on: o Capacity of caregiver/placement to meet child's needs. o Placement within a 10 mile radius of their parents' residence unless such placement is to otherwise help the child achieve the planning goal. o Placement selection has taken into account the location of the child's school.	As of June 2007, 68% of children placed in proximity to home. TBD for other components of appropriateness.	TBD.	By (date to be determined), __% of children placed in proximity to family. By (date to be determined), __% of cases score appropriately as measured by QA Modules.	o SPIRIT/ Chapin Hall data on proximity to family home o QA question added changing schools as a result of placement	Benchmarks and final targets to be determined.
MSA III.A 3.b CPM	15. Outcome: Placing Siblings Together	Of sibling groups of 2 or 3 siblings entering custody at the same time or within 30 days of one another, the percentage in which all siblings are placed together.	63% as of June 2007	For siblings entering custody in the period beginning July 2009, at least 65%; in the period beginning July 2010, at least 70%; in the period beginning July 2011, at least 75%	In the period beginning July 2012 and thereafter, at least 80%.	SPIRIT/ Chapin Hall Verified by Monitor	
MSA III.A 3.b	16. Outcome: Placing Siblings Together	Of sibling groups of 4 or more siblings entering custody at the same time or within 30 days of one another, the percentage in which all siblings are placed together.	30% as of June 2007	For siblings entering custody in the period beginning July 2009, at least 30%; in the period beginning July 2010, at least 35%	In the period beginning July 2011 and thereafter at least 40%	SPIRIT/ Chapin Hall Verified by Monitor	

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Reference	Area	Quantitative or Qualitative Measure	Baseline[34]	Benchmark[35]	Final Target[2]	Methodology	Comments
MSA III.A 3.c	17. Outcome: Placing Children w/Families	The percentage of children currently in custody who are placed in a family setting.	83% as of June 2007	83% as of July 2008	Beginning July 2009 and thereafter, at least 85%	SPIRIT Verified by Monitor	Review baseline and target using April 2008 data.
MSA III.B.6	18. Outcome: Limiting Inappropriate Placements	The number of children under age 13 placed in shelters and the number of adolescents in crisis in shelters more than 30 days.	As of 03/07, 4 children under age 13. Baseline for children 13+ to be established by June 2008.	By December 2008 and thereafter, no children under age 13 in shelters. Benchmark re: children 13+ to be set after review of baseline.	By January 1, 2009, placements of adolescents in crisis shelters shall be limited to no more than 30 days	SPIRIT Verified by Monitor. Possible case record review to examine issue of court order to shelter.	
MSA III.B 12(i)	19. Progress Toward Adoption	Number/percent of children with a permanency goal of adoption who have a petition to terminate parental rights filed within 6 weeks of the date of the goal change.	Baseline to be established by June 2008.	TBD	Beginning July 1, 2009, of the children in custody whose permanency goal is adoption, at least 90% shall have a petition to terminate parental rights filed within 6 weeks of the date of the goal change.	New Jersey SPIRIT Verified by Monitor	
MSA III.B 12.a (ii) CPM	20. Child Specific Adoption Recruitment	Number/percent of children with a permanency goal of adoption needing recruitment who have a child-specific recruitment plan developed within 30 days of the date of the goal change.	Baseline to be established by June 2008.	TBD	Beginning July 1, 2009, of the children in custody whose permanency goal is adoption, at least 90% of those for whom an adoptive home has not been identified at the time of termination of parental rights shall have a child-specific recruitment plan developed within 30 days of the date of the goal change	New Jersey SPIRIT/Adoption Tracking System verified by Monitor.	

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Reference	Area	Quantitative or Qualitative Measure	Baseline[34]	Benchmark[35]	Final Target[2]	Methodology	Comments
MSA III.B 12.a.(iii)	21. Placement in an Adoptive Home	Number/percent of children with a permanency goal of adoption and for whom an adoptive home had not been identified at the time of termination are placed in an adoptive home within nine months of the termination of parental rights.	Baseline to be established by June 2008.	TBD	Beginning July 1, 2009, of the children in custody whose permanency goal is adoption, at least 75% of the children for whom an adoptive home has not been identified at the time of termination shall be placed in an adoptive home within 9 months of the termination of parental rights.	New Jersey SPIRIT/Adoption Tracking System verified by Monitor.	
MSA III.B 12.b	22. Final Adoptive Placements	Number/percent of adoptions finalized within 9 months of adoptive placement.	Baseline to be established by June 2008.	TBD	Beginning July 1, 2009, of adoptions finalized, at least 80% shall have been finalized within 9 months of adoptive placement.	NJ SPIRIT/Adoption Tracking System verified by Monitor.	
CPM; MSA Permanency Outcomes	23. Adequacy of Legal representation for children in custody.	Children in foster care shall have high quality legal representation through DAGS	2008 Staffing Plan calls for 142 DAG; 124 positions filled as of 02/01/08.		TBD	Monthly report on number and distribution of DAGs; DAG caseload verified by Monitor.	
C. Caseworker Contacts/Visits							
MSA III.B 7.a	24. Caseworker Visits with Children in State Custody	Number/percent of children where caseworker has two visits per month (one of which is in the placement) during the first two months of an initial placement or subsequent placement for a children in state custody.	Baseline to be established by June 2008.	During the first two months of a placement, whether the child's initial placement or a subsequent placement, ___% of children had at least two visits per month.	By (date TBD by Monitor), during the first two months of a placement, whether the child's initial placement or a subsequent placement, 95% of children had at least two visits per month.	SPIRIT/SAFE MEASURES Verified by Monitor	Benchmark to be set following review of baseline.

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Reference	Area	Quantitative or Qualitative Measure	Baseline[34]	Benchmark[35]	Final Target[2]	Methodology	Comments
MSA III.B 7.b	25. Case-worker Visits with Children in State Custody	Number/percent of children where caseworker has at least one caseworker visit per month in the child's placement for all other part's of a child's time in placement.	Baseline to be established by June 2008.	By ___, ___% of children had at least one visit per month.	By (date TBD by Monitor), 98% of children shall have at least one caseworker visit per month during all other parts of a child's time in out-of-home care.	SPIRIT/SAFE MEASURES Verified by Monitor	Benchmark to be set following review of baseline.
CPM MSA III.B 8.a	26. Case-worker Visits with Parents/ Family Members	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.	Baseline to be established by June 2008.	By _____, ___% of families have at least twice per month face-to-face contact with their caseworker when the goal is reunification.	By (date TBD by Monitor), 95% of families have at least twice per month face-to-face contact with their caseworker when the permanency goal is reunification.	SPIRIT/SAFE MEASURES Verified by Monitor	Benchmark to be set following review of baseline.
CPM MSA III.B 8.b	27. Case-worker Visits with Parents/ Family Members	For children with other permanency goals, number/percent of children at least one face-to-face caseworker contact per month, unless parental right have been terminated	Baseline to be established by June 2008.	By _____, for children with other permanency goals, at least one visit per month between caseworker and family with at least ___% of families, unless parental rights have been terminated.	By (date TBD by Monitor), 85% of families shall have at least one face-to-face caseworker contact per month, unless parental rights have been terminated.	SPIRIT/SAFE MEASURES Verified by Monitor	Benchmark to be set following review of baseline.
MSA III.B 9a. CPM	28. 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 clinically inappropriate and approved by the Family Court.	Baseline to be established by December 2008.	By _____, at least _____% of children in custody shall have in person visits with their parent(s) or other legally responsible family member at least bi-weekly and at least _____% of children in custody shall have such visits at least weekly.	By (date TBD by Monitor), at least 85% of children in custody shall have in person visits with their parent(s) or other legally responsible family member at least bi-weekly and at least 60% of children in custody shall have such visits at least weekly.	SPIRIT/SAFE MEASURES Verified by Monitor Case record review	Benchmark to be set following review of baseline.

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Reference	Area	Quantitative or Qualitative Measure	Baseline[34]	Benchmark[35]	Final Target[2]	Methodology	Comments
MSA III.B 10 CPM	29. 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.	Baseline to be established by December 2008.	By _____, at least ___% of children in custody who have siblings with whom they are not residing shall visit with those siblings at least monthly.	By (date TBD by Monitor), at least 85% of children in custody who have siblings with whom they are not residing shall visit with those siblings at least monthly.	SPIRIT/SAFE MEASURES Verified by Monitor	
D. Child Well-Being/Service Plannings and Resources							
CPM V.4, 13.a.	30. Timeliness of Case Planning	For children entering care, number/percent of case plans developed within 30 days.	Baseline to be established by December 2008.	TBD after review of baseline.	By (date TBD by Monitor), 95% of case plans for children and families are completed within 30 days	Under discussion with DCF. Possible case record review.	
CPM V.4, 13.b.	31. Timeliness of Case Planning	For children entering care, number/percent of case plans shall be reviewed and modified as necessary at least every 6 months and will demonstrate appropriate supervisory review of case plan progress	Baseline to be established by December 2008.	TBD after review of baseline.	By (date TBD by Monitor), 95% of case plans for children and families are reviewed and modified at least every 6 months.	Under discussion with DCF. Possible case record review.	
CPM V.4	32. Quality of Case Planning and Service Plans	The Department, with the family, will develop timely, comprehensive and appropriate case plans with appropriate permanency goals and in compliance with permanency timeframes, which reflect family and children's needs, are updated as family circumstances or needs change.	TBD.	By_____, ____% of case plans rated acceptable as measured by the QSR/QA	By (date TBD by Monitor), 90% of case plans rated acceptable as measured by the QSR/QA.	QSR/QA modules on Case Planning, Case Plan Implementation and Tracking, Adjustment and Transition	Benchmark to be set following review of baseline.
CPM V.4	33. Service Planning	Case plans will identify specific services, supports and timetables for providing services needed by children and families to achieve identified goals.	TBD.	By_____, ____% of case plans rated acceptable as measured by the QSR/QA	By (date TBD by Monitor), 90% of case plans rated acceptable as measured by the QSR/QA.	QSR/QA modules on Case Planning, Case Plan Implementation and Tracking, Adjustment and Transition	Benchmark to be set following review of baseline.

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Reference	Area	Quantitative or Qualitative Measure	Baseline[34]	Benchmark[35]	Final Target[2]	Methodology	Comments
CPM V.4	34. Service Planning	Service plans, developed with the family team, will focus on the services and milestones necessary for children and families to promote children's development and meet their educational and physical and mental health needs.	TBD.	By _____, ___% of case plans rated acceptable as measured by the QSR/QA	By (date TBD by Monitor), 90% of case plans rated acceptable as measured by the QSR/QA	QSR/QA modules on Case Planning, Case Plan Implementation and Tracking, Adjustment and Transition	Benchmark to be set following review of baseline.
CPM V.4	35. Educational Needs	Resource families will be assisted in enrolling the child in school and in navigating the child's educational needs.	TBD.	By _____, ___% of cases score appropriately as measured by QSR/QA.	By (date to be determined by Monitor), 90% of cases score appropriately as measured by QSR.	QSR/QA modules on educational status; possible use of case conferencing tool on learning progress.	Benchmark to be set following review of baseline.
CPM V.4	36. Family Involvement	Every reasonable effort will be made to develop case plans in partnership with youth and families, relatives, the families' informal support networks and other formal resources working with or needed by the youth and/or family.	TBD.	By _____, ___% of cases shall be rated as acceptable on family involvement in case planning.	By (date to be determined by Monitor), 90% of cases rated as acceptable on family involvement in case planning.	Post-Team Family Meeting Surveys; QSR/QA on Teaming/Family Involvement.	Benchmark to be set following review of baseline.
MSA II.F.5	37. Pre-Placement Medical Assessment	Number/percent of children receiving pre-placement medical assessment.	90%	By June 2008, 95% of children will receive a pre-placement assessment.	98%	SPIRIT/SAFE MEASURE as of 07/08.	
MSA III.B 11	38. Medical Care	Number/percent of children entering out-of-home care receiving full medical examinations within 60 days.	Baseline to be established by June 2008 through Health Care Audits.	TBD after review of baseline data.	By January 1, 2009 and thereafter, at least 85% of children shall receive full medical examinations with 30 days of entering out-of-home care and at least 98% within 60 days.	Hand count data available 05/2008; SPIRIT/ SAFE MEASURES Verified by Monitor.	
Negotiated Health Outcomes	39. Annual medical examinations	Number/Percent of children in care for one year or more who received annual medical examinations in compliance with EPSDT guidelines.	75%	By June 2008, 75% of children in care for one year or more will receive an annual medical examination in compliance with EPSDT guidelines	98%	SPIRIT/ SAFE MEASURES	

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Reference	Area	Quantitative or Qualitative Measure	Baseline[34]	Benchmark[35]	Final Target[2]	Methodology	Comments
	40. Semi-annual dental examinations	Number/Percent of children ages 3 and older in care 6 months or more who received semi-annual dental examinations.	Annual: 60% Semi-annual: 33%	By June 2008, 60% of children ages 3 and older in care 6 months or more will receive annual dental examinations	98%	SPIRIT/ SAFE MEASURES	
	41. Mental Health Assessments	Number/Percent of children with a suspected mental health need who receive mental health assessments.	TBD	By June 2008, 75% of children with a suspected mental health need will receive a mental health assessment	98%	QSR/QA modules on child behavioral health status. MH needs specific question added on MH assessments.	
	42. Follow-up Care and Treatment	Number/Percent of children who received timely accessible and appropriate follow-up care and treatment to meet health care and mental health needs.	TBD	By June 2008, 60% of children will receive timely accessible and appropriate follow-up care and treatment to meet health care and mental health needs	98%	QSR/QA modules on child status/child behavioral health status	
	43. Immunization	Children in DCS custody are current with immunizations.	TBD	TBD	TBD	SPIRIT/SAFE MEASURES	
	44. Health Passports	Children's caregivers receive current Health Passport within 5 days of a child's placement.	TBD	TBD	TBD	Monitor survey of foster parents.	
CPM	45. Continued support for Family Success Centers	DCF shall continue to support statewide network of Family Success Centers.	NA	NA	NA	Review of DCF financial investment in Family Success Centers; site visits.	
CPM	46. Statewide Implementation of Differential Response, pending effectiveness of pilot sites.	Progress toward implementation of Differential Response statewide.	NA	NA	NA	Monitor review of financial investment in differential response and implementation through site visits.	

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Reference	Area	Quantitative or Qualitative Measure	Baseline[34]	Benchmark[35]	Final Target[2]	Methodology	Comments
E. Engaging Youth and Family Working with Family Teams							
CPM V.3	47. Effective use of Family Teams	Family teams (including critical members of the family [parents, youth, informal supports], additional supports) will be formed and are involved in planning and decision making and function throughout a case. Number of family team meetings at key decision points. For concurrent planning sites: a. Number/percent of meetings held within one week of removal b. Number/percent of meetings held at 5 months c. Number/percent of meetings held at 10 months in custody d. Number/percent of meetings held when goal changes	TBD	o By June 30, 2008, __% of cases shall show evidence in QSR of acceptable term formation and functioning. o By June 30, 2008, ___% of family meetings shall be held prior to or within 72 hours for ___% of new entries and ___% of replacements.	o By June 30, 2010. 90% of cases show evidence in QSR/QA of acceptable team formation and functioning. o By June 30, 2010, family meetings held prior to or within 72 hours for 90% of new entries and 90% of pre-placements.	QSR/QA for effective team formation and functioning. DCF report on number and timeliness of meetings under discussion.	
F. Transition from DCF Involvement							
CPM	48. Safety and Risk Assessment	Number/percent of closed cases where a safety and risk of harm assessment is done prior to transition or closure.	___% of cases will have a safety and risk of harm assessment completed prior to transition or closure.	By June 30, 2008___% of cases will have a safety and risk of harm assessment completed prior to transition or closure.	By July 1, 2009, 98% of cases will have a safety and risk of harm assessment completed prior to transition or closure.	TBD (Possible use of QSR/QA module with specific questions)	
CPM	49. Services to Support Transitions	The Department will provide services and supports to families to support preserve successful transitions.	TBD	TBD.	By (date TBD by Monitor), ___% of cases score appropriately as measured by QSR/QA	QSR/QA modules on tracking, adjustment and transition.	
CPM	50. Post-Adoption Supports	The Department will make post-adoption services and subsidies available to preserve families who have adopted a child.	NA	NA	NA	Review of post-adoption fiscal reporting site visits and focus groups.	

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Reference	Area	Quantitative or Qualitative Measure	Baseline[34]	Benchmark[35]	Final Target[2]	Methodology	Comments
CPM	51. Independent Living Assessments	Number/percent of cases where DCF Independent Living Assessment is complete for youth 14 to 18.	TBD.	By _____, ___% of youth age 14 to 18 have an Independent Living Assessment.	By _____, 90% of youth age 14 to 18 have an Independent Living Assessment.	Possible case review. Add question on QA/QSR.	
CPM	52. Services to Older Youth	DCF shall provide services to youth between the ages 18 and 21 similar to services previously available to them unless the youth, having been informed of the implications, formally request that DCF close the case.	Baseline to be established by 06/2008.	By_____, ___% of older youth (18-21) are receiving acceptable services as measured by the QSR/QA.	By (date TBD by Monitor), 90% of youth are receiving acceptable services as measured by the QSR/QA.	Data on number of 18-21 year olds on caseload; focus Groups, QSR/QA on case plan implementation.	
CPM	53. Youth Exiting Care	Youth exiting care without achieving permanency shall have housing and be employed or in training or an educational program.	TBD	By _____, ___% of youth exiting care without achieving permanency shall have housing and be employed or in training or an educational program.	By (date TBD by Monitor), 90% of youth exiting care without achieving permanency shall have housing and be employed or in training or an educational program.	Focus Groups, case record review of youth exiting to non-permanency setting.	

Appendix D

Glossary of Acronyms Used in the Monitoring Report

CHEC: Comprehensive Health Evaluation for Children

CHU: Child Health Unit

CMO: Care Management Organization

CPM: Case Practice Model

CQI: Continuous Quality Improvement

CSSP: Center for the Study of Social Policy

CWPPG: Child Welfare Policy and Practice Group

DCBHS: Division of Child Behavioral Health Services

DCF: Department of Children and Families

DDD: Division of Developmental Disabilities

DPCP: Division of Prevention and Community Partnerships

DYFS: Division of Youth and Family Services

EPSDT: Early and Periodic Screening, Diagnosis, and Treatment

FAFS: Foster and Adoptive Family Services

FFT: Functional Family Therapy

FQHC: Federally Qualified Health Center

FSS: Family Service Specialist

FSST: Family Service Specialist Trainee

FXBC: Francois-Xavier Bagnoud Center

IAIU: Institutional Abuse Investigations Unit

IT: Information Technology

MSA: Modified Settlement Agreement

MST: Multi-systemic Therapy

NJ SPIRIT: New Jersey Spirit

OCA: Office of the Child Advocate

OOL: Office of Licensing

PALS: Peace: A Learned Solution

QA: Quality Assurance

QSR: Quality Service Review

RDTC: Regional Diagnostic and Treatment Center

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RFP: Request for Proposal

SACWIS: State's Automated Child Welfare Information System

SCF: State Central Registry

SFI: Strengthening Families Initiative

SFSS: Supervising Family Service Specialist

SIS: DYFS Service Information System

SPRU: Special Response Unit

TPR: Termination of Parental Rights

UMDNJ: University of Medicine and Dentistry of New Jersey

University Partnership: New Jersey Partnership for Child Welfare Program

YCM: Youth Case Management