

Progress of the New Jersey
Department of Children and Families

Monitoring Period XVI
(July 1 – December 31, 2014)

Charlie and Nadine H. v. Christie

November 4, 2015

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

**Monitoring Period XVI Report for
Charlie and Nadine H. v. Christie
July 1 – December 31, 2014**

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I. INTRODUCTION

The Center for the Study of Social Policy (CSSP) was appointed in July 2006 by the Honorable Stanley R. Chesler of the United States District Court for the District of New Jersey as Federal Monitor of the class action lawsuit *Charlie and Nadine H. v. Christie*. As Monitor, CSSP is charged with independently assessing New Jersey's compliance with the goals, principles and outcomes of the Modified Settlement Agreement (MSA)¹ aimed at improving the state's child welfare system.

This is the 16th monitoring report under the MSA and includes performance data for the period July 1, 2014 through December 31, 2014.²

Methodology

The primary source of information on New Jersey's progress are the aggregate and back-up data supplied by the Department of Children and Families (DCF) and in some areas independently validated by the Monitor. DCF also provides access to staff at all levels to enable the Monitor to verify performance. For this report, the Monitor was involved in the following additional activities:

- **Caseload Data Verification**

The Monitor conducted a telephone survey of 120 workers to verify their individual caseloads during this monitoring period. Findings from this survey are discussed in Section XIII—Supporting a High Quality Workforce—of this report.

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

The Monitor collaborated with DCF to review case records of 87 youth ages 18 to 21 years who exited care between July and December 2014 without achieving permanency. The review focused on the education, housing and employment status of these youth to determine if performance met the level required by the MSA. Findings from the review are discussed in Section XII – Services to Older Youth – of this report.

- **Visitation Data Review**

The Monitor reviewed a sample of 40 applicable cases to validate sibling visitation data and to ensure that the methodology did not undercount sibling visits. Findings from the review informed the modification of the methodology used for this measure to both include additional applicable sibling visit categories and to more precisely define a sibling relationship. This is discussed in Section V – Implementing the Case Practice Model – of this report.

¹ To see the full Agreement, go to http://nj.gov/dcf/documents/home/Modified_Settlement_Agreement_7_17_06.pdf

² Copies of all Monitoring Reports can be found at www.cssp.org.

- **Family Team Meeting Data Review**

The Monitor reviewed 30 cases from November 2014 to verify that workers were properly using and documenting legitimate reasons why the required Family Team Meetings (FTMs) did not occur. Further discussion of the current performance is included in Section V of this report – Implementing the Case Practice Model.

- **Other Monitoring Activities**

The Monitor interviewed and/or visited multiple internal and external stakeholders of New Jersey's child welfare system, including staff at all levels, contracted service providers, youth, relatives, birth parents, advocacy organizations and judicial officers. The Monitor also periodically attends DCF's ChildStat meetings, statewide Child Fatality/Near Fatality Review Board meetings, adolescent practice forums, Area Director meetings, Health Care Case Reviews, youth permanency meetings, youth advisory board meetings and participates in statewide Qualitative Reviews. DCF has fully cooperated with the Monitor in notifying them and facilitating their participation in relevant activities.

Structure of the Report

Section II of the report provides an overview of the state's accomplishments and challenges. Section III provides summary performance data on each of the outcomes and performance measures required by the MSA in Table 1, *Charlie and Nadine H. v. Christie* Child and Family Outcome and Case Practice Performance Measures (*Summary of Performance as of December 31, 2014*).

The remaining sections of the report provide more detailed data and discussion of performance in the following areas:

- Child protective services activities; including receiving reports and investigating allegations of alleged child maltreatment (Section IV);
- Implementation of DCF's Case Practice Model (Section V);
- Placement of children in out-of-home settings, incidence of maltreatment of children in foster care and abuse and neglect of children when they reunite with families (Sections VI and VII);
- Efforts to achieve permanency for children either through reunification with family, legal guardianship or adoption (Section VIII);
- Provision of health care and mental health services to children and families (Sections IX and X);
- Services provided to children, youth and families involved with DCF and to prevent child welfare system involvement (Section XI);
- Services to older youth (Section XII);
- Staff caseloads and workforce training (Section XIII);

-
- Accountability through the Qualitative Review and the production and use of accurate data (Section XIV); and
 - Fiscal Year 2016 budget (Section XV).

In order to better understand the progress DCF has made since the start of the reform, the report includes, where appropriate, trend data from the first available data, usually June 2009 through December 2014. In addition, Appendices B-1 through C-2 provide data by Local Office on selected case practice measures.

II. SUMMARY OF PERFORMANCE

The Modified Settlement Agreement (MSA) is structured in two phases. Phase I primarily included requirements to build a solid foundation in the Department of Children and Families (DCF) by creating, training and stabilizing a quality workforce with reasonable caseloads, creating a case practice model and service delivery infrastructure and developing a capacity to collect, analyze and manage with accurate data. DCF has now fully met 30 of the 34 Phase I measures and partially met one measure.

The Phase II requirements primarily focus on quality case planning and case practice and achievement of outcomes for children and families. The Department's current improvement work and much of the MSA monitoring is on Phase II requirements (with continued close attention to caseload standards and a few unmet Phase I measures). Phase II of the MSA requires the state to meet 53 performance measures. As of December 31, 2014, 24 performance measures have been met and 8 were partially met.³

Two performance measures were newly met during this monitoring period:

- Child Specific Adoption Recruitment (Measure 36) which requires that a child specific recruitment plan be developed within 30 days of a goal change to adoption for those children for whom an adoptive home has not been identified. (*Final Target: 90 percent; performance based upon applicable cases between July and December 2014: 92 percent*).
- Placement in an Adoptive Home (Measure 37) which requires that children who do not have an adoptive home identified at the time of becoming legally free for adoption will be placed in an adoptive home within nine months of the termination of parental rights. (*Final Target: 75 percent; performance based upon applicable cases between July and December 2014: 71 percent*).⁴

A third performance measure, which had not been met since 2012, was met during this monitoring period:

- Placing Siblings Together (Measure 25) which requires sibling groups of two or three children entering custody at the same time or within 30 days of one another be placed together. (*Final Target: 80 percent; performance based upon applicable cases between July and December 2014: 82 percent*).

A number of the MSA visitation measures are designated as *partially* met as DCF's performance is very close to meeting the MSA target. One of these measures pertains to caseworker visits to

³ "Partially" is used when DCF has come very close but has not substantially met the requirement, for example meeting the requirement in the final one or two months of the monitoring period or in instances where a measure has two or more sub-parts and DCF has fulfilled the requirement toward one or more of the sub-parts, but not all. See footnote 10 for a more detailed explanation of terms used in this report regarding compliance levels. Performance is based upon the most recent available data through December 31, 2014.

⁴ The Monitor considers this performance measure met as there were only seven applicable cases and one case is causing DCF's inability to meet the final target.

children within the first two months of an initial or subsequent placement. These visits are important to support safety, service delivery and placement stability when a child first enters foster care or moves to a new placement and DCF has shown consistent progress in this area. In December 2009, performance was 18 percent and by December 2014, 93 percent of applicable children had the required number of visits in the first two months of placement. Another visitation measure that has been partially achieved is visitation between siblings who are placed apart. Between July and December 2014, 81 percent of children had monthly visits with siblings when they were not placed together, which approaches the 85 percent final target. Performance on visits between children and their parents is also nearing the MSA final target.

DCF also showed improvement in CY 2014 in its Qualitative Reviews (QRs) ratings, an evaluation of child status and system performance on behalf of the child and the family and the extent to which aspects of the state's Case Practice Model (CPM) are being implemented. For example, developing and implementing quality case plans is a staple of good case practice and a foundational element for working with families involved in child welfare systems. While the state's ratings are still below the MSA final target of 90 percent in case planning, DCF made solid improvements between CY 2013 and CY 2014. In addition, the state significantly improved its QR ratings related to the educational needs of children age five and older.

DCF as an organization has embraced a commitment to using quantitative and qualitative data for both management and continuous quality improvement (CQI). Their CQI capacity has been developing over the past several years and has helped leaders, managers and frontline staff better assess the strengths and weaknesses of practice and their systems and then develop targeted improvement strategies and new partnerships to improve outcomes. This represents a considerable accomplishment which has not only contributed to performance improvements on MSA outcomes but to new directions for DCF. The Monitor was able to see and hear about the agency's commitment to quality practice in a series of site visits conducted in March 2015 to four Local Offices in different areas of the state. In general Monitor staff found CP&P staff at all levels to be a dedicated group of people who sincerely want to provide families with high quality services. With that goal in mind, staff frequently spoke about how the department and community partners could better support children and families – they understood and articulated the importance of effective engagement with children with families and the need for children to be with their own families or to find alternative permanent and loving families as soon as possible.

Staff interviewed also shared that they feel they are often judged by the quantity of the work they produce, with less emphasis on the quality. DCF leaders are using their CQI processes, including ChildStat and the Qualitative Reviews, to communicate that quality of work and attention to performance metrics are both important, and that good practice and outcome performance go hand in hand.

There were additional improvements in performance this monitoring period in some of the areas where DCF has not met MSA final targets, including:

- Performance on the placement of sibling groups of four or more children together improved during this monitoring period, although performance still remains well

below the MSA final target that 40 percent of sibling groups of four or more children entering care will be placed together.

- DCF's case record review of the 87 youth who exited care without achieving permanency between July and December 2014 found that 77 (89%) of these youth had documentation of a housing plan upon exiting CP&P care and 56 (74%) of applicable youth were either employed or enrolled in education or vocational training programs. These data show notable progress from the previous monitoring period with still room for improvement.
- DCF's health care case record review found that in 83 percent of the 343 cases reviewed, staff shared Health Passports with the children's caregiver within five days of placement.

Other accomplishments this monitoring period include:

- Consistent quality performance on nearly all the MSA health care measures that assess whether children in out-of-home placement have dependable access to health care;
- Improved performance in holding Family Team Meetings on a quarterly basis;
- Staff are increasingly exploring kinship care whenever possible as evidenced by the number of newly licensed kinship homes; and
- Strong Qualitative Review (QR) ratings on how children's out-of-home placement(s) meet their developmental, emotional and physical needs.

The monitoring report also identifies areas that have shown less progress and present ongoing challenges in ensuring consistent high quality case practice across the state. *A significant concern this monitoring period is that Intake and Adoption worker caseloads continue to remain above acceptable levels, a problem that must be quickly corrected because of its impact on the workforce and workers' ability to meet practice expectations and outcomes.*

An area that DCF continues to target for internal review and improvement strategies is the high rate of repeat maltreatment of children and their family's re-involvement with CP&P within one year of reunification.⁵ DCF leadership has focused on this area through its CQI processes and is engaging managers in exploring what additional steps and services may be needed for families to reduce the rate of repeat child welfare involvement. The stability of children's placements while in care is also below MSA standards.

⁵ DCF believes that the repeat maltreatment rate may be impacted by use of the four-tier determination system that was implemented in April 2013 following a regulatory change in 2012. The four-tier system – substantiated, established, not established and unfounded – impacts the data that are collected and reported for the two repeat maltreatment measures because DCF considers both substantiated and established to be “substantiated.”

The remainder of this summary discusses the strengths and challenges of current performance in the major substantive areas covered by the MSA. The data on specific performance measures are provided in Table 1 and the remaining sections of this report.

Investigations of Alleged Abuse and Neglect

DCF continues to operate its State Central Registry (SCR) in a professional, efficient and effective manner with quality assurance mechanisms to support good practice. Reports of alleged abuse and neglect are appropriately screened and timely forwarded to the field for investigation. Investigations continue for the third consecutive monitoring period to be commenced within the required response time, though more work needs to be done to complete investigations within 60 days. A case record review of the quality of CP&P's investigative practice was conducted in September 2014. The review examined the quality of practice in 313 Child Protective Services (CPS) investigations assigned to DCF Local Offices between February 1 and February 14, 2014 involving 477 alleged child victims. Overall, the reviewers found that 244 (78%) of the investigations were of acceptable quality. The findings of this review reflect strengths in CP&P investigative case practice as well as areas in need of further development.⁶

Implementation of the Case Practice Model

DCF continues to demonstrate improvements towards consistent implementation of its case practice model but still has a distance to go in ensuring the quality of engagement with families and the quality of case and service planning for all children and families. A critical component of the Department's CPM is the use of Family Team Meetings (FTMs) to engage families and their formal and informal supports to discuss the families' strengths and needs, craft individualized service plans and track progress toward accomplishing case plan goals. During this monitoring period, DCF enhanced the supports it provides to staff on sustaining the principles and policies of the CPM. Current data show that while workers continue to struggle to plan for and convene FTMs within 30 days of a child's placement, performance has significantly improved on holding quarterly FTMs to review case plans and progress with families.

Overall, in CY 2014 key QR data on system performance indicators remain below acceptable levels expected by the Monitor and DCF, including on ratings in areas such as case planning and engagement with parents.

Placement of Children in Out of Home Care

Current data continue to show that DCF meets the MSA's targets regarding the appropriate placement of children in the state's custody. Between January and December 2014, 95 percent of cases examined through the QR were judged to be acceptable on the appropriateness of a child's placement. Ninety-one percent of children in care were placed in family-like settings and over 99 percent of children placed in resource homes were within their capacity limits. Consistent with previous monitoring periods, 66 percent of newly licensed families are relatives of children in care.

⁶ A report of the findings was released in May 2015 and can be found here: http://nj.gov/dcf/about/divisions/opma/DCF_InvestigationsReviewReport_2014.pdf

Health and Mental Health Care for Children in Out-of-Home Placement

DCF's Child Health Units are a fundamental cornerstone of the provision of health care to children in CP&P custody and, along with CP&P nurses and health care providers, have made it possible for children and youth in out-of-home placement in New Jersey to have timely access to health care services. The state continues to show strong performance on the MSA's requirements for the physical and mental health of children in out-of-home placement. DCF's QR data found that 98 percent of cases reviewed rated at least minimally acceptable on the provision of health care services. Previously a challenge, DCF's performance on timely sharing children's health information with caregivers significantly improved during this monitoring period. Based on DCF's internal health care case record review of 343 cases, the state found that Health Passports are shared with the child's caregiver within the first five days of placement in 83 percent of cases.

Services to Prevent Entry into Foster Care and to Support Reunification and Permanency

DCF has focused efforts toward improving the array of preventive and community based services to support families. For seven years DCF has progressively expanded its use of Family Success Centers (FSCs) as one of its core strategies to support children in their families and communities. FSCs are neighborhood-based centers where families can access services and supports prior to a crisis. There are currently 50 operating FSCs across the state, targeted to areas where families likely to be involved with DCF are located. Three additional FSCs are planned for CY 2015. DCF has also moved forward to pilot test the use of supportive housing for homeless families with co-occurring substance use and mental health disorders whose children are at high risk of entering foster care as another intensive approach to keep families together.

Services to Older Youth

DCF continues to update and modify policies and practices to provide appropriate guidance to workers and other staff to support well-being and permanency for youth involved with DCF and to achieve better outcomes for youth after they exit care. For example, during this monitoring period, a draft LGBTQI policy for CP&P staff which includes caseworker expectations, terminology and resources/services was developed. Additionally, on September 15, 2014, the Office of Adolescent Services (OAS) released an update to the Transitional Plan policy for CP&P involved youth. The new transitional plan, *Transitional Plan for YOUth Success (TPYS)*, is restructured to promote a youth driven, strengths-based planning process. During the monitoring period, DCF was also awarded a contract from the Department of Treasury, Internal Revenue Services to create an electronic distribution process for independent living stipends through either a debit card or direct deposit for eligible youth in foster care. Eligible youth will also be able to access a mobile application that assists with budgeting and financial literacy.

Performance on the MSA measures pertaining to older youth case planning and service provisions is however still below required levels. Data for January through December 2014 determined that 59 percent of older youth were rated acceptable on services to older youth, significantly below the MSA target of 90 percent.

Continuous Quality Improvement

DCF has concentrated efforts on its quality improvement strategies to improve practice and comply with the MSA. Central to that strategy is its focus on using regional and statewide data to identify practice areas in need of improvement. DCF continues to hold bi-weekly conference calls with Local Office management on specific key indicators tied to the CPM, including visitation, FTMs and case plan development. The purpose of the calls is to encourage more consistent review of county-level quantitative and qualitative data to support positive outcomes for children, youth and families. The state also holds monthly ChildStat meetings, which have become central to its CQI process. At the ChildStat meetings, Local Office leadership present practice issues, including data on key performance indicators from the most recent two fiscal quarters compared with statewide data. During this monitoring period DCF continued to review cases from permanency units of families whose children had been reunited between three and six months prior to the ChildStat meeting as part of its effort to reduce the number of families that have repeat involvement with CP&P.

The trajectory of child welfare reform at DCF continues to move in the right direction and multiple key MSA requirements that once seemed out of reach are now trending upward. DCF's CQI strategies and its commitment to being a "learning organization" are important indicators of commitment to demonstrating improved and sustainable outcomes for children and families and to continued progress in meeting the requirements of the MSA.

III. CHILD AND FAMILY OUTCOME AND CASE PRACTICE PERFORMANCE MEASURES

The Child and Family Outcome and Case Practice Performance Measures (Performance Measures) are 53 measures that assess the state's performance on meeting the requirements of the MSA (see Table 1).⁷ These performance measures cover the areas of child safety, permanency, service planning, child well-being and ongoing infrastructure requirements pertaining to elements such as caseloads, training and resource family recruitment and retention.

Many of the measures are assessed using data from NJ SPIRIT and SafeMeasures,⁸ reviewed and in some areas independently validated by the Monitor. Some data are also provided through the Department's work with Hornby Zeller Associates, Inc. who assist with data analysis. Data provided in the report are as of December 2014, or the most current data available.

⁷ There were initially 54 measures, however, performance for Measure 49 (Statewide Implementation of Differential Response, Pending Effectiveness of Pilot Sites) is not currently applicable as the DR pilot concluded June 30, 2012, leaving 53 measures.

⁸ SafeMeasures is a data warehouse and analytical tool that allows tracking of critical child welfare indicators by worker, supervisor, Local Office area and statewide. It is used by different levels of staff to track, monitor and analyze trends in case practice and targeted measures and outcomes.

**Table 1: *Charlie and Nadine H. v. Christie* Child and Family Outcome and Case Practice Performance Measures
(Summary of Performance as of December 31, 2014)**

Reference	Quantitative or Qualitative Measure	Final Target	June 2014 Performance ⁹	December 2014 Performance ¹⁰	Requirement Fulfilled (Yes/No/Ongoing) ¹¹	Direction of Change ¹²
<i>State Central Registry, Investigative Practice and Institutional Abuse Investigations Unit (IAIU)</i>						
CPM V.1	1. <u>Responding to Calls to the SCR</u> 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	Ongoing Monitoring of Compliance	a. 13,809 calls b. 465 abandoned calls c. 27 seconds d. 5,092 calls screened out e. 1,466 CWS referrals	a. 13,289 calls b. 468 abandoned calls c. 29 seconds d. 4,891 calls screened out e. 1,446 CWS referrals	Ongoing Monitoring of Compliance	N/A

⁹ Measures 7.c, 12, 15, 23 and 50 performance refer to cases reviewed between January and December 2013 as part of the Qualitative Reviews (QRs).

¹⁰ Measures 7.c, 12, 15, 23 and 50 performance refer to cases reviewed between January and December 2014 as part of the Qualitative Reviews (QRs).

¹¹ “Yes” indicates that, in the Monitor’s judgment based on presently available information, DCF has substantially fulfilled its obligations regarding the requirement under the MSA for the majority of the months during July 1 through December 31, 2014 monitoring period. The Monitor has also designated “Yes” for a requirement where DCF is within one percentage point of the final target or there are a small number (less than 3) of cases causing the failure to meet the final target. “Partially” is used when DCF has come very close but has not substantially met the requirement, for example meeting the requirement in the final one or two months of the monitoring period or in instances where a measure has two or more sub-parts and DCF has fulfilled the requirement toward one or more of the sub-parts, but not all. “No” indicates that, in the Monitor’s judgment, DCF has not fulfilled its obligation regarding the requirement.

¹² Where applicable, “↑” indicates that, in the Monitor’s judgment based on data and an understanding of case practice, performance is trending upwards by at least three percentage points; “↓” indicates performance is trending downward by at least three percentage points; “↔” indicates that, in the Monitor’s judgment, there has been no change in performance; and “N/A” indicates a judgment regarding direction of change from the previous monitoring period to the current monitoring period cannot be made.

Reference	Quantitative or Qualitative Measure	Final Target	June 2014 Performance ⁹	December 2014 Performance ¹⁰	Requirement Fulfilled (Yes/No/Ongoing) ¹¹	Direction of Change ¹²
CPM V.1	<p>2. <u>Quality of SCR Response:</u></p> <p>a. Respond to callers promptly, with respectful, active listening skills</p> <p>b. Essential information gathered—identification of parents and other important family members</p> <p>c. Decision-making process based on information gathered and guided by tools and supervision</p>	Ongoing Monitoring of Compliance	Ongoing Monitoring of Compliance	Ongoing Monitoring of Compliance	Ongoing Monitoring of Compliance	N/A
CPM V.1 MSA III.B.2	<p>3. <u>Timeliness of Response:</u> Investigations of alleged child abuse and neglect shall be received by the field in a timely manner and commenced within the required response time as identified at SCR, but no later than 24 hours.</p>	<p>a. For periods beginning July 1, 2009, and thereafter, 98% of investigations shall be received by the field in a timely manner.</p> <p>b. For periods beginning July 1, 2009, and thereafter, 98% of investigations shall be commenced within the required response time.</p>	<p>a. 99% of investigations were received by the field in a timely manner.</p> <p>b. 98% of investigations commenced within required response time.</p>	<p>a. 100% of investigations were received by the field in a timely manner.</p> <p>b. 98% of investigations commenced within required response time.</p>	Yes	↔
CPM V.1 MSA III.B.3	<p>4. <u>Timeliness of Completion:</u> Investigations of alleged child abuse and neglect shall be completed within 60 days.</p>	By June 30, 2010, 98% of all abuse/ neglect investigations shall be completed within 60 days.	76% of investigations were completed within 60 days.	73% of investigations were completed within 60 days. ¹³	No	↓

¹³ Performance data for the monitoring period are as follows: July 2014, 74%; August 2014, 76%; September 2014, 76%; October 2014, 72%; November 2014, 70%; December 2014, 73%.

Reference	Quantitative or Qualitative Measure	Final Target	June 2014 Performance ⁹	December 2014 Performance ¹⁰	Requirement Fulfilled (Yes/No/Ongoing) ¹¹	Direction of Change ¹²
CPM V.1	<p>5. <u>Quality Investigative Practice</u>: Investigations will meet measures of quality including acceptable performance on:</p> <ul style="list-style-type: none"> a. Locating and seeing the child and talking with the child outside the presence of the caretaker within 24 hours of receipt by field; b. Conducting appropriate interviews with caretakers and collaterals; c. Using appropriate tools for assessment of safety and risk; d. Analyzing family strengths and needs; e. Seeking appropriate medical and mental health evaluations; f. Making appropriate decisions; and g. Reviewing the family's history with DCF/DCP&P 	By December 31, 2009, 90% of investigations shall meet quality standards.	Data collected during a case record review conducted in September 2014 found that 78% of investigations met quality standards. ¹⁴	Ongoing Monitoring of Compliance	No	↔ ¹⁵

¹⁴ Reviewers could select four possible responses to the question of the quality of the investigation which included completely, substantially, marginally and not at all. Completely and substantially responses are considered as having met quality standards. The results have a +/- 5% marginal error with 95% confidence.

¹⁵ A case record review conducted in January 2013 found that 78 percent of investigations met quality standards, the same level of performance that was found in the September 2014 case record review.

Reference	Quantitative or Qualitative Measure	Final Target	June 2014 Performance ⁹	December 2014 Performance ¹⁰	Requirement Fulfilled (Yes/No/Ongoing) ¹¹	Direction of Change ¹²
CPM V.I MSA II.I.3 MSA III.B.4	<p>6. <u>IAIU Practice for Investigations in Placements:</u></p> <p>a. Investigations in resource homes and investigations involving group homes, or other congregate care settings shall be completed within 60 days.</p> <p>b. Monitor will review mechanisms that provide timely feedback to other divisions (e.g., CSOC, OOL) and implementation of corrective action plans.</p> <p>c. Corrective action plans developed as a result of investigations of allegations re: placements will be implemented.</p>	By June 2007 and thereafter, 80% of investigations by IAIU shall be completed within 60 days.	85% of IAIU investigations involving group homes and other congregate care settings were completed within 60 days.	83% of IAIU investigations involving group homes and other congregate care settings were completed within 60 days. ¹⁶	Yes	↔

¹⁶ Performance data for the monitoring period are as follows: July 2014, 88%; August 2014, 85%; September 2014, 84%; October 2014, 87%; November 2014, 83%; December 2014, 83%.

Reference	Quantitative or Qualitative Measure	Final Target	June 2014 Performance ⁹	December 2014 Performance ¹⁰	Requirement Fulfilled (Yes/No/Ongoing) ¹¹	Direction of Change ¹²
Implementation of Case Practice Model						
CPM V.3	<p>7. <u>Family Involvement and Effective use of Family Team Meetings.</u> A family team (involving parents, youth and appropriate formal and informal supports) shall meet and plan together. The team should be involved in planning & decision-making throughout a case and have the skills, family knowledge and abilities to solve and help to organize effective services for the child and family.</p> <p>Number of family team meetings at key decision points.</p> <p>a. For children newly entering placement, the number/percent who have a family team meeting within 30 days of entry.</p> <p>b. For all other children in placement, the number/percent who have at least one family team meeting each quarter.</p> <p>c. Family Team Formation and Functioning.</p>	<p>a. By June 30, 2010, family meetings held prior to or within 30 days of entry for 90% of new entries and 90% of pre-placements.</p> <p>b. By June 30, 2010, family meetings held for 90% of children at least once per quarter.</p> <p>c. By June 30, 2011, 90% of cases show evidence in QR of acceptable team formation and functioning.</p>	<p>a. In June, 2014, 74% of children newly entering placement had a family team meeting within 30 days of entering placement. From January 1, 2014 to June 30, 2014 performance ranged from 68 to 80%.</p> <p>b. In June 2014, 79% of children had at least one family team meeting each quarter. From January 1, 2014 to June 30, 2014 performance ranged from 60 to 80%.</p> <p>c. 29% of cases rated at least minimally acceptable on both QR 'Family Teamwork' indicators: team formation and team functioning.¹⁷</p>	<p>a. In December, 2014, 72% of children newly entering placement had a family team meeting within 30 days of entering placement. From July 1, 2014 to December 31, 2014 performance ranged from 72 to 82%.¹⁸</p> <p>b. In December, 2014, 81% of children had at least one family team meeting each quarter. From July 1, 2014 to December 31, 2014 performance ranged from 73 to 81%.¹⁹</p> <p>c. 35% of cases rated at least minimally acceptable on both QR 'Family Teamwork' indicators: team formation and team function.²⁰</p>	No	↔

¹⁷ 192 cases were reviewed as part of the QRs conducted from January to December 2013. Fifty-six of 192 (29%) in and out-of-home cases rated acceptable on *both* areas of Family Teamwork, team formation and team functioning; 80 of 192 (42%) rated acceptable on team formation; and 64 of 192 cases (33%) rated acceptable on team functioning.

¹⁸ The parties have agreed that, consistent with the three previous monitoring periods and after the Monitor's review in March 2015 of a random sample of cases, while the state is in the process of self-diagnosis and corrective action to both improve documentation and data entry to account for legitimate reasons for why FTMs do not occur – either because the parent is unavailable or because the parent declined to attend – the Monitor will continue to assess performance on FTMs by counting only those FTMs that actually occurred. The report's documented progress therefore includes the number of FTMs that have actually occurred. Performance data for the monitoring period are as follows: July 2014, 81%; August 2014, 79%; September 2014, 80%; October 2014, 82%; November 2014, 81%; December 2014, 72%. Note that the FTM data likely understates compliance due to documentation and validation issues, it does not yet account for instances where FTMs may appropriately be excluded.

¹⁹ See above footnote for an explanation of methodology. Using this methodology, in December 2014, out of 1,793 possible FTMs, 1,444 (81%) occurred. Performance data for the monitoring period are as follows: July 2014, 73%; August 2014, 79%; September 2014, 79%; October 2014, 80%; November 2014, 81%; December 2014, 81%.

²⁰ 180 cases were reviewed as part of the QRs conducted from January to December 2014. Sixty-three of 180 (35%) in and out-of-home cases rated acceptable on *both* areas of Family Teamwork, team formation and team functioning; 94 of 180 (52%) rated acceptable on team formation; and 75 of 180 cases (42%) rated acceptable on team functioning.

Reference	Quantitative or Qualitative Measure	Final Target	June 2014 Performance ⁹	December 2014 Performance ¹⁰	Requirement Fulfilled (Yes/No/Ongoing) ¹¹	Direction of Change ¹²
CPM	8. <u>Safety and Risk Assessment</u> : Number/ percent of closed cases where a safety and risk of harm assessment is done prior to case closure.	By December 31, 2010, (a) 98% of investigations will have a safety assessment completed, (b) 98% of investigations will have a risk assessment completed, and (c) 98% of non-investigation cases will have a risk assessment or risk reassessment completed within 30 days of case closure.	a. 100% of investigations completed had a safety assessment completed prior to investigation closure. b. 100% of investigations completed had a risk assessment completed prior to investigation closure. c. 98% of applicable closed cases had a risk reassessment completed within 30 days prior to case closure.	a. 100% of investigations completed had a safety assessment completed prior to investigation closure. b. 100% of investigations completed had a risk assessment completed prior to investigation closure. c. 98% of applicable closed cases had a risk reassessment completed within 30 days prior to case closure.	Yes	↔
CPM V.4, 13.a.	10. <u>Timeliness of Initial Plans</u> : For children entering care, number/ percent of case plans developed within 30 days.	By June 30, 2010, 95% of case plans for children and families are completed within 30 days.	92% of children entering care had case plans developed within 30 days. Between January 2014 and June 2014, monthly performance ranged from 92 to 98%.	92% of children entering care had case plans developed within 30 days. Between July and December 2014, monthly performance ranged from 92 to 98%. ²¹	Partially ²²	↔

²¹ Data for the monitoring period are as follows: July 2014, 94%; August 2014, 93%; September 2014, 98%; October 2014, 94%; November 2014, 92%; December 2014, 92%.

²² Performance dipped slightly below final target; DCF met the required level of performance during one month, was within one percentage point during two months and within three percentage points for three months.

Reference	Quantitative or Qualitative Measure	Final Target	June 2014 Performance ⁹	December 2014 Performance ¹⁰	Requirement Fulfilled (Yes/No/Ongoing) ¹¹	Direction of Change ¹²
CPM V.4, 13.b.	11. <u>Timeliness of Current Plans</u> : For children entering care, number/ percent of case plans shall be reviewed and modified as necessary at least every six months.	By June 30, 2010, 95% of case plans for children and families will be reviewed and modified at least every six months.	98% of case plans were reviewed and modified as necessary at least every six months. From January 2014 through June 2014, monthly performance ranged from 97 to 99%.	98% of case plans were reviewed and modified as necessary at least every six months. From July through December 2014, monthly performance ranged from 94 to 98%. ²³	Yes	↔

²³Performance data for monitoring period are as follows: July 2014, 94%; August 2014, 96%; September 2014, 96%; October 2014, 97%; November 2014, 96%; December 2014, 98%.

Reference	Quantitative or Qualitative Measure	Final Target	June 2014 Performance ⁹	December 2014 Performance ¹⁰	Requirement Fulfilled (Yes/No/Ongoing) ¹¹	Direction of Change ¹²
CPM V.4	12. <u>Quality of Case and Service Planning</u> : The child's/family's case plan shall be developed with the family and shall be individualized and appropriately address the child's needs for safety, permanency and well-being. The case plan shall provide for the services and interventions needed by the child and family to meet identified goals, including services necessary for children and families to promote children's development and meet their educational, physical and mental health needs. The case plan and services shall be modified to respond to the changing needs of the child and family and the results of prior service efforts.	By December 31, 2011, 90% of case plans rated acceptable as measured by the QR.	41% of cases rated at least minimally acceptable on both QR indicators 'Case Planning Process' and 'Tracking and Adjusting.' ²⁴	51% of cases rated at least minimally acceptable on QR indicators 'Case Planning' and 'Tracking and Adjusting.' ²⁵	No	↑

²⁴ 192 cases were reviewed as part of the QRs conducted from January to December 2013. 78 of 192 (41%) in and out-of-home cases rated acceptable on *both* the Case Planning Process and Tracking and Adjusting indicators; 89 of 192 cases (46%) rated acceptable on Case Planning Process; and 116 of 192 cases (60%) rated acceptable on Tracking and Adjusting.

²⁵ 180 cases were reviewed as part of the QRs conducted from January to December 2014. 92 of 180 (51%) in and out-of-home cases rated acceptable on *both* the Case Planning Process and Tracking and Adjusting indicators; 104 of 180 cases (58%) rated acceptable on Case Planning Process; and 115 of 180 cases (64%) rated acceptable on Tracking and Adjusting.

Reference	Quantitative or Qualitative Measure	Final Target	June 2014 Performance ⁹	December 2014 Performance ¹⁰	Requirement Fulfilled (Yes/No/Ongoing) ¹¹	Direction of Change ¹²
CPM V.4	15. <u>Educational Needs</u> : Children will be enrolled in school and DCF will have taken appropriate actions to ensure that their educational needs will be met.	By December 31, 2011, 90% of cases rated acceptable as measured by the QR.	71% of cases rated at least minimally acceptable on QR indicators 'Stability (school)' and 'Learning and Development - over age 5.' ²⁶	84% of cases rated at least minimally acceptable on QR indicators 'Stability (school)' and 'Learning and Development - over age 5.' ²⁷	No	↑
MSA III.B 7.a	16. <u>Caseworker Visits with Children in State Custody</u> : 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 child in state custody.	By December 31, 2010, during the first two months of an initial placement or subsequent placement, 95% of children had at least two visits per month.	In June 2014, 92% of children had two visits per month, one of which was in the placement, during the first two months of an initial or subsequent placement. Monthly range January – June 2014: 92 – 96%.	In December 2014, 93% of children had two visits per month, one of which was in the placement, during the first two months of an initial or subsequent placement. ²⁸ Monthly range July – December 2014: 90 – 95%.	Partially ²⁹	↔

²⁶ 72 of the total 192 QR cases reviewed from January to December 2013 were applicable for this performance measure because cases must involve children five and older *and* in out-of-home placement. Fifty-one of 72 applicable cases (71%) rated acceptable on *both* the Stability (school) and Learning and Development (age 5 and older) QR indicators. Eighty of 95 applicable cases (84%) rated acceptable on Stability (school) alone; 64 of 76 applicable (84%) cases rated acceptable on Learning and Development (age 5 and older) alone.

²⁷ 82 of the total 180 QR cases reviewed from January to December 2014 were applicable for this performance measure because cases must involve children five and older *and* in out-of-home placement. Sixty-nine of 82 applicable cases (84%) rated acceptable on *both* the Stability (school) and Learning and Development (age 5 and older) QR indicators. Eighty-two of 94 applicable cases (87%) rated acceptable on Stability (school) alone; 79 of 91 applicable (87%) cases rated acceptable on Learning and Development (age 5 and older) alone.

²⁸ Performance data for monitoring period are as follows: July 2014, 93%; August 2014, 94%; September 2014, 95%; October 2014, 94%; November 2014, 90%; December 2014, 93%.

²⁹ The Monitor considers this performance measure to be partially met as DCF met the required level of performance during one month this period and was within two percent of the final target an additional four months.

Reference	Quantitative or Qualitative Measure	Final Target	June 2014 Performance ⁹	December 2014 Performance ¹⁰	Requirement Fulfilled (Yes/No/Ongoing) ¹¹	Direction of Change ¹²
MSA III.B 7.b	17. <u>Caseworker Visits with Children in State Custody</u> : Number/ percent of children where caseworker has at least one caseworker visit per month in the child's placement.	By June 30, 2010, 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.	93% of children had at least one caseworker visit per month in his/her placement. Monthly range January – June 2014: 93 – 94%.	95% of children had at least one caseworker visit per month in his/her placement. Monthly range July – December 2014: 94 – 96%. ³⁰	Partially ³¹	↔
CPM MSA III.B 8.a	18. <u>Caseworker Visits with Parents/Family Members</u> : 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.	By December 31, 2010, 95% of families have at least twice per month face-to-face contact with their caseworker when the permanency goal is reunification.	78% of parents or other legally responsible family members of children in custody with a goal of reunification had at least two face-to-face visits with a caseworker. Monthly range January – June 2014: 72 – 80%.	73% of parents or other legally responsible family members of children in custody with a goal of reunification had at least two face-to-face visits with a caseworker. Monthly range July – December 2014: 69 – 78%. ^{32,33}	No	↔

³⁰ Performance data for monitoring period for monthly worker visits to children in placement are as follows: July 2014, 94%; August 2014, 95%; September 2014, 96%; October 2014, 96%; November 2014, 95%; December 2014, 95%.

³¹ The Monitor considers this performance measure to be partially met as performance is close to meeting the final target for caseworker monthly visits in placement and has demonstrated 99% of children each month in out-of-home placement were visited at least once by a caseworker regardless of location.

³² Actual performance is likely to be better than reported because reported performance does not exclude instances where a parent is unavailable or contacts were not required. The Monitor is willing to validate and account for exclusions as soon as DCF indicates they are ready for such a review.

³³ Performance data for monitoring period for twice monthly visitation between caseworker and parent with goal of reunification are as follows: July 2014, 77%; August 2014, 75%; September 2014, 76%; October 2014, 78%; November 2014, 69%; December 2014, 73%.

Reference	Quantitative or Qualitative Measure	Final Target	June 2014 Performance ⁹	December 2014 Performance ¹⁰	Requirement Fulfilled (Yes/No/Ongoing) ¹¹	Direction of Change ¹²
CPM MSA III.B 8.b	19. <u>Caseworker Visits with Parents/Family Members</u> : The caseworker shall have at least one face-to-face visit per month with the parent(s) or other legally responsible family member of children in custody with goals other than reunification unless parental rights have been terminated.	By December 31, 2010, at least 85% of families shall have at least one face-to-face caseworker contact per month, unless parental rights have been terminated.	65% of parents or other legally responsible family members had at least one face-to-face caseworker contact per month. Monthly range January – June 2014: 59 – 66%.	63% of parents or other legally responsible family members had at least one face-to-face caseworker contact per month. Monthly range July – December 2014: 61 – 67%. ^{34,35}	No	↔

³⁴ Actual performance is likely to be better than reported because reported performance does not exclude instances where a parent is unavailable or contacts were not required. The Monitor is willing to validate and account for exclusions as soon as DCF indicates they are ready for such a review.

³⁵ Performance data for monitoring period for monthly visitation between caseworker and parent with goal other than reunification are as follows: July 2014, 67%; August 2014, 65%; September 2014, 66%; October 2014, 66%; November 2014, 61%; December 2014, 63%.

Reference	Quantitative or Qualitative Measure	Final Target	June 2014 Performance ⁹	December 2014 Performance ¹⁰	Requirement Fulfilled (Yes/No/Ongoing) ¹¹	Direction of Change ¹²
CPM MSA III.B 9a.	20. <u>Visitation between Children in Custody and Their Parents</u> : 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.	By December 31, 2010, at least 85% of children in custody shall have in person visits with their parent(s) or other legally responsible family member at least every other week and at least 60% of children in custody shall have such visits at least weekly.	83% of children had recorded visits at least every other week. Monthly range January – June 2014: 75 – 83%. 68% of children had recorded weekly visits with their parents. Monthly range January – June 2014: 55 – 68%.	79% of children had recorded visits at least every other week. Monthly range July – December 2014: 76 – 80%. ^{36, 37} 63% of children had recorded weekly visits with their parents. Monthly range July – December 2014: 62 – 65%. ^{38, 39}	Partially ⁴⁰	↔

³⁶Actual performance is likely to be better than reported because reported performance does not exclude instances where a parent is unavailable or contacts are not required. The Monitor is willing to validate and account for exclusions as soon as DCF indicates they are ready for such a review.

³⁷ Performance data for monitoring period for visits at least every other week between parent and child are as follows: July 2014, 80%; August 2014, 80%; September 2014, 79%; October 2014, 80%; November 2014, 76%; December 2014, 79%.

³⁸ Actual performance is likely to be better than reported because reported performance does not exclude instances where a parent is unavailable or contacts are not required. The Monitor is willing to validate and account for exclusions as soon as DCF indicates they are ready for such a review.

³⁹ Performance data for monitoring period for weekly visits between parent and child are as follows: July 2014, 64%; August 2014, 63%; September 2014, 64%; October 2014, 65%; November 2014, 62%; December 2014, 63%.

⁴⁰ The Monitor considers this performance measure to be partially met as DCF met the required level of performance for one sub-part of the measure (weekly visits) every month this period.

Reference	Quantitative or Qualitative Measure	Final Target	June 2014 Performance ⁹	December 2014 Performance ¹⁰	Requirement Fulfilled (Yes/No/Ongoing) ¹¹	Direction of Change ¹²
CPM MSA III.B 10	21. <u>Visitation Between Children in Custody and Siblings Placed Apart</u> : Number/percent of children in custody who have siblings with whom they are not residing shall visit with their siblings as appropriate.	By December 31, 2010, at least 85% of children in custody who have siblings with whom they are not residing shall visit with those siblings at least monthly.	68% of children in custody who have siblings with whom they are not residing visited with their siblings monthly. Monthly range January – June 2014: 66 – 69%.	81% of children in custody who have siblings with whom they are not residing visited with their siblings monthly. Monthly range July – December 2014: 79 – 82%. ^{41,42}	No	↑
CPM; MSA Permanency Outcomes	22. <u>Adequacy of DAsG Staffing</u> : Staffing levels at the DAsG office.	98% of allocated positions filled plus assessment of adequacy of FTEs to accomplish tasks by June 30, 2012.	131 (100%) of 131 staff positions filled with four staff on full time leave; 127 (97%) available DAsG.	132 (100%) of 132 staff positions filled with one staff on full time leave; 130 (99%) available DAsG. ⁴³	Yes	↔

⁴¹ Performance data for monitoring period for monthly sibling visits are as follows: July 2014, 80%; August 2014, 81%; September 2014, 81%; October 2014, 82%; November 2014, 79%; December 2014, 81%.

⁴² During the previous monitoring period, DCF determined that NJ SPIRIT was undercounting sibling visits. DCF worked with the Monitor on modifying the methodology used for this measure to both include additional applicable sibling visit categories and more precisely define a sibling relationship. Performance data for this monitoring period was determined using the new methodology.

⁴³ DCF reports that during this monitoring period, two full time law assistants and 5.95 DAsG external to their Practice Group who dedicate time to DCF matters were added.

Reference	Quantitative or Qualitative Measure	Final Target	June 2014 Performance ⁹	December 2014 Performance ¹⁰	Requirement Fulfilled (Yes/No/Ongoing) ¹¹	Direction of Change ¹²
<i>Placements of Children in Out-of-Home Care</i>						
CPM V.4	<p>23. <u>Combined assessment of appropriateness of placement based on:</u></p> <p>a. Placement within appropriate proximity of their parents' residence unless such placement is to otherwise help the child achieve the planning goal.</p> <p>b. Capacity of caregiver/ placement to meet child's needs.</p> <p>c. Placement selection has taken into account the location of the child's school.</p>	By June 30, 2010, 90% of cases score appropriately as measured by QR Modules.	95% of cases rated at least minimally acceptable on QR indicator 'Appropriateness of Placement.'	95% of cases rated at least minimally acceptable on QR indicator 'Appropriateness of Placement.'	Yes	↔
MSA III.A 3.c	24. <u>Placing Children with Families:</u> The percentage of children currently in custody who are placed in a family setting.	Beginning July 2009 and thereafter, at least 85% of children will be placed in a family setting.	91% of children were placed in a family setting.	91% of children were placed in a family setting.	Yes	↔
CPM MSA III.A 3.b	25. <u>Placing Siblings Together:</u> Of sibling groups of two or three siblings entering custody at the same time or within 30 days of one another, the percentage in which all siblings are placed together.	For siblings entering custody in the period beginning July 2012 and thereafter, at least 80% will be placed together.	In CY 2013, 77% of sibling groups of 2 or 3 were placed together.	In CY 2014, 82% of sibling groups of 2 or 3 were placed together.	Yes	↑

Reference	Quantitative or Qualitative Measure	Final Target	June 2014 Performance ⁹	December 2014 Performance ¹⁰	Requirement Fulfilled (Yes/No/Ongoing) ¹¹	Direction of Change ¹²
MSA III.A 3.b	26. <u>Placing Siblings Together</u> : Of sibling groups of four 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.	For siblings entering in the period beginning July 2011 and thereafter, at least 40% will be placed together.	In CY 2013, 26% of sibling groups of 4 or more were placed together.	In CY 2014, 29% of sibling groups of 4 or more were placed together.	No	↑
MSA III.A 3.a	27. <u>Stability of Placement</u> : Of the number of children entering care in a period, the percentage with two or fewer placements during the 12 months beginning with the date of entry.	By June 2009 and thereafter, at least 88% of children entering care will have two or fewer placements during the 12 months from their date of entry.	For children entering care in CY 2012, 82% of children had two or fewer placements during the 12 months from their date of entry.	For children entering care in CY 2013, 82% of children had two or fewer placements during the 12 months from their date of entry.	No	↔
MSA III.C	28. <u>Placement Limitations</u> : 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.	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.	Less than one percent of resource home placements are over-capacity.	Less than one percent of resource home placements are over-capacity.	Yes	↔

Reference	Quantitative or Qualitative Measure	Final Target	June 2014 Performance ⁹	December 2014 Performance ¹⁰	Requirement Fulfilled (Yes/No/Ongoing) ¹¹	Direction of Change ¹²
MSA III.B.6	<p>29. <u>Inappropriate Placements:</u></p> <p>a. The number of children under age 13 placed in shelters.</p> <p>b. The number of children over age 13 placed in shelters in compliance with MSA standards on appropriate use of shelters to include: as 1) an alternative to detention; 2) a short-term placement of an adolescent in crisis not to extend beyond 45 days; or 3) a basic center for homeless youth.</p>	<p>a. By December 2008 and thereafter, no children under age 13 in shelters.</p> <p>b. By December 31, 2009, 90% of children placed in shelters in compliance with MSA standards on appropriate use of shelters to include: 1) an alternative to detention; 2) short-term placement of an adolescent in crisis not to extend beyond 30 days; or 3) a basic center for homeless youth.</p>	<p>a. Between January and June 2014, four children under the age of 13 were placed in shelters.</p> <p>b. Between January and June 2014 98% of children over the age of 13 who were placed in shelters were in compliance with MSA standards.</p>	<p>a. Between July and December 2014, two children under the age of 13 were placed in shelters.⁴⁴</p> <p>b. Between July and December 2014, 98% of children over the age of 13 who were placed in shelters were in compliance with MSA standards.</p>	Partially	↔

⁴⁴ In December 2014 two children under the age of 13 were reported placed in a shelter: one for part of a day while a resource placement was located, and another for a 12 year old by court order following a criminal charge of shoplifting. The 12 year old spent 27 days in the shelter before being moved to a resource home.

Reference	Quantitative or Qualitative Measure	Final Target	June 2014 Performance ⁹	December 2014 Performance ¹⁰	Requirement Fulfilled (Yes/No/Ongoing) ¹¹	Direction of Change ¹²
<i>Repeat Maltreatment and Re-Entry into Out-of-Home Care</i>						
MSA III.A. 1.a	30. <u>Abuse and Neglect of Children in Foster Care</u> : 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 12 month period, divided by the total number of children who have been in care at any point during the period.	For the period beginning July 2010 and thereafter, no more than 0.49% of children will be victims of substantiated abuse or neglect by a resource parent or facility staff member.	In CY 2013, 0.32% of children were victims of substantiated abuse or neglect by a resource parent or facility staff member.	In CY 2014, 0.17% of children were victims of substantiated abuse or neglect by a resource parent or facility staff member. ⁴⁵	Yes	↑

⁴⁵ In CY 2014, of the 12,106 children who were in care at any point during the year, 20 (.17%) were victims of substantiated abuse or neglect by a resource parent or facility staff member.

Reference	Quantitative or Qualitative Measure	Final Target	June 2014 Performance ⁹	December 2014 Performance ¹⁰	Requirement Fulfilled (Yes/No/Ongoing) ¹¹	Direction of Change ¹²
MSA III.A 1.b	31. <u>Repeat Maltreatment</u> : Of all children who remain in home after substantiation of abuse or neglect, the percentage who have another substantiation within the next 12 months.	For the period beginning July 2009 and thereafter, no more than 7.2% of children who remain at home after a substantiation of abuse or neglect will have another substantiation within the next 12 months.	For children who were victims of a substantiated allegation of child maltreatment in CY 2012 and remained at home, 7.3% had another substantiation within the next 12 months. ⁴⁶	For children who were victims of a substantiated allegation of child maltreatment in CY 2013 and remained at home, 7.9% had another substantiation within the next 12 months. ^{47, 48}	No	↔
MSA III.A 1.c	32. <u>Repeat Maltreatment</u> : 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.	For the period beginning July 2009 and thereafter, no more than 4.8% of children who reunified will be the victims of substantiated abuse or neglect within one year after reunification.	In CY 2012, 8.5% of children who reunified were victims of substantiated child maltreatment within one year after reunification.	In CY 2013, 8.3% of children who reunified were victims of substantiated child maltreatment within one year after reunification.	No	↔

⁴⁶ Performance data for CY 2012 are different than what was previously reported due to errors later identified by DCF which overstated the number of children with an initial substantiated event. The previous methodology included children who were removed on the same day as the report date and children who were in care at the time the report was received. The revised data only includes those children who remained in their home, consistent with the language of this performance measure. These data also exclude subsequent reports of abuse/neglect which were received within 14 days of the initial substantiated event, consistent with the Administration for Children and Families new methodology for the 2015 Child and Family Service Reviews. See, <https://www.federalregister.gov/articles/2014/10/10/2014-24204/statewide-data-indicators-and-national-standards-for-child-and-family-services-reviews#h-26>

⁴⁷ Performance data for CY 2013 utilizes a new methodology than was previously used in data reported for this measure. As cited in previous FN, these data exclude subsequent reports of abuse/neglect which were received within 14 days of the initial substantiated event which reduces the possibility of counting the same event more than once.

⁴⁸ DCF believes that the repeat maltreatment rate may be impacted by use of the four-tier determination system that was implemented in April 2013 following regulatory change in 2012. The four-tier system – substantiated, established, not established and unfounded – impacts the data that are collected and reported for the two repeat maltreatment measures as both substantiated and established are considered “substantiated.”

Reference	Quantitative or Qualitative Measure	Final Target	June 2014 Performance ⁹	December 2014 Performance ¹⁰	Requirement Fulfilled (Yes/No/Ongoing) ¹¹	Direction of Change ¹²
MSA III.A 2.b	33. <u>Re-entry to Placement</u> : 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.	For the period beginning July 2011 and thereafter, of all children who exit, no more than 9% will re-enter custody within one year of exit.	Of all children who exited in CY 2012, 13% re-entered custody within one year of the date of exit.	Of all children who exited in CY 2013, 12% re-entered custody within one year of the date of exit. ⁴⁹	No	↔

⁴⁹ DCF has objected to the Monitor’s definition of “qualifying exits” used to analyze this measure. The Agency believes that due to the specific exclusion cited in the MSA, the definition of qualifying exits should only exclude children who run away from placement. The Monitor uses a definition of qualifying exits which excludes from the calculations runaways as well as children who are adopted. Based on the DCF recommended definition, of all children who exited in CY 2013, 9% re-entered custody within one year of the date of exit. Using that definition, DCF calculates performance for previous years as follows: CY 2007, 12%; CY 2008, 10%; CY 2009, 10%; CY 2010, 9%; CY 2011, 9%; CY 2012, 10%.

Reference	Quantitative or Qualitative Measure	Final Target	June 2014 Performance ⁹	December 2014 Performance ¹⁰	Requirement Fulfilled (Yes/No/Ongoing) ¹¹	Direction of Change ¹²
<i>Permanency</i>						
MSA III.A 2.a	34.a., d., e. <u>Discharged to Permanency</u> : Percentage of children discharged from foster care to permanency (reunification, permanent relative care, adoption and/or guardianship).					
	a. Of all children who entered foster care for the first time in target year and who remained in foster care for eight days or longer, percentage that discharged to permanency within 12 months.	a. CY 2011: 50%	a. CY 2012: 46%	a. CY 2013: 45% ⁵⁰	No	↔
	d. Of all children who were in foster care on the first day of the target year and had been in care between 13 -24 months, percentage that discharged to permanency prior to 21 st birthday or by the last day of the year.	d. CY 2011: 47%	d. CY 2013: 46%	d. CY 2014: 43%		
e. Of all children who were in foster care for 25 months or longer on the first day of the target year, percentage that discharged to permanency prior to 21 st birthday or by the last day of the year.	e. CY 2011: 47%	e. CY 2013: 36%	e. CY 2014: 38%			

⁵⁰ Data for CY 2014 will not be available until early CY 2016.

Reference	Quantitative or Qualitative Measure	Final Target	June 2014 Performance ⁹	December 2014 Performance ¹⁰	Requirement Fulfilled (Yes/No/Ongoing) ¹¹	Direction of Change ¹²
MSA III.A 2.a	34.b. <u>Adoption</u> : Of all children who became legally free for adoption during the 12 months prior to the target year, percentage that was discharged from foster care to a finalized adoption in less than 12 months from the date of becoming legally free.	Of those children who become legally free in CY 2011, 60% will be discharged to a final adoption in less than 12 months from the date of becoming legally free.	74% of children who became legally free in CY 2012 were discharged from foster care to a finalized adoption in less than 12 months from date of becoming legally free.	76% of children who became legally free in CY 2013 were discharged from foster care to a finalized adoption in less than 12 months from date of becoming legally free. ⁵¹	Yes	↔
MSA III.A 2.a	34.c. <u>Total time to Adoption</u> : Of all children who exited foster care to adoption in the target year, what percentage was discharged from foster care to adoption within 30 months from removal from home.	Of all children who exit to adoption in CY 2011, 60% will be discharged from foster care to adoption within 30 months from removal from home.	Of all children who exited to adoption in CY 2013, 45% were discharged from foster care to adoption within 30 months from removal from home.	Of all children who exited to adoption in CY 2014, 46% were discharged from foster care to adoption within 30 months from removal from home.	No	↔
MSA III.B 12(i)	35. <u>Progress Toward Adoption</u> : Number/percent of children with a permanency goal of adoption who have a petition to terminate parental rights filed within 60 days of the date of the goal change.	Beginning January 1, 2010, of the children in custody whose permanency goal is adoption, at least 90% shall have a petition to terminate parental rights filed within 60 days of the date of the goal change.	In June 2014, 68% of children with a permanency goal of adoption had a petition to terminate parental rights filed within 60 days of the date of the goal change. Performance between January and June 2014 ranged from 68 to 85%.	In December 2014, 71% of children with a permanency goal of adoption had a petition to terminate parental rights filed within 60 days of the date of the goal change. Performance between July and December 2014 ranged from 61 to 81%. ⁵²	No	↔

⁵¹ Data for CY 2014 will not be available until early CY 2016.

⁵² Performance data for monitoring period are as follows: July 2014, 81%; August 2014, 78%; September 2014, 61%; October 2014, 77%; November 2014, 65%; December 2014, 71%.

Reference	Quantitative or Qualitative Measure	Final Target	June 2014 Performance ⁹	December 2014 Performance ¹⁰	Requirement Fulfilled (Yes/No/Ongoing) ¹¹	Direction of Change ¹²
CPM MSA III.B 12.a (ii)	36. <u>Child Specific Adoption Recruitment</u> : 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.	Beginning January 1, 2010, 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.	Between January and June 2014, 78 children required child specific recruitment plans and 52 (67%) of these plans were developed within 30 days of the date of goal change.	Between July and December 2014, 36 children required child specific recruitment plans and 33 (92%) of these plans were developed within 30 days of the date of goal change.	Yes	↑
MSA III.B 12.a.(iii)	37. <u>Placement in an Adoptive Home</u> : 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.	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 nine months of the termination of parental rights.	Between January and June 2014, 13 (62%) out of 21 applicable children with a permanency goal of adoption for whom an adoptive home had not been identified at the time of the termination were placed in an adoptive home within nine months of termination of parental rights.	Between July and December 2014, 5 (71%) out of 7 applicable children with a permanency goal of adoption for whom an adoptive home had not been identified at the time of the termination were placed in an adoptive home within nine months of termination of parental rights.	Yes ⁵³	↑
MSA III.B 12.b	38. <u>Final Adoptive Placements</u> : Number/percent of adoptions finalized within nine months of adoptive placement.	Beginning July 1, 2009, of adoptions finalized, at least 80% shall have been finalized within nine months of adoptive placement.	In June 2014, 97% of adoptions were finalized within nine months of adoptive placement.	In December 2014, 98% of adoptions were finalized within nine months of adoptive placement.	Yes	↔

⁵³ The Monitor considers this performance measure met as there were only seven applicable cases and one case is causing DCF's inability to meet the final target.

Reference	Quantitative or Qualitative Measure	Final Target	June 2014 Performance ⁹	December 2014 Performance ¹⁰	Requirement Fulfilled (Yes/No/Ongoing) ¹¹	Direction of Change ¹²
<i>Health Care for Children in Out-of-Home Placement</i>						
MSA II.F.5	39. <u>Pre-Placement Medical Assessment</u> : Number/percent of children receiving pre-placement medical assessment in a setting appropriate to the situation. ⁵⁴	By December 31, 2009, 98% of children will receive a pre-placement assessment either in a non-emergency room setting, or in an emergency room (ER) setting if the child needed emergency medical attention or the child was already in the emergency room when DCP&P received the referral.	100% of children entering DCP&P custody received a pre-placement assessment (PPA). 99% of PPAs occurred in a setting appropriate for the situation.	99% of children entering DCP&P custody received a pre-placement assessment (PPA). 98% of PPAs occurred in a setting appropriate for the situation.	Yes	↔
MSA III.B 11	40. <u>Initial Medical Examinations</u> : Number/percent of children entering out-of-home care receiving full medical examinations within 60 days.	By January 1, 2009 and thereafter, at least 85% of children shall receive full medical examinations within 30 days of entering out-of-home care and at least 98% within 60 days.	From January through June 2014, 84% of children received a CME within the first 30 days of placement and 97% received a CME within the first 60 days of placement.	From July through December 2014, 83% of children received a CME within the first 30 days of placement and 97% received a CME within the first 60 days of placement.	Yes ⁵⁵	↔

⁵⁴ By agreement of the parties, this measure has been redrafted to combine the percentage of PPAs in a non-ER setting and those PPAs conducted in an ER that are appropriate based on the presenting medical needs of the child/youth or because the child/youth was already in the ER when CP&P received the referral.

⁵⁵ While technically DCF fell below the final target, when looking at past performance, the Monitor considers performance this monitoring period to be temporary and insubstantial. The Monitor will closely track performance over the next few months to determine if this performance represents a more significant loss of access to medical care for children in out-of-home placement.

Reference	Quantitative or Qualitative Measure	Final Target	June 2014 Performance ⁹	December 2014 Performance ¹⁰	Requirement Fulfilled (Yes/No/Ongoing) ¹¹	Direction of Change ¹²
Negotiated Health Outcomes	41. <u>Required Medical Examinations</u> : Number/percent of children in care for one year or more who received medical examinations in compliance with Early Periodic Screening and Diagnosis Treatment (EPSDT) guidelines.	By June 2010, 98% of children in care for one year or more will receive medical examinations in compliance with EPSDT guidelines.	From January through June 2014, 89% of children ages 12-24 months were clinically up-to-date on their EPSDT visits and 91% of children older than two years were clinically up-to-date on their EPSDT visits.	From July through December 2014, 93% of children ages 12-24 months were clinically up-to-date on their EPSDT visits and 90% of children older than two years were clinically up-to-date on their EPSDT visits.	Partially ⁵⁶	↔
MSA II.F.2	42. <u>Semi-Annual Dental Examinations</u> : Number/percent of children ages three and older in care six months or more who received semi-annual dental examinations.	a. By December 2011, 98% of children will receive annual dental examinations. b. By December 2011, 90% of children will receive semi-annual dental examinations.	a. By June 2014, 98% of children received an annual dental examination. b. By June 2014, 83% of children were current with their semi-annual dental exam.	a. By December 2014, 98% of children received an annual dental examination. b. By December 2014, 80% of children were current with their semi-annual dental exam.	Partially	↔
MSA II.F.2	43. <u>Follow-up Care and Treatment</u> : Number/percent of children who received timely accessible and appropriate follow-up care and treatment to meet health care and mental health needs.	By December 31, 2011, 90% of children will receive timely, accessible and appropriate follow-up care and treatment to meet health care and mental health needs.	94% of children received follow-up care for needs identified in their CME.	92% of children received follow-up care for needs identified in their CME. ⁵⁷	Yes	↔

⁵⁶ While not yet meeting the final target, performance on EPSDT/well child exams represents sustained access to health care for this population and is a significant achievement.

⁵⁷ DCF conducted a health care case record review in order to report on this measure. The review examined records of a random sample of children in CP&P out-of-home placement who were removed between May 1 and October 31, 2014 and were in care for a minimum of 60 days. 2,031 children comprise this cohort and a sample of 343 children was reviewed.

Reference	Quantitative or Qualitative Measure	Final Target	June 2014 Performance ⁹	December 2014 Performance ¹⁰	Requirement Fulfilled (Yes/No/Ongoing) ¹¹	Direction of Change ¹²
	44. <u>Immunization</u> : Children in DCF custody are current with immunizations.	By December 31, 2011, 98% of children in custody will be current with immunizations.	From April through June 2014, 95% of children in out-of-home placement were current with their immunizations.	From October through December 2014, 95% of children in out-of-home placement were current with their immunizations.	Partially ⁵⁸	↔
MSA II.F.8	45. <u>Health Passports</u> : Children's parents/ caregivers receive current Health Passport within five days of a child's placement.	By June 30, 2011, 95% of caregivers will receive a current Health Passport within five days of a child's placement.	62% of caregivers received Health Passports within five days of a child's placements and 98% of caregivers received Health Passports within 30 days of a child's placement.	83% of caregivers received Health Passports within five days of a child's placements and 98% of caregivers received Health Passports within 30 days of a child's placement. ⁵⁹	No	↑

⁵⁸ While not yet meeting the final target, performance on ensuring children in out-of-home care are current with their immunizations represents sustained access to health care for this population and is a significant achievement.

⁵⁹ DCF conducted a health care case record review in order to report on this measure. The review examined records of a random sample of children in CP&P out-of-home placement who were removed between May 1 and October 31, 2014 and were in care for a minimum of 60 days. 2,031 children comprise this cohort and a sample of 343 children was reviewed.

Reference	Quantitative or Qualitative Measure	Final Target	June 2014 Performance ⁹	December 2014 Performance ¹⁰	Requirement Fulfilled (Yes/No/Ongoing) ¹¹	Direction of Change ¹²
<i>Health Care for Children in Out-of-Home Placement</i>						
MSA II.F.2	46. <u>Mental Health Assessments</u> : Number/percent of children with a suspected mental health need who receive mental health assessments.	By December 31, 2011, 90% of children with a suspected mental health need will receive a mental health assessment.	99% of eligible children and youth received a mental health screening. Of those screened, 44% had a suspected mental health need. Of those with a suspected mental health need (and 9 additional youth already receiving services) 94% received a mental health assessment.	99% of eligible children and youth received a mental health screening. Of those screened, 52% had a suspected mental health need. Of those with a suspected mental health need (including 11 youth already receiving services) 87% received a mental health assessment. ⁶⁰	Yes ⁶¹	↓

⁶⁰ DCF conducted a health care case record review in order to report on this measure. The review examined records of a random sample of children in CP&P out-of-home placement who were removed between May 1 and October 31, 2014 and were in care for a minimum of 60 days. 2,031 children comprise this cohort and a sample of 343 children was reviewed.

⁶¹ While DCF fell below the final target for mental health assessments, the Monitor considers the decline in performance this monitoring period to be temporary and insubstantial. The Monitor will closely track performance over the next few months to determine if this performance represents a more significant decrease in access to mental health assessments for children in out-of-home placement.

Reference	Quantitative or Qualitative Measure	Final Target	June 2014 Performance ⁹	December 2014 Performance ¹⁰	Requirement Fulfilled (Yes/No/Ongoing) ¹¹	Direction of Change ¹²
CPM	47. <u>Provision of in-home and community-based mental health services for children and their families</u> : CSOC shall continue to support activities of CMOs, YCMs, FSOs, Mobile Response, evidence-based therapies such as MST and FFT and crisis stabilization services to assist children and youth and their families involved with DCP&P and to prevent children and youth from entering DCP&P custody.	Ongoing Monitoring of Compliance	DCF continues to support CMO, YCMs, FSOs, Mobile Response, MST, FFT and community-based services to prevent children from being removed and to reunify children with their parents.	DCF continues to support a robust Children's System of Care with components including Mobile Response, MST, FFT and community-based services to prevent children from being removed and to reunify children with their parents.	Yes	N/A
<i>Services to Families</i>						
CPM	48. <u>Continued Support for Family Success Centers</u> : DCF shall continue to support statewide network of Family Success Centers.	Ongoing Monitoring of Compliance	52 Family Success Centers statewide	50 Family Success Centers statewide	Yes	N/A
CPM	50. <u>Services to Support Transitions</u> : The Department will provide services and supports to families to support and preserve successful transitions.	By December 31, 2011, 90% of cases score appropriately as measured by QR.	51% of cases rated at least minimally acceptable on QR indicator 'Transitions and Life Adjustments.'	58% of cases rated at least minimally acceptable on QR indicator 'Transitions and Life Adjustments.'	No	↑

Reference	Quantitative or Qualitative Measure	Final Target	June 2014 Performance ⁹	December 2014 Performance ¹⁰	Requirement Fulfilled (Yes/No/Ongoing) ¹¹	Direction of Change ¹²
CPM	51. <u>Post-Adoption Supports</u> : The Department will make post-adoption services and subsidies available to preserve families who have adopted a child.	Ongoing Monitoring of Compliance	DCF administers an Adoption Subsidy Program which supported 14,025 adopted children as of June 2014. DCF funds a statewide network of post-adoption services through contract arrangements with 11 private agencies. Funding remains slightly over \$3 million and is used to provide adoption specific counseling and supports to families.	DCF administers an Adoption Subsidy Program which supported 14,043 adopted children as of December 2014. DCF funds a statewide network of post-adoption services through contract arrangements with 11 private agencies. Funding remains slightly over \$3 million and is used to provide adoption specific counseling and supports to families.	Yes	↔
CPM	52. <u>Provision of Domestic Violence Services</u> . DCF shall continue to support Domestic Violence liaisons, PALS and Domestic Violence shelter programs to prevent child maltreatment and assist children and families involved with DCP&P.	Ongoing Monitoring of Compliance	39 liaisons are available in CP&P's 46 Local Offices, one in each county. DCF also supports the Domestic Violence Legal Advocacy Program and the other programs targeted to assist eligible victims of domestic violence.	39 liaisons are available in CP&P's 46 Local Offices, one in each county. DCF also supports the Domestic Violence Legal Advocacy Program and the other programs targeted to assist eligible victims of domestic violence. In October 2014, the Office of Domestic Violence Services (ODVS) transferred from Family and Community Partnerships (FCP) to the DCF's Division on Women (DOW).	Yes	N/A

Reference	Quantitative or Qualitative Measure	Final Target	June 2014 Performance ⁹	December 2014 Performance ¹⁰	Requirement Fulfilled (Yes/No/Ongoing) ¹¹	Direction of Change ¹²
<i>Services to Older Youth</i>						
CPM	53. <u>Independent Living Assessments</u> : Number/percent of cases where DCF Independent Living Assessment is complete for youth age 14-18.	By December 31, 2011, 95% of youth age 14-18 have an Independent Living Assessment.	90% of youth ages 14 to 18 in out-of-home placement for at least six months had a completed Independent Living Assessment.	85% of youth ages 14 to 18 in out-of-home placement for at least six months had a completed Independent Living Assessment.	No	↓
CPM	54. <u>Services to Older Youth</u> : 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.	By December 31, 2011, 90% of youth are receiving acceptable services as measured by the New Jersey Qualitative Review.	Between January 2012 and July 2013, 66% of youth cases reviewed rated acceptable.	In CY 2014, 59% of youth cases reviewed rated acceptable. ⁶²	No	↓

⁶² Reported performance based upon QR findings from 39 cases of youth ages 18 to 21 whose cases were reviewed in CY 2014. Cases were considered acceptable if acceptable ratings were determined for *both* overall Child (Youth)/Family Status and Practice Performance. Of the 39 reviewed, 34 (87%) cases rated acceptable on overall Child (Youth)/Family Status and 24 (62%) cases rated acceptable on Practice Performance.

Reference	Quantitative or Qualitative Measure	Final Target	June 2014 Performance ⁹	December 2014 Performance ¹⁰	Requirement Fulfilled (Yes/No/Ongoing) ¹¹	Direction of Change ¹²
CPM	55. <u>Youth Exiting Care</u> : Youth exiting care without achieving permanency shall have housing and be employed or in training or an educational program.	By December 31, 2011, 95% of youth exiting care without achieving permanency shall have housing and be employed or in training or an educational program.	Data collected during a case record review of all youth exiting care between January and June 2014 without achieving permanency found that 84% of youth had housing and 63% of youth were either employed or enrolled in education or vocational training program.	Data collected during a case record review of all youth exiting care between July and December 2014 without achieving permanency found that 89% of youth had housing and 74% of youth were either employed or enrolled in education or vocational training program. ⁶³	No	↑

⁶³ Case records for 87 youth were reviewed.

Ongoing Phase I and Phase II Requirements

The following are additional MSA requirements that DCF must meet:	December 2014 Performance	Fulfilled (Yes/No)
II.A.5. In reporting during Phase I on the state’s compliance, the Monitor shall focus on the quality of the Case Practice Model and the actions by the state to implement it.	All Local Offices have completed the immersion process.	Yes
II.B.1.b. 100% of all new case carrying workers shall be enrolled in Pre-service Training, including training in intake and investigations, within two weeks of their start date.	Between July and December 2014, 141 (100%) new caseworkers (69 hired in the previous monitoring period) were enrolled in Pre-service training within two weeks of their start date (4 BCWEP hires). ⁶⁴	Yes
II.B.1.c. No case carrying worker shall assume a full caseload until completing Pre-service Training and passing competency exams.	Between July and December 2014, 141 (100%) new workers (69 hired in the previous monitoring period) who are now case-carrying workers have passed competency exams (4 BCWEP hires).	Yes
II.B.2. c. 100% of case carrying workers and supervisors shall take a minimum of 40 hours of annual In-service Training and shall pass competency exams.	Between January and December 2014, 2,781 staff completed 40 or more hours of In-service training.	Yes
II.B.2.d. The state shall implement In-service Training on concurrent planning for all existing staff.	Between July and December 2014, all 57 (100%) out of 57 new CP&P workers were trained in concurrent planning and passed competency exams before assuming caseloads.	Yes

⁶⁴ The Baccalaureate Child Welfare Education Program (BCWEP) is a consortium of seven New Jersey colleges (Rutgers University, Seton Hall University, Stockton College, Georgian Court University, Monmouth University, Century College and Ramapo College) that enables students to earn a Bachelor of Social Work (BSW) degree. The Monitor has previously determined that this course of study together with Worker Readiness Training designed by the DCF Child Welfare Training Academy satisfies the MSA requirements. All BCWEP students are required to pass the same competency exams that non-BCWEP students take before they are permitted to carry a caseload.

Ongoing Phase I and Phase II Requirements

The following are additional MSA requirements that DCF must meet:	December 2014 Performance	Fulfilled (Yes/No)
II.B.3.a. All new staff responsible for conducting intake or investigations shall receive specific, quality training on intake and investigations processes, policies and investigations techniques and pass competency exams before assuming responsibility for cases.	Between July and December 2014, a total of 146 (100%) employees assigned to intake and investigations in this monitoring period successfully completed one or more modules of intake training and passed competency exams.	Yes
II.B.4.b. 100% of all staff newly promoted to supervisory positions shall complete their 40 hours of supervisory training and shall have passed competency exams within six months of assuming their supervisory positions.	Between July and December, 2014, 42 supervisors were trained and passed competency exams.	Yes
II.C.4 The state will develop a plan for appropriate service delivery for lesbian, gay, bisexual, transgender and questioning youth, and thereafter begin to implement this plan.	Delivery of services ongoing.	Yes
II.C.5 The state shall promulgate and implement policies designed to ensure that the state continues to provide services to youth between ages 18-21 similar to services previously available to them.	DCF continues to develop and revise policies and provide services to older youth.	Yes
II.C.6 The state shall provide mental health services to at least 150 birth parents whose families are involved with the child system.	DCF continues to meet this standard by funding both in-home and office-based therapeutic interventions for over 400 birth parents (unduplicated count) in efforts to maintain children in, or return children to, the custody of their parents. The state's approved Medicaid Waiver moves adults into a managed care system which should allow for a more comprehensive approach to patient care and treatment of both physical and mental health needs. This impacts some parents involved with CP&P and could improve access to mental health care.	Yes

Ongoing Phase I and Phase II Requirements

The following are additional MSA requirements that DCF must meet:	December 2014 Performance	Fulfilled (Yes/No)
II.D.1. The state shall implement an accurate real time bed tracking system to manage the number of beds available from the CSOC and match those with children who need them.	The state has implemented and utilizes a real time bed tracking system to match children with placements.	Yes
II.D.2. The state shall create a process to ensure that no child shall be sent to an out-of-state congregate care facility. The process will also ensure that for any child who is sent out-of-state, an appropriate plan is developed to maintain contacts with family and return the child in-state as soon as appropriate.	As of December 31, 2014, there was one youth in an out-of-state residential placement.	Yes
II.D.5. The state shall implement an automated system for identifying youth in its custody being held in juvenile detention facilities and ensure that they are placed within 30 days of disposition.	DCF reports that from July through December 2014, three youth in DCP&P custody were in juvenile detention awaiting a CSOC placement. All transitioned within 30 days of disposition of their juvenile court case.	Yes
II.G.9. The state shall provide adoption training to designated Adoption workers for each Local Office.	28 (100%) Adoption workers were trained between July and December, 2014.	Yes
II.G.15. The state shall issue reports based on the adoption process tracking system.	Adoption tracking data are now collected in NJ SPIRIT and DCF is reporting on all data required in MSA II.G.4.	Yes
II.H.4. The period for processing resource family applications through licensure will be 150 days.	Of applications submitted between July and December 2014, DCF resolved 60% of applications within 150 days.	No
II.H.13 The state shall implement the methodology for setting annualized targets for resource family non-kin recruitment.	DCF continues to set targets for homes targeted for recruitment by county.	Yes
II.H.14 The state shall provide flexible funding at the same level or higher than provided in FY'07.	In FY 2015, the flex fund budget is \$5,714,602.	Yes
II.H.17 The state shall review the Special Home Service Provider (SHSP) resource family board rates to ensure continued availability of these homes and make adjustments as necessary.	Resource family board rates are sufficient to ensure continued availability of resource family homes.	Yes

Ongoing Phase I and Phase II Requirements

The following are additional MSA requirements that DCF must meet:	December 2014 Performance	Fulfilled (Yes/No)
II.J.2. The state shall initiate management reporting based on SafeMeasures.	The state continues to use SafeMeasures for management reporting.	Yes
II.J.6. The state shall annually produce DCF agency performance reports.	DCF released FY 2014 in March 2015. DCF's 2014 Annual Report is available at: http://www.state.nj.us/dcf/documents/about/NJDCF_Annual_Report2014.PDF	Yes
II.J.9. The state shall issue regular, accurate reports from SafeMeasures.	The state has the capacity and is regularly producing reports from SafeMeasures	Yes
II.J.10. The state shall produce caseload reporting that tracks caseloads by office and type of worker and, for permanency and Adoption workers, that tracks children as well as families.	The state has provided the Monitor with reports that provide individual caseloads of children and families for Intake, Permanency and Adoption workers.	Yes
II.E.20 95% of offices shall have sufficient supervisory staff to maintain a five worker to one supervisor ratio.	98% of CP&P Local Offices have sufficient frontline supervisors, with ratios of five workers to one supervisor.	Yes
III.B.1.a 95% of offices with average caseloads meeting the standard and at least 95% of individual workers with caseloads meeting the standard: <i>Permanency workers</i> : no more than 15 families and no more than ten children in out-of-home care.	98% of offices met permanency standards. 98% of Permanency workers met caseload requirements. ⁶⁵	Yes
III.B.1.b 95% of offices with average caseloads meeting the standard and at least 95% of individual workers with caseloads meeting the standard: <i>Intake workers</i> : no more than 12 open cases and no more than eight new case assignments per month.	93% of offices met intake standards. 87% of Intake workers met caseload requirements. ⁶⁶	No
III.B.1.c 95% of individual workers with caseloads meeting the standard: <i>IAIU investigators</i> : no more than 12 open cases and no more than eight new cases assignments per month.	100% of IAIU workers met caseload requirements.	Yes

⁶⁵ Reported performance is the average of DCF's performance in meeting individual caseload standards during this six month monitoring period.

⁶⁶Ibid.

Ongoing Phase I and Phase II Requirements

The following are additional MSA requirements that DCF must meet:	December 2014 Performance	Fulfilled (Yes/No)
III.B.1.d 95% of offices with average caseloads meeting the standard and at least 95% of individual workers with caseloads meeting the standard: <i>Adoption workers</i> : no more than 15 children.	88% of offices met adoption standards. 88% of Adoption workers met caseload requirements. ⁶⁷	No
III.C.2 The state shall promulgate and implement policies designed to ensure that psychotropic medication is not used as a means of discipline or control and that the use of physical restraint is minimized.	In January 2010, DCF issued polices on psychotropic medication and continues to monitor children and youth on psychotropic medication in accordance with this policy.	Yes
III.C.4 The state shall continue to meet the final standards for pre-licensure and ongoing training of resource families, as described in Phase I.	DCF continues to conduct pre-licensure training for CP&P resource families and contracts with Foster and Adoptive Family Services (FAFS) to conduct ongoing In-service training.	Yes
III.C.5 The state shall incorporate into its contracts with service providers performance standards consistent with the Principles of the MSA.	The Monitor has previously reviewed several service provider contracts and found that such contracts incorporate performance standards consistent with the principles of the MSA.	Yes
III.C.6 In consultation with the Monitor, the state shall develop and implement a well-functioning quality improvement program consistent with the Principles of the MSA and adequate to carry out the reviews of case practice in Phase II.	DCF's Office Performance Management and Accountability continues to facilitate case record reviews, ChildStat and Qualitative Reviews statewide.	Yes

⁶⁷ Ibid.

Ongoing Phase I and Phase II Requirements

The following are additional MSA requirements that DCF must meet:	December 2014 Performance	Fulfilled (Yes/No)
<p>III.C.7 The state shall regularly evaluate the need for additional placements and services to meet the needs of children in custody and their families, and to support intact families and prevent the need for out-of-home care. Such needs assessments shall be conducted on an annual, staggered basis that assures that every county is assessed at least once every three years. The state shall develop placements and services consistent with the findings of these needs assessments.</p>	<p>According to DCF's Timeline for Completing Needs Assessment Activities, the state is close to but has yet to complete Phase I, due December 2014.</p>	<p align="center">Partially</p>
<p>III.C.8 Reimbursement rates for resource families shall equal the median monthly cost per child calculated by the United States Department of Agriculture for middle-income, urban families in the northeast.</p>	<p>Resource family board rates continue to meet USDA standards.</p>	<p align="center">Yes</p>

IV. INVESTIGATIONS OF ALLEGED CHILD ABUSE AND NEGLECT

A. New Jersey's State Central Registry (SCR)

New Jersey's State Central Registry (SCR) is charged with receiving calls of suspected child abuse and neglect as well as calls where reporters believe the well-being of families is at risk and an assessment, support and/or information and referral is needed, even though there is no allegation of child abuse or neglect. The SCR operates 24 hours per day, seven days per week with multiple shifts of staff and supervisors and a sophisticated call management and recording system. SCR screeners determine the nature of each caller's concerns and initiate the appropriate response. This function also includes receiving calls about and investigating allegations of abuse and/or neglect in institutional settings (e.g., resource homes, schools and residential facilities). CP&P Local Offices employ investigative staff to follow up on the calls as appropriate. A regionally organized Institutional Abuse Investigation Unit (IAIU) is responsible for investigating allegations of abuse and/or neglect in institutional settings.

State Central Registry (SCR)

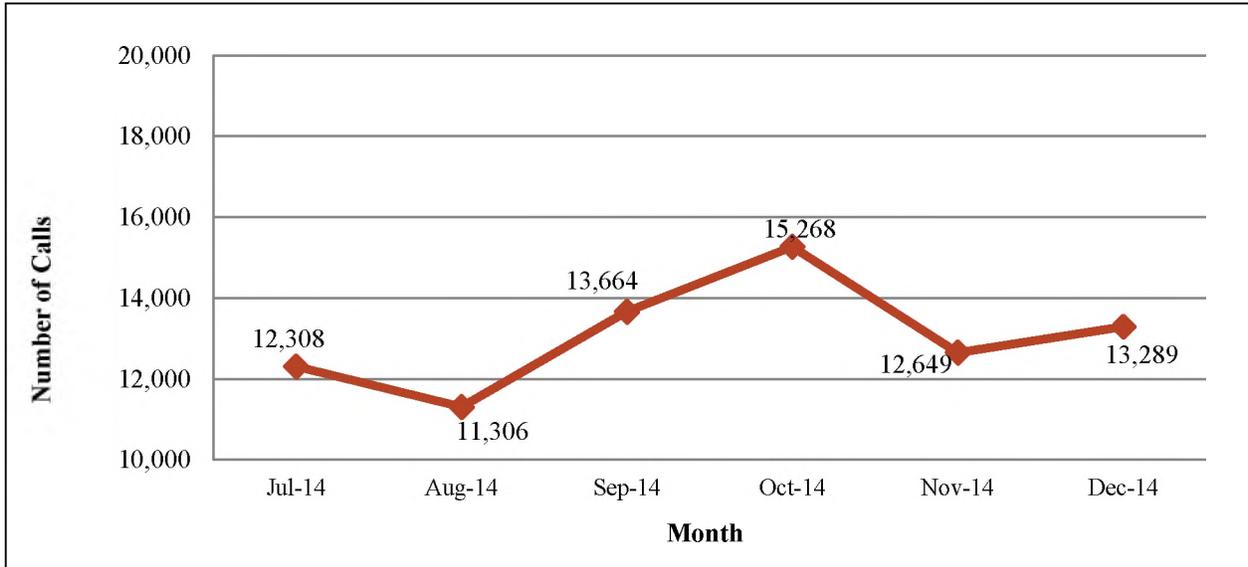
Quantitative or Qualitative Measure	<ol style="list-style-type: none"> 1. <u>Responding to Calls to the SCR:</u> <ol style="list-style-type: none"> a. Total number of calls b. Number of abandoned calls c. Time frame for answering calls d. Number of calls screened out e. Number of referrals for CWS
Final Target	Ongoing Monitoring of Compliance

Performance as of December 31, 2014:

Between July and December 2014, the SCR received a total of 78,484 calls.⁶⁸ Data from the call system show that in December 2014 callers waited approximately 29 seconds for a SCR screener to answer their call. Of all the calls received during this monitoring period, 26,774 (34%) calls related to the possible need for a Child Protective Services (CPS) response. Of those, screeners classified 26,492 (99%) reports for investigation of alleged child abuse or neglect. Another 8,414 (11%) calls related to the possible need for Child Welfare Services (CWS) and assessment of service need, of which 8,272 (98%) were referred for response. The call volume is slightly lower than that of the same period in 2013. The CPS report and CWS assessment volumes are similar to those of the same period in 2013. Figure 1 shows a breakdown of the call volume at SCR for each month July through December 2014. As shown in Figure 1, October call volume was the highest; this is typical for most states as schools are a principal referral source and by October of each school year many educational staff becomes alerted to concerns.

⁶⁸ Calls are differentiated from reports or referrals because SCR can receive several calls related to one incident or in some cases, one call can result in several separate reports or referrals.

**Figure 1: Number of Calls to SCR by Month
(July – December 2014)**



Source: DCF data

Quantitative or Qualitative Measure	<p>2. <u>Quality of SCR Response:</u></p> <ul style="list-style-type: none"> 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
Final Target	Ongoing Monitoring of Compliance

Performance as of December 31, 2014:

Between July and December 2014, the SCR continued to conduct staff training and quality review processes that the Monitor believes have contributed to the overall quality of SCR response. DCF employees who transfer to SCR continue to receive up to 20 days of training with an emphasis on live-call training.⁶⁹ Newly hired SCR staff spend the final week of their training period on the designated shift they are assigned. This process permits the supervisor to become an active participant in the screener’s training process.

DCF continues to focus efforts on leadership training to increase SCR supervisors’ capacity to address complex situations, measure results and assist in the implementation of sustained system change to better support screeners. In September 2014, three SCR screeners were accepted into the Rutgers School of Social Work Violence Against Women Program certificate program. This

⁶⁹ All employees at SCR must have prior field experience

program is part of DCF's efforts to increase screeners' knowledge about violence and its impact on children and families. To date, the SCR has four screeners who have successfully completed the program and are assisting SCR staff with understanding violence and its impact on the family unit.

Quality assurance remains a priority for the SCR. As previously reported, a Quality Assurance Peer Review Team completes a daily review of all reports designated as information and referral (I&R)⁷⁰ generated the previous business day. The SCR Peer Review Team evaluates 75 percent of all I&R calls received the previous business day to ensure they are properly categorized and supervisory staff more closely examine the remaining 25 percent of I&R calls for proper decision-making and case practice. To account for internal bias, reports identified with concerns are reviewed by casework supervisors who were not included in the referral's decision-making process. The SCR administrator also performs a daily review of randomly selected reports. Additionally, SCR supervisors review and evaluate a prescribed number of calls for their staff in order to continually assess their screeners' performance, identify areas in need of improvement and provide on-going training to strengthen staff skills.

SCR's administrative team continues to analyze trends related to "upgrade requests" – defined as intake calls that were originally coded as I&R but, upon administrative review, were determined to require CP&P intervention and upgraded to either a CPS or CWS. During this monitoring period, 1.5 percent of all I&R reports were upgraded. The results of this review indicated the need to augment both (1) screeners' training on substance abuse relapse and recovery and parent-child conflict; and (2) screener practices for referrals related to child-on-child sexual activity, requests for services from youth ages 18 to 21, and requests from out-of-state CPS agencies. A system continues to be in place requiring screeners to conference each of these types of referrals with a supervisor prior to coding the call. Additionally, SCR instituted case practice forums with supervisory staff to further discuss and strengthen practice for these specific situations.

DCF is committed to enhancing and building community partnerships in an effort to increase knowledge and understanding with community partners about SCR's function and role in order to ensure that timely and appropriate referrals are being made by the community. During this monitoring period, SCR made presentations to various community stakeholders, including NJ Child Assault Prevention, Gateway Community Action Partnership and the NJ Dentist Association.

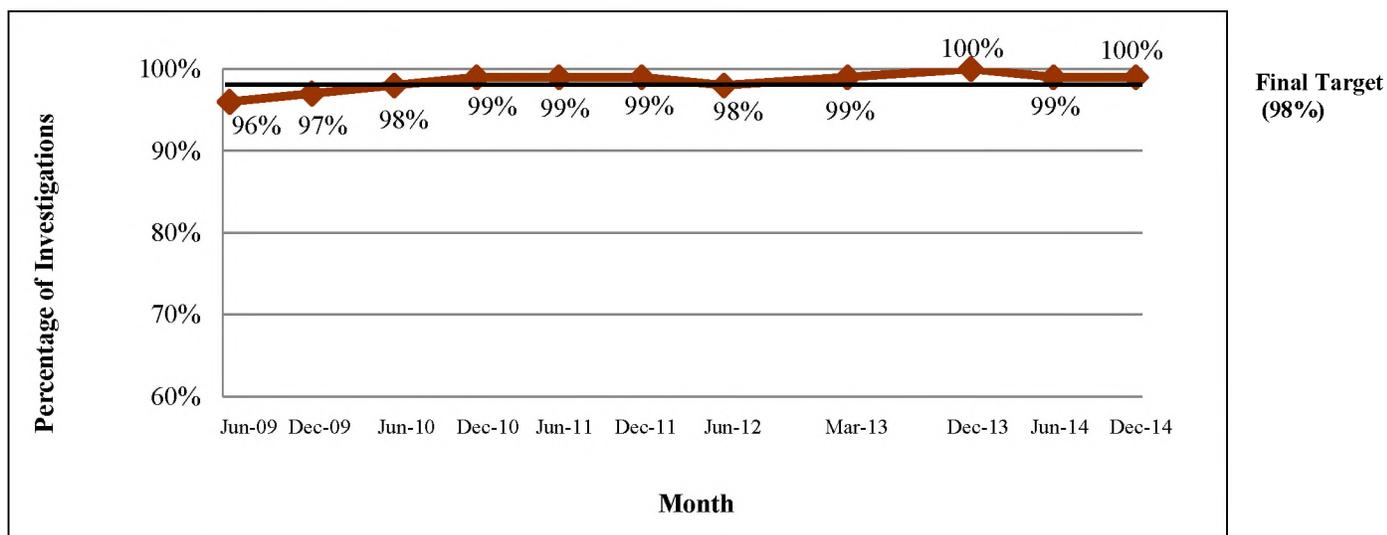
⁷⁰ A call is identified as an I&R call when it has been determined that CP&P intervention is not warranted, and (1) a caller is seeking a referral to one or more service providers, (2) a SCR screener determines that a referral is the appropriate response to the concern raised by the caller, or (3) the matter is referred back to the caller for handling (e.g., police calling about non-abuse incident, school calling about educational neglect).

Investigative Practice

B. *Timeliness and Quality of Investigative Practice*

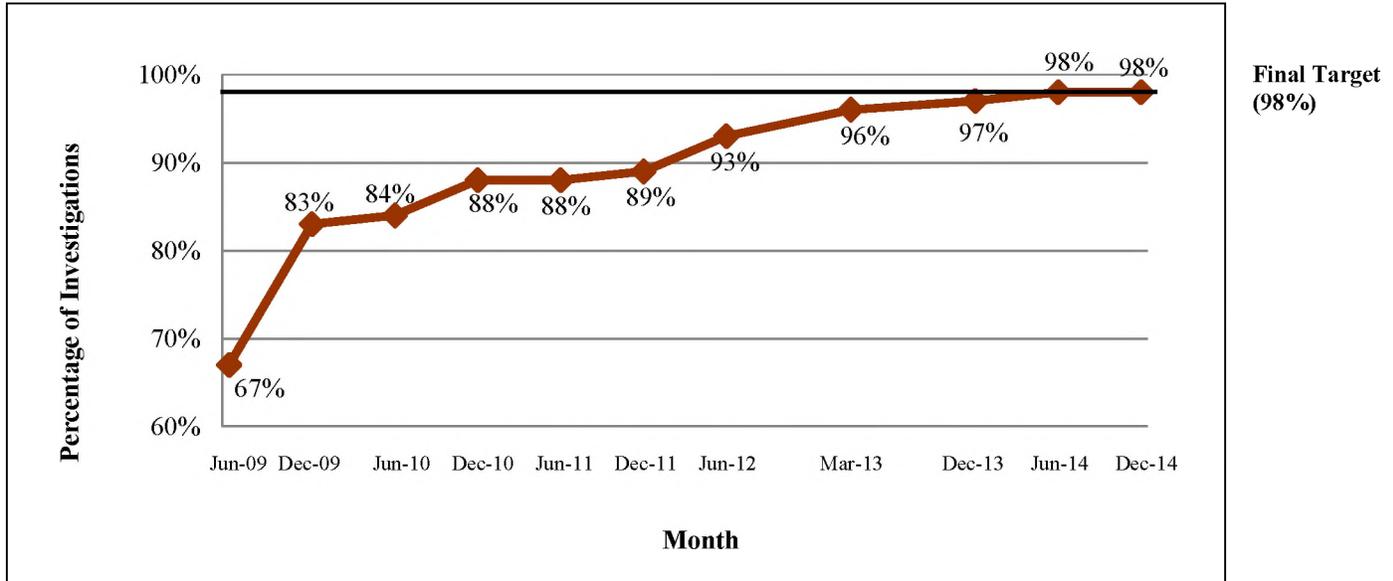
Quantitative or Qualitative Measure	3. <u>Timeliness of Response</u> : Investigations of alleged child abuse and neglect shall be received by the field in a timely manner and commenced within the required response time as identified at SCR, but no later than 24 hours.
Final Target	<ul style="list-style-type: none"> a. For periods beginning July 1, 2009, and thereafter, 98% of investigations shall be received by the field in a timely manner. b. For periods beginning July 1, 2009, and thereafter, 98% of investigations shall be commenced within the required response time.

Figure 2: Percentage of Investigations Received by the Field in a Timely Manner (June 2009 – December 2014)



Source: DCF data

Figure 3: Percentage of Investigations Commenced within Required Response Time (June 2009 – December 2014)



Source: DCF data

Performance as of December 31, 2014:

In December 2014, 100 percent of referrals were timely transmitted to the field (Figure 2) and 98 percent of investigations were commenced within the required response time (Figure 3). This level of performance meets the MSA standards.

CP&P policy on timeliness of investigations requires receipt by the field of a report within one hour of call completion.⁷¹ During the month of December 2014, DCF received 4,399 referrals of child abuse and neglect requiring investigation. Of the 4,399 referrals, 4,102 (93%) referrals were received by the field in less than an hour of call completion. An additional 276 (6%) referrals were received by the field between one and three hours after call completion; for a total of 99 percent of referrals received by the field within three hours of call completion. The number of referrals received per month ranged from 3,512 in August 2014 to 5,365 in October 2014.

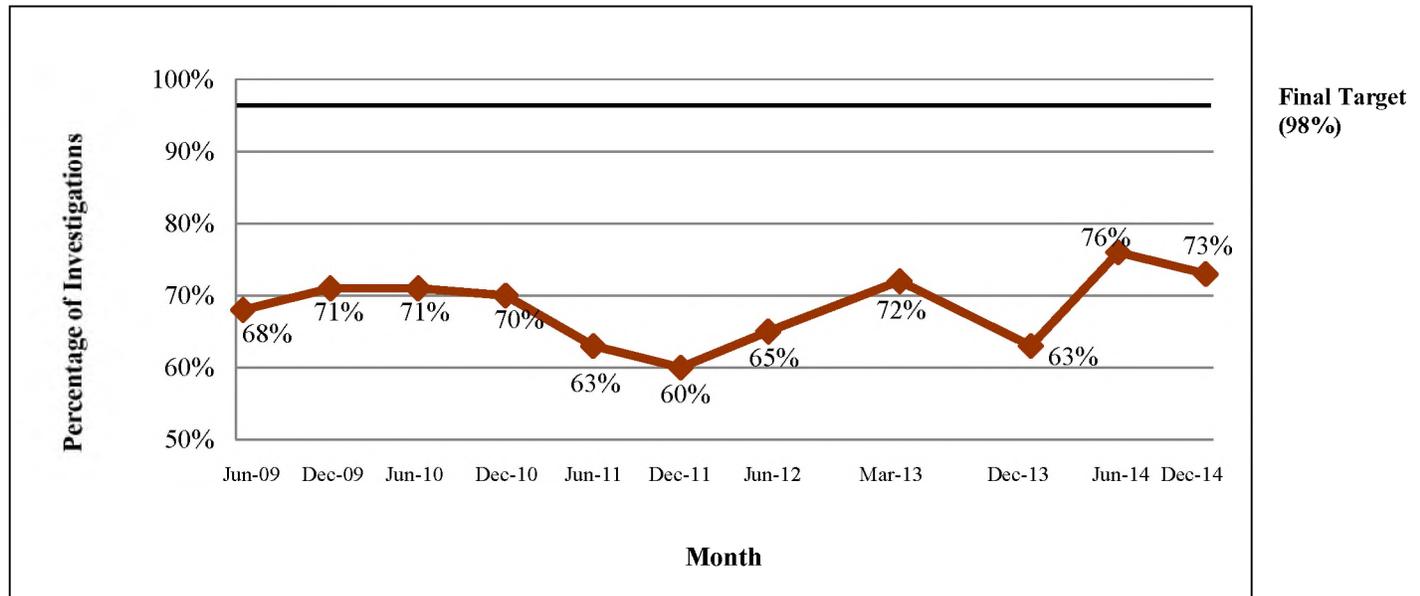
CP&P policy considers an investigation “commenced” when at least one of the alleged victim children has been seen by an investigator. During the month of December 2014, there were 4,198 CPS intakes applicable to this measure.⁷² Of the 4,198 intakes received, 1,060 intakes were coded for an immediate response and 3,138 intakes were coded for a response within 24 hours; 4,101 (98%) intakes were commenced within their required response time.

⁷¹ The Monitor currently assesses performance of receipt by the field in a timely manner with a three hour standard.

⁷² Intakes are differentiated from referrals because SCR can receive several referrals related to one incident or in other instances, one referral can result in several intakes.

Quantitative or Qualitative Measure	4. <u>Timeliness of Completion</u> : Investigations of alleged child abuse and neglect shall be completed within 60 days.
Final Target	By June 30, 2010, 98% of all abuse/neglect investigations shall be completed within 60 days.

Figure 4: Percentage of Abuse/Neglect Investigations Completed within 60 days (June 2009 – December 2014)



Source: DCF data

Performance as of December 31, 2014:

This MSA performance measure requires that 98 percent of all abuse and neglect investigations be completed within 60 days. There were 4,209 investigations in December 2014 that were applicable to this measure and 3,075 (73%) were completed within 60 days. An additional 710 (17%) investigations were completed between 61 and 90 days, for a total of 90 percent of investigations completed within 90 days. Between July and December 2014, monthly performance on timely investigation completion ranged between 70 and 76 percent. Performance on this measure does not meet the final target.

A case record review of the quality of CP&P’s investigative practice was conducted in September 2014. The review examined the quality of practice of 313 CPS investigations assigned to DCF Local Offices between February 1 and February 14, 2014 involving 477 alleged child victims.⁷³

⁷³ These results have a ± 5% margin of error with 95% confidence.

Overall, the reviewers found that 244 (78%) of the investigations were of acceptable quality.⁷⁴ The findings of this review reflect some clear strengths in CP&P investigative case practice as well as areas in need of further development. A report of the findings was released in May 2015.⁷⁵

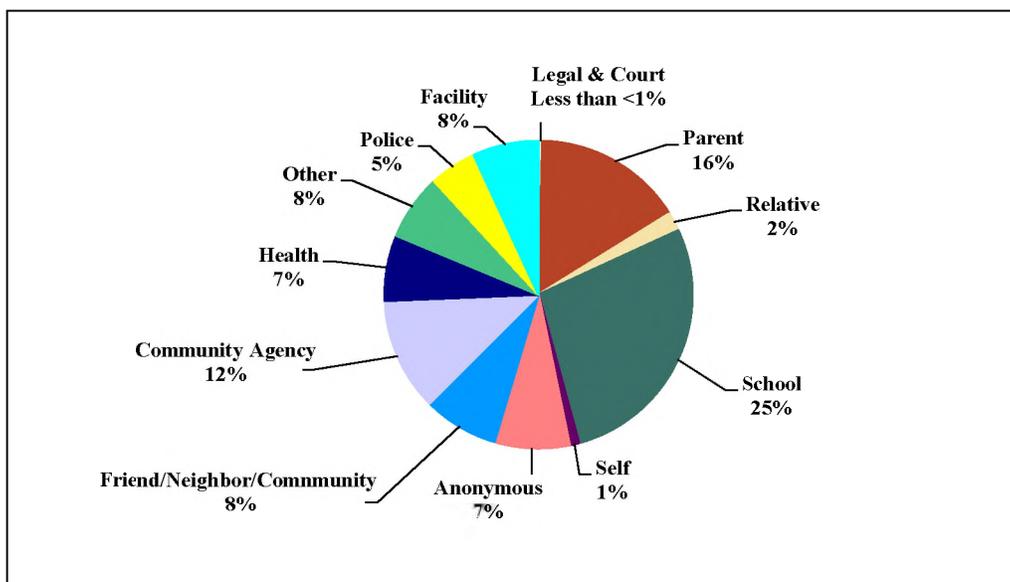
⁷⁴ Reviewers could select four possible responses to the question of quality of the investigation which included completely, substantially, marginally and not at all. Investigations determined to be completely and substantially were considered acceptable.

⁷⁵ A full report on the findings and recommendations from the review can be found at:
http://nj.gov/dcf/about/divisions/opma/DCF_InvestigationsReviewReport_2014.pdf

C. Institutional Abuse Investigative Unit (IAIU): Investigations of Allegations of Child Maltreatment in Placements

The Institutional Abuse Investigations Unit (IAIU) is responsible for investigating allegations of child abuse and neglect in resource family homes and other out-of-home care settings, as well as in child care facilities, detention centers, schools and residential facilities.⁷⁶ From January to December 2014, IAIU received 2,995 referrals. This is a decrease of 187 referrals (6%) over CY 2013. Figure 5 shows the proportion of IAIU referrals from different sources.

**Figure 5: Referral Sources for All IAIU Referrals
(January – December 2014)
(n=2,995)**



Source: DCF Data

*Percentage is greater or less than 100% due to rounding.

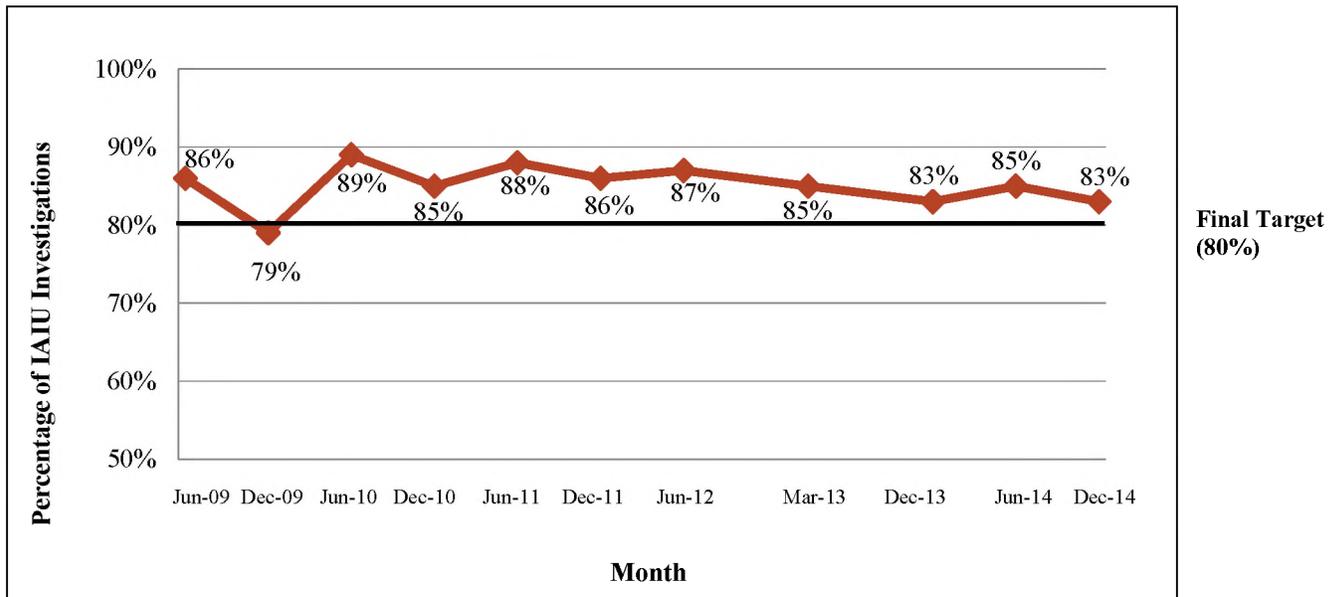
⁷⁶ CP&P Policy Manual (4-1-2013). Introduction to IAIU, I, A, 100.

1. Performance Measures for IAIU

IAIU Practice for Investigations in Placements

Quantitative or Qualitative Measure	<p>6. <u>IAIU Practice for Investigations in Placements:</u></p> <ul style="list-style-type: none"> a. Investigations in resource homes and investigations involving group homes, or other congregate care settings shall be completed within 60 days. b. Monitor will review mechanisms that provide timely feedback to other division (e.g., CSOC, OOL) and implementation of corrective action plans. c. Corrective action plans developed as a result of investigations of allegations re: placements will be implemented.
Final Target	By June 2007 and thereafter, 80% of IAIU investigations shall be completed within 60 days.

Figure 6: Percentage of IAIU Investigations Completed within 60 days (June 2009 – December 2014)



Source: DCF data

Performance as of December 31, 2014:

DCF manages and tracks IAIU performance daily, calculating the proportion of investigations open 60 days or more statewide and within regional offices. Between 77 and 85 percent of all IAIU investigations were open less than 60 days (see Table 2) during the months of July through December 2014.

The MSA does not make any distinction on the type of investigations IAIU conducts based on the allegation or location of the alleged abuse, and the 60 day completion standard applies to all IAIU investigations. However, to review IAIU performance, the Monitor requests data

separately on investigations of maltreatment in foster care settings (e.g., resource family homes, congregate care facilities) as well as from other settings (e.g., schools, day care). Table 2 displays IAIU's reported overall investigative timeliness and the specific performance for resource family homes and congregate care facilities. DCF continues to exceed the final target for resource family homes and congregate care facilities.

**Table 2: IAIU Investigative Timeliness:
Percent of Investigations Completed within 60 days
(July – December 2014)***

Month	All IAIU investigations completed within 60 days	Investigations in resource family homes and congregate care completed within 60 days
JULY	80% (362 of 450)	88% (172 of 195)
AUGUST	77% (281 of 367)	85% (153 of 179)
SEPTEMBER	78% (308 of 397)	84% (137 of 163)
OCTOBER	85% (398 of 468)	87% (157 of 180)
NOVEMBER	82% (389 of 476)	83% (163 of 197)
DECEMBER	81% (397 of 488)	83% (170 of 204)

Source: DCF data, IAIU, Daily Summary Reports

*Data as of last date in each month.

2. *IAIU Investigations Corrective Action Monitoring*

Each IAIU investigation results in a “finding” letter which is sent to a facility or resource home. This letter cites the investigative conclusion and, if applicable, identifies concerns and requests corrective action. Finding letters pertaining to resource homes, congregate care facilities, licensed child care centers and unregistered child care are also sent to DCF’s Office of Licensing (OOL). When a request for corrective action is made, DCF policy requires the facility administrator or the resource home unit responsible for supervising the resource home to develop and submit a corrective action plan (CAP) within 30 calendar days of the date on the IAIU finding letter.⁷⁷

IAIU’s CQI staff is responsible for monitoring the development and implementation of CAPs to ensure satisfactory resolution of all concerns identified in the finding letter. CQI staff are also responsible for determining whether the CAP is successfully completed and whether it is approved, disapproved or will remain open and pending. All CAPs require the submission of supporting documentation to confirm the plan was implemented and completed. As a result, CAPs remain open until all documentation is received. DCF policy does not stipulate time frames for when CQI staff must approve successfully completed CAPs. Time frames for the successful completion of CAPs vary according to the elements of the plan. For example, a CAP may include intensive monitoring of a resource home for a six month period. In that instance, IAIU’s CQI staff will review documentation of the six month monitoring period to determine whether the identified concerns have been addressed and, if they are addressed, will then approve the CAP as successfully completed.

Between July and December 2014, IAIU issued 224 CAP requests involving resource family homes, group homes and residential facilities where children were placed. Information reported from the IAIU corrective action database indicate that 172 (77%) of 224 CAPs had been approved as successfully completed and 52 (23%) corrective action requests were outstanding or pending resolution as of December 31, 2014.

Review of Corrective Action Plans (CAPs)

The Monitor reviewed ten randomly selected corrective action plan requests that resulted from investigation findings between July and December 2014 to look at feedback processes between IAIU and other DCF divisions (e.g. OOL) and to ensure CAPs are being developed and implemented. The sample included four resource family homes, three kinship resource homes, two group homes and one residential facility. CAPs were developed and submitted for all of the ten requests; six of the ten were developed and submitted within 30 days from the date of the finding letter. IAIU’s CQI staff accepted all ten CAPs as successfully implemented. CAPs from this sample resulted in the following outcomes: license revocation; closure of resource homes; and training and re-training resource parents and facility staff on CP&P policies and procedures.

Additionally, the Monitor reviewed five randomly selected CAP requests resulting from investigation finding letters dated between July and December 2014 which were pending

⁷⁷ CP&P (4-1-2013). IAIU Remedial Action, Corrective Action and Monitoring, I, A, 700.

approval as successfully completed by IAIU CQI staff 90 days or later than the date on the findings letter. The CAPs pending approval were reviewed to determine the reasons why they remained pending and whether IAIU staff had followed up appropriately on the identified concerns. The sample included two resource family homes, one kinship resource home, one residential facility and one group home. CAPs were developed and submitted for all of the five requests. IAIU's CQI staff did not accept two CAPs as of December 31, 2014 for the following reasons: one CAP did not comprehensively address all concerns identified and the other CAP was missing supporting documentation. There was evidence that IAIU staff sent letters and emails to resource home unit supervisors and a residential facility director to follow-up on missing items. This is consistent with performance in previous monitoring periods.

The CAPs reviewed appeared to adequately address the incidents which prompted the IAIU investigation. There was evidence of appropriate communication between Divisions in all cases reviewed, particularly between IAIU and OOL regarding the licensure of resource homes and facilities under investigation. In addition, IAIU hosts monthly "systems partners" meetings with OOL and SCR to ensure that concerns identified during IAIU investigations are appropriately communicated. The Monitor attended one of these meetings during this monitoring period.

V. IMPLEMENTING THE CASE PRACTICE MODEL

The Case Practice Model (CPM) was developed to guide and support staff towards a strength-based and family-centered approach that ensures the safety, permanency and well-being of children, youth and families. The CPM describes expected casework practice that requires engagement with children, youth and families through teamwork and crafting individualized case plans with families and children.

Overall DCF continues to make progress in infusing the principles and elements of the CPM into daily casework practice. Although improved in some areas, work remains to reach MSA standards of quality case practice.

During this period, DCF continued to hold bi-weekly conference calls, now led by Area Directors (ADs) and Area Quality Coordinators (AQC)s in each Local Office on specific key indicators tied to the CPM, including visitation, Family Team Meetings (FTMs) and case plan development. The purpose of the calls is to encourage more consistent review of quantitative and qualitative data to support positive outcomes for children, youth and families.

The performance measures discussed below measure progress on some of the CPM activities using data from NJ SPIRIT and data collected during the state's Qualitative Reviews (QR), a case review process led by DCF's Office of Quality discussed in more detail in Section XIV.

A. *Activities Supporting the Implementation of the Case Practice Model*

A critical component of CP&P's CPM is the use of FTMs to engage families and their formal and informal supports to discuss the families' strengths and needs, craft individualized service plans and track progress toward accomplishing case plan goals. During this monitoring period DCF made some changes to enhance support to staff on sustaining the principles and policies of the CPM. Staff formerly called Implementation Specialists are now called Case Practice Liaisons (CPLs). There are nine CPLs statewide, one in each area. The CPLs provide coaching, training and mentoring to leadership and frontline staff and are involved in various pilot efforts throughout the state to improve case practice implementation. Seven CPLs were trained during the monitoring period and will be training Essex County staff on integrating Strengthening Families' protective factors into CP&P's case practice.⁷⁸ Two CPLs are involved in a pilot in the Cumberland and Salem offices called "Back 2 Back" where they coach staff and model case conferencing and engagement strategies with supervisory staff and families in the field. One CPL was involved in a pilot in Camden where master coaches conducted the initial FTMs (due within 30 days of a child's removal). Two CPLs work with the Office of Performance Management and Accountability (OPMA) on data analysis. All of the CPLs continue to train staff to become facilitators, coaches and master coaches and participate in the state's QR process.⁷⁹

⁷⁸ The five protective factors at the foundation of CSSP's Strengthening Families are characteristics that have been shown to make positive outcomes more likely for young children and their families and to reduce the likelihood of child abuse and neglect. See: <http://www.cssp.org/reform/strengtheningfamilies>.

⁷⁹ Facilitators are trained to conduct FTMs according to protocol and the principles and values of DCF's CPM. Coaches are CP&P staff of varying levels who are trained specifically to lead FTMs; master coaches also train Local Office and Area staff to become facilitators and coaches.

As of December 31, 2014, DCF had developed 2,385 staff as FTM facilitators, 350 as coaches and 169 as master coaches. Table 3 shows the number of facilitators, coaches and master coaches by CP&P area.

Table 3: Number of FTM Facilitators, Coaches and Master Coaches Developed as of December 31, 2014

Area Totals	Facilitators	Coaches	Master Coaches
Atlantic/Burlington/ Cape May	262	49	25
Camden	237	27	11
Cumberland/Gloucester/ Salem	211	34	12
Essex	310	32	16
Bergan/Hudson	317	64	32
Hunterdon/Mercer/ Somerset/Warren	232	28	6
Middlesex/Union	318	30	21
Morris/Sussex/Passaic	246	36	26
Monmouth/Ocean	252	50	20
Total	2,385	350	169

Source: DCF data

ChildStat Meetings

Since September 2010, DCF has held monthly ChildStat meetings, which have become central to DCF’s continuous quality improvement processes.⁸⁰ The ChildStat process encourages learning through self-diagnosis and data analyses. At the ChildStat meetings, Local Office leadership present practice issues, including data on key performance indicators from the most recent two fiscal quarters compared with statewide data. The process of preparing for and presenting practice issues at ChildStat has resulted in staff from all levels of DCF becoming more facile with and better able to use data to assess Local Office performance. During this monitoring period, DCF continued to review cases from permanency units of families whose children had been reunited between three and six months prior to the ChildStat meeting. This is part of the states’ effort to reduce the number of families that have repeat involvement with CP&P; the format has been successful in promoting in-depth analyses of the quality of case practice with families where the children are successfully reunited. The Monitor regularly attends DCF’s ChildStat meetings and finds it to be an extremely useful process that engages staff throughout the agency and state with key community partners to review and assess the quality of case practice.

⁸⁰ Drawn from CompStat in New York City, ChildStat is a process wherein organizations use quantitative and qualitative data from multiple contexts to understand and attempt to improve service delivery.

Concurrent Planning Practice

DCF workers hold “enhanced reviews” at five and ten months into a child’s placement for staff to address and carry out concurrent planning, a child welfare practice in use throughout the country that requires workers to simultaneously engage with families on reunifying children as quickly as possible while also pursuing alternative permanency options should reunification efforts fail. These enhanced reviews occur in all CP&P Local Offices.

Statewide, in December 2014, 91 percent of applicable families had the required five month reviews, and 93 percent had the required ten month reviews.

As Table 4 reflects, in December 2014, 91 percent of five month reviews due that month were completed timely statewide. Between July and December 2014, monthly performance on this measure ranged from 91 to 99 percent.

**Table 4: Five Month Enhanced Review
(July – December 2014)**

	JULY		AUGUST		SEPTEMBER		OCTOBER		NOVEMBER		DECEMBER	
	#	%	#	%	#	%	#	%	#	%	#	%
Reviews Completed w/in Five Months	276	98%	309	98%	275	98%	295	97%	260	99%	331	91%
Reviews Not Completed w/in Five Months	7	3%	6	2%	5	2%	9	3%	3	1%	32	9%
Totals	283	101%*	315	100%	280	100%	304	100%	263	100%	363	100%

Source: DCF data

*Percentage is greater or less than 100 due to rounding.

Table 5 shows that statewide in December 2014, 93 percent of ten month reviews due that month were completed timely. Between July and December 2014, monthly performance on this measure ranged from 83 to 96 percent.

**Table 5: Ten Month Enhanced Review
(July – December 2014)**

	JULY		AUGUST		SEPTEMBER		OCTOBER		NOVEMBER		DECEMBER	
	#	%	#	%	#	%	#	%	#	%	#	%
Reviews Completed w/in Ten months	252	96%	238	89%	223	90%	178	83%	165	89%	253	93%
Reviews Not Completed w/in Ten Months	11	4%	30	11%	25	10%	37	17%	20	11%	19	7%
Totals	263	100%	268	100%	248	100%	215	100%	185	100%	272	100%

Source: DCF data

In December 2014, 62 percent of cases were transferred to an Adoption worker within five days after a change of goal to adoption.

The MSA requires Permanency workers transfer a case to an Adoption worker within five business days after a child’s permanency goal has been changed to adoption (Section II.G.2.c). As Table 6 reflects, in December 2014, 62 percent of cases were transferred to an Adoption worker within the required timeframe. Between July and December 2014, monthly performance on transfers within five days ranged from 60 to 80 percent. A monthly range of 81 to 89 percent of applicable cases were transferred within 30 days.

**Table 6: Assignment to Adoption Worker within 5 days of Goal Change to Adoption
(July – December 2014)**

	JULY		AUGUST		SEPTEMBER		OCTOBER		NOVEMBER		DECEMBER	
	#	%	#	%	#	%	#	%	#	%	#	%
Within 5 days	69	80%	63	72%	79	60%	108	75%	69	72%	62	62%
6-20 days	5	6%	9	10%	27	21%	19	13%	7	7%	18	18%
21- 30 days	1	1%	4	5%	2	2%	2	1%	2	2%	6	6%
31 or more days	7	8%	8	9%	5	4%	6	4%	1	1%	0	0%
Unable to Determine (missing hearing date)	0	0%	0	0%	1	1%	0	0%	3	3%	0	0%
Pending Assignment**	4	5%	4	5%	14	11%	10	7%	14	15%	14	14%
Totals	86	100%	88	101%*	128	99%*	145	99%*	96	100%	100	100%

Source: DCF data

*Percentage is greater or less than 100 due to rounding.

**Some children under this category could potentially be assigned after the extract date; July – December 2014 data extracted on 12/8/14; Oct. – Dec. 2014 data extracted on 1/27/15.

B. Performance Measures on Family Team Meetings and Case Planning

Family Team Meetings (FTMs) are intended to support and promote individualized case planning. Workers are trained and coached to hold FTMs at key decision points in the life of a case, such as when a child enters placement, when a child has a change of placement and/or when there is a need to adjust a case plan. Working at optimal capacity, FTMs enable families, providers, formal and informal supports to exchange information that can be critical to coordinating and following up on services, examining and solving problems and achieving positive outcomes. Meetings are to be scheduled according to the family’s availability in an effort to involve as many family members and family supports as possible. Engaging the family, the core of New Jersey’s CPM, is a critical component of successful family teaming.

Family Involvement and Effective Use of Family Team Meetings

Quantitative or Qualitative Measure	<p>7. <u>Family Involvement and Effective Use of Family Team Meetings</u>: A family team (involving parents, youth and appropriate formal and informal supports) shall meet and plan together. The team should be involved in planning & decision-making throughout a case and have the skills, family knowledge and abilities to solve and help to organize effective services for the child and family. Number of family team meetings at key decision points:</p> <ul style="list-style-type: none"> a. For children newly entering placement, the number/percent who have a family team meeting within 30 days of entry. b. For all other children in placement, the number/percent who have at least one family team meeting each quarter. c. Family Teamwork
Final Target	<ul style="list-style-type: none"> a. By June 30, 2010, family meetings held prior to or within 30 days of entry for 90% of new entries and 90% of pre-placements. b. By June 30, 2010, family meetings held for 90% of children at least once per quarter. c. By June 30, 2011, 90% of cases show evidence in QR of acceptable team formation and functioning.

Performance as of December 31, 2014:

Initial FTMs

DCF continues to focus on holding initial FTMs for all applicable cases, but has not met targets requiring FTMs be held prior to or within 30 days of a child entering foster care, for pre-placements, and at least once per quarter thereafter for 90 percent of children.

DCF leaders continue to support Area Directors, Local Office managers and line staff to both improve worker engagement with parents, encourage participation in FTMs, and improve documentation and data entry to account for legitimate reasons when FTMs do not occur (either because the parent is unavailable or because the parent declined to attend). Due to data validation challenges, performance data on FTMs include only the number of FTMs that have actually occurred. During this monitoring period, DCF provided the Monitor with data intended to

account for legitimate reasons when the required FTMs are not occurring; in those cases workers are to document the reasons for legitimate exceptions. In March 2015, the Monitor reviewed a random sample of cases and was not able to validate that workers were appropriately using the exceptions.⁸¹ By agreement, as soon as the state determines that workers are properly using and documenting exceptions, the Monitor and DCF will conduct a case record review of a statistically valid sample to validate the data and will report on the findings. Consequently, the report continues to show the progress that has been made in the number of FTMs actually held, recognizing that the data on these MSA measures understate performance because it does not yet reflect legitimate exceptions.

According to NJ SPIRIT, and including only those FTMs that actually occurred, in December 2014, out of 267 possible FTMs, 191 (72%) occurred within 30 days of a child’s removal. Performance from July to December ranged from a low of 72 percent in December 2014 to a high of 82 percent in October 2014. The state’s performance on initial FTMs has significantly improved but does not yet meet the required level of 90 percent. Figure 7 shows DCF’s performance on holding FTMs since June 2012.⁸² Appendix B-1 provides performance data on FTMs held within 30 days by Local Office for the month of December 2014.

**Table 7: Family Team Meetings Held within 30 days
(July – December 2014)**

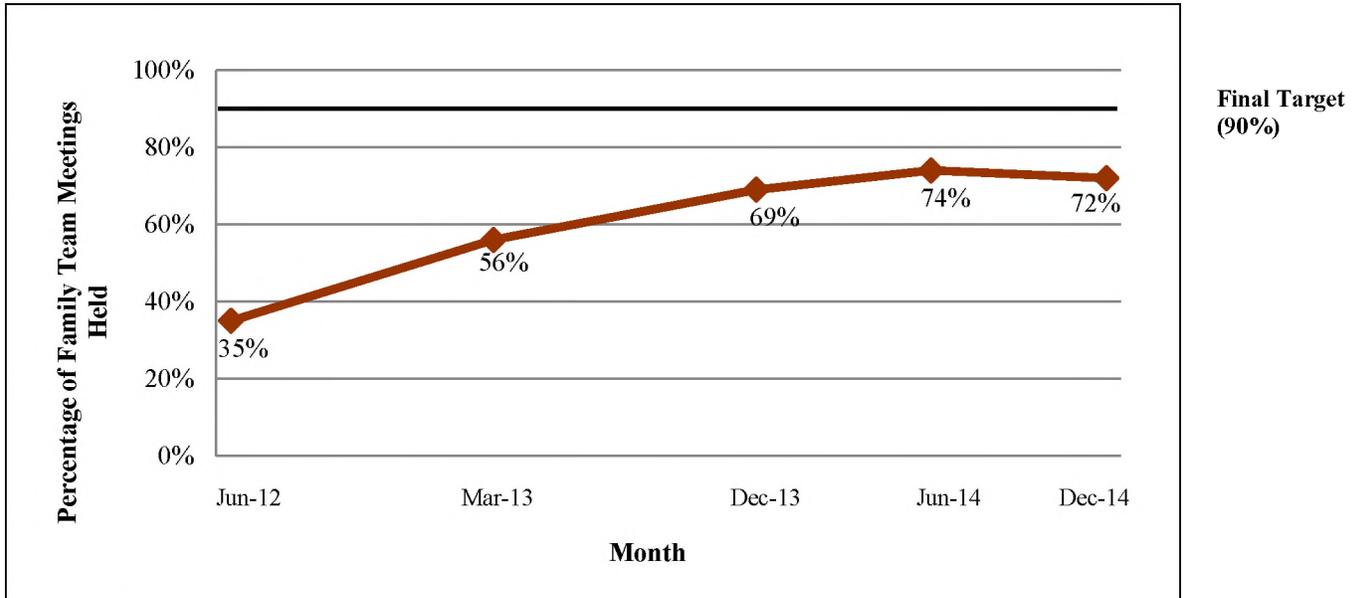
Month	Total Number of Applicable Children	Number of Children with Initial FTMs Held within 30 days	Percent
JULY	416	335	81%
AUGUST	315	248	79%
SEPTEMBER	351	281	80%
OCTOBER	365	298	82%
NOVEMBER	266	216	81%
DECEMBER	267	191	72%

Source: DCF data

⁸¹ The Monitor reviewed 30 cases from November 2014 and determined that two (20%) of the ten initial FTMs and eight (40%) of the 20 quarterly FTMs demonstrated appropriate use of the exceptions (the Monitor was unable to categorize one quarterly FTM from reading the worker’s progress notes).

⁸² The data likely understates compliance because due to documentation and validation issues, the data does not yet account for instances where FTMs were appropriately excluded.

**Figure 7: Family Team Meetings Held within 30 days
(June 2012 – December 2014)⁸³**



Source: DCF data

⁸³ Data in this figure reflect the change in methodology for FTMs that began in March 2013 and were recalculated retroactive to June 2012. FTM practice was incrementally introduced to Local Offices with extensive training; statewide implementation on and data collection occurred later. Prior to June 2012, the Monitor only received data and reported on those Local Offices that had implemented the Case Practice Model.

Quarterly FTMs

CP&P continued to improve performance on quarterly FTMs during this monitoring period. Reporting only on FTMs that occurred, in December 2014, out of a possible 1,793 quarterly FTMs, 1,444 (81%) were held; from July to December 2014, monthly performance ranged from 73 to 81 percent. Figure 8 shows DCF's performance on holding quarterly FTMs since March 2013.⁸⁴ Appendix B-2 provides performance data on quarterly FTMs by Local Office for the month of December 2014.

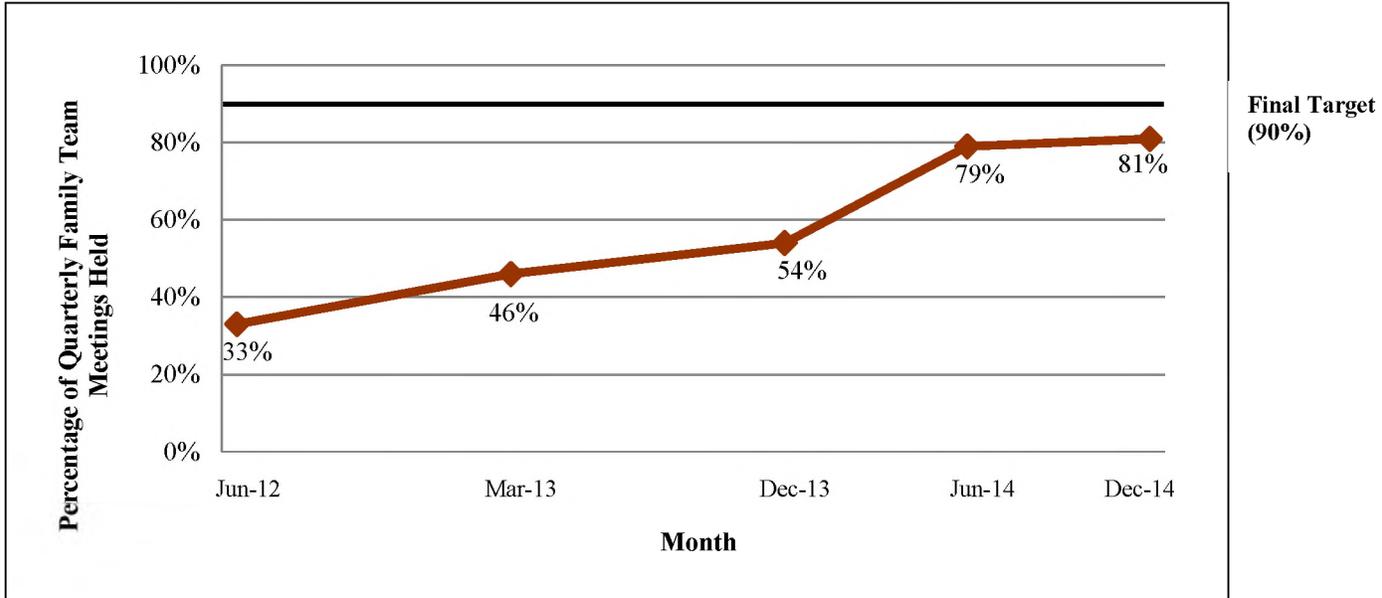
**Table 8: Quarterly Family Team Meetings Held
(July – December 2014)**

Month	Total Number of Applicable Children	Number of Children with Quarterly FTMs Held	Percent
JULY	1,778	1,298	73%
AUGUST	1,716	1,348	79%
SEPTEMBER	1,754	1,380	79%
OCTOBER	1,821	1,448	80%
NOVEMBER	1,698	1,379	81%
DECEMBER	1,793	1,444	81%

Source: DCF data

⁸⁴ The data likely understate compliance because due to documentation and validation issues, it does not yet account for instances where FTMs were appropriately excluded.

**Figure 8: Quarterly Family Team Meetings Held
(June 2012 – December 2014)⁸⁵**

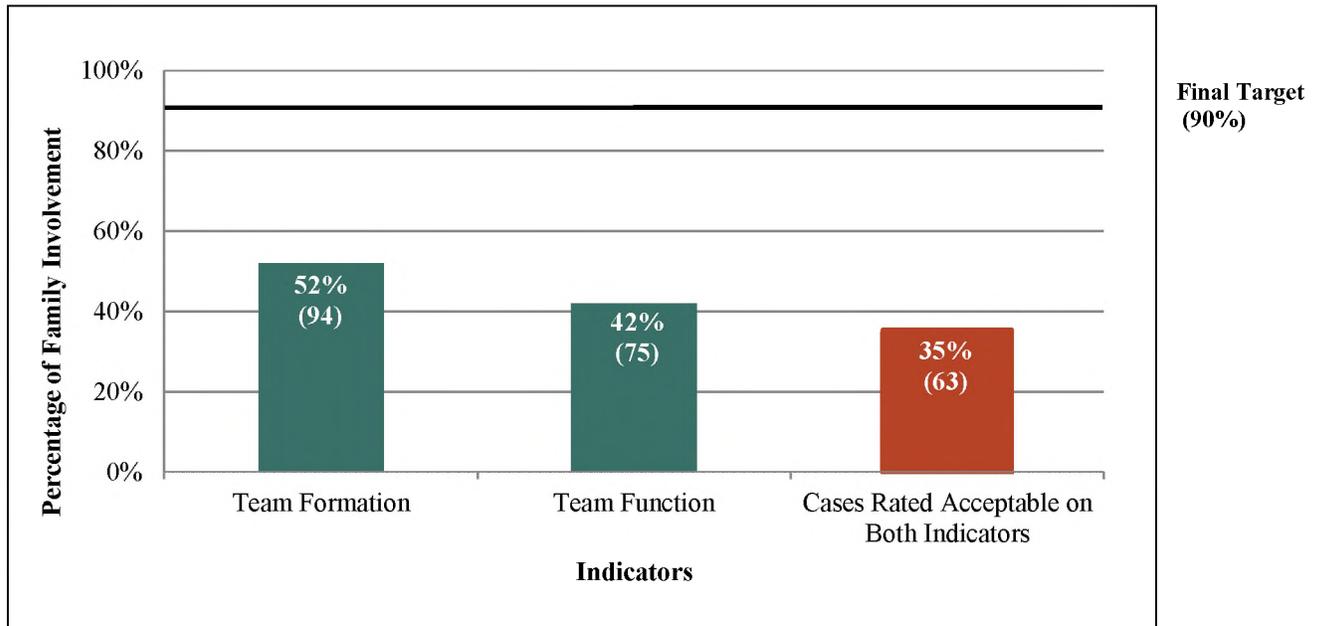


Source: DCF Data

⁸⁵ Data in this figure reflect the change in methodology for FTMs that began in March 2013 and were recalculated retroactive to June 2012. FTM practice was incrementally introduced to Local Offices with extensive training; statewide implementation on and data collection occurred later. Prior to June 2012, the Monitor only received data and reported on those Local Offices that had implemented the CPM.

Team Formation and Functioning

Figure 9: Qualitative Review (QR) Cases Rated Acceptable on Effective Use of Family Team Meetings (January – December 2014) (n=180)



Source: DCF, QR results

Performance as of December 31, 2014:

DCF did not meet the target requiring that 90 percent of cases show evidence in the QR of acceptable team formation and functioning, the quality indicators used to report on family involvement and effective use of FTMs. For cases rated as acceptable on both indicators, there was evidence that persons who provided both formal and informal supports to children/youth and families had formed a working team that met, talked and planned together to help children/youth and families meet their goals. For cases rated as unacceptable on both indicators, there was evidence in most cases of initial team formation but less effective ongoing team functioning to support the case goals and/or some critical members of a necessary team were not involved.

Results of 180 cases reviewed from January to December 2014 using the QR indicate that both team formation and functioning were rated acceptable in 63 cases (35%), and, while improved from CY 2013, still below required performance.⁸⁶

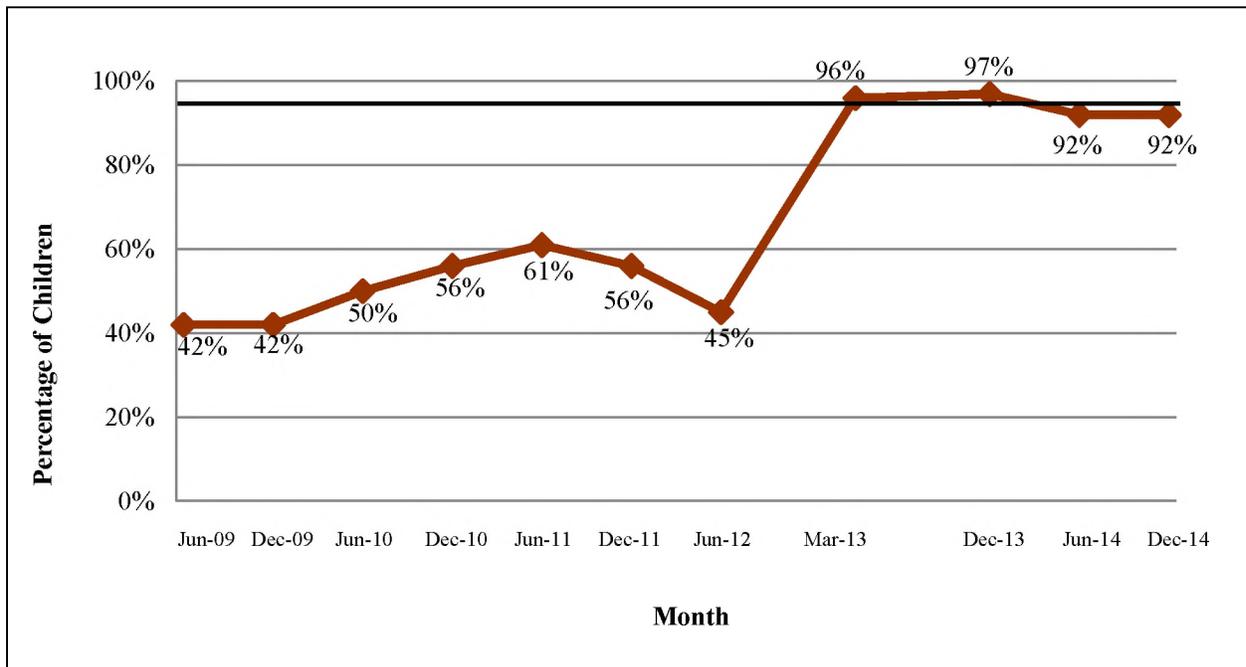
⁸⁶ 180 cases were reviewed as part of the Qualitative Reviews (QRs) conducted from January to December 2014. Sixty-three of 180 cases (35%) rated acceptable on *both areas* of Family Teamwork, team formation and team functioning; 94 of 180 cases (52%) rated acceptable on team formation; and 75 of 180 cases (42%) rated acceptable on team functioning.

Timeliness of Case Planning-Initial Plans

DCF policy and the MSA require that a case plan be developed within 30 days of a child entering placement. DCF partially achieved the MSA final target on this performance measure (see Table 9).⁸⁷

Quantitative or Qualitative Measure	10. <u>Timeliness of Initial Plans</u> : For children entering care, number/percent of case plans developed within 30 days.
Final Target	By June 30, 2010, 95% of case plans for children and families are completed within 30 days.

Figure 10: Percentage of Children Entering Care with Case Plans Developed within 30 days (June 2009 – December 2014)



Source: DCF data

⁸⁷ The Monitor uses “partially” when DCF has come very close but has not substantially met the requirement, for example meeting the requirement in one or two months of the monitoring period. The Monitor determines a performance measure to have been met when DCF is within one percentage point of the final target or there are a small number (less than 3) of cases causing the failure to meet the final target. See Table 1, *supra*, footnote 6.

Performance as of December 31, 2014:

In December 2014, 256 (92%) out of a total of 278 initial case plans were completed within 30 days of a child entering placement. A total of 274 (99%) cases had case plans completed within 60 days.

As shown in Table 9, between July and December 2014, the timely development of initial case plans ranged from 92 to 98 percent each month. DCF met the required level of performance during one month, was within one percentage point during two months and within three percentage points for three months. The Monitor considers this performance to be partially achieved.⁸⁸

**Table 9: Case Plans Developed within 30 days of Child Entering Placement
(July – December 2014)**

	JULY		AUGUST		SEPTEMBER		OCTOBER		NOVEMBER		DECEMBER	
	#	%	#	%	#	%	#	%	#	%	#	%
Case Plans Completed in 30 days	396	94%	298	93%	358	98%	350	94%	255	92%	256	92%
Case Plans Completed in 31-60 days	22	5%	22	7%	6	2%	19	5%	20	7%	18	7%
Case Plans Not Completed after 60 days	2	1%	1	0%	0	0%	3	1%	2	1%	4	1%
Totals	420	100%	321	100%	364	100%	372	100%	277	100%	278	100%

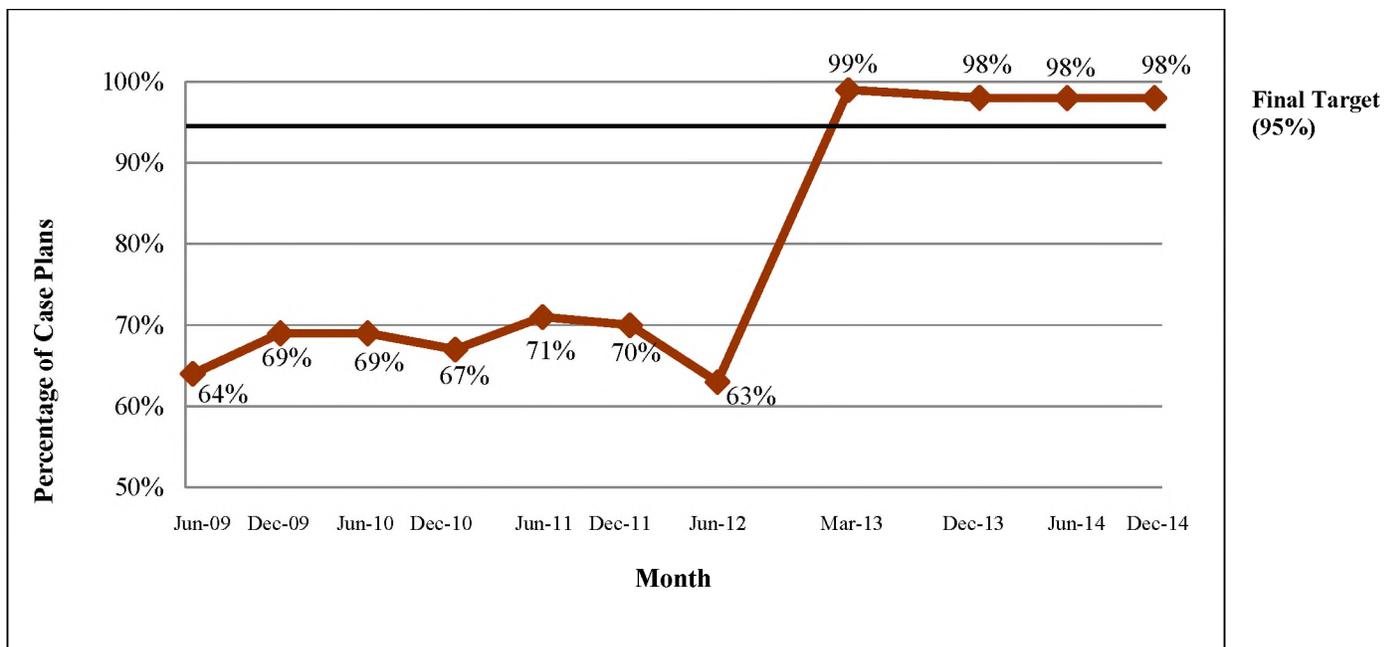
Source: DCF data

⁸⁸ Ibid.

Timeliness of Case Planning-Current Plans

Quantitative or Qualitative Measure	11. <u>Timeliness of Current Plans</u> : For children entering care, number/percent of case plans shall be reviewed and modified as necessary at least every six months.
Final Target	By June 30, 2010, 95% of case plans for children and families will be reviewed and modified at least every six months.

Figure 11: Percentage of Case Plans Reviewed and Modified as Necessary at least Every 6 Months (June 2009 – December 2014)



Source: DCF data

Performance as of December 31, 2014:

DCF policy requires that case plans be reviewed and modified at least every six months. From July through December 2014, between 94 and 98 percent of case plans were modified within the required six month timeframe. In December 2014, 98 percent of case plans had been modified as required. This is the fourth monitoring period in which DCF met or exceeded the final target of 95 percent for each month of the monitoring period.

**Table 10: Case Plans Updated at Least Every 6 months
(July – December 2014)**

	JULY		AUGUST		SEPTEMBER		OCTOBER		NOVEMBER		DECEMBER	
	#	%	#	%	#	%	#	%	#	%	#	%
Case Plans Completed within Six Months	1,076	94%	1,101	96%	1,212	96%	1,199	97%	1,166	96%	1,047	98%
Outstanding	73	6%	43	4%	46	4%	33	3%	44	4%	27	3%
Totals	1,149	100%	1,144	100%	1,258	100%	1,232	100%	1,210	100%	1,074	101%*

Source: DCF data

*Percentage is greater or less than 100 due to rounding.

Quality of Case Planning and Service Plans

Quantitative or Qualitative Measure	12. <u>Quality of Case and Service Planning</u> : The child's/family's case plan shall be developed with the family and shall be individualized and appropriately address the child's needs for safety, permanency and well-being. The case plan shall provide for the services and interventions needed by the child and family to meet identified goals, including services necessary for children and families to promote children's development and meet their educational, physical and mental health needs. The case plan and services shall be modified to respond to the changing needs of the child and family and the results of prior service efforts. (measures 13 and 14 have been merged with this measure)
Final Target	By December 31, 2011, 90% of case plans rated acceptable as measured by the QR.

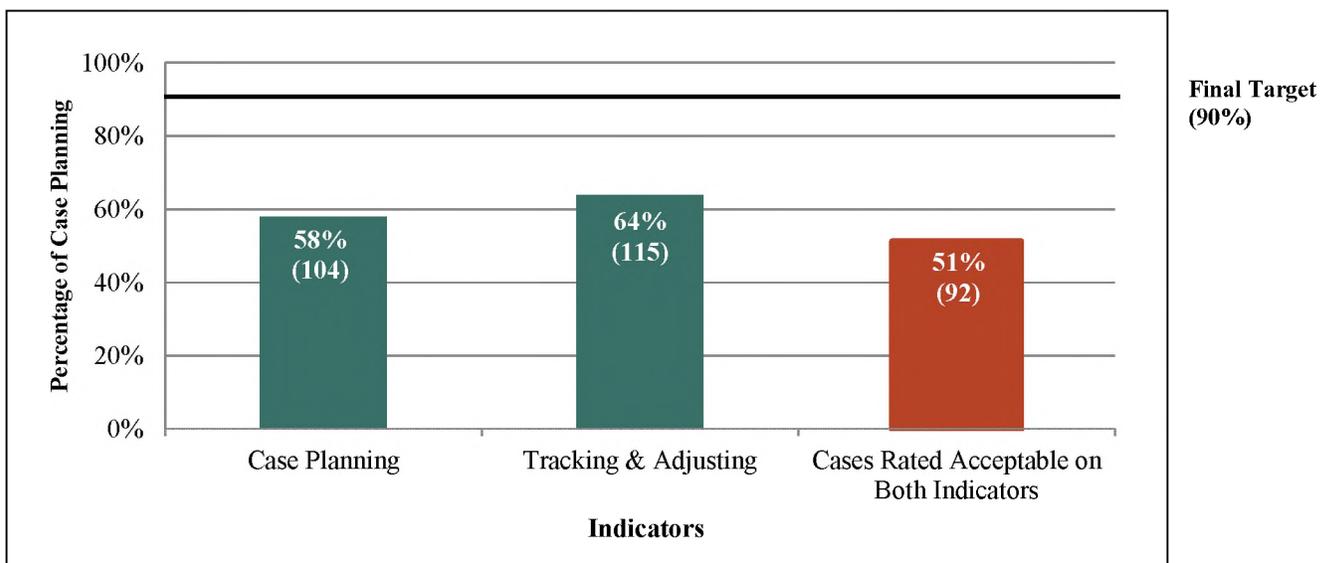
Performance as of December 31, 2014:

DCF policy and the MSA requires family involvement in case planning, plans that are appropriate and individualized to the circumstances of the child/youth and family, oversight of the plans implemented to ensure case goals are being met and course correction when needed. As Figure 12 indicates, DCF did not meet the final target requiring that 90 percent of cases rate as acceptable for case planning and service plans as measured by the QR. Cases rated as acceptable demonstrate evidence that the child and families' needs are addressed in the case plan, the plan directly addresses the needs and risks that brought the child to DCF's attention, appropriate family members were included in the plan and the implementation of the service process is being tracked and adjusted when necessary. DCF results of 180 cases reviewed from January through December 2014 indicate that 92 cases (51%) were rated as acceptable on *both* QR indicators 'Case Planning Process' and 'Tracking and Adjusting,' a notable improvement from CY 2013

when results of 192 cases reviewed indicated that 78 cases (41%) rated as acceptable on both QR indicators.^{89,90}

It should be noted that during the Monitor’s site visits to Local Offices in March 2015, workers in each of the four offices visited (in different areas of the state) noted the need for more providers with Spanish speaking staff and for additional DCF staff who are fluent in Spanish. Workers also identify issues with long wait lists for some family services and concerns with quality of service provision.

Figure 12: Qualitative Review (QR) Cases Rated Acceptable on Quality of Case and Service Planning (January – December 2014) (n=180)



Source: DCF, QR results

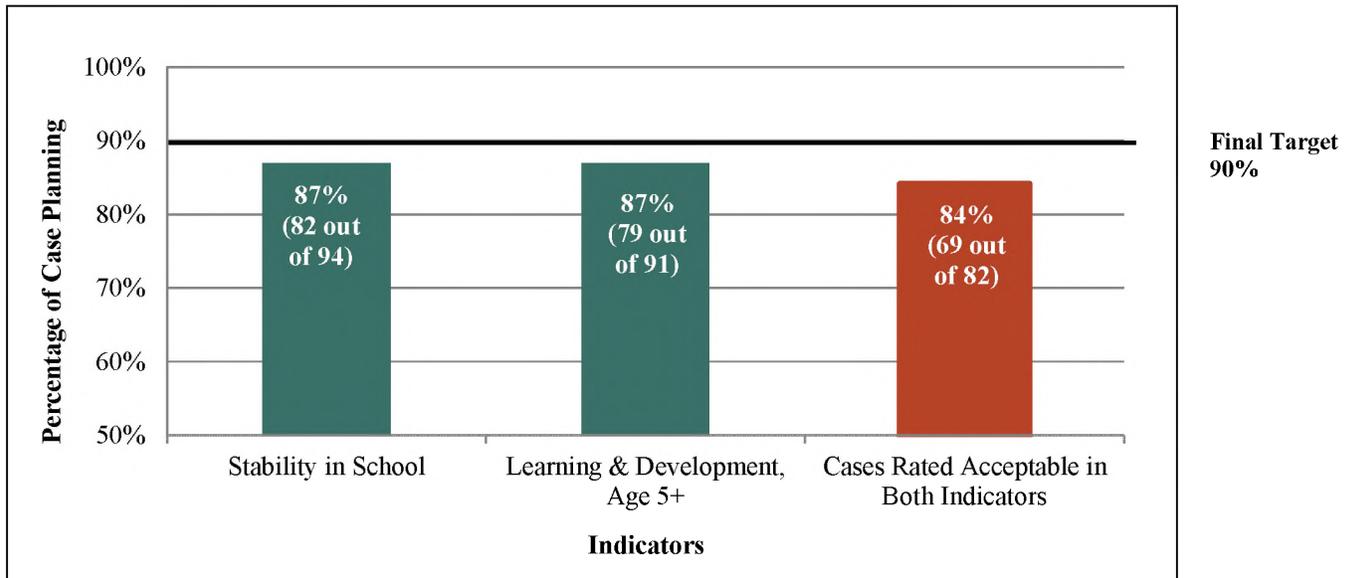
⁸⁹ From January to December 2014, 92 of 180 (51%) in and out-of-home cases rated acceptable on *both* the Case Planning Process and Tracking and Adjusting indicators; 104 of 180 cases (58%) rated acceptable on Case Planning Process; and 115 of 180 cases (64%) rated acceptable on Tracking and Adjusting.

⁹⁰ 192 cases were reviewed as part of the Qualitative Reviews (QRs) conducted from January to December 2013. 78 of 192 (41%) in and out-of-home cases rated acceptable on *both* the Case Planning Process and Tracking and Adjusting indicators; 89 of 192 cases (46%) rated acceptable on Case Planning Process; and 116 of 192 cases (60%) rated acceptable on Tracking and Adjusting.

Planning to Meet Children’s Educational Needs

Quantitative or Qualitative Measure	15. <u>Educational Needs</u> : Children will be enrolled in school and DCF will have taken appropriate actions to insure that their educational needs will be met.
Final Target	By December 31, 2011, 90% of cases rated acceptable as measured by the QR.

Figure 13: Qualitative Review (QR) Cases Rated Acceptable on Learning and Development (for children over 5) and Stability in School⁹¹ (January – December 2014)



Source: DCF, QR results

Performance as of December 31, 2014:

The QR Child and Family Status ratings, ‘Stability of School Placement’ and ‘Learning and Development’ (for children over the age of 5), are measured together on each case to assess how children are faring in their educational setting. As Figure 13 indicates, performance on this measure based on January through December 2014 QR results in 69 cases (84%) rated as acceptable. Eighty-two cases were applicable for this performance measure because cases must involve children five and older *and* in out-of-home placement. For cases rated as acceptable for both indicators, there was evidence of few disruptions of school settings and a low risk of such disruptions as well as evidence that the children were achieving key development milestones. Sixty-nine out of 82 applicable cases (84%) rated acceptable on *both* the Stability (school) and

⁹¹ As noted, although 180 cases were reviewed for the QR, only 82 involved children over the age of 5 *and* in out-of-home placement.

Learning and Development (age 5 and older) QR indicators.⁹² This is a significant improvement from CY 2013 when 51 out of 72 applicable cases (71%) rated acceptable on *both* the Stability (school) and Learning and Development (age 5 and older) QR indicators.⁹³

C. Performance Benchmarks Related to Safety and Risk Assessment

Individualized, comprehensive assessment is a process by which information concerning the needs, problems, circumstances and resources of the family, youth and children are collected, evaluated and updated at key decision-making points and whenever major changes in family circumstances occur. The decision to close a case should reflect the achievement of satisfactory outcomes with regard to the child or youth's safety, permanence and well-being. An assessment of both safety and risk prior to case closure is necessary to ensure these outcomes have been achieved. DCF continues to meet the final targets for these performance measures.

Safety and Risk Assessment

Quantitative or Qualitative Measure	8. <u>Safety and Risk Assessment</u> : Number/percent of closed cases where a safety and risk of harm assessment is done prior to case closure.
Final Target	By December 31, 2010, (a) 98% of investigations will have a safety assessment completed, (b) 98% of investigations will have a risk assessment completed and (c) 98% of non-investigation cases will have a risk assessment or risk reassessment completed within 30 days of case closure. ⁹⁴

Performance as of December 31, 2014:

Performance during the months of July through December 2014 for both safety and risk assessments completion prior to investigation closure continued to exceed the 98 percent MSA final target. For example, in December 2014, there were 4,817 applicable⁹⁵ investigations closed. Of these 4,817 investigations, 4,816 (100%) investigations had a safety assessment

⁹² Eighty-two of 94 applicable cases (87%) rated acceptable on Stability (school); 79 of 91 applicable cases (87%) rated acceptable on Learning and Development (age 5 and older).

⁹³ 72 of the total 192 QR cases from January to December 2013 were applicable for this performance measure because cases must involve children five and older *and* in out-of-home placement. Fifty-one of 72 applicable cases (71%) rated acceptable on *both* the Stability (school) and Learning and Development (age 5 and older) QR indicators. Eighty of 95 applicable cases (84%) rated acceptable on Stability (school) alone; 64 of 76 applicable (84%) cases rated acceptable on Learning and Development (age 5 and older) alone.

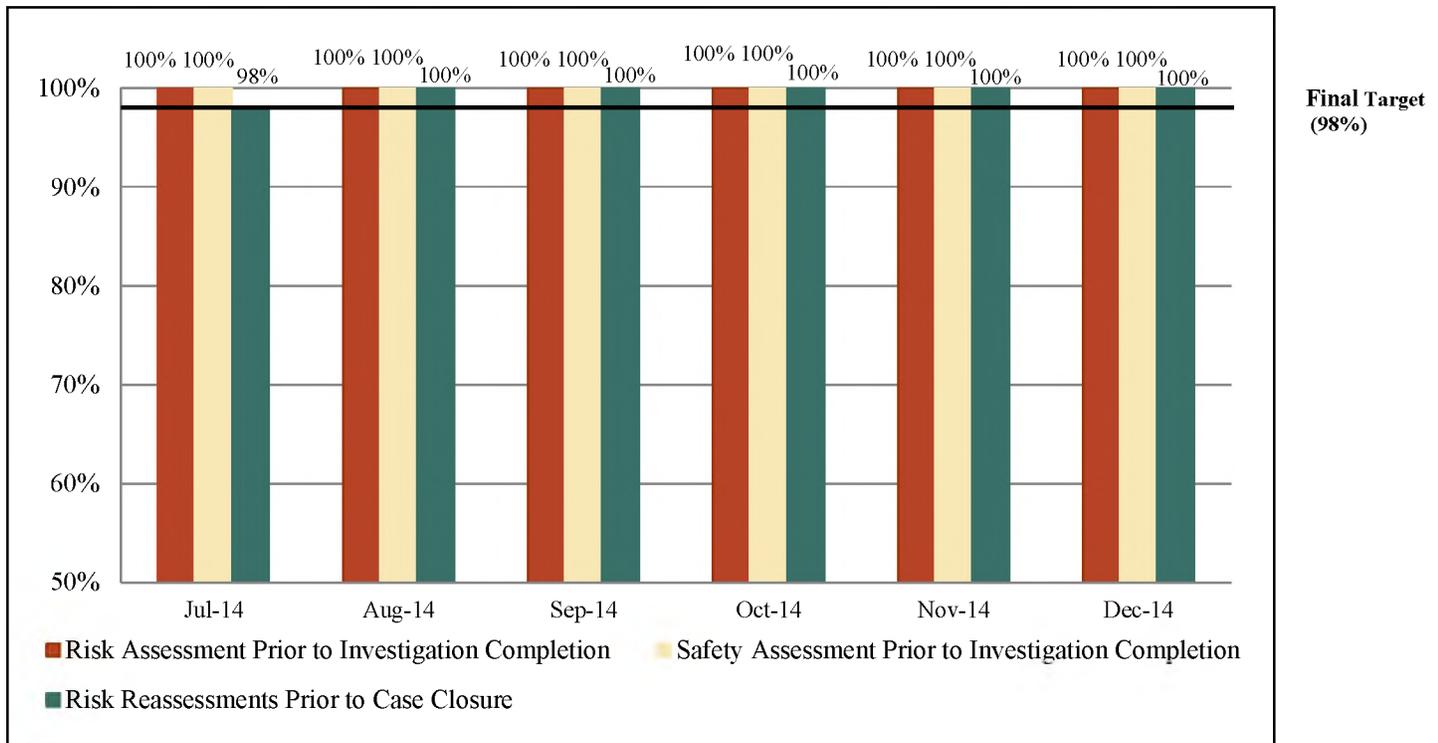
⁹⁴ In order to be consistent with practice expectations, in May 2012, the parties agreed to revise the final target from, “By December 31, 2010, 98% of cases will have a safety and risk of harm assessment completed prior to case closure” to the language stated above, which allows for separate reporting on investigations and non-investigations cases.

⁹⁵ In December 2014, an additional 13 investigations were closed; however, those cases were marked as “unable to make contact with children/family” and were excluded from the calculations.

completed prior to investigation completion and 4,814 (100%) investigations had a risk assessment completed prior to investigation completion.

Performance on conducting a risk reassessment 30 days prior to non-investigative case closure was met this monitoring period (see Figure 14). In December 2014, there were 495 applicable⁹⁶ cases closed. Of these 495 cases, 493 (100%) cases had a risk reassessment completed within 30 days prior to case closure. This is the second monitoring period in which DCF met or exceeded the final MSA target.

Figure 14: Percentage of Safety Assessments Completed prior to Investigation Completion, Risk Assessments Completed prior to Investigation Completion and Risk Reassessments Completed within 30 days prior to Case Closure (July – December 2014)



Source: DCF data

⁹⁶Applicable cases include reunification and do not include adoption, kinship legal guardianship or emancipation.

D. Performance Measures on Caseworker, Parent-Child and Sibling Visits

The ability of children in foster care to visit with their workers, parents and siblings is integral to the principles of the CPM and important to ensure children's safety, maintain and strengthen family connections and increase children's opportunities to achieve permanency.

There are six performance measures related to visits and DCF partially met three this monitoring period – including caseworker visits to children during the first two months of placement; monthly caseworker visits to children in out-of-home care and visits between children in custody with a goal of reunification and their parents. Additionally, improved performance is documented in visits between siblings placed apart.⁹⁷ DCF's performance on caseworker visits with parents does not yet meet compliance levels and did not demonstrate much change this period.

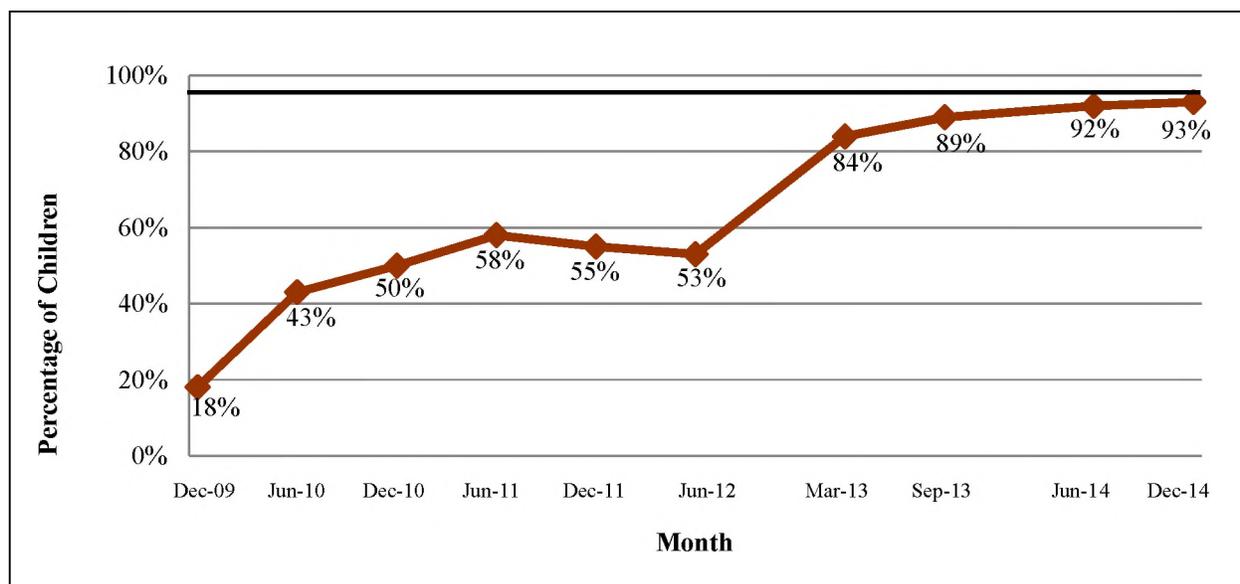
Due to documentation concerns, per agreement with DCF, performance measures related to parent visits with caseworkers and parent visits with children do not exclude from calculations those instances where the parent was unavailable or because contacts were not required. Thus, current data understate actual performance on these measures.

⁹⁷ Data for this monitoring period for sibling visits is reflective of a change in methodology which is discussed later in this section.

Caseworker Visits with Children in State Custody

Quantitative or Qualitative Measure	16. <u>Caseworker Visits with Children in State Custody</u> : 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 children in state custody.
Final Target	By December 31, 2010, during the first two months of an initial placement or subsequent placement, 95% of children had at least two visits per month.

Figure 15: Percentage of Children who had Two Visits per month during First Two months of an Initial or Subsequent Placement (December 2009 – December 2014)



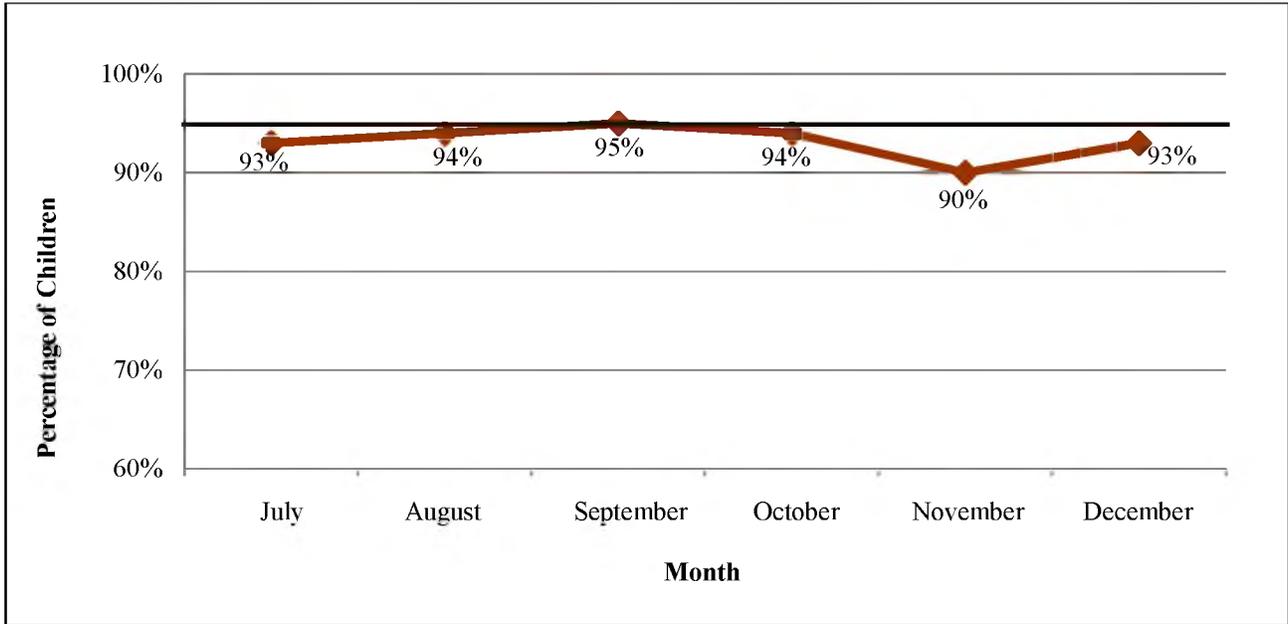
Source: DCF data

Performance as of December 31, 2014:

Between July and December 2014, performance ranged monthly from 90 to 95 percent of children in out-of-home placement with at least two visits per month during the first two months of placement, with at least one visit each month occurring in the placement setting (see Figure 16 below). During the month of December 2014, 93 percent of applicable children had two visits per month during the first two months of an initial or subsequent placement. Specifically, there were 438 children who were in an initial or subsequent placement and remained in the placement for a full two months; 407 (93%) had documented visits by their workers twice per month with at least one visit occurring in the placement setting. DCF met the required level of performance

during one month and was within two percent during an additional four months. The Monitor considers this performance measure to be partially achieved.

Figure 16: Percentage of Children who had Two Visits per month during First Two months of an Initial or Subsequent Placement (July – December 2014)

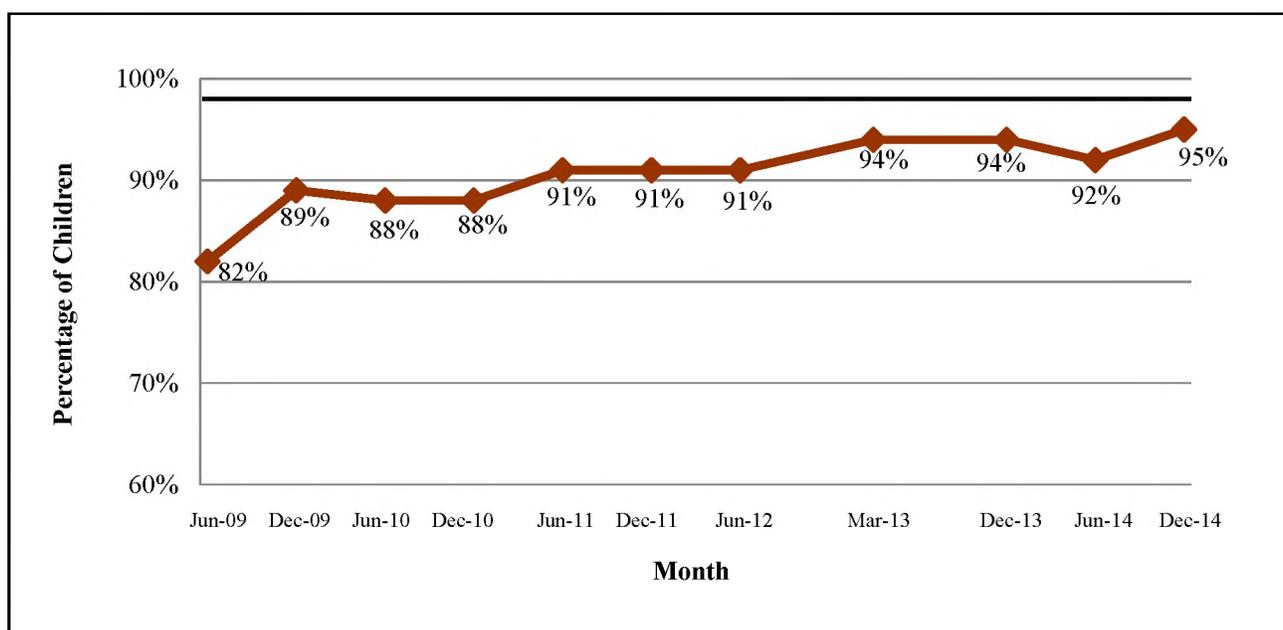


Source: DCF data

Caseworker Visits with Children in State Custody

Quantitative or Qualitative Measure	17. <u>Caseworker Visits with Children in State Custody</u> : Number/percent of children where caseworker has at least one caseworker visit per month in the child's placement.
Final Target	By June 30, 2010, 98% of children shall have at least one caseworker visit per month.

Figure 17: Percentage of Children in Out-of-Home Care who had at least One Caseworker Visit per month in his/her Placement (June 2009 – December 2014)



Final Target (98%)

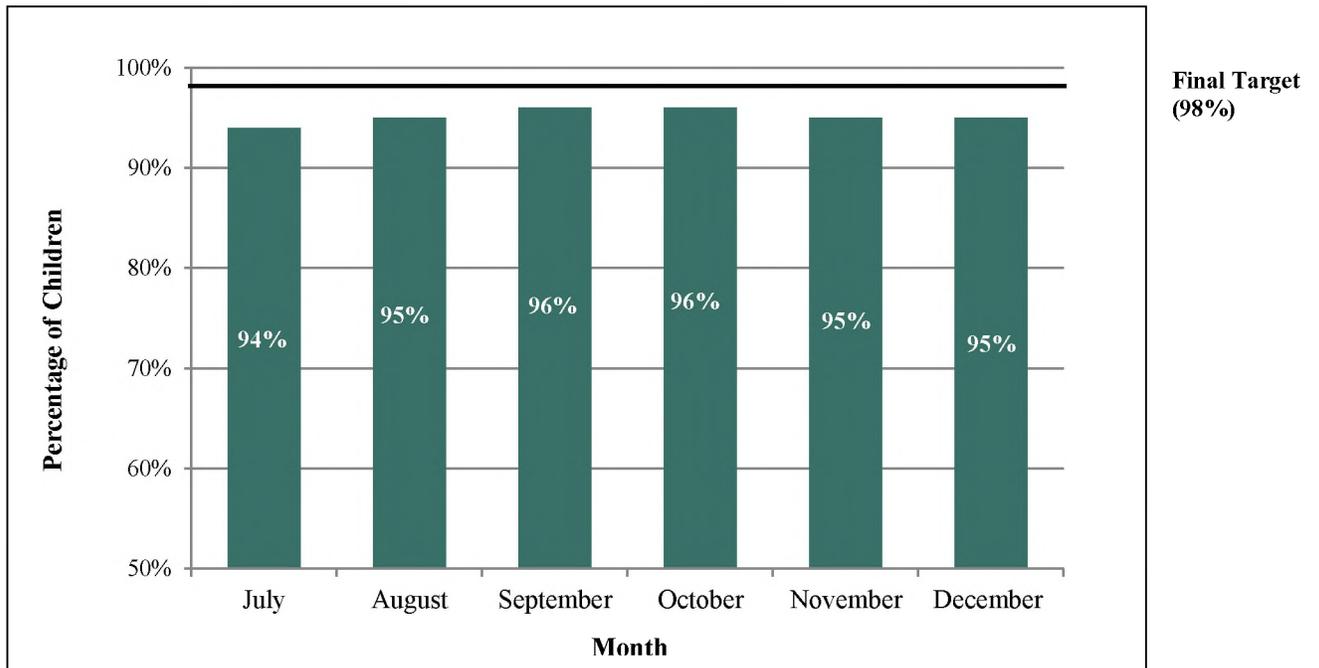
Source: DCF data

Performance as of December 31, 2014:

Between July and December 2014, performance ranged monthly from 94 to 96 percent of children in out-of-home placement with at least one caseworker visit per month in his/her placement (see Figure 18 below). For example, in December 2014 there were 6,482 children in out-of-home placement for a full month; 6,171 (95%) were visited by their caseworker at least one time per month in their placement. An additional 250 (4%) children had at least one caseworker visit per month in a location other than their placement, for a total of 99 percent of children with at least one caseworker visit per month regardless of location. The Monitor considers this performance measure to be partially met.

In December 2014, performance on this measure by Local Office ranged from 86 to 100 percent; 13 Local Offices met the MSA standard and 26 Local Offices performed at 95 percent or higher (see Appendix B-3).

Figure 18: Percentage of Children in Out-of-Home Care who had at least One Caseworker Visit per month in his/her Placement (July – December 2014)

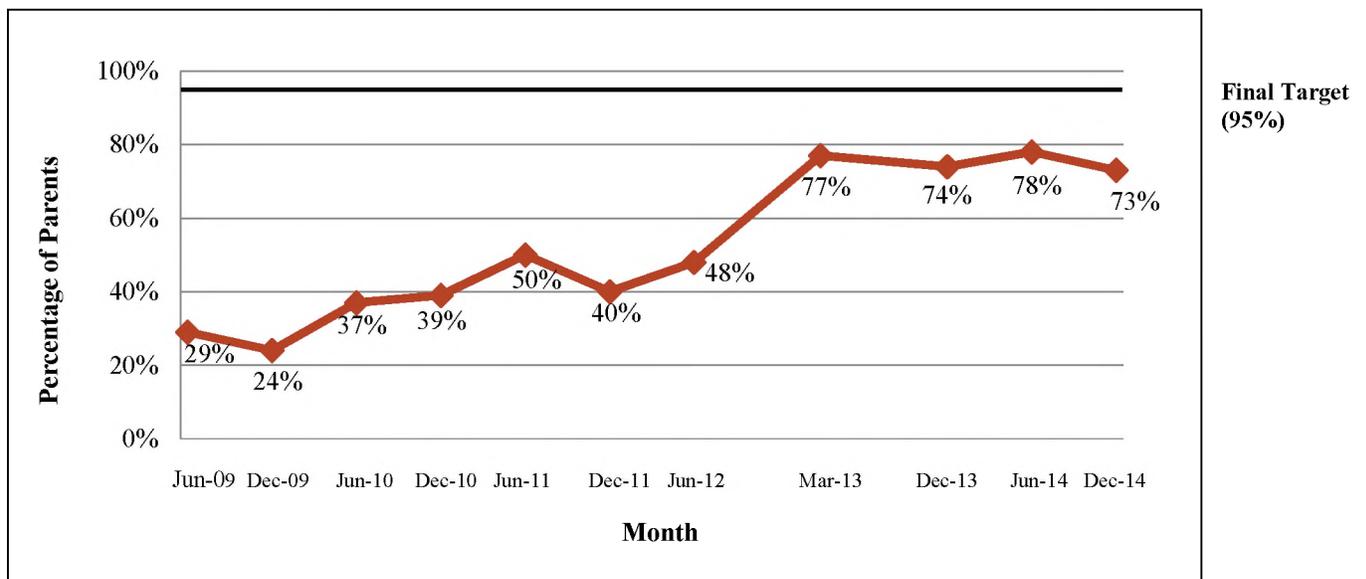


Source: DCF data

Caseworker Visits with Parents/Family Members

Quantitative or Qualitative Measure	18. <u>Caseworker Visits with Parents/Family Members</u> : The caseworker shall have at least two face-to-face visits per month with the parent(s) or other legally responsible family member of children in custody with a goal of reunification.
Final Target	By December 31, 2010, 95% of families have at least twice per month face-to-face contact with their caseworker when the permanency goal is reunification.

Figure 19: Percentage of Families who have at least Twice per month Face-to-Face Contact with Caseworker when the Goal is Reunification (June 2009 – December 2014)⁹⁸



Source: DCF data

Performance as of December 31, 2014:

Between July and December 2014, monthly performance on this measure ranged from 69 to 78 percent of parents or other legally responsible family members visited at least two times per month by a caseworker when the family’s goal is reunification (see Figure 20 below).⁹⁹ For example, in December 2014, there were 3,495 children in custody with a goal of reunification; the parents of 2,547 (73%) children were visited at least twice during the month and the parents of an additional 554 (16%) children had one contact in December. Current performance does not yet meet the level required by the MSA. As indicated, the data likely understate compliance, but

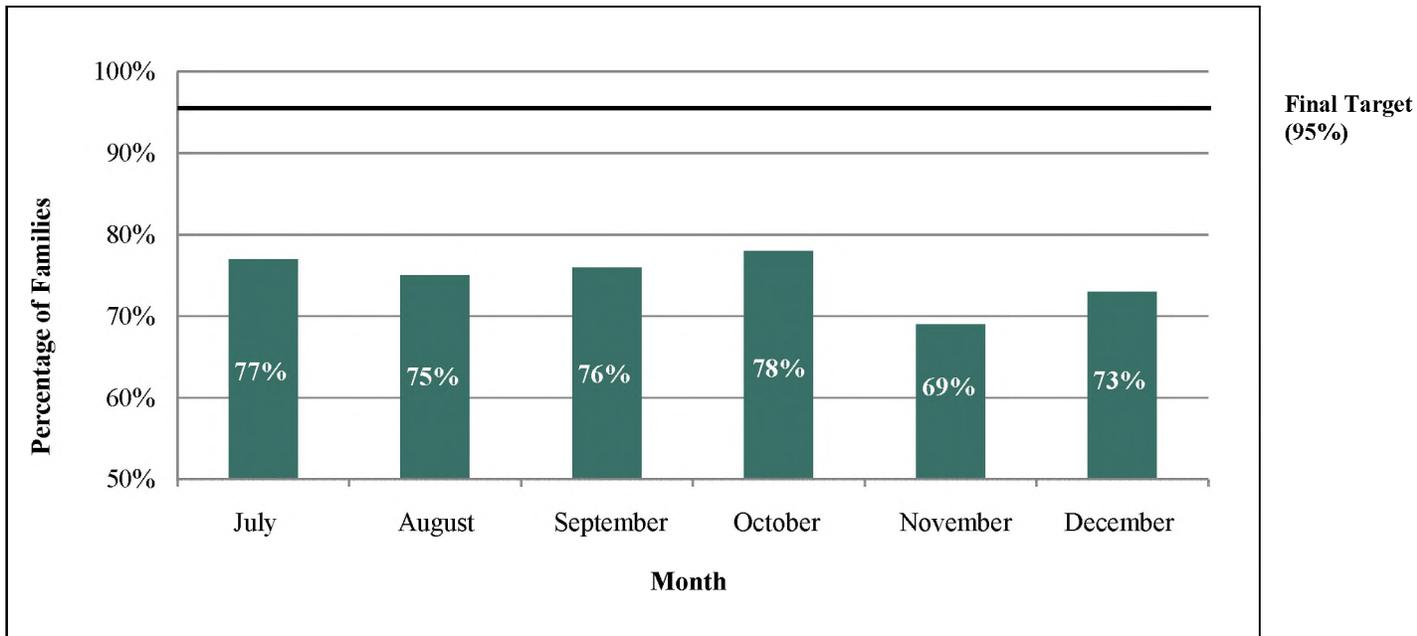
⁹⁸ Reported performance at this time understates actual performance because the data do not exclude instances where a parent is unavailable or contacts are not required. The Monitor is willing to validate and account for exclusions as soon as DCF indicates they are ready for such a review.

⁹⁹ Ibid.

due to worker documentation and data validation issues, the Monitor cannot accurately determine instances where visitation is legitimately not possible or appropriate.

Local Office data for December 2014 ranges between 45 and 100 percent; one of the Local Offices met and exceeded the required level of 95 percent and five Local Offices performed at 90 percent or higher (see Appendix B-4).

Figure 20: Percentage of Families who have at least Twice per month Face-to-Face Contact with Caseworker when the Goal is Reunification (July – December 2014)

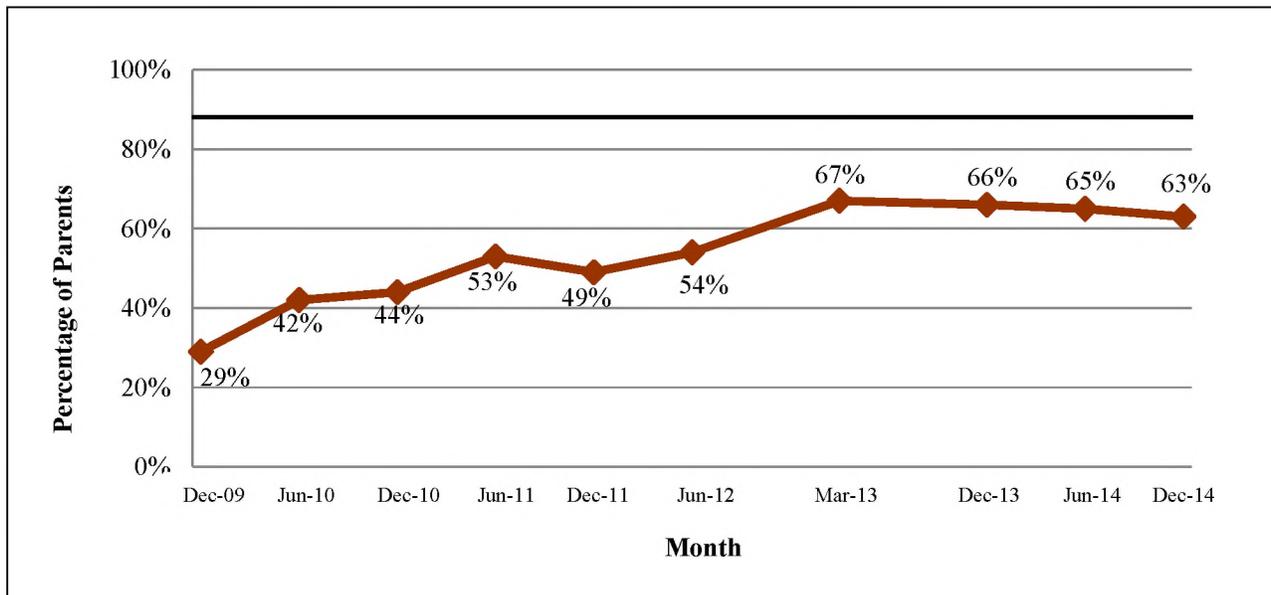


Source: DCF data

Caseworker Visits with Parents/Family Members

Quantitative or Qualitative Measure	19. <u>Caseworker Visits with Parents/Family Members</u> : The caseworker shall have at least one face-to-face visit per month with the parent(s) or other legally responsible family member of children in custody with goals other than reunification unless parental rights have been terminated.
Final Target	By December 31, 2010, at least 85% of families shall have at least one face-to-face caseworker contact per month, unless parental rights have been terminated.

Figure 21: Percentage of Parents who had at least One Face-to-Face Contact with Caseworker who had a Permanency Goal other than Reunification (December 2009 – December 2014)¹⁰⁰



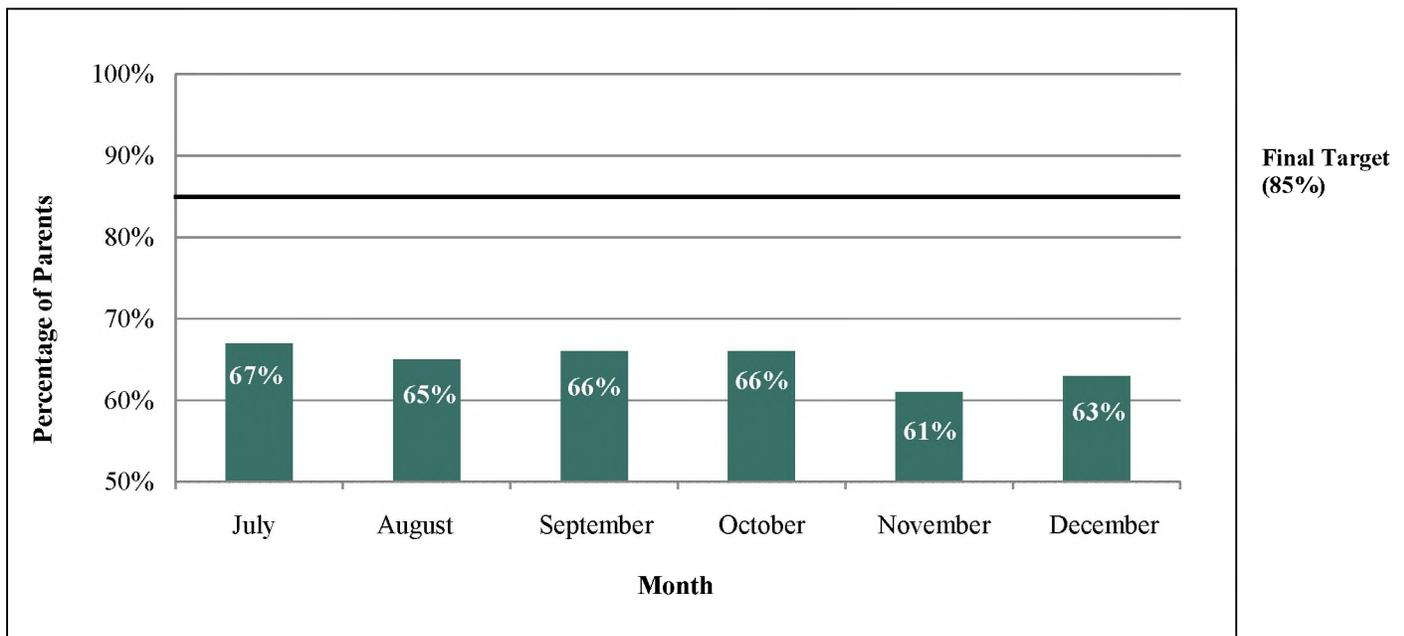
Source: DCF data

¹⁰⁰ Reported performance at this time understates actual performance because the data do not exclude instances where a parent is unavailable or contacts are not required. The Monitor is willing to validate and account for exclusions as soon as DCF indicates they are ready for such a review.

Performance as of December 31, 2014:

Between July and December 2014, monthly performance on this measure ranged from 61 to 67 percent of parents or other legally responsible family members were visited at least monthly by a caseworker when the family’s goal is no longer reunification (see Figure 22 below).¹⁰¹ For example, in December 2014, there were 1,811 children in custody whose goal was not reunification; the parents for 1,143 (63%) children were visited at least monthly. Performance does not meet the level required by the MSA.

Figure 22: Percentage of Parents who had at least One Face-to-Face Contact with Caseworker who had a Permanency Goal other than Reunification (July – December 2014)



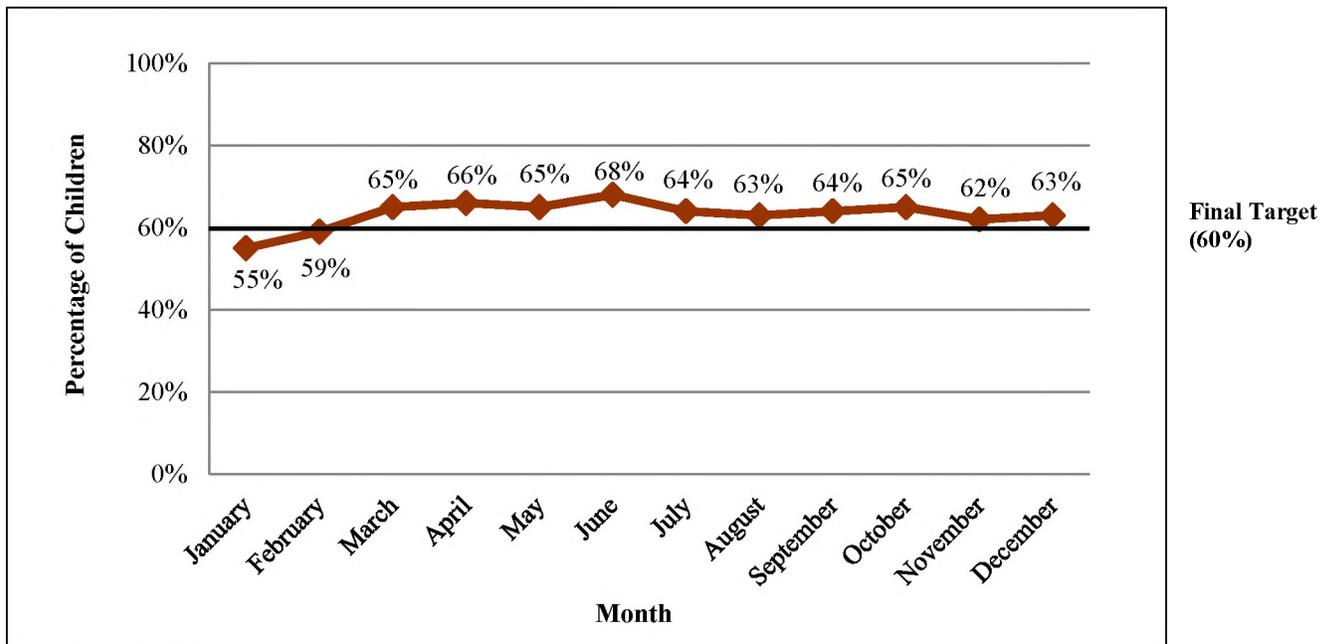
Source: DCF data

¹⁰¹ Ibid.

Visits between Children in Custody and their Parents

Quantitative or Qualitative Measure	20. <u>Visitation between Children in Custody and Their Parents</u> : 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.
Final Target	By December 31, 2010, at least 85% of children in custody shall have in person visits with their parent(s) or other legally responsible family member at least every other week and at least 60% of children in custody shall have such visits at least weekly.

Figure 23: Average Monthly Percentage of Children who had Weekly Visits with their Parent(s) (January – December 2014)^{102, 103}

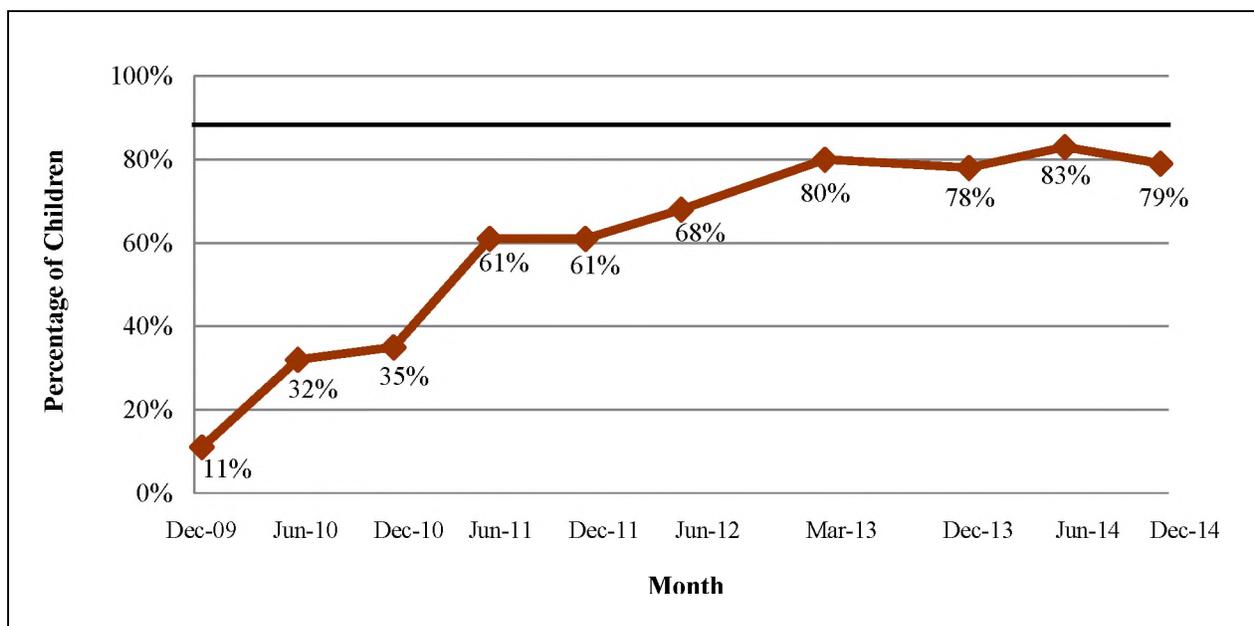


Source: DCF data

¹⁰² Performance data prior to January 2014 are not comparable due to a change in methodology and are therefore not included in this Figure. The previous methodology was based upon the number of children who had four visits a month with their parent. Due to the new capabilities of SafeMeasures v5, DCF is able to more precisely report on completion of weekly visits between parents and children and compliance can be measured by the average percentage of children who had weekly visits each week during the month.

¹⁰³ Reported performance at this time understates actual performance because the data do not exclude instances where a parent is unavailable or contacts are not required. The Monitor is willing to validate and account for exclusions as soon as DCF indicates they are ready for such a review.

Figure 24: Percentage of Children who had at least Two Visits per month with their Parent(s) (December 2009 – December 2014)¹⁰⁴



Source: DCF data

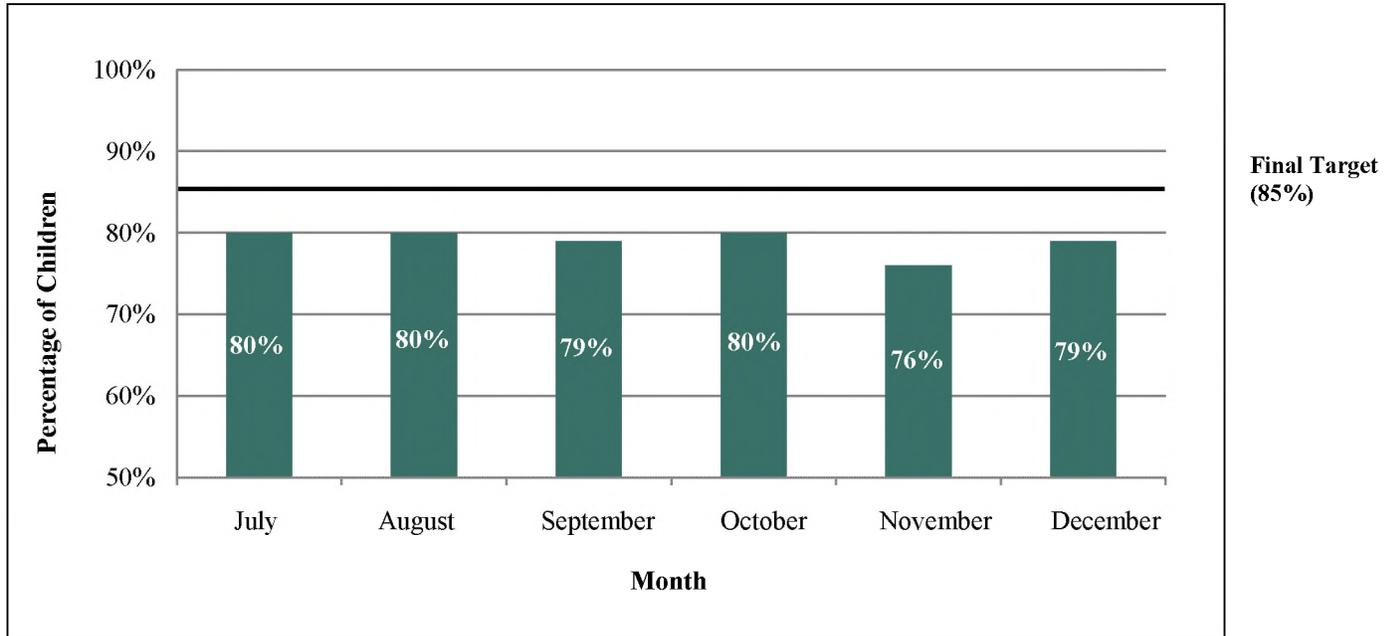
Performance as of December 31, 2014:

Between July and December 2014, a monthly range of 62 to 65 percent of children had weekly visits with their parents when their permanency goal is reunification (see Figure 23 above) and a monthly range of 76 to 80 percent of children had visits at least every other week (see Figure 25 below).¹⁰⁵ For example, for the four weeks in December 2014, there were an average of 3,632 children in placement with a goal of reunification that required weekly visits. Of these children in placement during that month, 63 percent had weekly visits. Additionally, of the 3,495 children applicable to this measure during the month of December 2014, 2,769 (79%) children had at least two visits during the month. The Monitor considers this performance measure to be partially met as DCF met the required level of performance for one sub-part of the measure (weekly visits) every month this period.

¹⁰⁴ Ibid.

¹⁰⁵ Ibid.

Figure 25: Percentage of Children who had at least Two Visits per month with their Parent(s) (July – December 2014)

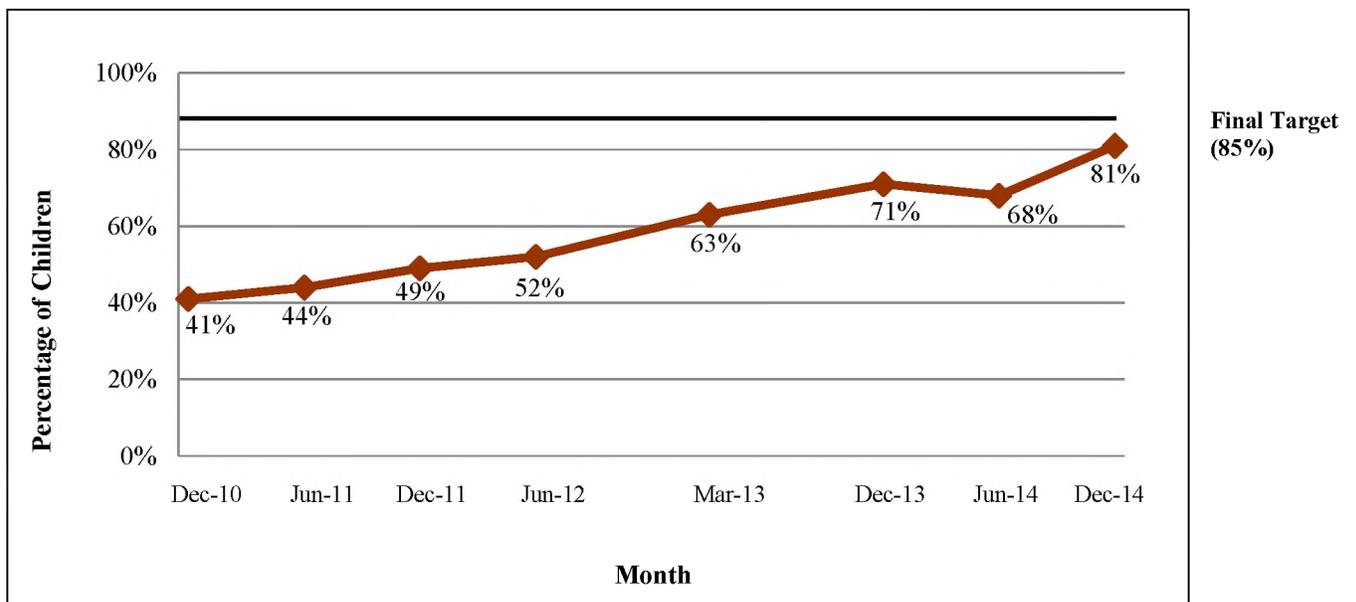


Source: DCF data

Visits between Children in Custody and Sibling Placed Apart

Quantitative or Qualitative Measure	21. <u>Visitation Between Children in Custody and Siblings Placed Apart</u> : Number/percent of children in custody, who have siblings with whom they are not residing shall visit with their siblings as appropriate.
Final Target	By December 31, 2010, at least 85% of children in custody who have siblings with whom they are not residing shall visit with those siblings at least monthly.

Figure 26: Percentage of Children in Custody who have at least Monthly Visits with Siblings, for Children not Placed with Siblings (December 2010 – December 2014)¹⁰⁶



Source: DCF data

Performance as of December 31, 2014:

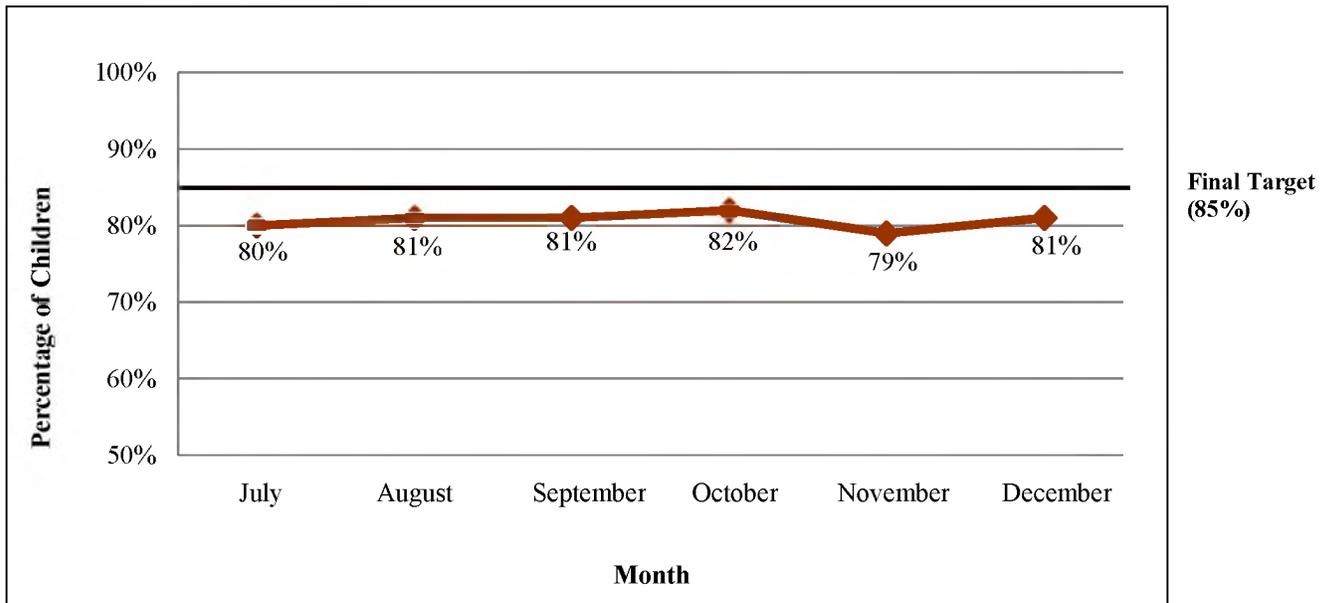
During the previous monitoring period, DCF determined that NJ SPIRIT reports were undercounting sibling visits. DCF worked with the Monitor on modifying the methodology used to pull data from NJ SPIRIT records for this measure. The changes included adding additional applicable sibling visit categories and more precisely defining a sibling relationship. Performance data for this monitoring period was determined using the new reporting methodology.

Between July and December 2014, a monthly range of 79 to 82 percent of children had at least monthly visits with their sibling(s) when they were not placed together. For example, in

¹⁰⁶ December 2014 performance data was determined using a new methodology.

December 2014 there were 2,338 children in placement who had at least one sibling who did not reside in the same household as them, 1,902 (81%) children had at least one visit with their siblings during the month.

Figure 27: Percentage of Children in Custody who have at least Monthly Visits with Siblings, for Children not Placed with Siblings (July – December 2014)

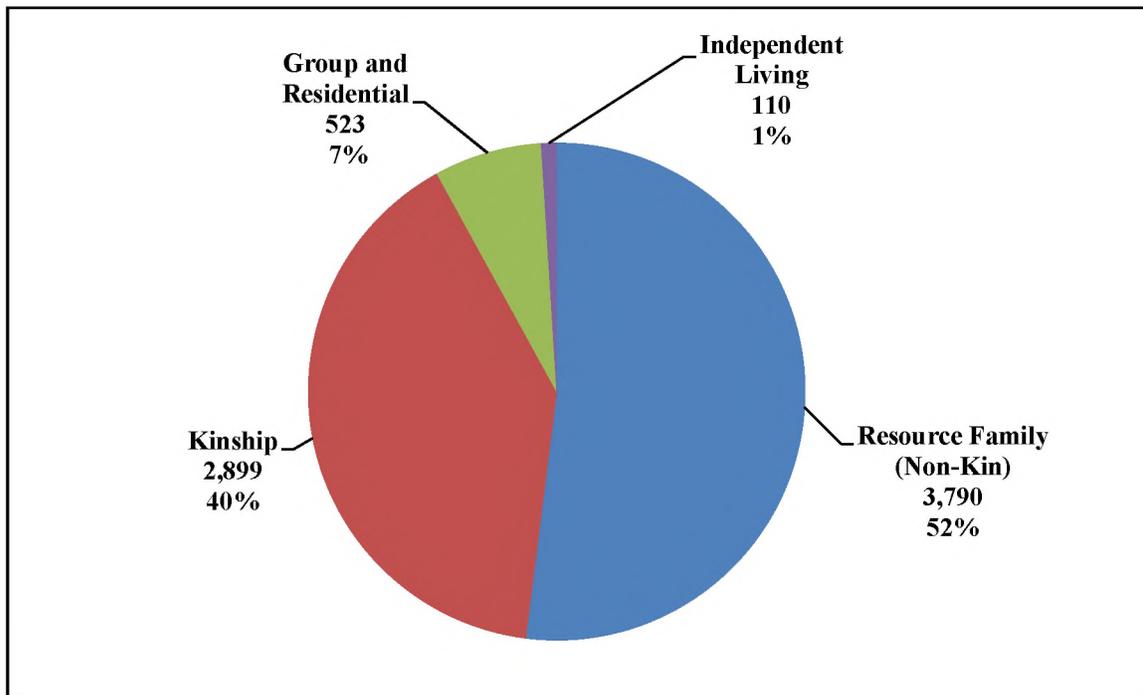


Source: DCF data

VI. PLACEMENT OF CHILDREN IN OUT-OF-HOME CARE

As of December 31, 2014, 51,508 children were receiving CP&P services: 7,322 in out-of-home placement and 44,186 in their own homes. Figure 28 shows the placement settings for children in out-of-home care as of December 31, 2014: 91 percent were in resource family homes (either kinship or non-kinship), seven percent in group and residential facilities and one percent in independent living facilities.

Figure 28: Children in CP&P Out-of-Home Placement by Type of Placement as of December 31, 2014 (n=7,322)*



Source: DCF data

*Percentages are greater or less than 100 due to rounding.

Table 11 shows selected demographics for children in out-of-home placement as of December 31, 2014. Forty-six percent of children in out-of-home care were age five or under, and children six to 12 years of age comprised 30 percent of the out-of-home placement population.¹⁰⁷ Twenty-five percent of the population were age 13 or older and six percent were age 18 or older.

¹⁰⁷ New this monitoring period, DCF combined the prior categories of ages six to nine and ten to 12 into one category of ages six to 12 and combined the previous categories of ages 13 to 15 and 16 to 17 into one category of ages 13 to 17.

**Table 11: Selected Demographics for Children in Out-of-Home Placement
as of December 31, 2014
(n=7,322)**

Gender	Percent
Female	50%
Male	50%
Total	100%
Age	Percent
2 years or less	26%
3-5 years	20%
6-12 years	30%
13-17 years	19%
18+years	6%
Total	101%*
Race/Ethnicity	Percent
Black or African American	42%
White	30%
Hispanic	20%
Asian	0.34%
American Indian or Alaska Native	0.04%
Native Hawaiian or Other Pacific Islander	0.05%
Two or More Races	4.3%
Missing or Undetermined	3.9%
Total	101%*

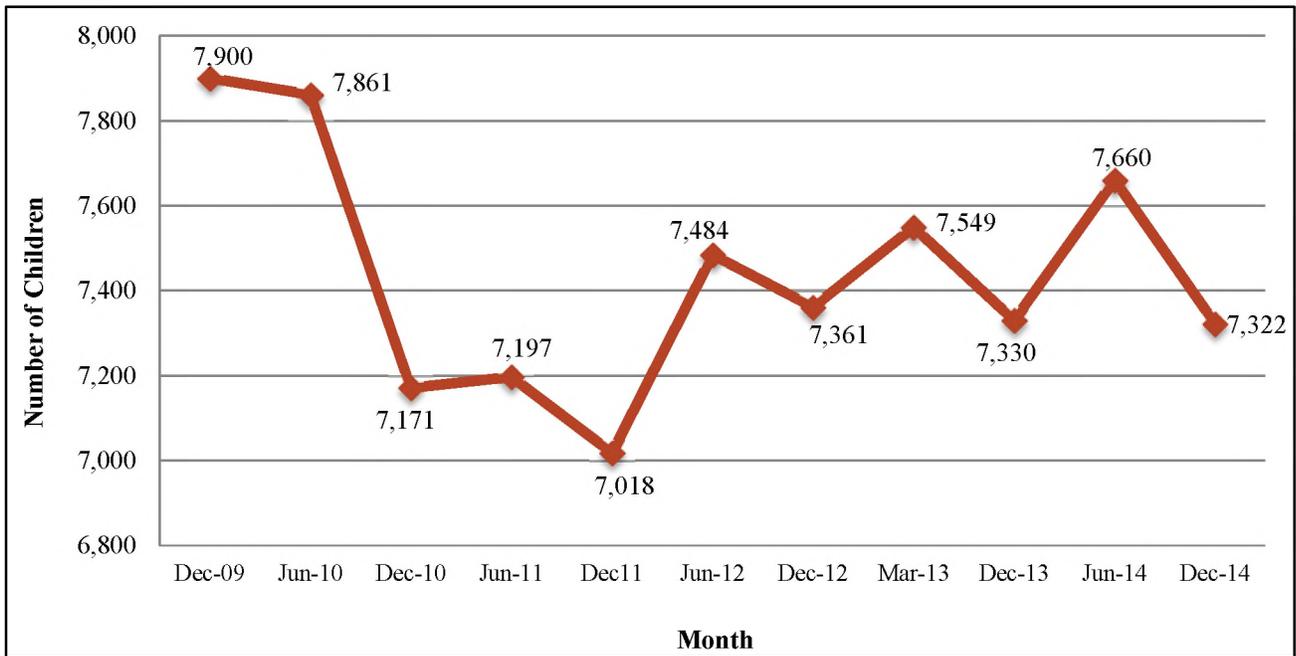
Source: DCF data

*Percentage is greater or less than 100 due to rounding.

The number of children in out-of-home placement has fallen by 4.4 percent from 7,660 as of June 30, 2014 to 7,322 as of December 31, 2014 (see Figure 29). The out-of-home population has declined by seven percent since December 31, 2009. The number of children receiving in-home services is 44,186 as of December 31, 2014, relatively unchanged since June 2014.

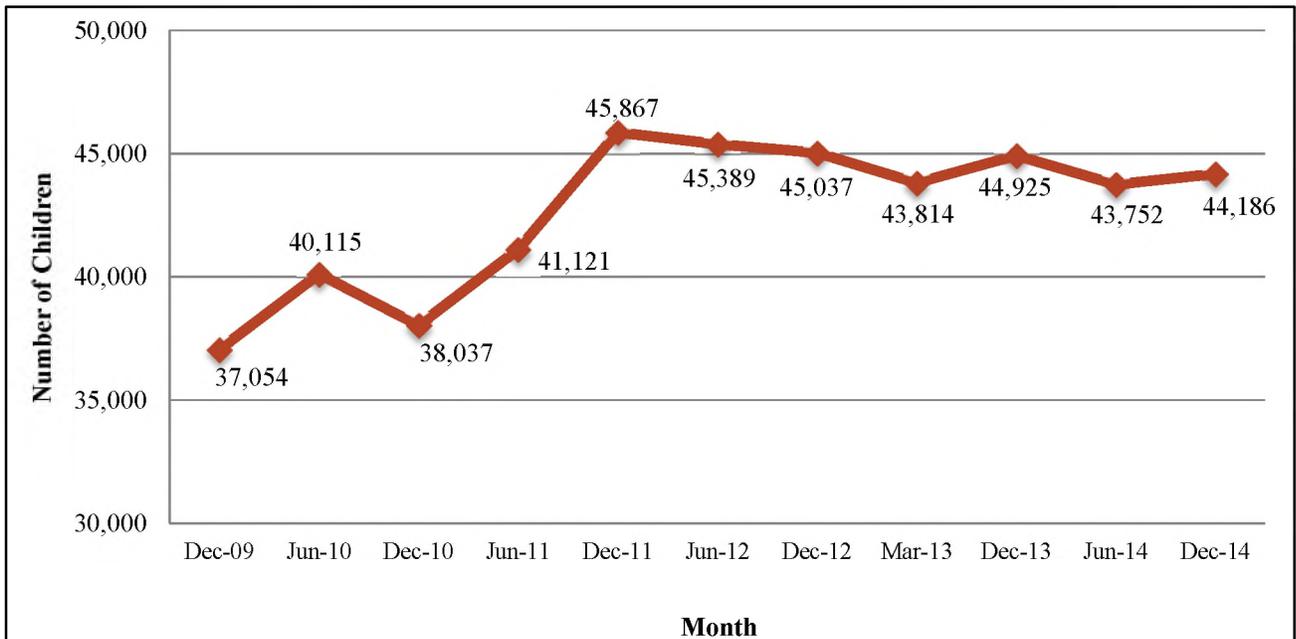
As shown in Figures 29 and 30, the number of children placed in out-of-home settings has significantly decreased since 2009.

**Figure 29: Number of Children in Out-of-Home Placement
(December 2009 – December 2014)**



Source: DCF data

**Figure 30: Number of Children Receiving In-Home Services
(December 2009 – December 2014)**



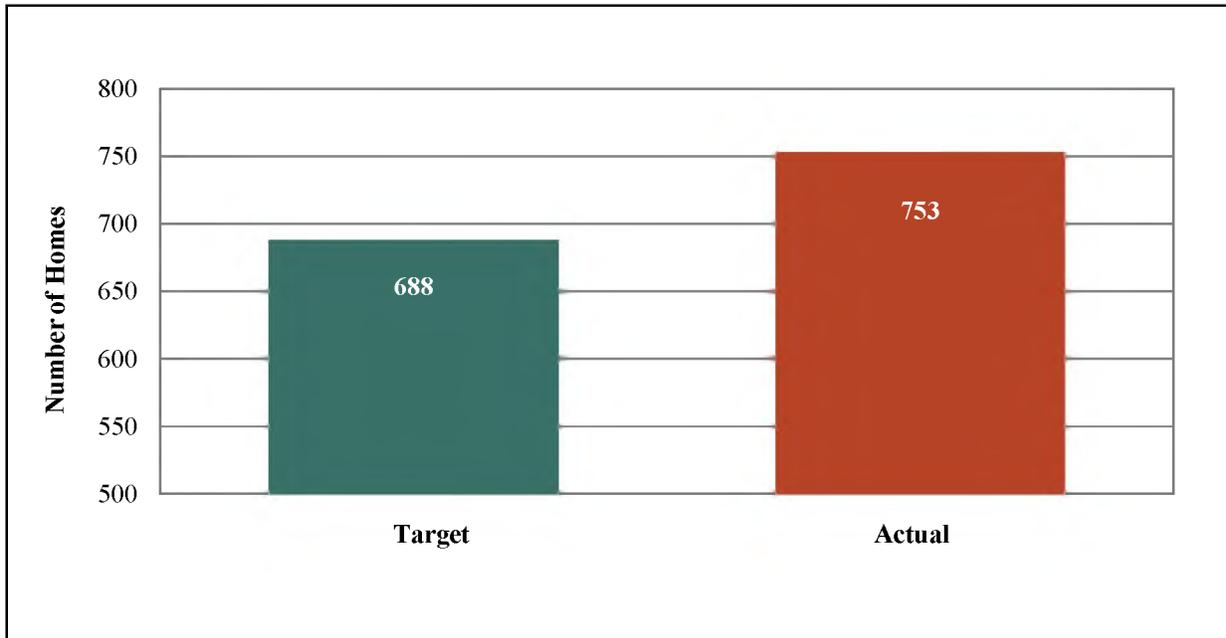
Source: DCF data

A. Recruitment and Licensure of Resource Family Homes

DCF continues to improve its process to recruit and license a sufficient number of family-based homes in which to appropriately place children when they enter DCF custody. There are active efforts to recruit and license more large capacity resource family homes for sibling groups and homes for adolescents to keep pace with placement demands.

DCF recruited and licensed 1,424 new kinship and non-kinship resource family homes from January 1 to December 31, 2014, exceeding its annual target by 48 homes. During this six-month reporting period DCF recruited and licensed 753 homes, 65 homes above its target of 688 resource family homes.

**Figure 31: Number of Newly Licensed Resource Family Homes
(July – December 2014)**



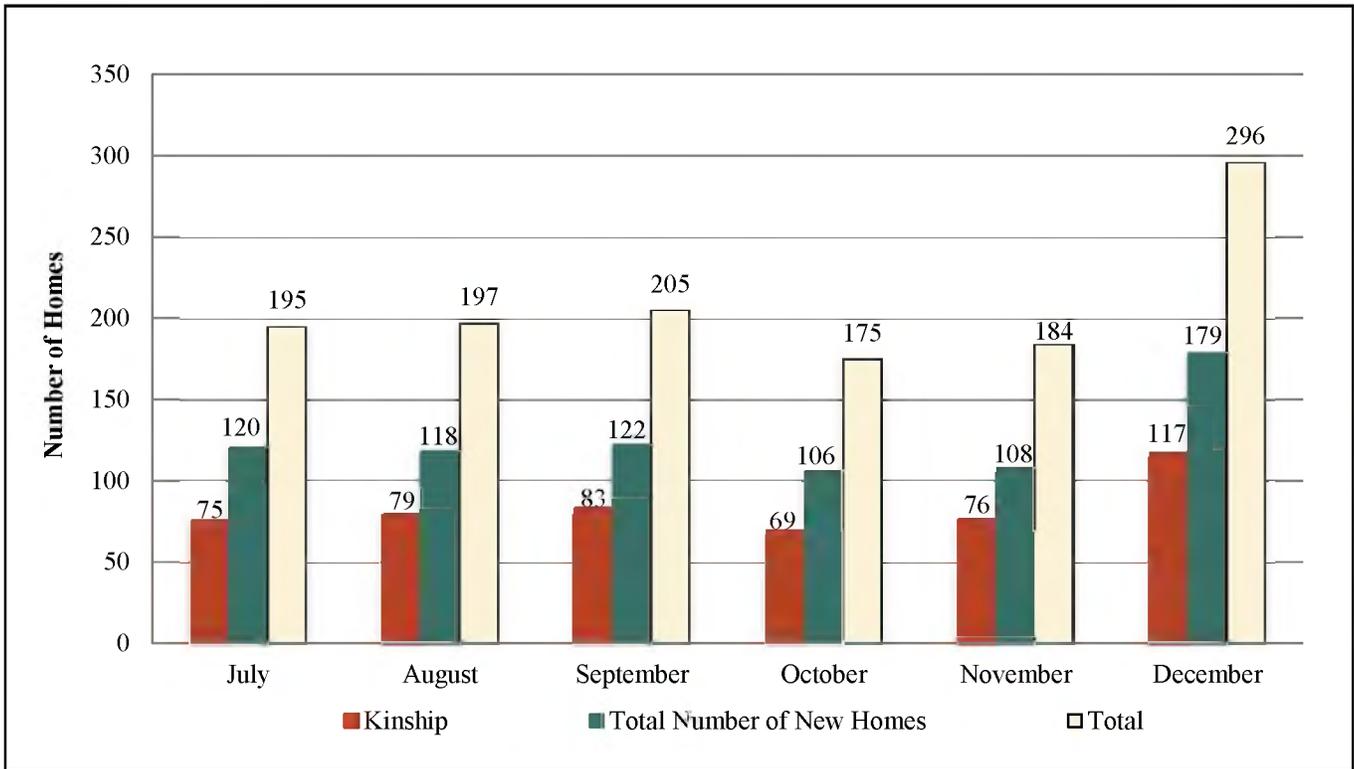
Source: DCF data

As indicated in Figure 32, 499 (66%) of the 753 newly licensed resource family homes during this monitoring period were kinship homes, reflective of the state’s continued efforts to explore and utilize kinship care whenever possible.

**Figure 32: Newly Licensed Resource Family Homes
(Kinship and Non-Kinship)
(July – December 2014)**

Total Number of New Homes = 753

Total Kinship = 499



Source: DCF data

Table 12 shows the number of kinship and non-kinship resource family homes licensed and the number of resource family homes closed between July and December 2014, resulting in a net loss of one resource family home during this monitoring period. While the loss is of a small magnitude, it is only the second time since early in the reform effort that DCF is reporting more homes closed than licensed within a monitoring period. Of the 754 homes that closed during the monitoring period, 56 percent of the closed homes were kinship placements. According to DCF's data, kinship homes close at a faster rate than non-kinship homes when families achieve permanency, either through adoption, kinship legal guardianship, or reunification with the biological parents. Since the Department is licensing increasing numbers of kinship homes, the accelerated rate of closure of kinship homes is reflected in the net number of current homes licensed.

**Table 12: Resource Family Homes Licensed and Closed (Kinship and Non-Kinship)
(July – December 2014)**

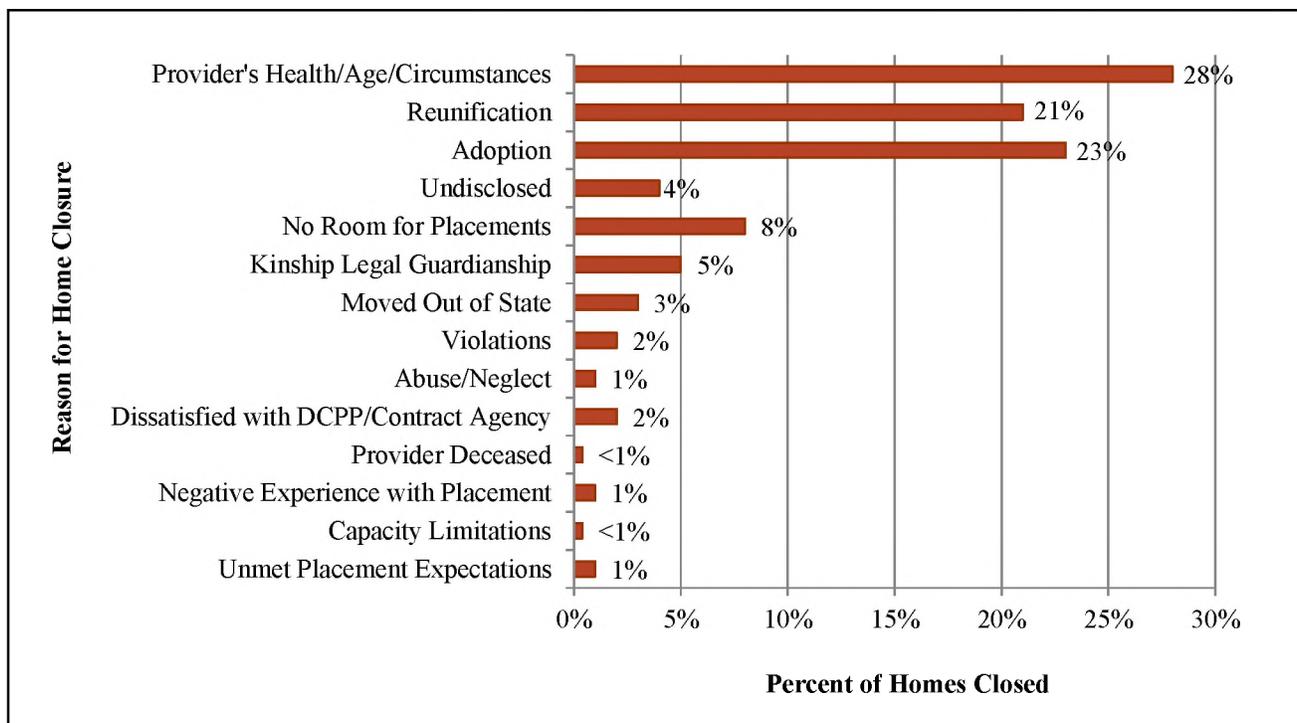
Month	Non-Kin Resource Homes Licensed	Kin Resource Homes Licensed	Total Resource Homes Licensed	Total Resource Homes Closed	Resource Homes Net Gain
JULY	45	75	120	155	-35
AUGUST	39	79	118	100	18
SEPTEMBER	39	83	122	171	-49
OCTOBER	37	69	106	158	-52
NOVEMBER	32	76	108	74	34
DECEMBER	62	117	179	96	83
Jul – Dec 2014 Totals	254	499	753	754	-1

Source: DCF data

As reflected in Figure 33, 49 percent of resource family homes that were closed between July and December 2014 were due to permanency exits of the children placed in them, specifically reunification (21%), adoption (23%) or kinship legal guardianship (5%). Additional reasons for closing resource homes include a provider’s personal circumstances, such as the health/age of the provider (28%), a move out-of-state (3%) and lack of room for placement (8%). Four percent of the resource family home providers did not disclose their reasons for closing their homes. Approximately nine percent of homes were closed for other reasons: abuse or neglect (1%), death of a provider (<1%), a provider’s negative experiences (1%), a provider’s dissatisfaction with CP&P or contract agency (2%), unmet placement expectations (1%), a provider reaching capacity limitations (<1%) and violations of licensing rules (2%).

Between July and December 2014 DCF accelerated its efforts to reduce unavoidable resource home closures and to improve retention. It continued work with Rutgers University to develop tools for use with resource families to identify areas of concern and address them.

**Figure 33: Reasons for Resource Home Closure (Kinship and Non-kinship Homes)
(July – December 2014)
(n=754)**



Source: DCF data

DCF continues to recruit and retain resource family homes by county according to a needs-based geographic analysis.

As previously reported, the state regularly conducts a geographic analysis assessing capacity of resource family homes by county in order to set county-based annual targets for recruitment (MSA Section II.H.13). These targets are based on:

- Total number of children in placement,
- Total number of licensed resource family homes statewide,
- Total number of sibling groups,
- Bed capacity,
- Average number of closed homes statewide,
- Geographical location of resource family homes and
- County of origin of children who need placement.

Between July and December 2014, in contrast to the previous reporting period, the majority of counties met their licensure targets; only seven out of 20 reported counties did not meet their targets for newly licensed resource family homes. Table 13 shows county performance between July and December 2014 as compared to licensure targets. DCF is in the final stages of

developing a new and more refined target setting methodology which will be discussed in the next monitoring report.

Table 13: Newly Licensed Resource Family Homes Compared to County/State Targets (July – December 2014)

County	Target	Licensed	Performance Against Target
Atlantic	25	43	18
Burlington	35	40	5
Cape May	12	11	-1
Camden	65	56	-9
Cumberland	18	27	9
Gloucester	27	43	16
Salem	11	14	3
Essex	108	88	20
Hudson	54	44	-10
Bergen	40	54	14
Hunterdon/Warren*	18	21	3
Mercer	20	21	1
Somerset	18	20	3
Middlesex	43	67	25
Morris	23	18	-5
Sussex	12	11	-1
Passaic	35	35	0
Ocean	42	60	18
Monmouth	42	48	6
Union	42	32	10
Totals	688	753	65

Source: DCF

*DCF combines Hunterdon and Warren counties for the purpose of setting targets.

DCF continues efforts to achieve the resolution of resource family applications within 150 days (MSA Section II.H.4).

In addition to a focus on the timing of completed resource family applications, DCF is also examining challenges posed by the increasing number of kinship applications and the documented increase in time to resolution for those applications. As shown in Table 14, 1,139 resource family applications were received between July and December 2014; 682 (60%) were resolved within 150 days and 800 (70%) applications were resolved within 180 days. When compared to performance in CY 2007 (25% of applications resolved in 150 days), DCF has steadily improved in its efforts to reach the 150 day timeframe.

Table 14: Total Number of Resource Family Home Applications Resolved in 150 and 180 Days for Applications Submitted July through December 2014

2014 Month Applied	Total Applications	Resolved in 150 Days		Resolved in 180 Days	
	Number	Number	Percent	Number	Percent
Total Number of All Resource Homes (n= 1,139)					
JULY	172	112	65%	126	73%
AUGUST	156	106	68%	116	74%
SEPTEMBER	211	127	60%	156	74%
OCTOBER	203	123	61%	144	71%
NOVEMBER	207	114	55%	136	66%
DECEMBER	190	100	53%	122	64%
Total	1,139	682	60%	800	70%
Total Number of Kinship Family Homes (n=721)					
JULY	104	57	55%	67	64%
AUGUST	99	59	60%	67	68%
SEPTEMBER	134	72	54%	90	67%
OCTOBER	141	75	53%	90	64%
NOVEMBER	126	60	48%	74	59%
DECEMBER	117	55	47%	66	56%
Total	721	378	52%	454	63%
Total Number of Non- Kinship Family Homes (n=418)					
JULY	68	55	81%	59	87%
AUGUST	57	47	82%	49	86%
SEPTEMBER	77	55	71%	66	86%
OCTOBER	62	48	77%	54	87%
NOVEMBER	81	54	67%	62	77%
DECEMBER	73	45	62%	56	77%
Total	418	304	73%	346	83%

Source: DCF data

As shown in Table 14, DCF receives more applications from kinship family homes than non-kinship homes, but those applications take more time to resolve. During the monitoring period, for the 721 resource family home kinship applications received from July to December 2014, 378 (52%) were resolved within 150 days and 454 (63%) were resolved in 180 days. For the 418 non-kinship family home applications received during the same period, 304 (73%) of non-kinship homes were resolved in 150 days and 346 (83%) were resolved in 180 days. These data indicates that non-kinship resource family applications were resolved 20 percent more quickly than kinship family applications. DCF's Resource Family Impact Teams continue to provide guidance and assistance to resource family staff to expedite the 150 day application process.

Resource Family Recruitment and Retention Strategies

Large Capacity Homes

DCF is attempting to recruit and license additional homes with capacity to accommodate large sibling groups. During this monitoring period DCF resource staff continued to review data on existing resource families to identify those who might be willing/appropriate to serve large sibling groups.

The state has been using a specialized recruitment strategy to focus attention on identifying, recruiting and licensing these homes, termed “Siblings in Best Settings” or SIBS, which are defined as homes with capacity for five or more children or youth. At the end of this reporting period, DCF had 24 SIBS homes, five homes fewer than reported at the end of the previous reporting period; two SIBS homes were newly licensed between July and December 2014 and seven homes left the SIBS program.¹⁰⁸ Recruiting homes for large sibling groups continues to be a priority need.

Market Segmentation as a Tool for Recruitment

DCF is now using the market segmentation approach that the National Resource Center for Recruitment and Retention of Foster and Adoptive Parents (NRCRRFAP) at Adopt US Kids trained recruitment staff to use when planning recruitment activities and events. The approach strategically targets “high indexing characteristics” to identify geographic areas and specific local communities and venues where data show successful resource families tend to live and frequent. For example, in November 2014, DCF held its first statewide market segmentation recruitment event at 15 movie theaters throughout the state on the same weekend. As a result of that effort, DCF received 234 inquiries from moviegoers about becoming foster parents. DCF has begun to analyze ways in which the market segmentation approach has improved its overall recruitment efforts, but due to the large lag time between event and licensure, a thorough analysis will take time. DCF also reports that recruiting for sibling groups and adolescents is now a routine part of all recruitment efforts.

Staff Training and Skill Development

Resource family and licensing staff participated in training opportunities during this monitoring period, including:

- All Children All Families (ACAF) held trainings in October and December 2014 for 384 OOL, ORF and Adoption staff in 20 separate sessions to enhance staff knowledge on LGBT issues as applied to recruiting resource homes, conducting resource home interviews, completing resource home studies and facilitating foster and adoptive placements.

¹⁰⁸ Seven homes left the SIBS program: three homes downgraded from SIBS status when the children were reunited with their biological parents, three homes closed and one home downgraded from SIBS status when the resource parents determined the large number of children was too difficult to manage.

-
- PRIDE (Parent Resources for Information, Development and Education) and Traditions of Caring (TOC) training staff met in September and December 2014 for their quarterly meeting where the Office of Adolescent Services (OAS) and the Office of Adoption staff made presentations. Trainers also were taught how to use Share Point, a new internal website which allows training and resource staff to access shared resources, training material, videos and calendars.
 - OOL held simulation trainings in November and December 2014 which provided staff with “hands on” opportunities to participate in a resource home inspection.
 - OOL held Structured Analysis Family Evaluation (SAFE) trainings in July and October 2014 for practitioners who conduct SAFE training. Courses include a one day training on supervision and a two day training for new staff, including a module on interviewing skills.
 - The DCF Training Academy developed a training on market segmentation for the Office of Resource Families (ORF), which was conducted for recruiters in July and September 2014. The course includes market segmentation engagement, relationship building, teamwork and event planning.

Resource Family In-service Training

DCF requires every resource parent to complete 21 hours of In-service training for the primary caretaker and 15 hours for the secondary caretaker over the course of a three year licensing cycle to maintain a resource family home license. The training modalities that are offered to resource parents by Foster and Adoptive Family Services (FAFS) are: on-line training, home correspondence courses, county-based workshops and webinars. Between July and December 2014, 1,344 resource parents took a total of 2,911 in-service training courses. Fourteen new training opportunities were added to the FAFS course catalogue, including:

- Caring for Children of Incarcerated Parents;
- A Social and Emotional Learning Series in 6 sessions;
- Human Trafficking: What Resource Parents Need to Know;
- Disaster Preparedness:
 1. Preparing Your Family Before an Emergency,
 2. Staying Safe During an Emergency,
 3. Recovering and Coping with Disaster, and
 4. More than Mother Nature;
- Bullying: It’s a Real Problem; and
- Understanding and Supporting LGBTQI Youth in Care.

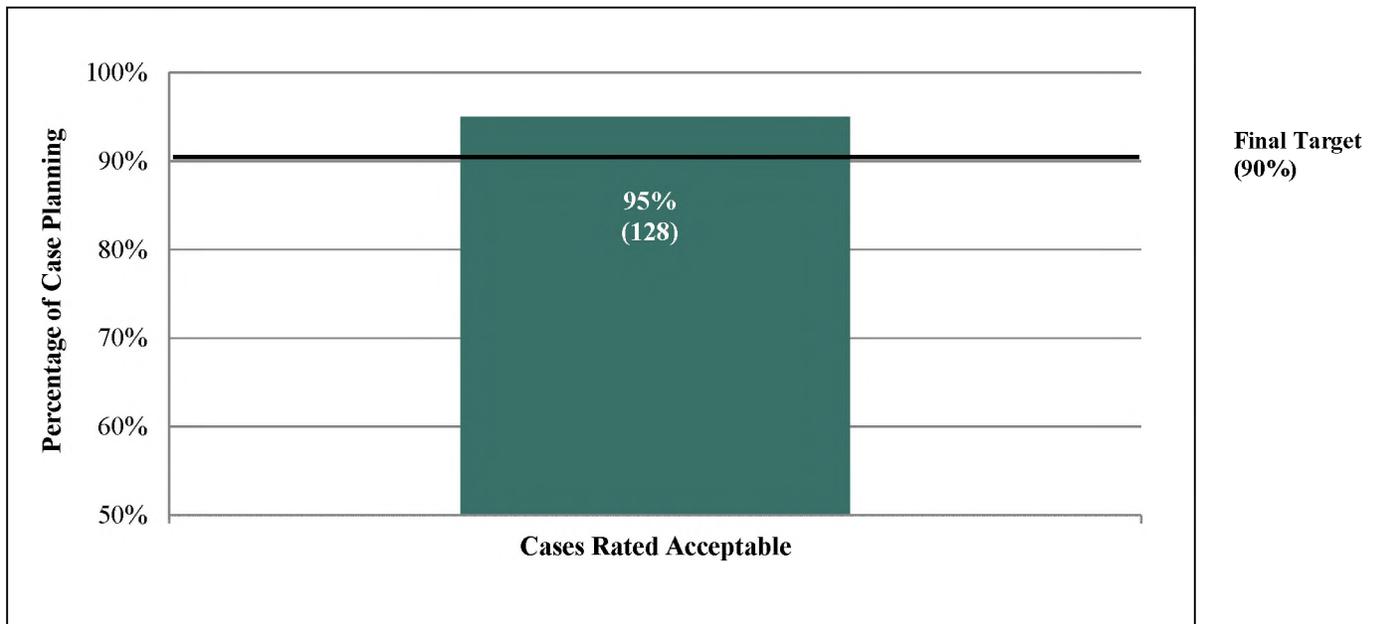
B. Performance Measures on Placement of Children in Out-of-Home Care

DCF provides data on children’s out-of-home placement type at the time of initial placement. The most recent data are from CY 2014 when a total of 3,930 children entered out-of-home placement; 3,687 (94%) of these children were placed in family settings for their first placement or within seven days of initial placement, an important accomplishment.¹⁰⁹ Overall, children are being placed in appropriate and family-like settings when they come into care, though work remains to reduce the number of placements those children experience while in care.

Appropriateness of Placement

Quantitative or Qualitative Measure	23. <u>Combined Assessment of Appropriateness of Placement</u> : Based on: <ul style="list-style-type: none"> a. Placement within appropriate proximity of their parents’ residence unless such placement is to otherwise help the child achieve the planning goal. b. Capacity of caregiver/placement to meet child’s needs. c. Placement selection has taken into account the location of the child’s school.
Final Target	By June 30, 2010, 90% of children will be placed in an appropriate setting.

Figure 34: Qualitative Review (QR) Cases Rated Acceptable on Appropriateness of Placement (January – December 2014) (n=180)



Source: DCF, QR results

¹⁰⁹ These data were analyzed by Hornby Zeller Associates.

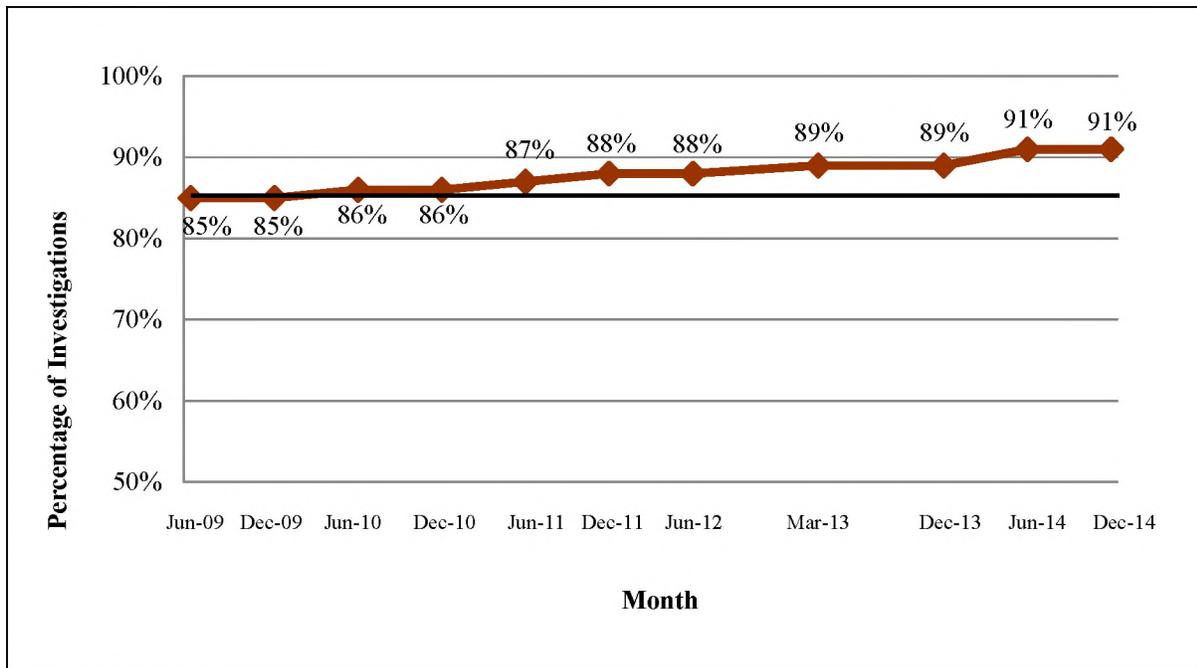
Performance as of December 31, 2014:

From January to December 2014, of the 180 cases reviewed using the QR protocol, 135 cases were of children in out-of-home care and were assessed for appropriateness of their placement. Almost all (95% /128 of 135) of the child placements were rated acceptable, a significant accomplishment. This assessment considers the child’s needs for family relationships, connections, age, ability, special needs and peer group and whether the living arrangement is consistent with the child’s language and culture. The assessment of appropriateness of placement also considers whether the placement met the child’s needs for emotional support, supervision and socialization and addresses special and other basic needs.

Placing Children with Families

Quantitative or Qualitative Measure	24. <u>Placing Children with Families</u> : The percentage of children currently in custody who are placed in a family setting.
Final Target	Beginning July 2009 and thereafter, at least 85% of children will be placed in a family setting.

Figure 35: Percentage of Children Placed in a Family Setting (June 2009 – December 2014)



Source: DCF data

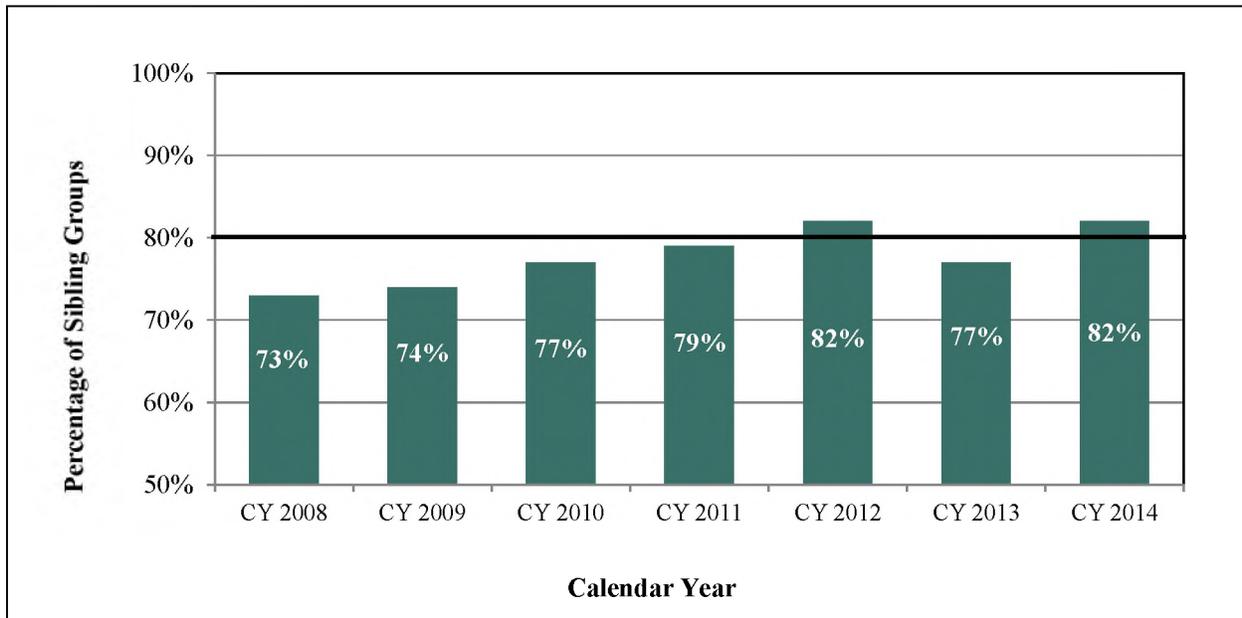
Performance as of December 31, 2014:

As of December 31, 2014, there were 7,322 children in CP&P out-of-home placement; 6,689 (91%) of whom were placed in resource family placements (non-kinship or kinship). The remaining 633 (9%) children/youth were placed in independent living placements (110) or group and residential facilities (523). DCF has met or exceeded the performance target for placing children in a family setting since 2009.

Placing Siblings Together

Quantitative or Qualitative Measure	25. <u>Placing Siblings Together</u> : Of sibling groups of two or three siblings entering custody at the same time or within 30 days of one another, the percentage in which all siblings are placed together.
Final Target	For siblings entering custody in the period beginning July 2012 and thereafter, at least 80% will be placed together.

Figure 36: Percentage of Sibling Groups of Two or Three Placed Together (CY 2008 – CY 2014)



Source: DCF NJ SPIRIT data analyzed by Chapin Hall for CY 2006 through 2011. CY 2012 through 2014 data analyzed by Hornby Zeller Associates.

Performance as of CY 2014:

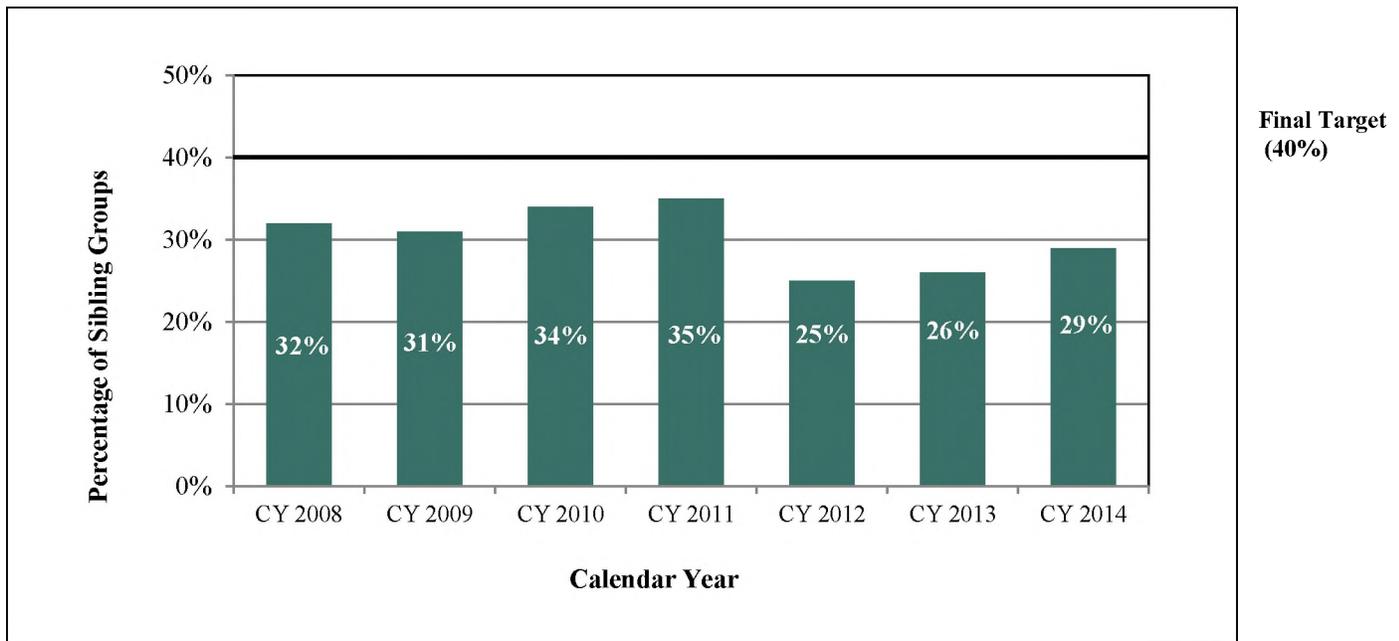
In CY 2014, there were 797 sibling groups that came into custody at the same time or within 30 days of one another; 695 (87%) sibling groups were comprised of two or three children. Of the

695 subset of sibling groups, 567 (82%) were placed together. This performance shows improvement from CY 2013 and meets the MSA final target.

Placing Large Sibling Groups Together

Quantitative or Qualitative Measure	26. <u>Placing Siblings Together</u> : Of sibling groups of four 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.
Final Target	For sibling groups of four or more entering in the period beginning July 2011 and thereafter, at least 40% will be placed together.

Figure 37: Percentage of Sibling Groups of Four or More Placed Together (CY 2008 – CY 2014)



Source: DCF NJ SPIRIT data analyzed by Chapin Hall for CY 2006 through 2010. CY 2012, 2013 and 2014 data analyzed by Hornby Zeller Associates.

Performance as of CY 2014:

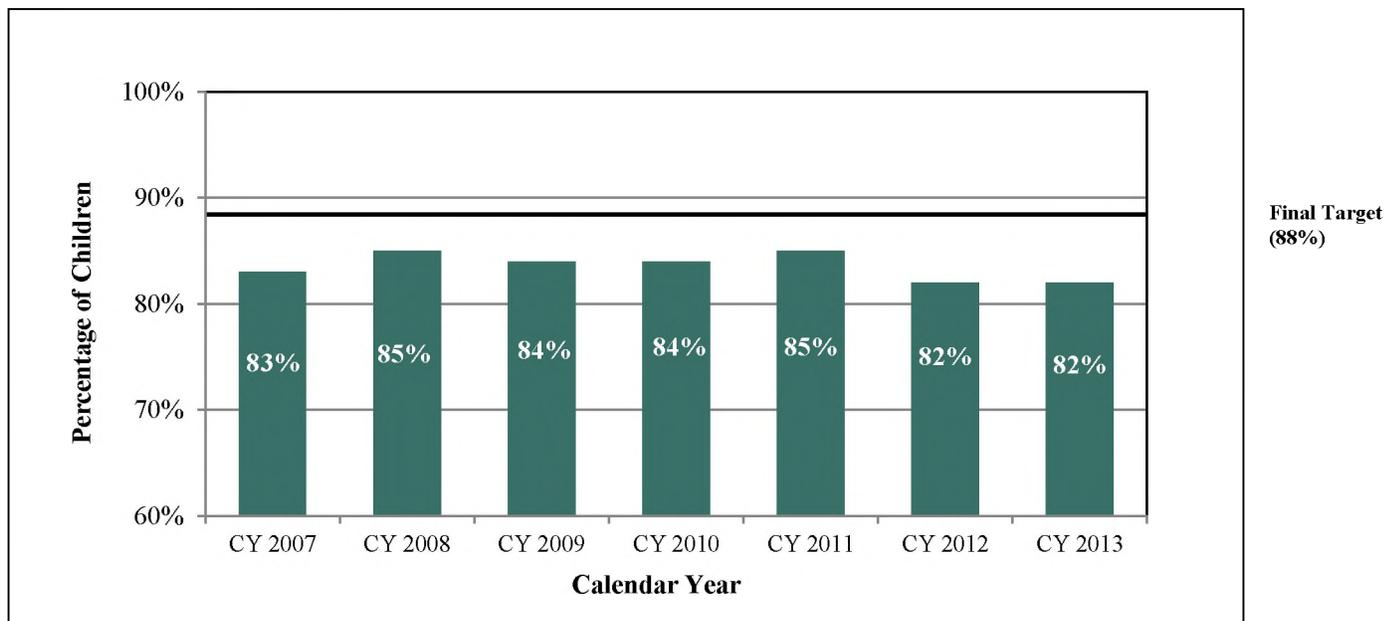
In CY 2014, there were 102 sibling groups that had four or more children who came into custody at the same time or within 30 days of each other; 30 (29%) of these sibling groups were placed together. While the number of large sibling groups has decreased overall since CY 2012, performance remained virtually unchanged for CY 2013 and 2014. While improved,

performance does not meet the level required by the MSA final target.¹¹⁰ Recruitment of resource homes to accommodate large sibling groups remains a DCF priority.

Stability of Placement

Quantitative or Qualitative Measure	27. <u>Stability of Placement</u> : Of the number of children entering care in a period, the percentage with two or fewer placements during the 12 months beginning with the date of entry.
Final Target	By June 2009 and thereafter, at least 88% of children entering care will have two or fewer placements during the 12 months from their date of entry.

Figure 38: Percentage of Children Entering Care who had Two or Fewer Placements within 12 months of Entering Care (CY 2007 – CY 2013)



Source: DCF NJ SPIRIT data analyzed by Chapin Hall for CY 2006 through 2010. CY 2011 through 2013 data analyzed by Hornby Zeller Associates.

Performance as of Most Recent Calendar Year Available:

The most recent performance data assesses the 4,282 children who entered care in CY 2013 and aggregates the number of placements each child experienced within one year of entry. For children entering care in CY 2013, 3,512 (82%) children had two or fewer placements during the

¹¹⁰ In CY 2012, there were 136 sibling groups with four or more children. In CY 2013, there were 103 sibling groups with four or more children and in CY 2014 there were 102.

12 months from their date of entry. This performance reflects no change from CY 2012 and does not meet the final MSA target.

Placement Limitations

Quantitative or Qualitative Measure	28. <u>Placement Limitations</u> : 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, but such limitations may be waived if needed and appropriate to allow a group of siblings to be placed together.
Final Target	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, but such placements may be waived if needed and appropriate to allow a group of siblings to be placed together.

Performance as of December 31, 2014:

The MSA limits how many children can be placed in a resource family home at one time: no child should be placed in a resource family home if that placement will result in the home having more than four foster children, more than two foster children under the age of two, or more than six total children including the resource family's own children (Section III.C.1). Exceptions can be made to these limits as follows: no more than five percent of resource home placements may be made into resource homes with seven or eight total children including the resource family's own children, but such placements can be made as long as there is adherence to the other limitations referred to above. Any of the limitations may be waived if needed and appropriate to allow a group of siblings to be placed together.

The Monitor reviews the waivers to resource home population limits DCF has approved during each monitoring period to validate that they meet the designated capacity limitations. During this monitoring period less than one percent of resource home placements were over capacity.

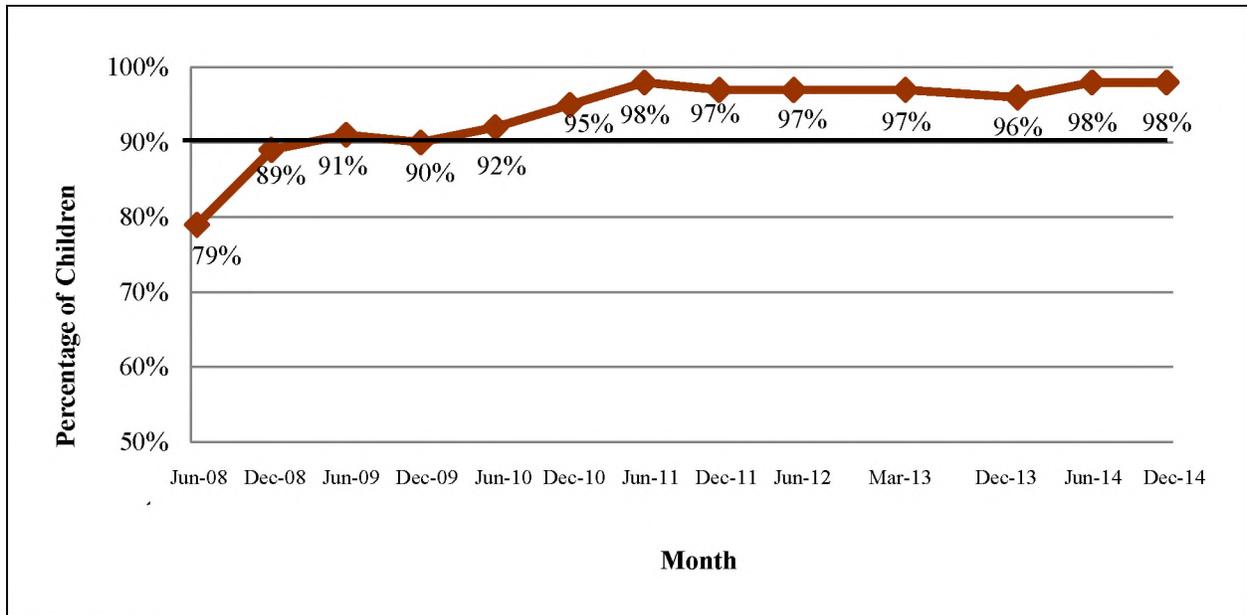
The Monitor reviewed the six waivers to placement limits submitted between July and December 2014 that were approved. Of the six, one was for a home with more than four children in placement and five were for homes with more than six children; the Monitor agrees that the waivers were justified.¹¹¹ DCF continues to meet the MSA performance target for this measure.

¹¹¹The waiver for a home with more than four children in placement was for a child who needed short term placement before she was moved to a residential treatment home. The other five waivers were granted according to the best interest of the children exception, as permitted by DCF's Practice Manual Section 9-16-2013, Exceptions to Population Limitations.

Limiting Inappropriate Placements

Quantitative or Qualitative Measure	<p>29. <u>Inappropriate Placements:</u></p> <p>a. The number of children under age 13 placed in shelters.</p> <p>b. The number of children over age 13 placed in shelters in compliance with MSA standards on appropriate use of shelters to include: 1) an alternative to detention; 2) a short-term placement of an adolescent in crisis not to extend beyond 45 days; or 3) a basic center for homeless youth.</p>
Final Target	<p>a. By December 2008 and thereafter, no children under age 13 in shelters.</p> <p>b. By December 31, 2009, 90% of children placed in shelters in compliance with MSA standards on appropriate use of shelters to include: 1) an alternative to detention; 2) short-term placement of an adolescent in crisis not to extend beyond 30 days; or 3) a basic center for homeless youth.</p>

Figure 39: Percentage of Children over Age 13 Placed in Compliance with MSA Standards (June 2008 – December 2014)



Source: DCF data

Data in this figure are not point in time for the month but represent performance over the monitoring period which ends in the month indicated in the figure.

**Table 15: Shelter Placements for Youth Aged 13 or Older
(January 2008 – December 2014)**

	Jan– Jun 2008	Jul– Dec 2008	Jan– Jun 2009	Jul– Dec 2009	Jan– Jun 2010	Jul– Dec 2010	Jan– Jun 2011	Jul– Dec 2011	Jan– Jun 2012	Jul 2012– Mar 2013	Apr– Dec 2013	Jan– Jun 2014	July – Dec 2014
Number of youth 13 or older placed in shelters	451	421	465	393	350	303	337	315	292	411	439	256	215
Number of youth appropriately placed	358 (79%)	375 (89%)	423 (91%)	352 (90%)	322 (92%)	287 (95%)	331 (98%)	305 (97%)	282 (97%)	400 (97%)	421 (96%)	250 (98%)	210 (98%)
Number of youth inappropriately placed	93 (21%)	46 (11%)	42 (9%)	41 (10%)	28 (8%)	16 (5%)	6 (2%)	10 (3%)	10 (3%)	11 (3%)	18 (4%)	6 (2%)	5 (2%)

Source: DCF data

Performance as of December 31, 2014:

From July to December 2014, two children under the age of 13 were placed in a shelter.¹¹² Prior to the preceding monitoring period when four children were placed in shelters, DCF had met the required performance on this measure since 2009. The MSA standard is no child and thus DCF has not met the required performance on this measure for this period.

Between July and December 2014, 215 youth ages 13 or older were placed in shelters. Of these youth, 210 (98%) were reported by DCF to have been placed in accordance with criteria on appropriate use of shelters. This performance exceeds the MSA final target of 90 percent, and has exceeded the target since December 2010.

¹¹² No children under the age of 13 were reported placed in a shelter between July and November 2014. In December 2014 two children under the age of 13 were reported placed in a shelter: one for six hours in the middle of the night to permit her to stay with her older sibling (eight siblings in total required emergency removal) before she was placed in an identified resource placement with another sibling. Additionally, a 12 year old boy was placed in a shelter by court order following a criminal charge of shoplifting. The 12 year old spent 27 days in the shelter before being moved to a resource home.

VII. REPEAT MALTREATMENT AND RE-ENTRY INTO CARE

The state is responsible for ensuring the safety of children who are receiving or have received services from CP&P. This responsibility includes ensuring the safety of children who are placed in resource family homes and congregate facilities. As detailed below, the MSA includes a number of measures on repeat maltreatment, maltreatment while in care and re-entry into care. Given these are longitudinal measures, the most recent data available for repeat maltreatment and re-entry into foster care are from CY 2013.

Following regulatory change in 2012, in April 2013 DCF began implementing a change to its abuse and neglect investigative finding procedure which now allows for a four-tier determination instead of two. The four-tier system – substantiated, established, not established and unfounded¹¹³ – impacts the data that are collected and reported for the two repeat maltreatment measures in this section, as both substantiated and established are considered “substantiated” when looking at repeat maltreatment and re-entry into care. DCF is researching how the change to the four-tier system may explain fluctuations in reported performance between calendar years.

DCF continues to meet the final target for maltreatment while in care. Current performance on repeat maltreatment for children who remain in their home after substantiation, repeat maltreatment for children who are reunified and re-entry into placement do not meet the MSA final targets. DCF continues to focus on strategies to address the high rate of repeat maltreatment of children and their family’s re-involvement with CP&P within one year of reunification, including through its QA processes and an emphasis with managers in exploring what additional steps and services may be needed for families.

¹¹³ *Substantiated* is defined as a preponderance of the evidence establishes that a child is an abused or neglected child as defined by definition and either the investigation indicates the existence of any of the absolute conditions or substantiation is warranted based on consideration of the aggravating and mitigating factors. *Established* is defined as a preponderance of the evidence establishes that a child is an abused or neglected child as defined by definition, but the act or acts committed or omitted do not warrant a finding of substantiation upon consideration of aggravating and mitigating factors. *Not established* is defined as there is not a preponderance of the evidence that the child is an abused or neglected child by definition, but evidence indicates that the child was harmed or placed at risk of harm. *Unfounded* is defined as there is not a preponderance of the evidence indicating that a child is an abused or neglected child by definition, and the evidence indicates that a child was not harmed or placed at risk of harm. A detailed explanation of the four tier finding system can be found at <http://www.nj.gov/dcf/families/dcpp/4-Tier.pdf>

Abuse and Neglect of Children in Foster Care

Quantitative or Qualitative Measure	30. <u>Abuse and Neglect of Children in Foster Care</u> : 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 12 month period, divided by the total number of children who have been in care at any point during the period.
Final Target	For the period beginning July 2010 and thereafter, no more than 0.49% of children will be victims of substantiated abuse or neglect by a resource parent or facility staff member.

Performance as of CY 2014:

In CY 2014, there were 12,106 children in care at any point during the year; 20 children (0.17%) were victims of substantiated abuse or neglect by a resource parent, relative placement provider or facility staff member.¹¹⁴ This performance continues to meet the final MSA performance target requiring that no more than 0.49 percent of children will be victims of substantiated abuse or neglect by a resource parent or facility staff member.

Repeat Maltreatment

Quantitative or Qualitative Measure	31. <u>Repeat Maltreatment</u> : Of all children who remain in home after substantiation of abuse or neglect, the percentage who have another substantiation within the next 12 months.
Final Target	For the period beginning July 2009 and thereafter, no more than 7.2% of children who remain at home after a substantiation of abuse or neglect will have another substantiation within the next 12 months.

Performance as of CY 2013 (Most Recent Calendar Year Available):

In CY 2013, there were 7,020 children who were victims of a substantiated allegation of abuse and/or neglect and were not placed in out-of-home care. As of December 31, 2014, of the 7,020 children, 556 (7.9%) children were the victims of a substantiated allegation of child abuse and/or neglect within 12 months of the initial substantiation.^{115,116} Performance does not meet the MSA final target of no more than 7.2 percent.

¹¹⁴ Data analyzed by Hornby Zeller Associates.

¹¹⁵ Data analyzed by Hornby Zeller Associates. There was a slight change in methodology in analyzing data in CY 2011 and later. Performance for calendar years prior to 2011 was analyzed by assessing the date of the initial substantiated report to the date of the subsequent substantiated report. Performance from CY 2011 and later was analyzed by assessing the date of the initial substantiated report to the date of the subsequent incident which resulted in a substantiation of abuse or neglect.

¹¹⁶ Current performance data were calculated based upon a change in methodology to be consistent with the Administration for Children and Families (ACF) new methodology for the 2015 Child and Family Service Reviews. In the new methodology, DCF has excluded subsequent reports of abuse or neglect received within 14 days of the

Quantitative or Qualitative Measure	32. <u>Repeat Maltreatment</u> : 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.
Final Target	For the period beginning July 2009 and thereafter, no more than 4.8% of children who reunified will be the victims of substantiated abuse or neglect within one year after reunification.

Performance as of CY 2013 (Most Recent Calendar Year Available):

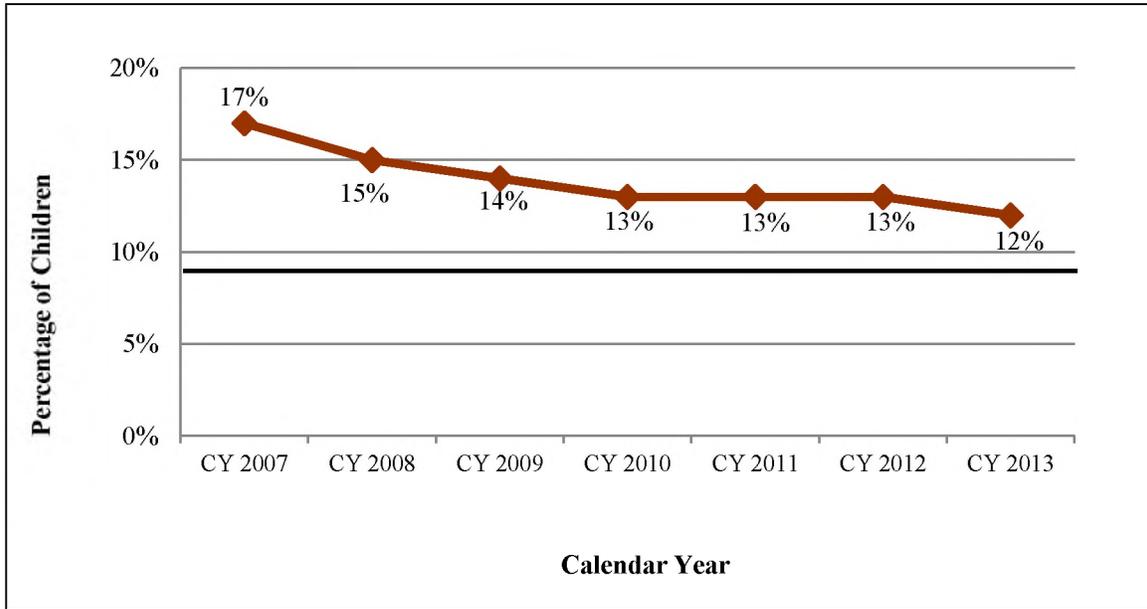
In CY 2013, there were 3,851 children who were returned home or to a family member after a stay in out-of-home placement; 321 (8.3%) were the victims of a substantiated allegation of abuse and/or neglect within 12 months of their return home. This rate of repeat maltreatment continues to exceed the MSA final target that no more than 4.8 percent of children who reunified will be victims of substantiated abuse and/or neglect within one year after reunification.

Re-entry to Placement

Quantitative or Qualitative Measure	33. <u>Re-entry to Placement</u> : 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.
Final Target	For the period beginning July 2011 and thereafter, of all children who exit, no more than 9% will re-enter custody within one year of exit.

initial substantiated event to reduce the possibility of counting the same event more than once. See, <https://www.federalregister.gov/articles/2014/10/10/2014-24204/statewide-data-indicators-and-national-standards-for-child-and-family-services-reviews#h-26>

Figure 40: Percentage of Children who Re-Entered Custody within One Year of Date of Exit (CY 2007 – CY 2013)



Source: DCF NJ SPIRIT data analyzed by Chapin Hall for CY 2007 through 2010. CY 2011 through 2013 data analyzed by Hornby Zeller Associates.

Performance as of CY 2013 (Most Recent Calendar Year Available):

In CY 2013, there were 4,135 children who exited foster care; 4,093 (99%) children exited to qualifying exits (i.e., reunification, guardianship or to a relative placement).^{117,118} Of the 4,093 children who exited to qualifying exits, 502 (12%) children re-entered placement as of December 31, 2014. Performance does not meet the final target of no more than nine percent of children re-entering custody within one year of exit.

¹¹⁷ Data analyzed by Hornby Zeller Associates.

¹¹⁸ DCF has objected to the Monitor’s definition of “qualifying exits” used to analyze this measure. The Agency believes that due to the specific exclusion cited in the MSA, the definition of qualifying exits should only exclude children who run away from placement. The Monitor uses a definition of qualifying exits which excludes from the calculations runaways as well as children who are adopted. Based on the DCF recommended definition, of all children who exited in CY 2013, nine percent re-entered custody within one year of the date of exit. Using that definition, DCF calculates performance for previous years as follows: CY 2007, 12%; CY 2008, 10%; CY 2009, 10%; CY 2010, 9%; CY 2011, 9%; CY 2012, 10%.

VIII. TIMELY PERMANENCY THROUGH REUNIFICATION, ADOPTION OR LEGAL GUARDIANSHIP

All children—regardless of age, gender, race or ethnicity—need and deserve a safe, nurturing family to protect and guide them. In child welfare work, this is called achieving “permanency” and can occur through a number of different avenues: safe family reunification is the preferred choice, but permanency also includes kinship/guardianship and adoption. As required by the MSA, the Monitor, in consultation with the parties, developed specific measures and final targets to determine whether children in custody achieve timely permanency through reunification, adoption or legal guardianship (Section III.A.2.a).

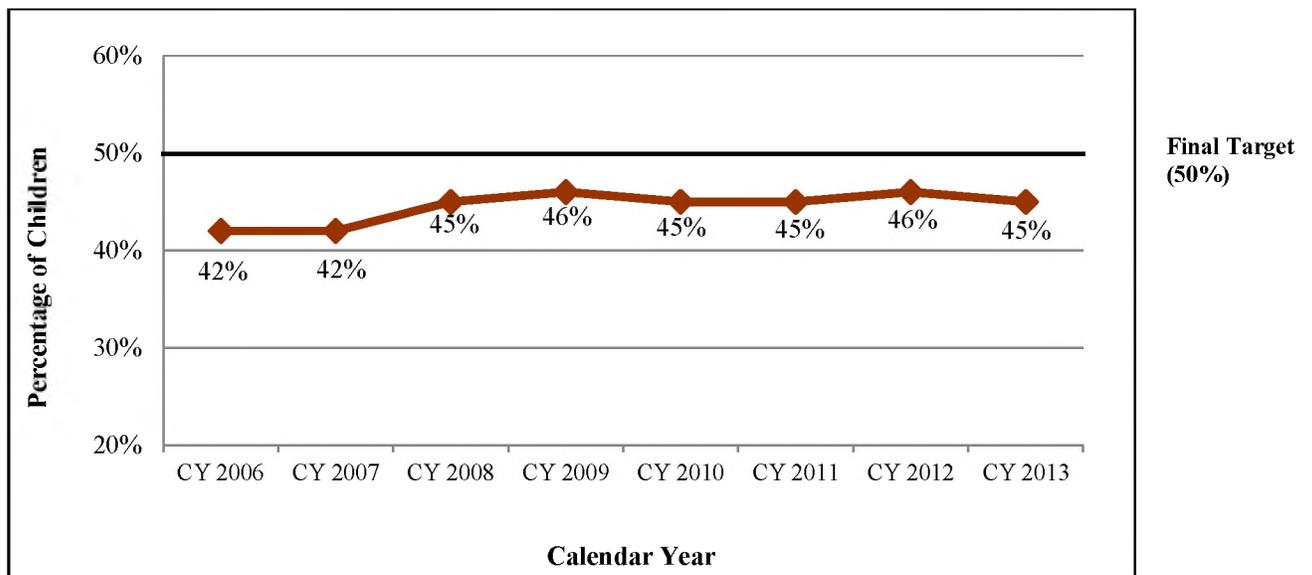
The permanency measures discussed below include timeframes to permanency for different cohorts of children—discharged within 12 months of removal, between 13 and 24 months from removal and 25 months or longer from removal. Performance is based on calendar year and the most recent data are presented. This section also includes the state’s performance on timely discharge specific to adoption as well as several process measures related to adoption practice including timeliness with which petitions to terminate parental rights have been filed, child-specific recruitment plans have been developed, children have been placed in an adoptive home and an adoptive home placement has been finalized.

Performance overall showed improvement in some areas. Of the seven Phase II permanency measures, DCF either met or partially met four this period. DCF newly met the performance measure which requires development of a child specific recruitment plan within 30 days of goal change to adoption and continued to meet two measures that were previously met (60 percent of children who were legally free in CY 2013 will be discharged from foster care to a finalized adoption within 12 months of becoming legally free and 80 percent of children will have adoptions finalized within nine months of adoptive placement). DCF partially met the measure that requires that children who do not have an adoptive home identified at the time of becoming legally free for adoption will be placed in an adoptive home within nine months of the termination of parental rights. As discussed further in this section, there remain three performance measures where current performance is relatively unchanged since the previous period and DCF has not met the final target.

Timely Permanency through Reunification, Adoption or Legal Guardianship

Quantitative or Qualitative Measure	34. a. <u>Discharged to Permanency:</u> <u>Permanency in first 12 months:</u> Of all children who entered foster care for the first time in the target year and who remained in foster care for eight days or longer, what percentage was discharged from foster care to permanency (reunification, permanent relative care, adoption and/or guardianship) within 12 months from their removal from home.
Final Target	Of all children who entered foster care for the first time in CY 2011 and annually thereafter, 50% will have been discharged to permanency (reunification, permanent relative care, adoption and/or guardianship) within 12 months from their removal from home.

Figure 41: Percentage of Children who Entered Foster Care in CY 2013 and were Discharged to Permanency within 12 months from Removal (CY 2006 – CY 2013)¹¹⁹



Source: DCF NJ SPIRIT data analyzed by Chapin Hall for CY 2006 through 2010. CY 2011 through 2013 data analyzed by Hornby Zeller Associates.

Performance as of CY 2013 (Most Recent Calendar Year Available):

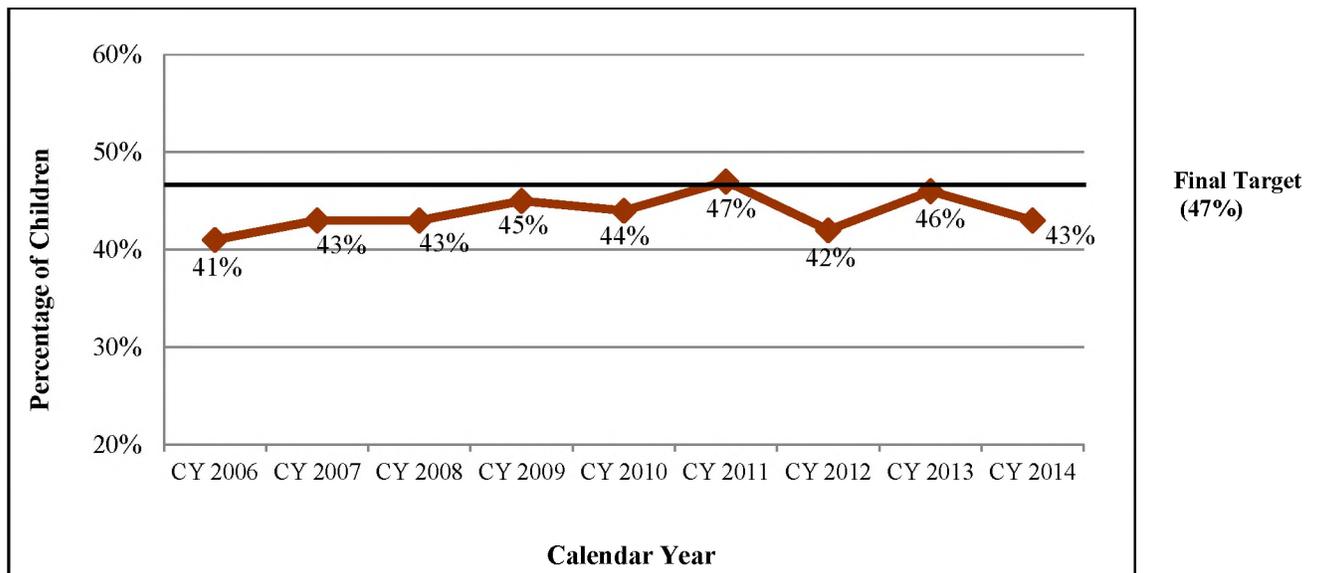
The most recent data available are for children who entered foster care in CY 2013. Of the 3,602 children who entered foster care for the first time in CY 2013, 1,621 (45%) discharged to

¹¹⁹ Small shifts in previously reported performance for prior years may be found and are attributable to on-going data management and clean-up.

permanency within 12 months from their removal from their home.¹²⁰ Performance for this sub-part of this permanency outcome does not meet the final target of 50 percent.¹²¹

Quantitative or Qualitative Measure	34. d. <u>Discharged to Permanency:</u> <u>Permanency for Children in Care between 13 and 24 months:</u> Of all children who were in foster care on the first day of the target year and had been in care between 13 and 24 months, what percentage was discharged to permanency (through reunification, permanent relative care, adoption and guardianship) prior to their 21 st birthday or by the last day of the year.
Final Target	Of all children who were in care on the first day of CY 2011 and annually thereafter, and had been in care between 13 and 24 months, 47% will be discharged to permanency prior to their 21 st birthday or by the last day of year.

Figure 42: Discharge to Permanency for Children in Care between 13 and 24 months (Of all Children in Care on the First Day of CY 2014 and had been in Care between 13-24 months, Percentage of Children who were Discharged to Permanency prior to their 21st Birthday or by the Last Day of the Year) (CY 2006 – CY 2014)¹²²



Source: DCF data analyzed by Chapin Hall for CY 2006 through 2011. CY 2012 through 2014 data analyzed by Hornby Zeller Associates.

¹²⁰ Data analyzed by Hornby Zeller Associates.

¹²¹ Performance Measures 34.a, d. & e. are the same outcome measure and require three different performance levels based on three cohorts of children defined by how long they have been in foster care. The Monitor considers this permanency performance requirement met only when all three cohorts achieve the required performance. Based upon performance for the most recent data available, this outcome has not been met.

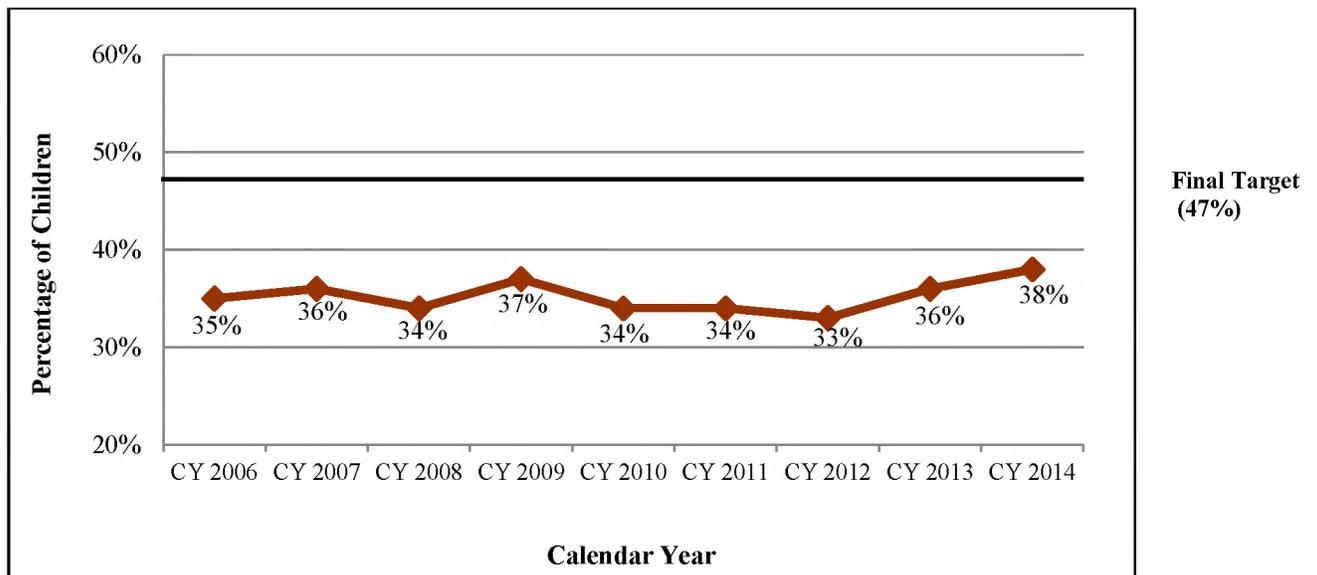
¹²² Small shifts in previously reported performance for prior years may be found and are attributable to on-going data management and clean-up.

Performance as of CY 2014:

Of all children who were in care on the first day of CY 2014 and had been in care between 13 and 24 months, 43 percent discharged to permanency prior to their 21st birthday or the last day of the year.¹²³ Performance for this sub-part of the performance measure has declined since the previous period and does not meet the final target.

Quantitative or Qualitative Measure	34. e. <u>Discharged to Permanency:</u> <u>Permanency after 25 months:</u> Of all children who were in foster care for 25 months or longer on the first day of the target year, what percentage was discharged to permanency (through reunification, permanent relative care, adoption and guardianship) prior to their 21 st birthday and by the last day of the year.
Final Target	Of all children who were in foster care for 25 months or longer on the first day of CY 2011 and annually thereafter, 47% will be discharged to permanency prior to their 21 st birthday or by the last day of the year.

Figure 43: Discharge to Permanency for Children in Care 25 months or longer (Of all Children who were in Foster Care for 25 months or longer on the First Day of CY 2014, Percentage Discharged to Permanency prior to their 21st Birthday or by the Last Day of the Year)¹²⁴ (CY 2006 – CY 2014)



Source: DCF data analyzed by Chapin Hall for CY 2006 through 2011. CY 2012 – 2014 data analyzed by Hornby Zeller Associates.

¹²³ Data analyzed by Hornby Zeller Associates.

¹²⁴ Small shifts in previously reported performance for prior years may be found and are attributable to on-going data management and clean-up.

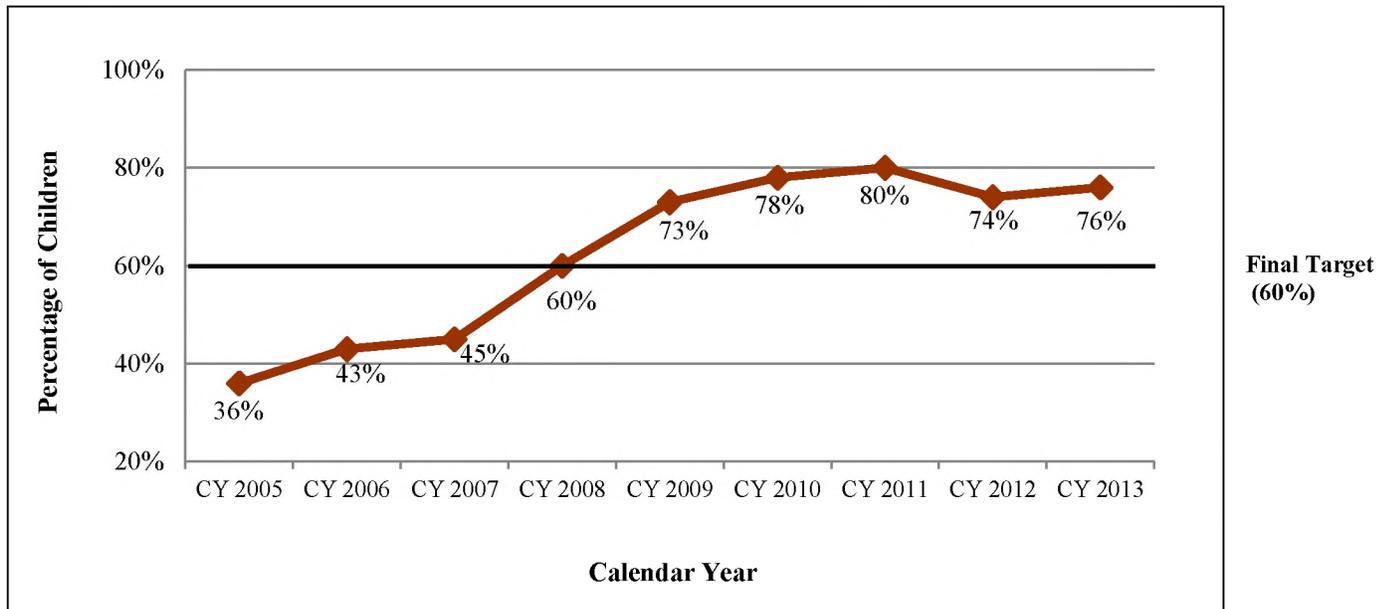
Performance as of CY 2014:

Of all children who were in care on the first day of CY 2014 and had been in care for 25 months or longer, 38 percent discharged prior to their 21st birthday or the last day of the year.¹²⁵ Performance for this sub-part of this permanency outcome does not meet the final target of 47 percent.

Permanency Through Adoption

Quantitative or Qualitative Measure	34. b. <u>Adoption</u> : Of all children who became legally free for adoption during the 12 months prior to the target year, what percentage was discharged from foster care to a finalized adoption in less than 12 months from the date of becoming legally free.
Final Target	Of those children who become legally free in CY 2011 and annually thereafter, 60% will be discharged to a final adoption in less than 12 months from the date of becoming legally free.

Figure 44: Percentage of Children Discharged to Final Adoption in less than 12 months from the Date of Becoming Legally Free (CY 2005 – CY 2013)



Source: DCF data

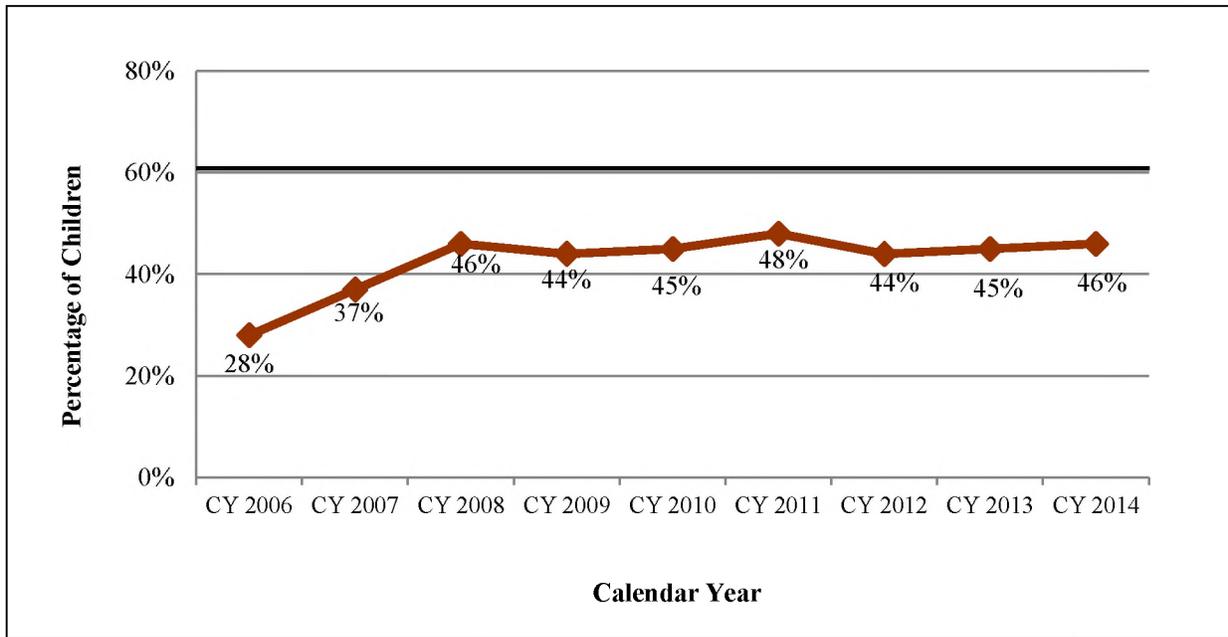
¹²⁵ Data analyzed by Hornby Zeller Associates.

Performance as of CY 2013 (Most Recent Calendar Year Available)

The most recent data available are for CY 2013. In CY 2013, 933 children became legally free for adoption; 708 (76%) children were adopted within 12 months of becoming legally free. This performance exceeds MSA standards. An additional 141 (15%) of the children who became legally free in CY 2013 have been adopted with their finalizations occurring more than 12 months after they became legally free. DCF’s performance continues to exceed the final target of 60 percent.

Quantitative or Qualitative Measure	34. c. <u>Total time to Adoption</u> : Of all children who exited foster care to adoption in the target year, what percentage was discharged from foster care to adoption within 30 months from removal from home.
Final Target	Of all children who exit to adoption in CY 2011 and annually thereafter, 60% will be discharged from foster care to adoption within 30 months from removal from home.

Figure 45: Percentage of Children who Exit to Adoption within 30 months of Removal (CY 2006 – CY 2014)



Source: DCF NJ SPIRIT data analyzed by Chapin Hall for CY 2006 through 2011. CY 2012 through 2014 data analyzed by Hornby Zeller Associates.

Performance as of CY 2014:

Of the 1,075 children who exited foster care to adoption in CY 2014, 496 (46%) had been in care for 30 months or less.¹²⁶ An additional 196 (18%) children who exited foster care to adoption had been in care for 36 months or less. This performance does not meet the final target requirement of 60 percent.

Finalized Adoptions

A total of 1,078 adoptions became final in CY 2014 with 720 of these adoptions finalized between July 1 and December 31, 2014. Table 16 below shows the number of adoption finalizations by CP&P Local Office in CY 2014. As of December 31, 2014, 1,104 children in the state’s custody remained legally free for adoption.¹²⁷

**Table 16: Adoption Finalizations by CP&P Local Office
(January – December 2014)**

Local Office	Finalized Jan – June 2014	Finalized July – Dec 2014	Total for CY 2014	Local Office	Finalized Jan – June 2014	Finalized July – Dec 2014	Total for CY 2014
Atlantic West	15	48	63	Salem	3	15	18
Cape May	4	33	37	Hudson Central	14	5	19
Bergen Central	5	15	20	Hudson North	6	9	15
Bergen South	10	29	39	Hudson South	6	16	22
Passaic Central	10	8	18	Hudson West	2	13	15
Passaic North	11	20	31	Hunterdon	2	4	6
Burlington East	14	20	34	Somerset	7	16	23
Burlington West	6	17	23	Warren	9	16	25
Mercer North	16	19	35	Middlesex Central	1	5	6
Mercer South	2	11	13	Middlesex Coastal	13	20	33
Camden Central	12	13	25	Middlesex West	3	11	14
Camden East	2	9	11	Monmouth North	4	7	11
Camden North	12	20	32	Monmouth South	5	15	20
Camden South	10	26	36	Morris East	6	6	12
Essex Central	17	14	31	Morris West	9	23	32
Essex North	7	7	14	Sussex	12	19	31
Essex South	5	6	11	Ocean North	8	19	27
Newark Northeast	14	26	40	Ocean South	5	26	31
Newark City Center	18	20	38	Union Central	3	11	14
Newark South	25	33	58	Union East	2	11	13
Gloucester West	13	32	45	Union West	6	7	13
Cumberland	4	20	24				
Total Finalized between Jan – June 2014 = 358; Total Finalized between July – Dec 2014 = 720				Total Finalized in CY 2014 = 1,078			

Source: DCF data

¹²⁶ Data analyzed by Hornby Zeller Associates.

¹²⁷ Not every legally free child is eligible to move toward adoption as some court decisions that terminate parental rights are appealed.

Paralegal Support and Child Summary Writers

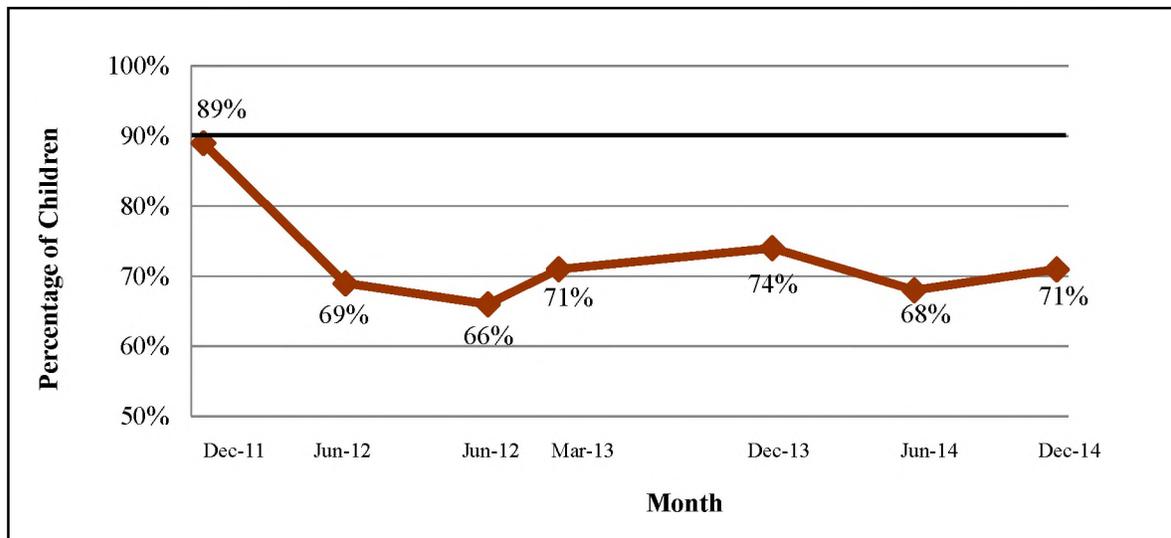
DCF continues to provide paralegal support as required under the MSA to assist with the paperwork necessary to finalize adoptions (Section II.G.5). As of December 31, 2014, CP&P had 144 paralegal positions in the Local Offices: 141 (98%) paralegal positions were filled and all of the vacant positions were approved for new hires to fill the vacancy. In addition, 12 of the 13 paralegal positions at DCF’s central office were filled and the one vacant positions was approved to be filled.

DCF continues to contract with Children’s Home Society to provide 23 child summary writers statewide and five part-time adoption expeditors who assist with adoption paperwork in counties throughout the state.

Progress Toward Adoption

Quantitative or Qualitative Measure	35. <u>Progress Toward Adoption</u> : Number/percent of children with a permanency goal of adoption who shall have a petition to terminate parental rights filed within 60 days of the date of the goal change to adoption.
Final Target	Beginning January 1, 2010, of the children in custody whose permanency goal is adoption, at least 90% shall have a petition to terminate parental rights filed within 60 days of the date of the goal change.

Figure 46: Percentage of Children with TPR Filed within 60 Days of Goal Change to Adoption (December 2011 – December 2014)



Source: DCF data

Performance as of December 31, 2014:

In December 2014, 71 percent of termination of parental rights (TPR) petitions were filed within 60 days of changing the child's permanency goal to adoption. From July through December 2014, a monthly range of 61 to 81 percent of TPR petitions were filed within 60 days of the child's goal change to adoption (see Table 17). Performance during this monitoring period is relatively unchanged since the previous period and does not meet the final target of 90 percent.

**Table 17: TPR Filing for Children with a Permanency Goal of Adoption
(July – December 2014)**

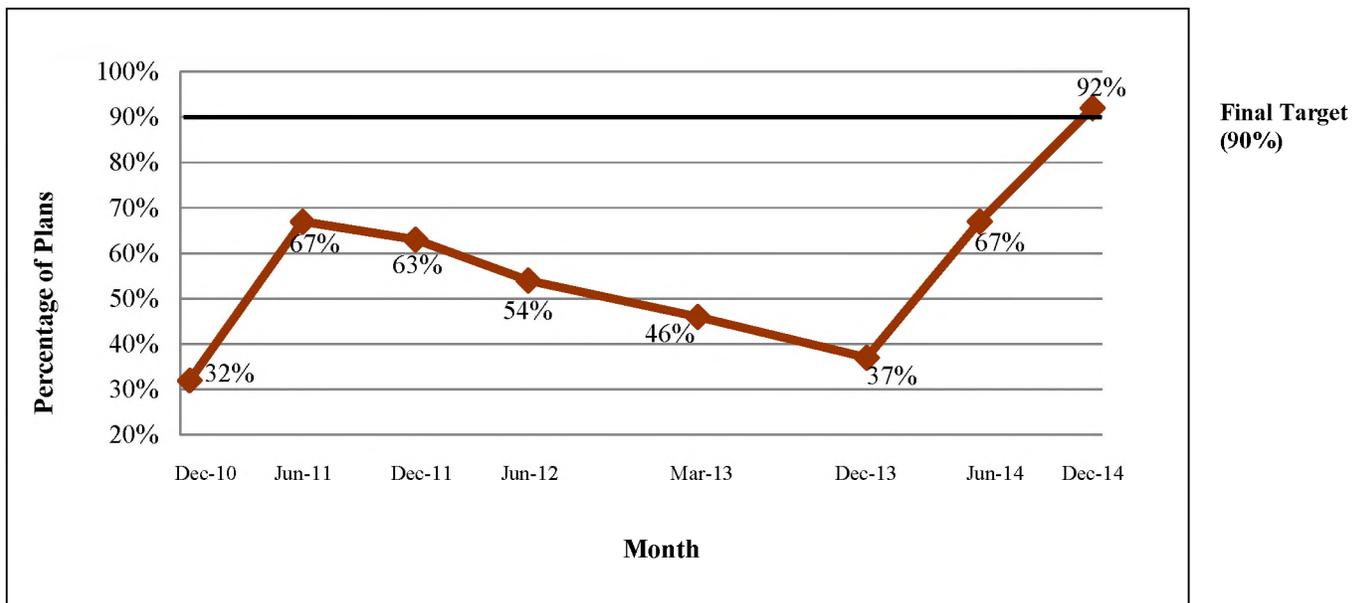
Month	Number of Children with an Adoption Goal	TPR Petitions Filed within 60 Days	% of TPRs Filed within 60 Days*	TPR Petitions Filed within 90 Days	% of TPRs Filed within 90 Days
JULY	81	66	81%	72	89%
AUGUST	88	69	78%	79	90%
SEPTEMBER	124	76	61%	87	70%
OCTOBER	147	113	77%	131	89%
NOVEMBER	97	63	65%	80	82%
DECEMBER	103	73	71%	87	84%

Source: DCF data
*Final Target (90%)

Child-Specific Adoption Recruitment

Quantitative or Qualitative Measure	36. <u>Child Specific Adoption Recruitment</u> : 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.
Final Target	Beginning January 1, 2010, 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.

Figure 47: Percentage of Child Specific Recruitment Plans Developed within 30 Days of Goal Change to Adoption (December 2010 – December 2014)



Source: DCF data

Data in this figure are not point in time for the month but represent performance over the monitoring period which ends in the month indicated in the figure.

Performance as of December 31, 2014:

DCF policy requires that a child-specific recruitment plan be developed for those children with a permanency goal of adoption for whom an adoptive home has not been identified at the time of the change to a goal of adoption. This plan should be developed within 30 days of the change to an adoption goal.

Between July and December 2014, of the 36 children requiring child-specific recruitment plans, 33 (92%) had a child-specific recruitment plan developed within 30 days of the goal change (see

Table 18).¹²⁸ Of the three cases where the plan was not completed within 30 days of goal change, one (3%) case had a plan developed within 60 days, one (3%) case had a plan developed within 90 days of goal change and one (3%) child-specific plan was not completed by the time the data were provided.¹²⁹ Current performance meets the MSA target for the first time.

Table 18: Child Specific Recruitment Plans Developed within 30 or 60 days of Goal Change for Children without Identified Adoption Resource (July – December 2014) (n=36)

Month in which Plan was Due	Plan developed within 30 days	Plan developed within 31-60 days	Plan developed over 60 days	Pending completion*
JULY	10	0	0	0
AUGUST	6	0	0	0
SEPTEMBER	1	0	1	0
OCTOBER	4	0	0	1
NOVEMBER	9	1	0	0
DECEMBER	3	0	0	0
Total	33 (92%)	1 (3%)	1 (3%)	1 (3%)

Source: DCF data

* Data are pulled on a quarterly basis and this plan was not complete at the time data were extracted.

Totals may equal more than 100 due to rounding.

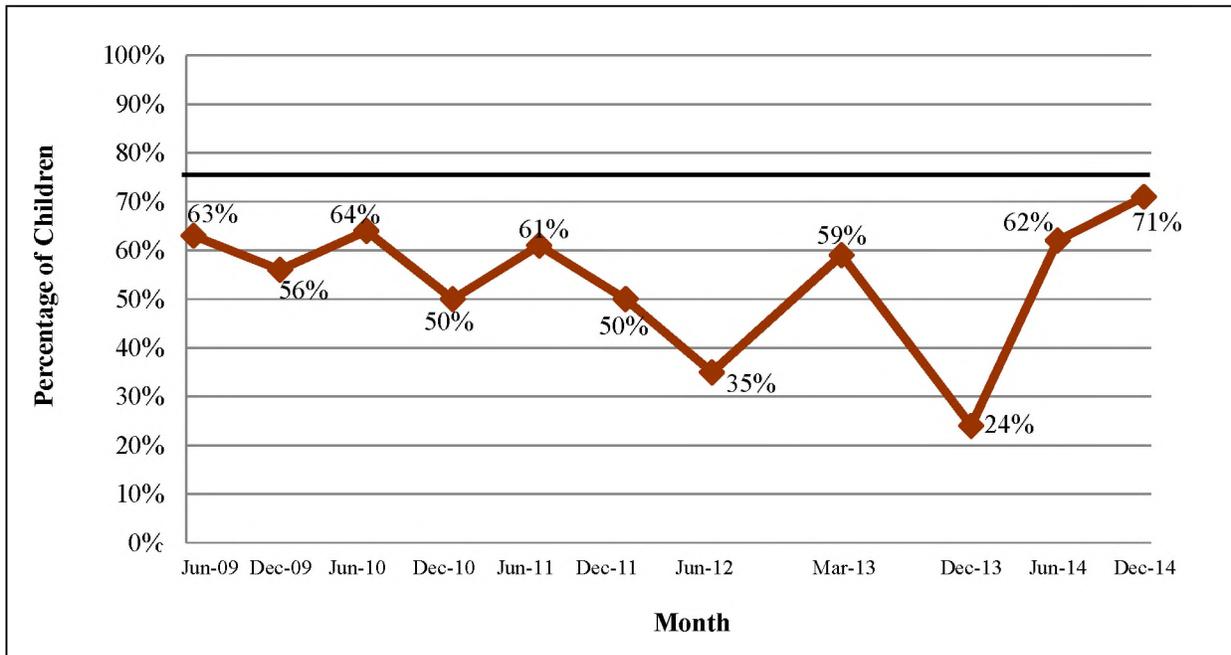
¹²⁸ Due to the small number of eligible cases per month, this measure is reported by aggregating the monthly data.

¹²⁹ This plan was from October 2014; these data were extracted on January 27, 2015.

Placement in an Adoptive Home

Quantitative or Qualitative Measure	37. <u>Placement in an Adoptive Home</u> : 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.
Final Target	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 nine months of the termination of parental rights.

Figure 48: Percentage of Children with Goal of Adoption for whom Adoptive Home had not been identified at time of Termination of Parental Rights (TPR) who were Placed in Adoptive Home within 9 months of TPR (June 2009 – December 2014)¹³⁰



Source: DCF data

Data in this figure are not point in time for the month but represent performance over the monitoring period which ends in the month indicated in the figure.

Performance as of December 31, 2014:

DCF policy and the MSA require that a child be placed in an adoptive home within nine months of the TPR. Most children are already residing in an adoptive home at the time of TPR and this

¹³⁰ Due to the small number of applicable children each period, performance has varied considerably.

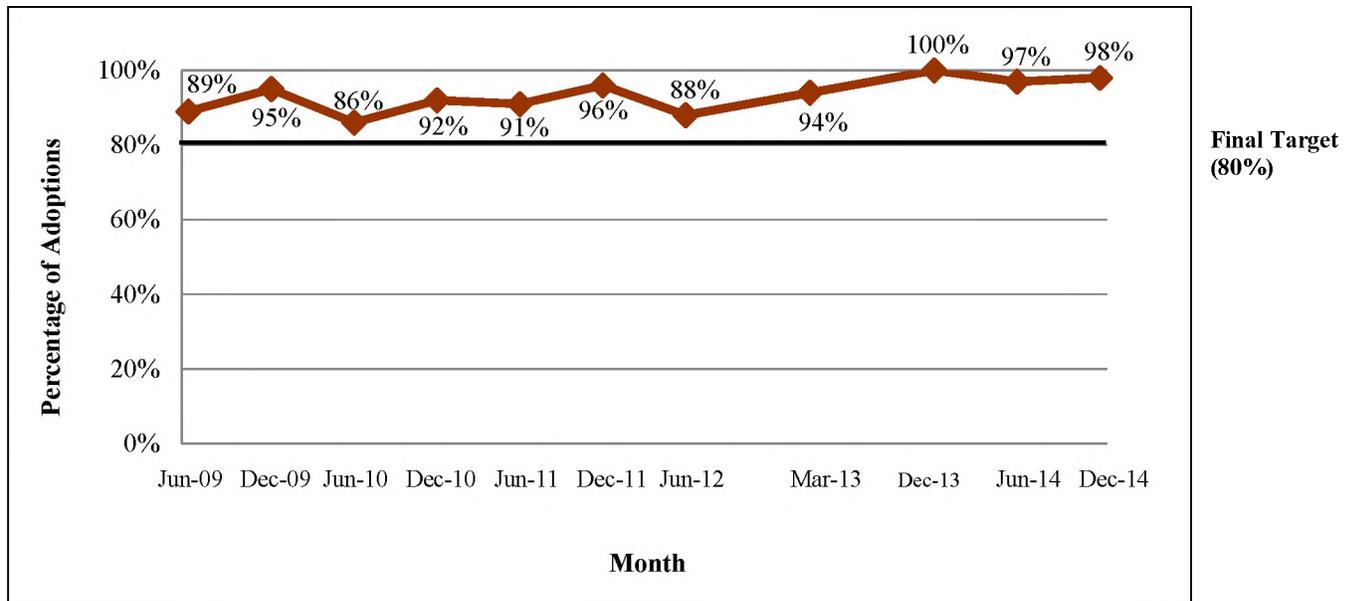
measure focuses on those children not already in an adoptive home at the time they become legally free for adoption.

Between July and December 2014, seven children were applicable to this measure; five (71%) children were placed in an adoptive home within nine months of the TPR. The number of applicable children this period was one-third the total during the previous period (21 children previous period) so performance is difficult to compare. Due to the improved performance and that only one case is attributing to performance being below the final target, the Monitor considers this performance measure to be met.

Final Adoptive Placement

Quantitative or Qualitative Measure	38. <u>Final Adoptive Placements</u> : Number/percent of adoptions finalized within nine months of adoptive placement.
Final Target	Beginning July 1, 2009, of adoptions finalized, at least 80% shall have been finalized within nine months of adoptive placement.

Figure 49: Percentage of Adoptions Finalized within 9 months of Adoptive Placement (June 2009 – December 2014)



Source: DCF data

Performance as of December 31, 2014:

In December 2014, of the 117 adoptions eligible to be finalized, 115 (98%) were finalized within nine months of the adoptive placement. Between July and December 2014, 89 to 98 percent of adoptions each month were finalized within nine months of the child's placement in an adoptive home (see Table 19). Performance continues to exceed the final target of 80 percent.

**Table 19: Adoptions Finalized within 9 months of
Child's Placement in an Adoptive Home
(July – December 2014)¹³¹**

Month	Total Number Eligible to be Finalized	Finalized within 9 months (percent of total)
JULY	75	68 (91%)
AUGUST	91	81 (89%)
SEPTEMBER	83	78 (94%)
OCTOBER	74	71 (96%)
NOVEMBER	270	261 (97%)
DECEMBER	117	115 (98%)

Source: DCF data

¹³¹ Of the cases reported as not finalized within 9 months, during 4 of the 6 months, there are missing data specific to an adoptive home placement consent date so time to finalization for those cases cannot be calculated and these cases are included as non-compliant. The number of cases with missing data each month are as follows: July 2014, 7; August 2014, 10; September 2014, 3; November 2014, 1. Therefore, performance may be better than reported.

IX. HEALTH CARE FOR CHILDREN IN OUT-OF-HOME PLACEMENT

The provision of appropriate health care services to children in DCF's custody has been a principal focus of the MSA and the DCF's reform agenda. Since June 2011, DCF has generally maintained or improved performance on nearly all performance measures related to health care services.¹³² These performance measures track DCF's progress in ensuring that children in out-of-home placement receive:

- Pre-placement medical assessments (MSA Section II.F.5);
- Full medical examinations (known as Comprehensive Medical Examinations or CMEs) (MSA Section II.B.11);
- Medical examinations in compliance with Early and Periodic Screening, Diagnosis and Treatment (EPSDT) guidelines;
- Semi-annual dental examinations for children ages three and older (MSA Section II.F.2);
- Mental health assessments of children with suspected mental health needs (MSA Section II.F.2);
- Timely, accessible and appropriate follow-up and treatment (MSA Section II.F.2); and
- Immunizations.

Although not used to directly assess MSA compliance, DCF's QR found that 98 percent of cases¹³³ scored at least minimally acceptable on the provision of health care services. This section provides updates of ongoing efforts to improve staffing and access to services, which are necessary to realize and sustain positive health outcomes for children.¹³⁴ The delivery of a child's medical information (through the Health Passport) to a new caregiver within five days of placement in his/her home is also assessed.

DCF regularly carries out health care case record reviews that analyze the follow-up care children receive for concerns identified in Comprehensive Medical Examinations (CMEs); mental health screenings, assessments and follow-up care; and timely delivery of the Health Passport to resource parents. The most recent case record review includes a random sample of children in out-of-home placement who were removed from their families between May 1 and October 31, 2014 and were in care a minimum of 60 days.

¹³² The notable exception is the performance measure requiring 95 percent of caregivers receive a current Health Passport within five days of a child's placement where performance has consistently been below the final target. Performance this monitoring period was improved at 83 percent.

¹³³ Out of 180 cases reviewed through the QR in 2014, 176 (98%) scored at least minimally acceptable on the provision of health care services.

¹³⁴ The Monitor has previously verified health care outcomes through a case record review. See Appendix C of *Progress of the New Jersey Department of Children and Families: Period VI Monitoring Report for Charlie and Nadine H. v. Christie* – January 1 to June 30, 2009, Washington, DC: Center for the Study of Social Policy, December 22, 2009. See, <http://www.cssp.org/publications/child-welfare/class-action-reform/progress-of-the-new-jersey-state-department-of-children-and-families-monitoring-report-for-charlie-and-nadine-h.-v.-corzine-december-2009.pdf>

A. *Health Care Delivery System*

Child Health Units

The Child Health Units are a fundamental cornerstone of the provision of health care to children in CP&P custody. These units are in each CP&P Local Office and are staffed with a managing Clinical Nurse Coordinator, nurse Health Care Case Managers and staff assistants based on the projected number of children in out-of-home placement. A regional nurse administrator supervises local units for a particular region (aligned with the Area Offices). DCF worked with Rutgers School of Nursing and CP&P Local Offices to build these units. As part of their duties, these staff members are responsible for tracking and advocating for the health needs of children who are served in out-of-home care. Since the creation of health care units and assignment of nurses to children in out-of-home care in Phase I of the MSA, DCF has achieved and sustained substantial results.

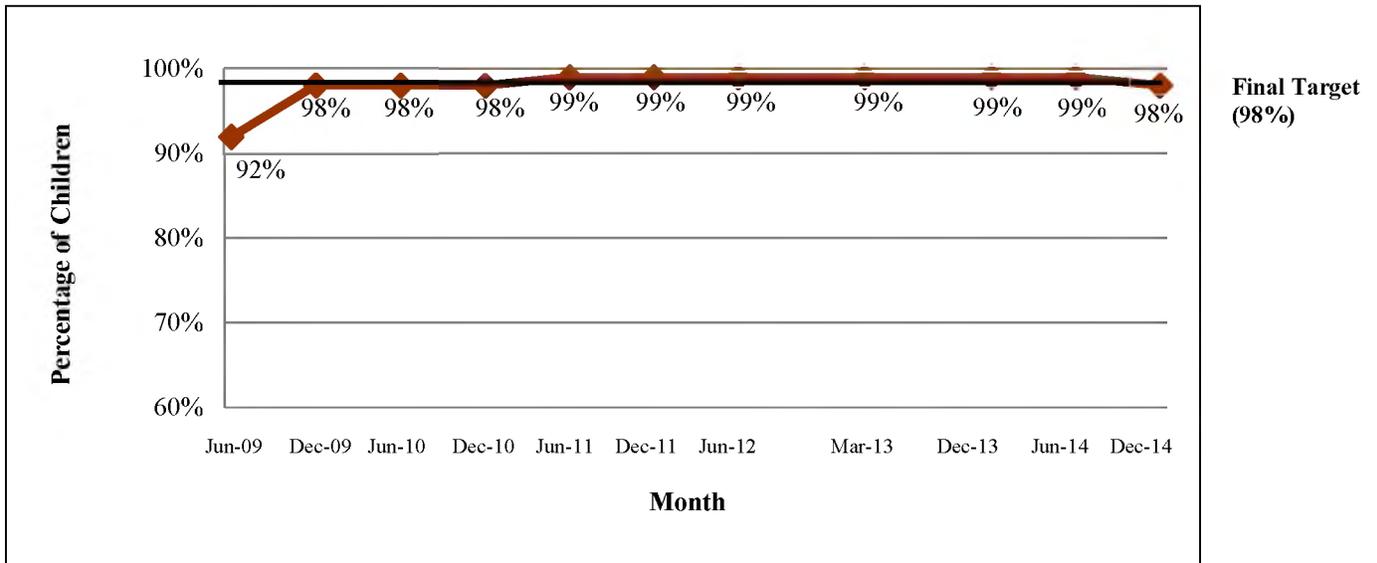
The Child Health Units are operational in all CP&P Local Offices. DCF reports that as of December 31, 2014, Child Health Units across the state consist of 166 Health Care Case Managers and 95 support staff; each Local Office maintains a ratio of one Health Care Case Manager for 50 children in out-of-home placement. Every child in a resource home continues to have a nurse assigned for health care management.

B. Health Care Performance Measures

Pre-Placement Medical Assessment

Quantitative or Qualitative Measure	39. <u>Pre-Placement Medical Assessment</u> : Number/percent of children receiving pre-placement medical assessment in a non-emergency room setting or other setting appropriate to the situation. ¹³⁵
Final Target	By December 31, 2009, 98% of children will receive a pre-placement assessment either in a non-emergency room setting, or in an emergency room setting if the child needed emergency medical attention or the child was already in the emergency room when CP&P received the referral.

Figure 50: Percentage of Children who Received Pre-Placement Assessment in a Non-Emergency Room Setting or Other Settings Appropriate to the Situation (June 2009 – December 2014)



Source: DCF data

Data in this figure are not point in time for the month but represent performance over the monitoring period which ends in the month indicated in the figure.

Performance as of December 31, 2014:

All children entering out-of-home care are required to have a pre-placement assessment (PPA) and the vast majority of these assessments should be in a non-emergency room (ER) setting

¹³⁵ By agreement of the parties, this measure has been redrafted to combine the percentage of PPAs in a non-emergency room setting and those PPAs conducted in an ER that are appropriate based on the presenting medical needs of the child/youth or because the child/youth was already in the ER when CP&P received the referral.

(MSA Section II.F.5). Child Health Unit nurses, clinics and sometimes the child's own pediatrician provide these assessments.

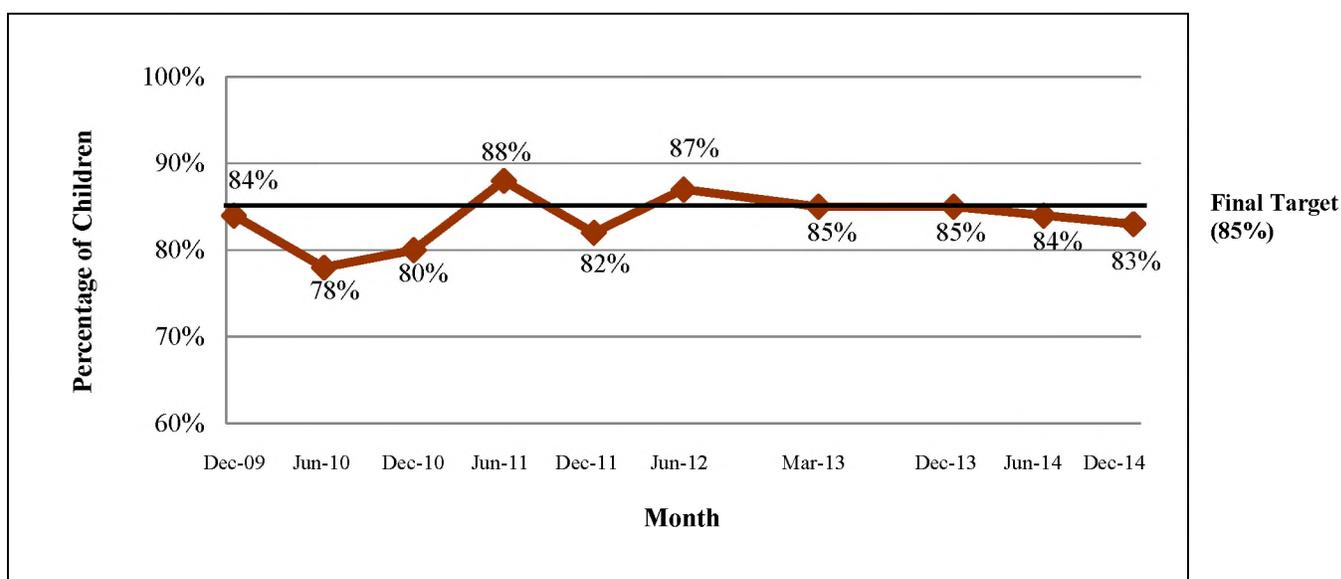
From July through December 2014, 2,362 children entered out-of-home placement and 2,338 (99%) of them received a pre-placement assessment. Of those 2,338 children, 2,041 (87%) received the PPA in a non-ER setting and 297 (13%) received a PPA in an emergency room setting. During this period, DCF conducted an internal review of these 297 PPAs that occurred in an ER and determined that 260 were appropriate for the situation; that is, the child needed emergency medical attention or the child was already in the ER when CP&P received the referral.¹³⁶ Thus, 98 percent of children received a PPA in a setting appropriate to the situation, 87 percent received PPAs in a non-ER setting and an additional 11 percent appropriately received a PPA in an ER setting. DCF continues to meet the MSA standard regarding appropriate settings for PPAs.

¹³⁶ In monitoring Period XII, the Monitor reviewed back-up data provided by DCF regarding the PPAs occurring in an ER setting and agreed with DCF determinations regarding appropriate or inappropriate use of the ER for PPAs.

Initial Medical Examinations

Quantitative or Qualitative Measure	40. <u>Initial Medical Examinations</u> : Number/percent of children entering out-of-home care receiving full medical examinations within 60 days.
Final Target	By January 1, 2009 and thereafter, at least 85% of children shall receive full medical examinations within 30 days of entering out-of-home care and at least 98% within 60 days.

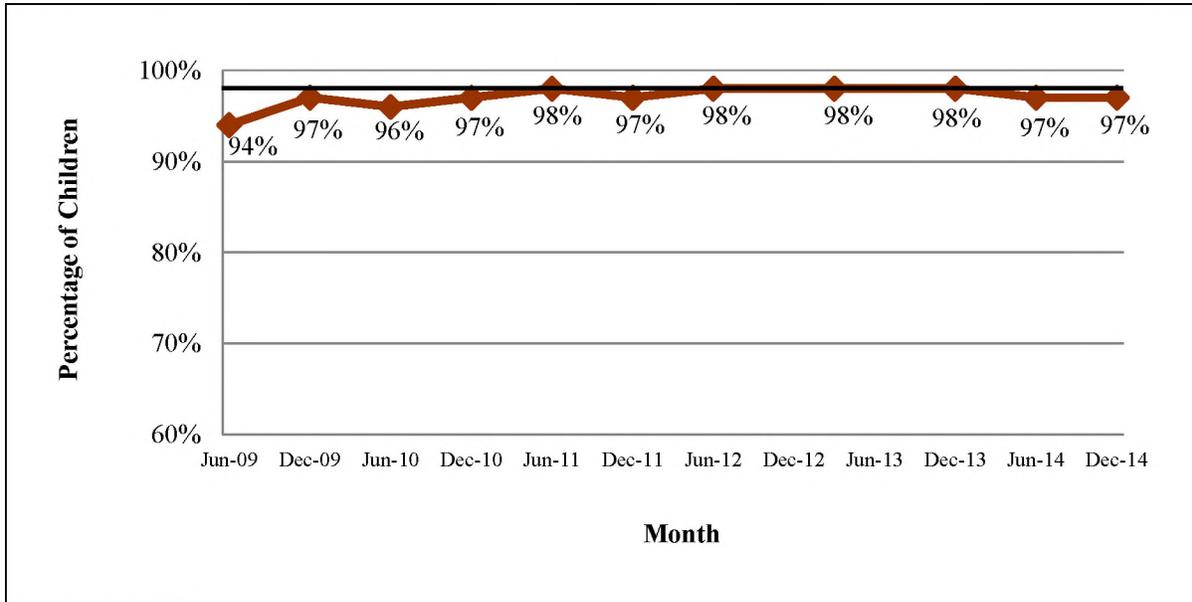
Figure 51: Percentage of Children with Comprehensive Medical Examination (CME) within 30 days of Entering Out-of-Home Care (December 2009 – December 2014)



Source: DCF data

Data in this figure are not point in time for the month but represent performance over the monitoring period which ends in the month indicated in the figure.

Figure 52: Percentage of Children with Comprehensive Medical Examination (CME) within First 60 days of Placement (June 2009 – December 2014)



**Final Target
98%**

Source: DCF data

Data in this figure are not point in time for the month but represent performance over the monitoring period which ends in the month indicated in the figure.

Performance as of December 31, 2014:

Children entering out-of-home placement must receive a comprehensive medical examination (CME) within 60 days of entering placement (MSA Section II.F.2.ii). A CME involves a comprehensive physical, including a developmental history and evaluation, and an initial mental health screening.¹³⁷ Mental health screenings determine if a child has a suspected mental health need.¹³⁸ If a child is suspected to have a mental health need, a full mental health evaluation is then expected to be conducted.

DCF sustained performance ensuring that 83 percent of children received a CME within the first 30 days of placement and 97 percent of children received a CME within the first 60 days. Data from July through December 2014 show that 2,021 children required a CME; 1,675 (83%) received a CME within the first 30 days of placement (see Table 20). An additional 290 (14%)

¹³⁷ Another type of CME is the Comprehensive Health Evaluation for Children (CHEC) model which requires a three part examination: medical, neurodevelopmental and mental health assessments and can only be administered by a limited number of medical providers in New Jersey.

¹³⁸ In addition to the expectation that mental health screenings occur as part of the CME, DCF directs Health Care Case Managers to conduct mental health screenings with children in out-of-home placements who are age two years and above and not already receiving mental health services. Health Care Case Managers conduct these screenings within the first two weeks of a child's placement.

children received their CME between 31 and 60 days of placement. Table 20 shows the monthly performance.

Table 20: Comprehensive Medical Examinations within 30 and 60 days of Entering DCF Custody (July – December 2014)

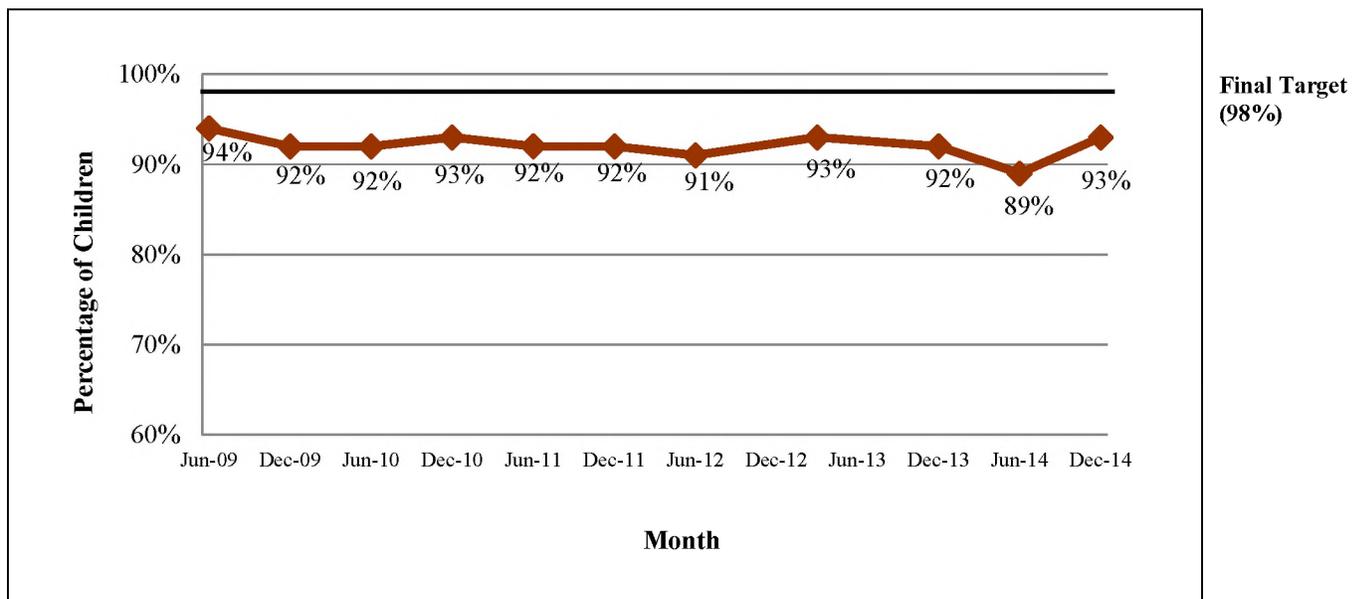
Comprehensive Medical Examinations Data							
	Children requiring CME	Total Completed within 30 days	%	Total Completed within 31-60 days	%	Total Completed within 0-60 days	%
JULY	429	358	83%	57	13%	415	97%
AUGUST	323	257	80%	60	19%	317	98%
SEPTEMBER	353	310	88%	37	10%	347	98%
OCTOBER	377	300	80%	65	17%	365	97%
NOVEMBER	270	215	80%	40	15%	255	94%
DECEMBER	269	235	87%	31	12%	266	99%
Total	2,021	1,675	83%	290	14%	1,965	97%

Source: DCF data

Required Medical Examinations

Quantitative or Qualitative Measure	41. <u>Required Medical Examinations</u> : Number/percent of children in care for one year or more who received medical examinations in compliance with EPSDT guidelines.
Final Target	By June 2010, 98% of children in care for one year or more will receive medical examinations in compliance with EPSDT guidelines.

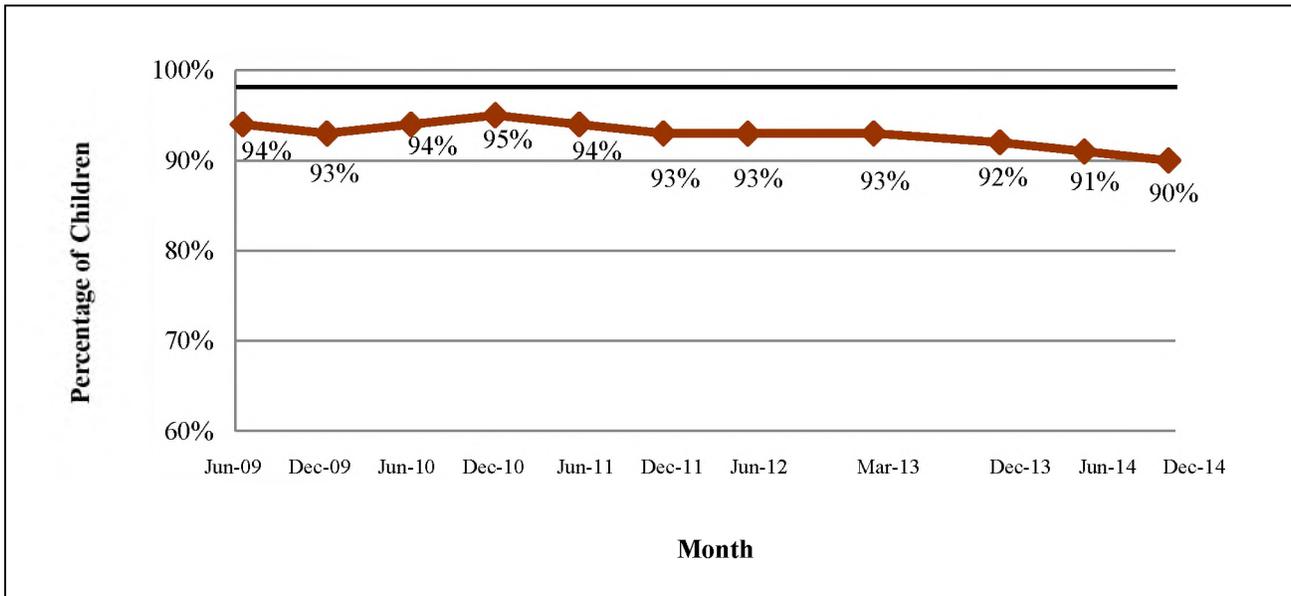
Figure 53: Percentage of Children Ages 12-24 months Up-to-Date on EPSDT Visits (June 2009 – December 2014)



Source: DCF data

Data in this figure are not point in time for the month but represent performance over the monitoring period which ends in the month indicated in the figure.

**Figure 54: Percentage of Children Older than 2 years Up-to-Date on EPSDT Visits
(June 2009 – December 2014)**



**Final Target
(98%)**

Source: DCF data

Data in this figure are not point in time for the month but represent performance over the monitoring period which ends in the month indicated in the figure.

Performance as of December 31, 2014:

From July through December 2014, 93 percent of children 12 to 24 months old received the required Early and Periodic Screening, Diagnosis and Treatment (EPSDT) well-child examinations (see Figure 53 and Table 21). Ninety percent of children age two and above also received the required EPSDT well-child examinations (see Figure 54 and Table 22). This performance is a slight decline as compared to previous monitoring periods and is below the MSA final target of 98 percent of children in care for one year or more receiving timely EPSDT well-child examinations.¹³⁹ However, in the Monitor’s view, this decline does not negate the sustained access to medical care that children in out-of-home placement are able to receive in the state of New Jersey. The Monitor continues to assess compliance with this performance measure as partially met.

NJ SPIRIT and SafeMeasures provide reports on when a child receives an EPSDT examination, but neither have the ability to determine whether or not a child is clinically up-to-date with these exams. A child may be noted in NJ SPIRIT as not up-to-date if at the EPSDT visit the child was sick (children must be well for such visits to be considered EPSDT visits) or the visit was missed, but rescheduled within a close time period. Also, especially notable for younger children age two and under, once a child is off schedule, they will remain off schedule within DCF’s data

¹³⁹ As the measure involves children in out-of-home placement for one year or more, performance for children under the age of 12 months is not measured by the Monitor.

system for all subsequent EPSDT exams. Therefore, in an effort to determine the actual receipt of an EPSDT exam, DCF conducted a secondary review of all the records of children noted as “not current with their EPSDT exams” and found more children were clinically up-to-date on their EPSDT exam than reported in NJ SPIRIT and SafeMeasures.¹⁴⁰

**Table 21: EPSDT for Children Ages 12-24 months
(July – December 2014)**

Month	Children Requiring EPSDT	Children Up-to-Date	% Children Up-to-Date
JULY	94	88	94%
AUGUST	87	81	93%
SEPTEMBER	102	96	94%
OCTOBER	118	108	91%
NOVEMBER	110	99	90%
DECEMBER	95	89	94%
Total	606	561	93%

Source: DCF data

**Table 22: EPSDT Annual Medical Exams for Children
Age 25 months and older
(July – December 2014)**

Month	Total Due	Annual Exam Completed		Annual Exam Not Completed	
JULY	217	202	93%	15	7%
AUGUST	232	213	92%	19	8%
SEPTEMBER	247	220	89%	27	11%
OCTOBER	218	195	89%	23	11%
NOVEMBER	211	193	92%	18	8%
DECEMBER	198	174	88%	24	12%
Total	1,323	1,197	90%	126	10%

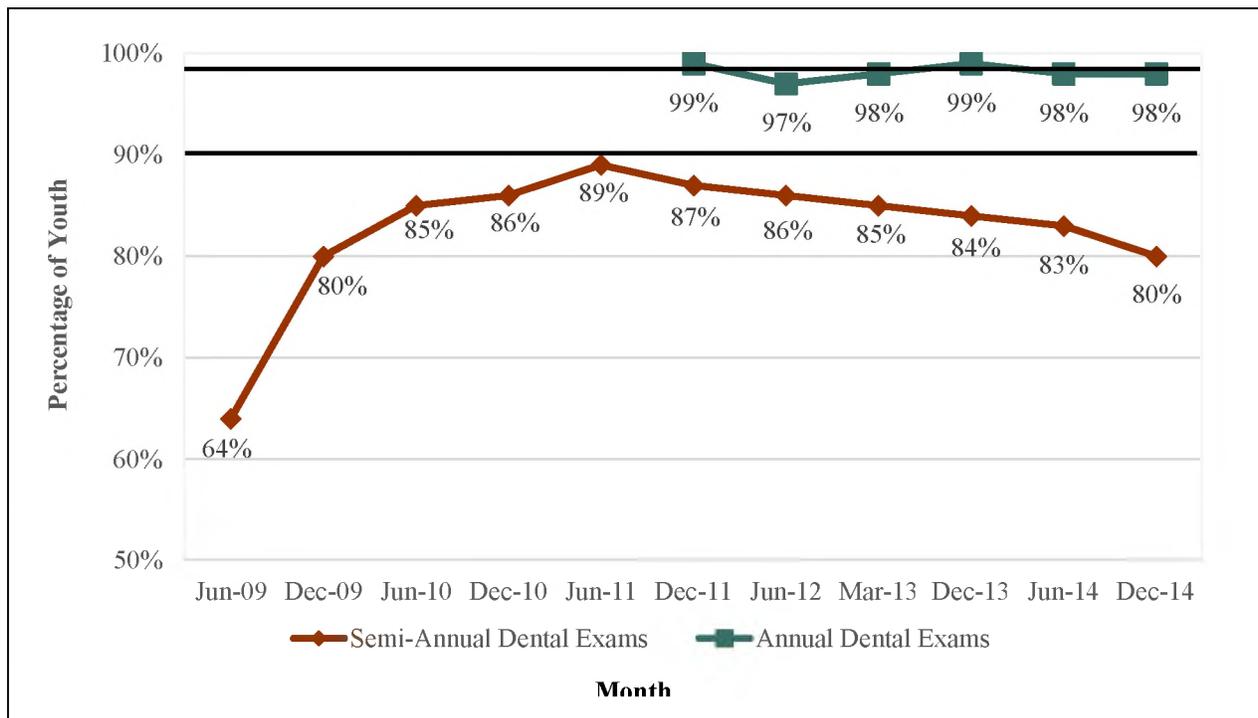
Source: DCF data

¹⁴⁰ The Monitor did not review the back-up data this monitoring period but has confidence in the review as the Monitor has previously examined the back-up data of this secondary review for children age 12 to 24 months and found DCF’s secondary review adequate to determine if children in the age range were clinically up-to-date on their EPSDT exam.

Semi-Annual Dental Examinations

Quantitative or Qualitative Measure	42. <u>Semi-Annual Dental Examinations</u> : Number/percent of children ages three and older in care six months or more who received semi-annual dental examinations.
Final Target	a. By December 2011, 98% of children will receive annual dental examinations. b. By December 2011, 90% of children will receive semi-annual dental examinations.

Figure 55: Percentage of Children Current with Annual and Semi-Annual Dental Exams (June 2009 – December 2014)



Source: DCF data

Performance as of December 31, 2014:

As of December 31, 2014, 80 percent of children age three or older who have been in care for at least six months had evidence of receiving a semi-annual dental exam (within the last six months) and 98 percent of these children had at least an annual exam completed. DCF's performance on semi-annual dental examinations has declined steadily since June 2011. The Monitor continues to consider DCF to have partially fulfilled this performance measure.

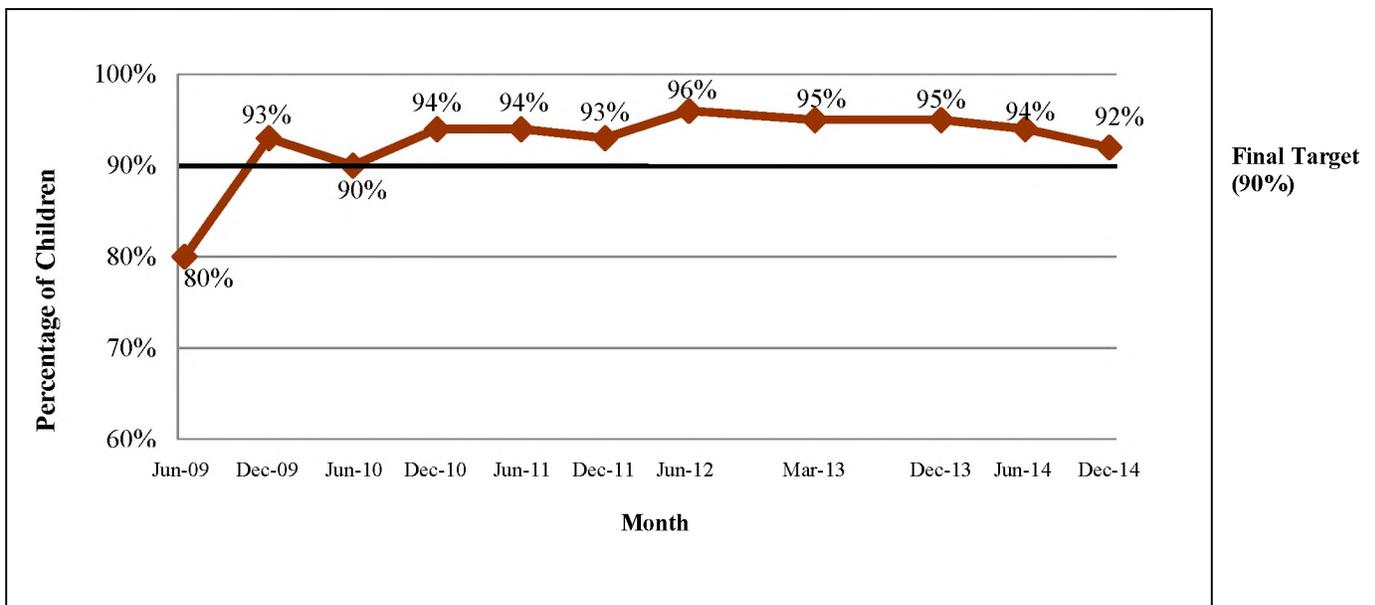
As of December 31, 2014, DCF reports that there were 4,130 children age three and older who had been in CP&P out-of-home placement for at least six months; 3,318 (80%) had received a dental examination within the previous six months and an additional 741 (18%) had received an

annual dental examination, thus there was evidence that 98 percent of children aged three and older had at least an annual dental examination. From July through December 2014, monthly performance on current semi-annual dental examinations ranged from 80 to 86 percent.

Follow-up Care and Treatment

Quantitative or Qualitative Measure	43. <u>Follow-up Care and Treatment</u> : Number/percent of children who received timely accessible and appropriate follow-up care and treatment to meet health care and mental health needs.
Final Target	By June 2011, 90% of children will receive follow-up care and treatment to meet health care and mental health needs.

Figure 56: Percentage of Children Who Received Follow-up Care for Needs Identified in CME (June 2009 – December 2014)



Source: DCF data

Data in this figure are not point in time for the month but represent performance over the monitoring period which ends in the month indicated in the figure. Data for December 2014 represents performance for children in out-of-home placement who were removed between May 1 and October 31, 2014 and were in care for a minimum of 60 days.

Performance as of December 31, 2014:

The data on health care follow-up is based on DCF’s internal health care case record review of a random sample of children in out-of-home placement who were removed between May 1 and October 31, 2014 and were in care for a minimum of 60 days. Based on multiple assessments by

the Monitor of DCF’s health care case record review and the results of the statewide Qualitative Review, the Monitor believes that the medical follow-up care and treatment of children is accurately measured through DCF’s internal health care case record review.¹⁴¹

DCF reports that of those children identified as needing follow-up care after their CME, 92 percent received the recommended follow-up care. As stated previously, mental health screening is not routinely documented as part of the CME, but Health Care Case Managers help to ensure that children in out-of-home placement receive needed mental health services. Therefore, the Monitor considers these follow-up care data with the caveat that mental health needs requiring follow-up may not have been fully identified or documented as part of the CME for some children.¹⁴²

**Table 23: Provision of Required Follow-up Medical Care
(December 31, 2014)
(n=343)¹⁴³**

	#	%
No CME data in record	0	0%
CME Records	343	100%
No follow-up care needed	25	7%
Follow-up care required	318	93%
• Received follow-up	293	92%
• No evidence in record	25	8%

Source: DCF data

¹⁴¹ The Monitor did not independently verify the findings of DCF’s health care case record review during this monitoring period. However, the Monitor reviewed the protocol. The methodology and analysis remain comparable to the health care case record review conducted by the Monitor in spring 2009.

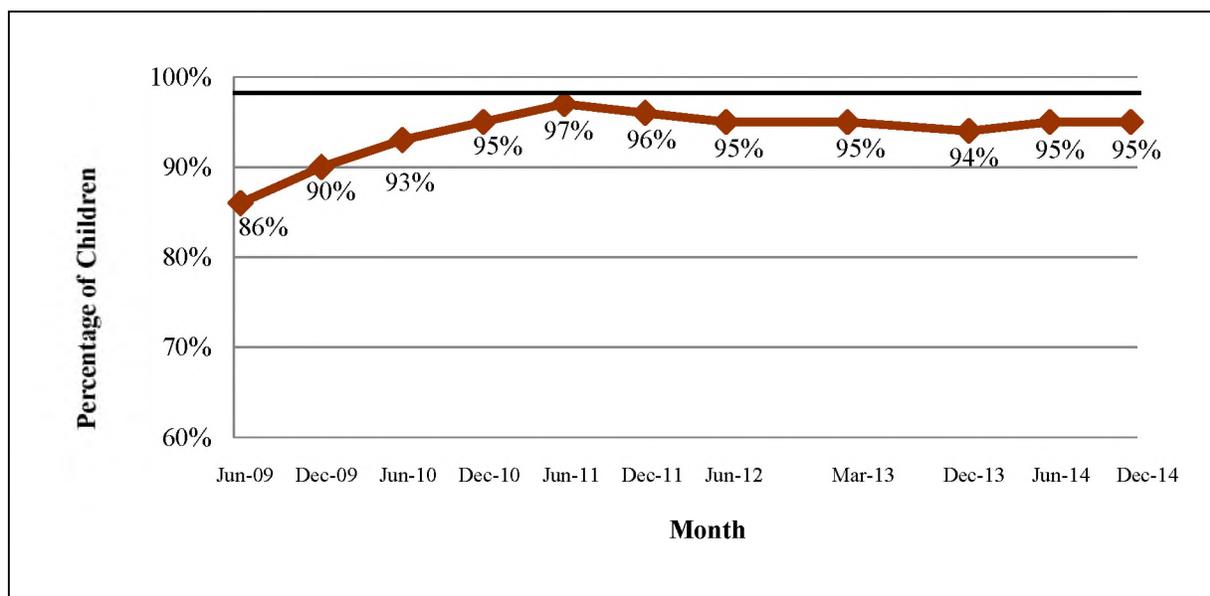
¹⁴² The Monitor thus looks to performance measure 46 to measure whether children and youth receive mental health screenings, and whether those with a suspected mental health need receive assessments.

¹⁴³ DCF conducted a health care case record review in order to report on this measure. The Review examined records of a random sample of children in CP&P out-of-home placement who were removed between May 1 and October 31, 2014 and were in care for a minimum of 60 days. 2,031 children comprise this cohort and a sample of 343 children was reviewed. The results have a ± 5 percent margin of error with 95 percent confidence.

Immunizations

Quantitative or Qualitative Measure	44. <u>Immunization</u> : Children in DCF custody are current with immunizations.
Final Target	By December 31, 2011, 98% of children in custody will be current with immunizations.

**Figure 57: Percentage of Children in Custody Current with Immunizations
(June 2009 – December 2014)**



Final Target
(98%)

Source: DCF data

Data in this figure are not point in time for the month but represent performance over the last quarter of the monitoring period which ends in the month indicated in the figure. Data for December 2014 represents performance from October through December 2014.

Performance as of December 31, 2014:

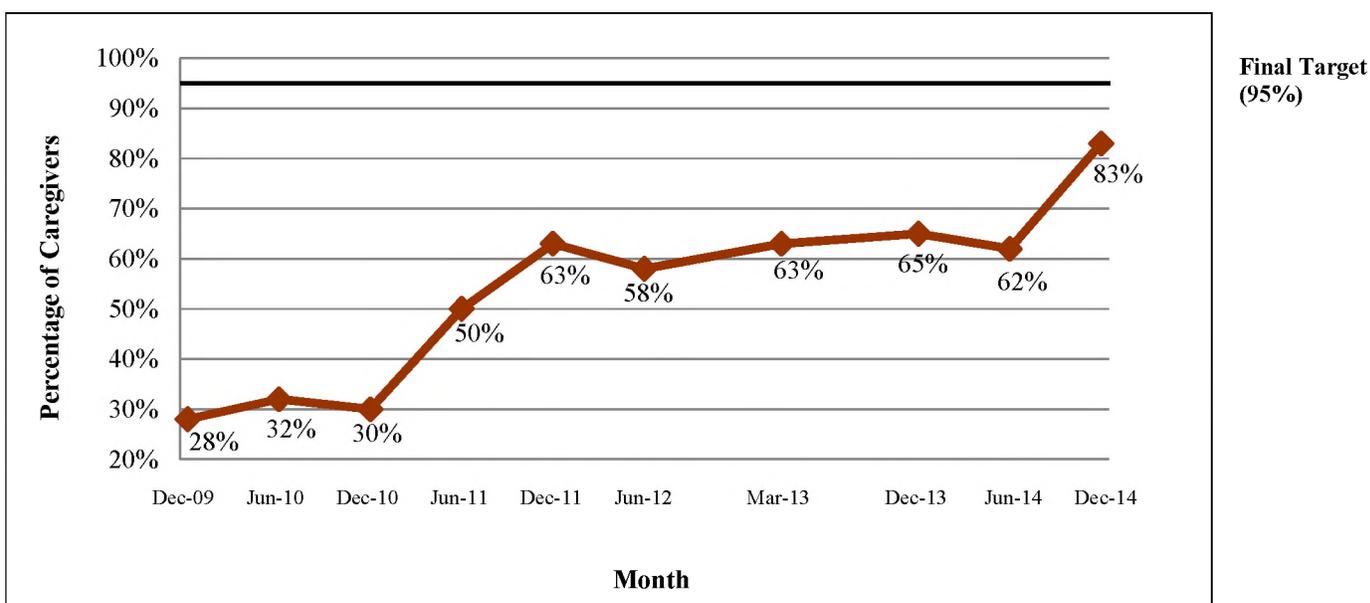
From October through December 2014, of the 6,794 children in out-of-home placement, 6,464 (95%) were current with their immunizations, below the performance requirement of 98 percent. Performance on this measure has varied only two percentage points since December 2011. While not meeting the MSA final target, this performance represents sustained success in ensuring that children are current with their immunizations. Thus, the Monitor deems this MSA requirement as partially fulfilled.¹⁴⁴

¹⁴⁴ New Jersey's performance on child immunizations exceeds the Center for Disease Control and Prevention's goal for the nation that states achieve immunizations rates of 90 percent for children. Further, DCF's performance on immunization rates for children in out-of-home placement is similar to rates of immunization for all of New Jersey's children (pre K to grade 6) in public schools.

Health Passports

Quantitative or Qualitative Measure	45. <u>Health Passports</u> : Children’s parents/caregivers receive current Health Passport within five days of a child’s placement. ¹⁴⁵
Final Target	By June 30, 2011, 95% of caregivers will receive a current Health Passport within five days of a child’s placement.

Figure 58: Percentage of Caregivers who Received Health Passports within 5 days of Child’s Placement (December 2009 – December 2014)

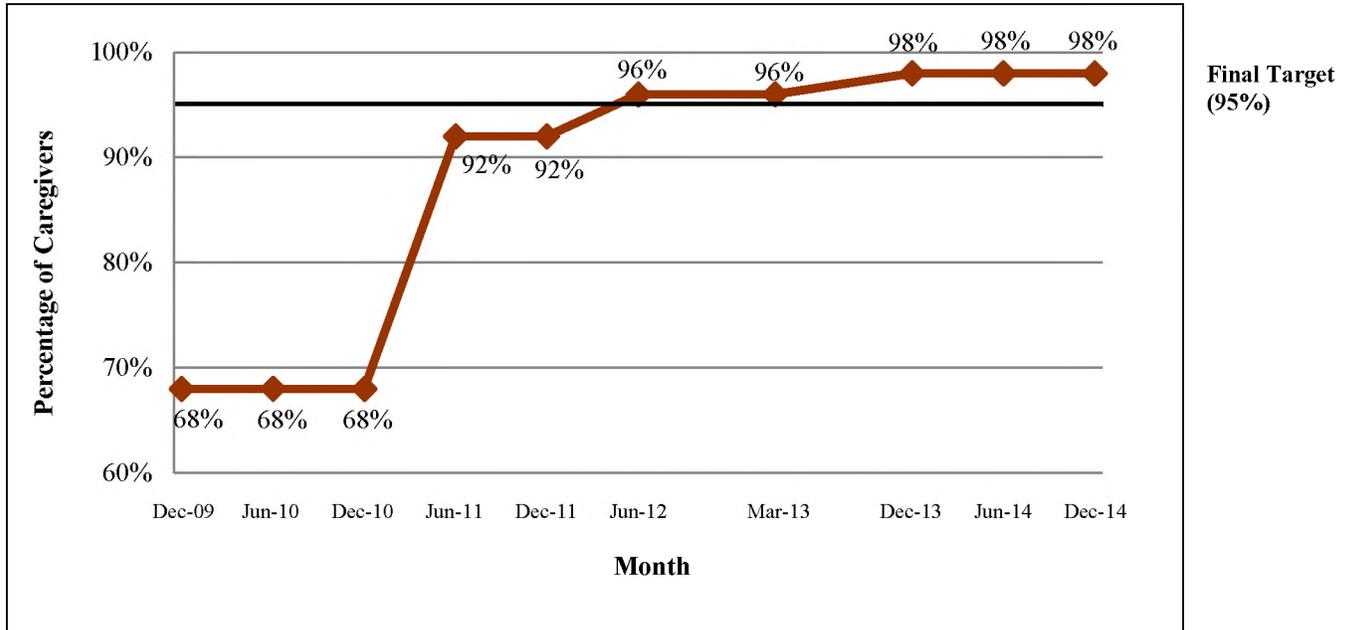


Source: DCF data

Data in this figure are not point in time for the month but represent performance over the monitoring period which ends in the month indicated in the figure. Data for December 2014 represents performance for children in out-of-home placement who were removed between May 1 and October 31, 2014 and were in care for a minimum of 60 days.

¹⁴⁵ Parties are determining if a more effective measure can be designed that assesses when meaningful medical information of children can reasonably be shared with their caregivers.

Figure 59: Percentage of Caregivers who Received Health Passports within 30 days of Child's Placement (December 2009 – December 2014)



Source: DCF data

Data in this figure are not point in time for the month but represent performance over the monitoring period which ends in the month indicated in the figure. Data for December 2014 represents performance for children in out-of-home placement who were removed between May 1 and October 31, 2014 and were in care for a minimum of 60 days.

Table 24: Health Passport: Presence in the Record, Evidence of Sharing Records (December 31, 2014)
(n=343)¹⁴⁶

	#	%
Health Passport was present in the record	343	100%
Health Passport in record shared with provider	343	100%
Evidence of being shared with resource providers		
• Within 5 days	286	83%
• Between 6- 10 days	39	11%
• Between 11- 30 days	12	4%
• More than 30 days	6	2%

Source: DCF data

Percentages are rounded.

¹⁴⁶DCF conducted a health care case record review in order to report on this measure. The Review examined records of a random sample of children in CP&P out-of-home placement who were removed between May 1 and October 31, 2014 and were in care for a minimum of 60 days. 2,031 children comprise this cohort and a sample of 343 children was reviewed. The results have a ± 5 percent margin of error with 95 percent confidence.

Performance as of December 31, 2014:

Under the MSA, all children entering out-of-home care are expected to have a Health Passport created for them (Section II.F.8). This Health Passport records all relevant health history and current health status of the child and should be regularly updated and made available to resource parents, children (if old enough) and their parents.

The Health Passport organizes health information from a range of sources including any findings of the PPA. DCF policy requires that the Health Care Case Manager complete the Health Passport, which is maintained by the CP&P Local Office Child Health Unit, and provide it to the resource parent within 72 hours of the child's placement. This is a more stringent policy than the MSA requirement that the Health Passport be conveyed to the child's caregiver within five days.

Based on DCF's internal health care case record review of 343 cases, there is evidence that Health Passports were shared with the child's caregiver within the first five days of placement in 83 percent of cases (see Table 24) which does not meet the MSA final target, but represents a significant improvement in performance. Within 30 days of the placement, DCF data show the Health Passport has been shared with 98 percent of caregivers, consistent with performance from the last two monitoring periods.

X. MENTAL HEALTH CARE

DCF continues its efforts to improve its mental health delivery system by expanding the services and supports under the Division of Children's System of Care (CSOC). DCF also has maintained performance meeting the MSA performance measures requiring that children receive timely mental health assessments and children and youth received appropriate, evidence-based mental health services to prevent their entry into CP&P custody.

A. *Mental Health Delivery System*

DCF's CSOC serves children and youth with emotional, behavioral, developmental and intellectual disabilities and co-occurring conditions. Beginning in 2012, the provision of services to children with developmental and intellectual disabilities, formerly under the purview of the Department of Human Services (DHS), transitioned to CSOC.

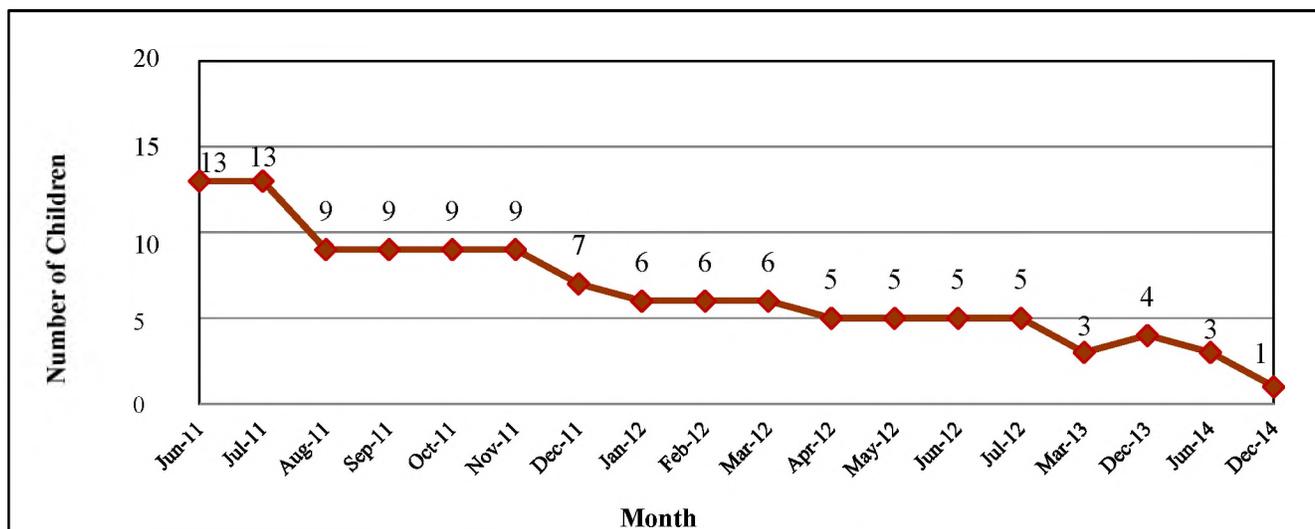
In October 2012 New Jersey received approval from the Centers for Medicare and Medicaid Services (CMS) for a Comprehensive Medicaid Waiver focused on three components. The first component increased supports for children and youth who have a risk of hospital level care (children/youth considered to be seriously emotionally disturbed). The Waiver's other two components involve two distinct pilot programs with the ability to accommodate 200 individuals—one pilot focuses on children and youth with Autism Spectrum Disorder (ASD pilot) and the other focuses on increasing services for youth with a developmental disability and a behavioral health concern (DD/MI pilot). The ASD statewide pilot is fully implemented and includes Applied Behavioral Analysis (an evidenced-based practice for children with autism), Individual Behavioral Supports and Behavioral Consultative Supports. The DD/MI pilot has been partially implemented, with full implementation scheduled for July 2016. This pilot provides respite services, intensive "in community" supports, individual supports, natural supports, interpreters and non-medical transportation.

New Jersey has almost fully eliminated out-of-state treatment for children.

DCF continues to be successful in minimizing the number of children in CP&P custody placed in out-of-state congregate care settings. (MSA Section II.D.2). As of December 31, 2014, there was one youth in out-of-state residential placement, down from three youth in June 2014. DCF reported that two of the three youth previously out-of-state have been relocated to the new program at the Marie H. Katzenbach School for the Deaf. DCF worked collaboratively with the state's Department of Education, primarily with staff of the Katzenbach School for the Deaf, to develop an in-state program to provide residential mental health treatment for five to eight youth. Program services will be provided by St. Joseph's Hospital and Medical Center. DCF reports that during the monitoring period the facility underwent updates and renovations. In November 2014, renovations were completed and the facility was licensed.

Figure 60 shows the number of children placed out-of-state from June 2011 to December 2014.

**Figure 60: Children in Out-of-State Placement
(June 2011 – December 2014)**



Source: DCF data, CSOC (as of the first day of each month)

Youth in detention, in CP&P custody and awaiting CSOC placement are moved from detention in a timely manner.

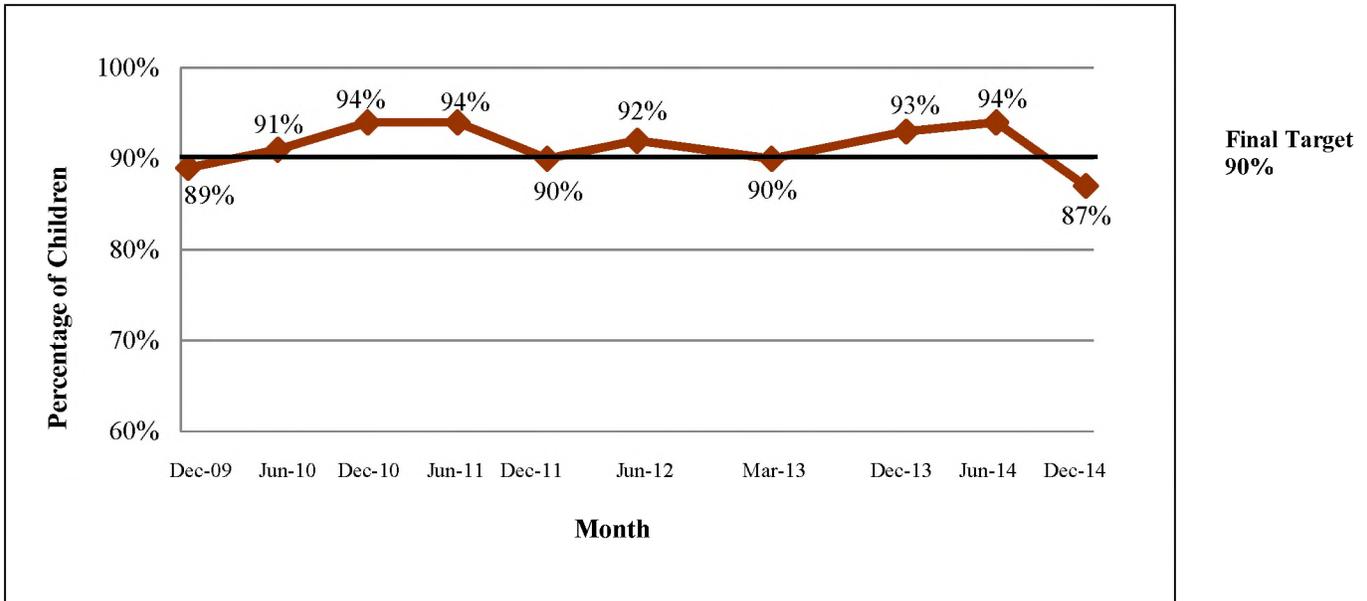
The MSA requires that no youth in CP&P custody should wait longer than 30 days in a detention facility post-disposition for an appropriate placement (Section II.D.5). From July through December 2014, two girls and one boy in CP&P custody, ages 14 to 17, were in juvenile detention awaiting a CSOC placement following disposition of their delinquency case. All youth transitioned from detention within 15 days following disposition of their case, thereby meeting the MSA requirement.

B. Mental Health Performance Measures

Mental Health Assessments

Quantitative or Qualitative Measure	46. <u>Mental Health Assessments</u> : Number/percent of children with a suspected mental health need who receive mental health assessments.
Final Target	By December 31, 2011, 90% of children with a suspected mental health need will receive a mental health assessment.

Figure 61: Percentage of Children with Suspected Mental Health Needs who Received Mental Health Assessment (December 2009 – December 2014)



Source: DCF data

Data in this figure are not point in time for the month but represent performance over the monitoring period which ends in the month indicated in the figure. Data for December 2014 represents performance for children in out-of-home placement who were removed between May 1 and October 31, 2014 and were in care for a minimum of 60 days.

Performance as of December 31, 2014:

DCF’s internal health care case record review found that 99 percent of eligible children and youth received the required mental health screening.¹⁴⁷ Eligible children are over the age of two

¹⁴⁷ The Monitor did not independently verify the findings of DCF’s health care case record review. However, the Monitor did review the protocol and discussed the methodology with DCF staff. The methodology and analysis are comparable to the Health Care Case Record review conducted by the Monitor in spring 2009.

and not already receiving mental health services. As shown in Table 25, as a result of the screening, a total of 112 children in the sample required a mental health assessment.

DCF reports that 87 percent (97) of those 112 children identified as needing a mental health assessment received one by the time of the record review. Performance for the first time in four years declined and did not meet the MSA performance requirement.

The data also show that of the 97 youth receiving a mental health assessment, 75 percent (73) were completed in the first 30 days of out-of-home placement and another ten percent (10) were completed in 60 days. At the time of the review, 72 percent (52) of youth received some or all of the treatment recommended in the assessment. The Monitor is working with DCF to understand why some children and youth do not receive any of the recommended treatment and what quality assurance process should be in place so that all children and youth who need treatment receive it.

**Table 25: Mental Health Screening and Assessments for Children Age 2 and older
as of December 31, 2014
(n=343)¹⁴⁸**

MH Screening		
Not reviewed already receiving services (39) or under the age of two (108)	147	43%
Children eligible for screening	196	57%
TOTAL RECORDS REVIEWED	343	100%
MH Screening		
Children eligible screened	195	99%
Children eligible not screened	1	1%
TOTAL CHILDREN ELIGIBLE FOR SCREENING	196	100%
MH Screening		
Suspected MH need identified	101	52%
Youth already receiving services were identified as needing an assessment	11	
TOTAL REQUIRING MENTAL HEALTH ASSESSMENTS	112	
MH Assessment		
MH assessment completed	97	87%
MH assessment scheduled	2	2%
MH assessment not completed/not scheduled	13	12%
TOTAL	112	100%
MH Assessment Completion Timeline		
MH assessment complete w/in 30 days	73	75%
MH assessment complete w/in 60 days	10	10%
Greater than 60 days	12	12%
Unable to determine	2	2%
TOTAL	97	100%
Recommendations made in MH Assessment		
Recommendation Made	93	96%
No Recommendation Made	4	4%
TOTAL	97	100%
Treatment Provided/Evidence in the Record		
All Recommended Treatment Provided	52	56%
Some Recommended Treatment Provided	15	16%
Recommended Treatment Not Provided	26	28%
TOTAL	93	100%

Source: DCF data

Some percentages do not equal 100 due to rounding.

¹⁴⁸DCF conducted a health care case record review in order to report on this measure. The review examined records of a random sample of children in CP&P out-of-home placement who were removed between May 1 and October 31, 2014 and were in care for a minimum of 60 days. 2,031 children comprise this cohort and a sample of 343 children was reviewed. The results have a ± 5 percent margin of error with 95 percent confidence.

Provision of In-Home and Community-Based Mental Health Services for Children and Their Families

Quantitative or Qualitative Measure	47. <u>Provision of in-home and community-based mental health services for children and their families</u> : CSOC shall continue to support activities of CMOs, YCMs, FSOs, Mobile Response, evidence-based therapies such as MST and FFT and crisis stabilization services to assist children and youth and their families involved with CP&P and to prevent children and youth from entering CP&P custody.
Final Target	Ongoing Monitoring of Compliance

Performance as of December 31, 2014:

The state of New Jersey’s CSOC provides several different services that reach a large number of children each month. Specifically, in December 2014, DCF reports that 10,422 children received care management services.¹⁴⁹

Section II.C.2 of the MSA requires the state to have a Medicaid rate structure to reimburse evidence-based, informed or support practices such as Functional Family Therapy (FFT) and Multi-Systemic Therapy (MST). Both of these interventions continued to remain available during the current monitoring period—FFT is available in seven counties¹⁵⁰ and MST in three counties.¹⁵¹ Further, Mobile Response is a service that is available to all families/caregivers that request the service and is available 24 hours per day, seven days a week. For the month of December 2014, DCF reports that workers were dispatched 1,401 times and that 1,909 cases received intervention (either through dispatch or continuing services from prior months).

¹⁴⁹ Retrieved from the Commissioner’s Data Dashboard at http://www.state.nj.us/dcf/childdata/continuous/Commissioners.Dashboard_12.14.pdf

¹⁵⁰ Atlantic, Cape May, Burlington, Ocean, Cumberland, Gloucester and Salem

¹⁵¹ Camden, Essex and Hudson

XI. SERVICES TO PREVENT ENTRY INTO FOSTER CARE AND TO SUPPORT REUNIFICATION AND PERMANENCY

Continued Support for Family Success Centers

Quantitative or Qualitative Measure	48. <u>Continued Support for Family Success Centers</u> : DCF shall continue to support a statewide network of Family Success Centers.
Final Target	Ongoing Monitoring of Compliance

Performance as of December 31, 2014:

New Jersey began developing a network of Family Success Centers (FSCs) in 2007, initially with 21 centers. FSCs are neighborhood-based places where any community resident can access family support, information and services and specialized supports that tend to vary depending on the needs and desires of the community in which they are located. Their function is to provide resources and supports before families fall into crisis. FSCs are situated in many types of settings: storefronts, houses, schools, houses of worship and public housing. Services, which are available to any family free of charge, include life skills training, parent and child activities, advocacy, parent education and housing related activities. Additional activities and events often occur: for example, in Morris County, DCF partnered with the New Jersey Department of Agriculture to deliver free Christmas trees to families, and eight counties developed literacy classes that take place at the FSCs.¹⁵² As reflected in Table 27, community members volunteer to provide expanded services – services beyond the eight core services that are offered in every FSC – that are requested by and tailored to meet the community need, for example yoga, knitting or Zumba classes.

Between July and December 2014, two FSCs originally operating in Atlantic City closed, reducing the number of FSCs from 52 to 50. DCF’s Office of Family Support Services (OFSS) is rebidding to find a new contractor(s) to operate two new FSCs in Atlantic City. The two new FSCs in Atlantic City are intended to help the residents of Atlantic City and the surrounding areas recover from the lasting effects of Superstorm Sandy and the economic downturn resulting from the closing of casinos. DCF also plans to support a new FSC in West Milford – Upper Passaic County. OFSS plans to establish these three new centers in 2015.

DCF collects data on the number of individuals and families served by the FSCs. Table 26 shows the unduplicated number of people served by New Jersey’s FSCs from July through December 2014. Table 27 shows the number of sessions provided to participants – either individuals or families – by FSCs statewide between July and December 2014. General information and referral and linkage to other services are the most frequently used contracted service, followed by advocacy and parent/child education.

¹⁵² Financial literacy classes are held in Cape May, Bergen, Atlantic, Union, Middlesex, Cumberland, Monmouth and Ocean counties. FSCs in Hudson and Essex will be beginning programs in the next monitoring period.

Table 26: Unduplicated Number of Participants Served by New Jersey’s FSCs between July and December 2014¹⁵³

	2014					
	July	August	September	October	November	December
Unduplicated Registered Participants	3,010	2,515	2,706	2,721	2,451	2,050
Non-Registered Participants	1,884	1,955	1,937	2,666	1,901	1,859

Source: DCF data

Table 27: Number of Contracted Services Provided by FSCs Statewide between July and December 2014

Contracted Service	2014					
	July	August	September	October	November	December
Family Health	662	615	831	1,069	894	654
Parent Education/Parent-Child Activity	910	1,104	988	1,323	1,199	1,190
Employment Related	997	1,010	1,052	1,017	871	741
Housing Related	835	612	1,004	839	1,002	648
Life Skills	1,140	927	1,106	1,259	1,193	1,010
Advocacy	1,398	1,360	1,683	1,537	1,571	1,274
Family Success Plans	401	262	203	218	133	131
General I&R/Linkage	4,479	4,685	5,355	4,904	4,923	4,143
Expanded Services*	2,598	3,745	3,406	4,631	4,513	2,911
Total Services	13,420	14,320	15,628	16,797	16,299	12,702

Source: DCF data

* DCF defines expanded services as services beyond the eight core services offered in every FSC, that are provided by volunteers and are requested by and tailored to community need, for example yoga, knitting or Zumba classes.

¹⁵³ DCF defines participants as either individuals or families. Unduplicated refers only to the number of participants served within each month and not the services received, so a person can access more than one service more than one time. Non-registered participants refers to community participants who were served at a FSC but who did not register, e.g. participants who were served by telephone, via the internet, or were served at the FSC or a home visit for minimal periods of time. Since these participants are not registered, it is not possible to determine whether these totals are unduplicated.

XII. SERVICES TO OLDER YOUTH

During Phase I of the MSA, DCF created and promoted policies to provide continued support and services to youth aged 18 to 21. DCF continues to update and modify policies and practices to provide appropriate guidance to workers and other staff to support well-being and permanency for youth while involved with DCF as well as to achieve better outcomes for youth after they exit care.

Discussed below are new developments and updates to current practices and strategies utilized to provide services for older youth in the following areas: housing, education, services for LGBTQI population, increasing staff skills and other developments. Following the practice updates, progress toward the Phase II performance measures is provided.

A. Updates to Current Practices

Housing

The Office of Adolescent Services (OAS) partners with PerformCare to maintain the Adolescent Housing Hub (HUB), an automated electronic real-time bed tracking and referral system designed to assist youth with placement in transitional or permanent housing programs. During the current monitoring period, there were a total of 1,581 calls made to the HUB. Approximately one-third (513 calls/32%) of the calls were from youth between the ages of 18 to 21 and the remainder were from CP&P staff, staff from Care Management Organization (CMO) or parents and legal guardians.¹⁵⁴ Table 28 below displays how many calls were received each month.

**Table 28: Number of Calls to Adolescent Housing Hub Each Month
(July – December 2014)**

Month	Number of Calls
JULY	326
AUGUST	264
SEPTEMBER	287
OCTOBER	256
NOVEMBER	172
DECEMBER	276
TOTAL	1,581

Source: DCF data

DCF reports that there are currently plans to develop a HUB data dashboard to monitor the utilization of the HUB including admissions, discharges, geographical needs for housing and wait times for admission. The dashboard is anticipated to be completed by July 1, 2015.

¹⁵⁴ DCF and non-DCF involved youth with housing needs are eligible for these housing programs.

As indicated in Table 29 below, DCF contracts for 390 housing beds for homeless youth and youth aging out of care; 368 of these housing beds are visible on the HUB. Almost all of the providers listed below accept youth up to the age of 21.¹⁵⁵

**Table 29: Youth Transitional and Supported Housing
as of December 31, 2014**

County	Contracted Slots	Operational Slots	Providers
Atlantic	6	6	Twin Oaks
Bergen	16	16	Bergen County Community Action Program Volunteers of America
Burlington	31	31	Crossroads Garden State Homes The Children's Home of Burlington County
Camden	31	34	Center For Family Services
Cape May	12	12	CAPE Counseling Center for Family Services
Essex	57	55	Care Plus (Strive for Independence I) Care Plus (Strive for Independence II) Corinthian Homes (Youth Build) Covenant House Covenant House Tri-City Peoples
Gloucester	30	30	Robin's Nest Inc.
Hudson	25	25	Catholic Charities Diocese of Newark (Strong Futures) Volunteers of America
Mercer	14	14	Anchorage Anchorline Lifeties
Middlesex	12	12	Garden State Homes Middlesex Interfaith Partners with the Homeless (MIPH)
Monmouth	19	19	Catholic Charities Diocese of Trenton Collier Services IEP
Morris	5	5	Plaid House - Thenen House
Ocean	8	8	Ocean Harbor House
Passaic	19	19	NJ Development Corporation (Ind House/Marion)
Salem	16	10	Ranch Hope (Hills) Robin's Nest, Inc.
Somerset	15	15	Somerset Home for Temporarily Displaced Children Somerset Home for Temporarily Displaced Children Somerset Home for Temporarily Displaced Children
Union	66	66	Community Access Unlimited Volunteers of America
Warren	8	8	Catholic Charities Diocese of Metuchen
Total	390	385	

Source: DCF data

¹⁵⁵ Plain House – Thenen House in Morris County accepts youth until the age of 20.

Education

As discussed below, DCF has developed and implemented numerous strategies and programs to support older youth with their educational goals.

The *New Jersey Foster Care (NJFC) Scholars Program* provides assistance with tuition and fees to eligible current and former foster youth¹⁵⁶ in order to pursue post-secondary education at an accredited two or four year college, university, trade or career school. Between July and December 2014, 351 youth participated in the NJFC program and 69 percent utilized funding. DCF reports youth may not utilize Scholars program funding if the financial aid provided by their educational institutions covers their expenses.

DCF reports that all youth enrolled in the NJFC Scholars program received support services through *Project MYSELF* which is administrated by Transitions for Youth at the Institute for Families through the Rutgers School of Social Work. Project MYSELF is a multi-service mentoring program designed to improve academic performance, increase post-secondary education retention and completion and develop life skills and competencies. The program utilizes a two tier-system which determines the level of support the student will receive. Starting July 1, 2014, the program was restructured to ensure consistent support to youth by providing coaches that are all permanent full-time staff instead of MSW interns. The coaches remain with the students from the time they enter the program until the time they leave.

OAS funds the *Summer Housing Internship (SHIP)* and *Summer Internship Program (SIP)* which provide housing (if needed), a paid internship, academic, social and cultural opportunities for 60 NJFC Scholars during the summer school break.

The *DCF Scholarship*, made possible through the Frances Day Training and Geraldine Thompson Fund, was established in May 2013 to provide scholarships to eligible youth who have current or former CP&P involvement. Scholarships are up to \$2,500 per academic year for youth with a high school diploma or GED and have had at least six cumulative months of CP&P out-of-home placement after age 12. Between October and December 2014, 57 DCF Scholarships were awarded.

First Star Academy is piloting a privately funded program in NJ through Rowan University. First Star is planning a year-round college bridge program for 30 youth in foster care in Cumberland, Salem and Gloucester counties who are rising eighth graders. Programming will continue through the twelfth grade and will include monthly team building, academic and enrichment workshops (which began in fall 2014) and a four week residential program during the summer 2015 on the Rowan University Campus in Glassboro, NJ.

¹⁵⁶ Eligible youth must have a high school diploma or GED and be admitted to a degree or certificate granting post-secondary institution that has been accredited to receive Title IV funding. Additional eligibility requirements, including length of time in out-of-home placement or age at adoption, can be found at <http://www.state.nj.us/dcf/adolescent/involved/scholars/>

Services for Lesbian, Gay, Bi-sexual, Transgender, Questioning and Intersex (LGBTQI) Population

DCF reports that regional LGBTQI meetings and the LGBTQI Youth Committee continued through CY 2014. A proposal to develop and roll out a DCF all-staff training was developed and approved. The curriculum is being reviewed for use in CY 2015. During this monitoring period, a draft LGBTQI policy for CP&P staff which includes caseworker expectations, terminology and resources/services was developed and will be finalized in CY 2015.

Increasing Staff Skills

The Post BA Certificate Program in *Adolescent Advocacy* at Montclair State University is designed to provide students with a multi-disciplinary understanding of the role of an adolescent advocate in the domains of law, sociology and psychology. The second year of the Adolescent Advocacy Program ended in August 2014 and 38 CP&P staff completed the program. Forty CP&P staff were enrolled in the program that began September 2014.

In December 2014, OAS conducted four, full day *Adolescent Practice Forums* throughout various regions in the state. The forums include staff from CP&P, DCF Office of Education, Child Health Nurses and CMO staff and offer an opportunity to discuss and share adolescent practice issues. The December forums included information on pregnant and parenting youth, clinical services for youth, an overview of DCF's LGBTQI Safe Space program and other OAS announcements. Monitor staff routinely attend these forums.

Other Developments

On September 15, 2014, OAS released an update to the Transitional Plan policy and form for CP&P involved youth. The new transitional plan, *Transitional Plan for YOUTH Success (TPYS)*, is restructured to promote a youth driven, strengths-based planning process. The plan is organized into six domains – supportive relationships and community connections; education; employment; living arrangement/housing; health; and transitional services and supports. During this monitoring period, OAS held approximately 15 trainings for 230 CP&P staff on the new policy and plan. Training will continue to be available for CP&P staff as well as contracted providers who work with adolescents.

During this monitoring period, DCF continued work on planning an intervention framework to address ongoing service gaps as part of the recently awarded federal *Youth At-Risk of Homelessness (YARH)* planning grant. The intervention framework will identify the need for services and programs that are evidence-based, trauma-informed, focus on protective factors and include comprehensive life skills. The YARH planning team has held youth focus groups, attended events for youth aging out of care and continued to analyze data and complete a review of policy, practices and resources.

On September 29, 2014, DCF was awarded a contract from the Department of Treasury, Internal Revenue Services to create an electronic distribution process for independent living stipends

through either a debit card¹⁵⁷ or direct deposit for eligible youth in foster care. Eligible youth will be able to access a mobile application that assists with budgeting and financial literacy. An evaluation will be completed to determine the impact of the mobile application and debit card or direct deposit on the youth's management of financial transactions, savings and budgeting.

B. Performance Measures On Services to Older Youth

As of December, 31, 2014, CP&P served 2,846 youth aged 18 to 21; current information indicates that 427 (15%) youth were living in a CP&P out-of-home placement; 1,665 (59%) youth were living in their own homes;¹⁵⁸ and 754 (26%) youth were receiving adoption or kinship legal guardianship subsidies.

The majority of youth who exited care needing Medicaid received Medicaid for at least six months following discharge. Specifically, of the 160 youth ages 17.9 to 20.9 who were discharged from placement between January and June 2014, 158 (99%) youth received Medicaid for at least six months.

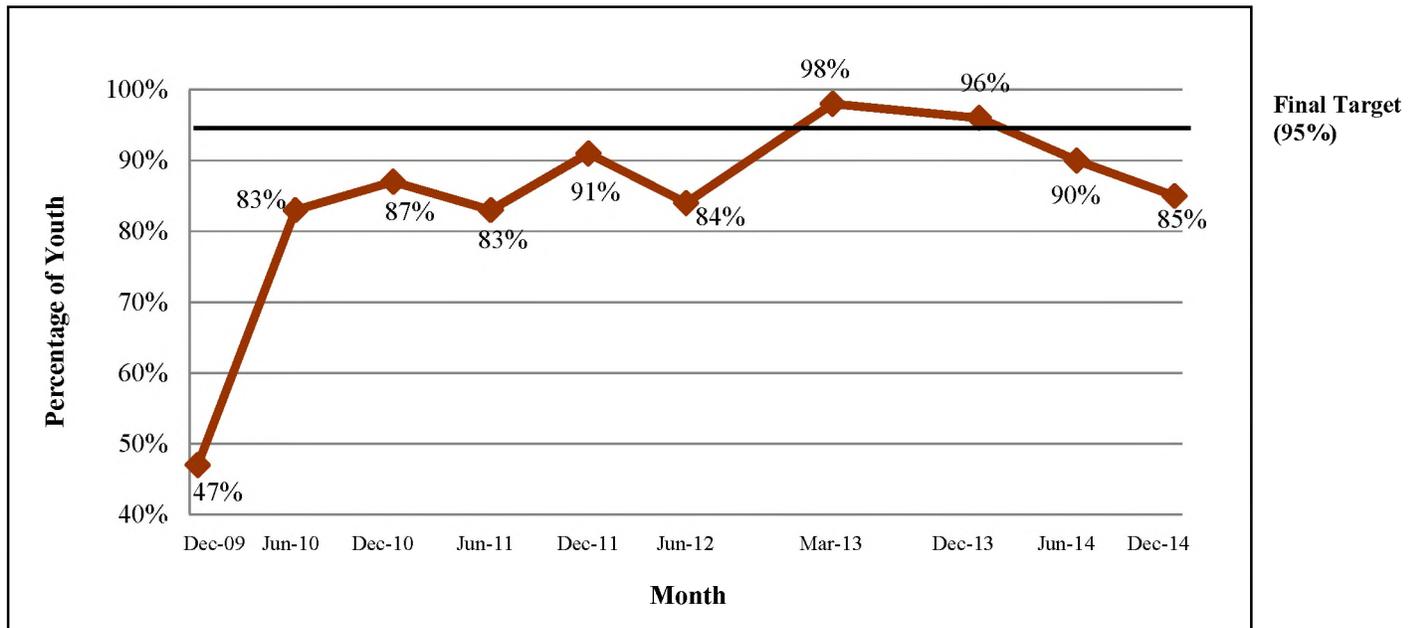
¹⁵⁷ Debit card is not reloadable and can only be used for point of sale as well as ATM/teller withdrawal.

¹⁵⁸ DCF is continuing to analyze these data to better understand the exact setting(s) indicated for the youth categorized as "living in their own homes" which can include, among other things, youth living with family or youth in independent living. DCF will have a comprehensive update regarding this analysis and findings by December 31, 2015.

Independent Living Assessments

Quantitative or Qualitative Measure	53. <u>Independent Living Assessments</u> : Number/percent of cases where DCF Independent Living Assessment is complete for youth 14 to 18.
Final Target	By December 31, 2011, 95% of youth age 14 to 18 have an Independent Living Assessment.

Figure 62: Percentage of Youth Aged 14-18 with Independent Living Assessment (December 2009 – December 2014)



Source: DCF data

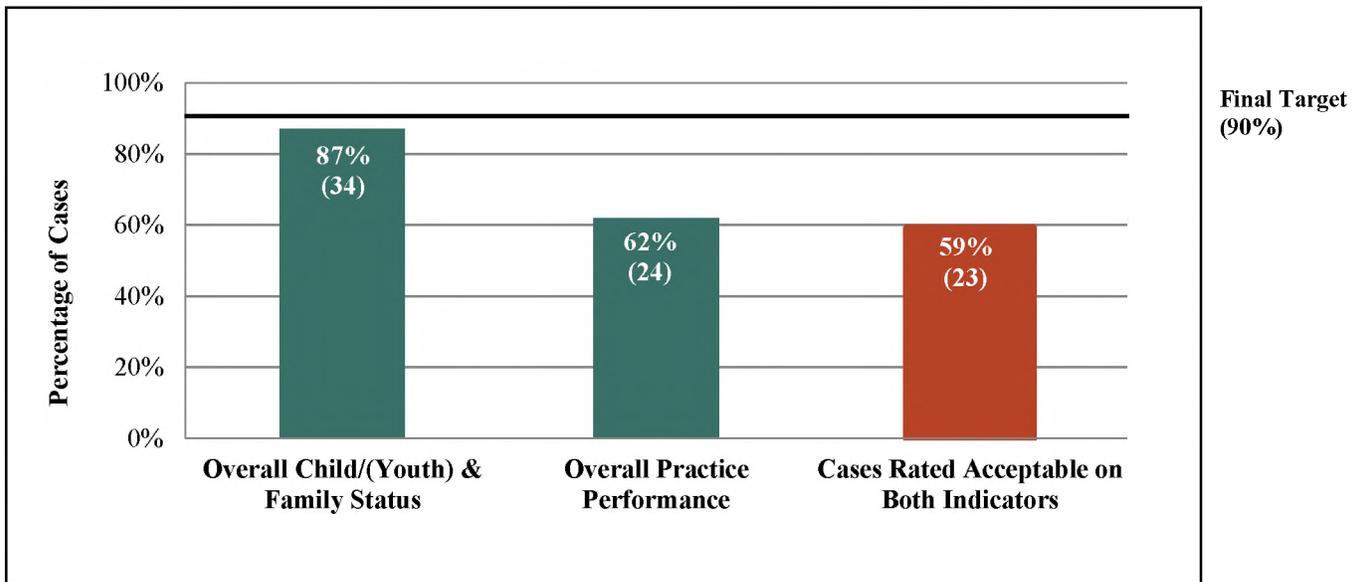
Performance as of December 31, 2014:

Data for this measure were available for the months of September and December 2014. In both months, 85 percent of applicable youth had an Independent Living Assessment (ILA) completed. Specifically, in December 2014, there were 952 youth aged 14 to 18 in out-of-home placement for at least six months; 811 (85%) had an ILA completed. Current performance has declined from December 2013 to December 2014 and continues to be below the final target. DCF reports that there has been follow up with leadership in the Area and Local Offices to emphasize the value and importance of the ILA and to identify barriers and concrete actions steps to improve completion rates.

Services to Older Youth

Quantitative or Qualitative Measure	54. <u>Services to Older Youth</u> : 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.
Final Target	By December 31, 2011, 90% of youth are receiving acceptable services as measured by the QR.

**Figure 63: Youth Cases Rated Acceptable for Services to Older Youth
(January – December 2014)
(n=39)**



Source: DCF, QR results

Performance as of December 31, 2014:

Performance data for this measure were collected through QR reviews conducted between January and December 2014 of 39 cases of youth ages 18 to 21. In rating these cases, reviewers utilize the standard QR protocol and a list of additional considerations to enhance the protocol to examine additional needs such as planning and supports for youth who identify as LGBTQI, are victims of domestic violence, are expectant or parenting or are developmentally disabled. By agreement between the Monitor and DCF, cases were considered acceptable for this measure if the QR ratings were within the acceptable range (4-6) for both the overall Child/(Youth) and Family Indicator and Practice Performance Indicator.

Of the 39 cases review, 23 (59%) cases were rated acceptable on both the Child/(Youth) and Family Indicator and Practice Performance Indicator. Looking at each indicator separately, 34 (87%) cases rated acceptable on overall Child (Youth)/Family Status and 24 (62%) cases rated acceptable on Practice Performance.

Below are child and family status and system/practice performance indicators where 80 percent or more of cases reviewed rated acceptable:

- Safety of youth in their home setting (100%),
- Safety of youth in other settings (97%),
- Stability in school (86%),
- Living arrangement (85%),
- Physical health of the youth (90%),
- Emotional well-being (85%),
- Learning and development (85%),
- Engagement with resource caregiver (80%),
- Assessment of resource caregiver (93%),
- Provision of health care services (92%)
- Resource availability (87%)

Less than 70 percent of cases reviewed were rated as acceptable for the following QR indicators:

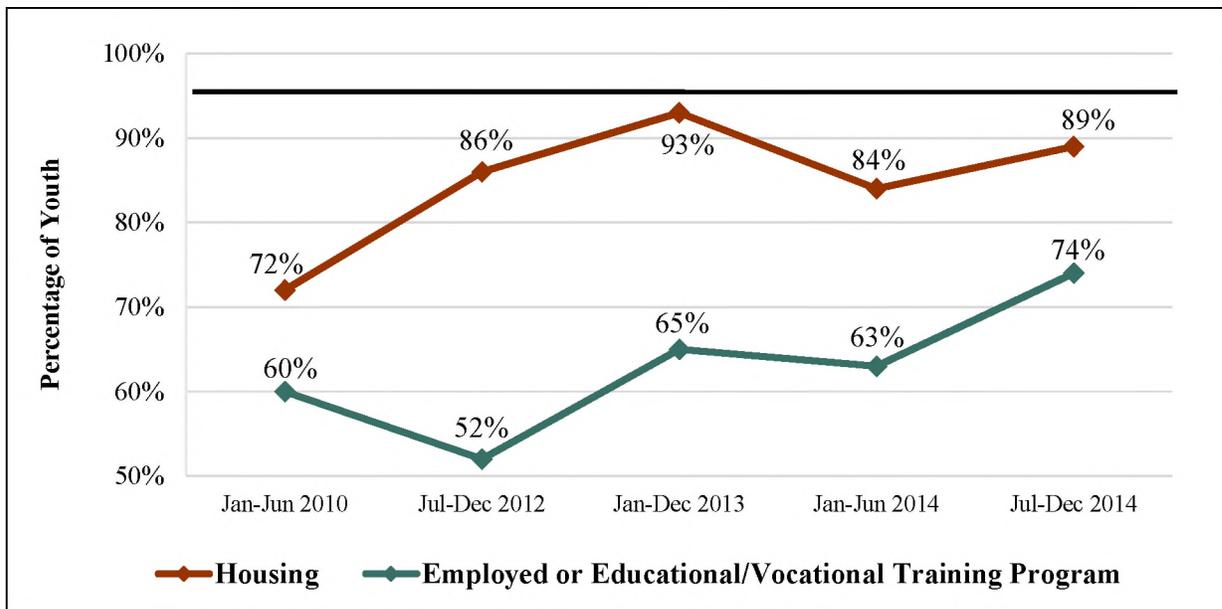
- Progress toward permanency (69%),
- Family teamwork – formation (59%),
- Family teamwork – functioning (44%),
- Case planning process (54%),
- Plan implementation (64%),
- Long term view (69%)
- Transitions and life adjustments (69%)

Based upon the findings from the reviews and data discussed above, DCF has developed recommendations related to reinforcing use of the newly revised transition plan, *Transitional Plan for YOUTH Success*; emphasizing the importance of assessment through the Casey Life Skills Assessment; strengthening the practice of teaming with young adults through supervision, case conferencing and coaching; continuing to develop and refine the service array to ensure youth receive necessary supports, adequate programming and resources that are accessible and appropriate to meet their needs; and strengthening practice to ensure that legal and relational permanency remains an integral focus of practice through the youth's case.

Youth Exiting Care

Quantitative or Qualitative Measure	55. <u>Youth Exiting Care</u> : Youth exiting care without achieving permanency shall have housing and be employed or in training or an educational program.
Final Target	By December 31, 2011, 95% of youth exiting care without achieving permanency shall have housing and be employed or in training or an educational program.

Figure 64: Youth Exiting Care with Housing and Employed or Enrolled in Educational or Vocational Training Program (January 2010 – December 2014)



Source: Data from DCF and CSSP Case Record Reviews

Performance as of December 31, 2014:

The Monitor and DCF conducted a case record review of the 87 youth who exited care without achieving permanency between July and December 2014 and found that 77 (89%) of these youth had documentation of a housing plan upon exiting CP&P care and 56 (74%) of applicable¹⁵⁹ youth were either employed or enrolled in education or vocational training programs. Thirteen of the cases reviewed indicated that the youth was both enrolled in an education or vocational training program and employed.

¹⁵⁹ Eleven youth were not applicable for one or more of the following reasons: youth was incarcerated, youth declined or not interested in employment or educational/vocational program, youth in the process of enrolling, youth was employed or enrolled in school prior to moving out-of-state when case closed or youth had mental impairment which prevented employment or educational/vocational program.

Current performance is improved over the previous period, with a notable increase in the percentage of youth who have found employment or are continuing their educational goals after their involvement with CP&P.

XIII. SUPPORTING A HIGH QUALITY WORKFORCE: CASELOADS AND TRAINING

DCF continues to meet average office caseload standards for Permanency workers but has not met office caseload standards for Intake and Adoption workers during this monitoring period. Additionally, DCF continues to meet individual caseload standards for Permanency and IAIU workers but has not met individual caseload standards for Adoption and Intake workers.

A. Caseloads

Caseload compliance is measured by individual caseworker caseloads in each of the functional areas (Intake, Permanency, Adoption and IAIU) as well as office standards for CP&P Local Offices. Office-wide average caseloads are to comply with the applicable functional area caseload standards in 95 percent of all CP&P Local Offices and at least 95 percent of workers in each of the functional areas are to have individual caseloads meeting the designated standard (MSA Section III.B.1). Table 30 summarizes the caseload standards for individual workers.

Table 30: CP&P Individual Caseload Standards

Caseworker Function	Responsibility	Individual Caseload Standard (MSA Sections II.E and III.B.1)
Intake	Respond to community concerns regarding child safety and well-being. Specifically, receive referrals from the State Central Registry (SCR) and depending on the nature of the referral, respond between two hours and five days with a visit to the home and begin investigation or assessment. Complete investigation or assessment within 60 days.	Intake workers are to have no more than 12 open families at any one time and no more than eight new referrals assigned in a month.
Institutional Abuse Investigations Unit (IAIU)	Respond to allegations of child abuse and neglect in settings including correctional facilities, detention facilities, treatment facilities, schools (public or private), residential schools, shelters, hospitals, camps or child care centers that are required to be licensed, resource family homes and registered family day care homes.	IAIU staff workers are to have no more than 12 open cases at any one time and no more than eight new referrals assigned in a month.
Permanency	Provide services to families whose children remain at home under the protective supervision of CP&P and those families whose children are removed from home due to safety concerns.	Permanency workers are to serve no more than 15 families and 10 children in out-of-home care at any one time.
Adoption	Find permanent homes for children who cannot safely return to their parents by preparing children for adoption, developing adoptive resources and performing the work needed to finalize adoptions.	Adoption workers are to serve no more than 15 children at any one time.

Source: DCF

Interview Procedure to Verify Worker Caseloads

DCF caseload data are collected and analyzed through NJ SPIRIT; the Monitor verified caseload data supplied by DCF by conducting telephone interviews with randomly selected workers across the state. One-hundred seventy workers were selected from those active in December 2014. All of the 46 CP&P Local Offices were represented in the sample. The interviews were conducted throughout the months of January and February 2015. All 170 workers were called and information was collected from 120 workers (75% of the eligible sample) located in all 46 Local Offices.¹⁶⁰

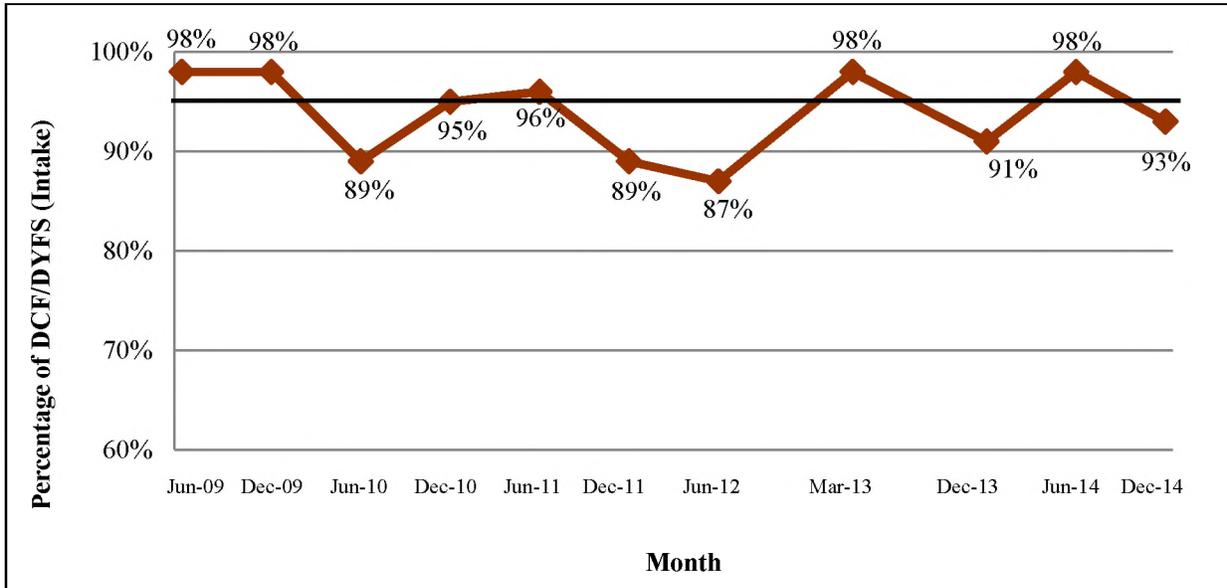
During the interviews, the Monitor asked each caseworker whether their caseloads met caseload standards between July and December 2014 and responses were compared to the caseload information the state supplied for the same period from NJ SPIRIT. Workers were also asked to report their specific caseload size for the month of December 2014. The Monitor is satisfied that sufficient information was gathered to verify the accuracy of the state's caseload reporting and that, in general, NJ SPIRIT accurately reflects worker caseloads.

CP&P has met the standard for average office caseloads for Permanency but has not met office caseload standards for Intake and Adoption workers. During this monitoring period, there was a significant decline in performance for Adoption office caseload.

Figures 65 through 67 summarize Period XVI performance on meeting Local Office average caseload standards. The following discussion describes the state's performance in meeting the office caseload standards and the individual caseload standards.

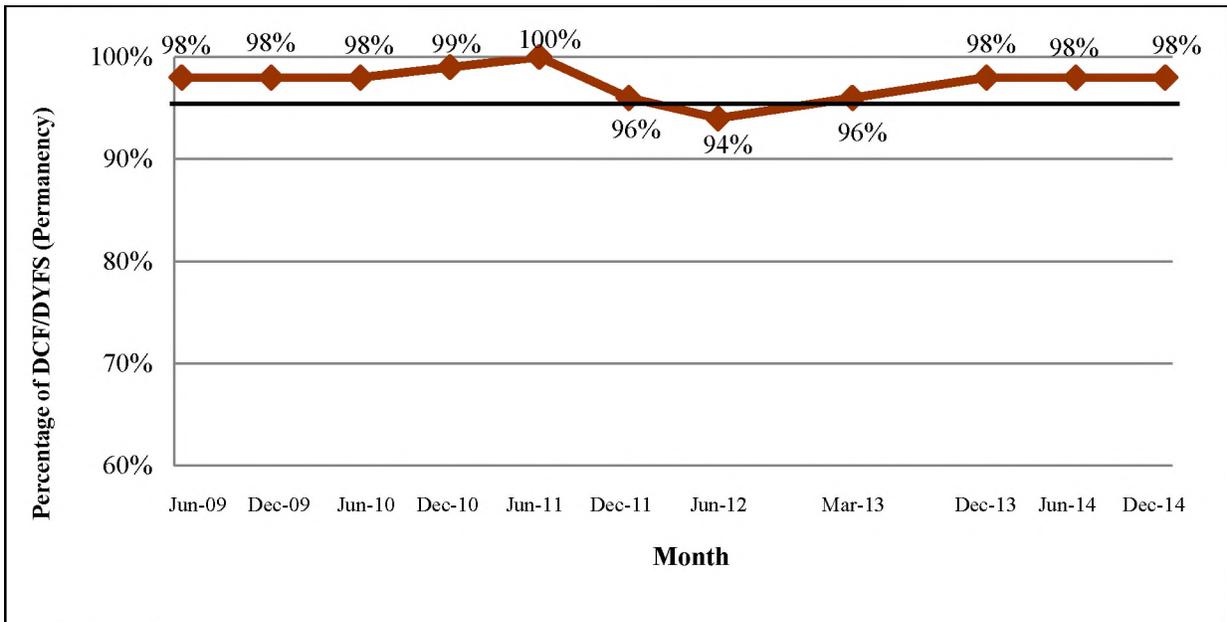
¹⁶⁰ Seven workers were on extended leave during the period of the calls and were removed from the sample. One caseworker who declined to participate and another caseworker newly assigned to her position for less than half of the monitoring period were also removed from the sample. The Monitor made at least three attempts to contact each caseworker.

Figure 65: Percentage of CP&P Local Offices Meeting Average Caseload Standards for Intake Workers (June 2009 – December 2014)



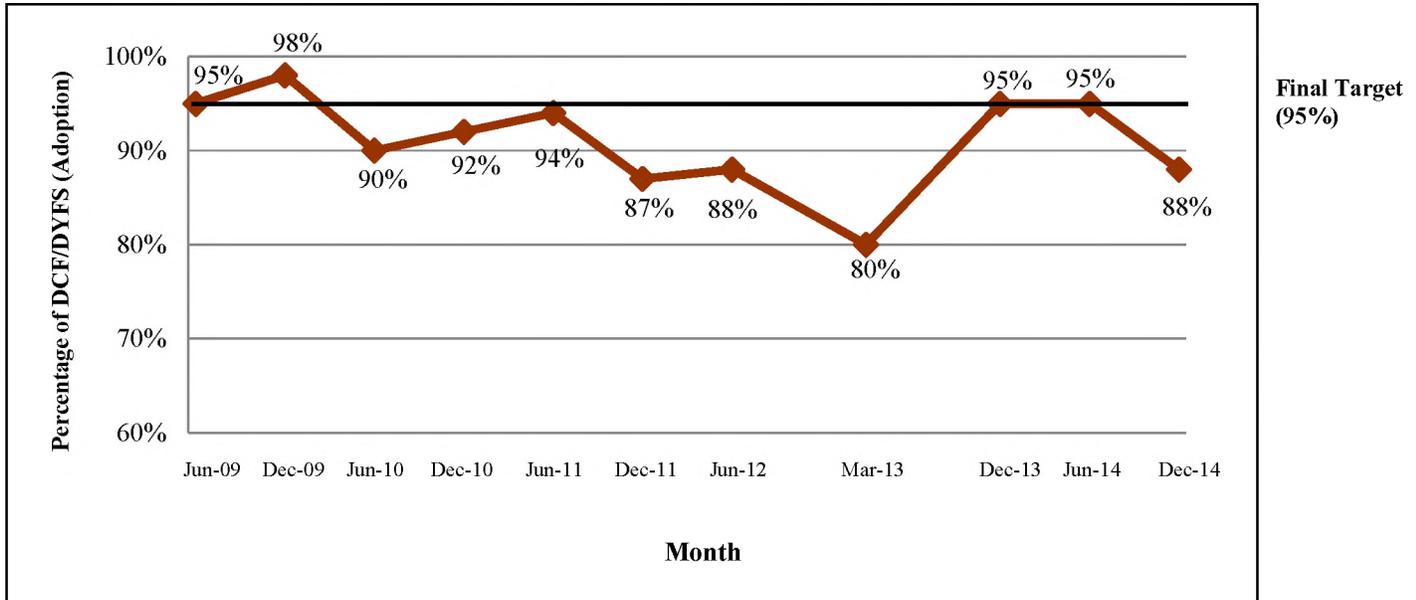
Source: DCF data

Figure 66: Percentage of CP&P Local Offices Meeting Average Caseload Standards for Permanency Workers (June 2009 – December 2014)



Source: DCF data

Figure 67: Percentage of CP&P Local Offices Meeting Average Caseload Standards for Adoption Workers (June 2009 – December 2014)



Source: DCF data

Intake

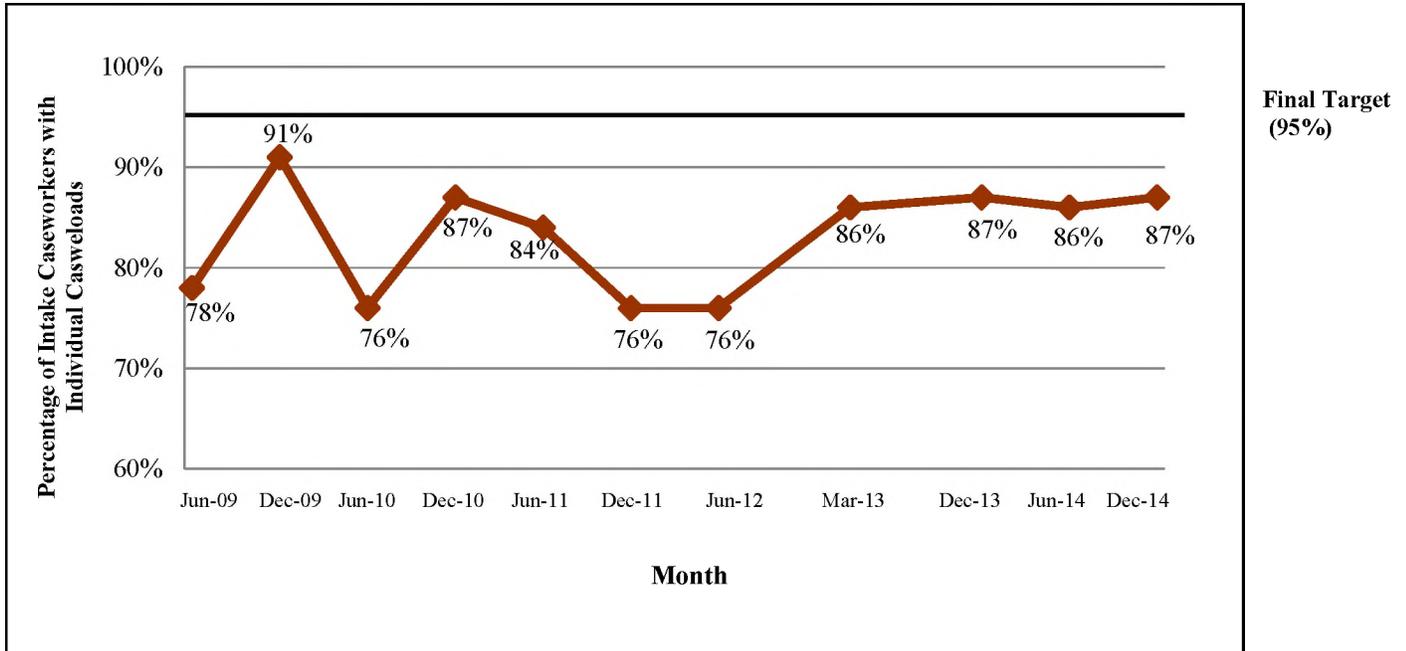
The individual worker caseload standard for Intake workers of no more than 12 open cases at any one time and no more than eight new referrals assigned a month was not met as of December 31, 2014. The state reported an average of 930 active Intake workers between July and December 2014. Among those active Intake workers, an average of 813 (87%) workers had caseloads that met the caseload requirements. Specifically in December 2014, individual worker caseload compliance for Intake workers was 83 percent (776 out of 933 total workers). For the 157 Intake workers who did not meet caseload requirements in December 2014, the highest number of new intakes during the month for any worker was 11 and the highest number of open cases for any worker in the month was 29 families.

Data by Local Office show that during December 2014, performance ranged between seven percent and 100 percent, with 21 of 46 (46%) Local Offices having all Intake workers with caseloads in compliance (see Appendix C-1).

Among the 120 workers who participated in the phone interview for caseload verification, 71 were Intake workers. Twelve (17%) of the 71 Intake workers reported going over the caseload limits for new assignments at some point between July and December 2014. Thirty-seven (52%) Intake workers reported having more than 12 total families on their caseload at some point between July and December 2014.

DCF deploys Impact Teams (consisting of a supervisor and three workers) to a unit or an office throughout the state where intakes are unusually high in order to assist in maintaining caseload standards by taking any overflow of investigations. There are ten Impact Teams, one per Area Office.

Figure 68: Percentage of Intake Workers with Individual Caseloads at or Below the Applicable Individual Caseload Standards (June 2009 – December 2014)*



Source: DCF data

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

Workers Report “Shared” Cases as a Common Occurrence

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

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

DCF reports that Intake supervisors in CP&P Local Offices are expected to appropriately manage the workload of staff in their units and consider an Intake worker’s primary and secondary responsibilities when assigning new referrals. Table 31 provides the reported number of secondary assignments to Intake workers by month for this monitoring period.

Table 31: Number of CP&P Investigations and Secondary Intake Assignments by Month (July – December 2014)

Month	Total Investigations for the Month	Secondary Intake Worker Assignments of CPS and CWS Investigations*	
July	5,035	985	20%
August	4,383	824	19%
September	5,802	1,044	18%
October	6,543	1,214	19%
November	5,162	952	18%
December	5,617	1,003	18%

Source: DCF NJ SPIRIT Data

*Total excludes intakes assigned to Impact workers and includes intakes assigned to workers on leave

The Monitor reviewed monthly Local Office data on secondary assignments and found that the average number of secondary assignments per Intake worker over the monitoring period is one. The Monitor also found that an average of 30 percent of Intake workers received two or more secondary case assignments each month during the monitoring period. Specifically, in the month of December 2014, 291 (31%) Intake workers received two or more secondary assignments.

During phone interviews with caseworkers, the Monitor inquired about the prevalence of secondary assignments and their impact on a worker’s workload. Intake workers were asked how prevalent secondary assignments are, what effect these assignments have on their workload and how they are measured. Of the 71 Intake workers interviewed, 65 (92%) reported receiving an assignment to investigate a new report on an open permanency case as a secondary worker at least once in the six month period between July and December 2014 and 39 (60%) reported receiving at least one secondary assignment per month. Sixty of the 65 (92%) Intake workers confirmed that their supervisor appropriately counts secondary assignments toward their eight new referrals for the month. Thirty-eight of the 65 (58%) Intake workers interviewed responded that in their opinion, the workload for an investigation on an open Permanency case in which they are designated as secondary worker is equivalent to, or sometimes more than, the workload for an initial investigation. Workers explained that although Permanency workers may have completed collateral contacts or are able to provide information about the family’s circumstances, every investigation must be approached in the same manner regardless of primary or secondary status.

In April 2014, DCF began implementing a policy¹⁶¹ which helped to clarify the division of labor for secondary assignments between Intake and Permanency workers. Both Intake and Permanency workers were asked during phone interviews if they received clear policy guidance on their role and on the division of labor for these shared cases. Of the 65 Intake workers who reported receiving an assignment to investigate a new report on an open permanency case as a

¹⁶¹ CP&P Policy Manual (4-4-2014). Child Protection and Permanency Manual, II C Case Management, 400.

secondary worker, 49 (75%) report receipt of clear policy guidance and 38 (58%) found the division of labor to be clear. Eleven (65%) of the 17 Permanency workers interviewed who reported assignment on cases where there were new allegations of abuse or neglect, reported receipt of clear policy guidance and 14 (82%) found the division of responsibilities to be clear. The most frequently cited reason by both Intake and Permanency workers for the lack of clarity in the division of responsibilities was the inconsistent enforcement of the policy, which workers reported to vary by supervisor.

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

The Monitor remains concerned about the additional workload of these shared cases particularly given that reported Intake caseloads continue to remain above acceptable levels. The Monitor will continue to track incidences of secondary assignments to Intake workers and advocate that DCF consider increasing Intake staff in some offices to account for the impact of these shared cases on an Intake worker's workload.

Assignment of Investigations to Non-Caseload Carrying Staff

Table 32: Percentage of CP&P Investigations Assigned to Non-Caseload Carrying Staff by Month (July – December 2014)¹⁶²

Month	Total Investigations for the Month	Total Investigations Assigned to Non-Caseload Carrying Staff and Percentage of Investigation Assignments to Non-Caseload Carrying Staff	
July	5,140	97	2%
August	4,453	67	2%
September	5,909	101	2%
October	6,690	145	2%
November	5,253	91	2%
December	5,726	100	2%

Source: DCF NJ SPIRIT Data

On occasion, in order to handle the flow of referrals for investigation, trained non-caseload carrying staff are assigned to an investigation. DCF reports that their policy requires completion of First Responder training for all staff prior to intake assignment and that non-caseload carrying staff who are assigned investigations have been trained and receive supervision by the Intake supervisor as they carry out these investigations. The Monitor’s review of DCF data found that two percent of investigations were assigned to non-caseload carrying staff between the months of July through December 2014.

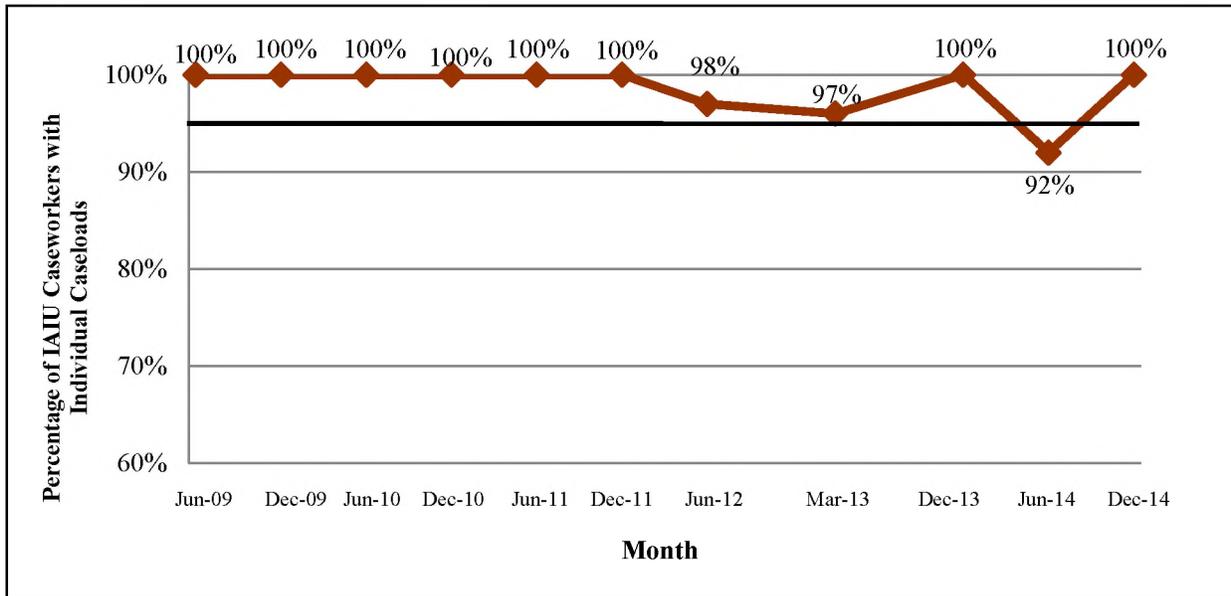
As part of the phone interviews discussed earlier in this section, Intake workers were asked if there were scenarios in their office in which non-caseload carrying staff could be assigned an investigation. Fifteen of the 71 workers (21%) reported that there are scenarios in which this practice takes place. Respondents stated that non-caseload carrying staff with prior investigative experience can be assigned cases when all Intake workers in a Local Office reach their assignment limit for the month. This was the most common scenario described. The most frequently identified job titles for the non-caseload carrying staff who are assigned investigations are Litigation Specialist and Resource Development Specialist.

¹⁶² Data are provided for investigations assigned within five days of intake receipt date and does not reflect additional assignments to an investigation after those first five days. DCF conducted a review of assignments to non-caseload carrying staff in NJ SPIRIT and found that some investigations had been re-assigned to caseload carrying workers after the initial five days. As a result, there is potential for the percentage of investigations assigned to non-caseload carrying staff to be lower than one percent.

Institutional Abuse Investigation Unit (IAIU)

As of December 31, 2014 the individual worker caseload standard for IAIU investigators of no more than 12 open cases at any one time and no more than eight new referrals assigned in a month was met.

Figure 69: Percentage of IAIU Workers with Individual Caseloads at or Below the Applicable Individual Caseload Standards (June 2009 – December 2014)



Source: DCF data

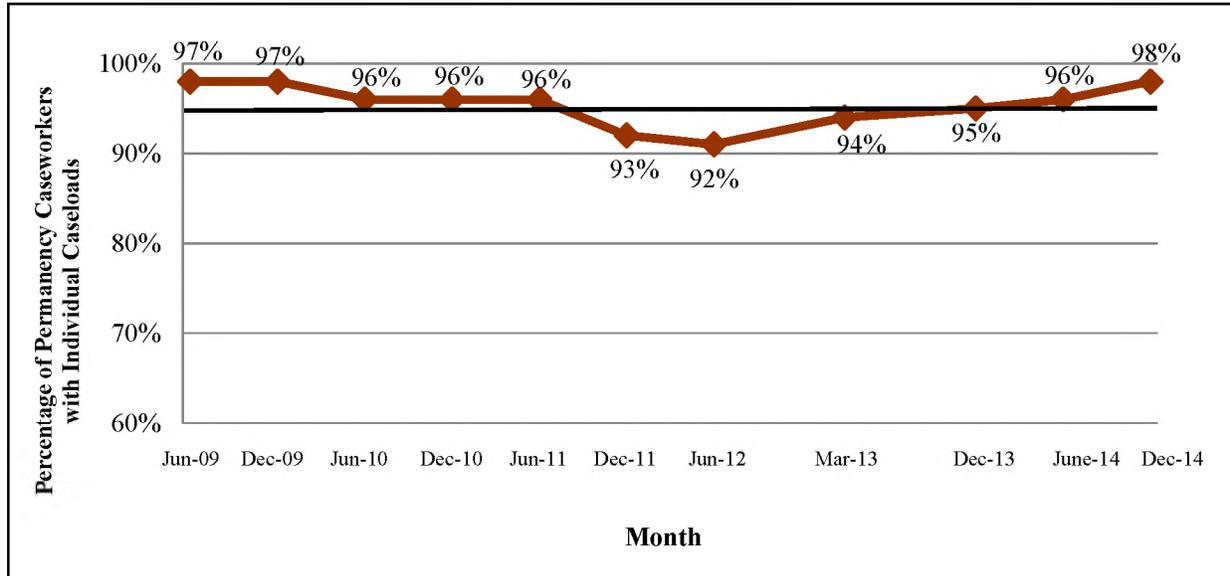
Permanency

The individual worker caseload standard for Permanency workers of no more than 15 families and ten children in out-of-home care was met as of December 31, 2014. The state reported an average of 1,161 active Permanency workers between July and December 2014. Of the active Permanency workers, an average of 1,137 (98%) workers had caseloads that met the requirement. Specifically in December 2014, individual worker caseload compliance for Permanency workers was 99 percent. For the 16 Permanency workers who did not meet caseload requirements in December 2014, the highest individual caseload was 22 families and the highest number of children in placement was 13.

Among the 120 workers who participated in phone interviews conducted by the Monitor for caseload verification, 29 were Permanency workers. Two (7%) of the 29 Permanency workers interviewed reported having exceeded the caseload standard of no more than 15 families in any month at least once between July and December 2014. None of the 29 Permanency workers

interviewed reported having exceeded the caseload standard of no more than ten children in out-of-home care in any month between July and December 2014.

Figure 70: Percentage of Permanency Caseworkers with Individual Caseloads at or Below the Applicable Individual Caseload Standards (June 2009 – December 2014)*



Final Target (95%)

Source: DCF data

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

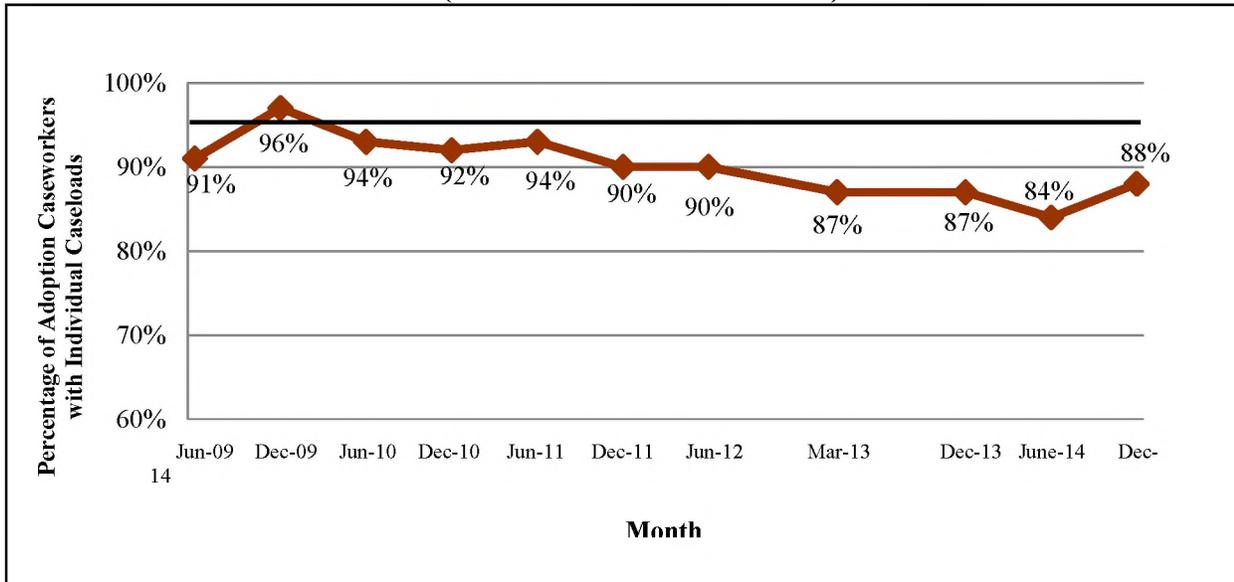
Adoption

The individual worker caseload standard for Adoption workers of no more than 15 children was not met as of December 31, 2014. The state reported an average of 215 active Adoption workers between July and December 2014. Of the active Adoption workers, an average of 189 (88%) workers had caseloads that met the requirement during the monitoring period. Specifically in December 2014, individual worker caseload compliance for Adoption workers was at 92 percent. For the 18 Adoption workers who did not meet caseload requirements in December 2014, the highest caseload was 22 children.

Data by Local Office indicate that during December 2014, performance ranged between 25 and 100 percent among offices and 33 of 41 (80%) Local Offices met the standard for this measure (see Appendix C-2).

Among the 120 workers who participated in the phone interviews conducted by the Monitor for caseload verification, 14 were Adoption workers. One (7%) of the 14 workers interviewed reported going over caseload standards at least once between July and December 2014.

Figure 71: Percentage of Adoption Workers with Individual Caseloads at or Below the Applicable Individual Caseload Standards (June 2009 – December 2014)*



Final Target (95%)

Source: DCF data

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

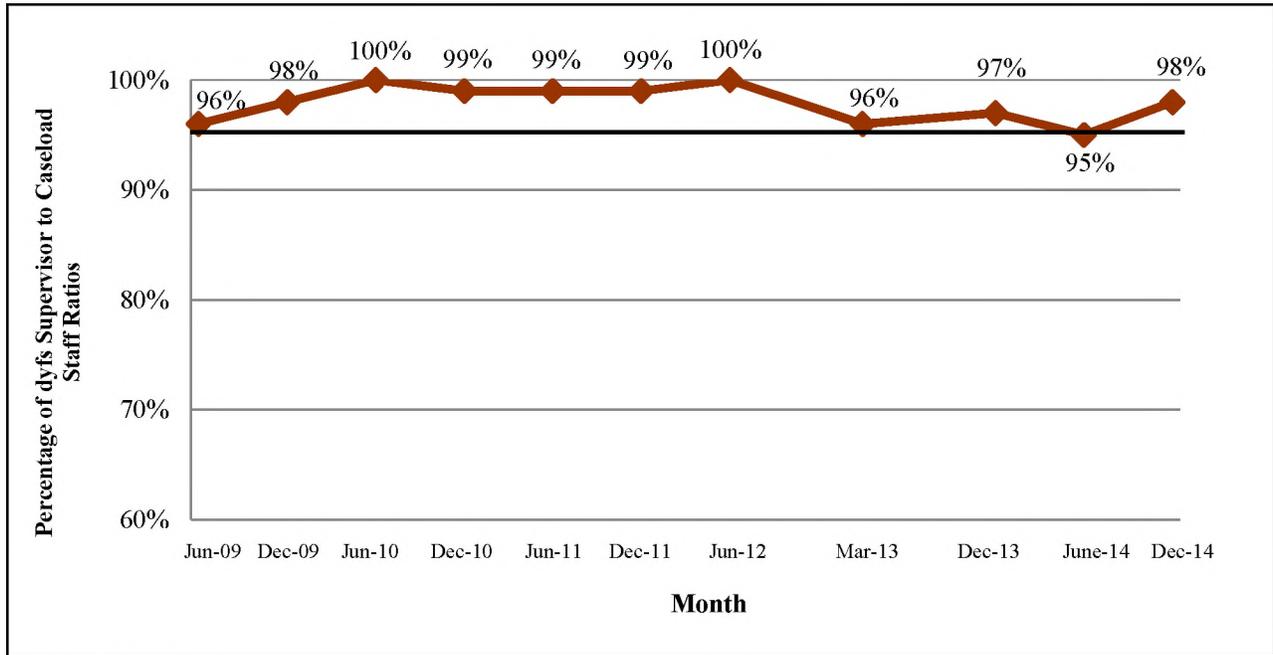
The standard for the ratio of supervisors to workers was met for the period ending December 31, 2014.

Supervision holds a critical role in child welfare; therefore, the MSA established a standard for supervisory ratios that 95 percent of all offices should have sufficient supervisory staff to maintain a ratio of five workers to one supervisor (Section II.E.20).

As shown in Figure 72, DCF reports that between July and December 2014, 98 percent of CP&P Local Offices had sufficient supervisors to have ratios of five workers to one supervisor.

The Monitor verified the state’s reported information about supervisor/worker ratios by asking all 120 workers who participated in the phone interviews about the size of their units for the month of December 2014; 113 (94%) workers reported being in units of five or fewer workers with a supervisor.

**Figure 72: Percentage of Compliant CP&P Supervisor to Caseload Staff Ratios
(June 2009 – December 2014)***



**Final Target
(95%)**

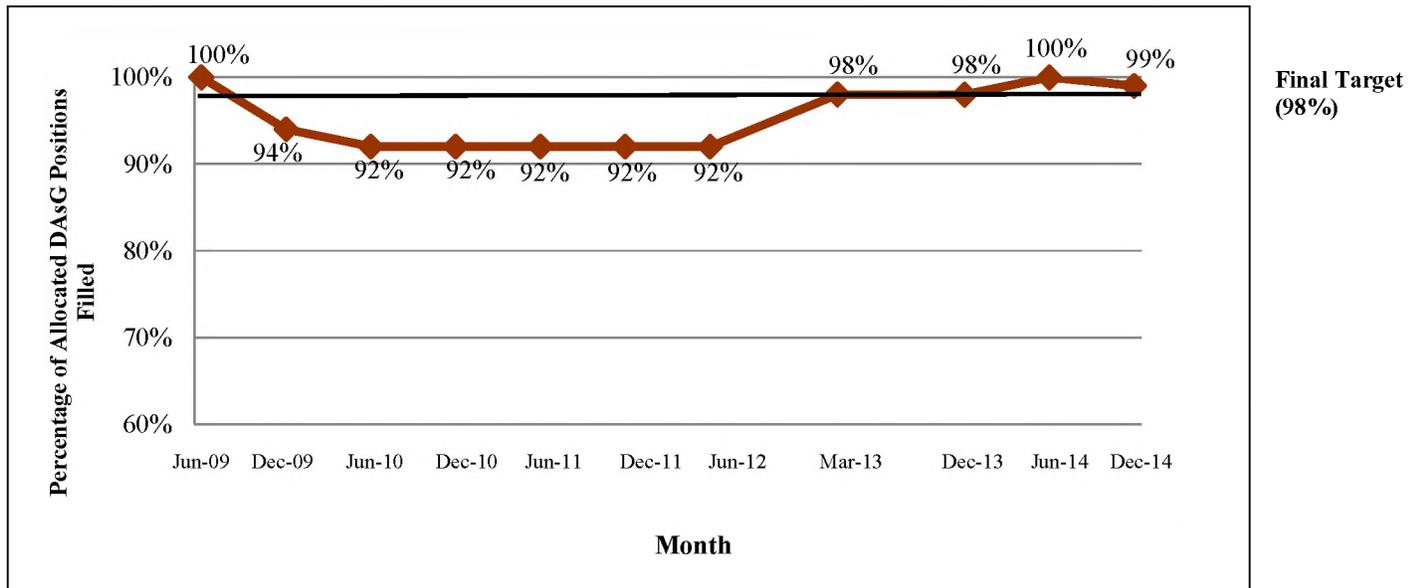
Source: DCF data

*The performance percentage shown on the last month of each monitoring period (June and December) is the average of the prior six month's performance in meeting supervisor to caseload staff ratios during that six month monitoring period. The performance percentage shown for March and December 2013 is the average of the prior nine month's performance in meeting supervisor to caseload staff ratios.

Adequacy of DAsG Staffing

Quantitative or Qualitative Measure	22. <u>Adequacy of DAsG Staffing</u> : Staffing levels at the DAsG office.
Final Target	98% of allocated positions filled plus assessment of adequacy of FTE's to accomplish tasks by June 30, 2012.

**Figure 73: Percentage of Allocated DAsG Positions Filled
(June 2009 – December 2014)**



Source: DCF data

Performance as of December 31, 2014:

As of December 31, 2014, all 132 (100%) Deputy Attorneys General (DAsG) staff positions assigned to work with DCF were filled. Of those, one DAsG is on full-time leave. Thus, there are a total of 131 (99%) available DAsG. DCF reports that in addition to these positions, they have assigned one full-time law assistant to their Practice Group as well as 5.95 DAsG outside of the DCF Practice Group who dedicate their time to DCF matters. The state continues to meet the target for this measure.

B. Training

DCF has been consistently training staff since 2006 and, together with the New Jersey Child Welfare Training Partnership,¹⁶³ has developed a solid infrastructure to maintain training. Between July and December 2014 DCF fulfilled all of its training obligations required by the MSA, as shown in Table 33.¹⁶⁴

¹⁶³ The New Jersey Child Welfare Training Partnership is a consortium of three New Jersey colleges and universities (Rutgers School of Social Work, Montclair State University Center for Child Advocacy and the Richard Stockton College of New Jersey) that DCF contracts with to provide In-service training to CP&P staff.

¹⁶⁴ In any monitoring period there is not an exact correlation between number of staff trained and number of staff hired because of different points of entry, as reflected, for example, in the number of staff hired in the previous monitoring period that were trained in this monitoring period, and the number of staff hired in this monitoring period that will be trained in the next monitoring period.

**Table 33: Number of DCF Staff Trained
(January 1, 2011 – December 31, 2014)¹⁶⁵**

Training	Settlement Commitment Description	# of Staff Trained in 1 st 6 months 2011		# of Staff Trained in 2 nd 6 months 2011	# of Staff Trained in 1 st 6 months 2012	# of Staff Trained (July 1, 2012 – March 31, 2013)	# of Staff Trained (April 1, 2013 – Dec. 31, 2103)	# of Staff Trained in 1 st 6 months 2014	# of Staff Trained in 2 nd 6 months 2014
Pre-service	Ongoing: New workers 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.	141		94	192	191	162	85	141
In-service Training	Ongoing: Staff shall have taken a minimum of 40 annual hours of In-service training	2,928			2,893		2,931	2,781	
Concurrent Planning	Ongoing: Training on concurrent planning; may be part of 20 hours In-service training by December 2007.	107 out of 107 (100%)	112 out of 112 (100%)	109	101	206	174	89	57
Investigations & Intake: New Staff	Ongoing: New staff conducting intake or investigations shall have investigations training and pass competency exams before assuming cases.	227 out of 227 (100%)	98 out of 98 (100%)	159	236	230*	304*	135	146
Supervisory: New Supervisors	As of December 2006 and ongoing, newly promoted supervisors to complete 40 hours of supervisory training; pass competency exams within three months of assuming position.	18	21	17	33	53	11	35	42
New Adoption Worker	As of December 2006 and ongoing, Adoption training for Adoption workers.	20	30	35	18	52	50	43	28

Source: DCF data

* Number of staff that completed one or more module of the revised First Responders training.

¹⁶⁵ Data on training from prior to 2011 can be found in previous monitoring reports.

Pre-service Training

One hundred and twenty-four caseload carrying staff (Family Service Specialist Trainees and Family Service Specialists) were hired between July and December 2014. CP&P trained 141 workers during this monitoring period, 69 of whom were hired in the previous monitoring period. Four of the 141 workers were trained through the Baccalaureate Child Welfare Education Program (BCWEP).¹⁶⁶ Fifty-two trainees currently are enrolled in pre-service training.

The Monitor verified that the state complied with the MSA (Section II.B.1.b) regarding Pre-service training for workers.

Case Practice Model Training

DCF continues to train its workforce on the Case Practice Model (CPM), which represents the fundamental change in practice in New Jersey. At this stage in the implementation of the CPM, the only staff who receive CPM training are staff who did not receive CPM training at an earlier date because they were not yet on staff, were on leave when the training was conducted, or not yet appointed as supervisors in the case of Module 6.¹⁶⁷

As reflected in Table 34, between July and December 2014, the New Jersey Office of Training and Professional Development (Training Academy) trained 106 staff on Module 1 of the CPM. The Training Academy also trained 104 staff on Module 2. These are the first two training modules in the six part series.

Modules 3 through 6 of the series take place on site in CP&P Local Offices and are conducted by the New Jersey Child Welfare Training Partnership. Between July and December 2014, 102 staff were trained in Module 3, 29 were trained in Module 4 and 19 were trained in Module 5.

¹⁶⁶ BCWEP is a consortium of seven New Jersey colleges (Rutgers University, Seton Hall University, Stockton College, Georgian Court University, Monmouth University, Kean University and Ramapo College) that enables students to earn a Bachelor of Social Work (BSW) degree. The Monitor previously determined that this course of study together with Worker Readiness Training designed by the DCF Child Welfare Training Academy satisfies the MSA requirements. All BCWEP students are required to pass the same competency exams that non-BCWEP students take before they are permitted to carry a caseload.

¹⁶⁷ No training was conducted for supervisors on Module 6 during this monitoring period.

**Table 34: Number of DCF Staff Trained on Case Practice Model Modules
(January 1, 2011 – December 31, 2014)¹⁶⁸**

Training	Settlement Commitment Description	# Staff Trained in 1 st 6 months 2011	# Staff Trained 2 nd 6 months 2011	# Staff Trained in 1 st 6 months 2012	# Staff Trained (July 1, 2012 – March 31, 2013)	# Staff Trained (April 1, 2013 – Dec. 31, 2013)	# Staff Trained in 1 st 6 months of 2014	# Staff Trained in 2 nd 6 months of 2014
Module 1 – Developing Trusting Relationships with Children and Families	As of December 2008 and ongoing, case carrying staff, supervisors and case aides that had not been trained on the new case practice model shall receive this training.	132	103	147	252	225	81	106
Module 2 – Making Visits Matter	As of December 2008 and ongoing, case carrying staff, supervisors and case aides that had not been trained on the new case practice model shall receive this training.	131	99	107	228	215	99	104
Module 3 – Teaming with Families	As of December 2008 and ongoing, case carrying staff, supervisors and case aides that had not been trained on the new case practice model shall receive this training.	669	391	142	157	256	93	102
Module 4 – Assessment	As of December 2008 and ongoing, case carrying staff, supervisors and case aides that had not been trained on the new case practice model shall receive this training.	539	551	200	166	200	59	29
Module 5 – Planning and Intervention	As of December 2008 and ongoing, case carrying staff, supervisors and case aides that had not been trained on the new case practice model shall receive this training.	437	797	349	122	196	47	19
Module 6 - Supervising Case Practice in NJ	As of December 2008 and ongoing, case carrying staff, supervisors and case aides that had not been trained on the new case practice model shall receive this training.	57	154	82	0	7	16	0

Source: DCF data

¹⁶⁸ Data on training from prior to 2011 can be found in previous monitoring reports.

Concurrent Planning Training

Rutgers School of Social Work continues to provide concurrent planning training to all staff who complete Pre-service training or to staff who recently became case carrying staff and are in need of concurrent planning training. Concurrent planning is the practice of simultaneously planning for more than one permanency outcome for a child in care. DCF incorporates concurrent planning approaches into FTMs and other family conferences.

As reflected in Table 33, between July and December 2014, all 57 (100%) new CP&P workers were trained in concurrent planning and passed competency exams.

The Monitor verified that the state complied with the MSA (Section II.B.2.d) regarding concurrent planning.

Investigation (or First Responder) Training

In September 2013, First Responders training was expanded into three separate modules covering six days of training. Between July and December 2014 a total of 146 staff completed one or more modules of the revised First Responders training.

The Monitor verified that the state complied with the MSA (Section II.B.3.a) regarding First Responder training.

Supervisory Training

As reflected in Table 34, 13 supervisors appointed in the monitoring period and 29 supervisors from the previous monitoring period were trained between July and December 2014. Eight additional newly appointed supervisors were scheduled to complete training in March 2015.

The Monitor verified that the state complied with the MSA (Section II.B.4.b) regarding supervisory training.

New Adoption Worker Training

Twenty-eight newly appointed Adoption workers were trained between July and December 2014.

The Monitor verified that the state complied with the MSA (Section II.G.9) regarding new Adoption worker training.

In-service Training

Beginning in January 2008, the MSA required all case carrying workers and supervisors to take a minimum of 40 hours of annual In-service training and pass competency exams (MSA Section II.B.2.c). Between January 1 and December 31, 2014, 2,781 staff completed 40 or more hours of In-service training.

The Monitor verified that the state complied with the MSA (Section II.B.2.c) regarding In-service worker training.

IAIU Training

Forty-seven IAIU investigators completed one or more IAIU training modules between July and December 2014.

The Monitor verified that the state complied with the MSA (Section II.I.4) regarding IAIU training.

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

QUALITATIVE REVIEW

DCF's Office of Performance Management and Accountability continues to facilitate statewide Qualitative Reviews (QRs), led by the Office of Quality. Between January and December 2014 (monitoring periods XV and XVI), DCF reviewed 180 cases from 15 counties,¹⁶⁹ reviewing six to 12 cases from each county.¹⁷⁰ The reviews focus on the status of children, the status of practice and the functioning of systems in each of the counties. For children under 18, the child's legal guardian is asked to give informed consent for participation in the QR. Trained review teams of two persons that can include DCF staff, community stakeholders and/or Monitor staff review CP&P case records and interview as many people as possible who are involved with the child and family. Following the QR in each county, areas of accomplishment and challenges for the system are identified and discussed to inform continued case practice improvement. Selected QR results are also used to report on several MSA requirements and are included in this report.

Table 35 provides the gender and age of the 180 children reviewed between January and December 2014. Almost one-third (29%) of the children were living with a parent at the time of the review; 71 percent of the children lived with a relative or non-relative resource parent.

**Table 35: Qualitative Review Gender and Age Demographics
(January – December 2014)**

Gender	#	%
Male	83	46%
Female	97	54%
Total	180	100%
Age	#	%
4 years or less	63	35%
5-9 years	38	21%
10-13 years	27	15%
14 -17 years	21	12%
18-21 years	31	17%
Total	180	100%

Source: DCF, QR Demographics January – December 2014.

Table 36 provides the racial and ethnic demographics of the 180 children reviewed.

¹⁶⁹ Qualitative Reviews were conducted in Essex, Gloucester, Hunterdon, Passaic, Middlesex, Burlington, Morris, Hudson, Mercer, Somerset, Ocean, Salem, Union, Atlantic and Bergen counties.

¹⁷⁰ Due to an incident that occurred in Camden in November 2014, DCF cancelled the December 2014 Camden QR. This cancellation reduces the number of cases reviewed during the July 1-December 31, 2014 monitoring period by 12 cases.

**Table 36: Qualitative Review Racial and Ethnic Demographics¹⁷¹
(January – December 2014)**

Race	#	%
White/Caucasian	119	50%
African American	68	28%
Hispanic	48	20%
Native Hawaiian	0	0%
American Indian	1	<.01%
Asian	4	<.01%
Unable to Determine/Unknown	0	0%
Total	240	100%*

Source: DCF, QR Demographics January – December 2014

*Percentage is less than 100 due to rounding.

DCF reports that across the state, 1,770 people were interviewed to inform the QR data for this reporting period. Those informants included CP&P and Child Health Unit staff, biological parents, others who the youth or parent identified as supportive, relative and non-relative resource parents, education providers, mental health and legal professionals, substance abuse treatment providers, and children/youth.¹⁷² Reviewers evaluated the child and family’s status and rated whether the status was acceptable or unacceptable.¹⁷³ See Table 37 for the results on each Child and Family Status indicators and overall Child Status ratings for all cases.

As shown in Table 37, the current status of children was rated as acceptable in the majority of cases in most key areas measured including safety, living arrangement, learning and development and physical health of the child, a significant achievement.

¹⁷¹ Percentages are calculated from a total of 240; some children are identified by more than one race.

¹⁷² Interviews are usually conducted individually with participants, either by phone or in person. All efforts are made to see children/youth in the setting in which they reside.

¹⁷³ Cases are considered acceptable if the QR ratings are within 4 to 6 and unacceptable if ratings are within 1 to 3.

**Table 37: Qualitative Review Child and Family Status Results
(January- December 2014)**

Child & Family Status Indicators	# Cases Applicable	# Cases Acceptable	% Acceptable
Safety at Home	180	178	99%
Safety in other Settings	180	175	97%
Stability at Home	180	141	78%
Stability in School	122	107	88%
Living Arrangement	180	172	96%
Family Functioning & Resourcefulness	177	126	71%
Progress towards Permanency	180	108	60%
Physical Health of the Child	180	172	96%
Emotional Well-Being	180	165	92%
Learning & Development, Under Age 5	62	55	89%
Learning & Development, Age 5 & older	117	106	91%
OVERALL Child & Family Status	180	162	90%

Source: DCF, QR results January – December 2014

The QR also includes an evaluation of system and practice performance on behalf of the child and family and looks for the extent to which aspects of the state’s CPM are being implemented. Table 38 represents the results for cases reviewed between January and December 2014. As with the status indicators, reviewers evaluated whether performance was acceptable or unacceptable.¹⁷⁴ The QR results identify where further work is needed to fully implement the CPM. Overall, 66 percent of cases scored acceptable on Practice/System Performance.

¹⁷⁴ Ibid.

**Table 38: Qualitative Review Practice/System Performance Results
(January – December 2014)**

Practice Performance Indicators		# Cases Applicable	# Cases Acceptable	% Acceptable
Engagement	Overall	180	119	66%
	Child/Youth	114	91	80%
	Parents	137	53	39%
	Resource Family	112	91	81%
Family Teamwork	Formation	180	94	52%
	Functioning	180	75	42%
Assessment & Understanding	Overall	180	130	72%
	Child/Youth	180	149	83%
	Parents	137	63	46%
	Resource Family	111	99	89%
Case Planning Process		180	104	58%
Plan Implementation		180	117	65%
Tracking & Adjusting		180	115	64%
Provision of Health Care Services		180	176	98%
Resource Availability		180	158	88%
Family & Community Connections	Overall	100	78	78%
	Mother	84	65	77%
	Father	66	37	56%
	Siblings	58	47	81%
Family Supports	Overall	153	125	82%
	Parents	131	85	65%
	Resource Family	105	101	96%
Long Term View		180	109	61%
Transitions & Life Adjustments		180	105	58%
OVERALL Practice/System Performance		180	119	66%

Source: DCF, QR results January – December 2014

QR scores that are clear indicators of CPM standards such as Case Planning, Family Teamwork Functioning and Services to Support Transitions, while improved, remain low. Following the QR and based on results, each county develops a plan to focus on improving practice in particular areas. The statewide QR process has become a routine part of quality improvement practice in New Jersey and QR data continue to be used to inform policy and practice changes.

NJ SPIRIT

DCF continues to work to improve data entry, data quality and data reporting through NJ SPIRIT. Additionally, DCF continues to fulfill the MSA requirement to produce agency performance reports with a set of measures approved by the Monitor and post these reports on the DCF website for public viewing (MSA II.J.6).¹⁷⁵

NJ SPIRIT functionality continued to be enhanced during this monitoring period. A new Early Intervention System Services (EIS) referral form will be available on the participant tab of the investigation window which will pre-fill data from other areas of NJ SPIRIT, reducing manual data entry. Additionally, DCF developed a new adolescent module which allows staff to create and print adolescent transitional plans in NJ SPIRIT. DCF is also adding enhancements to all narrative fields, providing staff the ability to enter and view longer passages of text. All of these improvements were implemented January 2015.

The NJ SPIRIT Help Desk continues to support workers in resolving technical issues. Between July and December 2014 the Help Desk closed 16,731 tickets requesting help or NJ SPIRIT support. The Help Desk resolved 7,696 (46%) of the 16,731 closed tickets within one work day and an additional 6,525 (39%) tickets within seven work days for a total of 85 percent resolved within seven work days.

SafeMeasures

SafeMeasures v5 continues to be used by DCF staff at all levels of the organization to help track, monitor and analyze trends in case practice in their own local areas. SafeMeasures v5 allows staff to analyze data by Area Office, county, Local Office, unit supervisor and case and also provides the staff with quantitative data they can use to identify strengths and diagnose needs to improve outcomes.

During this monitoring period, SafeMeasures v5 functionality was enhanced by the addition of two new screens. The National Youth in Transition Database (NYTD) follow-up screen allows users to track surveys completed by youth age 21 per the federal requirement. The new race/ethnicity screen allows for tracking of families with missing race/ethnicity information. DCF has seen a sustained usage of SafeMeasures by staff at all levels. SafeMeasures is also used by executive management to track and monitor targeted outcomes. DCF continues to develop new reports in SafeMeasures to help staff better manage caseloads and worker responsibilities.

¹⁷⁵ See <http://www.state.nj.us/dcf/childdata/continuous/>

XV. FISCAL YEAR 2016 BUDGET

The approved Fiscal Year (FY) 2016 state appropriation for the DCF, effective July 1, 2015, is \$1.11 billion; the total budget including federal and other dedicated funds is slightly over \$1.7 billion. This budget is higher than the FY 2015 appropriation, reflecting increases primarily to build out service areas in the DCF, as described below.

The budget includes approximately \$15.3 million of new state funding for the CSOC based on anticipated increased utilization of behavioral health services and services to support youth with developmental disabilities. The CSOC investments include \$5.4 million for care management organizations, \$4.4 million for intensive in-home behavioral assistance, \$2.7 million for out-of-home treatment services and \$2.5 million for family support services for youth with developmental disabilities.

The budget provides an additional \$3.9 million for CP&P programs primarily to accommodate projected utilization trends for independent living, out-of-home placement, family support services and subsidized adoption.

The budget also includes funding for domestic violence services and rape prevention services (\$2.2 million), and for the NJ Coalition Against Sexual Assault to continue services previously funded through supplemental federal funding (\$2.8 million). There is an increase of \$850,000 for Court-Appointed Special Advocates (CASA), bringing the total funding for CASA services to \$2 million. A Child Collaborative Mental Health Care pilot program is also funded at \$2.4 million.

DCF leaders have indicated that the FY 2016 budget provides sufficient funds to carry out the state's responsibilities for child protection; children's mental health; services to support children in their own homes and in out-of-home placement; and to achieve the MSA outcomes related to children's safety, permanency and well-being. The budget allows for 6,643 staff positions; this represents no change from FY 2015.

APPENDIX: A-1

Glossary of Acronyms Used in the Monitoring Report

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

APPENDIX: B-1
LOCAL OFFICE PERFORMANCE ON SELECTED MEASURES

Measure 7a
Initial Family Team Meeting Held within 30 days from Removal
SafeMeasures Screen "Initial Family Team Meeting Timeliness"

December 2014						
Local Office	Total	Not Held Within 30 Days	Initial FTM Declined	Initial FTM Not Held - Parent Unavailable	Held Within 30 Days	% Compliance
Atlantic East LO	13	0	1	1	11	85%
Bergen Central LO	7	0	4	0	3	43%
Bergen South LO	4	0	0	0	4	100%
Burlington East LO	8	0	2	1	5	63%
Burlington West LO	14	0	0	8	6	43%
Camden Central LO	4	0	1	1	2	50%
Camden East LO	8	2	0	4	2	25%
Camden North LO	2	1	0	0	1	50%
Camden South LO	5	2	0	1	2	40%
Cape May LO	9	3	0	3	3	33%
Cumberland East LO	4	0	0	0	4	100%
Cumberland West LO	6	0	0	0	6	100%
Essex Central LO	14	0	0	2	12	86%
Essex North LO	2	0	0	0	2	100%
Essex South LO	4	0	1	0	3	75%
Gloucester East LO	2	0	1	0	1	50%
Gloucester West LO	8	0	0	0	8	100%
Hudson Central LO	4	0	0	0	4	100%
Hudson North LO	1	0	0	0	1	100%
Hudson South LO	5	0	0	4	1	20%
Hudson West LO	3	0	0	1	2	67%
Mercer North LO	2	0	0	0	2	100%
Mercer South LO	13	0	0	0	13	100%
Middlesex Central LO	8	0	0	2	6	75%
Middlesex Coastal LO	1	0	0	0	1	100%
Middlesex West LO	8	0	0	0	8	100%
Monmouth North LO	1	0	0	0	1	100%
Monmouth South LO	10	0	0	2	8	80%
Morris East LO	6	0	2	1	3	50%
Morris West LO	4	0	2	0	2	50%
Newark Center City LO	5	0	0	3	2	40%
Newark Northeast LO	17	0	0	1	16	94%
Newark South LO	11	0	0	0	11	100%
Ocean North LO	6	0	1	2	3	50%
Ocean South LO	9	0	0	1	8	89%
Passaic Central LO	5	0	1	1	3	60%
Passaic North LO	8	0	0	4	4	50%
Salem LO	1	0	0	1	0	0%
Somerset LO	3	0	0	0	3	100%
Sussex LO	6	0	0	5	1	17%
Union Central LO	3	0	0	1	2	67%
Union East LO	5	0	2	0	3	60%
Union West LO	3	0	0	0	3	100%
Warren LO	5	0	0	0	5	100%

SafeMeasures Extract: 3/2/2015

**APPENDIX: B-2
LOCAL OFFICE PERFORMANCE ON SELECTED MEASURES**

**Measure 7b
Quarterly Family Team Meetings Held every 3 months during the Child's Time in Placement
SafeMeasures Screen "Quarterly Family Team Meeting Timeliness"**

December 2014						
Local Office	Total	Outstanding	FTM Declined	FTM Not Held - Parent Unavailable	Completed	% Compliance
Atlantic East LO	42	0	2	0	40	95%
Atlantic West LO	37	0	3	1	33	89%
Bergen Central LO	29	0	0	0	29	100%
Bergen South LO	57	0	0	1	56	98%
Burlington East LO	79	5	4	8	62	78%
Burlington West LO	47	0	0	2	45	96%
Camden Central LO	43	9	1	10	23	53%
Camden East LO	20	0	2	2	16	80%
Camden North LO	36	9	3	7	17	47%
Camden South LO	58	23	0	7	28	48%
Cape May LO	43	3	0	4	36	84%
Cumberland East LO	22	0	0	7	15	68%
Cumberland West LO	25	1	1	2	21	84%
Essex Central LO	46	0	0	6	40	87%
Essex North LO	12	0	1	3	8	67%
Essex South LO	46	3	0	5	38	83%
Gloucester East LO	39	2	0	12	25	64%
Gloucester West LO	88	2	5	30	51	58%
Hudson Central LO	52	0	0	0	52	100%
Hudson North LO	13	0	1	0	12	92%
Hudson South LO	59	0	3	16	40	68%
Hudson West LO	23	0	0	0	23	100%
Hunterdon LO	5	0	0	1	4	80%
Mercer North LO	32	2	0	0	30	94%
Mercer South LO	43	1	0	1	41	95%
Middlesex Central LO	15	0	0	1	14	93%
Middlesex Coastal LO	39	0	0	5	34	87%
Middlesex West LO	33	0	0	2	31	94%
Monmouth North LO	37	0	2	0	35	95%
Monmouth South LO	35	1	0	10	24	69%
Morris East LO	8	0	0	0	8	100%
Morris West LO	20	1	5	5	9	45%
Newark Center City LO	66	3	2	11	50	76%
Newark Northeast LO	83	1	0	7	75	90%
Newark South LO	78	0	0	4	74	95%
Ocean North LO	29	0	5	4	20	69%
Ocean South LO	69	1	2	7	59	86%
Passaic Central LO	26	1	0	4	21	81%
Passaic North LO	45	0	2	11	32	71%
Salem LO	21	0	3	7	11	52%
Somerset LO	41	4	0	3	34	83%
Sussex LO	15	0	3	1	11	73%
Union Central LO	33	0	0	1	32	97%
Union East LO	48	0	1	1	46	96%
Union West LO	21	0	0	2	19	90%
Warren LO	35	5	8	2	20	57%

SafeMeasures Extract: 1/28/2015

**APPENDIX: B-3
LOCAL OFFICE PERFORMANCE ON SELECTED MEASURES**

**Measure 17
Caseworker Visits With Children in Placement**

December 2014			
Local Office	Total # of Children in Placement (In State & Out-of-State)	# Contacts Completed in Placement	% Completed
Atlantic East LO	166	160	96%
Atlantic West LO	215	212	99%
Bergen Central LO	93	91	98%
Bergen South LO	196	195	99%
Burlington East LO	270	239	89%
Burlington West LO	161	148	92%
Camden Central LO	169	152	90%
Camden East LO	117	112	96%
Camden North LO	140	132	94%
Camden South LO	196	193	98%
Cape May LO	142	138	97%
Cumberland East LO	111	106	95%
Cumberland West LO	92	88	96%
Essex Central LO	174	171	98%
Essex North LO	50	46	92%
Essex South LO	130	118	91%
Gloucester East LO	106	99	93%
Gloucester West LO	274	263	96%
Hudson Central LO	139	137	99%
Hudson North LO	49	48	98%
Hudson South LO	227	221	97%
Hudson West LO	95	89	94%
Hunterdon LO	30	26	87%
Mercer North LO	185	173	94%
Mercer South LO	139	139	100%
Middlesex Central LO	51	51	100%
Middlesex Coastal LO	167	166	99%
Middlesex West LO	103	99	96%
Monmouth North LO	156	146	94%
Monmouth South LO	135	129	96%
Morris East LO	25	24	96%
Morris West LO	117	112	96%
Newark Center City LO	174	164	94%
Newark Northeast LO	306	296	97%
Newark South LO	199	182	91%
Ocean North LO	153	143	93%
Ocean South LO	252	250	99%
Passaic Central LO	101	91	90%
Passaic North LO	190	181	95%
Salem LO	93	91	98%
Somerset LO	123	122	99%
Sussex LO	64	57	89%
Union Central LO	80	74	93%
Union East LO	134	124	93%
Union West LO	81	70	86%
Warren LO	112	103	92%

SafeMeasures Extract: 1/28/2015

APPENDIX: B-4
LOCAL OFFICE PERFORMANCE ON SELECTED MEASURES

Measure 18
Caseworker Visits with Parent(s) - Goal of Reunification

December 2014			
Local Office	Total Children	# Completed	% Completed
Atlantic East LO	145	96	66%
Atlantic West LO	64	55	86%
Bergen Central LO	52	48	92%
Bergen South LO	97	87	90%
Burlington East LO	141	116	82%
Burlington West LO	94	83	88%
Camden Central LO	102	66	65%
Camden East LO	75	51	68%
Camden North LO	84	41	49%
Camden South LO	102	54	53%
Cape May LO	66	59	89%
Cumberland East LO	38	28	74%
Cumberland West LO	91	64	70%
Essex Central LO	93	61	66%
Essex North LO	22	13	59%
Essex South LO	76	66	87%
Gloucester East LO	112	73	65%
Gloucester West LO	141	94	67%
Hudson Central LO	71	57	80%
Hudson North LO	30	28	93%
Hudson South LO	144	102	71%
Hudson West LO	63	53	84%
Hunterdon LO	14	14	100%
Mercer North LO	71	59	83%
Mercer South LO	87	70	80%
Middlesex Central LO	26	22	85%
Middlesex Coastal LO	94	74	79%
Middlesex West LO	57	37	65%
Monmouth North LO	91	54	59%
Monmouth South LO	71	60	85%
Morris East LO	11	10	91%
Morris West LO	45	32	71%
Newark Center City LO	89	58	65%
Newark Northeast LO	152	122	80%
Newark South LO	109	60	55%
Ocean North LO	76	60	79%
Ocean South LO	114	85	75%
Passaic Central LO	48	29	60%
Passaic North LO	99	77	78%
Salem LO	45	31	69%
Somerset LO	62	46	74%
Sussex LO	29	19	66%
Union Central LO	40	18	45%
Union East LO	76	59	78%
Union West LO	44	28	64%
Warren LO	42	28	67%

SafeMeasures Extract: 1/28/2015

APPENDIX: C-1
CASEWORKER CASELOAD COMPLIANCE BY LOCAL OFFICE
Intake Caseload Compliance

Measure III.B.1.b

December 2014

Local Office	Intake		
	Total Workers	Workers In Compliance	Percent in Compliance
Atlantic East	19	9	47%
Atlantic West	14	7	50%
Bergen Central	23	23	100%
Bergen South	28	27	96%
Burlington East	21	19	90%
Burlington West	22	21	95%
Camden Central	23	16	70%
Camden East	24	24	100%
Camden North	19	8	42%
Camden South	19	12	63%
Cape May	14	14	100%
Cumberland East	11	6	55%
Cumberland West	25	25	100%
Essex Central	22	22	100%
Essex North	15	15	100%
Essex South	15	15	100%
Gloucester East	17	3	18%
Gloucester West	20	19	95%
Hudson Central	18	16	89%
Hudson North	19	19	100%
Hudson South	21	19	90%
Hudson West	17	17	100%
Hunterdon	9	9	100%
Mercer North	20	18	90%
Mercer South	20	19	95%
Middlesex Central	17	17	100%
Middlesex Coastal	21	20	95%
Middlesex West	23	20	87%
Monmouth North	24	9	38%
Monmouth South	26	16	62%
Morris East	15	14	93%
Morris West	22	20	91%
Newark Center City	20	19	95%
Newark Northeast	19	14	74%
Newark South	19	16	84%
Ocean North	32	28	88%
Ocean South	29	25	86%
Passaic Central	27	2	7%
Passaic North	29	26	90%
Salem	14	12	86%
Somerset	28	26	93%
Sussex	15	12	80%
Union Central	21	21	100%
Union East	22	22	100%
Union West	18	18	100%
Warren	17	17	100%
Total	933	776	83%
Statewide Total	2,342	2,151	92%

Intake Standard - Percentage of workers that meet the 8 new intake and 12 family standard (Standard = 95%)

Excludes On-Leave Workers.

Prepared by the Office of Research, Evaluation and Reporting – January 15, 2015

Data Extracts on January 5, 2015

APPENDIX: C-2
CASEWORKER CASELOAD COMPLIANCE BY LOCAL OFFICE
Adoption Caseload Compliance

Measure III.B.1.d

December 2014

Local Office	Adoption		
	Total Workers	Workers In Compliance	Percent in Compliance
Atlantic East			
Atlantic West	10	6	60%
Bergen Central	4	4	100%
Bergen South	9	9	100%
Burlington East	7	4	57%
Burlington West	4	1	25%
Camden Central	4	2	50%
Camden East	3	3	100%
Camden North	5	5	100%
Camden South	5	5	100%
Cape May	7	7	100%
Cumberland East	6	6	100%
Cumberland West			
Essex Central	6	6	100%
Essex North	2	2	100%
Essex South	3	3	100%
Gloucester East			
Gloucester West	9	7	78%
Hudson Central	4	4	100%
Hudson North	2	2	100%
Hudson South	6	6	100%
Hudson West	3	3	100%
Hunterdon	1	1	100%
Mercer North	8	8	100%
Mercer South	4	4	100%
Middlesex Central	3	3	100%
Middlesex Coastal	5	5	100%
Middlesex West	3	2	67%
Monmouth North	4	3	75%
Monmouth South	3	3	100%
Morris East	2	2	100%
Morris West	6	6	100%
Newark Center City	9	9	100%
Newark Northeast	10	10	100%
Newark South	8	8	100%
Ocean North	6	6	100%
Ocean South	8	6	75%
Passaic Central	3	3	100%
Passaic North	8	8	100%
Salem	4	4	100%
Somerset	4	4	100%
Sussex	4	4	100%
Union Central	2	2	100%
Union East	3	3	100%
Union West	3	3	100%
Warren	5	5	100%
Total	215	197	92%
Statewide Total1	2,342	2,151	92%

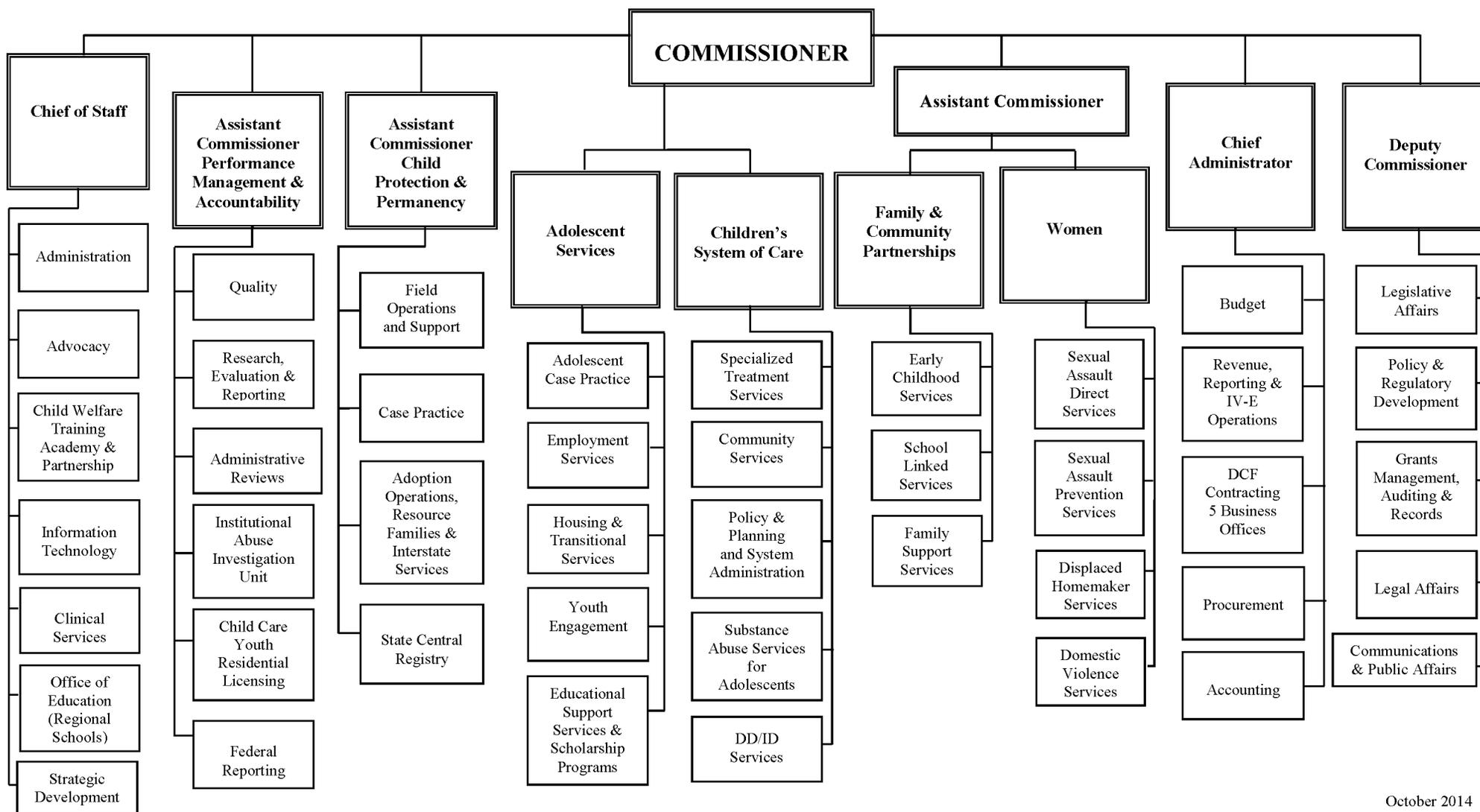
Adoption Standard - Percentage of workers that meet the 15 or fewer children standard (Standard = 95%)

Excludes On-Leave Workers.

Prepared by the Office of Research, Evaluation and Reporting – January 15, 2015

Data Extracts on January 5, 2015

**APPENDIX: D-1
DCF Organizational Chart
Department of Children and Families**



October 2014