

Legislators doubtful over DYFS reform

BY SUSAN K. LIVIO Star-Ledger Staff December 03, 2004

The starvation death of a baby five weeks after the Division of Youth and Family Services declined to investigate his family raises questions about the "practical results" of the state's \$320 million plan to reform the child welfare agency, the chairman of the Assembly Budget Committee said yesterday.

Human Services Commissioner James Davy faced sharp questioning from committee Chairman Louis Greenwald (D-Camden) and other members of the Assembly panel over the death of Jmeir White of Asbury Park, who was 14 months old. They also posed questions on the abrupt drop in the DYFS caseload -- 10 percent, or 6,400 children -- since the implementation of a new hotline and screening system in July.

Davy and his senior management team appeared before the committee at Greenwald's request to discuss a quarterly progress report on reform of DYFS, the state's child welfare agency. But the topic that dominated the hearing in Trenton was the Aug. 22 death of Jmeir, whose parents, Tahija Handberry of Asbury Park and Wesley White of Neptune, were arrested last week on charges of starving him.

Greenwald first criticized the progress report as "worthless" because the data are two months old. Then he peppered 3-year-olds were small, but Handberry attributed their size to a medical condition -- a point the worker did not confirm with a doctor. A supervisor later approved the caseworker's decision to close the case without further investigation.

"We are looking for the hard data, so we can understand the correlation between the effort, the dollars, the training, and the results," Greenwald said. "The members of this committee have concerns -- not about your efforts or your intentions, but in the practical results."

Criticism from acting Gov. Richard Codey and now Greenwald is generating concern from those who champion the child welfare reform effort. They fear that with a \$4 billion shortfall in the upcoming state budget, Codey and Greenwald will deny Davy some of the \$180 million he wants to continue the DYFS overhaul.

Assistant Commissioner Edward E. Cotton said the teams targeted cases to be closed where abuse was never proved, or where foster children had returned to their families long ago. "The children were all seen before the case was closed," he said.

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DYFS can't make safety foolproof, official tells panel

Commissioner James M. Davy said no amount of new resources would ensure all children were protected.

By Angela Delli Santi

Dec. 03, 2004

Associated Press

TRENTON - Despite hundreds of millions of dollars being poured into overhauling the state's troubled child-welfare agency, there is no way to guarantee the safety of all children it oversees, its chief told lawmakers seeking accountability in the starvation of a toddler.

Human Services Commissioner James M. Davy spent more than two hours yesterday before an Assembly panel investigating the case of Jmeir White, the 14-month-old who died of chronic malnutrition in August, two months after a caseworker had been in the boy's Asbury Park home.

Jmeir was among 26 New Jersey children to die of abuse or neglect this year, one of 16 whose families were known to the Division of Youth and Family Services before they died, agency spokeswoman Laurie Facciarossa said. The agency

Nine DYFS employees were fired after four adopted brothers were found starving in Collingswood in October 2003. Caseworkers who had been in the home of Raymond and Vanessa Jackson regularly to check on the family's foster child failed to note the conditions of the bone-thin brothers.

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Report says state failing at-risk kids

Advocate tells how DYFS, others missed signs and let a dozen die

BY SUSAN K. LIVIO AND JONATHAN SCHUPPE Star-Ledger Staff December 10, 2004

A 17-year-old boy committed suicide after three different agencies wrongly thought the others had arranged for his treatment when school let out for the summer.

A boy's doctor failed to let child welfare workers know about five separate injuries that suggested abuse. The 5 let out altAg
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treatment

Advocate.

The pediatrician didn't sound an alarm when he saw the boy in December 2003 and March 2004 and noted that his weight had remained a mere 15 pounds. And the DYFS caseworker who saw the child and noted his small size in June said he never consulted with the nurse assigned to assist the southern Monmouth DYFS office because "she was frequently busy with field work," the report said.

"A caseworker with modest training ... was left to assess the medical condition of a child at demonstrated risk," the report said.

Ryan said this was a clear example of how a child can fall through the cracks of the health care system.

"As you go through some of these cases, you can't help but walk away and say we have got to build a stronger bridge between New Jersey's child welfare system and its health care system," Ryan said. "It's about the police, the hospitals, schools, day care. It's about teachers. And it's also about DYFS."

Anthony D'Urso, a psychologist who chairs the state Child Fatality and Near Fatality Review Board, said the report's findings mirrored what his annual reviews reveal: that many deaths under DYFS are the result of poor communication with medical professionals, such as doctors and mental health clinicians. He said that still missing from DYFS is a "culture of consultation" in which caseworkers and supervisors aren't afraid to seek outside help.

One dramatic example of a lack of communication between state and local agencies is the suicide by hanging of a 17-year-old boy July 5.

The report said the boy had discovered his mother's body after she committed suicide nearly a decade earlier, and was under DYFS legal custody since 2001 because his father had a drinking problem. In the months before school let out this year, the boy's grades were high and he had gotten a job at a grocery store. But his condition deteriorated over the summer, when he no longer had daily treatment for behavioral problems.

Three groups assigned to his care each thought, incorrectly, that others had arranged his treatment through the summer, or that he didn't need any: the ACE Program, an alternative school for youths with learning and behavioral problems; his DYFS caseworker; and the county-based mental health consortium known as Case Assessment Resource Team.

"None of these agencies ever contacted the children's behavior health system to link (the boy) with supportive services and care. The fragmentation of this system looms large in these events," the report said.

DYFS workers were criticized in the case of 5-year-old Samuel Allen, who was left with a 10-year-old baby-sitter while his mother worked an overnight shift at a factory. Police believe the boy was scalded to death when he could not turn

"The real tragedy from a public reaction standpoint is to think thorn

In the Fuller case, the report found, the caseworker apparently dismissed several opportunities to document what appeared to be obvious signs of child abuse, including findings by a doctor.

Workers in the White case accepted the mother's explanation for Jmeir's low weight and did not use medical consulting that was available to determine whether there was another explanation.

The report said plans to remedy problems with the system addressed most of the concerns raised by the deaths.

"We're at the very beginning stages" of the overhaul, said Laurie Facciarossa, spokeswoman for the Department of Human Services, which includes DYFS. "The funding's only been in place for five months."

Because so many new workers have been hired, she said, a more rigid system has been put in place to help avoid judgment errors.

Kevin Ryan, who heads the Office of the Child Advocate, said the report's findings were not an indictment of the changes but should be seen as greater reason to spur them on.

"This report is not a reflection of where DHS is headed and is certainly not a verdict on the child-welfare reform plan," the child advocate's review said. "The report reminds us of the mountainous challenges that confront the public leaders, staff and advocates whose work will define the success of reform."

DYFS needs to work harder to protect children in peril, Ryan said.

"In several of these cases, those efforts were just not good enough for the kids," he said.

One change that Ryan said he hoped would make a difference was the recent hiring of a medical director at DYFS to bridge the gaps between field-workers and the medical profession in identifying children at risk.

Ryan's report recommended that DYFS:

Verify child-care arrangements.

Identify all residents of the home and those who frequent it and their involvement in providing care.

Increase training of supervisors.

Require that staff with more than five years' experience review all decisions to close cases made by supervisors with less than two years of supervisory experience.

Better coordinate with medical providers and clarify the role of nurses employed by DYFS.

Instruct hospitals to refer all cases to the agency when babies have had no prenatal care.

Progress of Child-Welfare Overhaul

Reducing caseloads: The overall caseload was down from 68,454 in July to 61,987 in November.

The child-to-caseworker ratio in the district offices - where caseloads are highest - also went down, from 43 children per worker in July to

35 children (about 19 families) per worker in November. The target is

15 families.

More than 300 new frontline workers have been hired.

Tracking cases: In November, the Statewide Automated Child Welfare Information System was launched to help track cases and provide real-time status information to caseworkers.

Since July, all calls to the Division of Youth and Family Services go to a central hotline in Trenton.

Recruiting and supporting resource families: A June 2005 goal of recruiting 1,000 new foster families has already been exceeded.

Institutionalizing fewer children: There are 167 youth case managers in the state to help children with mental-health problems get proper placements and avoid improper detention.

The number of treatment homes has risen by 34, with a goal of adding 75 by June.

Medical care for children touched by the DYFS system: About half the approximately 8,000 children in foster care are in HMOs. The rest will be enrolled effective Jan. 1.

To Learn More

To view the full report by the Office of the Child Advocate, go to <http://go.philly.com/advocate>. For previous Inquirer articles on the problems within DYFS, go to <http://go.philly.com/dyfs>.

SOURCE: N.J. Department of Human Services

Revamping of DYFS going well, report says

The N.J. Child Welfare Panel gave a federal judge an early, hopeful look.

By Mitch Lipka Inquirer Trenton Bureau Dec. 16, 2004

TRENTON - New Jersey's efforts to overhaul its child-welfare system are mostly on target and on time, a panel overseeing the changes told a judge yesterday.

While the report to U.S. District Judge Stanley R. Chesler was termed preliminary, it largely painted a picture of success in the earliest stages of what is expected to be a years-long process.

"It's a little premature to say congratulations," Chesler said. "It's not premature to say there's hope."

The New Jersey Child Welfare Panel, a group of experts charged with overseeing the changes and advising the state, was not expected to report its findings on the first stages of the effort until February. But Chesler said he had wanted a progress report, particularly in light of the November resignation of Gov. Jim McGreevey, who had become a champion of the need to fix the system.

Funding for the first year of the planned transformation of the state system - regarded in recent years as among the most dysfunctional in the nation - began July 1.

State Human Services Commissioner James Davy assured Chesler of acting Gov. Richard J. Codey's commitment to

Man held in beating death of DYFS boy

State says agencies failed to act on hints

BY MARYANN SPOTO AND SUSAN K. LIVIO Star-Ledger Staff December 21, 2004

An Asbury Park man was charged yesterday with fatally beating his girlfriend's 5-year-old son while the boy was under the supervision

On two occasions, in November 2002 and May 2003, the boy said Berry had pinched his penis until he cried. The boy also said Berry stuffed a sock in his mouth and taped it shut to punish him in May 2003. Berry and the child's mother said the pinching was the result of an accident while play-wrestling, which they promised to stop. DYFS accepted the explanation.

In the days before Kedar died, Berry was watching three children, including Kedar, while Smith, 21, was at work at Jersey Shore Center, a long-term care facility in Eatontown. She brought Kedar to the pediatrician complaining the boy had been vomiting for two days and was concerned he had the flu, Assistant Monmouth County Prosecutor Peter Warshaw said. Peritonitis often causes flulike symptoms, Warshaw said.

For six weeks after Kedar's death, Monmouth County Medical Examiner Jay Peacock held off confirming an official cause of death until he received the results of toxicology and other tests, Honecker said. From July until yesterday, when Berry was charged, investigators were gathering additional evidence, which Honecker would not detail.

Honecker said Peacock ruled out accidental causes of death, such as a fall, and negated a claim that Kedar's brother, Kaleem Norris, had jumped on him.

Kaleem told investigators after his brother's death that Berry punched Kedar in the stomach, Honecker said.

"It was a form of discipline. He wasn't listening," Honecker said. "He was punished for not listening."

Neither Netasha Smith nor the pediatrician was charged in the death.

Berry and Smith have had a relationship for more than two years. They have a 2-year-old son together, Jaiden. Kaleem, who is now 4, is her son by Kedar's natural father.

The boys are now with a relative under DYFS care, Honecker said.

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Child-abuse hotline to get new manager and additional staff 3>> B(StaveLedt neSTj EMC (rved.)

Adding 20 call screeners and supervisors as soon as possible to the 40 employees already assigned.

Hiring a new manager for the screening center, replacing Robert Clark, who was transferred Jan. 7 to the Ewing Residential Treatment Center, a group facility for older youth with behavioral problems where he worked previously. Assistant DYFS Director Leticia Lacomba is in charge until a permanent manager is found with experience running a hotline.

Retraining staff to convey "a sense of urgency" about the operation.
Recording incoming calls to improve employee training and evaluate performance.

Hiring a consultant to review a sample of 200 calls that did not lead to investigations of abuse or neglect. The consultant would review those decisions.

"This is the emergency room of our operation, and we need to act like that," said Deputy Human Services Commissioner Kathi Way. "We want to make sure there is a sense of urgency and people's calls are answered as quickly as possible."

"The changes look like useful ones to us," Steve Cohen, the child-welfare panel's chairman, said this week. "But until we go back there to visit, I can't say much more."

The state Division of Youth and Family Services launched the centralized call-screening system six months ago to replace a confusing list of 30-plus telephone numbers for reporting child maltreatment. Fielding all calls out of one shop would allow managers to spot trends and use uniform standards to define abuse and neglect throughout the state.

Almost from its inception, the hotline came under criticism.

"We continue to hear almost universal concern about how well (the hotline) is operating and protecting children," Lisa Eisenbud, director of the Child Advocate's unit that is monitoring DYFS reform.

"Many individuals in the field -- educators, principals, health care professionals and social service agencies -- are concerned about what is happening to calls that are not meeting the new definitions of abuse, and whether children and family are being referred for assessments," Eisenbud said. "We are glad to see they are recognizing they have a problem and have the flexibility to remedy it."

Screeners answer roughly 19,000 calls a month, said DYFS spokesman Andy Williams.

Ten percent of the calls lead to investigations into child maltreatment; 10 percent warrant a visit from a DYFS worker to help a family cope with problems unrelated to abuse and neglect; and 5 percent are referred to the Division of Children's Behavioral Health, Way said. The remaining 75 percent are follow-up calls, requests for information and inquiries unrelated to suspected child abuse.

The child-abuse hotline telephone number is (877) NJABUSE or (877) 652-2873.

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