



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

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

**January 1 – June 30, 2008**

Center for the Study of Social Policy  
1575 Eye Street, NW  
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### ***Methodology***

The primary source of information for this Monitoring Report is information provided by DCF and verified by the Monitor. DCF provides the Monitor with extensive aggregate and back up data as well as access to staff at all levels to enable the Monitor to verify DCF data and report on actions taken and progress made. During this monitoring period, the Monitor visited seven Division of Youth and Family Services (DYFS) local offices, four of which were sites that are receiving intensive support to implement the Case



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

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

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

- DCF achieved or exceeded the June 2008 average caseload targets set for Permanency, Intake and Adoption staff. Site visits confirmed that individual caseloads of workers across the State have been reduced to manageable levels.
- As expected, the number of new hires was dramatically reduced this period as the agency's overall staffing stabilized. Training of new staff is occurring in a timely manner. Of the 117 new staff hired into Family Service Specialist Trainee (FSST) and Family Service Specialist 2 (FSS 2) positions during this monitoring period, 114 new workers completed the Pre-Service training or comparable training by June 30, 2008 (or had been previously trained<sup>3</sup>) and passed competency exams.
- Eighty-seven staff members were trained in Concurrent Planning as part of the State's work to improve permanency outcomes for children. Thirty-eight of 48 new Adoption workers completed adoption training in this monitoring period. The remaining workers are scheduled to be trained in October 2008.
- The State trained 35 new supervisors between January 1, 2008 and June 30, 2008. Twelve of the 35 supervisors trained were appointed during the previous monitoring period and trained during the past six months. Twenty-three of the 35 supervisors trained were appointed during this monitoring period.<sup>4</sup> All 35 new supervisors completed 40 hours of supervisory training and passed competency exams. The State created a more rigorous review process for identifying supervisors who need to improve supervisory skills.

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

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







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

Settlement Agreement Requirements	Due Date	Fulfilled (Yes/No) <sup>6</sup>	Comments
<b>PHASE I</b>			
<b>New Case Practice Model</b>			
<b>II.A.4.</b> Identify the methodology used in tracking successful implementation of the Case Practice Model in order to create baseline data that will be available for key case practice elements.	December 2007	Monitor is still negotiating.	The Monitor, in consultation with the parties, defined the measures and methodology for tracking implementation of the Case Practice Model.  Baseline performance data are needed from the State in some areas in order for the Monitor to establish benchmarks and outcomes.
<b>Training</b>			
<u>Pre-Service Training</u>			

**II.B.1.b.** 100% of all new case



Settlement Agreement Requirements	Due Date	Fulfilled (Yes/No) <sup>6</sup>	Comments
<u>Supervisory Training</u>			
<b>II.B.4.b.</b> 100% of all staff newly promoted to supervisory positions shall complete their 40 hours of supervisory training and shall have passed competency exams within 6 months of assuming supervisory positions	Ongoing	Yes	35(100%) newly appointed supervisors were trained between 1/1/08 and 6/30/08 and passed competency exams.
<b>Services for Children and Families</b>			
<b>II.C.4.</b> The State will develop a plan for appropriate service delivery for lesbian, gay, bisexual, transgender and questioning youth, and begin to implement the plan.	June 2007/ Ongoing	Partially	DCF has developed a preliminary plan. There is marginal evidence of implementation. More focused attention and resources are required to meaningfully implement the plan statewide.
<b>II.C.5.</b> The State will promulgate and implement policies for youth 18-21 to ensure the State continues to provide services previously available.	June 2007/ Ongoing	Yes (progress continuing)	Policies developed. New services for 18-21 year olds available, but additional services/resources need to be developed.

**II.C.8** The State will support an additional 250 child care slots for children whose families are involved with DYFS above the baseline available as of June 2006

June 2008

Yes

The State has funded an additional 322 protective services c5.3(v62.24t77.8(e )F43)TJ0(.8( p)-4.

Settlement Agreement Requirements	Due Date	Fulfilled (Yes/No) <sup>6</sup>	Comments
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**II.C.12** The State will increase substance abuse services to DCF-involved parents and children to



Settlement Agreement Requirements	Due Date	Fulfilled (Yes/No) <sup>6</sup>	Comments
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**II.D.5.** The State shall implement an automated system for identifying

<b>Settlement Agreement Requirements</b>	<b>Due Date</b>	<b>Fulfilled (Yes/No)<sup>6</sup></b>	<b>Comments</b>
<b>II.E.17.</b> 95% of offices shall have sufficient supervisory staff to maintain a 5 worker to 1 supervisor ratio.	June 2008	No	87% of offices met the supervisory ratio standard. DCF was unable to meet the supervisory ratio standard because of vacant supervisory positions at the end of June, some of which were filled in August 2008.
<b>Provision of Health Care</b>			

**II.F.5. and II.F.6**

Set health care baseline and targets.  
Methodology for tracking compliance decided. The following

Settlement Agreement Requirements	Due Date	Fulfilled (Yes/No) <sup>6</sup>	Comments
<b>Permanency Planning and Adoption</b>			
<b>II.G.5.</b> The State shall continue to provide paralegal support and child case summary writer support for adoption staff in local offices.	Ongoing	Yes	DCF continues to provide paralegal support. DCF reports that case summary writers are available in each Area Office.
<b>II.G.9.</b> The State shall provide adoption training to adoption workers.	Ongoing	Yes	38 out of 48 new adoption workers were trained during the monitoring period; the remaining 10 to be trained in October 2008.
<b>II.G.15.</b> The State shall issue reports based on the adoption process tracking system.	December 2007/ Ongoing	Partially	An adoption process tracking system exists. Although designed to track all elements, DCF reports it does not currently track termination of parental rights filings, appeals of terminations and timeliness of adoption placements.

**II.G.18** 95% of offices will have average caseloads for adoption staff of 18 or fewer, with a subset of 60% of total offices achieving average caseloads for adoption staff of 15 or fewer children.

June 2008

Yes

DCF continues to meet the standard for adoptions. 95% of offices met the standard, 69% of offices met the subset requirement.





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

#### **A. Leadership**

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

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

#### **B. Budget**

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

New Jersey, like almost every state, is experiencing severe fiscal pressures, however, in the FY2009 budget, the Governor and Legislature have protected the ability of DCF to move forward with the reform. The Monitor anticipi

**C. Demographics of Children Served by DCF**

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

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

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

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

Source: New Jersey Department of Children and Families

**Table 3: Children in Placement on June 30, 2008**

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

Source: New Jersey Department of Children and Families

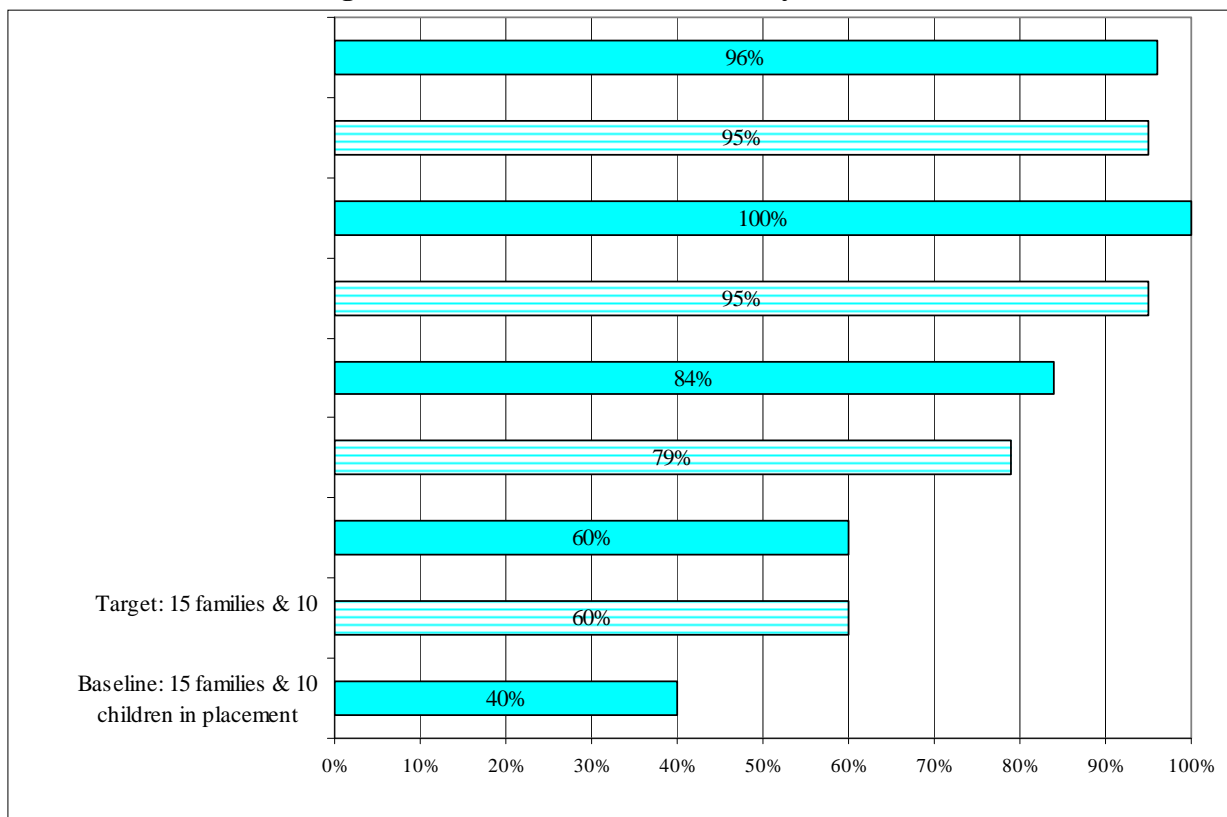




During Phase I (until December 2008), caseload compliance is measured by average caseloads in an office. By December 2007 and thereafter in Phase I, 95 percent of all offices are to have average caseloads for the Permanency workers that meet the two-pronged standard (Section II.E.12).

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

**Figure 1: NJ DCF/DYFS Permanency Caseloads**



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

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

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





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

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

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

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





**B. Training**

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

**Table 4: Training Compliance with Modified Settlement Agreement**

<b>Type of Training</b>	<b>MSA Commitment</b>	<b>Number of Staff Trained January-June 2008</b>	<b>Total Number of Staff Trained (Cumulative 2006-June 2008)</b>
<b>Pre-Service</b>	II.B.1. New caseworkers shall have 160 class hours, including Intake & Investigations training; be enrolled within two weeks of start date; complete training and pass competency exams before assuming a full caseload	114 (97%) out of 117 staff hired received DYFS Pre-Service training or its equivalent <sup>13</sup>	1381
<b>In-Service</b>	II.B.2.c. Staff shall have taken a minimum of 40 hours of in-service training	520/4000 received 40+ hrs. by June 30. Remainder to complete by December 2008	3521
<b>Concurrent Planning</b>	II.B.2.d. Training on concurrent planning; may be part of 40 hours in-service training by January 2008.	87 (100%)	3725
<b>Case Practice Model</b>	II.B.2.e. As of April 2007 and ongoing, case carrying staff, supervisors and case aides that had not been trained on the new Case Practice Model shall receive this training.	3595	



### ***Pre-Service Training***

As reflected in Table 4, 114 of 117 (97%) new hires met the pre-service training requirements. Ninety caseload carrying staff hired as Family Service Specialist Trainee (FSST) and Family Service Specialist 2 (FSS 2) completed DYFS Pre-Service training and passed competency exams after each module. Thirty-seven of the 117 new hires are BCWEP<sup>14</sup> students, 10 of whom completed DYFS pre-service training by August 2008. Twenty-four of the remaining 27 received comparable training through a combination of their coursework and the Department's Worker Readiness Training for BCWEP students. The three remaining are BCWEP students who initially deferred hire to complete their MSW degree; they are scheduled to begin training in November 2008. The Monitor reviewed a random sample of 22 percent of staff transcripts and cross-referenced them with Human Resources data to determine that the workers who took the training passed competency exams.<sup>15</sup> All of the BCWEP students passed competency exams conducted at the conclusion of their internship year. The Monitor verified that all newly hired/promoted staff was enrolled within two weeks of their start dates.

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

### ***In-Service Training***

DCF is involved in a significant undertaking to



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

### ***New Adoption Worker Training***

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

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

#### ***The Statewide Central Registry (SCR)***

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

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

The assessment was designed to answer the following three questions:

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

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

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

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

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

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

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

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

A complete copy of the report is available on CSSP's website, [www.cssp.org](http://www.cssp.org).

***The Institutional Abuse Investigations Unit (IAIU)***

The Institutional Abuse Investigations Unit (IAIU) is responsible for investigating allegations of abuse and neglect in settings including correctional facilities, detention facilities, treatment facilities, schools (public or private), residential schools, shelters, hospitals, camps or child care centers that are licensed or should

The purpose of IAIU's investigative effort is to determine whether children have been abused or neglected<sup>18</sup> and to ensure their safety by requiring corrective actions to eliminate the risk of future harm.

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

### ***IAIU investigation timeliness met the established standard***

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

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

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

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

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

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

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

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

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

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

By June 2008, the goal is for 95 percent of IAIU investigators to have no more than 8 new cases





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

According to policy and observed practice<sup>20</sup>, the SCR provides the first important communication link among IAIU, the Office of Licensing, and the DYFS local offices when there is an allegation of abuse of a child in custody in a placement setting. If a report “concerns a facility regulated by the Department of Children and Families’ Office of Licensing (OOL), SCR makes a Secondary Assignment to OOL in NJ SPIRIT as a courtesy notification.”<sup>21</sup> In addition, policy requires the SCR to electronically notify “identified offices within DYFS, DCF, DHS, and other entities, based on the type of facility, program, or provider and/or the nature/severity of the presenting allegation.”<sup>22</sup> If the allegation involves a resource home, the SCR suspends the resource home, preventing any DYFS local office from making a new placement to the resource until the investigation and the suspension is removed.<sup>23</sup> Suspensions can only be lifted by the assigned Resource Family Support Worker if the action is supported by both IAIU findings and OOL recommendations.<sup>24</sup>

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

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

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

<sup>21</sup> See Section III.E.300.3 in the DYFS Manual

<sup>22</sup> See Section III.E.300.12 in the DYFS Manual

<sup>23</sup> See Section III.E.300.13 in the DYFS Manual

<sup>24</sup> See Section III.E.702.2

<sup>25</sup> See Section III.E.402.5

<sup>26</sup> See Section III.E.403.1

<sup>27</sup> See Section III.E.403.2

home under investigation.<sup>28</sup> Similar communication is taken for children in congregate care settings.

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

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

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

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

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

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<sup>28</sup> See Section III.E.404.1

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

***IAIU reports improvements to the corrective action process.***

An IAIU investigation may result in recommendations for improvement and facilities or resource homes may be asked to take corrective action even when a complaint is not substantiated. In January 2008, IAIU instituted a change in how corrective actions are developed. Previously, the investigators in consultation with their supervisors would inform the facility/home as to what corrective action should be taken. The Continuous Quality Improvement (CQI) unit was responsible for follow-up and obtaining proof that the corrective action was taken. Since January, the facilities/homes are informed of the investigation findings and recommendations and requested to respond with a corrective action plan. The CQI unit now reviews the plan and

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

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

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

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

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

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

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

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

***DCF partially met its obligation to report from Safe Measures.***

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

During site visits, the Monitor heard concerns about the accuracy of the information displayed by Safe Measures. Case managers and supervisors complained about phantom cases showing on their Safe Measures caseloads and their inability to correct inaccurate information in Safe Measures. DCF is working hard

*DCF posts data on its website.*

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

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

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

### ***Immersion Sites***

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

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





state began to implement in 2006.<sup>32</sup> Originally tested in 10 DYFS local offices, the practice expanded to 16 additional DYFS local offices this monitoring period. Work continues to have the concurrent planning practice be consistent and reinforced by the new Case Practice Model. New Jersey has taken steps to integrate the two in training and practice. DCF plans to include the importance of concurrent planning practice into its DCF-wide communications strategy around the new Case Practice Model in order to broaden the message to all staff and its provider

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

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

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

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

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

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<sup>33</sup> Based on DCF internal reports.

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

***Peace: A Learned Solution (PALS)***

In addition to the Differential Response initiative, DCF has expanded the Peace: A Learned Solution (PALS) violence prevention program to comply with the MSA (Section II.C.9) and has expanded support for Family Success Centers. The PALS program is an evidence-based comprehensive assessment and treatment program which uses art therapy for children and non-offending parents exposed to domestic violence in an attempt to reduce the impact of domestic violence on children, improve child and family functioning and well-being and break the cycle of

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

### ***The State has added over 250 additional child care slots***

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

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

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

### ***Flexible Funds***

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

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

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

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

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

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

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

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

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

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

Despite these improvements, the need for quality substance abuse treatment programs in New Jersey for parents and youth involved with DYFS remains great. DYFS has certified alcohol and drug counselors at every DYFS local office. They identify families with potential substance abuse issues, evaluate the need, and link individuals to appropriate treatment providers. These counselors perform a critical role for families, but it is made more difficult by the lack of availability of programs. In every of.000ntens0 TD 1 .11 2ot1(43005 T43005en)55(itforvn)55(ie)-178(steed,bst to r paren for youthelsewhwere in thebstte,d

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

<b>Type of Substance Abuse Program</b>	<b>Required Slots</b>	<b>Number of Slots and Date Added</b>	<b>Geographic Area</b>
<b>Residential Treatment for Parents and Children</b>	30	Seabrook House – 30 (July 2006)	Statewide
<b>Intensive Outpatient Treatment for Parents and Children</b>	50	Parkside – 12 (July 2007)  SODAT – 12 (July 2007)	



**D. Permanency Planning and Adoption**

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

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

## **Permanency for Older Youth**

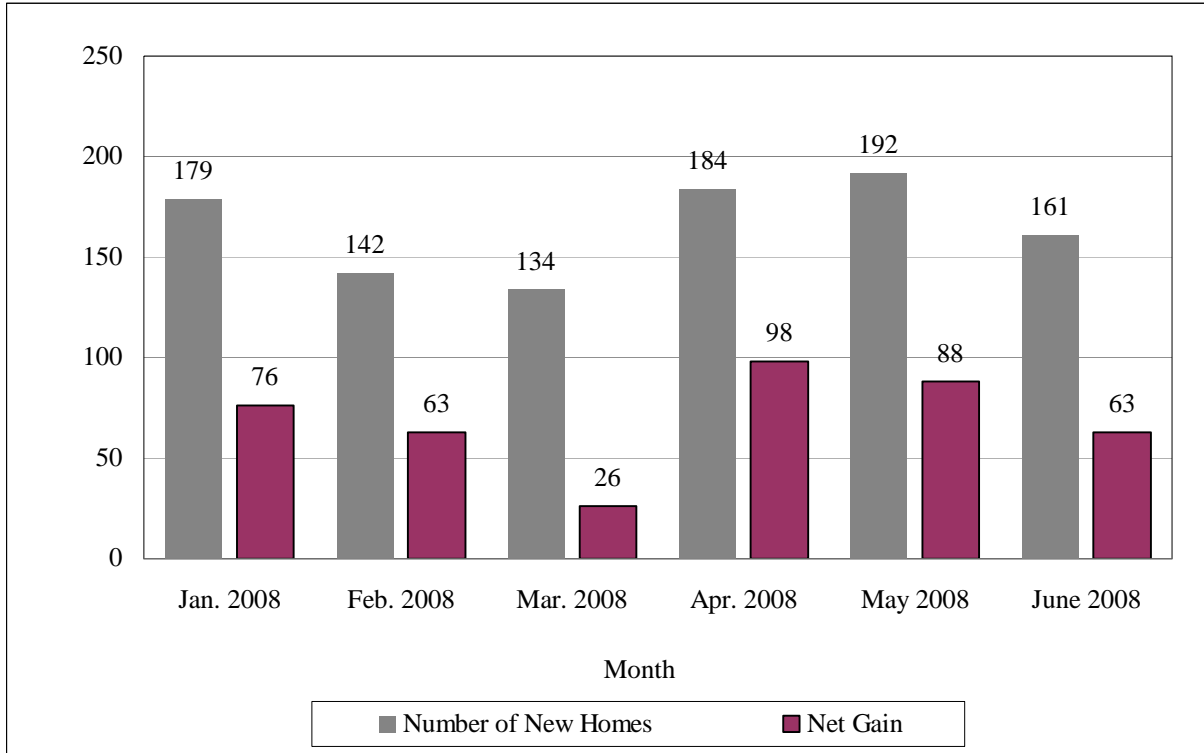
*DCF has made progress towards finding permanency for the 100 Longest Waiting Teens.*

Over the last year, specific attention has been directed toward older youth waiting the longest for a permanent family. This project called the “100 Longest Waiting Teens” created Teen Recruitment Impact Teams and resulted in policy and practice change. Through the significant efforts of DYFS staff working in partnership with teens, slow and steady progress has been made in finding permanent homes for these children. As

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



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



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

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

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

<b>Month</b>	<b>Number of Newly Licensed Kin Resource Family homes</b>	<b>Number of Newly Licensed Non-Kin Resource Family homes</b>	<b>Total Licensed</b>
<b>January 2008</b>	66	113	179
<b>February 2008</b>	52	90	142
<b>March 2008</b>	53	81	134

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

DCF reports that the challenges to completing the licensing process within 150 days fall into two categories. The first category relates to delays and challenges inherent in working with families that have their own personal timeframes and needs. Families often need additional time to make a decision as important as taking on the care of a foster child. Or, personal challenges arise that delay the process, such as an unexpected illness,





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

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

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

<b>County</b>	<b>Goal</b>	<b>Total Number of Resource Family Homes Licensed</b>	<b>Total Number of Resource Family Homes Closed</b>	<b>Net Gain</b>
<b>Atlantic</b>	Maintain	34	32	2
<b>Bergen</b>	Small Increase	66	24	42
<b>Burlington</b>	Maintain	67	36	31
<b>Camden</b>	Small Increase	71	53	18
<b>Cape May</b>	Increase	18	12	6
<b>Cumberland</b>	Increase	33	14	19
<b>Essex</b>	Increase	166	83	83
<b>Gloucester</b>	Maintain	28	24	4
<b>Hudson</b>	Increase	52	19	33
<b>Hunterdon</b>	Maintain	8	9	-1
<b>Mercer</b>	Increase	53	22	31
<b>Middlesex</b>	Small Increase	56	18	38
<b>Monmouth</b>	Increase	45	35	10
<b>Morris</b>	Maintain	30	22	8
<b>Ocean</b>	Increase	67	48	19

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



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

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

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

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

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

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

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

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

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

***DYFS has reduced the use of congregate care for youth.***

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

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

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

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

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<sup>39</sup> Rutgers has a website, [www.transitionsforyouth.org](http://www.transitionsforyouth.org) to assist in linking DYFS involved youth with available services and a supportive on-line community.

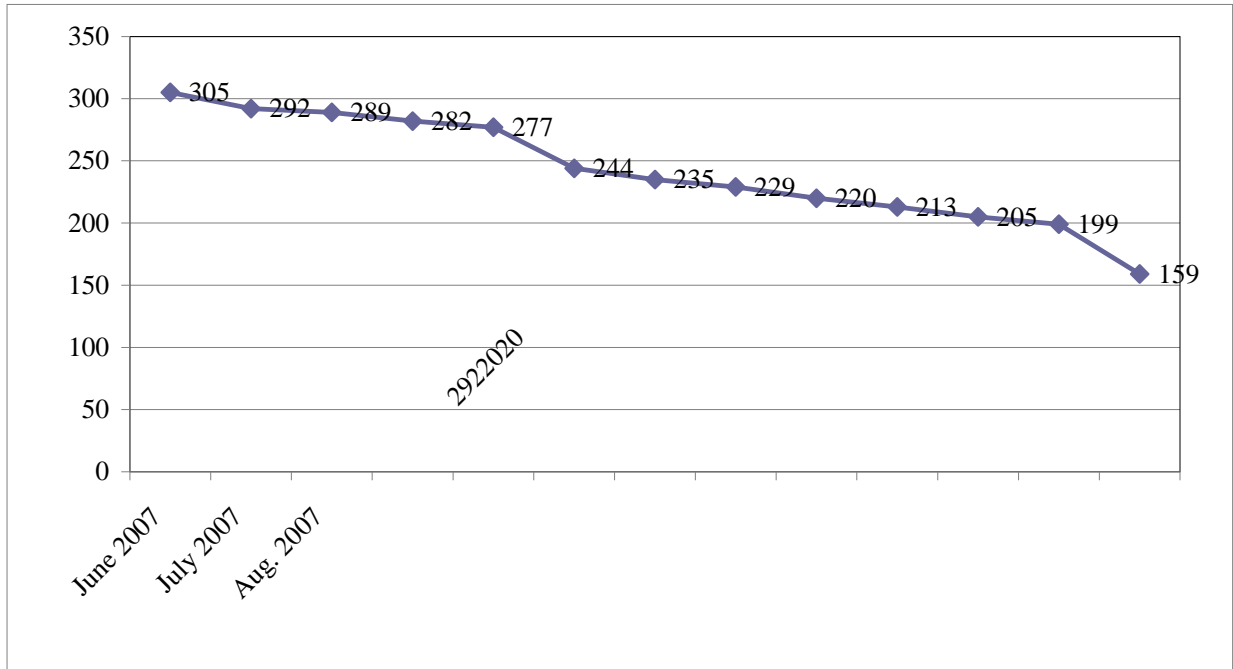
**Table 11: Youth Transitional and Supported Housing Grants**

<b>County</b>	<b>Total No. of Contracted Program/Housing slots</b>	<b>No. of Slots Operational</b>	<b>Provider</b>
Bergen	11	11	Bergen County CAP CAFS





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



Source: DCBHS Administrative Data

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

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

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

Source: DCBHS

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



Source: DCBHS.

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

**Table 13: New Specialty Residential Capacity in New Jersey**  
**Date and Number of New Placements Available**



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

<b>Provider</b>	<b>Program</b>	<b>County</b>	<b>Anticipated Implementation</b>	<b>Service Capacity</b>	<b>Average Length of Service</b>
<b>Robin's Nest</b>	FFT	Cumberland Gloucester	October 2008	132	3-4 months

*An improved Contracted System Administrator for DCBHS services is now targeted for*





As Table 16 above reflects, much of the health care data is currently not available from DCF. On a statewide basis, DCF did not have the capacity to collect, analyze and report out on the data in time for this monitoring report. Currently, health care data are collect



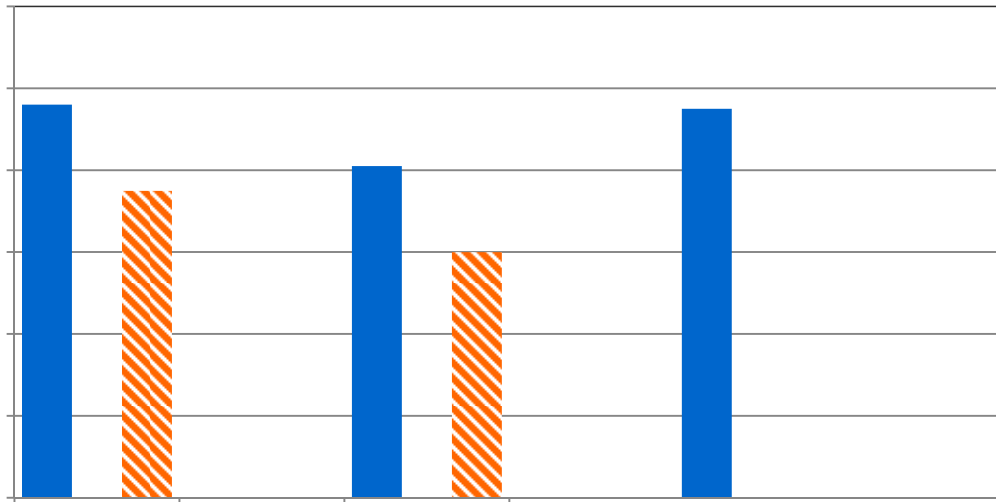
**Table 17: Child Health Unit Staffing  
(December 31, 2007 - August 14, 2008)**

County	Health Care Case Managers (HCCM)				Staff Assistants (SA)			
	As of 12/31/07	As of 8/14/08	Target	% Filled	As of 12/31/07	As of 8/14/08	Target	% Filled

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

During the last year, FXB staff has conducted health audits to determine the existing health care needs of children in out-of-home placement. For these audits, nurses review each child's DYFS case record, Medicaid claims information and immunization history to assign a child/patient acuity level.<sup>45</sup> Over 4,100 children have had their records reviewed and have received an acuity rating. As is the case nationally, the review of these 4,100 children has found that the majority

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



Source:

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

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

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

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

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

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

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

**Table 19: Comprehensive Medical Examinations for Children Entering Out-of-Home Placement in Four Counties with Well-Developed Child Health Units<sup>46</sup>**

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

Source: DCF, August 15, 2008

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

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

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

### *Dental care*

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





**APPENDIX A:**

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



**APPENDIX B**  
**Caseload Data – June 2008**

**Table B1: Permanency**

**Table B2: Intake**

**Table B3: DYFS Supervisor/Caseload Carrying Staff Ratios**

**Table B4: Adoption**

**Table B5: Caseload Compliance**

**Table B6: IAIU**

**APPENDIX B:  
Caseload Data**

**Table B1: Caseloads - Permanency (June 2008)**

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

**Table B1: Caseloads - Permanency (June 2008)**

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

**Table B2: Caseloads - Intake (June 2008)**

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

**Table B2: Caseloads - Intake (June 2008)**

<b>Local Office</b>	<b>Intake Workers</b>	<b>Assignments</b>	<b>Avg. # of Assignments</b>
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**Table B3: DYFS Supervisor/Caseload Carrying Staff Ratios (June 2008)**

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



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

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

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

**Table B4: Caseloads - Adoption (June 2008)**

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

**Table B4: Caseloads - Adoption (June 2008)**

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

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**Table B5: Caseload Compliance (June 2008)**

<b>STANDARD</b>	<b>Intake</b>	<b>Permanency</b>	<b>Adoption I</b>	<b>Adoption II</b>	<b>Supervisor Ratio</b>
	8 new referrals & 12 families	15 families & 10 children in placement	18 Children	15 children	1 Supervisor for 5 Staff
<b>TARGET</b>	<b>74%</b>	<b>95%</b>	<b>95%</b>	<b>60%</b>	<b>95%</b>
<b>ACTUAL</b>	<b>96%</b>	<b>96%</b>	<b>95%</b>	<b>69%</b>	<b>96%</b>
Union East	Yes	Yes	Yes	Yes	Yes
Union West	Yes				

**Table B6: Caseloads - IAIU (June 2008)**

**Open  
Cases**

**Assignments**

**Compliance -  
Open Cases**

**Compliance -**

**Table B6: Caseloads - IAIU (June 2008)**

<b>Open Cases</b>	<b>Assignments</b>	<b>Compliance - Open Cases</b>	<b>Compliance - Assignments</b>	<b>Overall Compliance</b>
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**APPENDIX C**  
**Glossary of Acronyms Used in the Monitoring Report**



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

<b>AAD:</b>	Assistant Area Director
<b>AOC:</b>	Administrative Office of the Courts
<b>APPU:</b>	Adolescent Practice and Permanency Unit
<b>BCWEP:</b>	Baccalaureate Child Welfare Education