

# Progress of the New Jersey Department of Children and Families

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

Charlie and Nadine H. v. Christie

November 4, 2015



Progress of the New Jersey  
Department of Children and Families

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I.

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**Family Team Meeting Data Review**

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

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



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## II. SUMMARY OF PERFORMANCE

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

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





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

DCF's case record review of the 87 youth who exited care without achieving permanency between July and December 2014 found that 77 (89%) of these youth had documentation of a housing plan upon exiting CP&P care and 56 (74%) of applicable youth were either employed or enrolled in education or vocational training programs. These data show notable progress from the previous monitoring period with still room for improvement.

DCF's health care case record review found that in 83 percent of the 343 cases reviewed, staff shared Health Passports with children's caregivers within five days of placement.

Other accomplishments this monitoring period include:

Consistent quality performance on nearly all MSA health care measures that assess whether children in out-of-home placement have dependable access to health care;

Improved performance in holding Family Team Meetings on a quarterly basis;

Staff are increasingly exploring kinship care whenever possible as evidenced by the number of newly licensed kinship homes; and

Strong Qualitative Review (QR) ratings show children's out-of-home placement(s) meet their developmental, emotional and physical needs.

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

An area that DCF continues to target for intervention and improvement strategies is the high rate of repeat maltreatment of children and family's re-involvement with CP&P within one year of reunification. DCF leadership has focused on this area through its CQI processes and is engaging managers in exploring wh



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

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

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

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

## *Services to Older Youth*

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

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

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## Continuous Quality Improvement

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

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

### III. CHILD AND FAMILY OUTCOME AND CASE PRACTICE PERFORMANCE MEASURES

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

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

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

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

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



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Reference	Quantitative or Qualitative Measure	Final Target	June 2014 Performance <sup>9</sup>	December 2014 Performance <sup>10</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>11</sup>	Direction of Change <sup>12</sup>
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Reference	Quantitative or Qualitative Measure	Final Target	June 2014 Performance <sup>9</sup>
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Reference	Quantitative or Qualitative Measure	Final Target	June 2014 Performance <sup>9</sup>	December 2014 Performance <sup>10</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>1</sup>	Direction of Change <sup>2</sup>
<b>Implementation of Case Practice Model</b>						
CPM V.3	<p><u>7. Family Involvement and Effective use of Family Team Meetings.</u> A family team (involving parents, youth and appropriate formal and informal supports) shall meet and plan together. The team should be involved in planning &amp; decision-making throughout a case and have the skills, family knowledge and abilities to solve and help to organize effective services for the child and family.</p> <p>Number of family team meetings at key decision points.</p> <p>a. For children newly entering placement, the number/percent who have a family team meeting within 30 days of entry.</p> <p>b. For all other children in placement, the number/percent who have at least one family team meeting each quarter.</p> <p>c. Family Team Formation and Functioning.</p>	<p>a. By June 30, 2010, family meetings held prior to or within 30 days of entry for 90% of new entries and 90% of pre-placements.</p> <p>b. By June 30, 2010, family meetings held for 90% of children at least once per quarter.</p> <p>c. By June 30, 2011, 90% of cases show evidence in QR of acceptable team formation and functioning.</p>	<p>a. In June, 2014, 74% of children newly entering placement had a family team meeting within 30 days of entering placement. From January 1, 2014 to June 30, 2014 performance ranged from 68 to 80%.</p> <p>b. In June 2014, 79% of children had at least one family team meeting each quarter. From January 1, 2014 to June 30, 2014 performance ranged from 60 to 80%.</p> <p>c. 29% of cases rated at least minimally acceptable on both QR 'Family Teamwork' indicators: team formation and team functioning.<sup>17</sup></p>	<p>a. In December, 2014, 72% of children newly entering placement had a family team meeting within 30 days of entering placement. From July 1, 2014 to December 31, 2014 performance ranged from 72 to 82%.<sup>18</sup></p> <p>b. In December, 2014, 81% of children had at least one family team meeting each quarter. From July 1, 2014 to December 31, 2014 performance ranged from 73 to 81%.<sup>19</sup></p> <p>c. 35% of cases rated at least minimally acceptable on both QR 'Family Teamwork' indicators: team formation and team function.<sup>20</sup></p>	No	

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

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

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

<sup>20</sup> 180 cases were reviewed as part of the QRs conducted from July to December 2014. Sixty-three of 180 (35%) in and out-of-home cases rated acceptable both areas of Family Teamwork (511 0 m444 (or 180 team formation issues

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

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

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

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Reference	Quantitative or Qualitative Measure	Final Target	June 2014 Performance <sup>9</sup>	December 2014 Performance <sup>10</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>11</sup>	Direction of Change <sup>12</sup>
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CPM V.4,

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Reference	Quantitative or Qualitative Measure	Final Target	June 2014 Performance <sup>9</sup>	December 2014 Performance <sup>10</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>11</sup>	Direction of Change <sup>12</sup>
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12. Quality of Case and Service

CPM V.4





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

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

<sup>35</sup>

Reference	Quantitative or Qualitative Measure	Final Target	June 2014 Performance <sup>9</sup>	December 2014 Performance <sup>10</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>11</sup>	Direction of Change <sup>12</sup>
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20. Visitation between Children

CPM  
MSA III.B  
9a.



Reference	Quantitative or Qualitative Measure	Final Target	June 2014 Performance <sup>9</sup>	December 2014 Performance <sup>10</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>11</sup>	Direction of Change <sup>12</sup>
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21. Visitation Between

CPM  
MSA III.B  
10



Reference	Quantitative or Qualitative Measure	Final Target	June 2014 Performance <sup>9</sup>	December 2014 Performance <sup>10</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>11</sup>	Direction of Change <sup>12</sup>
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MSA III.A 3.b	26. <u>Placing Siblings Together:</u> Of sibling groups of four or more siblings entering custody at					
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Reference	Quantitative or Qualitative Measure	Final Target	June 2014 Performance <sup>9</sup>	December 2014 Performance <sup>10</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>11</sup>	Direction of Change <sup>12</sup>
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29. Inappropriate Placements:

- a. The number of children Perforsh]TJRprogress b]TJ 7na

MSA III.B.6



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

Reference	Quantitative or Qualitative Measure	Final Target	June 2014 Performance <sup>9</sup>	December 2014 Performance <sup>10</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>11</sup>	Direction of Change <sup>12</sup>
MSA III.A 2.b	33. <u>Re-entry to Placement</u> : Of all children who leave custody during a period, except those whose reason for discharge is that they ran away from their placement, the percentage that re-enter custody within one year of the date of exit.	For the period beginning July 2011 and thereafter, of all children who exit, no more than 9% will re-enter custody within one year of exit.	Of all children who exited in CY 2012, 13% re-entered custody within one year of the date of exit.	Of all children who exited in CY 2013, 12% re-entered custody within one year of the date of exit. <sup>49</sup>	No	

<sup>49</sup> DCF has objected to the Monitor's definition of "qualifying exits" used to analyze this measure. The Agency believes that due to the specific exclusion cited in the MSA, the definition of qualifying exits should only exclude children who run away from placement. The Monitor uses a definition of qualifying exits which excludes from the calculations runaways as well as children who are adopted. Based on the DCF recommended definition, of all children who exited in CY 2007, 12%; CY 2008, 10%; CY 2009, 10%; CY 2010, 9%; CY 2011, 9%; CY 2012, 10%.

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

<sup>50</sup> Data for CY 2014 will not be available until early CY 2016.



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



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





Reference	Quantitative or Qualitative Measure	Final Target	June 2014 Performance <sup>9</sup>	December 2014 Performance <sup>10</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>11</sup>	Direction of Change <sup>12</sup>
<i>Health Care for Children in Out-of-Home Placement</i>						

46. Mental Health

Assessments: Number/percent of

MSA II.F.2

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Reference	Quantitative or Qualitative Measure	Final Target	June 2014 Performance <sup>9</sup>	
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Reference	Quantitative or Qualitative Measure	Final Target	June 2014 Performance <sup>9</sup>	December 2014 Performance <sup>10</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>11</sup>	Direction of Change <sup>12</sup>
CPM	51. <u>Post-Adoption Supports</u> : The Department will make post-adoption services and subsidies available to preserve families who have adopted a child.	Ongoing Monitoring of Compliance	DCF administers an Adoption Subsidy Program which supported 14,025 adopted children as of June 2014. DCF funds a statewide network of post-adoption services through contract arrangements with 11 private agencies. Funding remains slightly over \$3 million and is used to provide adoption specific counseling and supports to families.	DCF administers an Adoption Subsidy Program which supported 14,043 adopted children as of December 2014. DCF funds a statewide network of post-adoption services through contract arrangements with 11 private agencies. Funding remains slightly over \$3 million and is used to provide adoption specific counseling and supports to families.	Yes	

CPM

52. Provision of Domestic Violence Services. DCF shall continue to support Domestic Violence liaisons, PALS and Domestic Violence shelter programs to prevent child





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Reference	Quantitative or Qualitative Measure	Final Target	June 2014 Performance <sup>9</sup>	December 2014 Performance <sup>10</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>11</sup>	Direction of Change <sup>12</sup>
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CPM

Ongoing Phase I and Phase II Requirements

The following are additional MSA requirements that DCF must meet:	December 2014 Performance	Fulfilled (Yes/No)
II.A.5. In reporting during Phase I on the state's compliance with the Monitor Model and the actions by the state to implement it. the Monitor shall focus on the quality of the Case Practice Model and the actions by the state to implement it.	All Local Offices have completed the immersion process.	Yes
II.B.1.b. 100% of all new case carrying workers shall be enrolled in Pre-service Training, including training in intake and investigations, within two weeks of their start date.	Between July and December 2014, 141 (100%) new caseworkers (69 hired in the previous monitoring period) were enrolled in Pre-service training within two weeks of their start date (4 BCWEP hires). <sup>64</sup>	Yes
II.B.1.c. No case carrying worker shall assume a full case load until completing Pre-service Training and passing competency exams.	Between July and December 2014, 141 (100%) new workers (69 hired in the previous monitoring period) who are now case-carrying workers have passed competency exams (4 BCWEP hires).	Yes

II.B.2. c. 100% of case carrying workers and supervisors shall take a minimum of 40 hours of annual In-service Training and 46J-3e54vi2(d 6-4.5(s.1)4.4.5(197 TD -.0 BT.4f6nn5evr 6-4c.6l)3(s. ))TJ 49.7365)2.9348 TD -.0002 Tc .0017 Tw [(Between a)6.5(u a)6.5rs)-2.5yl and December 201(, )62,781r stffe completed40n omoe (o)-4.6u() o traMnin Yes

Ongoing Phase I and Phase II Requirements

The following are additional MSA requirements that DCF must meet:	December 2014 Performance	Fulfilled (Yes/No)
<p>II.B.3.a. All new staff responsible for conducting intake or investigations shall receive specific, quality training on intake and investigations processes, policies and investigation techniques and pass competency exams before assuming responsibility for cases.</p>	<p>Between July and December 2014, a total of 146 (100%) employees assigned to intake and investigations in this monitoring period successfully completed one or more modules of intake training and passed competency exams.</p>	<p>Yes</p>

Ongoing Phase I and Phase II Requirements		
The following are additional MSA requirements that DCF must meet:	December 2014 Performance	Fulfilled (Yes/No)

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Ongoing Phase I and Phase II Requirements

The following are additional MSA requirements that DCF must meet:	December 2014 Performance	Fulfilled (Yes/No)
II.J.2. The state shall initiate management reporting based on SafeMeasures.	The state continues to use SafeMeasures for management reporting.	Yes
II.J.6. The state shall annually produce DCF agency performance reports.	DCF released FY 2014 in March 2015. DCF's 2014 Annual Report is available at: <a href="http://www.state.nj.us/dcf/documents/about/NJDCF.Annual.Report2014.PDF">http://www.state.nj.us/dcf/documents/about/NJDCF.Annual.Report2014.PDF</a>	Yes
II.J.9. The state shall issue regular, accurate reports from SafeMeasures.	The state has the capacity and is regularly producing reports from SafeMeasures	Yes
II.J.10. The state shall produce caseload reporting that tracks caseloads by office and type of worker and, for permanency and Adoption workers, that tracks children as well as families.	The state has provided the Monitor with reports that provide individual caseloads of children and families for Intake, Permanency and Adoption workers.	Yes
II.E.20 95% of offices shall have sufficient supervisory staff to maintain a five worker to one supervisor ratio.	98% of CP&P Local Offices have sufficient frontline supervisors, with ratios of five workers to one supervisor.	Yes

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Ongoing Phase I and Phase II Requirements

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

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III.C.6 In consultation with the Monitor, the state shall develop and implement a well-functioning quality improvement program consistent with the Principles of the MSA and select to carry out the review of case practice in Phase II.

Ongoing Phase I and Phase II Requirements

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





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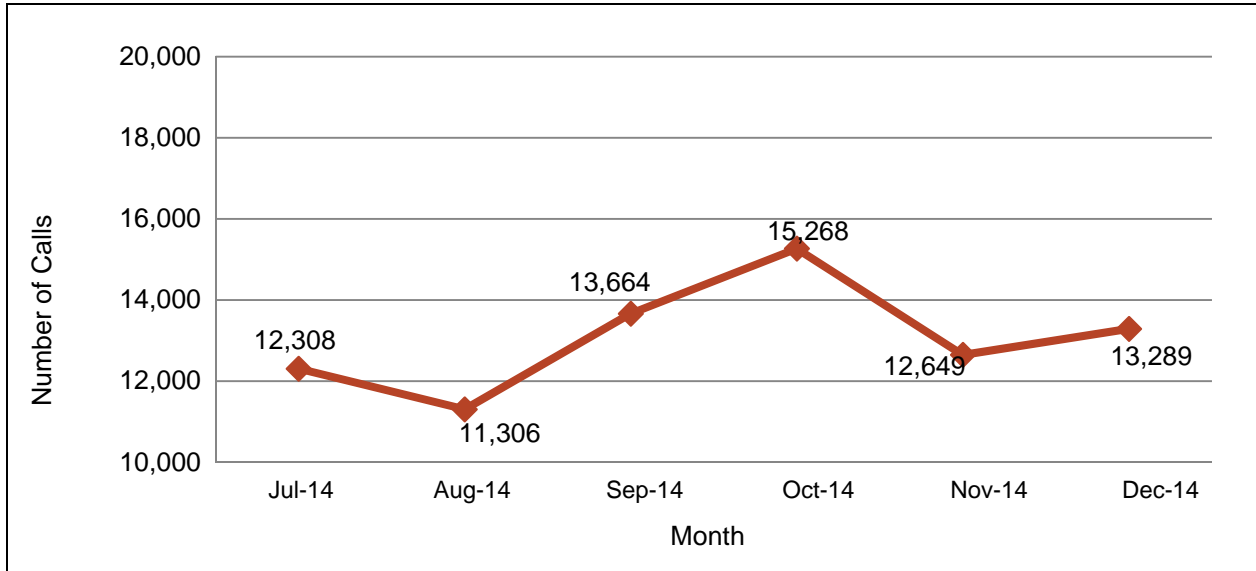
#### IV. INVESTIGATIONS OF ALLEGED CHILD ABUSE AND NEGLECT

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

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



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



Source: DCF data

Quantitative or Qualitative Measure

2. Quality of SCR Response:
  - a. Respond to callers promptly, with respectful, active listening skills
  - b.

***Performance as of December 31, 2014:***

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

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

<sup>69</sup> All employees at SCR must have prior field experience

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program is part of DCF's efforts to increase screeners' knowledge about violence and its impact on children and families. To date, the SCR has 1,000 screeners who have successfully completed the program and are assisting CPS staff with understanding violence and its impact on the family unit.

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

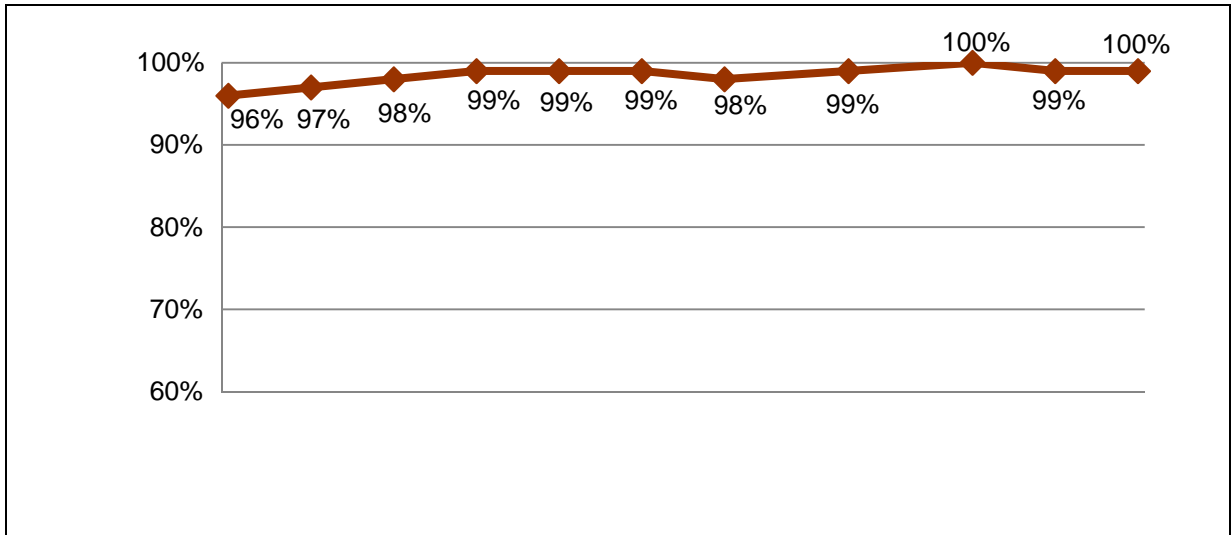
SCR's administrative team continues to analyze trends related to "upgrade requests" – defined as intake calls that were originally coded as I&R but, upon administrative review, were determined to require CP&P intervention and upgraded to either a CPS or CWS. During this monitoring period, 1.5 percent of all I&R reports were upgraded. The results of the review indicated the need to augment both (1) screening on substance abuse related to parent recovery and parent-child

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## Investigative Practice

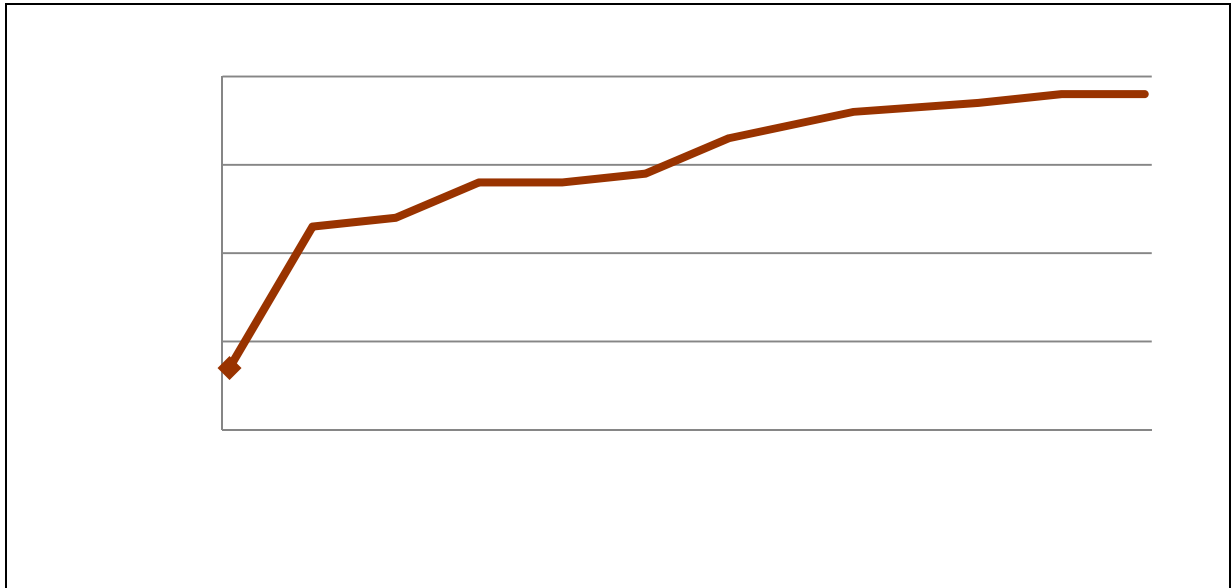
### *B. Timeliness and Quality of Investigative Practice*

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



Source: DCF data

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



Source: DCF data

**Performance as of December 31, 2014:**

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

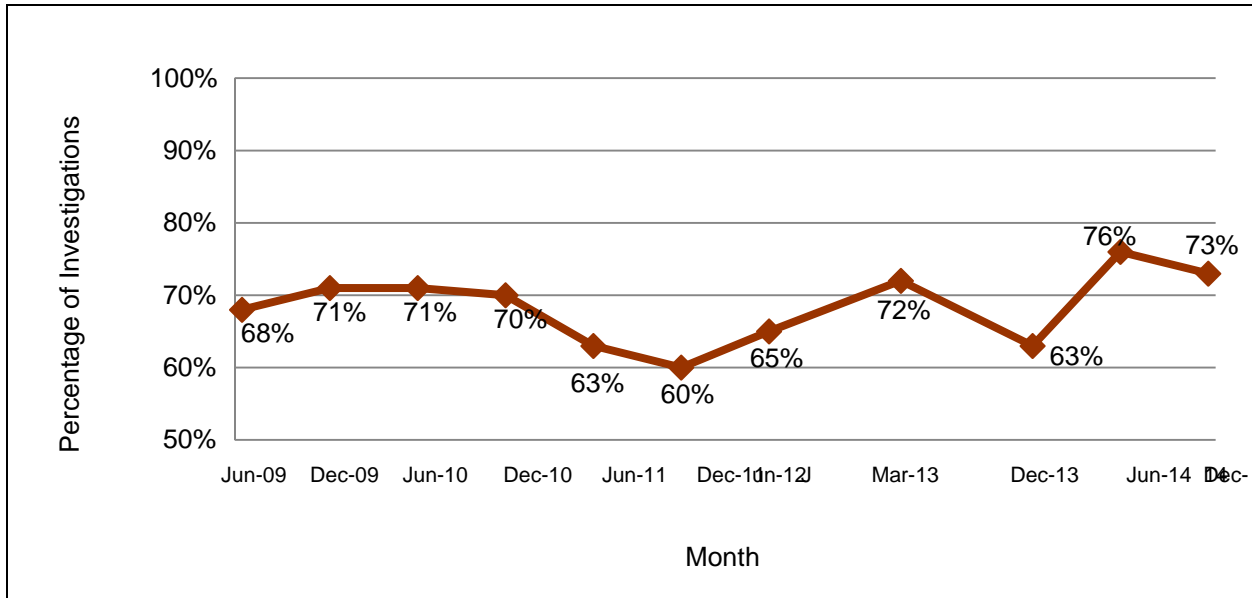
CP&P policy on timeliness of investigations requires receipt by the field of a report within one hour of call completion.<sup>71</sup> During the month of December 2014, DCF received 4,399 referrals of child abuse and neglect requiring investigation. Of the 4,399 referrals, 4,102 (93%) referrals were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

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

<sup>71</sup> The Monitor currently assesses performance of receipt by the field in a binary manner with a three hour standard.

<sup>72</sup> Intakes are differentiated from referrals because SCRs can receive several referrals related to one incident or in other instances, one referral can result in several intakes.

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



Source: DCF data

**Performance as of December 31, 2014:**

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

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

<sup>73</sup> These results have a ± 5% margin of error with 95% confidence.



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Overall, the reviewers found that



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1. Performance Measures for IAIU

IAIU Practice for Investigations in Placements

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



Source: DCF data

***Performance as of December 31, 2014:***

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

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separately on investigations of maltreatment in foster care settings (e.g., resource family homes, congregate care facilities) as well as from other settings (e.g., school day care). Table 2 displays IAIU's reported overall investigation timeliness and the specific performance for

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## 2. IAIU Investigations Corrective Action Monitoring

Each IAIU investigation results in a “finding” letter which is sent to a facility or resource home. This letter cites the investigative conclusion and, if applicable, identifies concerns and requests corrective action. Finding letters pertaining to resource homes, congregate care facilities, licensed child care centers and unregistered child care are also sent to DCF’s Office of Licensing (OOL). When a request for corrective action is made, DCF policy requires the facility administrator or the resource home unit supervisor supervising the resource home to develop and submit a corrective action plan (CAP) within 60 calendar days of the date on the IAIU finding letter.<sup>77</sup>

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

Between July and December 2014, IAIU issued 224 CAP requests involving resource family homes, group homes and residential

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approval as successfully completed by IAIU CQI staff 90 days later than the date on the findings letter. The CAPs pending approval were reviewed to determine the reasons why they remained pending and whether IAIU staff followed up appropriately on the identified concerns. The sample included two resource family homes, one kinship resource home, one residential facility and one group home. CAPs were developed and submitted for all of the five requests. IAIU's CQI staff did not accept two CAPs as of December 31, 2014 for the following reasons: one CAP did not comprehensively address concerns identified and the other CAP was missing supporting documentation. There was evidence that IAIU staff sent letters and emails to resource home unit supervisor rel- .475 0 T

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## V. IMPLEMENTING THE CASE PRACTICE MODEL

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

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

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

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

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

A critical component of the CPM is the use of FTMs to engage families and their formal and informal supports to discuss the families' strengths and needs, craft individualized service plans and track progress toward accomplishing plan goals. During this monitoring period DCF made some changes to enhance support in sustaining the principles and policies of the CPM. Staff formerly called Implementation Specialists are now called Case Practice Liaisons (CPLs). There are nine CPLs statewide, one in each area. The CPLs provide coaching, training and mentoring to leadership and frontline staff and are involved in various pilot efforts throughout the state to improve case practice implementation. Several CPLs were trained during the monitoring period and will be training staff.

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

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

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

Source: DCF data

### ChildStat Meetings

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

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



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*Concurrent Planning Practice*



**B. Performance Measures on Family Team Meetings and Case Planning**

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

**Family Involvement and Effective Use of Family Team Meetings**

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

**Performance as of December 31, 2014:**

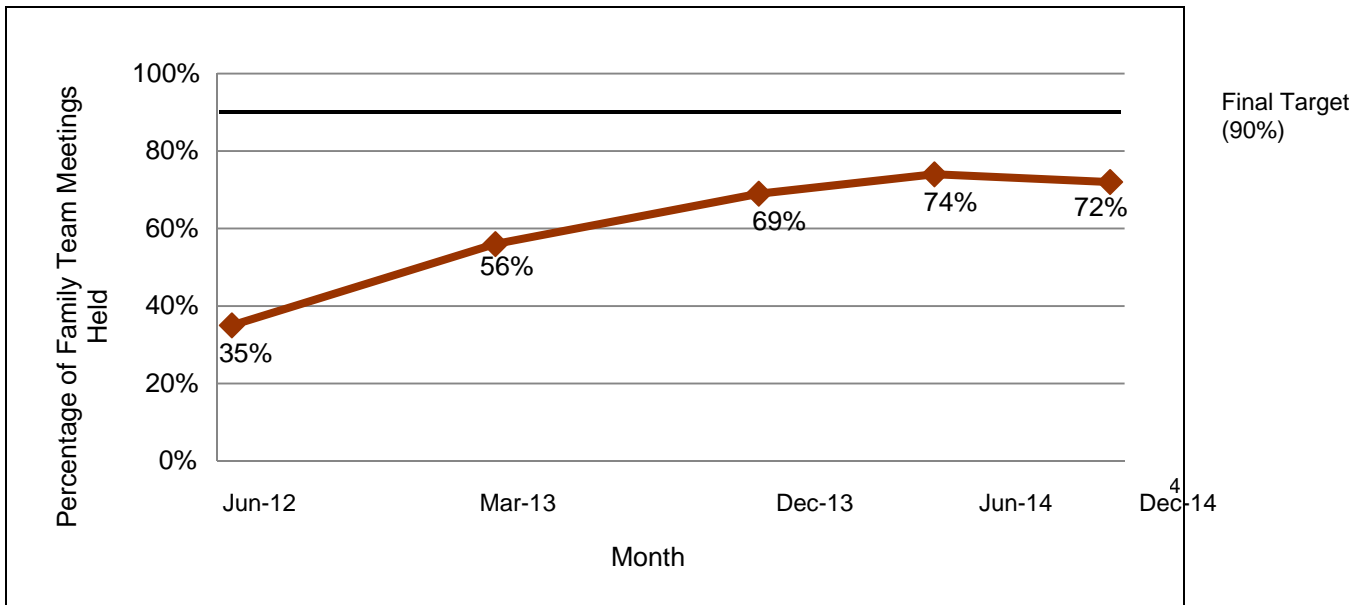
Initial FTMs

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

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



Figure 7: Family Team Meetings Held within 30 days  
(June 2012 – December 2014<sup>83</sup>)



Source: DCF data

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

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## Quarterly FTMs

CP&P continued to improve performance on quarterly FTMs during this monitoring period.

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Figure 8: Quarterly Family Team Meetings Held  
(June 2012 – December 2014<sup>85</sup>)

Source: DCF Data

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<sup>85</sup> Data in this figure reflect the change in methodology for FTM that began in March 2013 and were recalculated retroactive to June 2012. FTM practice was incrementally introduced to Local Offices with extensive training; statewide implementation and data collection occurred prior to June 2012, th





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## Timeliness of Case Planning-Initial Plans

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

Quantitative or  
Qualitative Measure

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

Source: DCF data

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<sup>87</sup> The Monitor uses “partially” when DCF has come very close but has not substantially met the requirement, for example meeting the requirement in one or two months of the monitoring period. The Monitor determines a performance measure to have been met if DCF is within one percentage point of the final target or there are a small number (less than 3) of cases causing failure to meet the final target. See Table 9, supra footnote 6.



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Timeliness of Case Planning-Current Plans

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

Source: DCF data

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

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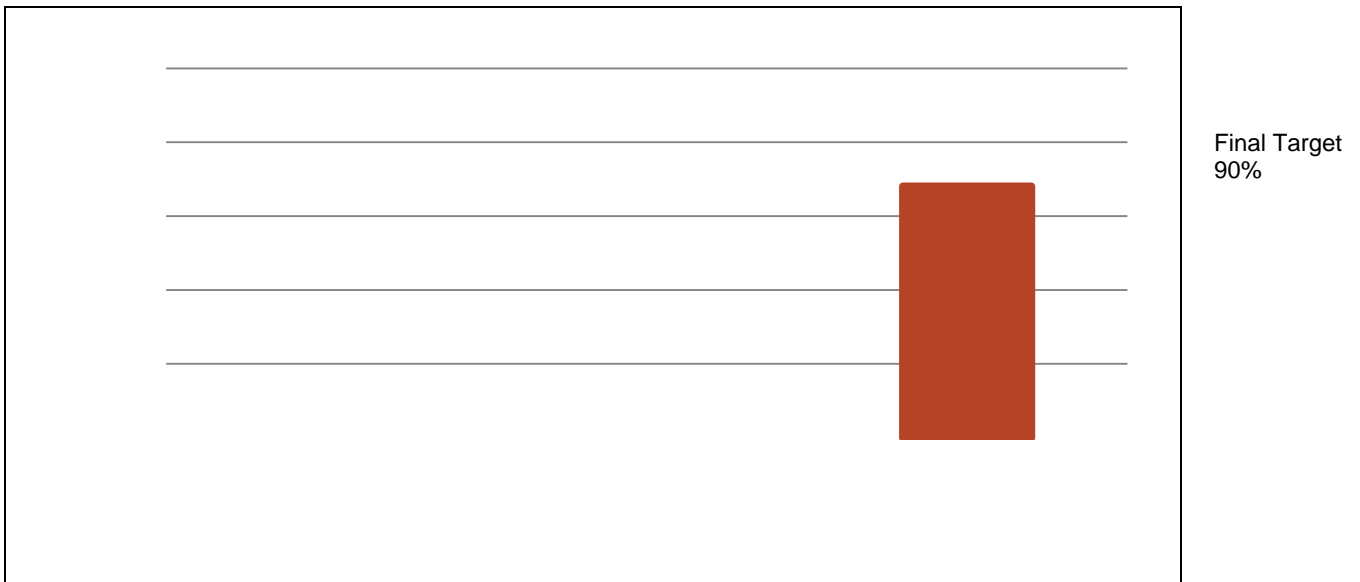
JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
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## Planning to Meet Children’s Educational Needs

Figure 13: Qualitative Review (QR) Cases Rated Acceptable on Learning and Development (for children over 5) and Stability in School<sup>91</sup> (January – December 2014)



Source: DCF, QR results

### ***Performance as of December 31, 2014:***

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

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







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

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

There are six performance measures related to this and DCF partially met three this monitoring period – including caseworker visits to childre



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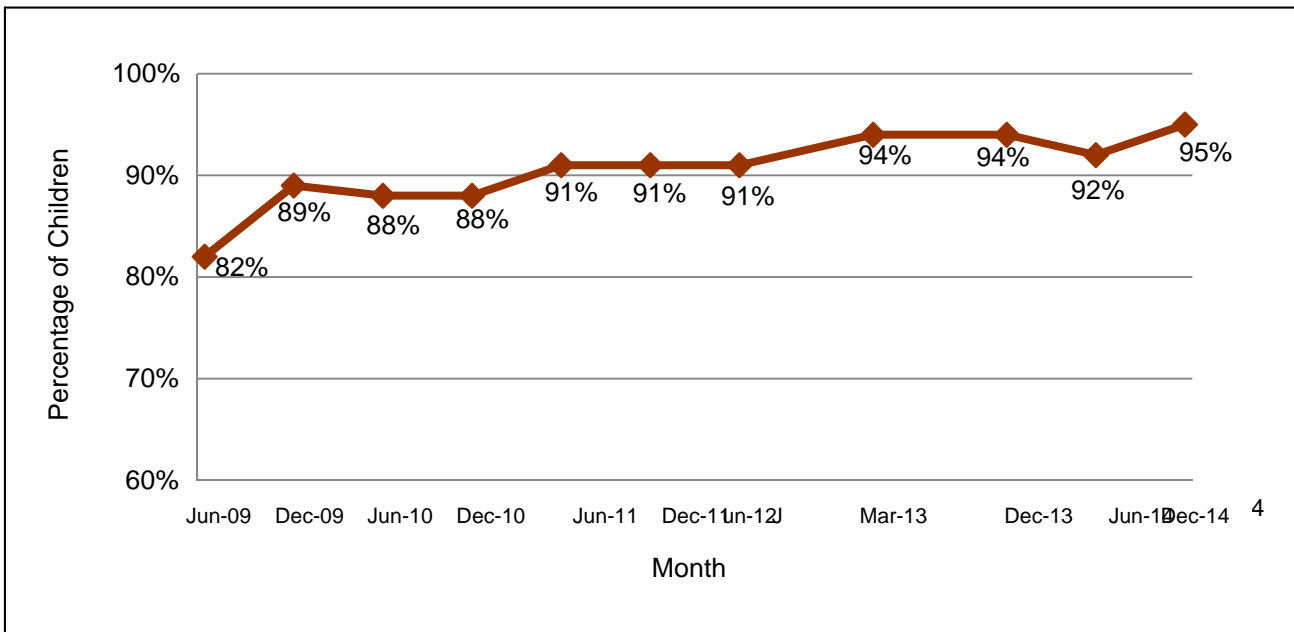
during one month and was within two percent in an additional four months. The Monitor considers this performance measure to be partially achieved.

Figure 16: Percentage of Children who had Two Visits per month during First Two months of an Initial or Subsequent Placement

## Caseworker Visits with Children in State Custody

Quantitative or

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



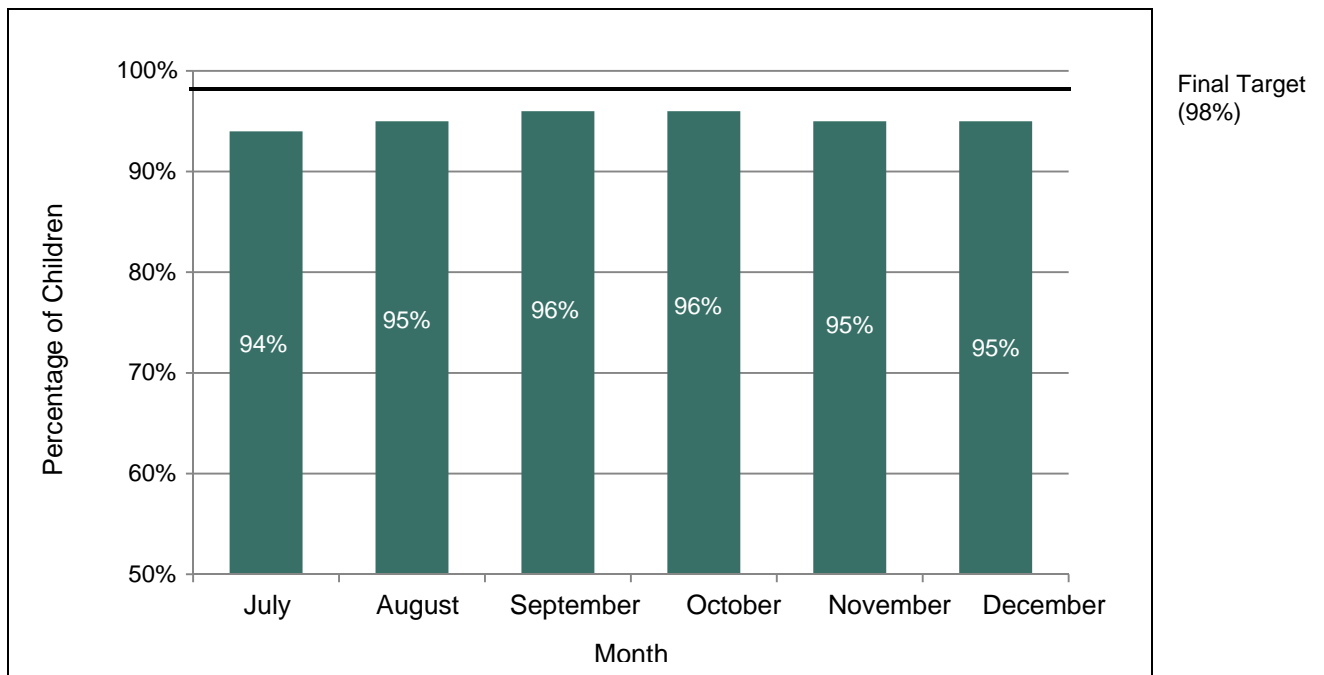
Source: DCF data

### ***Performance as of December 31, 2014:***

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

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

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



Source: DCF data





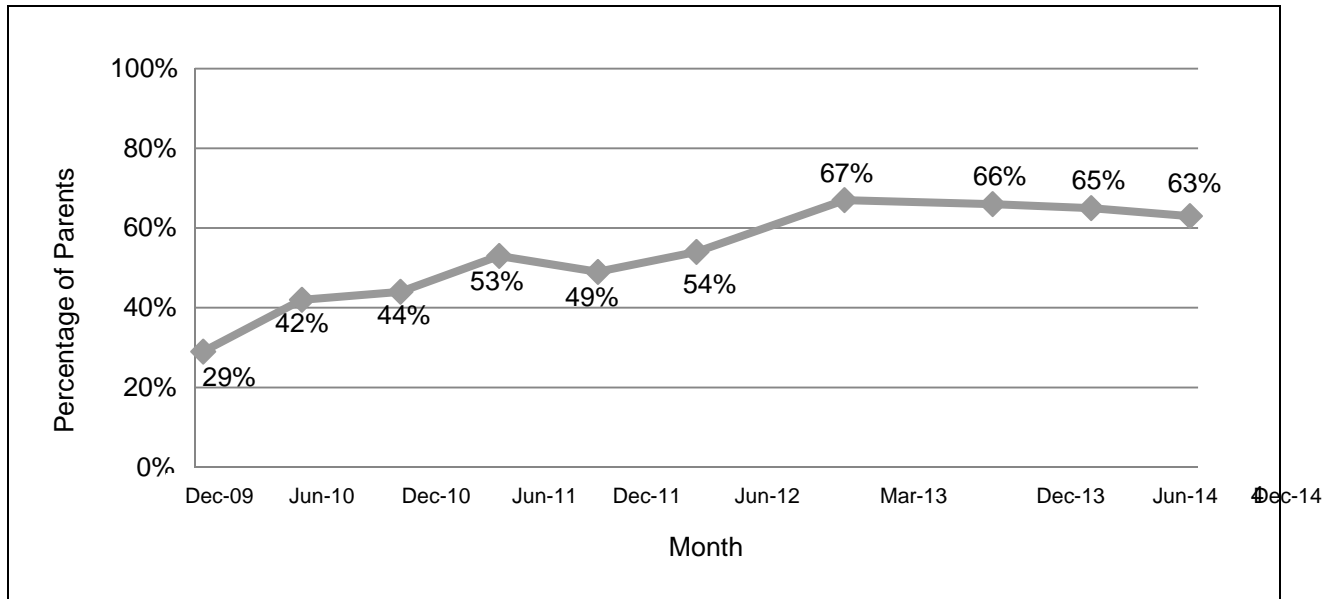
Month

## Caseworker Visits with Parents/Family Members

Quantitative or Qualitative Measure

19. Caseworker Visits with Parents/Family Members: The caseworker shall have at least one face-to-face visit per month with the parent(s) or other legally

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



Source: DCF data

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

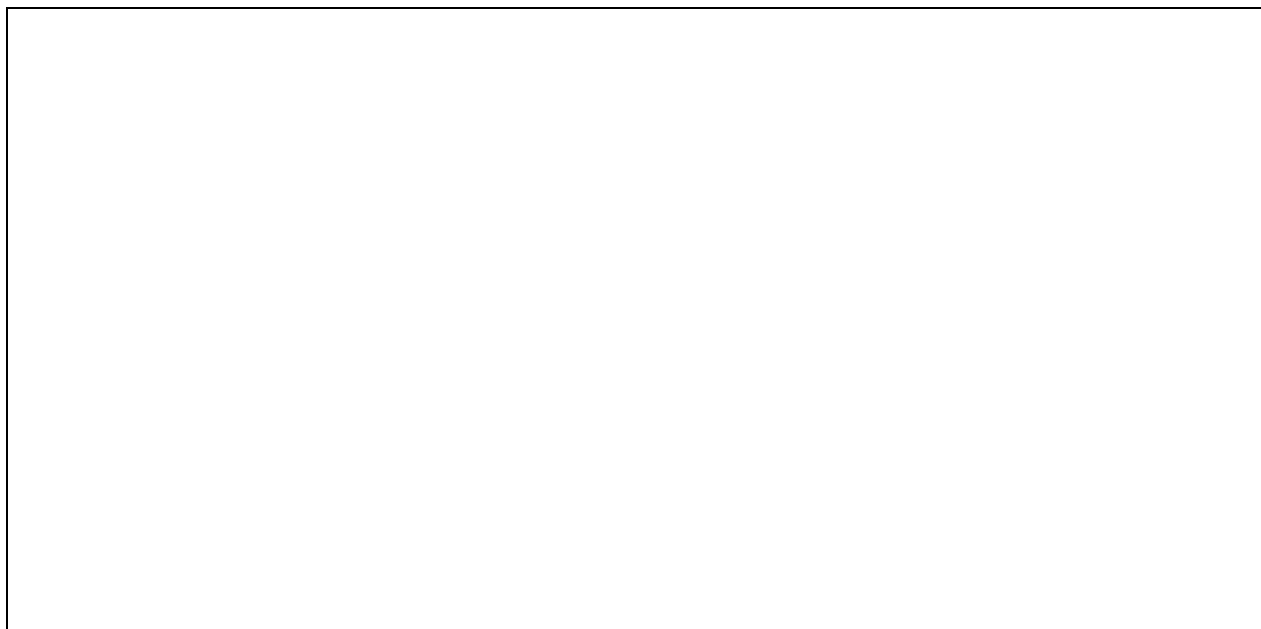






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Figure 24: Percentage of Children who had at least Two Visits  
per month with their Parent(s)  
(December 2009 – December 2014)<sup>104</sup>



Source: DCF data

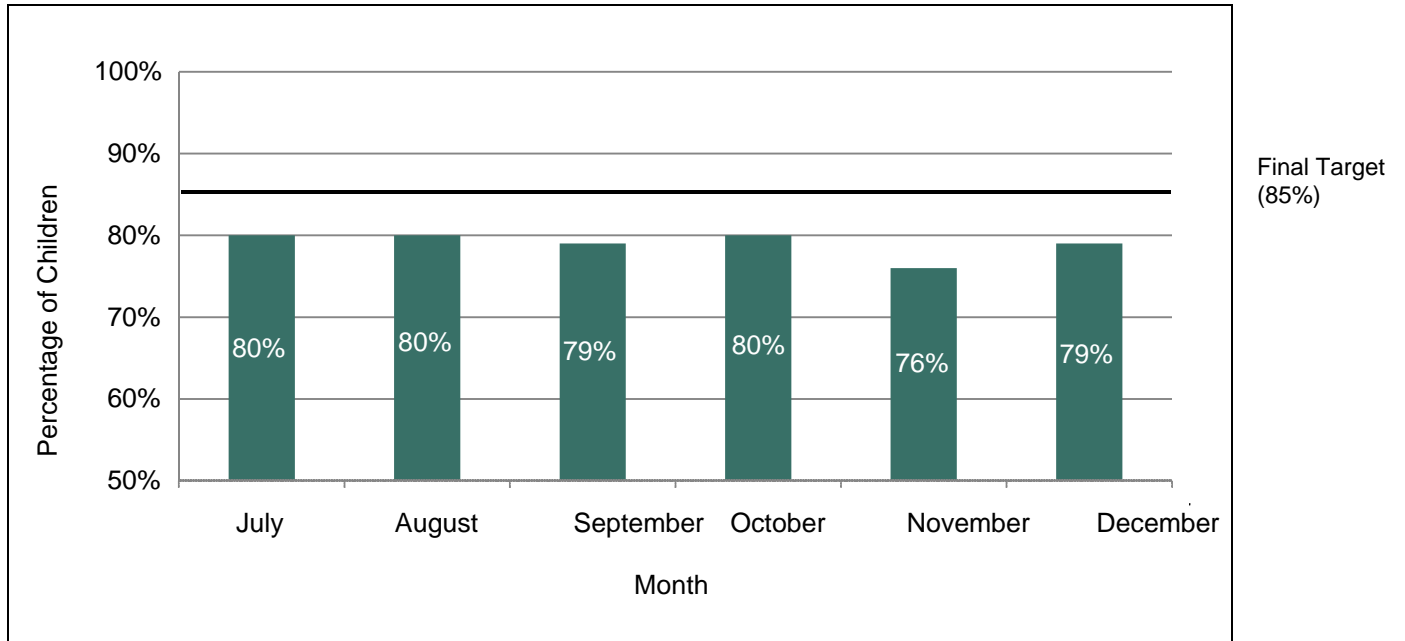
***Performance as of December 31, 2014:***

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

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104

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

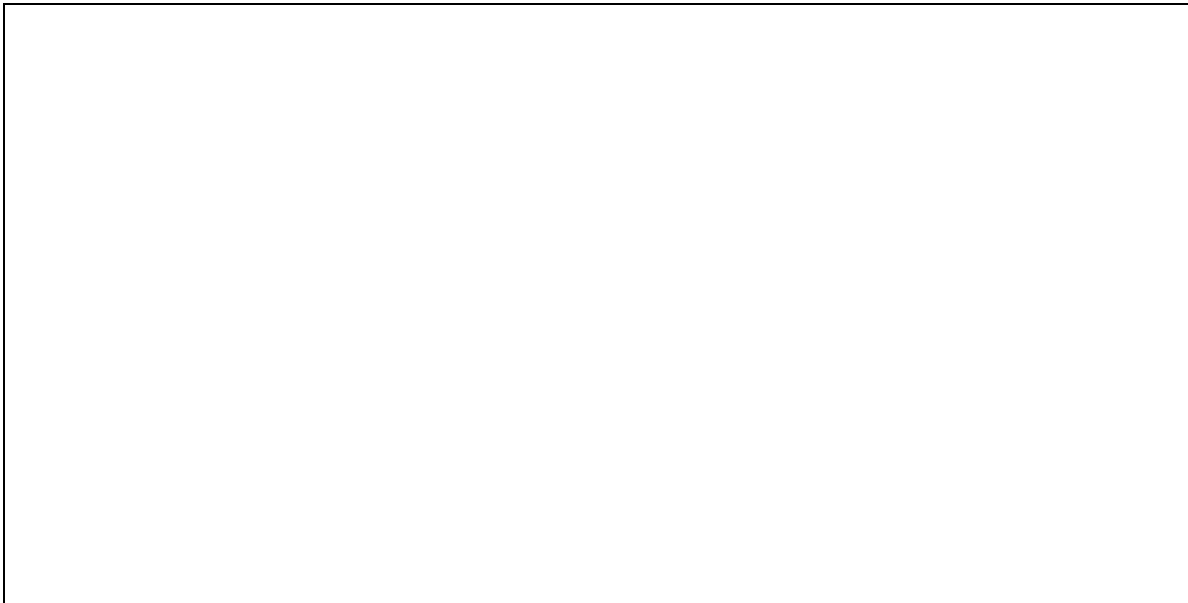


Source: DCF data

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Visits between Children in Custody and Sibling Placed Apart

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



Source: DCF data

***Performance as of December 31, 2014:***

During the previous monitoring period, DCF

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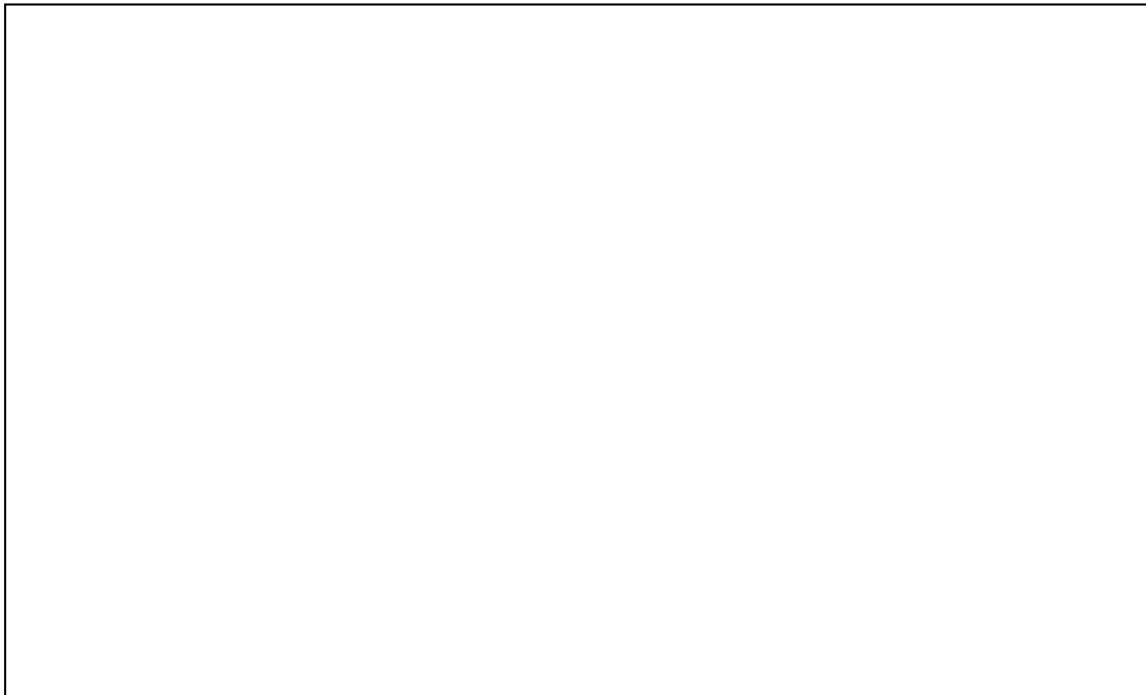
December 2014 there were 2,338 children in placemen

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

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

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



Source: DCF data

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

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

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<sup>107</sup> New this monitoring period, DCF combined the prior categories of ages six to nine and ten to 12 into one

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

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

Source: DCF data

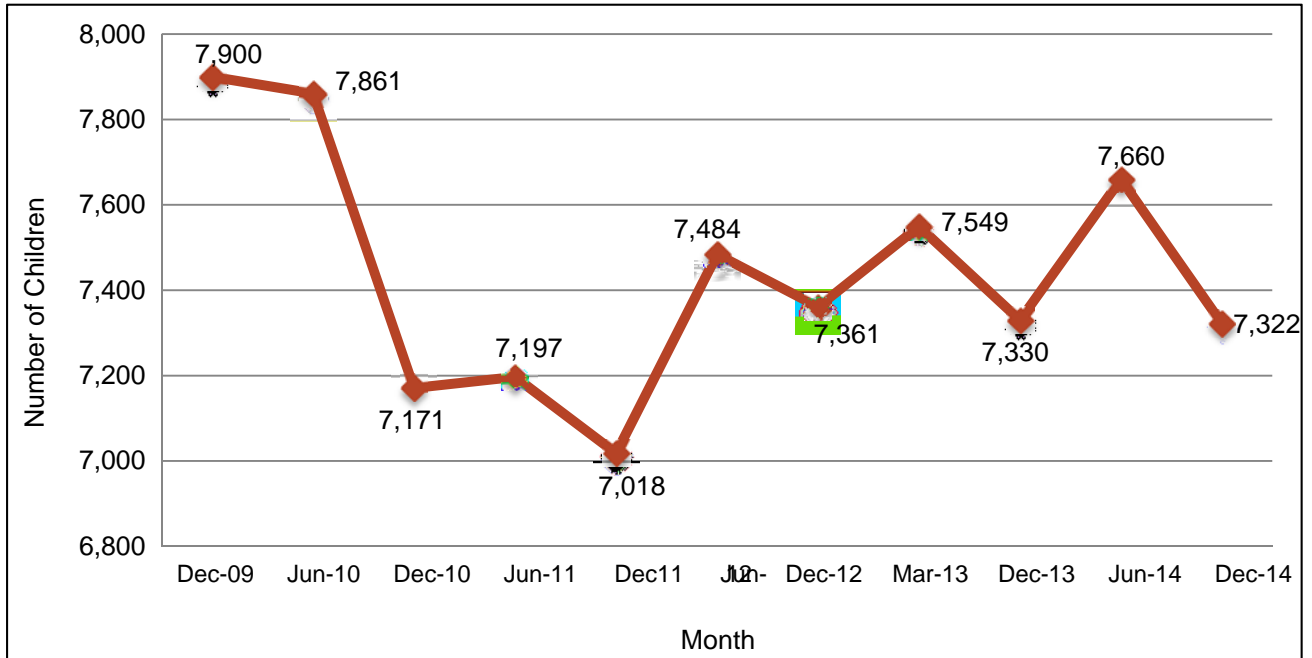
\*Percentage is greater or less than 100 due to rounding.

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

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

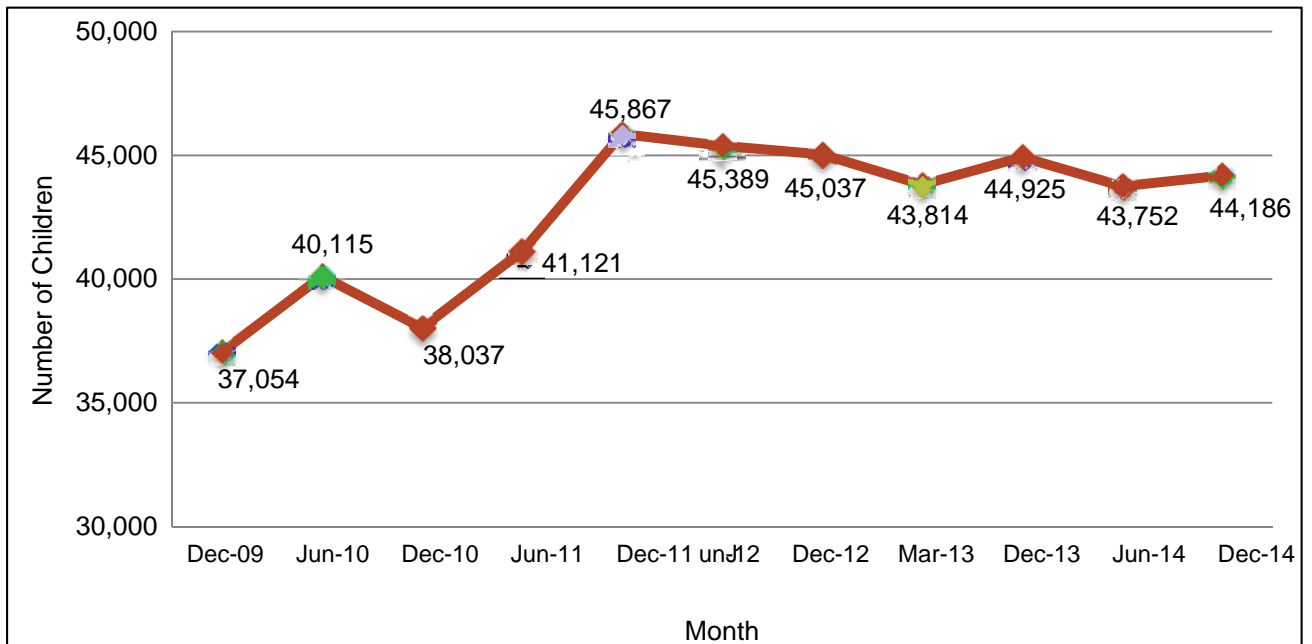


Figure 29: Number of Children in Out-of-Home Placement  
(December 2009 – December 2014)



Source: DCF data

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

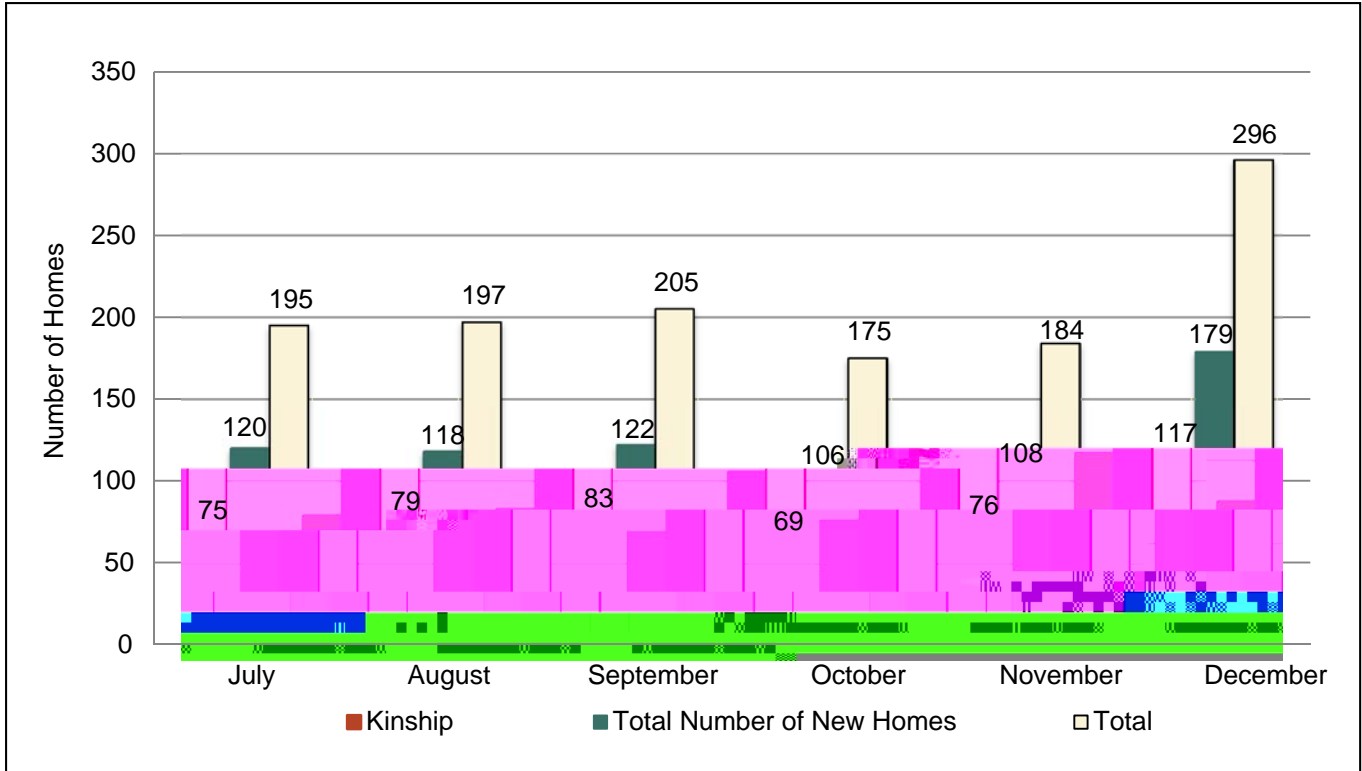


Source: DCF data



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

Total Number of New Homes = 753  
Total Kinship = 499



Source: DCF data

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

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

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

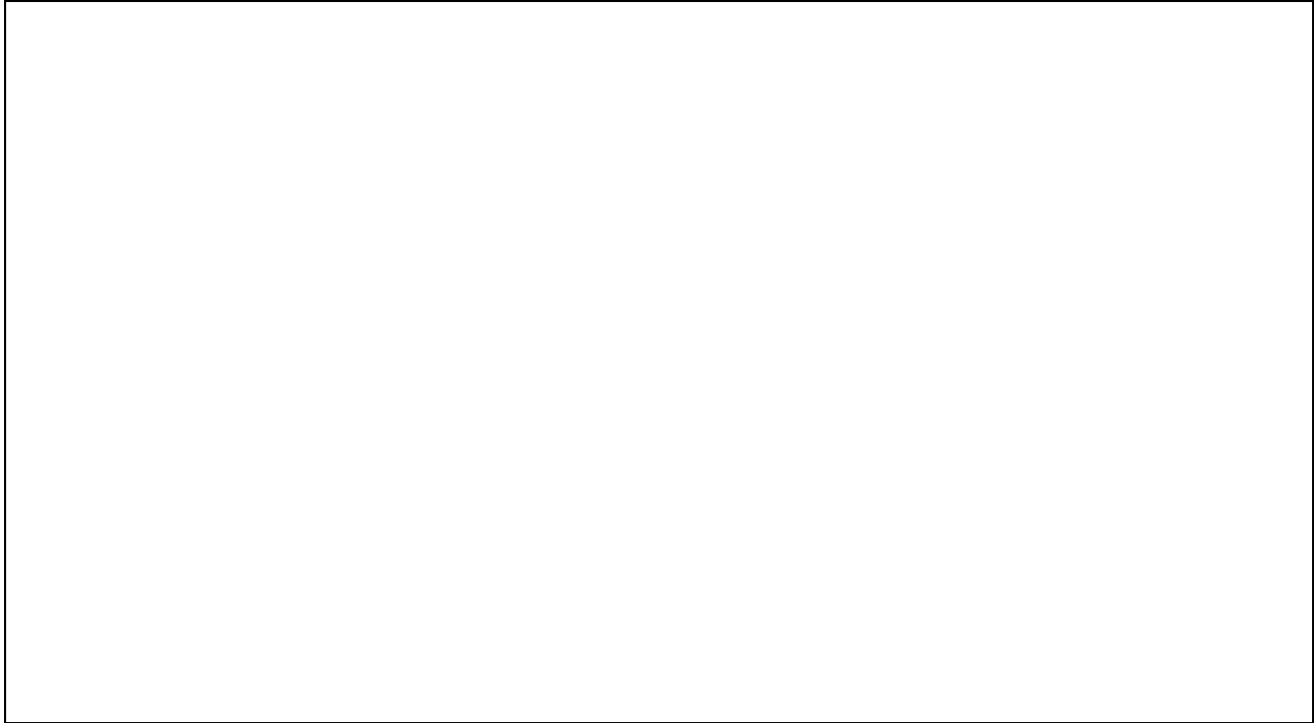
Source: DCF data

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

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

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



Source: DCF data

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

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

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

Between July and December 2014, in contrast to

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

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

County	Target	Licensed	Performance Against Target
Atlantic	25	43	18
Burlington	35	40	5
Cape May	12	11	-1
Camden	65	56	-9
Cumberland	18	27	9
Gloucester	27	43	16
Salem	11	14	3



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## *Resource Family Recruitment and Retention Strategies*

### *Large Capacity Homes*

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

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

### *Market Segmentation as a Tool for Recruitment*

DCF is now using the market segmentation approach that the National Resource Center for Recruitment and Retention of Foster and Adoptive Parents (NRCRRFAP) at Adopt US Kids trained recruitment staff to use when planning recruitment activities and events. The approach strategically targets “high income characteristics” to identify geographic areas and specific local communities and venues where data show successful resource families tend to live and frequent. For example, in November 2014, DCF he





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

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*Performance as of December 31, 2014:*

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

Placing Children with Families

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

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*Performance as of December 31, 2014:*

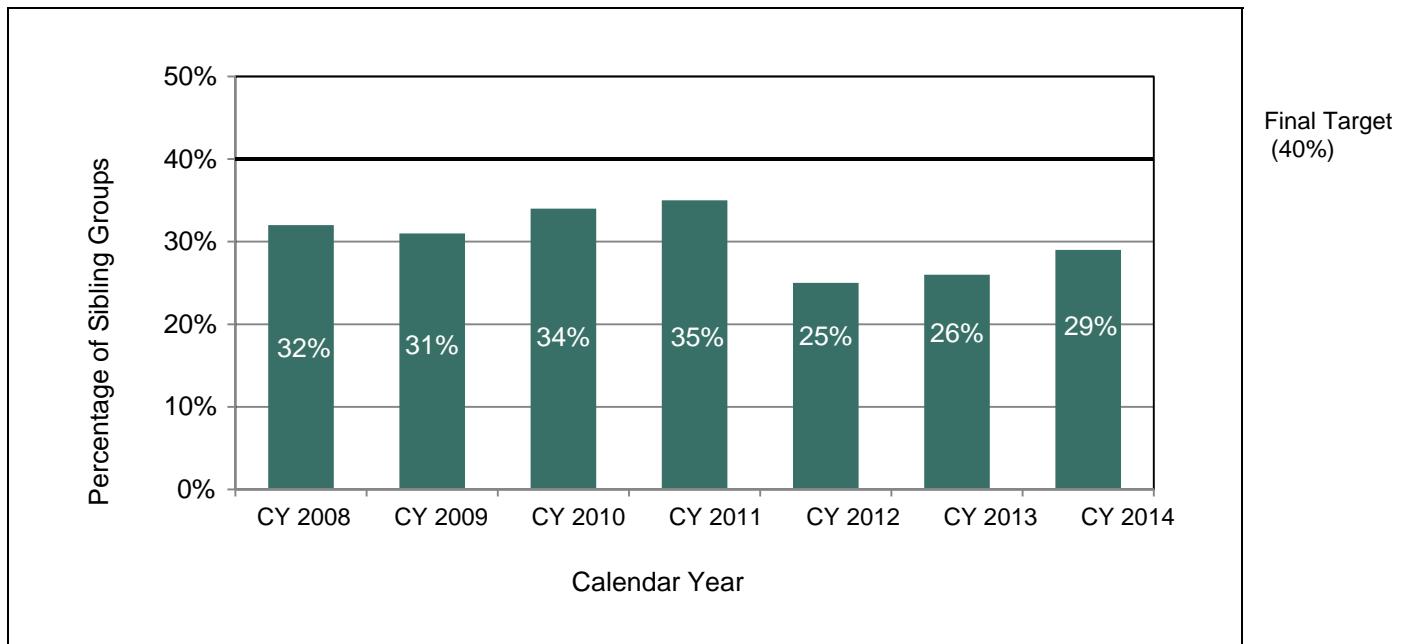
As of December 31, 2014, there were 7,322 children in CP&P out-of-home placement; 6,689 (91%) of whom were placed in resource family placements (non-kinship or kinship). The remaining 633 (9%) children/youth were placed in independent living placements (110) or group and residential facilities (523).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

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

### Placing Large Sibling Groups Together

Quantitative or Qualitative Measure	26. <u>Placing Siblings Together</u> : Of sibling groups of four or more siblings entering custody at the same time or within 30 days of one another, the percentage in which all siblings are placed together.
Final Target	For sibling groups of four or more entering in the period beginning July 2011 and thereafter, at least 40% will be placed together.

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



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

#### ***Performance as of CY 2014:***

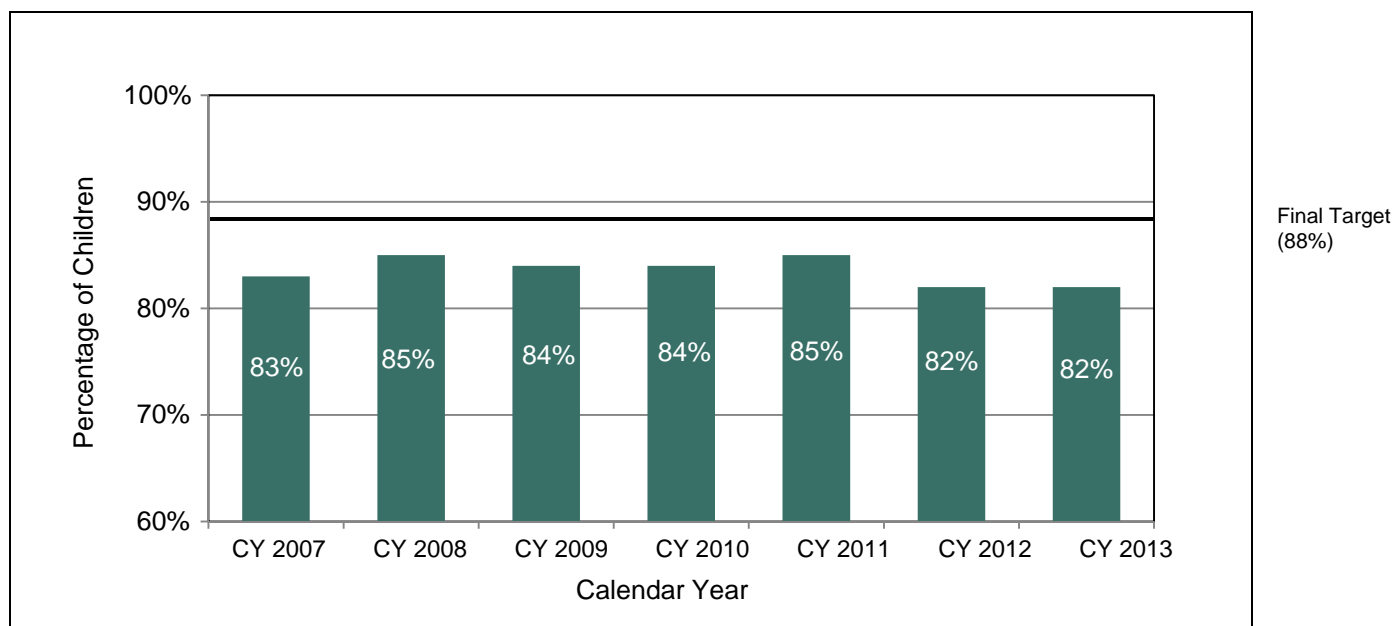
In CY 2014, there were 102 sibling groups that had four or more children who came into custody at the same time or within 30 days of each other. (29%) of these sibling groups were placed together. While the number of large sibling groups has decreased overall since CY 2012, performance remained virtually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

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

### Stability of Placement

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

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



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

#### ***Performance as of Most Recent Calendar Year Available:***

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

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

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

### Placement Limitations

Quantitative or Qualitative Measure	28. <u>Placement Limitations</u> : Number/percentage of resource homes in which a child has been placed if that placement will result in the home having more than four foster children, or more than two foster children under age two, or more than six total children including the resource family's own children, but such limitations may be waived if needed and appropriate to allow a group of siblings to be placed together.
Final Target	By June 2009, no more than 5% of resource home placements may have seven or eight total children including the resource family's own children, but such placements may be waived if needed and appropriate to allow a group of siblings to be placed together.

#### *Performance as of December 31, 2014:*

The MSA limits how many children can be placed in a resource family home at one time: no child should be placed in a resource family home if that placement will result in the home having more than four foster children, more than two foster children under the age of two, or more than six total children including the resource family's own children (Section 17C.1). Exceptions can be made to these limits as follows: no more than five percent of resource home placements may be made into resource homes with seven or eight children including the resource family's own children, but such placements can be made as long as there is adherence to the other limitations referred to above. Any of the limitations may be waived if needed and appropriate to allow a group of siblings to be placed together.

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

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

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







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## VII. REPEAT MALTREATMENT AND RE-ENTRY INTO CARE

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

Following regulatory change in 2012, in April 2013 DCF began implementing a change to its abuse and neglect investigative finding procedure which now allows for a four-tier determination instead of two. The four-tier system – substantiated, established, not established and unfounded<sup>13</sup> – impacts the data that are collected and reported for the two repeat maltreatment measures in this section, as both substantiated and established are considered “substantiated” when looking at repeat maltreatment and re-entry into care. DCF is researching how the change to the four-tier system may explain fluctuations in reported performance between calendar years.

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

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<sup>13</sup> Substantiated is defined as a preponderance of the evidence establishes that a child is an abused or neglected child as defined by definition and either the investigation indicates the existence of any of the absolute conditions or substantiation is warranted based on consideration of the aggravating and mitigating factors. Established is defined as a preponderance of the evidence establishes that a child is an abused or neglected child as defined by definition, but the act or acts committed or omitted do not constitute a violation of the statute(s) governing the offense.

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## Abuse and Neglect of Children in Foster Care

Quantitative ( )6(of t 6s re f-1.6(ece61.98 105.96 13.8 re f Tf 12 0 0 12 78.50.860.3201 Tm Tc 6-.001

### *Performance as of CY 2014:*

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

### Repeat Maltreatment

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

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

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<sup>114</sup> Data analyzed by Hornby Zeller Associates.

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

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

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

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

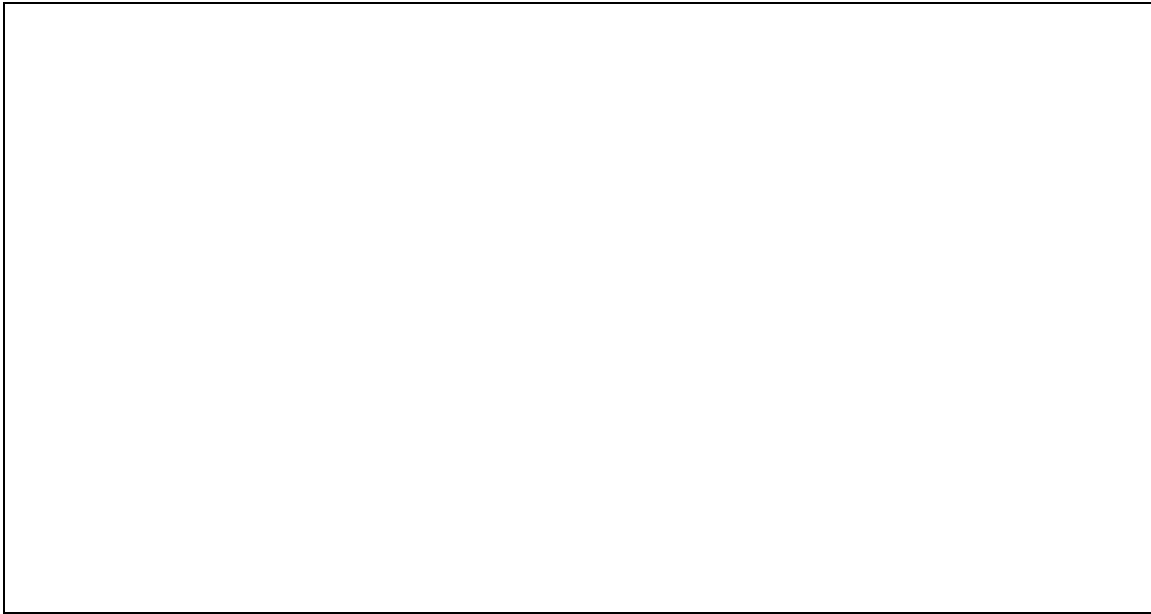
Re-entry to Placement

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

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



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



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Timely Permanency through Reunification, Adoption or Legal Guardianship

Figure 41: Percentage of Children who Entered Foster Care in CY 2013 and were Discharged to Permanency within 12 months from Removal (CY 2006 – CY 2013)<sup>19</sup>



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

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

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

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<sup>19</sup> Small shifts in previously reported performance from year to year may be found and are attributable to on-going data management and clean-up.



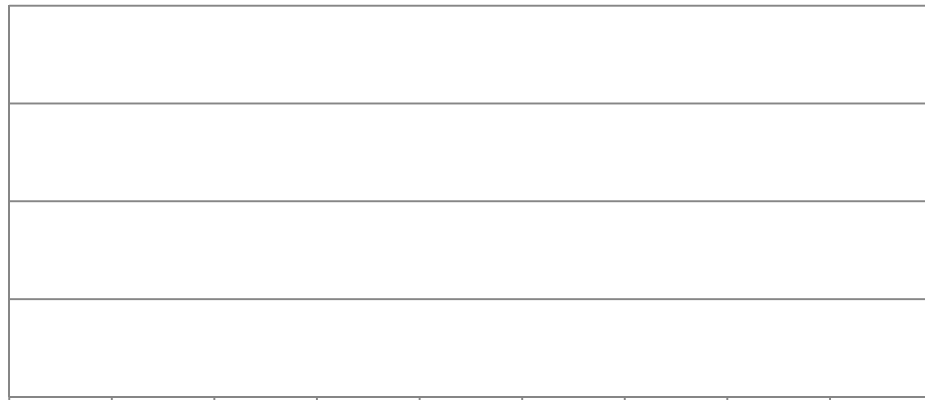


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**Performance as of CY 2014:**

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

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



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

<sup>123</sup> Data analyzed by Hornbaker Zeller Associates.

<sup>124</sup> Small shifts in previously reported performance for a few years may be found and are attributable to on-going data management and clean-up

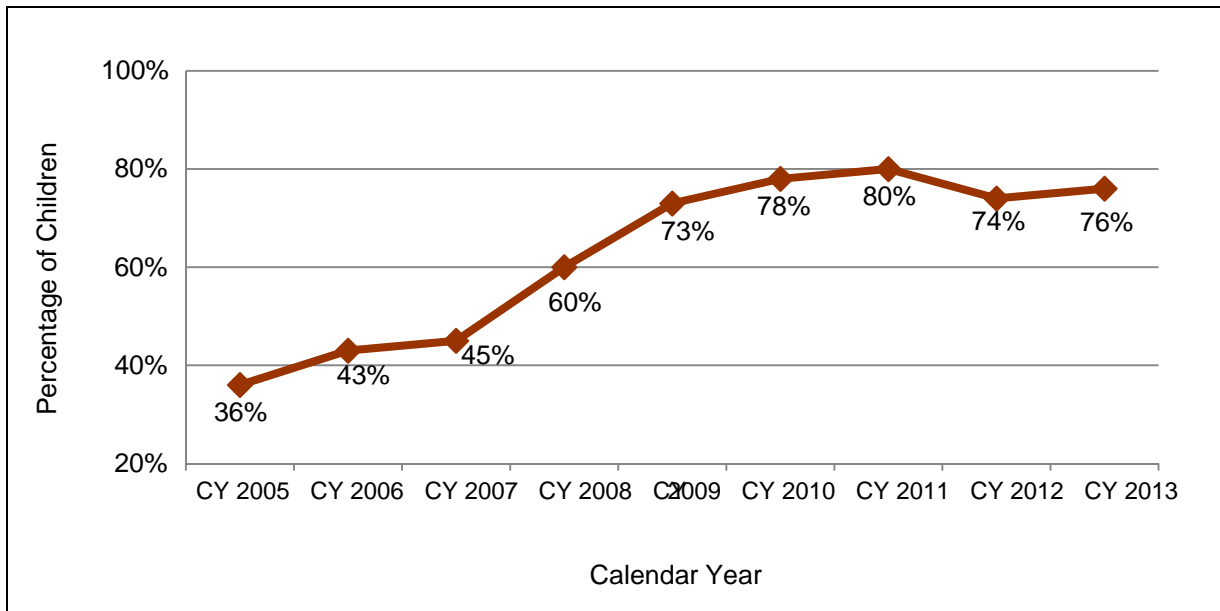
**Performance as of CY 2014:**

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

**Permanency Through Adoption**

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

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



Source: DCF data

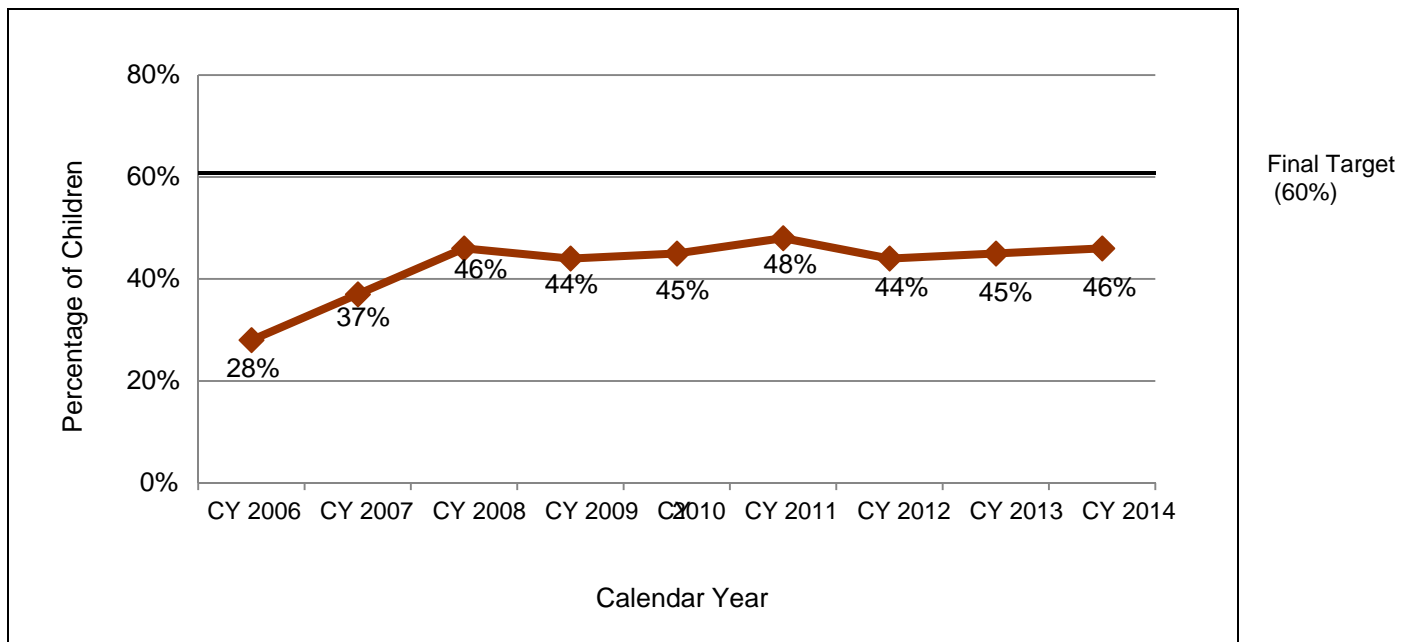
<sup>125</sup> Data analyzed by Holly Zeller Associates.

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

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

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

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



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

**Performance as of CY 2014:**

Of the 1,075 children who exited foster care to adoption in CY 2014, 496 (46%) had been in care for 30 months or less.<sup>126</sup> An additional 196 (18%) children<sup>127</sup> who exited foster care to adoption had been in care for 36 months or less. This performance does not meet the final target requirement of 60 percent.

**Finalized Adoptions**

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

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

Local Office	Finalized Jan – June 2014	Finalized July – Dec 2014	Total for CY 2014	Local Office	Finalized Jan – June 2014	Finalized July – Dec 2014	Total for CY 2014

**Paralegal Support and Child Summary Writers**

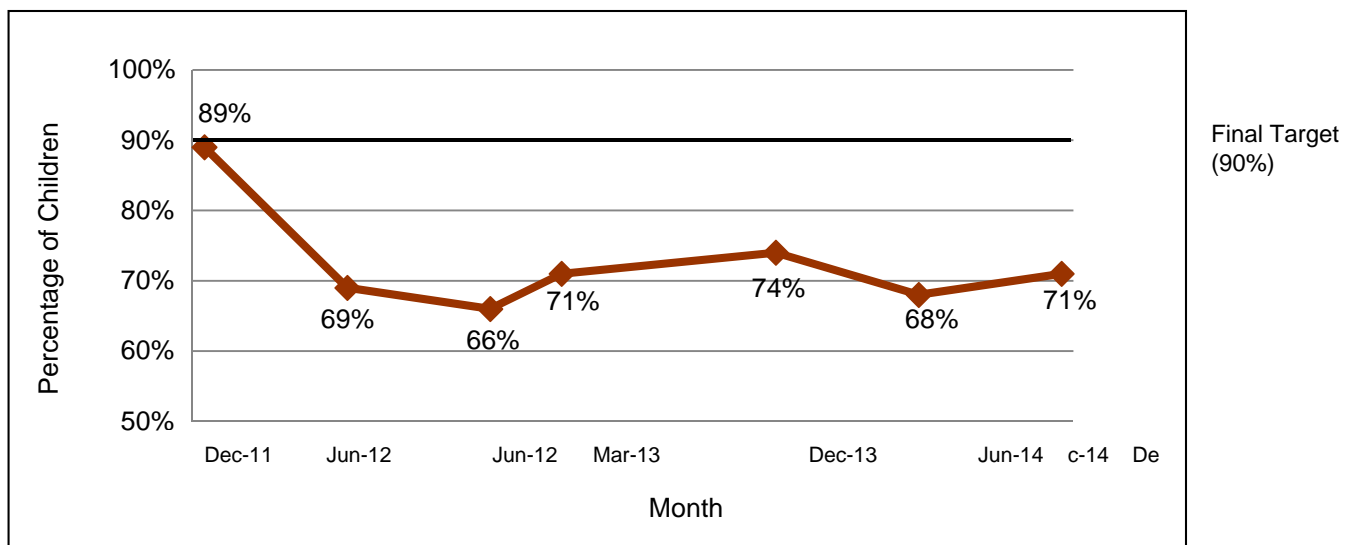
DCF continues to provide paralegal support required under the MSA to assist with the paperwork necessary to finalize adoptions (Sec. 17:27, N.J.S.A. 17:27.5). As of December 31, 2014, CP&P had 144 paralegal positions in the Local Offices: 138 (95%) paralegal positions were filled and all of the vacant positions were approved for new hires to fill the vacancy. In addition, 12 of the 13 paralegal positions at DCF’s central office were filled and the one vacant positions was approved to be filled.

DCF continues to contract with Children’s Home Society to provide 28 child summary writers statewide and five part-time adoption expeditors to assist with adoption paperwork in counties throughout the state.

**Progress Toward Adoption**

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

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



Source: DCF data





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

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

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

Source: DCF data

\* Data are pulled on a quarterly basis and this plan was not complete at the time data were extracted. Totals may equal more than 100 due to rounding.

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

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





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

Between July and December 2014, seven children were applicable to this measure; five (71%) children were placed in an adoptive home within nine months of the TPR. The number of applicable children this period was one-third total during the previous period (21 children

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***Performance as of December 31, 2014:***

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

Table 19: Adoptions Finalized within 9 months of  
Child's Placement in an Adoptive Home  
(July – December 2014)<sup>31</sup>

Month	Total Number Eligible to be Finalized	Finalized within 9 months (percent of total)
JULY	75	68 (91%)

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

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

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

Although not used to directly assess MSA compliance, DCF's ~~CR~~ found that 98 percent of cases<sup>133</sup> scored at least minimally acceptable on the provision of health care services. This section provides updates of ongoing efforts to impr

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A. *Health Care Delivery System*

Child Health Units

The Child Health Units are a fundamental cornerstones of the provision of health care to children in CP&P custody. These units are in each CP&P Office and are staffed with a managing Clinical Nurse Coordinator, nurse Health Case Managers and staff assistants based on the projected number of children in out-of-home placement. A regional nurse administrator supervises local units for a particular region (in coordination with the Area Offices). DCF worked with Rutgers School of Nursing and CP&P Local Offices to build these units. As part of their duties, these staff members are responsible for tracking and advocating for children in out-of-home placement.

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**B. Health Care Performance Measures**

Pre-Placement Medical Assessment

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

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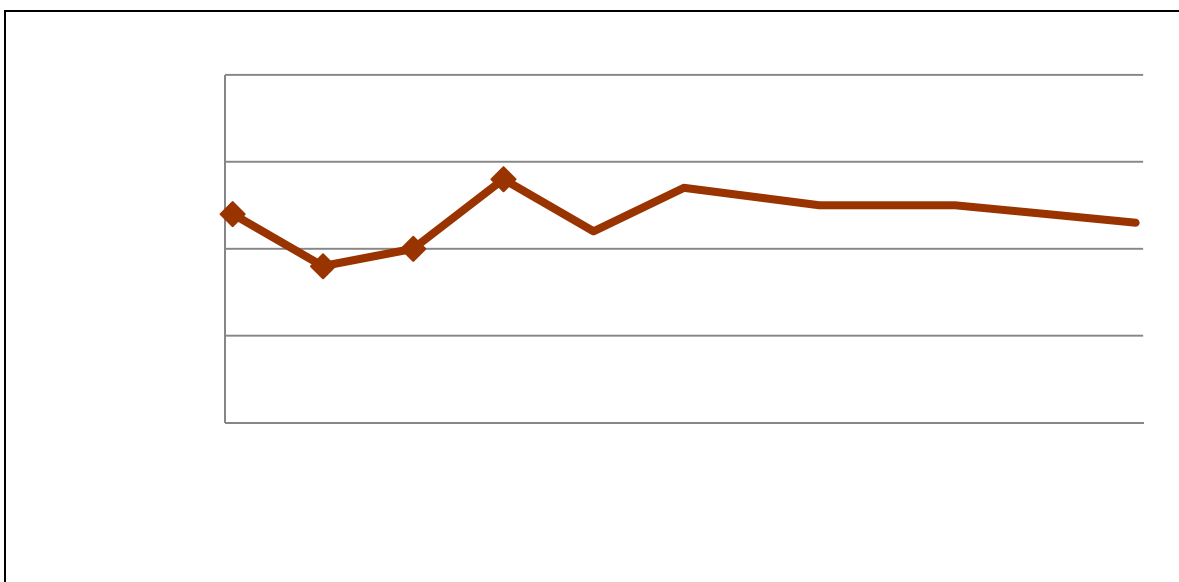
(MSA Section II.F.5). Child Health Unit nurses, clinics and sometimes the child's own pediatrician provide these assessments.

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

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## Initial Medical Examinations

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



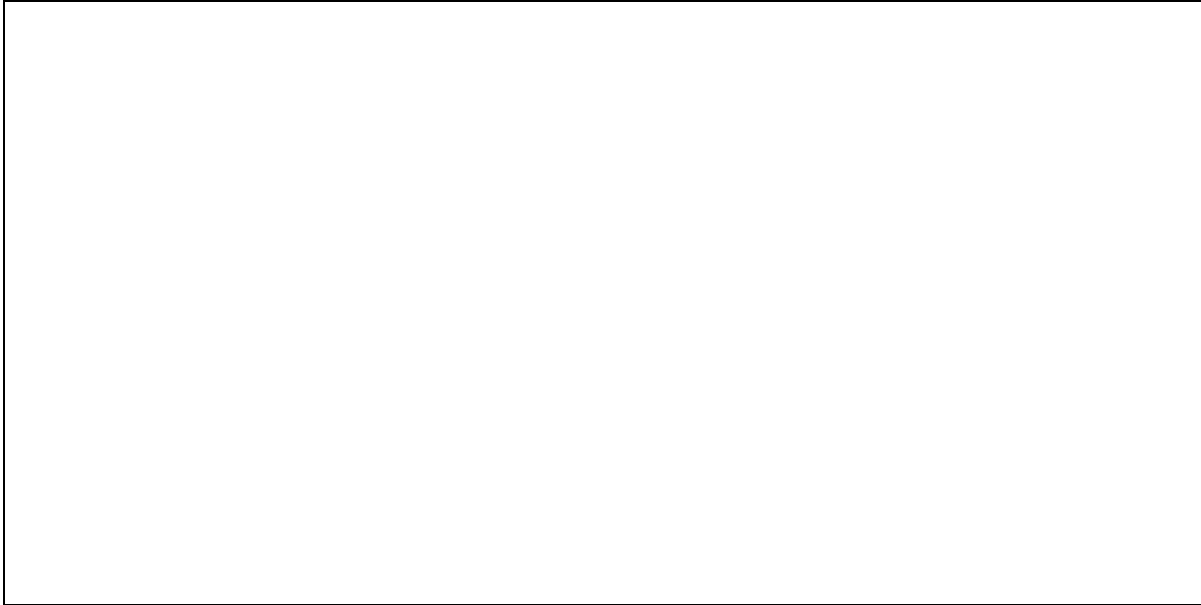
Source: DCF data

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



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



Source: DCF data

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

***Performance as of December 31, 2014:***

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

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

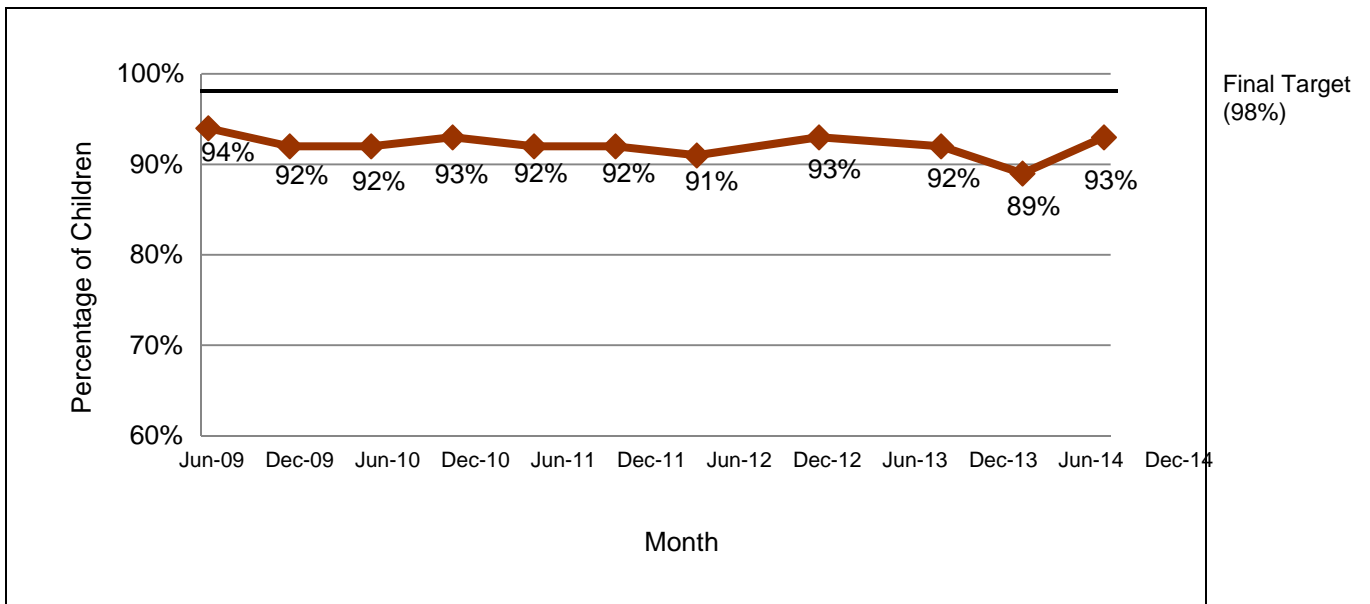
Comprehensive Medical Examinations Data							
	Children requiring CME	Total Completed within 30 days	%	Total Completed within 31-60 days	%	Total Completed within 0-60 days	%
JULY	429	358	83%	57	13%	415	97%
AUGUST	323	257	80%	60	19%	317	98%
SEPTEMBER	353	310	88%	37	10%	347	98%
OCTOBER	377	300	80%	65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

Source: DCF data

## Required Medical Examinations

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

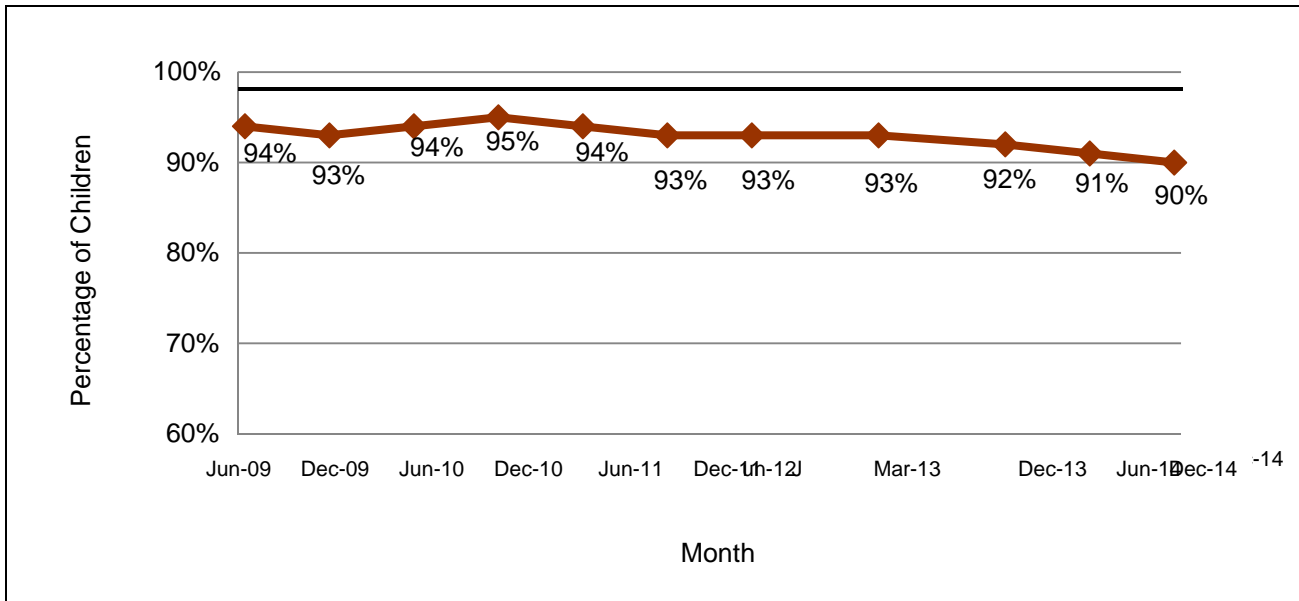
Figure 53: Percentage of Children Ages 124 months Up-to-Date on EPSDT Visits  
(June 2009 – December 2014)



Source: DCF data

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

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



Final Target (98%)

Source: DCF data

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

***Performance as of December 31, 2014:***

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

NJ SPIRIT and SafeMeasures provide reports when a child receives an EPSDT examination, but neither have the ability to determine whether a child is clinically up-to-date with these exams. A child may be noted in NJ SPIRIT as up-to-date if at the EPSDT visit the child was sick (children must be well for such visits to be considered EPSDT visits) or the visit was missed, but rescheduled within a close time period. Also, especially notable for younger children age two and under, once a child is off schedule, they will remain off schedule within DCF’s data

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

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

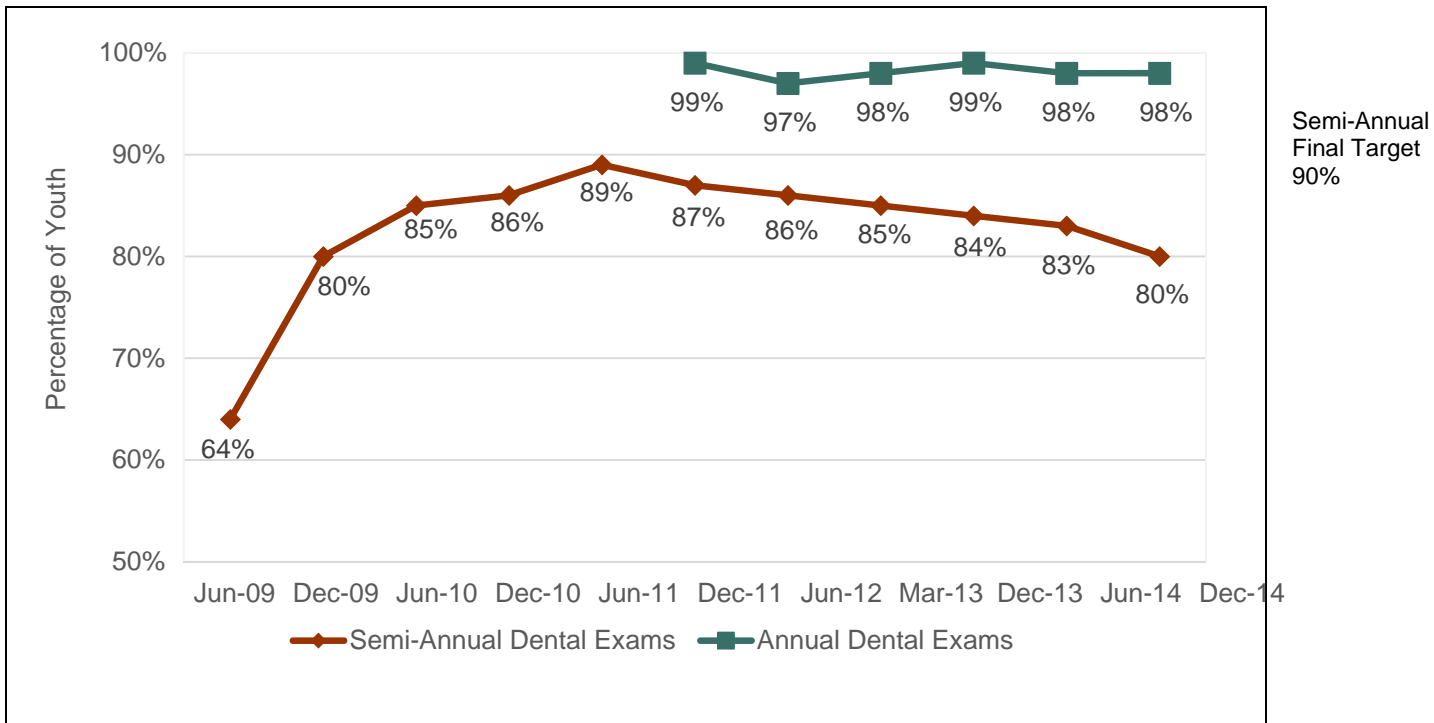
Table 21: EPSDT for Children Ages 12-24 months  
(July – December 2014)

Month	Children Requiring EPSDT	Children Up-to-Date	% Children Up-to-Date
JULY	94	88	94%
AUGUST	87	81	93%
SEPTEMBER	102	96	94%

## Semi-Annual Dental Examinations

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

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



Source: DCF data

***Performance as of December 31, 2014:***

As of December 31, 2014, 80 percent of children age three or older who have been in care for at least six months had evidence of receiving semi-annual dental exams (within the last six months) and 98 percent of these children had at least an annual exam completed. DCF's performance on semi-annual dental examinations declined steadily since June 2011. The Monitor continues to consider DCF to have not fully fulfilled this performance measure.

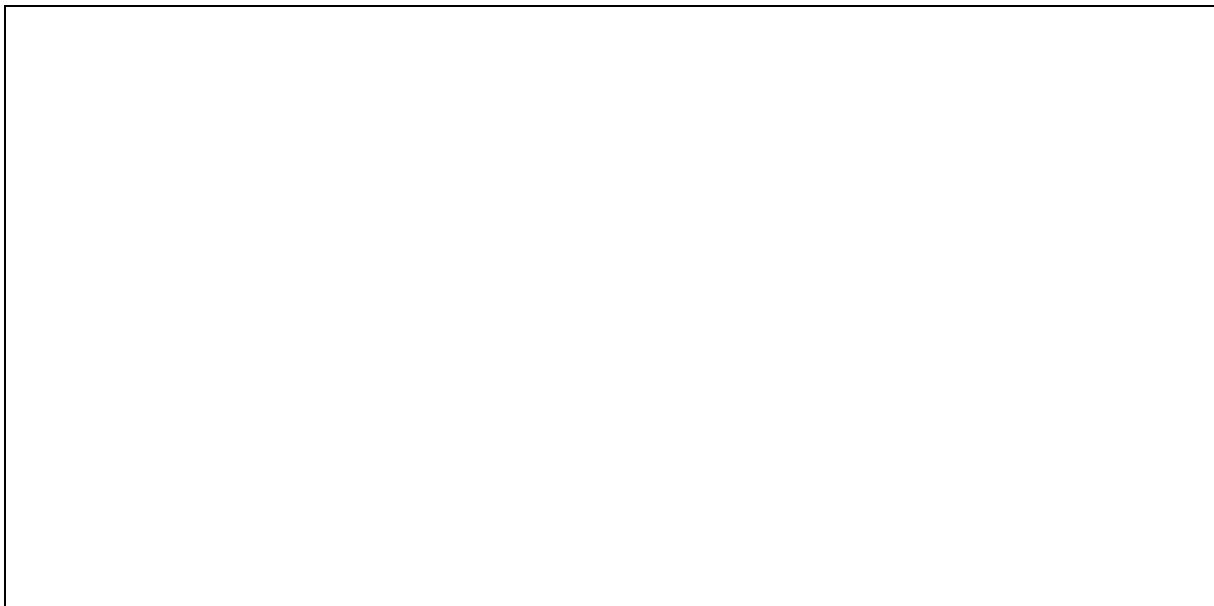
As of December 31, 2014, DCF reports that there were 4,130 children age three and older who had been in CP&P out-of-home placement for at least six months; 3,318 (80%) had received a dental examination within the previous six months and an additional 741 (18%) had received an

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

### Follow-up Care and Treatment

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



Source: DCF data

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

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

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

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

Source: DCF data

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

<sup>142</sup> The Monitor thus looks to perform an

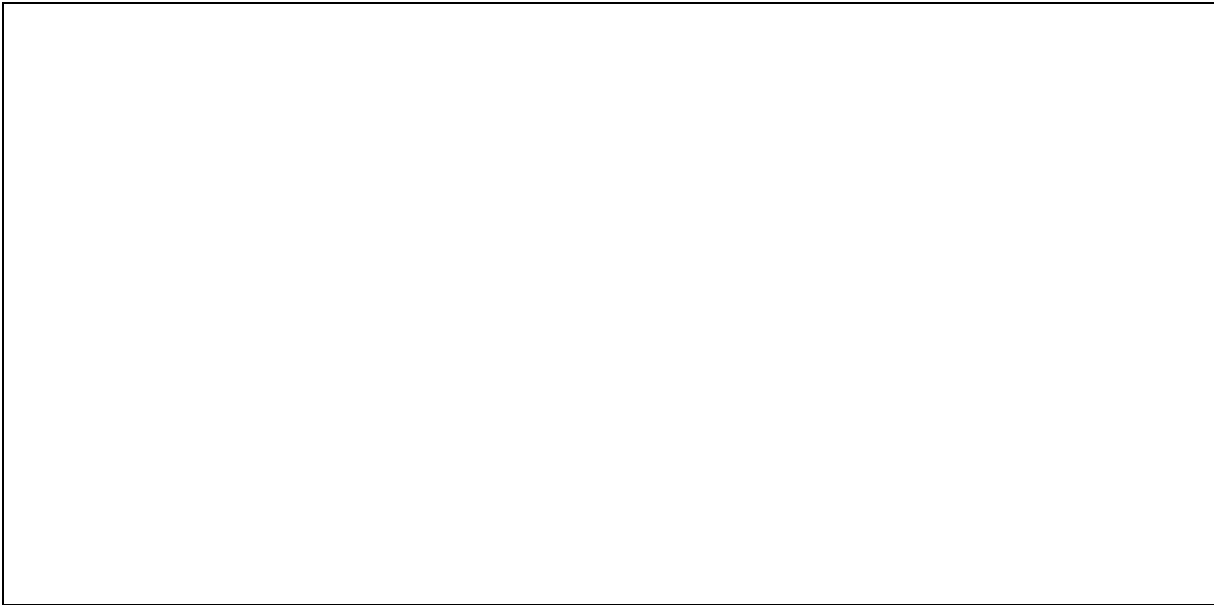




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## Health Passports

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



Source: DCF data

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

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Figure 59: Percentage of Caregiver

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***Performance as of December 31, 2014:***

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

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

Based on DCF's internal health care case record review of 349 cases, there is evidence that Health Passports were shared with the child's caregiver within the first five days of placement in 83 percent of cases (see Table 24) which does not meet the MSA final target, but represents a significant improvement in performance. Within 30 days of the placement, DCF data show the Health Passport has been shared with 98 percent of caregivers, consistent with performance from the last two monitoring periods.

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## X. MENTAL HEALTH CARE

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

### A. *Mental Health Delivery System*

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









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

MH Screening			
Not reviewed already receiving services (39) or under the age of two	(108)	147	43%
Children eligible for screening		196	57%

Source: DCF data  
Some percentages do not equal 100 due to rounding.

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

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

***Performance as of December 31, 2014:***

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

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

Continued Support for Family Success Centers

*Performance as of December 31, 2014:*

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

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

DCF collects data on the number of individuals and families served by the FSCs. Table 26 shows the unduplicated number of people served by New Jersey's FSCs from July through December 2014. Table 27 shows the number of sessions

Table 26: Unduplicated Number of Participants Served by New Jersey's FSCs between July and December 2014<sup>153</sup>

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

Source: DCF data

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

Contracted Service	2014					
	July	August	September	October	November	December
Family Health	662	615	831	1,069	894	654
Parent Education/Parent-Child Activity	910	1,104	988	1,323	1,199	1,190
Employment Related	997	1,010	1,052	1,017	871	741
Housing Related	835	612	1,004	839	1,002	648
Life Skills	1,140	927	1,106	1,259	1,193	1,010
Advocacy	1,398	1,360	1,683	1,537	1,571	1,274
Family Success Plans	401	262	203	218	133	131
General I&R/Linkage	4,479	4,685	5,355	4,904	4,923	4,143
Expanded Services*	2,598	3,745	3,406	4,631	4,513	2,911
Total Services	13,420	14,200	15,628	16,797	16,299	12,702

Source: DCF data

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

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

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## XII. SERVICES TO OLDER YOUTH

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

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

### A. Updates to Current Practices

#### *Housing*

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

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

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

Source: DCF data

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

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

As indicated in Table 29 below, DCF contracts for 390 housing beds for homeless youth and youth aging out of care; 368 of these housing beds are visible on the HUB. Almost all of the providers listed below accept youth up to the age of 21.

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

County	Contracted Slots	Operational Slots	Providers
Atlantic	6	6	Twin Oaks
Bergen	16	16	Bergen County Community Action Program
			Volunteers of America
Burlington	31	31	Crossroads
			Garden State Homes
			The Children's Home of Burlington County
Camden	31	34	Center For Family Services
Cape May	12	12	CAPE Counseling
			Center for Family Services
Essex	57	55	Care Plus (Strive for Independence I)
			Care Plus (Strive for Independence II)
			Corinthian Homes (Youth Build)
			Covenant House
			Covenant House
			Tri-City Peoples
Gloucester	30	30	Robin's Nest Inc.

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## *Education*

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

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

DCF reports that all youth enrolled in the NJFC Scholars program received support services through Project MYSELF which is administrated by Transition for Youth at the Institute for Families through the Rutgers School of Social Work. Project MYSELF is a multi-service mentoring program designed to improve academ

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

DCF reports that regional LGBTQI meetings

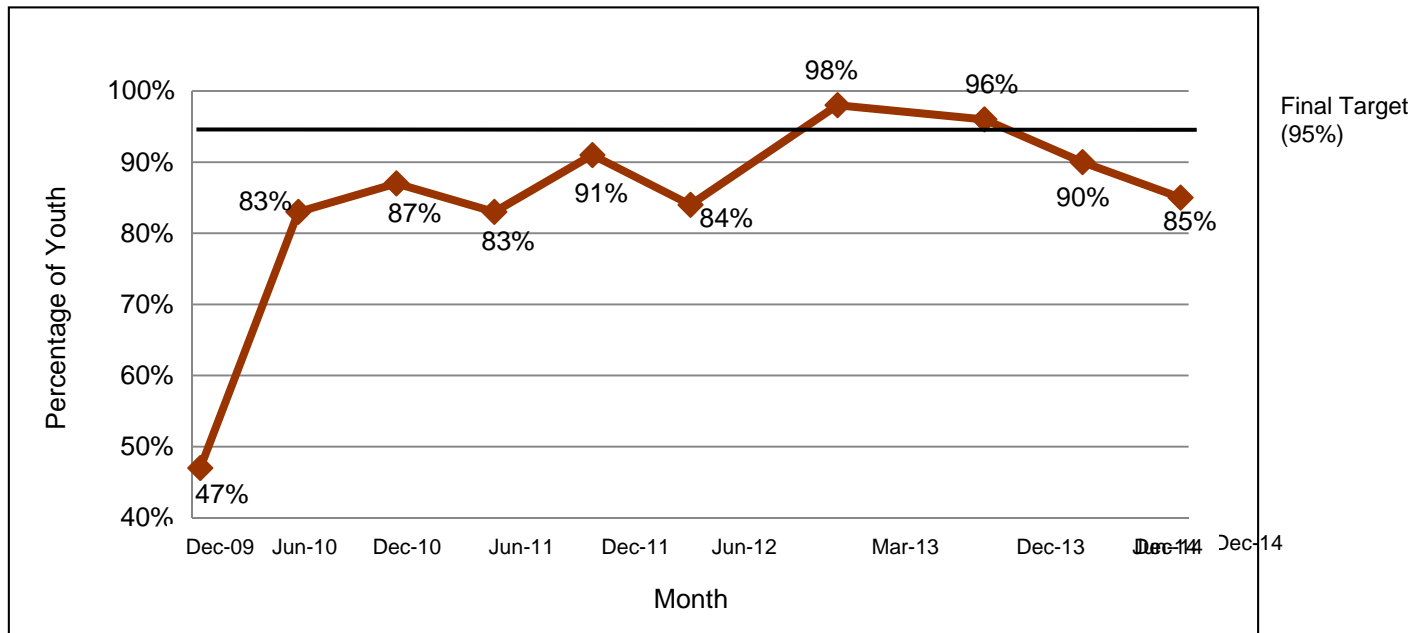




## Independent Living Assessments

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

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



Source: DCF data

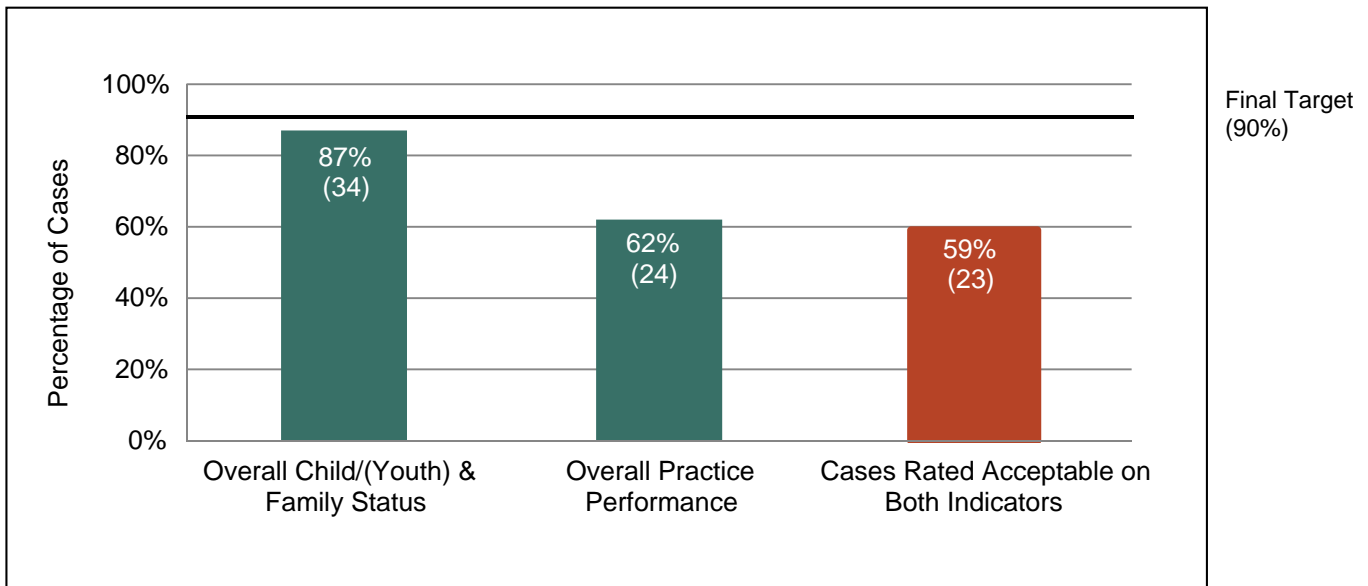
### ***Performance as of December 31, 2014:***

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

## Services to Older Youth

Quantitative or Qualitative Measure	54. <u>Services to Older Youth</u> : DCF shall provide services to youth between the ages 18 and 21 similar to services previously available to them unless the youth, having been informed of the implications, formally request that DCF close the case.
Final Target	By December 31, 2011, 90% of youth are receiving acceptable services as measured by the QR.

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



Source: DCF, QR results

### ***Performance as of December 31, 2014:***

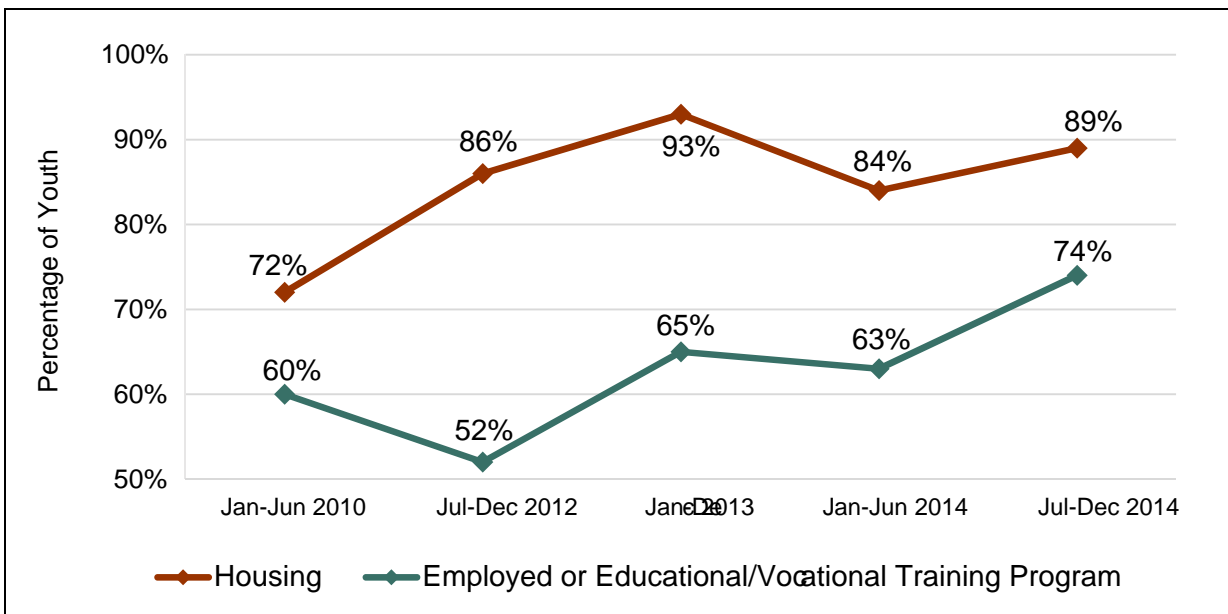
Performance data for this measure were collected through QR reviews conducted between January and December 2014 of 39 cases of youth ages 18 to 21. In rating these cases, reviewers utilize the standard QR protocol and a list of additional considerations to enhance the protocol to examine additional needs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



## Youth Exiting Care

Quantitative or Qualitative Measure

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



Source: Data from DCF and CSSP Case Record Reviews

### *Performance as of December 31, 2014:*

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

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

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

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### XIII. SUPPORTING A HIGH QUALITY WORKFORCE: CASELOADS AND TRAINING

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

#### A. *Caseloads*

Caseload compliance is measured by individual worker caseloads in each of the functional areas (Intake, Permanency, Adoption and IAIU) as well as office standards for CP&P Local

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### Interview Procedure to Verify Worker Caseloads

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

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

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

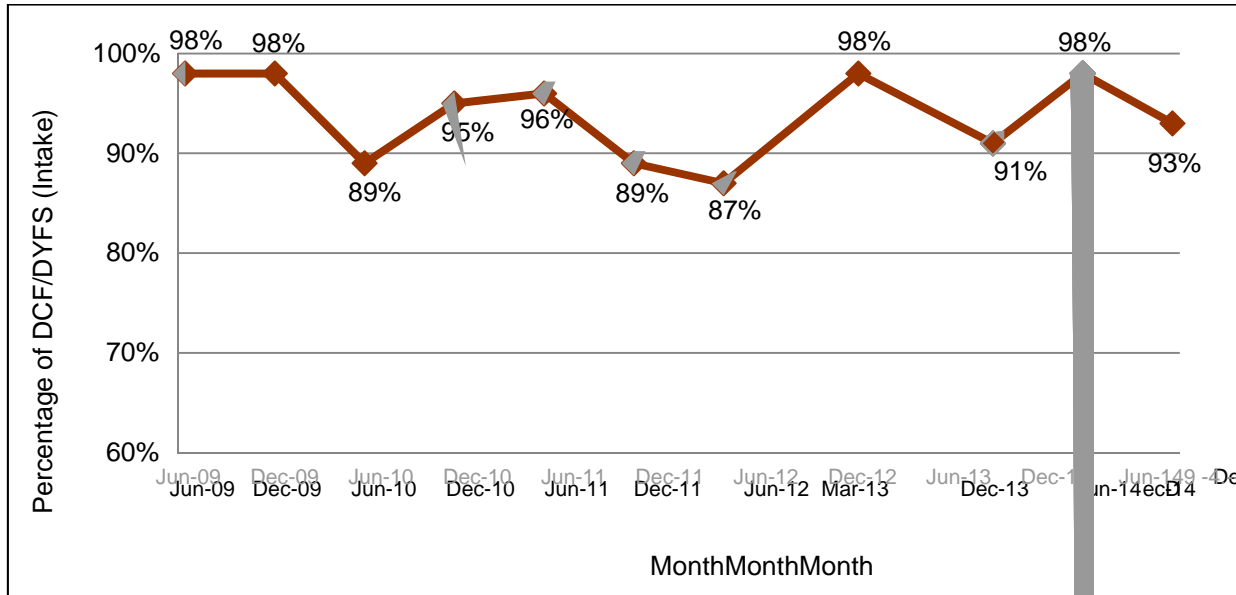
Figures 65 through 67 summarize Period XVI performance on meeting Local Office average caseload standards. The following discussion discusses the state's performance in meeting the office caseload standards and the individual caseload standards.

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



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



Source: DCF data

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

Source: DCF data

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



Source: DCF data

### Intake

The individual worker caseload standard for Intake workers of no more than 12 open cases at any one time and no more than eight new referrals assigned a month was not met as of December 31, 2014. The state reported an average of 930 active Intake workers between July and December 2014. Among those active Intake workers, an average of 813 (87%) workers had caseloads that met the caseload requirements. Specifically in December 2014, individual worker caseload compliance for Intake workers was 83 percent (767 out of 933 total workers). For the 157 Intake workers who did not meet caseload requirements in December 2014, the highest number of new intakes during the month for any worker was 11 and the highest number of open cases for any worker in the month was 29 families.

Data by Local Office show that during December 2014, performance ranged between seven 007 Tw [ssi25 in th6 -4in th64014, 5m TD -.0002 Tc (00wi wa21f op46(7)46) wocal Office s







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

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

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

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*Assignment of Investigations to Non-Caseload Carrying Staff*

Table 32: Percentage of CP&P Investigations Assigned to Non-Caseload Carrying Staff by Month (July – December 2014)<sup>62</sup>

Source: DCF NJ SPIRIT Data

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

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





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

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

[Grab your reader's attention with a great quote from the document or use this space to emphasize a key point. To place this text anywhere on the page, just drag it.]

Source: DCF data

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

### Adoption

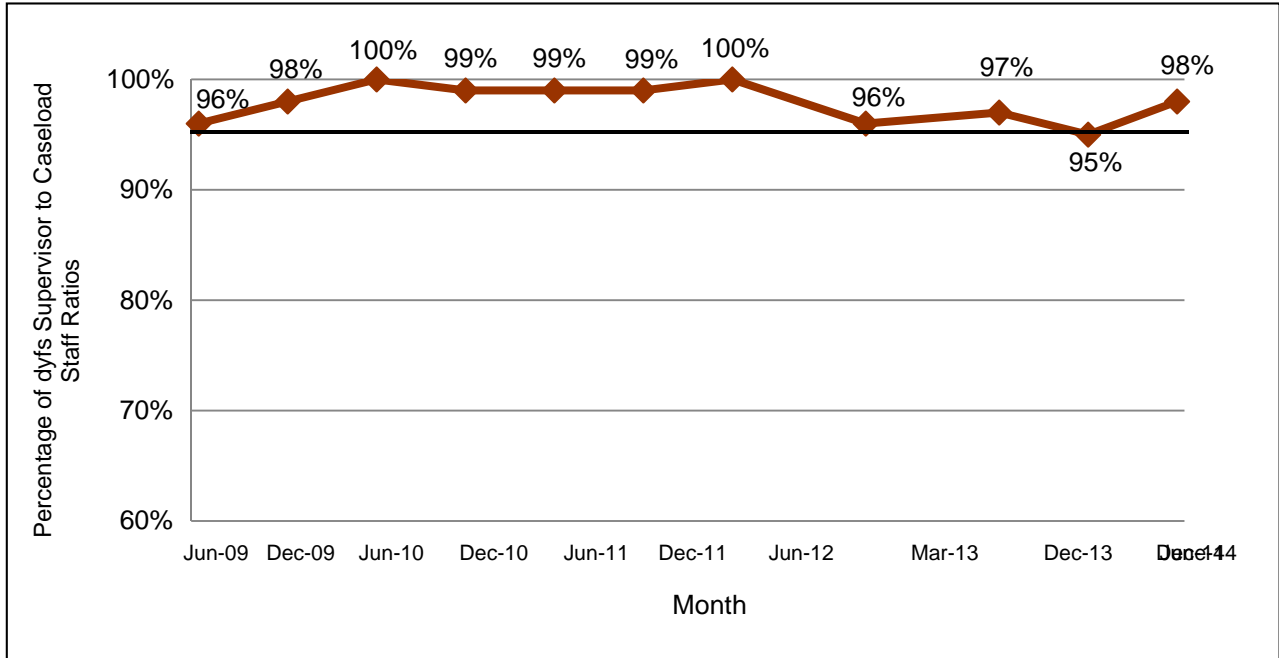
The individual worker caseload standard for Adoption workers of no more than 15 children was not met as of December 31, 2014. The state report average of 215 active Adoption workers between July and December 2014. Of the active Adoption workers, an average of 189 (88%) workers had caseloads that met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

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

Among the 120 workers who participated in the one interviews conducted



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



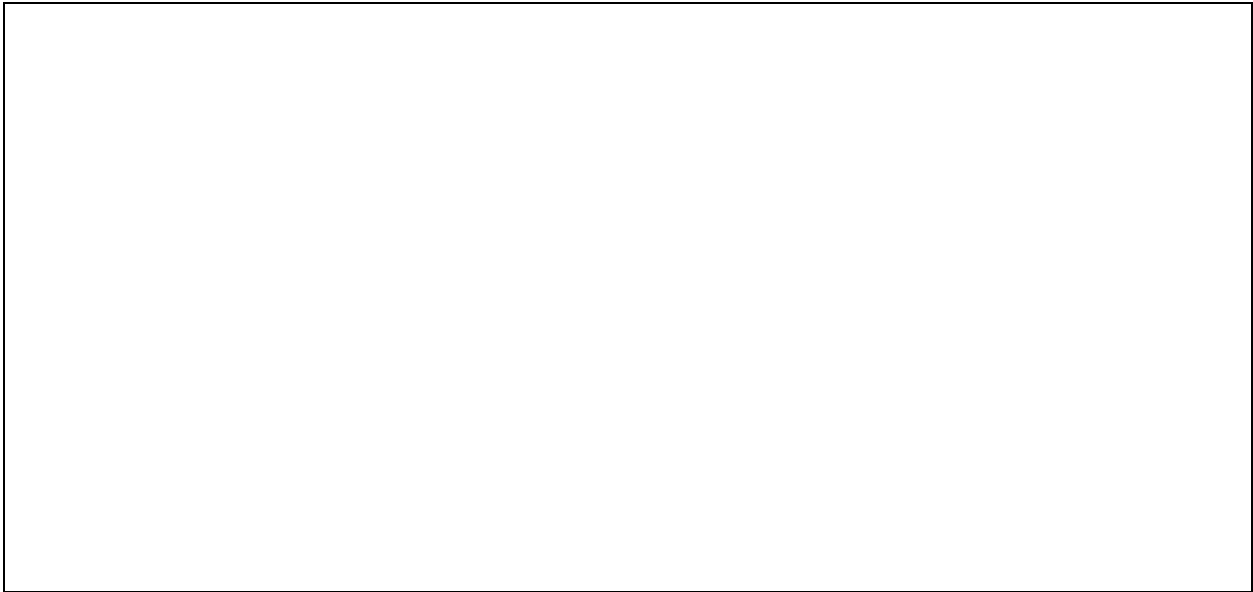
Source: DCF data

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

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## Adequacy of DAsG Staffing

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



Source: DCF data

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**B. Training**

DCF has been consistently training staff since 2006 and, together with the New Jersey Child Welfare Training Partnership,<sup>163</sup> has developed a solid infrastructure to maintain training. Between July and December 2014 DCF fulfilled its training obligations required by the MSA, as shown in Table 35.<sup>164</sup>

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<sup>163</sup> The New Jersey Child Welfare Training

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# of Staff Trained in 1 <sup>st</sup> 6 months 2014	# of Staff Trained in 2nd 6 months 2014
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### **Pre-service Training**

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

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

### **Case Practice Model Training**

DCF continues to train its workforce on the Case

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

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

Source: DCF data

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



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### **Concurrent Planning Training**

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

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

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

### **Investigation (or First Responder) Training**

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

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

### **Supervisory Training**

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

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

### **New Adoption Worker Training**

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

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

### **In-service Training**

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

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

**IAIU Training**

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

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

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

**QUALITATIVE REVIEW**

DCF's Office of Performance Management and Accountability continues to facilitate statewide Qualitative Reviews (QRs), led by the Office of Quality. Between January and December 2014 (monitoring periods XV and XVI), DCF reviewed 180 cases from 15 counties, reviewing six



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

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

Source: DCF, QR results January – December 2014

The QR also includes an evaluation of system and practice performance on behalf of the child and family and looks for the extent to which parts of the state's CPM are being implemented. Table 38 represents the results for cases reviewed between January and December 2014. As with the status indicators, reviewers evaluate whether performance was acceptable or unacceptable.<sup>174</sup> The QR results identify where further

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

Practice Performance Indicators		# Cases Applicable	# Cases Acceptable	% Acceptable
Engagement	Overall	180	119	66%
	Child/Youth Parents	114	91	80%

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**NJ SPIRIT**

DCF continues to work to improve data and data quality and data reporting through NJ SPIRIT. Additionally, DCF continues to fulf

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## XV. FISCAL YEAR 2016 BUDGET

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

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

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

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

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









APPENDIX: B-1  
LOCAL OFFICE PERFORMANCE ON SELECTED MEASURES  
Measure 7a

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

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

December 2014						
Local Office	Total	Outstanding	FTM Declined	FTM Not Held - Parent Unavailable	Completed	% Compliance
Atlantic East LO	42	0	2	0	40	95%
Atlantic West LO	37	0	3	1	33	89%





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

Measure III.B.1.b  
December 2014

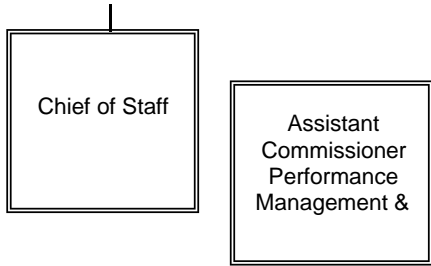
Local Office	Intake		
	Total Workers	Workers In Compliance	Percent in Compliance
Atlantic East	19	9	47%
Atlantic West	14	7	50%
Bergen Central	23	23	100%
Bergen South	28	27	96%
Burlington East	21	19	90%
Burlington West	22	21	95%
Camden Central	23	16	70%
Camden East	24	24	100%
Camden North	19	8	42%
Camden South	19	12	63%
Cape May	14	14	100%
Cumberland East	11	6	55%
Cumberland West	25	25	100%
Essex Central	22	22	100%
Essex North	15	15	100%
Essex South	15	15	100%



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

Measure III.B.1.d			
December 2014			
Local Office	Adoption		
	Total Workers	Workers In Compliance	Percent in Compliance
Atlantic East			

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



COMMISSIONER

October 2014