

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

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

July 2006 through December 31, 2006

Center for the Study of Social Policy
1575 Eye Street, NW, Suite 500
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I. INTRODUCTION

Purpose of this Report

In July 2006, the State of New Jersey and Children's Rights, Inc. reached agreement on a Modified Settlement of the class-action litigation (Charlie and Nadine H. v. Corzine) aimed at improving longstanding problems in the State's child welfare system.¹ As part of the Modified Settlement Agreement, which was approved by the Honorable Stanley R. Chesler of the United States District Court on July 17, 2006, the Center for the Study of Social Policy (CSSP) was appointed to independently monitor the State's compliance with the goals and principles of the Modified Settlement Agreement. As Monitor, CSSP is to independently assess the State's actions and to report periodically to the Parties and the public on the State's progress in implementing the terms of the Agreement and in achieving defined outcomes for systemic improvement and improved results for children and families. This is the first Monitoring report under this Agreement covering the period from July 2006 through December 31, 2006.

The Modified Settlement Agreement structured the State's commitments into two phases of work. Phase I (from July 1, 2006 to December 2008) is primarily focused on building a strong infrastructure and practice model within the newly-created Department of Children and Families (DCF) to ensure that children are protected and safe, helped to achieve permanency and stability in their lives, and that resources and service delivery systems exist to meet children's health, mental health, educational and developmental needs. Phase II, which runs from January 2009 until termination is focused on the State's ability to reach and sustain defined performance levels

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

for children's safety, permanency, stability and well-being. This first Monitoring report primarily addresses the State's commitments to build the infrastructure within DCF and to develop and begin to implement strategies to support high quality child welfare practice – ultimately leading to an improved future for New Jersey's most vulnerable children and families.

Methodology

The Monitor's responsibilities under the Modified Settlement Agreement (*Section IV*) are broadly defined: to verify the data reports and statistics produced by the Department; to independently gather information from case record and other qualitative reviews; and to review all plans and documents agreed to be developed and produced by the State. In preparing this report, the primary source of information has been the Department of Children and Families, which provided the Monitor with extensive aggregate and backup data and access to staff at all levels and across the State. Where possible, the Monitor verified the accuracy of the data and conclusions through a variety of means as specified in the body of this report.

Section II of the report provides overall conclusions and a summary of the State's progress in meeting the Modified Settlement Agreement commitments through December 31, 2006.

Other sections of the report provide specific information on the requirements of the Modified Settlement Agreement as follows:

- Section III: Departmental Leadership and Organization
- Section IV: The Case Practice Model for the Department of Children and Families
- Section V: Building a High Quality Workforce (Training, Staffing and Caseload)
- Section VI: Appropriate Placements for Children
- Section VII: Meeting Health and Mental Health Care Needs of Children
- Section VIII: Permanency Planning and Adoption
- Section IX: Accountability through the Production and Use of Accurate Data

II. OVERALL CONCLUSIONS AND SUMMARY OF PROGRESS

Summary of Accomplishments

The new Department of Children and Families (DCF) should be pleased with its accomplishments in its first six months of operation. As shown in summary fashion in Table 1 on pages 9-14 and discussed more in depth in the body of this report, DCF substantially fulfilled the expectations of the Modified Settlement Agreement in each area in which activity was to be completed during this monitoring period.

The Modified Settlement Agreement was constructed to permit DCF's leadership and its staff to focus first on fundamental building blocks without which the longer-term reform goals of the State could not be met. As such, the Modified Settlement Agreement's requirements for the period between July and December 2006 are heavily weighted toward building a solid infrastructure for the future.

Highlights of the Monitor's assessment of progress include:

The new Department of Children and Families assembled a strong leadership team both in the Central Office and in its Area Offices and committed itself with a clarity of purpose and a welcome sense of urgency to improving results for the children and families it serves. As DCF set about its work, it:

- Communicated a clear vision of change designed to improve results for children and families with Agency administrators and frontline staff and with key stakeholders including resource parents, providers, parents and community members;
- Successfully managed the transition of staff and functions from the Department of Human Services to a newly created cabinet level agency;
- Worked to clarify responsibilities for functions within Divisions and Offices of the Department; and

- Promoted more effective two-way communication between leadership in Trenton and the field so that there is regular and honest dialogue about the strengths and weaknesses of the system and opportunities for staff at all levels to work toward productive solutions for identified needs.

DCF leadership consistently focused on acquiring reliable and up-to-date data to inform internal decision making and to share progress with staff at all levels and with the public at large. DCF is now increasingly relying on data to inform its strategic thinking about what works and what needs to be fixed to support better results for children and families. DCF is using data to uncover and understand problems, assess contributing factors and implement strategies to resolve the identified issues: Examples include:

- The delay in timely completion of adoption consent packets was identified as a significant barrier to adoption. As a result, DYFS hired adoption expeditors to help alleviate the backlog in the Local Offices with the highest number of children awaiting adoption.
- Intensive efforts have been devoted to making sure that information about the number of active case-carrying workers and their assignments is up-to-date and correct. The Department developed a sound methodology for projecting the required available workers to meet caseload standards, and this information is used to inform decisions about the allocation of additional positions and for structuring regular discussions with Area Directors to stay abreast of personnel needs and barriers.
- Detailed data about the problems Local Offices experience to ensure that children in out-of-home placement receive pre-placement medical examinations in non-emergency room settings led to a better identification of the resource availability issues and is informing work to develop more creative solutions targeted to the problem.
- Worker's access to on-line data systems, which provide more accurate information about the status of their cases, is increasingly seen by local managers and workers as a tool for improving their performance.

The State met its Phase 1 commitments for the reduction of caseloads as of December 31, 2006.

This means that average caseloads of DYFS workers have been reduced across the State. While there are still offices and workers with high caseloads, there has been positive movement across the State, a trend which is confirmed by the caseload data and experienced by workers in the field as a sign of progress.

The amount and quality of training made available to staff through the New Jersey Child Welfare Training Academy improved and continues to become more accessible, more responsive to the needs of the field, and more aligned with the outcomes that DCF must achieve. The newly established Training Partnership with a consortium of New Jersey universities is designed to greatly expand the scope and depth of in-service training for workers, and is expected to focus on the skills and capacities that are needed to implement the Department's Case Practice Model.

DCF took steps to develop and publish a Case Practice Model that identifies the kind of case practice DCF committed to provide to every child and family in its care. The Case Practice Model seeks to translate the basic principles that are embodied in the Modified Settlement Agreement into expectations for the ways in which DCF serves children and families. The next challenge for the Department is to ensure that 1) workers and supervisors are provided the skills and supports to deliver this practice, and 2) the array of services to support high quality work with children and families exists in New Jersey's communities.

Considerable thoughtful work is being directed to the diagnosis of longstanding key problems, including barriers to finalizing adoptions for legally free children; barriers to timely and respectful licensing of potential resource families (foster, kinship and adoptive); and barriers to recruitment of homes for children whose individual needs left them waiting for permanent homes for too long. In each of these areas, DCF leadership and designated Central Office and local staff looked closely at the number of children and families involved and their status, identified critical barriers, and have begun to initiate steps to resolve them. This evolving process has only just begun.

Analysis also began to identify the systemic and practice changes needed to better meet the health care and mental health needs of children served by the Department of Children and Families. In each of these areas, the Department began to assemble the relevant data, reached out to the broader community to learn about the strengths and problems with existing practices and desired solutions, and just recently began the work to develop, propose and implement reform proposals.

There are several areas where outcomes are improving and results to date are encouraging.

Most notable are:

- The Department exceeded its target for the number of children with finalized adoptions in Calendar Year (CY) 2006. One-thousand three-hundred eighty-seven (1387) children were adopted and are now living with permanent families.
- The Department began to experience a net increase in the number of resource families who are licensed each month, moving toward addressing the long-standing problem of an inadequate number of licensed families available for children who need placement.
- Most of the children newly placed in out-of-state treatment facilities from October through December of 2006 were placed in facilities within 50 miles of New Jersey's border, making it more possible that they can maintain connections with their families and communities.²
- In January 2007, no youth waited for an appropriate treatment placement in a juvenile detention center for more than 30 days post-disposition.

The State and the Monitor are cognizant of the fact that the hard and focused work during this Monitoring period and the encouraging trends are just beginning steps and there is much complex and challenging work ahead to achieve the ambitions of the reform and to meet the future commitments of the Modified Settlement Agreement. It would be unrealistic to expect significant impact at this point in the new Department's reform efforts on the ways in which

² Ultimately, the goal is for children to be placed close to their neighborhoods, communities and schools.

children, families and advocates routinely experience the child welfare system. It is important to acknowledge that the problems that led to the Modified Settlement Agreement are longstanding and wide-ranging and will not be completely fixed in six months, one year or even two years. The Modified Settlement Agreement prioritizes the expectations and requirements for improvements between 2006 and 2010. Better outcomes for children and families need to be demonstrated all along the way, and there is much work that remains to be done.

The Work Ahead

In this next monitoring period, the Department will be held to even higher standards regarding the building blocks (e.g., caseloads, supervision, training, resource family recruitment and licensing, management and data systems) for reform. In addition, the Department must begin the even more challenging work of translating their practice model into consistent planning and decision making on the frontline and, in doing so, they must provide workers with the skills and support to engage children and families, comprehensively assess their strengths and needs, and link them to services and supports that are essential to safety, stability and a brighter future. This effort requires not only providing the workforce with additional training and skill development but also requires a review of existing policies and practices to ensure they consistently support the Case Practice Model. Over the next several months, the Monitor will work with DCF to determine how best to fully implement and measure the quality of this Case Practice Model.

Importantly, Phase 2 of NJ SPIRIT, the State's new information technology system, will begin its deployment in the spring and complete its deployment in July 2007. Implementing a SACWIS system such as NJ SPIRIT is a challenging process even for the most prepared child welfare agency. This dramatic change is intended to facilitate the work of frontline workers as well as provide vital information to DCF management. However, it is to be expected that full deployment of NJ SPIRIT will result in some short-term stress to the workforce.

Finally, while much of Phase 1 focuses on building the infrastructure of DCF and solidifying a Case Practice Model, these efforts ultimately must improve outcomes for children and youth. There are many promising strategies that have been initiated or are in development by the

leadership at DCF. The Monitor will continue to track the progress of these efforts and examine their effects on the lives of children and families. Increasing the number of children finding safety and permanency through successful reunification with their families, decreasing the number of children legally free for adoption and the time they wait for finalization, ensuring regular medical assessment and follow-up care, reducing out-of-state placement, increasing the number and quality of resource families, facilitating the appropriate and timely step down of children in higher levels of care are just a few of the positive outcomes the Monitor expects to see in the next reporting period. New Jersey is finally on a positive path toward reforming the way it delivers child welfare services to children and families. Challenges of all sorts are ahead as previously described, but with its strong leadership team and increasing staff capacity in Area Offices and Local Offices, DCF appears well-situated to continue on its current trajectory.

Table 1:
Summary of Progress on Modified Settlement Agreement Requirements
(July – December 2006)

Settlement Agreement Requirements	Due Date	Fulfilled (Yes/No) ³	Comments
New Case Practice Model			
II.A.3 Develop and begin to implement a new case practice model.	December 2006	Yes	Case Practice Model publicly released January 2007.
Training			
<u>Pre-Service Training</u>	-		
II.B.1.a Institute pre-service training program that is at least 160 class hours.	September 2006	Yes	Revised curriculum includes 176 hours of training that includes training on intake and investigations.
II.B.1.b 100% of new caseworkers will be enrolled in new pre-service training program – enrolled within two weeks of start date.	September 2006	Yes	All new workers are enrolled within two weeks; 363 new workers trained July-Dec. 2006.
II.B.1.c Completion of pre-service training and competency exams will be required for all case-carrying workers.	September 2006	Yes	Requirement satisfied; Monitor recommends the development of a standardized statewide process to certify when trainee can assume a full caseload.
<u>In-Service Training</u>	-		-
II.B.2.d Implement in-service training on concurrent planning for all current case carrying staff.	September 2006	Yes*	2,408 case-carrying staff have been trained; 408 additional staff need training and will be scheduled by end of 1 st quarter 2007.
<u>Investigations/Intake Training</u>	-		-
II.B.3.a All new staff responsible for conducting intake or investigations shall receive training on intake and investigations and shall pass competency exams.	September 2006	Yes**	New <i>First Responders</i> training (33 hours) developed and is now part of pre-service training. Competency exam has been developed and is administered.

³ “Yes” indicates that, in the Monitor’s judgment based on presently available information, DCF has substantially fulfilled its obligations regarding the requirement under the Modified Settlement Agreement for the July-December 2006 monitoring period; or is substantially on track to fulfill an obligation expected to have begun during this period and be complete in a subsequent monitoring period. “No” indicates that, in the Monitor’s judgment, DCF has not fulfilled its obligation regarding the requirement.

* The Monitor recommends the development of a standardized statewide process to certify when a trainee can assume a full caseload.

** Competency exam has been developed and administered; Monitor has not yet assessed whether all intake and investigations workers completing training have passed the competency exams.

Table 1: (Continued)
Summary of Progress on Modified Settlement Agreement Requirements
(July – December 2006)

Settlement Agreement Requirements	Due Date	Fulfilled (Yes/No)	Comments
II.B.3.b Begin giving specific training on intake and investigations process, policies and investigation techniques to all staff currently responsible for conducting intake or investigations who have not yet received such.	Beginning September 2006; Complete by June 2007	Yes	150 staff trained to date.
<u>Supervisory Training</u>	-	-	-
II.B.4.a Develop and begin to provide supervisory training program.	September 2006 and ongoing	Yes	Revised supervisory curriculum (40 hours of training).
II.B.4.b Begin training for all staff newly promoted to supervisory positions. Staff to complete training and passed competency exams within 3 months of promotion.	Beginning December 2006	Yes	Training has begun; majority of training to be completed by May 2007. Supervisory competency exam has been developed.*
Services for Children and Families			
II.C.1 DCBHS to complete assessment of continuum of child behavioral health services.	December 2006	Yes	Assessments complete; analysis and recommendations for future under development.
Finding Children Appropriate Placements			
II.D.1 Implement an accurate real time bed tracking system to manage the number of beds available from DCBHS and match with need.	December 2006	Yes	Implemented September 2006; Administered by CSA, ValueOptions.
II.D.2 Create a process to minimize out-of-state congregate care placements.	October 2006	Yes	Multi-step review with requirement for approval by DCBHS Director.
II.D.5 Implement automated system to identify all post-disposition foster youth in juvenile detention facilities; have placement process that assures placement in 30 days.	December 2006	Yes	For month of January 2007, no youth waited more than 30 days post-disposition.
II.D.6 Develop and implement methodology for identifying children placed out-of-state in congregate care who might be returned and stepped down to lower LOC.	September 2006 (development) October 2006 (implementation)	Yes	Process developed and implemented involving review of children's status by case manager, provider and CSA.

* The Monitor will assess the comprehensiveness and application in the field of the supervisory competency exam in the next monitoring period.

Table 1: (Continued)
Summary of Progress on Modified Settlement Agreement Requirements
(July – December 2006)

Settlement Agreement Requirements	Due Date	Fulfilled (Yes/No)	Comments
Caseloads			
II.E.1 Develop an interim caseload tracking system.	December 2006	Yes	Labor-intensive manual process.
II.E.2 Provide accurate caseload data to plaintiffs and public via DCF website on a quarterly basis.	December 2006	Yes	www.state.nj.us/DCF .
II.E.3 Hire new Human Resources Director.	December 2006	Yes	Human Resources Director, Janet Zatz.
II.E.4 Make “Safe Measures” available to all staff.	December 2006	Yes	Training completed; additional training/technical assistance to local users continues.
II.E.5 Train all staff on “Safe Measures.”	December 2006	Yes	
II.E.6 60% of offices have permanency worker with average caseloads of 15 families or fewer and no more than 10 children in out-of-home care.	December 2006	Yes	60% of offices met the 15/10 standard.
II.E.7 42% of offices have intake worker caseloads averaging no more than 15 families or less and no more than 10 new referrals per month.	December 2006	Yes	65% of offices met the 15/10 standard.
II.E.8 80% of offices have supervisory ratios of 5 to 1.	December 2006	Yes (through combination of SFSS2 and SFSS1 positions)	In some Local Offices, casework supervisors (SFSS1) are performing unit supervisor (SFSS2) functions. 95% of offices meet supervisory standard utilizing both SFSS2 and SFSS1 staff. 61% of offices meet the standard based solely on SFSS2 supervisors.
Provision of Health (Medical and Mental Health)			
II.F.1 Hire Chief Medical Officer.	August 2006	Yes	Robert Morgan, M.D., Chief Medical Officer hired June 2006.
II.F.3 70% of children entering care to have pre-placement assessments in a non-emergency room setting.	Beginning December 2006	Yes	All children entering are receiving pre-placement assessments. January 2007 data is needed for full measurement; as of November 2006, 70% of exams were in non-emergency room settings.

Table 1: (Continued)
Summary of Progress on Modified Settlement Agreement Requirements
(July – December 2006)

Settlement Agreement Requirements	Due Date	Fulfilled (Yes/No)	Comments
II.F.4 Gather data to establish baseline for provision of medical and dental services for 2007 and thereafter.	December 2006	Yes	Baseline information collected; analysis in process.
Permanency Planning and Adoption			
II.G.2 Develop and begin implementing improved permanency practices, including 5 month permanency reviews, 10 month placement reviews.	December 2006	Yes	Revised process developed; to be implemented in 10 demonstration sites beginning January 1, 2007.
II.G.3 Develop adoption tracking system that sets up adoption targets based on milestones/finalizations.	December 2006	Yes	Local offices report monthly on Adoption Milestones.
II.G.4 Develop adoption process tracking system that records completion of important practices including 5-month and 10-month reviews, permanency hearings.	December 2006	Yes	Excel spreadsheet to be completed and tracked by Area Office Concurrent Planning Specialists.
II.G.5 Continue to provide paralegal support and child case summary writer support for adoption staff in local offices.	December 2006	Yes	73 paralegals have been converted from temps to DCF employees; 55 paralegal temp positions (36 filled); 23 child summary writers
II.G.6 Institute Adoption Impact Teams.	December 2006	Yes	Adoption Impact Teams lead by 5 Impact Recruiters are working to find homes for 100 longest waiting children.
II.G.7 Develop plans and commit resources to address adoption backlogs in Local Offices.	December 2006	Yes	Offices facing the highest backlogs are receiving additional resources.
II.G.8 Designate one resource family recruiter for each Area Office to do specific recruiting for individual adoptable children.	December 2006	Yes	13 Child-Specific Recruiters have been identified for the 12 Area Offices. (The Middlesex/Monmouth Area has 2 child-specific recruiters.)

Table 1: (Continued)
Summary of Progress on Modified Settlement Agreement Requirements
(July – December 2006)

Settlement Agreement Requirements	Due Date	Fulfilled (Yes/No)	Comments
II.G.9 Identify and train adoption workers in each office. In 88% of offices, all children with goal of adoption should be on the designated adoption worker's caseload, unless child has established relationship with permanency worker.	December 2006	Yes (Training is ongoing.)	All offices have separate adoption workers; 81% of children with adoption goal statewide are assigned to adoption workers. According to the State, all adoption workers have been trained.
II.G.10 35% of offices will have average caseloads of 18 or fewer children for their adoption staff.	December 2006	Yes	65% of offices met the standard for 18 or fewer cases.
II.G.11 Finalize 1,100 adoptions during Calendar Year 2006.	December 2006	Yes	1,387 adoptions were finalized.
Resource Families			
II.H.1 DCF to take over licensing resource families.	December 2006	Yes	Completed July 2006
II.H.2 Appoint new head of Resource Family Recruitment and Retention Program.	September 2006	Yes	Peggy McHale appointed September 2006.
II.H.3 DCF to designate point person in each area office to recruit and support resource families.	December 2006	Yes	Resource Family Area Case Practice Specialists appointed as of end of December 2006.
II.H.4 Time to process application of resource family for licensure = 150 days.	December 2006	Yes	Procedure developed.
II.H.5 Create "Impact Teams" for licensing resource families.	December 2006	Yes	4 Impact Teams created.
II.H.6 Implement methodology to ensure license applications are processed within 150 days.	December 2006	Yes	Operational as of the end of December 2006.

Table 1: (Continued)
Summary of Progress on Modified Settlement Agreement Requirements
(July – December 2006)

Settlement Agreement Requirements	Due Date	Fulfilled (Yes/No)	Comments
II.H.7 Establish target number of new resource families for each office.	December 2006	Yes	Currently serving as tool to manage monthly progress on recruitment and licensing of resource homes.
II.H.8 Establish accurate baseline of available resource families, broken down into kinship and non-kinship families.	December 2006	Yes	Produced by hand count of computer runs of active resource family homes as of 12/31/06.
Institutional Abuse Investigations Unit (IAIU)			
II.I.1 Locate IAIU within DCF.	July 2006	Yes	Complete with creation of DCF in July 2006.
Data			
II.J.1 Identify initial set of key indicators, ensure accuracy and publish.	August 2006	Yes	Data posted on DCF website; progressive addition of new indicators.
II.J.2 Initiate management reporting based on Safe Measures.	September 2006	Yes	
II.J.3 Identify, ensure accuracy of, and publish additional key management indicators.	November 2006	Yes	
II.J.4 Implement New Jersey SPIRIT Release 2, Phase 1.	July 2006	Yes	Release 2/Phase I complete by July 2006. Work in progress toward Release 2/Phase II (case management implementation), expected to begin deployment in April 2007 and be completed in July 2007.*

* Implementation deadline was modified by agreement between the parties.

III. DEPARTMENTAL LEADERSHIP AND ORGANIZATION

A New Cabinet-level Department of Children and Families (DCF) was Created in July 2006.

On July 11, 2006, Governor Jon Corzine signed legislation that created the New Jersey Department of Children and Families (DCF) as a cabinet-level department with responsibilities for child welfare, children's behavioral health and the development of preventive services and community supports for children and their families⁴. By creating this new department, the responsibility of child protection was removed from the Department of Human Services (DHS) and placed in DCF. The Division of Youth and Family Services (DYFS), Division of Child Behavioral Health Services (DCBHS), and Division of Prevention and Community Partnerships all were transferred from DHS to the new DCF with the goal of creating unified responsibility and improved coordination of services for New Jersey's most vulnerable children and their families. The DHS Unit responsible for investigating institutional abuse (IAIU) was also relocated to the new Department. Appendix A provides the organizational chart for DCF. The estimated Fiscal Year (FY) 2007 budget for DCF is \$1.4 billion.⁵

The Governor appointed Kevin Ryan as the first Commissioner of DCF. Commissioner Ryan has extensive experience working on behalf of children and families as New Jersey Commissioner of the Department of Human Services and as New Jersey's first Child Advocate. Since the creation of DCF, Commissioner Ryan assembled a strong senior leadership team⁶ and is working to build an effective infrastructure for this new department. DCF has a workforce of approximately 7,000 employees, most of whom were transferred from DHS. As is to be expected, there were many human resource needs that required immediate attention when the new Department was created. In addition to fulfilling the many technical requirements of transferring so many workers (such as setting up new personnel and payroll accounts), DCF also

⁴ *N.J. Stat. §9:3A-3.*

⁵ According to the DCF budget documents, the Departmental funds are allotted as follows: DYFS \$837.5 million; Division of Prevention and Community Partnerships \$52.1 million; DCBHS \$420.3 million; NJ Child Welfare Training Academy \$6.4 million; and Office of Education \$64.3 million.

⁶ The DCF website contains additional information about the professional expertise of these individuals (<http://www.state.nj.us/dcf/about/staff/>) and the organization chart of DCF (<http://www.nj.gov/dcf/about/DCFTableOrgOct06.pdf>).

created supports for their workers including establishing an Office of Equal Employment and an employee counseling program.

DCF also focused on communicating with the public about child welfare issues with an explicit goal of providing the public with greater access to information. A website for the new department was fully operational in July 2006, and it provides easy access to child and family outcome data, departmental news and accomplishments, and announcements of requests for proposals. Information about the creation of DCF and the Modified Settlement Agreement are available in English and Spanish as are most publications and outreach materials.

Finally, extensive work went into setting up an appropriate financial system for DCF, particularly separating funds from DHS and assigning them to DCF, establishing procurement processes and establishing procedures to appropriately manage expenditures against budget.

In creating the new organizational structure for DCF, attention was given to clarifying lines of responsibility and accountability and improving communication throughout the Department and between the Central Office and the field. Key leaders at the Central Office level meet regularly to improve coordination among the Divisions and to track progress against defined work plans related to the Modified Settlement Agreement as well as other Departmental priorities. Central Office staff, particularly through the Directors of DYFS, Policy and Planning, and Training are in much closer communication with Area Directors and Local Office managers, in an effort to correct longstanding and debilitating communications problems. Area Directors are more consistently engaged as part of the Department's leadership structure. Anecdotal reports from the field confirm a greater sense of shared understanding of the vision, goals and direction of the agency and perception of improved responsiveness to the needs of workers in the field offices. External partners report greater access to information and enhanced communication with departmental leadership. Efforts continue to improve communication and clarity about responsibility and accountability within DCF Central offices and with Area and Local offices.

IV. THE CASE PRACTICE MODEL FOR THE DEPARTMENT OF CHILDREN AND FAMILIES

In the Modified Settlement Agreement, the Parties acknowledged the multi-year goal of achieving high quality practice with children and families that reflects the values and principles of protecting children and preserving families. A key first step toward that goal is the development and communication of a shared practice model for DCF that defines who the agency serves, the expected outcomes of those services as well as the guiding values, principles and expectations of the work. Without a clear model of practice, it is difficult – if not impossible – for a public child welfare system and its stakeholders to hold each mutually accountable for their work with children and families and for what they hope to achieve.

The Modified Settlement Agreement (*Section II.A .1-3*) requires the State to develop a Case Practice Model by December 2006 in consultation with the Monitor that is consistent with the vision and principles of the Agreement. New Jersey has long been in need of a model of practice to guide its direct service work with children and families. However, the model must be more than words on paper, and the Department recognized that the more difficult work ahead is to translate the model into actions. In addition, if the model is to be effective as both a guide and a framework for accountability, it needs to be developed with broad participation by and in collaboration with the field and external partners. In developing the Case Practice Model, DCF committed itself to a process of involving as many individuals and organizations affected by the new model as possible. The final product reflects the Department's effort to solicit advice from staff, community partners, parents and youth as well as the Monitor and Plaintiffs. DCF convened focus groups in the Northern and Southern portions of the State, and attempted to incorporate into the Case Practice Model comments submitted from each group. The Department also researched case practice models from other states and incorporated many of their provisions while tailoring them to fit New Jersey's history, needs and aspirations.

At the beginning of January 2007 DCF released its Case Practice Model. In the short term, the focus is on practice with children and families who come to the Department's attention because

of alleged abuse or neglect and are served by DYFS, but the model will be expanded to include the operations of the Division of Prevention and Community Partnerships and the Division of Child Behavioral Health Services in 2007. The work to implement the model is only beginning.

Highlights of New Jersey's new Case Practice Model are:

- A mission statement for DCF: to ensure the safety, permanency and well-being of children and to support families.
- A definition of who DYFS serves: all children who have been abused or neglected, children who are alleged to have been abused or neglected, children placed into the agency's custody, and families in which child abuse or neglect has occurred; children and adolescents with emotional and behavioral health care challenges, and children and families at risk of abuse or neglect.
- A definition of the agency's core values and principles that articulates the belief that children do best when they have strong families, preferably their own, and when that is not possible, a stable relative, foster or adoptive family.
- The importance of engaging with youth and families, often by developing and working through family teams.
- Quality assessments and investigations, using a strengths-based approach.
- Individualized case planning and service delivery that strives to place children in family settings while concurrently planning for alternative permanency arrangements. Here, in addition to the new Case Practice Model, DCF strengthened and enhanced its protocol for concurrent planning.
- Continuous review and adaptation of case progress through the use of family team meetings and other processes to review the child and family's status, service progress, the appropriateness of decision making and goals, and to make adaptations as case goals are met and circumstances change.
- A commitment to timely tracking and regular reports to the public on DCF's performance across key indicators.

The challenge ahead for the Department is to broadly communicate the Case Practice Model and to use it as a living document to frame and guide future work. This means that it must be reflected in staff training; supervision and skill development; performance evaluations; daily interactions with children and family members; protocols for developing and reviewing case plans and assessing decisions about placement and progress toward permanency; and coordination among all divisions of DCF and with community providers and members.

V. BUILDING A HIGH QUALITY WORKFORCE

A key focus of the Phase I commitments in the Modified Settlement Agreement is to build a high quality workforce that is of sufficient number and has the right skills and qualities to meet the complex demands of child welfare work with children and families. A principal failure of past reform efforts has been insufficient attention to training new and existing workers and supervisors and to effectively recruiting, hiring and retaining workers. The Modified Settlement Agreement includes a range of requirements for quick action on training and caseload reduction during this monitoring period as an essential building block of reform. The Department devoted much attention to this work, and all of the Modified Settlement Agreement requirements through December 2006 with respect to training and caseloads were substantially met. Each is discussed in the next section.

1. Pre-Service Training.

The Modified Settlement Agreement requires the State to institute a pre-service training program that provides sufficient training to newly hired workers to enable them to effectively protect and serve children and families (*Section B.1.a*). Specifically, the pre-service training must be at least 160 class hours, include training on intake and investigations for all staff, and be available for any new employee's enrollment within two weeks of beginning work. Further, the Department is required to have a process so that no case-carrying worker can assume a full caseload until after completing training and until after s/he passes competency exams. There are significant improvements during this monitoring period in the methods and materials DCF uses to train its

workforce. In the Monitor's assessment, the New Jersey Child Welfare Training Academy (NJCWTA) made important strides in the past six months in its ability to provide new and existing staff with quality training.

a. DYFS revised and clarified its processes for the initial entry and training of new workers.

Effective August 2005, the requirements for training a new case-carrying DYFS employee were revised as follows:

- As soon as a trainee is hired s/he is assigned to a Field Training Unit Supervisor (FTS) who serves as a training "guide" throughout the trainee period.
- Every trainee must be enrolled in pre-service training within two weeks of his/her employment start date. NJCWTA staff review Human Resources reports every pay period for up-to-date data on new hires to ensure that trainees are properly enrolled in training.
- Pre-service training now consists of 11 modules of classroom training. After each module of pre-service training, the trainee takes a competency test. The results of the competency exams are shared with the trainee and his/her FTS.
- NJCWTA trainers also prepare an interim and final progress report for each trainee that is provided to both the trainee and the FTS.
- A trainee is not eligible to be assigned cases until after completion of Module 7 of the pre-service training. Cases are assigned to trainees at the discretion of the FTS and the Local Office manager. After a period of six months, the trainee transitions from the FTS and is supervised by a supervisor.
- Once the trainee has completed the pre-service training modules, s/he is eligible to enroll in required core competency courses which must be successfully completed between the 3rd and 11th month of service and are a prerequisite for moving from the Civil Service Trainee position to a permanent position.
- At the conclusion of six months of service, a trainee may be assigned a full caseload, at the discretion of the FTS and the supervisor.

- b. DCF revised the pre-service training curricula for all newly hired staff.

The NJCWTA began using a revised pre-service curriculum in September 2006. The pre-service training incorporates a newly revised curriculum that includes 176 hours of training, 32 classroom days and 20 days of field instruction. Figure 1 below shows the 12 modules in the pre-service training during the monitoring period.

Figure 1: Modules in NJCWTA Pre-Service Training Curriculum

Module 1	Orientation
Module 2	Understanding Child Welfare in New Jersey
Module 3	Computer Applications
Module 4	Self-Aware Practitioner
Module 5	Life of A DYFS Case
Module 6	Taking Care of Yourself
Module 7	Functional Assessments for Child Well-Being, Safety and Risk
Module 8	Engagement and Interpersonal Skills
Module 9	Casework Applications
Module 10	Teaming with Families for Positive Change
Module 11	<i>First Responders</i> in Child Welfare
Module 12	Program Wrap Up

Source: New Jersey Child Welfare Training Academy, 2006.

DCF reports that 711 staff participated in pre-service training in Calendar Year 2006, an increase from 462 staff in CY 2005. The Monitor reviewed training logs of pre-service training participation for July through December 2006. During that six-month period, 363 staff participated in pre-service training.

Anecdotal reports from the field, including comments by Area and Local Office managers indicate that the new training curriculum is well-received by trainees and better meet the Local Office manager's needs for basic skill development for new workers. The Monitor has not yet conducted an independent assessment of the pre-service curriculum.

Given that the curriculum needs some revision to reflect the newly developed Case Practice Model, the Monitor is waiting to review the training content in-depth until a later monitoring period. Now that the Department's Case Practice Model is developed, the NJCWTa, in collaboration with DCF's leadership, is beginning to assess the curriculum and is expected to make modifications as needed to ensure that it provides new workers with the appropriate skills and training to carry out the Department's practice expectations.

- c. All newly hired staff are enrolled in pre-service training within two weeks of their start date.

The NJTWA enrolls newly hired workers in training within two weeks of their employment start. To determine if a trainee is enrolled in pre-service training within two weeks of his/her start date, the NJCWTa staff cross-references reports from Human Resources each pay period with signed rosters from participants in pre-service training sessions. The Monitor independently used this methodology to review trainees hired in October and November 2006 and found consistent enrollment in pre-service training within two weeks of the trainee's start date.

- d. The Department and the NJCWTa are taking beginning steps to assess the competency and skills of workers during and after pre-service training, although the Monitor recommends that a standardized process be developed to certify that a trainee who has taken competency exams has acquired sufficient skills to assume a full caseload.

A process does exist for trainers from the NJCWTa to assess a trainee's acquisition of knowledge and skills during pre-service training and to communicate that information to the trainee and to the Field Training Supervisor. Trainees are assessed after each module of the training to determine if they mastered the content, and an interim and final progress report is provided to the Field Training Supervisor. This is a considerable improvement over past practice by creating a connection between what goes on in classroom training and subsequent field training and skill development in the Local Office. The decisions about when a trainee is sufficiently skilled to assume a full caseload are made by the

Field Training Supervisor after a review of the trainee's performance on competency exams and their performance on assigned cases. However, the Monitor is recommending that the Department consider creating a standardized and more consistent statewide process for certifying how and when a trainee demonstrates evidence of competency performance and skill development and is ready to assume a full caseload.

2. *In-Service Training.*

The Modified Settlement Agreement's required timeline for in-service training for the existing workforce will begin in 2007 (*Section II.B.2*). During this monitoring period, however, the Department was required to take the initial steps to enhance its training capacity by revamping its overall in-service training program and offerings. In the interim, the Modified Settlement Agreement required the Department to begin to 1) train all workers on concurrent planning and 2) train all workers conducting investigations on intake and investigations processes, policies and techniques (*Section II.B.2.d*). The Department met each of these commitments as discussed in the next section.

- a. *The State developed an RFP for the operation of a statewide training partnership and selected the State University of New Jersey – Rutgers School of Social Work to help develop and implement expanded in-service training through a statewide training consortium.*

The School of Social Work at Rutgers University plans to work with the NJCWTA to form a broader training consortium called the New Jersey Partnership for Child Welfare Program (NJCWP). The first phase of the NJCWP's scope of work focuses on developing the consortium, designing and implementing a statewide training needs assessment, presenting training recommendations to NJCWP's steering committee, and beginning in April 2007, offering training for case aide and supervisory staff. The second phase of NJCWP's work includes formalizing five priority training courses for the existing workforce to be designed and developed based on the results of the statewide training needs assessment, and identifying experts to assist in teaching the priority courses. It is

the Monitor's expectation that the in-service training will focus heavily on the skills needed by workers to implement the newly developed Case Practice Model.

NJCWP is expected to provide 452 training days during CY 2007 and more than 900 training days during CY 2008. Courses will take place at locations in the northern, central, and southern regions of the State, and incorporate an extensive quality assurance program. The full implementation of this training partnership has the potential to greatly enhance the State's ability to develop and maintain a skilled and effective child welfare workforce.

- b. *The State implemented concurrent planning training for staff; almost 2,500 staff have received concurrent planning, training and the remaining 400 staff are expected to be trained by March 2007.*

DCF delivered training about concurrent planning to approximately 2,408 caseload-carrying staff and supervisors in CY 2006. Other staff, including new workers, litigation specialists and case practice specialists also participated, for a total of 2,499 staff who completed the concurrent planning training. Concurrent planning training is conducted by Rutgers University School of Social Work based on a nationally recognized curriculum developed by Hunter College School of Social Work's National Resource Center for Permanency Planning. Four-hundred eight (408) caseload-carrying staff still need to be trained in the concurrent planning curriculum. The Monitor reviewed a schedule for concurrent planning training through March 2007, which suggests that there is sufficient capacity to train the remaining staff. Actual scheduling of the remaining 408 staff should occur in the first quarter of 2007.

- c. The State developed a new and improved curriculum for those staff responsible for intake and investigations. Procedures are in place to ensure that all new staff conducting intake and investigations are trained. Existing staff who currently conduct intake and investigations have begun training. All existing staff members are scheduled to complete training and take competency exams by June 2007.

In preparing for revisions to the existing curriculum on intake and investigations, DCF conducted focus groups with staff to determine what information they felt was most needed. A new curriculum entitled *First Responders*, was pilot-tested by the NJCWTA in two sites. The Monitor reviewed the curriculum, attended the *First Responders* pilot training, and subsequently provided DCF with suggestions for improvement. As a result of feedback from the Monitor and others, including DYFS field staff, DCF revised the curriculum to include new information on safety assessments and safety planning. The Department began providing the *First Responders* training at the end of September 2006. The pilot-test groups included 44 supervisors and casework supervisors. One-hundred six (106) trainees also took the *First Responders* training, for a total of 150 staff trained to date. The training consists of 33 hours in five modules, including: Family Engagement; Communication/Interviewing; Assessment; Documentation; and Quality Investigations.

DCF expanded its pre-service training to include *First Responders in Child Welfare* training in August 2006. The Modified Settlement Agreement requires that all workers performing intake and investigations pass a competency examination following training (*Section II.B.3.a.*). A competency examination was developed, pilot-tested and subsequently refined. The Monitor has not independently reviewed data on the results of competency testing on the *First Responders* training but intends to do so in the next monitoring period.

3. ***Supervisory Training.***

- a. *The State developed a new curriculum for newly promoted supervisors that consists of at least 40 training hours.*

The Modified Settlement Agreement requires that by September 2006, DCF develop a quality supervisory training program of at least 40 classroom hours that is consistent with the principles in the Agreement and sufficient to meet the need for a highly effective supervisory workforce (*Section II.B.4.a*). In the summer of 2006, the new Department formally promoted a large number of staff to supervisory positions; it is this group for whom the new training was initially designed. All supervisors promoted to their positions before December 2006 are expected to receive this training over the next six months and to pass supervisory competency exams by no later than June 2007. All supervisors hired after December 2006 are expected to receive this training within three months of assuming their supervisory positions.

As a prelude to revising the supervisory training curriculum, the NJCWTA conducted focus groups with managers and field training unit supervisors and pilot-tested the training in two areas of the State. The Monitor also reviewed the supervisory training curriculum and provided comments on the content and the methods. The Monitor found the revised supervisory training to be comprehensive, well-organized and strong in many ways, particularly in its emphasis on tools for workers to engage the families they serve.

- b. The State has begun offering supervisory training to newly promoted supervisors and has scheduled the majority of the remaining supervisors for training by May 2007.

Table 2 below provides data on the number of supervisors who received and/or are scheduled to receive supervisory training.

Table 2: DYFS Supervisory Training

Number of Newly Promoted Supervisors Completing Supervisory Training as of November 2006	Number of Newly Promoted Supervisors Yet to be Trained	Number of Newly Promoted Supervisors Scheduled for Supervisory Training between January and May 2007
94	189	169*

Source: NJCWTA rosters, independently reviewed by the Monitor.

*DCF reports that 20 more supervisors will be scheduled by May 2007.

Training newly promoted supervisors – defined by DCF as any supervisor promoted before December 2006 – began in November 2006 and is scheduled to be completed by May 2007. The expectation of the Modified Settlement Agreement (*Section II.B.4.c.*) is that this group of supervisors will train and pass competency exams by June 2007, and moving forward, newly appointed supervisors will complete the training and pass competency exams within three months of appointment. The Monitor’s independent review of class rosters for supervisory training against Human Resource reports of newly appointed supervisors indicates that the NJCWTA is providing supervisory training within three months of the supervisor’s promotion. All supervisors who completed the supervisory training are assigned a final exam project, which is graded on a three-point system. The exam is useful in that supervisors are required to apply skills they are learning with their staff and they receive feedback on their acquisition of those skills. The examination includes an oral presentation as well as a written narrative of their final projects. The Monitor is unclear, however, how the exams are used in practice to determine whether supervisors have sufficiently mastered all the competencies required for effective supervision. The Monitor will look more closely at this issue in the next monitoring period.

4. *Caseloads*

No child welfare system can be expected to be successful unless and until it has a sufficient and stable workforce. High caseloads have been a problem in DYFS for years, and they are a visible source of concern for agency leadership, the legislature, the union, workers and the public. In addition, there has been considerable controversy for many years about the accuracy of published caseload data and the State's system for collecting, tracking and reporting data on the number of workers and their caseloads. Given this history, a high priority for the Modified Settlement Agreement is the accuracy and transparency of caseload data and visible progress toward reducing worker caseloads across the State. Considerable progress was made on both of these issues in the past six months. Average caseloads in Local Offices all across the State are dropping although, as anticipated, there remain some Local Offices with high average caseloads and some workers with caseloads too high to perform high quality work. The State substantially met all of its staffing commitments in the Modified Settlement Agreement for this reporting period, as discussed in the next section.

a. *The State has developed the required interim system for tracking and reporting caseloads.*

DCF developed a system for accurately tracking and reporting caseloads that relies on data primarily from its existing service information system (SIS) and from its personnel database. By working to keep these databases up-to-date and linked through manual mechanisms, DCF now has the capability to report separately on the "available" workers by functional responsibility – intake, permanency, and adoption. "Available" is the term used to refer to those workers who are actually available to carry full caseloads.

Trainees, support workers, and impact workers are excluded from the count of available workers. However, DCF does report separately on trainees, support workers, and impact workers who have assigned cases. Finally, DCF produces regular exception reporting which is distributed to Local Offices and Area Offices for review and to update with 1) Local Office personnel changes, 2) corrections to inaccuracies, and/or 3) explanations of differences between Local Office operations and the data in the system. Keeping data

current and accurate on employees and their caseloads has become a shared Departmental priority and responsibility.

Considerable time and effort goes into obtaining and maintaining accurate information on worker status and caseloads at this time because the process depends on unlinked systems that require separate and continuous manual updating to keep information in sync. Nevertheless, the focus and effort on obtaining and maintaining accurate information about employees and their caseloads is critical, not only to the Modified Settlement Agreement but to the credibility of DCF with its workers and with its partners.

Prior to December 31, 2006, the Department posted caseload data quarterly on its website and continually refined what could be accurately shared with the public. The most recent refinement is to disaggregate adoption caseloads from the other permanency caseloads. Starting with the December 31, 2006 posting, the website reflects separate caseloads for intake, adoption and permanency staff and trainees will be reflected separately. (*Section II.E.2*)

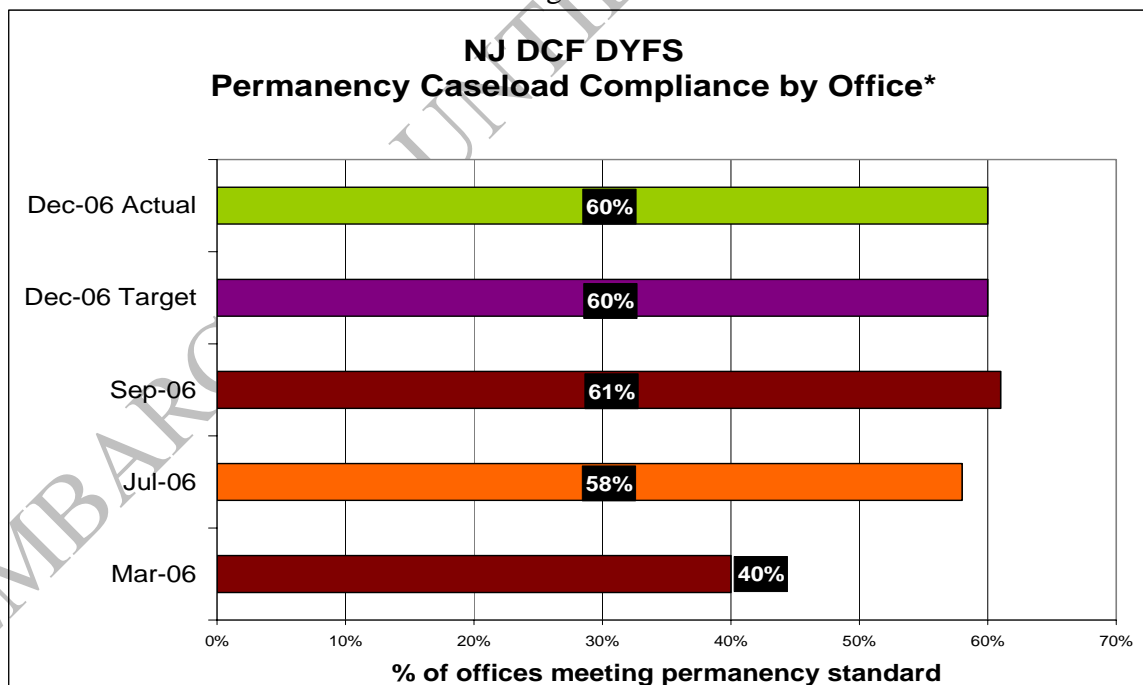
b. *DCF achieved the December 2006 caseload target set for average caseloads for permanency staff.*

Permanency workers are assigned to provide case management of services to families whose children remain at home under the protective supervision of DYFS and to those families whose children are removed from home due to safety concerns. To assure staff have the time to devote to children and families with diverse needs and circumstances, the State agreed to achieve a caseload standard that has two intertwined components referred to as a “two-prong standard.” One component is the number of families and the other component is the number of children placed out-of-home. Permanency workers are to serve no more than 15 families and 10 children in out-of-home care. If either of these standards is higher, the caseload is not compliant with the Modified Settlement Agreement standard (*Section II.E.6*).

Until December 2008 (Phase 1), caseload compliance is measured by average caseloads in an office. Ultimately, the Phase I goal is for 95 percent of all offices to have average caseloads for the permanency workers that meet the two-pronged standard. This goal is to be achieved over a period of time with targets starting in 2006, and with the final target of 95 percent to be achieved by December 2007. Starting in December 2006, average caseloads in 60 percent of all 43 Local Offices were to meet the caseload standard. (Section II.E.6)

As displayed in Figure 2, the State achieved this first target with available permanency workers in 60 percent of the offices averaging 15 families or fewer and 10 or fewer children in placement. This chart is posted on the Department's website and also indicates the progress the Department made since March 2006. Appendix B contains a table with supporting details for each office.

Figure 2:



Source: New Jersey Department of Children and Families, Policy and Planning, February 2007.

*Adoption staff began to be counted separately in December 2006; previously they were listed as permanency staff.

The Monitor took several steps to independently verify caseload information. First, in conjunction with Department staff, the Monitor reviewed monthly reports and the Department's methodology for computing caseloads as well as the process used to verify and refine the caseload reporting. This included looking at examples of communication between Central Office and Local Office managers regarding the exception reporting. Second, the Monitor participated in the final stages of the quality assurance effort as the December caseload report was prepared. This review allowed for first-hand knowledge of the work done to assure accurate reporting. For example, an issue about the actual employment date for some workers identified as trainees in the first draft of the December report required additional work and communication with the Local Offices as well as with Human Resources. In some instances, workers who were listed in the DYFS information system as trainees based on their formal hire date, had in fact, passed their six-month employment period based on the date they first were employed as a temporary worker. They had completed their training period, which enabled them to be considered as available workers to carry full caseloads. In addition to assessing the Department's internal quality assurance on the accuracy of caseload data and as added verification, the Monitor randomly selected 14 local offices for follow-up telephone discussions over a two week period with Local Office managers about the number of available staff and efforts to keep caseload reporting accurate. Our independent conversations with nine of the Local Office managers⁷ confirmed the accuracy of the State's caseload reporting for December 2006.

c. DCF achieved the December 2006 caseload target set for intake staff.

DCF intake staff are responsible for responding to community concerns regarding child safety and well-being. They take referrals from the State Central Registry and, depending on the nature of the allegation, they have 2 hours to 5 days to visit the home and begin an investigation/assessment. They must complete their investigation/

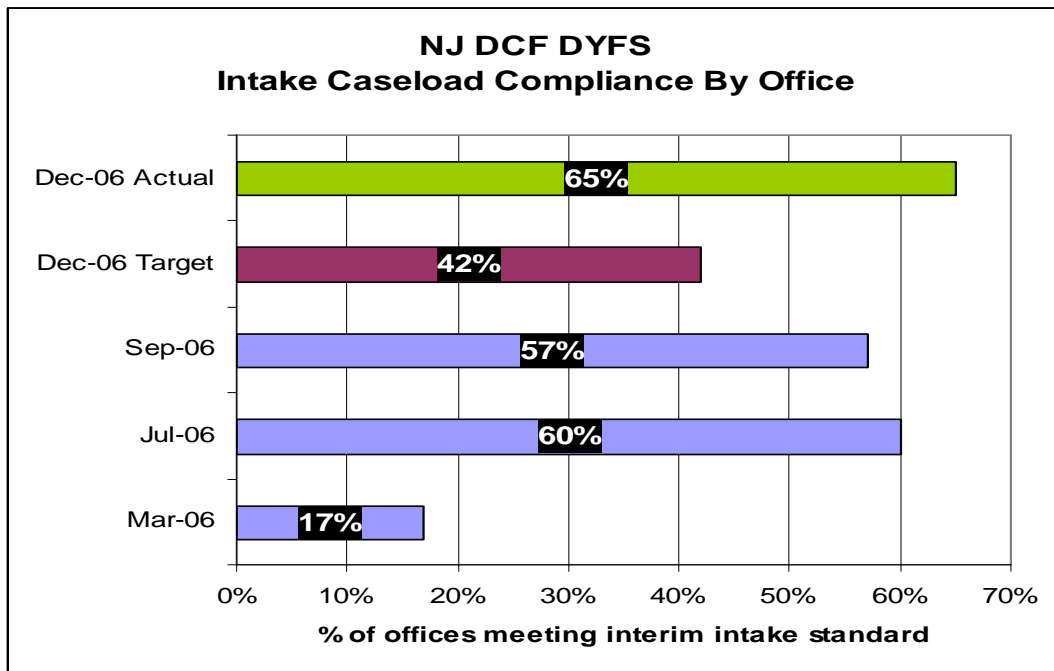
⁷ Of the 14 offices selected, nine Local Office managers were interviewed; one manager was on vacation throughout the review period, and interviews were not conducted with 3 managers despite efforts and exchanged telephone calls by both Local Office managers and the Monitor.

assessment within 60 days. The caseload standard for intake staff also has two components. One component is the number of families under investigation or assessment at any given time and the other component is the number of new referrals assigned to a worker each month. When fully implemented in Phase II (by June 2009), intake workers must have total caseloads of 12 families or fewer and 8 or fewer new referrals per month. (*Section III.B.1.b*)

As with the permanency caseloads, the Phase I standard is based on average caseloads in an office, and by December 2008, the goal is for 95 percent of all offices to have average caseloads for intake workers that meet the two-pronged standard (*Section II.E.7*). As an interim standard, starting in December 2006, 42 percent of all Local Offices must have average caseloads for intake staff of 15 families or fewer and 10 or fewer new referrals per month. (*Section II.E.7*)

As displayed in Figure 3 on the following page, the State exceeded this first target with intake staff since July 2006. As of December 2006, 65 percent of the offices had average caseloads for intake staff at or below the standard. These data were independently verified by the Monitor as part of the previously described process. This chart is posted on the Department's website and also indicates the progress the Department has made since March 2006. Appendix B contains a table with supporting detail for each office.

Figure 3:



Source: New Jersey Department of Children and Families, Policy and Planning, February 2007.

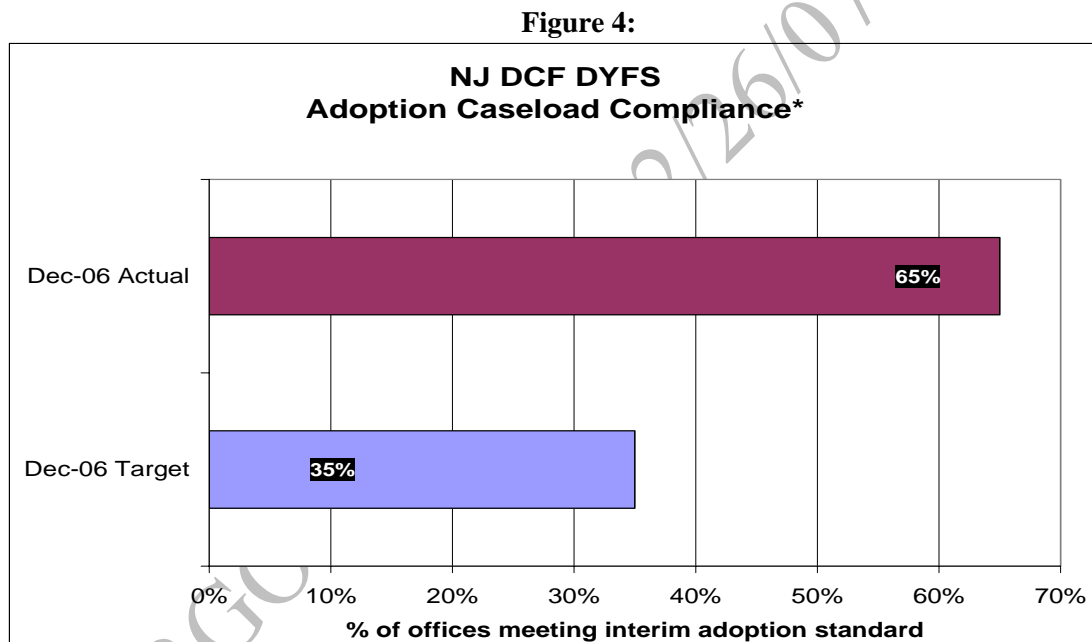
- d. DCF achieved the December 2006 caseload target set for average caseload for adoption staff.

Adoption staff are responsible for moving children to permanency by developing adoptive resources and performing the work needed to finalize adoptions. The Modified Settlement Agreement requires the State to move away from generic permanency caseloads and to ensure that children with a goal of adoption are assigned to designated adoption workers with the exception of children who have an already established relationship with a permanency worker who is also responsible for adoption work. As of December 31, 2006, 81 percent of children in DYFS custody with a permanency goal of adoption had been assigned to an adoption worker. Adoption workers are placed in every Local Office with the exception of the three Newark Local Offices; in Newark, there is a separate Local Office handling adoption work for the entire city. (Section II.G.9)

As with the permanency and intake caseloads, by December 2008, the goal is for adoption staff in 95 percent of offices to have average caseloads of 18 or fewer children

with a subset of 60 percent of the offices achieving average caseloads of 15 or fewer families (*Section II.G.18*). Starting in December 2006, adoption staff in 35 percent of all Local Offices are to have average caseloads of 18 or fewer children. (*Section II.G.10*)

As displayed in Figure 4 below, the State far exceeded this first target with adoption staff in 65 percent of the offices having average caseloads for adoption staff at or below the standard. This information was verified by the Monitor using the previously described approach. This chart is posted on the Department's website. Appendix B contains a table with supporting detail for each office.



Source: New Jersey Department of Children and Families, Policy and Planning, February 2007.

*Prior to December 2006, adoption staff were included in permanency staff numbers.

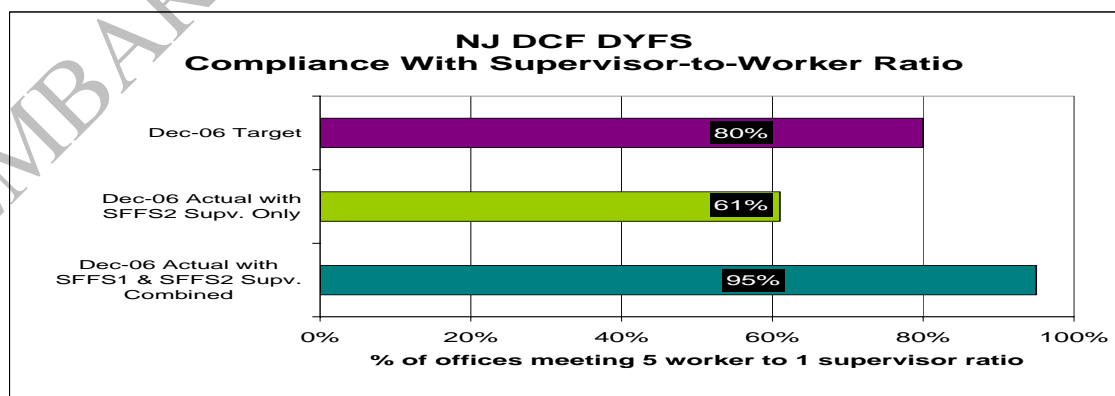
- e. DCF appears to have met the benchmark for ratio of supervisors to workers through the utilization of frontline casework supervisors (SFSS2) and the assignment of unit supervisors (SFSS1).

Supervision is a critical role in child welfare, and the span of supervisory responsibility should be limited to allow more effective individual supervision. Therefore, the Modified Settlement Agreement also establishes standards for supervisory ratios. By December 2008, 95 percent of all offices should be able to maintain a 5 worker to 1

supervisor ratio (*Section II.E.8*). Like the caseload standards, this standard was to be phased in starting in December 2006, with a target of 80 percent of the offices meeting the 5 to 1 ratio (*Section II.E.8*).

The Department has two supervisor levels. One level, Supervising Family Service Specialist 2 (SFSS2), is a direct frontline supervisor position responsible for supervising a casework unit. The field refers to this position as “supervisor” or “unit supervisor.” The second level is Supervising Family Service Specialist 1 (SFSS1). In the field, this position is referred to as “Casework Supervisor.” In general, three unit supervisors typically report to a Casework Supervisor. By combining the individuals in both supervisory levels in each office, the State appears to have met the December 2006 target with 95 percent of the offices having “sufficient supervisory staff” to maintain a 5 worker to 1 supervisor ratio (see Figure 5 below). Applying only available SFSS2 positions to compute the supervisory ratio, 61% of local offices have met the supervisory interim standard. The Department has reported that some Casework Supervisors are temporarily supervising frontline staff as the offices move to fill allocated unit supervisor (SFSS2) positions. During the next reporting period, the Monitor will review the interim assignment of SFSS1 supervisors to support direct worker supervision and will collect more information about supervisor ratios during visits to Local Offices. Appendix B contains a table with supporting detail for each office, including the number of supervisors in each level.

Figure 5:



Source: New Jersey Department of Children and Families, Policy and Planning, February 2007.

5. *Creating an Effective Human Resource Function within DCF.*

a. *DCF hired a new Human Resource Director.*

DCF developed and filled the position of Director of Human Resources and Labor Relations (*Section II.E.3*). The new Director has extensive public service human resource and labor relations experience in New Jersey including twenty years in senior executive positions in the New Jersey Department of Personnel. As part of the leadership team in DCF, the new Director has helped to implement an overall hiring plan that is based on individual office need-based projections for staff. The hiring plan calls for filling 203 casework positions and 42 supervisor positions between July 1, 2006 and June 30, 2007.

The positions authorized for each office are based on actual workload and the caseload standards to be achieved and sustained. The projections for July 2006 through March 2007 were reassessed in January 2007 based on the actual experience of July through December 2006, and some reallocation of new hires projected among offices took place. The DCF Human Resource Director joins the DYFS Director in weekly teleconferences with Area Office managers to review and track hiring and position vacancies against the plan and other personnel issues raised by the managers.

Typically, the bi-weekly conversations, referred to as “position control calls,” allow Area Office managers to 1) cover the steps they are taking to fill positions, including the source of candidates, interviews planned, offers to be made and likely timeframes for filling positions; 2) confirm filled positions and start dates within the previous week and ensure that Human Resources has the appropriate completed paperwork to ensure a smooth process for new hires; and 3) raise questions and problems. The Human Resources Director and staff troubleshoot and help problem solve around positions – what can and cannot be done within the New Jersey Civil Service requirements.

b. Strengthening and streamlining the recruitment and hiring process

The Human Resources Director revamped the recruitment and hiring process. Previously, recruitment and hiring was entirely a local responsibility. Now it is a shared responsibility. Initial candidate screening is done by the Central Office, enabling a more uniform process. Priority is given to individuals with Bachelor and Master degrees in Social Work. Accepted candidates are invited to bi-monthly regional “job fests” where Local Office representatives are given an opportunity to meet and interview candidates. If the candidates pass these interviews, they are placed in an eligible pool according to their geographic preference and interests. Candidates stay in this pool for a year, available for Local Offices to contact and hire. As of November 2006, 400 candidates are in this pool.

Local Office managers interviewed about the recruitment and hiring process were pleased with how the process is now working. They believe they are getting good candidates to consider with the necessary skills, including bilingual capability. Some offices add an additional step by inviting candidates for a “meet and greet” orientation to help the candidates obtain a full understanding of the work. Others hire directly from the candidate pool after meeting candidates at the job fest.

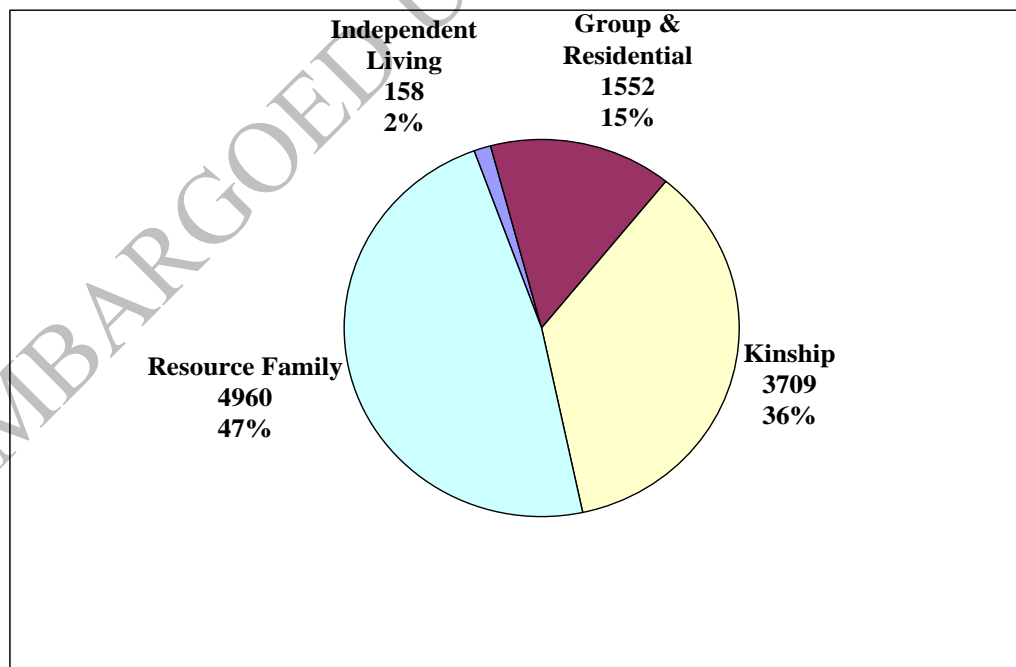
However, the lists of qualified candidates for higher classified positions such as supervisory positions have been reduced since the last supervisory qualifying test was given in 2005. DCF asked the State Department of Personnel (DOP) to offer another certifying test to re-populate the list with qualified candidates. DOP is doing a job analysis to identify needed changes to the test to assure that they have a tool to assess the candidates based on the current work of DCF rather than that of two years ago. DCF, therefore, has an opportunity to ask DOP to consider and incorporate the supervisory skills required by the Case Practice Model.

Retention of workers also appears to be improving. Overall, DCF reports that the attrition rate is down from 14 percent in 2004/2005 to 11 percent in the period between November 2005 and October 2006. To improve workforce stability further, DCF Human Resources is renewing efforts to complete exit interviews for all staff that leave employment. They hope these interviews will provide information on how to improve the work place and job satisfaction.

VI. APPROPRIATE PLACEMENTS AND SERVICES FOR CHILDREN

As of January 6, 2007, there were 10,379 New Jersey children in placement under the supervision of the DCF's Division of Youth and Family Services (DYFS). Figure 6 below shows the types of settings where children are placed.

Figure 6:
NJ DCF DYFS
Children in Placement by Placement Type
(Total = 10,379, January 6, 2007, point-in-time)



Source: DCF, Office of Policy and Planning, February 2007.

1. Resource Family Recruitment, Licensing and Retention

When children cannot be maintained safely at home because they have been abused or neglected or are at risk of abuse or neglect, it is the responsibility of DYFS to remove them from their families and place them in a safe and stable alternative – if at all possible – in a family with an appropriate relative or with an approved resource family. The Modified Settlement Agreement (*Section I.A*) and the DCF practice model further state that when children need to be placed, efforts must be made to place them with siblings, close to their neighborhoods and schools, and with families that can, if necessary, become a permanent placement. Recruitment and retention of the appropriate array of resource families has long been a serious problem for the State. DCF spent its first six months intensively investigating and assessing the problems and barriers to resource family recruitment, licensing and retention. As a result of its findings, DCF made some key changes and is beginning to build a new infrastructure to support this work.

a. The State established a baseline of available resource family homes that separately identifies kinship and non-kinship resource homes.

To produce an accurate baseline of available resource family homes, DCF went through the arduous process of hand-counting computer-generated data on active resource family homes, distinguishing kinship from non-kinship homes. The result is shown in Table 3 below. This is a baseline only; the next monitoring period requires DCF maintain an accurate list of current kinship and non-kinship resource family homes and to create systems to set and track targets.

**Table 3: Baseline of DCF Licensed Family Resource Homes
as of December 31, 2006**

Non kinship resource family homes (DCF licensed)	2,260
Resource family homes (licensed and supervised by Babyland)	114
Resource family homes (licensed and supervised by Tri-City)	74
Treatment Homes (DCF licensed)	504
Total non-kinship resource family homes	2,952
Kinship resource family homes	+ 2,584
Total kinship and non-kinship resource family homes	5,536

Source: New Jersey DCF, 2006.

- b. *The resource family licensing function was incorporated into DCF with the creation of the new Department in July 2006.*

In order to provide clearer lines of authority and accountability for the recruitment and licensure of resource homes, the Modified Settlement Agreement requires that the function of resource family licensing be incorporated into DCF (*Section II.H.1*). A new Resource Family Director with more than 30 years experience in child welfare was appointed in September 2006. In October 2006, she assumed responsibility for the resource family licensing, a unit that formerly reported to the Office of Licensing (OOL) as well as for resource family recruitment and support. This important shift helped unify two divisions: Resource Family Support and Resource Family Licensing, and served as the structural change necessary to help overcome significant communication and coordination challenges previously experienced.

- c. *The State designated a point person for each area office to focus on resource family recruitment.*

By the end of December 2006, DCF finalized the appointment of a full-time resource development person in each Area Office to serve as the point person to coordinate the recruitment and licensing support work for that area. A job description dated January 2007 for *Resource Family Area Case Practice Specialists* describes these point people's primary function as a liaison between resource family units and the Office of Licensing Area Inspector. They will be responsible for the overall outcomes of all recruitment, retention, development/licensing and support of the resource families in their respective Areas. They will also be responsible for monitoring the outcomes, compliance and submission of each Local Office's monthly targets and for monitoring tracking reports of data from resource family support workers' home inspections. They will also make sure that all resource families in their Area are assigned to a support worker and that all databases are accurately maintained. Many of the staff are newly appointed and, therefore, not yet fully oriented to their roles. The State will need to provide intensive training and support in the next few months on job functions and performance

expectations in order for these new staff members to be effective in their jobs and to create a statewide learning network.

- d. *The period for processing resource family applications is expected to take no more than 150 days.*

The Modified Settlement Agreement requires the State to process prospective resource families through to licensure within 150 days of application (*Section II.H.4*). DCF has developed an implementation plan and process (see Table 4) that establishes responsibilities with timeframes for actions so that an application can be expected to move from receipt through to licensing within 150 days. This plan became operational at the end of December 2006 and may be modified as the geographic impact teams operating in the Passaic and Atlantic Area Offices implement it and develop more information. The plan is a significant improvement over past practice in that it mandates continuous communication between the Office of Licensing and the resource family staff within DCF so that an application is not permitted to sit with unresolved issues in either the resource family support unit or licensing units without joint problem-solving, an issue identified as the primary cause of past backlogs. For example, under the new process, the home inspection is done jointly between the licensing and resource support teams so that if small corrections are needed for a home to meet licensing standards, both offices are aware and share the responsibility for addressing the licensing barriers. This was not how the system functioned in the past.

Table 4:
DCF Task Plan for
150-Day Resource Home Licensing Process

Time Frame	Tasks	Responsibilities
Day 1 – 7	<ul style="list-style-type: none"> Completed application sent to OOL Family contacted to schedule appointment and review home study process Resource Family Support worker and supervisor conference 	<ul style="list-style-type: none"> Resource Family Supervisor (RFS) Resource Family Support Worker (RFSW)
Day 7 – 30	<ul style="list-style-type: none"> First home visit (orientation, home inspection) References for family solicited 	<ul style="list-style-type: none"> RFSW RFSW
Day 30 – 60	<ul style="list-style-type: none"> Second home visit (interview using SAFE home study model) Materials for CHRI/CARI waivers prepared and submitted, if needed 	<ul style="list-style-type: none"> RFSW RFSW
Day 60 – 90	<ul style="list-style-type: none"> Third home visit; all interviews complete and obstacles identified/addressed SAFE home study report completed 	<ul style="list-style-type: none"> RFSW RFSW
Day 90 – 95	<ul style="list-style-type: none"> SAFE home study packet approved by supervisor and sent to OOL 	<ul style="list-style-type: none"> Resource Family Supervisor
Day 95 – 100	<ul style="list-style-type: none"> OOL reviews and notifies RFSW if additional information is needed OOL inspection date set 	<ul style="list-style-type: none"> Office of Licensing (OOL) OOL
Day 100 – 120	<ul style="list-style-type: none"> Joint home inspection by OOL and RFSW (must be done within 20 days of completed home study) 	<ul style="list-style-type: none"> Joint OOL and RFSW
Day 120 – 150	<ul style="list-style-type: none"> Joint re-inspection if violations/issues needed to be resolved 	<ul style="list-style-type: none"> Joint OOL and RFSW
Between Day 100 – 150	<ul style="list-style-type: none"> License issued; all parties notified 	<ul style="list-style-type: none"> OOL
Every 30 days	<ul style="list-style-type: none"> Supervisory conferences 	<ul style="list-style-type: none"> Resource Family Supervisor and OOL Supervisor
Concurrent to 150-day licensing process	<ul style="list-style-type: none"> Family completes pre-service training 	

- e. The State created “Impact Teams” to address the backlog of homes waiting to be licensed and to better assess the obstacles to prompt and effective licensing and support.

In September 2006, under the direction of the new Resource Family Director, DCF began to develop four Impact Teams: a licensing impact team (implemented October 2006), and teams in Middlesex (implemented November 2006), Passaic (implemented December 2006), and Atlantic (implemented January 2007.) The Impact Teams are charged with:

- Completing a sample of the applications pending for more than 150 days from processing through licensing;
- Identifying potential structural challenges to completing licensing within 150 days; and
- Providing assistance to support the State’s ability to meet the targets for new resource families.

DCF plans to keep the Impact Teams in place until the majority of resource family home applications can be resolved in 150 days.

The licensing team – the first team to begin work in October 2006 – is staffed with experienced resource family central operations staff and senior licensing staff who now work in the same geographic location. The team focused on a backlog of 189 home study applications that were languishing in the Office of Licensing. Their work helped inform the development of the newly-implemented process discussed above. In addition, 75 percent (142) of the applications reviewed by the licensing Impact Team have been resolved: 94 families were licensed; 44 families have withdrawn from the process; and 4 families were denied licenses. DCF reports that the remaining 47 families have been assigned to an inspector for joint follow up by the Office of Licensing and Local Office Resource Family staff.

From their review of the 189 pending resource family applications, the licensing Impact Team found critical gaps in communication between the field and licensing staff. DCF took an important step towards remedying this longstanding communications failure by shifting both the Office of Licensing and the Resource Family staff reporting to the Resource Family Director. Having both offices report to a single Director not only communicates a shared purpose but establishes a requirement for teamwork and has created incentives for eliminating communication and responsibility problems.

Due to the Impact Team's findings, DCF made the following positive changes:

- Practical solutions such as providing needed equipment to licensing inspectors to help them resolve inspection violations such as lacking batteries for smoke detectors or thermometers to take water temperature, etc. Similarly, resource family support workers now have the ability to supply homes with some of the same equipment to resolve problems in advance of the inspection.
- Geographic assignments for licensing staff. Impact teams recommended that licensing inspectors be linked to Local Offices to reduce travel time and expense, a structural improvement that began in December 2006 along with the implementation of the 150-day methodology.
- Process improvements, including establishing a statewide courier to deliver completed applications from the field to licensing, rather than by fax, a method that DCF determined to be inefficient in a host of ways.

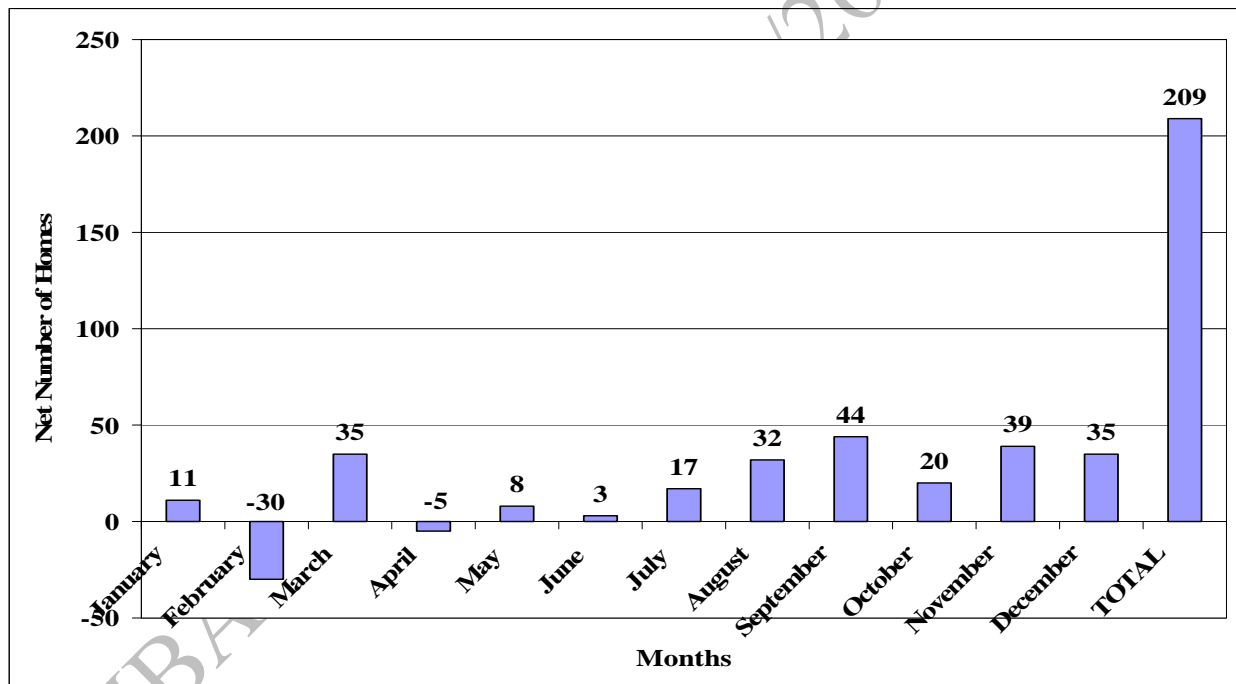
These improvements are positive; however, they are foundational and suggest that DCF is still in the initial stages of the diagnostic process. The only Impact Team that has been operational for any length of time is staffed by Central Office personnel. As DCF is aware, capacity development for these issues needs to shift to the Area Offices. DCF also needs to develop a process to systemically track recommendations and improvements. Since two of the Impact Teams have just been formed, it is too soon to know what additional remedies will be required to address barriers they uncover as well as the extent to which the current improvements will have lasting influence statewide. As seen in

Figure 8 below, early indications of progress are promising as net gains in the number of licensed resource families have risen.

- f. DCF ramped up its efforts to license resource family homes and is starting to show net gains.

As of December 2006, DCF reports it has a net gain of 209 licensed resource families during CY 2006 (see Figure 7). During this period, a total of 1,280 homes were licensed; 1,071 are no longer active resource homes due to adoption, death or other reasons for closure, leaving a net increase of 209 families.

**Figure 7: Resource Families Licensed
Net Gain/Losses by Month & Total
CY 2006**



Source: DCF Office of Policy and Planning; includes both kinship and non-kinship homes, January 2007.

In July 2006, DCF began to collect data to distinguish the number of kinship and non-kinship homes licensed each month. Table 5 on the following page provides data for July 2006 through January 2007.

**Table 5: Number of New
Licensed Families Resource Homes
(July 2006 - January 2007)**

	Kinship	Non-Kinship	TOTAL
Jul-06	18	56	74
Aug-06	36	94	130
Sep-06	35	94	129
Oct-06	27	82	109
Nov-06	25	72	97
Dec-06	80	80	106
Jan-07	165	55	220
Total	643	222	865

Source: DCF, Office of Policy and Planning, February 2007.

- g. The State established monthly targets for the number of new resource families to be licensed by each Local Office.

The Modified Settlement Agreement requires the State to have set Local Office targets for the number of new resource families to license each month by December 2006 (*Section II.H.7*). Table 6 shows the monthly targets that DCF established for each office in order for the State to reach the Modified Settlement Agreement's overall target of 1,030 new homes licensed by June 2007 (*Section II.H.10*). These targets, which were the result of information on local capacity, serve primarily as a DCF management tool to promote and track performance. They do not appear to be based on an assessment of areas of greatest need or the specific recruitment needs for target populations. The Monitor is confident that in reaching more permanent targets for each office, the State will develop a system that takes into account specific Local Office needs and regional differences.

**Table 6: Resource Family Monthly Licensure Targets
(January – June 2007)**

Local Office	Monthly Target
Atlantic I	3
Atlantic II	3
Bergen Central	4
Bergen South	4
Burlington East	2
Burlington West	2
Camden Central	3
Camden East	3
Camden North	2
Camden South	2
Cape May	2
Cumberland East	2
Cumberland West	2
Newark Center City	2
Newark No East	2
Newark South	2
Newark West	2
W. Essex Central	2
W. Essex North	2
W. Essex South	3
Gloucester East	3
Gloucester West	2
Hudson South	2
Hudson Central	3

Local Office	Monthly Target
Hudson North	2
Hudson West	3
Hunterdon	2
Mercer North	3
Mercer South	3
Midd Cent	3
Midd Coast	2
Midd West	2
Monm. South	3
Monm. North	3
Morris	4
Ocean North	3
Ocean South	4
Passaic Central	3
Passaic North	4
Salem	2
Somerset	4
Sussex	3
Union East	3
Union West	3
Union Central	2
Warren	3
Statewide Total	123

Source: New Jersey DCF, December 2006.

2. *Increasing the Resource Family Board Rate.*

The Modified Settlement Agreement requires the State to close the gap between current resource family support rates (foster care, kinship care, and adoption subsidy) and the United States Department of Agriculture's estimated costs of raising a child. By January 2007, the State was expected to raise rates sufficient to close the gap by 25 percent (*Section II.H.15*). Table 7 below provides the new rates, effective January 1, 2007.

**Table 7:
DYFS Approved Resource Family Rates,
Effective January 1, 2007**

Age of Child	DYFS Rate 12/31/06 (STEP 0)	Revised USDA Rate CY 2005 (published April 2006)	Difference between USDA 2005 Rate and DYFS Rate 12/31/06	Percentage of increase required to close gap 25% by 1/1/07	Approved Increase to Monthly Rate	Approved DYFS Rate 1/1/07
0-5	\$497	\$667	\$170	33%	\$56	\$553
6-9	\$534	\$718	\$184	33%	\$61	\$595
10-12	\$557	\$741	\$184	33%	\$61	\$618
13-17	\$609	\$786	\$177	33%	\$58	\$667

Source: DCF, DYFS.

3. *Improving Access to Placements Available through the Division of Children's Behavioral Health: Real Time Bed Tracking.*

In accordance with the Modified Settlement Agreement (*Section II.D.1*), DCBHS instituted a real time bed-tracking system, entitled "Bed-Tracking 2," in September 2006 to more accurately identify the number and type of specialty beds managed by the Value Options (the Contracted Systems Administrator – CSA), that are available for placement for children and youth. The purpose of this change is to improve timely access to appropriate treatment alternatives for children by more easily identifying a program with an open bed with the capacity to meet the needs of a specific child or youth. In the past, children were typically referred to multiple programs without any systematic means of identifying whether the program had an available vacancy.

According to DCBHS, the Bed-Tracking 2 system provides:

- Real time bed availability
- Information about the number of children and youth waiting for out-of-home treatment for specific levels of care
- Length of time a child/youth waits for placement—tracking time from referral to out-of-home placement
- Ability to track providers' acceptance and non-acceptance rates
- Ability to track reasons children/youth are not accepted into programs
- Ability for case managers to view all referrals and admission status

Through this bed-tracking system, each program receives one referral at a time and must make a decision on that referral before another child is referred to their program. The child is also referred to one program at a time; in this way fewer referral packets are created and potentially there are fewer program interviews and rejections for the child/youth.

The real time bed-tracking system also helps DCBHS monitor treatment programs' compliance with their contract obligations. For example, if DCBHS contracts with a program to provide services to boys ages 12-17 who have a history of assaultive behavior and setting fires, but a program denies placement of a 16-year-old boy with this type of history, DCBHS can review the contract obligation with the Director of the program. Initial implementation of the system created some problems as providers needed to be sure that the information in the database about their program and capacities to provide services was correct and could be relied on by the CSA as an accurate screen for referrals. While still relatively new, DCF believes this system will help reduce the number of children placed out-of-state and reduce vacancies in residential programs.

4. *Out-of-State Placement of Children.*

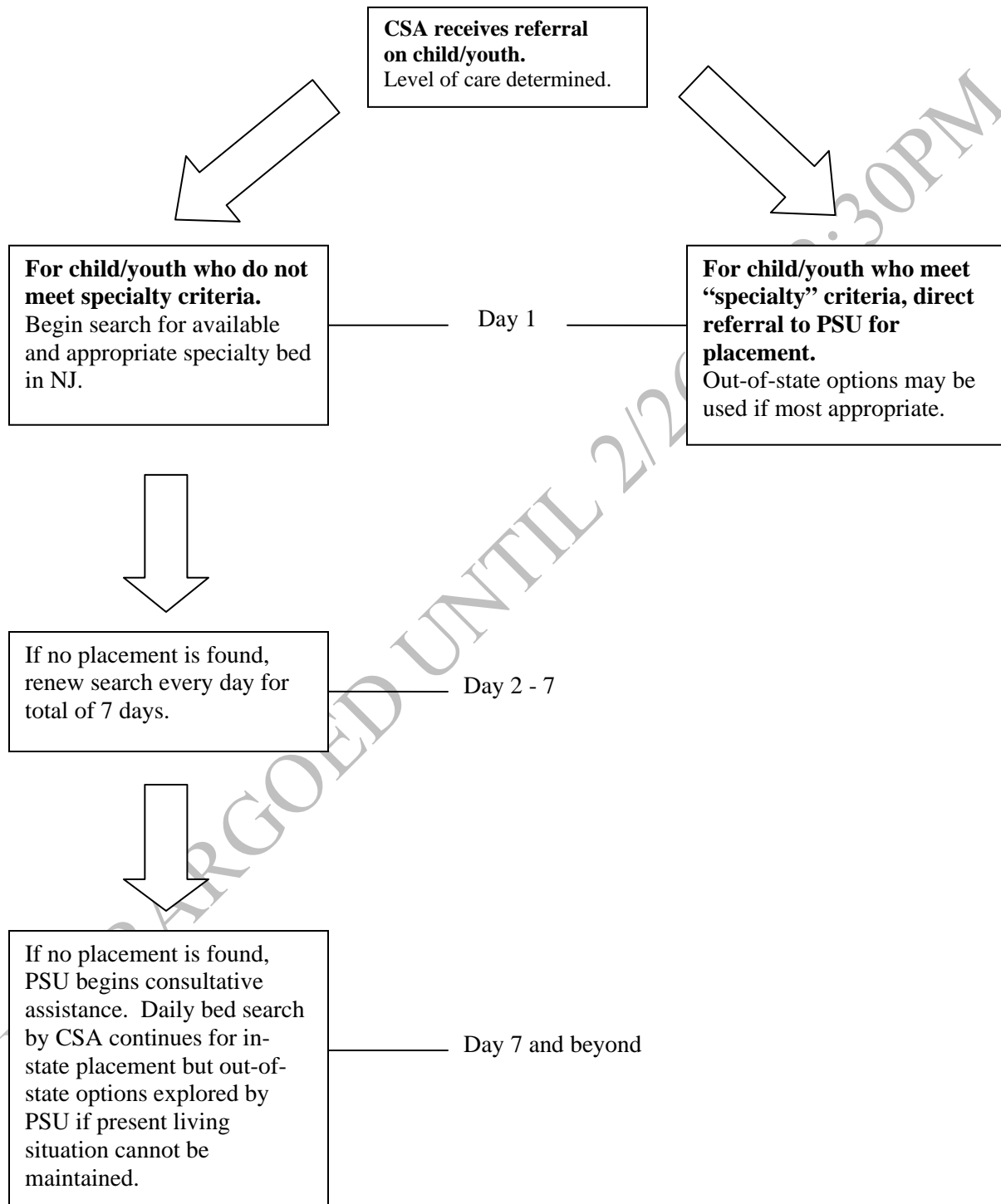
Consistent with the DCF practice model and the desire to allow children in placement to maintain contacts with their family and community, the Modified Settlement Agreement requires the State to minimize the number of children who are placed in out-of-state congregate care

facilities (*Section II.D.2*) and to bring children who are placed out-of-state back to New Jersey as soon as they are ready to be “stepped down” (*Section II.D.6*). While recognizing that some children’s treatment needs will be better served in out-of-state facilities, the State implemented a process to monitor and prevent the inappropriate use of such placements.

- a. *To ensure that out-of-state congregate placement is only used when needed to meet a child’s treatment needs, the State developed an administrative process to ensure that children and youth are not placed in out-of-state congregate care, unless certain exceptions are shown.*

The CSA is responsible for identifying placements for children and youth requiring out-of-home treatment placements. The CSA uses the Bed-Tracking 2 system previously described to try to identify an appropriate placement in New Jersey. The CSA determines if the child or youth requires out-of-home treatment placement based on an assessment. Children and youth with highly specialized needs (such as those who set fires, those with a low IQ, those who exhibit sexual aggression, and cruelty to animals) are immediately referred to DCBHS’ Placement Services Unit (PSU). The PSU worker collaborates with the child’s team and Care Manager to identify in-state options. If no in-state option is available or appropriate for the needs of the child, the PSU worker will identify out-of-state placement options as soon as possible. For all other children and youth, the CSA is initially responsible for identifying an available and appropriate placement. The CSA conducts a daily available placement search for seven days. After seven days, the PSU is alerted and acts in a consultative manner while the CSA continues a daily search for an appropriate placement. The PSU worker collaborates with the caseworker to determine if adequate supports are available to treat and maintain the child/youth in his/her current placement or at another in-state placement. The PSU begins to look for appropriate placements out-of-state when it is determined that no in-state facility is available and the child’s present living situation cannot be maintained. Figure 8 on the following page shows the DCBHS placement process.

**Figure 8:
DCBHS Placement Process
For Children and Youth Requiring Treatment Providers**



The State also developed an internal process to ensure high-level review and approval for decisions about placing a child/youth in an out-of-state treatment facility. With input from the Monitor, the State drafted an approval form, which asks for and records appropriate documentation about the acceptable reasons for out-of-state placement (in compliance with the Modified Settlement Agreement; *Section II.D.2*). In order to be approved for out-of-state placement, the child/youth 1) must be placed in a facility that is closer to his/her family than other appropriate in-state options, or 2) cannot be appropriately served by any in-state program and the out-of-state placement can appropriately meet treatment needs. The PSU manager and DCBHS director are responsible for ensuring that the PSU worker and case manager make every effort to find an appropriate in-state placement; the DCBHS Director has final approval for all out-of-state placements.

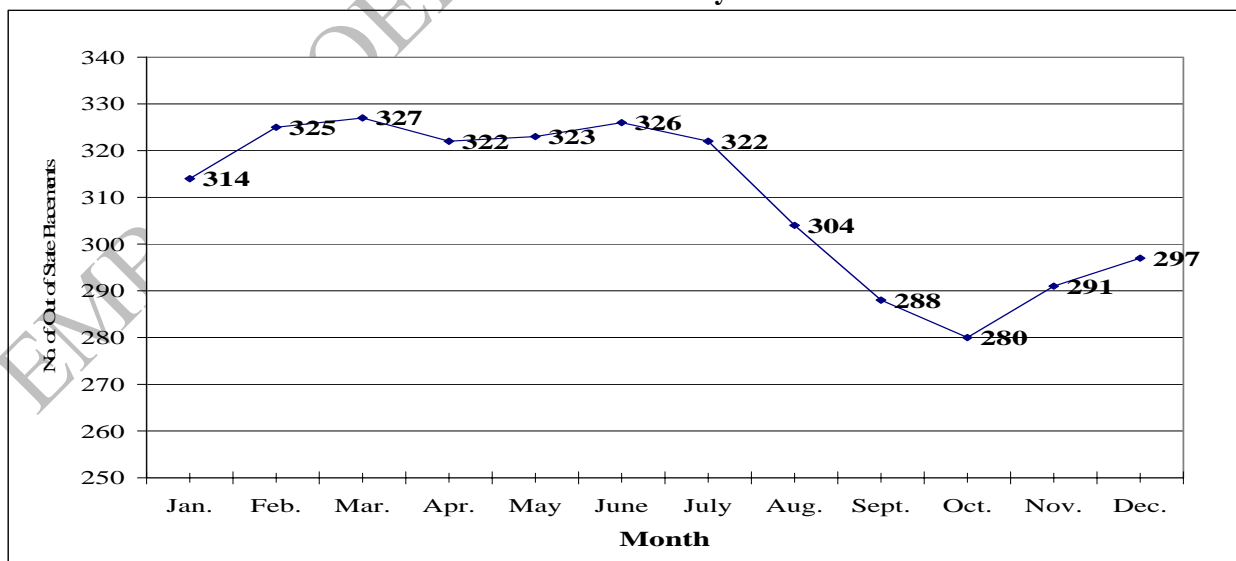
To verify that the State has implemented the process, the Monitor reviewed all out-of-state placement approval forms signed by the DCBHS Director for the time period of October 2006-December 2006 (approximately 62 requests). Several children/youth were placed in out-of-state placement more accessible to their families than in-state options. Many children/youth were placed out-of-state for multiple and complex factors such as an IQ below 75, fire-setting or aggressive behavior, a history of rejection from in-state programs, sexual aggression, schizoaffective disorder, and oppositional defiant disorder. A recent examination by DCBHS of the profiles of children/youth placed in-state and out-of-state for longer than six months found that low IQ and sexual aggression were significant factors in placing children/youth out-of-state. The State is attempting to address the need for more in-state treatment services by creating 60 new specialty beds for children/youth who have some of the most common challenges of children placed out-of-state in the last six months – fire setting, low IQ (55-75), assaultive behavior, and sexual aggression. A Request for Proposals (RFP) was issued by DCBHS seeking in-state program bids for specialty services for boys and girls age 8-12 and 15-18 and for girls age 12-18 with the behaviors previously described and those with a history of running away from placement. The RFP seeks programs that will adhere to a “no reject/no eject”

policy so that children/youth who meet a specific program's criteria for treatment will be accepted in the program, and the program will not terminate the child/youth from the program before his/her treatment is complete.

For the most part, the Monitor found that PSU workers provided documentation with the approval form of the in-state programs that denied placement to the child/youth. Although not required by the Modified Settlement Agreement, there was no documentation that the child's/youth's family was aware of the placement plans other than through self-reporting by the PSU worker. Additionally, some of the approval forms failed to identify which agency or worker is ultimately responsible for the tasks in the plan to return the child/youth to the State of New Jersey.

Figure 9 shows the number of DCBHS authorized out-of-state placements for 2006 for all youth served by DCBHS. It is important to note that the Modified Settlement Agreement focuses on developing adequate in-state services and placements only for children or youth in DYFS custody (*Section II.D.3*), although obtaining adequate in-state services is a DCF priority for all children served by DCBHS.

**Figure 9: Out-of-State Placements
2006 for All Youth Served by DCBHS**



Source: New Jersey DCBHS, February 2007.

Table 8 below provides data regarding the number of *new* out-of-state placements since October 1, 2006 for all New Jersey children served by DCBHS and separately identifies those children in DYFS custody. In October 2006, DCF began to collect data to separately look at children/youth placed within 50 miles of New Jersey and children/youth involved with DYFS. Beginning in January 2007, the monthly data will be further refined to reflect the children/youth who returned to New Jersey (exited the out-of-state placement). Eighty-nine percent (89%) of youth placed out-of-state since October 2006 were treated within a 50 mile radius of New Jersey.

**Table 8:
New Placements Out-of-State
(October – December 2006)**

Month	Number of Out-of-State Placements	Number Within 50 miles of NJ	Number in DYFS Custody
October 2006	13	11	5
November 2006	28	26	9
December 2006	21	18	7
Total	62	55	21

Source: New Jersey DCBHS

- b. The state developed a methodology for identifying children in custody in out-of-state congregate care who are potentially ready to return to New Jersey and step down to a lower level of care.

In accordance with the Modified Settlement Agreement (*Section II.D.6*), the State developed an administrative process for identifying children/youth who are placed out-of-state and who may be ready to return to New Jersey and “step down” to a lower level of care.

Every month, DCBHS generates a list of children/youth placed out-of-state and highlights those who may be appropriate for step down. Youth are identified for step down by consensus of the case manager, provider, and CSA, or if the child's length of stay exceeds one standard deviation of the mean length of stay. Every 90 days, each of the three staff members involved is expected to indicate on the electronic treatment plan whether the child/youth is ready to be discharged from the current program and stepped down. When any one of the three parties directly involved in the child/youth's care – the case manager, the provider or the CSA – feel that the child/youth is step-down ready, s/he is placed on a "three button" report generated by DCBHS. DCBHS team leaders consult directly with the case management entity to explore if the child/youth is step-down ready and, if so, to identify barriers, action steps and strategies for transitioning youth.

5. *Youth in Juvenile Detention Post-Disposition.*

a. *The State developed an automated system for tracking youth in juvenile detention facilities post-disposition and awaiting placement.*

A longstanding problem is the continued placement of children/youth in juvenile detention facilities post-disposition – youth who remain in these detention facilities solely because they are awaiting an appropriate placement. One of the barriers to moving children/youth out of detention quickly was the lack of a systematic process to identify and track youth and to use information about their needs to identify appropriate resources. Through the Modified Settlement Agreement (*Section II.D.3*), the State committed to implement an automated system by December 2006 to identify youth in DYFS custody being held in juvenile detention facilities post-disposition and to ensure that each youth is appropriately placed within 30 days of disposition.

The automated system was pilot-tested in the spring 2006 and was fully operational by the early fall 2006. DYFS court liaisons and key staff from the Case Management Organizations (CMOs) and Youth Case Management Organizations (YCMs) received

training by the Central Office staff on how to use an electronic tracking form. Tracking and processes put in place to find appropriate placements produced the desired outcome. Based on DCF data for children/youth in DYFS custody in detention post-disposition in January 2007, no child waited more than 30 days for a placement. In subsequent months, these data will be examined by the Monitor to ensure that the results are maintained.

6. *DCF Incorporated the Institutional Abuse Investigations Unit (IAIU) to Investigate Allegations of Maltreatment for Children in Placement.*

The new DCF organization includes the Institutional Abuse Investigations Unit (IAIU), which was formerly housed under DHS (*Section II.I.1*). IAIU is responsible for investigating allegations of abuse and neglect in any out-of-home care setting. This includes foster care placement settings as well as correctional, detention and treatment facilities, schools (public or private), residential schools, shelters, hospitals, camps or day care centers that are licensed or should be licensed, resource family homes and registered family day care homes.⁸ In 2006, IAIU received 3,777 referrals.

To date, the organizational structure of IAIU has not changed since its move to DCF. It is comprised of a Central Office and four regional investigative offices – Northern, Southern, Central and Metropolitan. A Continuous Quality Improvement (CQI) unit is part of the Central Office organization. The purpose of IAIU's investigative effort is to determine whether children in out-of-home care settings have been abused or neglected⁹ and to ensure their safety by requiring corrective actions to eliminate the risk of future harm. IAIU leadership reports that all of the investigators will receive the *First Responder* training by June 2007. The IAIU supervisors are also attending the DYFS supervisor training. In the coming months, DCF leadership intends to focus more attention on the scope, organization, and staffing of IAIU and during the next monitoring period, the Monitor will more fully assess IAIU operations.

⁸ DYFS (7-1-1992). IAIU Support Operations Manual, III E Institutional Abuse and Neglect, 302.

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

VI. MEETING THE HEALTH AND MENTAL HEALTH CARE NEEDS OF CHILDREN AND YOUTH

The Modified Settlement Agreement emphasizes the important and urgent need for DCF to do a better job meeting the health and mental health needs of children and youth in their care and requires the State by June 2007, to have developed a statewide coordinated system of health care for children and youth in out-of-home care. The Commissioner and his staff committed to developing and implementing a new comprehensive medical health care model for children and youth in care that will provide for a pre-placement assessment, comprehensive medical examinations within 60 days of a child entering care (similar to the current CHEC model, which provides for a 4-6 hour physical, developmental, and mental health assessment), a case management component that ensures children/youth who require follow up care receive these services, and annual medical and dental check-ups. Further, the medical care model will ensure that all children in care have some type of medical passport that follows them in placement and provides continuity of care when they return home or move to a permanent placement.

At this point, the State is undertaking a variety of activities to assess the current delivery of health care services and to seek input on the design of the new model. Activities to date include discussions with Medicaid and Department of Health staff; meetings with key stakeholders including nurses currently contracted to provide some of the pre-placement exams in non-emergency room settings and monitor medically fragile children; and discussions with existing CHEC facilities and providers. State staff are assessing whether there are additional potential health care resources and data tracking capacities available through the Federally Qualified Health Centers (FQHCs) that exist across the State. Over the next three to six months, the Monitor will work closely with DCF officials as they complete their analysis and develop more specific ideas and implementation plans for an improved medical care system for the children/youth in their care.

1. Assessment of DCBHS System of Care.

Under the Modified Settlement Agreement, the State committed to complete an assessment, by December 2006, of the continuum of services needed to best meet the needs of children and families served by DCBHS (*Section II. C.1*). This assessment is intended to inform the development of mental health and behavioral health care services over the next few years.

Two reports recently completed have provided DCBHS with insight into their current array of services for children and families. The reports include an assessment of the New Jersey Children's Behavioral Health Care System, dated October 2006. This report was commissioned in response to a recommendation of a Task Force on Mental Health Services, established by Governor Codey in 2004 and was conducted by the University of South Florida.¹⁰ The report provides a broad evaluation of how the current child behavioral health system functions and offers recommendations for continued improvement. Service need was one area that this report explored. The researchers recommended the development of specialty services for children with dual diagnoses (mental health and developmental delays) and children with a history of setting fires or sexual aggression. As mentioned previously, DCF recently issued an RFP for specialty services to meet the needs of these children. The report also includes recommendations about specific ways to improve assessments, governance structures of the system of care, and involvement of families in all levels of decision making.

DCF commissioned another study¹¹ to create empirically grounded estimates of the continuum of services needed to meet the treatment needs of children and adolescents accessing treatment in New Jersey's System of Care. Dr. John Lyons of Northwestern University's Mental Health Services and Policy Program conducted this study. Dr. Lyons analyzed data on service needs and experiences of children and youth currently in the system to estimate what quantity of

¹⁰ *Final Report: Independent Assessment of New Jersey's Children's Behavioral Health Care System, October 5, 2006*, Louis de la Parte Florida Mental Health Institute, University of South Florida, October 5, 2006.

¹¹ *Empirically Estimating the Level and Type of Behavioral Health Services Required to Meet the Needs of Children and Families in New Jersey's System of Care, New Jersey Department of Children and Families Division of Child Behavioral Health Services, December 2006.*

services are needed at the various levels of care. His overall conclusion, which mirrored an earlier DCBHS needs assessment using a completely different methodology, was that “youth may be well-served at more community integrated levels of care than the System of Care currently provides.”¹² The implication of this assessment is that additional treatment home capacity is needed and that the Department needs to develop a clear model and delivery system for treatment foster care.

In addition to the formal reports, the DCBHS Director sponsored a series of public meetings around the State to gain input on the DCBHS System of Care and future strategic directions. DCF leadership and the DCBHS Director are now using the findings of these reports and their assessment of the strengths and weaknesses of the existing system to decide next steps. Options under consideration include administrative changes, changes to the System of Care case management functions and providers and the development of new service models, including a clinical model for treatment foster care.

2. *DCF Hired a Chief Medical Officer.*

The Modified Settlement Agreement requires the new Department of Children and Families to hire a new Chief Medical Officer by August 2006 (*Section II.F.1*). A Chief Medical Officer, a pediatrician with expertise in epidemiology was hired June 1, 2006. The Chief Medical Officer is responsible for providing individual case consultation, approving the administration of psychotropic drugs, and emergency consultation. Other duties include conferring with DCF senior staff on health and health care issues, reviewing and creating policies and procedures related to health care issues and services, supervising the nursing unit, and participating in the Child Fatality and Near Fatality Board reviews.

¹² *Ibid.*, p. 2.

3. *Pre-Placement Medical Assessment.*

DCF data support that all children entering out-of-home care are routinely receiving pre-placement assessment, but there is wide variability in the extent to which they are performed in non-emergency settings, in what the examination entails, and in who sees the child (Nurses or Doctors). The goal of the pre-placement assessment is to perform a quick check-up of the child, assess for any communicable diseases, and determine any medication that may need to be continued or administered.

Under the Modified Settlement Agreement, all children entering placement are expected to have a pre-placement medical assessment in a setting other than an emergency room (*Section II.F.2*). Removal of children from their homes is always a traumatic experience, and the intent of this requirement is not to add to the trauma by subjecting a child to examination in a hospital emergency facility. The Modified Settlement Agreement establishes progressive targets for meeting this goal. Beginning January 2007, 70 percent of children entering out-of-home care are to have their assessment in a setting other than an emergency room; by June 2007, the target is raised to 90 percent of children. According to DCF data, 67 percent of children received pre-placement assessment in non-emergency settings in October 2006 and 70 percent in November 2006. December 2006 data are not yet available.

DCF leadership is focusing on pre-placement assessments in its work with Local Offices, through data collection and tracking as well as through individual problem solving to address barriers. Because of unique county characteristics, there is no “one-size fits all” solution to providing pre-placement assessments. However, the Central Office has worked with Local and Area Offices to find solutions to reduce the number of emergency room pre-placement assessments in non-emergency room settings. For example, in Essex County, there was a significant problem of workers taking children to emergency rooms for assessments after business hours. The Central Office collaborated with nurses in Essex County, and a nurse now is available to provide pre-placement assessments at a local clinic from 7-11:00 pm. This strategy

will be evaluated for its effectiveness in reducing the use of emergency rooms setting for these assessments.

4. *Data on Health Care Services.*

New Jersey law and policy requires the State provide children entering out-of-home care with pre-placement assessments, full medical exams within 60 days of entering out-of-home care, annual medical exams in accordance with EPSDT guidelines, semi-annual dental exams for children age 3 years and older, mental health assessments, and all identified follow-up care. Recognizing that DCF had much work to create the service and data tracking systems to ensure appropriate delivery of health care services, the Modified Settlement Agreement requires that in 2006, the State shall provide such care to the best of its ability and document provisions of such care (*Section II.F.2*). Using data collected in 2006, by April 2007, the State and the Monitor will develop both the baseline and future performance targets for improved health care delivery.

DCF gathered data from a variety of sources to inform the upcoming work to establish a baseline for provision of medical and dental services for 2007 and thereafter. Data sources include a random statewide sample of 260 children in care for one year and a random statewide sample of 294 children in care during the months of April – June 2006. Other data sources being reviewed include data extracts from the Quality Service Reviews (QSR) and Child and Family Service Review (CFSR) performed in 2005 and 2006, a 2005 report by the Office of the Child Advocate on CHEC examinations and follow-up health care and CHEC provider reports. The DCF senior staff are in the process of analyzing these data. DCF intends to collaborate with the Office of the Child Advocate to review these data and will work with the Court Monitor to set the baseline and establish future performance targets.

VIII. PERMANENCY PLANNING AND ADOPTION

Along with assuring children's safety, child welfare agencies must work vigilantly to provide every child with a chance to live and thrive in a family, whether their own through safe reunification, an adoptive family, or in the permanent legal custody of an appropriate kinship family. In New Jersey, as in other states, too many children have languished in foster care without the attainment of a permanent home.

The Modified Settlement Agreement requires the implementation of a new permanency practice in DYFS to make sure decisions about children's lives are timely and appropriate and are carried out through high quality reunification, permanency and adoption practices across the State. During this monitoring period, the State was to reconstitute adoption units within Local Offices and assign children with a permanency goal of adoption to adoption workers with the capacity and expertise to assure them permanent families. In addition, the State was to develop and begin implementing a series of practices to promote permanency from the first day that a child enters DCF custody. The Modified Settlement Agreement requirements for this monitoring period related to permanency planning and adoption are discussed below.

1. DYFS Created Adoption Units in Local Offices and Successfully Transitioned Cases of Children with a Permanency Goal of Adoption to Adoption Workers.

For nearly 20 years, Adoption Resource Centers (ARCs) were responsible for ensuring timely finalization of adoption for children and youth in New Jersey. While the ARC system had several strengths, due to significant administrative complications, numerous children and youth with the goal of adoption were delayed in having their cases transferred to the ARCs. Under the original Settlement Agreement of 2003, the ARCs were dismantled with the intent that permanency workers with the assistance of adoption specialists would handle all adoption cases. This restructuring proved challenging, due in part to the lack of adoption expertise of permanency workers, high caseloads, and the failure to preserve and/or build adoption expertise in the newly-created adoption specialist positions. Beginning in 2006, adoption units were created in all Local offices with the exception of Newark, which has an adoption office that

handles the finalization of adoptions for children from three local Newark offices. At the end of December 2006, 81 percent of children statewide with a goal of adoption, were transferred and being served by adoption workers. Non-adoption permanency workers still carry some cases of children moving toward adoption but DCF staff report that based on their interactions with Local Offices, in most instances these specific situations are exceptions allowed by the Modified Settlement Agreement, due to previously-established relationships with the permanency workers. Thus, in the Monitor's view, the Department is meeting the Modified Settlement Agreement requirement (*Section II.G.9*) that children with a permanency goal of adoption be assigned to qualified adoption workers.

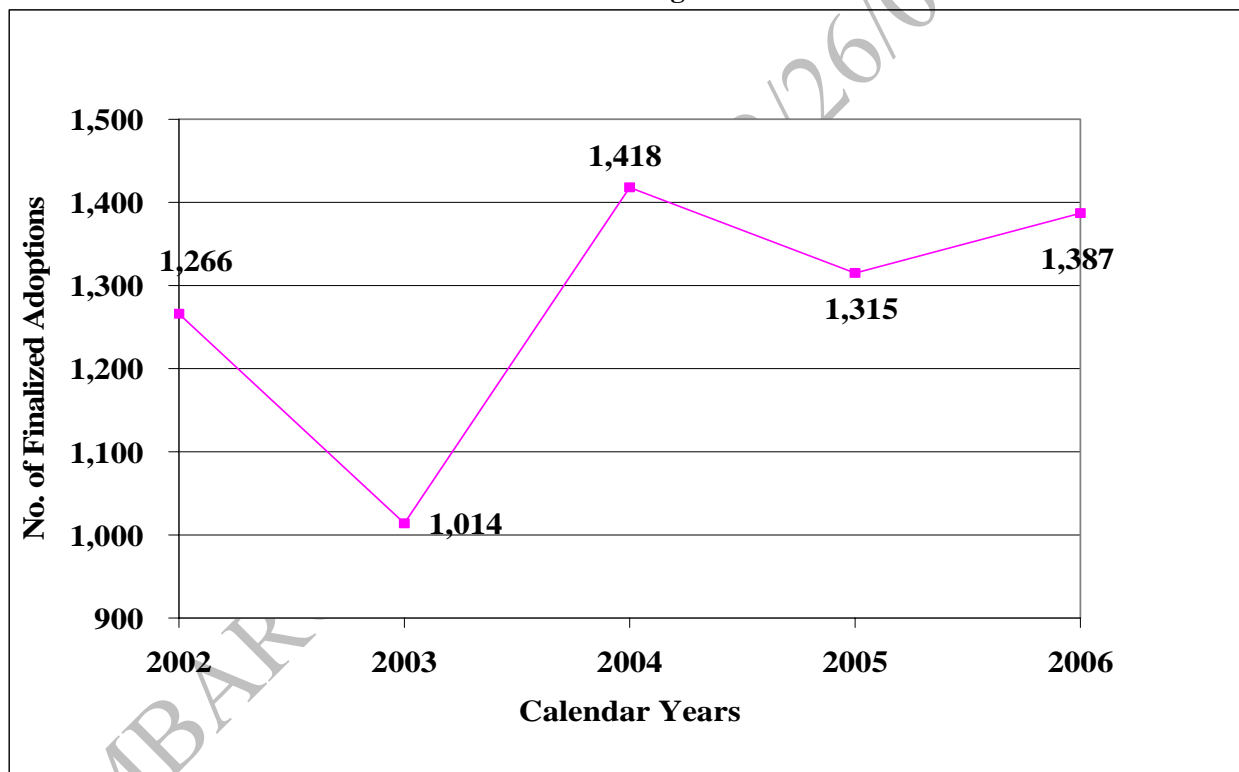
Designated adoption workers exist for each Local Office, and cases are to be transferred to them within five days of a child's permanency hearing. Concurrent planning specialists have been hired to support adoption practice in all Area Offices. These specialists provide expertise in concurrent planning practice, assist with decisions made on cases, track progress towards adoption, and monitor compliance with 5-month and 10-month review hearing protocols. Currently, as required by the Modified Settlement Agreement (*Section II.G.9*), a three-day training session is provided to all new adoption workers (the New Adoptive Worker Training). The Office of Adoption Operations is responsible for conducting this training. DCF trained 91 new and existing adoption workers by December 2006 in training held in Monmouth, Camden and Middlesex counties; 51 additional workers were trained in January 2007 in training held in Essex and Ocean counties. According to the State, all adoption workers have received the New Adoptive Worker Training (a curriculum modified from the original ARC training) at some point over the last several years. The Office of Adoption Operations sends rosters of trained adoption workers to NJWTA, which maintains the information in a statewide database. The Monitor has not independently verified these data and will do so in the next monitoring period.

2. The State Finalized the Adoption of 1,387 Children in Calendar Year 2006, Exceeding the Modified Settlement Agreement Target of 1,100 Adoptions.

This is an extremely positive and noteworthy accomplishment, which reflects the hard and focused efforts of individuals at all levels of DCF, working in cooperation with resource families and Judges across the State.

Figure 10 below provides historical data on the number of adoptions finalized in Calendar Years 2002 through 2006.

**Figure 10: Number of Adoptions Finalized in
CY 2002 through 2006**



Source: New Jersey DCF, February 2007.

3. *The State Created Adoption Impact Teams.*

In December 2006, DYFS created Adoption Impact Teams (under the direction of the statewide Adoption Director) to find permanent homes for the 100 longest-waiting youth as of November 2006 who are legally free with adoption as their permanency goal. The children on the list are primarily teenage African American males. The Adoption Impact Teams consist of five DYFS employees experienced in adoption recruitment or placement work. Impact Team staff are physically located around the State in areas with the highest number of waiting children but are a part of the Central Office of Adoption Operations. The Impact Team members (also referred to as Impact recruiters) are charged with assisting the longest waiting children but also with identifying common barriers to adoption and developing strategies to address them. Team members will receive additional child-specific recruitment training in early summer 2007.

Each Impact recruiter is assigned to work with approximately 20 youth in concert with the child's Adoption worker and the child. The children will be featured in the 2007 Heart Gallery of New Jersey, a recruitment program where children available for adoption have their pictures taken by professional photographers. Recruitment supervisors will review the efforts of the Impact recruiters on a monthly basis. Impact Team members will meet once a month for training, brainstorming and to share resources.

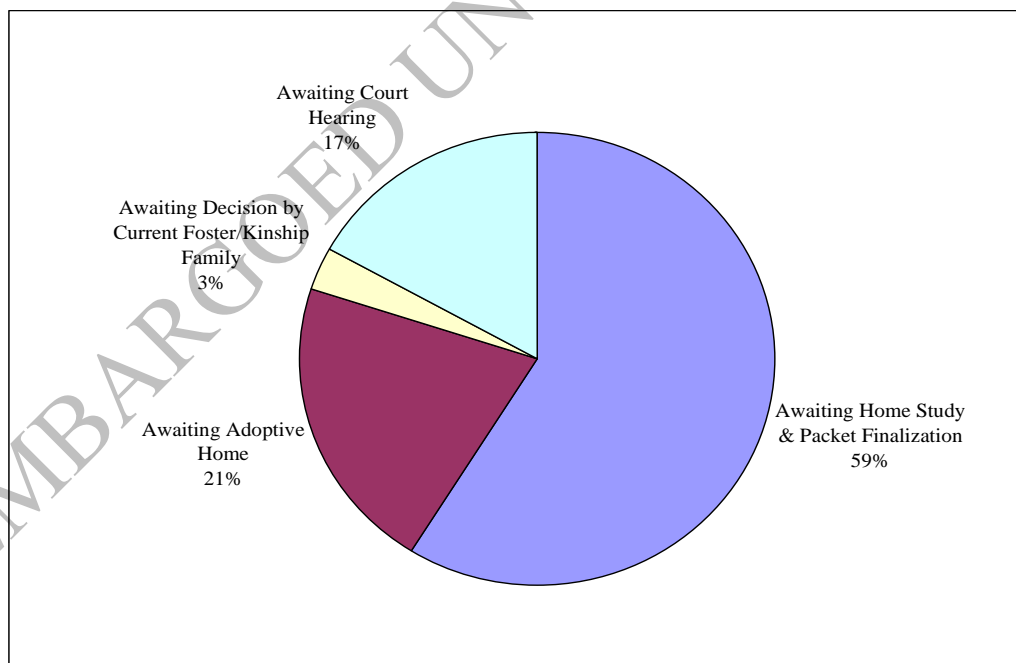
In addition, the State has designated 13 child-specific recruiters to work with the twelve Area Offices to find adoptive placements for children who are legally free for adoption but with no adoptive home identified.¹³ These 13 child-specific recruiters and the five Impact recruiters received child-specific recruitment training in the summer 2006. DCF plans to provide this group with ongoing training in 2007.

¹³ The Middlesex/Monmouth Area Office has two assigned child-specific recruiters.

4. DCF Developed Plans to Address the Adoption Backlog in Local Offices with the Highest Numbers of Children Awaiting an Adoptive Home.

Despite the positive work and adoption outcomes this year, DCF continues to face a great challenge in reducing the “backlog” of cases where children are legally free for adoption, but the adoption has not been finalized. As of December 31, 2006, there remain 1,919 children who are legally free whose adoption has not been finalized. This number declined from 2,260 children in January 2006 to 2,154 children in September 2006, to 1,919 children in December 2006. Figure 11 below shows DCF data on the status of the 1919 legally free children awaiting adoption as of December 31, 2006. As illustrated, at least 402 children require adoptive home recruitment; over 1,100 children are awaiting completion of a home study and finalized adoption packet for an already identified resource, and slightly more than 300 children are awaiting a court hearing to finalize their adoption.

Figure 11:
NJDCF
Legally Free Children Awaiting Adoption
As of December 2006 Total = 1919



Source: DCF, December 2006.

In order to better understand the delays in adoption, each Local Office was asked to assess barriers for backlogged cases in which a child was legally free *for more than 90 days*, and not in a finalized adoption.

The assessment of the “Adoption Backlog” was completed in September 2006, at which time Local Offices reported that there were 1,113 legally free children and youth waiting more than 90 days for a finalized adoptive home. Three hundred ten (35%) of the children were in Essex County and an additional 119 (11%) children in Union County. The Local Offices identified timely completion of consent materials as the principal barrier to adoption for almost 40 percent of these cases. Table 10 below shows the number of cases identified by their principal barrier.

**Table 10: Principal Barrier to Adoption for Legally Free Children
Waiting More than 90 Days*
(September 2006)**

Primary Barrier	No. of Cases
Timely Completion of Consent Materials	442
Completion of Home Study	280
Completion of ICPC (out-of-state) Study	37
Criminal History/Child Abuse Clearance (CHRI/CARI issue)	61
Require Facilitation of Decision Making on Adoption Plan	96
Require Recruitment of an Adoptive Home	197
TOTAL:	1113**

Source: DYFS Local Office Assessments

*Staff were to identify primary barrier per case although a case could have more than one barrier.

**As of September 2006, the total number of legally free children was 2,154 although by December 2006, it dropped to 1,919 (see Figure 12) and by January 2007, is reported to be at 1,861 children. According to Office of Adoptions Operations, the difference between 2,154 children legally free for adoption in September 2006 and the 1,113 children assessed for barriers is accounted for as follows: 550 children were placed in adoptive homes and 491 children were legally free less than 90 days or were in the final stages of the adoptions process.

Based on these assessments, the Office of Adoption Operations is working with the Local Offices to create strategies to alleviate the primary barriers identified. Specifically, four counties (Essex, Union, Ocean and Burlington) required additional resources to assist in preparing the adoption consent materials. DYFS has since designated one-half of its federal Adoption Incentive Award (\$243,000) to support “adoption expeditors” who will write child summaries, assemble necessary packets, write court reports, and perform other administrative tasks. These expeditors, under contract with the Children’s Home Society, are scheduled to operate from January 22, 2007 through September 30, 2007. The number of expeditors assigned per county is: Essex (4), Union (2), Ocean (1), and Burlington (1). The primary barrier identified in Middlesex County was the completion of the home study and, thus, the plan for those Local Offices is to have the completion of these studies become part of the resource family Impact Team process.

5. *Increasing Staff Supports to Facilitate Adoption Activities.*

The Modified Settlement Agreement requires the State, by December 2006, to increase staff support in two specific ways to promote successful adoption outcomes. The first is to designate a resource family recruiter in each Local Office to conduct child-specific recruitment for children with a goal of adoption awaiting families (*Section II.G.8*). The second is to provide paralegal support and child summary writer support for adoption staff in Local Offices (*Section II.G.5*). DCF fulfilled these requirements to support staff in finding homes for children awaiting adoption and in addressing the paperwork necessary to complete the adoption process.

As of December 2006, the State designated a resource family recruiter for each Area Office to conduct child-specific recruitment for children with a goal of adoption who are waiting for families. To support their work, the State developed a “Child-Specific Recruitment Plan” form. This form is designed to guide the recruitment team (permanency/adoption worker, supervisor, and recruiter) in their work with children who are not yet legally free and with children who are legally free.

The State also hired paralegals and child case summary writers to support the Local Office adoption staff. There are currently 73 paralegals in the Local Offices who formerly had been contract employees but were made State employees with the creation of DCF. Contracts exist for 55 additional temporary paralegal positions; some of which may be converted to full-time state employees. Thirty-six of the 55 positions are currently filled. Finally, DCF contracted for 23 child care summary writers in various Local Offices; five were recently placed in offices that needed the most help.

6. *DCF is Working to Implement an Adoption Tracking System That Sets and Monitors Adoption Targets. An Adoption Tracking Form Was Created That Requires Local Offices to Evaluate Their Milestones and Finalizations in Adoption on a Monthly Basis and Forecast Milestones and Finalizations for the Next Month.*

The Office of Adoption Operations sends out a monthly Adoption Milestone and Forecasting Report to each Local Office. The report identifies adoption placements and finalizations achieved that month. If the milestones achieved fall below the number forecasted, the Local Office is directed to predict, on a case-level basis, the new projected date for the milestone to be achieved and provide an explanation for the delay. By collecting this information from the Local Office on a monthly basis, DYFS leadership believes more accurate targets are set and there is greater accountability for work toward completion. The data collection tool requires the Local Offices to actively monitor the status of each adoption case.

In addition, the State has designed an automated Adoption Process Tracking form called the DYFS Concurrent Planning Tracking Tool. The tracking form is filled out by the concurrent planning specialist with information obtained from the SIS and NJ SPIRIT systems and from caseworkers. While the form as developed satisfies the Modified Settlement Agreement requirement to track completion of key permanency planning and adoption milestones as outlined in *Section II.G.4.*, it does not, in the Monitor's view, adequately support the Department's concurrent planning focus. Specifically, any reference to reunification as a goal is missing. In order to align with the values and goals of concurrent planning, the Monitor encourages DYFS to consider also tracking data relevant to successful family reunification.

7. *By December 2006, the State of New Jersey Designed a Concurrent Planning Model to be Demonstrated in Ten Sites That Includes 5- and 10-Month Permanency Reviews.*

The Modified Settlement Agreement requires the Department to improve concurrent permanency planning and adoption practice (*Section II.G.1 and 2*). Particularly, DYFS must begin the process earlier of identifying and supporting permanent living arrangements for children and youth who are unable to reunify with their parents. In response to this goal, DYFS created a new Concurrent Planning “Enhanced Review” Model for implementation in 10 demonstration sites beginning January 2007. This Model outlines the key meetings at various stages of case processing and provides checklists for workers delineating their permanency planning responsibilities at each point in the life of a case.

The concurrent planning focus begins when a child enters out-of-home placement and requires a pre-placement conference within 72 hours of a child’s removal. Participants in this meeting include the casework supervisor, supervisor, caseworker, parents and other interested parties. The purpose of this meeting is to begin family engagement and a “full disclosure” discussion. Placement options for the child are discussed, relatives identified, and visitation is planned.

The Model also includes a 30-day supervisory review (that ensures that the case plan developed addresses the need for placement and that the concurrent planning process has begun) and a 90-day staff review to examine the likelihood of reunification and assess the steps made toward permanency, including the appropriateness of the child’s current placement as a permanent placement.

For children remaining in care, the Model includes the enhanced review at five months. This review involves the administrative placement reviewer, area concurrent planning specialist, supervisor, caseworker, parents, child (if age appropriate), caregivers, and other interested parties. According to the Model, this review will “focus on progress made in achieving the case plan, including the completion of key permanency tasks (such as searches for missing parents); review parent’s compliance with services and progress towards reunification; review the effectiveness of services already provided and identify additional service needs of the child,

family or resource family; review the appropriateness and stability of the child's placement and verify that the home is licensed. This review is also meant to facilitate the identification of cases for early reunification, early adoption or Kinship Legal Guardianship.”¹⁴

For children remaining in care at 10 months, there is a required placement review to be held in preparation for the permanency hearing in court. After this review, a decision is made to either provide more time for reunification to the parent(s) because of improved circumstances and likelihood of reunification (an exception to ASFA) or to recommend the Termination of Parental Rights (TPR). This review has two parts—a family discussion (involving the family, caseworker, supervisor, casework supervisor, caretaker, and other interested parties) and a litigation conference involving casework and legal staff as preparation for moving forward with Kinship Legal Guardianship or Termination of Parental Rights. If a decision is made to change the child's goal to adoption, an adoption worker is assigned to the case, but does not formally take on the case until after the permanency hearing. The permanency worker is responsible for introducing the adoption worker to the child and caregiver. Any remaining tasks required to be completed by the permanency worker before the permanency hearing are identified at this time. After the post-permanency hearing, the case is required to be transferred to the adoption worker within five days and a child-specific recruitment plan must be completed within 30 days. A guardianship petition (the Termination of Parental Rights petition) must be filed within 45 days of the permanency hearing. Missing from this Model is the requirement to assign a recruiter for children moving toward adoption who lack an identified adoptive home (*Section II.G.2.b.iv*).

The Concurrent Planning Model as described meets nearly all of the requirements for a permanency planning process laid out in the Modified Settlement Agreement (*Section II.G.2a-f*). State policy requires that the consent package for the adoption of children by foster or relative parents be completed within 90 days after parental rights are terminated (*Section II.G.2.e*).¹⁵ Further, DCF is required to hold monthly reviews with the adoption worker, supervisor and Area Office to evaluate the progress on identifying an adoptive family (*Section II.G.2.f*). The requirements are included in the job descriptions of the adoption specialists, concurrent planning

¹⁴ DYFS Draft Concurrent Planning Handbook, December 2006.

¹⁵ Field Operations Casework Policy and Procedures Manual, Sections 1208.10 and 1209.1.

specialists and child-specific recruiters for the 100 longest-waiting children. They are not yet established in policy as the Department is anticipating that changes will be made as a result of the pilot sites' experience. After the concurrent planning model is tested and refined, DYFS intends to locate all of the relevant requirements and responsibilities in one document (e.g., the concurrent planning policy manual) and in relevant policy.

The Monitor has encouraged DCF to review the concurrent planning processes for congruence with the newly developed Case Practice Model. The concurrent planning model specifically involves families at three different reviews (the pre-placement, 5-Month, and 10-Month). The demonstration sites should be encouraged to hold family team meetings at all key decision points in addition to the specified reviews.

Ten demonstration sites were selected for implementation of the new permanency practices based on the local leadership's interest, a strong foundation for family engagement, and geographic diversity. These demonstration sites are Bergen South, Passaic North, Hudson Central, Sussex, Essex North, Somerset, Monmouth North, Mercer North, Atlantic and Salem counties.

Because the concurrent planning model represents a significant change in practice for staff, DYFS leadership intends to work intensively with participating offices. DYFS has filled all the concurrent planning and adoption positions in these sites. Further, DYFS has contracted with two of the concurrent planning trainers to serve as coaches to the concurrent planning specialists to help build skills in areas such as having "full disclosure" conversations with parents. The progress of these 10 demonstration sites will be evaluated in six months. Expanding the implementation of the model to the rest of the State will happen after the model is evaluated and refined.

DCF and DYFS leadership plan to meet with judges and resource family constituencies about the revised permanency planning practices and the expectations of demonstration sites. Additional resources will be allocated to these sites to be used for local contracts, which will provide

support to staff on clinical skills necessary for good family engagement. The contract agency may also be responsible for some family team meetings and provide increased visitation services for families.

VIII. ACCOUNTABILITY THROUGH THE PRODUCTION AND USE OF ACCURATE DATA

Throughout this report, a consistent theme is the Department's work to generate timely and accurate data and to use that information for planning and management purposes. The effective use of data for communications and for accountability is a priority strategy for the Departmental leadership. The Modified Settlement Agreement reinforces this interest in several ways, including:

- The development and publication of accurate data on key indicators of system performance;
- The system-wide use of management reporting based on the "Safe Measures" reporting system; and
- Continued work to develop, test and implement New Jersey SPIRIT – the State's automated child welfare information system (SACWIS).

Each of these is discussed separately below:

1. DCF Developed and Published on Its Website an Initial Set of Performance Indicators and Continues to Expand and Refine Its Presentation of Accurate Data.

Beginning in August 2006, the Modified Settlement Agreement required the State to identify an initial set of indicators, ensure the accuracy of those indicators, and to publish the indicator data (II.J.1). It further requires the State to progressively increase the number of indicators for which it can provide accurate data to the public (II.J.3).

The DCF website (www.state.nj.us/dcf) now publishes data, at least quarterly on the following indicators:

- Demographic Data
 - Licensed Foster and Adoptive Families
 - Child Caseload
 - Placement Caseload
 - Children in Out-of-State Placement
 - Families under DYFS Supervision
 - Comparison of Children Entering and Exiting Out-of-Home Care
 - Age of Children in DYFS Out-of-Home Placement
 - Hotline Referrals
 - Child Protective Referrals by Source
 - Family Service Requests by Source
- Child Behavioral Health Data
 - DCBHS Authorized Out-of-State Placements
- Workforce and Caseload Data
 - Staff Trained
 - Separation Rate for Caseload Carrying Staff
 - Intake Caseloads
 - Permanency Caseloads
 - Caseload by DYFS Local Office
- Outcome Data
 - Adoptions – Comparative Data from 2000 to 2006
 - Finalized Adoptions as of January 2007
 - Subsidized Adoptions – Comparative Data from 2000 to 2006
 - Total Legally Free Children Awaiting Adoption
 - Longitudinal Data from the Chapin Hall Center for Children
 - Length of Stay for Children in Out-of-Home Placement
 - Re-entry to Out-of-Home Care
 - Siblings Placed Together

DCF has progressively added indicators and continues to move forward to increase the range, accuracy and timeliness of its indicator reporting. The Monitor suggests that the next set of high priority indicators to be added to the website include:

- Demographic Data
 - Children's demographics (e.g. sex, race, age) for in-home and out-of-home cases
 - Reasons for entering and exiting out-of-home care
 - Type of placements

- State Central Register (SCR) Referral Data
 - Type and disposition of referrals
 - Outcomes of investigations/assessments
 - Timeliness of investigations/assessments
- IAIU Investigations Data
 - New investigations
 - Pending investigations
 - Backlog

Ultimately, the Department's goal is to publish accurate and timely data not only on process indicators but on outcomes for the children and families it serves.

2. *"Safe Measures" is Accessible to All Staff and All Staff Are Trained to Use the System*

By September 2006, the Department was to initiate management reporting based on the "Safe Measures" system (*Section II.J.2 and II.E.4*). "Safe Measures" is an automated case tracking and workflow tool that is now accessible to all staff and can be used by both staff and managers to monitor their workload and track case status and progress. Each DYFS staff member can generate reports from "Safe Measures" from their own desk-top computers. The DCF "Safe Measures" Team trained all the existing staff in how to use the system. It can be used to look at caseload assignments and completion of key case-processing activities, such as case plan development, monthly visits with families etc. Actual use varies both by worker and by office managers. Some use it frequently and effectively; those who do use it find it to be a very user-friendly and useful tool. Workers are identifying and correcting data input errors in the SIS system as a result of using "Safe Measures."

3. *The State Is Making Progress and Is on Track for Implementation of New Jersey SPIRIT.*

Over the past several years, New Jersey moved toward the development and implementation of an automated child welfare information system that meets federal SACWIS requirements and provides a case management tool for workers with greatly increased functionality for management and reporting including resource and financial management. DCF was expected to

complete Release 2 Phase 1 of NJ SPIRIT by July 2006 (*Section II.J.4*) and continue its work toward the full development and implementation of the system.

Release 2 Phase 1 was completed in June 2006 and includes four elements:

- Litigation forms are now on-line and available to DYFS workers and Deputy Attorney Generals (DAGs);
- Resource Family Recruitment events can be tracked on-line;
- On-line policy is available through the NJ SPIRIT desktop; and
- All staff have view-only access to NJ SPIRIT, allowing them to learn how to log on and get comfortable with navigating an on-line system.

Since the release of Phase 1, work continued toward the Phase 2 release this summer, which includes the case management, and resource and financial management components.

Management for the NJ SPIRIT work shifted to a senior member of the DCF leadership team in November 2006, and DCF senior management as a whole closely tracks NJ SPIRIT progress against a detailed work plan and timetable. By the end of December 2006, much of the work focused on customization of the software to reflect DYFS case management and business practices and extensive testing of functions by potential users. Simultaneous to the development work on NJ SPIRIT, is work to ensure the accuracy of the existing data that will be converted to NJ SPIRIT once it is operational.

Given the enormity of the effort and the experience of multiple States who have now implemented SACWIS systems, New Jersey made several important decisions. First, is ensuring that end users (meaning front-line staff and policy and program staff) are closely involved in all of the application development and testing. Second is the decision to roll out the system initially in one area of the State as an operational pilot. This deployment will begin in April 2007. (It was originally scheduled for March 2007 but was moved back one month to avoid any possible disruptions in end of the quarter fiscal and programmatic reporting). During the pilot period from April to June, 2007, it is inevitable, based on other States' experiences, that additional problems will be identified. The Department anticipates that the pilot experience will result in

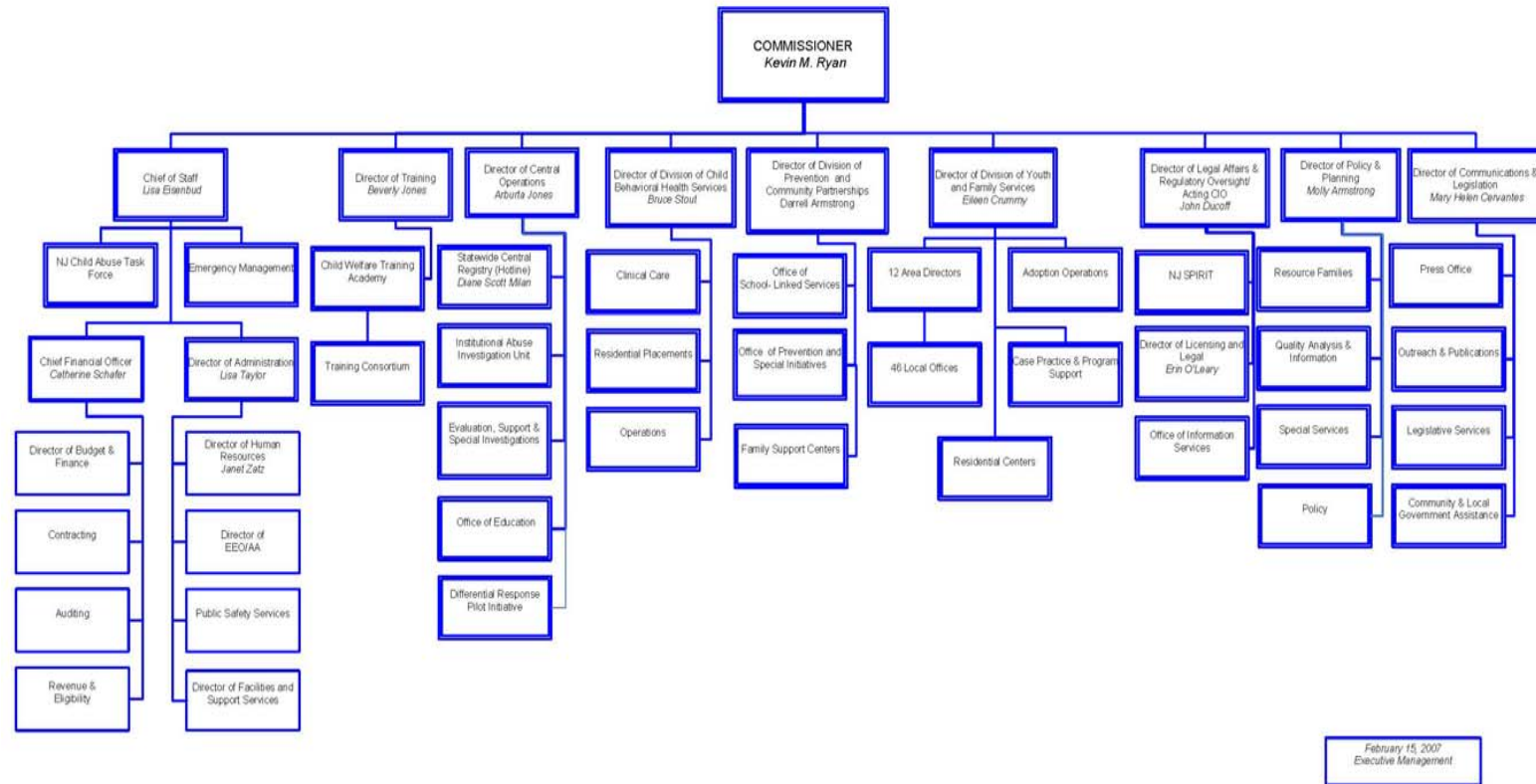
modifications that can be more easily made before full deployment to the remainder of the State in July 2006.

While the work goes on to develop and test the system, the Department is also taking steps to get workers ready to accept the new technology. This is being done in part through worker training and access now to “Safe Measures” which is teaching them how to manage their caseload activities through a computerized system. It is also being supported through the NJ SPIRIT knowledge web, which is already operational, keeps staff informed about progress, and is working to improve staff readiness to use NJ SPIRIT.

APPENDIX A:
New Jersey Department of Children and Families*



DEPARTMENT OF CHILDREN & FAMILIES
TABLE OF ORGANIZATION



* Table of Organization at http://www.state.nj.us/dcf/about/DCF_TO_2.16.07_M.pdf.

APPENDIX B

Caseload and Supervisory Ratio Detail for Local Offices

Appendix B contains four tables with local office detail for caseloads of permanency, intake and adoption workers and the number of Local Office supervisors.

Table B-1: Number of Families,* Children Placed and Assignments Permanency Workers December 2006						
Local Office	Office Summary					
	Number of Available Permanency Workers	Families	Average Number of Families	Children Placed	Average Number of Children Placed	Office Meets Criteria
Atlantic	34	493	15	186	5	Yes
Bergen Central	18	231	13	82	5	Yes
Bergen South	30	437	15	186	6	Yes
Burlington East	30	449	15	172	6	Yes
Burlington West	24	380	16	92	4	No
Camden Central	37	330	9	134	4	Yes
Camden East	33	568	17	172	5	No
Camden North	42	455	11	161	4	Yes
Camden South	27	411	15	132	5	Yes
Cape May	23	307	13	109	5	Yes
Cumberland West	35	589	17	263	8	No
Essex Central	47	595	13	307	7	Yes
Essex North	21	469	22	125	6	No
Essex South	29	432	15	105	4	Yes
Newark Center City	28	641	23	294	11	No
Newark Northeast	50	536	11	316	6	Yes
Newark South	44	978	22	410	9	No
Gloucester East	20	226	11	85	4	Yes
Gloucester West	20	247	12	82	4	Yes
Hudson Central	21	435	21	140	7	No
Hudson North	17	292	17	86	5	No
Hudson South	21	361	17	140	7	No

Table B-1: (Continued)

**Number of Families,* Children Placed and Assignments
Permanency Workers
December 2006**

Local Office	Office Summary					
	Number of Available Permanency Workers	Families	Average Number of Families	Children Placed	Average Number of Children Placed	Office Meets Criteria
Hudson West	15	168	11	73	5	Yes
Hunterdon	6	57	10	40	7	Yes
Mercer North	27	443	16	154	6	No
Mercer South	29	347	12	127	4	Yes
Middlesex Central	14	126	9	42	3	Yes
Middlesex Coastal	59	611	10	222	4	Yes
Middlesex West	42	449	11	179	4	Yes
Monmouth North	24	422	18	255	11	No
Monmouth South	28	334	12	192	7	Yes
Morris	22	418	19	105	5	No
Ocean North	31	592	19	251	8	No
Ocean South	30	335	11	125	4	Yes
Passaic Central	30	345	12	232	8	Yes
Passaic North	14	209	15	92	7	Yes
Salem	22	277	13	108	5	Yes
Somerset	10	205	21	86	9	No
Sussex	9	145	16	58	6	No
Union Central	25	439	18	143	6	No
Union East	35	419	12	156	4	Yes
Union West	22	336	15	186	8	Yes
Warren	10	227	23	73	7	No
Statewide Total	1,155	16,766	15	6,678	6	Yes
Percentage of Offices that meet the caseload average of 15 or fewer families and 10 or fewer children placed criteria.						60%

Source: New Jersey Department of Children and Families, Policy & Planning, February 6, 2007.

*Family counts include both Primary & Secondary families. Trainees are excluded.

<p>Table B-2:</p> <p>Number of Families,* Children Placed and Assignments</p> <p>Intake Workers</p> <p>December 2006</p>						
Local Office	Office Summary					
	Number of Available Workers	Assignments	Average Number of Assignments	Families	Average Number of Families	Office Meets Criteria
Atlantic	21	140	7	185	9	Yes
Bergen Central	11	77	7	171	16	No
Bergen South	21	129	6	221	11	Yes
Burlington East	13	70	5	284	22	No
Burlington West	14	128	9	234	17	No
Camden Central	15	65	4	83	6	Yes
Camden East	19	76	4	178	9	Yes
Camden North	12	40	3	86	7	Yes
Camden South	16	73	5	265	17	No
Cape May	9	51	6	123	14	Yes
Cumberland West	21	90	4	461	22	No
Essex Central	17	88	5	216	13	Yes
Essex North	13	57	4	127	10	Yes
Essex South	14	47	3	96	7	Yes
Newark Center City	13	48	4	269	21	No
Newark Northeast	20	56	3	257	13	Yes
Newark South	11	41	4	147	13	Yes
Gloucester East	9	58	6	216	24	No
Gloucester West	11	53	5	115	10	Yes
Hudson Central	10	42	4	178	18	No
Hudson North	13	74	6	189	15	Yes
Hudson South	14	74	5	285	20	No
Hudson West	12	53	4	166	14	Yes
Hunterdon	4	18	5	49	12	Yes
Mercer North	13	67	5	182	14	Yes
Mercer South	13	71	5	103	8	Yes
Middlesex Central	6	38	6	85	14	Yes
Middlesex Coastal	18	103	6	123	7	Yes
Middlesex West	26	150	6	175	7	Yes
Monmouth North	20	105	5	268	13	Yes
Monmouth South	15	94	6	283	19	No

<p>Table B-2: (continued)</p> <p>Number of Families,* Children Placed and Assignments</p> <p>Intake Workers</p> <p>December 2006</p>						
Local Office	Office Summary					
	Number of Available Workers	Assignments	Average Number of Assignments	Families	Average Number of Families	Office Meets Criteria
Morris	21	144	7	458	22	No
Ocean North	21	130	6	320	15	Yes
Ocean South	17	69	4	322	19	No
Passaic Central	20	100	5	277	14	Yes
Passaic North	20	118	6	277	14	Yes
Salem	11	39	4	158	14	Yes
Somerset	12	75	6	360	30	No
Sussex	9	74	8	129	14	Yes
Union Central	10	39	4	170	17	No
Union East	13	80	6	156	12	Yes
Union West	14	67	5	149	11	Yes
Warren	12	95	8	294	25	No
Statewide Total	624	3,306	5	8,890	14	Yes
Percentage of Offices that meet the caseload average of 10 or fewer new assignments and 15 and fewer family criteria.						65%

Source: New Jersey Department of Children and Families, Policy & Planning February 6, 2007.
Family counts include both Primary and Secondary families. Trainees are excluded.

Table B-3:

**Adoption Workers
December 2006**

Local Office	Available Workers	Children under Supervision	Children w/Goal of Adoption	Children w/Non-Adoption Goal	Children Placed	Assignments	Average Number of Children under Supervision	Office Met Standard
Atlantic	7	102	95	7	95	0	15	Yes
Bergen Central	4	79	72	7	74	0	20	No
Bergen South	5	99	98	1	99	2	20	No
Burlington East	2	56	50	6	54	1	28	No
Burlington West	3	75	73	2	69	0	25	No
Camden Central	6	60	59	1	57	0	10	Yes
Camden East	4	37	35	2	33	0	9	Yes
Camden North	4	65	53	12	57	1	16	Yes
Camden South	4	46	42	4	44	0	12	Yes
Cape May	3	56	50	6	53	0	19	No
Cumberland West	4	96	65	31	71	0	24	No
Essex Central	5	152	112	40	130	0	30	No
Essex North	5	88	80	8	75	0	18	Yes
Essex South	4	40	30	10	34	1	10	Yes
Newark West	37	652	556	96	577	4	18	Yes
Gloucester East	1	21	17	4	18	0	21	No
Gloucester West	3	61	56	5	58	0	20	No
Hudson Central	3	87	44	43	64	2	29	No
Hudson North	3	41	41	0	40	0	14	Yes
Hudson South	3	39	24	15	32	0	13	Yes
Hudson West	3	41	31	10	40	1	14	Yes
Hunterdon	1	20	14	6	19	0	20	No
Mercer North	5	119	100	19	109	0	24	No
Mercer South	4	59	44	15	52	0	15	Yes
Middlesex Central	10	160	138	22	141	1	16	Yes
Middlesex West	5	47	39	8	39	0	9	Yes
Monmouth North	5	89	80	9	86	1	18	Yes
Monmouth South	5	51	46	5	46	3	10	Yes
Morris	5	88	68	20	78	0	18	Yes
Ocean North	6	95	85	10	87	0	16	Yes
Ocean South	5	99	88	11	89	0	20	No
Passaic Central	4	67	61	6	64	1	17	Yes
Passaic North	2	62	28	34	38	1	31	No
Salem	6	104	93	11	88	0	17	Yes
Somerset	3	35	30	5	31	0	12	Yes
Sussex	2	34	20	14	32	0	17	Yes
Union Central	4	64	58	6	61	0	16	Yes
Union East	7	115	108	7	105	0	16	Yes
Union West	8	134	124	10	126	0	17	Yes
Warren	2	32	28	4	31	0	16	Yes
Statewide Total	202	3467	2935	532	3096	19	17	Yes
Percentage of offices that meet the caseload average of 18 or fewer children.							65%	

Source: New Jersey Department of Children and Families, Policy & Planning, February 6, 2007.

Table B-4: Number of Supervisors, By Local Office, December 2006

Supervisory Staff	Supervising Family Service Specialist 2 (SFSS2)	SFSS2 on leave	Supervising Family Service Specialist 1 (SFSS1)	SFSS1 on leave	TOTAL	Active & Trainees
Atlantic	13	0	5	0	18	68
Bergen Central	9	0	3	0	12	39
Bergen South	12	1	4	0	15	64
Burlington East	12	0	3	0	15	54
Burlington West	11	0	3	0	14	50
Camden Central	13	1	5	0	17	64
Camden East	14	0	5	0	19	64
Camden North	14	0	5	0	19	61
Camden South	13	0	4	0	17	54
Cape May	7	0	3	0	10	39
Cumberland	13	0	4	0	17	70
Essex Central	11	0	4	0	15	72
Essex South	7	1	5	0	11	52
Essex North	11	0	4	0	15	58
Newark Center City	11	0	3	0	14	61
Newark Northeast	12	0	4	0	16	78
Newark South	14	0	3	0	17	62
Newark West	11	0	4	0	15	40
Gloucester East	6	0	3	0	9	36
Gloucester West	8	0	2	0	10	43
Hudson Central	9	0	3	0	12	44
Hudson North	8	0	3	0	11	42
Hudson South	9	0	3	0	12	41
Hudson West	9	0	3	0	12	38
Hunterdon	4	0	1	0	5	15
Mercer North	9	1	4	0	12	56
Mercer South	11	0	4	0	15	57
Middlesex Central	6	0	5	0	11	36
Middlesex Coastal	13	2	4	0	15	85
Middlesex West	12	0	3	0	15	78
Monmouth North	12	0	4	0	16	60
Monmouth South	11	0	4	0	15	57
Morris	10	2	4	0	12	67
Ocean North	14	0	5	0	19	70
Ocean South	11	0	5	0	16	64
Passaic Central	13	0	5	0	18	62
Passaic North	9	1	4	0	12	54
Salem	9	0	2	0	11	48
Somerset	8	0	2	0	10	38
Sussex	5	0	2	0	7	28
Union East	10	0	3	0	13	44
Union West	11	1	5	0	15	61
Union Central	8	0	4	0	12	51
Warren	5	1	2	0	6	28
STATEWIDE	443	10	158	0	591	2353

Source: New Jersey Department of Children and Families, Policy & Planning, February 9, 2007.