



*New Jersey Department of Children and Families*

*2010 Qualitative Review pilot  
Final Report*

*February 2011*

## **I. Introduction**

In 2010, New Jersey embarked upon an ambitious plan to pilot a revised Qualitative Review (QR) process. The nine counties reviewed throughout 2010 provided New Jersey baseline data for the Child and Family Services Review (CFSR) Program Improvement Plan (PIP) and as well as providing an internal process for addressing areas of reporting and compliance for the Modified Settlement Agreement (MSA). During 2010, a total of nine counties (Bergen, Burlington, Camden, Essex, Gloucester, Hudson, Monmouth, Ocean and Passaic) participated and a total of ninety-five permanency cases were reviewed. Across the state, counties were experiencing multiple changes which impacted the overall culture of the offices participating in reviews. For example, several counties had not yet completed the training related to case practice and were therefore, in varying stages of implementation of elements of case practice like Family Team Meetings. Other counties experienced change in the form of new leadership at the Area and Local Office levels, as well as, change as a result of the restructuring from twelve to ten Area Offices. It is important to note these issues as they may have provided challenges to the on-sight reviewers and also provide a useful context for the results of the QR.

The QR process began with two sessions of training provided through a contract with the Child Welfare Policy and Practice Group (CWPPG). The trainings occurred during February and May of 2010 and over 50 staff from the Division of Youth and Family Services (DYFS), the Department of Children and Families (DCF) and the New Jersey Child Welfare Training Partnership (CWTP) were in attendance. Subsequent to the training, staff from CWPPG led reviews to model the process and continue the development of staff during two county reviews. At year's end, there was approximately forty DYFS staff that participated in at least one review and are seen as on-going resources for future QRs. In continued efforts to increase the cadre of experienced reviewers, the CWPPG offered an additional training session in February of 2011 which was co-trained with trainers from CWTP in order to build New Jersey capacity and eliminate the need for consultant trainers. Future QR trainings will be trained by the CWTP. The training participants included additional DYFS staff, staff from other offices/divisions within the DCF and staff from New Jersey's provider community.

In developing this summary report for the 2010 QR pilot, it is important that DCF be clear about the intention and goal of the report. The QR process provides such rich and detailed information that it would not be reasonable to attempt to dig too deeply into the nuances of every finding in every case; rather, the report will provide broad trends present in several counties. The report will identify areas of strength overall and provide examples to support such determination. Additionally, the report will indicate where there are clear areas needing improvement (ANI) and will identify steps taken on a statewide level to address them. In nearly every instance, the ANI was not

unanticipated. However, the root causes for the ANI often varied by county. It is here that the QR process was particularly useful and where the Area Offices and county leadership are now able to drill down further through the development of their county specific Program Improvement Plans (PIP).

Therefore, the report aims to summarize areas of strength and ANI from the reviews completed thus far. Due to the limited sample size, the trends cannot be generalized absolutely to all areas of the state. However, as previously noted, the themes that surface appear to confirm existing trends for areas requiring further attention statewide.

The report focuses solely on the in-home and out-of-home cases and intentionally does not apply the strengths and ANI model of assessment to the investigation cases.

Attached to this report are the summary data compiled from the nine qualitative reviews.

- Attachment 1 is the statewide averages for all cases in the sample for the entire year.
- Attachment 2 is the individual summary page for each of the nine counties reviewed.
- Attachment 3 is the summary page for demographic information for all of the cases in the sample.

## **II. Overall Trends**

The results of the QR in the first nine counties reveal both strengths and areas of need (ANI) that remain consistent with other assessments of the Division of Youth and Family Services (DYFS). In other words, many of the rating of the indicators suggest larger systemic issues impacting an individual counties' performance. Since it is the role of the Office of Continuous Quality Improvement to identify the more global issues and assist counties in addressing them and linking them to other statewide initiatives, the report will highlight areas where work is already underway.

For the purpose of the summary report, strengths are identified as those indicators where 70% or more of the reviewed cases were deemed acceptable.<sup>1</sup> Examples from the county reviews will be used to support the comments for each indicator discussed. The examples, while useful to illustrate possible issues, should not be assumed to be uniform across all reviewed counties.

### **Child and Family Status Indicators**

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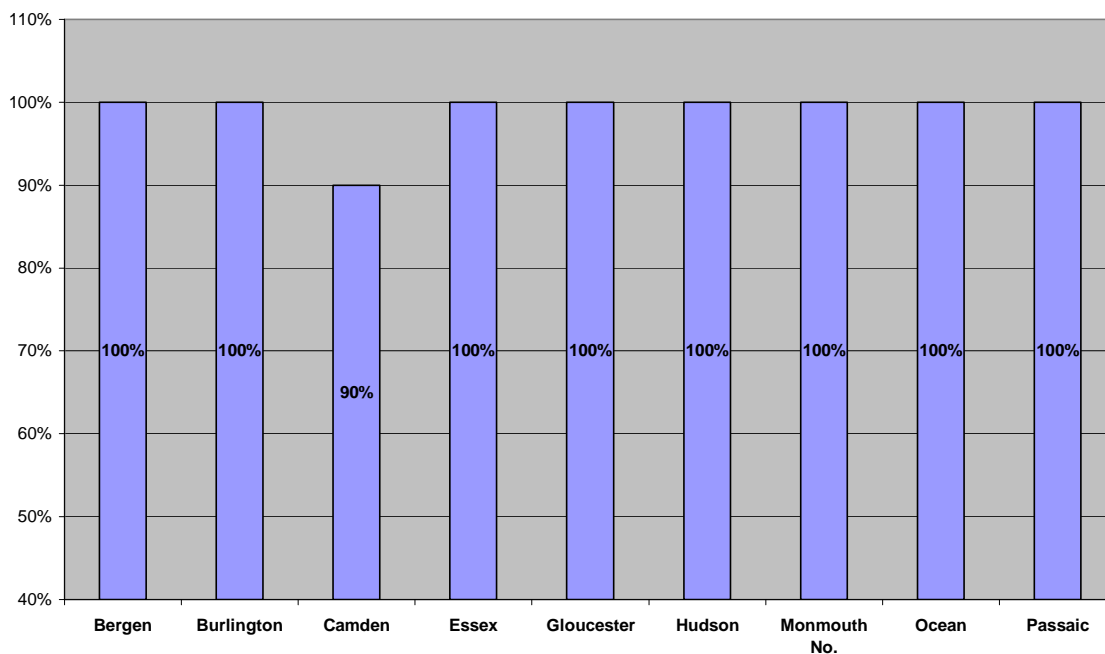
<sup>1</sup> Baseline data is still being collected to identify benchmarks for the purpose of the Child and Family Services Review (CFSR) Program Improvement Plan (PIP).

There are eight Child and Family Status indicators used in the QR process. Each indicator addresses a specific area(s) using specific criterion. Overall, DCF is pleased to note that for the Child and Family Status Indicators, raters noted that 96% of reviewed cases received an acceptable overall rating. While each case reviewed may have had areas which required attention or improvement, it is a positive outcome to have the overall rating as acceptable.

Among the Child and Family Status Indicators<sup>2</sup>, those with the highest percentage of acceptable cases were both safety indicators, *Safety at Home and Safety in Other Settings, Stability in School, Living Arrangement, Physical Health of the Child, Emotional Well-Being, and Learning Development*. Since these indicators are at the core of the mission of DYFS; keeping children safe, stable and ensuring their well-being, their importance cannot be understated.

The following table illustrates, by county, the percentage of cases scored as acceptable for *Safety at Home*. Of the 95 cases reviewed, 94 were rated as safe, giving this indicator a 99% strength rating.

**NJ DCF 2010 Qualitative Review pilot:  
Safety at Home**



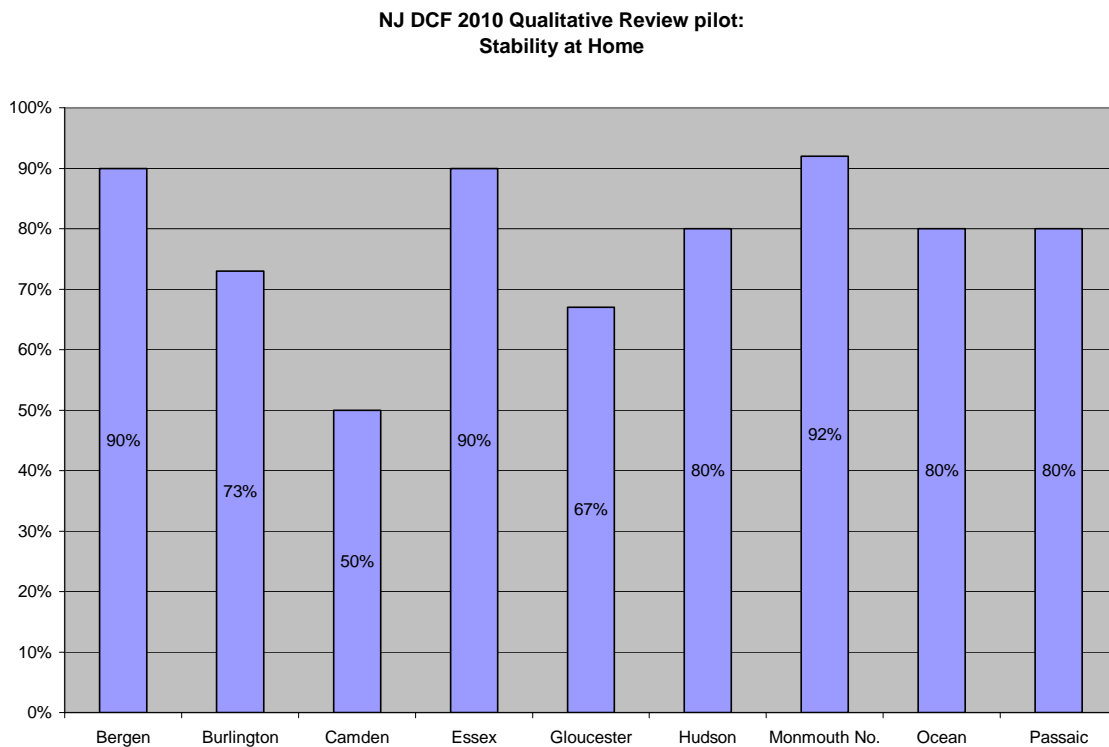
The one child that was assessed as not being safe at home during this review period was a child in runaway status as a result of resistance in attending a court-ordered in patient substance abuse treatment program. Overall, for all

<sup>2</sup> Italics note the child and family status indicators

safety indicators, the reviewers noted that safety was a clear strength and that any risk, if present, was attended to appropriately. Notably, there were no cases flagged in any review that required immediate attention.

Additionally, all 9 reviews indicated that children assessed resided in stable *living arrangements* and there was *stability in the home and in the school/community* with an average of an 81% strength rating for both items.

The following table illustrates, by county, the number of cases scored as acceptable for *Stability at Home*. Of the 95 cases reviewed, 74 were rated as stable, giving this indicator an overall strength rating of 78%.



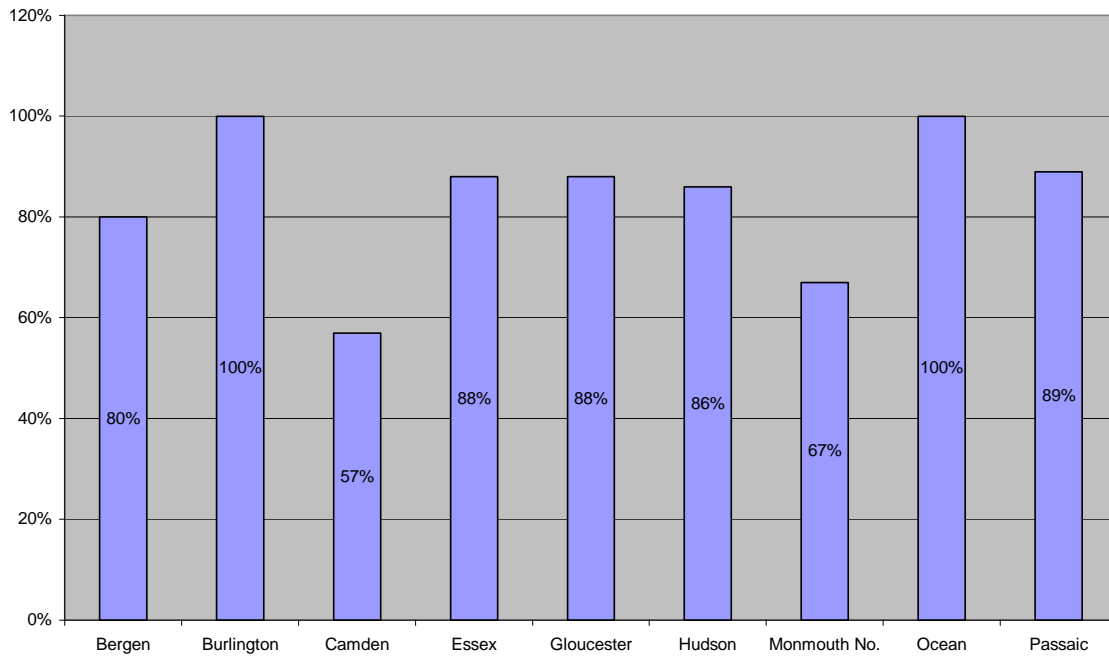
Children were experiencing fewer moves while in out of home placement and when moves were necessary they were noted as being in the best interest of the child. Caregivers were noted to have been well matched to the child's needs and able to address issues as they were raised. Many children in the review were found to be achieving stability through consistent caregivers for whom they had resided with since their time of placement and through consistency in attendance at their 'home' school even after a placement had occurred. Additionally, the reviewers noted that the caregivers' commitment to the child was evident and supports were in place to assist with on going stability when needed.

In counties where stability was noted as a need, reviewers indicated that further work needed to be done to address issues including; educational stability (multiple schools during short period of time) and multiple moves with biological parent. It is clear that more work to ensure that children are able to remain in

their 'home' school is needed. In cases reviewed where children were able to achieve consistency in their school setting, the child appeared to progress toward reasonable educational goals.

The following table illustrates, by county, the number of cases scored as acceptable for *Stability in School*. Of the 95 cases reviewed, this indicator was only applicable to 75 cases. Of the 75 cases scored, 63 were rated as stable, giving this indicator an overall strength rating of 84%.

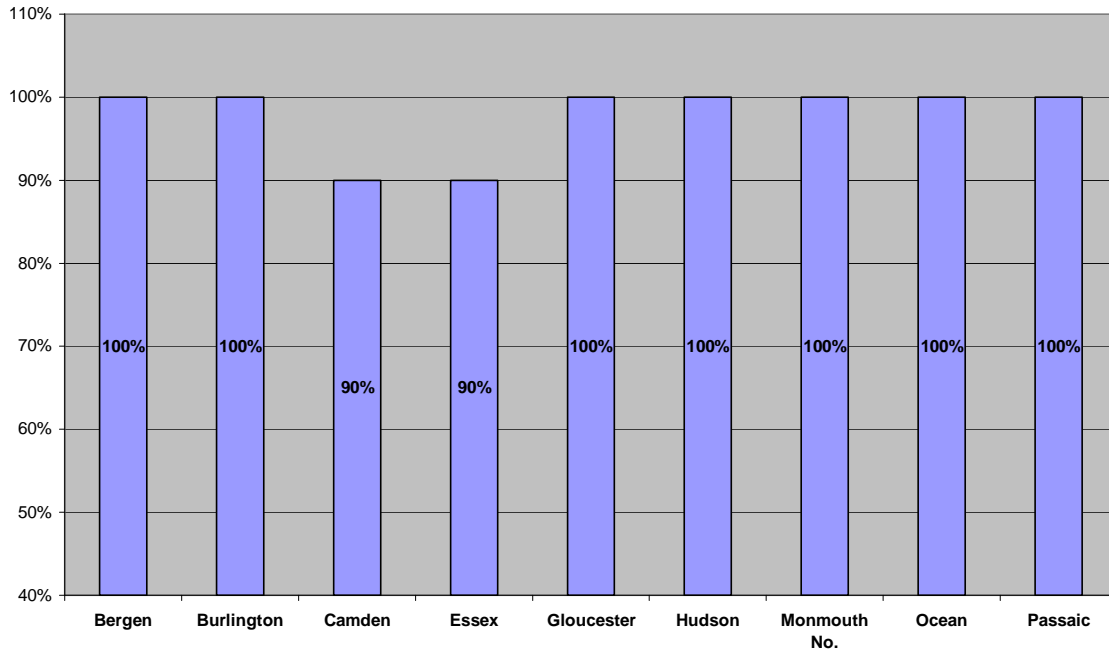
NJ DCF 2010 Qualitative Review pilot:  
Stability in School



The review indicated that *Physical Health* of children was a strength in all nine counties with 98% of reviewed cases being deemed acceptable. Reviewers noted that children received routine healthcare services; including immunizations, regular follow ups and regular dental care. In instances where needs were identified, reviewers noted that follow up visits had occurred to ensure the medical issue was resolved or on-going care was appropriate. The Child Health Units in the Local Offices were noted as appropriately involved and communication between all parties was occurring regularly.

The following table illustrates, by county, the number of cases scored as acceptable for *Physical Health of the Child*. Of the 95 cases reviewed, 93 were rated as acceptable, giving this indicator an overall strength rating of 98%.

**NJ DCF 2010 Qualitative Review pilot:  
Physical Health of Child**

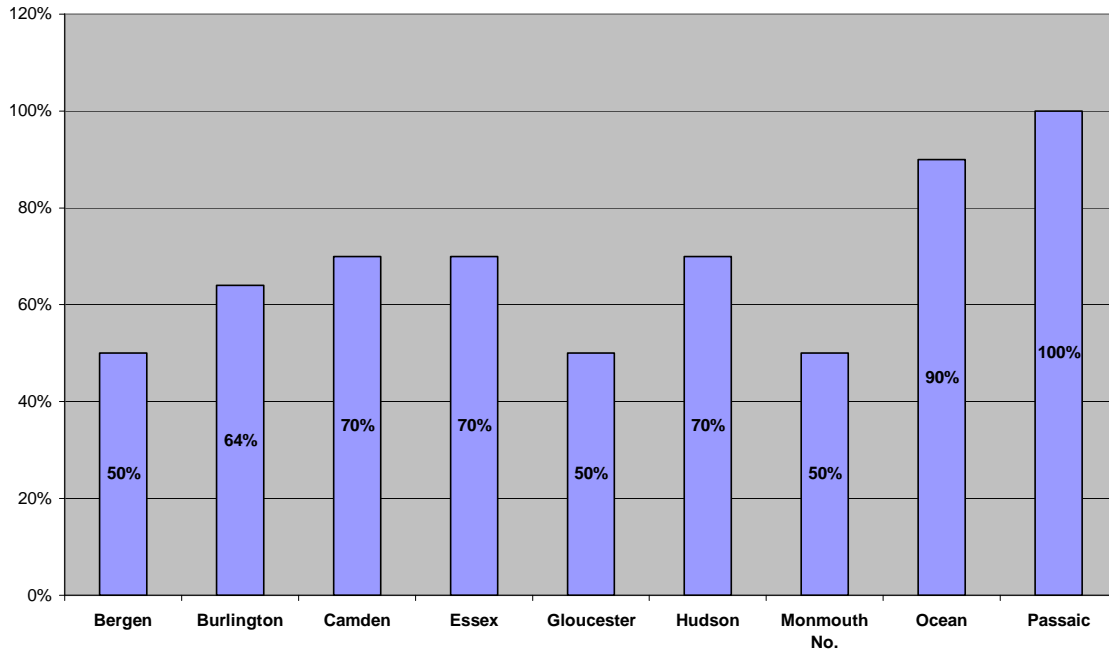


The results of the review also indicated that the agency demonstrated an acceptable level of care for the indicators of *Emotional Well-being and Learning and Development* needs of the target children in the review. *Emotional Well-Being* was rated acceptable in 87% of cases reviewed. Children were receiving appropriate therapy services and were assessed as interacting appropriately with peers or in social situations.

The *Learning and Development* needs of all children were rated as acceptable in 92% of cases reviewed. Reviewers noted that younger children appeared to be developing appropriately and achieving milestones on target while school aged children were progressing in school and had specialized services (i.e. Individualized Educational Plans or tutoring) when appropriate.

There was only one indicator noted as an Area of Need (those indicators for which less than 70% of cases overall were acceptable) within the Child and Family Status Indicators. Unfortunately, *Progress toward Permanency* was acceptable in only 64 of the 95 cases reviewed or 67%.

NJ DCF 2010 Qualitative Review pilot:  
Progress Toward Permanency



Four out of the nine counties reviewed had less than 70% of their cases rated as acceptable. While the reasons were often specific to each individual case, general themes included legal delays (i.e. challenges with goal changes and Family Court decisions), the inability to achieve a common understanding of the permanency goal and the lack of concurrent plans. Since the Family Court is a critical partner, yet an area of consistent challenge, further work on both a statewide and local level is required.

It is important to note that while the final indicator of *Family Functioning and Resourcefulness* was not an ANI according to the criterion in this report, with 71% of cases reviewed rated as acceptable, it is on the border, and thus warrants additional focus. Five out of the nine counties reviewed had less than 70% of their cases noted as acceptable.

### Practice Performance Indicators<sup>3</sup>

<sup>3</sup> Unlike the Child and Family Status Indicators, not all of the indicators will be addressed in this section; rather only the top strengths and top ANI will be discussed in detail.



It is clear that while the agency has achieved a great deal in fulfilling its mission in providing safe and stable living arrangements and supplying services to children and families to achieve well-being and permanency, there are areas of casework practice that require continued improvement. DCF/ DYFS have already begun to address a number of these areas through case practice training and its subsequent implementation. While all of the counties in the review have been trained on the foundational elements of the Department's case practice model, it is fair to say that in nearly all the counties, full implementation has not yet been achieved. This provides a useful context for examining the results of the Practice Performance Indicators.

The overall rating for Practice Performance in all nine counties was low with only 55% of applicable cases scoring acceptable.

Generally, the strengths for the Practice Performance Indicators include high percentages of acceptable cases in four key areas; the Provision of Health Care Services, Resource Availability, the overall rating for Family and Community Connections and the overall rating for Family Supports.

In 97% of applicable cases, the Provision of Health Care Services was assessed as acceptable. Considering the amount of work, the consistent messaging and the laser focus that the Department has placed on child health care, this is a very notable achievement. All nine counties found this to be an area of strength. Reviews indicated that immunizations were up to date, follow up occurred when indicated and the Child Health Units were often instrumental in tracking medical needs and issues for children in out of home placement.

The Resource Availability Indicator was assessed as acceptable in 73% of applicable cases. In six out of the nine counties, cases were rated as acceptable with reviewers noting that resources were seen as addressing the needs of families, related to the child's specific needs and were flexible and a 'good fit' to the identified needs.

The indicator of Family and Community Connections overall was acceptable in 73% of reviewed cases. Five out of the nine counties were acceptable. Within this category, the connections for the mother and siblings was rated the highest at 71% and 73% respectively. This indicator assessed the consistency and quality of visitation and reviewers noted both when visits were of good quality and when they served to advance the permanency goals. In some instances, it was noted that the agency provided specific supports to encourage visitation for the child.

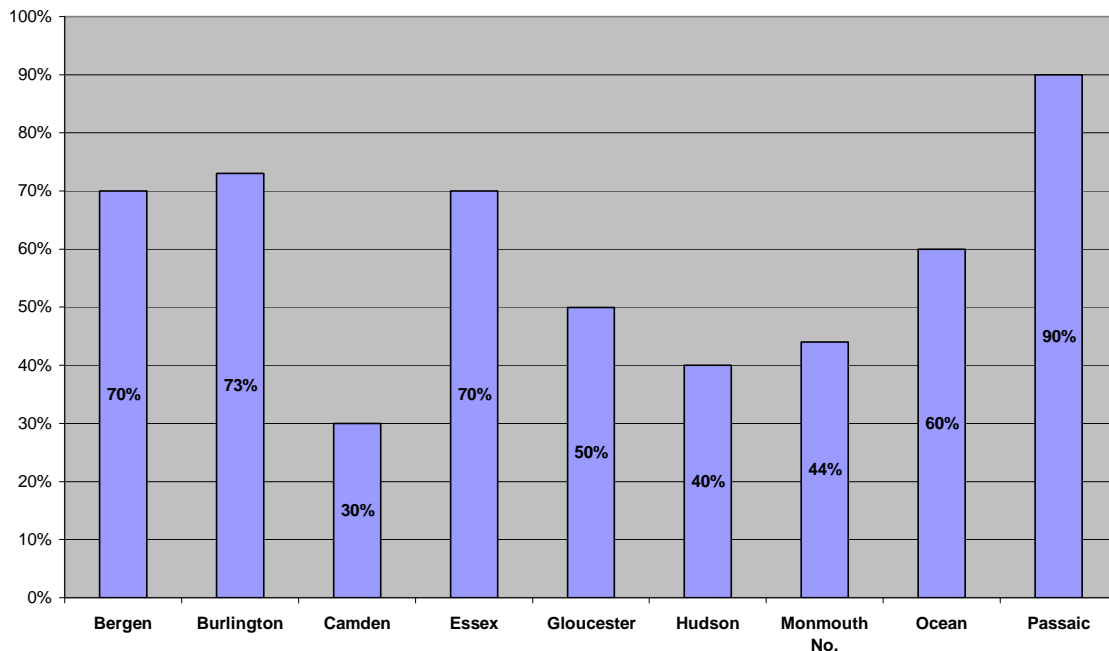
The overall rating for Family Supports was 70%. Contained within that 70% is the 60 of 64 resource family cases reviewed that received 94% strength rating.

For six out of nine counties this was rated as an area of strength and all nine counties noted family supports for resource families as a particular strength.

Conversely, within the Practice Performance Indicators, there were a number of Areas Needing Improvement (ANI) that were highlighted as a result of the nine county reviews, with the most notable of these being *Overall Engagement, Engagement of Parents, Family Teamwork and Case Planning*. Notable because each of these indicators is a core practice element within the Departments case practice model and each has a profound and direct impact on the children and families served by DCF/ DYFS.

The following table illustrates, by county, the number of cases scored as acceptable for the *Overall Engagement* of children, parents and resource families. Of the 95 cases reviewed, this indicator was applicable to 83 cases. Of the 83 cases scored, 50 were rated as acceptable, giving this indicator an overall strength rating of 64%.

NJ DCF 2010 Qualitative Review pilot:  
Overall Engagement

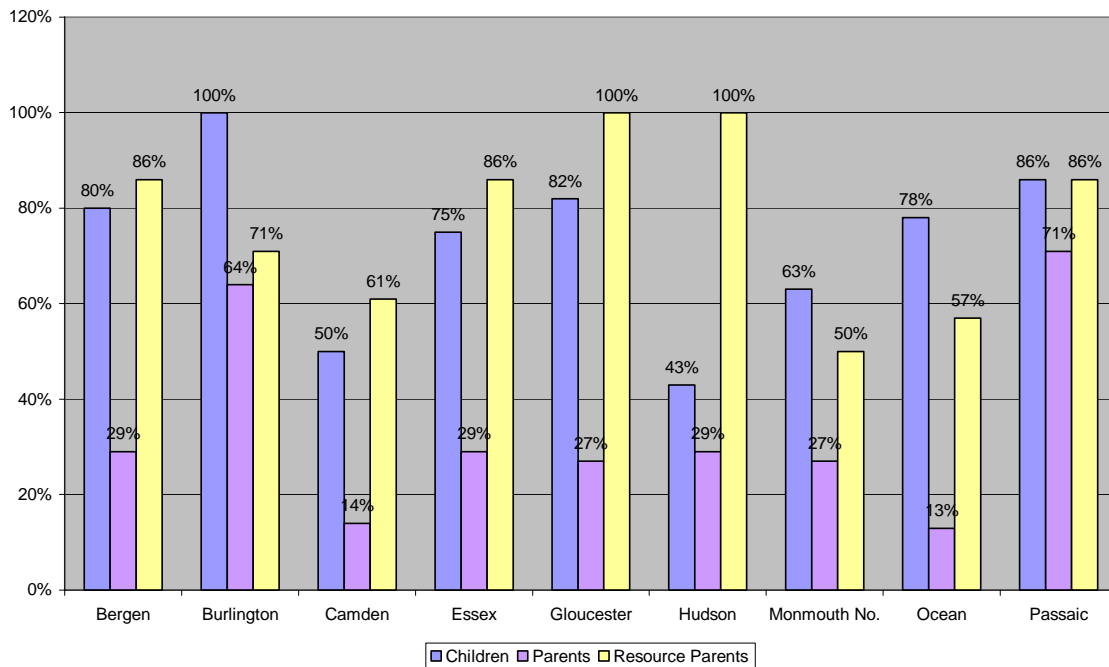


As indicated above, the category of overall engagement encompasses the engagement of children, parents and resource families. While overall engagement was under the acceptable threshold set forth by DCF, two of the three categories were in fact identified as a strength; children and resource families, 74% and 78% respectively. With two of the three achieving a strength rating it is apparent then that the reason for the low overall engagement score is the 34% rating received for the engagement of parents. Of the 95 cases reviewed, engagement of parents was applicable to be scored in only 76 cases.

While concerning, the caution is not to draw wide sweeping conclusions from such a small sample without fully understanding the specific case issues that may have impacted the workers ability to engage the parents. That said this is an area that DYFS and the OCQI will focus on going forward.

The following table illustrates, by county, the number of cases scored as acceptable for the *Engagement of Children vs. Parents vs. Resource Families*. This table reflects the vast difference in engagement efforts for these three critical populations.

**NJ DCF 2010 Qualitative Review pilot:  
Engagement, Children v. Parents v. Resource Families**



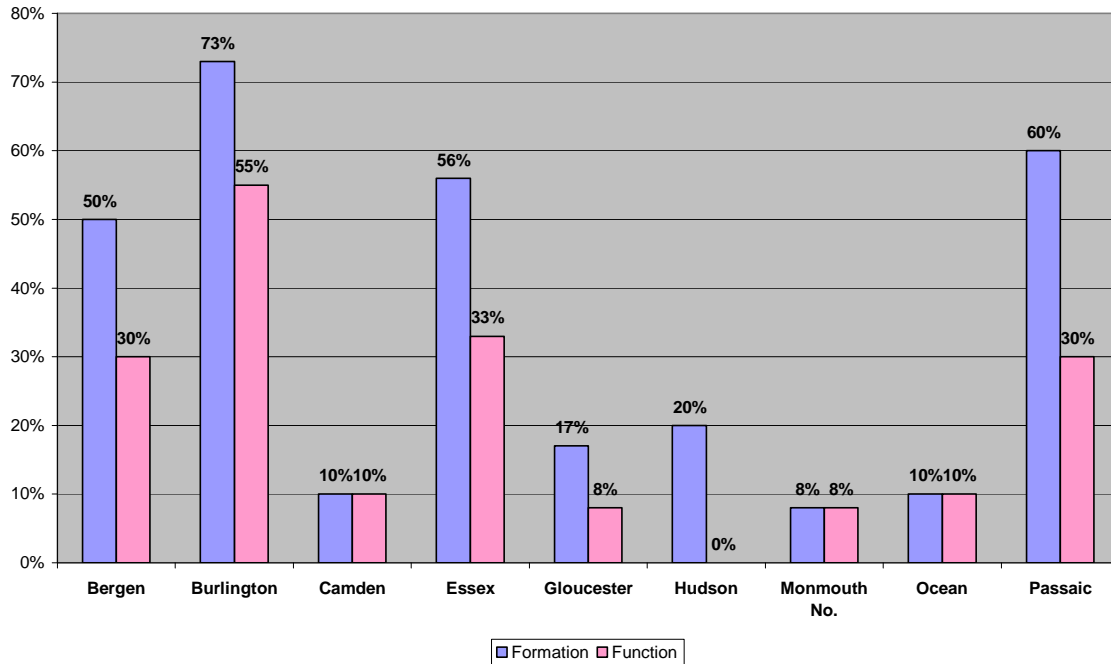
A second ANI identified through the pilot review is *Family Teamwork*. Like engagement, teaming is another fundamental element of the DCF practice model. Unlike engagement however, not all case workers have received training, coaching and mentoring on the family team meeting model adopted by DCF/DYFS.<sup>4</sup> While this is not meant to be an excuse for the low scores, it is an accurate account of the local offices current ability in this area.

The review tool seeks to capture information on both the formation of a family team and the subsequent functioning of the team. The following table illustrates, by county, the number of cases scored as acceptable for *Family Teamwork; Formation and Function*. Of the 95 cases in the review sample, 94 cases were

<sup>4</sup> To date, at least one or more offices per county has received teaming training through the case practice model immersion process but not all of the local offices involved in the 2010 pilot reviews have been trained.

able to be scored. Of the 94 cases, 31 were rated acceptable for team formation and 19 were rated acceptable for team function, giving this indicator an overall strength rating of 33% and 20% respectively.

NJ DCF 2010 Qualitative Review pilot:  
Family Teamwork

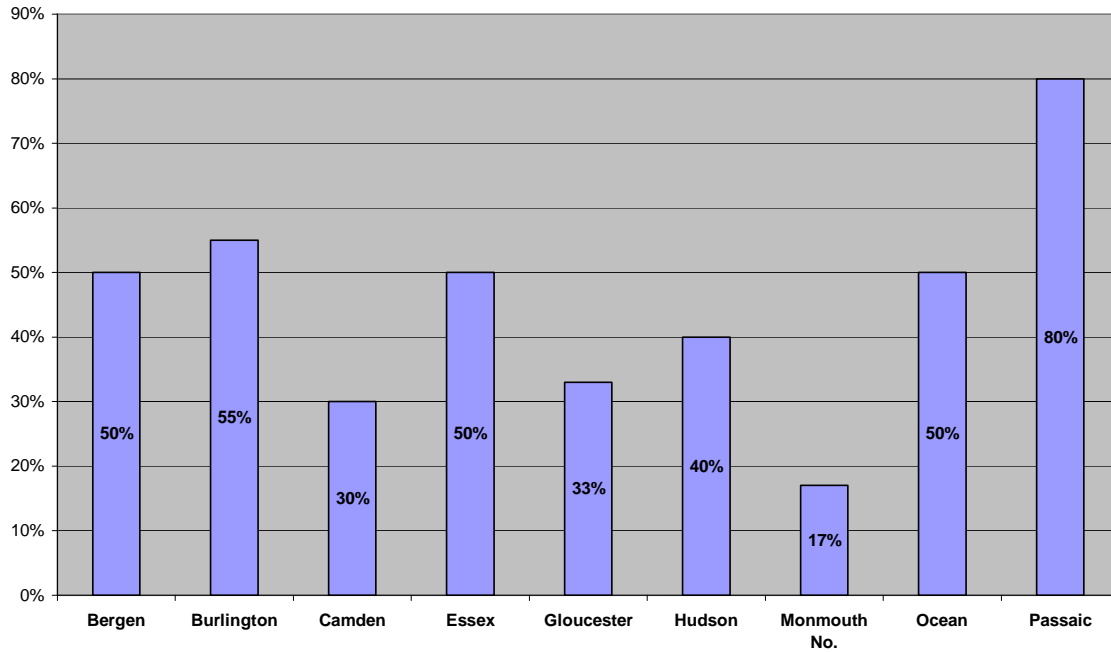


This low level of performance in the family teamwork area did not come as a surprise to DCF. In fact, efforts had begun in September 2010 to diagnose and rectify the issues surrounding the lack of family team meetings that were occurring across the state. A “child stat” process was introduced in an effort to have counties review data and self-diagnose their individual county or local office struggle in conducting family team meetings. This process continues and is being led by the OCQI. Additionally, all of the pilot review counties have identified teaming as an area to work on in their individual Performance Improvement Plans (PIP).

The third significant ANI to be addressed is *Case Planning*. Case planning is another fundamental component of the DCF practice model and critical to the success of children and families.

The following table illustrates, by county, the number of cases scored as acceptable for *Case Planning*. Of the 95 cases reviewed, 42 were rated as acceptable, giving this indicator an overall strength rating of 44%. Well below the DCF 70% strength threshold.

**NJ DCF 2010 Qualitative Review pilot:  
Case Planning**



The individual county PIPs all address the issues raised in the area of case planning. In addition to the obvious need to have case plans completed and in the case record, the PIPs focus on working with case workers to understand that case plans need to be concrete and family driven. To further drive home the need for case plans to be family driven, the “child stat” process will be broadened in March 2011 to include the link between the family team meetings and the subsequent case plans.

**Investigation Only Cases**

During the 2010, the QR also included a review of 24 Investigation cases. Three cases per county, with the exception of Monmouth County, were reviewed. The review of these 24 cases had a smaller scope and was found to focus primarily on compliance issues. For example, strengths and areas of need often included items such as the ability to complete the investigation within the required timeframe or the presence or absence of required documentation for pre-investigation conferences. It became challenging to determine if the issues in the reviewed investigation cases indicated larger systemic issues or were isolated to a particular area due to the small number of cases reviewed. As such, the decision has been made to exclude investigation cases from the general QR process going forward.

**Program Improvement Plans (PIP)**

Upon the completion of each Qualitative Review, Area and Local Office leadership were responsible for the development of a Program Improvement Plan (PIP) to address select ANI identified in the review. The Office of Quality provided the original template for the PIP. Leadership in the Area had flexibility in the items selected in their PIP, the monitoring process and the reporting process. The PIP process showed that leadership and staff were thoughtful about areas that needed improvement and in some cases showed clear steps that are likely to achieve positive outcomes. Many of the issues identified however were not specific to the reviewed county; rather they were indicative of larger systemic challenges that appear statewide. (However, because the OCQI received a great deal of feedback about the PIP process, details about the PIPs for 2011 can be found in the next section).

### **III. Lessons Learned**

As referenced earlier, the OCQI has received feedback from multiple sources about the 2010 QR pilot process and in response is instituting a number of changes for 2011. The changes, to be implemented with reviews in March, which are detailed below, are organized into the following categories:

- Overall Process
- Reviewers
- QR Tool
- Preparing for the QR
- Week of the QR Review
- Final Reports
- Program Improvement Plans (PIP)

#### **Overall Process**

The *Overall Process* modifications include those overarching changes that affect the entire process. They are as follows:

- The sample size has increased from 10 cases to 12 cases. The 12 cases will include 8 out of home cases and 4 in home cases. The number of review pairs subsequently has increased from 5 pairs to 6 pairs.
- Investigation cases will no longer be included in the sample and will not be reviewed as part of the QR. A separate process to review investigative practices will be determined and implemented.
- A detailed certification process for reviewers will be implemented that provides a standard path of development for reviewers as well as provides a mechanism to assess for inter-rater reliability.
- Community stakeholders and agency providers will be enlisted and trained as reviewers.
- The documents used for the QR, including the 2011 QR schedule are posted on the DCF intranet and can be referenced or used at any time. Counties/ local offices can share this information with staff as needed to

prepare for the QR in their county. In addition, counties are welcome to submit documents to the OCQI for posting.

## **Reviewers**

The Reviewers for the QR are a dedicated group of individuals who see the value in the QR process and are committed to seeing it provide useful information for the Department to enhance its work with children and families. The changes are as follows:

- Reviewers will be required (when possible) to commit to the full review week.
- The pairing of the reviews is very important. With the inception of the DCF Certification Process for QR reviewers, staff will be paired according to levels of experience in order to assist with continued development. Pairings are made by the OCQI and shared with the Local Site Coordinator.

## **QR Tool**

The QR tool will not be changed in any significant way, as this would have implications for training and the ability to compare results with 2010 counties. The changes are meant to clarify indicators to improve inter-rater reliability. They are as follows:

- For the indicator of Engagement of Children, only children over the age of 6 should be considered. Measureable meaningful engagement with children under 6 years old is a challenge to uniformly assess. If the target child is under 6 years of age, the case should be noted as Not Applicable (or N/A).
- The OCQI will track areas within the protocol that require clarity or additional information and will routinely disseminate the information to reviewers.

## **Preparing for the QR**

In the weeks prior to the QR, the county undergoes an intensive process to prepare records, logistics, and staff. The QR process is one that identifies systemic barriers and issues to providing high quality services to children and families and staff needs to understand the framework for the QR.

- Presentations to staff to educate them on the QR process, with special emphasis on those staff whose cases are being reviewed should be provided and standard presentations are available from the OCQI.

- Interviews with individuals involved with the family should include, when possible, any legal partners. As with all stakeholder interviews, these interviews are to be scheduled in advance of the review week.

### **Week of the QR Review**

A great deal of preparation occurs prior to the review week that is critical to the success of the week. During the week of the review, the Local Site Coordinator, the Team Leader and Team Co-leader work with the on-site reviewers to ensure a smooth process and a successful review. The following changes are aimed at continuing to strengthen this process and to acknowledge the hard work and often long hours that occur during this period:

- A 'buddy' for each review team is strongly encouraged and recommended. While it is not possible to require this for every review, we can note that in reviews where this was a standard practice, the review went more smoothly and the reviewers had more time to discuss the case and learn from each other. A 'buddy' serves as a 'guide' to the county for reviewers by coordinating transportation to/from appointments, ensuring the reviewers have all necessary information and supplies and generally being a reliable ally during the review week. The 'buddy' may also be used as the scheduler for the interviews and other preparatory tasks prior to the week. The Local Site Coordinator, with input from Local or Area Leadership can determine who the 'buddies' should be.
- Forms should be available to all reviewers in electronic format either via the DCF intranet or another mechanism. Reviewers are encouraged to complete their case detail sheets in a timely manner electronically and submit to the Team Leader.
- The Debrief Sessions on Tuesday and Thursday afternoons are crucial to the learning that occurs between and among the pairs. Since this is an opportunity to develop new reviewers and share information about the case to increase inter-rater reliability, the learning atmosphere must be enforced. Therefore, these debrief sessions should have a limited audience. Examples of staff who may be included are select Casework Supervisors, Local Office Managers, select staff from the Area Office, and select staff from the Department or the Office of Continuous Quality Improvement. Invited staff should be identified prior to the review through the Local Site Coordinator and will function as silent observers only.
- The Friday Results session can be more inclusive of staff from the Local and Area Offices, staff from the Department and stakeholders from the community. It is recommended that representatives from the local DCF Business Offices attend to ensure that recommendations regarding existing services or gaps in services are addressed.
- The Friday Results session should also include a presentation of county specific data in order to set context and frame the results specific to the county being reviewed. This information can feed a 'County Story' that will



be included in the final report. The final report is to be generated within 3 weeks of the close of the QR and sent to the AD for use in the development of the PIP.

## **Final Reports**

The substance of the QR Final Report will remain unchanged. The Office of Quality acknowledges that in order to keep the momentum going, the reports need to be received in a timely manner. Reports should reflect preliminary trends presented at the end of the QR week and should identify specific areas of practice that the county leadership would like to focus on for continued improvement or development in their Program Improvement Plans.

## **Program Improvement Plans (PIP)**

The Program Improvement Plans will function as the individual county blueprints for growth and development in 2-5 areas of practice that were identified in the QR as needing improvement. The PIPs are intended to help focus the counties on these efforts as they work to incorporate the identified changes and enhance overall practice.

The PIPs are designed by the local county teams with input from internal stakeholders and guidance provided by the OCQI staff. PIPs should include a plan for monitoring improvement through the use of data, including Safe Measures reports for a period of 12 months. A revised PIP format will go into effect with the March 2011 QR review.

Additionally, since it is important that both the QR and the PIP processes reflect transparency internally and externally, the OCQI will make the QR PIPs widely available. The DCF staff, in particular were interested in seeing plans from all counties so that innovative or creative strategies to address common challenges were available.

## **Intra-Departmental Recommendations**

In addition to the changes that will be made to the current process, there are a number of recommendations to processes that occur outside the scope of the OCQI. These have been included since the success of the QR process is dependent on Department wide efforts. Examples include:

- **Training**

Aspects and a general overview of the Qualitative Review process should be included in New Worker Training and Training for Newly Appointed Supervisors. Normalizing the QR tool through training will encourage

understanding that the agency continues to monitor and identify strengths and areas that need improvement as an on-going basis.

On going learning opportunities will be needed to continue to allow QR reviewers to refine their skills. Development of 'in-service' trainings for QR reviewers should be coordinated between the Training Academy and the OCQI with input from the Area Quality Coordinators and other reviewers.

- **Business Office Operations**

Staff from the DCF Business Offices should be included and welcomed into the QR process. By participating in the Friday Results meeting, they can hear first hand the strengths and challenges of securing services for the target children and families. They should also be included in the PIP planning process when obtaining necessary services has been identified as a theme that the county leadership wants/ needs to address.

#### **IV. Conclusion**

The QR is a practice improvement mechanism designed to help DCF assess its current outcomes for children and families. The 2010 pilot period offered many lessons learned and provided results that confirmed practice areas that needed continued focus. It also represented a period of transition and leadership of the Qualitative Review process. These changes, both anticipated and unanticipated, have been weathered and processes improved.

In 2011, we have a training plan, a new cadre of reviewers, standardized forms, clearer processes and an ambitious plan for implementation. A firmly rooted QR for DCF also helps us look forward to a continued dialogue focused on quantity and quality.

## ATTACHMENT 1

NEW JERSEY 2010			
Child & Family Status Indicators	# Cases Applicable	# Cases Acceptable	% Strength
<b>Safety at Home</b>	95	94	99%
<b>Safety in other Settings</b>	91	90	99%
<b>Stability at Home</b>	95	74	78%
<b>Stability in School</b>	75	63	84%
<b>Living Arrangement</b>	95	91	96%
<b>Family Functioning &amp; Resourcefulness</b>	93	66	71%
<b>Progress Toward Permanency</b>	95	64	67%
<b>Physical Health of the Child</b>	95	93	98%
<b>Emotional Well-Being</b>	95	83	87%
<b>Learning &amp; Development Under Age 5</b>	32	30	94%
<b>Learning &amp; Development Age 5 &amp; older</b>	63	52	83%
<b>OVERALL Child &amp; Family Status</b>	95	91	96%
Practice Performance Indicators	# Cases Applicable	# Cases Acceptable	% Strength
<b>Investigations</b>	N/A	N/A	N/A
<b>Engagement</b>	<i>overall</i>	83	50
	<i>child/youth</i>	81	60
	<i>parents</i>	76	26
	<i>resource family</i>	63	49
<b>Family Teamwork – Formation</b>	94	31	33%
<b>Family Teamwork – Function</b>	94	19	20%
<b>Assessment &amp; Understanding</b>	<i>overall</i>	83	52
	<i>child/youth</i>	95	68
	<i>parents</i>	76	27
	<i>resource family</i>	65	52
<b>Case Planning Process</b>	95	42	44%
<b>Plan Implementation</b>	95	56	59%
<b>Tracking &amp; Adjustment</b>	95	54	57%
<b>Provision of Health Care Services</b>	94	91	97%
<b>Resource Availability</b>	95	69	73%
<b>Family &amp; Community Connections</b>	<i>overall</i>	52	38
	<i>mother</i>	48	34
	<i>father</i>	35	19
	<i>siblings</i>	40	29
<b>Family Supports</b>	<i>overall</i>	82	57
	<i>parents</i>	73	36
	<i>resource family</i>	64	60
<b>Long Term View</b>	95	51	54%
<b>Transitions &amp; Life Adjustments</b>	74	35	47%
<b>OVERALL Practice Performance</b>	95	52	55%

ATTACHMENT 2

<b>Bergen County – May 2010</b>				
<b>Child &amp; Family Status Indicators</b>	<b># Cases Applicable</b>	<b># Cases Acceptable</b>	<b>% Strength</b>	
<i>Safety at Home</i>	10	10	100%	
<i>Safety in other Settings</i>	10	10	100%	
<i>Stability at Home</i>	10	9	90%	
<i>Stability in School</i>	10	8	80%	
<i>Living Arrangement</i>	10	10	100%	
<i>Family Functioning &amp; Resourcefulness</i>	10	6	60%	
<i>Prospects for Permanency</i>	10	5	50%	
<i>Physical Health of the Child</i>	10	10	100%	
<i>Emotional Well-Being</i>	10	10	100%	
<i>Learning &amp; Development Under Age 5</i>	0	N/A	N/A	
<i>Learning &amp; Development Age 5 &amp; older</i>	10	8	80%	
<b>OVERALL Child &amp; Family Status</b>	10	10	100%	
<b>Practice Performance Indicators</b>	<b># Cases Applicable</b>	<b># Cases Acceptable</b>	<b>% Strength</b>	
<b>Engagement</b>	<i>overall</i>	10	7	70%
	<i>child/youth</i>	10	8	80%
	<i>parents</i>	7	2	29%
	<i>resource family</i>	7	6	86%
<b>Family Teamwork – Formation</b>	10	5	50%	
<b>Family Teamwork – Function</b>	10	3	30%	
<b>Assessment &amp; Understanding</b>	<i>overall</i>	10	6	60%
	<i>child/youth</i>	10	7	70%
	<i>parents</i>	7	2	29%
	<i>resource family</i>	7	5	71%
<b>Case Planning Process</b>	10	5	50%	
<b>Plan Implementation</b>	10	7	70%	
<b>Tracking &amp; Adjustment</b>	10	5	50%	
<b>Provision of Health Care Services</b>	10	10	100%	
<b>Resource Availability</b>	10	8	80%	
<b>Family &amp; Community Connections</b>	<i>overall</i>	6	5	83%
	<i>mother</i>	4	4	100%
	<i>father</i>	2	2	100%
	<i>siblings</i>	4	3	75%
<b>Family Supports</b>	<i>overall</i>	10	9	90%
	<i>parents</i>	7	5	71%
	<i>resource family</i>	7	7	100%
<b>Long Term View</b>	10	4	40%	
<b>Transitions &amp; Life Adjustments</b>	7	4	57%	
<b>OVERALL Practice Performance</b>	10	7	70%	

<b>Burlington County — April 2010</b>				
<b>Child &amp; Family Status Indicators</b>	<b># Cases Applicable</b>	<b># Cases Acceptable</b>	<b>% Strength</b>	
<b>Safety at Home</b>	11	11	100%	
<b>Safety in other Settings</b>	10	10	100%	
<b>Stability at Home</b>	11	8	73%	
<b>Stability in School</b>	8	8	100%	
<b>Living Arrangement</b>	11	11	100%	
<b>Family Functioning &amp; Resourcefulness</b>	11	9	82%	
<b>Progress Toward Permanency</b>	11	7	64%	
<b>Physical Health of the Child</b>	11	11	100%	
<b>Emotional Well-Being</b>	11	9	82%	
<b>Learning &amp; Development Under Age 5</b>	3	3	100%	
<b>Learning &amp; Development Age 5 &amp; older</b>	8	6	75%	
<b>OVERALL Child &amp; Family Status</b>	11	10	91%	
<b>Practice Performance Indicators</b>	<b># Cases Applicable</b>	<b># Cases Acceptable</b>	<b>% Strength</b>	
<b>Engagement</b>	<i>overall</i>	11	8	73%
	<i>child/youth</i>	11	11	100%
	<i>parents</i>	11	7	64%
	<i>resource family</i>	7	5	71%
<b>Family Teamwork – Formation</b>	11	8	73%	
<b>Family Teamwork – Function</b>	11	6	55%	
<b>Assessment &amp; Understanding</b>	<i>overall</i>	11	10	91%
	<i>child/youth</i>	11	10	91%
	<i>parents</i>	11	8	73%
	<i>resource family</i>	8	7	88%
<b>Case Planning Process</b>	11	6	55%	
<b>Plan Implementation</b>	11	9	82%	
<b>Tracking &amp; Adjustment</b>	11	8	73%	
<b>Provision of Health Care Services</b>	11	11	100%	
<b>Resource Availability</b>	11	7	64%	
<b>Family &amp; Community Connections</b>	<i>overall</i>	8	6	75%
	<i>mother</i>	8	7	88%
	<i>father</i>	6	2	33%
	<i>siblings</i>	8	6	75%
<b>Family Supports</b>	<i>overall</i>	11	8	73%
	<i>parents</i>	11	9	82%
	<i>resource family</i>	7	6	86%
<b>Long Term View</b>	11	7	64%	
<b>Transitions &amp; Life Adjustments</b>	11	2	18%	
<b>OVERALL Practice Performance</b>	11	7	64%	

<b>Camden County – October 2010</b>				
<b>Child &amp; Family Status Indicators</b>	<b># Cases Applicable</b>	<b># Cases Acceptable</b>	<b>% Strength</b>	
<b>Safety at Home</b>	10	9	90%	
<b>Safety in other Settings</b>	9	8	89%	
<b>Stability at Home</b>	10	5	50%	
<b>Stability in School</b>	7	4	57%	
<b>Living Arrangement</b>	10	8	80%	
<b>Family Functioning &amp; Resourcefulness</b>	10	6	60%	
<b>Prospects for Permanency</b>	10	7	70%	
<b>Physical Health of the Child</b>	10	9	90%	
<b>Emotional Well-Being</b>	10	7	70%	
<b>Learning &amp; Development Under Age 5</b>	3	2	67%	
<b>Learning &amp; Development Age 5 &amp; older</b>	7	5	71%	
<b>OVERALL Child &amp; Family Status</b>	10	8	80%	
<b>Practice Performance Indicators</b>	<b># Cases Applicable</b>	<b># Cases Acceptable</b>	<b>% Strength</b>	
<b>Engagement</b>	<i>overall</i>	10	3	30%
	<i>child/youth</i>	10	5	50%
	<i>parents</i>	7	1	14%
	<i>resource family</i>	6	4	61%
<b>Family Teamwork – Formation</b>	10	1	10%	
<b>Family Teamwork – Function</b>	10	1	10%	
<b>Assessment &amp; Understanding</b>	<i>overall</i>	10	5	50%
	<i>child/youth</i>	10	6	60%
	<i>parents</i>	7	2	29%
	<i>resource family</i>	6	6	100%
<b>Case Planning Process</b>	10	3	30%	
<b>Plan Implementation</b>	10	4	40%	
<b>Tracking &amp; Adjustment</b>	10	3	30%	
<b>Provision of Health Care Services</b>	10	10	100%	
<b>Resource Availability</b>	10	6	60%	
<b>Family &amp; Community Connections</b>	<i>overall</i>	5	3	60%
	<i>mother</i>	4	3	75%
	<i>father</i>	3	1	33%
	<i>siblings</i>	4	4	100%
<b>Family Supports</b>	<i>overall</i>	10	5	50%
	<i>parents</i>	7	2	29%
	<i>resource family</i>	6	5	83%
<b>Long Term View</b>	10	3	30%	
<b>Transitions &amp; Life Adjustments</b>	8	1	13%	
<b>OVERALL Practice Performance</b>	10	3	30%	

<b>Essex County – September 2010</b>				
<b>Child &amp; Family Status Indicators</b>	<b># Cases Applicable</b>	<b># Cases Acceptable</b>	<b>% Strength</b>	
<b>Safety at Home</b>	10	10	100%	
<b>Safety in other Settings</b>	9	9	100%	
<b>Stability at Home</b>	10	9	90%	
<b>Stability in School</b>	8	7	88%	
<b>Living Arrangement</b>	10	10	100%	
<b>Family Functioning &amp; Resourcefulness</b>	10	9	90%	
<b>Prospects for Permanency</b>	10	7	70%	
<b>Physical Health of the Child</b>	10	9	90%	
<b>Emotional Well-Being</b>	10	10	100%	
<b>Learning &amp; Development Under Age 5</b>	6	6	100%	
<b>Learning &amp; Development Age 5 &amp; older</b>	4	2	50%	
<b>OVERALL Child &amp; Family Status</b>	10	10	100%	
<b>Practice Performance Indicators</b>	<b># Cases Applicable</b>	<b># Cases Acceptable</b>	<b>% Strength</b>	
<b>Engagement</b>	<i>overall</i>	10	7	70%
	<i>child/youth</i>	8	6	75%
	<i>parents</i>	7	2	29%
	<i>resource family</i>	7	6	86%
<b>Family Teamwork – Formation</b>	9	5	56%	
<b>Family Teamwork – Function</b>	9	3	33%	
<b>Assessment &amp; Understanding</b>	<i>overall</i>	10	8	80%
	<i>child/youth</i>	10	8	80%
	<i>parents</i>	7	2	29%
	<i>resource family</i>	7	6	86%
<b>Case Planning Process</b>	10	5	50%	
<b>Plan Implementation</b>	10	6	60%	
<b>Tracking &amp; Adjustment</b>	10	7	70%	
<b>Provision of Health Care Services</b>	10	9	90%	
<b>Resource Availability</b>	10	8	80%	
<b>Family &amp; Community Connections</b>	<i>overall</i>	6	5	83%
	<i>mother</i>	6	6	100%
	<i>father</i>	3	2	67%
	<i>siblings</i>	4	4	100%
<b>Family Supports</b>	<i>overall</i>	10	7	70%
	<i>parents</i>	7	3	43%
	<i>resource family</i>	7	7	100%
<b>Long Term View</b>	10	6	60%	
<b>Transitions &amp; Life Adjustments</b>	7	4	57%	
<b>OVERALL Practice Performance</b>	10	7	70%	

<b>Gloucester County – June 2010</b>				
<b>Child &amp; Family Status Indicators</b>	<b># Cases Applicable</b>	<b># Cases Acceptable</b>	<b>% Strength</b>	
<b>Safety at Home</b>	12	12	100%	
<b>Safety in other Settings</b>	11	11	100%	
<b>Stability at Home</b>	12	8	67%	
<b>Stability in School</b>	8	7	88%	
<b>Living Arrangement</b>	12	10	83%	
<b>Family Functioning &amp; Resourcefulness</b>	12	8	67%	
<b>Progress toward Permanency</b>	12	6	50%	
<b>Physical Health of the Child</b>	12	12	100%	
<b>Emotional Well-Being</b>	12	10	83%	
<b>Learning &amp; Development Under Age 5</b>	5	4	80%	
<b>Learning &amp; Development Age 5 &amp; older</b>	7	7	100%	
<b>OVERALL Child &amp; Family Status</b>	12	11	92%	
<b>Practice Performance Indicators</b>	<b># Cases Applicable</b>	<b># Cases Acceptable</b>	<b>% Strength</b>	
<b>Engagement</b>	<i>overall</i>	12	6	50%
	<i>child/youth</i>	11	9	82%
	<i>parents</i>	11	3	27%
	<i>resource family</i>	8	8	100%
<b>Family Teamwork – Formation</b>	12	2	17%	
<b>Family Teamwork – Function</b>	12	1	8%	
<b>Assessment &amp; Understanding</b>	<i>overall</i>	12	4	33%
	<i>child/youth</i>	12	6	50%
	<i>parents</i>	11	1	9%
	<i>resource family</i>	8	6	75%
<b>Case Planning Process</b>	12	4	33%	
<b>Plan Implementation</b>	12	5	42%	
<b>Tracking &amp; Adjustment</b>	12	5	42%	
<b>Provision of Health Care Services</b>	12	11	92%	
<b>Resource Availability</b>	12	8	67%	
<b>Family &amp; Community Connections</b>	<i>overall</i>	8	5	63%
	<i>mother</i>	5	3	60%
	<i>father</i>	5	2	40%
	<i>siblings</i>	3	1	33%
<b>Family Supports</b>	<i>overall</i>	12	5	42%
	<i>parents</i>	9	1	9%
	<i>resource family</i>	8	6	75%
<b>Long Term View</b>	12	6	50%	
<b>Transitions &amp; Life Adjustments</b>	11	5	45%	
<b>OVERALL Practice Performance</b>	12	4	33%	



<b>Hudson County – July 2010</b>				
<b>Child &amp; Family Status Indicators</b>	<b># Cases Applicable</b>	<b># Cases Acceptable</b>	<b>% Strength</b>	
<b>Safety at Home</b>	10	10	100%	
<b>Safety in other Settings</b>	10	10	100%	
<b>Stability at Home</b>	10	8	80%	
<b>Stability in School</b>	7	6	86%	
<b>Living Arrangement</b>	10	10	100%	
<b>Family Functioning &amp; Resourcefulness</b>	9	8	89%	
<b>Prospects for Permanency</b>	10	7	70%	
<b>Physical Health of the Child</b>	10	10	100%	
<b>Emotional Well-Being</b>	10	8	80%	
<b>Learning &amp; Development Under Age 5</b>	3	3	100%	
<b>Learning &amp; Development Age 5 &amp; older</b>	7	5	71%	
<b>OVERALL Child &amp; Family Status</b>	10	10	100%	
<b>Practice Performance Indicators</b>	<b># Cases Applicable</b>	<b># Cases Acceptable</b>	<b>% Strength</b>	
<b>Engagement</b>	<i>overall</i>	10	4	40%
	<i>child/youth</i>	7	3	43%
	<i>parents</i>	7	2	29%
	<i>resource family</i>	6	6	100%
<b>Family Teamwork – Formation</b>	10	2	20%	
<b>Family Teamwork – Function</b>	10	0	0%	
<b>Assessment &amp; Understanding</b>	<i>overall</i>	10	4	40%
	<i>child/youth</i>	10	7	70%
	<i>parents</i>	7	1	14%
	<i>resource family</i>	7	4	57%
<b>Case Planning Process</b>	10	4	40%	
<b>Plan Implementation</b>	10	5	50%	
<b>Tracking &amp; Adjustment</b>	10	6	60%	
<b>Provision of Health Care Services</b>	10	9	90%	
<b>Resource Availability</b>	10	7	70%	
<b>Family &amp; Community Connections</b>	<i>overall</i>	7	4	57%
	<i>mother</i>	4	3	75%
	<i>father</i>	4	2	50%
	<i>siblings</i>	6	4	67%
<b>Family Supports</b>	<i>overall</i>	10	6	60%
	<i>parents</i>	6	1	17%
	<i>resource family</i>	7	7	100%
<b>Long Term View</b>	10	4	40%	
<b>Transitions &amp; Life Adjustments</b>	8	3	38%	
<b>OVERALL Practice Performance</b>	10	4	40%	

<b>Monmouth North (initial pilot office) – March 2010</b>			
<b>Child &amp; Family Status Indicators</b>	<b># Cases Applicable</b>	<b># Cases Acceptable</b>	<b>% Strength</b>
<b>Safety at Home</b>	12	12	100%
<b>Safety in other Settings</b>	12	12	100%
<b>Stability at Home</b>	12	11	92%
<b>Stability in School</b>	9	6	67%
<b>Living Arrangement</b>	12	12	100%
<b>Family Functioning &amp; Resourcefulness</b>	12	7	58%
<b>Progress toward Permanency</b>	12	6	50%
<b>Physical Health of the Child</b>	12	12	100%
<b>Emotional Well-Being</b>	12	10	83%
<b>Learning &amp; Development Under Age 5</b>	4	4	100%
<b>Learning &amp; Development Age 5 &amp; older</b>	8	8	100%
<b>OVERALL Child &amp; Family Status</b>	12	12	100%
<b>Practice Performance Indicators</b>	<b># Cases Applicable</b>	<b># Cases Acceptable</b>	<b>% Strength</b>
<b>Engagement</b> <i>child/youth</i>	8	5	63%
<i>parents</i>	11	3	27%
<i>resource family</i>	8	4	50%
<b>Family Teamwork – Formation</b>	12	1	8%
<b>Family Teamwork – Function</b>	12	1	8%
<b>Assessment &amp; Understanding</b> <i>child/youth</i>	12	6	50%
<i>parents</i>	11	5	45%
<i>resource family</i>	8	5	63%
<b>Case Planning Process</b>	12	2	17%
<b>Plan Implementation</b>	12	6	50%
<b>Tracking &amp; Adjustment</b>	12	6	50%
<b>Provision of Health Care Services</b>	11	11	100%
<b>Resource Availability</b>	12	10	83%
<b>Family &amp; Community Connections</b> <i>mother</i>	10	2	20%
<i>father</i>	4	2	50%
<i>siblings</i>	5	2	40%
<b>Family Supports</b> <i>parents</i>	11	5	45%
<i>resource family</i>	8	8	100%
<b>Long Term View</b>	12	4	33%
<b>Transitions &amp; Life Adjustments</b>	8	3	38%
<b>OVERALL Practice Performance</b>	12	4	33%

<b>Ocean County – September 2010</b>				
<b>Child &amp; Family Status Indicators</b>	<b># Cases Applicable</b>	<b># Cases Acceptable</b>	<b>% Strength</b>	
<b>Safety at Home</b>	10	10	100%	
<b>Safety in other Settings</b>	10	10	100%	
<b>Stability at Home</b>	10	8	80%	
<b>Stability in School</b>	9	9	100%	
<b>Living Arrangement</b>	10	10	100%	
<b>Family Functioning &amp; Resourcefulness</b>	10	6	60%	
<b>Prospects for Permanency</b>	10	9	90%	
<b>Physical Health of the Child</b>	10	10	100%	
<b>Emotional Well-Being</b>	10	10	100%	
<b>Learning &amp; Development Under Age 5</b>	5	5	100%	
<b>Learning &amp; Development Age 5 &amp; older</b>	5	5	100%	
<b>OVERALL Child &amp; Family Status</b>	10	10	100%	
<b>Practice Performance Indicators</b>	<b># Cases Applicable</b>	<b># Cases Acceptable</b>	<b>% Strength</b>	
<b>Engagement</b>	<i>overall</i>	10	6	60%
	<i>child/youth</i>	9	7	78%
	<i>parents</i>	8	1	13%
	<i>resource family</i>	7	4	57%
<b>Family Teamwork – Formation</b>	10	1	10%	
<b>Family Teamwork – Function</b>	10	1	10%	
<b>Assessment &amp; Understanding</b>	<i>overall</i>	10	7	70%
	<i>child/youth</i>	10	10	100%
	<i>parents</i>	8	1	13%
	<i>resource family</i>	7	6	86%
<b>Case Planning Process</b>	10	5	50%	
<b>Plan Implementation</b>	10	6	60%	
<b>Tracking &amp; Adjustment</b>	10	6	60%	
<b>Provision of Health Care Services</b>	10	10	100%	
<b>Resource Availability</b>	10	7	70%	
<b>Family &amp; Community Connections</b>	<i>overall</i>	4	2	50%
	<i>mother</i>	3	2	67%
	<i>father</i>	2	1	50%
	<i>siblings</i>	1	0	0%
<b>Family Supports</b>	<i>overall</i>	10	9	90%
	<i>parents</i>	8	5	63%
	<i>resource family</i>	7	7	100%
<b>Long Term View</b>	10	9	90%	
<b>Transitions &amp; Life Adjustments</b>	7	6	86%	
<b>OVERALL Practice Performance</b>	10	7	70%	

<b>Passaic County – November 2010</b>				
<b>Child &amp; Family Status Indicators</b>	<b># Cases Applicable</b>	<b># Cases Acceptable</b>	<b>% Strength</b>	
<b>Safety at Home</b>	10	10	100%	
<b>Safety in other Settings</b>	10	10	100%	
<b>Stability at Home</b>	10	8	80%	
<b>Stability in School</b>	9	8	89%	
<b>Living Arrangement</b>	10	10	100%	
<b>Family Functioning &amp; Resourcefulness</b>	9	7	78%	
<b>Prospects for Permanency</b>	10	10	100%	
<b>Physical Health of the Child</b>	10	10	100%	
<b>Emotional Well-Being</b>	10	9	90%	
<b>Learning &amp; Development Under Age 5</b>	3	3	100%	
<b>Learning &amp; Development Age 5 &amp; older</b>	7	6	86%	
<b>OVERALL Child &amp; Family Status</b>	10	10	100%	
<b>Practice Performance Indicators</b>	<b># Cases Applicable</b>	<b># Cases Acceptable</b>	<b>% Strength</b>	
<b>Engagement</b>	<i>overall</i>	10	9	90%
	<i>child/youth</i>	7	6	86%
	<i>parents</i>	7	5	71%
	<i>resource family</i>	7	6	86%
<b>Family Teamwork – Formation</b>	10	6	60%	
<b>Family Teamwork – Function</b>	10	3	30%	
<b>Assessment &amp; Understanding</b>	<i>overall</i>	10	8	80%
	<i>child/youth</i>	10	8	80%
	<i>parents</i>	7	5	71%
	<i>resource family</i>	7	7	100%
<b>Case Planning Process</b>	10	8	80%	
<b>Plan Implementation</b>	10	8	80%	
<b>Tracking &amp; Adjustment</b>	10	8	80%	
<b>Provision of Health Care Services</b>	10	10	100%	
<b>Resource Availability</b>	10	8	80%	
<b>Family &amp; Community Connections</b>	<i>overall</i>	8	8	100%
	<i>mother</i>	4	4	100%
	<i>father</i>	6	5	83%
	<i>siblings</i>	5	5	100%
<b>Family Supports</b>	<i>overall</i>	9	8	89%
	<i>parents</i>	7	5	71%
	<i>resource family</i>	7	7	100%
<b>Long Term View</b>	10	8	80%	
<b>Transitions &amp; Life Adjustments</b>	7	7	100%	
<b>OVERALL Practice Performance</b>	10	9	90%	

ATTACHMENT 3

<p align="center"><b>Key Demographics Statewide 2010 (95 total cases: 65 out-of-home and 30 in-home)</b>  <i>Note: The demographic information below does not include the 28 Investigation Only cases.</i></p>		
<p><b>Child Gender:</b></p> <ul style="list-style-type: none"> <li>• Male: 43</li> <li>• Female: 52</li> </ul>	<p><b>Child Age:</b></p> <ul style="list-style-type: none"> <li>• 0-4 years: 30</li> <li>• 5-9 years: 28</li> <li>• 10-13 years: 13</li> <li>• 14+ years: 24</li> </ul>	<p><b>Child Race:</b></p> <ul style="list-style-type: none"> <li>• White/Caucasian: 49</li> <li>• Black/African American: 37</li> <li>• Native Hawaiian/Pacific Islander: 0</li> <li>• American Indian/Alaskan Native: 0</li> <li>• Asian: 2</li> <li>• Unable to Determine: 1</li> <li>• Unknown: 2</li> <li>• Other: 2</li> </ul> <p><b>Ethnicity:</b></p> <ul style="list-style-type: none"> <li>• Hispanic/Latino: 22</li> </ul>
<p><b>Time Case Open:</b></p> <ul style="list-style-type: none"> <li>• 0-3 months: 2</li> <li>• 4-6 months: 10</li> <li>• 7-9 months: 10</li> <li>• 10-12 months: 5</li> <li>• 13-18 months: 16</li> <li>• 19-36 months: 25</li> <li>• 37+ months: 25</li> </ul>	<p><b>Reason Case Open – Child:</b></p> <ul style="list-style-type: none"> <li>• Unknown: 0</li> <li>• Adoption Disruption: 1</li> <li>• Physical Abuse: 20</li> <li>• Sexual Abuse: 6</li> <li>• Neglect: 50</li> <li>• Behavioral Health Issues: 8</li> <li>• Voluntary Placement: 0</li> <li>• Family Preservation Services: 1</li> <li>• Other: 5</li> </ul>	<p><b>Reason Case Open-Family:</b></p> <ul style="list-style-type: none"> <li>• Failure to protect: 9</li> <li>• Absent Parent: 8</li> <li>• Substance Abuse: 49</li> <li>• Domestic Violence: 17</li> <li>• Neglect: 35</li> <li>• Delinquency: 2</li> <li>• Other: 17</li> </ul>
	<p><b>Co-occurring Disorders – child</b></p> <ul style="list-style-type: none"> <li>• None: 36</li> <li>• Substance Abuse/Addiction: 1</li> <li>• Chronic Health Condition: 0</li> <li>• Significant Behavioral Problems: 15</li> <li>• Sensory Problem Vision: 2</li> <li>• Sensory Problem Hearing: 1</li> <li>• Developmental Delay: 7</li> <li>• Neurological Impairment/TBI: 2</li> <li>• Seizure: 1</li> <li>• Autism &amp; Spectrum Disability: 2</li> <li>• Mental Illness: 4</li> <li>• Orthopedic Impairment: 0</li> <li>• Specific Learning Disability: 5</li> <li>• Trauma Victim: 5</li> <li>• Other: 10</li> </ul>	<p><b>Co-occurring Disorders: parent</b></p> <ul style="list-style-type: none"> <li>• None: 17</li> <li>• Substance Abuse/Addiction: 49</li> <li>• Chronic Health Condition: 6</li> <li>• Significant Behavioral Problems: 2</li> <li>• Sensory Problem Vision: 0</li> <li>• Sensory Problem Hearing: 0</li> <li>• Developmental Delay: 2</li> <li>• Neurological Impairment/TBI: 1</li> <li>• Seizure: 0</li> <li>• Autism &amp; Spectrum Disability: 0</li> <li>• Mental Illness: 27</li> <li>• Orthopedic Impairment: 0</li> <li>• Specific Learning Disability: 2</li> <li>• Trauma Victim: 5</li> <li>• Other: 14</li> </ul>

ATTACHMENT 3

	<p><b>Child Educational Placement:</b></p> <ul style="list-style-type: none"> <li>• Regular K-12 ed: 43</li> <li>• Full Inclusion: 3</li> <li>• Part-time Special ed: 3</li> <li>• self-contained special ed: 5</li> <li>• Homebound services: 0</li> <li>• Alternative ed: 1</li> <li>• Vocational ed: 1</li> <li>• Expelled: 0</li> <li>• Suspended, in school: 1</li> <li>• Suspended, out of school: 0</li> <li>• Day Treatment Program: 0</li> <li>• Supported Work: 1</li> <li>• Completed/graduated : 1</li> <li>• Dropped out/Withdrawn: 1</li> <li>• Truancy: 0</li> <li>• Adutl Basic/GED: 0</li> <li>• Other: 20</li> </ul>	<p><b>Agencies Involved:</b></p> <ul style="list-style-type: none"> <li>• DYFS: 91</li> <li>• DDD: 3</li> <li>• Special Education: 13</li> <li>• CMO: 5</li> <li>• JJC: 1</li> <li>• Substance Abuse: 26</li> <li>• YCM: 4</li> <li>• Adult Mental Health: 14</li> <li>• Community Collaborative: 2</li> <li>• Mobile Crisis: 1</li> <li>• Family Development (TANF): 6</li> <li>• Family Service Organization: 0</li> <li>• None: 2</li> <li>• Other: 44</li> </ul>
<p><b>Past Year Placement Changes:</b></p> <ul style="list-style-type: none"> <li>• None: 47</li> <li>• 1-2 Placements: 33</li> <li>• 3-5 Placements: 2</li> <li>• 6-9 Placements: 0</li> <li>• 10+ Placements: 0</li> </ul>	<p><b>Living Arrangement of Child:</b></p> <ul style="list-style-type: none"> <li>• Birth Home: 29</li> <li>• Adoptive home (final): 5</li> <li>• Pre-adoptive Home: 4</li> <li>• Foster Family Home: 21</li> <li>• Relative Caregiver home: 25</li> <li>• Informal Family Arrangement: 0</li> <li>• Treatment FH (DCBHS): 9</li> <li>• Special Home Service Provider: 0</li> <li>• Group Home/Congregate: 0</li> <li>• Residential Treatment Center: 0</li> <li>• Hospital: 0</li> <li>• Independent Living Program: 2</li> <li>• Own Apartment: 0</li> <li>• Detention/Juvenile Facility: 0</li> <li>• Shelter: 0</li> <li>• Other: 3</li> </ul>	<p><b>Child Placed with Siblings:</b></p> <ul style="list-style-type: none"> <li>• N/A (in-home cases): 30</li> <li>• N/A (no siblings): 17</li> <li>• All: 13</li> <li>• Some: 10</li> <li>• None: 24</li> </ul>
<p><b>Length of Stay-Placement:</b></p> <ul style="list-style-type: none"> <li>• 0-3 months : 15</li> <li>• 4-6 months: 13</li> <li>• 7-9 months: 11</li> <li>• 10-12 months: 3</li> <li>• 13-18 months: 11</li> <li>• 19-36 months: 7</li> <li>• 37+ months: 5</li> <li>• Not applicable: 26</li> </ul>	<p><b>Primary Permanency Goal:</b></p> <ul style="list-style-type: none"> <li>• Family Stabilization: 28</li> <li>• Guardianship: 3</li> <li>• Independence: 9</li> <li>• Reunification: 31</li> <li>• Adoption : 22</li> <li>• Individual Stabilization: 1</li> <li>• Other: 1</li> </ul>	<p><b>Concurrent Permanency Goal:</b></p> <ul style="list-style-type: none"> <li>• Family Stabilization: 9</li> <li>• Guardianship (KLG): 8</li> <li>• Independence: 4</li> <li>• Reunification: 8</li> <li>• Adoption : 30</li> <li>• Other: 4</li> </ul>