New Jersey
Department of Children and Families

Effecting Change:

Implementing the DCF Case Practice Model

What is the DCF Case Practice Model?

The core of child welfare reform in New Jersey is to build a culture in our agency, together with our stakeholders, and the community, which allows us to support and partner with our children and families in achieving their full potential. Looking around the country, it is clear that system reform is not easy. It requires sustained will, significant investment, and careful planning and staging. But in the end, if given time to mature, thoughtful reform produces measurable returns that can be seen in improved outcomes in the safety, permanency and well-being of children. New Jersey is committed to achieving that reform.

In its first stage of reform, New Jersey began by focusing on the fundamentals – creating the conditions which could make it possible for the change to happen. While that focus on the fundamentals continues, DCF and its divisions, the Division of Youth and Family Services (DYFS), the Division of Child Behavioral Health Services (DCBHS) and the Division of Prevention and Community Partnerships (DPCP), are now ready to move to the next stage, tackling the changes in practice that are necessary to make DCF the agency we want to be. In the past, burdened by large caseloads and scarcity of resources, our staff ran from task to task. They became case managers – not agents of change. Held accountable for outcomes they could not achieve without the right tools and supports, they in turn were required to hold families accountable without critical tools and supports. Along the way, they lost the ability to engage robustly and constructively with families, who must be and need to be our most powerful potential allies to ensure safety, improve well being, and achieve permanency. Reform requires changing that dynamic and making it possible for our staff and families to partner to achieve success.

To that end, earlier this year, we published a case practice model, which identified family engagement as a core strategy in our work. The case practice model clarifies who the agency serves, the expected outcomes of our services, and the guiding principles and expectations of the organization. This case practice model explains how we expect children and families to be treated and how they and their natural supports will be engaged and included in decisions affecting their safety and well-being.

Now it is time to outline how we plan to implement the case practice model.

The implementation of this model must be dynamic and continuous with constant attention to evaluating our progress along the way. We know this will be hard work. We will experience some bumps along the way. But if we maintain focus and continue to grow, we can realize the change necessary to make the model come alive in our practice.

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How will DCF make this model the real experience for children and families?

To successfully implement the case practice model throughout DCF, ownership of the reform must live at all levels of the organization.

Investing in strong leadership

Critically, the role of leadership must expand well beyond central office with acknowledgement and support for leadership in the field. Sound reform requires a cultural change in an office, and that starts with leadership in the field.

Over the past eighteen months, DCF has worked to recognize and strengthen the capacity of leadership in the field. They have responded by focusing on the fundamentals and moving forward that first stage of that reform. In the first six months of 2007, we asked them to help us think through all that it would take to implement the case practice model and build an implementation plan.

With the plan now in place, in order to begin, the next step is to return to that leadership – as well as the leadership of the Divisions of Child Behavioral Health Services, Prevention, and Central Operations – in a leadership summit this Fall. This summit will be jointly led by DCF executive management and a team from the Child Welfare Policy and Practice Group (CWPPG), which led Alabama's model child welfare reform effort and monitored Utah's implementation of its reform commitments over the past seven years.

The summit will provide both an opportunity to mark the "kick-off" moment for the implementation of the case practice model and the opportunity to begin to embed common language and principles across the state with a sense of shared values.

An ambitious training plan

New Jersey commits to pursue a broad strategy to seed family engagement training and practices throughout the state as an essential step in implementing the case practice model. The intensive planning work in the first half of 2007 surfaced unanimous demand for training related to the new practice model, beginning with very fundamental information related to engaging families and the basics of developing a practice driven by family meetings.

With the New Jersey Public Child Welfare Partnership serving as the lead, DCF commits to train more than 4,000 DYFS caseworkers, supervisors and managers along with community partners in two courses that were initially developed for Utah. The first is a course entitled Developing Trusting Relationships with Children and Families, which focuses on building a connection, understanding the stages of change, working through resistance and assessing relationships. The other course, Making Visits Matter, takes the important and necessary practice of child and family visits and reframes them in an intensive family engagement, family meeting model of practice.

Through December 2007, DCF leadership will work closely with CWPPG first to revise these curricula to make them consonant with New Jersey practice and to ensure they form a holistic whole and then to train all the trainers necessary to deliver these courses statewide.

The Partnership will have the responsibility to begin statewide training in January 2008 and roll out statewide over the course of 2008. The training schedule will prioritize managers and casework supervisors, who are critical leaders in this reform. Training will then be staggered to ensure distribution across all twelve areas of the state with early support provided to the units in each office responsible for leading the change in that office. By the end of 2008, all appropriate staff will have received this training.

Building models of case practice through immersion

Even as we pursue a broad strategy to seed family engagement training throughout the state, DCF needs to begin to develop model sites where the Case Practice Model will be embraced in its entirety. Those sites will then serve as the living examples for the rest of the state to follow. To that end, beginning in January 2008, DCF will launch an intensive Immersion process for four DYFS offices:

- ***Bergen Central***
- ***Burlington East***
- ***Gloucester West***
- ***Mercer North***

Immersion for these first offices will be an intensive process, which will include:

- Training for all staff members in those sites
- On-site coaching provided by CWPPG staff with DCF technical assistance partners
- Concurrent development of, and engagement with, local provider partners, schools and key stakeholders
- Service inventory and expansion
- Development of the infrastructure including the capacity to schedule and facilitate family team meetings

Coaching and training at the Immersion sites will be time intensive. DCF leadership will work with CWPPG to adapt the full Utah curriculum, Developing Strength Based, Individualized Child and Family Practice, for New Jersey.

This training will include the content of the two courses offered statewide with three additional modules of advanced case practice model training. The expectation is that adaptation will be completed so that training in the Immersion sites can begin by January 2008.

Proposed Schedule (subject to change depending on need and capacity)

January 2008	Training begins in both the Immersion sites and statewide
February 2008	Intensive coaching begins in Immersion sites
July 2008	Immersion sites complete training Managers and casework supervisors statewide will have completed their training Leadership units from each office will have completed training and will be receiving coaching from their leadership on the CPM Evaluate immersion strategy and deploy targeted coaching resources statewide Chart expansion from leadership units to all offices
November 2008	Initial statewide training complete Training plan completed, which charts delivery of advanced CPM training statewide
January 2009	Advanced CPM training begins Coaching expands to every office statewide
June 2009	Advanced CPM training complete Evaluate coaching and training statewide

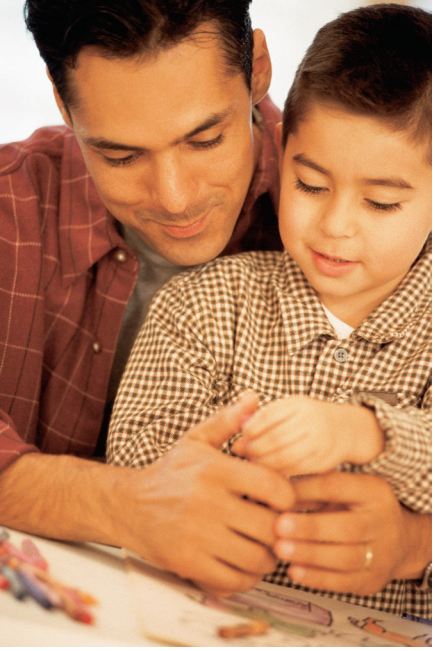
Getting ready statewide: Piloting the case practice model

Beyond the first four DYFS Immersion sites, other local DYFS offices will pilot the implementation of the Case Practice Model in an aspect of their work in 2008. Some will begin that work at the start of 2008 but a few offices will first need to continue to focus on the fundamentals of lowering caseloads and tackling their targets for improved performance before they begin. Subject to ongoing review and the need for adjustment as this work gets underway, local DYFS offices will pilot the new model – and particularly a routine experience of family meetings -in specialized practice areas in 2008, as follows:

Atlantic East	Concurrent Planning
Atlantic West	In-Home Services
Cape May	Pre-Placement
Bergen Central	IMMERSION SITE
Bergen South	Concurrent Planning
Passaic Central	Placement
Passaic North	Concurrent Planning
Burlington West	Concurrent Planning
Burlington East	IMMERSION SITE
Mercer North	IMMERSION SITE
Mercer South	Intake/Adolescents
Camden East	Case Closure
Camden City	Intake/Adolescents
Camden South	Will Focus on the Fundamentals (outlined below)
Cumberland East	Will Focus on the Fundamentals (outlined below)
Cumberland West	Will Focus on the Fundamentals (outlined below)
Gloucester East	Intake
Gloucester West	IMMERSION SITE
Salem	Concurrent Planning
Newark Center City	Placement
Newark Northeast	Adolescent Services
Newark South	Permanency
Newark West	Adoption

Essex Central	Intake
Essex South	Intake
Essex North	Concurrent Planning
Hudson Central	Concurrent Planning
Hudson North	High Risk Cases – Structured Decision-making
Hudson South	Will Focus on the Fundamentals: Intake (Section 5, below)
Hudson West	Placement
Hunterdon	Family Preservation
Somerset	Concurrent Planning
Warren	Will Focus on the Fundamentals (outlined below)
Middlesex Central	In-Home Services
Middlesex Coastal	1st Placements
Middlesex West	In-Home Services
Monmouth North	Concurrent Planning
Monmouth South	In-Home Services
Morris East	Adolescent Services
Morris West	Intake
Sussex	Concurrent Planning
Ocean North	Intake
Ocean South	Permanency
Union East	In-Home Services
Union West	Intake
Union Central	Placement

Training and support for local offices will come not just from central office but also from local community providers steeped in family strengths-based practices. This statewide readiness strategy will continue to grow and evolve to meet the needs of the children and families of New Jersey. Flexibility will be critical in order to identify organizational development needs and redirect resources and support as needed.



Keeping caseloads manageable

To ensure the success of implementing the case practice model statewide, top to bottom, we need to be sure we are still focused on the fundamental conditions for reform. Before we can expect offices to be ready to begin practicing this new model, progress needs to happen on many levels.

While most offices have achieved targeted staffing levels, it is imperative that every office practicing the new model be at or near target staffing levels for caseload carrying and supervisory staff and have 80 percent of their caseworker staff beyond the six-month initial training period as well.

In addition to caseload compliance and staffing levels, there needs to be significant progress made in developing resources in areas significantly lacking service. While these efforts will take time to mature, building provider partnerships could help effectuate the case practice model.

Service development and budget transparency

One of the powerful lessons of reform from other jurisdictions is the need to develop and nurture provider partnerships poised to deliver the continuum of services necessary to support a robust family centered child welfare practice. The CPM articulated by New Jersey has a profound effect not only on existing state staff, but could also require changes in practice by provider partners, schools and key stakeholders. Those changes include:

- ***Embracing the principles of family-centered, strengths-based practice***
- ***Commitment and capacity to participate in family meetings***
- ***Flexibility in service delivery (in substance, in timing and in methodology)***
- ***Willingness and capacity to experiment and test new methods of service delivery and types of services***
- ***Willingness and capacity to make agency staff available for training***
- ***Development of service continuums rather than single service delivery models***

The development of provider partnerships must begin within the same time frame as the development of other prongs of reform. This way, they will be ready when called upon to participate as full partners. These partners are key throughout the planning process, during the training and coaching phases, as members of the developing family teams, and responders to service requests as needs are identified through robust family engagement.

As a core component of the Immersion process, DCF will inventory, across all its divisions, the investments it makes in the county within which the CPM Immersion is underway.

In these initial four counties – Bergen, Burlington, Gloucester and Mercer – DCF will strive to publish a transparent child and family-based budget of investments and services in May 2008, including an index of children and families served within that county.

DCF has existing provider partners with a rich history of delivering family-focused, strengths-based services who are eager to partner – both to assist in training delivery and to work hand-in-hand in the development of the necessary service continuum to support the full case practice model. While distribution of these providers is not equal throughout the state, some areas will have the benefit of an existing pool of potential provider partners.

DCF has set aside resources to support this necessary service expansion and will build on the experience of CWPPG in the design of the service delivery models. But there is still important and substantial work to be done in drafting and then executing the necessary Requests for Proposal (RFPs).

While in the last 18 months, DCF has honed its ability and capacity to generate, review and award grants for services pursuant to RFPs, even the most streamlined process will take four to six months to effect, and depending on provider readiness, a provider could take several months to grow the capacity to serve as a full provider partner.

Bridging the gap between DYFS and DCBHS

Genuine improvements require case practice changes that extend beyond the Modified Settlement Agreement, and beyond DYFS, which is why enhanced coordination between DYFS and the Division of Child Behavioral Health Services (DCBHS) is a core strategy.

At the recommendation of case management workgroups and public input, DCF will be piloting reforms in three areas to unify and coordinate case practice in DYFS and DCBHS. This will begin the process of eliminating dual case management services both within DCBHS, between Youth Case Management (YCM) and Care Management Organizations (CMOs), as well as transitioning youth who are dually-managed by a CMO or YCM and DYFS to the most appropriate entity. DYFS will take the lead serving children with safety and permanency issues, while being supported by DCBHS services.

By unifying case management, DCF will be forming a single behavioral health entity that will exercise significant responsibility for brokering services in a local area. The sole focus of this entity is to ensure the best and most appropriate services for each child served, and to strengthen coordination with DYFS for children involved in the child welfare system and in need of behavioral health services. Therefore, DCF has committed to:

- ***Unify case management (between CMOs and YCMs) and end dual case management between CMOs/YCMs and DYFS in three pilot areas;***
- ***Deploy clinical staff to DYFS offices in three pilot areas to improve planning for children's behavioral health needs and coordination with the local behavioral health System of Care;***
- ***Statewide, enhance planning and coordination between DYFS and DCBHS for youth in residential care, prioritizing safely stepping children and youth down to less restrictive, community-based care;***
- ***Expand Team Lead roles to support stepping youth down from deep-end, residential care, organized and led from within the DYFS area offices; and***
- ***Build a plan to improve DYFS' direct access to behavioral health services for children and youth involved with DYFS.***

In areas where case management unification occurs, DCBHS case management entities will deploy clinical staff into DYFS local offices to provide technical assistance, support clinical practice and provide a functional bridge between the child welfare and child behavioral health systems.

DCBHS team leader positions are being reassigned to work within DYFS Area Offices where they will have an expanded role that supports inter-Divisional efforts to return DYFS youth from out-of-home residential care.

This new role is one concrete manifestation of the commitment of DYFS and DCBHS to work together, coordinating and problem-solving all of the challenges inherent to this work: access to community based services, family and kin options, educational placements etc.

Evaluating and monitoring progress along the way

It will be incredibly important to thoughtfully monitor and evaluate this work every step of the way. We will look at process deliverables: What training has the staff received? How many have been trained? Are staff being coached on the case practice model on the local level? Are family meetings taking place? Are we adhering to the time frames set for us?

We will also closely monitor quantitative indicators of our progress with the goals we have targeted for the reform even as we build our capacity to qualitatively evaluate our progress. We will evaluate and re-evaluate as we go along and make changes as needed.

We are excited and ready to embark on this important next phase of the reform. Our staff welcome the opportunity to partner with the children and families they serve, supported by the wider community of stakeholders. While this will be arduous and demanding, there is no work more important than the work of learning to better serve New Jersey's most vulnerable children – and we welcome that challenge.

Jon S. Corzine, Governor
Kevin M. Ryan, Commissioner
NJ Department of
Children and Families

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