Statewide Assessment Instrument

Section I – General Information

Name of State Agency	
New Jersey Department of Children and Families	
Period Under Review	
Onsite Review Sample Period:	**Foster Care Cases:** 10/1/07 through 3/31/08 **In-Home Cases:** 10/1/07 – 5/31/08
Period of AFCARS Data:	**FFY08A**: 10/1/07-3/31/08 FFY08A
Period of NCANDS Data:	**FFY07B08A:** 4/1/07 through 3/31/08
State Agency Contact Person for the Statewide Assessment	
Name:	**Cheryl S. MacDougall**
Title:	**Chief, Office on Quality**
Address:	**50 East State Street**
	P.O. Box 717
	Trenton, NJ 08625-0717
Phone:	**609-943-4181**
Fax:	**609-633-8504**
E-mail:	**Cheryl.MacDougall@dcf.state.nj.us**

Table of contents

CFSR ACRONYM LIST

ACRONYM	NAME
AAD	Assistant Area Director
ACF	Administration for Children and Families
ACNJ	Association for Children of New Jersey
AFCARS	Adoption and Foster Care Automated Reporting System
AFSW	Assistant Family Services Worker
APSR	Annual Progress & Service Report
AQC	Area Quality Coordinators
ASFA	Adoption and Safe Families Act
BCWEP	Baccalaurate Child Welfare Education Program
CADC	Certified Alcohol & Drug Counselor
CAPTA	Child Abuse Prevention & Treatment Act
CARI	Child Abuse & Registry Investigation
CASA	Court Appointed Special Advocate
CFSP	Child & Famiy Services Plan
CFSR	Child & Family Services Review
CHEC	Comprehensive Health Care Exam
CHRI	Criminal History Records Investigation
CHU	Child Health Unit
CICIC	Children in Court Improvement Committee
CME	Comprehensive Medical Exam
CMO	Care Management Organization
CPM	Case Practice Model
CPR	Child Placement Review
CPS	Child Protective Services
CSA	Contract systems Administrator
CWPPG	Child Welfare Practice & Policy Group
CWS	Child Welfare Services
DAG	Deputy Attorney General
DCBHS	Division of Child Behavioral Health Services
DCF	Department of Childen & Families
DCO	Division of Central Operations
DFD	Division of Family Development
DMAHS	Division of Medical Assistance and Health Services
DOE	Department of Education
DPCP	Division of Prevention & Community Partnerships
DR	Differential Response
DV	Domestic Violence
DYFS	Division of Youth & Family Services
FAFS	Foster & Adoptive Family Services
FFT	Functional Family Therapy
FTU	Field Training Unit
HMO	Health Maintenance Organization
IAIU	Institutional Abuse Investigation Unit
ICAMA	Interstate Compact on Adoption & Medical Assistance
ICPC	Interstate Compact on Placement of Children
ITR	Office of Information Technology and Reporting
KLG	Kinship Legal Guardianship

ACRONYM	NAME
LCSW	Licensed Clinical Social Worker
LO	Local Office
MSA	Modified Settlement Agreement
MST	Multi-Systemic Therapy
MSW	Master of Social Work
NJ SPIRIT	New Jersey S??????
NJCWCRP	New Jersey Child Welfare Citizen Review Panel
NJCWTA	New Jersey Child Welfare Training Academy
NJCWTP	New Jersey Child Welfare Training Partnership
NRC	National Resource Center
OFI	Opportunities for Improvement
OOL	Office of Licensing
OPR	Office of Parental Representation
PALS	Peace: A learned solution
PEP	Performance Examination Process
PIP	Program Improvement Plan
PRIDE	Parent Resources for Information, Development & Education
QSR	Quality Service Review
RDTC	Regional Diagnostic and Treatment Centers
RFP	Request for Proposal
RFSU	Resource Family Support Units
SACWIS	Statewide Automated Child Welfare Information System
SAFE	Structured Assessment Family Evaluation
SCR	Statewide Central Registry
SDM	Structured Decision Making
SFECE	Strengthening Families Early Childhood Education
SHSP	Special Home Service Provider
TPR	Termination of Parental Rights
UCM	Unified Case Management
YCM	Youth Case Management

Introduction

New Jersey experienced "CFSR Round 1" in March 2004. Since then, the State has been navigating the path of substantive reform to improve its Child Welfare System. As identified in the CFSR Round 1 Program Improvement Plan (PIP), the State "committed to a broad base of systemic reforms" that would include "significant change at the structural, cultural, and practice levels." Indeed, the reform journey has been intensive. Fast-paced, marked by significant developments, and peppered with some key course corrections, the reform effort as a whole has induced change across those levels. Driving the reform is a series of core strategies. They are described in this introduction, and will be referenced throughout this assessment as the key agents impacting performance across virtually all CFSR Items.

Child Welfare System Structure

On July 11, 2006, Governor Jon S. Corzine signed legislation creating the New Jersey Department of Children and Families (DCF) as New Jersey's first cabinet-level department with responsibility for child welfare, child behavioral health, child abuse prevention, and community support programs for children and their families. The legislation removed the divisions responsible for these programs -- the Division of Youth and Family Services (DYFS), Division of Child Behavioral Health Services (DCBHS), and Division of Prevention and Community Partnerships, and the Institutional Abuse Investigation Unit (IAIU), which investigates reports of child abuse/neglect in institutional settings -- from the Department of Human Services (DHS) and transferred them to DCF.

DYFS, DCBHS, DPCP, and the Division of Central Operations (DCO) that operates the State Central Registry, are the DCF agencies in primary contact with children, families, and the community. In early 2008, DCO and DPCP were brought together administratively under the heading of Community Services. The programs and services provided under each Department component are outlined in Figure 1. A Table of Organization for DCF, depicting all functional units and responsibilities, is reflected in Figure 2.

Also significant was the restructuring of DYFS field operations. No longer four 'Regions' of District Offices and six Adoption Resource Centers, there are now twelve 'Areas' with Local Offices containing intake (investigator), permanency, and adoption workers. Depending on volume, an office may have adoption workers or a dedicated adoption unit. In Newark, the major metropolitan area, there is a dedicated Adoption Office. The DYFS field operational structure is depicted in Figure 3.

Mission, Values, Commitments

The **mission** of DCF is to ensure the safety, permanency, and well-being of children and to support families. Guidance in implementing this mission is expressed in the following values and principles, as articulated in the Case Practice Model:

Core Values

- **Safety:** Children are, first and foremost, protected from abuse and neglect.
- **Permanency:** Children do best when they have strong families, preferably their own, and when that is not possible, a stable relative, foster or adoptive family.
- **Well-Being**: We will offer relevant services to children and families to meet their identified needs and promote children's development, education, physical and mental health.
- **Family Capacity:** Most families have the capacity to change with the support of individualized service responses.
- **Partnership:** Government cannot do the job alone; real partnerships with people and agencies involved in a child's life are essential to ensure child safety, permanency and well-being, and build strong families.

Key Principles

- The child's safety and health are paramount in decision-making
- Service provision respects the culture of children and families
- There shall be no discrimination in service provision based on race, ethnicity, sexual orientation, physical or emotional handicap, religion, or special language needs
- Stabilization is achieved where possible and appropriate
- Relevant services respond to the unique needs of the child and family
- Decisions will be made with the Family Team
- Timely reunification is achieved where possible
- Placements should be in least restrictive settings that promote continuity for the child
- Decisions consider a long term view of the child's needs

Reform Efforts

The timing of New Jersey's CFSR Round 1 PIP coincided with the finalization and the beginning of the implementation of an ambitious Child Welfare Reform Plan, developed in response to class-action litigation (Charlie and Nadine H. v. Corzine), the progress of which was to be monitored by a panel of child welfare experts. As a result, the two plans were aligned, with the PIP reflecting those Reform Plan actions that would successfully address cited CFSR issues.

In July 2006, the State of New Jersey and Children's Rights, Inc. reached agreement on a Modified Settlement in the class-action litigation. As approved in the United States District Court, 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 (MSA). Action strategies were outlined in the DCF June 2006 driving document, *Focus on Fundamentals,* which was released one calendar quarter prior to the expiration of New Jersey's PIP period on 9/30/08.

With the advent of a Department of Children and Families, a Modified Settlement Agreement, and the *Focus on Fundamentals* driving document, the transformation process for the Child Welfare System shifted from one of numerous simultaneous actions to one characterized by a more deliberate progression of steps, each building on a prior one. This shift did prompt strategy adjustments as reflected in the PIP amendments of April 2006. Pursuant to *Focus on Fundamentals*, efforts in State Fiscal Years 2007 and 2008 centered on strengthening the foundation for the new Department as well as on achieving and sustaining results in several priority areas that promote Safety, Permanency, and Well-Being (*e.g.*, permanency work, caseload reduction, resource family recruitment, and increasing in-state options for behavioral health services).

While New Jersey has experienced changes in administration, leadership, and reform direction since CFSR Round 1, system partners continue to forge ahead collaboratively on transformation. Building deliberately on system strengths, we are creating a service infrastructure and community network that embodies a child and family-centered approach to achieving outcomes for safety, permanency, and well-being.

New Jersey remains steadfastly dedicated to improving outcomes for its children and families. We have made substantive improvement on several fronts, particularly in rebuilding our foundation and infrastructure as well as redesigning critical pathways in our work. As revealed in this Statewide Assessment, there is much work yet to do, especially in terms of the continued deployment and refinement of approaches. We believe that staying the course with these planned, deliberate actions will result in achieving and sustaining improvements in Safety, Permanency, and Well-Being outcomes for the children and families of New Jersey. In fact, following this path, we have seen improvements already.

Department of Children and Families – Divisions and Services

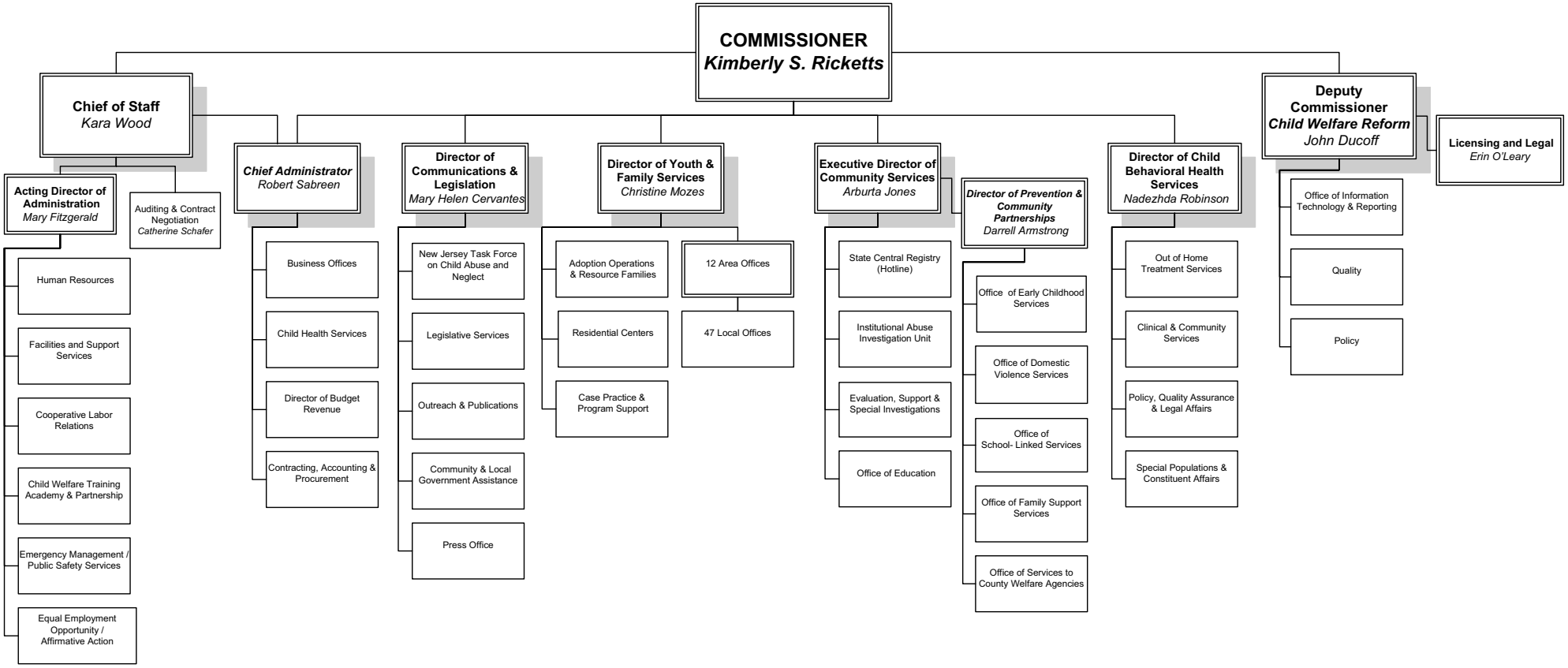
Division of Youth And Family Services (DYFS)	Division of Prevention and Community Partnership (DPCP)	Division of Child Behavioral Health (DCBHS)	Division of Central Operations (DCO)
New Jersey's Lead child protection and child welfare agency within DCF. Its mission is to ensure the safety, permanency and well-being of children and to support families.	This division builds a continuum of community-based child abuse prevention and intervention programs that are culturally competent, strengths-based, and family-centered with a strong emphasis on child abuse prevention.	This division serves children and adolescents with emotional and behavioral health challenges and their families. Services are based on the needs of the child and family and are provided in a family-centered, community-based manner.	This division provides services that support key elements of the safety net for children: screening, requests for services, investigation of allegations of child abuse and neglect in institutional settings, and evaluation of case practice in child fatality, near fatality, and critical incidents involving DCF children.
Investigation and Assessment As the lead child protection agency, a sustained, forever family who will love and nurture the child DYFS provides investigation services in response to reports of alleged child abuse/neglect.	**Early Childhood** (focus under 6 years old) • Home Visitation • Nurse Family Partnership • Healthy Families • Parents as Teachers • Strengthening Families Initiative (NJSFI) • Evidence-Based School Linked • Children's Trust Fund	**Mobile Response and Stabilization Services (MRSS)** Services available 24/7 to help children/youth experiencing emotional/behavioral crises. Services are designed to defuse an immediate crisis, keep children and their families safe, and maintain the children in their own homes or current living situation.	**State Central Registry (SCR)** This is the centralized call center that receives all reports of child abuse and neglect and transmits the reports to offices for action.
Placement The umbrella term for the wide variety of temporary out-of-home placements available to children in DYFS custody.	**School-linked Services** • School Based Youth Services • Family Empowerment Program • Family Friendly Centers • Adolescent Pregnancy Prevention Initiative • Parent Linking Program • NJ Child Abuse Prevention • School Based Medical Centers	**Residential Services** DCF is expanding in-state residential treatment services for children, including 60 additional specialty beds for children with severe emotional disorders.	**Investigational Abuse Investigation Unit (IAIU)** Investigates allegations of child abuse and neglect in out-of-home settings such as foster homes, residential centers, schools, detention centers, and child care centers.

Department of Children and Families – Divisions and Services

Division of Youth And Family Services (DYFS)	Division of Prevention and Community Partnership (DPCP)	Division of Child Behavioral Health (DCBHS)	Division of Central Operations (DCO)
Family Support Service Includes services provided to strengthen families and children in their own homes as well as to foster and adoptive families and children in out-of-home placement.	**Family Support** To focus resources on meeting the unique needs of families before child maltreatment emerges as an issue. • Family Success Centers • Outreach to At-Risk Youth • Differential Response	**Family Support Organizations (FSO's)** Family-run, county-based organizations that provide direct family-to-family peer support, education, advocacy, youth partnership, and other services and support to families of children with emotional and behavioral problems.	**Evaluation, Support and Special Investigations** Services to identify and process child fatalities, near fatalities, and critical incidents involving children.
Permanency Services designed to achieve permanency - a sustained, forever family who will love and nurture the child - through reunification, adoption, or Kinship Legal Guardianship-. Permanency also includes supporting youth in successful transition to adulthood.	**Domestic Violence** • Domestic Violence Programs in each county. • Peace: A Learned Solution (PALS)	**In-Community Behavioral Assistance** DCBHS supports 56 community-based outpatient and partial care providers across the state and authorizes the enrollment with Medicaid of more than 400 in-home community clinical care providers.	
	Service Integration within and across counties Working with county entities and organizations, such as the Child Welfare Agencies, Human Service Advisory Council, etc. The focus is to foster and create an effective network for planning, prioritizing, and implementing effective prevention efforts that are county-focused and county-driven.	**Care Management Organizations (CMO's)** Contracted to provide a full range of care management, treatment and support to children with the highest level of needs **Youth Case Management (YCM)** Provide case management services to children with less severe needs	

Figure 1

DEPARTMENT OF CHILDREN & FAMILIES
TABLE OF ORGANIZATION



February 19, 2009
Executive Management

Division of Youth and Family Services (DYFS) - Area and Local Office Structure

Area	County	Local Offices
Atlantic/Cape May	Atlantic	Atlantic East Atlantic West
	Cape May	Cape May
Bergen/Passaic	Bergen	Bergen Central Bergen South
	Passaic	Passaic Central Passaic North
Burlington/Mercer	Burlington	Burlington East Burlington West
	Mercer	Mercer North Mercer South
Camden	Camden	Camden Central Camden East Camden North Camden South
Cumberland/Gloucester/Salem	Cumberland	Cumberland East Cumberland West
	Gloucester	Gloucester East Gloucester West
	Salem	Salem
Essex	Essex	W. Essex Central W. Essex North W. Essex South Newark Adoption Newark Center City Newark Northeast Newark South
Hudson	Hudson	Hudson Central Hudson North Hudson South Hudson West
Hunterdon/Somerset/Warren	Hunterdon	Hunterdon
	Somerset	Somerset
	Warren	Warren
Middlesex	Middlesex	Middlesex Central Middlesex Coastal Middlesex West
Monmouth/Ocean	Monmouth	Monmouth North Monmouth South
	Ocean	Ocean North Ocean South
Morris/Sussex	Morris	Morris East Morris West
	Sussex	Sussex
Union	Union	Union Central Union East Union West

Key Change Strategies

New Jersey's improvement efforts integrate and align the collective requirements expressed in New Jersey statute and regulation, the Federal CFSR, New Jersey's Title IV-B and IV-E State Plans, the Modified Settlement Agreement, and DCF's *Focus on Fundamentals*, budget plan, and Case Practice Model. The total complement of actions undertaken since CFSR Round 1 are framed within six core strategy areas, which are introduced below. Some are more fully described in the Systemic Factors section of this assessment. In the Outcomes section we address the impact of these efforts:

- Caseload Management
- Strengthening the system at the front-end
- Implementing of the Case Practice Model
- Investing in Services
- Workforce Development
- Data and Accountability

Two key themes are evident in our work: 1) the use of data to manage work, gauge progress, and guide decision-making; and 2) the shift in perspective to emphasize upstream prevention and proactive services and supports.

Conceptually, one advantage of a consolidated package of change strategies is its simplicity in presenting the action and philosophy of change. In turn, individuals are better able to understand where we are going, how we plan to get there, and why it is important to do so. This understanding promotes stability, commitment, and consistency of effort.

Core Strategy 1: Caseload Management

Capable work with a child/family requires capacity, *i.e.*, the time and availability to do what is necessary. High caseload volume limits capacity, which was a persistent theme in the evaluation of New Jersey child welfare practice during CFSR Round 1. The strategy to address caseload size extends beyond hiring. New Jersey also addressed specific task assignment, caseload monitoring and managing methods, and a variety of support for caseworkers that would ultimately assist in sustaining caseloads at acceptable levels.

Caseload Management

At the time of PIP development, caseload carrying staff in district offices carried generic caseloads of investigative and permanency cases. Caseloads were routinely excessive, stifling the ability of even the most skilled and veteran workers to accomplish the work as it might best be done to maximize benefit for children and families. Additionally, there was no user-friendly tracking system to accurately communicate caseload size in a workable manner or timeframe.

Reducing, revamping, and sustaining manageable caseloads is critical to achieve and sustain system improvement. Smaller caseload sizes improve stability of the workforce and make it possible to introduce the many new initiatives that are part of our reform efforts, most importantly the implementation of the Case Practice Model.

Changes Since CFSR Round 1:

Reducing and managing caseload size was a component of New Jersey's PIP as well as its reform plans. Our PIP included the series of caseload standards to be achieved over time. Those standards and interim targets to achieve them were reframed with the Modified Settlement Agreement that was approved in July 2006. Efforts to achieve targets and effectively manage caseloads have been many in number, and include:

Increasing Caseload Carrying Staff

- DYFS hired **700 new** caseload carrying workers.
- DYFS hired additional Assistant Family Service Workers to perform functions of case aides
- DYFS developed additional caseload carrying supervisory positions.

Also, the Offices of the Attorney General, Parental Representation, Law Guardian, and Administrative Office of the Courts established a working group to meet on an ad hoc basis to share information regarding judicial and attorney staffing throughout the state. This work group meets to review the staffing of the courtrooms to determine whether there is a sufficient number of Deputy Attorneys General, parents' attorneys and law guardians for each judge hearing Children-In-Court cases. This balance is necessary for the effective and efficient disposition of cases.

Separation of Duties

In its original PIP, New Jersey had considered assigning a single worker to each family. Upon further study, we instead opted to designate staff by primary function, and to co-locate all functions within the Local Offices. As a result, in each DYFS Local Office, caseload carrying workers are designated as intake workers, permanency workers, or adoption workers (with the exception of the Newark Adoption Office, which contains only adoption workers).

The decision to separate caseloads by function resolved certain tensions. For example:

- Ongoing case time of permanency workers is not usurped by the immediacy of investigatory responsibilities
- Permanency workers do not have to assume dual investigatory/support roles, which can erode trust in the working relationship with families, potentially impeding progress
- The technical nature of adoption work is significant and would prove overwhelming for staff to master in addition to permanency or investigative work. As a result, worker effectiveness in all areas could be diminished. This is particularly noteworther given that DCF has seen a significant influx of new staff
- Specialization of the investigative function helps hone skills, supporting more proficient handling of reports of child abuse/neglect at the outset of involvement.
- Similarly, specialization of adoption caseload hones skills in this important area of practice, supporting proficiency in getting children to positive permanency,

Supervisor Ratio

- Caseload reduction is incomplete without a supervisory caseload that permits the supportive supervision that facilitates good practice. For New Jersey, this is one supervisor for every five caseworkers. The supervisor is pivotal in balancing the needs of families and obligations of the agency in a manner that supports compliance with requirements and optimizes outcomes for children and families. As the caseload size of the worker has decreased, so has that of the supervisor, permitting more time to coach, guide, mentor, and manage the workers and cases under their supervision.

Monitoring

- We have implemented a forecasting method to determine the number of staff required in each functional designation to ensure that staff can maintain reasonable caseloads even during peak CPS/CWS referral periods.
- We have developed the ability to collect and report caseload data through the NJ SPIRIT application, New Jersey's SACWIS system. This includes caseload reports that deliver results against assigned targets by office and by individual worker. Currently, these reports are produced quarterly. This maintains vigilance on caseload capacity so that we can adjust as needed to assure proper staffing across the state.
- Through the SafeMeasures automated case tracking and reporting system, staff at all levels have been equipped with desktop access to caseload information to use in managing assignments and caseload size. This also allows staff to manage their work duties so that they can meet requirements on time.

Specialist Support

Readily available consultation and support from subject matter experts is another important development in caseload management. It permits real-time guidance and support to help workers handle cases appropriately, both improving proficiency and efficiently supporting best practice.

- DYFS in early 2005 began to establish Resource Family Support Units (RFSU) at the Local level to focus on recruiting, preparing, and supporting Resource Families as well as facilitating placements for children in need. The RFSU roles included trainer, facilitator, recruiter, and support workers.

  Whereas a Resource Family may deal with one or more caseworkers whose main focus is on the child in care, RSFU Support Workers are able to focus on the provider. The RFSU workers are also a conduit to the Office of Licensing to assure that the provider meets applicable regulatory requirements. RSFUs have been pivotal in the development and effective use of local resource families, including relative resource homes, as described in Systemic Factor G.

- A relatively recent development has been designation of Adolescent Specialists, who do work that calls for special skills and talents to be effective. With the increase in individuals opting to remain in care past age 18, and a focus on preparing youth for transition to adulthood, adolescent workers are uniquely able to focus on this subset of the population. At least thirteen DYFS Local Offices have Adolescent Specialists.

- Child Health Units are being developed in each local office. With nurse care managers and staff assistants, these units will primarily focus on meeting the health care needs of children in placement. They are also available to consult with local staff on other health-related matters. Hiring to completely fill the Regional Nurse Administrators and clinical RN's is anticipated to be completed by June 30, 2009.

- Licensed Clinicians who are employed by Care Management Organizations funded under DCBHS have begun to be co-located in DYFS offices in order to offer consultative input for casework staff in the area of mental health needs.

- Domestic Violence Liaisons are being assigned to area offices to support staff in effectively addressing cases in which this issues exists.

- The number of CADC substance abuse specialists in Local Offices has grown to a total of 105 (including supervisors) with at least one in each office to assist with the timely assessment of substance abuse issues and treatment referral

- Concurrent Planning Specialists have been developed for each Area Office to assist and promote staff skill in implementing the practice of concurrent planning. Twenty-six local offices have received this training.
- Beginning in October 2007, Team Leaders, formerly assigned to DCBHS, have been transitioned to the DYFS Area Offices, and charged to help navigate the service arrangements between the child welfare and mental/behavioral health systems.

- An Assistant Area Director (AAD) position was created in each Area Office in 2007. These individuals are charged with responsibility for workforce development, to improve staff skills and professionalism. These individuals also lead implementation of the new Case Practice Model, as will be discussed

Data Considerations:

In March 2006, 131 staff had caseloads of more than 30 families. As of June 2008, that number is down to zero, which has continued through December 2008.

New Jersey has shown consistent success in meeting caseload size standards and targets.

Target Date	Worker Type	Standard	Result
June 2008	Permanency	95% of offices have average permanency caseloads of 15 or fewer families and 10 or less children in placement * Since December 2006, each 6-month target for permanency caseloads has been met	96%
June 2008	Intake	74% of offices have average intake caseloads of 12 or fewer families and no more than 8 new referrals * Since December 2006, each 6-month target for intake caseloads has been met	96%
June 2008	Supervisor	95% of all offices maintaining a 5 worker to 1 supervisor ratio * This is the first caseload target not met since targets were limited to field supervisors in June 2007. At 87%, the target was met in 41 of 47 offices.	87%
June 2008	Adoption	95% of offices will have average adoption caseloads of 18 or fewer children, and for a subset of 60% of offices that figure will be 15 or fewer children	95% at 18 and 69% at 15

Figure 4

The ability to manage caseload size is a prerequisite to successfully completing our ambitious reform agenda. We are mindful that effective casework intervention is a critical factor in maintaining safety for the children we serve. With substantial attention currently focused on other important developments, it is essential we not be distracted from vigilance on safety, and this requires that we maintain caseloads within targeted levels.

Core Strategy 2: Strengthening the System Front End

New Jersey has been working to strengthening the system at the front end in two distinct ways. First, with respect to our practice and process improvements, we are focused on doing the 'right' things early on to promote the most positive and timely outcome. These are addressed under the Workforce Development strategy as their impact extends through the life of each case, but they embody the notion that a 'good start' matters. For example:

- We use tools to guide our decision-making, such as the Allegation-Based System and Structured Decision Making, so that we can make the better decisions from the outset.
- Our renovated placement process includes a requirement for a family meeting, emphasizes relatives as potential caregivers, and is intended to structure planned, appropriate, and stable placements that provide permanency potential.

Second, working in partnership with child welfare system colleagues and the greater community, we intend to support family systems by building and strengthening local capacity to assist families and prevent the occurrence of crises that bring families to involvement with child protective services. For example:

- The Division of Prevention and Community Partnership (DPCP) has been partnering with providers and community stakeholders to build networks focused on primary prevention.
- The Division of Central Operations (DCO) has been developing and implementing a differential response system to enable timely, local response to individuals seeking services and support in cases where there is no allegation of abuse or neglect.

Two foundational elements of strengthening the system front-end have been the development of the State Central Registry and the development of a prevention focus.

State Central Registry

In July 2004, New Jersey implemented a State Central Registry (SCR), a single entry point to receive reports of child abuse or neglect, *i.e.* Child Protective Services (CPS) reports, and referrals for Child Welfare Services (CWS), voluntary service requests not involving allegations of abuse or neglect. The development of SCR was intended to consolidate reporting, systematize classification of reports, and support timely dispatch of reports requiring investigation. "Screeners" accept calls 24 hours per day, 365 days per year.

Screeners evaluate each call pursuant to an Allegation-Based System and classify the call into one of the several categories noted below. Response times are assigned as appropriate. SCR maintains a recording system containing all calls. A screening summary of each call is generated in NJ SPIRIT, and SCR transmits CPS reports and CWS referrals requiring response electronically to the appropriate responding office.

Call Categories:

- CPS-Family - sent to the appropriate Local Office
  - These may be coded for either "*immediate"* or "*24 hour"* response.
- CPS-IAIU – the incident occurred in an institutional setting, to be sent to Institutional Abuse Investigation Unit (IAIU) for response
- CWS - to be sent to the appropriate Local Office for response
  - These may be coded for *"72 hour"* or "*5 day"* response
  - During non-business hours, a CWS may be coded "*immediate*" if the SCR determines a faster response is necessary
- Related Information (RI) - additional information on an existing case that should be sent to the specific caseworker
- Information and Referral (I&R) - the provision of information to the caller and referral of the caller to other agencies or resources.
- Information Only (IO) for callers wanting information, *e.g.*, phone numbers of other social service agencies.
- No Action Required (NAR) - no response action is needed

The advent of a single call center was a major change for New Jersey, replete with its own learning curve and developmental issues, as identified in 2005 by the panel monitoring New Jersey's initial reform plan. The difficulties included: staffing and orienting new staff; navigating adjustments in screening tools, *e.g.* Structured Decision Making and Allegation-Based System for evaluating referrals; adjusting to a technical call system; incorporating policy shifts regarding classifications; several administrative changes; and distance from the field operation.

In November 2005, SCR became the first component of DCF to use the new SACWIS system, with Release 1, Phase 1 of NJ SPIRIT dedicated to SCR functionality. Since that time, SCR has continued work on a series of improvements, including establishing protocols for training and supervising workers, and the initiation of internal quality assurance practices.

Volume
SCR fields approximately 17,000 phone calls per month, which includes Child Protective Services, Child Welfare Assessment, and a series of general information or administrative calls that support the Departments 24/7 operation. In SFY 2008, SCR referred approximately 60,000 calls to DYFS Local Offices for investigation or follow-up, the vast majority for Child Protective Services.

Current Level of SCR Functioning
A team assessment of the State Central Registry was conducted in January-February 2008, led by the federal monitor appointed pursuant to the MSA, the Center for the Study of Social Policy. The assessment revealed an improved SCR "appropriately focused on the timeliness and the quality of the response to the public's reports of child maltreatment." Along with the strengths identified, the assessment revealed opportunities for improvement in the areas of policy, training, NJ SPIRIT functionality, and the use of SCR for administrative functions, and recommended streamlining call classifications.

Key findings and recommendations of that review are as follows:

Strengths of SCR

Strong and competent leadership as demonstrated by:

- Systematic methods of quality assurance, including: daily peer reviews of calls that are not initially sent to the field; and supervisory review and evaluation of calls;
- Effective use of the available technology;
- Improved real time supervision through additional call floor Supervisors and assignment of a dedicated Casework Supervisor to training and supervision of part-time staff; and
- Improved guidance to Screeners on how to apply the Allegation Based System of evaluating and determining reports of child abuse or neglect and child welfare services.
- Overall, a high degree of professionalism of administrators and screening staff;
- Available technology
- A sophisticated telephone system that appears to effectively route calls as well as assist with staff supervision and management;
- An effective recording system that permits recall and evaluation of any incoming call to the SCR; and
- A state of the art management information system that, despite its need for regular modifications, is reliable and performs well.

Opportunities for Improvement (OFIs) of SCR

- Written policies, definitions, and expectations contain "inconsistent and ill defined standards and criteria."
- There is no established policy for expected timeliness in transmitting reports to the field
- The Operations Manual is outdated
- Training – SCR staff has not yet received training in DCF's new case practice model, and has not received updated training in understanding policy
- NJ SPIRIT functionality can be improved, especially regarding searches
- The use of SCR for administrative functions is inefficient and should be reviewed

Recommendations:

Shore up policy on timeframes for transmittal of reports and referrals

- Clarify CWS criteria that is more urgent than 72 hours
- Clarify process and criteria for coding IAIU reports
- Streamline classification categories
- Reorganize and update operations manual
- Enhance NJS functionality for SCR
- Use alternate mechanism for non-urgent business, e.g. SPRU registration or internal queries
- Train staff in the new Case Practice Model
- Provide regular and ongoing training
- Strengthen internal methods to support quality and competency. Expand peer review and screener and supervisor evaluation.
- Evaluate criteria and process for screener certification and supervisor qualification.

DCF has developed and is implementing a corrective action plan to address the findings of this review.

Differential Response

The Differential Response program is designed to allow access to support services to strengthen families and help prevent child abuse and neglect when children may be at risk. In the Differential Response system, SCR calls that would be categorized as Information & Referral or CWS are referred directly to a contracted community agency for handling through a warm-line transfer when possible.

Differential Response (DR) was piloted in the last quarter of CY 2007 in four counties (Gloucester, Cumberland, Salem, and Camden). The local responding agencies are:

- Community Planning & Advocacy Council - Camden
- Salem Inter-Agency Council– Cumberland/Gloucester/Salem

The Differential Response program is managed by the Division of Prevention and Community Partnership. DCF has worked with Differential Response providers to train their staff, focusing in the areas of family engagement, interviewing and communicating with families, building teams, assessing, and developing effective plans. Their sites are fully operational and are responsive on a 24/7 basis, receiving referrals from the SCR. Differential Response workers meet with families within 72 hours of the referral, and family team meetings are held within 10 days of the referral.

Between September 2007 and September 2008, 962 families were served by these agencies. In Cumberland/Gloucester/Salem, where caseloads are 15-16 families, the most prevalent identified needs have been temporary/emergent financial assistance and mental health services for children. In Camden County, where caseloads are between 20 and 35 families, the most common needs were housing, rent, utility or emergency shelter needs.

DCF is planning to expand the Differential Response program to Middlesex and Union counties in SFY09, and has selected two agencies to provide the service. With this development, we are expanding our ability to tackle disproportionately high child poverty and placement rates in key parts of the state. The Partnership for Family Success Training & Technical Assistance Center will provide training in family support that will reflect the Case Practice Model, Strengthening Families protective factors, and Standards of Prevention.

Developing a Prevention Focus

A major element of child welfare reform has been developing and sustaining a focus on prevention. Originally created as an element of New Jersey's original reform plan, in 2006 the Division of Prevention and Community Partnerships (DPCP) was reorganized and charged to build a continuum of child abuse prevention and intervention programs that are culturally competent, strengths-based and family-centered, with a strong emphasis on primary child abuse prevention. "Primary Prevention" targets the general population and offers services and activities *before* any signs of undesired behaviors may be present.

Some of the most important work of DPCP is accomplished through its partnering with a statewide network of nonprofit prevention and family support services, working with local partners across the state to establish a network of care. For example, it has established more than 37 Family Success Centers across the state to provide "one stop shops" for wrap-around resources and supports for families before they find themselves in crisis. New Jersey is the first state to establish a statewide continuum of these centers. In SFY2008, over 15,000 families accessed services through their local FSC.

Fundamental to the success of DPCP in promoting a mindset of prevention across New Jersey that uplifts family and community is its persistent incorporation of the Family Support Principles, Prevention Standards, Protective Factors, and Cultural Competency into the programs and services addressed through its five units:

- ***Family Support Services*** **-** Established in November 2007, this Office provides programmatic and limited fiscal oversight to 37 Family Success Centers, one Training and Technical Assistance provider, 21 Outreach programs, and the Differential Response agencies.
- ***Domestic Violence Services*** **-** Responsibility for Domestic Violence core service oversight was shifted from DYFS to DPCP in 2007. This unit oversees core services as well as the Peace: A Learned Solution (PALS) program. There are currently 27 total DV programs representing all 21 counties, and ten PALS programs in ten counties.

- ***Early Childhood Services*** **–** This office emphasizes services to children below school age. Included are 31 Home Visitation Programs (that served over 2,200 families in SFY2008), the New Jersey Children's Trust Fund (CTF) grant to support prevention programs, and the Strengthening Families Initiative programs, through which over 8,000 families accessed services in SFY2008. New Jersey was selected as one of three states to create a national model of how child welfare and early education staff can work collaboratively to protect children, known as Strengthening Families Early Childhood Education (SFECE).

- ***Office of School-Linked Services*** **–** This office provides school sited and preventive programs that are community-based, research validated, and data-driven. Programs include the NJ Youth HELPLINE hotline 24/7 for children and young adults ages 10-24; Family Friendly Centers, Newark School Based Health Centers, NJ School Based Youth Services Program (94 programs served over 37,500 in SFY2008), Parent Linking Programs, Adolescent Pregnancy Prevention Initiative, Family Empowerment Programs, and the Prevention of Juvenile Delinquency Program.

- ***Office of County Welfare Services*****-** Striving toward service integration within and across counties, the goal of this office is to foster an effective network for planning, prioritizing, and implementing effective prevention efforts that are county-focused and county-driven. It provides SSBG and other federal and state funding (matched by a minimum 25% county funds) to the 21 County Welfare Agencies. The office provides direction and oversight for policy, programs, and services to TANF and low-income families and individuals to provide concrete supports and services in times of need. This includes stabilizing families in crisis in

order to improve safety, permanency, and well-being. The office works with other county entities/organizations, such as the Human Service Advisory Councils.

Additionally, as part of the Governor's crime prevention plan, Outreach to at-Risk Youth is a new initiative that aims to deter gang involvement by providing enhanced recreational, vocational, educational, outreach, or supportive services to youth ages 13 to 18 and optionally to age 21. There are 22 programs in communities with demonstrated high crime and gang violence in 10 counties. Nearly 700 youth participated in these programs in the first half of 2008.

Prevention programming has in the past been approached from a traditional social work model that tended to focus on risk factors. DPCP is positing that this traditional approach to families and their children is antiquated and less effective. Following the lead of the Federal Administration of Children and Families to promote protective factors over risk factors, we believe the best methodology of preventing child abuse and neglect is by strengthening New Jersey's families. The stronger we help families to become, the more they provide for their children and family's well-being which ultimately has an effect on creating stronger communities.

Grants Funding

The use of Grant funding, either by the Department, in collaboration with its partners, or independently by community stakeholders, has supported the aim of prevention efforts.

One independent example of using grants for prevention was the effort of Catholic Charities of the Diocese of Trenton to secure a Children's Bureau Discretionary Grant in 2005 to operate a program known as Prevention and Relationship Enhancement Program (PREP). PREP was designed to strengthen parent relationships in Latino families so that children would be at less risk of abuse/neglect. To date 125 individuals have participated, and 114 have completed and graduated the program. It is unique of the six programs nationwide in the diversity of Latino populations engaged in the program.

More recently, a Children's Bureau Discretionary Grant was awarded to DPCP to support evidence-based Home Visitation programs to prevent child maltreatment.

The objectives of the grant are to

- establish a system of care infrastructure for Home Visitation,
- expand or enhance evidence-based Home Visitation Service,
- develop options and/or funding mechanisms to sustain the services, and,
- develop a comprehensive evaluation component that will:
    - assess the effectiveness of the systems model in early identification/linkage to appropriate services and as a strategy to prevent child maltreatment
    - include process and outcome measures
    - provide cost-benefit analysis

Recently begun (10/1/08), the focus of the first year of this five-year grant is on collaborative planning, with Requests for Proposals to be developed initially for the evaluation and service expansion objectives.

Core Strategy 3: Implementing a Case Practice Model

In our PIP and early reform work, New Jersey focused on Family Team Meetings, Structured Decision Making, and Individualized Coordinated Case Planning as elements of a strategy to engage families and partner for success. However, for all the promise those individual tasks hold, the core of true reform lies in building a culture within our agency and with our stakeholder community that allows us to support and partner with children and families in achieving their full potential. As we progressed through our reform, this core need gave way to the articulation and implementation of a Case Practice Model that embodies this culture shift.

The development of New Jersey's Case Practice Model (CPM) was accomplished with the input of internal and external stakeholders, primarily through the use of focus groups, public forums, and e-mail comment opportunities. The Model is posted on the DCF Internet. The CPM expresses core values, principles, and key work activities completed with children and families in their experience with the child welfare system. The CPM sets expectations for how well we engage families, and how well system work is accomplished in partnership with children, families, providers, and other system stakeholders, including the community. The core values and key principles set for the in the CPM are indicated on page 1-1 of this Statewide Assessment.

Core Steps

The experience of a child and family with the DCF involves a series of core steps, or processes, all of which are designed to add value in creating positive outcomes for the child and family:

- Quality investigation and assessment
- Engaging youth and families
- Working with family teams
- Individualized planning and relevant services
- Continuous review and adaptation
- Safe and sustained transition from DCF involvement

In the Case Practice Model, DCF makes a number of core commitments to serve children and families.

Quality investigation and assessment

Quality investigations require the use of structured decision-making tools to evaluate child abuse or neglect referrals and to support sound judgments based on the nature of the allegations and initial findings. We will screen referrals using uniform instruments that structure the process of assessment and response to information related to child safety. Assessment is not the completion of forms, but rather an ongoing process that prioritizes the safety of children by "gathering and analyzing information that supports sound decision making." Our assessments are made in large part by personal contact by the worker with the family and seeing them where they live. This work explores the underlying causes of child maltreatment or the risk of child maltreatment and the factors that prevent parents from making the necessary changes to keep

their children safe. It is work that is done by engaging parents and family members and with the family team and it is a continuous process.

In all of our assessment work, we will strive to:

- Use assessment instruments in order to identify services that protect against determined risk factors and that enhance parental capacity.
- Assess family members' strengths and needs within their social and cultural environments.
- Match services to the family's needs and capabilities. Planning is focused first on the family's highest priority needs and seeks to capitalize on its strengths.
- Address children's safety, permanency and well-being on a continuous basis, regardless of whether a child is living at home or in out of home placement.

When abuse or neglect is not alleged, but families are identified to SCR and request or agree to receive supportive services from DYFS, our Child Welfare Assessment work, like our assessment work in the context of an investigation, is designed to determine strengths, skills, and concrete and immediate needs. In these instances, since we are not investigating an abuse or neglect allegation, we will not utilize child protection, investigatory tools. We will use assessment and engagement strategies to unearth the family's needs and offer relevant, supportive services.

Engaging youth and families

Engagement is the foundation to build trust and mutually beneficial relationships among children, youth, family members, and DCF staff. We must listen to, assess, and address the needs of children, youth, and families in a respectful and responsive manner that builds upon their strengths.

Engaging a youth/family does not mean that we lose objectivity about the safety risks to children. It does mean that, whenever safe and appropriate, youth and parents will be included in decision-making about the services and supports they need and be active participants in finding solutions to family issues and concerns about child safety. This involves providing family members with complete information not only regarding their situation and the Department's decision-making but also full disclosure regarding laws, regulations, and policies that impact their life situation.

Working with family teams

Building a family team around a youth/family has multiple benefits. Teams are useful for gathering important information about the strengths and needs of families that contribute to the overall functional assessment of a family's situation, and the development of a plan that has the best chance for success. This family team can also assist the family throughout its DCF involvement and help DYFS staff facilitate the service plan. When it is time for the family to end its involvement with DCF, the family team can help support the family's transition.

Who comprises the family team convened by DCF? The short answer is everyone important in the life of the child, including interested family members, foster/adoptive parents, neighbors, and friends as well as representatives from the child's natural support system, such as schools,

therapists, and substance abuse treatment providers. Parents, children and youth, when age appropriate, and team members should become active participants in making decisions about which services and supports are needed, how and who should deliver the services, and how to identify success. In situations where there is little or no parental involvement, family teams are still an important strategy, and DCF will still utilize family teams absent interested parental involvement.

Individualized planning and relevant services

Planning is neither a separate process from assessment nor an exclusive activity of DCF. Goals are behaviorally specific, realistic, time-limited, measurable, and clearly understood and agreed upon by the family, the family team and the court. Service plans, developed with the family team, will focus on the services and milestones necessary for children and families to promote children's development, education, physical and mental health, and for children in out-of-home placement, connected to the reason for the out-of-home placement, barriers to reunification or childhood well-being. Service plans divide long-term goals into short-term behaviorally specific objectives that are measurable and achievable. Progress and planning reviews are essential and will be conducted with the family and the family's team members on a consistent basis in order to achieve best results. When children are placed in out-of-home care, we will commence the concurrent planning process immediately upon placement to ensure the child's permanency and well-being,

Continuous review and adaptation

Ensuring that the family's plan is implemented with the appropriate people, intensity, quality, and determining whether supports and services are meeting the needs identified in the plan are critical to achieving the desired results of safety, permanency, and well-being. Decisions and planning will be based on concerns about the child's health, safety, permanency, and well-being. Family team meetings and other processes will be used to review the child and family's status, service progress, appropriateness of permanency goal, and results to ensure that the service plan maintains relevance, integrity, and appropriateness. The plan will be modified as goals are met and circumstances change.

Safe and sustained transition from DCF involvement

Safely ending the family's involvement with DCF by achieving permanency for the child will be the focus of collaboration from the beginning of the relationship and will be supported by actively partnering with the family or adolescent. The decision to transition from DCF involvement will be driven by the achievement of the appropriate levels of safety and permanency as defined by the behavioral goals in the plan. For adolescents who may be exiting the out-of-care system, this transition will include a plan for his/her future and life-long supports and connections to meaningful adults and resources.

DCF Requirements

Along with addressing the Agency's model with respect to children and families served, the Case Practice Model document articulated the same principles applied to Program and Organizational Capacity, with emphasis on:

- ***Agency Management and Leadership*** – model values, focus on data-driven improvement, support an environment for change, be accountable for implementation
- ***Policies and Standards*** – are congruent and consistently support the model
- ***Qualifications, Workload, and Professional Development of Staff*** – support climate for change, implement workforce development plan, train workers, resource families, provider agencies re: the model
- ***Array of Services*** – develop, strengthen, expand services, strengthen linkage with other benefit programs, partner to use organizational and community cultural strengths to develop responsive services
- ***Information Systems*** – readily provide comprehensive, child-specific information for staff
- ***Quality Assurance –*** data driven tracking and public reporting, rebuild quality processes

Implementation Plan

A six-prong plan to roll-out the CPM was developed in September 2007.

1. ***Leadership Development*** – engage Agency leadership (including Local Office managers), immerse them in the practice principles, secure their buy-in, include them in the planning and implementation of the model

2. ***Statewide Readiness Strategy*** – plan for implementation: build/refine the training curriculum (which includes Developing trusting relationships with children and families; basics of creating and supporting family teams; assessment; and making visits matter) ; develop infrastructure to deliver training statewide, including community partners in the process; develop a central office technical assistance group (TAG); select immersion sites

3. ***Immersion*** – beyond broad strategy to seed family engagement training, four sites (Bergen Central, Mercer North, Burlington East, and Gloucester West Local Offices (were selected to be intensively immersed in the practices- including training for all staff, on-site coaching by

CWPPG staff with DCF TAG, concurrent development of local provider partners, service inventory and expansion, development of infrastructure including capacity to schedule and facilitate family team meetings; support development of sites to become peer-to-peer demonstration sites

4. ***Service Development and Budget Transparency*** – developing provider partnerships to embrace model and support needed changes –(commitment to participate in family team meetings, flexibility in service delivery, willingness to test new services/delivery methods, capacity to make staff available for training, continuum vs. single service models)-inventory public and private investments; develop child and family based budget

5. ***Continued Focus on the Fundamentals*** – maintain focus on: caseload levels; robust safety practice; NJ SPIRIT roll-out; concurrent planning phase-in; adoption practice; resource family recruitment and retention; health care service targets

6. ***Enhanced Planning and Coordination between DYFS and DCBHS*** – pilot unified case management between Care Management Organizations (CMOs) and Youth Case Managers (YCMs); pilot clinical staff to DYFS local offices; expand coordination for step-down to community based care; expand Team Lead roles to support step-down; plan for increased access to treatment services for children and youth involved with DYFS.

Launching the Case Practice Model

New Jersey partnered with the Child Welfare Policy and Practice Group (CWPPG) and the New Jersey Partnership for Child Welfare Program (University partners described more fully in Systemic Factor D) to train its workforce on the Case Practice Model.

Leadership and Train-the-Trainers sessions were provided by CWPPG in December 2007. Launch of the model began in January 2008, with training for all staff in the first module, *Developing Trust Based Relationships with Children and Families,* and intensive coaching and mentoring work provided by CWPPG in the four immersion sites: Bergen Central, Burlington East, Gloucester West, and Mercer North.

Following the first module, staff began training in the second module, *Making Visits Matter*. All staff completed these training modules by December 2008. Staff at the immersion sites have received another training module, *Developing Strength Based, Individualized Child and Family Practice.*

Monitoring Implementation

Implementation of the Model is monitored by the Technical Assistance Group, which includes twelve Assistant Area Directors (AAD) and four Implementation Specialists based in DYFS' Central Office. This group developed a set of tools to monitor the implementation of the CPM

to assure that individuals were "practicing" the techniques learned in training. The tools included:

- Strategic Interview Plan – a format to guide preparation for an interview with a family
- Case Presentation Format – to guide staff in preparing to present a case to staff and/or supervisors in required case conferencing
- Observation Tool – to evaluate/reinforce the presence of techniques during field work conducted with a supervisor present

AADs track the use of these tools and report up monthly to the DYFS Leadership. Implementation Specialists have been heavily involved supporting the efforts in the immersion sites, as well as supporting all Areas to understand and implement the tools above.

New Jersey is currently implementing a plan to evaluate the CPM in 2009. The Office on Quality, together with Area Quality Coordinators and the Implementation Specialist team, has developed a Performance Examination Process (PEP) qualitative review tool and for this purpose, and planning work for the review is currently underway. This is discussed further in Systemic Factor C, Quality Assurance.

Feedback

A survey was piloted in the immersion sites and Camden County to take feedback from families in response to their participation in family team meeting(s). The survey asked respondents to rate the 10 items on a scale of Strongly Agree, Agree, Disagree, Strongly Disagree, No Opinion, Not Applicable, and asked for any additional comments the respondent wished to note.

A piloted consumer feedback survey of 71 families regarding their TEAM revealed:

- 96% of respondents felt staff listened to them and their family
- 86% felt that they were involved in decision-making
- 83% felt that they were helped to get the services they needed
- 78% felt that the TEAM helped them secure services that were most important to their goals
- 82% felt that they benefited from the services received
- 93% of the respondents indicated that meetings are held at a time that 'works' for the family
- 79% reported that the 'right' individuals are on their TEAM
- 90% of respondents indicated the TEAM works together well
- 92% of respondents felt the TEAM listened to everyone's ideas

As a next step, the survey has been revised based on responses and will be implemented Statewide.

In its most recent report to the federal court in *Charlie and Nadine H. v. Corzine*, the federal monitor confirmed that there are "healthy signs that the practice change envisioned by the new Case Practice is taking hold," noted anecdotal evidence that workers have associated application of the practice with improved ability to keep children safe, and reported that creativity with the

model and flex funds has, for example, helped to address obstacles to reunification. The monitor also reported evidence of innovation in the approaches offices are using to inculcate the values of the model.

In its report, the monitor suggested that additional Implementation Specialist capacity may be necessary, and encouraged capacity development at the county level. Additionally, the monitor recommended that the values and principles of the Model be disseminated across Divisions, and that partners may need more training to understand the model and align and integrate collective efforts toward an integrated service system.

Expansion

The CPM demands a more collaborative, child and family-centered approach to our work. Although initially focused on DYFS, the model has application throughout DCF, and challenges us to better fuse multi-Division efforts in support of best practice for mutual clients. The challenge ahead, and a main focus of our work in the coming year, is continued successful implementation of the model. In doing this we will apply the same planning principles – strengths-based, uniquely responsive, individualized - to integrate the model most effectively within Area and Local Offices.

For the next immersion round, beginning in January 2009, with preparations and planning already underway, DYFS has selected seven sites. Three are "sister" Local Offices in initial immersion counties, and four are new Local Office sites in new Areas: Atlantic East/Cape May, Morris West, Camden North, and Union East. Three "sister site" Local Offices to the original Immersion sites will be added in March 2009: Passaic North, Burlington West, and Cumberland East/Salem. From here on out four to five new Local Offices will be added to the immersion process every three months, with the expectation that we will complete the implementation of our Case Practice by 2011. A key component of this effort will be to bolster internal capacity to engage in the coaching and mentoring of staff to support the deployment of the case practice model statewide.

Core Strategy 4: Investing in Services

The constant challenge in service resources is to have an inventory that is sufficiently abundant and agile so as to be available where and when needed. Flexibility of services supports quick response to the presenting issues of children and families. Quick response hopefully prevents further breakdown of the family that leads to greater penetration into the child welfare system.

We have responded to the CFSR Round 1 findings regarding service array with a significant investment in services designed to address all points in the life of the case and the continuum in child welfare: known drivers of involvement (such as substance abuse and domestic violence); prevention and in-community support; family preservation and support; placement and reunification services; and services to support transition away from the child welfare system.

Service developments are aligned with other core strategies (to bolster the front-end of our system; to respond with unique, child-and family-centered plans as we implement the case

practice model) and targeted to improve outcomes for safety, permanency, and well-being, including the health and mental health needs of children in care. Our approach is to operate from areas of strength, piloting new services and/or delivery methods, evaluating results, and determining next steps in a planned manner.

As an indicator of the investment in services, the SFY2008 budget provides an example:

- $6 million for the Differential Response Pilot Initiative, domestic violence services and family support services
- $4 million for health care, addiction and dental services
- $3.3 million to develop evidence-based, early intervention and home visitation programs
- $2.8 million for supervised visitation in home-like settings
- $2 million to continue expanding service capacity for children with mental health needs
- $1.5 million for increased supports and services for both birth and resource families, including flex funds and child care
- $1 million for older and aging-out youth permanency and supported housing
- Supporting service providers in the community with a 2% cost of living adjustment

The scope of our service array improvement is indicated in the Figure #6 in Systemic Factor E, Item 35, and reflects investment the following key areas:

Prevention

- Investing in Differential Response
- Expansion of in home visitation services
- Expansion of school-based services
- Development of family success centers
- Strengthening Families Initiative - Early Childhood Education

Child Behavioral Health

- Expansion of Mobile Response and Stabilization Services
- Expansion of Family Service Organizations
- Expansion of Care Management Organizations and Youth Case Management
- Development of Unified Case Management
- Expansion of specialty beds to meet needs previously unmet
- Intensive In- Community Services
- Behavioral Assistance

Family Preservation and Support

- Development and Expansion of Flex Funds
- Expansion of Family Preservation Services
- Mental Health Initiative with the Division of Family Development (DFD)
- Housing Supports with Housing and Mortgage Finance Agency and the Department of Community Affairs

Permanency

- Expansion of visitation support services
- Expansion of concurrent planning and Teaming services
- Development of additional Housing supports
- Expansion of Substance Abuse Treatment
- Expansion of Domestic Violence services
- Increasing availability of Resource Homes
- Expansion of Pre and Post Adoption Support

Health

- Expanding Available Medical Providers
- Developing CHEC and CME Providers
- Expansion of Medicaid Services for children in placement
- Expansion of health care services for children in out-of-home placement

Services to Transitioning Youth

- Expansion of transitional living services for youth ages 18 – 21
- Expansion in tuition assistance for DYFS-involved youth attending college and technical schools
- Development of Aftercare Services
- Development of Supportive Housing

Core Strategy 5: Workforce Development

Building on the progress made to date in lowering caseloads and implementing a Case Practice Model to guide and focus staff performance, New Jersey intends to sustain positive gains, continue to build capacity and elevate practice. We understand that competent practice is reinforced through continual learning. Learning opportunities, together with increased supports and manageable caseloads, provide the best platform from which to develop a consistency in service delivery. Workforce development must support outcomes for children and families and strengthen other initiatives outlined in this assessment. In this core strategy, we include the training and professional development as well as new or revised policies, procedures, or tools that bear on our work delivery.

Child Welfare Training Academy

The New Jersey Child Welfare Training Academy (NJCWTA) was developed in 2005. It was charged with retraining staff and transforming training products (pre-service and in-service) and the delivery system in order to prepare, strengthen, and reinforce the capability and capacity of our workforce and partners. In its efforts to promote DCF as a learning organization, the Academy has made substantial improvements in the preparation of the workforce, independently and in conjunction with key system stakeholders and partners. Among its accomplishments, which are more fully discussed in Systemic Factor D, NJCWTA has:

- Developed, refined, and delivered investigator training to improve investigative practice

- Revamped DYFS pre-service training to prepare new staff to the work of the agency, and since then has updated the curriculum to remain consistent with practice
- Developed Field Training Units at the Local Offices to reinforce the initial pre-service training and to develop competencies before assuming a full caseload
- Developed a Case Readiness Assessment Tool that guides assessment of new workers to assure that minimum competency standards for assuming a full caseload are met
- Revamped supervisory training to support the shift of personnel from worker to supervisor
- Developed a centralized tracking system to monitor and confirm training is received
- Established minimum training requirements for new workers, and in-service requirements for all caseworkers
- Developed a consortium through partnership with several institutions of higher education that is designed to support localized training across the state as well as agility in providing training on numerous topics effectively and quickly. Please see Systemic Factor D for more information
- Partnered with agencies, e.g. Foster and Adoptive Family Services, to offer a broader set of in-service trainings for Resource Families who are required by regulation to complete continuing education requirements
- Established, with a Children's Bureau Discretionary Grant, the Baccalaureate Child Welfare Education Program (BCWEP), a tuition-reimbursement program across seven schools with undergraduate social work programs. Students complete specific child welfare classes in their senior year, and complete a 400 hour internship within a DYFS local office, which emphasizes the knowledge and skills important in responding to the issues confronted in child welfare. Students commit to work two years post-graduation for DCF, which strengthens workforce stability and knowledge.
- Established the weekend MSW program for staff**,** which has 95 staff currently enrolled in the program. A tuition reimbursement program had been available for staff to further benefit the department, by enhancing their child protective services, family preservation and managerial skills**.** In 2007, for example, two hundred forty six (246) staff received tuition reimbursement.

System Partners Cross-Training Efforts - CICIC

The CICIC made a commitment in the Program Improvement Plan (PIP) to continue to fund an annual cross-system training conference. The target audience for these events included Family Court judges, Family Court staff, DYFS case workers, CASA, child welfare attorneys, CPR Board volunteers and members of the Court Improvement Committee. The training programs offered by the CICIC provide education and support to the judiciary and other stakeholders in the child welfare system. In doing so, they improve participants' knowledge and strengthen their skills when serving children and families in New Jersey. Some of the training events sponsored in part or funded through the CICIC:

- An event sponsored with the Office of Parental Representation and the Law Guardian to provide practical knowledge to decision makers related to the question of whether a child in need of assistance would be better served in a community-based or in a residential or institutional setting. Further, participants learned to better assist those they serve by understanding the importance of cultural awareness in dealing effectively with the children and families who come before the court.

- The CICIC funded the Rutgers University School of Law-Newark, Special Education Clinic, which developed a training program focused on the educational systems and rights of children in foster care with special needs

- The CICIC funded the Association for Children of New Jersey (ACNJ) to coordinate regional training events for all entities involved in DYFS litigation cases on the medical issues of children in placement. The goal is to provide education on a variety of medical topics, such as: fetal alcohol syndrome, asthma, diabetes, nutrition, attention deficit disorder (ADD), attention deficit with hyperactivity disorder (ADHD), and bi-polar disorder in adolescents.

Structured Decision Making

Structured Decision-Making (SDM) is a set of validated assessment tools developed by Children's Research Center, Inc. and tailored to New Jersey practices. SDM modules are used throughout the life of a case to assist with evaluation of safety, risk, and strengths and needs of caregivers and children. That information is then used to support decisions, strategize appropriate interventions and drive case planning, evaluate progress, and achieve safe case closure. Modules that New Jersey has implemented include:

- ***Safety Assessment*** – completed as a part of each investigation, and repeated in the life of a case whenever information presents a potential safety factor for children.
- ***Risk Assessment*** – completed as part of an investigation, prior to a determination to open or close a case for services. The results are an indicator of the frequency of contact the worker should have with the child and family.
- ***Family Risk Reassessment*** – is completed prior to case closure or to any reunification.
- ***Child Strength and Needs Assessment*** – completed prior to completing an initial case plan, and at six month intervals or more frequently as circumstances dictate.
- ***Caregiver Strength and Needs Assessment*** – also completed prior to completing an initial case plan, and at six month intervals or more frequently as circumstances dictate.

The use of SDM helps us implement our Case Practice Model core step of quality assessment.

Concurrent Planning

CFSR Round 1 highlighted the need for New Jersey to improve its permanency practice. New Jersey implemented Concurrent Planning practice to drive permanency practice from a task-oriented perspective. The purpose of this practice is to ensure that the DYFS meets its obligation to identify permanency goals for children and to provide appropriate and timely case planning for all children who enter out of home care. Over the last eighteen months Concurrent Planning Practice has been phased in to 26 Local Offices, and is currently being integrated within the Case Practice Model.

Concurrent Planning begins at the time of placement, with the early identification of an alternative permanency plan to ensure that in the event reunification is unsuccessful, efforts are underway to secure timely permanency for the child. The agency requires that within 30 days of

the child being placed in out of home care, the Division must establish both a primary and secondary goal for the child.

The practice of Concurrent Planning incorporates an 'enhanced review' element, requiring frequent and formalized case reviews, including at 30 days, 90 days, and the 5th month Administrative Review. At the 10th month, in preparation for the 12th month Permanency Hearing, there are two reviews held: one with the family team, and another internal review with the agency Deputy Attorney General. The Enhanced Review process provides for ongoing assessment of the continued appropriateness of a child's goal and is a mechanism to monitor the progress or lack of progress being made towards the achievement of the goal.

Along with the establishment of dual goals and enhanced reviews, four items have been key components of the Concurrent Planning Process:

- **Concurrent Planning Guide**: is a prognostic assessment tool intended to assist staff in completing an early assessment of the family's strengths and needs. The guide assists workers in projecting the likelihood of the child being reunified, and is to be completed within 30 days of placement and revisited as circumstances change. The assessment will provide a tentative assumption as to the family's capacity to benefit from reunification services and indicate the need for an alternative permanency plan. As a result, this tool helps the worker in early identification of appropriate permanency goals for children in care.

- **Family Engagement and Full Disclosure:** the practice of full disclosure either at Family Team Meetings or during any family discussion provides for an open and honest discussion with all parties regarding the impact of foster care on children. In "Full Disclosure", parents are informed of their rights and responsibilities, available services, and permanency and parenting options, as well as the consequences for failing to successfully complete the case plan. By having frequent, open, and ongoing discussions with families, the Division is able to plan for better outcomes for children.

- **Concurrent Planning Handbook-** is a desk guide developed for staff to assist them in understanding and navigating the numerous permanency tasks required to achieve timely permanency for children in placement.

- **Guide for Parents-** ***When Your Child is in Foster Care*****:** is a comprehensive booklet developed to help parents understand the importance of permanency and to develop basic familiarity with the legal process involved when children enter care. This guide encourages parents to be active participants in placement decisions, and emphasizes the importance of parents' overall participation in planning for their child.

As it becomes integrated more fully within the Case Practice Model, Concurrent Planning will be implemented statewide throughout 2009.

Core Strategy 6: Data and Accountability

To successfully build and sustain a child welfare system that is responsive to the needs of children and families throughout the service cycle, i.e. from first contact through transition out of the system, we must have data and analysis systems that support our ability to understand needs, evaluate performance, identify opportunities for improvement, and plan strategically to address future challenges.

Since CFSR Round 1, in this strategy area New Jersey has been focusing on four items:

- using data to understand performance and drive decision-making
- SACWIS development, implementation, and refinement
- rebuilding the quality system
- integrating and aligning commitments to the CFSR, CFSP, APSR, Title IV-E Reviews, and the Modified Settlement Agreement

Much work has been done in these areas, including the development of New Jersey's SACWIS system. Our approach is strengths-based, e.g. in promoting data use throughout DYFS, we began with focus on two important data elements – case contacts and timely completion of investigations. To address quality, we are working in concert with the Case Practice Model implementation to introduce tools and new approaches to quality.

Using data to understand performance and drive decision-making

DCF has focused on expanding access to Safe Measures, a powerful analytic quality assurance tool that allows tracking against critical child welfare indicators by worker, supervisor, office, area, and statewide. The availability of this data in a simple format helps NJDCF-DYFS leaders, managers, and caseworkers better manage their caseloads and work responsibilities. Initiated in 2004, the investment in Safe Measures has given managers and Area/Local Office staff the tools they need to make their practice visible – to celebrate progress as well as to identify and address challenges. The end results are measurable. SafeMeasures has become a valued tool at all levels.

SafeMeasures can be used to:

- measure results and outcomes
- reduce the dependence on manual counts of data as well as on paper reports
- provide a near time view of case data to management, supervisors, and caseworkers
- improve the accuracy of the data that is used to measure DCF's performance
- help understand and manage both workload and work processes by providing data that support decision-making
- support case conferencing, and daily management and supervisory responsibilities
- provide indicators for action that improves performance

In 2006, for the first time, DCF provided access to Safe Measures to casework staff. Office on Quality staff, together with an Operations Lead staff, traveled to every Local Office in the state, training staff at every level on the basics of how to utilize Safe Measures. The data elements of focus were case contacts and timely completion of investigations. Special training was then

provided to the Area Quality Coordinators on how to utilize the information in Safe Measures to conduct system performance analyses on key indicators.

In August 2007, Children's Research Center released an enhanced version of SafeMeasures. The enhancement simplified site navigation, added new features, and implemented users' suggestions. The initial login in screen will now automatically give you access to your registered viewing area. The main menu screen was altered to incorporate multiple menu selection on one page, to view and quickly maneuver through numerous screens. In addition, tutorial help was made available directly on the main screen. New Jersey's version of Safe Measures also has a feature that makes a worker's caseload immediately visible on a My Caseload screen, and a supervisor's unit visible on a My Unit screen. These features are unique to New Jersey.

As part of the continued enhancement of the NJ SPIRIT version of SafeMeasures, additional screens have been developed and released.

I. Measuring Improvement in Case Practice Fundamentals

a. Response Priority Timeliness
b. Timely CPS Investigation Completion
c. Monthly Staff Contacts with Children
d. Monthly Staff Contacts with Children – In Home
e. Monthly Staff Contacts with Children - In Placement
f. Contacts with Children Placed Out of the State (Quarterly)
g. Contacts with Children Placed Out of the State (Monthly)
h. Comprehensive Medical Examinations
i. Initial Case Plan Timeliness
j. Length of Shelter Stays
k. Children in a Shelter
l. Pre-Placement Conference Timeliness
m. Five-Month Enhanced Review Timeliness
n. Ten-Month Enhanced Review Timeliness
o. Assignment to an Adoption Worker Timeliness
p. Recruitment Plan Timeliness
q. TPR Petition Timeliness
r. Legally Free Children
s. Adoption Home Placement Timeliness
t. Adoption Finalization Timeliness
u. Finalized Adoptions (By Adoption Home Type)

II. Caseload Management

a. Office Caseload
b. All Open Cases (By Service Type)
c. All Open Intakes (By Intake Type)

III. Investigation & Assessments

a. Case Status When Intake Received
b. Response Priority
c. Investigation & Assessment Time Open
d. Timely CWS Assessment Completion
e. Intakes: CPS vs. CWS
f. CPS Allegations (By Client)
g. CPS Investigation Findings
h. Cases to Close or Transfer to a Permanency Worker

IV. Children in Cases

a. Permanency vs. Investigation Services
b. Case Time Open

V. Permanency Case Management (By Child)

a. Service Type
b. Children Who Entered a Removal Episode in the Month
c. Placement Closed, But Removal Episode Remains Open

VI. Concurrent Planning

a. Upcoming Enhanced Reviews
b. Enhanced Review Completion
c. Enhanced Review Timeliness
d. Ten-Month Family Discussion
e. Adoption Children
f. Transfer to an Adoption Worker
g. Adoption Legal Status
h. Upcoming Adoption Finalizations
i. Adoption Worker Assignments That Need To Be Closed
j. Data Issues: TPR Filings Recorded in Month
k. Data Issues with Children Who Are Legally Free

SafeMeasures is identified as one of the tools that will support measurement as DYFS embarks on the implementation of the Case Practice Model, and is the identified source of key case activity reports, such as the caseworker contact information required to be reported under Title IV-B, Subpart 2. We continue to work with provider Children's Research Center to develop SafeMeasures programming and reports to assist with various functions in NJ SPIRIT.

SACWIS development, implementation, and refinement

New Jersey implemented its SACWIS system, NJ SPIRIT, in three releases: Release 1 in November 2004, with an upgrade in November 2005; Release 2, Phase 1, in June 2006; Release 2, Phase 2, which included the vast majority of the application's functionality, in August 2007; and Release 3, which included limited administrative functionality, in September 2008. NJ SPIRIT will collect far more information than the former legacy system, and Safe Measures has been adapted to NJ SPIRIT. The implementation of a system of this breadth and depth routinely takes a significant period of time, but since the deployment of Release 2, Phase 2 in August 2007 DCF has made significant progress. Given its complexity, DCF continues to develop tools that guide proper utilization and provide training and support to the field. DCF has developed a significant amount of reporting capacity (through Safe Measures and otherwise), which provides access to an extensive range of information on system performance. Please refer to Systemic Factor A, Statewide Information Systems, for more information on SACWIS.

Rebuilding the quality system

As part of its initial reform plan, New Jersey drafted a quality plan focused on conducting 'Quality Service Reviews.' A series of QSRs, one pilot and five additional, were conducted between September 2005 and May 2006. Despite the value in the process of self-review, the QSR did not provide information with enough immediacy to maximize the impact on service delivery on the ground, and was discontinued. In 2006, following the creation of the DCF and finalization of the MSA, two CQI units (formerly under DYFS and the Office of Children's Services) were combined to create a single unit within DCF, the Office on Quality, and charged to renovate quality, initially focusing on DYFS practice.

The approach of the Office on Quality has been to plan and develop quality activities that align with DCF priorities and commitments, as well as with best practice in quality. Extensive examination of continuous quality improvement in the child welfare field and other fields suggests that moving quality as close to the field as possible improves the quality of the information collected. It also provides the best opportunity to ensure utilization of that information where it counts the most, at the point of service delivery, which for DCF, is in our work with children and families. To that end, DCF has moved firmly away from the traditional child welfare quality assurance model of a centralized unit that conducts case audits in the field, in favor of moving that capacity out regionally with technical assistance support from the central office, as detailed in Systemic Factor C, Quality Assurance.

Each area office now has its own coordinator whose activities are tiered on three levels: 1) local performance and quality efforts based on local need; 2) conducting a common set of quality activities, using common tools, that are implemented statewide; and 3) contributing to statewide quality projects and events, such as the CFSR. These Area Quality Coordinators work together with the Office on Quality to address quality.

Much of the early work of quality focused on quantitative measurement and the quality of data, and clean-up efforts that were needed to prepare for NJ SPIRIT rollout and AFCARS quality. With regard to the qualitative methods, New Jersey has been focused on its commitment to

develop and execute a methodology to evaluate the implementation of the Case Practice Model. As discussed in Systemic Factor C, an initial review with new methodology is scheduled to occur in 2009. New Jersey will also work to align and integrate the qualitative developments with its quantitative and other tools, to ensure offices have sufficient mechanism through which to gauge, understand, and improve performance.

Integrating and aligning commitments to the CFSR, CFSP, APSR, CPM, and MSA

New Jersey has been through an abundance of change since CFSR Round 1 in March 2004. There are many sets of expectations and requirements that we strive to meet: CFSR, CFSP, APSR, IV-E, CPM, MSA, Statute, Regulations, Budget, Policy, and Reporting. We believe it is our responsibility is to align requirements, consolidate efforts, and condense the numerous tasks within core strategies needed to drive New Jersey forward, and then to live that integrated set of strategies. The CFSR process addresses centerpiece elements of our business and, as such, is at the core of our efforts.

Section II

Safety and Permanency Data

New Jersey Data Profile 2-6-09

New Jersey Child and Family Services Review Data Profile: February 6, 2009

New Jersey CFSR Statewide Assessment

CHILD SAFETY PROFILE	Fiscal Year 2006ab						Fiscal Year 2007ab						12-Month Period Ending 03/31/2008 (07B08A)					
	Reports	%	Duplic. Childn.[2]	%	Unique Childn.[2]	%	Reports	%	Duplic. Childn.[2]	%	Unique Childn.[2]	%	Reports	%	Duplic. Childn.[2]	%	Unique Childn.[2]	%
I. Total CA/N Reports Disposed[1]	28,134 A		47,172		40,369		44,606 A		68,985		56,883		45,673		70,528		58,992	
II. Disposition of CA/N Reports[3]																		
Substantiated & Indicated	7,775	27.6	11,680	24.8	10,839	26.8	5,352	12	7,543	10.9	7,146	12.6	5,190	11.4	7,345	10.4	6,996	11.9
Unsubstantiated	73	0.3	122	0.3	120	0.3	39,254	88	61,442	89.1	49,737	87.4	40,483	88.6	63,181	89.6	51,996	88.1
Other	20,286	72.1	35,370	75.0	29,410	72.9							0	0	2	0	0	0
III. Child Victim Cases Opened for Post-Investigation Services[4]			9,659	82.7	8,869	81.8			5,880	78	5,525	77.3			3,776	51.4	3,594	51.4
IV. Child Victims Entering Care Based on CA/N Report[5]			3,503	30	3,199	29.5			759	10.1	718	10.0			1,015	13.8	969	13.8
V. Child Fatalities Resulting from Maltreatment[6]					31 B	0.3					29 B	0.4					19	0.3
STATEWIDE AGGREGATE DATA USED TO DETERMINE SUBSTANTIAL CONFORMITY																		
VI. Absence of Maltreatment Recurrence[7] [Standard: 94.6% or more; national median = 93.3%, 25th percentile = 91.50%]					5,519 of 5,878	93.9					4,053 of 4,263	95.1					3,542 of 3,695	95.9
VII. Absence of Child Abuse and/or Neglect in Foster Care[8] (12 months) [standard 99.68% or more; national median = 99.5, 25th percentile = 99.30]					17,378 of 17,497	99.32					15,347 E,G of 15,362	99.90					15,260 of 15,306	99.70

The Permanency Data for the 12-month period ending March 31, 2008 was based on the annual file created on 12/23/2008. All CFSR Round One safety Results are on page 2; Permanency Round one results are on page 16.

Additional Safety Measures For Information Only (no standards are associated with these):

	Fiscal Year 2006ab						Fiscal Year 2007ab						12-Month Period Ending 03/31/2008 (07B08A)					
	Hours				**Unique Childn.[2]**	**%**	**Hours**				**Unique Childn.[2]**	**%**	**Hours**				**Unique Childn.[2]**	**%**
VIII. Median Time to Investigation in Hours (Child File)[9]	C						>24 but <48						>24 but <48					
IX . Mean Time to Investigation in Hours (Child File)[10]	C						69.1						78.5					
X. Mean Time to Investigation in Hours (Agency File)[11]	48.1 D						25.6 D						n/a					
XI. Children Maltreated by Parents While in Foster Care.[12]					F						105 of 15,362	0.68					75 of 15,306	0.49

CFSR Round One Safety Measures to Determine Substantial Conformity (Used primarily by States completing Round One Program Improvement Plans, but States may also review them to compare to prior performance)

	Fiscal Year 2006ab						Fiscal Year 2007ab						12-Month Period Ending 03/31/2008 (07B08A)					
	Reports	%	Duplic. Childn.[2]	%	Unique Childn.[2]	%	Reports	%	Duplic. Childn.[2]	%	Unique Childn.[2]	%	Reports	%	Duplic. Childn.[2]	%	Unique Childn.[2]	%
XII. Recurrence of Maltreatment[13] [Standard: 6.1% or less)					359 of 5,878	6.1					210 of 4,263	4.9					153 of 3,695	4.1
XIII. Incidence of Child Abuse and/or Neglect in Foster Care[14] (9 months) [standard 0.57% or less]					86 of 15,864	0.54					15 E,G of 13,619	0.11					29 of 13,635	0.21

NCANDS data completeness information for the CFSR			
Description of Data Tests	**Fiscal Year 2006ab**	**Fiscal Year 2007ab**	**12-Month Period Ending 03/31/2008 (07B08A)**
Percent of duplicate victims in the submission [At least 1% of victims should be associated with multiple reports (same CHID). If not, the State would appear to have frequently entered different IDs for the same victim. This affects maltreatment recurrence]	7.10	5.20	4.70
Percent of victims with perpetrator reported [File must have at least 95% to reasonably calculate maltreatment in foster care]*	100	93.8[G]	96.7
Percent of perpetrators with relationship to victim reported [File must have at least 95%]*	96.90	97.70	98.30
Percent of records with investigation start date reported [Needed to compute mean and median time to investigation]	0	3.50	39
Average time to investigation in the Agency file [PART measure]	Reported	Reported	N/A
Percent of records with AFCARS ID reported in the Child File [Needed to calculate maltreatment in foster care by the parents; also. All Child File records should now have an AFCARS ID to allow ACF to link the NCANDS data with AFCARS. This is now an all-purpose unique child identifier and a child **does not have to be in foster care to have this ID**]	100, but no matches[F]	100	100

*****States should strive to reach 100% in order to have maximum confidence in the absence of maltreatment in foster care measure.

FOOTNOTES TO DATA ELEMENTS IN CHILD SAFETY PROFILE

Each maltreatment allegation reported to NCANDS is associated with a disposition or finding that is used to derive the counts provided in this safety profile. The safety profile uses three categories. The various terms that are used in NCANDS reporting have been collapsed into these three groups.

Disposition Category	Safety Profile Disposition	NCANDS Maltreatment Level Codes Included
A	Substantiated or Indicated (Maltreatment Victim)	"Substantiated," "Indicated," and "Alternative Response Disposition Victim"
B	Unsubstantiated	"Unsubstantiated" and "Unsubstantiated Due to Intentionally False Reporting"
C	Other	"Closed-No Finding," "Alternative Response Disposition – Not a Victim," "Other," "No Alleged Maltreatment," and "Unknown or Missing"

Alternative Response was added starting with the 2000 data year. The two categories of Unsubstantiated were added starting with the 2000 data year. In earlier years there was only the category of Unsubstantiated. The disposition of "No alleged maltreatment" was added for FYY 2003. It primarily refers to children who receive an investigation or assessment because there is an allegation concerning a sibling or other child in the household, but not themselves, AND whom are not found to be a victim of maltreatment. It applies as a Maltreatment Disposition Level but not as a Report Disposition code because the Report Disposition cannot have this value (there must have been a child who was found to be one of the other values.)

Starting with FFY 2003, the data year is the fiscal year.

Starting with FFY2004, the maltreatment levels for each child are used consistently to categorize children. While report dispositions are based on the field of report disposition in NCANDS, the dispositions for duplicate children and unique children are based on the maltreatment levels associated with each child. A child victim has at least one maltreatment level that is coded "substantiated," "indicated," or "alternative response victim." A child classified as unsubstantiated has no maltreatment levels that are considered to be victim levels and at least one maltreatment level that is coded "unsubstantiated" or "unsubstantiated due to intentionally false reporting." A child classified as "other" has no maltreatment levels that are considered to be unsubstantiated levels. If a child has no maltreatments in the record, and report has a victim disposition, the child is assigned to "other" disposition. If a child has no maltreatments in the record and the report has either an unsubstantiated disposition or an "other" disposition, the child is counted as having the same disposition as the report disposition.

1. The data element, "Total CA/N Reports Disposed," is based on the reports received in the State that received a disposition in the reporting period under review. The number shown may include reports received during a previous year that received a disposition in the reporting year. Counts based on "reports," "duplicated counts of children," and "unique counts of children" are provided.

2. The duplicated count of children (report-child pairs) counts a child each time that (s)he was reported. The unique count of children counts a child only once during the reporting period, regardless of how many times the child was reported.

3. For the column labeled "Reports," the data element, "Disposition of CA/N Reports," is based on upon the highest disposition of any child who was the subject of an investigation in a particular report. For example, if a report investigated two children, and one child is found to be neglected and the other child found not to be maltreated, the report disposition will be substantiated (Group A). The disposition for each child is based on the specific finding related to the maltreatment(s). In other words, of the two children above, one is a victim and is counted under "substantiated" (Group A) and the other is not a victim and is counted under "unsubstantiated" (Group B). In determining the unique counts of children, the highest finding is given priority. If a child is found to be a victim in one report (Group A), but not a victim in a second report (Group B), the unique count of children includes the child only as a victim (Group A). The category of "other" (Group C) includes children whose report may have been "closed without a finding," children for whom the allegation disposition is "unknown," and other dispositions that a State is unable to code as substantiated, indicated, alternative response victim, or unsubstantiated.

4. The data element, "Child Cases Opened for Services," is based on the number of victims (Group A) during the reporting period under review. "Opened for Services" refers to post-investigative services. The duplicated number counts each time a victim's report is linked to on-going services; the unique number counts a victim only once regardless of the number of times services are linked to reports of substantiated maltreatment.

5. The data element, "Children Entering Care Based on CA/N Report," is based on the number of victims (Group A) during the reporting period under review. The duplicated number counts each time a victim's report is linked to a foster care removal date. The unique number counts a victim only once regardless of the number of removals that may be reported.

6. The data element "Child Fatalities" counts the number of children reported to NCANDS as having died as a result of child abuse and/or neglect. Depending upon State practice, this number may count only those children for whom a case record has been opened either prior to or after the death, or may include a number of children whose deaths have been investigated as possibly related to child maltreatment. For example, some States include neglected-related deaths such as those caused by motor vehicle or boating accidents, house fires or access to firearms, under certain circumstances. The percentage is based on a count of unique victims of maltreatment for the reporting period.

7. The data element "Absence of Recurrence of Maltreatment" is defined as follows: Of all children who were victims of substantiated or indicated maltreatment allegation during the first 6 months of the reporting period, what percent were not victims of another substantiated or indicated maltreatment allegation within a 6-month period. This data element is used to determine the State's substantial conformity with CFSR Safety Outcome #1 ("Children are, first and foremost, protected from abuse and neglect").

8. The data element "Absence of Child Abuse/or Neglect in Foster Care" is defined as follows: Of all children in foster care during the reporting period, what percent were not victims of substantiated or indicated maltreatment by foster parent of facility staff member. This data element is used to determine the State's substantial conformity with CFSR Safety Outcome #1 ("Children are, first and foremost, protected from abuse and neglect"). A child is counted as not having been maltreated in foster care if the perpetrator of the maltreatment was not identified as a foster parent or residential facility staff. Counts of children not maltreated in foster care are derived by subtracting NCANDS count of children maltreated by foster care providers from AFCARS count of children placed in foster care. The observation period for this measure is 12 months. The number of children not found to be maltreated in foster care and the percentage of all children in foster care are provided.

9. Median Time to Investigation in hours is computed from the Child File records using the Report Date and the Investigation Start Date (currently reported in the Child File in mmddyyyy format). The result is converted to hours by multiplying by 24.

10. Mean Time to investigation in hours is computed from the Child File records using the Report Date and the Investigation Start Date (currently reported in the Child File in mmddyyyy format). The result is converted to hours by multiplying by 24. Zero days difference (both dates are on the same day) is reported as "under 24 hours", one day difference (investigation date is the next day after report date) is reported as "at least 24 hours, but less than 48 hours", two days difference is reported as "at least 48 hours, but less than 72 hours", etc.

11. Average response time in hours between maltreatment report and investigation is available through State NCANDS Agency or SDC File aggregate data. "Response time" is defined as the time from the receipt of a report to the time of the initial investigation or assessment. Note that many States calculate the initial investigation date as the first date of contact with the alleged victim, when this is appropriate, or with another person who can provide information essential to the disposition of the investigation or assessment.

12. The data element, "Children Maltreated by Parents while in Foster Care" is defined as follows: Of all children placed in foster care during the reporting period, what percent were victims of substantiated or indicated maltreatment by parent. This data element requires matching NCANDS and AFCARS records by AFCARS IDs. Only unique NCANDS children with substantiated or indicated maltreatments and perpetrator relationship "Parent" are selected for this match. NCANDS report date must fall within the removal period found in the matching AFCARS record.

13. The data element, "Recurrence of Maltreatment," is defined as follows: Of all children associated with a "substantiated" or "indicated" finding of maltreatment during the first six months of the reporting period, what percentage had another "substantiated" or "indicated" finding of maltreatment within a 6-month period. The number of victims during the first six-month period and the number of these victims who were recurrent victims within six months are provided. This data element was used to determine the State's substantial conformity with Safety Outcome #1 for CFSR Round One.

14. The data element, "Incidence of Child Abuse and/or Neglect in Foster Care," is defined as follows: Of all children who were served in foster care during the reporting period, what percentage were found to be victims of "substantiated" or "indicated" maltreatment. A child is counted as having been maltreated in foster care if the perpetrator of the maltreatment was identified as a foster parent or residential facility staff. Counts of children maltreated in foster care are derived from NCANDS, while counts of children placed in foster care are derived from AFCARS. The observation period for these measures is January-September because this is the reporting period that was jointly addressed by both NCANDS and AFCARS at the time when NCANDS reporting period was a calendar year. The number of children found to be maltreated in foster care and the percentage of all children in foster care are provided. This data element was used to determine the State's substantial conformity with Safety Outcome #2 for CFSR Round One.

Additional Footnotes

A. NJ did not report FFY2006 unfounded dispositions to NCANDS and reported unsubstantiated dispositions only for reports received prior to April 1, 2005. This change significantly reduced the number of reports that were submitted to NCANDS during FFY2006 as compared to prior years. Beginning in FFY 2007, all child abuse/neglect reports, including those with unfounded dispositions, are reported to NCANDS. Also beginning in FFY2007, the state no longer reports to NCANDS "at risk" alternate response-nonvictim assessments as had been done in prior years. NJ has been making significant strides in improving its case practice. Aside from significant changes in their data systems and reports related to the implementation of SACWIS in August 2007, NJ has seen significant changes in organizational structure; tracking and monitoring of outcomes; implementation of new case practice protocols; and significantly reduced caseloads for workers. Any comparison of NCANDS data from FFY2007 to previous fiscal years needs to be considered in this context.
B. In FFY2006, NJ reported one additional fatality in the Agency File. In FFY2007, NJ reported 4 additional fatalities in the Agency File.
C. In 2006, NJ did not report on Investigation Start Date in the Child File.
D. In FFY2006 and FFY2007Agency Files: "This calculation was done on child protective service repots received in FFY 2006 for which initial contact data was available. It also includes "good faith effort" responses as provided by DCF policy. "Good faith effort" responses are those in which, after three in-person attempts, the investigator was unsuccessful in seeing all child victims and documents this as their initial response. NJ DCF has been involved in a phased in roll-out of our new SACWIS system. The state began using the intake portion of the system in late 2004,

however intake response information, including contacts and investigative findings, continue to be entered into the legacy system. Because of synchronization of the two systems, this number should be considered a close approximation."

E. NJ have researched this issue, and confirmed this substantial decrease in maltreatment in out of home settings as defined by the data.
F. In FFY2006 submission, no matches were found between NCANDS and AFCARS records by AFCARS ID.
G. In FFY2007, percent of victims with perpetrators is below 95%, the threshold for accuracy on the measure of children maltreated while in foster care. This is a programming issue that will be resolved in the future submissions.

POINT-IN-TIME PERMANENCY PROFILE	12-Month Period Ending 03/31/2006 (05B06A)		12-Month Period Ending 03/31/2007 (06B07A)		12-Month Period Ending 03/31/2008 (07B08A)	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
I. Foster Care Population Flow						
Children in foster care on first day of year[1]	11,926		11,210		9,956	
Admissions during year	6,189		5,844		5,350	
Discharges during year	6,995		6,999		6,128	
Children discharging from FC in fewer than 8 days (These cases are excluded from length of stay calculations in the composite measures)	390	5.6% of the discharges	418	6.0% of the discharges	309	5.0% of the discharges
Children in care on last day of year	11,158		10,082		9,217	
Net change during year	-768		-1,128		-739	
II. Placement Types for Children in Care						
Pre-Adoptive Homes	145	1.3	74	0.7	179	1.9
Foster Family Homes (Relative)	850	7.6	2,137	21.2	3,591	39.0
Foster Family Homes (Non-Relative)	7,499	67.2	5,485	54.4	4,115	44.6
Group Homes	1,002	9.0	947	9.4	282	3.1
Institutions	1,327	11.9	1,124	11.1	893	9.7
Supervised Independent Living	195	1.7	208	2.1	75	0.8
Runaway	0	0.0	0	0.0	79	0.9
Trial Home Visit	0	0.0	0	0.0	0	0.0
Missing Placement Information	140	1.3	107	1.1	3	0.0
Not Applicable (Placement in subsequent year)	0	0.0	0	0.0	0	0.0
III. Permanency Goals for Children in Care						
Reunification	2,919	26.2	4,052	40.2	3,362	36.5
Live with Other Relatives	555	5.0	515	5.1	347	3.8
Adoption	4,406	39.5	3,651	36.2	3,027	32.8
Long Term Foster Care	677	6.1	622	6.2	479	5.2
Emancipation	856	7.7	634	6.3	489	5.3
Guardianship	755	6.8	461	4.6	215	2.3
Case Plan Goal Not Established	988	8.9	145	1.4	514	5.6
Missing Goal Information	2	0.0	2	0.0	784	8.5

The Permanency Data for the 12-month period ending March 31, 2008 was based on the annual file created on 12/23/2008. All CFSR Round One safety Results are on page 2; Permanency Round one results are on page 16.

POINT-IN-TIME PERMANENCY PROFILE	12-Month Period Ending 03/31/2006 (05B06A)		12-Month Period Ending 03/31/2007 (06B07A)		12-Month Period Ending 03/31/2008 (07B08A)	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
IV. Number of Placement Settings in Current Episode						
One	4,001	35.9	3,508	34.8	4,007	43.5
Two	2,520	22.6	2,405	23.9	2,252	24.4
Three	1,463	13.1	1,379	13.7	1,169	12.7
Four	902	8.1	800	7.9	671	7.3
Five	646	5.8	520	5.2	367	4.0
Six or more	1,494	13.4	1,365	13.5	748	8.1
Missing placement settings	132	1.2	105	1.0	3	0.0
V. Number of Removal Episodes						
One	9,110	81.6	8,260	81.9	6,917	75.0
Two	1,619	14.5	1,430	14.2	1,675	18.2
Three	318	2.8	308	3.1	459	5.0
Four	69	0.6	55	0.5	119	1.3
Five	13	0.1	9	0.1	28	0.3
Six or more	6	0.1	5	0.0	19	0.2
Missing removal episodes	23	0.2	15	0.1	0	0.0
VI. Number of children in care 17 of the most recent 22 months[2] (percent based on cases with sufficient information for computation)	1,951	41.5	1,307	36.2	2,125	48.1
VII. Median Length of Stay in Foster Care (of children in care on last day of FY)	18.2		16.9		16.0	

VIII. Length of Time to Achieve Perm. Goal	# of Children Discharged	Median Months to Discharge	# of Children Discharged	Median Months to Discharge	# of Children Discharged	Median Months to Discharge
Reunification	3,869	7.9	3,890	7.6	3,173	7.0
Adoption	1,295	40.0	1,293	39.6	1,514	34.3
Guardianship	683	20.9	517	23.1	379	23.7
Other	914	21.0	915	25.6	956	29.6
Missing Discharge Reason (footnote 3, page 16)	152	11.4	220	10.9	35	16.0
Total discharges (excluding those w/ problematic dates)	6,913	15.7	6,835	14.9	6,057	16.1
Dates are problematic (footnote 4, page 16)	82	N/A	164	N/A	71	N/A

The Permanency Data for the 12-month period ending March 31, 2008 was based on the annual file created on 12/23/2008. All CFSR Round One safety Results are on page 2; Permanency Round one results are on page 16.

Statewide Aggregate Data Used in Determining Substantial Conformity: Composites 1 through 4			
	12-Month Period Ending 03/31/2006 (05B06A)	**12-Month Period Ending 03/31/2007 (06B07A)**	**12-Month Period Ending 03/31/2008 (07B08A)**
IX. Permanency Composite 1: Timeliness and Permanency of Reunification [standard: 122.6 or higher]. Scaled Scores for this composite incorporate two components	State Score = 114.0	State Score = 112.8	State Score = 117.7
National Ranking of State Composite Scores (see footnote A on page 12 for details)	23 of 47	24 of 47	19 of 47
Component A: Timeliness of Reunification The timeliness component is composed of three timeliness individual measures.			
Measure C1 - 1: Exits to reunification in less than 12 months: Of all children discharged from foster care to reunification in the year shown, who had been in foster care for 8 days or longer, what percent was reunified in less than 12 months from the date of the latest removal from home? (Includes trial home visit adjustment) [**national median = 69.9%, 75th percentile = 75.2%**]	59.9%	61.6%	64.9%
Measure C1 - 2: Exits to reunification, median stay: Of all children discharged from foster care (FC) to reunification in the year shown, who had been in FC for 8 days or longer, what was the median length of stay (in months) from the date of the latest removal from home until the date of discharge to reunification? (This includes trial home visit adjustment) [**national median = 6.5 months, 25th Percentile = 5.4 months (lower score is preferable in this measure[B])**]	Median = 9.0 months	Median = 8.7 months	Median = 8.0 months
Measure C1 - 3: Entry cohort reunification in < 12 months: Of all children entering foster care (FC) for the first time in the 6 month period just prior to the year shown, and who remained in FC for 8 days or longer, what percent was discharged from FC to reunification in less than 12 months from the date of the latest removal from home? (Includes trial home visit adjustment) [**national median = 39.4%, 75th Percentile = 48.4%**]	42.1%	38.9%	41.7%
Component B: Permanency of Reunification The permanency component has one measure.			
Measure C1 - 4: Re-entries to foster care in less than 12 months: Of all children discharged from foster care (FC) to reunification in the 12-month period prior to the year shown, what percent re-entered FC in less than 12 months from the date of discharge? [**national median = 15.0%, 25th Percentile = 9.9% (lower score is preferable in this measure)**]	9.2%	10.3%	10.2%

	12-Month Period Ending 03/31/2006 (05B06A)	12-Month Period Ending 03/31/2007 (06B07A)	12-Month Period Ending 03/31/2008 (07B08A)
X. Permanency Composite 2: Timeliness of Adoptions [standard: 106.4 or higher]. Scaled Scores for this composite incorporate three components.	State Score = 96.3	State Score = 102.5	State Score = 95.5
National Ranking of State Composite Scores (see footnote A on page 12 for details)	23 of 47	20 of 47	24 of 47
Component A: Timeliness of Adoptions of Children Discharged From Foster Care. There are two individual measures of this component. See below.			
Measure C2 - 1: Exits to adoption in less than 24 months: Of all children who were discharged from foster care to a finalized adoption in the year shown, what percent was discharged in less than 24 months from the date of the latest removal from home? [**national median = 26.8%, 75th Percentile = 36.6%**]	14.9%	15.3%	22.6%
Measure C2 - 2: Exits to adoption, median length of stay: Of all children who were discharged from foster care (FC) to a finalized adoption in the year shown, what was the median length of stay in FC (in months) from the date of latest removal from home to the date of discharge to adoption? [**national median = 32.4 months, 25th Percentile = 27.3 months(lower score is preferable in this measure)**]	Median = 40.0 months	Median = 39.6 months	Median = 34.3 months
Component B: Progress Toward Adoption for Children in Foster Care for 17 Months or Longer. There are two individual measures. See below.			
Measure C2 - 3: Children in care 17+ months, adopted by the end of the year: Of all children in foster care (FC) on the first day of the year shown who were in FC for 17 continuous months or longer (and who, by the last day of the year shown, were not discharged from FC with a discharge reason of live with relative, reunify, or guardianship), what percent was discharged from FC to a finalized adoption by the last day of the year shown? [**national median = 20.2%, 75th Percentile = 22.7%**]	21.3%	24.1%	30.9%
Measure C2 - 4: Children in care 17+ months achieving legal freedom within 6 months: Of all children in foster care (FC) on the first day of the year shown who were in FC for 17 continuous months or longer, and were not legally free for adoption prior to that day, what percent became legally free for adoption during the first 6 months of the year shown? Legally free means that there was a parental rights termination date reported to AFCARS for both mother and father. This calculation excludes children who, by the end of the first 6 months of the year shown had discharged from FC to "reunification," "live with relative," or "guardianship." [**national median = 8.8%, 75th Percentile = 10.9%**]	13.1%	19.0%	9.9%
Component C: Progress Toward Adoption of Children Who Are Legally Free for Adoption. There is one measure for this component. See below.			
Measure C2 - 5: **Legally free children adopted in less than 12 months:** Of all children who became legally free for adoption in the 12 month period prior to the year shown (i.e., there was a parental rights termination date reported to AFCARS for both mother and father), what percent was discharged from foster care to a finalized adoption in less than 12 months of becoming legally free? [**national median = 45.8%, 75th Percentile = 53.7%**]	60.7%	54.5%	35.0%

The Permanency Data for the 12-month period ending March 31, 2008 was based on the annual file created on 12/23/2008. All CFSR Round One safety Results are on page 2; Permanency Round one results are on page 16.

	12-Month Period Ending 03/31/2006 (05B06A)	12-Month Period Ending 03/31/2007 (06B07A)	12-Month Period Ending 03/31/2008 (07B08A)
XI. Permanency Composite 3: Permanency for Children and Youth in Foster Care for Long Periods of Time [standard: 121.7 or higher]. Scaled Scores for this composite incorporate two components	State Score = 125.7	State Score = 127.7	State Score = 133.6
National Ranking of State Composite Scores (see footnote A on page 12 for details)	11 of 51	8 of 51	3 of 51
Component A: Achieving permanency for Children in Foster Care for Long Periods of Time. This component has two measures.			
Measure C3 - 1: Exits to permanency prior to 18th birthday for children in care for 24 + months. Of all children in foster care for 24 months or longer on the first day of the year shown, what percent was discharged to a permanent home prior to their 18th birthday and by the end of the fiscal year? A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification (including living with relative). **[national median 25.0%, 75th Percentile = 29.1%]**	29.7%	34.3%	37.8%
Measure C3 - 2: Exits to permanency for children with TPR: Of all children who were discharged from foster care in the year shown, and who were legally free for adoption at the time of discharge (i.e., there was a parental rights termination date reported to AFCARS for both mother and father), what percent was discharged to a permanent home prior to their 18th birthday? A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification (including living with relative) **[national median 96.8%, 75th Percentile = 98.0%]**	95.8%	95.3%	93.2%
Component B: Growing up in foster care. This component has one measure.			
Measure C3 - 3: Children Emancipated Who Were in Foster Care for 3 Years or More. Of all children who, during the year shown, either (1) were discharged from foster care prior to age 18 with a discharge reason of emancipation, or (2) reached their 18th birthday while in foster care, what percent were in foster care for 3 years or longer? **[national median 47.8%, 25th Percentile = 37.5% (lower score is preferable)]**	41.5%	45.3%	40.2%

The Permanency Data for the 12-month period ending March 31, 2008 was based on the annual file created on 12/23/2008. All CFSR Round One safety Results are on page 2; Permanency Round one results are on page 16.

	12-Month Period Ending 03/31/2006 (05B06A)	12-Month Period Ending 03/31/2007 (06B07A)	12-Month Period Ending 03/31/2008 (07B08A)
XII. Permanency Composite 4: Placement Stability [national standard: 101.5 or higher]. Scaled scored for this composite incorporates **no components** but three individual measures (below)	State Score = 95.6	State Score = 95.3	State Score = 105.5
National Ranking of State Composite Scores (see footnote A on page 12 for details)	22 of 51	22 of 51	9 of 51
Measure C4 - 1) Two or fewer placement settings for children in care for less than 12 months. Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 8 days but less than 12 months, what percent had two or fewer placement settings? **[national median = 83.3%, 75th Percentile = 86.0%]**	82.7%	82.4%	86.6%
Measure C4 - 2) Two or fewer placement settings for children in care for 12 to 24 months. Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 12 months but less than 24 months, what percent had two or fewer placement settings? **[national median = 59.9%, 75th Percentile = 65.4%]**	62.2%	64.0%	70.6%
Measure C4 - 3) Two or fewer placement settings for children in care for 24+ months. Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 24 months, what percent had two or fewer placement settings? **[national median = 33.9%, 75th Percentile = 41.8%]**	36.6%	35.2%	45.3%

Special Footnotes for Composite Measures:

A. These National Rankings show your State's performance on the Composites compared to the performance of all the other States that were included in the 2004 data. The 2004 data were used for establishing the rankings because that is the year used in calculating the National Standards. The order of ranking goes from 1 to 47 or 51, depending on the measure. For example, "1 of 47" would indicate this State performed higher than all the States in 2004.

B. In most cases, a high score is preferable on the individual measures. In these cases, you will see the 75th percentile listed to indicate that this would be considered a good score. However, in a few instances, a low score is good (shows desirable performance), such as re-entry to foster care. In these cases, the 25th percentile is displayed because that is the target direction for which States will want to strive. Of course, in actual calculation of the total composite scores, these "lower are preferable" scores on the individual measures are reversed so that they can be combined with all the individual scores that are scored in a positive direction, where higher scores are preferable.

New Jersey Child and Family Services Review Data Profile: February 6, 2009

New Jersey CFSR Statewide Assessment

PERMANENCY PROFILE FIRST-TIME ENTRY COHORT GROUP	12-Month Period Ending 03/31/2006 (05B06A)		12-Month Period Ending 03/31/2007 (06B07A)		12-Month Period Ending 03/31/2008 (07B08A)	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
I. Number of children entering care for the first time in cohort group (% = 1st time entry of all entering within first 6 months)	2,482	84.2	2,507	82.8	2,084	76.2
II. Most Recent Placement Types						
Pre-Adoptive Homes	7	0.3	6	0.2	16	0.8
Foster Family Homes (Relative)	180	7.3	442	17.6	797	38.2
Foster Family Homes (Non-Relative)	1,832	73.8	1,642	65.5	995	47.7
Group Homes	102	4.1	95	3.8	57	2.7
Institutions	324	13.1	282	11.2	198	9.5
Supervised Independent Living	13	0.5	17	0.7	12	0.6
Runaway	0	0.0	0	0.0	7	0.3
Trial Home Visit	0	0.0	0	0.0	0	0.0
Missing Placement Information	24	1.0	23	0.9	2	0.1
Not Applicable (Placement in subsequent yr)	0	0.0	0	0.0	0	0.0
III. Most Recent Permanency Goal						
Reunification	1,123	45.2	1,594	63.6	1,379	66.2
Live with Other Relatives	72	2.9	81	3.2	37	1.8
Adoption	579	23.3	422	16.8	157	7.5
Long-Term Foster Care	26	1.0	11	0.4	14	0.7
Emancipation	61	2.5	51	2.0	39	1.9
Guardianship	146	5.9	57	2.3	11	0.5
Case Plan Goal Not Established	475	19.1	291	11.6	212	10.2
Missing Goal Information	0	0.0	0	0.0	235	11.3
IV. Number of Placement Settings in Current Episode						
One	1,358	54.7	1,372	54.7	1,237	59.4
Two	616	24.8	670	26.7	544	26.1
Three	279	11.2	273	10.9	189	9.1
Four	119	4.8	100	4.0	85	4.1
Five	58	2.3	43	1.7	16	0.8
Six or more	29	1.2	27	1.1	11	0.5
Missing placement settings	23	0.9	22	0.9	2	0.1

The Permanency Data for the 12-month period ending March 31, 2008 was based on the annual file created on 12/23/2008. All CFSR Round One safety Results are on page 2; Permanency Round one results are on page 16.

PERMANENCY PROFILE FIRST-TIME ENTRY COHORT GROUP (continued)	12-Month Period Ending 03/31/2006 (05B06A)		12-Month Period Ending 03/31/2007 (06B07A)		12-Month Period Ending 03/31/2008 (07B08A)	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
V. Reason for Discharge						
Reunification/Relative Placement	873	88.8	931	87.7	748	90.7
Adoption	8	0.8	6	0.6	7	0.8
Guardianship	5	0.5	1	0.1	6	0.7
Other	71	7.2	83	7.8	59	7.2
Unknown (missing discharge reason or N/A)	26	2.6	41	3.9	5	0.6
	Number of Months		**Number of Months**		**Number of Months**	
VI. Median Length of Stay in Foster Care	13.6		12.0		not yet determinable	

AFCARS Data Completeness and Quality Information (2% or more is a warning sign):

	12-Month Period Ending 03/31/2006 (05B06A)		12-Month Period Ending 03/31/2007 (06B07A)		12-Month Period Ending 03/31/2008 (07B08A)	
	N	**As a % of Exits Reported**	**N**	**As a % of Exits Reported**	**N**	**As a % of Exits Reported**
File contains children who appear to have been in care less than 24 hours	38	0.5 %	132	1.9 %	27	0.4 %
File contains children who appear to have exited before they entered	6	0.0 %	5	0.0 %	5	0.0 %
Missing dates of latest removal	38	0.5 %	27	0.4 %	39	0.6 %
File contains "Dropped Cases" between report periods with no indication as to discharge	3	0.0 %	78	1.1 %	247	4.1 %
Missing discharge reasons	152	2.2 %	220	3.2 %	35	0.6 %
	N	**As a % of adoption exits**	**N**	**As a % of adoption exits**	**N**	**As a % of adoption exits**
File submitted lacks data on Termination of Parental Rights for finalized adoptions	4	0.3 %	10	0.8 %	283	18.4 %
Foster Care file has different count than Adoption File of (public agency) adoptions (N= adoption count disparity).	9	0.7% fewer in the foster care file.	67	4.8% fewer in the foster care file.	43	2.7% fewer in the foster care file.
	N	**Percent of cases in file**	**N**	**Percent of cases in file**	**N**	**Percent of cases in file**
File submitted lacks count of number of placement settings in episode for each child	132	1.2 %	105	1.0 %	3	0.0 %

* The adoption data comparison was made using the discharge reason of "adoption" from the AFCARS foster care file and an *unofficial* count of adoptions finalized during the period of interest that were "placed by public agency" reported in the AFCARS Adoption files. This *unofficial* count of adoptions is only used for CFSR data quality purposes because adoption counts used for other purposes (e.g. Adoption Incentives awards, Outcomes Report) only cover the federal fiscal year, and include a broader definition of adoption and a different de-duplication methodology.

Note: These are CFSR Round One permanency measures. They are intended to be used primarily by States completing Round One Program Improvement Plans, but could also be useful to States in CFSR Round Two in comparing their current performance to that of prior years:

	12-Month Period Ending 03/31/2006 (05B06A)		12-Month Period Ending 03/31/2007 (06B07A)		12-Month Period Ending 03/31/2008 (07B08A)	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
IX. Of all children who were reunified with their parents or caretakers at the time of discharge from foster care, what percentage was reunified in less than 12 months from the time of the latest removal for home? (4.1) **[Standard: 76.2% or more]**	2,438	62.2	2,515	63.3	2,146	66.7
X. Of all children who exited care to a finalized adoption, what percentage exited care in less than 24 months from the time of the latest removal from home? (5.1) **[Standard: 32.0% or more]**	194	14.7	198	15.0	341	22.2
XI. Of all children served who have been in foster care less than 12 months from the time of the latest removal from home, what percentage have had no more than two placement settings? (6.1) **[Standard: 86.7% or more]**	5,929	82.8	5,646	83.0	5,454	87.3
XII. Of all children who entered care during the year, what percentage re-entered foster care within 12 months of a prior foster care episode? (4.2) **[Standard: 8.6% or less]**	445	7.2 (83.1% new entry)	486	8.3 (81.8% new entry)	513	9.6 (76.4% new entry)

The Permanency Data for the 12-month period ending March 31, 2008 was based on the annual file created on 12/23/2008. All CFSR Round One safety Results are on page 2; Permanency Round one results are on page 16.

FOOTNOTES TO DATA ELEMENTS IN THE PERMANENCY PROFILE

[1]The 05b06a, 06b07a , and 07b08a counts of children in care at the start of the year exclude 197 , 156 , and 202 children, respectively. They were excluded to avoid counting them twice. That is, although they were actually in care on the first day, they also qualify as new entries because they left and re-entered again at some point during the same reporting period. To avoid counting them as both "in care on the first day" and "entries," the Children's Bureau selects only the most recent record. That means they get counted as "entries," not "in care on the first day."

[2]We designated the indicator, *17 of the most recent 22 months*, rather than the statutory time frame for initiating termination of parental rights proceedings at *15 of the most 22 months*, since the AFCARS system cannot determine the *date the child is considered to have entered foster care* as defined in the regulation. We used the outside date for determining the *date the child is considered to have entered foster care*, which is 60 days from the actual removal date.

[3]This count only includes case records missing a discharge reason, but which have calculable lengths of stay. Records missing a discharge reason and with non-calculable lengths of stay are included in the cell “Dates are Problematic”.

[4]The dates of removal and exit needed to calculate length of stay are problematic. Such problems include: 1) missing data, 2) faulty data (chronologically impossible), 3) a child was in care less than 1 day (length of stay = 0) so the child should not have been reported in foster care file, or 4) child's length of stay would equal 21 years or more. These cases are marked N/A = Not Applicable because no length of stay can legitimately be calculated.

[5]This First-Time Entry Cohort median length of stay was 13.6 in 05b06a. This includes 38 children who entered and exited on the same day (who had a zero length of stay). If these children were excluded from the calculation, the median length of stay would still be 13.6.

[6]This First-Time Entry Cohort median length of stay was 12.0 in 06b07a. This includes 132 children who entered and exited on the same day (who had a zero length of stay). If 132 were excluded from the calculation, the median length of stay would be slightly higher at 12.1.

[7]This First-Time Entry Cohort median length of stay is Not Yet Determinable for 07b08a. This includes 27 children who entered and exited on the same day (they had a zero length of stay). If these children were excluded, the median length of stay would still be Not Yet Determinable. The designation, Not Yet Determinable occurs when a true length of stay for the cohort cannot be calculated because fewer than 50% of the children have exited.

Section III

Narrative Assessment of Child and Family Outcomes

SECTION 3: NARRATIVE ASSESSMENT OF CHILD AND FAMILY OUTCOMES

SAFETY Policy Update

Six key policy and practice adjustments impact safety: 1) development of a single child abuse and neglect reporting center; 2) adoption of a new report Allegation-Based classification system; 3) adoption of Structured Decision Making (SDM) tools; 4) change in report dispositions from three to two; 5) response pilots of CWS pending and Differential Response; and 6) the use of the NJ SPIRIT system to record referral and investigation activity.

Single Reporting Center

In July 2004, New Jersey implemented a single reporting center for the receipt of referrals regarding child abuse or neglect known as the State Central Registry (SCR). Among these referrals are calls requesting information, or for information and referral, which are handled directly. Calls to SCR that require a field response are classified as either a report for Child Protective Services (CPS) investigation or a referral for Child Welfare Services (CWS), which do not rise to the level of an allegation of abuse/neglect.

Classification System and Response Timeframes

CPS reports are categorized, or classified, according to an **Allegation-Based System**, as various types of abuse and/or neglect. CPS cases are assigned one of two timeframes for response:

> "**Immediate response**" means, the assigned Worker/Investigator shall make in-person contact with the child victim no later than the end of the work day in which SCR assigned the CPS report to the field office. Supervisors examine each assignment from SCR that is given an Immediate Response, and direct staff to respond as timely as needed to keep children safe based on the information know at the time.
>
> "**Within 24 hours**" means the assigned Worker/Investigator makes in-person contact with the child victim/subject child within 24 hours of the SCR Screener assigning the report or referral to the field office.

CWS referrals are assigned one of two timeframes for response:

> "**Within 72 Hours**" means the assigned Worker makes in-person contact with the child and his/her family within 72 hours of the SCR Screener assigning the child welfare service referral to the field office for response.
>
> "**Within Five Work Days**" means the assigned worker makes in-person contact with the child and his/her family within five work days of the SCR Screener assigning the child welfare service referral to the field office for response.

It is important to note the Allegation-Based Systems does not pertain to the handling of CWS reports. Child welfare services are voluntary; adults and children must be willing to accept a child welfare intervention. If a family refuses child welfare services, DYFS has no authority to intervene further.

Response Initiatives

Child Welfare Service (CWS) Pilot
Offices in Middlesex, Passaic, and Mercer counties have been participating in a pilot project that allows them to conduct additional screening on 72-hour CWS referrals received from SCR. If the office is able to assist families and/or refer them to other agencies without a direct field response, the report is then closed. This frees investigators to respond to child abuse and neglect reports.

Differential Response
DCF implemented its Differential Response initiative in a four county area (Camden, Cumberland, Gloucester, and Salem) through contracts to two providers. The program is designed to allow access to support services to strengthen families when there is no allegation of child abuse or neglect, and to prevent unnecessary governmental intervention in family life. Referrals to SCR that can be addressed through a Differential Response are linked through a warm-line transfer, as appropriate, to the local responding agency. The agency will engage the family to provide not only requested services, but to determine if there are other services or entitlements available to maximize the family's capacity for child safety, permanence and well-being. The Differential Response initiative was implemented in Union County in January 2009, with plans to begin in Middlesex County in late February 2009.

Response Action

A timely response reflects that one of the above contact requirements has been met, or that the worker has made a good faith effort.

When a Child Protective Services (CPS), or Child Welfare Services (CWS) report is received by the Local Office from the SCR, it is reviewed by the Investigation Supervisor (Intake), or in some cases an office Screener who reviews the report and may conduct any necessary background checks regarding household members to determine whether there is prior history with the Division. Although these background checks are done by SCR, they are often repeated in the Local Offices to ensure accuracy. Once the background checks are complete the Intake Supervisor will log the case for tracking purposes, and assign the case to an Investigative worker.

The Intake Supervisor will then hold a Pre-Investigation conference with the Investigative Worker to review the response time, allegations, Allegation Based System, and determine whether a joint investigation is need with the County Prosecutor's office, Local Police, Human Services Police, Regional Diagnostic and Treatment Center, or the Division's Nurse Consultant. The need for a co-worker 'buddy' is also discussed during this exchange.

The Intake supervisor and Investigative worker also consult with the Permanency Supervisor and Worker, if the case is active. If consultation is needed with the Deputy Attorney General (DAG) it is also done at this time.

When an assigned Worker/Investigator is unable to make in-person contact with each child victim, or subject child, within the assigned response time, he or she is required to make a minimum of three staggered attempts to contact the child in person within the assigned response requirement. If unsuccessful, the Worker/Investigator consults his or her Supervisor, which may result in documenting a good faith effort rather than a contact.

Structured Decision Making (SDM) and Risk Management

The Investigative Worker responds according to mandated time frames, and conducts interviews of all child victims, siblings, the non-offending parent, the alleged perpetrator, and collateral contacts. At this time the Investigative worker will visit the home and complete the Structured Decision Making (SDM) Safety Assessment to assess the safety of all children. There may be instances in which the Investigative worker may find the children are unsafe. The worker has two options to consider at this time, in consultation with the Intake supervisor:

- Implement a Safety Protection Plan, which is a short-term plan to ensure the children's safety. The Safety Protection Plan is developed with the parents' consent to mitigate the need for out of home placement of the child(ren).
- Remove the child/ren.

Once the investigative worker completes all the steps in the investigation, a conference is held with the Intake supervisor to determine the findings, and what the next steps will be. Prior to closure of the investigation, an SDM risk assessment is completed. This assessment is based on the conditions at the time the incident is investigated as well as the prior history of the family, includes both neglect and abuse assessment indices, and results in a determination of risk level as low, moderate, high, or very high. Risk assessment results are used to determine whether to open a case for services, to specify contact requirements, and to inform the case planning process.

After consultation with the supervisor, the case is either closed at Intake or open for Division services. If the case is opened for services, a permanency worker is assigned to the case and he/she will construct a case plan that details which services will be provided to the family to improve functioning and resolve the conditions that resulted in the referral. As part of the development of the case plan, the worker will complete the SDM caregiver and child strengths and needs assessment to help identify areas to be addressed in the plan.

The Permanency worker will visit the family according to the Minimum Visitation Requirement (MVR) that is based on the SDM Risk Assessment level as completed by the Investigative worker. The MVR schedule could be as many as three in home visits per month.

The SDM Risk Reassessment is used in open cases to evaluate a family's progress toward fulfilling the case plan and achieving case goals. The Risk Reassessment should be completed within six month from receipt of the initial referral, every six months thereafter, and whenever

new circumstances or new information becomes available that affect risk. The results are factored into decisions for case action, such as to consider closing cases when risk has been reduced to "low." In the case of maltreatment reports that result in placement outside of the home, the Family Reunification Assessment is used until the child returns home.

Dispositions

As of April 1, 2005, the available dispositions for allegations of child abuse/neglect changed from three (substantiated, unsubstantiated with concerns, and unsubstantiated) to two (substantiated or unfounded). It should be noted that this change impacts the data observed in the Data Profile safety section, as is reported in footnote 'A' in the Data Profile. Any comparison of NCANDS data from FFY2007 to previous fiscal years needs to be considered in this context.

Safety Outcome 1: Children are first and foremost, protected from abuse and neglect.

Item 1: Timeliness of initiating investigations of reports of child maltreatment. How effective is the agency in responding to incoming reports of child maltreatment in a timely manner?

New Jersey has made progress in responding to incoming reports of maltreatment in a timely manner. SafeMeasures conveys, for example, that of Child Protective Services reports received in December 2008, a combined total of 60% were responded to timely and 16% were not, after a declining over the past year from 24% outside of the response time in January 2008. Documentation of contact is not yet entered for the remaining 24% of CPS reports. As a result, the actual rate of timely response for December 2008 will be between 60% and 84% of CPS reports received that month.

Policy Considerations

New Jersey has a single reporting center known as the State Central Registry (SCR). Calls to SCR that require a field response are classified as either a report for Child Protective Services (CPS) investigation or a referral for Child Welfare Services (CWS), which do not rise to the level of an allegation of abuse/neglect. Time frames for response were described in the Safety Policy Update.

CFSR Round 1 Findings

Item 1 was rated a strength in 23 of 31, or 74% of applicable cases, receiving a final Item rating as an area needing improvement. Although inconsistency across review sites was noted, stakeholders expressed the opinion that the Agency responded to reports of child abuse/neglect in a timely manner.

Changes since Round 1

Our timeliness of response has been impacted by several developments:

- The advent of the **Statewide Central Registry,** which classifies and dispatches reports for response, has affected timely response by improving the speed and consistency in determining what referrals to accept as CPS reports, and dispatching those reports readily to a field unit for response. As noted in the Introduction core strategy on strengthening the system front end, the federal monitor issued a report on the SCR operations in September 2008, noting positive improvements in the operation since a prior review in 2005.

  The call technology at SCR and in NJ SPIRIT system captures **timestamps** of response events, including the start point for measuring response. We have developed a framework that allows us to track calls when they are the responsibility of SCR – i.e., from the time of the call to the assignment to the field – and when they are the responsibility of the field offices, i.e., from the time of assignment to the time of response. As noted in the federal

monitor's report, and as supported by the data, SCR sends calls to the field timely. And, as discussed above, the field's timeliness of response has improved over time.

- Designating staff as **'investigators'** frees these staff from non-investigative work so they can focus on responding to reports. These individuals have been training in "First Responder's Training" so that they are better able to efficiently address investigative responsibilities, improving their availability to respond to additional incoming reports.

  In conjunction with the designation of investigators, the core strategy around Caseload Management has been instrumental in supporting timely response. The **forecasting** and management method developed allows offices to maintain staffing at levels sufficient to address peak referrals.

- The development to date with **Differential Response,** described in the Introduction, will eventually impact timeliness by again reducing the volume of calls for investigators. The avoidance of unnecessary field responses by investigative staff will enable them to promptly attend to those reports that present greatest risk to children.

- The advent of the **Case Practice Model** and its tools, e.g. to hone engagement skills, family team meetings, strategic interview planning, case conferences, and observation by supervisors on field visits, further supports timely response by building our ability to efficiently resolve reports/referrals.

Data Considerations

- During the PIP period, New Jersey reported on an Item 1 goal to improve timeliness of response. Results developed from a baseline of 34.3% for Quarter 1, to 55.3% reported for Quarter 8, based on SafeMeasures reporting.

- Developments since the PIP include a new SafeMeasures report screen titled *Response Priority Timeliness*. This report provides data on all field responses, can be refined by CPS or CWS types, and provides a crosstab which shows response time, case status at referral, and investigation status, which can then be sorted by response time and priority, with the capability to drill down to the individual worker.

- In capturing response time, there had been definitional and timestamp concerns following the transition to NJ SPIRIT that led to action to renovate and clarify this screen in SafeMeasures. Report times are captured with an electronic stamp on SCR events, and response time is gauged with subsequent data entry by the field into NJ SPIRIT. However, when an allegation is identified and addressed in the field before actual data entry in NJ SPIRIT occurs, the response will register as "invalid." Also, if investigators fail to record case contacts properly in NJ SPIRIT, including the correct notation of a Good Faith Effort, the contact will not be picked up in SafeMeasures. As a result of these factors, the number of on-time responses has been under-reported in SafeMeasures following the transition to NJ SPIRIT, as evidenced by timeliness rates of between 50% and 57% monthly between

December 2007 and December 2008. Combing the on-time response with the pre-report document response raises the range of compliance to 60-68%, before accounting for 'no contact recorded'. We continue to work through residual issues related to the completeness and timeliness of data entry. Progress in these areas is anticipated to reduce the lag between known and unknown timely response.

- Timeliness appears to be unaffected by the numbers of reports, which indicates that our staffing methodology is sound in assuring response capacity. A record number of calls requiring field response were received through the SCR in 2006 and 2007. In SFY2008 somewhat less, but still in excess of 60,000 calls to the New Jersey State Central Registry hotline were referred to field offices for action. The Data Profile also notes that the number of reports disposed increased 2.4% between FFY07 and FFY07B08A, from 44,606 to 45,673. (Note: The number of reports disposed in FFY06, which is significantly lower, reflects disposition classification changes and reporting changes, as described in the Data Profile Additional footnote A- page 6).

- The 2-6-09 Data Profile reports that the median time to investigation in hours was "more than 24 but less than 48" for both FFY07 and FFY07B08A, the first two periods for which this data is available. This result can be misleading, as it may appear to indicate some delay in response when the method of calculation - as reported in the Data Profile - does not render a conclusive determination as to timeliness of New Jersey's response.

- Also, during the PIP period, Mini-CFSR assessments were conducted across 13 counties, involving 120 cases. Of the 84 cases to which Item 1 applied, the Item was rated a strength in 64, or 76%, of the cases.

- In a report on the SCR released in July 2008 by the federal monitor, SCR operations were found to be appropriately focused on the timeliness and the quality of the response to the public's reports of child maltreatment.

Strengths

- Performance in responding timely to reports of child abuse/neglect was improved over the course of the PIP and has continued to maintain or improve since. This is the result of several factors, such as caseload management, single call center, tracking capacity, and investigator preparation that expedites the process.

- Effective caseload management and forecasting has permitted staffing sufficient to assure timely response, and we are able to track that response through SafeMeasures, which provides supervisors the tools to manage the workload to assure response is timely.

- New Jersey staff currently respond to CPS reports as well as CWS referrals, with the volume split approximately 80%/20%, respectively. The capacity of Differential Response will eventually reduce the volume for field response to CWS referrals, increasing our capacity to respond to efficiently respond to CPS reports.

Opportunities for improvement (OFIs)

- We continue to be challenged by the completeness and timeliness of data entry into NJ SPIRIT that will improve the accuracy of SafeMeasures and support enhanced monitoring of response times. Process adjustments that support quicker data entry will be area for focus. Such efforts are consistent with the MSA emphasis on timeliness and data quality, and are consistent with our emphasis on managing through data.

- Attention to the recommendations in the federal monitor's SCR report of September 2008 is anticipated to prompt improvements at the front end of the system, which will have the impact of sustaining the ability to respond timely.

Summary statement

Our best opportunities to achieve safety are through prevention and timely, appropriate response to incidents. Quantitative data, along with the reviews and qualitative information developed through file/investigation reviews, confirms that New Jersey has improved the timeliness of its response to reports of child abuse and/or neglect.

Safety 1: Children are, first and foremost, protected from abuse and neglect.

Item 2: Repeat maltreatment. How effective is the agency in reducing the recurrence of maltreatment of children?

New Jersey continues to demonstrate strength in the absence of repeat maltreatment, as evidenced by meeting the National Standard (94.6% or more) for two of three 2-6-09 Data Profile periods, i.e. 95.1% for FFY07, and 95.9% for FFY07B08A.

Policy Considerations

As outlined in the Safety Policy update, the investigative process has involved the completion of an SDM safety assessment, the findings of which determine immediate action and/or services needed to protect the child. Prior to closure of the investigation an SDM risk assessment is completed to determine whether to open a case for services, identify appropriate contact requirements, and to inform the case planning process. Families in cases that are open for services receive risk re-assessments every six months to assess the family's progress toward achieving case plan goals. The results are factored into decisions for case action, such as to consider closing cases when risk has been reduced to a "low." In the case of maltreatment reports that result in placement outside of the home, the Family Reunification Assessment is used until the child returns home.

CFSR Round 1 Findings

Item 2 was rated a strength in 46 (96%) of the 48 cases to which it applied, receiving a final Item rating as a strength, although the final report did cite allegations in open cases that were not separately reported and investigated. Contributing factors for repeat maltreatment were identified as ineffective interventions, scarce resources, high caseloads, and the lack of services to address poverty.

At the time of CFSR Round 1, New Jersey's FFY2002 result in the indicator for repeat maltreatment was 6.9%, above the 6.1% National Standard. While the Program Improvement Plan (PIP) was being formulated, an updated July 6, 2004 Data Profile revealed performance for FFY2003 that was improved and, at 5.6%, exceeded the National Standard. As a result, Item 2 was not addressed in New Jersey's PIP.

Changes since Round 1

Several adjustments since Round 1 have enhanced our ability to prevent repeat maltreatment. These include:

- Development of the State Central Registry as described in the Introduction has addressed one concern noted in Round 1, as by practice each referral is separately recorded, categorized and investigated as appropriate, and data is tracked on the status of each as open, new, or reopen.

- Implementation of the research-validated **Structured Decision Making** Tools for assessing child and family strengths and needs, safety, and future risk of harm, as identified in the Introduction core strategy. The risk assessments for children in out-of home placement as well as for children who have been able to remain in their own home are designed to evaluate the likelihood of future maltreatment, given family history and participation in services.

- The significant **investment in services**, described in Systemic Factor E, 'Service Array' has been pivotal in supporting safety interventions and enabling a family to achieve successful resolution of the issues that brought them to the crisis precipitating involvement in the child welfare system. For example, access to Flexible Funding has enabled casework staff to respond quickly and creatively to the unique needs of a greater number of children, birth families, and resource home caregivers, preserving families and supporting success.

  As part of the investment in services, the **integration of child serving agencies** within a single-focus Department has facilitated the provision of services to children and families, both independently and as mutual clients. The growth in both DPCP and DCBHS have provided a range of community service options for families to avert a return to the child welfare system.

- Another core strategy, **successful caseload management**, has been a fundamental element of keeping children safe by providing the increased level of casework attention and contact that is associated with successful intervention. The case load standards for permanency workers have been continually met, as addressed in that Introduction Core Strategy. The separation of investigation from the permanency worker responsibilities also helps concentrate permanency workers on family success, and eases concerns that may exist about dual and conflicting roles.

- Tightening the front end of the system, the **response and investigative** process, as addressed in Item 1, produces better information for the permanency worker to use in his/her work with the family. Coupled with maturation of the Case Practice Model, in particular the engagement of the family in the assessment, planning, and evaluation of progress, workers are better able to identify risk and manage it proactively.

- **NJ SPIRIT** and **SafeMeasures** are effective management tools through which to monitor timely work to promote safety. For example, in NJ SPIRIT, safety and risk assessments appear in casework staff "ticklers" to remind them to be completed. Also, NJ SPIRIT has built-in safeguards preventing the closure of cases unless appropriate assessments are completed.

Data Considerations

- New Jersey has met the National Standard regarding repeat maltreatment for all but one period since the 7-6-2004 Data Profile, as follows (Note: The standard language changed from the presence of, to the absence of, Repeat Maltreatment)

  - FFY2003: 5.6% (Data Profile of 7-6-04, stated as "presence of")
  - FFY2004: 95.0% (Data Profile of 5-23-07, stated as "absence of")
  - FFY2005: 95.1% (Data Profile of 10-10-07, stated as "absence of")
  - FFY2006: 93.9% (Data Profile of 2-6-09, stated as "absence of", not met)
  - FFY2007: 95.1% (Data Profile of 2-6-09, stated as "absence of")
  - FFY07B08A 95.9% (Data Profile of 2-6-09, stated as "absence of")

- Data captured in the DCF system, and analyzed by Chapin Hall, provides, a more extensive look at repeat maltreatment from a longitudinal basis across the years 2002 through 2005. It reveals that the prospect for repeat maltreatment follows a similar pattern, but is greater as time goes by:
  - The incidence of repeat maltreatment within 12 months of a substantiation steadily declined from a high of 9.5% in 2002 to 7.2% in 2005.
  - The incidence of repeat maltreatment within 6 months of a substantiation has followed a similar pattern, declining from a high of 6.9% in 2002 to 4.9% in 2005.
  - The incidence of a substantiation following an unsubstantiated report has remained relatively flat over time, at 4.8% in 2002 and 4.9% in 2005.

  We are also able to look at the status of intakes in SafeMeasure to see how many of our intakes reflect New, Open, or Reopen cases. For example, data shows over 2008 that monthly CPS intakes include approximately 40% New cases, 25% Open cases, and 35.% Reopen cases. This provides a starting point to examine cases for any possible patterns.

- During the PIP period, Mini-CFSR assessments were conducted across 13 counties, involving 120 cases. Item 2 was rated a strength in 111, or 95%, of the 117 cases to which it applied.

Strengths

- Data results show that we continue to do well in terms of avoiding repeat maltreatment. The monitoring and management facility provided to workers and supervisors through NJ SPIRIT, complete with "ticklers" and safeguards, helps focus attention on families that continue to need support.

- Integration of efforts with other internal and external partners to continue to develop creative services that effectively address needs and prevent deterioration of family functioning is key. Examples of this are the work done in prevention, flex funding, and the development or expansion of services as noted in Item 35.

- The availability of structured tools, the Case Practice Model implementation, and workforce development in-service training requirements, will continue to strengthen our ability to identify and manage risk to avoid repeat maltreatment.

Opportunities for Improvement (OFIs)

- Disparity in determining the most appropriate course of service for a child can inadvertently lead to risk of repeat maltreatment. For example, in the court situation the parties may disagree on what is the best living arrangement for the child. At times, for example, a child may be returned home against the recommendations, or another party/representative may disagree with the placement plan. At times the child him/herself may have wishes that appear inconsistent with their needs. Assuring the decision-making is sound and based on careful consideration of strengths, needs, progress, and risks is important. To this end, involvement in cross-training, such as is delivered through CICIC programs, and the maturation of the Case Practice Model are important to clarity and unity in decision-making.

- The continued refinement of SafeMeasures and the outcomes of the review of SCR hold promise for enhancing our ability to study repeat maltreatment. The New, Open, and Reopen status reports provide a good beginning in supporting efforts of Area staff to study the drivers of repeat maltreatment. Expanding the range of data readily available to search for patterns and information will help staff at the Area/Local level.

Summary Statement

New Jersey continues to demonstrate effective results regarding repeat maltreatment. More importantly, we continue to develop the full palette of tools, methods, and options that will enable us, with our system partners, to better assess, identify, and appropriately address risk in order to prevent repeat maltreatment.

Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.

Item 3: Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care. How effective is the agency in providing services, when appropriate, to prevent removal of children from their homes?

New Jersey has improved its effectiveness in this Item, to a position of relative strength, as evident through review of key indicators:

- As indicated in NJ SPIRIT data that is analyzed by Chapin Hall, for children first entering care, the placement rate declined overall from 2.4 per 1,000 in CY2004 to 2.0 per 1,000 in CY2007. The rate also declined for each age group reported (under 1 year, 1 to 5 years, 6 to 12 years, and 13 to 17 years).

- As reported in the 2-6-09 Data Profile, the number of child abuse/neglect reports disposed has grown each period, from 44,606 in FFY07, to 45,673 in FFY07B08A. At the same time, the Data Profile reveals a consistent decline in the number of children entering care, from 6,189 in FFY06 to 5,844 in FFY07, to 5,350 in FFY07B08A.

- New Jersey has maintained a positive, low rate of re-entry into Foster Care, besting the 25th percentile in FFY05B06A at 9.2%, and remaining below the National Median (15.0%) for FFY06B07A at 10.3%, and FFY07B08A at 10.2%.

- New Jersey has met the National Standard for the absence of Repeat Maltreatment (94.6% or more) for both FFY07 at 95.1%, and FFY07B08A at 95.9%.

- Based on point-in-time data as of December 31, 2008, DYFS served four times the number of children in-home (38,317) as in out-of-home care (8,846).

Policy Considerations

The Investigative Worker responds according to mandated time frames, and conducts interviews of all child victims, siblings, the non-offending parent, the alleged perpetrator, and collateral contacts. At this time the Investigative worker will visit the home and complete the SDM Safety Assessment to ensure the safety of all children. There may be instances where during the investigation the Investigative worker may find the children are unsafe. As an alternative to removal of the children, in consultation with the Intake supervisor, the Investigative worker can implement a Safety Protection Plan, which is a short-term plan to ensure the children's safety. The Safety Protection Plan is developed with the parents' consent to mitigate the need for out-of-home placement of the child, and identifies those actions and services to be provided to prevent removal. Throughout the life of the case, the SDM tools are used, as described in the Safety Policy Update, to assess and manage risk, including to support decisions on removal and reunification.

CFSR Round 1 Findings

This Item was rated a strength in 14 of 44, or 34%, cases to which it applied, receiving a final Item rating as an area needing improvement. Concerns cited included:

- an insufficiency of services to address child abuse/neglect issues while children remain in their home, including services that were responsive to different cultural needs
- concerns related to the use of assessments to both inform a decision to remove as well as a decision that return was safe, and
- caseload size impeded caseworker contact with both the family and the provider at a level sufficient to assess the family situation

Changes since Round 1

Performance in preventing removal has been assisted on several fronts, from worker functional designations, classification and targeting of needed response, to services and workforce development.

- **Caseload management** has enabled workers to spend more time with families. As a result, workers are more knowledgeable about their families and better able to target supports.

- The advent of **SCR** and the allegation-based system for referral classification has helped to better define and target CWS vs. CPS. In turn, this targeting supports the appropriate dedication of resources to prevent removal.

- The use of **designated investigators** has supported skill acquisition and refinement among investigators, improving the quality of assessment and decision-making regarding removal. With the support of **clinical specialists**, e.g. LCSW, RN, CADC, Team Leader, an increased body of knowledge is available to bear on decisions regarding appropriate intervention.

- **Structured Decision-Making (**SDM) tools have helped workers better identify, assess, rate, and respond to the safety, risks, and strengths of children and families. As a result, workers are better able to identify needed services.

- Expanded services, most notably the development of flex funding, has allowed workers and families to creatively address safety and bring services to the clients where they live. These services supplement Family Preservation/Family Support Services, which are available throughout the state to support efforts to maintain children identified via the SDM as having safety, very high or high risk factors that could result in placement safely in their homes. The Family Service Association of New Jersey reports that in SFY08, FPS services were provided to 2,005 children in 945 families.
  - At termination, the majority of children remained in the home with their families, 90%, an increase from SFY2007 of 1.5%.
  - The FPS placement prevention rate was 88% at the Twelve Month Follow-Up, with 1,377 children remaining at home with their families.

- On average, a family participated for 4.6 weeks, receiving on average 71.5 hours of service: 34.9 direct service hours (face-to-face contact with families) and 36.6 indirect service hours (inclusive of travel, supervision, collateral contacts).

- **Post reunification services** have been expanded, to support families and prevent re-entry into care. Importantly, we have begun to restructure contracts in a way that establishes a clearer set of expectations for child and family-centered services, and which hold providers more **accountable** for measurable results.

- With the creation of the **DPCP,** we are building community networks to support children and families before a crisis occurs. As a part of this work, an inventory of prevention assets has been undertaken, several programs have been transitioned from DYFS to DPCP management, and a series of new and expanded services have been developed to grow and support families and avoid maltreatment.

- A significant piece of the service work has been the **Differential Response** initiative. This has shown that a coordinated, community-based case management system that responds to voluntary requests for services is able to address critical needs that otherwise may give rise to CPS reports, e.g. mental health, poverty, or homelessness. In addressing preventable reports, these efforts do not deplete precious preservation resources that need to be targeted to appropriate families.

- Similarly, service development and case management advances at **DCBHS** have resulted in more efficient direction of resources to a specific subset of children, avoiding crisis returns to service, and preserving resources to be alternatively targeted to other urgent cases.

- Finally, as noted in previous items, **NJ SPIRIT and SafeMeasures** provide a mechanism for workers at all levels to manage and monitor their work as well as to gauge progress in assessing and managing risk.

Data Considerations

The data noted in the opening statement and below demonstrate good positive performance. We serve less children overall under the protective services umbrella, serve more in their own homes, have a reduced incidence of placement as well as reduced incidence of repeat placement.

- As captured in NJ SPIRIT and reported on the DCF website, of all children under DYFS Supervision, at 48,647 as of June 2008, the vast majority (81%) are served in their own homes

- Cases opened for post-investigative services declined between 2-6-09 Data Profile periods, representing cases for 8,869 unique child victims in FFY06 to 5,525 in FFY07, and then very sharply down to 3,594 in FFY07B08A. These cases represent a declining percentage of unique child victims with cases open for services, from 81.8% to 77.3%, to 51.4%, respectively.

- As captured in NJ SPIRIT and analyzed by Chapin Hall, the rate of children per 1,000 in the general population experiencing their first placement declined from 2.4 in CY2004 to 2.0 in CY 2007. The rate of children with subsequent placements in those years was between 0.9% and 1.1%, indicating that we are finding ways to address needs without removal, and ways to maintain returned children in their home environment.

- During the PIP period, Mini-CFSR assessments were conducted across 13 counties, involving 120 cases. Of the 70 cases to which Item 3 applied, the Item was rated a strength in 49, or 70%, of the cases.

- Additionally, SafeMeasures does provide the status of CPS or CWS referrals as New, Open, and Reopen, as noted in Item 2. CWS referrals are typically, 30% New, 35% Open, and 34% Reopen. This date provides a starting point to drill down and identify patterns in services and practices to learn more about managing risk and safety.

Strengths

- The data clearly show that we are having success in this Item, given that we are serving less children in out of home care, reaching more children in their home environments, achieving a low rate of repeat maltreatment, and demonstrating good results in re-entries to care. This improvement stems from a combination of strategies and practices we have implemented.

- The combination of managed caseloads, targeting and classification of response requirements at the front end of the system, improved ability to assess families using validated tools and an increased array of services and/or supports to creatively apply in alleviating stress have been critical factors in successful management of risk. In particular, the services offered through DCBHS and DPCP have provided proper support for children and families not experiencing child abuse and neglect issues, which has been significant in reducing strain on DYFS as well as on the resources most appropriately applied to preservation efforts.

- The impact of the case practice model in engaging families in all phases of the service experience, from initial intervention and including assessment, planning, delivery, and evaluation of progress, is anticipated to have a significant impact on this Item as we move forward. In particular, the CPM forces the worker to examine the family as a whole, avoiding any tendency to focus on either the parent or child. Also, the team meeting framework for planning brings many more resources to the table to support the families intact while avoiding removal.

Opportunities for improvement (OFIs)

- Annually, we survey caseworkers for feedback on the services funded under Promoting Safe and Stable Families. Consistently, Family Preservation services are identified as having too few slots to benefit as many families as could potentially benefit. A related issue is turnover of staff in this high-skill crisis intervention program. The availability of FPS has been mitigated in part by the expansion of Flex Funds and other supports. However, as supports

continue to develop, attention should be maintained on the availability and agility of services designed specifically to preserve intact those families experiencing crisis.

- Time presents other challenges that can negatively impact our ability to prevent removal. For example, by policy, safety plans are good for ten days. It is not unusual for one of the provisions of a safety plan to take more than ten days to complete. However, extending services beyond that time by policy can drive litigation that is disruptive to the service relationship. In these instances, the Division may be forced to go into court under Title 9, and possibly seek Care, Custody, and Supervision, or Care and Supervision of the children.

Summary statement

New Jersey is evidencing improvement in providing services to children in their homes, with reduction evident in initial removals, re-entries to Foster Care, and repeat maltreatment. Importantly, we have also set the stage for continued improvement in this Item with our work in all of the organizational changes and advancements described above.

Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.

Item 4: Risk assessment and safety management. How effective is the agency in reducing the risk of harm to children, including those in foster care and those who receive services in their own homes?

New Jersey has made progress in reducing the risk of harm to children, as evidenced by the data on repeat maltreatment and the absence of maltreatment in foster care:

- New Jersey met the National Standard (94.6% or more) for the Absence of Repeat Maltreatment for two of three Data Profile periods, i.e. 95.1% for FFY07, and 95.9% for FFY07B08A.

- New Jersey exceeded the National Standard (99.68%) for absence of maltreatment in Foster Care for the latter two of three Data Profile periods, with results of 99.90% for FFY07 and 99.70% for FFY07B08A.

We appear to be doing slightly better with children in foster care, likely due to the heightened infrastructure of supports and requirements surrounding Foster Care, such as provider training and licensing requirements.

Policy Considerations

As described in the Safety Policy Update, reducing risk to children in Foster Care as well as to those in their own homes is managed through the diligent application of validated tools that help to measure and respond to varying levels of risk. Structured Decision Making tools are integral elements of practice and include:

- Safety Assessment, completed at investigation or upon identification of safety issues
- Risk Assessment, completed during investigation and used to determine level of risk, whether to close a case or open it for services, and the frequency of casework contact that is required with children and parents
- Child Strength and Needs Assessment and Caregiver Strengths and Needs Assessments are tools to use in preparation for developing an effective case plan.
- Family Risk Reassessment is used throughout the life of the case to evaluate a family's progress toward fulfilling the case plan and achieving case goals
- Family Reunification Assessment, used when evaluating the appropriateness of returning a child from Foster Care

CFSR Round 1 Findings

This Item was rated a strength in 25 (or 50%) of the 50 cases to which it applied, receiving a final Item rating as an area needing improvement. Concerns cited included:

- Lack of assessment regarding safety, risk, and family needs at various points in the case
- Services insufficient and heavily weighted toward either the child or parents

- No ongoing evaluation of service effectiveness, or ongoing monitoring of family by caseworker
- Insufficient waivers for CARI or CHRI history
- Insufficient IAIU communication with local offices

Changes since Round 1

Several strategy changes described in this Statewide Assessment have addressed the Round 1 findings and have impacted practice to support improved performance in this Item:

- **Caseload management** has provided time for workers to focus more intently on the needs of their families. As a result, workers can demonstrate greater knowledge of family dynamics. Duty separation also helps: permanency workers can focus on their caseload without the disruptions of attending to new investigations. Additionally, should a CPS report be received on an open case, the investigation is conducted by an investigator, relieving the Permanency worker and the family from the tension of dual investigator/helper roles.

- The gradual availability of **in-house consultant support** is beginning to have impact. With the support of specialists, e.g. LCSW, RN, CADC, Team Leader, workers are better able to appropriately assess need and identify services.

- **Structured Decision-Making (SDM)** tools require workers to engage in consistent and timely assessment. SDM tools have helped workers better identify, assess, rate, and respond to the safety, risks, and strengths of children and families. As noted in Item 2, the NJ SPIRIT system provides ticklers to assure that SDM tools are used timely.

- **Service investments** since 2004, as detailed in Systemic Factor E –'Service Array' mean that children and families have more opportunity to get services both to prevent as well as to address risk and safety issues. Consistent attention to managing the service array in response to ever-changing needs is a given, and work to support that fluidity is in process.

- For children in Foster Care, developments regarding the use of **relative caregivers**, as detailed in Permanency 2 and Systemic Factor G – 'Resource Family Licensing, Recruitment, and Retention' have been an important gain in terms of family continuity and connection, an important element in reducing risk and promoting reunification or positive alternate permanency.

- Adjustments in our work with **Resource Families** addresses Round 1 concerns**,** promotes flow and stability, and improves risk management, as described in Permanency 2 as well as in Systemic Factors C and G. We have:
  - Renovated the requirements and process for licensing Resource Families
  - Required relative caregivers to become licensed
  - Renovated training for resource families
  - Obtained a provision for 'flagging' fingerprints so we are alerted to violations as they occur

- Developed Resource Family Support Units to oversee and support caregivers in attending to children in their care
- Equalized reimbursement for relative and non-relative caregivers
- Streamlined the waiver process for relative caregivers to expedite decision-making

- Implementation of New Jersey's **Case Practice Model** requires a more child and family-centered approach to our work. What we are learning through the implementation is how to understand, engage, and work more collaboratively with families from a strengths-based perspective. This model brings informal supports to bear on efforts to manage risk and maintain safety.

- **Concurrent Planning** continually focuses attention on foster care case assessment and review regarding the appropriateness of goals, action, and timely achievement of permanency tasks. This oversight improves risk through constant attention.

- The development of the **New Jersey Child Welfare Training Academy**, and its renovation of pre-service, in-service, and resource parent training has heightened worker preparation for service, expectations for performance, and evaluation of competency in one's functional role.

- We have worked **collaboratively with our system and community partners**, as discussed in Systemic Factor F, 'Agency Responsiveness to Community', to strengthen our ability to adequately and successfully address the needs of individual children and families. This unified approach to a child/family helps to stabilize the service process.

Data Considerations

Several data are available that communicate the improvements and/or consistency over time in New Jersey's ability to reduce and manage risk of harm to children:

- The incidence of maltreatment reports and substantiation of maltreatment reports investigated by the Institutional Abuse Investigation Unit, which address children in out-of-home care and has declined, per IAIU statistics. In CY 2006, there were 4,222 incidents of which 4.3% were substantiated. In CY 2007, there were 4,544 incidents, of which 3.7% were substantiated.

- New Jersey continues to demonstrate strength in the Absence of Repeat Maltreatment, as identified in Items 2 and 3, having met the National Standard for all but one period since the 7-6-2004 Data Profile.

- New Jersey has maintained a re-entry result better than the National Median (15.0%), and has exceeded or hovered just above the 25th percentile (9.9%) in re-entries to foster care for all three time periods reported in the 2-6-09 Data Profile, with results of 9.2%, 10.3%, and 10.2% for FFY06, FFY07, and FFY07B08A, respectively.

- Additionally, we have seen a steady decline in the number of children entering care over the same 2-6-09 Data Profile periods, from 6,189 to 5,844 to 5,350, respectively.

- According to NJ SPIRIT data analyzed by Chapin hall, the rate of initial placement has declined statewide from 2.4 per 1,000 children in the population under 18 in CY2004 to 2.0 per 1,000 in CY2007.

- The incidence of children in care being maltreated by a parent was 0.68% in FFY07 and 0.49% in FFY07B08A.

- New Jersey meets Permanency Composite 4: Placement Stability, for FFY07B08A, with a score of 105.5, with improvements in all three component measures across all data periods.

- During the PIP period, Mini-CFSR assessments were conducted across 13 counties, involving 120 cases. Of the 112 cases to which Item 4 applied, the Item was rated a strength in 83 or 74%, of the cases.

- New Jersey enacted a SafeHaven law in 2000. To date, a total of 38 infants have been safely surrendered under the law.

- New Jersey data has been analyzed by Chapin Hall. For children in-home with substantiations in 2005, and children reunified in 2005, longitudinal data on subsequent (within 12 months) maltreatment shows a rate of 6.8% for children post-reunification and 7.4% for children remaining in-home. This extended window (12 months) look at repeat maltreatment provides implications for addressing aftercare and evaluating safe case closure.

Strengths

- The data indicates that we have made progress in managing risk: the number of children entering care is lower, the rate of placement has lessened, performance is steady in limiting repeat maltreatment and abuse/neglect in Foster Care, and gains in stability in placement indicates that we are able to manage risk effectively for children in care.

- Managing caseloads is the first priority in reducing risk. Vigilance regarding caseload capacity is the primary ingredient in addressing the needs of children, as it permits workers to spend time in contact with children and families, addressing risk and protective factors. As noted in the Introduction, we have consistently met our caseload targets.

Opportunities for Improvement (OFIs)

- An opportunity for improvement lies in developing additional data to examine repeat maltreatment from various standpoints, e.g. post reunification, post unsubstantiation, 12 month vs. 6 month windows, as well as the data on New, Open, and Reopen referrals. This can serve as a base of data from which to work to further enhance risk management and safety, especially for children in their own homes as well as those being reunified.

Summary Statement

New Jersey has made significant strides in developing and improving systems to reduce the risk of harm to children. While attention may appear focused on children in Foster Care, the majority of efforts noted are intended to support reduced risk and positive outcomes regardless of child location.

Permanency Practice Policy Update

Many New Jersey policies regarding placement and permanency practice have been updated since CFSR Round 1. Revisions address all stages of the placement and permanency process, with the intent of:

- Lessening emergency placements
- Reducing trauma to the children
- Targeting children truly in need of placement
- Securing the most appropriate resource at the time of placement
- Involving everyone in the process
- Facilitating continuous monitoring and review of the placement
- Expediting length of time to achieving permanency

Elimination of Voluntary Placement

Voluntary Placement as a permanency goal selection was eliminated during the PIP period. As a result, all children who enter out of home care have their cases monitored by the courts.

Along with the DYFS concurrent planning review schedule, the Courts also conduct frequent 'Case Management' hearings to ensure appropriate goals are made and services are provided.

Placement Process Renovation

In cases of an investigation or safety issue, a safety assessment is conducted, and a safety plan developed to assure the child's safety. Reasonable efforts are made to secure services and implement protective strategies. If no services or resources can be identified which are sufficient to keep the family together while keeping the children safe, removal must be considered.

When it appears that placement may be warranted, DYFS meets with the family, whenever possible, to engage them and their supports before the child is placed. (If this cannot be accomplished before the child is placed, a meeting is convened within 72 hours of placement.) At this meeting, the parent is encouraged to understand the impact of placement on the child and the family, and to remain involved in their child's life. At this time the parent is asked to identify any family and/or friends who may be possible resources for the child's placement. The worker gathers information about the child, e.g. birth data, health information, personality of the child including traits and habits and educational needs and background. The worker discloses specific information regarding the reason for placement and changes that will be needed before reunification can occur, in addition the parent is advised of the need to participate in planning for the child and their obligation to contribute to the support of the child.

In the event a return to foster care is necessary, the Resource Family Placement Facilitator (RFPF) in conjunction with the child's Case Worker will determine if the child can return to his or her previous caretaker to minimize trauma to the child.

The placement process was redesigned in part to minimize disruption and trauma to the child. This manifests in some key ways: 1) mandated pre-placement physical assessments of the child are conducted outside of emergency room settings as often as possible; 2) an emphasis on efforts to place siblings together; 3) an emphasis on efforts to place the child in a location that affords continuity of school; and 4) an emphasis on relatives or friend as a potential resource that would offer the child some degree of familiarity and continuity. Our statute and regulations require the Division to search for relatives within 30 days of placement.

Upon receiving a request for a resource home, the Resource Family Support Unit (RFSU) facilitator searches computer files to locate and identify any of the child's siblings in a foster or adoptive home. If a sibling is located in a placement, an assessment is done and if appropriate, attempts are made to place the child with a sibling. If a sibling is located in a resource home that has reached their approved capacity and it is determined that the placement is appropriate, the protocol for requesting an exception to population limitations is followed.

Selecting a Resource Family

Essentially, when a child requires out-of-home placement, DFYS must first consider relatives and close family friends who may be willing and able to provide substitute care. Our statute and regulations require DFYS to search for relatives within 30 days of placement, although practice requires an initial family team meeting be held prior to or within 72 hours of placement, which is when we explore relatives as potential resources.

The relative or friend must be willing and able to:

- Assure the child's ongoing care and safety
- Protect the children from further abuse/neglect by the parent
- Support the case plan
- Participate in a home-study and licensing process
- Make both a short and long-term commitment to the child, in the event reunification is not possible.

When placement with a relative or friend is not possible, the least restrictive licensed foster home is sought. If a foster home is determined to not be appropriate for the child, alternatives are considered, with the least restrictive alternative the best placement.

After all special needs and interests are considered, the following sequence is generally applied when looking for a resource home: the same municipality, neighboring municipalities within the same county, elsewhere in the same county, adjacent counties, followed by other counties statewide.

A resource home selection for a child is based on the following:

- If the child has been in out-of-home care in the past, replacement with the former resource parent should be the first placement pursued unless there is specific justification for not utilizing a home where the child already may have established a relationship

- The ability of the resource family to understand, accept and provide for the individual needs of a specific child in relation to his age and developmental level, interests, cultural heritage, intelligence, educational status, social adjustment, language, individual problems and parental background
- The resource parent's willingness and ability to meet the child's physical and emotional needs as defined by the parent and assessed by the assigned Worker, and to accept the child as a temporary part of the family
- The ability of the resource family to accept and care for a sibling group, when more than one child is involved in placement.
- The resource parent's willingness, ability and capacity to accept and care for a sibling of a child already in his/her home, in an effort to reunite siblings who may have been separated, or to allow a newborn to be placed with a sibling
- The resource parent's willingness and ability to recognize and support the child's relationship with his own parents
- The child's ability to accept and adjust to the resource family
- The resource parent's willingness to support and encourage contact between the child and the birth family
- The availability of necessary community resources

Note: In exceptional situations placement close to home may adversely affect the child because of potential conflicts between his parent, himself, and the resource parent. Therefore, the location of the resource home is considered and a decision is made based on the best interests of all parties but with special attention to the needs of the child.

During the placement

Resource parents must be willing to accept the child's relationship with the birth family and promote the positive aspects of such relationships. This is achieved through regular, ongoing communication between the worker, birth families, resource family and child.

DYFS policy requires that the resource parent accept that the birth family is important to the child and has a legitimate right to maintain involvement in the child's life. In addition resource parents are to encourage the child's involvement with his family and help the child and family maintain ties. Birth parents are to be included in all aspects of the child's life, when appropriate, including medical appointments, school conferences, and celebrations. The resource parent can be a role model for the birth parents.

Applicable regulations require that resource parents promote the positive aspects of birth family relationships. This is achieved through regular, ongoing communication between the worker, birth family, resource family, and child. The casework contact schedule for children in placement remains at the least once per month but can be more often in order to make the necessary assessments and ensure that the connection to the birth family continues.

For children in placement, applicable law requires regular visitation with parents and siblings. A visitation plan is to be developed with input from the parents, with the goal of weekly visits thereafter. In the event that regular in-person visits are not possible, alternative forms of contact, such as electronic mail, letter, and telephone, shall be encouraged.

Activities that are directed toward maintaining the parent-child relationship while in care include: Visits between the worker, child and parent, searches for missing parents, contact with relatives and family friends who can assist the family and be a placement resource, exploring adoption with the resource parent, relative or family friend caregiver, and facilitating a review at least every six months by the court or by administrative review to include participation by the parents and the resource parent.

The resource parent is expected to provide the child with family life experiences to promote normal growth and development including care and supervision, discipline, medical/dental, psychological care, hygiene, education, and recreation. The resource parents are given information about the child's background and family traditions so that he/she may be nurtured in accordance with his or her background, religious heritage, ethnicity and culture. In addition the foster family is to promote contact with the child's family.

Policy provides for preparation of the Life Book which includes information about the child's identity and background and ongoing highlights of life in resource family care. Life Book preparation is to begin as soon as the child is placed out of the home and continues until permanence is achieved. The Life Book is a psychological bridge between the child's birth family and resource family.

Every child is entitled to a safe, secure, and permanent home and a placement should last as short a time as possible. When a child enters placement, the case worker immediately begins to plan concurrently for permanency. When the primary goal is reunification, the worker is required to select a secondary case goal. The Worker makes diligent efforts to achieve reunification while simultaneously developing a back-up plan in the event that reunification cannot be achieved within the legally prescribed timeframes.

Concurrent Planning

One of the Department's core beliefs is that children need permanent families as quickly as possible for their emotional well-being. A guiding principle is that families will be provided with the services they need to allow for safe reunification whenever possible. As a result, we recognize the need to identify, early on in a child's placement, appropriate permanency goals for children. The early identification of an alternative permanency plan is key to ensuring that, in the event reunification is unsuccessful, work is begun on the alternative goal. Within 30 days of the child's placement, a primary and secondary goal for the child must be established.

Concurrent Planning involves an 'Enhanced Review' process that provides a system for frequent and structured reviews of child status in order to ensure the agency has established, and is making progress on, appropriate concurrent case goals for the child.

Concurrent planning includes internal reviews held at 30 and 90 days from the time of placement, along with the 5th month and again at 10th month reviews. The 5th month Administrative Case Practice review, wrapped into this model, require inclusion of family members, caretakers, and other involved parties. At the 10th month, in preparation for the 12-month Permanency Hearing, two reviews are held. One is a formal family engagement session and the other is an internal agency review with the Deputy Attorney General for the Child Welfare Agency.

Over the course of the past 18 months, there has been an incremental implementation of the Concurrent Planning, which is being integrated within the Case Practice Model. The concurrent planning model at its core emphasizes family engagement as the lynchpin in achieving timely permanency for children. Currently in its second year phase-in, staff are being trained, coached, mentored and supported in their efforts to incorporate concurrent planning into their work with families. Various tools and supports have been developed to assist staff in becoming comfortable with and implementing this practice. Those tools include:

- Concurrent Planning Guide
- Structured Decision Making (SDM)
- Full Disclosure
- Case Plans that include qualitative and behavioral measurements of success
- Family Team Meetings/Family Engagement
- Concurrent Planning Handbook
- Guide for Parents- When your Child is in Foster Care
- Development of data systems to track and monitor staff compliance with Enhanced Reviews

Concurrent Planning Guide: Staff is being trained in the use of this prognostic assessment tool in order to assist them in completing an early assessment of the family's strengths and needs. This tool is to be completed within 30 days of placement and revisited as circumstances change. The early use of this tool assists workers in projecting the likelihood of the child being reunified. The assessment provides a tentative assumption as to the family's capacity to benefit from reunification services and the need for an alternative permanency plan. This tool helps the worker with early identification of an appropriate permanency goal for the child in care.

Structured Decision Making- (SDM): SDM is a uniform process for decision-making regarding critical aspects of the agency's intervention with a child and family. The SDM process provides assessment tools for staff to use when making important decisions. SDM tools such as Caregiver Strengths and Needs Assessment, Child's Strengths and Needs Assessment and the Family Reunification Assessment, are to be used to assist workers in assessing and evaluating the strengths and needs in order to provide appropriate services and to assist in determining appropriate permanency goals for children. These tools effectively support the Concurrent Planning Model.

Family Engagement and Full Disclosure: The practice of full disclosure either at family team meetings or during any family discussion provides for an open and honest discussion with all parties regarding the impact of foster care on children. Parents are informed of their rights, responsibilities, available services, permanency, and parenting options as well as consequences

for failing to successfully complete their case plan objectives. By way of having frequent and ongoing discussions with families, DYFS is able to promote better outcomes for children.

Case Plans: Written agreements that are negotiated and developed with families, which contain clearly delineated actions that must be achieved for children to be safely reunified with their families. These agreements empower families, providing them with clear expectations and focusing attention on tasks and specific behavioral changes. These agreements specify both short and long terms goals and are reviewed and adjusted frequently.

Concurrent Planning Handbook: A desk guide that was developed for DYFS staff to assist them in achieving timely permanency for children in placement by guiding staff activities through permanency tasks.

Guide for Parents- When your child is in Foster Care: A comprehensive booklet that was developed to help parents understand the importance of permanency as well as to gain a basic familiarity with the legal process they encounter when children enter care. This guide encourages parents to be active participants in placement decisions, and emphasizes the importance of their overall participation in planning for their child.

Permanency Goal Options

New Jersey has the following case goals for permanency

- Maintenance in Own Home – Family Stabilization
- Reunification
- Adoption
- Kinship Legal Guardianship
- Independent Living
- Other Long Term Specialized Care
- Individual Stabilization (used with parents whose children are all placed out-of-home with a plan other than reunification, or young adults 18-21 who agree to continue receiving services and for whom no other goal is appropriate)

NJ regulations provides for on-going consideration of relative placements for situations in which permanency cannot be achieved by reunification with a parent.

Elimination of Long Term Foster Care

Elimination of Long Term Foster Care as a goal, an element of New Jersey's PIP, has ensured more appropriate permanency goal setting and long term planning for children in care who cannot return home.

Kinship Legal Guardianship

There is also a statutory mechanism for relatives who wish to provide permanent care for a child by becoming "kinship legal guardians." New Jersey policy provides for payment to support such placements when "Kinship Legal Guardianship" is the appropriate disposition. N.J.S.A. 30:4C-84 defines a kinship legal guardian as "a caregiver who is willing to assume care of a child due to parental incapacity, with the intent to raise the child to adulthood, and who is appointed the kinship legal guardian of the child by the court pursuant to P.L.2001, c.250 (C.3B:12A-1 et al.). A kinship legal guardian shall be responsible for the care and protection of the child and for providing for the child's health, education and maintenance."

Adoption

Adoption-related services include achieving adoption as a permanency outcome for children in care for whom reunification efforts have been unsuccessful as well as adoption placement and supervision for Safe Haven children, and courtesy supervision for adoptive placements made by other states pursuant to the Interstate Compact on the Placement of Children (ICPC).

Component tasks include the filing of complaints to Terminate Parental Rights (TPR), adoption home recruitment, adoptive placement, and adoption supervision. At the time of CFSR Round 1, these services were provided through six regional Adoption Resource Centers. As part of the agency's initial Child Welfare Reform Plan, ARCs were dismantled and adoption work transitioned into Local Offices. As indicated in the Introduction, a designation of Adoption caseworker has been assigned to delineate workers specifically focused on Adoption.

There have also been many changes to support more proactive and timely adoption outcomes:

- For new children entering foster care placement, the concurrent planning model builds in an additional benchmark element that coincides with the ASFA-required Permanency Hearing. This 12th month event is used to identify and link children likely to require a TPR with:
  - An adoption caseworker within five days of the goal change to adoption at the Permanency Hearing
  - A paralegal who will write and file the TPR petition within six weeks of the Permanency Hearing
  - A child specific recruiter who will complete a child-specific recruitment plan for children who do not have an identified permanent adoptive family

- For children who will be adopted by their caregivers (relative and foster parents), adoption workers start to complete the many adoption specific tasks concurrent with the ongoing litigation process. To meet the expectation that finalization is achieved within 90 days, of TPR, the worker is, within 45 days, expected to complete all tasks required for a Consent of Legal Guardian to Adoption to be signed by the Local Office Manager and forwarded to an attorney who will finalize the adoption.

- Specific time frames have been established to accomplish critical tasks on behalf of children for whom an adoptive placement must be located.
  - For children not yet legally free, the child-specific recruiter and the adoption worker thoroughly review the child's case file, interview and attempt to engage anyone with whom the child has an emotional connection and engage in recruitment activities specifically designed to locate an adoptive family for the child.
  - If the child is legally free, the adoption worker prepares materials to be sent to the Adoption Operations Exchange Unit to assist them in registering the child on statewide and national adoption exchanges. The goal is to place the child in a select adoptive home within nine months.
  - Regular meetings between the adoption staff and the child specific recruiter occur to review recruitment efforts and modify the recruitment plan. Once placed, the agency goal is to achieve adoption finalization within nine months.

Adolescents, Youth, and Aftercare

Since January of 2005, it is no longer policy to close a case simply because the youth turns 18 years old. Services are now offered to youth in foster care until they are age 21. Typically, six month prior to the youth's 18th birthday, the youth, caseworker and supervisor engage in an assessment to determine if it is in the youth's best interest for DCF to continue services. The areas assessed include level of independence, self-sufficiency, education, finances, housing and health care. Pending the assessment, if the youth agrees to accept continued case management, services will focus on planning for his/her future.

Since the last CFSR, Independent living services have expanded within DCF. It is essential that all adolescents involved in the child welfare system attain permanency and independence. The Division, caring adults, family members, and others involved in the youth's life proactively and collaboratively plan for a successful transition to adulthood, permanency, and independence. They guide the adolescent, and help him or her explore employment and higher education options.

- Permanency includes having family relationships with safe, caring and committed adults.
- Independence is attained by acquiring the skills and support system necessary to function and thrive as a productive adult member of society.

Four essential aspects of planning provide the foundation for a successful transition to adulthood:

- Assessment, Support System, and Transition Plan
- Life Skills Training
- Aftercare Services
- Termination of DCF Involvement

Independent living placement may be accessed by an adolescent who is 16 to 21 years old and for whom all viable placement alternatives have been exhausted. This means that the adolescent does not have family to serve as a resource placement option and he/she is not suitable for adoption or kinship legal guardianship. The Independent Living candidate must be between 16-21, sufficiently mature enough to function without continuous adult supervision, and working on an educational, vocational training, or participate in a work related treatment program. The

worker will complete an Independent Living Agreement with the adolescent to ensure that there is an understanding of the related roles and responsibilities of both the adolescent and DCF.

Transitional Living is a housing program that is time restricted, with a maximum duration of residence limited to 18 months. It provides a safe living arrangement, case management, life skills training, counseling and other services. In addition, the programs have various levels of supervision.

Permanency Outcome 1: Children have Permanency and Stability in their living situations.

Item 5: Foster care re-entries. How effective is the agency in preventing multiple entries of children into foster care?

New Jersey is doing well in avoiding multiple entries of children in to foster care, as evidenced by a positive re-entry rate, besting the 25th percentile in FFY05B06A at 9.2%, and remaining below the National Median (15.0%) for FFY06B07A at 10.3%, and FFY07B08A at 10.2%.

Policy Considerations

It is our obligation to ensure that children do not enter foster care unnecessarily, and conversely that they do not leave our supervision without a permanent and stable family living situation. A guiding principle is that families will be provided with the services they need to allow for safe reunification whenever possible.

The totality of policy adjustments in the life cycle of placement, as discussed in the Permanency Policy Update impact our efforts to prevent re-entries into care: the decision on removal using Structured Decision Making tools and Family Team Meetings, the renovated placement process designed to minimize trauma and find the most appropriate setting, the use of concurrent planning strategies to monitor progress, the improved service array to maintain connections and address concerns, the emphasis on measurable goals that reveal positive gains, and appropriate, planful exits that are supported by post-reunification services.

If a return to foster care is necessary, the Resource Family Placement Facilitator (RFPF) in conjunction with the child's caseworker will determine if the child can return to his or her previous caretaker to minimize trauma to the child.

CFSR Round 1 Findings

This item was rated a strength in all (100%) of the six cases to which it applied, receiving a final Item rating as a strength. New Jersey also met the National Standard of 8.6 % or less of children re-entering care with 12 months of a discharge. The findings did reveal:

- A decreasing trend of children with more than one removal 2000-2002.
- Insufficient visitation of children with parents and preparation of parents for reunification affected success
- Reasons for re-entry, such as substance abuse relapse, indicated service needs that were not sufficiently addressed to prevent recurrence of removal factors
- A need for more intensive post-reunification services to strengthen family and avoid re-entry.

Changes since Round 1

Although cited as a strength in CFSR Round 1, several interrelated developments in New Jersey's reform efforts, such as many discussed in Item 4, will continue to help sustain and improve positive levels of re-entries.

- **Caseload management** has reduced caseloads, enabling workers to devote more time to working with families productively throughout the entire service cycle.

- The **cessation of voluntary placements** means that children who enter care more than likely need to be there. The number of children coming into care has declined over time, as indicated in the data. This minimizes trauma to children, eases strain on system resources, and enables supports to be provided in real-time in the environment that requires change.

- Productive, permanent exits from care begin with thoughtful placement planning, which we continue to work on through our Resource Family Support Units and the case practice of teaming with families. Improving the **placement process**, so that children are placed in a location that supports continuity and connections is key, and more children are placed in family situations. Additionally, we have focused on improving stability through improved kin caregiving, e.g. licensing kin resource homes, requiring kin caregivers attend training, and increasing the reimbursement rate for caregivers.

- Roll out of the **Case Practice Model (CPM)** effectively brings more resources (formal and informal) into the assessment, decision-making, and planning process, improving chances for successful transition in return to home.

- Integrating **Concurrent Planning** processes into the CPM, including enhanced reviews, ensures formal and frequent reviews at critical points of a child's placement. Concurrent Planning helps prevent re-entry in several ways: 1) it provides immediate focus to the situation, clarifying requirements and expectations via full disclosure; 2) frequent reviews require consistent application of efforts to improve presenting issues/conditions; and 3) the review process provides frequent opportunities to adjust plans and services, and assures that the entire team is included.

- The use of **Structured Decision Making** (SDM) tools has strengthened workers ability to assess capacity of the family system. In particular, the use of strength and needs assessments for children and caregivers, as well as reunification assessments aid workers to better weigh the presenting conditions, appropriateness of potential caregivers, and prospects for successful reunification.

- The link between assessment and improved **case planning**, particularly the emphasis shift to express goals in measurable terms reflecting behavioral change necessary for successful reunification, will help clarify to the entire team what is needed, and supports decision-makers in identifying when objectives are achieved.

- Service availability during and after the placement experience is important to successful outcomes. The **service investment** since CFSR Round 1, noted in Systemic Factor E, has been significant in addressing needs that drive removal, e.g. substance abuse, mental health, domestic violence, behavioral health. The gains with DCBHS, for example, have assisted in stabilizing children in the home. However, the results of surveys indicate that more services opportunities are needed, particularly in the areas of mental health and substance abuse of caregivers.

Data Considerations

As noted in the opening statement, New Jersey has shown consistent positive performance in re-entries into care for all three Data Profile periods, with 18 counties at or exceeding the National Median of 15.0%, and at least nine of 21 counties at or exceeding the 25th percentile national target of 9.9% each period.

- Longitudinal data shows that for children exiting care in 2003, 2004, and 2005, the percent who remain out of care for at least twelve months increased from 71% to 77% over that time.

- During the PIP period, Mini-CFSR assessments were conducted across 13 counties, involving 120 cases. Of the 12 cases to which Item 5 applied, the Item was rated a strength in 7, or 58% of the cases.

- Recent surveys respondents included several groups: DYFS staff, system partners, judges, court-related personnel, resource families, families, youth, and providers. Over 60% of the families reported that they are receiving services that will help their family reach its goal. Services that the families were linked to included: counseling and parenting skills (69%), substance abuse treatment (44.8%), and visitation services (31%). DYFS workers stated that these services were most often those that supported permanency: visitation service programs, mental health or counseling services, family preservation services and substance abuse treatment programs.

- System partners, Judges, Courts, DYFS workers identified the following as factors which facilitate timely permanency: concurrent planning, increased communication and collaboration between DCF and its stakeholders, increased funding for services, and an increase in the number of resource family homes (including relatives).

- Among the aforementioned stakeholders, when asked how services might be improved, a common theme was the need for additional services, especially to address mental health needs and substance abuse services.

Strengths

- The data indicate that New Jersey continues to do relatively well in preventing re-entries into care, with results consistently better than the national median, and exceeding the 25th percentile in one of three Data Profile periods.

- New Jersey has made improvements that address every aspect of the placement and permanency experience. As we expand deployment and strengthen these changes, such as the integration of Concurrent Planning within the CPM roll-out, and the new methods become habit, we expect continued progress in this Item.

- Among the positive improvements made, one promising practice noted has been specific attention to the family post-reunification, to assure stabilization of the family and that the conditions for success continue to be present. For example, in Salem county, family team meetings are held post-reunification to assure things are on track.

Opportunities for improvement (OFIs)

- The difficulties caregivers face, e.g. mental health issues or substance abuse issues, can present continuing concerns, particularly if intervention and/or support systems cannot be sustained. We should continue to evaluate the services provided to families to support reunification, as well as those post-reunification services to assure stabilization that show promise. These developments can be replicated or expanded as appropriate.

Summary Statement

New Jersey has done well in preventing re-entries into care, and can strengthen results with continued development of reform efforts. We need to proceed with current reform efforts, and continue to monitor drivers of re-entry and assure that sufficient services exist, including after-care, to support safe and sustained reunification.

Permanency Outcome 1: Children Have Permanency and Stability in their Living Situations

Item 6: Stability of foster care placement How effective is the agency in providing placement stability for children in foster care (that is, minimizing placement changes for children in foster care)?

New Jersey has done well in placement stability, exceeding the National Standard (101.5) with a score of 105.5 for FFY07B08A. In addition, for all three component measures in Permanency Composite 4, New Jersey has exceeded the National Median in seven of nine opportunities, and shown progress in all measures across all three data periods. We have improved in National Ranking from 22nd to 9th over the Data Profile periods.

Policy Considerations

As in Item 5, the totality of policy adjustments to placement discussed in the Permanency Policy Update impact placement stability: the decision on removal using Structured Decision Making tools and Family Team Meetings, the renovated placement process designed to minimize trauma and find the most appropriate setting, the use of concurrent planning strategies to monitor progress, the improved service array to maintain connections and address concerns, the emphasis on measurable goals that reveal a positive gains, and appropriate, planful exits that are supported post-reunification.

CFSR Round 1 Findings

The Item was rated a strength in 19 (76%) of the 25 cases to which it applied, receiving a final Item rating as an area needing improvement. New Jersey, at 85.1% for FFY2004, did not meet the placement stability National Standard of 86.7% or less of children experiencing 2 or fewer placements within an episode. The report cited:

- A lack of matching options leading to inappropriate first placements
- Regionalization of placement functions negatively affected best placement
- Lack of sufficient resource homes, particularly for specialty need, such as teens, or medically fragile children, contributed to multiple placements

Changes since Round 1:

New Jersey is doing a better job up front to avoid conditions that prompt the disruptions that result in multiple placements, and has addressed the issues cited in the CFSR Round 1 report, by:

- Placing less children in care, better targeting children who truly need placement
- Conducting placements in a more planned fashion with family
- Localized recruitment and grown the pool of placement resources
- Beginning to implement concurrent planning that infuses more structure and vigilance into the placement experience
- Conducting better assessment and consequently offering more appropriate services and support

- **Smaller Caseloads,** limited to no more than 10 children in placement, allows workers to devote more time to engaging children, working with resource families, providers, and others to adequately assess and address both child and caregiver needs.

- Development of **Resource Family Support Units (RFSU)** has meant local placement facilitation using an improved knowledge base of resources that improves prospects for proximity of placement and identifying the right placement. RFSU workers also may accompany workers (during removal planning) to relative homes to evaluate the potential for achieving licensing.

- Roll out of the **Case Practice Model** effectively brings more resources (formal and informal) into the assessment, decision-making, and planning process, improving chances for a better placement selection. In particular, the engagement and teaming elements of the model, integrated with Concurrent Planning and its Enhanced Review process, ensuring that the placement experience is closely and continuously monitored, and adjustments are made as changing needs and conditions are identified.

- The use of **Structured Decision Making (SDM)** has strengthened assessment of family members, caregivers, and the child on a continuing basis throughout the case, and strengthened the link with case planning and service provision. Appropriate service provision contributes to stability.

- The **cessation of voluntary placements** has improved stability by strengthening the immediacy and constancy of review, with all children in placement tracked and their progress monitored.

- We have increased the pool of available **resource homes**, and have targeted recruitment efforts to individual counties. In each of the last three calendar years New Jersey has licensed more and more families – 1,282 in 2006, 1,896 in 2007, and 2,169 in 2008. In 2006, there was a modest net gain of 200 families. In the past two years, DCF has had a net gain of more than 1,600 newly licensed resource families - more than 800 each year. We have adjusted resource home requirements, so that now even relative providers must be licensed. We continue to develop recruitment plans to focus on specific needs, sibling placement resources, or the availability of SHPS homes for medically fragile children. In particular, improvements in developing relatives as resource caregivers has supported stability for children.

- **Service investments, discussed in Systemic Factor E,** also facilitate improved stability by increasing needed resources that help families address the needs of children in their care:

    - An increase in the number of treatment homes, which are accessed through DCBHS, are an important ingredient in providing stability, particularly for children with challenging emotional/behavioral health treatment needs.

- The development of flex funds has supported resource families, especially relative caregivers, to be able to provide a home for a child, preserving connections and supporting a stable placement.

Data Considerations

We have seen improvement in several areas that bode well for placement stability: numbers and rate of children entering care, placement with siblings and relatives, proximity to home.

- Overall, the number of children in out-of-home placement has declined each year from 2004 through 2007, from a high of ~13,000 in June 2004, to a low of 9,466 in December 2007. Midway through 2008, the number was down to 9,375.

- According to the data profile, less children entered and remained in care over all three Data Profile periods:
  - From 6,189 in FFY05B06A to 5,844 in FFY06B07A, a decrease of 345 children, or 5.6%.
  - From 5,844 in FFY06B07A to 5,350 in FFY07B08A, a decrease of 494, children, or 8.4%
  - Discharges outpaced admissions by 13% in 05B06A (6,995 to 6,189)
  - Discharges outpaced admissions by 20% in 06B07A (6,999 to 5,844)
  - Discharges outpaced Admissions again in 07B08A (6,128 to 5,350) by 14.5%

- The rate of first time placement has decreased from 2.4 per 1,000 in the General Population for entries in CY2004, to 2.0 per 1,000 in CY2007.

- The percentage of sibling groups placed together in 2006 was at its highest level in four years, with sibling groups of 2-3 placed together 63.2% of the time and groups of four or more placed together 28.1% of the time.

- The percentage of children placed within 10 miles of their own home went up steadily, from 62% in 2002 to 67% in 2006.

- From 2003 through 2006, the proportion of children in first time placements being placed with relatives vs. non relatives was 48%, 51%, 42%, and 38%, respectively, indicating that even with requirements to become licensed, relative caregivers remain a significant stabilizing resource for children.

- Of all children in placement as of September 2008, 37% were in kinship homes and 48% were in non-kinship foster homes.

- During the PIP period, Mini-CFSR assessments were conducted across 13 counties, involving 120 cases. Of the 56 cases to which Item 6 applied, the Item was rated a strength in 36, or 72% of the cases.

- The number of children entering first time episodes who experience two or fewer moves has remained relatively stable, between 79% and 82% over the entry years of 2003-2006.

- The stability rate increased in all Data Profile periods, as indicated in the opening statement, as the median months to discharge per the Data Profile point in time results, at 18.2 months in FFY05B06A, to 16.9 months in FFY06B07A, and 16.0 months for FFY07B08A.

Strengths

- Data indicators demonstrate positive progress in this Item, as fewer children actually enter care, there is improvement in the Data Profile stability measures, with New Jersey meeting the National Standard measure for Permanency Composite 4.

- Improvements in the area of Resource Family developments, including the net gains in home development, the work of Resource Family Support Units, and licensing of relative caregivers has strengthened options for placement as well as our ability to support and maintain placements, improving stability.

- The changes in every aspect of the placement process and permanency experience, from family team meetings to concurrent planning and the case practice model show promise for making better placements and managing the placement experience more carefully and completely. As deployment of these changes continues, and new methods become habit, we expect continued improvement in stability.

Opportunities for improvement (OFIs)

- Continued emphasis on recruitment efforts that respond to current and emerging needs will be important in sustaining stable placements. Currently, these are focused on special needs populations (medical fragile, teens, and sibling groups).

- As we continue to seek improvement in stability, we need to review our capacity to consistently identify and isolate the primary causes of placement disruption/change so that we can factor this into our efforts.

Summary Statement

New Jersey has made notable progress in placement stability. Going forward, we expect that the partnership, collaboration, and vigilance brought to the placement experience as a result of all the changes in policy and practice identified above will continue to enhance results in this Item.

Permanency Outcome 1: Children Have Permanency and Stability in their Living Situations

Item 7: Permanency goal for child. How effective is the agency in determining the appropriate permanency goals for children on a timely basis when they enter foster care?

New Jersey has shown mixed performance in determining appropriate permanency goals for children on a timely basis when they enter foster care. The 2-6-09 Data Profile point-in-time data indicates that the percentage of children in care on 4/1/07 for whom a case plan goal had not been established was 5.6% for FFY07B08A, better than the 8.9% without goals for FFY05B06A. NJ SPIRIT in-house report in December 2008 revealed that 95% of children in placement had a case goal, similar to the FFY0708A result.

Policy Considerations

A number of key policy and practice changes, discussed earlier in the Permanency Policy update, have contributed to improvement in goal timeliness and appropriateness:

- Concurrent Planning phase-in, and related elements:
  - Assessment
  - Parent's Guide
  - Full Disclosure
  - Concurrent Planning Handbook
  - Enhanced Reviews
- Structured Decision Making
- Case Practice Model
- Elimination of Voluntary Placement
- Elimination of Long Term Foster Care as a goal

Within 30 days of the child's placement, a primary and secondary goal for the child must be established. Once case goals are selected, they are entered into the Case Plan form, which is signed and approved by a supervisor.

CSFR Round 1 findings:

This Item was rated a strength in 15 of 25, or 60%, of cases to which it applied, receiving a final Item rating as an area needing improvement. Concerns cited in the report included:

- The use of Long-Term Foster Care as a permanency goal
- Lack of clarity regarding the application of concurrent planning
- Large caseloads impeded the ability of staff to establish timely and appropriate goals for children and to effectively assess the progress of parents
- Voluntary placement agreements impeded formalization of tasks including the identification of permanency goals
- A goal of Reunification was maintained too long

Changes since Round 1

Efforts undertaken have directly addressed the issues cited in CFSR Round 1 and have boosted our ability to develop appropriate permanency goals, although we remain in the developmental stages of our efforts.

- **Caseload Management** has lowered caseloads and more opportunity to work with the family.

- **Concurrent Planning** is being phased in to the majority of Local Offices. Since the advent of the Case Practice Model in 2008, we have worked to integrate these practices. As noted in the MSA monitoring report, trainers for both CPM and concurrent planning have reviewed each others' curriculum to adjust content and align staff training. Also, the Rutgers Concurrent Planning training consultants attended the case plan module of the Case Practice Model; and a revamped Case Plan format has been developed.

- Better assessments to assist in the identification of appropriate permanency goals are supported by the use of the **Structured Decision Making (SDM)** tools around the areas of assessing strengths and needs. Use of the **Prognostic Assessment** assists workers in projecting the probability of the child being reunified.

- Development of the **Guide for Parents** helps parents by providing them with the information they need to understand the process and allowing them to have the ability to become full participants in this process, leading to better outcomes.

- **Case Practice Model** supports the engagement and teaming in our work with families. From the point a child enters care, we are able to work with families to determine the most appropriate goal. Frequent and ongoing discussions with families, and the support of the team process, fosters communication needed among all parties to adequately and appropriately plan for the child

- New Jersey eliminated the use of **Voluntary Placement Agreements**, although residential services agreements are used for children who enter placement simply to access residential treatment where there are no abuse/neglect concerns. The elimination of Voluntary Placement Agreements assures regular oversight by the courts that prompts timely completion of goal development.

- New Jersey eliminated the use of **Long Term Foster Care** as a permanency goal and introduced a hierarchy of goals. Children for whom the goal was developed prior to December 31, 2005, have the goal known as Other Long Term Specialized Care, which typically is used for children who have extensive disability/medical issues that will require prolonged care in an institutional setting.

- **Specialist support in Concurrent Planning** is available from specialists assigned to each Area Office, who are responsible to provide technical assistance, support and to oversee the

deployment of this practice. The availability of a Concurrent Planning Specialists will help sustain the practice and boost staff skill in this area.

- Throughout SFY 2008, DYFS **collaborated** with a system partner, the Association for Children of New Jersey (ACNJ), an advocacy agency, to meet with the Children-in-Court Committees in a number of counties to discuss the Concurrent Planning/Enhanced Review process and to reinforce the hierarchy of permanency.

- **Safe Measures** screens that track the permanency process have been in development and refinement. These screens will assist staff in tracking all data elements and detail to all levels of the agency for the tracking, monitoring and completion of all of the Concurrent Planning components.

Data Considerations

- As indicated above, the Data Profile reveals the number of children with goals established as measured by point in time data regarding the absence of goals for 8.9% of children in care as of 4/1/05, and 5.6% of children in care on 4/1/07. This 5.6% (514) for children in care as on 4/1/07 represents a 48% improvement in actual numbers of children without case goals over 4/1/05. A December 2008 in-house report from NJ SPIRIT in December 2008 provides a similar result, with case goals indicated for 95% of children in placement.

- The permanency goals profile section of the 2-6-09 Data Profile, for "All Children and First Time Entrants III" indicates positive movement toward appropriate goals consistent with the goal hierarchy, across all three periods as follows:
  - Reunification and Adoption are consistently selected, with reunification outpacing adoption for the latter two periods.
  - Declines are noted in the selection of all other goals over the time periods.

- During the PIP period, results were evaluated through twelve Mini-CFSRs conducted involving a total of 120 cases. Item 7 scored a Strength rating in 37 of 50, or 74%, of applicable cases.

- In recent surveys, a majority of the biological (n= 29) (65%) and resource families (n=83) (80%) and youth responding to goal questions (n= 61) (68.9%) knew their permanency goal.

- Of 58 youth responding to a question on permanency, 67.3% reported that they were well informed on their permanency options.

Strengths

- New Jersey has made significant efforts to improve the appropriateness of permanency goals as well as the speed with which they are developed.

- Design and implementation of a concurrent planning policy and process is the primary driver of improved timeliness in determining permanency goals. The comprehensiveness of the practice adjustments promotes improvement in the appropriateness of those goals.

- We have eliminated goals that are inappropriate for children, and have established a hierarchy of goals that is consistent with DCF values and core commitments.

Opportunities for Improvement

- The Division will continue to roll-out both the Case Practice and Concurrent Planning Models of practice to the remaining offices. As part of this continued process we need to be mindful to reinforce the collaboration of key system partners earlier in the planning process.

- Although we have begun to implement an effective Case Practice Model, we must continue to closely monitor and enhance staff's skills in the practice areas (engagement, assessment, teaming, etc.) in order to ensure that we can effectively sustain this model of working with families.

- Additionally, we need to continue to refine our data systems and work on strengthening staff skills so that they can effectively and routinely utilize our systems to monitor this work.

Summary

New Jersey has made some foundational changes that will guide the consistent development of appropriate, timely permanency goals. As these practices are further deployed and take root, we anticipate improvements in this Item.

Permanency Outcome 1: Children Have Permanency and Stability in their Living Situations

Item 8: Reunification, guardianship, or permanent placement with relatives. How effective is the agency in helping children in foster care return safely to their families when appropriate?

New Jersey has made progress towards its goal to achieve timely permanency for children through reunification, guardianship, and permanent placement with relatives, as evidenced by the data:

- The median length of stay for children exiting to reunification has declined over the 2-6-09 Data Profile periods from 9.0 months in FFY05B06A to 8.0 months in FFY07B08A.
- Reunifications in less than 12 months increased steadily over the same periods, from 59.9% to 64.9% of all exits to reunification.
- The use of Kinship Legal Guardianship as a permanency option for children has grown considerably between 2002 and 2007, with the number of children achieving permanency under subsidized KLG up from 3 in 2002 to 2,515 in 2007, as developed through SIS and reported on the DCF website. This trend is due to increased placement supports for relatives willing to provide long-term care, as well as a strong initial focus on identifying the child's kinship circle at the point of placement.
- New Jersey has bested the national median for re-entries to care in less than 12 months for all three Data Profile periods.

Policy considerations

Permanency practice and policy described in the Permanency Policy Update applies to this Item. In the hierarchy of permanency alternatives, reunification and adoption are placed ahead of Kinship Legal Guardianship, which does not require the Termination of Parental Rights.

CFSR Round 1 Findings

This Item was rated a strength in two of seven, or 29%, of cases to which it applied, receiving a final Item rating as an area needing improvement. Concerns cited in the final report include:

- Delays in service provision and insufficient availability of services
- Delays in obtaining waivers for relatives who were identified as placement resources
- Insufficient efforts to promote reunification or to achieve guardianship timely

Changes since Round 1

Several developments have contributed to the steady progress we see in reunification:

- **Smaller Caseloads** allow Case Workers to concentrate more in working with families, including that they are able to focus time addressing the needs of both children and parents.

- The elimination **of voluntary placement** means children entering placement are readily entered into the formal court review process and are effectively tracked.

- Renovation of the **placement process** to reduce emergent removals in favor of more planned placements, and to identify the most appropriate resource possible to preserve continuity and connections to family has supported the use of relatives and boosts prospects for positive permanency.

- Implementation of the **Case Practice Model**, and the growing practice of conducting initial family meetings prior to/within 72 hours of placement adds focus and clarity to the expectations and responsibilities of all parties in getting to appropriate and timely permanency.

- The concurrent planning practice, with **its full disclosure** provisions and enhanced review practices keep the focus on achieving successful permanency.

- Improved assessment skills, aided through **Structured Decision Making** tools, have helped to avoid unnecessary placements by improving our ability to identify and manage risk effectively through the use of safety plans.

- Coupled with improved assessment, the change to team-based, **family-centered case planning** that is focused on measurable behavioral change not only clarifies the what and how of getting to success, but evaluates whether change is achieved.

- **Service enhancements**, such as flex funds and increased visitation services, together with better recruitment and more resource homes, have helped to sustain the connections between children and parents that are key to successful reunification. These are also supported informally through the caregivers, particularly relatives.

Data Considerations

While New Jersey does not meet the Permanency Composite 1 National Standard measure of 122.6 or higher, FFY07B08A does show the best performance across Data Profile periods, at 117.7. In reviewing the Data Profile, the following notations were pertinent:

- As indicated above, the median length of stay for children exiting to reunification has declined over the 2-6-09 Data Profile periods from 9.0 months in FFY05B06A to 8.0 months in FFY07B08A.

- In PC-1-1, Exits to Reunification within 12 months, New Jersey improved over all three Data Profile periods, from 59.9% in FFY05B06A to 61.6% in FFY06B07A, and finally to 64.9% in FFY07B08A.

- New Jersey has bested the national median for re-entries to care in less than 12 months for all three Data Profile periods, indicating that safe reunifications are occurring.

- In FFY06B07A, New Jersey dipped below the National Median (39.4%) in results for PC1-3, Entry Cohort Reunification in less than 12 months, with a result of 38.9%. Although back up to 41.7% for FFY07B08A, we remain below the 75th percentile mark of 48.4%.

- During the PIP period, Mini-CFSR assessments were conducted across 13 counties, involving 120 cases. Of the 35 cases to which Item 8 applied, the Item was rated a strength in 23, or 67% of the cases.

- The notable difference between PC1-1 and PC1-3 results suggests further study to understand the drivers of reunification timeliness. For example, PC3-1 may suggest that while less children are entering care, there is a subset with more difficult circumstances to address, which delays reunification. Alternately, PC1-1 may suggest that a subset of children in placement churn to reunification following re-entry.

- According to the Data Profile Point in Time Permanency profile, the percentage of children in care with a placement type of relative foster family homes increased from 7.6% in FFY05B06A to 21.2% in FFY06B07A, and again to 39.0% in FFY07B08A. In FFY07B08A, 322% more children were placed in relative homes than in FFY05B06A, which supports both connection with family towards reunification as well as alternative permanency with relatives in the event reunification is not possible.

  Conversely, over the same time, the percentage of children in care with a placement type of Non-Relative foster homes declined, from 67.2% in FFY05B06A to 54.4% in FFY06B07A, and again to 44.6% in FFY07B08A. In that year, 45% less children were in Non-relative homes than in FFY05B06A.

- The Data Profile also shows a shift in the proportion of congregate to family home care, from 76% / 21% in FFY05B06A to 86% /13% in FFY07B08A, also improving opportunities to achieve successful and timely permanency.

- An important factor contributing to performance that is not reflected in the Data Profile is the number of children achieving permanency through Kinship Legal Guardianship (KLG). Since KLG in New Jersey does not require the Termination of Parental Rights, our accomplishments with KLG are not captured under Permanency Composite measures of the Data Profile. KLG is a valued option under its intended conditions, and the number of children achieving permanency under subsidized kinship legal guardianship is up from 3 in 2002 to 2,515 in 2007.

  The tension in belief about the permanency options of either KLG or Adoption as in the best interests of the child are apparent in the feedback received from survey respondents, particularly court-related personnel and DYFS staff. Continuing collaboration and dialogue as we move forward with reform efforts will hopefully lead to more consensus on the appropriate alternative given the specifics of each case.

- In recent surveys of several stakeholder groups, including resource families, families, DYFS workers, court-related personnel, judges, providers, and youth, a common theme was the need for increased and improved visitation services.

  The majority of the stakeholders surveyed (Youth, Courts, Judges, and DYFS workers) reported that there is a lack of visitation service programs. In addition, some commented that there is a lack of flexibility in scheduling visitation, e.g., lack of nighttime/weekend hours.

  Over 35% of resource parents reported that they rarely or never supervise visits between the parent and child (26.5% answered this question as not applicable). 64.8% of DYFS workers report that relatives who are able to facilitate visits help with establishing consistent visits; however, only approximately 19.3% of the resource parents facilitate visits, suggesting that children in care are not benefiting from visitation with parents.

- Surveys were conducted of system partners (n=75), Judges (n=18), Court-related staff (n=119), DYFS workers (n=904) and Resource parents (n=87). Respondents identified the following as factors which inhibit timely permanency: not utilizing a team approach, lack of resources or services to assist the family, and lack of communication between the case worker and stakeholders.

Strengths

- The data indicates improvement in timeliness and permanency of reunification efforts. While there is more to do, steady progress indicates we are on the right track and need to maintain our efforts.

- The case practice model sets a foundation to enhance reunification prospects through the engagement of families and natural supports. The integration of CPM with concurrent planning structure reinforces vigilance and tracking in implementing the case plan toward positive outcomes. The 'enhanced review' with its focus on case status is moving our focus beyond planning and service linkage to checking for outcomes and adjusting as needed.

- Service investments, in particular flex funds and Adoption and KLG subsidy have made it possible for more children to find permanency with relatives. Other service developments , such as the DCBHS Mobile Response and Support Service and Family Success Centers, increase the family's capacity to secure support when needed and maintain permanency outside of involvement with the child welfare agency.

Opportunities for improvement (OFIs)

- Although noting improvement in performance according to Permanency Composite PC-1 results across all data periods, New Jersey continues to face challenges in getting children to reunification in a timely manner. A combination of contributing factors is suggested by the data, e.g. difficulty of needs to address and getting appropriate services to address particular

parent needs, timeliness of service intervention, effect of relative placement on urgency, extension of reunification opportunities beyond 15 months, and the need to improve communication and the team approach. Additional review will be needed to target and address priority factors.

- There remains a lack of sufficient and responsive visitation services to support continuity and reunification efforts. While we have made investments and progress in visitation, there is much work to do. For example, we need to focus on graduated visitation, visits with siblings, including all parties in the visit planning.

- Because TPR is not a requirement for KLG, it at times appears desirable as an outcome that does not sever birth family ties. As a result, however, KLG may appear a fragile permanency, in that the possibility exists for disruption by parents who later petition for custody of their child, an area DCF is further exploring. Difference of opinion regarding the selection of KLG as a permanency alternative, as evident in the survey responses noted in Data Considerations, will require continuing dialogue among system partners to assure decision making and permanency reflects the child's best interests. It also will be important that we continue to build our case practice model and enhance staff skill to engage with family teams in effective child-and-family centered planning that promotes positive permanency.

Summary statement

New Jersey's strategies to address this Item have positively impacted permanency on two levels: 1) less children are coming into care based on better assessments coupled with the ability to bring greater resources to bear in managing that risk by developing safety plans with families; and 2) of those children coming into care, more are leaving quicker to reunification exits and are remaining home without re-entry. It remains clear, however, that there is more work to be done in this area, particularly by continuing to deploy the change efforts instituted to date.

Permanency Outcome 1: Children Have Permanency and Stability in their Living Situations

Item 9: Adoption How effective is the agency in achieving timely adoption when that is appropriate for a child?

New Jersey's work to improve its Adoption practice has resulted in some notable achievements in numbers of Adoptions as well as a decrease in median length of stay for children exiting to adoption:

- From SFY2006 through SFY2008, New Jersey has achieved more than 4,000 adoptions.
- In Permanency Composite measure C2-2, Exits to Adoption, Median Length of Stay*:* the result has declined from 40.0 months in FFY05B06A to 39.6 months in FFY06B07A to 34.3 months in FFY07B08A.

Policy considerations

As indicated in the Permanency Policy Update, several policy changes address adoption process, from the initial placement and concurrent planning process, to the specific actions that follow the permanency hearing which have been assigned specific timeframes to promote more timely adoption.

CFSR Round 1 Findings

This Item was rated a strength in 4 of 14 (29%) of cases to which it applied, receiving a final Item rating as an area needing improvement. Findings reported include:

- NJ was significantly below the National Standard for adoptions within 24 months of removal, at 17% vs. 32%
- Delays existed in TPR and court processing, including crowded dockets and appeals
- Insufficient efforts were made to locate absent fathers
- Caseworker turnover and lags in transferring cases to Adoption Resource Centers
- Insufficient professionals for evaluations (e.g. bonding) held up processing
- Insufficient number of attorneys to process cases
- Behavioral issues of children with the goal of adoption
- Limited help for relatives who want to adopt
- No formal concurrent planning

Changes since Round 1

As indicated in the Introduction Core Strategies and the Permanency policy update, many structure, policy, and practices changes have been implemented that bear on our ability to get children to adoption in a timely fashion. Chief among these are:

- The infrastructure to support adoption practice has changed.
  - Co-location of adoption workers and cases in Local Offices, with reduced caseloads, maintains geographic proximity that supports logistics of the process, as well as

connection with family/siblings as may be appropriate through the permanency process, since permanency and adoptive workers can directly collaborate.

- Addition of staff positions to support the permanency process has been beneficial, such as paralegal staff to prepare necessary court documents, contracted child summary writers and adoption expediters to assist with paperwork required for adoption finalizations, additional DAGs, Law Guardians, and Parental representation attorneys to help move permanency work. Although there is a need for additional staff, given the amount of processing typically encountered in a given year, the addition of these staff positions has helped us achieve record finalizations.

- The three-day core adoption training and enrollment in Rutgers' Post Adoption Certificate Program has been very valuable in preparing newly-assigned adoption workers to assume adoption duties.

- New Jersey joined the Interstate Compact on Adoption and Medical Assistance (ICAMA), with its ability to secure Medicaid services for children served in out-of-state settings, has helped us secure adoptive placements with relatives and others out-of-state for children with medical issues.

- Development and implementation of **Concurrent Planning** with its 'front loaded' emphasis on evaluating prospects for reunification early, full disclosure and identification of secondary goals, and enhanced review emphasis that keeps continual track on our progress with a child.

- Adoption staff took advantage of National Resource Center involvement to address recruitment alternatives with difficult populations, such as teens. As a result of these efforts, we were able to establish initiatives to creatively address recruitment. For example, one of these efforts was the "Longest Waiting Teens" project, in which a special Teen Recruitment Impact Team was identified. Members of the TRIT have special training on recruitment and permanency issues for adolescents. The TRIT staff meet with the teens to learn about their interests and history, to learn of leads the youth may have about potential caretakers and to discuss their preferences for permanency. They also mine the youth's case records; interview current and past caretakers, teachers, coaches and mentors; reach out to relatives and all extended family; use search tools to identify any previously unknown family members and select from the range of recruitment options (match parties, Heart Gallery, etc) as appropriate and desired by the youth. Thus far, this promising practice has resulted in significant progress in permanency resulting in 7 adoptions, 29 close to permanency either through adoption or KLG and activities to pursue permanency are very active for the rest.

- New data screens dealing with adoption tracking have also been developed in SafeMeasures and made available to all levels of staff. Attention to the tracking targets, including milestones of the concurrent planning process and benchmarks associated with securing an adoptive placement for children, help us identify trends and issues with practice. ITR and. The data indicate that the local offices already implementing the Enhanced Review are over 90% in review compliance. Transfer to adoption staff within 30 days is at 80%, and we are

working to reduce transfer time to 5 days. ITR and adoption operations staff have been working to address accuracy of data entered

- **Service investments** have also supported adoption efforts, as noted in Systemic Factor E:
  - An expanded statewide network of Post Adoption Counseling providers offer counseling services both pre- and post-finalization, including specific services for teens.
  - New Jersey Adoption Resource Clearing House is a web-based information and support resource for adoptive families.
  - Post Adoption Child Care slots have been expanded significantly.
  - Flex funds have been made available to support post-adoption needs of children and their families.
  - Subsidy investments have made it financially possible for families to adopt children, particularly those with challenging medical or behavioral needs.

- **Collaboratio**n with system partners to improve adoption processing has been an area of focus.
  - The CICIC formed an adoptions subcommittee to develop standards and best practices in processing adoption cases
  - The CICIC made a commitment to the PIP to fund an annual cross-system training conference, targeted to Family Court judges and staff, DYFS, CASA, child welfare attorneys, CPR Board, volunteers and members of the Court Improvement Committee. The training topics for conferences have included: improving decision-making regarding the best setting for providing services and treatment to the children served by the courts, in the community or institutionally; and cultural competency.
  - CIC identified changes to speed TPR and appeals processing
  - To increase professionals available to conduct evaluations, trainings were conducted for evaluators to expose them to the conditions and expectations of the court process. Evaluators participating were listed as available evaluators, and their availability promoted among Local DYFS offices to spur use of these resources.
  - Post termination project – Adopted to promote adoption achievement, in this project participating Courts continue to formally review progress in securing adoption for children for whom TPR has been achieved.

Data Considerations

Examining results in the context of the time markers along the adoption action continuum, data show that New Jersey has made progress in most segments while continuing to face challenges in overall time. It appears that we have done better where we have applied specific corrective actions, but that the time from permanency hearings, which overwhelmingly occur on time, to the achievement of TPR is the window of difficulty. This is discussed further in Item 28.

- Long Waiting children: select measures demonstrate success from our efforts to apply system changes in addressing our longest waiting children:
  - Per the 2-6-09 Data Profile, Permanency Composite measure C2-3, *Children in care 17+ months, adopted by the end of the year*, New Jersey met the National median (20.2%) for

all three reporting periods, and exceeded the 75th percentile mark of 22.7 for the latter two periods, with results of 24.1% for FFY06B07A, and 30.9% for FFY07B08A.

- Permanency Composite measure C2-4, *Children in care 17+ months, achieving legal freedom within 6 months:* New Jersey exceeded the 75th percentile mark of 10.9% with 13.1% in FFY05B06A, 19.0% in FFY06B07A. The result for FFY07B08A is reported at 9.9% in the 2-6-09 Data Profile, although the change is likely due to data completeness issues and not reflective of actual performance.

- Legal Freedom: results reveal mixed performance in getting children who are legally free to finalization, despite efforts by DCF, the Courts, and system partners to secure permanency alternatives:
  - The number of children legally free and waiting to be adopted in has declined from 2260 in January 2006 to1295 in December 2007. This marks a 44% decrease in two years.
  - Performance in PC 2-5, *legally free children adopted in less than 12 months*, has dropped off in the third data period, which may be due in part to a data-related condition. In FFY05B06A, New Jersey exceeded the 75th percentile with a result of 60.7%. In FFY06B07A this result dropped to 54.5%, and declined sharply in FFY07B08A to 35.0%. This result, however, is likely attributable to the incompleteness of TPR information in the system stemming from the learning curve in data entry following the NJ SPIRIT transition.

- Timeliness: Although we have made progress, the timeliness of adoption still lags the National Median:
  - Permanency Composite Measures PC2-1, *Exits to adoption in less than 24 months*, we are performing below the National Median level of 26.8% during all Data Profile periods, with 14.9%, 15.3%, and 22.6% from FFY05B06A to FFY07B08A, which is a significant increase in performance.
  - Permanency Composite Measure PC2-2, *Median Length of Stay* for children exiting to adoption has been declining over the profile periods, from 40.0 months in FFY05B06A to 39.6 months in FFY06B07A, and 34.3 months in FFY07B08A, although New Jersey is not yet at the National Median of 32.4 months.

- Adoptions Accomplished: New Jersey has made some remarkable progress in adoptions, as indicated by NJ SPIRIT data reported on the DCF website and/or in the Agency Annual Report.
  - In CY2007, New Jersey achieved its highest number ever of children adopted, 1,540.
  - Finalizations of adoptions have surpassed targets for all years CY2006-CY2008.
  - New Jersey finalized over 4,000 adoptions from SY2006 through SY2008.
  - In CY2008, DCF finalized adoptions for over 120 teens, and nearly 400 children were adopted with their biological siblings.
  - Subsidized adoptions have trended up steadily, from 6,594 in December of 2000 to 10,729 in June 2007.
  - For children whose adoption was finalized in November 2008, 94.6% had their adoption finalized within nine months of placement in the adoptive home.

- Of all adoptions finalized in the fourth quarter of 2008, 42.2% were in Relative Homes, and 38.7% were in Foster homes, indicating that we are developing the right resource homes that provide the best prospects for permanency.

- In recent surveys of DYFS workers, resource families, court-related personnel, and judges, the following themes were indicated as impacting the successful achievement of adoption: specialized caseloads for DYFS workers (i.e., adoption worker), increase in DYFS and court staff (i.e., attorneys, caseworkers, etc.), involvement of child and family in planning, increase in services and resources in the community, and increased communication and coordination between the courts and DCF.

Strengths

- The data results indicate progress in all key areas of adoptions, e.g. numbers of adoptions achieved annually, reduced lengths of stay, progress made with the longest waiting children, and the reduction in the number of children legally free for adoption. This progress indicates that the efforts implemented have been effective in achieving positive change. As we continue deployment of these efforts, we expect to drive further improvements in adoption.

- Continued application of internal expertise support as well as the increase in services which support both pre- and post- adoption experiences is important to support continued success of adoptive families and avert disruption, particularly for children with challenging needs.

Opportunities for improvement (OFIs)

- Although we have made significant progress in several facets of adoption practice, challenges remain in getting children to timely adoption, as evident in the Data results. We expect that, with time and maturity of the changes made to our case practice in general and adoption in particular, our efforts to improve adoption practice will take hold and we will see more progress in timeliness.

- Workers continue to report that appeals of TPR are accepted and unduly extend time to adoption for children. Repeat appeals may have the impact of discouraging adoptive parents, as noted by some respondents in the recent surveys of resource families, and can be disruptive to children who await finalization. The Courts, CICIC, and the child welfare agency have worked to speed the TPR process, as noted throughout the PIP process and in Systemic Factor B, Case Review. While the impact of practice change on the process will become clearer as the Case Practice Model with concurrent planning is further deployed, timeliness to TPR is an area for continued improvement.

  TPR delays are compounded by multiple factors, including but not limited to:
  - Courts may grant extensions to allow parents to comply with treatment prior to proceeding with TPR.
  - Appeals of TPR decisions routinely requested on behalf of parents, when it may not be clear that the parent wants/supports an appeal, resulting in unnecessary delays to permanency for the children.

- There may be missing parents and inadequate searches for parents.
- There may be Public Defender evaluations with a scheduling delay
- Delays in filing the appeal
- Any appeals are not subject to specified timeframes for disposition.
- Turnover of representative staff, such as DAGs, which require bringing replacements up to speed.

Summary statement

New Jersey has made substantial progress in addressing adoption practice, from revamping its adoption processing system to achieving record numbers of adoptions. While impressive in laying the foundation for good practice, and contributing to several positive results in adoptions, New Jersey must continue to strengthen the practice statewide. Close monitoring and technical support will be needed to assure continued strengthening of adoption practice.

Permanency Outcome 1: Children have permanency and stability in their living situations.

Item 10: Other planned permanent living arrangement. How effective is the agency in establishing planned permanent living arrangements for children in foster care, who do not have the goal of reunification, adoption, guardianship, or permanent placement with relatives, and providing services consistent with the goal?

From a data perspective, New Jersey has exceeded the Permanency Composite 3, *Permanency for Children and Youth in Foster Care for Long Periods of Time* National Standard measure of 121.7 for all three 2-6-09 Data Profile periods, achieving 125.7 in FFY05B06A, 127.7 in FFY06B07A and 133.6 in FFY07B08A, indicating strengths in getting youth to permanency and reducing the population of individuals to whom this Item applies. For those children, we are improving services consistent with the goal, and anticipate continual progress.

The predominant groups addressed in this item are youth aging out of the system and children whose disability and/or medical needs are so involved that they require intensive/extensive treatment that is provided typically in a congregate residential or institutional setting.

There has been tremendous development impacting our work with youth, and we believe these strategies clearly support improved effectiveness in achieving positive permanency for youth and/or safe transitions out of the child welfare system.

Policy considerations

As identified in the Permanency Policy Update, several changes affect this Item:

- The use of Long Term Foster Care (LTFC) as a goal was discontinued effective December 31, 2004. For cases in which this goal had been approved prior to that date, these goals were adjusted to Other Long Term Supportive Care (OLTSC).
- DYFS no longer closes cases when a child in care turns 18 years old, now offering services until the young adult is age 21.
- New Jersey has restated its permanency goal options and three relate to this Item:
    - Independent Living
    - Other Long Term Specialized Care
    - Individual Stabilization

CFSR Round 1 Findings

This Item was rated a strength in three (75%) of four cases to which it applied, receiving a final Item rating as an area needing improvement. In the fourth case, Independent Living services were not provided timely, i.e. the child was almost 17 years old. The review also noted that only limited transition services were available, with waiting lists for life skills training. Finally, the use of Long-Term Foster Care as a goal for younger children was cited.

Changes since Round 1

Significant **service investments** have been implemented to address the needs of youth transitioning to adulthood, providing some stability and permitting us to improve our permanency results with these youth. New Jersey has:

- Expanded services to support life skills and adult transition (housing, skills, education and mentoring)
- Developed a website dedicated to adolescent services, resources and supports <transitionsforyouth.org>
- Supported the *NJ Foster Care Scholars Program,* administered through Foster & Adoptive Family Services (FAFS), that provides grants to foster youth who are pursuing post secondary education or training.
- Supported Project MYSELF, a mentoring program sponsored through Rutgers, to help youth plan and prepare for post-secondary educational programs.
- Expanded its State Medicaid plan to include youth who were in care on their 18th birthday, and provides coverage through age 21 for youth electing to continue to receive services.
- Expanded transitional living services, which we estimate will be received by 1500 youth during FFY09.
- Provided personal and emotional support to youth through Mentors and Interactions with Dedicated Adults. New Jersey currently uses Chafee/TANF dollars to fund five mentoring programs, two through faith-based organizations, two through private non-profits, and one through Rutgers University (a peer mentoring program).
- Created Life Skills Training Program, which offers instruction in skills which are pertinent to daily living such as, financial management, self care, etc. In addition, the program will help youth obtain a high school diploma, explore career opportunities, vocational training and obtain a job.
- Created of the Youth Permanency Demonstration Project, in which DCF contracted with three community based agencies to provide intensive permanency services for a limited number of adolescents and young adults. They work with youth who are ages 14- 21 who are legally free without the goal of adoption or KLG, or youth who are not legally free but are no longer connected to family. The focus in this initiative is to make sure youth do not age out of care without, at the very least, a network of caring adults.
- Created of Aftercare Programs, to provide intensive case management and support services to those 18 – 22 years old. Aftercare provides assistance with obtaining employment, housing, and post-secondary education, with a primary goal to enable young adults to transition from the child welfare system to self-sufficiency
- Funded additional supported housing options for youth in collaboration with the Department of Community Affairs and the NJ Housing Mortgage and Finance Agency.
- The CICIC funded creation of the "Aging Out Don't Miss Out!" manual, which is used to educate youth, ages 15 to 21, on aging out of the foster care system. It provides youth with critical information such as their rights, and contains a list of services and resources that DYFS is now obligated to provide for a child, including but not limited to, housing, health insurance, clothing, mental health services, vouchers for post-secondary education, life skills classes and other wrap-around, after-care funds. This is a graphic novel written to appeal to children and designed to look like a professional comic book written on a 6th grade reading

level, and is available in English and Spanish. It is distributed to aging-out youth at informational sessions across the state.

- **Structurally,** in 2007, the Division of Youth and Family Services (DYFS) created the Office of Adolescent Practice and Permanency. The new office houses the Adolescent Services Unit (which administers Chafee services as well as services for homeless youth), liaisons for the Division Children's Behavioral Health and Juvenile Justice Commission, and the Adolescent Permanency Unit. In 2009, DYFS is piloting Adolescent Services Units in the local offices. DYFS is also supported by the Transition to Adulthood Work Group, an advisory group on needs relating to independent living and youth aging out of care. This group includes representatives from private non-profits; the New Jersey Alliance for Children, Youth and Families; the Department of Labor and Work Force Development; Office of Education; the DHS Division of Addiction Services, and the DCF Divisions of Child Behavioral Health Services and Prevention and Community Partnership.

- Specific to **transitioning youth**, New Jersey has done much work with the National Resource Center on Youth Services regarding Positive Youth Development. New Jersey uses the Ansell-Casey Life Skills Assessment in programs providing Life Skills Training, Aftercare, and in contracted homes providing Life Skills training. As a work in progress, the Ansell-Casey assessment is being used in conjunction with a Strength and Needs Assessment specialized for the population and a Portfolio assessment that is a dynamic process occurring throughout the Life Skills experience. Together with the NRC technical assistance, New Jersey's adolescent unit is attempting to broaden the use of these assessment tools throughout the state and to link them with conventional strengths and needs in additional domains, such as the SDM tools, as a foundation for appropriate planning. The National Resource Center for Youth Services has provided "train the trainers" sessions to a cadre of in-state trainers who will deliver training to agencies statewide. The NRC continues to work with New Jersey on curriculum revision to reflect the Case Practice Model. In addition, the Rutgers Institute for Families conducts training on youth development, and supports youth advisory boards in 19 of New Jersey's 21 counties.

- Work on Permanency Practice, as identified in the policy update, has brought a renewed focus on teens and older youth to re-examine permanency through: adoption, kinship legal guardianship (KLG), completing a permanency pact with life long connections; and re-evaluating the family of origin as a resource.

- Through the work of the ICAMA and ICPC, we have been able to secure alternative placements for some severely medically-challenged youth, given the availability of Medicaid supports accessed under the compact provisions.

- We have been holding case conferencing with all children in care who are placed out of state, and involving other agencies to whom transition may occur at adulthood, and we have been seeking more appropriate alternatives for these children. As a result, we have been able to reduce the number of children placed out-of-state from 307 in March 2007 to 103 in November 2008.

Data Considerations

- Service expansion has resulted in reduced use of congregate care, as reported in the period four Monitoring Report issued by the federal monitor. In January 2007, there were 1,552 youth in congregate care. In March 2008, the number of children in congregate care settings was 1,348, a decrease of 204 children. The increase in independent living program beds and therapeutic foster homes has assisted in part in the reduction of youth in congregate care settings.

- Participation in the NJ Scholars program, established in 2003 to help adoptive and foster families with the expenses of providing a college education, has grown from 90 in the 2003-4 school year, to 556 in 2007-8 school year.

- From January through June 2008, 885 youth ages 18-21 were receiving out of home services, including Medicaid.

- DCF increased the number of transitional living program slots to 263.

- New Jersey's permanency focus on the "100 longest waiting teens", in which adoption home recruiters from across the state focused on securing permanency resources for youth has brought some interesting results. Over 100 teens actually were adopted in 2008, and several youth were assisted to reconnect with family, creating permanency connections to support them as they transition out of the child welfare system.

- The placement rate for initial entries into care has decreased for youth 13 to 17 years of age, from 1.9 per 1,000 children in the population under 18 in CY2005 to 1.6 per 1,000 in CY2007.

- For young children, New Jersey in its Round 1 PIP focused on avoiding OSLTC goals. As of December 2008 of the approximately 5% of children in care with this goal (n=549), 50 are 12 or younger.

Strengths

- Collaboration is a strength that will carry this Item forward, as evidenced by the partnership with Rutgers Institute for Families, support of the Transition to Adulthood advisory group, the work of the Youth Advisory Boards, technical assistance from the National Resource Center, and teaming with the Department of Community Affairs and the New Jersey Housing and Mortgage Finance Agency for housing supports. This richness of collaboration occurring at the program and administrative level to benefit services to adolescents, youth, and young adults has opened provided a rich array of strategies and initiatives for New Jersey youth.

Opportunities for improvement (OFIs)

As we proceed with the implementation and refinement of an Adolescent focus, challenges remain with the provision of appropriate services to adolescents and young adults:

- Caseworkers report that the waiting list for transitional living services is 6-8 months, indicating that additional services may be necessary. As Adolescent units develop, there will be a comparative analysis of resources in each area to confirm the level of need.
- The period four Monitoring report suggests that DYFS workers may have limited understanding of resources in the community available for older youth and do not regularly create transitional living plans for these youths.
- Transition in any form is a challenge, and we will need to continue to work in partnership with youth to assure successful transition.

Summary statement

New Jersey is making progress in the provision of services to its youth who exit to an alternative other than adoption, guardianship, or living with relatives, but, as always, there is more to do.

Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.

Item 11: Proximity of foster care placement. How effective is the agency in placing foster children close to their birth parents or their own communities or counties?

New Jersey is showing progress in placing children close to their own communities or counties, as evidenced by a decline in the demand for placements coupled with an increase in more localized placement resources. For example:

- The number of children placed within 10 miles of home increased steadily from 62% in 2002 to 67% in 2006.
- The decrease in children placed out of State, from 307 in June 2007 to 103 as of November 2008.
- The rate of initial placement of children into care overall decreased from 2.4 per 1,000 of the population under 18 in CY2004 to less than 2.0 per 1,000 in CY2007.

Policy considerations

When placing children, as indicated in the Permanency Policy Update, law and policy requires that placement be made in the least restrictive setting available, in close proximity to the parents' home, consistent with the best interest and special needs of the child. Staff work with the family to identify placement resources. A relative or a close family friend is the preferred resource, followed by a non-relative family, and then a congregate care setting as necessary. When placement with a relative has been explored and is either not found or not appropriate for the child, DYFS seeks a resource home that is in close proximity to the child's parent's home. Considering all special needs and interests, the following geographic sequence is applied: same municipality, neighboring municipalities within the same county, elsewhere in the same county, adjacent counties, and other counties within the State.

CFSR Round 1 Findings

This item was rated a strength in 16 (94%) of the 17 cases to which it applied, receiving a final Item rating of strength. Despite this finding of strength, the review identified regionalization of resource unit functions as an impediment to achieving placement in proximity to birth families and communities. Additionally, concern was noted about the additional impact distance may have on visitation and family connections, particularly for children with special needs, such as the medically fragile.

Changes since Round 1

Progress in this Item is attributable to a combination of factors in planning, engagement, and resource support, coupled with decreased placement demand and increased supply.

- As noted in the permanency policy update, we have renovated our placement process to reduce emergent placements, improve planning the child, secure the best placement alternative, and to reduce trauma to the child. Through better assessment using SDM and through the family team meeting, we have been able to identify local sources of support for the child.

- The **Resource Family Support Units (RFSU)** facilitate prospects for proximity by accompanying workers (during removal planning) to relative homes to evaluate the potential to become a licensed resource family, and through their knowledge of local resources and caregiver strengths and capacities.

- New Jersey has increased the pool of available **resource homes, experiencing net gains for successive years,** and we continue to develop recruitment plans that are based on county assessments and target identified needs, such as improving sibling placement resources and the availability of SHPS homes for medically fragile children.

- **Service investments** in resource homes have impacted proximity, by making it possible for individuals such as relatives/kin to provide care they would otherwise be unable to provide. Increasing reimbursement, the advent of flex funding, and availability of funds to rehabilitate housing are examples of this support

- Additionally, **service investments** in other areas have also impacted proximity. For example, the growth of in-state alternatives for children who present challenging or intensive emotional or behavioral health needs has resulted in a significant reduction in the numbers of children placed out of state, from 307 in June 2007 to 103 in November 2008.

Data Considerations

- In addition to the data contained in the opening statement, it is notable that overall demand for placement has decreased:
  - Our initial placement rate in CY2007 was less than 2.0 per 1,000 of the population under 18, down from 2.4 in CY2004.
  - We have less children in placement as of June 2008 (9,375) than at any point since June 2004.
  - Admissions to Foster Care have decreased over the Data Profile periods:
    - From 6,189 in FFY05B06A to 5,844 in FFY06B07A, a decrease of 345 children, or 5.6%.
    - From 5,844 in FFY06B07A to 5,238 in FFY07B08A, a decrease of 494, children, or 8.4%

- While demand has decreased, supply has grown. In CY2005, DCF licensed 966 new resource family homes. In CY2007, DCF licensed 1,884 new Resource Family Homes, including 1,367 Non-Kin homes and exceeding the 1,071 MSA target. This represented a net gain that year of 815 homes, and a 46% increase from 2006. During CY2008, DCF licensed another 2,169 homes, with a net gain of 802 homes.

Since 2005, we have added over 300 specialty beds in New Jersey, as well as a host of behavioral/mental health services, which has also reduced the demand for placement beds, and importantly the need to place out-of-state.

- Of the homes licensed in SFY2007 and SFY2008, which total 3,558, 1,193 or 34% have been homes of relative/kin caregivers, addressing the intangible aspects of emotional proximity that can be as important as geographic closeness.
  - The use of relative homes has increased consistently over time, from 38% to 51% of all new placements between 2003 and 2007.
  - Over that time, the placement experience of these same children has been relatively stable, with between 79% and 82% of the children experiencing less than two moves.
  - The incidence of intact sibling placement has increased - 62% of 873 sibling groups were placed intact in CY2007, up from 60% of 991 sibling groups placed intact in CY2006.

- Surveys of families, foster families, and youth confirmed that many are within the same county, which is consistent with the more localized focus of placement efforts:
  - When asked if the child was living with a relative, only three of 22 family respondents with children in placement (13.6%) indicated 'yes'.
  - Asked how close the child was living, ten of 14 family respondents (71%) indicated children were within the same county.
  - Of 68 youth responding to the same question, 43% indicated they had been placed within the same county as their family.
  - Of 82 resource family respondents 50% indicated the children in their care were within the same county as their family.

- During the PIP period, Mini-CFSR assessments were conducted across 13 counties, involving 120 cases. Of the 40 cases to which Item 11 applied, the Item was rated a strength in 35, or 88% of the cases.

Strengths

- The data reveal that we are improving in proximity of placements on several levels: more children within 10 miles of home; more children served in New Jersey than out-of-state; more children placed intact with their siblings; and children steadily placed with resource/kin caregivers.

- The collective benefits of a revamped placement process, CPM, family team meetings, together with resource support and recruitment efforts have all affected our gains in this area, stressing the importance of the linkage between practice and support/underlying system efforts in achieving positive change.

  For example, these efforts address several common challenges that will continue to impact proximity of placement:

- Geographic differences in available housing stock may impact the viability of residence use for resource placement.
- At times the capacity to place siblings together may require a trade-off in geographic proximity
- The need for a specialized resource home, based on child health or mental health needs, requires that children are placed further from home than desirable.

Initiatives of licensing will provide regulations that are sufficiently flexible while assuring safe housing; the placement process through which we evaluate the impact of proximity vs. the desire to place siblings together will provide sound decisions on placement; and attention to the availability of specialized services will enable us to support more children within New Jersey's borders. It will be important to continue to manage these challenges going forward.

Opportunities for improvement (OFIs)

- As our reform efforts (including all the practices identified in this Item) mature, and become habit in our work, we can improve our practice of planning placements, reducing emergent removals.
- While we have made improvement in proximity, and are encouraged by the reports of children placed with siblings and within the same county, there is more to be done. Increasing our results in this area is necessary to permanency efforts, as we know that proximity is critical to maintaining the sufficient level of connection and contact that is needed to effectively support reunification.

Summary Statement

New Jersey has demonstrated that through a series of coordinated efforts, it is possible to place children in an appropriate location of proximity to their birth families. We have done well in establishing the foundational elements – planning, engagement, and resource support. As deployment of these elements grows and skill in practice matures, we believe we will continue to demonstrate improvement in this Item.

Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.

Item 12: Placement With Siblings. How effective is the agency in keeping brothers and sisters together in foster care?

New Jersey has increased its effectiveness in keeping siblings together in Foster Care as evident by the statewide result that 62% of 873 sibling groups were placed intact in CY2007, up from 60% of 991 sibling groups placed in CY2006. Additional data on group sizes also indicates steady progress over the past five years.

Policy Considerations

As indicated in the Permanency Policy Update, DYFS is required to make diligent efforts to place siblings together in foster homes. Resource parents are advised of the policy to promote sibling placement during the licensing/approval process and at PRIDE training. Upon receiving a request for a resource home, the Resource Family Support Unit (RFSU) facilitator searches computer files to identify whether any of the child's siblings is in a foster or adoptive home. If a sibling is located in a placement, an assessment is done and, if appropriate, attempts are made to place the child with the sibling. If a sibling is located in a resource home that is at its approved capacity, and it is determined that the placement is appropriate, the protocol for requesting an exception to population limits is followed. Additionally, if more than one child is in care in separate homes, joint placement is revisited when an opportunity becomes available.

CFSR Round 1 Findings

This Item was rated a strength in 11 (79%) of the 14 cases to which it applied, receiving a final Item rating as an area needing improvement. However, the report did cite a lack of concerted effort to place siblings together, as well as a lack of sufficient resources to accommodate sibling groups

Changes since Round 1

Positive developments in keeping siblings together have been rooted in a series of linked system and practice developments.

- As noted in Item 11, consistent with the principles of the Case Practice Model, we have renovated our placement process, with the results of improved planning in addressing the needs of the child to secure the best placement alternative and to reduce trauma to the child. Holding an initial family team meeting prior to (if possible) or within 72 hours of placement, coupled with the use of Structured Decision Making tools has enabled us to more accurately identify needs of children facing placement, clarify needs and expectations, and identify potential resources that can provide for the sibling group.

- The presence of **Resource Family Support Units (RFSU)** means more localized placement facilitation that improves prospects sibling group placement. RFSU workers are available to search for siblings in care and to identify resources being used by siblings. RFSU staff have accompanied workers (during removal planning) to relative homes to evaluate the potential to become a licensed resource family for the siblings. Also, through their work with the local contingent of resource families, RFSU staff have developed a knowledge base of local caregiver strengths and capacities, which helps when searching for appropriate homes for a sibling group.

- New Jersey has also made significant strides to increase the pool of available **resource homes** that can accommodate sibling groups**.** The Office of Resource Family Recruitment has accessed support from the National Resource Center network to improve recruitment efforts. One of these efforts has focused on understanding sibling relationships and avenues to improve and support sibling placement.

  As described in Systemic Factor G – 'Resource Home Licensing, Recruitment, and Retention', we continue to develop recruitment plans that are based on county assessments, and target identified needs, including sibling placement resources. There has been a concerted effort to develop homes that will accept sibling groups, including the use of special contracts to increase the number of homes that will be recruited to take sibling groups of 5 children.

  The Office of Licensing has revised resource home regulations to allow more flexibility in relative placements to accommodate siblings in a relative home. These adjustments address issues of housing stock in a way that improves potential for group placement while assuring safety of the children. We know that the majority of sibling groups who are placed intact are residing with relative/kin caregivers.

- **Finally, support for caregivers,** including the application of flex funds and the equalization of reimbursement with that provided to non-relative caregivers, has meant tangible assistance that has enabled homes to accept sibling groups.

Data Considerations

- The overall decline in children being placed, which dropped to 2.0 per 1,0000 of the population under age 18 in CY2007, down from 2.4 per 1,000 in CY2004, has contributed to success in placing siblings by reducing the numbers of children requiring placement as we simultaneously develop our resource home capacity.

- Overall, intact placement of sibling groups of two or three children has improved from 56% in CY2003 to 66% in CY2007. The rate for sibling groups of 4 or more has improved from 27% to 32% over that same time.

- Refining progress by group size provides additional information:
  - For sibling groups of two, 72% were placed intact in both CY2006 and CY2007.
  - For sibling groups of three, 49% were placed intact in CY2006, and 50% in CY2007.

  - For sibling groups of four, 35% were placed intact in CY2006, and 38% in CY2007.
  - For sibling groups of five or more, 20% were placed intact in CY2006, and 18% in CY2007.

- Most sibling groups placed intact are placed in relative/kin homes, at 60% of all 592 sibling groups placed intact in CY2006, and 53% of all 542 sibling groups placed intact in CY2007.

- During the PIP period, Mini-CFSR assessments were conducted across 13 counties, involving 120 cases. Of the 37 cases to which Item 12 applied, the Item was rated a strength in 33, or 89% of the cases.

Strengths

- The data indicates that we are making progress in placing siblings together. This occurrence is attributed to the reduction in children entering placement overall coupled with a series of initiatives designed to identify need and support appropriate placement, i.e. placement process renovation, family team meeting, CPM, resource development efforts, RFSUs, tangible service supports, and revamped licensing regulations that better promote sibling group accommodation.

- Progress in this Item reflects that attention to the integration of practice and support systems is key in achieving change. The development of Resource Family Supports Units, the work of recruitment, and the collaborative efforts of recruitment, licensing, and resource family support units together with operations has significantly affected placement capacity, and supported development of regulations that reflect the needs of children and families.

- The tangible supports provided to resource families, and relationship-building between the providers and DYFS allows providers to feel supported, which promotes retention and improves stability of placement as providers are better equipped to deal with issues they experience with children in care.

Opportunities for improvement (OFIs)

- We need to continue with targeted recruitment efforts to develop homes that will accommodate sibling groups, particularly those of five or more children. New Jersey has made productive use of the National Resource Center to identify functional recruitment strategies in this area, and will continue with initiatives to develop these homes.

- As the Case Practice Model and other core strategies mature, our goal is to increase the rate of sibling placement. By continuing our work with families throughout the placement process, and continuing to effectively integrate RSFU functions into the process, we expect to improve our ability to place sibling groups together.

- We recognize that the appropriateness of placing siblings together in part depends on the needs of the individual children. Special needs, e.g. medical or behavioral or emotional health needs may require different alternatives, so we need to build in the flexibility to accommodate those needs.

Summary statement

New Jersey has taken action to improve the frequency with which siblings are placed together in Foster Care, and indicators are favorable. We need to continue the focus on siblings as we consider appropriate placement for individuals and as we improve recruitment efforts to build the pool of needed resource homes, particularly for large sibling groups.

Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.

Item 13: Visiting with parents and siblings in foster care. How effective is the agency in planning and facilitating visitation between children in foster care and their parents and siblings placed separately in foster care?

New Jersey has taken action to improve our approach to visitation itself as well as to the placement process elements that support visitation. Although we surpassed our PIP goal in this Item during the non-overlapping data year (10/1/06 to 9/30/07) with a 66% strength rating in cases sampled, we have additional work to do in expanding services, and monitoring progress to assure that visitation occurs as frequently and productively as needed to support positive results for children and families.

Policy Considerations

Children in Foster Care are entitled to have regular visitation with their parents and siblings. The goal is for family and sibling visits to occur on a weekly basis. The frequency and length of the visits shall be based upon the needs of the child, the parents, siblings, and other involved parties. A written visitation plan is developed with the family to identify the type and frequency of visits to be instituted for every child in an out-of home placement, unless otherwise directed by the court. When the court limits or prohibits visits, the visitation plan must reflect the court order. The visitation plan must be completed within five working days of the initial date of placement, and preferably be developed with the parents during the 72 hour initial FTM meeting. The visitation plan is evaluated and adjusted as need and submitted in time for the first 45 day Child Placement review. The visitation plan is reviewed at various times throughout the life of the case, and is updated or renegotiated when the case goal changes; circumstances change; or any party to the plan requests renegotiation.

CFSR Round 1 Findings

This item was rated a strength in 14 (67%) of the 21 cases to which it applied, receiving a final Item rating as an area needing improvement.. Concerns noted include:

- Insufficient frequency and quality of visits between siblings as well as between children in care and their parents
- Time of visits not conducive: no weekends or evenings, children taken out of school to visit
- Fathers not involved in visitation or in planning for visits

Changes since Round 1

- **Improvement planning** efforts were targeted at case practice regarding visitation in response as part of the PIP process. A workgroup was assembled by the DCF Office on Quality, consisting of several staff from Local Offices as well as the staff from the Office on Quality. The work group systematically examined the findings of both the CFSR Round 1 report and the results of Mini-CFSRs that had been conducted as part of the PIP. The group then worked to identify key factors contributing to the OFI:
  - A lack of visitation among children and their incarcerated parents.
  - Fathers not involved in visiting or planning.
  - Insufficient frequency and quality of visits between children and their parents and among siblings.
  - Lack of documentation for visits that were supervised by relatives.
  - Infrequent visits between adolescents and their younger siblings.
  - Insufficient resources or 'slots' for visitation.
  - Locations of visits were limited; many occurred in the Local Offices.
  - Visitation plans were vague and not individualized
  - Visitation plans were not consistently updated upon a change in schedule or court order

  The group developed a plan to improve performance in this area, which included the development of a tutorial, learner's guide, and power point presentation on visitation, and offered tools and methods for tracking visitation practice and progress. The tutorial and presentation was initially provided to Local Offices in four counties (Bergen, Monmouth, Burlington, and Essex) by the Area Quality Coordinator, the Case Practice Specialist, or an alternative point person. Trainees included Casework Supervisors, Supervisors, Caseworkers, and Assistant Family Service Workers (AFSW), who transport parents and children to visits.

  The tutorial, learner's guide, and powerpoint were shared with all Areas through posting on the Qffice on Quality Sharepoint site as tools to improve visitation.

- **Reduced Caseloads** gives workers increased time to work with the family, including time to appropriately plan and monitor visitation.

- The **Case Practice Model**, with its integration of concurrent planning and the use of family team meetings, supports visitation consistent with family needs. The initial family team meeting held prior to or within 72 hours of placement provides the opportunity to structure an appropriate visitation plan.

  Importantly, the family-centered focus of the Case Practice Model addresses some of the challenges to visitation that at times exist, e.g. limiting visits with incarcerated parents, failure to include fathers in planning. A continuing challenge is to advocate for and encourage contact through all methodologies (e.g. phone, email, correspondence) where frequent visits are limited.

- With the advent of **RFSU** and emphasis on **appropriate placements**, including the exploration of relatives first as caregivers, there has been an increase in children placed in their own communities with relatives, which has increased informal visitation.

- Investment in **Visitation Service** programs and the statewide expansion of support positions for visitation, including the Assistant Family Service Workers (AFSWs) to assist with transportation and visit supervision, has raised visit capacity. Promising approaches include programs that are designed to be educational and therapeutic, and include some or all of the following services: parent education, coaching, case management, play therapy, and graduated levels of visitation as a prelude to reunification. Some programs also accommodate needs by providing visits in a variety of locations, including the family home.

  We continue to be challenged to arrange sufficient services/resources to support productive and sufficiently frequent visitation at times that work for the family.

- Resource families are encouraged to support visitation between children and their parents/siblings/family. PRIDE as well as *Traditions of Caring* training emphasize the importance of visitation to achieve permanency.

Data Considerations

- During the PIP Non Overlapping Data year (10/1/06-9/30/07), a targeted review of Item 13 was conducted in concert with the targeted improvement efforts noted above. Fifty cases were selected randomly across four counties: Bergen, Burlington, Essex, and Monmouth. The measurement timeframe was from October 1, 2006 through September 30, 2007. As a result of this review, the DYFS achieved a 66% compliance rating, which exceeded the PIP target of 65%.

Data gathered through recent surveys of a variety of stakeholders reveals fairly wide variation in reports of what is occurring with regard to visitation. The data suggests that there is much work to do to achieve consistency and that there is a need for additional resources as well as tracking of the visitation experience.

- Of 72 youth responding to a survey, 88% of whom were 18 or more years old, 43% reported seeing his/her siblings at least biweekly or more frequently, and the same amount (43%) reported seeing them less than monthly. For birth mothers, the biweekly frequency was reported by 34% of the youth, while 54% reported seeing them less than monthly. For birth fathers, 18% saw them at least bi-weekly, while 77% reported seeing them less than monthly.

- Eighty-four (84) resource families responded to questions regarding contact of the child in their care with various family members. Visitation with siblings of at least bi-weekly was reported by 39% of respondents, whereas 13% reported less than monthly contact, and 9% did not know the contact frequency. With birth mothers, 48% reported at least bi-weekly contact, 7% reported less than monthly, and 2% did not know the contact frequency. With

birth fathers, 18% of respondents reported at least bi-weekly contact, 10% reported less than monthly contact, and 10% did not know the frequency of contact.

When asked about the frequency of alternative types of contact, such as telephone, e-mail, letters, or tapes that the children may have exchanged with the family members, the overwhelming response was 'none', which was noted by large percentages of respondents for sibling contact (70%), birth mother contact (68%), and birth father contact (80%).

- Of 18 judges responding to a recent survey, 89% agreed that children in placements are having visits with parents and siblings. 69%, however, disagreed that visitation service are adequate.

- Of 119 individuals responding to a survey of court-related representatives, 70% agreed that children in placement are having routine in-person visits.
    - 50% agreed they are having regular visits with parents and siblings
    - 57% agreed on an inadequate level of visit providers, and comments noted the lack of evening visitation services or insufficient aides to transport and support interaction.

- Seventeen families responded to questions on the frequency of contact with children in placement. Sixteen of 17 respondents reported at least weekly visits with their children. Only five respondents noted other contacts weekly, such as by telephone, e-mail, or correspondence.

- DFYS workers rated several statements regarding visitation. Each statement had 180-184 respondents.
    - 47% agreed that visitation was of sufficient frequency and quality to maintain connections between child and parent
    - 49% agreed that visits with parents usually occur weekly; 25% disagreed
    - 34% agreed that visits with siblings usually occur weekly; 33% disagreed
    - 45% agreed that they facilitate alternative means of contact (e-mail, telephone, letters) when in-person visits cannot occur; 12% disagreed
    - 50% agreed that both parents are involved in creating a visitation plan; 15% disagreed

  Regarding incarcerated parents:
    - 32% of worker respondents agreed that contact with the incarcerated parent is addressed in the visitation plan while 27% disagreed
    - 17% agreed that in-person visits routinely occur, while 37% disagreed
    - 21% agreed that alternative contact routinely occurs with incarcerated parents, while 34% disagreed

  Regarding what practices or conditions supported consistent visitation:
    - 71% agreed the ability to place siblings together is supportive
    - 65% agreed the ability to have relatives supervise visits is supportive
    - 42% agreed that visitation is dependent on their ability to transport family members
    - 49% agreed that inconsistency is in part due to a lack of supervised visitation programs

Strengths

- The implementation of the Case Practice Model coupled with the development of the RFSU and focus on appropriate placements has led to an increase in children placed in their own communities, improving proximity, continuity, sibling group placement, and relative caregiving, all of which enhance the formal and informal opportunities for visitation. Our reviews during the PIP period revealed that siblings who were placed with a relative caregiver had more contacts and visited their siblings and parents more often than children placed with non-relatives.

- The increase in services for visitation, particularly those promising approaches that are intended to be educational and therapeutic, provides a base set of practices to evaluate and consider which we might replicate and how to creatively apply those services, together with informal supports identified in family team planning, to better assure visits that are of sufficient frequency and quality to support reunification/permanency.

- The application of the improvement cycle efforts resulted in improved practice in the offices that adopted the products and tools developed, as evidenced by the PIP improvement. Further deployment and use of these items by other Local Offices will also support practice improvement.

Opportunities for improvement (OFIs)

- Although the data indicate that visits are occurring, collectively the survey results reveal that we remain inconsistent in delivering visitation opportunities for youth and families that are sufficient to productively maintain relationships and support reunification. We need to focus intently on promoting the importance and practice of visitation for children in Foster Care, with particular attention to the areas identified by the Item 13 workgroup.

- Including all parties in developing the plan and achieving consensus about what visitation is appropriate are areas for continued growth. It will be important, for example, to assure that visit planning includes both mothers and fathers and that provisions are made to include/consider parents who may be incarcerated. The low estimation of visits with incarcerated parents reported in the survey of DYFS workers, coupled with the lack of alternative contacts indicated by resource parents, suggests that all parties may not be sufficiently considered and included in devising the visitation plan.

- Developing additional visitation services that are responsive to the norms of the families served, e.g. providing visits at night or weekend or offering graduated levels of support, will be an important aspect of improving the quality of visitation in support of case goals.

- Another challenge in this regard, as identified and addressed in the improvement cycle efforts, will be to assure regular tracking of visitation, and to assure that visitation is positive and appropriate. This is more difficult with the increased informal visitation that occurs when relatives are caregivers.

Summary statement

Although New Jersey has taken steps to improve visitation for children in Foster Care, there remains much work to do to assure that visitation is appropriate and comprehensive, that visitation services are sufficient to meet the need, and that we are able to sufficiently monitor visitation practice to assure it meets our expectations in advancing outcomes for children and families.

Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.

Item 14: Preserving Connections. How effective is the agency in preserving important connections for children in foster care, such as connections to neighborhood, community, faith, family, tribe, school, and friends?

New Jersey's progress in addressing connections through its family-centered focus is evident in notable results in several indicators:

- The number of children placed within 10 miles of home has increased steadily each year, from 62% in 2002 to 67% in 2006.
- In CY2007, 62% of the 873 sibling groups placed were placed intact
- The number of children placed with relatives when entering care for the first time between 2003 and 2007 has been between 38% and 51% each year
- The number of children achieving permanency under subsidized kinship legal guardianship is up from three in 2002 to 2,515 in 2007.
- In CY2008, DCF finalized adoptions for over 120 teens, and nearly 400 children were adopted with their biological siblings.

Policy Considerations

Preserving connections begins at the time of placement when the parent is assisted in understanding the impact of placement on the child and the family and is encouraged to remain involved in the child's life, as described in the Permanency Policy Update. At this time the parent is asked for family and friends who may be possible resources for placement and the worker gathers information related to the child regarding birth data, health information, personality of the child including traits and habits and educational needs and background. The parent is advised of the need to participate in planning for the child and their obligation to contribute to the support of the child.

Resource parents are given information about the child's background and family traditions so that he/she may be nurtured in accord with his or her background, religious heritage, ethnicity and culture. In addition, the foster family is expected to promote contact with family.

Policy provides for preparation of the Life Book that includes information about the child's identity and background as well as ongoing highlights of life in Foster Care. Life Book preparation is to begin as soon as the child is placed out of the home and continues until permanency is achieved. The Life Book is a psychological bridge between the child's birth family and resource family.

CFSR Round 1 Findings

This Item was rated a Strength in 19 (79%) of 24 applicable cases, receiving a final Item rating as an area needing improvement. The report cited a lack of diligent efforts to preserve connections to extended family, friends, school, and community.

Changes Since Round 1

- As indicated in the Permanency Policy overview, we have renovated our **placement process** to be planful in addressing the needs of the child, to secure the best placement alternative, and to reduce trauma to the child. The initial family team meeting prior to or within 72 hours of placement provides the opportunity to identify potential resources that provide proximity and continuity for the child.

- The **principles** of the Case Practice Model remind staff to respect differences, promote preservation of values, beliefs, and cultural practices, and to communicate these needs to resource family providers. The values, engagement, and teaming of CPM emphasize empowering families and children to stay connected.

- Revamped **permanency practice**, with the **concurrent planning focus**, supports the maintenance of connections in requiring the development of a Life Book for every child in placement, from the date of placement, and in encouraging workers to reconnect with the birth families of adolescents even if TPR is achieved. **Smaller caseloads** support this work by providing more time to attend to families.

- New Jersey has made significant strides to increase the pool of available **resource homes,** through its localized RFSU**.** As described in Systemic Factor G –we continue to develop recruitment plans that are based on county assessments, and target identified needs. Recruitment success in all areas of the state to has helped children to remain in their communities and remain connected to family, community, school and religious and civic groups.

- Samples of promising practices that support connections exist, such as the **collaborative** efforts with the Newark Board of Education and with the Monmouth County Superintendent to retain children in original education settings when a move occurs. This type of effort to provide an anchor for children through often tumultuous events marks the type of solutions and options that we would like to replicate for our children in placement.

- **Service investments**, most notably flex funds and newer efforts with visitation as discussed in Item 13, help to support activities through which children can stay in touch with friends, faith, and community members. However, as noted in Item 13 and in Systemic Factor E, there remains a challenge in terms of sufficiency of resources to support these efforts. While visitation is in part aided by the proximity of placement, use of relative caregivers, and natural supports uncovered through the family team process, we anticipate continued needs to creatively address resource issues in maintaining connections.

Data Considerations

The data points noted in the opening statement demonstrate improvement in several indicators relevant to preserving connections.

- Sixty-six (79.5%) of 83 resource family respondents indicated that the child in their care had a Life Book, which indicates efforts are made to maintain the bridge between the child and his/her family.

- When asked how often they have felt encouraged to connect with people and have them involved in their life, youth (n=73) responded the rate they were sometimes or frequently encouraged to connect with birth mothers (54%), siblings (74%), friends (76%), birth father (39%), maternal grandparents (45%) paternal grandparents (27%), and extended family (42%).

- The youth report that this contact is largely (80%) safe, occurring in a comfortable location (75%), frequent enough (66%) and going the way they want (69%).

- Of 52 providers responding, 31 (60%) report that they sometimes or frequently facilitate or participate in contact between the child and his/her parents/siblings.

- Of 83 resource families responding to the same question, 31 (37%) report that they facilitate or participate in contact between the child and parents.

- Of 18 judges responding to a survey 61% agreed that DCF is making greater efforts to promote family connections.

- Data outlined in Item 13 indicate some of the challenges noted, e.g. with the availability of sufficient services and supports to promoted connection, and the limited lack of alternative methods of contact through which children could stay connected to family and friends.

- During the PIP period, Mini-CFSR assessments were conducted across 13 counties, involving 120 cases. Of the 50 cases to which Item 14 applied, the Item was rated a strength in 34, or 68% of the cases.

Strengths

- Our structural and practice adjustments – Case Practice Model, concurrent planning, placement processing, concurrent planning, resource family recruitment and training- have brought positive focus to the connections issue in a way that sets the foundation for desired results. We need to continue to deploy these efforts and refine them statewide.

- The data show improvement on several key fronts. Fewer children are entering care, more of them are being placed with relatives, more are being placed within ten miles of their birth family, more are achieving permanency with siblings and relatives, and stakeholders are reporting involvement in facilitating and maintaining connections. All of these factors are success indicators for maintaining connections.

Opportunities for improvement (OFIs)

- We need to stay the course with deployment of the Case Practice Model. As part of the continuing roll-out, extending the philosophy and values to our resource families, providers, and system partners will be important to the quality of results we achieve with children. This includes continual reinforcement on the importance of maintaining connections, inclusion of birth families in the life of the child, visits with birth parents, planned visitation practices, preserving cultures, religion and ethnic values and traditions.

- Consideration of methods to improve monitoring of connections is an area to be addressed, as is the continual challenge to assure sufficient resources and support to address the needs of children and families.

Summary statement

New Jersey has set foundational blocks that promote connections, has evidenced some promising practices that support this notion, and has developed data that indicate some success in indicators relevant to connections. Still relatively early in our reform, it will be important to sustain the efforts made and to forge ahead in this Item.

Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.

Item 15: Relative Placement. How effective is the agency in identifying relatives who could care for children entering foster care, and using them as placement resources when appropriate?

In its placement and permanency improvement efforts, New Jersey has focused on the use of relatives as placement resources, with positive results in placement, stability, and permanency:

- For each year between 2003 and 2007, the rate of relative placement has been between 38% and 51% for initial placement of children at first entry into care.
- Over that time, the placement experience of these same children has been relatively stable, with a rate consistently between 79% and 82% of the children experiencing less than two moves.
- The number of children achieving permanency under subsidized kinship legal guardianship is up from three in 2002 to 2,515 in 2007.

Policy Considerations

The changes to our placement process are included in the Permanency Policy Update. Essentially, when a child requires out-of-home placement, DFYS must first consider relatives and close family friends who may be willing and able to provide substitute care. Our statute and regulations require DFYS to search for relatives within 30 days of placement, although practice requires an initial family team meeting be held prior to or within 72 hours of placement, which is when we explore relatives as potential resources.

There is also a statutory mechanism for relatives who wish to provide permanent care for a child by becoming "kinship legal guardians". New Jersey policy provides for payment to support such placements when "kinship legal guardianship" is the appropriate disposition. N.J.S.A. 30:4C-84 defines a kinship legal guardian as "a caregiver who is willing to assume care of a child due to parental incapacity, with the intent to raise the child to adulthood, and who is appointed the kinship legal guardian of the child by the court pursuant to P.L.2001, c.250 (C.3B:12A-1 et al.). A kinship legal guardian shall be responsible for the care and protection of the child and for providing for the child's health, education and maintenance."

New Jersey regulation provides for an on-going consideration of relative placements for situations in which permanency cannot be achieved by reunification with parents.

CFSR Round 1 Findings

This Item was rated a strength in 15 (65%) of 23 cases to which it applied, receiving a final Item rating as an area needing improvement. Concerns cited included a lack of diligent efforts to locate, search for, and assess maternal and/or paternal relatives; and conversely, placing children with relatives without considering the child's best interests or the possibility of waiver-based disruptions.

Changes since Round 1

- Consistent with the principles of the **Case Practice Model**, we have renovated our **placement process**, to secure the best placement alternative, and to reduce trauma to the child. Efforts are made to hold an initial family team meeting prior to (if possible) or within 72 hours of placement. This provides the opportunity to identify needs and expectations, as well as to identify potential resources that can provide proximity and continuity for the child. **Concurrent planning** aspects of practice support continued exploration of relative caregivers as resources for children throughout the life of the case.

- Development of **Resource Family Support Units (RFSU)** has brought localized placement facilitation that improves prospects for proximity of placement and continuity with family, friends, school. RFSU workers may accompany workers (during removal planning) to relative homes to evaluate the potential to become an appropriately licensed resource family, and can assist in expediting the process.

- As noted in Item 14, New Jersey has made significant strides to increase the pool of available **resource homes,** and has a methodology for establishing local development targets. This methodology focuses on keeping sibling groups together in placement and placing children closer to their home communities and schools. DCF has identified statewide targets that include both Kin and Non-Kin homes.

- Service investments have included **support for relative placements**, making it possible for individuals to provide care they would otherwise be unable to provide.
  - Relative caregivers are now required to become licensed. We implemented a statewide Relative-Kinship Resource Application Packet to guide families through the process.
  - They must take resource family training specifically geared to relative caregiving, "Traditions of Caring", as well as in-service training required as a condition of licensure.
  - The process for seeking waivers to support relatives in becoming caregivers has been streamlined to expedite decisions.
  - New Jersey has equalized the reimbursement provided to relative caregivers with that of non-relatives.
  - The advent of flex funding has been beneficial in providing tangible support to make placements possible. Also, in conjunction with the Department of Community Affairs, select funding has been available to use in rehabilitating housing to meet licensing requirements.
  - Whereas the permanency worker has primary responsibility to the child, the RFSU Resource Support Worker is assigned to relative resource caregivers for ongoing support**,** which represents a level of assistance/support that is new to the system.
  - Foster and Adoptive Family Services is building a network to offer 'Peer to Peer' support to licensed relative care homes

Data Considerations

- The data points noted in the opening above indicate the consistent use of relatives as placement resources for initial placements, which lends stability in the out-of-home experience. The increased use of Kinship legal guardianship underscores the uptake over time in relatives as not only placement but permanency alternatives.

- According to the 2-6-09 Data Profile point-in-time permanency profile, the percentage of children in care with a placement type of relative foster family homes increased from 7.6% in FFY05B06A to 21.2% in FFY06B07A, and again to 39.0% in FFY07B08A. In FFY07B08A, 322% more children were placed in relative homes than in FFY05B06A, which supports both connection with family towards reunification as well as alternative permanency with relatives in the event reunification is not possible.

- The 2-6-09 Data Profile also reflects that the children placed for the first time in out of home placement with relatives increased over the data periods although the overall number of children entering care decreased. Of children entering care for the first time in FFY05B06A, 7.3% (180) were placed with relatives. In FFY06B07A, the percentage rose to 17.6%, or 442 children. For FFY07B08A, that amount rose again to 38.2%, or 797 children.

- Over the latter two Data Profile periods of this growth, it is noted that the Absence of Abuse/Neglect in Foster Care remained above the 75th Percentile, at 99.90% for FFY07 and 99.70% for FFY07B08A.

- During the PIP period, Mini-CFSR assessments were conducted across 13 counties, involving 120 cases. Of the 48 cases to which Item 15 applied, the Item was rated a strength in 36, or 75% of the cases.

Strengths

- New Jersey has been effective in securing relative placements for children requiring care, as shown by the data on placement as well as the data on the numbers of children achieving permanency with relatives.

- The development of RFSUs has brought a tremendous local focus to, as well as accountability for, an appropriate array of resource families. Together with the service investments in relatives as caregivers, the stage has been set for growth of this valuable resource.

Opportunities for improvement (OFIs)

- We are encouraged to continue to move forward strengthening our revised practices that promote the use of relative caregivers – CPM, concurrent planning, family team meetings, relative resource providers, RFSU practices, and recruitment strategies. As part of this, we will need to monitor to assure that placements that are safe and nurturing, and provide the least restrictive setting for the child.

Summary statement

New Jersey has taken steps to effectively manage its placement process in cooperation with the family, and to assure the use of appropriate relatives as resource home providers for children. Continued positive progress in this Item is expected.

Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.

Item 16: Relationship of child in care with parents. How effective is the agency in promoting or helping to maintain the parent-child relationship for children in foster care, when it is appropriate to do so?

New Jersey has been working to establish processes and a framework for maintaining the parent-child relationship for children in foster care. We see evidence of continuity in feedback from parents and resource parents, and will continue along the path of improvement, as there is much to do to improve our consistency in promoting relationships and continuity.

Policy Considerations

Resource parents must be willing to accept the child's relationship with the birth family and promote the positive aspects of such relationships. This is achieved through regular ongoing communication between the worker, birth families, resource family and child.

DYFS policy requires that the resource parent accept that the birth family is important to the child and has a legitimate right to maintain involvement in the child's life. In addition resource parents are to encourage the child's involvement with his family and help the child and family maintain ties. Birth parents are to be included in all aspects of the placed child's life, when appropriate, including medical appointments, school conferences, and celebrations. Resource parent training addresses this inclusion, and resource parents are instructed to cooperate with the visitation plan that is a part of the case plan. Case workers are responsible to assure implementation of the case plan. The resource parent can be a role model for the birth parents.

Activities that are directed toward maintaining the parent/child relationship while in care include: Visits between the worker, child and parent visits, searches for missing parents, contact with relatives and family friends who can assist the family and be a placement resource, exploring adoption with the resource parent, relative or family friend caregiver and facilitating a review at least every six months by the court or by administrative review to include participation by the parents and the resource parent.

CFSR Round 1 Findings

This Item was rated a strength in 11 (61%) of 18 cases to which it applied, receiving a final Item rating as an area needing improvement. Concerns cited included a lack of diligent efforts to support parent-child relationships; leaving foster parents primarily responsible to include parents in school activities or medical appointments; and supervised visitation that was too restricted to support or promote bonding.

Changes since Round 1

- Renovation of the **placement process** has been a starting point to improve planned approaches to placements, reduce emergent placements, and attempt to get the right placement the first time. The use of initial family team meetings prior to or within 72 hours of placement together with the RFSU has meant better efforts to locate relatives as providers, and efforts to place where a child can maintain continuity in school.

- Increased focus on and use of **relative caregivers** has helped to maintain relationships between the child in care and his/her parents, as a connection already exists. Relative caregivers may more easily include the birth parents in some or all of the children's activities, can support the parent as well as the child, and can formally or informally facilitate increased visitation and contact between child and parent, which is key in getting to positive reunification. If a relative is identified, local Resource Family Unit staff may accompany workers to the home prior to placement to evaluate the prospects of achieving a license. The requirement for training and licensing applied now applied to all caregivers including relatives, which helps to raise expectations for provider performance, including support for maintaining the child's connection to parents.

- Instilling the sense of connectivity as a vital element of the placement experience is reinforce through caregiver training. The **PRIDE** curriculum for Resource Families, and the ***Traditions of Caring*** for relative caregivers, emphasize the importance of connection and collaboration with birth families, including notifying parents of activities, events, or appointments in their child's life to encourage participation, and facilitating or actively supporting appropriate visitation and alternate forms of contact.

- As we implement our **Case Practice Model**, the inclusive nature of team building and team-based child-and family-centered planning lends itself to supporting connections for children in care with their parents. This is bolstered by improvements to the guidance provided for parents of children in placement that have been generated from our work on concurrent planning, such as the parents' guidebook and full disclosure.

- As noted in Items 13 and Systemic Factor G, we have made **investments in programs** and services that support family contact, including some therapeutic and enhanced visitation alternatives that hold promise for improving connections, although more supports in this area are needed.

Data Considerations

- Of 19 families responding to questions about their involvement in events for their children in care, 5 (26%) report having attended medical appointments, 4 (21%) have attended educational events, and 14 (74%) have attended court hearings or meetings about the children in care.

- Seventeen families responded to questions on the frequency of contact with children in placement. Sixteen of 17 respondents reported at least weekly visits with their children. Only five respondents noted other contacts weekly, such as by telephone, e-mail, or correspondence.

- When asked how often they have felt encouraged to connect with people and have them involved in their life, youth (n=73) responded the rate they were sometimes or frequently encouraged to connect with birth mothers (54%), siblings (74%), friends (76%), birth father (39%), maternal grandparents (45%) paternal grandparents (27%), and extended family (42%).

  The youth report that this contact is largely (80%) safe, occurring in a comfortable location (75%), frequent enough (66%) and going the way they want (69%).

- Of 52 providers responding, 31 (60%) report that they sometimes or frequently facilitate or participate in contact between the child and his/her parents/siblings. Of 83 resource families responding to the same question, 31 (37%) report the same participation.

- Of 18 judges responding to a survey, 61% agreed that DCF is making greater efforts to promote family connections.

- The data on visitation that was included earlier in Item13, indicates the opportunity to strengthen our visitation practices to better support connectivity.

- Eighty percent (80%) of resource family respondents (n=87) indicated that the children in their care had Life Books, which are important in maintaining relationships.

- During the PIP period, Mini-CFSR assessments were conducted across 13 counties, involving 120 cases. Of the 38 cases to which Item 16 applied, the Item was rated a strength in 25, or 66% of the cases.

Strengths

- There is evidence in the survey data that parties to the placement experience – families, children, resource parents, provider agencies – are reaching out to inform and maintain connections, and we are encouraged to continue to promote these efforts.

  The data further indicate that system partners generally note improved efforts and experience with maintaining connections, although there is more to do.

- New Jersey has implemented strategies that are conducive to promoting the parent-child relationship for children in Foster Care, such as the revamped placement process with its focus on planning, involving family in decision-making, use of relative caregivers, and evaluating licensing potential. All of the strengths in this Item are reinforced through the values and practices of the Case Practice Model.

- Emphasizing the importance of maintaining the relationship to resource caregivers in training is an essential part of supporting connections, setting expectations that can then be reinforced by Resource Family Support Unit worker as well as children's case workers.

Opportunities for improvement (OFIs)

- Developments in implementing the changes above that affect this Item, e.g. case practice model and collaboration between the resource and birth families, are relatively young. We need to continue to develop these practices, reinforce expectations, and monitor for the impact that we anticipate, which is greater contact and connections leading to improved reunification outcomes.

- As we continue to implement our strategies relative to case practice, placement, resource family recruitment, and service investment, we will need to develop our means for evaluating the consistency of practice in this area, assuring that we are including both fathers and mothers in our work with families and that we are succeeding at increasing contact, involvement, and maintaining the child/parent bond.

- One area of difficulty is to continually assess, manage, and develop services and resources to coordinate events, provide transportation, or otherwise support contact and promote parents' abilities to participate in their children's activities. There is an opportunity to work with service providers and families to creatively address these issues.

Summary statement

Many of New Jersey's reform strategies will naturally foster the growth of positive family connections. We need to continue implementation and deployment of strategies and monitoring efforts to ensure that all children in placement, for whom contact is appropriate, have the opportunity to stay connected to their parents.

Well-Being 1 - Policy Update

In order for families to have an enhanced capacity to provide for their children's needs, the following are key components:

- a working relationship between the family and the agency
- accurate needs assessments
- a holistic, integrated plan for measurable outcomes
- an array of services that respond to identified needs
- continuous contact and communication regarding progress, and
- transitional planning as capacity builds

Key relevant policy adjustments since CFSR Round 1 include the use of SDM for assessment and to determine contact requirements, revised case planning guidelines, the Case Practice Model, and transitional planning adjustments for adolescents.

Assessment

Since 2004, New Jersey has been using Structured Decision Making (SDM) tools to guide our assessment and planning. During the initial phase of our work with families, we are involved in assessing safety and risk as well as the strengths and needs of both children and caregivers. Policy requires that, in preparation for developing an effective case plan, the worker complete SDM Caregiver and Child strengths and needs assessments. For in-home cases, the safety, family risk assessment, and family risk re-assessment (as appropriate) will be completed. For placement cases, the out-of-home placement assessment and reunification assessment are completed.

Integrated Planning

Applicable regulations require that a case plan be completed if the Division provides any service to the family, including case management, and that the plan must be developed by the Division representative in conjunction with the family and service providers, who collectively determine which services are needed to meet the family's needs. DYFS policy was revised in April 2008 to reflect the Case Practice Model of engaging the family and encouraging them to identify a team to collaborate with in developing a case plan. If it is not possible to convene a family team meeting, the representative will consult all interested parties and incorporate their issues and concerns into the case plan.

The plan developed by the team is then documented in NJ SPIRIT. The goal is for a single coordinated plan to be in place for all agencies and supports involved with the family. This plan is completed within 60 days of a CPS report or within 30 days of a child entering placement, and is reviewed every 6 months thereafter. A new plan can be developed when needed.

For adolescents in placement, a Transitional Plan is required to assist in their move to self-sufficiency. Policy requires when the adolescent is 14 years of age the worker and child collaborate to assess skill areas and then develop the transitional plan. The plan should be monitored at visits and modified as needed. The plan should be-evaluated every six months and a

new skill assessment done at the same time. Adolescent units are now being formed in each office to ensure the special needs of this group are being addressed.

Casework Contact

According to policy, visit requirements are determined based on the level of risk presented, as determined by the SDM Risk Assessment and Family Risk Reassessment modules. The determination as to whether a visit should be announced or unannounced is made jointly by the worker and supervisor.

In Home Cases:

- At least once per month, regardless of the risk level, the children and parent(s) / caregiver(s) must be seen together in the home.

- Families determined to be at High Risk require two, and those at Very High Risk require three, face to face visits per month with the children and the caregivers. One face to face visit by a service provider may be applied to the overall visitation requirements.

Placement Cases in state and beyond but within 50 miles of NJ border:

- At least once per month, regardless of the risk level, the children and parent(s) / caregiver(s) must be seen together in the home

Placement Cases out of state beyond 50 miles of NJ border:

- At least quarterly fact-to-face visits with the child
- Face-to-face contacts with the caregiver at least every six months

Parent of children in Placement with a goal of Reunification:

- Low or Moderate risk: once per month
- High risk: twice per month
- Very High Risk: three times per month
- For high or very high risk, one face to face visit by a service provider may be applied to the overall visitation requirements.

Adolescents in Independent Living:

- At least once per month
- At least once per quarter in their Independent Living setting

Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.

Item 17: Needs and services of child, parents, foster parents. How effective is the agency in assessing the needs of children, parents, and foster parents, and in providing needed services to children in foster care, to their parents and foster parents, and to children and families receiving in-home services?

New Jersey has worked to improve its assessment capabilities, initially through the application of Structured Decision Making tools, and more recently also in efforts to implement the new Case Practice Model (CPM). We also have invested substantially in services to meet the needs of children, families, and caregivers. As a result, we have set a foundation and are positioned to continue on a track of positive improvement in this Item.

Policy Consideration

New Jersey policy has been adjusted to now require the use of Structured Decision Making tools in the assessment of safety, risk, strengths, and needs throughout the life of the case. Individualized case plans are to be developed collaboratively with the family team, within 60 days of a Child Protective Services Report or 30 days of placement, and reviewed at least every six months. For children 14 years or older in placement, transitional plans are required.

CFSR Round 1 Findings

Item 17 was rated a strength in 16 (32%) of 50 applicable cases, receiving a final Item rating as an area needing improvement. The report cited:

- Inadequate assessment, especially of fathers as well as of in-home cases
- Large caseloads impede assessment
- Limits to caseworker assessment ability and service knowledge impeded linkage to services
- Fragmented service delivery and lack of services, especially culturally/language appropriate
- Limited coordination and communication between caseworker and provider

Changes since Round 1

- Achieving and sustaining **manageable caseloads** was a primary adjustment, providing more time for workers to generally address child and family needs, and specifically to use validated tools to support their work.

- Attaining supervision ratios at one supervisor to five workers has helped to provide the **supportive supervision** that is key to reinforcing skills and developing competence in routine tasks as well as in the new case practice model.

- As part of the structural change within the child welfare agency, staff have been assigned caseloads based on **function**, e.g. investigator, permanency worker, adoption worker, supervisor, resource family worker. Recently, New Jersey also has begun to develop specific

adolescent workers in local offices. Targeting caseloads supports improved performance by targeting the knowledge a worker must develop as well as the range of skills a worker needs in his/her repertoire.

- Additionally, as identified in the Introduction core strategies, new roles have been developed and placed at the Area and/or Local office level to provide **additional expertise** and support to staff. Some are new and in the process of roll-out:
  - CADC staffing has increased, to consult regarding substance abuse
  - Nurses have been identified in all local offices for Child Health Units, to focus first and primarily on children in placement, but available to consult with regarding health-related concerns of non-placement cases
  - Former DCBHS Team Leaders, with experience in child mental/behavioral health services, are available to consult in navigating the system to address related concerns and needs
  - Mental health clinicians are being integrated, and are currently available in some offices to consult regarding mental health needs
  - Concurrent Planning Specialists are placed in each Area Office to provide guidance and support for permanency practice

  This expertise has been valuable in supporting proper assessment and service identification as workers address planning for children and families.

- The use of **Structured Decision Making SDM** has provided workers validated tools to help structure and inform their assessments and analysis of a child and family. The objectivity of the tools help prioritize areas of focus to guide planning of interventions, services, and case contact requirements. New worker training has an increased focus on assessment which includes training on SDM.

- Specific to **transitioning youth**, New Jersey has done much work with the National Resource Center on Youth Services regarding Positive Youth Development. New Jersey uses the Ansell-Casey Life Skills Assessment in programs providing Life Skills Training, Aftercare, and in contracted homes providing Life Skills training. As a work in progress, the Ansell-Casey assessment is being in conjunction with a Strengths and Needs Assessment specialized for the population and a Portfolio assessment that is a dynamic process occurring throughout the Life Skills experience. Together with the NRC technical assistance, New Jersey's adolescent unit is attempting to broaden the use of these assessment tools throughout the state, and to link them with conventional strengths and needs in additional domains, such as the SDM provides, as a foundation for appropriate planning.

- The introduction of the **Case Practice Model** (CPM) is new but is perhaps the most critical in attempting to improve in this Item. Addressing the fundamental principles and values that we bring to the service interaction, the CPM guides practice in a way that reinforces the capacity of the family and the strength of collaboration while providing a clear framework for staff activity.

  With its emphasis on teaming and individualized, **family-centered planning**, the case practice model brings more resources to the table, enriching both the available information

and the identification of potential avenues to success. Including providers at this table embeds another key perspective, helps improve communication between the child welfare agency and providers, and simplifies matters for the family by integrating services into a single plan.

As part of the training in the CPM, modules on Engagement, Assessment, and *Making Visits Matter* all bear on our ability to effectively assess and monitor the provision of appropriate services.

We have used technology to support assessment and planning. New Jersey Spirit was implemented in September of 2007. The case elements of NJ SPIRIT automatically draw in the prioritized strength and need areas of the SDM assessments and bring them into the case plan, assuring that they are addressed as the team identifies services.

- The increase and expansion of services, as noted in Systemic Factor E – 'Service Array' has helped to secure the services that actually respond to families needs, instead of generic or 'best available.' The development of Flex Funds, in particular, has helped to creatively address needs that might otherwise go unaddressed or result in removal or disruption.

Data Considerations

- A consumer survey of families was piloted to developed feedback regarding their TEAM experience. Of 70 respondents:
  - 96% of respondents felt staff listened to them and their family
  - 86% felt that they were involved in decision-making
  - 83% felt that they were helped to get services they needed
  - 78% felt that the TEAM helped them secure services that were most important to their goals
  - 82% felt that they benefited from the services received

- In a recent survey of families (n=29), about 58.6% reported TEAM experience, and 64% felt that they were receiving services that were important to their goals. Suggestions for improving services included consistency of caseworker, and accessibility to workers, clarity about what services different families qualify for, and workers visiting families more often.

- A recent survey was conducted with respondents including Law Guardians, Deputy Attorneys General, Parental Representatives, CASA representative, CPRB members, Family Division Managers and Assistants, CIC Team Leaders and other court staff, with 120 respondents. Of 118 respondents to one question 75% agreed that the strengths and needs of the child and family are better assessed now than in the past, and that there is a family-centered focus on case planning.

  Notably, fewer respondents agreed that assessment was timely for children's health needs (55%), mental health needs (50%), and educational needs (50%).

When asked what are the strengths or needs of the system in terms of assessment, the themes of response included: a need for increased professionalism in assessment and assessment availability; need to have a big picture understanding of the family; and a need for more providers, especially of health and mental health evaluations/treatment so that better and quicker linkage to service could be made.

When asked if children and families/caregivers are getting the services they need, the group was split, at 53% 'yes' and 47% 'no' responses. Common themes included lags in service initiation, particularly with mental health, and insufficient availability of services such as substance abuse services, mental health services, visitation, and bilingual providers.

- A survey was conducted of DYFS workers. Of 219 responding to a set of statements, ~70% reported that they usually or frequently used SDM tools to assess safety, risk and strengths and needs of the child and caregiver.

  Staff further report that case planning is typically done with families (65%), providers (51%), resource providers (47%), and that there is a family-centered focus to case plans (73%).

- In a survey of providers, 92 respondents rated a series of statements. Sixty-seven percent (67%) agreed that service planning is done together with the child, family, and DCF worker.

- During the PIP period, Mini-CFSR assessments were conducted across 13 counties, involving 120 cases. Of the 105 cases to which Item 17 applied, the Item was rated a strength in 39, or 37% of the cases.

Strengths

- The data reveals that New Jersey has made some progress in improving assessment and planning with families and providers, as noted with the use of validated tools not available at CFSR Round 1, survey feedback on the family-centered focus and that goals and services reflect need. Coupling validated assessment tools with a more inclusive team approach - rooted in the CPM - to develop information in family teams has shown promise in effectively guiding assessment and decision making. The availability of consultant staff to assist workers to understand and respond to presenting client concerns helps proficiency in the process. Importantly also, this uniform approach addresses both in-home and placement cases.

- The work done regarding Life Skills training with transitional youth, to promote improved assessment as a foundation for appropriate planning, sets a positive foundation for improved assessment and service linkage as we build our Adolescent units.

- Service investments have provided a needed beginning to improve the adequacy and appropriate of supports to address identified need. Additional development is needed, however, and as we proceed, so that we monitor service use and success to assure that we continue to develop creative, flexible alternatives which respond to assessed need, support

progress in the least restrictive environment, and are culturally competent to respond to the norms of children and families.

Opportunities for improvement (OFIs)

- In the process of working with families, at times there may be a tendency to deal with the family members who are present. We must remain aware of the need to include both maternal and paternal sides, especially fathers in the process of assessing and planning.

- The ability to track our assessment activity by frequency and timeliness provides an important base on which to add an evaluative look at the adequacy of assessment and of linkage with service providers. Furthering this capacity is an area for improvement.

- Workers have been heavily engaged in a learning cycle on assessment and engagement, through structured tools as well as the CPM. Honing skills and using the assessment information effectively, e.g. to prioritize and identify which needs to address in order, will improve with continued experience and monitoring.

Summary statement

New Jersey has taken several foundational steps to promote proper assessment of children, families, and caregivers and linkage to needed services and supports. We believe we have set the course for continued improvement in this area.

Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.

Item 18: Child and family involvement in case planning. How effective is the agency in involving parents and children in the case planning process?

New Jersey has made substantive progress in developing internal capacity to engage families and create teams to participate in child-and family-centered planning. While available in some locations prior to the Case Practice Model (CPM) roll-out (as family team meetings or family group conferencing), we consider this process relatively new with our CPM and realize it will take time to fully deploy and mature the practice.

Policy Considerations

DYFS policy was revised in April 2008 to reflect the current practice of engaging the family and encouraging them to identify a team to develop the case plan with the family. The plan is developed with the team, and then documented in Spirit. The goal is for a single coordinated plan to be in place reflecting all agencies and supports involved with the family. This plan is completed within 60 days of a report or within 30 days of a child entering placement and every 6 months thereafter. A new plan can be developed when needed. For adolescents in placement, a Transitional Plan is required to assist in their move to self-sufficiency. Policy requires when the adolescent is 14 years of age, the worker and child collaborate to assess skill areas and then develop the transitional plan. Transitional plans also should be monitored at visits and modified as needed. The plan should be reevaluated every six months and a new skill assessment done at the same time. Families are also encouraged to participate in case planning through attendance at court hearings, regional review, concurrent planning reviews, child placement reviews, and permanency hearings.

CFSR Round 1 Findings

Item 18 was rated a strength in 10 (20%) of 50 cases to which it applied, receiving a final Item rating as an area needing improvement. Reviewers determined that the agency had not made diligent efforts to involve parents and/or children in case planning, and noted that caseload size left insufficient time for planning with parents.

Changes since Round 1

- Implementation of **the Case Practice Model** that we are integrating with **concurrent planning** has begun to make a real difference in how we engage with families and approach case planning with families. Concurrent planning puts an emphasis on assessing the family's needs through reviews at regular intervals throughout the life of a placement case. The Case Practice Model embraces the families as partners in the planning process.

Four Local Offices were initial CPM immersion sites and in January 2008 began an intensive process that includes training, on-site coaching, engagement with community partners, service expansion and implementation of family team meetings that will become the practice forum for case planning. The plan is to build on skills and practices developed in these offices so they will become peer-to-peer demonstration sites.

It is anticipated that all casework staff will have received the advanced CPM training by June 2009. Staff appears to have embraced the principles, core process and work activities of the model.

- For all new out–of-home placement cases a "family engagement" (meeting with the family and as many of their informal/formal supports as possible) is required within 72 hours of the child's removal; then, within 30 days a full Family Team meeting is required and is key to the development of the case plan/family agreement. For in-home cases we hold the formal FTM within 30 days of opening the case. It is the caseworker and supervisor/Casework Supervisor who facilitate the FTMs. The meetings are generally held in the family's home, or another location of their choosing, and is held at a time convenient for the family, with many meetings being in the evening. This practice is most fully understood and operational in those Local Offices that have completed the immersion training process or are the in the middle of the immersion training process. We expect to have all 47 of our Local offices complete immersion training by the end of 2010.

- Achieving and sustaining **manageable caseload** standards provides more time for workers to address child and family needs in concert with the family team.

- Attaining supervision ratios at one supervisor to five workers has helped to provide the **supportive supervision** that is key to reinforcing skills and developing competence in the new case practice model.

- We are in the process of developing a new **format** to record case plans in a design that is family friendly and includes outcomes/ objectives expressed in behaviorally measurable terms along with action steps. While the new format is anticipated to be provided to workers electronically as a document in spring 2009, there remains base work to include the format in NJ SPIRIT and merge the data record of the case plan with the "family agreement" format. Training in establishing family-friendly plans has begun in the concurrent planning demonstration offices and will continue throughout the state.

- The emergence of Adolescent Specialists, and the support of the **Adolescent Unit** centrally, to focus on services to this population will assist us in assuring that we attend to the special needs of this group in partnership with the youth themselves.

Data Considerations

As noted earlier, we piloted a consumer feedback survey of families regarding their TEAM experience. Of 70 respondents:

- 96% of respondents felt staff listened to them and their family
- 86% felt that they were involved in decision-making
- 83% felt that they were helped to get services they needed
- 78% felt that the TEAM helped them secure services that were most important to their goals
- 82% felt that they benefited from the services received

- In a recent survey of birth families (n=29) in which about 58.6% reported TEAM experience, only 64% felt that they were receiving services that were important to their goals. Suggestions for improving services included consistency of caseworker, and accessibility to workers, clarity about what services different families qualify for, and workers visiting families more often.

- **DYFS** staff (n=904) responded to a survey of their experience in case planning. They report that case planning is typically done with families (65%), as well as providers (51%) and resource providers (47%). They also report that there is a family-centered focus to case plans (73%).

- In a survey of providers, 92 respondents rated a series of statements. Sixty-seven percent (67%) agreed that service planning is done together with the child, family, and DCF worker.

- Youth surveyed were asked how regularly their input was included in planning. Of 66 respondents, 34 (52%) reported their input was sought 'usually' or 'frequently' when developing case plans.

- During the PIP period, Mini-CFSR assessments were conducted across 13 counties, involving 120 cases. Of the 105 cases to which Item 18 applied, the Item was rated a strength in 39, or 37% of the cases.

Strengths

- The Case Practice Model will continue to drive the engagement of families and their involvement in the case planning process throughout the life of the case. As staff undergo additional training and the practice matures, we will be better able to effectively include parents in planning.

- Continued cross-training and inclusion of system partners in the development and implementation of CPM is an area for vigilance and attention, to assure that the case planning approach reflects the team and that it reflects consistent purpose and goals across all parties participating in the system.

- The survey data from the various sources noted above confirms a heightened level of activity and involvement of parents and youth in the development of case plans, certainly exceeding the level indicated throughout the PIP Mini-CFSR process, which is encouraging.

Opportunities for improvement (OFIs)

- Our ability to monitor our practice to assure that we are effectively involving the family in the case planning process is in its early stages. As noted under Data Consideration, we have begun work to receive feedback from family members about their experiences with teams and planning. Monitoring this practice will be an area for continued attention.

- Traditionally also, there has been a disparity in the assessment, planning, and service provision between in-home and placement cases, with more attention provided to placement cases. Indications are that the Case Practice Model focuses work equally on in-home cases, which provides a significant opportunity to improve our planning efforts with these families.

  Building on the CPM with the Adolescent specialists, we have an opportunity to improve practice of engaging transitioning youth more fully in the planning and transition process.

- Finalization of the new case plan format that is family-friendly and readily produced electronically will be an important step in keeping the entire family team current on the status and progress of plans.

Summary statement

We are headed in the right direction with our plan to collaborate with our families, providers and the community. We have not yet fully revamped our written case plan which will aid in this process. We do, however, think that we have made great strides in our engagement of our families and can build on this as we strive to develop working agreements with measurable outcomes to focus on permanency, safety and the well being of our children and their families.

Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.

Item 19: Caseworker visits with child. How effective are agency workers in conducting face-to-face visits as often as needed with children in foster care and those who receive services in their own homes?

New Jersey has improved the frequency of contact with children in foster, including that it met its first year targets for contact specified in the Child and Family Services Plan 2008 Annual Progress and Service Report (APSR). As we continue to navigate the learning curve of proper documentation in NJ SPIRIT, our reported numbers are coming in line with actual practice, which is higher than past electronic reporting indicates.

Policy Considerations

Policy updates on face-to-face visits with children receiving services are detailed in the Well-Being Policy Update. Essentially, the Agency requires that within five (5) working days, whenever a child is placed in Foster Care, an in person visit with the child, the prior custodial parent or caregiver and the out of placement provider shall be made. Generally, cases that are open with the Division require a monthly face to face visit. However, as determined with the SDM tools, families with risk levels of high or very high are required to have three (3) face to face visits per month with the child and caregiver. One face to face visit can be conducted by an approved service provider, as approved by the supervisor and addressed at engagement of the service provider.

CFSR Round 1 Findings

This Item was rated a strength in 17 (34%) of 50 cases to which it applied, receiving a final Item rating as an area needing improvement. Concerns cited included:

- Visits with children were not of sufficient frequency and/ or quality to ensure children's safety and promote attainment of case goals.
- Caseload size hinders adherence to mandatory visitation schedule
- Contact levels varied by worker
- Children in placement were more likely to be seen than those in-home
- The focus of some visits was not on the case plan, service, or goal attainment

Changes since Round 1

- The **Case Practice Model** supports more productive visits with children and families. Specifically, training modules included engagement and *Making Visits Matter*, and a requirement of skill development is for Casework supervisors to accompany workers on field visits to evaluate and improve the quality of visits and interaction. This provides prime opportunities to support the productivity and quality of visits, as well as the family's ability to meet case goals. Casework Supervisors report they have been able to observe workers'

strengths and weaknesses, thus prompting them (the casework supervisors) to develop plans to improve case worker skills.

- The development and statewide implementation of various tools such as SDM has assisted workers to assess the contact situation in a consistent manner, and to make better decisions during visits. Specifically, the **SDM** risk assessment tool assists workers and supervisors in identifying appropriate risk levels which drives the minimum visitation requirement for children and families. Since CFSR Round 1, over 3,600 staff have been trained to use the SDM model.

- **SafeMeasures** has become a valuable management tool for workers, their supervisors, and management to monitor appropriate levels of required visitation.

- **Smaller Caseloads** supports workers by providing more time to dedicate to one case, so that workers can make monthly face to face contact with children and families to foster better outcomes.

  As part of caseload management, achieving **Supervisory Ratio Standards** of one supervisor to every five workers will aid our commitment to the visitation by reducing supervisor scope of responsibility, so that they are able to better assist caseworkers in planning productive and consistent visit with families and children. Reduced caseloads also permit supervisors additional time to track visits and promote visit quality.

- **NJ SPIRIT**, implemented statewide August 2007, supports documentation of contacts. NJ SPIRIT is the statewide system of record that allows caseworkers to record the content of the visit and date specific case contacts, which must then be approved by the supervisor. As we work to improve accurate data entry to capture contact, improvement in results is noted.

- **SafeMeasures** is the quality assurance and reporting tool that captures the incidence of casework contact with children. Through SafeMeasures, available to staff at all levels of the organization, workers can track and manage compliance with visitation requirements.

Data Considerations

- Informal discussions with 20 Case Practice Specialists and Casework Supervisors across the state revealed general consensus that children are being seen monthly and even more than monthly; that lower caseloads and the CPM with its *Making Visits Matter* module have helped focus on the quality of visits and provides a framework to complete work; and that staff use SafeMeasures to evaluate compliance.

- During the PIP period, Mini-CFSR assessments were conducted across 13 counties, involving 120 cases. Of the 116 cases to which Item 19 applied, the Item was rated a strength in 80, or 69% of the cases.

- SafeMeasures reporting for PIP goals in Item 19 revealed an increase in the number of Intact families that had a worker visit at least once per month from a baseline of 3.4% when SafeMeasures was new, to 45.5% by the end of the PIP period. For children receiving in-home services, compliance with visits at least monthly has continued upward to a December 2008 rate of 69.2%

- Contacts with children in placement went from a baseline of 12.8% to 60.9% by the end of the PIP period. Currently, for children in placement in New Jersey and within 50 miles of its borders, SafeMeasures shows compliance with the monthly contact requirement was 74.3% for September 2008. For December 2008 the compliance rate was 81.0%.

- For children in placement out-of-state beyond 50 miles of New Jersey borders, the compliance with quarterly contact for the quarter ending 9/30/08 was 71.0%. For the quarter ending 12/30/08, the compliance rate is 74.9%, again indicating steady improvement.

- Supervisors reported that reviewing case contacts on NJ SPIRIT and holding case conferences assisted them in determining if the caseworker focused on issues pertaining to the case plan, service delivery and goal attainment.

Strengths

- The revised tools and practices put into place through the CPM and reform efforts, coupled with reduced caseloads, have provided the opportunity and impetus for positive change in improving the frequency of casework contacts with children and the ability to improve the quality and productivity of those visits.

- The SafeMeasures data indicate that New Jersey has improved significantly in its ability to capture contacts electronically in a manner that permits monitoring and supports planning to assure contact is made. Additionally, the data in SafeMeasures indicate that the rate of contact compliance has been steadily improving, which is key to effective casework.

Opportunities for improvement (OFIs)

- SafeMeasures reporting indicates that, while improved, more consistent, timely worker visits occur with children in placement than with those living in their own home. This indicates an opportunity to study the disparity to identify ways to increase the rate of contact for intact families, assuring visits are of sufficient frequency to impact goals and services.

  On a related note, while improvement is noted, we have some residual challenges with proper documentation of a casework contacts so that they count into the compliance report provided in SafeMeasures. Thus, to some extent, compliance in SafeMeasures is under-reported.

- While the SDM tools have helped to lend structure to our interactions with families, we remain in the relatively early stages of the implementation of the Case Practice Model and other initiatives. As a result, integration of the practices and principles remains a work in

progress, and we expect continued improvements to the quantity and quality of visits as move forward.

Summary statement

Generally, New Jersey has done well in meeting its contact requirements with children receiving services. Substantial changes have been introduced that will continue to drive compliance with meeting frequency and, importantly, visit quality.

Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.

Item 20: Worker visits with parents. How effective are agency workers in conducting face-to-face visits as often as needed with parents of children in foster care and parents of children receiving in-home services?

New Jersey is improving in casework contacts with parents of children receiving services, as evidenced by both the data on numbers of contacts as well as the efforts to build case practice that will enable us to focus more intently on the quality of those contacts.

Policy Considerations

According to policy, visitation requirements are determined based on the level of risk. The decision as to whether or not they should be announced or unannounced is made through individual case discussion between the worker and the supervisor. At least once per month, regardless of the risk level, the children and parent(s)/caregiver(s) must be seen together in the home. Those families determined to be at Very High Risk require additional face to face visits per month with the children and the caregivers.

CFSR Round 1 Findings

This Item was rated a strength in 11 of 47, or 23% of applicable cases, receiving a final Item rating as an area needing improvement. Concerns cited included:

- Insufficient frequency and quality to monitor safety and well–being, or to promote goal attainment
- Mothers were visited less than monthly, and fathers less than mothers
- For in home case parents visited less frequently than placement cases
- Visits almost always occurred with Foster Care cases.
- Visits did not focus on substantive issues of case planning, service delivery, goal attainment

Changes since Round 1

- The **Case Practice Model** (CPM) that we have adopted will guide our work with families, including how we engage them and work collaboratively throughout the life of a case. As stated in Item 19, the mandatory CPM training, which began in January 2008, has included modules on engagement and *Making Visits Matter,* which are designed to target and improve the quality of the visits staff have with children and families. Training emphasized visits that focus on child safety, case plan services, and goal attainment. Another element of our transition has been requiring supervisors and casework supervisors to accompany workers on field visits. Not only does this provide an opportunity to practice and reinforce the CPM skills, it enables supervisors to understand how to guide workers to improve the quality of their visits.

- **Reduced Caseload Size,** as described in the Introduction core strategy, supports a worker's ability to make the required face to face contacts with parents, and to focus in those contacts on progress in the services, supports, and plan that has been developed to get the family to successful transition.

  As part of caseload management, achieving a **Supervisory Ratio** of one supervisor to every five workers aids our commitment to the caseworker regularly visiting parents. Supervisors will be able to better track visits and promote quality visits.

- **SDM (Structured Decision Making**) provides a uniform process for decision making regarding critical aspects of the agency's intervention with child and family. The risk assessment tool assists workers and supervisors in identifying risk levels that drive the minimum visitation requirements. SDM tools also provide structure for the interaction so that staff can identify safety factors and evaluate changes in family composition and/or services. Since the last CFSR all casework staff have been trained on, and currently use, SDM tools.

- **NJ SPIRIT**, the SACWIS system, which was implemented statewide in August of 2007, provides a method to easily capture casework contacts. The requirement for Supervisors to review and approve documentation ensures an opportunity to evaluate the quality of the visit.

- **SafeMeasures** is the quality assurance and reporting tool that captures the incidence of casework contact with children. Through SafeMeasures, available to staff at all levels of the organization, workers can track and manage compliance with visitation requirements.

Data Considerations:

- Discussion with 20 Case Practice Specialist and Case Work Supervisor from Sussex to Cape May New Jersey during the assessment process revealed that reviewing case contacts in NJ SPIRIT and attending case conferences required as part of the CPM roll-out assisted supervisors in assessing whether the caseworker focused on issues pertaining to the case plan, service delivery and goal attainment.

- SafeMeasures reporting for PIP goals in Item 20 revealed an increase in the number of intact families that had a worker visit at least once per month from a baseline of 3.4% when SafeMeasures was new, to 45.5% by the end of the PIP period. For visits to birth families of children in placement occurring at least once per month, performance went from a baseline of 11.3% to 62.5% by the end of the PIP.

- Given the gradual renovation of SafeMeasures reporting following transition and refinement, we are able to report on visits to children of in-home cases who are by policy to be seen with the parent/caregiver. For December 2008, SafeMeasures shows compliance with contacts to be at 69.2%. We currently do not have a developed screen for contacts with birth parents of children in placement.

- In a survey of families, nine of 16 responded that their DYFS worker visits at least one time per month, indicating opportunities for improvement. Eighty percent (80%) of 220 DYFS case workers responding to the visit question reported that, in general they visit parents once a month. Among Resource families responding to the question (n=78), 85% reported that the case worker visited them monthly.

- During the PIP period, Mini-CFSR assessments were conducted across 13 counties, involving 120 cases. Of the 108 cases to which Item 20 applied, the Item was rated a strength in 58, or 54% of the cases.

Strengths

- Although in the early developmental stages, the **revised case practice model** provides the important first step in improving the quality of our contact with parents of children receiving services by establishing the engagement and teaming aspect of our work in partnership with families. Together with reduced caseload size, the opportunity is clear for workers to manage work more effectively and assure positive change in improving the quality and frequency of casework contact with children. Together with other reform efforts – Structured Decision-Making, new case plan, increased services – we have developed a series of tools with which to structure more productive case contact.

- Informal discussions with Local Office staff reveal the use of creative Local Office methodologies to monitor and enhance contact compliance, such as Mid Month check in, which reflects the expectation that 50% of case contacts are completed and recorded by the middle of the month. This communicates the importance and focus of casework contacts.

- The data indicates that performance has improved in this Item since CFSR Round 1, especially for children in placement, and that we have the capacity to meet contact requirements although additional work is needed.

Opportunities for improvement (OFIs)

- SafeMeasures reporting indicates that we have more consistent, timely worker visits to families with children in placement than those living in their own home. This confirms a need to assure sufficient focus is paid to intact families so that they can successfully remain intact and transition from involvement. This would include heightening visit frequency and assuring visits are of sufficient frequency to impact goals and services.

  As noted in Item 19, there remain some residual challenges around proper documentation of a casework contact so that it counts into the compliance report provided in SafeMeasures. Thus, we believe that compliance per SafeMeasures is under-reported.

- We need to explore refinements to our reporting system to capture visits specifically with parents of children in in-home and/or placement cases, de-linking the visit data from contact with children. This would improve our understanding of the rate of contact, and provide detail to assure that contact includes both mothers and fathers as appropriate.

- We remain in the relatively early stages of implementation of the Case Practice Model. As a result, integration of these practices and principles, which are at the heart of improving the quality of our casework contacts, remains a work in progress. We anticipate marked improvement to the quantity and quality of visits as we progress.

Summary statement

New Jersey has instituted several tools, practices, and methods that will have a positive impact on face to face contacts with parents. Our effectiveness in visits with parents will yield better outcomes for our children and families in the area of Safety, Permanency and Well Being, as it is during these face to face meetings that true engagement and sense of team is forged. We need to continue in our efforts to effectively monitor visits and to build the quality of visits to address the prevailing needs of the family.

Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.

Item 21: Educational needs of the child. How effective is the agency in addressing the educational needs of children in foster care and those receiving services in their own homes?

We have made a promising start in focusing attention on improving the educational needs of children receiving services, but there is much work to do.

Policy Considerations

New Jersey Statute provides for every child to have an opportunity for an education regardless of where the child resides. The New Jersey Department of Education is responsible for ensuring that all children receive a free and appropriate education, and that those children and their parents or guardians are guaranteed procedural safeguards with respect to the provision of that education.

DCF policy regarding education of children in placement requires:

- Reasonable efforts to assure each child in placement receives an education appropriate to his/her abilities
- Registration of school-age children by the Resource Parent without undue delay, and DYFS to ensure this enrollment
- Birth parents must be informed of their rights and responsibilities regarding involvement in the child's education
- The case record must reflect that selection of a resource home has included consideration of proximity to the child's school at the time of removal
- The Resource parent must be provided with the child's educational records at the time of placement
- DYFS must provide support for educational services and identified needs, as indicated in the case plan

For children in placement, the Division worker teams with the Resource Parent and school personnel to identify and provide for the educational needs of the child in placement

- Resource parents are expected to:
    - Register the child
    - Ensure his/her attendance
    - Encourage good study habits
    - Be involved with the child's academic progress
    - Monitor academic performance
    - Alert the caseworker to any issues or concerns

The caseworker is responsible to assure that the child in placement is enrolled in school.

When adolescents are placed in out-of-home care, the Division will:

- Advise youth, age 14 and older, of educational supports and make appropriate and timely referrals;
- Encourage older youth to complete high school, and provide them the opportunity to learn a trade and/or apply for college; and
- Encourage youth turning 18 to remain in care to receive education and training services and other supports that can be provided to them through age 21.
- Encourage eligible youth to apply for the Division's Foster Care Scholars Program, which offers tuition assistance to youth in, or formerly in, out-of-home placement.

CFSR Round 1 Findings

This item was rated a strength in 23 (68%) of the 34 cases to which it applied, receiving a final Item rating as an area needing improvement. Cited issues were:

- Lack of diligent efforts to meet educational needs
- Overwhelming focus on placement cases in both policy and practice
- Over-reliance on resource caregivers to handle education matters, with insufficient training or support
- Caseworkers were unfamiliar with special education laws and regulations
- Schools reluctant to enroll children residing in treatment and shelter care facilities

Changes since Round 1

Many projects undertaken by child welfare systems partners and external parties have addressed educational needs of children, benefiting those receiving services of the child welfare agency.

- DCF and the New Jersey Department of Education co-lead an Educational Access and Stability Work Group to work in partnership on educational goals. In 2005, the group published a brochure titled "How to Register a Child in Out-of-Home Care for School." The intention of this brochure was to assist superintendents, principals, and school registrars, as well as child welfare workers and resource parents, to know what exactly is necessary to expedite registration and ensure a child's placement in the appropriate educational setting

- In April, 2007 the New Jersey Child Welfare Citizen Review Panel (NJCWCRP) hosted a roundtable discussion between the Commissioners of DCF and DOE, their respective administrative staff, and key community stakeholders, culminating the NJCWCRP's work since 2004 regarding the interface between the education and child welfare systems. The NJCWCRP concluded that communication and collaboration between DCF and DOE must be improved to ensure the expeditious sharing of information that will ultimately lead to better educational and emotional outcomes for children under DYFS. An NJCWCRP workgroup is currently preparing a draft Memorandum of Understanding between DCF and DOE to promote mutual educational goals for youth. One proposal, for example, is for the use of a Collaboration Model for communication and cross-training between education, child welfare, and behavioral health systems.

- The Rutgers' Special Education Clinic developed a Resource Guide as part of a Children in Court (CIC) Improvement Project. This Guide, a resource to the Courts, law guardians, DYFS workers, parents, resource parents and anyone caring for a special needs child, details the services available to special needs children and includes a description of all state and federal programs and what services they provide.

- The Children in Court Improvement Committee (CICIC) made a commitment to provide funding to the Rutgers University School of Newark, Special Education Clinic for a 'Special Education in the Courts' initiative. With this and additional funding, the Clinic:
  - Developed a training program to educate judges and other personnel and caregivers, in certain identified vicinages, on early intervention and special education systems, as well as the rights of children with disabilities in foster care to receive appropriate developmental and educational services.
  - Sought to coordinate their efforts with state agencies, e.g., DYFS, Office of the Child Advocate and local school districts, in order to bridge any gaps between the child welfare, education and health systems that may result in the failure to meet the special needs of foster children.
  - Sought to serve as a resource to the Family Court regarding any issues that may impact on the developmental or educational needs of foster children.
  - Expanded their website to include additional information and services regarding children with disabilities.

Other DCF internally-focused developments are staged to positively impact how we meet the educational needs of children receiving services:

- DCF has assembled a department-wide working group to address the Fostering Connections and Increase Adoptions Act of 2008, which has addressed the requirements of the legislation – including those around educational stability – and has begun implementing the law's requirements across the department. The statutory requirements will drive much of the department's work in this regard for the near term.

- Renovation of the placement process, as described under permanency, with investments in child welfare services so that children in out-of-home care can experience less disruption, being placed in proximity to their home, and continuing in their same school if possible

- Reduced caseload enable caseload carrying staff to concentrate more intensively on making quality assessments and providing relevant, individualized services to their children and families.

- The design and implementation of the Case Practice Model, with its focus on family teams and engagement. The impact of this initiative on education will be to bring more resources to bear in understanding the child's performance and in how his/her educational needs can and will be supported.

- The roll-out of NJ SPIRIT, which captures information about the child's education record. .

Data Considerations

- Mini-CFSRs conducted during the PIP Period, involving 120 cases across 13 counties. In total, Item 21 was rated a Strength in 52 of 83 applicable cases, or 63%.

- A variety of stakeholders [DYFS workers (n=483) Resource Families (n=87), Families (n=29), Providers (n=95), System Partners (n=75), Youth (n=72), Court-related personnel (n=119) responded to questions regarding education. Overall, stakeholders indicate concern about how education is addressed for the children and youth receiving services in the child welfare system.
  - 73% of the Resource parents reported that they were very involved in addressing the educational needs of the children in their care.
  - At least 60% of the respondents from the courts reported that there are challenges specific in receiving educational services during short-term emergency placements.
  - 52% of the youth participants reported that they had three or more school changes as a result of changes in placement.
  - Over 50% of the respondents from the courts reported that there were challenges with school placements which also impacted on the child's continuity in education.
  - 63% of Resource Parents report that they have experienced challenges in addressing the special education needs of children in their care when it comes to obtaining services.
  - Caseworkers indicated "some knowledge" of educational laws (56%) and special educational laws (49%), indicating a need for additional training in this area.
  - Approximately 50% of DYFS staff, System providers, and courts reported difficulties in communicating with school personnel about the child's educational needs

  Some strengths were identified by older youth respondents:
  - Over 50% of the youth from the survey were participating in higher education services and identified the Foster Care Scholars Program as a strength.
  - The youth also found value in the transition to adulthood programs that provide mentoring, job training, and life skills
  - In general, 62% of the youth reported that when school plans or changes were being made, they provided input.

Strengths

- The broad range of efforts, described above, to improve the educational experience of children served in the child welfare system, demonstrates a beginning commitment to collaboration and partnership that is a foundational strength in this area. The products and services that have and will continue to result from these efforts will help set the path for children to receive an appropriate education and for caseworkers, resource parents, and other stakeholders to support that aim.

- In the spirit of promoting, developing and improving collaborative efforts between community stakeholders, Ocean County was the first county statewide to form a Children's Inter Agency Coordinating Council (CIACC) Education Subcommittee. This partnership, conceived in 2006, provides for an improved system for DYFS, mental health systems and

the schools to work more efficiently and effectively together to improve outcomes for the children of Ocean County. Through this community partnership, professionals from each of the three systems are provided up-to-date, ongoing training and education on available services and instructions on how to access and effectively coordinate with those services. This helps to ensure that children receive the services that they need. The vision of this partnership includes:

- A countywide resource directory,
- Representative liaisons from each school, each DYFS office and each behavioral health program,
- Ongoing cross training of liaisons,
- A web-based training portal, and
- Inter-Agency Agreement to improve service coordination.

We intend to review the efficacy of this model to determine whether we should pursue statewide expansion.

Opportunities for improvement (OFIs)

We have opportunities through our collaborative efforts to delve into the many challenges noted, taking a data-driven, systematic approach to understand and problem-solving in each area.

- **Timely and appropriate enrollment** –We continue to experience delays in getting children being enrolled in school within 72 hours of an initial placement or change of placement. Contributing factors appear to be misunderstanding and confusion as to what the transfer process entails, who is responsible for facilitating the transfer, and which school district is responsible for educating the child.

  Children in shelters and residential programs can have a particularly difficult time getting enrolled in school and/or getting enrolled in an appropriate educational program. First, there are two drivers present: 1) debate over responsibility for providing an education to this population of children, which is a financial concern that should not impact the child; and 2) a child may be sent to a school that is attached to a residential program, without an prior assessment as to whether this school program is in fact appropriate to his/her needs. While developments to avoid shelter placement may affect this in small measure, this remains an area of concern.

- **School Instability** - Foster care placement or re-placement can often result in a change of school placement, thus leading to instability in education. Part of this is rooted in New Jersey's law that, with some exceptions, requires a change in school placement once a child moves out of a particular school district. Our work on the Fostering Connections legislation will address any inconsistencies between state and federal law.

- **Discipline** - Foster children may experience school-based discipline due to behaviors that are connected to the trauma that brought them into care. The unfortunate result is that the child can be suspended and/or expelled due to behavior that is connected to the family dysfunction, and may even be left with only 5-10 hours of home instruction often for a protracted time.

This experience can be directly affected by the level of caseworker knowledge about the laws and procedures in place to protect the educational rights of these children, as well as the availability of outside advocates to represent the interests of these children.

- **Transitioning Youth** - Older youth transitioning out of foster care require sufficient information about what services and entitlements are available to them to assist them in applying and attending post-secondary educational programs (colleges and/or vocational programs). As noted above, this is affected by the caseworker's knowledge and ability to assist in this area. As an element of the Adolescent unit, this area is anticipated to receive additional focus, although it also will be addressed within the context of the Case Practice Model and individualized case planning.

- **Special Education Training** - A significant number of children in foster care receive or are in need of special education services and programming. Yet, the parents, resource parents, and Division workers may be ill-informed as to what the children may be entitled to, what services and programs are available, and the procedures that must be followed to access such services. As a result, children who need special education may fail to be identified and evaluated, and those who are receiving such services may not receive appropriate or sufficient services to which they are entitled. There remains a clear need to educate resource parents and Division workers on the laws and procedures concerning special education.

- **Increased/Improved Communication** - Difficulties continue to present regarding information-sharing and communication between DCF and school representatives (both at the local and state level), e.g. clarity regarding what records and information can or must be shared and what information cannot be shared due to confidentiality concerns. Locally, increased communication between DCF and school officials in a host of areas, including child abuse and neglect reporting, record and information sharing, resources, and child-specific concerns would support efforts to prevent child abuse/neglect as well as to expeditiously and appropriately support children who do require services of the child welfare system.

- **Education Involvement** – Review suggests that DYFS staff may place too much reliance on the resource parent with regard to the child's education, rather than take a more active role. As a result, DYFS' ability to effectively identify and consider the child's educational needs on their own and in context of permanency planning may be impaired.

- Efforts regarding education continue to be weighted toward children in placement. There is a need to examine the educational needs of children served as in-home cases to assure that they are receiving the educational assessment and services they require. This need is anticipated to be addressed through the Case Practice Model and the improvements in assessment skill as workers become more proficient in CPM methods as well as in the use of tools such as SDM.

Summary statement

New Jersey has made progress in terms of active engagement between the DCF, DOE, other education-based and interested partners to work on improving educational access, stability, and

progress for children in general and those served through the child welfare system. We have identified a promising practice in Ocean County that we are considering replicating in other counties. Achieving continued success in how we identify and address the educational needs of children will require the continued efforts of a broad system of stakeholders applying a systematic approach to learning and improvement.

Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.

Item 22: Physical health of the child. How does the State ensure that the physical health and medical needs of children are identified in assessments and case planning activities and that those needs are addressed through services?

New Jersey continues on a path to better understanding and management of the assessment, service provision, and follow-up to health care needs of children. Much work remains to be done, but progress is evident, particularly in services to children in out-of-home placement.

Policy Considerations

DCF has implemented a number of changes focused on addressing the health care needs of children in their own homes and in out of home placement.

- In 2007, DCF issued its Coordinated Healthcare Plan for Children in Out of Home Placement. DCF's Plan recognizes that health care planning, specifically ensuring continuity of care, is critical and must be integrated into permanency planning. The core of that plan is the establishment of child health units in each local office, charged with ensuring that all children receive comprehensive, coordinated, and consistent healthcare. Pursuant to that plan, DCF undertook a significant expansion with its partner nursing agency to expand the scope of services provided by nurses within DYFS local offices and also to increase the number of nurses within each office. Nurses are managing the health care needs of children in out of home placement and are consulting on health related issues for children in their own homes.
- In 2007, New Jersey increased Medicaid Fee for Service Reimbursement rates for pediatric based services, including dental services.
- In 2007, DCF changed its policy regarding pre-placement health services for children entering placement. Prior to 2007, DCF required children entering care to receive a pre-placement physical examination. DCF heavily relied upon hospital emergency departments for examinations as there were limited non-emergency department based providers available to see children removed after hours, resulting in long waits for children and caseworkers to be seen. DCF policy now calls for children entering care to receive a pre-placement assessment, moving the focus away from a more intrusive medical examination and instead identifying whether the child has any health issues which need to be addressed immediately before the child can be placed. This policy change has allowed DYFS to utilize its nurses to perform assessments and there has been a significant decrease in the number of children seen in emergency rooms prior to entering care.
- In 2007, DYFS issued referral guidelines outlining which cases are to be referred to Regional and Diagnostic Treatment Centers, which are charged with evaluating children believed to be victims of physical abuse or neglect.
- In 2007, DCF issued a Request for Proposals to identify providers willing to perform Comprehensive Medical Examinations (which are required within 30 days of entry into care) and serve as medical homes for children in out of home placement. The RFP sought to expand the pool of providers serving the health care needs of children in placement.

- In 2007, DCF hired a board-certified pediatrician to serve as its Chief Medical Officer.
- In 2007, DCF entered into a contract with American Academy of Pediatrics-Pediatric Council on Research and Education to train community-based medical practices on recognizing children at risk of abuse and neglect and understanding their role as mandatory reporters.
- In 2008, DCF contracted for the services of a board certified child/adolescent psychiatrist.
- In 2008, DCF submitted a Letter of Support with the New Jersey Chapter of the American Academy of Pediatrics' (NJ AAP) grant application to develop a state system of care for children in foster care. The NJ AAP Chapter has been awarded a planning grant and DCF staff participate on the *Ad Hoc* committee.

CFSR Round 1 Findings

This item was rated a strength in 32 of 42 cases to which it applied, or 76%, receiving a final Item rating as an area needing improvement. Cited issues included:

- A lack of diligent efforts to address physical health needs of in-home cases
- Medical neglect cases opened with no medical issues addressed
- Provider scarcity and limited participation, especially of pediatricians and dentists
- Too much responsibility placed on Resource parents to meet physical health needs

Changes since Round 1

The array of medical personnel employed by and contracted for by the Department of Children and Families (DCF) allows its staff the opportunity to engage in active consultation and involvement with physicians or other appropriate medical professionals to assess the health and well-being of foster children and determine appropriate medical treatment.

As mentioned above, in May 2007, DCF issued its Coordinated Healthcare Plan for Children in Out of Home Placement. DCF's Plan recognizes that health care planning, specifically ensuring continuity of care, is critical and must be integrated into permanency planning. DCF implemented two key strategies to achieve this initiative: 1) the development of child health units in each of the Division of Youth and Families Services (DYFS) local offices responsible for providing health care case coordination; and 2) issuance of a public Request for Proposals (RFP) in June 2007 to increase children's access to care through the expansion of existing CHEC providers statewide and flexibility in the CHEC service delivery model.

- In 2007, DCF chose to consolidate its state-wide nursing services under one contracted nursing agency.
- DCF allocates State funds for services provided by the State's four Regional Diagnostic and Treatment Centers (RDTC).
- DYFS staff, in addition to medical personnel from the state's RDTC and law enforcement, participate in county based Multi- Disciplinary Treatment (MDT) teams charged with reviewing individual children's cases and determining how to meet the child victim's needs.

- In addition, the State contracts with a range of health care sites to provide comprehensive medical examinations (CMEs) for children in out of home placements. There are essentially three pathways available to achieve a CME. RDTC's provide Comprehensive Health Evaluations for Children (CHEC) as part of our CME program. DCF has also contracted with providers to deliver CMEs, expanding our capacity to provide children with healthcare within recommended timeframes. Finally, children may also be seen for a CME with their current primary health care provider as appropriate. CMEs provide a "snapshot" of children's health and CME clinicians provide DYFS with a report identifying the child's medical history, current health issues and recommendations for follow-up treatment.

- DCF and its partner nursing agency collaborated on the creation of a Child Health Unit model. These Units' primary functions include: gathering medical records; scheduling children for comprehensive physical health assessments; assisting children in obtaining appropriate follow-up care; developing medical health passports for children in placement; and documenting children's health information in DCF's databases. The model calls for one nurse health care manager per fifty children in out-of-home placement and one staffing assistant per one hundred children in placement.

- In August 2007, our Child Health Units began "auditing" the health acuity level of children residing in out-of-home placement. Audits will continue across the state. Since then, over 6,393 children's records have been reviewed to ascertain their current health status.

- In June 2007, nurses began conducting pre-placement assessments for children entering out-of home care. As anticipated, having nurses available in the local offices during DYFS office hours to perform pre-placement assessments has lessened staff's reliance on emergency room providers and has permitted children to have their assessments performed in a less traumatic environment. In addition, our nursing agency continues to staff an After Hours Pre-Placement Assessment project in Essex County during weekday evenings. A provider in Camden County continues to perform assessments on weekday evenings and weekend mornings. The percentage of children receiving pre-placement assessments in non-ER based settings increased substantially as a result of developing these resources.

- New Jersey extended health care coverage under the Medical Assistance program to youth ages 18-21.

- In May 2007, DCF issued new referral protocols to help prioritize and target RDTC services to youth most in need, which is supported by the activity of CHU staff assistants in LOs.

- As one effort to develop providers of dental services, the New Jersey Medicaid fee-for-service rates for have been increased to $64.00 per exam, up from ~$18.00. This has resulted in new enrollments of dentists in to Medicaid. Additionally, the five HMOs serving ~85% of children in placement have also increased dentists in their networks.

- A Medical passport is a collection of relevant medical information in a single place that is available to Resource parents, birth parents, and the child if old enough. This information is to include chronic health issues, medication, hospitalizations, immunizations, practitioners

and contact information, mental health and developmental milestone, EPSDT and dental information. This information is currently being recorded by CHU nurses in an electronic text document, with information contained in NJ SPIRIT.

Data Considerations

Several data indicate improvements in health services:

- Twenty-seven percent 27% of children entering in placement (344 of 1,282) January-April 2008 received comprehensive medical exams within 60 days of entry into care. Notably, for locations with fully staffed CHUs, the result was 77% (118 of 154), and that figure rose to 92% within 90 days of placement.

- Ninety-six percent (96%) (151 of 157) of children in care for one year or more, in Local Offices with fully-staffed CHUs, had medical examinations in compliance with EPSDT guidelines.

- For children ages 3 and older in care 6 months or more, supervised in local offices with fully-staffed CHUs, 81% (77 of 95) had semi-annual dental examinations.

- For children in Local Offices with fully-staffed CHUs, 95% (149 of 157) were current with immunizations.

- In each month July 2007 through June 2008, 100% of children entering care had the required pre-placement assessments.

- Between January and June 2008, the percentage of those that occurred in non-emergency room settings ranged from 86% to 94% monthly.

- During the PIP period, Mini-CFSR assessments were conducted across 13 counties, involving 120 cases. Of the 107 cases to which Item 22 applied, the Item was rated a strength in 67, or 63% of the cases.

Strengths

- Development of Child Health Units charged with the responsibility to focus and build a functional system to assure that health care needs of children are readily identified and addressed has been a true strength. The gains in our ability to secure appropriate care are a direct result of the work of this unit.

- CHUs have shown to be very promising, in terms of monitoring and securing health services for children, particularly those in placement, based on the experience of counties with well developed units (Sussex, Hunterdon, Bergen, Passaic), as evidenced by the variation in results data provided above. Continuing to grow CHUs is anticipated to exponentially improve healthcare for children across the state.

- Collaboration with system partners, such as DMAHS (New Jersey's Medicaid agency), has been extremely productive, particularly in ensuring health care insurance for children in placement, as well as in troubleshooting any health care issues experienced by children receiving services through the Medicaid system and sharing data to support health–related planning efforts.

Opportunities for improvement (OFIs)

- At this time, basic health information for children in out of home placement is being entered into each child's health file and the system is able to generate only a limited number of reports. Going forward, we are working to routinize the entry to all health data into NJ SPIRIT so that we can automatically generate management reporting.

- We are also considering a project to build staff's capacity to analyze and use health data to manage the provision of services to children.

- While the nurses in local offices are available for consultation with staff, the focus of their efforts overwhelmingly concerns children in placement. As a result, the adequacy of health care for children served in in-home cases is not as clear, particularly for cases in which there are no medical issues driving DCF involvement with the family, and no apparent indicators of health issues. Developing a better understanding regarding the health care of children served in in-home cases is an area for focus as our system for evaluating, addressing, and managing the health care of children becomes more sophisticated.

Summary statement

Significant progress has been made in the area of assessing and addressing the health needs of children receiving services, particularly those in out-of-home placement. There remains much to be done to be done, and with the structure established through the DCF Child Health Units, the path to continued progress is clear.

Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.

Item 23: Mental/behavioral health of the child. How does the State ensure that the mental/behavioral health needs of children are identified in assessments and case planning activities and that those needs are addressed through services?

Since CFSR Round 1, New Jersey has made significant progress in the provision of mental/behavioral health services to children. This is evident not only by the growth in service availability, as addressed in Item 35, but by the indicators of treatment capacity, such as in-home stabilization and the reduction in children placed out-of-state, which declined from 307 in June 2007 to 103 as of November 2008.

Policy Considerations

Mental health indicators are assessed at intake and on an ongoing basis, taking into account the caretaker and children's mental health needs that could require possible service intervention. Any identified needs are then addressed in one of two ways. First if the case does not rise to the level needed to be opened for services with DYFS and I and R can be made to the Division of Children's Behavioral Health Services (DCBHS). Second if the case is opened with DYFS and factors indicating mental health difficulties are present, the worker can conference the case with a licensed Master's Degree level mental health consultant. The decision is then made as to whether it is most appropriate to use DYFS contracted or community services to meet the child's needs. If the child has moderate to high level of mental/ behavioral health concerns or needs an out-of-home treatment facility the worker would involve DCBHS. If clinical documentation is available the DYFS worker can complete a DCBHS needs assessment on line. If there is no clinical information the worker would call Value Options, the state contracted systems administrator for DCBHS, to have a licensed clinician complete a needs assessment and bio psychosocial assessment within 10 business days of the referral. The contracted systems administrator, Value Options, would use the completed needs assessment and clinical information to determine the child's level of care. Services through DCBHS can range from emergency stabilization, in-home counseling, case management through residential care and hospitalization.

Any child in an out-of-home federally funded treatment setting will be open with a DCBHS case management entity to coordinate the treatment needs of the child. For DYFS-involved children, DYFS would be responsible for the permanency and protection aspects of the case while the DCBHS case management entity would coordinate the mental health/ behavioral health treatment of the child. There may be two plans in those situations where the youth is involved with DYFS and a DCBHS case manager. These plans are coordinated with the two entities, with the two entities participating in the child/family team meetings and the responsibility of each entity related to providing services to the youth and family are designated. The DCBHS plan of care provides the primary framework for the youth's access to mental/behavioral health services with acknowledgement of the services and responsibilities that the DYFS case

plan would address related to the needs of the youth's family, reunification, permanency and protection aspects of the family. The child/family team meetings provide the basis for the coordination of the two plans to insure integration and efficiency in providing the identified services and supports to best support the needs of the youth and the family.

CFSR Round 1 Findings

This Item was rated a strength in 18 (50%) of 36 cases to which it applied, receiving a final Item rating as an area needing improvement. Cited concerns included:

- Lack of concerted effort to address mental health needs, even when identified
- No assessment of other children in the family although warranted
- Lack of mental health services and limited number of child psychiatrists

Changes since Round 1

- The Division of Child Behavioral Health Services (DCBHS), as it is now known, became a component Division of the Department of Children and Families. DCBHS is the agency with primary responsibility to find appropriate home and community-based services and/or out-of-home placements for all children and youth in New Jersey who are experiencing emotional and behavioral challenges and are in need of behavioral or mental health services.

- Within itself, DCBHS has reorganized to become more responsive to the mental and behavioral health needs of children. DCBHS completed a self-assessment of its continuum of services, the process of which involved engaging the public through a series of focus groups and regional stakeholder sessions to understand what was working and to identify opportunities for improvement. As a result, DCBHS has undertaken a series of system improvement efforts, which involve decentralization of certain care management functions along with strengthening local coordination of systems of care.

- Service availability has increased, as discussed in Systemic Factor E, Service Array. For example, at the time of the CFSR Round 1, the core services of Youth Case Management, Care Management, Mobile Response and Stabilization, and Family Service Organizations were not available statewide. These services, as well as others including specialty treatment beds, Intensive In-Community services and Behavioral Assistance, are now widely available, providing more opportunities for youth and their families to receive needed services and avoid the crises that at time bring the family into the child protective service system.

  DCBHS has added Multi-Systemic Therapy and Functional Family Therapy to its contingent of funded interventions, initially across 13 counties. DCBHS is working to support the implementation of Evidence Based Practices statewide. DCBHS is working with the CIACCs to develop an assessment of the availability and the needs for such resources in their local community. Based on these findings, DCBHS is prepared to provide funding to the CIACCs to allow them to issue grants to support the development of such resources as identified in their needs assessment. In addition, DCBHS is currently working on

implementing Multi-dimensional Treatment Foster Care to 13 sites in the central portion of the state.

DCBHS has lifted the moratorium on certifying new Medicaid providers of Intensive In-Community Mental Health Rehabilitative Service for children, youth, and young adults. This resulted in the addition of at least 85 providers. (35)

- As noted in the Introduction core strategy on caseload management, in October 2007, DCBHS redeployed its Team Leaders to DYFS Area Offices to serve as experts in the behavioral health system's local resources and to improve coordination between DYFS and DCBHS on meeting the needs of DYFS-involved children with mental and behavioral health needs.

  The addition of licensed clinicians to act as consultant resources for DYFS staff has also begun in the Case Practice Model immersion sites. These clinicians will work together with the Child Health Units and take responsibility for supporting the development of behavioral health plans for children

- A case conferencing process was initiated to review the circumstances of each child placed out of state, in order to assess the needs and to focus on providing high quality, appropriate care for children as close to their home communities as possible. This case-conferencing process has been institutionalized at the field level through the implementation of standardized tools and coaching and mentoring of the Team Leaders, and has proven instrumental in securing an appropriate local service plan for children with behavioral/mental health needs.

- DCBHS is responsible to authorize all requests for out-of-state placements, to ensure that in-state resources have been considered. This authorization process has also reduced the number of out-of-state placements.

- DCBHS is involved in the tracking youth in juvenile detention facilities who are awaiting discharge pending appropriate placement. The goal is to not have any youth waiting beyond thirty days. DCBHS assumes responsibility for those youth who as part of their post-adjudicated status, are required to access mental/behavioral health services. Services can be provided in an out of home treatment setting or in the community. For those children where there is a primary need for protection and permanency, DYFS continues to assume the lead, with the ability of DCBHS to be able to provide treatment support, if needed.

- DCBHS has issued an RFP for its Contracted System Administrator. The CSA serves as a single entry point for accessing DCF behavioral and mental health services. The CSA also authorizes, tracks, and aids in coordinating care consistent with System of Care philosophy that is aligned with the DCF practice model.

- It is DCF policy that children in DYFS custody are to receive psychotropic medication as part of a treatment plan. In the Fall 2008, DCF identified children in DYFS custody who have been prescribed psychotropic medication and DCF's psychiatrist is working with

caseworkers, as needed, to ensure that the medications are part of a treatment plan. DCF is working on strengthening guidelines and policy regarding the utilization of psychotropic medication as part of a coordinated treatment plan.

Data Considerations

There are a number of data results that communicate improvement in effectively addressing the mental/behavioral health needs of children receiving services:

- Through effective collaboration, we have reduced the number of children sent out of state for child behavioral health services from 307 in June 2007 to 103 in November 2008.

  From January through June 2008, a total of 19 authorizations for out-of-state placement were provided, eight of which involved youth in DYFS custody. This is down from 55 during the prior six month period (July-December 2007).

- In response to concerns that juveniles were remaining in detention facilities discharged yet pending appropriate alternative placements, collaborative efforts to monitor and reduce this incidence have been working, with SFY2008 results that only two of 26 youth remained in the juvenile facility beyond 30 days.

- During SFY2008, over 10,000 children were served by Mobile Response and Stabilization Services. Of these, 9,984 (94%) were able to be stabilized at home.

- During the PIP period, Mini-CFSR assessments were conducted across 13 counties, involving 120 cases. Of the 67 cases to which Item 23 applied, the Item was rated a strength in 37, or 55% of the cases.

- In a number of surveys conducted recently with a variety of stakeholders, including DYFS staff, resource families, families, providers, system partners, court-related staff, youth, and judges, a common theme expressed in response to questions on how to improve services was to expedite the responsiveness of the Contracted Systems Administrator, or CSA, to provide options and resources in a more expeditious manner.

Strengths

- The data demonstrate that the delivery of Mental Health services to children and their families have been effective in stabilizing living arrangements and maintaining children in or closer to their homes, which supports continuity, well-being, and permanency.

- The increase in services offered through the DCBHS system is has been substantial, and fills a needed gap in services that prevent children and families from coming to the attention of the child welfare system, and/or involvement with the juvenile justice system as well. The specific expansion of service capacity within New Jersey has helped to reduce the number of out-of-state placements.

- Efforts taken to coordinate services and oversight for youth – from the deployment of Team Leaders to the Area Offices and the co-location of clinicians, to the case conferencing on children and the review of children awaiting release from Juvenile Detention facilities – speak to the strength of collaboration and its impact on results.

Opportunities for improvement (OFIs)

- New Jersey should continue to build efforts to coordinate with system partners to strengthen collaboration on behalf of children and families. As part of this effort, building the knowledge base of child welfare system partners (from SCR through DYFS to resource families, service providers, and the courts) in understanding the behavioral/mental health needs of children and youth, and recognizing the need for assessment, evaluation, or intervention is an area for continued development.

- Speed of access to behavioral/mental health services continues to present some challenges, particularly when the nature of a placement need is emergent and linked with protective services concerns. This remains an area for improvement.

- The advent of a new Contract Systems Administrator (CSA) will require remodeling of the CSA in a way that responds to the needs of the child protection agency as a customer. Anticipated in September 2009, this renovation will be an intensive effort.

Summary statement

New Jersey has made significant strides in its ability to appropriately address the behavioral and mental health needs of children and youth consistent with a system of care philosophy. It is anticipated that success in these areas will advance as system partners continue working together to address the needs of mutual clients.

Section IV

Systemic Factors

A. Statewide Information System

Item 24: Statewide Information System. Is the State operating a statewide information system that, at a minimum, can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?

New Jersey has developed a SACWIS system, known as NJ SPIRIT, which is able to meet the requirements of this Item. The development and transition to NJ SPIRIT has been challenging, as expected with any project of this magnitude, but we have made significant progress. In addition to having the capacity to provide the information required by this Item, NJ SPIRIT is intended to

- Provide a simple, accessible and easy-to-use case manager-driven system to handle all aspects of case management in a way that will improve child safety, child well being and staff productivity.
- Increase the time that case managers spend with clients and reduce the time that they spend doing repetitive paperwork.
- Automate and standardize routine correspondence using existing data in the system.
- Provide tickler reports to assist case managers and other staff in case, client and management functions.
- Produce standardized management reports automatically and allow for ad hoc reporting
- Support quality assurance and outcome monitoring and evaluation

Policy Considerations

NJ SPIRIT is now the DCF system of record. All required case information is recorded in this application. Approximately $13 million in payments are made to family resource homes and other service providers each month. The system is actively used by all case carrying staff and their supervisors, as well as administrative staff in the Area and Central Offices. The application is used for the determination of Title IV-E eligibility and for the claiming of Federal funds.

NJ SPIRIT is accessible to all DCF staff through an "intra-net," a secure network operated by the State. DCF staff are afforded access to the components of the system relevant to their functional role in the agency.

CFSR Round 1 Findings

This Item was found to be in substantial conformity, although the report did reveal concerns about the legacy system in use at the time: delay in reporting; a code-based, clerical-oriented functionality; lack of narrative capacity; and limited flexibility. At the time of the review, New Jersey was involved in developing a SACWIS system.

Changes since CFSR Round 1

During calendar year 2007, the Department of Children and Families (DCF) completed the rollout of NJ SPIRIT. The application has been implemented statewide. Remaining efforts are directed towards ongoing support to the field, maintenance, and enhancing the application to address new requirements (e.g. new AFCARS elements).

The implementation of the NJ SPIRIT system was conducted in a series of releases:

- Release 1 (November 2004) provided the staff of the State Child Registry (SCR), the 24-hour call center, with a system for recording reports of child abuse and neglect and requests for child welfare services.

- Release 1.4 (November 2005) provided the Statewide Child Registry (SCR) with an enhanced system that provided flexibility to their screening decisions at any time during a call.

- Release 2 - Phase 1 (June 2006) provided limited functionality to all 6,000 users of the NJ SPIRIT system. This release permitted staff to become familiar with the application while permitting technical staff to assign logons and security to all staff members. It also provided staff with electronic access to all legal forms as well as the electronic version of the policy manual.

- Release 2 – Phase 2 (August 2007) represented the implementation of the full NJ SPIRIT system, and included most of the major functions of the SACWIS system: case assignment; intake and investigation; case management; resource management; placement; litigation; provision of services; payments and financial management; and system and application management and security. The rollout of R2P2 included a substantial conversion of the historical data contained in the legacy systems. This effort also entailed a huge amount of training that was provided to staff for the implementation:
    - Investigation Module – 1,156 staff
    - Casework Management Module – 2,569 staff
    - Financial Management Module- 659 staff
    - Resource Management Module – 605 staff
    - Supervisor Module - 865 staff

  Simultaneous to the R2P2, use of existing legacy systems was discontinued. Access to the legacy Service Information System (SIS), the former core application for DCF, was limited to "read only" for the purposes of clarifying any historical information.

- Release 3 – (September 2008) This release included: resource merge, online case closing, auditing, expungement, and archiving functionality. Implementation of this release completed the rollout of the base system as contracted with CGI, the implementation vendor. CGI remains onsite as a maintenance and support vendor under a 27-month contract.

Support for the application is provided by DCF's Office on Information Technology and Reporting through a variety of mechanisms:

ITR field support located across the state provides support in local offices;
DCF has created a centralized help desk with ten staff to address user questions. The help desk is managed by an experienced help desk manager and uses comprehensive management tools to manage call flow and ticket resolution;
DCF has produced numerous help guides and cheat sheets to walk staff through specified processes, which are available through the application;
As necessary, staff involved with the design and development of the application and help desk staff will provide targeted trainings in offices that need additional support.

All historical data from the legacy system was converted at the time our SACWIS system went live in August 2007. Subsequent to going live, some conversion errors which resulted in missing or wrong data were identified. In order to ensure the integrity of the data, New Jersey has done data clean-up to correct these errors.

On an ongoing basis, we use AFCARS reporting, our own data analysis, and the SafeMeasures reporting system to assess and improve the quality of our data. For example:

- The AFCARS error report from ACF provides critical information on missing data. Our experience with this has been that first, there were programming errors that we have since corrected. Now, we are dealing with increasing user entry of critical data – such as the date of TPR.
- Both AFCARS and our own data analysis work have identified concerns regarding the quality of our race/ethnicity data, which we believe are two-fold. First, the values that were in our legacy system did not convert well to NJ SPIRIT. And second, we need to continue to improve data entry into the system.
- In addition to serving as a management tool, our SafeMeasures system also provides significant visibility to identify data quality issues. The real strength of SafeMeasures is that it provides near real-time access to data literally on the desktop of every worker, supervisor, and manager in DYFS. SafeMeasures routinely includes identification of data issues in its management screens, and in fact SafeMeasures also includes screens specifically designed to assist with the identification of data issues.

Data Considerations

The NJ SPIRIT system:

- Records over 1,000 reports of child abuse and neglect each week through the statewide call center
- Electronically distributes these reports to investigators in 47 local offices
- Provides for the case management of 50,000 children, including safety and risk assessments, case recording and case plan development
- Permits the identification and provision of contracted/non contracted support services to children and families
- Issues 14,000 – 15,000 checks ($13 - $15 million) each month to thousands of foster parents and other contracted and non-contracted providers for the services that they provide

- Provides case management tools for supervisors and administrators throughout the agency
- Provides data that populates a variety of reporting mechanisms, such as SafeMeasures
- Between January and June 2008, the Help Desk received 6,837 request for help. Of those, 50% were resolved within one work day, 25% within seven workdays, and 25% over seven workdays. This is an improvement over the end of 2007, when the average request took 14 work days to resolve.

In a survey of DYFS staff, approximately 400 responded to questions regarding NJ SPIRIT, which revealed the following:

- Most, 95.7% used NJ SPIRIT sometimes, while 87.9% used it frequently.
- About 93% were somewhat confident in their ability to use NJ SPIRIT accurately
- SafeMeasures is used at least sometimes by 62.9% of respondents to inform their work.
- Only 49% report that they frequently use available data to manage their work, while 85.3% use it sometimes.

Respondent comments confirm that the development and implementation of NJ SPIRIT and systems such as SafeMeasures have been challenging, but at the same hold promise for more efficient and effective work.

Strengths

Effectiveness of the system

At this early stage of implementation (slightly more than one year), the primary measure of success is the use of the system by all case carrying staff. For example, other states have reported caseworker resistance to the use of their SACWIS application. In these states, workers continue to complete paper-based forms and clerical staff enter the information, foregoing much of the anticipated efficiency and effectiveness of the application. For these states, the SACWIS system is an electronic filing cabinet rather than a tool which is integral to case practice. In New Jersey, as noted above, NJ SPIRIT is the system of record and is designed for direct worker entry.

The NJ SPIRIT system was designed to be as user friendly and intuitive as possible. The user desktop/ interface is well organized. Workers can easily see their cases as well as ticklers and pending approvals. Casework tasks are defined by icons which appear when specific case folders are opened. Having their caseload presented in an organized and coherent manner that mirrors their workflow assists workers in managing and completing tasks.

Work by supervisors is likewise supported by the application, which provides the supervisor with the ability to review each workers caseload and note outstanding tasks. Supervisors no longer need to locate paper-based case records to access critical information or narrative about cases. Balancing of caseloads among staff is well supported when a supervisor can see all cases assigned to staff on one screen.

Transfer of cases between offices is expedited electronically and not dependent upon inter-office mailing of records. Information loss due to misplaced records is greatly reduced.

Most critically, assignment of reports for investigation may be tracked on a real time basis by screening staff in the SCR. They can monitor reports that have been marked for immediate action or 24-hour response and follow the assignment and progress of the investigation to assure that reports do not "fall between the cracks."

Tracking Capacity

NJ SPIRIT uses electronic ticklers to alert caseworkers to major upcoming tasks such as court or child placement review board hearings. When a task becomes overdue, a tickler is sent to the worker's supervisor.

Specific edits are built into the system to assure that all required data is entered. The system will not allow a case to be closed until all required tasks (e.g., Safety Assessments) are completed.

Based upon the experience of other states, the number of ticklers has been limited to 25 by design. Only the most critical case issues are "tickled" to prevent caseworkers from becoming overwhelmed by ticklers and (out of frustration) ignoring them. As a result, the presence of a tickler means that the issue to be addressed is important.

Reporting Capacity

Three methods are available for obtaining reports from the NJ SPIRIT application:

- Pre-programmed reports that are user accessible and scalable from statewide to individual units.
- Safe Measures, a data analysis reporting tool set, is user accessible and is routinely used by all levels of staff from unit supervisors to Central Office executives.
- Ad hoc reports developed by the Data Analysis Reporting Unit using SPSS and ACCESS are made available to management and executive staff.
- Additionally, information on individual case information may be loaded into templates (e.g., all legally "discoverable" information from investigations and assessments) for analysis and transmission to other agencies.

Quality Assurance

NJ SPIRIT affords supervisors in various units the opportunity to sample selected records for review. Likewise, SCR screening supervisors listen to the sampled recordings of calls to screeners and review the entries made into the application for quality assurance purposes. Ultimately, NJ SPIRIT supports the quality assurance efforts of the agency several ways, e.g.: through the provision of data; by the easy read capacity of on-line information; in the ability to produce needed samples for quality projects; and through its population of information into SafeMeasures, which provides the opportunity for staff down to the individual level to continually gauge progress and make needed adjustments.

Collaboration facility of NJ SPIRIT

Access to selected screens is also granted to the Deputy Attorneys General (DAGs) who represent DCF-DYFS in litigation actions and court hearings. This collaboration with the

Division of Law and Public Safety permits DCF paralegal staff to draft affidavits and other court documents for direct review, revision and approval by DAGs.

Opportunities for improvement (OFIs)

- We continue to navigate the learning curve with accurate and complete documentation in NJ SPIRIT. For example, during a recent pre-SACWIS review conducted by ACF, Federal staff noted that field staff members in the local offices that they visited were interested in "getting Safe Measures right" because it was seen as a valuable planning tool. A similar comment was made by an Area Office administrator who attended the review meetings in Central Office. On one hand, this indicates that staff are using SafeMeasures as the quality and management tool it is. On the other, this indicates that there is still work to do in supporting staff to enter information completely in NJ SPIRIT to support its capture in SafeMeasures. DCF is in the process of developing a plan to provide refresher training to staff to supplement staff knowledge of how to enter data into NJ SPIRIT correctly.

- Further development of the application suggests a number of new opportunities:
  - Geo-Mapping - the Data Reporting and Analysis Unit is using this new technology to improve the presentation of data. The visual images generate discussion and assist in understanding the numbers.
  - Expansion of Safe Measures – the State is examining the cost and feasibility of creating its own version of this tool, thereby reducing costs (through the ending of the subscription to the vendor) and customizing reports to DCF specifications.
  - Linkage to the Administrative Office of the Courts – development of an interface to court-based data systems to facilitate exchanges of information and court scheduling would improve efficiency in operations.

The principal barrier at this time will be the availability of funding to support and enhance the application, particularly in light of the national economic crisis.

Summary Statement

New Jersey has a functional statewide information system (NJ SPIRIT) that, at a minimum, can readily identify the status, demographic characteristics, location, and goals for the placement of every child who in foster care. Through the implementation of this SACWIS system, New Jersey is well-positioned to support work at all levels of the system, and to make significant strides in strategies for accountability and data-driven decision-making.

Systemic Factor B: Case Review

Item 25: Written Case Plan Does the State provide a process that ensures each child has a written case plan, to be developed jointly with the child, where appropriate, and the child's parent(s), that includes the required provisions?

The case plan is an individualized working agreement which clearly delineates specific action to be taken by family members and DYFS. The reform efforts that have been implemented since the previous assessment period are significantly impacting the case planning process, although we believe we have more work to do on timeliness. New Jersey has reduced caseload size and has adopted a practice model that focuses on teaming and collaboration. It utilizes a family's strengths, informal and formal supports and an individualized planning process to create plans with families that are suited to their unique needs.

Policy Considerations

The New Jersey Administrative Code specifies requirements for content, timeliness, development and review of case plans. DYFS policy specifies that plans must be developed within 60 days of receiving a referral and within 30 days of a child entering placement. Case plans are updated as the family's circumstances change, at intervals of no less than once every six months. The Out of Home Case Plan (26-81) and in-home plan (26-51)(attached) remain the standards, supplemented by the family agreement. The case plan includes identifying information about the child, authority for placement, needs and services, and dates by which tasks will be completed. Information about the goals for family members and visitation are also included.

CFSR Round 1 Findings

This item was found to be not in substantial conformity. Areas of concern included:

- Policy that case plan is developed with parents not observed in practice
- Barriers to parental participation – transportation, language, complexity of forms not explained to parent
- Plans developed by worker, then presented to the family
- Lack of services impedes follow through
- Plans not family centered, not understood by parents
- Plans not used to guide/drive casework or help families achieve reunification
- Plans are not individualized – key focus on parenting classes and psychological evaluations

Changes since Round 1

Since the last CFSR, several promising practices have been initiated that will affect case planning in a positive way.

- With the advent of the Case Practice Model, the state has begun to initiate case planning

through family team meetings. Beginning with four immersion sites in Bergen, Gloucester, Mercer and Burlington counties, workers are learning to work in partnership with families. Together they design plans that are captured on Family Agreements that are easy for parents to read and understand.

- Staged expansion of the teaming process to all local offices statewide will continue until 2010, with additional focus on sustaining and reinforcing the practice as it moves forward. A key element of this effort is the coaching of staff to become skilled at facilitating meetings where plans are made, at following up with families to be sure that these plans are working, and at tracking and adjusting to modify plans that are not.

- Written materials, including a parent handbook, field guide and FTM brochure have all been developed to support the process, and to help parents understand how it works.

- Family Court, at every hearing, considers the case plan and how appropriate it is for the family's situation, especially as it relates to the permanency needs of children in placement. The court encourages parents to participate in the plan activities, and offers a pilot mediation program in 15 of the 21 New Jersey counties to resolve differences in child welfare matters.

- Services have expanded. For example, the type and number of available substance abuse treatment slots have increased. PALS (Peace A Learned Solution) programs are developing throughout the state. In particular, the availability of flex funds to customize services and the expansion of available contracted services, with an emphasis on identifying evidence-based and outcome-oriented providers, is changing the options available to families. However, feedback of a variety of stakeholders suggests that additional resources are needed.

- Caseloads have been reduced as noted in the Introduction section core strategy, providing the opportunity to conduct better planning and assure required provisions are included.

- Changes in the way referrals are handled have also had an effect. Differential response, a mechanism for handling voluntary requests for assistance to meet family needs that pose no safety threat to children, means that plans for families in some circumstances are made outside of the protective services sphere. Calls that are taken by central screening may be referred to a community based differential response agency. The initial pilot involving Camden, Gloucester, Cumberland and Salem counties used family-centered, community-based services to help 962 families during its first year of operation. Another facet of these services is the Family Success Centers that now exist.

- Co-location of specialists in the Area and Local Offices, as noted in the Introduction, provides on site expertise for staff to use in their assessment and planning.

Data Considerations

- For each month of March through December 2008, SafeMeasures data on the timeliness of case plans for individuals *in* placement reveals a range of monthly compliance (every 6 months) between 56.4% and 64.6%

- For each month of January through December 2008, SafeMeasures data on the timeliness of initial case plans for individuals *entering* placement reveals a range of monthly compliance (within 60 days) between 36.6% and 44.0%.

- DYFS (n=442) workers responded to case planning questions in a recent survey. Responses revealed that 73% of workers agree that case planning is done with a family-centered focus. Furthermore, 65% of case workers agree that they develop a case plan with the family and approximately 50% include the resource family.

- In a survey of the Youth (n=72), Families (n=29), Service Providers (n=95), Court-related staff (n=119) and Judges (n=18), at least 50% agree that children and families provide input in developing their case plan.

  There has been an increase in including the child and family to be a part of case planning. This sentiment has been echoed by several stakeholders. Of the judges and court staff responding, over 75% of the Court staff agree that there is a focus on family centered case planning.

- During the PIP period, Mini-CFSR assessments were conducted across 13 counties, involving 120 cases. Of the 105 cases to which Item 18 applied regarding case plan development with families, the Item was rated a strength in 39, or 37% of the cases.

Strengths

- The consultation of the Child Welfare Policy and Practice Group, and a consortium of University Partners from New Jersey colleges and universities, is allowing implementation of best practice ideas and techniques in NJ's reform process.

- The enhanced quality and stability of staff through reduced turnover, lower caseloads, and additional training has created an opportunity for better planning with families and outcomes.

- Practice tools that include formats for strategic interview planning, case presentation and field observation have been instituted throughout the state as a means of encouraging the adoption of these techniques. The integration and development of skills in the area of case planning is crucial.

Opportunities for Improvement

- Activities to assess the quality and scope of planning are in their early stages and are anticipated to be rolled-out in 2009. Using a qualitative model, immersion offices are in the process of evaluating their performance on a variety of dimensions, using an instrument that builds in measurement of how effectively the worker has formed a team and engaged the family in collaborating on a plan.

- Keeping plans current, and tracking and adjusting them to adapt to changing situations remains a challenge. Supervisors have the responsibility to review and approve plans, and the

NJ SPIRIT system offers reminders of their pending status. Strengthening supervision to support individualized planning and parental engagement is being addressed through a special two-day training module (Supervising Case Practice in NJ) that will be included in upcoming training. This occurs at the end of each Immersion training process, so about every six months for four to five local offices. Ensuring that action items are completed, and that teams are recalled when plans are not working effectively or at decision points in the life of a case are areas in need of additional focus.

- While we have a process to ensure plans are developed, the data suggests there is more work to be done regarding plan timeliness. Given the points noted above, and the learning curve of documentation in NJ SPIRIT identified in this assessment, the results may underreport the occurrence of timely case plans. However, this remains an area for continued attention and improvement.

Summary Statement

New Jersey has requirements to maintain a current case plan with the appropriate elements for each child, and has been working to improve the quality of the planning experience as well as the contents of the plan to be sure it is responsive to the needs of the child/family. As we move forward, we will continue to address plan quality as well as timeliness.

State of New Jersey
DEPARTMENT OF CHILDREN AND FAMILIES
Division of Youth and Family Services

FAMILY SUMMARY/ CASE PLAN/COURT REPORT IN-HOME

Case Name:	Case ID:	Case Plan Date:	Local Office:
Primary Worker:	Supervisor:	Developed By:	Date Approved:
☐ Case Plan developed with family engagement		Case in litigation: ☐ Yes ☐ No	

HOUSEHOLD COMPOSITION						
PARTICIPANT NAME	**DOB**	**GENDER**	**TYPE OF PLACEMENT**	**PLACEMENT AUTHORITY**	**REPEAT PLACEMENT**	**LFBC**
						{Blank}

FAMILY RELATIONSHIPS				
PARTICIPANT NAME	**DOB**	**RELATIONSHIP**	**TO PARTICIPANT NAME**	**DOB**

CASE GOALS

Participant Name:				**DOB**:			
Case Goal:							
Goal Effective Date:		New Goal:		Anticipated Goal Achievement Date:		Goal Achieved Date:	
Concurrent Goal:							
Goal Effective Date:		New Goal:		Anticipated Goal Achievement Date:		Goal Achieved Date:	
Is the child at serious risk of removal from home and placement out-of-home if preventive services are not provided?							
If yes, see explanation in the first box of the Family Summary section below, under "Discuss safety and risk factors."							

FAMILY SUMMARY

Describe current DYFS involvement. *State the current reasons for DYFS involvement. Include the family's perception of current DYFS intervention and expected outcomes.* **Discuss safety and risk factors,** *as identified in the SDM tools.*

Describe DYFS history. *State reasons for prior involvement, number and findings of CPS reports, number of CWS referrals, length of involvement, dispositions, and any services provided including placements.*

Family engagement and results. *Describe steps to engage family and summarize results:*

How have the family, DYFS, and others worked toward goal achievement for the family/child? *Discuss the progress to date and identify obstacles. Describe services/activities offered, used, provided or engaged in to advance or facilitate movement toward the goal. State if any service is court ordered. Address relative and community resources available to, or needed by, family:*

Child/family characteristics and functioning. *Address education/employment/health issues/life skills and daily living issue; include how they impact on the well-being of the child. State the views of the child, parent(s) or legal guardian(s), and identify any issues pertaining to the case plan:*

Other issues *(any entry in this field will be saved on the Case Plan form template only and will not copy to future case plans)***:**

IN-PERSON VISITATION SCHEDULE
(MVR – Minimum Visitation Requirement)

Child Name:		MVR Schedule:	

Parent/Caregiver Name:		MVR Schedule:	

Collateral(s)	MVR Schedule:	

HEALTH INFORMATION

Child Name:		**Child DOB**:	
Child's Medical Profile	☐	DYFS Form 11-2, Health and Medical Examination Record (Part I) is attached (recommended for parent's copy only).	

EDUCATIONAL INFORMATION

Child Name:		**Child DOB**:	
Name of Current School:		School Type:	
Grade:			
Contact Person:		Phone Number:	
Classification:			
Date of Child Study Team Evaluation:		CST Case Manager:	
Date of Current IEP:		☐	Copy of IEP in Record
School District of Jurisdiction:			
School District Name:			
Contact Person:		Phone Number:	
School Performance:			

☐ DYFS Form 5-16, Child's Education Record is attached (recommended for parent's copy only).

INDEPENDENT LIVING INFORMATION

Child Name:		**Child DOB**:	

☐ Independent Living Skills Assessment completed Date completed:

☐ Adolescent is 14 years of age or older and is currently receiving Independent Living services/training

☐ Adolescent is 16 years of age or older and in an Independent Living placement

Independent Living service goals:	
Describe:	
Transitional services:	
Describe:	

FAMILY SUMMARY/CASE PLAN/COURT REPORT STRENGTHS AND NEEDS, DESIRED OUTCOMES AND SPECIFIC ACTIVITIES

☐ DYFS Form 26-87, Family Summary/Case Plan/Court Report Strengths and Needs, Desired Outcomes and Specific Activities is attached.

COURT REPORT SUMMARY		
Case Name:	**Case ID**:	**Date completed**:

D.A.G:	**Law Guardian**:
Attorneys for parents:	
Court Appointed Special Advocate:	
Other Legal:	

Child Name:		**DOB:**	

Compliance with court order and significant events. *Include date of most recent court order***:**
DYFS recommendations for new court order:

Additional Case Plan Comments (any entry in this field will be saved on the case plan form template only and will not copy to future case plans):

My signature indicates that I participated in the development of this plan.

Worker Name:
Worker Signature: _____ Date Signed: _____

Supervisor Name:
Supervisor Signature: _____ Date Signed: _____

Parent/Guardian Name:
Signature: _____ Date Signed: _____

Parent/Guardian Name:
Signature: _____ Date Signed: _____

Child Name:
Signature: _____ Date Signed: _____

Child Name:
Signature: _____ Date Signed: _____

Caregiver Name:
Caregiver Signature: _____ Date Signed: _____

Caregiver Name:
Caregiver Signature: _____ Date Signed: _____

Family Member Name/Relationship:
Signature: _____ Date Signed: _____

Family Member Name/Relationship:
Signature: _____ Date Signed: _____

Family Member Name/Relationship:
Signature: _____ Date Signed: _____

Family Member Name/Relationship:
Signature: _____ Date Signed: _____

Out-of-Home Placement Provider Name:
Signature: _____ Date Signed: _____

Third Party Representative Name:
Signature: _____ Date Signed: _____

Other Name/Relationship:
Signature: _____ Date Signed: _____

Other Name/Relationship:
Signature: _____ Date Signed: _____

Other Name/Relationship:
Signature: _____ Date Signed: _____

APPLICATION FOR SERVICES

I request or agree to receive Child Welfare Services from the New Jersey Department of Human Services, Division of Youth and Family Services, under Title IV - A EA, for myself, and my children, listed below, based on the completion of this permanency plan and the setting of case goals.

Child's Name

Title IV - A EA Determination

a) I am receiving TANF. ☐ yes ☐ no

b) According to the scale, below, my income this year for my family's size is less than 200% of the 1989 State Median

☐ yes ☐ no

c) At least one of my children resided with me during the last 6 months.

☐ yes ☐ no

INCOME CHART	
Family Size	Per Year Income 200% 1989 State Median
1	$ 54,078
2	79,714
3	87,354
4	103,990
5	120,630
6	137,270
7	140,386
8	143,510
Add $3,120 for each additional family member.	

Signatures:

_____ _____ _____ _____

Parent/Guardian Date Parent/Guardian Date

Report Date: Case ID #: Docket #:
Local Office Name:
Case/Family Name:

CERTIFICATION

I am the Worker assigned to this case. I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Today's Date:
Name of Worker:
Worker's Signature: _____
Worker's phone number and extension:

The above Certification serves as the DYFS Certification of Court Report as well as an indication of supervisory review of the document.

State of New Jersey
DEPARTMENT OF CHILDREN AND FAMILIES
Division of Youth and Family Services

FAMILY SUMMARY/ CASE PLAN/COURT REPORT OUT-OF-HOME

Case Name:	Case ID:	Case Plan Date:	Local Office:
Primary Worker:	Supervisor:	Developed By:	Date Approved:
☐ Case Plan developed with family engagement		Case in litigation: ☐ Yes ☐ No	

HOUSEHOLD COMPOSITION						
PARTICIPANT NAME	**DOB**	**GENDER**	**TYPE OF PLACEMENT**	**PLACEMENT AUTHORITY**	**REPEAT PLACEMENT**	**LFBC**
						{Blank}

FAMILY RELATIONSHIPS				
PARTICIPANT NAME	**DOB**	**RELATIONSHIP**	**TO PARTICIPANT NAME**	**DOB**

CASE GOALS

Participant Name:				**DOB**:			
Case Goal:							
Goal Effective Date:		New Goal:		Anticipated Goal Achievement Date:		Goal Achieved Date:	
Concurrent Goal:							
Goal Effective Date:		New Goal:		Anticipated Goal Achievement Date:		Goal Achieved Date:	

FAMILY SUMMARY

Describe current DYFS involvement. *State the current reasons for DYFS involvement. Include the family's perception of current DYFS intervention and expected outcomes*. **Discuss safety and risk factors that led to placement.** *Include efforts made to prevent placement. Describe placement circumstances.*

Describe DYFS history. *State reasons for prior involvement, number and findings of CPS reports, number of CWS referrals, length of involvement, dispositions, and any services provided including placements.*

Family engagement and results. *Describe steps to engage family and summarize results:*

How have the family, DYFS, and others worked toward goal achievement for the family/child? *Discuss the progress to date and identify obstacles. Describe services/activities offered, used, provided or engaged in to advance or facilitate movement toward the goal. State if any service is court ordered. Address relative and community resources available to, or needed by, family from whom child was removed***:**

Child/family characteristics and functioning. *Include assessment of the safety and appropriateness of current placement and the plan to assure that child receives safe and appropriate care. Discuss child's adjustment to placement and resource family's commitment. State the views of the child, parent(s), legal guardian(s) and placement provider(s), and identify any issues pertaining to the case plan. Discuss how the placement is consistent with the child's needs. If child has special needs, address how those needs are being met***:**

Describe reasonable efforts to achieve reunification or other permanency goal. *Include plan for meeting permanency goal time frame. If goal is adoption or placement in another permanent home, document steps to finalize placement including child specific recruitment efforts, if appropriate. Describe efforts made to find missing parent(s) or relative(s), including status and time frame of search efforts. Indicate how paternity is being resolved, if applicable.*

Other issues *(any entry in this field will be saved on the Case Plan form template only and will not copy to future case plans)***:**

IN-PERSON VISITATION SCHEDULE
(MVR – Minimum Visitation Requirement)

Child Name:		MVR Schedule:	

Parent/Caregiver Name:		MVR Schedule:	

Collateral(s)	MVR Schedule:	

COURT REPORT SUMMARY		
Case Name:	**Case ID**:	**Date completed**:

D.A.G:	**Law Guardian**:
Attorneys for parents:	
Court Appointed Special Advocate:	
Other Legal:	

Child Name:		**DOB:**	

Compliance with court order and significant events. *Include date of most recent court order***:**
DYFS recommendations for new court order:

CHILD PLACEMENT REVIEW INFORMATION

Child Name:		**Child DOB**:	
Date of removal:		Authority for placement:	

Child Placement Review Date:		Internal placement review date:		CPRB/Court Permanency Hearing Date:	

Docket Numbers:	

Current Legal Status:		Date order signed:	

The next CPR or Internal Placement Review will be held:	

ADOPTION AND SAFE FAMILIES ACT (ASFA)
TERMINATION OF PARENTAL RIGHTS (TPR) INFORMATION

Child Name:		**Child DOB**:	

Has the child been out of his or her home 15 of the most recent 22 months?			
Has the court made a finding that reasonable efforts to prevent removal are not required?		Date:	
Has the court made a finding that reasonable efforts to safely return child home are not required?		Date:	
Date TPR Filed:			
☐ Consultation with Adoption Specialist occurred.		Date:	

Reason why TPR is not being pursued at 15 of 22 months:

☐	Child is placed with a fit and willing relative:
☐	Compelling reason why TPR is not in the child's best interest:
☐	Reasonable efforts to safely return the child to his or her home have not been made:

Legal result/ASFA exception:		Date:	

HEALTH INFORMATION

Child Name:		**Child DOB**:	

Child's Medical Profile	☐	DYFS Form 11-2, Health and Medical Examination Record (Part I) is attached (required for parents and child specific caregivers).

EDUCATIONAL INFORMATION

Child Name:		**Child DOB**:	

Name of Current School:			
Address of Current School:		Phone Number:	
Name of last school attended prior to current placement:			
Previous School Address:		Phone Number:	
Current School Type:			
Grade:		Special Placement, if any:	
School Performance:			

School attendance problems?	☐	Yes	☐	No	If yes, please explain:
Classification:					
Date of last Child Study Team Evaluation:		Date of Current IEP:		☐	Copy of IEP in Record
Is the placement in close proximity to the previous school?	☐	Yes	☐	No	
If no, explain why a closer home was not used:					
Approximate distance:					
Will the child continue to attend previous school?	☐	Yes	☐	No	
If no, can arrangements be made to allow the child to continue to attend this school (transportation, etc.)? Explain:					

INDEPENDENT LIVING INFORMATION

Child Name:		**Child DOB**:	

☐ Independent Living Skills Assessment completed Date completed:

☐ Adolescent is 14 years of age or older and is currently receiving Independent Living services/training

☐ Adolescent is 16 years of age or older and in an Independent Living placement

Independent Living service goals:	
Describe:	
Transitional services:	
Describe:	

CURRENT PLACEMENT INFORMATION

Child Name:			**Child DOB**:				
Date of placement:		Type of placement:		☐	Licensed	☐	Pending
Name of current placement:							
Physical address of placement:							
Phone 1:		Phone 2:			Fax:		
Is the current placement safe and appropriate based on assessment tools?			☐	Yes	☐	No	Describe why?

☐ The child's placement is the least restrictive setting and is the closest placement to the parent's home, given availability and the child's needs. The current placement is in the best interest of the child and the most family-like setting available. Explain:

☐ No setting available in close proximity to the parent's home that could respond to all the issues and needs that are part of this placement. Reason:

☐ If child is placed out-of-state, attach the most recent report from the out-of-state agency. Report must address visits to the home or facility by the out-of-state agency.

Are all siblings that are in out-of-home placement together?	

If no, name the child(ren) not placed together, explain why; include attempts to place siblings together:

PREVIOUS PLACEMENT(S)

Child Name:		**Child DOB**:	
Name of placement:			
Type of placement:		Date of placement:	
Date placement ended:		Reason placement ended:	

FAMILY SUMMARY/CASE PLAN/COURT REPORT
STRENGTHS AND NEEDS, DESIRED OUTCOMES AND SPECIFIC ACTIVITIES

☐ DYFS Form 26-87, Family Summary/Case Plan/Court Report Strengths and Needs, Desired Outcomes and Specific Activities is attached.

VISITATION PLAN

☐ This is an initial visitation plan	☐ This is a revised visitation plan	Date of first visit with parents:
☐ Parent visits	☐ Sibling visits	☐ Relative/interested party visits

Visitation Details

Goal of visits:

Visitation with parents/guardians, siblings and/or family members. *List visitation participants and special role, if any. Include discussion of progress made during visits, content of visits, compliance with visitation schedule, whether successful or unsuccessful, supervised or unsupervised, sibling relationships, etc.*:

Frequency, length, location of visits (list dates, if possible):

Special instructions/restrictions. If visits are supervised, state reason and person who supervises. If visits are court-ordered, state special requirements:

Responsibility for transportation:

For child:	For parents:
For siblings:	For relatives/interested parties:

Visitation cancellation or change procedure:

If additional visits are for overnight/weekends/holidays, state specific arrangements per visitation details above:

This plan will be renegotiated on or before or at the request of any party.

Additional Case Plan Comments (any entry in this field will be saved on the case plan form template only and will not copy to future case plans):

My signature indicates that I participated in the development of this plan.

Worker Name:
Worker Signature: _____ Date Signed: _____

Supervisor Name:
Supervisor Signature: _____ Date Signed: _____

Parent/Guardian Name:
Signature: _____ Date Signed: _____

Parent/Guardian Name:
Signature: _____ Date Signed: _____

Child Name:
Signature: _____ Date Signed: _____

Child Name:
Signature: _____ Date Signed: _____

Caregiver Name:
Caregiver Signature: _____ Date Signed: _____

Caregiver Name:
Caregiver Signature: _____ Date Signed: _____

Family Member Name/Relationship:
Signature: _____ Date Signed: _____

Family Member Name/Relationship:
Signature: _____ Date Signed: _____

Family Member Name/Relationship:
Signature: _____ Date Signed: _____

Family Member Name/Relationship:
Signature: _____ Date Signed: _____

Out-of-Home Placement Provider Name:
Signature: _____ Date Signed: _____

Third Party Representative Name:
Signature: _____ Date Signed: _____

Other Name/Relationship:
Signature: _____ Date Signed: _____

Other Name/Relationship:
Signature: _____ Date Signed: _____

Other Name/Relationship:
Signature: _____ Date Signed: _____

APPLICATION FOR SERVICES

I request or agree to receive Child Welfare Services from the New Jersey Department of Human Services, Division of Youth and Family Services, under Title IV - A EA, for myself, and my children, listed below, based on the completion of this permanency plan and the setting of case goals.

Child's Name

Title IV - A EA Determination

a) I am receiving TANF. ☐ yes ☐ no

b) According to the scale, below, my income this year for my family's size is less than 200% of the 1989 State Median

☐ yes ☐ no

c) At least one of my children resided with me during the last 6 months.

☐ yes ☐ no

INCOME CHART	
Family Size	Per Year Income 200% 1989 State Median
1	$ 54,078
2	79,714
3	87,354
4	103,990
5	120,630
6	137,270
7	140,386
8	143,510
Add $3,120 for each additional family member.	

Signatures:

_____ _____ _____ _____

Parent/Guardian Date Parent/Guardian Date

Report Date: Case ID #: Docket #:
Local Office Name:
Case/Family Name:

CERTIFICATION

I am the Worker assigned to this case. I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Today's Date:
Name of Worker:
Worker's Signature: _____
Worker's phone number and extension:

The above Certification serves as the DYFS Certification of Court Report as well as an indication of supervisory review of the document.

B. Case Review System

Item 26: Periodic Reviews. Does the State provide a process for the periodic review of the status of each child, no less frequently than once every 6 months, either by a court or by administrative review?

New Jersey has taken many steps to improve the timeliness and completeness of its review process, which does provide for periodic reviews by a court or administrative process at least every six months. New Jersey meets the requirement to review a child every six months through alternating Child Placement Review Board (CPRB) reviews and Division of Youth and Family Services (DYFS) Regional Reviews. The regional reviews are our 5th month review, which is a part of our Concurrent Planning process, and biological parents and caregivers are invited to participate.

Policy Considerations
CPR Boards review voluntary placements and court ordered out-of-home placements on behalf of the Family Part of the Chancery Division of the Superior Court. N.J.S.A. 30:4C-58. Parents and resource families (caregivers) are invited to attend CPR Board reviews. The CPR Boards conduct the following reviews on behalf of the court:

- 45 Day Review -- Forty five days after placement, the CPR Board reviews the circumstances surrounding the placement, determines the appropriateness of the case goals and plans and identifies needed services.

- Regional Review -- In voluntary cases, the CPR 6 month Regional Review monitors the first mid-year DYFS Regional Review. The DYFS review is mandated by federal law. The CPR 6 month Regional Review is not mandated by federal law. The CPR 6 month Review is an internal review that parents, guardians and DYFS do not attend. The CPR 6 month Regional Review occurs in litigated cases in some counties.

- Interim Reviews -- Status Reviews and Special Reviews -- At any time, the Board may hold a Status Review or a Special Review or may request that the court hold a Summary Hearing to continue monitoring specific questions or concerns.
  a. The Status Review is an internal CPR review that parents, guardians and DYFS do not attend. The purpose of a Status Review is to closely monitor one or more aspects of a case. The Board will not generate a report to the court as to the results of this review.

  b. The Special Review is a regular Board review, and notices are sent to all parties. The purpose of the Special Review is to address one or more concerns that are delaying the case's progress. As a result of a Special Review, the Board will make specific recommendations to the court.

- Permanency Review -- In litigated cases, the Board holds the annual permanency review at the 11th month of placement and annually thereafter, just prior to the court's permanency hearing.

- Permanency Hearing -- In voluntary (non-litigated) cases, the Board conducts the annual permanency hearing at the 12th month of placement and annually thereafter. This review serves as the 'annual review' required by the CPR Act and also as the permanency hearing required by ASFA. The court does not conduct this hearing, but signs the permanency order generated from this permanency hearing.

The stakeholders are:

- Child (when appropriate)
- DYFS caseworker -- child welfare agency representative who is assigned to the family
- Deputy Attorney General -- attorney who represents DYFS
- Law Guardian -- attorney who represents the child
- Parent's attorney –
    - public defender or private attorney hired by the public defender's office (pool attorney) if the parent is indigent, or
    - private attorney or
    - pro se if the parent is not indigent
- Court Appointed Special Advocate -- Person who acts on the court's behalf to undertake certain activities in furtherance of the child's interests but who shall not supplant or interfere with the role of either counsel for child or guardian ad litem.
- (Only required if ordered by the court) Resource family (foster parent) -- caregiver who is noticed that a court event will take place concerning the child who is in his/her care. Pursuant to federal and state law, resource families have the right to be heard at all court hearings involving the child's status.

The stakeholders listed above are not required to appear at CPR reviews. The DYFS caseworker does not always attend the CPR review. In each county, however, DYFS assigns a liaison to attend these reviews.

DYFS is required to deliver a Notice of Placement (NOP) to the CPR office within 5 days of placement. Each local office has a CPRB Coordinator who would manage this process. In adopting this standard, the courts and the Division recognize the importance of documenting the child's placement and the need to review that child when in placement.

DYFS has adopted a case practice model that includes concurrent planning as a key component. In addition to a family meeting within the first month of placement, concurrent planning includes internal reviews held at 30 and 90 days from the time of placement, along with the 5th month and again at 10th month reviews. The 5th month Administrative Case Practice review, wrapped into this model, require inclusion of family members, caretakers, and other involved parties. Emphasis is on finding solutions to the barriers that prevent reunification, and on alternative permanency arrangements if reunification cannot occur. As stated above, the 5th month Regional/Administrative Review does include an invitation to parents/caregivers to attend.

At the 10th month, in preparation for the 12th month Permanency Hearing, two reviews are held: one is a formal family engagement session and the other is an internal agency review with the Deputy Attorney General for the Child Welfare Agency. This internal review process complements the reviews conducted by the Family Court.

In each county, the Family Division assigns at least one court staff person to be the CPR Coordinator. This person ensures that there is an open line of communication between the CPRBs and the judges that they assist. This person further ensures that there is coordination between the court process and the CPRB process. CPRB recommendations are provided to the judge.

CFSR Round 1 Findings

This Item was determined to be not in substantial conformity. Cited concerns included:

- Reviews do not occur consistently and timely
- Gaps in review exist after Termination of Parental Rights has been obtained
- Insufficient CPRBs to review as well as support for CPRBs
- Lack of timely notice to CPRB of Foster Care placement
- CPRB members are not reflective of ethnic/racial backgrounds of families served
- CPRB as rubber stamp vs. thorough examination
- Parents do not understand process or what is expected of them
- DYFS worker not required to be part of CPRB review; absence is limiting

Changes since Round 1

Child Placement Review Board focus

- In April 2004, the Judicial Council of the Administrative Office of the Courts (AOC) approved and released "Child Placement Review Standards and Best Practices" to help achieve statewide uniformity in CPR practice and address issues related to the Adoption and Safe Families Act (AFSA).

- CPR standard VII states “Each county shall have at least one board, and shall have at least one board for every 200 reviews held in the prior calendar year.” Each county Family Division strives to maintain this ratio each year.

- In 2004, Lorraine R. Sikora of Sikora Consulting was hired to design a comprehensive training orientation program for new CPRB volunteers. She designed a standardized training curriculum including a training program facilitator's guide and a CPRB volunteer guidebook. The materials for the train-the-trainer program were completed in June 2005. That was the first time the state developed a uniform training program for CPR volunteers. The training was rolled out to all New Jersey vicinages in 2006.

  Train-the-trainer sessions were offered to CPRB coordinators and CIC team leaders so they could learn how to provide the training. Once the trainers completed the train the trainer course, they were able to train all new CPR volunteers as well as any current volunteers. The training is on-going for all new volunteers. In addition, the CICIC provided current CPR volunteers with the same binders and training materials (the Participant Guide) that were provided to the new CPR volunteers. As such, although the initial focus of this training

program was on new volunteers, counties are encouraged also to maintain refresher training for seasoned CPR volunteers. Therefore, the seasoned volunteers had been invited to the trainings offered to new volunteers.

Orienting and Supporting Parents

Both DYFS and the courts have developed brochures and guides to help parents understand the processes that occur during their involvement with the child welfare system.

- To help parents and caregivers understand the review process and what is expected of them, the CICIC funded the New Jersey Child Placement Advisory Council (NJCPAC) to develop a brochure designed for interested parties, including parents, who will be involved with the family court and the CPRBs. This "Guide to New Jersey Child Placement Review" explains, among other things, the role of the review board members, what the board may consider with regard to the best interest for the child, and the options for interested parties. The guide, also available in Spanish, is distributed by court staff.

  This guide is also used as a tool to recruit new Child Placement Review volunteers, and provides a contact list of court CPR offices throughout the state.

- Legal Services of New Jersey authored a handbook to guide parents in court proceedings, titled "Child Abuse and Neglect: A Guide for Parents Involved in DYFS Child Abuse or Neglect Cases." This handbook, available in English and Spanish, provides important information to parents involved in the child welfare system. Topics covered in the book include: Basic Information about Abuse and Neglect Cases; Working with DYFS to Get Your Child Back; The Court Process; Related Legal Matters; and Suggestions to Help You Get Your Child Back.

- During 2006-2008, the Rutgers Special Education Clinic created and printed a document titled the "New Jersey Resource Guide for Families and Children." The Guide details a host of services and benefits available to families, resource families and children. The Guide provides a description of all state and federal programs (such as the Division of Developmental Disabilities, Early Intervention, Division of Vocational Rehabilitation, Value Options, Medicare, Supplemental Security Income, etc) and specifies what services each provides. It can be used as a resource by court, court staff, law guardians, DYFS, parents and foster parents. Rutgers intends to post this guide on their Internet site.

- In 19 of 21 counties (except Camden and Hudson), Family Division teams provide a parent calendar to each parent, which contains contact information of the DYFS caseworker, the parent's attorney, the judge and docket number. Among other things, the calendars also contain a glossary of terms, a description of a child welfare action, a flow chart of an abuse/neglect case, excerpts from relevant state statutes, a description of a termination of parental rights action, CASA information, a description of ASFA, a description of the CPRB process, New Jersey's Child Placement Bill of Rights, a description of DYFS, housing resource information, health care services, addiction services, a description of "reasonable

efforts" to prevent placement or reunify, and courtroom basics. The calendars also provide space for the parent to record hearing dates or any other important dates.

- DYFS has "A Guide for parents when your child is in Foster Care" as well as a parent handbook that have been updated to be consistent with current initiatives. These provide information about the placement process and working with the Division, as well as information on placement, visitation, termination of parental rights and reunification.

Notice

- The courts and stakeholders have adopted procedures to ensure that parents receive adequate notice of initial removal hearings. In January 2005, the AOC confirmed with the vicinages that each county had established specific times for hearing emergency applications when children are removed from their homes. These fixed times enable DYFS to provide notice to the parents of the emergent hearing. These times were provided to all stakeholders including DYFS, DAGs, Office of Parental Representation (OPR) representatives, and Law Guardians.

- In addition to the fixed time frames for hearing emergent removal cases, the Judiciary collaborated with other stakeholders, including the Public Defender's Office, to ensure that parents received conditional representation at the earliest opportunity. This Order to Show Cause Attorney Representation (OSCAR) program sets forth a protocol to inform OPR of an emergent removal action. The recommended policy is to send out the OSCAR notice at least 24 hours in advance and to provide the Public Defender's office with the names and contact information for the defendant parents, if available to the Division. When DYFS files its emergency application, it simultaneously provides a copy of the pleadings and notice of the hearing to the OPR at a designated location in the courthouse.

- Additionally, the Judiciary's CIC Case Processing Manual sets forth procedures to require that parties are served with notice of hearings. The manual includes standard forms of order that contain a section for the subsequent hearing. FACTS (the judiciary's database) is programmed to generate notices and these notices are sent to all parties. As such, when the court enters an order and a subsequent hearing must be scheduled, the court's order will contain the date, time and type of hearing to follow the current hearing, and this order is provided to all parties, attorneys and resource families before they leave courthouse that day.

Case Practice

- DYFS has adopted a case practice model that includes concurrent planning as a key component. As part of DYFS' concurrent planning initiative, internal reviews,with parents/caregivers are invited to attend, at the fifth and tenth month of placement are carefully tracked, with a focus on engaging parents and caregivers concerning concurrent permanency planning. Greater participation is being encouraged through assistance with transportation and adjustments in scheduling.

Data Considerations

- The AOC data warehouse can track a child's placement date and the filing date of the Notice of Placement (NOP). In the "DYFS Timeliness of Filings" Report for CY2008, 58% of the NOPs were filed on time, i.e. within 5 days. By, the 15th day, 85% of NOPs were filed. The Judiciary visitation team and representatives from every vicinage have discussed this issue to develop solutions for timely filing of NOPs, as have local CIC Advisory Committees in each county.

- The Judiciary established a team to visit each vicinage and review the vicinage's processes. Visitation team members, all experienced in CIC cases, included: a Family Presiding Judge who chairs the CIC Committee to the Conference of Family Presiding Judges, a lead CIC judge, a Family Division Manager, an Assistant Family Division Manager, and the AOC Family Practice Division Chief of Children in Court and Juvenile. Among other things, the visitation team reviewed whether the counties implemented practices consistent with the CPR Standards and made recommendations when necessary. After completing the visitations of all vicinages in 2008, the team found that a vast majority of the vicinages were in compliance with the CPR Standards.

- As noted in the period four report from the Federal monitor, covering January through June 2008, of the sixteen (16) Local Offices that had recently begun implementing concurrent planning, approximately 80% of the 5th and 10th month reviews were being held on time.

- Statewide, SafeMeasures data on reviews for children who had been in placement reveal rates of compliance with review timeframes in non-concurrent planning sites are lower than the rates reported in offices in which concurrent planning practice has been adopted. For example, 5th month reviews were held for 38.6% of children who were placed in July 2008 and remained in placement at least 5 months. Similarly, 10th month reviews were held for 45% of children placed in January 2008 who remained in placement at least 10 months.

- According to the 2-6-09 Data Profile, the point-in-time number of children in care 17 of last 22 months varied each of the data periods, from 1,951 in FFY05B06A to 1,307 in FFY06B07A, to 2,125 in FFY07B08A. Over the same period, the median length of stay decreased from 18.6 months, to 16.9 months, to 16.0 months, respectively.

Strengths

- Adherence to the standards and best practices has improved the consistency of the CPRB's review process across the state. The training programs offered by the CICIC provide education and support to the judiciary and other stakeholders in the child welfare system including the CPR volunteers. In doing so, the training improves participant's knowledge and strengthens their skills when serving children and families in New Jersey. Cross-system training also provides interface between the Court and all stakeholders. The CPRB curriculum and training has addressed the issues relating to a statewide uniform system and allows CPRB to conduct thorough examinations.

- The initiation of the concurrent planning enhanced review process by DYFS is improving the focus on children entering placement so that they are reviewed at the 5th month and at the 10th month. The refinement of SafeMeasures to capture these reviews will help in the ongoing management and timeliness of actions.

Opportunities for improvement (OFIs)

- Timeliness of the Notice of Placement filings, which prompts the time clock of judicial review, is improved since CFSR Round 1, yet remains an area for further evaluation and improvement. Currently, the courts and DYFS trade data through a manual electronic file exchange. The AOC and DYFS continue to communicate with each other to improve data exchange to improve timeliness of filings.

Summary statement

Both DYFS and the courts provide reviews more frequently than once every six months. Notification, participation, and clarification of the court and review process have been provided to parents and adolescents through handbooks and other materials. Data system information exchange and timely filing of Notices of Placement are areas where improvement efforts will continue.

B. Case Review System

Item 27: Permanency Hearings. Does the State provide a process that ensures that each child in foster care under the supervision of the State has a permanency hearing in a qualified court or administrative body no later than 12 months from the date that the child entered foster care and no less frequently than every 12 months thereafter?

New Jersey does provide a process for a permanency hearing no later than 12 months from the date a child enters care, as evidenced by Court data which shows that nearly 100% of cases have timely permanency hearings. The report that indicates the court's compliance with timely permanency hearings is called "Pending FC Cases in FACTS (LOG663 - PART 9)." Of the total number of pending cases on December 31, 2008 (n=9359), 99.1% (n=9283) of the cases were in compliance for permanency hearings.

Policy Considerations

The need for review of children in placement is a shared priority for the DYFS and the Family Court. Through the adoption of concurrent planning as part of the DYFS case practice improvement efforts, parents are informed of the requirements of the Adoption and Safe Families Act, and full disclosure concerning reunification and court process is made.

The courts conduct the required reviews within the 12 month timeframe.

- Pursuant to R. 5:12-4(h), permanency hearings are conducted at least annually for all children who have been removed from their homes by DYFS. The CPRBs conduct these hearings for non-litigated cases - residential treatment or independent living agreements. The court conducts these hearings when protective services or termination of parental rights cases have been filed.

- Pursuant to R. 5:12-4(i), the courts provide notice of permanency hearings to resource families. The resource families are advised that they have a right to be heard at this proceeding. The Judiciary visitation team and child welfare stakeholders from every vicinage have discussed this issue to ensure that the counties are complying with this rule.

- The CIC Case Processing Manual sets forth the requirement to conduct a permanency hearing annually. The court uses a standard form Permanency Order that contains space for the court to:
  - Set forth the plan in detail, and whether the court accepted or rejected the plan,
  - Note the time frame for completing the plan, and determine whether the timeframe is appropriate,
  - Determine whether the situation giving rise to the placement has been corrected, and if not, stating case specific reasons why it is not safe for the child to return home,
  - Determine whether DYFS made reasonable efforts to finalize the permanency plan,
  - Determine whether a termination of parental rights plan is appropriate, and if not, then to document an alternate plan, and
  - Order DYFS to file a termination of parental rights complaint within 60 days of the Permanency Hearing if the court has determined that TPR is the appropriate plan.

CFSR Round 1 Findings

This item was found to be not in substantial conformity. Cited concerns included:

- Hearings not held every 12 months consistently
- Parents did not have meaningful opportunity for input
- No consistent practice to assure parents understand outcomes and consequences
- Continuances were granted due to lack of plan for child

Changes since Round 1

Cross Training

- After the first CFSR process was completed, the CICIC made a commitment to fund an annual cross-system training conference pursuant to the CFSR PIP.

  At the time of the first CFSR in 2005, the CICIC had just sponsored a statewide, multi-disciplinary training conference for CIC judges and staff, Juvenile judges and staff, child welfare attorneys, and DYFS staff. Training topics included review of Title IV-E and ASFA related CIC and juvenile orders; an update of the CIC Case Processing Manual (revised procedures); and the presentation of a mock permanency hearing. The focus of the mock hearing was on the importance of, and sensitivity to, the need for parental participation and input into permanency hearings. Participants played the role of judge, parents, resource family, parent attorney, Deputy Attorney General, and Law Guardian.

  In September 2007, the Judiciary conducted four regional training sessions to reinforce the federal requirements that the court must make certain Title IV-E findings, including those to finalize the permanency plan for each child in placement. Participants were reminded that, if the court did not approve the permanency plan, or if there was a barrier to approving the permanency plan, then another permanency hearing was to be held within 30 days, and every 30 days thereafter until the court approves a plan.

Mediation

- The Judiciary established a child welfare mediation pilot program in 15 of the state's 21 counties. This pilot provides a forum for court-ordered participants to discuss issues in greater detail. The mediations are particularly helpful to parents because they provide time for the parents to learn about the child welfare system and court process. The parents meet and discuss issues with other stakeholders face-to-face, rather than through counsel. Mediations also permit participants to explore issues and solutions in greater detail than in the adversarial, faster-paced setting of a courtroom.

  Training for child welfare mediators was provided in June 2006, funded under the 2005-07 Court Improvement Basic Grant. Advanced training for child welfare mediators and stakeholders took place in October 2007. The three day training included two components – one-half day session for child welfare mediators and stakeholders and a two and one-half day

training program for the mediators only. The half day program addressed the benefits and challenges of child welfare mediation, including the critical roles played by judges, parents' attorneys, Law Guardians, Deputy Attorneys General, DYFS and child welfare mediators.

Orienting Parents/Caregivers/Youth
Several publications were developed to support participant understanding of the process and permanency hearing outcome.

- The Association of Children for New Jersey (ACNJ) created a guide that provides information to relative caregivers and resource parents regarding a fairly new permanency option in New Jersey: kinship legal guardianship. This guide provides a brief explanation of all permanency options. It offers more detailed information regarding the basics of kinship legal guardianship, how it varies from adoption and the process by which a caregiver involved in a DYFS case can gain legal guardianship of a child. The guide also provides an overview of the supports available to the guardian. This guide is given to DYFS staff and other child advocates such as Law Guardians and attorneys for parents to be distributed to their clients.

- As noted in Item 26, Legal Services of New Jersey authored handbook to guide parents in court proceedings titled "Child Abuse and Neglect: A Guide for Parents Involved in DYFS Child Abuse or Neglect cases." This handbook provides important information to parents involved in the child welfare system.

- Children may often be uninformed and intimidated by the court process. A brochure titled "I Can Make It!" was produced by ACNJ through a federal Court Improvement Grant. The booklet was designed in a graphic novel or "comic book" format to engage the teen reader. It explains the court process and terminology used in DYFS litigation cases and informs the youth entering foster care of their rights. The Office of the Law Guardian has assumed responsibility for distributing books to minors, ages 11-14 entering foster care, with the understanding that a child outside this age group who might benefit from the booklet also should receive one.

  The booklet also assists DYFS caseworkers to help children understand their experiences and rights in foster care. Thus, beyond the verbal explanation by the caseworker, this booklet is a guide to which a child may often refer in order to understand the process. Further, the booklet is also provided to foster parents so that they can be informed about the process. They may share the book with the children who are placed in their homes.

- DYFS has a “Guide for Parents When Your Child is in Foster Care” as well as a parent handbook that have been revised to reflect current practice. These provide information about the process and working with the DYFS, as well as information on placement, visitation, termination of parental rights and reunification.

Case Practice

- Case practice improvement efforts since the first CFSR have focused on engaging families more fully in crafting individualized plans and in helping them to understand the court process while collaboratively working towards reunification or another permanent plan.

- As part of New Jersey's concurrent planning efforts, there is an emphasis on full disclosure, enhanced reviews, and clarity for the family from the beginning of the placement experience about the need for permanency. This effective management of the placement process from day one helps get to timely permanency hearings, the content of which is better understood by the key participants.

- DYFS has adopted a case practice model that includes concurrent planning as a key component. In addition to a family meeting within the first month of placement, Concurrent planning includes internal reviews held at 30 and 90 days from the time of placement, along with the 5th month and again at 10th month reviews. The 5th month Administrative Case Practice review, wrapped into this model, require inclusion of family members, caretakers, and other involved parties. Emphasis is on finding solutions to the barriers that prevent reunification, and on alternative permanency arrangements if reunification cannot occur.

Post Termination Project

In certain locations, courts have initiated the practice of conducting post-termination hearings for legally freed children on a regular basis. These hearings maintain a focus on activities that must be completed to achieve final permanency, as a prompt to ensure positive progress. Essex, Gloucester and Somerset counties, which are the selected counties of the upcomingCFSR, have implemented post-term projects. The Judiciary visitation team, as part of its standard statewide review process, inquired as to each county's use of a post-term project, If the county did not implement a post-term project, then the visitation team recommended that the county should implement one.

Data Consideration

- The Judiciary's Family Automated Case Tracking System (FACTS) captures data that can be stored in a data warehouse for generating on-demand reports on the Judiciary Infonet. One of the on-demand reports can determine whether permanency hearings are held on an annual basis and alert court staff that a case may be due for a hearing or that a hearing has not been held on time. In court year 2008, 5,208 new child placement cases were filed with the courts and 9,774 children were in placement as of June 30, 2008. Of these cases, there were a total of only 28 cases statewide where a permanency hearing was not held within the required time frame. The statistics show that almost 100% of the cases were reviewed in a timely manner, and less than 1% was not.

Strengths

- The data demonstrate that New Jersey does well in conducting timely permanency hearings.

- The courts have completed several improvement actions, including developing products to orient parents and youth, cross-training child welfare system partners, and mediation, all of which that support improved permanency hearings within the required timeframes**.**

- DYFS commitment to strengthening case practice and concurrent planning has fostered a collaborative model of planning that focuses on engagement, clarity, teaming, and individualized family agreements to determine goals and achieve them, hopefully averting the need for a permanency hearing.

Opportunities for improvement (OFIs)

- DCF intends to continue integrating concurrent planning within the larger case practice, and expanding that model to all local offices. With its focus on engagement, teaming and individualized planning, the case practice will continue to support all phases of the permanency process, from placement through alternative permanency.

Summary Statement

Both the Family Court and the DCF are working to ensure that parents understand the court and placement process, and to retain the strength finding that permanency hearings are conducted in a timely manner. Written materials, collaborative interactions through mediation and teaming, and an emphasis on concurrent planning and full disclosure are creating conditions that will allow parents to fully participate in the decision making for their families.

Systemic Factor B: Case Review

Item 28: Termination of Parental Rights. Does the State provide a process for Termination of Parental Rights (TPR) proceedings in accordance with the provisions of the Adoption and Safe Families Act (ASFA)?

New Jersey implements a process to address the Termination of Parental Rights that abides by the provisions of ASFA. Progress has been noted in achieving TPR timely, although there is continued work to be done to improve timeliness in this area.

Policy considerations

If the child cannot return home safely, DCF must find an appropriate placement for the child. ASFA requires that the termination of parental rights is addressed for any child who has been in placement for 15 of the most recent 22 months. Child placements that are nearing the ASFA deadline are developed in SafeMeasures although data needs to be refined to accurately communicate timeliness, and are tracked by the Concurrent Planning Specialist in the Area Office and the Child Placement Review Board (CPRB) attached to the county court.

In those cases, DYFS is required to file a petition to terminate parental rights for the child. DYFS also retains the option of filing a termination petition with the court for children who have been in care less than 15 of the last 22 months if an adoption goal is in the best interest of the particular child. This decision to 'fast track' is based on either the family circumstances or the aggregate time that a child has been in Foster Care due to repeated placement episodes. The worker will prepare the case for TPR litigation as soon as legal grounds for TPR exist but no later than when the child has been in placement for 15 of the most recent 22 months. If there is an 'exception', the worker will document that prior to 15 months.

When working with the family, the permanency worker documents the services arranged and offered to address the strengths and needs of the child and family. Documentation must expound on how those services impacted the identified problems, as well as on the family's level of participation in those services. In addition, the worker needs to state how permanency can best be achieved for the child, and a case plan is written based on the permanency goal for the child. The plan will also address an alternate permanency plan for the child in the event he/she is unable to return home,

If DCF does not pursue TPR, then the worker must provide a compelling reason not to file the TPR complaint. DCF must determine, demonstrate to the court, and document in the case record that TPR followed by adoption is not in the best interest of the child. As established under ASFA guidelines, for example, the permanency plan for the child might be Kinship Legal Guardianship (KLG). In New Jersey, KLG does not require the termination of parental rights. However, as required by law, reasonable efforts must have been made to consider adoption as a permanency option.

The Judiciary CIC Standards and Best Practices were adopted in March 2000, and provide guiding principles in handling these cases. Of the 17 Standards and Best Practices, the following address timeliness:

- CIC cases are given priority status,
- Local CIC Advisory Committees discuss issues relating to the timely filing of TPR complaints,
- Same Day Orders: Orders must be completed, signed and distributed to parties on the same day of the hearing and before they leave court,
- TPR complaint must be filed within 60 days of the permanency hearing

The CIC Case Processing Manual sets forth the requirements for filing the TPR complaint including the requirement to file within 60 days of the permanency hearing, and other factors provided for in N.J.S.A. 30:4C-15. The manual also includes the Abuse/Neglect Order to Show Cause, which contains the following advisory notice:
'The failure of the defendant(s) to comply with any provision of this order or their continuing failure to appear may result in a default being entered by the court and may result in the commencement of a termination of parental rights proceeding. A termination of parental rights would free the child(ren) for adoption.'

CFSR Round 1 Findings

This item was determined to be not in substantial conformity. Concerns cited included:

- TPR petitions not filed timely; difficulty obtaining timely evaluations
- Failure of parents to appear at evaluations or court; lengthy appeals process
- Reluctance to grant TPR without having identified adoptive resources
- Lack of reasonable efforts with substance abuse parents; limited access to treatment services

Changes since Round 1

Since the last CFSR, several promising practices have been implemented in the local offices to positively impact this Item, although we continue to be challenged with timeliness in regard to TPR finalization:

- The structural change of Adoption Workers from Adoption Resource Centers to Local Offices, as noted in the Introduction core strategies, has enabled the local offices to concentrate more effectively from day one on achieving permanency by promoting earlier attention to child permanency. Once the investigative worker and supervisor determine that the case will be opened for services, the case is assigned to a permanency worker. Given the reduced caseload size, this permanency worker has more opportunity to address the ongoing needs of the children and family and, if needed, shepherd the child through to the adoption worker. Because the model facilitates engagement between the worker and family and enhances continuity of planning and service delivery, results and supporting information will be more readily evident for use in determinations regarding TPR. By the 10th month review, we should know whether we are going to pursue TPR, at which time a conference should be

held with Adoption Unit to identify a worker to which the case would be assigned within five days from the Permanency Hearing.

- The transition of paralegals, who assist in preparing TPR petitions, from contracted staff positions to permanent Local Office staff to facilitate the legal process. In addition, Court liaison staff are available to facilitate a better working relationship with the courts and assist with timely processing.

- The implementation of the Case Practice Model as well as concurrent planning practice positions the case team to meet the ASFA timeframes. Anytime a child is placed outside of the home with a goal of reunification, an alternative or back up plan is implemented in the event that reunification is not possible within the prescribed timeframes. Hence, while DCF works with the child's family on preservation and reunification, they will also make concurrent reasonable efforts to place the child for adoption, with a legal guardian, or in an alternative permanent placement. This practice will continue to strengthen as concurrent planning is integrated and expanded with the new Case Practice Model implementation.

- An increase of staffing in system partner positions that affect permanency has helped to facilitate processing of permanency work. As noted in the Introduction, the Offices of the Attorney General, Parental Representation, Law Guardian, and Administrative Office of the Courts established a working group to meet on an ad hoc basis to share information regarding judicial and attorney staffing throughout the state to determine whether there is a sufficient number of Deputy Attorneys General, parents' attorneys and law guardians for each judge hearing Children-In-Court cases.

- Steps were taken to increase the availability of experts for Family Court proceedings. An Expert witness/evaluator training was developed through a contract with Rutgers, and provided in several sessions to prospective experts. Its purpose is to prepare the experts for the rigors of a courtroom. Once successfully trained, the expert is listed on the web and hardcopy database list, which are shared with Local Offices, Attorneys General, Parental Representation Units, Law Guardians, and Resource Development Specialists for use in developing contracts to expand evaluator availability. However, more evaluators are needed, including those with bilingual capability.

- On June 14, 2005, the Judiciary adopted policies to assist in expediting of TPR cases. The policies provide that:
  - The trial court should render a decision no later than 14 days after the trial concludes
  - A note to the parent's attorney is to be added to the "Advisory Notice for Parents and Counsel When Parental Rights are Terminated" that the attorney must provide the client with a copy of the judgment no later than five business days after the judgment date
  - The judge must sign the order on the same day that the decision is rendered
  - The judgment must include all tape and counter information for all trial days to expedite transcript requests
  - The Public Defender's Office must track all of its TPR cases

  - The AOC must email a weekly report of all CIC appeals to enumerated stakeholders (Family Division Managers, Office of Parental Representation, Office of the Law Guardian, and the Attorney General's Office)
  - Office of Parental Representation has committed to reduce delayed filings

- The Judiciary established a team to visit each vicinage and review the vicinage's processes. Visitation team members, all experienced in CIC cases, included: a Family Presiding Judge who chairs the CIC Committee to the Conference of Family Presiding Judges, a lead CIC judge, a Family Division Manager, an Assistant Family Division Manager, and the AOC Family Practice Division Chief of Children in Court and Juvenile. Among other things, the visitation team reviewed issues relating to the review of children who are legally free to be adopted after TPR has been entered. A number of counties has established these Post-Term projects to ensure that these children receive judicial oversight so that they may achieve permanency as quickly as possible. The Post-Term projects require the judge to review the children frequently to monitor progress until permanency is achieved.

- Prior to the first CFSR, Legal Services of New Jersey had created the handbook titled, "Termination of Parental Rights: A Handbook for Parents," which is distributed to parents to aid them when DYFS takes legal action to terminate their parental rights. This handbook provides important information to parents involved in the child welfare system including: basic information about abuse and neglect cases; information regarding working with DYFS to regain custody of a child; as well as information regarding the court process and related legal matters. One of the related legal matters it covers is what happens as the case moves forward including the role of CPRB hearings and the parents' right to notification of the hearings and right to participate in the hearings. The CICIC allocated funds to update the handbook in response to legal changes and to print it in English and Spanish as needed. Court staff distributes the handbook.

Data Considerations

- We continue to work with staff to develop complete reporting through proper data entry that can be captured in SafeMeasures. We will update the status of this screen during the CFSR onsite review.

- For two periods of the Data Profile, New Jersey exceeded the 75th Percentile of measure C2-4, Children in care 17+ months achieving legal freedom within 6 months, with 13.1% in FFY05B06A and 19.0% in FFY06B07A. In 07B08A, although performance dipped to 9.9%, New Jersey exceeded the national median of 8.8%.

- As noted in the period four report from the Federal monitor, covering January through June 2008, of the sixteen (16) Local Offices that had recently begun implementing concurrent planning, approximately 80% of the 5th and 10th month reviews were being held on time and on average 50% of the cases were transferred to an adoption worker timely.

- A Judiciary on-demand report that provides for "Termination of Parental Rights (FG) Cases Entered as Disposed in the Prior Week" assists the courts and attorneys in monitoring cases that are eligible for appeal. The report is emailed weekly to OPR.

Strengths

- All of the actions currently taken to improve and track timely permanency practice provide a strong infrastructure from which child welfare agency staff can pursue timely termination of parental rights. Chief among these - concurrent planning practice, adoption worker designation, and tracking capacity - also speak to the ability of the worker to avoid TPR for a child by successfully working with the family on a primary goal such as reunification.

Opportunities for improvement (OFIs)

- One area of need, as we continue to refine the NJ SPIRIT and related reporting systems, is to improve the permanency tracking capacity reported through SafeMeasures. We have examined our AFCARS TPR data, and continue to do so, as the Data Profile results indicate issues with the TPR fields, which it should be noted are being used for the first time to calculate federal data measures. We are working to assure proper understanding and entry of information accurately at the local level.

  Several SafeMeasures screens that can report on various permanency milestones have been developed, and consequently our current ability to accurately track several milestones is limited, including TPR petition filing timeliness. We will need to work to ensure tahta staff are using these tools effectively.

  - There exists a tension regarding the preferred alternative among Kinship Legal Guardianship (KLG) or adoption in certain cases. KLG may actually decrease the rate at which termination of parental rights petitions are filed, as representatives for case participants may, for example, favor KLG over a relative adoption because KLG does not require the termination of parental rights. DYFS' position is to advocate for adoption as a more permanent alternative for the child, acknowledging that the legislative intent of KLG was to be an option for children for whom adoption had been ruled out. There is a concern that the KLG, with fewer legal safeguards for the child, ultimately renders his/her status less permanent than would be the case with a relative adoption. The complete impact of this KLG option has not been fully studied, yet it remains an important topic for ongoing cross-system dialogue.

Summary statement

DCF does have a process through which to comply with the ASFA requirements. Compliance is affected by several factors, some of which are beyond the control of the Lead Child Welfare Agency. However, our continued collaboration with system partners on technical information systems, as well as continued mutual efforts in cross-training and problem solving will lead to additional success.

B. Case Review System

Item 29: Notice of Hearings and Reviews to Caregivers. Does the State provide a process for foster parents, pre-adoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child?

New Jersey does provide a process for foster parents, pre-adoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child.

Policy Considerations

Pursuant to R. 5:12-4(i), the courts provide notice of permanency hearings to resource families. The resource families are advised that they have a right to be heard at this proceeding. The Judiciary visitation team and child welfare stakeholders from every vicinage have discussed this issue to ensure that the counties are complying with this rule. As inidicated in Item 26, the DYFS review, Regional Review, is mandated by federal law, and parents and caregivers are invited to participate. The CPR 6 month review is an internal review that parents, guardians, and DYFS do not attend.

The Judiciary also developed a Resource Family Information Form to be provided with all court notices sent to the caregiver. This document is intended to document the caregiver's information regarding the child, particularly if the caregiver is unable to attend the court proceeding.

DYFS has adopted a case practice model that includes concurrent planning as a key component. In addition to a family meeting within the first month of placement, concurrent planning includes internal reviews held at 30 and 90 days from the time of placement, along with the 5th month and again at 10th month reviews. The 5th month Administrative Case Practice review, wrapped into this model, requires inclusion of family members, caretakers, and other involved parties. The local office is responsible for this; it is the Regional Reviewer who advises the worker and/or a clerical staff person that a notice needs to go out two weeks prior to the review. Emphasis is on finding solutions to the barriers that prevent reunification, and on alternative permanency arrangements if reunification cannot occur.

At the 10th month, in preparation for the 12th month Permanency Hearing, two reviews are held: one is a formal family engagement session and the other is an internal agency review with the Deputy Attorney General for the Child Welfare Agency. This internal review process complements the reviews conducted by the Family Court.

CFSR Round 1 Findings

- Inconsistent notice and opportunity for caregivers to participate
- Stakeholder perspectives differ by location
- Foster parents may attend but not be allowed to participate
- Foster parents may believe they “have nothing to contribute”

Changes since Round 1

Parent/Caregiver Orientation – A series of guidance documents, geared to orient youth, families, and caregivers to their placement and court experiences, have been developed through the collaborative efforts of child welfare stakeholders.

- With CICIC grant funding, the Association for Children of New Jersey (ACNJ) create a brochure for resource parents (as noted in Item 26) titled "What You Need to Know about the DYFS Court Process: A Guide for Resource Parents." Intended to assure that resource parents have a better understanding of the court process and encourage their involvement to be as effective as possible for the child in their home, the brochure provides basic information about the court process and the role caregivers play. Also included is contact information for the Office of the Law Guardian Program Offices, Child Placement Review Boards, and Court Appointed Special Advocate Programs. The brochure is distributed by court staff to resource parents with each initial court notice, and all other notices provided to the resource parent. The brochure is provided with the notice for the return on the order to show cause hearing, and any other hearing that relates to the child's status. Also, when the court receives a Notice of Change of Placement, court staff must send the brochure to the new resource family. Children in Court judges also are encouraged to keep a supply of the brochures in the courtroom for distribution to resource parents who may appear at different hearings.

- As noted in Item 26, another brochure to assist the participation of families and resource families who are unfamiliar with the citizen review process is the "Guide to New Jersey Child Placement Review." Topics covered in the book include: Basic Information about Abuse and Neglect Cases; Working with DYFS to Get Your Child Back; The Court Process; Related Legal Matters; and Suggestions to Help You Get Your Child Back.
- Also noted in Item 26 was the guide developed by the Rutgers' Special Education Clinic titled the "New Jersey Resource Guide for Families and Children," which details a host of services and benefits available to families, resource families and children. It can be used as a resource by the court, court staff, law guardians, DYFS, parents and foster parents. Rutgers intends to post this guide on its Internet site.

- DYFS has a “Guide for Parents When Your Child is in Foster Care” as well as a parent handbook that has been revised and re-issued. These provide information about the placement process and working with the DYFS, as well as information on placement, visitation, termination of parental rights and reunification.

Vicinage Assessment and Training

- In October 2005, the Judiciary completed an assessment of the larger picture of what parents and children experience in its court buildings. The assessment addressed interactions with court officers, security staff and others, the length of time parents wait, the extent to which anyone explains to parents what is going on or why there is a delay, and whether there is a physical setting appropriate for children. The plan assessed what families experienced and what it will take to change the experience, if necessary. The CICIC funded the Rutgers University School of Social Work, Center for Children and Families to conduct this assessment, and received the final report in October 2005.

- As a result of the assessment, a training program was developed to ensure cultural proficiency and improve the overall experience of children and parents in court. The training curriculum was offered to judges and court staff and was shared with state child welfare stakeholders and agencies such as the Office of the Attorney General, the Public Defender's Office, and the Division of Youth and Family Services. The training and curriculum covered cultural sensitivity, understanding child abuse and neglect, understanding the child welfare system, understanding the court system, and improving cooperation between DYFS and the court.

- A second training dealing with cultural sensitivity occurred in a 2006 annual cross-system training conference co-sponsored by the Office of the Public Defender, Law Guardian Office and the CICIC. The training topics for that conference covered: (1) improving decision-making regarding the best setting for providing services and treatment to the children and youth served by the courts, community based or institutional; and (2) cultural competency. One conference goal was to provide practical knowledge to decision makers related to the question of whether a child in need of assistance would be better served in a community based or in a residential or institutional setting. Further, participants learned to better assist those they serve by learning about the importance of cultural awareness in dealing effectively with the children and families who come before the court.

  These training initiatives help to provide for the safety, well-being and permanency of children in foster care because training and education in these critical areas improve participants' knowledge and strengthen their skills when serving children and families in New Jersey.

- At the time of the first CFSR in 2004, the CICIC had just sponsored a statewide, multi-disciplinary training conference for CIC judges and staff, Juvenile judges and staff, child welfare attorneys, and DYFS staff. Training topics included review of Title IV-E and ASFA related CIC and juvenile orders; an update of the CIC Case Processing Manual (revised procedures); and the presentation of a mock permanency hearing. The focus of the mock hearing was on the importance of, and sensitivity to, the need for parental participation and input into permanency hearings. Participants played the role of judge, parents, resource family, parents' attorney, Deputy Attorney General, and Law Guardian.

Case Practice

- DCF has adopted a Case Practice Model that includes concurrent planning as a key component. In addition to a family meeting within the first month of placement, concurrent planning includes internal reviews held at 30 and 90 days from the time of placement, along with the 5th month and again at 10th month reviews. The 5th month Administrative Case Practice review, wrapped into this model, require inclusion of family members, caretakers, and other involved parties. Emphasis is on finding solutions to the barriers that prevent reunification, and on alternative permanency arrangements if reunification cannot occur.

  At the 10th month, in preparation for the 12th month Permanency Hearing, two reviews are held: one is a formal family engagement session and the other is an internal agency review with the Deputy Attorney General for the Child Welfare Agency. This internal review process complements the reviews conducted by the Family Court.

  The move to better family teaming and individualized case planning that is strengths-based is building the continual involvement of caregivers in the assessing, planning, and decision-making that occurs for the child and family.

Data Considerations

- From a recent small survey of biological parents that produced 29 respondents overall, 19 families answered questions about receiving notice of court hearings and meetings about the child's placement and providing input. Fourteen (14) reported they were sometimes or frequently notified of hearings/meetings, and 13 reported they frequently attended and provided input.

- The Judiciary established a team to visit each vicinage and review the vicinage's processes. Visitation team members, all experienced in CIC cases, included: a Family Presiding Judge who chairs the CIC Committee to the Conference of Family Presiding Judges, a lead CIC judge, a Family Division Manager, an Assistant Family Division Manager, and the AOC Family Practice Division Chief of Children in Court and Juvenile. Among other things, the visitation team reviewed issues relating to providing notices to resource families and made recommendations to improve the system. While there are no data reports to record this information, the Judiciary visitation team reviewed court files for resource family notices, and found that the counties consistently complied with the standard to provide the notices to the resource families.

- On a survey, 67 youth responded to questions about how regularly their input was included when permanency plans were being created or when court was reviewing their case. Forty (40) reported input was usually included in permanency planning, and 32 reported input was usually included in court reviews. We have an opportunity to strengthen this involvement.

Strengths

- There are processes and tools in place to assure that families and caregivers receive notice of hearings and reviews, are oriented to their role, and have the opportunity to participate in person, or to provide information if unable to participate in person.

- The involvement of families and caregivers early on, consistent with the engagement and teaming aspects of the Case Practice Model, strengthens their participation and input. Involving key parties early leads to quicker consensus and more focused planning on behalf of the child. This can help us achieve quicker reunifications as well as speed permanency alternatives.

Opportunities for improvement (OFIs)

- In order to ensure that resource families receive notice of the appropriate proceedings, the court must have current contact information for caregivers. With the advent of NJ SPIRIT, courts can access current contact information for caregivers electronically. DCF will continue to work with the judiciary to ensure that they have access to all the information they need to provide notice as required.
- It may be useful to investigate our ability to track attendance at hearings/reviews, to build a knowledge base of individuals interested in and available to support the child throughout the permanency process, which may be important given turnover of staff who participate in the life of a child.

Summary statement

New Jersey has improved its efforts to notify and include families and caregivers in hearings/reviews relative to the child in care. While a strong foundation has been set with the court notification and the Case Practice Model aspects of engagement and teaming, we need to monitor efforts so that this involvement becomes routine.

C. Quality Assurance System

Item 30: Standards Ensuring Quality Services. Has the State developed and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of the children?

New Jersey has adjusted its standards and practices to enhance the safety and care of children in Foster Care. As a result of these efforts, we have shown improvement in outcomes for children in care, as most notably evident with our results in the National Standard for the Absence of Child Abuse and Neglect in Foster Care. In FFY06, New Jersey was nominally off the 75th percentile of 99.30% with a result of at 99.32. We then proceeded to exceed the in both FFY07 (99.90%) and FFY07B08A (99.70%).

Policy Considerations

- The DCF Office of Licensing (OOL) conducts comprehensive program and life/safety inspections of residential facilities and homes every two years (except for psychiatric community services for youth – every 3 years), along with interim monitoring, re-inspections, and Safety Assessments with a multi-disciplinary team to ensure violations are abated. Complaint investigations are conducted in all DCF licensed homes as needed to ensure compliance with the regulations and the health and safety of the children.

- Inspections include in-depth interviews with staff members (all disciplines – direct care, education, medical, clinical, etc.) and residents; comprehensive reviews of residents' records, staff records, administrative records, medication records/logs, incident reports, physical restraint reports; observation of program; life/safety (building) inspection for fire safety, health/sanitation and quality of life.

- Resident records are reviewed for numerous compliance requirements that reflect the treatment services and care of the youth being served at these 24-hour programs. A sample of records are reviewed using criteria that includes the youth's length of stay and particular living unit(s), as a follow-up to an IA investigation, as part of assessing compliance with a specific violation, etc. The number of cases reviewed depends upon the size of the program.

- Inspections focus on a range of health and safety requirements including staff background checks; discipline; restrictive behavior management practices (physical restraint, behavior management rooms, etc.); medication storage/accountability; medical/health care services; staff training; food/nutrition; staff hygiene; treatment plans; case management plans; specific requirements for pregnant adolescents and their infants; specific requirements for adventure activities; transportation requirements; smoking; and evacuation requirements.

- Findings are shared through an exit summary meeting at the end of each inspection, as well as through the issuance of a written report with a wide distribution to key stakeholders. For example, inspection reports are distributed to DYFS, DCBHS, IAIU, Department of Education, Office of the Public Defender, Board Presidents of the inspected entity, Freeholders (JFC

Shelters). Upon request, they would be sent out to anyone who requested the information, e.g. the Office of the Attorney General.

- The OOL also may require corrective action plans from providers, issue inspection/violation reports, and take pre-enforcement and enforcement action as needed to assure continued compliance with the standards.

- OOL also reviews reports of CA/N allegations that occur in all regulated programs and takes appropriate complaint investigation action when necessary; reviews congregate questionnaires completed by IAIU after an investigation; and follows up with corrective actions based upon IAIU recommendations following an investigation.

For Resource Family Homes:

- The DCF OOL Resource Family unit conducts comprehensive program and life/safety inspections of prospective Resource Family homes and licensed homes. Once licensed a Resource Family inspection is conducted annually. A licensing renewal inspection occurs every three years. Re-inspections occur when violations are identified. Safety Assessments are conducted annually. Violations of requirements can result in enforcement actions against a license.

- Resource Family licensing inspections include criminal and child abuse background checks, in-depth interviews with each provider of the home, each child in placement and when applicable other household members. Interviews with the children in placement as well as with the provider concentrate on children's rights, confidentiality, household composition, financial information, trainings, discipline of children, visitation and communication, education, recreation, religion, food and nutrition, pets, firearms and weapons, clothing, transportation and health requirements. Additional aspects of an inspection include: review of household member's physical examination records, transportation and vehicle safety review, provider trainings and physical facility and maintenance requirements.

- Resource Family inspections also involve review of the records of children in placement records to include: medical information/examination, education records, and medication logs, if applicable.

- Resource Family inspection findings are shared with the provider verbally and in writing at the conclusion of an inspection. DCF Resource Family staff are given a copy of the findings.

CFSR Round 1 Findings

This Item was rated as not in substantial conformity. Concerns cited included substandard housing environments, heavy reliance on individual workers to monitor the quality and safety; and large caseloads (including supervisory) that limit time to see children.

Changes since Round 1

- DCF has significantly increased the pool of available resource homes, adding a net gain of 200 homes in CY2006, 829 homes in CY2007, and 802 homes in CY2008. This significant increase in capacity allows DYFS workers to make discriminating choices among potential resource homes, rather than being forced to rely on too few, overstressed homes.
- The communication infrastructure among parties involved/affected by children in Foster Care has been expanded to improve information sharing. For example:
  OOL has always included other stakeholders (IAIU, DCBHS, DYFS, DCF Contracting) whenever pre-enforcement and enforcement actions are taken.
  - OOL meets monthly with DCBHS to discuss systems issues and problem programs.
  - OOL meets monthly with a committee (DYFS, IAIU, SCR, DCBHS) to discuss system issues related to SCR and IAIU and OOL.
  - OOL has daily contact with IAIU regarding investigations and plans of correction.
  - Recently, OOL, IA, DYFS and DCBHS began to meet monthly to review residential treatment center programs from each entity's perspective.
  - Recently, OOL has begun to attend monthly meetings regarding supportive housing with DCF, DYFS, HMFA and CSH
  - OOL includes other staff from IAIU, DCBHS and DYFS in Safety Assessments.
  - OOL works closely with the DHS/DCF Fingerprinting Unit and CARI Unit
  - OOL has emphasized issuing clear and comprehensive Inspection/Violation reports

- The transition to require relative caregivers to become licensed, as described under Systemic Factor G, has heightened not only the level of expectations and oversight, but the level of support. From training to increased reimbursement to the availability of RFSU workers to assist caregivers in addressing concerns, these changes have helped to improve the quality of care for children served in those homes.

- While the case worker remains the lynchpin in assuring the quality of care and service for children in foster care, many improvements have been made to support their ability to do this:

  - Reduced caseload size
  - Structured Decision Making tools that support better assessment
  - Relative licensing, which provides another guidepost in assessing quality of services
  - Case Practice Model, integrated with concurrent planning, that emphasizes family engagement and teaming and brings more individuals to the table to support positive care for the child
  - Resource support through the Resource Family Support Unit (RFSU)

- Designation of RSFU at the local level provides for closer follow-up on issues that arise from licensing or IAIU investigations. Additionally, the RSFU develop localized knowledge of resources so that they can more productively assist worker and caregivers in assuring the child's needs are met. Similarly, greater availability of specialist support that is emerging

(e.g. Child Health units, Team Leaders, LCSWs, CADCs) gives the permanency worker as well as the RSFU worker access to information that can assist them in addressing child needs.

Data Considerations

- As noted in the opening statement, New Jersey has met the National Standard indicator for the Absence of Maltreatment in Foster Care for the latter two periods of the 2-6-09 Data Profile, indicating that children have been safe in Foster Care.

- We have increased and strengthened the use of relatives as licensed caregivers. As a result of licensing these homes, more children are now in housing that meets standards for health and safety.

- At the same time, we note that stability of placement has increased over all three data periods, as indicated by the successive improvements in Permanency Composite 4, for which New Jersey exceed the National Standard (101.5) in FFY07B08A, with a score of 105.5. Also, the median length of stay in placement has dropped from 18.2 months in FFY05B07A to 16.0 months in FFY07B08A, which may indicate that, while in care, children are in stable, productive settings that support their safety, well-being and permanency.

- Case work staff monitor the health and safety of children in foster care through their ongoing visits. Currently, for children in placement in New Jersey and within 50 miles of its borders, SafeMeasures shows compliance with the monthly contact requirement was 74.3% for September 2008. For December 2008 the compliance rate was 81.0%.

  For children in placement out-of-state beyond 50 miles of New Jersey borders, the compliance with quarterly contact for the quarter ending 9/30/08 was 71.0%. For the quarter ending 12/30/08, the compliance rate is 74.9%, again indicating steady improvement.

Strength

- New Jersey has a robust system of requirements and oversight to monitor the adequacy of services provided to children in Foster Care. Licensing regulations have been adapted to remain consistent with current needs and best practices for safety. This has been strengthened by the requirement for relative caregivers to also be licensed, by the additional supports provided to the caregiver by the Resource Family Support unit, and by the improved communication among the parties that have interests in a particular location, which strengthens oversight and awareness.

- Given the new Case Practice Model, coupled with lower caseloads, the workers are more able to have productive, regular contact with the worker, which is key to assuring safety within the placement.

Opportunities for improvement (OFIs)

- For OOL, the frequency of review/inspection, and thus the level of vigilance that can be applied to residences and facilities, is affected by tangible resources, e.g.:
  - Staffing shortages (including inspectors, supervisors and clerical)
  - Data issues that impact monitoring efforts
  - Limited availability of State vehicles can impede inspections

- Upgrading the data systems to more closely monitor and share information about providers and the deficiencies cited in the licensing process would lend data to analyze for trends and improvement action.

Summary statement

New Jersey continues to do well in monitoring and assuring the health and safety of children in foster care. We are actively improving other tiers of oversight with the support to case workers through reduced caseloads, the Case Practice Model, and the advent of Resource Family Support Units. Maintenance of strength in this Item is anticipated.

C. Quality Assurance System

Item 31: Quality Assurance System. Is the State operating an identifiable quality assurance system that is in place in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided, evaluates the quality of services, identifies the strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures implemented?

New Jersey has developed and tested several components of a quality system, and has been adjusting its efforts consistent with developments in the State's approach to child welfare reform. A large element of work has focused on data quality as a prerequisite for sound quantitative and qualitative practices. Through a number of discrete efforts, New Jersey has been building a more integrated, comprehensive approach to quality that is user-friendly and aligned with practice reform.

Policy Considerations

In March of 2008, DCF outlined its 'Performance Measurement System', or Quality system, that will guide quality activities as our reform and practice progresses. Departmentally, the initial priority focus for the DCF Office on Quality has been DYFS case practice.

The Quality System is grounded in the principles articulated in DCF's commitment to quality:

- Quality is everybody's business, and begins with each person gauging him/herself.
- The mechanism for achieving Quality is prevention. Quality cannot be "inspected in" at the end of a process; it must be built into the design. It is thus important to frontload, i.e. build in at the earliest process point, closest to the "ground," those methods and techniques that will support achievement of desired results.
- Quality is a developmental process, not likely to follow a linear progression. We start where there is opportunity and then expand to strengthen processes.
- At each step in development, we focus on alignment of functions and practices with aims and priorities, as well as on building local capacity to conduct quality activities.
- Fundamental to embedding quality is the systematic (repeatable) application of methods, techniques, and tools throughout the system, at all levels. Standardizing our method of approach will permit acceptable variation in processes to meet local needs, resources, and strengths.
- Fact-based decision making is fundamental. We use data to drive decisions.
- The 'Voice of the Customer' and stakeholder/supplier involvement should be evident in the component activities of quality. The DCF focus is on the child and family as our customers.
- We build our quality structure on system strengths.
- We use existing and/or naturally occurring opportunities/forums to gather information and assess performance.
- We measure as close to the ground level as possible.
- Learning is key, and dialogue/sharing is an important tool to assist the transfer of learning. Seize opportunities to mentor, guide, and encourage peer support.

- Understanding the philosophy behind actions is important to produce impact.
- Internal/External stakeholder feedback on a routine, periodic basis is important.
- A systematic, operational communication infrastructure is important.
- Completing the follow-up loop is critical.

The essence of quality lies in our ability to answer four simple questions:

- Are we doing the right thing?
- Are we any good?
- Are we getting better?
- How do we know?

These four questions of quality are approached by applying the Plan, Do, Check, Act through a tiered system of activities. At each tier, specific quality tools and/or techniques are used to systematically address performance evaluation and improvement:

- **Customer focus:** listen to and learn, from children and families, what is important and what success means
- **Field focus:** use the information developed from our customers, our practice knowledge, and the data readily available from our technical systems, such as SafeMeasures, to check our routine activities and adjust our work to maintain our commitments
- **Management focus:** use data that is systematically developed through reporting systems as well as through staff, customer, and stakeholder interactions, to craft and continuously adjust our work style, work supports, and work management techniques to get to the "right thing"
- **Leadership focus:** do what management does on a more global level, using the data developed across organizational systems, examining upstream and downstream alignment and impact. Forecast changes and emerging needs, and work together with stakeholders to adjust the systems through which work is accomplished in order to support the ability of staff locally to do the "right thing"
- **Public Focus:** listen to, report out, and engage the public as key stakeholders in accomplishing the mission of the Department. Activities have been occurring along the continuum of tiers, including the use of data to assess and manage performance, the use of the CPM basic tools, and two customer feedback surveys (one on TEAM experience and one on investigations) that have been piloted.

The Office on Quality has worked to develop a 'Quality Toolbox', containing a set of evaluative tools including "Practice Element Grids" that align with the Case Practice Model and are designed to follow the life cycle of a child and family's experience in the child welfare system. There are ten grids:

- Engagement
- Investigation
- Teaming
- Assessment
- Case Planning
- Plan Implementation
- Tracking, Adjustment, and Transition
- Living Arrangement
- Child Status
- Worker Contact

Each Grid contains a set of pertinent dimensions, with expected conditions that may be evident upon review of the particular element. Grids contain a six tier continuum for assigning performance, are intended for multi-purpose use by a variety of staff, and are focused primarily on promoting dialogue, learning, and generating improvement cyles while also affording measurement and results reporting.

The Toolbox also includes "CFSR Compliance Tables" aligned with each grid, Stakeholder Questions from the CFSR model that have been cross-walked with the grids, and a collection of protocols describing potential applications of the tools, which are designed to be used individually or in any needed combination. The Toolbox is dynamic and will continue to be updated as new tools and protocols are developed. For example, a section will be added for the consumer feedback surveys that have been introduced.

CFSR Round 1 Findings

This Item was found to be an area of non-conformity. Issues cited included the lack of a comprehensive approach to quality, and the consequent tendency to operate in a reactive mode. The available components of quality were not synthesized or integrated to provide an effective platform from which to evaluate and improve performance. Quality of practice was reliant on the skill of the individual worker.

Changes since Round 1– To successfully build and sustain a child welfare system that is responsive to the needs of children and families throughout the service cycle (from first contact through transition out of the system) we must have data and analysis systems that support our ability to understand needs, evaluate performance, identify opportunities for improvement, and plan strategically to address future challenge

Quality Office Consolidation
In August 2006, DCF combined former CQI units to form the Office on Quality under what was the Quality, Analysis, and Information section of DCF, with the responsibility to revamp the approach to quality which resulted in the approach outlined in the March 2008 "Performance Measurement System" document.

Since that time, the work of the Office on Quality has included activity to:

- finalize New Jersey's Round 1 PIP at the conclusion of the overlapping data year (September 30, 2007);
- complete data cleanup for AFCARS reporting and data cleanup in preparation for the transition to NJ SPIRIT;
- staff efforts to go to Local Offices and provide one-to-one SafeMeasures orientation;
- refine the development process and produce the CFSP/APSR documents;
- monitor and report on casework contacts with children in Foster Care;
- participate in the review of the Statewide Central Registry as part of a team led by the MSA monitor;
- address research requests;

- develop the Quality System in conjunction with Area Quality Coordinators (AQCs);
- make presentations to classes in the MSW program;
- coordinate a review of the Case Practice Model implementation; and
- lead the CFSR process for Round 2.

Each Area Office now has its own Area Quality Coordinator whose activities are tiered on three levels:

- quality activities that address performance based on local indicators and needs;
- implementing a set of quality activities, using common tools, that are implemented statewide; and
- contributing to statewide quality projects and events, such as the CFSR

The Office on Quality works closely with DYFS Area Quality Coordinators to guide the development of the quality system, pilot and implement new practices, and address issues of quality. The group meets monthly, which provides a supportive opportunity to share ideas, develop perspective on common practices and issues, engage in collective problem-solving, work through data issues in a computer lab, and together guide implementation of quality practices. Other key collaborators in the work on quality have been the Office of Information Technology and Reporting (ITR) as well as the Implementation Specialists for the Case Practice Model. One segment of the meeting is the "Data Hour" at which ITR is available to provide updates from ITR, respond to data questions of the AQCs, or assist in addressing data quality issues. This partnership has been beneficial in navigating the NJ SPIRIT learning curve and in effectively using SafeMeasures as it has been revised following NJ SPIRIT implementation.

QSRs - As part of its initial reform plan, New Jersey conducted one pilot and five Quality Service Reviews across five counties. While beneficial to staff who had not experienced a qualitative case review process that focused on practice performance, the QSR did not provide information with enough immediacy to maximize the impact on service delivery on the ground.

The results of the QSRs provided non-representative point in time data look at the county under review. The QSRs were discontinued in March 2006 as DCF re-examined its quality plans and focused on more fundamental reform elements.

Mini CFSRs were conducted across thirteen counties during the CFSR PIP period, as a method to measure progress on specific PIP goals. The review was termed "Mini" in that it excluded focus groups, and limited the number of interviews to essentially family and worker. While productive in terms of maintaining attention on case practice, the Mini-CFSRs, like the QSRs, were not aligned with the elements and staging of reform so as to effectively impact improvement of service delivery on the ground.

Mini CFSR results were also limited, providing a point in time look at the Area reviewed, or a cumulative view of performance statewide, in which early low scores would continue to reduce later results. The Mini CFSRs were discontinued in September 2006.

New Jersey needed to do more for quality than rely on retrospective, labor-intensive reviews of performance. More attention was needed to begin gauging small parts in real time, taking

continuous feedback, and redesigning quality tools and practices to enable a preventive, not remedial, our approach to practice improvement.

Tool Development –
In evaluating what tools to develop, New Jersey examined its own efforts as well as those of other states, and selected elements of beneficial practices to wrap into its tool development.

Practice Element Grids – As noted above, there are ten "Practice Element Grids" n the quality toolbox, all of which were piloted from June through August 2008. The grids were specifically piloted in offices that were not Case Practice Model (CPM) immersion sites, as those sites were overwhelmingly focused on learning and internalizing the practice shift. Feedback on the pilots was captured using SurveyMonkey.com on-line survey system.

The pilot feedback indicated that the grids were useful in focusing workers on the various practice elements, and in promoting more comprehensive discussion and learning about the case as well as about practice expectations. Workers noted the grids contained elements of the new CPM with which they were not yet familiar. The use of the evaluation rating scale was difficult, although most noted that with continued experience, that would likely become easier. The grids were re-tooled based on the feedback received, and were distributed for continued use, that is encouraged. Minimum expectations for Grid use will be determined following implementation of the Case Practice Model evaluation process required by the MSA.

Pilot feedback was collected through the SurveyMonkey.com on-line survey system. Use of an electronic survey tool enabled us to obtain anonymous comments from participants, but also to easily aggregate data. That way, the data can be presented at the Local Office, County, Area, or State level. Because of this, and the user-friendly aspect of this on-line system, we are considering SurveyMonkey.com value in routinely capturing quality tool data.

PEP - New Jersey has designed a protocol known as the Practice Examination Process (PEP) through which it will use all ten grids to assess the implementation of the Case Practice Model across immersion sites in 2009. . The PEP uses the entire Grid set, and by protocol employs a random sample of cases in which record review and interviews are conducted to evaluate conditions of the CPM elements.

Consumer Feedback - The Office on Quality, in concert with Area Quality Coordinators, has worked to pilot two surveys intended to provide consumer feedback with regard to the Case Practice Model. Both directed to families, one focused on the TEAM process of engaging the family in team meetings, and the other focused on investigatory practice with families whose cases are closed at the conclusion of the investigation.

The surveys were printed on index weight stock, self-addressed with postage paid. Once returned, the survey information was recorded at the SurveyMonkey site, again providing the opportunity to easily aggregate the data or drill down to the Local Office level.

The pilot results revealed a small number of responses to the investigatory practice survey, which has been suspended. The TEAM survey has generated useful information, as included in

various Items of this assessment, and was noted to be amenable to use by others participating in the TEAM process. The survey has been adjusted to address this pilot feedback and is currently beginning implementation statewide.

Strategy on Data and Accountability

Our quality activities have been guided by significant developments in the Core Strategy of Data and Accountability.

- DCF has made significant strides in implementing a culture of using data to inform performance review and support strategic thinking, in that staff have access to reports and data electronically, and are actively using that information to monitor and address performance. A number of detailed data reports in many areas of importance (Caseloads, Referrals, IAIU, Abuse/Neglect findings; Adoptions, KLG, Demographics, Resource Families, and Outcomes) are produced and available for review on the DCF internet. Also, charts, tables, and geo-maps of data are used in meetings and events, to communicate and dialogue on a process, method, condition, or result. This provides a readily available statewide perspective on items of significance to AQCs.

- SafeMeasures is an automated case tracking tool now available to all casework staff to use in managing their work. The primary use of SafeMeasures to manage case manager's work is first with the Local Office Manager, then with the Casework Supervisor, then the Supervisor. It is expected that caseworkers will use SafeMeasures to help them manager their work; however, it is the supervisor who has the primary responsibility to regularly view SafeMeasrues and ensure that each of their staff are complying with case management standards. The SafeMeasures capacity and volume of reports continues to develop, with additional reports being added every month. SafeMeasures is the reporting source of record for several outcomes, including the casework contact reports submitted in connection with the Federal requirement.

  The AQCs are able to use SafeMeasures as an assistive tool to monitor and understand performance, identify concerns that require attention, retrieve pertinent data, and verify completion of required tasks. For example, case contacts are identified as a key performance measure. AQCs are involved in reviewing contact performance in their Areas with administrators and managers, and work to assist Area/Local staff in drilling down into the data to understand and identify systemic or individual sources of problems, such as incorrect NJ SPIRIT data entry, and work to find ways to resolve noted issues and build improvement. SafeMeasures has proven to be a valuable source of performance information as well as a tool for workers at all levels to monitor and manage responsibilities.

- NJ SPIRIT is the system of record for DCF. In tandem with SafeMeasures, these sources provide insight and the ability to follow key case practice elements.

Other Quality Efforts

Given that the priority focus of the Office on Quality is DYFS case practice, it is noted that other DCF units are applying quality practices to guide and improve their work.

Resource Families/Licensing
In October 2006, Resource Family Impact Teams were created. Resource Family Impact teams focus on pending applications, involving staff from both the field office and licensing unit to diagnose and problem-solve challenges to the timely completion of the licensing process.

Contracting Administration
New Jersey is implementing performance-based contracting to more closely evaluate and assess performance both against expectations and in accordance with the prindicples of quality. . Workgroups have been meeting regularly and significant progress has been made, particularly in the Division of Children's Behavioral Health Services. DCF is currently developing a framework of department-wide outcome indicators that will serve as the basis for the contracting and contract monitoring process going forward. These outcome indicators will align with departmental objectives and will serve as the basis for evaluating the quality of contracted services.

SCR
SCR employs three methods to assure the quality of work: regular supervisory review of at least three Screening Summaries per week written by each screener; systematic worker evaluations using the mechanism that is part of the call recording system, with three per week for each screener and two per week for each certified screener; and daily peer review of summaries that are coded as Information and Referral or Information Only.

IAIU
The Institutional Abuse Investigations Unit has what it calls "compstat", which is a monthly regional office process to reviewing the status of open investigations. The purpose is to informally identify patterns of activity or processing that indicate the need for further attention. IAIU and relevant units across the Department have also been piloting a draft protocol to systematically identify patterns among complaints in congregate care settings.

DCBHS
The DCBHS QA unit has developed *Data Dashboards* providing data from July 2007 to present. The dashboard encompasses the entire system of care partners, including CMO, FSO, YCM, MRSS and UCM. For DCBHS system partners, the dashboard provides quarterly analysis of each service line, e.g. accessibility, utilization, compliance, and outcomes. Indicators and trends are being analyzed by the system partners to develop quality improvement projects.

Presently the QA unit is involved in a Data Dashboard Refinement Project. The goal of this project is to identify approximately five to ten core reports that DCBHS and system partners would like to receive under the new Contract System Administrator (CSA) contract which is anticipated to begin in Fall 2009. The objective would be to have these reports be meaningful and substantive management tools that would give a comprehensive view of the state of the

system partner and the children and families it serves. It would assist in formulating daily administrative and care management operational, quality assurance, and financial decisions. The intention is to reduce the number of dashboards currently produced by the CSA to a more manageable number that contains actionable and more comprehensive information.

Data Considerations

- QSR – New Jersey conducted QSR reviews in five counties prior to March 2006.
- Mini CFSR – During the PIP period, New Jersey conducted Mini-CFSR assessments were conducted across 13 counties, involving 120 cases.
- Survey TEAM – Pilots were conducted with a total of 71 respondents who participated in a family TEAM process. The survey has been updated based on results, and will be implemented statewide in 2009.
- Practice Element Grid – Different grids were piloted across all but immersion offices. Across all ten, a total of 214 were completed in the pilots.
- Data cleanup efforts have been reflected in improving Data Profiles as well as in increased ability to effectively use data for reporting and managing, e.g. SafeMeasures for Case Contact reporting.

Strengths

- Data developments such as NJ SPIRIT, SafeMeasures, and data on the Web, have provided easily accessible quantitative data that forms the basis for all quality endeavors. New Jersey's reform commitments have assisted in prioritizing core metrics. Given the ambitious nature of reform, data is key in establishing priorities and gauging progress.
- New Jersey quality tools have been developed pursuant to the principles of quality, and so have independent sustainability and adaptability. Quality principles are applicable across industries, and thus provide a systems perspective as well as a 'true north' guidepost in our journey to evaluate progress in a changing system, which is the essence of reform.
- New Jersey is fortunate to have the Case Practice Model roll-out to provide the practice basis from which to design and systematically build a functional, quality system that responds to practice as it is intended to function. It will be important to build on lessons learned and continue to work in tandem with the field and other stakeholders in developing the quality system.
- Deployment of the locus of quality activity to the Area and Local Offices, i.e. closest to the ground is a strength, for two key reasons: it will enable staff to answer the four questions of quality for themselves, which heightens accountability and learning; and it will staff to

productively engage in continuous improvement activities so that their performance improves, which benefits all of our stakeholders.

- The toolbox provides a variety of methods and techniques for assessing practice. Reliance on one tool, particularly a retrospective tool, draws attention to finding problems and fixing them. The essence of quality is to prevent problems. With a variety of tools, we have a variety of ways to address a variety of indicators. And we become able to strengthen the front-end, checking our activities "upstream" to make sure we are doing the right thing.

Opportunities for improvement (OFIs)

- The implementation of the Quality System is relatively new. There is much work yet to be done that is being aggressively pursued by the Office on Quality with the Area Quality Coordinators.
- Integration of quality efforts across all DCF units is an area for potential development. This would support efficiency of quality activity, and enable DCF to manage and apply resources to efforts across DCF in a manner that best supports changing programs, issues, and emerging needs.
- We will continue our efforts to improve data quality and our ability to use data effectively and routinely to support decision-making at all levels.
- There is an opportunity to train all levels of staff in the fundamentals of quality as well as in specific basic techniques they can apply in their functional role. Again, the lessons of the fundamental principles of quality and basic tools will support staff in knowing how to answer the four Questions of Quality.

Summary statement

The growth and development of useful quality tools that enable workers at all levels to answer the four questions of quality will have significant impact on their activities. Most significant may be the ability to assess oneself, to be aware of the impact of ones actions on outcomes, and the ability to make adjustments in work as close to real-time as possible. As we embed the essence of 'system' in our work with families and stakeholders, the tools of quality will help drive collaboration.

D. Staff and Provider Training

Item 32: Initial Staff Training. Is the State operating a staff development and training program that supports the goals and objectives in the CFSP, addresses services provided under titles IV-B and IV-E, and provides initial training for all staff who deliver these services?

New Jersey provides a rigorous and comprehensive initial (pre-service) training program that not only promotes the outcomes for children by enhancing staff preparation and performance, but also incorporates quality assurance for the training programs as well as for those who deliver the programs.

Policy Considerations

New workers are required to enroll in pre-service training within two weeks of their hire date and to complete **pre-service training** and pass competency exams before assuming a full caseload. New Jersey's Pre-Service training consists of 186 classroom hours of training over 31 days. Training is tracked through the Training Academy's website. Information is pulled from attendance rosters, and both attendance and grades are entered onto the web by the trainers. The data is then monitored centrally.

The program consists of 31 classroom days (6 hours per day) and 24 field days dispersed throughout the curriculum, during which new workers can apply to their field experience that which they have learned in the classroom.

The pre-service curriculum is designed around providing a broad understanding of child welfare in New Jersey; instruction on worker safety and stress management; learning the need for and practicing the use of the State's critical computer systems and their programs (e.g., NJ SPIRIT, the DCF policies' web site and other intranet sites/functions); critical work management techniques and cultural competencies; focusing on families from the screening process through closing a case; family and community engagement skill-building; and child development, with specific focus on identifying child abuse and neglect at different stages of a child's life.

After three days of orientation, the core of the pre-service program begins, which is comprised of 10 separate learning modules as follows:

- Module 1: Understanding Child Welfare in New Jersey (3 classroom days, 1 field day)
- Module 2: Taking Care of Yourself (2 classroom days, 2 field days)
- Module 3: Computer Applications (1classroom day,1 field day)
- Module 4: The Self-Aware Practitioner (2 classroom days, 2 field days)
- Module 5: Focusing on Families: From Screening to Closing (5 classroom days, 4 field days)
- Module 6: Engagement and Interpersonal Skills (3 classroom days, 3 field days)
- Module 7: Child Development: Identifying Child Abuse and Neglect (3 classroom days, 4 field days)
- Module 8: Engagement: Helping Skills (3 classroom days, 2 field days)
- Module 9: Facilitating Change (1 classroom day, 1 field day)
- Module 10: Simulation Exercise(5 classroom days, 2 field days)

Simulation exercises on field days provide trainees with a realistic setting in which to practice their skills in conducting interviews with parents, medical staff, and other child welfare professionals. These skills are carefully assessed by seasoned, professional casework trainers, and staff must test and achieve a satisfactory level of competency before moving forward in their casework responsibilities.

New Supervisory training is for employees who have been in the workforce for at least a year who become supervisors. The new supervisory training is not part of our pre-service program. However, this training does provide a basic introduction to management skills that are taught in four learning modules over a three-month period of time. As in the pre-service training program, training hours are comprised of both in-class participation (16 days) and field practice assignments. The program is broken out as follows:

Module	Training Days	Course Length
• Self management	2 days	1 week
• People management	5 days	3 weeks
• Casework management	6 days	4 weeks
• Unit management	3 days	2 weeks
Total	16 days	10 weeks (avg 3 mos)

The **"Nonviolent Crisis Intervention Training Program,"** is a curriculum provided by the Crisis Prevention Institute (CPI), Inc. The CPI group trained and certified one Training Academy staff person and several residential treatment staff to train this curriculum to residential treatment center staff. The curriculum is intended to instruct residential workers in how to develop a safe, non harmful behavior management system to help them provide for the best possible "care, welfare, safety, and security" of disruptive, assaultive, and out-of-control individuals even during their most violent moments."

In addition, the **"Residential Child and Youth Care Professional Curriculum,"** is published by the National Resource Center for Youth Services, out of the University of Oklahoma. It is designed to help improve the quality of residential care for children and youth by strengthening the skill of the child and youth care professionals who are responsible for the daily nurturing, care, and discipline of children placed in our residential facilities. Some residential center staff and one Training Academy trainer were certified by the National Resource Center to provide this training last year. Approximately 400 residential treatment staff at Woodbridge Diagnostic Treatment Canter and Ewing Residential Treatment Center have completed the training; staff at the Vineland Residential Treatment Center is scheduled to complete it in 2009.

CFSR Round 1 Findings

This Item was found to be in substantial non-conformity. Cited factors included:

- Training is insufficient to link skills with outcomes, Title IVB, or IVE
- Workers get caseloads before training

- No curriculum exists for transfer of learning
- The first 20-day training focuses on intake – does not prepare non-intake workers
- Limited time to process learning and work with supervisors to develop competencies

Changes since Round 1

Development of the New Jersey Child Welfare Training Academy (the Academy) in 2005 was a significant step forward in reengineering workforce development in our child welfare system. The accomplishments of the Academy relative to initial staff training include:

- Linking skills to outcomes, Title IVB and IVE:
  - Since 2005, the pre-service curriculum has been expanded and revised to focus on ensuring that caseworkers learn how to effectively engage the children and families with whom they work so that those children are protected from harm and can remain safely in their homes
  - Pre-service training links skills to Title IV-B services by providing specific instruction around promoting safe and stable families. This skill set is further developed in the State's in-service curriculum
  - The allowable Title IV-E administrative functions that this training activity addresses are: referrals to services; preparation for and participation in judicial determinations; placement of the child; development of the case plan; case reviews; case management and supervision.

- Preparing workers to receive caseloads:
  - All new workers are required to complete a minimum of 160 hours of pre-service training and pass competency tests before assuming a full caseload.
  - DCF has established the Baccalaureate Child Welfare Education Program (BCWEP) is a consortium of seven schools with undergraduate programs in social work that enables students to earn their Bachelor of Social Work (BSW) degrees. Students apply in their junior year of college to participate in the program which includes taking child welfare specific classes in their senior year, completing an internship of 400 hours in a local DYFS office, and agreeing to work in the field of public child welfare at a local DYFS office for a period of two years after graduation. The BCWEP program provides students with access to field instructors who offer competency-based field instruction in child welfare practice. These interns are provided an eight-day work-readiness training program that is intended to expedite their ability to carry cases.
  - New workers are assessed with a Case Readiness Assessment Tool, designed to help trainees and their supervisors identify and develop areas of need to assure the trainees' competency. The trainee remains in a field training unit of the Local Office until s/he is able to meet the standards contained in the assessment tool.

- Supporting the Transfer of learning
  - A Field Training Guide is given to all Trainees and their Field Training Unit (FTU) supervisors during the Pre-Service training process. The Guide contains activities for applying classroom learning in the field on the 24 field training days that are interspersed between the 31 classroom days of Pre-Service training. The material in the Guide

coincides with the objectives of each Pre-Service Module. FTU supervisors work with the trainees to meet the field training objectives through the suggested activities contained in the Guide, or a similar activity of their own design. A feedback loop between the classroom instructors and the Field Training Unit supervisor are trainee reports on field day activities that are signed off by supervisors and submitted to instructors; Interim and Final Progress Reports completed by instructors are sent to the supervisors; and routine e-mail and phone communication occurs between instructors and supervisors.

- Field Training Unit (FTU) supervisors generally have six months to help their new trainees transfer their classroom learning to work in the field, and to develop their casework competencies. FTU supervisors use three key strategies to do this:
  - First, they spend three of the six months during the Pre-Service training process providing on-the-job activities and experiences that are designed to directly support classroom concepts and skills. As FTU supervisors engage their new trainees in these field experiences, they have opportunity to observe, evaluate and coach the trainees in their specific areas of need;
  - Second, toward the end of the Pre-Service experience, the trainees begin to take on their own cases under the close supervision and direction of the FTU supervisor. DYFS policy requires supervisors to accompany workers into the field to assess their performance with families. These field visits are prime opportunities for modeling effective skills, taking advantage of teachable moments, and providing additional coaching;
  - Third, throughout the six-month time frame, the supervisor has a Trainee Caseload Readiness Assessment Tool, designed by the Training Academy and DYFS Operations, which sets the minimum competency standards for assuming a full caseload. Supervisors begin using the tool informally as a device for evaluating and developing a trainee's skills and performance during the first months of employment. The standards described in the Tool help guide a trainee and his/her supervisor in identifying areas in need of development or improvement, and form the basis for conversation and action on building the trainee's competence. At the end of six months of employment, the trainee is formally assessed with the tool to determine his/her capability to assume a full caseload. If the trainee does not meet an acceptable number of the standards, formal procedures detail the next steps to be taken for continuing his/her development. The trainee remains in the Field Training Unit until he/she is able to meet the standards.

- We have vastly improved the Training Academy's tracking and reporting systems by automating our enrollment, attendance and grading functions, as well as by developing an automated transcript retention filing system that allows employees to retrieve copies of their transcripts and record of their accumulated CEUs through the Training Academy's intranet site.

- With the implementation of the Case Practice Model throughout DCF, the principles of the CPM already have been incorporated throughout the pre-service curriculum.

Data Considerations

- From June 2006 to June 2008, 1,381 new workers completed at least 160 hours of pre-service training and passed competency exams prior to taking on full caseloads.

- BCWEP: For the 2007 - 2008 academic year, 61 students had graduated and 40 were added to the DCF workforce by June 2008. An additional 12 were added to the workforce in July 2008 and another 9 in September. Since the program's inception in 2005, nearly 200 BCWEP students have joined the DCF workforce.

- The Trainee Caseload Readiness Assessment was rolled out throughout all Local Offices in October of 2007. Since that time, a survey of implementation in Local Offices has revealed that approximately 210 trainees have been formally assessed with the tool, with the majority of those trainees meeting the assessment standards. Eight trainees were reported as "not ready" to assume a full caseload based on the assessment results. Remedial actions were identified and included development initiatives such as: extended time in the training unit; more focused supervisory oversight; coaching in areas of need; increased conferencing; and more training to determine whether we will be able to build the new employee's skills.

- The State met all of its Modified Settlement Agreement (MSA) obligations for training in the fourth monitoring period, as shown in the Figure #5 on the next page. This is particularly impressive, given the enormity of the task at DCF to train all staff on its new Case Practice Model by December 2008.

- In a recent survey of DYFS staff, between 436 and 445 individuals rated training-related statements. The responses revealed:

    - 90.6% of respondents agreed that training was relevant to their role
    - 80.1% agreed training prepared them to perform their function effectively
    - 85.9% agreed that training enhanced their skills
    - 88.6% agreed that training is effective in building best practice competencies
    - 74.8% agreed that training was reinforced through job activities. This statement captured the greatest disagreement, at 24.1% of respondents.
    - 91.6% did agree that training is important to function effectively

Table: Training Compliance with Modified Settlement Agreement

Type of Training	MSA Commitment	Number of Staff Trained January-June 2008	Total Numbers of Staff Trained (Cumulative 2006-June 2008)
Pre-Service	II.B.1. New caseworkers shall have 160 class hours, including Intake & Investigations training; be enrolled within two weeks of start date; complete training and pass competency exams before assuming a full caseload	114 (97%) out of 117 staff hired received DYFS Pre-Service training or its equivalent*	1381
In-Service	II.B.2.c. Staff shall have taken a minimum of 40 hours of in-service training	520/4000 received 40+ hrs. by June 30. Remainder to complete by December 2008	3521
Concurrent Planning	II.B.2.d. Training on concurrent planning; may be part of 40 hours in-service training by January 2008.	87 (100%)	3725
Case Practice Model	II.B.2.e. As of April 2007 and ongoing, case carrying staff, supervisors and case aides that had not been trained on the new Case Practice Model shall receive this training.	3595 (90%) plus an additional 397 in Immersion Sites, for a total of 3992 trained (99%)	3795
Investigations & Intake: New Staff	II.B.3.a. New staff conducting intake or investigations shall have investigations training and pass competency exams before assuming cases.	127 (85%) by June 30; 23 were trained by August 2008 for a total of 150 (100%) trained.	839
Supervisory: New Supervisors	II.B.4.b. As of December 2006 and ongoing, newly promoted supervisors to complete 40 hours of supervisory training; pass competency exams within 3 months of assuming position.	35 (100%)	214
Adoption	II.G.9. As of December 2006 and ongoing, adoption training for adoption workers.	38/48 (79%) 10 to be trained in October 2008	313

Source: DCF, Administrative Data, July 2008 *Figure 5*

*****Twenty-four of 27 BCWEP interns who were subsequently hired by DYFS received comparable training through a combination of courses in their undergraduate social work program and in an abbreviated Worker Readiness Training program. Three BCWEP workers deferred training while they completed their MSW degree; they were scheduled for training, beginning November 2008.

Strengths

- The Academy regularly holds joint meetings between the Academy and the Field Training Unit supervisors for the purpose of discussing issues related to Pre-Service training, and to support the supervisors in their growth as field instructors. The Academy has instituted a Field Training Unit Work Group to solidify the partnership between the Academy and the field. The FTU Work Group's mission is to work strategically with DYFS Operations and FTU supervisors to advance and strengthen the field component of caseworker training. To support this mission, members of the group:
    - Serve as liaisons between the Academy and local office Field Training Units;
    - Provide a two-way feedback link between pre-service curriculum design/implementation and field training activities;
    - Plan and conduct meetings with FTU supervisors statewide, or regionally;
    - Develop teaching tools for FTU supervisors to use in their on-the-job training;
    - Provide resources and information to the FTU supervisors;
    - Design strategies and advocate for the needs of FTU supervisors within the Academy and externally to DYFS operations;
    - Conduct workshops for FTU supervisors to advance their training skills;
    - Partner with FTU supervisors to conduct workshops for trainees at their field location;
    - Maintain the directory of FTU supervisors

- The Academy's agility in responding to changes in the system and incorporating those changes into its products and services has truly supported workforce development. A large measure of this reflects the vast collaboration the Academy has engaged in, particularly with university partners.

Opportunities for improvement (OFIs)

- There is much opportunity to use the Academy's network in support of improvements to the array of trainings and the logistics of training. Some of the examples of continuing change underway include:
    - Reorganizing the Child Welfare Training Academy to include four critical administrative functions to guide the Department's instructional/skill-building work, as follows: Office of Training Operations; Office of Curriculum Management and Evaluation; Office of Administrative Support and Reporting; and a Business Office.
    - Expanding our pre-service program to include instruction on the referral process to the State Department of Health's Early Intervention System (EIS) for children ages 0 – 3 with developmental disabilities, as required under federal guidelines of the Child Abuse Prevention and Treatment Act (CAPTA);
    - Expanding our pre-service program by including focused instruction on the purpose and functions of the Statewide Central Registry (SCR), the State's child abuse and neglect reporting hotline center.

- It will be important for the Academy to continue its collaborative efforts so that it will be able to provide support in response to emerging and identified needs, e.g.:
  - Continuous evolution of the pre-service curriculum to respond to DCF operational needs
  - Further development of web-based and distance learning training opportunities
  - Expansion and improvement of the FTU process
  - Further expansion of the Case Readiness Tool
  - Development of a comprehensive evaluation system to measure the effectiveness of trainings and of instructors through a new Office of Curriculum Management and Evaluation working in partnership with Rutgers University's School of Social Work

Summary statement

In summary, we have made and continue to make significant improvements and advancements to the Child Welfare Training Academy's initial training program. We have expanded and improved our pre-service curriculum; we have developed partnerships with various universities' schools of social work to help us recruit new workers who have a strong educational background in child welfare; and we have developed and implemented various assessment, reporting and tracking systems to ensure that continuous quality assurance methods are in place to develop and maintain a viable, effective and competent workforce.

D. Staff and Provider Training

Item 33: Ongoing Staff Training Does the State provide for ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP?

The State has invested in a continuum of educational and ongoing (in-service) training opportunities that reflect ongoing practice changes. These developments not only improve and enhance practice, but support workforce development and stability.

Policy considerations

The State has defined a specific requirement for all caseload carrying staff to obtain a minimum annual requirement of 40 hours of in-service training, beginning in calendar year 2008. Compliance is tracked through an automated database. Reports can be generated which indicate the level of compliance with the policy at the office and worker levels.

For calendar year 2008, the in-service training centered around providing the foundation for the Case Practice Model training.

CFSR Round 1 Findings

This Item was found to be not in substantial conformity. Concerns cited were the lack of ongoing mandated training requirements to reinforce and/or enhance skills, and limited training opportunities for most workers.

Changes since Round 1

- Creation of the New Jersey Child Welfare Training Academy (NJCWTA). The State recognized the need to elevate the visibility of training, and to provide more resources to training its staff. The NJCWTA provides both pre-service and in-service training opportunities for staff. In-service trainings include four foundational courses on concurrent planning, substance abuse, domestic violence, and mental illness for newly hired staff, Equal Employment Opportunity and ethics training, and training on the DCF's after-hours response function. Staff and resources from the NJCWTA also have been utilized for training on the DCF Case Practice Model.

- Creation of the New Jersey Child Welfare Training Partnership (NJCWTP) reflects a model of collaboration through which DCF leveraged the State universities and colleges to assist with in-service training. The NJCWTP provides training resources and logistical support in order to assist the State in meeting a variety of training requirements. Three of the four schools in the NJCWTP provide regional training to staff.

- With the creation of the NJCWTP, focus was placed on the recognition that staff need on-going development and skill enhancement. In calendar year 2008, the NJCWTP delivered, to all caseload carrying staff, the first of a series of on-going training modules on the newly implemented DCF Case Practice Model. By June 30, 2008, 3,595 staff were trained in the Case Practice Model. Additionally, a training was designed, in alignment with the DCF Case Practice Model, for approximately 400 Assistant Family Service Workers whose role it is to assist the caseworker and the family in achieving the agreed-upon goals. This training is currently being delivered (October 2008 through January 2009), with more than 200 AFSWs already enrolled. This population of staff previously had only received orientation, which provides a broad overview of the department and provides new employees with their identification cards, parking instructions, etc.

- Training opportunities have increased and broadened. Trainings occur more locally through the NJ Child Welfare Training Partnership which is able to provide instructors who travel to various training sites throughout New Jersey. Trainers from the Academy and from the Partnership hold classes in the DCF training sites located in Paterson, Voorhees, Farmingdale, and Trenton.

  The NJCWTP consists of four schools, three of which provide training delivery to staff of the DCF. Each school is responsible for certain counties within the state that generally correspond with Area and Local Office vicinages. The division is as follows: Rutgers University serves the Areas of Camden, Mercer/ Burlington, Middlesex, Monmouth, Hunterdon/Somerset/Warren and Morris/Sussex; The Richard Stockton College of NJ serves the Areas of Cumberland/Gloucester/Salem, Ocean and Atlantic/Cape May; and Montclair State University serves the Areas of Hudson, Union, Bergen/Passaic, and Essex.

  The resources of each school can be directed to the staff under the auspices of the Area Office. All training classes are posted on the NJCWTA website and staff are registered by the Assistant Area Director or their designee. Training classes are to be offered no more than an hour away from the Local/Area Office and are designated for staff from specific Area/Local Offices according to staffing numbers provided by the DCF. Utilizing this approach, staff can be assured of equal access to training classes and the enrollment of staff can be managed and tracked appropriately.

- In addition to providing more flexible and accessible human resources to the effort, training opportunities have been increased through an expanded catalogue of course offerings. In addition to four foundation courses on substance abuse, domestic violence, mental illness and concurrent planning, the NJ Child Welfare Training Academy has added courses on Equal Employment Opportunity for supervisors and managers, classroom and on-line instruction on using the State's automated child welfare tracking and record keeping system, and training on the specific response techniques and policies of the after-hours Special Response Unit for staff who are on-call or supervise on-call investigative staffers after regular working hours.

- Advanced Educational Opportunities: The State, in partnership with Rutgers, The State University of New Jersey, created a weekend MSW program, known as the Public Child Welfare Intensive Weekend Program (PCWIW). to encourage eligible staff within the public

child welfare system to return to school to pursue the preferred degree of social work. While these hours spent in a graduate program currently fall outside of the hourly requirements for staff so that work/job obligations are not interrupted, it is important to highlight the program as an example of the full commitment of the State to continued education and training of staff.

- In 2007, DYFS created the position of Assistant Area Director to promote and support workforce development and training in each Area and its Local Offices to further enhance staff professionalism and skills. Specifically, DYFS designated one Assistant Area Director for each Area Office to coordinate scheduling enrollment of staff into the Case Practice Model and Assistant Family Services Worker (AFSW/case aides) training programs, working with the Academy to resolve issues, and serving as local liaisons to ensure compliance with MSA training requirements. In doing so, DCF has included the direct participation of the Area/Local Offices administration monitoring staff's training progress.

- Local "on-the-spot" or "just-in-time" refresher or new training courses are routinely offered at the local office level. These include workshops and lectures on such areas as improving working relationships and workplace environments; enhancing family engagement skills; and various troubleshooting sessions for managers or workers with specific, self-identified skill deficiencies.

Data Considerations

- Since January 2008, more than 2,900 caseload-carrying staff received 40 or more hours of in-service training.

- Through NJCWTP, since July 2007, the universities have helped to train nearly 500 staff in concurrent planning, nearly 2,000 staff in case planning, and approximately 670 staff in mental illness**.** Additionally, 780 staff have received domestic violence training, which is provided by one of the state's largest protective services organizations for battered women. Another 317 staff received credit for completing a four-hour, on-line substance abuse training developed and administered by the National Association of Social Workers (NASW).

- In a recent staff survey, 182 respondents commented on how training needs are identified and supported locally. Some key themes were evident in the comments:
  - Staff identified additional areas of training that would be useful, e.g. Mental Health, Domestic Violence, Substance Abuse, Adoptions, Resource Family development, and Crisis Intervention. Notably, a number of these are areas in which DCF has been working to bring specialist roles into Area and Local Offices to support staff from a consultative base.
  - Staff noted that local trainings are conveniently arranged, e.g. at staff meetings, and are valuable and pertinent to current practice or local needs.
  - The importance of training timeliness was noted, i.e. to be concurrent with practice expectations vs. too early or late. Opportunities to reinforce training also are welcome,

including joint work events with modeling and/or observation as well as through increased feedback in supervision.

- The State has also engaged in a training needs assessment when a population of staff has been identified by DCF Leadership as requiring training. An example of this process can be seen with the design, development and implementation of training for the Assistant Family Service Workers (who are the paraprofessional DYFS staff). A web-based training needs assessment survey was administered to all current Assistant Family Service Workers (AFSW) staff asking them to identify areas they felt they could benefit from training. The results of the survey combined with the results of discussions with DCF Leadership and a brief open-ended survey of Local Office Managers was used to create the competency-based training. This model of training development is helpful as it accounts for perspectives on needs from staff, leadership and training experts

Strengths

- The State has clearly made an investment in both resources and commitment to on-going training for its staff. There is a continuum of training opportunities beginning with Pre-Service (Family and Community Engagement) and continuing through Foundational Courses, in-service training, e.g. on the DCF Case Practice Model, and other localized training opportunities. As the foundation of the DCF Case Practice Model continues to set over the next two years, the State has an opportunity to see in-service training more broadly. Once staff clearly understand the tenets of the practice model and have acquired the basic skills to engage families, the next level of practice-enhancing trainings can be implemented.

- Additionally, the Academy dedicates staff to operate New Jersey's automated tracking and monitoring system that provides reports on training compliance to State leadership, which adds the necessary component of accountability. The system captures registration, attendance, grades, and transcript information for more than 5,000 DCF employees.

Opportunities for improvement (OFIs)

The foundation for a solid, competency-based training system is in place. The opportunities for improvement occur as the State moves past the DCF case practice training and on to the next level of staff skill enhancement, including individual training plans, web-based training options, and a culture of continual learning and skill development for all staff.

The Child Welfare Training Academy currently is working in partnership with other State Departments and offices, as well as with child advocacy groups, to expand its course catalogue. Plans under way include curriculum development in the following:

- Early Intervention System (EIS) – The State currently is working with the State Department of Health and Senior Services on defining the correct referral process and procedures for caseworkers who identify, during child abuse and neglect investigations, children between the ages of birth and three with developmental disabilities. The training will include how to follow the correct procedures under federal law (CAPTA) and how the two departments interact in order to comply with CAPTA and serve these children optimally.

- Safe Sleep – The State is working with the Child Fatality Review Board, which is comprised of professionals from the medical, legal, education, and other child-serving professions, to develop training on safe sleep procedures to help reduce the incidence of sleep-related child deaths.
- State Central Registry – The State is working with the DCF Division of Central Operations to develop training on the State's centralized screening procedures for reports made to the child abuse hotline, as well as to ensure that all SCR staff are working in concert with the basic principles of the Case Practice Model.
- The DCF Adolescent Services Unit is working in cooperation with Rutgers, The State University, and with the New Jersey Child Welfare Training Academy to register, train, and certify staff who work primarily with adolescents. The curriculum focuses on the specific needs of children who are aging out of the child welfare system. In addition to the other training that casework staff receive, adolescent staff will receive the following: Positive Youth Development training, Life Long Connections; Permanency for Older Youth; Adolescent Policy In-service; Ansell Casey Life skills Assessment System; and Youth Workforce Development. In addition, the Office of Adolescent Practice and Permanency continually will assess and the need for specific topical training and will bring in or develop training for staff and community partners as necessary, e.g. working with specific subsets of the adolescent population.

Summary statement

The State has made significant improvements in its commitment to and delivery of high quality training to staff. In addition to establishing an annual hourly requirement, the State, through the Partnership, has created several regionally located programs which focus on providing staff training opportunities aligned with the State's vision for child welfare services in New Jersey.

D. Staff and Provider Training

Item 34: Foster and Adoptive Parent Training. Does the State provide training for current or prospective foster parents, adoptive parents, and staff of State-licensed or State-approved facilities that care for children receiving foster care or adoption assistance under title IV-E? Does the training address the skills and knowledge base that they need to carry out their duties with regard to foster and adopted children?

New Jersey continues to do well in providing training for prospective resource parents and facility staff in child residences. Many improvements have been made to assure that training remains current with changing needs of resource families and children in care.

Policy Considerations

Resource parents receive pre-service and in-service training in order to obtain and maintain licensure and to ensure that children placed in their care receive quality care.

Pre-Service training provides a resource parent applicant with an overview of DYFS, including:

- Core commitments to the safety, permanency and well-being of children
- Requirements for becoming a licensed resource parent
- Resource family home study process
- Support for the needs of a resource family
- Statutory authority for placing children out of home and providing services
- Policy and procedures related to resource family care as specified in N.J.A.C 122B, C, and D.

Pre-Service training is conducted by trainers in the Resource Family Support Unit (RFSU) of each Local Office. Successful completion of one or more of the following training programs is required **prior** to issuance of a license by the Office of Licensing:

- *Parent Resources for Information, Development, and Education (PRIDE)* - the standardized pre-service training program required for each primary and each secondary resource parent applicant. The goal of the PRIDE training is to strengthen the quality of resource family care.
- *Traditions of Caring* - the standardized, 18-hour pre-service training geared specifically for relatives, or those who have a kinship connection with the child. Relatives and family friends applying for resource family care are required to take the *Traditions of Caring* training, **in lieu of** *PRIDE* training.
- *Specialized Special Home Services Provider (SHSP) Training* - An additional training program geared toward the care and safeguarding of children with medical needs who are placed in SHSP homes. This is taught by RFSU staff and Local Office nurses.

Non-kinship foster care applicants must complete pre-service training prior to receiving a license and children being placed. For kinship placements, provisions for presumptive eligibility permit the child to be placed after a physical check of the home by DCF and successful completion of

the Child Abuse Registry and Promis-Gavel background checks. The caregiver then has a specified time to complete training and obtain a license.

In-Service training programs provide a resource parent with the technical support needed to maintain licensure and be effective.

- The Office of Licensing requires successful completion of in-service training by each resource parent to maintain a resource family license.
- Primary resource parents are required to complete seven hours of in-service training annually or 21 hours over the three-year licensing cycle.
- Secondary resource family providers are required to complete five hours of in-service training annually or 15 hours over the three-year licensing cycle.

Resource parents are offered several ways to access in-service training opportunities: attend teleconferences, correspondence courses, county workshops; or take on-line training offered through the Foster and Adoptive Family Services (FAFS) website (http://www.fafsonline.org/Training.html).

Special Home Service Provider A resource parent applicant who expresses a desire to be a Special Home Service Provider (SHSP) completes **additional** training as required by the Office of Licensing in accordance with N.J.A.C 10:122C-1.15.

- PRIDE training is mandatory for all SHSP providers, regardless of their prior experiences in the resource family care system. In addition,
- SHSP providers also attend specialized training conducted by a training team consisting of the Regional Home Liaison, a licensed Special Home Service Provider, and a Nurse from the Child Health Unit.

  Specialized training includes:

  - An overview of the SHSP program
  - The medical needs of a medically fragile child
  - Caring for a medically fragile child, including comforting techniques
  - Accessing health care systems
  - Issues of attachment
  - The emotional impact of caring for a medically fragile child

A SHSP provider and secondary provider are required to complete in-service training annually. Additional hours of training are offered by community agencies, hospitals, or the Human Resource Development Institute (HRDI). Approval of course content by the Regional Home Liaison is required.

Child Residential Facility Staff
DCF contracts for placement services in group homes and facilities that are licensed by the Office of Licensing. The licensing requirements mandate that facilities develop a training plan and ensure that all staff are trained in at least the following areas: the home's purpose; emergency procedures; protocols for medication; infection control procedures; and behavior management policy.

The in-service training requirement for staff is a minimum of 12 hours of training annually in the following areas: the principles of behavior management; alcohol and substance abuse; human sexuality and AIDS; and suicide prevention. Additional specialized requirements may be determined based on the needs of the population served. For example, as noted in Item 32, New Jersey has used the *Nonviolent Crisis Intervention Training Program* and *Residential Child and Youth Care Professional Curriculum.* Compliance with training requirements is evaluated as part of the inspection and review process discussed in Items 30.

CFSR Round 1 Findings

This item was rated a strength based on the PATH curriculum and continuing education requirements for resource parents and institutional Child Care workers. Areas of identified need included alternative language training and sessions in:

- Making educational decisions and advocating for children with the school system;
- Working with DYFS; and
- Parenting children who have challenging behaviors.

Changes since Round 1

PRIDE Pre-service
As the core pre-service curriculum for Resource Families, DYFS switched from *Parents as Tender Healers (PATH)* to *Parent Resources for Information, Development and Education (PRIDE)* in July 2005. This was the result of an evaluation of several models by a committee that included Resource Parents, outside stakeholders, Resource Family Trainers, and Central Office training staff.

The *PRIDE* program is designed to strengthen the quality of family foster care and adoption services by providing a standardized, consistent, structured framework for the competency-based recruitment, preparation, and selection of foster and adoptive parents, and for foster parent in-service training and ongoing professional development. PRIDE represents the state of the art in foster and adoptive parent preparation, development, and support.

PRIDE Pre-service is designed to teach knowledge and skills in five essential competency categories for foster parents and adoptive parents:

- protecting and nurturing children;
- meeting children's developmental needs, and addressing developmental delays;
- supporting relationships between children and their families;
- connecting children to safe, nurturing relationships intended to last a lifetime; and
- working as a member of a professional team.

Session contents includes:

- Connecting with PRIDE
- Teamwork Towards Permanency
- Meeting Developmental Needs Attachment
- Meeting Developmental Needs: Loss
- Strengthening Family Relationships
- Meeting Developmental Needs: Discipline
- Continuing Family Relationships
- Planning for Change
- Making an Informed Decision

Experienced PRIDE staff trained a small core of DYFS staff who became certified to train staff in the Local Offices.

Resource Parents have been recruited to serve as co-trainers of PRIDE, and were initially trained by Foster and Adoptive Family Services (FAFS). All counties now have at least one PRIDE Resource Family co-trainer. In 2006, DYFS contracted with PRIDE to provide a two-day course in advanced training skills for eight New Jersey PRIDE training teams to qualify as PRIDE master trainers.

Each Area Office draws up a training schedule. Annual PRIDE training schedules are developed each December. Classes are offered on weeknights, weekdays, weekends, or a combination of all three. The full complement of PRIDE training is 27 hours. Classes are offered in Spanish as needed. Once a class is completed, the trainer logs on to the New Jersey Child Welfare Training Academy web site and reports basic statistical information on the class. This information is used to track training activities statewide.

Kinship Curriculum

Concerns were voiced by Kinship caregivers about the standard PRIDE training, i.e. that the coursework did not reflect the unique circumstances that they experienced in caring for a relative. They also were concerned about the length of time required to complete PRIDE. In response to these concerns, DCF introduced the Child Welfare League of America product, *'A Tradition of Caring'*, in September 2007.

A Tradition of Caring is a comprehensive six-module, nine-session curriculum, providing 18 hours of valuable information and support related to kinship care. Sessions are designed to facilitate interaction and the sharing of experiences and support among participants, and use a task-based, strengths-oriented approach to learning. During the course of this program, each participant develops a comprehensive individualized action plan for accessing needed resources and meeting identified family needs.

Modules focus on key concerns, including:

- General kinship care issues
- Supporting healthy child growth and development
- Accessing needed resources
- Addressing changes in family dynamics
- Promoting children's needs for lifelong connections

- Understanding and navigating the formal child welfare system.

This program is available in Spanish and English and is part of the regular course schedule offered by each Resource Family Trainer**.**

SAFE Home Evaluation

In October, 2005 the Division introduced the Structured Assessment Family Evaluation (SAFE) program into New Jersey. SAFE provides the home study practitioner with tools to use in evaluating potential resource families. SAFE is a suite of home study tools for the psychosocial evaluation of prospective adoptive families, foster families, relative care providers, resource families and concurrent planning families. SAFE incorporates a psychosocial evaluation cycle that highlights and recognizes family strengths and identifies and addresses issues of concern, resulting in a comprehensive home study report

All Resource Family Workers must attend a two-day SAFE training before using the SAFE home evaluation package. This training is taught by SAFE trainers supplied by the program. In addition, "refresher" and "updates" were recently provided for all trained SAFE users. Through the use of this package, there is a more unified and consistent approach to evaluating prospective Resource Family homes.

Renovated Course Offerings

Foster and Adoptive Family Services (FAFS) is the primary provider of in-service training for New Jersey Resource Families. FAFS devised new courses and improved existing ones to create additional ongoing training opportunities for Resource Parents.

To meet the needs of the diverse Resource Parent community, courses are currently offered through five training modalities:

- On-line learning component
- Home correspondence courses
- County-based trainings
- Teleconferencing
- "Mini" trainings in which Resource Parents gain credit hours for volunteer support to committee meetings in which pre-approved speakers present.

In addition to English, several courses are now available for the Spanish speaking community in the online training and home correspondence course modalities. Because of the addition of two training modalities **(online and 'mini' trainings)** Resource Parents have increased access to a wide array of learning opportunities.

FAFS recently developed a course that imparts the most common DYFS policies that affect resource parents. The intent of this course is to help the parents have an understanding and a quick reference document of these policies.

For the past three years, FAFS has also included a teleconference titled 'Foster Care Basics' which addresses general foster care practices not covered in the PRIDE pre-service training. For the first time this year we are offering this teleconference in Spanish.

The identification of training needs for Resource parents can occur as a result of FAFS surveys of providers, the development of new policies or procedures, the findings of inspections and reviews, the experience of Resource Family Support Workers who deal with providers continually, recruitment and placement processes, and by the efforts of Resource Family Support Impact Teams.

Monitoring

- All trainings are reviewed yearly in order to ensure information is current and pertinent to the needs of the Resource Parent community. Recent updates were made to the Home Correspondence and Online training course that addresses the special education needs of the children in out-of-home placement. This course addresses both federal and state laws that speak to the classification requirements and placement opportunities for children who require special education services. This course also gives suggestions that the resource parents can use to approach their school districts in order to advocate for the children in their homes.

Data Considerations

- Resource Parents are asked to evaluate the PRIDE program upon completion, and received 41 responses. These questionnaires reveal that Resource parents overwhelmingly feel that the training has helped them strengthen their knowledge and skills and that the information presented was useful to them.

- In 2008, 1,818 resource parents completed PRIDE, and 807 completed the *Traditions of Caring* Kinship training, for a total of 2,625 trained.

- During the fiscal year July 2007 to June 2008, there were 1,595 unduplicated users of all FAFS training modalities. These 1,595 resource families completed 5,220 trainings and submitted a total of 2,860 voluntary evaluations. Of the 2,860 evaluations there were 2,857 satisfactory ratings.

- Through mid 2008, 40 foster parents completed a web-based training on the new Case Practice Model, offered through FAFS.

- New Jersey exceeded the National Standard (99.68%) for absence of maltreatment in Foster Care for the latter two of three Data Profile periods, with results of 99.90% for FFY07 and 99.70% for FFY07B08A.

- In a recent survey of Resource Families, 71% of respondents (n= 87) agreed that PRIDE training had a positive impact on their ability to provide effectively for children in their care. In a survey of DCF workers respondents of questions on Resource Family training (n=245)

72% agreed that PRIDE has a positive impact on our ability to achieve safety, permanency, and well-being.

Strengths

- The emphasis of caregiver training programs is on improvement and responsiveness to the needs of its consumer base as well as those of the children in placement. Training is continually updated to meet needs.

- The validity and strength of training have been positively affected by several adjustments in the recruiting/training/licensing process: resource parent applications are processed according to a defined timeframes; training is offered regularly and frequently; kinship resource parents receive training directed to the specific needs they have; FAFS offers improved and expanded training in several modalities to enhance access; staff is kept up to date on changes to the instruments that they use evaluating resource homes.

Opportunities for improvement (OFIs)

- With the increase in Resource Family homes, the need for quality relevant training will also increase. As the multitude of newly licensed providers seeks to fulfill their ongoing training needs, the challenge will be to increase the amount and variety of training opportunities available while updating the current curricula. An additional challenge will be motivating all resource parents to comply with the licensing standards for training hours.

- We also intend to have additional resource families, beyond those noted in the data section above, participate in training specifically related to the Case Practice Model.

Summary statement

New Jersey continues to do well in caregiver training, which was recognized as a strength in CFSR Round 1. We believe that our ability to provide timely, relevant training to existing and prospective resource parents has been a contributing factor to:

- The successful development of licensed resource homes, as evidenced by a net gain in licensed homes.
- Our ability to keep children placed with kin, and closer to home
- The low incidence of Abuse/Neglect in foster care
- Retention of resource homes

We also believe the success in resource family training supports the implementation of our case practice model by focusing families in the concept of teaming to meet needs.

E. Service Array and Resource Development

Item 35: Array of Services. Does the State have in place an array of services that assess the strengths and needs of children and families, that determine other service needs, that address the needs of families in addition to individual children to create a safe home environment, that enable children to remain safely with their parents when reasonable, and that help children in foster and adoptive placements achieve permanency?

New Jersey has made significant investment in its service array that is geared to help children and families at any point in time, from prevention through transition and/or post-permanency.

The addition and expansion of services follow the commitments of our reform work: to improve assessment; respond with unique, child-and family-centered plans as we implement the case practice model; and to improve outcomes for safety, permanency, and well-being, including the health and mental health needs of children. Services reflect the findings of CFSR Round 1 as well as the input of stakeholders and experts about what works, what is needed, and how we can build on strengths and then expand valued services in a planned, deliberate fashion.

Policy Considerations

DCF mission and vision statements stress the requirement of **relevance** of services. Thus range and flexibility of services supports are important. **Flexibility** supports quick response to the presenting issues of children and families, preventing further breakdown of the family that leads to greater penetration into the child welfare system. **Range** refers to the availability of services representing the continuum in child welfare: known drivers of involvement (such as substance abuse and domestic violence); prevention and in-community support; family preservation and support; placement and reunification services; and services to support transition away from the child welfare system.

Service in New Jersey's child welfare system are provided through contract with private or public entities under a Memorandum of Understanding or Memorandum of Agreement, or by other system partners and the community.

CFSR Round 1 Findings

This Item was found not to be in substantial conformity. Cited concerns included:

- Insufficient quantity and quality of services
- Lack of assessments to determine effectiveness of services relative to changed behavior
- Caseload size precluding full assessment of children/families and appropriate linkage to services
- Key service gaps in housing, substance abuse, vocational training, graduated reunification, mental health, health, special needs Resource Families (medically fragile, behavior challenges) Independent Living Services, and visitation

Changes since CFSR Round 1

- New Jersey has made considerable investments in its service inventory all along the child welfare continuum, as identified in Figure # 6. These include substantial gains in the service gaps identified during CFSR Round 1.

- As noted in Systemic Factor F: Agency Responsiveness to the Community, several examples demonstrate efforts to communicate with stakeholders and incorporate their input for planning purposes, including the identification of needs and decisions around service investment, e.g. to pilot services (such as Differential Response), replicate proven services (such as Peace: A Learned Solution), and to offer Flex Funding.

- The reduction and management of caseloads as discussed in the Introduction Core Strategies is affording staff the opportunity to perform better assessments and to link children and families with the most appropriate services.

- Structured Decision-Making, with its validated tools, has been instrumental in helping staff to perform more consistent assessment of both the child and caregiver/parents.

- The ongoing development of specialist support in the offices as described in the Core Strategy on caseloads, e.g. Child Health Units, Domestic Violence liaisons, clinicians, helps caseworkers to better identify needs, understand underlying issues, and obtain input needed to identify appropriate services.

- DCF Divisions and units continue to identify and leverage opportunities to increase and improve services. For example, the Office of Child Health Services (OCHS) has met recently with the New Jersey Dental Association (NJDA) to discuss strategies for improving access to preventive care and treatment for DYFS-involved youth. OCHS is joining the Medicaid Dental Advisory Committee, and will work with NJDA and Medicaid to encourage provider participation in Medicaid while also remaining open to other creative solutions to this challenge.

- The Case Practice Model, with its emphasis on engagement, teaming, and child and family-centered practice has begun to shift the intensity of focus away from a set menu from which one selects the "most likely" service, to focusing on what the underlying needs of the family are, what success means, and what combination of services and supports will assist the family to achieve that success. As the Case Practice Model takes hold, assessment and service selection will continue to improve.

- The application of Concurrent Planning practice, with its attention to 'enhanced reviews' of cases, helps by maintaining a focus on the service array and the progress it affords children and families.

- As will be described under Items 36 and 37, we have made administrative adjustments that are driving improvement in services from the provider perspective. For example, we are

implementing performance-based contracting to contracts now place an emphasis on measuring outcomes.

- In response to the needs for "aging-out", each year the Office of Adolescent Practice and Permanency submits the John H. Chafee Foster Care Independence Program Plan Update. This Plan includes available services and resources, accomplishments, and new strategies to enhance service provision and supports.

  With the development of Adolescent Units there will be an in-depth comparative analysis of available resources as well as the needs of adolescents in each area. This analysis will be useful in working with our Chafee agencies and other community partners to help realign resources to meet the changing needs of the adolescent and young adult population. Stipends may be used only for an adolescent age 16 to 21 when no family resource is appropriate or available, and neither adoption nor kinship legal guardianship is a suitable option. When all viable alternatives have been exhausted, DYFS may then arrange to place such an adolescent in an independent living placement.

  Coordinating services for "dually managed cases" (DYFS and Chafee agencies) can be addressed by the joint completion of the youth's Transition Plan. The adolescent, his DYFS case worker, and the Chafee case manager should meet at least every 6 months with the adolescent as the leader in planning for his future. The Team Meeting process is also a vehicle that will lead to better coordination and collaboration between the adolescent, DYFS and Chafee agencies.

Data Considerations:

Please refer to Figure # 6 to understand the scope of service investment.

- Seventy-one (71) families responded to the piloted TEAM survey. Of 70 responding to a question on goals, 78% report that they were helped to obtain services that were most important to their goals.

The impact of services that support families is linked with several indicators of improvement:

- Of all children in placement as of March 2008, 38% were in kinship homes and 45% were in non-kinship care.

- DCF, in calendar year 2007, set a record for the most foster children adopted ever in one year, with 1,540 finalized adoptions. This exceeded the target of 1400 adoptions, and represented an increase of 10% over the 1,396 adoptions achieved in 2006.

The number of families under supervision continued on a downward trend, declining from 28,379 in January 2007 to 27,168 in December 2007. As of September 30, 2008, this figure was 22,553. This may indicate that we are better able to target families who require supervision, and that investments in services are helping to prevent unnecessary entry into the system.

- The number of children entering out-of-home placement also continued to decline, from 10,390 in January 2007 to 9,466 in December 2007. As of September 30, 2008, this figure was 9,198.

- The number of former foster children achieving permanency under New Jersey's subsidized adoption program has increased each year since 2002 (6,594) to June 2007 (10,729).

- The number of children achieving permanency under subsidized kinship legal guardianship is up from 3 in 2002 to 2,515 in 2007.

- All children entering out of home care are required to have a pre-placement assessment. DCF has successfully networked with community medical partners to develop alternative options for pre-placement assessment. From July through December, 2007, 100% of children entering care received their assessments, with an average of 90% of those assessments performed in non-emergency room settings.

- The number of children placed out-of-state for treatment continues to decline. From a total of 306 children placed out-of-state as of June 2007, by June 2008 this number was down to 159. The majority of children placed out-of-state have experienced significant mental health challenges and are placed out-of-state following attempts to find an appropriate placement in New Jersey.

- Several recent surveys were conducted to obtain input from Resource Families (n=87), DCF staff (n=904), Providers (n=95), System Partners (n=75) , Youth (n=72), Families (n=29) and court-related staff (n= 119) on a number of topics. Relative to service array, themes of feedback received included:
  - Youth reported needing more doctors and dentists who take Medicaid, as well as services to help them find jobs and housing
  - Providers identified the need for services for aging out youth and stipends for housing
  - System Partners identified the need for additional adolescent, housing, transportation, and prevention services
  - The most common services reported as used by family respondents were counseling (69%), parenting (69%), substance abuse treatment (44.8%), visitation (31%), and domestic-violence related services (24.1%).
  - DYFS staff identified a need for increased visitation, domestic violence, substance abuse, and immediate (e.g. family preservation) services. In addition, most needs were in the manner of service accessibility and flexibility, as discussed in Item 36.
  - Among the urgent challenges identified by providers that affect services were the need to develop services for "aging-out" youth, to provide stipends for housing, to improve coordination in dually case-managed cases, and to improve assessment for children and families.

While several of these areas are currently being addressed by DCF units and partners, e.g., health and adolescent units, efforts to address the service array by their nature must be systematic and continuous to support sufficiency and agility of service.

Strengths:

- New Jersey's significant service investment has made a difference in our ability to responds to the actual needs of children and families.
- Lower caseloads coupled with better assessment tools and specialist support have provided the ability to focus on the whole family, not just the child or the parent, and to better understand the underlying needs.
- The philosophy and collaboration inherent in the Case Practice Model will strengthen our ability to properly understand families and to creatively and jointly determine the most appropriate compliment of services and supports.

Opportunities for Improvement:

- One challenge to workers is to be sufficiently knowledgeable of the increasing service array so that one knows what supports can be accessed for the child and family. Enhancing the use and understanding of NJ SPIRIT as a tool to maintain and access real-time information about awareness of services and their availability may be an area for continued development.

- New Jersey is in the early developmental stages with regard to its Case Practice Model. Continuing along the implementation path will be important to continued success in service array, particularly with the CPM's emphasis on formal and informal supports for children and families.

- We need to continue evaluating, strengthening, and expanding or adjusting the service array in ways that reflect the needs of the population served. Some of the services that are identified as needing to be increased or strengthened include transitional living services for older youth, dentists who will treat children under Medical Assistance rates as identified in Item 22, substance abuse services, mental health (including adult services), visitation services, children's domestic violence services, family preservation services, transition/job training and aftercare services, as well as services to GLBTQI youth. Managing the array will include continual collaboration efforts among system partners to help us develop and deliver services most efficiently.

Summary Statement

New Jersey has made a significant investment in its service array, including major development in all areas identified as deficient in CFSR Round 1. We need to continue our efforts to be vigilant about service needs and finding efficient ways to assess and meet needs of children and families.

Service Array - Services are available statewide unless otherwise noted by * ***Figure 6***

Division of Youth & Family Services (DYFS) - New Jersey's Lead child protection and child welfare agency within DCF. Its mission is to ensure the safety, permanency and well-being of children and to support families.

Key Service Areas:

- Investigation and Assessment – services in response to reports of alleged child abuse/neglect or requests for services
- Placement Services - umbrella term for the wide variety of temporary out-of-home placements available to children in DYFS custody.
- Family Support Services - Includes services provided to strengthen families and children in their own homes as well as to foster and adoptive families and children in out-of-home placement.
- Permanency Services - Services designed to achieve permanency for the child, through reunification, adoption, Kinship Legal Guardianship
- Permanency also includes supporting youth in successful transition to adulthood.

Services Now Include:	Developments since CFSR Round 1 Include:
• Information & Referral • Investigation of Child Abuse & Neglect • Child Welfare Assessment • Family Crisis Intervention Services • Permanency Services • Family Support Services • Resource Family Support Services • Services to children in placement • Evaluation Services • Reunification Services • Transportation services • Housing Support • Counseling/Therapeutic Services • Addiction treatment services	• Family Preservation services were expanded in Gloucester to serve additional families **Substance Abuse** • Expanded services for substance abuse –In patient, intensive outpatient, treatment, directed at adolescents, fathers with dependent children, and mothers with children have been initiated and/or expanded since CFSR Round 1. Adolescent programs were initiated in 2005 or later. Residential for adolescents – 30 beds Outpatient for adolescents – 40 slots Intensive Outpatient for adolescents – 136 slots Residential for adults – 83 beds Halfway House – 8 beds Intensive Outpatient for adults – 284 slots Methadone Intensive outpatient for adults – 110 slots Intensive Outpatient for fathers and children – 48 slots • In SFY 08, four awards were provided to add 48 additional Intensive Outpatient slots for fathers, children and adolescents.

Service Array - Services are available statewide unless otherwise noted by * ***Figure 6***

- Substance abuse screening & evaluation
- Flex Funds
- Medical exams, specialized to evaluate child maltreatment
- Family Team Meetings
- Family Preservation Service
- Psychological services
- Psychiatric services
- Kinship Care
- Foster Care
- Adoptive Home
- SHSP – Special Home Service Provider for Medically Fragile Children
- Therapeutic/Specialized Foster Care
- Shelter Care
- Group Home
- Residential Treatment
- Treatment Home
- Transitional Living and Permanent Housing– Adolescents & Young Adults
- Independent Living
- Family Preservation Services – FPS
- Parenting Skills – In Home & Center Based
- Mentoring for Children in Placement and In Home

- Additional residential slots were awarded to a Somerset County program, adding 8 slots

- Expanded inpatient and outpatient Substance Abuse services for adolescents and adults. In 2008, DCF funded 30 new residential treatment slots for parents, 64 new intensive substance abuse out patient treatment slots and 20 new residential treatment slots for youth. As of October 2008, DCF anticipates approval for 17 adolescent treatment beds and 19 slots for adolescent intensive outpatient treatment programs.

Health

- Developed a process in conjunction with DMAHS to auto-enroll children in placement into Medicaid Managed Care.

- The Comprehensive Health Evaluation for Children (CHEC) exam has been developed and providers identified, with continuing emphasis on growing the number of providers. Currently eight providers cover 14 counties.

- Developed Comprehensive Medical Exams (CME) for children in placement, doubling the capacity of the provider network. DCF increased the service providers for CMEs.

- Expanded options to provide pre-placement assessments of children entering placement through Vendor approval for Medicaid reimbursement.

- Expanded dental services for children in New Jersey. As of January 2008, the increased Medicaid fee-for-service reimbursement rates from $18.02 to $64 per exam. Five Medicaid HMOs have increased the number of dentists in their network

- Medicaid eligibility for youth was expanded for coverage to be available through age 21.

Service Array - Services are available statewide unless otherwise noted by * ***Figure 6***

- In-home Behavioral Support for Children in Resource Family & Pre Adoptive Placement
- Adoption Support Services
- Foster Home Support – Friendly Visitor
- Respite for Resource Families
- Addiction evaluation and treatment
- Domestic Violence Counseling
- Home health nursing
- Visitation services
- Psychological and psychiatric evaluations and treatment for individuals, families and group
- Health Services
- Reunification Services
- Visitation Services
- Individual & Family Therapy
- Family Group Conferencing
- Intensive In-Home Parent Support
- Life Skills – Teens & Transitioning Youth
- Aftercare Services – Teens & Transitioning Young Adults
- New Jersey Scholars program
- Youth Supportive Housing

Support

- Adoption support services, including counseling, in-home therapy, and post-adoption respite, were expanded to new/underserved areas of Morris, Sussex, Cape May, and Warren, and to cover two additional populations: adopted teens and children achieving permanency through Kinship Legal Guardianship.
- Post adoption respite services were expanded to eight agencies.
- Additional Day Care slots were funded to assist birth and resource families During the second half of FY 05, approximately 65 families were projected to receive child care each month with the total cost of new enrollments at the end of SFY 05 being approximately $337,120
- Flexible funds introduced in FY2005 to address unique & individual needs of families and children, supporting families and resource families in providing care by funding things such as babysitting, tutoring, special activities, emergency home repairs, etc. From January through June 2005, over $4million was expended. In 2007 DCF budgeted $2.7 million for the flex fund pool. In 2008 this fund was increased to $3.7 million.
- With the Division of Family Development's Mental Health initiative, secured 100 slots for priority use by DYFS involved parents.

Placement

- Increased the number of Resource Families available to provide service,as evidenced by a net gain of 1550 homes over the last two fiscal years.
- Therapeutic Supervised Visitation services and family-focused reunification services were expanded through awards to an additional 16 providers
- Implemented six resource family advocates to support prospective & existing resource families in Monmouth/Middlesex, Camden, Essex, Union, Hudson, Bergen/Passaic areas.

Service Array - Services are available statewide unless otherwise noted by *	***Figure 6***
•	**Transition** • DCF developed the Youth Permanency Demonstration Project. This program combines life skills/youth development with permanency services. This program is open to approximately 70 youth per year. The goal is to ensure that adolescents do not age out of care without having a life long connection to a safe caring adult while preparing them for adulthood. • Transitional living services were expanded to be available for youth ages 18-21. • DCF increased the number of Transitional Living beds for youth aging out of foster care. In 2007, DCF increased the number of slots by 112 and provided over $2 million for this project. • In 2003, the NJ Scholars Program was created to help fund college educations for adolescents. As of FY2005, over 250 youth had participated. During the 2007-2008 school year, 500 youth participated in the program and $2.5 million was budgeted for the FY 2008, up from $1million in FY06 • Four contracts were expanded to develop a mentor program. Each of the four programs serves approximately 20-25 youth. The agencies were in Essex County Passaic County Camden Co, Mercer County • Supportive housing for aging out and homeless youth resulted in at least 60 beds, followed by additional awards to 14 agencies to provide innovative options for supportive housing for this population, adding 112 beds. • A Memorandum of Understanding was developed between the Department of Human Services and the Department of Labor and Workforce Development to fund 25 slots in the NJ Youth Corp Program. This program assists youth who have dropped out of high school and require alternative learning and career development assistance. • Aftercare services, case management and service linkage, have been developed for youth who no longer have open DYFS cases. In its initial year, 2005, 232 young adults were served.

Service Array - Services are available statewide unless otherwise noted by *	***Figure 6***
	Housing • The Shelter Housing Exit (SHE) program provides both short and long term assistance to women transitioning from domestic violence shelters. • Legislation was passed establishing a State Rental Assistance project-based program with 100 slots set aside for DYFS families. Assistance is linked to specific buildings. The New Jersey Department of Community Affairs (DCA) will work with developers over next 2 years to renovate/establish housing units. • The Neighborhood Preservation Program is a new investment program to strengthen the community. The DCA committed $1.5 million over 5 years to renovate 3 communities. The selected communities have been identified: Vineland, Asbury Park, and Jersey City. • The Resource Home Rehabilitation Program is designed to provide grants for under and loans for work over to help foster families to improve the condition of their homes and to meet licensing standards. . • HOPP, a program operated by the Home Mortgage Finance Agency (HFMA) provides low interest mortgage loans to qualifying families in the final stage of adopting a child or becoming a legal guardian.

Division of Prevention & Community Partnerships (DPCP) - This Division builds a continuum of community-based child abuse prevention and intervention programs that are culturally competent, strength-based, and family-centered with a strong emphasis on child abuse prevention.

Key Service Areas:

- Early Childhood Services (under 6 years old)- The overall goal of the this office is to provide prevention information and services to families with special emphasis on programs designed to service children below school age. The Early Childhood Office provides its resources/materials to families in 15 languages.
- School-linked Services - The Office of School Linked Services provides school-sited social and preventive programs for NJ youth and families through a set of programs that are community based and research validated. In addition, some programs have earned commendations and awards for cost-effectiveness, significant improvements in healthy youth development, prevention of Alcohol, Tobacco, and Other Drugs (ATOD) abuse, teen violence, and pregnancy.
- Family Support Services - The Office of Family Support Services approaches prevention through parent and family engagement. The goal of the office is to bring about social service delivery systems in which parents, employees, providers, and policy makers share the work of improving lives for children and families**.**
- Domestic Violence Services - Domestic violence core services are for domestic violence victims and their children including a 24 hour hot line, 24-hour emergency shelter entry for a maximum stay of 60 days; counseling; legal, general, financial and housing advocacy; children's services; community education and networking**.**
- Service Integration within and across counties - DPCP coordinates Social Service Block Grant and other federal funding from the 21 County Welfare Agencies through collaboration with county entities and organizations, e.g. the Child Welfare Agency, Human Service Advisory Council, etc. The focus is to foster and create an effective network for planning, prioritizing, and implementing effective prevention efforts that are county-focused and county-driven.

Services Now Include:	Developments since CFSR Round 1 Include:

• New Jersey Child Assault Prevention Program (NJCAP)
• Home Visitation*
  • Nurse Family Partnerships
  • Healthy Families,
  • Parents as Teachers
• Strengthening Families Initiative
• Strengthening Families through Early Care & Education
	Home Visitation
	Expanded in SFY08
	• 7 sites were added to Healthy Families;
	• Nurse-Family Partnerships are expanded to 6 additional counties
	• Parents as Teachers was expanded to Cumberland county

(NJSFECE) Initiative
• NJ Children's Trust Fund (CTF) grantees*
• School Based Youth Services Programs (SBYS)
• Family Empowerment Program
• Family Friendly Centers
• Adolescent Pregnancy Prevention Initiative*
• Parent Linking Program
• NJ Child Abuse Prevention
• School Based Medical Centers*
• Juvenile Delinquency/Gang Prevention Initiative
• Youth Helpline
• Family Success Centers (FSC)*
• Family Resource Centers referred to as Children and Families Initiative (CFI)
• Outreach to At-Risk Youth (OTARY)
• Differential Response (DR)*
• Domestic Violence (DV) Core Services
• Peace: A Learned Solution (PALS)*
• DV Representation Project represents low income victims of DV, supports the work of other attorneys providing representation
• Women's Law Project
• NJCBW (New Jersey Coalition of Battered Women)
• Coordinate services with the
  • Division of Family Development (DFD);
  • County Department of Human Services directors;
  • Human Service Advisory Councils (HSAC's)
 	
*Home Visitation coverage statewide: Healthy Families has 23 sites across 16 counties: Mercer, Passaic, Ocean, Cumberland, Gloucester, Salem, Atlantic, Union, Monmouth, Burlington, Bergen, Middlesex, Camden, Essex, Morris, Cape May. Nurse Family Partnership is in Essex, Gloucester, Cumberland, Salem, Monmouth, Passaic. PAT added to Cumberland county
 	
*CTF programs are in 7 NJ Counties
 	
* There are 6 primary health care programs in schools which
	• NJSFECE Initiative, in collaboration with DHS/Division of Family Development, expanded from 15 centers in SFY2007 to 114 centers in SFY2008 serving more than 8,000 early childhood families.
	
	School-Based
	
	• During FY 05, 19 additional sites became operational in FY05, eleven in High Schools and eight in Middle Schools to address health and mental health needs to assist youth in their social development. Since then services have been expanded (5 new High School Sites, 1 middle school site and 1 Parent Linking Program)
	
	• In addition, at 4 SBYSP high school sites a specialist in Prevention of Juvenile Delinquency & Gangs has been added.
	
	• A new program to integrate Refugee Children into 2 high schools in Mercer and Essex counties has been established through a Memorandum of Understanding with the Department of Human Services that oversees all refugee programs for NJ.
	
	• A statewide Youth HELPLINE, which provides interactive telephone help to youth ages 10-24, has been added.
	
	Family Support
	
	• Thirty-seven (37) Family Success Centers and 5 CFIs provide a core set of 10 services including child abuse prevention and wrap-around services and supports for families.
	
	• In 2007, Differential Response was piloted in a four county area (Camden, Cumberland, Gloucester and Salem). Recently, two additional agencies were awarded funding to expand DR to Union and Middlesex Counties. In October 2007, DCF approved $4.2 million to the four DR Pilot sites.
	
	• Twenty-one (21) 'At risk' youth programs have been funded and started serving families in 2008. These are some of several programs which fall under the Governor's Crime Prevention Initiative

are located in various locations in NJ. *There are 28 programs to prevent teen pregnancy, in high and middle schools. *Differential Response is available in Camden, Cumberland, Gloucester and Salem counties, and is expanding to Union and Middlesex counties. *PALS is available in 11 counties: Atlantic, Monmouth, Ocean, Union, Bergen, Burlington, Camden, Essex, Hunterdon, Middlesex, Passaic Counties	**Domestic Violence** • Since CFSR Round 1, PALS has been expanded from a four-county program to 11 counties, and the capacity has been expanded in some programs from 30 to 50 slots per year. • The Shelter Housing Exit (SHE) program provides both short- and long-term assistance to women transitioning from domestic violence shelters.

Division of Child Behavioral Health (DCBHS) - Services to children and adolescents with emotional and behavioral health care challenges and their families. Services are based on the needs of the child and families in a family-centered, community-based environment.

Key Service Areas

- Mobile Response and Stabilization Services- Services available 24 hours, 7 days per week to help children/youth experiencing emotional/behavioral crises.
- Residential Services - DCF is expanding in-state residential treatment services for children, including 60 additional specialty beds for children with severe emotional disorders.
- In-Community Behavioral Assistance - DCBHS supports 56 community-based outpatient and partial care providers across the state and authorizes the enrollment with Medicaid of more than 400 in-home community clinical care providers
- Contracted Systems Administrator - The CSA functions as a common single point of entry for children, youth and young adults accessing behavioral and mental health services.
- Care Management Organizations - Contracted to provide a full range of care management, treatment and support to children with the highest level of needs
- Youth Case Management - Provides case management services to children with less severe needs
- Unified Care Management (UCM) -Provides Care Management Organization (CMO) and Youth Case Management (YCM) services in each area. DCBHS will be forming a single entity that will exercise significant responsibility for brokering services in a local area
- Multi-Systemic Therapy (MST)-provides a home based therapy. Intervention is available 24/7 via the on call system. Usual duration of services is an average of 4 months, with an expected range of 3 – 5 months. Targeted youth are 12 – 17. The goal is to facilitate change in the natural environment in order to promote individual change. The caregiver is viewed as the key to achieving long-term outcomes**.**
- Functional Family Therapy (FFT) is an outcome-driven prevention/intervention program for youth who have demonstrated the entire range of disruptive, risky, and acting out behaviors, including delinquency. Short term therapy lasting 3 – 4 months or approximately 14 sessions. Therapy occurs in the home or wherever the family would like to meet. FFT is a preventative measure which should help in the youth avoid involvement with the juvenile justice system.
- Children's Crisis Intervention Services (CCIS) is defined as a community based acute care inpatient psychiatric unit, located in a community hospital and licensed as a closed child/adolescent inpatient facility by the Department of Health and Senior Services, that is designated by DCBHS to provide assessment, crisis stabilization, evaluation and treatment to children, youth and young adults (ages 5 to 17 years) in need of involuntary commitment or eligible for parental admission or voluntary admission. These are considered short-term

units with a typical intended length of stay of less than two weeks.	
Services Now Include:	Developments since CFSR Round 1 Include:
• Mobile Response and Stabilization • Residential Treatment • Family Support Organizations • Contracted Systems Administrator • Care Management Organizations • Youth Case Management • Unified Case Management* • Intensive In-Community Behavioral Assistance • Multi-systemic Therapy* • Functional Family Therapy* • Children's Crisis Intervention Services * UCM is available in Essex, Monmouth, and Mercer counties. *MST and FFT are available in Middlesex, Cumberland, Gloucester, Salem, Burlington, Ocean, Atlantic, Cape May, Union, Somerset and Mercer Counties. Soon to expand to Union and Somerset counties.	• Expanded the number of in-state specialty beds by over 300. In 2007 a RFP was issued seeking in-state specialty beds for children ages 8-12 and 15-18, and resulted in 55 additional beds. These include programs that provide treatment for trauma, sex offenses, fire setting and domestic violence. • MRSS, available in four counties at CFSR Round 1, was expanded statewide. • By 2005, there were 8 CMOs operating and RFPs were issued to serve the remaining counties. By 2006, the remaining CMOs were operational statewide. • In 2005, YCM agencies were expanded to add 20 full-time case managers and supervisory positions in Mercer, Middlesex, Camden, Burlington, Morris and Ocean. By 2006, YCM services were implemented statewide. • Unified Case Management was initiated in Essex County. In July 2008, DCBHS issued a RFP for the UCM approach to work with the children & youth, resulting in contract awards to Monmouth and Capital County Children's Collaborative (Mercer county). • In 2007, DCBHS mandated that Intensive in Community services must be provided by an Independent Clinically Licensed Practitioner. BA services must be provided by a provider with, at minimum, a Bachelor's degree. I • In 2007, RFP issued for $3.8 million to seven service providers for FFT and MST. • In 2008, service providers of MST and FFT hosted information sessions to introduce their organization and service model to key community decision makers. • In January 2008, DCBHS lifted its moratorium on certifying new agencies, as medical/mental health and service providers. It made significant gains throughout NJ; DCBHS gained service providers in Cumberland, Gloucester, Atlantic and Passaic counties. Added approximately 80 new providers (some of whom are multi lingual) in underserved geographic areas of NJ. Added

	approximately 40 new providers who are multi lingual with clinical specializations. For example, in Passaic county, DCBHS gained 35 new service providers and 19 are fluent in Spanish.
Division of Central Operations -Provides services that support key elements of the safety net for children: screening, requests for services, investigation of allegations of child abuse and neglect in institutional settings, and evaluation of case practice in matters of child fatality, near fatality, and critical incidents involving DCF children. **Key Service Areas** • State Central Registry (SCR) • Institutional Abuse Investigation Unit (IAIU) • Evaluation, Support, and Special Investigations	
Services Now Include:	Developments since CFSR Round 1 Include:
• Information & Referral • Receipt of Allegations of Child Abuse and Neglect • Requests for Child Welfare Assessments/Services • Information Only Requests • Investigation of allegations of Abuse/Neglect in institutional settings • Practice evaluation regarding facility and critical incidents	In July 2004, implemented the State Central Registry as the single point for the receipt and timely dispatch of reports of child abuse/neglect as well as requests for child welfare services/assessments.

E. Systemic Factor: Service Array

Item 36: Service Accessibility Are the services in Item 35 accessible to families and children in all political jurisdictions covered in the State's CFSP?

The accessibility of New Jersey's service array should appropriately reflect the dynamics of need and prudent, evidence-based resource development. Accordingly, services may be in pilot mode or limited to certain geographic regions, and may not be available statewide, e.g. Differential Response. The Figure #6 in Item 35 provides the current availability of services. As part of our continuing efforts to improve the service array statewide, we focus on three things: responsiveness of services to the needs of the individual recipient; the range of services offered; and flexibility in deploying service resources consistent with changing needs.

Policy Considerations:

DCF mission and vision statements stress the requirement of **relevance** of services. Thus range and flexibility of services supports are important. **Flexibility** supports quick response to the presenting issues of children and families, preventing further breakdown of the family that leads to greater penetration into the child welfare system. **Range** refers to the availability of services representing the continuum in child welfare: known drivers of involvement (such as substance abuse and domestic violence); prevention and in-community support; family preservation and support; placement and reunification services; and services to support transition away from the child welfare system.

Services in New Jersey's child welfare system are provided through contracts with private or public entities, arranged under memorialized agreements, or offered by other system partners and the community.

CFSR Round 1 Findings:
This Item was determined not to be in substantial conformity. Cited concerns included:

- Certain services were not available everywhere – e.g. Family Preservation, sufficient Health, Mental Health, and pre- and post- adoption services.
- Barriers to services existed, e.g. lack of transportation, little/no weekend or nighttime availability.
- Long waiting lists, particularly for family preservation, substance abuse, and mental health services.

Changes since CFSR Round 1:

Investment in Services Range

- Since CFSR Round 1, New Jersey has made considerable investments in its service inventory all along the child welfare continuum, as identified in Figure **#6.** These include substantial gains in the service gaps identified during the CFSR.

Flexibility
In 2004, New Jersey implemented flexible funding. This particular service was immediately deployed statewide, and found to be extremely valuable in helping workers to creatively sustain families intact or support stable out of home placement. As noted in the period IV report by the federal monitor, these funds as have been used, for example, to remove bed bugs, pay utility bills, send children to dance competition and camp, and buy specialized infant formula. As flex funding enables us to address needs in an alternate fashion to traditional services, by design it expands access to needed supports.

Service Assessment
Periodic contract reviews are led by Business Office staff and include Area and Local Office staff, particularly Area Planners, Resource Development Specialists (RDS), and Managers. Contracts are reviewed for effectiveness and utilization. On-site program monitoring of levels of service and documentation are conducted by the contract staff with the participation of Area or Local Office staff. Business managers may also attend the Area Director's team meetings where resources and contracts are discussed. Discussion includes newly-identified service needs, and how to make the services more responsive and effective. RDS can also attempt to identify vendors for needed services and make a Request for Vendor Agreement. Findings may verify the necessity and effectiveness of service, or result in a corrective action.

As part of the contract monitoring process the team reviews information submitted by the agency. Data is reviewed against performance standards, as well as information obtained during monitoring visits to determine if the program is meeting its agreed-upon objectives. DCF contracting recognizes the need to provide services that are accessible to a wide spectrum of consumers. DCF has added contracted services, and requires agencies to identify their capacity to be culturally competent.

Increased Communication with Stakeholders
As noted in Systemic Factor F: Agency Responsiveness to the Community, there are several examples of collaboration in assessing needs as well as in service planning and deployment. This collaboration is a valued tool in prioritizing service development, thus impacting service accessibility.

- Through the new Case Practice Model and family team meetings, parents, children and youth, when age appropriate, and team members are becoming more active participants in making decisions about what services and supports they require, how and who should deliver those services, and how to identify success. The opportunity of this process to increase the use of informal supports, including support to access traditional services, this effectively improves access to those services/support that address underlying need.
- In addressing services under Title IV-B, subpart 2, Promoting Safe and Stable Families, DCF has routinely taken feedback from its DYFS workers in terms of the availability and accessibility of those services. Such surveys indicate the prevalent service options, and needs, in resolving the presenting needs of their child and/or family. Surveys conducted in 2007 and 2008 generated 1,031 responses, predominantly caseworkers and caseload carrying supervisory staff. Among pertinent findings, the majority of respondents reported that the most effective services were substance abuse treatment, reunification services, family

stabilization and step-down programs. The respondents reported that more of the following services were needed: substance abuse, independent living, visitation, education assistance/job raining, and aftercare. Also in terms of accessibility, difficulty with the referral process and wait time was particularly noted with independent living programs.

Data Considerations:

- The report by the federal monitor for Period IV acknowledges the addition of substance abuse services but identified that the offices visited in that monitoring period (Bergen Central, Mercer North, Burlington East and West, Camden, Gloucester East and West) reported a still greater need for these services and noted that local accessibility of the service was a contributing issue.

- In a series of recent surveys, respondents on services [Resource Families (n=40), DCF staff (n=230), Providers (n=95), System Partners (n=17) , Youth (n=32), Families (n=29) and court-related staff (n= 55), Judiciary (n=10)] were asked to comment on the accessibility.

    - The aspect of services most often receiving a "disagree" rating by family respondents (45%) was "services fit my family's schedule", indicating a need for services to be more responsive to a family's lifestyle, norms, and needs.

    - Service Providers were asked to identify things they do to meet the demand for service availability and access. Responses included marketing programs when they have slots available, having flexible hours and services, providing services in a convenient location, and hiring and training qualified staff. They identified the need to decrease waiting time between referral and intake.

    - DYFS staff identified the most common barriers to services as waiting lists, lack of transportation, non-attendance by the child/family, and services not available. Several respondents noted the need for services in alternative languages, and many noted the need for flexibility in the hours of service provision.

Strengths:

- New Jersey has made a substantial investment in services to children and families, with developments all along the continuum from prevention through transition and aftercare. As indicated in Item 35, while the service array requires additional expansion and continuous adjustment, the volume of development across the state since CFSR Round 1 represents a significant gain in service availability, which supports access.
- A methodology for assessing needs has been implemented that will respond to the ever-changing needs of the service population, enhancing our ability to more readily identify access issues and understand need so that we can efficiently deploy needed services in a given location.
- We have improved the flexibility of supports, through the use of items such as flexible funding to the entire process of child-and family centered planning that includes unique and

natural supports to achieve identified goals. This support to meet a need, whether through traditional services or informal supports – provides ready access.

Opportunities for Improvement (OFIs):

- The ever-present challenge of shifting service availability closer to the base of needs is an opportunity for improvement. In some measure this is affected by the individual worker's knowledge of what exists, but the need for the following services to be more accessible has been identified:
  - Substance abuse treatment, mental health counseling (adult), and family preservation services
  - Visitation services that are available during hours that families are able to participate, i.e. non-business and non-school hours and weekends
  - Domestic violence services for children, e.g. expansion of the PALS program
  - Dentists who accept Medicaid is a statewide need
  - Transitional living programs that, as staff have reported, have extensive waits for such services
  - A complete plan for services to GLBTQI youth is also identified as an area for improvement in the period four report of the Federal Monitor.

- The ability to redeploy service resources in a more fluid fashion would provide the most opportune responsiveness to individiuals' needs. Adjustments to contract administration processes and provider oversight should focus on enabling this type of fluidity.

- Improving the mechanism through which information gets from the worker/client interface to the attention and consideration of planners would be another opportunity for improvement. At the same time, identifying standard mechanisms to assure that information on new and/or available services is provided to workers could improve effective referral and use of those services.

Summary Statement

New Jersey has made significant investments in its service array that are geared to help children and families at any point in time, from prevention through transition and/or post-permanency. The addition and expansion of services follow the commitments of our reform work: to improve assessment; respond with unique, child-and family-centered plans as we implement the case practice model; and to improve outcomes for safety, permanency, and well-being, including the health and mental health needs of children.

E. Systemic Factor: Service Array

Item 37: Individualizing Services Can the services in item 35 be individualized to meet the unique needs of children and families served by the agency?

New Jersey has made progress in its ability to individualize services to meet the unique needs of children and families as a result of service investments, practice changes that promote focus on the individual as well as on better assessment, adjusted methods of contracting, and systems of monitoring that collectively require that services be tailored and responsive to the needs of individuals.

Policy Considerations

Since the last CFSR, DCF has significantly changed the case planning process. DYFS policy was revised in April 2008 to reflect the current practice of engaging the family and encouraging them to identify a team to develop the case plan with the family. The case plan is an individualized working agreement which clearly delineates specific action to be taken by family members and DYFS. The plan is developed with the team and is documented in NJ SPIRIT. The goal is for a single coordinated plan to be in place for all agencies and supports involved with the family. This plan is completed within 60 days of a report or within 30 days of a child entering placement and every 6 months thereafter.

New Jersey has adopted a Case Practice Model that focuses on teaming and collaboration. It utilizes a family's strengths, informal and formal supports and an individualized planning process to create individual and family-centered plans that are suited to presenting needs. During the teaming and collaborative planning process, families have a voice in what services they will receive, how the services are delivered, and any needed accommodations that support the family, such as language, time of service, etc.

CFSR Round 1 Findings:

This Item was determined to not be in substantial conformity. Cited concerns included:

- Individualization of service was hindered by caseworker skill limitations in the areas of assessment, linkage, family-centered planning, and service knowledge
- Lack of bilingual services
- Limited communication between DYFS and service providers
- Service selection based on availability as opposed to needs
- Lack of an ongoing process to determine services were meeting family needs

Changes since CFSR Round 1:

The ability to tailor services requires effort on several levels: client, practice, internal/external support/service, and community.

- **Reduced Caseloads and Expanded Support -** Reduced caseloads, as discussed in the Introduction Core Strategy, ha**ve** enabled workers to become more familiar with their families and has provided the opportunity to invest time in more thorough assessment, planning, linkage to services, and dialogue with service providers regarding ways to tailor services. Workers are in a position to share information with many types of service providers about a family's unique situation. Examples might include:
  - Parent work schedule has changed and service provider must change their schedule to accommodate the family.
  - Parental feedback to worker about participation in a service indicates more attention is needed to parenting a teen, worker can address and request with service provider that the focus meet parent's need.
  - Family's primary or only language is not English, worker can request that service provider assign a staff member that speaks the family's language. If not available, the worker can work with the service provider to partner with a translator who is knowledgeable about the family's culture.

- The development of in-house consultative support for caseworkers assists in understanding children and families, supports proper assessment, and can provide guidance for workers in selecting/recommending appropriate service alternatives. As discussed under the Core Strategy on Caseload, these specialist roles that are in various stages of development include:
  - CADC staffing has increased, to consult regarding substance abuse
  - Nurses have been identified in offices as they work to develop Child Health Units in all Local Offices. CHUs will initially and primarily focus on children in placement, but are available to workers for consultation regarding health-related concerns
  - Former DCBHS Team Leaders, with experience in child mental/behavioral health services, are available to assist in navigating the mental health system to address related concerns and needs
  - LCSWs are available in some Area Offices to provide consultation and assistance regarding behavioral/mental health needs of children and families
  - Concurrent Planning Specialists are placed in each Area Office to provide guidance and support for permanency practice

- The introduction of the **Case Practice Model** (CPM) is a relatively new development (having begun implementation early in 2008), but it is central to the concept of individualized services. With its emphasis on teaming and individualized, family-centered planning, the case practice model brings more resources to the table, enriching both the information and the identification of potential avenues to success.

  Parents, children and youth, when age appropriate, service providers, DCF staff and other team members become active participants in making decisions about what services and supports are needed, how and who should deliver the services, and how to identify success.

  Family team meetings provide the platform for the team to coordinate individualized services for the child and family based upon taking an individualized approach to working with the family.

- The use of **Structured Decision Making (SDM)** gives workers validated tools to help structure and inform their assessments and analysis of a child and family. The objectivity of the tools serves to prioritize areas of focus to guide planning of interventions, services, and case contact requirements to assure that we are honing in on the specific needs of the child, caregiver, and family. New worker training has an increased focus on assessment that includes the use of SDM.

- **Investment in Services -** Since the last CFSR, DCF has made significant investments in the service array available to our children and families. As discussed in Item 35, the investments addressed a broad scope of areas, including Prevention, Child Behavioral Health, Initial Response, Family Preservation, Permanency, Health, Aftercare, and Services to Transitioning Youth. Offering a greater variety and intensity of services and supports increases our ability to deliver the proper combination needed to achieve goals.

  Many of the RFP's for services were specific in outlining a request for services that were evidence based, culturally competent, and where delivery meets the individual needs of children and families. Examples include:
  - Transitional Living and Life Skill services to teens and young adults have been designed to assess with the youngster their strengths, identify their needs and individualize services and goals to meet their needs.
  - Adoption Support services provide a combination of in-home and group with flexible hours to meet family needs.
  - Reunification Services that are designed to assess the family's strengths and needs and individualize services that support safe and expeditious reunification.

  In particular, the 2004 implementation of "flexible funding" was directly responsive to this Item: the purpose of this funding is to assist unique and individual needs of families involved with DCF where it is appropriate and not otherwise available. In SFY 2007, New Jersey allocated $2.7 million to flexible funding which was increased to $3.7million in SFY 2008. Examples include:
  - Provide a tutor for a child to build educational skills in reading, math, science, etc.
  - Purchase home repairs for a family to support a safe environment for the child and family.
  - Provide enrichment support to children for music, art, dance, scouts, sports, etc.
  - Provide household furnishings i.e. beds, kitchen items, etc. to support a safe environment for the child and family.

- **Contracting Changes –** Adjustments in DCF's approach with contracted service providers has helped support the individualization of services. This is most evident in two ways:
  - The requirement for service contract proposals to describe a "program approach" which includes:
    - Description of services, specific goals and objective of each;
    - Description of activities/methods that will be employed to achieve service objectives;
    - Description of collaborative efforts or process that will be used to provide services;
    - Information on the accessibility of services, including hours and days services will be provided and the geographic locations; and

- Information on the Level of Service (LOS), including a definition of each unit of service and an indication of the LOS anticipated throughout the contract period.
- Description of how the proposed program will meet the needs of various and diverse cultures within the target community based on the NJ Law Against Discrimination (N.J.S.A. 10:15 et seq.).

- The revisions to the "Annex A", to include performance outcome measures. The Annex A content includes:
  - Agency Organization Description section includes:
    - Agency goals;
    - Methods for measuring goal attainment;
    - Self-evaluation process; and
    - Practices that reflect recognition of cultural sensitivity.

  - Program Description section (which is where service flexibility, to match against family needs, would be indicated) includes:
    - Program description;
    - Target population;
    - Deliverables;
    - Delivery method;
    - Accessibility;
    - Site location; and
    - Number of clients served.

  - Performance Outcomes section includes:
    - Goals, objectives;
    - Service definitions and;
    - Performance output and indicators.

  - Level of Service (LOS) section includes:
    - Service elements;
    - Contracted service days or units; and
    - Minimum service requirements.

Data Considerations:

A piloted consumer feedback survey of 70 families regarding their TEAM revealed:

- 96% of respondents felt staff listened to them and their family
- 86% felt that they were involved in decision-making
- 83% felt that they were helped to get the services they needed
- 78% felt that the TEAM helped them secure services that were most important to their goals
- 82% felt that they benefited from the services received
- 93% of the respondents indicated that meetings are held at a time that 'works' for the family
- 79% reported that the 'right' individuals are on their TEAM

- 90% of respondents indicated the TEAM works together well
- 92% of respondents felt the TEAM listened to everyone's ideas

In a recent survey of families (n=29), in which about 58.6% reported TEAM experience, 64% felt that they were receiving services that were important to their goals. Suggestions for improving services included consistency of caseworker, and accessibility to workers, clarity about what services different families qualify for, and workers visiting families more often.

A survey was issued to all providers under contract with DCF. Providers in survey (n=95) were asked to identify things they do to individualize services for the child and family. Common responses included:

- Review any records or evaluations on the child/family
- Identify the strengths and needs of the child/family
- Have family team meetings that involve the family and its support system
- Develop case plans that are specific to the child/family
- Involve consumers in developing the case plan and goals
- Make a good match of consumer with therapist
- Collaborate with system partners

Strengths:

- New Jersey's significant service investment has increased the array and flexibility of services, promoting our ability to link children and families with those service that truly respond to their actual needs

- Having lower caseloads, structured assessment tools, and the availability of specialist support has helped workers evaluate the whole family, not just child or parent. This has helped uncover the underlying needs that can then be addressed through the improved service array

- The philosophy and collaboration inherent in the Case Practice Model (teaming approach and individualized case planning) will strengthen our ability to understand families and to creatively and jointly determine the most appropriate complement of services and supports

- The adjustments in DCF contract administration impose on providers requirements that are consistent with the intent of this Item. This is a good system start toward consumer-driven services that reflect both current and emerging needs of the service population.

Opportunities for Improvement (OFIs):

- Availability of select services will continue to be an intermittent issue, absent the ability to accurately forecast need and reassign resources accordingly. For example, the October 2008 MSA report cites a lack of transitional living program beds. DCF will need to remain vigilant and continually assess and adjust its program/service stock consistent with the prevailing needs of children and families served.

- Keeping plans current, and tracking and adjusting them to adapt to changing situations will be a challenge as we progress in our Case Practice Model implementation. Strengthening supervision to support individualized planning and parental engagement is being addressed through a special two-day module that will be included in the upcoming training. Ensuring that practice actions are completed, and that teams are recalled when plans are not working or at key decision points in the life of a case are areas in need of additional focus.

- The integration and development of skills in the area of child and family-centered case planning by a family team is pivotal in individualizing services, and will require the dedication of managment, workers, and the service community to the new Case Practice Model.

Summary Statement

New Jersey is relatively new to the model of child- and family-centered planning that is at the heart of individualized services. There is a challenging road ahead as we bring staff, families, providers, and system partners closer to the reality of individualized planning and support. Continued mentoring and coaching will be key, as will continued investment in the amount and flexibility of services and supports.

F. Agency Responsiveness to the Community

Item 38: State Engagement in Consultation with Stakeholders. In implementing the provisions of the Child and Family Services Plan (CFSP), does the State engage in ongoing consultation with tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies, and include the major concerns of these representatives in the goals and objectives of the CFSP?

New Jersey engages collaboratively with stakeholders, using a network approach, to implement the provisions of the CFSP, and includes the major concerns of these stakeholders in the goals and objectives of the CFSP. This is apparent in the collective progress we have made to date in achieving child welfare reform. Originally aligned with the first Child Welfare Reform Plan, New Jersey's CFSP was revised in 2007 to reflect to address outcomes for Safety, Permanency, and Well-Being, and to reflect the Core Strategies discussed in the Introduction of this Statewide Assessment. Collaboration with stakeholders is evident at three levels: client, agency, and community; and the feedback is both direct and indirect.

Policy & Practice Considerations:

Collaboration with children and families, agencies, providers, and other system stakeholders including the community, is an integral and vital aspect of the work of our Child Welfare System. The importance of collaboration is echoed in the Mission of the Department, the Core Values and Principles expressed in the Case Practice Model, and the principles articulated in the Modified Settlement Agreement.

The mission of DCF is to ensure the safety, permanency and well-being of children and to support families. Partnership is a core element: government cannot do the job alone; real partnerships with people and agencies involved in a child's life are essential to ensure child safety, permanency and well-being, and build strong families. Hence, New Jersey takes a broad-based and multi-disciplinary approach to ensuring that the delivery, assessment, planning, and services for children and families are most effective.

The stakeholders with whom New Jersey consults and collaborates include, but are not limited to: consumer families, youth, child advocates, child abuse and prevention agencies, a vast array of service providers and agencies; a wide variety of other state and local government agencies; the judiciary and other members of the legal community; advocates; faith-based organizations, foster and adoptive parents; hospitals, health care and medical staff and providers; schools and universities; law enforcement; the Commission on Indian Affairs, and the military.

The manner of consultation, collaboration, and feedback is to gather and use information in the naturally occurring processes and networks that we navigate in our everyday work, to provide the ever-important "context." As such, collaboration occurs on three levels:

- **Client, or Child and Family level:** Working in a coordinated fashion, teaming with families their supports, and other providers to jointly assess, plan, and implement services, and evaluate progress.

- **Agency level:** Working together to secure grants, initiate new services, secure resources for families, coordinate benefits to mutual clients.

- **Community level:** Working with community partners to understand local needs, so that our service continuum and our practices reflect local needs.

CFSR Round 1 Findings

This Item was found to be not in substantial conformity. Cited concerns included limited participation of stakeholders in consulting on and implementing the provision of the CFSP. Specifically, consumers and child welfare agency staff, including local administrators and caseworkers, were not sufficiently included.

Changes Since Round 1

- A the time of CFSR Round 1 PIP development, New Jersey had just completed a Child Welfare Reform Plan that was drafted with significant numbers of system stakeholders. The plan reflected stakeholder input, and expressed deliverables that required ongoing collaboration between system stakeholders on behalf of children and families.

  The five year Child and Family Services Plan due at that time (June 2004) reflected the Child Welfare Reform Plan as its strategy statement.

Although this initial Child Welfare Reform Plan was restructured into the Modified Settlement Agreement, the criticality of collaboration in the work of the child welfare system was clear. Much of the substance of the restructured Modified Settlement Agreement drew from collaborative workgroups that included agency staff and many external stakeholders (advocacy groups, service providers, etc.), continuing the Department's commitment to involve stakeholders in strategic planning. Other examples of collaboration in New Jersey abound, as follows:

Prevention **-** The work of our Division of Prevention and Community Partnerships (DPCP), created as part of New Jersey's reform planning, is accomplished in large measure through a network of public/private partnerships that will continue to be the lynchpin of successful growth and revitalization of the front-end of our system. The work of DPCP provides evidence of collaboration on all levels:

- Differential Response represents a coordinated effort between DCF, the local responding agencies, and their local partner agencies, to effectively work with families in need of an assessment and possibly information/referral and/or direct services, before a child protective service need arises. This collaboration supports the Department's focus on prevention and its commitment to respond proactively to customer needs at the front-end. These efforts help to establish a more coordinated continuum of services for children and families.

- DPCP is working to develop Parent Empowerment Councils at each Family Success Center. Collaboration with families and community partners is evident in the focus on the Statewide Parent Leadership Team meets three times per year, involving parents from each county.

- Strengthening Families through Early Care and Education (SFECE) represents a partnership between DPCP, the Department of Human Services Division of Family Development (DFD) to training child care workers statewide in the Strengthening Families Framework. There is now a resource and referral trainer in every county versed and able to provide the Strengthening Families Framework. New Jersey now has 105 centers across the state implementing the Strengthening Families program, and is recognized as the only state in the country to do Strengthening Families statewide.

- DPCP has established a series of 37 Family Support centers throughout the state that provide wrap-around resources an support for families to succeed and to provide an optimal environment for their children's development, in part by partnering with foundations and working with program partners to transition/expand into Family Support Centers. Each center has a Parent Advisory Board, to provide shared leadership and family input into governance.

- Each School-Based Youth Services Program High School has a community Liaison Board that features parental involvement in an advisory capacity.

Children in Court - The work of the Children In Court Improvement Committee exemplifies collaboration within the child welfare system. The participants in the court collaboration work to review laws and procedures regarding foster care and adoption proceedings to promote improvements in this arena. As part of its efforts to promote safety, permanency, and well-being, the team reviews laws and procedures regarding foster care and adoption proceedings to promote improvements.

- The Children in Court Improvement Committee (CCIC) involves a broad variety of stakeholder participants, including judges, representatives from the Department of Children and Families, the Division of Youth & Family Services (DYFS), the Division of Child Behavioral Health Services (DCBHS), the Attorney General's Office, the Public Defender's Office, Court Appointed Special Advocates (CASA) of New Jersey, Legal Services of NJ, the Office of the Child Advocate, the Juvenile Justice Commission, the Association for Children of NJ, and professionals from the health, education, mental health and substance abuse fields.

- As part of its efforts to promote safety, well-being and permanency for children, the CICIC funds regional cross system training events, which bring together court system partners and child welfare stakeholders in both trainer and learner roles, as described in the Introduction, Workforce Development strategy.

- The CICIC has also funded efforts directed to consumers to educate them (parents, youth, caregivers) about various processes and challenges of the system, e.g.

- Development of a children's Handbook for youth ages 11-14 who are involved in an abuse/neglect case in NJ Superior Court, Family Division. The book will be distributed through Office of Law Guardian attorneys and investigators.
- Development of a guide for resource parents that provides an explanation of the court's processing of child welfare cases and the role of the resource family in the court system

Child Welfare – Developmental Disabilities – DCF has worked with the Division of Developmental Disabilities to establish meetings around the state as a forum for conferencing co-managed cases. The meetings are helpful and have proven productive in fostering good inter-agency communication while identifying and pooling shared resources on behalf of clients, resulting in more appropriate case planning.

Behavioral Health - DCBHS has worked with system partners to institute conferencing in which a team reviews cases of youth in out-of-state placement to identify needs and understand if there are alternatives that can meet those needs in-state. Representatives may typically include DYFS, DCBHS, and DDD. Efforts focus on reducing the incidence of out-of-state placement. This collaboration has reduced the number of youth in out of state placement.

In the assessment of how we support children receiving services of DCBHS, DCF held a series of focus groups and regional stakeholder sessions in order to have open discussions with families, providers, and the community. These feedback forums provided information about DCF's role in helping families gain access to services, and how the system might be improved to better respond to children experiencing behavioral/mental health issues, and has provided critical information in redesigning the service delivery system.

Housing – DCF continues to work in partnership with the Department of Community Affairs and the Housing and Mortgage Finance Agency to address housing needs. For example, a unique housing initiative was undertaken to target youth who are not in need of intensive treatment. As a result, several programs were funded, with many considered permanent housing options where youth can remain beyond their 21st birthday.

Health Care - Since the last CFSR, DCF has worked with its system partners to provide more comprehensive medical and dental care for children. The Office of Child Health Services of DCF continues to work collaboratively with the Division of Medical Assistance Services, the Department of Health and Senior Services, and partners and community providers to address the health care needs of children receiving services.

Items of focus include access to care, insurance coverage for care, coordination and management of care, and documentation of care. This collaboration resulted in the May 2007 release of the Coordinated Health Care Plan for Children in Out-of-Home Placement. In implementing that Plan over the past year, the Office has focused on collaboration to expand the network of community providers with extended evening and weekend hours, in order to decrease the inappropriate use of emergency rooms for Pre-Placement Assessments, as well as providers able to perform comprehensive medical examinations within 30 days of children entering out of home placement.

Training - Since the last CFSR, DCF created the New Jersey Child Welfare Training Academy. This Academy's collaboration with its system partners has facilitated the following endeavors: work on the Case Practice Model implementation, and the creation of the following consortium programs, Baccalaureate Child Welfare Education Program, Stockton College, The Public Child Welfare Intensive Weekend MSW Program, Rutgers University, and Montclair Child Advocacy Certification Program.

Case Practice Model - In developing this model, DCF sought input and involvement of several stakeholder groups, including staff, community partners, parent, youth, plaintiffs and the Modified Settlement Agreement monitor. Implementation of this model has naturally fostered continued collaboration with a wide contingent of system stakeholders. For example:

- The Child Welfare Practice and Policy Group (CWPPG), the NJ Child Welfare Training Academy, and the Child Welfare Training Partnership (i.e., Rutgers University, Stockton College, Montclair State, Kean College) have teamed up to provide the training associated with implementation of the Case Practice Model

- In December 2007, the DCF Commissioner met with the Supreme Court Chief Justice to discuss the CPM. Judiciary members in the immersion sites were oriented to the model and invited to join the change effort. The DCF director of policy and planning partnered with the Lead Deputy Attorney General to hold a summit for Deputy Attorneys General (DAGs) representing DYFS to orient them to the model.

- Each Local Office has worked with a variety of stakeholder groups around CPM implementation, e.g. various focus groups have been convened at the Area and the Local Office to inform roll-out of the model locally. Participants have included internal staff, community stakeholders, legal partners, service providers, resource families, adolescents, and DYFS client families.

Resource Families - Revised regulations have been proposed in an attempt to address content that could effectively delay or deny a family from becoming licensed even though that family could provide a safe and supportive home for children in DCF's custody. To inform this regulatory revision effort, DCF conducted a series of focus groups and discussions with existing and potential Resource Families and key advocates, analyzed current practice, and reviewed best practices. A draft of the regulations has been prepared and is currently in final review by DCF.

Statewide Office of Contract Administration and Policy Development - The Statewide Office of Contract Administration and Policy Development collaborates with all DCF Divisions on statewide contract policy and procedures. The Office also collaborates with DCF units on Requests for Proposals for third party contracts, offering coordination and technical support. Coordination with social service providers on statewide contracts is directly administered by this unit. Staff conduct site visits to the providers to view first hand the facilities and services provided to our clients. The Office also conducts site visits to work with providers in the preparation of contract documents, level of service reports, budget reviews, contract modifications, etc.

Youth Advisory Boards – Youth Advisory Boards, comprised of youth involved with the child welfare system, have been organized and are active in all but three counties (Morris, Sussex, Hudson) of the state to provide the agency with direct input from these young consumers. Youth provide recommendations and consultation on a wide variety of agency planning and operational functions.

Grants - New Jersey has received grants that represent collaborative efforts by system partners. For example, the recent IDTWA grant on Substance Abuse Treatment represents the commitment of the Department of Human Services' Division of Addiction Services, DCF, and the Administrative Office of the Courts to work in partnership to improve the infrastructure to support families involved in the child welfare system and in which substance abuse issues are present.

Committees - There are a number of committees and groups that are organized at the county or local level and meet periodically with stakeholders including child welfare representatives. The work of these groups represents an opportunity to exchange information and advance efforts for mutual clients. These include meetings of: Human Services Advisory Council in each county; Youth Services Commission; County Inter-Agency Coordinating Councils, Commission on Child Abuse and missing children; CIC Advisory Boards.

- Children's Interagency Coordinating Councils (CIACCs) serve as the mechanism to develop and maintain a responsive, accessible and integrated system of care for children with special social and emotional needs and their families, through the involvement of parents, consumers, youth and child serving agencies as partners.

- Youth Services Commission – The Youth Services Commission brings together leaders from various disciplines and engages them in a pro-active group process aimed to address the needs of court-involved and at-risk youth from birth to age 21.

- County Human Service Advisory Councils are county-based planning, advisory, and coordinating organizations dedicated to helping the community meet its human services needs. HSACs facilitate and enhance the delivery of human services through collaborative relationships across the county, and between counties and State agencies

- The Commission on Child Abuse & Missing Children addresses the problems of child abuse and missing children through data collection, assessment, program recommendations, education and training.

Data Considerations

- In 2007 and 2008, surveys were disseminated to DCF staff to provide information for use in the development of the 2007 and 2008 Annual Progress and Service Report (APSR). DCF obtained feedback from 1,031 workers regarding services that are used by our children and families and are funded under the Promoting Safe and Stable Families (PSSF) program.

- We have reduced the number of children receiving services in out-of-state placements significantly, from 305 in June 2007 to 103 in November 2008, based on the work accomplished in teaming with system partners to assess children and identify needs and potential services in state through which to serve them.

- As a result of collaboration between DCF and the DHS Division of Medical Assistance and Health Services, children are automatically enrolled in Medicaid upon entry into out of home care.

- The expansion of Family Team Meetings to all Local Offices as an integral part of the Case Practice Model is at the heart of this Item on consultation. The value of this is present in the responses we have received to a piloted consumer feedback survey of of 71 families regarding their TEAM revealed:
  - 96% of respondents felt staff listened to them and their family
  - 86% felt that they were involved in decision-making
  - 83% felt that they were helped to get the services they needed
  - 78% felt that the TEAM helped them secure services that were most important to their goals
  - 82% felt that they benefited from the services received
  - 93% of the respondents indicated that meetings are held at a time that 'works' for the family
  - 79% reported that the 'right' individuals are on their TEAM
  - 90% of respondents indicated the TEAM works together well
  - 92% of respondents felt the TEAM listened to everyone's ideas

- Of 29 DYFS-involved families responding to a survey for the CFSR, 17 (58.6%) reported being involved in a family team meeting, seven (24.1%) report no such involvement. Most interesting, five (17.2%) were not sure whether they had been involved in a family team meeting. This likely reflects New Jersey's stage of development with its Case Practice Model, and underscores the need to continue vigorously with implementation.

- The growth and expansion of our services as indicated in Figure #6 Systemic Factor E, Service Array, Item 35, reflects extensive collaboration with system partners.

- System Partners (n= 75) responded to a survey. The largest respondent groups identified themselves as service providers, county government agencies, Human Services Advisory Councils, and university/educational organizations. Regarding collaboration, they reported:
  - 88% agreed that they seek feedback from system partners
  - 47% disagreed that they had a voice in evaluating the child welfare system
  - 68% agreed they were kept abreast of developments in the child welfare system
  - 49% thought they did not have input into the planning that occurs within the child welfare system

- Providers (n=95) responded to a survey. The services respondents most frequently identified their agencies as providing were Counseling, Mental Health Services, Parenting Skills, Case

Management, Information and Referral, Evaluation and Assessment, and Family Support. Regarding collaboration, they reported:

- 84% work collaboratively with DCF and system partners
- 77% coordinate their services with the other agencies serving the family
- 76% agreed that they had a voice in planning meaningful services for children and families
- 91% agreed that they seek feedback from system partners
- In terms of evaluating the progress of the child welfare system, 36% disagreed that they had a voice
- 26% disagreed that they were kept abreast of changes/development in child welfare

- DYFS workers (n=421) responded to a survey, and 262 responded to questions on collaboration. They reported:
  - 80% agreed that they seek feedback from system partners
  - 45% agreed that they had a voice in evaluating the child welfare system
  - 77% agreed they were kept abreast of developments in the child welfare system
  - 46% thought they did not have input into the planning that occurs within the child welfare system

Strengths:

In implementing the provisions of the CFSP, the State engages a great variety of stakeholders.

- Child welfare system partners have been part of the development of New Jersey's reform plan for its child welfare system. That plan is represented in the CFSP. There is a significant amount of ongoing consultation and collaboration taking place with system partners and the children and families they serve at the client and program level.

- The work of collaboration is occurring at natural opportunities. This provides context to keep the output of collaboration relevant to our work with children and families.

- The results of consultation and collaboration have been significant – real programs, real improvements in service delivery with direct benefit to children and families, real opportunity for the system as a whole to learn and improve.

Opportunities for Improvement (OFIs):

Opportunities for Improvement are rooted in the sheer volume of collaboration that, good as it may be, presents its own challenges.

- Given the number of parties involved in different types of collaboration, the system challenge is two-fold: 1) to not exclude participation in consultation; and 2) to carry the message about productive collaboration so that those practices can be replicated.

- Several system partners confirmed a difficulty in navigating the volume of activity that is linked with child welfare, and noted difficulty in remaining quickly informed on

developments and shifts within the system. This indicates an opportunity to improve communication and information sharing mechanisms that are available to stakeholders, so that feedback is consistent and rolling, keeping everyone readily-aware of developments.

- Using naturally-occurring opportunities and networks for collaborative input may obscure the practice itself, creating the appearance that the opportunities for input and feedback are limited. As a result, we will need to use our communication and quality mechanisms to articulate the linkage between action and product, to make collaboration visible.

Summary Statement

Child Welfare System stakeholders, from families through the service system to the communities families live in, have been a part of the development and improvement of the child welfare system in New Jersey. As the system advances developmentally, it is anticipated that the partnership brought to each encounter will continue to strengthen not only families but their communities and other elements of the child welfare system.

F. Agency Responsiveness to the Community

Item 39: Agency Annual Reports Pursuant to the CFSP. Does the agency develop, in consultation with these representatives, annual reports of progress and services delivered pursuant to the CFSP?

New Jersey does develop annual reports of progress in consultation with its system partners, using both direct and indirect feedback from children, families, providers, and other parties to inform the reports.

Policy and Practice Considerations:

DCF is the designated agency with responsibility for IV-B and IV-E funded services. These services are provided either directly by the DCF, through contracted providers, or by system and community partners. Each year DCF produces an Annual Progress and Service Report (APSR) on progress of the CFSP. Report content is prescribed by the Administration for Children and Families, and includes:

- Child and Family Services Plan
- Promoting Safe and Stable Families
- CAPTA State Grants
  - New Jersey Task Force on Child Abuse and Neglect Justice Act 1
  - Criminal Background Checks for Foster and Adoptive Parents
  - Community-Based Child Abuse Prevention (CBCAP)
  - Basic State Grant
  - The New Jersey Child Welfare Citizen Review Panel
  - The New Jersey Child Fatality and Near Fatality Review Board
  - The New Jersey (TFCAN) Staffing and Oversight Review Committee
- Chafee Independent Living Skills /
  - Education and Training Vouchers
- Court Improvement Program
- Program Support
  - New Jersey Child Welfare Training Academy Plan
  - National Resource Center Technical Assistance
  - NJ SPIRIT (SACWIS)
  - SafeMeasures
  - Quality
- Tribal Consultation
- Supporting Information
  - Juvenile Justice Transition
  - Inter-country Adoption
  - Foster and Adoptive Parent Recruitment
  - Adoption Incentive Payments
  - Child Welfare Demonstration Projects
- Medical Consultation
- Caseworker Visits

- Financial and Statistical Information
- Disaster Preparedness Plan

As indicated in Item 38, collaborating with children and families, agencies, providers, and other system stakeholders including the community is an integral and vital aspect of the work of our Child Welfare System. In preparing the APSR, DCF works collaboratively with system partners who have lead responsibility for its various content areas.

Each year, the Office on Quality reviews its APSR development process, to assure the format will conform to ACF requirements and will promote information on progress that includes consumer feedback on services received, and program/goal changes to be made based on consumer feedback. All reporters are identified, and the Office works with program points, contract administrators, and program/agency representatives to secure progress reports that contain the required information. A survey of DYFS case-carrying staff is conducted to gain feedback on Promoting Safe and Stable Families programs.

The information developed through the reports and survey is added to other information developed through the year, including Requests for Proposals, initiatives undertaken, monitoring reports, and DCF data. Collectively, this information represents the work (input, planning, feedback reporting) of the network of stakeholders, and is used to inform a progress report on the implementation of CFSP.

CFSR Round 1 Findings:

This Item was found to be not in substantial conformity. Cited concerns were the lack of inclusion of stakeholders who represent DYFS and other key organizations, and the unfamiliarity of the APSR to various stakeholders.

Changes Since CFSR Round 1

PIP experience
At the time of CFSR Round 1, what had been the CFSR steering committee and the CFSP Statewide Planning committee were merged to form one entity that could provide input on the CFSP and APSR. First year PIP actions were taken to remediate deficiencies:

- DYFS staff initiated discussion with sister Divisions regarding restructuring the CFSP/CFSR committee, the local sources of stakeholder input each process required, and the inherent opportunities for collaboration
- Technical assistance was accessed from the National Resource Center for Organizational Improvement, with a focus on finding a way to improve stakeholder interaction and increasing input at a local level
- A meeting of the merged committee was held to wrap in the then-current CQI process and begin work on restructuring. This included an eco-mapping exercise to identify local points of stakeholder interface.
- Fact sheets developed for the CFSR and the CFSP were distributed to the committee for use in communicating basic information about the CFSR and CFSP/APSR. A guidance document was also developed outlining the committee structure and responsibilities.

- An on-line staff survey was conducted, as part of the CFSP Annual Progress and Service Report development, to develop information about the programs most useful and needed by children and families, particularly in the areas funded under Promoting Safe and Stable Families (PSSF). A similar survey has been conducted each year.
- APSR development methods were researched. The format, methods, and requirements for progress-reporting were adjusted to gather information on customer feedback and quality systems of the provider.
- Children and families continued to be underrepresented in the central group, for many good reasons, including time and travel considerations. Committee membership identified that many workgroups could be formed locally or on an as-needed basis to link with stakeholders and to complete the deliverables required in the CFSP, CFSR, and Quality activities.

Moving forward
Noting this history, we realized that the work to transform the CFSR/CFSP committee from a single input source to a network of conduits and access points, representing local and state perspectives, would be a developmental process that needed to evolve as community partnerships were strengthened, local networks developed, and Quality systems built.

With the advent of the MSA, we challenged ourselves to transition from a formal committee to this type of representative network operating seamlessly through naturally-occurring processes that are "closer to the ground", such as court improvement committees, provider groups, youth advisory boards, county interagency coordinating councils, etc. This remains a work in progress.

APSR Development
The Office on Quality became responsible for the APSR development with the report due June 30, 2007. In preparation, as noted above, we reviewed the reporting requirements, renovated the document organization and content style.

The process for developing the APSR was revised to incorporate a reporting format that required providers of PSSF services to clearly identify their goals, objectives, service descriptions, unit of service definitions, levels of service expected and provided, children and family numbers served, referral sources, outcomes and accomplishments, barriers to accomplishment, contributing factors, stakeholder feedback, changes anticipated based on stakeholder feedback, how progress is measured, quality system, and collaboration with community partners.

In completing these reports, DCF receives both indirect feedback from consumers as well as direct feedback from the program providers that is used to evaluate and communicate progress.

We issue an annual survey to DYFS caseload carrying staff relative to the services provided under PSSF, so that their feedback is also incorporated, as described in Item 38.

The Office on Quality works in conjunction with all contributors and responsible program/subject points to develop, review, and refine APSR content to ensure that it accurately reflects experience.

CFSR Development
As a report of progress, the CFSR process has incorporated feedback of a variety of stakeholders. For example, in framing out the Statewide Assessment from August through December 2008, there were a series of work teams and/or discussion groups, collectively comprised of approximately 100 stakeholders, collaborating to review performance in the Outcome and Systemic Factor areas. The work of these groups served to frame response content.

Working off the frame and to retrieve broader feedback, we structured a series of electronic surveys directed at different stakeholder groups. Select surveys – geared to youth and birth families - were also made available to print and fax back, or were offered in print with stamped, self-addressed envelopes for respondents without web access.

The work and input of stakeholders in addressing the CFSR statewide assessment is part of the process of developing our CFSR Round 2 Program Improvement Plan. These stakeholders and others will be brought together throughout the CFSR experience to contribute to on-site processes and to the final development of the Program Improvement Plan.

Also, as part of its CFSR PIP Midpoint review in January 2006, New Jersey structured a series of session in which stakeholders were invited to provide topical input to the Federal CFSR team about the progress achieved in implementing New Jersey's PIP. We look forward to repeating this type of interim PIP activity.

Quality Efforts
The development of the DCF quality systems as described in Item 31, together with the advances in contract administration efforts as described in Item 37, and the data and accountability strategies outlined in the related Introduction Core Strategy, will provide additional objective, quantitative, and qualitative information with which to evaluate progress.

Data Considerations:

As reported in item 38, stakeholders vary in their perceptions of their input in progress reporting:

- Of System Partners (n= 75) responding to a survey:
  - 88% agreed that they seek feedback from system partners
  - 47% disagreed that they had a voice in evaluating the progress of child welfare system
  - 68% agreed they were kept abreast of developments in the child welfare system
  - 49% thought they did not have input into the planning that occurs within the child welfare system

- Of Providers (n=95) responding to a survey:
  - 91% agreed that they seek feedback from system partners
  - 36% disagreed that they had a voice in evaluating the progress of the child welfare system
  - 68% agreed they were kept abreast of developments in the child welfare system
  - 76% agreed that they had a voice in planning meaningful services for children and

- In a discussion group on this Systemic Factor, system partners reflected that although they engage in some level of reporting and are actively in contact with many DCF individuals, they do not always get feedback enough to see how their reporting is used or to understand the ultimate result.

- DCF has released its first Agency Annual Performance Report, outlining progress in several key areas of focus.

- The DCF website contains a Data Homepage which provides the interested public with pertinent system data in areas of interest (demographics, hotline referrals, institutional abuse, children's behavioral health; workforce and caseload data, and outcome data).

Strengths:

- There is progress noted in our efforts to navigate local networks for input and consultation in evaluating and reporting progress. All stakeholders formerly represented in the CFSP/CFSR Committee can be accessed locally or through connection to a group. We will continue to assure, through a variety of mechanisms including surveys, focus groups, interviews, and discussion groups, the contribution of all stakeholder types in the work of the child welfare system.
- Using available technology, such as SurveyMonkey, helps to develop a broader base of information than what might be received from a set of individuals able to attend a meeting. Additionally, the anonymity of a survey can invite valuable input that might otherwise be left unsaid.
- As New Jersey continues to build and implement a contingent of quality practices, and promote quality practices among system partners, we will need to take advantage of the opportunity to refine efforts into a coordinated framework for efficient system evaluation.

Opportunities for Improvement:

- As suggested by stakeholders in group discussion, and reinforced in the survey feedback, while they provide input into reporting, they do not always understand what is done with that input. This indicates an opportunity to improve in terms of making reports available, and completing the follow-up loop with stakeholders about opportunities for improvement that revealed in the progress reports.

- While we are making progress in our ability to navigate local connections to access stakeholders to provide timely and appropriate feedback/input into planning/reporting processes, the volume of natural opportunities, and the volume of stakeholder types from whom to secure input, is daunting. These phenomena are exacerbated by the volume and speed of development in the field. It may be beneficial to investigate methods to maintain current contact information on stakeholder representatives; or improved technological means to interact with a broader set of stakeholders to assure broad opportunities for input.

Summary

We believe we are succeeding in our efforts to include stakeholder input/feedback by using local networks and access points to reach all groups, but that from a developmental perspective there is much yet to do to keep pace with advances in this ever-changing system. We remain dedicated to the concept of collaboration as a fundamental element of our work, as evident in the examples provided throughout this Systemic Factor, and will continue to seek ways to establish communications that are easier, farther reaching, and more complete. We will continue to assure, through a variety of mechanisms including surveys, focus groups, interviews, and discussion groups, the contribution of all stakeholder types in the work of the child welfare system.

F. Agency Responsiveness to the Community

Item 40: Coordination of CFSP Services with Other Federal Programs. Are the State's services under the CFSP coordinated with the services or benefits of other Federal or federally assisted programs serving the same population?

New Jersey has been actively involved in coordinating CFSP services with other benefits of Federal or federally assisted programs serving the same population. As with Item 38, this coordination is evident at the case, agency, and community levels.

Policy and Practice Considerations:

As previously stated in Item #38, the mission of DCF is to ensure the safety, permanency and well-being of children and to support families. Partnership is a core value: government cannot protect children alone; real partnerships with people and agencies involved in a child's life are essential to ensure child safety, permanency and well-being, and build strong families.

The new Case Practice Model and the concept of family engagement focuses on individualized case planning and decision making with the context of a TEAM that includes the family, along with providers, extended family and informal supports.

In its ambitious reform plan, DCF has set forth a significant number of initiatives and practices that require coordination with other programs and agencies, at a variety of levels, to be successful.

CFSR Round 1 Findings:

This Item was rated a Strength, based on formal and informal efforts to collaborate and efforts to coordinate services in complex cases e.g., those involving substance abuse and domestic violence. The report did note the need for continued attention to coordination, especially with regard to mental health and juvenile justice services, and substance abuse education.

Changes since Round 1 CFSR:

New Jersey continues its practice of coordinating benefits and services on behalf of children and families. Some examples of developments since CFSR Round 1, many of which have been identified in other Items, include:

Case Level
The new Case Practice Model with its family engagement focuses on individualized case planning and decision making with the context of a TEAM that includes the family, along with providers, extended family and informal supports. This process provides an opportunity to coordinate benefits. In this emergin practice, the family with the caseworker identifies its team, which can certainly include representatives of providers agencies or other public/private agency representatives who would be appropriate.

- DCF has worked with the Division of Developmental Disabilities to establish meetings around the state as a forum for conferencing co-managed cases. These meetings have occurred in 19 counties, with plans to bring in the last two counties, Somerset and Union, online shortly. The meetings are helpful and have proven productive in fostering good inter-agency communication while identifying and pooling shared resources on behalf of clients, resulting in more appropriate case planning.

- DCBHS has worked with system partners to institute conferencing in which a team reviews cases of youth in out-of-state placement to identify needs and understand if there are alternatives that can meet those needs in-state. Representatives may typically include DYFS, DCBHS, and DDD. Efforts focus on reducing the incidence of out-of-state placement..

- DYFS representatives continue to participate in County Interagency Coordinating Councils to address needs of clients served mutually be a variety of providers within the county.

- The Division of Addiction Services and DCF have established a consortia with substance abuse providers to conference cases to determine how to best serve and coordinate benefits on behalf of the child and family.

- The emphasis on services customized for the family's needs, the use of self-selected family supports and community resources, and the use of family meetings as a planning opportunity, all offer family members the opportunity to keep children within their communities and enable them to receive supports that fit their needs.

Agency Level

- DYFS and DMAHS have collaborated to improve the health care benefits available to children in placement. As a result, each child placed is auto-enrolled into a Medicaid HMO (with select exceptions). DYFS and DMAHS work closely to troubleshoot any issues with enrollment or coverage.

- The Division of Family Development, for one of its Mental Health Initiatives, reserved 100 slots for parents who were involved with DYFS, and funds additional day care slots used by families.

- Strengthening Families through Early Care and Education (SFECE) represents a partnership between DPCP and the Department of Human Services Division of Family Development (DFD) to train child care workers statewide in the Strengthening Families Framework. There is now a resource and referral trainer in every county versed and able to provide the Strengthening Families Framework. New Jersey now has 105 centers across the state implementing the Strengthening Families program, and is recognized as the only state in the country to do Strengthening Families statewide.

- DCF continues to work in partnership with the Department of Community Affairs and the Housing and Mortgage Finance Agency to address housing needs. One 2006 initiative enabled DCF to create a number of housing options including permanent housing, transitional living programs, and scattered site apartments to better meet the individual needs of youth and allow them to graduate to programs that provide more independence.

- DCF, together with DAS and the Judiciary, has recently received a federal technical assistance grant. The group will look to build on its consortium, working to collaborate more effectively in support of better services to mutual clients.

- Team Leaders, formerly assigned to DCBHS, have been transitioned to DYFS Area Offices to help navigate services arrangements between the child welfare and mental/behavioral health systems.

- DCF and the Division of Medical Assistance and Health Services have teamed up to provide Medicaid coverage for children in placement, to develop additional providers of health services, to improve the reimbursement rate for select services such as dental exams, and to improve the availability of health care data to use in assessing the health care needs and outcomes for children.

Community Level

- Each Local Office has worked with a variety of stakeholder groups around CPM implementation, e.g. various focus groups have been convened at the Area and the Local Office to inform roll-out of the model locally. Participants have included internal staff, community stakeholders, legal partners, service providers, resource families, adolescents, and DYFS client families.

- Local Children in Court (CIC) Advisory Committees would be the appropriate forum to discuss issue specific to each county. Membership of these committees, chaired by a CIC judge, includes DYFS representatives, deputy attorneys general (DAGs) representing DYFS, Office of Parental Representation (OPR) representatives, Law Guardians representing children, court staff, Child Placement Review (CPR) volunteers, and Court Appointed Special Advocates (CASA) representatives.

- DPCP has established a series of 37 Family Support centers throughout the state that provide wrap-around resources an support for families to succeed and to provide an optimal environment for their children's development, in part by partnering with foundations and working with program partners to transition/expand into Family Support Centers

- DCF has participated in meetings of the New Jersey Commission of Indian Affairs. While ICWA addresses Federally-recognized tribes, it is important to acknowledge that children may come to New Jersey while members of other Federally-recognized tribes, as well as to abide the intent relative to State-recognized tribes so that Indian children are provided culturally appropriate services. The Commission is available to help in resolution of a child's status, and is developing a website that will provide information to all state

departments and the general public about issues of concern to the tribes, background on tribal origins and important events. Commission representatives have participated in the Statewide Assessment process.

Data Considerations:

- When asked in surveys to provide examples of collaboration, respondent groups of providers, system partners, and DYFS staff were all able to give numerous examples across all three levels (client, agency, community). Most common were examples of agencies teaming with and for families in order to secure a noted benefit or success, such as stabilization, prevention of removal, effective reunification.

When asked to rate agreement with three statements on collaboration, DYFS staff and system partners responded similarly :

- Child Welfare System partners collaborate effectively at the case level to coordinate benefits and services to children and families.
    - DYFS (n=254) 61% agreed, 26% disagreed, 13% no opinion
    - System Partners (n=74) 65% agreed, 22% disagreed, 13% no opinion

- Child Welfare System partners collaborate effectively in assessing progress and reporting on results of their programs and services.
    - DYFS (n=253) 60% agreed, 27% disagreed, 13% no opinion
    - System Partners (n=74) 54% agreed, 30% disagreed, 16% no opinion

- Child Welfare System partners collaborate effectively in planning programs and services to meet the needs of children and families.
    - DYFS (n=248) 59% agreed, 30% disagreed, 13% no opinion
    - System Partners (n=74) 61% agreed, 26% disagreed, 13% no opinion

- System partners participating in two discussion groups as part of the statewide assessment process noted the separation of DCF from DHS and the creation of additional Divisions that are moving at a rapid reform pace, has resulted to some degree in a 'silo' affect that impacts easy navigation and information sharing, impeding better collaboration.

- Successful collaboration between system partners that supports children and families is evident in various system achievements:
    - Comprehensive Medical Examinations – The improvement in the number of children in care who have comprehensive medical exams within 60 and 90 days, as noted in Item 22.
    - Resource Families – The growth, and net gain, in resource families, as noted in Item 44.
    - Prevention initiatives – The development of Family Success Centers, the expansion of the Strengthening Families Initiative in Early Childhood Education, and the advent of Differential Response.
    - The substantial decrease in children in out-of-state placements, as noted in Item 23.
    - The achievement of a record number of adoptions as noted in Item 9.

Strengths:

- The volume, type, and spirit of collaboration is a strength for child welfare system partners and the community at large, which can get better with continued attention. This level of collaboration may prove very important in terms of service efficiency in this difficult economic climate.

- The Case Practice Model with its team concept is a strength because it not only supports coordination of benefits for the individual. It underscores family-centered values and also reinforces contact and communication, i.e. relationship building, between all parties, which can support identification of additional opportunities to collaborate for children and families.

Opportunities for improvement (OFIs)

- The sheer volume of activities and mechanisms through which we coordinate care and benefits can be overwhelming. As a result, individuals may not be aware of key resources or of the mechanisms through which to access coordinated benefits. This may indicate an opportunity to educate children, families, caseworkers, system partners, and other stakeholders about the opportunities available to them.

- As noted in a discussion group held with system partners, the communication infrastructure is insufficient to assist one in understanding the opportunities for coordination. A more robust communication infrastructure that is user friendly and keeps system partners and interested parties updated on this information may help.

Summary Statement

New Jersey continues to use a host of activities and mechanisms to coordinate CFSP services with other benefits to mutually-served children and families. The complexity of collaboration has increased, with more opportunities apparent at the case, agency, and community level. As we continue to roll out the Case Practice Model and develop our quality systems, we expect to continue to improve our ability to effectively collaborate.

G. Foster and Adoptive Home Licensing, Approval, and Recruitment

Item 41: Standards for Foster Homes and Institutions. Has the State implemented standards for foster family homes and child care institutions that are reasonably in accord with recommended national standards?

New Jersey has, through statute, regulations, and policy, established and maintained standards for residences of children in placement that are in accord with recommended national standards. The standards governing foster homes are in compliance with the New Jersey Resource Family Licensing Act as well as New Jersey Adoption and Safe Families Act Legislation.

Policy Considerations

The Department of Children and Families implements licensing standards to assure that all resource family applicants, to include foster, kinship and adoptive family homes, and child care institutions provide for the safety and well-being of children placed in homes.

Regulations for out-of-home placement are codified in New Jersey Administrative Code (N.J.A.C.) as follows:

- Resource family homes - N.J.A.C. 10:122C
- Children's residential treatment centers - N.J.A.C. 10:127
- Children's shelters and shelter homes - N.J.A.C. 10:124
- Children's group homes- N.J.A.C. 10:128
- Psychiatric community residences for youth- N.J.A.C. 10:37B

The Office of Licensing (OOL) is the licensing and regulatory authority of the Department of Children and Families (DCF). OOL regulates and licenses child care centers, youth and residential programs, resource family homes, and adoption agencies.

The standards prescribe provider qualifications. To be licensed, applicants must meet all applicable State licensure requirements including successful completion of:

- A State and Federal Criminal Background History Investigation (CHRI)
- A Child Abuse and Registry Investigation (CARI)
- Pre-service and continuing credit requirements for caregiver training
- An on-site inspection to evaluate the life-safety of the physical plant and home environment, as well as programmatic requirements

CFSR Round 1 Findings

This Item was rated a strength. No concerns were noted.

Changes since CFSR Round 1

New Jersey has undergone several changes, particularly regarding the licensing of foster, kinship, and adoptive homes.

Licensing Requirements

- In July, 2005 New Jersey introduced the requirement for all 'Resource Families', including relative and adoptive families, to be licensed. Prior to July 2005, kinship and adoptive families were only "approved". There is a single "resource home" designation for both foster and adoptive families.
- Also in July 2005, Resource Family capacity limitations were changed to reduce the number of children a Resource Family may care for, to ensure the safety and well being of all of the children under care
- As described in Item 30, comprehensive program and life/safety inspections of residential facilities and homes are conducted at specified points, along with interim monitoring, re-inspections, and Safety Assessments to assure violations are abated. Once licensed, a Resource Family inspection and safety assessment is conducted annually, with a license renewal inspection every three years.

- New Regulations for Resource families were promulgated February 6, 2006. In addition to requiring all relative, kinship, and adoption homes to be licensed, the following significant changes were made:
  - Capacity limitations were reduced to allow no more than four children in placement and no more than six children in total. Exceptions to these limitations are permitted to keep sibling groups intact or to serve the best interest of the children.
  - Regulations were separated into levels. Level 1 requirements stipulate those items with which all Resource Family Parents must be in full compliance, as they impact on the safety, health and rights of children in placement. Level 2 requirements are, alternatively, those that may be waived for relative providers.

- In February 2009 we anticipate another amended version of The Manual of Requirements for Resource Family Parents. Key changes are:
  - Merge of relative care and family friend into a single kinship category
  - Recognition of domestic partnership and civil unions as defined in law.
  - Reflection of the Adam Walsh law.
  - Removal of select requirements regarding the home study process as well as physical facility and maintenance requirements.

The above changes are made to achieve a balance in the rules to avoid discouraging both kin and non-kin from applying and/or being licensed, while nonetheless keeping children safe and allowing them to experience well-being and permanency.

Training

- A new pre-service training for resource parents was introduced in July 2005, Parent Resources for Information Development and Education (PRIDE). For the first time licensing was involved in training the trainers of PRIDE. Integrating licensing at this training promotes an understanding – by prospective licensees - of regulations and expectations of the licensing process.

- In 2007, a new 18 hour pre-service training program for relative providers, '*A Tradition of Caring*' was introduced.

Application Process

- In October 2005, a new home study method was adopted, the Structured Analysis Family Evaluation (SAFE) Home Study Model. SAFE is a home study method that provides a suite of home study tools for description and evaluation of applicants. It provides a comprehensive evaluation of applicants, while assuring that the tools utilized to assess an applicant are consistently applied by each evaluator.

- DCF implemented a 150-day licensing process in order to focus the application-licensing process and to allow Resource Families reasonable time to complete the home study.

- Resource Family Support Impact Teams were created in October 2006 to streamline systems and reduce barriers in the application and licensing process. The Impact Teams, consisting of Resource Family workers, licensing inspectors and Central Office support staff, focus on pending applications and challenges to licensing, while supporting better communication between field and licensing staff. Some accomplishments of Impact Team work include:
  - Developing a report of pending resource family applications that need special attention.
  - Coordinating enhanced training and coaching on how to conduct home studies.
  - Replacing a less popular one-on-one applicant orientation with group sessions.
  - Increasing the number of peer advocates from three to six.
  - Identifying potential barriers at the beginning of a home study process to achieve early resolution and meet the 150 day timeframe.

Workforce Structure

- Regional Foster Care Units and Adoption Resource Centers disbanded in late 2005 as part of the structural reorganization of DYFS. Resource Family Support Units were created in each Local office providing a single point of contact for all new Resource Family Applicants. All new Foster, Adoptive, and Relative/Kinship applicants were assigned to a Resource Family Support Worker responsible for designated neighborhoods and communities within each county. For the first time, Resource Families had their own caseworker to guide them through the licensing process as well as to provide support after they become licensed.

- Changes within the Office of Licensing in 2007 have also facilitated the licensing process: Licensing Inspectors were assigned to geographical areas throughout the state, which provided a single point of licensing contact for local office staff; improved the consistency of communication with local office staff; improved knowledge of services available in the community; and fostered relationships with community resources. Instead of becoming involved only when the home study has been completed, inspectors can become a resource - through geographic assignment as well as impact team meetings - for consultation or inspection from the time an application is taken.

Information Systems

DCF implemented a new Licensing Information System (LIS) as part of the NJ SPIRIT roll-out August 2007. NJS and LIS are designed to interface with each other. Nightly downloads provide an exchange of information between local office staff and licensing staff. This allows licensing staff to readily identify applicants from the time the local office has entered an

application, enabling the inspectors to gauge and manage his/her workload. Moreover, this provides ready information to the local office regarding the status of an applicant as licensed. .

Data Considerations

- New Jersey achieved a total net gain of over 1550 resource homes over the last two Fiscal Years (SFY07 and SFY08), representing two years of increase following three years of consecutive loss.

- The State licensed a total of 1711 Resource Family Homes in FY2007, of which 424 (25%) were Kin homes. In FY2008, 1847 homes were licensed, of which 769 (42%) were Kin homes.

- Twenty-five (25%) of applications initiated in July 2007 were licensed within 150 days. This result improved markedly for applications initiated between August 2007 and January 2008, with between 38% and 43% of monthly applications resolved within 150 days.

- In CY2008, DCF licensed 2,169 homes, for a net gain of 802 homes statewide. This builds on CY2007, in which DCF licensed a net gain of 829 homes.

Strengths

- New Jersey has shown agility in the renovation of licensing standards and the design of the process for application and licensing, which has resulted in unprecedented growth in the development of licensed resource homes.

- The increased communication and coordination between local Resource Family Support Units and the OOL has had a positive impact on reducing barriers to completion of the application process, with the impact of a net gain in resource homes.

- Similarly, communication and feedback have supported development of the standards themselves. The process of revising the regulations included input through a series of focus groups and discussions with both existing and potential Resource Families, as well as with key advocates. Preparation also reflected analysis of best practices from across the nation. Proposed amendments to N.J.A.C. 10:122 C were drafted and published in the New Jersey Register in June 2008. It is expected that the proposed amendments will be adopted during the first quarter of 2009.

Opportunities for improvement (OFIs)

In response to findings that unnecessarily rigid regulations delay or deny a family from becoming licensed even though that family could provide a safe and appropriate home for children in DCF's custody, amendments are in process to relax select components of the regulations that had been adopted on February 6, 2006. Proposed amendments to N.J.A.C. 10:122 C were drafted and published in the New Jersey Register in June 2008. It is expected

that the proposed amendments will be adopted during the first quarter of 2009. The most significant changes relate to room size and space specifications. The changes in the regulations focus more on the quality of life provided by the space, as opposed to the square footage or ceiling height restrictions. DCF also added clarifying language needed to ensure safety.

- The 150 day licensing process presents continuing challenges. One is applicant-based, e.g. families that need additional time to make decisions, complete a process, or experience unforeseen hardships that delay their participation in the process. The other is system-based and related to the complexity of obtaining all necessary information from third parties to complete the process.

- Since licensing became required of relative homes, challenges regarding presumptive eligibility (placement of a child in a relative or family friend home prior to the issuance of a license) have surfaced based on interpretational inconsistencies between policy and statute or regulation. A workgroup has been developed to draft new policy. The review of this policy is expected to be submitted for executive review during the first quarter of 2009.

Summary statement

New Jersey continues to address the safety, health, and well-being of children in placement through its routine adjustment of regulations and processes in response to identified needs. DCF continues to implement regulations in accord with national standards while taking a sensible approach to ensure standards are reasonable and in the best interest of children.

G. Foster and Adoptive Home Licensing, Approval, and Recruitment

Item 42: Standards Applied Equally. Are the standards applied to all licensed or approved foster family homes or child care institutions receiving title IV-E or IV-B funds?

New Jersey has made significant changes in this Item, and does apply the requirements of licensure to all resource family caregivers (both kin and non-kin) as well as to child care institutions.

Policy Considerations

The Department of Children and Families implements licensing standards to assure that all resource family applicants, to include foster, kinship and relative and adoptive family homes and child care institutions provide for the safety and well-being of children placed in those facilities. The standards governing foster homes included in the New Jersey Foster Home Licensing Act as well as New Jersey Adoption and Safe Families Act Legislation.

The Office of Licensing (OOL) is the licensing and regulatory authority of the Department of Children and Families (DCF). OOL issues and regulates child care centers, youth and residential programs, resource family homes and adoption agencies.

Consistent application of Licensing standards is accomplished by ensuring that the licensing and approval requirements are continually reviewed, evaluated, and improved for best practice, child safety, and to avoid conflicts of interest in the review and licensing process.

The standards prescribe provider qualifications. To be licensed, applicants must meet all applicable State licensure requirements including successful completion of:

- A State and Federal Criminal Background History Investigation (CHRI)
- A Child Abuse and Registry Investigation (CARI)
- Pre-service and continuing credit requirements for caregiver training
- An on-site inspection to evaluate the life-safety of the physical plant and home environment, as well as programmatic requirements

CFSR Round 1 Findings

This Item was rated an area needing improvement. The report cited that standards were inconsistently applied, waivers were provided for relatives, and no training requirement was placed on relative caregivers.

Changes since Round 1

- Prior to July 2005, Kinship and adoptive families were only "approved". In July 2005 New Jersey implemented the policy requirement that all foster home providers be licensed.

- On February 6, 2006, New Jersey promulgated a single set of regulations for licensing 'Resource Family Homes' that addressed foster and adoptive homes, both kin and non-kin.

- At that same time, Resource home capacity limitations were changed to reduce the number of children a Resource Family may care for, to better ensure the safety and well being of all the children in care.

- Effective May 2007, a *Tradition of Caring Pre-Service Training* for Kinship caregivers was introduced statewide to address the training needs of relative and family friend providers.

- In keeping with Federal guidelines permitting exceptions to non-safety regulations the Manual of Requirements for Resource Family Parents permits waivers for relative and family friends when non- safety regulations are not in full compliance. All waivers requested are subject to review by Local Office supervisory and/or management staff. The determination to approve a waiver is made by the Office of Licensing and is only considered when the requesting agency demonstrates that granting the waiver is in the best interest of the child(ren).

- An applicant seeking to provide relative care of a family friend may be approved by the Division of Youth and Family Services or by a contract agency to care for a child prior to the issuance of a license, provided that specified regulations are met. Applicants only receive IV-E payments if they are licensed relatives or resource families. Specifically, a life/safety inspection reveals no health, safety or fire hazards exist in the home, a check of Division's records of child abuse and neglect reveals that no adult residing in the home has been responsible for an incident of sexual abuse of a child or an incident of child abuse or neglect that caused serious injury or harm to a child, or has caused death to a child through abuse or neglect, or has put a child at risk of serious injury or harm; a check of court records reveals that no person residing in the home has been convicted of a ASFA disqualifying crime; and a Resource Family Parent License Application is taken within five days of placement of a child.

Data Considerations

- An on-site Title IV-E review conducted by ACF in New Jersey from September 8th -12th, 2008 determined that New Jersey was in substantial compliance with Federal requirements for the review period of October 1, 2007 to March 31, 2008.

- New Jersey exceeds the National Standard (99.68% or more) for the absence of Abuse/Neglect in Foster Care for two consecutive two consecutive Data Profile periods, i.e. 99.90% for FFY07, and 99.70% for FFY07B08A

Strengths

- In October 2006, Resource Family Impact Teams were created. Resource Family Impact teams focus on pending applications, involve staff from both the field offices and licensing units and identify potential structural challenges to completing licensing.

- Exceptions exist to recognize an alternate means of compliance consistent with the health, safety, and needs of the children served. In keeping with Federal guidelines permitting exceptions to non-safety regulations the Manual of Requirements for Resource Family Parents permits waivers for relative and family friends when non-safety regulations are not in full compliance. All waivers request are subject to review by Local Office supervisory and/or management staff. The determination to approve a waiver is made by the Office of Licensing and is only considered when the requesting agency demonstrates that granting the waiver is in the best interest of the child(ren).

Opportunities for improvement (OFIs)

- The existing Resource Family regulations adopted in 2005 are often unnecessarily rigid and delay or deny a family from becoming licensed even though that family could provide a safe and appropriate home for children in DCF custody. As a result, DCF began to address this issue by drafting changes to the Resource Family regulations:
  - The most significant changes relate to a new approach to assess a potential Resource Family home's physical space. The changes focus more on the quality of life, as opposed to the square footage or ceiling height restrictions. The changes are intended to ensure safety while permitting the use of appropriate homes barred by the existing regulations.

- Cross-training for licensing and resource family support staff has reinforced the importance of understanding the regulations, assuring safety factors when placing a child in a home, and of the need to maintain open communication. This cross-training should continue.

- In June 2008 the State brought together a group of experts from around the state to examine our statewide kinship practices and make recommendations for statewide protocols. The purpose of this workgroup is to develop policies to ensure that kinship applicants are assessed early on for their ability to be licensed and that the licensing process occurs in a timely manner.

Summary statement

New Jersey does apply licensing standards to all providers of placement services. The standards as well as the licensing and renewal processes appropriately reflect the differences in the types of facilities, types of providers, and types of children in need of care. Altogether, this has helped the State to maintain connections with family of children in placement, achieve significant increases in the number of available resources, and maintain improved vigilance on the safety and care of children in placement.

G. Foster and Adoptive Home Licensing, Approval, and Recruitment

Item 43: Requirements for Criminal Background Checks. Does the State comply with Federal requirements for criminal background clearances related to licensing or approving foster care and adoptive placements, and does the State have in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

The Department of Children and Families (DCF) continues to meet all Federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements.

Policy Considerations

DCF requires thorough criminal history background checks on all prospective foster and adoptive home applicants as well as personnel working in congregate child care residence settings.

The following checks are required for each applicant and every adult household member over the age of 18 prior to licensing of the home:

- State and federal fingerprints (CHRI)
- Local Police checks to include a check of addresses for the previous 5 years
- Human Service Police Checks
- Promis Gavel

In the case of a relative caregiver, the process for presumptive eligibility permits placement after all the checks except State and Federal fingerprints have been successfully completed. Completion of the remaining requirements, through issuance of a license, is then required.

Foster and adoptive applicants undergo Live-Scan fingerprinting by Sagem Morpho, a private company under contract. DCF then receives State and Federal criminal history record information regarding convictions in the New Jersey state courts and all records of pending arrests and charges for violations of New Jersey laws, unless such records have been expunged. Once an applicant is fingerprinted, the State and Federal fingerprint results are processed through the Department of Human Services and are disseminated to appropriate DCF offices within 10-12 business days.

A Fingerprint Unit within DCF receives daily reports of applicant Live-Scan appointments that identify all fingerprint activities, which enables DCF to track and assess timeliness in the returning results. The reports also provide the ability to identify possible transmission errors from the 18 fixed locations throughout the State.

Each DCF Office has a designated Fingerprint Liaison. Liaisons were trained by DCF Fingerprint Unit staff in February 2008. All hard copy fingerprint results are sent directly to the office liaison(s) for dissemination to local office resource staff.

CFSR Round 1 Findings

This Item was rated as a strength because child abuse registry and criminal history checks are conducted on all prospective homes, contracted agencies, private adoption agencies, and childcare institution staff.

Changes since Round 1
Several changes and updates have occurred since the previous Statewide Assessment:

Background Clearance

- The Adam Walsh Child Protection and Safety Act became effective July 27, 2006. New Jersey's law implementing the Act became effective February 2, 2008. This law pertains to anyone who completes a New Jersey Resource Family Home Study/Licensing Application and who has lived out of state within the last five years prior to licensure. Specifically, DCF is required to request out-of-state Child Abuse/Neglect Record Information (CARI) for all resource family applicants and adults residing within their homes.

- In March 2008, DCF implemented a revised applicant fingerprint processing system. DCF was assigned a new originating agency number (ORI#) and fingerprint forms were revised.

  Also in March 2008, DCF initiated "flagging" State fingerprints for all resource care applicants and adult household members. All fingerprints of applicants completed under DCF codes/statutes after March 1, 2008 are retained in an electronic system. If a previously printed DCF applicant is charged with an offense in New Jersey, and is fingerprinted as a result, DCF will receive a "Flag Arrest Record Update." This update provides the date and jurisdiction of arrest and the statute/charge.

  If an office needs to update federal fingerprint results, an archive submission may be made directly to Sagem Morpho by the DCF Live Scan Liaison without the applicant being reprinted.

Case Planning Process

- At the case level, Structured Decision Making (SDM) Safety Assessments are conducted on every home before children are placed, and are conducted at routine intervals for the duration of a child's stay in care. As appropriate, action is taken to protect the child should a safety factor be noted.
- Additionally, as described in Section 3, the SDM tools for caregiver and child strength and needs assessments are designed to be reflected in the case planning process to assure that important needs for safety are addressed in the plan.
- The case review process, which is being enhanced through the case practice model and concurrent planning requirements, keeps the focus on the child's safety and needs throughout his/her stay in the foster care/adoptive setting.

Data Considerations

- New Jersey exceeds the National Standard (99.68% or more) for the absence of Abuse/Neglect in Foster Care for two consecutive two consecutive Data Profile periods, i.e. 99.90% for FFY07, and 99.70% for FFY07B08A**.**

- From March 2008 through December 2008, almost 11,000 individuals were printed using the new livescan technology, including applicants for Foster/Adoptive homes and adults in the homes, with only 13 of these subsequently flagged.

Strengths

- New Jersey has improved it systems for monitoring and managing criminal background and safety issues for foster care and adoptive homes, capitalizing on technology and the ability to be notified of new developments through the 'flagging' process.

- We continue to work on a collaboratively with the Administrative Office of the Courts on a promising tool for assessing criminal background history. This tool will incorporate the use of four different check systems:
  - Promis Gavel - automated Criminal case tracking system which captures information concerning defendants who have been charged with indictable offenses and tracks the processing of those defendants from initial arrest through appellate review.
  - Domestic Violence Central Registry - statewide registry of all persons who have had domestic violence restraining orders entered against them, all persons who have been charged with a crime or offense involving domestic violence, and all persons who have been charged with a violation of a court order involving domestic violence. The Registry is currently only accessible through the Department's relationship with the Human Services Police.
  - Automated Traffic System (ATS) - All active warrants issued by the municipal courts, both traffic and criminal, are recorded and tracked on ATS.
  - Automated Complaint System (ACS) - automated information on all criminal and non-traffic matters initiated in the Municipal Court system. ACS has been designed to complement the Automated Traffic System. Together, both systems facilitate automated court operations in municipal courts.

  It is anticipated that this system will be accessed by a limited number of identified local office and central office staff.

Opportunities for improvement (OFIs)

- Currently, DCF is assessing the viability of becoming independent from the Department of Human Services Central Fingerprint Unit.

- Only a limited number of DCF staff currently have access to the electronic fingerprint tracking system (FPTS). In the past, all DCF office designated Fingerprint Liaisons were able to view fingerprint results within their respective cost codes. Granting access to DCF

designated Fingerprint Liaisons in each cost code to the FPTS system again would allow for those offices to view and better track fingerprint results. It would also assist in determining when updated fingerprint checks are needed.

- Currently there are small numbers of staff trained in the use of Promis Gavel due to staff turnover and local office reassignment. We need to train more staff to assure the capacity to conduct checks as needed.

Summary statement

New Jersey continues to have a progressive system to assure it obtains the necessary criminal background clearance on prospective caregivers, and that it maintains awareness of any questionable developments through the 'flagging' process. We anticipate continued strength in this Item.

G. Foster and Adoptive Home Licensing, Approval, and Recruitment

Item 44: Diligent Recruitment of Foster and Adoptive Homes. Does the State have in place a process for ensuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children for whom foster and adoptive homes are needed in the State?

The New Jersey Department of Children and Families (DCF), Division of Youth and Family Services (DYFS), is dedicated to making certain that realistic quantifiable strategies are established and implemented to recruit and retain a robust pool of foster and adoptive families. These families will meet the ethnic and racial needs of children who require out-of-home placement. Our Department is constantly reviewing our recruitment practices to ensure innovative strategies that will result in creating positive outcomes. This has resulted in DCF making exceptional gains in its recruitment and licensure of Resource Families.

Policy Considerations

Recruitment efforts for the State of New Jersey continue to be data-driven. The Office of Resource Families develops an annual State recruitment plan that focuses on the needs that have been identified statewide. The Office has worked with the local recruiters to develop localized plans for the upcoming year. Local recruiters were provided a half-day training to lay out what should be covered within the plan and who should participate in the development of the plan. Using available data, local staff have been able to identify their areas of greatest need that they will target in 2009. Once the Office of Resource Families receives those plans currently under development, it will review and monitor the progress on a quarterly basis.

Needs assessment and target setting is a yearly analysis that is based on our overall needs. The process takes into account the replacement rate (i.e. the number of homes that need to be replaced as a result of home closures); an analysis of Resource Family home capacity compared to sibling group placement rates, and an analysis by county of Resource Family home capacity and demographic factors. This data assists local recruitment staff in determining the areas of greatest need, as well as potential target areas more likely to attract families interested in caring for children. Additionally, NJ has targeted a significant amount of funding allocated for resource family recruitment to support local recruitment efforts. Funding has been allocated for local events in the communities and neighborhoods that data has shown to be our greatest need.

We continue to place emphasis on the development of localized and targeted recruitment efforts that reflect the race and ethnicity of children entering care. Local recruiters have been given the tools necessary to be successful in their efforts. Our media efforts have been updated to reflect our needs with a special emphasis on sibling groups and medically fragile children. Seminars for the local recruiters to ensure continuity throughout the State have been implemented.

We have implemented policy changes regarding both the inquiry and licensing process. Inquiries are required to be forwarded from FAFS to local recruiters within 24 hours. Recruiters have five business days to respond to the inquiry. We have also implemented a 150 day licensing process which begins on day one when a resource family supervisor approves the

application. Resource staff are required to complete the home study and send it to the Office of Licensing by day 100 of the 150 day licensing process. Licensing staff then have 20 days to inspect the home, from which point any remaining issues must be resolved by day 150.

CFSR Round 1 Findings

This item was found to be not in substantial conformity. Issues cited included systemic barriers, such as the length of agency response time and lack of responsiveness to inquiries; lack of a comprehensive plan to recruit to meet needs of African American, Hispanic, Asian-American children; and the length of time required to become a licensed foster parent.

Changes since Round 1
The following statewide initiatives have been implemented and demonstrate our efforts to ensure diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children for whom foster and adoptive families are needed:

Workforce Structure

- DYFS realigned the structure of the foster care units by disbanding four regional offices and redeployed recruitment functions in Local Offices. As part of the Resource Family Support Units described in the Introduction, each local office now has recruiters who focus on recruitment efforts in the neighborhoods and communities that reflect the greatest need for resource families.
- We have hired a new Statewide Recruitment Coordinator who meets with all local recruiters throughout the State to
  - provide oversight, monitoring, training
  - assist in the development of local recruitment plans
  - discuss new initiatives, share information, brainstorm
  - identify barriers and training needs
  - support the consistency of ongoing recruitment efforts
- In September 2006 the Office of Resource Families and Licensing was established to unify two divisions: Resource Family Support and Resource Family Licensing. This merged the functions of resource family licensing into the Department of Children and Families (DCF) under the direction of the newly appointed Director of Resource Families and Licensing. One of the main purposes of this re-organization was to afford a singular line of direction and accountability for the recruitment and licensure of resource families. This newly created office linked the recruiting and development of resource families with the licensing process, merging the efforts of support staff and local resource family staff with licensing staff. This restructuring helped to actualize a significantly larger pool of available families for our children.

Training and Technical Assistance
We have implemented technical assistance training opportunities. Professional development of the work force is key to the success of our initiatives. It allows staff to hear about, create and implement new ideas. Skill and knowledge development through training opportunities is necessary for our local office recruitment staff to ensure that the most current and effective

strategies are applied. Additionally, training assists with establishing consistency at state and local levels.

- **NRC** Adopt Us Kids provided two training sessions, for a total of 140 staff, on the importance of keeping siblings together. Recent trainings have been conducted by national experts in the area of child specific, general and targeted recruitment, recruiting families for siblings and the importance of the sibling bond.
- Sessions were also provided by Barry Chafkin from Changing the World one Child at a Time, Pat O'Brien from You Gotta Believe! The Older Child Adoption & Permanency Movement, Inc., and Denise Goodman from the Annie E. Casey Foundation. The trainings have impacted the everyday work of the recruiter by changing the way they recruit for children who are legally free.

Recruitment Process Changes

- Our inquiry process has been simplified to encourage a more customer friendly approach that is guided by the caller. The first step of the inquiry process consists of gathering and giving general information while answering any questions that an inquirer may have.
- As a second step to the inquiry process, the inquirer is invited to a group engagement in their community. This venue affords the prospective foster or adoptive family the opportunity to listen to more detailed information in order to make a better-informed decision before they apply.

Marketing

- We have developed a strong and updated marketing campaign (including 30-second Public Service Announcements, newspaper advertisements, printed educational materials, and promotional items) to reach culturally diverse community populations, including faith-based organizations and ethnic/culturally-oriented organizations. Campaign materials and advertisements are available in English and Spanish and are visible in communities where our children reside. We continue to ensure the availability of printed materials that are realistic and customer friendly, in order to support recruitment efforts. Local recruiters have the ability to run ads prior to and after local events to reinforce the recruitment message. Recruiters will also have promotional items that list toll free numbers and convey the need for families as they are a necessary tool to reinforce general education and recruitment efforts.
- As part of our effort to feature and recognize the need for foster and adoptive parents we have updated our website to highlight the need for families.
- We raised our Honorarium Program from $100 to $200. This program provides an incentive for resource parents who recruit other foster/adoptive families who become licensed. And as part of our commitment to recruit and retain families, specifically for sibling groups, we will provide an additional Honorarium incentive of $200 for resource parents who recruit a family that becomes licensed and is willing to accept a sibling group of three or more children.
- In an effort to keep families abreast of the changes within the agency, and to enhance collaboration, the DYFS Director sends a quarterly letter to resource families.

Strategies
Local recruiters are responsible to develop and implement Recruitment Plans. These plans are local and county-based and are regularly updated to correspond to changes and trends reflected in data. The data provided to local recruiters includes geomapping and information about where the children in placement are coming from, and the distribution of resource homes. Recruiters use their locally-developed data and knowledge to provide additional information about needs that must be addressed in their plans.

The following examples of recruitment efforts demonstrate our efforts to ensure diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children for whom foster and adoptive families are needed. We:

- Partner with community groups and other stakeholders in promoting the need for resource families for local office population needs. Recruiters are also actively engaged or developing relationships with houses of worship in the communities from where our families come.
- Participate in community activities including presentations, information tables at civic organizations, fraternities and presentations sponsored by local and municipal governments.
- Make presentations to develop partnerships with school-based functions, including pre-schools, elementary schools, middle and high schools, churches and ministries.
- Partner with current licensed foster parents to increase the pool of applicants from within their own networks. Recruiters have collaborated with foster parents to do special events that occur simultaneously throughout the state, and have included activities such as BBQs with friends and lunch presentations at their place of employment or houses of worship.
- Set up information tables and conduct presentations at cultural events, parades, dinners, luncheons and festivals.
- Collaborate with community hospitals, area health centers, and local health organizations.

Peer-to-Peer Support
New Jersey works with Foster and Adoptive Families (FAFS) to provide Peer to Peer Support in order to effectively retain experienced foster and adoptive families, develop community connections for families, and to improve outcomes for children in foster care. Through this program, FAFS employs six Resource Family Advocates (RFAs) who are strategically located in six DYFS area offices throughout the State. The RFAs provide direct support, advocacy, and information to all foster and adoptive families. The RFAs have also been charged to work closely with families willing to care for large sibling groups to help them succeed. In addition, The RFAs provide support to community based volunteer groups in each county.

Data Considerations

- New Jersey achieved a total net gain of over 1,550 resource homes over the last two Fiscal Years, representing two years of increase following three years of consecutive loss.
- The State licensed a total of 1,367 non-kin Resource Family homes in CY2007. This well exceeded the target of 1,071 non-kin Resource Family homes required to be licensed between January and December 2007.

- The State licensed a total of 1,711 Resource Family Homes in FY2007, of which 424 (25%) were Kin homes. In FY2008, 1,847 homes were licensed, of which 769 (42%) were Kin homes.
- An overall net increase of homes, given that there are closures as well, is required to sustain DCF's goal to ensure an increasing number of children are placed in family-based settings. Our CY2007 development included a net gain of 829 homes.
- In CY2008, we licensed 2,169 new homes, for a net gain of 802 homes.

Strengths

- We have been successful in developing a robust pool of foster and adoptive families to effectively meet the needs of children who require out of home placement. We have well exceeded our targets and achieved a significant net gain of resource families. This success can be attributed to the concerted effort to improve case practice, move families through the home study and licensing process in a timelier manner and the focus on our recruitment efforts to increase our pool of non-relative resource families.

- We have found that communicating with all local recruiters throughout the State to discuss new initiatives, share information, brainstorm, identify barriers and training needs, and to support on going recruitment efforts has proven to be invaluable in ensuring continuity throughout the State.

- Establishing a data-driven approach for recruitment has created an effective tool to assess our needs. This has provided us with the ability to focus our efforts on our areas of greatest need. Recruitment efforts are being monitored in order to identify successes as well as barriers/challenges. We are continuously working to identify how to continue our successes, and overcome barriers/challenges by being creative in our approach.

Opportunities for improvement (OFIs)

In order to continue to meet our goals we must continue to identify areas of need and work toward continually improving our performance. To that end, we will focus on some promising practices:

- In an effort to maintain sibling groups of five or more together, we are creating the Siblings in Best Settings Program (SIBS). We believe that in order to maintain critical connections among large sibling groups and to ensure that the connections are preserved, newly-specialized resource families will need to be developed for sibling groups of five or more. These families will be specifically maintained with wrap around services to assist them in caring for these groups of children. Because there will be challenges with recruiting and retaining SIBS resource homes, targeted incentives, support services and specialized recruitment strategies will be implemented to enhance the successful development and retention of these families.

- We will implement an initiative to involve motivated foster/adoptive families to conduct recruitment activities within their own communities. These individuals will serve as "adjunct recruiters." Learning about foster care/adoption from a person who has had a positive first hand experience is one of our most successful recruitment methods. Listening to these real life experiences from actual foster and adoptive parents helps motivate others and attracts potential families to want to learn more about the system. Prospective foster and adoptive parents gain valuable insight into the realities, challenges and rewards of sharing their lives and homes with a child. There are no more credible voices to speak to the rewards of foster/adoptive parenting than those who have done it. In recognition of their value, knowledge and skills, we will look to compensate foster and adoptive parents not only for their expenses, but for time spent on recruitment efforts and activities. We will work with our local office recruiters to identify foster and adoptive families, specifically families who have had success with keeping siblings together, to conduct recruitment activities within their own neighborhoods and community. We believe that the implementation of this strategy will maximize our effectiveness in generating more resource homes willing to accept sibling group placements.

- We continue working to implement an automated placement request matching system. Despite our efforts to train staff, feedback received from the field revealed inconsistent use of this system. Given the potential of this system to significantly improve the timeliness to identify families for children needing placement, all efforts need to be made to ensure that this tool is being used to its fullest capacity. We are working to resolve the challenges so that we can take full advantage of this innovation. For example, we are working to implement a half-day, mandatory computer lab training.

Summary statement

New Jersey has been successful in recruiting foster and adoptive parents for children who require out-of-home placement. We have well exceeded our targets and significantly increased our net gain of resource families.

We are dedicated to ensuring that realistic and quantifiable strategies are established and implemented to recruit and retain foster and adoptive families. We are also determined to implement new and innovative strategies to attract and develop resource families.

G. Foster and Adoptive Home Licensing, Approval, and Recruitment

Item 45: State Use of Cross-Jurisdictional Resources for Permanent Placements. Does the State have in place a process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children?

New Jersey uses a variety of mechanisms to effectively develop cross-jurisdictional resources to facilitate permanent placements for children. Through the work of the Adoption Exchange Unit and the Interstate Services Unit, children have achieved permanency in as many as nine other states in CY2007.

Policy Considerations

Through the Adoption Resource Exchange, children who need intensive recruitment efforts are identified, and waiting children are connected on a national level to cast a wider net to attract potential permanency resources.

These include: using the New Jersey Adoption Resource Exchange to register legally free children on the njadopt.org website so that families from other agencies within and outside of New Jersey can provide home studies for consideration; using the 'Adopt US Kids'photo-listing site; semi-annual production of *Profiles of Waiting Children;* and the use of various radio and print media spots to focus on waiting children. The Adoption Exchange Unit works with private agency partners and other states to find homes for legally free children.

When a child is going to relocate with their pre-adoptive family or if a child is going to be placed with a Resource family in an out of state placement, New Jersey must ensure that the receiving state establishes supervision and complies with federal/fiscal mandates. The Interstate Services Unit administers activity pursuant to the Interstate Compact on Placement of Children (ICPC).

In February 2006, DCF policy was developed that ensures that children who are placed out of the state are reviewed in a timely manner. The policy adheres to the Child Placement Review Act. When a child is place outside of New Jersey, both the Child Placement Review Board and/or County court is informed.

CFSR Round 1 Findings

This Item was rated a strength because of the variety of mechanisms used, including the Adoption Resource Exchange. However, the lack of medical insurance for non-IV-E children going to another state was cited as a barrier.

Changes since Round 1

- New Jersey became part of Interstate Compact on Adoption and Medical Assistance (ICAMA) in 2004. ICAMA is an agreement between states that provides the framework for formalized interstate cooperation under the Adoption Assistance and Child Welfare Act of 1980. ICAMA provides for its member states easier access to Medicaid for children who are

not IV-E eligible. Participating states help gain access by completing an ICAMA form which can decrease the wait time for Medicaid eligibility anywhere from one week to several weeks. The compact facilitates the delivery of Medicaid and other services to subsidy children and families who cross state lines, directly addressing the concern cited in CFSR Round 1.

- New Jersey helped to bring New York on board to ICAMA joinder; this state does a lot of work with New Jersey. This will help to create a better working relationship with New York and possibly decrease the barriers in the process for our workers.

- New Jersey's resource home recruitment process has been revamped, as outlined in Item 44. As part of our effort to feature and recognize the need for foster and adoptive parents, we have updated our website to highlight the need for families.

- Based on concerns identified during CY2006-2007, every DYFS Local Office (LO) designated an Interstate Liaison who has been trained on how to facilitate the ICPC. The Interstate Liaison has the knowledge base and the necessary resources to help workers and supervisors in their local offices navigate the process.
  - There is a State Law Comparison Chart that outlines the home study and adoption finalization process for each state. Questions are answered that help the worker understand how they can work with the accepting state. For example, "In Texas, is TPR needed before an adoption home study?"
  - There is also a State Law Comparison Chart: Title IV-E Adoption Assistance. This chart outlines what states require for children to be eligible for Title IV-E Adoption Assistance.
  - Liaisons are also able to contact the ICPC Unit at Central Office for assistance and guidance with more complicated situations.

- ICPC Central Office conducts specialized trainings for various target audiences. For example, in December 2008, mandatory training was held for Deputy Attorneys General (DAGs) to increase their knowledge of the interstate process.

- New Jersey is part of the Association of Administrators of the Interstate Compact on Placement of Children (ICPC). New Jersey's Administrator attended in 2005-2006 the ICPC conference and chaired the state page committee. They set goals for the year and help the states who have membership problem-solve and create solutions to permanency issues. ICPC is also in the process of creating a standardized website which will help outline for each state the process for conducting home studies and supervising out of state placements.

- The New Jersey Administrative Office of the Courts (AOC) has secured a grant that helps court personnel in facilitating cross-state placements that comply with federal laws. The grant focuses on ensuring that child welfare is complying with ASFA timelines by increasing knowledge of interstate issues.

- In order to meet federal mandates of the *Safe & Timely Interstate Placement of Foster Children Act* that was signed into law July 1, 2006, New Jersey established clear guidelines

for assessing resources homes for use by out of state children, including the use of an Interstate Safe & Timely Study format.

- The Adoption Resource Exchange has been the force behind the 100 Longest Waiting Teens Project over the last year, in which specific attention has been directed toward older youth waiting the longest for a permanent family. This project created Teen Recruitment Impact Teams to intensively work through the history and experience of waiting children to identify resources and leverage access points in the search for a permanent home.

Data Considerations

- In CY2007, 79 of the 356 children served through the Adoption Resource Exchange, or 22%, achieved permanency.
- In CY 2007, New Jersey secured 13 permanent out-of-state placements across nine states.
- New Jersey places about 25% more children out of state than they receive.
- A review of sampled requests for action (getting a request out to another state, or an incoming request out assigned to a local office) made to New Jersey's Interstate unit reveals that in FFY07 processing a request averaged five days, which decreased to three days in FFY08.
- For requests received from other states, New Jersey has decreased the time it takes to make a determination, again based on a sampling of the Interstate unit requests. In FFY07, determinations for 30% of sampled requests were completed in 60 or fewer days. In FFY08, 70% of sampled requests were completed in 80 or fewer days.

Strengths

- New Jersey has taken steps to address a previously cited issue by joining the ICAMA. This has enabled children to receive Medicaid services in other states, supporting our ability to make those placements.

- The Central Office Interstate Services Unit has prepared liaisons in each office to assure local capacity, but also provides ICPC technical assistance to DCF and court personnel, as requested, on cross-jurisdictional placements. This unit works closely with DCF and court staff to provide trainings related to cross-jurisdictional placements

- DCF belongs to several national organizations which facilitate the cross-jurisdictional placements; these organizations also provide technical assistance to DCF staff when needed.

Opportunities for improvement (OFIs)

- We are continuing efforts to refine the data systems used to document and track Interstate activities so that we have better information to use in managing progress.

- The Central Office Interstate Services Unit will continue to offer training and technical assistance on interstate issues to DCF and court personnel as requested. As part of this, Interstate could establish a specific training for DCF adoption central office staff regarding ICAMA, and continue to provide prepared topical memos regarding ICPC issues to help DAGs and staff prepare interstate requests.

- We will use the Technical Assistance feature available both Association of Administrators of the ICAMA (AAICAMA) and Association of Administrators of the ICPC (AAICPC)when issues surface that hinder inter-jurisdictional placements. Also, our representatives will work closely with AAICPC Executive Staff and continue to Chair the State Page Committee to improve access and set up web availability.

Summary statement

New Jersey has sustained its strengths in effectively using cross-jurisdictional resources to support permanency for children. With its steps to join the Interstate Compact on Adoption and Medical Assistance (ICAMA) in 2004 and its participation in AAICPC efforts, we intend to remain strong in this area.

Section V

State Assessment of Strengths and Needs

Section V – State Assessment of Strengths and Needs

New Jersey's journey in child welfare since CFSR Round 1 has been marked by much change at every level. A foundational core for progress has been established by addressing infrastructure and practice fundamentals. These accomplishments are nothing short of major in their scope. And, however early in the developmental life of key initiatives the State may be, we classify our foundational developments as strengths. We have identified sound approaches to progress in our core strategies, and need to proceed with deployment and refinement of those strategies towards continued system improvement.

Accordingly, it is important that the designation of '**primary'** in Questions 1 and 2 below be understood in this context. We believe this Statewide Assessment reflects fundamental **strengths** to build on in each Outcome and Systemic Factor.

We acknowledge Opportunities for Improvement (OFIs) in each Outcome or Systemic Factor as well, whether focused on course correction or promising practice replication. Based on our experience in reform, our designations of '**primary**' **OFIs** reflect those items we believe most directly impact outcomes for children and families, priorities in addressing change in the strategic context of reform efforts and the upcoming PIP, and how strongly the element is related to, and thus will impact change in, outcomes and overall performance.

Question 1: Determine and document which of the seven outcomes and systemic factors are primary strengths, citing the basis for the determination.

Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.

New Jersey has met both Safety indicators, exceeding the National Standard in the Absence of Maltreatment Recurrence and the Absence of Abuse/Neglect in Foster Care. Following CFSR Round 1, many elements of our approach to Safety were renovated, e.g. implementation of the State Central Registry and allegation-based system, use of Structured Decision-Making tools to assess safety and risk; designation of staff as investigators; new First Responder's training; the change in report Dispositions from three to two; the pilot of Differential Response, and the reduction and maintenance of reasonable investigator caseloads.

Through these considerable changes, the data shows that we have responded to record numbers of referrals, experienced an increase in both volume and substantiations, yet has had a decline in the rate of substantiation and maintained a high absence of maltreatment recurrence.

Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.

We have introduced validated tools and processes for assessing safety and risk that have helped us to more accurately target risk and appropriately address safety issues via safety plans.

Investments in services such as flex funds have also supported our ability to address safety needs creatively, preventing unnecessary placements.

As a result, we have consistently reduced the rate of placement since CY2004, reduced the number of children entering foster care, and reduced the length of stay in foster care for those children who are reunified. At the same time we have met the standard for the absence of maltreatment recurrence and absence of maltreatment in foster care

Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.

While some are developmentally in their early stages, improvements introduced with our PIP and reform efforts have created an infrastructure and solid foundation for continued progress in this Outcome. We have renovated the placement process to prevent emergent placements and make more planful placements, invigorated licensing and recruitment efforts to improve timeliness and to address identified needs such as sibling group placement, raised the standard and support for relative caregivers to become resource families, instituted the Resource Family Support units to provide local attention to home development and support as well as placement facilitation, and invested in expanded and new style visitation supports. We have focused on youth who are transitioning and those who have been in care a long time, with key development supporting positive transitions and connected permanency for youth and young adults.

Notwithstanding room for improvement, we note that we have more children placed closer to home, more children placed in relative family homes, more sibling groups placed together, and more children achieving permanency with relatives through adoption and Kinship Legal Guardianship. We have met Permanency Composite 4 addressing stability as well as Permanency Composite 3 addressing successful exits for children in care a long time, both of which are directly related to our efforts in this outcome.

Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.

Pursuant to the Medical Plan developed as part of the reform efforts, many gains have been made in supporting positive health care for children, e.g. the provision of Medicaid HMO coverage for children in placement, the extension of those benefits for youth 18-21 who elect to continue receiving services, the increase in service providers to conduct Comprehensive Medical Examinations, the ability to conduct pre-placement assessment outside of emergency rooms to reduce trauma, and the creation of Child Health Units in DYFS Local Offices.

As a result, we have seen excellent results in the number of children with pre-placement assessments and the percentage of those that occur outside of emergency rooms, reducing trauma for children. In those areas with fully functioning Child Health Units, there are much improved numbers of children completing CMEs and immunization compliance is high.

In the area of emotional/behavioral health, we have significantly grown our system in terms of statewide availability of core services, and expanded services that support treatment to youth in or closer to their communities. Success is reflected in key data points, including the marked decrease in youth receiving services out-of-state, as well as the successful stabilization of individuals through crisis response.

These results indicate that we are implementing beneficial approaches to address health and behavioral/emotional health care, and have provided the structure to systematically improve. Given the plan for continued deployment of these strategies, this Outcome is regarded as a strength.

A. Statewide Information System

New Jersey has experienced a very challenging SACWIS transition with the implementation of NJ SPIRIT. It is difficult to comprehend the enormity of this challenge, and the myriad of transition technical concerns and learning curves that have been successfully navigated. One outcome of these efforts has been significant improvement over time in New Jersey's AFCARS data quality and completeness. Importantly, NJ SPIRIT is the system of record, and is able to capture and deliver pertinent information about the children in care, their families and history, as required by this CFSR Item. We are able to use NJ SPIRIT to retrieve information as needed, and it populates an increasing number of SafeMeasures reports that are key in monitoring and managing operations. The ability of staff to understand and effectively use NJ SPIRIT is steadily growing, increasing confidence in use and satisfaction with the product's capabilities. Because of its record of improvements and ability to deliver needed information, this systemic factor is a strength.

B. Case Review System

Progress in the Case Review Systemic factor has stemmed from reform efforts undertaken by DCF and the Courts, including the CIC committee, e.g. cross-training, development of guidance documents to assist youth, families, and caregivers to understand both the placement and court-related processes, vicinage assessment, notification improvements, actions to speed appeals of TPR, Case Practice Model work, concurrent planning, and data system improvements.

These efforts have helped New Jersey effectively achieve results in some of its outcome areas, including permanency for children in care a long time, finalization of record adoptions, and the achievement of Kinship Legal Guardianship for children. Importantly, these gains reflect the collaborative efforts of system partners, as evident in the work of the CICIC and local CIC advisory committees. As a result of the improvements in this area, and the commitment to collaboration that exists between the Courts and the Child Welfare Agency, we know that a foundation is in place to support continued progress, and rate this Systemic Factor a strength.

D. Staff and Provider Training

There has been significant change and progress in the area of staff training and workforce development, beginning with the New Jersey Child Welfare Training Academy and the Partnership for Child Welfare Consortium with university partners. All levels of training for staff have been revamped, with consistently upgraded curricula to reflect reform and practice changes, field training units for new workers, and competency evaluations. Staff now complete a mandatory level of in-service training. We have been able to develop programs that help us with staff recruitment, development, and retention, such as our Baccalaureate and Master of Social Work programs. Since CFSR Round 1 a tremendous volume of training has been successfully completed, we are able to track training, and we have met the considerable training volume and challenges articulated in the MSA. Training for providers/caregivers has similarly been revamped and adjusted to reflect needs of the recipients and expectations of the system. Based on these developments, this systemic factor is a strength.

E. Service Array and Resource Development

As one of our core strategies, service investment has been considerable, from prevention to safety to permanency to well-being services, the type, extent, and flexibility of supports has been expanded. There are many notable results, from improved access to health care for children in placement, to assistance that enables relatives to become resource homes, to youth participating in post-secondary education, to youth remaining at home following mental/behavioral health crisis, to families being able to obtain services through Family Success Centers or differential response and avoid unnecessary penetration into the child welfare system. Another key development has been the attention to our contracting methodologies so that we can improve expectations and measure provider results.

Agility in the service array will continue to be an area of focus as will the availability of key services to enhance permanency and well-being. However, it is necessary to let the growth take hold and build on the strengths presented. Service array is identified as a strength because our investments that have resulted in tangible improvements for children and families.

F. Agency Responsiveness to the Community

The original reform plan was completed with a broad base of stakeholders, as were the CFSR Round 1 deliverables. Continued collaboration has been an integral component of the MSA as well, and we have challenged ourselves to instill collaboration closer to the 'ground'. The observation of the presence of a 'silo' effect within the new DCF is not surprising, given the sheer volume, detail, and – importantly - speed of change that New Jersey's child welfare system has experienced. The observation may also reflect that there is progress in the plan to wok together closer to the community, which would engender a series of small networks.

System partners are collaborating on several fronts, e.g. to strengthen practice, to improve processes that speed permanency, and to address issues of well-being. These efforts have been made at the case, program, and planning level, and have set a foundation of strength upon which we can make needed adjustments to move forward on behalf of children and families.

G. Foster and Adoptive Home Licensing, Approval, and Recruitment

Substantial accomplishments have been noted in Resource Home development that stem from systemic improvement in the requirements and approaches used to develop resource homes. Literally all facets of our work with resource caregivers – from recruitment to training to development to licensing to supporting resource caregivers to equalizing the reimbursement rate – have been improved in recent years. The numbers of resource homes developed, net gains, use relative home, and success with adoptive and relative permanency through resource home providers represent key foundational strengths of the system of care for children.

Question 2: Determine and document which of the outcomes and systemic factors present primary Opportunities for Improvement, citing the basis for determination.

Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.

This Outcome is selected first, as our ability to engage, assess, and plan collaboratively with the family and system partners is fundamental to all other outcomes.

Our ability to assure safety is dependent upon being able to engage, uncover, assess, and understand what is occurring. Similarly, the appropriateness of placements and permanency goals, as well as the expeditious achievement of permanency requires that we work in effective partnership with children, families, caregivers, and system partners to understand need, identify the 'right' goal, plan most appropriate, functional methods to achieve that goal, and then collectively track our progress. Finally, our ability to sufficiently support educational, physical health, and emotional/behavioral health and well-being calls on the same capacity and capabilities.

Enhancing family capacity requires that we first identify those family system strengths that we can build on and reinforce. We began building our assessment capabilities with the implementation of validated assessment tools such as SDM. The complement of our core strategies, including caseload management, workforce development, and the Case Practice Model implementation, have created the infrastructure and framework of expectations that will continue to guide system refinements in this Outcome. We are developing our skills in engagement, assessment, teaming, planning, plan implementation, tracking and adjusting, and proceeding to successful transition. It will take time for practice and support adaptations to be internalized. The approaches are sound; continued deployment will enable DCF to live the CPM values and principles, and is anticipated to bring substantial gains in this Outcome.

Permanency Outcome 1: Children have permanency and stability in their living situations.

The data results demonstrate some progress in permanency, particularly in the areas of stability, getting to positive permanency with children who have been in care for long periods of time, record numbers of adoptions, and higher relative permanency through Kinship Legal Guardianship. Despite these positive signs, we continue to be challenged in the timeliness of reunification and adoption, and it is important to the children we serve that we address this area as a primary OFI.

Back to the time of the CFSR Round 1 PIP and the original reform plan, we identified several actions that would affect permanency delays, e.g. voluntary placements, use of non-licensed relative homes, insufficient resource home supply, delays in processing permanency activities. We have taken decisive action to address those factors, and have made notable progress in some areas, e.g. resource home development and strengthening relative caregivers, while progress in others is still in the early stages but showing signs of positive impact, e.g., concurrent planning. .

Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.

A child's education experience can be critical contributor to his/her sense of self, and can provide an anchor of support in an otherwise difficult world. Importantly, educational capacity and difficulties may not present as obvious to the 'lay person' and can go undetected as a result if sufficient attention is not provided to the educational circumstances of a given child. We have a number of youth that transition to adulthood, as well as a number who have elected to remain receiving services beyond age 18. Many have benefited from the scholarship assistance program. And finally, improving educational prospects for children who are served through the child welfare system will help not only the children known to us, but hopefully also support the children who never become known to us.

There is a tremendous opportunity to support our children, our educational and child welfare systems, and our communities by working with educators in each county/district. This Item has broad applicability to all children in the child welfare system, and remains a focus of the New Jersey Child Welfare Citizen Review Panel. Additionally, focus on education is timely given the recent *Fostering Connections* legislation and its implications.

C. Quality Assurance System

New Jersey's quality system has been affected by course corrections since CFSR Round 1. We are including Quality Assurance System as a primary OFI because the development and utilization of quality practices will be a much needed component in assuring the progress noted in all areas remains on track. As we move forward with continued deployment of our strategies, our quality practices will help maintain the connection between consumer requirements, practice, quantitative data, and qualitative feedback we receiving from all stakeholder groups. The information developed from these practices will assist in identifying when and on what to move

forward, so that we sustain changes made. As we embed the essence of 'system' in our work with families and stakeholders, the tools of quality will help drive collaboration.

Question 3: Recommend two additional sites for the onsite review activities.

New Jersey has recommended Gloucester and Somerset Counties in addition to Essex, the largest metropolitan area. The data used to assist selection is contained in the table in Figure 7.

In selecting counties for review, the choice was driven by several factors:

- We need to be sensitive to impact of the review on our aggressive pursuit of our reform initiatives, especially the implementation of the Case Practice Model. Both are resource-intensive endeavors, and we do not want to disrupt the progression of staff through the intensive immersion process.
- Neither Gloucester nor Somerset have experienced a qualitative review such as a CFSR or QSR.
- Selecting a completed immersion site (Gloucester) will permit an assessment of the initial impact of our new Case Practice Model.
- We are interested in learning about the impact of the strategies we have focused on since CFSR Round 1 – caseload reduction, service investment, strengthening the system front end, implementing a case practice model, workforce development, and data and accountability – and in particular the focus on fundamentals as may be evident in review at any site.
- Tempering the urban center of Essex with counties that contained mixed space, including rural and suburban sections.
- Sensitivity to changes in population, including cultural changes and our ability to adapt to the changing needs of our communities.
- Results on indicators, e.g., performance in areas where data indicate further assessment would be helpful.

Essex County

- Although included because it is the largest metropolitan area, Essex is expected to provide insights to both our strengths and opportunities for improvement
- The number of children under supervision decreased 30% between 2005 and 9/20/08
- Although Essex experienced a 20% decrease in its substantiation rate between 2005 and 2006, it ranked 18th out of 21 counties in substantiation rate, which is notable.
- During the data profile periods, the number of Essex children served in care decreased 33%, from 3,053 to 2,019.
- According to the Data Profile, Essex has struggled with permanency outcomes, which is an area for examination.
- The placement rate for Essex for 2005 and 2006, at 4.4 and 4.0 per 1,000 of the population of children, exceeds the state rate for those years, which was 2.3.
- There has been an interesting shift in the number of children served in home vs. in placement. In 2005, the split statewide was 80% in home to 20% in placement. In Essex, this has shifted over time to 70% home, 30% in placement as of 9/30/08

Gloucester County

- Gloucester contains an original Case Practice Model Immersion site, and we are interested to obtain impressions from our initial efforts with this model.
- Gloucester is also one of the original sites for Differential Response, and we would like to also like to obtain impressions regarding initial efforts with this practice.
- Interestingly, Gloucester has the lowest substantiation rate among potential sites, at 13.5% for 2006. However, the rate of substantiations in 2005 followed by a repeat substantiation in 2006 is higher than for other sites, at 10.2%.
- Gloucester is located in southern New Jersey, and retains that mix of rural/urban/suburban areas.
- Gloucester in several data points contains results more similar to the statewide figures than do Essex and Somerset, and thus may provide an interesting comparison on related practices.

Somerset County

- Somerset has urban, suburban, and rural zones, providing balance to Essex.
- Somerset experienced a large population growth, about 9%, between 2000 and 2006.
  - Of this, it had some of the most significant (over 3%) development of Asian and Latino populations, which number 12.3% and 11.8% of the population, respectively.
- Although a wealthy county, Somerset experiences some of the same service issues as other less wealthy counties, e.g., housing and transportation.
- Somerset has experienced tremendous growth in its child welfare system. The population of children under supervision more than doubled between 2005 and 2008, straining the system throughout the reform efforts. Additionally, it should be noted that Somerset was a 'phase 3'

county in the original child welfare reform plan. Effectively, this meant it did not receive the early infusion of services funding that 'phase 1' counties (including Essex) did, which may, the impact of which may be evident in the review.

- The referral rate for field response to Child Protective Service Reports and child welfare referrals has grown between September 2007 and September 2008 by 33.3%, 10% higher than the statewide figure, and at least 14% higher than Essex.
- The substantiation rate in Somerset for 2006 was 17.7%, higher than Essex, and higher than the 13.2% statewide results, ranking Somerset 20th. Coupled with the increase in referrals and new cases, there may be insights to be gained through exploring this area.
- Somerset had the highest percentage of children in Kinship care in 2007, at 41.7%, and in June 2008 at 43.0%, higher than the statewide figure.
- Somerset has more children consistently in Group/Residential placement than in family-based homes. Although we see a 50% decrease since 2005, the number, at 20.5% of placements, is considerably above the statewide figure of 13.3%.
- Regarding permanency, we are interested in examining Somerset because it is one of the original Concurrent Planning sites, and, and because the county appears to do well in reunification..
- Somerset would be an area for study to identify lessons learned in moving children to adoption timely.

Question 4: Provide comments about the State's experience with the Statewide Assessment Instrument and process.

The considerations driving New Jersey's approach to addressing the statewide assessment included:

- The CFSR Statewide Assessment Items reflect normal, important aspects of the business of child welfare.
- The assessment appropriately sought to bring information current from CFSR Round 1 for conditions in each Outcome/Systemic Factor.
- The purpose of the CFSR is to generate improvement.
- The focus of the CFSR does not override but rather reflects our focus on achieving ever-improving outcomes for children and families.
- The CFSR thus is not something to view as an add-on to our work, but something that should be integrated into normal work efforts, using naturally occurring opportunities to the extent possible.

As a result, we chose to develop discussion groups and/or small work teams for each Outcome and Systemic Factor. The teams were coordinated by the Office on Quality. Each Outcome team was staffed by one or more DYFS Area Quality Coordinator. Each work team/discussion group also included a set of volunteer stakeholders, internal and external, who were able to bring information to bear on the topic in order to frame out the essence of the Item history and action from CFSR Round 1 forward. As part of their work the work teams sought additional input on their Items from colleagues in their respective stakeholder areas to broaden the expertise and perspective of evaluation. Once the teams had considered the basics, identified historical actions and policy adjustments affecting the items, identified factors affecting the items, and data that

could provide insight, each group framed out questions that could be asked of other stakeholders to verify, clarify, or fill gaps in information about the Item.

Working with the basic response structure provided through the teams/groups, a series of surveys were conducted to draw input from the broader stakeholder community. Survey respondents included families, resource families, DYFS staff, internal and external system partners, court-related staff, judges, and youth. The information gleaned from the surveys was used to support the evaluation in specific items, and is available for further study to inform the Program Improvement Plan process.

One element that did protract the process was the late availability of an acceptable Data Profile, as a residual delay from work to address AFCARS data quality concerns. As a result, New Jersey has not had the benefit of sharing the Data Profile with stakeholders to the extent enjoyed in CFSR Round 1, and the assessment may be somewhat limited by the lack of commentary responses on the data elements. We intend to address this as we move forward to better inform the on-site process as well as the Program Improvement Plan process.

Element	Essex	Gloucester	Somerset	Statewide			
Permanency Composites 07B08A				**NJ Result**	**National Median**	**75th / 25th Pct**	
PC1-1 reunify<12 mos	54.3	82.7	70.2	64.9	69.9	75.2	
PC1-2 Median time to Reun	10.2	5.5	5.5	8.0	6.5	5.4	lower
PC1-3 N cohort reunif <12 mos	36.0	65.2	58.2	41.7	39.4	48.4	
PC1-4 X cohort reentry <12mos	7.4	6.6	10.6	10.2	15.0	9.9	lower
PC2-1 Adopt<24 mos	17.2	15.4	16.7	22.6	26.8	36.6	
PC2-2 Median LOS adoption	39.2	34.9	32.0	34.3	32.4	27.3	lower
PC2-3 17+ mos in care, Adopted	26.1	38.2	30.6	30.9	20.2	22.7	
PC2-4 17+ mos in care, LF<6mos	6.3	25.0	8.8	9.9	8.8	10.9	
PC2-5 LF, adopted <12 mos	28.0	38.1	25.0	35.0	45.8	53.7	
PC3-1 24+ mos in care, Exit<18yo	34.2	42.9	33.3	37.8	25.0	29.1	
PC3-2 TPR, positive exit	87.0	97.2	95.0	93.2	96.8	98.0	
PC3-3 In care 3+yrs, Eman or 18th	48.2	20.0	50.0	40.2	47.8	37.5	lower
PC4-1 Stability <12 mos	88.6	82.4	81.5	82.4	83.3	86.0	
PC4-2 Stability 12<24 mos	69.1	53.8	74.3	70.6	59.9	65.4	
PC4-3 Stability 24+ mos	49.0	37.1	45.9	45.3	33.9	41.8	
	6	9	6				
Permanency Composites 06B07A					National Median	75th / 25th Pct	
PC1-1 reunify<12 mos	44.9	68.4	65.6	61.6	69.9	75.2	
PC1-2 Median time to Reun	13.9	10.0	7.2	8.7	6.5	5.4	lower
PC1-3 N cohort reunif <12 mos	31.5	39.3	63.4	38.9	39.4	48.4	
PC1-4 X cohort reentry <12mos	7.6	9.5	11.8	10.3	15.0	9.9	lower
PC2-1 Adopt<24 mos	11.6	18.8	11.1	15.3	26.8	36.6	
PC2-2 Median LOS adoption	40.0	31.9	42.4	39.6	32.4	27.3	lower
PC2-3 17+ mos in care, Adopted	15.4	21.3	17.8	24.1	20.2	22.7	
PC2-4 17+ mos in care, LF<6mos	10.5	18.2	0.0	19.0	8.8	10.9	
PC2-5 LF, adopted <12 mos	58.7	39.1	100.0	54.5	45.8	53.7	
PC3-1 24+ mos in care, Exit<18yo	31.0	36.2	40.0	34.3	25.0	29.1	
PC3-2 TPR, positive exit	89.5	92.0	100.0	95.3	96.8	98.0	
PC3-3 In care 3+yrs, Eman or 18th	55.3	22.2	30.0	45.3	47.8	37.5	lower
PC4-1 Stability <12 mos	79.6	79.4	82.4	82.4	83.3	86.0	
PC4-2 Stability 12<24 mos	61.8	52.8	56.8	46.0	59.9	65.4	
PC4-3 Stability 24+ mos	31.7	32.0	31.7	35.2	33.9	41.8	
Meets 75th/25th Pct.or Nat'l Mdn	4	5	4				
Permanency Composites 05B06A					National Median	75th / 25th Pct	
PC1-1 reunify<12 mos	44.1	70.1	80.5	59.9	69.9	75.2	
PC1-2 Median time to Reun	14.9	7.3	5.1	9.0	6.5	5.4	lower
PC1-3 N cohort reunif <12 mos	37.0	42.9	53.6	42.1	39.4	48.4	
PC1-4 X cohort reentry <12mos	4.5	10.9	11.1	9.2	15.0	9.9	lower
PC2-1 Adopt<24 mos	13.3	6.3	21.7	14.9	26.8	36.6	
PC2-2 Median LOS adoption	44.7	47.0	36.6	40.0	32.4	27.3	lower
PC2-3 17+ mos in care, Adopted	18.0	26.3	27.0	21.3	20.2	22.7	
PC2-4 17+ mos in care, LF<6mos	7.3	15.4	10.4	13.1	8.8	10.9	
PC2-5 LF, adopted <12 mos	58.4	86.4	47.8	60.7	45.8	53.7	
PC3-1 24+ mos in care, Exit<18yo	26.9	37.9	35.6	29.7	25.0	29.1	
PC3-2 TPR, positive exit	94.5	87.5	100.0%	95.8	96.8	98.0	
PC3-3 In care 3+yrs, Eman or 18th	56.3	37.5	38.1	41.5	47.8	37.5	lower
PC4-1 Stability <12 mos	80.5	71.3	84.9	82.7	83.3	86.0	
PC4-2 Stability 12<24 mos	58.0	64.4	73.5	62.2	59.9	65.4	
PC4-3 Stability 24+ mos	35.0	38.4	31.4	36.6	33.9	41.8	
Meets 75th/25th Pct.or Nat'l Mdn	4	8	12				

Figure 7

Safety	Essex	Gloucester	Somerset	Statewide
A/N Substantiations by county				
Number of Children-2005	7,756	2,221	1,371	66,498
Number of Substantiations-2005	1,575	299	251	11,023
% Substantiated- 2005	20.3%	13.5%	18.3%	16.6%
Rank among counties (1=least,21 = m	17	6	15	
Number of Children-2006	9,328	2,975	1,679	83,325
Number of Substantiations-2006	1,479	377	298	11,038
% Substantiated- 2006	15.9%	12.7%	17.7%	13.2%
Rank among counties (1=least,21 = m	18	11	20	
Substantiation rate change 05-06	-21.92%	-5.93%	-3.05%	-20.09%
IAIU A/N Subs by County 2005				
Number of Children	587	114	130	3,664
Number of Substantiations -2005	51	4	5	312
% Substantiated 2005	8.7%	3.5%	3.8%	8.5%
IAIU A/N Subs by County 2006				
Number of Children	758	111	168	4,222
Number of Substantiations -2006	36	4	8	183
% Substantiated 2006	4.7%	3.6%	4.8%	4.3%
Safety: unsub to sub 05-06	4.4%	5.8%	6.1%	5.1%
Safety: Subs to sub 05-06	7.3%	10.2%	8.4%	7.4%
Safety: post return home 05-06	5.2%	3.4%	6.7%	6.8%
Referrals Assigned to Counties Janu 07 through Jan 08				
CPS	5,382	1,935	1,228	50,614
CWS	1,647	394	265	11,427
Combined	7,029	2,329	1,493	62,041
Combined % statewide	11.33%	3.75%	2.41%	100.00%
CWS% Statewide	14.41%	3.45%	2.32%	100.00%
CPS% Statewide	10.63%	3.82%	2.43%	100.00%
Referrals Assigned to Counties Sep 07 through Sep 08				
CPS	5,348	2,079	1,361	52,652
CWS	1,730	429	308	12,366
Combined	7,078	2,508	1,669	65,018
Combined % statewide	10.89%	3.86%	2.57%	100.00%
CWS% Statewide	13.99%	3.47%	2.49%	100.00%
CPS% Statewide	10.16%	3.95%	2.58%	100.00%
Census Data				
Median HH income 2004	44,486	59,516	79,567	57,338
population est.2006	786,147	282,031	324,186	8,724,560
% Population <18 2006	26.0%	23.2%	25.2%	23.9%
% in poverty	13.90%	6.20%	4.30%	8.70%
Total Land Area sq.miles	126	325	305	
PPSQMI	6,229	784	1,074	1,184
% Living in Urban Centr/UArea	100%	89%	93%	
Race/Ethnicity- %				
White	51.6%	86.2%	77.5%	69.6%
Black	42.3%	10.1%	8.8%	13.6%
American Indian	0.4	0.20%	0.2	0.2
Asian	4.3	2.30%	12.3	7.5
Native Hawaiian	0.1	0.10%	0.1	0
Latino	18	3.40%	11.8	15.6

Figure 7

Safety	Essex	Gloucester	Somerset	Statewide
Caseload Data - June 2008				
Current Target - Intake- 74%	Yes	Yes	No	96%
Current Target - Permanency 95%	Yes	Yes	Yes	96%
Current Target - Adoption 1- 95%	Yes	N/A	Yes	95%
Current Target - Adoption 2- 69%	No	N/A	No	69%
Current Target - Supervisor-95%	Yes	Yes	Yes	96%
Placement				
Placement Rate 2005	4.4	2.2	1.2	2.3
Placement Rate 2006	4.0	1.7	1.1	2.3
LOS ist quartile 2006	4.8	3.2	2.6	3
Median LOS	20.1	13.9	10.3	10.8
Placement success 2005-2006				
With Siblings	54%	61%	56%	58%
With Kin	37%	31%	48%	39%
Stability	81%	70%	85%	83%
Percentage of children placed with relatives in first spell				
2004	60%	64%	60%	52%
2005	39%	51%	50%	42%
2006	37%	31%	48%	39%
Children in Placement - 1/05	2520	231	133	12228
Kinship	1109	126	46	4000
% Kinship	44.0%	54.5%	34.6%	32.7%
RF non kin	1104	62	31	6181
% Non kin	43.8%	26.8%	23.3%	50.5%
residential group	262	39	54	1928
% resi group	10.4%	16.9%	40.6%	15.8%
ILP	45	4	2	119
% ILP	1.8%	1.7%	1.5%	1.0%
Children in Placement - 1/06	5319	271	169	11182
Kinship	1078	102	55	3890
% Kinship	20.3%	37.6%	32.5%	34.8%
RF non kin	1244	119	72	5429
% Non kin	23.4%	43.9%	42.6%	48.6%
residential group	282	45	36	1724
% resi group	5.3%	16.6%	21.3%	15.4%
ILP	37	5	6	139
% ILP	0.7%	1.8%	3.6%	1.2%
Children in Placement - 1/07	4968	266	141	10351
Kinship	14	91	0	19
% Kinship	0.3%	34.2%	0.0%	0.2%
RF non kin	2142	137	109	8624
% Non kin	43.1%	51.5%	77.3%	83.3%
residential group	276	37	29	1550
% resi group	5.6%	13.9%	20.6%	15.0%
ILP	52	1	3	158
% ILP	1.0%	0.4%	2.1%	1.5%
Children in Placement - 12/07	2132	242	163	9466
Kinship	788	92	68	3653
% Kinship	37.0%	38.0%	41.7%	38.6%
RF non kin	1008	116	60	4215
% Non kin	47.3%	47.9%	36.8%	44.5%
residential group	1268	30	29	1391
% resi group	59.5%	12.4%	17.8%	14.7%
ILP	76	4	6	207
% ILP	3.6%	1.7%	3.7%	2.2%

Figure 7

Safety	Essex	Gloucester	Somerset	Statewide
Children in Placement - 6/30/08	2060	278	148	9375
Kinship	745	110	65	3548
% Kinship	36.2%	39.6%	43.9%	37.8%
RF non kin	1016	131	50	4424
% Non kin	49.3%	47.1%	33.8%	47.2%
residential group	263	34	30	1247
% resi group	12.8%	12.2%	20.3%	13.3%
ILP	36	3	3	156
% ILP	1.7%	1.1%	2.0%	1.7%
total children 1/2005	11617	2098	630	61262
% total	19.0%	3.4%	1.0%	100.0%
in home	9,089	1,867	497	49,039
% in Home	78.2%	89.0%	78.9%	80.0%
OOH	2,528	231	133	12,223
% OOH	21.8%	11.0%	21.1%	20.0%
total children 1/2006	11036	1751	952	61262
% total	18.0%	2.9%	1.6%	100.0%
in home	8,393	1,480	783	49,039
% in Home	76.1%	84.5%	82.2%	80.0%
OOH	2,643	271	169	12,223
% OOH	23.9%	15.5%	17.8%	20.0%
total children 12/2006	9620	1602	1165	61262
% total	15.7%	2.6%	1.9%	100.0%
in home	7,052	1,335	1,034	49,039
% in Home	73.3%	83.3%	88.8%	80.0%
OOH	2,568	267	193	12,223
% OOH	26.7%	16.7%	16.6%	20.0%
total children 12/2007	7347	1586	1339	52210
% total	14.1%	3.0%	2.6%	100.0%
in home	5,215	1,344	1,176	42,745
% in Home	71.0%	84.7%	87.8%	81.9%
OOH	2,132	242	163	9,465
% OOH	29.0%	15.3%	12.2%	18.1%
total children 9/2008	7035	1567	1268	47420
% total	14.8%	3.3%	2.7%	100.0%
in home	4,969	1,295	1,115	38,222
% in Home	70.6%	82.6%	87.9%	80.6%
OOH	2,066	272	153	9,198
% OOH	29.4%	17.4%	12.1%	19.4%
Total under sup 6/2008	7266	1645	1301	48647
to 2 under sup	1462	340	218	8928
to 2 in care	520	81	30	2311
% of 2 in care	35.6%	23.8%	13.8%	25.9%
3-5 under sup	1156	279	206	7695
3-5 in care	319	44	18	1396
%3-5 in care	27.6%	15.8%	8.7%	18.1%
6-9 under sup	1423	349	273	10052
6-9 in care	289	50	20	1439
%6-9 in care	20.3%	14.3%	7.3%	14.3%
10-12 under Sup	1046	234	209	6982
10-12 in care	248	25	15	1013
%10-12 in care	23.7%	10.7%	7.2%	14.5%
13-15 under sup	1099	240	212	7736
13-15 in care	306	37	23	1387
%13-15 in care	27.8%	15.4%	10.8%	17.9%
16-17 under sup	801	156	132	5588
16-17 in care	263	26	27	1242
% 16-17 in care	32.8%	16.7%	20.5%	22.2%
18 + under sup	279	47	51	1666
18+ in care	115	15	15	587
% 18+ in care	41.2%	31.9%	29.4%	35.2%

Figure 7

CFSR Statewide Assessment Contributors

The following individuals contributed through participation on work teams and/or discussion groups on CFSR Outcomes and Systemic Factors to frame responses.

Allison Blake, Director, Institute for Families, Rutgers
Archdiocese of Newark
Barbara DeGraaf, Division of Family Development, DHS
Benita Rommel, Administrator, Interstate Unit, DCF
Beth MacDonald, Director, Just for Babies
Betty Berzin, Morris East LO, DYFS
Carol Dortch-Wright, DCF Office of Communications and Legislation
Cecilia D. Smith, Resource Family Recruitment, DCF
Charlene Womack, Special Assistant, Central Operations
Charles R. Jones, Manager, Mercer South Local Office, DYFS
Cheryl MacDougall, Chief, Office on Quality, DCF
Christine Henderson Rose, Principal Director, Somerset County Office of Youth Services
Christine Scalise, Research Scientist 1, DAS
Cindy Herdman-Ivins, Executive Director, Family Service Association of NJ Safety II
Cindy Thomson, Court Executive, Passaic
Claudia Tahan, Office of Policy, DYFS
Colette Tobias, Administrator, DCF- Office of Resource Families
Colleen Cheeseman, Supervisor of Investigations Child Protection, IAIU
Crystal Smith, Area Resource Family Specialist
Danita Pierce, Program Development Specialist 1, DCF
Daren Brantley, Area Quality Coordinator, Burlington-Mercer, DYFS
Dashawn Freeman, Member, Community Access Unlimited
David Rudnitsky, Local Office Manager, Ocean North, DYFS
David Tang, Staff Attorney, Family Practice Division, Administrative Office of the Courts
Deborah Colgan, Regional Staff Nurse Medical Assistance, DHS
Denise Smith, SFSS, DYFS, Office of Resource Families
Denise Wilkens, County Supervisor of Child Study, NJ Department of Education/Middlesex
Diane Capaldi, Resource Family Unit Supervisor
Dianna Black, CPS, DCF- Office of Resource Families
Donna Herman, Area Quality Coordinator, Bergen/Passaic, DYFS
Dr. Steven Kairys, Jersey Shore Medical Center
Eileen Oppel, Area Quality Coordinator, Bergen, DYFS
Elizabeth Bowman, Program Manager, NJ Child Welfare Training Partnership at Rutgers University
Ella Skora, Deputy Attorney General, Division of Law
Ellen Kelly, Assistant Division Director, Adoption Services, DCF
Famitta Durham, Member, Community Access Unlimited
Fran Gervasi, Director of Education & Training, Foster and Adoptive Family Services
Gail Howell, Casework Supervisor, DYFS
Gary Sefchik, Chief, Bureau of Licensing
Gilbert Soto, County Services Specialist, DCF - Office of Resource Families

Howard Wingard, Community Access Unlimited
Jacquelyn Agnesino, Concurrent Planning Specialist, DYFS
Jamie Hart, CIACC Convener, Ocean County
Jamie E. Stofa, Deputy Attorney General, Division of Law
Janet Stevens, Supervisor of Investigations Child Protection, IAIU
Janis Nietzer, Vice President Foster & Adoptive Family Services
Jewel Johnson, Special Assistant to Director, DCF - DPCP (Prevention & Community
Jim Harris, Section Chief, DYFS South Division of Law
Joan Lorah, Assistant Executive Director, Catholic Charities
Joanne Dietrich, Chief of Juvenile and Children in Court Family Practice Division, AOC
Jody Drebes, Area Quality Coordinator, Atlantic/Cape May
John Ducoff, Deputy Commissioner, DCF
Julio Coto, Assistant Executive Director, Catholic Charities
Karen DeWitt, Livescan Liason, DCF
Karen Gagne, State Responsible Student Coordinator, DCF Office of Education
Kathleen Niedt, Case Practice Supervisor, DCF/DYFS
Kathy Forvour, Adoption Operations Field Support Unit, DYFS
Kathy Narcum, Area Planner/Administrative Analyst 1, DYFS
Keeva Kase, Director of Program Services, CASA of New Jersey
Kerri Walsh, Assistant Family Division Manager, Morris/Sussex Court
Lesley Moore, Children & Family Services - Division Director, Catholic Charities\
Linda Porcaro, Youth Services Commission, Somerset County
Lisa von Pier, Deputy Director of Case Practice, DYFS
Lizette Mateo, Area Quality Coordinator, Hudson, DYFS
Lorraine Augostini, Deputy Public Defender/Director of Litigation, Office of the Public
Margaret Bennett, Advanced Practice Nurse, DHS
Margaret Gannon, Resource Family Advocate, Foster and Adoptive Family Services
Maria DeBlasi, Area Quality Coordinator, Essex
Marla Hoffman, Resource Care Supervisor, DYFS
Marlene Soliman, Area Quality Coordinator, Monmouth Area Office
Mary Bonard, Director, New Jersey Child Welfare Training Academy, DCF
Mary Browne, Area Quality Coordinator, Warren/Hunterdon/Somerset
Mary Carroll-Robertson, Area Quality Coordinator, Union Co. DYFS
Mary Jane Arachow, Executive Director, Foster & Adoptive Family Services
Mary Karanik, Quality Assurance Coordinator, DCF - Office of Contract Administration
Maureen McCabe, Area Quality Coordinator, Middlesex, DYFS
Michael Tomaszewicz, Office of Information Technology and Reporting
Michele Schwartz, Child Health Unit, DCF
Michelle Ianni-Adams, Chief, Office of Licensing, DCF- DYFS- OOL
Mimi Hickman-Perfetti, Resource Development Specialist, Somerset
Mira Ogrizovic, Deputy Attorney General, Division of Law - DYFS Central
Nancy Carre-Lee, Assistant Area Director of Burlington/Mercer
Nancy Dougherty, Area Quality Coordinator, Morris/Sussex
Niambi London, Adolescent Permanency Liaison, DCF-DYFS
Nina Collabelli, Francis X. Bagnoud Nursing School, University of Medicine and Dentistry
Pamela Bradshaw-Gruska, Supervisor, State Central Registry

Pat Chisholm, Director, Just for Babies
Pat Stanislaski, Division of Prevention and Community Partnerships
Randi Mandelbaum, Clinical Professor of Law and Director Child Advocacy Center, Rutgers-Newark School of Law
Rita Gulden, Executive Director, CASA of New Jersey
Robert Ring, Supervisor of Standards and Procedures, DYFS - Resource Families
Rowena Madden, Director, New Jersey Commission on American Indian Affairs
Sally Jacober-Brown, Resource Parent
SamanthaJo Broderick, Family Service Specialist 2, DCF
Sandra McDonnell, Team Lead Ocean Area, DYFS
Sharon Smith, Assistant Area Director, Atlantic/Cape May, DYFS
Sharyl Byank, Area Quality Coordinator, Cumberland/Gloucester/Salem, DCF
Shawn Mines, Project Coordinator, Youth Advisory Boards, Rutgers School of Social Work
Shirley Searles, Quality Assurance Coordinator, DCBHS
Sonia Martinez, Court Improvement Program Director, Family Practice Division, AOC
Susan Leach, Area Quality Coordinator, Ocean, DYFS
Susan Mizack, Assistant Area Director, Warren/Hunterdon/Somerset, DYFS
Trammell Bristol, Office on Quality, DCF
Ursula Pollard, Case Practice Specialist, DCF/DYFS
Wanda Wesley, Burlington, DCF-DYFS

We also thank the many youth, families, and system stakeholders who directly shared their experiences and insights with these individuals and teams, as well as those who participated in one of the series of CFSR surveys distributed as part of this endeavor.