State of New Jersey
DEPARTMENT OF CHILDREN AND FAMILIES

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Dear Colleagues,

As we committed earlier this year, the Department of Children and Families (DCF) has conducted a thorough review of its case practice in the Zahree Thomas case. Our review revealed areas of consistent and thoughtful practice as well as areas where our system as a whole needs to focus more attention. Some of these include a continuation of our case practice initiative aimed at improving our supervisory and clinical assessment skills, furthering our understanding of the complexities of clinical assessments provided by outside experts, and how we utilize collateral information overall, and integrating that information in the plans we develop for post reunification services.

As was shared in my earlier communication, Zahree first became known to the Department's Division of Child Protection and Permanency (CP&P) in November 2010 when the police found his mother under the influence of drugs in a public place, having left Zahree alone in her car. Zahree was placed with close relatives at that time, and a child protective services case was opened. The case remained open in Camden County until the time of Zahree's death in August 2012. As was also reported in my earlier communication, this was a complex child protective services case made more difficult by the mother's ongoing struggle with co-occurring mental health and substance abuse disorders. Ms. Thomas struggled with Bi-Polar Disorder and was taking medications to address this condition. However, she also admittedly used drugs, namely phencyclidine (PCP).

The need to prevent relapse and help Ms. Thomas find support in times of stress were critical for this family, both immediately following reunification, and also from a long range perspective when the State would no longer be monitoring progress. Ms. Thomas had strong and ongoing support from family members who were aware of her substance abuse and mental health challenges. In fact, close relatives were licensed to care for Zahree when he was not in his mother's care. Ms. Thomas received services from both substance abuse and mental health treatment programs in her community.

Prior to reunification, there were a number of areas of strong practice. The assessment of Ms. Thomas' needs was accurate and informed by quality assessments by CP&P contracted providers. The services were appropriate to the identified needs of the family and implemented in a timely manner. Ms. Thomas and Zahree had regular visitation with one another, and our workers were in compliance with CP&P's contact requirements, outside of a three month period in late 2011 and early 2012 when there was no contact with Ms. Thomas. Additionally, an exhaustive search was completed for Zahree's father, and an affidavit of inquiry was filed with the court after he was unable to be located.

The preparation for reunification also had many positives: obtaining collateral materials from service providers, continuing daycare, and random urine screens, as well as discussing with Ms. Thomas and her relatives the ongoing plans for reunification. We also found the use of Family Team Meetings (FTM) strategic and appropriate during this time, which is the first step in formalizing a team to help ensure the success of reunification. Additionally, prior to her involvement with CP&P, Ms. Thomas was stable, maintaining the same residence for ten years, and utilizing community agencies for support. Zahree's father was never involved with his care. These were all factors that were taken into account in the decision to reunify Zahree with his mother.

The work done prior to reunification appeared to adequately address Ms. Thomas' needs. However, our review revealed that there were some aspects of our collaboration around the expert and service provider reports that seem to be in conflict, leading to a conclusion that a stronger internal clinical assessment capacity is needed particularly in complex cases such as this. Additionally, the ability to more thoroughly integrate all the information available may have revealed a more complete understanding about the family dynamics that were present.

Overall, my review of this matter does not find evidence that CP&P would have had any indication that Ms. Thomas was in distress, or that they could have prevented this child's death. However, it creates an opportunity for the Department and Division to improve our clinical assessment capacity within our local offices, and continue our efforts to provide a different kind of supervision to frontline staff when challenged with complex cases.

As is required by both State and federal law, in addition to the case practice review conducted by the Department, the New Jersey Child Fatality and Near Fatality Review Board (NJCFNFRB) also completed an expedited review of this case. The Board's review and recommendations centered on three key areas or themes as outlined below:

- The Board stressed the importance of proper credentialed professionals providing detailed reports to CP&P staff. They suggested an update to contracts may be necessary to provide specifics about who should be providing information to CP&P staff, and who should be completing the assessment/evaluations. Also, examples of detailed reports should be made available to the contracted professionals so that the expectations of the Department are clearly presented.

- The Board suggested a quality assessment of the CP&P contracted clinical consultants needed to be completed to ensure appropriate skill level for assisting with difficult cases.
- The Board recommended a reassessment from one of the psychologists would have proved useful to gain further insight into the family's current functioning once the child was reunited with the mother.

We found the NJCFNFRB findings and recommendations consistent with our own, and have undertaken the following steps:

1. Supervision: DCF is in the process of expanding a pilot program launched last year in five counties, then expanded in January to an additional ten offices, which focuses both on strengthening the clinical supervision skills of the casework supervisors in our local offices and utilizing a team approach to case conferencing that assures the review and integration of all information collected during our work with families. Early evaluation of this pilot indicates practice is changing and staff are embracing this approach.
2. Coordination of Clinical Assessments: DCF undertook an assessment of the clinical resources team in our CP&P local offices this past spring. A toolkit for staff was released earlier this month that helps staff more effectively utilize the clinical teams in our local offices.
3. Forensic Evaluations: DCF convened a Task Force charged with developing guidelines for Forensic Evaluations conducted by CP&P service providers in late 2010. The Task Force has just completed its work. These new Guidelines will be adopted in January 2013 and contracting practices will be modified to require evaluators to meet these guidelines in all CP&P cases.

While this review and the corrective actions currently underway by our Department in no way can change the outcome or mitigate the tragedy of this case, it is my hope, and the hope of all of our staff, that these actions will help improve our work with families and help prevent future tragedies.

We thank you for your continued partnership on behalf of the children and families of New Jersey.

Respectfully,

Allison Blake, Ph.D., L.S.W.
Commissioner