

CHARLIE AND NADINE H. V. MURPHY
PROGRESS OF THE NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES

MONITORING PERIOD XXII
JANUARY 1 JUNE 30, 2018



Center of
Study of
the Family
Act

N. ACCOUNTABILITY THROUGH QUALITATIVE REVIEW AND THE PRODUCTION AND USE OF ACCURATE DATA.....	68
O. NEEDS ASSESSMENT.....	69
P. FISCAL YEAR BUDGET.....	70
APPENDIX: A.....	71
APPENDIX: B.....	72

LIST OF TABLES

Table 1: Charlie and Nadine H. Child and Family Outcome and Case Practice Performance Measures.....	10
Table2: CP&P Individual Worker Caseload Standards.....	59
Table3: Number of CP&P Investigations and Secondary Intake.....	62
Table4: Percentage of CP&P Investigations Assigned to-Caseload.....	64
Table5: Percentage of CP&P Investigations Assigned to-Make.....	64

LIST OF FIGURES

Figure1: Percentage of Families Who Had at Least Twice per Month Face Contact with Caseworker when the Goal is Reunification (January ± June 2018).....	48
Figure 2 Percentage of Children Who Had at Least Monthly Visits with Siblings, for Children not Placed with Siblings (January ± June 2018).....	50

- x Workforce Report To be reproduced annually; last report dated January 2018. This report provides information regarding the demographics and characteristics of current workers, as well as a variety of indicators of workforce planning and development, using fiscal year (FY) (July 1 - June 30) data.
- x & K L O G U H gency Coordinating Council Report Current and produced monthly This report details referral and service activity for CSOC. It also includes demographics, referral sources, reasons resolutions and services provided.
- x New Jersey Youth Resource Spot Ongoing and updated as relevant This website offers the latest resources, opportunities, news and events for young people. This site includes a list of current Youth Advisory Boards (YAB), as well as additional resources available in each county and statewide.
- x DCF Needs Assessment Previously produced annually Last report dated March 2018 During its multi-year needs assessment process, DCF produced annual reports on its website and reported twice annually to the Monitor. The most recent report, entitled DCF Needs Assessment Report #3 Survey Findings and Synthesis, updates interim findings to identify the resources needed to serve families with children at risk for entering out-of-home placement and those already in placement. The SEP requires reports to evaluate the need for additional placements and services to meet the needs of children, youth and the families involved with DCF, with each county assessed at least once every three years. Going forward, DCF is designing a new Needs Assessment process and the Monitor will report on the new process.

x Housing, Employment and Education Status Review for Older Youth Exiting Care

The Monitor collaborated with DCF to review case records of 50 youth age 18 to 21 who exited care between January 1 and June 30, 2018 without achieving permanency. The review focused on the housing, education and employment status of these youth. Findings from the review are discussed in Section V.J Older Youth of this report.

x Family Team Meeting Data Review

The Monitor collaborated with DCF to review experiences of 80 children and families to verify instances in which workers determined that Family Team Meetings (FTMs) were not required when parents were unavailable, missing or declined the meeting. DCF and the Monitor reviewed all cases of documented exceptions to the FTM requirement in each month of the monitoring period. Further discussion of current performance on this measure is included in Section V.B Family Team Meetings of this report.

x Visits Data Review

The Monitor collaborated with DCF to review case records of 51 children from March and April 2018 in which workers documented that caseworker contacts with parents with a reunification goal (SEP IV.F.28) were not required because a parent was unavailable or there were other circumstances outside of their control that prevented visits from occurring. The Monitor also collaborated with DCF to review records of 234 children from April, May and June 2018 in which workers documented that sibling visits (SEP IV.F.31) were not required because a child declined, a sibling was unavailable or there were other circumstances outside of their control that prevented a visit.

Structure of the Report

Section II SURYLGHV DQ RYHUYLHZ RI WKH VW DURING THE MONITORING PERIOD V K P H
Section III provides summary performance data at each of the outcomes and performance measures required by the SEP in Table Charlie and Nadine H. Murphy Child and Family Outcome and Case Practice Performance Measures. Section IV provides information related to the SEP Foundational Elements. Section V provides more detailed data and discussion of performance SEP Outcomes To Be Maintained and Outcomes To Be Achieved in the following areas:

- x Investigations of alleged child maltreatment (Section V.A);
- x , P SOHPHQW DWLRQ RI ' &) ¶ V & DVH 3 UDFWL Fds, case planning and F O X C visits

The SEP requires the development of timely case plans within 30 days of placement. This measure had previously been designated as Outcome To Be Maintained, but then performance dropped below the SEP standard for three

Continuous Quality Improvement

' &) ¶ V Q H Z O H D G planning to make significant changes to multiple facets of its continuous quality improvement (CQI) efforts. The two major quality review processes New Jersey has used have been the Qualitative Review (QR) and Childsa The QRs involve H Y L H Z V R O-Ž,, ^Fç~âiN V >~ À¶ V ‹ ð S • À

nf

fjoe6(lem30-3(uauca)4(om)90v49(ac)4ba)4(6)36ins)] TJ ET BT 1 0 0 1 36 076.18 Tm [u(se36d ae)4(sar)3(

(s)-2(o)] TJ ET BT

Table 1: Charlie and Nadine H. Child and Family Outcome and Case Practice Performance Measures
(Summary of Performance as of June 30, 2018)

Table 1A: To Be Achieved					
SEP Reference	Quantitative or Qualitative Measure	Sustainability and Exit Plan Standard	December 2017 Performance	June 2018 Performance ²²	Requirement Fulfilled (Yes/No/Partially) ²³
Family Teaming					
IV.B.20	<u>Quality of Teaming</u>	75% of cases involving out-of-home placements that were assessed as part of the QR process will show evidence of both acceptable team formation and acceptable functioning. The Monitor, in consultation with the parties, shall determine the standards for quality team formation and functioning.	59% of cases rated acceptable on QR indicator teamwork and coordination (CY 2017) ²⁴	CY 2018 data not yet available. ²⁵	Not reported in this period.

²² In some instances where the Monitor does not have 2018 data, the most recent data available are included.

²³ 3 < HV ' LQGLFDWHV WKDW LQ WKH ORQLWRUUV MXGJPHQW EDVHG regard to the requirement under the SEP. HL QGLFDWHV WKDW Monito UUV MXGJPHQW ' &) KDV Q regarding SEP. Q. In-home cases were excluded from this measure.

²⁴ CY 2017 data (most recent available) showed that 86 of 145 (59%) applicable cases reviewed for Quality of Teaming were rated acceptable teamwork and coordination indicator. In-home cases were excluded from this measure.

²⁵ Qualitative Review data are reported by the Monitor on an annual basis and will be included in the next monitoring report.

Table 1A: To Be Achieved

SEP Reference	Quantitative or Qualitative Measure	Sustainability and Exit Plan Standard	December 2017 Performance	June 2018 Performance ²²	Requirement Fulfilled (Yes/No/Partially) ²³
Timely Permanency					
IV.I.41	<u>Permanency Within 24 Months</u>	Of all children who enter foster care in a 12-month period, at least 66% will be discharged to permanency (reunification, living with relatives, guardianship or adoption) within 24 months of entering foster care.	For CY 2015, 64% of children who entered foster care were discharged to permanency (reunification, living with relative(s), guardianship or adoption) within 24 months of entering foster care.	CY 2016 data not yet available.	Not reported in this period.

Table 1B: To Be Maintained

SEP Reference	Quantitative or Qualitative Measure	Sustainability and Exit Plan Standard	December 2017 Performance	June 2018 Performance ³⁴	Requirement Maintained (Yes/No) ³⁵
Investigations					
III.A.1	<u>Institutional Abuse Investigations Unit (IAIU)</u>	80% of IAIU investigations will be completed within 60 days.	In December 2017, 82% of IAIU investigations were completed within 60 days.	In June 2018, 87% of IAIU investigations were completed within 60 days.	Yes
IV.A.13	<u>Timeliness of Investigation Completion (60 days)</u>	85% of all investigations of alleged child abuse and neglect shall be completed within 60 days. Cases with documented acceptable			

Table 1B: To Be Maintained

SEP Reference	Quantitative or Qualitative Measure	Sustainability and Exit Plan Standard	December 2017 Performance
---------------	-------------------------------------	---------------------------------------	---------------------------

Table 1B: To Be Maintained

SEP
R44 1n ayr

Table 1B: To Be Maintained

Table 1B: To Be Maintained

SEP Reference	Quantitative or Qualitative Measure	
---------------	-------------------------------------	--

Table 1B: To Be Maintained

SEP Reference	Quantitative or Qualitative Measure	Sustainability and Exit Plan Standard	December 2017 Performance	June 2018 Performance ³⁴	Requirement Maintained (Yes/No) ³⁵
IV.I.42	<u>Permanency Within 36 Months</u>	Of all children who enter foster care in a 12-month period, at least 80% will be discharged to permanency (reunification, living with relatives, guardianship or adoption) within 36 months of entering foster care.	For CY 2014, 80% of children who entered foster care were discharged to permanency (reunification, living with relative(s), guardianship or adoption) within 36 months of entering foster care.	CY 2015 data not yet available.	Not reported in this period.
IV.I.43	<u>Permanency Within 48 Months</u>	Of all children who enter foster care in a 12-month period, at least 86% will be discharged to permanency (reunification, living with relatives, guardianship or adoption) within 48 months of entering foster care.	For CY 2013, 86% of children who entered foster care were discharged to permanency (reunification, living with relative(s), guardianship or adoption) within 48 months of entering foster care.	CY 2014 data not yet available.	Not reported in this period.

Older Youth

IV.K.45	<u>Independent Living Assessments</u>	90% of youth age 14 to 18 have an Independent Living Assessment.	In December 2017, 93% of applicable children had completed an Independent Living Assessment. Monthly range during January-June
---------	---------------------------------------	--	--

Table 1B: To Be Maintained

SEP Reference	Quantitative or Qualitative Measure	Sustainability and Exit Plan Standard	December 2017 Performance	June 2018 Performance ³⁴	Requirement Maintained (Yes/No) ³⁵
IV.K.46	<u>Quality of Case Planning and Services</u>	75% of youth age 18 to 21 who have not achieved legal permanency shall receive acceptable quality case management and service planning.	74% of youth cases reviewed and rated acceptable (CY 2017). ⁵⁹	CY 2018 data not yet available. ⁶⁰	Not reported in this period.
IV.K.47	<u>Housing</u>	95% of youth exiting care without achieving permanency shall have housing.	92% of youth exiting care between July and December 2017 without achieving permanency had documentation of a housing plan upon exiting care.	88% of youth exiting care between January and June 2018 without achieving permanency had documentation of a housing plan upon exiting care. ⁶¹	No
IV.K.48	<u>Employment/Education</u>	90% of youth exiting care without achieving permanency shall be employed, enrolled in or have recently completed a training or an educational program or there is documented evidence of consistent efforts to help the youth secure employment or training.	95% of youth exiting care between July and December 2017 without achieving permanency were either employed or enrolled in education or vocational training programs or there was documented evidence of consistent efforts to help the youth secure employment or training.	80% of youth exiting care between January and June 2018 without achieving permanency were either employed or enrolled in education or vocational training programs or there was documented evidence of consistent efforts to help the youth secure employment or training. ⁶²	No

⁵⁹ CY 2017 data (most recent available) showed that of the 42 (74%) cases reviewed and rated acceptable for both the child(youth)/family status and practice performance indicators; 88% (37 of 42) of cases rated acceptable on the child(youth)/family status indicator and 74% (31 of 42) of cases rated acceptable on the practice performance indicator. The universe of cases to which this measure applies is small, making fluctuations more likely.

⁶⁰ Qualitative Review data are reported by the Monitor on an annual basis and will be included in the next monitoring report.

⁶¹ One youth out of the universe of 50 youth exiting care to permanency was excluded from consideration because the youth could not be located. The universe of cases to which this measure applies is small, making fluctuations more likely.

⁶² Nine youth out of the universe of 50 youth exiting care to permanency were excluded from this measure because they could not be located, had relocated to a different state, were in the process of applying or enrolling, or had a significant medical or mental health impairment. Three youth were considered to have met the standard because there was documentation of consistent efforts by the caseworker to help secure education or employment. The universe of cases to which this measure applies is small, making fluctuations more likely.

IV. FOUNDATIONAL ELEMENTS

The Sustainability and Exit Plan (SEP) identifies a series of core organizational and practice improvements

Institutional Abuse Investigations Unit

The IAIU is

B. FAMILY TEAM MEETINGS

Family Team Meetings (FTMs) bring families, providers, formal and informal supports together to exchange information, participate in case planning, coordinate and follow up on services and examine and solve problems. Meetings are intended to be scheduled at a time and place of availability in an effort to involve as many family members and supports as possible. Workers are trained and coached to hold FTMs at key decision and transition points in the life of a case, such as when a child enters placement or when a child has a change in placement and/or when

the Office of Quality staff conducted case record reviews of children who were in placement after 12 months, with both reunification and non-reunification goals, to transfer lessons learned to Local Office Managers (LOMs)

The SEP includes five performance measures pertaining to FTMs, of which have been met and designated as outcomes to be maintained. The requirements are that FTMs be held within 45 days of placement (SEP IV.B.16); that children in out-of-home placement, at least three additional FTMs after the initial FTM be held within the first 12 months of placement (SEP IV.B.17); and that children in care with the goal of reunification have at least three FTMs each year after the first 12 months of placement (SEP IV.B.18). Performance for all five measures during the current monitoring period are discussed below.

Initial FTMs Held within 45 Days of Entry

Quantitative or Qualitative Measure	16. <u>Initial Family Team Meetings</u> For children newly entering placement, the number/percent who have a family team meeting within 45 days of entry.
Performance Target	80% of children newly entering placement shall have a family team meeting before or within 45 days of placement.

Performance as of June 30, 2018

In June 2018, 151 (85%) out of 177 children entered placement from home. Performance from January 1 to June 30, 2018 ranged from a low of 85 percent to a high of 90 percent.⁷³ For this measure, the Monitor and DCF jointly verified monthly data from NJ SPIRIT for the 81 applicable cases to determine whether exceptions to FTM policy were appropriately applied and documented. For the first time this monitoring period, DCF took a primary role in this data validation process.

The SEP standard in each month of the monitoring period.

⁷³ Monthly performance for this measure is as follows: January, 86%; February, 87%; March, 87%; April, 85%; May, 90%; June, 85%. Reported performance accounts for valid exceptions to the FTM requirement.

⁷⁴ Based on a joint review with DCF of all cases, the Monitor excluded valid exceptions to the FTM requirement from the universe of cases. For example, in June 2018 there were 82 children newly entering placement. The Monitor and DCF determined that in five cases, the worker had appropriately determined that the parent declined the FTM or was otherwise unavailable. The Monitor excluded those cases, making the universe 77 children.

percent.⁷⁹ For this measure, the Monitor and DCF jointly verified monthly data from NJ SPIRIT for the six applicable cases to determine whether exceptions to FTM policy were appropriately applied and documented.⁸⁰ For the first time this monitoring period, DCF took a primary role in this data validation process.⁸¹ For the first time this monitoring period, DCF took a primary role in this data validation process.

The improvement in performance for two consecutive periods is likely a reflection of the impact of the strategies DCF identified to diagnose and address barriers to performance as part of its FRUUFWLRQ DFWLRQ Reseed Focus on Improving the Quality of Practice.

FTMs Held After 12 Months in Placement with a Goal Other than Reunification

Quantitative or Qualitative Measure	19. Subsequent Family Team Meetings after 12 Months: all children in placement with a goal other than reunification, the number/percent who had at least two FTMs each year.
Performance Target	After the first 12 months of a child being in care, for those children with a goal other than reunification, 90% shall have at least two FTMs each year.

Performance as of June 30, 2018:

In June 2018, 165 (96%) of 172 applicable children in out-of-home placement with a permanency goal other than reunification had two or more FTMs after 12 months. Performance from January 1 to June 30, 2018 ranged from a low of 91 percent to a high of 98 percent. For this measure, the Monitor verified monthly data from NJ SPIRIT for the 21 applicable cases to determine whether exceptions to FTM policy were appropriately applied and documented.⁸² For the first time this monitoring period, DCF took a primary role in this data validation process.⁸³

DCF exceeded the SEP standard on this measure each month of the monitoring period.

⁷⁹ Monthly performance for this measure is as follows: January, 100%; February, 93%; March, 93%; April, 94%; May, 95%; June, 95%. Reported performance accounts for valid exceptions to the FTM requirement.

⁸⁰ Based on a review of all cases, the Monitor excluded valid exceptions to the FTM requirement from the universe of cases. For example, in June 2018 there were 20 children who had been in care for at least 24 months and had a goal of reunification. The Monitor determined that in one case the worker had appropriately determined that the parent declined the FTM or was otherwise unavailable. The Monitor excluded that case making the universe of applicable cases 172 children.

⁸¹ Children eligible for Measure 19 are all children who have been in care for at least 12 months who entered care in the month specified each year and have a goal other than reunification. For example, in June 2018, a combined total of 173 children entered care in June 2017, June 2016, June 2015, etc. and are still in placement with a goal other than reunification. Compliance is on whether at least two FTMs were held for these children each in the most recent year after 12 months in care.

⁸² Monthly performance is as follows: January, 98%; February, 96%; March, 96%; April, 91%; May, 96%; June, 96%. Reported performance accounts for valid exceptions to the FTM requirements.

⁸³ Based on a review of all 21 cases, the Monitor excluded valid exceptions to the FTM requirement from the universe of cases. For example, in June 2018 there were 173 children who had been in care after 12 months with a goal other than reunification. The Monitor determined that in one case, the worker had appropriately determined that the parent declined the FTM or was otherwise unavailable. The Monitor excluded that case making the universe of applicable cases 172 children.

Timeliness of Case Planning—Every Six Months

Performance as of June 30, 2018

In June, 2018, 98 percent of case plans had been modified no less frequently than every six months. Performance from January 1 to June 30, 2018 ranged from 98 percent⁸⁶ DCF met or exceeded the required standard. This measure in four of six months, was just shy of the standard in the remaining two months, and therefore W K H | Quality of Case Plans to meet this measure.

Quality of Case Plans

DCF policy and the SEP require that families be involved in case planning, that plans are appropriate and individualized to the circumstances of the child or youth and family and that there is oversight of plan implementation to ensure case goals are met and plans are modified when necessary.

Results from two QR indicators, child and family planning process and tracking and adjusting are used to assess performance on this measure. Cases rated as acceptable demonstrate that child or youth and family needs are addressed in the case plan, appropriate family members were included in the development of the plan and interventions are being tracked and adjusted when necessary. The QR process and protocol are discussed in detail in Section IV of this report.

This QR measure is reported by the Monitor on an annual basis. The Monitor will report on the data for Quality of Case Plans for the period January 1 through December 31, 2018 in the next monitoring report.

⁸⁶ Monthly performance on this measure is as follows: January, 98%; February, 94%; March, 94%

E. VISITS

Visits between children in foster care and their workers, parents and siblings are critical to F K L O G U H and Well Being, and are essential tools for strengthening family connections and improving prospects for permanency. Visits also offer the opportunity for engagement and assessment of children, youth and families

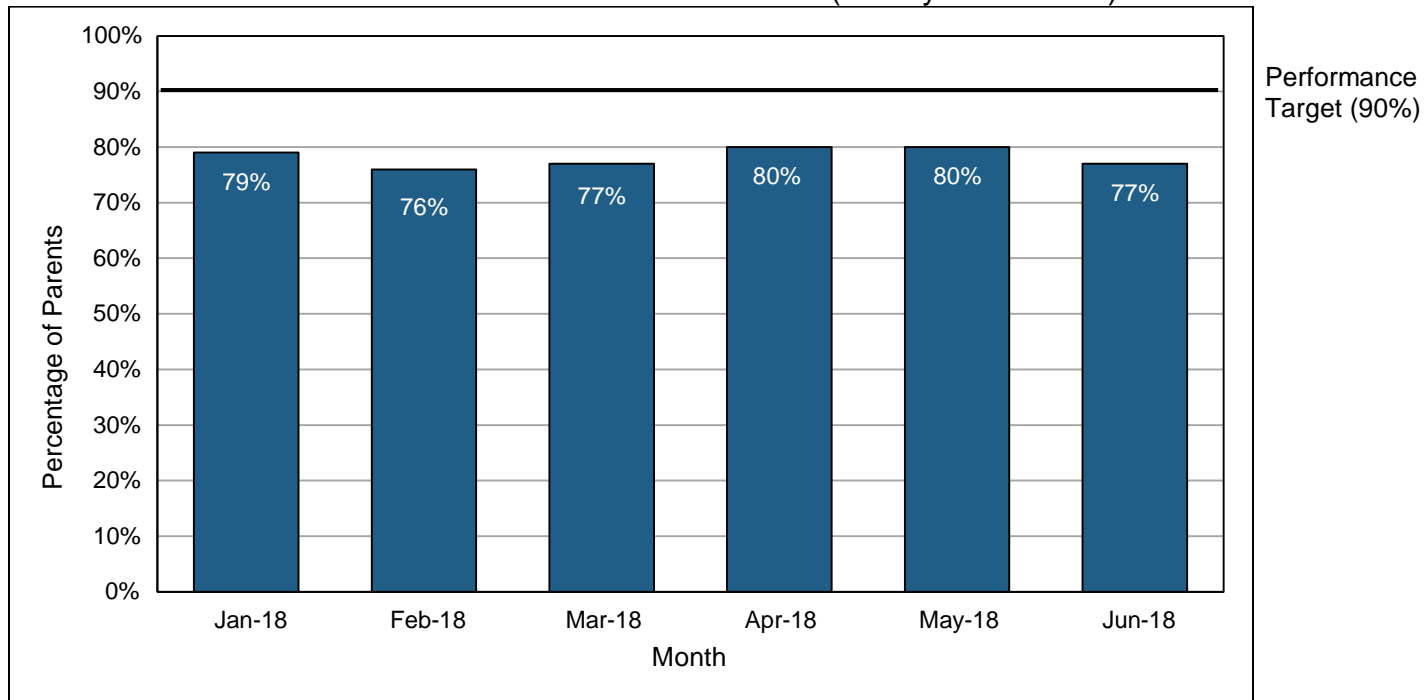
The SEP includes six performance measures related to visits. As of January 2018, four measures were redesignated as Outcomes To Be Maintained, including caseworker contacts with children newly placed or after a placement change (SEP III.F.9); caseworker contacts with children in ongoing placement (SEP III.F.10); and parent-child weekly and bi-weekly visits (SEP IV.F.29 and IV.F.30). The remaining two measures, caseworker contacts with parents when the goal is reunification (SEP IV.F.28) and sibling visits (SEP IV.F.31), have not been met and are designated as Outcomes To Be Achieved. Performance for all six measures during the current monitoring period are discussed below.

Caseworker Visits with Children in Placement

Quantitative or

Performance as of June 30, 2018:

Figure 1: Percentage of Families Who Had at Least Twice per Month Face-to-Face Contact with Caseworker when the Goal is Reunification (January to June 2018)



Source: DCF data

Visits between Children in Custody and their Parents

Quantitative or Qualitative Measure	29. Weekly Visits between Children in Custody and Their Parents. Number/percent of children who have weekly visits with their parents when the permanency is reunification unless a court order prohibits or regulates visits or there is a supervisory approval of a decision to cancel a visit because it is physically or psychologically harmful to a child.
Final Target	60% of children in custody with a return home goal will have a person visit with their parent(s) or other legally responsible family member at least weekly, except those situations where a court order prohibits or regulates visits or there is a supervisory approval of a decision to cancel a visit because it is physically or psychologically harmful to a child.

Performance as of June 30, 2018:

In June 2018, an average of 1,759 (79%) of 2,225 applicable children visited weekly with their parents during the month. Between January and June 2018, a monthly range of 76% to 82%

F. PLACEMENT

Stable and appropriate placement of children in foster care is essential to safety and well-being, and maintenance of family bonds. DCF policy requires siblings to be placed together whenever possible, and that children experience as few placement changes as possible while in out home placement. There are five performance measures related to placement. As of January 2018, all had been previously met and were designated as Outcomes To Be Maintained. Sibling placements of two to three children (SEP IV.G.32), sibling placements and recruitment of placements for four or more children (SEP IV.G.33), placement stability for children in care between 13 and 24 months (SEP IV.G.36), and placement stability for children in care 12 months or less (SEP IV.G.35). All of these measures, except recruitment of placements to accommodate large sibling groups, are assessed through longitudinal cohort data on an annual basis.

Placement stability for children in care 12 months or less (SEP IV.G.35) was not newly assessed in this report. Performance for the stability standards measured annually at the end of each calendar year. Updated data will be included in the next monitoring report when these data are available. The most recent performance data can be found in Table 1B of this report.

Recruitment of Placements for Sibling Groups of Four or More

Quantitative or Qualitative Measure	34. <u>Recruitment of Placements for Sibling Groups of Four or More</u>
Performance Target	DCF will continue to recruit for resource homes capable of serving sibling groups of four or more.

Performance as of June 30, 2018:

DCF recruitment staff continued to develop recruitment plans to guide their work for CY 2018. These plans assist staff to determine local needs, including the need for families willing to care for large sibling groups, adolescents and children with advanced medical needs. Recruitment efforts include strategically placing advertisements in local publications, online websites, blogs and local sports facilities in an effort to reach potential resource families.

During this monitoring period, DCF continued to host recruitment and information events for families willing and able to accommodate large sibling groups and adolescents. For example, DCF hosted a conference in Camden for 40 families to provide them with skills regarding fostering large sibling groups presented to over 50 teachers in an Englewood Cliffs school about the need for families willing to care for adolescents, and placed advertisements in Portuguese and Hispanic newspapers in Essex County.

As of June 30, 2018, DCF had a total of 84 large capacity Siblings in Best Placement Settings (SIBS) homes, eight fewer than at the end of December 2017. During the monitoring period, DCF recruited 23 new SIBS homes, three of which can accommodate five or more children and 20 of which can accommodate four children. Because 27 homes that could accommodate four

G. MALTREATMENT OF CHILDREN AND YOUTH

A fundamental responsibility of DCF is ensuring the long-term safety of children who are receiving or have received services from C&F. This responsibility includes ensuring the safety of children who are placed in resource family homes and congregate facilities, and preventing future maltreatment.

There are four SEP performance measures related to maltreatment of children and youth. As of January 2018, three measures were designated as Outcomes To Be Maintained: abuse and

I. CHILD HEALTH UNITS

K. SERVICES TO SUPPORT TRANSITION

While involved with DCF, children, youth and families often face transitions, including changes in family relationships, living arrangements, service providers or schools. Some transitions are more critical than others but all require recognition and planning in order to be smooth and successful. DCF uses the Qualitative Review (QR) process to measure case practice that supports families to make successful transitions. Section IV.J of the SEP requires that 80 percent of cases be rated acceptable on the successful transitions indicator. This measure is designated as an Outcome To Be Achieved. The QR process and protocol are discussed in detail in Section V.N of this report.

Services to Support Transition

Quantitative or Qualitative Measure	44. <u>Services to Support Transition</u> DCF will provide services and supports to families to support and preserve successful transitions.
Performance Target	80% of cases will be plans rated acceptable for supporting transitions as measured by the Qualitative Review (QR).

This QR measure is reported by the Monitor on an annual basis. The Monitor will report on the data for Services to Support Transition from January 1 to December 31, 2018 in the next monitoring report.

L. CASELOADS

2 Q H R I W K H H D U O \ V X F F was reducing caseloads to levels where workers could do the work with children, youth and families that was expected of Case load compliance is measured by assessing caseloads for individual caseworkers in each of the V \ V W H P \ V I X Q Intake, Permanency, Adoption and IAIU) as well as office standards for each CP&P Local Office Table 2 summarizes W K H 6 (3 \ V F D V H O R D G V W D Q G D U C workers.

The SEP includes eight performance measures related to caseloads January 2018. All are designated as Outcomes To Be Maintained. These eight measures include Intake office caseloads (SEP IV.E.24); Intake individual worker caseloads (SEP IV.E.25); Adoption office caseloads (SEP IV.E.26); Adoption individual worker caseloads (SEP IV.E.27); Permanency office caseloads (SEP III.B.4); Permanency individual worker caseloads (SEP III.B.5); IAIU investigators individual caseloads (SEP III.B.3); and supervisory/worker ratio (SEP III.B.2). Performance for all eight measures during the current monitoring period are discussed below.

Table 2: CP&P Individual Worker Caseload Standards

Caseworker Function	Responsibility	Individual Caseload Standard (SEP IV.E and III.B)
---------------------	----------------	---

Intake

Verifying Worker Caseloads

DCF caseload data are collected and analyzed through NJ SPIRIT and SafeMeasures. In previous monitoring periods, the Monitor verified caseload data supplied by DCF by conducting telephone interviews with randomly selected workers across the state and inquiring about caseloads during site visits and when doing QR reviews. The formal caseload verification process included workers in all areas in which the SEP establishes caseload standards: Intake, Permanency and Adoption. A sample of 100 workers¹⁰¹ were selected from all active workers in the months of May and June 2018. For the past several years, the Monitor has weighted the sample with Intake workers to examine in more depth the impact of shared cases between Intake and Permanency workers. All 100 workers were called and information was collected from 49 workers (50% of the eligible sample).¹⁰² Among the 49 workers who participated in the caseload verification interviews, 20 were Intake workers, eight were Permanency workers, nine were Adoption workers and 12 were trainees.

During the interviews, the Monitor asked each caseworker whether his current caseload met caseload standards during the months of May and June 2018. Responses were compared to the caseload information from NJ SPIRIT and SafeMeasures for identified workers during the same period.

Intake

The SEP Intake caseload standard is that no worker should have more than eight new case assignments per month, no more than 12 primary cases at any one time and no Intake worker with 12 or more open primary cases can be assigned more than two secondary assignments per month. In January 2017, DCF implemented a new methodology for tracking and reporting the SEP Intake caseload standard to more clearly communicate to staff and to streamline monitoring and reporting &) ¶ V QHZ PHWKRGRORJ\ FDSWXUHV VHF D VVLJQPHQWV RQ WKH , QWDNH ZRUNHU ¶ V PRQWKO\ FDVHOF caseloads as follows: no more than eight new assignments per month; no more than 12 cases assigned as primary case assignments at any one time; and no more than 14 cases at any one time, including both primary and secondary case assignments. The methodology for the standard of no more than eight new case assignments per month, including secondary assignments, remains unchanged.

DCF continues to implement an internal caseload verification process which serves as a quality assurance method where Intake workers are interviewed and their reported caseloads are compared to their caseloads as reported in SafeMeasures. During the period of January through June 2018 DCF interviewed a random sample of 213 Intake workers from 26 local Offices throughout the state. DCF verified that 91 percent (193 of 213) Intake worker caseloads were accurately reflected in SafeMeasures. Findings ¶ URP ' &) ¶ V FDVHORDG ¶ HULILFDWL

¹⁰¹ The new caseload verification methodology consists of conducting a survey of a random selection of 50 workers per selected months throughout the monitoring period that includes questions about their current caseload and workload

¹⁰² Two workers

The Monitor reviewed monthly Local Office data on secondary assignments and found that on average, each Intake worker was assigned one secondary case any given time during the period reviewed. The Monitor also found that an average of 24 percent of Intake workers received two or more secondary case assignments and an average of six percent of Intake workers received three or more secondary assignments each month during the monitoring period. Specifically, in the month of June 2018, 246 (23%) Intake workers received two or more secondary intake assignments and 5% of Intake workers received three or more secondary intake assignments.

During phone interviews with caseworkers, Monitor staff inquired about the prevalence of secondary assignments and their impact on workload. Intake workers were asked about the frequency of secondary assignments, how these assignments affect workload and how they are

Table 4: Percentage of CP&P Investigations Assigned to Non-Caseload Carrying Staff by Month (January – June 2018)¹⁰⁴

Month	Total Investigations Received in the Month	Number and Percentage of Investigations Assigned to Non-Case Carrying Staff	
January	6,867	72	1%
February	6,306	52	1%
March	6,393	77	1%

Source: DCF data

Table 5: Percentage of CP&P Investigations Assigned to Non-Intake Caseload Carrying Staff by Month (January – June 2018)

Month	Total Investigations Received in the Month	Number and Percentage of Investigations Assigned to Non- Intake Caseload Carrying Staff ¹⁰⁵	
January	6,867	456	7%
February	6,306	377	6%
March	6,393	415	6%
April	6,861	350	5%
May	7,354	470	6%
June	6,176	358	6%

Source: DCF data

Adoption

¹⁰⁴ Data are provided for investigations assigned within five days of intake receipt date and do not reflect additional assignments to an investigation after the first five days. DCF conducted a review of assignments to caseload carrying staff in NJ SPIRI and found that some investigations had been assigned to caseload carrying workers after the initial five days. As a result, there is potential for the percentage of investigations assigned to caseload carrying staff to be lower than six percent.

¹⁰⁵ This includes Permanency Adoption, Impact and Advocacy Center caseload carrying workers.

Performance as of June 30, 2018

DCF data show 100 percent of individual workers maintained the IAIU caseload standard for the period of January through June 2018

Supervisory Ratio

Quantitative or
Qualitative Measure

2. Supervisor/Worker Ratio: Local Offices shall have sufficient supervisory staff to maintain a five worker to one supervisor ration.

Performance as of June 30, 2018

Performance data for January through June 2018 show that 100 percent of CIP Local Offices had sufficient supervisors to maintain ratios of five workers to one supervisor.

M. DEPUTY ATTORNEYS GENERAL STAFFING

Quantitative or Qualitative Measure	7. <u>DAsG Staffing</u> The State will maintain adequate DAsG staff potions and ke positions filled.
Performance Target	DCF will maintain adequate staffing levels at the DAsG office.

Performance as of June 30, 2018

As of June 30, 2018, 135 Deputy Attorneys General (DAsG) staff positions assigned to work with DCF were filled. Of those, nine DAsG were on full time leave. Thus, there were a total of 126 (93%) available DAsG. DCF reports that in addition to these positions, DAsG outside of the DCF Practice Group have dedicated some of their time to DCF matters. DCF continues to meet the SEP standard for this measure.

N. ACCOUNTABILITY THROUGH QUALITATIVE REVIEW AND THE
PRODUCTION AND USE OF ACCURATE DATA

QUALITATIVE REVIEW

O. NEEDS ASSESSMENT

In 2014, DCF engaged Rutgers University School of Social Work to conduct a multi-year Needs Assessment to identify the strengths and needs of families with children at risk of entering out-of-home placement as well as those already in care. A detailed description of the assessment are available on the DCF website. In sum, Phase I involved a review of DCF internal reports and assessments completed by DCF and its partners from 2008 to CY 2014. Phase II involved an analysis of the findings from Phase I and the identification of seven areas of need: caregiver mental health, caregiver substance abuse, child mental health, child substance abuse, poverty, housing and domestic violence. During Phase III of the Needs Assessment process, Rutgers identified three additional domains: justice system-involved children and caregivers, challenging populations (defined as populations especially challenging to serve across several

P.P.P.P.

APPENDIX: A
Glossary of Acronyms Used in the Monitoring Report

AQC: Area Quality Coordinators	HCCM: Health Care Case Manager
CFSR: Child and Family Services Review	IAIU: Institutional Abuse Investigative Unit
CHU: Child Health Unit	ILA: Independent Living Assessment
CIACC: & K L O G U H Q ¶ V , Q W H U D J H Q F \ Coordinating Council	LGBTQI: Lesbian, Gay, Bisexual, Transgender, Questioning or Intersex
CP&P: Division of Child Protection and Permanency	KLG: Kinship Legal Guardian
CPL: Case Practice Liaisons	LOM: Local Office Manager
CPM: Case Practice Model	MSA: 1 Modified Section 187A(2) Reside
CPS: Child Protective Services	OAS: Office of Adolescent Services
CQI: Continuous Quality Improvement	OPMA: Office of Performance Management and Accountability
CRC: Child Research Center	PI&D: Performance Improvement Plan
CSOC: & K L O G U H Q ¶ V 6 \ V W H P	PPFs: Protective and Promotive Factors
CSSP: Center for the Study of Social Policy	QR: Qualitative Review
CWS: Child Welfare Services	SACWIS: Statewide Automated Child Welfare Information System
DAsG: Deputy Attorney General	
DCF: Department of Children and Families	
FAFS: Foster and Adoptive Family Services	
FFT-FC: Family Functional Therapy - Foster Care	
FSC: Family Success Centers	
FTM: Family Team Meeting	

