September 23, 2004

Mary Ann Higgins, Northeast Hub Director
U.S. Department of Health and Human Services
Administration for Children and Families
Region II, Federal Building
26 Federal Plaza, Room 4114
New York, New York 10278

Dear Ms. Higgins:

Enclosed you will find New Jersey's Program Improvement Plan (PIP), as required for the Child and Family Services Review (CFSR) process, revised to address the comments received in response to our initial submission. Specifically, we have made the following adjustments:

1. New Jersey has used the 2003 Data Profile to set baselines and establish levels of improvement in the National Standards.

   As a result, New Jersey is in conformity with the standard on Recurrence of Maltreatment, at 5.6% vs. the National Standard of 6.1% or less. Thus, it is no longer necessary to respond to Item 2 in our PIP. However, as required, we have addressed the second National Standard related to Item 2, Incidence of Child Abuse or Neglect in Foster Care, under PIP Item 4.

   Based on ACF concerns regarding the validity of data supporting the 2203 Profile measures for Time to Reunification and Time to Adoption, New Jersey has reviewed files to clean data, and intends to resubmit the file for recalculation of the baseline following the next scheduled update on October 1, 2004. We understand that, as a result of the recalculation of the baseline, the identified levels of improvement for these standards may be renegotiated.

2. The CFSR results have been used as a baseline measure for Items where possible, and levels of improvement have been identified for those Items.

3. Regarding the discrepancy with the timing of action steps for revising policy and implementing a change in the use of Long Term Foster Care as a goal, please note that the legislative changes to eliminate the goal of Long Term Foster Care do not take effect until PIP Quarter 4, which is now reflected in the Matrix. Matrix language has been adjusted to reflect that revisions to policy and practice will be prepared by the PIP Quarter 2 in anticipation of implementing the change once effective.

4. Former lines 294 and 295 of the Matrix (now lines 303 and 304) have been adjusted to reflect that there are two distinct data sets, one capturing data on providers and the other on children. The action steps are to be sure that each includes collection of the necessary data elements.

5. The intent of line 534 (now 559) is that attorneys and judges involved in permanency hearings receive training to be sensitized to the importance and need for parental participation in permanency hearings. We have revised the Matrix wording to reflect this intent.

6. We have adjusted Item 35 to reflect New Jersey's intention to secure and maintain an array of services that is culturally responsive. Additional language has been added in the narrative for Item 35 and is supported by action steps in the Matrix to review and proposed contract language requiring provider responsiveness, as well as to strengthen provisions for contract enforcement.

7. Minimum Visitation requirements have been clarified in the narratives for Items 3, 7, 19, and 20.

8. Regarding integration with the Court Improvement Program, the Children in Court Improvement Committee (CICIC) oversees the direction and work of the Court Improvement Program. The collaboration of court-involved entities necessary to bring about the changes identified in New Jersey's Child Welfare Reform Plan, however, resulted in the development of an oversight body, the Interagency Council for Children and Families (ICCF), that is charged with ensuring that the designated public agencies charged with specific action steps achieve those benchmarks, timeframes, and outcomes identified in the Plan. This coordination body does not replace the actions or activity of the Court Improvement Program, but rather further supports its efforts. Throughout the narrative, and in several Matrix action steps, the activity/involvement of the Court Improvement Program is denoted via reference to the "CICIC".

9. To ease cross-referencing in the Matrix document, a copy of the caseload standards table from the cover document has been inserted into the Matrix at Item 4.3. Additionally, in the cross-reference column of the Matrix, we have added the line at which the Item steps initially appear.

We appreciate your assistance in working with us to achieve an October 1, 2004 PIP implementation date.

If you have any questions regarding this document, please contact Donna Younkin, DYFS Implementation Director at 609-292-3035. Thank you.

Sincerely,

James M. Davy
Commissioner

c: Junius Scott
Carolyn Baker
Edward E. Cotton
Donna Younkin

State of New Jersey
Child and Family Services Plan Review
Program Improvement Plan

Revised Submission September 23, 2004

Identifying information and Review Dates	
ACF Region:	II
Date of On-site Review	March 22-26, 2004
Period Under Review	October 1, 2002 through March 22, 2004
Date Final Report Issued	May 21, 2004
Date Program Improvement Plan Due	August 19, 2004
Date Program Improvement Plan approved	

Highlights of Findings

A. The State met the National Standards for one of the six standards

B. The State achieved substantial conformity for none of the seven outcomes

C. The State achieved substantial conformity for one of the seven systemic factors

State's Conformance with the National Standards – updated to 2003 Data Profile

Data Indicator	National Standard (Percentage)	State's Percentage	Meets Standard	Does Not Meet Standard
Recurrence of Maltreatment	6.1%	5.6%	X	
Incidence of Child Abuse and/or Neglect in Foster Care	.57%	0.70%		X
Foster Care Reentries	8.6%	8.0%	X	
Stability of Foster Care Placement	86.7%	83.1%		X
Length of time to achieve permanency goal of reunification	76.2%	59.4%		X
Length of time to achieve permanency goal of adoption	32%	22.4%		X

State's Conformance on the Outcomes

Outcome	Achieved Substantial Conformity	Did Not Achieve Substantial Conformity
Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.		X
Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.		X
Permanency Outcome 1: Children have stability in their living situations.		X
Permanency Outcome 2: The continuity of family		X

relationships and connections is preserved for children.		
Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.		X
Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.		X
Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.		X

State's Conformance on Systemic Factors

Systemic Factor	Achieved Substantial Conformity	Did Not Achieve Substantial Conformity
Statewide Information System	X	
Case Review System		X
Quality Assurance System		X
Training		X
Service Array		X
Agency Responsiveness to the Community		X
Foster and Adoptive Parent Licensing, Recruitment, and Retention		X

In determining its approach to the Program Improvement Plan (PIP), New Jersey evaluated its findings identified in the Statewide Assessment process; the information provided in the New Jersey Data Profile of 11-23-03; the information revealed in the exit conference of the on-site review; the information contained in the May 21, 2004 CFSR Final Report of Findings; and the findings and requirements expressed in the settlement agreement established by the state in response to the lawsuit filed by Children's Rights, Inc.

These documents identify common issues, and reveal many opportunities for New Jersey to improve its child welfare system. Given that the activities encompassed in New Jersey's Child Welfare Reform planning process represent a partnered approach to change that speaks directly to the ability of the child welfare system to achieve outcomes, it is considered a key factor in our PIP planning. Clearly, the PIP and the Plan must be aligned to reflect a unified approach to System Improvement.

New Jersey has committed to a broad base of systemic reforms as necessary to achieve effective change at the practice level. Indeed, we will see significant change at the structural, cultural, and practice levels. Accordingly, our vision of an effective PIP revolves around major organizational restructuring and the implementation of a select set of key strategies whose effects will permeate change through the CFSR Items. The elements of this vision are included as part of New Jersey's child welfare plan, "A New Beginning". We will supplement those strategies, where needed, with distinct action steps that we believe are necessary to promote timely change in the CFSR Items. By way of consolidation and clarification, the principles of our PIP along with those prerequisite structural changes and strategies, are described in this introduction.

The strategies contained in New Jersey's PIP reflect its commitment to the following guidance statements:

Vision: All children in New Jersey live in safe, nurturing and stable families with the support of their own responsive and engaged communities to help promote optimal physical and mental health, well-being and preparation to become responsible and productive adults.

Mission: The mission of the child welfare system in New Jersey is to promote the safety, permanency, and well-being of children by building partnerships with families and communities.

DYFS Core Beliefs:

- The safety of every child is paramount.
- Children and families are best served in a collaborative and strength-based system that invests resources to develop preventive and "front-end" services.
- Every child deserves to live in a permanent and nurturing family – preferably the family of origin.
- Families and communities need support to help every child reach his or her full potential as an adult.
- Families will be able to identify their own strengths and needs, and then access effective informal and formal supportive services in their own neighborhoods.
- Families will be respected as partners in decision-making.
- The child welfare system will be responsive, accountable, and focused upon continuous quality improvement.

Principles of the Settlement

- Children in out-of-home care should be protected from harm.
- Decisions about children in out-of-home placement should be made with meaningful participation of their families and of the youth themselves to the extent they are able to participate.
- In order to protect children and support families, New Jersey's child welfare system should operate in partnership with the neighborhoods and communities from which children enter care.
- New Jersey's child welfare system should be accountable to the public; to other stakeholders; and to communities throughout the State.
- Services to children in care and their families should be provided with respect for, and understanding of, their culture. No child or family should be denied a needed service or placement because of race, ethnicity, or special language needs.
- New Jersey's child welfare system should have the infrastructure, resources, and policies needed to serve the best interests of the children in its care.

Child Welfare Reform Plan Commitments

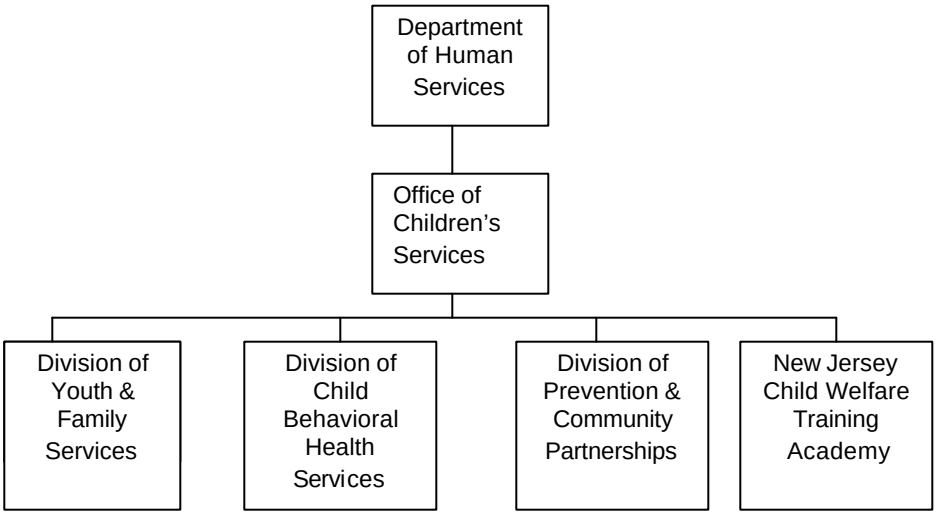
- Children's Safety, Permanency, and Well-Being
- Reinventing Case Practice
- Recruiting, Retaining, and Supporting Resource Families
- Partnership and Community Collaboration
- Supporting Children and Families with Necessary Resources
- Supporting the Workforce
- Creating a Culture of Accountability
- Providing the Necessary Resources

Structural Changes

Office of Children's Services and Its Three Divisions

The Office of Children's Services (OCS) will be led by a Deputy Commissioner who will report directly to the DHS Commissioner. The OCS will be organized as an "agency within an agency." It will have its own infrastructural supports, including information technology, training, human resources, data analysis, continuous quality improvement, policy and legislative affairs, communications, budget, planning, facilities and contracting. In the realm of children's services, the OCS will have decision-making authority.

This infrastructure will support three substantive areas of work, each under the direction of its own Assistant Commissioner: the Division of Youth and Family Services (DYFS), responsible for child abuse and neglect as well as permanency functions; the Division of Child Behavioral Health Services (heretofore known as the Partnership for Children), responsible for children's mental health services; and the newly created Division of Prevention and Community Partnerships, responsible for developing the rich partnerships with communities statewide to serve both DYFS-involved families and families needing more primary prevention services. Another newly created Assistant Commissioner, the OCS Assistant Commissioner for Training, will lead the training effort across the Office of Children's Services, including development of the New Jersey Child Welfare Training Academy.



Division of Youth and Family Services

Developing the continuum of services available through OCS to children and families at various levels of risk will allow DYFS to focus exclusively on what should always have been its primary functions: investigating allegations of child abuse and neglect, and providing to individuals and families at risk the necessary services to ensure children's safety, permanency and well-being.

To better connect with children, families, and the community, DYFS offices will be located where the clients live. We will have 15 OCS area offices, which will provide support to the local offices and house personnel and functions that are not necessary at the local level. Our overall goal is to reassign staff and relocate decision-making authority, for both the local and area levels, as close to the clients as possible. The first four area offices will open in January 2005, in the highest need counties, with the remainder following in two waves, five in July 2005 and six in January 2006. The jurisdiction of these offices will be based on New Jersey's 21 counties, with the division of the 21 counties among the 15 offices paralleling both the vicinage structure of the Administrative Office of the Courts and the county-based structure of the children's behavioral health system. Since DYFS works in close partnership with both of these entities, the parallel structure will allow for joint planning and programming. The area directors will be responsible, among other things, for interfacing on behalf of DYFS with the various existing planning bodies in the counties to ensure that child welfare services are coordinated most advantageously for clients.

Concurrent with the establishment of the area offices will be the creation or restructuring of "District Offices" at the local, neighborhood level that will provide the direct protection services. When the roll-out is complete, there will be 46 local offices.

Division of Child Behavioral Health Services

The Division of Child Behavioral Health Services (DCBHS), which began in three counties in 2001, was designed to make mental and behavioral health services available, along a single continuum, for children involved in the child welfare, mental health and juvenile justice systems. In November 2003, the traditional mental health services for children operated by the Division of Mental Health Services transitioned to DCBHS. Now, to bring the vision of a single children's mental and behavioral health system further into being, these services will come under one authority, and their allocation will prioritize children abused or neglected or involved in the juvenile justice system.

To accomplish this, the Division of Child Behavioral Health Services (DCBHS) was created and placed under the same authority as DYFS to ensure coordination and prioritization of the neediest children. DCBH brings together the traditional components of child mental health in New Jersey, with more recent community-based strategies, to form a single system of behavioral health care for children with emotional or behavioral health care needs and their families. This will reduce fragmentation and avoid the need for children to enter the DYFS system to receive these services.

Division of Prevention and Community Partnerships

The Division of Prevention and Community Partnerships (DPCP), created by the Child Welfare Reform Plan, will be responsible for forming and working with the child welfare planning councils in each county; for state-wide development of community partnerships; for developing community collaboratives; and for working with these entities to map the services being provided and assets in their areas. All of this will be done – as the DPCP name denotes – in close partnership with the communities, who will be approached as equal partners the government exists to support, not control.

Key Work Function Adjustments and Assignments

Within the OCS, some key work functions and reporting lines and adjustments are:

1. **Separation of Child Protective Services and permanency functions –** DYFS will separate its child protective service functions from its permanency functions. Workers of both types will be present in each local office, but will have distinctly different roles. Caseload standards are described later in this Introduction.

2. **New Jersey Child Welfare Training Academy –** The Academy will be housed in, and report to, the OCS. While curricula and training authority will reside with this centralized training authority, responsibility to conduct the various trainings, e.g. pre-service, in-house, etc., will be deployed throughout the OCS and its partner educational organizations as the Academy development moves forward.

3. **Institutional Abuse Investigations Unit (IAIU) will be moved to OCS –** The IAIU is charged with conducting investigations of suspected abuse/neglect that are reported to have occurred in placement settings, or other out-of-home institutional settings, such as schools,

day-care centers, etc. The IAIU has been under the DHS Office of Program Integrity and Accountability, which also has responsibility to license residential and day care settings investigated by IAIU. The IAIU will be moved out of OPIA and under OCS to foster communication and promote safety of children in out-of-home placements.

4. **State Central Registry –** DYFS has initiated a single entry point for receipt of reports of abuse/neglect. This center effectively consolidates reporting, and systematizes decision-making regarding the identification of those reports that require investigation. As a result, the number of investigations is expected to be reduced while the number of individuals being appropriately, and timely, referred for alternative services is expected to increase.

5. **Integration functions and specialist roles –** DYFS is migrating from a "specialist case worker" orientation to a model in which one primary, generalist permanency worker is responsible for the case and is supported as needed by subject matter specialists.

   Keeping the case with a single worker guards against information transfer loss; focuses accountability for case management on a single individual, supported by a team; and underlines the importance we place on our relationship with the families and children we serve. We will monitor this change closely to ensure service delivery on the specialist focused areas.

   We will move Adoption Resource Center expertise into the local offices, by assigning adoption specialists whenever a child receives the goal of adoption, with case management responsibility remaining with the permanency worker. This will take careful implementation, and we will work with the statewide Adoption Services Advisory Committee and other adoption advocate partners to accomplish the transformation of our Adoption Resource Centers.

   As the various changes roll-out, we will be introducing adolescent specialists to assist permanency workers in meeting the varied needs of youth 13 years of age and older who are in placement.

   We will employ a new group of workers statewide, resource family support workers. Resource Family Support Workers (RFSWs) will be located in the local offices. They will carry caseloads of resource families, not children. Each RFSW will provide ongoing support to up to 35 resource families from the same geographic area. The RFSW will work in partnership with the caseworkers and supervisors responsible for the same area. Just as children with open DYFS cases have assigned workers responsible for their needs, so will resource families have the continuing support necessary to ensure their success.

Key Strategies

1. Achieving Caseload Standards and Improved Supervision

Reforming case practice depends on caseload reduction. We will revamp our caseloads to reflect best practice models. Permanency workers will carry blended caseloads of both in-home and foster care cases. Child protection workers will carry only investigation caseloads. Similarly, supervisors must have manageable workloads that permit the type of supportive supervision that facilitates good case practice. Accordingly, their workloads will be adjusted to reflect this need. All caseload standards are contained on pages 13-14 of this introduction.

Importantly, supervision is a key link between worker learning and the achievement of consistent good practice. As such, we will revise hiring procedures and requirements for the supervisors of caseload carrying staff to include a goal for supervisors to have an MSW or another related advance degree. Another important step in improving supervision is workload reduction for supervisors to permit them adequate time to provide supportive supervision for workers. We will reduce the workload for supervisors to a level, for immediate frontline supervisors, of one supervisor for every five workers plus one case aide. Casework supervisors will supervise three frontline supervisors. It is also important that we enhance supervisors' capacity to effectively develop employees, and that we equip them with tools that will support this work.

To that end, we are developing a curriculum for new supervisors, to incorporate a shift from primarily a monitoring function to reflect principles and skills development in coaching, mentoring, and behavior modeling. Supervisors will be responsible to help their supervisees identify and fill gaps in their knowledge, while also documenting performance deficiencies as needed. Core training competencies that have been identified for supervisors include: transfer of learning: the supervisor's role in developing staff; supervising case plan development and implementation; supervising in-home family services; culture and diversity; planning and decision making; management of conflict; team development and facilitation; and improving practice by utilizing data and management information systems.
Through improvements in our data collection and analysis systems, supervisors will have improved (and increased) operational data, such as that available through Safe Measures and from web-based systems currently in place that permit viewing of case information, to use in their daily management of work tasks and in their development of employee skills. Additionally, supervisors will be expected to accompany staff in the field monthly to better assess skills and respond with coaching, modeling, mentoring, or monitoring as appropriate. This first hand appraisal of worker activity will support the practice of case conferencing with more immediate feedback.

2. Structured Decision Making

The Division of Youth and Family Services has developed a Structured Decision Making program (SDM), a set of eight web-based tools to improve the quality and consistency of case practice with children and families, both in-home and out-of-home, from initial screening throughout the life of a case. The modules are: Response Priority; Safety Assessment; Family

Risk Assessment; Minimum Visitation Requirements; Caregiver Strengths and Needs Assessment; Child Strengths and Needs Assessment; Family Risk Reassessment for In-Home Cases; and Family Reunification Assessment.

3. One Family, One Worker Model

Establishing a One Family, One Worker case practice model, after investigation, fosters trust and engagement between the family and the worker. It also enhances continuity of planning and service delivery. This principle holds true for all cases – cases involving services where children and families remain together and cases involving placement.

Where there is worker continuity, families referred for services are more likely to receive and complete those services – and have their cases closed successfully. Even when the child is in placement, research shows that permanency is achieved more quickly and is more likely to result in reunification where there is worker continuity. One Family, One Worker is also good practice for staff – it improves staff attachment and morale and it increases accountability because it makes that staff member the single case manager and facilitator for that child and family.

New Jersey commits to implementing a One Family, One Worker policy and practice. We will implement this policy in the majority of our cases in conjunction with our separation of the investigative and permanency functions, the transition of Adoption Resources Centers, and the assignment of geographic caseloads as we phase in the new organizational structure.

4. Family Team Meetings

The Family Team Meeting (FTM) is designed to effectively engage the family and the family's relatives, friends, neighbors and others in the process of addressing the issues which brought the family into the DYFS system. Through this process, solutions can be constructed jointly in order to achieve successful closure of a case. As we phase-in the Family Team Meeting process, we will initially use facilitators with in-depth FTM training to facilitate the meetings. At a subsequent time in the future, the model may changes to include caseworkers facilitating for their cases.

These meetings bring together the wisdom, resources, and expertise of family, friends, informal supports (neighbors, clergy, etc.) and formal supports (counselors, health professionals, etc.) to:

- Focus on solutions to meet the family's needs and to ensure the child's safety
- Learn what the family hopes to accomplish
- Set reasonable and meaningful goals
- Recognize and affirm the family's strengths
- Assess the family's needs
- Design individualized support systems and services that match the family's needs and build on its strengths
- Achieve clarity about who is responsible for agreed-upon tasks
- Agree on the next steps

We will utilize Family Team Meetings for both in-home and placement cases. We will see them initially used in placement cases and eventually move to all cases. In a fully mature system, convening a family team meeting will be the first thing a permanency worker does upon being assigned to a case – and it will be the vehicle to develop the plan and make every decision throughout the life of the case. Family Team Meetings will be held at the start of a case to develop a case plan, and where there is a possibility of placement, to design either a plan to keep the child safely at home or a plan for an alternative placement. The tools of SDM are integrated into this planning process. Family Team Meetings shall also be held whenever a family member requests one.

We will use Family Team Meetings to evaluate progress on case plans and to suggest any changes or adjustments. These meetings must also be used to make all permanency decisions, including return home, guardianship, independent living, termination of parental rights, and adoption.

We want Family Team Meetings to be inclusive of a wide range of family, including paternal relatives, and friends, neighbors, ministers – any and all who can provide support and help to that family in need. We want to emphasize, in particular, our need to engage fathers and fathers' families from the very beginning. Incorporating paternal family members not only increases the wisdom and resources around the table – it increases the options for temporary placement and it is a necessary pre-requisite to accomplish concurrent planning.

5. Individualized, coordinated case planning

Writing the case plan is not the hard part of our work – formulating the case plan is. In our new model, that hard work will take place in family team meetings described in the previous section We want to capture this effort in a version of a case plan that is revised in both format and substance.

In our new model, we want our families and children to have primary input into the plan. We want to capture this planning in a form and language that is easily understandable to the lay reader, including the child and family who are the subject of the plan. We believe we can write plans that meet all federal, state, and other legal mandates – yet are clear and understandable to all readers.

The case plan shall include a process (which can be the Family Team Meeting) by which the family, children, friends, formal and informal supports and the caseworker will:

- analyze a family and child's needs and strengths
- identify existing risks and safety concerns
- develop the strategy to address those concerns
- identify the services that the family members, including the child need, specifying those the agency will deliver, either directly or by referral
- set the goals and timeframes for successful completion and closing of the DYFS case.

Written case plans can be extremely useful documents. Writing down a case plan provides:

- family, friends, caseworkers – and anyone else who was involved in the family team meeting or who will be providing services – with a written summary of the meeting, allowing each to check to make sure there is an accurate statement of the issues that need to be addressed and the proposed solutions
- a record to help all of the participants remember what each person promised to deliver, and do
- a yardstick to mark progress – or lack of progress through the life of a case
- a useful monitoring and accountability tool for family, staff, supervisors, managers and others, including the courts.

In our model, the end result will provide families with a single comprehensive service plan that is individualized. That plan will be based on a family's strengths and will respond to individual family needs rather than just offering services that are available. An individualized service plan is yet another tool to make it clear that we are committed to being family-focused in our agency. It manifests our belief that engaging families throughout the process will produce better outcomes for the children in our care.

6. Increase capacity and availability of services

We will devote additional resources to a range of preventive services, and will build the infrastructure for their provision throughout the state through community collaboratives, with a particular focus on the neediest neighborhoods. We will also organize existing spending, working with local planning bodies to direct funding to the most pressing needs.

Experience and research tell us that the five main causes of family disruption and disintegration are substance abuse, mental health, domestic violence, lack of housing and poor physical health. So this plan places these core issues at the center of the system's preventive service model, and calls for:

- Approximately $10 million per year for a range of substance abuse services for parents with children at risk
- Additional short-term residential treatment beds and intensive outpatient treatment slots around the state for substance-abusing adolescents
    - Expansion of the "Peace: A Learned Solution (PALS)" project, a program for children impacted by domestic violence.
    - Homeless Prevention funds and federal tenant based rental assistance funds to will provide housing assistance to women transitioning from domestic violence shelters to safer and more stable living arrangements, long-term and short-term.
    - Additional funding to expand housing support through a variety of means – including a Section 8 voucher bridge fund, expansion of Emergency Assistance housing grants, and funding to rehabilitate homes of birth or resource families
    - Significant expansion of a range of child behavioral health services including Mobile Response, Youth Case Management, Treatment Homes, Behavioral Assistance and Intensive In-Community supports

We will balance the allocation of services between children with open DYFS cases (now almost 65,000, up 38% in the past year) and those at risk of DYFS involvement. Our goal is that all children and families needing services receive them (with the priority always being abused or neglected children and children at significant risk of abuse or neglect), regardless of the door through which they enter the service system: DYFS, the police, the courts, a community-based agency, self-referral, or another.

A child welfare planning council will be created in each county to plan and develop an integrated continuum of necessary services, including both existing and new ones. When these plans are complete and the planning groups strong, these areas will receive resources to purchase new preventive services.

When sufficiently developed, each neighborhood-based community collaborative also will have access to resources for preventive services its steering committee deems most necessary.

7. Flexible Funding

In addition to expanding the range and type of offerings in our service array, effective child welfare work also requires that front line workers have access to flexible funding to meet the unique needs of children, birth families and resource families. Such funding can be used, within appropriate guidelines, for whatever a family needs to meet its immediate needs, from transportation for visitation to a new refrigerator to an essential plumbing repair. We will develop and implement policy and procedures for staff to access flexible funding.

8. Deployment of Resource Family Support Unit

We will employ a new group of workers statewide, resource family support workers (RFSWs), who will work out of the local offices and will be responsible for recruitment, training, home studies, and ongoing support for up to 35 resource families from the same geographic area. Each RFSW will be responsible for working with resource families in a particular geographic area, and will be tasked to work in partnership with the caseworkers and supervisors responsible for the same area. Just as children with open DYFS cases have assigned workers responsible for their needs, so our resource families should and will have the continuing support necessary to ensure their success.

9. Concurrent planning

Concurrent planning is a tool which focuses our case practice on achieving permanency for children in out-of-home care by requiring reunification efforts and alternative permanency planning simultaneously. The primary goal may be reunification, but a backup plan is developed in the event permanency with the birth family cannot be achieved within the legally prescribed timeframes. Although the preferred goal for most children who go into out-of home placements is reunification, planning for alternative permanency arrangements must begin immediately when placement occurs. Waiting to begin alternative permanency planning until it becomes clear that reunification will not be possible greatly delays achieving a long term living arrangement for a child.

10. Establish New Jersey Child Welfare Training Academy

We will establish the New Jersey Child Welfare Training Academy to retrain current staff, and transform our pre-service and in-service training for our workforce and our partners**.** The New Jersey Child Welfare Training Academy (NJCWTA) will be a new internal training academy under the OCS Assistant Commissioner for Training. Drawing upon the expertise of DHS, DYFS, training experts, child welfare leaders, and social work programs at universities and colleges in the state, we will develop a range of new culturally competent curricula for various positions, informed by both clear delineations of the skills required for each position and a skills assessment program to determine our workforce's current abilities.

In developing the NJCWTA, we will seek supportive working partnerships with leading academic institutions in the state. The Office of Children's Services will retain the lead role in the development process, to ensure that the academy's priorities will be directly responsive to OCS's training needs.

In addition to helping to train our staff, NJCWTA may assist with training resource families and staff at contract agencies that provide services to our children and families. The NJCWTA will also help develop tools to inform other important parties – judges, law enforcement, doctors and nurses, law guardians, local government officials, staff at private service delivery organizations, community-based and religious organizations, our union partners, and others – of our new approach and how they can contribute to its success.

11. Local Community Focus through Phase-in schedule

Our community focus supports an enhanced level of service provision for the families we serve. When we operate with a geographic focus, we can help our families identify services which are convenient to their home, and which operate in a manner and at times which make them user-friendly. At the same time, our partnership with and knowledge of local resources will help us to develop a response service array.

Our community focus will also aid our commitment to caseworkers regularly visiting our families and children. Geographically assigned caseloads will make it much easier for staff to see their clients regularly. It also supports our commitment to improved visitation for cases involving out of home placement. Research shows that visitation is the number one predictor of successful reunification.

Key Caseload Standards

Caseload size was determined in the CFSR to be a key contributing factor across several Items determined to require improvement. The child welfare reform plan commits additional worker resources to eventually achieve:

- **Supervisors:** 1 per 5 workers (either Permanency or Child Protection) plus 1 case aide for 80% of supervisors by 3/31/05
- **Adolescent Specialists:** 1 per 30 Adolescents
- **Resource Family Specialists:** 1 per 35 Resource Families for 80% of RFSW by 12/31/06
- **Adoption Specialists:** 1 per 30 children in need of adoption
- **Child Protection Workers:**

Schedule	Target Measure
March 2005	Phase 1 Offices 95% of child protection workers will have no more than 12 new cases per month and no more than 18 open cases.
July 2005	Phase 2 Offices 95% of child protection workers will have no more than 12 new cases per month and no more than 18 open cases.
January 2006	Phase 3 Offices 95% of child protection workers will have no more than 12 new cases per month and no more than 18 open cases.

Figure 1

Phase-in Areas by County and Permanency Worker Caseload

Phase I Areas: Essex, Camden, Mercer, and Passaic
Phase II Areas: Cumberland, Gloucester, Hudson, Middlessex, Monmouth, Ocean, and Salem
Phase III Areas: Atlantic, Bergen, Burlington, Cape May, Hunterdon, Morris, Somerset, Sussex, Union, and Warren

Date	Phase I areas	Phase II areas	Phase III areas
March 31, 2005 **** Q2***	90% of workers have 20 or fewer cases NOTE**the principles of the agreement w/CWA indicate that case practice changes will be implemented when 80% of the workers have caseloads of 17 or fewer families) *****ASQ2-1***	Average caseload no greater than 19 AND 80% of workers have 30 or fewer cases ***ASQ2-2***	Average caseload no greater than 22 AND 80% of workers have 30 or fewer cases ***ASQ2-3***
June 30, 2005 ***Q3***	Meet and maintain standard that: 90% of workers will have 15 or fewer cases ***ASQ3-1***	90% of workers have 17 or fewer cases ***ASQ3-2***	Average caseload no greater than 15 AND 80% of workers have 25 or fewer cases ***ASQ3-3***
September 30, 2005 ***Q4***	***ASQ4-1***	Meet and maintain standard that: 90% of workers will have 15 or fewer cases ***ASQ4-2***	90% of workers have 20 or fewer cases ***ASQ4-3***
December 31, 2005 ***Q5***	***ASQ5-1***	***ASQ5-2***	90% of workers have 17 or fewer cases ***ASQ5-3***
March 31, 2006 ***Q6***	***ASQ6-1***	***ASQ6-2***	Meet and maintain standard that: 90% of workers will have 15 or fewer cases ***ASQ6-3***

Figure 2 *Q = PIP reporting Quarter **ASQ2-1= e.g. Action Step Quarter 2, phase 1

Phase-in Areas

Former Regions (n=4)	Former Adoption Resource Centers (n=6)	Counties (n=21)	Former District Offices (n=32)	NEW - Areas (n=)15
Northern	Northern	Bergen	Bergen	1 Bergen
		Hudson	Bayonne	2 Bayonne
			Jersey City	Jersey City
			North Hudson	North Hudson
		Passaic	Central Passaic	3 Central Passaic
			Northern Passaic	Northern Passaic
		Morris	Morris	4 Morris
		Sussex	Sussex	Sussex
		Warren	Warren	5 Warren
Central	Central	Hunterdon	Hunterdon	Hunterdon
		Somerset	Somerset	Somerset
		Mercer	Mercer	6 Mercer
		Monmouth	Southern Monmouth	7 Southern Monmouth
			Northern Monmouth	Northern Monmouth
		Ocean	Ocean	8 Ocean
Southern	Southern	Atlantic	Atlantic	9 Atlantic
		Cape May	Cape May	Cape May
		Burlington	Burlington	10 Burlington
		Camden	Camden North	11 Camden North
			Camden Central	Camden Central
		Cumberland	Cumberland	12 Cumberland
		Gloucester	Gloucester	Gloucester
		Salem	Salem	Salem
Metropolitan	Essex / Metro-Select / Metro-Edison	Essex	Newark I	13 Newark I
			Newark II	Newark II
			Newark III	Newark III
			East Orange	East Orange
			Bloomfield	Bloomfield
		Middlesex	Edison	14 Edison
			Perth Amboy	Perth Amboy
		Union	Elizabeth	15 Elizabeth
			Plainfield	Plainfield

Figure 3

Outcome: S1 Children are, first and foremost, protected from abuse and neglect

Item 1: Timeliness of initiating investigations of reports of child maltreatment.

Factors contributing to non-conformity:

- DYFS is not consistent with regard to initiation of investigations of child maltreatment reports or establishing face-to-face contact with the subject child in accordance with established timeframes
- Delays in responding to reports classified as immediate ranged from 2 days to 2 months

Goal:

- **Increase the percentage of investigations with face-to-face contact between the investigator and the child within 24 hours of a report of abuse or neglect. The goal will be determined based on initial data.**

Improvement Plan:

Safety is New Jersey's first obligation to its children. Allegations that children are in danger, wherever they live, must be investigated quickly and professionally, with steps taken to remove a child from continuing danger when necessary.

As of July 1, 2004, New Jersey began operation of a State Central Registry (SCR). This is a single call center for accepting reports of child abuse or neglect. Using the Response Priority module of New Jersey's Structured Decision-Making to improve consistency in determining necessary response times, the CSR staff assign response times to each report that must be investigated, and transfer this information to the local District Offices for action. Policy has been revised to reflect these new response times: either 2 hours, or 24 hours for child protection services, or up to 5 days for service/assessment referrals.

An interim solution has been implemented to automate the transmission of of reports to District Offices for action. This automation will provide a management tool for assuring follow-up in response to reports. This automated capability will be a part of the first phase of the SACWIS system released by December 2004.

Dedicated staff, "Child Protection Workers", will be assigned to the sole task of investigating allegations and following standard procedures to address safety and risk issues. New Jersey will develop and implement protocols so that trained investigators respond to reports 24 hours a day, seven days a week, consistent with the priority level assigned to the reports. This will be supported by

guidelines for caseload size for protective services workers which will be implemented in accordance with the planned phase-in of Area Offices.

In order to allow supervisors to fully track the progress of each report, and monitor each worker's compliance with investigative timelines, the "SafeMeasures" reporting tool will be developed and implemented. This is a web-based child welfare quality tool that can provide managers and supervisors at the state, area, district, and unit levels with data on performance at many different levels, e.g. worker, supervisor, office, region. . Safe Measures reports data for a variety of work task factors, such as timeliness of investigations, response priorities, visits, case counts, time case open, protective services vs. non-protective services referrals, and investigation time open. We will then implement weekly, monthly, and quarterly reports from Safe Measures to track compliance. Having this information at their fingertips will allow workers at all levels to quickly and continuously gauge performance, resolve issues, and redirect resources to address performance gaps.

Key Actions:

1. Develop, train, and implement Structured Decision Making module on Response Priority
2. Create units of Child Protection Workers in each District Office
3. Achieve interim caseload standards for Child Protection Workers
4. Complete and implement automated capacity to transmit reports
5. Complete and implement SafeMeasures reporting tool

Technical Assistance Required: None

Outcome: S2 Children are safely maintained in their own home whenever possible and appropriate

Item 3: Services to protect children and prevent removal

Factors contributing to non-conformity:

- The absence of service provision, even after an assessment had been conducted
- A lack of safety assessments
- DYFS is not consistent in providing services to ensure children's safety while they remain in their homes
- Services provided were insufficient to maintain the child and the child was not removed
- The agency removed the child without conducting a safety assessment and providing preventive services.
- There is a lack of services available in the languages of families, e.g. Spanish, Vietnamese, Portuguese
- There are long waiting lists for family preservation services
- Infrequent contact between caseworkers and families, due to large caseloads
- Limited contact between caseworkers and service providers

Goal:

- **Increase conformance in the Item, from 44% as noted on the CFSR, to 47% as an interim target, and to 49% as a goal.**

Improvement Plan:

The New Jersey child welfare system is committed to strengthening the family unit so children are safe and parents can assume full responsibility for their care. Our obligation, in all but the most extreme cases of severe abuse or neglect, is to help the child's birth family stay together or reunite. Placement outside of the home should occur only when necessary – where providing services in the home will not be enough to keep a child safe. This will be our first line of action to keep children safe at home.

A new Division of Prevention and Community Partnership will be focused on getting services to children and families on a preventive level, bringing needed help to families that will hopefully resolve issues and preclude contact with the child protective services agency.

For children in families with DYFS involvement, as indicated in Item 2, we are implementing Structured Decision Making SDM, with its "Safety Assessment" module, to support staff in delineating between levels of risk; to assist in the development of safety plans to keep children safely in their homes; and to guide decisions about placement. With improvement in our assessment capabilities through tools like SDM, as well as adherence to the new investigative standards discussed in Item 1, we anticipate a reduction in child placement.

New Jersey will implement a One Family One Worker policy and practice, so that a family will have one worker throughout the life of the case who will help them create individualized, results-focused service plans. As noted in Item #2, the continuity of this model will assist with the identification and provision of appropriate services to support the family.

A reduction in caseload size will also allow caseworkers to work more closely with their families, especially those families with children in placement. Initially, while in the process of achieving our caseload standards, we will require monthly visits by the caseworker with children in placement, and will also be increasing our frequency of contact with the parents of children in care. After reaching the planned caseload standard, it is anticipated that we will move to a more frequent schedule of visits, although there is potential for a less-than-monthly schedule to be appropriate, again based on case needs. All visit schedules will continue to be determined by the worker and supervisor together, based on assessment of case needs.

We are committed to provide improved and expanded in-home and support services to help keep children at home. These services are discussed in the PIP section for Item 35. Core services that our families need, including substance abuse, domestic violence, and health and behavioral health services, and housing, will be priorities for expansion. In-home services will allow children to attend the same schools, maintain family and community relationships, and stay involved in community activities. And we have committed resources and have built relationships with other agencies in state government to address the housing needs of our families. Services will be culturally relevant, accessible, and individualized.

In addition to all the noted services, effective child welfare work also requires that frontline workers have access to flexible funding to meet the unique needs of children, birth families and resource. We will make available such funding to be used for whatever addresses immediate needs, from transportation for visitation to a new refrigerator to an essential plumbing repair. Together with expanded formal and informal supports provided through our contracts and community mechanisms, this funding will enable us to meet those unique needs that can spell the difference between intact family success and removal.

As noted elsewhere in this document, several staff-related initiatives will also lead to improvement in this area. The initiatives include the One Family One Worker model, and reduced caseload size.

Key Actions:

1. Establishment of the Division of Prevention and Community Partnership
2. Develop, Train, and Implement Structured Decision Making (SDM) module on Safety Assessment
3. Implement One Family One Worker Model

4. Implement flexible funding process
5. Increase capacity and availability of services provided in the community

Technical Assistance Required: Technical Assistance on planning the implementation of the Family Team Meeting model.

Outcome: S2: Children are safely maintained in their own homes whenever possible and appropriate

Item 4: Risk of harm to children

Factors contributing to non-conformity:

- The family's needs were not being assessed
- There was no ongoing monitoring of the family by the DYFS caseworker
- There was a lack of adequate risk assessment and /or service provision to address risk of harm
- There was insufficient assessment of risk of harm when the case was closed or the child reunified, and there was evidence that risk issues were not resolved
- Services are child-focused rather than family focused, without consistent comprehensive assessment of family services needs
- No ongoing evaluation of service effectiveness
- Caseworkers are not always clear about what they need to look for when assessing safety of children in out-of-home care
- Increase in IAIU reports without increase in staff has resulted in lack of follow-up on homes with multiple unsubstantiated reported
- Information not getting from IAIU to district offices
- Waivers for relatives with CARI or CHRI history

Goal:

- **Increase the percentage of in-home cases where safety assessments have been completed at the specified intervals for children in the home. [Goal target to be determined based on initial data]**

- **Reduce the incidence of Child Abuse and/or Neglect in Foster Care, as measured by the National Standard, from 0.70% to 0.66% as an interim target, and to 0.57% as a goal.**

Improvement Plan:

Modules in New Jersey's Structured Decision Making toolbox are: Response Priority; Safety Assessment; Family Risk Assessment; Minimum Visitation Requirements; Caregiver Strengths and Needs Assessment; Child Strengths and Needs Assessment; Family Risk Reassessment for In-Home Cases; and Family Reunification Assessment.

As identified in Items 1 and 2, certain modules will be mandated at key milestones, such as to make a placement decision, or to determine whether unsupervised visitation may occur, whether reunification can occur, or if a case should be closed. Application of the appropriate modules throughout the life of a case will be key in assisting staff to more accurately assess, and effectively mitigate, risk.

As we train both child protection and permanency staff to implement these modules, we will underscore the need for sensitivity relative to client needs, e.g. to understand risk with respect to adolescents' vulnerabilities and make decisions in a structured fashion, not prejudging the case because it involves an adolescent. Core competency components for child protection and permanency workers offered by the New Jersey Child Welfare Training Academy as contained in Item 32, will include case planning and family-centered casework; cultural competency; and family-centered child protective services. Supervisors will receive training in: 1) intake, risk assessment and initial family assessment; 2) case plan development and implementation; and 3) supervising in-home family services.

We will provide funding to create the NJCARES Institute. The purpose of the Institute is to develop a medical and mental health diagnostic and treatment model for dissemination throughout New Jersey. It will develop external policy and protocol for development of evidence-based interventions for children who have suffered sexual abuse, physical abuse, exposure to domestic violence as well as other trauma. There will be expanded research regarding evidence-based practices. It will develop a curriculum and provide training for the state. Furthermore, it will expand medical and mental health diagnostic and treatment services within the Southern Region.

In cases involving investigations of children in placement, we will maintain the separate Institutional Abuse Investigations Unit. We commit to providing those investigators with the same enhanced tools we will utilize for our protective staff. They will receive specialized forensic investigation training. Investigation requires skills in specific areas: forensic interviewing, gathering and maintaining evidence, and extensive use of safety and risk assessments. Protective investigators must also be able to engage families in a non-hostile manner and establish excellent working relationships with law enforcement and hospital staff.
We also commit to improved communication and coordination between IAIU staff and protective and permanency staff. We will also build strong relationships between IAIU and Continuous Quality Improvement (CQI) staff to ensure that IAIU expertise and findings inform Quality Assurance oversight. Toward this end, and as part of the process of establishing the Office Children's Services within DHS (discussed elsewhere in this plan), IAIU will be moved to within OCS, into the same organizational unit as the OCS CQI function. Additionally, staffing will be increased for IAIU.

As discussed in Item 2, our One Family One Worker model, with decreased caseload size, will strengthen our ability to engage families. This factor, coupled with the tools of SDM such as the risk assessment and needs and strengths assessments, will heighten our depth of knowledge about their strengths and needs as well as drive case planning and focus on risk items. Through the Family Team Meeting we

will develop an individualized plan of care that reflects the entire family's needs and to proactively address these safety and risk factors. In addition, as discussed in the introduction section of this PIP, our new supervisory model also improves the ratio of workers per supervisor to 1:5, and will include the expectation that supervisors accompany staff in the field.

Appropriate and effective service provision is also instrumental in avoiding repeat maltreatment. As discussed in detail in Item 35, providers and community resources will be expanded to deliver more and different kinds of services. Core services that our families need will be expanded: substance abuse, domestic violence, behavioral health, and housing. In addition, front line workers will have access to flexible funding to meet the unique needs of children, birth families, and resource families.

Key Actions:

1. Develop, Train, and Implement Structured Decision Making (SDM) modules
2. Implement NJ Child Welfare Training Academy and train in core competencies
3. Achieve new caseload standards for Child Protection Workers, Permanency Workersand Supervisory ratios
4. Implement One Family One Worker Model
5. Implement Family Team Meeting Practice
6. Move IAIU to OCS
7. Hire additional IAIU staff
8. Develop comprehensive investigative standards
9. Develop and implement flexible funding process
10. Increase capacity and availability of services provided in the community as discussed in Item 35.

Technical Assistance Required: ***N/A***

Outcome: P1: Children have permanency and stability in their living situations

Item 6: Stability of foster care placements

Factors contributing to non-conformity:

- Inappropriate placements had been made when the child entered foster care and the child's current placement was unstable
- Lack of matching of children with placement options due to the scarcity of placement resources
- Limited resources for particular groups, e.g. medically fragile infants and children 8 to 15
- Regionalization of placement functions
- Night-to-night placements
- Refusal of providers to accept children
- Lack of group home placements for adolescents
- Time delays in placing a children an appropriate group home or residential treatment center (2 to 3 months)
- The agency had not make concerted efforts to ensure placement stability
- At 85.1%, the state does not meet the National Standard (86.7%) for placement stability
- Lack of resources to support placement stability

Goal:

- **Increase Stability in Foster Care, as measured by the National Standard, from 83.1% to 83.8% as an interim target, and to 85% as a goal.**

Improvement Plan:

We must have an appropriate resource family for every child who needs one, and to this end will license at least 1,000 new resource families in Fiscal Year 05 (July 1, 2004 – June 30, 2005). We will employ a focused and ongoing recruitment effort, involving the neighborhoods and cultural communities where our children tend to enter care, and devoting special attention to the needs of groups for whom the system has particular difficulty recruiting sufficient homes. A statewide resource family recruitment plan will be developed, and revised each Fiscal Year to reflect current needs.

Community agencies will be part of the process to recruit, house and retain resource families. To do this, $1.5 million will be allocated to develop homes for targeted communities and/or children in need.

We will renovate our placement process, including moving away from a regionalized foster care structure to a local office model. We will develop policy, practice models, and training curricula to assure clear and uniform understanding of values, roles, and responsibilities. There will be standards and criteria for both the placement process and supervising placements. Resource families will deal with one agency, be it DYFS or a contracted community-based agency. The Agency will work with them from recruitment through licensure and provide support to retain them and thus add stability to the placement system for individual children.

We will provide resource family support staff in each District Office to assist workers in finding the appropriate placement setting, preferably in the child's community. Each DYFS district office will have a placement support unit comprised of a resource family recruiter, resource family trainer, resource family support workers and a placement facilitator. When out-of-home placement is necessary, our preference is to place with known individuals whom the child has a relationship with, such as extended family. If a child has special needs which must be addressed in order to make an extended family placement possible, we will provide services to make it possible for the extended family to provide for that child. In the event a resource family needs to be identified (no kinship resource having been identified) the Child Protection or Permanency worker will provide information about the needs of the child to the placement facilitator.

A tool will be developed to match a child's characteristics to the most suitable available placement. Once potential placements are identified ("matched"), the resource family support workers who know these families will weigh in on which one is best suited to the child(ren). Matching will address the issue of the first placement being the best placement for children, ensuring that children are placed with families who can meet their identified needs, and minimizing moves.

By managing caseload limits for Child Protection and Permanency workers, we will free staff up to provide a proper introduction to the new home. We will train them on how to introduce the child to the new home – and the relationships developed by our Resource Family Support Worker with our resource families will also lend to making this transition go more smoothly. Workers will spend time with the resource family and the child, and will utilize the DYFS Placement Kit as a guide to address issues that are important to the child and the family.

We must provide necessary support to our resource families to stabilize placements. With the addition of the Resource Family Support worker, we will improve performance in this area. Services and supports that will be expanded and available to resource families will include: funding for home repairs necessary to obtain or maintain licensure; flexible funding for a broad array of individualized support services; and increased behavioral/mental health supports such as 24-hour mobile crisis response.

We will continue to develop functional placement alternatives to support a broad variety of children by analyzing our placement needs and developing resources to meet those needs. We will, for example, determine the right size of the congregate care system, and

ensure that the necessary number of beds is available. Additionally, the Children's Behavioral Health System will create 75 Treatment Home beds and 45 Emergency Treatment Home beds to use as alternatives to congregate care.

Finally, we will heighten our efforts to hold providers accountable to meeting the outcomes and terms of their contract. For example, the specifications in Annex A of the contract will include the statement of the population to be served. Thus, a child meeting those criteria shall not be precluded from service.

Key Actions:

1. Implement Resource Family recruitment plan
2. Implement Resource Family Support Unit functions in local offices on a phase in basis
3. Establish and implement policy, training, protocols, and technical support on placement activities
4. Develop and implement placement tracking/matching tool
5. Expand services and supports for resource families
6. Evaluate congregate care needs and develop needed resources which are utilized appropriately

Technical Assistance Required:

- Training and consultation on the licensing of relatives and its link to federal financial participation.

Outcome: P1: Children have permanency and stability in their living situations.

Item 7: Permanency goal for child

Factors contributing to non-conformity:

- In 40% of applicable cases, an appropriate goal had not been established in a timely manner
- The goal is not appropriate to the needs of the child and circumstances of the case
- Other permanency goals were not considered prior to a goal of Long-term foster care/emancipation
- General confusion about concurrent planning at both the agency and court levels
- The goal of reunification is maintained for too long a period of time
- Large caseloads leave staff unable to ensure reasonable efforts are made to achieve permanency goal
- Caseworkers are not able to monitor progress of parents, which results in courts having insufficient information to make appropriate permanency decisions

Goal:

- **Increase conformance on this item, from 60% to 63% as an interim target, to 66% as a goal.**

Improvement Plan:

To improve the timing and adequacy of permanency goals for children, we will develop policies, practice guides, ongoing training and management reports that implement concurrent permanency planning. New Jersey is currently reviewing concurrent planning models.

As an important participants in planning for children in placement, we will include concurrent planning as an element of pre-service training for new resource families, and in-service training for existing resource families.

We will require that protocols for case review of children in placement include an evaluation of the concurrent plan for the child. The protocols will enable staff to collect all information needed to begin concurrent planning as well as to explore alternate viable options for permanency.

We will phase out the practice of voluntary placement agreements. Eliminating this will help us to define and achieve our permanency goals through judicial oversight. It will also ensure appropriate legal representation for the birth parents and child(ren).

Long Term Foster Care will be eliminated as a permanency goal in New Jersey.

We will eliminate specialist case manager roles – in which we require children and families to switch caseworkers in order to receive new or different services or because the "status" of their case changed. The One Family, One Worker case management model will promote the case focus, familiarity, and intensity that will impact the timeliness of permanency goal setting and its appropriateness.

Likewise, the reduction in caseload size will allow caseworkers to work more closely with their families, especially those families with children in placement. Initially, while in the process of achieving our caseload standards, we will require monthly visits by the caseworker with children in placement, and will also be increasing our frequency of contact with the parents of children in care. After reaching the planned caseload standard, it is anticipated that we will move to a more frequent schedule of visits, although there is potential for a less-than-monthly schedule to be appropriate, again based on case needs. All visit schedules will continue to be determined by the worker and supervisor together, based on assessment of case needs. We will interface the court and DYFS data systems so that cases can be tracked and information shared efficiently, which will assist in keeping the permanency goal at the forefront of practice and insure timely review.

Key Action Steps:

1. Eliminate Voluntary Placements in child abuse/neglect cases
2. Implement Concurrent Planning
3. Eliminate Long-Term Foster Care as a permanency goal
4. Implement One Family, One Worker model
5. Interface court and DYFS data systems

Technical Assistance Required:

- Training and consultation on concurrent planning practice models

Outcome: P1: Children have permanency and stability in their living situations

Item 8: Reunification, guardianship, relative placement

Factors contributing to non-conformity:

- There were unnecessary delays in providing services to achieve reunification
- There were delays in seeking a waiver for a relatives
- DYFS has not made sufficient efforts early to promote reunification
- Insufficient services for substance abuse, visitation, and housing are barriers
- The state's percentage of reunifications occurring within 12 months of entry into foster care (63.5%) did not meet the National Standard (76.2%).
- The child welfare agency had not make concerted efforts to attain guardianship or reunification in a timely manner

Goal:

- **Reduce the length of time to achieve the permanency goal of reunification, as measured by increasing conformance to the National Standard, from 59.4% to 60.4% as an interim target, and to 61.8% as a goal.**

Improvement Plan:

Improving permanency and stability for children through reunification, guardianship, and relative placement will be achieved through case practice changes. This will include increasing services that enable achievement of these objectives and promote relative placement.

A concurrent planning curriculum will be developed and implemented to immediately work towards alternative placement options, especially those that maintain family connections. Concurrent planning, as discussed in item 7, will focus staff on reunification efforts at the same time.

Through our One Family, One Worker model, with restructured caseloads, our workers will have time to provide follow-up needed to ensure that a case is progressing without delay. With the emphasis on Family Team Meetings, we immediately lay the groundwork, timelines, and responsibility for achieving results through an individualized case plan. Through this collaborative effort, families will be empowered and more likely to receive and complete services that promote reunification, or support alternative permanency, as appropriate, such as Kinship Legal Guardianship.

The Department of law and Public Safety's Division of Law will be reorganized to ensure that attorneys representing DYFS in Family Court are specialists in this area of law, are well trained, and are rigorously supervised for practice. This will help achieve a unified team of a worker, supervisor, and attorney representing the agency to all work from the same point of reference in litigating cases.

Improved supervisor ratios will increase accountability and monitoring to achieve permanency for children.

Relatives caregivers will become fully licensed resource families. The process for requesting waivers of particular requirements will be streamlined to assist in making a speedy determination about the efficacy of relative placement.

We will increase our services, as discussed in Item 35. These will include services that are essential to supporting reunification: substance abuse services; mental health services – including mobile response in the community; housing assistance; and visitation services. Workers will also have access to flexible funding to meet the needs of birth families and relatives.

We will increase the relative caregiver and DYFS kinship guardianship payment rates to equal foster care rates to assist interested relatives in caring for children. We will incrementally raise the rate to achieve the USDA cost of raising a child in an urban northeast, middle income, two parent family.

Key Actions:

1. Implement concurrent planning
2. Implement One Family, One Worker Model
3. Implement Family Team Meeting
4. Increase capacity and availability of services provided in the community to support reunification, guardianship, and relative placement
5. Develop and implement flexible funding process
6. Equalize rates for foster care, relative care, and kinship legal guardianship
7. Streamline waiver resolution process for relative caregivers

Technical Assistance Required:

- Cross training on permanency for DYFS attorneys, staff, and supervisors**.**

Outcome: P1: Children have permanency and stability in their living situation

Item 9: Adoption

Factors contributing to non-conformity:

- The percentage of finalized adoptions occurring within 24 months of entry in to foster care (17%) does not meet the National Standard (32%)
- Lack of DYFS support for relatives who want to adopt
- Court delays in scheduling TPRs
- Parent's appeals of a TPR decision
- Language barriers between DYFS and Spanish speaking adoptive parents
- The child's behavioral problems
- Child maltreatment issues in potential adoptive homes
- Maintaining a goal of reunification for too long
- Caseworker turnover and case transfer to ARC creates time lags
- Efforts to locate absent fathers are not being done early enough
- Crowded court dockets and insufficient number of attorneys
- Long waiting list of evaluations due to insufficient number of professionals to conduct evaluations
- No formal concurrent planning

Goal:

- **Reduce the length of time to achieve the permanency goal of Adoption, as measured by increasing conformance to the National Standard, from 22.4% to 23.5% as an interim target, and to 25.3% as a goal.**

Improvement Plan:

As mentioned in Item #7, through concurrent planning, workers will be required to work toward family reunification when that is the initial goal, while at the same time laying the groundwork for other permanency arrangements, including termination of parental rights and adoption, so these processes move forward quickly if they become necessary. Our improved initial assessments will help identify kin resources early in the life of a case in order to promote kin adoptions.

We are phasing out our Adoption Resources Centers in our new structure. To accomplish this, we have formulated a workgroup charged with developing recommendations for a transition plan to best integrate adoption expertise and a comprehensive adoption program within the District Offices structure. Our goal is to maintain the child's relationship with his or her existing Permanency worker while bringing to bear the invaluable expertise necessary to process adoption cases. Adoption specialists will be assigned to the district offices and will be responsible for child-specific recruitment for all children with a permanency goal of adoption who lack a pre-adoptive resource.

We will cease transferring a case when the case goal becomes adoption. Instead, the Permanency Worker will remain responsible, and an adoption specialist will be assigned to the case to provide expert support. Children needing adoption will have the best of both worlds: an uninterrupted relationship with a permanency worker until permanency is achieved, and an adoption specialist with essential expertise.

We will continue our efforts to recruit bilingual caseworkers to respond to the cultural needs of our client population. Aside from using print and television media to recruit bilingual caseworkers, we have: contracted with careerbuilder.com for bilingual job postings; participated in 26 job fairs in 2004, including the AIDia Bilingual Fair in Philadelphia; conducted a Job Fest in one of our District Offices; and scheduled a bilingual Job Fest for August 30, 2004. We also have had preliminary discussions with a private recruitment/retention consulting firm with extensive experience in diversity recruitment, and will continue to investigate the possibility of an initiative in this area.

Children in foster care for whom reunification is impossible or appears unlikely, but who are not in pre-adoptive homes, require targeted, child-specific adoptive-home recruitment efforts, beginning with people already known to the child (for example, a teacher or coach). We will design and incorporate into the practice model strategies for encouraging older child adoptions that includes involvement of the youth. Under the concurrent planning model, children in need of these strategies or specialized recruitment will be identified early on.

New Jersey will become a member of Interstate Compact on Adoption Medical Assistance (ICAMA).

DYFS will allocate an additional staff position to the Interstate Services Unit and will allocate funds to purchase adoption services by out-of-state licensed private agencies.

There are delays in the processing of TPR petitions. This is due to a shortage of Deputy Attorneys General, Law Guardians, counsel for parents, and also often experts whose evaluations are required for a case to proceed. The Interagency Council for Children and

Families (ICCF) has been established to oversee and implement strategies related to safety and permanency in the courts. It will report on its findings with regard to the reforms put forth in the Child Welfare Reform Plan. The ICCF will include the Attorney General; the Director of the Administrative Office of the Courts; the Commissioner of the Department of Human Services; the DYFS Director, the Public Defender; the Executive Director of the Juvenile Justice Commission and the Child Advocate. The ICCF will meet regularly to ensure that the designated public agencies charged with specific action steps achieve the benchmarks, timeframes and outcomes required by the CWRP.

The ICCF will work to ensure that significant progress is achieved with regard to the recruitment, hiring and training of expanded personnel necessary to expedite proceedings, including Deputy Attorneys General, Law Guardians and counsel for parents, as necessary to process cases in a timely and thorough fashion. Also, the Children in Court Improvement Committee (CICIC) will make recommendations to the ICCF to address the TPR appeals process.

A strategy will be developed by CICIC to address the availability of necessary experts in Family Court Proceedings.

As we expand our service array (see Item 35), we will include services that offer post-adoptive support to children and families.

Key Actions:

1. Implement concurrent planning
2. Deploy Adoption Specialists and expertise to District Offices
3. Enhance child specific recruitment
4. Join ICAMA
5. Expand availability of experts for evaluations per CICIC strategy
6. ICCF to identify court changes to speed TPR appeals
7. Expand post adoptive services
8. Increase the number of law guardians, DAGs, and Parental representatives available to process cases

Technical Assistance Required:

- Training from Adopt Us Kids
- Provide technical assistance, and training, for activities associated with the deployment of adoption specialists.

Outcome P1: Children have permanency and stability in their living situations

Item 10: Other planned permanent living arrangement

Factors contributing to non-conformity:

- No services provided to prepare a child for independent living until just prior to his 17th birthday
- Limited availability and accessibility of services to assist youth in transitioning from foster care to independent living
- Waiting lists for youth to obtain life skills training
- Long term foster care goals used with younger children, e.g. with specialized medical needs

Goal:

- **Decrease the number of children in placement under 12 years of age with a goal of LTFC. [Goal target to be determined based on initial data]**

- **Increase the percentage of eligible youth in care at age 14 or older who receive life skills training, from 50% of those eligible to 60% as an interim target, and to 80% of those eligible as a goal.**

Improvement Plan:

We requested that the Legislature repeal the current long term foster care statute. This was accomplished, and the ability to select LTFC will no longer be an option as a permanency goal as of September 1, 2005. We will amend regulations and policy accordingly. This will be clear on all DYFS forms and computer coding systems, and also will be communicated to the judiciary.

All current LTFC cases will be reviewed to determine if they should be moved to an adoption or subsidized guardian status. Resource parents now with children in "long-term foster care with custody" – a small but expanding category will be encouraged to change these arrangements into subsidized guardianships, and the system will provide all necessary support for such transitions.

We will continue to vigorously pursue adoption for children until at least their 16th birthdays, and longer when appropriate, changing their permanency goal to independent living only when there is absolutely no alternative.

We will have Adolescent specialists in every office beginning in FY06. These will be workers with particular training and affinity for dealing with adolescents' needs, and will work in partnership with adolescents and their Permanency Workers who will retain primary responsibility for the case. An adolescent specialist will be assigned to every child age 13 or over in placement with an open case.

Through the Adolescent Workers, we will ensure that adolescents receive the full range of services available as needed. Through contracts with community-based organizations (and ultimately in partnership with the community collaboratives, as they roll out), we will provide adult mentors for all adolescents in care. The mentors will be expected to spend at least ten hours per month with the child, helping him to stay in school and guiding him through the difficult developments and decisions of the teenage years.

When deemed developmentally appropriate by the child's Permanency worker (presumptively at age 13), the case planning process, occurring in the Family Team Meeting forums, will include the development and refinement of a concrete plan leading toward healthy, productive adulthood, regardless of the child's permanency goal. These coordinated plans will focus particular attention on the need to identify and involve caring adults already known to the child who can provide ongoing support both during and after the child's involvement in the child welfare system. This planning will supplement, not supplant, other permanency efforts for these children.

We will cease the widespread practice of closing adolescents' cases automatically when they turn 18, but will keep them open, at the adolescents' option, until they reach 21. Adolescents approaching age 18 will be encouraged to remain in the system thereafter, and informed of the "post-18" resources available to help continue their transition to adulthood. This case closing change will be reflected in policy, practice and training of workers and supervisors.

For adolescents who choose not to remain in the system, we will contract with community- and faith-based organizations to provide case management and aftercare services, such as housing assistance employment readiness, and emergency food and clothing grants.

We will partner with the Department of Labor to develop a program linking young people leaving the child welfare system to a range of job readiness, training, career counseling, apprenticeship, and related vocational programs.

We will ensure that all adolescents in out-of-home care receive a full life skills training program. We will provide all adolescents in the system that graduate high school or received a G.E.D. with an application for a scholarship for higher education or vocational training under the state's tuition waiver program, and with necessary assistance completing the application and exploring educational and vocational training options.

We will develop additional transitional living units, as defined in the New Jersey Homeless Youth Act for adolescents leaving the system with no place to live. This will provide them a bridge of six to nine months, with staff support and supervision, during the transition from DYFS placement to a lack of involvement with the system.

Current life skills contracts will be evaluated, including unit costs, and we will develop a plan to ensure all youth in out-of-home placement receive life skills training with refresher courses as needed. The Ansell Casey assessment tool will be used to evaluate the competencies attained by participants.

Key Actions:

1. Review of all current LTFC cases for appropriateness of goal
2. Change policy to eliminate LTFC
3. Phase in of adolescent specialists
4. Extend case open dates until age 21, as applicable
5. Expand services that support life skills and adult transition

Technical Assistance Required:

- Provide training and consultation on independent living services.
- Provide consultation on mentor programs
- Provide technical assistance, and training if requested, for activities associated with the deployment of adolescent specialists

Outcome P2: The continuity of family relationships and connections is preserved for children.

Item 12: Placement with siblings

Factors contributing to non-conformity:

- Lack of concerted efforts to place siblings together whenever appropriate
- Lack of foster family homes that can accept sibling groups

Goal:

- **We will institute resources and implement practices that support increased joint placement of siblings.**

Improvement Plan:

We commit to placing siblings together whenever possible. This will be achieved through increasing the pool of resource providers who can accommodate siblings, our use of the One Worker One Family model to ensure consideration of all sibling needs, and better matching of child needs with resource availability. In addition, as noted in Item # 8, we will be maximizing the use of appropriate relative placements by increasing the board rate they receive and providing funding support that enables them to prepare their home to meet requirements for the care of relatives, including sibling groups.

As discussed in Item 6, each DYFS district office will have a Resource Family unit comprised of a resource family recruiter, trainer, support workers and a placement facilitator. When out-of-home placement is necessary and a resource family needs to be identified the case manager will provide information about the needs of the child to the placement facilitator. A database will be developed listing all resource families identifying their preferences, skills and competencies. A tool will be developed to match a child's characteristics to the most suitable available placement. A priority will be placed on keeping siblings together along with our commitment to relative placements and keeping children in their own neighborhood

As we roll out our Resource Family recruitment plan we will be targeting special needs, including the ability to accommodate sibling groups.

Key Actions:

1. Implement Resource Family Units consistent with phase in
2. Implement Resource Family recruitment plan with emphasis on homes that can accept siblings
3. Develop and implement placement tracking/matching tool that can prioritize sibling placements
4. Develop Flexible Funding process
5. Increase board rates for resource families

Technical Assistance Required:

- Provide information on specific, proven strategies to recruit and retain resource families for siblings.

Outcome P2: The continuity of family relationships and connections is preserved for children.

Item 13: Visiting with parent and siblings in care

Factors contributing to non-conformity:

- Visitation was not of sufficient frequency to meet the needs of the child
- The agency did not promote sufficient visitation between siblings
- The agency did not promote sufficient visitation between the child and either parent
- Time allotted for visitation is not sufficient to build or maintain a bond
- Weekend or evening visitations are not scheduled
- Children are taken out of school in order to visit with parents or siblings
- Caseworkers fail to involve fathers in making arrangements

Goal:

- **Increase conformance in this item.**

Improvement Plan:

Improving our visitation practices is expected to result from our revamped case practice model as well as from efforts to increase the amount and broaden the range of visitation services that are available.

Using those case practice elements described in earlier Items, including Individualized, Coordinated Case Planning; Family Team Meetings, and the One Family One Worker model of practice, we will be better able to understand the needs of the whole family; and plan effectively those services, supports, and obligations that must be fulfilled in order to support the case goal. As part of this planning, the type and amount of visitation necessary to produce desired results will be addressed in a systematic, structured manner, through the use of the Minimum Visitation Requirements module of SDM.

When children's permanency goal is family reunification, it is also essential that their parent(s) be visited regularly, to ensure that they receive the services and supports necessary to effect reunification as quickly as possible, consistent with child safety. To that end, we will phase in an increase in the minimum visitation requirements for parents of children in out-of-home placement with a goal of reunification so that when we have fully reached our targeted caseload size standards, visits will occur bi-weekly. Here, too, we will emphasize that visitation in excess of the minimum should be conducted if feasible and necessary to comply with case plans and achieve permanency.

Moving our offices to the community and assigning caseloads geographically has several advantages for visitation. Our lowered caseloads, firm commitment to family team meetings, and improved safety assessments should help us know our families much better and reduce our reliance on supervised visitation as the only "safe" option. All of this should also bolster our ability to reassure a judge of the soundness of our decision making in recommending unsupervised visits. We are also going to know our resource families better – and our re-training of resource families will support collaboration and partnership with birth families, rather than separation.

Time is another element of successfully accomplishing needed visitation. Both the restructuring of District Offices and lowering of caseloads will provide workers increased time to be responsive to case needs, including visitation services. . As we work with our community partners to expand visitation offerings within our service array, we will support new models that address needs, e.g. increased visitation on nights and weekends, graduated reunification visits, visitation with mentoring by resource families, etc.

Key Actions:

1. Achieve caseload standards
2. Assign caseloads geographically
3. Implement Family Team Meeting
4. Individualized coordinated case planning
5. Expand available visitation resources

Technical Assistance Required:

- Consultation on models of visitation using community partners and settings
- Consultation on models of visitation that are unsupervised and support graduated reunification

Outcome P2: The continuity of family relationships and connections is preserved for children.

Item 14: Preserving Connections

Factors contributing to non-conformity:

- DYFS has not made diligent efforts to preserve the child's connections to extended family
- DYFS has not made diligent efforts to preserve the child's connections to friends, school, and community

Goal:

- **We will implement placement practices and tools that will promote placement of children in proximity of their own neighborhoods.**

Improvement Plan:

Children in out-of-home placement should be placed in settings that promote the continuity of critical relationships: together with their siblings; with capable relatives whenever possible; and in their own communities. Once placed, activities with the child need to reflect his/her need to remain connected to those people, places, and communities that promote belonging and well-being.

As in Items 12 and 13, improvement in this area also will be addressed through case practice changes including: achievement of caseload standards; One Family One Worker model; improved assessment and planning embedded in Structured Decision Making; Family Team Meetings; and Individualized, Coordinated Case Planning.

Resource Family training will include modules for Resource Families working with birth families. When the case circumstances are appropriate, partnership between resource families and birth parents will serve to model, mentor and support reunification as well as to preserve connections.

Our efforts to work with our community partners to increase the pool of resource providers will increase the options for successful matching. The geographic focus of Resource Family and Permanency workers will enhance our ability to maximize connections through appropriate application of known local resources. Our recruitment plans will reflect needs analysis and targeting to fulfill those needs, such as in geographic locations where a high number of children enter care.

Family Team Meetings will be a particularly important element in maintaining connections. It can include families (birth and resource), and all the birth family's available natural resources (clergy, extended family, friends, community members, service

providers) who will come together to provide the resource family any information they don't already have (school schedule, medical records, activities, etc.) and develop a plan to achieve child's permanency goal. Through this collaborative and coordinated planning process, we will identify and build into the plan the things that must be done to preserve connections for the child.

Key Actions:

1. Implement One Family One Worker model
2. Develop, Train, and Implement SDM modules
3. Implement Family Team Meeting
4. Implement resource family recruitment plan
5. Implement revised placement procedures
6. Individualized, Coordinated Case Planning
7. Geographically focus RFSW and Permanency workers
8. Equalize rates for foster care, relative care, and KLG

Technical Assistance Required: N/A.

Outcome P2: The continuity of family relationships and connections is preserved for children.

Item 15: Relative Placement

Factors contributing to non-conformity:

- The agency had not made diligent efforts to locate and assess relatives
- DYFS had not searched for maternal and/or paternal relatives
- Placement with relatives may occur without considering the best interests of the child
- Placing children where a wavier is required may result in placement disruptions if the waiver will not be granted

Goal:

- **We will implement a coordinated set of practices that maximize opportunities to place children with relatives.**

Improvement Plan:

Improving the incidence and benefit of relative placement will be accomplished through the development of better, more detailed information in our initial contact with the family; improved placement processes and matching; the transition of relatives to licensed resource families; the deployment of Resource Family Support units; the expansion of supportive services to assist a relative to become a caregiver; and a family-centered case delivery system that is designed to encourage family involvement.

Upon our initial involvement with a family, we will improve the type and specificity of information gathered, including the existence and location of family. This information can be used to better access family members as potential placement resources. Our revamped case practices and placement protocols will increase engagement of the family and their involvement in identifying needs and planning appropriate ways to meet those needs.

When a child requires placement, the preferred placement will be with extended family and friends who know the child and with whom a relationship exists. We will discuss the placement needs with the family and use the Family Team Meetings to develop input on relative capacities and options for placement.

Each DYFS district office will have a Resource Family support unit, with workers specifically charged with ensuring that, before a "stranger placement" is sought, a thorough search for possible alternative caregivers among the child's kin has occurred. If such a relative resource family has been identified, the Protective Service or Permanency worker needing placement will do a preliminary

approval of this family, to include a life/safety check of the physical plant as well as a Promis-Gavel and Child Abuse Registration Information check. The RFSW will get the caregiver into the training and licensure processes. If there has not been an exhaustive search for a kinship resource family, the case worker and the RFSW from the District Office will all mobilize child-specific recruitment effort among the child's kin.

To further support the ability of relatives to become appropriate and safe caregivers, we will be transitioning them to the same requirements as full foster families, including training. This change will take place once licensing regulations are rewritten in 2005, but interim steps to help insure that relatives are "licensing ready" will occur sooner, in anticipation of the regulations. We will also raise the rate we pay relative caregivers to equal that of foster parents. We will provide services and flexible funding to make it possible for the extended family to meet the requirements to take in a child.

In order to support relatives as caregivers, the opportunity to request waivers of specific requirements will continue. Waivers may be granted provided doing so is determined to not jeopardize the health, safety, or welfare of the child and is consistent with the child's best interests and plan of care. We are reducing the turn-around time on waiver requests by initiating a new waiver approval process. Workers will be trained on the criteria and procedure for requesting a waiver. Completion of the licensing process, also, will be quickened, with a goal of 90 days total turnaround.

Key Actions:

1. Implement revamped placement process
2. Implement Family Team Meetings
3. Deploy Resource Family units consistent with phase in and recruitment plan
4. Develop and implement protocol to transition relative care providers to licensed resource parents
5. Equalize relative caregiver payment with foster caregiver payment, then increase for all resource families
6. Implement revised waiver request and approval process

Technical Assistance Required:

- Consultation on the licensing of relatives as resource families.

Outcome P2: The continuity of family relationships and connections is preserved for children.

Item 16: Relationship of child in care with parents

Factors contributing to non-conformity:

- DYFS had not made diligent efforts to support the parent (mother and/or father)-child relationships of children in foster care
- Lack of effort to promote sufficient visitation
- Not involving the parent in the child's medical appointments
- DYFS leaves it to the foster parents to arrange for parental involvement with school activities or medical appointments
- Supervised visitation is too restrictive to support or promote bonding

Goal:

- **We will implement measures to improve the continuity of the relationship of the child in care with parents.**

Improvement Plan:

Once placed, a child's plan of care should reflect those activities needed to help the child remain connected to parents and to maintain/improve those relationships to support reunification if that is the goal. Improvements in these areas will primarily be addressed through case practice changes including: achieving caseload standards; Structured Decision-Making Modules; One Family One Worker model; Family Team Meetings; and Individualized, Coordinated Case Planning process.

Regardless of the placement type or location, the relationship of the child in care with his or her parents will be considered in assessments and evaluation of case progress, and reflected in case planning.

By developing an individualized, coordinated plan of care that is more "family friendly", we will incorporate family strengths, concerns, and goals, leading to their engagement in achieving the case goal. The Family Team Meeting forum, in particular, provides the opportunities for both mother and father to become engaged in active treatment, be it visitation or involvement with school activities or medical needs. With its inclusive attendance of significant case partners, it lays a positive foundation through which to build, maintain, and sustain relationships.

We will build on this foundation, where possible, such as by encouraging collaboration between birth and resource families. This collaboration will permit additional "teachable moment" opportunities to mentor, model, and reinforce positive practices at the same time supporting a relationship between parents and child. Through the case planning process, we can identify and, and uniquely plan for, collaboration opportunities. .

Finally, as noted in Item 13, we need to broaden the range, type, and frequency of visitation services available that respond to the SDM –driven visitation decisions and which promote and sustain relationships of children in care with their parents.

Key Actions:

1. Implement Family Team Meeting Practice
2. Individualized, coordinated case planning
3. Foster collaboration between birth and resource families
4. Increase range and type of visitation service array

Technical Assistance Required:

- Technical assistance and training on visitation models.

Outcome WB 1: Families have enhanced capacity to provide for their children's needs

Item 17: Need/services of child, parents, foster parents

Factors contributing to non-conformity:

- Lack of adequate assessment and services to children and parents,
  - particularly in in-home service cases
  - particularly fathers excluded from assessment and services
- availability and accessibility of services affected by
  - caseworkers ability to properly assess and collaboratively identify the services needed
  - caseworkers' knowledge about what services are available
  - caseworker skills in linking and engaging clients with appropriate services
- Lack of comprehensive assessment at case opening
- Fragmented service delivery
- Little coordination or communication between caseworkers and providers
- Large worker caseloads impede effective assessment
- Lack of available services
  - Culturally or language-appropriate services
  - Insufficient services for relative caregivers
  - Limited services for older children

Goal:

- **Conformance in this item will increase from 32% to 34% as an interim target, and to 37% as a goal.**

Improvement Plan:

Improvement in this Item requires significant change on many fronts: how we approach case practice; how we train and support our staff and supervisors; how we assess and engage families to develop responsive case plans; how we identify and deliver services; and how we coordinate and monitor the effectiveness of services in terms of achieving desired results. Clearly, having more frontline staff, and the concurrent achievement of lower caseloads, will facilitate this.

In our new model, our case practice rests on two core beliefs that will guide all our interactions with and services to families: (1) families will be partners in decision-making and (2) families will be able to identify their strengths and needs – and then access

effective informal and formal supportive services in their own communities. Through our One Family One Worker model, families and children will have one assigned case manager who will help them develop and implement individualized, results-focused service plans based on their strengths and needs. As discussed in Item 4, we will be using the tools of SDM to assist in properly conducting assessments, identifying risk elements that must be addressed, and in achieving key determinations through standardized processing.

We have committed to Family Team Meetings as our primary vehicle for reorienting our agency to listen and deliver based on what our families and children tell us they need. As we open the New Jersey Child Welfare Training Academy, discussed in Item 32, we will begin by training a cadre of Family Team Meeting facilitators, who will initially be focused on our prototype model District Offices and placement cases. Family Team Meetings will be held at critical junctures of a case, and will bring together all the available supportive resources for the child and family to strategize as a team about how to keep the child safe and meet the permanency goal, and what resources are needed to achieve these ends.

Training in the new strategies will be key in enabling our workers to adequately and accurately assess families, to develop productive case plans, and to effectively monitor cases. Training alone is not enough. We will have a standard caseload size based on considerations of case type and size, and reflective of best practice models. In addition to training, worker skills will be reinforced experientially and through improved supervision. The worker to supervisor ratio will be standardized to ensure maximum support and supervision of the worker. Our expectation is that our supervisors will go into the field with the worker, to both offer supportive supervision and to instill learning that leads to better practice.

System competence in appropriately responding to a culturally diverse clientele is important, and our needs in this area are significant. To begin with, we will hire an expert in the field of assessing cultural competence of organizations to develop an instrument to assess and prepare a report evaluating how the organization delivers services to culturally diverse populations. From there we will work to incorporate recommendations into our training, communications, and operational systems.

As we look to map, assess, and expand our service array, addressed in more detail in Item 35, we will do so in concert with our community partners, through planning councils and community collaboratives. Partnering locally in support of understanding and improving our service array is also anticipated to spur awareness of culturally-appropriate services and/or lend to development of those services.

Key Actions:

1. Achieve new caseload standards for protective service workers and permanency workers,
2. Implement One Family, One Worker Model
3. Develop, Train, and Implement SDM modules
4. Implement Family Team Meetings
5. Individualized, coordinated case planning
6. New Jersey Child Welfare Training Academy
7. Improve supervision through 1:5 ratio
8. Expand capacity and availability of service providers in the community

Technical Assistance Required:

- Consultation, and technical assistance, on case assessment curriculums
- Technical assistance on measuring service delivery to improved outcomes

Outcome WB 1: Families have enhanced capacity to provide for their children's needs

Item 18: Child/family involvement in case planning

Factors contributing to non-conformity:

- The agency had not made diligent efforts to involve mothers, fathers, and children in case planning
- Involvement was most notably lacking with the In-Home cases
- Case plans are developed by caseworkers and then presented to the family
- Large caseloads leave insufficient time to work with parents in case planning
- Some families do not receive their case plans
- No effort is made to explain the plan to parents

Goal:

- **Increase the involvement of children and families in case planning.**

Improvement Plan:

As stated in Item 17, our new case practice model rests on two core beliefs that will guide all our interactions with and services to families: (1) families will be partners in decision-making and (2) families will be able to identify their strengths and needs – and then access effective informal and formal supportive services in their own communities. These beliefs speak directly to the issue of family involvement in case planning.

Key drivers of inclusion will be improving engagement through a One Family One Worker model; using Family Team Meetings; and individualized, coordinated case planning to promote collaboration and empowerment.

We will revamp our written case plan format to be more reader friendly. Written case plans can be extremely useful documents. Writing down a case plan provides anyone involved in the family team meeting or who will be providing services with a written summary of the meeting, allowing each to check to make sure there is:

- an accurate statement of the issues that need to be addressed and the proposed solutions;
- a record to help all of the participants remember what each person promised to deliver and do;
- a yardstick to mark progress – or lack of progress through the life of a case; and

- a useful monitoring and accountability tool for family, staff, supervisors, managers and others, including the courts.

We will review our administrative case review practice and take action to maximize family involvement.

Key Actions:

1. One Family, One Worker
2. Implement Family Team Meetings
3. Individualized, coordinated case planning
4. Review administrative case review practice to maximize family involvement

Technical Assistance Required:

- Technical assistance on new options for administrative case reviews.
- Consultation on the development of a new case plan format.

Outcome WB 1: Families have enhanced capacity to provide for their children's needs

Item 19: Worker visits with child

Factors contributing to non-conformity:

- Caseworker visits were not of sufficient frequency and/or quality to ensure children's safety and promote attainment of case goals.
- Findings varied by type of case
  - In Foster care cases visits typically occurred once a month
  - In In-Home cases visits typically occurred less than once a month
- When visits did occur, they did not focus on issues pertinent to case planning, service deliver, and goal attainment
- Caseload size hinders the ability to comply with visitation schedules
- Frequency of contact varies across caseworkers

Goal:

- **Increase the percentage of children in placement who have a minimum of one monthly visit from their permanency worker. The goal will be determined based on initial data.**

- **Increase the percentage of intact families who have visitation once per month. The goal will be determined based on initial data.**

Improvement Plan:

Contact with our children and their family is essential to fostering positive outcomes. Improving performance in the area of case worker visits with child will be accomplished through achieving caseload standards; achieving supervisory ratio standards; establishing visitation requirements through the application of the SDM "Minimum Visitation Requirement" module; using the current web-based casebook applications and the eventual SAFEMeasures applications as management tools to help track contact and evaluate the substance of visits.

The family risk assessment provides valid information on the risk to the children, and level of risk assigned is used in the MVR planning to establish the minimum visitation required. There are requirements for: 1) in-home cases; 2) parents and caregivers of children in reunification cases; and 3) children in placement with a goal of reunifications. Initially, while in the process of achieving our caseload standards, we will require monthly visits by the caseworker with children in placement, and will also be increasing our

frequency of contact with the parents of children in care. After reaching the planned caseload standard, it is anticipated that we will move to a more frequent schedule of visits, although there is potential for a less-than-monthly schedule to be appropriate, again based on case needs. All visit schedules will continue to be determined by the worker and supervisor together, based on assessment of case needs.

Case managers must have reasonable workloads. New standards are based on considerations of case type and size, and reflective of best practice models. Similarly, we will limit the number of caseworkers per supervisor, to afford the time and attention to provide supportive supervision and management that will facilitate good practice.

Our community base and geographic focus will naturally aid our commitment to caseworkers regularly visiting our families and children, as it will be much easier for staff to see their clients regularly.

The "Minimum Visitation Requirements" module of SDM will be used to determine the appropriate level of contact required for the child. There will times in cases – presented by safety concerns, changes in family composition, and changes in services – when increased levels of contact will be indicated, and this will be reflected in changed visit schedules. Supervisors will also be trained in SDM in order to evaluate and support the performance of their workers in determining contact requirements.

There is a current web-based system in place through which we can record the content of case contacts. This provides a qualitative source of information for supervisors to sample and use with workers to enhance skills and address the productivity of client contact. Through the development and implementation of SafeMeasures, supervisors will have the data on performance to use in managing MVR compliance, which will enable them to both make adjustments that support the child's contact needs and which promote improved worker performance.

Key Actions:

1. Develop, Train, and Implement Structured Decision Making module on "Minimum Visitation Requirement"
2. Achieve caseload standards for Permanency Workers
3. Implement Safe Measures

Technical Assistance Required:

- Technical assistance on training modules for guiding worker practice during visitation with children (both in-home and out-of-home)

Outcome WB 1: Families have enhanced capacity to provide for their children's needs

Item 20: Worker visits with parents

Factors contributing to non-conformity:

- Caseworker visits were not of sufficient frequency and/or quality to monitor the safety and well-being of the child or promote attainment of case goals
- Findings varied by type of case
  - Visits with mothers typically occurred less than monthly
  - Visits with fathers typically occurred less than monthly, with fathers having no visits more often than mothers
  - Visits were significantly less frequent with in-home cases
  - Monthly visits occurred almost always with foster care cases
- When visits did occur, they did not focus on substantive issues pertinent to case planning, service delivery, and goal attainment

Goal:

- **For children in placement with a goal of reunification, increase the percentage of birth families who have received a minimum of one visit by the permanency worker in the last month. The goal will be determined based on initial data.**

- **Increase the percentage of intact families who have visitation once per month. The goal will be determined based on initial data.**

Improvement Plan:

When children's permanency goal is family reunification, it is essential that their parents be visited regularly, to ensure that they receive the services and supports necessary to effect reunification as quickly as possible, consistent with child safety. To that end, we will phase in an increase in the MVR for parents of children in out-of-home placement with a goal of reunification so that when we have fully reached our targeted caseload size standards, these families will be visited once every two weeks. However, we emphasize that visitation in excess of the minimum should be conducted if feasible and necessary to comply with case plans and achieve permanency. All visit schedules will continue to be determined by the worker and supervisor together, based on assessment of case needs.

Moving our offices to the community and assigning caseloads geographically has several advantages for visitation. Our lowered caseloads, commitment to Family Team Meetings, and improved safety assessments should help us know our families much better, and so reduce our reliance on supervised visitation as the only "safe" option. All of this should bolster our ability to reassure a judge of the soundness of our decision making in recommending unsupervised visits, an important part of reunification.

Regarding worker visits to intact families, who comprise the overwhelming majority of our caseload, we will set a minimum standard of one per month, but will mandate increased contact at the beginning of the case, at other key points –such as presented by safety concerns or changes in family composition.

The active use of Family Team Meetings and case planning with a new plan format, as the worker and parents evaluate progress in implementing the case plan will also generate more substantive and productive visits.

There is a current web-based system in place through which we can record the content of case contacts. This provides a qualitative source of information for supervisors to sample and use with workers to enhance skills and address the productivity of client contact. Through the development and implementation of SafeMeasures, supervisors will have the data on performance to use in managing MVR compliance, which will enable them to both make adjustments that support the child's contact needs and which promote improved worker performance.

Key Actions:

1. Develop, Train, and Implement Structured Decision Making module on "Minimum Visitation Requirement"
2. Achieve caseload standards for Permanency Workers
3. Implementation of Safe Measures

Technical Assistance Required:

- Curriculum models that are proven to promoted effective in-home worker-family visitation.

Outcome WB 2: Children receive appropriate service to meet their educational needs

Item 21: Educational needs of child

Factors contributing to non-conformity:

- The agency had not made diligent efforts to meet children's educational needs
- DYFS is not consistent in its efforts to address the education-related needs of children in In-Home services cases, even when an education-related intervention was warranted and/or identified
- Performance differed by type of case, with the outcome substantially achieved in most foster care cases
- Over-reliance on foster parents to meet educational needs
- Insufficient training or support to help foster parents meet educational needs
- Caseworkers not familiar with special education laws and regulations
- Schools reluctant to enroll children in residential treatment facilities and in shelter care facilities
- DYFS policy is on educational assessment of children in placement, not those children remaining in their homes.

Goal:

- **We will lead collaborative efforts with educational stakeholders to strengthen the focus on educational needs of children receiving services.**

Improvement Plan:

The Department of Human Services will identify a Special Assistant, within the Office of Children's Services, to focus on educational needs of children served. This individual will lead efforts to improve performance in meeting educational needs. Those efforts include reaching out to leadership of educational stakeholder groups to brief them about the child welfare reform plans for enhancing the safety, permanency, and well-being outcomes of children and families, and about our focus to strengthen community collaboration as a means to achieve these outcomes. As an example, we are working with the following groups on a variety of activities geared to improve awareness and understanding, as well as to identify collaborative opportunities and strategies to support children in the education system:

- The Department of Education County Superintendents
- The New Jersey Education Association a
- American Federation of Teachers Union

- The New Jersey Principals and Supervisor Association's Critical Issues Committee
- New Jersey Association of School Administrators
- New Jersey School Counselors Association
- New Jersey School Board Association
- New Jersey Parents and Teachers Association
- New Jersey School Psychologists, Nurses, and Social workers
- The Garden State Coalition of Schools
- The Education Law Center
- The Statewide Parents Advocacy Network

The range of collaborative activities occurring and planned with these groups include:

- Briefings on the child welfare reform plan, with emphasis on the role of education personnel in achieving outcomes for children and families
- Determination of information that must be prepared cooperatively to implement certain reforms
- Requests to invite local OCS staff (DYFS office managers, DCBHS and DCPC representatives) to county superintendent's roundtables
- Publishing articles in groups' publications describing the plan, the new Child Abuse Hotline, etc.
- Conducting workshops at statewide conferences
- Joint participation in discussions on projects such as the state transformational model for school counselors and their services

We will promote linkage between our Planning Councils, as they develop, and the educational leadership in the phased-in area.

We will provide information to permanency workers and caregivers about the educational system so that they are better able to advocate for the educational needs of children. This is clearly important for children in their own homes. We will work with the partners above, including advocacy organizations that provide educational advocacy, to develop this information.

When a child must be placed, a placement assessment will be conducted that addresses the child's behavioral health, medical, social, and educational needs. Our revised placement process and case plan, with this assessment, will improve our focus on educational needs of children in placement.

We will provide all adolescents in the system that graduate high school or received a G.E.D. with an application for a scholarship for higher education or vocational training under the state's tuition waiver program, and with necessary assistance completing the application and exploring educational and vocational training options.

Key Actions:

1. Hire Special Assistant with Educational focus
2. Develop and offer information in educational requirements and issues to staff and resource parents
3. Work with educational organization representatives and advocates at the state and local levels to improve information sharing, identify and highlight effective practices
4. Issue higher education/vocational training scholarship applications to all youth in DYFS out-of-home placement.
5. Incorporate educational needs into the case plan and assessment process.

Technical Assistance Required: N/A.

Outcome WB 3: Children receive adequate services to meet their physical and mental health needs.

Item 22: Physical Health of the Child

Factors contributing to non-conformity:

- Lack of diligent effort to address the physical health needs of children in the in-home services cases
- Cases opened due to medical neglect but the medical issues were never addressed
- Scarcity of medical providers
- Lack of provider participation, especially pediatricians and dentists
- Too much responsibility on foster parents to meet physical health needs

Goal:

- **Increase the percentage of children in placement who have a full CHEC exam to a goal to be determined based on initial data.**

- **Increase the percentage of children in placement who receive an EPSDT screen, to a goal to be determined based on initial data.**

- **We will implement procedures to maximize HMO enrollment.**

Improvement Plan:

In response to the CFSR finding that we need to achieve significant improvement in this Item for children at home, our initial case assessment will seek to determine whether there are any medical issues that need to be addressed. This will be accomplished through the implementation of comprehensive standards for investigations. The new case plan format shall include specific information on the child's health needs.

In addition, DYFS will hire a physician as a Medical Director to oversee all aspects of DYFS' response to health, mental health and substance abuse policies, practice and coordinated program development. The Medical Director will develop an interdisciplinary support team of medical consultants including participation from the areas of psychiatry, psychology, licensed clinical social work, and licensed certified alcohol and drug abuse, at a minimum. They will work with the existing DYFS Child Health Advisory Council to improve and enhance medical practice as it relates to DYFS children and families.

The Medical Director will be responsible for developing a plan to meet the basic medical needs of all children in out-of-home care, including at EPSTD screenings, annual physicals, annual dental exams, and medical passports.
Each DYFS office will have a minimum of one nurse available to it. The nurses will assist with coordination, support, case review, and assessments for both in and out-of-home cases.

Each child entering foster care will have a pre-placement physical examination at a geographically accessible location in the community prior to entering care. DYFS will partner with the American Academy of Pediatrics NJ Chapter, Federally Qualified Healthcare Centers (FQHCs), and other community based doctors to develop this service throughout the state.

A Comprehensive Health Evaluation for Children (CHEC) will be implemented for children entering foster care within 30 days of placement. This evaluation will screen for acute or chronic conditions, provide for immunizations, if needed, and also will incorporate behavioral, substance abuse and developmental assessments, as well as address all issues related to abuse or neglect. Federal EPSDT compliance is being aggressively pursued for children in out-of-home placement and will be integrated into the CHEC. DYFS and DMAHS are establishing a baseline to monitor EPSDT compliance.

DYFS will continue to phase-out fee-for-service coverage by enrolling foster and adoptive children into HMOs. HMO enrollment will help ensure that care is coordinated in one place. It will improve access to medical services including specialties that are more readily available through the HMOs' provider networks than is currently available through the traditional Medicaid program.

The New Jersey Child Welfare Training Academy will coordinate with managed care providers to develop and make available educational sessions for staff, resource parents and other community providers that focus on the health needs of children in the system.

Key Actions:

1. Hire Medical Director
2. Medical Director and Team establish policy and plan to improve responsiveness to needs of children served, both in-home and out-of-home
3. Hire a nurse for each district office
4. Implement community-based pre-placement exams for each child entering foster care
5. Develop and implement 30 day Comprehensive Health Evaluation for Children
6. Incorporate health needs into the new case plan format

Technical Assistance Required: ***N/A*****.**

Outcome WB 3: Children receive adequate services to meet their physical and mental health needs.

Item 23: Mental Health of the Child

Factors contributing to non-conformity:

- Lack of concerted effort to address the mental health needs of the child
- Lack of mental health service provision in situations in which an assessment had been conducted and mental health service needs had been identified
- No mental health assessment of other children in the family although warranted
- Lack of mental health services
- Limited number of child psychiatrists

Goal:

- **Increase the percentage of children in placement who have a full CHEC exam. The goal will be determined based on initial data.**

Improvement Plan:

The Division of Child Behavioral Health (DCBH) will be created and placed under the same authority as DYFS - the Office of Children's Services (OCS) – to ensure coordination of mental health services. The DCBH brings together the traditional components of child mental health in New Jersey with more recent community-based strategies to form a single system of behavioral health care for children with emotional or behavioral health care needs and their families. This will reduce fragmentation and avoid the need for children to enter the DYFS system to receive these services. We will provide behavioral health services based upon a common assessment tool which will be used across Divisions. Guidelines for behavioral health will be integrated into policies, and then practice through training in mental health issues

All children referred to shelter care by DYFS, will be registered upon admission with the DCBH Contracted System Administrator (CSA) that acts as the central intake, assignment, referral, and prior authorization source for DCBH services. Arrangements will be made for an assessment of every child whose current behavioral health assessment is older than 90 days or for whom there is no assessment. When appropriate, children will be moved to a less restrictive environment.

Behavioral health services will be provided to children and youth based upon a common assessment tool, which will be used across service systems under the Office of Children's Services. It will be used for all children entering foster care and will also be used as part of the more comprehensive health and mental health assessment/evaluation that will be completed for each child within 30 days of their entry into out-of-home placement. By identifying the strengths and needs of the child as well as the need of the caregivers, in-home service needs may be addressed to minimize disruption and re-placement of children in foster care.

For children in out-of-home placement, the Comprehensive Health Evaluation (CHEC) will include a mental health screen.

Children in shelters or detention waiting for an out-of-home treatment setting will be assigned a youth case manager. The case manager will oversee any necessary evaluations and also identify an appropriate placement and transition the child to that placement.

Resource families will be educated regarding the behavioral health services that are available to them for the children in their care. This will include expanded community based services that reflect a service continuum statewide, such as: Mobile response and crisis stabilization services; Youth case management; Intensive in-community services; Behavioral assistance; and Clinical in-home therapy.

The number of Youth Case Managers who coordinate behavioral healthcare for youth in the community will be increased.

Care Management Organization's (CMOs) capacity will be expanded to new communities as part of a planned statewide phase-in. With a new blended caseload, this most intensive level of care management will serve about 4,000 families when the statewide roll-out is completed. A Family Support Organization (FSO) will be developed in tandem with each CMO to provide the family-to family support from the perspective of "someone who's been there." FSOs are grass roots, consumer-led organizations that support families involved with CMOs, using a peer support model.

An additional 75 treatment homes will be added to accommodate the needs of children stepping down from congregate care settings. This means that children who still need behavioral health care services can receive them in a family and community setting, freeing up the more intensive and restrictive services for those children who cannot yet be safely discharged.

DFD will prioritize, for the DFD Mental Health Initiative, mutual DYFS parents who are receiving TANF or General Assistance (GA) benefits and also have a serious mental illness. This program provides linkages to mental health services including outpatient treatment, partial care, intensive case management and medication monitoring. It presently serves about 300 individuals per month in the seven counties of highest need and will expand within those counties to serve an additional 150 individuals.

Key Actions

1. Common Assessment tool used by all systems and Cross training /orientation of system partners
2. Refer all shelter children for assessment
3. Expand capacity of in-home community-based service and supports, including CMOs and FSOs, treatment homes
4. Implement CHEC exams
5. DFD to prioritize DYFS parents for Mental Health Initiative

Technical Assistance Required: ***N/A*****.**

Systemic Factor: Case Review System

Item 25: Provides a process that ensures that each child has a written case plan to be developed jointly with the child's parent(s) that includes the required provisions

Factors contributing to non-conformity:

- The policy that for each child a written case plan is developed with the child's parent is not demonstrated in practice.
- Barriers to parental participation include transportation, insufficient bilingual staff, and caseworkers not explaining the complex case plan forms to parents
- Plans are developed by caseworkers and supervisor and then presented to the families for signature
- Case plans are not viable as workers are not able to follow through with identified services
- Lack of services in the community
- Case plans not individualized; focus on parenting classes and psychological evaluations of parents
- Case plans not family-centered, not readily understood by parent
- Case plans not used to guide casework or help families achieve reunification

Goal:

- **Increase the number of children with written case plans that conform to this requirement.**

Improvement Plan:

A workgroup will be formulated to design a new case plan format that identifies the services that the family members and child need, including those the agency will deliver (directly or by referral) and that sets the goals and timeframes for successful completion and closing of the DYFS case.

In our new model, families and children will be the primary authors of the case plan. We will write these plans in a form and language accessible to the lay reader.

Family Team Meetings, for both home and placement cases, will be the vehicle to develop the case plan and make every decision throughout the life of the case. We will use Family Team Meetings to track progress on case plans and to suggest any changes or adjustments.

The case plan captures the process in the family team meeting by which the family, children, friends, formal and informal supports and the caseworker have analyzed a family and child's needs and strengths, identified existing risks and safety concerns, developed the strategy to address those concerns.

This new case plan format will include a written summary of the results of the Family Team Meeting that:

- outline the issues that need to be addressed and the proposed solutions;
- act as a record to help all of the participants remember what each person promised to deliver and do;
- be a yardstick to mark progress – or lack of progress through the life of a case; and
- serve as a monitoring and accountability tool for family, staff, supervisors, managers and others, including the courts.

Using Family Team Meetings as the centerpiece process for case planning will help address issues preventing parental participation, such as transportation and language barriers. Having geographically clustered caseloads of workers with flexible schedules will enable us to conduct meetings at times most amenable to participation. Local community partnership will assist us in accessing local services needed in order to move forward with the FTM process in a case. As discussed in Item 9, we will continue our efforts to recruit bilingual caseworkers to respond to the cultural needs of our client population.

Key Actions:

1. Individualized, Coordinated Case Planning with revamped case plan format
2. Family Team Meetings
3. Cultural competence assessment and consequent efforts to improve
4. Increasing service capacity in community

Technical Assistance Required:

- Technical assistance in the development of the new case plan format, especially with regard to ensuring compliance with IV-E requirements.

Systemic Factor: Case Review System

Item 26: Provides 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.

Factors contributing to non-conformity:

- Reviews are not occurring consistently in a timely manner statewide
- Gaps exist with respect to periodic reviews of cases after TPR has been attained
- Not enough CPRB boards to conduct review and not enough staff to support the boards
- CPRB not receiving timely notification of a child's entry into foster care
- Members of CPRB do not reflect the diverse ethnic and racial backgrounds of families served by DYFS
- CPRB rubber stamps the DYFS plan rather than conducting a thorough examination
- Parents do not understand the review process and what is expected of them
- DYFS caseworkers are not required to attend the CPRB review, in his absence meaningful discussion is limited.
- There is a lack of interface between the CPRB and the court hearings.

Goal:

- **Improve timeliness of notice to the court regarding children in placement, from 33.7% in July 2004, to 35% as an interim target and to 37% as a goal.**

Improvement Plan:

As of April 29, 2004, the Judicial Council of the Administrative Office of the Courts approved and released "Child Placement Review Standards and Best Practices" document. Its intent is to achieve statewide uniformity in practice and address issues related to ASFA. Adherence to these standards will help improve the consistency of the CPRB review process across the state. Some key elements related to the CFSR findings that the Standards address are:

- CPRB member requirements
- CPRB member training
- Composition of the CPRB, including that it reflect diversity of the local community.
- Elements of the case review process

- Information sharing by parents and providers during the process
- Timing of reviews
- Notification of parties
- Documentation of findings

As indicated in the CPRB standards, DYFS needs to consistently inform the board about placements or changes in placement. The developed pre-SACWIS applications along with SACWIS developments will drive notification improvements by providing the tools to better track children in placement as well as the tools to manage work tasks.

In the longer term, data interface between DYFS and the courts will be a segment of a planned SACWIS release that could potentially automate of the notification process. In the interim, the CICIC will look for ways to improve the flow of information between units.

Other initiatives in the CWRP also impact this issue, e.g. reduction in caseload size, the local and the community-based focus that induces relationships, the use of interim "pre-SACWIS" systems to enable data collection and information-sharing. Also, the implementation of SafeMeasures, as a reporting tool, helps supervisors manage the case work, lending to more thorough and timely completion of tasks.

In the longer term, the Division intends to review and revamp its administrative case review process.

Key Actions:

1. Implement CPRB Standards
2. Improve systems to support notification timeliness

Technical Assistance Required:

- Provide consultation on other administrative case review models.

Systemic Factor: Case Review System

Item 27: Provides 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 the child entered foster care and no less frequently than every 12 months thereafter

Factors contributing to non-conformity:

- Although a process is in place, the hearings are not being held consistently every 12 months
- Parents do not have a meaningful opportunity for input before or during permanency hearings
- There is no consistent practice that ensures that parents are aware of and understand the outcome or consequences of a permanency hearing.
- Continuances are granted because there is not a plan for the child

Goal:

- **Increase the percentage of cases that have had a permanency hearing within legally mandated timeframes, from 68% in July 2004 to 70% as an interim target and to 72% as a goal.**

Improvement Plan:

The Interagency Council for Children and Families (ICCF) is a product of the Child Welfare Reform Plan, having been developed and charged to monitor, and publicly report on, the status of the reform elements involving the court. The ICCF will include the Attorney General; the Director of the Administrative Office of the Courts; the Commissioner of the Department of Human Services; the DYFS Director, the Public Defender; the Executive Director of the Juvenile Justice Commission and the Child Advocate. Whenever necessary, the ICCF will advance recommendations as to the proper administration of the strategies contained in the Child Welfare Reform Plan. Some of those recommendations may originate with the CICIC or the Conference of Family Presiding Judges committees. A performance improvement plan for the Family Court in all vicinages to comply with the permanency hearing requirements will be monitored by the Administrative Office of the Courts to ensure that ASFA standards are met.

Courts can be a confusing and unsettling place for children and families. Often parents do not fully understand the court process and what may be at stake, especially in regard to termination of parental rights. ASFA requires that foster parents must receive notice of, and have an opportunity to be heard at, proceedings regarding children in their care. The CICIC will make recommendations that focus on improvements in this area, such as developing and instituting trainings for involved parties. Vicinage assessments will also

occur so as to understand the experience of families and to identify how to improve it. A plan to improve the culture and responsiveness of the courts for children and families will be presented to the Child Welfare Panel.

Key Actions:

1. Form the ICCF
2. The CICIC will coordinate with the respective agencies involved in developing a training for attorneys and judges, on the importance of, and sensitivity to, the need for parental participation and input into permanency hearings.
3. Family courts identified as not in substantial compliance with timeliness will develop and implement performance improvement plans to meet the requirement of timely permanency hearings.

Technical Assistance Required: ***N/A***

Systemic Factor: Case Review System

Item 28: Provides a process for termination of parental rights proceedings in accordance with the provision of the Adoption and Safe Families Act

Factors contributing to non-conformity:

- Petitions for Termination of Parental Rights are not being filed in a timely manner
- Length of time it takes to obtain evaluations
- Failure of parents to show up at evaluations or court
- Time is required to schedule the TPR hearing
- Since many TPRs are appealed, the process becomes lengthy. The appeals process is lengthy
- Transferring cases from DYFS to ARC before filing TPR delays achievement of TPR
- Agency not completing necessary paperwork
- Reluctance of courts to grant TPR absent an identified adoptive resources
- Findings that reasonable efforts were not made especially when parents have substance abuse problems and are not able to access treatment services

Goal:

- **Increase the percentage of termination of parental rights cases with a disposition within six months from the filing date, as determined by decreasing the percentage of pending cases exceeding the 6 month stop-off, from 37% to an interim target of 35.5%, and to a goal of 34%.**

Improvement Plan:

The ability to file termination of parental rights proceedings in a timely fashion requires sufficient personnel. To that end, New Jersey will hire and train additional Deputy Attorneys General as well as Law Guardians and counsel for parents.

As DYFS phases out the Adoption Resource Centers currently operating regionally, Adoption Specialists and paralegal staff will be deployed to the District Offices

The CICIC will make recommendations to the ICCF to address the appeals process, once TPR has been granted. Although the Court of Appeals has established an expedited process for TPR cases, appeals can still add much time to a case before a court decision is made.

Increased service availability, coupled with lower caseloads, is expected to alter the frequency of findings that reasonable efforts were made.

A strategy will be developed by the CICIC to address the availability of necessary experts in Family Court Proceedings, to facilitate obtaining requested evaluations in a timely fashion.

Key Actions:

1. Assign Adoption Specialists/paralegal staff to the district offices
2. The CICIC will make recommendations to the ICCF to address the appeals process, once TPR has been granted.
3. A strategy will be developed to increase the availability of necessary experts in Family Court proceedings.
4. Hire additional Law Guardian personnel.
5. Hire additional legal and support staff in DLPS (Attorney General) to represent DYFS.
6. Hire Parental Representation Unit (PRU) staff

Technical Assistance Required:

- Consultation on models which expedite the TPR appeal process.

Systemic Factor: Case Review System

Item 29: Provides 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.

Factors contributing to non-conformity:

- DYFS and the courts are not consistent with regard to ensuring that caregivers of children in foster care are notified of, and have an opportunity to be heard in all case reviews and hearing
- Stakeholder perspectives on involvement differ depending on locations
- Foster parents may not be permitted to speak during court hearings
- Foster parents may believe they "have nothing new to contribute"

Goal:

- **Increase the participation of resource parents in hearings held with respect to the child to a goal to be determined based on initial data.**

Improvement Plan:

The CICIC will develop trainings for attorneys and judges that facilitate families' understanding and feeling respected during the court process.

The CICIC , will conduct assessments, in several vicinages, to understand the larger picture of what families and children experience in the court building. These will evaluate interactions with court officers, security staff and others, the length of time they wait, the extent to which anyone explains to them what is going on or why there is a delay, and whether there is a physical setting appropriate for children. The CICIC will make recommendations based on these assessments to the ICCF.

Notification of Resource families requires that the court have current contact information. The use of Pre-SACWIS applications should assist DYFS in maintaining and providing correct information to the courts on Resource families. In the long-term, automated information sharing with the courts will be achieved with the SACWIS Phase 3 release.

Key Actions:

1. CICIC will make recommendations so that resource family parents receive notice of, and have an opportunity to be heard at, proceedings regarding children in their care.
2. The CICIC will make recommendations to strengthen the role of resource families in the court process.
3. The CICIC, in partnership with county-based local teams, will undertake in vicinage assessment of the larger picture of what families and children experience in the court building and make recommendations to improve their experience.

Technical Assistance Required:

- Consultation on proven actions that increase resource family notification and involvement.

Systemic Factor: Quality Assurance

Item 30: The State has developed and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of children.

Factors contributing to non-conformity:

- Large caseworker and supervisor caseloads hinder the ability to apply standards
- Heavy reliance on individual worker
- Substandard housing environments
- Caseworkers do not have time to see the children on their caseloads

Goal:

- **Reduce the Incidence of Child Abuse and/or Neglect in Foster Care, as measured by the National Standard, from 0.70% to 0.66% as an interim target, and to 0.57% as a goal.**
- **Increase the percentage of children in placement who have a minimum of one monthly visit from their permanency worker, to a goal to be determined based on initial data.**
- **Increase the percentage of children in placement who have a full CHEC exam to a goal to be determined based on initial data.**

Improvement Plan:

Improvements in this Item will be effected through several planned changes. To begin with, our restructuring to achieve new caseload standards will positively impact the availability of workers to monitor the services provided to children in foster care. Licensing and IAIU units, also key in assuring the protection of children in placement, will also receive increased staffing. The use of SDM modules will assist workers in continually assessing the adequacy of care delivered in placement.

The deployment of Resource Family Support Workers will assist in improving services through their attention to resource family needs and their focus on matching needs with appropriate supports. Essentially, RFSWs support both the providers and case workers to achieve proper placements, maintain contact with the home situation, as well as to identify and quickly address any issues that arise.

We will transition relative caregivers to fully licensed resource families, complete with requisite training. (These individuals have always been subject to life safety reviews and background checks) Also, the move to combine the processes for licensing foster and adoptive homes will improve provider capacity and increase our pool of available providers for either type of care.

To address the concerns regarding physical plant conditions, DCA will make available over the life of this PIP implementation, up to $2 million in Balanced Housing Neighborhood Preservation funds that could be used to rehabilitate 100 resource family homes to ensure that children live in safe dwellings. DYFS and DCA will work closely together to develop the program rules, identify families in need, and work with municipal officials through whom the funds are disbursed.

We will hire a national expert to help us design a state-of-the-art performance-based contracting program for service providers to promote the attainment of desired outcome for children and families. (As pre-work to this system, we will develop a performance-based compensation methodology that provides fiscal incentives tied to the achievement of specific outcomes for children.)

As our information systems develop, there will be an increasing amount of data about the children in care, the providers, and services that can be used in monitoring care. The use of our data management systems to generate performance reports will provide tools that will help us improve the type, frequency, and intensity of oversight for out-of-home placements.

Additionally, using the pre-SACWIS application that permits information sharing between units will continue to promote the timely transmission and follow-up of issues related to the health and safety of children in placement. Strengthening this, as well, will be the move of IAIU to OCS.

Key Actions:

1. Achieve new caseload standards
2. Develop and deploy RFSW function consistent with phase-in
3. Transition kin caregivers to fully licensed resource families
4. Interface systems to share data between units
5. Use data and reporting tools to monitor placements
6. Move to performance based contracting
7. Move IAIU to OCS

Technical Assistance Required: ***N/A***

Systemic Factor: Quality Assurance

Item 31: The State is operating an identifiable quality assurance system that is in place in the jurisdictions where the services included in the CFSP are provided, evaluates the quality of services, identifies strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures implemented.

Factors contributing to non-conformity:

- There is no comprehensive Statewide quality assurance system in place.
- The elements of the system operates in a reactive mode
- Pieces of the QA structure have not been synthesized in to a systematic approach that is well-deployed, prevention focused, incorporates stakeholder input, uses in-process and outcome measures, uses information to support decision making at all levels, and focuses on continuous improvement.

Goal:

- **A systematic process in place through which OCS and its partners: 1) assess the quality of practices and services delivered to consumers; and 2) improve those practices and services in order to increase the benefit to consumers in terms of achieving better outcomes for children and families.**

Improvement Plan:

The Office of Children's Services (OCS) is required to submit a plan to carry out the OCS' capacity to engage in Continuous Quality Improvement. The Plan due in December 2004 will outline the major components of the quality system, in response to the requirements of this item. The Department's Office of Program Integrity and Accountability will be the lead agent in developing this plan, and will do with consultation and technical assistance from subject matter experts. Structurally, the design calls for a CQI unit at the OCS level, within each of its three Divisions, a CQI specialist at each of the fifteen (15) Area offices (where all three Divisions are represented), and CQI committees at each area level as well as a statewide CQI committee.

Included as part of that plan will be the following activities that are required, at a minimum, to address improvement in this Systemic Factor:

The DYFS CQI unit will lead the design, development, and implementation of a quality review process mirrored on the CFSR. This process will be scaled to meet the needs of the Area offices and the Division to adequately examine case performance as a basis for

driving improvement efforts as well as to provide results data on targets and goals identified in the CFSR PIP. Area CQI specialists, staff and stakeholders will participate in this review process.

As the parameters for this Quality Review are developed, it is noted that Essex County (our largest metropolitan area) will be continually identified as a location of review. We will use SAFE Measures and existing data systems to identify the review targets and to populate information elements of the review instrument.

The DYFS CQI unit will also develop the framework and facilitate a standardized approach that will be used by improvement teams in translating the findings of the Quality Reviews into actual process improvements. Once the area CQI specialist and teams are coached on this standardized process, the DYFS CQI unit will remain available to provide technical assistance.

The DYFS CQI unit will maintain coordination responsibility for ad-hoc, special cause reviews that occur system-wide. For consistency of practice, the CQI unit will also coordinate/track improvement actions that address system-wide issues.

Additionally, the DFYS CQI unit will participate in new process design by conducting initial evaluations to determine that processes function as intended, as was done with the new State Central Registry process.

We will determine the DYFS data management information systems that require re-tooling, replacement or additional capacity to support a fully automated child welfare system and adequately monitor DYFS's progress in achieving the benchmarks and outcomes in the Child Welfare Reform plan. We will issue the quarterly and annual reports on our progress.

We will create a research and data analysis unit in the Office of Children's Services. The goal of the unit will be to create a knowledge management culture that enables DYFS and OCS to acquire and utilize information for planning, problem solving, decision-making, accountability, and continuous improvement.

Key Actions:

1. Submit Plan for Child Welfare Panel that outlines CQI system
2. Create Quality Review Process mirrored on CFSR review for DYFS
3. Formulate systematic approach to use findings and take improvement action
4. Outline standard process steps taken to evaluate new processes
5. Build coordination framework to track division-wide improvement activities

I

Technical Assistance Required:

- Technical assistance on models of CQI (QSR and/or CFSR) found effective in other child welfare systems.

Systemic Factor: Training

Item 32: The State is 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.

Factors contributing to non-conformity:

- Training is insufficient to address the goals and objectives contained in the CFSP and the services provided under titles IV-B and IV-E.
- Training was not sufficient to link caseworker skills and competencies to key outcome measures**.**
- There is no set curriculum for the transfer of learning activities.
- Workers receive caseloads before they have completed all the necessary training
- First 20 day training is focused on intake process and does not prepare caseworkers to do their jobs
- Limited time for workers to "process" training and work with supervisors to develop competencies
- Training-related needs identified:
    - Mentoring
    - More hands-on training up front
    - More training in paperwork
    - More training in assessment and cultural diversity
    - Locally related information
    - Differentiating safety and risk
    - New supervisor training
    - Monitoring safety in foster care
    - Focus on transfer of learning
    - Helping youth make the transition to independent living

Goal:

- **Within six months of the beginning of an Area phase-in, 50% of the workers in targeted roles (Child Protection Worker, Resource Family (RF) Trainers, RF support workers, and RF recruiters) will have completed training in their job functions within the newly revised structure.**

- **Fifty percent (50%) of staff assuming the role of immediate supervisor of casework staff will have completed supervisor training within 6 months of assuming the position.**

Improvement Plan:

We will establish the New Jersey Child Welfare Training Academy (NJCWTA), within the Office of Children's Services, to retrain current staff, and to transform our pre-service and in-service training for our workforce and our partners**.** We will create and fill a new position in the Office of Children's Services: the Assistant Commissioner for Training, who will oversee the development of the training academy and other workforce development initiatives. The NJCWTA will be responsible for developing the full range of training curricula, both pre-service and in-service, for all staff positions. The NJCWTA will focus on developing:

- skills-based curricula for new and ongoing caseworkers, supervisors, and management that addresses areas of substantive information but largely focuses on learning and practicing skills;
- classroom training supported by integrated on-the-job training components;
- minimum training hours and requirements for pre-service and in-service training for all staff positions and resource families;
- a system to permit, at a minimum, annual assessments of the curricula to incorporate any needed changes;
- sophisticated evaluation methods to measure and test skill acquisition and transfer of learning to DYFS staff, resource families, and other individuals receiving training;
- infrastructure to support the capacity to provide effective training, evaluation and outcome measurement of the training program; and
- skill assessment tools for each level of DYFS staff to be used for pre-service and annual skill assessments. These skill assessments will inform individualized annual training plans for each staff member.

We will hire specialists in the transfer of learning to help implement the training program needed for this plan and to serve as the core for the NJCWTA. These expert trainers will begin to assess and train existing DYFS trainers, and recruit more training staff selected for their ability to model and teach core competencies to build the foundation necessary for internal training capacity and the newly created County Trainer positions. We will draw on the expertise of leading national consultants in child welfare training to develop the soundest curricula and plan for their effective delivery. We will hire new internal trainers to build our capacity to work to meet the organization's training needs. We will supplement our in-house training staff with highly qualified contracted trainers.

All new case carrying staff will receive a minimum of six weeks of training, including three weeks in the classroom and three weeks on the job. We will develop and implement a program of competency testing at the end of pre-service training, with continued employment contingent on demonstration of satisfactory knowledge and skills

We will develop a range of new culturally competent curricula for various positions that reflects the skills required for each position. We will conduct a skills assessment program to determine our workforce's current abilities. The results of this assessment and its recommendations will be woven into the training curricula and practice model.

We will undertake a system-wide assessment of cultural competency – that examines points of contact with families and communities, and determines whether we are knowledgeable about, and respectful of, the many different cultures and histories of our families and communities. The results of this assessment and ensuing recommendations will be woven into the training curricula and practice model.

Given the size of our system, the training program will be a massive undertaking. We will prioritize by developing training curricula and skill development strategies in two areas of the new practice model: 1) ensuring child safety, and 2) engaging families and communities. This will involve training staff as quickly as possible, state-wide, on Structured Decision Making (SDM), Family Team Meetings, and protective service investigation skills.

Prioritizing the delivery of training will reflect consideration of whether staff are new to the agency or new to the role, of the phase-in schedule, and of the results of training needs assessments and/or competency testing as they are developed. Overall, training will be provided as areas and local offices are phased-in.

The SDM training will help workers understand, evaluate and incorporate child safety, risk and well-being factors throughout the life of a case. It will be emphasized that SDM is only a set of tools, and that it neither substitutes for good social work practice nor formulaically determines all decisions about children and their families.

We will implement Family Team Meetings training, beginning with a group of highly skilled staff to lead and model the use of Family Team Meetings with placement cases. This roll out will coincide with that of the three stages of the phase-in of the new DYFS structure. A more detailed implementation plan regarding Family Team Meetings will be developed in partnership with a consultant, and is subject to the review and approval of the Child Welfare Panel.

In addition to helping to train our staff, NJCWTA will have responsibility for providing or arranging for training resource families and staff at contract agencies that provide services to our children and families.

We will work with contracted agencies to develop a joint-training plan that ensures staffs at contracted agencies receive at least the same quality, amount and type of training provided to DYFS staff. This plan may involve contracted agency staff attending DYFS training.

Key Actions

1. Establish New Jersey Child Welfare Training Academy
2. Hire transfer of learning specialists
3. Conduct needs analysis and establish training priorities
4. Conduct cultural competency assessment
5. Develop curricula to address priorities and needs
6. Develop competency testing/assessment
7. Develop training evaluation component
8. Roll-out curricula reflecting new practice roles
9. Institute new training pre-service curriculum for resource families
10. Institute new casework supervisor training curriculum for new casework supervisors
11. Track training

Technical Assistance Required:

- Consultation on proven training curriculums for staff, supervisors and management with regards to case practice. Also, training for managers and supervisors on the use of data to achieve desired outcomes for children and families.

Systemic Factor: Training

Item 33: The State provides 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

Factors contributing to non-conformity:

- There is no ongoing training program to reinforce and enhance worker skills once the core courses are completed
- Training opportunities for caseworkers are limited to new policies, MSW tuition assistance and specialized training for adoption and Residential Treatment Center workers
- There are no mandated ongoing training hours for DYFS staff or supervisors after the first year of training

Goal:

- **Management training opportunities will be designed and offered to increasing numbers of management staff.**

- **We will implement expectations and resources to drive increased staff completion of continuing education requirements.**

Improvement Plan:

As noted in Item 32, we will establish the NJ Child Welfare Training Academy. Many of the actions in Item 32 are also applicable to Item 33. For example, existing staff will receive training as they enter 'new' job roles and functions within the Office of Children's Services agencies, as they did when Structured Decision Making was introduced.

We will work with higher education institutions and community colleges to evaluate and redesign tuition reimbursement and incentive programs for educational and skill-building opportunities for all levels of staff. These opportunities will include:

- MSW for supervisory staff
- MSW and BSW for casework staff
- Master's Degree in social work, administration, public policy for management staff
- Certificate programs for casework staff in relevant topics, such as advocacy, adoption, adolescent transitions, family preservation, investigations, etc.

We will revise and expand internship programs with higher education institutions in New Jersey that offer BSW and MSW programs, to offer eligible social work students both work experience and a stipend through the use of Title IV-E funding. We will work with union representatives, DOP and staff to create and distribute to all DYFS staff a career development handbook to explain all educational programs, skill-building programs, and promotional opportunities and procedures.

DYFS Adoption specialists and Community Providers will be able to obtain a certificate in adoption practice from Rutgers University or the Training Academy. The skills gained will help serve families who are adopting children from the foster care system who are older and /or who have emotional and behavioral health needs.

We will develop a program of ongoing skill-building and career development for our staff. We will change the supervisory model, so supervisors will be mentors and coaches, identifying and helping to address supervisees' skill and knowledge gaps. At every level of the system, from top to front line, supervisors will be responsible for helping their supervisees to identify and fill the gaps in their skills and knowledge. Our new, lower supervisory ratios will facilitate this.

Minimum training hours and requirements for pre-service and in-service training for all staff positions and resource families will be established as will sophisticated evaluation methods to measure and test skill acquisition and transfer of learning to DYFS staff, resource families, and other individuals receiving training.

We will implement a program of ongoing, competency-based evaluation for management and staff at all levels of the agency. Skill assessment tools will be used for each level of DYFS staff for annual skill assessments. These skill assessments will inform individualized annual training plans for each staff member.

Key Actions:

1. Establish New Jersey Child Welfare Training Academy
2. Set policy establishing minimum ongoing training requirements
3. Develop and implement management training
4. Track training
5. Improve supervision through ratio reduction
6. Expand BSW and MSW opportunities

Technical Assistance Required:

- Technical assistance on maximizing IV-E funding to support educational programs for staff. We are particularly interested in training that increases the skills of our staff in working in a multi-cultural environment, and hiring and retaining bilingual staff.

Systemic Factor: Service Array

Item 35: The State has in place an array of services that assess the strengths and needs of children and families and determine other service needs, address the needs of families in addition to individual children in order to create a safe home environment, enable children to remain safely with their parents when reasonable, and help children in foster and adoptive placements achieve permanency.

Factors contributing to non-conformity:

- The service array is not sufficient to address needs in terms of the quantity and, in some instance, quality of the services offered
- The lack of comprehensive assessments to determine the effectiveness of the services offered and ensure the safety of children
- Caseloads are too large to allow workers to conduct a full assessment to identify and link families to the services that are available
- The quality of parenting education services is a concern as the effectiveness of this service in changing behaviors has never been assessed
- Key service gaps:
    - Affordable housing
    - Substance abuse treatment
    - Vocational training, transportation, and funding for housing
    - Graduated reunification
    - Mental health assessment and treatment services, including psychiatric services for children
    - Foster homes for babies, medically fragile children, and children with behavior problems, including therapeutic foster homes
    - Transportation to access other services
    - Independent living services for adolescents
    - Visitation services
    - Services for children entering foster care through the juvenile justice system
    - Culturally appropriate services in the language of the clients

Goal:

- **Increase the proportion of cases where there is an adequate array of services and supports in response to the identified needs of the children and families, from 32% to 33.5% as an interim target and to 35% as a goal.**

- **Increase the amount and variety of services and/or supports offered to children and families.**

Improvement Plan:

Key drivers in the development of appropriate services include good assessment, planning, and tracking the services required as well as the unmet need. Our use of SDM and its "Client Strengths and Needs Assessment" module will help workers identify service needs. We will use our case plan record to collect information on services required, and on unmet needs, that will inform local planners and decision-makers about service gaps and developing trends in service needs.

Developing an appropriate array of services requires that we not only identify service needs but that we attend to the concrete as well as the intangible requirements of our service population. Aspects of service, such as hours of operation, time of delivery, manner of delivery, language of delivery, should be consistent with, and respectful of the culture and life needs of the individuals and families receiving them. To this end, as areas are phased in we will work with the local community – through our planning councils and community collaboratives - to map service assets and resources as well as to identify distinct local sensitivities. Additionally, we will review, and revise as necessary, the language of our contracts to ensure that we require that providers to remain responsive to the changing needs of their service population, and to ensure that we can take action as needed to enforce such contractual provisions. As discussed earlier, we will provide additional resources in the core service areas of housing, domestic violence, substance abuse, mental health, and physical health, and we will make flexible funding available, which will permit the acquisition of services that are unconventional and/or not currently available from a contracted provider but determined integral to implementing the case plan. In addition, other planned enhancements include:

- Since many DYFS clients are also served by the Division of Addiction Services, DAS is now under the umbrella of DHS—yielding greater efficiency and improved coordination of substance abuse services.

- DYFS, DFD, and the substance abuse community have agreed to use the same assessment tools to determine the best substance abuse treatment options for families. Guidelines regarding level of care will use American Society of Addiction Medicine (ASAM) criteria.

- We will increase the available substance abuse treatment slots, including outpatient, intensive outpatient, long term residential bed, residentially assisted partial care, and methadone maintenance. In addition, we will develop an additional 150 treatment slots for adolescents.

- The allocation and effectiveness of substance abuse resources will be reviewed on an annual basis to permit adjustment so that expansion improves access and targets resources to the areas of highest need.

- Additional certified substance abuse specialists will be contracted to work in each DYFS office to perform substance abuse assessments, treatments referrals, case consultation and training.

- We will integrate adolescent Mental Health services into a Substance Abuse program using the federal (SAMHSA) model that is anticipated to create up to 250 slots over two years of the PIP reporting, including new treatment slots for substance abusing teenage mothers with young children who want to keep their children during treatment.

- Care Management Organization's (CMOs) which provide the most intensive level of community case management for children/youth with behavioral health needs, will be expanded to four new communities as part of a planned statewide phase-in. With a new blended caseload standard, this most intensive level of care management will serve about 4,000 families when the statewide roll-out is completed.

- A Family Support Organization (FSO) will be developed in tandem with each CMO to provide the family-to family support from the perspective of "someone who's been there." FSOs support families with the most complex needs and multi-system involvement, through the process of gaining rapid and appropriate services for their children. FSOs are grass roots, consumer led organizations that support families involved with CMOs, using a peer support model.

- We will develop additional treatment homes to accommodate the needs of children stepping down from congregate care settings. This means that children who still need behavioral health care services can receive them in a family and community setting, freeing up the more intensive and restrictive services for those children who cannot yet be safely discharged.

- We will provide funding for increased Mobile Response and Stabilization services to children and families experiencing behavioral/emotional crises, in Mercer, Middlesex, and Passaic Counties, and eventually statewide.

- DFD will prioritize mutual DYFS parents who are receiving TANF or General Assistance (GA) benefits and also have a serious mental illness for the DFD Mental Health Initiative. This program provides linkages to mental health services including outpatient treatment, partial care, intensive case management and medication monitoring. It presently serves about 300 individuals per month in the seven counties of highest need and will expand within those counties to serve up to an additional 150 individuals.

- The number of Youth Case Managers who coordinate behavioral healthcare for youth in the community will be increased. Youth Case management services historically have been provided to children leaving inpatient psychiatric hospital care. The scope and

target population will be expanded to children with a moderate level of behavioral health need, for youth in detention, shelters, and involved with family courts.

- Children and families involved with DYFS will benefit from the continued use of the successful "Peace: A Learned Solution (PALS)" project, to help children heal from the effects of domestic violence. We will replicate this successful model in at least three additional counties during the PIP period.

- We will use DCA Homeless Prevention funds and federal tenant based rental assistance funds to provide housing assistance to approximately 400 women transitioning from domestic violence shelters to safer and more stable living arrangements, long-term and short-term. The federal Housing and Urban Development (HUD) Section 8 Housing Choice vouchers will be prioritized for this population.

- An interdepartmental team will be formed to coordinate housing service activities with DCA, OCS, HMFA, and DHS. DCA will assist with respect to three programs:
  - Up to $2 million in a federal subsidy program for permanent rental housing funding available in the first year, and up to $800,000 annually for the next four years. These monies will create affordable rental housing units.
  - $1.5 million available over 5 years in Neighborhood Preservation funds. These funds will be used to rehabilitate neighborhoods that include resource family homes. Program operating guidelines and protocols will be jointly developed between DCA and DYFS.
  - $1 million available annually to rehabilitate homes for resource families to ensure safety and accessibility for licensure.

- The Home Ownership Permanency Program (HOPP) operated by HMFA will be expanded to provide more than $5 million in loans to assist 250 resource families, who are in the final stages of adopting a child or becoming the child's legal guardian, to purchase homes.

- A Request for Proposals will be issued to select community and faith-based organizations in order to recruit, hire, and supervise up to 500 adult mentors statewide. The mentors will be paired with youth ages 13+ that are in out-of-home placement.

- Wraparound funding will be issued to prevent youth from becoming homeless or destitute. The funds may be used for food, clothing, housing, and other essential daily living needs.

- Life skills training will be expanded for youth in out-of-home placement. We will evaluate the current life skills contracts, including unit costs, and develop a plan to ensure all youth in out-of-home placement receive life skills training with refresher courses as needed. The Ansell Casey assessment tool will be used to evaluate the competencies attained by participants.

- We will purchase up to 25 slots in the Youth Corp Program.

- Higher education and vocational training scholarship applications will be issued to all youth in DYFS out-of-home placement, including homeless youth programs, schools and community-based agencies to increase the number of youth who enroll in post-secondary education.

- We will provide expanded aftercare services to ensure that youth have continuous support as they reach critical milestones in their development and/or require additional resources to achieve their personal goals. The programs will provide case management and other services to youth transitioning to adulthood.

- We will provide funding for youth who are 18-21, are living on their own without families, (may or may not be DYFS clients), and who need help and support for food, housing, and other daily living needs, to prevent the youth from being homeless.

- A Request for Proposal will be issued to create 30-40 new transitional living beds for approximately 55 youth who have aged out of the foster care system but for whom permanency with a family is not an option.

- We will provide flexible funding to families to keep children safe within their own families. These funds may be used to purchase concrete items and services such as food, clothing and housing assistance, utility bill payment, etc.

- School Based Youth Services Program, an independently evaluated and successful program designed to address adolescents' physical and mental health needs, reduce teen pregnancy, and promote healthy adjustment, will be expanded to high schools and middle schools with Abbott Districts having priority.

- A Home Visitation Program for TANF mothers of children from birth to 12 months will be piloted in Camden County. The Healthy Families America (HFA) home visiting program model for new mothers and families with young children sends a family support worker from the local community to provide peer support, and education and skills training on parenting, nutrition, wellness and child development.

- Additional day care slots will be purchased to support birth parents that have identified safety issues, and resource families who are caring for children placed.

- As identified in the Child Welfare Reform Plan, our vision is to partner with our communities to build the comprehensive array of services to satisfy each community's needs. We will work in partnership with local communities, provider agencies, child advocates, and community- and faith-based organizations and leaders to complete community-based asset mapping to identify services resources, needs and gaps. We want to help build local community capacity to provide services which meet the needs and gaps identified during the assessment mapping, by strengthening existing assets, making existing funding streams more flexible, and identifying new funding. We must increase the availability of services within the community and develop our capacity to support families in accessing community resources. We will work on this partnership as we move forward with the implementation of the CWRP and its phase-in schedule. The lead in this area will be the newly formed Division of Prevention and Community Partnerships.

- Providing transportation and programming for children in District Offices. Each of the four DYFS regional offices received funding to contract with child care providers and after-school programs so children would not have to spend time in District Offices while awaiting placement. DYFS also created 38 case aide positions and redeployed other staff to transport the children to child care, school and after-school programs.

- To reduce the incidence of boarder babies, two caseworkers – a boarder baby coordinator and a family team conferencing facilitator – were redeployed to work exclusively on this problem in Newark, where it is the most prevalent. This will allow the placement process to be expedited and allow babies to go home with relatives sooner. The funding also will be used to purchase infant supplies such as cribs, car seats or whatever the families may need to bring he baby home. And, funding is being used to contract for assessments of relatives to expedite relative placements.

- We will provide funding for support services – such as counseling, respite, and tutoring- to support families post-adoption, and minimize adoption disruption.

- We will provide post-adoption child care services for foster children who are adopted through DYFS. This is a critical service, not currently provided by DYFS that will enable resource families to continue to receive child-care services post-adoption.

- We will provide funding to create the NJCARES Institute. The purpose of the Institute is two-fold. First, the Institute will develop a medical and mental health diagnostic and treatment model for dissemination throughout New Jersey. This will include developing external policy and protocol for the development of evidence-based interventions for children who have suffered

sexual abuse, physical abuse, exposure to domestic violence as well as other traumas; expanding research regarding evidence-based practices; and developing and providing a curriculum and training for the state. Second, the Institute will expand medical and mental health diagnostic and treatment services within the Southern Region.

Key Actions:

1. Develop process to implement Flexible Funding
2. Expand Substance Abuse services
3. Expand Children's Behavioral/Mental health services
4. Expand Domestic Violence Services
5. Expand Housing supports
6. Expand Health services
7. Expand Services that focus on Adolescents and Youth
8. Expand Services that focus on community development and prevention
9. Expand program and service supports
10. Partner with Planning Councils and Community Collaboratives to map existing services
11. Track and report elements of case plan to develop service needs information
12. Fund NJCARES Institute
13. Review and propose needed revisions to contract language to require provider responsiveness to culture and life needs of the service population, as well as to strengthen provisions for contract enforcement

Technical Assistance Required:

- Technical assistance in identifying the successful use of data systems to track desired case outcomes as a result of effective service delivery.

Systemic Factor: Service Array

Item 36: The services in item 35 are accessible to families and children in all political jurisdictions covered in the State's CFSP.

Factors contributing to non-conformity:

- Services that are available in some areas of the State are not available in other areas.
  - Integrated medical and psychological services- e.g. RDTC
  - Family preservation services – insufficient slots in some places, unused slots in others
  - Health services for children- lack of intensive, in-community therapeutic services and scarcity of child psychiatrists
  - Services for behavioral or mental health problems
  - Pre-adoptive and post-adoptive services
- Barriers exist to providing services, including:
  - transportation
  - waiting lists
  - no reliable centralized database to tack services and availability
  - service hours that do not permit night or weekend services
- Services with particularly long wait lists
  - Family preservation
  - Substance abuse treatment
  - Mental health services

Goal:

- **Increase the proportion of cases where there is an adequate array of services and supports in response to the identified needs of the children and families, from 32% to 33.5% as an interim target and to 35% as a goal..**

Improvement Plan:

As identified in the Child Welfare Reform Plan, we will partner with our communities to build the comprehensive array of services to satisfy each community's needs, working with local communities, provider agencies, child advocates, and community- and faith-based organizations and leaders.

Several of the plans contained in Item 35 addressed the issue of access through expansion of existing services either statewide or targeted to specific areas. Other plans, such as the hiring of case aides, are concrete offerings intended to support the ability of children/families to get to services.

At the case level through a revamped case plan format, we will we track the services required, barriers encountered, and service needs that go unmet and the reason why. Additionally, the information developed at the case level should reflect any necessary requirements of service, e.g. it is provided in a specific language or reflects particular cultural attributes. This information will enable us to make continual adjustments to our service array, based on local resources under local control.

As part of our approach to developing clear information on service accessibility, we must also develop more refined information from the provider side, in terms of service usage, effectiveness, and waiting lists. We will evaluate our contract requirements, as we move toward performance-based contracting, to mandate reporting that delivers needed information, and requirements that prompt adjustments in provider services to support identified needs.

Efforts like performance-based contracting and flexible funding are key in supporting access to services, by specifically enabling us to adjust and align our service array, and/or to provide the creative opportunity to creatively work out access issues.

As discussed in item #7, DYFS has taken efforts to increase its bilingual staff and to build a diverse staff that reflect the cultures and sensitivities of the population served.

Ultimately, it will be the partnership with our communities, informed by information developed at the case, provider, and local community level, coupled with an infusion of service funding that will best help us increase service accessibility across the state.

Key Actions:

1. Use new case plan format to track service barriers and unmet services
2. Partner with Planning Councils and Community Collaboratives to map existing services and community assets
3. Develop information from providers regarding service needs, wait list, usage, etc.

Technical Assistance Required: ***N/A*****.**

Systemic Factor: Service Array

Item 37: The services in Item 35 can be individualized to meet the unique needs of children and families served by the agency.

Factors contributing to non-conformity:

- The ability to individualize services is hindered by limited caseworker skills in assessing child and family needs and the lack of bilingual services
- Communication problems between DYFS and providers
- Individualization limited by Caseworker's
  - Ability to properly assess child and family
  - Ability to successfully link them with services
  - Lack of information about the availability of service
  - Practice of specified contracted service delivery
  - Lack of family-centered planning as a resource
- Services provided based on availability, not need
- No ongoing process in place to determine if the services are meeting the family's needs
- Services are not individualized because case plans are not individualized

Goal:

- **Increase the proportion of cases where there is an adequate array of services and supports in response to the identified needs of the children and families, from 32% to 33.5% as an interim target and to 35% as a goal. .**

Improvement Plan:

Individualizing services is tied to accurate assessment of needs, awareness of resources, and involvement of key players in the planning process. Improvement in this Item will be addressed by several case practice changes, from the use of SDM through Family Team Meetings and the development of individualized, coordinated case plans

We will use SDM and the Family Team Meeting process to accurately, thoroughly, and collaboratively develop a statement of need and a plan specifying how needs will be addressed. The plan will be based on that family's strengths and respond to individual family needs rather than just offering services that are available. Through this process, coupled with our local community focus, we will be able to better understand available resources and link individuals with services that truly respond to their needs.

We also will have a single case plan for families to help insure coordination of all agencies or providers involved with the family so that the array of services is clear – and to ensure against overlap and gaps and unreasonable scheduling. We will work with agencies and service providers to help develop service plans which reflect family input and tailoring to individual needs. We will also include service providers in family team meetings to the fullest extent possible.

We also must ensure that referrals for service are simple, easy to complete, and permit the specifications necessary to detail service to the individual needs. Accordingly, we will convene a work group to evaluate standardization of the referral format.

We will make available flexible funding to be used for whatever addresses immediate needs, from transportation for visitation to a new refrigerator to an essential plumbing repair. Together with expanded formal and informal supports provided through our contracts and community mechanisms, this funding will enable us to individualize service.

Finally, we will review work with our provider community and our contract requirements toward ensuring that they support the tailoring of services to the unique needs of the individual. They will have, as evaluation components, their success in achieving outcomes for children and families.

Key Actions:

1. Continue to refine and implement SDM
2. Implement Family Team Meeting
3. Individualized, coordinated case plans
4. Develop standard service referral format
5. Implement flexible funding
6. Review contracts to ensure they support individualized tailoring of services
7. Evaluate contracts on outcomes

Technical Assistance Required: ***N/A*****.**

Systemic Factor: Agency Responsiveness to the Community

Item 38: In implementing the provisions of the CFSP, the State engages in ongoing consultation with tribal representatives, consumers, services providers, foster care providers, the juvenile court , and other public and private children-and family-service agencies and includes the major concerns of these representatives in the goals and objectives of the CFSP.

Factors contributing to non-conformity:

- The current level of participation of stakeholders in ongoing consultation with regard to the CFSP is too limited.
- The existing consultation process does not include service consumers, especially youth and their caregivers, service providers as well as local community stakeholders, and representatives from all levels of the child welfare agency
- Local DYFS administrator and staff input into the CFSP not sought

Goal:

- **Stakeholder consultation to the CFSP will be strengthened by:**
  - **Development of a CFSP Executive Council**
  - **Representation on the CFSP/CFSR committee by planning councils and DYFS staff from area and local offices as well as by youth, birth family consumers, and resource family consumers**
  - **Conducting meetings at varying times and locations**
  - **An annual staff survey to develop information about service needs**

- **Informational handouts designed to provide an overview of the CFSP will be developed for distribution to all CFSP/CFSR joint committee representatives, as well as to DYFS area and local offices**

Improvement Plan:

The structural change proposed through New Jersey's Child Welfare Reform Plan will provide the opportunity to significantly increase the depth and range of stakeholder input into the Child and Family Services Plan. Child Welfare Planning Councils will be created in every county, and geographically-based Community Collaboratives will be rolled out. The goals of the groups will be to develop local solutions to local challenges, and to engage an ever-wider range of local people in contributing to the amelioration of the challenges. They will work in partnership with the Division of Prevention and Community Partnership to map assets, services, resources, and to engage in the analysis of community needs, developing the information about service strengths and weakness that will be used in development of the CFSP.

As each of these groups is formed, we will develop and distribute an informational handout on the CFSP, its purpose and principles, funding and programs. Along with this information, we will ask to attend a meeting and orient the group about the CFSP as a tool/resource in addressing specific child welfare needs. We will also require that each Planning Council send a representative to the CFSP/CFSR joint committee, to act as the link between local needs evaluation and the CFSP.

To broaden the input of OCS Divisions' local administrators and staff, we will circulate the informational handout above, and will specifically structure a web-based survey to a sample of workers each year to capture feedback about the types of programs in CFSP and relative needs of their clientele for services. Additionally, we will require participation on the CFSR/CFSP committee from each Area as it is phased in, to act as the link between local development efforts and the CFSP.

We will create a CFSP Executive Council, with membership including the DYFS CFSP Coordinator, DPCP, DCBHS, service providers, Birth family consumers, Resource family consumers; Adolescents; community representatives; Central Office contracting staff, and CQI staff. A lead as well as alternate will be designated for the each group, with either the lead or alternate in attendance at each meeting. All major decisions regarding the CFSP will be agreed upon by Executive Council consensus.

Meetings of the committee will be held at varying times and locations to facilitate an improved attendance rate. Executive Council members will determine this schedule, and will identify additional youth, birth, and resource families to assure representation of these stakeholder groups.

On a more immediate level, we have melded the CFSP advisory group with the CFSR Steering committee to integrate and align their pursuits, and to provide broader input into the CFSP. We will review the membership of this group and ensure that it actively includes all key stakeholder groups, including youth, families, and caregivers. We will expand inclusion as noted above in this response, and will track the levels of participation for various groups and areas. Lack of representation will be referred back to the appropriate planning council or area office for action.

Key Actions:

1. Restructure the CFSP/CFSR joint committee, to include formulating an Executive Council
2. Increase CFSP/CFSR committee participation through:
   - Inclusion of representatives from each area and Planning council
   - Identification by the Executive Council of viable stakeholder participants, such as youth advisory boards, resource family groups and birth family groups
   - Holding meetings at varying locations and varying times of day.

3. Develop and distribute, as a resource, an informational handout for use in orienting individuals and groups about the CFSP
4. In addition to worker participation in the CFSP/CFSR committee, conduct surveys to obtain worker input about program and service needs

Technical Assistance Required:

- Consultation on models used in other systems to achieve compliance in this area.

Systemic Factor: Agency Responsiveness to the Community

Item 39: The agency develops, in consultation with these representatives, annual reports of progress and services delivered pursuant to the CFSP

Factors contributing to non-conformity:

- There is a lack of inclusion of stakeholders in the development of annual reports of progress and services delivered
  - Stakeholders who represent DYFS
  - Other key organizations and entities in the child welfare system
- Most stakeholders not aware of or involved in the development of annual reports of progress and services delivered

Goal:

- **The CFSP/CFSR joint committee includes the active representation of planning councils, area offices and youth, resource and birth families**
- **APSR reports include information on consumer and referral source satisfaction as well as on the quality system of the provider**
- **The methods used to develop the Annual Service Reports of Progress are restructured to incorporate stakeholder involvement in production of the APSR**

Improvement Plan:

Improvement in this Item will occur in two phases. As an immediate step to increase stakeholder involvement and feedback in the evaluation and development of the ASPR, we will adjust the APSR reporting instructions to require inclusion of customer and referral source satisfaction data, as well as an explanation of, and results for, the provider's quality process.

In the longer term, through New Jersey's Child Welfare Reform Plan, Child Welfare Planning Councils will be created in every area, and geographically-based Community Collaboratives will be rolled out. In addition, CQI committees will be established in each Area. As noted in Item 38, we will restructure the CFSP/CFSR joint committee to strengthen representation of all stakeholder groups.

We will work with this reinforced CFSR/CFSP committee to restructure methods used to develop the APSR, so that stakeholders will be directly involved in the development of the APSR itself. This will include continued research of APSR activities in other states and benchmarking best practices to evaluate their potential for use in New Jersey to enhance stakeholder involvement in the development of the ASPR.

Key Actions:

1. Immediately, amend ASPR reporting instructions to require reporting on quality systems and feedback information from customers and referral sources.
2. Increase participation in CFSP/CFSR joint committee per Item 38, Action Step 2.
3. Research APSR activities in other states and benchmark best practices to for potential replication in New Jersey.
4. The CFSP/CFSR joint committee will restructure ASPR development methods, based on best practice information, to increase the inclusion of stakeholders in the process.

Technical Assistance Required:

- Technical assistance on other successful models that could be replicated in New Jersey. Discussion on efficacy of methods found through research.

Systemic Factor: Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 42: The standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-E or IV-B funds.

Factors contributing to non-conformity:

- The standards are not consistently applied to all foster homes or institutions
- Waivers are frequently requested for relative foster homes
- Relative care providers are not required to complete the training that is mandatory for foster parents.

Goal:

- **Adopt Uniform Licensing standards for adoptive, foster, and kinship homes by June 2005.**
- **A new pre-service curriculum is in use for new resource families by July 2005.**

Improvement Plan:

We will move to license what were previously known as relative care homes, along with foster homes and adoptive homes under a single Family Resource home category. Thus, relatives will have to comply with the pre-service and in-service training requirements set forth for resource families.

Licensing regulations will be modified to accommodate these changes. The waiver request process will be streamlined to enable quicker turn around on decisions, and be consistent with the aim of licensing all homes within 90 days. Finally, we will increase the number of licensing staff to secure improved timeliness.

Key Actions:

1. Develop and implement protocol to transition relative providers to full license status
2. Modify standards for licensing, unifying adoptive, kinship, and foster homes
3. Streamline waiver request process
4. Hire more licensing staff

Technical Assistance Required:

- Consultation on IV-E claiming for licensed relative homes.

Systemic Factor: Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 44: The State has in place a process for ensuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed.

Factors contributing to non-conformity:

- Systemic barriers to recruitment exist, such as lack of agency responsiveness to public inquiries and the length of time required to obtain approval
- There does not seem to be a comprehensive State plan to meet the needs of African American, Hispanic, and Asian-American children
- The timeframe for becoming licensed as a foster parent can be as long as a year.

Goal:

- **Develop 1000 new resource families by July 2005. (This includes Foster, Adoptive, and Relative homes)**
- **We will implement procedures to decrease the time required for resource family applicants to become licensed.**

Improvement Plan:

A Director of Resource Family Recruitment, Retention, and Support will be responsible for the development and deployment of an annual state-wide resource family recruitment plan. This plan, to be developed with an opportunity for public comment, will include:

- Numerical recruitment goals and timeframes;
- Targeted recruitment in high needs neighborhoods and for special populations: adolescents, children with special needs, Spanish speaking youth, large sibling groups, "boarder babies," LBGTQ youth, and young children who may otherwise be placed in congregate settings;
- Partnership with organizations including houses of worship, existing resource family associations, labor unions and corporations
- Development of culturally competent and linguistically appropriate recruitment materials in multiple media;
- An analysis of care placement trends (by geography and child-group), gaps in capacity, and national best recruitment practice;
- Determination of data elements to be incorporated into SACWIS to support future recruitment efforts; and
- An analysis of how currently funded resource family agencies can serve as partners in recruitment, retention and support.

As we phase in the local Area Offices, each local office will have a Resource Family Recruiter dedicated exclusively to recruitment, a Resource Family Trainer to provide basic required training, and Resource Family Support Workers to provide ongoing support for a caseload of resource families.

The Resource Family Recruiter will work with specific goals based on the need of the same geographic area, which will assist with retention. This individual will be responsible to follow-up on all inquiries from interested families in their area. In addition, we will continue to contract for targeted, community-based recruitment and retention services.

The process to become a resource family will be streamlined, and will occur simultaneous with training. Resource families, birth families, and children in out-of-home care will participate in the training process. Prospective Resource Families will deal with one agency to guide them through this process, either DYFS or a contract agency. Through streamlining the entire process, we are targeting a desired application to licensing turn-around time of 90 days.

Key Actions:

1. Hire Director of Resource Family Recruitment, Retention, and Support
2. Deploy RFSW staff
3. Streamline application process
4. Develop Recruitment targets and plan for FY05 and subsequent fiscal years
5. Implement 05 Recruitment plan

Technical Assistance Required:

- Technical assistance and training through the Adopt US Kids initiative

New Jersey CFSR PIP Matrix Columns and Codes

Line #: Used as a reference point.

Outcome or Systemic Factor: CFSR Item or Data Standard.

A: Applicable to be included in the PIP as an Item to be addressed.

N/A: Not applicable for inclusion as an Item to be addressed.

Goal #: Reference number to identify each goal.

Goal/Negotiated Measure/Percent of Improvement: Statement of improvement to be achieved through implementing the PIP.

Method of Measuring Improvement: Data source to assess progress in the goal.

Action Steps: Key Actions, from the narrative, to be implemented to achieving improvement goal.

Benchmarks Toward Achieving Goal: The essential action step milestones that indicate we are making progress in implementing the Key Actions.

Cross Reference to other Action Steps/Goal: If an action step/goal is repeated (many are given our key strategies), the Action Step/goal number is listed in lieu of repeating the benchmarks. For cross-referencing, the Line number is included.

Benchmark Dates of Achievement Projected (Quarter): These reference the quarter in which we anticipate the benchmark will be achieved. The eight quarters of PIP implementation are projected as follows:

PIP Implementation Timetable

Quarter 1	October 1, 2004	to	December 31, 2004
Quarter 2	January 1, 2005	to	March 31, 2005
Quarter 3	April 1, 2005	to	June 30, 2005
Quarter 4	July 1, 2005	to	September 30, 2005
Quarter 5	October 1, 2005	to	December 31, 2005
Quarter 6	January 1, 2006	to	March 31, 2006
Quarter 7	April 1, 2006	to	June 30, 2006
Quarter 8	July 1, 2006	to	September 30, 2006

Actual Date: The actual quarter that the benchmark is achieved. This column is completed during quarterly reporting.

Goal Dates of Achievement Projected (Quarter): The quarter in which we anticipate a particular goal will be achieved, using the PIP Implementation Timetable above.

Actual: The quarter that the goal is actually achieved. This column is completed during quarterly reporting.

Responsible Party: The unit responsible for the Action Step or Benchmark. The responsible party will provide the quarterly update for its action steps and benchmarks

Responsible Party Codes:

1.	AG	Attorney General
2.	AO	Adoption Operations
3.	AOC	Administrative Office of the Courts
4.	ARG	Analysis and Research Group
5.	CICIC	Children in Court Improvement Committee
6.	CQI	Continuous Quality Improvement
7.	DAS	Division of Addiction Services
8.	DARU	Data Analysis and Reporting Unit
9.	DCA	Division of Community Affairs
10.	DCBH	Division of Child Behavioral Health Services
11.	DFD	Division of Family Development
12.	DLPS	Department of Law and Public Safety
13.	DMAHS	Division of Medical Assistance and Health Services
14.	DPCP	Division of Prevention and Community Partnership
15.	Fiscal	Fiscal at DYFS
16.	ICCF	Interagency Council for Children and Families
17.	IGA	Intergovernmental Affairs
18.	IT-DYFS	Information systems at DYFS
19.	LG	Law Guardian
20.	LIC	Licensing
21.	NJCWTA	NJ Child Welfare Training Academy
22.	O	Operations
23.	OCS	Office of Children's Services
24.	OPIA	Office of Program Integrity and Accountability
25.	P	Policy
26.	PD	Public Defender
27.	PSU	Program Support Unit
28.	T	Training

Line #	Outcome or Systemic Factors and Item(s) contributing to Non-Conformity	A	N/A	GOAL #	Goal/Negotiated Measure/Percent of Improvement	Method of Measuring Improvement	Action Steps	Benchmarks Toward Achieving Goal	Cross Reference to other Action Steps	Benchmark Dates of Achievement Projected (Quarter)	Actual Date	Goal Dates of Achievement Projected (Quarter)	Actual
1	**Outcome S1**: Children are, first and foremost, protected from abuse and neglect												
2													
3	**Item 1**:												
4	Timeliness of initiating investigations of reports of child maltreatment	**X**											
5				1a	**Increase the percentage of investigations with face-to-face contact between the investigator and the child within 24 hours of a report of abuse or neglect**	Safe Measures							
6					B = TBD based on initial data from the time period 7/1/04 through 9/30/04								
7							1.0 Establish Baseline			1			
8							1.0.1 Establish goal targets			1			
9					IT = TBD from baseline							4	
10					G = TBD from baseline							8	
11							1.1 Develop, Train, and Implement Structured Decision Making (SDM) module "Response Priority"						
12								1.1.1 Develop policy re: delineation of timeframes for response		1			
13								1.1.2 Modify SDM tools to conform to policy		1			
14								1.1.3 Training in SDM		1			
15								1.1.4 Implement Response Priority module		2			
16							1.2 Create units of Child Protection Workers in each District Office						
17								1.2.1 Train Phase 1 staff		2			
18								1.2.2 Implement prtoective services workers in Phase 1 areas		2			
19								1.2.3 Train Phase 2 Staff		4			

Line #	Outcome or Systemic Factors and Item(s) contributing to Non-Conformity	A	N/A	GOAL #	Goal/Negotiated Measure/Percent of Improvement	Method of Measuring Improvement	Action Steps	Benchmarks Toward Achieving Goal	Cross Reference to other Action Steps	Benchmark Dates of Achievement Projected (Quarter)	Actual Date	Goal Dates of Achievement Projected (Quarter)	Actual
20								1.2.4 Implement child protection workers in Phase 2 areas		4			
21								1.2.5 Train Phase 3 Staff		6			
22								1.2.6 Implement child protection workers in Phase 3 areas		6			
23							1.3 Achieve caseload standards for Child Protection Workers (CPW)						
24								1.3.1 95% or CPW in Phase 1 areas have no more than 12 new cases per month and no more than 18 open cases		2			
25								1.3.2 95% or CPW in Phase 2 areas have no more than 12 new cases per month and no more than 18 open cases		4			
26								1.3.3 95% or CPW in Phase 3 areas have no more than 12 new cases per month and no more than 18 open cases		6			
27													
28							1.4 Complete an automated system to track and transmit referrals						
29								1.4.1 Create interim IT solution for central screening		1			
30								1.4.2 Develop and implement systems reports of Central Screening activity		2			
31								1.4.3 Transition automated capacity from Interim solution to SACWIS with Phase 1 release		2			
32							1.5 Complete and implement Safe Measures reporting tool						
33								1.5.1 Deploy Safe Measures		2			
34													
35	**Item 2**												
36	Repeat Maltreatment		**X**										
37	**Recurrence of Maltreatment (Statewide data Indicator relating to item 2)**		**X**		**National Standard = 6.1% or less New Jersey performance = 5.6%**	2003 Data Profile							

Line #	Outcome or Systemic Factors and Item(s) contributing to Non-Conformity	A	N/A	GOAL #	Goal/Negotiated Measure/Percent of Improvement	Method of Measuring Improvement	Action Steps	Benchmarks Toward Achieving Goal	Cross Reference to other Action Steps	Benchmark Dates of Achievement Projected (Quarter)	Actual Date	Goal Dates of Achievement Projected (Quarter)	Actual
38	**Incidence of Child Abuse and/or Neglect in Foster Cares (Statewide Data indicator related to item 2)**	**X**		2a	**Reduce the Incidence of Child Abuse and/or Neglect in Foster Care, as measured by the National Standard, from .70% to .57%**	NCANDS Data Profile DYFS Report		Cross Reference to Goal 4b	4b (line 70)				
39													
40	**Item 3**												
41	Services to protect children and prevent removal	**X**											
42													
43				3a	**Increase conformance in this Item, from 44% to 49%**	QR							
44					Baseline = 44% (CFSR review)								
45					IT = 47%							4	
46					G = 49%							8	
47							3.1 Establish Division of Prevention and Community Partnership (DPCP)						
48								3.1.1 Hire Assistant Commissioner for DPCP		1			
49							3.2 Develop, Train, and Implement Structured Decision Making (SDM) module "Safety Assessment"						
50								3.2.1 Develop policy re: safety assessment requirement		1			
51								3.2.2 Integrate SDM into new worker training		1			
52								3.2.3 Implement Safety Assessment module		1			
53							3.3 Implement One Family, One Worker Model						
54								3.3.1 Develop protocol and policy for 1F1W		5			
55								3.3.2 Develop training curriculum for 1F1W		5			
56								3.3.3 Roll-out training and 1F1W phase-in		5			

Line #	Outcome or Systemic Factors and Item(s) contributing to Non-Conformity	A	N/A	GOAL #	Goal/Negotiated Measure/Percent of Improvement	Method of Measuring Improvement	Action Steps	Benchmarks Toward Achieving Goal	Cross Reference to other Action Steps	Benchmark Dates of Achievement Projected (Quarter)	Actual Date	Goal Dates of Achievement Projected (Quarter)	Actual
57							3.4 Develop and implement flexible funding process						
58								3.4.2 Develop policy and procedure for accessing Flexible Funding		1			
59								3.4.2 Implement Flexible Funding statewide		2			
60							3.5 Increase capacity and availability of services providers in the community	Cross - Reference action steps	Item 35 (line 700)				
61													
62	**Item 4**												
63	Risk of Harm to children	**X**											
64				4a	**Increase the percentage of in-home cases where safety assessments have been completed at the specified intervals for children in home.**	Safe Measures							
65					B = TBD based on data from 7/1/04 through 9/30/04								
66							4.0 Establish Baseline			1			
67							4.0.1 Establish goal targets			1			
68					IT = TBD from Baseline							4	
69					G = TBD Baseline							8	
70				4b	**Reduce the Incidence of Child Abuse and/or Neglect in Foster Care, as measured by the National Standard, from 0.70% to 0.57%.**								
71					National Standard = .57% or less								
72					Baseline = 0.70% (2003 Data Profile)								
73					IT = .66%							4	
74					Goal = .57%							8	
75													

Line #	Outcome or Systemic Factors and Item(s) contributing to Non-Conformity	A	N/A	GOAL #	Goal/Negotiated Measure/Percent of Improvement	Method of Measuring Improvement	Action Steps	Benchmarks Toward Achieving Goal	Cross Reference to other Action Steps	Benchmark Dates of Achievement Projected (Quarter)	Actual Date	Goal Dates of Achievement Projected (Quarter)	Actual
76							4.1 Develop, Train, and Implement Structured Decision Making (SDM) modules						
77								4.1.1 Response Priority - Cross Reference	1.1 (line 11)				
78								4.1.2 Safety Assessment - Cross Reference	3.2 (line 49)				
79								4.1.3 Develop policy - all modules		2			
80								4.1.4 Train - Integrate SDM with new worker training		1			
81								4.1.5 **Implement Modules:**					
82								4.1.5.1 Family Risk Assessment		2			
83								4.1.5.2 Minimum Visitation Requirements		2			
84								4.1.5.3 Caregiver Strengths and Needs Assessment		2			
85								4.1.5.4 Child Strengths and Needs Assessment		2			
86								4.1.5.5 Family Risk Reassessment for In-Home cases		2			
87								4.1.5.6 Family Reunification Assessment		2			
88							4.2 Implement New Jersey Child Welfare Training Academy (NJ CWTA)	Cross reference action steps	see Item 32 (line 632)				

Line #	Outcome or Systemic Factors and Item(s) contributing to Non-Conformity	A	N/A	GOAL #	Goal/Negotiated Measure/Percent of Improvement	Method of Measuring Improvement	Action Steps	Benchmarks Toward Achieving Goal	Cross Reference to other Action Steps	Benchmark Dates of Achievement Projected (Quarter)	Actual Date	Goal Dates of Achievement Projected (Quarter)	Actual
89							4.3 Achieve caseload standards						
90								4.3.1 CPW - cross reference	1.3 (line 23)				
91								4.3.2 Permanency Worker -Cross Reference Introduction Section, Figure 2	Introduction Section Figure 2 (see table left)				
92								4.3.2.1 Cross Reference Introduction Section Figure 2 Action Steps	ASQ2-1	2			
93								4.3.2.2 Cross Reference Introduction Figure 2 Action Steps	ASQ2-2	2			
94								4.3.2.3 Cross Reference Introduction Figure 2 Action Steps	ASQ2-3	2			
95								4.3.2.4 Cross Reference Introduction Figure 2 Action Steps	ASQ3-1	3			
96								4.3.2.5 Cross Reference Introduction Figure 2 Action Steps	ASQ3-2	3			
97								4.3.2.6 Cross Reference Introduction Figure 2 Action Steps	ASQ3-3	3			
98								4.3.2.7 Cross Reference Introduction Figure 2 Action Steps	ASQ4-1	4			
99								4.3.2.8 Cross Reference Introduction Figure 2 Action Steps	ASQ4-2	4			
100								4.3.2.9 Cross Reference Introduction Figure 2 Action Steps	ASQ4-3	4			
101								4.2.3.10 Cross Reference Introduction Figure 2 Action Steps	ASQ5-1	5			
102								4.3.2.11 Cross Reference Introduction Figure 2 Action Steps	ASQ5-2	5			
103								4.3.2.12 Cross Reference Introduction Figure 2 Action Steps	ASQ5-3	5			
104								4.3.2.13 Cross Reference Introduction Figure 2 Action Steps	ASQ6-1	6			
105								4.3.2.14 Cross Reference Introduction Figure 2 Action Steps	ASQ6-2	6			
106								4.3.2.15 Cross Reference Introduction Figure 2 Action Steps	ASQ6-3	6			

Phase-in Areas by County and Permanency Worker Caseload

Phase I Areas: Essex, Camden, Mercer, and Passaic
Phase II Areas: Cumberland, Gloucester, Hudson, Middlessex, Monmouth, Ocean, and Salem
Phase III Areas: Atlantic, Bergen, Burlington, Cape May, Hunterdon, Morris, Somerset, Sussex, Union, and Warren

Date	Phase I areas	Phase II areas	Phase III areas
March 31, 2005 ** Q2*	90% of workers have 20 or fewer cases NOTE**the principles of the agreement w/CWA indicate that case practice changes will be implemented when 80% of the workers have caseloads of 17 or fewer families) ***ASQ2-1*	Average caseload no greater than 19 AND 80% of workers have 30 or fewer cases *ASQ2-2*	Average caseload no greater than 22 AND 80% of workers have 30 or fewer cases *ASQ2-3*
June 30, 2005 *Q3*	Meet and maintain standard that: 90% of workers will have 15 or fewer cases *ASQ3-1*	90% of workers have 17 or fewer cases *ASQ3-2*	Average caseload no greater than 15 AND 80% of workers have 25 or fewer cases *ASQ3-3*
September 30, 2005 *Q4*	*ASQ4-1*	Meet and maintain standard that: 90% of workers will have 15 or fewer cases *ASQ4-2*	90% of workers have 20 or fewer cases *ASQ4-3*
December 31, 2005 *Q5*	*ASQ5-1*	*ASQ5-2*	90% of workers have 17 or fewer cases *ASQ5-3*
March 31, 2006 *Q6*	*ASQ6-1*	*ASQ6-2*	Meet and maintain standard that: 90% of workers will have 15 or fewer cases *ASQ6-3*

Figure 2 *Q = PIP reporting Quarter **ASQ2-1= e.g. Action Step Quarter 2, phase 1

Line #	Outcome or Systemic Factors and Item(s) contributing to Non-Conformity	A	N/A	GOAL #	Goal/Negotiated Measure/Percent of Improvement	Method of Measuring Improvement	Action Steps		Benchmarks Toward Achieving Goal		Cross Reference to other Action Steps	Benchmark Dates of Achievement Projected (Quarter)	Actual Date	Goal Dates of Achievement Projected (Quarter)	Actual
107									4.3.3	Supervisors - implement 1:5 ratio					
108									4.3.3.1	Implement supervisor ratio in Phase 1 area		2			
109									4.3.3.2	Implement supervisor ration in Phase 2 area		4			
110									4.3.3.3	Implement supervisor ratio in Phase 3 area		6			
111							4.4	Implement One Family, One Worker Model		Cross Reference action steps	3.3 (line 53)				
112							4.5	Implement Family Team Meeting practice							
113									4.5.1	Develop FTM implementation plan		2			
114									4.5.2	Develop FTM Policy and procedures		2			
115									4.5.3	Train facilitators		2			
116									4.5.4	Implement FTM in Phase in area 1		2			
117									4.5.5	Implement FTM in Phase in area 2		5			
118									4.5.6	Implement FTM in Phase in area 3		7			
119							4.6	Move IAIU to OCS							
120									4.6.1	Implement move		3			
121							4.7	Increase IAIU staff							
122									4.7.1	Hire Staff		2			
123							4.8	Develop and implement comprehensive forensic investigative standards							
124									4.8.1	Develop comprehensive investigative standards for in-M47home and out-of-home investigations		2			

Line #	Outcome or Systemic Factors and Item(s) contributing to Non-Conformity	A	N/A	GOAL #	Goal/Negotiated Measure/Percent of Improvement	Method of Measuring Improvement	Action Steps		Benchmarks Toward Achieving Goal		Cross Reference to other Action Steps	Benchmark Dates of Achievement Projected (Quarter)	Actual Date	Goal Dates of Achievement Projected (Quarter)	Actual
125									4.8.2	Establish standards for Substantiating or Unfounding report		1			
126									4.8.3	Eliminate Unsubstantiated finding		1			
127									4.8.4	Issue and implement new policy		2			
128									4.8.5	Train investigative staff and supervisors		2			
129							4.9	Develop and implement Flexible Funding process		Cross Reference Actions Steps	3.4 (line 57)				
130							4.1	Increase capacity and availability of services provided in the community		Cross Reference Action Steps	Item 35 (line 700)				
131															
132	**Item 5**														
133	Foster Care Re-entries		**X**												
134	**Foster Care Re-entries (Statewide foster care re-entries Data indicator)**		**X**		**National Standard = 8.6% or less Baseline = 8.0% FY02**	2003 Data Profile									
135															
136	**Item 6**														
137	Stability of foster care placements	**X**													
138	**Stability of Foster Care Placement (Statewide Data Indicator relating to Item 6)**			6a	**Increase Stability in Foster Care, as measured by the National Standard, from 83.1% to 85.0%**	AFCARS Data Profile - DYFS Report									
139					National Standard = 86.7% or more										
140					B = 83.1% (2003 Data Profile)										
141					IT = 83.8%									4	
142					G = 85.0%									8	
143							6.1	Implement Resource Family (RF) Recruitment Plan							
144									6.1.1	Hire Director of RF Services		1			
145									6.1.2	Develop RF Recruitment Plan		1			
146									6.1.3	Implement plan for FY05		3			
147									6.1.4	Update Recruitment plan annually		4			

Line #	Outcome or Systemic Factors and Item(s) contributing to Non-Conformity	A	N/A	GOAL #	Goal/Negotiated Measure/Percent of Improvement	Method of Measuring Improvement	Action Steps	Benchmarks Toward Achieving Goal	Cross Reference to other Action Steps	Benchmark Dates of Achievement Projected (Quarter)	Actual Date	Goal Dates of Achievement Projected (Quarter)	Actual
148							6.2 Implement Resource Family Units consistent with phase-in plan						
149								6.2.1 Develop plan to tranistion foster home unit functions to District Offices		3			
150								6.2.2 Change policy and procedure to reflect new roles and practices		3			
151								6.2.3 Begin deployment of RF support units per phase-in schedule		3			
152							6.3 Implement revised placement policy, training, protocols, and technical support						
153								6.3.1 Revise policies		1			
154								6.3.2 Develop common assessment tool for OCS agency children requiring placement		2			
155								6.3.3 Implement procedures		3			
156							6.4 Develop and implement placement tracking/matching tool						
157								6.4.1 Develop annual placement report detailing child characteristics		1			
158								6.4.2 Design and implement tool to collect information of child needs		2			
159								6.4.3 Expand provider tracking data to include capabilities		3			
160								6.4.4 Develop system tool to integrate both data sources		4			
161								6.4.5 Implement match tool		4			
162							6.5 Expand services and supports for resource families	Cross Reference Action Steps	Item 35 (line 700)				
163							6.6 Evaluate congregate care needs and develop needed resources which are utilized appropriately, with family based settings the preferred option						
164								6.6.1 Community planning group to conduct capacity analysis		6			

Line #	Outcome or Systemic Factors and Item(s) contributing to Non-Conformity	A	N/A	GOAL #	Goal/Negotiated Measure/Percent of Improvement	Method of Measuring Improvement	Action Steps	Benchmarks Toward Achieving Goal	Cross Reference to other Action Steps	Benchmark Dates of Achievement Projected (Quarter)	Actual Date	Goal Dates of Achievement Projected (Quarter)	Actual
165								6.6.2 Develop RFP / provider search for identified service needs		6			
166								6.6.3 Secure providers		7			
167													
168	**Item 7**												
169	Permanency goal for child	**X**											
170				7a	**Increase conformance on this Item, from 60% to 66%.**	QR							
171					B= 60% (CFSR)								
172					IT = 63%							4	
173					G = 66%							8	
174							7.1 Eliminate Voluntary Placements in child abuse/neglect cases						
175								7.1.1 Take legal/regulatory action necessary to implement change		1			
176								7.1.2 Revise policies and case procedures practices to reflect change		4			
177								7.1.3 Cease accepting voluntary placements statewide		5			
178								7.1.4 Resolve status of children in care under voluntary agreements		7			
179							7.2 Implement Concurrent Planning (CP)						
180								7.2.1 Develop policy, practice, and guides for CP		5			
181								7.2.2 Develop CP Training Curriculum		5			
182								7.2.3 Train staff		6			
183								7.2.4 Implement CP		6			
184								7.2.5 Develop management reports on CP		7			
185							7.3 Eliminate LTFC as a goal						
186								7.3.1 Take regulatory or policy action necessary to implement change		2			
187								7.3.2 Prepare revised policies and case procedures to reflect change		2			
188								7.3.3 Implement change		4			
189							7.4 Implement One Family, One Worker Model	Cross reference action steps	3.3 (line 53)				
190							7.5 Interface court and DYFS data systems						

Line #	Outcome or Systemic Factors and Item(s) contributing to Non-Conformity	A	N/A	GOAL #	Goal/Negotiated Measure/Percent of Improvement	Method of Measuring Improvement	Action Steps	Benchmarks Toward Achieving Goal	Cross Reference to other Action Steps	Benchmark Dates of Achievement Projected (Quarter)	Actual Date	Goal Dates of Achievement Projected (Quarter)	Actual
191								7.5.1 Identify data elements to be shared		4			
192								7.5.2 Develop sharing mechanism		5			
193								7.5.3 Implement Sharing		8			
194													
195	**Item 8**												
196	Reunification, guardianship, relative placement	**X**											
197	**Length of Time To Achieve Permanency Goal of Reunification (Statewide data - National Standard indicator relating to item 8)**			8a	**Reduce the length of time to achieve the permanency goal of reunification, as measured by increasing conformance to the National Standard, from 59.4% to 61.8%**	AFCARS Data Profile DYFS Report							
198					National Standard = 76.2%								
199					Baseline = 59.4% (2003 Data Profile) * Baseline to be renegotiated during Q1								
200					IT = 60.4%							4	
201					Goal = 61.8%							8	
202							8.1 Implement Concurrent Planning	Cross reference action steps	7.2 (line 179)				
203							8.2 Implement One Family, One Worker Model	Cross reference action steps	3.3 (line 53)				
204							8.3 Implement Family Team Meeting	Cross reference action steps	4.5 (line 112)				
205							8.4 Increase capacity and availability of services provided in the community to support reunification, guardianship, and relative placement	Cross reference action steps	Item 35 (line 700)				
206							8.5 Develop and implement flexible funding process	Cross reference action steps	3.4 (line 57)				
207							8.6 Equalize rates for foster care, relative care, and kinship legal guardianship						
208								8.6.1 Review and modify policy		2			
209								8.6.2 Raise relative rate to match non-relative rate		1			

Line #	Outcome or Systemic Factors and Item(s) contributing to Non-Conformity	A	N/A	GOAL #	Goal/Negotiated Measure/Percent of Improvement	Method of Measuring Improvement	Action Steps	Benchmarks Toward Achieving Goal	Cross Reference to other Action Steps	Benchmark Dates of Achievement Projected (Quarter)	Actual Date	Goal Dates of Achievement Projected (Quarter)	Actual
210								8.6.3 10% gap closure		2			
211								8.6.4 15% gap closure		4			
212							8.7 Streamline waiver resolution process for relative						
213								8.7.1 Revise waiver process		2			
214								8.7.2 Implement revised process		2			
215													
216													
217	**Item 9**												
218	Adoption	**X**											
219	**Length of Time To Achieve Permanency Goal of Adoption (statewide National Standard indicator related to item 9)**			9a	**Reduce the length of time to achieve the permanency goal of Adoption, as measured by increasing conformance to the National Standard, from 22.4% to 25.3%**	AFCARS Data Profile DYFS Report							
220					National Standard = 32% or more								
221					Baseline = 22.4% (2003 Data Profile) * Baseline to be renegotiated during Q1								
222					IT = 23.5%							4	
223					Goal = 25.3%							8	
224							9.1 Concurrent planning	Cross-reference Action steps	7.2 (line 179)				
225							9.2 Deploy Adoption Specialists to district offices						
226								9.2.1 Phase in Adoption specialists to local offices		7			
227							9.3 Enhance Child-Specific recruitment						
228								9.3.1 Identify needs and targets		2			
229								9.3.2 Implement recruitment strategies to address needs		4			
230								9.3.3 Implement child-specific recruitment		4			
231							9.4 Join ICAMA						
232								9.4.1 Join ICAMA		2			
233								9.4.2 Update policies to reflect ICAMA status		2			
234								9.4.3 Implement needed IT adjustments		3			

Line #	Outcome or Systemic Factors and Item(s) contributing to Non-Conformity	A	N/A	GOAL #	Goal/Negotiated Measure/Percent of Improvement	Method of Measuring Improvement	Action Steps	Benchmarks Toward Achieving Goal	Cross Reference to other Action Steps	Benchmark Dates of Achievement Projected (Quarter)	Actual Date	Goal Dates of Achievement Projected (Quarter)	Actual
235							9.5 Expand availability of experts for evaluations						
236								9.5.1 CICIC develops strategy		2			
237								9.5.2 ICCF approves		8			
238								9.5.3 Implement strategy		8			
239							9.6 ICCF to identify court changes to speed TPR appeals						
240								9.6.1 Develop recommendations re: appeal process once TPR granted		3			
241								9.6.2 Implement special curriculum for cross-training DAGs, Law Guardian, and parents counsel		5			
242							9.7 Implement expanded post adoptive services						
243								9.7.1 Implement expanded contracts or RFP for additional providers		3			
244							9.8 Hire additional legal personnel to handle adoption cases						
245								9.8.1 Increase number of law guardians		4			
246								9.8.2 Increase number of DAGs		4			
247								9.8.3 Increase number of PRU staff		4			
248													
249													
250	**Item 10**												
251	Other planned permanent living arrangement	**X**											
252				10a	**Decrease the number of children in placement under 12 years of age with a goal of LTFC**	SIS data							
253					B = TBD from Initial Data								
254							10.0 Establish Baseline			1			
255							10.0.1 Establish goal targets			1			
256					IT = TBD from Baseline							4	
257					G = TBD from baseline							8	

Line #	Outcome or Systemic Factors and Item(s) contributing to Non-Conformity	A	N/A	GOAL #	Goal/Negotiated Measure/Percent of Improvement	Method of Measuring Improvement	Action Steps	Benchmarks Toward Achieving Goal	Cross Reference to other Action Steps	Benchmark Dates of Achievement Projected (Quarter)	Actual Date	Goal Dates of Achievement Projected (Quarter)	Actual
258				10 b	**Increase the percentage of eligible youth in care at age 14 or older who receive life skills training, from 50% to 80% of those eligble**	Chaffee Activity Reports							
259					B = 50% of eligibles FY 04								
260					IT = 60% of eligibles							4	
261					G = 80% of eligibles							8	
262													
263							10.1 Review of all current LTFC cases for appropriateness of goal						
264								10.1 Identify all children with LTFC goal		2			
265								10.1 Worker to evaluate goal for appropriateness		2			
266							10.2 Change Policy to eliminate LTFC						
267								10.2.1 Change policy and procedure		1			
268								10.2.2 Implement policy change		1			
269							10.3 Phase in of adolescent specialists						
270								10.3.1 Change policy and procedure to reflect new role of specialists		4			
271								10.3.2 Develop adolescence training curriculum		4			
272								10.3.3 Train Staff, beginning in high need areas		5			
273								10.3.4 Deploy Adolescent specialists in accordance with phase-in plan		6			
274							10.4 Extend case open dates until age 21, as applicable						
275								10.4.1 Change regulations and policies to permit open cases until age 21		1			
276								10.4.2 Notify staff and providers and youth		2			
277							10.5 Expand services that support life skills and adult transition						
278								10.5.1 Issue Higher Education scholarship applications		2			
279								10.5.2 Develop MOU with Dept. of Labor for job counseling/career development		3			

Line #	Outcome or Systemic Factors and Item(s) contributing to Non-Conformity	A	N/A	GOAL #	Goal/Negotiated Measure/Percent of Improvement	Method of Measuring Improvement	Action Steps	Benchmarks Toward Achieving Goal	Cross Reference to other Action Steps	Benchmark Dates of Achievement Projected (Quarter)	Actual Date	Goal Dates of Achievement Projected (Quarter)	Actual
280								10.5.3 Issue RFP to create 40 new Transitional beds		2			
281								10.5.4 Develop RFP for after-care services for 18-21 year olds		4			
282								10.5.5 Use FTM process to develop life goals and action steps		7			
283													
284	**Outcome P2: The continuity of family relationships and connections is preserved for children.**												
285													
286	**Item 11**												
287	Proximity of foster care placement		**X**										
288													
289	**Item 12**												
290	Placement with siblings	**X**											
291				12 a	**We will institute resources and implement practices that support increased joint placement of siblings.**	Activity report							
297							12.1 Implement Resource Family Units consistent with phase-in plan	Cross Reference Action Steps	6.2 (line 148)				
298							12.2 Implement Resource Family recruitment plan with emphasis on homes that can accept siblings						
299								12.2.1 Cross reference actions steps	6.1 (line 143)				
300								12.2.2 Assure targeting of sibling groups		3			
301							12.3 Develop and implement placement tracking/matching tool that can prioritize sibling placements						
302								12.3.1 Cross-reference action Steps	6.4 (line 156)				
303								12.3.1.1 Ensure that provider data elements collected include sibling capacity		3			

Line #	Outcome or Systemic Factors and Item(s) contributing to Non-Conformity	A	N/A	GOAL #	Goal/Negotiated Measure/Percent of Improvement	Method of Measuring Improvement	Action Steps	Benchmarks Toward Achieving Goal	Cross Reference to other Action Steps	Benchmark Dates of Achievement Projected (Quarter)	Actual Date	Goal Dates of Achievement Projected (Quarter)	Actual
304								12.3.1.2 Ensure that child data elements collected include his/her siblings		3			
305							12.4 Develop Flexible Funding process	Cross reference action steps	3.4 (line 57)				
306							12.5 Increase board rates among resource families	Cross-Reference Action Steps	8.6 (line 207)				
307													
308	**Item 13**												
309	Visiting with parent and siblings in care	**X**											
310				13a	**Increase conformance in this Item**	QR							
311					B = 67% (CFSR)								
312					IT = 68.5%							4	
313					G = 70%							8	
314							13.1 Achieve caseload standards	Cross reference action steps	4.3 (line 89)				
315							13.2 Geographic Assignment of caseloads						
316								13.2.1 Review data on case location and demographics		4			
317								13.2.2 Implement geographic case assignment in Phase in 1 areas		2			
318								13.2.3 Implement geographic case assignment in Phase in 2 areas		4			
319								13.2.4 Implement geographic case assignment in Phase in 3 areas		6			
320							13.3 Implement Family Team Meeting	Cross reference action steps	4.5 (line 112)				
321							13.4 Individualized coordinated case planning						
322								13.4.1 Develop workgroup to revise case plan format		1			
323								13.4.2 Train casework staff and supervisors in new format, beginning in Phase 1 areaa		3			
324								13.4.3 Roll-out revised case plan format		3			

Line #	Outcome or Systemic Factors and Item(s) contributing to Non-Conformity	A	N/A	GOAL #	Goal/Negotiated Measure/Percent of Improvement	Method of Measuring Improvement	Action Steps	Benchmarks Toward Achieving Goal	Cross Reference to other Action Steps	Benchmark Dates of Achievement Projected (Quarter)	Actual Date	Goal Dates of Achievement Projected (Quarter)	Actual
325								13.4.4 Meet with existing providers to determine protocol for cooperative case plans		7			
326							13.5 Expand available visitation resources						
327								13.5.1 Develop data on visitation needs from caseloads		5			
328								13.5.2 Work with community to map assets and resources		5			
329								13.5.3 Identify service gaps		5			
330								13.5.4 Identify best practice models		5			
331								13.5.5 Issue RFPs or expand contracts to meet needs		6			
332													
333	**Item 14**												
334	Preserving Connections	**X**											
335				14a	**We will implement placement practices and tools that will promote placement of children in proximity of their own neighborhoods.**	Activity Report							
341							14.1 Implement One Family, One Worker model	Cross reference Action steps	3.3 (line 53)				
342							14.2 Develop, train, and implement SDM Modules	Cross reference action steps	4.1 (line 76)				
343							14.3 Implement Family Team Meeting Practice	Cross reference action steps	4.5 (line 112)				
344							14.4 Implement resource family recruitment plan	Cross reference action steps	6.1 (line 143)				
345							14.5 Implement revised placement procedures	Cross reference action steps	6.3 (line 152)				
346							14.6 Individualized coordinated case planning	Cross reference action steps	13.5 (line 326)				
347							14.7 Geographically focus staff	Cross reference action steps	13.2 (line 315)				
348							14.8 Equalize and increase board rates for resource families	Cross reference action steps	8.5 (line 206)				
349													
350	**Item 15**												

Line #	Outcome or Systemic Factors and Item(s) contributing to Non-Conformity	A	N/A	GOAL #	Goal/Negotiated Measure/Percent of Improvement	Method of Measuring Improvement	Action Steps	Benchmarks Toward Achieving Goal	Cross Reference to other Action Steps	Benchmark Dates of Achievement Projected (Quarter)	Actual Date	Goal Dates of Achievement Projected (Quarter)	Actual
351	Relative Placement	X											
352				15 a	**We will implement a coordinated set of practices that maximize opportunities to place children with relatives.**	Activity Report							
359							15.1 Implement revised placement process	Cross reference action steps	6.3 (line 152)				
360							15.2 Family Team Meetings	Cross reference action steps	4.5 (line 112)				
361							15.3 Deploy Resource Family units consistent with phase-in	Cross reference action steps	6.2 (line 148)				
362							15.4 Develop and implement protocol to transition relative care providers to resource parents						
363								15.4.1 Determine training needs for relative caregivers		2			
364								15.4.2 Change policy and procedures to reflect new models		2			
365								15.4.3 Notify relative caregivers		2			
366								15.4.4 Change licensing regulations		2			
367								15.4.5 Implement changes		3			
368							15.5 Equalize rates for care, relative care, and kinship legal guardianship	Cross reference action steps	8.6 (line 207)				
369							15.6 Implement revised waiver request and approval process	Cross reference action steps	8.7 (line 212)				
370													
371	**Item 16**												
372	Relationship of child in care with parents	X											
373				16 a	**We will implment measures to improve the continuity of the relationship of the child in care with parents**	Activity report							
377							16.1 Implement Family Team Meeting	Cross reference action steps	4.5 (line 112)				

Line #	Outcome or Systemic Factors and Item(s) contributing to Non-Conformity	A	N/A	GOAL #	Goal/Negotiated Measure/Percent of Improvement	Method of Measuring Improvement		Action Steps		Benchmarks Toward Achieving Goal	Cross Reference to other Action Steps	Benchmark Dates of Achievement Projected (Quarter)	Actual Date	Goal Dates of Achievement Projected (Quarter)	Actual
378							16.2	Individualized, coordinated case planning		Cross reference action steps	13.4 (line 321)				
379							16.3	Foster collaboration between birth and resource families							
380									16.3.1	Insert philosophy into RF training and worker training		2			
381							16.4	Increase Range and type of visitation services		Cross-reference action steps	13.5 (line 326)				
382	**Outcome WB1: Families have enhanced capacity to provide for their children's needs.**														
383															
384	**Item 17**														
385	Need/services of child, parents, foster parents	**X**													
386				17a	**Conformance in this Item will increase from 32% to 37%.**	QR									
387					B = 32% (CFSR)										
388					IT = 34%									4	
389					G = 37%									8	
390							17.1	Achieve new caseload standards		Cross reference action steps	4.3 (line 89)				
391							17.2	Implement One Family, One Worker Model		Cross reference action steps	3.3 (line 53)				
392							17.3	Develop, Train, and Implement SDM Modules		Cross reference action steps	1.1 (line 11)				
393							17.4	Implement Family Team Meeting		Cross reference action steps	4.5 (line 112)				
394							17.5	Individualized, coordinated case planning		Cross reference action steps	13.4 (line 321)				
395							17.6	Establish NJCWTA		Cross reference action steps	Item 32 (line 634)				
396							17.7	Implement new supervisor ratio		Cross Reference action steps	4.3.3 (line 107)				
397							17.8	Increase capacity and availability of service providers in the community		Cross reference action steps	Item 35 (line 700)				
398															
399	**Item 18**														

Line #	Outcome or Systemic Factors and Item(s) contributing to Non-Conformity	A	N/A	GOAL #	Goal/Negotiated Measure/Percent of Improvement	Method of Measuring Improvement	Action Steps	Benchmarks Toward Achieving Goal	Cross Reference to other Action Steps	Benchmark Dates of Achievement Projected (Quarter)	Actual Date	Goal Dates of Achievement Projected (Quarter)	Actual
400	Child/family involvement in case planning	X											
401				18a	**Increase the involvement of children and families in case planning.**	QR							
402					B = 20% (CFSR)								
403					IT = 21.5%							4	
404					G = 23%							8	
405							18.1 Implement One Family, One Worker model	Cross reference action steps	3.3 (line 53)				
406							18.2 Implement Family Team Meetings	Cross reference action steps	4.5 (line112)				
407							18.3 Individualized, coordinated case planning	Cross reference action steps	13.4 (line 321)				
408							18.4 Review Administrative Case Review practices to increase family involvement						
409								18.4.1 Complete ACR practice review and make recommendations for improvement		3			
410								18.4.2 Determine recommendations to be implemented		4			
411								18.4.3 Implement recommendations in phase 1		5			
412								18.4.4 Implement recommendations in phase 2		6			
413								18.4.5 Implement recommendations in phase 3		7			
414													
415	**Item 19**												
416	Worker visits with child	X											
417				19a	**Increase the percentage of children in placement who have a minimum of one monthly visit from their permanency worker.**	SAFE Measures							
418					B = TBD from data for 7/1/04 through 9/30/04								
419							19.0 Establish Baseline			1			
420							19.0.1 Establish goal targets			1			

Line #	Outcome or Systemic Factors and Item(s) contributing to Non-Conformity	A	N/A	GOAL #	Goal/Negotiated Measure/Percent of Improvement	Method of Measuring Improvement	Action Steps	Benchmarks Toward Achieving Goal	Cross Reference to other Action Steps	Benchmark Dates of Achievement Projected (Quarter)	Actual Date	Goal Dates of Achievement Projected (Quarter)	Actual
421					IT = TBD from Baseline							4	
422					G = TBD from Baseline							8	
423				19 b	**Increase the percentage of intact families who have visitation once per month**	SAFE Measures							
424					B = TBD from data for 7/1/04 through 9/30/04								
425							19.0.2 Establish Baseline			1			
426							19.0.3 Establish goal targets			1			
427					IT = TBD from Baseline							4	
428					G = TBD from Baseline							8	
429							19.1 Develop, Train, and Implement SDM Module MVR	Cross reference action steps	4.1 (line 76)				
430							19.2 Achieve new caseload standards	Cross reference action steps	4.3 (line 89)				
431							19.3 Development and implementation of SAFE Measures	Cross reference action steps	1.5 (line 32)				
432													
433	**Item 20**												
434	Worker visits with parents	**X**											
435				20 a	**For children in placement with a goal of reunification, increase the percentage of birth families who have received a minimum of one visit by the permanency worker in the last month.**	SAFE Measures							
436					B=TBD from Data for 7/1/04 through 9/30/04 (Note: Expect frequency of visits to increase as caseloads decrease.)								
437							20.0 Establish Goal Targets			1			
438					IT = TBD from Baseline							4	
439					G = TBD from Baseline							8	

Line #	Outcome or Systemic Factors and Item(s) contributing to Non-Conformity	A	N/A	GOAL #	Goal/Negotiated Measure/Percent of Improvement	Method of Measuring Improvement	Action Steps	Benchmarks Toward Achieving Goal	Cross Reference to other Action Steps	Benchmark Dates of Achievement Projected (Quarter)	Actual Date	Goal Dates of Achievement Projected (Quarter)	Actual
440				20b	**Increase the percentage of intact famililes who have visitation once per month**	SAFE Measures		Cross Reference Goal	19b (line 423)				
441							20.1 Develop, Train, and Implement SDM Module MVR	Cross reference action steps	4.1 (line 76)				
442							20.2 Achieve new caseload standards	Cross reference action steps	4.3 (line 89)				
443							20.3 Implementation of SAFE Measures	Cross reference action steps	1.5 (line 32)				
444	Outcome WB2: Children receive appropriate services to meet their educational needs.												
445													
446	**Item 21**												
447	Educational needs of child	**X**											
448				21a	**We will lead collaborative efforts with educational stakeholders to strengthen the focus on educational needs of children receiving services.**	Activity Report							
452							21.1 Hire Special Assistant with Educational focus			1			
453							21.2 Develop and offer information in educational requirements and issues to staff and resource parents			5			
454								21.2.1 Develop simple language handout on educational basics and resources		4			
455								21.2.2 Distribute to workers and resource families		5			
456							21.3 Work with educational organization reps and advocates at the state and local levels to improve information sharing, and identify and highlight effective practices			5			

Line #	Outcome or Systemic Factors and Item(s) contributing to Non-Conformity	A	N/A	GOAL #	Goal/Negotiated Measure/Percent of Improvement	Method of Measuring Improvement	Action Steps	Benchmarks Toward Achieving Goal	Cross Reference to other Action Steps	Benchmark Dates of Achievement Projected (Quarter)	Actual Date	Goal Dates of Achievement Projected (Quarter)	Actual
457								21.3.1 Begin meeting with groups such as County Superintendents; NJ School Counselors, etc.		1			
458								21.3.2 Publish articles, provide presentations, share information to highlight effective practices		4			
459							21.4 Issue Higher Education Scholarship Applications to youth in placement	Cross reference action steps	10.5.1 (line 278)				
460							21.5 Incorporate educational needs into the case plan and assessment process						
461								21.5.1 Incorporate educational needs section into revision of case plan format		4			
462	Outcome WB3: Children receive adequate services to meet their physical and mental health needs.												
463													
464	**Item 22**												
465	Physical Health of the Child	**X**											
466				22a	**Increase the percentage of children in placement who have a full CHEC exam**	SIS/ Medicaid data match							
467					B = 0								
468							22.0 Establish Baseline			1			
469							22.0.1 Establish goal targets			1			
470					IT = TBD from baseline							4	
471					G = TBD from baseline							8	
472				22b	**Increase the percentage of children in placement who have an EPSDT screen.**	SIS/Medicaid data match							
473					B = 0								
474							22.0.2 Establish Baseline						
475							22.0.3 Establish Goal Targets						
476					IT = TBD from baseline								
477					G = TBD from baseline								

Line #	Outcome or Systemic Factors and Item(s) contributing to Non-Conformity	A	N/A	GOAL #	Goal/Negotiated Measure/Percent of Improvement	Method of Measuring Improvement	Action Steps	Benchmarks Toward Achieving Goal	Cross Reference to other Action Steps	Benchmark Dates of Achievement Projected (Quarter)	Actual Date	Goal Dates of Achievement Projected (Quarter)	Actual
478				22c	**We will implement proceudres to maximize HMO enrollment**								
479					B = 40% of targeted eligibles								
482							22.1 Hire Medical Director			1			
483							22.2 Medical Director and Team establish policy and plan to improve responsiveness to needs of children served						
484								22.2.1 Assess needs with Child Health Advisory Board		3			
485								22.2.2 Develop policy and procedures		4			
486								22.2.3 Deploy policy		4			
487							22.3 Hire a nurse for each district office						
488								22.3.1 Hire		4			
489							22.4 Implement pre-placement exams for each child entering foster care						
490								22.4.1 Develop policy on preplacement exams		1			
491								22.4.2 Activate Medicaid reimbursement code		1			
492								22.4.3 Notify staff of policy		1			
493								22.4.4 Implement exams		1			
494							22.5 Develop and implement 30 day Comprehensive Health Evaluation for Children			1			
495								22.5.1 Develop policy and procedures		1			
496								22.5.2 Issue RFP		1			
497								22.5.3 Notify Staff		1			
498								22.5.4 Implement		1			
499							22.6 Incorporate child health needs into new case plan format	Cross reference action steps	13.4 (line 321)	1			
500													
501	**Item 23**												
502	Mental Health of the Child	**X**											

Line #	Outcome or Systemic Factors and Item(s) contributing to Non-Conformity	A	N/A	GOAL #	Goal/Negotiated Measure/Percent of Improvement	Method of Measuring Improvement	Action Steps	Benchmarks Toward Achieving Goal	Cross Reference to other Action Steps	Benchmark Dates of Achievement Projected (Quarter)	Actual Date	Goal Dates of Achievement Projected (Quarter)	Actual
503				23a	**Increase the percentage of children in placement who have a full CHEC exam**	SIS/Medicaid Match		Cross Reference Goal	22a (line 466)				
504							23.1 Common Assessment tool used by all systems						
505								23.1.1 Select Tool		1			
506								23.1.2 Train new users		2			
507								23.1.3 Implement in all FC placements		2			
508							23.2 Refer all shelter children for assessment						
509								23.2.1 Develop policy to support referral		2			
510								23.2.2 Adjust provider agreements to require referral		3			
511								23.2.3 Implement		3			
512							23.3 Develop capacity on in-home community-based service and supports						
513								23.3.1 Increase Mobile Response capacity to additional geographic areas		2			
514								23.3.2 Increase Youth Case Management		2			
515								23.3.3 Add four Care Management Organizations		2			
516								23.3.4 Add four Family Service Organizations in the same areas as the CMOs		2			
517							23.4 Implement CHEC exams	Cross Reference Action steps	22.5 (line 494)				
518							23.5 DFD to prioritize DYFS parents for Mental Health Initiative			5			
519	**Statewide Information Systems**												
520	**Item 24**												
521	Information system that can identify specific information for each child in foster care		**X**										
522	**Case Review System**												
523	**Item 25**												

Line #	Outcome or Systemic Factors and Item(s) contributing to Non-Conformity	A	N/A	GOAL #	Goal/Negotiated Measure/Percent of Improvement	Method of Measuring Improvement	Action Steps	Benchmarks Toward Achieving Goal	Cross Reference to other Action Steps	Benchmark Dates of Achievement Projected (Quarter)	Actual Date	Goal Dates of Achievement Projected (Quarter)	Actual
524	Provides a process that ensures that each child has a written case plan to be developed jointly with the child's parent(s) that that includes the required provisions	X											
525				25 a	**Increase the numer of children with written case plans that conform to this requirement.**	QR							
526					B = 20% based on CFSR Item 18								
527					IT = 21.5%							4	
528					G = 23%							8	
529							25.1 Individualized, Coordinated Case Planning with revamped case plan format	Cross Reference Action Steps	13.4 (line 321)				
530							25.2 Family Team Meetings	Cross reference Action Steps	4.5 (line 112)				
531							25.3 Cultural competence assessment and follow-up						
532								25.3.1 Secure expert to conduct assessment		3			
533								25.3.2 Share results of assessment		4			
534								25.3.3 Develop plan for needed change related to case planning process		4			
535								25.3.4 Implement plan					
536							25.4 Increasing service capacity in community	Cross reference action steps	Item 35 (line 700)				
537													
538	**Item 26**												
539	Provides a process for the periodic review of the statues of each child, no less frequently than once every 6 months, either by a court or by administrative review	X											

Line #	Outcome or Systemic Factors and Item(s) contributing to Non-Conformity	A	N/A	GOAL #	Goal/Negotiated Measure/Percent of Improvement	Method of Measuring Improvement	Action Steps	Benchmarks Toward Achieving Goal	Cross Reference to other Action Steps	Benchmark Dates of Achievement Projected (Quarter)	Actual Date	Goal Dates of Achievement Projected (Quarter)	Actual
540				26 a	**Improve timeliness of notice to the court regarding children in placement from 33.7% to 37%.H563**	AOC Data							
541					B = 33.7% as of July 2004								
542					IT = 35%							4	
543					G = 37%							8	
544							26.1 Implement Child Placement Review Standards			1			
545							26.2 Improve systems to support notification timleness						
546								26.2.1 Use reports to identify gaps in notifying court		1			
547								26.2.2 Identify improvement actions		2			
548								26.2.3 implement improvements		4			
549								26.2.4 Apply management tools and tracking capacity to improve notification timelines		4			
550													
551	**Item 27**												
552	Provides 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 the child entered foster care and no less frequently than every 12 months thereafter	**X**											
553				27 a	**Increase the percentage of cases that have had a permanency hearing within legally mandated timeframes.**	AOC Data							
554					B = 68% as of July 2004								
555					IT = 70%							4	
556					G = 72%							8	

Line #	Outcome or Systemic Factors and Item(s) contributing to Non-Conformity	A	N/A	GOAL #	Goal/Negotiated Measure/Percent of Improvement	Method of Measuring Improvement	Action Steps	Benchmarks Toward Achieving Goal	Cross Reference to other Action Steps	Benchmark Dates of Achievement Projected (Quarter)	Actual Date	Goal Dates of Achievement Projected (Quarter)	Actual
557													
558							27.1 Form the ICCF			1			
559							27.2 The CICIC will coordinate with the respective agencies involved to develop a training for attorneys, judges, on the importance of, and sensitivity to, the need for parental participation and input into permanency hearings.			3			
560								27.2.1 Training is offered to attorneys and judges		5			
561							27.3 Family courts identified as not in substantial compliance with timely permanency hearings will develop and implement performance improvement plans to meet the requirement of timely permanency hearings			3			
562													
563	**Item 28**												
564	Provides a process for termination of parental rights proceedings in accordance with the provision of the Adoption and Safe Families Act	**X**											

Line #	Outcome or Systemic Factors and Item(s) contributing to Non-Conformity	A	N/A	GOAL #	Goal/Negotiated Measure/Percent of Improvement	Method of Measuring Improvement	Action Steps	Benchmarks Toward Achieving Goal	Cross Reference to other Action Steps	Benchmark Dates of Achievement Projected (Quarter)	Actual Date	Goal Dates of Achievement Projected (Quarter)	Actual
565				28a	**Increase the percentage of termination of parental rights cases with a disposition within six months from the filing date, as determined by decreasing the percentage of pending cases exceeding the six month stop-off.**	AOC Data							
566					B = As of 7/31/04, 37% of pending cases exceeded the 6 months stopoff.								
567					IT = 35.5%							4	
568					G = 34%							8	
569							28.1 Deploy Adoption Specialists/paralegal staff to the District Offices	Cross reference	9.2 (line 225)				
570								28.1.1 Begin deployment of Adoption Specialists		2			
571							28.2 The CICIC will make recommendations to the ICCF to address the appeals process, once TPR has been granted			2			
572							28.3 Develop a strategy to increase the availability of necessary experts in Family Court proceedings	Cross reference	9.5 (line 235)				
573							28.4 Hire additional Law Guardian Personnel	Cross reference	9.8.1 (line 245)				
574							28.5 Hire additional legal and support staff in DPLS to represent DYFS	Cross reference	9.8.2 (line 246)				
575							28.6 Hire PRU staff	Cross reference	9.8.3 (line 247)				
576													
577	**Item 29**												

Line #	Outcome or Systemic Factors and Item(s) contributing to Non-Conformity	A	N/A	GOAL #	Goal/Negotiated Measure/Percent of Improvement	Method of Measuring Improvement	Action Steps	Benchmarks Toward Achieving Goal	Cross Reference to other Action Steps	Benchmark Dates of Achievement Projected (Quarter)	Actual Date	Goal Dates of Achievement Projected (Quarter)	Actual
578	Provides 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.	**X**											
579				29 a	**Increase the participation of resource parents in hearings held with respect to the child.**	Semi-annual resource parent survey							
580					B = TBD based on initial survey								
581							29.0 Conduct survey to establish baseline			1			
582							29.0.1 Establish goal targets			1			
583					IT = TBD from baseline							4	
584					G = TBD based on Baseline							8	
585							29.1 CICIC will make recommendations so that resource family parents receive notice of, and have an opportunity to be heard at, proceedings regarding children in their care.			3			
586							29.2 The CICIC will make recommendations to strengthen the role of resource families in the court process.			3			
587							29.3 The CICIC, in partnership with county-based local teams, will undertake sample vicinage assessments to gather information on what parents and children experience in the court building.			3			

Line #	Outcome or Systemic Factors and Item(s) contributing to Non-Conformity	A	N/A	GOAL #	Goal/Negotiated Measure/Percent of Improvement	Method of Measuring Improvement	Action Steps	Benchmarks Toward Achieving Goal	Cross Reference to other Action Steps	Benchmark Dates of Achievement Projected (Quarter)	Actual Date	Goal Dates of Achievement Projected (Quarter)	Actual
588	**Quality Assurance System**												
589	**Item 30**												
590	The State has developed and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of children.	**X**											
591	Incidence of Child Abuse and/or Neglect in Foster Cares (Statewide Data indicator related to item 2)			30a	**Reduce the Incidence of Child Abuse and/or Neglect in Foster Care, as measured by the National Standard, from 0.70% to 0.57%.**	Data Profile		Cross Reference Goal	4b (line 70)				
592				30b	**Increase the percentage of children in placement who have a minimum of one monthly visit from their permanency worker.**	SAFE Measures		Cross Reference Goal	19a (line 417)				
593				30c	**Increase the percentage of children in placement who have a full CHEC exam.**	SIS/Medicaid data Match.		Cross Reference Goal	22a (line 466)				
594							30.1 Achieve new caseload standards	Cross - Reference Action Steps	4.3 (line 89)				
595							30.2 Develop and deploy RFSW function consistent with phase-in	Cross - Reference Action Steps	6.2 (line 148)				
596							30.3 Transition kin caregivers to fully licensed resource families			4			
597							30.4 Interface systems to share data between units			2			
598							30.5 Use Data and reporting tools to monitor placements						

Line #	Outcome or Systemic Factors and Item(s) contributing to Non-Conformity	A	N/A	GOAL #	Goal/Negotiated Measure/Percent of Improvement	Method of Measuring Improvement	Action Steps	Benchmarks Toward Achieving Goal	Cross Reference to other Action Steps	Benchmark Dates of Achievement Projected (Quarter)	Actual Date	Goal Dates of Achievement Projected (Quarter)	Actual
599								30.5.1 Identify data sources		1			
600								30.5.2 Use tools such as SAFE Measures to manage provider oversight		1			
601							30.6 Move to performance-based contracting			8			
602							30.7 Move IAIU to OCS	Cross- Reference Action Steps	4.6 (line 119)				
603													
604	**Item 31**												
605	The State is operating an identifiable quality assurance system that is in place in the jurisdictions where the services included in the CFSP are provided, evaluates the quality of services, identifies strengths and needs of the service delivery systems, provides relevant reports, and evaluates program improvement measures implemented.	**X**											
606				31 a	**A systematic process is in place through which OCS and its partners: 1) assess the quality of practices and services delivered to consumers; and 2) improve those practices and services in order to increase the benefit to consumers in terms of achieving better outcomes for children and families**	Varied - see below							
607					IND = Quality Reviews (QRs) are occurring statewide	Hand count						6	
608					IND = Targeted QRs are conducted in response to indicators of difficulty	Activity reports						6	

Line #	Outcome or Systemic Factors and Item(s) contributing to Non-Conformity	A	N/A	GOAL #	Goal/Negotiated Measure/Percent of Improvement	Method of Measuring Improvement	Action Steps	Benchmarks Toward Achieving Goal	Cross Reference to other Action Steps	Benchmark Dates of Achievement Projected (Quarter)	Actual Date	Goal Dates of Achievement Projected (Quarter)	Actual
609					IND = CQI protocols exist	Document review						4	
610					IND = Beginning CQI methodology is implemented in at least 4 areas	Activity reports						6	
611							31.1 Submit plan for Child Welfare Panel that outlines CQI system						
612								31.1.1 Research best practices		1			
613								31.1.2 Design plan with Stakeholder input		1			
614							31.2 Develop Quality Review process for DYFS mirrored on CFSR review						
615								31.2.1 Research best practices		1			
616								31.2.2 Develop approach with design input from internal and external stakeholders		1			
617								31.2.3 Train reviewers in QR review		2			
618								31.2.4 Implement QR review		2			
619								31.2.5 Develop targeted review (QR variant) process for ad hoc issues		3			
620							31.3 Formulate systematic approach to use findings and take improvement action						
621								31.3.1 Research best practices		2			
622								31.3.2 Develop approach design		2			
623								31.3.3 Implement appraoach		3			
624							31.4 Outline standard process steps taken to evaluate new processes						
625								31.4.1 Research best practices		1			

Line #	Outcome or Systemic Factors and Item(s) contributing to Non-Conformity	A	N/A	GOAL #	Goal/Negotiated Measure/Percent of Improvement	Method of Measuring Improvement	Action Steps	Benchmarks Toward Achieving Goal	Cross Reference to other Action Steps	Benchmark Dates of Achievement Projected (Quarter)	Actual Date	Goal Dates of Achievement Projected (Quarter)	Actual
626								31.4.2 Develop approach design		1			
627								31.4.3 Implement approach		1			
628							31.5 Build coordination framework to track division -wide improvement activities						
629								31.5.1 As part of QR design, identify division-wide processes for review		2			
630								31.5.2 Design tracking system		2			
631								31.5.3. Implement system according to QR schedule		3			
632	**Staff and Provider Training**												
633	**Item 32**												
634	The State is 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.	**X**											
635				32 a	**Within 6 months of beginning an Area phase-in, 50% of workers in targeted roles will have completed training in their job functions withiin the newly revised structure**	Hand count						4	
					Baseline = None								
636					IT 1 = Phase in 1 at 59%							3	
637					IT 2 = Phase in 2 at 50%							5	
638					G = Phase in 3 at 50%							7	
639					**50 % of staff assuming a casework supervisor role will have completed supervisor training within 6 months of assuming the postion.**	Hand count							

Line #	Outcome or Systemic Factors and Item(s) contributing to Non-Conformity	A	N/A	GOAL #	Goal/Negotiated Measure/Percent of Improvement	Method of Measuring Improvement	Action Steps	Benchmarks Toward Achieving Goal	Cross Reference to other Action Steps	Benchmark Dates of Achievement Projected (Quarter)	Actual Date	Goal Dates of Achievement Projected (Quarter)	Actual
640					Baseline = None								
641					IT1 = 50% for Phase-in 1							3	
642					IT2 = 50% for Phase-in 2							5	
					G = 50% for Phase-in 3							7	
643							32.1 Establish New Jersey Child Welfare Training Academy			1			
644							32.2 Hire learning transfer specialists			2			
645							32.3 Conduct needs analysis and establish training priorities			2			
646							32.4 Conduct cultural competency assessment			2			
647							32.5 Develop and/or refine curricula to reflect current practice			3			
648							32.6 Develop competency testing			3			
649							32.7 Develop training evaluation component			3			
650							32.8 Provide revamped training modules for targeted roles, consistent with phase-in						
651								32.8.1 Phase 1					
652								32.8.1.1 Child Protection worker		4			
653								32.8.1.5 Resource Family Trainer		4			
654								32.8.1.6 Resource Family Recruiter		4			
655								32.8.1.7 Resource Family Support Worker		4			
656								32.8.2 Phase 2					
657								32.8.1.1 Child Protection worker		6			
658								32.8.1.5 Resource Family Trainer		6			
659								32.8.1.6 Resource Family Recruiter		6			
660								32.8.1.7 Resource Family Support Worker		6			
661								32.8.3 Phase 3					
662								32.8.1.1 Child Protection worker		8			
663								32.8.1.5 Resource Family Trainer		8			
664								32.8.1.6 Resource Family Recruiter		8			
665								32.8.1.7 Resource Family Support Worker		8			
666							32.9 Institute new training pre-service curriculum for Resource Families						
667								32.9.1 Secure training pre-service package for Resource Families		2			

Line #	Outcome or Systemic Factors and Item(s) contributing to Non-Conformity	A	N/A	GOAL #	Goal/Negotiated Measure/Percent of Improvement	Method of Measuring Improvement	Action Steps	Benchmarks Toward Achieving Goal	Cross Reference to other Action Steps	Benchmark Dates of Achievement Projected (Quarter)	Actual Date	Goal Dates of Achievement Projected (Quarter)	Actual
668								32.9.2 Commence use in RF training		3			
669							32.10 Institute new casework supervisor training curriculum for new casework supervisors						
670								32.10.1 Develop curriculum		3			
671								32.10.2 Provide training		4			
672							32.11 Track training						
673								32.11.1 Develop mechanism to collect data		3			
674								32.11.2 Track all training		3			
675													
676	**Item 33**												
677	The State provides 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	**X**											
678				33 a	**Management training opportunities will be designed and offered to increasing numbers of management staff.**	Activity Report							
682				33 b	**We will implment expectations and resources to drive increased staff completion of continuing education requirements.**	Activity Report, Hand count							
686							33.1 Establish New Jersey Child Welfare Training Academy	Cross reference action steps	Item 32 (line 634)				
687							33.2 Set policy establishing minimum ongoing requirements			2			
688							33.3 Develop and implement Management training						
689								33.3.1 Develop curriculum		2			
690								33.3.2 Offer management training to new and existing managers		3			
691							33.4 Track training	Cross reference action steps	Item 32 (line 634)				

Line #	Outcome or Systemic Factors and Item(s) contributing to Non-Conformity	A	N/A	GOAL #	Goal/Negotiated Measure/Percent of Improvement	Method of Measuring Improvement	Action Steps	Benchmarks Toward Achieving Goal	Cross Reference to other Action Steps	Benchmark Dates of Achievement Projected (Quarter)	Actual Date	Goal Dates of Achievement Projected (Quarter)	Actual
692							33.5 Implement Supervisor Ratio	Cross reference action steps	4.3.3 (line 107)				
693							33.6 Expand BSW/MSW opportunities						
694								33.6.1 Work with universities to establish additional staff opportunities to obtain MSW, and BSWs		1			
695								33.6.2 Revise and expand internship programs		4			
696													
697	**Item 34**												
698	Training for foster and adoptive parents		**X**										
699	**Service Array**												
700	**Item 35**												
701	The State has in place an array of services that assess the strengths and needs of children and families and determine other service needs, address the needs of families in addition to individual children in order to create a safe home environment, enable children to remain safely with their parents when reasonable, and help children in foster and adoptive placements achieve permanency	**X**											
702				35a	**Increase the proportion of cases where there is an adequate array of services and supports in response to the identified needs of the children and families.**	QR							
703					B = 32% from CFSR								

Line #	Outcome or Systemic Factors and Item(s) contributing to Non-Conformity	A	N/A	GOAL #	Goal/Negotiated Measure/Percent of Improvement	Method of Measuring Improvement	Action Steps	Benchmarks Toward Achieving Goal	Cross Reference to other Action Steps	Benchmark Dates of Achievement Projected (Quarter)	Actual Date	Goal Dates of Achievement Projected (Quarter)	Actual
704					IT = 33.5%							4	
705					G = 35%							8	
706					**Increase the amount and variety of services and/or supports offered to children and families.**	Budget review, contract provisions, contract reporting, activity reporting, payment record							
707					**IND a =** new program/service								
708					**IND b =** additional slots								
709					**IND c =** more locations of availability					3			
710					**IND d =** increased funding					8			
711					**Ind a**		35.1 Develop process to implement Flexible Funding	Cross Reference Action Steps					
712							35.2 Increase Substance Abuse services						
713					**Ind b**			35.2.1 Increase treatment slots		3		4	
714					**Ind a**			35.2.2 Contract Substance Abuse Specialists for DYFS offices		5		4	
715					**Ind a**			35.2.3 Implement 24 hour assessment referral for youth in need		3		4	
716							35.3 Add Children's Behavioral/ Mental health services						
717					**Ind b**			35.3.1 Create SAMHSA model slots				4	
718					**in c**			35.3.2 Expand CMOs in 4 areas		2		4	
719					**ind c**			35.3.3 Expand FSOs in 4 areas		2		4	
720					**ind c**			35.3.4 Develop additional treatment homes		2		4	
721					**ind c**			35.3.5 Increase Mobile Response services		4		4	
722					**ind a**			35.3.6 Prioritizes DYFS Parents for DFD Mental Health initiative		5		4	
723					**ind c**			35.3.7 Increase number of Youth Case Managers		4		4	

Line #	Outcome or Systemic Factors and Item(s) contributing to Non-Conformity	A	N/A	GOAL #	Goal/Negotiated Measure/Percent of Improvement	Method of Measuring Improvement	Action Steps		Benchmarks Toward Achieving Goal		Cross Reference to other Action Steps	Benchmark Dates of Achievement Projected (Quarter)	Actual Date	Goal Dates of Achievement Projected (Quarter)	Actual
724							35.4	Increase Domestic Violence Services							
725					**ind c**				35.4.1	Replicate PALS in 3 new counties		4		4	
726					**ind d**				35.4.2	Fund transitional housing for shelter transitioning women		4		4	
727							35.5	Create additional Housing Services							
728					**ind b**				35.5.1	Create additional affordable rental housing units		3		4	
729					**ind a**				35.5.2	Fund neighborhood preservation rehabilitation project		3		4	
730					**ind a**				35.5.3	Fund rehabilitation of resource family homes		3		4	
731					**ind b**				35.5.4	Expand HOPP program		4		4	
732							35.6	Create additional Health Services							
733					**ind a**				35.6.1	Fund NJCARES Institute		1			
734							35.7	Increase Services that focus on Adolescents and Youth							
735					**ind b**				35.7.1	Issue RFP for statewide mentor program		3		4	
736					**ind a**				35.7.2	Implement wraparound funding statewide to prevent homelessness		4		4	
737					**ind d**				35.7.3	Offer life skills training programs statewide		3		4	
738					**ind b**				35.7.4	Fund 25Youth Corp Program slots		1		4	
739					**ind d**				35.7.5	Issue Higher education scholarship applications		3		4	
740					**ind a**				35.7.6	Provide aftercare services for youth		3		4	
741					**ind b**				35.7.7	Create new transitional living beds for aging out youth		3		4	
742							35.8	Develop additional services that focus on community development and prevention							
743					**ind c**				35.8.1	Fund additional School Based Youth Services program		3		4	
744					**ind c**				35.8.2	Increase Home visitation programs				4	
745					**ind b**				35.8.3	Fund additional day care slots		3		4	
746							35.9	Expand Program and Service supports							

Line #	Outcome or Systemic Factors and Item(s) contributing to Non-Conformity	A	N/A	GOAL #	Goal/Negotiated Measure/Percent of Improvement	Method of Measuring Improvement	Action Steps		Benchmarks Toward Achieving Goal		Cross Reference to other Action Steps	Benchmark Dates of Achievement Projected (Quarter)	Actual Date	Goal Dates of Achievement Projected (Quarter)	Actual
747					**ind a**				35.9.1	Provide transportation and programming for children in district offices		1		4	
748					**ind d**				35.9.2	Fund additional Boarder Baby placement supports		1		4	
749					**ind d**				35.9.3	Increase and/or add contracts with private agencies to expedite home studies		4		4	
750					**ind d**				35.9.4	Fund additional M734post-adoption services				4	
751							35.10	Partner with Planning Councils and Community Collaboratives to map existing services							
752									35.10.1	Develop according to phase in		2			
753									35.10.2	Collaboratively map resources and assets		3			
754							35.11	Track and report elements of case plan to develop service needs information							
755									35.11.1	Implement new case plan format	13.4 (line 321)				
756							35.12	Fund NJCARES Institute				4			
757							35.13	Strentgthen cultural responsiveness of services							
758									35.13.1	Evaluate contract language to assure requirements for cultural responsiveness and sensitivity to needs of individuals receiving services		6			
759									35.13.2	Prepare recommendations for revisions to contract to strengthen responsiveness requirements and./or enforcement capacity.		8			
760															
761	**Item 36**														
762	The services in item 35 are accessible to families and children in all political jurisdictions covered in the State's CFSP.	**X**													

Line #	Outcome or Systemic Factors and Item(s) contributing to Non-Conformity	A	N/A	GOAL #	Goal/Negotiated Measure/Percent of Improvement	Method of Measuring Improvement	Action Steps	Benchmarks Toward Achieving Goal	Cross Reference to other Action Steps	Benchmark Dates of Achievement Projected (Quarter)	Actual Date	Goal Dates of Achievement Projected (Quarter)	Actual
763				36a	**Increase the proportion of cases where there is an adequate array of services and supports in response to the identified needs of the children and families**	QR		Cross Reference Goal	35a (line 702)				
764							36.1 Use new case plan format to track service barriers and unment needs	Cross Reference	13.4 (line 321)				
765							36.2 Partner with Planning Councils and Community Collaboratives to map existing services	Cross Reference					
766							36.3 Develop information from providers regarding service needs, wait lists, usage, etc.						
767								36.3.1 Determine information needs and reporting requirements		2			
768								36.3.2 Implement reporting requirements		3			
769													
770	**Item 37**												
771	The services in item 35 can be individualized to meet the unique needs of children and families served by the agency.	**X**											
772				37a	**Increase the proportion of cases where there is an adequate array of services and supports in response to the identified needs of the children and families.**	QR		Cross Reference Goal	35a (line 702)				
773							37.1 Continue to refine and implement SDM	Cross Reference Action Steps	4.1 (line 76)				
774							37.2 Implement Family Team Meeting	Cross Reference Action Steps	4.5 (line 112)				

Line #	Outcome or Systemic Factors and Item(s) contributing to Non-Conformity	A	N/A	GOAL #	Goal/Negotiated Measure/Percent of Improvement	Method of Measuring Improvement	Action Steps	Benchmarks Toward Achieving Goal	Cross Reference to other Action Steps	Benchmark Dates of Achievement Projected (Quarter)	Actual Date	Goal Dates of Achievement Projected (Quarter)	Actual
775							37.3 Individualized, coordinated case plans	Cross Reference Action Steps	13.4 (line 321)				
776							37.4 Develop Standard service referral format						
777								37.4.1 Establish workgroup representing consumers, providers, workers		2			
778								37.4.2 Design referral format		2			
779								37.4.3 Implement new format		3			
780							37.5 Implement Flexible funding	Cross Reference Action Steps	3.4 (line 57)				
781							37.6 Review contracts to ensure they support individualized tailoring of services			8			
782							37.7 Evaluate contracts on outcomes			8			
783	**Agency Responsiveness to the Community**												
784	**Item 38**												
785	In implementing the provisions of the CFSP, the State engages in ongoing consultation with tribal representatives, consumers, services providers, foster care providers, the juvenile court, and other public and private children and family service agencies and includes the major concerns of these representatives n the goals and objectives of the	**X**											
786				38 a	**Stakeholder consultation in the CFSP will be strengthened.**	Hand count						4	
787					IND a = A CFSP Executive council will be developed	Activity Report							

Line #	Outcome or Systemic Factors and Item(s) contributing to Non-Conformity	A	N/A	GOAL #	Goal/Negotiated Measure/Percent of Improvement	Method of Measuring Improvement	Action Steps	Benchmarks Toward Achieving Goal	Cross Reference to other Action Steps	Benchmark Dates of Achievement Projected (Quarter)	Actual Date	Goal Dates of Achievement Projected (Quarter)	Actual
788					IND b = Representation on the CFSP/CFSR committee will include reps of planning councils, area and local offices, youth, birth families, and resource families.	Attendance records							
789					IND c = Committee meetings will be held at varying locations and times of day	Activity Report							
790					IND d = An annual staff survey will be conducted to develop information about service needs.	Activity Report							
791				38 b	**An informational; handout designed to provide and overview of the CFSP, is explaining the CFSP is developed and available for distribution to committee members, staff, and other interested parties**	Activity Report						4	
792													
793							38.1 Restructure CFSP/CFSR joint committee						
794								38.1.1 Form Executive Council		2			
795								38.1.2 Determine committee representation		2			
796								38.1.3 Develop simple committee guidance documents to communicate participation expectations		3			
797								38.1.3 Distribute documents to all members		3			
798							38.2 Increase Participation in CFSP/CFSR joint committee						
799								38.2.1 Include representatives of each Planning Council		2			
800								38.2.2 Include Representatives of each area office		2			

Line #	Outcome or Systemic Factors and Item(s) contributing to Non-Conformity	A	N/A	GOAL #	Goal/Negotiated Measure/Percent of Improvement	Method of Measuring Improvement	Action Steps		Benchmarks Toward Achieving Goal		Cross Reference to other Action Steps	Benchmark Dates of Achievement Projected (Quarter)	Actual Date	Goal Dates of Achievement Projected (Quarter)	Actual
801									38.2.3	Identify viable stakeholder participants, including youth, birth families, resource families		2			
802									38.2.4	Conduct meetings at varying times of day and varying locations		2			
803							38.3	Develop and distribute informtional handout on CFSP							
804									38.3.1	Deisgn handout with committee feedback		2			
805									38.3.2	Print and Distritbute to members, area offices, interested parties		3			
806							38.4	Conduct annual staff survey to develop information about CFSP program service needs							
807									38.4.1	Develop simple survey with input of committee		2			
808									38.4.2	Conduct survey and provide results to committee for consideration in CFSP development		3			
809															
810	**Item 39**														
811	The agency develops, in consultation with these representatives, annual reports of progress and services delivered pursuant to the CFSP	**X**													
812					**The CFSP/CFSR joint committee includes the active representation of planning councils, area offices and youth, resource and birth families**									4	

Line #	Outcome or Systemic Factors and Item(s) contributing to Non-Conformity	A	N/A	GOAL #	Goal/Negotiated Measure/Percent of Improvement	Method of Measuring Improvement	Action Steps	Benchmarks Toward Achieving Goal	Cross Reference to other Action Steps	Benchmark Dates of Achievement Projected (Quarter)	Actual Date	Goal Dates of Achievement Projected (Quarter)	Actual
813					IND a = Representation on the CFSP/CFSR committee will include reps of planning councils, areal and local offices, youth, birth familes, resource families	Attendance records							
814					IND b = Committee meetings will be held at varying locations and times of day	Activity Reports							
815					**APSR reports include information on consumer and referral source satisfaction as well as on the quality system of the provider**	APSR Review						4	
816					**The methods used to develop the Annual Service Reports of Progress are restructured to incorporate stakeholder involvement in production of the APSR**	New APSR development protocols						7	
817							39.1 Amend current instructions to the APSR reporting requirements						
818								39.1.1 Add requirements for customer feedback and quality system reporting		2			
819								39.1.2 Implement revised instructions		3			
820							39.2 Increase participation in CFSP/CFSR joint committee	Cross reference action steps	38.2 (line 798)				
821							39.3 Research APSR activities						
822								39.2.1 Identify best practices in other states and like processes		2			

Line #	Outcome or Systemic Factors and Item(s) contributing to Non-Conformity	A	N/A	GOAL #	Goal/Negotiated Measure/Percent of Improvement	Method of Measuring Improvement	Action Steps	Benchmarks Toward Achieving Goal	Cross Reference to other Action Steps	Benchmark Dates of Achievement Projected (Quarter)	Actual Date	Goal Dates of Achievement Projected (Quarter)	Actual
823								39.2.2 Develop information for consideration by CFSP/CFSR committee		4			
824							39.4 Restructure APSR development methods						
825								39.4.1 Develop design based on benchmarking best practices		5			
826								39.4.2 Seek feedback through committee		6			
827								39.4.2 Implement revised instructions		7			
828													
829	**Item 40**												
830	Coordinates services and benefits with other agencies		X										
831	**Foster and Adoptive Parent Licensing, Recruitment, and Retention**												
832	**Item 41**												
833	Standards for foster and adoptive homes		X										
834													
835	**Item 42**												
836	The standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-E or IV-B funds.	X											
837					**Adopt Uniform Licensing standards for adoptive, foster and kinship homes by July 2005**	Standards review						5	
838					**A new pre-service curriculum in use for new resource families by July 2005**	Curriculum Available							
842							42.1 Develop protocol to transition relative providers to full license status	Cross Reference Action Steps	15.4 (line 362)				
843							42.2 Modify standards for licensing, unifying adoptive, kinship, and foster homes			2			

Line #	Outcome or Systemic Factors and Item(s) contributing to Non-Conformity	A	N/A	GOAL #	Goal/Negotiated Measure/Percent of Improvement	Method of Measuring Improvement		Action Steps	Benchmarks Toward Achieving Goal	Cross Reference to other Action Steps	Benchmark Dates of Achievement Projected (Quarter)	Actual Date	Goal Dates of Achievement Projected (Quarter)	Actual
844							42.3	Implement revised waiver request and approval process	Cross Reference Action Steps	8.7 (line 212)				
845							42.4	Hire Licensing staff			2			
846														
847	**Item 43**													
848	Criminal background clearance requirements		X											
849														
850	**Item 44**													
851	The State has in place a process for ensuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed.	X												
852					**Develop 1000 new resource families by July 2005. (This includes Foster, Adoptive, and Relative homes)**	Hand Count # newly licensed								
853					B = 101 as of April 2004									
854					IT = 400 licensed								2	
855					G = 1000 new families								4	
856					**We will implement procedures to decrease the time required for resource family applicants to become licensed.**	Activity report								
860							44.1	Hire Director of Resource Family Recruitment, Retention, and Support			1			
861							44.2	Develop RFSW staff	Cross Reference Action Steps	6.2.2 (line 150)				
862							44.3	Streamline application process						

Line #	Outcome or Systemic Factors and Item(s) contributing to Non-Conformity	A	N/A	GOAL #	Goal/Negotiated Measure/Percent of Improvement	Method of Measuring Improvement	Action Steps	Benchmarks Toward Achieving Goal	Cross Reference to other Action Steps	Benchmark Dates of Achievement Projected (Quarter)	Actual Date	Goal Dates of Achievement Projected (Quarter)	Actual
863								44.3.1 Develop integrated, revised application process		1			
864								44.3.2 Implement revised process		2			
865							44.4 Develop recruitment targets and plan for FY05 and subsequent fiscal years			1			
866							44.5 Implement 05 recruitment plan			3			
867													
868	**Item 45**												
869	Process for effective use of cross-jurisdictional resources		X										

Responsible Party
DARU
DARU
P
P
P
O
P
O
P

Responsible Party
O
P
O
O
O
O
IT-DYFS
IT-DYFS
IT-DYFS
IT-DYFS

Responsible Party
OCS
P
T
O
P
O
O

Responsible Party
P
O
DARU
DARU

Responsible Party
P
T
O
O
O
O
O
O
O

Responsible Party
O
O
O
O
O
O
O
O
O
O
O
O
O
O
O
O
O

Responsible Party
O
O
O
O
P
P
P
O
O
O
OPIA
OPIA
P

Responsible Party
P
P
P
T
O
O
O
O

Responsible Party
O
P
O
P
OCS
O
DARU
PSU
PSU
IT-DYFS
O
DCBH

Responsible Party
DCBH
DCBH
IGA
P
O
O
P
NJCWTA
NJCWTA
O
IT-DYFS
P
P
O

Responsible Party
P & O
P & O
IT_DYFS
P
Fiscal

Responsible Party
Fiscal
Fiscal
P
O
O
AO
AO
AO
IGA
P
IT-DYFS

Responsible Party
CICIC
ICCF
O
CICIC
ICCF
AO
DLPS
AG
PD
DARU
DARU

Responsible Party
IT-DYFS
O
P
O
P
NJCWTA
NJCWTA
O
P
P
P
P

Responsible Party
P
P
O
O
IT-DYFS

Responsible Party
IF-DYFS
DARU
O
P
NJCWTA
O

Responsible Party
O
DARU
DPCP
DPCP
DPCP
OCS

Responsible Party
NJCWTA
P
PSU
OPIA
O

Responsible Party
NJCWTA

Responsible Party
P
P
O
O
O
DARU
DARU

Responsible Party
DARU
DARU
DARU

Responsible Party
OCS
NJCWTA
OCS
OCS
OCS

Responsible Party
OCS
OCS
P
DARU
DARU
DARU
DARU

Responsible Party
PSU
PSU
PSU
PSU
DYFS
P
DMAHS
O
O
P
DMAHS
P
O

Responsible Party
OCS
NJCWTA
O
DCBH
DCBH
DCBH
DCBH
DCBH
DCBH
DCBH
DFD

Responsible Party
OCS
OCS
P
O

Responsible Party
ICCF
DARU/AOC
O
O
O

Responsible Party
DPLS
ICCF
ICCF
CICIC

Responsible Party
O
CICIC
CICIC
LG
DPLS
PD

Responsible Party
PSU
PSU
CICIC
CICIC
CICIC

Responsible Party
O
OCS

Responsible Party
OCS
O
Fiscal

Responsible Party
OPIA
OPIA
CQI
CQI
CQI
CQI
CQI
CQI
CQI
CQI
CQI

Responsible Party
CQI
CQI
CQI
CQI
CQI

Responsible Party
OCS
NJCWTA
NJCWTA
NJCWTA
NJCWTA
NJCWTA
NJCWTA
NJCWTA
NJCWTA
NJCWTA
NJCWTA
NJCWTA
NJCWTA
NJCWTA
NJCWTA
NJCWTA
NJCWTA
NJCWTA
NJCWTA
NJCWTA
NJCWTA

Responsible Party
NJCWTA
NJCWTA
NJCWTA
NJCWTA
NJCWTA
NJCWTA
NJCWTA
NJCWTA

Responsible Party
NJCWTA
NJCWTA

Responsible Party
DAS
DYFS
DAS
DCBHS
DCBHS
DCBHS
DCBHS
DCBHS
DCBHS
DCBHS

Responsible Party
PSU
DCA
DCA
DCA/DYFS
DCA
DCA
P
P
P
P
P
P
P
DPCP
DPCP
DPCP

Responsible Party
O
O
AO
AO
DPCP
DPCP
O
DYFS
Fiscal
Fiscal

Responsible Party
O
Fiscal

Responsible Party
P
P
O
Fiscal
O

Responsible Party
PSU
PSU
PSU
PSU
PSU
PSU

Responsible Party
PSU
PSU
PSU
PSU
PSU
PSU

Responsible Party
PSU
PSU
PSU

Responsible Party
PSU
PSU
PSU
PSU
LIC

Responsible Party
LIC
OCS
LIC

Responsible Party
LIC
LIC
O
O