

New Jersey Child Welfare Reform

Focusing on the Fundamentals

**Office of Children's Services
Department of Human Services**

**Kevin M. Ryan
Commissioner**

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New Jersey Child Welfare Reform

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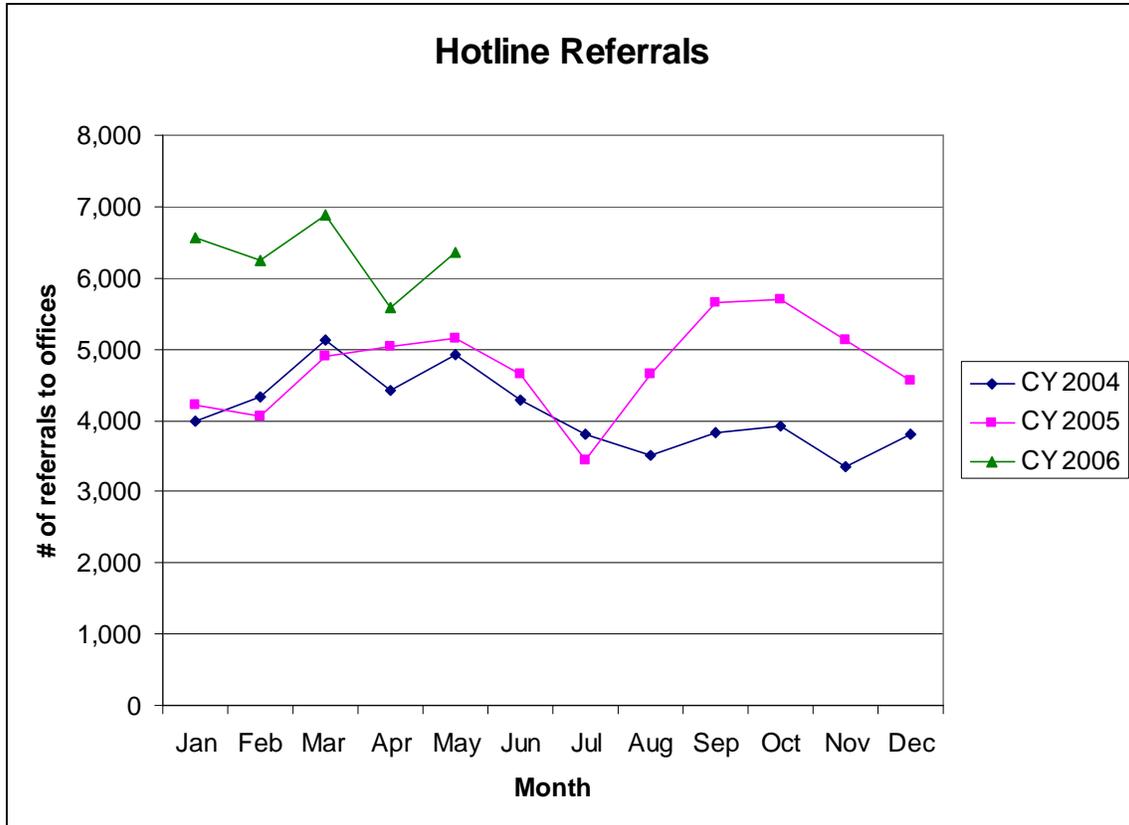
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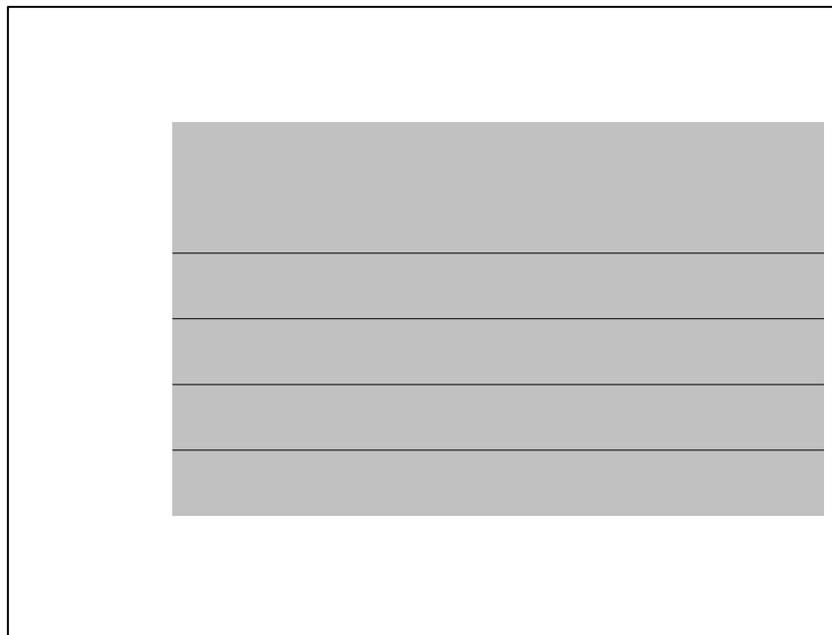
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Analysis: New Jersey has begun to make improvements in its ability to deliver on the promise of child safety as measured by both the Chapin Hall Center at the University of Chicago and the federal government, and as recently reported by Association for Children of New Jersey. The centralized screening unit – the hotline, created as part of the reform - is well-utilized, receiving ever increasing numbers of calls. Over the past several months, that unit has refined its criteria and more clearly delineated the differences between referrals which involve potential safety risks to children and those where there is not a safety risk but rather a request for services.

In order to truly improve our child welfare system, we need m

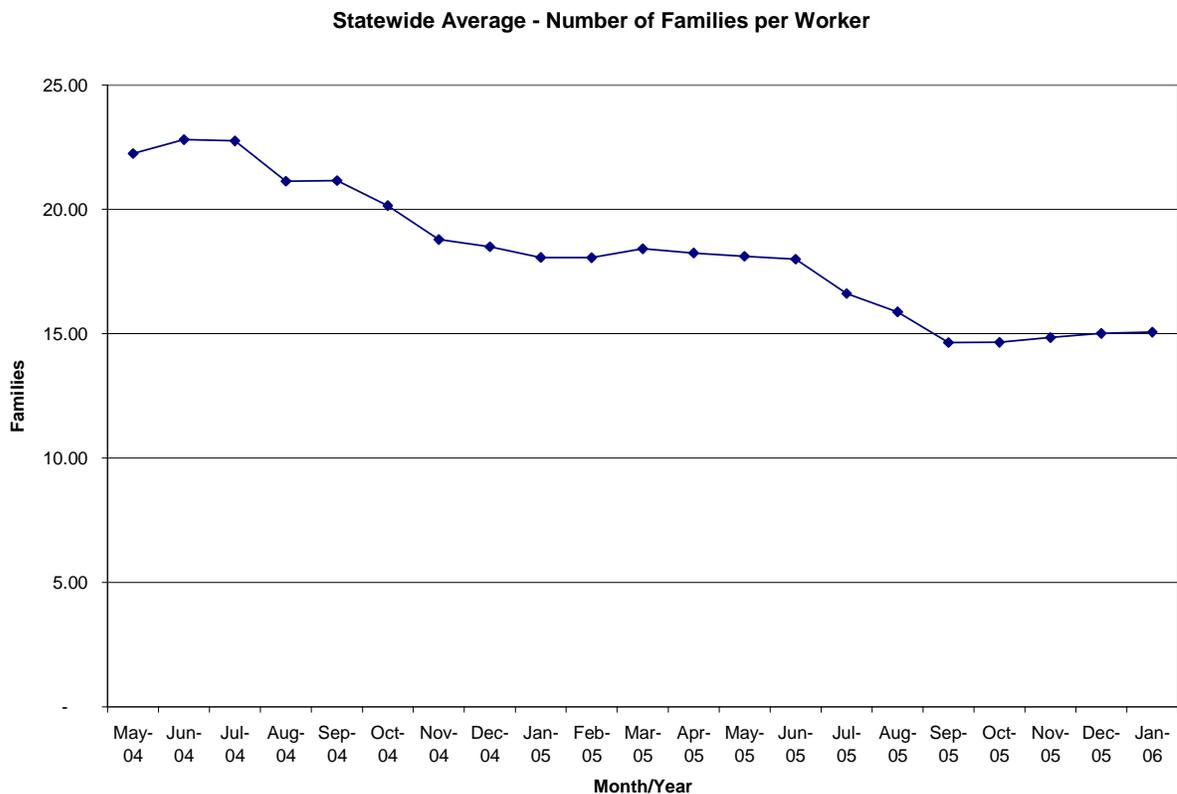


As we have analyzed this data over the past several months, we have noticed that we are receiving more and more referrals from schools and from healthcare professionals asking for our assistance. We believe it is a good sign that these professionals are asking for our help in identifying potential safety risks to



children. But these trends challenge earlier caseload analyses which assumed such requests would either remain stable or drop substantially.² We do not know if this trend will continue – but we have to assume that it will and respond accordingly. Because we are in the business of the unexpected, we must be constantly prepared. We cannot always predict when the need will come, but we can focus on having the right resources in place to respond when the need arises.

That brings us to the second major force affecting caseloads – the availability of frontline staff. While we cannot control many of the outside forces which produce a surge in referrals, we can control how we respond. Timely and thorough responses to such referrals require staff. New Jersey has made substantial investments in hiring frontline staff – and those investments have made a considerable impact. As illustrated in the chart below, the average caseload size per staff member has dropped considerably since this reform began from 23 families per worker in 2004 down to 15 families per worker at the start of 2006.



One earlier caseload analysis assumed a 10% drop in referrals upon the initiation of the centralized screening unit. But the actual drop was 33%.

While we have made considerable progress, we are still far from where we need to be. In part, that is a function of the surge in referrals which have placed considerable strain on our frontline intake staff and offset some of the gains we made in caseloads with that group of staff.

To better analyze caseload size and needs, we have developed a new management tool: a detailed analysis, office-by-office, which tracks where staff remain under considerable caseload strain – and where those earlier investments have paid off.³ This analysis utilizes caseload standards for intake staff of 12 or fewer families with no more than 8 new assignments per month⁴, and for permanency staff, caseloads of 15 or fewer families with no more than 10 of the children on in out of home placement. The analysis is broken down into two parts – intake and permanency. Each chart is color coded – those cells colored green are where we are meeting our targets; cells colored yellow denote areas where we need improvement; and cells colored red indicate where we need investment. The original timelines set forth in the enforceables set a target of 95% of staff meeting standards by March 2006. But by March 2006, only 21% of intake staff and 49% of permanency staff had caseloads achieving the full standard; a third of each had caseloads which met one prong of the standard; leaving 47% of intake staff and 16% of permanency staff with caseloads which meet neither prong of the relevant standard. In short, we have made considerable progress in achieving caseload standards for our permanency staff – but have a long way to go to achieve similar gains for our intake staff.

Note that this analysis took considerable investment of staff resources. The existing legacy data system (which will be supplanted by NJ SPIRIT, our new SACWIS database system described in Chapter 4) does not have the capacity to collect all of the necessary data. We had to assemble the data from several different databases, with considerable support from our local offices. That data then required several layers of analysis. We note this analysis was not available at the time the earlier timelines r

| | | | | | | | |
|-----------------------|----|-----|---|---|-----|-----|----|
| Hudson Central | 11 | 58% | 2 | 0 | 273 | 131 | 11 |
| Hudson North | 11 | 73% | 0 | 1 | 199 | 146 | |

| | | | | | | | | |
|-------------------|-------|-----|---|---|-----|-----|----|---|
| Hudson Central | 17 | 12% | 3 | 4 | 406 | 186 | 8 | 1 |
| Hudson North | 10 | 17% | 0 | 7 | 327 | 165 | 10 | 1 |
| Hudson South | 13 | 33% | 4 | 3 | 412 | 210 | 14 | 1 |
| Hudson West | 16 | 0% | 0 | 8 | 198 | 93 | -3 | 0 |
| Hunterdon | 8 | 0% | 0 | 5 | 94 | 52 | -2 | 0 |
| Somerset | 13 | 43% | 0 | 2 | 251 | 156 | 3 | 1 |
| Warren | 12 | 43% | 2 | 3 | 238 | 109 | 3 | 2 |
| Mercer North | 28 | 17% | 0 | 4 | 467 | 226 | 1 | 1 |
| Mercer South | 35 | 10% | 0 | 6 | 540 | 249 | -1 | 0 |
| Middlesex Central | 27 2a | 1 | | 1 | | | | |

While the influx of new staff to our frontlines is positive, it also means those on the frontlines are inexperienced. More than a third (35%) of our caseload carrying staff are trainees – meaning they have been with the agency for less than a year. An office by office look reveals that in 22 of our 42 offices, the majority of our permanency staff are new, reaching over 80% in a few offices. In order to support staff on the frontlines, the agency has had to expand the supervisor corps considerably over the past several years. The good news is that the state has largely succeeded in maintaining supervisory caseload standards of five staff to every one supervisor, but this requires constant tracking and vigilance.⁵

| Supervisor Ratios | CY 2005 | CY 2006 |
|--------------------------|----------------|----------------|
| Jan | 5.61 | 5.48 |
| Feb | 5.55 | 5.51 |
| Mar | 5.47 | 5.55 |
| April | 5.45 | |
| May | 5.42 | |
| June | 5.37 | |
| July | 5.37 | |
| August | 5.45 | |
| Sept | 5.52 | |
| Oct | 5.51 | |
| Nov | 5.46 | |
| Dec | 5.45 | |
| | | |

Note that the overwhelming majority of supervisors were placed provisionally in their titles over the last two years as the state personnel system redesigned and administered the supervisory exams. Those sets of exams were finally offered in December of 2005, and the civil service lists have only recently been certified. While the opportunity to achieve job stability and permanency is a welcome one for our supervisory staff, the system's failure to move over the past two years created a tremendous backlog. It has taken considerable effort on our part to interview and process all of these positions (more than 700). We have been offered and will need a robust partnership with other parts of state government in order to complete this process. These supervisors play a critical role in helping manage caseloads.

| SEPARATIONS | CY 2003 | CY 2004 | CY 2005 | CY 2006 |
|--------------|---------|---------|---------|---------|
| Jan | | 23 | 23 | 21 |
| Feb | | 18 | 19 | |
| Mar | | 20 | 18 | |
| April | | 28 | 25 | |
| May | | 19 | 17 | |
| June | | 30 | 13 | |
| July | | 27 | 27 | |
| August | | 27 | 15 | |
| Sept | | 22 | 40 | |
| Oct | | 19 | 14 | |
| Nov | 18 | 13 | 14 | |
| Dec | 25 | 22 | 16 | |
| | | | | |
| TOTAL | | - | | |
| Avg | | | | |

We also analyzed the percentage of these staff who left during the trainee period. The agency loses 14% of hires in their first year – half in the first six months, before they are generally eligible to carry cases.

Trainees (April 2004 through Dec 2005)

| | Separations | Base | Loss Rate |
|--------------------|-------------|------|-----------|
| 1 to 6 months | 106 | 1552 | 7% |
| 6 months to 1 year | 96 | 1473 | 7% |

We would expect to lose some staff who either determine themselves – or whom we determine – are not suited to the work. And we would not want inordinate retention pressures to discourage supervisors from moving out staff who are not suited to the work – the work is simply too important. But we do need to do some further analysis to understand more about these first year separations. We need to learn whether we can improve whom we hire and/or the job experience in the first year.

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New Jersey has made substantial investments in training for new staff and additional training for existing staff, investments which are just beginning to realize a return. The previous plan required offering seventeen different types of training but lacked sequencing and any focus on the fundamentals. We have analyzed the training offerings and propose concentrating on the basics. To that end, we are pursuing a two-prong strategy, utilizing the Training Academy and a partnership with New Jersey’s colleges and universities.

Proposal Continue to Recruit Hire and Train New Staff

We believe the existing investment in hiring new staff will continue to pay off. As of March 2006, there were 138 trainees already hired and on-board but not yet ready to carry a caseload. Those trainees will gradually enter the workforce and help relieve some pressure on the frontlines. We need to continue to hire at least 68 staff per month – of whom 60 will survive the trainee period. We need to hire in order to replace existing caseload carrying staff, to cover staff who are out on leave, and to increase the net number of staff available to carry cases. At a rate of 60 per month, it will take us until October 2007 to hire all of the staff we need to achieve caseload targets. We have increased our capacity to train new staff – we now have three training cycles starting per month. It takes six months for staff to finish training and begin to build a caseload – and a year before most are able to handle a full caseload. Therefore, it takes at least a year to realize the return on staff hired now. Consequently, it will be October 2008 before all of the staff hired through October 2007 reach full caseload carrying capacity. Utilizing March 2006 referral rates as our baseline, it will take until December 2008 to achieve the caseload targets.

The budget proposal for FY2007 includes funding for our existing staff, additional caseload carrying staff, and funding for training. We proposed increasing current funding for caseload carrying staff at \$13.6 million which involves reallocating 200 positions previously utilized at the recently closed Arthur Brisbane Child Treatment Center to DYFS frontline positions. We will need an additional \$15.6 million to hire the additional required caseload-carrying staff, a budget item we will need to cover with existing funds in our base budget. A further \$5.4 million in our proposed budget supports the annualization of the cost of existing positions from FY 2006. The budget proposal includes funding in the amount of \$650,000 to underwrite graduate social work

Chart of Progression from Hiring through Training to Full Caseload at hiring rate of - per month

| | Jul-06 | Aug-06 | Sep-06 | Oct-06 | Nov-06 | Dec-06 | Jan-07 | Feb-07 | Mar-07 | Apr-07 | May-07 | Jun-07 | Jul-07 | Aug-07 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Jul-06 | 68 | | | | | 64 | | | | | | 60 | | |
| Aug-06 | | 68 | | | | | 64 | | | | | | | |
| Sep-06 | | | 68 | | | | | 64 | | | | | | |

New Jersey Focusing on the Fundamentals

Well-Being

Summary: Reform requires preventive services to keep families from harm, services to keep families together, mental health services for children in crisis, healthcare for children in out of home placement, treatment homes and residential treatment slots for our neediest children in out of home placement, and services to find and support families for children who need homes. The costs of failure to provide services will force families and children into crisis, generating expensive reliance on hospitals, institutions, and foster care.

Benchmarks:

Child Welfare

Child Welfare

- Ensure protective services are available to children in crisis and
- ensure that the state is able to respond to the needs of children

Domestic Violence

- Ensure that all children are safe and that the state is able to respond to the needs of children in crisis
- Ensure that the state is able to respond to the needs of children in crisis

Child Support

- Ensure that all children are safe and that the state is able to respond to the needs of children in crisis
- Ensure that the state is able to respond to the needs of children in crisis

Child Support

- License child support agencies to ensure that all children are safe and that the state is able to respond to the needs of children in crisis
- Ensure that the state is able to respond to the needs of children in crisis

Child Support

- Ensure that all children are safe and that the state is able to respond to the needs of children in crisis
- Ensure that the state is able to respond to the needs of children in crisis

Child Support

- Ensure that all children are safe and that the state is able to respond to the needs of children in crisis
- Ensure that the state is able to respond to the needs of children in crisis

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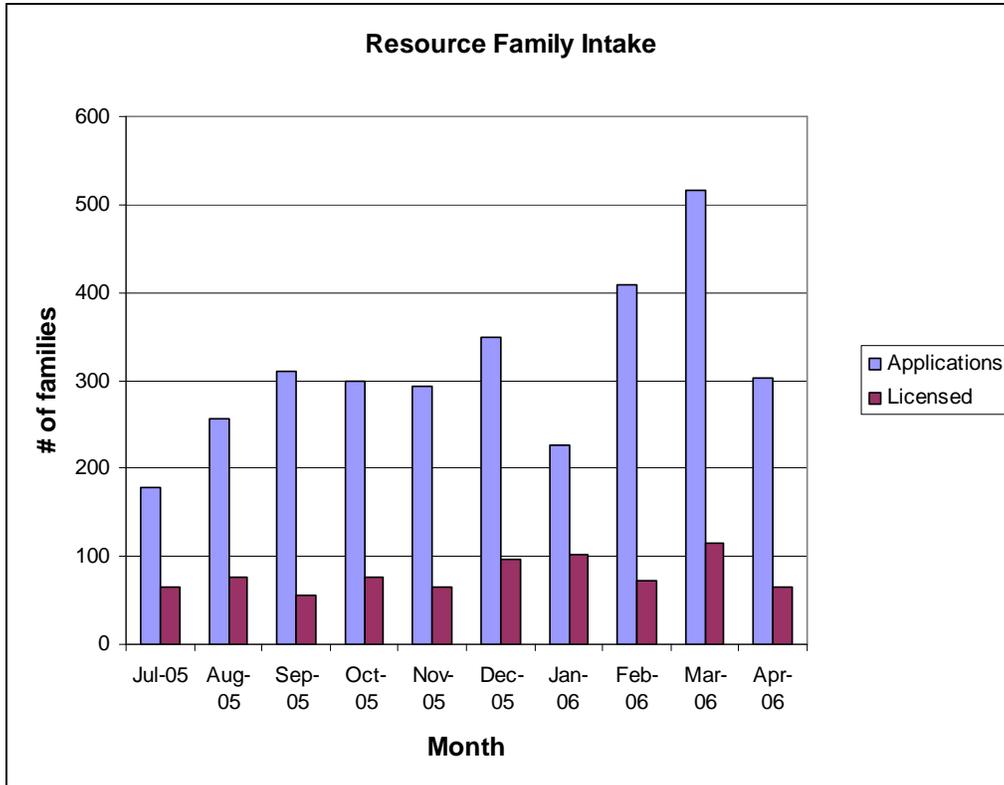
- Access to a wide range of prevention services in non-emergency situations
- Develop a coordinated system of effective interventions for children at risk of dropping out of school, substance use, and other dependencies

Analysis The promise of delivering well-being for New Jersey's most vulnerable children is the work of the current Office of Children's Services. The reformulated Division of Prevention and Community Partnerships will work in partnership with local communities to deliver critical services from birth through adolescence. The Division of Children's Behavioral Health delivers mental health supports to children and families throughout the state. And the Division of Youth and Family Services provides services to intact families

Note that our current budget also contains a modest additional investment (\$150,000) in mentor services for our adolescent population. Several national studies have documented the efficacy of mentor services and as documented in the recent Association for the Children of New Jersey report, outcomes for our adolescent population in care need substantial improvement.

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In order to achieve reform, one of the critical areas of additional investment is in resource families. We need addition



Proposal 1 prove our licensing rate

The short-term challenge for us is to tackle the gap between the number of applications received and the number of families licensed per month. In order to tackle this challenge, we want to begin by creating an impact team who will report directly to senior management. We will utilize data to target areas with the largest group of applications awaiting processing. We will form the team together from the existing resource family licensing group to focus solely on licensing of new homes. We will pair this licensing group with local resource family support staff. We will select the local offices based on the important combination of leadership, capacity, and need. We will arm them with data to help them problem solve. We will then set aggressive targets to work with resource families to identify and solve the challenges associated with the application process. We will experiment with different partnership models – for example, pairing up the licensing and field staff at different stages in the process to see which is most efficient. We will use this team not only to yield critically needed results but also as a learning group to identify system barriers and assist us in problem-solving. We will conduct flow analysis to identify systemic clogs. This group will also help us identify critical training and support ne

Proposal Refine the Tracking System and Establish Targets

Each level of the organization needs to measure resource family recruitment, application processing and retention, and we need to set targets. We need easy to use tracking systems which differentiate between kin and non-kin homes.

Our staff need to know how many resource families we expect them to bring on line and how they are doing. The power of information is remarkable. As the chart below illustrates, recent efforts by the field to set targets are paying off. In March 2006, we met or exceeded our goals in licensing families in 14 of our 21 counties. Targets help staff identify expectations and celebrate achievements – and push when they do not experience success. What we want to do is to support these efforts more robustly and give our staff the tools the 6.73286 0 Td ()Tj 4.32827 0 T

died. And some families were no longer interested in serving as foster fa

believe that some provider agencies may be better poised than our own staff to conduct home studies in target neighborhoods, particularly with kin, and then in turn, provide support to those kinship families. We will redeploy existing dollars in our base budget to meet this need.

P e n_ e e_ ces

One of the most under-delivered components of reform in New Jersey has been in the arena of preventive services. Sound preventive services can reduce rates of maltreatment and improve well-being and life outcomes for thousands of children. We have spent the last several months meeting with abuse prevention experts, reviewing the preventive services research literature, and talking with a wide variety of potential partners in New Jersey. New investment in this arena is critical.

Widely unrecognized are the investments already made in school-based youth services which leverage federal funding streams. Those services work with at-risk youth and youth in need in their schools. We receive referrals for these services from teachers and counselors, and parents also ask for our assistance. We believe investments in these school based services have paid off in the past and should be continued into the future. We od praden

Wellbeing
Requested Additional Investment

| | <u>Ann z on</u> | <u>Ne P o es</u> | <u>O e</u> |
|-------------------------|-----------------|------------------|------------|
| Pe en on e ces | | | |
| A e Pe en on nd ppo | | | |
| y ppo e ces | | | |
| Do es c o nce e ces | | | |
| o e s on | | | |
| c oo B ed Yo e ces | | | |
| Be o e e ces | | | |
| e en o e | | | |
| Be o Ass nce | | | |
| y ppo n z ons | | | |
| C se M n e en O n z ons | | | |
| Yo ncn e P o | | | |
| Yo C se M n e en | | | |
| Ann zed Cos C A | | | |
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| N es fo Loc Offices | | | |
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| es ce y Bo d es | | | |
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New Jersey
Focusing on the Fundamentals

Permanency

Summary: New Jersey has made small improvements on some measures in achieving permanency for children – but we still have a long way to go to achieve reform. The state must continue to invest in services, including flex funds, addiction treatment and reunification counseling, which can allow for the safe reunification of children with their families. In focusing on the fundamentals, we must invest substantially to assist the children with the greatest need, those who cannot be reunified with their families. We must rebuild a strong adoption program to deliver permanency for children who need homes and to avoid potential federal financial penalties if federal adoption targets are not met by September 2007. We are moving forward with a plan to establish specialized adoption practice units in all DYFS offices. In Newark, where the greatest number of children await adoption, we

Bench marks (achievement dependent on proposed level of investment)

By y

- Increase access to flex funds for families targeted for reunification

By Dec 06

- Implement adoption plans for each local office including targets based on milestones and finalizations for each office
- Identify existing contracts which can be redeployed to support paralegal, home study, child summary writer and other critical adoption support services
- Assemble and deploy SWAT team from central office to concentrate on offices of greatest need
- Assemble impact team from among resource family recruiters to concentrate on recruiting adoptive homes for 100 longest waiting children
- Hire, redeploy, and train sufficient staff so that 35% of offices have average caseloads for adoption staff consisting of 18 or fewer children
- Finalize 1100 adoptions during calendar year 2006

By Dec 07

- Hire, redeploy, and train sufficient staff so that 60% of offices have average caseloads for adoption staff consisting of 18 or fewer children with a subset of 35% of offices achieving average caseloads for adoption staff of 15 or fewer children.
- Issue RFPs and have awarded contracts for critical adoption services
- Be on track to finalize 1400 adoption by the end of calendar year 2007

Analysis: There are signs that New Jersey's considerable investments in new permanency staff (see section on Safety) are beginning to deliver returns. Last year, a higher percentage of children left care for a positive permanency outcome – reunification, adoption, guardianship – than in the previous five years. (Small rates of change on this measure are significant.) And although we have a considerable way to go, we are improving our rate of safe reunification – a historic source of struggle for New Jersey. In 2003, 30% of our children who exited care to reunification, re-entered in within 12 months, a rate that dropped last year to 24%. We also reduced our median length of stay last year to 10 months, almost a 10% improvement from 2003.

Proposals

- ***Improve accountability***
 - Incorporate adoption data into key management indicators at every level of organization and establish adoption targets
 - Ensure regular permanent

have several units. And in Newark, where the bulk of the backlog is concentrated and adoption practice grown particularly weak, we propose turning one of the four offices, all located in the same building, into one that concentrates solely on adoption practice. As Chart 1 below illustrates, our offices have already moved in that direction. We now need to move aggressively to realign caseloads – to move adoption cases with permanency staff to adoption staff and to move non-adoption cases currently carried by adoption staff to permanency staff. We will make an exception for cases close to closure or where there is a strong established relationship between the child and the worker. But our target is to have no more than twenty (ten/ten) cases exempted by exception per office. One third of our offices have currently met that target but almost half need to do considerable realignment work.

We want to make it clear that this local operational model is our model – with no more interim plans or structural changes of direction. Constant change confuses our staff and our community partners. We need to settle on an approach, including a structure, and commit to it and build it to capacity.

We will also root adoption expertise in our area office. We will utilize the

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ability to meet these critical caseload standards will only be possible if the necessary funding is available to support further investments in adoption services and staff for FY 2007.

Proposal 1 prove Accountability

In no arena is management by data more necessary. Because sound adoption practice requires execution of a succession of inter-locking tasks at identified stages of a child's stay in care, good practice requires data at each milestone in order to help staff understand how near or far they are from achieving the goal of delivering timely permanency through adoption for the children in care. The ARCs had a strong set of measures and set targets – by region, by office, and by staff member. We have staff who know how to do this well – and we are going to reinstitute this practice. Everyone – from frontlines through supervisor, local office manager, concurrent planning specialist, area office director, through senior leadership will track adoption data. Adoption measures will become a part of our core indicators.

We will have outcome data but we will also keep process data. We have already begun to build an interim system utilizing existing resources while we incorporate the necessary measures into NJ SPIRIT. We will hold regular permanency conferences in each case – at the five and ten month marks. At the ten month mark, if the child's goal appears to need to change to adoption, we will prepare for the twelve month permanency hearing in advance. We will have a checklist of tasks to be completed by the permanency staff person in advance of the hearing. An adoption worker will be designated to the case, to meet the child and to be prepared to take over smoothly after the permanency hearing if the judge changes the goal. We will track these

partnership with the local office staff – not to takeover, which would mean that while a case might get resolved, we leave no expertise behind. We want to be strategic and use the SWAT team as a tool for continuous quality improvement in our adoption practice. We will pull together the SWAT team utilizing central office, area office, and local expertise. We propose beginning this process within the last six months of 2006 after adoption staff are added to the central office. We are also going to redeploy a group of existing resource family recruiters to assemble an adoption impact team to concentrate on doing child specific recruitment for the 100 longest waiting children.

We also want to use private partners strategically where the partners' strengths match our need. We believe some private agencies may be better poised to complete home studies and support pre-adoptive and adoptive families in some areas where we have great need. We can also utilize outside assistance in drafting child summaries, gathering documents, and scheduling. Given the existing paucity of internal expertise, we also need to invest in adoption experts to mentor our local staff.

Our first step on the road to partnership is going to be an analysis of our existing contracts, which is part of a much larger contract analysis effort under the leadership of our newly identified chief financial officer for the projected DCF. This experienced fiscal professional is teaming up with our senior leadership to diagnose our existing business practice and improve it. One of the priorities for the analysis will be a review of our existing contracts related to adoption to identify which of those have yielded positive results and which might need to be redirected. We are also going to analyze the range of how we use our resources and consider redirecting other contracts to meet the pressing needs in this area. We are committed to utilizing sound contracting processes – which will require not only redeployment of existing resources but additional work to issue requests for proposals and awards on a timely basis. We have extremely limited contractual and proposal development capacity and will need to grow it. We are committed to growing that capacity and to utilizing competitive processes. We understand that waivers must be the exception, not the rule. We also are committed to moving towards performance based contracting which delivers on outcomes that best serve our children and families.

As pressing as our need is on this front, we must first do our contract analysis and build our infrastructure in order to ensure the best use of the existing dollars. To that end, we anticipate that we will issue our first RFP in this arena in November 2006 and would hope to complete the awards by February 2007. We will get faster at this process as our capacity grows but we must be realistic at the start. These investments will only be possible if the legislature supports our requests for additional

***Adoption
Charts***

Chart 1: Analysis of Adoption Caseloads By Local Office

| | | Cases Adoption (May 2006) | with Staff | Adoption Cases | | | |
|--|--|---------------------------------|---------------|-------------------|--|--|--|
| | | | | | | | |

Chart 2: Adoption Case Realignment Analysis (Based on Chart 1)

| Achieving Caseloads Status (% of offices) | Pure Adoption For Adoption Staff |
|--|--|
| 58% | No more than 10 non adoption cases on office's adoption staff caseload |
| 14% | 11-20 non adoption cases on office's adoption staff caseload |
| 28% | 21 or more non adoption cases on office's adoption staff caseload |
| | For Non Adoption Staff |
| 53% | No more than 10 adoption cases on office's non-adoption staff caseload |
| 23% | 11-20 adoption cases on office's non-adoption staff caseload |
| 23% | 21 or more adoption cases on office's non-adoption staff caseload |
| | Met Both Criteria |
| 33% | Met both criteria completely |

Chart 3: Backlog Analysis by Local Office

| | | Legally Free (April 2006) | | | |
|-----------------------------------|-----------------|---------------------------|-----|-------------------|-----|
| | | Placed | | Waiting Backlog = | |
| Area Office | Local Office | # | % | # | % |
| Atlantic/ Cape May | Atlantic | 17 | 27% | 45 | 73% |
| | Cape May | 5 | 16% | 27 | 84% |
| Bergen | Bergen Central | 10 | 19% | 42 | 81% |
| | Bergen South | 8 | 22% | 28 | 78% |
| Burlington | Burlington West | 16 | 17% | 76 | 83% |
| Camden | Camden Central | 33 | 49% | 35 | 51% |
| | Camden East | 7 | 19% | 29 | 81% |
| | Camden North | 15 | 37% | 26 | 63% |
| | Camden South | 15 | 28% | 36 | 72% |
| Cumb/ Glouc/ Salem | Cumberland West | 9 | 25% | 27 | 75% |
| | Gloucester East | 2 | 15% | 11 | 85% |
| | Gloucester West | 6 | 67% | 3 | 33% |
| | Salem | 17 | | | |

| | | | | | |
|---------------------------|-------------------|-----|-----|------|-----|
| | Mercer South | 17 | 30% | 40 | 70% |
| Middlesex | Middlesex Central | 24 | 20% | 95 | 80% |
| | Middlesex Coastal | 0 | 0% | 1 | 50% |
| | Middlesex West | 17 | 40% | 25 | 60% |
| Monmouth | Monmouth North | 11 | 17% | 55 | 83% |
| | Monmouth South | 6 | 16% | 32 | 84% |
| Morris/ Sussex | Morris | 17 | 23% | 58 | 77% |
| | Sussex | 9 | 38% | 15 | 62% |
| Ocean | Ocean North | 18 | 26% | 51 | 74% |
| | Ocean South | 8 | 19% | 34 | 81% |
| Passaic | Passaic Central | 26 | 32% | 56 | 68% |
| | Passaic North | 8 | 62% | 5 | 38% |
| Union | Union East | 19 | 16% | 99 | 84% |
| | Union West | 17 | 20% | 69 | 80% |
| | Union Central | 9 | 31% | 20 | 69% |
| | | | | | |
| State Totals | | 493 | 22% | 1747 | 77% |

**New Jersey
Focusing on the Fundamentals**

NJ SPIRIT

Su ary: Improve the quality and accountability of DYFS direct service and administrative operations in order to improve safety, permanency, and well-being outcomes for children and families by developing a comprehensive, automated child welfare case management.

Requested Additional Investments

N P s dfy , df , ,

- **Release 2 – Phase 1** – Access to the NJ SPIRIT system for **all** (approximately 6,000) DYFS staff and other associated users (e.g., Deputy Attorneys General) providing automation of legal forms, letters and other documents (June 2006).
- **Release 2 – Phase 2** - Case management, fiscal functionality, federally required interfaces to other Federal programs such as Title IV-E and Medicaid, automation of eligibility determination for Federal funding of out-of-home placement (March 2007)
- **Release 3** – Additional interfaces to the court system and other age

- Litigation staff will have access to 44 legal documents. The documents will be saved with the family case in NJ SPIRIT; thus, becoming part of the electronic case folder.
- Litigation staff and court staff (e.g., DAGs) can revise documents together within NJ SPIRIT; thus, streamlining the process of preparing and reviewing documents while improving version control and security.
- Other staff can access the case folder for a specific family and view the litigation documents associated with that case. NJ SPIRIT will maintain a history of all legal documents completed within the system and they will be linked to a family case.
- Resource recruitment events (e.g., recruitment for family resource homes) will be recorded, including contact information of families that expressed interest.
- All staff will have the ability to search statewide for people and cases that already exist in NJ SPIRIT. Staff will be able to see Intakes associated with these cases. With read-only access, staff can read Intake information previously entered into NJ SPIRIT. R2P1 will streamline the current processes by allowing the staff to view all the information without having to

| Case Management | Common Management | Resource Management | Reporting |
|------------------------|--------------------------|----------------------------|------------------|
| Medical/Mental Health | Email | Address | |

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