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The Center for the Study of Social Policy was appointed by the Honorable Stanley R. Chesler of the United States District Court for the District of New Jersey as Federal Monitor of the class action lawsuit *Charlie and Nadine H. v. Christie*, aimed at improving outcomes for children and families served through New Jerseyôs child welfare system. As Monitor, CSSP has been charged with independently assessing New Jerseyôs compliance with the goals, principles and outcomes of the Court Order entered on December 1, 2005; the Modified Settlement Agreement (MSA) entered on July 17, 2006; and now the Sustainability and Exit Plan (SEP) entered on November 4, 2015, that supersedes the MSA. This is the fourth monitoring report measuring progress under the SEP and includes performance data for the period January 1 through June 30, 2017.[1]

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The Monitorôs public reports cover six month periods.[2] The primary sources of information on New Jerseyôs progress are quantitative and qualitative aggregate and back-up data supplied by the Department of Children and Families (DCF) and independently validated by the Monitor. DCF provides access to staff at all levels to enable the Monitor to verify performance.

As part of its multi-year reform, DCFôs capacity to accurately collect and analyze data and make it regularly available to the public has significantly grown. Reflecting this increased capacity, the Monitor first looks to the stateôs data for analysis and takes steps to validate its accuracy. The Monitor also retains the authority to engage in independent data collection and analysis where needed. The state has committed to continuing to expand the data that it publishes on its public website.[3] In addition, DCF now publishes a large amount of data regularly on the publically accessible New Jersey Child Welfare Data Hub, which was developed in collaboration with Rutgers University.[4] The Data Portal, launched in November 2016, allows users to view customized charts and graphs related to New Jersey child welfare data, and incorporates information from the formerly produced quarterly Demographics Report.

Reports that the state currently publishes on its website, the schedule for regular production of those reports and the addition of new reports include:

- Commissionerôs Monthly Report[5] ï *Current and produced monthly*. This report gives a broad data snapshot of various DCF services. The report includes information from Child Protection & Permanency (CP&P), Office of Adolescent Services (OAS), Institutional Abuse Investigation Unit (IAIU), Childrenôs System of Care (CSOC), Family & Community Partnerships and the Division on Women.

- Screening and Investigations Report[6] ï *Current and produced monthly*. This report details State Central Registry (SCR) activity, including data regarding calls to the Child Abuse and Neglect Hotline,

assignments to CP&P offices and trends in Child Protective Services (CPS) Reports and Child Welfare Services (CWS) Referrals.

- Workforce Report[7] ï *Planned to be produced annually; next report expected December 2017*. This report provides information regarding the demographics and characteristics of current workers, as well as a variety of indicators of workforce planning and development.

- Childrenôs Interagency Coordinating Council Report[8] ï *Current and produced monthly*. This summary report details referral and service activity for CSOC. It also includes demographics, referral sources, reasons, resolutions and services provided.

- New Jersey Youth Resource Spot[9] ï *Ongoing and updated as relevant*. The website offers the latest resources, opportunities, news and events for young people. This site includes a list of current Youth Advisory Boards, as well as additional resources available in each county and statewide.

- DCF Needs Assessment[10] ï *Planned to be produced annually*. DCF will produce an annual report on its website and will report twice annually to the Monitor. The most recent report entitled *DCF Needs Assessment 2016 Report #2: Qualitative Findings* updates interim findings on DCFôs three year multi-phase Needs Assessment process to identify the resources needed to serve families with children at risk for entering out-of-U

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Section II provides an overview of the stateôs accomplishments and challenges during this monitoring period. Section III provides summary performance data on each of the outcomes and performance measures required by the SEP in Table 1: *Charlie and Nadine H. v. Christie* Child and Family Outcome and Case Practice Performance Measures.

Section IV provides information related to the SEP Foundational Elements.[14] Section V provides more detailed data and discussion of performance on SEP Outcomes *To Be Maintained* and Outcomes *To Be Achieved* in the following areas:

- Investigations of alleged child maltreatment (Section V.A);
- Implementation of DCFôs Case Practice Model; including Family Team Meetings, case planning and visitation (Sections V.B, V.C & V.E);
- Educational engagement for children in out-of-home care (Section V.D);
- Placement of children in out-of-home settings (Section V.F);
- Efforts to achieve permanency for children either through reunification with family, legal guardianship or adoption (Section V.H);
- Provision of health care services to children and families (Section V.I);
- Services to older youth (Section V.J);
- Caseloads (Section V.L);
- District Attorneys General (DAsG) Staffing (Section V.M);
- Accountability through the Qualitative Review and the production and use of accurate data (Section V.N);
- Needs Assessment (Section V.O); and
- Fiscal Year 2018 budget (Section V.P).

[14] The Foundational Elements requirements of the SEP intentionally recognize the stateôs accomplishments in early implementation of the MSA. At the Monitorôs discretion, based on a concern that a Foundational Element has not been sustained, the Monitor may request additional data. If the data demonstrate a persistent problem, in the Monitorôs discretion, the state will propose and implement corrective action (SEP.II).

As of June 30, 2017, there were a total of 4,856 licensed resource family homes in the state, 1,780 (37%) of which were kinship homes.

As described in more detail in Section V.F, DCF continues its recruitment planning and targeting processes, with a particular focus on tailoring recruitment towards homes willing and able to accommodate large sibling groups. As of June 30, 2017, there were a total of 98 large capacity Siblings in Best Placement Settings (SIBS) homes: 22 homes with a capacity to accommodate five or more children and 76 homes that could accommodate four children.

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DCF workers plan for and conduct Family Team Meetings (FTMs) as a core practice to engage families and their formal and informal supports to discuss strengths and needs, craft individualized service plans and track progress toward accomplishing case plan goals. As discussed in Section V.B, the SEP includes five performance measures pertaining to FTMs, three of which have previously been met and are designated as Outcomes *To Be Maintained*: the requirement that FTMs be held within 45 days of a childôs removal (IV.B.16); the requirement that for children in out-of-home placement, at least three additional FTMs after the initial FTM be held within the first 12 months of placement (IV.B.17); and the requirement that children in care after 12 months with the goal of reunification have at least three FTMs each year (IV.B.18). DCF has not yet met the remaining two SEP targets in this area: FTMs held after 12 months in placement for children with a goal other than reunification (IV.B.19) and a measure of the quality of teaming practice (IV.B.20).

DCF has been struggling to maintain solid performance on FTMs for children in care within 12 months of placement with a goal of reunification (IV.B.17) and for children in care after 12 months with a goal of reunification (IV.B.18). Between January and June 2017, DCF implemented a corrective action plan for Measure 18, aimed at improving performance on FTMs for children in care after 12 months with a goal of reunification. The plan required Local Office Managers (LOMs) and Area Directors to review

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The child and family outcomes and case practice performance measures are 48 measures and Foundational Elements that assess the stateôs performance in meeting the requirements of the SEP (see Table 1). These performance measures cover the areas of child safety, permanency, service planning, child well-being and ongoing infrastructure development pertaining to core elements such as appropriate staffing, caseloads and training.

Many of the measures are assessed through a review of data from NJ SPIRIT[18] and SafeMeasures,[19] and, in some areas, these data are independently validated by the Monitor. Data are also provided through DCFôs work with Hornby Zeller Associates, Inc. who assist with data analysis. With few exceptions, performance data provided in this report are as of June 2017.

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IV.A.15	Quality Investigations	85% of investigations shall meet the standards for quality investigations. The Monitor, in consultation with the parties, shall determine appropriate standards for quality investigations.	NA: quality measured through an Investigation Case Record Review, last conducted in September 2016.[22]	NA: quality measured through an Investigation Case Record Review, last conducted in September [illegible]	

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IV.D.23	Quality of Case Plans	80% of case plans shall be rated acceptable as measured by the QR process. The Monitor, in consultation with the parties, shall determine that standards for quality case planning.	49% of cases rated at least minimally acceptable on both QR indicators *case planning process* and *tracking and adjusting*.[27] (CY 2016)	CY 2017 data not yet available.[28]	Not reported in this period.

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IV.B.18	Subsequent FTMs after 12 months ï Reunification Goal	After the first 12 months of a child being in care, 90% of those with a goal of reunification will have at least three FTMs each year.	In December 2016, 80% of children with a goal of reunification had three or more FTMs after 12 months of placement. Monthly range during July ï December 2016 monitoring period: 69 to 88% (does not account for acceptable exceptions).[41]	In June 2017, 75% of children with a goal of reunification had three or more FTMs after 12 months of placement. Monthly range during January ï June 2017 monitoring period: 67 to 94% (accounts for acceptable exceptions).[42]	No[43]

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III.B.2	Supervisor/Worker Ratio	95% of offices will have sufficient supervisory staff to maintain a 5 worker to 1 supervisor ratio.	100% of Local Offices have sufficient supervisory staff.	100% of Local Offices have sufficient supervisory staff.	Yes
III.B.3	IAIU Investigators Caseload	95% of IAIU investigators will have (a) no more than 12 open cases, and (b) no more than eight new case assignments per month.	100% of IAIU investigators met caseload standards.	100% of IAIU investigators met caseload standards.	Yes
III.B.4	Permanency Workers (Local Offices) Caseload	95% of local offices will have average caseloads for permanency workers of (a) no more than 15 families, and (b) no more than 10 children in out-of-home care.	100% of Local Offices met permanency standard		

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III.C.6	Timeliness of Current Plans	95% of case plans for children and families will be reviewed and modified no less frequently than every six months.	In December 2016, 95% of case plans were reviewed and modified as necessary at least every six months. Monthly range during July ï December 2016 monitoring period: 95 to 96%.	In June 2017, 96% of case plans were reviewed and modified as necessary at least every six months. Monthly range during January ï June 2017 monitoring period: 96 to 97%.[49]	Yes
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III.D.7	Adequacy of DAsG Staffing	The state will maintain adequate DAsG staff positions and keep positions filled.	133 (100%) of 133 staff positions filled with five staff on leave; 128 (96%) available DAsG.	129 (100%) of 129 staff positions filled with five staff on leave; 124 (96%) available DAsG.[50]	Yes

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	Implement and sustain a Case Practice Model		

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& 6WDWH &HQWUDO	Received by the field in a timely manner	Commissionerôs Monthly Report	Yes
	Investigation commenced within required response time	Commissionerôs Monthly Report	
	Appropriate placements of children Resource family homes lh	QR data Data are currently provided directly to the Monitor.[72] Monitor site visits and attendance at QRs, ChildStat and other meetings	R
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Known as ñFoundational Elements,ò the SEP identified a series of core organizational and practice improvements that have provided the base on which New Jerseyôs ‘

supplemented with field day experiences and field guide activities as part of a caseworkerôs pre-service training.

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Section II.D of the SEP provides that ñwhen out-of-home placement is necessary, DCF will provide the most appropriate and least restrictive placements, allowing children to remain in their own communities, be placed with or maintain contact with siblings and relatives and have their educational needs met. The State shall maintain an adequate number and array of family-based placements to appropriately place children in family settings.ò

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DCFôs pool of placement resource homes and group settings continues to meet the needs of children in out-of-home care, as described in more detail in Section V.F of this report.

As of June 2017, 6,607 children were in out-of-home placement: 6,025 (91%) of whom were in family-like settings (52% placed in non-kinship resource family homes and 39% in kinship homes). Seven percent of children were placed in group and residential settings and two percent were in independent living programs. Between January and June 2017, DCF recruited and licensed 638 kinship and non-kinship resource family homes; 395 (62%) were kinship homes and 243 (38%) were non-kinship homes. As of June 30, 2017, there were a total of 4,856 licensed resource family homes in the state, 1,780 (37%) of which were kinship homes.

As described in more detail in Section V.F of this report, DCF continues to focus on recruiting and retaining homes willing to accommodate large sibling groups, while also seeking homes for older youth with behavioral health challenges. As of June 30, 2017, there were a total of 98 large capacity SIBS homes; 22 homes with a capacity to accommodate five or more children, and 76 homes that could accommodate four children.

A total of 724 resource family homes closed between January 1 and June 30, 2017, resulting in a net loss of 86 homes, far fewer than the previous monitoring period in which DCF reported a net loss of 209 resource family homes. The majority of homes closed (403 homes, or 56%) were kinship homes. DCF attributes improvement in this area to its aggressive recruitment and retention efforts, including the newer initiatives described below.

Recent efforts to support placement stability and increase foster parent retention include:

- Mobile Response and Stabilization Services (MRSS): MRSS is intended to provide increased support to children and youth in placement and resource families in an attempt to avoid the trauma that results from multiple placements. Within one hour of a resource or kinship home being identified ï unless arrangements are made for a visit within 24 hours ï MRSS dispatches a worker to the placement/resource home for an assessment and short-term stabilization services if needed. Between January and June 2017, DCF implemented MRSS in Essex, Passaic, Hudson, Burlington and Monmouth counties. MRSS is now available in every county.

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Section II.J of the SEP requires the state to continue to strengthen and sustain appropriate permanency and adoption practices for the children and youth it serves, recognizing that permanency work begins at intake and encompasses the elements of the Case Practice Model.

Between January and June 2017, DCFôs work to improve permanency outcomes for children and families included:

- Permanency Workshops: DCFôs Central Office facilitated statewide permanency workshops for supervisors and casework supervisors focused on enhancing case practice and fostering consistency and collaboration.
- ñOvercoming Barriers to Permanencyò Conference: DCF worked with the Administrative Office of the Courts (AOC) to plan the annual Children in Court conference, which was themed ñOvercoming Barriers to Permanencyò and took place in March 2017.
- Adolescent Permanency Training and Roundtables: In January and February 2017, the Office of Adolescent Services trained over 100 DCF staff on Permanency Roundtables for youth who have not yet achieved legal permanency. In February and March 2017, DCF held Permanency Roundtables with 53 youth.

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This section of the report provides information on the SEP requirements that the state is focusing on achieving ï designated as Outcomes *To Be Achieved* ï and those requirements for which the state has satisfied the specified performance targets for at least six months ï designated as Outcomes *To Be Maintained*.

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The SEP includes four performance measures related to investigative practice ï one is currently designated as an Outcome *To Be Achieved*: quality of investigations (IV.A.15); and the other three measures are Outcomes *To Be Maintained*: timeliness of IAIU investigation completion (III.A.1); timeliness of alleged child abuse and neglect investigation completion within 60 days (IV.A.13); and investigation completion within 90 days (IV.A.14). Performance for all four measures during the current monitoring period are discussed below.

conducted targeted case record reviews at several Local Offices of investigations that were not completed timely to further explore investigative practice. CP&P Local Offices, including Cumberland-East and Passaic-North, conducted targeted reviews of investigations that were not completed timely to further explore investigative practice. This enabled them to reduce the backlog of overdue investigations and connect families with community services.

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The Institutional Abuse Investigations Unit (IAIU) is responsible for investigating allegations of child abuse and neglect in resource family homes and other out-of-home care settings, as well as in child care facilities, detention centers, schools and residential facilities.[90]

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wait to review data from July through December 2017 to see if DCFôs performance improvement strategies are effective before recommending a change in categorization for this measure.

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4XDQWLWDWLYH 4XDOLWDWLY	18. Subsequent Family Team Meetings after 12 Months: For all children in placement with a goal of reunification, the number/percent who have at least three FTMs each year after the first 12 months of placement.
3HUIRUPDQF	After the first 12 months of a child being in care, 90% of those with a goal of reunification will have at least three FTMs each year.

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Visits between children in foster care and their workers, parents and siblings is critical to protecting childrenôs safety, strengthening family connections and improving prospects for permanencr

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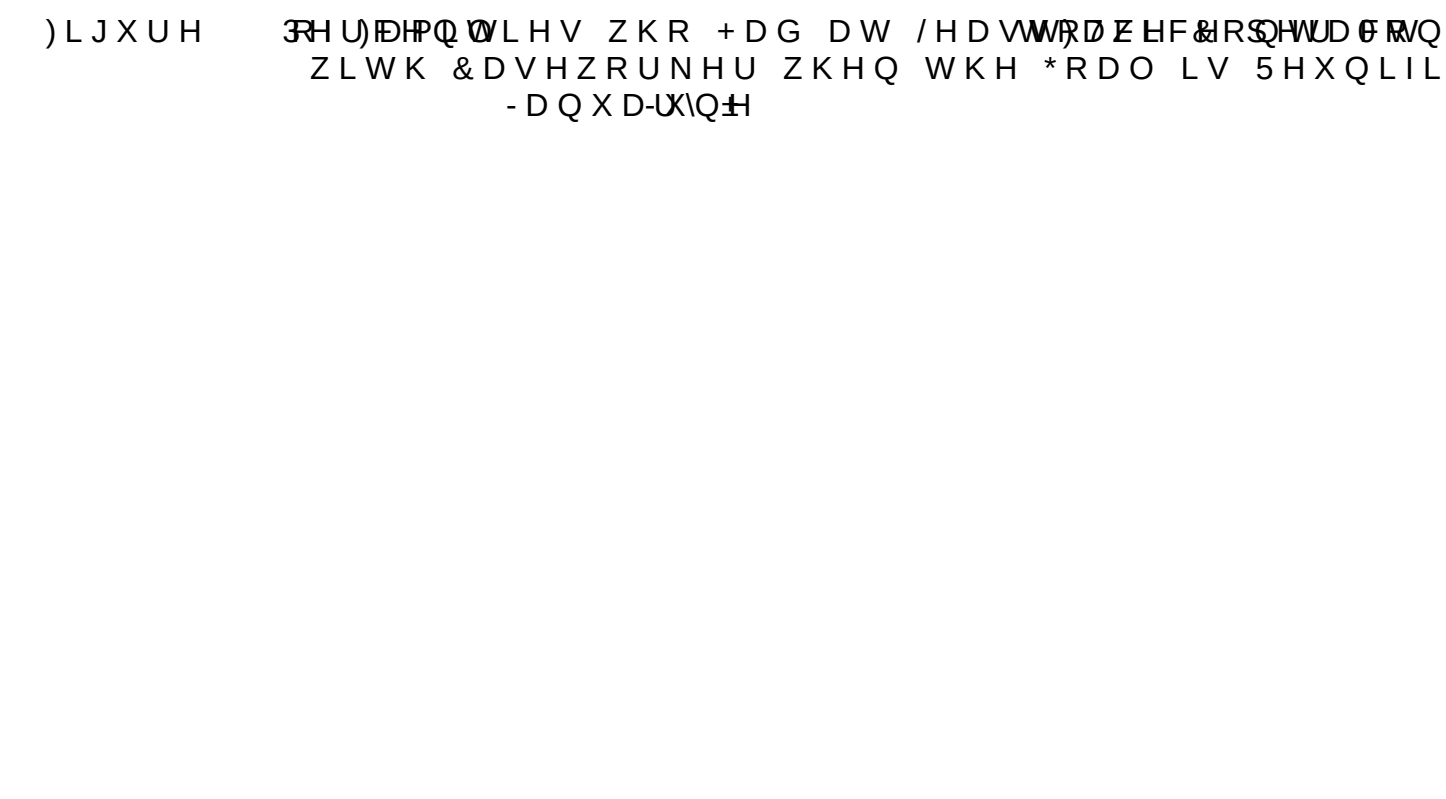

Source: DCF data

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Between January and June 2017, a monthly range of 80 to 85 percent of children had a weekly visit with their parents when their permanency goal was reunification.[106] This performance exceeds the SEP requirement.

month.[108] DCF performance does not meet the required level for visits between children in custody and siblings who are not placed with them (see Figure 3 below).

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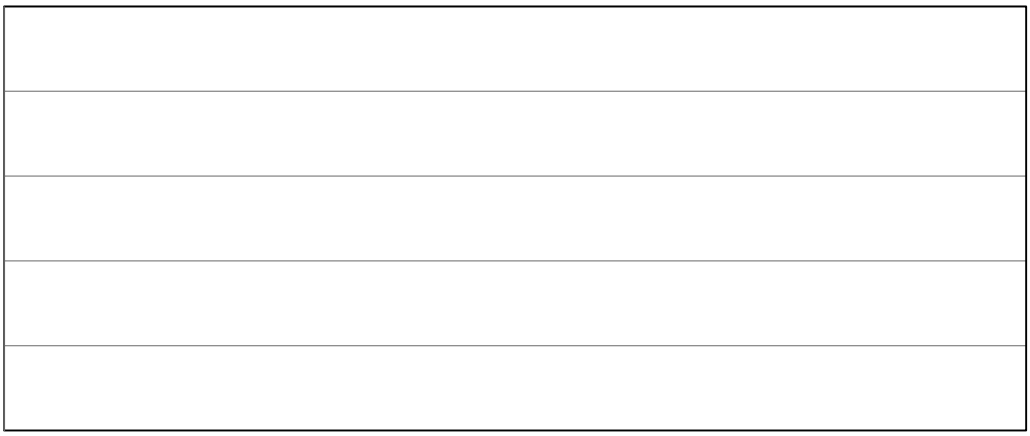

Source: DCF data

[108] Reported performance may understate actual performance because data do not account for instances in which a visit is not required. A review of a statistically significant sample of cases by the Monitor in a prior monitoring period found that exceptions were not appropriately applied in a majority of cases. The Monitor has therefore not excluded any cases from the universe of cases requiring sibling visits during this monitoring period.

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DCF policy requires siblings to be placed together whenever possible, and that children experience as few placement changes as necessary when in out-of-home placement. The SEP includes three measures related to the placement of sibling groups (IV.G. 32 ï 34) and two measures related to placement stability (IV.G. 35 ï 36). All placement measures are designated Outcomes *To Be Maintained*.

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The state is responsible for ensuring the safety of children who are receiving or have received services from DCF. This responsibility includes ensuring the safety of children who are placed in resource family homes and congregate facilities and preventing future maltreatment. There are four performance measures related to these goals ï three are designed as Outcomes *To Be Maintained*: abuse and neglect of children in foster care (III.H.12); repeat maltreatment for children who remain in their esin hIŮŮn1ln ‘ ƧIŮŮn8.1n א `me.Ò ndl’÷
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Early in New Jerseyôs child welfare reform efforts, DCF built Child Health Units (CHUs) to facilitate and ensure the timely provision of health care to children in CP&P custody. CHUs exist in each CP&P Local Office and are staffed with Regional Nurse Administrators, Nurse Health Care Case Managers (HCCMs) and staff assistants, based on the projected number of children in out-of-home placement.

Section III.E of the SEP requires the state to ñmaintain its network of child health units, adequately staffed by nurses in each local office.ò This standard is designated as an Outcome *To Be Maintained*. In what has become a model for other child welfare systems throughout the country, each child placed in a resource home has a nurse assigned for health care case management. Since the development of the CHUs, the Monitor has reviewed data to assess staffing adequacy and has found the CHUs to be fully staffed according to a standard of one nurse for every 50 children in foster care placement.

4XDQWLWDWLYH 4XDOLWDWLYH	8. Child Health Units: The State will continue to maintain its network of child health units, adequately staffed by nurses in each Local Office.
3HUIRUPDQFH7DUJHW	DCF will maintain adequate staffing levels in Local Offices.

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As of June 30, 2017, DCF had 173 HCCMs and 82 staff assistants. Of the 173 HCCMs, an average of 166 were available for coverage for an average ratio of one HCCM to every 40 children in out-of-home care, exceeding the standard of one HCCM to 50 children in out-of-home care.

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The Monitor and DCF staff together conducted a case record review of the 81 youth who exited care between January and June 2017 without achieving permanency; this measure was applicable to 71 youth.[112] There was documentation of a housing plan upon exiting CP&P care in all 71 cases, making compliance for this measure 100% for the first time this monitoring period. This is a significant achievement that reflects DCFôs and OASôs ongoing commitment to the older youth in its care.

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4XDQWLWDWLYH 4XDOLWDWLYH	48. Employment/Education: Youth exiting care without achieving permanency shall be employed, enrolled in or have recently completed a training or an educational program or there is documented evidence of consistent efforts to help the youth secure employment or training.
3HUIRUPDQFH 7	90% of youth exiting care without achieving permanency shall be employed,

3HUIRUPDQFH DV RI -XQH

The Monitor and DCF jointly conducted a case record review of the 81 youth who exited care without achieving permanency between January and June 2017; this measure was applicable in 69 cases.[113] Sixty youth were either employed or enrolled in education or vocational training programs, and there was documentation of consistent efforts by the caseworker to help an additional youth secure education or employment. Overall, there was satisfactory performance with this measure in 65 (94%) of cases. DCF has now exceeded the outcome measure for youth exiting care.

[112] Ten youth were excluded from consideration due to being incarcerated or not being located. There was one youth fatality that was also excluded from this measure.
[113] Twelve youth were excluded from this measure due to being incarcerated, not being located, or relocated and in the process of enrolling. There was one youth fatality that was also excluded from this measure.

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Caseload compliance is measured by assessing caseloads for individual caseworkers in each of the systemôs functional areas (Intake, Permanency, Adoption and IAIU) as well as office standards for each CP&P Local Office. Table 3 summarizes the SEPôs caseload standards for ǐndividual workers.ʻ kers.

The SEP includes eight performance measures related to caseloads [illegible]

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DCF caseload data are collected and analyzed through NJ SPIRIT and SafeMeasures. As in previous monitoring periods, the Monitor verified caseload data supplied by DCF by conducting telephone interviews with randomly selected workers across the state. The caseload verification process included workers in all areas in which the SEP establishes caseload standards: Intake, Permanency and Adoption. A sample of 170 workers were selected f4 = ` r]

Among the 121 workers who participated in the phone interviews conducted by Monitor staff for caseload verification, 15 were Adoption workers. One of the 15 (6%) workers interviewed reported exceeding caseload standards at some point during the period of January through June 2017.

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Performance data for January through June 2017 shows that 100 percent of Local Offices and 100 percent of individual workers[119]

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4XDQWLWDWLYH 4XDOLWDWLVH	21. Needs Assessment: The State shall regularly evaluate the needs for additional placements and services to meet the needs of children in custody and their families, and to support intact families and prevent the needs for out-of-home care. Such needs assessments shall be conducted on an annual, staggered basis that assures that every county is assessed at least once every three years.
)LQDQFLDU JHW	The State shall develop placements and services consistent with the findings of these needs assessments.

DCF, in partnership with the Institute for Families at Rutgers University School of Social Work (IFF), has been engaged in a multi-year Needs Assessment process to identify the strengths and needs of families with children at risk of entering out-of-home placement as well as those already in care. A detailed description of DCFôs Needs Assessment process is available in previous Monitorôs reports and published by Rutgers in two interim reports.[120] In sum, Phase I involved a review of DCF internal reports and assessments completed by DCF and its partners from CY 2008 to CY 2014. Phase II involved an analysis of its findings and identification of seven areas of need: caregiver mental health, caregiver substance abuse, child mental health, child substance abuse, poverty, housing and domestic violence.[121]

In Phase III of the Needs Assessment process, in order to further understand the needs of children and families involved or at risk of involvement with DCF, researchers at the Rutgers School of Social Work conducted interviews and focus groups with family members, staff and contracted service providers ï involving a total of 170 participants ï to elicit information about the strengths, needs, gaps and barriers related to DCFôs provision of services. Between July and December 2016, Rutgers reviewed transcripts from the focus groups and interviews, and analyzed and coded themes that emerged from this qualitative data. Rutgers also examined the particular needs and issues facing families with multiple needs and/or frequent contact with the child welfare system. Rutgersô report on Phase III of the process was released in May 2017.[122] In that report, Rutgers synthesized findings from the Phase III qualitative data into a set of themes, each of which relate to the identified 10 domains.

General themes include:

- Caregivers need services that help them maintain their recovery over time;
- Caregivers need mental health services that address co-occurring issues;
- Families impacted by domestic violence need a comprehensive service array;

[120] DCFôs Needs Assessment: Interim Report 2015 can be found here: http://www.state.nj.us/dcf/childdata/continuous/DCF_Needs_Assessment_Interim-Report.pdf; DCFôs Needs Assessment: Interim Report 2016 can be found here: http://nj.gov/dcf/childdata/protection/DCF.Needs.Assessment.Interim.Report_3.16.pdf

[121] During Phase III of the Needs Assessment process, Rutgers identified three additional domains: justice system-involved children and caregivers, challenging populations (defined as populations especially challenging to serve across several need domains, including low-income and undocumented families) and multi-need, frequent contact families.

[122] DCFôs Needs Assessment 2016 Report #2: Qualitative Findings can be found here: http://www.nj.gov/dcf/childdata/protection/DCF.Needs.Assessment.Quality.Report_4.17.pdf

- Children need consistent, individualized mental health services;
- Children need trauma-informed mental health services;
- Caregivers need stable housing when children are in out-of-home placement;
- Dually-involved children need coordination between the juvenile justice and child welfare systems;
- Multi-need, frequently-encountered caregivers need help coping with complex life situations; and
- DCF staff and contracted service providers need help knitting together fragmented services to address complex family needs.

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As discussed in the prior monitoring report, the Governorôs proposed FY 2018 budget took effect July 1, 2017. The FY 2018 budget for DCF totals $1.211 billion in state funds, an increase of $28 million, or 2 percent, over the FY 2017 adjusted appropriation of $1.183 billion. The budget includes $22.3 million of new State funding for the Childrenôs System of Care (CSOC). The investments in CSOC include $31.9 million for Intensive In-Home Behavioral Assistance and $5.7 million for Care Management Organizations. DCFôs funding for programs and services in child protection and the CSOC is based on trend data which reflect current projections and is therefore expected to meet the commitments for programs and services to support children in out-of-home placement as well as in their community, school and at home. DCFôs FY 2018 budgeted positions are 6,671; an 11 position increase over FY 2017 reflecting additional staff hired to meet SEP needs. Budgeted salary resources and position allocations will support the positions required in the SEP.

DCF leadership has indicated that the proposed FY 2018 budget provides sufficient funds to carry out the stateôs responsibilities for child protection; childrenôs mental health; services to support children in their own homes and in out-of-home placement; and to achieve the SEP outcomes related to childrenôs safety, permanency and well-being.

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$ &)	Administration for Children and Families
$) & $ 5 6	Adoption and Foster Care Analysis and Reporting System
$, 3	AFCARS Improvement Plan
$ 4 & V	Area Quality Coordinators
$ 6 2	Administrative Services Organization
% & : (3	Baccalaureate Child Welfare Education Program
& $ 3	Corrective Action Plan
& & /	Child Care Licensing
& & 5 0 7	Congregate Care Risk Management Team
&) 6 5	Child and Family Service Review
& + (&	Comprehensive Health Evaluation for Children
& + 8	Child Health Unit
& , &	Children in Court
& , $ & &	Childrenôs Interagency Coordinating Council
& / 6 $	Casey Life Skills Assessment
& 0 (	Comprehensive Medical Examination
& 0 2	Case Management Organizations
& 0 6	Centers for Medicare and Medicaid Services
& % 7	Cognitive Behavioral Therapy
& 3 (3	Child Placement Enhancement Project
& 3 0	Case Practice Model
& 3 6	Child Protective Services
& 4 ,	Continuous Quality Improvement
& 6 $	Contracted System Administrator
& 6 2 &	Childrenôs System of Care
& 6 6 3	Center for the Study of Social Policy
& : 3 3 *	Child Welfare Policy and Practice Group
& : 6	Child Welfare Services
& : 7 $	Child Welfare Training Academy
& < % (5	Child Youth Behavioral Electronic Health Record
' $ *	Deputy Attorney General
' & $	Department of Community Affairs
' & % + 6	Division of Child Behavioral Health Services
' &)	Department of Children and Families
& 3 3	Division of Child Protection and Permanency
' '	Developmental Disability
' ' '	Division of Developmental Disabilities
' ' + +	Division of the Deaf and Hard of Hearing
' ' 0 ,	Developmental Disability/Mental Illness
') & 3	Division of Family and Community Partnerships
' + 6	Department of Human Services
' 3 & 3	Division of Prevention and Community Partnerships
' 5	Differential Response
' <) 6	Division of Youth and Family Services
(' :	Electronic Data Warehouse
(3 6 ' 7	Early and Periodic Screening, Diagnosis and Treatment
(7 9	Education and Training Voucher
) $) 6	Foster and Adoptive Family Services
) $) 6 $	Free Application for Federal Student Aid
) ' &	Family Development Credential
) (0 $	Federal Emergency Management Agency
)) 7	Functional Family Therapy
) 4 + &	Federally Qualified Health Center
) 6 &	Family Success Centers
) 6 2	Family Support Organizations
) 6 6	Family Service Specialist
) 7 (	Full-Time Equivalent
) 7 0	Family Team Meeting
) ; %	Francois-Xavier Bagnoud Center
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