



Qualitative Review 2014 Annual Report

A Report by the Office of Performance Management and Accountability

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Commissioner

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Introduction

The New Jersey Department of Children and Families (DCF) relies on quantitative and qualitative data to expand our knowledge and inform our work.

We regularly collect and analyze quantitative data to measure and examine our efforts on behalf of children and families. But quantitative data alone may fail to explain contextual factors, which can have a significant impact on our work.

Qualitative data helps uncover trends in thought and opinion and provide insight into issues. Our qualitative review process assesses our overall performance. It identifies our strengths and areas for improvement to support positive outcomes for children and families.

The results from our most recently completed qualitative review are available in this report.

As a learning organization committed to continuous and unvarnished self-assessment, collecting and analyzing such information is a necessity.

As a transparent and accountable organization, we believe sharing this information benefits all New Jerseyans, creating understanding and instilling confidence in how we work to ensure a better today and an even greater tomorrow for every individual we serve.

Regards,
Allison

Allison Blake, PhD, LSW
Commissioner
NJ Department of Children and Families

Executive Summary

The Qualitative Review (QR) is a nationally-recognized process used to assess the overall performance of a child welfare system by evaluating (1) how agency staff work to help system-involved children and families (Practice Performance Indicators) and (2) what happens to children and families as a result of these efforts (Child and Family Status Indicators). The QR process provides data that can be used by agency leaders to identify strengths and build on those successes, as well as highlight those areas meriting further attention and improvement.

QR is a week-long activity during which trained and certified reviewers perform a thorough assessment of randomly-selected case records and conduct in-depth interviews with children, their caregivers or parents, and supports or service providers. The QR process for the State of New Jersey Department of Children and Families (DCF) is conducted by DCF's Office of Performance Management and Accountability (PMA).

In 2014, PMA led QR reviews in 15 of the state's 21 counties, with a sample that included 1,770 interviews linked to 180 children/youth. For a complete description of the QR methodology, review preparation and ratings, please review Appendices A and B. Counties receive their results, and subsequently produce a Program Improvement Plan to guide their efforts to address areas of concern and continue to strengthen and support areas of success.

Child and Family Status

Child and Family Status indicators focus on safety, stability, permanency, well-being and learning and development of children receiving DCF services. QR results for 2014 show that DCF continues to perform strongly in these core areas, validated by an average STRENGTH rating of 90% for Overall Child and Family Status (indicated when 70% or more of all cases reviewed scored an acceptable rating). This is the third consecutive year that the QR ranking for Overall Child and Family Status exceeded 90%, demonstrating consistency in the Department's outcomes in these critical areas.

Of the 11 individual child and family status indicators reviewed, 10 were rated in the "Acceptable" range, with eight indicators scoring above 83% (*Safety at Home, Safety in Other Settings, Stability in School, Living Arrangements, Physical Health, Emotional Well-Being, Learning and Development Under Age Five, and Learning & Development Age Five and Older*).

Target Improvement Area

Only one indicator, *Progress toward Permanency*, was identified as an area in need of improvement, with fewer than 70% of cases are rated as acceptable. Reviewers identified challenges related to effective concurrent planning for reunification and other permanency options. Further, delays incurred through the court system also negatively impacted the ability to move children toward permanency in a timely manner. Other notable issues included lack of clarity around permanency goals; delays in reunification due to therapeutic services not being implemented in a timely manner; a lack of diligent efforts in locating non-custodial parents;

delays in termination of parental rights appeals in court; and limited focus on permanency in some case plans.

Practice Performance

Practice Performance Indicators focus on how agency staff provides critical services to families involved with the child welfare system in New Jersey. The DCF case practice model identifies engaging, teaming, assessing, planning, intervening, and tracking and adjusting as key activities to effective practice with vulnerable children, youth and families.

QR results for 2014 show that DCF continues to make progress in core areas of practice. The Overall Practice Performance Indicator was identified as an area in need of improvement, with 66% of cases reviewed being rated as acceptable. This score represents a 9% increase from the previous year, when 57% of the cases were rated as acceptable on the Overall Practice Performance Indicator.

Of the 24 individual Practice Performance Indicators reviewed, 12 were rated in the "Acceptable" range, with five indicators scoring above 85% (*Assessment – Resource Caregiver, Provision of Health Care Services, Resource Availability, Family & Community Connections – Siblings, and Family Supports – Resource Caregiver*). The percentage of cases rated as acceptable increased for 20 out of 24 individual practice indicators between 2013 and 2014, with increases ranging from 1% to 13%. Two Practice Performance Indicators remained the same while two others decreased minimally, by 1% each.

Target Improvement Areas

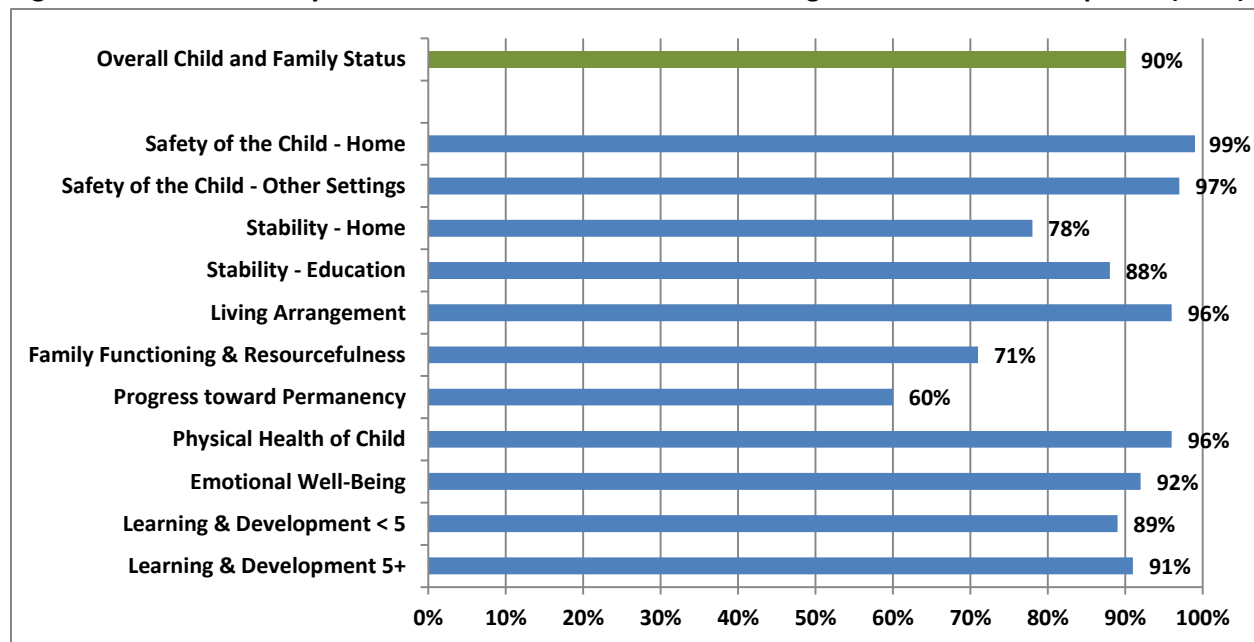
Despite the substantial increases in the percentage of cases rated acceptable, several practice areas require continued attention, particularly in the areas of engagement with and assessment of parents; team formation and functioning; and case planning. While indicators related to engaging and assessing children and resource caregivers and providing support to resource caregivers were all identified as practice strengths, continued work is needed to ensure similar work with parents is conducted and documented. Barriers to successful teaming included difficulty engaging all available formal and informal supports; and a lack of consistent communication and information-sharing among team members. Case planning improvements include a need to better engage the family in developing the plan and ensuring that all parties have a clear understanding of the steps required to achieve case goals. Several issues were identified related to the tracking and adjusting component of case practice including having a clear vision of success for the family beyond child welfare's involvement, identifying steps necessary for reunification or case closure, and planning for "what could go wrong."

Child and Family Status Indicators At-A-Glance

Child and Family Status Indicators capture what happens to children as a result of receiving DCF services. The indicators focus on the core child welfare outcomes of safety, stability, permanency, well-being, and learning and development of children receiving DCF services.

QR results for 2014 show that DCF continues to achieve a high level of positive impact in these core areas (Figure 1 below). The Overall Child and Family Status Indicator was recognized as a strength, with 90% of cases reviewed being rated as acceptable. (A strength is indicated when 70% or more of all cases receive an “acceptable” rating). DCF has consistently maintained this positive trend, as the Overall Child and Family Status Indicator was also identified as a strength in the 2013 and 2012 QRs, with 91% and 90% of cases rated as acceptable, respectively.

Figure 1. Child and Family Status Indicators-at-a-Glance: Percentage of Cases Rated Acceptable (2014)



Most notably, a full 10 out of 11 of the individual Child and Family Status Indicators were recognized as strengths at the state level based upon 70% or more of cases rated as acceptable (Figure 1 above).

High ratings related to safety, both at home and in other settings, resulted from identifying potential risk factors and addressing them as needed. Reviewers also identified outstanding practices related to promoting children’s stability at school. They noted strong efforts to work with school officials (e.g., principals, social workers and guidance counselors) to provide children with supports needed to remain and succeed in school. Successes related to learning and development included timely referrals to early intervention services for the youngest children and strong academic planning and financial support for youth planning to attend

college. High ratings on the Physical Health of the Child Indicator resulted from the overwhelming majority of children being found to be up-to-date on well-visit examinations and immunizations. Additionally, chronic conditions such as asthma, diabetes and scoliosis were well managed both by professionals and at home. Reviewers also noted that medication management was a strength in many cases.

Target Improvement Area

Only one indicator, *Progress toward Permanency*, was identified as an area in need of improvement, with 60% of cases rated as acceptable. (An indicator is recognized as an area in need of improvement if fewer than 70% of cases are rated as acceptable.) However, it should be noted that this represents a 3% increase from 57% in 2013, signifying positive momentum forward on this indicator. Reviewers identified challenges related to effective concurrent planning for reunification and other permanency options. Further, delays incurred through the court system also negatively impacted the ability to move children toward permanency in a timely manner. Other notable issues included lack of clarity around permanency goals; delays in reunification due to therapeutic services not being implemented in a timely manner; a lack of diligent efforts in locating non-custodial parents; delays in termination of parental rights appeals in court; and limited focus on permanency in some case plans.

Practice Performance Indicators At-A-Glance

Practice Performance Indicators focus on how agency staff provide critical services to families involved with the child welfare system here in New Jersey. The DCF case practice model identifies engaging, teaming, assessing, planning, intervening, and tracking and adjusting as key activities to effective practice with vulnerable children, youth and families.

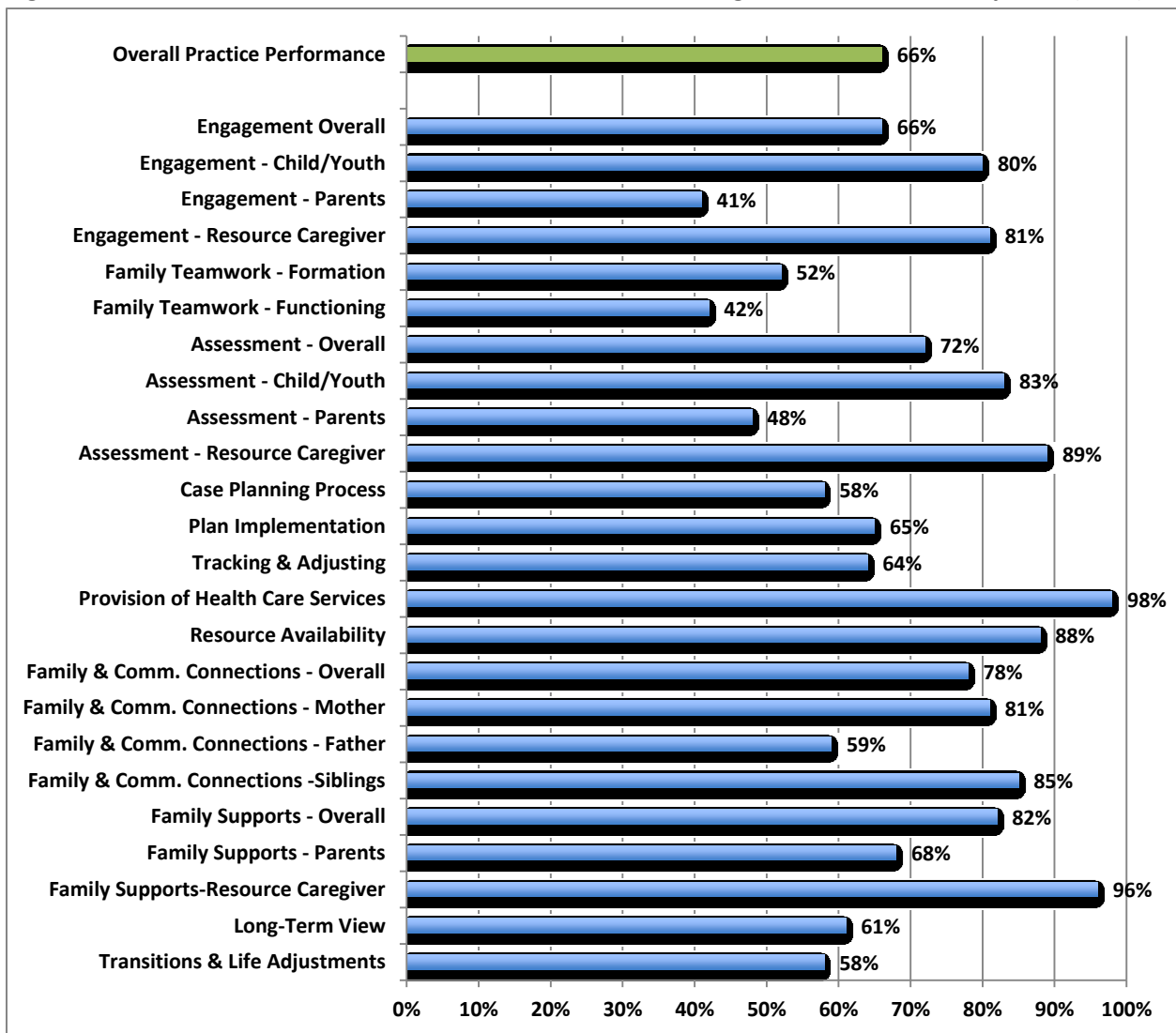
QR results for 2014 show that DCF continues to make progress in core areas of practice (Figure 2). The Overall Practice Performance Indicator was identified as an area in need of improvement, with 66% of cases reviewed being rated as acceptable. However, it should be noted that 66% represents a significant (9%) increase from the previous year, when 57% of the cases were rated as acceptable in the Overall Practice Performance Indicator.

At the statewide level, 12 out of 24 individual indicators of practice performance were recognized as strengths, based upon 70% or more of cases rated as acceptable. The percentage of cases rated as acceptable increased for 20 out of 24 individual practice indicators between 2013 and 2014, with increases ranging from 1% to 13%. Two Practice Performance Indicators remained the same while two others decreased minimally, by 1% each.

In particular, reviewers noted high levels of performance related to provision of health care services and support of resource caregivers. Reviewers also found performance strengths related to engaging youth and resource caregivers, child and resource caregiver assessment, resource availability, and family and community connections for mothers and siblings.

The reviews found that children received appropriate preventative health care, as well as treatment for special medical needs. Engaging with children and youth was identified as a strength in cases in which children and young adults in care felt trustful of their worker. In one case, a youth reported that her worker allowed her to take healthy, developmentally-appropriate risks such as buying her first car. In another case, a youth reported that the caseworker advocated for him to maintain his preferred living arrangement. In these cases youth also reported feeling that their voices had been heard and that they were decision makers in their cases. Reviewers indicated that being responsive in providing information to meet the needs of the child in care contributed to high ratings for engagement with resource caregivers.

Figure 2. Practice Performance Indicators-at-a-Glance: Percentage of Cases Rated Acceptable (2014)



The agency also earned high ratings for having an array of resources available to meet the needs of system-involved children and families. Services such as trauma-informed therapy, early intervention services, GED programs, educational supports, and life skills training were readily available for youth while substance abuse treatment, parenting classes and mental health treatment was accessible for parents.

Target Improvement Area

Despite the substantial increases in the percentage of cases rated acceptable, several practice areas require continued attention, particularly in the areas of engagement with and assessment of parents; team formation and functioning; and case planning. While indicators related to engaging and assessing children and resource caregivers and providing support to resource caregivers were all identified as practice strengths, continued work is needed to ensure similar work with parents is conducted and documented. Work remains to be done to ensure attitudes toward parents involved with the child welfare system are more consistently strengths-based, trauma-informed, and inclusive.

Barriers to successful teaming identified through the QR include difficulty engaging all available formal and informal supports; and a lack of consistent communication and information-sharing among team members. Some reviewers also felt that team members sometimes limited their cooperation out of fear that their comments would be used by the family or agency in court, resulting in case plans becoming driven by the caseworker, instead of the team.

Lingering issues around case planning included a need to better engage the family in developing the plan to ensure it reflects the perspective of the parents and ensuring that all parties have a clear understanding of the steps required to achieve case goals. Some reviewers noted that, at times, case plans did not seem individualized, or that they simply reflected the terms of a court order. In addition, some reviewers felt that plans were sometimes not updated to reflect changes in the family situation and that communication with families was not always sufficient to assess effectiveness or viability of the current plan.

Several issues were identified related to the tracking and adjusting component of case practice. Specifically, reviewers found that a clear vision of success for the family beyond child welfare's involvement was at times missing, as well as a "shared view" of success. Identifying specific steps necessary for reunification or case closure and planning for "what could go wrong" were also cited as challenges. Finally, reviewers felt that, in a number of cases, children's transitions were not thoroughly identified or planned for, leading to an array of adjustment challenges.

Global Recommendations for Improvement

Specific, actionable recommendations to address the issues described above are provided in the indicator summaries presented throughout this report, as well as summarized in Table 1 below:

Table 1. Summary of Recommendations

Focus Area	Recommendations
<p>Ensuring children move toward permanency in a timely manner</p> <p><i>Indicators:</i> <i>Progress toward Permanency</i></p>	<ul style="list-style-type: none"> • Enhance efforts around concurrent planning and its documentation through further training, supervisory attention, and mentoring • Continue to build collaboration with and provide education to courts regarding the critical developmental and socio-emotional importance of timeliness towards permanency.
<p>Working effectively with parents</p> <p><i>Indicators:</i> <i>Engagement – Parents</i> <i>Assessment – Parents</i> <i>Family & Community Connections – Father</i> <i>Family Supports – Parents</i></p>	<ul style="list-style-type: none"> • Continue to explore strategies to support strength-based, trauma-informed and inclusive caseworker competencies and attitudes toward system-involved parents • Teach conflict resolution skills and provide increased supervisory support and tools related to engaging with parents who may appear hostile toward the caseworker or agency or reticent to engaging in case planning and receiving child welfare services • Ensure the recruitment, screening and selection processes assess caseworker attitudes and commitment to authentically partnering with parents in order to develop a workforce that is as committed to helping parents as it is to helping children • Consider developing a parent engagement specialist (or parent partner, parent leader, etc.) position to provide mentoring, assist with challenging cases and develop practice in this area, as well as finding additional ways to include parents in policy development, service design, and evaluation. • Help parents better understand their critical contribution to the case planning process by providing clear information about the system, as well as about their role and related expectations using multiple methods of delivery (e.g., discussion, pamphlets, videos, checklists, etc.)
<p>Improving teaming</p> <p><i>Indicators:</i> <i>Family Teamwork – Formation</i> <i>Family Teamwork - Functioning</i></p>	<ul style="list-style-type: none"> • Develop a checklist of formal and informal supports to help workers and families identify and engage potential team members • Clearly explain expectations to prospective participants using multiple methods of delivery (e.g., create videos to show successful family team meetings and how they contribute to positive case outcomes, share summaries of relevant research, etc.) • Establish ground rules to minimize conflict among participants

Table 1. Summary of Recommendations

Focus Area	Recommendations
	<ul style="list-style-type: none"> Facilitate ongoing, comprehensive communication by offering teleconference options for teaming, or by utilizing a secure website where team members can conveniently view updated case and team information Provide a “to-do” checklist to all team members to ensure they have the information necessary to be effective partners for strong case practice
<p>Improving case planning</p> <p>Indicators: <i>Case Planning Process</i> <i>Plan Implementation</i> <i>Tracking and Adjusting</i></p>	<ul style="list-style-type: none"> Provide “job support tools” that will facilitate case planning functions and effective strategies (e.g., outlines, lists of case goals, suggested activities, potential outcomes, tips, lessons learned and trends, etc.) Distribute case plans and related documents to all team participants in advance of each team meeting and use the case plan as a living document to help clarify and organize the work of the team
<p>Planning for future success</p> <p>Indicators: <i>Long-Term View</i> <i>Transitions & Life Adjustments</i></p>	<ul style="list-style-type: none"> Ensure that discussion of the long-term view is incorporated into every team meeting, perhaps starting each meeting with a reminder of the long-term view for the family Provide “job support tools” that will facilitate planning for future success and effective strategies (e.g., outlines, lists of case goals, suggested activities, potential outcomes, tips, lessons learned and trends, etc.) Ensure that families do not leave the system without needed resources and a “warm connection” with the local Family Success Center

DCF has embraced the QR process as an effective Continuous Quality Improvement tool to identify strengths and areas needing improvement, and guide program improvement at the state and local levels. While the creation of county-level program improvement plans to address areas of concern is a key component in the QR process, additional activities designed to disseminate positive findings and effective case practice strategies to achieve positive outcomes for children and families should be considered. Such efforts can help caseworkers enhance their “toolbox” of skills to ensure they have a rich array of user-friendly resources to help them meet the challenges in their daily work with children and families. Building upon DCF’s robust ChildStat processes and catalog of training courses and related materials, DCF might consider creating best practice tip sheets and expanding the use of topical newsletters.

Developing an electronic repository of “best practice tip sheets” that caseworkers can quickly consult for strategies related to important areas of effective practice, such as engaging families, identifying team participants, improving team functioning, assessing parents, conducting case

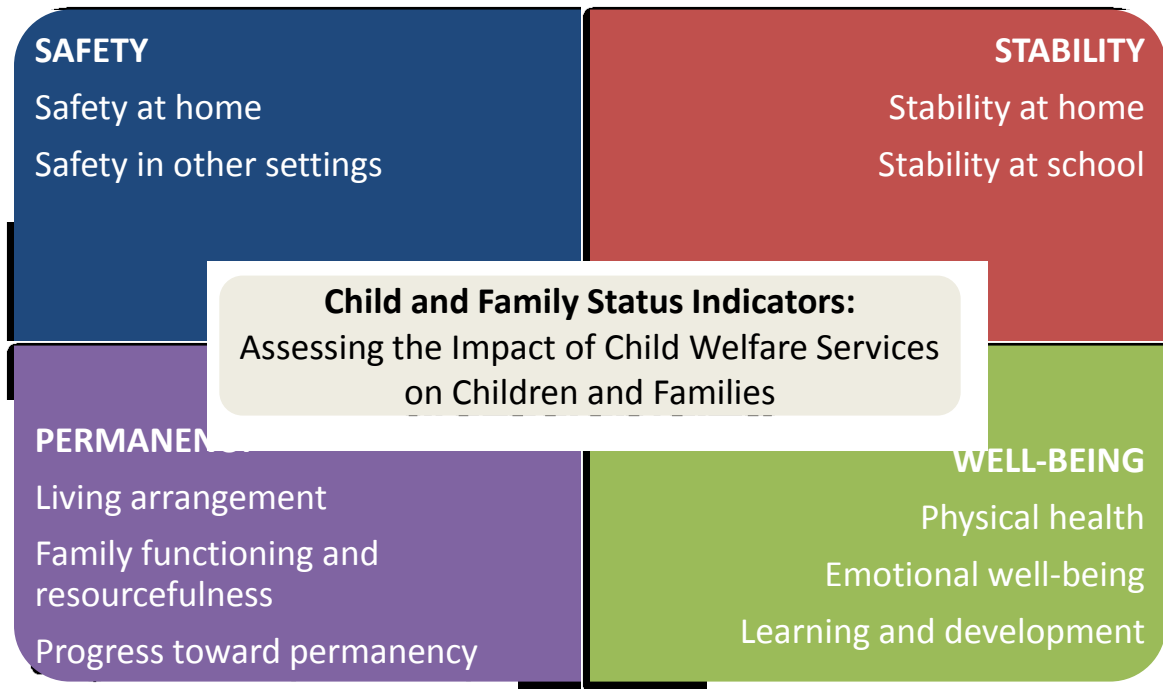
planning, building connections with fathers, identifying supports for parents, incorporating a long-term perspective into the work and planning for transitions and life adjustments. These tip sheets and/or topical newsletters could highlight specific strategies and action steps that have been found to be successful in child welfare casework practice in New Jersey and beyond.

Local Office Managers, in collaboration with case practice and supervisory staff, could identify outstanding interventions and request the caseworker prepare a short summary for dissemination, or engage in a structured Q&A. These efforts would serve a dual purpose of both critical information-sharing as well as staff recognition: building practice knowledge while highlighting strong case practice and role models for effective casework practice.

Overview of Child and Family Status Indicators

New Jersey’s public child welfare system works to improve safety, stability, permanency and well-being of vulnerable children and families. These four major child welfare outcomes provide the organizing framework for examining Child and Family Status Indicators through the Qualitative Review process. Each area is assessed using the outcome-specific indicators identified in Figure 3 below.

Figure 3. Conceptual Framework for Assessing Child and Family Status Indicators



Overall Child and Family Status Indicator: Summary

Overall Child and Family Status Indicator

Key Findings:

- The Overall Child and Family Status Indicator was identified as a strength at the state level and in all 15 counties participating in the review.
- Statewide, 90% of cases were rated acceptable for the Overall Child and Family Status Indicator.
- The percentage of cases rated acceptable for the Overall Child and Family Status Indicator by county ranged from 75% to 100%.

Recommendation:

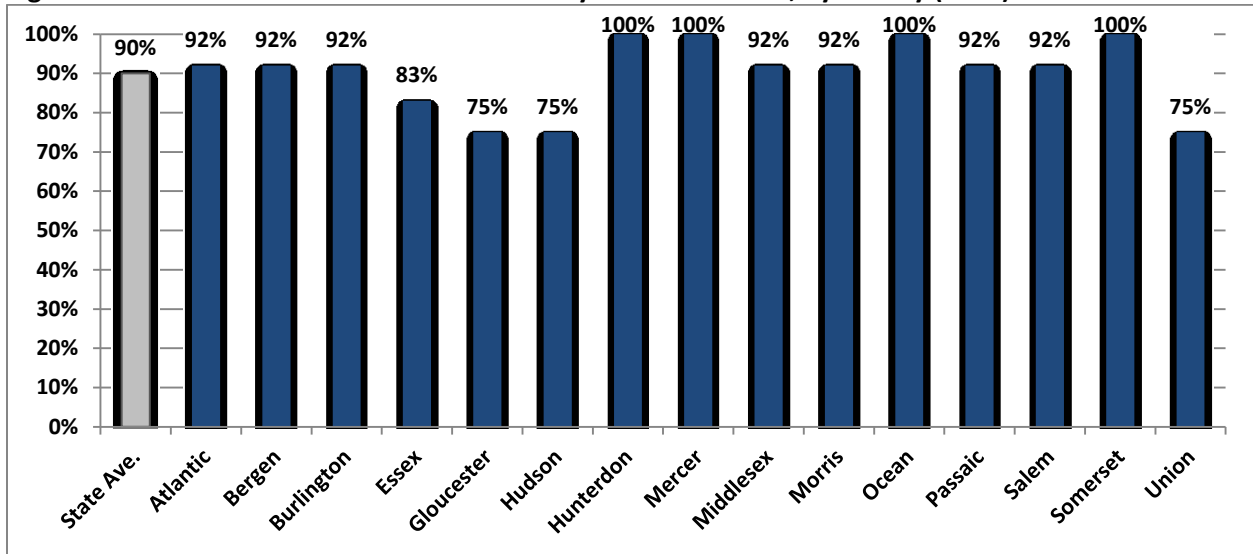
- Efforts should be maintained to continue strong performance in this area with a consistent focus on initiatives that will enhance safety, permanency, stability and well-being by synthesizing and sharing lessons learned and tips from the highest performing counties.

2014 Overall Child and Family Status Indicator

QR results for 2014 show that DCF continues to achieve a high level of positive impact in these core areas. The Overall Child and Family Status Indicator was recognized as a strength statewide, with 90% of cases reviewed being rated as acceptable. DCF has consistently maintained this positive trend, as the Overall Child and Family Status Indicator was also identified as a strength statewide in the 2013 and 2012 Qualitative Reviews, with 91% and 90% of cases rated as acceptable, respectively.

As shown in Figure 4 (below), the Overall Child and Family Status Indicator was documented as a strength in all 15 counties that were reviewed, with the percentage of cases rated as acceptable ranging from 75% to 100%.

Figure 4. Performance on Overall Child & Family Status Indicator, by County (2014)



Safety Highlights

Safety at Home and in Other Settings

Key Finding:

- The Safety at Home and Safety in Other Settings indicators were identified as strengths statewide and in all 15 counties.
- All of the cases (100%) in 13 of the 15 counties included in the review were rated as acceptable in terms of Safety at Home.
- 97% of all cases reviewed were rated acceptable for Safety in Other Settings.

Recommendation:

- Efforts should be maintained to continue strong performance in this area by synthesizing and sharing lessons learned and tips from the highest performing counties.

Safety – Why It Matters

A primary goal of the child welfare system is to protect children from abuse and neglect. Children are safe when they are free from known risks of physical abuse, neglect, intimidation and fear whether induced by parents, family, caregivers, neighbors, peers, teachers or anyone else with whom they interact.

Safety – How It Is Identified

Two safety measures are included in the QR process:

- Safety at Home
- Safety in Other Settings

Safety – Rating Scale

Reviewers assign an overall rating for each of the safety-related indicators using a six-point scale with the following rating levels: optimal (6), good (5), fair (4), marginal (3), poor (2) and unacceptable (1).

Safety at Home

The Safety at Home Indicator is used to assess the living environment of children who are living at home with their parents and those who are living in an out-of-home placement (such as a foster home or group home). Reviewers consider questions about the child's involvement in high-risk behaviors, caregivers or other persons living in the home, the presence of domestic violence or addictive behavior, and methods of discipline before determining the extent to which the child is safe at home.

Indicators of optimal safety and unacceptable Safety in the Home are described in Table 2 below.

Table 2. Indicators of Safety at Home

Optimal Safety	Unacceptable Safety
<ul style="list-style-type: none"> • The child has a highly safe living situation at home with fully reliable and competent parents/caregivers who protect the child well at all times. • Any protective strategies used are fully operative and dependable in maintaining safe conditions. • At home the child is free from abuse, neglect, exploitation, or intimidation and presents no safety risk to self or others. 	<ul style="list-style-type: none"> • A pattern of abuse, neglect, exploitation or intimidation by persons in daily life of the child is unaddressed at home. • Protective strategies may not be implemented or effective when used, leaving the child at risk harm. • The child may be exposed to continuing and increasingly serious intimidation or abuse and/or may present an increasing pattern of high-risk behaviors of a moderate to serious degree to self or others. • Necessary supervision and supports are either missing or are grossly inadequate.

Safety in Other Settings

The Safety in Other Settings Indicator assesses the extent to which the child is free from known risks of physical abuse, neglect, intimidation and fear in other environments in which they spend time. Among other things, reviewers consider questions related to intimidation or fear experienced by a child in their neighborhood or at school.

Indicators of optimal safety and unacceptable Safety in Other Settings are described in Table 3 below.

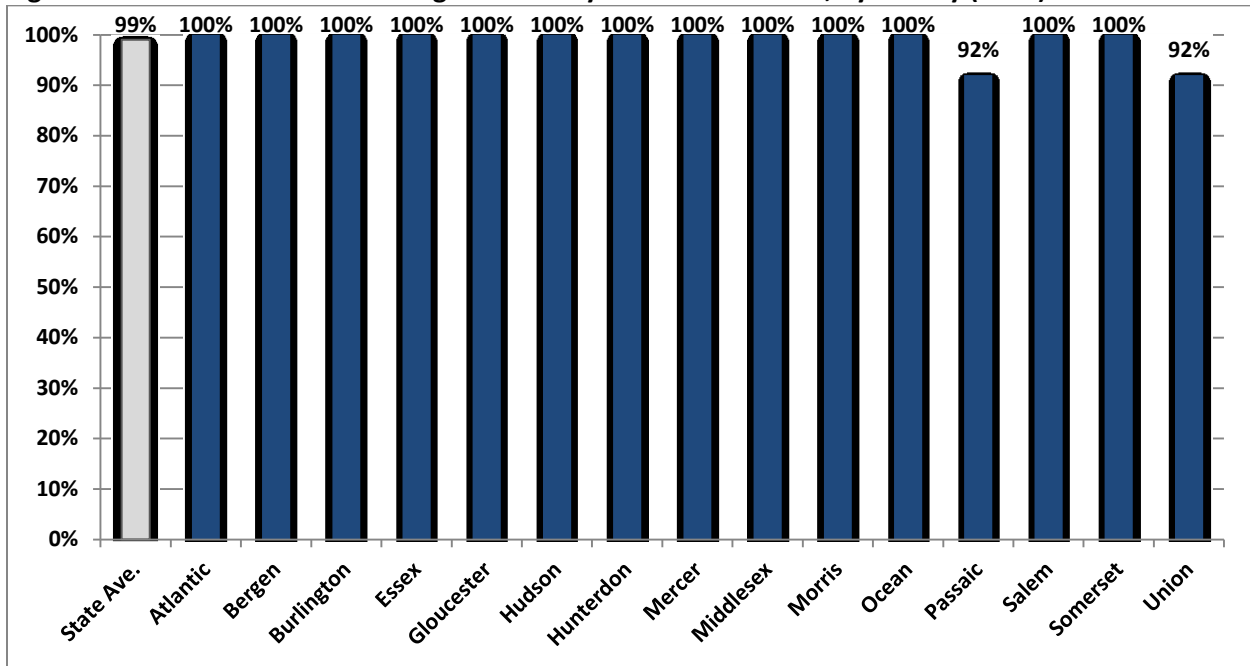
Table 3. Indicators of Safety in Other Settings

Optimal Safety	Unacceptable Safety
<ul style="list-style-type: none"> • The child is safe in other daily settings, including school and in the community. • At home and/or in other settings, the child is free from abuse, neglect, exploitation, or intimidation and presents no safety risk to self or others. 	<ul style="list-style-type: none"> • A pattern of abuse, neglect, exploitation or intimidation by persons in daily life of the child is unaddressed. • Protective strategies may not be implemented or effective when used, leaving the child at risk harm. • The child may be exposed to continuing and increasingly serious intimidation or abuse and/or may present an increasing pattern of high-risk behaviors of a moderate to serious degree to self or others. • Necessary supervision and supports are either missing or are grossly inadequate.

Safety at Home: Findings

As shown in Figure 5 (below), the percentage of cases in which the Safety at Home Indicator was rated acceptable averaged 99% across the state. All of the cases (100%) in 13 of the 15 counties included in the review were rated as acceptable in terms of safety at home. Ninety-two percent of the cases reviewed in the remaining two counties (Passaic and Union) were rated acceptable for the Safety at Home Indicator. Hence, the Safety at Home Indicator was rated as a strength statewide and for all counties reviewed (at least 70% of reviewed cases were rated as acceptable).

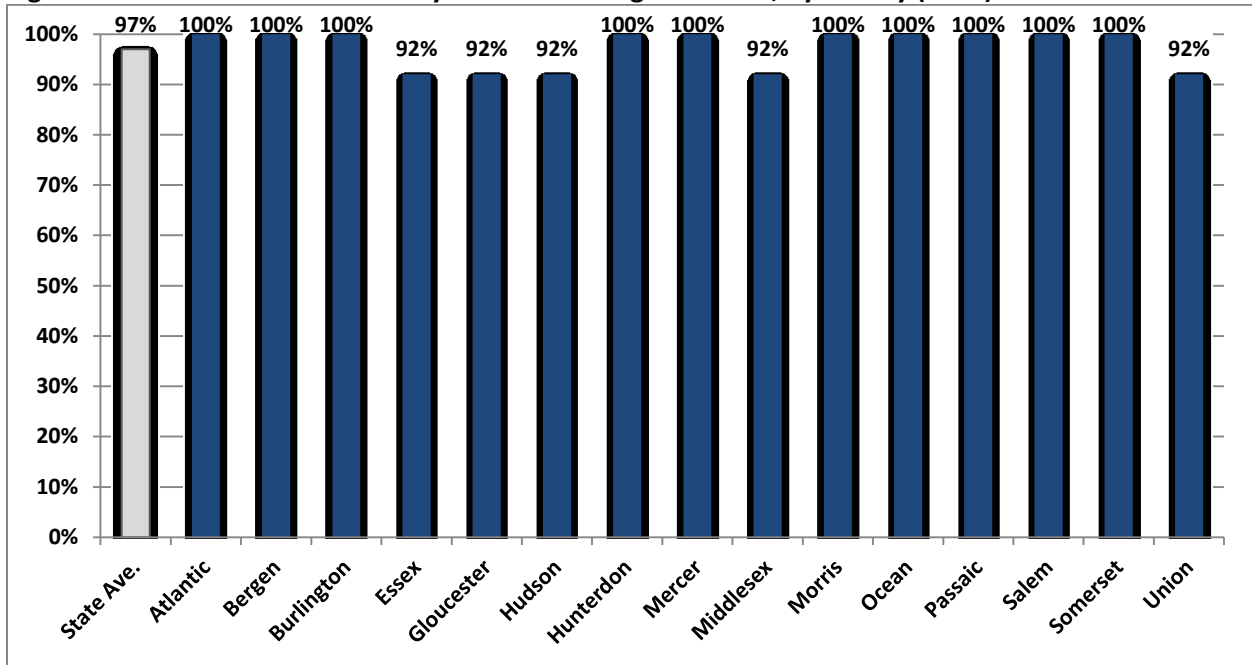
Figure 5. Performance on the Strength for Safety at Home Indicator, by County (2014)



Safety in Other Settings: Findings

As shown in Figure 6 below, 97% of all cases reviewed were rated acceptable for the Safety in Other Settings Indicator. The Indicator was rated as a strength statewide and for all counties reviewed (at least 70% of reviewed cases were rated acceptable).

Figure 6. Performance on the Safety in Other Settings Indicator, by County (2014)



Stability Highlights

Stability at Home and at School

Key Findings:

- Statewide, the Stability at Home and Stability at School indicators were identified as strengths, with 78% and 88% of cases rated as acceptable, respectively.
- The Stability at Home Indicator was identified as a strength in 11 out of 15 counties (more than 70% of cases reviewed were rated as acceptable). In the remaining four counties, the percentage of cases rated acceptable ranged from 58% to 67%.
- Efforts to improve educational stability appear to be producing positive results in many counties. The Stability at School Indicator was rated as a strength in 13 of 15 counties (more than 70% of cases reviewed were rated as acceptable). In the remaining two counties, the indicator approached a strength with 67% of cases rated as acceptable.
- While ratings for stability at home were generally quite favorable, several impediments were identified including (1) children who have experienced multiple previous placements; (2) family inability to meet the needs of children residing at home; (3) homelessness; (4) long-term dependence on assistance programs or extended family; and (5) challenges unique to young adults seeking independent living status.
- Similarly, while stability at school was generally favorable, several factors were often identified as challenges including (1) long-term dependence on extended family; (2) keeping child in same school; and (3) mainstreaming.

Recommendations:

- Consider additional steps to address issues related to basic needs that impede stability at home through enhanced collaboration with other state and county agencies responsible for public assistance, housing, job training and employment services, particularly in Gloucester, Hudson, Salem and Union counties. Take steps to develop inter-agency agreements to prioritize services for this vulnerable population and work collaboratively to increase stability at home.
- Increase and enhance face-to-face meetings with educational leaders in Hudson, Middlesex and other counties that performed less effectively on the Stability at School indicator to facilitate increased dialogue and create necessary structural changes to increase educational stability, as well as capacity to ensure the least-restrictive placement for system-involved children with specialized learning needs.

Stability – Why It Matters

A sense of stability is important in the lives of children. Stability in caring relationships and consistency of settings and routines are essential for a child’s sense of identity, security, attachment, trust and optimal social development. Many life skills, behavioral traits, and habits grow out of enduring relationships that the child has had with key adults in his or her life. Building nurturing relationships depends on consistency of contact. For this reason, stability in the child’s living arrangement and social support network is an important foundation for positive child development.

Stability – How It Is Identified

Two stability-related measures are included in the Qualitative Review Process:

- Stability at Home
- Stability at School

Stability – Rating Scale

Reviewers then assign an overall rating for each of the stability-related indicators using a six-point scale with the following rating levels: optimal (6), good (5), fair (4), marginal (3), poor (2) and unacceptable (1).

Stability at Home

The Stability at Home Indicator focuses on the extent to which a child has positive, enduring relationships with parents and/or caregivers. Reviewers consider questions about the child’s placement stability, consistent and stable relationships with family, friends and community, and the extent to which the environment can be sustained if reunification is not possible.

Indicators of optimal stability and unacceptable stability in the home are summarized in Table 4 below.

Table 4. Indicators of Stability at Home	
Optimal Stability	Unacceptable Stability
<ul style="list-style-type: none">• The child has optimal stability and enjoys positive and enduring relationships with parents/primary caregivers, and key adult supporters.• There is no history of instability.• No known risk factors are now present.	<ul style="list-style-type: none">• The child has serious problems and worsening problems of instability with many changes in other settings within the past year.• The child’s situation seems to be “spiraling out of control.”• The child may be in temporary containment and control situations (e.g., detention or crisis stabilization) or a runaway.• There may be no safe living environment for the child at this time.

Stability at School

The Stability at School Indicator assesses the extent to which the child has experienced changes or disruptions in his or her school setting and the reasons why such disruptions occurred. An educational move is considered disruptive if the child changes school due to a placement

disruption or if the school location is changed for any reason (other than academic promotion) or to a more restrictive educational setting.

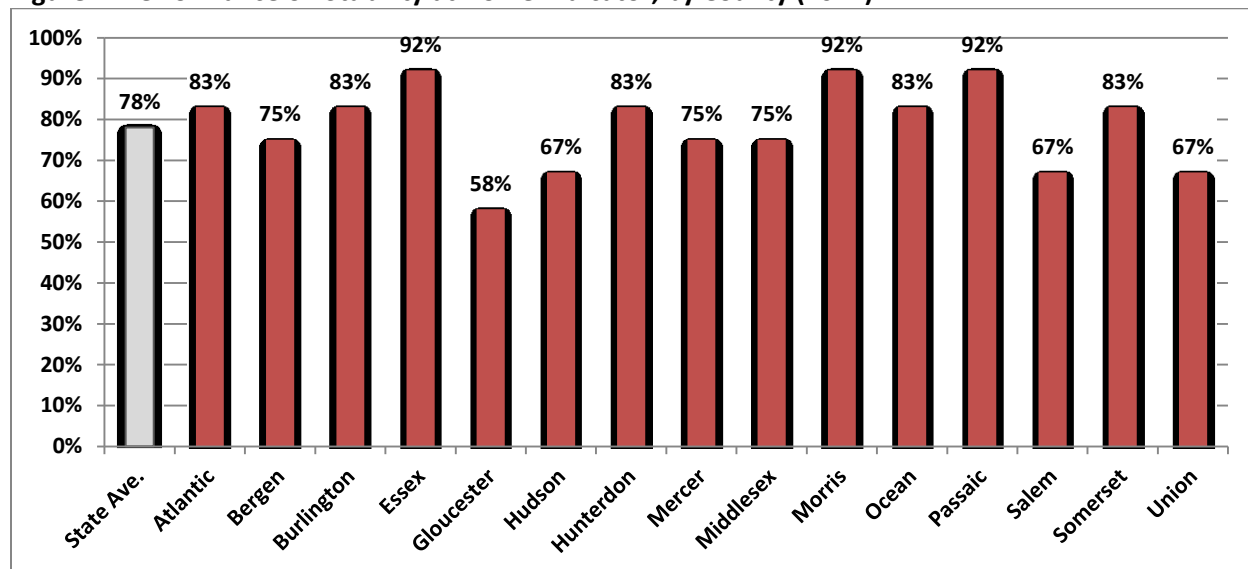
Indicators of optimal stability and unacceptable stability at school are summarized in Table 5 below.

Table 5. Indicators of Stability at School	
Optimal Stability	Unacceptable Stability
<ul style="list-style-type: none"> • The child has optimal stability in the educational setting and a positive and supportive learning environment. • There is no history of instability. • No known risk factors are now present. 	<ul style="list-style-type: none"> • The child has serious and worsening problems of instability in the educational setting and with many changes within the past year. • The child’s educational setting is unclear and unsettled. • The child may be in a school setting known to be temporary or child is inconsistently attending or not in school at all.

Stability at Home: Findings

As shown in Figure 7 below, 78% of cases reviewed statewide were rated acceptable for the Stability at Home Indicator. The indicator was rated as a strength statewide, and for 11 counties in particular: Atlantic, Bergen, Burlington, Essex, Hunterdon, Mercer, Middlesex, Morris, Ocean, Passaic and Somerset (based on having at least 70% of cases rated acceptable). The Indicator was rated as an area needing improvement in the remaining four counties: Gloucester, Hudson, Salem and Union.

Figure 7. Performance on Stability at Home Indicator, by County (2014)

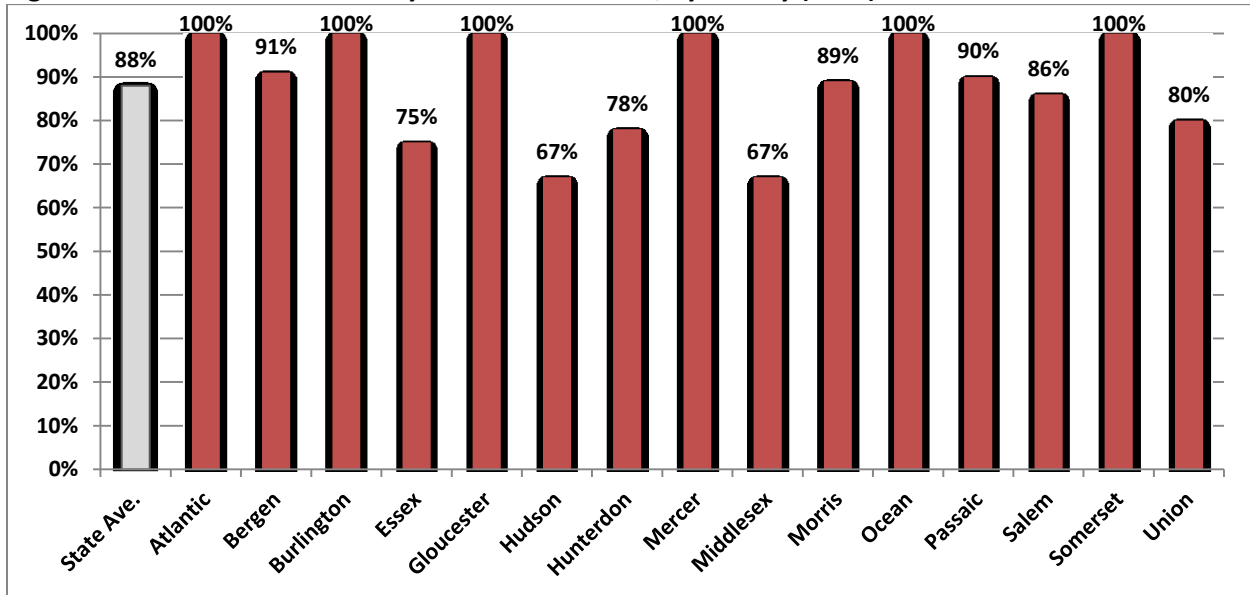


Stability at School: Findings

Eighty-eight percent of cases reviewed across the state were rated as acceptable for the Stability at School Indicator (Figure 8). The Indicator was rated as a strength statewide and in 13 of 15

counties reviewed: Atlantic, Bergen, Burlington, Essex, Gloucester, Hunterdon, Mercer, Morris, Ocean, Passaic, Salem, Somerset and Union, based on having at least 70% of cases rated as acceptable. The indicator was rated as an area needing improvement in the remaining two counties (Hudson and Middlesex).

Figure 8. Performance on Stability at School Indicator, by County (2014)



Permanency Highlights

Permanency: Living Arrangement, Family Functioning and Resourcefulness, and Progress toward Permanency

Key Findings:

- The Living Arrangement Indicator was identified as a strength statewide and in all 15 counties participating in the review (based upon having 70% of cases reviewed rated as acceptable).
- The Family Functioning and Resourcefulness Indicator was identified as a strength statewide and in eight out of 15 counties reviewed (with 75% to 92% of cases rated acceptable). The indicator was identified as an area needing improvement in the remaining seven counties, with the percentage of cases rated acceptable ranging from 50% to 67%. Factors frequently identified as barriers to family functioning and resourcefulness included (1) families not taking steps to move themselves toward goal achievement; (2) young adults not demonstrating skills to be functioning as independent; (3) failure to work collaboratively with the agency; (4) lack of employment and/or stable housing; (5) families not appearing to take responsibility/ownership for the situation; (6) undocumented status, which in turn impedes ability to receive assistance; (7) barriers to cultivating a network of formal and informal supports; and (8) environmental conditions such as lack of cleanliness or hygiene.
- The Progress toward Permanency Indicator was rated as acceptable in 69% of cases reviewed statewide, and was identified as an area needing improvement at the state level. The indicator was identified as a strength in three counties, with 75% to 83% of cases rated acceptable. In the remaining 12 counties, the Progress toward Permanency Indicator was recognized as an area needing improvement, with the percentage of acceptable cases ranging from 33% to 67%. Issues identified as contributing to performance on this indicator included (1) lack of timeliness in achievement of permanency goals; (2) lack of concurrent planning or alternate strategies to support permanency; and (3) delays in court cases, substance abuse counseling and licensure for placement homes.

Recommendations:

- Consider providing “job support tools” and increased supervisory attention to concurrent planning to help improve performance on the Progress toward Permanency Indicator (e.g., decision-trees to guide concurrent planning options, requirements that alternate permanency options be delineated in case plans and addressed in supervision, etc.).
- Continue to take steps to address lengthy court or service delays through increased education, outreach and advocacy particularly in Bergen, Gloucester, Hudson, Morris, Somerset and Union counties.

Permanency – Why It Matters

Safely ending a family’s involvement with the child welfare system by achieving permanency through reunification, guardianship or adoption is a primary focus of collaboration with the child and family from the beginning of their involvement with the agency. Ultimately, permanency is achieved when the child is living in a home that the child, caregivers, and other stakeholders believe will endure throughout the child’s life.

Permanency – How It Is Identified

Three permanency-related measures are examined in the QR process including:

- Living Arrangement
- Family Functioning and Resourcefulness
- Progress Toward Permanency

Permanency – Rating Scale

Reviewers then assign an overall rating for each of the permanency-related indicators using a six-point scale with the following rating levels: optimal (6), good (5), fair (4), marginal (3), poor (2) and unacceptable (1).

Living Arrangement

The Living Arrangement Indicator focuses on whether the child’s placement is the most appropriate and consistent given his or her needs for family relationships, community connections, age, ability, special needs and peer group. Linguistic and cultural appropriateness are also considered. Whenever safe, the child should remain in with his/her family at home, in his or her community. If the child must be temporarily removed, efforts to locate appropriate relative or kinship placement within the local community to maintain these connections should be made. Some children with special needs may require therapeutic settings that must be least restrictive, most appropriate, and inclusive to support the child’s needs.

Reviewers consider questions about the extent to which a placement enables a child to continue their connections to home, school, religious, peer, neighborhood, cultural and extended family groups, and whether the living arrangement is capable of meeting any special needs that the child may have before assigning a rating.

Indicators of optimal and unacceptable living arrangements are described in Table 6 below.

Table 6. Indicators of Living Arrangement

Optimal Living Arrangement	Unacceptable Living Arrangement
<ul style="list-style-type: none"> • The child is living in the most appropriate setting to address his or her needs. • The living arrangement is optimal to maintain family connections, including the child’s relationship with the siblings and extended family members. • The setting is able to entirely provide for the child’s needs for emotional support, supervision, and socialization, and address special and other basic needs. • Any risks of harm have been eliminated or are fully, reliably managed with protective strategies. • The setting is optimal for the child’s age, ability, culture, language and faith-based practices. • If a child is in a group or residential treatment program, the child is in the least restrictive environment necessary to address his or her needs. 	<ul style="list-style-type: none"> • The child is living in an appropriate home or setting for his or her needs. • The living arrangement does not provide for family and community connections. • Risks of harm may be present and the placement is contributing to a serious and worsening situation for the child. • The necessary level of supervision, supports, and services to address the child’s needs are inadequate. • If the child is in a group or residential setting, the environment is more restrictive than is necessary to meet the child’s needs.

Family Functioning and Resourcefulness

The Family Functioning and Resourcefulness Indicator focuses on the extent to which the family with whom the child is currently residing and/or with whom the child is to live, have the capacity to ameliorate the situation, live together safely and function successfully. This outcome also includes the extent to which family members take advantage of opportunities to develop and/or expand a reliable network of social and safety supports to help sustain family functioning and well-being and the extent to which the family is willing and able to provide the child with the care and nurturing, discipline, supervision and material support needed for daily living.

Reviewers consider the extent to which the family is able to identify and meet their own needs, build and use a network of formal and informal supports, maintain a home that is free of hazards that might endanger the child, and supervise child(ren) in a manner appropriate for their age. Family resources and supports related to income, transportation, healthcare and education are also considered.

Indicators of optimal and unacceptable family functioning and resourcefulness are described in Table 7 below.

Table 7. Indicators of Family Functioning and Resourcefulness*

Optimal Family Functioning/Resourcefulness	Unacceptable Family Functioning/Resourcefulness
<ul style="list-style-type: none"> • Family members are in control of the family’s issues and situation. • Fundamental family needs are being met by the family and its network of support. • The family is well-connected to essential supports in the extended family, neighborhood, and community. • Supports for any extraordinary demands on caregivers are effective and sustainable. • Trusting relationships have been developed. • The family home is safe and well-functioning. 	<ul style="list-style-type: none"> • Family members are unable to control family issues and face a worsening situation. • Some fundamental family needs are unmet. • The family remains isolated from and distrusting of natural supports in the extended family and community. • Cultural and/or language barriers exist for family connections. • Supports for any extraordinary demands placed on caregivers are missing. • Safety concerns in the home are increasing and efforts to improve functioning may be stalled.

Note: This category is rated as not applicable when a child is less than 18 years of age AND in a congregate care placement setting AND parents are deceased; or parental rights have been terminated; or whereabouts are unknown and there is documentation of the agency’s efforts to locate him or her.

Progress toward Permanency

The Progress toward Permanency Indicator focuses on the extent to which children live in a home that the child, caregivers, and other stakeholders believe will endure throughout the child’s life. Permanency suggests not only a stable living home/setting, but also stable caregivers and peers, continuous supportive relationships, and some level of parental/caregiver commitment and affection.

Reviewers consider the extent to which appropriate permanency goals are established, whether legal steps to achieve permanency have been undertaken, and whether the parent is acquiring, demonstrating and sustaining required behavioral changes necessary for reunification. They also consider primary and concurrent permanency plans, as well as the caregivers’ understanding of these plans. The appropriateness of these plans and the likelihood of the timely attainment of plans are also investigated.

Criteria for optimal and unacceptable ratings for Progress toward Permanency Indicator are summarized in Table 8 below.

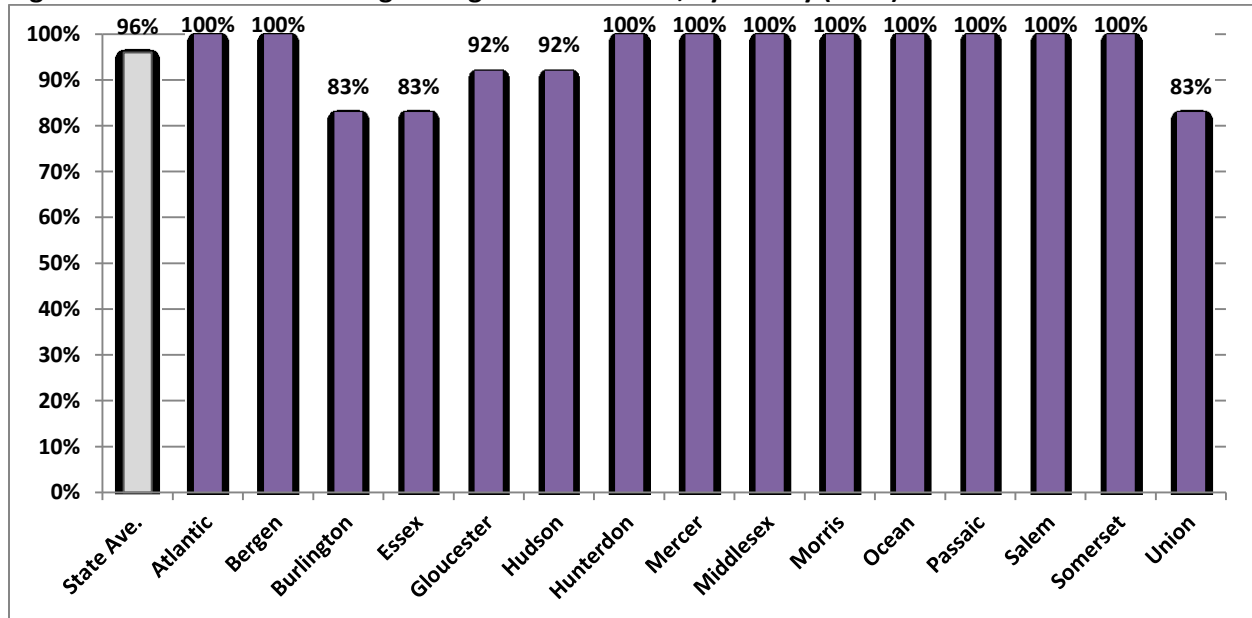
Table 8. Indicators of Progress toward Permanency

Optimal Progress toward Permanency	Unacceptable Progress toward Permanency
<ul style="list-style-type: none"> • Child has achieved legal permanency and/or lives in a family setting about which the child, caregivers, and all team members have evidence will ensure lifelong. • If the child lives at home with his/her parents, identified risks have been eliminated and stability has been sustained over time. 	<ul style="list-style-type: none"> • The child is moving from home to home due to safety and stability problems or failure to resolve adoption/guardianship issues, or because the current home is unacceptable to the child. • The child remains living on a temporary basis (more than 18 months) with a substitute caregiver without a clear, realistic, or achievable permanency plan implemented. • A timely permanency goal has not been established or may not be appropriate.

Living Arrangement: Findings

As shown in Figure 9, the Living Arrangement Indicator was rated as acceptable in 96% of cases reviewed statewide. It was identified as a strength both statewide and in all counties reviewed (based upon having at least 70% of cases rated as acceptable).

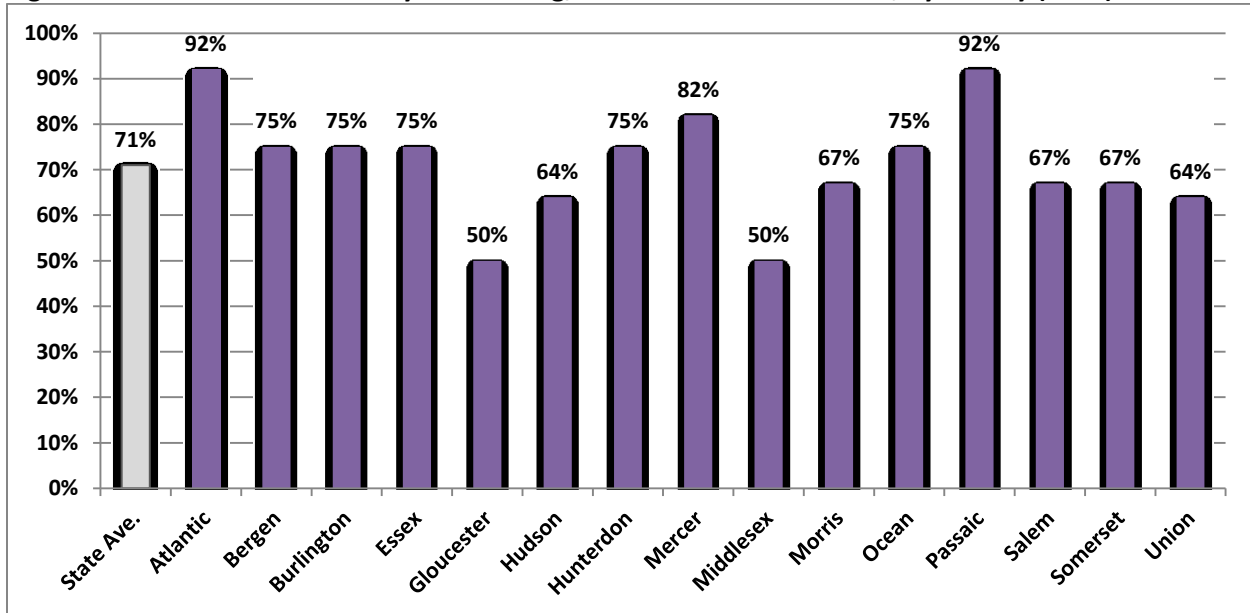
Figure 9. Performance on Living Arrangement Indicator, by County (2014)



Family Functioning and Resourcefulness: Findings

The Family Functioning and Resourcefulness Indicator was rated as a strength statewide and in eight of the 15 reviewed counties, based upon having at least 70% of cases rated as acceptable (Figure 10). The Indicator was not rated as a strength in the remaining seven counties, with the percentage of cases rated as acceptable ranging from 50% to 67%.

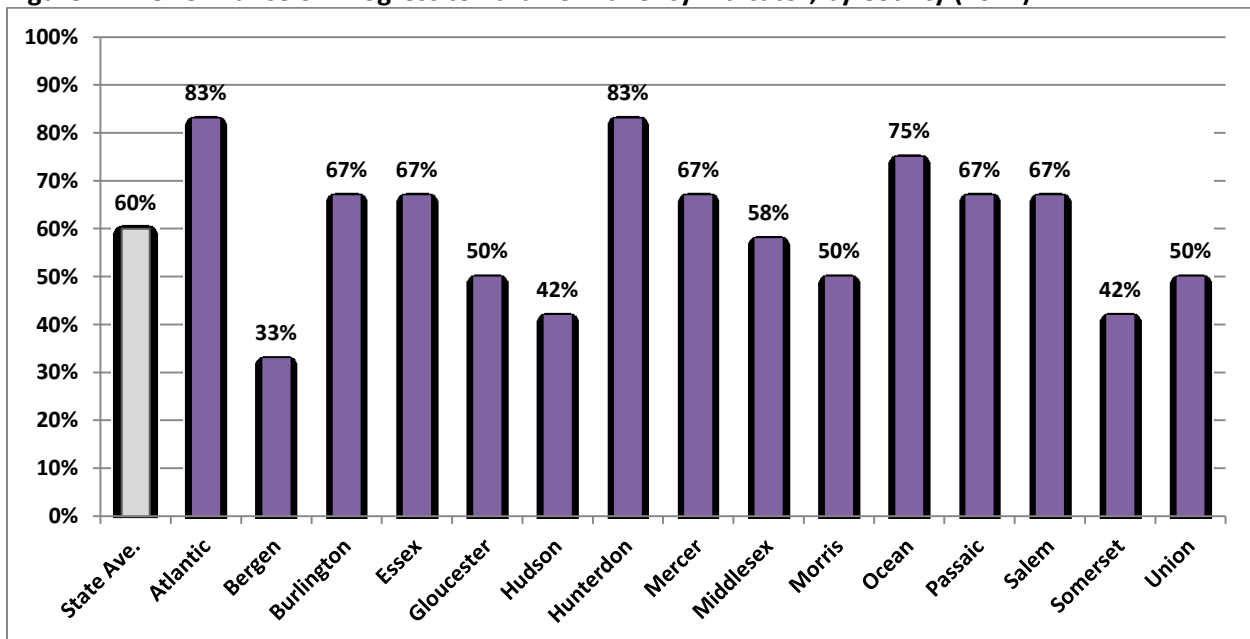
Figure 10. Performance on Family Functioning/Resourcefulness Indicator, by County (2014)



Progress toward Permanency: Findings

The Progress toward Permanency Indicator was rated as a strength in three counties (based upon having at least 70% of cases reviewed rated as acceptable). The Indicator was rated as an area needing improvement statewide, or in the remaining 12 counties that participated in the review (Figure 11).

Figure 11. Performance on Progress toward Permanency Indicator, by County (2014)



Well-Being Highlights

Well-Being: Physical Health, Emotional Well-Being and Learning and Development

Key Findings:

- All well-being indicators were identified as strengths at the state level (based upon 70% or more of cases reviewed being rated as acceptable).
- The Physical Health of the Child and Emotional Well-Being indicators were recognized as strengths in all 15 counties included in the review (based upon 70% or more of cases reviewed being rated as acceptable).
- The Learning and Development (Under Age 5) Indicator was identified as a strength in 13 out of 15 counties reviewed. Reviewers identified issues related to securing speech therapy services, keeping children in the same school and mainstreaming special education students as issues related to this Indicator.

Recommendations:

- Efforts should be maintained to continue strong performance in all three components of this indicator. Lessons learned and tips from the highest performing counties should be synthesized and shared.
- Additional training related to learning and development issues and strategies for children under age five should target caseworkers in Mercer and Passaic counties and children age five and older in Middlesex County. More consistent outreach to local early intervention services may facilitate finding appropriate services to support positive development for the youngest system-involved children.

Well-Being – Why It Matters

The final group of Child and Family Status Indicators included in the QR process addresses well-being. These indicators focus on ensuring that children involved with the child welfare system achieve and/or maintain optimal physical and emotional health and are on track to meet developmental and learning milestones appropriate to their age and ability. Attending to well-being issues while children are young not only improves their experience of childhood but provides a basis for success and self-sufficiency as adults.

Well-Being – How It Is Identified

Three well-being measures are examined in the Qualitative Review process including:

- Physical Health of the Child
- Emotional Well-Being
- Learning and Development
 - Under Age Five
 - Age Five and Older

Well-Being – Rating Scale

Reviewers then assign an overall rating for each of the well-being indicators using a six-point scale with the following rating levels: optimal (6), good (5), fair (4), marginal (3), poor (2) and unacceptable (1).

Physical Health of the Child

The Physical Health of the Child Indicator focuses on the extent to which system-involved children achieve and maintain their best attainable health status, consistent with their general physical condition when taking medical diagnoses, prognoses, and history into account.

Reviewers consider a variety of questions about the child’s nutrition, exercise, hygiene and medical and dental care in assessing this Indicator. For children with chronic health issues, the reviewers also examine medication monitoring practices and the extent to which children (as developmentally appropriate) are taught about their condition.

Indicators of optimal and unacceptable health status are summarized in Table 9 below.

Table 9. Indicators of Physical Health of the Child	
Optimal Health Status	Unacceptable Health Status
<ul style="list-style-type: none">• Child is demonstrating excellent health, or if he/she has a chronic condition, is attaining the best possible health status that can be expected.• The child’s growth and weight are age-appropriate.• Any previous or current health concerns have been met without any adverse or lasting impact, or there is no significant health history.• Nutrition, exercise, sleep and hygiene needs are being far exceeded.• The child appears to be in excellent physical health.	<ul style="list-style-type: none">• Child is demonstrating a poor or worsening level of health status.• Any chronic condition may be increasingly uncontrolled, with presentation of acute episodes that increase health care risks.• The child or youth’s physical health is profoundly outside normal limits for age, growth and weight range.• Previous or current health conditions are profoundly affecting functioning.• Nutrition, exercise, sleep and hygiene needs are not met, with profound impact.• The child appears to be in poor physical health, with his or her health status declining.

Emotional Well-Being

The Emotional Well-Being Indicator focuses on a child or youth’s positive emotional development, life adjustments and well-being in the daily functioning. Emotional well-being for a child or youth indicates that he or she has a feeling of personal worth and a sense of belonging, attachment and affiliation, has a sense that he or she can manage problems and handle issues effectively, and is able to positively identify with adults as appropriate role models and sources of assistance.

Reviewers consider questions when assessing emotional well-being including the extent to which a child has a stable support system, relationships with friends and caring adults, and a

sense of identity, personal worth and purpose in life. Reviewers also examine whether children who are having emotional difficulties have been appropriately assessed and, if needed, are receiving consistent services and treatment. Finally, reviewers consider the extent to which a child’s parent, caregiver or resource parent is able and willing to address the challenges of the child’s emotional well-being.

Indicators of optimal and unacceptable emotional well-being are described in Table 10 below.

Table 10. Indicators of Emotional Well-Being of the Child	
Optimal Emotional Well-Being	Unacceptable Emotional Well-Being
<ul style="list-style-type: none"> • Consistent with age and ability, the child is demonstrating excellent emotional well-being. • The child far exceeds expectations for emotional well-being in all key areas of social/emotional development and life adjustment. 	<ul style="list-style-type: none"> • Consistent with age and ability, the child is demonstrating a poor and worsening level of emotional well-being. • Rather than meeting expectations, the child’s social/emotional well-being may be declining.

Learning and Development (Under Age Five)

Until the beginning of kindergarten, children progress through a series of stages of learning and development. Growth during this period is greater than during any subsequent developmental stage. Children served by the child welfare system are at a higher risk for developmental delays and challenges due to exposure to multiple risk factors such as neglect, substance abusing parents, or family violence.

Reviewers consider a variety of questions when assessing the Learning and Development (Under Age Five) Indicator including age appropriate attachment and the extent to which the child appears to be achieving key developmental milestones related to social/emotional learning, cognitive ability, physical or motor skills and language acquisition. Reviewers also examine the extent to which any developmental delays have been evaluated and/or documented and whether needed services are being provided.

Indicators of optimal and unacceptable developmental status for children under age five are summarized in Table 11 below.

Table 11. Indicators of Learning and Development (Children Under Age Five)

Optimal Developmental Status	Unacceptable Developmental Status
<ul style="list-style-type: none"> • The child is achieving normal milestones at or above age expectations in all domains. • If the child has diagnosed developmental challenges, the child’s current progress reflects engagement in effective services and good progress in achieving developmental goals such as those specified in an Individualized Education Plan or related therapeutic plan. 	<ul style="list-style-type: none"> • The child’s current developmental status is far below expectation, and achievement of developmental milestones is significantly delayed. • A pattern of decline or regression in one or more areas is apparent.

Learning and Development (Age Five and Older)

The Learning and Development (Age Five and Older) Indicator focuses on the extent to which children are regularly attending school in a grade level consistent with their age, engaging in instructional activities, reading at grade level or Individualized Education Plan (IEP) expectations, and meeting requirements for annual promotion and course completion leading to high school graduation. For older youth, this may include completing GED requirements, attending vocational training and preparing for independent living and self-sufficiency, or transitioning to post-secondary education. High school-aged youth should also be developing goals for future education and work, and should be assisted with the transition to adult services, if developmental or mental health needs exist.

Reviewers consider a variety of questions when assessing learning and development in children ages five and older including whether they are regularly attending school, performing at grade level and receiving specialized educational supports as necessary. For older youth, reviewers also consider the extent to which services leading to self-sufficiency and independent living are in place.

Indicators of optimal and unacceptable learning status for children age five and older are summarized in Table 12 below.

Table 12. Indicators of Learning and Development (Children Ages Five and Older)

Optimal Learning Status	Unacceptable Learning Status
<ul style="list-style-type: none"> • The child is enrolled in and attending a highly appropriate educational program, consistent with age and ability. • The child’s optimal level of participation and engagement in educational processes and activities is enabling the child to reach and exceed all educational expectations and requirements set within the child’s assigned curriculum and, where appropriate, the child’s Individualized Education Plan (IEP). 	<ul style="list-style-type: none"> • The child may be chronically truant, suspended, or expelled from school. • The child may be three or more years behind in key academic areas, losing existing skills, failing to make any academic progress or not receiving appropriate IEP services. • The child may be losing existing skills, regressing in functional life areas, and/or lacking social and financial supports or is functionally illiterate.

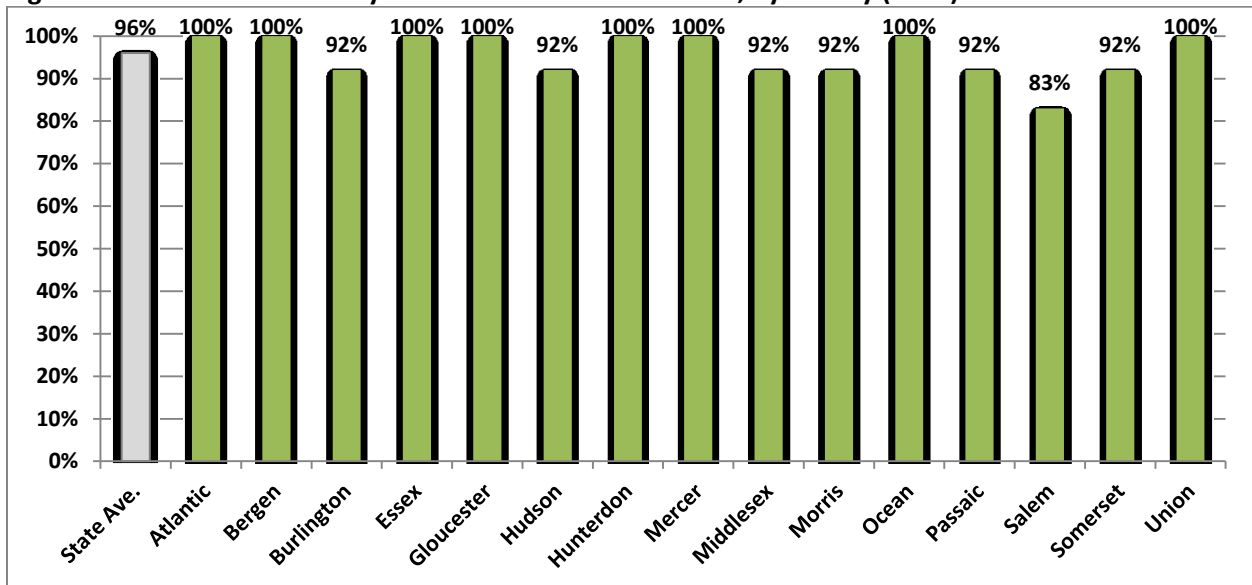
Table 12. Indicators of Learning and Development (Children Ages Five and Older)

Optimal Learning Status	Unacceptable Learning Status
<ul style="list-style-type: none"> • The child may be reading at or well above grade-level or level anticipated in an IEP. • The child meets or exceeds all requirements for grade-level promotion, course completion, and successful transition to high school or post-secondary education or employment. 	

Physical Health of the Child: Findings

As shown in Figure 12, below, the Physical Health of the Child Indicator was identified a strength statewide and in all of the 15 counties included in the review (based upon having at least 70% of the cases reviewed rated as acceptable).

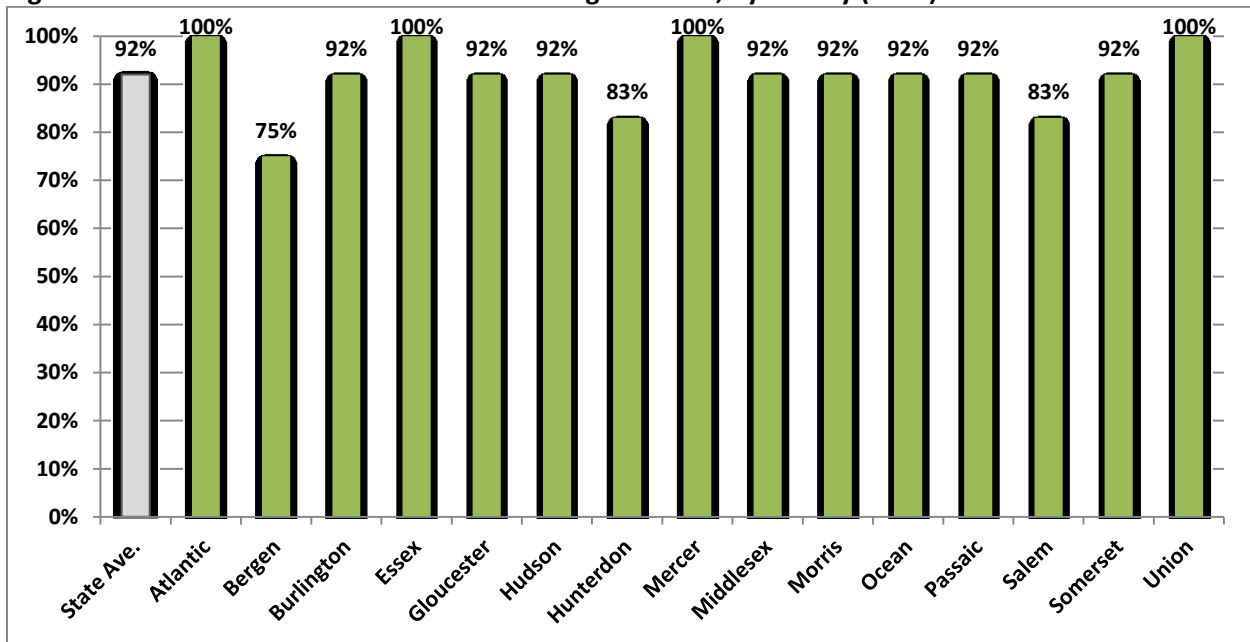
Figure 12. Performance on Physical Health of Child Indicator, by County (2014)



Emotional Well-Being: Findings

As highlighted in Figure 13, below, the Emotional Well-Being Indicator was rated as acceptable in 92% of the cases reviewed statewide and, as a result, identified as a strength at the state level. More specifically, this indicator was also rated as a strength in all 15 counties included in the review, based on having 70% or more of cases rated as acceptable.

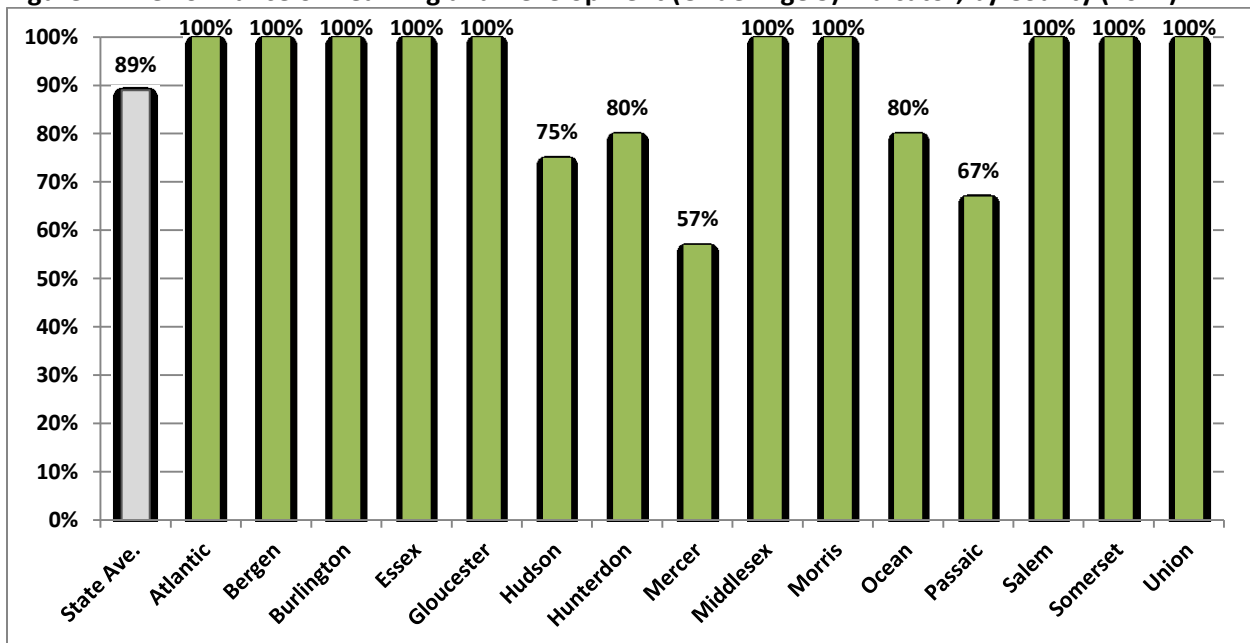
Figure 13. Performance on Emotional Well-Being Indicator, by County (2014)



Learning and Development, Under Age 5: Findings

As noted in Figure 14, below, the Learning and Development (Under Age Five) Indicator was rated as acceptable in 89% of the cases reviewed statewide and identified as a strength at the state level. The indicator was also rated as a strength in 13 of the 15 counties reviewed (based upon having 70% or more of the cases reviewed rated as acceptable). The Learning and Development (Under Age Five) Indicator was as rated as an area needing improvement in two counties, Mercer and Passaic.

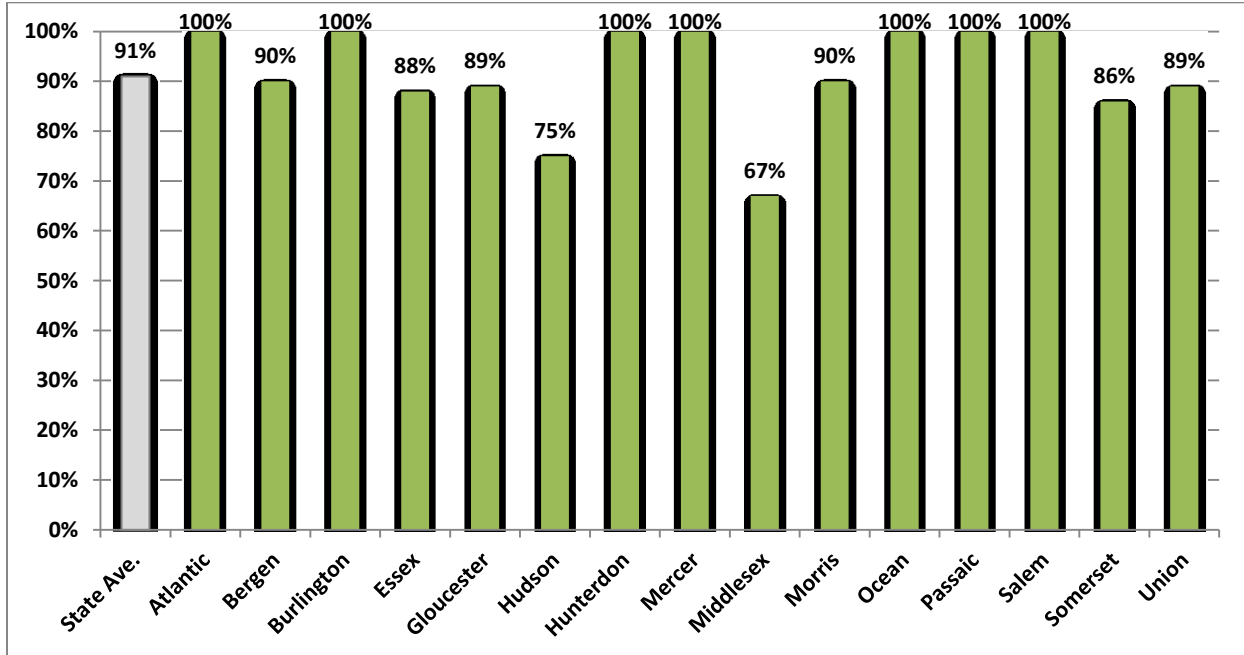
Figure 14. Performance on Learning and Development (Under Age 5) Indicator, by County (2014)



Learning and Development (Age Five and Older): Findings

As shown in Figure 15, below, the Learning and Development (Age Five and Older) Indicator was rated as acceptable in 91% of the cases reviewed statewide. The indicator was identified as a strength statewide and in 14 out of 15 counties reviewed (based upon having 70% or more of cases reviewed rated as acceptable). In Middlesex County, 67% of cases were rated acceptable, such that the Learning and Development (Age Five and Older) Indicator was identified as an area needing improvement.

Figure 15. Performance on Learning and Development (Age Five and Older) Indicator, by County (2014)



Overview of Practice Performance Indicators

New Jersey’s public child welfare system achieves safety, stability, permanency and well-being for children and supports the families that it serves through the effective implementation of its case practice model. The key components of the case practice model include engaging, teaming, assessing, planning, intervening, and tracking and adjusting. The case practice model provides an organizing framework for examining Practice Performance Indicators through the Qualitative Review process. Each area is assessed using the practice-specific indicators identified in Figure 16 below.

Figure 16. New Jersey’s Case Practice Model



Overall Practice Performance Indicator: Summary

Overall Practice Performance Indicator

Key Findings:

- The Overall Practice Performance Indicator was identified as an area in need of improvement at the state level and in eight of the counties participating in the review based upon fewer than 70% of cases rated acceptable.
- The percentage of cases rated as acceptable for the Overall Practice Performance Indicator increased from 57% in 2013 to 66% in 2014.
- The percentage of cases rated acceptable for the Overall Practice Performance Indicator ranged from 42% to 83% by county.

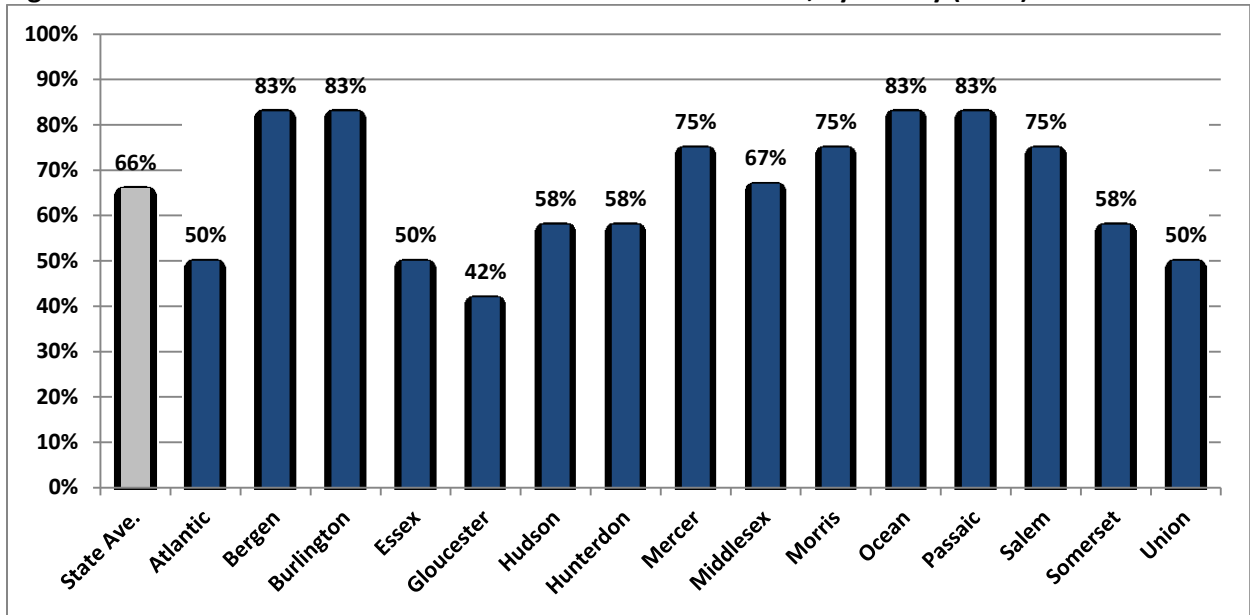
Recommendation:

- Continue efforts to improve practice performance through training, coaching and supervisory attention related to working effectively with parents, improving teamwork and case planning, and planning for future success. Detailed recommendations as to each specific Indicator are provided in the following sections.

2014 Overall Practice Performance Indicator

The Overall Practice Performance Indicator was recognized as an area needing improvement in 2014, with 66% of cases reviewed being rated as acceptable. However, it should be noted that this percentage represents a positive trend upwards, as the 2013 Overall Practice Performance Indicator was identified as an area in need of improvement statewide with 57% of cases rated as acceptable. The percentage of cases rated as acceptable increased approximately 16% from 2013 to 2014. As indicated in Figure 17 (below), the Overall Practice Performance Indicator was identified as a strength in seven counties, up from one county in 2013.

Figure 17. Performance on Overall Practice Performance Indicator, by County (2014)



Engagement Highlights

Engagement

Key Findings:

- The Overall Engagement Indicator was identified as an area in need of improvement for the state, with 66% of cases reviewed rated as acceptable. This indicator was rated as a strength in six counties (based upon having 70% or more of cases rated acceptable). The Overall Engagement Indicator was identified as an area in need of improvement in the remaining nine counties with the percentage of cases rated acceptable ranging from 33% to 67%.
- The Child/Youth Engagement Indicator was identified as a strength for the state, with 80% of cases reviews rated as acceptable. This indicator was rated as a strength in 12 counties and as an area in need of improvement in only three counties.
- The Parent Engagement Indicator was recognized as an area in need of improvement at the state level, and in all but one county reviewed (Middlesex).
- The Resource Caregiver Engagement Indicator was identified as a strength for the state, with 81% of cases reviewed rated acceptable. The Indicator was also a strength for 13 out of 15 counties included in the review (based upon having 70% or more of cases reviewed rated acceptable). The Resource Caregiver Engagement Indicator was recognized as an area in need of improvement in only two counties, with the percentage of cases rated acceptable ranging from 57% to 60%.

Recommendations:

- Continue strong performance in engaging with children/youth and resource caregivers by synthesizing and sharing lessons learned and tips from the highest performing counties, particularly with Bergen, Gloucester and Union counties. Additional attention toward ensuring – in an age appropriate manner – that youth understand the need for their family’s child welfare involvement could also facilitate effective engagement.
- Continue to explore strategies to support strength-based, trauma-informed and inclusive caseworker competencies and attitudes toward system-involved parents statewide. While child welfare workers demonstrated strong engagement skills with children and resource caregivers, they struggled with applying those same skills to their work with parents. It is important to note that the progression towards greater engagement and team-building in child welfare represents a significant change in the approach toward working with parents, so additional training and coaching/mentoring could help those staff struggling with deeply-held attitudes or beliefs (such as viewing parents as perpetrators) that may hinder effective practice. Continued efforts in this area can focus on ensuring all staff recognize that helping parents inherently helps children and have a strong commitment to doing both.

Engagement

Recommendations (continued):

- Consider, in counties with the lowest ratings for engagement with parents, developing a parent engagement specialist who could provide mentoring and support case practice in this area.
- Consider using a diversity awareness training model so that caseworkers can critically explore their beliefs about system-involved parents and how those beliefs impact their work.
- Incorporate an assessment of attitudes toward working with parents as part of the recruitment, screening and selection process for new case workers.
- Take steps to increase parents' understanding of and motivation to working with the child welfare system. While the case practice model serves as the basis for training caseworkers, it is largely unknown to parents when they enter and move through the system. If parents grasp that success hinges on their participation and collaboration, they may be more likely to be engaged. It may be important to explain the case practice model to parents through multiple formats including structured conversations with the caseworker, informational brochures or handouts, and a video (DVD or available online) with particular attention to parental roles and responsibilities.
- Explore other strategies related to improving engagement with parents such as having them co-facilitate family team meetings with the worker (increasingly over time); improving the identification of and engagement with non-custodial parents, particularly fathers; and giving parents the opportunity to have the "last say" at meetings in an effort to ensure they have an authentic voice in the process.

Engagement – Why It Matters

Effective human services are based on relationships. Success in the process of change often depends on the quality and durability of relationships between those receiving services and those providing them. This means that ongoing efforts must be made to reach out to children and families, to engage them meaningfully in all aspects of the assessment and planning process, and to ensure that their participation in services is supported and encouraged.

Engagement – How It Is Identified

Four engagement measures are included in the Qualitative Review process including:

- Overall Engagement
- Engagement of Child/Youth
- Engagement of Parents
- Engagement of Resource Caregivers

Engagement – Rating Scale

Reviewers then assign an overall rating for each of the engagement-related indicators using a six-point scale with the following rating levels: optimal (6), good (5), fair (4), marginal (3), poor (2) and unacceptable (1).

Overall Engagement

The Overall Engagement Indicator assesses the development of a collaborative, open and trust-based working relationship that supports ongoing assessment, understanding, and service planning. The overall rating is determined by the reviewers in consideration of the ratings on the three individually-assessed areas: engagement of child/youth, parents and resource parents.

Engagement of Child/Youth

The Engagement of Child/Youth Indicator assessed children above the age of six in the development of collaborative, open and trust-based working relationships between DCF caseworkers and community partners to support ongoing assessment, understanding and service planning. Children under the age of six were not assessed, as they were unlikely to be thoroughly engaged in relationships with the child welfare system or in service or permanency planning.

Reviewers consider a variety of questions when assessing child/youth engagement including the outreach and engagement strategies workers use to build a partnership with the child/youth, the frequency and quality of visits between the caseworker and the child/youth, and the extent to which planning and implementation is child-centered and responsive to particular cultural values.

Indicators of optimal and unacceptable engagement of children and youth are summarized in Table 13 below.

Table 13. Engagement of Child/Youth	
Optimal Engagement	Unacceptable Engagement
<ul style="list-style-type: none">• The child is a full, effective and ongoing partner in all aspects of assessment, planning services, making service arrangements, selecting providers and monitoring and evaluating services and results.• The child fully participates in planning goals, deciding on service arrangements and shaping the service process to support and achieve life ambitions.• Engagement efforts are consistent and persistent over time.	<ul style="list-style-type: none">• Service planning and decision-making activities are conducted at times and places or in ways that prevent effective child participation.• Decisions are made without the knowledge or consent of the child.• Services maybe denied because of failure to show or comply.• Appropriate and attractive alternative strategies, supports, and services are not offered.• Procedural or legal safeguards may be violated.

Engagement of Parents

The Engagement of Parents Indicator assesses parental participation in the development of collaborative, open and trust-based working relationships that support ongoing assessment, understanding, and service planning.

Reviewers consider a variety of questions when assessing the engagement of parents including the outreach and engagement strategies workers used to build a working partnership with the family, whether special accommodations were made to facilitate participation as needed, the frequency and quality of visits between the caseworker and parents, and the extent to which the family had positive feelings about their interactions with service providers. In addition, reviewers considered the extent to which the planning and implementation process is family-centered and responsive to the family’s particular cultural values.

One rating is given to both parents. If a parent was available but disengaged, the rating could not be “acceptable.” Parents identified as “not applicable” were those whose parental rights had been terminated, or who were deceased or missing. Parents of children over the age of 18 were also not included.

Indicators of optimal and unacceptable engagement of parents are summarized in Table 14 below.

Table 14. Engagement of Parent	
Optimal Engagement	Unacceptable Engagement
<ul style="list-style-type: none">• The parent is a full, effective and ongoing partner in all aspects of assessment, planning services, making service arrangements, selecting providers and monitoring and evaluating services and results.• The parent fully participates in planning goals, deciding on service arrangements and shaping the service process to support and achieve life ambitions.• Engagement efforts are consistent and persistent over time.	<ul style="list-style-type: none">• Service planning and decision-making activities are conducted at times and places or in ways that prevent effective parent participation.• Decisions are made without the knowledge or consent of the parent.• Services maybe denied because of failure to show or comply.• Appropriate and attractive alternative strategies, supports, and services are not offered.• Important information may not be provided to parents.• Procedural or legal safeguards may be violated.

Engagement of Resource Caregivers

The Engagement of Resource Caregivers Indicator assesses resource caregiver participation in the development of collaborative, open and trust-based working relationships that support ongoing assessment, understanding, and service planning.

Reviewers consider a variety of questions when assessing the engagement of resource caregivers including the outreach and engagement strategies workers used to build a working

partnership with the caregiver, whether special accommodations were made as needed to facilitate participation, the frequency and quality of visits between the caseworker and resource caregivers, and the extent to which the resource caregiver had positive feelings about their interactions with service providers. In addition, the assessment considered the extent to which the case planning and implementation process is responsive to the resource caregiver’s particular cultural values.

This indicator applies only to family-based home settings that provide out-of-home care for youth involved with the child welfare system. A rating of “not applicable” is provided if a child is in a setting that is not a family home. One rating is given to all resource caregivers in a particular home.

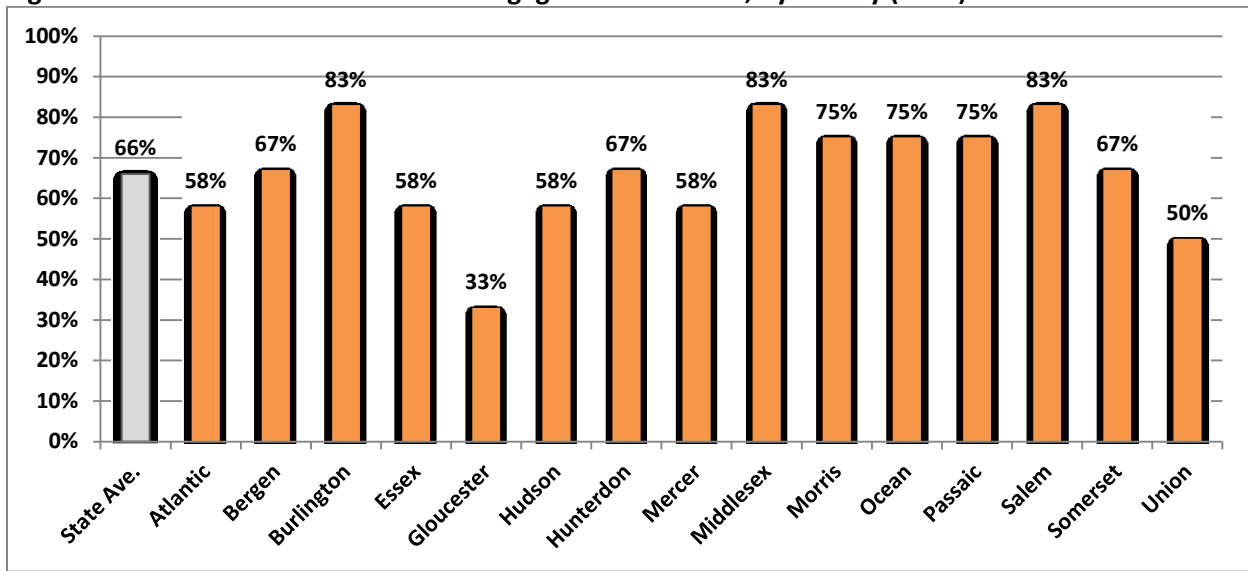
Indicators of optimal and unacceptable engagement for resource caregivers are summarized in Table 15 below.

Table 15. Engagement of Resource Caregiver	
Optimal Engagement	Unacceptable Engagement
<ul style="list-style-type: none"> • The resource caregiver is a full, effective and ongoing partner in all aspects of assessment, planning services, making service arrangements, selecting providers and monitoring and evaluating services and results. • The resource caregiver fully participates in planning goals, deciding on service arrangements and shaping the service process to support and achieve life ambitions. • Engagement efforts are consistent and persistent over time. 	<ul style="list-style-type: none"> • Service planning and decision-making activities are conducted at times and places or in ways that prevent effective resource caregiver participation. • Decisions are made without the knowledge or consent of the resource caregiver. • Services maybe denied because of failure to show or comply. • Appropriate and attractive alternative strategies, supports, and services are not offered. • Important information may not be provided to resource caregivers. • Procedural or legal safeguards may be violated.

Overall Engagement: Findings

As shown in Figure 18, below, the Overall Engagement Indicator was identified as an area in need of improvement statewide, with 66% of cases reviewed rated as acceptable. The indicator was a strength in six counties (Burlington, Middlesex, Morris, Ocean, Passaic and Salem) based upon 70% or more of reviewed cases being rated as acceptable. The Overall Engagement Indicator was rated as an area in need of improvement in the remaining nine counties (Atlantic, Bergen, Essex, Gloucester, Hudson, Hunterdon, Mercer, Somerset and Union), with the percentage of cases rated as acceptable ranging from 33% to 67%.

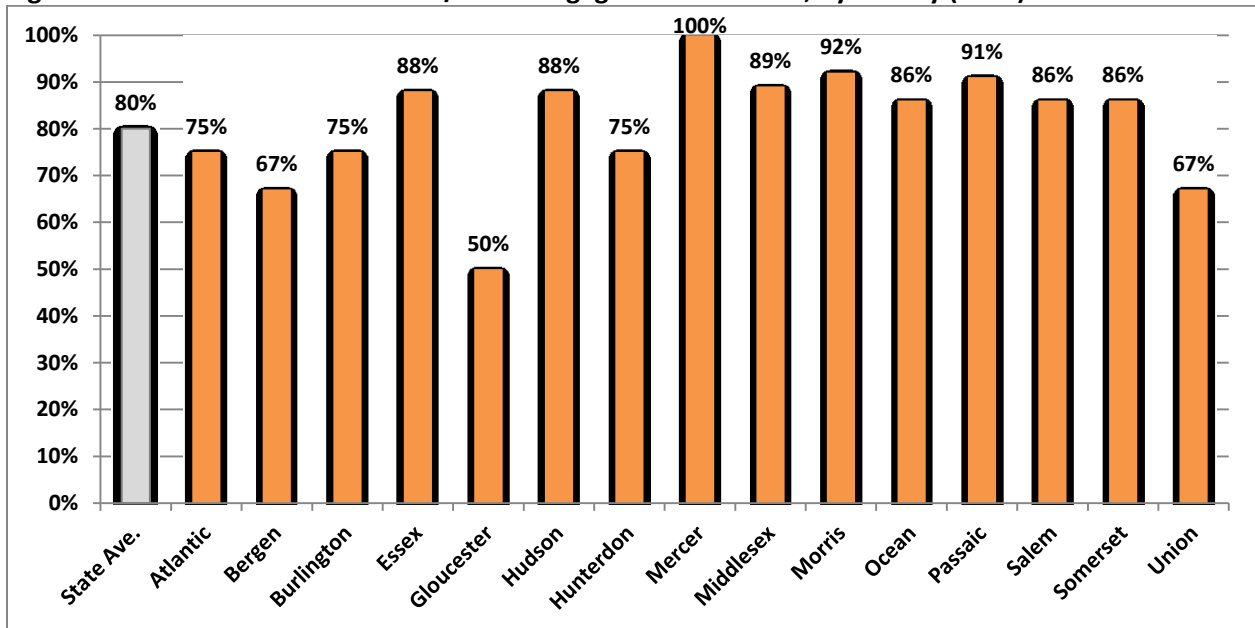
Figure 18. Performance on the Overall Engagement Indicator, by County (2014)



Child/Youth Engagement: Findings

As noted in Figure 19, below, the Engagement of Child/Youth Indicator was rated as acceptable in 80% of the cases reviewed statewide and identified as a strength at the state level. The Indicator was rated as a strength in 12 of the 15 counties reviewed, based upon 70% or more of cases being rated as acceptable. The Indicator was rated as an area in need of improvement in the remaining three counties (Bergen, Gloucester and Union) where the percentage of cases rated as acceptable ranged from 50% to 67%.

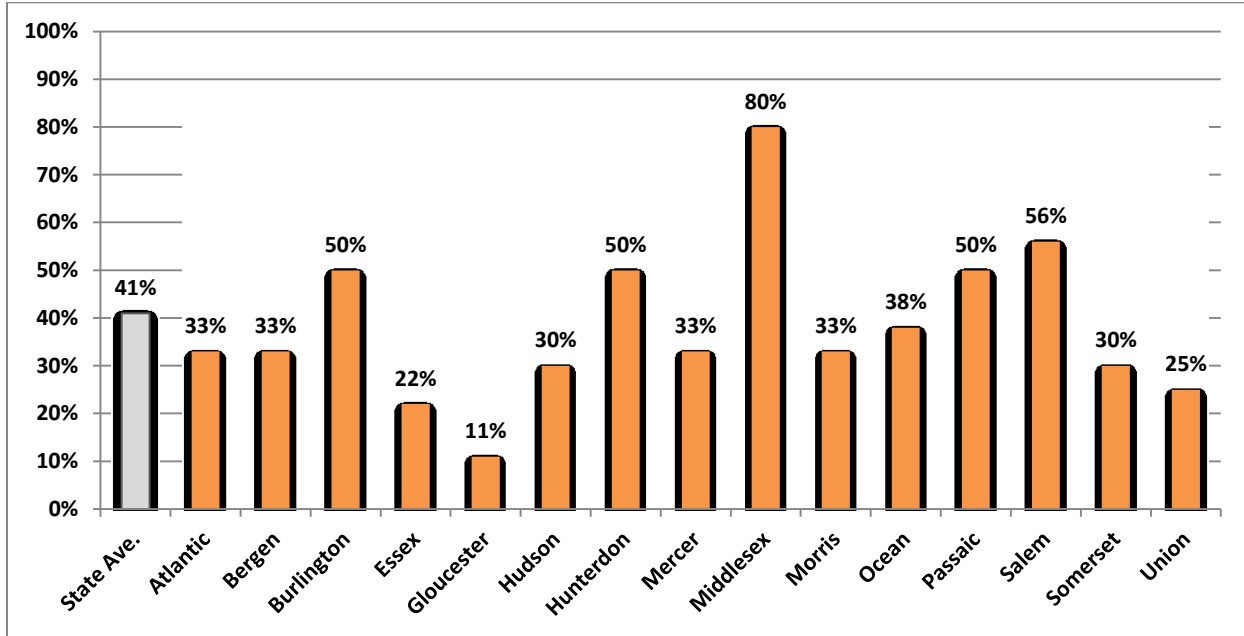
Figure 19. Performance on the Child/Youth Engagement Indicator, by County (2014)



Parent Engagement: Findings

As shown in Figure 20, below, the Engagement of Parents Indicator was rated as acceptable in 41% of cases reviewed statewide and was identified as an area in need of improvement at the state level. The Indicator was identified as a strength in only one county (Middlesex) with 80% of the cases reviewed being rated as a strength. The Engagement of Parents Indicator was rated as an area needing improvement in the remaining 14 counties, where the percentage of cases rated as acceptable ranged from 11% to 56%.

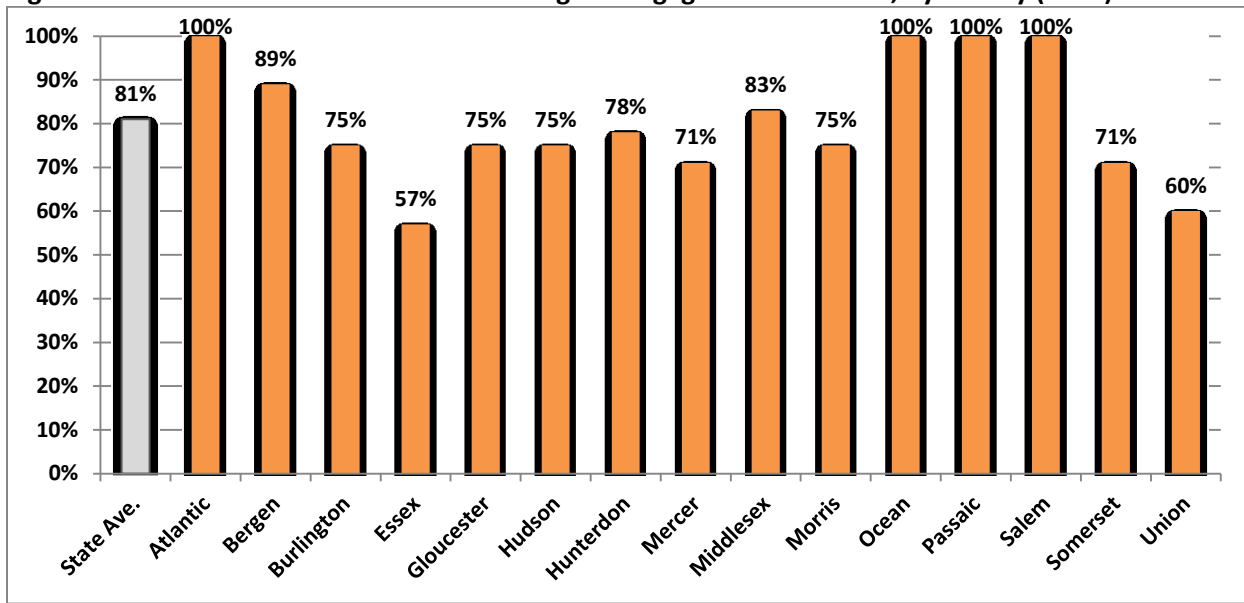
Figure 20. Performance on the Parent Engagement Indicator, by County (2014)



Resource Caregiver Engagement: Findings

As noted in Figure 21, below, the Engagement of Resource Caregiver Indicator was identified as a strength statewide and in 13 of the 15 counties included in the review based on 70% or more of the cases reviewed being rated as acceptable. The Indicator was rated as an area in need of improvement in two counties (Essex and Union), where the percentage of cases rated as acceptable ranged from 57% to 60%.

Figure 21. Performance on the Resource Caregiver Engagement Indicator, by County (2014)



Family Teamwork Highlights

Family Teamwork

Key Findings:

- Both the Team Formation Indicator and the Team Functioning Indicator were identified as areas in need of improvement at the state level, with 52% and 42% of cases reviewed rated as acceptable.
- The Team Formation Indicator was identified as a strength in two counties (based on 70% or more of cases reviewed rated as acceptable). The Indicator was recognized as an area in need of improvement in the 13 remaining counties, with between 17% and 67% of cases reviewed rated as acceptable. Issues related to team formation included limitations in engaging all available formal and informal supports in the teaming process and ensuring their participation throughout the life of the case.
- The Team Functioning Indicator was recognized as a strength in one county, with 75% of cases rated as acceptable. In the remaining 14 counties, Team Functioning was identified as an area in need of improvement, with between 8% and 58% of cases rated as acceptable. Specific concerns included a lack of information sharing and communication across the team; the plan being driven by the caseworker rather than the team; and a lack of cooperation by team participants, who may be fearful that what is discussed at the team meeting would be used in court.

Recommendations:

- Consider providing “job support tools” statewide to ensure broad participation by formal and informal supports in the family team meeting (e.g., a checklist of all possible participant categories) and encourage the worker to think creatively about prospective participants.
- Enhance training for workers on mastering “the ask” – or how they request and encourage selected individuals to commit to the teaming process. Such training could focus on differentiating “hard no’s” from “soft no’s” and helping prospective participants to understand the “nuts and bolts” of the team meeting process.
- Provide clear, specific details about family team meetings – including what is expected of participants – to ensure that prospective participants understand the commitment and potential outcomes. While some professional or formal supports may be familiar with the family team meeting, it is unlikely that informal supports have a similar understanding. This information could be provided using multiple delivery strategies, such as discussions with caseworkers, informational handouts and video demonstrating a family team meeting in progress, possibly at different points in the case, to help prospective team members (particularly informal supports) understand the process. Relatedly, the video could include testimony

Family Teamwork – Why It Matters

The DCF case practice model uses a team-based approach to address the challenging issues faced by families involved with the child welfare system. The family team serves as the basis for collaborative problem-solving, providing effective services and achieving positive results with the child and family. The team is composed of the child/youth, case manager, family members and other persons identified by the child/family. Collectively, the team should have the technical and cultural competence, family knowledge, authority to act and commit resources, and ability to flexibly assemble supports and resources in response to specific needs. Finally, team-functioning should be consistent with the principles of family-centered practice.

Family Teamwork – How It Is Identified

Two family teamwork measures are included in the QR process including:

- Team Formation
- Team Functioning

Family Teamwork – Rating Scale

Reviewers then assign an overall rating for each of the family teamwork indicators using a six-point scale with the following rating levels: optimal (6), good (5), fair (4), marginal (3), poor (2) and unacceptable (1).

Team Formation

The Team Formation Indicator focuses on the structure and performance of the family team. This indicator examines whether all essential people were part of the child/youth and family's team and assesses the balance of formal and informal supports based on the family's individual needs.

Reviewers consider a variety of questions when assessing team formation including whether the appropriate formal and informal supports for the child and family form a working team that meets, talks and plans together and whether the team has the skills, family knowledge and abilities necessary to organize effective services for the child and family, given their particular needs and cultural background.

Indicators of optimal team formation and unacceptable team formation are summarized in Table 16 below.

Table 16. Team Formation	
Optimal Team Formation	Unacceptable Team Formation
<ul style="list-style-type: none">• The “right people” for this child and family have formed an excellent working team that meets, talks and plans together.• The team has excellent skills, family knowledge and abilities to organize services appropriate for the child’s and family’s complexity and cultural background.	<ul style="list-style-type: none">• There is no evidence of a functional family team for this child and family with all interveners working independently and in isolation from one another.

Team Functioning

The Team Functioning Indicator assesses the ability of stakeholders to collectively function as a unified team in planning services and evaluating short-and-long term results. The functioning of the team is directly related to the formation of the team and dependent upon the family's team being composed of all essential stakeholders.

Reviewers consider a variety of questions when assessing team functioning including whether members of the family team collectively function as a unified team in planning services and evaluating results and whether actions of the family team reflect a coherent pattern of effective teamwork and collaborative problem-solving that benefits the child and family.

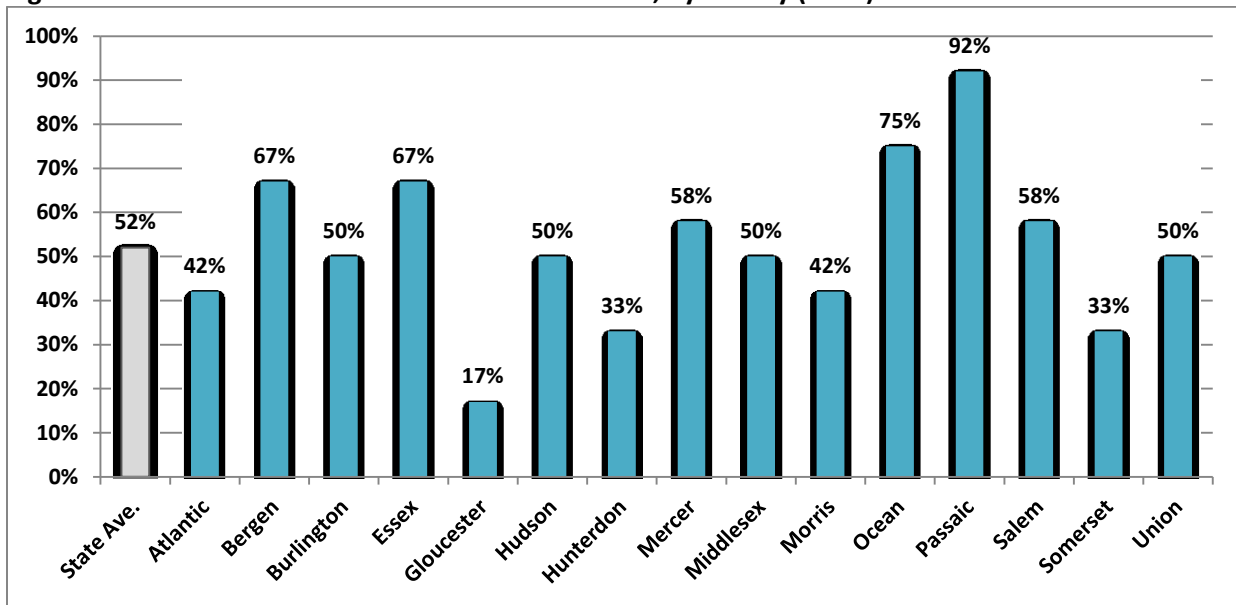
Indicators of optimal team functioning and unacceptable team functioning are summarized in Table 16 below.

Table 16. Team Functioning	
Optimal Team Functioning	Unacceptable Team Functioning
<ul style="list-style-type: none">• Members of the family team collectively function as a fully unified and consistent team in planning services and evaluating results.• Actions of the family team fully reflect an excellent coherent pattern of effective teamwork and fully collaborative problem solving that optimally benefits the child and family.• The family is fully involved in the team.	<ul style="list-style-type: none">• The actions and decisions made by the group are inappropriate, adverse, and/or antithetical to the guiding principles of family-centered practice and system of care integration and coordination of services across agencies for the child and family.

Team Formation: Findings

As highlighted in Figure 22, below, the Team Formation Indicator was identified as an area in need of improvement for the state, with 52% of the cases reviewed statewide rated as acceptable. The Team Formation Indicator was identified as a strength in two counties (Ocean and Passaic) based upon having 70% or more of cases reviewed rated as acceptable. The Team Formation Indicator was rated as an area in need of improvement for the remaining 13 counties, where the percentage of cases rated as acceptable ranged from 17% to 67%.

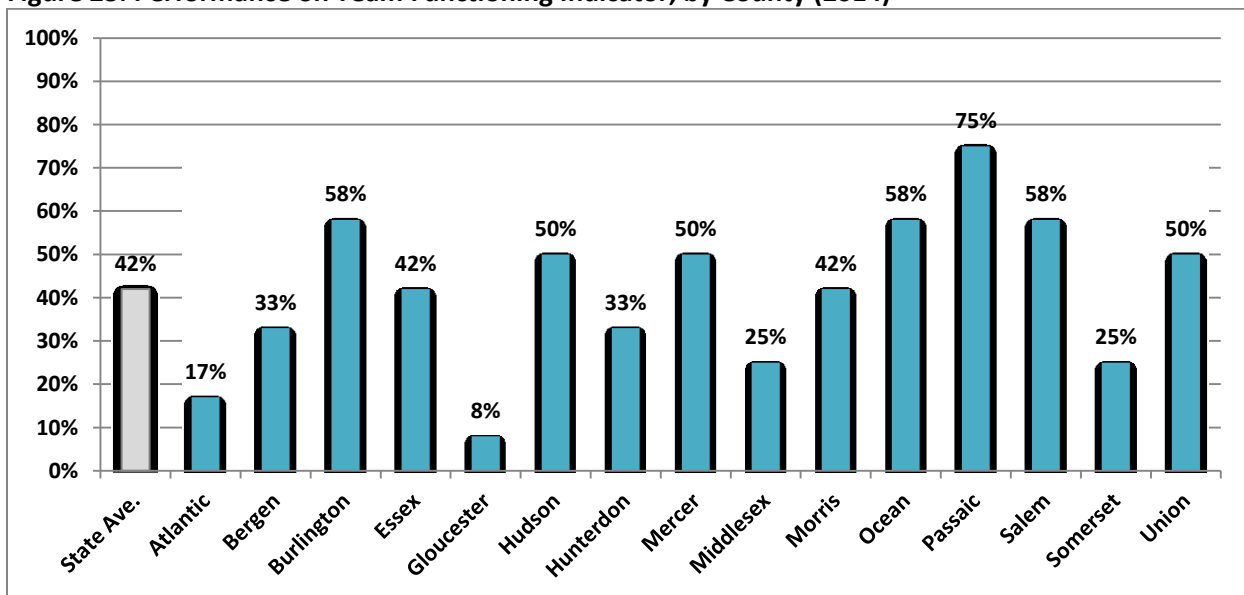
Figure 22. Performance on Team Formation Indicator, by County (2014)



Team Functioning: Findings

As shown in Figure 23, below, the Team Functioning Indicator was rated as an area in need of improvement for the state, with 42% of cases reviewed being rated as acceptable. The Indicator was rated as a strength in one county, Passaic, where 75% of cases reviewed were rated as acceptable. Finally, the Family Team Functioning Indicator was rated as an area in need of improvement for the remaining 14 counties included in the review, with the percentage of cases rated as acceptable ranging from 8% to 58%.

Figure 23. Performance on Team Functioning Indicator, by County (2014)



Assessment and Understanding Highlights

Assessment and Understanding

Key Findings:

- The Overall Assessment Indicator was identified as a strength at the state level and in nine counties, based upon 70% or more of the cases rated as acceptable. The Overall Assessment Indicator was recognized as an area in need of improvement in the remaining six counties, with between 42% and 58% of cases rated as acceptable.
- The Child/Youth Assessment Indicator was documented as a strength at the state level and in 14 counties, based upon 70% or more of the cases rated as acceptable. The Child/Youth Assessment Indicator was identified as an area in need of improvement in one county, with 42% of cases rated acceptable. Reviewers found that assessing the needs of children entering the system from outside of New Jersey was a challenge in this area.
- The Parent Assessment Indicator was identified as an area in need of improvement at the state level and in 11 counties, based upon fewer than 70% of cases rated as acceptable. The Parent Assessment Indicator was recognized as a strength in four counties, with between 70% and 78% of cases reviewed rated as acceptable. Reviewers felt that caseworkers were challenged by identifying underlying needs of parents, understanding their previous involvement with child welfare services (often as children), and incorporating a strengths-based perspective in their work.
- The Resource Caregiver Indicator was documented as a strength statewide and in all counties. More than 70% of cases were rated as acceptable for resource parent assessment.

Recommendations:

- While child welfare workers clearly have demonstrated strong assessment skills when working with children and resource caregivers, they struggle with applying those skills to their work with parents. Much like parent engagement, some of the challenges related to assessing parents effectively may be related to attitudes or beliefs (such as viewing parents as perpetrators) that may inhibit effective work with parents. Helping caseworkers to critically explore their beliefs about system-involved parents and how those beliefs may impact their work is an essential starting point for improvement.
- Consider helping workers enhance their skills related to conflict resolution and working with mandated clients as part of an effort to help them more quickly develop a positive working relationship with parents.
- Consider a parent engagement specialist position (or parent partner, parent leader, etc.) to provide mentoring, assist with challenging cases and develop practice in this area, as well as finding additional ways to include parents in policy development, service design, and evaluation.

Assessment and Understanding – Why It Matters

Assessment is a key component of the case practice model in determining the strengths, needs, risks, underlying issues, and future goals for the child and family. Assessment techniques, both informal and formal, should be appropriate for the child’s age, ability, culture, faith, language or system of communication, and social ecology. New assessments should be performed promptly when planned goals are met, when emergent and/or new needs or problems arise, or when changes are deemed necessary. Maintaining an accurate understanding of the child and family needs should be a dynamic and ongoing process that occurs throughout the life of a case.

Assessment and Understanding – How It Is Identified

Four assessment and understanding measures are included in the QR process including:

- Overall Assessment
- Child/Youth Assessment
- Parent Assessment
- Resource Caregiver Assessment

Assessment and Understanding – Rating Scale

Reviewers then assign an overall rating for each of the assessment and understanding indicators using a six-point scale with the following rating levels: optimal (6), good (5), fair (4), marginal (3), poor (2) and unacceptable (1).

Overall Assessment

The Overall Assessment Indicator measures how well the agency gathered information, including formal and informal assessments, to understand the underlying needs, strengths, and risks of the child/youth, parent and resource caregivers. The rating is determined by the reviewers, in consideration of ratings on the three individually-assessed areas: child/youth assessment, parent assessment, and resource caregiver assessment.

Child/Youth Assessment

The Child/Youth Assessment Indicator measures how well the agency gathered information, including informal and formal assessments, to understand the underlying needs, competencies, and risks of the child/youth.

Reviewers consider questions when examining assessment of the child/youth including whether there is an understanding of the child’s strengths, needs, risks, and underlying issues that must change for the child to live safely and permanently with the birth family or resource family, the extent to which the team tracks and adjusts plans based on accurate understanding of the child’s needs, and whether the assessment covers key functional areas of safety, stability, permanency and well-being for the child.

Indicators of optimal child/youth assessment and unacceptable assessment are summarized in Table 17 below.

Table 17. Child/Youth Assessment

Optimal Assessment	Unacceptable Assessment
<ul style="list-style-type: none"> • The child’s functioning and support systems are comprehensively understood. • Knowledge necessary to understand the child’s strengths, needs, and context is continuously updated and used to keep the big picture understanding current and comprehensive. • Present strengths, risks, and underlying needs requiring intervention or supports are fully recognized and understood. • Necessary conditions for permanency and independence from the system are fully understood and used to select effective change strategies. 	<ul style="list-style-type: none"> • Current assessments used for planned services are absent or incorrect. • Some adverse associations between the current situation and the child’s bio/psycho/social/educational functioning may have been made. • Glaring uncertainties and conflicting opinions exist about things that must be changed for needs and risks to be reduced and the child to function adequately in normal daily settings. • A new and complete assessment must be made and used now for this case to move forward.

Parent Assessment

The Parent Assessment Indicator measures how well the agency gathered information, including informal and formal assessments, to understand the underlying needs, competencies, and risks of the parents.

Reviewers consider a variety of questions when examining assessment of the parents including whether there is an understanding of the parents’ strengths, needs, risks, and underlying issues that must change for the child to live safely and permanently with the birth family, and whether an appropriate safety and risk assessment tool has been completed at the right times incorporating current and complete information.

Indicators of optimal parent assessment and unacceptable assessment are summarized in Table 18 below.

Table 18. Parent Assessment

Optimal Assessment	Absent, Incorrect or Adverse Assessment
<ul style="list-style-type: none"> • The parents’ functioning and support systems are comprehensively understood. • Knowledge necessary to understand the parents’ strengths, needs, and context is continuously updated and used to keep the big picture understanding current and comprehensive. • Present strengths, risks, and underlying needs requiring intervention or supports are fully recognized and understood. • Necessary conditions for permanency and independence from the system are fully understood and used to select effective change strategies. 	<ul style="list-style-type: none"> • Current assessments used for planned services are absent or incorrect. • Some adverse associations between the current situation and the parents’ functioning have been made. • Bio/psycho/social/educational functioning may have been made. • A new and complete assessment must be made and used now for this case to move forward.

Resource Caregiver Assessment

The Resource Caregiver Assessment Indicator measures how well the agency gathered information, including informal and formal assessments, to understand the underlying needs, competencies, and risks of resource caregivers. This category is only reviewed for cases in which a child has been placed in an out-of-home, family-based setting. A rating of “not applicable” is provided if a child is in a setting that is not a family home. One rating is given to all resource caregivers in a particular home.

Reviewers consider the extent to which the resource caregiver’s strengths and needs have been examined and whether appropriate safety and risk tools have been completed at the right times using current and complete information.

Indicators of optimal and unacceptable assessment of resource caregivers are summarized in Table 19 below.

Table 19. Resource Caregiver Assessment

Optimal Assessment	Absent, Incorrect or Adverse Assessment
<ul style="list-style-type: none"> • The resource caregiver’s functioning and support systems are comprehensively understood. • Knowledge necessary to understand the resource caregiver’s strengths, needs, and context is continuously updated and used to keep the big picture understanding current and comprehensive. • Present strengths, risks, and underlying needs requiring intervention or supports are fully recognized and understood. 	<ul style="list-style-type: none"> • Current assessments used for planned services are absent or incorrect. • Some adverse associations between the current situation and the resource caregiver’s functioning may have been made. • Glaring uncertainties and conflicting opinions exist about things that must be changed for needs and risks to be reduced and the child to function adequately in normal daily settings. • A new and complete assessment must be made and used now for this case to move

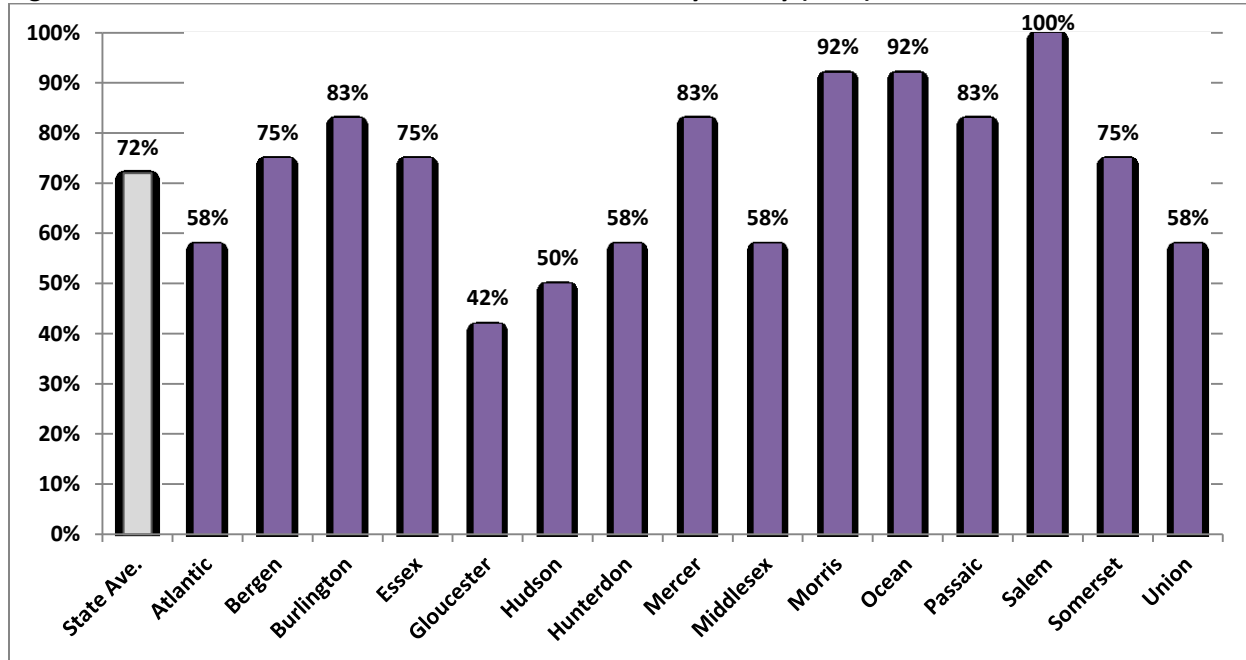
Table 19. Resource Caregiver Assessment

Optimal Assessment	Absent, Incorrect or Adverse Assessment
<ul style="list-style-type: none"> Necessary conditions for permanency and independence from the system are fully understood and used to select effective change strategies. 	forward.

Overall Assessment: Findings

As shown in Figure 24, below, the Overall Assessment Indicator was identified as a strength statewide, with 72% of cases reviewed rated as acceptable. The indicator was also rated a strength in nine counties (Bergen, Burlington, Essex, Mercer, Morris, Ocean, Passaic, Salem and Somerset) based upon having 70% or more of the cases reviewed rated as acceptable. The Overall Assessment Indicator was identified as an area in need of improvement in the remaining six counties (Atlantic, Gloucester, Hudson, Hunterdon, Middlesex and Union), where the percentage of cases rated as acceptable ranged from 42% to 58%.

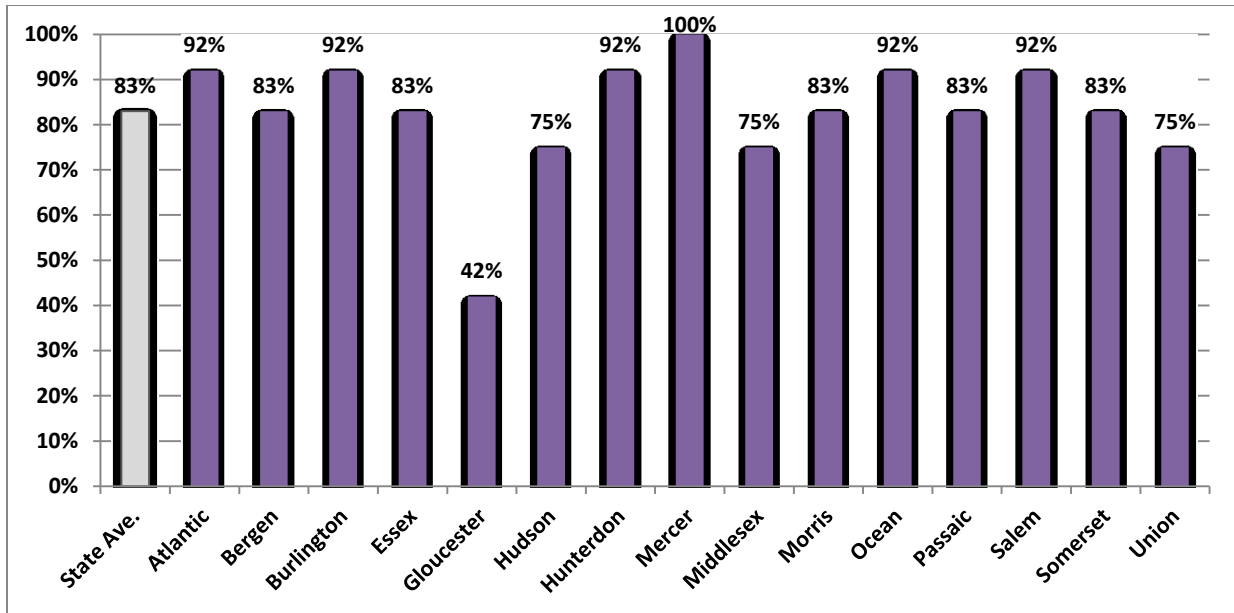
Figure 24. Performance on Overall Assessment Indicator, by County (2014)



Child/Youth Assessment: Findings

The Child/Youth Assessment Indicator was identified as a strength statewide, with 83% of cases reviewed rated as acceptable (Figure 25). The Indicator was also rated as a strength in 14 of the 15 counties included in the review, based upon 70% or more of cases reviewed being rated as acceptable. The Child/Youth Assessment Indicator was identified as an area in need of improvement in Gloucester County, where 42% of cases were rated as acceptable.

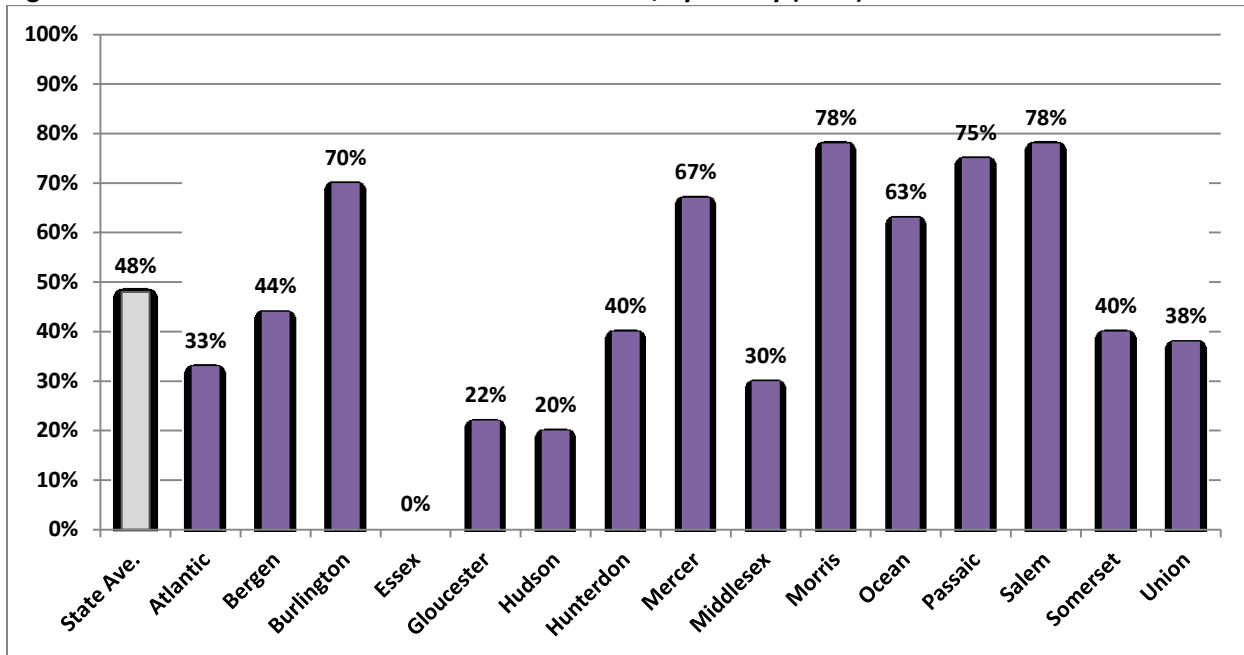
Figure 25. Performance on Child Assessment Indicator, by County (2014)



Parent Assessment: Findings

As indicated in Figure 26, below, the Parent Assessment Indicator was rated as a strength in 48% of cases reviewed statewide and, as a result, was identified as an area in need of improvement at the state level. The indicator was identified as a strength in four counties (Burlington, Morris, Passaic, and Salem), based upon having 70% or more of cases reviewed rated as acceptable. The Parent Assessment Indicator was identified as an area in need of improvement in the remaining 11 counties (Atlantic, Bergen, Essex, Gloucester, Hudson, Hunterdon, Middlesex, Ocean, Somerset and Union), where the percentage of cases rated as a strength ranged from 0% to 67%.

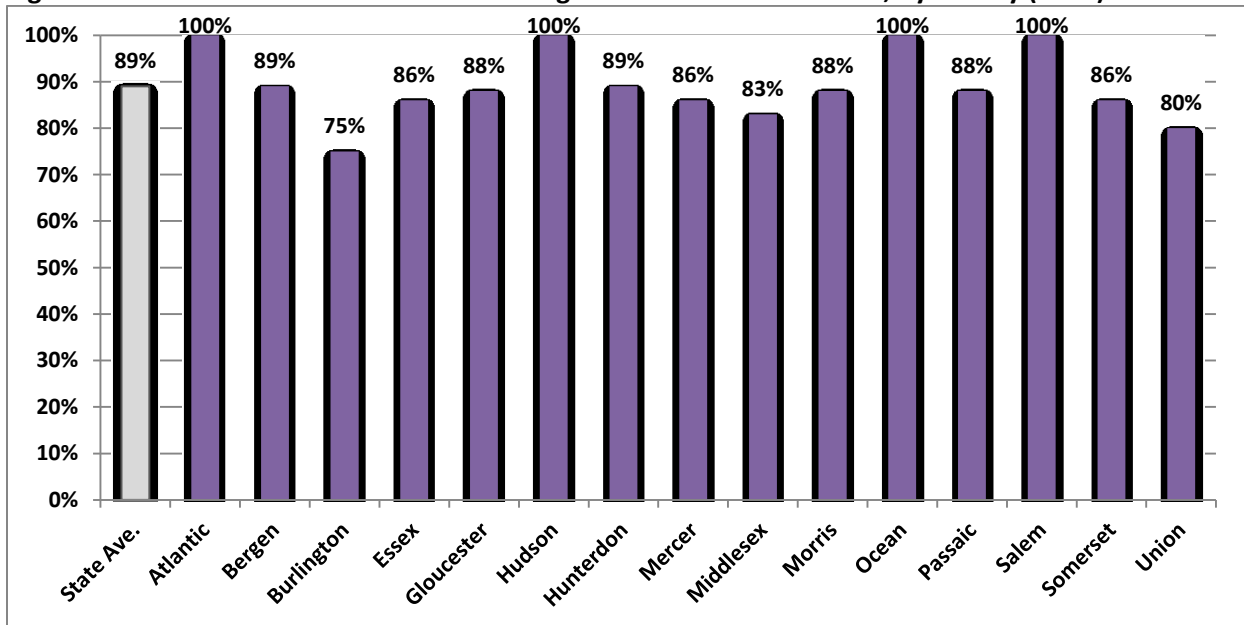
Figure 26. Performance on Parent Assessment Indicator, by County (2014)



Resource Caregiver Assessment: Findings

The Resource Caregiver Assessment Indicator was rated as acceptable in 89% of cases reviewed statewide and, as a result, was identified as a strength at the state level. As noted in Figure 27, below, the Resource Caregiver Assessment Indicator was identified as a strength in all 15 counties included in the review, based upon 70% or more of cases reviewed being rated as acceptable.

Figure 27. Performance on the Resource Caregiver Assessment Indicator, by County (2014)



Case Planning Highlights

Case Planning

Key Findings:

- The Case Planning Process Indicator was identified as an area in need of improvement statewide and in 10 counties, based upon fewer than 70% of cases reviewed rated as acceptable. The Case Planning Process Indicator was recognized as a strength in five counties, with the percentage of cases receiving an acceptable rating ranging from 75% to 83%. Reviewers felt that family participation in developing the case plan, particularly participation by parents, was sometimes lacking and that more clarity around the steps required to achieve case goals would be helpful.
- The Plan Implementation Indicator was documented as an area in need of improvement statewide and in 10 counties, based upon fewer than 70% of cases reviewed rated as acceptable. The indicator was identified as a strength in five counties, where between 75% and 83% of cases were rated as acceptable for plan implementation. Reviewers remarked that case plans did not always appear to be individualized and, in some cases, appeared to reflect the court order rather than a family team.
- The Tracking and Adjustment Indicator was recognized as an area in need of improvement statewide and in seven counties, based upon fewer than 70% of cases reviewed rated as acceptable. The Tracking and Adjustment Indicator was documented as a strength in eight counties, where between 75% and 83% of cases were rated acceptable. Reviewers identified situations in which the case plan and related services were not changed to reflect changes in the family situation and families were not sufficiently aware of the case plan to assess its effectiveness or viability.

Recommendations:

- Consider developing a practice (as appropriate) of giving parents the “last word” at family team meetings and having parents (over time) move toward co-facilitating the meeting with the caseworker to increase involvement of parents in the planning process. Prior recommendations relating to working with parents may also help address limitations related to parental involvement in case planning.
- Enhance training opportunities on strengths-based interventions. The strengths-based orientation included in the current training initiative on protective factors may be helpful to caseworker staff in creating plans that are individualized and reflect a family’s unique strengths.
- Ensure caseworkers statewide use the case plan as an organizing framework for family team meetings so they are updated in a timely manner to reflect changing needs and priorities, as well as support participants’ knowledge of the case goal and plans related to achieving it.

Case Planning – Why It Matters

Case planning is another key component of the case practice model. Planning activities ensure that the case plan is designed to assist the child and family in achieving identified goals and addressing their needs. A good case plan is integrated, comprehensive and based upon the strengths and needs of the child and family. Other key elements include specified goals, roles, strategies, resources and schedules for coordinated provision of assistance, supports, supervision, and services. Additionally, the plan must be implemented in a timely manner and be adjusted in response to emerging or changing needs.

Case Planning – How It Is Identified

Three case planning measures are included in the QR process:

- Case Planning Process
- Plan Implementation
- Tracking and Adjustment

Case Planning – Rating Scale

Reviewers then assign an overall rating for each of the case planning indicators using a six-point scale with the following rating levels: optimal (6), good (5), fair (4), marginal (3), poor (2) and unacceptable (1).

Case Planning Process

The Case Planning Process Indicator examines how well case plans were designed to assist the child and family in addressing needs and achieving identified goals.

Reviewers consider a variety of questions when examining the case planning process including whether the child’s/family’s plan is individualized and relevant to the family’s needs and goals and whether supports, services and interventions are coherently and uniquely matched to the child’s or family’s situation.

Indicators of optimal and unacceptable case planning process are summarized in Table 20 below.

Table 20. Indicators of Case Planning Process	
Optimal Case Planning	Unacceptable Case Planning
<ul style="list-style-type: none"> • An excellent, well-reasoned, continuous planning process is being fully used to provide for (1) necessary protections to keep family members safe at home; (2) parent behavioral changes; (3) sustainable family supports; (4) concurrent alternative means for permanency; (5) recovery and relapse prevention; and (6) achieving successful transitions. • Planning provides for precise use of change strategies, actions, timelines, and an 	<ul style="list-style-type: none"> • No clear planning process is operative at this time to provide for (1) necessary protections to keep family members safe at home; (2) parent behavioral changes; (3) sustainable family supports; (4) concurrent alternative means for permanency; (5) recovery and relapse prevention; and (6) achieving successful transitions. <p>OR</p> <ul style="list-style-type: none"> • Planning activities are substantially misdirected, conflicting or insufficient in detail

Table 20. Indicators of Case Planning Process

Optimal Case Planning	Unacceptable Case Planning
<p>accountable person for each change strategy used in the change process for achieving family independence and safe case closure.</p> <ul style="list-style-type: none"> • Daily practice is being fully driven by the planning process, bringing a great sense of urgency to actions to achieve results. • All required family members were included in the planning process. 	<p>to drive an effective family change process.</p> <ul style="list-style-type: none"> • Not all required family members have been included in the planning process.

Plan Implementation

The Plan Implementation Indicator assesses the delivery of services according to the child’s or family’s case plan, and examines factors such as timeliness, competency, appropriateness of service provision, and availability of resources to meet individualized needs.

Reviewers considered a variety of questions when examining plan implementation including whether services and activities specified in the child and family plan were being implemented as planned, delivered in a timely manner and offered at an appropriate level of intensity and length of time. Other questions that guided this component of the review focused on whether the necessary supports, services and resources were available to the child and family to meet the needs identified in the plan.

Indicators of optimal and unacceptable plan implementation are summarized in Table 21 below.

Table 21. Indicators of Plan Implementation

Optimal Plan Implementation	Unacceptable Plan Implementation
<ul style="list-style-type: none"> • The strategies, supports and services in the plan are being fully implemented in a timely and competent manner, consistent with the long-term view and principles of good practice. • The intensity of services is sufficient to produce desired results. • To keep services responsive and dependable, changes are made to the plan as situations change, needs emerge, and results are known. 	<ul style="list-style-type: none"> • Few, if any, strategies, supports, and services in the child and family plan are being implemented to yield desired results. • Changes in services are not occurring on an adequate basis, resulting in poor responsiveness to needs and unacceptable results.

Tracking and Adjustment

The Tracking and Adjustment Indicator examines how progress on the case plan is assessed by the team, as well as how modifications are made as circumstances change or new needs emerge.

Reviewers consider a variety of questions when examining tracking and adjustment activities including whether child and family status, service process and results are routinely followed and evaluated and the extent to which services are modified to respond to changing family needs.

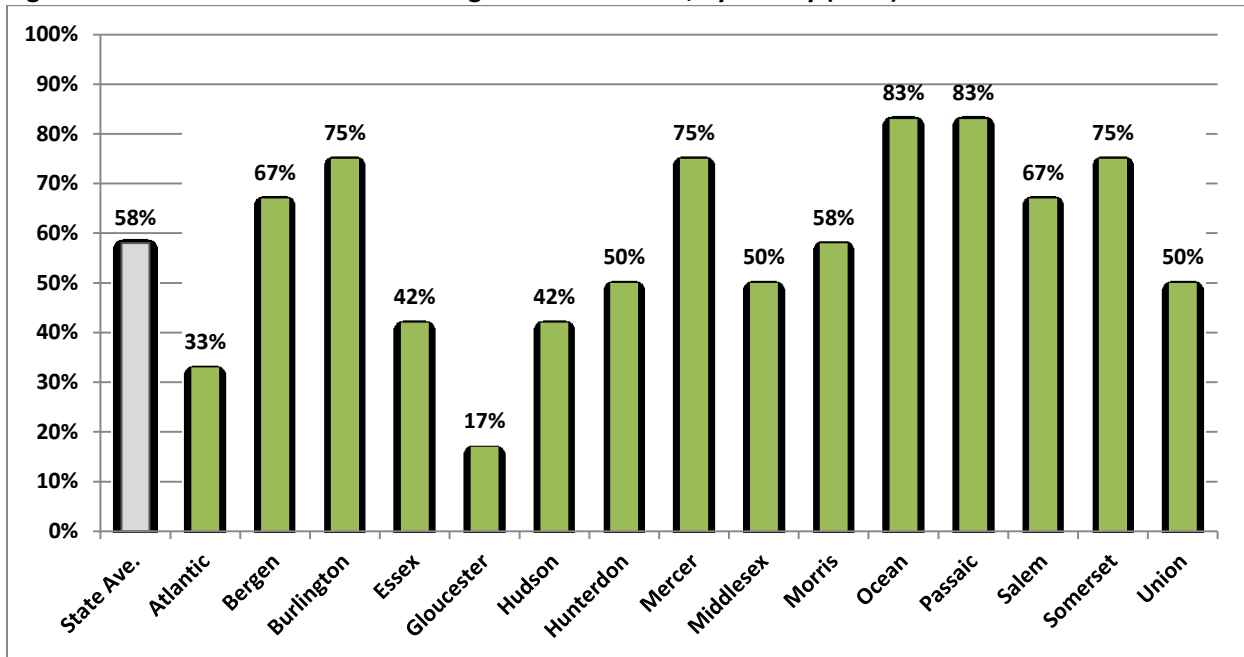
Indicators of optimal tracking and adjustment and unacceptable tracking and adjustment are summarized in Table 22 below.

Table 22. Indicators of Tracking and Adjustment	
Optimal Tracking and Adjustment	Unacceptable Tracking and Adjustment
<ul style="list-style-type: none"> • The strategies, supports and services being provided to the child and family are highly responsive and appropriate to changing conditions. • Continuous monitoring, tracking, and communication of child status and service results to the child and family team are occurring. • Timely and smart adjustments are being made. • Highly successful modifications are based on a rich knowledge of what things are working and not working for the child and family. 	<ul style="list-style-type: none"> • Strategies, supports, and services are limited, undependable or conflicting for child and family. • Little or no monitoring or communication is occurring and/or inadequate child and family team is unable to function effectively in planning, providing, monitoring, or adapting services. • Current supports and services have become non-responsive to the current needs of the child and family. • The service process appears to be “out of control.” • Child and family status are generally poor. • The child or family could be at high risk of harm or poor outcomes.

Case Planning Process: Findings

As indicated in Figure 28, below, the Case Planning Process Indicator was rated as acceptable in 58% of cases reviewed statewide and, as a result, identified as an area in need of improvement at the state level. The Indicator was identified as a strength in five counties (Burlington, Mercer, Ocean, Passaic and Somerset), based upon having 70% or more of cases rated acceptable for case planning. The Case Planning Process Indicator was identified as an area in need of improvement in the remaining 10 counties, where 17% to 67% of cases were rated as acceptable.

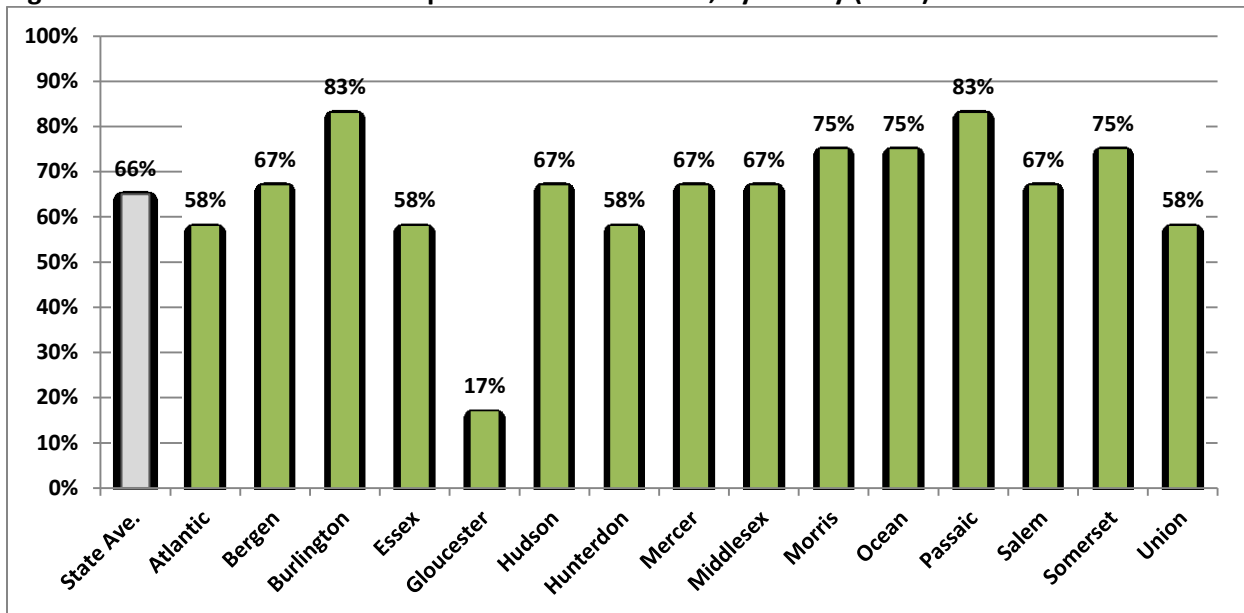
Figure 28. Performance on Case Planning Process Indicator, by County (2014)



Plan Implementation: Findings

The Case Plan Implementation Indicator was identified as an area in need of improvement at the state level, with 65% of cases reviewed rated as acceptable (Figure 29). The indicator was identified a strength in five counties (Burlington, Morris, Ocean, Passaic, and Somerset) based upon having 70% or more of cases rated as acceptable for plan implementation. The Plan Implementation Indicator was rated as an area in need of improvement in the remaining 10 counties, where the percentage of cases rated acceptable for plan implementation ranged from 17% to 67%.

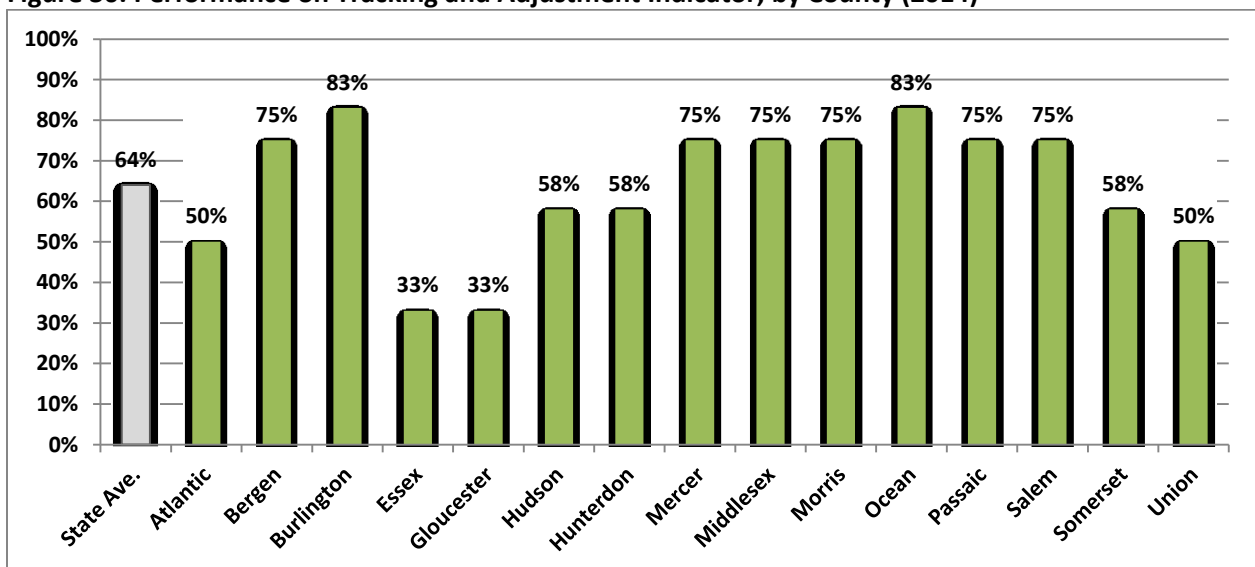
Figure 29. Performance on Plan Implementation Indicator, by County (2014)



Tracking and Adjustment: Findings

As indicated in Figure 30, below, the Tracking and Adjustment Indicator was identified as an area in need of improvement at the state level, with 64% of cases reviewed rated as acceptable. The indicator was identified as a strength in eight counties (Bergen, Burlington, Mercer, Middlesex, Morris, Ocean, Passaic, and Salem), based upon 70% or more of cases reviewed rated as acceptable for case plan tracking and adjustment. The Tracking and Adjustment Indicator was identified as an area in need of improvement in the remaining seven counties (Atlantic, Essex, Gloucester, Hudson, Hunterdon, Somerset and Union) with between 33% and 58% of cases rated as acceptable.

Figure 30. Performance on Tracking and Adjustment Indicator, by County (2014)



Intervention Highlights

Intervention

Key Findings:

- The Provision of Health Care Services Indicator was documented as a strength statewide and in all 15 counties, with more than 90% of cases rated as acceptable.
- The Resource Availability Indicator was recognized as a strength statewide and in 14 counties, based upon at least 70% of cases rated as acceptable. The Indicator was documented as an area in need of improvement in one county, where 67% of cases were rated acceptable. Reviewers expressed concern about availability of services to meet individual family needs.
- The Overall Family and Community Connections Indicator was identified as a strength statewide and in 12 counties, based upon at least 70% of cases rated as acceptable. The Indicator was recognized as an area in need of improvement in three counties, where the percentage of cases rated as acceptable ranged from 63% to 67%.
- The Family and Community Connections-Mother Indicator was documented a strength statewide and in 12 counties, based upon having at least 70% of cases rated as acceptable. In three counties, the indicator was identified as an area in need of improvement with the percentage of cases rated acceptable ranging from 50% to 71%. Reviewers expressed concerns about the need for mothers to maintain contact with their children in a “real-world” setting.
- The Family and Community Connections-Father Indicator was documented as an area in need of improvement statewide and in 12 counties. It was identified as a strength in three counties, based upon having at least 70% of cases rated as acceptable. The percentage of cases rated acceptable ranged from 20% to 67% in the counties and was 59% statewide. Primary concerns related to maintaining connections with incarcerated fathers.
- The Family and Community Connections-Siblings Indicator was recognized as a strength statewide and in 10 out of 14 counties with at least 70% of cases rated as acceptable. In four counties, the Indicator was documented as an area in need of improvement, with fewer than 67% of cases rated as acceptable. Helping children maintain connections with step-siblings and half-siblings, as well as siblings who lived outside of the United States, were identified as issues.
- The Overall Family Supports Indicator was documented as a strength statewide and in 13 out of 15 counties as a result of having at least 70% of cases reviewed rated as acceptable. The indicator was assessed as an area in need of improvement in the remaining two counties, where 67% of cases were rated as acceptable.
- The Family Supports-Parents Indicator was assessed as an area in need of improvement statewide and in nine counties as a result of having fewer than 70% of cases reviewed rated as acceptable. In the remaining six counties, the indicator was identified as a strength, with between 75% and 89% of cases rated as acceptable. Concerns focused on the lack of sustainable and long-term supports.

Intervention (Continued)

- The Family Supports-Resource Caregiver Indicator was recognized as a strength statewide and in all counties. Between 86% and 100% of cases were rated as acceptable for this indicator.

Recommendations:

- Continue to strengthen initiatives to support the involvement of fathers in the lives of their children statewide. Continue to collaborate with officials at state prisons and county jails to help maintain connections between system-involved children and their incarcerated fathers. Explore facilitating supervised visits through Skype or another online communication platform.
- Ensure caseworkers statewide have all the tools needed to locate non-custodial parents not only to encourage connections with children, but also to inform case planning and permanency efforts.
- Enhance efforts to maintain sibling connections, particularly in Hunterdon and Burlington counties.
- Consider additional steps to address issues related to basic needs that impede stability at home through enhanced collaboration with other state and county agencies responsible for public assistance, housing, job training and employment services. Take steps to develop inter-agency agreements to prioritize services for this vulnerable population and work collaboratively to increase stability at home.

Intervention – Why It Matters

Intervention involves putting an array of services in place to help a family achieve its goals. The services should reflect a case plan that has been developed collaboratively with the child, family and team, and is based on a thorough assessment of the strengths and needs of those involved. It often involves tapping into an array of supportive community services, as well as informal arrangements to facilitate change. Intervention also includes helping a child maintain connections with their family and their community as appropriate.

Intervention – How It Is Identified

Intervention measures included in the QR process are:

- Provision of Health Care Services
- Resource Availability
- Family and Community Connections – Overall
- Family and Community Connections – Mother
- Family and Community Connections – Father

- Family and Community Connections – Siblings
- Family Supports – Overall
- Family Supports – Parents
- Family Supports – Resource Caregiver

Intervention – Rating Scale

Reviewers then assign an overall rating for each of the intervention indicators using a six-point scale with the following rating levels: optimal (6), good (5), fair (4), marginal (3), poor (2) and unacceptable (1).

Provision of Health Care Services

The Provision of Health Care Services Indicator assesses the degree to which the child/youth received timely and effective health care services commensurate with services required for the child to achieve his or her best attainable health. This Indicator examines provisions for preventative health care, as well as treatment for any ongoing medical needs. The also examines access to required health assessments for children entering out-of-home placement and screenings and services related to mental health.

Reviewers consider a variety of questions when examining health care provision, including whether health care services are adequate to help a child achieve or maintain their best attainable health status, such as preventive services and, as needed, mental health screening. Questions also focus on the extent to which health-related emergency response plans are in place (as needed) and children with chronic medical conditions receive appropriate information, instruction and assistance for self-managing the condition to the greatest degree possible (as appropriate to the child’s age and ability).

Indicators of optimal and unacceptable health care are summarized in Table 23 below.

Table 23. Provision of Health Care Services

Optimal Care	Unacceptable Care
<ul style="list-style-type: none"> • Child is receiving timely, effective health care, fully commensurate with the child’s needs, including care for any chronic health conditions and special health care needs. • The child is receiving all appropriate medical attention necessary to maintain this health status. • If medications are required, they are excellently managed by the physician who is helping the caregiver/parent/child manage his/her condition to the greatest degree possible. 	<ul style="list-style-type: none"> • The child is not receiving necessary health care services or the services provided are not appropriate possibly leading to declining health status to the point that the child is in danger of a very serious health condition. • The necessary screenings, examinations, and follow-up medical attention have not been provided, placing the child in serious jeopardy. • Chronic conditions have not been managed in accordance with medical advice and may be worsening. • The child’s medications may not be properly administered, monitored or adjusted. • The child, although developmentally capable, may have no understanding how to self-manage his/her medical condition and this may have resulted in serious medical consequences.

Resource Availability

The Resource Availability Indicator measures the array and quality of supports, services and other resources, both formal and informal. Resources are assessed to determine if they were individualized and supported the implementation of the child and family plan. Other factors assessed include whether resources are culturally appropriate and sufficient in intensity and duration given case needs.

Reviewers consider a variety of questions when examining resource availability including the adequacy of the array of supports, services and other resources available to support implementation of the case plan and whether resources are available in a timely manner, at an appropriate frequency and duration. Finally, questions related to whether services and supports are provided in a setting that is conducive to the needs of the child and the family and whether the child and family have a choice of the type of services and the service providers are considered.

Indicators of optimal resource availability and unacceptable resource availability are summarized in Table 24 below.

Table 24. Resource Availability

Optimal Support Availability	Unacceptable Availability
<ul style="list-style-type: none"> • An excellent array of high quality supports, services and other resources (both informal and formal) to implement planned change strategies are fully and continuously available as necessary. • The array provides a wide range of options for use of professional judgment about appropriate interventions and for family choices of providers. 	<ul style="list-style-type: none"> • Few, if any, supports and services are provided at this time. • Supports may not fit the actual needs of the family well and may not be dependable over time. • Some services of poor quality or inappropriate fit may be causing unintended problems or adverse effects. • Because informal supports may not be well developed and because local services or funding is limited, any services may be offered on a “take it or leave it” basis. • The family may be dissatisfied with or refuse services, and results may present a potential safety risk to the child, parent, or family unit. • The family team may be powerless to alter the service availability situation or the child and family may lack a functioning family team.

Family and Community Connections -- Overall

The Overall Family and Community Connections Indicator assessed the strategies to maintain familial bonds when children enter out-of-home care. The rating is determined in consideration of ratings on the three individually-assessed areas: family and community connections for the mother, father and siblings.

Family and Community Connections -- Mother

The Family and Community Connections - Mother Indicator measures how well the agency implements strategies designed to maintain maternal bonds when children enter an out-of-home placement.

Reviewers consider a variety of questions when examining family and community connections with the mother including to what degree are family connections maintained through appropriate visits and other means. Additionally, questions relate to the extent to which significant others from the community are able to maintain contact with the youth while in care (i.e., friends, clergy, etc.).

Indicators of optimal and unacceptable maternal connections are summarized in Table 25 below.

Table 25. Family and Community Connections - Mother

Optimal Connections	Unacceptable Connections
<ul style="list-style-type: none"> • Fully effective family connections are being excellently maintained by and for all family members through appropriate visits and other connecting strategies. • All appropriate family members have regular and, where appropriate, increasingly frequent contact. • Agency staff provide excellent support in arranging mutually convenient visit schedules, transportation, family-friendly visit settings, and, where necessary, supervision. • When necessary, excellent graduated or transitional visit strategies are being used with family members to advance service plan goals. 	<ul style="list-style-type: none"> • Family connections are either fragmented, declining in frequency or quality, or inappropriate for family members. • Appropriate and necessary visits are not occurring with sufficiency to maintain family connections. • Some visits may be therapeutically inappropriate or unsafe for one or more family members.

Family and Community Connections -- Father

The Family and Community Connections – Father Indicator measures how well the agency implements strategies to maintain paternal bonds when children enter out-of-home care.

Reviewers consider a variety of questions when examining family and community connections with the father including to what degree are father-child connections maintained through appropriate visits and other means. Additional questions relate to the extent to which significant others from the community are able to maintain contact with the youth while in care (i.e., friends, clergy, etc.).

Indicators of optimal and unacceptable paternal connections are summarized in Table 26 below.

Table 26. Family and Community Connections - Father

Optimal Connections	Unacceptable Connections
<ul style="list-style-type: none"> • Fully effective family connections are being excellently maintained by and for all family members through appropriate visits and other connecting strategies. • All appropriate family members have regular and, where appropriate, increasingly frequent contact. • Agency staff provide excellent support in arranging mutually convenient visit schedules, transportation, family-friendly visit settings, and, where necessary, 	<ul style="list-style-type: none"> • Family connections are fragmented, declining in frequency or quality, or inappropriate for family members. • Appropriate and necessary visits are not occurring with sufficiency to maintain family connections. • Some visits may be therapeutically inappropriate or unsafe for one or more family members.

Table 26. Family and Community Connections - Father

Optimal Connections	Unacceptable Connections
<p>supervision.</p> <ul style="list-style-type: none"> • When necessary, excellent graduated or transitional visit strategies are being used with family members to advance service plan goals. 	

Family and Community Connections -- Siblings

The Family and Community Connections – Siblings Indicator measures how well the agency develops and implements strategies to maintain sibling bonds when children enter out-of-home care. It is only applicable to cases in which children are placed apart from one or more siblings.

Reviewers consider a variety of questions when examining family and community connections for siblings including to what degree are sibling connections maintained through appropriate visits and other means and whether significant others from the community (such as friends and clergy) are able to maintain contact with the youth while in care.

Indicators of optimal and unacceptable sibling connections are summarized in Table 27 below.

Table 27. Family and Community Connections - Siblings

Optimal Connections	Unacceptable Connections
<ul style="list-style-type: none"> • Fully effective family connections are being excellently maintained by and for all family members through appropriate visits and other connecting strategies. • All appropriate family members have regular and, where appropriate, increasingly frequent contact. • Agency staff provide excellent support in arranging mutually convenient visit schedules, transportation, family-friendly visit settings, and, where necessary, supervision. • When necessary, excellent graduated or transitional visit strategies are being used with family members to advance service plan goals. 	<ul style="list-style-type: none"> • Family connections are fragmented, declining in frequency or quality, or inappropriate for family members. • Appropriate and necessary visits are not occurring with sufficiency to maintain family connections. • Some visits may be therapeutically inappropriate or unsafe for one or more family members.

Family Supports -- Overall

The Overall Family Supports Indicator assesses the active efforts of providers and the service system to prepare and assist the family in their ability to provide a safe and stable living environment for the child. Family Supports are assessed individually for parents and resource caregivers, if the goal for the child/youth is reunification. The overall rating is determined by

consideration of ratings on the two individually-assessed areas: family supports – parents and family supports – resource caregiver.

Family Supports for Parents

The Family Supports for Parents Indicator assesses the active efforts of providers and the child welfare system to prepare and assist parents in their ability to provide a safe and stable living environment for the child. Cases in which parental rights have been terminated, parents were missing, the youth was age 18 years or older, or the youth had a case goal of independent living, were not assessed for family supports for parents.

Reviewers consider a variety of questions that assess the extent to which active efforts have been undertaken to prepare and assist the parents to acquire, adapt, and maintain the skills, guidance, resources, and connection to informal and formal supports necessary to meet both regular and extraordinary needs presented by the child while maintaining the stability of the home and family commitment to the child. Specific questions examine whether the child has any special needs or care requirements and, if so, to what extent are they being met; whether stressors in the home are being adequately managed on a daily basis; and whether there is an explicit plan which will enable the family to live safely and independently from the child welfare system.

Indicators of optimal and unacceptable family supports for parents are summarized in Table 28 below.

Table 28. Family Supports for Parents	
Optimal Family Supports	Unacceptable Family Supports
<ul style="list-style-type: none"> • Parent(s) are being provided an excellent and highly effective level of training, assistance, supervision, resources, support, and relief necessary to provide a safe and stable living arrangement for the child that fully meets the child’s daily care, development and parenting needs. • If the child presents special needs with more extensive care requirements, the family is provided a wide and effective range of specialized training, resources, respite, and in-home supports that is fully commensurate with what is required to meet the child’s special needs and to fully maintain the stability of the home and durability of the family’s commitment to the child. 	<ul style="list-style-type: none"> • Parent(s) are not being provided the training, assistance, supervision, resources, support, and relief necessary to provide a safe and stable living arrangement for the child. • If the child presents special needs with more extensive care requirements, the family is not provided specialized training, resources, respite, and in-home supports. • The child’s special needs are not being met and current inadequacies are likely to destabilize the home and dissolve the family’s commitment to the child.

Family Supports for Resource Caregiver

The Family Supports for Resource Caregiver Indicator assesses the active efforts of providers and the service system to prepare and assist the resource caregivers in their ability to provide a

safe and stable living environment for the child. Cases with a youth in a non-home setting, such as residential or congregate care, were not included in the rating for this Indicator. Cases in which youth were over age 18 and/or had a case goal of independent living were also excluded.

Reviewers consider a variety of questions that assess the extent to which active efforts have been undertaken to prepare and assist the resource caregivers to acquire, adapt, and maintain the skills, guidance, resources, and connection to informal and formal supports necessary to meet both the regular and extraordinary needs of the child. Specific questions assess whether the child has any special needs or care requirements and, if so, to what extent are they being met; and if stressors in the resource home are being adequately managed on a daily basis.

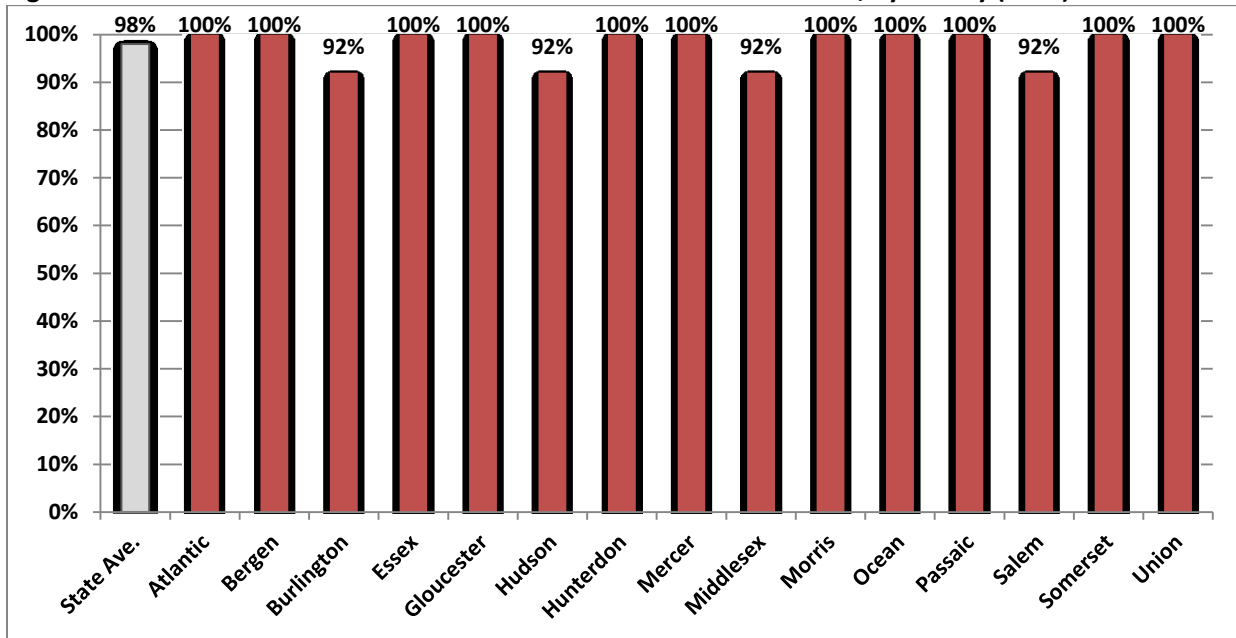
Indicators of optimal and unacceptable family supports for resource caregivers are summarized in Table 29 below.

Table 29. Family Supports for Resource Caregivers	
Optimal Family Supports	Unacceptable Family Supports
<ul style="list-style-type: none"> • Resource caregivers are being provided an excellent and highly effective level of training, assistance, supervision, resources, support, and relief necessary to provide a safe and stable living arrangement for the child that fully meets the child’s daily care, development and parenting needs. • If the child presents special needs with more extensive care requirements, the resource caregiver is provided a wide and effective range of specialized training, resources, respite, and in-home supports that is fully commensurate with what is required to meet the child’s special needs and to fully maintain the stability of the home and durability of the resource caregivers’ commitment to the child. 	<ul style="list-style-type: none"> • Resource caregivers are not being provided the training, assistance, supervision, resources, support, and relief necessary to provide a safe and stable living arrangement for the child. • If the child presents special needs with more extensive care requirements, the resource caregiver is not provided specialized training, resources, respite, and in-home supports. • The child’s special needs are not being met and current inadequacies are likely to destabilize the placement and dissolve the resource caregivers’ commitment to the child.

Provision of Health Care Services: Findings

As indicated in Figure 31, below, the Provision of Health Care Services Indicator was identified as a strength statewide and in all 15 counties included in the Qualitative Review (based upon having 70% or more of cases reviewed rated as acceptable). Statewide, 98% of cases reviewed were rated as acceptable for provision of health care services. At the county level, between 92% and 100% of cases were rated as acceptable.

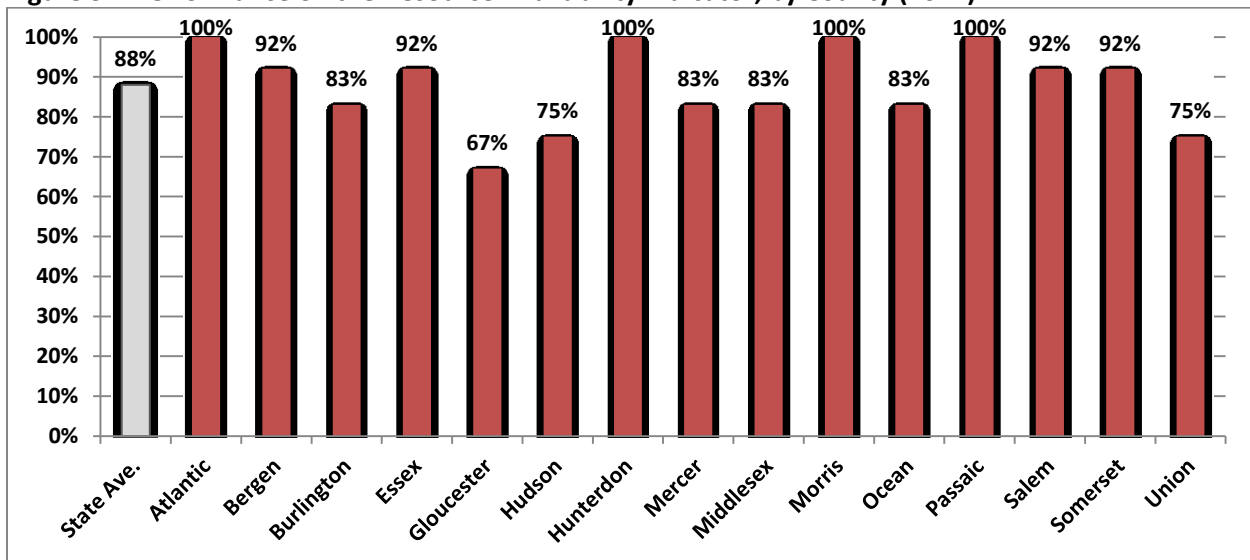
Figure 31. Performance on the Provision of Health Care Services Indicator, by County (2014)



Resource Availability: Findings

The Resource Availability Indicator was identified as a strength statewide, with 88% of cases reviewed rated as acceptable (Figure 32). At the county level, the Resource Availability Indicator was identified as a strength in 14 out of 15 counties, based upon 70% or more of cases reviewed being rated as acceptable. The Indicator was rated as an area in need of improvement in one county, Gloucester, based upon 67% of cases being rated as acceptable.

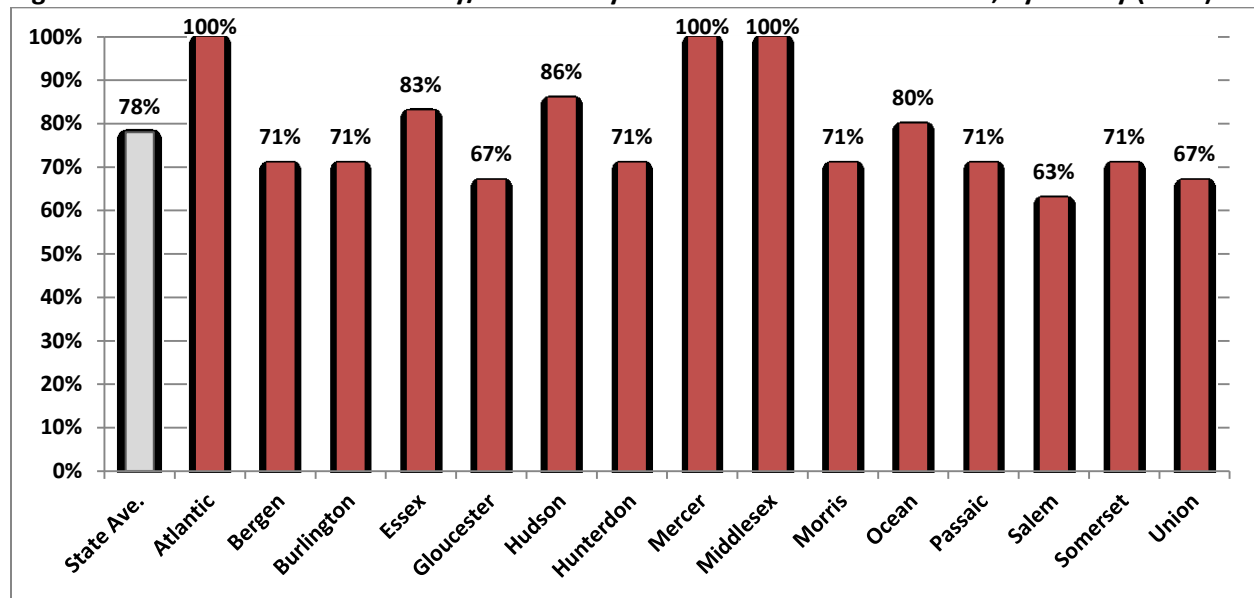
Figure 32. Performance on the Resource Availability Indicator, by County (2014)



Family and Community Connections - Overall: Findings

As shown in Figure 33, below, the Family and Community Connections-Overall Indicator was identified as a strength statewide, with 78% of cases reviewed being rated acceptable. The Indicator was also identified as a strength in 12 counties (Atlantic, Bergen, Burlington, Essex, Hudson, Hunterdon, Mercer, Middlesex, Morris, Ocean, Passaic, and Somerset), based upon 70% or more of cases reviewed being rated as acceptable. The Indicator was identified as an area in need of improvement in three counties (Gloucester, Salem and Union), where the percentage of cases rated as acceptable ranged from 63% to 67%.

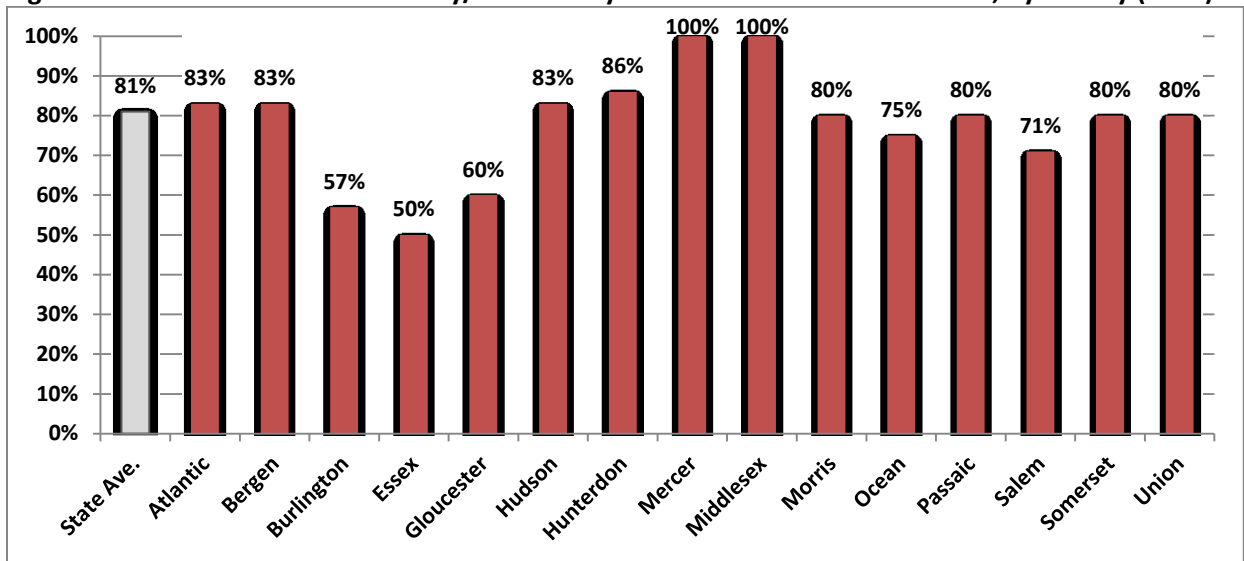
Figure 33. Performance on the Family/Community Connections-Overall Indicator, by County (2014)



Family and Community Connections - Mother: Findings

The Family and Community Connections – Mother Indicator was identified as a strength statewide, with 81% of cases reviewed rated as acceptable (Figure 34). The indicator was identified as a strength in 12 counties (Atlantic, Bergen, Hudson, Hunterdon, Mercer, Middlesex, Morris, Ocean, Passaic, Somerset and Union) based upon 70% or more of cases rated as acceptable. The Indicator was identified as an area in need of improvement in three counties (Burlington, Essex and Gloucester), where the percentage of cases rated acceptable ranged from 50% to 60%.

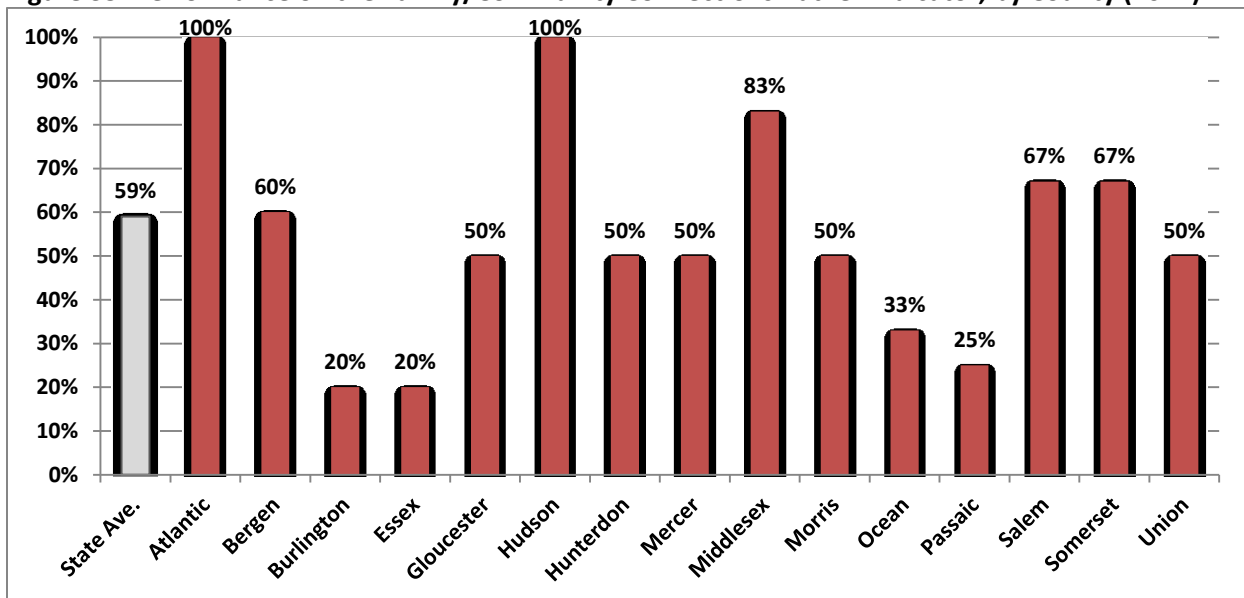
Figure 34. Performance on the Family/Community Connections-Mother Indicator, by County (2014)



Family and Community Connections - Father: Findings

As noted in Figure 35, below, the Family and Community Connections-Father was identified as an area in need of improvement statewide, with 59% of cases reviewed rated as acceptable. The Indicator was identified as a strength in three counties (Atlantic, Hudson and Middlesex) based upon 70% or more of cases reviewed being rated as acceptable. The Family and Community Connections-Father Indicator was identified as an area in need of improvement in the remaining 12 counties (Bergen, Burlington, Essex, Gloucester, Hunterdon, Mercer, Morris, Ocean, Passaic, Salem, Somerset and Union), with the percentage of cases rated acceptable ranging from 20% to 67%.

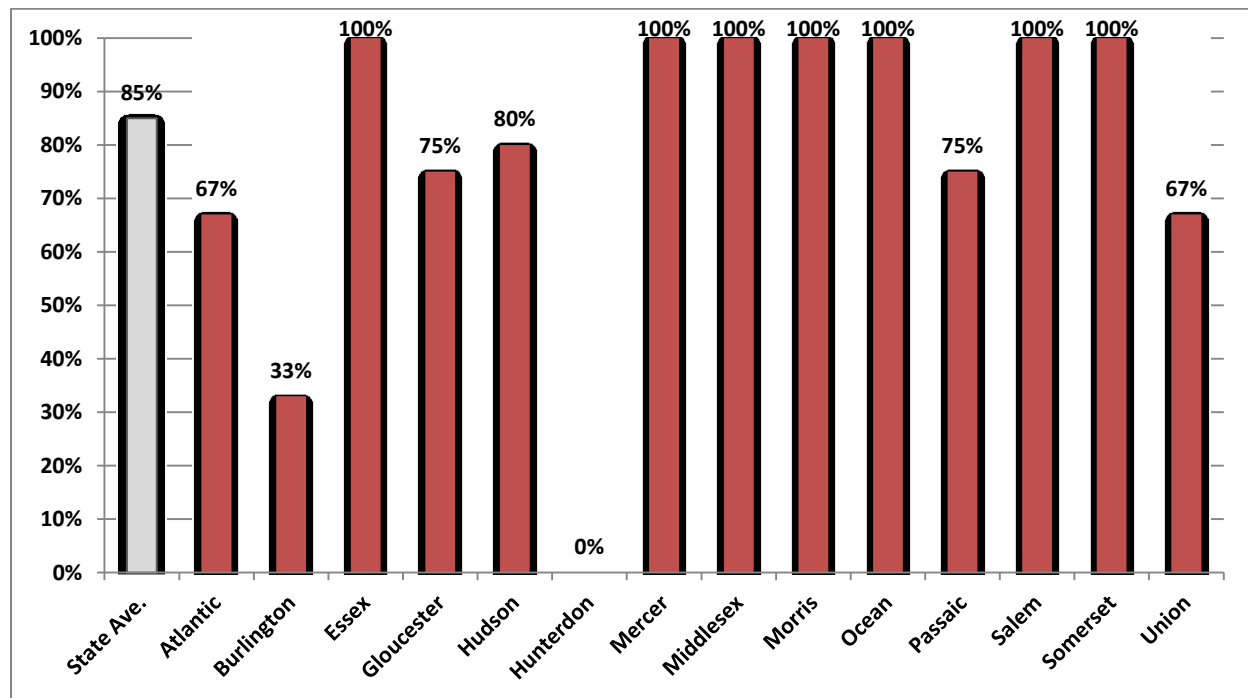
Figure 35. Performance on the Family/Community Connections-Father Indicator, by County (2014)



Family and Community Connections - Siblings: Findings

As shown in Figure 36, below, the Family and Community Connections-Siblings Indicator was identified as a strength statewide, with 85% of the cases reviewed rated acceptable. The Indicator was identified as a strength in 10 counties (Essex, Gloucester, Hudson, Mercer, Middlesex, Morris, Ocean, Passaic, Salem and Somerset), based upon 70% or more of cases reviewed being rated as acceptable. The Indicator was identified as an area in need of improvement in the three remaining counties. The remaining four counties did not meet the statewide goal, with the percentage of cases rated acceptable ranging from 0% to 67%. (Bergen County was excluded from this analysis because none of the cases reviewed involved siblings.)

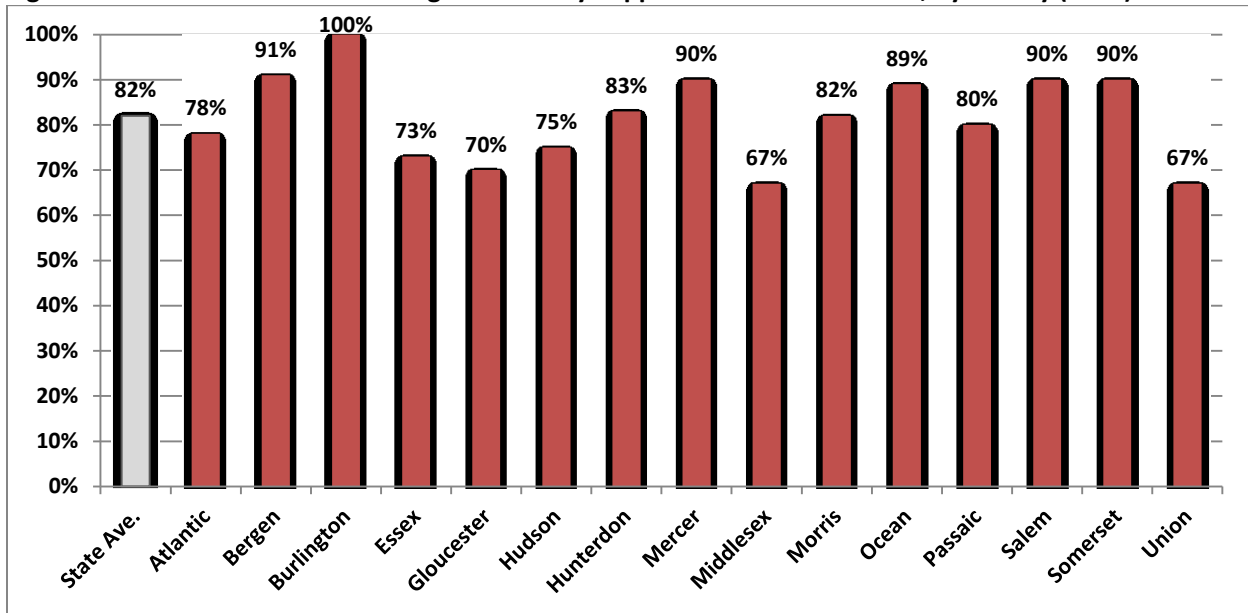
Figure 36. Performance on the Family/Community Connections-Siblings Indicator, by County (2014)



Family Supports – Overall: Findings

As indicated in Figure 37, below, the Overall Family Supports Indicator was identified as a strength statewide, with 82% of the cases reviewed rated as acceptable. The indicator was also identified as a strength in 13 out of 15 counties, based upon 70% or more of cases reviewed rated as acceptable. The Overall Family Supports Indicator was identified as an area in need of improvement in two counties (Middlesex and Union), where 67% of cases were rated acceptable.

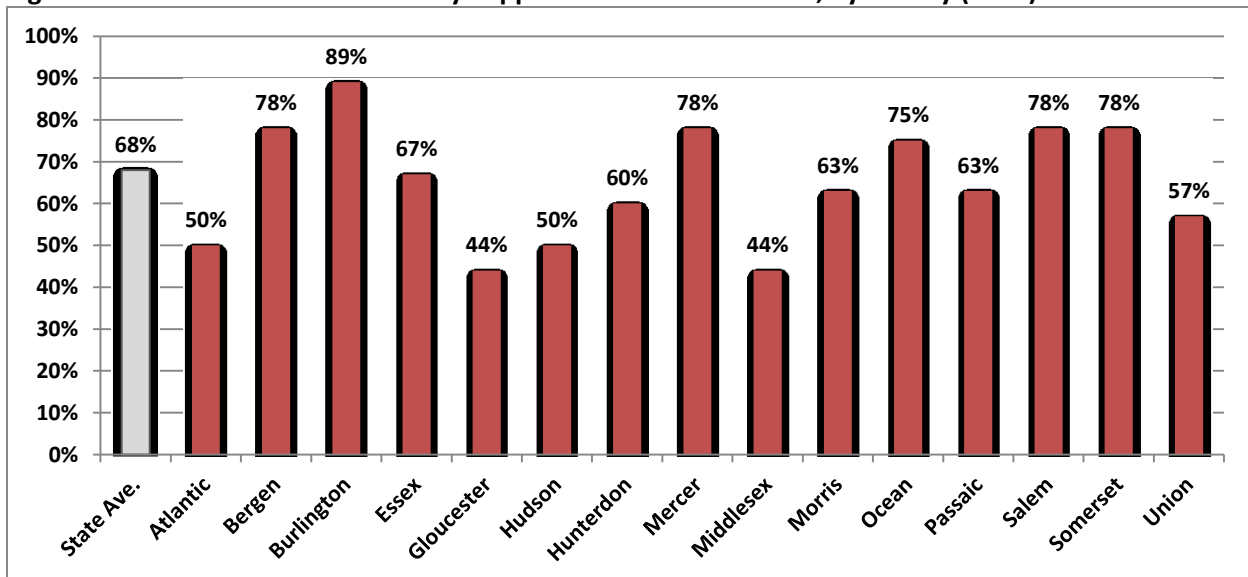
Figure 37. Performance on the Strength for Family Supports – Overall Indicator, by County (2014)



Family Supports – Parents: Findings

The Family Supports-Parents Indicator was identified as an area in need of improvement statewide, with 68% of cases reviewed rated as acceptable (Figure 38). The indicator was identified as a strength in six of the 15 counties (Bergen, Burlington, Mercer, Ocean, Salem and Somerset), based upon having 70% or more of cases rated as acceptable. The Family Supports-Parents Indicator was identified as an area in need of improvement in nine counties (Atlantic, Essex, Gloucester, Hudson, Hunterdon, Middlesex, Morris, Passaic and Union), with the percentage of cases rated as acceptable ranging from 44% to 67%.

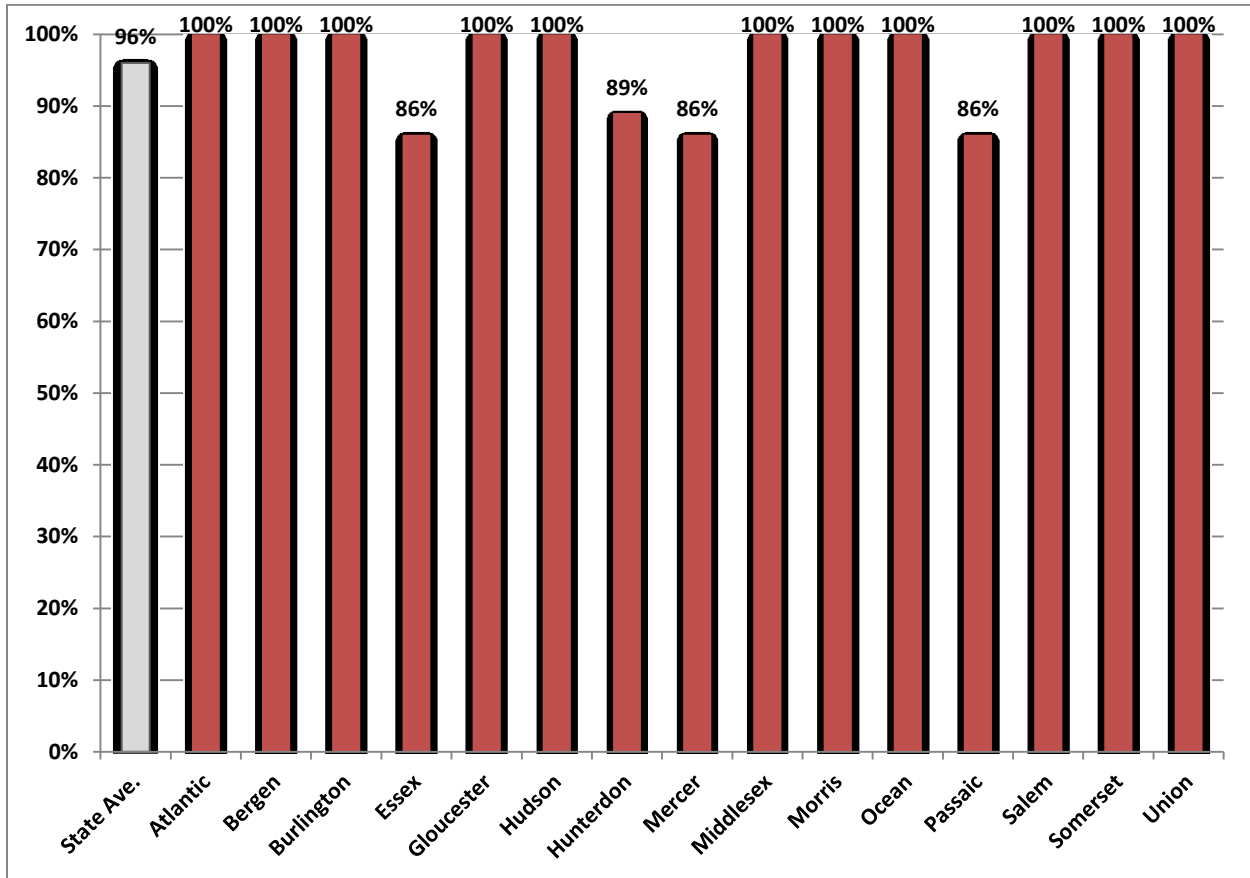
Figure 38. Performance on the Family Supports – Parents Indicator, by County (2014)



Family Supports – Resource Caregiver: Findings

As highlighted in Figure 39, below, the Family Supports-Resource Caregiver Indicator was identified as a strength statewide and in all 15 counties included in the review. The percentage of cases rated as acceptable ranged from 86% to 100%.

Figure 39. Performance on the Family Supports – Resource Caregiver Indicator, by County (2014)



Tracking and Adjusting Highlights

Tracking and Adjusting

Key Findings:

- The Long-Term View Indicator was recognized as an area in need of improvement statewide and in 11 counties with fewer than 70% of cases reviewed rated as acceptable. The indicator was documented as a strength in four counties, with between 75% and 92% of cases rated acceptable. Reviewers raised specific concerns about the lack of a shared view of success beyond child welfare agency involvement reflected in the planning process; the need to gain a better understanding of the parent’s ability to meet the child’s needs in the long term; a lack of clarity regarding the specific steps necessary for reunification or case closure; and, improved planning for potential problems or “what could go wrong.”
- The Transitions and Life Adjustments Indicator was identified as an area in need of improvement statewide and in 12 counties as a result of fewer than 70% of cases rated as acceptable. The indicator was recognized as a strength in three counties, with between 75% and 83% of cases rated as acceptable. The most frequently expressed concern was that transitions facing children were not thoroughly identified or planned, contributing to adjustment challenges.

Recommendations:

- Take steps to strengthen the transition planning process to help workers ensure that there is a shared vision of future success and services in place to support that vision. Create a standardized transition process that (1) elucidates a vision of future success informed by the family itself; (2) identifies potential barriers to that vision as well as what would be needed to overcome such challenges; and (3) attends to the supportive needs of all family members as they work toward a variety of transitions. Workers would receive training and supervisory support to undertake this task and activities would be documented in the case plan.
- Ensure that all reunified families exit the system with clear, confirmed plans for follow-up and community supports. At a minimum, exiting families should receive a “warm connection” to a local Family Success Center.

Tracking and Adjusting – Why It Matters

The needs of children and families change throughout the course of their involvement with the child welfare system. A key element of effective practice is identifying those changes and proactively adjusting case plans and services to meet new and emerging needs. Tracking and adjusting efforts often focus on transitions that children make while they are in care (e.g., from an out-of-home placement to family reunification) and the long-term goals for the family (e.g., reunification).

Tracking and Adjusting – How It Is Identified

Tracking and adjusting measures are included in the Qualitative Review process:

- Long-Term View
- Transitions and Life Adjustments

Tracking and Adjusting – Rating Scale

Reviewers then assign an overall rating for each of the tracking and adjusting indicators using a six-point scale with the following rating levels: optimal (6), good (5), fair (4), marginal (3), poor (2) and unacceptable (1).

Long-Term View

The Long-Term View Indicator measures the presence of an explicit plan to ensure the family can live successfully, independent from their involvement with the child welfare system. The family's ability to understand and achieve the steps needed to reach and maintain their goals are also examined.

Reviewers consider a variety of questions when examining practice related to long-term view including whether there is a guiding strategic vision to set the purpose and path of intervention and support and whether the plan provides direction and support for making smooth transitions across settings, providers and levels of service.

Indicators of optimal and unacceptable long-term view are summarized in Table 30 below.

Table 30. Long-Term View	
Optimal Long-Term View	Unacceptable Long-Term View
<ul style="list-style-type: none">• The child/family has a written plan in which the long-term view is clearly and consistently articulated, shared, accepted and used among child and family team members.• The child, family and team members shared this vision and can readily explain the goals and possible barriers they anticipate overcoming within the process.• The family is able to discuss how they will be different in 3 months, 6 months and beyond.• The long-term view is the driver behind all actions of all team members, all the time.	<ul style="list-style-type: none">• There is no common future planning direction that is accepted and used by child and family team members.• Goals do not address requirements that would increase the likelihood of safety, stability, and permanency.

Table 30. Long-Term View

Optimal Long-Term View	Unacceptable Long-Term View
<ul style="list-style-type: none"> • The long-term view reflects the strengths, ambitions, preferences, barriers, and needs of the child and family. • The long-term view builds upon past knowledge of the outcomes and is modified as experience is gained and circumstances change. 	

Transitions and Life Adjustments

The Transitions and Life Adjustments Indicator assesses whether the child and family’s next transitional phase had been identified and, if so, whether planning has occurred consistent with the family’s long-term view.

As part of their assessment, reviewers consider to what degree the current or forthcoming transition for the child, parent and/or resource caregiver is being planned and implemented to ensure a timely, smooth and successful adjustment following the change and whether, for a child returning to home or school after a temporary placement in foster care, treatment or detention, transitional staging plans, support arrangements and ongoing visits are being made to ensure successful transition and adjustment.

Indicators of optimal and unacceptable transition/life adjustment are summarized in Table 31 below.

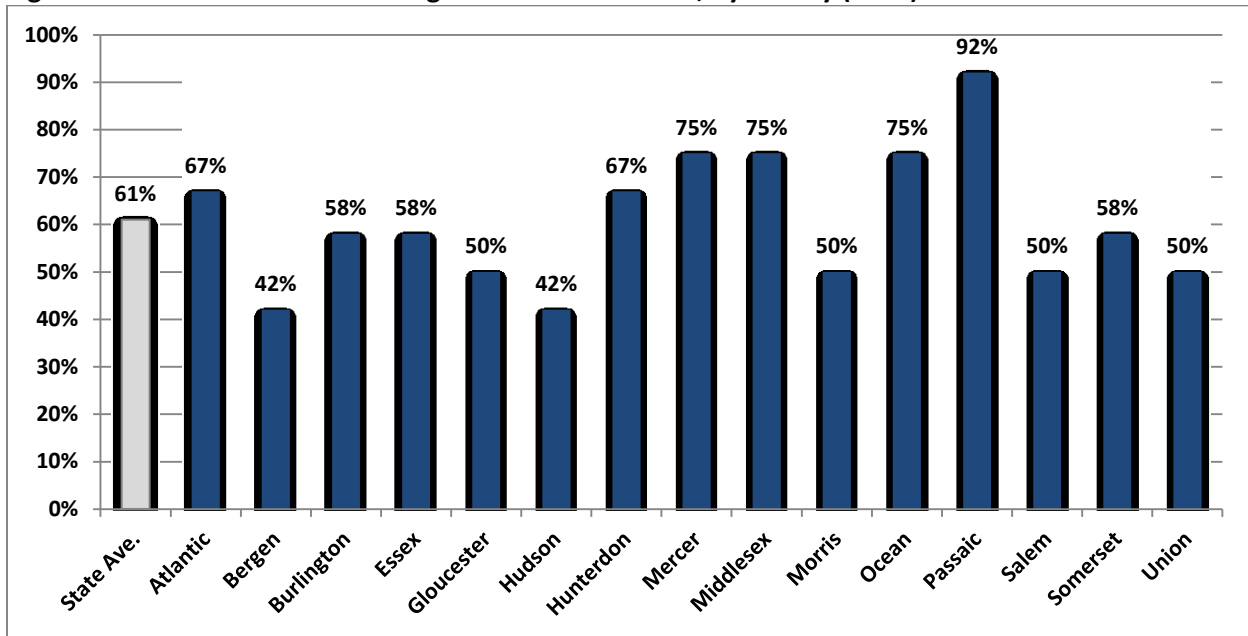
Table 31. Transitions and Life Adjustments

Optimal Transitions/Life Adjustment	Unacceptable Transition/Life Adjustment
<ul style="list-style-type: none"> • The next age appropriate/identified life change transition has been planned consistent with the child/family long-term view. • What the child/family should know, be able to do, and have as supports to be successful after the transition is being developed now. • If a transition to another setting (or return to home and school) is imminent, all necessary arrangements (for supports and services) with persons in the receiving settings are being made to ensure that the child/family is successful following the move. • If the child/family has made a transition within the past six months, the child/family is fully stable and successful in daily settings. 	<ul style="list-style-type: none"> • The next age appropriate life change transition has not been identified or considered. • If a transition to another setting (or return to home and school) is imminent, arrangements (for supports and services) with persons in the receiving settings are not in place to assist the child/family during and after the move. • If the child/family has made a transition (or return) within the past 30 days, the child/family is experiencing major transition problems in daily settings and is at high risk of disruption.

Long-Term View

As noted in Figure 40, below, the Long-Term View Indicator was identified as an area in need of improvement statewide, with 61% of cases reviewed rated as acceptable. The Indicator was identified as a strength in four counties (Mercer, Middlesex, Ocean and Passaic), based upon 70% or more cases rated as acceptable. The Indicator was identified as an area in need of improvement in the remaining 11 counties (Atlantic, Bergen, Burlington, Essex, Gloucester, Hudson, Hunterdon, Morris, Salem, Somerset and Union), with between 42% and 67% of cases rated acceptable.

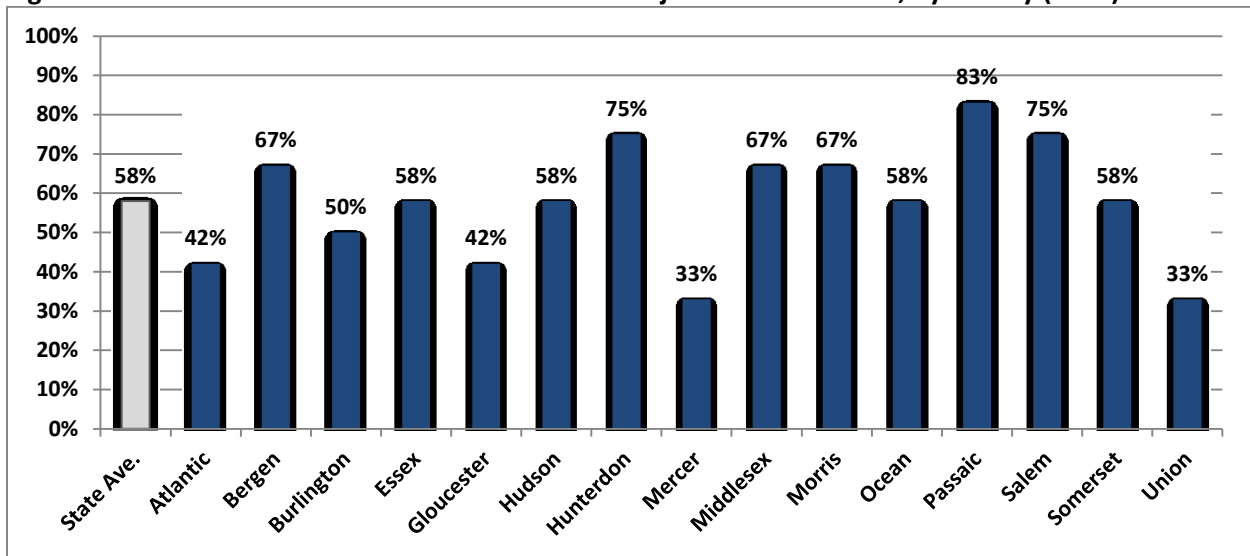
Figure 40. Performance on the Long-Term View Indicator, by County (2014)



Transitions and Life Adjustments

As shown in Figure 41, below, the Transitions and Life Adjustments Indicator was identified as an area in need of improvement statewide, with 58% of cases reviewed rated as acceptable. The Indicator was identified as a strength in three counties (Hunterdon, Passaic and Salem) based upon 70% or more of cases were rated acceptable. The Indicator was identified as an area in need of improvement in the remaining 12 counties (Atlantic, Bergen, Burlington, Essex, Gloucester, Hudson, Mercer, Middlesex, Morris, Ocean, Somerset and Union), where the percentage of cases rated as acceptable ranged from 33% to 67%.

Figure 41. Performance on the Transitions and Life Adjustments Indicator, by County (2014)



Program Improvement Plans (PIP)

In order for the results of the Qualitative Review to improve outcomes for children and families, each county completes a Program Improvement Plan (PIP). Guidance for PIP development includes:

- The PIPs address “big picture” issues and are intended to be a framework for identifying broad issues and overarching themes affecting all or most offices within the reviewed county.
- The PIP should be a useful document to help a county think strategically about how to focus limited resources in areas likely to have the most significant impact on staff practice and the best outcomes for families.
- Counties are given the flexibility to focus on areas of practice they feel are most salient to their specific area.
- Safety must be addressed if this issue was identified as needing improvement based on QR results.
- PIPs strategies must be identified using the SMART model so that it is easily measurable and the desired impact can be readily demonstrated.
- Counties are encouraged to gather input from key stakeholders to partner with stakeholders for PIP implementation.
- PIPs are required to reflect an integrated approach to planning and to be consistent with the Case Practice Model and any other plans already identified for improving practice.

Program Improvement Plans for 2014

Table 32, below, displays county-identified areas of need based on QR findings. The design and flexibility of PIP development makes summary comparisons challenging; however, a review of submitted PIPS reveals that many counties have chosen to focus on key case practice elements such as team formation, team functioning, and case planning.

Progress of identified strategies will be tracked and measured using local tracking mechanisms and DCF’s data management system (Safe Measures).

Table 32. County-Identified Area of Need for Performance Improvement Plan, 2014

Date	County	Area of Need for PIP
January 12-17	Burlington	<ul style="list-style-type: none"> • Assessment – Case Planning • Family Teamwork: Formation and Functioning • Engagement: Fathers
January 27-31	Somerset	<ul style="list-style-type: none"> • Family Team – Formation • Family Team – Functioning
February 17-21	Morris	<ul style="list-style-type: none"> • Family Team – Formation • Family Team – Functioning • Long-Term View
March 5-11	Ocean	<ul style="list-style-type: none"> • Family and Community Connections – Fathers • Family Teamwork: Formation and Functioning • Transitions and Life Adjustments
March 17-21	Hudson	<ul style="list-style-type: none"> • Engagement of Parents • Assessment of Parents
March 21-April 4	Salem	<ul style="list-style-type: none"> • Family and Community Connection – Fathers • Family Teamwork – Formation and Functioning
April 28-May 2	Mercer	<ul style="list-style-type: none"> • Transitions and Life Adjustments • Family Teamwork
May 19-23	Union	<ul style="list-style-type: none"> • Family Teamwork – Functioning • Assessment and Understanding of Parents
June 2-6	Atlantic	<ul style="list-style-type: none"> • Engagement and Assessment of Parents • Case Planning • Family Teamwork Formation and Functioning
June 16-20	Bergen	<ul style="list-style-type: none"> • Engagement of Parents • Family Teaming – Functioning
September 8-12	Middlesex	<ul style="list-style-type: none"> • Family Teamwork – Formation • Family functioning and Family Resources • Assessment and Understanding of Parents
September 22-26	Passaic	<ul style="list-style-type: none"> • Identification of Non-Custodial Parents • Safety in the Home
October 6-10	Hunterdon	<ul style="list-style-type: none"> • Engagement with Parents • Case Planning
October 20-24	Gloucester	<ul style="list-style-type: none"> • Engagement with Parents • Case Planning • Family Teamwork – Formation
October 27-31	Essex	<ul style="list-style-type: none"> • Engagement • Family and Community Connections with Fathers • Family Teamwork – Formation and Functioning • Assessment of Parents

Office of Performance Management and Accountability

The Office of Performance Management and Accountability (PMA) is the office through which the Qualitative Review is managed and supported. In 2014, the PMA continued to implement strategies to enhance processes and reinforce internal capacity to implement and sustain QR.

Using Feedback for Process Improvement

Beginning in September 2011, the Office of Performance Management and Accountability (PMA) introduced two data collection instruments as part of the QR process:

- Qualitative Review Area/Local Office Staff Survey
- Qualitative Review – Community Participants including teachers, medical professionals, substitute caregivers, day care providers, extended family members, parents and children.

These tools are used to solicit feedback from DCF staff and QR community participants following their involvement in a QR. Through a simple electronic link to a web-based survey program, both groups are asked to anonymously submit basic demographic information and respond to questions regarding their experience with the QR. Hard copy versions of the survey are also available.

Cumulative results of the staff survey so far have been generally positive towards the QR process as an educational and training tool for DCF casework staff. Likewise, community participants have expressed appreciation of the openness of the process and the willingness of the system to self-analyze while respecting the opinions of system partners. Survey results are used to continually revise and refine the QR process.

Appendices

Appendix A

Qualitative Review Methodology and Scoring

The QR process examines the current status of the child/family, as well as practice performance areas, through in-depth interviews and record reviews. The QR is a week-long process where twelve reviewers are paired into six teams and assigned the cases of two children to review over the course of the week. The review team follows the same basic process for each of the cases starting with a review of key documents in the case file and a discussion about the history and work to date with the family with the assigned caseworker and supervisor. In addition to DCF staff, key interviewees can include:

- Child, if age and developmentally appropriate;
- Biological mothers and fathers;
- Current caregivers or resource parents;
- Extended family supports;
- School personnel including teachers, guidance counselors or principals;
- Court Appointed Special Advocates (CASA), and
- Community providers

In the time period leading up to the review week, local county staff schedule interviews with key informants. These individuals are defined broadly as any person in the identified child's life who has a vested interest in seeing positive outcomes for that child. Interviews are scheduled in person with the child and caregivers and with as many others as are possible within the two-day interview period. Other interviews are conducted over the phone. In 2014, there were over 1,770 separate interviews conducted related to the 180 children/youth in the sample. Counties reviewed included Atlantic, Bergen, Burlington, Essex, Gloucester, Hudson, Hunterdon, Mercer, Middlesex, Morris, Ocean, Passaic, Salem, Somerset and Union.


At the conclusion of the interview process for each case, the review teams discuss their findings and ratings. They highlight the strengths and areas needing improvement as part of a group debrief process. On the last day of the review week, the review team gathers for a final debrief session to discuss the themes to highlight in a staff presentation that follows.

The staff presentation is an opportunity for the entire county to hear the results of their QR in real time with aggregated ratings and case examples presented. Within this presentation is also an opportunity for DCF staff and community partners to identify the first elements of their Program Improvement Plan (PIP). The PIP provides the county a vehicle to identify, track and monitor areas highlighted as needing improvement.

Ratings

DCF commonly uses two different systems for reporting QR findings – a two category system and a three category zone approach. The two category system is utilized in this report and to report QR findings for the Modified Settlement Agreement. The two categories, “Acceptable” and “Unacceptable” correspond to a 6-point scoring scale:

Strength



Unacceptable			Acceptable		
Adverse	Poor	Marginal	Fair	Good	Optimal
1	2	3	4	5	6

Note:

- ✓ A case is considered a strength when ratings fall into the “Acceptable” range.
- ✓ An indicator is rated a strength when 70% or more of all cases rated receive an “Acceptable” rating.

The Office of Performance Management and Accountability (PMA) presents QR data to the Division of Child Protection and Permanency (DCP&P) staff using three, pre-defined zones, which correspond the 1-6 scoring scale as follows:

Improvement Zone		Refinement Zone		Maintenance Zone	
Adverse	Poor	Marginal	Fair	Good	Optimal
1	2	3	4	5	6

This information is utilized by DCP&P staff for internal planning and program improvement purposes.

Appendix B

Qualitative Review Reviewer Preparation

Training

All reviewers who participate in the QR process attend a two-day training offered through the New Jersey Child Welfare Training Partnership which focuses on exposure to the QR instrument and offers an overview of the entire process. Reviewers are then paired with experienced reviewers who serve as mentors during their first three reviews as they continue to develop and refine their skill set. Reviewers in Training (RIT) and their mentors establish a “working agreement” specifying how to work together over the course of the week, including the process of giving and receiving feedback. At the end of the week, both RITs and their mentors complete assessments on their partner and submit those to the Office of Quality to be used in determining future review pairs.

Since 2013, two training sessions have been offered to expand the current reviewer pool. In 2013, 35 community stakeholders and staff from across DCF were trained as QR Reviewers. In 2014, an additional 22 prospective reviewers were trained. The recruitment of community stakeholders as reviewers is reflective of the Department’s vision of a transparent review process. It also provides a mutually beneficial learning opportunity.

Appendix C

Qualitative Review Key Demographics

Basic demographic information is collected for each child/youth in the sample, as well as his or her family, through a form that is completed by the QR county or office and cross-checked by reviewers during the course of their review.

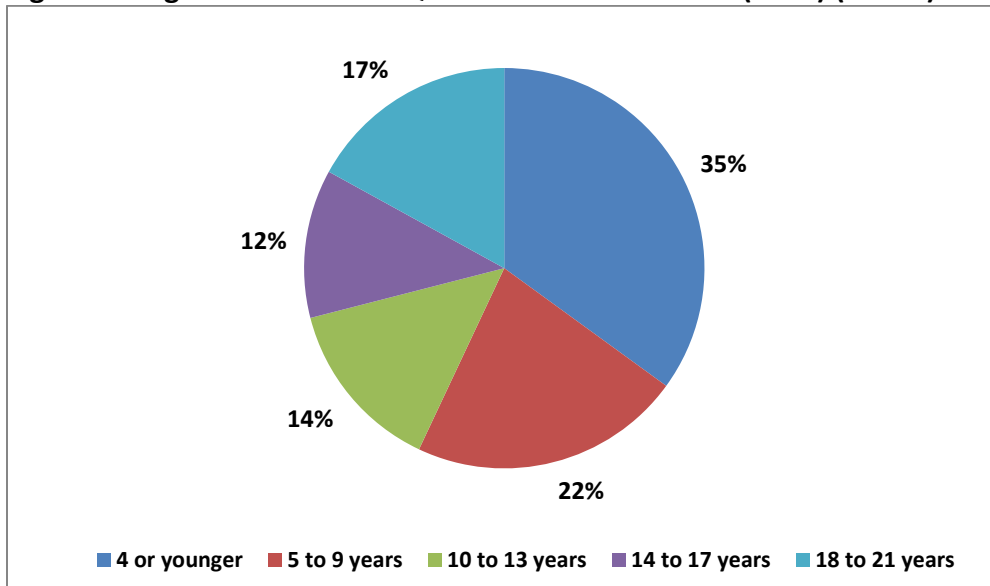
Sample

Through a random sampling process, the DCF Office of Research, Evaluation and Reporting (RER) extracts three lists of children for each county prior to the review week: a list of the children/youth in an out-of-home placement, a list of children/youth receiving services in their own home and a list of young adults (ages 18 to 21). The local county team reviews the lists and through a structured set of guidelines identifies the final sample of 12 children.

Age

As indicated in Figure 44 (below), slightly more than one-third (35%) of children/youth in the reviewed cases were age four or younger, while 22% were between the ages of five and nine years old. Nearly one-fifth (17%) of the reviewed cases involved young adults between the ages of 18 and 21.

Figure 44. Ages of Children in Qualitative Review Cases (2014) (n=180)

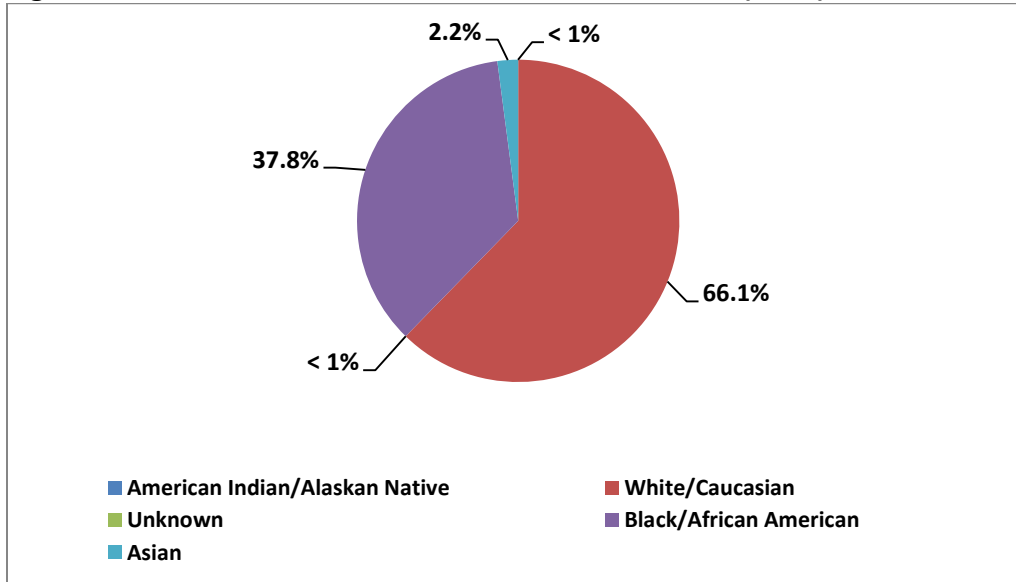


Race

The majority of children in the reviewed cases were white (n=119) or black/African-American (n=68). The remaining children were Asian (n=4), American Indian/Native Alaskan (n=1) or their

race was unknown (n=1). This total exceeds the 180 children in the sample due to more than one race being reported for some children, which is reflected in the in Figure 45, below.

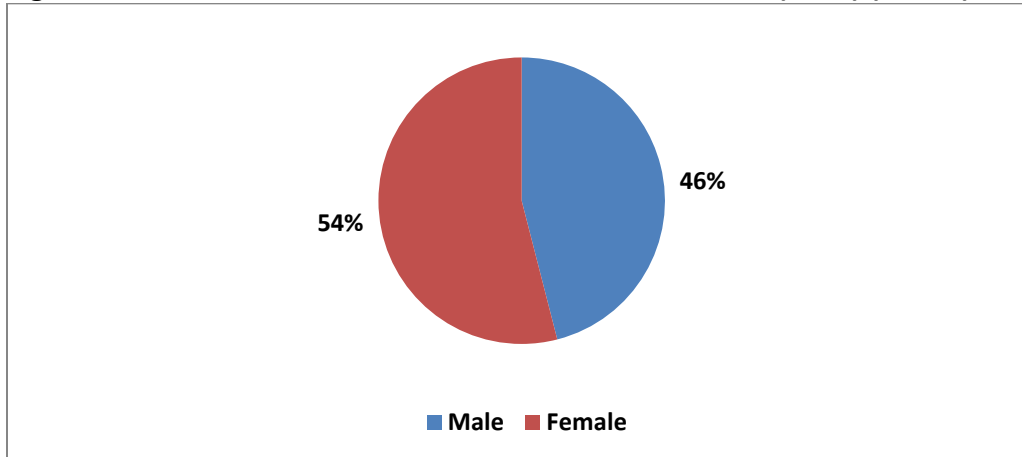
Figure 45. Race of Children in Qualitative Review Cases (2014)



Gender

As indicated in Figure 46 (below), about 54% of children/youth in the reviewed cases were female while 46% were male.

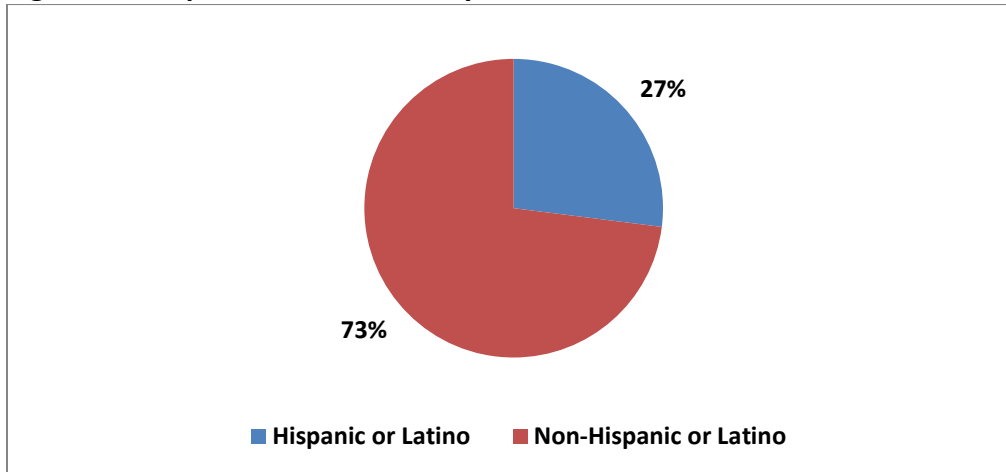
Figure 46. Gender of Children in Qualitative Review Cases (2014) (n=180)



Hispanic/Latino Ethnicity

More than one-fourth (27%) of children/youth in the reviewed cases were of Hispanic or Latino ethnicity, as noted in Figure 47 (below).

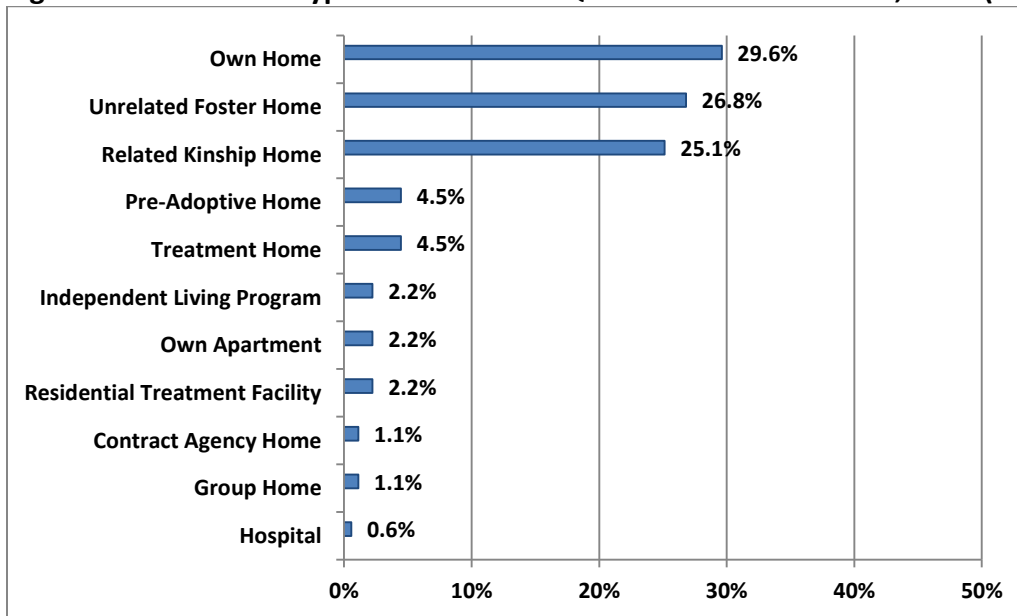
Figure 47. Hispanic/Latino Ethnicity of Children in Qualitative Review Cases, 2014 (n=180)



Type of Placement

As indicated in Figure 48 (below), approximately 29% of children/youth in the reviewed cases were being provided services in their birth home while 71% were in an out-of-home placement. Common out-of-home placements included an unrelated foster home (26.8%) and a related kinship home (25.1%).

Figure 48. Placement Type for Children in Qualitative Review Cases, 2014 (n=180)

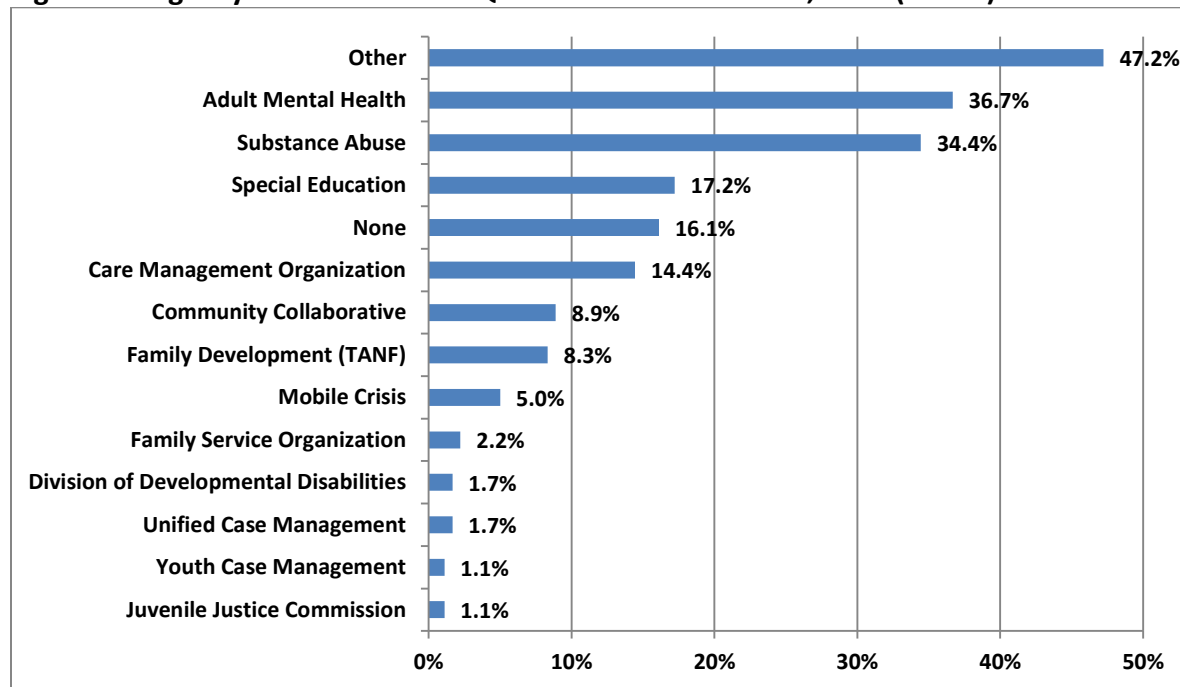


Agency Involvement

The reviewed cases were involved with a number of other service agencies outside of the public child welfare system including the special education, mobile crisis agencies, and case management organizations (Figure 49). More than one-third (36.7%) of cases had involvement

with adult mental health services, while a third (34.4%) were also involved with a substance abuse agency. (Note: the percentages in Figure 49 exceed 100% due to families being involved with multiple agencies.)

Figure 49. Agency Involvement for Qualitative Review Cases, 2014 (n=180)



Reason for Case Opening

The vast majority of cases (78%), as shown in Figure 50 (below), were opened due to neglect reports while approximately 22% involved reports of physical abuse. About 17% of cases were opened due to a need for child welfare services, which are services provided to assist families in ensuring the basic health and welfare of a child or children in the absence of abuse or neglect allegations. Typically in these cases a potential service need exists for a child or family, but there is insufficient risk to the child to justify a child abuse/neglect investigation. Almost 14% involved reports of sexual abuse while slightly more than 3% were opened to address reports of emotional abuse. (Note: the percentages in Figure 50 exceed 100% due to cases being opened for more than one type of maltreatment.)

Figure 50. Reason for Case Opening in Qualitative Review Cases, 2014 (n=180)

