



Measuring Services Youth Are Receiving Through the New Jersey Qualitative Review

A Report by the Office of Performance Management and Accountability

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Commissioner

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REVIEW OF OLDER NEW JERSEY YOUTH RECEIVING DCP&P SERVICES

I. Introduction and Purpose of the Review

This review was conducted to assess the overall quality of the Department of Children and Families' (DCF) Division of Child Protection and Permanency's (DCP&P) practice when planning with youth ages 18 to 21.

In August of 2010, the New Jersey Department of Children and Families (DCF) elevated the work of adolescent case practice in order to improve the coordination and delivery of services for DCF involved youth. At that time the Office of Adolescent Services (OAS) was created as a Department level office in order to facilitate the much needed changes and improvements to ensure that youth experience a successful transition to adulthood as they leave care or age out of the system. With input from youth, DCF staff, service providers, and other critical stakeholders, the "Striving for Success in Transitions to Adulthood-New Jersey-DCF Adolescent Services Strategic Plan" was published in late 2011, included a new mission, and prioritized goals as a roadmap to accomplish these changes.

The mission of the DCF's OAS is to support adolescents in their transition to adulthood to achieve economic self-sufficiency, interdependence and engage in healthy life-styles by:

1. Ensuring that services provided through the DCF are coordinated, effective, meet Best- Practice standards, are youth driven, and adapt to the needs of families and communities;
2. Developing linkages with other service providers in order to create a more equitable and seamless service system; and
3. Providing leadership and policy development in the field of adolescent services.

The objective of this work is to develop a robust service system that seeks to provide the services and supports that youth need in a timely manner, including: safe and stable housing, transportation, job training and education, financial stability, life skills, physical and mental health care, connections to caring adults, youth engagement, and preparation for economic self-sufficiency, interdependence, and healthy life-styles.

Since the creation of the OAS great efforts have been made in order provide more comprehensive, holistic, and improved changes to policy, practice, training, and services in order to better support and resource staff to achieve positive and sustainable outcomes for youth in care.

Pursuant to the federal class action lawsuit *Charlie and Nadine H. v. Christie*, DCF and the Center for the Study of Social Policy (CSSP), serving as the court-appointed monitor of the New Jersey's child welfare system, agreed to assess outcomes established by the Modified Settlement Agreement (MSA)¹ in Measure 54 through the Qualitative Review (QR) process. Performance Measure 54 of the MSA requires that 90 percent of youth, 18 to 21 years old receive acceptable services as measured by the New Jersey Qualitative Review (QR). In order to define the baseline for this measure, reviewers applied DCF's QR protocol² to 44 randomly selected cases of youth ages 18-21 which were reviewed between January 2012 and July 2013.^{3, 4}

¹ The full text of the MSA can be found at http://www.nj.gov/dcf/documents/home/Modified_Settlement_Agreement_7_17_06.pdf

² New Jersey's Qualitative Review protocol and tool can be found on the DCF website at <http://www.state.nj.us/dcf/about/divisions/opma/QualitativeReviewProtocolandInstrument.pdf>

³ Thirty-four of the 44 youth were in foster care and 10 youth were receiving services while residing at home with a parent(s).

⁴ In July 2013, in addition to the QR protocol, reviewers were given the New Jersey Qualitative Review – Youth Indicator Reference Guide, a list of additional considerations, to apply in reviewing cases of youth ages 18 to 21 (see Appendix D).

This review and report, done in collaboration with the CSSP, is intended as a way to monitor MSA progress of the identified strengths as well as the areas needing improvement in current adolescent practice.

Organization of the Report

The remainder of the report is organized in five sections:

Section II: Summary of Key Findings

Section III: Methodology

Section IV: Findings

Section V: Summary and Recommendations

Appendix A: Youth Qualitative Review Baseline Key Demographics

Appendix B: Qualitative Review Scoring Instrument (blank sample only)

Appendix C: Qualitative Review Case Detail Sheet (blank sample only)

Appendix D: New Jersey Qualitative Review -Youth Indicator Reference Guide

II. Summary of Key Findings

This report reflects baseline performance data captured for measuring progress in meeting the requirement of MSA Performance Measure 54 using a sample of 44 youth assigned to DCF Local Offices from January 2012 to July 2013. For the purposes of reporting for the MSA, the results are categorized into acceptable or unacceptable performance. Acceptable performance was noted when the indicator was scored as a 4, 5 or 6 on a 6 point scale. Overall, baseline data determined that 66 percent of youth reviewed received acceptable ratings for Measure 54. More specific findings related to specific indicators are bulleted below:

- **Reviewers found that of the 44 young adults reviewed, 98 percent were safe in both their homes and in other settings such as their school or community.** This identifies a key strength in DCF practice with this population as safety is paramount for all children and youth and is the primary focus of DCP&P practice.
- **Reviewers found that 75 percent of youth were stable in their homes or placement setting and of the 36 youth who were enrolled in an educational or vocational program, 81 percent (thirty six youth) were stable in their educational or vocational setting.**
- **Reviewers found that 98 percent of the youth had current living arrangements which were rated as acceptable and consistent with the youth's needs, ability, peer group, and cultures.** For the young people in this review, examples of acceptable living arrangements included living in their own apartments with necessary support or with resource families that were also in the same community where the youth's educational or employment opportunities were located, or geographically close to the youth's extended family, friends and other supports.
- **Reviewers found that 93 percent of youth were in good physical health and that provision of health care services was also acceptable in 91 percent of the cases.**
- **Reviewers found that 82 percent (36 youth) had acceptable emotional well-being.** Emotional well-being includes emotional development as it relates to life adjustments and having a sense of purpose, personal worth, and emotional connections. Another additional consideration is the youth's resiliency to address day-to-day challenges with a sense of self-efficacy.
- **Reviewers found the learning and development needs were being met in 91 percent of applicable youth reviewed**
- **For 21 young people residing in resource homes, reviewers found that in 81 percent of cases the needs of those resource parents had been assessed and were understood.** Supporting both the young person and the resource parents can help ensure a stable placement and build lasting relationships.
- **Reviewers found that resources, which may include counseling, housing, educational support, advocates, job coaches, transportation, life skills courses, and medical care management, were available to youth in 93 percent of the 44 cases reviewed.**
- **Reviewers found that planning with the youth, as well as implementing the case plans developed, were both noted to be acceptable in 66 percent in the forty-four cases reviewed.** The creation of a working plan that considers the current and future needs of the young person is a critical component to successful case practice.

- **Reviewers found that in 70 percent of the cases reviewed, the assessment and understanding of the young persons' needs were acceptable.** Quality assessments, both formal and informal, are critical foundational steps to the creation of a working case plans that addresses the needs of the youth.
- **Reviewers assessed the degree to which the young person is progressing towards the identified permanency goal and found acceptable practice in 68 percent of the cases reviewed.** Reviewers considered lifelong connections to supports who will assist the youth in long term planning, youth remaining in the community in which they grew up and, as applicable, relationships with extended family members.
- **Reviewers found acceptable practice in team work formation and team work functioning in 57 percent and 52 percent of cases respectively.** Team work formation and functioning are reflective of the Family Team Meeting process used to create and implement a plan for the young person and reviewers were asked to consider, among other things, if the appropriate formal and informal supports had been identified. Given the importance of this process, this is an area that requires increased attention in the future.
- **When the reviewers assessed planning for long term view and for transitions and life adjustments for these young people, they found acceptable practice in 57 percent and 55 percent of cases respectively.** These areas of planning for young people as they prepare to end their involvement with the child welfare system are particularly important and DCF should focus attention on this area in order to improve practice.

III. Methodology

The Qualitative Review (QR) is a nationally-known process used to assess the overall performance of a child welfare system by evaluating outcomes for individual children, youth, and families. Trained and mentored reviewers perform a thorough review of case records and conduct in-depth interviews with children /youth, their caregivers or parents, and supports or service providers.

Reviewers

The review of DCF youth practice in the QR process was conducted throughout the state from January 2012 to July 2013. The review team consisted of trained DCP&P and DCF staff, including team leads from the Office of Performance Management and Accountability (PMA) and staff from the Center for the Study of Social Policy (CSSP).

Training for the New Jersey Qualitative Review

DCP&P and DCF staff attended a two day training offered through the New Jersey Child Welfare Training Partnership that provides an overview of the entire process and QR instruments. Newly trained reviewers were paired with experienced reviewers who served as mentors during their first three reviews to develop and refine their application of the reviewing instrument and interview process.

CSSP staff attended a one-day training on the QR tool that explained the purpose of the review, the logistics of the process and a review of the survey instrument and of relevant DCP&P policy. PMA staff was available to help address practical, personnel, and functional issues and to provide technical assistance to reviewers throughout the process. Reviewers were paired in teams of two with a more experienced reviewer in the lead role.

Sample

The statewide random selection for the 24 cases reviewed between January 2012 and June 2013 followed New Jersey's standard process for all QRs, utilizing randomized cases with 4 in home and 8 out of home cases, with the following considerations:

- Children in open cases involving at least one report of child abuse and neglect, Child Protective Services (CPS) report;
- The case has been open for services for at least 60 days as of the sample draw date; and
- Case management services are provided by agency staff in the county under review with at least one CPS report.

An additional 20 cases were reviewed during the week of July 22, 2013. Two cases were reviewed from each area and the data sample was also randomized with 10 youth reviewed in out-of-home placements and 10 were receiving services in a home- based setting (i.e. independent living).

The following criteria were also observed:

- The youth must be in an open out-of-home placement^{5,6} for at least one day within the 6 month review period;
- Based on the date of removal, a youth must have been in their current placement episode (which can start prior to the review period) for a minimum of 3 consecutive months; and
- The youth must be between the age of 18.00 and 20.99 for a minimum of 90 days during the review period. For example:

⁵ An out-of-home placement is any placement under the following service types: group home care, independent living, kinship care placement services, residential treatment, resource family care, shelter care, or treatment home care.

⁶ Incarceration will result in the end of an out-of-home placement episode but will not necessarily lead to a case closure.

- Youth age 17 at the start of the review period will be included so long as they are 18 for at least 90 days during the review period;
- Youth age 20 at the start of the review period and turning 21 during the review period will also be included so long as the 21st birthday occurs 90 days or more into the review period;
- The youth must still be either in an open out-of-home placement on the last day of the review period or be an active case participant⁷ in an open case.

New Jersey QR Tool

Youth cases were scored using the New Jersey QR instrument which includes a rating and a summary of the youth’s story and case history. Child (youth) and family status should reflect the dominant pattern found during the previous 30 days, unless otherwise noted for a specific indicator. The practice and performance items should reflect the dominant pattern during the previous 90 days. Although the focus is on the youth, the story should include an overall picture of the youth’s current situation and functioning plus a brief history and reason(s) for the family’s involvement with the Division.

There are eight indicators evaluated in the area of child (youth) and family status. These indicators focus on the critical mission of DCF – safety, stability, permanency, well-being, as well as assessing the learning and development of children/youth receiving DCF services. The specific indicators included in this category were:

- Safety at Home and Safety in Other Settings
- Stability at Home and Stability in School
- Living Arrangement
- Family Functioning & Resourcefulness
- Progress towards Permanency
- Emotional Well-Being
- Physical Health
- Learning & Development (Age 5+)

Reviewers report a finding for each applicable indicator on a 6-point rating scale. A rating of either 6 (optimal), 5 (good), or 4 (fair) is considered “acceptable”. A rating of either 3 (marginal), 2 (poor), or 1 (adverse/worsening) is considered “unacceptable”, and is noted to be an Area Needing Improvement. An overall rating of child (youth) and family status is based on the reviewer’s total impression of the child (youth) and the family’s current status on applicable indicators. The reviewer must consider the unique circumstances to arrive at an overall child (youth) and family status rating.

⁷ An active case participant is any individual involved in an open DCP&P case.

There are twelve Practice Performance indicators that focus on the use of strategies to engage children, youth, and families using collaborative processes to develop teams, plans, and services to achieve positive outcomes. These indicators include:

- Engagement⁸
- Family Teamwork
- Assessment & Understanding⁹
- Case Planning Process
- Plan Implementation
- Case Planning Tracking and Adjusting
- Provision of Health Care Services
- Resource Availability
- Family & Community Connections¹⁰
- Family Supports¹¹
- Long Term View
- Transitions & Life Adjustments

An “overall rating” of Practice Performance is based on the reviewer’s holistic impression of practice functions and the diligence shown in response to the child (youth) and family needs. The rating considers how each practice function is carried out and whether the intent is being achieved. Overall, reviewers seek to understand whether the system is taking the necessary actions to serve the child (youth) and family and to support positive outcomes.

QR Process

Each QR review team consist of at least 14 individuals; the local site coordinator who prepares cases for review; the team lead from the Office of Quality, who manages the review process; and 12 reviewers who are teamed in pairs, with each pair evaluating two cases over the course of the week. Review team members include staff from across DCF as well as stakeholders from the community. Reviewers do not participate in QRs in counties in which they work.

The week normally begins on a Monday when the QR team arrives at the review office and meets local staff. The QR process is briefly summarized then the review teams read the selected case records. Following the record review, the reviewers meet with the caseworker and supervisor to get an overview of the case and its current status.

For the remainder of the 2 days, additional interviews occur with key case contributors, such as the birth parent(s), resource care giver(s), the child or youth, teachers, counselors, attorney, medical personnel, etc. Reviewers conclude with another meeting with the caseworker to provide feedback about what was learned about the case. This meeting is opportunity to recognize strengths and successes in the case, as well as to identify needs and to target opportunities for strengthening practice in order to achieve better outcomes. Days 3 and 4 are a repeat of days one and two, involving a second case for each reviewer. On Friday there is a formal exit presentation to discuss the initial findings, noting the specific strengths and areas needing improvement that were identified in the review process.

⁸ Engagement of the youth’s biological parent is not applicable as reunification is not utilized as a permanency goal since the youth is legally an adult being 18 years of age or older with their own DCP&P case.

⁹ Assessment of youth biological parent is not applicable since youth is legally an adult being 18 years of age or older with their own DCP&P case.

¹⁰ Family and community connections is not applicable since youth is legally an adult being 18 years of age or older with their own DCP&P case.

¹¹ Family Supports is not applicable for 18-21 year olds. Family Support applies to resource caregiver only in family-based home placement settings though not applicable if youth is receiving Independent Living Stipend.

Reviewers of the 20 cases in July 2013 review utilized the “New Jersey Qualitative Review Reference Guide for Older Adolescents 18- 21 Years Old” to provide additional guidance for this population (see Appendix D). For example, when a youth identifies as LGBTQI (Lesbian, Gay, Bi-Sexual, Transitioning, Questioning, Intersex), or as a victim or perpetrator of domestic violence, or is developmentally disabled or pregnant/parenting, the reviewer must consider the needs specific to this population when rating all indicators. The guide utilized the existing New Jersey QR indicators reference list with explanations and sample questions which is used in all QRs.

Data Analysis and Quality Control

For inter-rater reliability among reviewers, all reviewers are paired so that agreement for each rating is reached by each individual reviewer before agreeing upon a final rating. A case presentation is utilized to ensure that the child/ youth and family’s story and their respective ratings are evident. Staff at the Office of Quality reviews all ratings and written reports submitted by reviewers, referred to as “Case Detail Sheets”, to ensure there is consistency in ratings and that documentation is presented to support the rating.

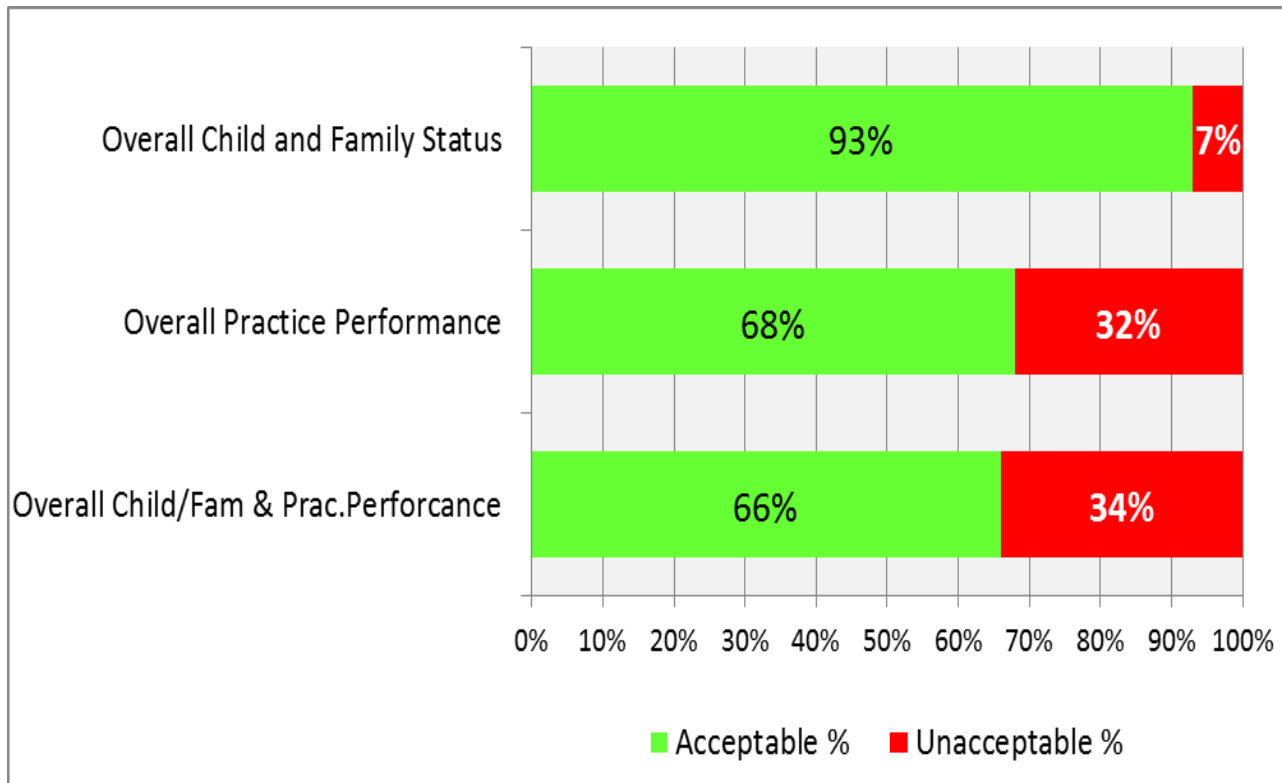
DCF commonly uses two different systems for reporting QR findings, the rating of the QR finding and the two categories of “Acceptable” and “Areas Needing Improvement” (ANI) as they correspond to the 1-6 scoring scale depicted below. The Office of Performance Management & Accountability (PMA) presents QR data to the DCP&P staff using three pre-defined Zones, which correspond to a 1-6 scoring scale.

Area Needing Improvement			Acceptable		
Adverse	Poor	Marginal	Fair	Good	Optimal
1	2	3	4	5	6
Improvement Zone (Poor or adverse)		Refinement Zone (Minimal or Marginal)	Maintenance Zone (Good or optimal)		

For Measure 54, use of the “overall status” indicators’ scores for both child (youth) and family status and practice performance was used and acceptable cases are those that receive scores of 4, 5, or 6 for both overall indicators.

The below chart #1 reflects the ratings for the 44 cases utilized to determine baseline performance for MSA Performance Measure 54 evaluated using the overall child (youth) and family status and practice performance indicator ratings. Of those youth reviewed, 29 (66%) were rated as acceptable, having received a rating of 4, 5, or 6 in both overall sections. Fifteen cases (34%) received unacceptable ratings of 1, 2, or 3, in the overall indicators.

Chart 1: “Overall Child (Youth) and Family Status and Practice Performance Indicators Summary” (n=44)
Source: Youth Qualitative Review Baseline 2012-2013.



IV. Findings

Overview of Youth

This brief overview includes a general description of the 44 youth reviewed including gender, ethnicity, age and educational level and current employment status.¹² Of the 44 youth cases reviewed, 23 youth were female and 21 were male. The ethnic composition of these youth includes one Asian (2%), 26 Black American (60%), seven White/Hispanic (16%), and 10 White (23%). The ages of the youth at time of the review were: 34 percent (15) were 18 years of age; 41 percent (18) were 19 years of age; 20 percent (9) were 20 years of age; and 5 percent (2) were 21 years of age.

The level of educational attainment at the time of the review is as follows; 14 (32%) youth graduated high school; 8 (18%) were enrolled in high school; 7 (16%) were enrolled in college; 3 (7%) were enrolled in a vocational program; 3 (7%) were enrolled in an alternative school; and 2 (5%) were enrolled in a special educational setting. Three (7%) youth had earned their Graduate Equivalent Degree (GED). Four (9%) youth were not enrolled in an educational program at the time of the review. Additionally, at the time of the review, 30 percent (13) of the youth were employed.

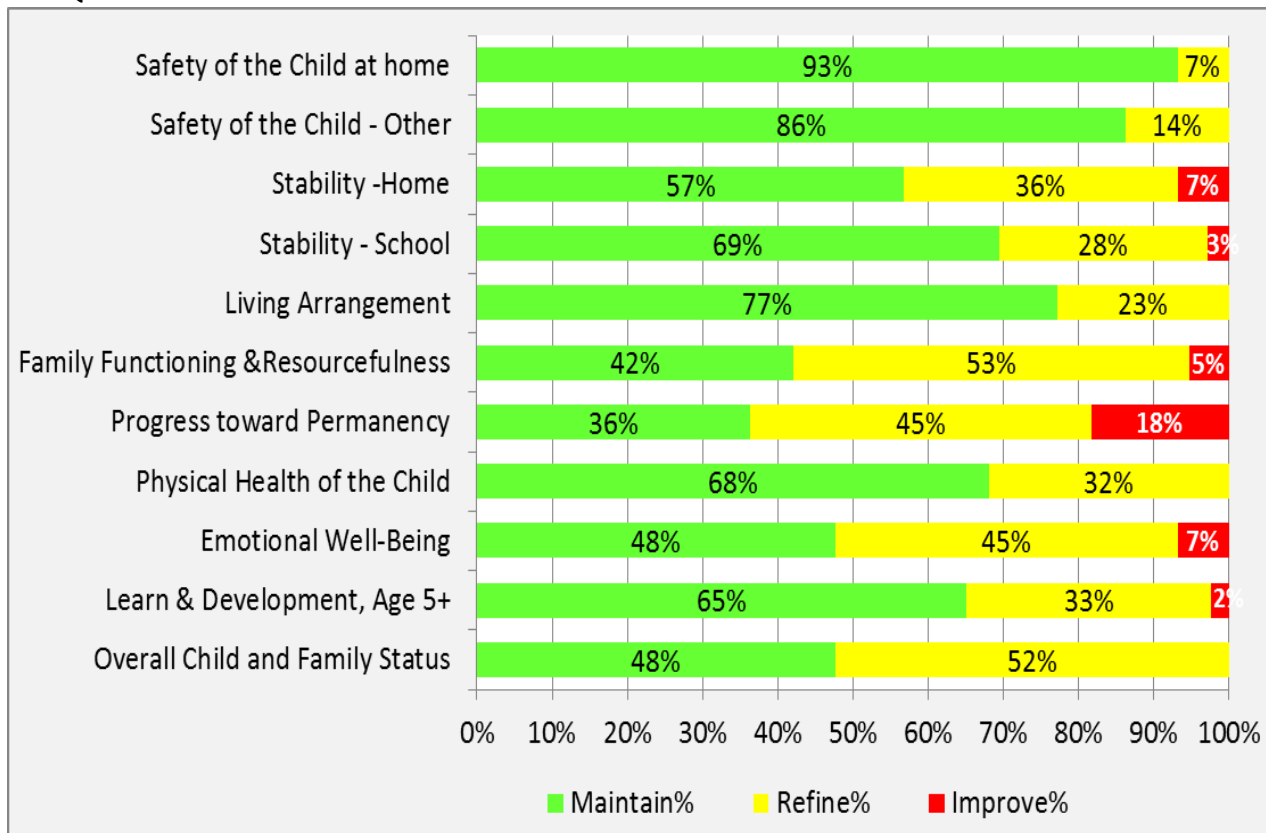
In the section below, an analysis of performance for each indicator is noted and followed by an explanation of the areas assessed in the indicator. The practice that supported indicator ratings of acceptable or as an area needing improvement is also detailed.

¹² See Appendix A of this report for additional detail and graphic presentations on sample youths' gender, ethnicity, age, educational level, and current employment status.

CHILD (YOUTH) AND FAMILY INDICATORS

The *overall child (youth) and family status* rating includes the reviewer’s impression of the child (youth) and family’s status during the 30 days prior to the QR. Of the 44 youth cases reviewed, 93 percent (41 cases) rated as acceptable overall for child (youth) and family status and 7 percent (3 cases) rated as needing improvement.

Chart 2: “Overall Child (Youth) and Family Status Indicators Maintain, Refine and Improve Zones” (n=44) Source: Youth Qualitative Review Baseline 2012-2013.



Ten indicators were used to assess the child (youth) and family’s status. These indicators are categorized by the Department’s four key child welfare outcomes. The report format that follows will briefly explain each indicator and provide the rating and finding per this review:

<p><u>Safety</u></p> <ul style="list-style-type: none"> ➤ Safety at Home ➤ Safety in Other Settings 	<p><u>Stability</u></p> <ul style="list-style-type: none"> ➤ Stability at Home ➤ Stability at School
<p><u>Permanency</u></p> <ul style="list-style-type: none"> ➤ Living Arrangement ➤ Family Functioning and Resourcefulness ➤ Progress Toward Permanency 	<p><u>Well-Being</u></p> <ul style="list-style-type: none"> ➤ Physical Health ➤ Emotional Well-Being ➤ Learning and Development

1. Safety of the Youth at Home and Other Settings

Purpose:

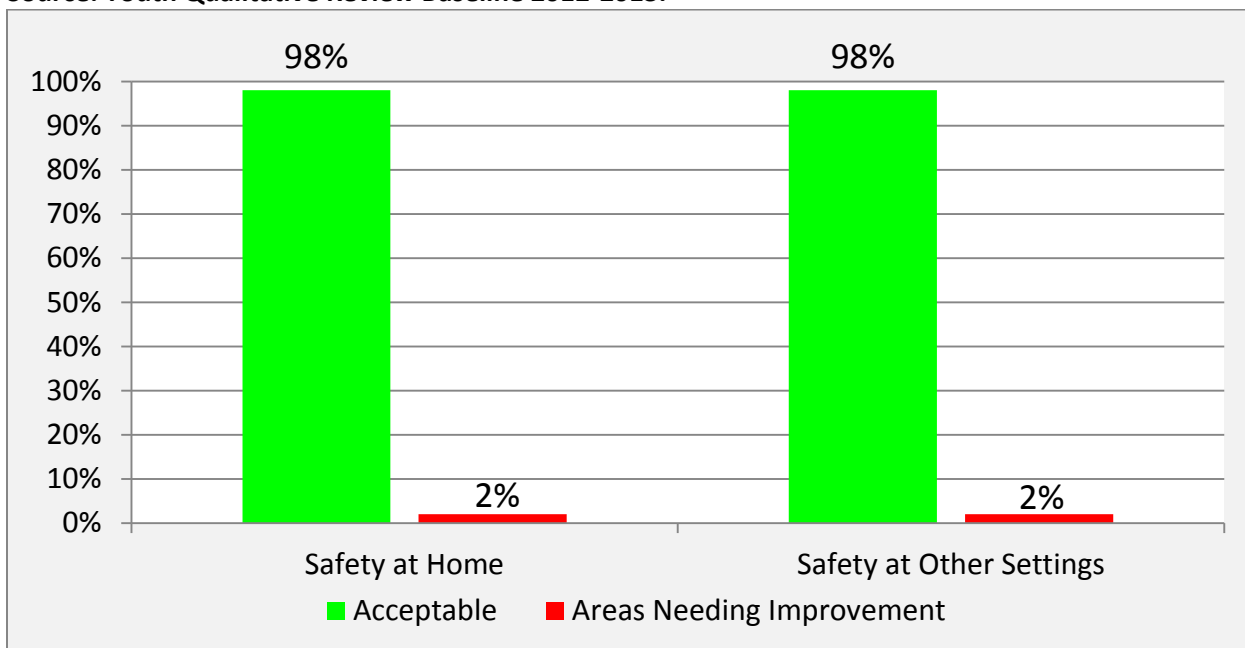
The child (youth) and family Status indicator of *Safety* examines the system's ability to ensure the safety of the child/youth at home (*Safety at Home*) and in other settings (*Safety in Other Settings*), such as at school or in the community. This indicator also evaluates whether identified needs are being met/addressed appropriately. For the purpose of this review, additional considerations were also extended to other facets of the youth's life such as any contact with family member(s) the youth was abused/neglected by as a minor and any circumstances such as homelessness, sexual exploitation and/or domestic violence, risk to self or any runaway behaviors. The same criterion is applied to both indicators yet they are rated separately.

Rating:

Chart 3 below reflects cases which received ratings in the acceptable or area needing improvement zone for each safety indicator. Of the 44 youth reviewed, 98 percent (43 cases) were rated acceptable for *Safety at Home* and 98 percent (43 cases) received the same rating in *Safety in Other Settings*.

Chart 3 Safety of Youth at Home and Safety of Youth at Other Settings (n=44)

Source: Youth Qualitative Review Baseline 2012-2013.



Findings:

Safety is paramount and the primary mission of the DCP&P. It is a clear strength. For cases scoring in the acceptable range, reviewers noted themes such as: a youth knowing their community, having trusted caregivers, or being in a setting modified for their physical and developmental needs. Of the cases that needed improvement, reviewers noted youth were not receiving proper interventions to ensure safety from mental health or substance use concerns or risky sexual behavior. None of the young people were found to have any immediate safety threats requiring immediate interventions.

2. Stability of Youth at Home and at School

Purpose:

Stability was assessed in 2 indicators: *Stability at Home* and *Stability at School* which included a review of such factors as the number of changes in the home or school setting, how they were planned/managed as well as the risk of future disruptions. The same criterion is applied to both indicators yet they are rated separately.

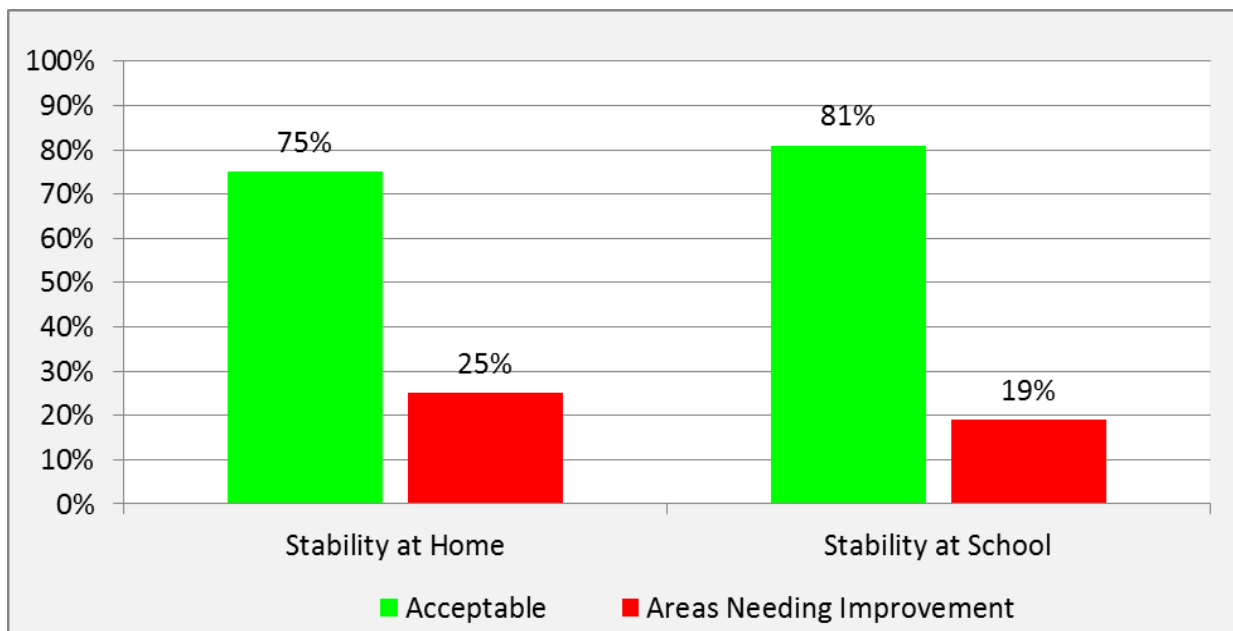
Stability at Home looks at the consistency in relationships and routines. In addition, the stability in other settings looks at whether the youth were able to maintain the same educational setting in order to complete their degree of study in that school or if the youth was able to stay connected to their community on an ongoing basis.

Rating:

Reviewers found that 75 percent of cases (33 of 44 cases) had acceptable stability in their home setting. For the 36 youth in the review who were involved in a school setting, 81 percent were assessed as having acceptable stability, see chart 4 for the further details.

Chart 4-“Stability of the Youth at Home” (n=44) and “Stability of the Youth at School” (n=36)

Source: Youth Qualitative Review Baseline 2012-2013.



Findings:

Stability at home and in other primary settings offers young people a secure base to grow from. For young people involved in the child welfare system, a sense of stability with caregivers at home and relationships in other community settings contributes to their overall sense of security and well-being which leads to better outcomes in other areas of the youth's life.

For cases with acceptable stability at home, the reviewers noted that youth resided with the same caregiver for over 2 years or had a committed adult in their lives which was likely to extend into adulthood. For those youth with acceptable stability in the educational setting, reviewers found youth were on target to graduate high school or were pursuing post-secondary educational opportunities. Those youth with unacceptable stability in either area were found to have experienced multiple out of home placement settings for a variety of reasons. Some youth had challenges

such as running away, mental health issues, or involvement with the criminal justice system which contributed to instability both in the home setting as well as in educational settings.

3. Living Arrangement

Purpose:

Permanency was assessed in 3 separate but related indicators: *Living Arrangement*, *Family Functioning and Resourcefulness*, and *Progress towards Permanency*.

Living Arrangement assessed the appropriateness of the youth's current living arrangement and whether this arrangement meets the youth's developmental, emotional, physical and permanency needs. For example, a young adult with development delays requires housing services that accommodates for his/her particular challenges with developmentally appropriate activities and oversight. For youth in out of home placement, reviewers examined the relationship between current caregivers, the sustainability of the living arrangement and planning for living arrangement upon case closure.

Rating:

In 98 percent or 43 of the 44 cases, reviewers rated Living Arrangement as acceptable. See chart 5 for the full breakdown of ratings for this indicator.

Findings:

For cases scored as acceptable for *Living Arrangement*, reviewers noted that youth were in a stable, least restrictive environment, were connected to informal supports and lived near their employment, school, and had access to transportation as needed. Cases with acceptable ratings also included a youth's connection to their biological family, to committed resource parent(s), or residing in an independent living program. Challenges noted in those cases rated unacceptable included concerns about the youth receiving assistance to support independent living as well as connections to informal support such as those found in the community or with biological family members.

4. Family Functioning and Resourcefulness

Purpose:

In *Family Functioning and Resourcefulness*, reviewers assessed the youth's ability to identify and meet their own needs and to build and use a network of formal and informal supports separate from their child welfare involvement. Reviewers examined the extent to which youth used available resources and supports to meet their own needs as well as what community connections were present. The on-going sustainability of the following resources was also assessed: income, transportation, adult key supports, health care, faith community, extended family, network of friends, behavioral health and education. This indicator does not apply to youth over the age of 18 whose parental rights have been terminated or their whereabouts are unknown and there is documentation of the agency's efforts to locate the parent(s). Based on this criterion, 38 of the 44 cases were assessed in this indicator.

Rating:

An acceptable rating was determined in 28 (74%) of 38 applicable cases. See chart 5 for the full breakdown of this indicator's rating.

Findings:

For cases scored as acceptable, reviewers noted youth were graduating or had graduated from high school, had access to transportation, were employed or had completed their life skills classes. Additionally, youth with acceptable family functioning and resourcefulness had a range of supports available such as advocates, informal and formal connections and a supportive community surrounding them. Areas needing improvement in unacceptable cases included cases where supports and needed services were limited, not accessible or not present such as limited housing, additional independent living skills needed, and little to no informal supports available for the youth.

5. Progress toward Permanency

Purpose:

In *Progress toward Permanency*, reviewers assessed the likelihood of lifelong commitment with caregivers and if the relationships were seen as enduring, resulting in the youth having a sense of family, stability and belonging. The reviewers also assessed connections to a caring adult and the quality of those relationships.

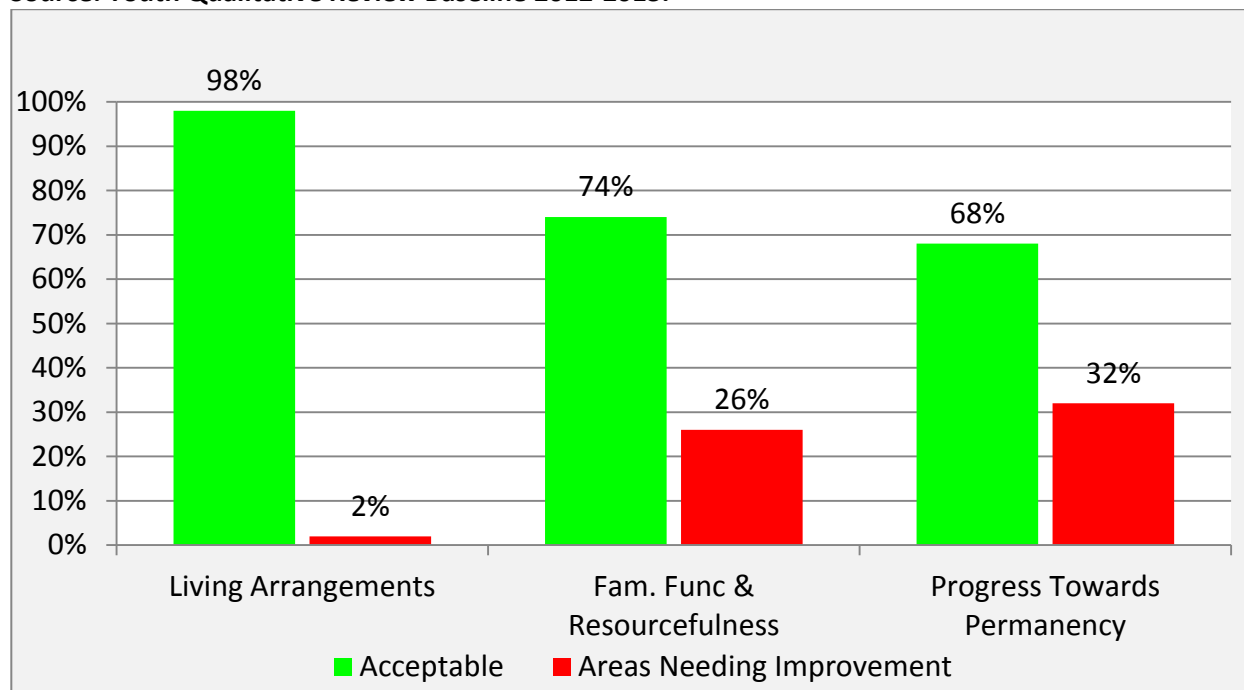
Rating:

An acceptable rating was determined in 68 percent (30) of the 44 cases reviewed. See chart 5 for the full breakdown of this indicator's rating.

Findings:

For cases scored as acceptable, the reviewers noted that the youth had good permanency plans outlining the steps and timeframes to reach the youth's goals. The youth also had enduring relationships that provided the support necessary to reach his her goal. Areas needing improvement noted that when the youth did not have long term connections or were not engaged in services to facilitate their development, the youth had difficulty effectively reaching their case plan goals. Some challenges noted in cases rated unacceptable were lack of permanent placement or youth's involvement in the criminal system.

Chart 5-“Living Arrangement” n=44, “Family Functioning” n=38¹³, and “Progress toward Permanency” n=44
Source: Youth Qualitative Review Baseline 2012-2013.



6. Physical Health of the Child/Youth

Purpose:

Well-Being is assessed through three separately scored indicators including *Physical Health of the Child/Youth*, *Emotional Well-Being of the Child/Youth* and *Learning and Development of the Child/Youth*. In *Physical Health of the Child /Youth* reviewers examined the youth’s current health status as well as the effectiveness of identifying needs to help the youth reach the best possible health status.

Rating:

An acceptable rating was determined in 41 (93%) of 44 cases for *Physical Health of the Child/Youth*. See chart 6 below for the full breakdown of this indicator’s rating.

Findings:

For cases scored as acceptable, the reviewers noted that the youth was up to date with necessary medical care. For youth in out of home placements, the Children’s Health Unit nurse provided oversight and management of the youth’s health care. Out of the 44 youth reviewed, seven were pregnant or had a pregnant partner and all of these youth were receiving prenatal care or attending the appointments with the mother of their child. Opportunities for improvement included increasing regular medical or dental care as well as access to specialized psychiatric care when needed. Reviewers found that when dietary considerations or chronic medical issues were attended to, the youth’s overall health was positively impacted.

¹³ Family Functioning did not apply to youth over the age of 18 whose parental rights have been terminated; or whereabouts are unknown and there is documentation of the agency’s efforts to locate the parent(s).

7. Emotional Well-Being

Purpose:

In *Emotional Well-Being* reviewers measured the emotional development, adjustment and resiliency of youth as well as identity development, the sense of self and the ability to maintain friendships and important relationships. Risk and protective factors were also assessed. When emotional or behavioral difficulties were present, reviewers considered the management of these challenges.

Rating:

Of the 44 youth reviewed, 82 percent (36 cases) were rated acceptable for *Emotional Well-Being*. See chart 6 for the full breakdown of this indicator's rating.

Findings:

For cases that scored acceptable for *Emotional Well-Being*, the reviewers noted that the youth were stable psychologically. Other youth with psychological diagnoses were monitored for their use of medication, support systems, and appropriate mental health interventions. In cases with an unacceptable rating it was found that youth's emotional well-being was negatively impacted if youth were isolated and lacking both informal and formal supports to assist them or when youth did not understand their diagnoses or declined services.

8. Learning and Development over age 5

Purpose:

In *Learning and Development over age 5*, reviewers assessed whether key milestones for children/youth were being met according to age and educational expectations. If delays were noted, reviewers assessed the extent to which these delays were well understood and whether appropriate services were in place to address the delays. Additionally, the indicator takes into account whether the youth was enrolled in or regularly attending high school, a GED (Graduate Equivalent Degree) program, or post-secondary educational programs. If the youth was not enrolled in school, the indicator measured whether the youth was engaged in age appropriate learning opportunities (i.e. employment and/or employment training, vocational programming/training, volunteering, internships).

Reviewers examined whether the youth, as an adult, was receiving assistance for continuing their education, including enrollment in high school, a GED program, post-secondary education, vocational, and/or training program or tutoring/academic services, PSAT/SAT related supports/services, completion of enrollment applications, financial aid (FAFSA, NJFC Scholars) or Individualized Educational Plans (IEP). If the youth had learning, developmental, and/or intellectual disability, that need was also assessed. Reviewers also looked at whether the youth needed or were engaged in assistance to secure employment, employment training, internship, professional development opportunities, career guidance, job readiness skills and/or resume writing assistance.

Rating:

Of the 44 youth applicable to this indicator, 91 percent (39 cases) were rated acceptable for *Learning and Development*. See chart 6 for the full breakdown of this indicator's rating.

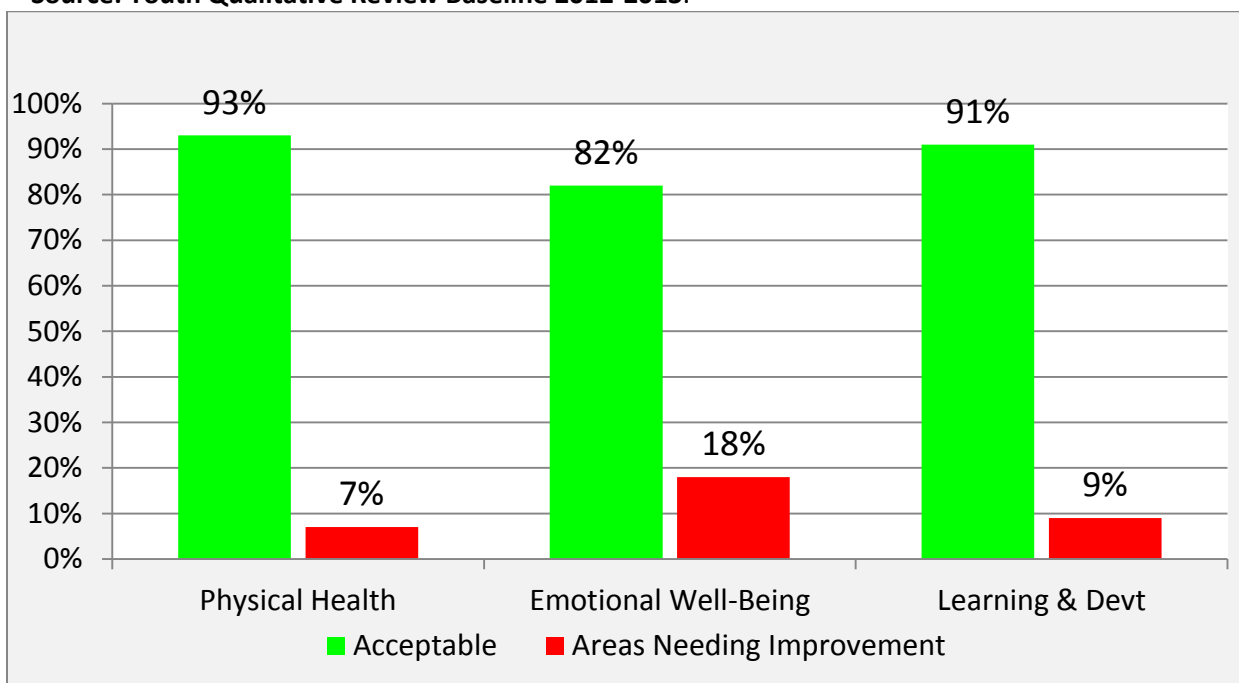
Findings:

For cases that scored acceptable for *Learning and Development over age 5*, reviewers noted the youth had or were in the process of graduating from high school or were enrolled or in the process of enrolling in a college or vocational program. Youth were also provided guidance in applying for financial assistance to cover educational costs. Youth with developmental needs had special education programs in place. Educational success for youth with an unacceptable learning and development rating noted that relationship conflicts in the youth’s home, lack of social supports, and medical issues contributed to poor performance or school engagement.

Also noted in cases determined to be unacceptable were those youth who did not have secondary educational plans or the supports to enable them to plan for additional educational attainment.

Chart 6-“Physical Health of the Child/Youth” n=44, -“Emotional Well-Being”, n=44, “Learning and Development” n=43¹⁴

Source: Youth Qualitative Review Baseline 2012-2013.

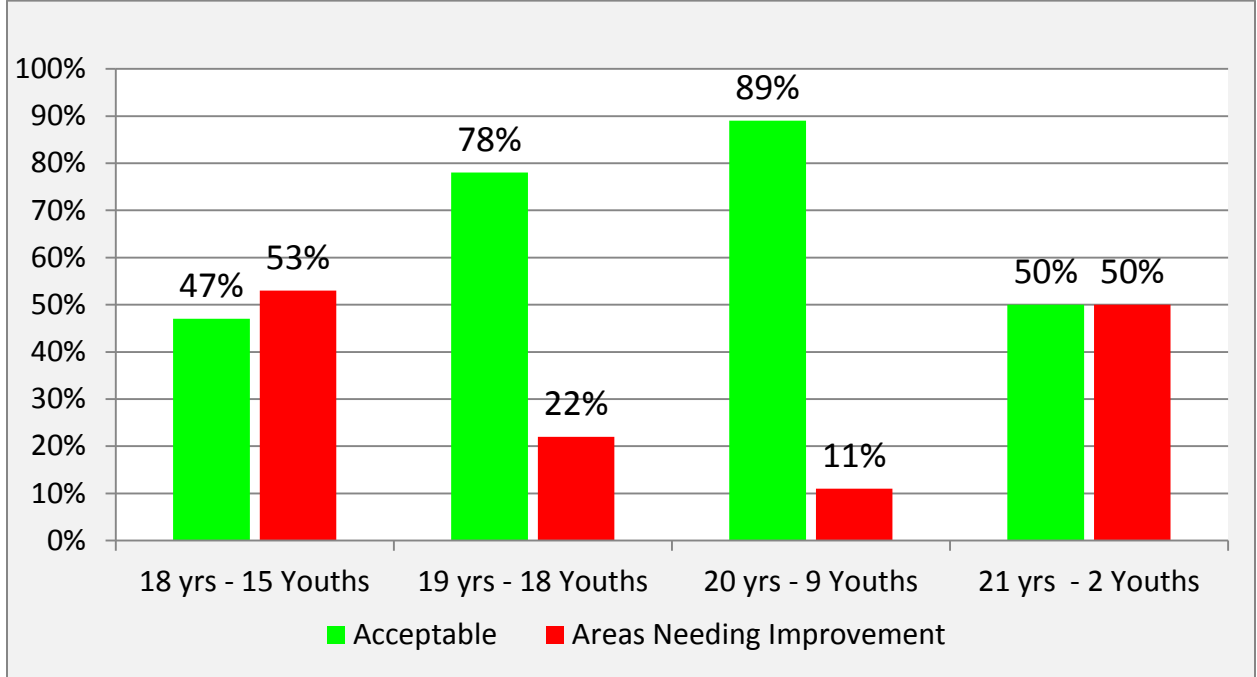


9. Child/Youth and Family Status Correlations

When comparing the child (youth) and family indicator of *Progress toward Permanency* and age of the youth in the review we find that the ratings for planning for permanency were rated higher for youth age 19 (78% rated acceptable) and 20 years old (89% rated acceptable), see chart 7. An acceptable rating on the progress toward permanency indicator was determined in 47 percent of youth who were 18 years old, indicating that additional efforts are needed to connect those youth to lifelong caring adults.

¹⁴ For Learning and Development, only 43 youth were applicable for rating since they were enrolled in an education setting during or within 30 days of the review.

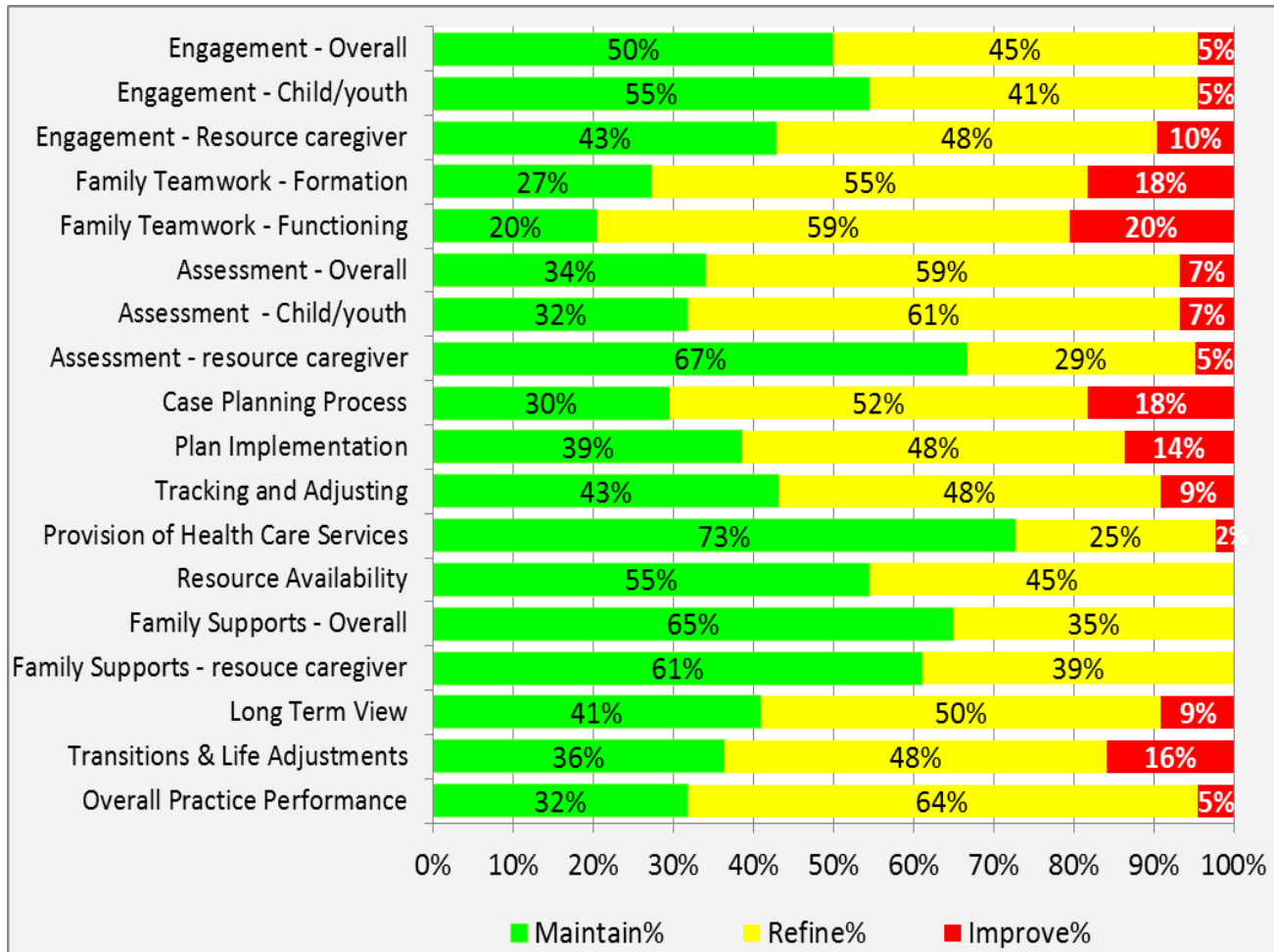
Chart 7-“Progress toward Permanency and Age of the Youth” n=44
Source: Youth Qualitative Review Baseline 2012-2013.



PRACTICE PERFORMANCE INDICATORS

The *Overall Practice Performance* Indicators measure the reviewers' impression of the practice indicators and their functions, considering the diligence with which each practice function was carried out and whether the intent of the function was being achieved. Of the *Overall Practice Performance* of the 44 cases reviewed, 68 percent (29 cases) scored in the acceptable zone and 32 percent (15 cases) rated as needing improvement.

Chart 8: "Overall Practice Performance Summary – Maintain, Refine, and Improve" (n=44)¹⁵
Source: Youth Qualitative Review Baseline 2012-2013.



¹⁵ The indicators with resource caregivers has varied applicability; for engagement of resource caregiver the “n” was 21, for assessment of the resource caregiver the “n” was 21 and for the Family Support for resource caregivers the “n” was 17.

Practice Performance Indicators reflect the Department’s case practice model. The report format that follows will briefly explain each indicator and its rating and finding per this review:

Engagement¹⁶	Resource Availability
Family Teamwork	Family & Community Connections¹⁷
Assessment and Understanding¹⁸	Family Supports¹⁹
Case Planning Process	Long-Term View
Provision of Health Care Services	Transitions and Life Adjustments

1. Overall Engagement

Purpose:

The *Overall Engagement* indicator assessed the development of collaborative, open, and trust-based working relationships that support ongoing assessments and service planning. This indicator assessed engagement for child/youth and resource parents. Services for youth ages 18 to 21 are voluntary and the youth has a choice regarding accepting services and having needs addressed, which would indicate the need to be creative with flexible engagement strategies.

When there was knowledge of a youth’s contact with family members, there was consideration for their engagement. The review examined who the youth identify as their “family”. Reviewers looked at the extent to which the youth is engaged and whether they were engaged in a timely, consistent, and developmentally appropriate way. In addition, the review assessed whether the youth’s voice was evident in planning and services and heard by the youth’s team.

¹⁶ Engagement of the youth’s biological parent is not applicable as reunification is not utilized as a permanency goal since the youth is legally an adult being 18 years of age or older with their own DCP&P case.

¹⁷ Family and community connections is not applicable since youth is legally an adult being 18 years of age or older with their own DCP&P case.

¹⁸ Assessment of youth biological parent is not applicable since youth is legally an adult being 18 years of age or older with their own DCP&P case.

¹⁹ Family Supports for biological parent is not applicable since youth is legally an adult being 18 years of age or older with their own DCP&P case.

Rating:

Of the 44 youth reviewed, 77 percent (34 cases) were rated acceptable for *Overall Engagement*. See chart 9 for the full breakdown of this indicator's rating.

Findings:

For cases that scored as acceptable for *Overall Engagement*, the DCP&P case worker had consistent contact with the youth and when applicable, with the resource parent(s) and if engaged, the biological family. Regularly held Family/Youth Team Meetings were also recognized as a key to good overall engagement. An opportunity for improvement was noted when communication was inconsistent with the DCP&P caseworker and service providers for the youth.

1a. Engagement of Child/Youth

Purpose:

The *Engagement of Child/Youth* indicator assessed children above the age of 6 in the development of collaborative, open, and trust-based working relationships that support ongoing assessment, understanding and service planning.

Rating:

Of the 44 youth reviewed, 77 percent (34 cases) were rated acceptable for *Engagement of Child/Youth*. See chart 9 for the full breakdown of this indicator's rating.

Findings:

For cases that scored acceptable for *Engagement of Child/Youth*, reviewers noted *in some instances* that the youth described the relationship with their DCP&P caseworkers as "respectful" and also as responsive and a source of support. This is also reflected in the fact that the youth and DCP&P caseworker collaborated on the plan. Opportunities to improve engagement were noted when the youth disengaged from case planning, when the youth and DCP&P caseworker had inconsistent communication, and informal supports were not involved in the youth's planning. There were also instances where coordination of services between the DCP&P and the Division of Developmental Disabilities (DDD) who both were co-managing the youth had inconsistent communication impacting the planning and services delivery for youth. Also, more planning needed to occur as the youth's case was near closing.

1b. Engagement of Resource Caregiver

Purpose:

The *Engagement of Resource Caregivers* indicator assessed resource parents in the development of collaborative, open, and trust-based working relationships that support ongoing assessment, understanding and service planning.

Rating:

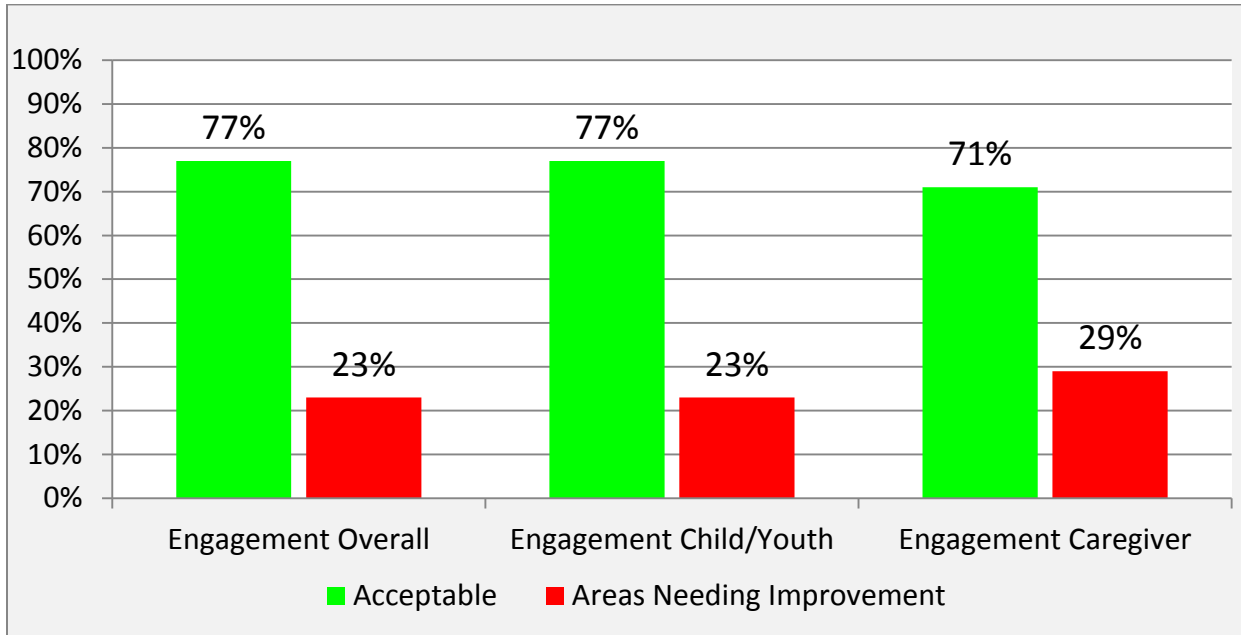
Of the 21 applicable cases reviewed, 71 percent (15 cases) were rated acceptable for *Engagement of Resource Caregivers*. See chart 9 for the full breakdown of this indicator's rating.

Findings:

For cases that scored as acceptable for *Engagement of Resource Caregivers*, the resource caregiver identified a consistent and responsive communication with DCP&P and that they were involved with the planning for the youth. Opportunities to improve were noted when there was little contact with the Resource Family Services worker or with newly assigned caseworkers of the youth.

Chart 9: ‘Engagement Overall’ n=44, ‘Engagement with Child/Youth’ n=44, ‘Engagement with Resource Caregiver’ n=21²⁰

Source: Youth Qualitative Review Baseline 2012-2013.



2a. Family/Youth Teamwork- Formation

Purpose:

The *Family/Youth Teamwork* indicator has two main components: *Formation* and *Functioning*. *Family/Youth Teamwork - Formation* focuses on the structure and performance of the family/youth team. This indicator examined whether all essential people were part of the child/youth and family’s team and assessed the formal and informal supports, including friends, paramours, co-parents, co-workers, teachers, professors, mentors, program staff (i.e. housing, life skills, behavioral health staff, CASA workers, law guardians) based on the youth’s individual need. The indicator also examines how the youth should be engaged in deciding who is a part of their support team and whether these supports can be sustainable beyond case closure and into adulthood.

Rating:

Of the 44 youth reviewed, 57 percent (25 cases) were rated acceptable for *Family/Youth Teamwork - Formation*. See chart 10 for the full breakdown of this indicator’s rating.

Findings:

For cases that scored acceptable for *Family/Youth Teamwork - Formation*, it is noted that the team members were aware of other team members and the teams consisted mostly of formal supports. For cases with unacceptable ratings, concerns included a failure to develop a formal team, a lack of informal supports on the team and a lack of clarity as to the role of team members. Youth declining team meetings or those with little input as to team formation also posed as opportunities for improvement.

²⁰ For *Engagement of Resource Caregivers*, only 21 of the youth where placed in a resource home so only those cases were applicable for rating.

2b. Family/Youth Teamwork- Functioning

Purpose:

Family/Youth Teamwork-Functioning focused on the ability of the youth support network to collectively function as a unified team in planning services and evaluating results for the long term. The functioning of the team is directly related to the formation of the team and dependent on the family's team being composed of all essential stakeholders.

Rating:

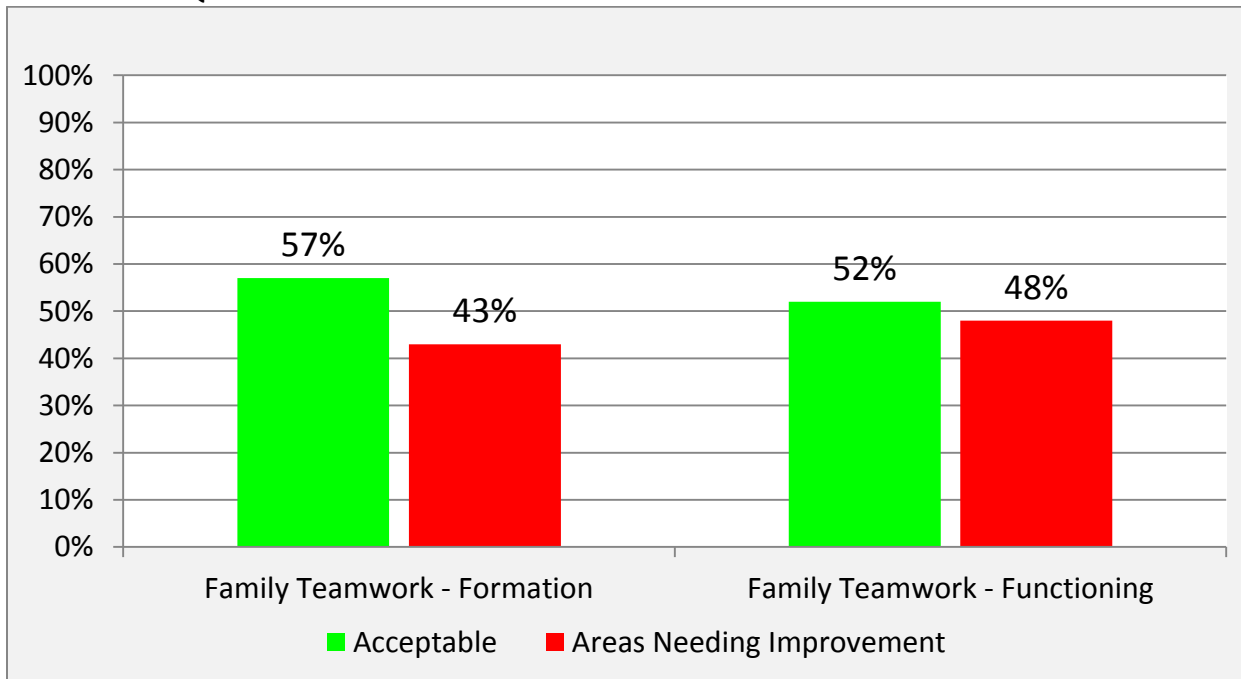
Chart 10 reflects that for the 44 youth reviewed, 52 percent (23 cases) received an acceptable rating in Family Teamwork-Functioning.

Findings:

For cases that scored acceptable for *Family/Youth Teamwork-Functioning*, the reviewers noted the teams were reported to be meeting regularly and communicating often. Also the teams were aware of the goals and team members were known to each through their formal and informal communication. Improvement opportunities were noted when supports and team members were working independently without centralized coordination or when youth had resources (i.e. from school, biological family and friends) that were unknown to DCP&P who could be on their team. Also, there were cases reviewed without teaming efforts made on behalf of the youth.

Chart 10: "Family Teamwork-Formation" (n=44) and "Family Teamwork-Functioning" (n=44)

Source: Youth Qualitative Review Baseline 2012-2013.



3a. Assessment and Understanding Overall

Purpose:

Assessment and Understanding measures how well the agency gathered information, including formal and informal assessments to understand the underlying needs, strengths and risks of the child/youth or family. This indicator was assessed in two specific areas – child/youth and resource caregivers – and an overall rating was given encompassing all areas. Reviewers examined whether the life skills assessments had been completed and integrated into the assessment of needs and necessary services/supports for the youth. Since youth were eighteen years of age and older with their own open case, their biological parents were not applicable to this indicator and ratings were not provided.

Rating:

Of the 44 youth reviewed, 75 percent (33 cases) were rated acceptable for *Overall Assessment and Understanding*. See chart 11 for the full breakdown of this indicator’s rating.

Findings:

For cases that scored acceptable for *Overall Assessment and Understanding*, reviewers reported DCP&P had provided or obtained appropriate services or formal assessments for the youth. The DCP&P caseworker and their supervisor were described as “knowing” the youth resulting in an accurate assessment and having an appropriate goal for the youth identified. Areas for improvement were noted when the formal assessments were not being utilized in planning for the youth and when there was not regular communication with service providers and educational partners.

3b. Assessment and Understanding Child /Youth

Purpose:

Assessment and Understanding of Child/Youth measured how well the agency gathered information, including formal and informal assessments, to understand the underlying needs, strengths and risks of the child/youth.

Rating:

Of the 44 youth reviewed, 70 percent (31 cases) were rated acceptable for *Assessment and Understanding of Child/Youth*. See chart 10 for the full breakdown of this indicator’s rating.

Findings:

For cases that scored acceptable for *Assessment and Understanding of Child/Youth*, the reviewers noted that the DCP&P caseworker and supervisor knew the youth’s strengths and needs. The youth’s goals were in line with the youth’s vision for themselves and the youth was provided updates regularly about their integrated plan. Opportunities for improvement were noted when the youth’s underlying needs were not being met and when there was little known about the biological family and their impact on the youth.

3c. Assessment and Understanding of Resource Caregivers

Purpose:

Assessment and Understanding of Resource Caregivers measured how well the agency gathered information, including formal and informal assessments, to understand the underlying needs, strengths and risks of resource caregivers.

Rating:

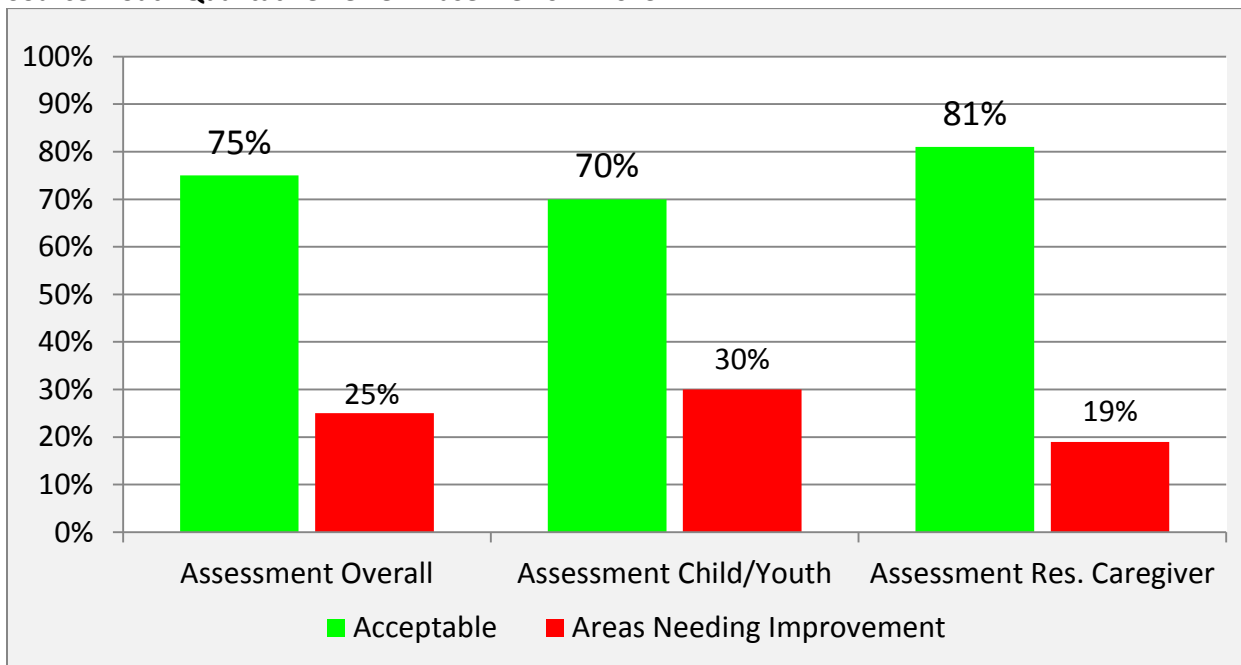
Of the 21 cases applicable to this indicator, 81 percent (17 cases) were rated acceptable for *Assessment and Understanding of Resource Caregiver*. See chart 11 for the full breakdown of this indicator’s rating.

Findings:

For cases that scored acceptable for *Assessment and Understanding of Resource Caregivers*, reviewers noted that the resource caregivers had regular communication with DCP&P, had contributed to the youth’s case planning and were being provided updates about the youth’s plan. In cases rated unacceptable, reviewers reported that at times resource caregivers expressed that they were not being asked for enough input into the youth’s planning.

Chart 11: ‘Assessment and Understanding Overall’ n=44, ‘Assessment and Understanding with Child/Youth’ n=44, ‘Assessment and Understanding with Resource Caregiver’ n=21²¹

Source: Youth Qualitative Review Baseline 2012-2013.



²¹ For Assessment of Resource Caregivers, only 21 of the youth where placed in a resource home so only those cases were applicable for rating.

4. Case Planning Process

Purpose:

Case planning was assessed in three separate but related indicators: *Case Planning Process*, *Plan Implementation, Tracking and Adjustment*. The review of these indicators considered the formal planning process and planning documents within the case file, as well as the informal planning done with the family throughout the life of the case. The *Case Planning Process* indicator examined how well case plans were designed to assist the child/youth and family in addressing needs and achieving identified goals. Additional considerations for youth examined if all potential permanency options have been explored and what efforts have been made to establish that the youth has connections to caring adults and stability and sustainability of those connections. Reviewers looked for completed transitional plans that were integrated into the assessment of needs, progress and necessary services/supports so the youth could successfully transition into adulthood. The case plan was to be youth driven, realistic and developmentally appropriate.

Rating:

Of the 44 cases reviewed, 66 percent (29 cases) were rated acceptable for *Case Planning Process*. See chart 12 for the full breakdown of this indicator's rating.

Findings:

For cases that scored acceptable for *Case Planning Process*, the reviewers noted that the youth had case plans that were individualized, with the youth being engaged into the planning process and the youth agreeing with the plan. In addition the appropriate and identified supports were also involved in creating the plan with and for the youth. Opportunities for improvement were noted when some case plans did not reflect transitional steps or failed to address the youth's underlying needs.

5. Planning Implementation

Purpose:

Plan Implementation assessed the delivery of services according to the child/ youth's or family's case plan. Also it looks at timeliness, competency, appropriateness of service provision and available resources to meet individualized needs. Reviewers also examined whether the developmental needs of the youth were considered in implementation of the plan.

Rating:

Of the 44 cases reviewed, 66 percent (29 cases) were rated acceptable for *Plan Implementation*. See chart 12 for the full breakdown of this indicator's rating.

Findings:

For cases that scored acceptable for *Plan Implementation* the reviewers noted that the youth had identified services in place. The case plans reflected steps taken toward the youth's goals of achieving housing, employment, education, and physical well-being. The case plans also reflected progress being made. Reviewers also noted when service delivery was being delayed or inconsistent and when the youth was refusing services in placement or when informal supports were not being utilized. In addition, where cases were rated unacceptable, it was mentioned that minimal case planning was occurring or the case plan did not meet the youth's underlying needs.

6. Tracking and Adjusting

Purpose:

Tracking and Adjustment examined how progress is assessed by the team, as well as how modifications are made to the case plan as case circumstances change.

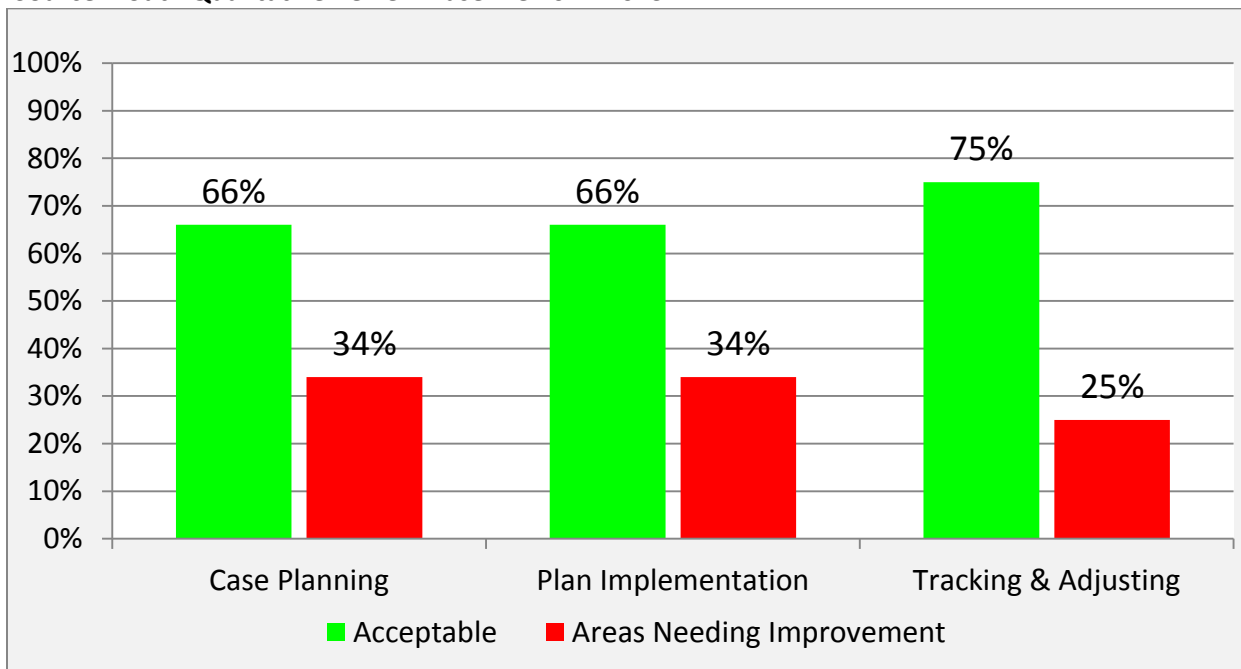
Rating:

Of the 44 cases reviewed, 75 percent (33 cases) were rated acceptable for *Tracking and Adjustment*. See chart 12 for the full breakdown of this indicator's rating.

Findings:

For the cases that scored acceptable for *Tracking and Adjustment*, reviewers noted the case plan was being monitored and modified to reflect growth and any changes necessary to meet the youth's goal. The team was aware of the case plan and communicated regularly with updates on the youth's progress. The areas to improve included a lack of communication between team members and the case plan did not reflect additional services and transitional steps the youth needed.

**Chart 12: "Case Planning Process" (n=44), "Plan Implementation" (n=44) and "Tracking and Adjusting" (n=44)
Source: Youth Qualitative Review Baseline 2012-2013.**



7. Provision of Health Care Services

Purpose:

The *Provision of Health Care Services* assessed the degree to which the child/youth received timely and effective health care services commensurate with services required for the child/ youth to achieve his/her best attainable health. This indicator looked at provisions for preventative health care, as well ongoing medical needs and any requirements for children/adolescents with specialized medical needs. *Provision of Health Care Services* included access to required health assessments for children/youth entering out-of-home placement and screenings and services related to a child's

mental health. Additional consideration was given to ascertain if youth were aware of healthcare services and supports in the community and if youth were aware of the information contained in his/her healthcare information/passport.

Rating:

Of the 44 cases reviewed, 91 percent (40 cases) were rated acceptable for *Provision of Health Care Services*. See chart 13 for the full breakdown of this indicator's rating.

Findings:

For cases that scored acceptable for *Provision of Health Care Services* reviewers reported the youth had all their medical needs addressed including dental, physical and vision care. The youth saw an appropriate specialist when needed and the youth took steps towards being responsible for their own medical appointments. In addition, the DCF Children's Health Nurse monitored the youth's health when they were in an out of home placement. It was also noted that there was a delay in some youth receiving specialized services or youth not being aware of how to access Medicaid after turning 21 years of age. In some cases, reviewers noted that the youth did not follow up with the recommended treatment as prescribed by the medical professionals.

8. Resource Availability

Purpose:

Resource Availability was assessed by examining the array and quality of supports, services and other resources, both formal and informal. Resources were examined to determine if they were individualized and supported the implementation of the child/youth and family's plan. Other factors assessed included whether resources were culturally appropriate and sufficient in intensity and duration. Additional supports or services for specific populations were included only as needed, such as: pregnant and parenting, LGBTQI youth with sexual identity/orientation issues, criminal justice issues, youth with immigration issues, domestic violence survivors and/or perpetrators/batterers.

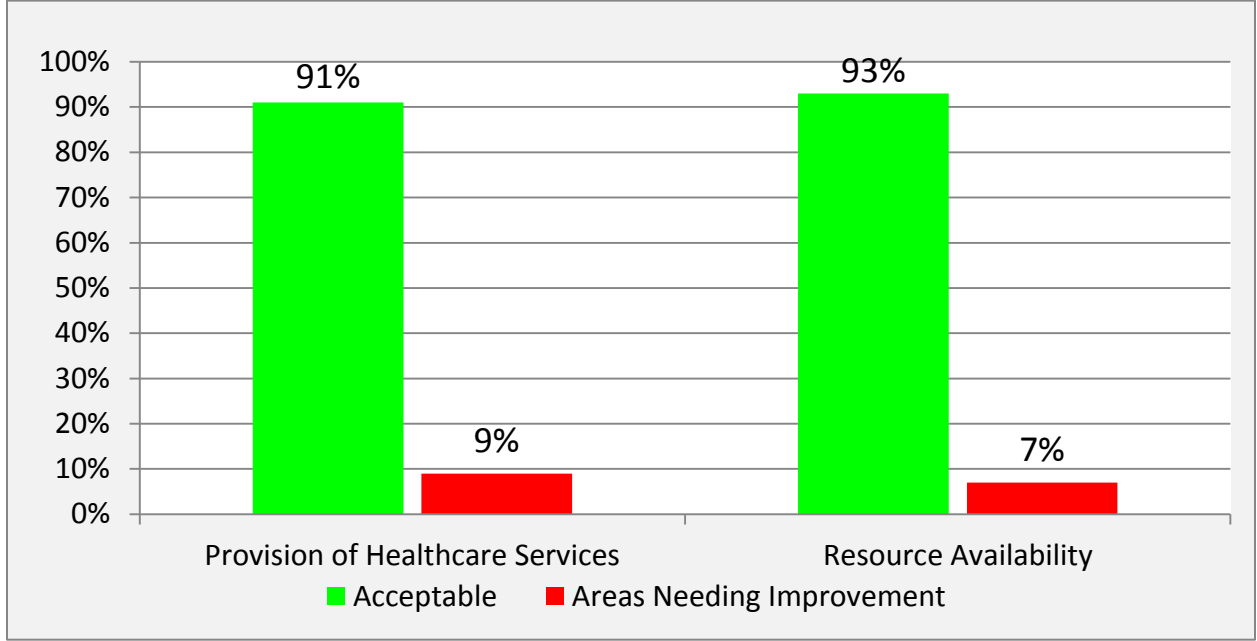
Rating:

Of the 44 cases reviewed, 93 percent (41 cases) were rated acceptable for *Resource Availability*. See chart 13 for the full breakdown of this indicator's rating.

Findings:

For cases that scored acceptable for *Resource Availability* reviewers noted that the youth had access to all needed formal supports such as life skills preparation, mental health and substance use counseling, educational supports, job coaching, housing, transportation and community resources. As applicable, reviewers noted the Division of Developmental Disabilities (DDD) was working with youth as well as other advocates and informal supports. Youth were enrolled in or in the process of enrolling in financial assistance programs to help with college and vocational programs. There were concerns in terms of a delay with some youth getting the services they needed such as life skills, mental health or substance abuse services, mentoring, or that housing programs were not available to meet the youth's needs.

Chart 13: “Provision of Health Care Services” n=44 and “Resource Availability” n=44
Source: Youth Qualitative Review Baseline 2012-2013.



9. Family and Community Connections

This indicator was not a part of the baseline for measuring services that older youth are receiving from DCP&P as this not an applicable indicator for youth ages 18 to 21.

10a. Family Support-Overall

Purpose:

Overall Family Supports assessed 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* was assessed overall and individually for *Resource Caregivers* if the youth was placed in a resource family home²².

Rating:

Of the 19 applicable cases reviewed, 89 percent (17 cases) were rated acceptable for *Overall Family Supports*. See chart 14 for the full breakdown of this indicator’s rating.

Findings:

For cases that scored acceptable for *Overall Family Supports* the reviewers noted that the youth reported having the support of a DCP&P caseworker and supervisor as well as community resources such as their church or school. The youth were making progress to live without DCP&P involvement through independent living programs and an informal support network. Youth noted that they also had the support of their extended biological family and a committed adult, often a resource caregiver. Areas for improvement were noted in regards to having necessary supports for youth who were expecting a child and for youth who needed more DDD training or other special needs support.

²² Family Supports is not applicable for 18-21 year olds. Family Support applies to resource caregiver only in family-based home placement settings though not applicable if youth is receiving Independent Living Stipend.

10b. Family Support for Resource Caregivers

Purpose:

Family Supports for Resource Caregiver assessed 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/youth. Cases with a youth in a non-resource home setting, such as a congregate care setting, were not included in the rating for this indicator. Youth over the age of 18 who had a case goal of “Independent Living” were rated for this indicator.

Rating:

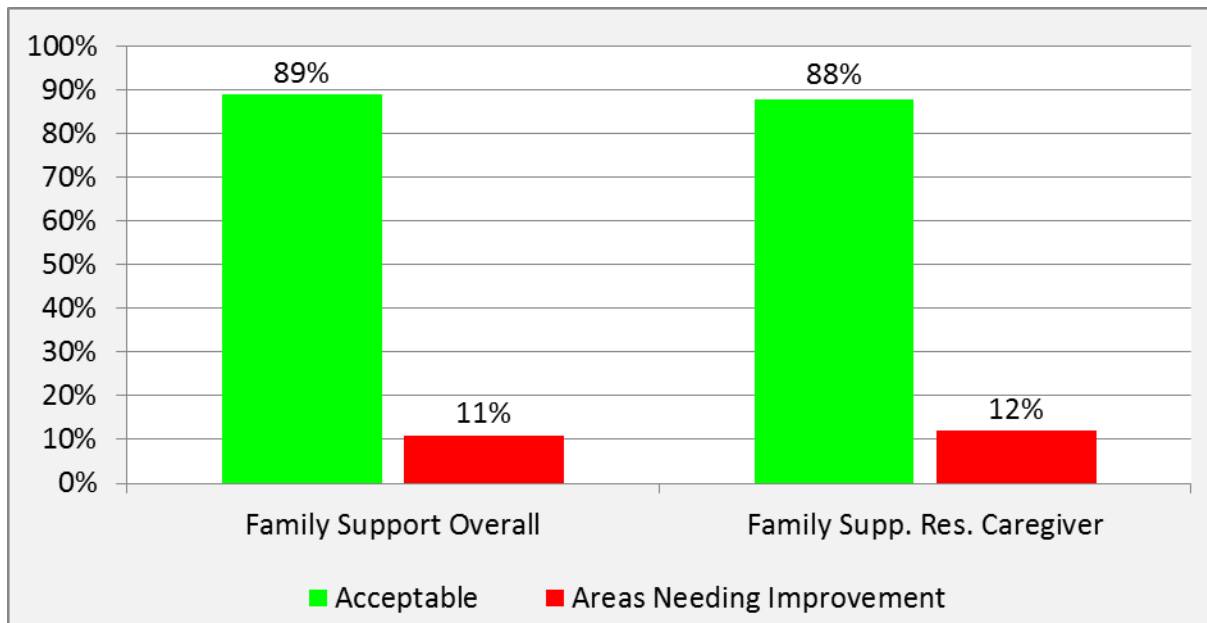
Of the 17 cases reviewed, 88 percent (15 cases) were rated acceptable for *Family Supports for Resource Caregiver*. See chart 14 for the full breakdown of this indicator’s rating.

Findings:

Cases that scored acceptable for *Family Supports for Resource Caregivers* reportedly had resource caregivers who were provided with necessary training and were seen as a support to the youth and involved in the youth’s planning. Improvements could be made as resource caregivers reported a lack of communication with the Resource Family Service Workers and when the resource caregiver were not incorporated into the youth’s planning and expressed not being supported and connected to DCP&P.

Chart 14: “Overall Family Supports” n=19, “Family Support for Resource Caregivers” n=17

Source: Youth Qualitative Review Baseline 2012-2013.



11. Long Term View

Purpose:

The *Long Term View* indicator assessed the presence of an explicit plan to ensure the youth/family can live successfully independent from their involvement with the child welfare system. The youth's/family's ability to understand and achieve the steps needed to reach and maintain their goals was also examined. The services are to be sustainable for the youth beyond case closure and into adulthood to address ongoing needs.

Rating:

Of the 44 cases reviewed, 57 percent (25 cases) were rated acceptable for *Family Supports Long Term View*. See chart 15 for the full breakdown of this indicator's rating.

Findings:

For cases that scored acceptable for *Long Term View* reviewers noted that the youth and their team all agreed on the youth's goal, believed the youth can be successful and that there was a concurrent plan in place if the youth needed it. It was also noted that the youth had the support to be successful with long term goals with the assistance of a committed adult, DDD and/ or other necessary services. Opportunities for improvements were noted where there was no long term plan or a concurrent plan in place and also when youth do not have a strong connection to their biological family or to informal supports.

12. Transitions and Life Adjustments

Purpose:

The *Transitions and Life Adjustments* indicator assessed whether the child/ youth and family's next transitional phase had been identified, and if so, whether planning had occurred consistent with the youth's long term view. The youth is allowed to make decisions that allow for healthy risk-taking and growth as they transition into adulthood. Consideration was given as to whether the youth is receiving or has received life skills training, including knowledge of independent living stipends, aftercare programming, wraparound funding, social services, clothes, driving lessons/licenses, extracurricular/spiritual activities, employment resources, financial literacy, bank accounts, legal documents, domestic violence prevention, parenting skills and resources, youth leadership activities, health insurance or Medicaid or other appropriate resources.

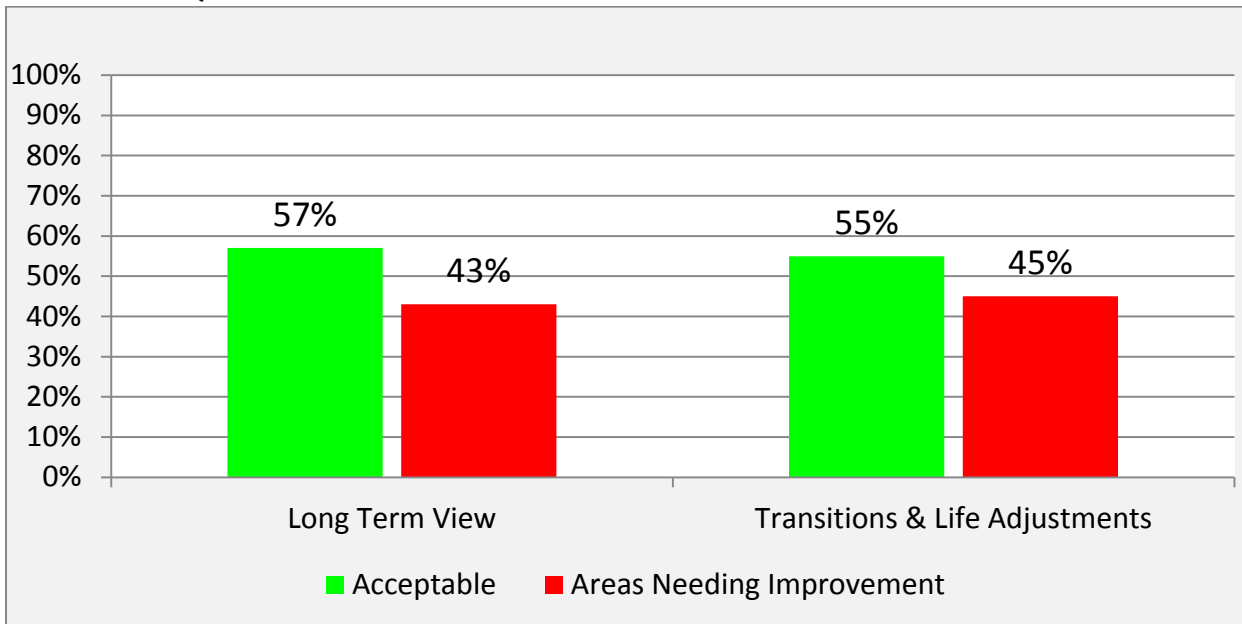
Rating:

Of the 44 cases reviewed, 55 percent (24 cases) were rated acceptable for *Transitions and Life Adjustments*. See chart 15 for the full breakdown of this indicator's rating.

Findings:

For cases that scored acceptable for *Transitions and Life Adjustments*, reviewers report that the next critical transition in the youth's life were identified such as graduation from high school, starting college or vocational program, independent living, child birth, transition to DDD case management, case closure and planning for accordingly. Youth also had a resource caregiver and other informal supports committed to the youth beyond CP&P involvement. Areas needing improvement were identified when there was no transitional plan in place and the youth still had other independent living skill needs before addressing their next life change..

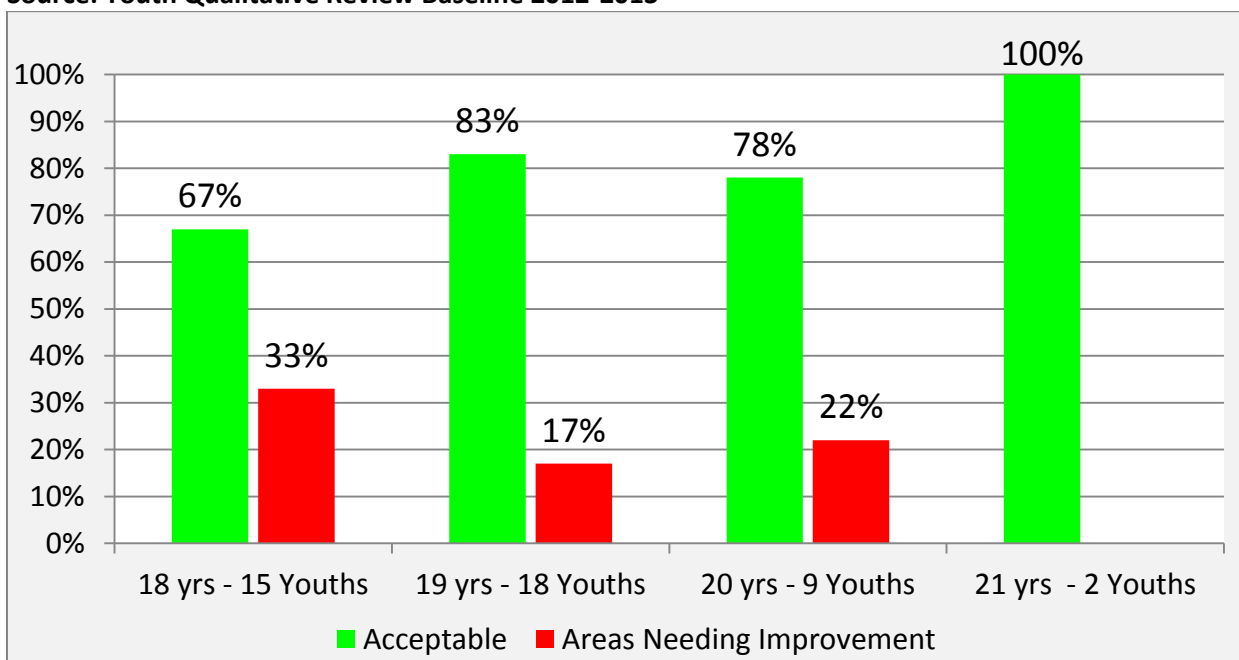
Chart 15: “Long Term View” (n=44) and “Transitions and Life Adjustments” (n=44)
Source: Youth Qualitative Review Baseline 2012-2013.



13. Youth Status and Practice Correlations

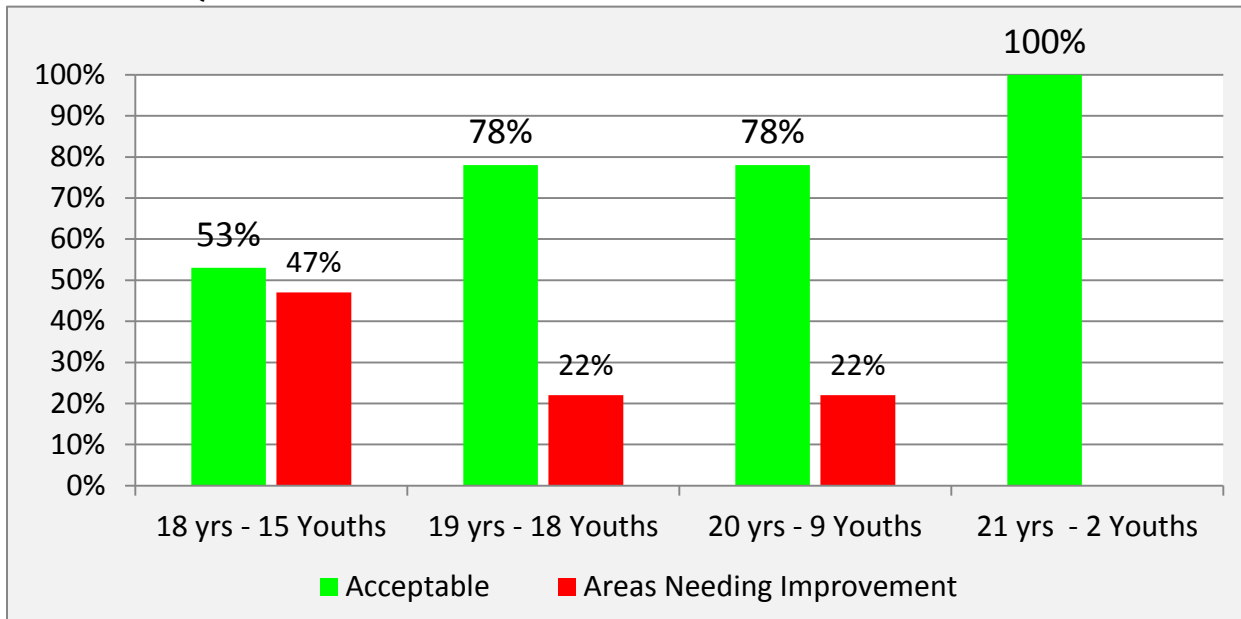
When comparing the child (youth) and family indicator of *Engagement of Youth* and age of the youth in the review we find that the ratings for engagement were the highest for the two youth (100%) who were 21 years old. An acceptable rating was noted for eighteen youth (83%) who were 19 years old and for nine youth (78%) who were 20 years old. Acceptable engagement was evident with 67 percent of the 18 year old group indicating that additional efforts are needed to develop collaborative and trust-based working relationships that support ongoing assessments and service planning.

Chart 16: “Engagement of Youth and Age of the Youth” n=44
Source: Youth Qualitative Review Baseline 2012-2013



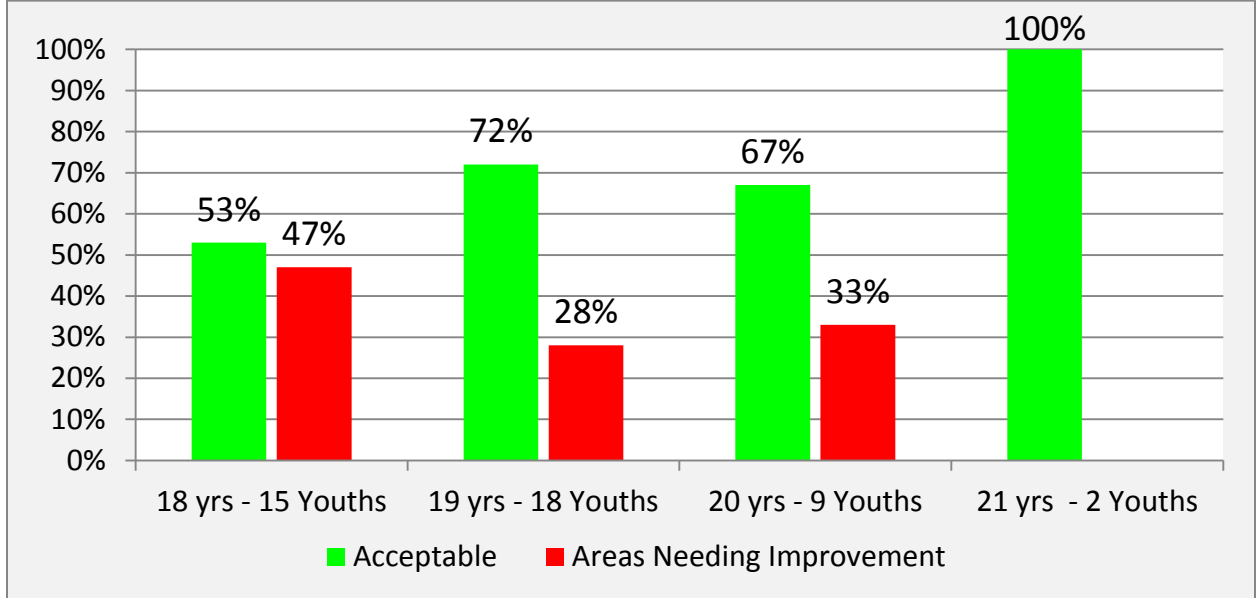
Assessment was also examined by age, yielding an acceptable rating for the two youth (100%) who were 21 years of age; for 18 youth (78%) who were 19 years of age; for 7 youth (78%) who were 20 years of age and for 15 youth (53%) who were 18 years of age. Though there is an acceptable rating for most 19, 20, and all 21 year olds, the area of engagement with younger youth is an area needing improvement to ensure the development of collaborative, open and trust-based working relationships that support ongoing assessments and service planning.

Chart 17: "Assessment and Age of the Youth" n=44
Source: Youth Qualitative Review Baseline 2012-2013



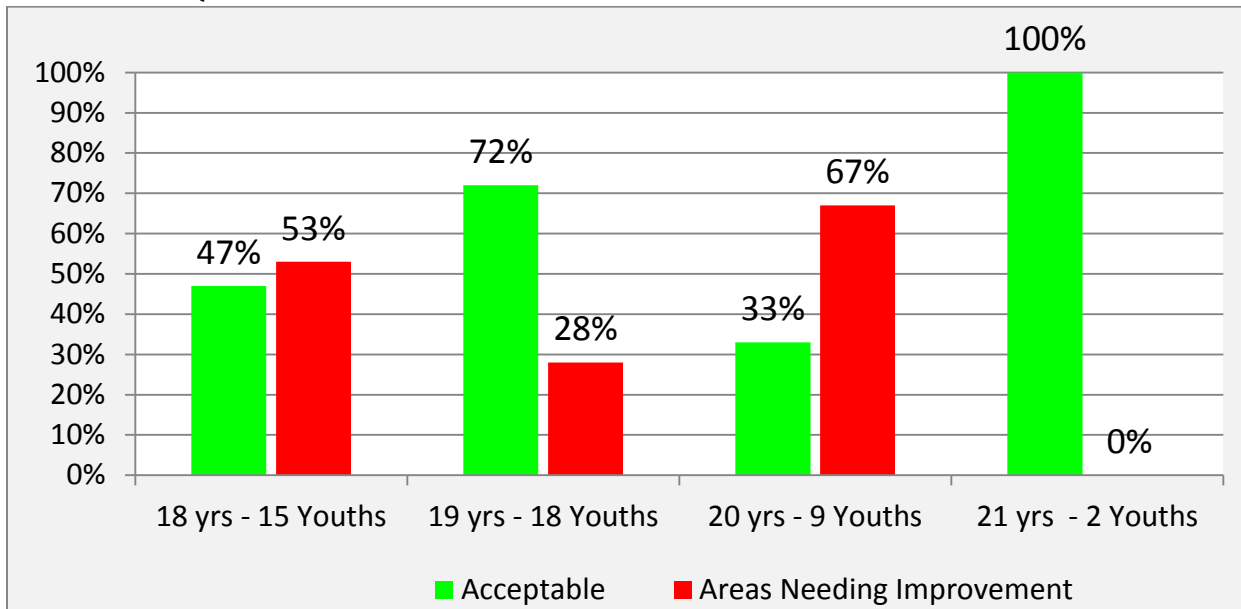
Case planning was also examined by age, yielding an acceptable rating for the 2 youth (100%) who were 21 years of age; for 18 youth (72%) who were 19 years of age; for 9 youth (67%) who were 20 years of age and for 15 youth (53%) who were 18 years of age. Though there is an acceptable rating with most 19 and all 21 year olds, the area of case planning with younger youth is an area needing to enhance in order ensure case plans are being developed to assist the youth in addressing their needs in order to achieve their identified goals.

Chart 18: "Case Planning and Age of the Youth" n=44
Source: Youth Qualitative Review Baseline 2012-2013



Long Term View was examined by age yielding an acceptable rating for 2 youth (100%) who were 21 years of age; for 18 youth (72%) who were 19 years of age; for 9 youth (67%) who were 20 years of age and for 15 youth (47%) who were 18 years of age. Though there are acceptable ratings with most 19 and all 20 year olds, the area of preparing younger youth for their long term view needs improvement to ensure that the youth has an explicit plan to live successfully, independent from their involvement with DCP&P.

Chart 19: “Long Term View and Age of the Youth” n=44
Source: Youth Qualitative Review Baseline 2012-2013



Additional analysis was completed on the data gathered during this review to look for potential relationships between the indicators. Two indicators were compared for a possible relationship, if only 1 or both of the 2 indicators were rated unacceptable then that case was placed into the ‘unacceptable’ category. *Engagement of youth* and *assessment of youth* yielded a correlation for an acceptable rating in 64 percent of cases and needing improvement in 36 percent of cases. The better youth we engaged the youth, the better we assessed the youth’s needs, strengths and risks.

Engagement of youth was also compared to case plan implementation which yielded an acceptable rating for both indicators in 57 percent of cases which suggests this is a direct correlation between how well youth are engaged and implementation of their case plan. The same correlation was noted when comparing assessment of youth and case planning.

Other indicators were compared and several did not yield results suggesting that there was a direct correlation between the indicators. Comparing *case planning* and *long term view* yield 50% acceptable and 50% needing improvement rating so no significant relationship between the indicators. *Long term view* and *transitions and life adjustment* were compared as were *case planning* and *transitions and life adjustment*, both comparisons had results that did not reflect a direct relationship between the indicators with both having a 48% acceptable and 52% needing improvement rating. No relationship was noted when comparing *plan implementation* and *progress toward permanency* or *engagement of youth* and *transition and life adjustment* with both yielding an acceptable rating of 52% and 48% area of needing improvement of 48%.

V. SUMMARY and RECOMMENDATIONS

The goal of this report is to describe the current performance of the Department of Children and Families (DCF) when working with DCP&P involved youth ages 18 to 21 using the New Jersey Qualitative Review protocol and instrument.

As discussed throughout this report, the reviewers found elements of strength within adolescent case practice in addition to areas in need of improvement. Below are key recommendations for improvements to DCP&P youth practice that emerged as a result of the review. DCF's robust quality improvement activities are a strong foundation to build on as DCP&P moves forward to ensure consistently high quality child protective and permanency services practice in New Jersey.

- 1. DCF should reinforce with its caseworkers the use of the Transition Plans through supervision and practice forums, ensuring that they are reflective of the youth's needs, voice and provide realistic and developmentally attainable goals for success.** Long term planning for a youth's transitions in life is required in order to outline healthy pathways to achieve a successful and sustainable transition to adulthood. There are several documents currently available which provide a framework for planning with older youth. In particular, the use of Transition Plans should be completed and updated regularly as situations within the life circumstances of the youth change. The review found these plans were not routinely completed or updated. Plans should be regularly reviewed with the youth, supervisory staff as well as other important persons in the youth's life to promote accountability. Regular use of team meetings provides one forum that can facilitate this process.
- 2. DCF should strengthen the use of teaming for older youth through supervision, case conferencing and coaching, acknowledging different techniques and formats may be necessary.** DCF has invested significant resources in providing a variety of case conferencing models for staff. Older youth cases should be regularly conferenced using *Focus on Supervision*, Permanency Roundtables, 'mini' ChildStats, or case consultation from the Office of Adolescent Services. Each of these models requires a thorough review of the case record and an objective look with colleagues to identify challenges, needs and available resources which can be particularly helpful with older youth. These tools also provide a helpful start to identifying formal and informal supports that can be leveraged for teaming. This can be accomplished through the use of Implementation Specialists available to Area Offices as well as through discussions in the case conferencing process what unique engagement strategies are needed to engage an adolescent in their own teaming and planning.

In addition to use of a variety of case conferencing models for staff, innovative methods should be used in scheduling and structuring team meetings with youth. Youth should be encouraged to actively assist in developing the agenda for meetings, inviting both formal and informal supports and deciding upon location of the meeting based upon accessibility and their level of comfort. These meetings should occur regularly, particularly when the date of exiting care is within six months or less.

- 3. DCP&P staff must integrate both the formal and informal assessment of the needs of the older youth into case planning reinforce through supervision and case conferencing.** Planning with any individual is only successful when there is a complete and thorough understanding of the needs, strengths and wants of the individual. Staff must seek out, listen for informal and non-traditional supports available to the youth, and engage them in gathering a thorough understanding of the youth. These supports were generally not well known or understood by the DCP&P staff and therefore, could not be leveraged for information or planning.

4. **DCP&P must pay particular attention to planning with older youth for the upcoming transition of living independently from the child welfare system.** While planning for this critical change, case work needs to build upon the processes used throughout the work with the young person and his/her family, increased attention needs to be paid to ensure youth have the tools needed to have successful transition into adulthood. Given that this transition is unique to each young person, contact with the youth needs to include reviews of the plans made for a smooth transition. DCP&P staff needs to regularly inquire about academic, social, employment, health, housing stability, and familial status to understand changes in the youth's life and needs. The process of the transition needs to be fully explained with each youth so that informed decisions can be made and realistic and developmentally appropriate expectations and goals can be created. Staff require skill enforcement through supervision, practice forums, and case conferencing

5. **Lifelong and sustaining relationships with committed adults must be strengthened to create permanency for older youth.** The cornerstone of DCP&P's work with young adults is ensuring the youth's progress towards permanency by assisting the youth to create and facilitate lifelong, kin-like relationships. DCP&P can use case consultations, Permanency Reviews, and Permanency Roundtables to brainstorm avenues to link the youth to the connections they will need to transition fully into adulthood and set realistic and obtainable goals for themselves. DCP&P and OAS should use the recently awarded Planning Grant²³ to further examine best practices then create opportunities to strengthen the practice for DCP&P caseworkers. Additional focus should also be given to ensuring that youth are connected with informal supports who will commit to be lifelong supports. Permanency Pacts are one method for memorializing this relationship. Specific training and outreach efforts are needed to ensure that adolescent and permanency workers are aware of this resource and how it can be used in their individual cases.

²³ In October 2013 DCF was awarded a \$720,000 two year planning grant for a project called ConnectingYOUth! with the goal of creating an intervention framework that will promote trauma-informed and evidence-based services for youth, restructure and enhance Chafee services, standardize screening and assessment tools for adolescents, leverage public-private partnerships to identify best practices and sustainable housing options for youth, and better coordinate community partnerships to promote a robust array of services and supports for youth in care.

Appendix A

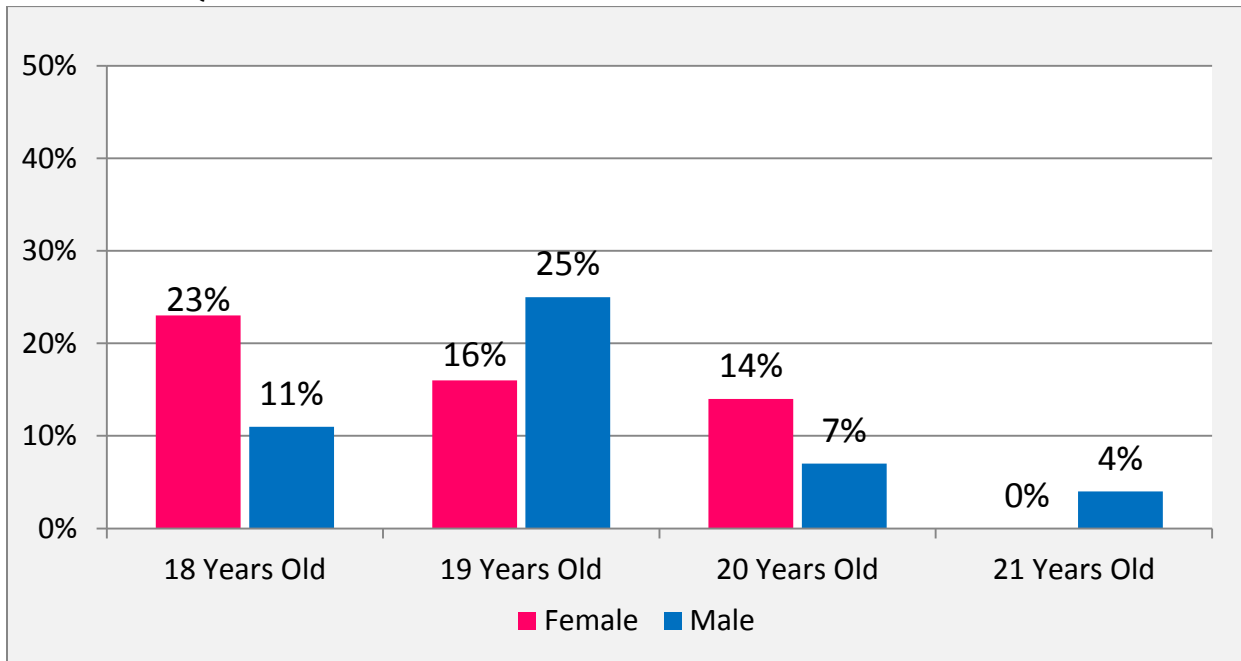
YOUTH QUALITATIVE REVIEW BASELINE KEY DEMOGRAPHICS

Basic demographic information is collected for each of the target YOUTH in the sample through a form that is completed by the QR county or office and cross checked by reviewers during the course of their review.

Age

Chart 20: "Age and Gender of Youth" (n=44)

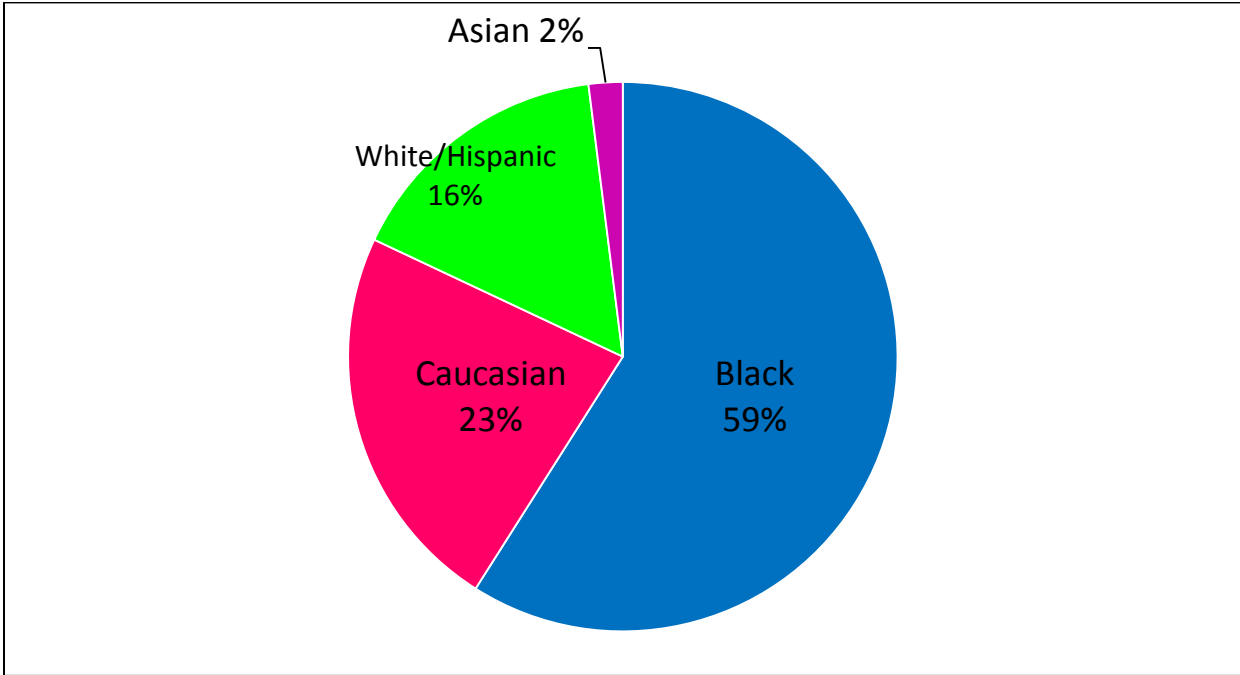
Source: Youth Qualitative Review Baseline 2012-2013.



Race/Ethnicity

Chart 21: "Race/Ethnicity of Youth" (n=44)

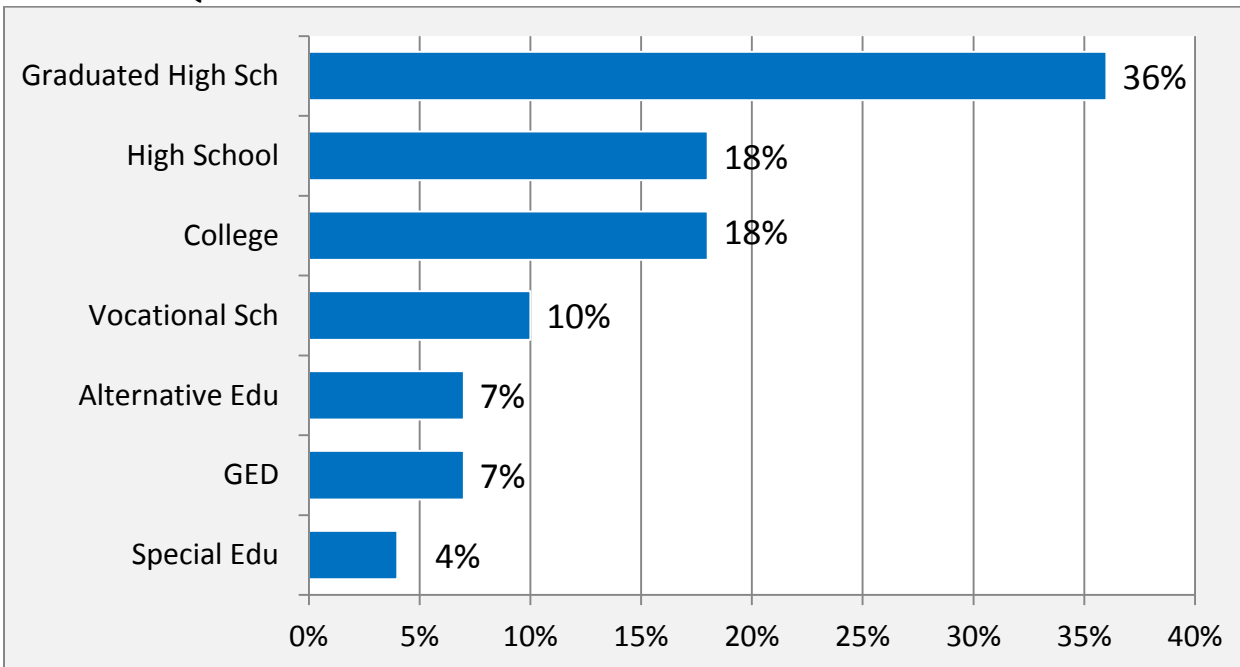
Source: Youth Qualitative Review Baseline 2012-2013.



Education

Chart 22: "Education Level of Youth" (n=44)

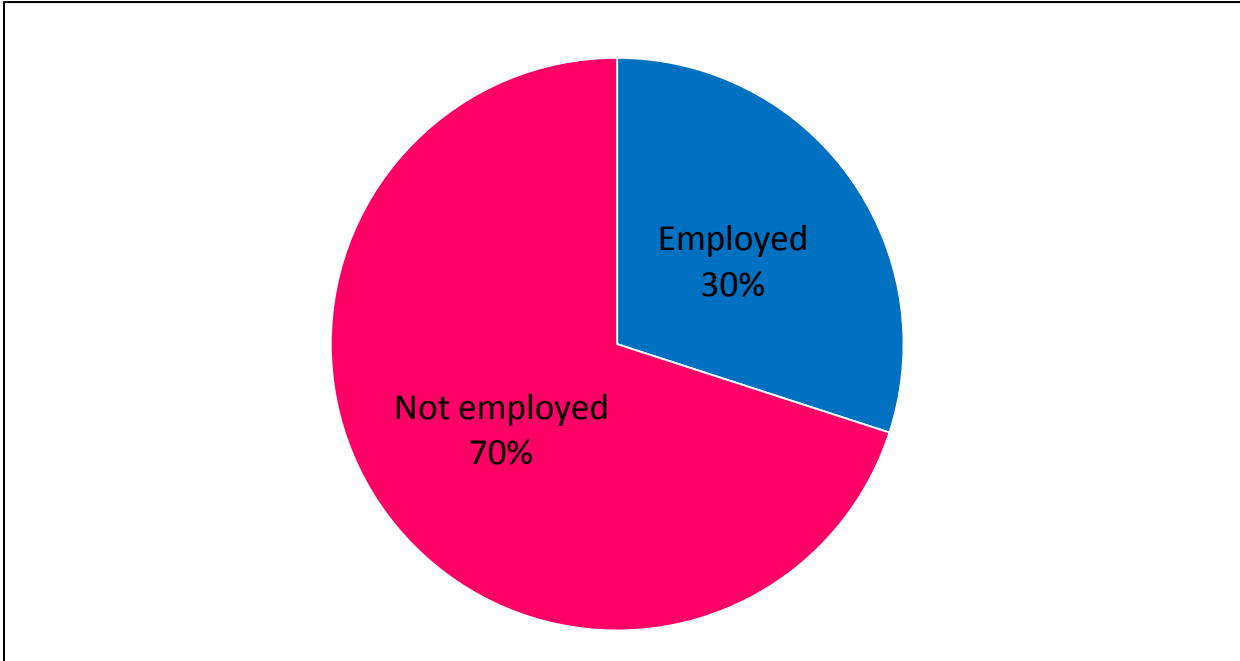
Source: Youth Qualitative Review Baseline 2012-2013.



Employment

Chart 23: "Employment of Youth" (n=44)

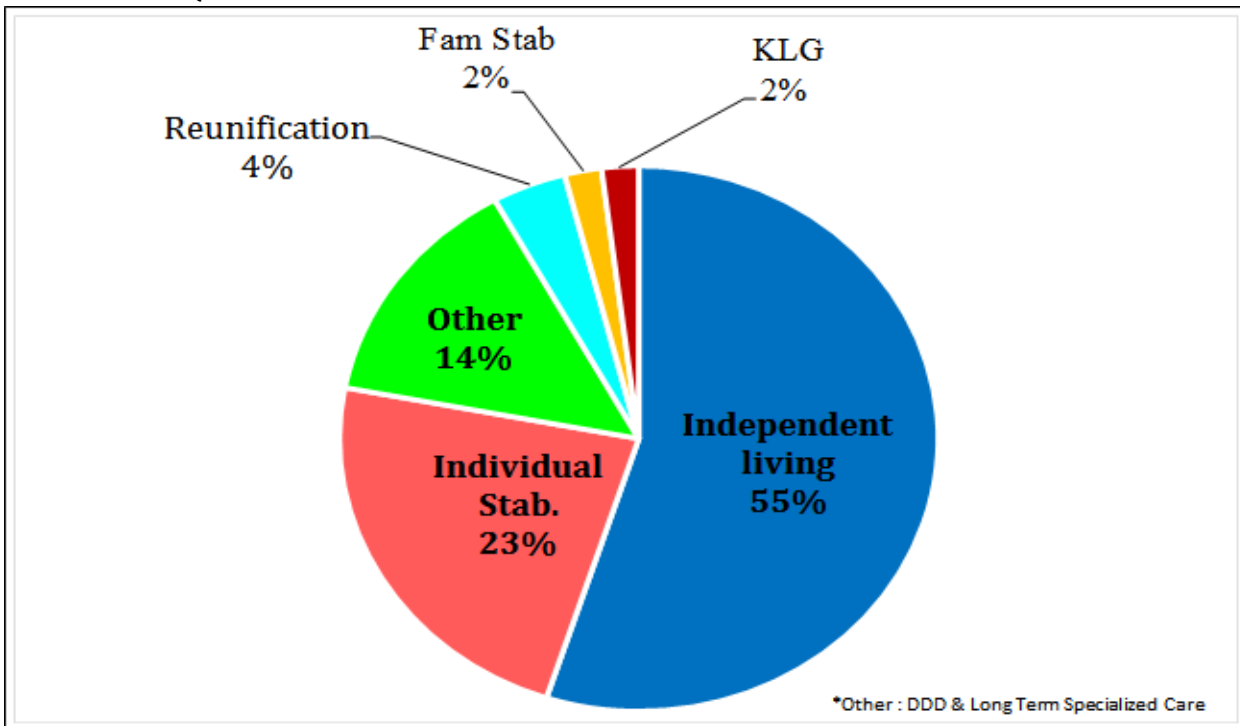
Source: Youth Qualitative Review Baseline 2012-2013.



Permanency Goal

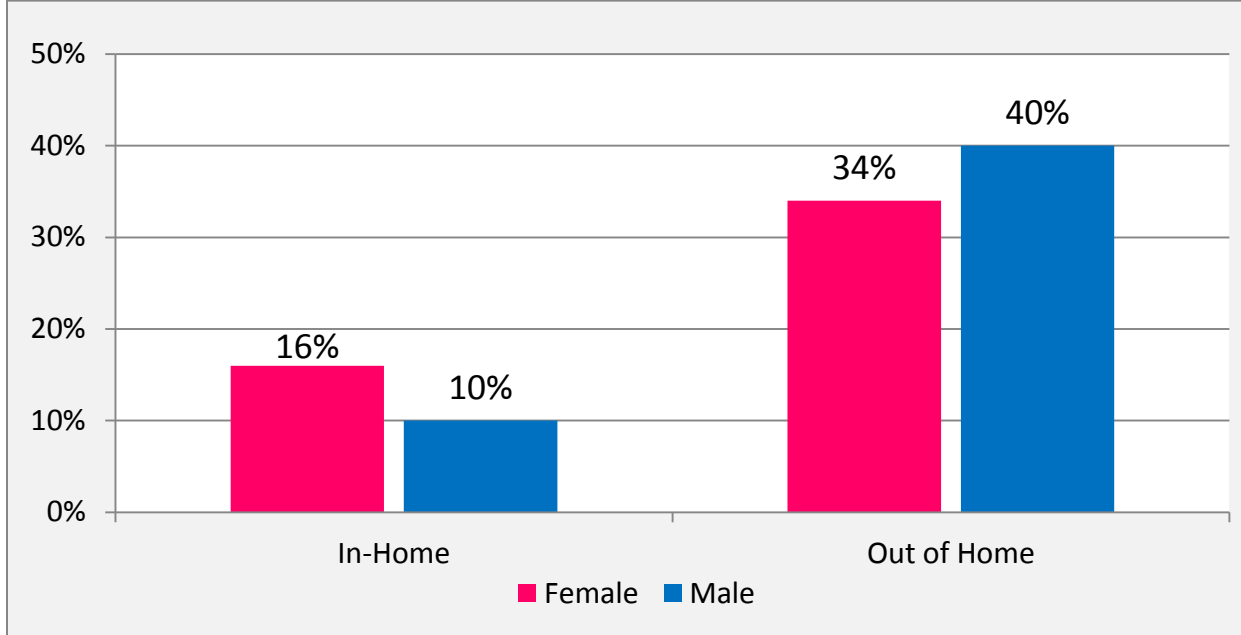
Chart 24: "Permanency Goal of Youth" (n=44)

Source: Youth Qualitative Review Baseline 2012-2013.



Graph 25: "Case Type" (n=44)

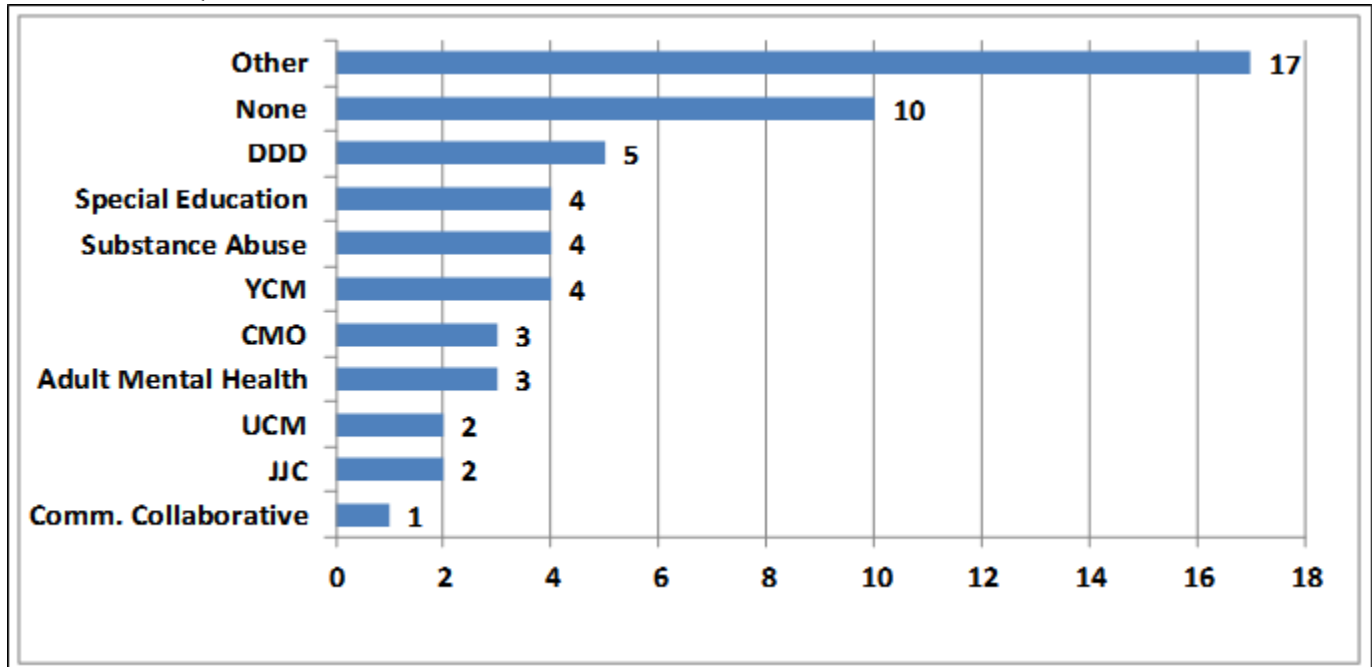
Source: Youth Qualitative Review Baseline 2012-2013.



Agency Involvement

Chart 26: "Agency Involvement with the Youth" (n=44)

Source: Youth Qualitative Review Baseline 2012-2013.



Note: The "Other" category includes 12 different private agencies providing support services not otherwise captured. Total exceeds number of youth as multiples can be selected.

Appendix B: Qualitative Review Scoring Instrument

NJ QUALITATIVE REVIEW - RATING SHEET

QR # Child's Initials: Reviewers: Date: - - Review County:

A rating of either 6 (optimal), 5 (good), or 4 (fair) is considered "acceptable", i.e. a Strength. A rating of either 3 (marginal), 2 (poor), or 1 (adverse/worsening) is considered "unacceptable", i.e. an Area Needing Improvement.

CHILD & FAMILY INDICATORS

INDICATOR ZONES	IMPROVE		REFINE		MAINTAIN		NA
<u>Safety/Permanency</u>	1	2	3	4	5	6	
1a. Safety: home setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1b. Safety: other settings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2a. Stability - home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2b. Stability - education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Living Arrangement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Family functioning and resourcefulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Progress toward permanency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Physical health of the child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Emotional/behav well-being	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Learning & development							
a. Under age 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Age 5 and older	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OVERALL STATUS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SYSTEM/PRACTICE PERFORMANCE

INDICATOR ZONES	IMPROVE		REFINE		MAINTAIN		NA
	1	2	3	4	5	6	
1. Engagement:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. child/youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. parent(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. resource family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Family teamwork:							
a. formation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Assessment & understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. parent(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. res. family/caregiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Case Planning Process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Plan Implementation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Tracking and Adjustment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Provision of Health Care Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Resource Availability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Family & Community Connections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Family Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. resource caregiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Long Term View	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Transitions & Life Adjustments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OVERALL PRACTICE PERFORMANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Six-Month Forecast or Prognosis

Based on the child's current status on key indicators, recent progress, the current level of service system performance, and events expected to occur over the next six months, is this child's status expected to improve, remain about the same, or decline or deteriorate in the next six months? (Check only one.)

Improve status 3

Continue status quo 2

Decline/Deteriorate 1

Appendix C: Qualitative Review Case Detail Sheet

**Department of Children and Families
Office of Quality**

Qualitative Review Case Detail Sheet

Date of Review:		County of Review:		QR Case Number:	
Child's Age:		Child's Gender:			
Lead Reviewer & Co Reviewer:					
Case Goal:					
Short Description / Summary of the Family Picture:					
Please include the following items in your summary: ~Family/Household composition ~ Historical Involvement with DCF/DCP&P ~ Reason for Current DCF/DCP&P involvement ~Current status of identified child					

Child and Family Status:

Safety of the Child							
Stability of the Child							
Home	<input type="checkbox"/> Improve	<input type="checkbox"/> 2	<input type="checkbox"/> Refine	<input type="checkbox"/> 4	<input type="checkbox"/> Maintain	<input type="checkbox"/> Optimal	
Other Settings	<input type="checkbox"/> Improve	<input type="checkbox"/> 2	<input type="checkbox"/> Refine	<input type="checkbox"/> 4	<input type="checkbox"/> Maintain	<input type="checkbox"/> Optimal	
Education:	<input type="checkbox"/> Improve	<input type="checkbox"/> 2	<input type="checkbox"/> Refine	<input type="checkbox"/> 4	<input type="checkbox"/> Maintain	<input type="checkbox"/> Optimal	<input type="checkbox"/> N/A
Remarks on factors contributing to rating:							
Level of protection from abuse, neglect, exploitation. ~ Child's level of freedom from intimidation & fear ~ Level of care, attention and support provided by caregiver to protect child ~ Probability for disruption of stability ~ Services in place to maximize stability and reduce chance of disruption ~							
Strengths							
Areas needing Improvement							
Living Arrangements							
	<input type="checkbox"/> 1 Improve	<input type="checkbox"/> 2	<input type="checkbox"/> 3 Refine	<input type="checkbox"/> 4	<input type="checkbox"/> 5 Maintain	<input type="checkbox"/> 6 Optimal	
Remarks on factors contributing to rating:							
~ Appropriateness in relation to: needs, family relationships, connections, age, abilities, special needs, peer group, culture, and language ~							
Strengths							
Areas needing Improvement							

Family Functioning and Resourcefulness							
	<input type="checkbox"/> 1 <i>Improve</i>	<input type="checkbox"/> 2	<input type="checkbox"/> 3 <i>Refine</i>	<input type="checkbox"/> 4	<input type="checkbox"/> 5 <i>Maintain</i>	<input type="checkbox"/> 6 <i>Optimal</i>	<input type="checkbox"/> N/A
<i>Remarks on factors contributing to rating:</i> ~ Capacity to take charge of their situation ~ Ability to develop and expand network of social & safety supports ~ Ability to provide child with care, nurturing, discipline, supervision and material support ~.							
Strengths							
Areas needing Improvement							

Progress Toward Permanency							
	<input type="checkbox"/> 1 <i>Improve</i>	<input type="checkbox"/> 2	<input type="checkbox"/> 3 <i>Refine</i>	<input type="checkbox"/> 4	<input type="checkbox"/> 5 <i>Maintain</i>	<input type="checkbox"/> 6 <i>Optimal</i>	
<i>Remarks on factors contributing to rating:</i> ~ Nature of situation to provide for a life long home, enduring relationships, sense of family, stability and belonging ~							
Strengths							
Areas needing Improvement							

Physical Health of the Child							
	<input type="checkbox"/> 1 <i>Improve</i>	<input type="checkbox"/> 2	<input type="checkbox"/> 3 <i>Refine</i>	<input type="checkbox"/> 4	<input type="checkbox"/> 5 <i>Maintain</i>	<input type="checkbox"/> 6 <i>Optimal</i>	
<i>Remarks on factors contributing to rating:</i> ~ Status of health in relation to optimum health ~ Level of meeting basic physical needs ~ Status of best attainable health in relation to chronic illness or disease (if applicable) ~							
Strengths							
Areas needing Improvement							

Emotional Well-being							
	<input type="checkbox"/> 1 <i>Improve</i>	<input type="checkbox"/> 2	<input type="checkbox"/> 3 <i>Refine</i>	<input type="checkbox"/> 4	<input type="checkbox"/> 5 <i>Maintain</i>	<input type="checkbox"/> 6 <i>Optimal</i>	
<i>Remarks on factors contributing to rating:</i> ~ Age appropriateness of emotional development ~ Sense of well-being ~ Ability to cope and address day to day challenges ~							
Strengths							
Areas needing Improvement							

Learning and Development							
Age 5 & Under	<input type="checkbox"/> 1 <i>Improve</i>	<input type="checkbox"/> 2	<input type="checkbox"/> 3 <i>Refine</i>	<input type="checkbox"/> 4	<input type="checkbox"/> 5 <i>Maintain</i>	<input type="checkbox"/> 6 <i>Optimal</i>	<input type="checkbox"/> N/A
Over Age 5	<input type="checkbox"/> 1 <i>Improve</i>	<input type="checkbox"/> 2	<input type="checkbox"/> 3 <i>Refine</i>	<input type="checkbox"/> 4	<input type="checkbox"/> 5 <i>Maintain</i>	<input type="checkbox"/> 6 <i>Optimal</i>	<input type="checkbox"/> N/A
<i>Remarks on factors contributing to rating:</i> ~ Age appropriateness of developmental status ~ Achievement of developmental milestones ~ Any developmental delays ~ Any necessary supports provided ~ Age and ability in relation to schooling ~							
Strengths							
Areas needing Improvement							

Child and Family Overall Status							
	<input type="checkbox"/> 1 <i>Improve</i>	<input type="checkbox"/> 2	<input type="checkbox"/> 3 <i>Refine</i>	<input type="checkbox"/> 4	<input type="checkbox"/> 5 <i>Maintain</i>	<input type="checkbox"/> 6 <i>Optimal</i>	

System / Practice and Performance:

Engagement							
Overall	<input type="checkbox"/> 1 <i>Improve</i>	<input type="checkbox"/> 2	<input type="checkbox"/> 3 <i>Refine</i>	<input type="checkbox"/> 4	<input type="checkbox"/> 5 <i>Maintain</i>	<input type="checkbox"/> 6 <i>Optimal</i>	
Child/Youth	<input type="checkbox"/> 1 <i>Improve</i>	<input type="checkbox"/> 2	<input type="checkbox"/> 3 <i>Refine</i>	<input type="checkbox"/> 4	<input type="checkbox"/> 5 <i>Maintain</i>	<input type="checkbox"/> 6 <i>Optimal</i>	<input type="checkbox"/> N/A
Parent(s)	<input type="checkbox"/> 1 <i>Improve</i>	<input type="checkbox"/> 2	<input type="checkbox"/> 3 <i>Refine</i>	<input type="checkbox"/> 4	<input type="checkbox"/> 5 <i>Maintain</i>	<input type="checkbox"/> 6 <i>Optimal</i>	<input type="checkbox"/> N/A
Resource Caregiver	<input type="checkbox"/> 1 <i>Improve</i>	<input type="checkbox"/> 2	<input type="checkbox"/> 3 <i>Refine</i>	<input type="checkbox"/> 4	<input type="checkbox"/> 5 <i>Maintain</i>	<input type="checkbox"/> 6 <i>Optimal</i>	<input type="checkbox"/> N/A
<i>Remarks on factors contributing to rating:</i> ~ Engagement strategies used and effectiveness ~ Whether child and family are fully engaged with the team in a process of change ~ Existing relationships ~ Special accommodations ~							
Strengths							
Areas needing Improvement							

Family Teamwork							
Formation	<input type="checkbox"/> 1 <i>Improve</i>	<input type="checkbox"/> 2	<input type="checkbox"/> 3 <i>Refine</i>	<input type="checkbox"/> 4	<input type="checkbox"/> 5 <i>Maintain</i>	<input type="checkbox"/> 6 <i>Optimal</i>	
Function	<input type="checkbox"/> 1 <i>Improve</i>	<input type="checkbox"/> 2	<input type="checkbox"/> 3 <i>Refine</i>	<input type="checkbox"/> 4	<input type="checkbox"/> 5 <i>Maintain</i>	<input type="checkbox"/> 6 <i>Optimal</i>	
<i>Remarks on factors contributing to rating:</i> ~ Formation of formal and informal supports meeting to develop plans together ~ Level of involvement of all those necessary to effectively coordinate services ~ Level of coherent and collaborative functioning ~							

Strengths	
Areas needing Improvement	

Assessment & Understanding							
Overall	<input type="checkbox"/> 1 <i>Improve</i>	<input type="checkbox"/> 2	<input type="checkbox"/> 3 <i>Refine</i>	<input type="checkbox"/> 4	<input type="checkbox"/> 5 <i>Maintain</i>	<input type="checkbox"/> 6 <i>Optimal</i>	
Child/Youth	<input type="checkbox"/> 1 <i>Improve</i>	<input type="checkbox"/> 2	<input type="checkbox"/> 3 <i>Refine</i>	<input type="checkbox"/> 4	<input type="checkbox"/> 5 <i>Maintain</i>	<input type="checkbox"/> 6 <i>Optimal</i>	
Parent(s)	<input type="checkbox"/> 1 <i>Improve</i>	<input type="checkbox"/> 2	<input type="checkbox"/> 3 <i>Refine</i>	<input type="checkbox"/> 4	<input type="checkbox"/> 5 <i>Maintain</i>	<input type="checkbox"/> 6 <i>Optimal</i>	<input type="checkbox"/> N/A
Resource Caregiver	<input type="checkbox"/> 1 <i>Improve</i>	<input type="checkbox"/> 2	<input type="checkbox"/> 3 <i>Refine</i>	<input type="checkbox"/> 4	<input type="checkbox"/> 5 <i>Maintain</i>	<input type="checkbox"/> 6 <i>Optimal</i>	<input type="checkbox"/> N/A
<i>Remarks on factors contributing to rating:</i> ~ level of assessment and understanding of the child and families strengths, needs, risks, underlying issues & family situation to ensure the best plan possible ~							
Strengths							
Areas needing Improvement							

Case Planning Process							
Overall	<input type="checkbox"/> 1 <i>Improve</i>	<input type="checkbox"/> 2	<input type="checkbox"/> 3 <i>Refine</i>	<input type="checkbox"/> 4	<input type="checkbox"/> 5 <i>Maintain</i>	<input type="checkbox"/> 6 <i>Optimal</i>	
<i>Remarks on factors contributing to rating:</i> ~ Design of plan to assist child & family in achieving identified goals and address needs ~ Is plan comprehensive, individualized & realistic? ~ Plans design to unify agencies ~ Strength based nature of plan ~ Level of involvement of family members in the plans development ~							
Strengths							
Areas needing Improvement							

Plan Implementation							
Overall	<input type="checkbox"/> 1 <i>Improve</i>	<input type="checkbox"/> 2	<input type="checkbox"/> 3 <i>Refine</i>	<input type="checkbox"/> 4	<input type="checkbox"/> 5 <i>Maintain</i>	<input type="checkbox"/> 6 <i>Optimal</i>	
<i>Remarks on factors contributing to rating:</i> ~ Whether strategies, services and activities are taking place as designed ~ Timeliness of plan and relation to urgency of the situation ~ Whether plan is dynamic and adaptable to achieve desired results ~							
Strengths							

Areas needing Improvement	
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Tracking and Adjustment							
Overall	<input type="checkbox"/> 1 <i>Improve</i>	<input type="checkbox"/> 2	<input type="checkbox"/> 3 <i>Refine</i>	<input type="checkbox"/> 4	<input type="checkbox"/> 5 <i>Maintain</i>	<input type="checkbox"/> 6 <i>Optimal</i>	
<i>Remarks on factors contributing to rating:</i> ~ Level of follow up to monitor progress, changing needs and effectiveness of the plan ~ Modification conducted in response to changing situations ~ Family response to learning what works ~							
Strengths							
Areas needing Improvement							

Provision of Healthcare Services							
	<input type="checkbox"/> 1 <i>Improve</i>	<input type="checkbox"/> 2	<input type="checkbox"/> 3 <i>Refine</i>	<input type="checkbox"/> 4	<input type="checkbox"/> 5 <i>Maintain</i>	<input type="checkbox"/> 6 <i>Optimal</i>	
<i>Remarks on factors contributing to rating:</i> ~ Degree health care services provided address what is required for child to achieve best attainable health status ~ Timely screenings, dentals, equipment, routine care ~ Are special needs addressed if necessary?							
Strengths							
Areas needing Improvement							

Resource Availability							
	<input type="checkbox"/> 1 <i>Improve</i>	<input type="checkbox"/> 2	<input type="checkbox"/> 3 <i>Refine</i>	<input type="checkbox"/> 4	<input type="checkbox"/> 5 <i>Maintain</i>	<input type="checkbox"/> 6 <i>Optimal</i>	
<i>Remarks on factors contributing to rating:</i> ~ Degree to which services and supports are available to address needs ~ Adequacy of array ~ Choice of providers ~ Informal & formal supports ~							
Strengths							
Areas needing Improvement							

Family & Community Connections (score OOH placements only; for In-Home score N/A)							
Overall	<input type="checkbox"/> 1 <i>Improve</i>	<input type="checkbox"/> 2	<input type="checkbox"/> 3 <i>Refine</i>	<input type="checkbox"/> 4	<input type="checkbox"/> 5 <i>Maintain</i>	<input type="checkbox"/> 6 <i>Optimal</i>	<input type="checkbox"/> N/A
Mother	<input type="checkbox"/> 1 <i>Improve</i>	<input type="checkbox"/> 2	<input type="checkbox"/> 3 <i>Refine</i>	<input type="checkbox"/> 4	<input type="checkbox"/> 5 <i>Maintain</i>	<input type="checkbox"/> 6 <i>Optimal</i>	<input type="checkbox"/> N/A
Father	<input type="checkbox"/> 1 <i>Improve</i>	<input type="checkbox"/> 2	<input type="checkbox"/> 3 <i>Refine</i>	<input type="checkbox"/> 4	<input type="checkbox"/> 5 <i>Maintain</i>	<input type="checkbox"/> 6 <i>Optimal</i>	<input type="checkbox"/> N/A
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> N/A

Siblings	Improve		Refine		Maintain	Optimal	
<i>Remarks on factors contributing to rating:</i> ~ How well connections are maintained when family members are living apart from one-another ~ How are visits used to strengthen family ties ~							
Strengths							
Areas needing Improvement							

Family Supports							
Overall	<input type="checkbox"/> 1 <i>Improve</i>	<input type="checkbox"/> 2	<input type="checkbox"/> 3 <i>Refine</i>	<input type="checkbox"/> 4	<input type="checkbox"/> 5 <i>Maintain</i>	<input type="checkbox"/> 6 <i>Optimal</i>	<input type="checkbox"/> N/A
Parent(s)	<input type="checkbox"/> 1 <i>Improve</i>	<input type="checkbox"/> 2	<input type="checkbox"/> 3 <i>Refine</i>	<input type="checkbox"/> 4	<input type="checkbox"/> 5 <i>Maintain</i>	<input type="checkbox"/> 6 <i>Optimal</i>	<input type="checkbox"/> N/A
Resource Caregiver	<input type="checkbox"/> 1 <i>Improve</i>	<input type="checkbox"/> 2	<input type="checkbox"/> 3 <i>Refine</i>	<input type="checkbox"/> 4	<input type="checkbox"/> 5 <i>Maintain</i>	<input type="checkbox"/> 6 <i>Optimal</i>	<input type="checkbox"/> N/A
<i>Remarks on factors contributing to rating:</i> ~ Training and in home support the family needs to provide the child with a safe stable environment ~ Special supports that may include respite or therapies (if needed) ~							
Strengths							
Areas needing Improvement							

Long Term View							
Overall	<input type="checkbox"/> 1 <i>Improve</i>	<input type="checkbox"/> 2	<input type="checkbox"/> 3 <i>Refine</i>	<input type="checkbox"/> 4	<input type="checkbox"/> 5 <i>Maintain</i>	<input type="checkbox"/> 6 <i>Optimal</i>	
<i>Remarks on factors contributing to rating:</i> ~ Adequacy of plan that will allow family to thrive away from the child welfare system ~ Adequacy of plan to adapt over time & across settings ~							
Strengths							
Areas needing Improvement							

Transitions & Life Adjustments							
Overall	<input type="checkbox"/> 1 <i>Improve</i>	<input type="checkbox"/> 2	<input type="checkbox"/> 3 <i>Refine</i>	<input type="checkbox"/> 4	<input type="checkbox"/> 5 <i>Maintain</i>	<input type="checkbox"/> 6 <i>Optimal</i>	
<i>Remarks on factors contributing to rating:</i> ~ How the next or current transition for the family or child is planned for to assure a smooth, successful adjustment ~							
Strengths							

Areas needing Improvement	
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Overall System Practice Performance							
Overall	<input type="checkbox"/> 1 <i>Improve</i>	<input type="checkbox"/> 2	<input type="checkbox"/> 3 <i>Refine</i>	<input type="checkbox"/> 4	<input type="checkbox"/> 5 <i>Maintain</i>	<input type="checkbox"/> 6 <i>Optimal</i>	

Appendix D: New Jersey Qualitative Review -Youth Indicator Reference Guide

New Jersey Qualitative Review Reference Guide for Older Adolescents 18- 21 Years Old

The *Reference Guide* identifies each indicator to be scored as well as an accompanying paragraph, *Considerations for Adolescents and Young Adults*, which offers the reviewer additional guidance for this population. Additionally, reviewers must consider the youth's overall global well-being and functioning when rating the indicators. In particular, when a youth identifies as LGBTQI, or as a victim or perpetrator of domestic violence, or is developmentally disabled, or is pregnant/parenting, the reviewer must consider these specific populations' needs in a holistic manner when rating all indicators.

Child and Family Indicators

Safety of the Child: Is the child protected and safe from abuse, neglect, and exploitation? Is the child free from unreasonable intimidations and fears at home and at school? Is the child free from risk of harm and does he/she avoid high-risk behaviors?

Considerations for Adolescents and Young Adults: Contact with family member(s) the youth were abused/neglected by as a minor. Consider any youth circumstance such as homelessness, sexual exploitation, and/or domestic violence, risk to self or any runaway behaviors.

Stability: In-home, in the community and at school. Does the child enjoy positive and enduring relationships with parents/caregivers/teachers/counselors? Are the child's daily living and learning arrangements stable and free from disruption? Are the appropriate services being provided to achieve stability and reduce the probability of disruption?

Considerations for Adolescents and Young Adults: No additional considerations

Living Arrangement: Is the child in the most appropriate placement consistent with the child's needs, age, ability, and peer group and consistent with the child's language and culture?

Considerations for Adolescents and Young Adults: For any arrangement the youth is living in. Homelessness, sustainability of living arrangement and planning for living arrangement upon case closure. If adolescent or youth adult is developmentally delayed, have housing referrals been made to the necessary agencies which allow for developmentally/age appropriate skill development and mastery?

Family Functioning and Resourcefulness: Is the family, with whom the child is currently residing, empowered and do they have the capacity to take charge of their situation to live together safely and function successfully? Do they strive toward independence and find ways to meet their own needs? Are professional interventions limited? Is there a sustained pattern of successful family functioning?

Considerations for Adolescents and Young Adults: Consider the youth's functioning. Is the youth building, extending and using resources, supports and social networks? What informal supports and community connections are they using? Are the following resources and supports ongoing and sustainable: Income, transportation, adult key supports, health care, faith community, extended family, network of friends, behavioral health, education? Does the youth report that current supports adequately and dependably help them meet their needs?

Progress toward Permanency: Does the child's living arrangement with caregivers lean toward a result of a lifelong commitment? Are relationships enduring and do they provide a sense of family, stability, and belonging? Do the caregivers provide continuous supportive relationships with a level of commitment and affection? Is preparation for adoption or guardianship timely?

Considerations for Adolescents and Young Adults: Does the youth have connections to caring adult? Has a permanency pact (a tool to support permanency for youth in foster care) to facilitate lifelong, kin-like relationships been created/completed?

Physical Health of the Child: Is the child in good health and are the basic physical health needs met? Are proper hygiene, dental checkups, medical checkups and immunizations being maintained as part of the full physical health?
Considerations for Adolescents and Young Adults: If an adolescent or young adult is pregnant are these healthcare needs being met?

Emotional/Behavioral Well-Being: Both in-home and at school. Does the child's emotional development seem age appropriate? Does the youth have a sense of self and a feeling a personal worth? Is the child able to accept affection and friendship? Is the child able to recover quickly from upset and frustration? Does the caregiver have the capacity to handle challenges with the child's emotional wellbeing?
Considerations for Adolescents and Young Adults: Consider "in the community" as it relates to whether the adolescent or youth's emotional/behavioral well-being and identity includes a sense of self, feeling personal worth, accepting affection and friendship, appropriate relationships, etc.

Learning & Development: Is the child's learning appropriate for their age group? Is the child attending school regularly (age appropriate)? Are they meeting the standards for grade level promotions? Are developmental milestones met and the child progressing as he/she should? Are there any identified developmental delays with the child?
Considerations for Adolescents and Young Adults: Is the adolescent or young adult enrolled/regularly attending high school, GED program, or post-secondary educational program? If the youth is not enrolled in school, is the youth engaged in age appropriate learning opportunities (i.e. employment and/or employment training, vocational programming/training, volunteering, internships for example SHIP, Project MYSELF)? Is the young adult receiving the necessary assistance to continue their education if desired? Does the adolescent or young adult have a learning, developmental, and/or intellectual disability that needs to be addressed? Does the youth need to be enrolled or re-enrolled in high school, GED program, post-secondary education, vocational, and/or training program. Linkage with tutoring/academic services, PSAT/SAT related supports/services, completion of applications, financial aid (FAFSA, FC Scholars), and IEP. Does the youth need assistance or is receiving assistance to secure part/full time employment, employment training, internship, professional development opportunity, career guidance, job readiness skills and/or resume building?

Practice/Performance Indicators

Engagement of the Child & Family: Are strategies for engagement of the family (parents, grandparents, step parents, or substitute caregivers) evidenced and effective? Are special accommodations made for the child/family when needed? Are the child and family active in participating in decisions made about their life? Are collaborative and open trust based relationships being developed?

Considerations for Adolescents and Young Adults: Services for adolescents and youth 18-21 are voluntary and the adolescent or youth has a choice regarding accepting services and having needs addressed, therefore there should be creative and flexible engagement strategies. Is the engagement of family applicable to the adolescent or young adult? Is there knowledge that the adolescent or youth is in contact with family members that they were abused/neglected by as a minor and how is the family engaged? Who does the youth identify as their "family" and to what extent is the youth engaged? Is the adolescent or youth being engaged timely, consistently, and in a developmentally appropriate way? Is the youth's voice evident in planning and services—is the youth's voice heard by the team?

Family Teamwork: Team Formation: Do the appropriate formal and informal supports for this child/family form a working team that meets and plans together? **Team Functioning:** Does the team work as a unified team with full collaborative problem solving that benefits the child and family?
Considerations for Adolescents and Young Adults: Has the youth been engaged in deciding who is a part of their team? Are the adolescent or youth's formal and informal supports, including friends, paramours, co-parents, co-workers, teachers, professors, mentors, program staff (i.e. housing, life skills, behavioral health staff, CASA workers,

law guardians)part of the working team? Are there supports in the team that are sustainable beyond case closure and into adulthood?

Functional Assessment & Understanding: Is there an understanding of the child/family strengths, needs, risks? Do all interveners collectively have a “big picture” understanding of the child and family and how to provide effective services for them? Do assessments both formal and informal cover safety, stability, permanency and well-being of the child? Have the caregiver’s strengths and needs been assessed?

Considerations for Adolescents and Young Adults: Has the life skills assessment been completed and integrated into the assessment of needs and necessary services/supports for the adolescent or young adult?

Case Planning Process: Does the child/family’s individualized plan reflect the family’s needs strengths and goals? Does the plan unify the efforts of cross-agency interveners into a coherent uniquely matched set of purposes/processes?

Considerations for Adolescents and Young Adults: Have all potential permanency options been explored? What efforts have been made to establish that the youth has connections to caring adults and to foster and maintain those connections? Has the transitional plan been completed and integrated into the assessment of needs, progress, and necessary services/supports for the youth to successfully transition into adulthood? Is the plan youth driven, realistic, and developmentally appropriate?

Plan Implementation: Is the plan being implemented as intended? Is the delivery of services being arranged in a timely way? Are necessary supports, services, and resources available to the child and family to meet the needs identified in the plan?

Considerations for Adolescents and Young Adults: Are developmental abilities of the adolescent or youth considered in the implementation of the plan?

Tracking and Adjusting: Is there proper follow-up to the plan once implemented? Are services modified with the changing needs of the child/family? Are strategies followed for their effectiveness? Is the plan updated to change the strategies when necessary?

Considerations for Adolescents and Young Adults: no additional considerations

Provision of Health Care Services: Is health care for the child enabling him/her to achieve the best attainable health status? Are the child’s care needs being met; with special care requirements in mind? Are the caregivers and professional interveners bearing responsibility for ensuring health care services are provided?

Considerations for Adolescents and Young Adults: Is the youth aware of healthcare services and supports in the community? Is the youth aware of the information contained in his/her healthcare information/passport?

Resource Availability: Is an adequate array of support services available to the child/family? Are these services provided in a setting conducive to the family’s needs? Was the family involved in selecting then necessary support services? Are these supports accommodating to the cultural needs of the family?

Considerations for Adolescents and Young Adults: Consider supports/services for specific populations (only as needed)-pregnant and parenting, LGBTQI youth with sexual identity/orientation issues criminal justice issues, youth with immigration issues, domestic violence survivors, and/or perpetrators/batterers.

Family & Community Connections: To what degree are family and community connections encouraged/maintained? Are significant others to the child able to keep-in-touch frequently? Is quality time available to advance/maintain relationships? If parents are incarcerated or otherwise unavailable; are there efforts to maintain relationships? *Not Applicable in QR for 18-21 year olds*

Family Supports: Are the parents/resource caregivers provided with supports and resources needed to effectively provide care? Is there an active effort by service providers to encourage, acquire, and maintain supportive connections, both formal and informal? Is there an effort to prepare the child/family for eventual separation from the child welfare system?

Not Applicable in QR for 18-21 year olds. Resource Caregiver applies only to family-based home placement settings. Not Applicable if youth is receiving Independent Living Stipend.

Long-term View: Is there an explicit plan for this child/family to safely live independent from the child welfare system? The long-term view answers the question: Where is this case headed and why? Are there specific steps to be taken that lead to success? Does the caseworker envision the plan as successful?

Considerations for Adolescents and Young Adults: *What services are sustainable for the adolescent or youth beyond case closure and into adulthood to address ongoing needs? Will the steps being taken lead to the adolescent or young adult being successful upon leaving care?*

Transitions & Life Adjustments: Are transitions being planned for properly? Are there stages to timely transition to allow for smooth adjustment? Is problem solving assistance available to the family? Is there follow-along monitoring? Was the child/family involved in “teaming” activities to talk about transition plans?

Considerations for Adolescents and Young Adults: *How is the youth allowed to make decisions that allow for healthy risk taking and growth as they transition into adulthood? Consider whether the youth is receiving/has received-life skills training, independent living stipends, aftercare programming, wraparound funding, social services, clothes, driving lessons/licenses, extracurricular/spiritual activities, financial literacy, bank account, legal documents, domestic violence prevention, parenting skills and resources, youth leadership activities. Has adolescent or young adult been linked to health insurance/Medicaid? Has the youth been linked to adult mental health and substance abuse resources as appropriate?*