



QUALITATIVE REVIEW

2011 ANNUAL REPORT

A Report by the Office of Performance Management and Accountability

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Commissioner

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INTRODUCTION

Every day, the employees of the New Jersey Department of Children and Families are aligned toward a common goal. We are working hard to ensure that New Jersey's children, youth and families have the resources and support they need to be safe, supported, and successful. DCF has made great strides toward implementing our vision, particularly in the core areas of safety, stability, well-being and permanency.

Another common goal we share at DCF is to have the information we need to know how we are doing. To accomplish that goal, we must have clear measures of our progress. With this in mind, in 2010, we instituted a Qualitative Review (QR) to assess our performance and lay the foundation for a system of continuous quality improvement.

In 2011, we built another piece of that foundation as DCF undertook an ambitious planning process that created a Strategic Plan for 2012 – 2014. The Plan is designed to create a roadmap to implement an even higher level of performance, leading to better outcomes for children and families. Our vision is based on a Seamless System of Care, one element of our Plan, delivered in collaboration with our children, families and other community partners. And, while we have reason to be proud of what we already have accomplished, we are committed to continuing our efforts for children and families.

Our annual QR process is a powerful tool to monitor our progress and to improve every element of our work at DCF. It is one aspect of our commitment to Performance Management and Accountability, as reflected in our Strategic Plan. We are using the information gleaned from this QR review to make adjustments, revise programs, and otherwise direct and self-correct our practice. As a learning organization, we will continue to use this and other information to inform our next steps, and to provide the internal initiative to make evidence-based improvements.

At DCF, we realize that we can only accomplish our high goals by building strong partnerships. While we provide a critical component of the continuum of care, we also rely on the contributions, expertise and resources of our many partners. We are working to become a more deliberately collaborative agency, as reflected in the Partnerships key focus area of the Strategic Plan. As we review the results of the 2011 QR, we recognize that the goals set out in our Strategic Plan indeed provide the direction for the future. The data available from this QR will allow us to focus over the coming year on forward-looking areas of practice, such as teamwork and case planning, while continuing to build on the strengths in our foundational practice. As we better communicate, coordinate and support each other, together we can strive to ensure that New Jersey's children have an even brighter future.

Allison Blake, Ph.D., L.S.W., Commissioner

EXECUTIVE SUMMARY

The Qualitative Review (QR) is a nationally-known process used to assess the overall performance of a child welfare system by evaluating individual children and family cases. QR is a week-long activity during which trained and certified reviewers perform a thorough review of case records and conduct in-depth interviews with children, their caregivers or parents, and supports or service providers. In 2011, the State of New Jersey Department of Children and Families (DCF) completed its first full year of implementation of a QR process. During the course of the year the Office of Performance Management and Accountability (PMA) led QR reviews in 16 out of 21 counties in New Jersey. The 2011 QR sample included over 1,600 interviews related to 190 children / youth. A detailed overview of QR methodology, reviewer preparation and scoring can be found in [Appendices A, B and C](#).

QR assessed DCF's performance using 20 indicators in two main areas:

Child and Family Status Indicators

10 measures focused on the critical mission of DCF – the safety, stability, permanency, well-being, learning and development of children receiving DCF services.

Practice Performance Indicators

10 measures focused on the use of strategies to engage children, youth and families using collaborative processes to develop teams, plans, and services to achieve positive outcomes. Availability of resources to support transitions and life adjustments and provision of health care services are also included.

Child and Family Status

QR results show DCF has made significant progress in the core areas of safety, stability and well-being. The average *STRENGTH* rating for Overall Child & Family Status was 91%. (Indicated when 70%+ of all cases reviewed scored an *Acceptable* rating). The specific indicators included in this category were:

Safety at Home	Progress Towards Permanency
Safety in Other Settings	Emotional Well-Being
Stability at Home	Physical Health
Stability in Other Settings	Learning & Development
Living Arrangement	
Family Functioning & Resourcefulness	

As an example of DCF's success in the area of Child and Family Status, 10 of 11 indicators in this category scored as a *STRENGTH*, and six indicators received an average *STRENGTH* rating of over 90% (Safety at Home, Safety in Other Settings, Living Arrangement, Physical Health and Learning and Development for children under age 5.)

Target Improvement Area:

The one Child and Family Status Indicator where immediate attention is needed is the category of Progress Toward Permanency. With an average *STRENGTH* rating of 66% and multiple counties with cases scoring in the "Area Needing Improvement" zone, there is work to be done to ensure timely and appropriate permanency plans are secured. In 2012-2013 DCF will work diligently to improve Progress Towards Permanency by developing and implementing strategies to improve communication, coordination and agreement among the court system, DCF, families and other partners involved in permanency planning.

Practice Performance

Indicators for Practice Performance included:

Engagement	Resource Availability
Family Teamwork	Family & Community Connections
Assessment & Understanding	Family Supports
Case Planning Process	Long Term View
Provision of Health Care Services	Transitions & Life Adjustments

DCF's work with resource parents was an asset across a number of Practice Performance Indicators. In Engagement, Assessment and Understanding, and Family Supports, the results of the system's work with resource parents scored over the 70% threshold. Resource parents are considered critical supports to the child and important partners to the system in achieving positive outcomes. Other notable strong points for DCF included Resource Availability and Provision of Health Care. DCF is poised to build on our solid foundation in these three areas to improve overall Practice Performance.

Target Improvement Area:

Engagement Strategies For Biological Parents is an area targeted for improvement based on the 2011 QR Report. In 2012-2013 we will work towards a better understanding of the abilities and needs of the biological family to develop individualized supports and services. Additionally, DCF will work to better assess and understand the complex needs of biological parents to ensure parents can provide a safe and stable living environment for their children.

The Family Teamwork indicators focus on the structure and performance of the family team in planning and decision making, identifying strengths and needs and coordinating individualized services to help the family achieve their goals. These two indicators that measure Teaming, Formation and Functioning, had the lowest *STRENGTH* ratings of all Practice Performance Indicators. The weakness in the area of Teaming also impacts other Practice Performance Indicators including Engagement, Assessment and Understanding, Case Planning, Long Term View and Transitions and Life Adjustments.

Case Planning assesses the formal and informal planning done with a family throughout the life of a case - specifically, how well a plan is designed to assist a child and family in achieving identified goals. In order for Case Planning to work effectively there must be a single, integrated, family-driven plan that works as a comprehensive cross-agency service organizer catered to the abilities and needs of the child and family. Specific strategies are currently being developed to improve DCF's ratings in Case Planning. These strategies will focus on successful implementation of Family Team Meetings at which all members of the team are present and contribute towards complementary goals for the child.

Program Improvement Plans

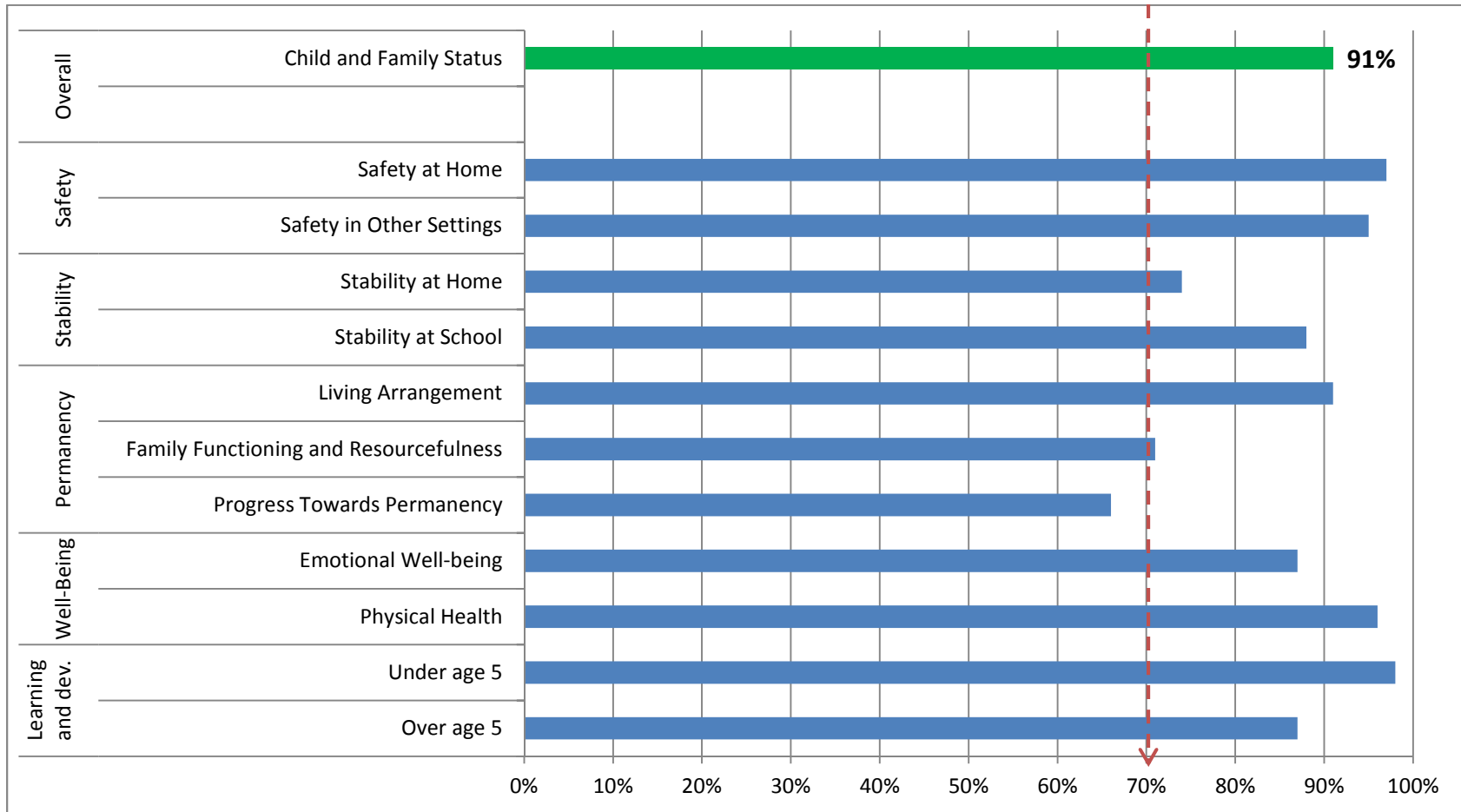
The results of the QR will help focus and guide DCF's ongoing learning and development around securing positive outcomes for children and families. Program Improvement Plans (PIP) are the mechanism by which QR results are integrated into practice. PIPs are developed by the individual counties and are based on customized, realistic strategies to improve positive outcomes for families.

Allowing counties to develop their own PIP ensures the development of tactics that capitalize on local assets and resources. The Office of Performance Management & Accountability (PMA) as well as leadership at DYFS will oversee PIPs and ensure that the QR process is standardized and that local county teams are supported and guided through the process.

QR and PIP are critical components to the achievement of DCF's vision and our move towards a more evidence based management system based in planning, partnership and collaboration. The QR assessment ultimately is designed to support our goal of a Seamless System of Care leading to improved outcomes for New Jersey's children, youth and families.

Child & Family Status Indicators At-A-Glance

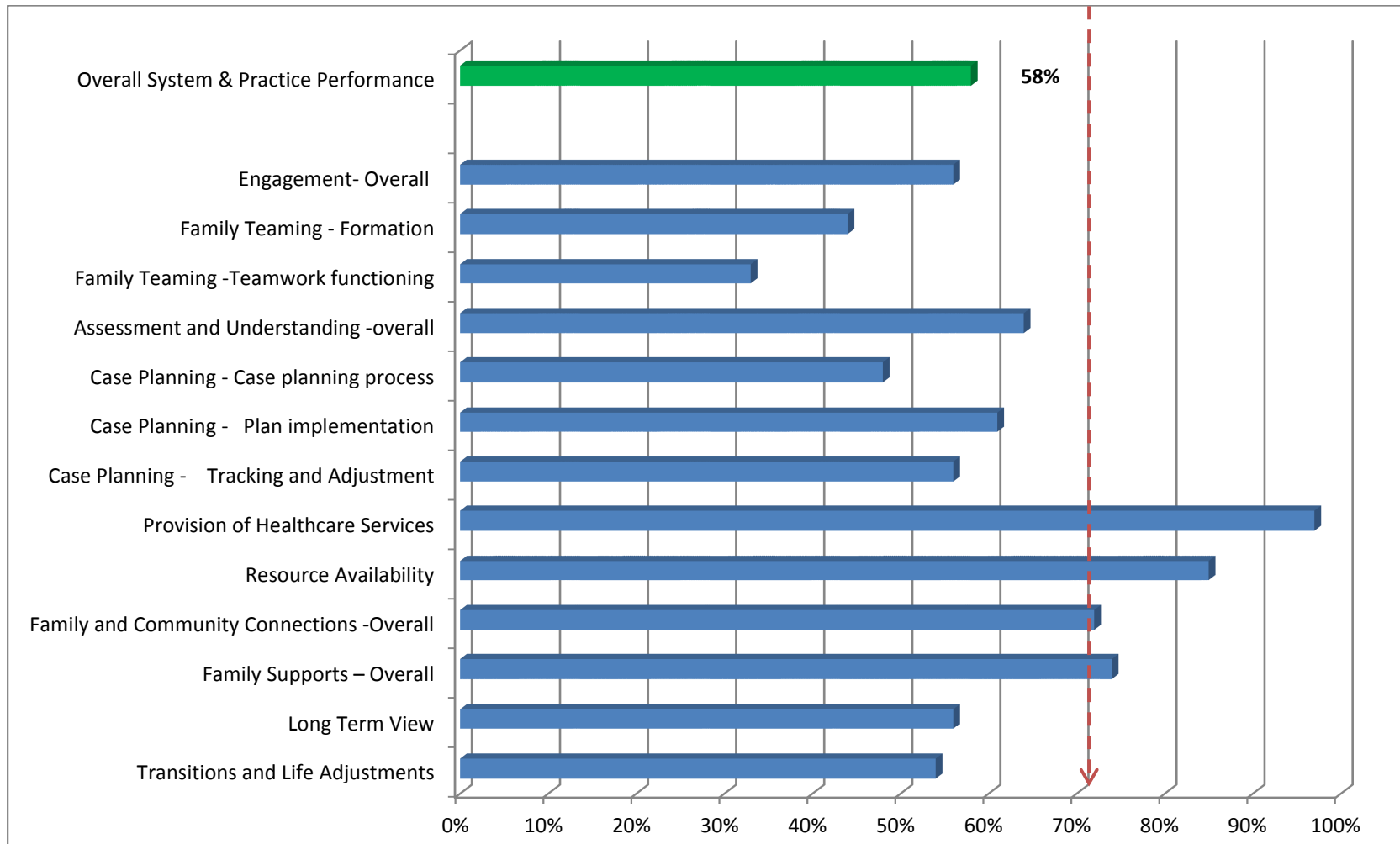
Average *STRENGTH* Ratings



Indicators are considered *Strengths* when the average strength rating for the indicator's cases is 70%+

Practice Performance Indicators At-A-Glance

Average *STRENGTH* Ratings



Indicators are considered *Strengths* when the average strength rating for the indicator's cases is 70%+

SCORING

DCF commonly uses two different systems for reporting QR findings - a two category system and a three category zone approach. The two category system to report QR findings for both the Child and Family Services Review Program Improvement Plan and the Modified Settlement Agreement. The two categories, “Acceptable” and “Areas Needing Improvement” (ANI) correspond to a 1-6 scoring scale:

STRENGTH					
Area Needing Improvement			Acceptable		
Adverse	Poor	Marginal	Fair	Good	Optimal
1	2	3	4	5	6

NOTE:

- ✓ A case is considered a *STRENGTH* when scores fall into the “Acceptable” range.
- ✓ An indicator is seen as a *STRENGTH* when 70%+ of all cases scored receive an “Acceptable” rating.

The Office of Performance Management & Accountability (PMA) presents QR data to the Division of Youth and Family Services (DYFS) staff using three pre-defined *Zones*, which correspond to a 1-6 scoring scale:

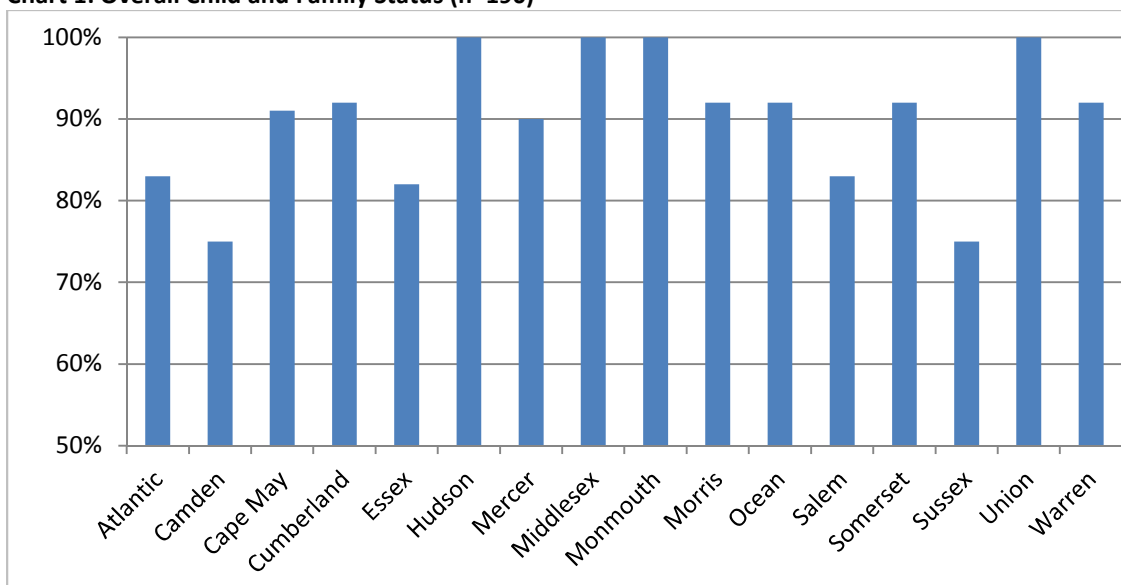
Improvement Zone (Poor or adverse)		Refinement Zone (Minimal or Marginal)		Maintenance Zone (Good or optimal)	
Adverse	Poor	Marginal	Fair	Good	Optimal
1	2	3	4	5	6

To increase transparency, the data in the QR Annual Report is available by both Zone and Category. In the fact sheets for each indicator and each county, the *STRENGTH* percentage (percentage of cases that received a 4-6 rating) for each county is displayed above a brief discussion of the results. Bar charts illustrating the same data categorized by zones can be found in the Appendices D - T.

OVERVIEW OF CHILD AND FAMILY STATUS INDICATORS

DCF has made significant progress in the core child welfare practice areas of safety, stability, well-being and permanency. This progress is reflected in an Overall Child and Family Status *STRENGTH* rating of 91%, which assessed reviewers' holistic impression of the child and family's status over the 30 days prior to QR.

Chart 1: Overall Child and Family Status (n=190)



Ten indicators were used to assess the child and family's current status. These indicators are categorized by the Department's four key child welfare outcomes:

<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

Fact sheets for each of the ten Child and Family Status Indicators are presented in the following pages.

FACT SHEET: Safety at Home

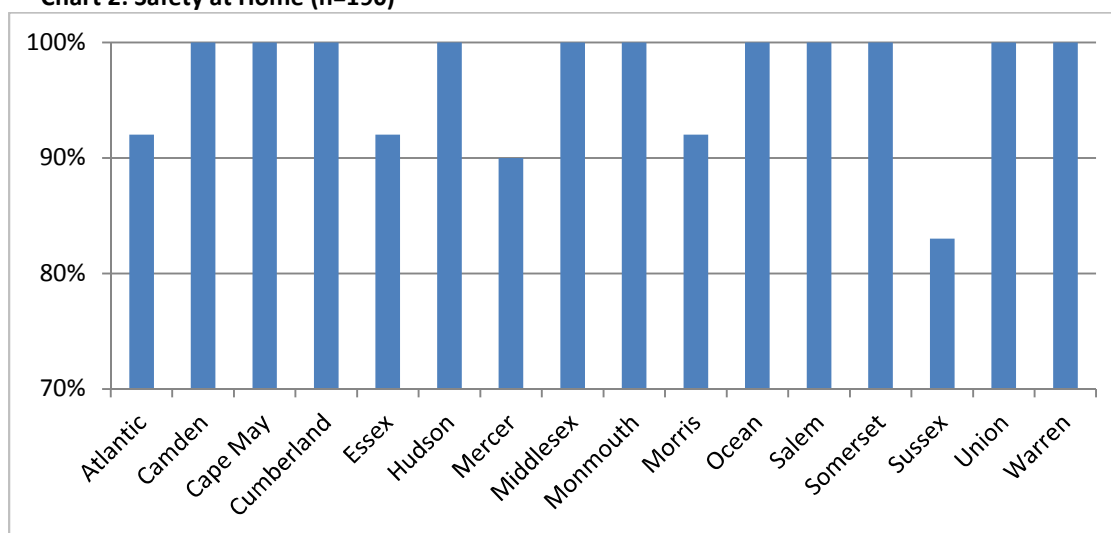
Purpose:

The Child and Family Status indicator of *Safety* examines the system's ability to ensure the safety of the child at home and in other settings, such as school or neighborhood. This indicator also evaluates whether identified needs are being met / addressed appropriately. *Safety* is assessed using two indicators: *Safety at Home* and *Safety in Other Settings*. The same criterion is applied to both indicators and information on the individually assessed indicators can be found in their respective fact sheets.

Rating:

- The average *STRENGTH* rating was 97%, or 184 out of 190 cases scoring in the "Acceptable" range.
- The majority of cases in all counties scored as *STRENGTHS*.
- 6 cases were scored as ANI.

Chart 2: Safety at Home (n=190)



Findings:

Safety is a clear strength for DCF. This is of paramount importance since it is reflective of the agency's primary mission. Safety was assessed as good or optimal for nearly all children in the sample. Statewide only six cases were seen as needing some improvement. Among those six cases; three had concerns about the parents' ability to manage their child's challenging behaviors, which posed safety issues and three cases saw parents/caregivers that had not fully implemented protective strategies to keep the children safe from risks at home.

FACT SHEET: Safety in Other Settings

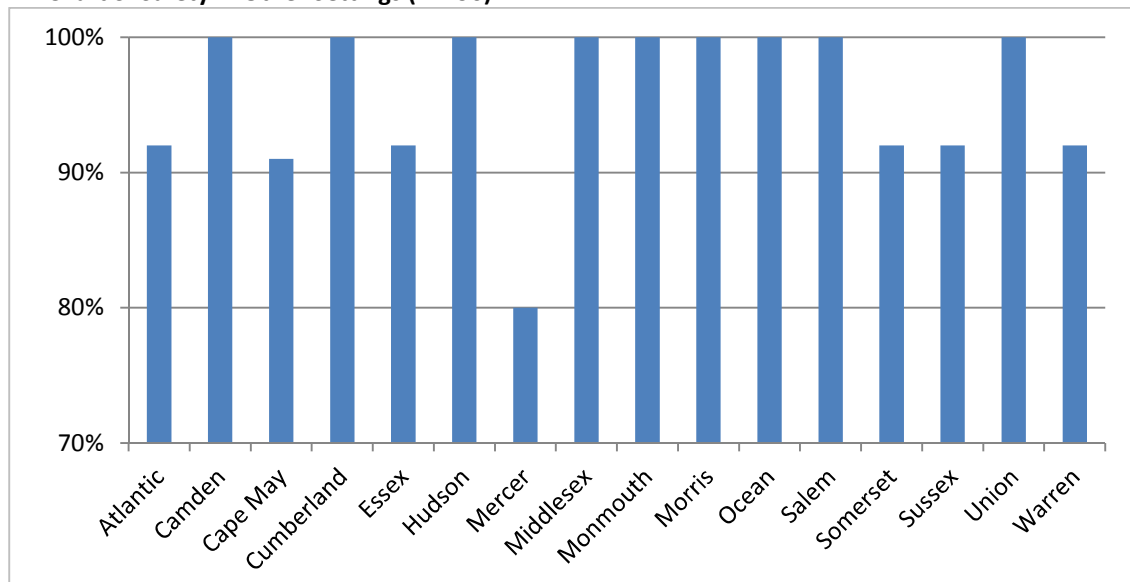
Purpose:

In *Safety in Other Settings*, reviewers considered risks to safety in the school setting and neighborhood. If safety concerns were present in the past, reviewers assessed the level to which risk was managed. Reviewers also considered the Structured Decision Making© tools casework staff use to assess safety and risk for the child and family.

Rating:

- The average *STRENGTH* rating was 95% or 177 out of 190 cases scoring in the “Acceptable” range.
- A majority of cases in all counties were scored as a *STRENGTH*.

Chart 3: Safety in Other Settings (n=190)



Findings:

Safety was rated in the optimal or good range when caregivers provided a safe environment for the child. Strong partnerships between caregivers, law enforcement, school system and others supports were considered factors in securing a safe environment.

In the counties with cases rated as ANI, there were concerns that the risk areas in which children lived or frequented were not adequately managed and additional attention to their overall safety was needed.

FACT SHEET: Stability at Home

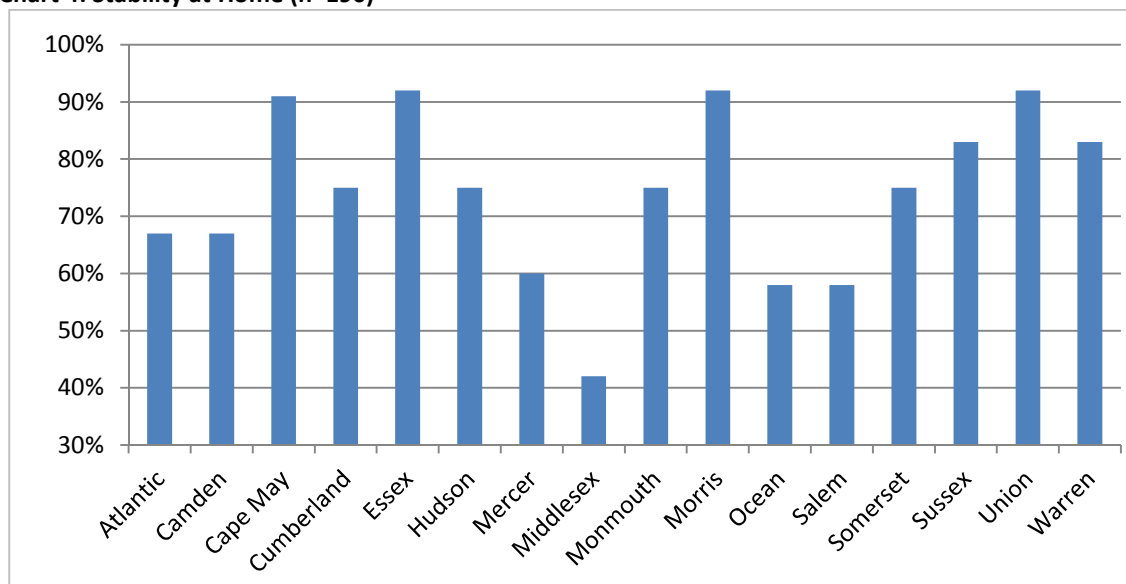
Purpose:

Stability was assessed using two indicators: *Stability at Home* and *Stability at School*. Reviewers assessed the number of changes in the home or school setting and how those changes were planned and managed. The risk of future disruptions was also considered. The same criterion is applied to both indicators and information on the two individually assessed indicators can be found in their respective fact sheets.

Rating:

- The average *STRENGTH* rating was 74%, or 141 out of 190 cases scored in the “Acceptable” range.

Chart 4: Stability at Home (n=190)



Findings:

There was a wide range of *STRENGTH* ratings for this category; 4 counties scored a *STRENGTH* rating above 90%, while 4 scored at or below 60%. Lack of stability was typically deemed the result of children with multiple out-of-home placement moves / changes or lack of routine stability in the home setting in the year prior to the review period. Counties with the highest *STRENGTH* ratings had examples of children that were placed with caregivers willing to make a lifelong commitment to the child.

FACT SHEET: Stability in School

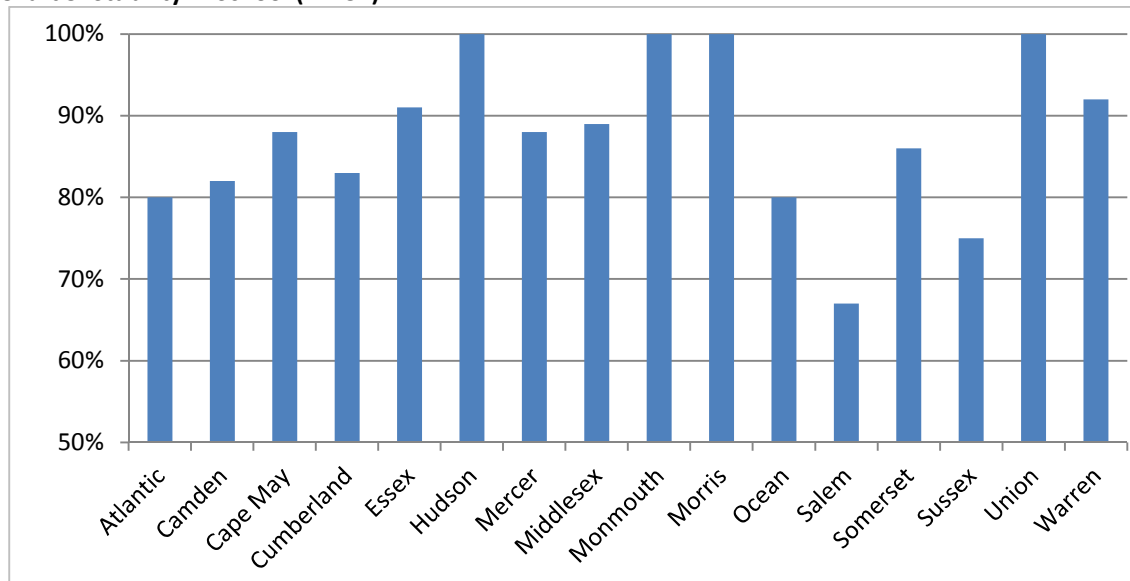
Purpose:

In *Stability in School* reviewers assessed the number of changes in the child's educational setting and how those changes are planned and managed. Children included in the assessment were those currently enrolled in either a school or other educational setting, including a child care setting. Thirty-six children were not enrolled in an educational setting mostly due to age, reducing the total number of cases scored from 190 to 154.

Rating:

- The average *STRENGTH* rating was 88% or 135 out of 154 scored in the "Acceptable" range.

Chart 5: Stability in School (n=154)



Findings:

Stability at school, maintaining relationships with peers, and keeping on track with educational needs are critical factors in a child's development and were seen as strong points for DCF. The relatively high *STRENGTH* rating for *Stability in School* may also have been impacted by recent passage of a New Jersey law (P.L. 2010, c 69) which requires children to remain in their 'home' school when they are placed in a resource home unless there is a determination made that remaining is not in a child's best interest.

PERMANENCY FACT SHEET: Living Arrangement

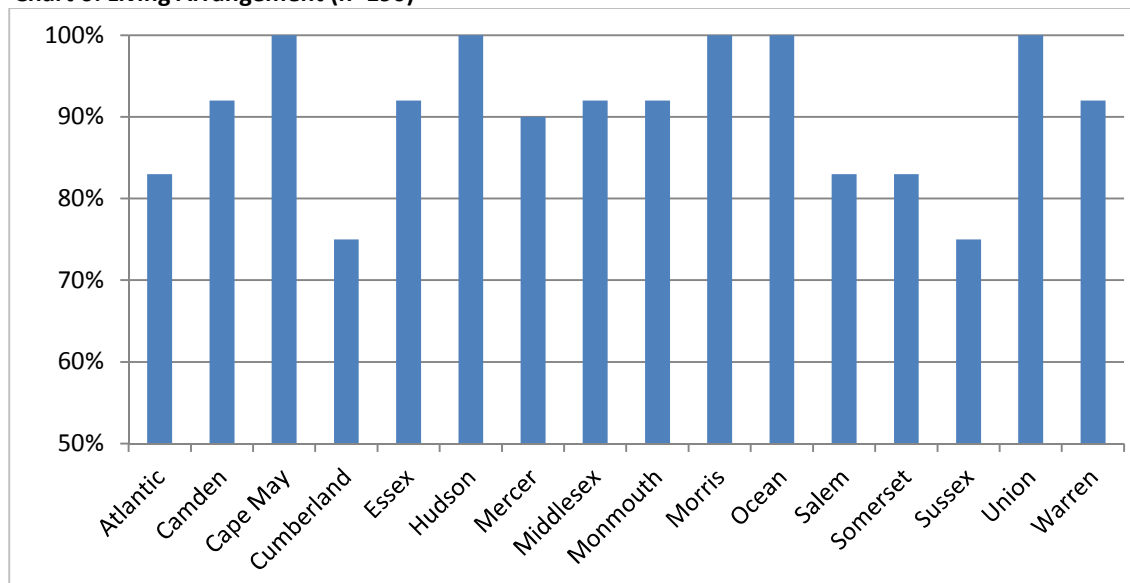
Purpose:

Permanency is assessed in three separate but related indicators: *Living Arrangement*, *Family Functioning and Resourcefulness*, and *Progress Towards Permanency*. This indicator assessed the outcomes needed for the child to have a permanent, lifelong home. For children in out-of-home placement, adherence to the Adoption and Safe Families Act (ASFA) was examined as was the relationship between current caregivers and the biological family. The appropriateness of the primary permanency plan and the concurrent permanency plan were also considered. *Living Arrangement* assessed the appropriateness of the child's current living arrangement and whether these arrangements met the child's developmental, emotional, physical and permanency needs.

Rating:

- The average *STRENGTH* rating was 91% or 172 out of 190 cases were scored as "Acceptable".
- 14 out of 16 counties achieved a *STRENGTH* rating above 80%.

Chart 6: Living Arrangement (n=190)



Findings:

Cases with high *STRENGTH* ratings were those in which caregivers maintained stability in their home and provided the most appropriate settings to meet the physical, behavioral and emotional needs of the child.

PERMANENCY FACT SHEET: Family Functioning and Resourcefulness

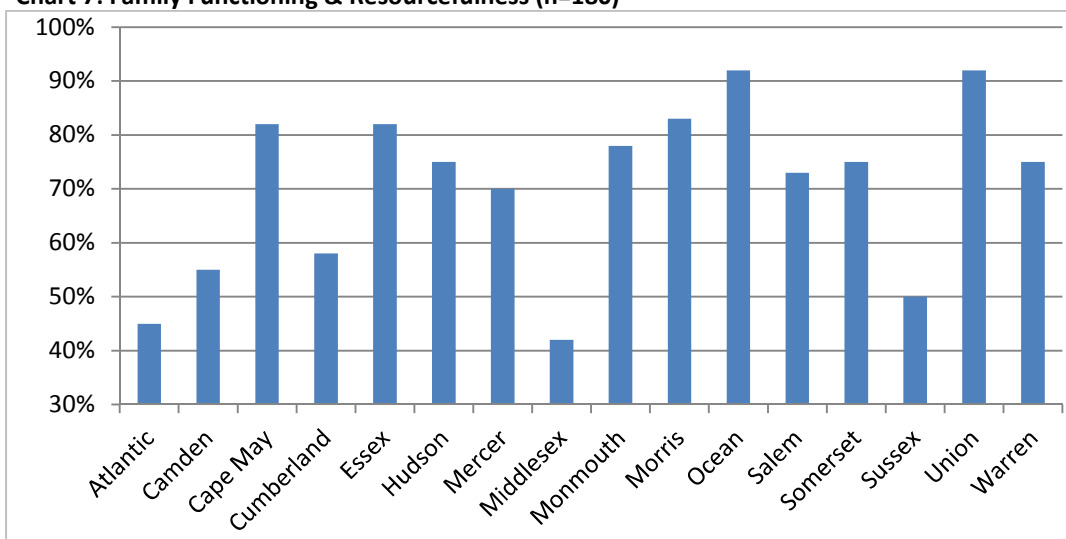
Purpose:

In *Family Functioning and Resourcefulness*, reviewers assessed the family's ability to identify and meet their own needs and to build and use a network of formal and informal supports separate from their involvement with DCF. This indicator did not apply to youth over the age of 18 with no family involvement or youth residing in a residential or congregate care setting with no family involvement. Based on this criteria, 180 cases were included in this category.

Rating:

- The average *STRENGTH* rating was 71%, or 127 of 180 applicable cases scored in the "Acceptable" range.

Chart 7: Family Functioning & Resourcefulness (n=180)



Findings:

A family's ability to secure the resources to meet their own needs is a critical factor in ensuring family success and permanency. Increased attention is needed by DCF to improve results in this area. Families who demonstrated success in *Family Functioning and Resourcefulness* were able to identify not only their children's needs, but also their own needs. These families also demonstrated an ability to take appropriate action and seek out necessary supports and / or services when needed.

PERMANENCY FACT SHEET: Progress Towards Permanency

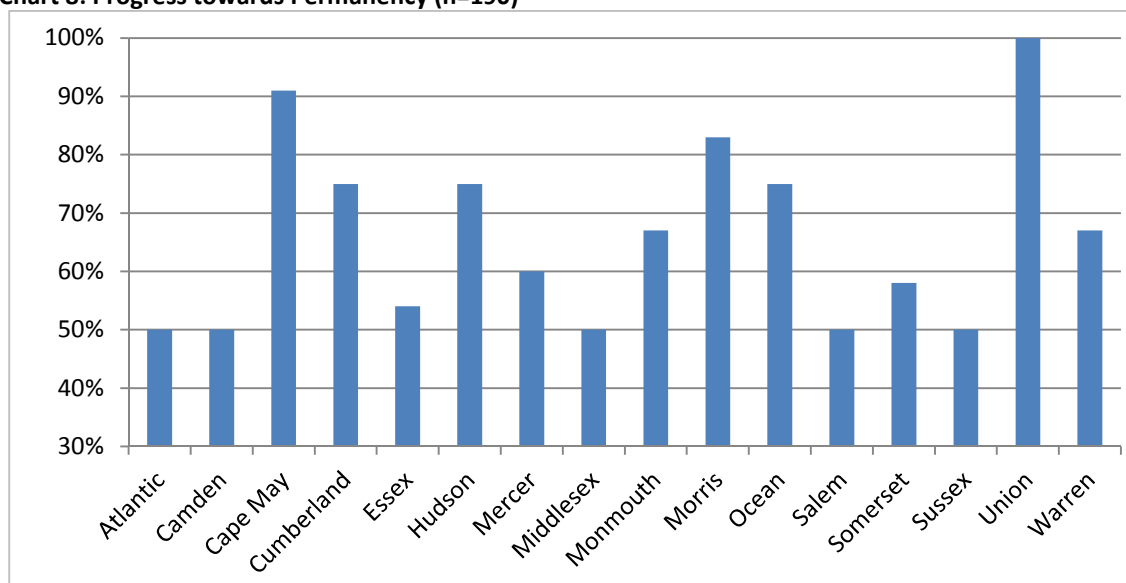
Purpose:

In *Progress Towards Permanency*, reviewers assessed primary and concurrent permanency plans, as well as the caregivers' understanding of these plans. The appropriateness of plans and the likelihood of the timely attainment of plans were also considered.

Rating:

- The average *STRENGTH* rating was 66% with 125 out of 190 cases scoring in the "Acceptable" range.
- Of the indicators in the Child and Family Status section, *Progress towards Permanency* had the lowest average *STRENGTH* rating and the lowest individual county *STRENGTH* ratings.

Chart 8: Progress towards Permanency (n=190)



Findings:

Securing timely permanency is a shared responsibility between the child welfare system, the legal system, youth and families. Reviewers observed that differences of opinion among stakeholders led to significant challenges in securing permanency. An important focus for DCF is the development of strategies to ensure parents and youth understand placement decisions and / or permanency plans. Emphasis will also be given to ensuring that concurrent plans are in place and actively pursued in the event the initial plan cannot be successfully achieved.

WELL-BEING FACT SHEET: Physical Health of the Child

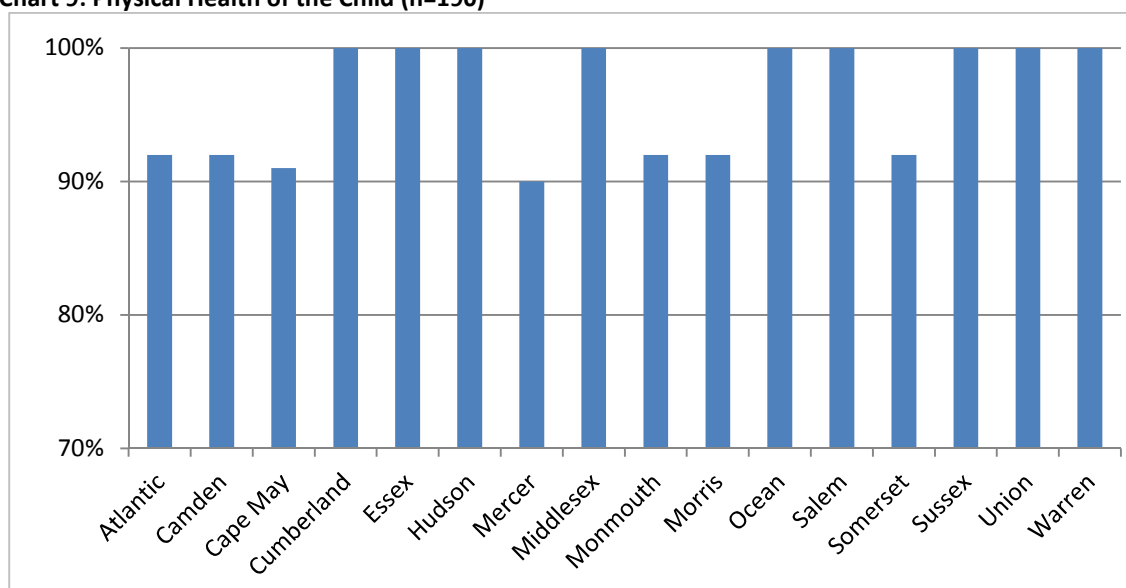
Purpose:

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

Rating:

- The average *STRENGTH* rating was of 96% with 183 out of 190 cases rated in the "Acceptable" range.
- All counties scored at or above 90% *STRENGTH* ratings.

Chart 9: Physical Health of the Child (n=190)



Findings:

Clearly, the physical health of children in the sample was well understood and routine health care needs, including screenings, appointments, dental care and medication management, were identified and attended to. Reviewers assessed that children in out-of-home placement benefited significantly from DCF's staffing model which assigns a nurse from the Child Health Unit to coordinate and monitor health needs. These nurses are generally co-located with DYFS staff and often accompany staff to child visits to help ensure that physical health needs are achieved in a timely manner.

WELL-BEING FACT SHEET: Emotional Well-Being

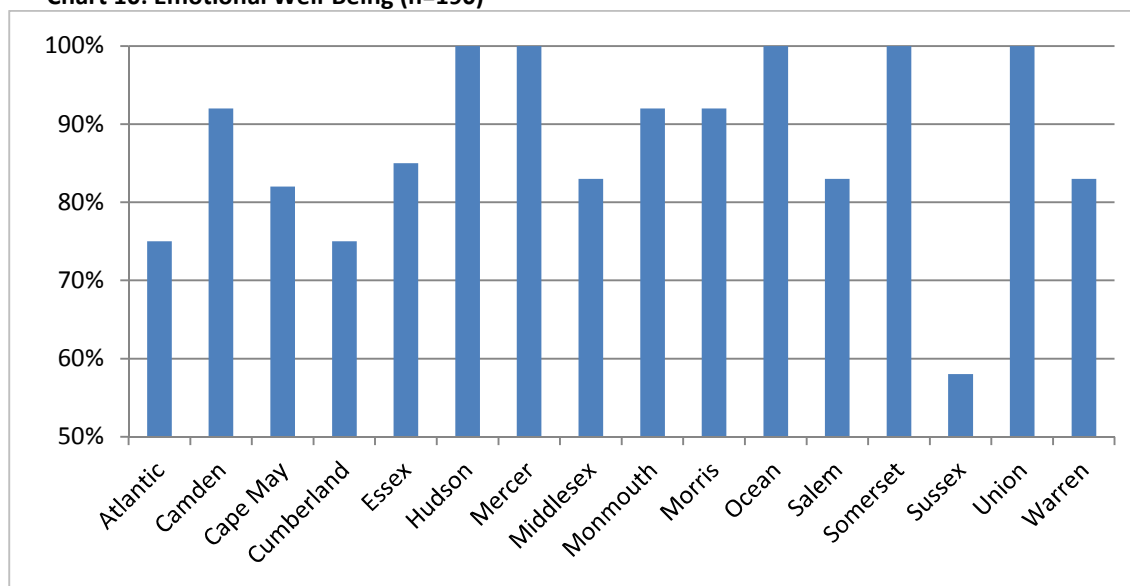
Purpose:

In *Emotional Well-Being* reviewers measured the emotional development, adjustment and resiliency of children. Risk and protective factors were also assessed. If present, emotional or behavioral difficulties were noted and the management of these challenges assessed.

Rating:

- The average *STRENGTH* rating was 87%, with 166 out of 190 cases scoring in the “Acceptable” range.
- 13 of 16 counties had *STRENGTH* ratings over 80%; only 1 county had a *STRENGTH* rating of less than 60%.

Chart 10: Emotional Well-Being (n=190)



Findings:

QR results indicated that the emotional development of children was generally consistent with age and ability. For children with emotional or behavioral health challenges, services were generally in place to address identified needs. DCF will continue to focus on development of the formal supports critical to achieving successful outcomes in the area of *Emotional Well-Being*.

WELL-BEING FACT SHEET: Learning and Development, under age 5

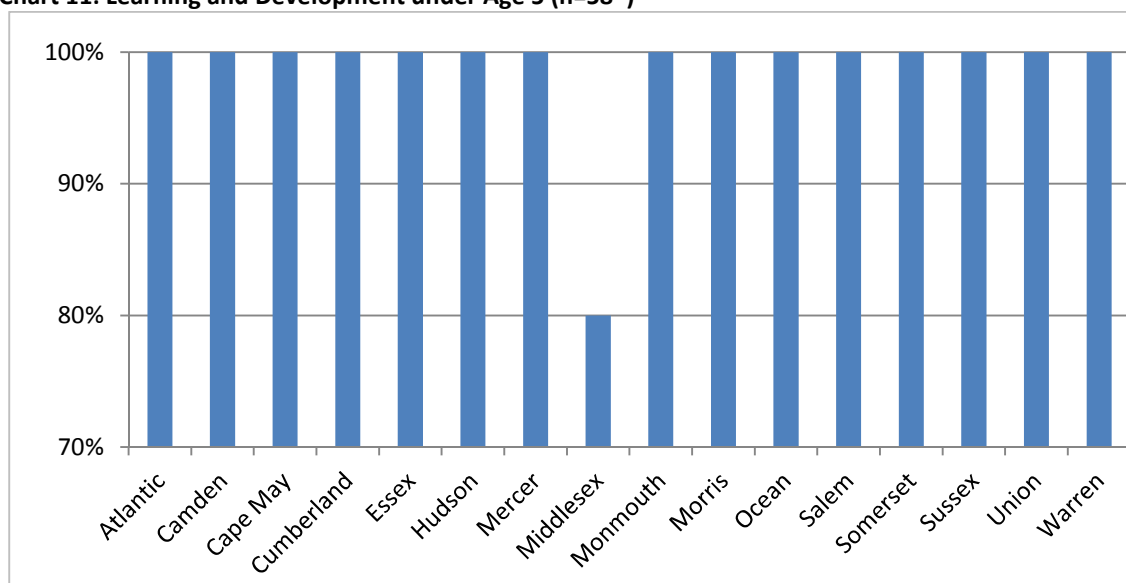
Purpose:

In *Learning and Development* reviewers assessed whether key milestones for children less than 5 years of age were being met according to age and 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 them.

Rating:

- The statewide average *STRENGTH* rating for this indicator was 98%, with 57 out of 58 applicable children scoring in the “Acceptable” range.
- 15 counties had 100% *STRENGTH* ratings for this indicator.

Chart 11: Learning and Development under Age 5 (n=58*)



Findings:

This indicator is a clear area of strength. Children within the sample were developmentally on target or developmental needs were identified and the necessary supports/services were in place to help them progress towards goals. Plans and services were also seen as appropriate to the child’s individual needs and helpful in supporting the child’s ongoing progress.

WELL-BEING FACT SHEET: Learning and Development, over age 5

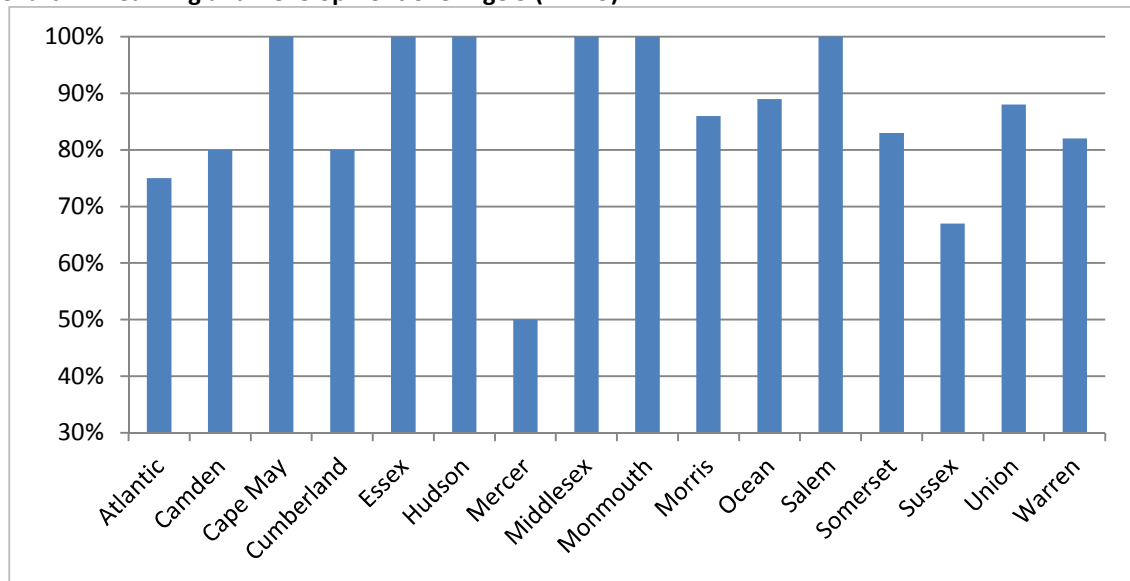
Purpose:

In *Learning and Development* reviewers assessed whether key milestones for children over 5 years of age were being met according to age and 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.

Rating:

- The statewide average *STRENGTH* rating was 87%, with 111 of 129 applicable cases scoring in the “Acceptable” range. There were 2 cases not rated.
- Of the 16 counties, 10 had at least 60% of their cases scoring in the “Acceptable” range; only 3 counties had *STRENGTH* ratings of less than 80%.

Chart 12: Learning and Development over Age 5 (n=129)



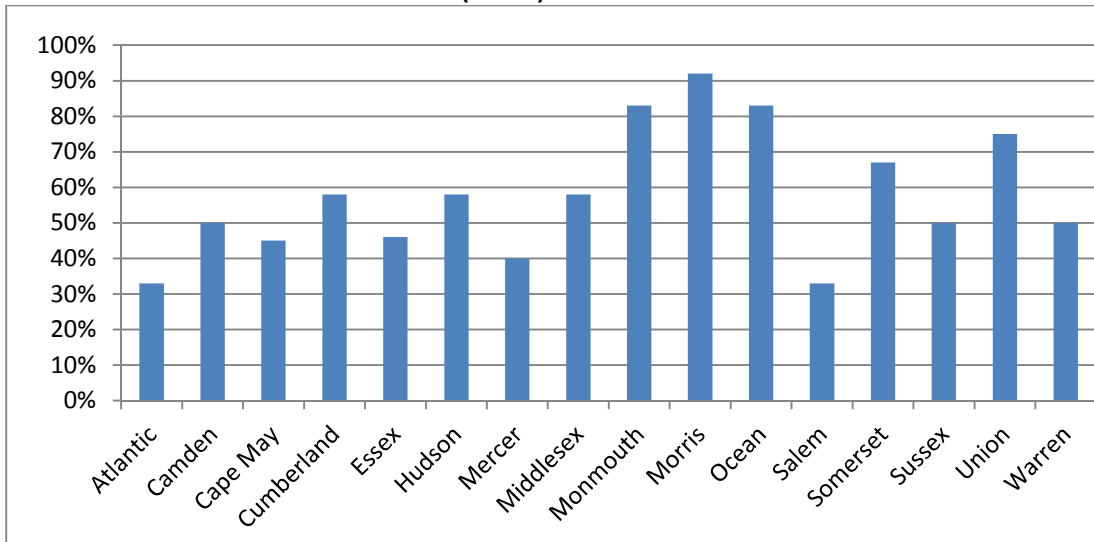
Findings:

The QR results indicated that the educational needs of children in care were generally understood and well managed. Positive relationships with school personnel and a consistent learning environment contributed to positive outcomes. Reviewers noted that challenges were created when children’s individual needs were unknown to the school and/or when better coordination between the educational system and DCF was needed.

OVERVIEW OF PRACTICE PERFORMANCE INDICATORS

Practice Performance Indicators measured the reviewers’ holistic impression of the execution of practice indicators and their functions, considering the diligence and fidelity with which each practice function was carried out and whether the intent of the function was being achieved. DCF’s *Overall Practice Performance STRENGTH* rating was 58% with 110 of 190 cases scoring in the “Acceptable” range.

Chart 13: Overall Practice Performance (n=190)



Practice Performance Indicators included:

Engagement	Resource Availability
Family Teamwork	Family & Community Connections
Assessment and Understanding	Family Supports
Case Planning Process	Long-Term View
Provision of Health Care Services	Transitions and Life Adjustments

ENGAGEMENT FACT SHEET: Overall Engagement

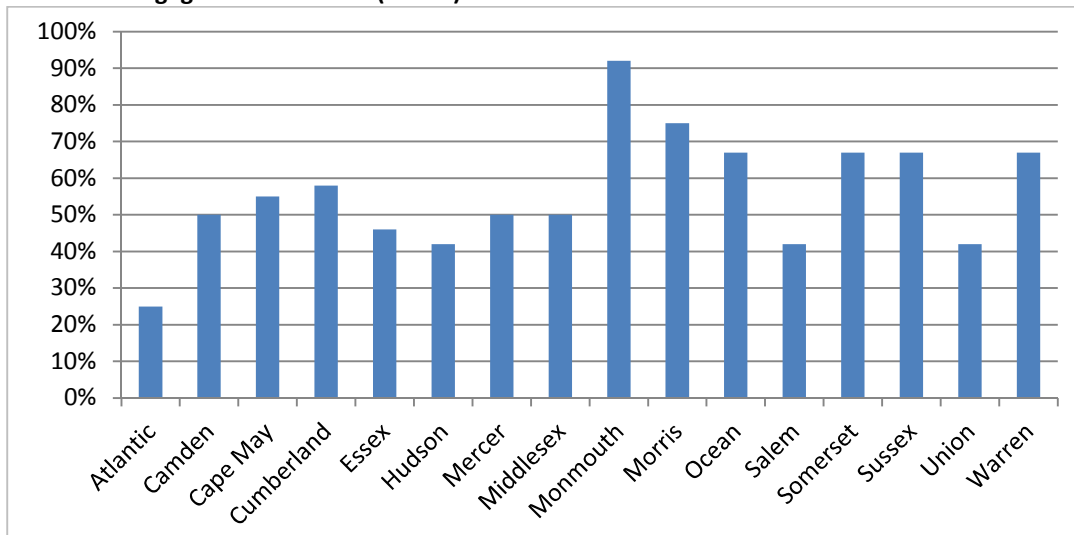
Purpose:

The *Overall Engagement* indicator assessed the development of collaborative, open and trust-based working relationships that support ongoing assessment, understanding, and service planning. This indicator assessed the areas of child/youth, parents, resource parents. Information for the three engagement areas can be found in the respective fact sheet for each.

Rating:

- The average *STRENGTH* rating for *Overall Engagement* was 56% with 106 of 190 cases scoring in the “Acceptable” range.
- Only 2 counties achieved a *STRENGTH* rating of over 70%.

Chart 14: Engagement – Overall (n=190)



Findings:

The rating for this indicator was largely affected by the individual *STRENGTH* ratings for parents and child/youth; still, *Overall Engagement* is an area in which additional work is needed. Employing effective engagement strategies and addressing the complex needs of parents, children and youth is important to securing overall positive outcomes. In cases where the *STRENGTH* rating was high for *Overall Engagement*, there was an ongoing process where communication was open, genuine and trusting with parents, youth and children.

FACT SHEET: Engagement of Child/Youth

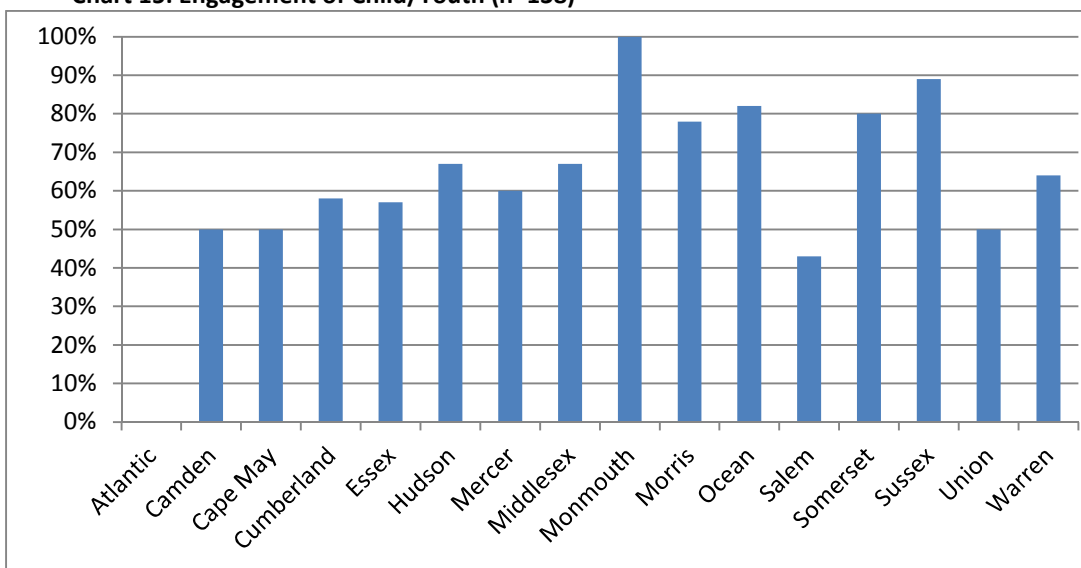
Purpose:

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. Children under the age of 6 were not assessed, as they were unlikely to be thoroughly engaged in relationships with the child welfare system or in service or permanency planning.

Rating:

- The average *STRENGTH* rating was 64%, with 89 of 138 cases in the “Acceptable” range.
- 5 of 16 counties scored as a *STRENGTH* for this indicator.

Chart 15: Engagement of Child/Youth (n=138)



Findings:

Cases with a high *STRENGTH* rating were those in which there was evidence of trust-based relationships between the child / youth and the child welfare system. Reviewers found that children / youth wanted more meaningful communication with workers and wanted to have a voice in planning for their future. In the three counties with *STRENGTH* ratings of 60% or greater, reviewers found children who were encouraged to participate in planning and had an understanding of what happened with their family. Of note is Atlantic County, in which only three children / youth met the criterion for inclusion in the review and all needed improvement.

FACT SHEET: Engagement of Parents

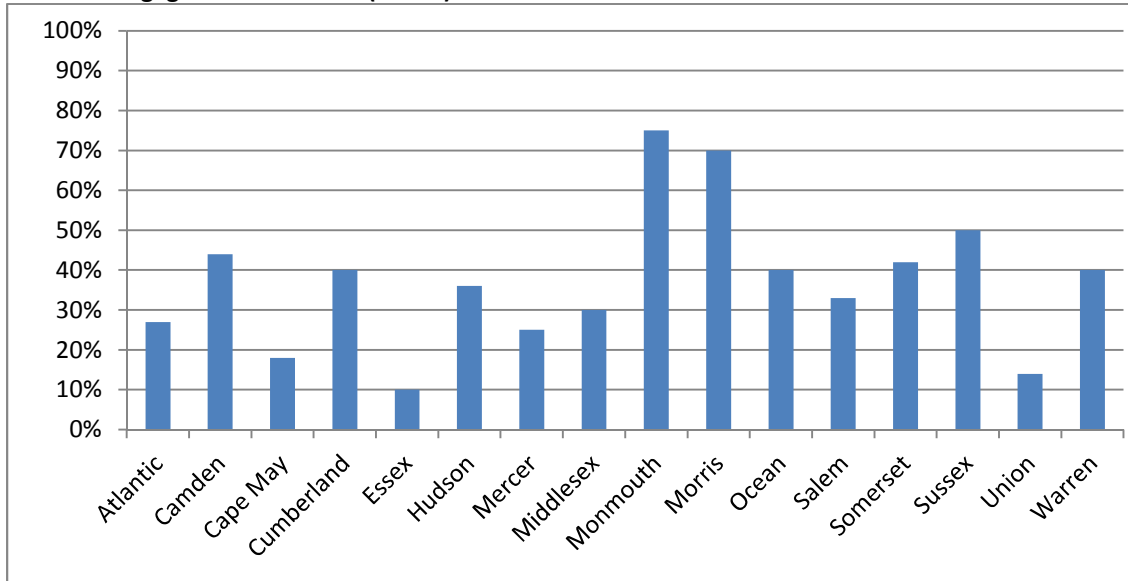
Purpose:

The *Engagement of Parents* indicator assessed parental participation in the development of collaborative, open and trust-based working relationships that support ongoing assessment, understanding, and service planning. One score was given to both parents. If a parent was available but unengaged, the score could not be “acceptable.” The parents of 144 out of 190 children were included in the sample. Parents scored as ‘not applicable’ were those whose parental rights had been terminated, or who were deceased or missing. Parents of children over the age of 18 were also not included.

Rating:

- The average *STRENGTH* rating for this indicator was 43% or 62 of 144 applicable cases scoring in the “Acceptable” range.
- Only 1 county, Monmouth, achieved a rating of 70% or higher.

Chart 16: Engagement – Parents (n=144)



Findings:

Engagement of Parents is an indicator where work is clearly needed. The QR results indicate that the biggest challenge may be the ability to find effective and varied engagement strategies with parents. Tactics are also needed to develop meaningful communication between the child welfare system and parents, improving parents’ ability to form trusting working relationships and increasing their involvement in planning and in the decision making process.

FACT SHEET: Engagement of Resource Caregivers

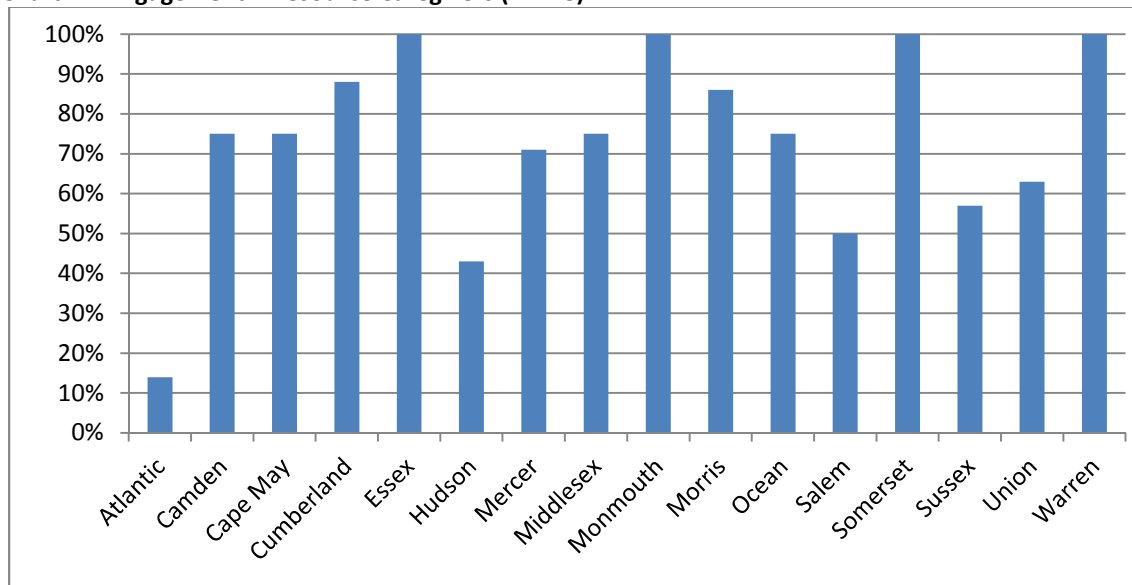
Purpose:

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:

- The average *STRENGTH* rating was 74% or 87 of 118 cases in the “Acceptable” range.
- 11 of 16 counties had a *STRENGTH* rating of 70% or higher.

Chart 17: Engagement – Resource Caregivers (n=118)



Findings:

Cases with a high *STRENGTH* rating were those in which resource parents had a strong relationship with their caseworkers. Increased communication and engagement with resource parents led to better planning and positive outcomes for the children in their care. *Engagement of Resource Caregivers* results show that DCF was better able to build trusting relationships with resource parents than with biological parents or children. Although eleven of the counties scored as *STRENGTHS* in this category, many still had a great deal of room for improvement in the management of individual cases.

FAMILY TEAMWORK FACT SHEET: Teamwork Formation

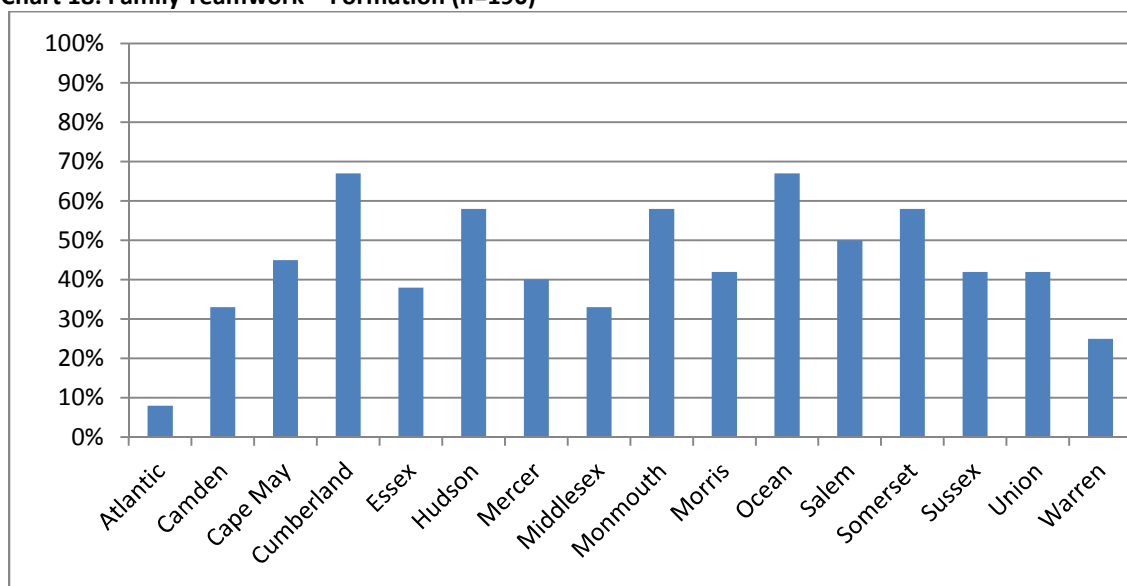
Purpose:

The *Family Teamwork* indicator has two main components: *Formation* and *Functioning*. *Family Teamwork - Formation* focuses on the structure and performance of the family team. This indicator examined whether all essential people were part of the child and family's team, and assessed the balance of formal and informal supports based on the family's individual need.

Rating:

- The average *STRENGTH* rating was 44% or 84 of 190 cases in the "Acceptable" range.
- All counties scored below a 70% *STRENGTH* rating.

Chart 18: Family Teamwork – Formation (n=190)



Findings:

All counties were below the "Acceptable" *STRENGTH* rating range, indicating more focused work is needed to improve the team's ability to provide insight into the family's needs and plans and to offer guidance to help the family achieve their goals. A balance of formal and informal supports were also lacking. Efforts are also needed to help families feel they are the central component of the team.

FAMILY TEAMWORK FACT SHEET: Teamwork Functioning

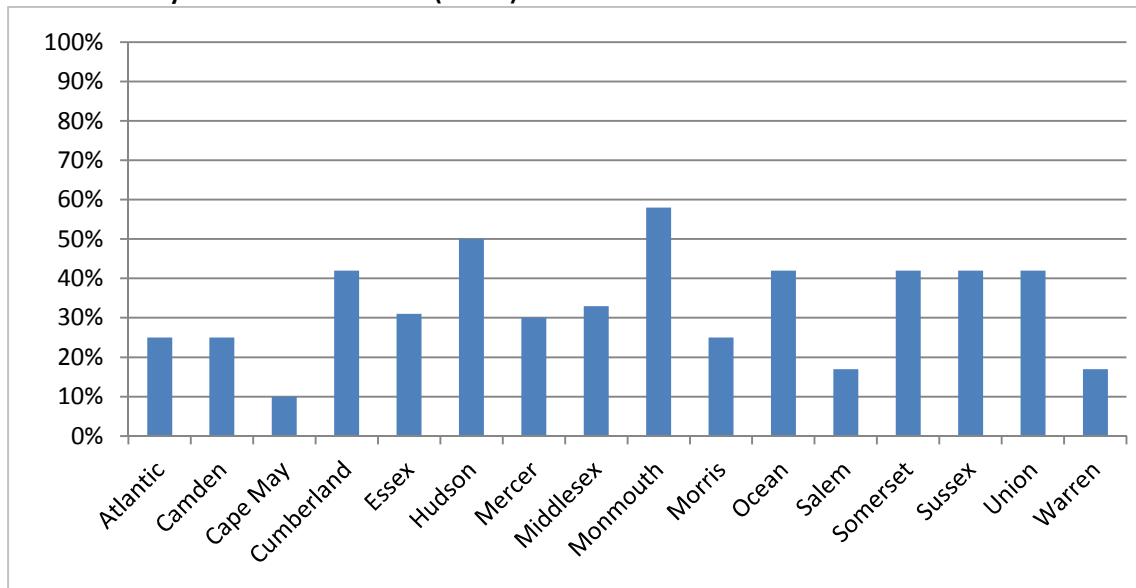
Purpose:

Family Teamwork-Functioning focused on the ability of stakeholders 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:

- The average *STRENGTH* rating was 33% or 63 of 190 cases in the “Acceptable” range.
- Only one county, Monmouth, scored over 50% for this indicator.

Chart 19: Family Teamwork – Function (n=190)



Findings:

Of all of the Practice Performance Indicators, *Team Functioning* had the lowest overall *STRENGTH* rating at 33% and all counties in this area scored in the ANI range. Reviewers found that system partners often worked in ‘silos’ rather than collaboratively. Teams were also seen as event driven instead of as a vehicle for ongoing engagement and assessment.

ASSESSMENT AND UNDERSTANDING FACT SHEET: OVERALL

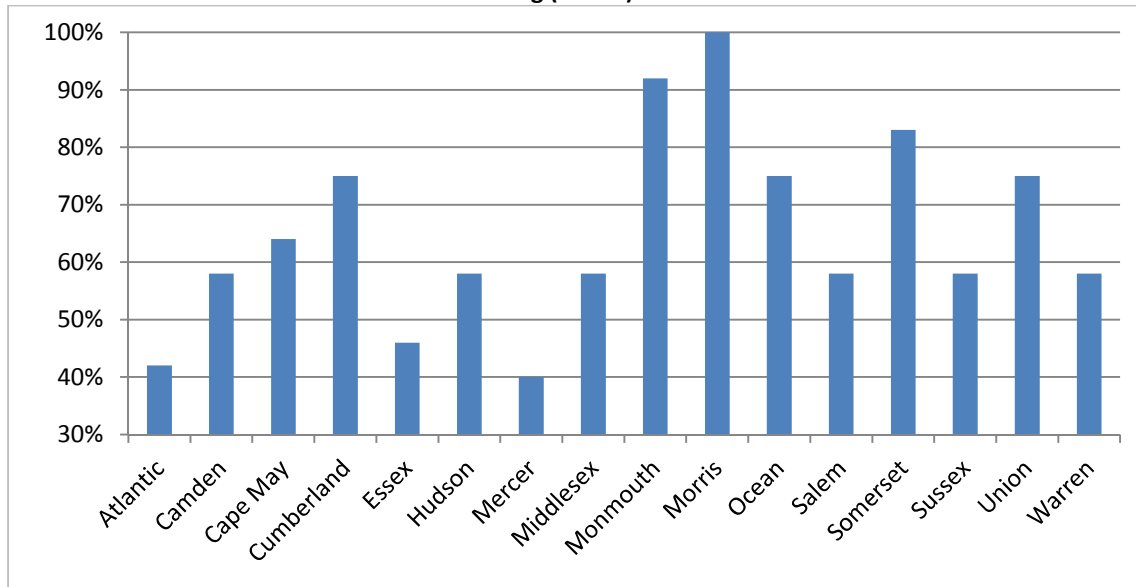
Purpose:

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 / family. This indicator was assessed in three specific areas – child / youth, parents, and resource caregivers – and an overall rating was given encompassing the all areas. Information for the three areas can be found in the respective fact sheet for each.

Rating:

- The average *STRENGTH* rating was 64%, or 124 of 190 cases scored in the “Acceptable” range.
- The range of *STRENGTH* ratings for the counties fell between 30% and 100%, indicating a great deal of variation between counties.
- 6 of 16 counties received a *STRENGTH* rating.

Chart 20: Overall Assessment and Understanding (n=190)



Findings:

The skill of integrating information known about the child or family into individualized case planning and engagement strategies is critical for positive outcomes in this area. Knowledge about current and past functioning, as well as underlying needs, must be well understood and continuously updated for optimal performance for this indicator.

ASSESSMENT AND UNDERSTANDING FACT SHEET: Child / Youth

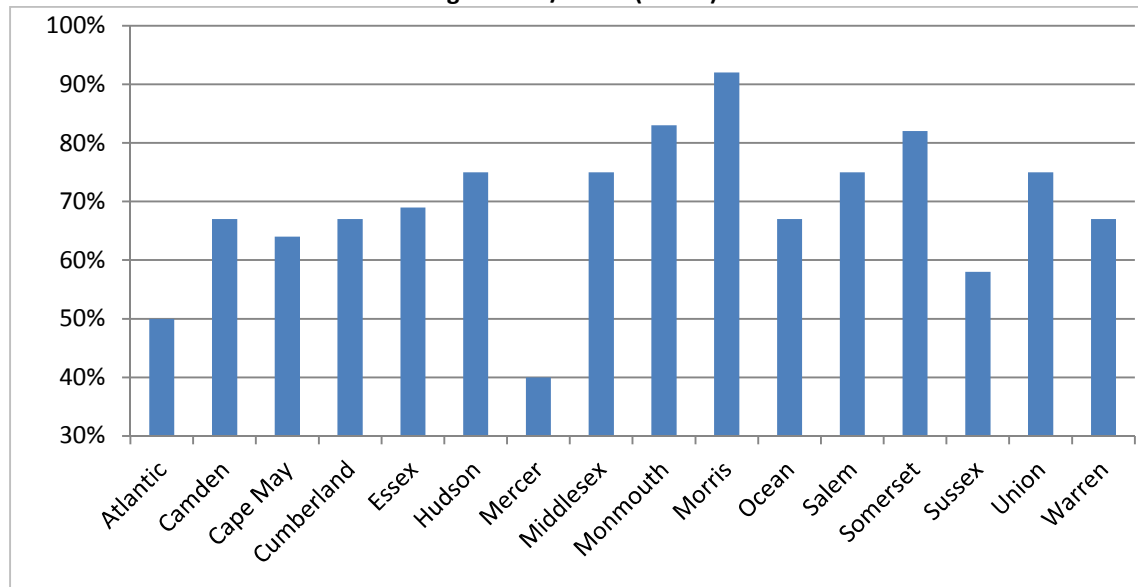
Purpose:

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

Rating:

- The average *STRENGTH* rating for this indicator was 69%, or 131 of 190 cases scoring in the “Acceptable” range.
- 7 of 16 counties had a *STRENGTH* rating higher than 70%.

Chart 21: Assessment and Understanding of Child/Youth (n=190)



Findings:

The *STRENGTH* rating for 9 of 16 counties were within the ANI range, indicating that a comprehensive understanding of the child’s competency, needs or risks was not present. In counties with high *STRENGTH* ratings, there was the presence of formal and informal assessments, as well as input from service providers, specifically therapists to guide how the system understood the child. In most counties, however, the system missed opportunities to explore the strengths and underlying needs of all family members and lacked an understanding of the situation at large.

ASSESSMENT AND UNDERSTANDING FACT SHEET: Parents

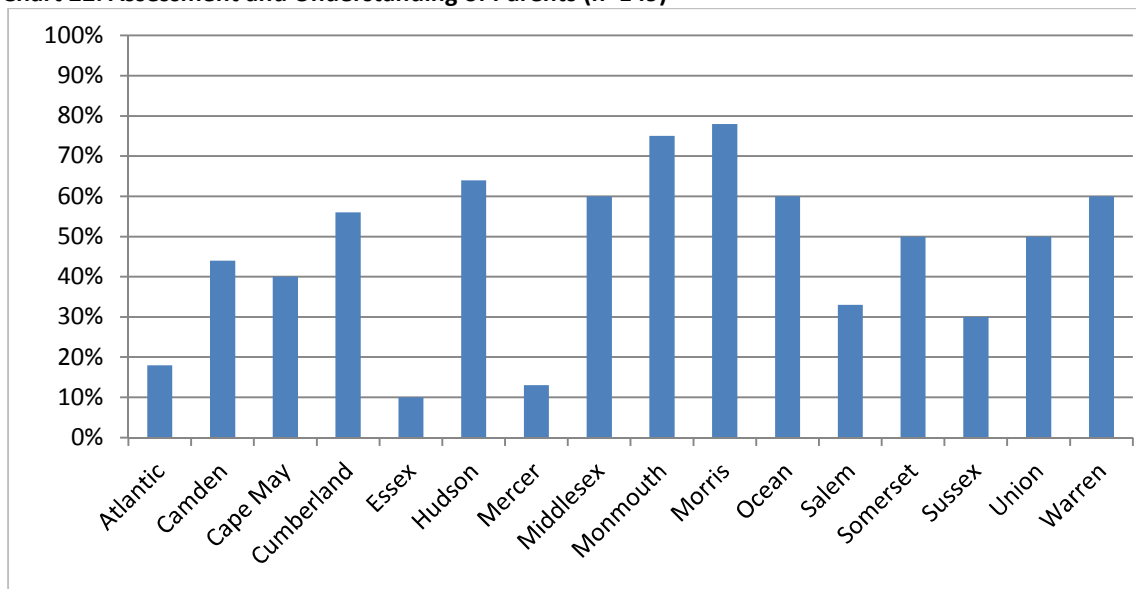
Purpose:

Assessment and Understanding of Parents measured how well the agency gathered information, including formal and informal assessments to understand the underlying needs, abilities, and risks of the parents.

Rating:

- The average *STRENGTH* rating was 46% or 68 of the 149 applicable cases in the “Acceptable” range.
- 2 counties had an average *STRENGTH* rating of 70% or higher.
- 9 of 17 counties had an average *STRENGTH* rating of 50% or lower.

Chart 22: Assessment and Understanding of Parents (n=149)



Findings:

This indicator demonstrated a need for improved practice and outcomes in this area. Cases that scored a higher *STRENGTH* rating were those in which there was a greater understanding of the family and their underlying needs. In cases with a lower *STRENGTH* rating, these underlying needs were either not identified, were misunderstood, or team members had differing perspectives as to needs.

ASSESSMENT AND UNDERSTANDING FACT SHEET: Resource Caregivers

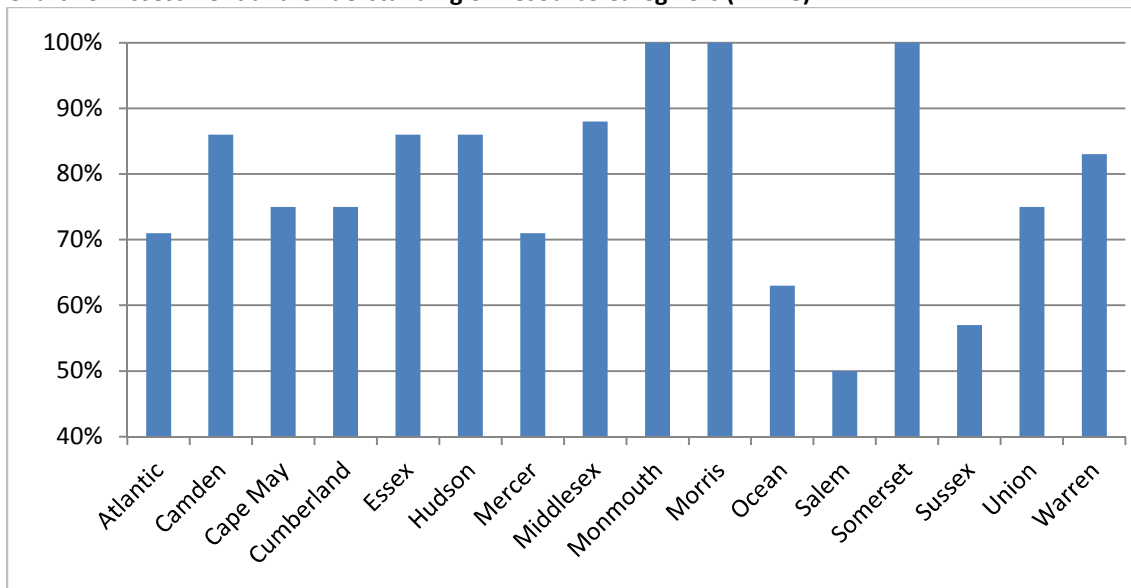
Purpose:

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. There were 118 applicable cases for this indicator as children / youth placed in independent living or in residential or treatment facilities were not included in the sample.

Rating:

- The average *STRENGTH* rating was 79% or 93 of 118 cases were scored in the “Acceptable” range.
- 3 counties achieved a 100% *STRENGTH* rating with an additional 5 counties rating above 80%.

Chart 23: Assessment and Understanding of Resource Caregivers (n=118)



Findings:

STRENGTH ratings for *Assessment and Understanding for Resource Parents* were significantly higher than for all other subcategories for this indicator. Results indicate there is an overall understanding of the needs of Resource Parents and that this is an area in which DCF excels.

CASE PLANNING FACT SHEET: Case Planning Process

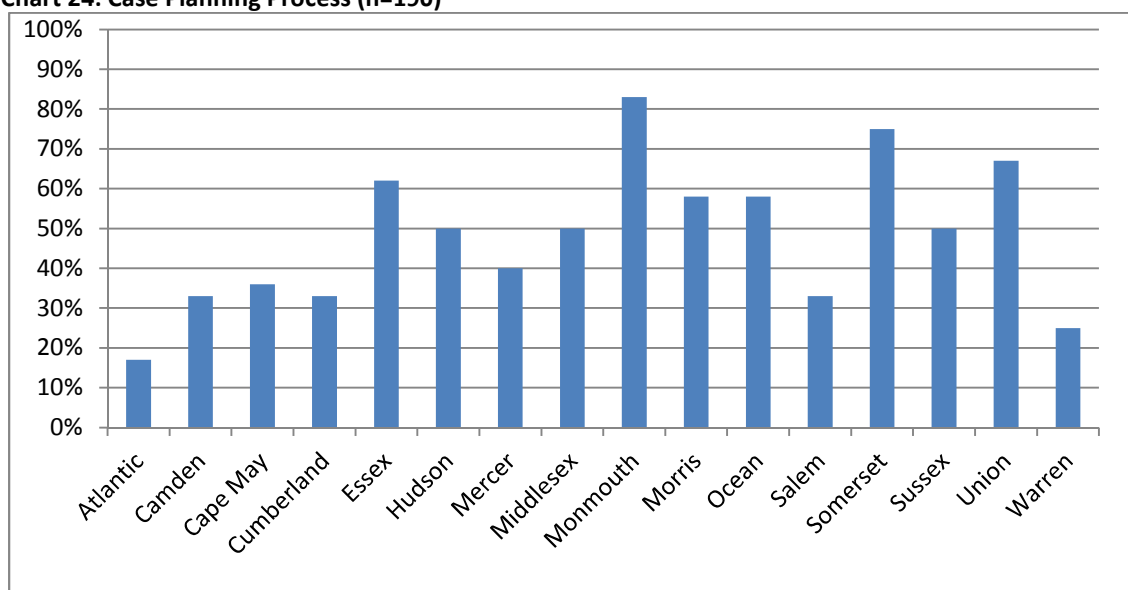
Purpose:

Case planning was assessed in three separate but related indicators: *Case Planning Process*, *Plan Implementation* and *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 and family in addressing needs and achieving identified goals.

Rating:

- The average *STRENGTH* rating was 48%, or 92 of the 190 cases scored in the “Acceptable” range.
- There was a wide variation in county *STRENGTH* ratings, ranging from under 20% to over 80%.

Chart 24: Case Planning Process (n=190)



Findings:

Cases with a higher *STRENGTH* rating were characterized by a definitive team formed around the child and family, with services implemented specific to identified needs. Work is needed to develop strategies supporting the creation of single integrated plans that are family-driven and work as a comprehensive, cross-agency service organizer.

CASE PLANNING FACT SHEET: Plan Implementation

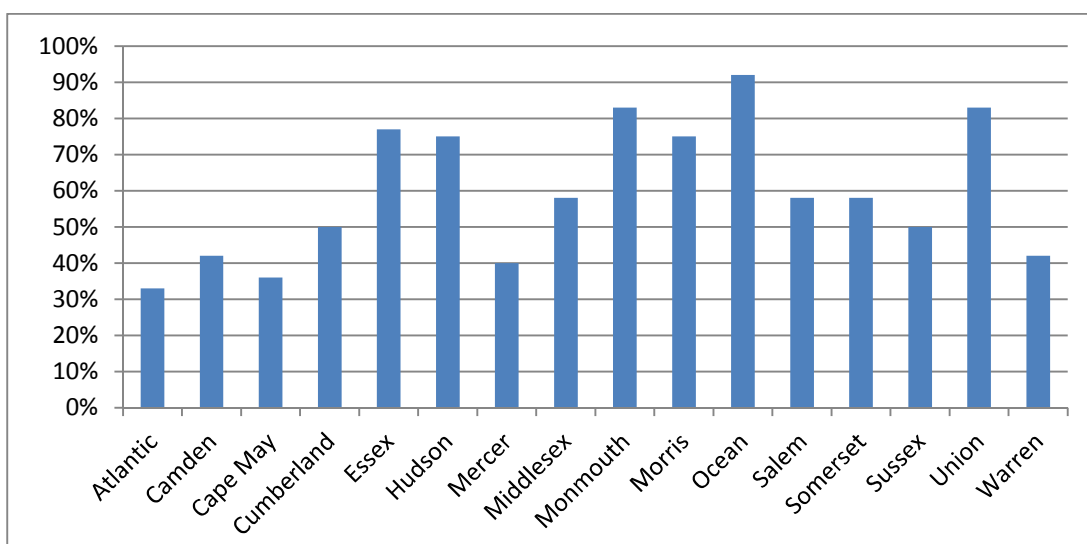
Purpose:

Plan Implementation assessed the delivery of services according to the child’s or family’s case plan, and was based on timeliness, competency, appropriateness of service provision, and available resources to meet individualized needs.

Rating:

- The average *STRENGTH* rating was 61%, or 115 of 190 cases scored within the “Acceptable” range.
- 6 of the 16 counties achieved a *STRENGTH* rating of 70% or greater, and 3 of these also exceeded the 80% mark.

Chart 25: Plan Implementation (n=190)



Findings:

In many counties, reviewers found challenges in implementing plans including plans that were largely absent of action steps or specificity to meet the identified needs / goals. Additionally, in cases where action steps were identified, they remained in the planning stages and were not implemented in a manner likely to achieve desired results.

CASE PLANNING FACT SHEET: Tracking and Adjustment

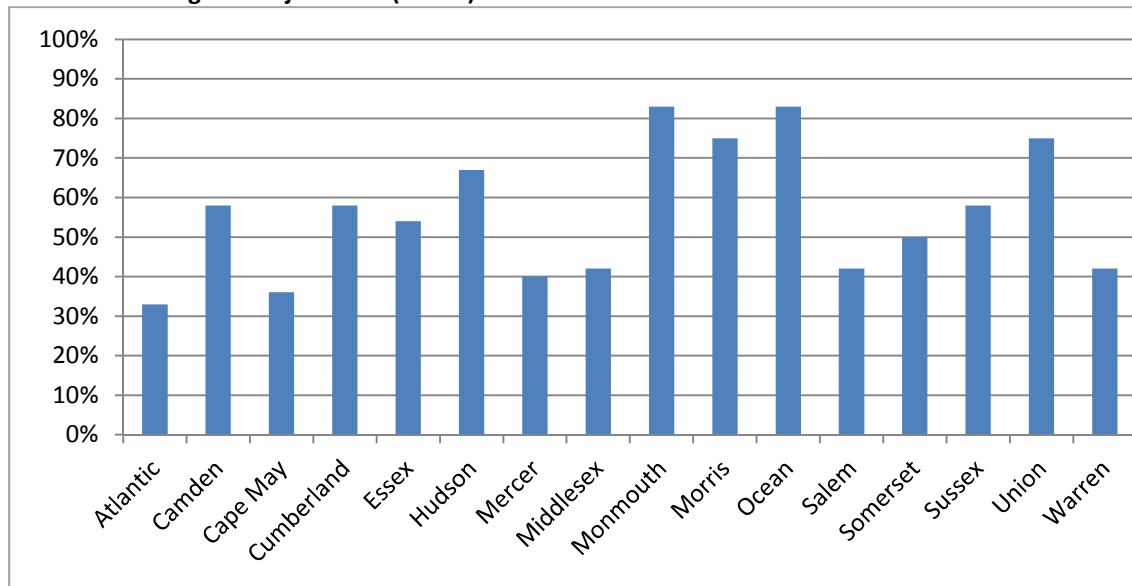
Purpose:

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

Rating:

- The average *STRENGTH* rating was 56%, or 107 of 190 cases scored within the “Acceptable” range.

Chart 26: Tracking and Adjustment (n=190)



Findings:

Twelve of 16 counties scored in the ANI range, indicating that services were only partially or minimally adjusted with changes in the family’s situation. *Tracking and Adjustment* requires that communication with the family and key team members is continuous, current and services results are monitored. Tactics are needed to ensure that a family’s plan is seen as a living document and is flexible to support changes and progress towards goals.

FACT SHEET: Provision of Health Care Services

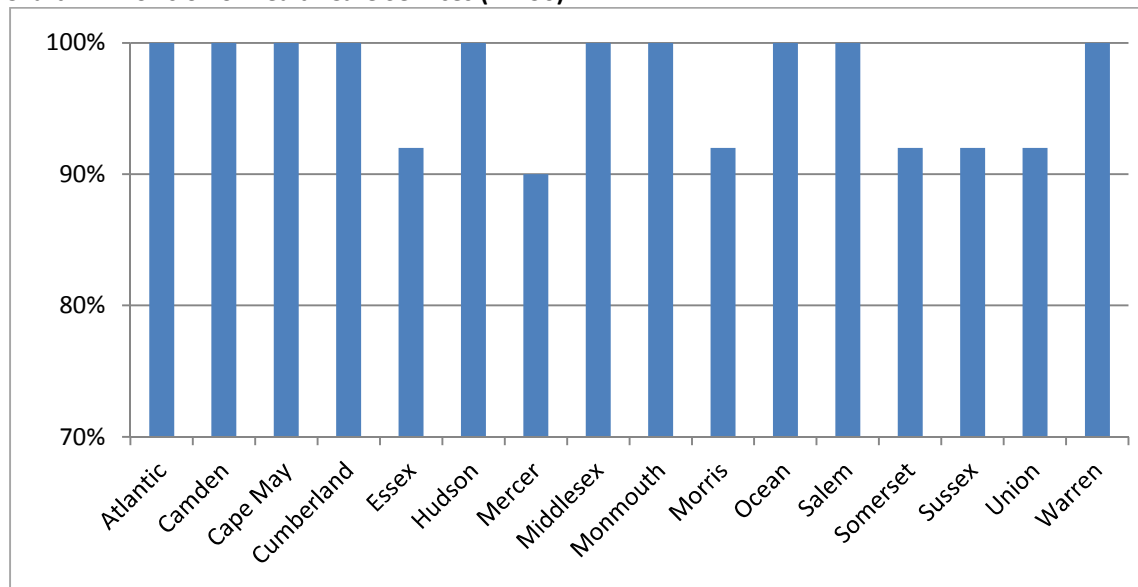
Purpose:

The *Provision of Health Care Services* assessed the degree to which the child received timely and effective health care services commensurate with services required for the child 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 with specialized medical needs. *Provision of Health Care Services* included access to required health assessments for children entering out-of-home placement, and screenings and services related to a child's mental health.

Rating:

- The average *STRENGTH* rating was 97%, or 184 of 190 cases scored within the "Acceptable" range.

Chart 27: Provision of Health Care Services (n=190)



Findings:

The *Provision of Health Care Services* was a clear strong point for the system, as all 16 counties scored at or above the 90% *STRENGTH* rating. Results indicated that children were in good health and received timely routine medical exams, immunizations, physicals, and follow up care. Children with medical conditions requiring specialists were able to have all their specialized needs met in a timely fashion.

FACT SHEET: Resource Availability

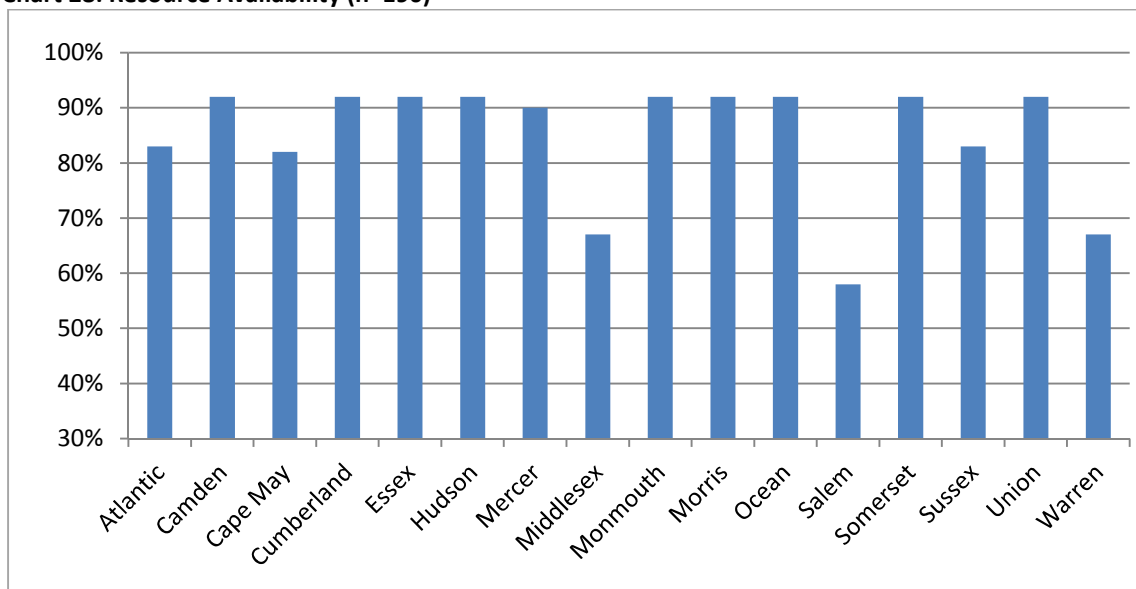
Purpose:

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 and family plan. Other factors assessed included whether resources were culturally appropriate, and sufficient in intensity and duration.

Rating:

- The average *STRENGTH* rating was 85%, or 161 of 190 scored in the “Acceptable” range.
- 13 of the 16 counties had *STRENGTH* ratings at or above 80%.

Chart 28: Resource Availability (n=190)



Findings:

Resource Availability is a proven asset for the system, with all but three counties meeting criteria for the “Acceptable” range. Reviewers noted services were appropriate and supportive to the child, family and caregiver’s needs. In counties with many cases in the “Acceptable” range, there were creative strategies to address individualized needs of the child or family and resources were committed to helping the family achieve their goals.

FAMILY AND COMMUNITY CONNECTIONS FACT SHEET: Overall

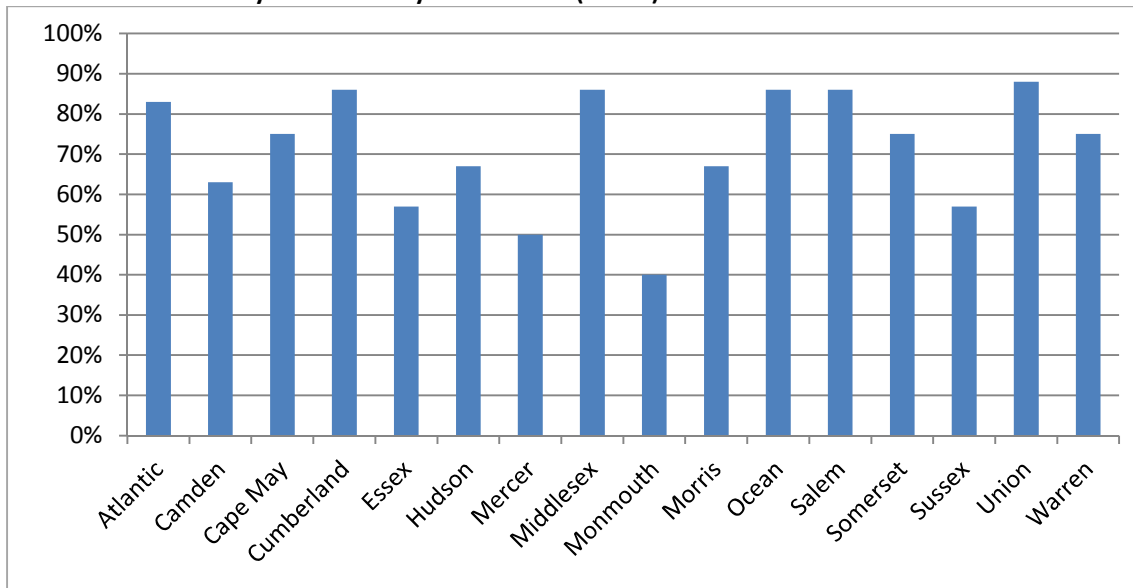
Purpose:

The *Overall Family and Community Connections* indicator assessed the strategies to maintain familial bonds when children enter out-of-home care. The same criterion for *Overall Family and Community Connections* was also applied for *Mother, Father* and *Siblings*. Information on these indicators can be found on their respective fact sheets.

Rating:

- The average *STRENGTH* rating was 72%, or 78 of 108 cases scored within the “Acceptable” range.
- 9 of the 16 counties achieved a *STRENGTH* rating of 70% or higher, and 6 of these were rated at 80% or higher.

Chart 29: Overall Family & Community Connections (n=108)



Findings:

Overall Family and Community Connections were seen as best maintained through a multifaceted approach and diversity of efforts. Tactics employed in successful cases included phone calls, letters, pictures, email and visits facilitated by the agency, providers, family members and resource parents. In some counties, formal visitation programs were utilized to ensure coordination and consistency of visitation.

FAMILY AND COMMUNITY CONNECTIONS FACT SHEET: Mother

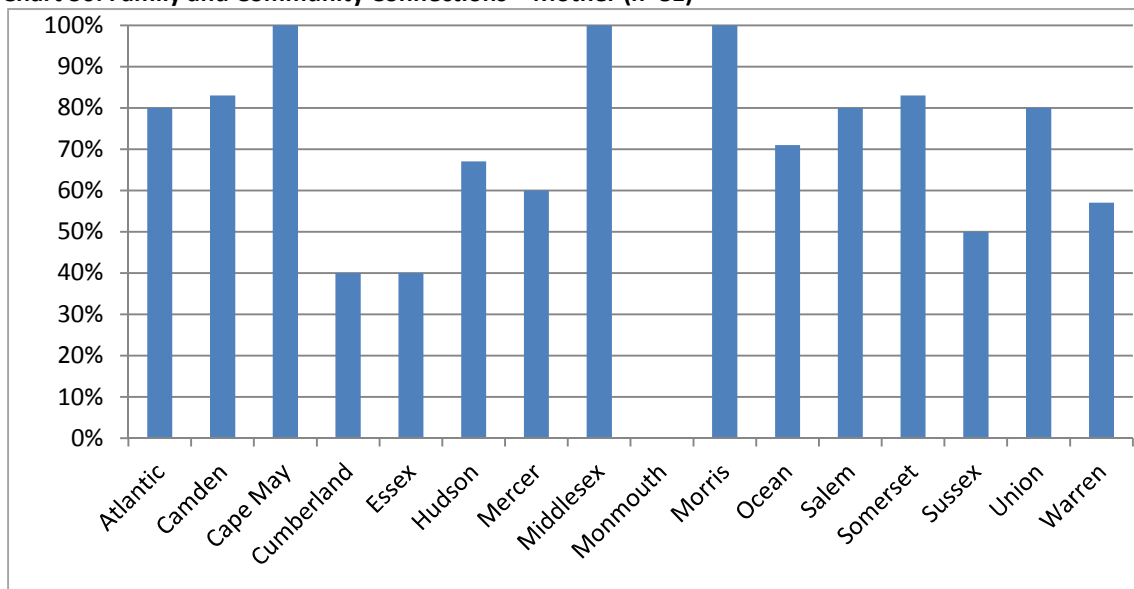
Purpose:

Family and Community Connections – Mother assessed the connecting strategies designed to maintain maternal bonds when children enter out-of-home care.

Rating:

- The average *STRENGTH* rating was 70%, or 57 of the 81 cases scored within the “Acceptable” range.

Chart 30: Family and Community Connections – Mother (n=81)



Findings:

The QR showed that 8 of 16 counties had *STRENGTH* ratings at or above 80%, indicating that mothers and children in those counties were maintaining a connection during the child’s time in out-of-home placement. In counties where visitation plans and outcomes needed work, the review found that DCF had not sufficiently strategized to address issues such as mothers who were noted as missing mothers or those lacking consistent housing. Of note is Monmouth county where there was only one applicable case which was seen as needing improvement. The other cases in the sample were nearing adoption finalization and parental rights had been terminated.

FAMILY AND COMMUNITY CONNECTIONS FACT SHEET: Father

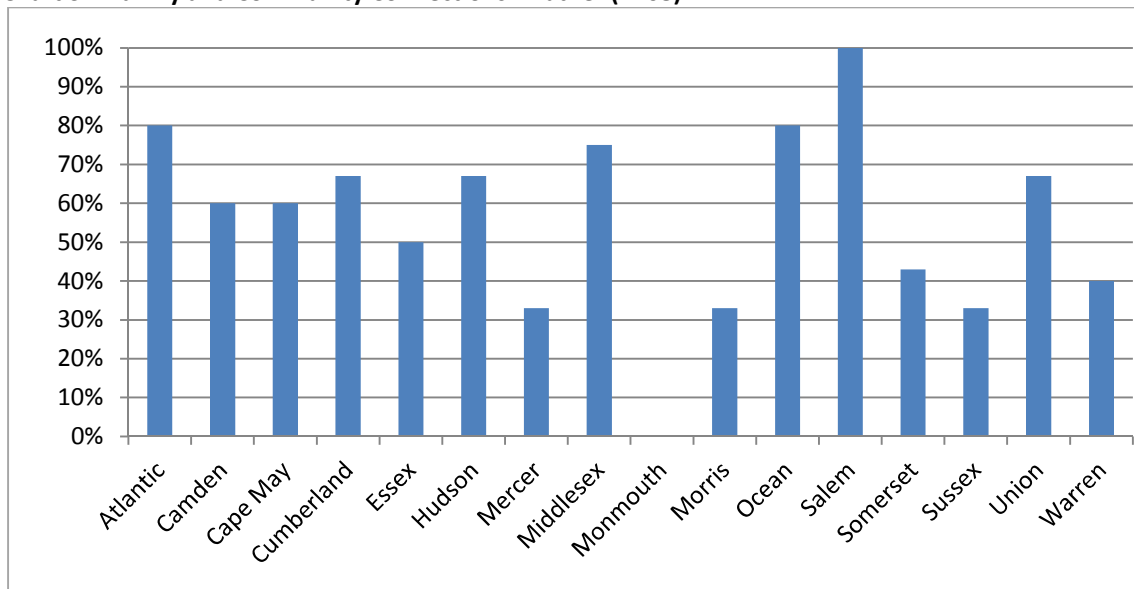
Purpose:

Family and Community Connections – Father assessed the connecting strategies in place to maintain the paternal bonds when children enter out-of-home care.

Rating:

- The average *STRENGTH* rating was 60%, or 41 of 68 cases scored in the “Acceptable” range.
- Counties’ *STRENGTH* ratings varied greatly, from slightly above 30% to 100%.

Chart 31: Family and Community Connections – Father (n=68)



Findings:

Reviewers found that the ability to maintain connections between fathers and their children was often impacted by a father being classified as missing, unknown, or transient. Assessments showed that DCF often failed to identify, engage or adequately search for fathers. However, in counties where fathers were engaged, reviewers noted their commitment to their children even when they were not seen as options for permanency. Still, this is an area where additional focus is needed. Of note, Monmouth County had no applicable cases to be rated.

FAMILY AND COMMUNITY CONNECTIONS FACT SHEET: Siblings

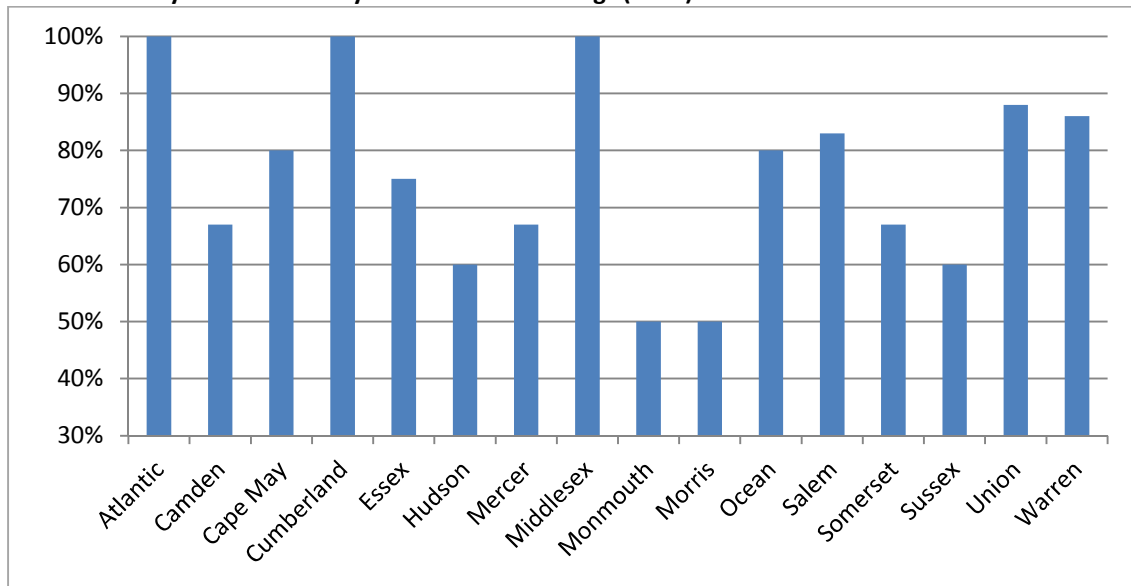
Purpose:

Family and Community Connections – Siblings assessed connecting strategies designed to maintain sibling bonds when children enter out-of-home care. This indicator was applicable only to children placed apart from one or more siblings.

Rating:

- The average *STRENGTH* rating was 77% or 56 of 73 cases scored in the “Acceptable” range.

Chart 32: Family and Community Connections – Siblings (n=73)



Findings:

In counties where family connections were well maintained, DCF demonstrated diligent efforts to ensure bonds between siblings were maintained through in person and phone contact. In counties with cases in the ANI range, sibling contact often did not occur due to decisions made by the children, medical or behavioral limitations of a sibling, or lack of clarity regarding the location of other siblings not involved with the child welfare system. In some instances, if visitation did occur between adolescent siblings, it was not well understood or known to the system.

FAMILY SUPPORTS FACT SHEET: Overall

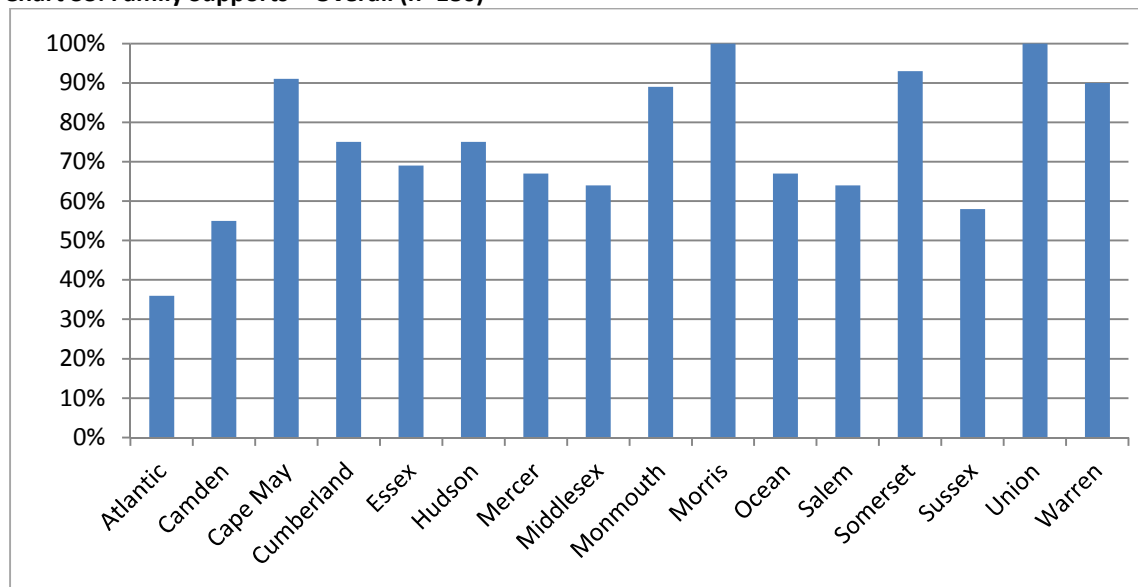
Purpose:

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 individually for *Parents* and for *Resource Caregivers* if the goal for the child was reunification, and was then given an *Overall* rating. Information on the two individually assessed indicators can be found in their respective fact sheets.

Rating:

- The average *STRENGTH* rating was 74% or 133 of the 180 cases scored in the “Acceptable” range.
- Half of the counties were at or above the 70% *STRENGTH* threshold.

Chart 33: Family Supports – Overall (n=180)



Findings:

Connections to both formal and informal supports are vital in assisting and supporting families to sustain service goals. It is particularly important to ensure families have access to the supports necessary to maintain successes once involvement with the child welfare system ends. Overall, counties with a higher number of cases in the “Acceptable” range found families that were connected to formal and informal

supports, which added to the safety and stability of the living arrangement.

FAMILY SUPPORTS FACT SHEET: Parents

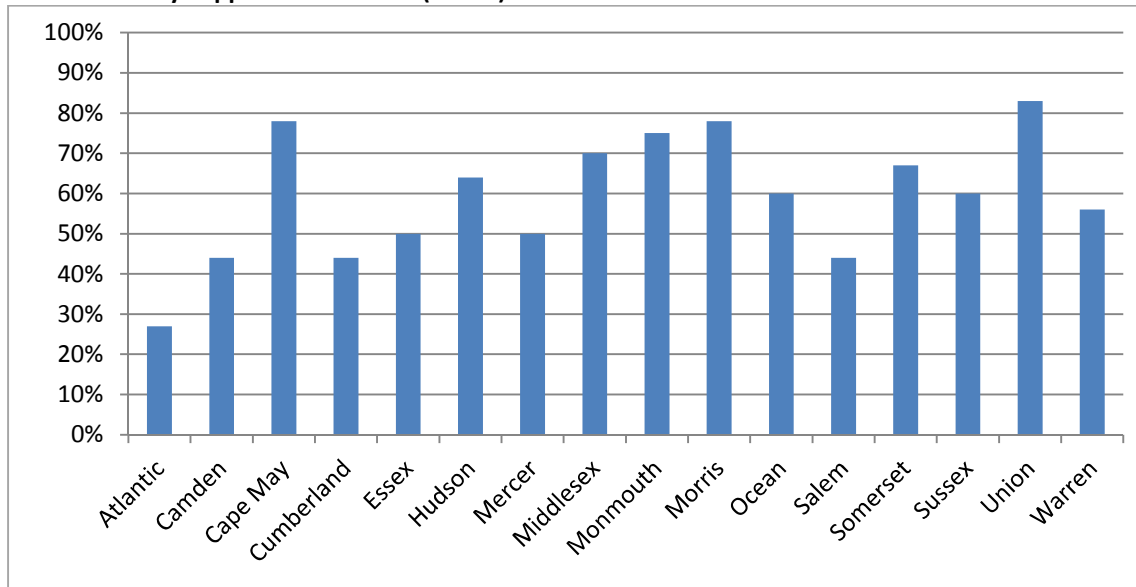
Purpose:

Family Supports for Parents assessed the active efforts of providers and the child welfare system to prepare and assist parents in their ability to provide a safe and stable living environment for the child. Only 144 cases were assessed as applicable, as the balance of cases included parents whose rights had been terminated, were missing, or the youth in the sample were over 18 years old or had “Independent Living” as their case goal.

Rating:

- The average *STRENGTH* rating was 58% or 84 of the 144 cases scored in the “Acceptable” range.
- 5 counties had a *STRENGTH* rating of 70% or higher, with the remaining counties ranging from slightly above 20% to slightly above 80%.

Chart 34: Family Supports for Parents (n=144)



Findings:

The QR results highlighted areas in which additional work was needed, including the provision of supports and services to prepare parents for the transition of reunification. Another area of concern was the provision of support services to remain in place after child welfare involvement ends.

FAMILY SUPPORTS FACT SHEET: Resource Caregiver

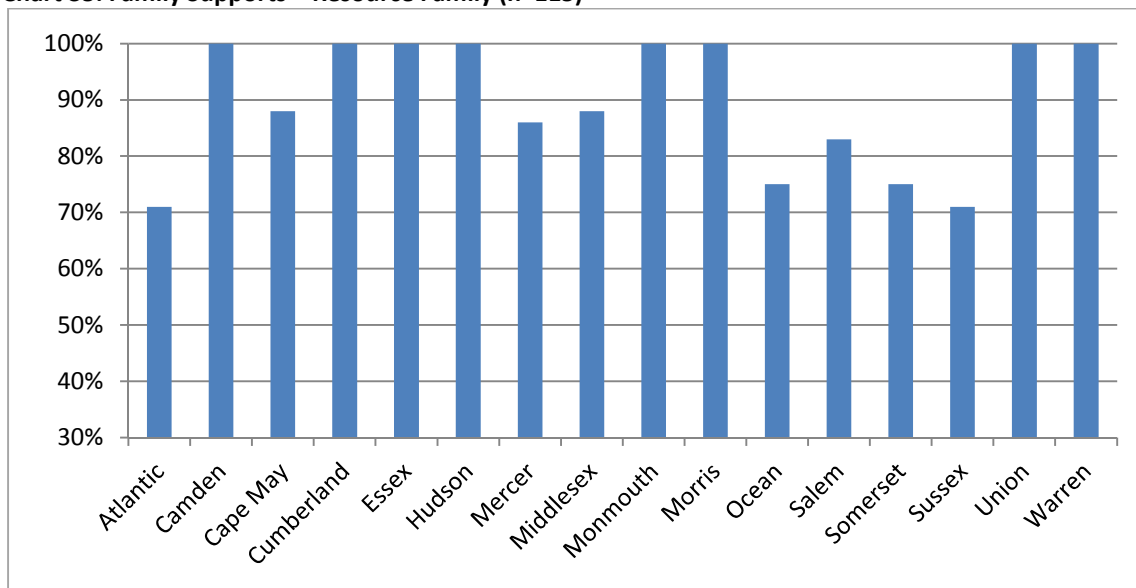
Purpose:

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. Cases with a youth in a non-resource home setting, like residential or congregate care setting, were not included in the rating for this indicator. Youth over the age of 18 and / or who had a case goal of “Independent Living” were not included in the sample.

Rating:

- The average *STRENGTH* rating for this indicator was 90%, or 103 of 115 cases scored in the “Acceptable” range.
- 8 of 16 counties had a 100% *STRENGTH* rating.
- All counties met or exceeded a 70% rating.

Chart 35: Family Supports – Resource Family (n=115)



Findings:

Supporting the needs of resource parents to provide a safe and stable living situation for the child is a strong point for DCF. Resource caregivers were seen as generally providing the support and guidance needed through formal and informal methods.

FACT SHEET: Long Term View

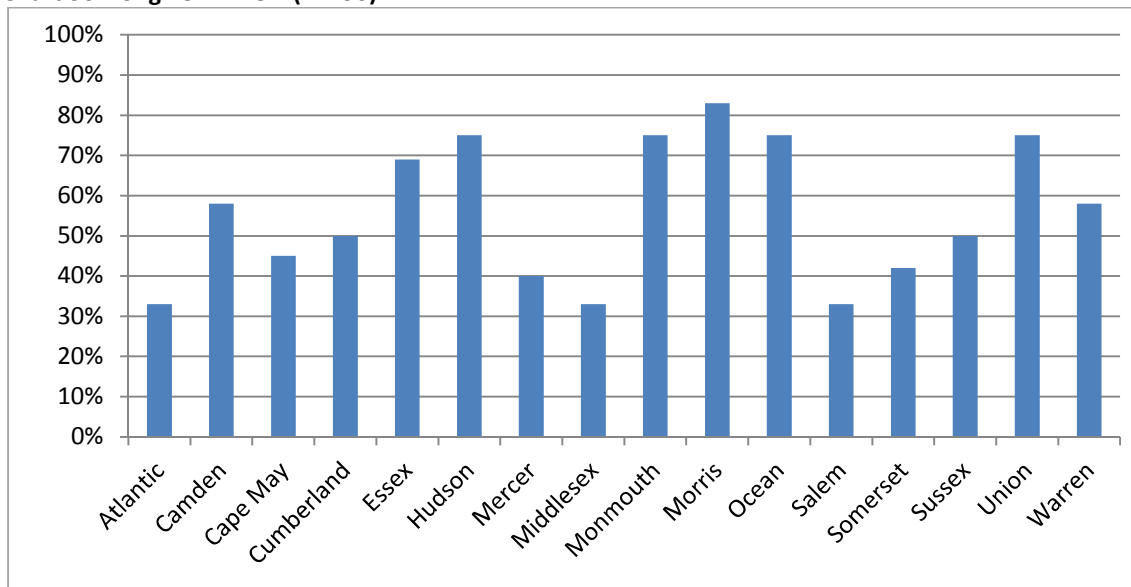
Purpose:

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

Rating:

- The average *STRENGTH* rating was 56% with 107 of 190 cases scoring in the "Acceptable" range.
- 8 out of 16 counties scored under 50% *STRENGTH* rating for this indicator.

Chart 36: Long Term View (n=190)



Findings:

Long Term View guides the development and implementation of the family's specific goals so they may successfully transition their involvement with the child welfare system, and results reveal that this is an area of considerable challenge for DCF. In several cases, families were unclear about or misunderstood the steps they needed to achieve in order to end their involvement with the child welfare system.

FACT SHEET: Transitions and Life Adjustments

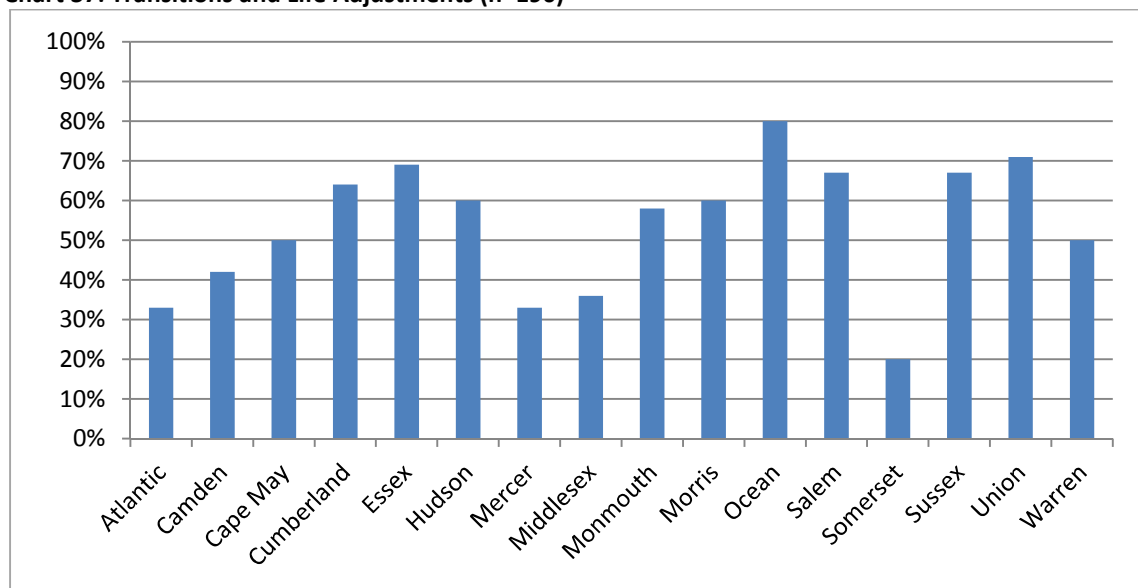
Purpose:

The *Transitions and Life Adjustments* indicator assessed whether the child and family's next transitional phase had been identified, and if so, whether planning had occurred consistent with the family's long term view.

Rating:

- The average *STRENGTH* rating was 54% with 93 out of 173 cases scoring in the "Acceptable" range.
- 2 of 16 counties achieved a 70% *STRENGTH* rating.

Chart 37: Transitions and Life Adjustments (n=190)



Findings:

All children and families face transitions and experience life changes over time. This can be challenging and confusing for children, especially if the changes haven't been well planned and articulated across all levels of care, service settings and providers. Successful planning for transitions must include monitoring and coordination to ensure success through adjustments. In counties where transitions were planned, families were supported with services and informal supports designed to continue beyond involvement with the child welfare system.

PROGRAM IMPROVEMENT PLANS (PIP)

In order for results of the QR to be used to improve outcomes for children and families, each county completes a Program Improvement Plan (PIP). Guidance for PIP development include:

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

Program Improvement Plans for 2012 (n=16)

Since PIPs are submitted several weeks after the county’s receipt of the final report, the 2011 QR Annual Report includes only reports for PIPs for QRs held between January and October 2011. The following table displays *county-identified* areas of need based on QR findings. The design and flexibility of PIP development makes summary comparisons challenging, however, a review of submitted PIPs reveals that many counties have chosen to focus on improvement in case practice elements of *Engagement, Family Teaming* and *Case Planning*.

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

QR Date	County	County Identified Area of Need For PIP Based Upon QR Findings
Jan-11	Mercer	Case Planning Process
		Plan Implementation
		Tracking & Adjustment
		Engagement
		Family Teamwork (Formation & Function)
		Family & Community Connections
Mar-11	Union	Case Planning Process
		Family Teamwork (Formation & Function)
		Engagement (Parents)
Mar-11	Cumberland	Engagement (Parents, Children & Caretakers)
		Family Teamwork (Formation & Function)
		Case Planning Process
Apr-11	Ocean	Engagement
		Family Teamwork
		Case Planning Process
Apr-11	Morris	Family Teamwork (Formation & Function)
		Case Planning Process
		Family & Community Connections (Fathers & Siblings)
		Transitions & Life Adjustments
May-11	Somerset	Family Teamwork (Formation & Function)
		Case Planning Process (Implementation, Tracking & Adjusting)
		Transitions & Life Adjustments and Long Term View
		Engagement
May-11	Cape May	Family Teamwork
		Engagement
		Case Planning Process
		Long Term View
Jun-11	Middlesex	Engagement (Parents)
		Family Teamwork (Formation & Function)
		Tracking & Adjusting
		Long Term View
Jun-11	Hudson	Engagement
		Family Teamwork (Formation & Function)
		Case Planning Process

QR Date	County	County Identified Area of Need For PIP Based Upon QR Findings
Sep- 11	Sussex	Functional Assessment & Understanding
		Case Planning Process
		Family Teamwork (Formation & Function)
Sep- 11	Salem	Engagement (Children, Parents & Caretakers)
		Family Teamwork (Formation & Function)
Oct- 11	Warren	Family Teamwork (Formation & Function)
		Case Planning Process
Oct- 11	Monmouth	Family Teamwork (Formation & Function)
		Family Connections
		Stability
Nov- 11	Essex	Engagement
		Functional Assessment & Understanding
Dec- 11	Camden	Functional Assessment & Understanding
		Family Functioning & Resourcefulness
Dec- 11	Atlantic	Family Functioning and Resourcefulness
		Progress Toward Permanency
		Family Teamwork (Formation & Function)
		Engagement (Children, Parents & Caretakers)
		Functional Assessment & Understanding
		Case Planning Process
Long Term View		

Office of Performance Management & Accountability Strategies

The Office of Performance Management and Accountability (PMA) is the office through which QRs are managed and supported. In 2011, the PMA implemented strategies to enhance processes and reinforce internal capacity to implement and sustain QR.

Using Feedback for Process Improvement

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

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

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

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

PIP Support

During 2011, PMA became fully staffed with a team of QR Team Leads and a QR Administrator whose primary functions are ensuring that the QR process is standardized and local county teams are supported and guided during the process.

The QR Team within PMA is taking an active role in preparing the staff in the QR County, including presenting at staff meetings, meeting with key staff members and offering guidance to the logistics of the QR week. In addition, QR Team Leads are now on-site throughout the review week to ensure schedules are prepared, interviews occur and challenges with scoring are resolved. Team Leads also check for consistency in QR scoring and documentation, manage workflow of the review team during the week and facilitate ‘debrief’ processes.

APPENDIX A

Qualitative Review Methodology

The QR process examines the current status of the child / family as well as practice performance areas through in-depth interviews and record reviews. The QR is a week-long process where 12 reviewers are paired into 6 teams and assigned the cases of two children to review over the course of the week. The review team follows the same basic process for each of the cases starting with a review of key documents in the case file and a discussion about the history and work to date with the family with the assigned caseworker and supervisor. In addition to the Division of Youth and Family Services (DYFS) staff, key interviewees can include:

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

In the time period leading up to the review week, local county staff schedule interviews with key informants. These individuals are defined broadly as any person in the identified child's life who has a vested interest in seeing positive outcomes for that child. Interviews are scheduled in person with the child and caregivers and with as many others as are possible within the two day interview period. Other interviews are conducted over the phone. In 2011, there were over 1600 separate interviews conducted related to the 190 children/youth in the sample. Counties reviewed included Atlantic, Camden, Cape May, Cumberland, Essex, Hudson, Mercer, Middlesex, Monmouth, Morris, Ocean, Salem, Somerset, Sussex, Union and Warren.

At the conclusion of the interview process for each case, the review teams discuss their findings and scores. They highlight the strong points and areas needing improvement as part of a group debrief processes. Local leadership are silent observers to the process. On the last day of the review week, the review team gathers for a final debrief session to discuss the themes to highlight in a staff presentation that follows.

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

APPENDIX B

Qualitative Review Reviewer Preparation

Training

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

In 2011, four training sessions were offered in order to expand the current reviewer pool. Over the course of all trainings, a total of 5 community stakeholders and 70 staff from across DCF were trained as QR Reviewers. The training yielded 40 additional active reviewers and nearly doubled the pool of reviewers. The recruitment of community stakeholders as reviewers is reflective of the Department's vision of a transparent review process. It also offers a mutually beneficial learning opportunity.

Certification Process

During 2011, PMA introduced a certification process for Qualitative Reviewers in an effort to establish a standardized process for developing an experienced cadre of reviewers. Certification is a critical piece of the Qualitative Review process which creates the opportunity to assess fidelity of the tool, the scoring abilities of the Reviewer in Training, and test reliability across all reviewers. This process provides structure that bolsters the overall reviewer pool and sharpens their skills in areas of identified limitations.

The process of certification involves a two day training on the QR process, participation in a minimum of three reviews during a year accompanied by positive feedback from mentor reviewers and a final assessment involving scoring a standardized case narrative. This final assessment is made available online when PMA has identified that the reviewer has met the prerequisite criterion. The reviewer reads the narrative and scores selected QR indicators based on the information provided. The scores and the supporting information are submitted to PMA and graded against the normative score. The goal of PMA is to ensure all reviewers progress through the development and certification process in a timely manner.

In-Service Training

The expansion of the QR process to nearly double its scope from 2010 necessitated a focus on the continued development of the pool of experienced reviewers available to participate in QRs and mentor new staff. The continual development of experienced reviewers is critical to the ability of DCF to build internal capacity to continue the QR process. Therefore, through support from Casey Family Programs, PMA provided two sessions of in-service training to experienced reviewers. A total of 33 staff attended at least one of the sessions and feedback was overwhelmingly positive.

The first session entitled *Sharpening Your Reviewer Skills* was offered by a national expert in Quality Service Reviews and was focused on continual improvement of reviewer skills and included reviewers from stakeholder groups, and DCF staff. Through discussions with reviewers, PMA understood that with more review experience came more complex questions about the application of the tool, scoring, and managing challenging interviews. These issues along with providing strengths-based and accurate feedback in difficult situations were the focus of the sessions.

The second session entitled, *Sharpening Your Mentor Skills*, was a smaller and more focused session with DCF's most experienced reviewers (those with more than three reviews completed in 2011). This session highlighted strategies to enhance their role as mentors in the QR process.

In 2012 and future years as New Jersey continues to build capacity internally, the In-Service Training will be offered by PMA staff. Experienced and new reviewers will be surveyed to identify the foci of these biannual sessions. The sessions will be open to all reviewers and credits for continuing education will be available. The sessions will provide an opportunity for reviewers to share their successes and struggles as well as gain expert and peer support. Additionally, as staff from PMA continues to assess and support reviewers, it will provide a forum to discuss any challenges identified through reviews of scoring, documentation or to clarify any changes in protocol or process.

APPENDIX C QR Key Demographics

Basic demographic information is collected for each of the target children and his/her family 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.

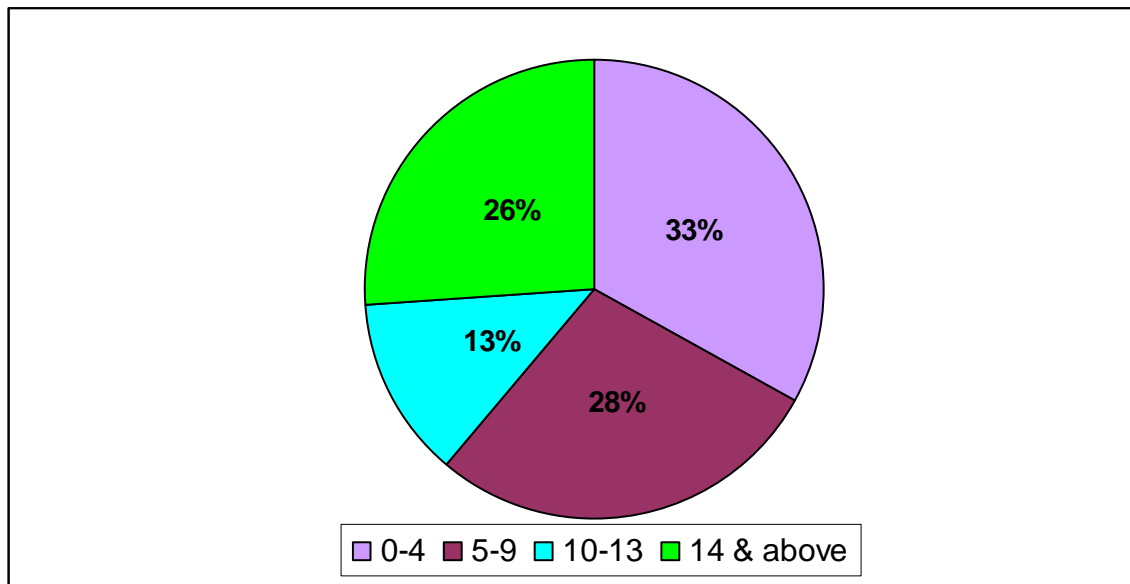
Sample

Through a random sampling process, the DCF Office of Information Technology and Reporting (ITR) extracts two lists of children for each county prior to the review week; a list of all children in an out-of-home placement and a list of all children receiving services in their own home. The local county team reviews the lists and through a structured set of guidelines identifies the final sample of 12 children which includes 8 children in out-of-home settings and 4 children who remain in their own homes¹.

Age

Of the 190 children included in the review, there was an even split in gender with 95 males and 95 females. The ages of the children in the sample ranged from under 1 year old to 20 years old. The majority of children, 33%, were in the 0-4 year old age range.

Chart 38: Age of Children (n=190)

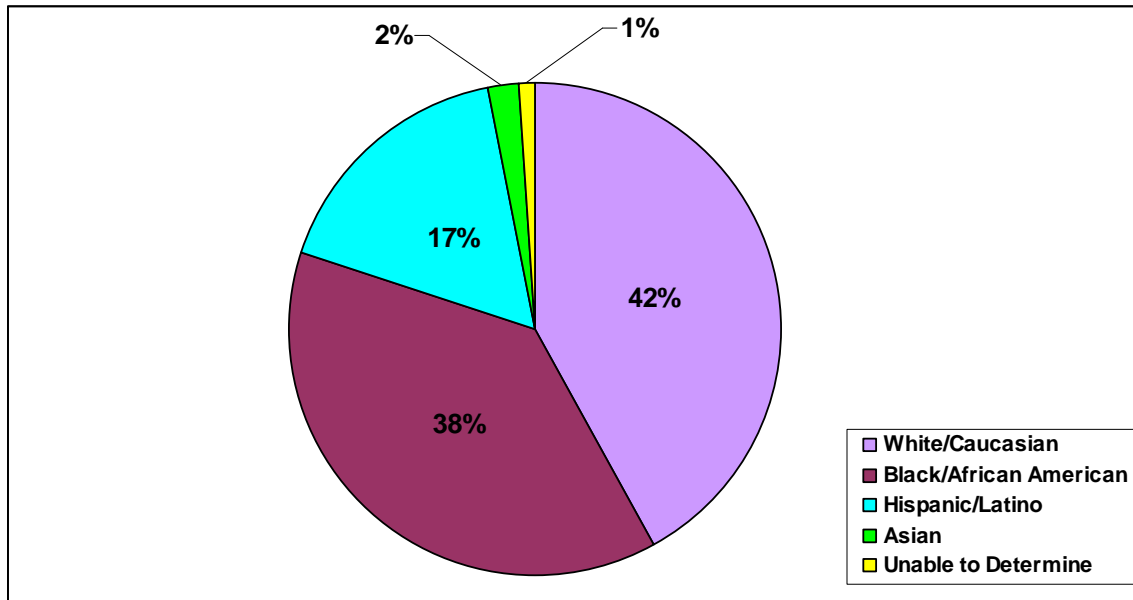


¹ Mercer County had only 7 out-of-home cases and 3 in home cases
NJDCF 2011 QR Annual Report

Race/Ethnicity

There was also a nearly even split between the two largest categories of race; seventy-eight children or 41% of the sample were identified as White / Caucasian and 72 children or 38% of the sample were identified as Black / African American. The categories mirror the choices available in NJ SPIRIT, DCF's data information management system. There is also an 'unknown' category option; however, this was not selected as an option for any children in the sample and therefore is not reflected in the chart.

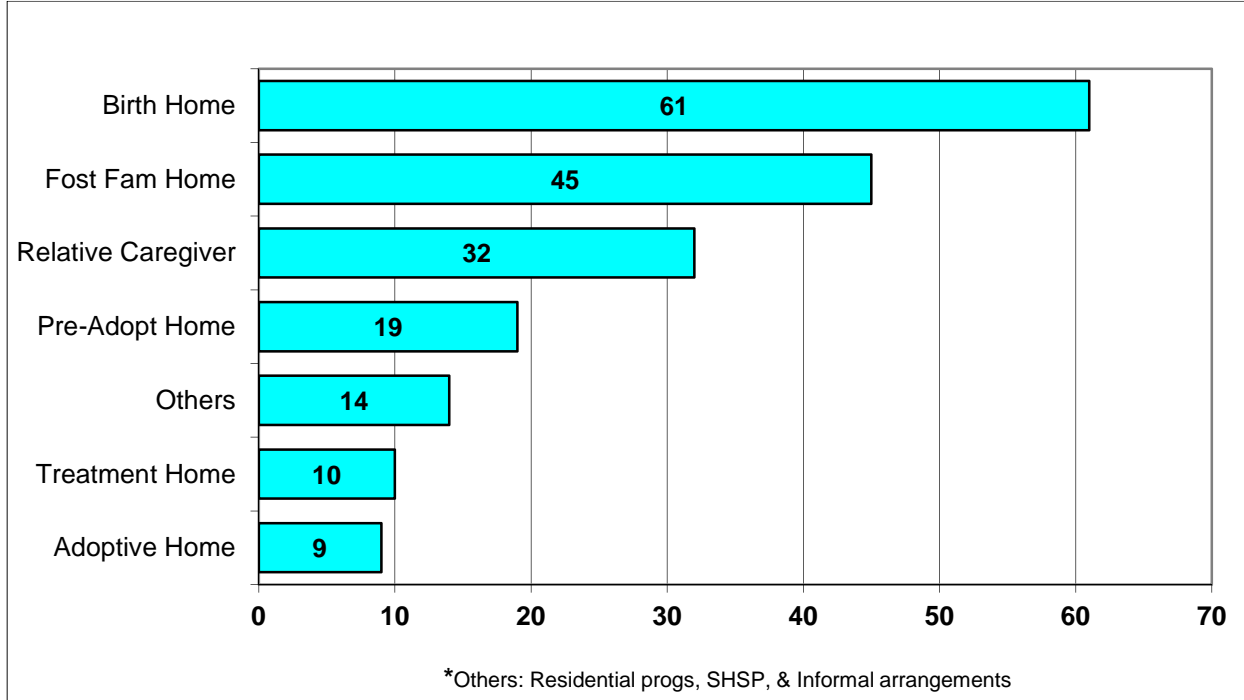
Chart 39: Race/Ethnicity of Children (n=190)



Type of Placement

Children in the sample resided in a number of different settings at the time of the review. Of the children in the sample, 61 or 32% resided in their own (birth) homes and the remaining children resided in a range of out-of-home settings (Chart 3). The length of time in placement was fairly evenly spread across all date range options with the majority of children, 17%, placed between four and six months.

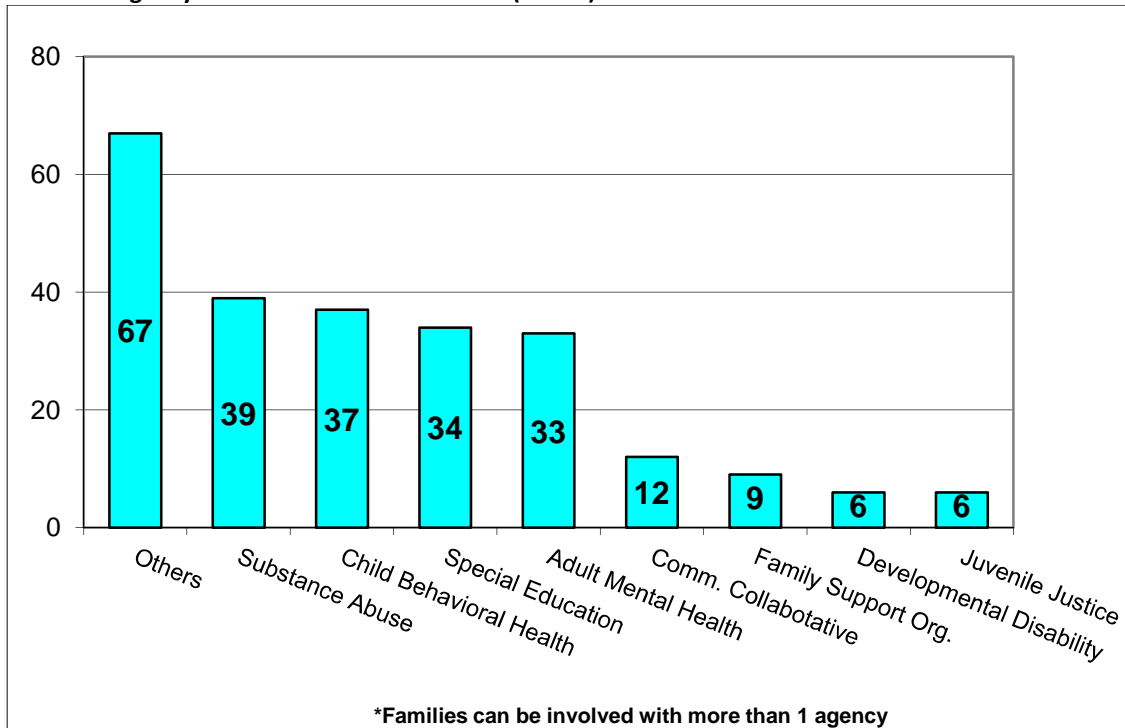
Chart 40: Types of Placement (n=190)



Agency Involvement

The QR also captures basic information about additional services or agencies working with the families in the sample. Families can, and are often, involved with multiple services to assist them in attaining their case goals. The range of agencies providing services to families in the sample is quite broad, including services for substance abuse, mental health for the children and adults, and community collaborative supports. The category of “Others” includes services not listed on the data collection form but includes participation in programs for domestic violence, visitation services, family therapy, early intervention services and parenting programs.

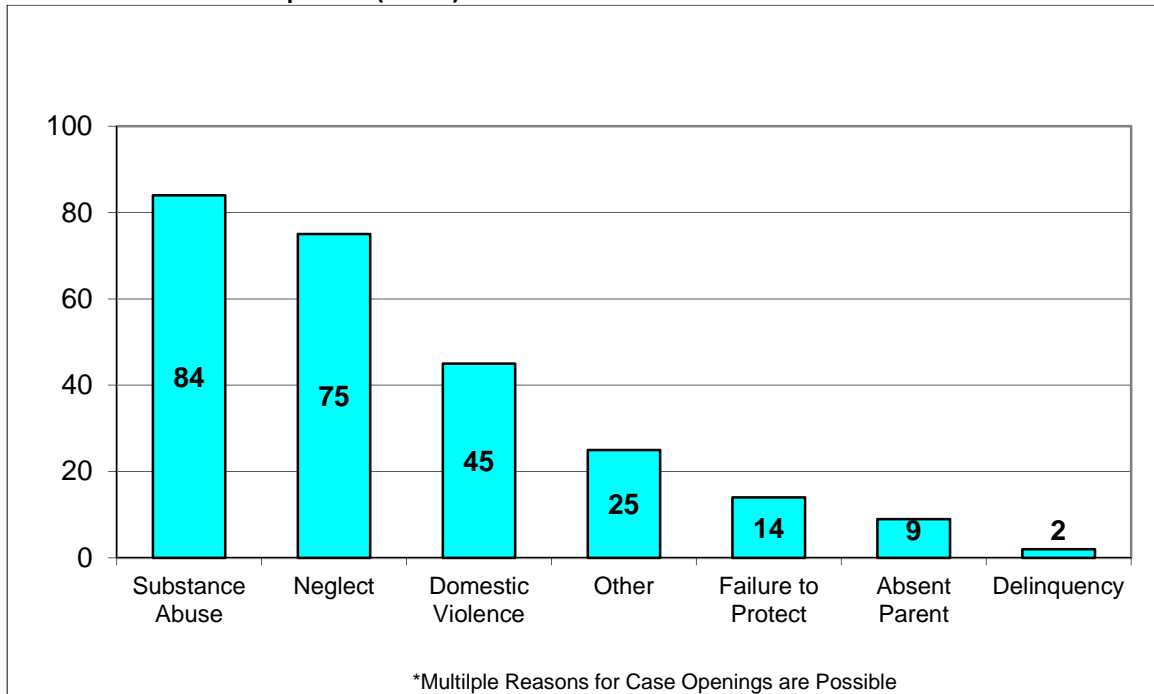
Chart 41: Agency* Involvement with Families (n=190)



Reasons Case Opened

The services families were participating in at the time of the review are often directly related to the reason the case was opened with DYFS. For example, substance abuse was one of the reasons a case was opened for 84 families in the sample. Substance abuse agencies were involved with 39 of these 84 families.

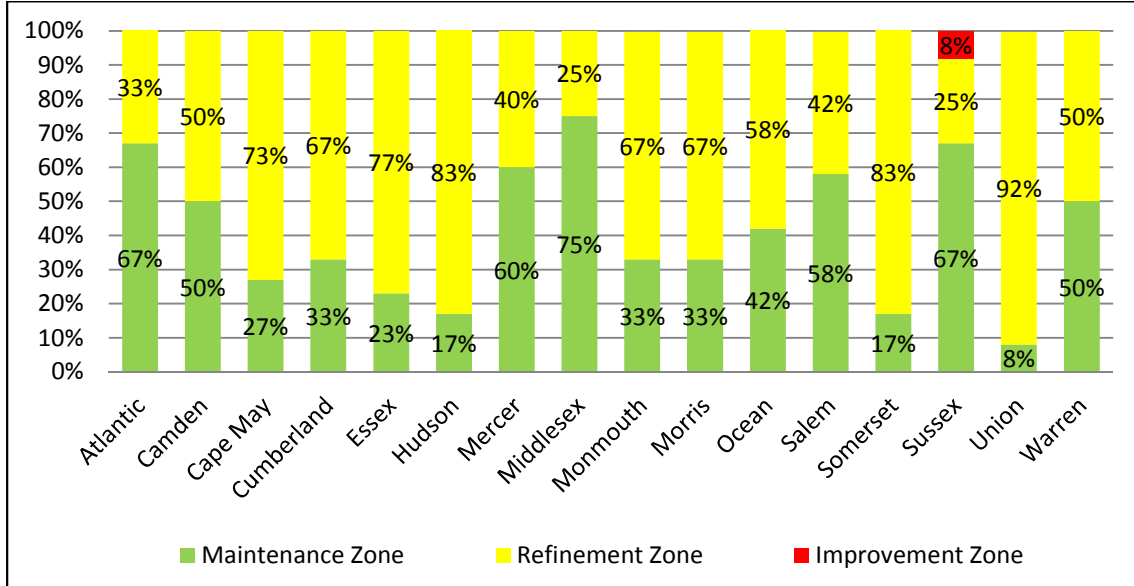
Chart 42: Reasons Case Opened* (n=190)



APPENDIX D

Data by Zone: Overall Child & Family Status

Chart 43: Overall Child & Family Status (n=190)



APPENDIX E

Data by Zone: Safety

Chart 44: Safety at Home (n=190)

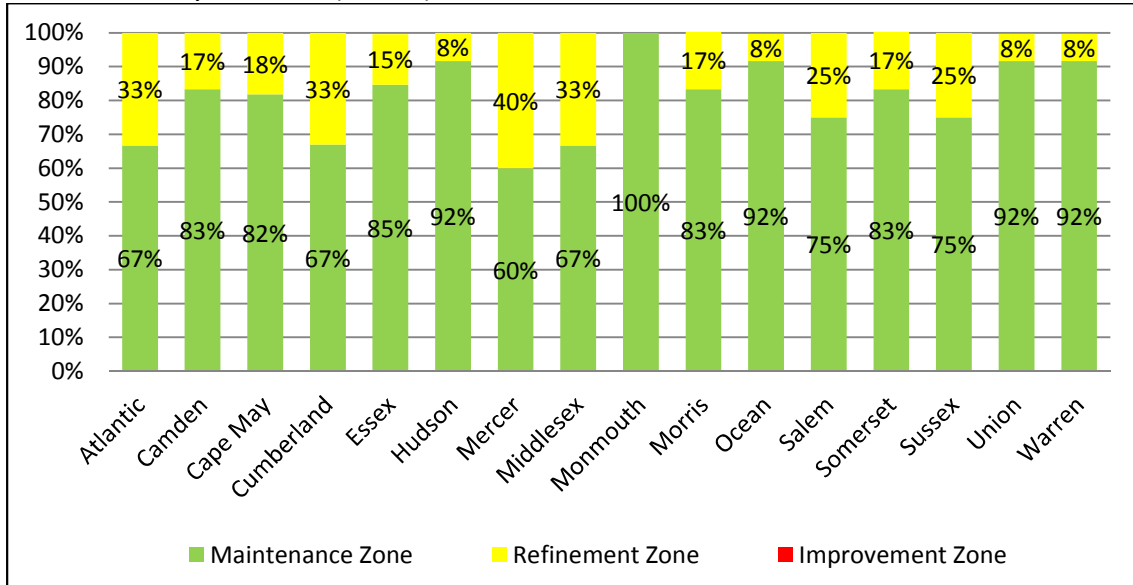
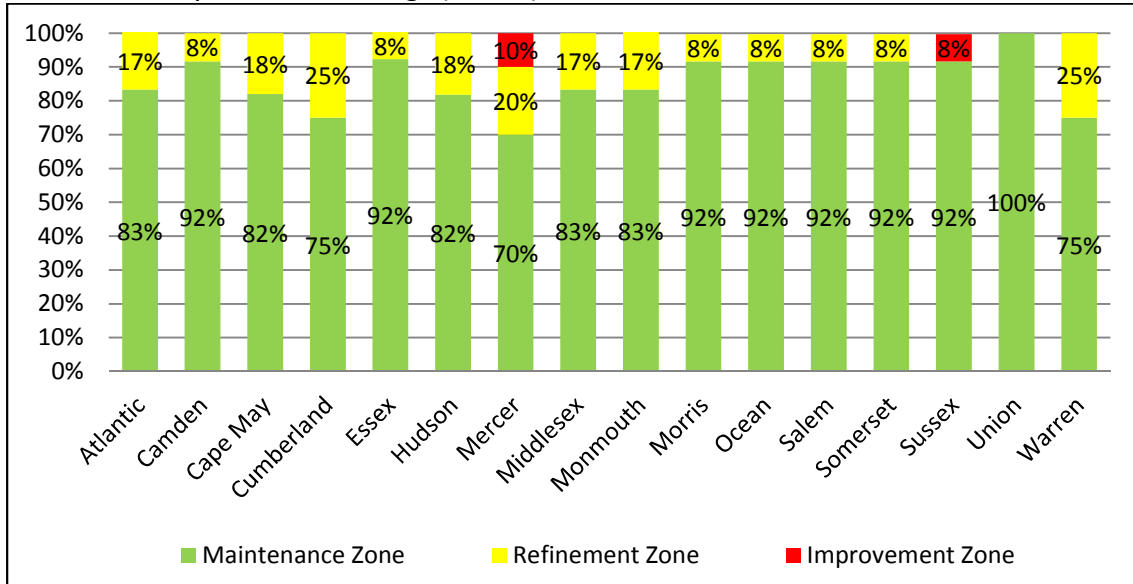


Chart 45: Safety in Other Settings (n=190)



APPENDIX F
Data by Zone: Stability

Chart 46: Stability at Home (n=190)

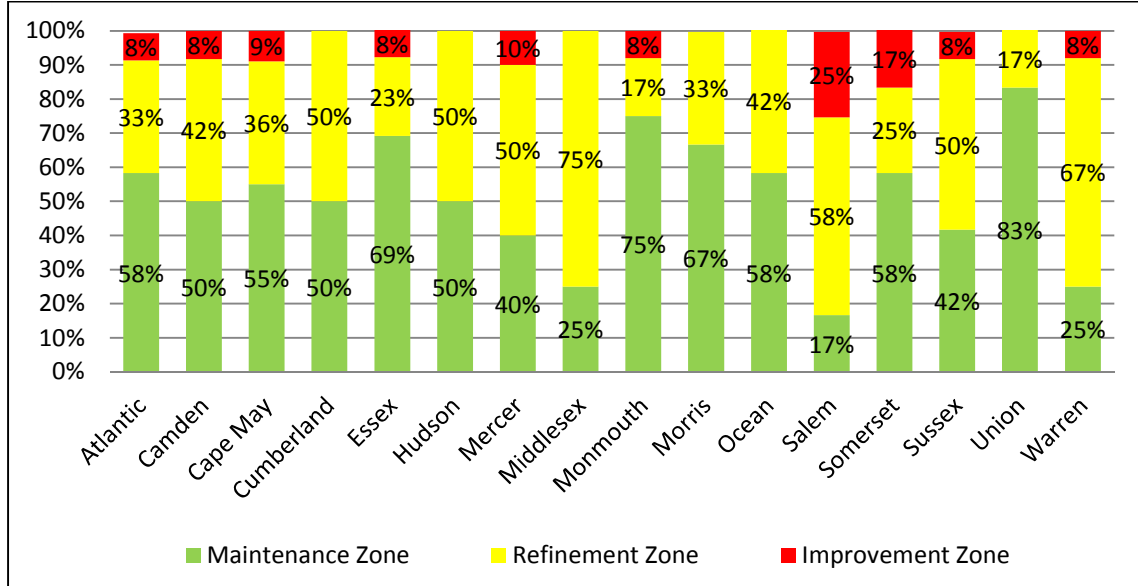
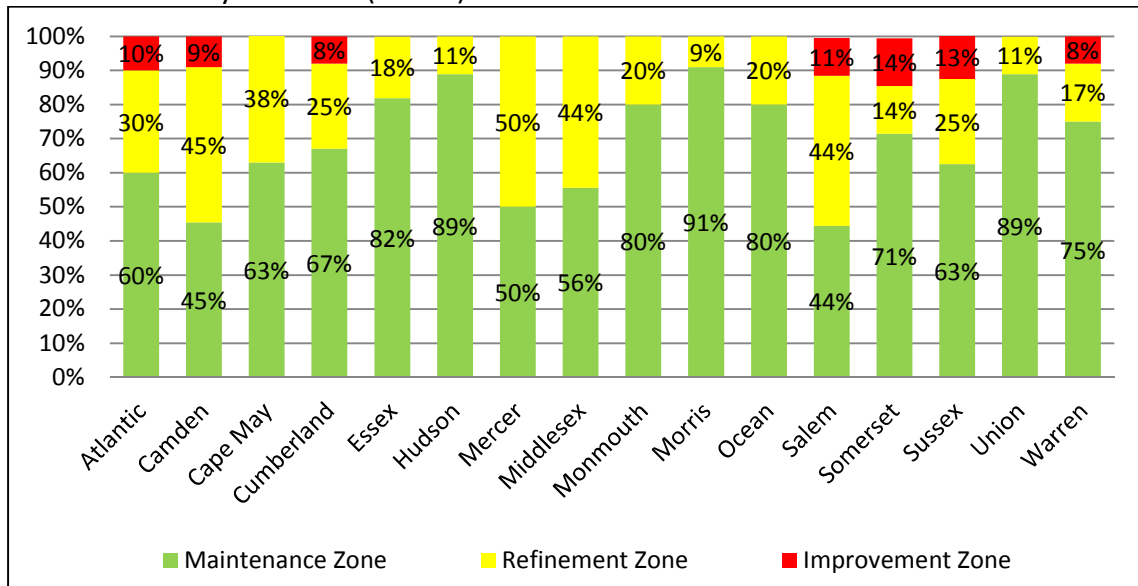


Chart 47: Stability in School (n=154)



APPENDIX G

Data by Zone: Permanency

Chart 48: Living Arrangement (n=190)

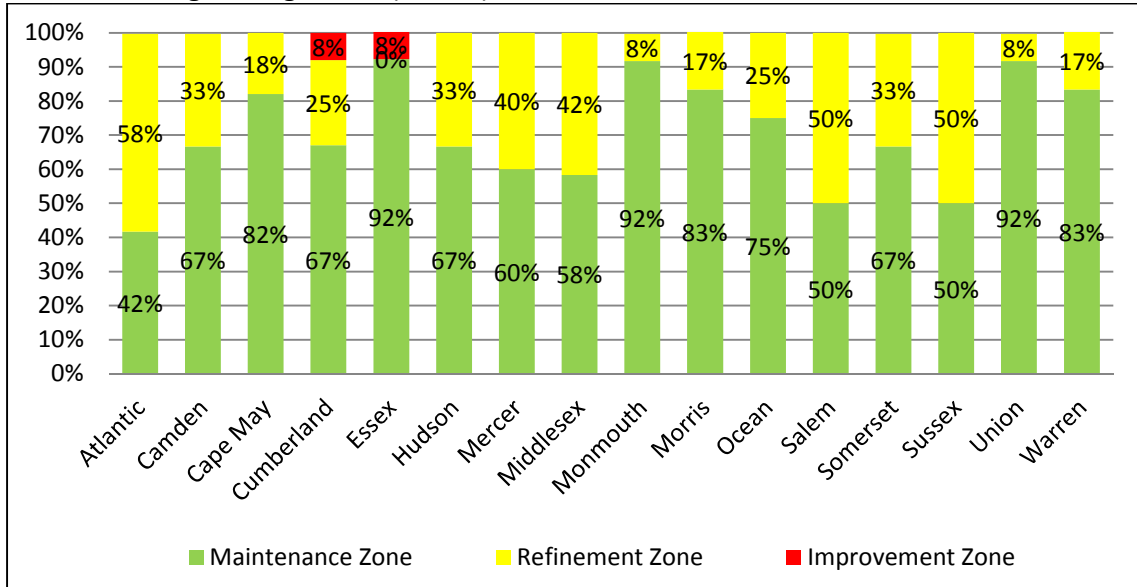


Chart 49: Family Functioning & Resourcefulness (n=180)

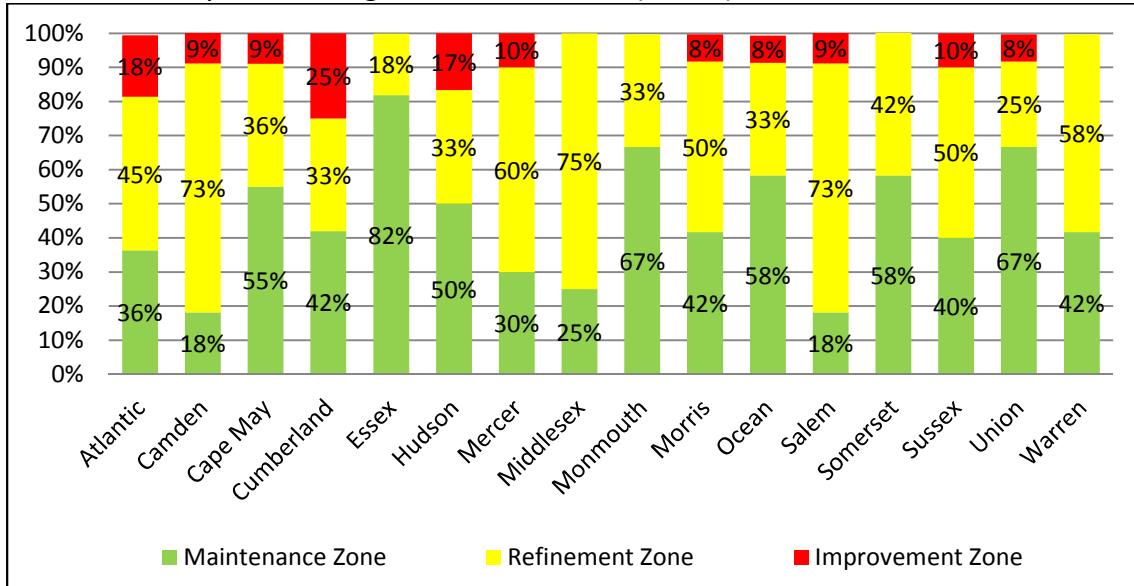
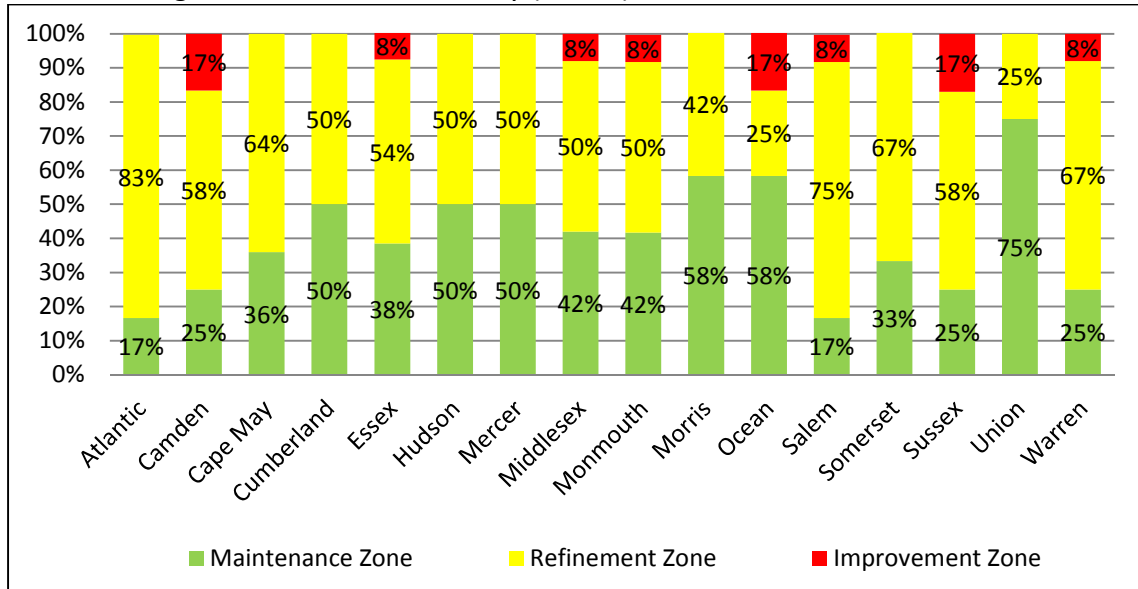


Chart 50: Progress towards Permanency (n=190)



APPENDIX H

Data by Zone: Well-Being

Chart 51: Physical Health of the Child (n=190)

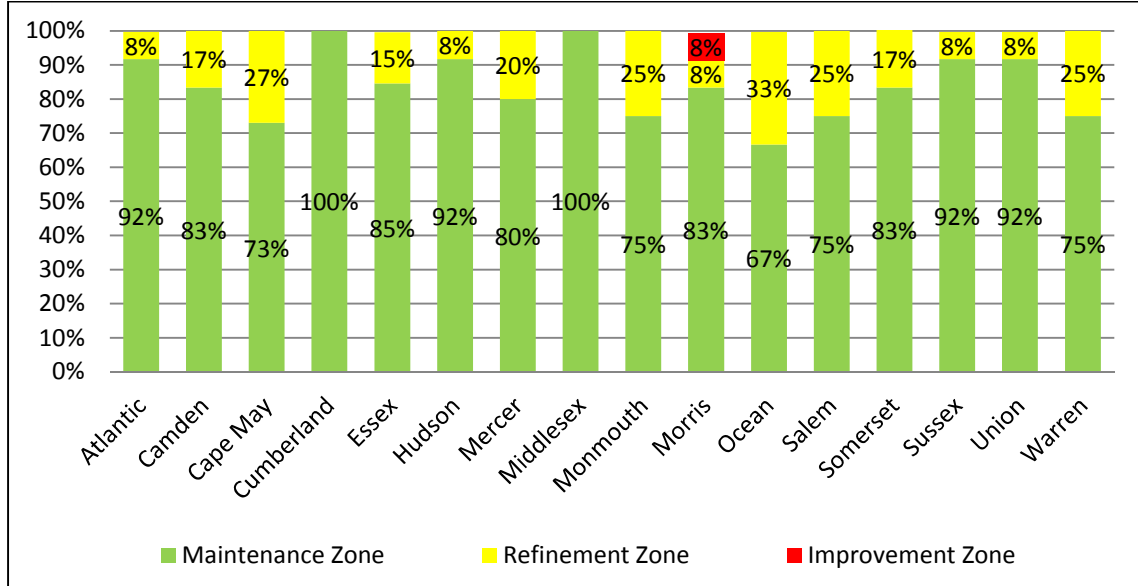
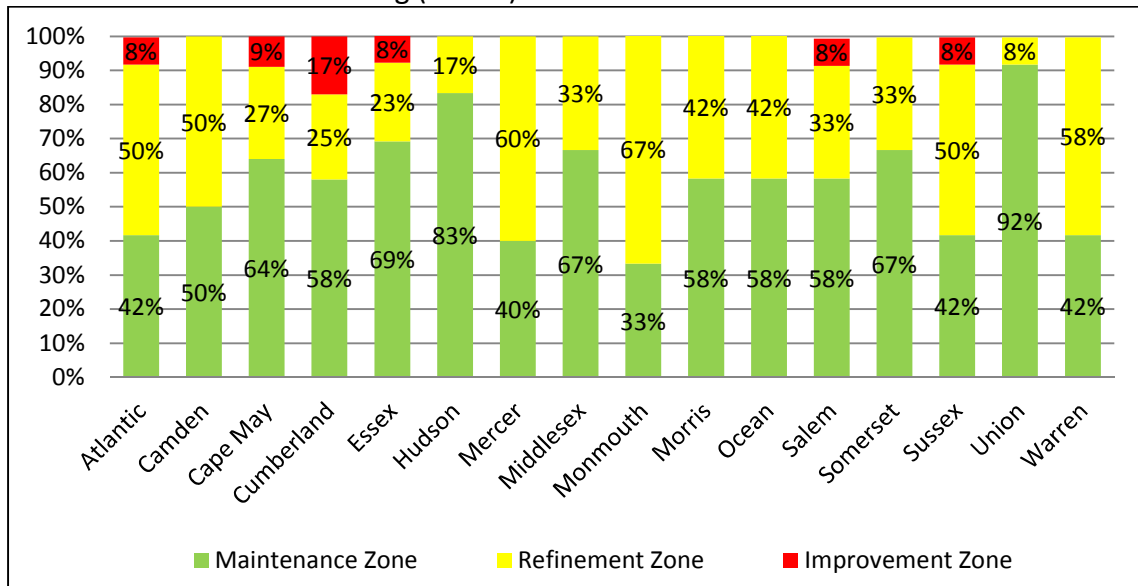


Chart 52: Emotional Well-Being (n=190)



APPENDIX I

Data by Zone: Learning and Development

Chart 53: Learning and Development under Age 5 (n=58*)

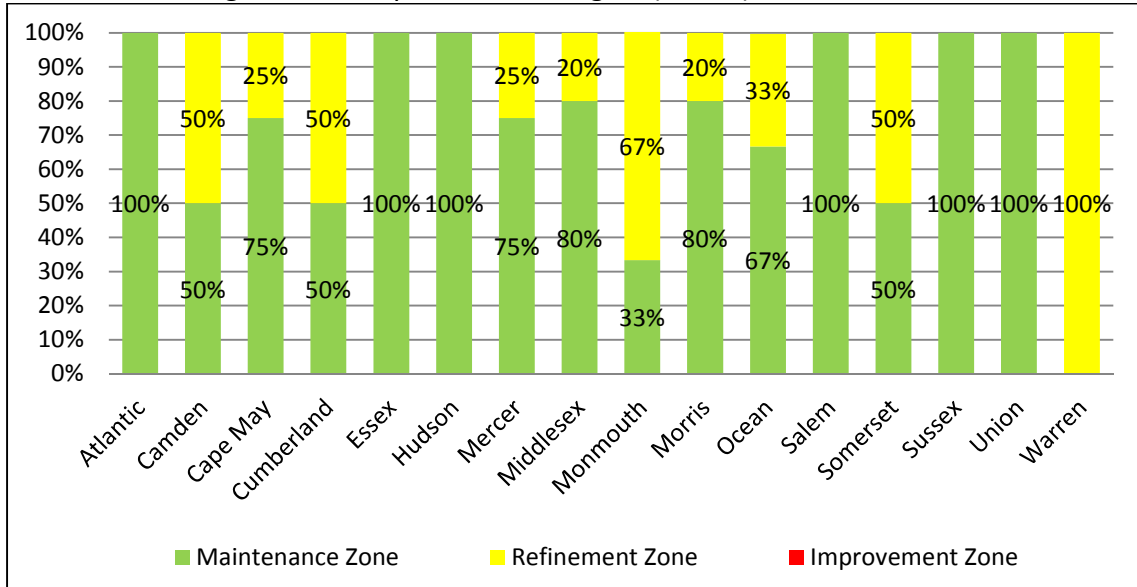
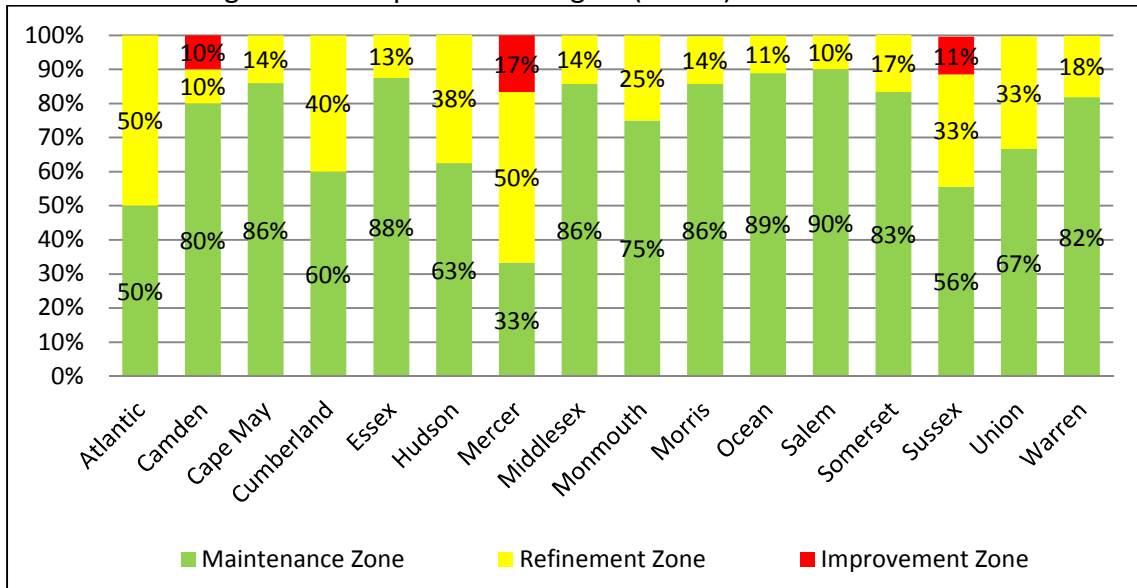


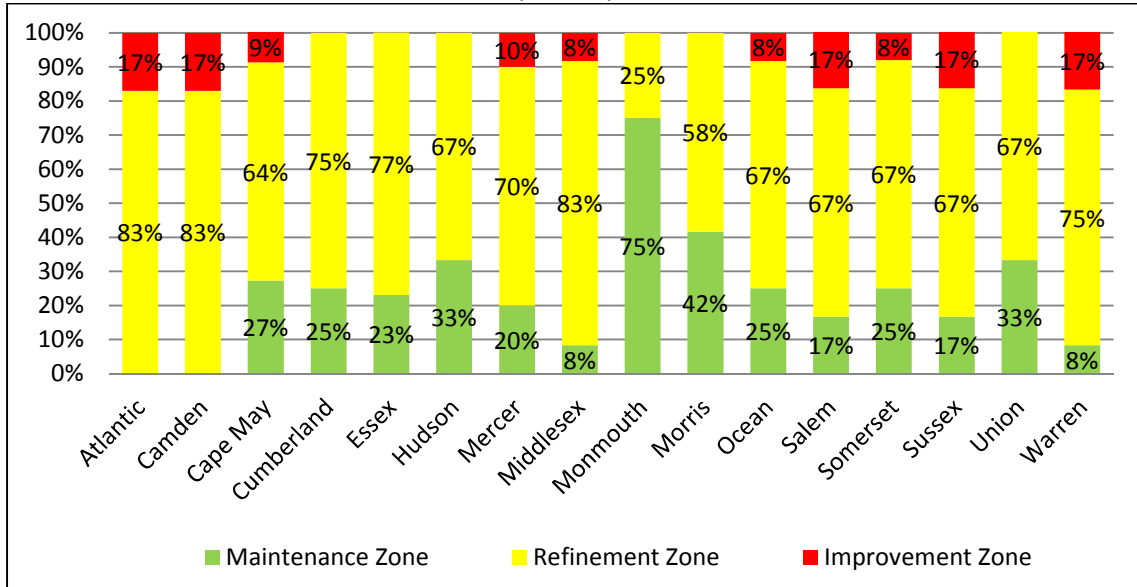
Chart 54: Learning and Development over Age 5 (n=129)



APPENDIX J

Data by Zone: Overall Practice Performance

Chart 55: Overall Practice Performance (n=190)



APPENDIX K

Data by Zone: Engagement

Chart 56: Engagement – Overall (n=190)

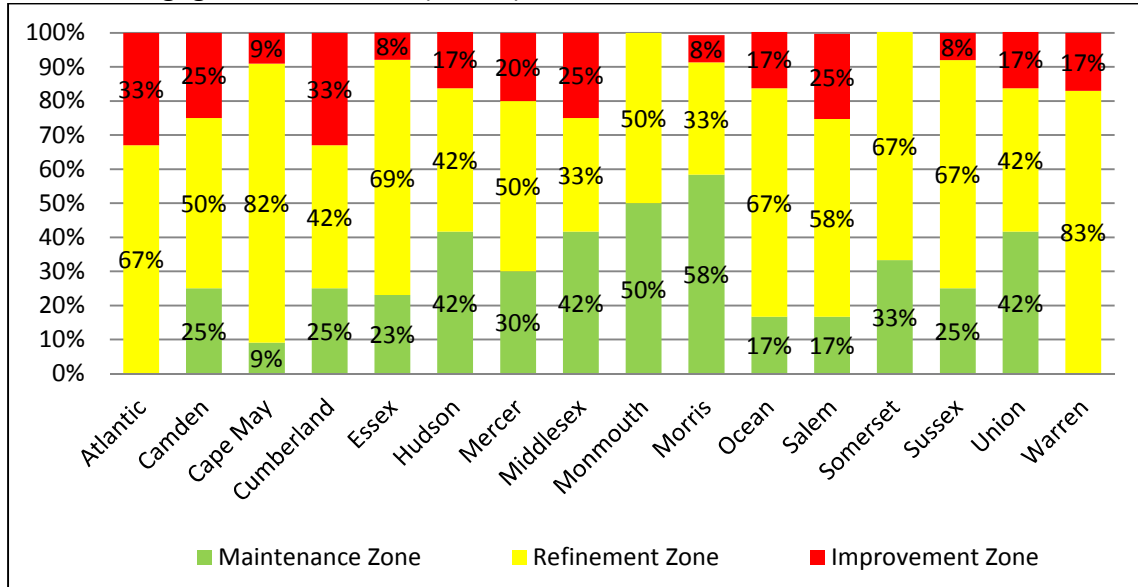


Chart 57: Engagement of Child/Youth (n=138)

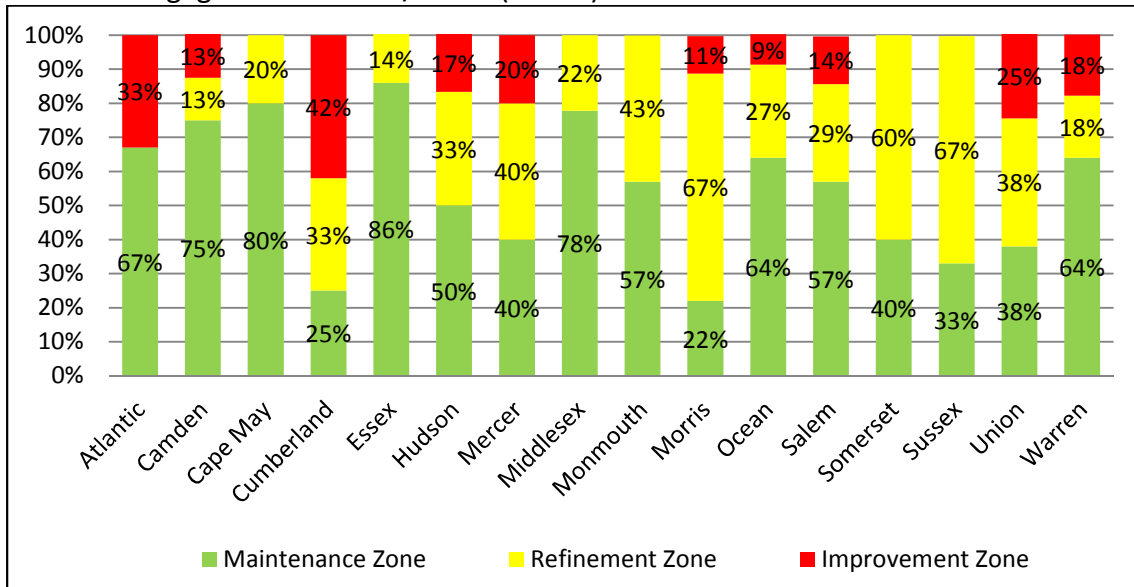


Chart 58: Engagement – Parents (n=144)

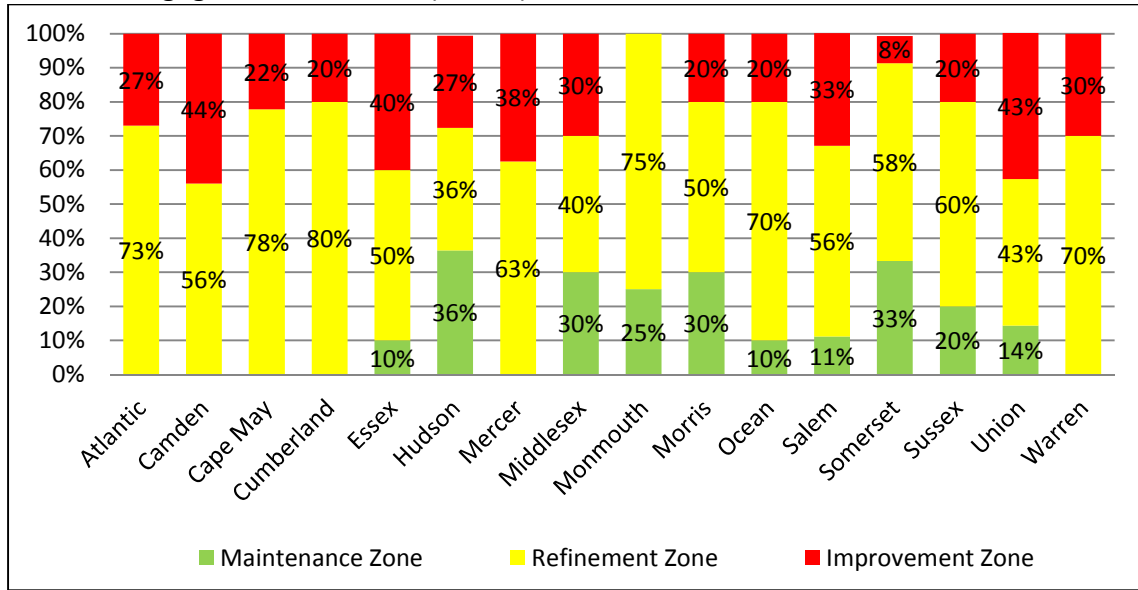
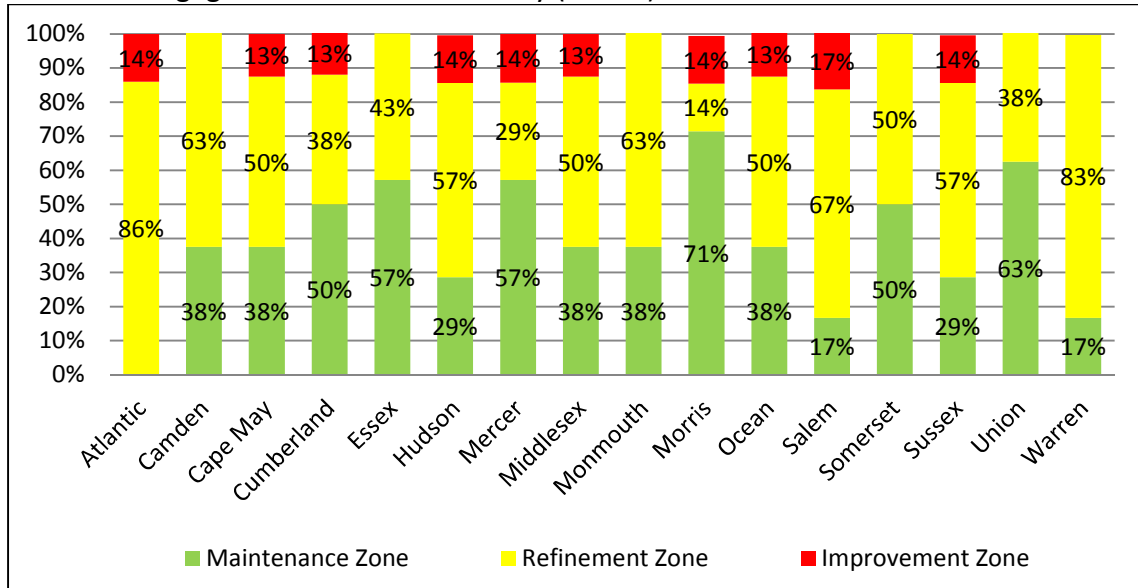


Chart 59: Engagement – Resource Family (n=118)



APPENDIX L

Data by Zone: Family Teaming

Chart 60: Family Teamwork – Formation (n=190)

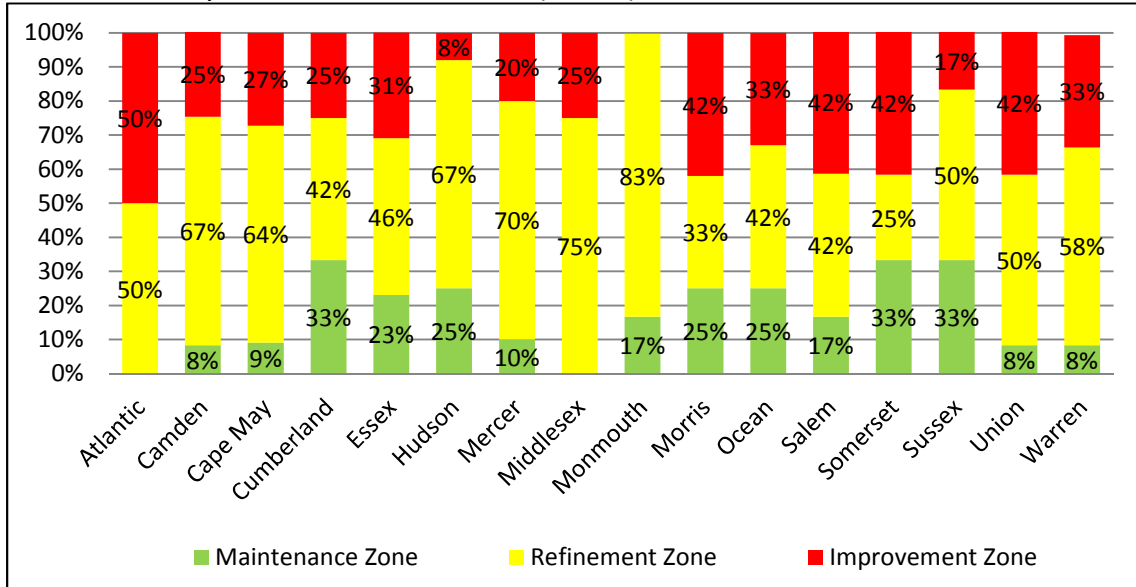
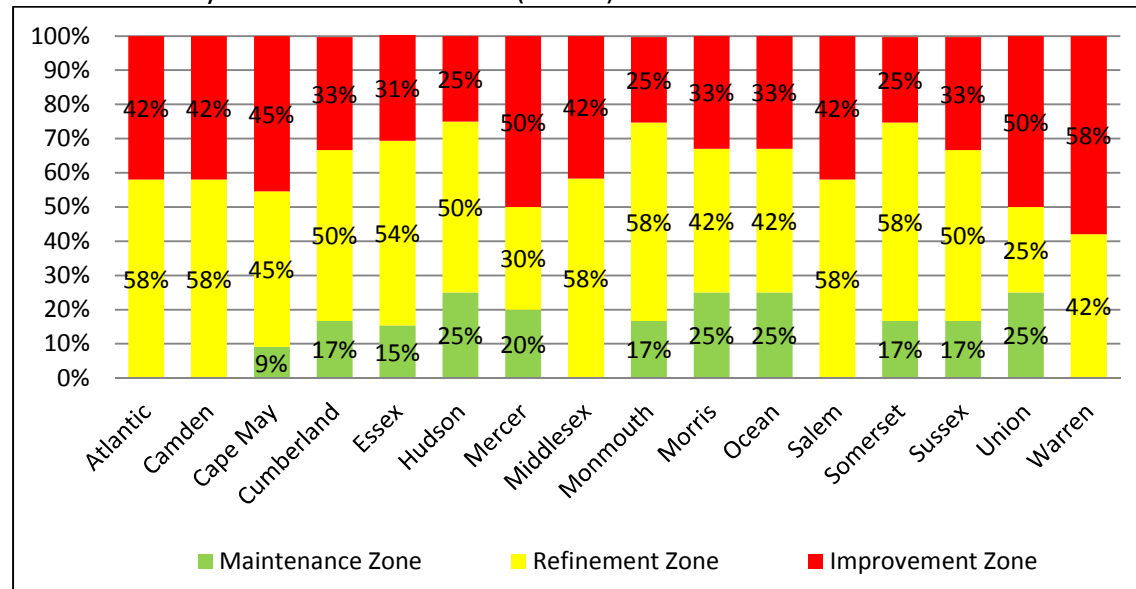


Chart 61: Family Teamwork – Function (n=190)



APPENDIX M

Data by Zone: Assessment and Understanding

Chart 62: Assessment and Understanding – Overall (n=190)

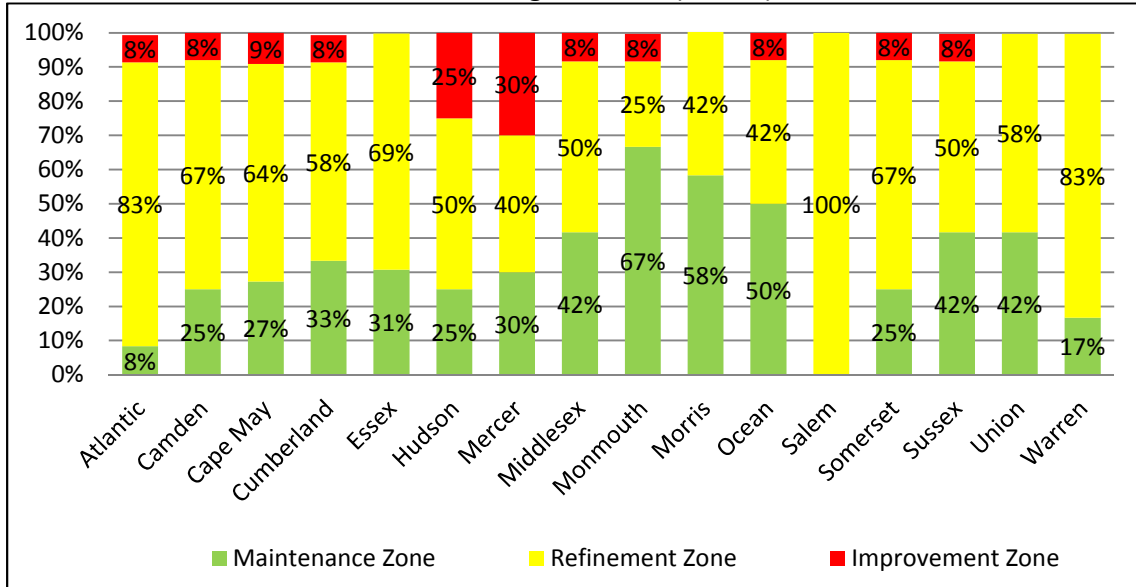


Chart 63: Assessment and Understanding of Child/Youth (n=190)

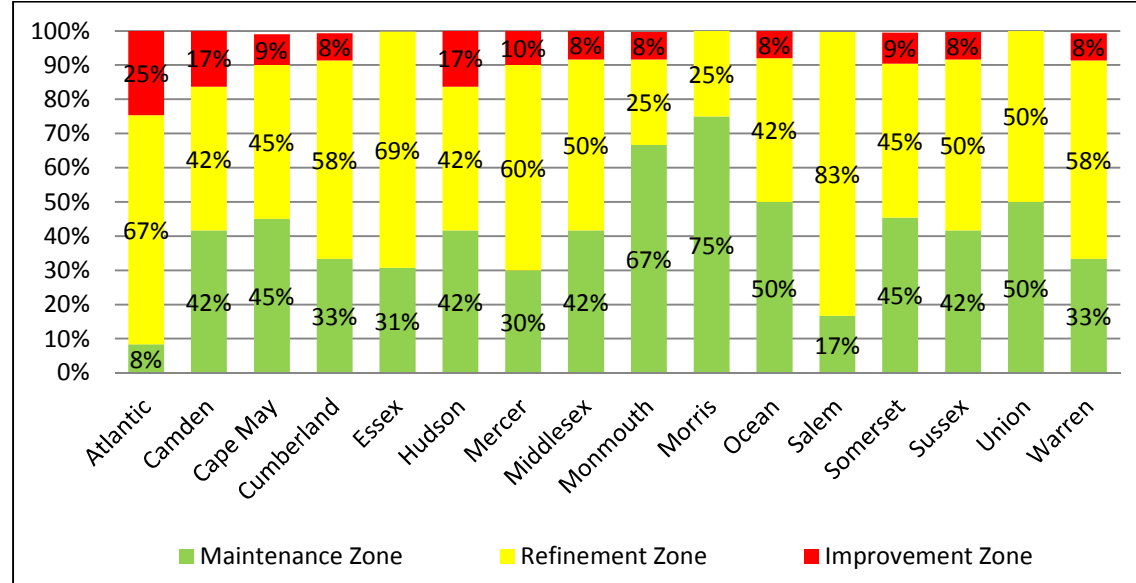


Chart 64: Assessment and Understanding of Parents (n=149)

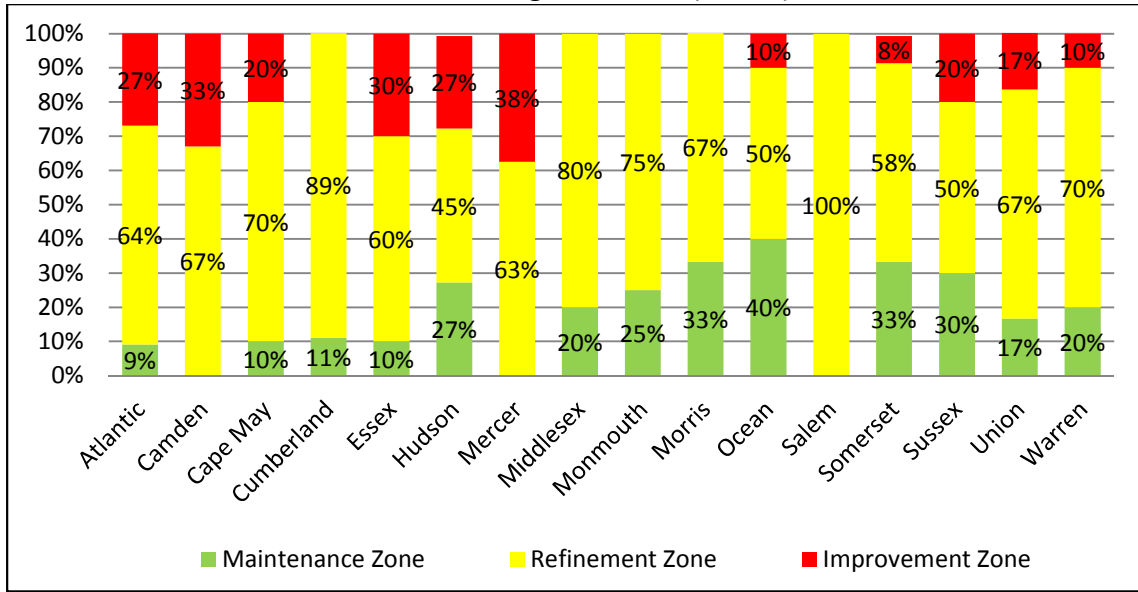
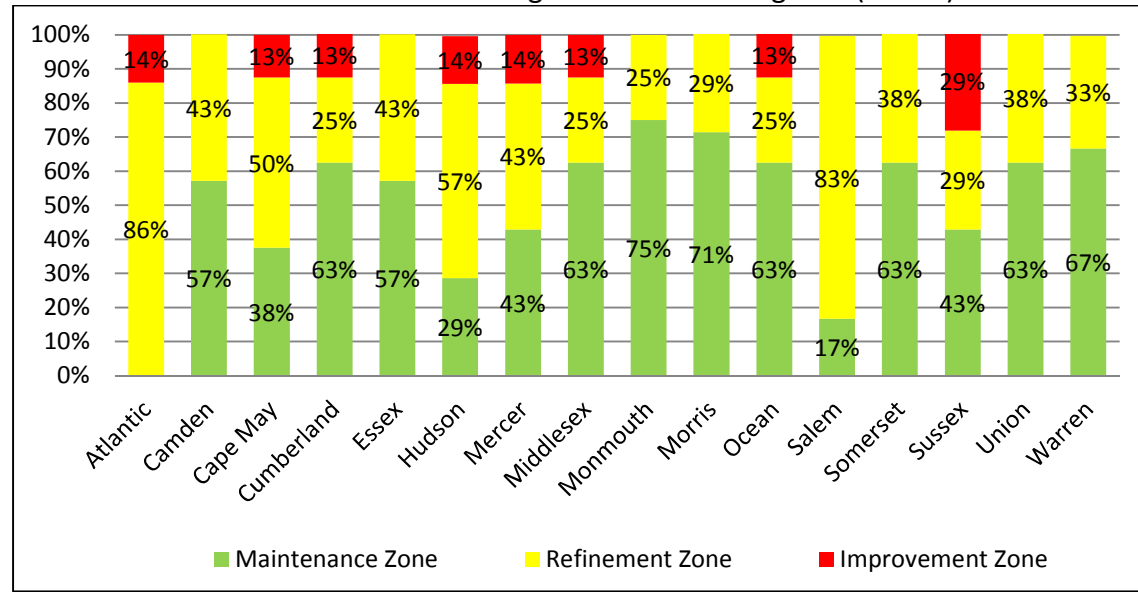


Chart 65: Assessment and Understanding of Resource Caregivers (n=118)



APPENDIX N

Data by Zone: Case Planning

Chart 66: Case Planning Process (n=190)

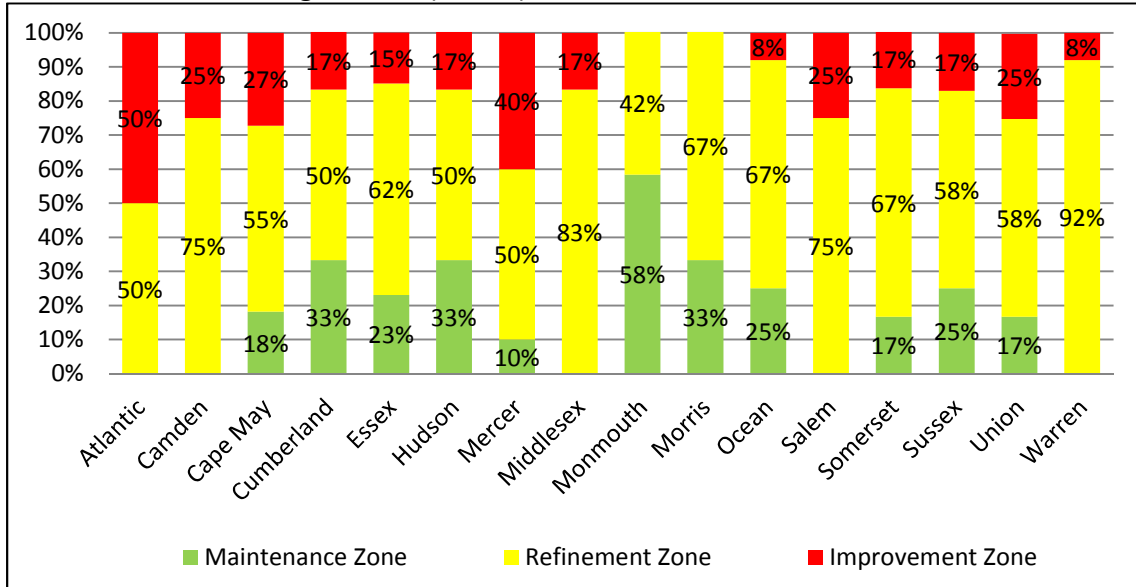


Chart 67: Plan Implementation (n=190)

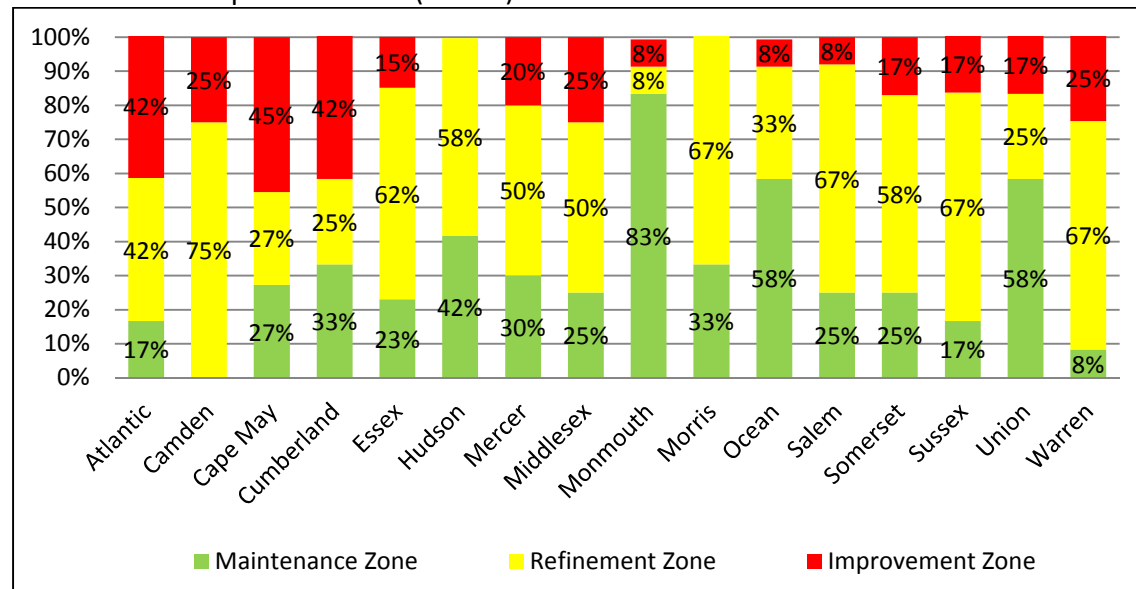
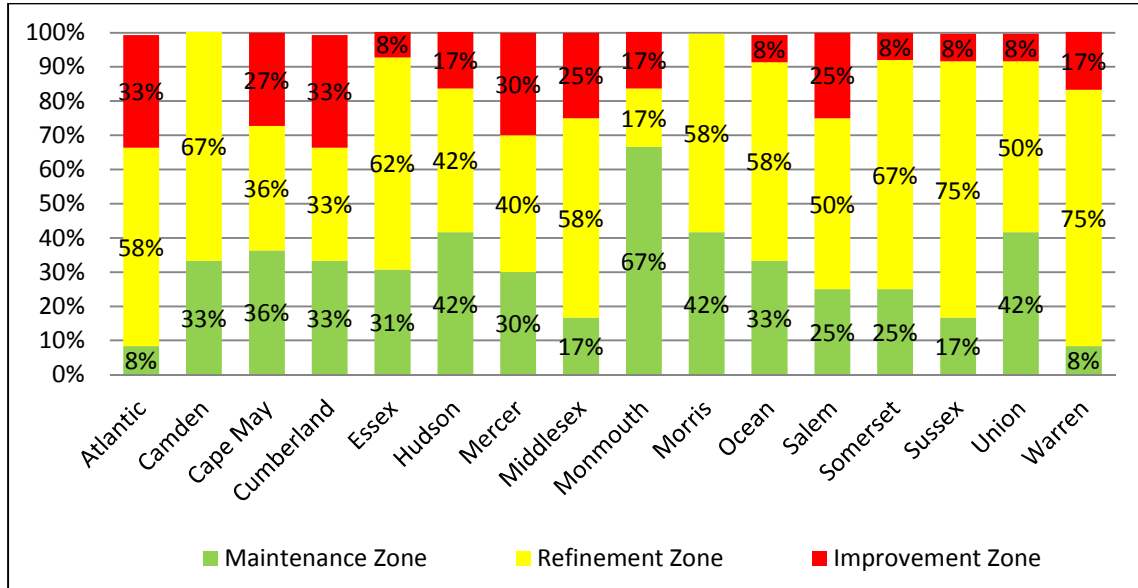


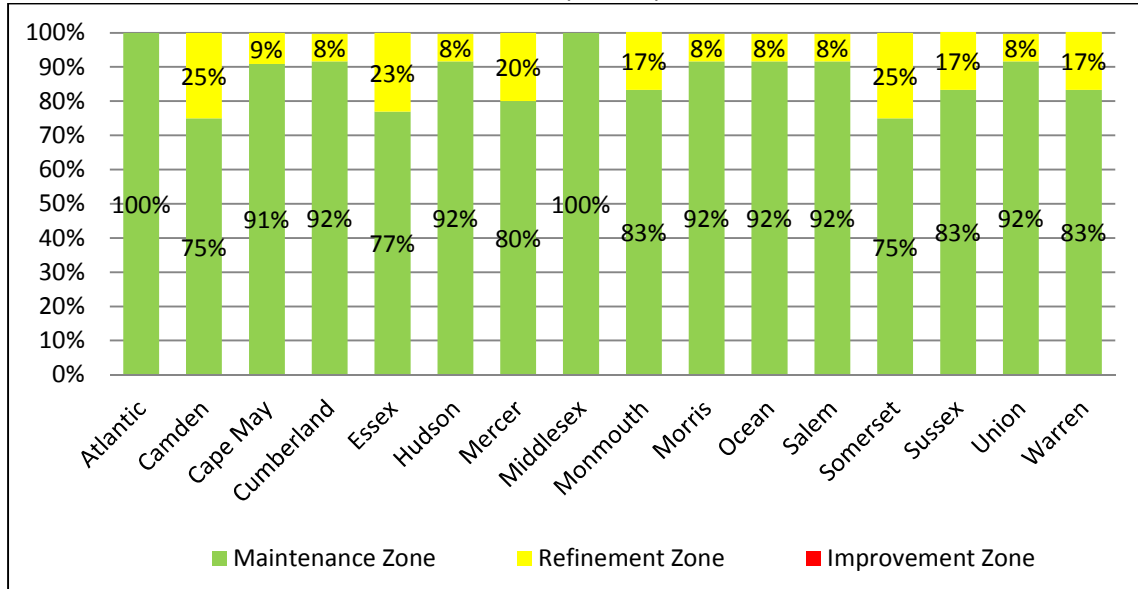
Chart 68: Tracking and Adjustment (n=190)



APPENDIX O

Data by Zone: Provision of Health Care Services

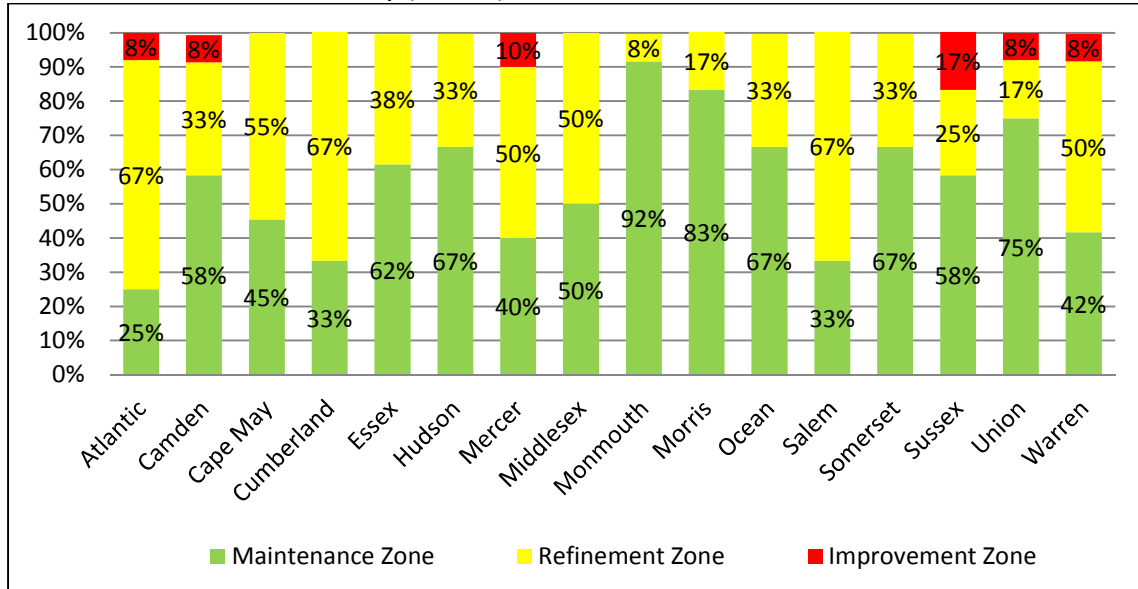
Chart 69: Provision of Health Care Services (n=190)



APPENDIX P

Data by Zone: Resource Availability

Chart 70: Resource Availability (n=190)



APPENDIX Q

Data by Zone: Family & Community Connections

Chart 71: Family & Community Connections – Overall (n=190)

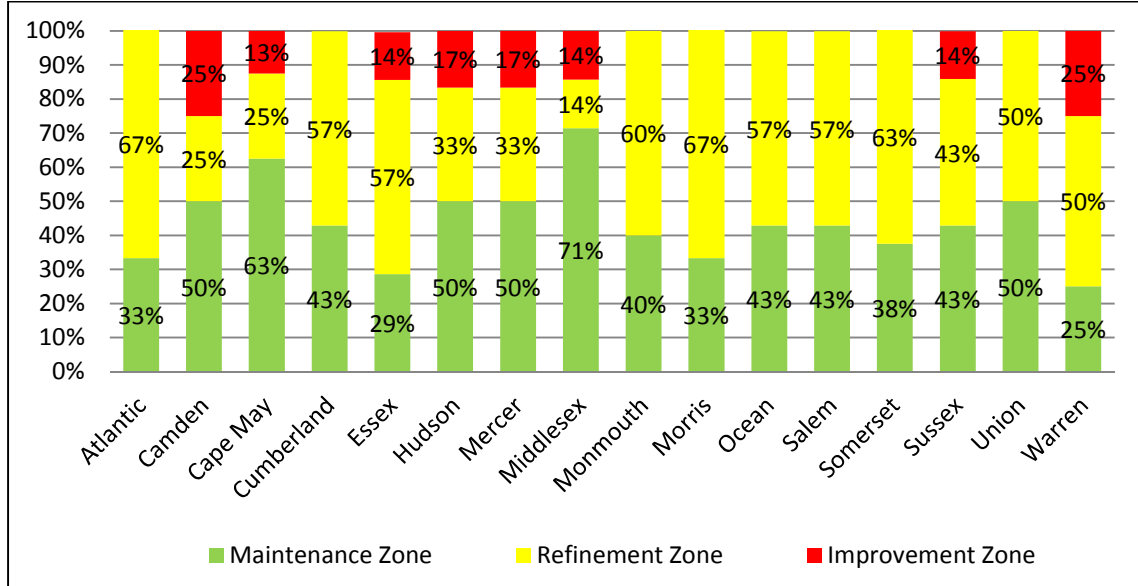


Chart 72: Family and Community Connections – Mother (n=81)

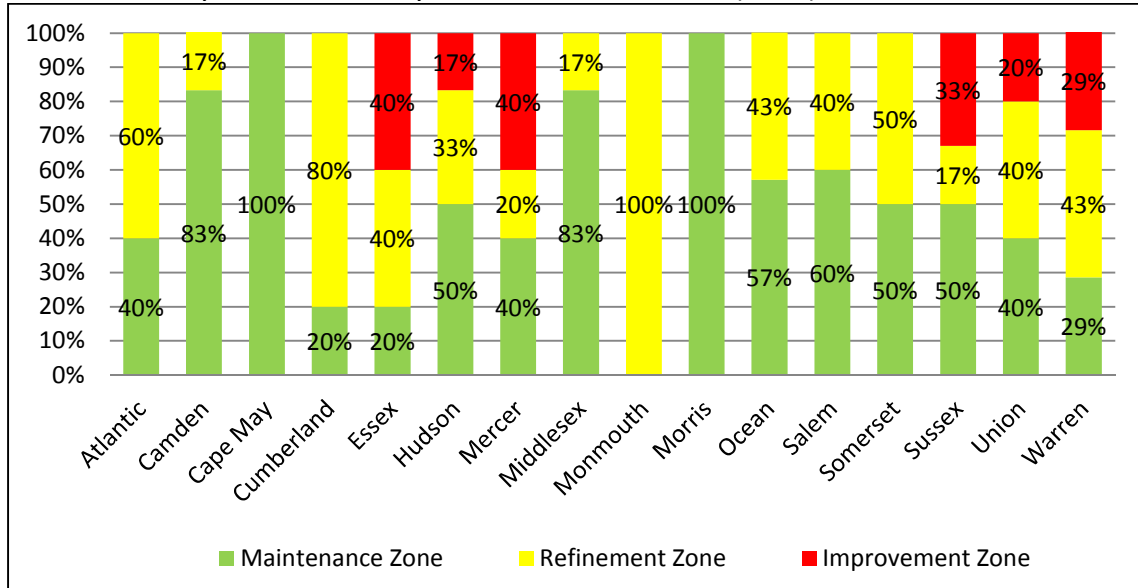


Chart 73: Family and Community Connections – Father (n=68)

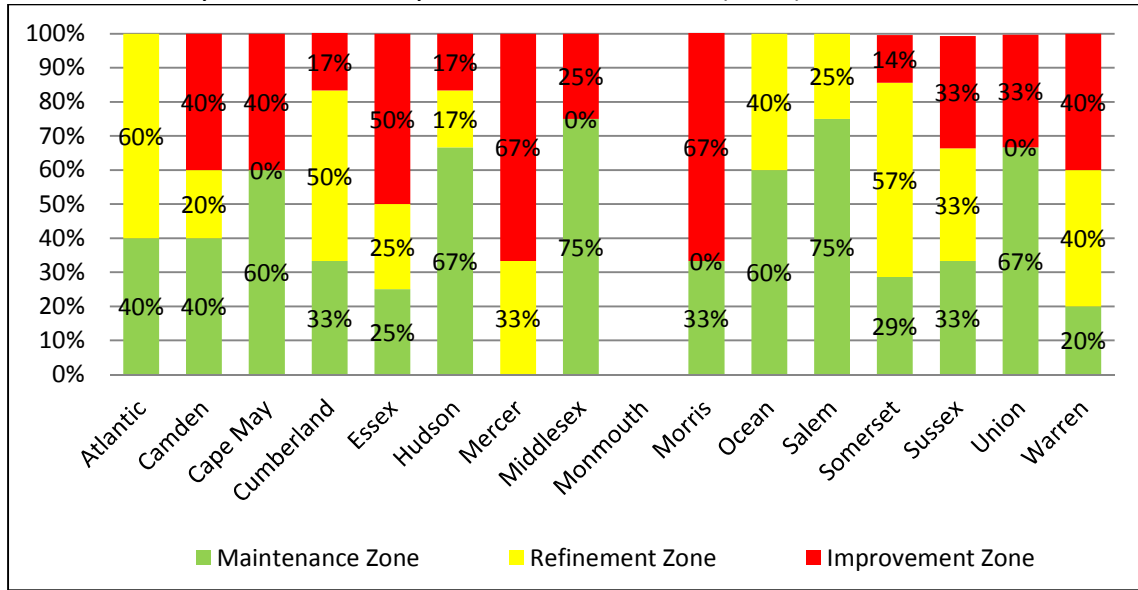
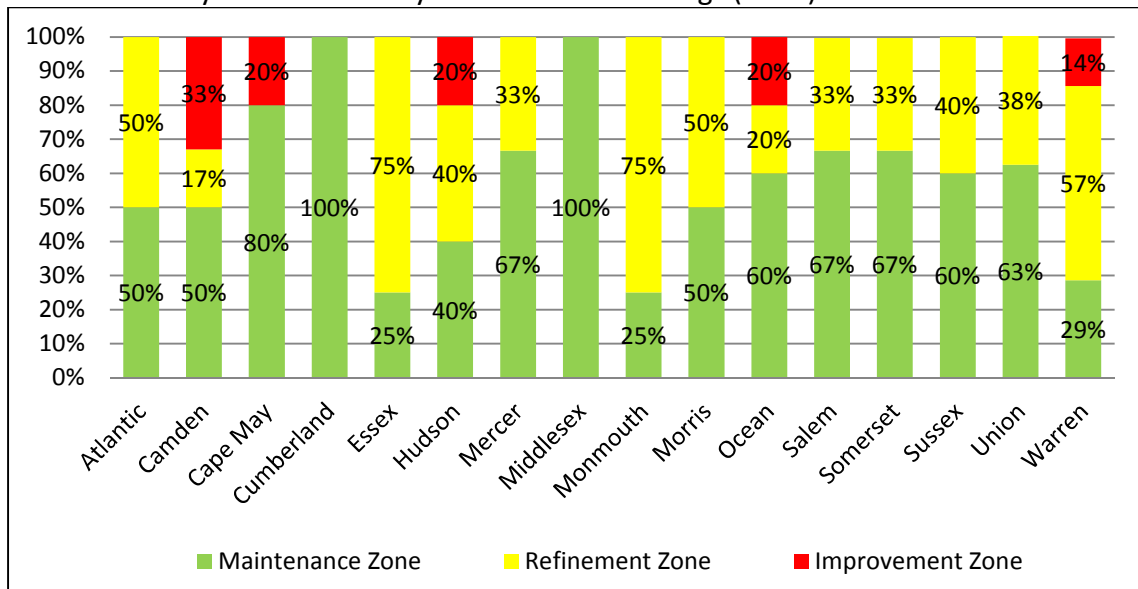


Chart 74: Family and Community Connections – Siblings (n=73)



APPENDIX R

Data by Zone: Family Supports

Chart 75: Family Supports – Overall (n=180)

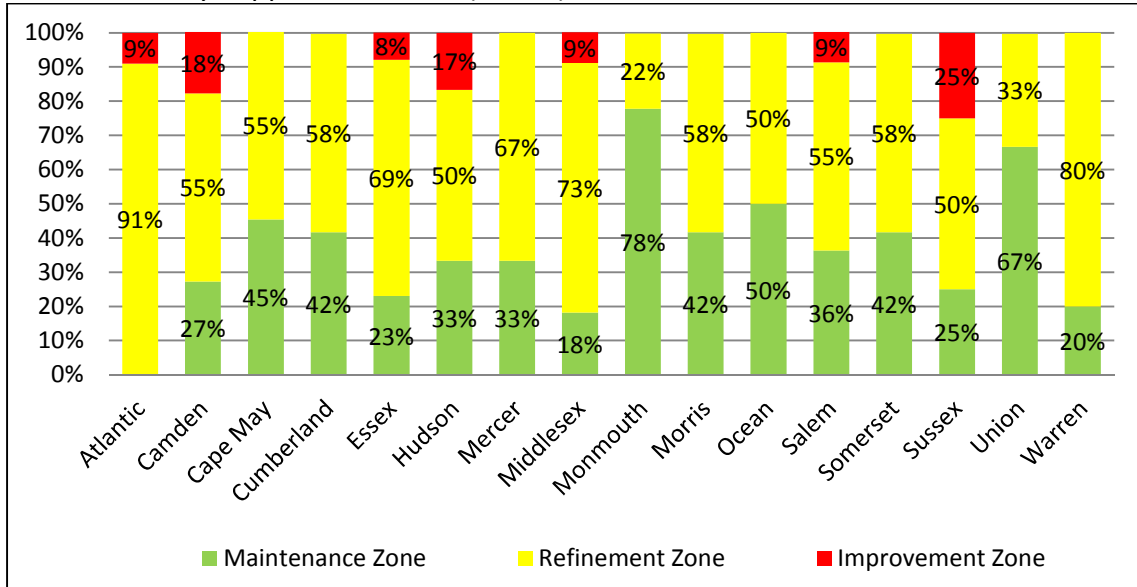


Chart 76: Family Supports for Parents (n=144)

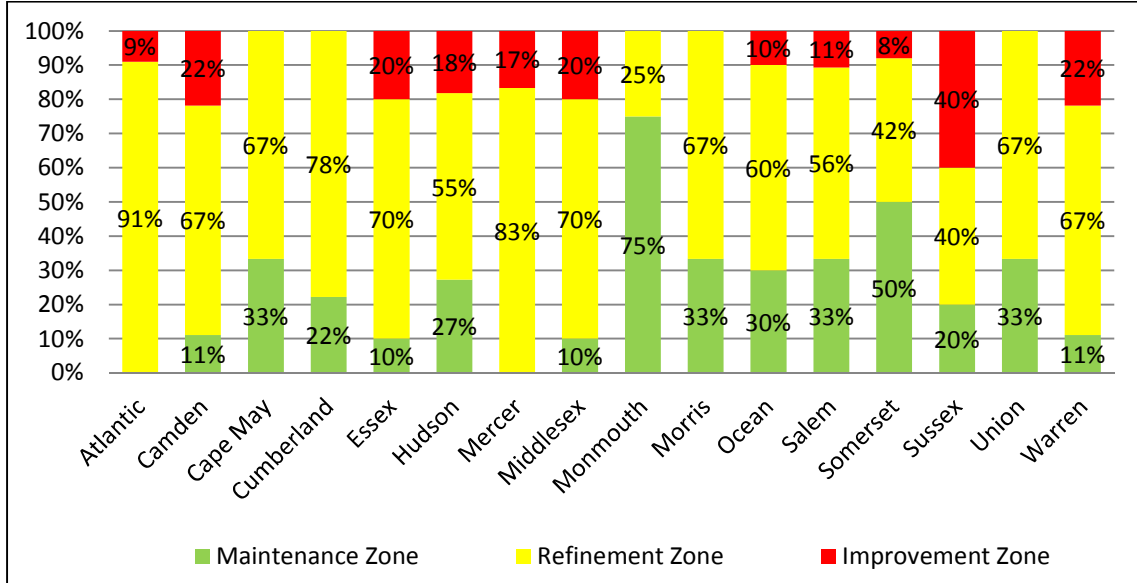
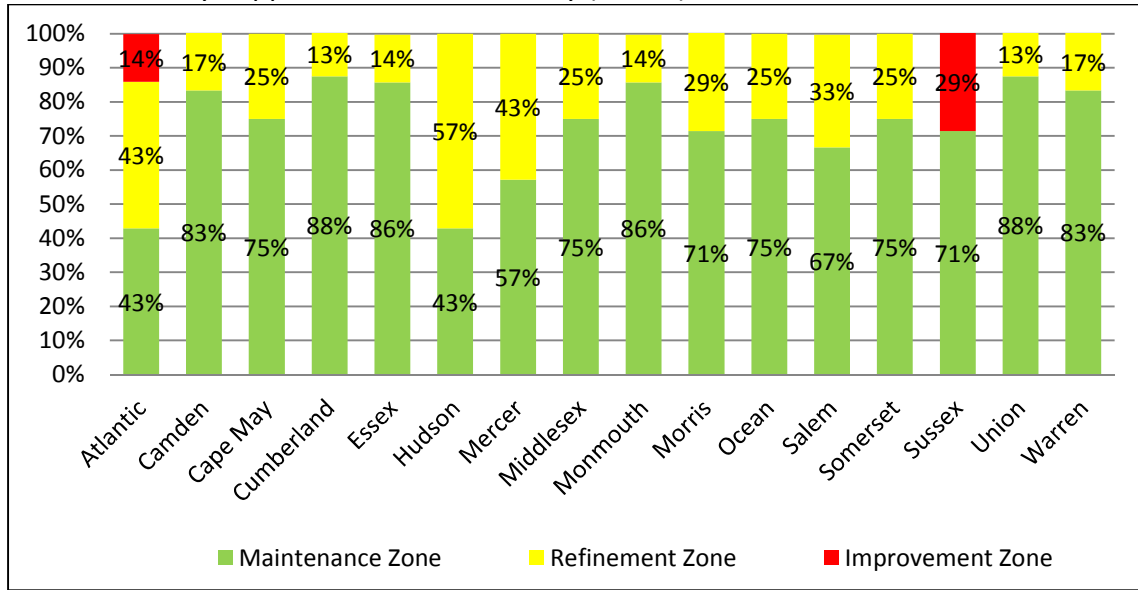


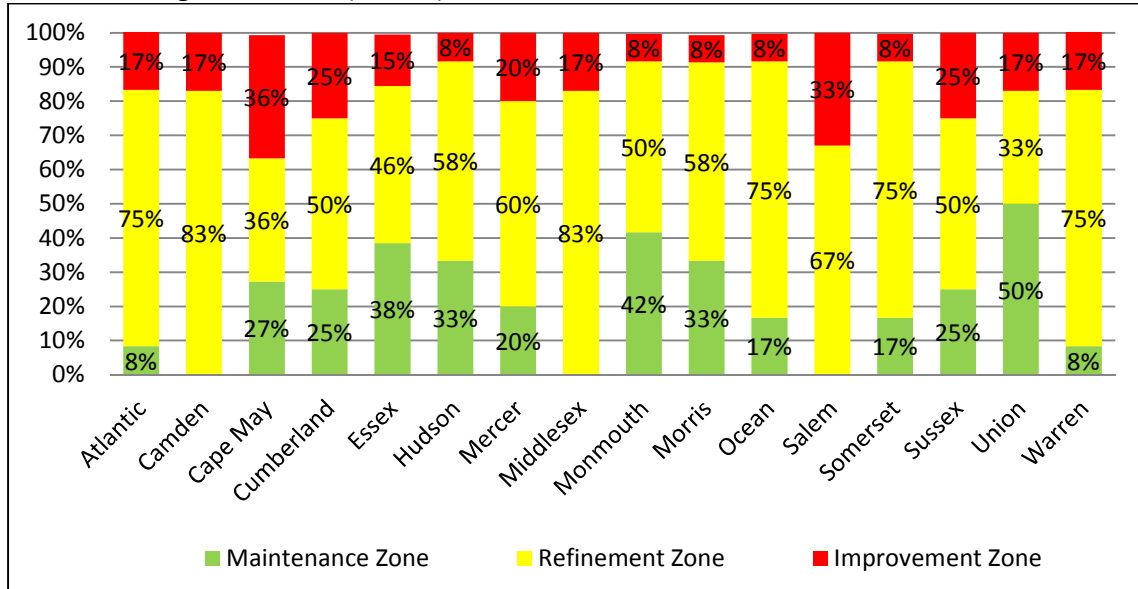
Chart 77: Family Supports – Resource Family (n=115)



APPENDIX S

Data by Zone: Long Term View

Chart 78: Long Term View (n=190)



APPENDIX T

Data by Zone: Transitions and Life Adjustments

Chart 79: Transitions and Life Adjustments (n=190)

