



QUALITATIVE REVIEW

2013 ANNUAL REPORT

A Report by the Office of Performance Management and Accountability

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

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INTRODUCTION

Ever since a pilot qualitative review of our work four years ago, the New Jersey Department of Children and Families has fully embraced the program, which provides invaluable insight to strengthen our practice and improve outcomes for children and families.

As a learning organization committed to continuous and unvarnished self-assessment, collecting and analyzing this information is a basic necessity. As a transparent and accountable organization, sharing this information is critical to public confidence.

We first began publically sharing our annual qualitative review reports in 2011, but recently took additional measures to become even more accountable and transparent to stakeholders and the public. We began posting the Commissioner’s Dashboard to our website, providing greater access to information about our strengths and opportunities for performance improvement.

More recently we began posting the County Inter-Agency Coordinating Council Dashboard, which is a point-in-time snap shot of the work of our Children’s System of Care and its partners, and informative Data Info Sheets about our Seamless System of Care and the department’s partnership efforts.

Each of these steps helps us celebrate our successes and build upon them to focus on areas that need more attention. The data shared through all of these processes helps us “track and adjust” our work to better serve New Jersey women, children, youth and families. We believe sharing this information benefits all New Jerseyans, creating understanding and instilling confidence in how we work to ensure a better today and an even greater tomorrow for every individual we serve.

Regards,
Allison

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

EXECUTIVE SUMMARY

The Qualitative Review (QR) is a nationally-known process used to assess the overall performance of a child welfare system by evaluating outcomes for individual children and families. 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. The QR process for the State of New Jersey Department of Children and Families (DCF) is conducted by DCF's Office of Performance Management and Accountability (PMA).

In 2013 DCF led QR reviews in 16 of the state's 21 counties, with a sample that included 1,811 interviews linked to 192 children/youth. Please refer to Appendices A and B for detailed review of QR methodology, review preparation and scoring.

QR assessed DCF's performance in two main areas: Child and Family Status Indicators and Practice Performance Indicators.

Child and Family Status

Child and Family Status Indicators focus on safety, stability, permanency, well-being, and learning and development of children receiving DCF services. QR results for 2013 show that DCF continues to make progress in these core areas, validated by an average *STRENGTH* rating of 91% for Overall Child and Family Status (indicated when 70% + of all cases reviewed scored an acceptable rating). DCF's 2012 QR ranking for Child and Family Status indicators also exceeded 90%, which demonstrates consistency in the Department's outcomes in these critical areas. The specific indicators in this category included:

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

Of the 11 Child and Family Status indicators reviewed, 10 were rated in the "Acceptable" range, with 8 indicators scoring above 83% (*Safety at Home, Safety in Other Settings, Stability in School, Living Arrangements, Physical Health, Emotional Health, Learning and Development of Children under age 5 and Learning and Development of Children over age 5*).

Target Improvement Area:

Along with DCF's overall success with Child and Family Status indicators, Areas in Need of Improvement (ANI) were also identified. Progress Towards Permanency remains an (ANI) with an overall *STRENGTH* rating of 57%. Challenges were noted in regards to developing strong concurrent plans for children in out of home placement and delays incurred through the court system which negatively impacted children achieving permanency in a timely

manner. DCF remains committed to developing staff skills in concurrent planning that will lead to better outcomes for families. One such strategy is to utilize the teaming and planning processes to develop more realistic and achievable plans in terms of permanency. In 2014 increased collaboration from key systems partners including the courts will strengthen and refine the focus on factors contributing to improving Progress Towards Permanency.

Practice Performance

Practice Performance Indicators include:

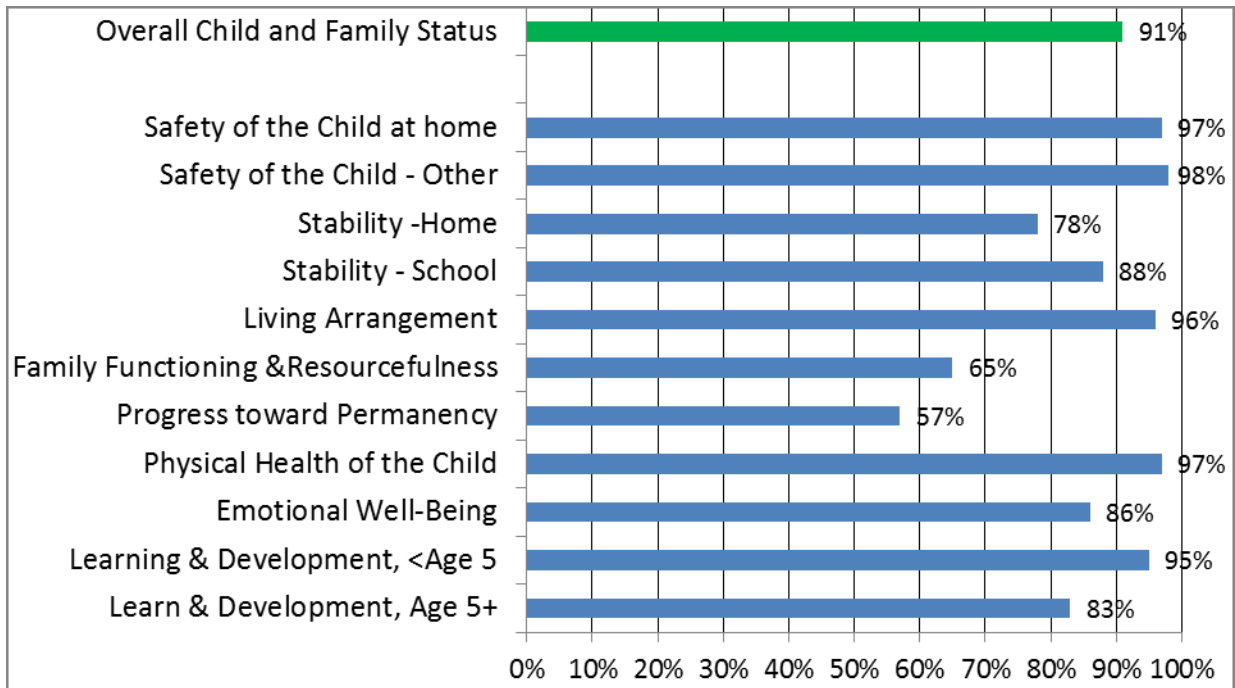
Engagement	Resource Availability
Family Teamwork	Family & Community Connections
Assessment & Understanding	Family Supports
Case Planning Process	Long Term View
Provision of Health Care Services	Transitions & Life Adjustments

DCF's average *STRENGTH* rating for Overall Practice Performance Indicators was 57%, compared with 59% in 2012. The overall Areas of success for DCF included *Engagement in Child/Youth, Engagement of Resource Caregivers, Assessment and Understanding of Child/Youth, Assessment and Understanding of Resource Caregivers, Provision of Healthcare Services, Resource Availability, Family & Community Connections Overall, Family & Community Connections with Mothers, Family & Community Connections with Siblings, Family Support Overall and Family Support – Resource Caregivers*, all of which scored a *STRENGTH* rating of 70% or greater.

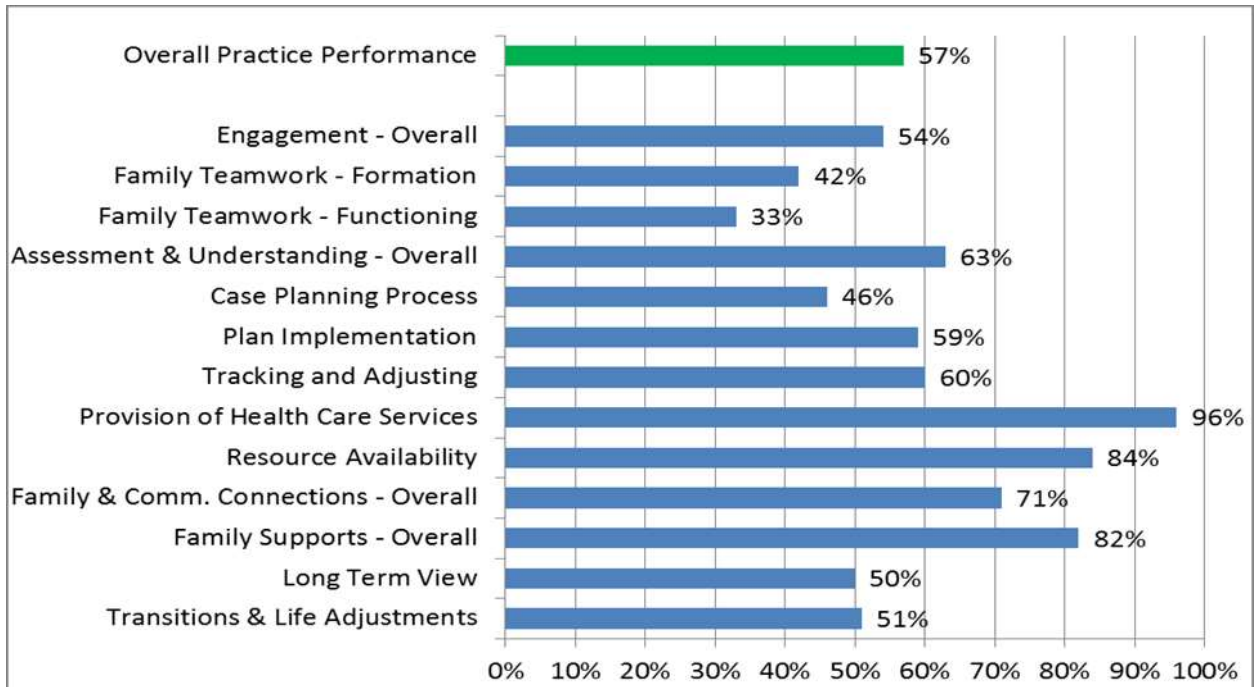
Target Improvement Area:

Family Teamwork Functioning and Engagement with Parents are areas of continued challenge with the lowest ratings of all the indicators. DCF acknowledges the barriers to successful engagement and teaming with parents and understands the importance of involving and supporting parents more in the process of developing a plan for their family. Attention will be focused on enhancing these ratings using multi-dimensional approaches that include training, scheduling, documentation, and continued development of facilitators and coaches. Through this approach staff will increase their understanding of the benefits of fully engaging parents in the development and collaboration of their family team.

Child & Family Status Indicators At-A-Glance
Average *STRENGTH* Ratings



Practice Performance Indicators At-A-Glance
Average *STRENGTH* Ratings



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 is utilized to report QR findings for 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 Child Protection and Permanency [DCP&P, formerly known as the Division of Youth and Family Services (DYFS)] staff using three pre-defined *Zones*, which correspond to a 1-6 scoring scale:

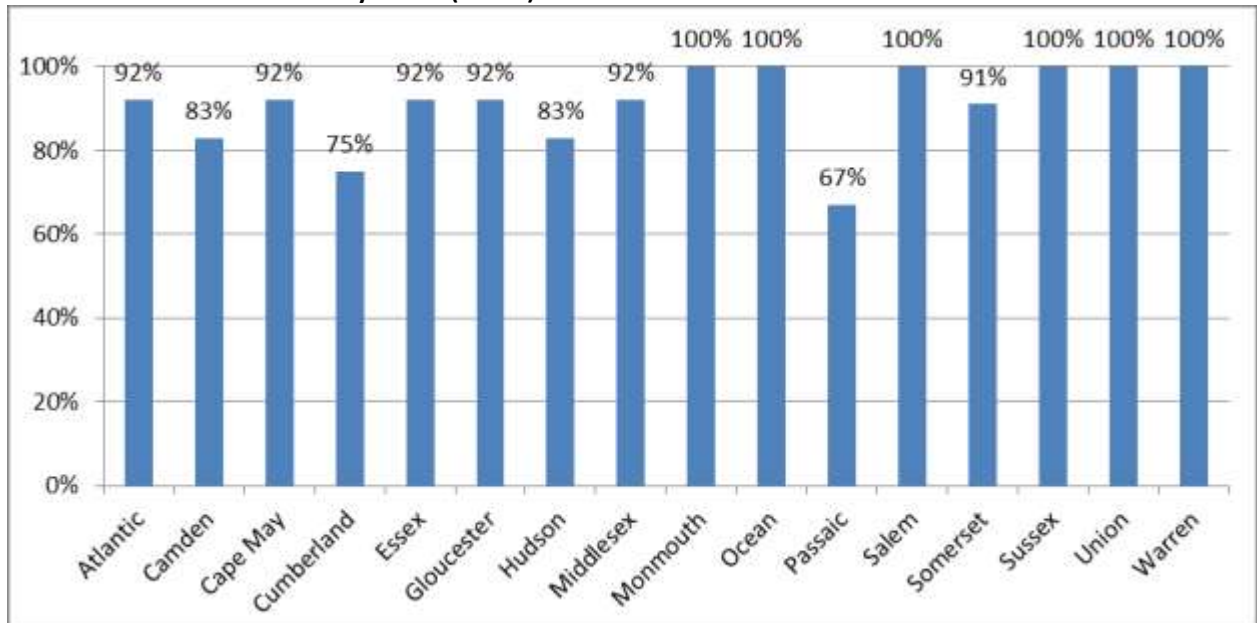
Improvement Zone (Poor or adverse)		Refinement Zone (Minimal or Marginal)		Maintenance Zone (Good or optimal)	
Adverse	Poor	Marginal	Fair	Good	Optimal
1	2	3	4	5	6

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=192)



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 <ul style="list-style-type: none"> ○ Under Age 5 ○ Over Age 5

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

FACT SHEET: Safety at Home

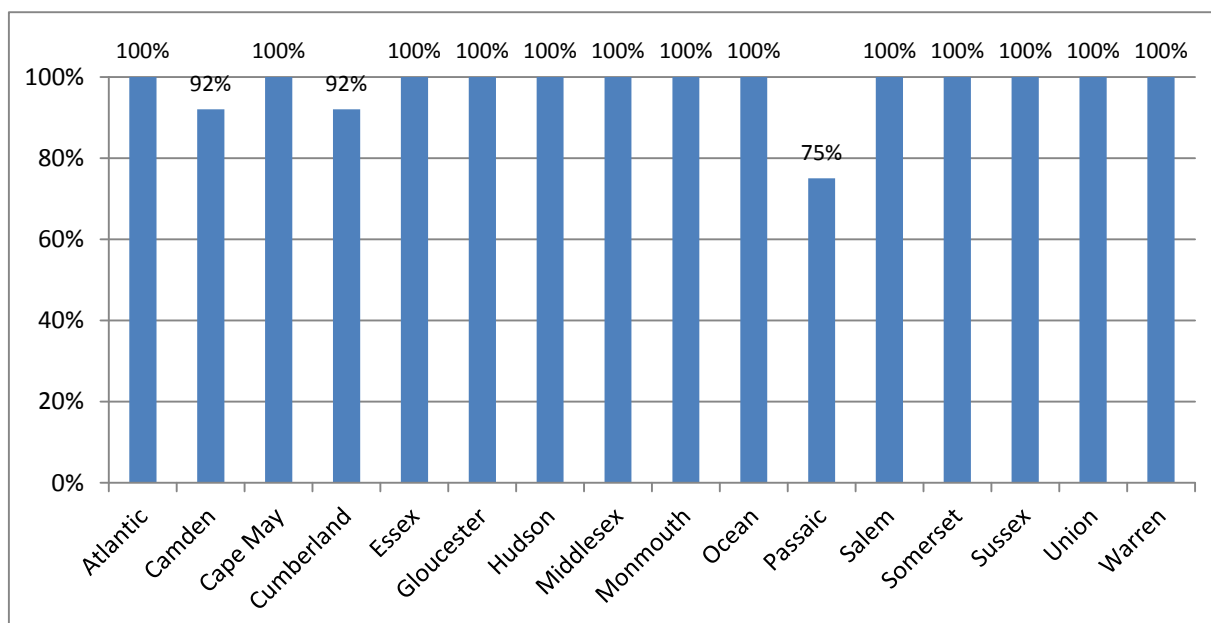
Purpose:

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 187 out of 192 cases scoring in the “*Acceptable*” range.
- 13 counties received a *STRENGTH* rating of 100%; all counties rated over 75%.

Chart 2: Safety at Home (n=192)



Findings:

Safety is a core component of DCF’s mission and continues to be a *STRENGTH* for DCF. Safety was scored as “*Good*” or “*Optimal*” for all cases but one. Children who remained in their birth homes were provided with a strong foundation that allowed them to feel safe and secure. Children who were placed into our resource homes had caregivers who were committed to ensuring them with a “forever home”, which provided the stability and structure children needed to feel secure.

FACT SHEET: Safety in Other Settings

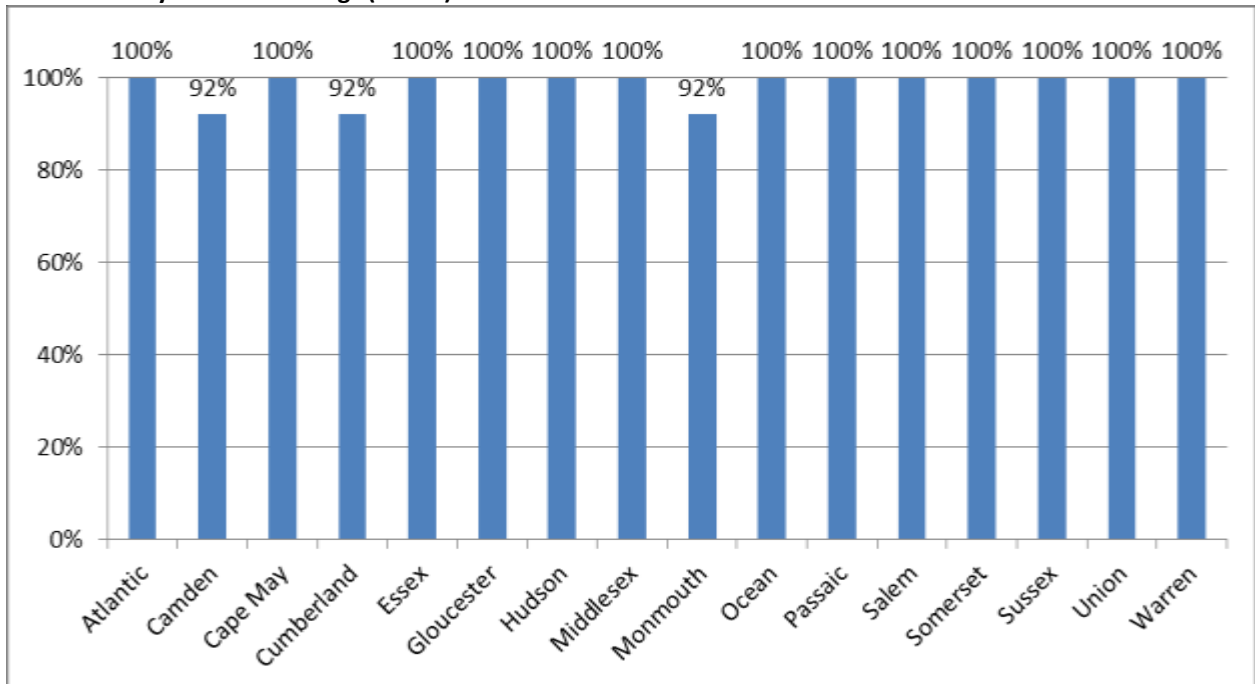
Purpose:

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.

Ratings:

- The average *STRENGTH* rating was 98% or 189 out of 192 cases scoring in the “Acceptable” range.
- 13 counties received a *STRENGTH* rating of 100%; all counties rated 92%.

Chart 3: Safety in Other Settings (n=192)



Findings:

Safety was scored as a *STRENGTH* when caregivers established a solid partnership with supports in the community including education and law enforcement. *Safety in Other Settings* was rated as “Optimal” or “Good” for all cases. Children were living with caregivers who are knowledgeable, responsive, protective, and committed to meeting their physical and emotional needs.

FACT SHEET: Stability at Home

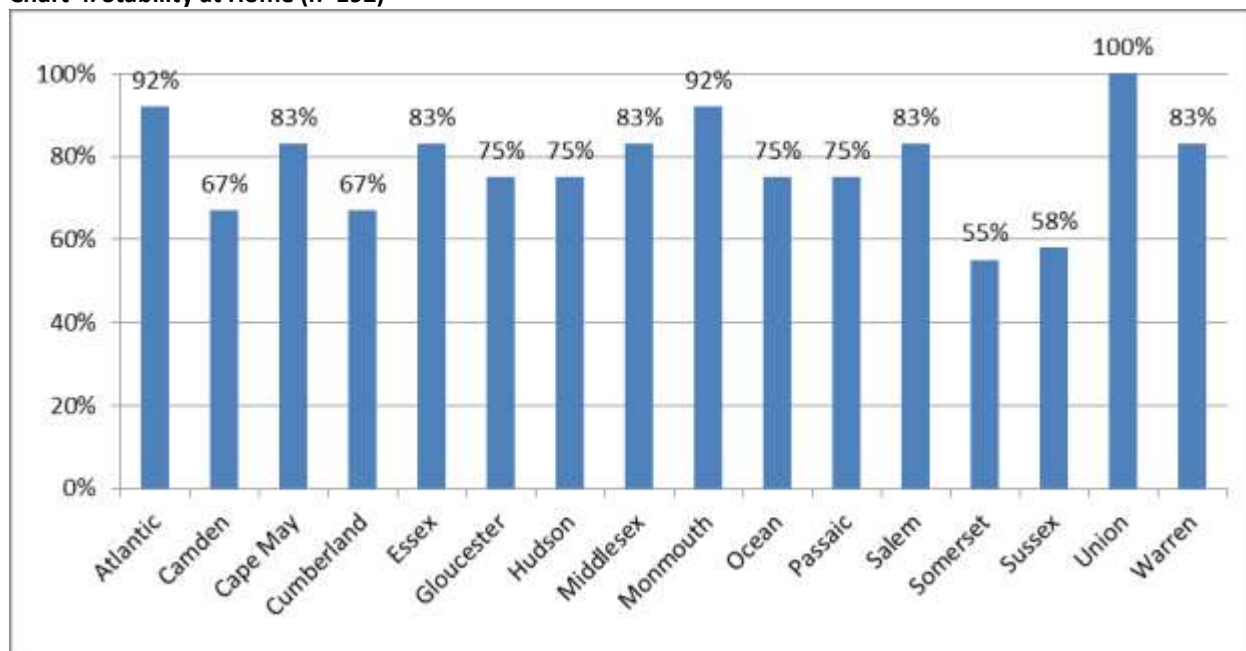
Purpose:

Stability at Home 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.

Rating:

- The average *STRENGTH* rating was 78%, with 150 out of 192 cases scored in the “Acceptable” range.

Chart 4: Stability at Home (n=192)



Findings:

Stability at Home was rated as a *STRENGTH* in 12 of the 16 counties reviewed, with three counties rating over 90%. Counties with the highest *STRENGTH* ratings were those in which children were placed in homes that were able to meet their specific needs and with caregivers willing to make a lifelong commitment to the child. Caregivers credited staff involved with assisting them in providing a structured environment and support for children in placement. These placements allowed children in therapeutic treatment homes, relative homes or with previous resource families the ability to maintain their current environment. In cases where stability in the home was lacking, this was linked to multiple moves/placements as a result of unstable living arrangements, some of which may have been linked to substance abuse. Placement with unwilling caregivers was also cited as a factor.

FACT SHEET: Stability in School

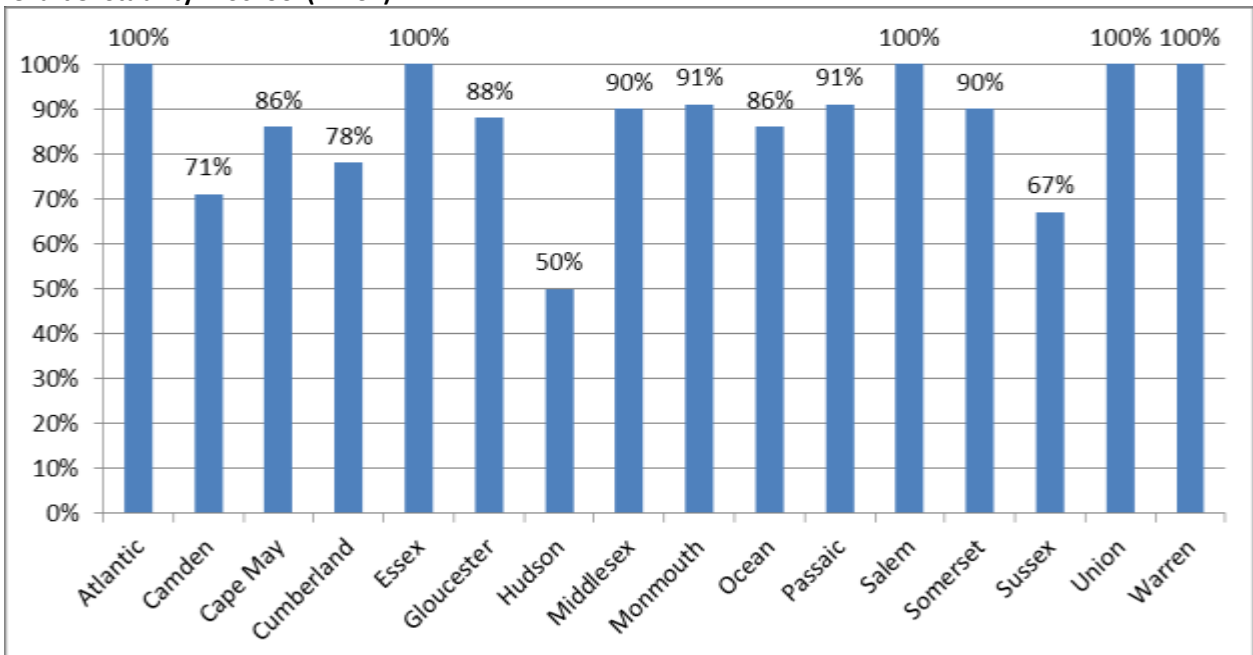
Purpose:

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. Sixteen children were not enrolled in an educational setting mostly due to age, reducing the total number of cases scored from 132 to 116.

Rating:

- The average *STRENGTH* rating was 88% or 116 out of 132 cases scored in the “Acceptable” range.
- This indicator was rated as a *STRENGTH* in 14 counties; two counties were designated as ANI.

Chart 5: Stability in School (n=132)



Findings:

Stability in School was a rated as a *STRENGTH* in 14 of the 16 counties. Children who were placed in their home communities and/or with relatives experienced great stability in school contributing to the high *STRENGTH* rating. In cases where *Stability in School* was lacking, it was found that parental substance abuse and/or housing issues were also present. In addition, caregivers’ who were unwilling to permanently commit to the children negatively impacted *Stability in School* by requiring the children to enter a new living arrangement.

PERMANENCY FACT SHEET: Living Arrangement

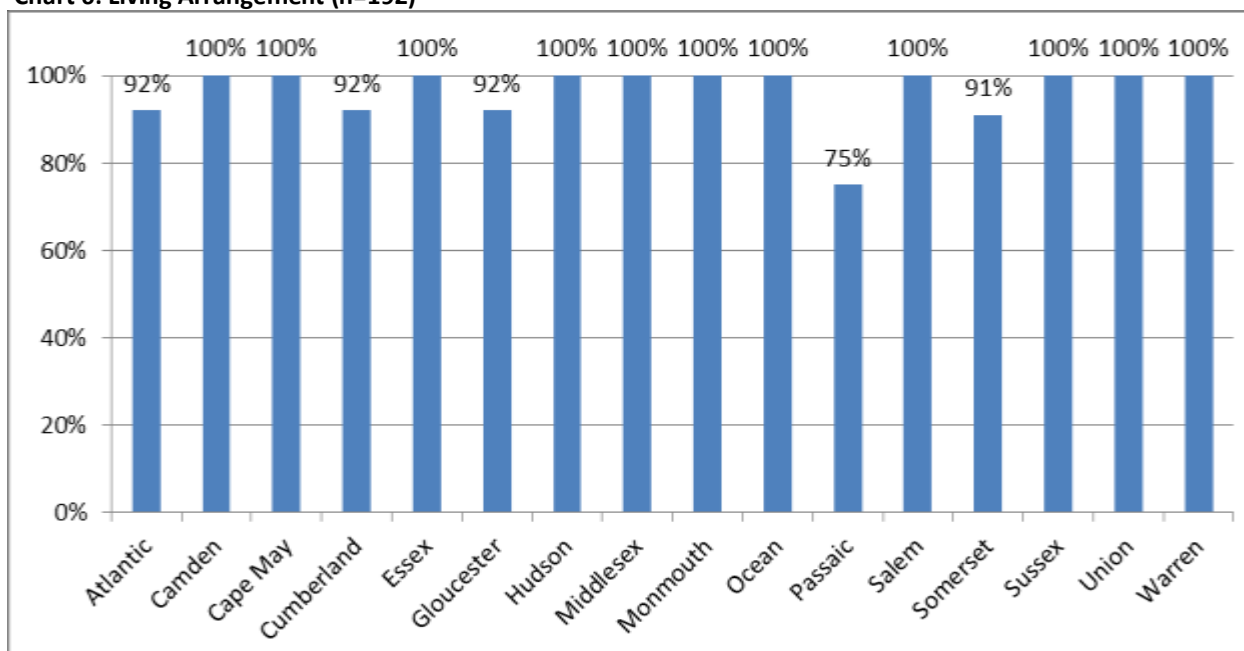
Purpose:

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. Appropriateness of the primary permanency plan and the concurrent permanency plan were also considered. *Living Arrangement* assessed the child's current living arrangement and whether these arrangements appropriately met the child's developmental, emotional, physical and permanency needs.

Rating:

- The average *STRENGTH* rating was 96% or 185 out of 192 cases scored as "Acceptable".
- 11 counties achieved a *STRENGTH* rating of 100%.

Chart 6: Living Arrangement (n=192)



Findings:

All 16 counties received a *STRENGTH* rating, which confirms that caregivers are impacting stability and providing the most appropriate setting to meet the physical, behavioral and emotional needs of children in their care. Out of home resource providers included maternal/paternal relatives, unrelated resource homes and Independent Living Programs.

PERMANENCY FACT SHEET: Family Functioning and Resourcefulness

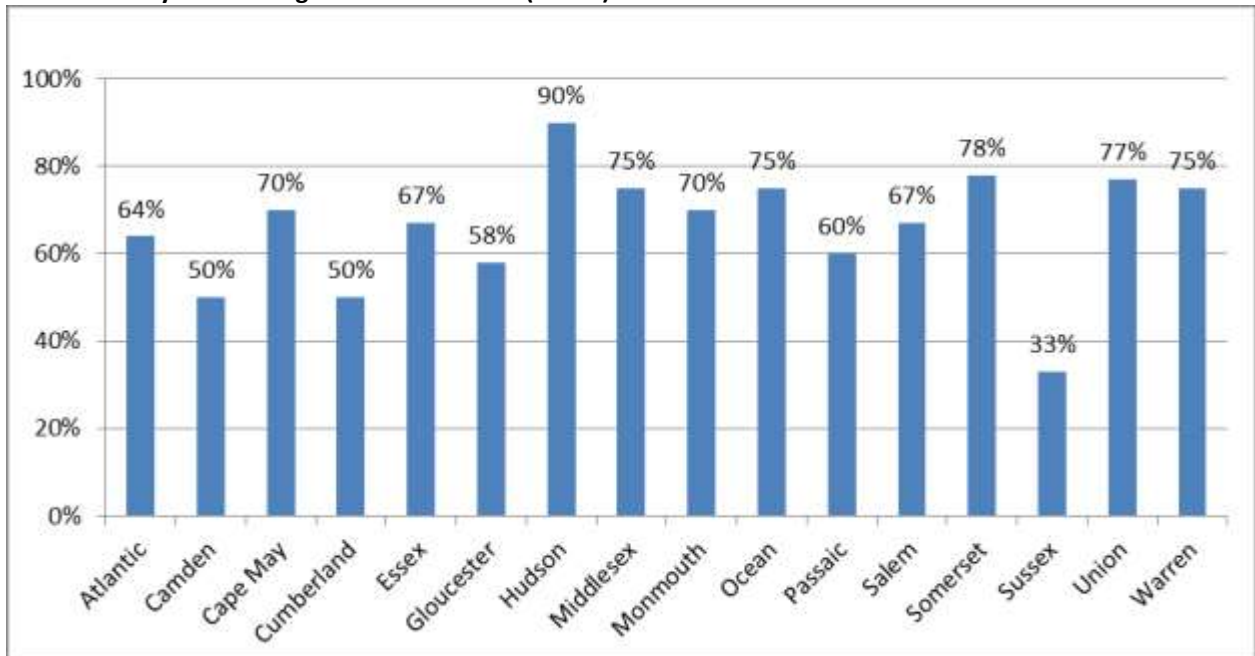
Purpose:

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 criterion, 181 cases were included in this category.

Rating:

- The average *STRENGTH* rating was 65% or 118 out of 181 cases scored as "Acceptable".
- 8 out of 16 counties achieved a *STRENGTH* rating at or above 70%.

Chart 7: Family Functioning & Resourcefulness (n=181)



Findings:

STRENGTH ratings for this indicator reflect a families' ability to identify their own needs and to secure the resources, supports and/or services needed to meet those needs and ensure family success. In cases that were identified as *ANI* there was a lack of financial support, employment, transportation and safe housing. Sporadic or inconsistent involvement with DCF and/or service providers contributed to the lack of support received. In addition, a network of formal and informal supports was not developed to assist with achieving goals and maintaining success.

PERMANENCY FACT SHEET: Progress Towards Permanency

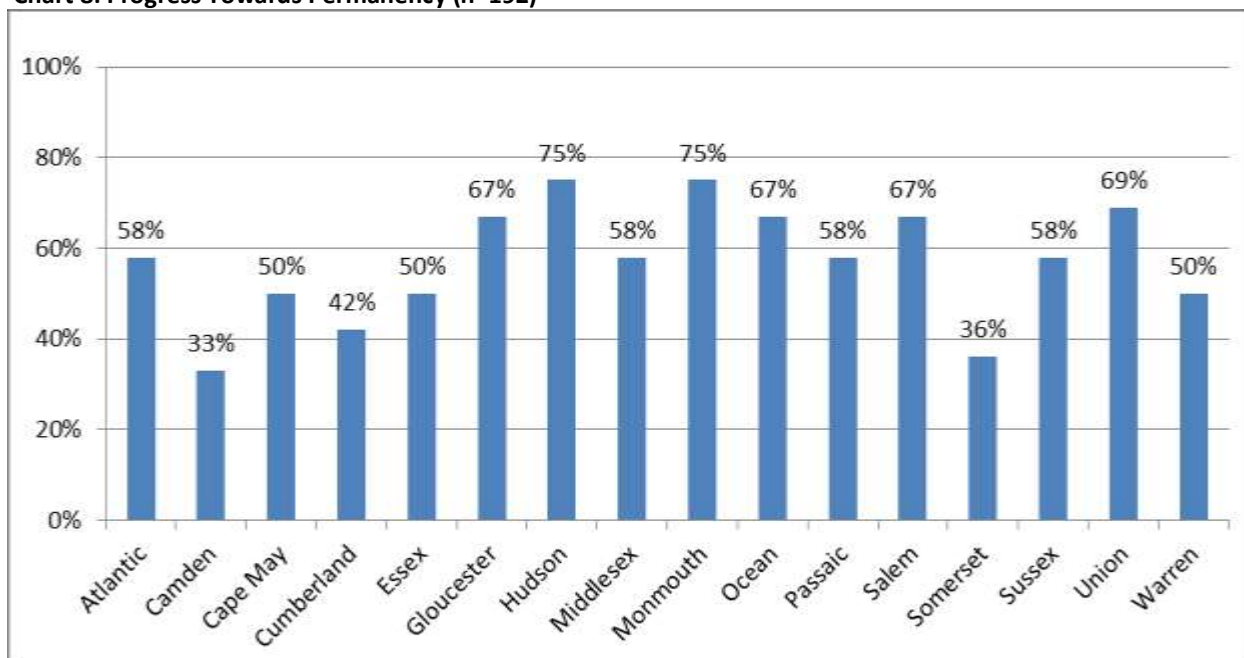
Purpose:

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 57% with 110 out of 192 cases scoring in the "Acceptable" range.
- For the fourth year in a row, *Progress towards Permanency* had the lowest average rating of any of the Child and Family Status indicators.

Chart 8: Progress Towards Permanency (n=192)



Findings:

The review team found significant differences in opinion among stakeholders for how permanency should be achieved, resulting in challenges to timely permanency, concurrent planning and comprehensive plans with alternative means to support permanency. For example, goals around adoption versus reunification was unclear for some maternal and paternal. Other variables contributing to the delay in permanency including court granted extensions for parents to appeal their termination rights and postponement of guardianship trials. This indicator represents the work of the entire system including parents, youth, and the legal system; further work with each entity is needed to ensure improvement in this critical area.

WELL-BEING FACT SHEET: Physical Health of the Child

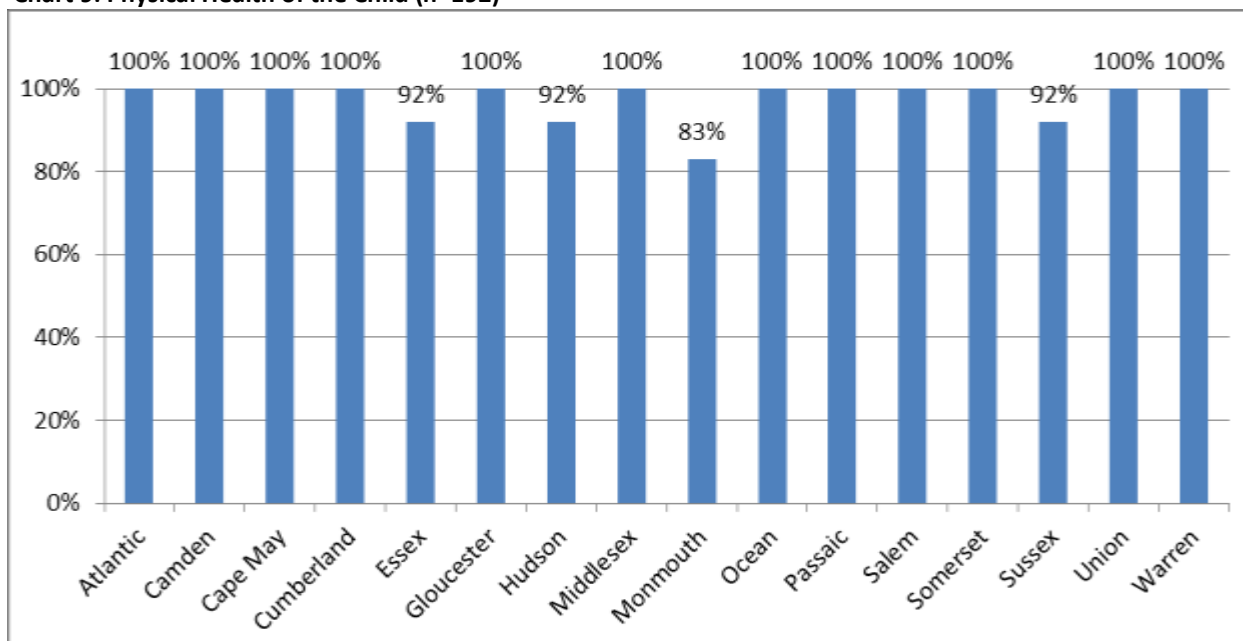
Purpose:

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 97% with 187 out of 192 cases rated in the "Acceptable" range.
- 12 of 16 counties received a 100% rating, and all counties scored at or above 83%.

Chart 9: Physical Health of the Child (n=192)



Findings:

This indicator is one in which DCF continues to excel. DCF has consistently demonstrated a strong understanding of the importance of routine health care needs including screenings, appointments, dental care and medication monitoring. Child Health Units located at the local office level allow direct accessibility and communication between nurses and DCF staff, which is of great benefit to children in care. Resource Caregivers indicated that they felt supported and understood by the Child Health Unit Nurses. Children/youth at various levels of need were receiving the routine and specialized care necessary to meet those needs and exceed in their developmental milestones.

WELL-BEING FACT SHEET: Emotional Well-Being

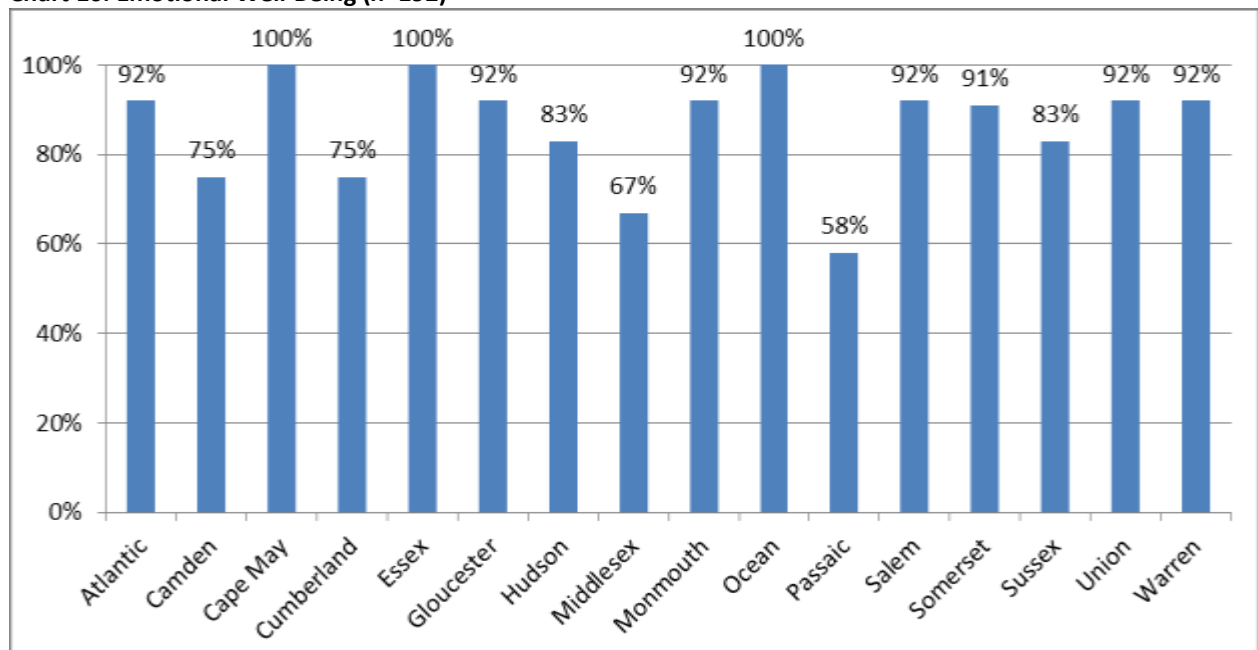
Purpose:

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 86% with 166 out of 192 cases scoring in the “Acceptable” range.
- 14 counties scored within the “Acceptable” range, with 12 of the 16 recording a *STRENGTH* rating over 83%.

Chart 10: Emotional Well-Being (n=192)



Findings:

The majority of children whose cases were reviewed demonstrated positive emotional growth appropriate with their age and capability. Therapeutic services and specialized care helped to meet or exceed their developmental milestones. Children with more challenging or inconsistent behaviors who did not receive the necessary therapeutic care were unable to ensure that their outcomes were successful in meeting their needs and achieving emotional well-being.

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

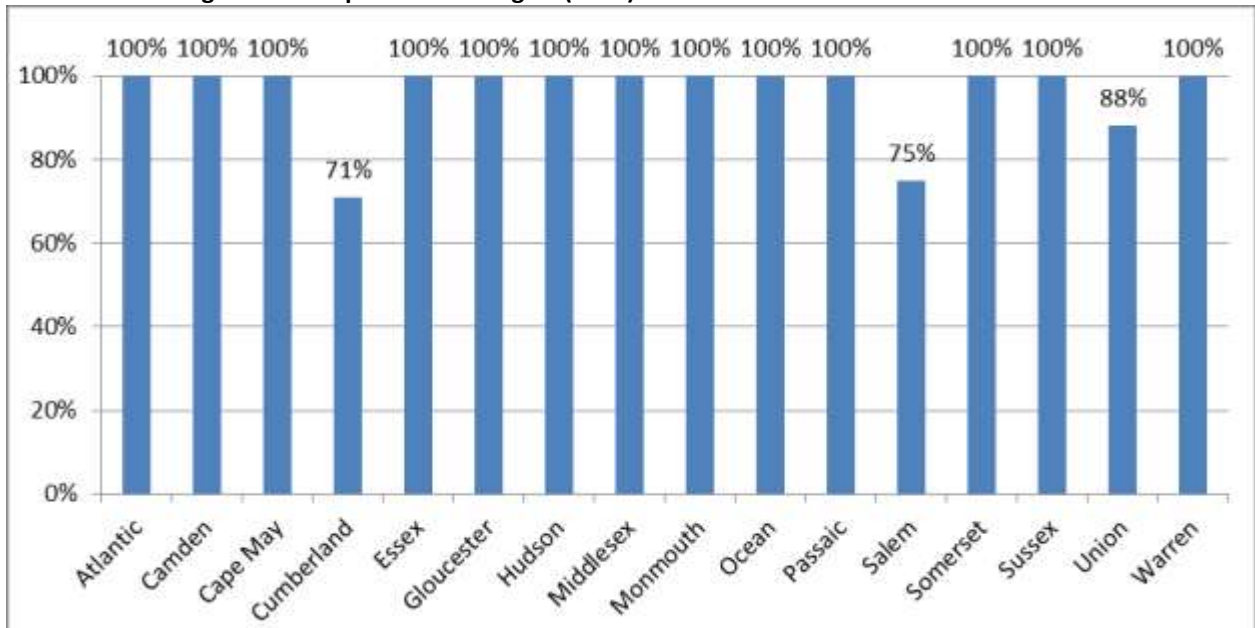
Purpose:

In *Learning and Development* reviewers assessed whether key milestones for children less than five 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 95%, with 79 out of 83 applicable children scoring in the “*Acceptable*” range.
- 13 of 16 counties recorded a *STRENGTH* rating of 100%.

Chart 11: Learning and Development under Age 5 (n=83)



Findings:

Children within the sample received the necessary assistance to reach targeted, age appropriate goals and were meeting developmental milestones. The QR review clearly indicated that early intervention, supportive placements and appropriate educational supports played a significant role in the developmental success of children for this indicator.

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

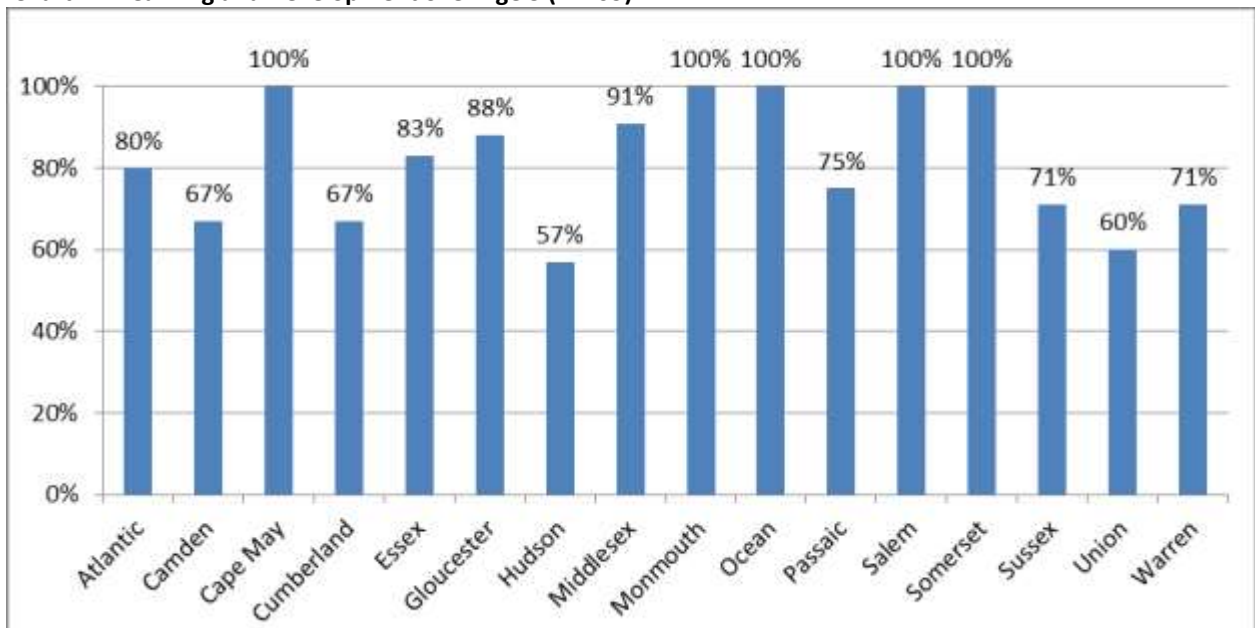
Purpose:

In *Learning and Development* reviewers assessed whether key milestones for children over five 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 83% with 91 out of 109 applicable cases scoring in the “*Acceptable*” range.
- 10 of the 16 counties recorded a *STRENGTH* rating over 75%.

Chart 12: Learning and Development over Age 5 (n=109)



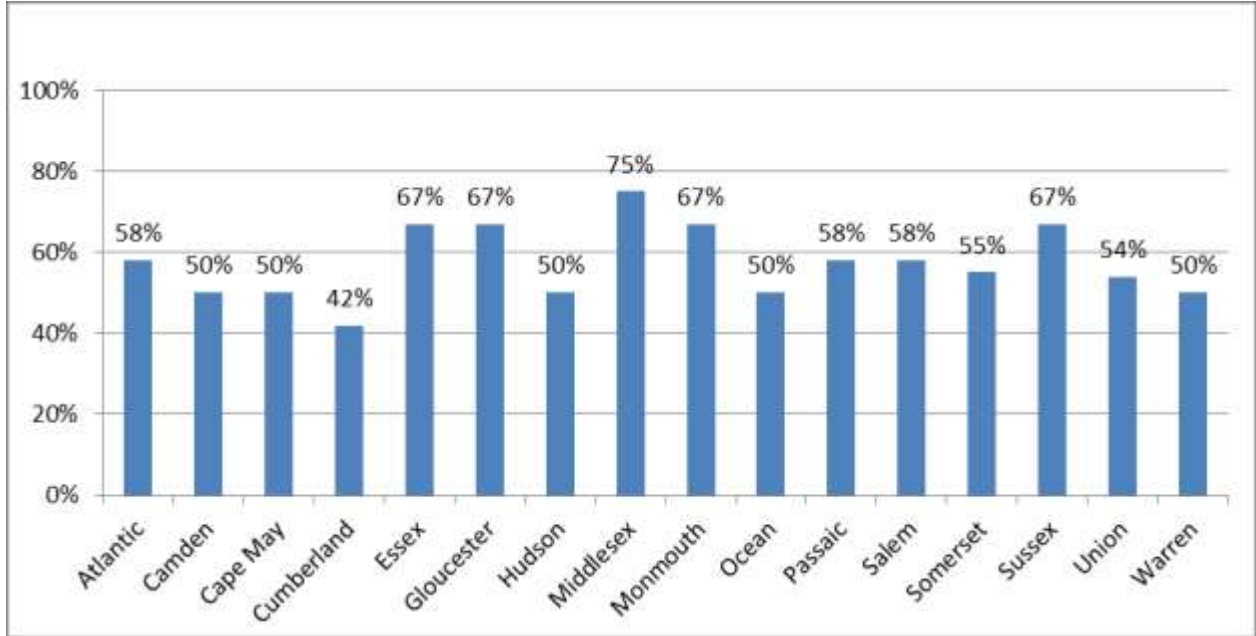
Findings:

QR results revealed that the educational needs of most of the children in the sample are being met. Collaboration and intervention prompted by the educational system and DCF staff were seen as factors contributing to the success of children in the sample. Educational partners were invested in children and willing to use creative measures to accommodate specific educational needs and strengthen their partnership with DCF. However, a lack of communication between DCF, and its educational partners and families was identified as a challenge. For example, in some cases educational plans were not conveyed to DCF and families and therefore not incorporated into case plans for the child/youth, which delayed specialized services that could have addressed behavioral and learning issues.

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 57% with 110 of 192 cases scoring in the “Acceptable” range.

Chart 13: Overall Practice Performance (n=192)



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

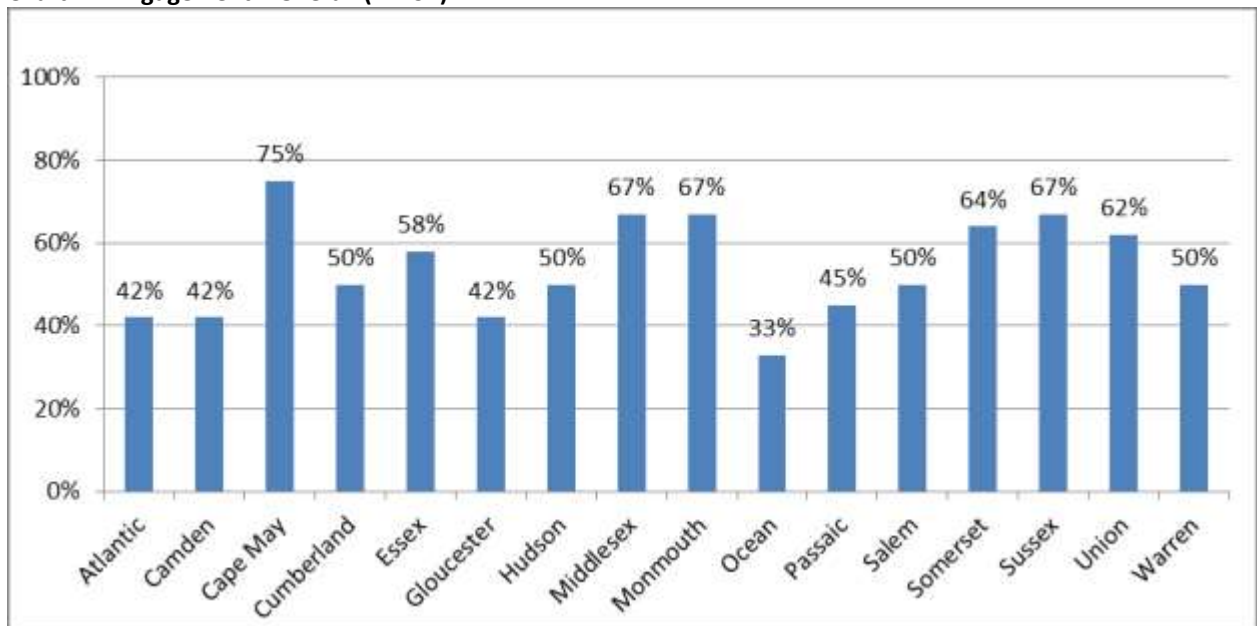
Purpose:

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, and 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 54% with 103 of the 192 cases scoring in the “Acceptable” rating.
- Only one county achieved a *STRENGTH* rating over 70%.

Chart 14: Engagement – Overall (n=191)



Findings:

Of the three categories of engagement analyzed within this indicator, two received a *STRENGTH* rating of 73% and above (*Engagement with Child / Youth* and *Engagement with Resource Caregivers*), while the third category (*Engagement with Parents*) received a *STRENGTH* rating of 38%. In order for ratings in *Overall Engagement* to improve, DCF must continue to develop stronger partnerships with our parents, children and youth, and improve strategies for effectively engaging these partners.

FACT SHEET: Engagement of Child/Youth

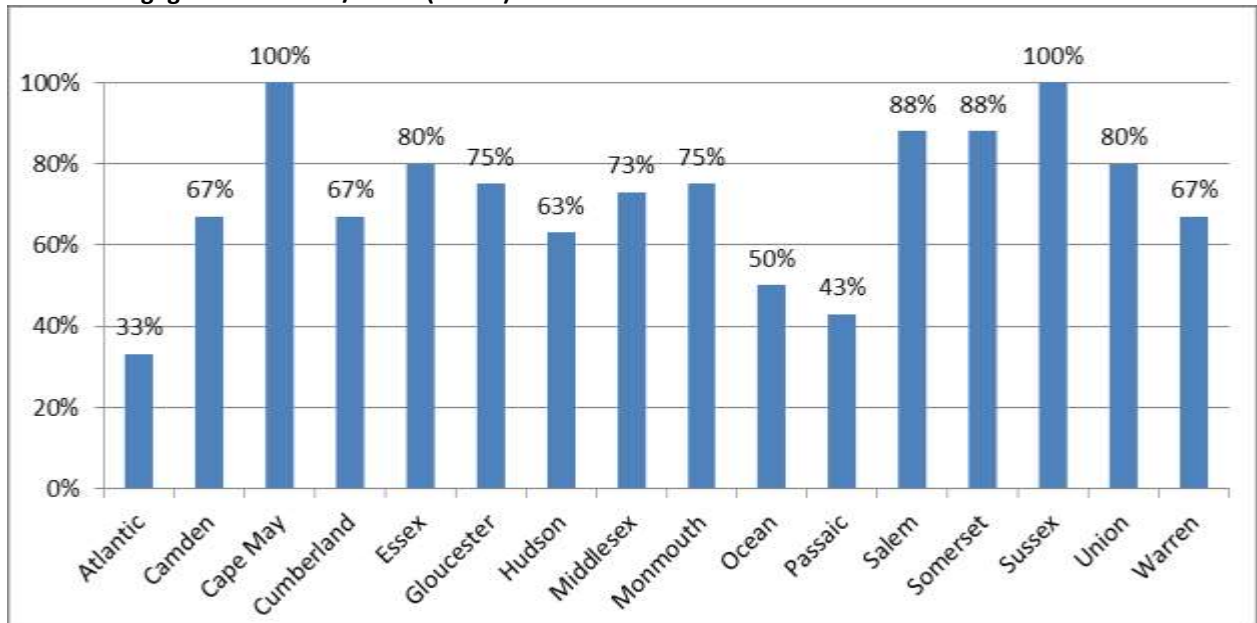
Purpose:

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

Rating:

- The average *STRENGTH* rating was 73% or 76 of 104 “Acceptable” cases.
- There was a wide variation of *STRENGTH* ratings with six counties scoring 80% or greater, seven counties scoring between 63-75%, two counties in the 43-50% range and one county receiving a *STRENGTH* rating of just 33%.

Chart 15: Engagement of Child/Youth (n=104)



Findings:

Cases with a positive *STRENGTH* rating were those in which a trusting relationship had been developed between the child/youth and the Department of Children and Families. In order to achieve more meaningful planning towards achievement of agreed upon goals, DCF will need to develop strategies which will allow child/youth to have a voice in the development of their respective case plans. This will assist in improving their comprehension around the goals outlined in their case plan and the necessary steps needed for them to be successful.

FACT SHEET: Engagement of Parents

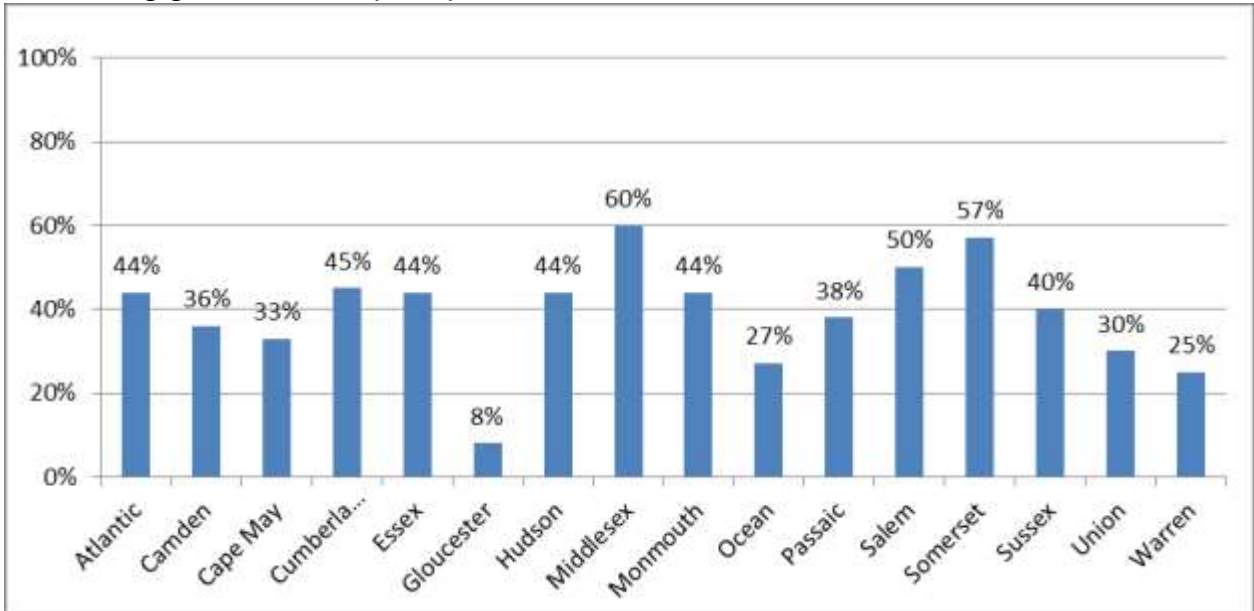
Purpose:

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.” 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 38% or 61 of the 159 cases in the “Acceptable” range.

Chart 16: Engagement – Parents (n=159)



Findings:

Engagement of Parents is an indicator where more focused efforts are clearly needed, evidenced by the fact the highest ranking for any county was just 60% and 13 counties rated at or under 45%. The involuntary nature of child protection services often provides a challenging backdrop to developing a trust-based relationships with parents. Engagement is critical at all points during a families’ involvement with the child protection system and this indicator highlights additional work needed to strengthen this area. Parents felt that they did not have any input into the development of the case plans. Fathers indicated that the goals and expectations they had for their children were not acknowledged by DCF and the case plans were not shared with them.

FACT SHEET: Engagement of Resource Caregivers

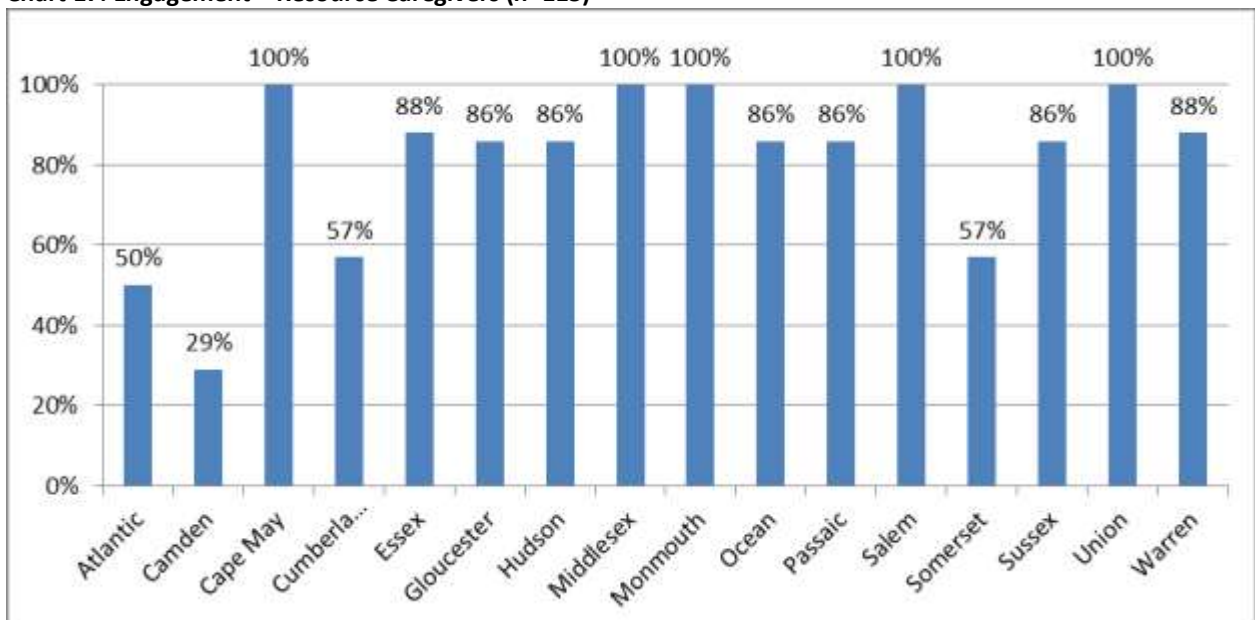
Purpose:

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 81% or 93 of 115 cases in the “Acceptable” range.
- 12 of 16 counties had a *STRENGTH* rating of 86% or greater.

Chart 17: Engagement – Resource Caregivers (n=115)



Findings:

Counties with a high *STRENGTH* rating were described as those in which there was collaboration between the DCF caseworker and resource caregiver. This relationship enhanced the case planning process and outcomes for families. Resource parents felt that they were kept informed during all stages of the legal process for the child/youth and provided them with the assurance that DCF had an understanding of their strengths and needs. Further efforts in terms of engaging resource parents need to be focused on clarification of the roles of all team members and increasing knowledge of case goals.

FAMILY TEAMWORK FACT SHEET: Teamwork Formation

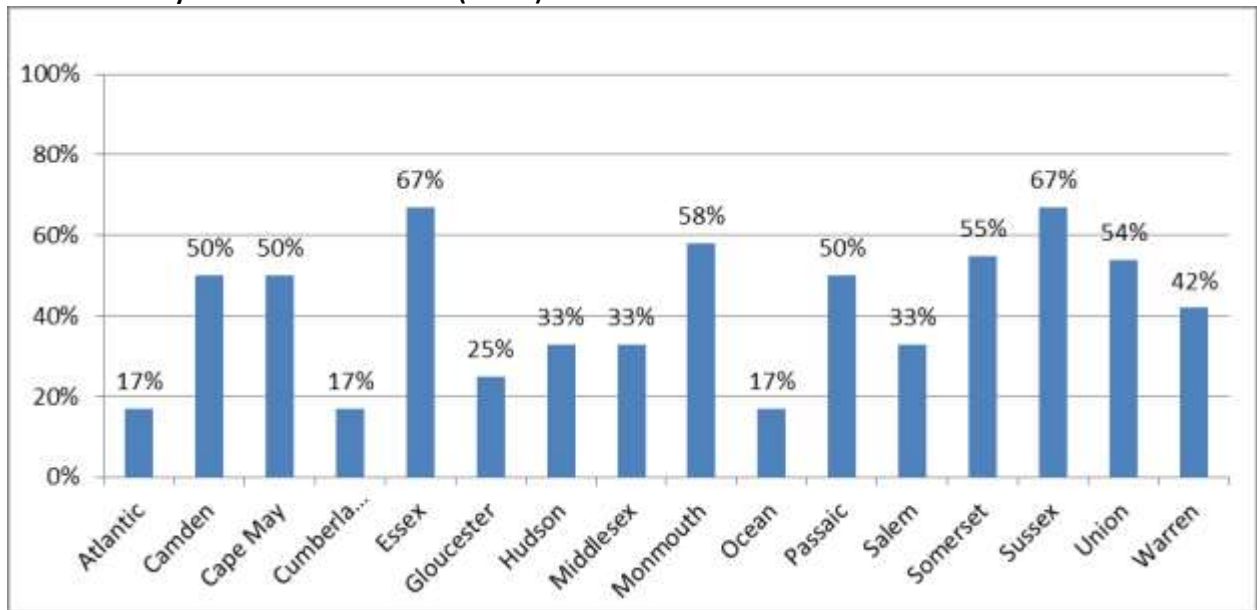
Purpose:

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/youth 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 42% with 80 of 192 cases falling in the “Acceptable” range.
- All counties scored below a 70% *STRENGTH* rating.

Chart 18: Family Teamwork – Formation (n=192)



Findings:

All 16 counties fell below the “Acceptable” *STRENGTH* rating of 67%. Review results indicated the formation of teams was limited and often did not include an array of formal and informal or community supports. In areas where the Family Team Meetings (FTM’s) was not incorporated frequently, families indicated that they were not involved in establishing the goal and identified services required for them to be independent of the child welfare system. More focused work is needed to improve the identification and development of team members.

FAMILY TEAMWORK FACT SHEET: Teamwork Functioning

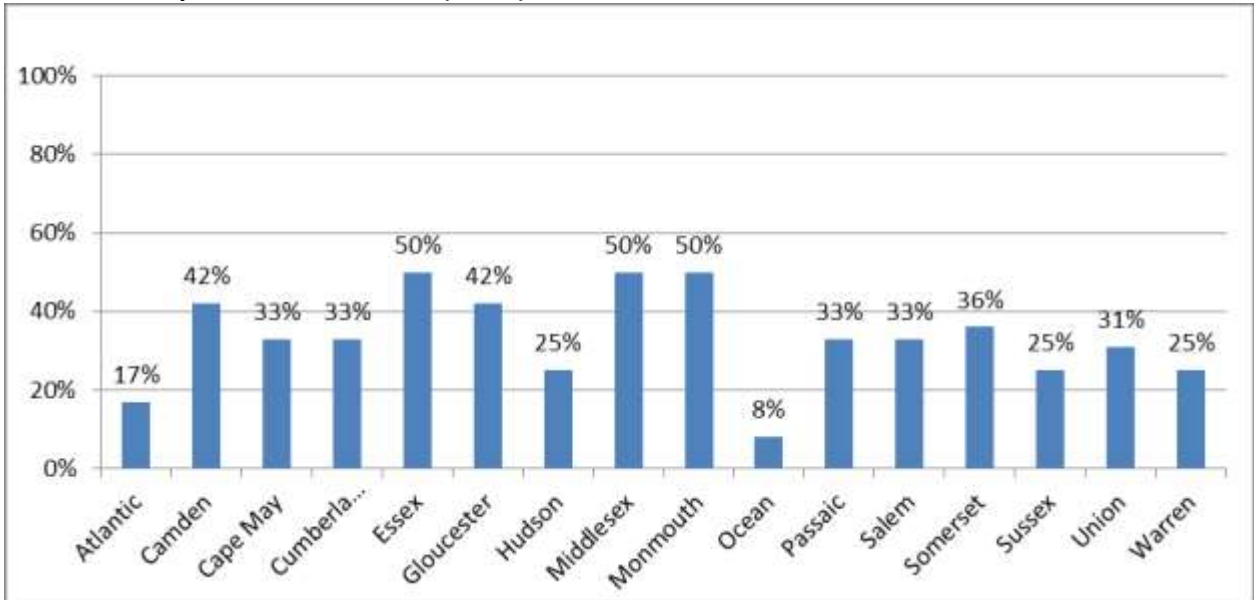
Purpose:

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% with only 64 of 192 cases in the "Acceptable" range.
- All counties scored at or below a 50% *STRENGTH* rating.

Chart 19: Family Teamwork – Function (n=192)



Findings:

Reviewers found that system partners continued to work on behalf of families yet often in isolation of each other. Parents were unaware of their options to include formal and informal supports in meetings that would have contributed to the overall success of the family. Keeping the team informed and working towards the family/youth's goal assists in goal attainment as well as enhances on-going engagement.

ASSESSMENT AND UNDERSTANDING FACT SHEET: OVERALL

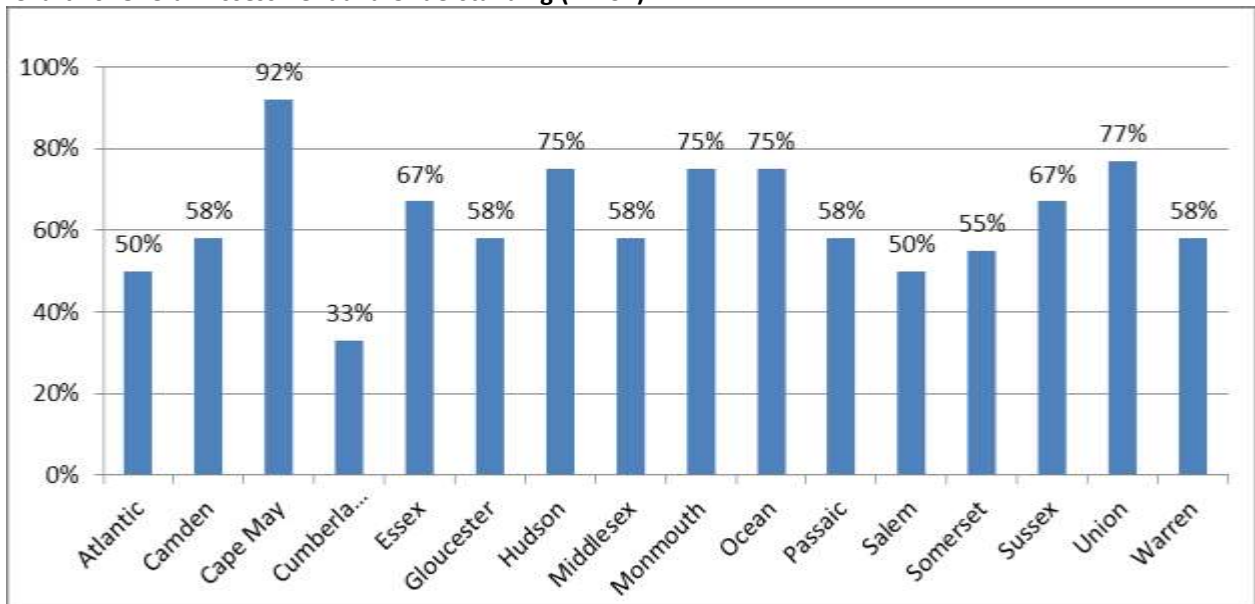
Purpose:

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 areas. Information for the three areas can be found in the respective fact sheet for each.

Rating:

- The average *STRENGTH* rating was 63% or 121 of 192 cases in the “Acceptable” range.
- *STRENGTH* ratings among the 16 counties ranged from 33% and 92%.
- Ratings in 11 of the 16 counties were below 70%.

Chart 20: Overall Assessment and Understanding (n=192)



Findings:

Ratings for this indicator demonstrate the negative impact for children and families when important information about the child and/or family is not clearly understood. There were missed opportunities for identifying underlying needs for families that would have assisted with closing cases successfully. This would have allowed for DCF to integrate engagement strategies into individualized case plans.

ASSESSMENT AND UNDERSTANDING FACT SHEET: Child / Youth

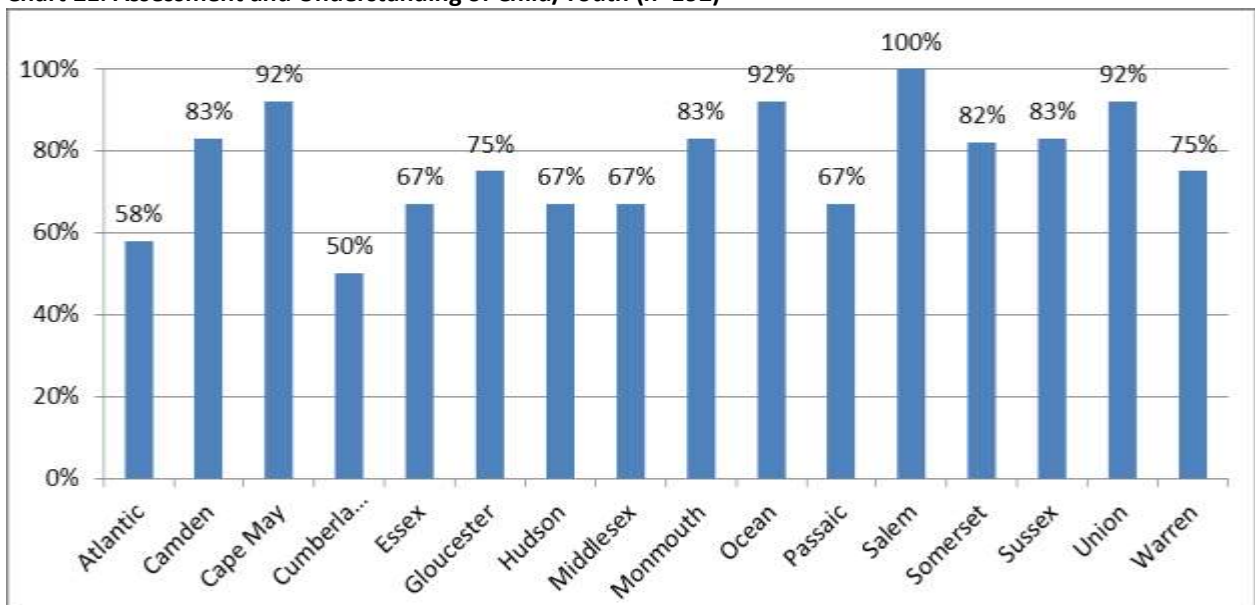
Purpose:

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 was 77%, or 148 of 192 applicable cases that scored within the “Acceptable” range.

Chart 21: Assessment and Understanding of Child/Youth (n=192)



Findings:

This indicator was identified as a “Strength” for 10 of the 16 counties reviewed. Among counties with a higher *STRENGTH* rating, the presence of formal and informal assessments was noted. Along with those assessments, input from service providers was incorporated into successful engagement strategies and case planning. Any underlying and functional needs for youth were being addressed along with need specific services being implemented. In counties with lower *STRENGTH* ratings a comprehensive understanding of the child’s strengths, risks, and needs was not incorporated.

ASSESSMENT AND UNDERSTANDING FACT SHEET: Parents

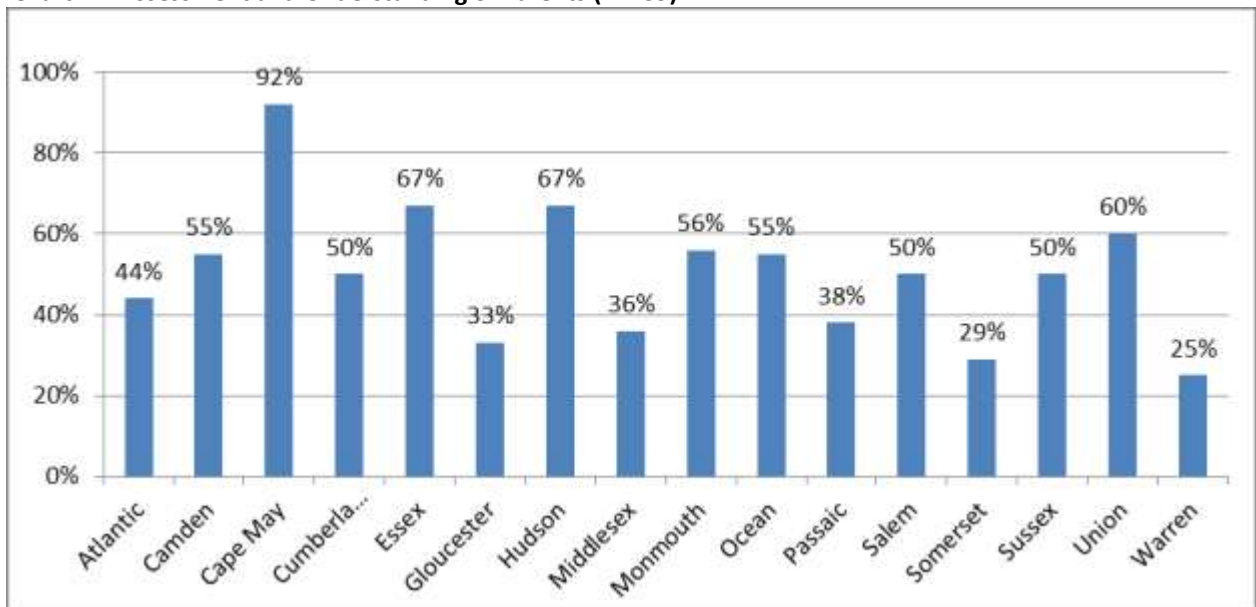
Purpose:

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 47%, or 75 of 159 applicable cases that scored within the “Acceptable” range.

Chart 22: Assessment and Understanding of Parents (n=159)



Findings:

Incorporating input from service providers, formal and informal assessments contribute to higher *STRENGTH* ratings. This input was successfully utilized to develop engagement strategies and comprehensive case plans that addressed the families’ strength and needs. In counties with low *STRENGTH* ratings, opportunities were missed in regards to identifying the strengths, competencies and functional and underlying needs of parents.

ASSESSMENT AND UNDERSTANDING FACT SHEET: Resource Caregivers

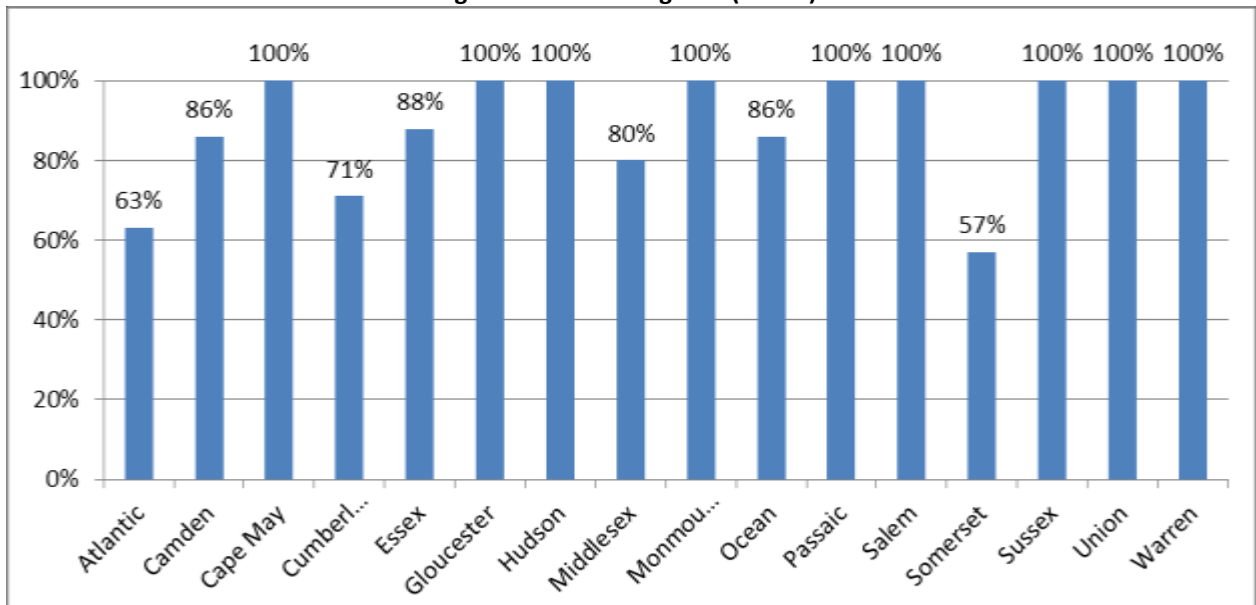
Purpose:

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 115 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 90%, or 103 of 115 applicable cases that scored within the “Acceptable” range.
- 14 of the 16 counties had a rating of 71% or higher.

Chart 23: Assessment and Understanding of Resource Caregivers (n=115)



Findings:

QR results indicate that DCF is adept at identifying, understanding and meeting the needs of resource caregivers. Resource caregivers indicated receiving extended support within the community and DCF with meeting the needs of youth in their care. Formal assessments were used to explore learning challenges, behavioral expressions and mental health needs of families. This allows for DCF to develop a better understanding of the necessary steps required to ascertain the child and parent’s needs. As with many other indicators, the disparity between the rating with respect to resource caregivers and parents is significant, and is a factor which needs ongoing attention.

CASE PLANNING FACT SHEET: Case Planning Process

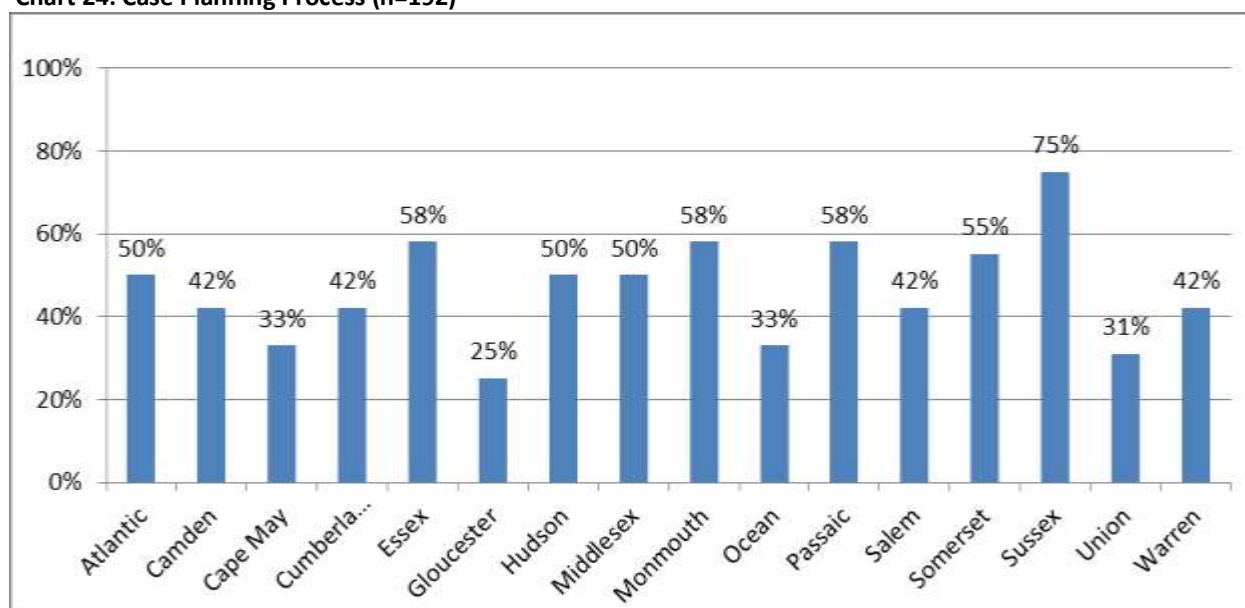
Purpose:

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 46% with 89 of the 192 cases in the “Acceptable” range.

Chart 24: Case Planning Process (n=192)



Findings:

Cases with a higher *STRENGTH* rating were characterized by involvement from key team members in the child, youth or family’s life which informed the case planning process and supported incremental steps to achieving the case goal. Parents and caregivers described having a voice in their plan and the decision making process. Adolescents felt empowered because the process allowed for them to develop and incorporate their own goals into the plan. Additional focus is needed to create family-driven, integrated case plans that encompass collaboration between DCF and its community stakeholders.

CASE PLANNING FACT SHEET: Plan Implementation

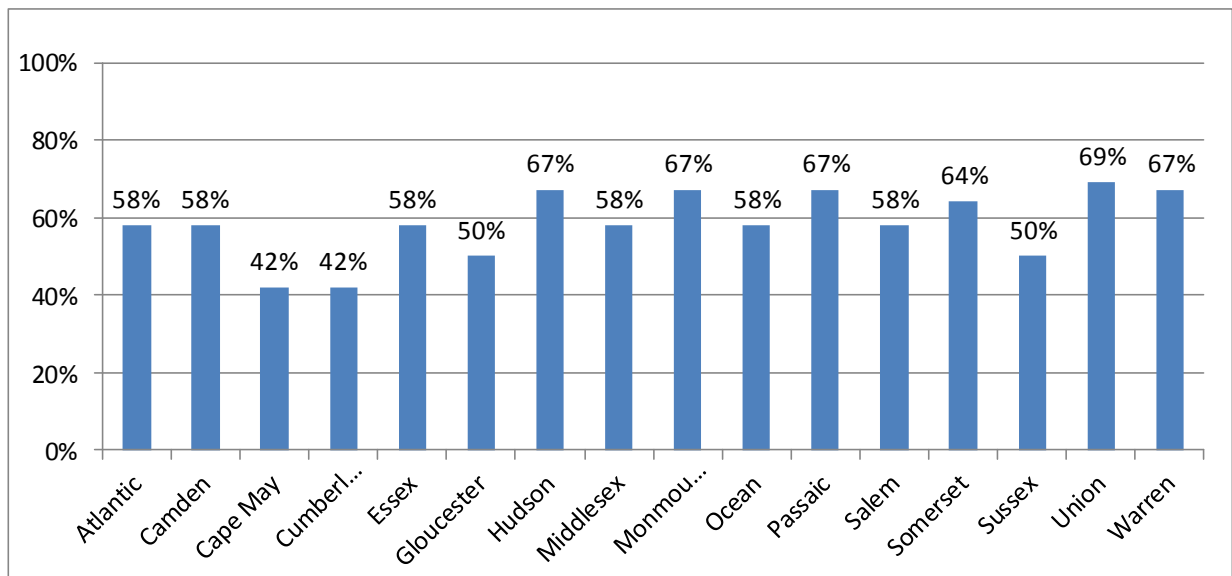
Purpose:

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 59% or 113 out of 192 cases scored with the "Acceptable" range.

Chart 25: Plan Implementation (n=192)



Findings:

There were inconsistencies across the State in case planning implementation and timeliness in developing the appropriate action plans or providing the indicated resources. Families must be involved more from the initial process to help foster the case planning process from planning to implementation. The ability and flexibility to track and adjust is essential to our families in allowing them the opportunity to reach their goals and achieve encouraging outcomes. This indicator highlights the fact that case planning cannot be truly successful without timely and realistic pathways to achievement.

CASE PLANNING FACT SHEET: Tracking and Adjustment

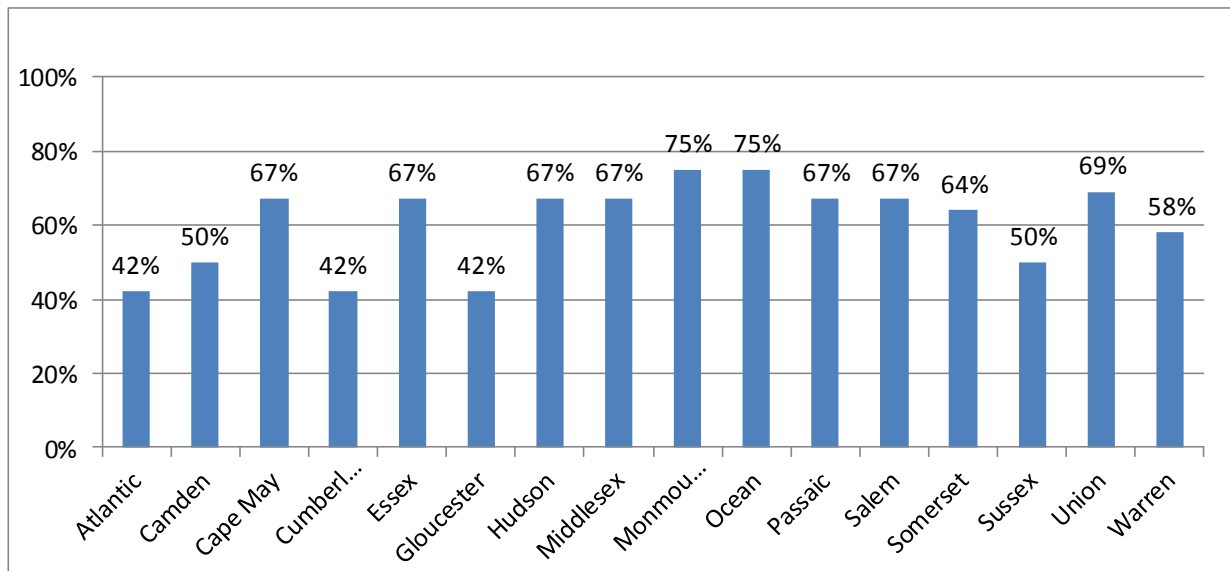
Purpose:

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 in this category was 60% or 116 of 192 cases.
- Only 2 of the 16 counties rated over the 70% “Acceptable” range.

Chart 26: Tracking and Adjustment (n=192)



Findings:

As the needs of families are identified or change throughout the life of a case, the child/youth’s case plan should adjust accordingly. Reviewers noted, however, that plans often remained stagnant and/or not modified to address the family’s changes, needs, circumstances or progress. Many of the notations were reflective only of the initial reason for DCF involvement. As a result of this lack of adjustment to current family need, the majority of counties (14 of 16) scored in the “ANI” range. Reviewers also noted a link between this category and *Teamwork Functioning*, as critical information was sometimes not relayed to the team when planning for the family’s changing needs.

FACT SHEET: Provision of Health Care Services

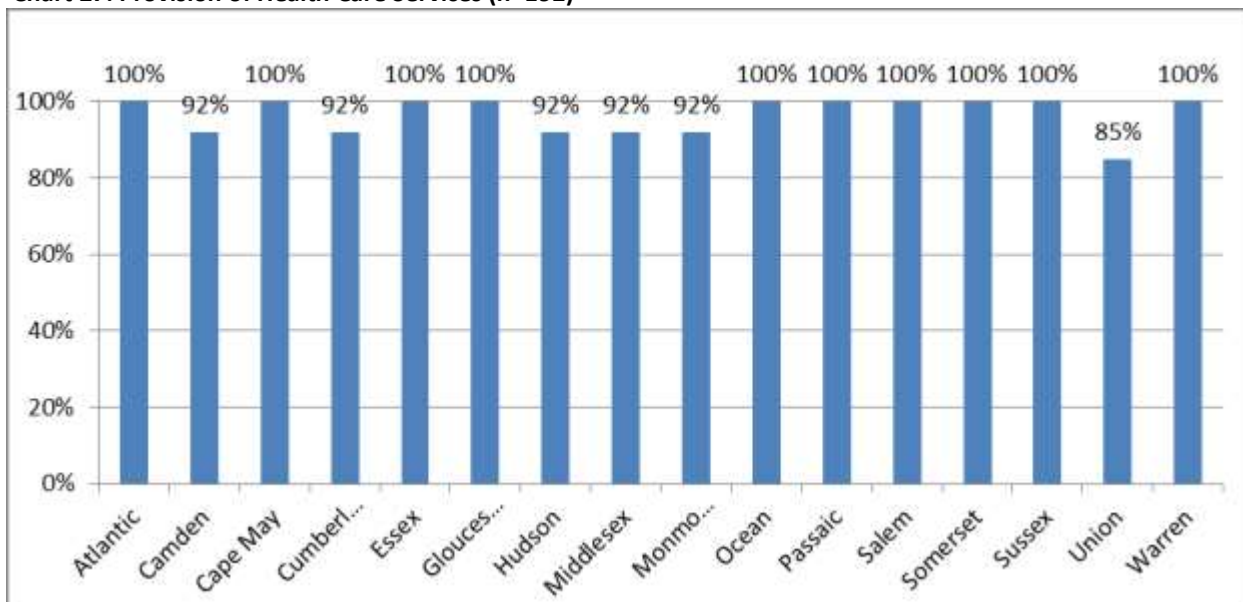
Purpose:

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 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/youth's mental health.

Rating:

- The average *STRENGTH* rating was 96% or 185 of the 192 cases rated in the "Acceptable" range.
- 15 of the 16 counties had a rating of 92% or higher.

Chart 27: Provision of Health Care Services (n=192)



Findings:

The *Provision of Health Care Services* is a strong point for the DCF, as demonstrated by the 96% *STRENGTH* rating achieved by the counties. These results indicate that children are receiving the timely routine and preventative medical, dental, vision and mental health care needed to achieve their best health.

FACT SHEET: Resource Availability

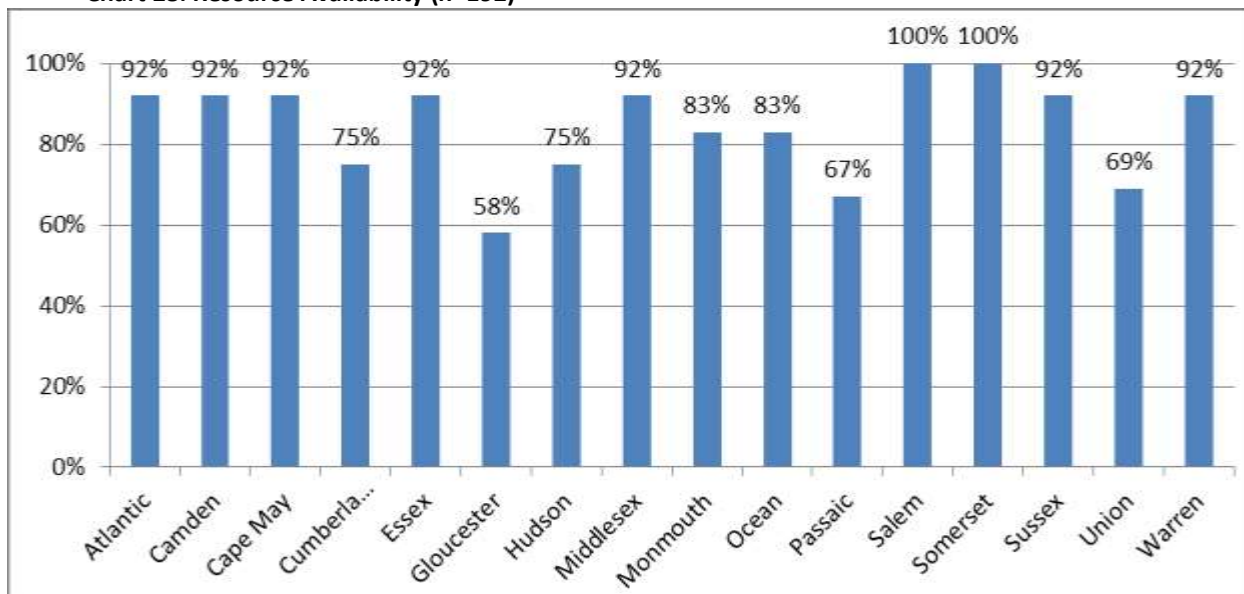
Purpose:

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 84% or 162 of 192 in the “Acceptable” range.
- 13 of 16 counties had a *STRENGTH* rating at or above 75%.

Chart 28: Resource Availability (n=192)



Findings:

Resource Availability continues to be an asset for DCF. All counties were seen as developing and utilizing creative strategies to provide services that are appropriate and supportive to the child and family. Reviewers noted that counties boasts an array of services for families and that services were easily identified with very little to limited waiting times for these services.

FAMILY AND COMMUNITY CONNECTIONS FACT SHEET: Overall

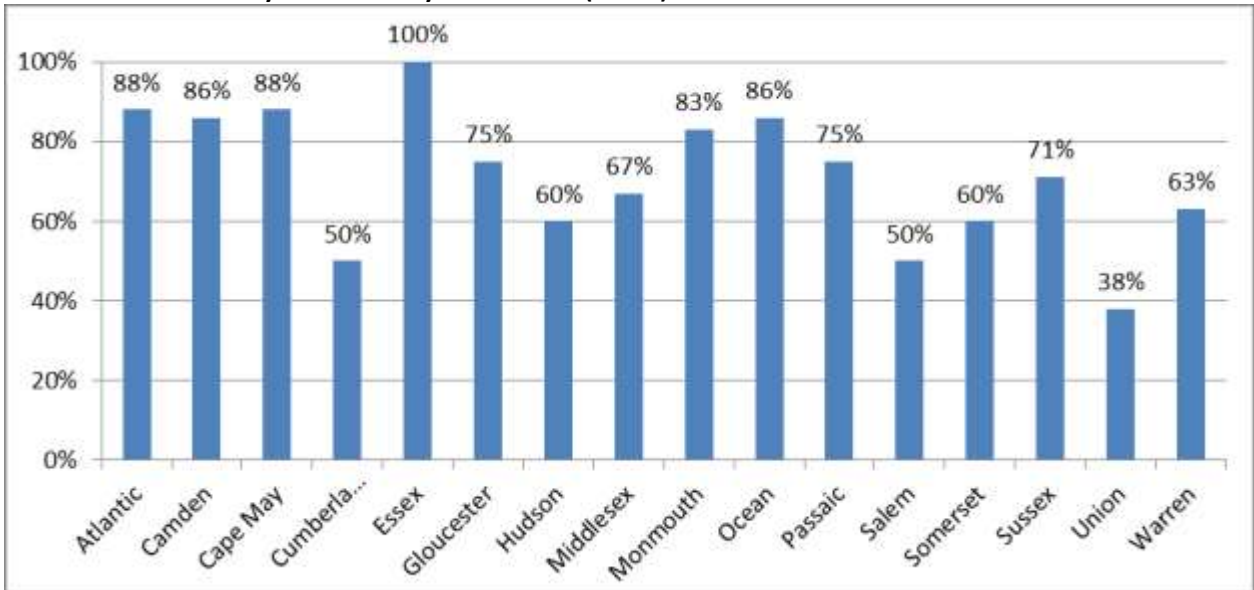
Purpose:

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 71% with 77 of 109 cases scoring within the “Acceptable” range.
- There were 9 of 16 counties that scored above the 70% “Acceptable” range.

Chart 29: Overall Family & Community Connections (n=109)



Findings:

Counties with a high *STRENGTH* rating were those that successfully facilitated placement of child/youth with relatives and encouraged open communication between resource families and biological families to increase visitation and maintain family connection. Reviewers found that family connections were best supported and maintained when caregivers, relative and otherwise, were willing to encourage contact with family. Placement with relatives and siblings help facilitate visitation and maintain their family connections, as did planning and coordination with congregate care settings and families.

FAMILY AND COMMUNITY CONNECTIONS FACT SHEET: Mother

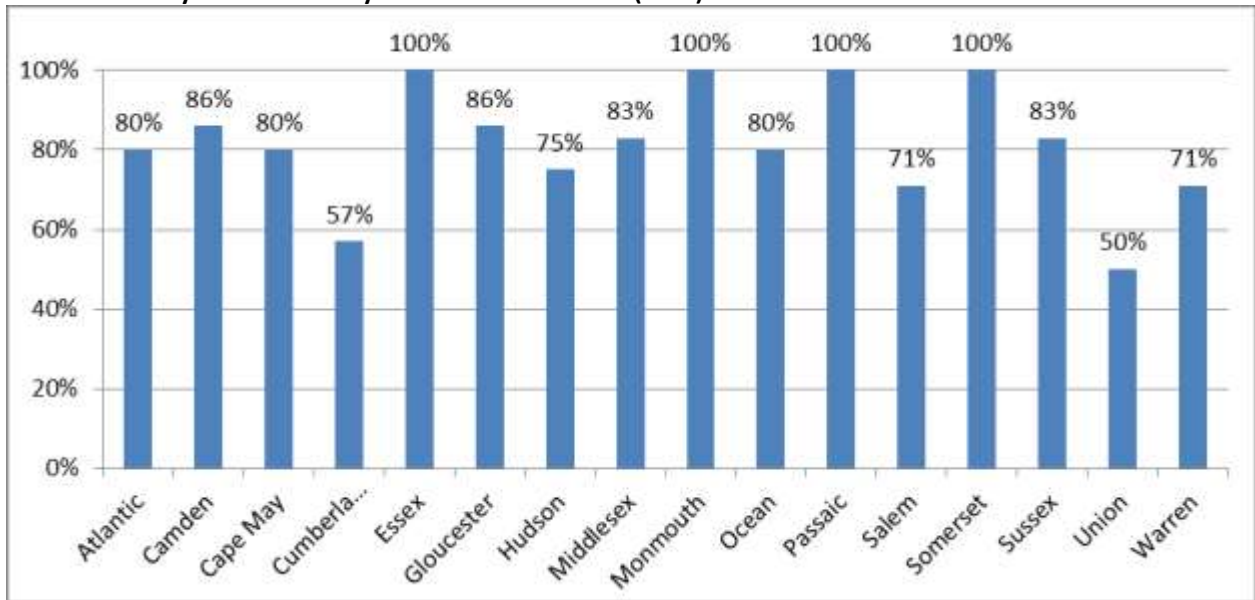
Purpose:

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 79% with 69 of 87 cases scoring within the “Acceptable” range.
- The majority of counties, 14 of 16, scored at or above 71%.

Chart 30: Family and Community Connections – Mother (n=87)



Findings:

Counties with ratings in the “ANI” range did not sufficiently strategize to address issues where mothers were noted as missing, incarcerated or lacking stable housing. Reviewers noted that strategies for maintaining connections in out-of-home cases were more prevalent with the custodial parent. Coordination to maintain scheduled visitations for the mother was noted as remarkable in several cases. DCF provided visitations for large families where distance would have caused a barrier for visitations to be cancelled or rescheduled for a later time.

FAMILY AND COMMUNITY CONNECTIONS FACT SHEET: Father

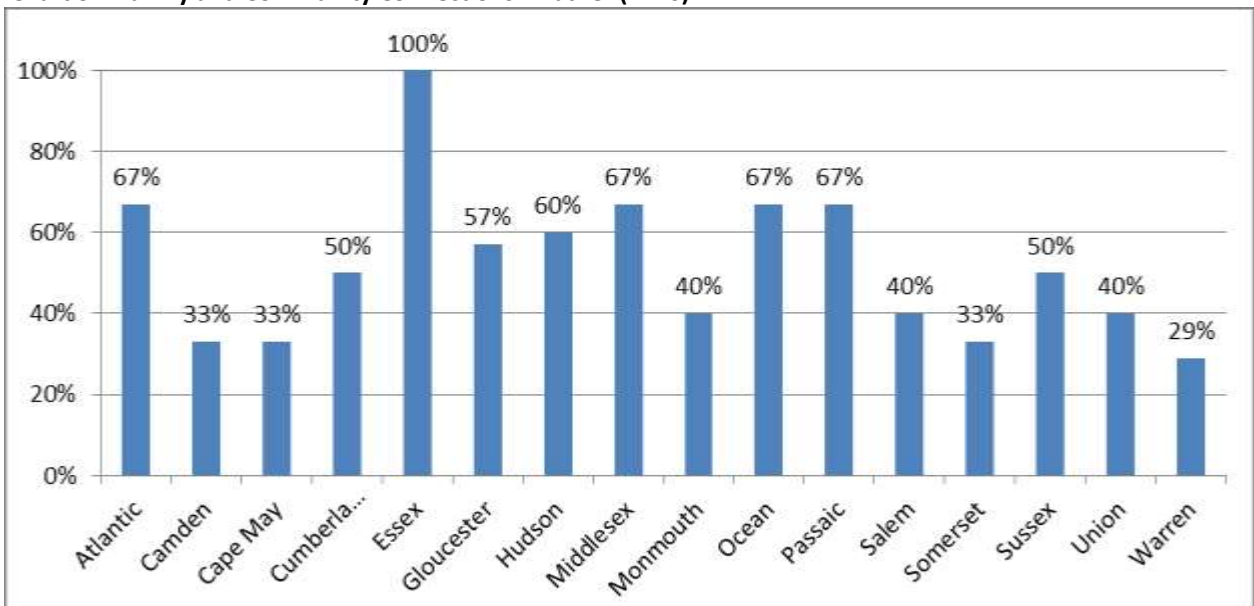
Purpose:

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 51% with 39 of 76 cases scoring within the acceptable range.
- 15 of 16 counties scored below the 70% “Acceptable” range.

Chart 31: Family and Community Connections – Father (n=76)



Findings:

Reviewers found that the ability to maintain connections between children and their fathers was impacted by a father being incarcerated, missing, or identified as “not involved” by the custodial parent. In one county where *Family and Community Connections – Father* was identified as a *STRENGTH*, extended family members, placement with relatives, remarkable coordination with visitation schedules assisted in ensuring fathers were able to maintain connections with their children.

FAMILY AND COMMUNITY CONNECTIONS FACT SHEET: Siblings

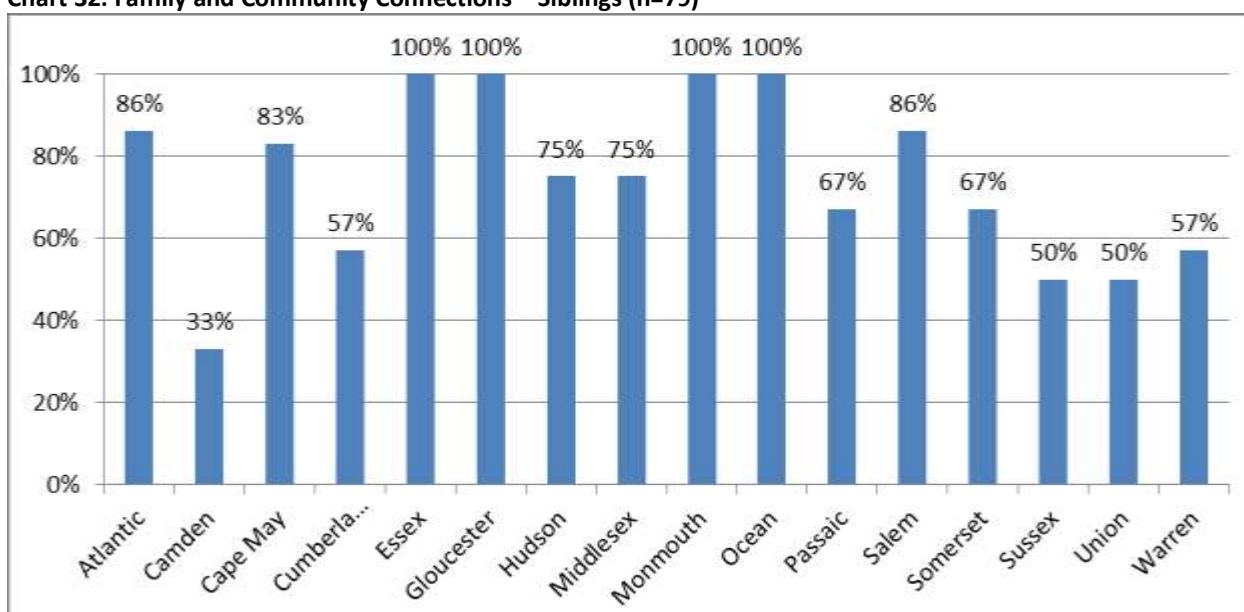
Purpose:

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 72% with 57 of 79 cases scoring within the “Acceptable” range.
- 9 of the 16 counties scored above the 70% or above “Acceptable” range.

Chart 32: Family and Community Connections – Siblings (n=79)



Findings:

In counties where this indicator was a *STRENGTH*, caregivers, relative and other informal supports were open and willing to encourage sibling contact. In addition, DCF was able to ensure sibling connections were maintained by developing and coordinating visitation strategies at the time of initial placement with families and caregivers. Counties in which there were challenges regarding maintaining sibling connections experienced the following barriers - the child’s distance from siblings, lack of visitation prior to placement, biological parents and siblings living in another state, and the resistance of team members to visitation where identified barriers could have been planned for and addressed.

FAMILY SUPPORTS FACT SHEET: Overall

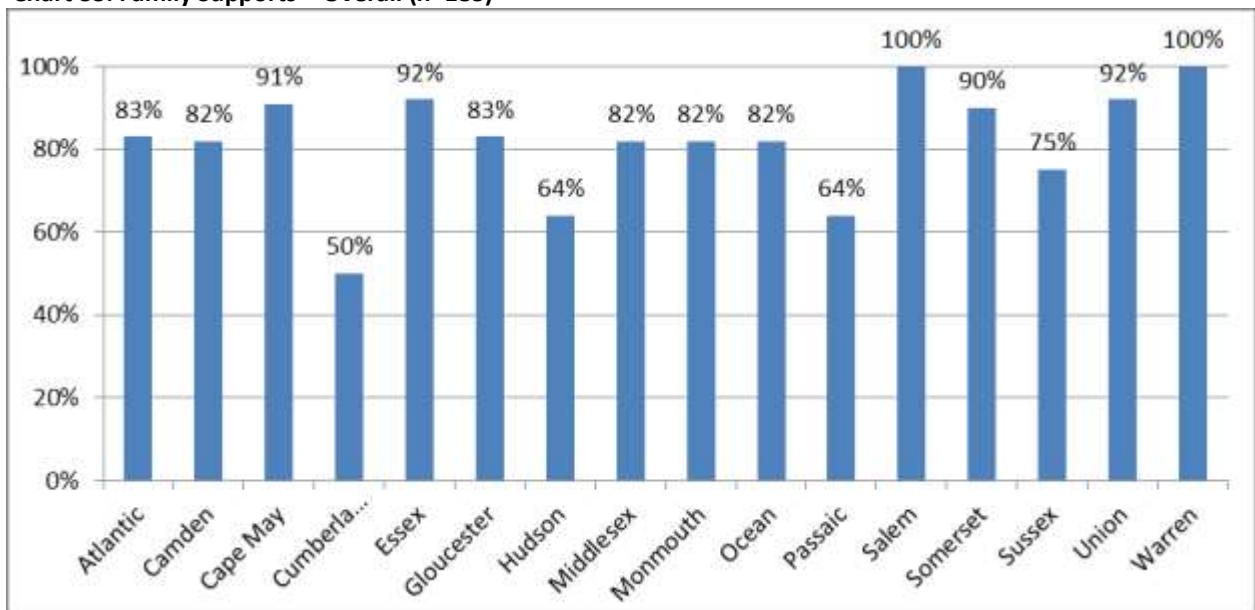
Purpose:

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/youth 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 82%, or 150 of 183 applicable cases that scored within the “Acceptable” range.
- 13 of the 16 counties had ratings of 70% or higher.

Chart 33: Family Supports – Overall (n=183)



Findings:

The establishment of formal and informal support networks beyond DCF involvement is critical in families’ success beyond DCF involvement. When families have the opportunity to identify their support network and how they can meet their underlying needs, safety and stability outcomes are better achieved.

FAMILY SUPPORTS FACT SHEET: Parents

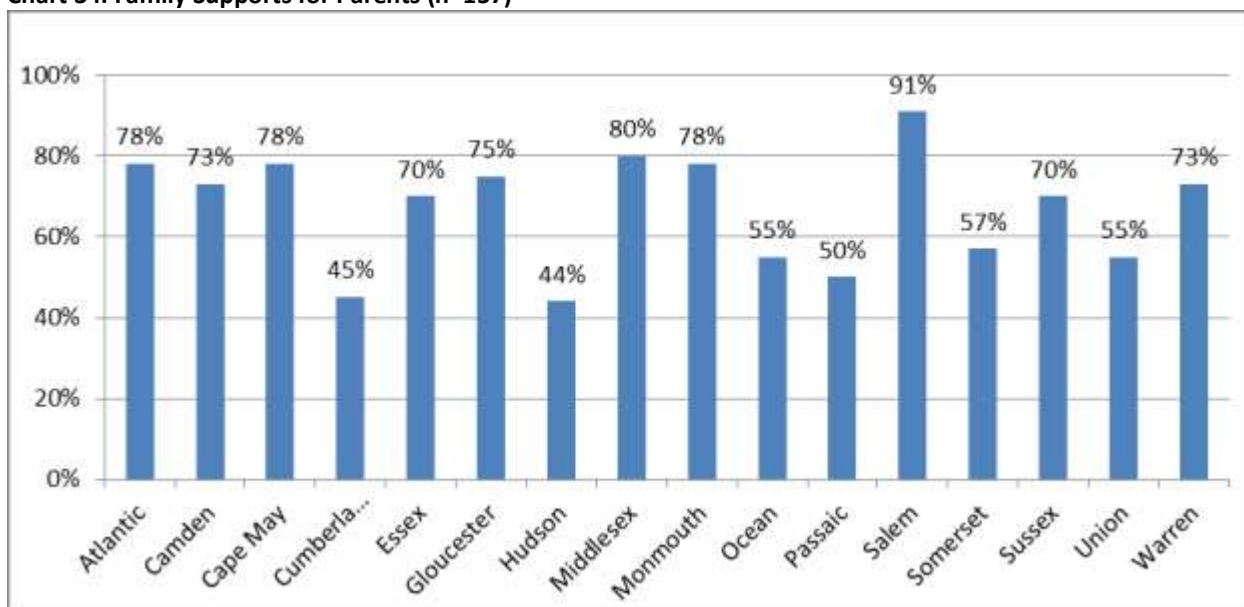
Purpose:

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 157 cases were assessed as applicable. 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 67% or 105 of 157 applicable cases in the “Acceptable” range.

Chart 34: Family Supports for Parents (n=157)



Findings:

Cases with higher ratings were those in which parents were significant contributors in the identification and development of support systems. In some instances parents were very resourceful in accessing the formal and informal supports needed. In many of these situations, extended family served as caregivers and provided support which allowed for continued contact between parents and their children, and established supports which remained in place beyond reunification and case closure by DCF. In cases with lower ratings parents lacked connection to supports to assist them in providing for their children and developing the self-sufficiency to function without the assistance of DCF. Of particular interest, one youth in the sample was over 18 years old, diagnosed with cognitive delays and learning disabilities. She successfully had “Independent Living” as her case goal with the hopes of being reunited with her one year old daughter.

FAMILY SUPPORTS FACT SHEET: Resource Caregiver

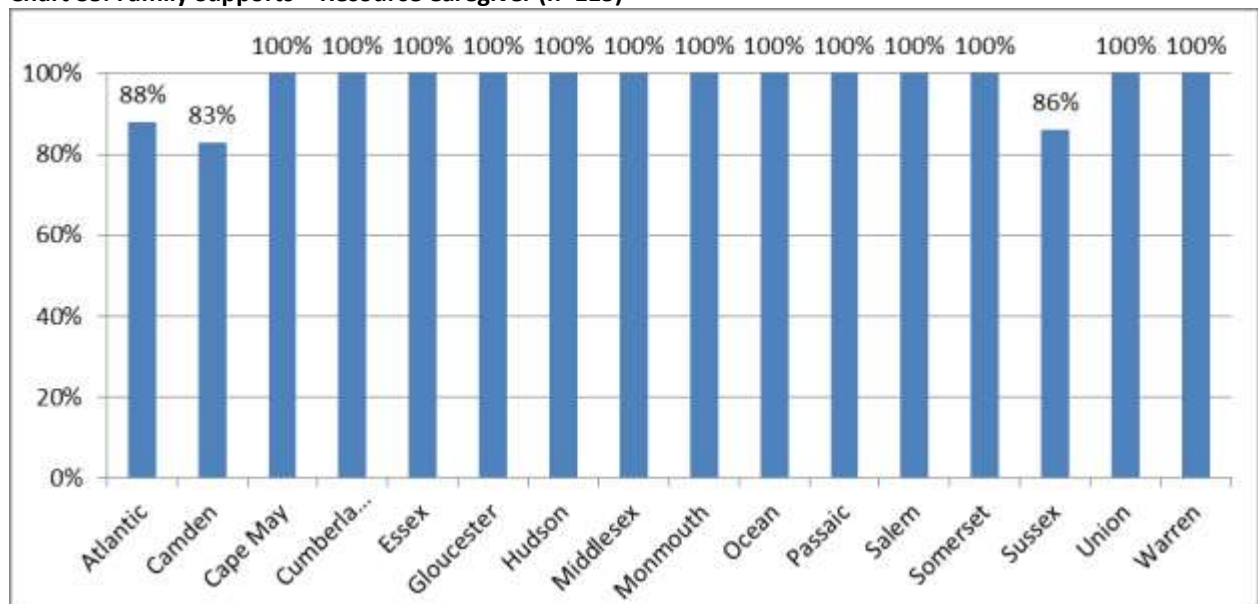
Purpose:

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 was 97% or 110 of 113 applicable cases within the “Acceptable” range.

Chart 35: Family Supports – Resource Caregiver (n=113)



Findings:

Reviewers observed that resource caregivers on the whole were connected with the formal and informal supports necessary to provide for the child/youth in their care. Resource caregivers were very resourceful in identifying and seeking out the formal and informal supports necessary to maintain children (especially those with special needs such as autism and developmental delays) in their homes. Reviewers noted that resource caregivers advocated for these services to be implemented so that the child/youth’s quality of life and education would be enhanced.

FACT SHEET: Long Term View

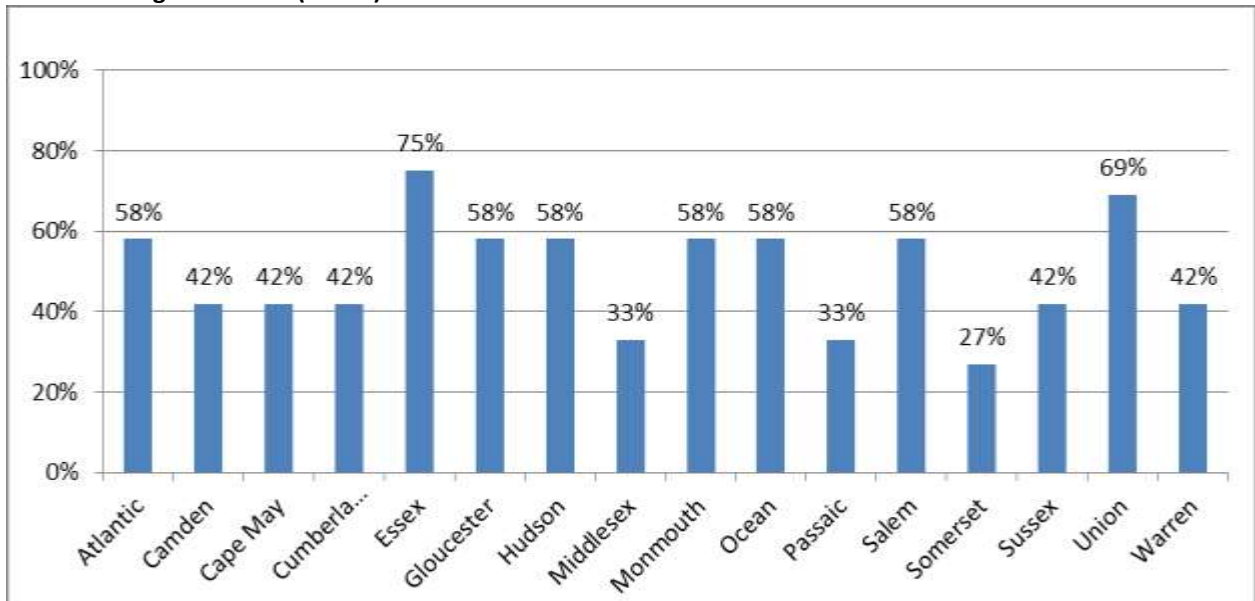
Purpose:

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 50% with 96 of 192 cases scoring in the "Acceptable" range.
- Only 1 county scored above 70% for this indicator.

Chart 36: Long Term View (n=192)



Findings:

Long Term View continues to be an area of considerable challenge for DCF. In counties where *Long Term View* was rated as "ANI", reviewers found that families, service providers and DCF staff were uncertain regarding the steps that needed to be achieved in order for families to become independent of their involvement with the child welfare system. As a result, planning for long-term and families sustained success was not occurring.

FACT SHEET: Transitions and Life Adjustments

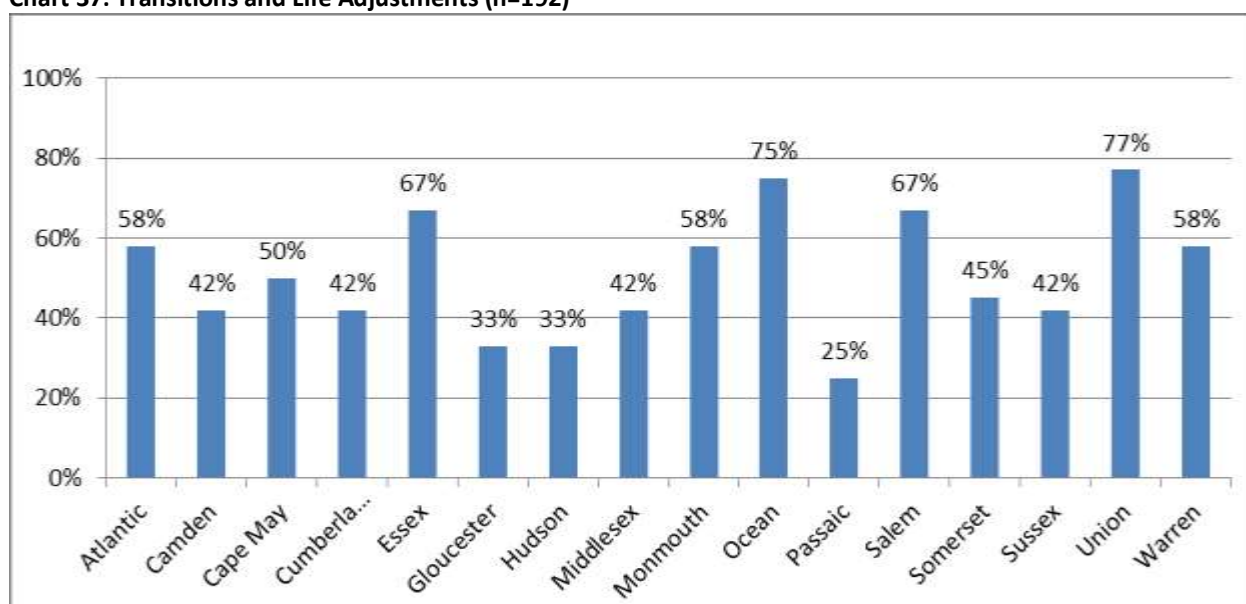
Purpose:

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 51% with 98 out of 192 cases scoring in the "Acceptable" range.
- 2 out of 16 counties achieved above a 70% *STRENGTH* rating.

Chart 37: Transitions and Life Adjustments (n=192)



Findings:

Reviewers noted inconsistencies on the planning transitions for families, including transitions known and unexpected. There was a lack of understanding regarding risk factors and underlying functional needs for families. Thoughtful and thorough attention to the challenges inherent in transitions can deepen engagement and ensure that important gains remain intact.

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 includes:

- The PIPs address “big picture” issues and are intended to be a framework for identifying broad issues and overarching themes affecting all or most offices within the reviewed county.
- The PIP should be a useful document to help a county think strategically about how to focus limited resources in areas likely to have the most significant impact on staff practice and the best outcomes for families.
- Counties are given the flexibility to focus on areas of practice they feel are most salient to their specific area.
- Safety must be addressed if this issue was identified as needing improvement based on QR results.
- PIPs strategies must be identified using the SMART model so that it is easily measurable and the desired impact can be readily demonstrated.
- Counties are encouraged to gather input from key stakeholders 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 2013 (n=16)

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 the key 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-13	Somerset	Family Teamwork: Functioning
		Engagement & Assessment of Parents
Feb-13	Ocean	Engagement of Parents
		Family Teamwork: Formation and Functioning
Feb-13	Salem	Progress Toward Permanency
		Engagement of Parents (Fathers)
		Family Teamwork: Formation
Mar-13	Hudson	Engagement: Overall
		Case Planning: Stability with School
		Family Teaming
Mar-13	Atlantic	Engagement
		Family Teamwork
		Case Planning with Fathers
Apr-13	Union	Case Planning
		Family Teamwork: Functioning
Apr-13	Warren	Engagement: Overall
		Engagement with Parents
		Family & Community Connections with Fathers
May-13	Passaic	Identification of Non Custodial Parents
		Engagement of Non Custodial Parents
		Safety in the Home: Specific to Passaic North Local Office
May-13	Monmouth	Family Teamwork: Formation
		Assessment and Understanding: Overall

QR Date	County	County Identified Area of Need For PIP Based Upon QR Findings
June-13	Gloucester	Family Teamwork - Formation
		Case Planning
		Engagement - Parents
Sept-13	Cape May	Family Teamwork – Formation and Functioning
		Family & Community Connections - Fathers
		Long Term View / Transitions & Life Adjustments
Sept-13	Middlesex	Assessment and Understanding - Parents
		Family Teamwork - Formation
Oct-13	Cumberland	Progress Towards Permanency, , and
		Engagement of Parents
		Family Teamwork (Formation & Functioning)
Oct-13	Sussex	Family Teamwork – Formation and Functioning
		Long-Term View
Oct-13	Essex	Engagement with parents and youth
		Teamwork – Formation and Functioning
Dec-13	Camden	Engagement of Parents
		Assessment and Understanding - of Parents
		Family Teamwork - Formation

Office of Performance Management & Accountability

The Office of Performance Management and Accountability (PMA) is the office through which QRs are managed and supported. In 2013, the PMA continued to implement strategies to enhance processes and reinforce internal capacity to implement and sustain QR.

Using Feedback for Process Improvement

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

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

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

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

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 twelve reviewers are paired into six teams and assigned the cases of two children to review over the course of the week. The review team follows the same basic process for each of the cases starting with a review of key documents in the case file and a discussion about the history and work to date with the family with the assigned caseworker and supervisor. In addition to DCS 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 2013, there were over 1,800 separate interviews conducted related to the 192 children/youth in the sample. Counties reviewed included Atlantic, Camden, Cape May, Cumberland, Essex, Gloucester, Hudson, Middlesex, Monmouth, Ocean, Passaic, 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 is 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 2013, one training session were offered in order to expand the current reviewer pool. Over the course of the training, a total of four community stakeholders and 31 staff from across DCF were trained as QR 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.

Qualitative Review Leadership Seminar

In 2013, The Office of Performance Management and Accountability (PMA) conducted QR Leadership Seminars to provide an overview of the Qualitative Review process to the leadership of the Department of Children and Families. Realizing that DCF Leadership may not be able to become full QR Reviewers, this opportunity allowed for a deeper understanding of the QR process as well as fully understanding ratings for all QR Indicators. DCF Leadership is uniquely positioned to develop and implement strategic plans in response to the outcome of the QR in their various areas; an in-depth understanding of the QR process is invaluable in meeting those challenges. A total of 10 DCF Leadership attended the seminars.

The QR Leadership Seminars also afforded all who participated an opportunity to “Shadow” one case during one of the QR review week. The experience provides opportunity for firsthand observation necessary to gaining an understanding of many facets of the QR process and protocol. As a Shadow Reviewer leadership are able to review records, participate in interviews and discuss with reviewers current issues presented by the family, as well as the status of the child and system and practice performance. This experience enables leadership to assist and support their local office/areas in developing PIP’s and otherwise enhancing case practice among staff.

In 2014, the QR Leadership Seminars will be expanded to include our community stakeholders. This will enhance our partnership with our partners and offer continued learning opportunities.

APPENDIX C
QR Key Demographics

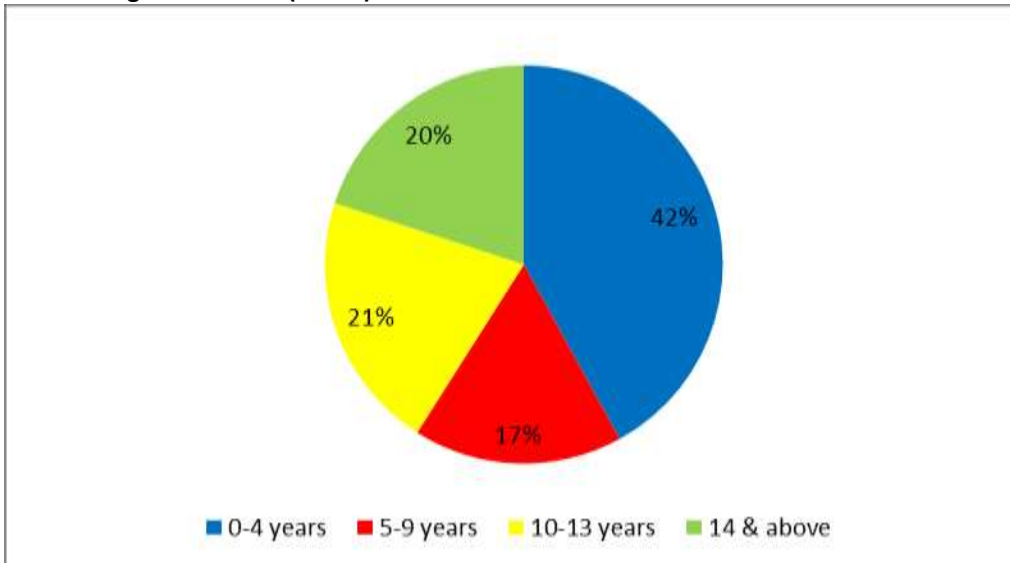
Basic demographic information is collected for each of the target child/youth and his/her family in the sample through a form that is completed by the QR county or office and cross checked by reviewers during the course of their review.

Sample

Through a random sampling process, the DCF Office of Research, Evaluation and Reporting (RER) extracts two lists of children for each county prior to the review week; a list of the child/youth in an out-of-home placement and a list of the child/youth 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 eight children in out-of-home settings and four children who remain in their own homes.

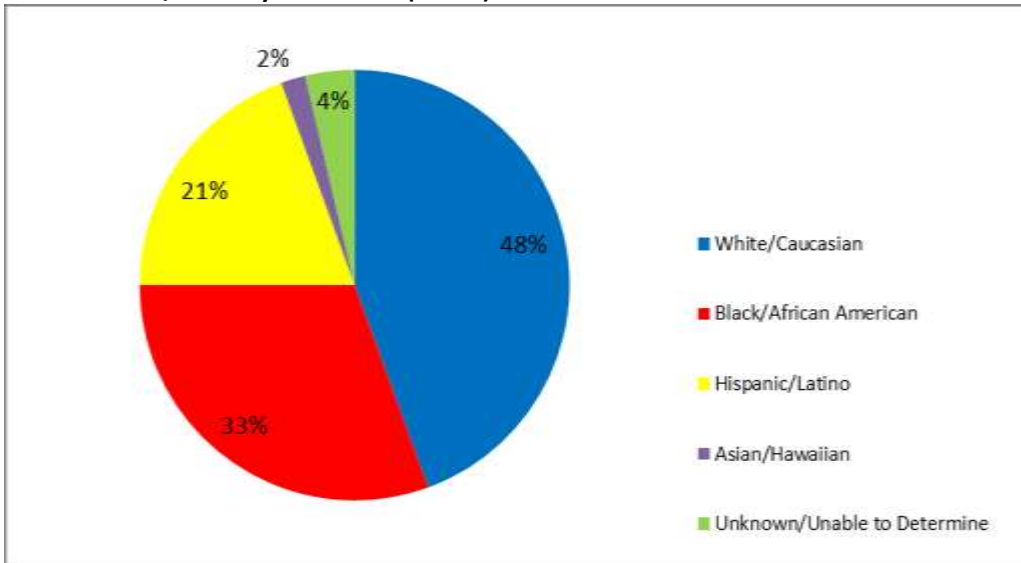
Age

Chart 38: Age of Children (n=192)



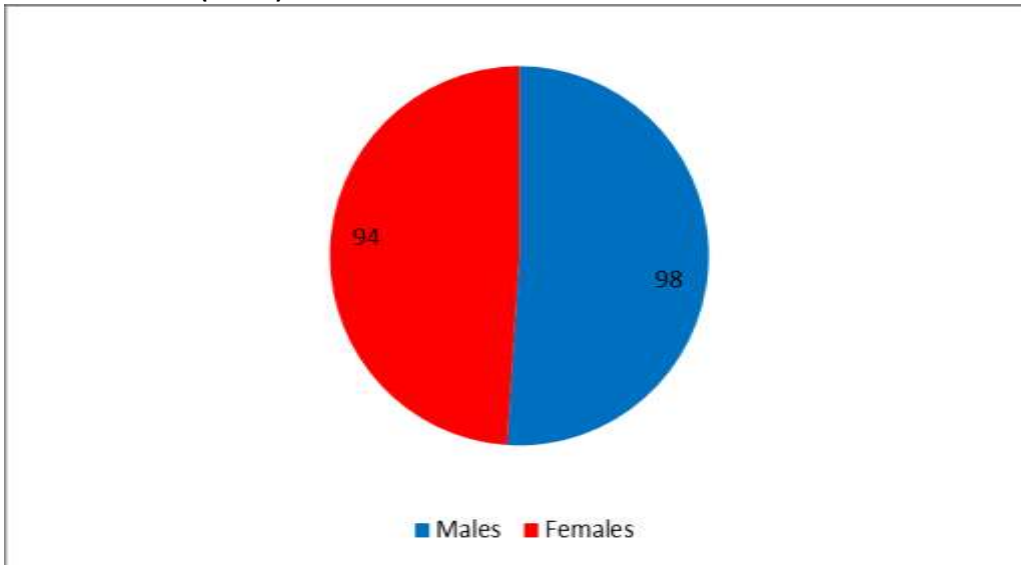
Race/Ethnicity

Chart 39: Race/Ethnicity of Children (n=192)



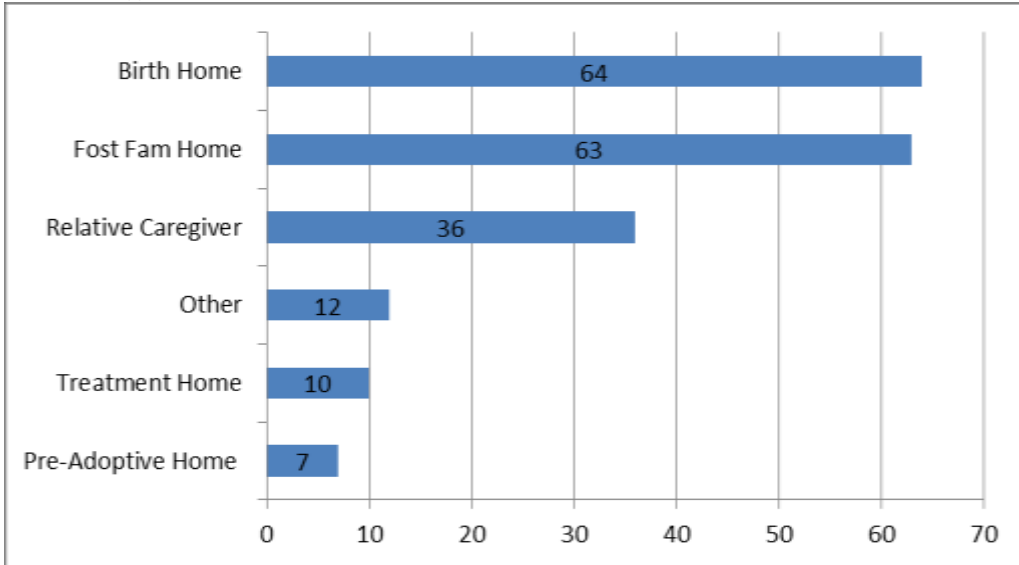
Gender

Chart 40: Gender (n=192)



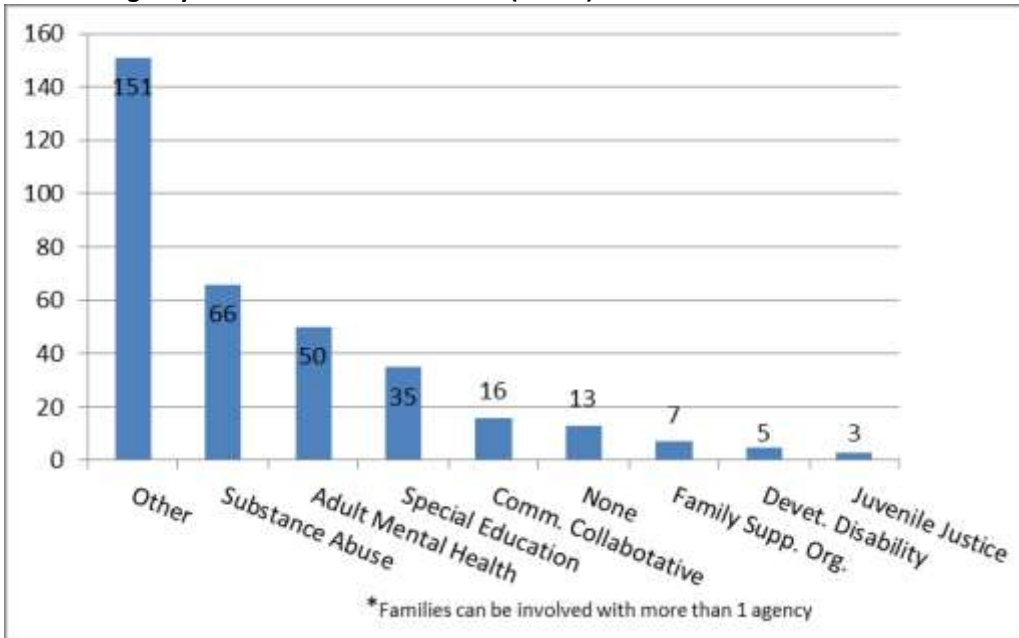
Type of Placement

Chart 41: Types of Placement (n=192)



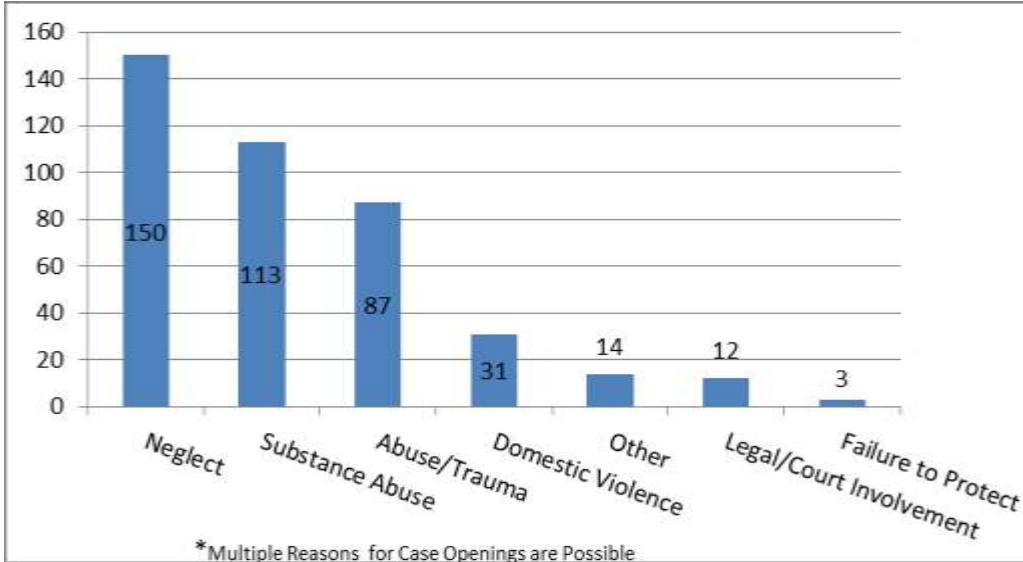
Agency Involvement

Chart 42: Agency* Involvement with Families (n=192)



Reasons Case Opened

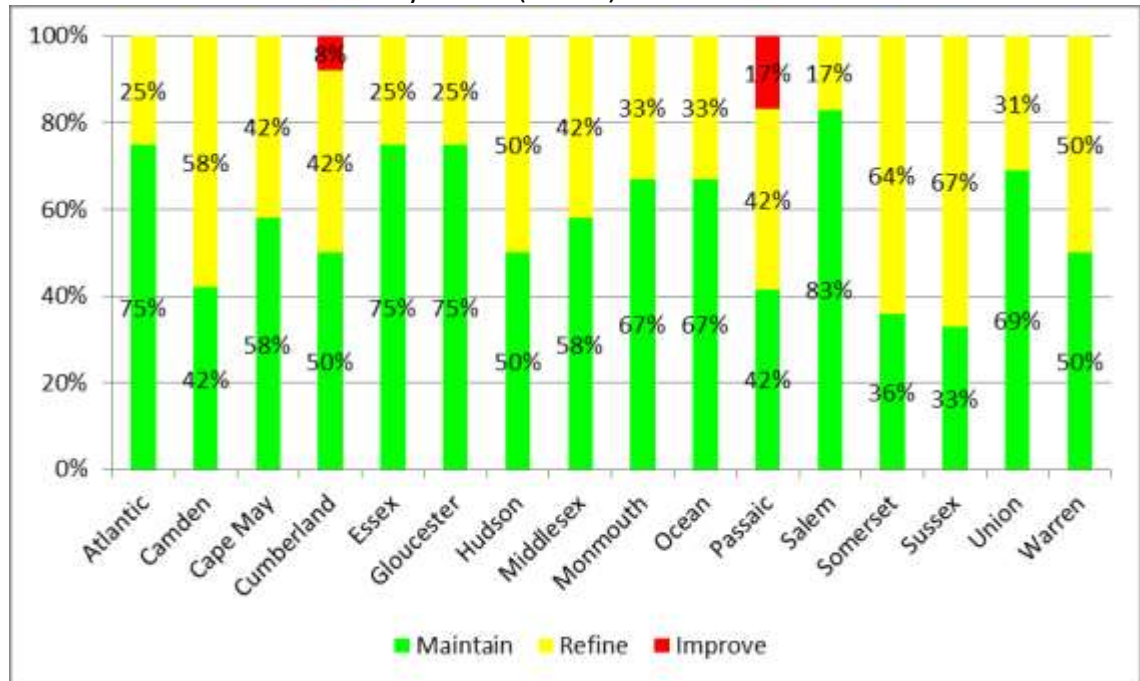
Chart 43: Reasons Case Opened* (n=192)



APPENDIX D

Data by Zone: Overall Child & Family Status

Chart 44: Overall Child & Family Status (n=192)



APPENDIX E

Data by Zone: Safety

Chart 45: Safety at Home (n=192)

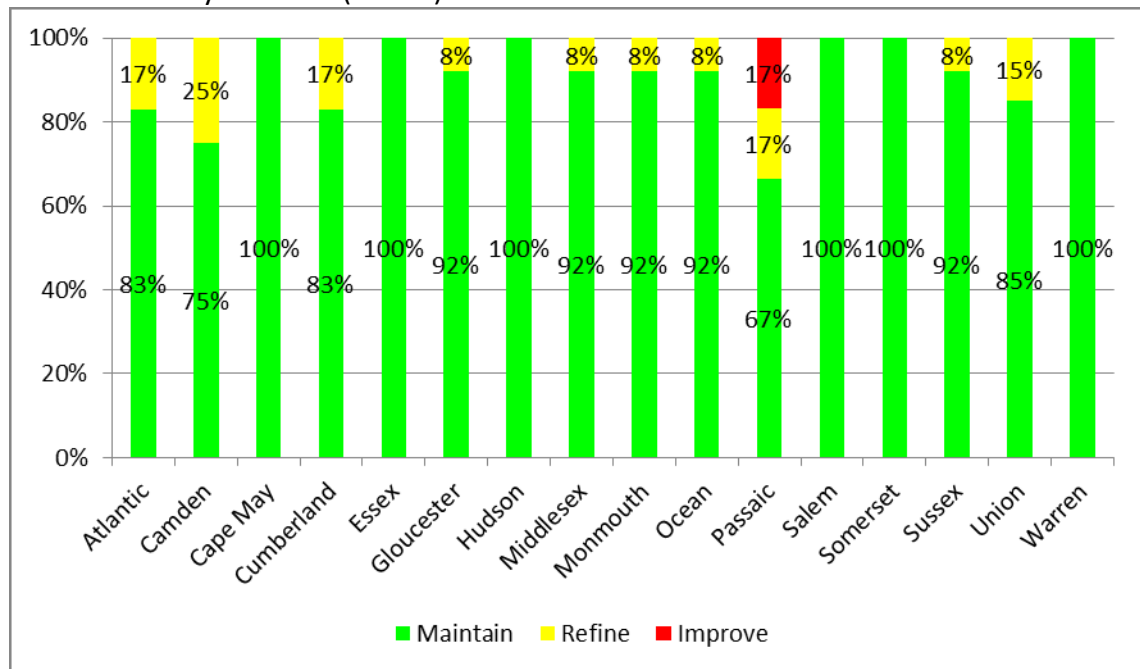
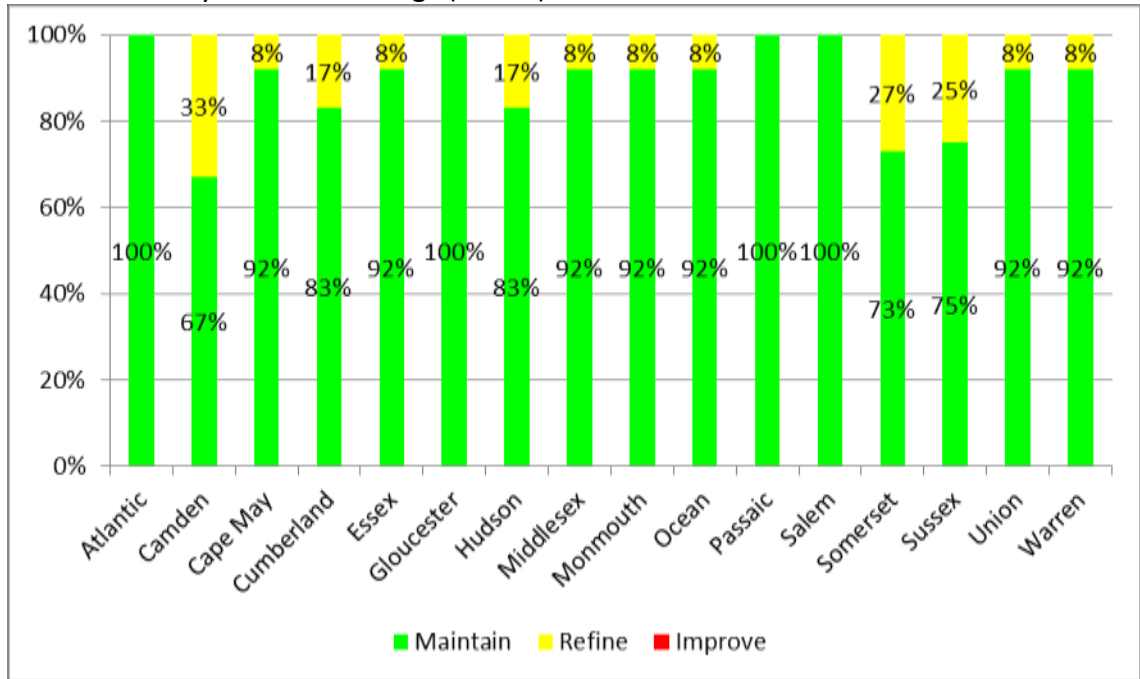


Chart 46: Safety in Other Settings (n=192)



APPENDIX F

Data by Zone: Stability

Chart 47: Stability at Home (n=192)

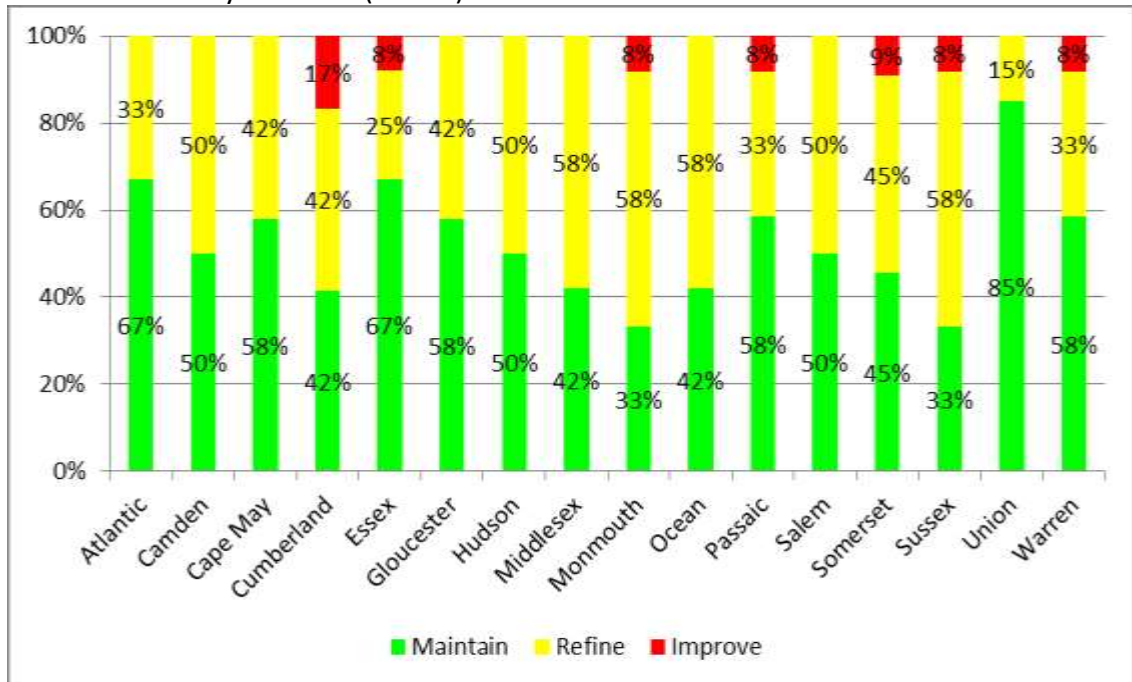
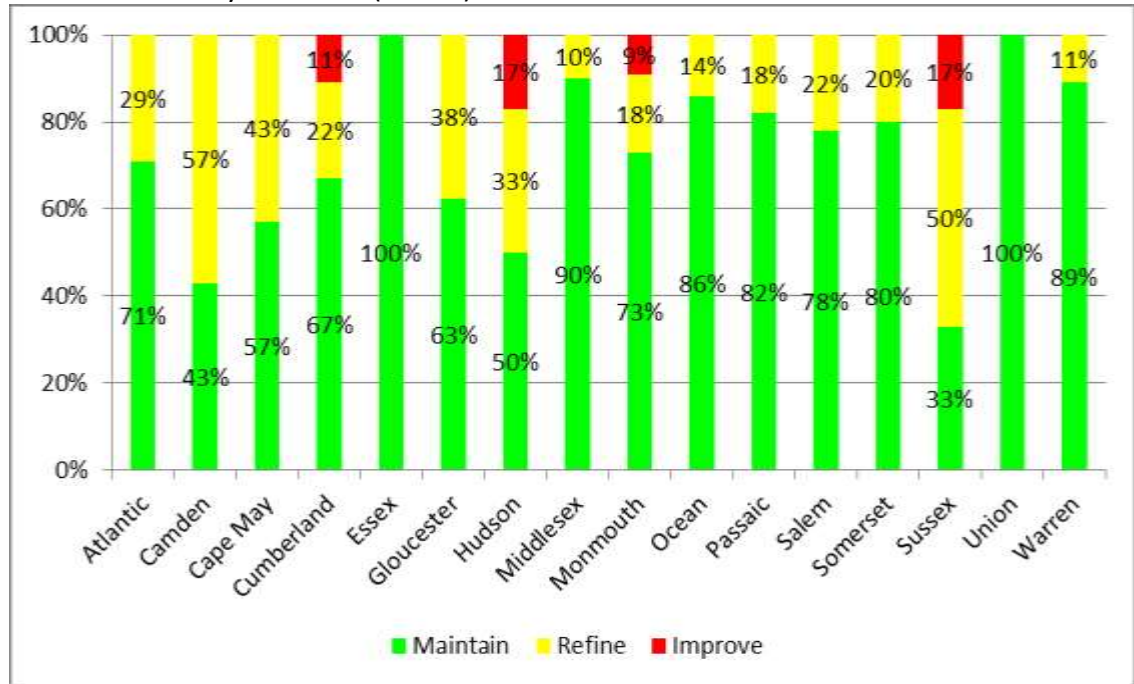


Chart 48: Stability in School (n=132)



APPENDIX G

Data by Zone: Permanency

Chart 49: Living Arrangement (n=192)

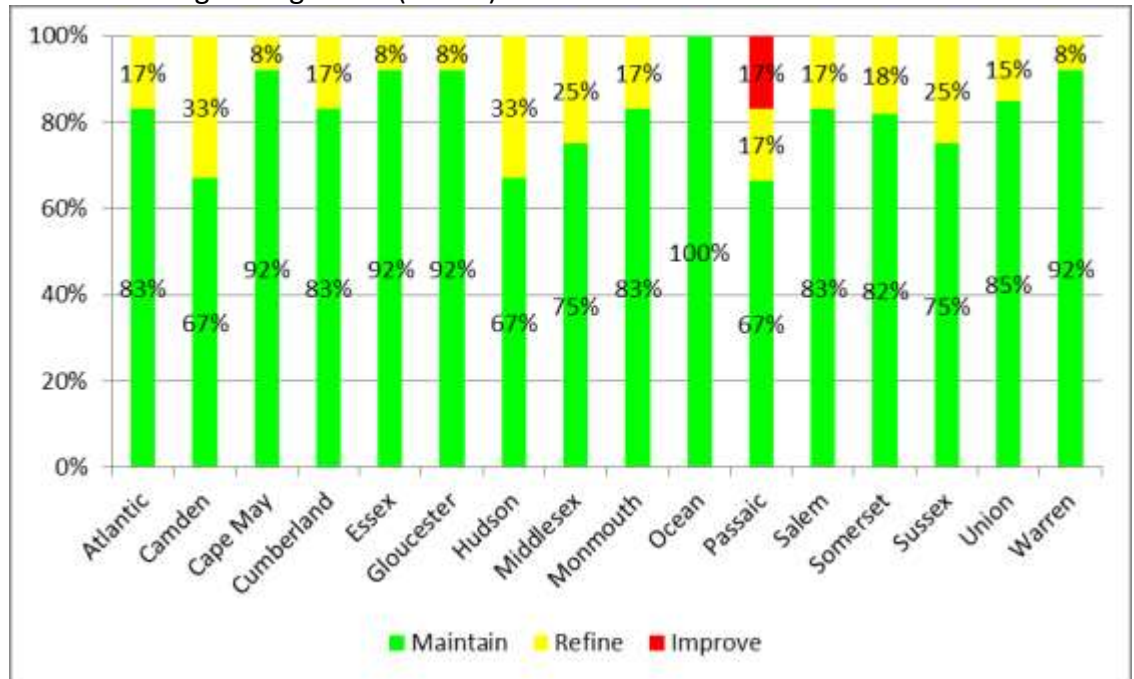


Chart 50: Family Functioning & Resourcefulness (n=181)

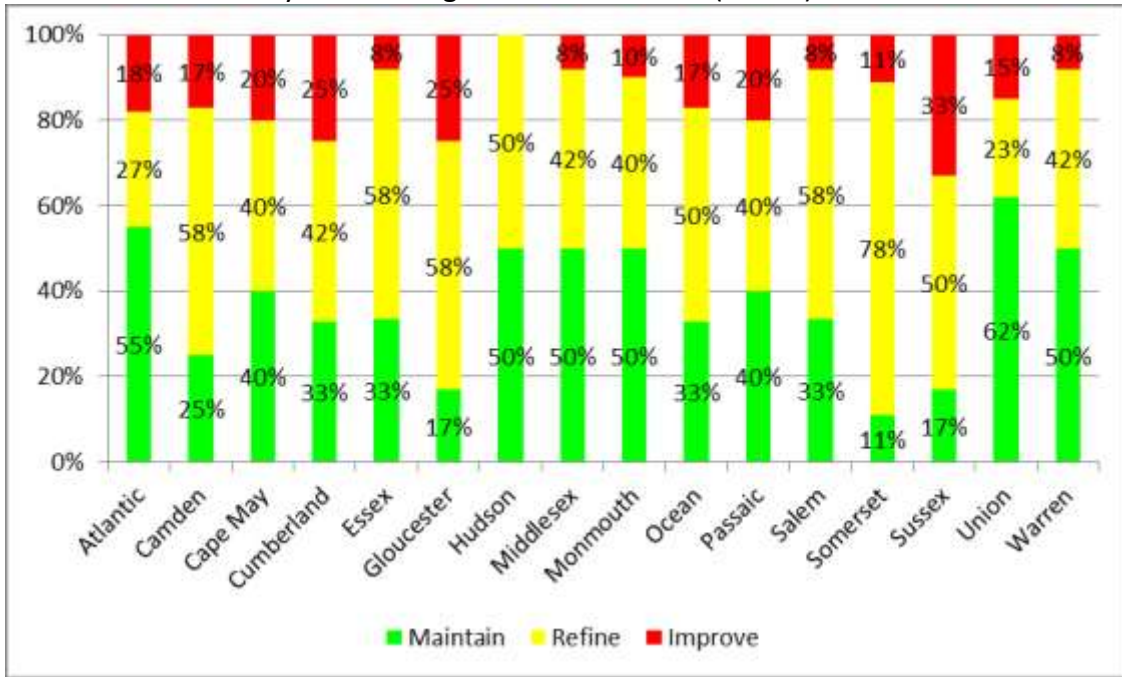
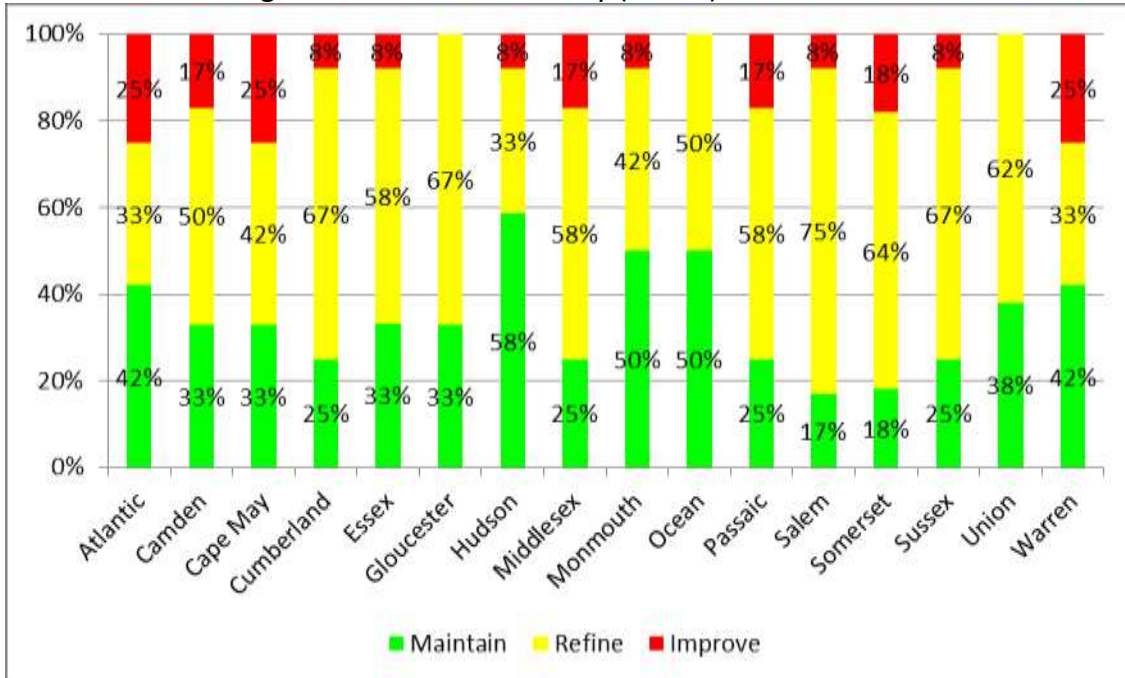


Chart 51: Progress towards Permanency (n=192)



APPENDIX H
Data by Zone: Well-Being

Chart 52: Physical Health of the Child (n=192)

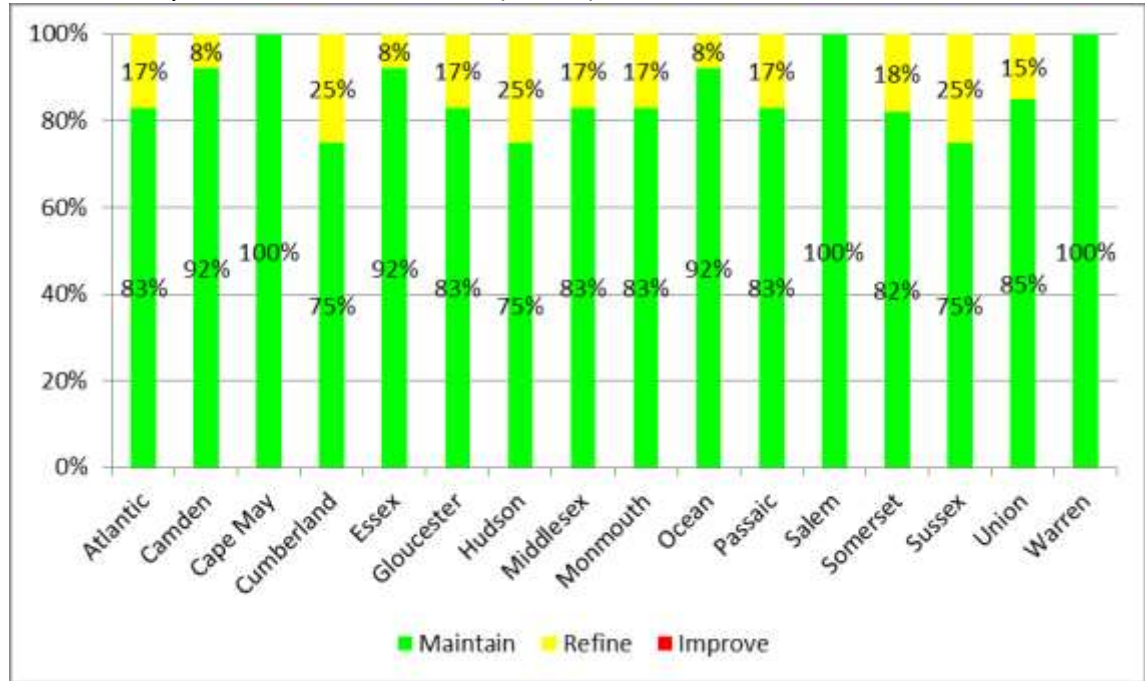
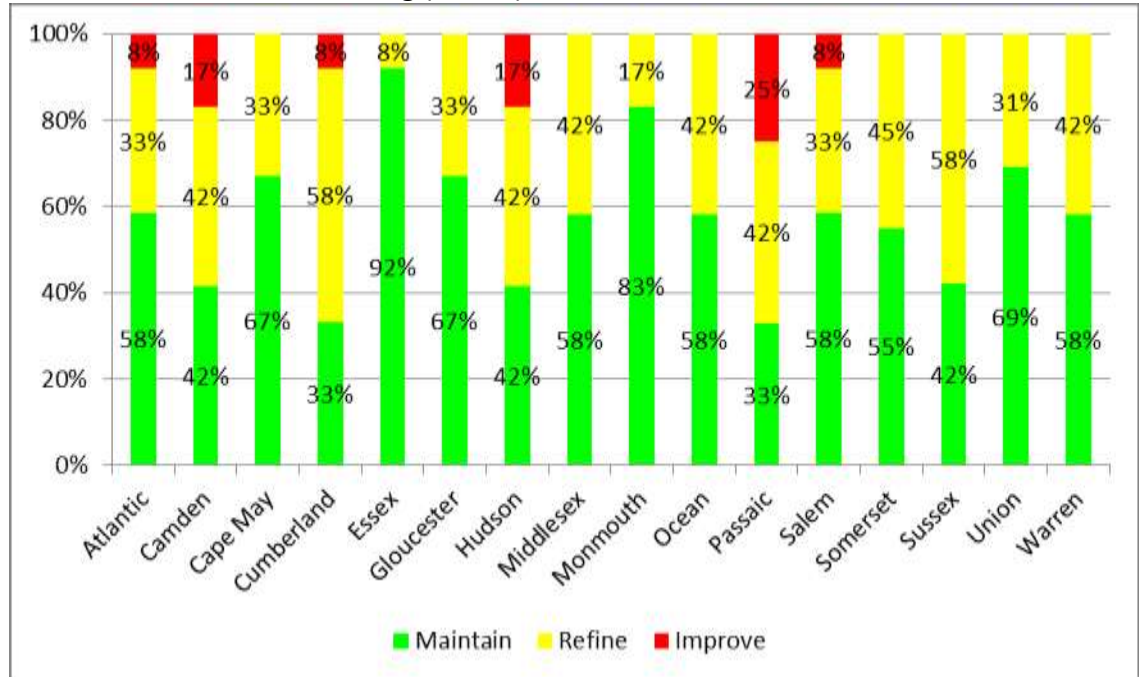


Chart 53: Emotional Well-Being (n=192)



APPENDIX I

Data by Zone: Learning and Development

Chart 54: Learning and Development under Age 5 (n=83*)

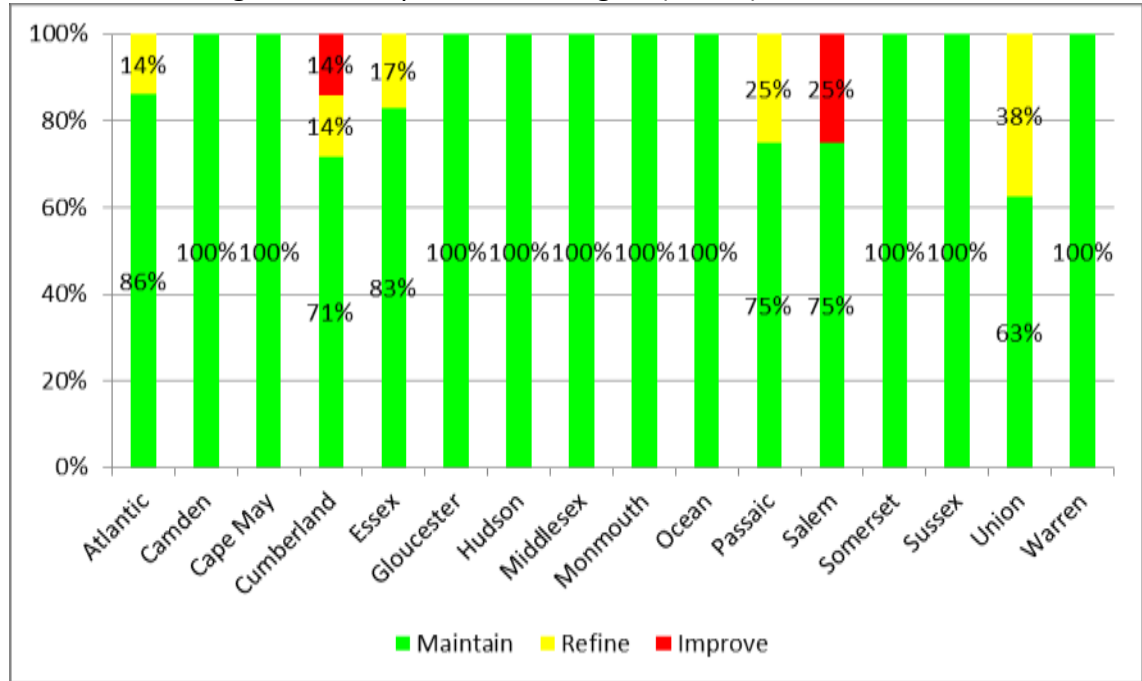
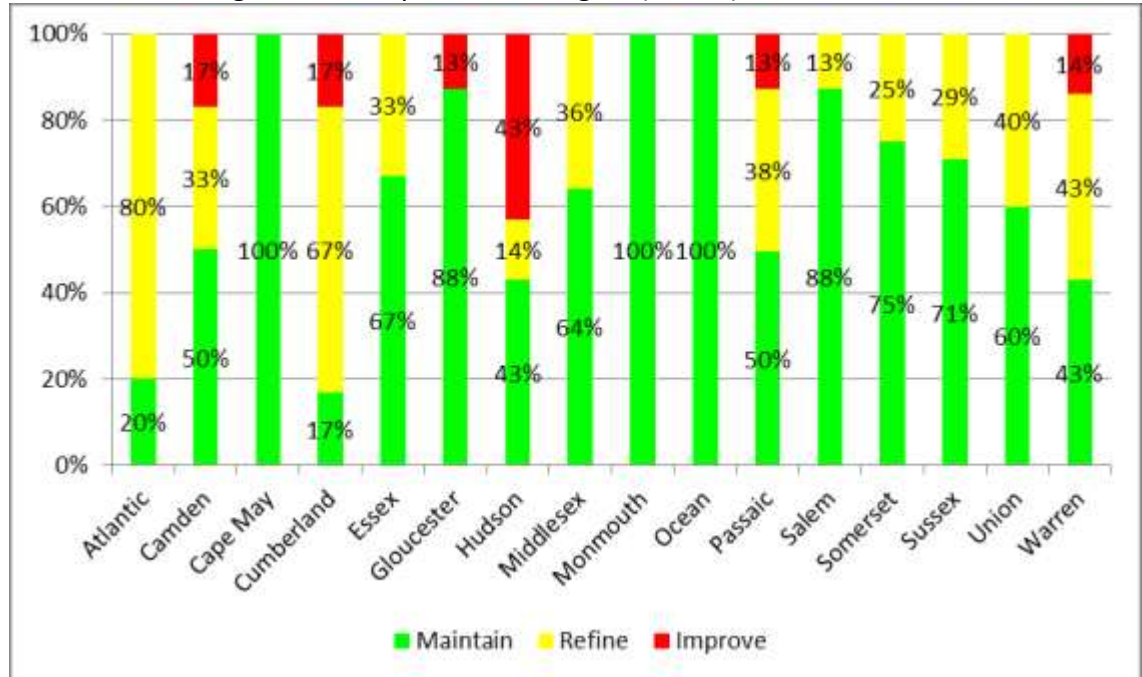


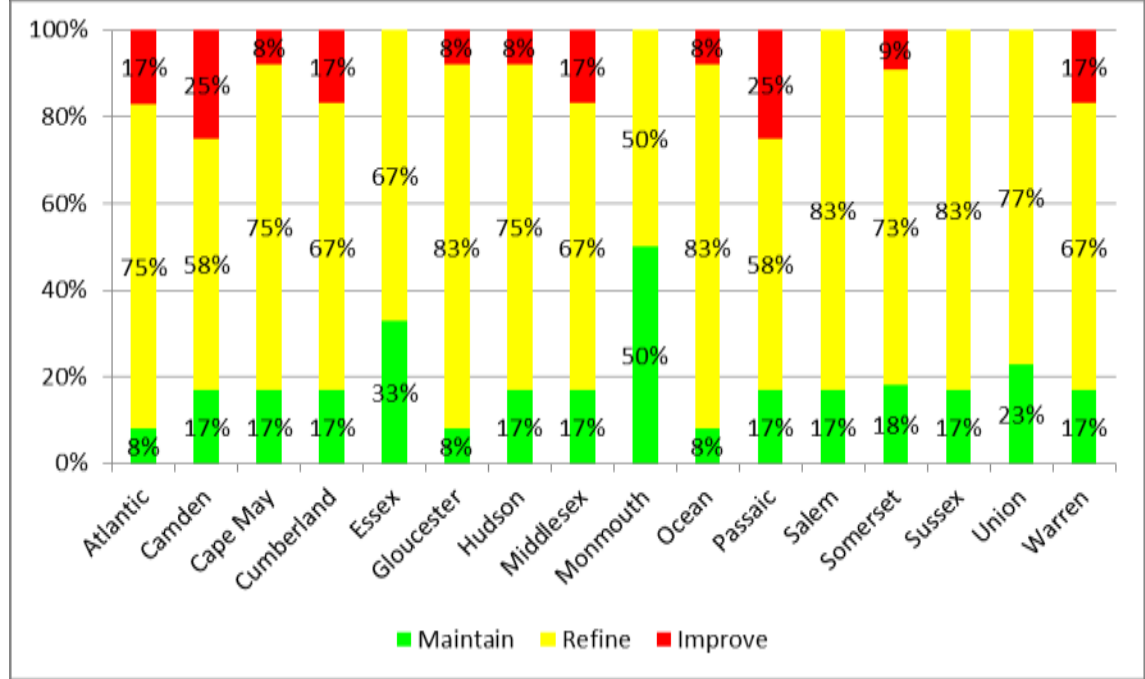
Chart 55: Learning and Development over Age 5 (n=109)



APPENDIX J

Data by Zone: Overall Practice Performance

Chart 56: Overall Practice Performance (n=192)



APPENDIX K
Data by Zone: Engagement

Chart 57: Engagement – Overall (n=191)

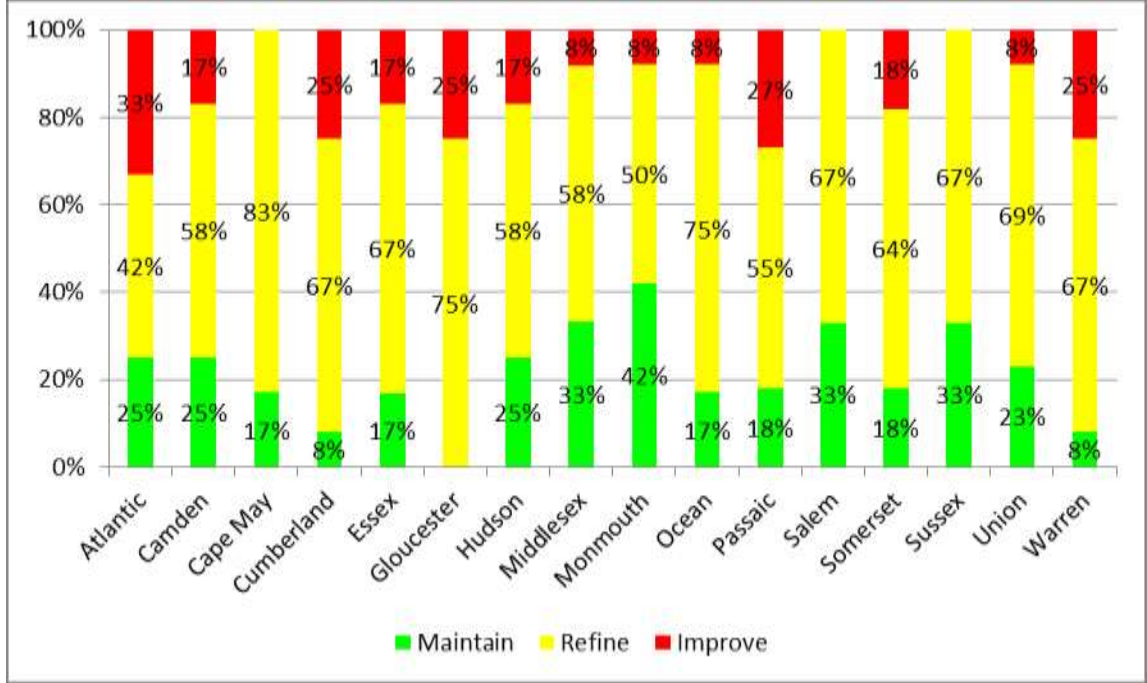


Chart 58: Engagement of Child/Youth (n=104)

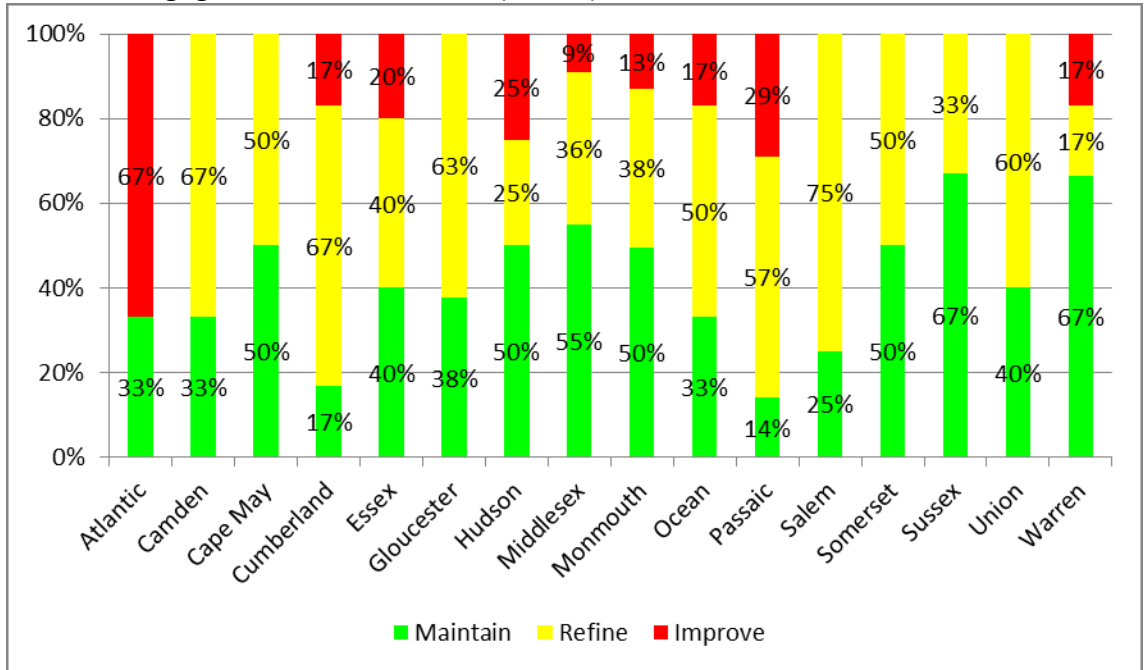


Chart 59: Engagement – Parents (n=159)

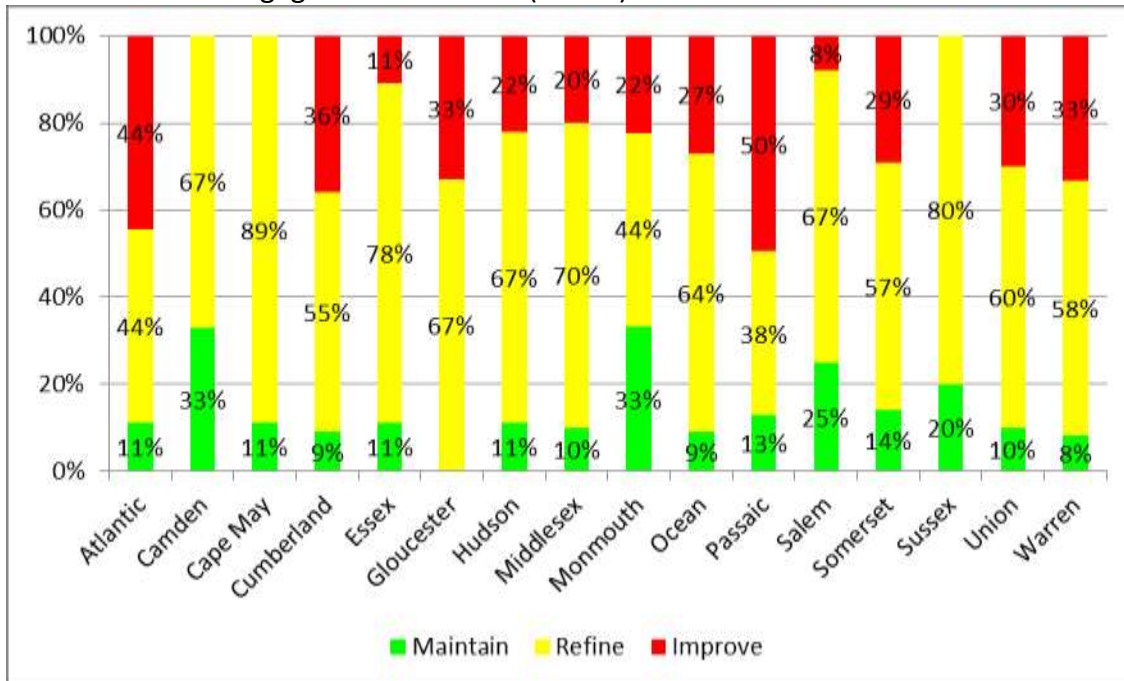
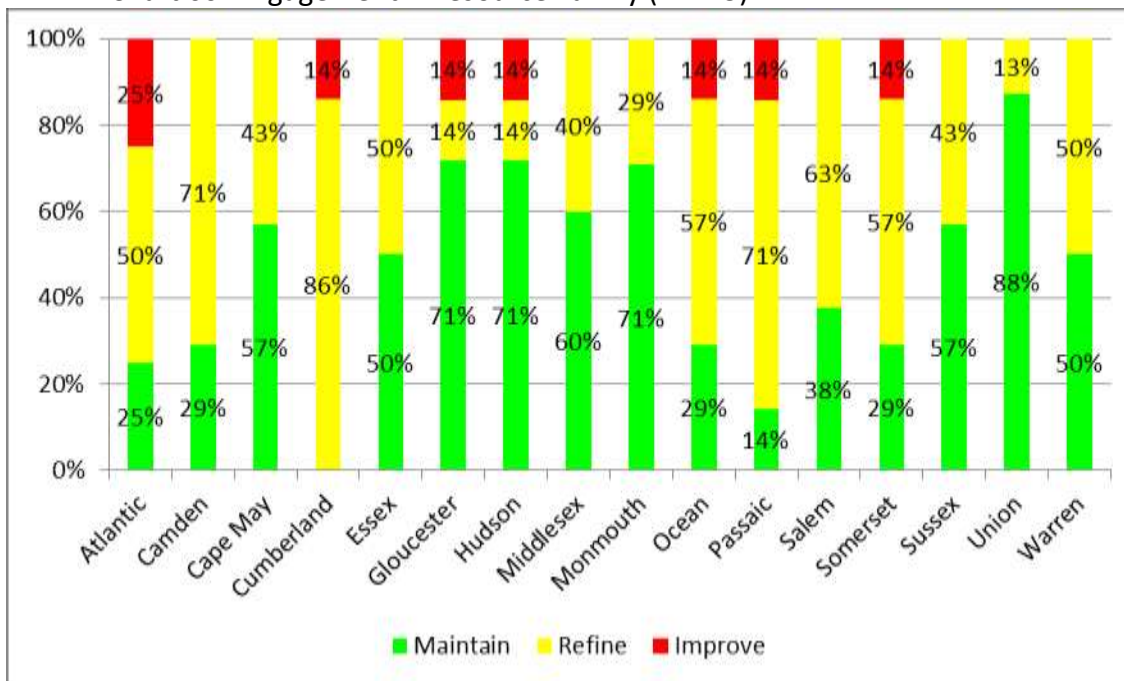


Chart 60: Engagement – Resource Family (n=115)



APPENDIX L

Data by Zone: Family Teaming

Chart 61: Family Teamwork – Formation (n=192)

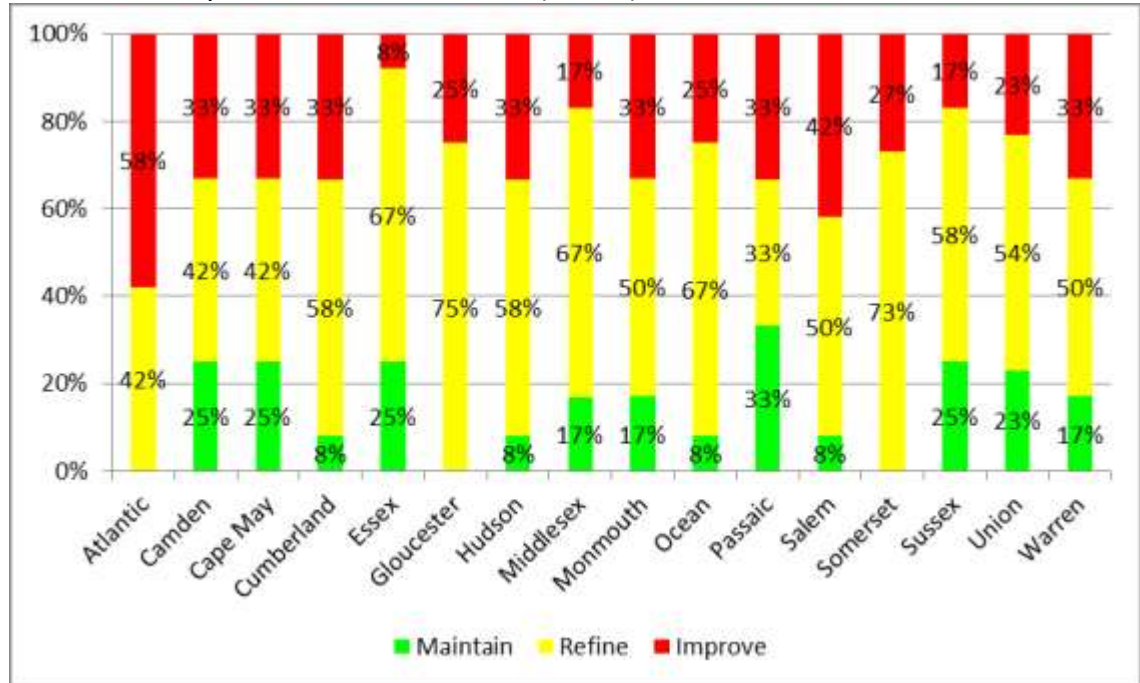
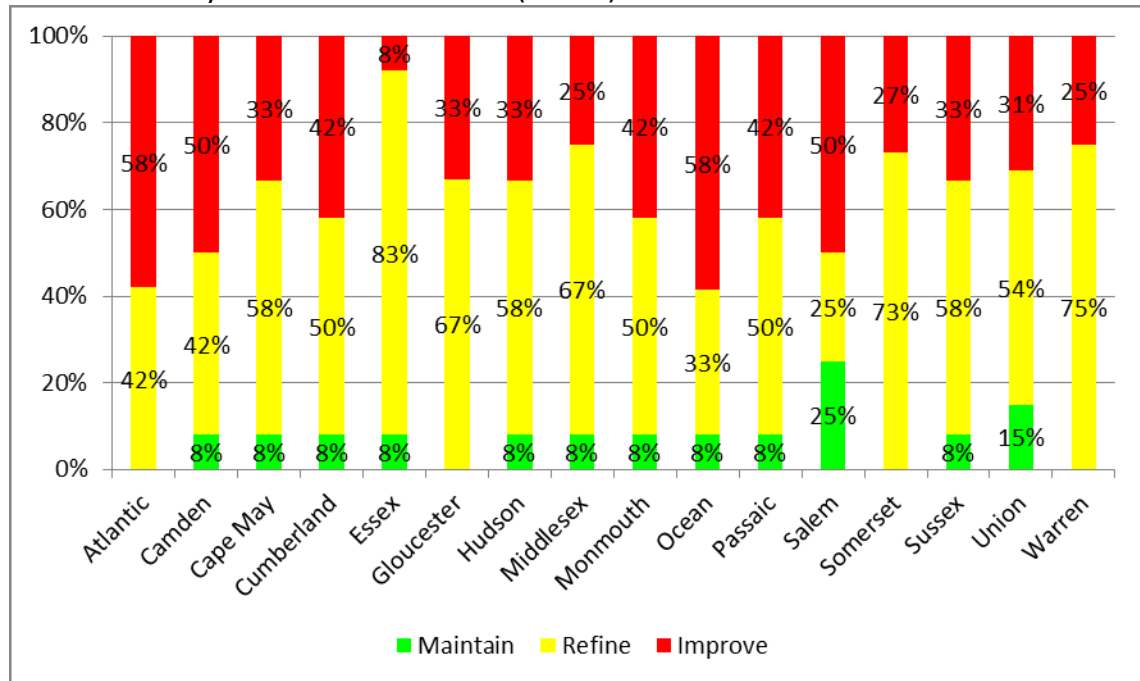


Chart 62: Family Teamwork – Function (n=192)



APPENDIX M
Data by Zone: Assessment and Understanding

Chart 63: Assessment and Understanding – Overall (n=192)

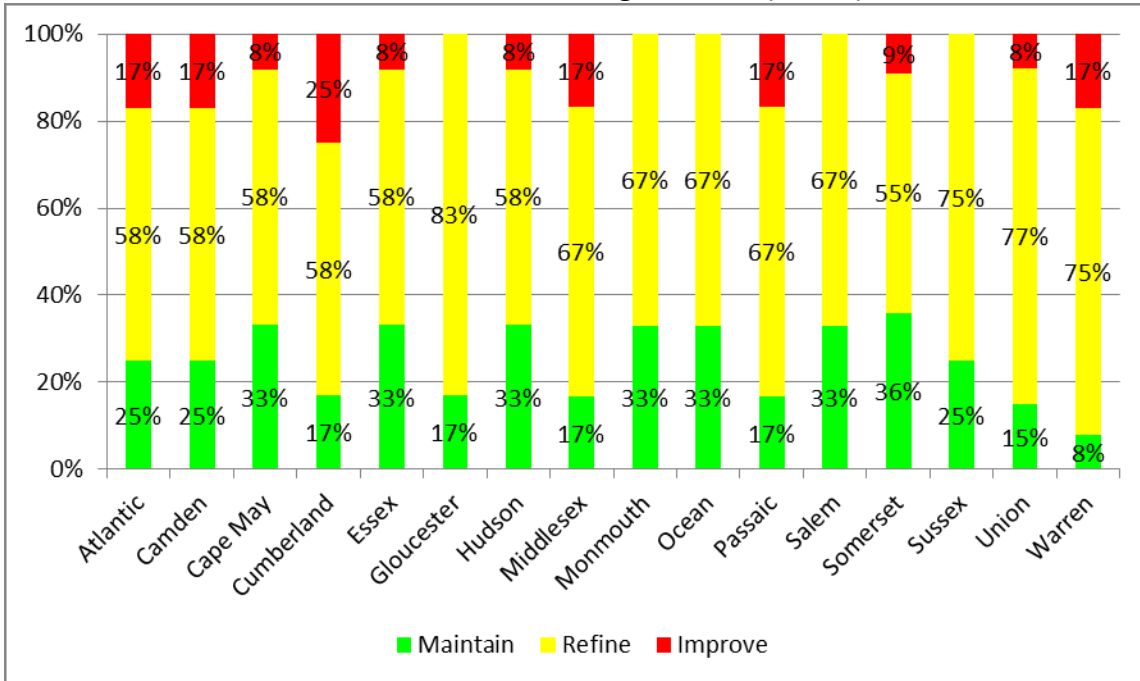


Chart 64: Assessment and Understanding of Child/Youth (n=192)

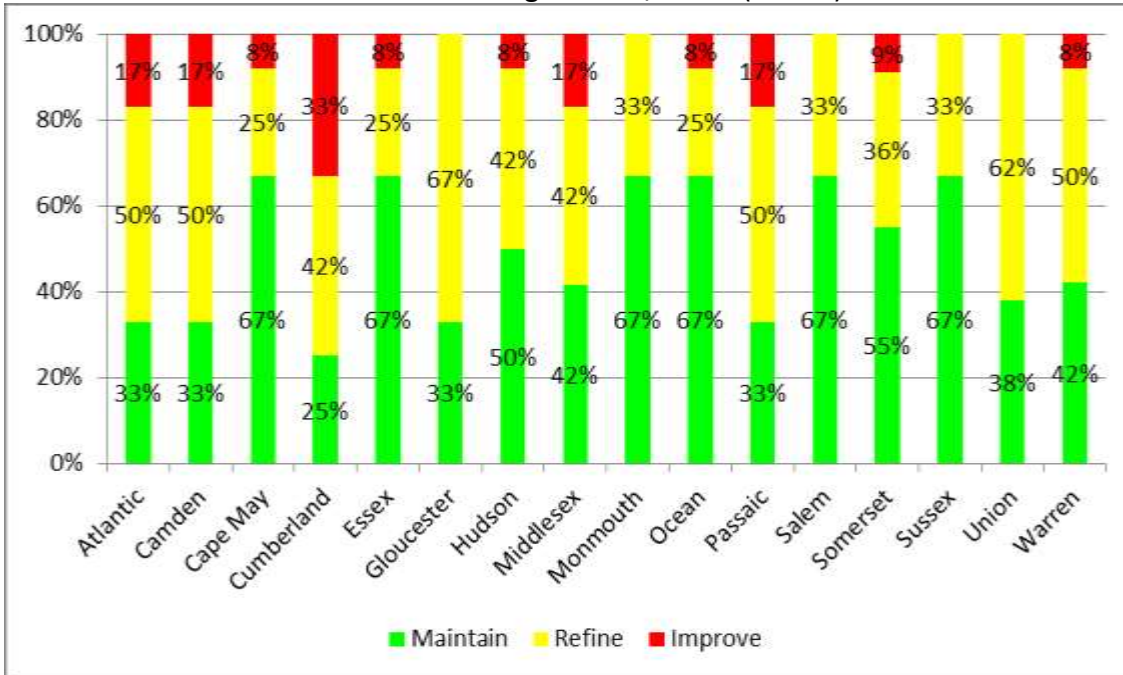


Chart 65: Assessment and Understanding of Parents (n=159)

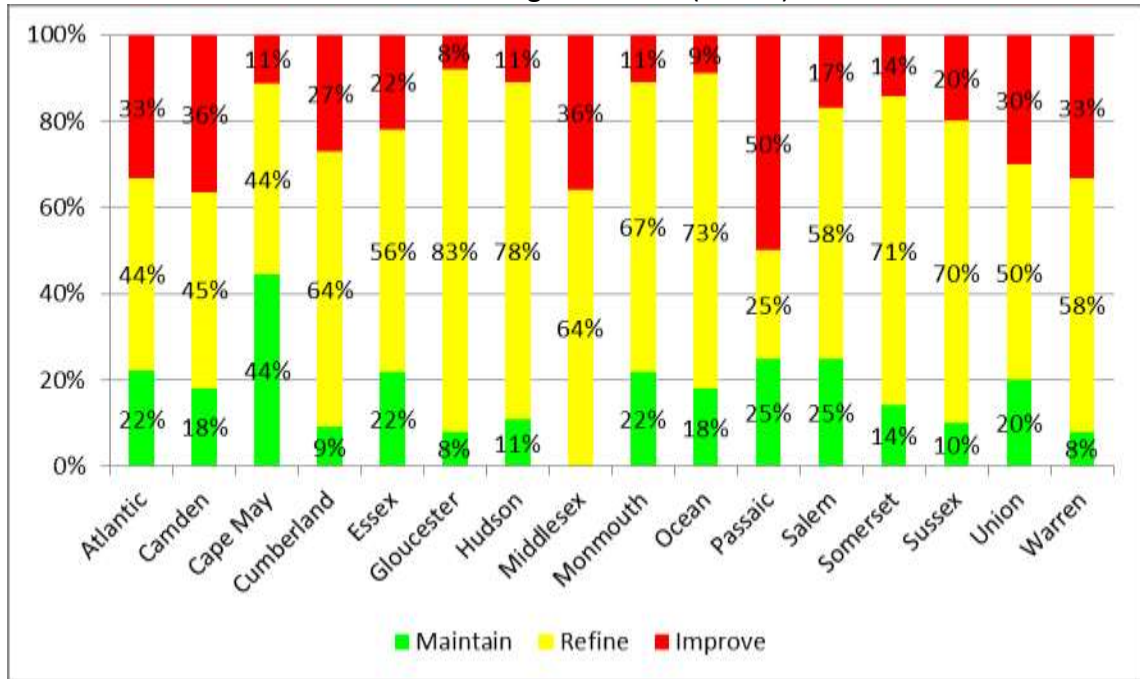
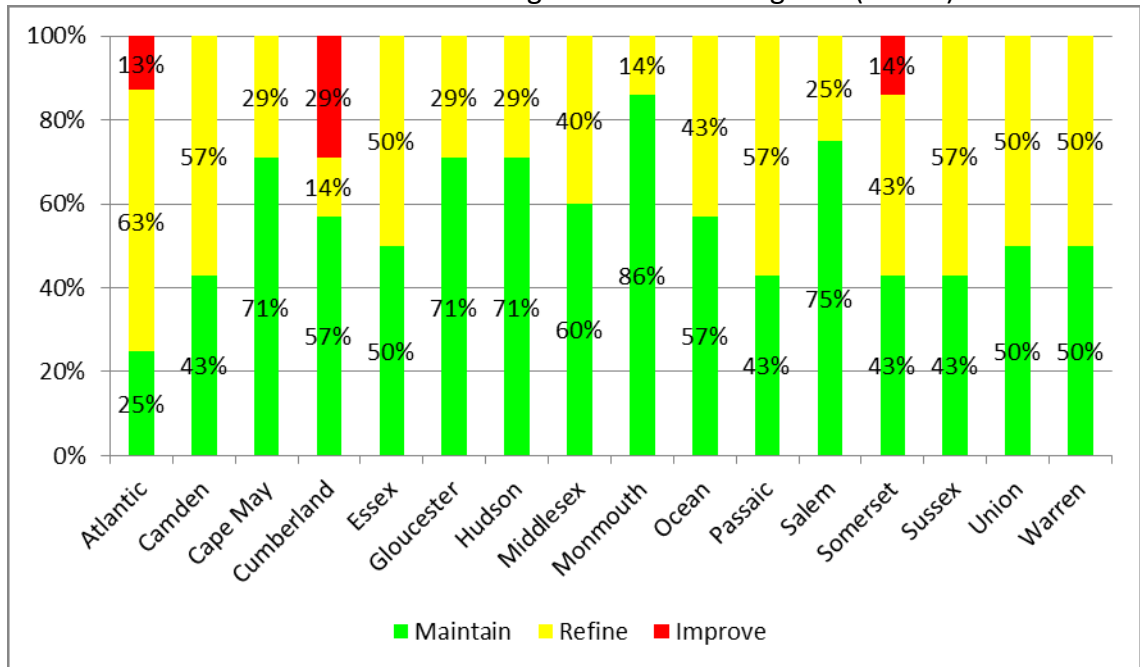


Chart 66: Assessment and Understanding of Resource Caregivers (n=115)



APPENDIX N

Data by Zone: Case Planning

Chart 67: Case Planning Process (n=192)

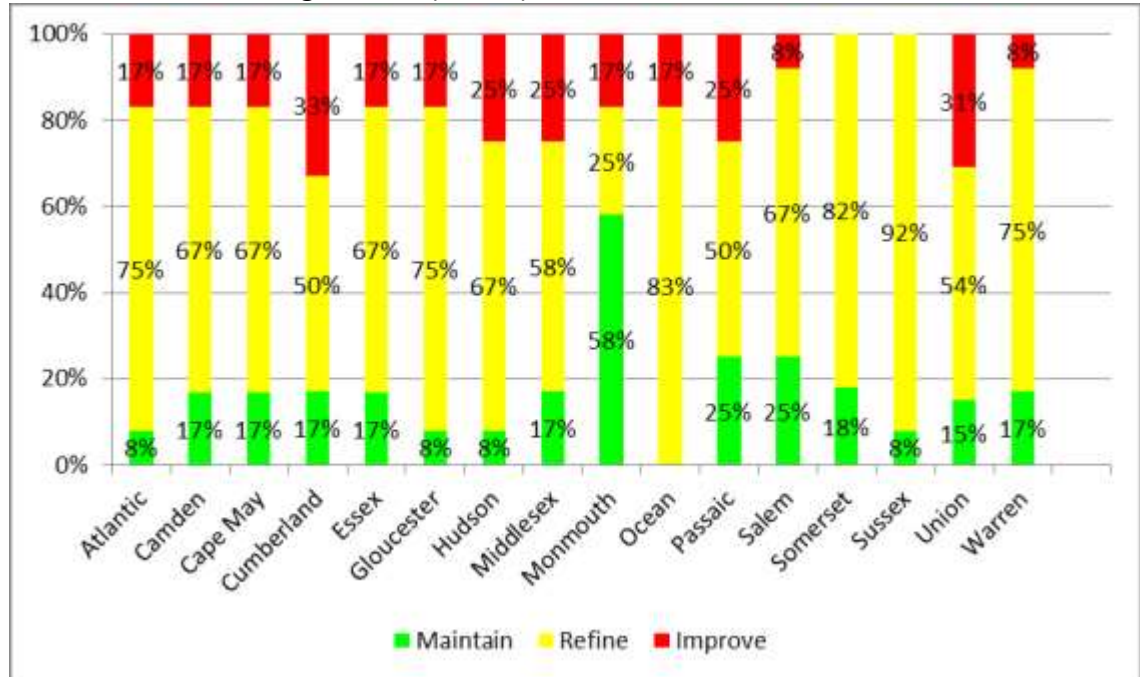


Chart 68: Plan Implementation (n=192)

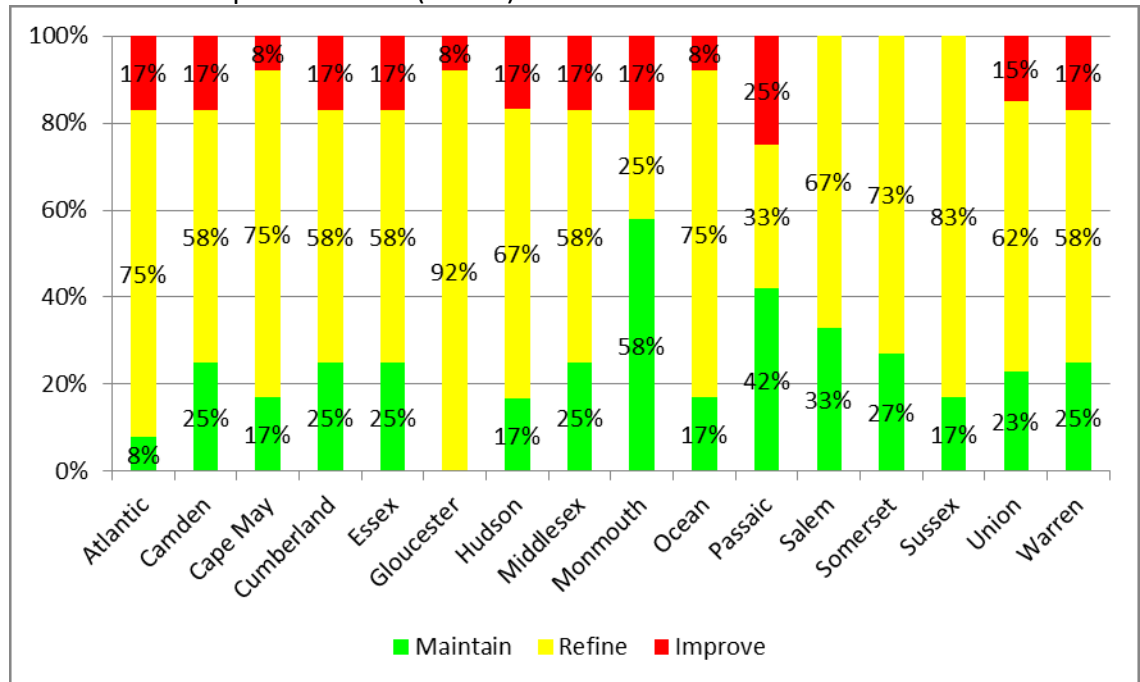
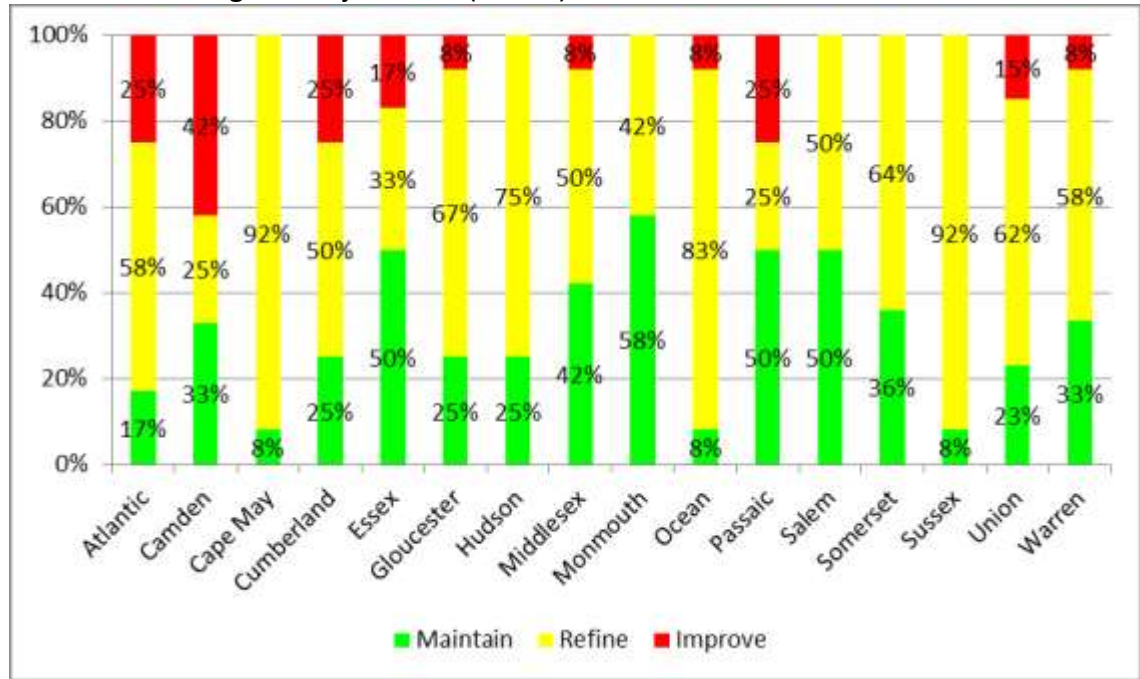


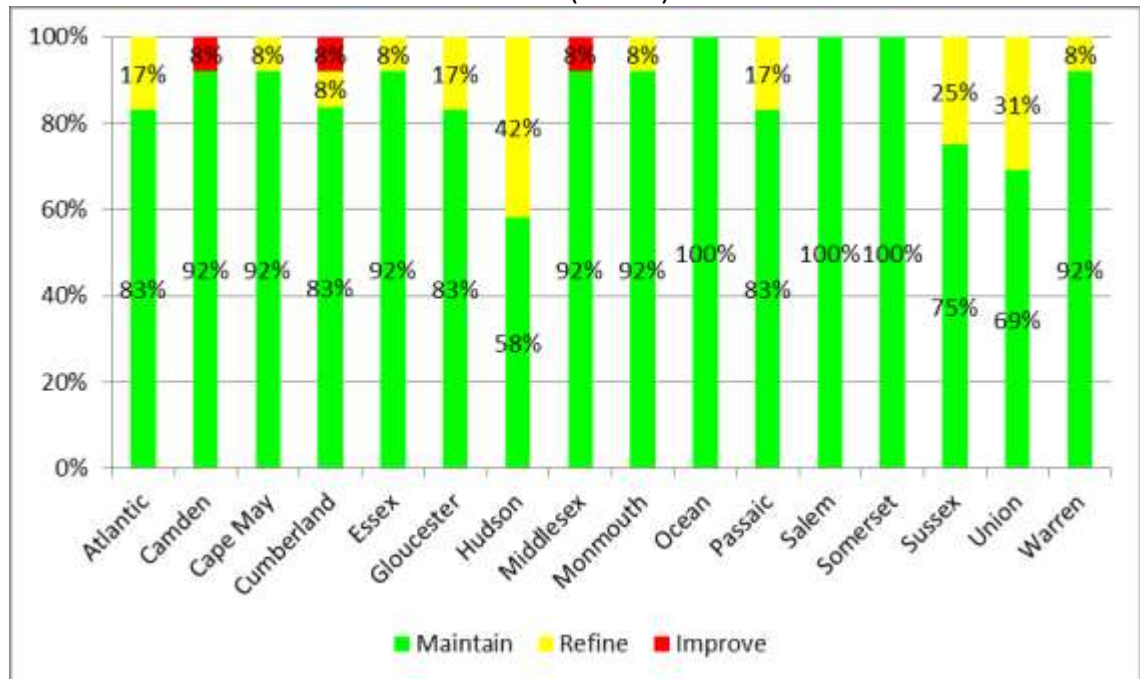
Chart 69: Tracking and Adjustment (n=192)



APPENDIX O

Data by Zone: Provision of Health Care Services

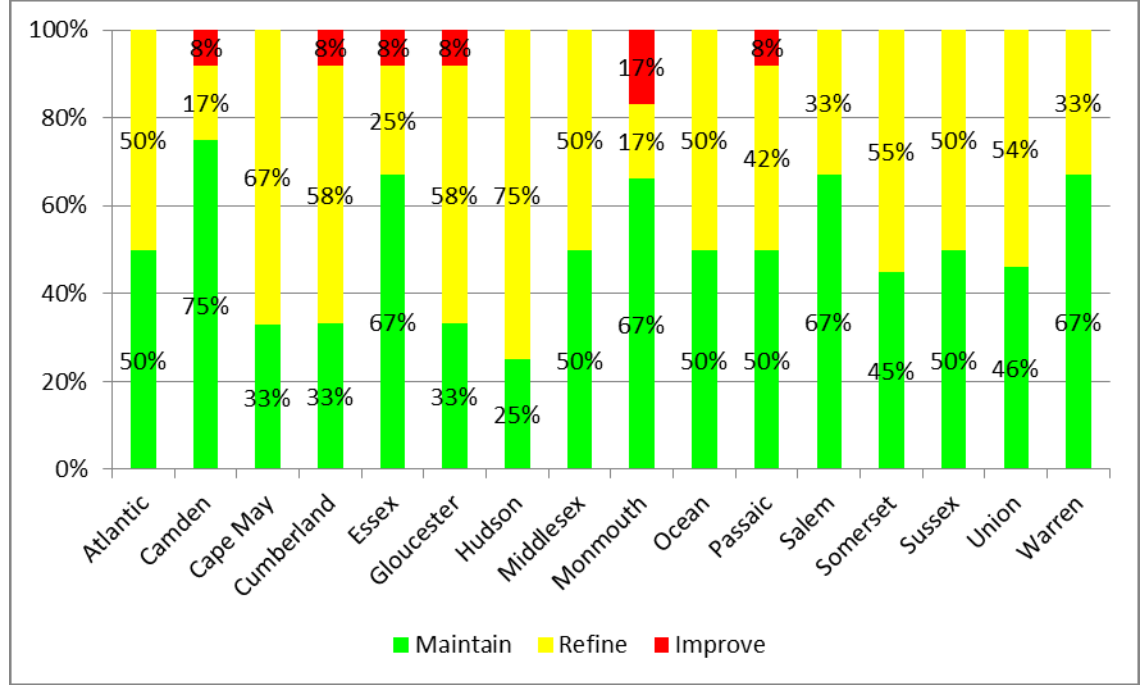
Chart 70: Provision of Health Care Services (n=192)



APPENDIX P

Data by Zone: Resource Availability

Chart 71: Resource Availability (n=192)



APPENDIX Q

Data by Zone: Family & Community Connections

Chart 72: Family & Community Connections – Overall (n=109)

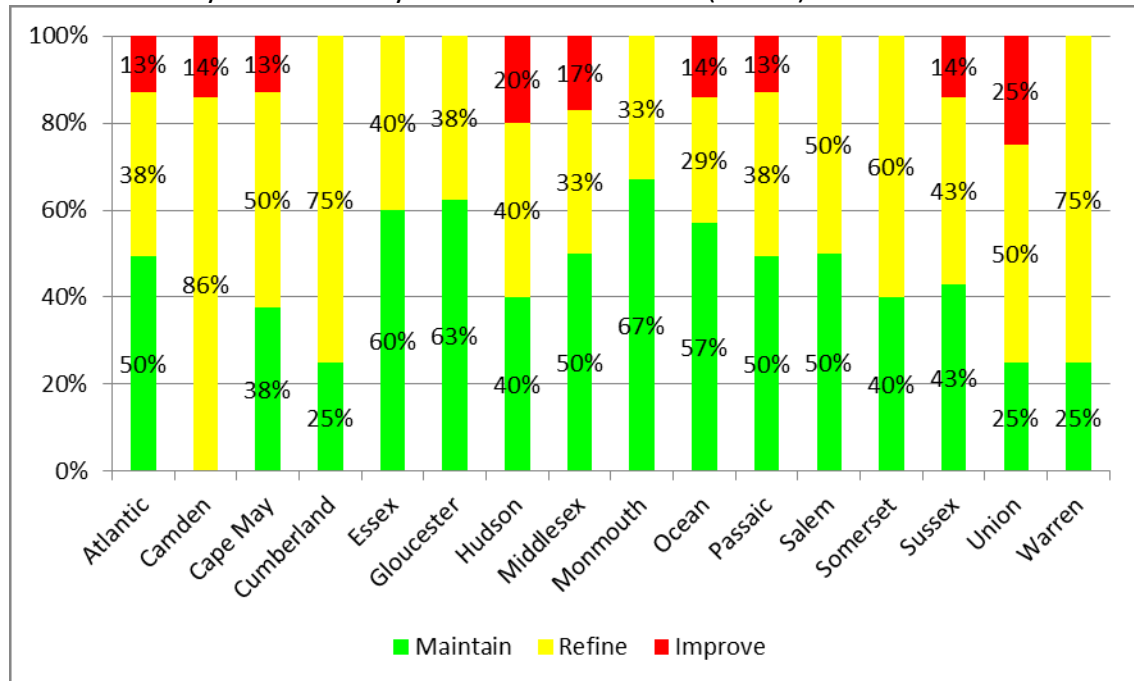


Chart 73: Family and Community Connections – Mother (n=87)

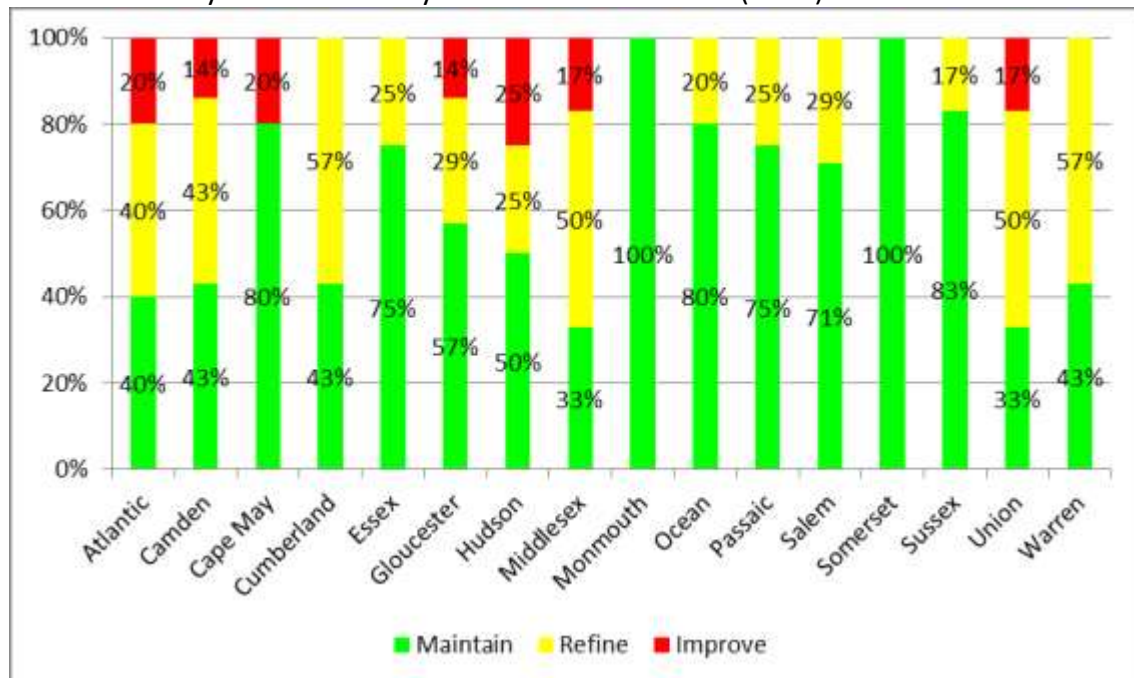


Chart 74: Family and Community Connections – Father (n=76)

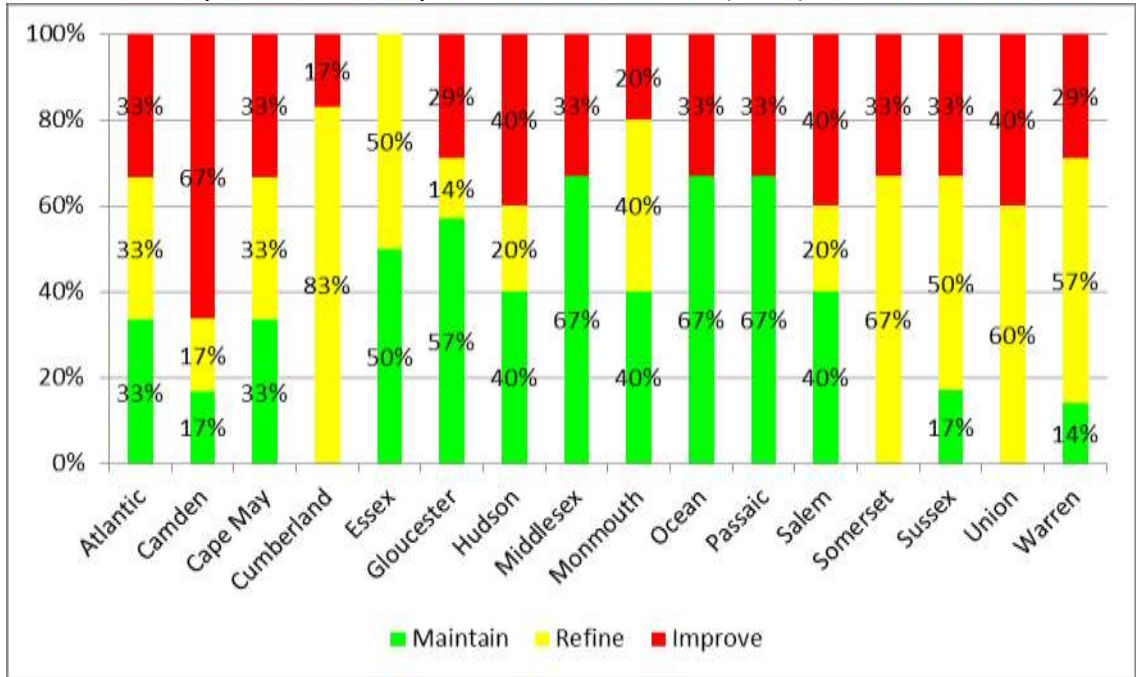
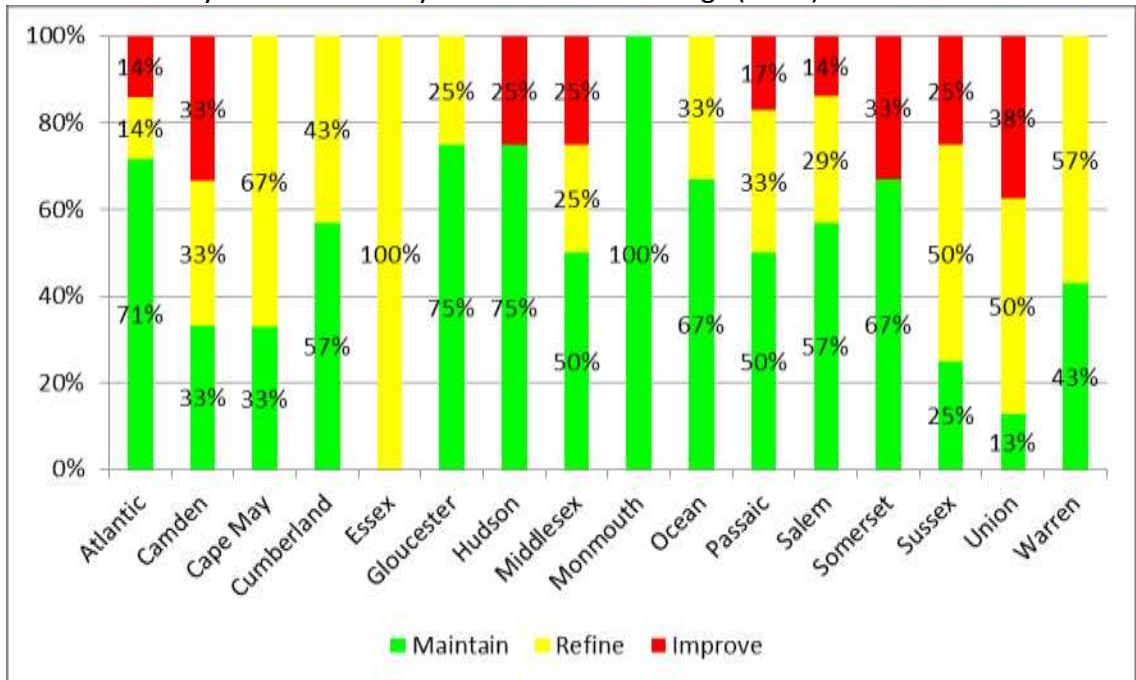


Chart 75: Family and Community Connections – Siblings (n=79)



APPENDIX R
Data by Zone: Family Supports

Chart 76: Family Supports – Overall (n=183)

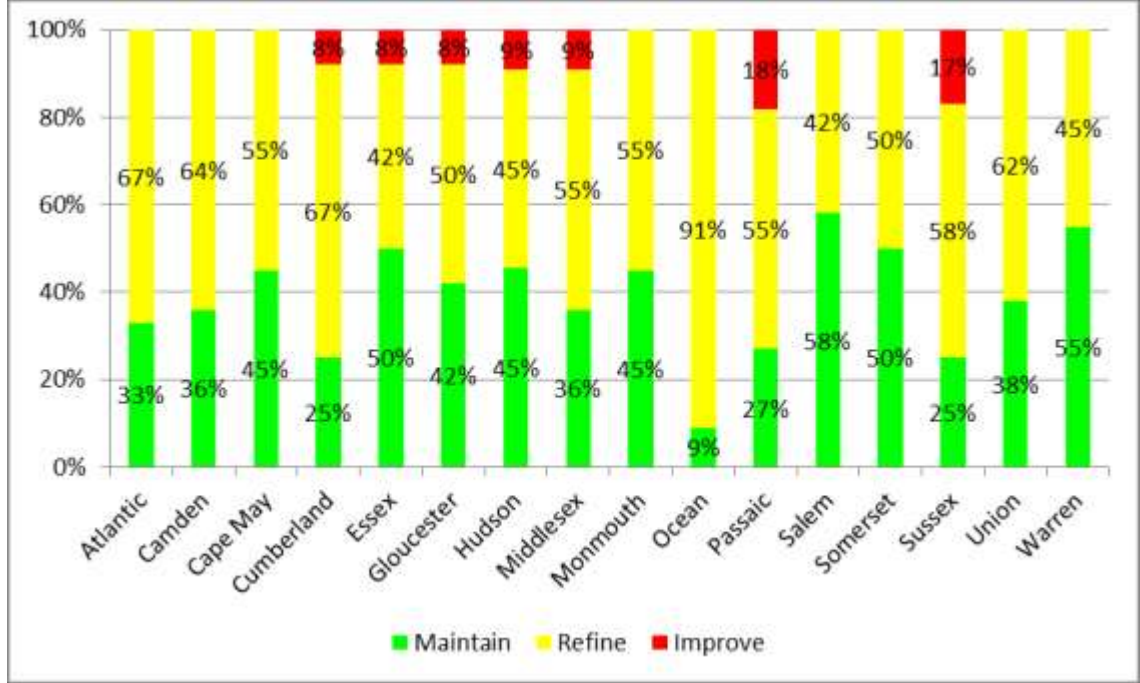


Chart 77: Family Supports for Parents (n=157)

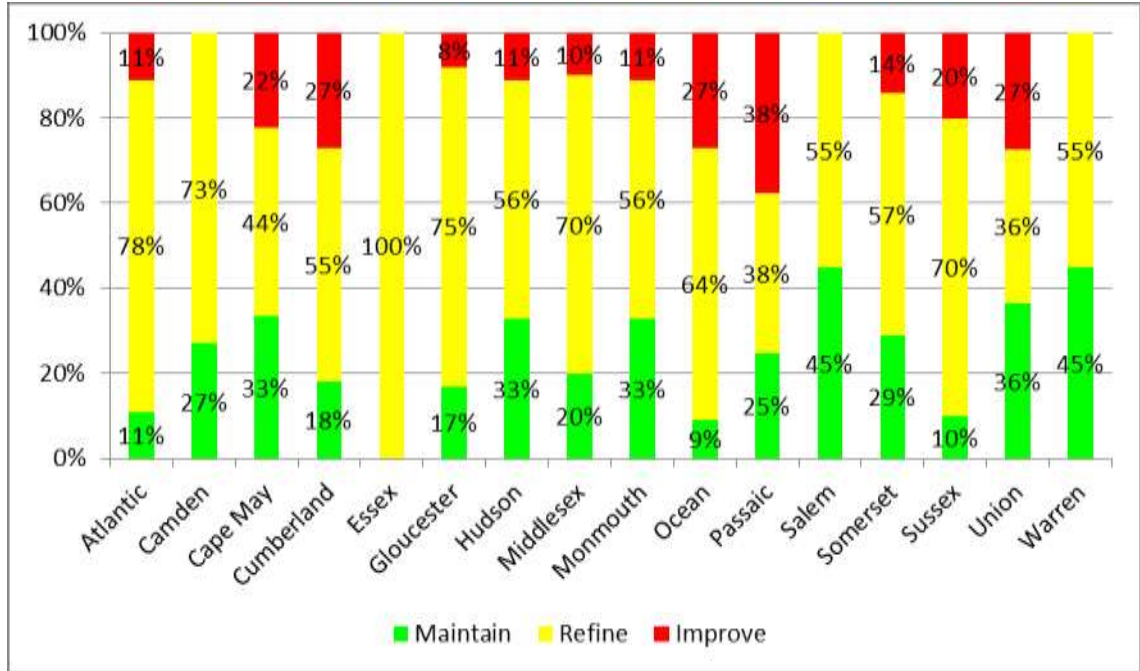
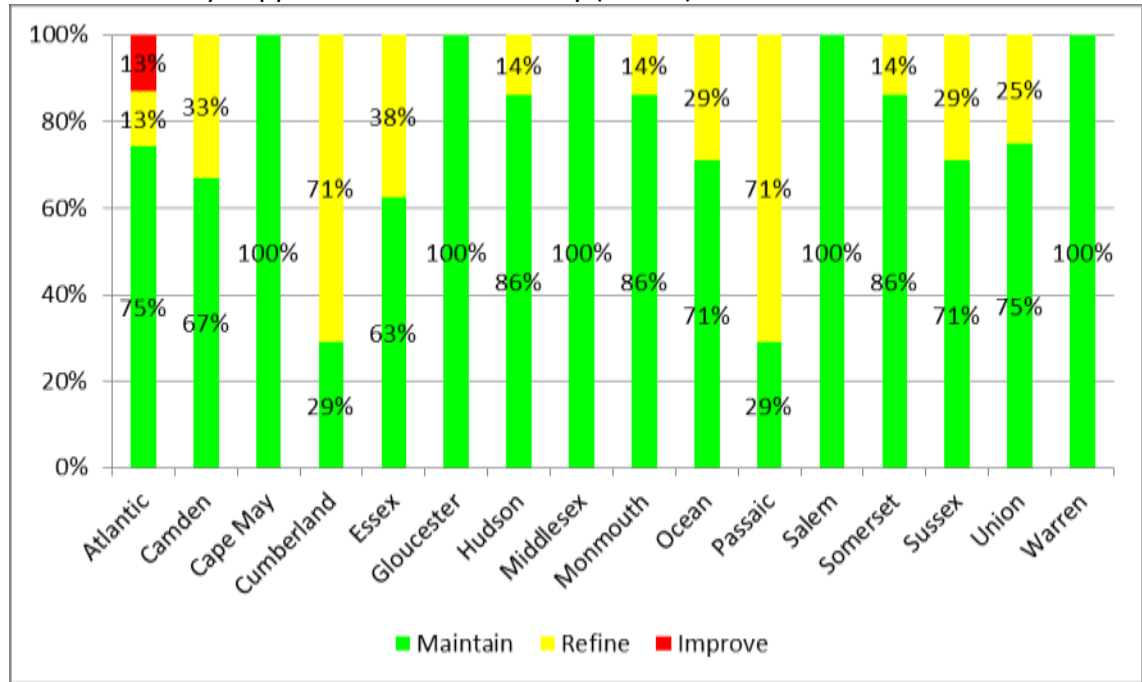


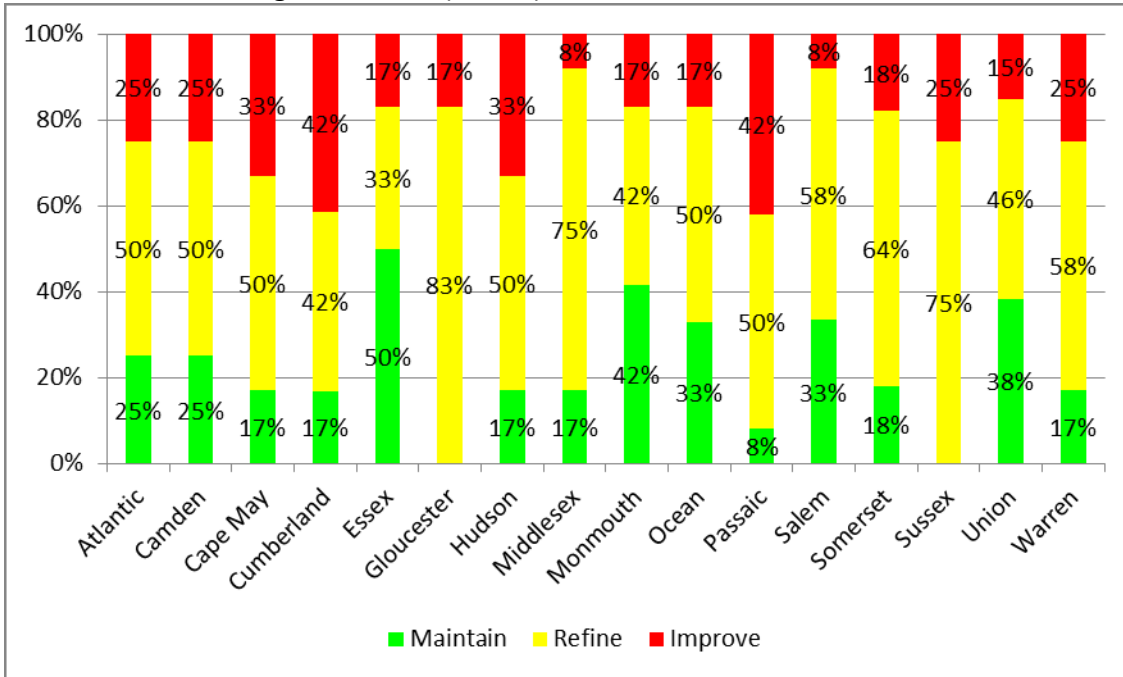
Chart 78: Family Supports – Resource Family (n=113)



APPENDIX S

Data by Zone: Long Term View

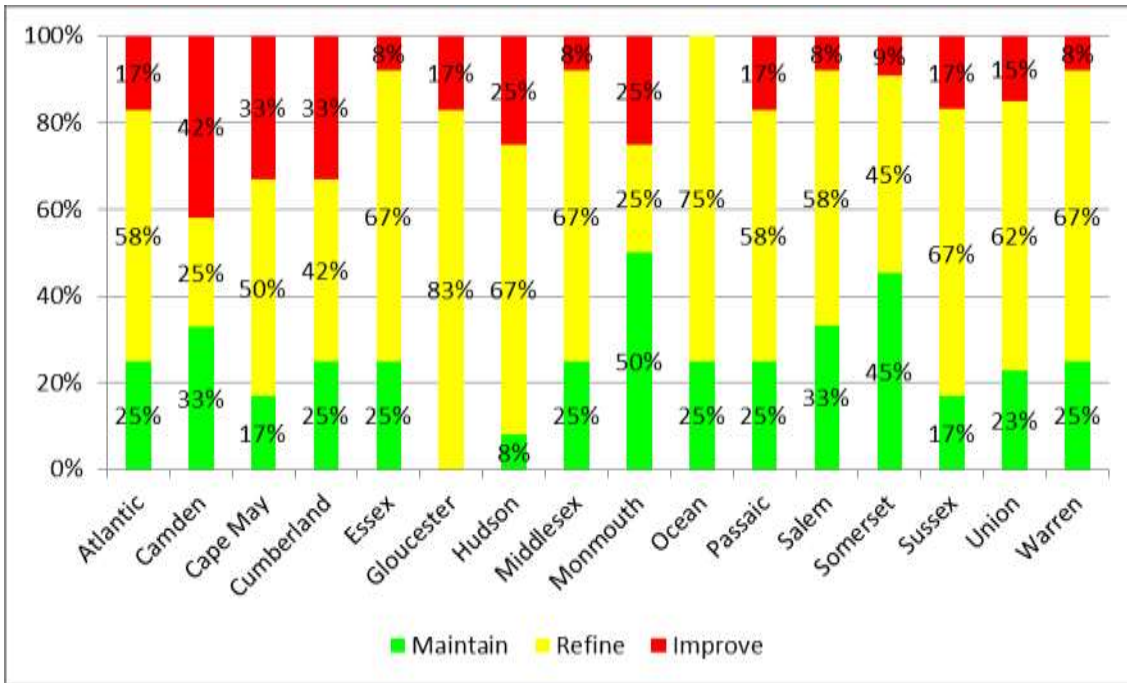
Chart 79: Long Term View (n=192)



APPENDIX T

Data by Zone: Transitions and Life Adjustments

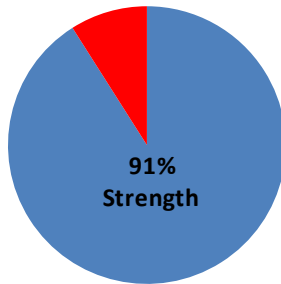
Chart 80: Transitions and Life Adjustments (n=192)



Qualitative Review 2013

QR Process Overview

16 New Jersey counties took part in a **5** day, in-depth review of DCF work. Employees in the Office of Performance Management and Accountability spearheaded a comprehensive review that included **1,800 +** interviews regarding **192** children/youth. Each county was assessed on **21** indicators in two main areas – Child & Family Status and Practice Performance. Each county receives a *STRENGTH* rating for those areas where **70%+** of cases scored as *Acceptable*. Overall, **13** indicators received a strength rating.

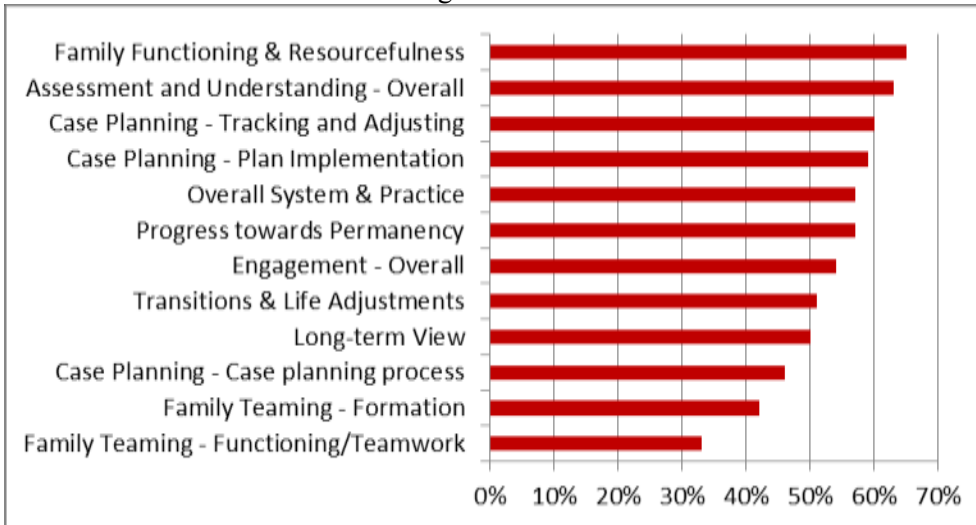


STRENGTHS in Child & Family Status

Child & Family Status Indicators are critical to ensuring we achieve our four core mission areas: **Safety, Stability, Permanency and Well-Being**. In all counties reviewed, 10 of the 12 indicators used to measure Child and Family Status received a “*STRENGTH*” rating. This means 70% of all cases examined received an “*Acceptable*” rating.

AREAS IN NEED OF IMPROVEMENT – Overall

We use the QR results to help determine where we need to focus –starting with the 12 areas that did not receive a “*STRENGTH*” rating.



Program Improvement Plan (PIP)

PIP is the mechanism by which QR results are integrated into practice. Through county-developed plans we will create and implement customized strategies specifically targeted to the *Areas in Need of Improvement*.

Achieving our Mission & Vision

PIP and QR are mission-driven tools we created to **partner with children, youth, families, and communities to achieve child and family safety, well-being, and success**. The development and implementation of these tools also exemplify commitment to evidence-based management supported by planning, partnership, and collaboration. We believe this intentional, measured approach is fundamental **to ensure that NJ’s children, youth, and families, are safe supported & successful**.

NEXT STEPS

