

## QR BRIEF REPORT

### CQI Snapshot of Young Adults

### 39 Young Adults Participated in the Qualitative Review in 2014



*The mission of the DCF  
Office of Adolescent  
Services (OAS) is to  
support adolescents in  
the transition to  
adulthood to achieve  
economic self-  
sufficiency,  
interdependence,  
and engage in  
healthy life-styles.*

### FOCUS

The Department of Children and Families (DCF) uses data and outcome measures to inform decision making and support the culture of a self-analyzing and self-correcting learning organization. DCF utilizes Continuous Quality Improvement (CQI) to identify and analyze strengths and areas needing improvement, and then to evaluate, implement, provide feedback, learn from, and revise solutions designed to improve the quality of services.

In seeking to assess the overall quality of the work with young adults ages 18 to 21 being served through the Division of Child Protection and Permanency (CP&P), DCF conducts the Adolescent Qualitative Review. The Adolescent Qualitative Review (QR) assesses the service system that provides supports to young adults including: safe and stable housing, transportation, job training and education, financial stability, life skills, physical and mental health care, connections to caring adults, youth engagement and preparation for economic self-sufficiency, interdependence and healthy lifestyles. [1]

### METHODOLOGY

The Qualitative Review is a nationally recognized process used to assess the overall performance of a child welfare system by evaluating outcomes for individual children, youth and families. Both trained and mentored reviewers perform a thorough review of case records and conduct in-depth interviews with children/youth, their caregivers or parents, case workers and supports or service providers. There are eight indicators evaluated in the area of Child (Youth) and Family Status focusing on the critical mission of CP&P – safety, stability, permanency, well-being, as well as assessing the learning and development of children/youth. There are twelve System/Practice Performance indicators that focus on the use of strategies to engage children, youth and families using collaborative processes to develop teams, plans and services to achieve positive outcomes. Overall ratings for the Child and Family Status indicators and the System/Practice Performance indicators are determined. For additional information about the QR protocol visit: <http://www.nj.gov/dcf/about/divisions/opma/>. [2]

During 2014, 30 randomly selected cases of young adults ages 18-21 were reviewed during the ongoing QR process. Two young adults were included for each county completing a QR during the year (15 counties).[3] An additional nine young adults were reviewed during the special Adolescent QR in November 2014 consisting of one young adult per Area.[4] In total, 33 percent were male, 67 percent female; 46 percent were of black race, 54 percent white. Ages were as follows: age 18 (18/46%), age 19 (14/36%), age 20 (6/15%), age 21 (1/3%).

## CURRENT WORK

In New Jersey, the Department of Children and Families recognized an urgent need to improve the way we help our youth to realize their potential and develop their strengths to achieve positive outcomes in their transition to adulthood. In August 2010, DCF elevated the Office of Adolescent Services (OAS) to a Department level office in order to prioritize work with adolescents and young adults. Since the creation of OAS, great efforts have been made to provide more comprehensive, holistic and improved changes to policy, practice, training and services in order to better support and resource staff to achieve positive and sustainable outcomes for youth/young adults in care. [Chart 3]

Some notable highlights of changes that have been made to address policy, practice, training and services are:

### Policy

- Increasing the Independent Living Stipend for rent, food, and incidentals for adolescents, ages 16-21 in out of home care, who are in need of financial assistance as they transition to living independently.
- Updating the transitional plan, now called the *Transitional Plan for YOUth Success*. This planning document enables adolescents to plan for several areas of their life including housing, employment, education, social connections and health.
- Allowing youth to re-open their CP&P case up to age 21 to receive necessary supports and services.

### Practice

- Incorporating and utilizing the Youth Thrive Protective and Promotive Factors framework in our daily partnership and work with youth.
- Encouraging adolescent units/workers in each CP&P Local Office to ensure that youth who have not achieved permanency, receive appropriate services and supports to assist in their preparation for adulthood.
- Establishing the Task Force on Helping Youth Thrive in Placement (HYTIP) in order to promote well-being and normalcy when youth enter out of home care.
- Enhancing and expanding the LGBTQI Safe Space Liaison Program and creating the LGBTQI Youth Committee in order to develop, identify, and expand best practices, policy, resources, training, and services for LGBTQI youth that are served through DCF.

### Training

- Providing the "Got Adolescents?" policy, practice, and resource training for CP&P staff to gain a better understanding of the services, supports and philosophical framework for working with adolescents.
- Offering the Post BA Certificate in Adolescent Advocacy to DCF staff to provide students with a multidisciplinary understanding of the role of the adolescent advocate as seen through the disciplines of law, sociology, and psychology.
- Delivering the Statewide Adolescent Practice Forums which provide attendees with quarterly updates regarding changes and improvements to DCF specific adolescent/youth policy, practice, resources, and programming/services as well as increase knowledge on adolescent/youth specific topics through mini-in-service trainings.



Twenty-six (67%) of the young adults completed high school or obtained their GED at the time of the review. Fourteen (54%) of those twenty-six young adults went on to post-secondary education.





## Services

- Creating the Adolescent Housing Hub-an online system to coordinate utilization and access to all non-clinical Adolescent Transitional Housing Programs.
- Restructuring, expanding, and enhancing the Statewide Youth Advisory Boards which allows DCF to receive feedback from adolescents regarding policy, practice and services.
- Expanding the Summer Housing Internship Program and developing the Summer Internship Program for Foster Care Scholars recipients to enable increased participation in a summer internship, additional course work as well as additional activities.

## KEY FINDINGS

**The Qualitative Review of 39 young adults found that 87 percent of the cases were acceptable overall in the Child and Family Status indicators.** Living arrangements included resource homes, treatment homes, own apartments, relative homes, independent living programs and were positive for the young adult. Twenty-six (67%) of the young adults completed high school or obtained their GED at the time of the review. Fourteen (54%) of those twenty-six young adults went on to post-secondary education. An area identified for improvement was Progress toward Permanency. Assisting young adults to develop the skills necessary for independence was identified as an area for enhanced focus. Chart 1 displays the percentage acceptable for all Child and Family Status indicators. Themes expressed in Case Detail sheets offered reasons for some of those noteworthy ratings:

### Safety- 100% (Home) and 97% (Other Setting) acceptable

- Young adults were safe in their living arrangements and in the community.
- Young adults did not present with concerns of abuse or neglect.

### Physical health-90% acceptable

- In general, young adults participated in their routine medical and dental care. When needed, the CP&P Child Health Unit nurses assisted the young adults in coordinating medical care and appointments.
- Young adults had annual exams (i.e., physicals, gynecological exams, etc.) and when follow up care was needed this was completed.
- Young adults were beginning to take control of their own medical and dental care by making their own medical appointments.

### Emotional well-being-85% acceptable

- Young adults participated in mental health services when needed. CP&P facilitated these services to meet their needs.
- Young adults had formal and informal supports (i.e., resource parents, therapists, mentors, etc.) to facilitate their emotional growth, which included developing better coping skills.
- Most young adults had good emotional well-being and were well-adjusted with healthy relationships with peers and caregivers.

### Living arrangement-85% acceptable

- Living arrangements (LA) met the needs of the young adult and provided the appropriate level of support.
- The LA met the permanency needs for the young adult and facilitated relative and other meaningful relationships.
- The LA met the young adult's developmental, emotional and physical needs including the incorporation of independent living skills when applicable.

### Progress towards permanency-69% acceptable

- Lifelong relationships that will support the young adult once CP&P is no longer involved were often missing.
- The young adult lacks the skills to develop connections. For many, numerous years in placement and trauma have impacted the young adult's ability to maintain and sustain relationships.

## KEY FINDINGS

**In terms of the System/Practice Performance indicators, it was found that overall, 62 percent of the cases were acceptable.**

Developing trust based relationships with the young adult, understanding their family story and ensuring the young adult had their voice heard helped them feel supported and enhances engagement. This also aided CP&P in developing a better understanding of the young adults' needs. Teaming and planning with the family and system partners for the Long Term View and Transitions & Life Adjustments were areas in need of refinement. These areas could be strengthened by developing plans with the young adult that includes supportive networks and addresses the young adult's long term success. Focusing on the long term view of success without CP&P support would help ensure the young adult possesses the skills to maintain independence. Chart 2 displays the percentage acceptable for all System/Practice Performance indicators. Themes expressed in The Case Detail sheets offered reasons for some of those noteworthy ratings:

### Team Formation and Functioning-59% and 44% acceptable

- The frequency of formal teaming around the young adult needed to be enhanced.
- Incorporation of informal supports and family members in teaming to assist with case planning was not consistently evident.
- Various team members operate in silos instead of collectively.
- Limited communication with team members concerning the case planning process or updates on the planning process hindered effective teaming.
- There was a lack of collaborative problem solving.

### Case Planning-54% acceptable

- There was a need to update the case plan and address current strengths and needs of the young adult.
- Clear action steps and strategies for how goals will be achieved were often not apparent.
- Young adult was not part of case plan development and their supports were not invited to assist in case plan development.

### Provision of Health Care Services-92% acceptable

- Young adults received the appropriate medical and dental services.
- Young adults had medical insurance to enable routine medical care.
- The Child Health Unit coordinated medical care including services for ongoing medical conditions.

### Resource Availability-87% acceptable

- There was a wide array of services for young adults which supported them and at times fostered lifelong connections.
- The services covered a multitude of areas and included independent living skill programs, the NJ Scholars program, educational programs, counseling, mentoring, and daily living activities.
- The services were flexible, tailored to meet the needs of the young adult.

### Transitions & Life Adjustments-69% acceptable

- Exploration of new roles as the young adult transitions into independence and adulthood was not consistently reinforced.
- There was a need to explore and anticipate what could go wrong with the plan.
- There was a need to involve the supports that the young adult has identified in the transitional plan.

**Overall, 23 of the 39 young adults (59%) were assessed to be receiving acceptable services in both the Child and Family Status and System/Practice Performance domains.** The final performance target is 90% as referenced in <http://www.nj.gov/dcf/documents/home/Modified Settlement Agreement 7 17 06.pdf>

**59% of the young adults were assessed to be receiving acceptable services as measured by the QR**

## CONCLUSIONS AND RECOMMENDATIONS

### What's next?

- Youth friendly website with information on resources, services and policies.
- Permanency Roundtables.
- Revised *Transitional Plan for YOUTH Success*.
- Focus on resources and practice for expectant or parenting young adults.

Overall, the young adults had positive living arrangements and were successful in educational settings which contributed favorably to their overall well-being. The majority of young adults felt connected to their workers and CP&P had a general understanding of the young adult's needs. Building upon these strengths could allow CP&P to expand the young adult's supportive network and help develop the informal supports that will ensure their long term success is maintained.

OAS has currently developed the following key strategies to improve practice and outcomes for youth and young adults:

- An enhanced youth-friendly website has been created that outlines resources and information for NJ adolescents and young adults using multimedia and interactive approaches. It debuted May 2015.
- Permanency Roundtables will continue to be held throughout the State in order to ensure that exhaustive efforts are made to assist youth and young adults in achieving legal and/or relational permanence. The next session is scheduled for November 2015.
- The revised *Transitional Plan for YOUTH Success goal-setting and planning* document offers a more comprehensive and integrated approach to youth-driven case planning.
- There were nine young adults who were pregnant and/or parenting. There were challenges found regarding ensuring their needs as a parent and their needs as a young adult were both being met. OAS will enhance services and resources targeted for expectant or parenting young adults. These services include improving access to resources, increased and improved placement options and appropriate case practice tools. In addition, case consultation services are extended to child welfare staff in order to improve engagement.



## CONCLUSIONS AND RECOMMENDATIONS

The recommendations listed below include a focus on the big picture of success for the young adult, the supports (both informal and formal) they will need to get there and assuring they have developed the skills and supports to be successful once CP&P is no longer involved.

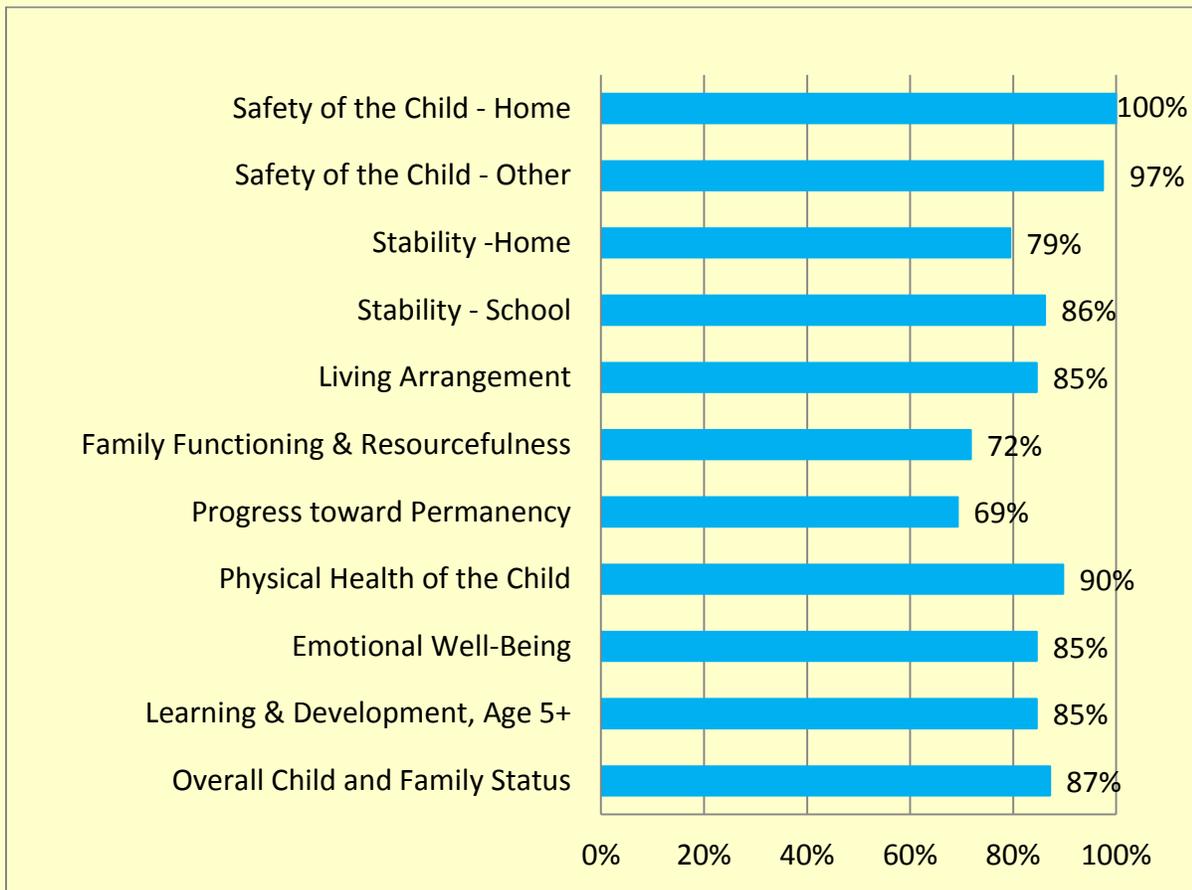
**DCF will strengthen practice to ensure that legal and relational permanency remains an integral focus of practice through the life of a youth's/young adult's case.**



- DCF should continue to reinforce the use of the revised **transition plan**, now called the *Transitional Plan for YOUth Success*, a goal setting and planning document which offers a more comprehensive and integrated approach to youth-driven and strengths-based case planning. Training on the *Transitional Plan for YOUth Success* is available for CP&P staff as well as contracted providers who work with adolescents. There is an emphasis on the importance of assessment via the Casey Life Skills Assessment as well as taking into consideration other plans that may exist for an adolescent. In addition a key piece to planning is to have the adolescent drive the process and take the lead in choosing goals, objectives and action steps within several life domains.
- DCF will continue to strengthen the practice of **teaming** with young adults through supervision, case conferencing and coaching. acknowledging different and creative techniques and formats may be necessary. Through the creation and implementation of the *Transitional Plan for YOUth Success*, CP&P staff is encouraged to collaborate and team with the adolescents informal and formal supports. This may happen through regularly scheduled Family Team Meetings or other appropriate meetings/activities. In addition, case practice, policies and other topics are discussed with CP&P local offices upon request through "OAS Office Hours" as well as case specific "Meeting of the Minds" to discuss and brainstorm ways of working with adolescents to provide supports and services as they transition to adulthood.
- DCF will continue to develop and refine the **service array and structure** to ensure that youth receive necessary supports and adequate programming and resources that are accessible and appropriate to meet the needs outlined in the *Transition Plan for YOUth Success*. An enhanced youth friendly website has been created that outlines resources and information for NJ adolescents and young adults using multimedia and interactive approaches ([www.njyrs.org](http://www.njyrs.org)). In addition, DCF will emphasize that the developmental abilities of the young adult are considered in the implementation of the plan. Through the *Connecting YOUth* federal planning grant DCF has had the opportunity to gather data regarding adolescents, especially those who are at risk of homelessness, as well as take inventory and evaluate existing services and resources with the end result of creating an intervention that will best meet the needs of adolescents.
- DCF will strengthen practice to ensure that legal and relational **permanency** remains an integral focus of practice through the life of a youth's/young adult's case. There is a renewed focus on the importance of youth having lifelong connections to caring adults if adoption or KLG are not achieved. There are several resources and supports that are provided to adolescents to assist them with permanency. They include permanency services through contracted agencies that assist the adolescent in identifying caring adults with whom they can connect or reconnect and build lasting relationships. In addition, the Permanency Roundtables will continue to be held throughout the state in order to ensure that exhaustive efforts are made to assist youth and young adults in achieving legal and/or relational permanence.

## APPENDIX

**Chart 1: Percent Acceptable Child and Family Status Indicators 2014\***  
n=39

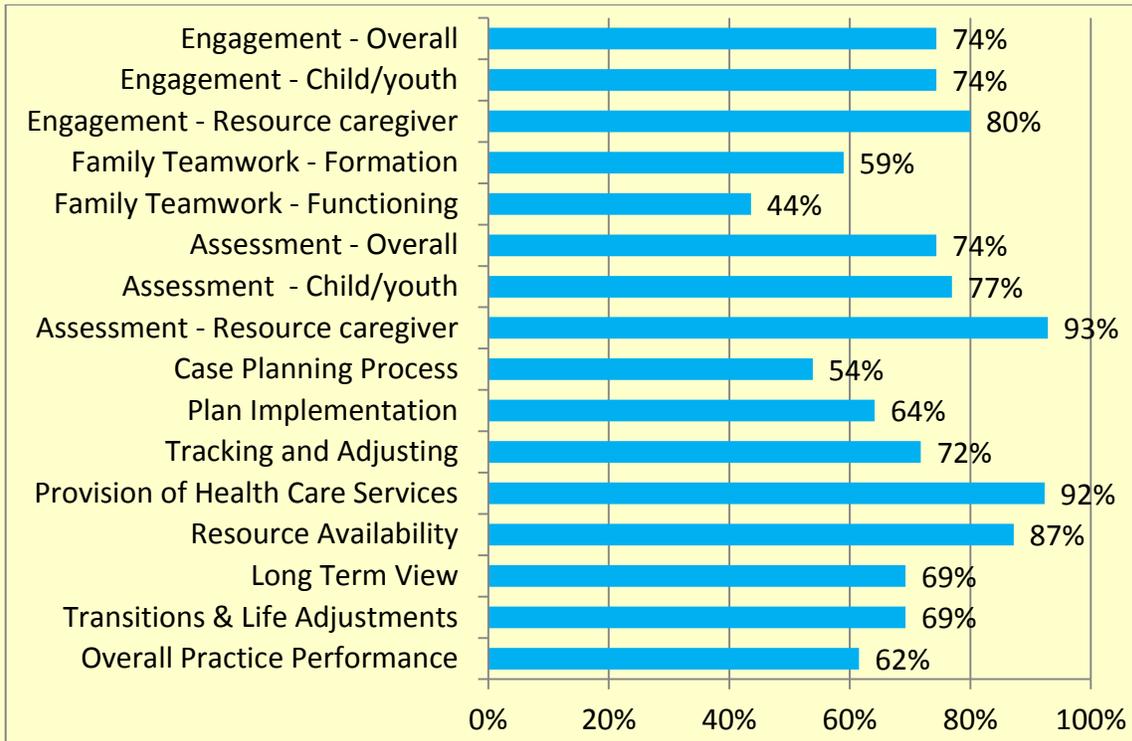


Source: 2014 QR Data

Note: Percentages less than 70% indicate an area needing improvement.

\* QR indicators not applicable to this 18-21 age group have been omitted.

**Chart 2: Percent Acceptable System/Practice Performance Indicators 2014\***  
**n=39**



Source: 2014 QR Data

Note: Percentages less than 70% indicate an area needing improvement.

\*QR indicators not applicable to this 18-21 age group have been omitted.

### Chart 3: Adolescent Services

These services are available to adolescents who are or were in out-of-home care through CP&P.  
(Eligibility varies by program)

Service Type	Age	Description
Permanency Programs	14-21	Contracted agencies provide assistance for adolescents who are in need of relational and/or legal permanency.
Life Skills	14-21	Offers instruction in daily living domains such as budgeting and financial management, communication, decision making, self-care and housing.
After Care	17.5-22	Intensive case management and support services, primarily for youth who are no longer involved with Child Protection and Permanency.
Wraparound Funding	16-22	Emergency, short-term and goal based funding.
Housing	16-21	Non-clinical housing options that can be accessed through the Adolescent Housing Hub.
Youth Advisory Boards	14-22	Youth-driven board that provides adolescents the opportunity to assist in helping to improve DCF policy, practice and services as well as help young people gain advocacy, leadership and professional skills.
NJ Foster Care Scholars (NJFCS) Program	16-22	Provides funding for eligible youth seeking a post-secondary degree at a two-year or four-year college, university, or vocational/technical program.
Project Myself	16-22	Program designed to help recipients of NJFCS improve their academic performance, complete post-secondary education and develop essential life skills and competencies.
Mentoring	12-21	Programs provide one-on-one mentoring relationships and activities with caring adults.
Outreach to At Risk Youth (OTARY)	10-18 (possibly 21)	Programs open to the community to prevent crime and gang involvement.
Summer Housing Internship Program (SHIP)	16-22	Summer program for NJFCS recipients that provides housing, a paid internship, a 3 credit course and supplemental activities.
Summer Internship Program (SIP)	16-22	Summer program for NJFCS recipients that provides, a paid internship, a 3 credit course and supplemental activities during the summer.
Youth Corps	16-25	A year-round, voluntary program which engages young adults in full-time community service, training, and educational activities.
Medical Coverage	18-26	This program allows CP&P to provide health insurance, through Medicaid, to eligible youth between the ages of 18 and the month of his or her 26th birthday, regardless of income or assets.

For more information on services available for adolescents visit <http://www.njyrs.org> or <http://nj.gov/dcf/adolescent/>

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Notes:

- [1] While the generic term "youth" is used in the MSA and to describe the QR process in general, "young adults" is preferred when referencing the 18-21 age group.
- [2] The July 2014 report (2013 data) reflected two different protocols for reviewing youth. While a general reference guide was initially used, DCF recognized the need to develop a young adult-specific reference guide which was used with the latter group reviewed for that report. DCF used this revised reference guide for all the young adults reflected in this current report.
- [3] The Camden QR was cancelled due to a traumatic Local Office event that affected local staff and community in that county
- [4] There are currently nine geographically-consolidated DCF service areas which include an Area Office and one or more Local Offices.