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NEW JERSEY DEPARTMENT OF
CHILDREN AND FAMILIES

Adolescent Services Strategic Plan:

Striving for Success in Transitions to Adulthood

2011 – 2014

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In October 2010, the New Jersey Department of Children and Families (DCF) announced the creation of a new Office of Adolescent Services, elevating adolescent services from a special function within the Division of Youth and Family services to a separate agency within DCF. The purpose of this shift is to improve the coordination of services for adolescents across the various departments and agencies and improve service delivery within DCF. In 2011, The Office of Adolescent Services (OAS) undertook a strategic planning process, facilitated by the Institute for Families (IFF) at the Rutgers School of Social Work.

OAS and IFF engaged providers of services, youth currently receiving services, private foundations, policy experts, other state agencies, and staff from across DCF in the development of the strategic plan. Everyone involved in the planning process received a brief report summarizing the perspective that OAS was taking in planning the scope of its work. Three full-day planning sessions were held during which the various stakeholders provided critiques of the current system and ideas for improvement through a combination of facilitated group discussions and the use of a web-based strategic planning program. In between these sessions, web-based surveys were conducted. The intent was to provide opportunities for group consensus building and anonymous, individual contributions to occur. Furthermore, each planning activity built upon and further refined the work of the previous activity.

The strategic plan is presented in two parts. This document is the first part, which reprints the brief report discussing the concern of youth that vulnerable in the transition to adulthood and presents the mission of OAS, purpose of its work, and principles that guide its work. The second companion document is the 2011-2014 strategic plan, which includes goals, objectives, activities, timelines, and status updates for adolescent services in DCF that will be spearheaded by OAS. The strategic plan is organized by service area: housing, education and employment, physical and mental health, general transition support, youth engagement, permanence and familial support, criminal justice/legal services, and general/cross systems work. This strategic plan will be updated quarterly to report on the progress implementing the plan.

Introduction

Youth that experience interruptions or dislocation from family, education, and adolescent employment opportunities are ill-equipped for the transition to the adulthood[i]. It is estimated that 15% of youth ages 18-24 are neither in school or working[ii]. Certain groups of youth are particularly at risk, including youth aging-out of the foster care system, youth with physical health, mental health, or substance abuse problems, high school dropouts, juvenile offenders, children of incarcerated parents, migrant youth, youth with disabilities, runaway and homeless youth, youth in alternative education programs, teen parents, and gay, lesbian, bisexual, transgendered, questioning, and intersex youth[iii]. Minority youth may be over-represented in some of these at-risk categories. Often, these minority youth have multiple risk factors.

Multiple state systems are responsible for serving vulnerable youth, based on their service need, age, and their entry point into the system. It is not unusual for state services to be fragmented, resulting in youth being under- or even un-served for some of their needs[iv]. Improving collaboration amongst agencies and programs is gaining recognition as an effective strategy for governments dealing with complex and inter-related problems. Collaboration begins with an understanding of the needs of the population, how various activities and services might address those needs, and the outcomes expected[v].

Risk and Protective Factors Associated with Vulnerable Youth

A risk and protective framework is commonly used to identify the characteristics of individuals, families, schools, and communities that are associated with undesirable outcomes (risk), the characteristics that can mitigate the effects of those risk factors (protective), the interventions that promote the protective factors, and the outcomes that are desired. Support for this approach stems from research demonstrating that some at-risk youth do not experience poor outcomes, due to counter-balancing or buffering effects of these protective factors[vi]. This framework encourages program and policy planners to consider a two pronged approach: 1) prevent risk factors and 2) prevent the negative effects of risk factors simultaneously as part of a continuum of care.

While vulnerable youth may come from many groups (i.e. aging-out, juvenile offenders, high school dropouts), it is not their group membership that truly describes their risk, but rather the experiences that are associated with that membership (see diagram on page 4) . Therefore, vulnerable youth may share many characteristics and benefit from a range of services targeted to meet specific needs. This perspective promotes the accessibility of services to meet the needs of vulnerable youth and reduces the silo phenomenon in service provision. Still, some populations are protected by law and benefit from legal standards regarding their care or have particularized needs that must be addressed.

In general, youth may be at-risk for transition problems due to the following factors:
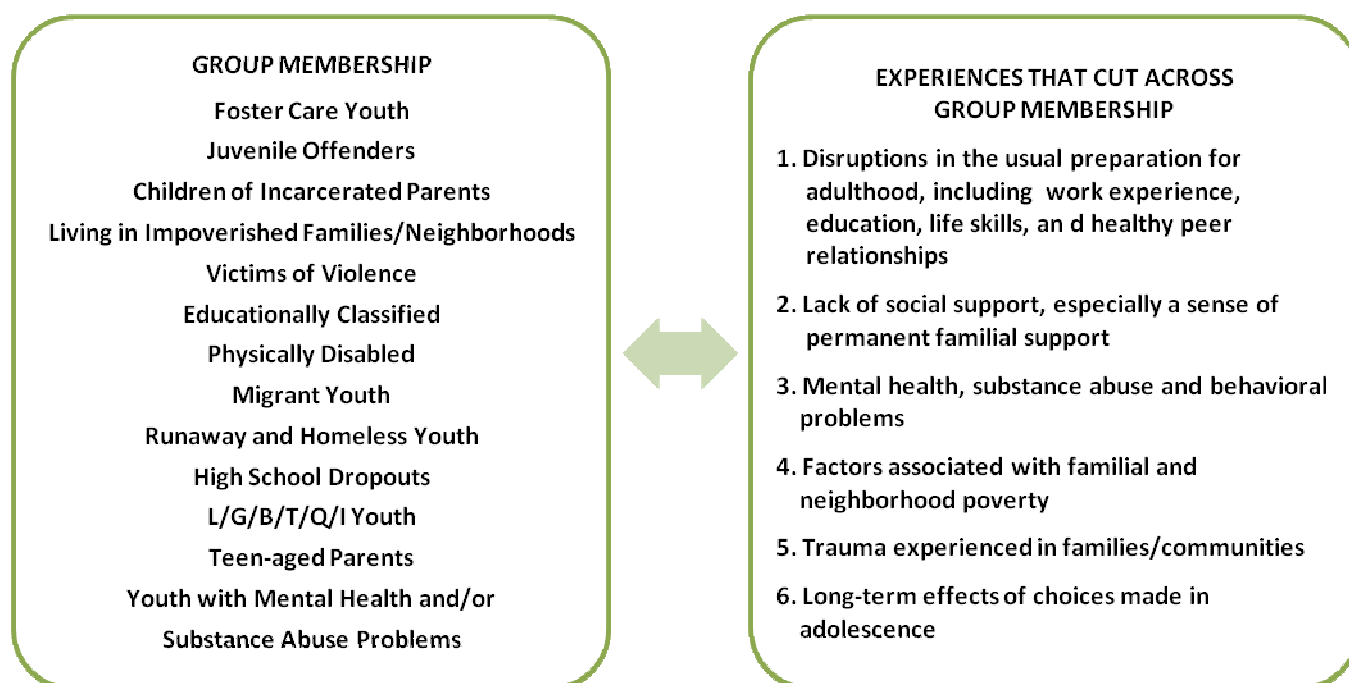
- Disruptions that have occurred during adolescence (preparation for adulthood). Certain developmental tasks need to be met during adolescence to prepare youth for the transition to adulthood, including preparation for further education, money management and other life skills, and healthy peer relationships. Youth that have been placed out-of-home, been in detention or otherwise incarcerated, that have lost connection to a parent due to the parent's incarceration, become a teen parent, or recently migrated to the United States to rejoin a parent are just a few examples of how adolescent development can be disrupted. Also, some youth are rejected by their families over conflict regarding their emerging sexual identity, mental health, or behavioral problems.

- Lack of social support, especially legal and emotional permanency. Having a life long relationship with a caring, consistent adult that can mentor and provide emotional support to youth is important for healthy development and is a means of social capital that can aid the youth in finding employment and other resources.

- Child behavior/mental health. Both nature and nurture contribute to the development of behavioral and mental health/substance abuse problems in childhood. As youth transition to adulthood, they may continue to experience these problems, but often without the same access to support that minors receive. Youth that experience these problems in later adolescence may also experience separation from family and a great deal of placement disruption at a critical time in their transition to adulthood.

- Factors associated with familial and neighborhood poverty. Many youth from the vulnerable groups listed on page 2 come from poor families and neighborhoods. Additionally, some of these groups are often disproportionately minorities. Youth in poverty are at risk for transitional difficulty related to their socioeconomic status.

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- <u>Trauma that they have experienced in their families or communities (recent/recidivist).</u> Child abuse and neglect and experiencing violence in the community have an effect on psychological, developmental, physical, social, and educational functioning for youth. Many abuse and neglect problems come to the attention of child welfare services, but others do not. Also, youth that have become incarcerated may also be victim of child abuse and neglect and community violence, but experience a very different system response due to their behavior.

- <u>Long-term effects of choices made in adolescence.</u> Some decisions made in adolescence have lasting consequences, such as teen parenting and criminal behavior. These issues may have an impact on youth transitioning into adulthood.

The aforementioned factors often co-occur, leading to homelessness, un- or under-employment, low educational attainment, unmet physical and mental health needs, social isolation, and persistent vulnerability in young adulthood[vii]. Research on promising interventions for older youth is not as well developed as those for children and adolescents[viii]. Additionally, research and policy development that cuts across group membership is limited.

The following framework (page 5) is informed by a model developed by the Jim Casey Youth Opportunities Initiative, but takes a broader perspective to focus on the risk and protective factors that cut across group membership, as well as issues related to service delivery and coordination. Promising intervention approaches and the anticipated outcomes of a well-coordinated, robust service system are provided.

GROUP MEMBERSHIP

Foster Care Youth

Juvenile Offenders

Children of Incarcerated Parents

Living in Impoverished Families/Neighborhoods

Victims of Violence

Educationally Classified

Physically Disabled

Migrant Youth

Runaway and Homeless Youth

High School Dropouts

L/G/B/T/Q/I Youth

Teen-aged Parents

Youth with Mental Health and/or Substance Abuse Problems

EXPERIENCES THAT CUT ACROSS GROUP MEMBERSHIP

1. Disruptions in the usual preparation for adulthood, including work experience, education, life skills, and healthy peer relationships

2. Lack of social support, especially a sense of permanent familial support

3. Mental health, substance abuse and behavioral problems

4. Factors associated with familial and neighborhood poverty

5. Trauma experienced in families/communities

6. Long-term effects of choices made in adolescence

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A Framework for Supporting Vulnerable Youth in the Transition to Adulthood and Promoting Service Collaboration[ix]

Long-term Goal: All vulnerable youth make a successful transition to adulthood; becoming healthy, contributing members of society

Risk Factors	Protective Factors	If These Things Happen…. (Interventions)	Then We Can Expect to See These Results… (Short-Term Outcomes)	And Then We Want to See These Results… (Intermediate Outcomes)
Youth: • Disruptions in the usual preparation for adulthood, including work experience, education, life skills, and healthy peer relationships • Lack of social support, especially a sense of permanent familial support • Mental health, substance abuse and behavioral problems • Factors associated with familial and neighborhood poverty • Trauma experienced in families/communities • Long-term effects of choices made in adolescence **Service Delivery System:** • Lack of access to services due to eligibility requirements, location, cost, or waiting lists • Ineffective or poorly implemented programs	**Youth:** • A permanent family • A relationship to a caring adult • A stable education • Opportunities to achieve economic success • A place to live • Access to physical and mental health care • Opportunities to be listened to, informed, and respected • A sense of empowerment • Life skills • Social competencies • Ability to solve problems and make decisions • Ability to use available resources • Belief in the future **Service Delivery System:** • Coordination and collaboration across systems • Leadership • Use of data to assess access to and effectiveness of programs	**Youth:** • Facilitation of a connection to a committed, caring adult • Opportunities for safely re-engaging birth parents or relatives • A variety of living options available from 18 to 21, on a continuum from therapeutic to independent • Foster care continuation to 21 • Priority access to safe housing options for certain groups • Medicaid to 21 • Comprehensive, coordinated health care when in care • Employment Training • Tuition assistance (College/Vocational) • Assistance with education achievement (GED, remedial skills, special education, transportation) • Continuity of schooling while in care • Life, social, and problem solving skills training and support • Programs to address the particular needs of teen parents, juvenile offenders upon re-entry, and LGBTQI Youth **Service Delivery System:** • Youth leadership boards • Community partnerships • Research and evaluation • Communication of resources/data • Strategic Planning	**Youth:** • Youth can identify a caring, committed adult in their life • Youth report healthy relationships with family members and others • Youth have appropriate and stable housing • Youth with physical and mental health needs are being treated • Youth are engaged in work and/or education • Youth have the knowledge to manage their finances, relationships, and make good decisions • Youth with particularized needs are identified and connected with services **Service Delivery System:** • Service sector gaps are identified and filled • Service planning is informed by the population being served • Stakeholders know how well services are performing and what needs remain	• Young adults have an adult to rely on for a lifetime and supportive family networks. • Young adults acquire education and training that enable them to obtain and maintain employment. • Young adults support themselves by obtaining and retaining steady employment. • Young adults have safe, stable, and affordable housing and have access to transportation for work and school. • Young adults have health insurance for both physical and mental health. • Young adults have supportive relationships in the community that help them achieve their personal goals.

The Office of Adolescent Services

Mission

The mission of the 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 by:

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

Purpose

The objective of our work is to develop a robust service system that seeks to provide the services and supports the youth need in a timely manner, including:

- Safe and stable housing,
- Transportation,
- Job training and education,
- Financial stability,
- Life skills and other training to encourage positive development,
- Physical and mental health care,
- Connections to caring adults to assist with life decision and provide emotional support,
- Youth engagement activities in programs and communities, and
- Preparation for economic self-sufficiency, interdependence, and healthy life-styles.

Principles

Our work is guided by the principles that adolescent services should:

- Treat all youth with respect,
- Empower youth to engage in planning regarding their own lives, as well as service planning within their communities to the extent that it is developmentally appropriate,
- Use a strengths-based and culturally competent approach,
- Assist youth in developing protective/positive attributes and reducing risk behavior,
- Be flexibly structured to meet the individual needs of youth,
- Promote healthy connections to family and other caring adults,
- Affirm the ability of all youth to succeed, but at their own pace and with support,
- Be coordinated, accessible, and endeavor to meet established and emerging best practice standards, and
- Use a data driven, outcomes focus.

[i] Kogan, D. & Voller, V. (2009). *Creating collaborative youth partnerships and a common vision: A self-assessment guide.* Oakland, CA: Social Policy Research Associates.

[ii] Ibid.

[iii] Altschuler, D., Stangler, G., Berkley, K., & Burton, L. (2009). *Supporting youth in transition to adulthood: Lessons learned from child welfare and juvenile justice.* Washington, D.C.: Center for Juvenile Justice Reform. Available at www.jimcaseyyouth.org Courtney, M. E., Piliavin, I., Grogan-Kaylor, A., & Nesmith, A. (2001). Foster youth transition to adulthood: Outcomes 12 to 18 months after leaving out-of-home care. *Child Welfare*, 80(6), 685-717. Kogan, D. & Voller, V. (2009). Lipman, E.L. & Boyle, M.H. (2008). *Linking poverty and mental health: A lifespan view.* Hamilton, Ontario: The Provincial Centre of Excellence for Child and Youth Mental Health at CHEO.

[iv] Kogan, D. & Voller, V. (2009).

[v] Ibid.

[vi] Constantine, N.A., Bernard, B., Diaz, M. (1999). Measuring protective factors and resilience traits in youth: The Healthy Kids Resilience Assessment. *Paper presented at the Seventh Annual Meeting of the Society for Prevention Research, New Orleans, LA*

[vii] Altschuler, D., Stangler, G., Berkley, K., & Burton, L. (2009).

[viii] Hadley, A.M., Mbwana, K., Hair, E.C. (2010). *What works for older youth during the transition to adulthood: Lessons learned from experimental evaluations of programs and interventions.* Washington, D.C.: Child Trends

[ix] Based in part on the Jim Casey Youth Opportunities Initiative Site-Level Logic Model. Available at http://www.jimcaseyyouth.org