

PRACTICE PATHWAYS TOOL

HELPING YOUNG PEOPLE TRANSITIONING
FROM FOSTER CARE TO ADULTHOOD



FIRST EDITION

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The mission of the Jim Casey Youth Opportunities Initiative is to ensure that young people—primarily those between ages 14 and 25—make successful transitions from foster care to adulthood. We do this by working nationally, in states, and locally to improve policies and practices, promote youth engagement, apply evaluation and research, and create community partnerships. Our work creates opportunities for young people to achieve positive outcomes in permanence, education, employment, housing, health, financial capability, and social capital.

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SECTION 1

USER'S GUIDE

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The Practice Pathways Tool (PPT) is designed to guide practice improvement in states partnering with the Jim Casey Youth Opportunities Initiative. It answers the questions “What practices will help achieve desired outcomes for young people transitioning from foster care to adulthood?” And, “how do we know if practices are being successfully implemented”?

Subject-matter specific teams comprised of Jim Casey Initiative staff and consultants, Jim Casey Initiative state partners, young people, and nationally recognized experts developed the PPT. The teams identified practice model components that have been shown through research, academic knowledge, practical experience and young people's preferences and experiences to improve the outcomes for young people transitioning from foster care to adulthood.

The tool is composed of different sections that can be used together or separately. There are eight sections: a section for each of the Jim Casey Initiative's seven outcomes, and one crosscutting section.

The sections are focused on practices related to:

- **Crosscutting** – Young people achieve better outcomes from practices that promote racial, ethnic and gender equity; youth engagement; and, practices that are designed to be developmentally appropriate and culturally relevant.
- **Permanence** – Young people have an adult to rely on for a lifetime and supportive family network.
- **Education** – Young people acquire education and training that enable them to obtain and retain steady employment.
- **Employment** – Young people support themselves by obtaining and retaining steady employment.
- **Housing** – Young people have safe, stable and affordable housing and have access to transportation for work and school.
- **Physical and Mental Health** – Young people have access to insurance and to the appropriate services and supports that meet their physical and mental health needs.
- **Financial Capability** – Young people manage their budgets and achieve their financial goals.
- **Social Capital** – Young people have, sustain, and capitalize on a diverse network of connections to achieve their life goals.

Each section is organized into four categories:

- **Recommended Outcome Measures and Related Data Sources**, which provide suggested data and sources of relevant data to measure impact on the lives of young people ²
- **Practice Model Components**, which outline the essential elements of good practice
- **Practice Implementation Queries**, which provide practitioners with guidance on assessing existing practice and successfully implementing particular elements of the practice model
- **Output Measures**, which provide suggested data to measure successful practice implementation¹

The outcome and output measures sections provide a menu of options and relevant data sources, albeit not an exhaustive list, for assessing progress on effective practice implementation; and impact of practice reform on improving outcomes for young people. These options allow the implementing partners to choose what works best for them and what can be adapted and incorporated into existing quality improvement processes. It is critical to collect and analyze data so that progress can be tracked, and since data collection is no small task it should be integrated into existing data collection models whenever possible. Each state should determine the approach that works best for them.

The practice model components, in outlining the essential elements of good practice, provide a framework to reform frontline practice. In practice implementation queries, we offer a series of probing questions designed to offer a method of analysis to determine whether the jurisdictions' practice model, when viewed in totality addresses key practice elements. The practice implementation queries identify the agency or entity responsible for practice implementation when one could logically be assigned. In other cases, we have left it to the local partners to determine what entity, or group of entities, is most appropriate to implement practice. We took this approach because the young leaders involved in the tool's development advocated strongly that one person must be responsible and accountable for each activity.

The crosscutting section is designed to be used separately and in combination with each of the outcome sections. When thinking about practice in a specific outcome area, the principles addressed in the crosscutting section are an important part of implementation.”

The PPT is intended to define what good practice looks like and to facilitate collaboration among Jim Casey Initiative partners, agency staff, caseworkers, local private and public organizations and other practitioners to assess existing practices and establish practice

¹ *The recommended outcome measures are similar, but not identical, to the Jim Casey Initiative Youth Indicators and Systems Indicators. The outcome measures are designed to be more generic and for a broader audience than the Jim Casey Initiative's Indicators.*

improvement goals. We recognize that for states to effectively operationalize this tool, it will require integration and cooperation with existing public and private agencies that have primary responsibility for implementing particular practices. Collaborating more effectively with these partners, including those who contract with public systems, can contribute to development of more effective practice and intervention models. This tool is designed to help Jim Casey Initiative partners assume a leadership and advocacy role through their self-evaluation process in conjunction with the youth leadership board and community partnership board.

We recognize that comprehensive practice reform is a difficult, multi-year endeavor. As such, it is another tool to support the Jim Casey Initiative partners in their important work to prioritize and address policy and practice reform goals.

We are rolling out this new tool through a similar continuous learning process from which our other tools have benefitted. As we launch the first edition of the PPT in early 2013, we will be eager to gain feedback from the various state partners who use it. Adjustments will be made accordingly. In addition, during 2013, complementary fact sheets and supportive materials will be produced to provide deeper information.

Improving the outcomes for young people transitioning from foster care to adulthood depends on effective practice by multiple partners. It is anticipated that this tool will help accelerate practice improvements in Jim Casey Initiative States.

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SECTION 2

CROSSCUTTING

CROSSCUTTING

TARGETED YOUTH OUTCOME:

Crosscutting practice considerations for all seven outcomes: Permanence, Education, Employment, Financial Capability, Housing, Physical and Mental Health and Social Capital.

PRACTICE MODEL:

Public and private systems that impact young people in, or exited from, foster care have models of practice that are developmentally appropriate and promote the improved outcomes in Permanence, Education, Employment, Financial Capability, Housing, Physical and Mental Health and Social Capital.

PRACTICE MODEL COMPONENTS

What are the essential elements of good practice?

All young people, regardless of race and ethnicity, are treated equitably and have full access to basic services, supports and resources as well as special services and resources that are racially equitable, free of structural racism and culturally appropriate.

PRACTICE IMPLEMENTATION QUERIES

*What will it take to implement practice components?
Questions to assess current practice and guide development of improved practice*

Are output and outcome data disaggregated by race? Are outcomes and administrative data collected and analyzed to identify and address racial disproportionality and disparate outcomes for children and young people of color?

Are there policies, practices, and strategic interventions that are designed to remedy race disadvantages?

Does the foster parent recruitment plan and approach target families in ratios that reflect the race composition of young people in foster care?

Does foster parent training include race equity?

Is there representative race and cultural diversity on the youth and adult leadership groups e.g. youth leadership board, child welfare advisory and review boards; and among the pool of Opportunity Passport™ participants?

Is race equity training available to and utilized by child welfare staff and key community partners?

Are individualized assessments used that are free of bias and provided by culturally competent staff?

Are services equally accessible to all young people in foster care, regardless of their race or ethnicity?

Are services tailored to meet diverse cultural needs? (e.g., documents are translated)

OUTPUT MEASURES

*How will successful implementation of the practice component be measured?
Measures of quality practices that contribute to improved outcomes*

Number and percent of child welfare agency staff and foster parents receiving training in race equity (e.g., employment and training records)

Evidence that all data collected can be disaggregated by race/ethnicity (e.g., case records, data system manuals)

Number and percentage of young people reporting that their needs are met, disaggregated by race/ethnicity (e.g., locally developed youth survey)

Impact of policies, practices, and interventions assessed and disaggregated by race/ethnicity (e.g., child welfare agency research reports)

Evidence that disparate treatment and impact are reduced (e.g., child welfare agency research reports)

Evidence that foster families, adult partners, and leadership from key organizations mirror the diversity of the young people they serve or represent (e.g., locally developed adult survey, foster family database, diversity matrix)

A systems services needs assessment to identify the needs of young people of color, completed and updated on a regular basis (e.g., needs assessment documentation)

Number and percent of findings from the needs assessment that are implemented (e.g., policy manuals, child welfare agency documentation)

PRACTICE MODEL COMPONENTS

All young people, regardless of sexual identity and orientation, are treated equitably and have full access to basic services and resources as well as special services designed for this subpopulation.

PRACTICE IMPLEMENTATION QUERIES

Are there policies, practices, and strategic interventions that are designed to remedy disadvantages encountered due to sexual identity or orientation?

Does the foster parent recruitment plan target and develop families that are able to successfully serve Lesbian/Gay/Bisexual/Transsexual/and Questioning young people?

Does foster parent training include the needs of LGBTQ young people?

Is LGBTQ equity training available to and utilized by child welfare staff and key community partners?

Are services tailored to meet the needs of this population?

Practice models affecting young people promote positive youth development and practices that are developmentally appropriate and strengths-based.

Do practices support the development of young people's knowledge and skills in a variety of ways, including study, tutoring, sports, the arts, vocational education, financial education, familial and romantic relationships, and learning from serving the community?

Do practices promote healthy lifestyles and teach positive patterns of social interaction?

Do practices provide safe opportunities to learn from decisions and experience mistakes?

Are young people engaged as active partners and leaders that can move communities forward?

Do practices promote strong relationships between young people and caring adults who can mentor, guide and collaborate with them?

Are practices designed based on adolescent brain research?

Do practices build upon strengths of young people?

OUTPUT MEASURES

A systems services needs assessment to identify the needs of LGBTQ young people, completed and updated on a regular basis (e.g., needs assessment documentation)

Findings from the needs assessment are implemented (e.g., policy manuals, child welfare agency documentation)

Evidence that disparate treatment and impact are reduced (e.g., child welfare agency research reports)

Number and percent of child welfare agency staff and foster parents receiving training in the needs of LGBTQ young people (e.g., employment and training records)

Evidence that foster families, adult partners, and leadership from key organizations are able to successfully serve LGBTQ young people (e.g., locally developed adult survey, foster family database)

Policies and practices that eliminate deficit-based language and approaches (e.g., policy manuals, training manuals)

Evidence that young people are involved in extracurricular activities and community groups (e.g., locally developed youth survey)

Policy and practice that permit young people to engage in healthy risk-taking and pursue developmentally typical relationships (e.g., policy manuals, training manuals)

Number and percent of young people who report they are involved in all decisions that are made about their lives and future (e.g., locally developed youth survey)

Of those who aged out of care in the past fiscal year, number and percent of young people who have a permanency and transition plan that was developed under their direction (e.g., case records)

PRACTICE MODEL COMPONENTS

Continuous Quality Improvement processes are in place to ensure that practices are implemented with fidelity and assessed for effectiveness.

Service providers, legal staff, educators, community partners, and foster and biological parents are culturally and linguistically competent and trauma-informed.

PRACTICE IMPLEMENTATION QUERIES

Are community partners, child welfare agency personnel (managers, supervisors and staff) and stakeholders adequately educated or trained on practices being implemented?
Are feedback loops in place to allow for timely adjustments to practice as necessary?
Are practice tools in place to assist in decision-making and implementation?

Are providers trained in the “culture” of foster care, adolescent brain development, and trauma in addition to race, ethnicity, religion, tribal identity, etc.?
Do young people receive services in their preferred language?
Is there outreach to provider, legal and educational communities?
Are staff identified within the child welfare agency to act as liaisons to these other groups?
Are stakeholder group meetings or focus groups held to address transitioning age young people’s concerns?
Is a provider manual developed that lists languages spoken by providers?
Does the provider network include providers that reflect the diversity of cultures and languages of the young people in the state?

OUTPUT MEASURES

Evidence that a comprehensive continuous quality improvement plan exists that tracks practice implementation and provider competencies (e.g., CQI plan and records, CFSR Items 30 and 31)
Evidence of a timely feedback loop supported by relevant data (e.g., CQI records, documented communications between child welfare agency and partners)

Number and percent of providers trained on the “culture” of foster care (e.g., training curriculum, list of training attendees; post-test, CFSR Item 34).
Evidence that young people receive services and supports in their preferred language (e.g., locally developed youth survey, case records).



SECTION 3

PERMANENCE

PERMANENCE

TARGETED YOUTH OUTCOME:

Young People have an adult to rely on for a lifetime and a supportive family network.

PRACTICE MODEL:

Public and private systems that impact young people in, or exited from, foster care have models of practice that are developmentally appropriate and promote the improved permanency outcome.

RECOMMENDED OUTCOME MEASURES AND RELATED DATA SOURCES

- Number and percent of young people (by race/ethnicity) who exit care up to age 21 with an enduring, permanent family relationship.
 - » For legal permanence, AFCARS data tracks reunification with birth parents or relatives, adoption by relatives or non-relatives, legal guardianship with relatives or non-relatives)
 - » For non-legal permanence, systems can track planned, committed relationship with a caring adult (documenting permanency pacts, legal name changes, post-18 adoptions, and other signs of permanence, such as a child being named in a will).
 - » CFSR Measure C3.1: Of all children who were in foster care for 24 months or longer on the first day of [FY 2004], what percent were discharged to a permanent home prior to their 18th birthday and by the end of the fiscal year?
 - » CFSR Measure C3.2: Of all children who were discharged from foster care in [FY 2004] who were legally free for adoption at the time of discharge (e.g., there was a parental rights termination date reported to AFCARS for both mother and father), what percent were discharged to a permanent home prior to their 18th birthday?
- Number and percent of young people who report that they have an adult in their life that will always be there to support them
 - » For those enrolled in Opportunity Passport™, OPPS questions #21 and #22 address connections to family and non-family adults
 - » For young people 18-21, NYTD Plus element #48 addresses their connection to an adult
- Number and percent of young people age 14 to 21 (by race/ethnicity) who have one or more siblings in care, the number and percent placed with at least one of their siblings (SACWIS, Continuous Quality Improvement review)

PRACTICE MODEL COMPONENTS

What are the essential elements of good practice?

The child welfare agency has a definition of permanence and a related practice model that are designed to meet the developmental needs of young people.

Young people who have not achieved timely permanence are identified and receive an enhanced case review.

PRACTICE IMPLEMENTATION QUERIES

*What will it take to implement practice components?
Questions to assess current practice and guide development of improved practice*

Does the child welfare agency have a clearly articulated definition of permanence for young people and a practice model for achieving it?

Was the development of the definition and practice model guided by the young people it serves?

Does the definition and practice model support both legal and non-legal permanence efforts?

Is information related to the definition and practice model disseminated to practitioners, partners and young people in a manner that promotes active and urgent adherence?

Are there mechanisms whereby every young person who fails to achieve permanence within 12 months receives an enhanced case review and referral to the full team, including the young person, his/her current support persons and the child welfare agency staff?

Do these enhanced case status reviews re-assess needs of the young person, identify supports and services that need to be in place, and track progress to expedite permanence?

OUTPUT MEASURES

How will successful implementation of the practice component be measured?

Measures of quality practices that contribute to improved outcomes

Evidence that a permanence definition and practice model are in place and that they support both legal and non-legal permanence efforts for young people (e.g., policy manuals, training manuals)

Evidence exists of the engagement of young people in the development of the definition and practice model (e.g., meeting agendas, examples of input from young people)

Evidence that statewide informational and training sessions are occurring regularly regarding the permanence policies and models for practice (e.g., training manuals and tools, registration lists, training plans)

Evidence that the state data system regularly generates reports that identify young people to be referred for enhanced case review (e.g., data system manuals, child welfare agency records)

Written protocol identifying steps for referral to and the conducting of enhanced case reviews and follow up procedures related to advanced case reviews (e.g., policy manuals, training manuals)

Number and percent of young people in care 12 months or longer who receive enhanced case reviews, disaggregated by race and ethnicity (e.g., case records)

Documentation of the outcome of each enhanced case status review held, signed by all parties participating in the review (e.g., statistical data derived from case records)

Of all children who either (1) were discharged from foster care with a discharge reason of emancipation, or (2) reached their 18th birthday in while in foster care, number and percent who were in foster care for 3 years or longer (e.g., CFSR Measure C3.3)

PRACTICE MODEL COMPONENTS

Case planning is youth-driven and uses a team identified by the young person.

PRACTICE IMPLEMENTATION QUERIES

Do statewide child welfare agency policies and practice models exist that define effective decision-making meetings and teaming, including:

- The young person has the ability to identify and invite important people to participate in the team
- Young people and team members are supported in establishing and/or re-establishing trusted relationships
- The decision making and teaming utilize a youth/adult partnership approach
- Meeting preparation, meeting follow up and feedback loop are supported for young people and team members
- Meeting frequency is based on the needs of the young person, with a presumption of a meeting at least every 6 months

Are child welfare agency staff receiving the training, supervision and time needed to support effective decision-making meetings and teaming with youth/adult partnerships?

OUTPUT MEASURES

Evidence that statewide informational and training sessions occur regularly regarding effective case planning meetings that are grounded in team decision-making and youth/adult partnerships. (e.g., training manuals and tools, registration lists, training plans, training evaluations)

Number and percent of young people and adults team members that report all the critical aspects of decision making and teaming are in place, that they are supported and listened to throughout the process, and that progress is being made towards achieving permanence. (e.g., feedback in case records, focus groups, locally developed satisfaction surveys)

Of those who aged out of care in the past fiscal year, number and percent of young people who have a permanency and transition plan that was developed under their direction (e.g., case records, locally developed youth survey)

PRACTICE MODEL COMPONENTS

Family finding and engagement practices are used to identify potential planning and permanency resources.

PRACTICE IMPLEMENTATION QUERIES

Does the child welfare agency have a protocol for mining case records and seeking out missing or latent family members and supportive adults from the young person's historical and current life?

Are child welfare agency staff trained to work with young people to mine case records and conduct outreach strategies to find family members and significant adults?

Once identified, are new leads documented and pursued in a manner sensitive to the urgency of the young person's unique permanency needs and the potential resource's ability to understand, commit to and meet those needs?

OUTPUT MEASURES

Written protocol identifies steps for family finding and engagement (mining case records and seeking out missing or latent family members and underdeveloped supportive adults from the young person's historical and current life) as it relates to permanency planning (e.g., policy manuals, training manuals)

Evidence that statewide informational and training sessions are occurring regularly regarding partnering with young people to implement effective family finding and engagement practices and protocols to achieve permanence (e.g., training manuals and tools, registration lists, training plans)

Number and percent of:

- case records mined of young people that come into care without a readily apparent permanency resource
- cases on the backlog list in which records are mined and extensive outreach strategies are implemented for the purpose of identifying permanency resources for young people
- young people for whom case files were mined or extensive outreach strategies were used to successfully identify permanency resources (e.g., case records)

PRACTICE MODEL COMPONENTS

Young people are assessed, consulted, and given access to any clinical services needed.

PRACTICE IMPLEMENTATION QUERIES

Does the child welfare agency have clearly articulated policies and protocol for conducting assessments and for identifying and accessing appropriate clinical services?

Were young people engaged in the development of the policies and protocols?

Do the child welfare agency's assessment tools support authentic engagement with young people and their teams in conducting individualized, culturally sensitive analyses of their strengths and clinical needs?

Is the necessary matching technology in place to enable teams to identify and create a mixture of available and targeted clinical services that respond to the strengths and needs of young people, their birth and foster families and others with potential to become permanent family resources?

Are child welfare agency staff receiving the training, supervision and time needed to support authentic engagement with young people and their teams in conducting individualized, culturally sensitive assessments of needs (including clinical needs) and strengths; and in identifying and accessing the targeted services in a timely manner?

Are the clinical needs of young people addressed in a therapeutic environment unconstrained by the standard service array? If clinical services are needed and not available, are they are created?

Does the child welfare agency, in conjunction with young people and other community partners, assess the scope of clinical and other services that are needed by young people, the adequacy of those services, and the degree to which the services are available statewide? Is a plan developed to address gaps?

OUTPUT MEASURES

Written policies, protocol, service array technology and assessment tools for conducting assessments and identifying/accessing service array (e.g., policy manuals, data system manuals, child welfare agency records)

Evidence that the permanence policies and models for practice were developed in cooperation with young people served by the child welfare agency. (e.g., meeting agendas, examples of input from young people)

Evidence that statewide informational and training sessions are occurring regularly regarding assessment protocol, tools for assessing strengths and needs, and identifying/accessing service array within a therapeutic, team environment (e.g., training manuals and tools, registration lists, training plans)

Number and percent of young people, birth families, resource families and other potential permanency resources, that report services to address the clinical needs of the young person are available or created and are employed in a timely manner (e.g., locally developed youth survey, locally developed adult survey)

Evidence that the child welfare agency's data system for identifying, assessing and cataloguing service array is updated regularly and that gaps in services are identified and addressed systematically and in a timely manner (e.g., records of updates to system)

PRACTICE MODEL COMPONENTS

Community-based foster families are recruited and trained to meet the unique needs of young people.

PRACTICE IMPLEMENTATION QUERIES

Are child welfare agency staff partnering with young people and model families to articulate the unique needs of young people, and the qualities of foster families that can meet those needs?

Are child welfare agency staff, young people and model foster families working together to develop strategies to recruit and train a diverse, qualified pool of foster families?

Do child welfare agency staff recruit an adequate supply of qualified foster families to support the needs of young people placed in their communities to the degree that it reduces over-reliance on congregate care?

Are foster families receiving the supports and tools they need to build and maintain trusting, supportive, and enduring relationships with young people?

OUTPUT MEASURES

Evidence that the foster family recruitment policies and protocols are developed and updated in cooperation with young people served by the child welfare agency (e.g., meeting agendas, examples of input from young people)

Evidence that statewide informational and training sessions are occurring regularly with foster families that equip them with the knowledge, supports and tools they need to build and maintain trusting, supportive, and enduring relationships with young people. (e.g. training manuals and tools, registration lists, training plans)

Number and percent of young people that report their needs are addressed and their desired permanence outcomes will likely be met (e.g., feedback in case plans, focus groups, locally developed youth surveys)

Number and percent of foster families that report they are adequately trained; they are working to support the permanency option of the young people in their care; and they are receiving appropriate resources, tools and support from the child welfare agency (e.g., feedback in case plans, focus groups, locally developed satisfaction surveys)

Evidence that:

- a sufficient number of qualified foster families for young people are strategically located across the state (e.g., foster family database)
- each foster family is trained, equipped and supported by the child welfare agency to ensure the unique needs of young people are met in a developmentally-appropriate way (e.g., training records, CFSR Item 34)
- congregate care is used only for temporary emergency placements and, where necessary, to address health and mental health needs (e.g., case records)

Number and percent of young people age 14 to 21 who have ever been placed in congregate care settings, excluding emergency or temporary placement episodes not in excess of five days (e.g., SACWIS, other internal data systems, Kids Count)

Number and percent of young people age 14 to 21 placed in their own neighborhoods and communities (e.g., case records)

PRACTICE MODEL COMPONENTS

Young people are provided with legal counsel in dependency proceedings and have access to qualified advocates.

PRACTICE IMPLEMENTATION QUERIES

Has the State adopted laws, policies and practices that clearly articulate that young people in foster care have a right to client-directed legal counsel in dependency proceedings and at every stage of their custody?

Do child welfare agency counsel and court personnel ensure that every young person involved in a dependency hearing is represented by legal counsel?

Are attorneys and advocates receiving training that focuses on legal needs and developmental issues of young people in care and those transitioning to adulthood?

Are young people represented in dependency hearings by legal counsel who meet with their clients, develop an advocacy strategy, and are fully prepared and competent in court proceedings?

Do attorneys and advocates representing young people in care receive sufficient resources to properly prepare and represent their interests?

Do caseloads for attorneys representing young people in dependency matters comport with national standards?

OUTPUT MEASURES

State laws, policies and practices that define a right to client-directed legal counsel in dependency proceedings and at every stage of custody for young people in foster care (e.g., statute, policy manuals, administrative code).

Number and percent of attorneys and advocates representing young people in dependency matters that receive training focused on legal needs and developmental issues of young people; and that that receive sufficient resources needed to properly prepare and represent the interests of young people throughout the court process.(e.g., training manuals and tools, training registration lists, locally developed surveys, focus groups)

Number and percent of young people in care who are represented by attorneys (e.g., statistical data derived from case records)

Evidence that current state caseload sizes of attorneys representing young people in dependency matters are comparable to the national standards for caseload size (e.g., statistical data derived from COI records or child welfare agency records)

Evidence that young people report that their legal counsel and advocates meet with them as needed, develop an advocacy strategy, and are fully prepared and competent (e.g., feedback in case plans, focus groups, locally developed satisfaction surveys)

PRACTICE MODEL COMPONENTS

Post-permanency resources are available to promote successful reunifications, adoptions, guardianships and other permanent connections to caring adults.

PRACTICE IMPLEMENTATION QUERIES

Is there an adequate supply of clinically-qualified individuals available who are helping young people explore and clarify their life history; form their identities; address behavioral and emotional adjustment reactions to complex traumas which may limit their ability to trust; and achieve permanence?

Is there an adequate supply of clinically-qualified individuals available who are helping permanent families build and maintain trusting, supportive, and enduring relationships and address behavioral and emotional issues as they occur?

Are permanent families receiving the post-permanency supports and tools they need to maintain their families?

Do funding mechanisms for post-permanency resources promote the overall well-being of young people without creating barriers or disincentives to maintaining permanence?

Is the child welfare agency conducting an analysis of each disruption to understand why they occur and whether post-permanency resources should be improved?

Do child welfare agency staff partner with young people, families and community resources to identify unique needs and appropriate supports for post-permanency?

Do child welfare agency staff partner with young people and families to identify how to provide timely and effective resources to address potential disruptions of permanent families?

OUTPUT MEASURES

Written policies, protocol, service array technology and assessment tools for post-permanency resource allocation that require these processes to occur in a therapeutic environment unconstrained by the standard service array (e.g., policy manuals, data system manuals, child welfare agency records)

Number and percent of young people receiving supports (including clinical services) to achieve and/or maintain their permanent families (e.g., statistical data derived from case records)

Number and percent of young people that experience disruptions of their permanent families (e.g., statistical data derived from case records).

Reports of young people and other members of permanent families that child welfare agency and community-based resources provide developmentally appropriate post-permanency supports; and adequately and expeditiously address potential disruptions of permanent families. (e.g., feedback in case plans, focus groups, locally developed satisfaction surveys)

Evidence that the post-permanency policies, models for practice, and resources are developed in cooperation with young people served by the child welfare agency (e.g., meeting agendas, examples of input from young people).

Evidence that the child welfare agency, in conjunction with young people served by the child welfare agency and their permanent family members, regularly assesses the array of post-permanency services and the degree to which needed services are available statewide; and develop plans developed to address gaps in the service array (e.g., meeting agendas, examples of input from young people and their families)

Evidence that the child welfare agency's data system for identifying, assessing and cataloguing the post-permanency service array is updated regularly and that gaps in services are identified and addressed systematically and in a timely manner. (e.g., records of updates to system)



SECTION 4

EDUCATION

EDUCATION

TARGETED YOUTH OUTCOME:

Young people acquire education and training to help them obtain and retain steady employment.

PRACTICE MODEL:

Public and private systems that impact young people in, or exited from, foster care have models of developmentally appropriate practice that promote the improved education outcome.

Recommended Outcome Measures and Related Data Sources

- Number and percent of young people with a high school diploma or GED.
 - » SACWIS/Local education data
 - » For those enrolled in Opportunity Passport™, OPPS questions #12 and #14 address achievement of high school diploma
- Number and percent of young people who have completed education or training beyond high school, by years completed and degree obtained.
 - » For young people eligible for post-secondary supports from the state, SACWIS/Local post-secondary education data
 - » For young people 18-21, NYTD/NYTD Plus Elements #18, 21, 22, 23, 46 and 47 address education level, support, enrollment and degree achieved.
 - » For those enrolled in Opportunity Passport™, OPPS questions #12 and 13 address the type of school currently enrolled and highest grade completed.

PRACTICE MODEL COMPONENTS

What are the essential elements of good practice?

As provided in the Fostering Connections to Success and Increasing Adoptions Act, case plans of young people ensure that: (i) placement decisions factor in current educational setting and proximity of school to placement residence; (ii) public child welfare and local educational agencies coordinate their efforts to keep the young person in school; (iii) transportation arrangements are made to prevent school moves caused by a change in foster care placement setting; and (iv) changes in school occur only when it is in the best interests of the young person and enrollment in the new school and transfer of records happen concurrently and without delay.

PRACTICE IMPLEMENTATION QUERIES

*What will it take to implement practice components?
Questions to assess current practice and guide development of improved practice*

Are protocols and articulated criteria used to determine whether it is in a young person's best interest to change schools when there is a placement change?

If the young person has a support team (i.e. the team that exists pursuant to the teaming model in effect in the jurisdiction), was the team consulted about the placement move, its potential affect on educational stability and whether it is in the best interest of the young person to change schools?

Did the young person agree with the decisions made about whether to change schools, or stay in their school of origin when a placement change is necessary? If not, what compelling reasons justify an override of the young person's preference?

Are educators/school administrators consulted by child welfare staff in the decision making process about educational stability?

Are attorneys/Guardian Ad Litem (GALS) knowledgeable about their client's educational stability rights to effectively advocate for their educational needs?

Are timely and meaningful judicial or administrative reviews provided for a young person that disagrees with educational decisions made on their behalf?

Is transportation provided to keep young people in their school of origin when they come into foster care and/or a placement change is needed?

Is there a practice for ensuring that school records are transferred in a timely manner to ensure that young people are able to register, enroll, and participate in school with minimal disruption?

Is a checklist protocol or practice tool used to ensure that educational interventions in place before a young person comes into foster care continue when a young person comes into foster care and interventions in place in a former school are put in place at a new school when a school move occurs?

Is there state legislation to ensure implementation of the educational continuity provision of Fostering Connections to Success and Increasing Adoptions Act?

OUTPUT MEASURES

*How will successful implementation of the practice component be measured?
Measures of quality practices that contribute to improved outcomes*

Number and percent of youth entering foster care that are able to remain in their neighborhood school upon removal and placement into care (e.g., case records, CQI records).

Number and percent of school moves (unrelated to moves resulting from normal advancement – e.g. middle to high school) for all youth in foster care (e.g. case records).

Number and percent of school moves (unrelated to moves resulting from normal advancement – e.g. middle to high school) for youth that experience a change in foster care placement (e.g. case records).

PRACTICE MODEL COMPONENTS

Young people have access to an Educational Advocate (legally trained or non attorney) to ensure that they have their educational needs met

PRACTICE IMPLEMENTATION QUERIES

Does the child welfare agency have a process, which includes young people, in place for recruiting, training, retaining and supporting Educational Advocates?

Are young people involved in identifying their own Educational Advocates?

Does the child welfare agency offer sufficient training and supports to ensure that Educational Advocates are well versed in the needs of young people who have experienced foster care?

Are Educational Advocates available to help address a broad array of substantive issues including, but not limited to:

- Identifying and advocating for necessary interventions (a supportive tool, accommodation or practice that focuses on an educational deficit)
- Ensuring the timely transfer of school records
- Ensuring participation in after-school and extracurricular events
- Protecting against unreasonable discipline, suspension or expulsion
- Identifying post-secondary and/or training aspirations; and
- Providing support as the young person transitions into post-secondary or training programs?

Has the public child welfare agency developed relationships with post secondary and training programs that can meet the needs of young people formerly in foster care to ensure success?

Does the young person have a legally trained advocate for matters that involve special education laws (qualification issues, IDEA plan content, etc) or disciplinary sanctions?

OUTPUT MEASURES

Number and percent of young people that have an Educational Advocate (e.g., case records).

Number and percent of young people that are enrolled in post secondary or training programs (e.g. OPDS Q12 and Q15, NYTD Elements #24 and #47, OPDS Education Information).

Number and percent of young people suspended or expelled from school (e.g., case records, education records).

Evidence that educational interventions are developed, accessed and matched to meet educational needs of the young person (e.g. system needs assessment, utilization analysis and needs/ services match tools).

PRACTICE MODEL COMPONENTS

Educational needs are regularly and dynamically assessed and educational goals are built into the case planning process

PRACTICE IMPLEMENTATION QUERIES

- Are public and private agency staff, school officials, and Educational Advocates involved in looking at the young person's school and other applicable records to determine if the young person is meeting their goals and having their needs met?
- Are educational assessments conducted regularly and as needed?
- Is there a mechanism in place to identify and keep track of necessary school records?
- Does the public child welfare system have access to the young person's education records and necessary data?
- Is there clarity around who holds the educational rights of the young person?
- Is the young person engaged in identifying their educational goals?
- Is educational goal setting built into the case planning process?
- Is the case planning process identifying and tracking proximal and long-term educational goals?

OUTPUT MEASURES

- Evidence that young people's educational needs and goals are identified and addressed in the case planning process (e.g. NYTD Plus survey Q91, case records, QSR).
- Evidence that young people were involved in setting their educational goals (e.g. OPPS Q35, NYTD survey Q90, case records, QSR).
- Evidence that case plans identify appropriate school setting (e.g. case record reviews).
- Evidence that young people's education records are up to date and in the young people's case files (e.g. case record).

PRACTICE MODEL COMPONENTS

Developmentally appropriate dropout prevention, intervention and retrieval services are available to young people.

Necessary educational interventions are identified, or continued, when a young person comes into foster care, are monitored, and assessed on a continuous basis

PRACTICE IMPLEMENTATION QUERIES

Do elementary schools include dropout prevention messages, strategies, and teaching units that address dropout prevention to elementary school-age children who have not yet thought about dropping out?

Do schools have an early warning system for identifying students who are still in school but showing signs of disengagement (truancy, gang involvement, etc.)?

Do schools have a protocol in place for locating dropouts and case work practices for re-engaging with them?

Is there a reengagement protocol that includes a strengths based assessment; is student driven; engages a caring adult as an advocate, coach or mentor; is connected to interventions and supports; and explores alternative routes to educational success?

Is there a plan that includes continued supports that address retainment in school of students that have reengaged?

Are school personnel trained in identifying students early and implementing protocols/plans and services?

Is there a protocol in place to assess for possible interventions when a young person enters foster care?

Are public and private agency staff, school officials, and Educational Advocates involved in identifying possible interventions and in ensuring that young people have access to quality interventions?

Has the child welfare agency established relationships with community partners who are able to offer a variety of interventions?

Once (if) an intervention is identified, is there a plan in place to ensure that it is implemented?

OUTPUT MEASURES

Number and percent of young people that drop out of school (e.g., education records, case records).

Evidence of dropout prevention programming in elementary schools (e.g., department of education program records, curricula, training records).

The rate of reengagement and reenrollment of students that have dropped out of school (e.g., education records, case records).

Evidence that school personnel and child welfare workers are trained on risk factors, warning signs and intervention responses (e.g. training curricula, skills and competencies included in employment reviews).

Evidence that schools provide young people with opportunities for pro-social involvement (e.g. locally developed youth survey, program review).

Evidence that young people at risk of dropping out are offered effective alternative pathways to educational success (e.g. GEDplus).

Evidence of protocols for identifying existing educational interventions that need to transfer with a young person when they change schools; assessing whether those interventions remain appropriate and adequate; and for determining whether additional interventions should be built into the education plan (e.g., policy manuals, training manuals)

PRACTICE MODEL COMPONENTS

Young people are provided access to financial, emotional, and physical supports that help them meet their post secondary and training goals

PRACTICE IMPLEMENTATION QUERIES

- Are post secondary and training programs able to offer mental health supports for young people who have experienced complex trauma?
- Are young people provided support in identifying a post secondary or training program (including visits to campus, meeting with potential professors/teachers, looking at dorms, etc.) that is right for them?
- Are young people provided with information on student loans/grants/scholarships?
- Are young people provided support in completing the Free Application for Federal Student Aid (FAFSA)?
- Do young people have access to on-campus jobs, or employment that can be flexible with their school/training schedule?
- Do young people have access to the financial supports to purchase school items that are necessary for success such as, books, computers, clothing, school supplies?
- Are young people provided support in developing and maintaining a budget?
- Are young people supported in participating in extra curricular activities such as – clubs, sororities, fraternities, sports – including having access to financial resources to pay for these activities?
- Are there a variety of living options for young people during the school year and school breaks?

OUTPUT MEASURES

- Number and percent of young people that are enrolled in postsecondary and/or training programs (e.g., OPDS Q12 and Q15, NYTD Elements #24 and #47, OPDS Education Information).
- Number and percent of young people who successfully completed (degree attained) a post-secondary program in a timely manner (e.g., OPDS Q13, NYTD Element #46, OPDS Education Information).
- Number and percent of young people employed upon completion of post-secondary programs (e.g., OPDS Q16, NYTD Element #37 and #38, OPDS Employment Information).
- Evidence that mental health supports (on campus and community based) are available to young people enrolled in post-secondary and training programs (e.g. locally developed youth survey, program documentation, OPDS Q31).
- Evidence that stable housing options are available to young people enrolled in post-secondary and training programs (e.g. locally developed youth survey, program documentation, OPDS Q31).
- Number and percent of young people by race and ethnicity participating in extra curricular activities on their campus (e.g., locally developed youth survey)
- Number and percent of young people receiving tuition waivers for post-secondary education up to age 24 (e.g., child welfare agency records).

PRACTICE MODEL COMPONENTS

Opportunities are provided for friends and family to support a young person's educational goals

Child welfare agencies and middle and high school districts have established collaborative relationships

PRACTICE IMPLEMENTATION QUERIES

Is there state legislation and child welfare policy that promotes placing siblings together, except in cases where it is documented to not be in their best interest?

Is there a plan in place for frequent and regular visitation for siblings not placed together?

Are friends and family included as part of the case planning process to help a young person in identifying and achieving their educational goals?

Are child welfare workers meeting with school officials on a regular basis to ensure that young people are having their educational needs met?

Is there an MOU in place to ensure data sharing between the child welfare agency and the appropriate school district?

Is there a private place on school campus for child welfare agency workers to meet with young people if necessary?

Are there policies in place to ensure a young person's privacy?

OUTPUT MEASURES

Number and percent of young people that are placed with their siblings (e.g., SACWIS, CQI records).

Evidence that friends and family are included in the case planning process (e.g. participant list at team meeting).

Evidence in the form of an MOU between the child welfare agency, the department of education and the school districts that defines roles, responsibilities, tracking methods and accountability among the agencies (e.g., MOU).

Evidence that school representatives (e.g. teachers, counselors) attend the team planning meetings or otherwise provide relevant information to the team (e.g., participant list at team meeting).

PRACTICE MODEL COMPONENTS

Postsecondary education and training information is introduced to young people early in their academic careers in developmentally appropriate way

PRACTICE IMPLEMENTATION QUERIES

Does part of the child welfare training for caseworkers include information on the educational needs of young people in foster care?

Are early educational interventions implemented for young people with educational delays?

Does the case planning process include postsecondary and training information, including financial aid, beginning at no later than the age of 14?

Are young people provided early and consistent information and opportunities to learn about postsecondary education and training options?

Does the child welfare agency have relationships in place with higher education institutions and training schools that can provide support and information to young people?

Do young people have the forum to discuss their postsecondary education and training goals with their peers, family, community, and caseworkers?

Are young people encouraged and supported in participating in activities that will help them achieve their future postsecondary education or training goals?

OUTPUT MEASURES

Evidence that child welfare training curriculum includes information on education options (e.g. curriculum review).

Number and percent of young people by race and ethnicity receiving education interventions (e.g. NYTD Element #21, case records).

Evidence that young people receive information on postsecondary education and training programs (e.g. NYTD Element #22, case record reviews, judicial bench checklists).



SECTION 5

EMPLOYMENT

EMPLOYMENT

TARGETED YOUTH OUTCOME:

Young people support themselves by obtaining and retaining steady employment.

PRACTICE MODEL:

Public and private systems that impact young people in, or exited from, foster care have models of developmentally appropriate practice that promote the improved employment outcome.

Recommended Outcome Measures and Related Data Sources

- • Number and percent of young people in foster care who participate in one or more work-related learning/work experiences (e.g., field trip to work site, job shadowing, paid or volunteer work in the school or community)
 - » For those enrolled in Opportunity Passport™, OPPS question 15 addresses current and past participation in employment-related activities
 - » For young people 18-21, NYTD Plus Element #39: addresses employment-related skills; NYTD Element #23-24 address career preparation and training.
- Number and percent of young people who obtain one or more part-time jobs
 - » For those enrolled in the Opportunity Passport™, OPPS question 16 addresses current employment status,
 - » For young people 18-21, NYTD Element #38 Current part-time employment
- Number and percent of young people out of foster care and not attending school, who worked full time for a duration of six months or more.
 - » For those enrolled in the Opportunity Passport™, OPPS question 16 addresses full-time employment for at least six months
 - » For young people 18-21, NYTD survey question 4 addresses the length of current employment

PRACTICE MODEL COMPONENTS

What are the essential elements of good practice?

All young people have access to agencies and staff, including community based resources such as workforce development and community college programs, with adequate capacity to meet their career development and employment (CDE) needs.

PRACTICE IMPLEMENTATION QUERIES

*What will it take to implement practice components?
Questions to assess current practice and guide development of improved practice*

Have career development and employment (CDE) been integrated into the mission of the child welfare agency?

Do young people have opportunities for career exploration, benefit planning and financial education services with staff that have expertise in those areas?

Do public and private agency staff inventory and recruit local resources, and receive cross-training on the CDE needs and circumstances of young people?

Is a formal referral process in place within public and private agencies to connect young people with CDE resources leveraged in the community?

Is a comprehensive list of local resources, and how to access them, available to young people, supportive adults and staff?

Is CDE expertise an explicit requirement for new youth development staff hires?

Are there system-wide performance standards for CDE service provision in public and private agencies?

OUTPUT MEASURES

*How will successful implementation of the practice component be measured?
Measures of quality practices that contribute to improved outcomes*

Evidence that young people receive quality CDE supports appropriate to their needs and goals (e.g. case records, NYTD Element #23 and #24)

Number and type of available, and accessible, CDE community resources (e.g. list of the community resources).

Evidence that agency, and community resources, staff have received training on CDE needs of young people (e.g. employment and training records).

Evidence that new public and private agency youth development staff have CDE expertise (e.g. employment records).

Evidence that improved policies are reflected in practice (e.g. CQI records and public and private agency performance measure data).

PRACTICE MODEL COMPONENTS

CDE services are driven by young people.

PRACTICE IMPLEMENTATION QUERIES

Do public and private agency staff receive the training, supervision and time necessary to support the engagement of young people in CDE services?

Are young people able to participate in the design and evaluation of CDE services and programs?

Is there a youth board that informs CDE programs and services?

Do young people have knowledge of and access to CDE resources available to them?

Do young people actively participate in team meetings related to their CDE?

Are surveys administered to young people, measuring satisfaction with CDE programs and services?

Are support groups (e.g., career clubs) in place and facilitated by young people?

OUTPUT MEASURES

Number and percent of staff that have skills in authentic youth engagement (e.g. employment and training records).

Evidence that input from youth boards is incorporated in the design and evaluation of CDE services (e.g. locally developed youth surveys).

Evidence that young people know about available resources and are able to access them (e.g. locally developed youth surveys).

Evidence that young people are engaged in and directing, when appropriate, their own CDE planning (e.g. locally developed youth surveys, case records).

Evidence that young people are satisfied with services received and the level of their involvement (e.g. locally developed youth surveys).

Number and type of peer support groups led by young people (e.g. provider and child welfare agency records).

Evidence that funding is available for youth support groups (e.g. child welfare agency records).

PRACTICE MODEL COMPONENTS

Young people have access to an array of CDE services that integrate current evidence based practices and are integrated with other services and treatments.

PRACTICE IMPLEMENTATION QUERIES

Are there criteria for CDE services to meet the unique needs of older young people?

Have gaps in CDE services, with respect to best practice standards, been identified and steps been initiated to fill them?

Has a plan been developed and activated to enhance CDE services to meet best practice standards?

Does the public child welfare agency evaluate outcomes to determine the extent CDE services meet young people's needs?

Has the public agency management information system been reviewed and modified if necessary to build capacity for coordination of CDE records with other service and treatment records?

Is an interdisciplinary team established to identify record coordination?

Do leadership and staff receive regular reports on a young person's status?

Has an evaluation of CDE service effectiveness been implemented?

OUTPUT MEASURES

Evidence of written criteria for CDE services (e.g. child welfare agency records).

Evidence that CDE services have been examined, improved and continuously evaluated for effectiveness using best practice standards (e.g. CQI records).

PRACTICE MODEL COMPONENTS

Young people have opportunities to build supportive and caring relationships with adults to support their CDE related goals.

CDE services connect young people with actual work experiences or on-the-job training that are supported through frequent communications with employers.

PRACTICE IMPLEMENTATION QUERIES

Are services available to help young people identify supportive adults?
Are mentoring programs available to young people?
Does foster parent training include education around supporting young people's CDE?
Is training offered to relative caregivers on how to support young people's CDE needs?
Are supportive adults, identified by the young person, included in team meetings related to CDE?
Do all supportive adults identified by the young person receive a written description of CDE services and information on how to access them?
Are caregivers and supportive adults informed monthly about the young person's plan and progress?

Are young people connected with employment opportunities in the community such as internships, summer jobs, part-time work and volunteer work?
Is a process in place to ensure young people who are out of school obtain and retain full-time employment?
Are employers engaged to support job retention and offer training?
Do partnerships exist with workforce development providers and schools' vocational counselors to support job placement and retention?
Is a process in place for monthly check-ins with CDE contacts with which young people are connected?
Do policy and practice support young people's engagement in training and work experience?

OUTPUT MEASURES

Number and percent of young people who report connections with supportive adults of their choosing (OPPS Q19, NYTD Element #48).
Evidence that foster parents, relative caregivers and other supportive adults have understanding of the CDE needs of young people (e.g. pre- and post-training records).
Number and percent of team meetings in which youth-identified supportive adults participate (e.g. case records).
Number and percent of supportive adults who have knowledge of available CDE services, information on how to access them and are informed of the young person's monthly progress (e.g. locally developed adult survey).

Number and percent of young people involved in work experiences or on-the-job training (e.g. OPPS Q15, Q16, NYTD Element #39).
Number and percent of young people (who are out of school) who exit foster care to full-time employment (e.g. OPPS Q16; NYTD Element #37).
Number and type of partnerships with employers, CDE providers and school counselors (e.g. child welfare agency records).
Evidence that monthly check-ins are made with CDE contacts where appropriate (e.g. case records).
Evidence of written policy that supports training and work experience (e.g. policy manual, administrative code).
Evidence that practice complies with policy (e.g. CQI and performance measure data).

PRACTICE MODEL COMPONENTS

CDE services begin in middle school, are on-going and continue through at least the end of the first year after the young person transitions out of foster care.

CDE services support a strong connection between work and education.

PRACTICE IMPLEMENTATION QUERIES

Does the child welfare agency have and maintain an automatic referral system to offer CDE services to all young people at age 14?
Do transition plans include a comprehensive CDE section?
Do young people receive documents (e.g. social security card, birth certificate or green card and government-issued photo ID) required for employment, by the age of employment mandated by the state, and again, if necessary, at the time of transition?
Evidence that young people are offered CDE services in middle school (e.g. case records).

Does public and private agency and school staff coordinate CDE and educational services, including secondary and post-secondary career counseling?
Does public and private agency staff ensure that CDE and education goals of each young person do not conflict?
Is a review process in place to ensure that educational activities are compatible with CDE services and outcomes (e.g. work and school hours do not conflict)?
Is training available to secondary and post-secondary career counselors on challenges faced by young people transitioning from foster care?
Are specialized CDE services and materials in educational settings, and accessible to young people transitioning from foster care?
Do young people help create the CDE services and materials for the education system?
Do transition plans coordinate education and employment goals?

OUTPUT MEASURES

Evidence that CDE planning is updated bi-annually (e.g. transition plans).
Number and percent of young people who have received their vital personal documents (e.g. case records).

Evidence that young people, who are in high school, and are enrolled in secondary school classes, are participating in activities that support their CDE goals (e.g. shared data system; OPSS Q15, Q16; NYTD Element #39).
Evidence that schools and child welfare agencies coordinate the CDE supports to each young person (e.g. a MOU, case records, student files).
Number and percent of young people, who are out of high school, that are enrolled in post-secondary or vocational courses that support their CDE goals (e.g. case and independent living records; OPSS Q12; NYTD Elements #18, #47).
Evidence that youth-friendly services and written materials exist in educational settings and are accessed by young people (e.g. CQI records).
Number and percent of transition plans that coordinate education and CDE goals (e.g. transition plans).

PRACTICE MODEL COMPONENTS

Comprehensive, structured, formal employment-related assessments are used to identify each young person's strengths and needs related to CDE goals.

PRACTICE IMPLEMENTATION QUERIES

Have current CDE assessment tools been reviewed and modified or replaced as needed with structured assessment with tested reliability and validity?
Has the child welfare management information system been modified as needed to ensure adequate capacity?
Has child welfare staff been trained as needed on how to maintain data?
Has the child welfare agency reviewed requirements of funding, legal mandates and other reporting requirements related to CDE for young people transitioning from foster care?
Are completed formal assessments related to CDE part of all case records?

OUTPUT MEASURES

Evidence that structured CDE assessment tools are used (e.g. CQI records).
Evidence that CDE assessment data are comprehensive and up-to-date for all young people, in a management information system that has sufficient capacity and meets mandated reporting requirements (e.g. CQI and case records).

SECTION 6

HOUSING

HOUSING

TARGETED YOUTH OUTCOME:

Young People have safe, stable, and affordable housing and have access to transportation for work and school.

PRACTICE MODEL:

Public and private systems that impact young people in, or exited from, foster care have models of developmentally appropriate practice that promote the improved housing outcome.

Recommended Outcome Measures and Related Data Sources

- Number and percent of young people in foster care (by race and ethnicity) placed in their own neighborhoods and communities (child welfare agency)
- Number and percent of young people that have had X placement setting moves
 - » For those in foster care, CFSR Permanency Composite 4 addresses the percent of children with two or fewer placement settings (disaggregated by children in care less than 1 year, in care 1 to 2 years, and in care at least 2 years)
 - » For those enrolled in the Opportunity Passport™, OPPS question 5 addresses number of foster care placements
- Young people report that they have access to transportation for work and school.
 - » For those enrolled in the Opportunity Passport™, OPPS question 32 addresses access to transportation.
 - » For young people 18-21, NYTD Plus question 55 addresses access to reliable transportation.
- Number and percent of young people out of care who report that their housing is safe, stable (e.g., 6 months), and affordable
 - » For Opportunity Passport™ Participants, OPPS questions #28-31 address safe, stable and affordable housing
 - » For young people age 18-21, NYTD Element #49 addresses homelessness, and NYTD Plus survey questions 44 and 45 addresses safe housing

PRACTICE MODEL COMPONENTS

What are the essential elements of good practice?

Cross systems data is used to plan and make informed decisions about the collective and individual housing needs of young people. (See attachments A and B)

PRACTICE IMPLEMENTATION QUERIES

What will it take to implement practice components?

Questions to assess current practice and guide development of improved practice

- Is there an environmental scan used to identify internal and external data resources (including Homeless Management Information System) conducted?
- Is there an analysis of overlaps and gaps?
- Are barriers to housing stability for young people identified, including income, transportation and tenancy support; and are they included in case planning?
- Is the State using the “National Youth in Transition Database Plus” survey instrument?
- Is there coordination among child welfare providers and homeless advocates to conduct annual Point in Time count in order to build cross-system knowledge of solutions to youth homelessness?
- Is case management software modified to include housing goals, housing stability measures (e.g. living status changes), and related fields?
- Is a baseline for housing stability currently in place (e.g., 70% of young people are stable in their housing for 12 months)?
- Is housing stability integrated into the mission and performance measures of the child welfare agency?
- Does the child welfare agency use housing data to improve existing policy and practices concerning housing?
- Has a child welfare system-wide housing plan that includes opportunities for a full continuum of housing choices been developed using data? Has this plan been incorporated into a county-wide or statewide housing plan?
- Are reports of housing data regularly generated and used in decision making and planning?
- Do youth boards and community partners have access to housing data for their use in helping to inform education and advocacy agendas?

OUTPUT MEASURES

How will successful implementation of the practice component be measured?

Measures of quality practices that contribute to improved outcomes

- Evidence that a child welfare agency housing plan based on data exists; that it addresses both housing needs and barriers; and is informed by, and informs, existing county-wide or statewide housing plan. (e.g., child welfare agency records and case records)
- Number and percent of placements and/or residential moves (e.g., OPPS Q5, Q24, and Q25, NYTD Plus Q38)

PRACTICE MODEL COMPONENTS

Housing services and supports are youth-driven and individualized. (See attachment C)

Young people age 14-25 years have access to a range of safe, available, and age-appropriate, affordable housing. (See attachments A and B)

PRACTICE IMPLEMENTATION QUERIES

Are young people actively engaged in planning opportunities (i.e., case planning) to choose housing services they believe are right for them?

Do housing services support a young person's preferences and goals for connections to family and friends? (see permanence and social capital PPTs)

Are young people placed with siblings whenever possible?

Are youth boards engaged in designing and evaluating the array of services and supports made available to young people?

Are youth boards engaged in developing a housing checklist of young person's needs for use in case planning and in transition planning?

Does the checklist incorporate the following: safety, service, transportation, education, knowledge of rent readiness, among other needs and preferences and include a contingency plan?

Are young people leading the development of their transition housing plan using the housing checklist?

Are housing options available that accommodate: Location, space, size for young people who are custodial parents; siblings to live together; young people who are LGBTQ, previous gang involvement, domestic violence, and sexual exploitation?
Is there a continuum of housing options available to young people currently and formerly in foster care that include: biological family member, siblings, kinship/guardianship placements, foster homes, respite home, congregate living, share apartments/living arrangements with back-up services, independent apartments with back-up services, home ownership.

Are there critical paths to access mainstream housing resources available for young people transitioning from foster care or those are not currently in foster care and been disconnected?

Do child welfare agency staff collaborate with public and private housing partners and community members to create a pipeline of housing options for young people?

Do child welfare agency staff participate in the existing Continuum of Care for housing at state or local level to increase focus on housing solutions for young people?

Are new units of housing being developed for this population?

OUTPUT MEASURES

Young people are making decisions about the housing services and supports they are receiving (e.g., OPPS Q35, locally developed youth survey, documentation in case records).

Young people's preferences are aligned with housing services and supports received (e.g. OPPS Q35, locally developed youth survey, case records).

A housing checklist is used in case planning (e.g., case records, policy manuals).

The number and percent of young people who report they have a choice among a range of safe, available and age-appropriate, affordable housing options (e.g. locally developed youth surveys)

The number and percent of young people in foster care living with a fit and willing relative/fictive kin (e.g., case records)

The number and percent of young people age 18 to 21 who are in foster care. (e.g., OPPS Q4, NYTD Element #14, child welfare agency records)

The number and percent of young people in foster care living in each placement option as offered by the child welfare agency (e.g., child welfare agency records)

Are housing subsidies/vouchers being used to extent needed by young people?
 Are there existing relationships with landlords to enable young people to use available vouchers?
 Do young people (18 years and above) hold the lease for their own housing to ensure permanence?
 Are foster homes being recruited through diligent search strategies?
 Do grandparents and relatives receive guidance regarding their board rate and its potential impact on income requirements for subsidized housing?
 Does the child welfare agency offer services or maintain an automatic referral system to offer housing to young people?
 Has the State extended foster care to age 21 (per Fostering Connections to Success and Increasing Adoptions Act) and allows young people to return to foster care or supervised independent living setting at any time up to age 21 years?
 Is greater flexibility provided in licensing standards to allow increased opportunities for housing with relatives/kinship care?
 Does the youth board(s) and staff advocate for needed housing resources; and' are they engaged in developing statewide homelessness plan?
 Do young people have opportunities to participate in peer-to-peer advocacy (e.g. apartment or landlord ratings)?
 Does the State maintain line item funding for housing services?
 Does the continuum of housing provide options inclusive of young people's circumstances?
 Is there advocacy for local housing unit waiting lists to give preference/prioritize young people transitioning from foster care?
 Is there advocacy for rental subsidies?
 Is there advocacy for federal Family Unification Vouchers through HUD and with local housing authority to reserve vouchers for young people transitioning from foster care?

The number and percent of young people age 18 to 21 living in each placement option as offered by the child welfare agency (e.g. case records)
 Number and percent of young people who report that they feel safe in the environment they are placed. (e.g., OPFS Q29-30, NYTD 44-45, locally developed youth survey)
 Young people receive mainstream housing and supportive services (e.g., locally developed youth survey, case records)

PRACTICE MODEL COMPONENTS

Young people have access to services and financial resources that support them in acquiring and maintaining housing. (See attachment C)

PRACTICE IMPLEMENTATION QUERIES

- Do young people have access to a range of supports and services to secure and maintain housing?
- Does case planning for housing accurately identify needs, match to the array of services and supports; attend to time sensitivity; and get updated regularly?
- Is there a process in place to ensure that young people are receiving services and supports identified in their plan?
- Are public and private agency staff developing and implementing a plan to enhance housing services to meet best practice standards? Do public and private agency staff identify gaps in housing services with respect to best practice standards?
- Do policies and practices provide flexible timelines for finding a place to live and accommodate move-in/move-out deadlines?
- Are housing funds readily available to take advantage of available apartments that go quickly? Do funding options deal with upfront costs; moving assistance; including resources for furnishings and household necessities provide emergency housing options if lags in transition cause homelessness?
- Do young people automatically receive the necessary documents for signing a lease (a list is attached)? Are these records accessible as needed by young people after they have been provided? Is receipt of documents noted in case records? Do young people create and maintain a "housing file" with all necessary paperwork they have received?
- Is outreach and referral conducted for young people who have become disconnected to reconnect? Is there a mechanism to provide on-going guidance to young people no longer actively participating in any services?
- Are young people provided assistance navigating the governmental/public system, non-profit organizations and community resources?
- Are IDA/matched savings available and if so, are young people using them for housing?
- Do young people have access to resources that support moving and household startups?
- Are resources available in the community that help stabilize housing?

OUTPUT MEASURES

- The number and percent of young people who receive timely services and/or supports that help them acquire and maintain housing (e.g., locally developed survey, OPPS Q35)
- The number and percent of young people that have their critical documents (e.g., case records, NYTD Plus Q88-89)

PRACTICE MODEL COMPONENTS

Young people have access to staff with the skills and knowledge to navigate systems/resources to meet their needs for a safe, stable, developmentally appropriate and affordable place to live.

PRACTICE IMPLEMENTATION QUERIES

Is a clear referral chain/referral system for housing in place? Is it maintained and available to public and private agency staff?

- Is there training for public and private agency staff on:
- Working with young people to balance their preferences, needs and availability of housing choices
- Basics of “rent readiness” (paying rent, good housekeeping, good neighborhood relations, tenants’ rights and responsibilities e.g. “Ready to Rent” curriculum)
- Local housing information/networks/special resources such as housing for homeless youth/tenants’ legal rights/reasonable accommodations
- Funding mechanisms for housing: Chafee,

Do child welfare staff understand the critical path of logistics to support timely move-in, move-out? Are staff able to adjust resources to meet these critical timelines?

Are staff skilled in intervention strategies used to stabilize young people in their housing?

Do case records and transition plans reflect a young person’s housing needs and the supports provided to them in their placement?

OUTPUT MEASURES

Young people are receiving housing support from staff (e.g. locally developed survey).

Staff have the capacity to support young people’s housing needs (e.g., locally developed youth survey, staff training records).

The number and percent of young people who lost housing due to infractions (e.g., locally developed youth survey)

The number and percent of young people who moved and left on good terms/security deposit returned (e.g., locally developed youth survey)

PRACTICE MODEL COMPONENTS

Young people have the skills and knowledge to acquire and maintain housing

PRACTICE IMPLEMENTATION QUERIES

Is there a holistic assessment on housing competencies for young people and has it been completed?

Is there training tailored to competency levels of young people?

Are young people provided with knowledge, supports, and resources (including financial) for housing that they can use throughout life/extending far beyond foster care?

Are young people provided the following training:

- Living with families; interpersonal skills ; conflict resolution; applicable to family, roommate and group settings
- how to balance preferences, needs and availability of housing choices
- to use mainstream financial services and establish credit (financial capability PPT)
- Basics of “rent readiness” (paying rent, good housekeeping, budgeting, good neighborly relations e.g. “Ready to Rent” curriculum)
- Local housing information/networks/special resources such as housing for homeless youth/tenants’ legal rights/reasonable accommodations

Do young people receive guidance navigating the public and private service systems and community resources?

Is housing incorporated as a central feature of state’s independent living curriculum?

Are the ILP type programs designed as a “STEP” program giving the young person increased responsibilities toward living independently as they become comfortable and skills increase?

Do young people have a variety of opportunities while in care to learn about housing and build skills necessary for maintaining stable housing?

OUTPUT MEASURES

Young people have skills and knowledge to acquire and maintain housing (e.g., locally developed youth survey, NYTD Element #26, OPDS Financial Education and Asset Specific Training, case records).

The number and percent of young people that receive training on housing (e.g., case records, child welfare agency records)

ATTACHMENT A

HOUSING GLOSSARY

Affordable Housing: The U.S. Department of Housing and Urban Development (HUD) defines “affordable” as housing that costs no more than 30 percent of a household’s monthly income. That means rent and utilities in an apartment or the monthly mortgage payment and housing expenses for a homeowner should be less than 30 percent of a household’s monthly income to be considered affordable

Continuum of Care: Policies designed to address the critical problem of homelessness that includes a coordinated community-based process of identifying needs and building a system to address those needs. The approach is predicated on the understanding that homelessness is not caused merely by a lack of shelter, but involves a variety of underlying, unmet needs-physical, economic, and social.

The Department of Housing and Urban Development requires all communities applying for homeless assistance funds to have a Continuum of Care.

FUP- Family Unification Program vouchers: The Family Unification Program (FUP) is a program under which Housing Choice Vouchers (HCVs) are provided to two different populations: Families for whom the lack of adequate housing is a primary factor in: a. The imminent placement of the family’s child or children in out-of-home care, or b. The delay in the discharge of the child or children to the family from out-of-home care.

Youth at least 18 years old and not more than 21 years old who left foster care at age 16 or older and who lack adequate housing. FUP vouchers used by youth are limited, by statute to 18 months of housing assistance.

FUP funding is allocated through a competitive process; therefore, not all Public Housing Agencies (PHAs) administer the program. Individuals who are interested in obtaining a FUP voucher should contact their local PHA to learn whether they administer the program

Housing Finance Agency: A state agency which offers a limited amount of below-market-rate home financing for low-and moderate-income households. A state or local organization that provides housing assistance through low-interest mortgage loans to qualifying buyers, including loans to fund down payment and closing costs due after the application of traditional mortgage money.

Depending on the state, the Housing Finance Agency may also act as a public housing authority for communities that do not have a local housing authority, may administer federal housing programs for the state, and/or may finance and provide asset management for multi-family affordable housing development.

HMIS: Homeless Management Information System

Housing First: Housing First is an approach that centers on providing homeless people with housing quickly and then providing services as needed. What differentiates a Housing First approach from other strategies is that there is an immediate and primary focus on helping individuals and families quickly access and sustain permanent housing. This approach has the benefit of being consistent with what most people experiencing homelessness want and seek help to achieve. Housing First programs share critical elements:

There is a focus on helping individuals and families access and sustain rental housing as quickly as possible and the housing is not time-limited;

A variety of services are delivered primarily following a housing placement to promote housing stability and individual well-being;

Such services are time-limited or long-term depending upon individual need; and

Housing is not contingent on compliance with services – instead, participants must comply with a standard lease agreement and are provided with the services and supports that are necessary to help them do so successfully.

Housing Specialist: a housing specialist is a position that focuses on housing search, attainment and retention. Many agencies are including this position in supportive housing programs as well as shelter and service programs. The person is responsible for making community connections to landlords, housing developers and housing subsidy resources and acts as a liaison once the individual is housed.

HPRP: Housing Prevention Rapid Re-Housing Program

HUD: United States Department of Housing and Urban Development

Mainstream Affordable Housing: Housing where a household pays 30% of its income for housing. The subsidy is related to income eligibility and the subsidy can be project based (attached to a specific unit), tenant based (attached to the individual and moves with the person) or sponsor based (attached to an agency and clients sub-lease units).

Spectrum of Housing: This includes an array of housing from shelters through to affordable units on the private market.

Special Needs Housing: Housing designed for individuals with chronic physical and/or developmental disabilities. Some special needs housing also exists for individuals and families with psychiatric disabilities. Residents typically have access to support services that assist them with daily living needs.

Supportive Housing Program (SHP): SHP is a component of HUD’s Homeless Assistance Programs that promotes the development of supportive housing and supportive services, including innovative approaches that assist homeless people in the transition from homelessness and enable them to live as independently as possible. SHP funds may be used to provide transitional housing, permanent housing for persons with disabilities, innovative supportive housing, supportive services, or safe havens for the homeless. Applications flow through local Continuums of Care.

Supportive Housing: Supportive housing is a successful, cost-effective combination of affordable housing with services that helps people live more stable, productive lives. Supportive housing works well for people who face the most complex challenges—individuals and families who are not only homeless, but who also have very low incomes and serious, persistent issues that may include substance use, mental illness, and HIV/AIDS.

Units can be in a single site model, scattered throughout the community or a set aside of units within a larger affordable housing development.

ATTACHMENT B

HOUSING RESOURCES

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT, WWW.HUD.GOV

Homeless Programs, HEARTH ACT 2009, Emergency Solutions Grant, Continuum of Care Programs

Homeless Resource Exchange

Affordable Housing Programs

Public Housing Authorities

Homeownership Programs

State Specific Information: <http://portal.hud.gov/hudportal/HUD>

PLANS:

Opening Doors, www.ich.gov Federal Plan to End Homelessness

Continuum of Care: State/community plan to end homelessness, www.hud.gov or Google specific State plan to end homelessness.

Consolidated Plan: State's Plan for Housing, it is meant to assess the affordable housing and community development need and identify priorities. State revise plans on an annual basis and hold public comment periods, this is where special needs housing can be addressed.

Comprehensive Plans, Housing element – each locality must have a plan that includes a housing element. The comprehensive plans from each community should be incorporated into the Consolidated State Plan and these plans are typically revised every 5 to 10 years basis

State Housing Office – States have an office or department of housing that is responsible for policy, planning and implementation.

Housing Finance Agency: states have quasi-public agencies that work on housing issues. For a list of agencies by state go to www.ncsha.org

ATTACHMENT C

HOUSING SUPPORTS AND SERVICES

Young people access to a range of supports and services that will provide knowledge, develop skills, offer opportunities, emotional support and concrete services to secure and maintain housing. Here is a list of necessary documents and typical types of supports and services needed to help young people acquire and maintain housing:

NECESSARY DOCUMENTS

- Birth Certificate
- Social Security
- Proof of Income
- Citizenship declaration,
- Proof of disability, if applicable (needed for accommodations)
- Bank statements
- Utility bills

INCOME/FINANCIAL CAPABILITY

- Employment Retention/vocational and training/educational,
- Income support
- Money management/financial capability, rent paying;
- Mortgage refinance services;
- Budgeting assistance
- Transportation
- Furniture banks
- Low income assistance with utilities
- Moving services

HEALTH

- Food pantries
- Health and Nutritional Health referrals
- Food preparation skills
- Cleaning skills

SOCIAL SERVICES/SUPPORTS

- Navigating entitlements/benefits,
- Interpersonal/ relationships skill building,
 - » Conflict resolution
 - » Manage relationships with neighbors,
 - » Landlord liaison support available to young people with shared or independent apartments
- Mental health/substance abuse counseling
- Crisis management
- Respite
- Family support
- Social and recreational activities

SECTION 7

PHYSICAL AND MENTAL HEALTH

PHYSICAL AND MENTAL HEALTH

TARGETED YOUTH OUTCOME:

Young people have access to insurance and to the appropriate services and supports that meet their physical and mental health needs.

PRACTICE MODEL:

Public and private systems that impact young people in, or exited from, foster care have models of developmentally appropriate practice that promote improved physical and mental health outcomes.

Recommended Outcome Measures and Related Data Sources

- Number and percent of young people out of care who have health insurance for physical health mental health, and dental benefits
 - » For young people 18 to 26, Medicaid enrollment (SACWIS, state agency administering Medicaid)
 - » For those enrolled in Opportunity Passport™, OPPS questions # 17 and 36 address Medicaid and health, mental health and dental insurance coverage
 - » For young people 18 to 21, NYTD/NYTD Plus data elements #54-58 address Medicaid and health, mental health and dental insurance coverage

The following are outcome measures recommended by Healthy People 2020:

- Number and percent of young people who have a regular source of care (case records)
- Number and percent of young people who have a usual primary care provider (case records)
- Number and percent of young people who have been to the dentist in the past 12 months (OPPS question #38, NYTD Plus question #77)
- Number and percent of young people who currently smoke cigarettes (locally developed youth survey)
- Number and percent of young people who do not experience major depressive episodes (locally developed youth survey)
- Number and percent of sexually active females who received reproduce health services in the past 12 months (locally developed youth survey)

PRACTICE MODEL COMPONENTS

What are the essential elements of good practice?

Young people have a voice in decisions about services and provider type and opportunities are created to develop better relationships between young people and healthcare providers.

PRACTICE IMPLEMENTATION QUERIES

*What will it take to implement practice components?
Questions to assess current practice and guide development of improved practice*

Does the state collect or are they stratifying the Behavioral Risk Factor Surveillance System survey for young people aging out of foster care? If so, is this data used to inform health service planning?

Are young people prepared and supported in choosing a health or mental health provider that is most appropriate for their needs?

Do young people actively participate in the selection of their service providers?

Do adults provide an adequate level of support to assist young people with choosing a health or mental health care provider in a developmentally appropriate manner?

Are health care providers trauma informed and do they support young people by maintaining consistent therapeutic relationships whenever possible?

OUTPUT MEASURES

*How will successful implementation of the practice component be measured?
Measures of quality practices that contribute to improved outcomes*

Number and percent of young people who were involved in choosing their provider(s) (e.g., case records)

Number and percent of health care providers trained in trauma experienced by young people in foster care (e.g., trauma informed curriculum, training and employment records)

PRACTICE MODEL COMPONENTS

Young people have the knowledge to access and utilize the physical and mental health services provided to them.

Young people have the necessary resources and knowledge to get to appointments with providers.

PRACTICE IMPLEMENTATION QUERIES

Do young people know where to go for specific health and mental health needs, how to get there, and how to navigate the various processes?

Do caseworkers and social workers receive the training and supervision needed to educate young people on how to access and utilize services?

Is every young person-consistent with their age and developmental level and health needs-able to:

- Schedule/change/cancel their own appointments?
- Identify an appropriate service provider? (e.g. whether or not one should seek a clinical therapist or a psychiatrist)
- Understand the nature of their insurance policy? (e.g. medications covered under their policy, co-payments)

Are foster/resource parents trained to educate young people on how to access and utilize services? Number and percent of young people who have been educated on their health insurance benefits (e.g., NYTD Element #27, locally developed youth survey).

Do systems address transportation for young people and identify ways to support them in getting to their appointments?

Does every young person have some means of reliable transportation to visit healthcare providers when needed?

Do case records document the reasons for missed and re-scheduled appointments?

OUTPUT MEASURES

Number and percent of case workers, social workers and foster parents who have received training on educating young people on how to access services (e.g., training and employment records, locally developed foster parent survey)

Number and percent of appointments attended, missed, re-scheduled (e.g., case records, locally developed youth survey)
Medicaid utilization for transportation costs (e.g., state agency administering Medicaid, case records, locally developed youth survey)

PRACTICE MODEL COMPONENTS

Health education is available to young people and teaches young people how to lead healthy lifestyles, both physically and mentally.

Young people with cognitive or other developmental impairments are supported in obtaining additional supports.

PRACTICE IMPLEMENTATION QUERIES

Do public and private agency staff articulate the importance of physical and mental health to the success of a young person's transition to adulthood?

Do adults in the young person's life know and understand the resources available to inform young people about how to live healthily through topics such as nutrition, exercise, and stress management?

Do adults in the young person's life facilitate appropriate community resources to assist with the development of healthy lifestyles?

Is mentoring of healthy living practices while in foster care and after transitioning out of foster care provided?

Do young persons have an annual physical exam and are seen as needed for illnesses/injuries?

If a young person is unable to make age-appropriate healthcare decisions, is the legal process for appointing a healthcare proxy should be engaged prior to the young person transitioning from foster care?

Are young people with physical, cognitive and/or developmental disabilities receiving the appropriate services for which they are eligible from the various state agencies relevant to their disability?

Do young people with developmental impairment have a written transition plan identifying the appropriate services they are entitled to receive and are enrolled in the state adult developmental disability (DD) agency?

OUTPUT MEASURES

Number and percent of young people who receive physical exams (e.g., OPSS Q37, NYTD Plus Q76, case records)

Number and percent of young people who have mentors specific to promoting healthy lifestyles (e.g., case records, locally developed youth survey)

Number and percent of young people who receive education materials including community resources that offer supports and services on the development of healthy lifestyles (e.g., NYTD Element #27, case records, locally developed youth survey)

Number and percent of young people with identified developmental impairments who are determined to need a healthcare proxy have one prior to transitioning from care (e.g., case records)

Number and percent of young people receiving appropriate services from various state agencies relevant to their disability (e.g., case records)

Number and percent of young people who are connected to appropriate adult services (e.g., transition plans, case records).

PRACTICE MODEL COMPONENTS

Health, mental health and preventative health services are coordinated, support continuity of care and ensure that the young person receives the necessary screenings, assessments and health care services.

PRACTICE IMPLEMENTATION QUERIES

Is continuity of care supported by maintaining existing treatment relationships when the young person transitions out of care?

Do states monitor the insurance status of foster care alumni to ensure young people uninterrupted access to healthcare benefits?

Are reminders utilized (could utilize social media prompts) for keeping scheduled appointments and following through on health concerns?

Are public health nurses employed to visit young people in transition (e.g., similar to models of visiting health nurses with moms of newborns which may be able to be funded through Medicaid's Targeted Case Management Program) ensuring young people receive timely screening and assessments and health care services?

Is there a 1-800 line or ombudsperson within the child welfare agency specialized in transition-age young people's health and mental health needs and concerns and empowered to be able to remove any obstacles to the continuity of their care?

Is there routine analysis by the child welfare agency of the numbers of young people with and without health insurance and the reasons for any lapse in insurance coverage?

OUTPUT MEASURES

Number and percent of young people automatically re-enrolled in health insurance (i.e., continued enrollment in state sponsored health insurance when a young person transitions from foster care.) (e.g., state agency administering Medicaid, case records, locally developed youth survey)

Number and percent of young people who have transitioned from foster care to adulthood without health insurance (e.g., case records, OPSS Q36, NYTD Element #54-56, case records)

Number and percent of public health nurses employed to work specifically with young people transitioning from foster care (e.g., state health department)

PRACTICE MODEL COMPONENTS

Health care systems provide accessible and transportable medical records for young people and service providers ensuring effective coordination of care.

PRACTICE IMPLEMENTATION QUERIES

Are young people and providers given access to records of services provided while in care? Are records transportable to facilitate on-going coordination, communication and collaboration of care?

Are young people educated about their rights to confidentiality regarding their healthcare records?

When young people leave foster care do they receive complete copies of all of their medical and mental health treatment records?

Are records sent to any treatment provider as identified and approved by the young person?

Is health insurance coverage provided when a young person is injured or becomes sick in another state?

Do health care providers utilize Electronic Health Record (EHR) technology allowing records of health services obtained while in care to be automatically retrievable after transition out of foster care?

OUTPUT MEASURES

Case plan documents that young people are provided with a summary of their medical history. (reference Sec. 205 of Fostering Connections) (e.g., transition plans, case records)

The case plan has health records and documentation that the health records were sent to identified health and mental health providers. (e.g., transition plans, case records)

Evidence of the young person's signed consent to transfer records to providers (e.g., copy of signed consent in case records).

PRACTICE MODEL COMPONENTS

Young people have access to insurance or means for paying for needed services until the age of 26.

PRACTICE IMPLEMENTATION QUERIES

Do young people receive healthcare that encompasses the full spectrum of benefits, including access to providers in the areas of Medical Care

- Mental Health Treatment
- Substance Abuse Services
- Dental Care
- Orthodontia
- Vision and Hearing
- Reproductive Health Care
- Prescribed Medications
- Laboratory tests ordered by a healthcare provider
- Rehabilitative services
- Hospitalization

Is there recruitment of quality healthcare providers and resources, especially those that meet the unique needs of young person?

Is the state child welfare policy aligned with other state and federal policy allowing young people formerly in foster care to not be hampered by conflicting state mandates such as asset limits that might diminish their eligibility for health insurance?

Are young people allowed their choice of service providers?

Are barriers to finding providers that accept the young person's insurance removed?

Do young people enter some form of extended healthcare that provides a comprehensive, coordinated healthcare (Medicaid) until the age of 26?

Are young people provided opportunities to serve as advocates for improved systems such as working with state agencies and legislators? Do youth boards have access to health care information (policy and practice) that could inform advocacy their efforts?

OUTPUT MEASURES

Number and percent of providers available in a community accepting the types of insurance held by young people (e.g. state agency administering Medicaid).

Number and percent of young people who were able to access the range of service providers that their health and mental health needs required (e.g., case records)

PRACTICE MODEL COMPONENTS

Planning for transition out of the child welfare system at any age is intentional, and adequately addresses young people's physical and mental health needs.

PRACTICE IMPLEMENTATION QUERIES

Do child welfare and/or social service systems involved with young people regularly and systematically identify who is and is not receiving physical and mental health services and create mechanisms to enroll those young people into physical and mental health insurance programs until the age of 26?

Does planning for transition from foster care start at a minimum of a year prior to the young person leaving care?

Are data used to identify whether young people currently and formerly in foster care are receiving physical and mental health services?

Does every young person who fails to access physical and mental health services within a year of leaving care, or if they miss more than two visits for an established physical or mental health condition receives an enhanced case review?

If a young person does not or is not able to secure healthcare, do those involved make their case top priority until their needs are met?

Does transition planning include identification of the services, frequency and treatments needed after transition from foster care?

OUTPUT MEASURES

Number and percent of transition planning meetings held that address a young person's health needs (e.g., transition plans, case records)

PRACTICE MODEL COMPONENTS

Prescription medications, especially psychotropic drugs are prescribed under clear policies that involve appropriate consent and knowledge of their use and side effects by the young person and their caregiver/family.

PRACTICE IMPLEMENTATION QUERIES

Does the State have an approved plan for monitoring and oversight of psychotropic and other medications?
Has the state developed adequate plans for the oversight and monitoring of psychotropic medications as outlined in The Child and Family Services Improvement and Innovation Act (P.L. 112-34)?
Is it ensured that prescription medications are not used as replacements for other evidence-based interventions?
Is it ensured that prescription medications are not used for behavioral control and are a part of a treatment plan to address clearly identified diagnoses and target symptoms?
Have the risks and potential benefits of any medications been clearly articulated to the young person and their guardian?
Are young people given alternatives to taking medications?
Do case plans document that the young person was given alternatives to taking medications; whether they have elected to remain on their prescribed medications; whether they have had uninterrupted access to receiving their medications; and whether they find their medications helpful and if they are experiencing any side-effects?

OUTPUT MEASURES

Number and percent of young people who understand their physical and mental health conditions and diagnoses. (e.g. case records; locally developed youth survey)
Number and percent of young people who participated in the decision about their medication (e.g., case records)

PRACTICE MODEL COMPONENTS

Systems address the financing and sustainability of physical and mental health services for young people in care.

PRACTICE IMPLEMENTATION QUERIES

- Does the state consider how to align financing to support the goals of health maintenance for this vulnerable population? This includes collaboration between various state agencies including Medicaid, SCHIP, Mental Health, Developmental Disabilities, Public Health, and other identified systems as appropriate.
- Did the state access the Affordable Care Act to support the financing and sustainability of physical and mental health services for young people in care?
- Does the state use data to track young people who are eligible for health insurance after they leave care and provide mechanisms for outreach?
- Does the state utilize opportunities that may become available to target Electronic Health Record financial incentives for young people in foster care that can provide a sustainable financing strategy to address the communication component above?
- Are opportunities offered by the Affordable Care Act (ACA) to provide funding mechanisms to support a public health and health maintenance orientation towards healthcare for this population maximized in order to prevent high risk, high cost negative health outcomes associated with adults who have been in care?
- Does the state continuing to monitor and be held accountable for the long-term outcomes of young people and use that information as part of a comprehensive continuous quality improvement initiative?

OUTPUT MEASURES

Number and percent of young people, by age, who have health care up to age 26 (e.g., case records, OPPS Q36, NYTD Element #54-56)

PRACTICE MODEL COMPONENTS

Communication occurs with young people, family as defined by young people, and with past and future care providers.

PRACTICE IMPLEMENTATION QUERIES

Do young people (and their family as identified and approved by the young person) understand their physical and mental health diagnoses and recommended treatment plans?

Does the young person have final decision-making capacity about future services unless a healthcare proxy has been identified?

Do young people and their caregivers/family receive training on the following information:

- How to obtain, organize and maintain health related information?
- Understanding required medical consents?
- Confidentiality as it pertains to health?

Do young people understand their care and treatment plans because the relevant professionals have spoken with the young person to assist with helping them to understand what is involved?

Do young people have knowledge about the medical insurance options available to them while in foster care and after exiting foster care at least through the age of 26?

OUTPUT MEASURES

Number and percent of young people understand their physical and mental health diagnoses (e.g., case records, locally developed youth survey)

Number and percent of young people who made the final decision about their medical services (e.g., case records, locally developed youth survey).

Number and percent of young people that have a healthcare proxy (e.g., case records, locally developed youth survey).

Number and percent of young people and their caregivers/family that receive training on understanding and maintaining health records and corresponding documents (e.g., documentation in case records) (e.g. NYTD Element #27, locally developed youth and caregiver/family surveys)

Number and percent of young people by age that have health care up to age 26. e.g., case records, OPPS Q36, NYTD Element #54-56)

SECTION 8

FINANCIAL CAPABILITY

FINANCIAL CAPABILITY

TARGETED YOUTH OUTCOME:

Young people manage their expenses and achieve their financial goals

PRACTICE MODEL:

Public and private systems that impact young people in, or exited from, foster care have models of practice that are developmentally appropriate and promote the improved financial capability outcome.

RECOMMENDED OUTCOME MEASURES AND RELATED DATA SOURCES

Number and percent of young people who have a bank account and savings when they leave foster care

- SACWIS, case planning records
- For Opportunity Passport™ Participants, OPPS questions #41 and #45 address having bank account and savings
- For young people 18-21, NYTD Plus survey question #15 Bank account

Number and percent of young people age 18-21 who can cover their monthly expenses

- SACWIS, case planning records
- For Opportunity Passport™ Participants, OPPS question #4 addresses sufficient funds to pay for expenses; OPPS questions #41-46 financial capability

PRACTICE MODEL COMPONENTS

What are the essential elements of good practice?

Young people receive support from staff and support persons with the basic skills, knowledge and awareness to help them become financially capable¹.

PRACTICE IMPLEMENTATION QUERIES

*What will it take to implement practice components?
Questions to assess current practice and guide development of improved practice*

Do public and private agency staff, foster parents, and other resource people receive training on how to support young people in becoming financially capable in a developmentally appropriate way?

Do staff and support persons receive current information on resources available to young people?

As part of their case planning, do young people choose a financial mentor/coach to help them with their skill development and long and short-term financial goals?

Is there training in place to support the financial mentors/coaches that are identified from the young person's existing network? If financial mentors/coaches cannot be identified in a young person's existing network, are efforts made to enhance their network? (See Social Capital PPT)

OUTPUT MEASURES

How will successful implementation of the practice component be measured?

Measures of quality practices that contribute to improved outcomes

Number and percent of staff and support persons who have knowledge of how to build financial capability in young people in a developmentally appropriate way and information on the resources that are available to young people (e.g. locally developed adult survey).

Number and percent of young people who received budget and financial management assistance (e.g. NYTD Element #25).

Number and percent of case plans documenting that financial mentors/coaches are designated by the young person (e.g. case records).

¹ Financial capability is having the knowledge, skills and confidence to deal with money. It also means there are opportunities for young people to put their knowledge into action. Putting knowledge and skills into action can help young people become and stay financially independent once they transition from foster care.

PRACTICE MODEL COMPONENTS

Young people have developmentally appropriate and “typical” adolescent opportunities to earn and manage income.

PRACTICE IMPLEMENTATION QUERIES

Are young people directly provided an age-appropriate allowance throughout their time in foster care?²
When young people participate in voluntary extended foster care do they directly receive their living stipends for housing, school supplies, and other needs?
Are young people connected to early work experiences, on-the-job training, and other informal opportunities to earn money (e.g., lawn mowing, babysitting)? (See Employment PPT)
Are partnerships in place among the child welfare agency, department of labor and other existing community based resources and programs that facilitate young people gaining work experiences?
Are young people offered ongoing financial learning opportunities and guidance by supportive adults in their life, particularly during critical decision points such as managing their first earned income, during tax filing, and when planning for post-secondary education?
Do young people make decisions about spending and saving their earned income, and are supported while they “learn by doing” and take developmentally appropriate financial risks?

OUTPUT MEASURES

Number and percent of young people who directly receive age-appropriate allowance and/or living stipend (e.g. case records, locally developed youth survey).
Number and percent of young people that have formal and informal early work experience (e.g. OPDS Q15 and Q16; NYTD Elements #37, #38 and #39; OPDS Employment Information).
Number and percent of case plans documenting that financial discussions are part of case planning and team meetings (e.g. case records).

2 Allowance is important for children and adolescents because it is the most age-appropriate way to learn how to manage money.

PRACTICE MODEL COMPONENTS

Financial capability services and supports are youth-driven and individualized.

PRACTICE IMPLEMENTATION QUERIES

Are young people and adults prepared and supported to work as partners?
Do public and private agency staff provide young people with knowledge of and access to the financial capability services and supports available to them?
Are young people helping to design, evaluate, and modify the financial capability services and supports made available to them?
Do young people identify the financial capability services and supports that will meet their needs, identify a financial mentor that they are comfortable working with, and determine the most appropriate setting(s) for them to begin practicing their financial capability skills?

Young people are given opportunities to understand good credit and leave foster care with a “clean” credit report.

Do public and private agency staff pull and review credit reports with young people in foster care, annually beginning at least at age 16?
Are young people provided the opportunity to review their own credit report, if necessary, and to learn about the impact of credit in one’s life?
Is a process in place to correct error and repair outstanding debt on young people’s credit reports?
Do public and private agency staff advocate on behalf of young people who have poor credit due identity theft, ensuring that they do not have to file police reports in order to clear their credit?³
Are appropriate advocates (attorneys, GALs) trained to represent a young person if needed for credit related issues?

OUTPUT MEASURES

Number and percent of young people who receive information about the financial capability services and supports available to them and how to access them (e.g. locally developed youth survey).
Number and percent of services and supports that were designed, evaluated, and modified in partnership with young people (e.g. program documentation).
Number and percent of case plans documenting that young people are making decisions about the financial services and supports that they receive and are making developmentally appropriate financial decisions (e.g. case records).
Number and percent of young people who report that they are able to drive their own planning and decision making related to their finances (e.g. locally developed youth survey).

Number and percent of young people that leave foster care with a clean credit report (e.g. case records).
Number and percent of case plans documenting that young people have had a variety of opportunities to learn about the impact of credit, including during the annual review of their credit report (e.g. case records, OPDS Financial Education and Asset Specific Training).
Number and percent of advocates (attorneys, GALs) who are trained to represent young people on credit related issues (e.g. employment and training records).

3 When identity theft has occurred, some creditors require that a police report is filed before they will repair the credit. Children under the age of 18 are, in theory, not supposed to have credit reports. They should not be required to file police reports in order to have it cleared. Furthermore if family members or others that they know were involved, such as a parent or foster parent using a child’s name on their electric bill, the filing of police reports can put a young person in a difficult situation and may impact other case goals.

PRACTICE MODEL COMPONENTS

Financial assessment and planning begins at age 16, is ongoing, and is an integrated component of case planning.

PRACTICE IMPLEMENTATION QUERIES

Does the child welfare agency have a standard financial assessment checklist that is age and life stage appropriate, and is used in a meaningful way and incorporates the following:

- Credit score review and repair, if necessary
- Income sources
- Emergency savings
- Receipt of critical documents
- An organized way to manage finances, “budgeting”
- Access to resources and resource person?

Are public and private agency staff, other resource people and judicial staff trained in using the financial assessment checklist and developing plans if result is not satisfactory?

Does case planning include components related to financial capability when working on case plan goals around education, employment, and the transition to adulthood?

Opportunities for mutual/peer support related to young people building financial capability are available.

Are peer support groups available to young people that assist them in achieving their financial goals?

Are young people utilizing these meetings and benefiting from them in the area of financial capability?

OUTPUT MEASURES

Number and percent of judicial case reviews including consideration of the financial assessment checklist items (e.g. case review records).

Number and percent of case plans documenting that teams are using the financial assessment checklist and that plans have been developed when needed (e.g. case records).

Number and percent of young people who have, at age 18:

- A clean credit report (e.g. case records)
- \$500-1000 in emergency savings (e.g. case records, OPPS Q44)
- Income/living expenses covered (positive/neutral net income) (e.g. case records, OPPS Q42)
- A financial resource person in their life (e.g. OPPS Q20)

Number and percent of case plans documenting financial capability in an integrated manner with applicable case plan areas/goals (e.g. case records).

Number of peer supports groups available to support young people in financial capability (e.g. provider and child welfare agency records).

Amount of time spent during meetings discussing young people’s efforts towards their financial goals (e.g. meeting documentation).

Number and percent of young people attending the meetings and reporting them to be useful in building their financial capability (e.g. meeting documentation, locally developed youth survey).

PRACTICE MODEL COMPONENTS

Young people have access to high-quality, transparently-developed, financially-appropriate financial products and supportive tools that meet their short and long-term needs and receive guidance on how to successfully manage them.

PRACTICE IMPLEMENTATION QUERIES

Are young people provided with information and referrals to free/low-cost transactional products (traditional checking/prepaid) and savings products that have text alerts available if requested?

Are young people offered the opportunity for matched savings toward specified, developmentally appropriate asset(s)?

Are young people (18+) provided with credit building opportunities, such as opening a secured credit card (or other credit building loan) for the primary purpose of building credit (not consumption)?

Are young people supported in paying off debt and responsibly managing credit in the future?

OUTPUT MEASURES

Number and percent of young people who have a savings, transactional, or matched savings account (e.g. OPDS Q41, NYTD Plus Q15).

Number and percent of accounts used to make purchases/pay bills without amassing unnecessary or punitive fees (e.g. bank records).

Number and percent of young people who save for and purchase developmentally appropriate assets (e.g. OPDS Asset Purchase).

Number and percent of young people who leave care with emergency savings (e.g. OPDS Q45).

Number and percent of young people (18+) who make on time payments for 12+ months and graduate to small unsecured line for emergencies (e.g. bank records).

Records related to a young person's financial experiences, assets, and credit are integrated with other treatment/service records.

Is an interdisciplinary team set up to identify record coordination?

Does the child welfare agency's management information system capture the appropriate information, such as:

- Financial assessment results and plan
- Services received
- Credit reports and, if necessary, remediation steps
- Allowance received
- Financial products utilized
- Student loan activity
- Assets purchased?

Are public and private agency staff trained on how to maintain financial capability information within records?

Number and percent of case records capturing appropriate financial capability information (e.g. case records).

Number and percent of private agency staff trained on how to maintain financial capability information within records (e.g. employment and training records).



SECTION 9

SOCIAL CAPITAL

SOCIAL CAPITAL

TARGETED YOUTH OUTCOME:

Young people have, sustain and capitalize on a diverse network of connections to achieve their life goals

PRACTICE MODEL:

Public, private and non-traditional systems that impact young people in, or exited from, foster care have models of practice that are developmentally appropriate and promote improved social capital in the domains of family, school/work, neighborhood/community and peers.¹

RECOMMENDED OUTCOME MEASURES AND RELATED DATA SOURCES

- Number and percent of young people who have a strong relationship with someone in their family, school/work, neighborhood/community, or peer group that is sustained over time²
 - » Number and percent of young people in care (by race/ethnicity) placed in their own neighborhoods and communities (public child welfare agency)
 - » Number and percent of young people (by race/ethnicity) who exit care up to age 21 with an enduring, permanent family relationship (public child welfare agency data systems and reports)
 - For legal permanence, AFCARS data tracks reunification with birth parents or relatives, adoption by relatives or non-relatives, legal guardianship with relatives or non-relatives)
 - For non-legal permanence, systems can track planned, committed relationship with a caring adult (documenting permanency pacts, legal name changes, post-18 adoptions, and other signs of permanence, such as a child being named in a will).
 - CFSR Measure C3.1: Of all children who were in foster care for 24 months or longer on the first day of [FY 2004], what percent were discharged to a permanent home prior to their 18th birthday and by the end of the fiscal year?
 - CFSR Measure C3.2: Of all children who were discharged from foster care

¹ This Practice Pathway Tool is organized to show the flow among the Child Welfare Agency and the Social Capital domains of Family, School, Communities and Peers.

² OPPS questions on Social Capital are under development.

in [FY 2004] who were legally free for adoption at the time of discharge (e.g., there was a parental rights termination date reported to AFCARS for both mother and father), what percent were discharged to a permanent home prior to their 18th birthday?

- » For all young people in care (by race/ethnicity) who have one or more siblings in care, the number and percent placed with at least one of their siblings (SACWIS, continuous quality improvement review)
- » For young people in care (by race/ethnicity), average number of school placement changes experienced while in care (SACWIS, quality assurance data)
- Number and percent of young people who have at least one connection in all social capital domains (family, school/work, neighborhood/community, peers).²
- Number and percent of young people who utilize connections to help them achieve their life goals.²

OTHER RELEVANT MEASURES AND DATA SOURCES:

OPPS: Question #18 – Advice about a crisis, are there, Question #19 – Job or school advice, Question #7. Group care, partitioned by Question #3 – race/ ethnicity, Question #16e – Length of continuous current employment, Question #41 – Bank account; NYTD/NYTD Plus: Data Element #48 – Connection to an adult

PRACTICE MODEL COMPONENTS

What are the essential elements of good practice?

Public, private and community partners build community awareness about and leverage community resources for young people in need of social capital.

Young people have access to staff and support persons with the basic skills, knowledge and awareness to support them in building social capital.

PRACTICE IMPLEMENTATION QUERIES

*What will it take to implement practice components?
Questions to assess current practice and guide development of improved practice*

Did adults and young people partner to conduct an environmental scan that identifies social capital opportunities, gaps, and barriers in the community?

Have service clubs and other community organizations (e.g. Rotary, Kiwanis, YWCA/YMCA, Chamber of Commerce) that provide leadership training, mentors, memberships and employment opportunities been identified and engaged?

Do faith-based alliances provide, where appropriate, mentors, coaches, social activities and service opportunities?

Are child welfare agency staff aware of and connecting young people to community resources available to young people in need of social capital?

Has local media outreach been conducted to educate the community about young people in and transitioning from foster care and their need for social capital?

Do adults serving young people (child welfare staff, foster families, judges, CASAs's, GAL's, residential treatment program staff, etc.) receive training on adolescent brain development, the impact of trauma, and the importance of identifying and supporting a young person's social capital in each of the domains: family, school/work, neighborhood/community and peers?

Do child welfare staff and foster parents receive training in relationship mapping and other tools to identify and build on a young person's existing family and social network?

Do child welfare agency staff and foster families regularly check in with the young person to monitor progress towards utilizing their social capital to meet the life goals identified by the young person?

OUTPUT MEASURES

How will successful implementation of the practice component be measured?

Measures of quality practices that contribute to improved outcomes

An environmental scan that is updated annually, and captures how partners and resources change over time (e.g., annual environmental scans)

Number and percent of child welfare agency staff who report having and utilizing a current resource list for communities where young people live (e.g., locally developed staff survey)

Number of local media outlets who have covered issues related to transitioning young people and their need for social capital (e.g., media data reports)

Number and percent of young people who report feeling supported by the adults in their lives in building social capital (e.g., locally developed youth survey)

Number and percent of child welfare staff, foster parents, judiciary staff, and other youth-serving professionals who receive training on adolescent brain development, the impact of trauma, and the importance of identifying and supporting a young person's social capital in each of the domains (e.g., training and employment records)

Number and percent of case plans that include relationship maps developed with the young person to safely explore a range of developmentally appropriate options that have been reviewed and updated regularly (e.g., case records)

PRACTICE MODEL COMPONENTS

Young people are prepared and supported to be full partners in their own case planning and decision-making regarding social capital.

PRACTICE IMPLEMENTATION QUERIES

Do child welfare agency staff and foster parents receive training on the principles of authentic youth engagement and youth/adult partnerships?

Do young people participate in their court hearings in a developmentally appropriate way, including speaking for themselves when they desire? (see Permanence PPT)

Are young people present at all team meetings and able to have a say in decisions being made about their lives, particularly placement decisions? (see Permanence PPT)

OUTPUT MEASURES

Number and percent of young people who report feeling supported and prepared to participate in case planning and decision-making related to social capital (e.g., locally developed youth survey)

Number and percent of young people who attend and report authentic participation in their court hearings (e.g., locally developed youth survey, case records, court records)

Number and percent of team meetings with young person present (e.g., case records, participant list at team meeting)

Number and percent of young people who report actively participating in decision-making regarding placement and other areas of their lives (e.g., case records, locally developed youth survey)

PRACTICE MODEL COMPONENTS

A young person's need for social capital is addressed early, through at least age 20, and is consistently prioritized in case management, with increasing urgency devoted to this goal as a young person ages.

PRACTICE IMPLEMENTATION QUERIES

Do case management practices focus on building social capital upon entry and throughout a young person's stay in foster care?

Do child welfare agency staff and foster families partner with young people to identify barriers to and opportunities for strengthening and maintaining relationships (such as background checks, and limitations on travel away from home, overnight stays, learning to drive and other typical teen and young adult experiences)?

Are young people supported and prepared to safely explore a range of developmentally appropriate options for personal relationships?

Have child welfare, courts and other system partners worked with young people to determine how elements of the Fostering Connections Act, such as transition planning and extended care, can best meet their social capital needs?

Do public and private partners work with young adults to develop supervised interdependent living models that support young people ages 18 to 21 in building social capital?

Does case management and court or administrative review support and promote the young adult's interdependence and social capital needs?

OUTPUT MEASURES

Number and percent of young people who report that their important relationships are consistently an integrated part of their case planning (e.g., locally developed youth survey)

Number and percent of case plans documenting ongoing attention to building social capital and eliminating barriers to strengthening and maintaining relationships (e.g., case records)

Number and percent of case plans reflecting increased attention to building social capital for young people ages 18 to 21 (e.g., case records)

Number and percent of young people who report that extended care is developmentally appropriate and supports their needs for social capital (e.g., locally developed youth survey)

Number and percent of court or administrative reviews that support and prioritize building social capital (e.g., case review records)

PRACTICE MODEL COMPONENTS

Young people are in the least restrictive placement setting that supports their social capital development.

PRACTICE IMPLEMENTATION QUERIES

- Does the child welfare agency recruit foster families who want to care for older youth and who understand their social capital needs?
- Do foster families and other caregivers (staff of group homes, institutions, shelters and other settings where young people live) receive training on the unique needs of older youth in care, the importance of engaging birth families where appropriate, adolescent brain development, and social capital?
- Do policy and practice keep the location of existing social capital and new opportunities in mind when doing case planning and choosing placement locations, including the need to promote walk-around social capital?
- Do policy and practice recognize the importance of placement stability in meeting the social capital needs of older youth and young adults?
- Does policy require a young person's input into all placement decisions?
- Is congregate care limited and used only for temporary placements, and where it is necessary to address health, mental health and the unique wishes or needs of individual young people.
- Does policy require, at a minimum, supervisor or higher level approval of case plans that place a young person in a congregate care setting?

OUTPUT MEASURES

- Number and percent of foster families who indicate a desire to care for older youth (e.g., foster family database, locally developed adult survey)
- Number and percent of foster families and other caregivers receiving training on the unique needs of older youth, the importance of engaging birth families where appropriate, adolescent brain development, and social capital (e.g., training records, registration lists, training curricula)
- Number and percent of young people placed in a community-based setting (e.g., case records, OPPS Q2³, NYTD+ Q41, OPDS Living Arrangement Status)
- Number and percent of young people experiencing placement changes (e.g., OPPS Q5)
- Number and percent of case plans documenting that all placement options were explored, with input from the young person (e.g., case records)
- Number and percent of young people living in congregate care (e.g., SACWIS, other internal data systems, Kids Count, OPPS Q23, OPDS Living Arrangement Status)

3 *Bonding is defined as connecting with people of like groups. Bridging is defined as connecting with people across social and cultural divides. Both bonding and bridging are necessary to full adult development.*

PRACTICE MODEL COMPONENTS

Extended families are engaged and efforts are made to connect, and re-connect young people with relatives and fictive kin, including siblings, where appropriate. (see Permanence PPT)

PRACTICE IMPLEMENTATION QUERIES

Do child welfare agency staff work with the young person to identify relatives and fictive kin, with whom connections can be strengthened?

Do child welfare agency staff mine case records and conduct other extensive outreach strategies to find family members and significant adults in the young person's life history?

Are relatives notified when a young person is removed from their birth family, with priority given to placing with kin where appropriate?

Do policy and practice support and prepare young people and their planning teams to safely connect and re-connect with relatives and fictive kin, as identified by the young person?

Are family relationships revisited over time to ascertain when changes have occurred that may allow for reconnection with the young person?

Are foster families who will accept sibling groups recruited and supported in sufficient numbers to meet the need?

Are siblings placed together or at least regularly connected when it can be done safely and consistent with their well-being?

OUTPUT MEASURES

Number and percent of case files mined to identify relatives and fictive kin as placement options, with extensive outreach strategies following identification process (e.g., case records)

Number and percent of young people who report having connections with family when they choose, and as appropriate (e.g., OPPS Q21)

Number and percent of young people whose relatives and fictive kin are notified upon removal (e.g., case records)

Number and percent of young people with siblings, who are placed with one or more of them (e.g., SACWIS, CQI records)

Number and percent of foster families who will accept sibling groups (e.g., foster family database)

Number and percent of young people reporting regular contact with their sibling(s) when not placed together (e.g., locally developed youth survey, case records)

PRACTICE MODEL COMPONENTS

Young people receive services designed to support their social capital in educational settings. (see Education PPT)

PRACTICE IMPLEMENTATION QUERIES

Have child welfare agency staff, including the schools, developed the supports needed to keep young people in their school at time of removal from the home and throughout placement changes?

Are point people identified within schools with whom young people can connect and who are educated about the child welfare system and the needs of young people in foster care?

Are young people able to develop and sustain connections and relationships with their peers, teachers, coaches and other school personnel, without disruptions due to placement changes?

Are resources identified that allow young people to participate in an array of campus activities of their choosing?

Do colleges offer supports designed to meet the individual social capital related needs of young people with foster care experience, including mentors, coaches and peer supports?

OUTPUT MEASURES

Number and percent of young people who remain in their school of origin at time of removal and throughout placement changes (e.g., case records, CQI records)

Number and percent of young people who report having adult and peer supports in their educational setting (e.g., locally developed youth survey)

Number and percent of schools in the state (secondary and post-secondary) with an established staff member who serves as a point person for young people in foster care (e.g., department of education records)

Number and percent of case files documenting efforts that support the maintenance of relationships when a young person must change schools (e.g., case records)

Number and percent of young people participating in extracurricular activities (e.g., locally developed youth survey)

PRACTICE MODEL COMPONENTS

Young people have developmentally appropriate opportunities to build social capital with people in their age group through bonding and bridging³.

PRACTICE IMPLEMENTATION QUERIES

Do child welfare staff, foster families and school officials work with young people to identify areas of interest and opportunities to participate in events and activities associated with the interests they are exploring?

Are young people provided opportunities to participate in extra-curricular activities such as sports, clubs, arts, field trips, and hobbies that build social capital and are chosen by the young people?

Are resources available, including transportation and costs of participation, so that young people can participate in activities of their choosing?

Are young people encouraged to explore diverse interests and to participate in a variety of activities?

Have barriers to normative peer interaction been identified and addressed in practice and policy?

Do young people receive support to get a driver's license?

Do child welfare staff, foster families, and other supportive adults assist young people in managing healthy peer relationships?

OUTPUT MEASURES

Number and percent of young people who report that they are able to engage in a variety of activities to explore their likes and talents in social settings (e.g., locally developed youth survey)

Number and percent of young people who report being able to develop and maintain peer relationships and being supported in managing these relationships (e.g., locally developed youth survey)

Evidence that there are a sufficient number of resources available for young people to use for participation in activities of their choosing (e.g., child welfare agency records, program documentation, locally developed youth survey)

Number and percent of case plans documenting efforts to identify and break down barriers to normative peer interaction (e.g., case records)

Number and percent of young people with a driver's license (e.g., case records, locally developed youth survey)

PRACTICE MODEL COMPONENTS

Public, private and community partners strategically work to ensure young people bond and bridge with others in their community and the larger world around them.

Young people receive early and ongoing assessments related to relational skills and social capital.

PRACTICE IMPLEMENTATION QUERIES

Are opportunities provided to young people to engage in community events, such as festivals and community projects, and to participate in an array of activities, including civic, political, faith-based and altruistic events and activities that benefit the people of their choosing?

Do young people have the opportunity to select and develop shared interests with others that lead to lifelong learning and success – not just the most convenient or safest?

Are individualized supports, including transportation, provided to allow young people to successfully participate in activities and events of their choosing?

Do child welfare agency staff and foster families receive training on supporting young people in engaging with the larger world?

Are policies and practices in place that promote cultural identity and awareness?

Do multiple opportunities exist for young people and adults to build mutually beneficial relationships across traditional divides?

Do child welfare staff receive training on how to conduct or refer young people for individualized, culturally sensitive assessments of needs (including clinical needs) and strengths in the area of social capital and relational skills?

Do child welfare staff and foster families regularly check in with the young person to monitor progress towards meeting the relational skills and social capital goals identified by the young person and the team?

OUTPUT MEASURES

Number and percent of case plans reflecting goals that encourage bonding and bridging between young people and the community and larger world (e.g., case records)

Number and percent of young people participating in community events and activities (e.g., locally developed youth survey)

Number and percent of young people who report being engaged in community group(s) and able to participate in events of their choosing when appropriate (e.g., locally developed youth survey)

Number and percent of staff and foster families who have received training on supporting young people in engaging with the larger world (e.g., training and employment records)

Number and percent of case plans documenting that the young person's clinical needs related to relational skills and social capital have been identified, and are reassessed regularly (e.g., case records)

Number and percent of case plans documenting that building relational skills is a component of case planning and that resources for building these skills have been identified (e.g., case records)

PRACTICE MODEL COMPONENTS

Young people have access to a comprehensive, flexible service array to build upon identified strengths and address needs related to social capital.

PRACTICE IMPLEMENTATION QUERIES

Are the clinical needs of young people addressed in a therapeutic environment unconstrained by the standard service array and in a timely fashion? If clinical services are needed and not available, are they created?

Is there a policy in place that extends Medicaid to 26 with automatic enrollment and coverage for mental health?

Do child welfare agency staff, community partners and young people work together to develop and conduct skill-building youth support groups and youth/adult trainings?

Do young people have access to a variety of different therapies and support groups that will promote and foster their communication, social, and emotional awareness skills?

Are training and support available to young people that assist them in building the relational skills needed to develop and maintain healthy relationships in each of the four social capital domains?

Young people are connected with workforce development and career development agencies and opportunities as a mechanism for building social capital. (see Employment PPT)

Are resources identified to ensure young people are supported in workforce and career development experiences of their choosing, including transportation, stipends and on-the-job mentoring? (See Employment PPT)

Are policies and practice in place to refer young people to workforce and career development programs and opportunities?

Do employers and mentors exist to ensure a young person's employment success?

OUTPUT MEASURES

Number and percent of case files documenting that the clinical needs of young people are being addressed in a timely fashion (e.g., case records)

Number and percent of young people who have health insurance, with mental health coverage, and automatic enrollment, to age 26 (e.g., OPPS: Q17 and Q36; NYTD Data Elements #54 to #58)

Number and percent of young people who participate in therapy and/or individual or group activities that support the development of communication, social and emotional awareness skills (e.g., case records, locally developed youth survey)

Number and percent of young people who attend trainings and/or receive support in improving relational and social networking skills (e.g., case records, locally developed youth survey)

Number and percent of young people referred to workforce and career development programs and opportunities (e.g., case records)

Number and percent of career development agencies that are engaged to meet young people's employment and career goals (e.g., locally developed employer survey, career development agency documentation)

Number and percent of young people with employment and career development mentors (e.g., case records, locally developed youth survey)