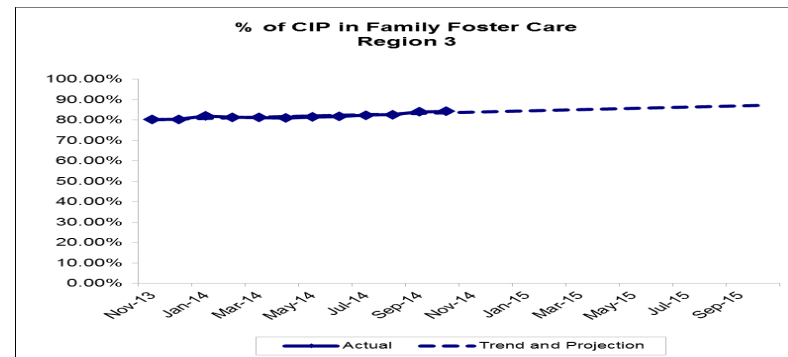
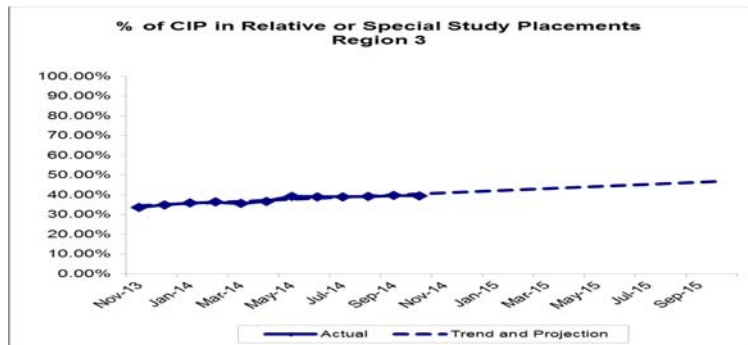
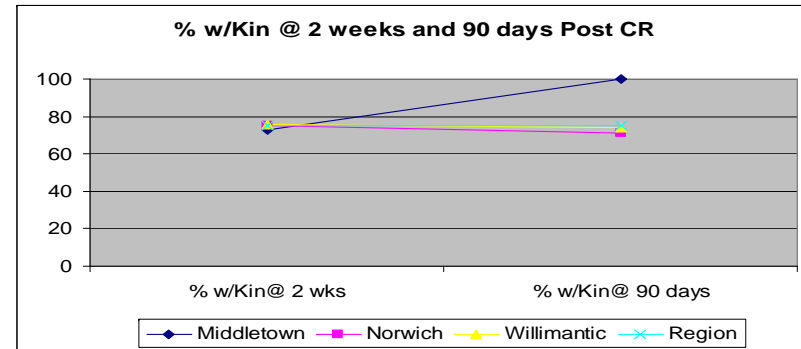
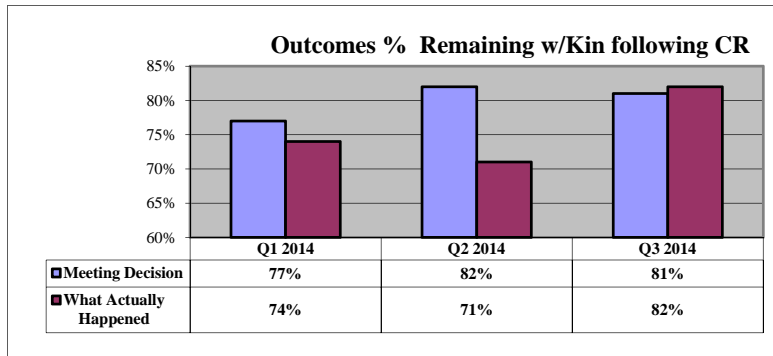


2015 Operational Strategies - Region 3 – PE 2

Turn the Curve Format

What is our “end”? Children reside safely with families.

How are we doing?



What is the story behind the curve of the baseline? Considered-removal meetings are having a positive effect to help prevent unnecessary entry and to promote kinship care for those that do. A high percent (81%) of children subject to considered removal stay with family. And among those that enter kinship foster care, most (74%) are with kin 90 days later. The overall kinship rate for entry cohorts is typically close to the same if not higher at 90 days than at 2 weeks. That is because some children not originally placed with kin ultimately are placed with kin – this is more likely for very young children. (Children aged 1-12 are the most likely to be originally placed with kin; babies and teens have lower and similar rates.) It is less likely for children originally placed with kin to be moved out of kinship care than it is for children not originally placed with kin to be moved to kinship care.

2015 Operational Strategies - Region 3 – PE 2

Turn the Curve Format

With respect to the kinship and family care rates, the Middletown office has plateaued and the Norwich and Willimantic offices continue on an upward trajectory. The smaller number of children in placement in Middletown may be a contributing factor to this trend. By the beginning of 2014 all three offices in the region had implemented the “Firewall”, which made a placement into a non kin home an exception that required an exhaustive search for kin and Program Manager review of the efforts made to locate kin prior to approval of any non-kin placement. This intervention coupled with the CR-CFTM’s being held in the region had a positive impact on the number of children who were able to remain with kin and that were placed into homes with kin.

Who are partners who have a role to play in the turning the curve? Families, FASU and CPs SW’s, SWS’s PM, Regional Resource Group, office Clerical Staff, Caregiver Support Team services, WCS S-FIT program staff, intensive in-home support service providers (JRI & CT Behavior Health) and other community based service providers

What works to turn the curve?

- Region 3 “Firewall” and CR-CFTM’s (See story behind the baseline).
- Routine multi-disciplinary planning meetings for children with complex mental health treatment needs in an effort to make it more likely such children can reside in family settings (with supports) and reduce reliance on congregate care settings to include entries and discharge planning for those children already placed in congregate care settings.
- Short-term intensive and collaborative stabilization services
- Quality, Intense in-home diversion services

What do we propose to do to turn the curve? (Action Steps, including how we will measure how much, how well, and better off?)

Strategy 1: Region 3 will embrace permanency teaming at all different intervals of case planning.

Action Steps:

1. Office Directors will reinforce the regional expectation that staff are fully implementing permanency teaming practice consistent with our practice model: Social Workers initiate development of the child specific team with input from the child/youth and their and families at the time of case opening. Teams developed during CR-CFTMs will continue to meet at regular intervals, including prior to ACR’s, permanency plans being filed, reunification, TOG, and adoption occurring.
2. Supervisors will include permanency teaming on their supervision agenda to ensure that it is occurring for each child.
3. Child and Family Team facilitators will be available for consultation and coaching, and protocol will be developed to establish parameters whereby independent facilitation is permitted (given case circumstances or for the purposes of modeling).
4. Mary LeBeau (Casey Family Services) will provide a regional workshop for Region 3 supervisors to focus on the important role of supervisors in the permanency teaming work.

How much will you do? No data measure. Action plan will be monitored at leadership team and at RST.

How will you measure how well you will do it? % of ACRs with Strength ratings for permanency domains.

How will you know if anyone is better off? Kinship care rate and percentage of children subject to CR-CFTM that stay with kin at least 90 days.

2015 Operational Strategies - Region 3 – PE 2

Turn the Curve Format

Strategy 2: Region 3 will partner with local service providers in purposeful ways for the sake of optimal collaboration relative to family driven practice and to focus on meeting permanency needs of children while providing services that are culturally, linguistically and literacy competent, trauma informed, gender responsive, quality driven and data guided.

Action Steps:

1. Continue quarterly provider meeting to review data.
2. Coach providers to submit data in RBA format including determining better off measures.
3. Include community providers in permanency teaming model training, permanency round tables, formal case review debriefings (as relevant), & Infant Mental Health Initiative
4. Jointly develop and implement surveys (with providers) for DCF staff to better inform provider practice
5. Pursue partnership for early childhood collaboration with ECSU and other early childhood providers, including target for developing ABC-V parent coaching and resource family development with ECSU.
6. Systems PD will develop an action plan identifying responsible parties and timeframes for each of these action steps and update it quarterly.

How much will you do? No data measure. Systems PD will develop an action plan identifying responsible parties and timeframes for each of these action steps and update it quarterly. We will track to ensure that Quarterly Meetings with Providers occur.

How will you measure how well you will do it? Rate of positive surveys based on staff surveys for contracted services.

How will you know if anyone is better off? % of kids residing with families

Strategy 3: Region 3 will utilize a multi-disciplinary teaming approach to support staff with decision-making and planning for cases in which children present with complex behavioral health needs, are stuck in congregate care and/or without family prospects for permanency.

Action Steps:

1. Priority Case Teaming: Full integration of the Multidisciplinary Priority Case Teaming meetings (implemented in each area office during CY3Q & 4Q 2014) across the Region to enhance best practice. (Purpose of PCT is to provide a weekly case review process for case planning, level of care considerations and service needs identification for children and youth with behavioral health concerns.) Participants: internal CPS team, RRG, Clinical PD, FASU, Value Options, and current treatment providers.
2. Implementation of a Permanency Roundtable Team* for each office in Region 3 to ensure that a professional teaming is held for every youth who lacks permanency after being in care for nine months and/or those youth who lack connection to a lifelong family tie and is nearing discharge from care.
3. Discharge planning meetings to be fully Implemented in each area office in January 2015 to provide on-going review and planning for children and youth in residential treatment, group home, PRTF and hospital levels of care. Purpose: to assess progress in treatment and timely/appropriate discharge plans for children and youth in congregate care settings.
4. Implement RG referral protocol encompassing new RG referral form and triage procedure. (This protocol will involve data collection that will reveal how many referrals for DV, substance abuse, mental health; how many are in-office vs field consultation, who is asking for consultation and which consultants are more or less utilized.)

*See Permanency Roundtable Protocol (hyper-link)

How much will you do? # of children in congregate care with discharge plans identified on log at PCT meetings.

How will you measure how well you will do it? % of children in congregate care with discharge plans identified on log at PCT meetings.

How will you know if anyone is better off? % of kids residing with families. CFSR time to permanency measure, ROM reports.