

2015 Operational Strategies - Region 3 – PE 4

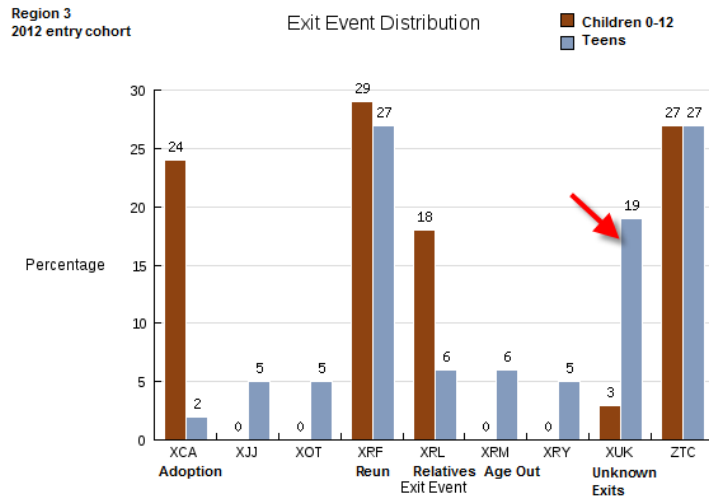
Turn the Curve Format

What is our “end”?

Children and adolescents in our care will be prepared for success.

How are we doing? (Show the Data Here)

Demographic Comparison by Population - Exit Event Distribution



Data Development Agenda

- Examine discharge destinations for adolescent entry cohorts (after completing data verification work to determine what to make of high % of unknown exits) in order to compute a valid rate of permanency
- Develop other data indicators in conjunction with strategic interventions (see strategies and better off measures)

What is the story behind the curve of the baseline? (Story Behind the Data)

We found most of the data that we examined to be inconclusive and thus our data development agenda. OM20 (Discharge Measure) reveals pretty consistent high rate of achievement for a low *n*. Entry cohort analysis reveals that close to 80% of entries are children under 13 years. Examination of permanency rates for adolescent entry cohort shows that permanency rates most likely top at about 50% (compared to 65-75% for younger children). More analysis is needed to determine stronger estimates. Meantime, it is clear that adolescent entry cohorts fair lower chances of permanency and higher chance of aging out of care with no family than younger children.

Who are partners who have a role to play in the turning the curve? Region 3 managers, adolescent staff, CPS staff serving adolescents and Parole staff, Adolescent serving staff in CO, CJTS, RAC Adolescent committee members and other community providers, schools, youth & parents

What works to turn the curve?

- Emphasis on serving adolescents with focus on readiness for adulthood *and* on developing positive adult connections and family belonging
- Engaging adolescents to achieve well-being through a “normative lens”.

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- Serving adolescents in care that lack strong family connections using staff with passion and special skills to work with this population (JJ social work staff and adolescent services staff)
- Clear objectives tied to overall performance expectation

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: Assess and improve the effectiveness of Region 3's interventions in preparing adolescents to have the skills and means necessary to live independently and to have strong connections before exiting DCF care.

Action Steps:

1. Complete the work that has started with the regional YABs to collaborate quarterly and enhance effectiveness of Region 3 Work & Learn program.
2. Launch the use of the RAC's Adolescent Subcommittee's Connection and Means Survey regionally, focusing on adolescents who are leaving DCF care within six months and those who have been out of care for six months. Data will be studied in order to identify focal points for improving service (including permanency planning) to adolescents.
3. Ensure completion of LIST (Learning Inventory of Skills Training) for all adolescents aged 13 and older in accordance with protocol.

How much will you do? # of adolescents completing Connection and Means survey.

How will you measure how well you will do it? Connection and Means survey completion rate.

How will you know if anyone is better off? Percentage of youth who have discharged from care who have the means to live independently and have an identified lifelong connection (Connection and Means survey). Percent of youth (who entered as an adolescent) who discharge to a family.

Strategy 2: Implement Region 3 JJ Well-Being Initiative which incorporates "5 Ways to Well-Being" framework into adolescent service practice, starting with the youth serviced by the regional JJ staff and if effective, will be extended to all youth receiving adolescent services in Region 3

Action Steps:

1. Retreat held in Nov 2014 to review progress on JJ reform plan and further develop Region 3 vision
2. Engage JJ stakeholders on creating collaboration for stronger and more effective service delivery for JJ population (Meeting scheduled 1/5/2015)
3. Pursue "sponsors" for all JJ involved kids
4. Fully integrate Court Liaisons in JJ unit in order to strengthen connection between prevention and intervention efforts
5. Build "5 Ways to Well-Being" into JJ practice protocol and use it with youth as self-assessment and as a means to evaluate service effectiveness.

How much will you do? # of JJ youth with complete intake and discharge scores using WB framework

How will you measure how well you will do it? % of JJ youth with complete intake and discharge scores using WB framework. % of youth with an identified sponsor. (JJ SWS will track.)

How will you know if anyone is better off? Percentage of JJ youth identifying overall improvement from intake to discharge on "5 Ways to Wellbeing". JJ SW will administer a survey for each youth at intake and discharge. JJ SWS will maintain log and provide QI manager for analysis. Recidivism rate, (data from Central Office JJ services, if available).

Strategy 3: Permanency Teaming practice that will ensure all youth are subjects (including JJ youth and those transitioning to DMHAS) (see PE 2)

How much will you do? See PE2

How will you measure how well you will do it? See PE2

How will you know if anyone is better off? Percent of youth (who entered as an adolescent) who discharge to a family.