

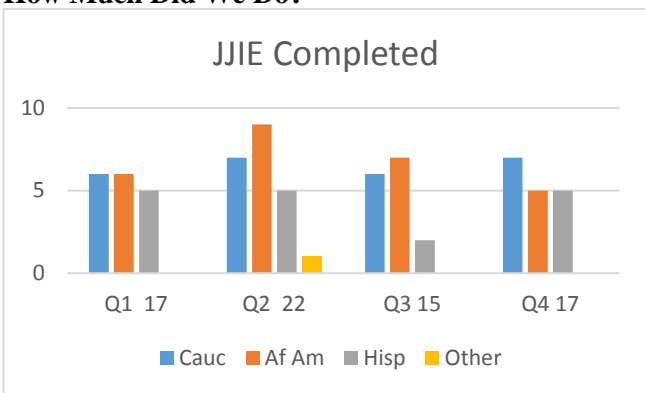
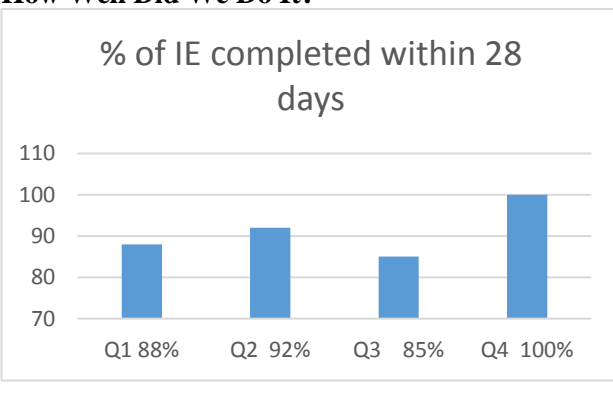
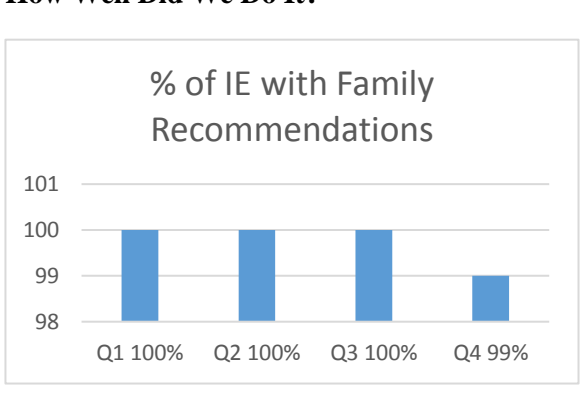
Program Report Card: Intermediate Evaluations for Juvenile Justice Involved Children and Youth- Q1/Q2/Q3/Q4 FY 16

Quality of Life Result: All Connecticut youth grow up in a stable environment, safe, healthy, and ready to succeed.

Contribution to the Result: Intermediate Evaluations for Juvenile Justice Involved Children and Youth (IE) provide quality comprehensive, multi-disciplinary community-based forensic (JJIE) or clinical (DCFIE) assessments for juvenile justice involved children and youth in collaboration with the child/youth, their family, community supports, and formal supports in order to develop a strength-based integrated summary report that will assist in legal dispositions or treatment planning.

Program Expenditures	State Funding	Federal Funding	Other Funding	Total Funding
Projected SFY 16	\$818,018		\$8,593	\$826,611

Partners: Children/Youth, Family, Family's Natural Supports, Schools, Community Providers, DCF, Court Support Services Division (CSSD), Judicial Branch

<p>How Much Did We Do?</p>  <p style="text-align: center;">JJIE Completed</p> <p style="text-align: center;">■ Cauc ■ Af Am ■ Hisp ■ Other</p> <p>Story Behind the Baseline: The numbers of IE evaluations have been in decline for the last fiscal year. This can be explained by the fact that the court is no longer using the evaluation. CSSD has built internal capacity to evaluate the necessary components in a shorter amount of time, making them more amenable to court. There has been a great effort to have DCF use the evaluations for complex cases and both providers continue to work with their respective regions to increase the number of evaluations done for DCF.</p>	<p>How Well Did We Do It?</p>  <p style="text-align: center;">% of IE completed within 28 days</p> <p style="text-align: center;">Q1 88% Q2 92% Q3 85% Q4 100%</p> <p>Story Behind the Baseline: Each Intermediate Evaluation should be completed within 28 days from the referral date. There has been an improvement in the completion of the IE within 28 days. Reasons cited for any delay by both providers include ambivalence of the family to participate in the process as well as the complexity of some of the cases being evaluated. One provider was consistently short staffed during FY 15 and this impacted their ability to complete evaluations within 28 days. Both providers at this time are fully staffed.</p>	<p>How Well Did We Do It?</p>  <p style="text-align: center;">% of IE with Family Recommendations</p> <p style="text-align: center;">Q1 100% Q2 100% Q3 100% Q4 99%</p> <p>Story Behind the Baseline: A cornerstone of the IIE evaluation process is the incorporation of the child, family, and community supports. Both providers continue to do a very good job at incorporating the family into their recommendations. This may be due to the holistic nature of the evaluation, successful family engagement, and the amount of time that the evaluator spends with the family during the evaluation process.</p>
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<p>How well did we do it?</p> <table border="1"> <caption>Percentage of IEs With a Community Based Recommendation</caption> <thead> <tr> <th>Quarter</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Q1</td> <td>82%</td> </tr> <tr> <td>Q2</td> <td>90%</td> </tr> <tr> <td>Q3</td> <td>80%</td> </tr> <tr> <td>Q4</td> <td>76%</td> </tr> </tbody> </table> <p>Story Behind the Baseline: The percentage of IE's with a community based recommendation is down from the previous quarters. As explained above, the youth being evaluated are now DCF youth rather than youth referred by CSSD, which is a fundamental shift in population. Additionally, DCF is using the IE evaluation for our most complex cases, which could explain the lower number of community based recommendations. MDFT, outpatient therapy, and TF-CBT remain the most common community services. Q3 and Q4 saw 2 TFC placements, 4 Residential placements, and 1 Group home placement.</p>	Quarter	Percentage	Q1	82%	Q2	90%	Q3	80%	Q4	76%	<p>Is Anyone Better Off?</p> <p>Satisfaction surveys:</p> <p>Satisfaction surveys are offered to the families following completion of the service. Preliminary anecdotal data from one provider is available and the other provider is working on analyzing the data for inclusion in the quarterly report. The preliminary satisfaction survey of Q2 and Q3 of 15 parents reflects that parents are not happy with the process and the providers suggests the following::</p> <ol style="list-style-type: none"> 1. Youth are DCF involved and sometimes the parents still have guardianship but not custody. 2. Parents may not agree with recommendations for services that have to take place before reunification, such as an additional therapy session prior to reunification. <p>Note: Survey participant numbers are small</p>	<p>Proposed Actions To Turn the Curve:</p> <ul style="list-style-type: none"> • Providers will continue to utilize area office gatekeepers to encourage referrals (ongoing). • Referral sources will explain the process for the Intermediate Evaluations to the youth and families to increase cooperation and follow through (ongoing). • Providers will continue to gather satisfaction survey data (ongoing).
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