
Quality of Life Result: All Connecticut children grow up stable, safe, healthy, and ready to lead successful lives.

Contribution to the Result: FAIR provides a community & home-based supportive service array of assessment, interventions & linkages to additional services to address families impacted by IPV.

<table>
<thead>
<tr>
<th>Program Expenditures</th>
<th>State Funding</th>
<th>Federal Funding</th>
<th>Other Funding</th>
<th>Total Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated FY 16</td>
<td>$1,753,400</td>
<td>0</td>
<td>0</td>
<td>$1,753,400</td>
</tr>
<tr>
<td>Actual FY 16</td>
<td>$1,753,400</td>
<td>0</td>
<td>0</td>
<td>$1,753,400</td>
</tr>
</tbody>
</table>

Partners: DCF Central Office, DCF Area Offices, DCF IPV Specialists, Connecticut Children’s Medical Center – Injury Prevention Center, IPV-FAIR providers, community providers, and families.

How Much Did We Do?
Story behind the Baseline:
Program utilization has been at or near capacity since its beginning.

Quarter 1
- 12% African American,
- 41% White,
- 43% Hispanic,
- 4% Other.

Quarter 2
- 14% African American,
- 42% White,
- 38% Hispanic,
- 6% Other.

Quarter 3
- 16% African American,
- 41% White,
- 21% Hispanic,
- 22% Other.

Quarter 4
- 20% African American,
- 47% White,
- 31% Hispanic,
- 2% Other.

Trend: ◄► No trend

How Well Did We Do It?
Story behind the Baseline:
The total N of discharges is small. LOS is 4-6 months & program began in July 2015. There were no discharges during the first quarter. To date there have been 113 discharges. Over the last year, 48 families have successfully met their treatment goals (42%). 48 (42%) were due to lack of compliance or choosing to discontinue services. The remaining reasons for discharge (16%) were due to agency discontinuing, DCF recommending discharge, the family moving or the family being transferred to another provider.

Story behind the Baseline:
The Abusive Behavior Inventory (ABI) measures abusive behaviors perpetrated by the client against their partner ("self") and perpetrated against the client by their partner ("partner"). The chart above shows the average ABI scores for moms and dads at the start of the program (pre) and at closing (post). All scores on the ABI went down over the course of treatment, indicating fewer abusive behaviors perpetrated and experienced by program participants. Dads reported that their partners’ abusive behaviors went down by an average of 12 points, and their own abusive behaviors went down by an average of 10 points. Moms reported that, on average, their abusive behaviors went down by 8 points, and their partner’s abusive behaviors went down by 12 points. ABI scores demonstrate that IPV-FAIR is positively impacting the goal of a reduction in abusive behaviors.

Trend: ▼ In Abusive behaviors

Trend Going in Right Direction? ▲ Yes; ▼ No; ◄► Flat/ No Trend
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Is Anyone Better Off?

Has there been a decrease in repeat maltreatment, including specifically for IPV?

UNDER CONSTRUCTION

Story behind the baseline: Nine children (3 families) have been removed during the FAIR episode of care. The removal in Q1 occurred within days of the initial contact with the family. In Quarter 2 and 3, both families were only engaged for a few sessions prior to the removal. A total of 129 children were served within the first year of the programs initiation. The removals equaled .05 of the total population served.

Proposed Actions to Turn the Curve:

1. New model – continuing to assess and evaluate model and continue strengthening of model fidelity
2. Providers continued development in engaging & serving entire family (move from victim-centric approach to family-centric approach)
3. Continued training and skill development

Data Development Agenda:

1. Due to current hold on PIE enhancements, converting excel spreadsheet to Qualtrics data entry system
2. Previously two reporting systems
3. Decrease in repeat maltreatment will need to be a link review as there is not a current report on new reports of families previously receiving FAIR services.
4. Model has individualized treatment goals for each parent, thus measuring successful discharge as a family unit, needs to be re-evaluated and potentially restructured.