DEPARTMENT of CHILDREN and FAMILIES

Making a Difference for Children, Families and Communities

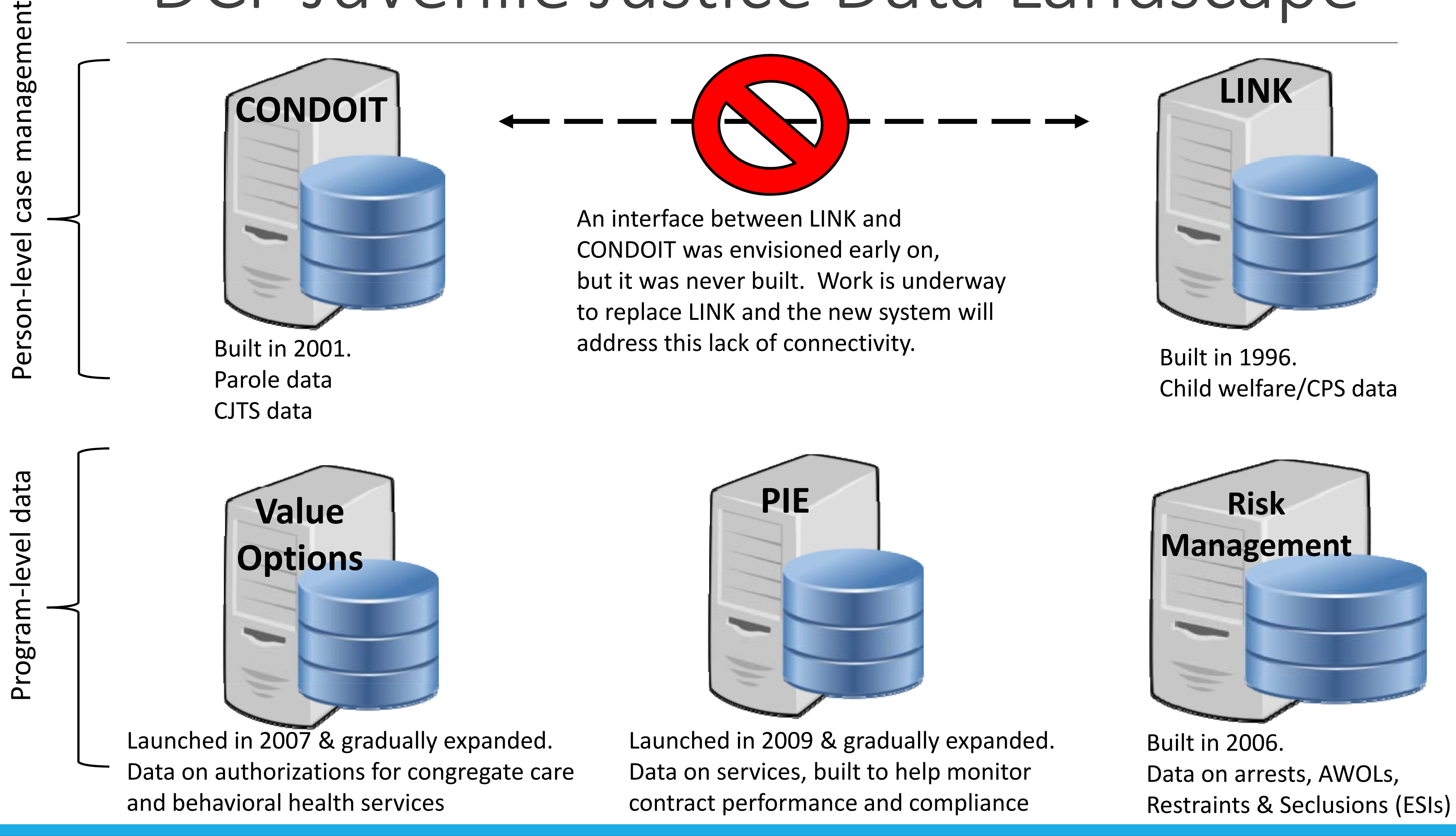
JUVENILE JUSTICE DATA FOR JJPOC WORK GROUPS

DECEMBER 2015

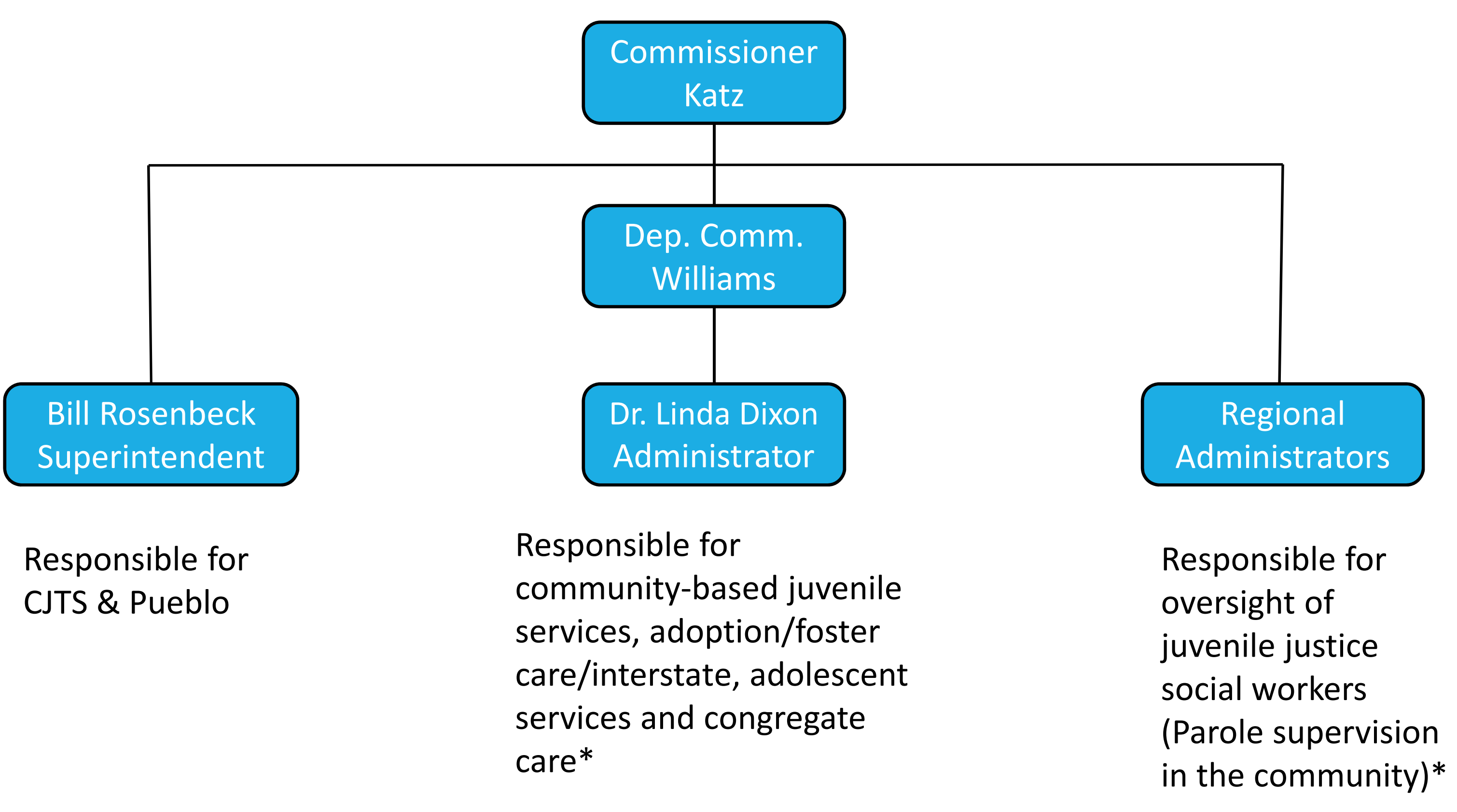
Contents

1. DCF juvenile justice data landscape
2. DCF juvenile justice organizational chart
3. Juvenile justice service array
4. Juvenile justice RBA report cards
5. CJTS population profile
6. Juvenile justice community supervision data
7. Arrests in congregate care
8. Juvenile justice AWOL data
9. Status on implementation of Georgetown recommendations

DCF Juvenile Justice Data Landscape



DCF Juvenile Justice Org. Chart



* List of responsibilities is not exhaustive. These are responsibilities as related to youth in the juvenile justice system.

Community Programs for JJ Involved Youth

Re-entry

Program	Slots
Fostering Responsibility Education and Employment (FREE)	297
Multidimensional Family Therapy (MDFT)	60
Multisystemic Therapy – Family Integrated Transitions (MST-FIT)	60
Community Targeted Re-Entry Pilot Program (CTRPP) Boys & Girls Club	40
Multisystemic Therapy for Transition Aged Youth (MST-TAY)	12
Multisystemic Therapy - Problem Sexual Behavior (MST-PSB)	48
Subsidized Vocational Employment Funds	148

A full range of other DCF contracted services are available to youth who are committed delinquent, including but not limited to: Adolescent Community Reinforcement Approach/ Assertive Continuing Care (ACRA/ACC), Mentoring, Work to Learn

Community Program Outcome Highlights

- 72% of youth in MST-TAY met all or most of their treatment goals
- 72% of youth in MST-TAY were not re-arrested during their treatment episode
- 77% of youth receiving MDFT were not re-arrested during their treatment episode
- 85% of youth receiving MDFT maintained or improved their school attendance
- Over 80% of youth receiving MST-PSB met all or most of their treatment goals

2015 Program Report Card: Multisystemic Therapy: Transition Aged Youth (MST-TAY)

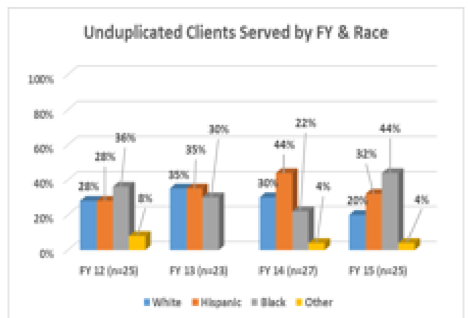
Quality of Life Result: All Connecticut children will be healthy, safe, living in stable environments and be ready for future success.

Contribution to the Result: MST-TAY is an adaptation of MST for transition aged youth aged 17 – 20 with serious mental health conditions (SMHC) & involvement in the juvenile or criminal justice system that focuses on reducing recidivism and increasing young adults' positive functioning in the critical areas of emerging adulthood while ensuring treatment and management of the SMHCs and any co-occurring substance use disorder. |

Program Expenditures	DCF Funding	MST-TAY QA DCF Funding	Total DCF Funding	3rd Party Reimbursement
Actual SFY 14	$441,811	Part of NAFI contract	$441,811	For psychiatrist
Estimated SFY 15	$501,288	$51,402	$552,690	Evaluations only

Partners: emerging adults, families, NAFI, ABH, MST Services, University of Massachusetts Medical School, DCF Regional & CO staff

How Much Did We Do?

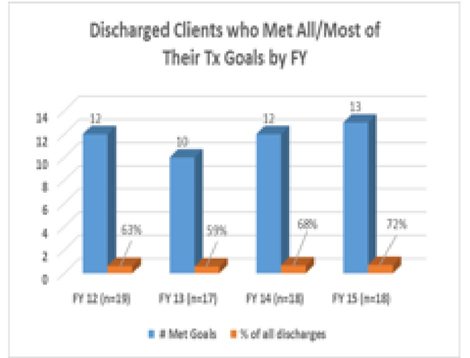


Story behind the baseline:

The annual number of clients who carry-over & are admitted per the contract = 30. The utilization varied over these 4 FYs from 23 – 27, which is less than that target. However, 30 was chosen when the length of stay was shorter, & so 25 is the current target for a team of 3 therapists.
Between 65% - 80% of the emerging adults served self-identify their race as non-white. The % of non-white clients served between FY 12 – 15 are 72%, 65%, 70%, & 80% respectively.

Trend: ◄► for total # served; ▲ for the % of non-white clients served.

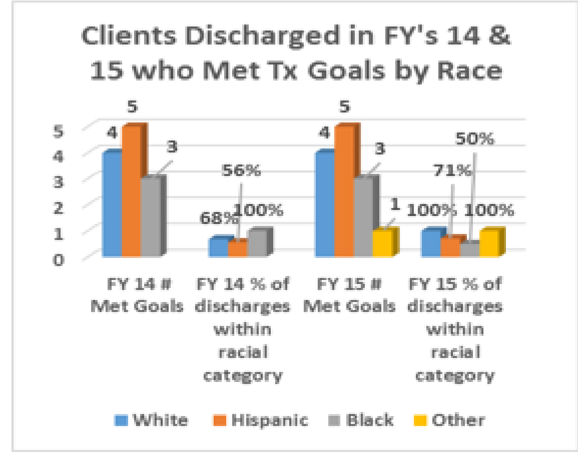
How Well Did We Do It?



Story behind the baseline:
The target in the contract for clients who met all or most of their treatment (tx) goals = 70%. From FY 13-15, the trend has shown an increase in this measure, with 72% achieving their goals in FY 15.

Trend: ▲

How Well Did We Do It?



Story behind the baseline:

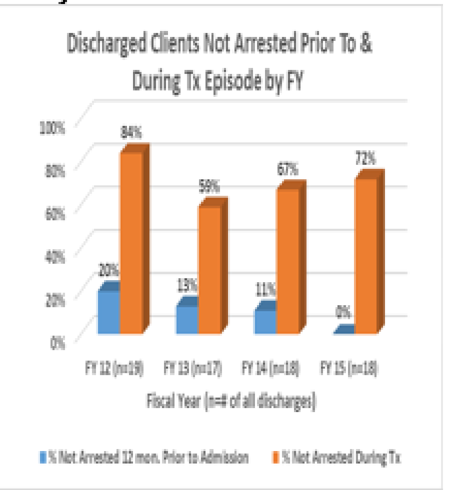
This graph shows the breakout by race for clients who met all or most of their tx goals.

Although the numbers in each racial category are very small, the % of clients who met tx goals improved within all racial categories except for Black clients. Because the # are so small & this data only covers 2 FYs, we are unable to determine the reasons for this difference.

Trend: ▲ for White, Hispanic & Other clients; ▼ for Black clients

Quality of Life Result: All Connecticut children will be healthy, safe, living in stable environments and be ready for future success.

Is Anyone Better Off?

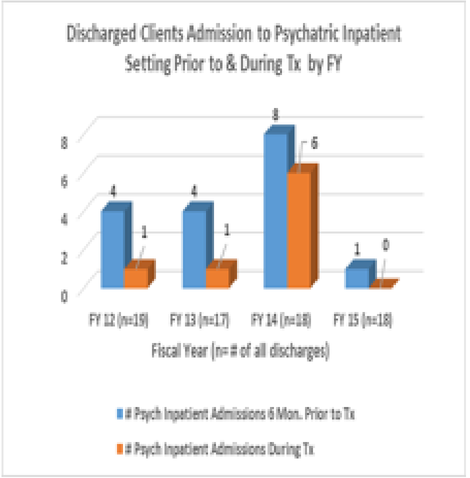


Story behind the baseline:

Since these clients have all involvement with the justice system at the time of referral, they have a high arrest rate in the 12 months prior to admission. Their "no arrests during tx" rate is very high, as the program focuses on treating their antisocial behaviors, serious mental health problems, & co-occurring substance abuse problems & trauma, which all contribute to the decrease in arrests.

Trend: ▲

Is Anyone Better Off?



Story behind the baseline:

All of these clients have one or more serious mental health condition(s). This is indicated by the high number of inpatient psychiatric admissions experienced by these clients in the 6 months prior to admission to MST-TAY. The number of inpatient psychiatric stays decreases significantly during the tx episode. This occurs because of the use of interventions for their mental health, substance abuse, & trauma issues, as well as engaging & developing the client's social network, planning for career goals, improving relationship skills, & planning for sustainable housing & independent living skills. The latter are all natural goals of this age-group.

Trend: ▲

Proposed Actions to Turn the Curve:

- Since the MST-TAY has a 4th therapist, the census will be monitored closely to determine if the expanded geographic area is making adequate referrals.
- NAFI has experienced more therapist turnover in the past year, & has developed a plan to address both increasing referrals & retaining staff. Both issues are closely monitored by the QA staff who oversee this team.

Data Development Agenda:

- This model is based on MST, as well-established evidence-based treatment for high risk youth. Open trial outcomes demonstrating efficacy of the adaptation for this target population have been published. The model developers are applying for a federal grant to continue the research necessary to prove that this adaptation of MST is effective tx for this target population.

2015 Program Report Card: Multidimensional Family Therapy (MDFT)

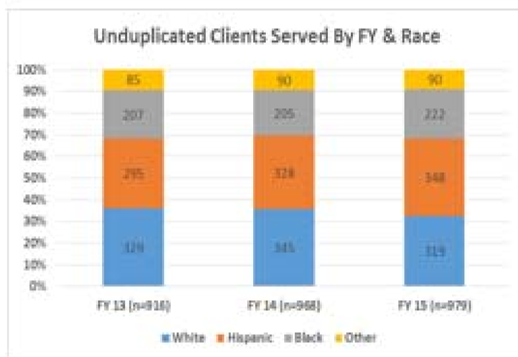
Quality of Life Result: Connecticut children grow up stable, safe, healthy, and ready to lead successful lives.

Contribution to the Result: MDFT is an evidence-based, family-focused, adolescent substance use treatment program, used as an alternative to residential treatment, and which utilizes individual, parent and family therapy to address the issues leading to adolescent substance abuse, behavioral & mental health problems.

Program Expenditures	State Funding	QA Funding	Other Funding	Total Funding
Actual SFY 13	$9,448,513	$953,933		$10,402,446
Actual SFY 14	$9,221,381	$890,840		$10,112,221
Estimated SFY 15	$ 8,947,985	$782,370		$9,730,355

Partners: families, 13 providers, Advanced Behavioral Health for local QA, MDFT International for model developer QA, Chestnut Health Systems for GAIN.

How Much Did We Do?



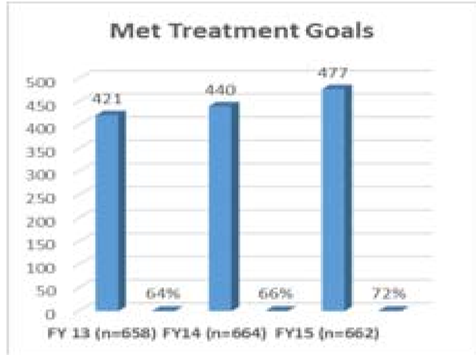
Story behind the baseline:

This graph shows the # of unduplicated clients served annually, with the contracted target of 906 exceeded & increased (916, 968, & 979) in each FY. The # & % of clients who had more than one episode were: FY 13=23 (2.5%); FY 14=30 (3.1%); & FY 15=32 (3.3%), which can be discussed with providers for reasons for repeaters.

It also shows that the race of MDFT clients served in these 3 FY's was 64% - 67% non-white.

Trend: ▲

How Well Did We Do It?



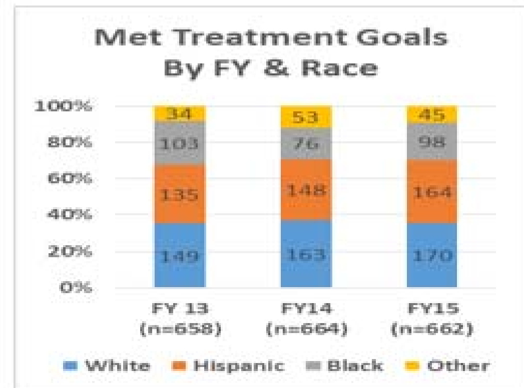
Story behind the baseline:

This graph shows the # & % of discharged clients who met all or most of their treatment (tx) goals. The trend (64%, 66%, & 72%) indicates that providers are improving on their skills to have successful outcomes with families & are more accurately reporting this data element, mentioned in Turn the Curve below. The target for this measure is 70%.

This is demonstrates progress, as this measure was 64% in FY 12, when the # of MDFT teams went from 10 to 27 & became statewide in their coverage.

Trend: ▲ for # discharged; ▲ for % of clients who met tx goals.

How Well Did We Do It?



Story behind the baseline:

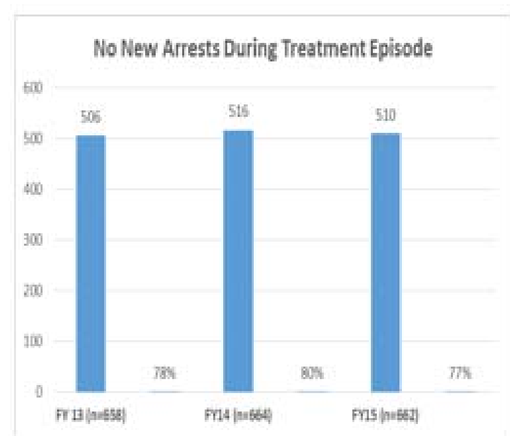
This graph shows the % of clients within each of 4 racial categories who have met all or most of their treatment goals at the time of discharge. Clients self-identified as white, Hispanic or other showed an increase in % between FY 13 – FY 15. Clients self-identified as black remained about the same % during that same time period.

Trend: ▲ for 3 races; ◄► for Black Clients

Is Anyone Better Off?

2015 Program Report Card: Multidimensional Family Therapy (MDFT)

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



Story behind the baseline:

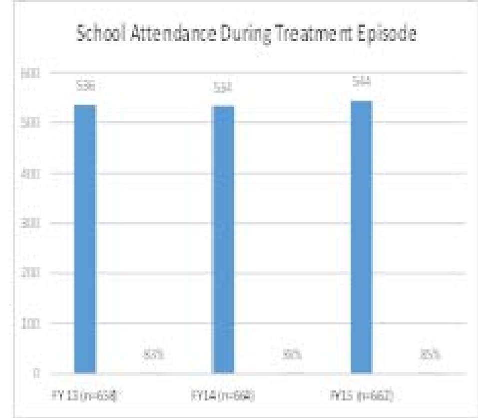
This graph shows that the "no new arrest" rate during the episode of treatment of clients discharged in FY 13 – FY 15 has slightly decreased (78%, 80%, & 77%), but not significantly. All are above the target of 75%.

However, these % are the same or higher than those for FY 11 (75%) & FY 12 (77%) for the same data element.

This data element's results can fluctuate, depending upon the # of youth referred who currently have juvenile justice involvement. Providers say that while in MDFT, parents are encouraged to contact police, especially when there is a safety concern. This is not something that these parents did prior to MDFT's support / involvement.

Trend: ▼

Is Anyone Better Off?



Story behind the baseline:

This graph shows that the school attendance rate of clients discharged in FY 13 – FY 15 has slightly increased (83%, 83%, & 85%) during the episode of treatment. The percent indicates the number of youth who have either maintained the same or greater level of school attendance. All are above the target of 75%.

However, these % are higher than those for FY 11 (82%) & FY 12 (80%) for the same data element.

Trend: ▲

Proposed Actions to Turn the Curve:

- Discussion occurs in every MDFT quarterly supervisor meeting with providers about how data is shared with funders, how to interpret various data elements that don't offer enough specificity (met all/most treatment goals, abstinence, etc.). These elements are being revised to allow for greater specificity.
- Continuous discussions about data are important due to on-going staff turnover (10 staff vacancies were the average for each of the last 5 months for FY 15 for the MDFT network).
- On-going discussions with providers about the race, arrest data & clients with more than one episode in a year will occur in quarterly meetings.

Data Development Agenda:

- In January, 2015, DCF began collecting information in PIE about the discharged client's use of alcohol/drugs at intake & discharge.
- Modified substance use related data elements will be captured in the PIE release scheduled for Jan, 2016, for ex., providers will have the option to indicate "none reported" or "not applicable" if no drugs were used.
- The MDFT QA semiannual report for FY 15 is due 7/30/15. So the data about capacity management, vacancies & MDFT certifications are not a part of this current report.
- We will be working with the model developer on integrating data about model fidelity from the new MDFT Clinical Portal into future RBA reports.

FY15 Program Report Card: Adolescent Community Reinforcement Approach-Assertive Continuing Care (ACRA-ACC)

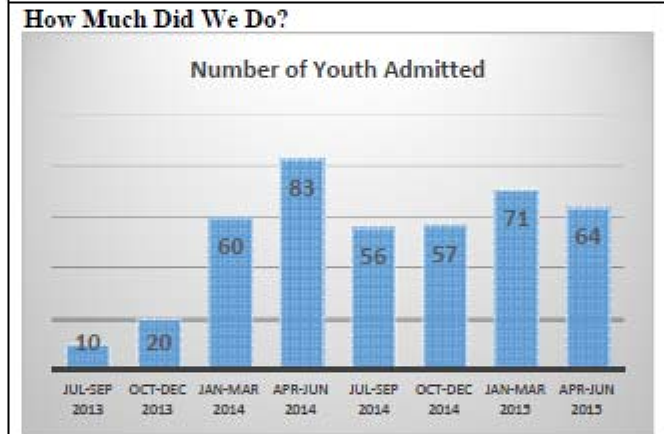
Quality of Life Result: All Connecticut youth grow up in a stable environment, safe, healthy, and ready to succeed.

Contribution to the Result: ACRA-ACC is an evidence-based adolescent substance use treatment model which is delivered in a clinic, community, or home based setting to treat the unique needs of the substance using adolescent.

SFY 16 Program Expenditures	State Funding	Federal Funding	Other Funding	Total Funding
ACRA-ACC	$1,742,313	$	$352,226	$2,094,539
ACRA-ACC Consultation & Evaluation	$73,325	$	$	$73,325

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

How Much Did We Do?



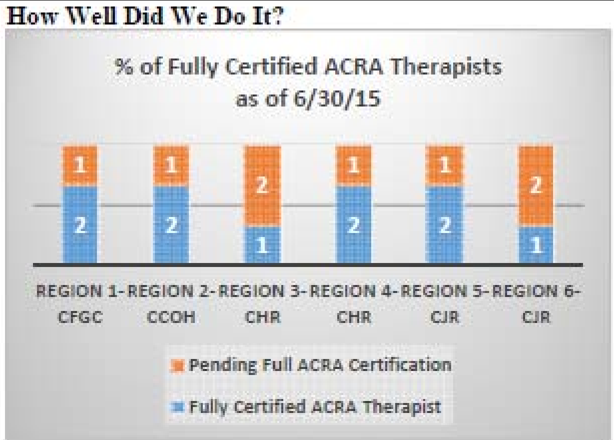
Story Behind the Baseline:

ACRA-ACC was a new program that began accepting cases after July 2013 (5 teams) with the 6th team accepting referrals in February 2015. There were 139 youth active in ACRA-ACC as of June 30, 2015. The statewide capacity is 216 with each team having capacity for 36 youth at a time. Utilization as of June 30, 2015 was 64% with providers slightly or moderately below capacity.

The number of incoming referrals have fluctuated and so additional plans to outreach to schools, doctors, hospitals, probation, and DCF are being developed at a statewide level.

◄► Flat/ No Trend

How Well Did We Do It?

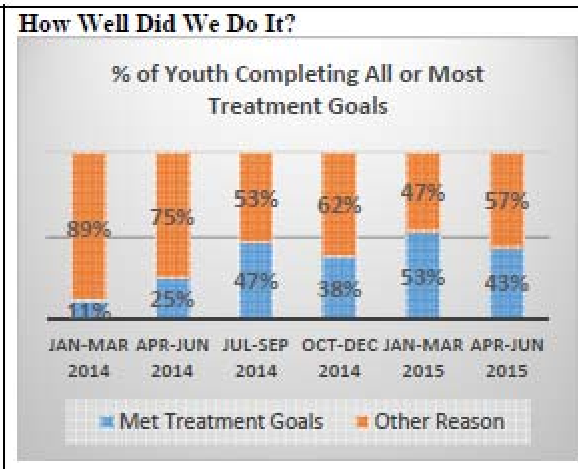


Story Behind the Baseline:

Each team is composed of 3 therapists and a supervisor. All have been trained in ACRA by model developers or by already certified supervisors. Each therapist has to achieve competency in 9 core procedures (basic certification) followed an additional 10 procedures to become fully certified. All therapists have achieved basic certification, and all supervisors are certified as ACRA supervisors. All therapists pending full certification are on target within their deadlines.

Trend: ▲Yes

How Well Did We Do It?



Story Behind the Baseline:

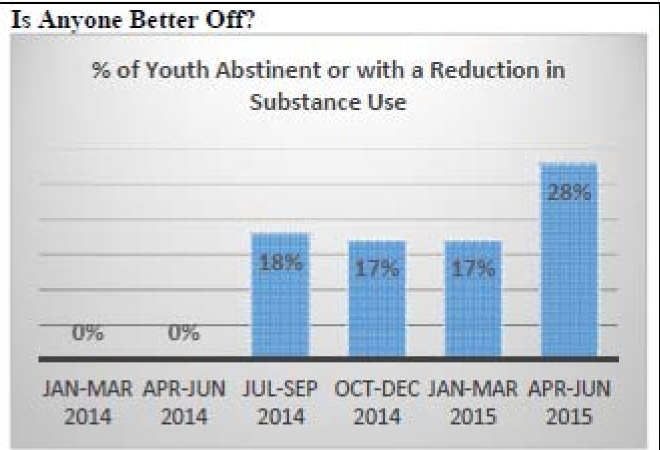
As ACRA-ACC becomes fully established and therapists become fully certified, the number of youth meeting all or most treatment goals will increase. Since its inception, this performance measure has increased almost 300%.

Trend: ▲Yes

FY15 Program Report Card: Adolescent Community Reinforcement Approach-Assertive Continuing Care (ACRA-ACC)

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

Is Anyone Better Off?



Story Behind the Baseline:

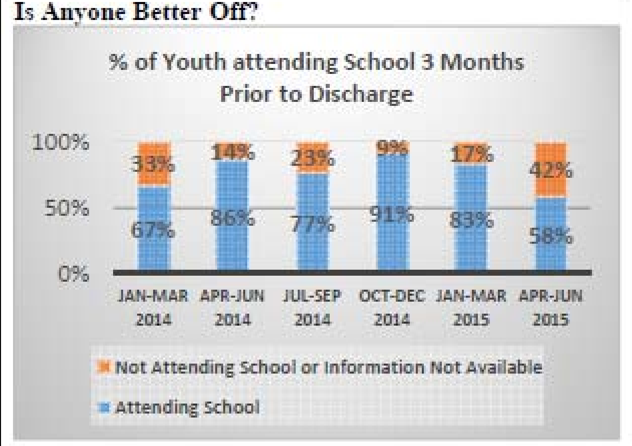
The number of youth abstinent or reducing their substance use will increase as therapists become fully certified in ACRA. The therapists will be able to better understand, support, and treat the youth and their caregivers.

The data had a large amount of information left blank which might have increased the percentages.

Marijuana is one of the most used substances by youth. The program is encountering youth, caregivers, and communities that do not understand the adverse health effects and the impact it has on the youth's life, making it very challenging to support long term abstinence or reduction in use.

Trend: ▲*Yes*

Is Anyone Better Off?



Story Behind the Baseline:

The number of youth attending school at the time of discharge has fluctuated. Therapists continue to become more experienced in delivering ACRA-ACC and better connected to the communities.

Trend: ◄► **Flat/ No Trend**

Proposed Actions To Turn the Curve:

- A statewide referral form was created to simply the referral process (Spring 2015) and will continue to be disseminated (ongoing).
- A practice guide has been drafted and reviewed (to be released late Summer 2015)
- A youth friendly flyer will be developed for statewide dissemination to schools or youth centers (as requested) to increase self-referrals (early Fall 2015)
- A statewide outreach plan will be developed to increase the communities' knowledge of the program (Fall 2015)
- Therapists will be fully certified (early Winter 2015).
- A continuous quality improvement plan will developed (late Fall 2015).

Data Development Agenda:

- Performance measures were modified after consultation with model developers and a review of current data systems (effective July 2015).
- Data elements found in the Provider Information Exchange database will be refined and documented (Fall 2015).
- The GAIN Q3 and EBTx.org databases will be utilized in the analysis of performance measures (Summer 2015).
- Data will be analyzed by race/ethnicity.

2015 Program Report Card: Multisystemic Therapy for Problem Sexual Behavior (MST PSB)

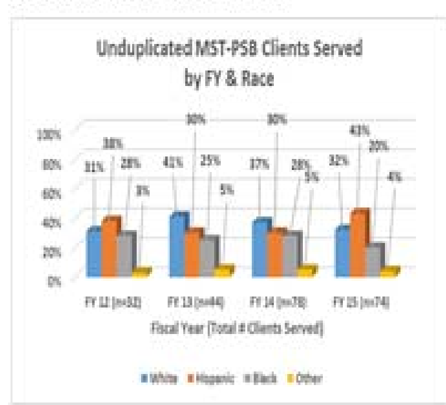
Quality of Life Result: All Connecticut children will be healthy, safe, living in stable environments and be ready for future success.

Contribution to the Result: Multisystemic Therapy for Problem Sexual Behavior is an ecologically oriented, family and community based treatment that has achieved promising long term outcomes for youth who have committed sexual offenses. It utilizes high intensity, frequent therapeutic interventions delivered within the families' natural ecology, with a strong emphasis is placed upon community safety while simultaneously utilizing and impacting the youth and his/her family's natural ecology to help ensure long term generalization of therapeutic gains.

Program Expenditures	DCF Funding	DCF Funding of MST-PSB QA	Total DCF Funding	3rd Party Reimbursement
Actual SFY 14	$1,494,356	$123,535	$1,617,891	HUSKY for therapy,
Estimated SFY 15	$1,653,092	$125,132	$1,776,224	Case management & psych evals

Partners: youth, families, DCF regional & CO staff, MST Associates, MST Institute, ABH

How Much Did We Do?



In FY 15, about 2/3rds of the clients were self-identified as non-white.

Trend: ▲ for capacity from FY 14 to FY 15

Story behind the baseline:

PIE Data: MST-PSB expanded from annually serving 27 clients in FY 12 per contract with 1 team to 91 statewide clients in FY 14 with 4 teams. The contractual capacity admissions + carry overs) was met in FYs 12 & 13, & not met in the start-up year with 2 new teams in FY 14. Referrals have dropped in FY 15, which the teams are addressing.

How Well Did We Do It?

Story behind the baseline:

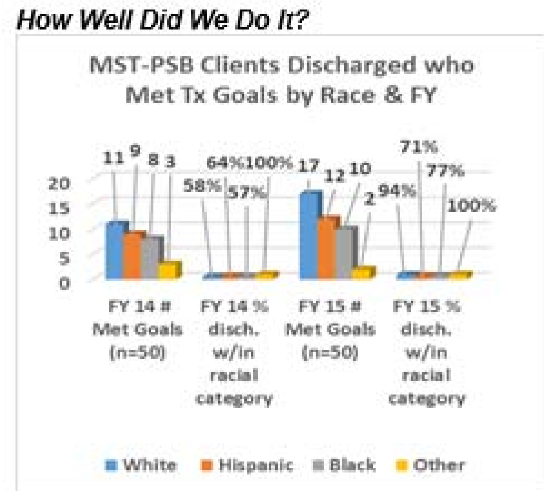
PIE Data: The original MST-PSB provider & team has exceeded the target of 80% for "met treatment (tx) goals" in all 4 FYs, even during FY 14 when 2 therapists were added to the supervisor's team of 4 therapists. The 2 new teams with different providers had low outcome of "met tx goals" in their start-up year, but have improved significantly in FY 15.

Trend: ▲ from FY 14 to FY 15

2015 Program Report Card: Multisystemic Therapy for Problem Sexual Behavior (MST PSB)

Quality of Life Result: All Connecticut children will be healthy, safe, living in stable environments and be ready for future success.

How Well Did We Do It?

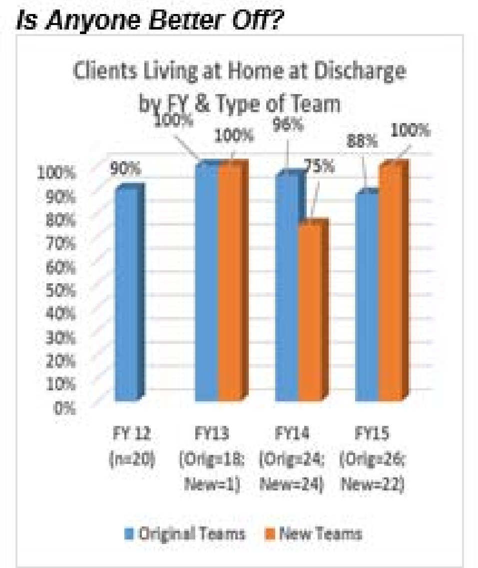


Story behind the baseline:

PIE Data: Within each racial category of clients discharged in FY 14 & 15, the % of clients who "met tx goals" increased for all 4 racial categories.

Trend: ▲ for each racial category

Is Anyone Better Off?



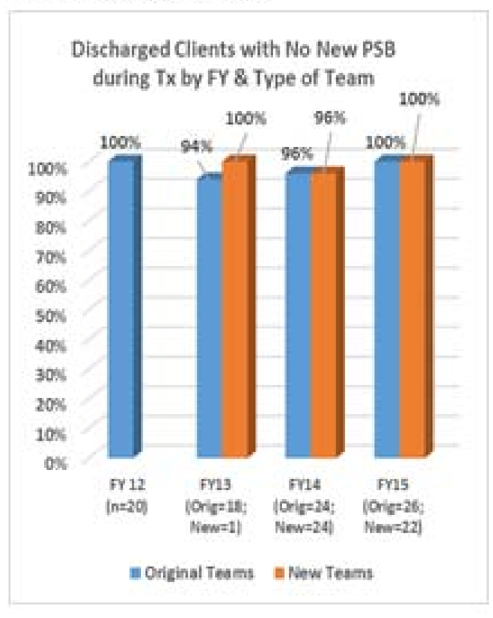
Story behind the baseline:
MSTI Data Base: Overall, youth discharged from MST-PSB with a full course of Tx over the last 4 FYs were living at home at the time of discharge (for all by FY: FY 12 = 90%; FY 13=100%; FY 14=85%; & FY 15=94%). The only time that the MST-PSB target of 80% was not met was by the new teams during their start-up year. This was improved by the new teams in FY 15 with achievement of 100%.

Trend: generally ▲

2015 Program Report Card: Multisystemic Therapy for Problem Sexual Behavior (MST PSB)

Quality of Life Result: All Connecticut children will be healthy, safe, living in stable environments and be ready for future success.

Is Anyone Better Off?



Trend: ▲

Story behind the baseline:

MSTI Data Base: Overall, almost all of the youth discharged from MST-PSB with a full course of Tx over the last 4 FYs had no new PSB at the time of discharge (for all by FY:

FY 12 = 100%; FY 13=95%; FY 14=96%; & FY 15=100%). These ranges are well above the target amount of 80%.

Proposed Actions to Turn the Curve:

- The overall number of referrals in FY 15 dropped to 74, which is 77% (target = 90%) of contractual amount of 96. This was due to staff turnover in 2 of the 3 teams & a trend of fewer referrals from DCF (FY 12=71%; FY 13=82%; FY 14=75%; & FY 15=61% of all referrals from DCF). The MST-PSB QA expert for the teams has facilitated having them develop & implement plans on how to increase referrals from all referral sources.
- Discussions about the racial breakout of clients served & those who met Tx goals will occur in quarterly meetings.

Data Development Agenda:

- Since PIE does not have data elements for assessing new PSB during Tx or if the youth is living at home at discharge, the MSTI data base will be used to provide that data.

2015 Program Report Card: Multisystemic Therapy: Family Integrated Transitions (MST-FIT)

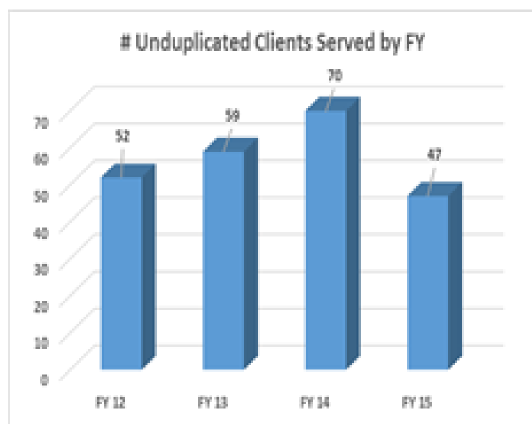
Quality of Life Result: All Connecticut children will be healthy, safe, living in stable environments and be ready for future success.

Contribution to the Result: MST-FIT is an evidence-based intensive in-home model to help youth on parole & their families to re-enter the community following an out of home placement where the youth learned DBT skills & both parents & their youth are coached to use them & other skills at home.

Program Expenditures	DCF State Funding	DCF QA Funding	Total DCF Funding
Actual SFY 14	$600,154	$120,542	$720,696
Estimated SFY 15	$600,154	$120,542	$720,696

Partners: youth, families, CJTS clinical staff, Juvenile Justice Social Workers & their regional managers, University of Washington, Advanced Behavioral Health, Wheeler Clinic

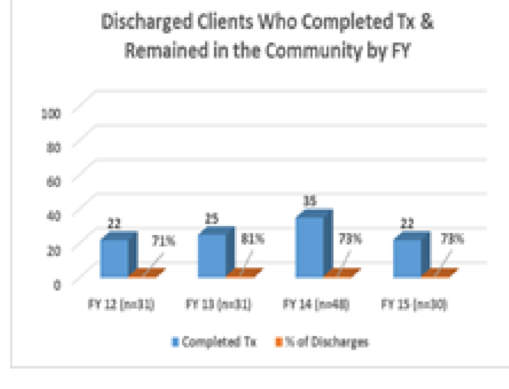
How Much Did We Do?



Story behind the baseline:
MSTI data base: The MST-FIT target annual clients (carry-overs + admissions) = 60. The # of unduplicated clients served increased from FY 12 to FY 14. In FY15, the decreased # was primarily due to a decrease in the # of referrals from parole. The MST-FIT team averaged having 4 openings at any given time during FY 15. A small impact for that year was due to the timing of staff turnover, with 4 referrals not able to be accepted.

Trend: ▼

How Well Did We Do It?

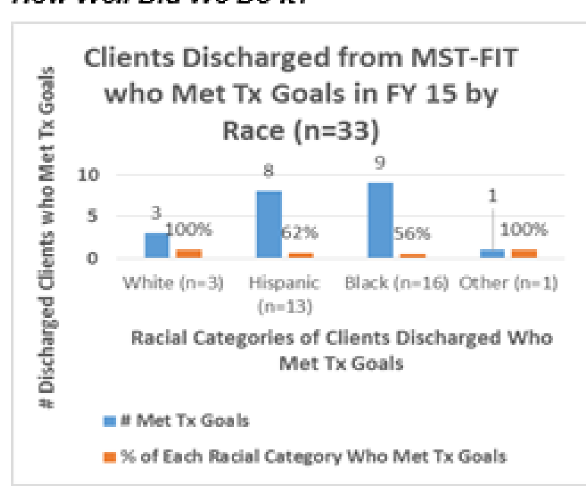


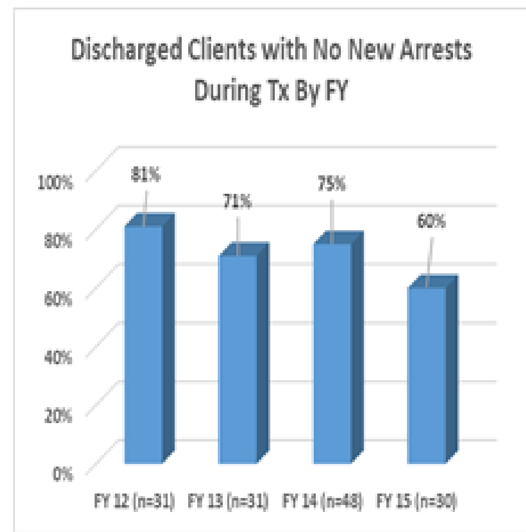
Story behind the baseline:
MSTI data base: The % of discharged clients who completed treatment (tx) & remained in the community over the past 4 FYs has decreased. MST-FIT's target = 85%. This target was met only in FY 14. Note that the model recommends that tx begin 2 mon. prior to the youth's release & return to the community. In FY 15, 63% of the youth had NOT beenf referred in time to provide the 6-8 week pre-treatment interventions. In FY 15, the rate of completion & remaining in the community was actually 91% for those youth who did receive 6-8 weeks of pre-release intervention.

Trend: ▼

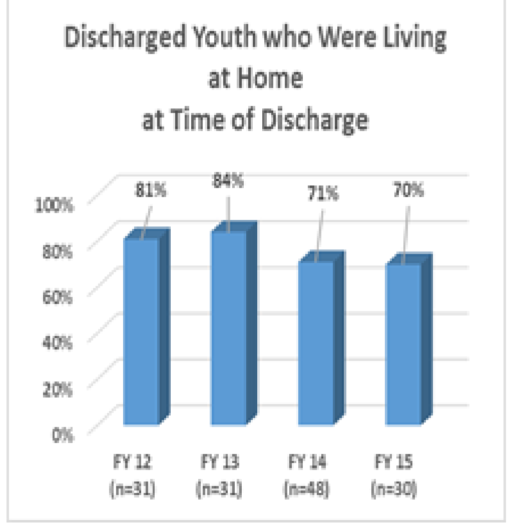
Quality of Life Result: All Connecticut children will be healthy, safe, living in stable environments and be ready for future success.

How Well Did We Do It?





Is Anyone Better Off?



Story behind the baseline:

PIE data base: MST-FIT began using PIE in Spring, 2014. In FY 15, 21 (64%) of all discharged clients met all or most of their tx goals. FY 15 is the first FY for which MST-FIT has all 4 quarters of PIE data, so this is baseline data & trends are not able to be determined. MSTI reports did not include racial breakouts for completion of tx.

Trend: ◄►

Is Anyone Better Off?

Story behind the baseline:

MSTI data base: Goal completion is measured only for discharges who did not move, were not removed by referral source or by the program, or were not placed due to a prior event. The # of discharges by FY (n=__) represents this subgroup of all discharges. The target for "no new arrests during the tx episode" = 72%. The target was achieved in FY 12, 13 & 14, & decreased to 60% in FY 15.

Trend: ▼

Story behind the baseline:

MSTI data base: Goal completion is measured only for discharges who did not move, were not removed by referral source or by the program, or were not placed due to a prior event. The # of discharges by FY (n=__) represents this subgroup of all discharges. The target for "living at home" = 80%. The target was achieved in FY 12,

& 13, & decreased in FY 14 & 15. In FY 15, only 1 out of the 8 youth in placement were referred to the program in time to provide the full 6-8 weeks of pre-release treatment that is recommended by the model.

Trend: ▼

Proposed Actions to Turn the Curve:

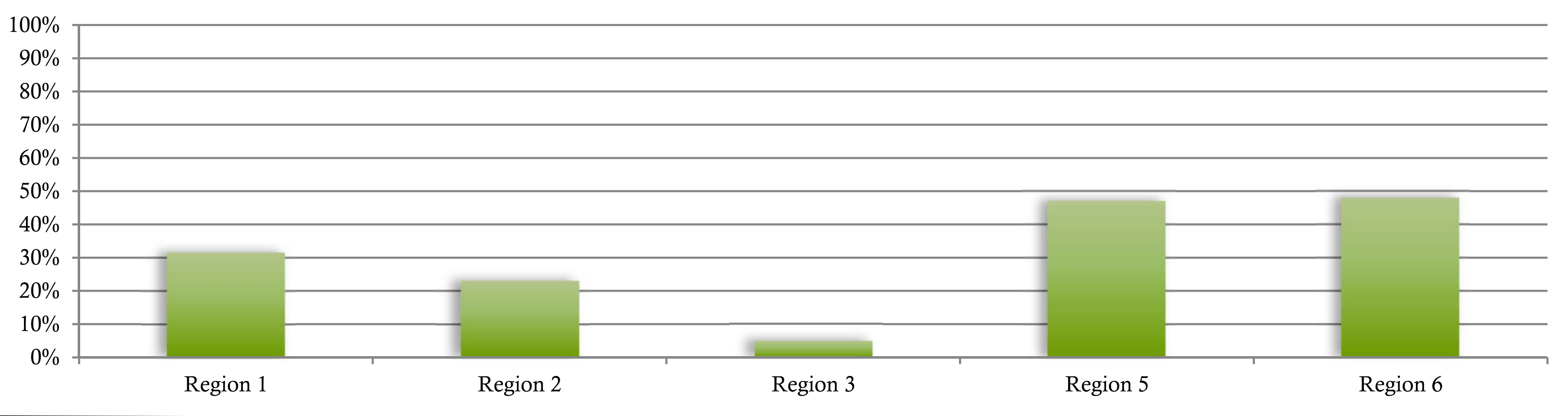
- Wheeler & DCF CO will work with regional parole staff to strategize how to increase referrals.
- Wheeler will work with DCF parole workers, supervisors & facility staff to promote greater attention to referrals so that a minimum of 6 weeks of pre-release intervention with the youth & his family.
- The team had a strong track record of staff retention until FY 15 when there was high staff turnover for a variety of reasons. Wheeler will work with MSTS QA expert to track & address (as needed) any pattern of staff transitions to endure that there are not ongoing staff retention issues.

Data Development Agenda:

- Now that MST-FIT is in the PIE data base, this will provide 2 data sets for monitoring this program. Quarterly data reports will be discussed with the program.

Fostering Responsibility Education and Employment (FREE) Program

PROGRAM	Region 1			Region 2			Region 3			Region 5			Region 6		
	Total Discharged	Percent Arrested	Percentage return to Placement	Total Discharged	Percent Arrested	Percentage return to Placement	Total Discharged	Percent Arrested	Percentage return to Placement	Total Discharged	Percent Arrested	Percentage return to Placement	Total Discharged	Percent Arrested	Percentage return to Placement
FREE	29	32%	32%	47	23%	17%	20	5%	5%	32	47%	44%	27	48%	33%



- Each region is managed by different providers with unique data collection processes
- Region 4 data under review
- Funding secured to port over to PIE in calendar year 2016

CJTS Population Profile

- Age: Mean age was 16.61 (30% of all JJ youth are 18 and older)
- Commitment:
  - 88.06% (59) were committed delinquent, 11.94% (8) were dually committed
  - 83.58% (56) were committed for 18 months, 16.42% (11) were committed for 4 years
- Admission type:
  - 62.69% (42) were admitted on a new commitment
  - 28.36% (19) were admitted from parole supervision
  - 8.96% (6) were admitted from a congregate setting
- Total admissions: The mean number of total admissions was 1.64 per youth. The median and mode were both 1.00 admissions per youth. 41.79% of youth (28) had more than 1 CJTS admission.

Point in time profile of the population based on 67 youth at CJTS on 11/15/15.

CJTS Population Profile

- Length of Stay: The mean length of stay was 109 days. The median length of stay was 74 days.

- Committing Court:

Court Location	# of Youth	Percentage
Bridgeport	12	17.91%
Danbury	1	1.49%
Hartford	8	11.94%
Middletown	1	1.49%
New Britain	5	7.46%
NewHaven	13	19.40%
Rockville	1	1.49%
Stamford	7	10.45%
Torrington	2	2.99%
Waterbury	11	16.42%
Waterford	1	1.49%
Willimantic	5	7.46%

Point in time profile of the population based on 67 youth at CJTS on 11/15/15.

CJTS Population Profile

Family History:

- 92.54% (62) of the youth have significant family history, including one or more of the following issues:
  - 14.93% (10) have parents with significant medical needs
  - 43.28% (29) have a history of parental mental health/psychiatric needs
  - 55.22% (37) have a history of parental substance abuse
  - 85.07% (57) of the families have prior DCF history, ranging from prior investigations to having children in foster care
- According to the federal Bureau of Justice Statistics, 2.7% of adults in the United States have ever served time in prison[1]. For the youth at CJTS, 52.24% of their parents have a history of incarceration.

[1] http://www.bjs.gov/content/pub/pdf/piusp01.pdf

CJTS Population Profile

Primary Adjudication at Admission:

Carrying pistol without permit	5
Larceny 3rd degree	5
Assault 3rd degree	4
Burglary 3rd degree	4
Robbery 3rd degree	4
Robbery 2nd degree	3
Violation of Probation	3
carry/sell dangerous weapon	2
Possession of Narcotics	2
Possession with intent to sell	2
Violation of court order under 16	2
Violation of probation while 16 years	2
Assault pub sfty/emer med personnel	2
Assault 2; robbery 2	1
Assault 3/Escape from Custody	1
Breach of Peace	1
Breach of Peace 2nd degree	1
Breach of Peace, Assault 3rd	1
breach of peace/VOP	1
Carrying/sell dangerous weapon	1

Criminal Mischief 3rd	1
Criminal Mischief; Breach of Peace	1
Criminal Possession of Weapon	1
disorderly conduct	1
Interfering w/ Officer; Breach of Peace; Larceny 5	1
larceny 2nd degree	1
Larceny 3rd/burglary 3rd	1
Larceny 6, robbery 2nd	1
Larceny 6/Burglary 3rd	1
Larceny 6th	1
Poss. Cntrld Substance/ <4 oz. mrhna	1
Possession Narcotics 2nd	1
Possession of controlled substance	1
Reckless Endangerment 2nd degree	1
Robbery 3rd/assault 3rd	1
Sex 1-vctm <10 yrs old forced	1
Sex 3--use or threat of force	1
Sexual Assault 1st degree	1
Threatening 2nd degree	1
Threatning 2nd degree	1

CJTS Population (Jan-June 2015)

- 196 unique youth were placed at CJTS at some point between January and June 2015
- 17.86% of admissions came from congregate settings
- 24.49% of youth were on psychotropic medication at the time of admission
- Discharge data
  - Mean Length of stay for discharged youth was 166.4 days
  - 71.04% of discharged youth went home
  - 25.68% went to a congregate setting
  - 3.28% went to Manson Youth Institute

CJTS Congregate Care Admissions, Jan-June 2015

Youth who were admitted to CJTS from a congregate setting came from the following programs:

Program	Admissions
Allison Gill	2
Bradley House	2
Children's Center	5
Crossroads	1
DMHAS	1
Helen's House	1
Journey for Life	1
Lighthouse	1
Manson Youth	2
Movin' On	3

CJTS Discharges, Jan-June 2015

71.04% of discharged youth went home. The youth who did not discharge to home or Manson Youth Institute went to the following settings:

Adelbrook	1
Allison Gill	2
Boys & Girls Village	2
Bradley House	2
Children's Center	2
CJR Group Home	1
Crossroads	2
DMHAS	1
Family Living Group Home	2
Helen's House	1
Housing for Success	1
Journey for Life	6
Lisa, Inc.	1
MCCA	1

Movin' On	1
NEAT	3
New Choices	1
Rushford	6
Solnit North	1
Solnit South	1
SWEPT	1
Three Harmony Group Home	1
Waterford Country School	5
Winchester Group Home	1

CJTS & Pueblo Budget

SID	Service Type	SFY 16 Budget	SFY 17 Budget
	CJTS		
10010	Personal Services	26,541,268	26,541,268
	Fringe (Est - Haz Duty 70.08%)	18,600,121	18,600,121
10020	Other Expenses	3,065,600	3,065,600
12235	Workers Compensation (Est)	$ 5,266,626	$ 5,266,626
	Total CJTS	$ 53,473,615	$ 53,473,615

Juvenile Justice Community Supervision Data

- 265 youth supervised by Juvenile Justice Workers in October 2015
  - 113 youth at home
  - 100 in locked settings (CJTS, Pueblo, Manson, York, Journey House)
  - 52 in Residential Treatment Centers and Group Homes
- 73.25% of youth in out of home placement have been visited by their Juvenile Justice Social Worker in their placement in the last 30 days
- 44.17% of youth at home on parole supervision have been visited at home twice by their Juvenile Justice Social Worker in the last 30 days
- On average, youth at home had 1.53 home visits from their JJ social worker during the month of October 2015
- On average, youth on JJ supervision had 2.07 face-to-face contacts with their JJ Social Worker in October 2015

Juvenile Justice Community Supervision Data

<u>Placement Stability & Re-entry</u>

- On average, youth experienced 3.53 placement moves per 1,000 care days (including moves home)
- 4.86% of JJ youth re-entered DCF custody within 12 months of a prior discharge (9 out of 185)
- 53 AWOL episodes involving 25 unique youth from Jan-June 2015

Arrests in Congregate Care
(Youth who are committed delinquent)

- 42 arrests involving 28 unique youth from Jan-June 2015 (including CJTS & Pueblo)
- Reasons for arrest included:
  - Assault of staff – 21 arrests
  - Assault of peers – 4 arrests
  - Disorderly conduct – 11 arrests
  - Escape from custody – 3 arrests
  - Other – 3 arrests

CJTS Arrests (Jan-June 2015)

- 17 arrests involving 10 unique youth
- Reasons for arrest:
  - 5.88% (1) Assault 2nd
  - 11.76% (2) Assault 3rd
  - 58.82% (10) Assault on a DCF worker
  - 11.76% (2) Reckless endangerment 1st
  - 5.88% (1) Threatening 2nd
- Length of stay at time of arrest:
  - 58.82% of arrests happened within first three months of placement
  - 11.76% of arrests happened between 4 and 6 months of placement
  - 29.41% of arrests happened between 12 and 18 months of placement
- Time of day
  - 35.29% of arrests happened during first shift
  - 64.71% of arrests happened during second shift

Status on Implementation of Georgetown Recommendations

Recommendation	Status
1. Establish an incentive-based community parole supervision system rather than a sanctions-based system.	*Graduated responses developed and formalized by the Juvenile Justice Community of Practice.*
2. Prohibit re-incarceration ("respite") for technical violations or other purposes not related to a new offense. Reserve return to confinement for those with new offenses who are at high-risk.	*Commissioner reviews returns to CJTS now and less restrictive alternatives to CJTS have been developed. For example, the JJ SWEPT in Stamford (two more JJ SWEPTS in development) and the CJT unit being developed. Training in YLS started in June, 2015.*
3. Ensure proper matching of risk level to the number of parole supervision contacts.	*Training in YLS started in June, 2015.*

Status on Implementation of Georgetown Recommendations

Recommendation	Status
4. Ensure there are proper arrays of community-based parole supervision services that can serve as an alternative to return to custody (intermediate sanctions).	*Graduated responses have been developed. We are also exploring various interventions and models for our service array.*
5. Build a model for the seamless transition of treatment services from institutional to community settings. Develop transition plans that include services, safety and contingency planning, community support, engagement of mentors, and parental aides.	*Work with service providers is ongoing. We now have providers engaging with youth at CJTS several weeks before discharge to help plan for a warm hand off. We have also developed a teaming model in one region and hope to take it statewide if successful.*

Status on Implementation of Georgetown Recommendations

Recommendation	Status
6. Use needs assessment, specialized clinical assessment and treatment progress to plan the transition of treatment services to community-based providers. In this 'structured re-entry' or 'soft handoff', the community-based provider is fully engaged with a child and family prior to the end of facility-based treatment. Where multiple service providers are required, a treatment team is formed, a collaborative plan is developed, and services are transitioned seamlessly.	*We now have providers engaging with youth at CJTS several weeks before discharge to help plan for a warm hand off.*
7. Build on Connecticut's existing Leave policies that allow for home visits during confinement to improve youth transition to community-based service providers.	*CJTS now has visits and passes.*

Data Development Agenda*

1. School enrollment/attendance for supervised youth.
2. Compliance with material parole expectations.
3. # of CJTS incidents that do not result in an arrest.
4. Longitudinal reports on community supervision of youth, including trends on visitation and contacts. Currently, standard reports only show a monthly, quarterly or total annual view.
5. Longitudinal data on youth after they exit DCF care and custody.
6. Some community-based juvenile justice programs are still not in the Provider Information Exchange.
7. Seeking to amend confidentiality provisions to ease data sharing.

*These data are not available in standard LINK or Condoit reports and would require either a qualitative case review or development of new reports within the data systems.