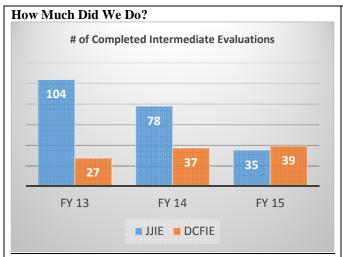
# Program Report Card: Intermediate Evaluations for Juvenile Justice Involved Children and Youth- FY15

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

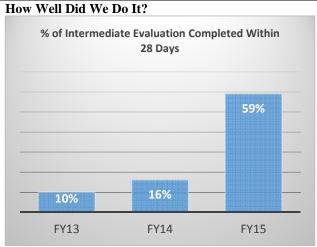
Partners: Children/Youth, Family's Natural Supports, Schools, Community Providers, DCF, Court Support Services Division (CSSD), Judicial Branch



#### **Story Behind the Baseline:**

There has been a 44% increase in DCFIE's but a 66% decrease in JJIE's since FY 13. The use of Clinical Coordinators in Juvenile Court and the Court's move to have forensic evaluations have contributed to the decrease in JJIE referrals. Clinical Coordinators complete their own assessments to determine if a youth needs services or an evaluation and if so, what type. It is unknown if the total number of evaluations has decreased due to the youth needing this type of comprehensive evaluation has decreased, if changes to the Juvenile Justice System have identified the proper youth to get the evaluation, or if the need for the DCFIE has been under-represented.

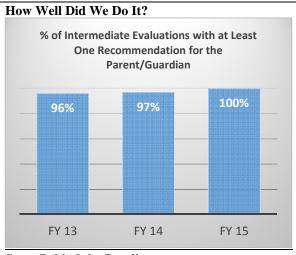
**Trend: ▼** No



### **Story Behind the Baseline:**

Each Intermediate Evaluation should be completed within 28 days from the referral date. Providers report delays in getting the evaluation done within the timeframe due to referral sources not explaining the IE process entirely to the families, children/families not always wanting to go through the evaluation, youth needing more time to test, transportation delays, and scheduling of the team conference to include all appropriate people. In cases where the evaluation takes longer, the referral source agrees to extend the evaluation process. 86% of evaluation in FY 15 were completed within 35 days.

Trend: **▲**Yes



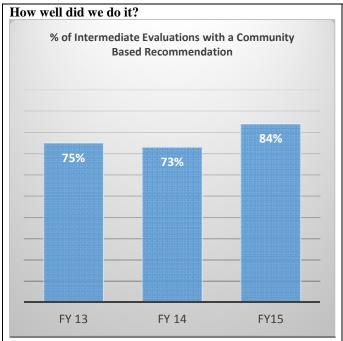
#### **Story Behind the Baseline:**

The high percentage of parents/guardians generating a recommendation is due to all IE's having a Team Conference at the end of the evaluation process, which includes the child, family, community supports, and formal supports. The child and family are highly encouraged to contribute to recommendations and their plan.

**Trend: ◄► Flat/ No Trend** 

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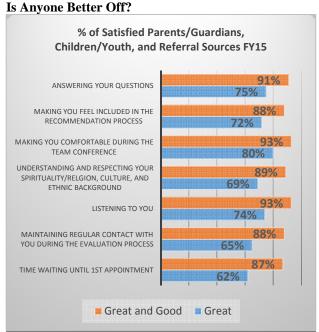
### **Story Behind the Baseline:**

The percentage of community based recommendations has increased due:

- less reliance in congregate care,
- availability of community based services,
- introduction of additional community based services, and
- increase of providers' knowledge of community services.

Community based service recommendations range from inhome and out-patient clinical services to mentoring and recreational/vocational/educational supports. While the goal is to keep children at home, there are some children who do need a congregate care or foster care setting to stabilize and address their needs. Out of home placements include therapeutic foster care, and residential and group home settings.

Trend: **▲**Yes



## **Story Behind the Baseline:**

A voluntary Satisfaction Survey was developed and translated into Spanish, Portuguese, Haitian Creole, and Polish. Surveys were collected beginning with evaluations completed starting in July 2014. Results can be maintained anonymous at the person's request.

There were 159 surveys collected (56 parent/guardian, 46 child/youth, 56 referral source, 3 other {attorney, provider}, and 1 unknown source). The high return rate is attributed to distributing the survey at the end of the Team Conference where all parties are present. While there were not a lot of comments (22 total), most were positive with no suggestions for improvement.

Trend: **▲**Yes

## **Proposed Actions To Turn the Curve:**

- Providers will develop outreach plans to increase knowledge of the Evaluations with referral sources (Summer 2015).
- Referral sources will explain the process for the Intermediate Evaluations to the youth and families to delays and increase cooperation (ongoing).
- Providers will review current community based services available through provide meetings, contact with referral sources, Infoline, and other community based meetings (bi-annually).
- The practice guide will be reviewed (Spring 2016).
- The Continuous Quality Improvement Plan will be revised, which will include a review of the satisfaction surveys (Spring 2016).

## **Data Development Agenda:**

Data will be analyzed by race/ethnicity (Fall 2015).