



STATE OF CONNECTICUT

***Connecticut Analyses of
Evidence-Based Programs***

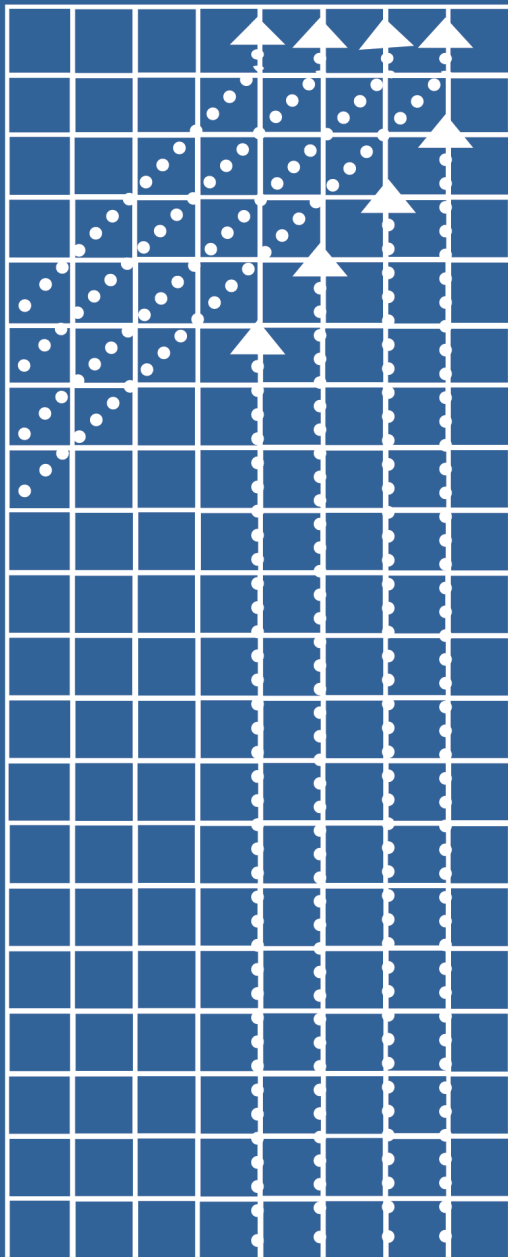
Fiscal Year 2022

INSTITUTE FOR MUNICIPAL AND
REGIONAL POLICY



University of Connecticut

RESULTS FIRST CONNECTICUT





Connecticut Analyses of Evidence-Based Programs

**Pursuant to
Connecticut General Statutes, Sections 4-68r and -68s**

Prepared by

*Institute for Municipal and Regional Policy
University of Connecticut
Hartford Campus
Hartford, Connecticut 06103*

May 2023

“Supposing is good, but finding out is better.”

-Mark Twain in *Eruption; Mark Twain’s Autobiography*

States, including Connecticut, spend billions of dollars annually on programs and services intended to address a population’s needs.

- **Do these taxpayer-funded programs work? Do policymakers have information, and can they use data to find out what programs achieve the desired outcome?**
- **What is the best return on the state’s investment?**
- **Is a program the most effective and appropriate intervention for addressing an identified need?**
- **How can Connecticut make the most of limited resources?**
- **Has Connecticut adopted a climate for decision-making that is based on research and evidence?**

The Pew Charitable Trusts and the John D. and Catherine T. MacArthur Foundation started the Results First Initiative to help states and counties answer these questions. Results First promotes the use of evidence-based programs and supports ways to analyze their effectiveness. Since 2010, 27 states and 10 counties have applied customizable tools to inform policy and budget processes and direct funding to effective programs that are proven to work.

In 2019, Pew-MacArthur began scaling back its work in multiple states, including Connecticut. There are now just 10 Results First states. The cost-benefit model is no longer available for use in Connecticut. To date, the work of Results First in Connecticut has featured a comprehensive benefit-cost analysis of the state’s adult criminal and juvenile justice programs. The utilization of cost-benefit analysis faces difficulty unless another tool or method of performing CBAs is identified.

Due to unavailability of the Results First cost-benefit model, this report contains no Connecticut specific benefit-cost analysis but rather a presentation of the program inventories submitted by both DOC and JB-CSSD and recommendations on how Connecticut can continue working towards utilizing benefit-cost analysis in the state budget processes.



Table of Contents

Executive Summary and Key Findings.....	5
Guide to Evidence Based Policy and Budgeting Analyses Report.....	7
I. Statutory Charge.....	8
• Other Related Mandated Efforts	
• Legislative Proposals	
II. The Results First Initiative.....	11
• Background	
• Findings Overview and Implementation Assessment	
• Description of Elements of the Program Inventory	
III. Evidence-Based Program Inventory Information.....	13
IV. Findings and Recommendations.....	14
• Assessment of Compliance	
• Findings, Recommendations and Next Steps	
VI. Conclusion.....	16
Appendix A.....	18
Appendix B.....	22
Appendix C.....	30

Executive Summary and Key Findings

This report on evidence-based policymaking and budgeting is prepared by the Institute for Municipal and Regional Policy (IMRP). The **Fiscal Year 2022 Benefit-Cost Analyses of Evidence-Based Programs** presents program listings submitted by the CT Judicial Branch's Court Support Services Division (JB-CSSD) that are agency-identified as an evidence-based program/service. We expect that this will continue a conversation on what programs work and which need further consideration.

State law requires: (1) five specified state agencies to submit their respective program inventories annually and (2) the Institute for Municipal and Regional Policy (IMRP) to publish an annual benefit-cost analyses report of programs identified in the inventories. Agencies and legislators making policy and budget decisions are encouraged to use program inventories and the resulting benefit-cost analyses to allocate resources, prioritize program offerings, and improve program effectiveness and outcomes.

In FY 2020, two of the five required agencies submitted program inventories – DOC and JB-CSSD – and notably without prompt. The departments of Mental Health and Addiction Services (DMHAS), Children and Families (DCF) and Social Services (DSS) did not submit inventories. Both DMHAS and DSS have previously indicated an interest in working with IMRP to pursue this effort.

In FY 2021, DOC and JB-CSSD were again the only agencies to submit program inventories. The departments of Mental Health and Addiction Services (DMHAS), Children and Families (DCF) and Social Services (DSS) did not submit inventories.

JB-CSSD and **DOC** submitted program inventories that listed a total of 103 programs and services, 28 in JB-CSSD (13 for adults and 15 for juveniles) and 75 in DOC, of which were identified by the agency as evidence-based programs or services with evidence-based programs.

In FY 2022, JB-CSSD was the only agency to submit a program inventory. The departments of Mental Health and Addiction Services (DMHAS), Children and Families (DCF), Correction (DOC) and Social Services (DSS) did not submit inventories.

JB-CSSD submitted a program inventory that listed a total of 26 programs and services (13 for adults and 13 for juveniles), of which were identified by the agency as evidence-based programs or services with evidence-based programs.

As the analyses of evidence-based programs and the underlying program inventories become more robust and sustainable, the state will be able to:

- Identify the programs it funds and determine the economic cost.
- Target state, federal, and private funds to cost-beneficial, evidence-based programs.
- Promote and support the use of technology for data collection and analysis.
- Evaluate program implementation and fidelity.
- Articulate program capacity and utilization to maximize participation in effective, evidence-based programs.
- Allow adult criminal and juvenile justice agencies to share data to improve service delivery and reduce recidivism.
- Use evidence and outcome data to inform decisions on where to prioritize limited resources.

Future evidence-based policymaking and budgeting analyses can be improved by developing and sustaining the agency and analytic infrastructure to support improved decision-making. Steps include:

1. Passage and implementation of performance-review budget processes by the General Assembly in the 2023 legislative session.
2. Re-engaging the [Results First Policy Oversight Committee](#) or [Appropriations Accountability subcommittee](#).
3. Identifying and utilizing another cost-benefit analysis model.
4. Supporting agencies with training and technical assistance.
5. Supporting technology development for data collection and program inventory reports.
6. Instituting routine program evaluations to assure program fidelity and overall effectiveness by dedicating in-agency personnel to assess state-run programs and including performance measures, program evaluation requirements, and more refined cost details in private provider contracts.
7. Dedicating adequate resources in each agency to support the preparation of complete and consistent program inventories.
8. Training staff in evidence-based policy and budget decision-making.

Guide to Evidence Based Policy and Budgeting Analyses Report

The intent of this guide is to assist users of the “Evidence-Based Policy and Budgeting Analyses.” This report is produced by the Institute for Municipal and Regional Policy (IMRP) on May 1, 2023, in compliance with the legislative requirement (CGS § 4-68s) to conduct and report on benefit-cost analyses (BCA) of agency program inventories, also required by law.

The program inventory template used by the agencies lists a great deal of information on Connecticut agency programs and is designed to include the information required to utilize state-specific data. Each agency’s program inventory lists all programs and identifies them as evidence-based, research-based, or promising. In addition to the analyses that the inventories support, this categorization is helpful in promoting the effort to transition to more evidence-based programs.

Also important to this effort is the use of the [Results First Clearinghouse Database](#). This one-stop online resource provides policymakers with an easy way to find information on the effectiveness of various interventions as rated by nine national research clearinghouses employing rigorous research and evidence rankings. However, as noted previously in this report, the Results First model and data is no longer active in Connecticut.

Since this is a tool intended to enhance policy and budget decision-making, it would be appropriate if the user’s review of the report was informed by a firm understanding of (1) statewide program priorities, and how each state-funded agency fits into those priorities, and (2) each agency priority and how its programs fit into those priorities. If these are not already understood, budget- and policymakers could begin by determining:

- the state’s program priorities (Vision, Mission, Goals, Objectives, Activities, etc.)
- which agencies and programs advance these priorities
- which priority agency’s programs fit within the state priorities*

With this fundamental understanding, evidence-based policy and budgeting can be used as a tool to help inform decision-makers as to which of these inventoried and analyzed programs are likely the most productive (efficient and effective) at achieving the established priorities. It helps to understand how activities compare on similar bases of operation and cost so that decisions conform to priorities, outcome expectations, and budgets.

I. STATUTORY CHARGE

This report is submitted pursuant to original 2015 legislation as amended in 2017, CGS §§ 4-68r and -68s (PA 15-5, June Special Session, §§ 486 – 487 and PA 17-2, June Special Session, § 247) (see Appendix A). This law advanced the work of the Results First project at Central Connecticut State University’s Institute for Municipal and Regional Policy, which administers the Pew-MacArthur Results First Initiative.¹

Results First Connecticut initially focused on the agencies associated with adult criminal and juvenile justice policy (the Judicial Branch’s Court Support Services Division and the departments of Children and Families, Correction, and Mental Health and Addiction Services) and their state-funded programs that are evidence-based.

Agencies and legislators making policy and budget decisions might use program inventories and this report to allocate resources, prioritize program offerings, or improve program effectiveness and outcomes.

The 2015 law required JB-CSSD, DOC, DCF, and DMHAS to develop program inventories in even-numbered years that would provide the data for implementation of the Results First project. It included the provision requiring IMRP to develop annual benefit-cost analyses of the evidence-based adult criminal and juvenile justice programs listed in those inventories.

In 2017, the law was expanded by extending the program inventory requirement to include the DSS and require all specified agencies to incorporate all programs, not just their criminal and juvenile justice programs. It also required annual, rather than biennial, program inventories be submitted for analyses. The IMRP analyses report must use the additional and expanded inventories as the basis for its annual report.

Program Definitions

An “*evidence-based program*” incorporates methods demonstrated to be effective for the intended population through scientifically based research, including statistically controlled evaluations or randomized trials; can be implemented with a set of procedures to allow successful replication in Connecticut; achieves sustained, desirable outcomes; and, when possible, has been determined to be cost-beneficial.

A “*research-based program*” is a program or practice that has some research demonstrating effectiveness, such as one tested with a single randomized or statistically controlled evaluation, but does not meet the full criteria for evidence-based.

A “*promising program*” is a program or practice that, based on statistical analyses or preliminary research, shows potential for meeting the evidence-based or research-based criteria.

¹ The Pew-MacArthur Results First Initiative, a project of the Pew Charitable Trusts and the John D. and Catherine T. MacArthur Foundation, works with states to implement an innovative cost-benefit analysis approach that helps them invest in policies and programs that are proven to work. Additional information about Results First is available at <http://www.pewstates.org/projects/pew-macarthur-results-first-initiative-328069>.

Program inventories categorize programs as evidence-based, research-based, or promising, and include the following information for the previous fiscal year:

1. a detailed program description and the names of providers,
2. the intended treatment population and outcomes,
3. total annual program expenditures and a description of funding sources,
4. the method for assigning participants,
5. the cost per participant,
6. the annual capacity for and the number of actual participants, and
7. an estimate of the number of people eligible for or needing the program.

Such program inventories may be useful when considering OPM's and the Office of Fiscal Analysis' annual fiscal accountability reports, as well as developing and implementing within the state and agency budget processes.

Legislative Proposals

In an effort to continue the state's work toward utilizing cost-benefit analyses and increasing accountability in the state and agency budget processes, the Appropriations Committee introduced [H.B. 5484: An Act Concerning Performance-Informed Budget Review](#) in the 2020 legislative session.

The purpose of the legislation is “to update the performance-informed budget review process of state agencies. Performance-informed budget review means consideration of information and analysis concerning the programs administered by a budgeted agency...Such review shall involve a results-oriented approach to planning, budgeting and performance measurement for programs that focus on the quality of life results the state desires for its citizens and that identify program performance measures and indicators of the progress the state makes in achieving such results.” (See Appendix B for the complete bill language.)

Due to COVID-19 impacting the General Assembly's work, though, there was no movement on the proposal in the 2020 legislative session. There was no new proposed legislation introduced in the 2021 or 2022 legislative sessions.

II. THE RESULTS FIRST INITIATIVE

Background and Update

The Pew Charitable Trusts and the John D. and Catherine T. MacArthur Foundation started the Results First Initiative to help states and counties answer these questions starting in 2010. Results First promotes the use of evidence-based programs and supports ways to analyze their effectiveness. Since inception, 27 states and 10 counties have applied customizable tools to inform policy and budget processes and direct funding to effective programs that are proven to work, including Connecticut.

In March 2011, at the request of then Governor Dannel P. Malloy, previous Senate President Pro Tempore Donald E. Williams, Jr., and former House Speaker Christopher G. Donovan, Results First provided state leaders with the tools, resources, and training to use the Results First cost-benefit model to help identify and support cost-effective interventions for adult criminal and juvenile offenders. Representative Toni Walker, House Chair of the Appropriations Committee, and Mike Lawlor, then undersecretary for criminal justice policy and planning, co-chaired the initial policy work group that oversaw the first phase of the effort. The Institute for Municipal and Regional Policy (IMRP) at Central Connecticut State University staffed Connecticut's Results First work to produce a program inventory and cost-benefit analysis of programs in Connecticut's adult criminal justice system.

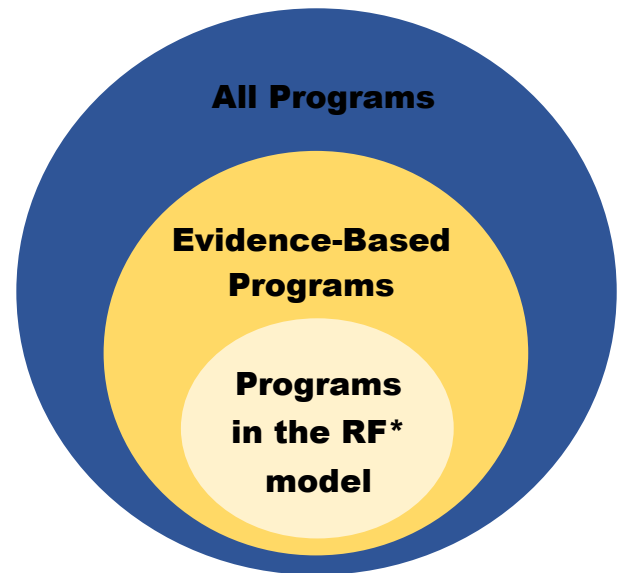
The legislature in 2013 and 2014 supported the state's Results First work by appropriating funds to IMRP to continue staffing the initiative, along with designating funds to evaluate adult and juvenile justice programs. Subsequently, in the 2014-15 biennium budget, and every state budget implemented since, the legislature has appropriated funding to IMRP to continue to assist in the development and use of the Results First cost-benefit model. In July 2015, lawmakers passed legislation requiring all state agencies to provide a program inventory to the legislature by January 1 of every subsequent year. The legislation directed IMRP to develop a benefit-cost analysis for programs in the inventory and produce a report by March 1, 2016 and annually by November 1, thereafter. Legislation enacted in 2017 further created a pilot program within the Office of Policy and Management to apply the principles of Results First cost-benefit analysis to eight grant-funded programs.

As of December 2019, though, Pew expressed concerns that the Results First Initiative is not currently being utilized by the state of Connecticut as discussed and envisioned and, without active direction from the legislature and the executive branch agencies, the state's user agreement for accessing the Results First cost-benefit model lapsed. The Pew-MacArthur Results First Initiative currently works with 10 states.

To date, the work of Results First in Connecticut has focused on conducting a comprehensive benefit-cost analysis of the state's adult criminal and juvenile justice programs. Thus, the expansion of cost-benefit analysis faces difficulty unless another tool or method of performing CBAs is identified.

Findings Overview and Implementation Assessment

The evidence-based policy and budgeting project involves two distinct phases: (1) preparation of an agency's program inventory, complete with descriptions and specified participant and fiscal data for all its programs; (2) identification of those programs that are evidence-based and those that match the programs included in the clearinghouses of evidence-based programs. Agencies are responsible for assessing the programs they operate with their own staff and those for which they contract with private providers. Once they list all these programs, they must present the specified data for each.



Description of Elements of the Program Inventory

Compiling a program inventory is a labor-intensive effort, involving an agency's program as well as fiscal staff. Some of the mandated agencies, while acknowledging the importance of offering evidence-based programs and collecting the supporting program data, have been unable to devote the program and fiscal staff hours necessary to compile a program inventory for this purpose.

In addition, we have found that in some cases, an agency lists a program that includes a variety of services or interventions offered alone or in some combination. If the agency is unable to isolate or disaggregate the costs of evidence-based services provided to clients under an umbrella program, offering multiple interventions that can vary from client to client, then Results First cannot provide the benefit-cost analysis for each separate intervention or assess its effectiveness.

Agencies indicate that supporting the use of evidence-based programs and determining their effect is the correct approach to providing state-supported services. One difficulty appears to be the shortage of staff necessary to devote to the efforts required to monitor and collect program data. However, the difficulties associated with compiling a program inventory should not outweigh the importance of determining the efficacy and efficiencies of programs on which the state spends millions of dollars.

*There is no current benefit-cost analysis model at this time

III. EVIDENCE-BASED PROGRAM INVENTORY INFORMATION

In April 2023, JB-CSSD submitted an inventory spreadsheet to IMRP and the CGA.

For FY 22 JS-CSSD identified 26 programs, 16 of which are evidence-based. 13 programs were adult programs and 13 were juvenile programs.

Appendix C is the FY22 Results First inventory as submitted by JB-CSSD. Among other important data presented, it lists the programs or services that JB-CSSD identified as evidence-based. The inventory shows important details as reported in the agency for the evidence-based programs and services they manage in Connecticut. General benefit information on evidence-based programs may be seen at [Washington State Institute for Public Policy](#) and [Results First Clearinghouse Database](#).

The fields shown in the table below are defined as follows:

- *Program Name*: The specific, formal program name of the program.
- *Service Name*: In the case of JB-CSSD, more than one program may be included in a service. Program treatments vary and are based on the participant's risk and needs.
- *Evidence-Based Programs Offered*: The name(s) of the program found in the Results First Initiative program summaries that is similar to the Connecticut program. Results First Program Summaries describe the studies that WSIPP used to conduct the meta-analysis and calculate the average effect size of each program in the model.
- *Number of Participants Served*: The number of clients treated (regardless of program completion) in state FY 2022.
- *Budget*: The total amount budgeted by the agency for the program or service for the year.
- *Percent of Total FY 22 Program Inventory Budget*: The program cost as a percentage of the total budgeted amount for programs listed in the agency's program inventory. This is not the spending on a particular program compared to all agency program expenditures, or to the entire agency budget.

IV. FINDINGS AND RECOMMENDATIONS

Assessment of Compliance

After the expansion of the project was enacted in October 2017, the affected agencies became aware then of the implications and the requirement to complete program inventories by the October 1 deadline. IMRP staff contacted those agencies previously required to comply (JB-CSSD, DOC, DCF, and DMHAS) as well as the Department of Social Services (added through the 2017 legislation) to reiterate the new requirement to include all agency programs. As indicated in this report, though, only JB-CSSD submitted a program inventory and DMHAS, DCF, DOC and DSS did not.

Findings, Recommendations and Next Steps

The Institute for Municipal and Regional Policy (IMRP) supports the principles of a deliberative, transparent, and outcome-based approach to policymaking. Even though access to the Results First Model is no longer available in Connecticut, the IMRP still believes in evidence-based policy and budgeting on which Results First was based. The IMRP looks towards an alternative.

Since 2011, IMRP has committed itself to a vigorous implementation of the Connecticut Results First Initiative. As such, the IMRP developed relationships with those agencies required to complete the work needed to complete program inventories and apply the Results First model. Beyond that, the IMRP has reached out to the Office of Policy and Management and the General Assembly (legislative leaders, the Appropriations Committee, and staff) to promote the use of evidence-based programs and the evidence-based policy and budgeting [and former benefit-cost analyses] IMRP publishes.

Yet more could be done. If this approach is to be fully implemented in Connecticut, policy- and budget-decisionmakers must not only recognize the advantages and applications of evidence-based policy and budgeting, they must also support its integration into agency practices and the budget process, from initial development to enactment by the legislature. To realize its “highest and best use,” this evidence-based tool must be supported and utilized by all the intended stakeholders. Does the state prioritize the use of evidence-based programs? What is the value of evidence-based policy and budgeting in determining the allocation of state resources to achieve agreed-upon policy outcomes? These questions linger a full nine years after Connecticut’s establishment as a Results First site.

Other states such as [Minnesota](#) and [Colorado](#) provide good examples of an effective and comprehensive application of the Results First Initiative. The Minnesota Management and Budget Office (MMB) oversees the Results First Initiative there. A team of MMB analysts works with legislators, state agency and county officials, and practitioners to develop that state’s inventories and reports. Since 2018, agencies must complete MMB’s budget proposal form documenting evidence-based program results. Governor Walz based parts of his 2019 proposed budget on the information, and legislators use the forms to prioritize evidence-based proposals. The MMB Results First team maintain program assessments in a database,

the Minnesota Inventory. In addition, two MMB evidence policy specialists maintain an archive of benefit-cost analyses. A November 2019 Pew issue brief reports that the MMB Commissioner Frans “finds it rewarding to make possible the use of quality evidence in decision-making processes.” Legislators recognize the importance of a “culture of evidence” in long-term fiscal management, particularly when anticipating a downturn in the economy. In 2018, MMB’s Results First Initiative was a recipient of the University of Minnesota’s Humphrey School of Public Affairs’ State Government Innovation Award.

Likewise, in Colorado, the Results First team works in the Office of State Planning and Budgeting (OSPB) and has produced inventories and reports in the areas of adult criminal and juvenile justice, child welfare, behavioral health, prevention, and health policies. The OSPB’s Results First team coordinates with and provides support to the Performance Management and Pay for Success units in the Governor’s Office. More importantly, it consistently builds research, evidence, and data into the state’s budget process. In developing the budget, OSPB (1) requires agencies to document research and demonstrated program effectiveness in their budget requests; (2) runs predictive benefit-cost analyses and evaluation designs; and (3) includes Results First benefit-cost findings, when possible. In addition, a 2007 update notes that the Colorado Results First team “coordinates with the Governor’s Office chief operating officer on a long-term vision for sustaining good government practices” and offers training on evidence-based policymaking and benefit-cost analyses to stakeholders, including legislators.

When the goal is to “find out” what programs are proven to work, and maximize the benefits of taxpayer-funded spending, agencies in these states utilize evidence-based programs and have the built-in capacity to measure its program costs and benefits. The most effective way to implement the evidence-based policy and budgeting approach requires agencies to develop an accounting system that produces cost data by program and a formula for calculating its marginal costs. Armed with the evidence-based policy and budgeting information supplied by IMRP, the state budget office can then use this tool to help determine appropriate budget allocations to recommend to the governor and the legislature. Concurrently, the General Assembly’s Appropriations Committee, indeed all legislators, can make more informed decisions regarding the budget, approving program expenditures based on costs and outcomes.

The implementation of evidence-based policy and budgeting in Connecticut to date confirms that a combination of additional resources and re-alignment of priorities must be devoted to this effort if the IMRP and state agencies are to comply with existing statutory requirements and reap the full benefits of this model. Staff with the knowledge and expertise to complete this project must be hired. In addition, based on positive interactions with the mandated agencies as they complete their critical element of the project, it is clear they must dedicate a considerable amount of time, effort, and resources to produce a usable program inventory. Agency budgets must include the funding to support these efforts as well.

V. CONCLUSION

Although Pew is no longer working with Connecticut to use the Results First model and collected data thus far, the work towards utilizing evidence-based outcomes and cost-benefit analysis can continue if Connecticut seeks to move forward with alternatives. Such alternatives are discussed below.

Firstly, when alerting Connecticut Results First stakeholders that they would no longer be working in our state, alternative technical assistance opportunities were offered by Pew that would provide value to state leaders and staff without requiring significant staff resources. Such technical assistance would include: 1) assistance with state-specific research identifying gaps and opportunities for strengthening the use of evidence in budget decisions; 2) short-term training for staff on developing and using program inventories; and 3) as requested, feedback on proposed policy language or budget guidelines related to evidence-based policymaking.

Secondly, another tool that can be utilized by the Governor's Office, General Assembly, and state agencies when developing budgets is the [Washington State Institute for Public Policy's Benefit-Cost Clearinghouse](#) (WSIPP). Since the 1990s, the Washington State legislature has directed WSIPP to identify "evidence-based" policies. The goal is to provide Washington policymakers and budget writers with a list of well-researched public policies that can, with a high degree of certainty, lead to better statewide outcomes coupled with a more efficient use of taxpayer dollars.

WSIPP has developed a three-step process to draw conclusions about what works and what does not in order to achieve particular outcomes of legislative interest. First, they systematically assess all high-quality studies from the United States and elsewhere to identify policy options that have been tested and found to achieve improvements in outcomes. Second, they determine how much it would cost Washington taxpayers to produce the results found in Step 1, and calculate how much it would be worth to people in Washington State to achieve the improved outcome. That is, in dollars and cents terms, they compare the benefits and costs of each policy option. Third, they assess the risk in the estimates to determine the odds that a particular policy option will at least break even.

It is important to note that the benefit-cost estimates information available on WSIPP's website are *specific to Washington State only* and are not numbers for the state of Connecticut; however, the clearinghouse information is generic and robust enough to use as a baseline. Topics in the clearinghouse include but are not limited to: juvenile justice, adult criminal justice, child welfare, pre-k-12 education, children's mental health, health care, substance use disorders, adult mental health, public health, workforce development, and higher education. See Table 3 for examples in Adult Criminal Justice.

Table 3: Some of WSIPP’s Adult Criminal Justice Clearinghouse Information

Program name	Date of last literature review	Total benefits	Taxpayer benefits	Non-taxpayer benefits	Costs	Benefits minus costs (net present value)	Benefit to cost ratio	Chance benefits will exceed costs
Employment counseling and job training (transitional reentry from incarceration into the community)	Aug. 2016	\$46,675	\$13,463	\$33,212	(\$2,563)	\$44,112	\$18.21	89 %
Offender Reentry Community Safety Program (for individuals with serious mental illness)	Apr. 2012	\$73,398	\$25,097	\$48,302	(\$38,600)	\$34,798	\$1.90	97 %
Circles of Support and Accountability	Nov. 2016	\$30,073	\$7,299	\$22,774	(\$4,117)	\$25,956	\$7.30	92 %
Correctional education (post-secondary education)	Jul. 2016	\$25,972	\$7,084	\$18,889	(\$1,316)	\$24,657	\$19.74	100 %
Drug Offender Sentencing Alternative (for persons convicted of drug offenses)	Nov. 2016	\$23,912	\$7,113	\$16,799	(\$1,714)	\$22,198	\$13.95	99 %
Vocational education in prison	Jul. 2016	\$18,801	\$5,210	\$13,591	(\$1,575)	\$17,226	\$11.94	98 %
Case management (“swift, certain, and fair”) for drug-involved persons	Nov. 2016	\$15,801	\$4,600	\$11,201	\$401	\$16,202	n/a	99 %
Electronic monitoring (probation)	Dec. 2014	\$14,558	\$4,114	\$10,443	\$1,198	\$15,756	n/a	93 %
Mental health courts	Oct. 2016	\$18,144	\$5,260	\$12,884	(\$3,266)	\$14,878	\$5.56	96 %

*You can find all information pertaining to WSIPP’s Adult Criminal Justice cost-benefit information [here](#).

Lastly, another resource that can be used in lieu of Pew’s Results First model and data is the organization Results for America. “Results for America is creating standards of excellence, supporting policymakers in implementation and mobilizing champions committed to investing in what works.” Results for America provides a national benchmark for how governments (state and federal) can consistently and effectively use evidence and data in budget, policy, and management decisions to achieve better outcomes for their residents.

In their recent publication, [2021 Invest in What Works State Standard of Excellence](#), Results for America identified 202 examples of data-driven and evidence-based practices, policies, programs, and systems in effect as of August 2021 in 36 states across the nation. In their [2020 report](#), Connecticut was identified as one of 7 states “leading the way” toward better policy and budgeting due the state’s use of data-driven and evidence-based practices. For more information on Results for America and their important work, please visit their website [here](#).

It is important to remind legislators, policymakers, and agency heads why utilizing evidence-based and cost-benefit analysis information in budget development is necessary and imperative, especially during a time of state fiscal frugality and cutbacks. Realizing the true payback to the state in tax dollars for each dollar spent is essential as we move forward into the new decade; however, this work and efforts need to be supported and implemented by the Connecticut General Assembly to truly be beneficial as intended.

Appendix A

Program Inventories of Agency Programs and Cost-Benefit Analysis Report Statutory Requirements

CGS §§ 4-68r and -68s, 4-68m, and 4-77c

CGS Sec. 4-68r. Definitions. For purposes of this section and sections 4-68s and 4-77c:

- (1) "Cost-beneficial" means the cost savings and benefits realized over a reasonable period of time are greater than the costs of implementation;
- (2) "Program inventory" means the (A) compilation of the complete list of all agency programs and activities; (B) identification of those that are evidence-based, research-based and promising; and (C) inclusion of program costs and utilization data;
- (3) "Evidence-based" describes a program that (A) incorporates methods demonstrated to be effective for the intended population through scientifically based research, including statistically controlled evaluations or randomized trials; (B) can be implemented with a set of procedures to allow successful replication in the state; (C) achieves sustained, desirable outcomes; and (D) when possible, has been determined to be cost-beneficial;
- (4) "Research-based" describes a program or practice that has some research demonstrating effectiveness, such as one tested with a single randomized or statistically controlled evaluation, but does not meet all of the criteria of an evidence-based program; and
- (5) "Promising" describes a program or practice that, based on statistical analyses or preliminary research, shows potential for meeting the evidence-based or research-based criteria.

CGS Sec. 4-68s. Program inventory of agency criminal and juvenile justice programs. Pilot program re Pew-MacArthur cost-benefit analysis of state grant programs. Report.

(a) Not later than October 1, 2018, and annually thereafter, the Departments of Correction, Children and Families, Mental Health and Addiction Services and Social Services and the Court Support Services Division of the Judicial Branch shall compile a program inventory of each of said agency's programs and shall categorize them as evidence-based, research-based, promising or lacking any evidence. Each program inventory shall include a complete list of all agency programs, including the following information for each such program for the prior fiscal year, as applicable: (1) A detailed description of the program, (2) the names of providers, (3) the intended treatment population, (4) the intended outcomes, (5) the method of assigning participants, (6) the total annual program expenditures, (7) a description of funding sources, (8) the cost per participant, (9) the annual number of

participants, (10) the annual capacity for participants, and (11) the estimated number of persons eligible for, or needing, the program.

(b) Each program inventory required by subsection (a) of this section shall be submitted in accordance with the provisions of section 11-4a to the Secretary of the Office of Policy and Management, the joint standing committees of the General Assembly having cognizance of matters relating to children, human services, appropriations and the budgets of state agencies and finance, revenue and bonding, the Office of Fiscal Analysis, and the Institute for Municipal and Regional Policy at Central Connecticut State University.

(c) Not later than November 1, 2018, and annually thereafter by November first, the Institute for Municipal and Regional Policy at Central Connecticut State University shall submit a report containing a cost-benefit analysis of the programs inventoried in subsection (a) of this section to the Secretary of the Office of Policy and Management, the joint standing committees of the General Assembly having cognizance of matters relating to children, appropriations and the budgets of state agencies and finance, revenue and bonding, and the Office of Fiscal Analysis, in accordance with the provisions of section 11-4a.

(d) The Office of Policy and Management and the Office of Fiscal Analysis may include the cost-benefit analysis provided by the Institute for Municipal and Regional Policy under subsection (c) of this section in their reports submitted to the joint standing committees of the General Assembly having cognizance of matters relating to children, appropriations and the budgets of state agencies and finance, revenue and bonding on or before November fifteenth annually, pursuant to subsection (b) of section 2-36b.

(e) Not later than January 1, 2019, the Secretary of the Office of Policy and Management shall create a pilot program that applies the principles of the Pew-MacArthur Results First cost-benefit analysis model, with the overall goal of promoting cost-effective policies and programming by the state, to at least eight grant programs financed by the state selected by the secretary. Such grant programs shall include, but need not be limited to, programs that provide services for families in the state, employment programs and at least one contracting program that is provided by a state agency with an annual budget of over two hundred million dollars.

(f) Not later than April 1, 2019, the Secretary of the Office of Policy and Management shall submit a report, in accordance with the provisions of section 11-4a, to the joint standing committee of the General Assembly having cognizance of matters relating to appropriations and the budgets of state agencies. Such report shall include, but need not be limited to, a description of the grant programs the secretary has included in the pilot program described in subsection (e) of this section, the status of the pilot program and any recommendations.

Sec. 4-68m. Criminal Justice Policy and Planning Division. Duties. Collaboration with other agencies. Access to information and data. Reports. (a) There is established a Criminal Justice Policy and Planning Division within the Office of Policy and Management. The division shall be under the direction of an undersecretary.

(b) The division shall develop a plan to promote a more effective and cohesive state criminal justice system and, to accomplish such plan, shall:

- (1) Conduct an in-depth analysis of the criminal justice system;
- (2) Determine the long-range needs of the criminal justice system and recommend policy priorities for the system;
- (3) Identify critical problems in the criminal justice system and recommend strategies to solve those problems;
- (4) Assess the cost-effectiveness of the use of state and local funds in the criminal justice system;
- (5) Recommend means to improve the deterrent and rehabilitative capabilities of the criminal justice system;
- (6) Advise and assist the General Assembly in developing plans, programs and proposed legislation for improving the effectiveness of the criminal justice system;
- (7) Make computations of daily costs and compare interagency costs on services provided by agencies that are a part of the criminal justice system;
- (8) Review the program inventories and cost-benefit analyses submitted pursuant to section 4-68s and consider incorporating such inventories and analyses in its budget recommendations to the General Assembly;
- (9) Make population computations for use in planning for the long-range needs of the criminal justice system;
- (10) Determine long-range information needs of the criminal justice system and acquire that information;
- (11) Cooperate with the Office of the Victim Advocate by providing information and assistance to the office relating to the improvement of crime victims' services;
- (12) Serve as the liaison for the state to the United States Department of Justice on criminal justice issues of interest to the state and federal government relating to data, information systems and research;
- (13) Measure the success of community-based services and programs in reducing recidivism;
- (14) Develop and implement a comprehensive reentry strategy as provided in section 18-81w; and
- (15) Engage in other activities consistent with the responsibilities of the division.

CGS Sec. 4-77c. Estimates of expenditure requirements for implementation of evidence-based programs. The Departments of Correction, Children and Families and Mental Health and Addiction Services, and the Court Support Services Division of the Judicial Branch may include in the estimates of expenditure requirements transmitted pursuant to section 4-77, and the Governor may include in the Governor's recommended appropriations in the budget document transmitted to the General Assembly pursuant to section 4-71, an estimate of the amount required by said agencies for expenditures related to the implementation of evidence-based programs.

Appendix B

2020 House Bill 5484 – AAC Performance-Informed Budget Review

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. Section 2-33b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) As used in this section:

[(1) "Program" means any distinguishable service or group of services within a budgeted agency, as defined in section 4-69, designed to accomplish a specific public goal and result in specific public benefits.]

(1) "Cost-beneficial" means the cost savings and benefits realized over a reasonable period of time are greater than the costs of implementation;

(2) "Evidence-based" describes a program that (A) incorporates methods demonstrated to be effective for the intended population through scientifically based research, including statistically controlled evaluations or randomized trials; (B) can be implemented with a set of procedures to allow successful replication in the state; (C) achieves sustained, desirable outcomes; and (D) when possible, has been determined to be cost-beneficial;

[(2)] (3) "Performance-informed budget review" means consideration of information and analysis concerning the programs administered by a budgeted agency, prepared by such agency in accordance with the provisions of subsection [(d)] (e) of this section, by the Governor and the General Assembly during the development of each biennial budget in accordance with the provisions of subsection [(e)] (g) of this section. Such review shall involve a results-oriented approach to planning, budgeting and performance measurement for programs. [that focus on the quality of life results the state desires for its citizens and that identify program performance measures and indicators of the progress the state makes in achieving such results.]

(4) "Program" means any distinguishable service or group of services within a budgeted agency, as defined in section 4-69, designed to accomplish a specific public goal and result in specific public benefits.

(5) "Program inventory" means the (A) compilation of the complete list of all agency programs and activities; (B) identification of those that are evidence-based, research-based and promising; and (C) inclusion of program costs and utilization data;

(6) "Promising" describes a program or practice that, based on statistical analyses or preliminary research, shows potential for meeting the evidence-based or research-based criteria; and

(7) "Research-based" describes a program or practice that has some research demonstrating effectiveness, such as one tested with a single randomized or statistically controlled evaluation, but does not meet all of the criteria of an evidence-based program.

(b) Not later than October 1, 2020, and annually thereafter, the Departments of Correction, Children and Families, Mental Health and Addiction Services and Social Services and the Court Support Services Division of the Judicial Branch shall each compile a program inventory of each of said agency's programs and shall categorize such programs as evidence-based, research-based, promising or lacking any evidence. Each program inventory shall include a complete list of all agency programs, including the following information for each such program for the prior fiscal year, as applicable: (1) A detailed description of the program, (2) the names of providers, (3) the intended treatment population, (4) the intended outcomes, (5) the method of assigning participants, (6) the total annual program expenditures, (7) a description of funding sources, (8) the cost per participant, (9) the annual number of participants, (10) the annual capacity for participants, and (11) the estimated number of persons eligible for, or needing, the program. For the biennium commencing July 1, 2019, and for each biennial budget thereafter, the joint bipartisan subcommittee established in subsection (e) of this section may identify one or more additional budgeted agencies to annually compile a program inventory in the manner prescribed in this subsection. The Office of Fiscal Analysis and the Institute for Municipal and Regional Policy at Central Connecticut State University shall provide technical support in the compilation of such inventories.

(c) Each program inventory required by subsection (b) of this section shall be submitted in accordance with the provisions of section 11-4a to the Secretary of the Office of Policy and Management, the joint standing committees of the General Assembly having cognizance of matters relating to the appropriations and the budgets of state agencies and finance, revenue and bonding, the Office of Fiscal Analysis and the Institute for Municipal and Regional Policy at Central Connecticut State University.

[(b) For the biennium commencing July 1, 2017, and for each biennial budget thereafter, the General Assembly shall identify one or more budgeted agencies to transmit the information and analysis specified in

subsection (d) of this section for purposes of a performance-informed budget review for the next succeeding biennium. The Office of Fiscal Analysis shall provide technical support in the identification of such agencies.]

[(c)] (d) There is established a joint bipartisan subcommittee on performance-informed budgeting consisting of seven members of the joint standing committee of the General Assembly having cognizance of matters relating to finance and seven members of the joint standing committee of the General Assembly having cognizance of matters relating to appropriations. Not later than [February] July 1, [2018] 2020, (1) the chairpersons of the finance committee shall appoint six members of the finance committee to such subcommittee, at least two of whom shall be members of the minority party, and the ranking member of the finance committee shall appoint one member of the finance committee to such subcommittee, and (2) the chairpersons of the appropriations committee shall appoint six members of the appropriations committee to such subcommittee, at least two of whom shall be members of the minority party, and the ranking member of the appropriations committee shall appoint one member of the appropriations committee to such subcommittee. The subcommittee shall be chaired by two chairpersons, each selected from among the subcommittee members. One chairperson shall be selected by the chairpersons of the finance committee and one chairperson shall be selected by the chairpersons of the appropriations committee. The term of such appointments shall terminate on December 31, [2018] 2020, regardless of when the initial appointment was made. Members of the subcommittee appointed on or after January 1, [2019] 2021, shall serve for two-year terms, which shall commence on the date of appointment. Members shall continue to serve until their successors are appointed, except that the term of any member shall terminate on the date such member ceases to be a member of the General Assembly. Any vacancy shall be filled by the respective appointing authority.

[(d)] (e) On or before October 1, [2018] 2020, and on or before October first of each even-numbered year thereafter, the administrative head of each budgeted agency identified in the biennial budget adopted for the immediately preceding biennium, in accordance with the provisions of subsection (b) of this section, shall transmit a report to (1) the Secretary of the Office of Policy and Management, (2) the joint standing committee of the General Assembly having cognizance of matters relating to appropriations, through the Office of Fiscal Analysis, (3) the joint standing committee of the General Assembly having cognizance of matters relating to finance, and (4) the joint standing committee of the General Assembly having cognizance of matters relating to such

budgeted agency. [, utilizing the results-based report format developed by the accountability subcommittee of said appropriations committee,] Such report shall include the following information and analysis for each program administered by such agency:

(A) [A statement of the statutory basis, or other basis, and the history of the program] The program inventory compiled pursuant to subsection (b) of this section.

(B) A description of how the program fits within the strategic plan and goals of the agency. [and an analysis of the quantified objectives of the program.]

[(C) A description of the program's goals, fiscal and staffing data and the populations served by the program, and the level of funding and staff required to accomplish the goals of the program if different than the actual maintenance level.]

[(D)] (C) Data demonstrating [the amount of service provided, the effectiveness of said service provision, and] the measurable impact on quality of life results for service recipients.

[(E) An analysis of internal and external factors positively and negatively impacting the change in quality of life outcomes over time.]

(D) Any other information as prescribed by the subcommittee.

[(F) The program's administrative and other overhead costs.

(G) Where applicable, the amount of funds or benefits that actually reach the intended recipients of the program.

(H) Any recommendations for improving the program's

performance.]

(f) Any agency or division that compiles a program inventory pursuant to subsection (b) of this section shall include in the estimates of expenditure requirements transmitted pursuant to section 4-77, and the Governor shall include in the Governor's recommended appropriations in the budget document transmitted to the General Assembly pursuant to section 4-71, an estimate of the amount required by said agencies for expenditures related to the implementation of evidence-based programs, in accordance with section 4-77c, as amended by this act.

[[e)] (g) The Governor and General Assembly shall consider the information and analysis transmitted by budgeted agencies pursuant to subsection [(d)] (e) of this section in developing each biennial budget. A public review of the reports transmitted by such agencies shall be incorporated into the agency budget hearing process conducted by the relevant subcommittees of the joint standing committee of the General Assembly having cognizance of matters relating to appropriations.

Sec. 2. Subsection (b) of section 4-68m of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(b) The division shall develop a plan to promote a more effective and cohesive state criminal justice system and, to accomplish such plan, shall:

- (1) Conduct an in-depth analysis of the criminal justice system;
- (2) Determine the long-range needs of the criminal justice system and recommend policy priorities for the system;
- (3) Identify critical problems in the criminal justice system and recommend strategies to solve those problems;
- (4) Assess the cost-effectiveness of the use of state and local funds in the criminal justice system;

- (5) Recommend means to improve the deterrent and rehabilitative capabilities of the criminal justice system;
- (6) Advise and assist the General Assembly in developing plans, programs and proposed legislation for improving the effectiveness of the criminal justice system;
- (7) Make computations of daily costs and compare interagency costs on services provided by agencies that are a part of the criminal justice system;
- (8) Review the program inventories [and cost-benefit analyses] submitted pursuant to section [4-68s] 2-33b, as amended by this act, and consider incorporating such inventories and analyses in its budget recommendations to the General Assembly;
- (9) Make population computations for use in planning for the long-range needs of the criminal justice system;
- (10) Determine long-range information needs of the criminal justice system and acquire that information;
- (11) Cooperate with the Office of the Victim Advocate by providing information and assistance to the office relating to the improvement of crime victims' services;
- (12) Serve as the liaison for the state to the United States Department of Justice on criminal justice issues of interest to the state and federal government relating to data, information systems and research;
- (13) Measure the success of community-based services and programs in reducing recidivism;
- (14) Develop and implement a comprehensive reentry strategy as provided in section 18-81w; and
- (15) Engage in other activities consistent with the responsibilities of the division.

Sec. 3. Section 4-77c of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

[The Departments of Correction, Children and Families and Mental Health and Addiction Services, and the Court Support Services Division of the Judicial Branch may] Any agency or division that compiles a program inventory pursuant to subsection (b) of section 2-33b, as amended by this act, shall include in the estimates of expenditure requirements transmitted pursuant to section 4-77, and the Governor [may] shall include in the Governor's recommended appropriations in the budget document transmitted to the General Assembly pursuant to section 4-71, an estimate of the amount required by said agencies for expenditures related to the implementation of evidence-based programs, as defined in section 2-33b, as amended by this act.

Sec. 4. Subsection (h) of section 46b-121n of the 2020 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(h) The committee shall complete its duties under this section after consultation with one or more organizations that focus on relevant issues regarding children and youths, such as the University of New Haven and any of the university's institutes. The committee may accept administrative support and technical and research assistance from any such organization. [The committee shall work in collaboration with any results first initiative implemented pursuant to section 2-111 or any public or special act.]

Sec. 5. Sections 2-111, 4-68r and 4-68s of the general statutes are repealed. (*Effective from passage*)

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	2-33b
Sec. 2	<i>from passage</i>	4-68m(b)
Sec. 3	<i>from passage</i>	4-77c
Sec. 4	<i>from passage</i>	46b-121n(h)
Sec. 5	<i>from passage</i>	Repealer section

Statement of Purpose:

To update the performance-informed budget review process of state agencies.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]

Appendix C

JB-CSSD FY22 Results First Program Inventory



JB-CSSD - 2022 - ADULT CRIMINAL JUSTICE PROGRAM INVENTORY - PROGRAM INFORMATION

PROGRAM INFORMATION												
Program Inventory ID	Program Name	Intended Outcomes	Oversight Agency/Department (e.g., Department of Corrections)	Start Year	Service Provider(s)	Program Description	Program Fidelity	Average Duration of Program	Services Offered	Frequency/ Intensity of Program	Program Last Evaluated	Notes / Comments
JBCSSD-A01	Adult Behavioral Health Services	Recidivism reduction	JBCSSD	2004	Catholic Charities, Archdiocese of Hartford Community Health Resources Connecticut Counseling Centers, Inc. Connecticut Renaissance, Inc. Cornell Scott Hartford Behavioral Health Hockanum Valley Community Council, Inc. Inter Community, Inc. Midwestern CT Council on Alcoholism (MCCA) Recovery Network of Programs, Inc. Rushford Center, Inc. SE Council on Alcoholism & Drug Dependence, Inc. (SCADD) Southwest Community Health Center Inc. The Connection, Inc. The Village for Families and Children Wheeler Clinic, Inc.	Adult Behavioral Health (ABH) programs are licensed outpatient clinics that evaluate, diagnosis and treat substance use, mental health and trauma disorders, and anger. Clinics use evidence-based or research driven clinical interventions including cognitive behavioral treatment. Services include integrated substance abuse and mental health evaluations; trauma and relapse prevention groups; intensive substance abuse, mental health, anger management, and relapse prevention groups; intensive outpatient treatment; individual treatment; substance use testing; medication evaluations and medication management. Clients must be 18 or older.	Services are delivered by licensed clinicians or masters level staff working under clinical supervision. CSSD and other state agencies such as the Department of Public Health and/or the Department of Mental Health and Addiction Services audit providers for compliance with regulations and quality of care.	3-6 months	Intensive Out Patient Group/ P1: 26,140 @ \$138.46 P2: 11,199 @ \$144 Total \$5,232,000 Individual Counseling/ P1: 17,646 P2: 12,692 45min @ \$89.69 & \$93.28 30min @ \$67.67 & \$70.38 Total \$2,426,974 Psychiatric Review for Medication/ P1: 766 @ \$178.42 P2: 411 @ \$185.56 Total \$212,935 Medication Management/ P1: 1,989 @ \$78.65 P2: 2,167 @ \$81.80 Total \$333,695 Relapse Prevention/ P1: 13,077 P2: 3,691 @ \$28.28 \$484,260 Supervised Diversion Screen/ P1: 860 @ \$140.10 P2: 34 @ \$145.70 Total \$125,440 Substance Use Testing 49,700	1 - 60-90 minute session Generally 12 weeks but depends on client need of 30, 60, or 90 minute sessions 3 hrs./day, 3x/week 30 or 60 mins, 1-2x/week 1 - 60-90 minute session 15-30 mins, 1x/week, as needed Generally 12 weeks but depends on client need of 60 minute sessions 1 - 60-90 minute session Minimum 2 times per month .25 FTE to 2.0 FTE statewide per program	Never	
									Integrated Mental Health and Substance Abuse Evaluation/ P1: 8,264 @ \$140.10 P2: 2,347 @ \$145.70 Total \$1,499,744 Substance Abuse/ P1: 5,294 P2: 1,691 Anger Management/ P1: 7,398 P2: 1,053 Mental Health/Trauma/ P1: 3,295 P2: 949 @ \$28.88 Total \$540,951			Line Item Budget per Location

JB-CSSD - 2022 - ADULT CRIMINAL JUSTICE PROGRAM INVENTORY - PROGRAM INFORMATION

PROGRAM INFORMATION												
Program Inventory ID	Program Name	Intended Outcomes	Oversight Agency/Department (e.g., Department of Corrections)	Start Year	Service Provider(s)	Program Description	Program Fidelity	Average Duration of Program	Services Offered	Frequency/Intensity of Program	Program Last Evaluated	Notes / Comments
JBCSSD-A02	Alternative in the Community	Recidivism reduction	JBCSSD	1999	Community Solutions, Inc. Community Partners in Action Centurion/Forensic Health Services, Inc. Perception Programs, Inc. Wheeler Clinic, Inc.	AICs are center-based programs and serve parolees, probationers, pre-trial and family criminal defendants. AIC programs use evidence-based or research driven cognitive behavioral interventions aimed to change behavior and reduce recidivism. Most services are gender separate. Services include: assessing individual client risk and needs using validated assessments (Level of Service Inventory-revised, Adult Substance Use Survey-revised, Women's Risk Need Assessment), provide case management based on client risk level, screen and provide clients basic needs. Group interventions include substance abuse, cognitive skills, employment services and job development/placement that are based on the clients assessed risk and needs. AIC services emphasize individual accountability and teach cognitive skills that enable clients to think and behave in a more pro social manner, that lead to behavior change resulting in reductions in recidivism.	Yes, JBCSSD contracts with a Quality Assurance agency to provide support to the AIC programs to ensure that integrity to the model is being maintained and to coach individual AIC staff on how to become proficient in delivery of the services.	3-6 months	Intakes- 4,869 Assessments: LSI- 593 ASUS-R- 2,051 Building Resilience CSSD: 5,130 Parole: 12 EXPLORE CSSD: 2,476 Parole: 296 Reasoning and Rehabilitation II Short Version/ CSSD: 13,784 Parole: 1,643 Treating Alcohol Dependence/ CDCS: 5,186 Parole: 0 Moving On/ CSSD: 5,840 Parole: 86 LSWV CSSD: 3,817 Parole: 53 Case Management/CSSD: 13,720 Parole: 3 Employment Services Group/ CSSD: 3,668 Parole: 0 Job Development/ CSSD: 3,032 Parole: 0 Cognitive Management/ 274 Substance Use Testing: 9,162	1 - 60-90 minute session 1 - 60-120 minute session 6- 2 hour sessions 26-4.5 hour sessions 14 - 90 minute sessions 12 - 90 minute sessions 17 - 120 minute sessions 20-120 minute sessions 2-4 - 30 minute sessions per month 9 - 90 minute sessions 2 - 60 minute sessions per week 30 minutes, 1x/week, 3-6 months Minimum 2 times per month	Never	75,695 total units of service in FY22
JBCSSD-A03	Advanced Supervision Intervention & Support Team	Increase treatment engagement Recidivism reduction	JBCSSD oversight of 7 locations DMHAS oversight of 2	2007	CSSD Wheeler Clinic, Inc. (New Britain) Perception Programs, Inc. (Williamantic, Danielson) Community Resource for Justice Family Re-Entry (New Haven) Hockanum Valley Community Council, Inc. (Vernon, Norwich) Connecticut Renaissance (Bridgeport, Waterbury) DMHAS Capital Region Mental Health Center (Hartford) River Valley Services (Middletown)	A collaboration between the Court Support Services Division (CSSD), the Department of Correction (DOC), and the Department of Mental Health and Addiction Services (DMHAS), to provide a community based alternative to incarceration for individuals with mental health disorders. The program provides mental health services either through a CSSD contracted program or through DMHAS's Local Mental Health Authority (LMHA).	Yes. JBCSSD provides contract monitoring for CSSD contracts only. These Agencies also have DPH licensing and DMHAS oversight.	4-6 months	Start Now (group) CSSD Sites- 81 DMHAS Sites- 25 Assessment Individual Sessions CSSD Sites- 2155 DMHAS Sites- 1344	32 - 75 minute sessions Once a week 1 - 120 minute session 60 minutes. (ongoing)	Never	
JBCSSD-A04	Adult Sex Offender Treatment Services	Reduce inappropriate sexual behavior Recidivism reduction	JBCSSD	1999	The Connection, Inc.	CATSO or CATSO equivalent certified assessment and evaluation. Individual, family and group treatment appropriate to the offender's case history. Polygraph examinations to monitor treatment and supervision compliance.	Yes. JBCSSD monitors contract.	2 years	Evaluation Tx group Tx individual	1 - 120 minute session 75 minutes, 1x/week 1 - 60 minute session (as needed)	Never	

JB-CSSD - 2022 - ADULT CRIMINAL JUSTICE PROGRAM INVENTORY - PROGRAM INFORMATION

PROGRAM INFORMATION												
Program Inventory ID	Program Name	Intended Outcomes	Oversight Agency/Department (e.g., Department of Corrections)	Start Year	Service Provider(s)	Program Description	Program Fidelity	Average Duration of Program	Services Offered	Frequency/Intensity of Program	Program Last Evaluated	Notes / Comments
JBCSSD-A06	Domestic Violence - Evolve	Recidivism reduction	JBCSSD	2000	Community Resource for Justice Family Re-Entry, Inc.	The EVOLVE program is a 52-session, culturally competent and intensive group intervention designed for post plea/conviction, high-risk domestic violence offenders. Each male offender is required to attend two groups per week, two hours in length for 26 weeks. The impact of violence on victims and children, behavior change, interrelation and communication skill building, and responsible parenting/fatherhood are vital components of this program model. EVOLVE is available in Bridgeport, New Haven, New London, Norwich and Waterbury.	Yes. JBCSSD contracts with a Clinical Supervisor to ensure fidelity to the model through regularly scheduled meetings with staff, reviewing audio tapes of groups, and providing trainings on a regular basis.	26 weeks	CBT group	2 hrs., 2x/week, 26 weeks	2014 - The research was conducted pursuant to the legislative requirements - Central Connecticut State University was contracted to evaluate the effectiveness of the Judicial Branch's three court-mandated family violence interventions.	
JBCSSD-A07	Domestic Violence - Explore	Recidivism reduction	JBCSSD	2002	Center for Safer Community Community Resource for Justice Family Re-Entry, Inc. Hockanum Valley Community Council, Inc. Community Health Resources Wheeler Clinic, Inc.	The EXPLORE program is a 26-session, group-based intervention for men convicted of domestic violence offenses. Each offender attends one, 1.5-hour group each week for 26 weeks. The focus of this program is education and behavior change through developing awareness, building positive interpersonal conflict resolution and behavior management skills, and understanding the harmful effects of violence on victims and children. EXPLORE is available in all GA court locations.	Yes. JBCSSD contracts with a Clinical Supervisor to ensure fidelity to the model through regularly scheduled meetings with staff, reviewing audio tapes of groups, and providing trainings on a regular basis.	26 weeks	CBT group	90 minutes, 1x/week, 26 weeks	2014 - The research was conducted pursuant to the legislative requirements - Central Connecticut State University was contracted to evaluate the effectiveness of the Judicial Branch's three court-mandated family violence interventions.	
JBCSSD-A08	Domestic Violence Program - Bridgeport	Recidivism reduction	JBCSSD	2000	Community Resource for Justice Family Re-Entry, Inc.	The Bridgeport Domestic Violence Intervention Services provides a specific domestic violence for those male clients who do not meet the criteria for utilization of the Family Violence Education Program. The service provider collaborates with Family Services and other court personnel within the Bridgeport Domestic Violence docket. As part of the Bridgeport DV docket, the provider will serve as an on-site liaison to coordinate referrals and report to the Court regarding compliance.	Yes. JBCSSD monitors contract.	12 weeks	CBT group	90 minutes, 1x/week, 12 weeks	Never	
JBCSSD-A09	Family Violence Education Program	Recidivism reduction	JBCSSD	1986	Wheeler Clinic, Inc. Community Resource for Justice Family Re-Entry, Inc. Catholic Charities, Archdiocese of Hartford Hockanum Valley Community Council, Inc. Association of Religious Communities, Inc. OIC of New London County, Inc.	The FVEP is a nine-week, pre-trial diversionary program and cognitive intervention focused on educating offenders regarding the impact of violence on relationships. The FVEP provides offenders with the building blocks of interpersonal skills to develop violence-free relationships and an understanding of power and control dynamics. The program is offered statewide.	Yes. JBCSSD monitors contract	9 weeks	CBT group	90 mins, 1x/week, 9 weeks	2014 - The research was conducted pursuant to the legislative requirements - Central Connecticut State University was contracted to evaluate the effectiveness of the Judicial Branch's three court-mandated family violence interventions.	
JBCSSD-A10	Transitional Housing	Client supervision and Housing	JBCSSD	1999	Project More Community Partners in Action Community Justice Management	Transitional Housing is a staff secure short term (30-90 day) community based residential program. Programming is achieved through formal and informal collaborations with various community based service providers, including AIC and ABHS. However, the program does provide structure and supervision when clients are not engaged in outside programs and services. Referrals accepted from adult court/probation locations statewide.	Yes. JBCSSD monitors contract.	1-3 months	Assessment Case Management Moving On (in the women's program only) Substance Testing * clients referred out for Tx and other services	1 - 60 minute session 1 - 30 minute session (weekly or every other week) based on need 17-2 hour sessions once per week	Never	Union House (CIM) closed 9/25/21

JB-CSSD - 2022 - ADULT CRIMINAL JUSTICE PROGRAM INVENTORY - PROGRAM INFORMATION

PROGRAM INFORMATION												
Program Inventory ID	Program Name	Intended Outcomes	Oversight Agency/Department (e.g., Department of Corrections)	Start Year	Service Provider(s)	Program Description	Program Fidelity	Average Duration of Program	Services Offered	Frequency/Intensity of Program	Program Last Evaluated	Notes / Comments
JBCSSD-A11	Sierra Center	Provide mental health stabilization Recidivism reduction	DOC via MOA	2008	The Connection Inc.	A 14 bed residential program for clients with mental health disorders. The program is located in New Haven and accepts pretrial and probation referrals on a state-wide basis. Program can accommodate clients with minor co-occurring substance abuse issues.	Yes. DOC is responsible for monitoring the program. DMHAS also purchases beds there and performs compliance monitoring. CSSD had begun monitoring as well during FY18-19.	4-6 months	Assessment Case Management MH Tx	1 - 60-120 minute session 60 minutes 1x/week weekly-varies on the seriousness of the MH illness	Never	
JBCSSD-A12	January Center	Provide supervision, treatment and housing for sex offenders	DOC via MOA	2012	The Connection Inc.	A 12 bed sex offender residential treatment program for probationers leaving the DOC and returning to the community. This program provides intensive sex offender treatment, life skills, housing and job search, to help facilitate a safe transition back to the probationer's home community.	Yes. DOC provides monitoring to ensure compliance. CSSD began monitoring as well during FY 18-19.	4-6 months	Evaluation Case Management SO Tx group	1 - 60 minute session 60 minutes, 1x/week 75 minutes, 1x/day	Never	
JBCSSD-A13	Residential Drug Tx Collaborative w/DMHAS (includes detox, short and long term programs)	Decrease dependence on drugs and alcohol	DMHAS via MOA	2002	SCADD Lebanon Pines Apt Foundation CHR Milestone Liberation Program McCall Hotchkiss House Help, Inc. CT Renaissance West Wellmore Perception, Inc.	Residential drug treatment services for probationers and pretrial defendants. These services included treatment options that range from intensive short term (30 days) to long term (6-9 months)	Yes. DMHAS and DPH provide compliance monitoring to ensure contractual compliance and fidelity. CSSD also provides limited monitoring of these programs.	1-9 month time-frame	Assessment Case Management Treatment group Treatment individual	Varied weekly contact 60 minutes, 1x/week 20 hours (weekly) 60 minutes (weekly) or more if needed	Never	
JBCSSD-A14	Electronic Monitoring	Offender tracking and deterrent	JBCSSD	1999	Sentinel Offender Monitoring Services	Electronic monitoring includes Radio Frequency (RF) and Global Position Satellites (GPS) tracking. This permits the court and probation to ensure that the offender remains in his or her home at night or during other specified time periods and with GPS, their whereabouts at a particular time. on a daily basis, there are approximately 1000 offenders who are electronically monitored.	Yes. JBCSSD monitors contract.	2-4 months	Provide monitoring of offenders 24/7. Conduct installation, retrieval and service calls for equipment. Operates a monitoring/call center and have in-state office. Provide alert triage on identified alerts	Daily monitoring	Never	

JB-CSSD - 2022 - ADULT CRIMINAL JUSTICE PROGRAM INVENTORY - PARTICIPANT CAPACITY

PROGRAM INFORMATION		PARTICIPANTS					CAPACITY			Notes / Comments
Program Inventory ID	Program Name	Primary Participant Population	Average Age	Criminogenic Needs Addressed	Assigned Using Validated Assessment Instrument	Participants Served in FY22	Eligible but Unserved Individuals	Annual Capacity	Notes / Comments	
JBCSSD-A01	Adult Behavioral Health Services	Adults -18 and over, male and females, on probation or pretrial defendants (family criminal & Bail) that are medium to high risk for reoffending with a substance abuse and/or mental health disorders.	37	Alcohol or Drug and Emotional/Personal	Level of Service Inventory - Revised (LSI-R) and Adult Substance Use Survey - Revised (ASUS-R) Women's Risk Needs Assessment (WRNA)	16,907	0	N/A	All eligible clients can be served without a waitlist.	
JBCSSD-A02	Alternative in the Community	Adults -18 and over, male and females, on probation or pretrial defendants (family criminal & Bail) that are medium to high risk for reoffending.	JBCSSD: 33 Parole: 35	Alcohol or Drug Anti-Social Attitude Criminal Companions Family Dysfunction Emotional/ Personal Employment Leisure	Level of Service Inventory - Revised (LSI-R) and Adult Substance Use Survey - Revised (ASUS-R) Women's Risk Needs Assessment (WRNA)	CSSD: 4,527 Parole: 187	0	N/A	All eligible clients can be served without a waitlist.	
JBCSSD-A03	Advanced Supervision Intervention & Support Team	Adult (18 and over) pretrial, probation and parole clients with MH issues	JBCSSD Sites- 35, DMHAS Sites- 38	Mental Health	Level of Service Inventory - Revised (LSI-R) - ASUS-R or clinical evaluation	CSSD Sites- 294 DMHAS sites- 128 117	0	CSSD 195 slots - capacity is 345 clients DMHAS 70 slots- capacity is 117	Capacity is based on a FY 22 LOS average of 206 days at CSSD sites and 217 days at DMHAS sites.	
JBCSSD-A04	Adult Sex Offender Treatment Services	Adult probation clients 18 and over with Sex Offender classification	41	Sexually Aggressive Behavior	Static 99R, SOTIPS or court order	765	0	N/A	All clients who require treatment receive services.	
JBCSSD-A06	Domestic Violence - Evolve	High Risk Male Family Violence Offenders	37	Domestic Violence Perpetration	Domestic Violence Screening Instrument - Revised (DVSI-R)	559	0	690	Participants include non-completers	
JBCSSD-A07	Domestic Violence - Explore	Medium to High Risk Male Family Violence Offenders	JBCSSD: 36 Parole: 35	Domestic Violence Perpetration	Domestic Violence Screening Instrument - Revised (DVSI-R)	CSSD: 2,087 Parole: 586	0	2,070	Participants include non-completers	
JBCSSD-A08	Domestic Violence Program - Bridgeport	Medium to High Risk Male Family Violence Offenders	36	Domestic Violence Perpetration	Domestic Violence Screening Instrument - Revised (DVSI-R)	31	0	240		
JBCSSD-A09	Family Violence Education Program	Pre-trial Low Risk Male & Female Family Violence Defendants	35	Domestic Violence Perpetration	Domestic Violence Screening Instrument - Revised (DVSI-R), Supplemental Risk Assessment (SRI)	3,816	0	6,314		
JBCSSD-A10	Transitional Housing	Pretrial and probation clients 18 and older (male and female)	38	Criminal History Criminal Companions Family Dysfunction	LSI-R, ASUS-R	451	97	112 beds- Capacity is 802	Capacity is based on a FY22 LOS average of 51 days.	
JBCSSD-A11	Sierra Center	Probation and pretrial clients only 18 and older (male only)	33	Mental Health	N/A	44	0	14 beds - capacity is 54	Capacity is based on a FY22 LOS average of 94 days.	
JBCSSD-A12	January Center	Probation clients 18 and older (male only)	39	Sexual Abuse	N/A	25	0	12 beds - capacity is 47	Capacity is based on a FY22 LOS average of 92 days.	

JB-CSSD - 2022 - ADULT CRIMINAL JUSTICE PROGRAM INVENTORY - PARTICIPANT CAPACITY

PROGRAM INFORMATION		PARTICIPANTS					CAPACITY			Notes / Comments
Program Inventory ID	Program Name	Primary Participant Population	Average Age	Criminogenic Needs Addressed	Assigned Using Validated Assessment Instrument	Participants Served in FY22	Eligible but Unserved Individuals	Annual Capacity	Notes / Comments	
JBCSSD-A13	Residential Drug Tx Collaborative w/DMHAS (includes detox, short and long term programs)	Pretrial and probation clients 18 and older (male and female)	37	Substance abuse	LSI-R, ASUS-R and/or clinical evaluation	692	0	167 beds - capacity is 835	Capacity is based on a FY22 LOS average of 73 days.	
JBCSSD-A14	Electronic Monitoring	Pretrial and probation clients	32	Criminal History	N/A	2,540	N/A	N/A	Figures include all Judicial Branch clients, adult/juvenile, pretrial and probation as well as Families Victim Notification program.	

JB-CSSD - 2022 - ADULT CRIMINAL JUSTICE PROGRAM INVENTORY - COST BUDGET

PROGRAM INFORMATION		BUDGET										Notes / Comments
Program Inventory ID	Program Name	SID #	Program Budget (FY22)	Percent of Total Budget (FY22) See note (3) below	Annual Cost per Participant	Marginal or Average	Funding Source "PI" = Program Income	Annual Cost per Participant for Comparison Group	Year of Dollars	Description of Program Costs (e.g., how calculated)	Notes / Comments	
JBCSSD-A01	Adult Behavioral Health Services	12043	\$8,309,781	17%	\$2,711 \$491	Marginal Average	State \$8,309,781 PI \$7,378,745	refer to existing PEW data	FY 22 FY 22	Program budget divided by the number of FY 22 participants served =Average JB-CSSD's ABH Program costs re-estimated by sub-program to achieve a more appropriate marginal cost.	Per unit cost model with the exception of full budget for Client Care Coordinator position; average cost calculation method used and includes Program Income.	
JBCSSD-A02	Alternative in the Community	12043 & 90281 & 9026	\$17,471,476	36%	\$83 \$3,706	Marginal Average	State \$17,140,654 Federal \$330,822	N/A	FY 22 FY 22	Program budget divided by the number of FY 22 participants served. Marginal calculated - Bottom Up Approach B: Marginal = (Program Budget - Fixed Cost)/Participants Served	Includes cost of QA (Federal)	
JBCSSD-A03	Advanced Supervision Intervention & Support Team	12043 & 90626	\$976,011	2%	\$40 \$4,050	Marginal Average	State \$844,983 PI \$131,028	N/A	FY 22 FY 22	Program budget divided by the number of FY 22 participants served both DOC and CSSD via the CSSD contract. Marginal calculated - Bottom Up Approach B	SID 12043 = \$460,119 SID 90626 = \$384,864	
JBCSSD-A04	Adult Sex Offender Treatment Services	12043 & 90281	\$3,331,070	7%	\$7 \$4,354	Marginal Average	State \$3,306,246 PI \$24,824	N/A	FY 22 FY 22	Program budget divided by the number of FY 22 participants served both DOC and CSSD. Marginal calculated - Bottom Up Approach B	SID 12043 = \$2,466,861 SID 90281 = \$839,385	
JBCSSD-A06	Domestic Violence - Evolve	12043	\$1,116,612	2%	\$1,998	Average	State	N/A	FY 22	Program budget divided by the number of FY 22 participants served.		
JBCSSD-A07	Domestic Violence - Explore	12043	\$1,989,021	4%	\$744	Average	State \$1,919,053 Federal \$69,968	N/A	FY 22	Program budget divided by the number of FY 22 participants served.		
JBCSSD-A08	Domestic Violence Program - Bridgeport	12043	\$93,380	0%	\$3,012	Average	State	N/A	FY 22	Program budget divided by the number of FY 22 participants served.		
JBCSSD-A09	Family Violence Education Program	12043	\$1,415,955	3%	\$371	Average	State	N/A	FY 22	Program budget divided by the number of FY 22 participants served.		
JBCSSD-A10	Transitional Housing	12043	\$4,720,639	10%	\$10,467	Average	State \$4,625,244 Federal \$96,145 PI \$1,250	N/A	FY 22	Program budget divided by the number of FY 22 participants served.		
JBCSSD-A11	Sierra Center	12043	\$679,019	1%	\$15,432	Average	State	N/A	FY 22	Program budget divided by the number of FY 22 participants served.		
JBCSSD-A12	January Center Residential Drug Tx	12043	\$743,755	2%	\$29,750	Average	State	N/A	FY 22	Program budget divided by the number of FY 22 participants served.	This represents 12 of 24 clients. The remaining 12 clients are DOC.	
JBCSSD-A13	Collaborative w/DMHAS (includes detox, short and long term programs)	12043	\$5,297,028	11%	\$7,655	Average	State	N/A	FY 22	Program budget divided by the number of FY 22 participants served.		
JBCSSD-A14	Electronic Monitoring	12043	\$1,827,908	4%	\$720	Average	State	N/A	FY 22	Program budget divided by the number of FY 22 participants served. It is the average cost among the different technologies Radio Frequency (RF), GPS and VNP.	Includes Victim Notification Program (VNP)	
	TOTAL		\$47,971,655	100%								

JB-CSSD - 2022 - ADULT CRIMINAL JUSTICE PROGRAM INVENTORY - EVIDENCE BASED

PROGRAM INFORMATION							Notes/ Comments
Program Inventory ID	Program Name	Interventions	Policy Area	RF Program	Clearinghouse	Rating from Clearinghouse	Type
JBCSSD-A01	Adult Behavioral Health Services	Seeking Safety	Adult substance abuse	Seeking Safety	CrimeSolutions.gov	Promising	Evidence-based
			Adult substance abuse	Seeking Safety	California Evidence Based Clearinghouse	Well-supported	Evidence-based
			Adult substance abuse	Seeking Safety	NREPP	2-3	Evidence-based
JBCSSD-A02	Alternative in the Community	Reasoning and Rehabilitation	Adult criminal justice	Cognitive behavioral therapy (high and moderate risk offenders)	Not listed	select	Evidence-based
			Adult substance abuse	Motivational interviewing to enhance treatment engagement	NREPP	3-9	Evidence-based
			Adult substance abuse	Motivational interviewing to enhance treatment engagement	California Evidence Based Clearinghouse	Well-supported	Evidence-based
JBCSSD-A03	Advanced Supervision Intervention & Support Team	Moving On	Adult substance abuse	Motivational interviewing to enhance treatment engagement	CrimeSolutions.gov	Effective	Evidence-based
			Adult criminal justice	Cognitive behavioral therapy (high and moderate risk offenders)	CrimeSolutions.gov	Promising	Evidence-based
			Adult criminal justice	Cognitive behavioral therapy: Non-Name brand only (high and moderate risk offenders)	Not listed	Not listed	Evidence-based
JBCSSD-A04	Adult Sex Offender Treatment Services	Adult Sex Offender Treatment	Adult criminal justice	Sex offender treatment (community)	CrimeSolutions.gov	Promising	Evidence-based
			Adult criminal justice	Cognitive behavioral therapy (high and moderate risk offenders)	CrimeSolutions.gov	Promising	Evidence-based
JBCSSD-A06	Domestic Violence - Evolve		Adult criminal justice	Domestic violence perpetrator treatment (Duluth-based model)	CrimeSolutions.gov	Effective	Evidence-based
JBCSSD-A07	Domestic Violence - Explore		Adult criminal justice	Domestic violence perpetrator treatment (Duluth-based model)	CrimeSolutions.gov	Effective	Evidence-based
JBCSSD-A08	Domestic Violence Program - Bridgeport		Adult criminal justice		Not listed	Not listed	Promising practice
JBCSSD-A09	Family Violence Education Program		Adult criminal justice		Not listed	Effective	Evidence-based
			Adult criminal justice		Not listed	Effective	Evidence-based
JBCSSD-A10	Transitional Housing		Adult criminal justice	Housing assistance without services	Not listed	Not listed	None of the above
JBCSSD-A11	Sierra Center						
JBCSSD-A12	January Center						

JB-CSSD - 2022 - ADULT CRIMINAL JUSTICE PROGRAM INVENTORY - EVIDENCE BASED

Program Inventory ID	Program Name	Interventions	Policy Area	RF Program	Clearinghouse	Rating from Clearinghouse	Type	Notes/ Comments
JBCSSD-A13	Residential Drug Tx Collaborative w/DMHAS (includes detox, short and long term programs)							JB-CSSD is not the contract holder. Please see DMHAS inventory.
JBCSSD-A14	Electronic Monitoring		Adult criminal justice	Electronic monitoring (probation)	CrimeSolutions.gov	Promising	Evidence-based	

JB-CSSD - 2022 - JUVENILE JUSTICE PROGRAM INVENTORY - PROGRAM INFORMATION

PROGRAM INFORMATION										Notes / Comments		
Program Inventory ID	Program Name	Intended Outcomes	Oversight Agency/Department (e.g., Department of)	Start Year	Service Provider(s)	Program Description	Program Fidelity	Average Duration of Program	Services Offered	Frequency/ Intensity of Program	Program Last Evaluated	Notes / Comments
JBCSSD-103	Boys Therapeutic Respite and Assessment Center (TRAC)	Increased family function and provide stabilization Recidivism reduction	JBCSSD	2012	Connecticut Junior Republic	A 30 day program with up to 120-day residential stay extension depending on the needs of the client/juvenile court, where respite and assessment occur. The age range is 14-18 yrs. old. This program makes recommendations to the juvenile court regarding client's treatment needs; and if necessary, begins treatment on site. Program can discharge to home with in-home services. Program bed capacity is 8 beds. On-site education, case management, volunteer service opportunities, recreation, medical/mental healthcare.	Yes. Program is monitored by JBCSSD for contractual compliance and has accreditation through the Council on Accreditation. Monthly QA of group interventions.	45 days	The Council for Boys and Young Men Vocational Education Wellness Group	60 minutes, 1x per week, Length of stay Weekly 1/wk @ 1 hr	Never	
JBCSSD-110	Adolescent Female Intermediate Residential (AFIR)	Increased coping skills Improved educational success Recidivism reduction	JBCSSD	2020	NAFI Connecticut, Inc.	The program model designed will be integrated with Dialectical Behavior Therapy (DBT). The program is designed to decrease recidivism and increase skills, decrease substance misuse, improve educational functioning, improve mental health and increase stability and overall functioning. The program will accept referrals from all of Connecticut's juvenile courts/probation.	Yes. Program is monitored by JBCSSD for contractual compliance. QA of DBT is performed by model developer via MOA.	4 months	Assessments Individual Therapy Family Therapy DBT Skills Group Life Skills Girls Circle Substance Use Not A Number Restorative Justice Wellness Group Vocational Education	60-90 minutes, 1x week, 4 weeks 1/wk @ 1hr 1/wk @ 1hr 5/wk @ 30 min 1/wk @ 1hr 60 minutes, 1x/week, Length of stay 90 minutes 2x/week 5 sessions @ 1hr as long as needed 1/wk @ 1hr Weekly	Never	
JBCSSD-110A	Adolescent Male Intermediate Program (AMIR)	Increased coping skills Improved educational success Recidivism reduction	JBCSSD	2020	Connecticut Junior Republic	The program model designed will be integrated with Dialectical Behavior Therapy (DBT). The program is designed to decrease recidivism and increase skills, decrease substance misuse, improve educational functioning, improve mental health and increase stability and overall functioning. The program will accept referrals from all of Connecticut's juvenile courts/probation.	Yes. Program is monitored by JBCSSD for contractual compliance. QA of DBT is performed by model developer via MOA.	4 months	Assessment Individual Therapy Family Therapy DBT Skills Group Life Skills Wellness Group Vocational Education Restorative Justice The Council for Boys and Young Men	60-90 minutes 1/wk @ 1hr 1/wk @ 1hr 5/wk @ 30 min 1/wk @ 1hr 1/wk @ 1hr Weekly as long as needed 60 minutes, 1x per week, Length of stay	Never	
JBCSSD-114	Multisystemic Therapy	Recidivism reduction Improved family relationship Prevent out of home placement.	JBCSSD	2002	Connecticut Junior Republic The Village for Families and Children NAFI Connecticut, Inc. Wheeler Clinic, Inc.	MST is an intensive, evidence-based family-and community-based treatment program that focuses on the entire world of chronic and violent juvenile offenders (homes and families, schools and teachers, neighborhoods and friends). It blends the best clinical treatments – cognitive behavioral therapy, behavior management training, family therapies and community psychology to reach this population. The overriding goal of MST is to keep adolescents who have exhibited serious clinical problems—drug abuse, violence, severe emotional disturbance—at home, in school and out of trouble. Therapists on the team are on call 24 hours a day, seven days a week. Such an intensive service is possible because therapists work with a limited number of families (5) at any given time.	Yes. Program is monitored by JBCSSD for contractual compliance. QA of MST via MOA.	5 months	Individual Counseling Family Counseling Targeted case management	3x/week	Evaluated nationally, not in CT	

JB-CSSD - 2022 - JUVENILE JUSTICE PROGRAM INVENTORY - PROGRAM INFORMATION

PROGRAM INFORMATION										Notes / Comments		
Program Inventory ID	Program Name	Intended Outcomes	Oversight Agency/Department (e.g., Department of)	Start Year	Service Provider(s)	Program Description	Program Fidelity	Average Duration of Program	Services Offered	Frequency/ Intensity of Program	Program Last Evaluated	Notes / Comments
JBCSSD-117	Adolescent Sexual Behavior Treatment and Education	Recidivism reduction	JBCSSD	2017	NAFI Connecticut, Inc. Boys and Girls Village	The ASBTE program is a community based program for juveniles who have manifested inappropriate sexual behavior resulting in their court involvement, where treatment, education and rehabilitative services (that include juvenile and family) will be provided in the client's home. The ASBTE will conduct intake and assessment, provide sexuality education, as well as comprehensive, individualized problem sexual behavior services to juveniles who have engaged in inappropriate sexual behaviors.	Yes. Program is monitored by JBCSSD for contractual compliance.	85 days	Sexuality Education Sexual Behavior Problem Treatment Case Management	2-3x per week	Never	Replaces Juvenile Sex Offender Services (JSOS) eff. November 1, 2017
JBCSSD-118	Educational Support Services	Academic disengagement reduction	JBCSSD	2018	The Children's Community Programs of Connecticut	Education Support Services provides educational support to court-involved youth by referrals from Juvenile Probation Officers. Their primary focus is to assist in navigating the special education system, attend PPT meetings and negotiate with school districts on behalf of the referred students.	Yes. Program is monitored by JBCSSD for contractual compliance.	3-6 month time-frame	Educational Advocacy	Varied weekly contact	Never	Program started in 2014 but eliminated due to budget deficit mitigation in FY17 and reinstated February 2018.
JBCSSD-119	Detention Diversion and Stabilization Services (DDSS)	Recidivism reduction Improved family relationship	JBCSSD	2018	Boys and Girls Village (Hamilton)	DDSS - residential program is a 6 bed, brief, solution-focused, individualized program that provides screening & assessment in order to develop a plan of care targeting risk relevant areas while transitioning the youth back into their community with services & natural supports.	Yes. Program is monitored by JBCSSD for contractual compliance.	2 to 3 weeks	Psycho-Educational Group Lifeskills Group: General Lifeskills Group: Financial Planning Individual Counseling	45 mins; 7x per week 45 minutes; 3x per week 1 hour; 1x per week 1 hour; 3x per week	Never	
JBCSSD-120	REGIONS LIMITED - Secure for Adolescent Females (previously Journey House)	Recidivism reduction	JBCSSD	2018	Natchaug Hospital at Hartford Healthcare	This program model is an individually-focused therapeutic residential program for adolescent females with either (1) a disposition of "Probation Supervision with Residential Placement" or (2) an Order to Detain. The program model is rooted in Dialectical Behavior Therapy (DBT) on an individual and milieu level. The trauma informed program is designed to decrease recidivism and increase skills, decrease substance misuse, improve educational functioning, improve mental health and increase stability and overall functioning. The program will accept referrals from all of Connecticut's juvenile courts/probation.	Yes. Programs are monitored by JBCSSD for contractual compliance. The program is accredited by The Joint Commission.	6 months	Assessment Life Skills Extended Case Management Individual Therapy Family Therapy Vocational Opportunities Trauma Yoga DBT Skills Group The Seven Challenges Mindfulness Groups Discharge Planning	Intake; every 90 days thereafter 1 hour; 1-2x per week 2x per week 1 hour; 1x per week 1x per week 1-2x per week 30 minutes; 1x per week 1 hour; 4x per week 1 hour; 2x per week 15 minutes; 5x per week Varies	Never	AKA Regions Journey House
JBCSSD-121	Juvenile Staff Secure Residential Facility (JSRF)	Recidivism reduction	JBCSSD	2018	Boys and Girls Village Connecticut Junior Republic Community Partners in Action	This program model is an individually-focused therapeutic residential program for adolescent males with a disposition of "Probation Supervision with Residential Placement" which is integrated with Dialectical Behavior Therapy (DBT) on an individual and milieu level. The program is designed to decrease recidivism and increase skills, decrease substance misuse, improve educational functioning, improve mental health and increase stability and overall functioning. The program accepts referrals from all of Connecticut's juvenile courts/probation.	Yes. Programs are monitored by JBCSSD for contractual compliance. Both, Boys & Girls Village and Connecticut Junior Republic, are accredited through the Council on Accreditation. Community Partners in Action is seeking accreditation	6 months	Assessment Life Skills Extended Case Management DBT Skills Group Individual Therapy Family Therapy Vocational Opportunities Mindfulness Groups Discharge Planning	Intake; every 90 days thereafter 1-2x per week 2x per week; 1x per week up to one year post discharge 30 minutes-1 hour; 4x per week 1 hour; 1x per week 1x per week 1-2x per week 15 minutes; 7x per week Varies	Never	AKA Regions Staff Secure

JB-CSSD - 2022 - JUVENILE JUSTICE PROGRAM INVENTORY - PROGRAM INFORMATION

PROGRAM INFORMATION												
Program Inventory ID	Program Name	Intended Outcomes	Oversight Agency/Department (e.g., Department of)	Start Year	Service Provider(s)	Program Description	Program Fidelity	Average Duration of Program	Services Offered	Frequency/ Intensity of Program	Program Last Evaluated	Notes / Comments
JBCSSD-122	Linking Youth to Natural Communities (LYNC)	Recidivism reduction Diversion of status offenders	JBCSSD	2019	Connecticut Junior Republic Connecticut Renaissance Inc. NAFI Connecticut, Inc. The Village for Families & Children	The Linking Youth to Natural Communities (LYNC) programs are multi-modal centers focusing on a scope of targeted services for court-involved youth ages 12-17 and their families. The overarching goal for the LYNC is to provide comprehensive services incorporating evidence-based practices that target criminogenic needs in order to change behavior and reduce recidivism. LYNC has a strong focus on connecting youth and their families to appropriate community and/or grassroots agencies and natural supports. LYNC aims to ensure meaningful connections to natural supports that will last past probation and program time and will assist in behavior change sustainability. The LYNC will conduct intake assessment and provide cognitive-behavioral interventions, case management services to address basic needs and pro-social activities, and discharge planning that are gender-specific, evidence-/research- based, culturally competent, and trauma informed.	Yes. Program is monitored by JBCSSD for contractual compliance. Specific services and interventions are quality assured for integrity and fidelity through a separate JBCSSD contractor.	6 months per contract	Intake and assessment/ 397 Girls Circle/17 The Council for Boys and Young Men/388 ART/931 MET/CBT/FSN/43(MET CBT) &8(FSN)/ 2 Seeking Safety for Adolescents/621 EMPLOY/214 Life Skills/32 Structured Case management/2,619 Individual Youth / Family Sessions 279 Discharge planning	120 minutes 1x 12-90 minute sessions 12-90 minute sessions 60 minutes, 3x/week, 10 weeks 12 client group sessions (2 MET, 10 CBT) 1-1.5 hours FSN: 10 parent sessions, 4 home visits 18 - 90 minute sessions 8 Sessions 1x per week 8 - 60 minute sessions Varies Varies (3-4 sessions) Varies		Contracted started November 1, 2018. Referrals began January, 1, 2019.
JBCSSD-123	MST-EA(Emerging Adults) previously MST - TAY	Recidivism reduction Reduce substance use and mental illness Prepare youth for independent living	JBCSSD	2018	NAFI	MST-EA is an adaptation of the MST model designed for transition-aged youth and young adults involved with the justice system who have mental illness or engage in substance use. A home-based therapist delivers services to treat mental illness, reduce substance use (when present) and reduce recidivism. Coaches also work with young adults to increase school, work and prepare for independent living.	Yes. Program is monitored by JBCSSD for contractual compliance. QA by model developers Science To Practice-Oregon	7 months	Individual therapy Life Skills	3x per week 1x per week	Never	The program is currently under a research study where a random selection of referred young adults will not be placed in EA but will receive the Control Group-Facilitated Service Access (FSA), which provides resources to help the young adult access other services options.
JBCSSD-125	Multisystemic Therapy Family Integrated Transition (MST-FIT)	Recidivism reduction Reduce substance use and mental illness Prepare youth for independent living	JBCSSD	2020	Connecticut Junior Republic, Waterbury	MST-FIT serves juveniles in placement with the highest risk of recidivism in need of complex treatment by combining services delivered in a residential setting with MST based aftercare to provide smooth transition out of placement and into home	Yes. Program is monitored by JBCSSD for contractual compliance. QA of MST via MOA.	4 months	Individual therapy Family therapy DBT Skills	1x per week 1x per week integrated in treatment	Never	
JBCSSD-126	REGIONS - Secure for Adolescent Males	Recidivism reduction	JBCSSD	2019	Community Partners in Action	This program model is an individually-focused therapeutic residential program for adolescent males with a disposition of "Probation Supervision with Residential Placement" which is integrated with Dialectical Behavior Therapy (DBT) on an individual and milieu level. The trauma informed program is designed to decrease recidivism and increase skills, decrease substance misuse, improve educational functioning, improve mental health and increase stability and overall functioning. The program accepts referrals from all of Connecticut's juvenile courts/probation.	Yes. Programs are monitored by JBCSSD for contractual compliance. The program will seek accreditation by the American Correctional Association (ACA).	6 months	Assessment Life Skills Extended Case Management Individual Therapy Family Therapy Vocational Opportunities DBT Skills Group Restorative Justice/Practices Youth Council Boys Council Discharge Planning	Intake; every 90 days thereafter 1 hour, 1-2x per week 2x per week 1 hour, 1x per week 1x per week 1-2x per week 1 hour, 4x per week 80-45 minutes; 3x per week 1 hour, 1x per week 1 hour, 1x per week Varies	Never	AKA Regions Secure

JB-CSSD - 2022 - JUVENILE JUSTICE PROGRAM INVENTORY - PARTICIPANTS CAPACITY

Program Inventory ID	Program Name	Primary Participant Population	PARTICIPANTS				CAPACITY			Notes / Comments
			Average Age	Criminogenic Needs Addressed	Assigned Using Validated Assessment Instrument	Participants Served in FY22	Eligible but Unserved Individuals	Annual Capacity		
JBCSSD-J03	Boys Therapeutic Respite and Assessment Center (TRAC)	Boys aged 14-18 with behavioral issues. Court ordered through juvenile probation.	15	Family Distress, Antisociality	Predict, MAYSI and/or court evaluation (supplementary) Start AV CSSRS	35	0	8 beds- capacity is 81	Capacity is based on a <u>FY22</u> LOS average of 56 days.	
JBCSSD-J10	Adolescent Female Intermediate Residential (AFIR)	Juvenile girls 14-18 with mental health and behavioral issues. Court ordered through juvenile probation.	NAFI GIRP 15	Criminal History Substance Abuse Family Distress Anti-sociality Academic Disengagement Mental Health	Start AV and/or court evaluation (supplementary) Trauma screen CSSRS VSAS	10	0	8 beds- capacity is 29	Capacity is based on a <u>FY22</u> LOS average of 101 days.	
JBCSSD-J10A	Adolescent Male Intermediate Residential (AMIR)	Juvenile boys 14-18 with mental health and behavioral issues. Court ordered through juvenile probation.	CJR 15	Criminal History Substance Abuse Family Distress Anti-sociality Academic Disengagement Mental Health	Start AV and/or court evaluation (supplementary) Trauma screen CSSRS PREA Screen	21	0	8 beds- capacity is 30	Capacity is based on a FY22 LOS average of 96 days.	
JBCSSD-J14	Multisystemic Therapy	High and Very High risk delinquents and status offenders, co-ed.	15	Criminal History Substance Abuse Family Distress Antisociality Academic Disengagement	Predict	66	7	340	165 referrals 117 clients served 7 screened as appropriate, but did not receive services. 170 slots on a 2.2 turn In December of 2019 DCF and CSSD entered into an MOA for DCF and Community referrals to be referred to CSSD MST contractors	
JBCSSD-J17	Adolescent Sexual Behavior Treatment and Education	Juveniles with problem sexual behaviors	16	Antisociality Mental Health	N/A	60	0	48 slots- capacity is 102	Capacity is based on a FY22 LOS of 171 days Program uses the Professor assessment	
JBCSSD-J18	Educational Support Services	Juveniles needing educational advocacy or legal support	14	Academic	N/A	389	0	up to 300 referrals per year		
JBCSSD-J19	Detention Diversion and Stabilization Services (DDSS)	Boys aged 14-17 at risk of violating court orders or probation	15	Criminal History Substance Abuse Family Distress Antisociality Academic Disengagement Mental Health	Predict, MAYSI and/or court evaluation (supplementary) CSSRS VSAB	55	0	6** beds - capacity is 104	**Dropped bed capacity to four temporarily to accommodate social distancing and quarantine for Covid-19 pandemic for FY21. AKA Hamilton Capacity is based on a FY22 LOS average of 14 days	

JB-CSSD - 2022 - JUVENILE JUSTICE PROGRAM INVENTORY - PARTICIPANTS CAPACITY

Program Inventory ID	Program Name	PARTICIPANTS					CAPACITY			Notes / Comments
		Primary Participant Population	Average Age	Criminogenic Needs Addressed	Assigned Using Validated Assessment Instrument	Participants Served in FY22	Eligible but Unserved Individuals	Annual Capacity		
JBCSSD-J20	REGIONS LIMITED - Secure for Adolescent Females (previously Journey House)	Girls aged 14-18 on a court order of "Probation Supervision with Residential Placement" <u>or</u> Order to Detain	15	Criminal History Substance Abuse Family Distress Antisociality Academic Disengagement Mental Health	Predict, START: AV and Clinical Evaluation (for "Probation Supervision with Residential Placement")	30	0	12 beds- capacity is 85	AKA Regions-Journey House Two populations served: Probation with Placement and pretrial detention Capacity is based on a FY22 LOS of 51 days	
JBCSSD-J21	Juvenile Staff Secure Residential Facility (JSSRF)	Boys aged 14-18 on a court order of "Probation Supervision with Residential Placement"	16	Criminal History Substance Abuse Family Distress Antisociality Academic Disengagement Mental Health	Predict, START:AV and Clinical Evaluation	33	0	28 beds- capacity is 104	Capacity is based on a FY22 LOS of 98 days	
JBCSSD-J22	Linking Youth to Natural Communities (LYNC)	Medium risk, male and female delinquents, ages 11-17. Male and female status offenders ages 11-17.	15	Criminal History Substance Abuse Family Distress Antisociality Academic Disengagement Mental Health	Predict	459	0	230 Slots - capacity is 460	Capacity is based on a FY22 LOS of 115 days	
JBCSSD-J23	MST-EA(Emerging Adults) previously MST -TAY	Medium to high risk, male and female delinquent, ages 17-26.	19	Criminal History Substance Abuse Family Distress Antisociality Academic Disengagement	Predict	28	55	60	Unserved clients were randomized to the control group and/or declined participation (Research piece of MST-EA concluded 03/01/2022)	

JB-CSSD - 2022 - JUVENILE JUSTICE PROGRAM INVENTORY - COST BUDGET

PROGRAM INFORMATION		BUDGET							Notes / Comments		
Program Inventory ID	Program Name	SID #	Program Budget (FY21)	Percent of Total Budget (FY21) See note (3) below	Annual Cost per Participant	Marginal or Average	Funding Source "PI" = Program Income	Annual Cost per Participant for Comparison Group	Year of Dollars	Description of Program Costs (e.g., how calculated)	Notes / Comments
JBCSSD-J03	Boys Therapeutic Respite and Assessment Center (TRAC)	12105 & 29561	\$1,542,028	4%	\$44,058	Average	State \$1,513,251 Federal \$28,777	N/A	FY 22	Program budget divided by the number of participants served for <u>FY 22</u> .	
JBCSSD-J10	Adolescent Female Intermediate Residential (AFIR)	12105	\$1,909,698	5%	\$190,970	Average		N/A	FY 22	Program budget divided by the number of participants served for <u>FY 22</u> .	
JBCSSD-J10A	Adolescent Male Intermediate Program (AMIR)	12105 & 29561	\$1,667,672	4%	\$79,413	Average	State \$1,628,418 Federal \$39,254	N/A	FY 22	Program budget divided by the number of participants served for <u>FY 22</u> .	
JBCSSD-J14	Multisystemic Therapy	12105	\$4,471,943	11%	\$909 \$67,757	Marginal Average	State \$3,931,599 PI \$540,344	N/A	FY 22 FY 22	Program budget divided by the number of participants served for <u>FY 22</u> . Marginal calculated - Bottom Up Approach B	
JBCSSD-J17	Adolescent Sexual Behavior Treatment and Education	12105	\$721,723	2%	\$66 \$12,029	Marginal Average	State \$721,723		FY 22 FY 22	Program budget divided by the number of participants served for <u>FY 22</u> . Marginal calculated - Bottom Up Approach B	
JBCSSD-J18	Educational Support Services	12105	\$706,583	2%	\$1,816	Average	State		FY 22	Program budget divided by the number of participants served for <u>FY 22</u> .	
JBCSSD-J19	Detention Diversion and Stabilization Services	12105 & 29561	\$1,322,339	3%	\$24,043	Average	State \$1,320,551 Federal \$1,788		FY 22	Program budget divided by the number of participants served for <u>FY 22</u> .	AKA Hamilton
JBCSSD-J20	REGIONS LIMITED - Secure for Adolescent Females (previously Journey House)	12617	\$4,171,089	10%	\$139,036	Average	State \$4,154,289 PI \$16,800		FY 22	Program budget divided by the number of participants served for <u>FY 22</u> .	
JBCSSD-J21	Juvenile Staff Secure Residential Facility (JSSRF)	12616 & 29561	\$8,000,752	19%	\$242,447	Average	State \$7,912,763 Federal \$87,989		FY 22	Program budget divided by the number of participants served for <u>FY 22</u> .	AKA Regions Staff Secure
JBCSSD-J22	Linking Youth to Natural Communities (LYNC)	12105 & 29561	\$6,770,564	16%	\$100 \$14,751	Marginal Average	State \$6,729,464 Federal \$41,100	N/A	FY 22 FY 22	Program budget divided by the number of participants served for <u>FY 22</u> . Marginal calculated - Bottom Up Approach B: Marginal = (Program Budget - Fixed Cost)/Participants Served	
JBCSSD-J23	MST-EA(Emerging Adults)	12616	\$1,722,316	4%	\$3,609 \$61,511	Marginal Average	State		FY 22 FY 22	Program budget divided by the number of participants served <u>in FY 22</u> . Marginal calculated - Bottom Up Approach B: Marginal = (Program Budget - Fixed Cost)/Participants Served	
JBCSSD-J25	REGIONS -Secure Residential Program	12105 & 12616 & 12617 & 29561	\$7,484,947	18%	\$155,936	Average	State \$7,405,177 Federal \$79,770		FY22	Program budget divided by the number of participants served for <u>FY 22</u> .	AKA Hamden
JBCSSD-J26	Multisystemic Therapy Family Integrated Transition (MST-FIT)	12616	\$937,921	2%	\$241 \$19,956	Marginal Average	State		FY 22 FY 22	Program budget divided by the number of participants served for <u>FY 22</u> . Marginal calculated - Bottom Up Approach B	
	TOTAL		\$41,429,575	100%							

JB-CSSD-2022 - JUVENILE JUSTICE PROGRAM INVENTORY - EVIDENCE BASED

PROGRAM INFORMATION										
Program Inventory ID	Program Name	Interventions	Policy Area	RF Program	Clearinghouse	Rating from Clearinghouse	Type	Notes/ Comments		
JBCSSD-103	Boys Therapeutic Respite and Assessment Center (TRAC)	Restorative Justice	Juvenile justice	Cognitive behavioral therapy (CBT)-based models for child trauma		3.2				
		The Council for Boys and Young Men	Juvenile justice	Cognitive behavioral therapy (CBT) for juvenile offenders	Not listed	Not listed	Research-based			
JBCSSD-110	Adolescent Female Intermediate Residential (AFIR)	DBT	Juvenile justice	Dialectical Behavior Therapy (DBT) for youth in the juvenile justice system	Not listed	Not listed	Evidence-based	Boys Intermediate Residential Program ended December 31, 2019. Replaced by AMIR, while the Girls Intermediate Residential program continues at this time.		
		Girls Circle	Juvenile justice	Cognitive behavioral therapy (CBT) for juvenile offenders	NREPP	Promising	Evidence-based			
JBCSSD-110A	Adolescent Male Intermediate Program (AMIR)	Restorative Justice	Juvenile justice	Not listed	Not listed	Not listed	Evidence-based			
		DBT	Juvenile justice	Dialectical Behavior Therapy (DBT) for youth in the juvenile justice system	Not listed	Not listed	Evidence-based	AMIR began January 1, 2020, replacing the Intermediate Residential Program for Boys.		
JBCSSD-114	Multisystemic Therapy		Juvenile justice	Multisystemic Therapy (MST)	Crimesolutions.gov	Effective	Evidence-based			
			Juvenile justice	Multisystemic Therapy (MST)	Blueprints for Healthy Youth Development	Model plus	Evidence-based			
			Juvenile justice	Multisystemic Therapy (MST)	California Evidence-Based Clearinghouse	Supported by research evidence		Evidence-based		
			Juvenile justice	Multisystemic Therapy (MST)	What Works for Health	Scientifically supported		Evidence-based		
			Juvenile justice	Multisystemic Therapy (MST)	NREPP		3.3	Evidence-based		
JBCSSD-117	Adolescent Sexual Behavior Treatment and Education		Juvenile justice	Sex offender treatment (non-MST) for juvenile offenders	Not listed	Not listed	Evidence-based	The ASBTE program utilized "Rights, Respect, And Responsibility: A K-12 Sexuality Education Curriculum" which is evidence-informed.		
JBCSSD-120	REGIONS LIMITED - Secure for Adolescent Females (previously Journey House)	Seven Challenges	Youth substance abuse	No match	California Evidence-Based Clearinghouse	Promising research evidence	Evidence-based			
		Girls Circle	Juvenile justice	Cognitive behavioral therapy (CBT) for juvenile offenders	NREPP	Promising	Evidence-based	AKA Regions Journey House		
		DBT	Juvenile justice	Dialectical Behavior Therapy (DBT) for youth in the juvenile justice system	California Evidence-Based Clearinghouse	Promising	Evidence-based			
JBCSSD-121	Juvenile Staff Secure Residential Facility (JSSRF)	DBT	Juvenile justice	Dialectical Behavior Therapy (DBT) for youth in the juvenile justice system	California Evidence-Based Clearinghouse	Promising	Evidence-based	AKA Regions Staff Secure		
		Carey Guides	Juvenile justice				Evidence-based	(per the Carey Group website)		
JBCSSD-122	Linking Youth to Natural Communities (LYNC)		Juvenile justice	Aggression Replacement Training (youth in state institutions and probation)	California Evidence-Based Clearinghouse	Promising research evidence	Evidence-based			
			Juvenile justice	Aggression Replacement Training (youth in state institutions and probation)	Crimesolutions.gov	Effective	Evidence-based			
			Juvenile justice	Seeking Safety for Adolescents	California Evidence-Based Clearinghouse	Promising research evidence	Evidence-based	Evidence-based	Seeking Safety for Adolescents addresses trauma and substance abuse	
			Juvenile justice	MET/CBT	California Evidence-Based Clearinghouse	Promising research evidence	Evidence-based	Evidence-based		
			Juvenile justice	FSN	Juvenile justice	Cognitive behavioral therapy (CBT) for juvenile offenders	NREPP	3.7	Evidence-based	
			Juvenile justice	Girls Circle	Juvenile justice	Other family-based therapies	NREPP	3.7	Evidence-based	
JBCSSD-123	MST-EA(Emerging Adults) previously MST -TAY		Juvenile justice	Cognitive behavioral therapy (CBT) for juvenile offenders	NREPP	Promising	Evidence-based			
		The Council for Boys and Young Men	Juvenile justice	Cognitive behavioral therapy (CBT) for juvenile offenders	Not listed	Not listed	Research-based			
JBCSSD-125	Multisystemic Therapy Family Integrated Transition (MST-FIT)		Juvenile justice	Adaptation of Multisystemic Therapy (MST) using Cognitive Behavioral Therapy (CBT), Motivational Interviewing (MI), and Contingency Management	Not listed	Not listed	Research-based	In the data analysis stage (promising data). UMASS, NIMH, NIDA are doing the research		
			Juvenile justice	No match	Not listed	Not listed	Research-based			
JBCSSD-126	REGIONS - Secure for Adolescent Males	DBT	Juvenile justice	Dialectical Behavior Therapy (DBT) for youth in the juvenile justice system	California Evidence-Based Clearinghouse	Promising	Evidence-based	AKA Regions Staff Secure		
		The Council for Boys and Young Men	Juvenile justice	Cognitive behavioral therapy (CBT) for juvenile offenders	Not listed	Not listed	Research-based			

Program Information

Program Name: Enter the specific, formal program name of the program. Spell out abbreviations and avoid acronyms or nick-names. For example: “Residential Substance Abuse Treatment (RSAT)” or “Functional Family Therapy.” (Give the name of the specific facility or location if appropriate.)

Program Description: Summarize key elements of the program. For example: “T4C (Thinking 4 a Change) is an integrated, cognitive behavioral change program for offenders that includes cognitive restructuring, social skills development, and development of problem solving skills.”

Intended Outcomes: Enter the names of outcomes that the program is intended to address, based on outcomes that are measured in the Results First BCA model (ie, crime/recidivism, child maltreatment, out-of-home placement, substance abuse, mental health, public health, public assistance, employment and workforce development and or health care)

Oversight Agency/Department: Enter the name of agencies in charge of the program. For example, Department of Corrections, Court Support Services Division, etc.

Start Year: Enter the year that the program first began in Connecticut.

Service Provider(s): Enter the name of the oversight agency if the program is delivered by staff unless the specific program is contracted, in which case, name the contracted provider(s).

Program Fidelity: Is the program delivered with fidelity to the program design? Enter yes or no. If yes, explain how the fidelity is ensured.

Average Duration of Program: Enter the length of time required for program delivery. For example: “6 – 12 months” or “12 weeks”. At first, the inventory will contain a variety of measures – days, months, or years. Later, these should be standardized to months or years to use as inputs in the benefit-cost model.

Frequency/ Intensity of Program: Record the number and duration of classes or sessions. For example: “Ten 30 minute classes administered over four weeks.”

Program Last Evaluated: Enter the year that the program was last evaluated. Enter “never” if the program has not been evaluated. Provide copies of any program evaluations.

Notes/Comments: Provide any other relevant detail to help explain the program.

Participants & Capacity

Primary Participant Population: When compiling the program inventory, it is important to include information about which populations are intended for each program. Sometimes programs are given to individuals who are not the appropriate recipients for the treatment. For example, low risk offenders with little likelihood of reoffending are often included in re-entry programs intended for middle to high risk offenders simply because they are a more manageable population; however, including low risk offenders in inappropriate programming can actually increase recidivism. Describe the intended risk classification or other qualifying classification for participants. For example: “Moderate-High Risk Offenders” or “Drug-involved Offenders”

Average Age: Enter the estimated average age of a program participant (regardless of completion) in state fiscal year 2013 (or the same year for which *Participants Served in FY13* is reported).

Criminogenic Needs Addressed: List the specific needs that the program intends to address. For example: Addiction disorder; psychiatric disorder; unemployment; domestic violence perpetration, etc. Also note the intended treatment population.

Assigned Using Validated Assessment Instrument: Name the screening/assessment tool used for assignment participants to the program, if a tool is used. For example: LSCMI, SASSI, etc.

Participants Served in FY13: Report the number of clients the program treated (regardless of completion) in state fiscal year 2013 (or 2014—whatever may be the most recent full year of data available).

Eligible but Unserved Individuals: Report the estimated number of persons in the program’s service jurisdiction that would qualify for or need this program, but who did not receive it. This may simply be a wait list. The estimate should represent an annual count from a single calendar or fiscal year.

Annual Capacity: Report the annual number of program slots or beds available at any given time as it is currently funded.

Notes/Comments: Provide any other relevant detail to help explain the program and its capacity.

Cost & Budget

Program Budget (FY13): Indicate the total amount budgeted by the agency for the program for the year that is used for the cost estimates.

Percent of Total Budget (FY13): These cells are computed automatically to estimate the portion of the total agency budget related to the program.

Annual Cost per Participant: Record here the estimated annual cost of the program per participant.

Marginal or Average: Note the method of estimating the per participant unit cost for the program. Marginal if based on variable costs only or average if based on variable and fixed (overhead) costs.

Funding Source: List the source of program funds, e.g., legislative appropriations, county appropriations, user fees, federal grant, etc.

Annual Cost per Participant for Comparison Group: Enter costs of alternatives to the program if the program is used as a diversion or replacement from some other resource that would otherwise be used. For example, electronic monitoring may be used instead of jail to detain pre-trial defendants. The comparison cost would be the cost of jail for the same amount of time that the defendant would be on electronic monitoring.

Year of Dollars: This is the calendar or fiscal year of information used to estimate costs.

Description of Program Costs (e.g., how calculated): Enter notes describing how per participant costs were calculated.

Notes/Comments: Provide any other relevant detail to help explain the program cost.

Evidence-Based

Policy area: Identify the policy area that best describes the program's focus. See the program summary documents for further details.

RF Program: Select the name of the RF program that best matches to the state's program. Descriptions of RF programs are provided in program summary documents. The program list is populated based on the policy area selected in the previous column.

Clearinghouse: Enter the name of the clearinghouse or clearinghouses that reviewed the intervention. Further details found here under "Clearinghouses": <https://www.pewtrusts.org/en/research-and-analysis/data-visualizations/2015/results-first-clearinghouse-database>

Rating from Clearinghouse: Note the level of evidence for program effectiveness as indicated in RF's Clearinghouse Database. Further details available here under "Ratings Colors & Systems": <https://www.pewtrusts.org/en/research-and-analysis/data-visualizations/2015/results-first-clearinghouse-database>

Type: Enter the type of program: evidence-based, research-based, or promising. An 'evidence-based' program incorporates methods demonstrated to be effective for the intended population through scientifically based research, including statistically controlled evaluations or randomized trials. All programs in the RF model are evidence-based. A 'research-based' program is a program or practice that has some research demonstrating effectiveness, such as one tested with a single randomized or statistically controlled evaluation, but does not meet the full criteria for evidence-based. Finally, a 'promising' program is a program or practice that, based on statistical analyses or preliminary research, shows potential for meeting