

JB-CSSD - 2019 - 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/ (Units of Service)	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 Farrell Treatment Center 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; substance abuse, mental health, anger management, trauma and relapse preventions 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 master 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	Integrated Mental Health and Substance Abuse Evaluation/ 12,698 @\$140.10 Total \$1,778,990 Outpatient Groups: - Substance Abuse/ 16,937 - Anger Management/ 8,898 - Mental Health/Trauma/ 10,725 @\$28.88 Total \$1,055,853 Intensive Out Patient Group/ 57,372 @\$138.46 Total 7,943,727 Individual Counseling/ 20,372 45min @\$9.69 30min @\$67.67 Total \$1,602,869 Psychiatric Review for Medication/ 1478 @\$178.42 Total \$263,705 Medication Management/ 3,303 @\$78.65 Total \$259,781 Relapse Prevention/ 21,992 @\$28.28 \$621,934 Supervised Diversion Screen/ 927 @\$140.10 Total \$129,873 Substance Use Testing 72,788	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 - 45-50 minute session 15-30 mins, 1x/week, as needed Generally 12 weeks but depends on client need of 60 minute sessions 1x Minimum 2 times per month	Never	154,693 total units of service in FY19 Line Item Budget per Location
JBCSSD-A02	Alternative in the Community	Recidivism reduction	JBCSSD	1999	Community Solutions, Inc. Community Partners in Action Forensic Health Services, Inc. Perception Programs, Inc. Wheeler Clinic, Inc.	AIC's are center-based programs and serve 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. All 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- 7,914 Assessments: LSI/ CSSD 1,223 Parole: 155 ASUS-R/ 1,458 Reasoning and Rehabilitation II Short Version/ CSSD: 26,031 Parole: 2,023 Treating Alcohol Dependence/ CDCS: 18,760 Parole: 0 Moving On/ CSSD: 7,839 Parole: 323 Case Management/CSSD: 17,319 Parole: 0 Employment Services Group/ CSSD: 7,812 Parole: 0 Job Development/ CSSD: 7,538 Parole: 0 Cognitive Management/ 0 Substance Use Testing	1 - 60-90 minute session 1 - 60-120 minute session 14 - 90 minute sessions 12 - 90 minute sessions 17 - 120 minute sessions 2-4 - 30 minute sessions per month 9 - 30 minute sessions 60 minutes, 2x/week 30 minutes, 1x/week, 3-6 months Minimum 2 times per month	Never	98,395 total units of service in FY19

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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. Perception Programs, Inc. Family Re-Entry (NH) Catholic Charities, Archdiocese of Hartford Hockanum Valley Community Council, Inc. Family Re-Entry, Inc. (BGPT) DMHAS Capital Region Mental Health Center River Valley Services	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- 579 DMHAS Sites- 182 Assessment Clinical Case Management/ CSSD Sites- 2,648 DMHAS Sites- 983	32 - 75 minute sessions 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	
JBCSSD-A06	Domestic Violence - Evolve	Recidivism reduction	JBCSSD	2000	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	Association of Religious Communities, Inc. Catholic Charities, Archdiocese of Hartford 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	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	

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JBCSSD-A09	Family Violence Education Program	Recidivism reduction	JBCSSD	1986	Wheeler Clinic, Inc. United Services Inc. Family Re-Entry, Inc. Catholic Charities, Archdiocese of Hartford Hockanum Valley Community Council, Inc. Forensic Mental Health Services The Consultation Center, 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	Corporation for Justice Management, Inc. Project More Community Partners in Action	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 * clients referred out for Tx and other services	1 - 60 minute session (weekly or every other week) based on need	Never	
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 will begin 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 will be 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	Lebanon Pines Apt Foundation 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.	3-6 month time-frame	Assessment Case Management Tx group Tx 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 - 2019 - 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 FY19	Eligible but Unserved Individuals	Annual Capacity	
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.	36	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)	20,436	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.	CSSD: 32 Parole: 34	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: 7,945 Parole: 286	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	CSSD Sites- 34, DMHAS Sites- 33	Mental Health	ASUS-R or clinical evaluation	CSSD Sites- 345 DMHAS sites- 117	0	CSSD 170 slots - capacity is 313 clients DMHAS 70 slots- capacity is 116	Capacity is based on a FY 19 LOS average of 198 days at CSSD sites and 220 days at DMHAS sites.
JBCSSD-A04	Adult Sex Offender Treatment Services	Adult probation clients 18 and over with Sex Offender classification	37	Sexually Aggressive Behavior	Static 99R, SOTIPS or court order	1,682	0	N/A	All clients who require treatment receive services.
JBCSSD-A06	Domestic Violence - Evolve	High Risk Male Family Violence Offenders	35	Domestic Violence Perpetration	Domestic Violence Screening Instrument - Revised (DVSI-R)	835	0	690	Participants include non-completers
JBCSSD-A07	Domestic Violence - Explore	Medium to High Risk Male Family Violence Offenders	CSSD: 36 Parole: 35	Domestic Violence Perpetration	Domestic Violence Screening Instrument - Revised (DVSI-R)	CSSD: 2,303 Parole: 819	0	2,070	Participants include non-completers
JBCSSD-A08	Domestic Violence Program - Bridgeport	Medium to High Risk Male Family Violence Offenders	35	Domestic Violence Perpetration	Domestic Violence Screening Instrument - Revised (DVSI-R)	210	0	240	
JBCSSD-A09	Family Violence Education Program	Pre-trial Low Risk Male & Female Family Violence Defendants	33	Domestic Violence Perpetration	Domestic Violence Screening Instrument - Revised (DVSI-R), Supplemental Risk Assessment (SRI)	3,958	0	6,314	
JBCSSD-A10	Transitional Housing	Pretrial and probation clients 18 and older (male and female)	36	Criminal History Criminal Companions Family Dysfunction	N/A	906	94	148 beds - capacity is 1,174	Capacity is based on a FY19 LOS average of 46 days.
JBCSSD-A11	Sierra Center	Probation and pretrial clients only 18 and older (male only)	34	Mental Health	N/A	47	0	14 beds - capacity is 61	Capacity is based on a FY19 LOS average of 84 days.

JB-CSSD - 2019 - 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 FY19	Eligible but Unserved Individuals	Annual Capacity	
JBCSSD-A12	January Center	Probation clients 18 and older (male only)	42	Sexual Abuse	N/A	33	0	12 beds - capacity is 46	Capacity is based on a FY19 LOS average of 95 days.
JBCSSD-A13	Residential Drug Tx Collaborative w/DMHAS	Pretrial and probation clients 18 and older (male and female)	34	Substance abuse	LSI-R, ASUS-R and/or clinical evaluation	850	0	188 beds - capacity is 980	Capacity is based on a FY19 LOS average of 70 days.
JBCSSD-A14	Electronic Monitoring	Pretrial and probation clients	28	Criminal History	N/A	3,812	N/A	N/A	Figures include all Judicial Branch clients, adult/juvenile, pretrial and probation as well as Families Victim Notification program.

JB-CSSD - 2019 - ADULT CRIMINAL JUSTICE PROGRAM INVENTORY - COST & BUDGET

PROGRAM INFORMATION			BUDGET								Notes / Comments
Program Inventory ID	Program Name	SID #	Program Budget (FY19)	Percent of Total Budget (FY19) See note (3) below	Annual Cost per Participant	Marginal or Average	Funding Source "PI" = Program Income "F" = Federal	Annual Cost per Participant for Comparison Group	Year of Dollars	Description of Program Costs (e.g., how calculated)	
JBCSSD-A01	Adult Behavioral Health Services	12043	\$18,087,546	33%	\$1,225	Marginal	State \$7,757,108 PI \$10,330,438	refer to existing PEW data	FY 19	Program budget divided by the number of FY 19 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.
					\$885	Average					
JBCSSD-A02	Alternative in the Community	12043	\$16,174,472	29%	\$43	Marginal	State \$16,148,806 Federal \$25,666	N/A	FY 19	Program budget divided by the number of FY 19 participants served.	Includes cost of QA (Federal)
					\$1,965	Average				Marginal calculated - Bottom Up Approach B: Marginal = (Program Budget - Fixed Cost)/Participants Served	
JBCSSD-A03	Advanced Supervision Intervention & Support Team	12043 & 90626	\$849,626	2%	\$77	Marginal	State \$687,526 PI \$162,100	N/A	FY 19	Program budget divided by the number of FY 19 participants served both DOC and CSSD via the CSSD contract.	SID 12043 = \$397,401 SID 90626 = \$290,125
					\$2,463	Average				Marginal calculated - Bottom Up Approach B	
JBCSSD-A04	Adult Sex Offender Treatment Services	12043 & 90281	\$3,269,346	6%	\$15	Marginal	State \$3,188,274 PI \$81,072	N/A	FY 19	Program budget divided by the number of FY 19 participants served both DOC and CSSD.	SID 12043 = \$2,383,892 SID 90281 = \$804,382
					\$1,944	Average				Marginal calculated - Bottom Up Approach B	
JBCSSD-A06	Domestic Violence - Evolve	12043	\$1,042,752	2%	\$1,249	Average	State	N/A	FY 19	Program budget divided by the number of FY 19 participants served.	Re: Comparison Group: Any decision regarding alternatives to the program are solely made by the State's Attorney. JBCSSD has no way to foresee which alternative will be imposed.
JBCSSD-A07	Domestic Violence - Explore	12043	\$1,915,152	3%	\$613	Average	State \$1,775,696 Federal \$139,456	N/A	FY 19	Program budget divided by the number of FY 19 participants served.	Re: Comparison Group: Any decision regarding alternatives to the program are solely made by the State's Attorney. JBCSSD has no way to foresee which alternative will be imposed.
JBCSSD-A08	Domestic Violence Program - Bridgeport	12043	\$86,207	0%	\$411	Average	State	N/A	FY 19	Program budget divided by the number of FY 19 participants served.	Re: Comparison Group: Any decision regarding alternatives to the program are solely made by the State's Attorney. JBCSSD has no way to foresee which alternative will be imposed.
JBCSSD-A09	Family Violence Education Program	12043	\$1,108,295	2%	\$280	Average	State	N/A	FY 19	Program budget divided by the number of FY 19 participants served.	Re: Comparison Group: Any decision regarding alternatives to the program are solely made by the State's Attorney. JBCSSD has no way to foresee which alternative will be imposed.
JBCSSD-A10	Transitional Housing	12043	\$4,876,848	9%	\$5,383	Average	State \$4,872,598 PI \$4,250	N/A	FY 19	Program budget divided by the number of FY 19 participants served.	
JBCSSD-A11	Sierra Center	12043	\$639,367	1%	\$19,375	Average	State	N/A	FY 19	Program budget divided by the number of FY 19 participants served.	
JBCSSD-A12	January Center	12043	\$717,391	1%	\$21,739	Average	State	N/A	FY 19	Program budget divided by the number of FY 19 participants served.	This represents 12 of 24 clients. The other 12 are DOC.
JBCSSD-A13	Residential Drug TX Collaborative w/DMHAS	12043	\$5,151,735	9%	\$6,061	Average	State	N/A	FY 19	Program budget divided by the number of FY 19 participants served.	
JBCSSD-A14	Electronic Monitoring (GPS)	12043	\$1,290,037	2%	\$338	Average	State	N/A	FY 19	Program budget divided by the number of FY 19 participants served. It is the average cost among the different technologies Radio Frequency (RF), GPS and VNP.	Includes Victim Notification Program (VNP)
	TOTAL		\$55,208,774	100%							

RESULTS FIRST

JB-CSSD - 2019 - 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	*Anger Management for the Substance Abuse and Mental Health Client, *Treating Alcohol Dependence, *Stages of Change, *Matrix Model are not listed in clearing house database. ABH services are delivered in outpatient clinics. All clinics are licensed by CT. Department of Public Health and CBT services are delivered by licensed clinicians as required. Some locations use brand name CBT interventions but all use CBT. * Reflects brand name CBT programs that are delivered in clinics.
			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	Identified in WSIPP
		Motivatrional Interviewing	Adult substance abuse	Motivational interviewing to enhance treatment engagement	NREPP	3.9	Evidence-based	*All Interventions are CBT. All staff are trained and use Motivational Interviewing. Client supervision and services are based on RNR principles. Reasoning and Rehabilitation II Short Version; Cognitive Self Change; Moving On; Treating Alcohol Dependence, Employment Services. NREPP Rating retrieved from PEW RF Clearinghouse
			Adult substance abuse	Motivational interviewing to enhance treatment engagement	California Evidence-Based Clearinghouse	Well-supported	Evidence-based	
			Adult substance abuse	Motivational interviewing to enhance treatment engagement	CrimeSolutions.gov	Effective	Evidence-based	
		Moving On	Adult criminal justice	Cognitive behavioral therapy (high and moderate risk offenders)	CrimeSolutions.gov	Promising	Evidence-based	
JBCSSD-A03	Advanced Supervision Intervention & Support Team		Adult criminal justice	Cognitive behavioral therapy: Non-Name brand only (high and moderate risk offenders)	Not listed	Not listed	Evidence-based	Community based outpatient model unique to CT. even though ASIST is unique to Connecticut and not a "name brand," it is well-researched, based on the brand name CBT program, and classified as evidence-based. Please see 11/2/18/ email in Backup file from IMRP when doing FY 19
JBCSSD-A04	Adult Sex Offender Treatment Services	Adult Sex Offender Treatment	Adult criminal justice	Sex offender treatment (community)	CrimeSolutions.gov	Promising	Evidence-based	CBT, Individual and Group counseling
			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	A 52-session, 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
JBCSSD-A07	Domestic Violence - Explore		Adult criminal justice		CrimeSolutions.gov	Effective	Evidence-based	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.
JBCSSD-A08	Domestic Violence Program - Bridgeport		Adult criminal justice		Not listed	Not listed	Promising practice	Pre-trial psycho education domestic violence intervention service unique to one geographical area in CT.
JBCSSD-A09	Family Violence Education Program		Adult criminal justice		Not listed	Effective	Evidence-based	Nine-week, pre-trial diversionary program and cognitive intervention focused on educating offenders regarding the impact of violence on relationships. Provides offenders the building blocks of interpersonal skills to develop violence-free relationships and an understanding of power and control dynamics. The program is offered statewide.
JBCSSD-A10	Transitional Housing		Adult criminal justice		Housing assistance without services	Not listed	Not listed	None of the above
JBCSSD-A11	Sierra Center							JB-CSSD is not the contract holder. Please see DOC inventory. Community based transitional housing for offenders with mental health issues - CT model.
JBCSSD-A12	January Center							JB-CSSD is not the contract holder. Please see DOC inventory. Community based residential sex offender treatment program - CT model.
JBCSSD-A13	Residential Drug Tx Collaborative w/DMHAS							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 - 2019 - JUVENILE JUSTICE PROGRAM INVENTORY - PROGRAM INFORMATION

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JBCSSD-J01	Adolescent-Community Reinforcement Approach (A-CRA) & Assertive Continuing Care (ACC)	Reduce substance use Improve social and family functioning Recidivism reduction	DCF via MOA	2013	Community Health Resources (CHR) Connecticut Junior Republic (CJR) Child and Family Guidance Center The Children's Center of Hamden	Outpatient substance abuse treatment. Accepts any level of substance use, or as step down from detox, or inpatient substance abuse treatment facility. Will work with IICAPS and family concurrently, or any other mental health only provider. Referrals can be made from parent, court, hospital, school, doctor's office, or from themselves.	Yes. DCF staff monitor adherence to contract and evidence-based model. QA by Chestnut Hill.	6 months	Individual counseling Family counseling Recovery support Case management	1x per week	Never	
JBCSSD-J03	Boys Therapeutic Respite and Assessment Center	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	Respite & Assessment The Council for Boys and Young Men TARGET	60 minutes, 1x per week; 4 weeks 60 minutes, 1x per week, LOS 60 minute sessions	Never	
JBCSSD-J08	Home Care	Medication Management	JBCSSD	2004	UHC Department of Psychiatry at federally qualified health centers.	A short term psychotropic medication service. Will begin and/or maintain children on medications until permanent provider is found. This is an outpatient service, with average length of 2 months. Children are seen within two weeks of the referral. Referrals can come from probation or LYNC. The age range is 14-18 yrs. old	Yes. JBCSSD staff monitor adherence to contract.	2 months	Psychiatric medication evaluation Medication management Case management	1 - 75 minute session 45 min 45 minute	Never	
JBCSSD-J10	Intermediate Residential	Reduction in substance use Improved family relationship Recidivism reduction	JBCSSD	2010	NAFI Connecticut, Inc. Connecticut Junior Republic	The program model is a 4 month residential program integrated with Multi-Dimensional Family Therapy (MDFT) designed to decrease recidivism and criminal activity, decrease substance abuse dependence, improve educational functioning, improve mental health and increase stability and overall family functioning. The program will accept referrals from all of Connecticut's juvenile courts/probation and adult courts/ probation on a case by case basis.	Yes. Program is monitored by JBCSSD for contractual compliance. QA of MDFT via MOA.	4 months	Assessments MDFT Girls Circle Substance Use Conflict Resolution The Council for Boys and Young Men	60-90 minutes, 1x week, 4 weeks 45-60 minutes, 1x week 60 minutes, 1x/week, LOS 90 minutes 2x/week 60 minutes (bi- 60 minutes, 1x/week, LOS	Never	
JBCSSD-J14	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 - 2019 - JUVENILE JUSTICE PROGRAM INVENTORY - PROGRAM INFORMATION

Program Inventory ID	Program Name	Intended Outcomes	Oversight Agency/Department (e.g., Department of	Start Year	Service Provider(s)	PROGRAM INFORMATION						Notes / Comments
						Program Description	Program Fidelity	Average Duration of Program	Services Offered	Frequency/ Intensity of Program	Program Last Evaluated	
JBCSSD-J16	Youth Mentoring	Pro-social connection	JBCSSD	2012	The Governor's Prevention Partnership	Youth Mentoring provides both traditional and intensive mentoring model (one on one mentoring services) for medium-high risk court-involved youth 10-17 years of age. This includes clients with both delinquency and Family with Service Needs (FWSN) cases. The program is designed to provide a one year (traditional) or six month (intensive) mentoring service for each juvenile referred, and all juveniles referred for mentoring shall also be involved in other services and/or activities (i.e. LYNC)	Yes. Program is monitored by JBCSSD for contractual compliance.	6 months (intensive) 1 year (traditional)	Mentor matches	5 hours/week (intensive) 5 hours/month (traditional)	Never	Intensive mentoring was piloted in 2018.
JBCSSD-J17	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	Contract period November 1, 2017 - June 30, 2018 Replaces Juvenile Sex Offender Services (JSOS)
JBCSSD-J18	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-J19	Detention Diversion and Stabilization Services	Recidivism reduction Improved family relationship	JBCSSD	2018	Boys and Girls Village	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 4 weeks	Respite & Assessment Psycho-Educational Group Lifeskills Group: General Lifeskills Group: Financial Planning Individual Counseling	60-90 minutes, 1x per week; 2 weeks 45 mins; 7x per week; 2 weeks 45 minutes; 3x per week; 2 weeks 1 hour; 1x per week; 2 weeks 1 hour; 3x per week; 2 weeks	Never	
JBCSSD-J20	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 a disposition of "Probation Supervision with Residential Placement". 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 JBCCSD 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 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; 2x per week 1 hour; 2x per week Varies	Never	AKA Regions Journey House
JBCSSD-J21	Juvenile Staff Secure Residential Facility (JSSRF)	Recidivism reduction	JBCSSD	2018	Boys and Girls Village Connecticut Junior Republic	This program model is an individually-focused therapeutic residential program for adolescent males with a disposition of "Probation Supervision with Residential Placement" which 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. Programs are monitored by JBCCSD for contractual compliance and both are accredited through the Council on Accreditation.	6 months	Assessment Life Skills Extended Case Management MET/CBT-5 TARGET Individual Therapy Family Therapy Vocational Opportunities Discharge Planning	intake; every 90 days thereafter 1-2x per week 2x per week; 1x per week up to 90 days post discharge Varies Varies 45 minutes-1 hour; 1x per week 1x per week 1-2x per week Varies	Never	AKA Regions Staff Secure

JB-CSSD - 2019 - JUVENILE JUSTICE PROGRAM INVENTORY - PROGRAM INFORMATION

Program Inventory ID	Program Name	Intended Outcomes	Oversight Agency/Department (e.g., Department of	Start Year	Service Provider(s)	PROGRAM INFORMATION					Notes / Comments	
						Program Description	Program Fidelity	Average Duration of Program	Services Offered	Frequency/ Intensity of Program		Program Last Evaluated
JBCSSD-J22	Linking Youth to Natural Community (LYNC)	Recidivism reduction Diversion of status offenders	JBCSSD	2019	Connecticut Junior Republic Connecticut Renaissance Inc. NAFI Connecticut, Inc. The Village for Families & Children	<p>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.</p> <p>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.</p>	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 Girls Circle/25 The Council for Boys and Young Men/64 ART/79 MET/CBT/FSN/25(MET CBT) &4(FSN) Seeking Safety for Adolescents/95 EMPLOY/29 Life Skills/28 Parenting with Love and Limits Case management/282 Crisis Intervention 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 6 Group sessions 4 family sessions 2 hours Varies Varies Varies	Never	Contracted started November 1, 2018. Referrals began January, 1, 2019.
JBCSSD-J23	Multi Systemic Therapy - Transition Age Youth (MST-TAY)	Recidivism reduction Reduce substance use and mental illness Prepare youth for independent living	JBCSSD	2018	NAFI	MST-TAY 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 TAY but will receive the Control Group-Facilitated Service Access (FSA), which provides resources to help the young adult access other services options.
JBCSSD-J24	Treatment Foster Care Oregon - Adolescent (TFCO-A)	Reunify and improve family relations	JBCSSD	2018	NAFI	TFCO-A (previously referred to as Multidimensional Treatment Foster Care-Adolescents) is a model of treatment for adolescent youth with severe emotional and behavioral disorders and/or severe delinquency. TFCO-A creates opportunities for youth to successfully live with foster families rather than in group or institutional settings and simultaneously prepares their parents (or other long-term caregivers, or lower level aftercare placement) to provide them with effective parenting. The program is run by one team that serves the New Britain and Hartford court locations. The team consists of a: team leader, child therapist, family therapist, foster parent recruiter and skills trainer. Foster parents are recruited, trained and supported to become part of the treatment team. They provide close supervision and implement a structured, individualized program for each youth.	Yes. Program is monitored by JBCSSD for contractual compliance. QA by model developers TFC Consultants-Oregon	6-9 months	Daily Foster home monitoring Individual Family Counseling Life Skills Coaching	Daily 1x/week 1x/week 1-2x/week	Never	

JB-CSSD - 2019 - JUVENILE JUSTICE PROGRAM INVENTORY - PARTICIPANTS & 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 FY19	Eligible but Unserved Individuals	Annual Capacity	
JBCSSD-J101	Adolescent-Community Reinforcement Approach (A-CRA) & Assertive Continuing Care (ACC) (Outpatient)	Juveniles with substance use problem.	15	Substance Use, Antisocial Peers, Family Distress	PrediCT; MAYSI and/or court evaluation (supplementary)	73	0	-	DCF provided the number of juvenile probation referred participants served in FY 19.
JBCSSD-J103	Boys Therapeutic Respite and Assessment Center	Boys aged 14-17 with behavioral issues. Court ordered through juvenile probation.	15	Family Distress, Antisociality	PrediCT; MAYSI and/or court evaluation (supplementary)	30	0	8 beds- capacity is 51	Capacity is based on a FY19 LOS average of 57 days.
JBCSSD-J108	Home Care	Juveniles needing psychiatric medication management and/or evaluation.	17	Addresses responsivity factors such as impulsivity, depression, PTSD and anxiety.	No, referred if current provider is not available, or identified by a clinical consult as needing psychiatric medication.	102	3	100	*The HomeCare director speaks with the referral source for every referral, or potential referral. This has been beneficial for probation and LYNC for support, medical language, assistance with understanding medical aspect specific to clients, and assistance in navigating other arenas of care.
JBCSSD-J110	Intermediate Residential	Juvenile boys and girls 14-18 with substance abuse and behavioral issues. Court ordered through juvenile probation.	CJR BIRP 15/ NAFI GIRP 15	Substance abuse, Family Distress Antisociality	PrediCT; MAYSI and/or court evaluation (supplementary)	42	0	16 beds- capacity is 61	Capacity is based on a FY19 LOS average of 95 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	117	7	374	165 referrals 117 clients served 7 screened as appropriate, but did not receive services. 170 slots on a 2.2 turn
JBCSSD-J16	Youth Mentoring	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	PrediCT	55	0	125	101 referrals 48 matches
JBCSSD-J17	Adolescent Sexual Behavior Treatment and Education	Juveniles with problem sexual behaviors	15	Antisociality Mental Health	PrediCT	60	0	101	Capacity is based on a FY19 LOS of 173 days
JBCSSD-J18	Educational Support Services	Juveniles needing educational advocacy or legal support	15		N/A	221	0	400-500 referrals per year	

JB-CSSD - 2019 - JUVENILE JUSTICE PROGRAM INVENTORY - PARTICIPANTS & 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 FY19	Eligible but Unserved Individuals	Annual Capacity	
JBCSSD-J19	Detention Diversion and Stabilization Services	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)	84	0	6 beds - capacity is 183	Capacity is based on a FY19 LOS of 12 days AKA Hamilton
JBCSSD-J20	Journey House	Girls aged 14-18 on a court order of "Probation Supervision with Residential Placement"	15	Criminal History Substance Abuse Family Distress Antisociality Academic Disengagement Mental Health	PrediCT and Clinical Evaluation	28	0	12 beds- capacity is 44	AKA Regions-Journey Capacity is based on a FY19 LOS of 100 days
JBCSSD-J21	Juvenile Staff Secure Residential Facility (JSSRF)	Boys aged 14-18 on a court order of "Probation Supervision with Residential Placement"	15	Criminal History Substance Abuse Family Distress Antisociality Academic Disengagement Mental Health	PrediCT and Clinical Evaluation	50	0	20 beds- capacity is 174 days	AKA Region Staff Secure Capacity is based on a FY19 LOS of 42 days
JBCSSD-J22	Linking Youth to Natural Community (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	177	0	-	
JBCSSD-J23	Multi Systemic Therapy - Transition Age Youth (MST-TAY)	Medium to high risk, male and female delinquent, ages 17-26.	20	Criminal History Substance Abuse Family Distress Antisociality Academic Disengagement	PrediCT	28	54	-	Unserved clients were randomized to the control group and/or declined participation
JBCSSD-J24	Treatment Foster Care Oregon - Adolescent (TFCO-A)	Medium to high risk, male and female delinquent, ages 12-17.	15	Criminal History Family Distress Antisociality Academic Disengagement	PrediCT	4	1	-	

JB-CSSD - 2019 - JUVENILE JUSTICE PROGRAM INVENTORY - COST & BUDGET

PROGRAM INFORMATION			BUDGET								Notes / Comments
Program Inventory ID	Program Name	SID #	Program Budget (FY19)	Percent of Total Budget (FY19) 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)	
JBCSSD-J01	Adolescent-Community Reinforcement Approach (A-CRA) & Assertive Continuing Care (ACC)	12105	\$333,269	1%	\$4,565	Average	State	MST or MDFT or Residential Treatment Bed	FY 19	DCF	Started October, 2014. MOA with DCF to provide for one team (New Britain, Meriden) and one therapist for Hartford team. Training and QA included in cost.
JBCSSD-J03	Boys Therapeutic Respite and Assessment Center	12375	\$1,463,464	6%	\$48,782	Average	State	N/A	FY 19	Program budget divided by the number of participants served for FY 19.	
JBCSSD-J08	Home Care	12105	\$121,800	1%	\$1,194	Average	State	65 detention bed days	FY 19	Program budget divided by the number of participants served for FY 19.	Compare to 65 days in detention--average length of time in HOMECARE until long-term provider available. HOMECARE was developed out of the Emily J. lawsuit to address the psychiatric needs of juveniles awaiting release.
JBCSSD-J10	Intermediate Residential	12375	\$3,030,476	13%	\$72,154	Average	State \$2,970,986 PI \$59,490	N/A	FY 19	Program budget divided by the number of participants served for FY 19.	
JBCSSD-J14	Multisystemic Therapy	12105 & 12375	\$3,643,959	15%	\$516 \$31,145	Marginal Average	State \$3,265,466 PI \$378,493	N/A	FY 19	Program budget divided by the number of participants served for FY 19. Marginal calculated - Bottom Up Approach B	
JBCSSD-J16	Youth Mentoring	12375	\$461,442	2%	\$8,390	Average	State	N/A	FY 19	Program budget divided by the number of participants served for FY 19.	
JBCSSD-J17	Adolescent Sexual Behavior Treatment and Education	12105	\$714,655	3%	\$271 \$11,911	Marginal Average	State \$711,524 PI \$3,131		FY 19	Program budget divided by the number of participants served for FY 19. Marginal calculated - Bottom Up Approach B	
JBCSSD-J18	Educational Support Services	12105	\$700,180	3%	\$3,168	Average	State		FY 19	Program budget divided by the number of participants served for FY 19.	
JBCSSD-J19	Detention Diversion and Stabilization Services (DDSS)	12105	\$1,244,021	5%	\$14,810	Average	State		FY 19	Program budget divided by the number of participants served for FY 19.	AKA Hamilton
JBCSSD-J20	Journey House	16138	\$3,561,532	15%	\$127,198	Average	State \$3,546,018 PI \$15,514		FY 19	Program budget divided by the number of participants served for FY 19.	AKA Regions Journey House
JBCSSD-J21	Juvenile Staff Secure Residential Facility (JSSRF)	16043	\$3,568,863	15%	\$71,377	Average	State		FY 19	Program budget divided by the number of participants served for FY 19.	AKA Regions Staff Secure
JBCSSD-J22	Linking Youth to Natural Community (LYNC)	12105 & 12375	\$3,871,832	16%	\$249 \$21,875	Marginal Average	State	N/A	FY 19	Program budget divided by the number of participants served for FY 19. Marginal calculated - Bottom Up Approach B: Marginal = (Program Budget - Fixed Cost)/Participants Served	Contract started November 1, 2018
JBCSSD-J023	Multi Systemic Therapy - Transition Age Youth (MST - TAY)	16043	\$1,000,021	4%	\$745 \$35,715	Marginal Average	State		FY 19	Program budget divided by the number of participants served for FY 19. Marginal calculated - Bottom Up Approach B: Marginal = (Program Budget - Fixed Cost)/Participants Served	
JBCSSD-J024	Treatment Foster Care Oregon - Adolescent (TFCO-A)	16043	\$527,457	2%	\$22,400 \$131,864	Marginal Average	State		FY 19	Program budget divided by the number of participants served for FY 19. Marginal calculated - Bottom Up Approach B: Marginal = (Program Budget - Fixed Cost)/Participants Served	
TOTAL			\$24,242,971	100%							

RESULTS FIRST

JB-CSSD-2019 - JUVENILE 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-J01	Adolescent-Community Reinforcement Approach (A-CRA) & Assertive Continuing Care (ACC) (MOA with DCF)							JB-CSSD is not the contract holder. Please see DCF inventory.
JBCSSD-J03	Boys Therapeutic Respite and Assessment Center	TARGET	Child mental health	Cognitive behavioral therapy (CBT)-based models for child trauma	California Evidence-Based Clearinghouse	Promising research evidence	Evidence-based	
			Child mental health	Cognitive behavioral therapy (CBT)-based models for child trauma	CrimeSolutions.gov	Effective	Evidence-based	
			Child mental health	Cognitive behavioral therapy (CBT)-based models for child trauma	NREPP	3.2	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-J10	Intermediate Residential	MDFT	Youth substance abuse	Multidimensional Family Therapy (MDFT) for substance abusers	California Evidence-Based Clearinghouse	Well-supported	Evidence-based	
			Youth substance abuse	Multidimensional Family Therapy (MDFT) for substance abusers	CrimeSolutions.gov	Effective	Evidence-based	
			Youth substance abuse	Multidimensional Family Therapy (MDFT) for substance abusers	NREPP	3.8	Evidence-based	
		The Council for Boys and Young Men	Juvenile justice	Cognitive behavioral therapy (CBT) for juvenile offenders	Not listed	Not listed	Research-based	
		Girls Circle	Juvenile justice	Cognitive behavioral therapy (CBT) for juvenile offenders	Not listed	Not listed	Evidence-based	
JBCSSD-J14	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	
			Juvenile justice	Mentoring	CrimeSolutions.gov	Effective	Evidence-based	
JBCSSD-J16	Youth Mentoring		Juvenile justice	Mentoring	What Works for Health	Scientifically supported	Evidence-based	
JBCSSD-J17	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-J20	Journey House	Seven Challenges	Youth substance abuse	No match	California Evidence-Based Clearinghouse	Promising research evidence	Evidence-based	AKA Regions Journey House
		DBT	Juvenile justice	Dialectical Behavior Therapy (DBT) for youth in the juvenile justice system	Not listed	Not listed	Evidence-based	
JBCSSD-J21	Juvenile Staff Secure Residential Facility (JSSRF)	TARGET	Child mental health	Cognitive behavioral therapy (CBT)-based models for child trauma	California Evidence-Based Clearinghouse	Promising research evidence	Research-based	AKA Regions Staff Secure
			Child mental health	Cognitive behavioral therapy (CBT)-based models for child trauma	CrimeSolutions.gov	Effective	Research-based	
			Child mental health	Cognitive behavioral therapy (CBT)-based models for child trauma	NREPP	3.2	Evidence-based	
		MET/CBT 5	Juvenile justice	Cognitive behavioral therapy (CBT) for juvenile offenders	NREPP	3.7	Evidence-based	
			Juvenile justice	Cognitive behavioral therapy (CBT) for juvenile offenders	California Evidence-Based Clearinghouse	Promising research evidence	Evidence-based	
JBCSSD-J22	Linking Youth to Natural Community (LYNC)	Parenting with Love and Limits	Juvenile justice	Parenting with Love and Limits	California Evidence-Based Clearinghouse	Supported by research evidence	Evidence-based	
			Juvenile justice	Parenting with Love and Limits	CrimeSolutions.gov	Promising	Evidence-based	
		Aggression Replacement Training	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	
		Seeking Safety for Adolescents	Juvenile justice	Cognitive behavioral therapy (CBT) for juvenile offenders	California Evidence-Based Clearinghouse	Promising research evidence	Evidence-based	Seeking Safety for Adolescents addresses trauma and substance abuse
			Juvenile justice	Cognitive behavioral therapy (CBT) for juvenile offenders	California Evidence-Based Clearinghouse	Promising research evidence	Evidence-based	
		MET/CBT	Juvenile justice	Cognitive behavioral therapy (CBT) for juvenile offenders	NREPP	3.7	Evidence-based	
			Juvenile justice	Cognitive behavioral therapy (CBT) for juvenile offenders	NREPP	3.7	Evidence-based	
		FSN	Juvenile justice	Other family-based therapies	NREPP	3.7	Evidence-based	
		Girls Circle	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-J23	Multi Systemic Therapy - Transition Age Youth (MST-TAY)		Juvenile justice	No match	Not listed	Not listed	Research-based	
JBCSSD-J24	Treatment Foster Care Oregon - Adolescent (TFCO-A)		Juvenile justice	Multidimensional Treatment Foster Care (MTFC)	California Evidence-Based Clearinghouse	Well-supported	Evidence-based	TFCO-A was formerly referred to as MTFC

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” or “Youthful Offenders (Age 18-25)” etc.

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 the evidence-based or research-based criteria.