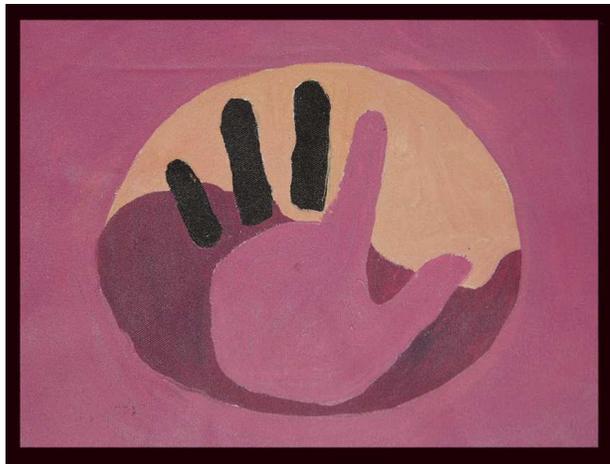


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# The Connecticut Juvenile Justice Strategic Plan: Moving from Plan to Action

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May 2008



*A Strategic Planning Process for the Department of Children and Families – Bureau of Juvenile Services and the Connecticut Judicial Branch – Court Support Services Division in Collaboration with many Public and Private Stakeholders.*

## **Introduction**

The Department of Children and Families (DCF) Bureau of Juvenile Services and the Judicial Branch Court Support Services Division (CSSD) engaged in a joint strategic planning process during 2006, culminating in the publication of the plan in August of that year. The plan laid out an ambitious set of actions to change and improve programs and a framework for system change. While this was going on, the Legislature was promoting the use of Results Based Accountability (RBA) as a tool for their decision making, especially in the Appropriations Committee. At the same time there were a number of agencies that were also using RBA in their planning process. While some of these efforts were occurring in parallel, everyone saw the value in having the Legislature and agencies in the executive branch talking the same language.

Results Accountability makes a crucial distinction: between results for whole populations like all children, all elders, all citizens in a geographic area and results for the customers or clients of a particular program, agency or service system. The most important reason for this distinction is to distinguish between different areas of accountability. Performance accountability can be assigned to the managers who run the various programs, agencies or service systems. Population accountability can not be assigned to any one individual, organization or level of government. The whole community, public and private sectors, must share responsibility for population results.

There are four major concepts that define the RBA framework:

Results (or outcomes or goals) are conditions of well-being for children, adults, families or communities, stated in plain English (or plain Spanish or plain Korean...). They are things that voters and taxpayers can understand. They are not about programs or agencies or government jargon. Results include: "healthy children, children ready for school, children succeeding in school, children staying out of trouble, strong families, safe communities."

Indicators (or benchmarks) are measures which help quantify the achievement of a result. They answer the question "How would we recognize these results in measurable terms if we fell over them?" So, for example, the crime rate helps quantify whether we are living in safe communities.

Strategies are coherent collections of actions which have a reasoned chance of improving results. Strategies are made up of our best thinking about what works, and include the contributions of many partners. No single action by any one agency can create the improved results we want and need.

Performance Measures are measures of how well public and private programs and agencies are working. The most important performance measures tell us whether the clients or customers of the service are better off. We sometimes refer to these measures as client or customer results (to distinguish them from cross-community results for all children and families). The other types of performance measures are how much we do and how well we do it.

The major components of the original strategic plan were rearranged into the four major RBA components listed above. The point of this rearrangement is to help the two agencies move from words to action, implementing the original recommendations in an orderly manner that emphasizes accountability for both a transformed, coordinated system and major improvements to jointly managed programs.

# **I. Areas of Focus and Accomplishments**

# **The Connecticut Juvenile Justice Strategic Plan: Moving from Plan to Action**

## **Areas of Focus & Accomplishments**

- **Family with Service Needs Diversion System**
  - New case handling process
  - Joint planning, training and implementation
  - Local interagency service teams
  - New Family Support Centers & FWSN Center
  - No use of detention
  - 65% of CARE girls diverted from further court involvement
  - 77% of CARE girls diverted from detention
  - CARE program for boys opening in December
  - Attempting to site FWSN Center for boys
  - Budget option to expand Family Support Centers
  
- **Behavioral Health Service Enhancements**
  - Expansion of evidence-based services
    - MST, MDFT, BFST, FFT, MTFC
  - Hiring of Juvenile Court Clinical Coordinators
  - Trauma Screening, Assessment & Treatment
  - MHTG High-fidelity Wraparound Pilot Project
  - Partnership to expand IICAPS
  - MacArthur Foundation Mental Health/Juvenile Justice Action Network Site
  
- **Education**
  - Educational experts for case consultation and program development
  - Juvenile Court Educational Support Specialists
  - Joint training on educational neglect and truancy laws
  - Assessment of detention education programs
  - Development of educational disability screening tool by Yale Child Study Center
  - STEP Program for juveniles returning to the community
  - Collaboration with SDE and DOC to streamline contacts at LEAs

- **Family Involvement**
  - Greater participation at planning and program development levels
  - Greater use of parent advocates
  - Participation at joint case planning meetings and utilizing the wraparound approach for court-involved children
  - Joint funding to support parent participation
  
- **Positive Youth Development**
  - *Emily J.* and Probation Flex Funds
  - Mentors and recreational activities
  - Work and Learn programs
  - Female-responsive Officers & programs
  - Strengths-based case planning & management
  
- **DMC and Local Coordination Efforts**
  - Focus on collaboration & data analysis
  - Expansion of Juvenile Review Boards
    - New Haven, Bridgeport, Waterbury

## **II. The RBA Format: Moving from Plan to Action**

**Results Statement:** Connecticut's children and youth will live in families where their needs will be met, and their strengths and successes will be supported within safe communities.

## Indicators

### Juvenile Crime

Juvenile Crime Rate: DPS: "Crimes among those less than 18 years old"

### Education

Four-year drop-out rate

### Behavioral Health

Percent of those under 18 living in households spending more than 30% of their income on housing.<sup>1</sup>

### Child Welfare/Safety

Rate of substantiated abuse

## Strategies: What Works?

### Strategies 1-4: Develop the system

**Strategy 1:** Establish an Executive Implementation Team (IET) to develop strategies and programs to meet the needs of court involved juveniles and their families with a scope/agenda that includes: Reports from the LISTS, Service Development, Workforce Development and Training, Quality Management, Data Systems and Research, Ad Hoc Collaborative Projects, and Communications

**Strategy 2:** Establish Local Interagency Services Team (LIST) to provide planning, identification of system issues, and policy recommendations to the IPMT

**Strategy 3:** Establish an Information Task Force (ITF) to oversee information sharing and interagency standards for data

**Strategy 4:** Establish an Interagency Legislative Committee (ILC) to develop an annual interagency legislative agenda.

**Strategies 5-11: Develop the necessary resources in** 5. Prevention, 6. Screening and Assessment, e. Diversion, e. Intervention: 1). Education, 2). Subpopulation-specific Programming, 3). Pre-employment and employment programs, 9). Gender Responsive and Trauma-informed services, 10). Treatment, 11). Re-entry/Aftercare

## Accountability: Strategies and Measures

### I. System Development Strategies (1-4)

Strategies	How much did we do?	How well do we do it?	Is anyone better off?
<b>Strategy 1:</b> Establish an Executive Implementation Team (IET)		Attendance rates for IET (retention rates)	Percent of priorities developed by IET that were identified by one or more LIST recommendations Percent of total dollars that are blended/braided/jointly-programmed
<b>1.A.1 Data Systems:</b>		Establish current baseline data and common data elements by date TBD Establish schedule for quarterly analysis and interpretation Establish protocols for regular data collection and sharing by date TBD	Identify and develop missing data elements including those necessary to develop short and long term measures as identified in the rest of the strategic plan and the feasibility of regular collection by date TBD Produce a baseline report on joint data by date TBD
<b>1A.2. Research</b>		Establish research team by date TBD Propose research agenda to Implementation Team by date TBD Research agenda implemented by date TBD	Percent of study recommendations implemented  Initial report by date TBD
<b>1. B. Workforce Development and Training</b>		Percent of staff, providers, families and community members jointly trained	Survey of trainees to assess whether key training objectives are being met by the joint training academy
<b>1. C. Quality Management</b>			
Create practice standards for gender-responsive, culturally/linguistically competent and developmentally-appropriate evaluation and treatment services.		Establish quality standards for gender responsive services as outlined in section 4D of Resource Development Strategies Completion of policies regarding certification and credentialing of female response	

<b>1. D. Communications</b>		<p>Number and types of materials produced</p> <p>Number of stakeholders/groups who received materials</p> <p>Establishment of a resource management clearinghouse</p>	
<b>Strategy 2:</b> Establish Local Interagency Services Team (LIST)		Percent of LISTS that produce funding priorities by date TBD	<p>Percent of total dollars that are blended/braided/ jointly programmed</p> <p>Percent of staff who demonstrate competence in the unique developmental and needs of boys and girls after completing training</p> <p>Percentage of juvenile justice-involved children/youth whose needs are being represented at a LIST, as defined by arrests/referrals by arrests/referrals for delinquency/status offenses</p>
<b>Strategy 3:</b> Establish an Information Task Force (ITF)		Attendance rates for ITF (retention rates)	<p>Establish protocols for regular data collection and sharing by date TBD</p> <p>Establish schedule for quarterly analysis and interpretation</p> <p>Produce a baseline report on joint data by date TBD, and yearly thereafter</p> <p>Percent of study recommendations implemented</p> <p>Research agenda implemented date TBD</p>
<b>Strategy 4:</b> Establish an Interagency Legislative Committee (ILC)		Attendance rates for ILC (retention rate)	

## II. Resource Development (5-11)

	<b>How much did we do?</b>	<b>How well did we do it?</b>	<b>Is anyone better off?</b>
<b>Strategy 5. Prevention</b> Establish a joint planning group that includes SDE and OPM to determine strategic investments in prevention strategies.		Prevention plan with funding priorities for next bi-annum budget	Percentage of 6 – 16 year olds referred to juvenile court
<b>Strategy 6. Screening and assessment</b> Work with partners to create an early identification system that will allow children and youth to be diverted from system involvement.		Percent of children assessed for trauma	Percent of court-involved children with new convictions, broken out by VOPs and new criminal offenses
Jointly develop tools, training, and protocols to improve the use of screening and assessment at all levels of service delivery.		The existence of a common set of tools for the service delivery system	(percent of services that match youth's needs—data development)
<b>Strategy 7. Diversion</b> DCF and CSSD will continue to develop and support policies, programs, and protocols to divert children and youth at the earliest point possible from the juvenile justice system, as appropriate.	Percent increase in community diversion programs	Percent of children with early assessment (example, Child Find) Percent of children receiving non-Judicial handling versus Judicial handling	Percent of referrals to juvenile court resulting in filing formal petitions  Percent of court-involved children committed to DCF  Percent of DCF involved children referred to juvenile court.
<b>Strategy 8. Interventions</b> developed by DCF and CSSD will focus on Education and educational support, age appropriate services, gender responsive service delivery, and job training/vocational services that promote self-sufficiency skills and connections to jobs for older adolescents.			

<p><b>A. Education</b> DCF and CSSD should partner with SDE, and LISTs to develop education support programs and advocacy services, and after-school programs.</p>		<p>School Attendance</p>	<p>Advancement in Reading and Math</p> <p>Advancement to next Grade</p> <p>On-time Graduation Rate Client Evaluation of satisfaction/ benefit</p>
<p><b>B. Sub-population-specific Programming</b> Create programs targeted to specific sub-populations based on documented needs; these programs will be age appropriate, gender-responsive, and culturally competent</p>		<p>Attendance in Program</p> <p>Successful Completion of Program</p>	<p>Improved functioning</p> <p>Client Evaluation of satisfaction/ benefit</p>
<p><b>C. Pre-employment and Employment Programs</b> In conjunction with the Interagency Youth Vision Team and the Interagency National Governor’s Association Policy Academy on Youth with Disabilities, partner with families, consumers, SDE, LEAs, local Chambers of Commerce, DOL, OWC, DSS, and regional workforce boards to identify and develop pre-employment programs, apprenticeship programs and access to employment programs for at-risk and juvenile justice involved children and youth</p>		<p>Attendance in Program</p> <p>Advancement in work-readiness skills</p>	<p>Employment Rate as defined: of those who are eligible to work, and not employed at enrollment, the percent in full or part time employment Client Evaluation of satisfaction/ benefit</p>
<p><b>Strategy 9. Female Responsive</b></p>			
<p>Create policies and processes for the certification and credentialing of gender-responsive programs for girls.</p>		<p>Percent of all girls being served through certified female-responsive programs</p>	<p>Client Evaluation of satisfaction/benefit</p>
<p>Develop and implement gender-specific assessments for all court-involved girls.</p>		<p>Percent of all girls for whom a certified female-specific assessment process is completed</p>	

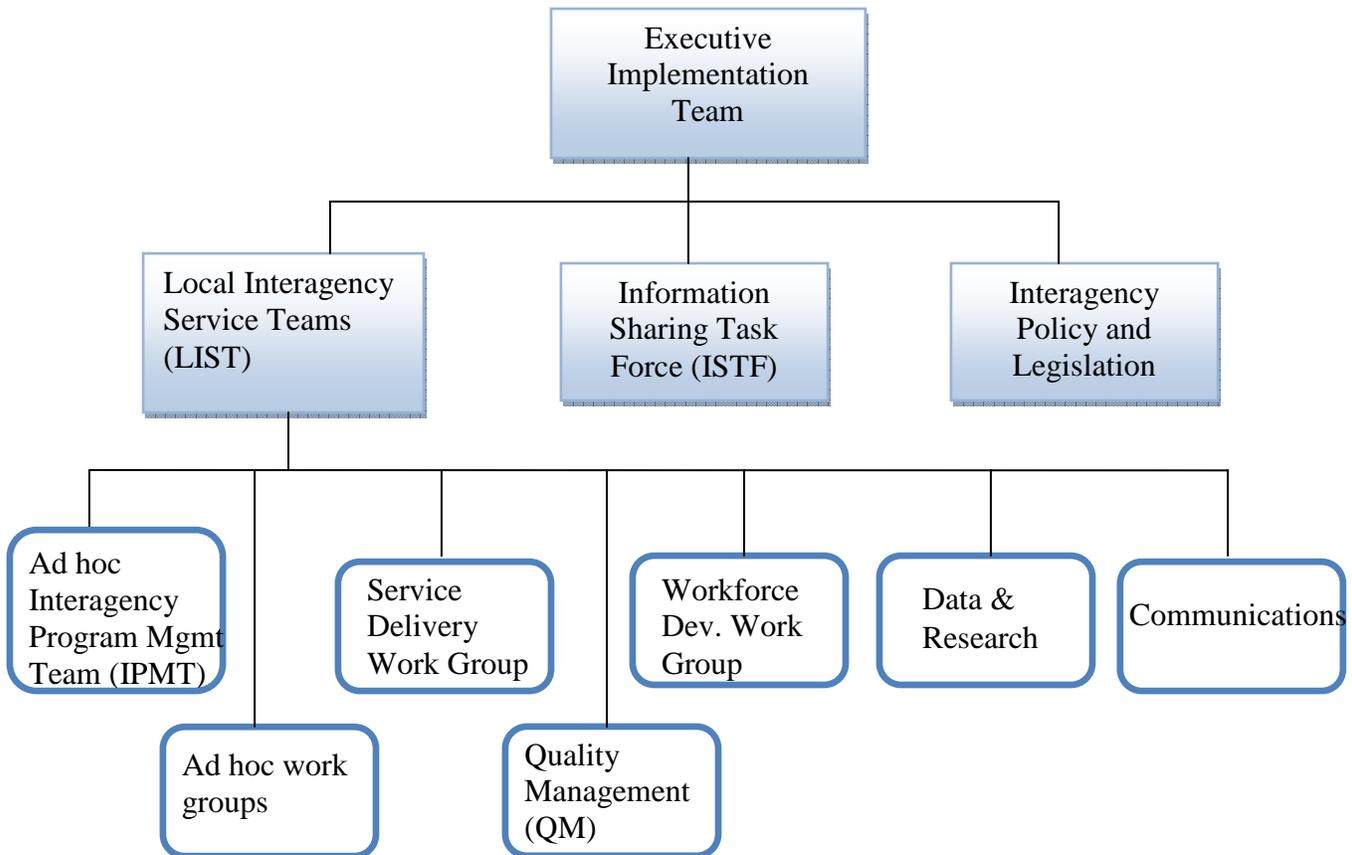
Create new programs and expand access to existing programs as necessary.		Percent of all girls receiving services identified in a certified female-specific assessment	
<b>Strategy 10. Treatment</b>			
Study the capacity and accessibility of the current treatment system to determine if the right mix and necessary quality services is available locally (licensed vs. funded vs. utilized).		Percent of families participating in treatment planning	Recidivism
Develop a comprehensive continuum of services, which includes in-home, community and school-based services as needed.		Percent of clinical consultation in treatment planning	
Enhance family participation and the use of clinical consultation in the treatment planning process.			
<b>Strategy 11. Re-entry/After care</b>			
Study the current capacity of transition and aftercare services to determine the areas of need.		Percent of youth with a permanency plan	Percent of children/youth employed or in-school
Develop a full continuum of transition and aftercare services to meet the housing, educational, treatment and occupational needs of youth.		Average resiliency rating	% of youth with necessary resources  Increase in family functioning (scale may be available from the Family Support Center study)

# JOINT JUVENILE JUSTICE STRATEGIC PLAN

## Detail

### I. System Development Strategies

The four recommendations define a system to ensure coordinated implementation of the joint strategic strategy. The schematic below describes that structure.



**Strategy 1: An Executive Implementation Team (IET) will be established to develop strategies and programs to meet the needs of court-involved juveniles and their families, and to monitor ongoing efforts to meet the population and program measures for the juvenile justice system.** System performance will be monitored through the use of data including specific attention to race/ethnicity and gender. The IET will determine funding priorities and strategies, including but not limited to joint budget options.

**Scope of Work:** The IET will establish an ad hoc Interagency Program Management Team (IPMT) that will consist of CSSD and DCF managers responsible for program development and operations of juvenile justice, child protection, behavioral health, education, adolescent services, and representatives from OPM, SDE, DOC, and DMHAS who have responsibility for serving at-risk or court-involved children and youth, as well as family and other advocates. The IPMT will collaborate on program planning to provide an appropriate and comprehensive continuum of services and to maximize the use of dollars across state agencies. The IPMT will be established on an ad hoc basis and will meet as needed to review progress on meeting the measures established for the juvenile justice system and produce a summary of activities, progress made, barriers encountered, and recommended solutions. The IPMT will break into topic-specific workgroups, and include additional members as needed, to focus on priority areas. The IPMT will make recommendations to the Executive Implementation Team for service development, expansion, redesign and other matters as applicable.

The IET will have a Standing Agenda that includes but is not limited to the following areas of focus:

- Reports from Local Interagency Service Teams
- Service Development
- Workforce Development and Training
- Quality Management
- Data Systems and Research
- Ad Hoc Collaborative Projects
- Communications
- Calculating the Relative Rte Index at each decision point within the juvenile justice system on an annual basis to determine if DMC is increasing or decreasing over time and at which specific contact points and placements, including clinical treatment programs, CJTS and TRECS

More specifically, the IET will incorporate the following action strategies and objectives into its work, and develop work groups and ad hoc working committees as necessary:

**Service Development:**

- Develop funding priorities based on recommendations from the research group and data system group, and service gaps as identified by Resource Coordinators and/or Local Interagency Service Teams.
- Increase the capacity of behavioral health services for court-involved children and youth by submitting a joint budget option.
- Provide additional support through the LISTs to the System of Care/Community Collaboratives to provide staff, training, and local infrastructure development.

**Data Systems:**

- Collaborate with state academic researchers with an established record in the field of juvenile justice and/or other relevant fields to establish a research agenda.
  - i. Establish current baseline data and common data elements by a date to be determined
  - ii. Determine missing data elements and feasibility of regular collection by a date to be determined
  - iii. Establish protocols for regular data collection and sharing by a date to be determined
  - iv. Produce a baseline report on joint data by a date to be determined, and yearly thereafter.
  - v. Establish schedule for quarterly analysis and interpretation
  - vi. Initial report by a date to be determined, and annually thereafter

**Research:**

- vii. Establish research team by a date to be determined
- viii. Research team proposes research agenda to Implementation Team by a date to be determined
- ix. Implementation Team makes approval decision by a date to be determined
- x. Research agenda implemented by a date to be determined
- xi. Calculating the Relative Rate Index (RRI) at each decision point within the juvenile justice system on an annual basis to determine if DMC is increasing or decreasing over time and at which specific contact points and placements, including clinical treatment programs, CJTS and TRECS
- xii. Study the extent and impact of cost-shifting from the insurance industry to the public children's behavioral health system and the juvenile justice system.
- xiii. Annual data analysis and research reports presented to Implementation Team, IPMT, and LIST

**Workforce Development and Training:**

- Focus in 2 areas
  - The existing workforce: Create an interagency training bureau/joint academy that provides classroom and other formal training as well as supportive learning services such as desk aides, self-paced, web-based training, and connections to external training sources (e.g., universities, colleges)
  - The workforce pipeline: Enhance the pool of potential workers through an integrated strategy of pre-training activities (e.g., agency-sponsored internships, provider training, and university partnerships), recruitment (e.g., promoting careers in high schools), and retention (e.g., career ladders, mentoring, professional development)
- Content of Training to Support other Strategies and Core Values
  - Information sharing
  - Best practices in JJ
  - Best behavioral health practices
  - DMC

- Wrap-around service
- Family engagement and partnership
- Training Audiences
  - DCF workers
  - CSSD staff
  - Judges
  - DMHAS and DOC staff
  - Families
  - Contractors
  - Other stakeholder organizations (e.g., police, school staff)

### **Quality Management**

- Develop a Structure for Establishing and Maintaining Joint Quality Standards
  - Establish a Joint Quality Management Team
  - Identify agency based and/or contracted quality management services
  - Ensure data reporting and sharing to support quality models and accountability of implementation of those models
  - Use program management and contracting staff to develop policy governing required quality standards for all contracted services
- Ensure Quality Services
  - Establish best practice models for all programs and services delivered by both state agencies and contractors
  - Identify quality indicators for best practice models
  - Measure and track fidelity to model
  - Work with the Data Systems and Research team to conduct or commission program evaluations as appropriate.

### **Communications**

- Develop a structure for educating the public about prevention, diversion and treatment.
  - Regularly provide judges, families, elected officials, and community leaders with updated information regarding available resources, program changes, best practice literature adolescent development literature, and other useful tools.
  - Designate a Resource Management Coordinator to create and maintain an interagency program and services clearinghouse for the collection of research-based resources and natural community supports. The Coordinator will make information available to families, DCF and CSSD staff, schools, police, and community providers through the Internet and hard copy.

**Strategy 2: A LIST will be established for each geographical area to provide a forum for local stakeholders to review and discuss pertinent juvenile justice system issues.** A LIST will consist of parents, families, the Parole Supervisor, Area Office Director, Behavioral Health Program Director, Probation Regional Manager, Probation Supervisor, Detention Superintendent, and representatives from the local school districts, police departments, and Community Collaboratives. The LISTs will be established, including identifying existing groups

that meet the definition of LIST, by a date to be determined, and will meet monthly to review and discuss pertinent issues, such as data regarding local school suspension and arrest rates, information sharing, interagency relationships, access to services, service coordination, project development, training needs, prevention strategies, and troubleshooting. The LIST will monitor the effectiveness of services against the measures established for the juvenile justice system. Monthly meeting minutes will be forwarded to the IPMT so to inform program planning for identified gaps in services, system issues, and policy recommendations.

**Strategy 3: An Information Task Force (ITF) will be established under the Implementation Team to oversee appropriate information-sharing between juvenile justice system stakeholders.** The ITF will be established by a date to be determined and produce a report of its findings and recommendations by a date to be determined. The ITF will include representatives from Judicial and DCF, families, advocates, the Department of Correction (DOC), the State Department of Education (SDE), DMHAS, OPM, the Department of Social Services (DSS) and legal counsel to review and revise, where necessary, agency policy regarding information sharing so that it clearly states what information may or may not be shared, with whom, and under what circumstances, according to the law. The ITF will make recommendations for agency policy, statutory and technological changes to facilitate information-sharing, as appropriate, and/or the development of formal interagency agreements for information-sharing. The ITF will also coordinate existing information sources to disseminate information to parents, schools, staff, and courts.

**Strategy 4: An Interagency Legislative Committee (ILC) will be established to develop an annual interagency legislative agenda to meet the needs of the juvenile justice system.** Judicial and DCF leaders should meet annually with families, advocates, administrators, line staff, the Department of Correction (DOC), the State Department of Education (SDE), DMHAS, OPM, the Department of Social Services (DSS), and legal counsel to review, revise, develop, and promote as necessary policies, statutes, and regulations of mutual interest including those associated with DMC. The ILC will be established by a date to be determined and produce its first legislative agenda for a date to be determined.

## **II. Resource Development**

### **Strategy 5. Prevention**

- Establish a joint planning group that includes SDE and OPM to determine strategic investments in prevention strategies.

### **Strategy 6. Screening and assessment**

- Work with partners to create an early identification system that will allow children and youth to be diverted from deeper system involvement, including the investigation of school-based screening and evaluation services for mental health issues and learning disabilities.
- Jointly develop tools, training, and protocols to improve the use of screening and assessment at all levels of service delivery.

### **Strategy 7. Diversion**

- DCF and CSSD will continue to develop and support policies, programs, and protocols to divert children and youth at the earliest point possible from the juvenile justice system, as appropriate.

### **Strategy 8. Interventions**

Interventions developed by DCF and CSSD will focus on Education and educational support, age appropriate services, gender responsive service delivery, and job training/vocational services that promote self-sufficiency skills and connections to jobs for older adolescents.

#### **A. Education**

DCF and CSSD should partner with SDE, and LISTS to develop education support programs and advocacy services, and after-school programs.

#### **B. Sub-population-specific Programming**

Create programs targeted to specific sub-populations based on documented needs; these programs will be age appropriate, gender-responsive, and culturally competent

- a. Expand the availability of core services needed for boys and girls ages 8-11
- b. Expand the availability of core services needed for girls and boys ages 12-15
- c. Expand the availability of core services needed for girls and boys ages 16 and 17

#### **C. Pre-employment and Employment Programs**

In conjunction with the Interagency Youth Vision Team and the Interagency National Governor's Association Policy Academy on Youth with Disabilities, partner with families, consumers, SDE, LEAs, local Chambers of Commerce, DOL, OWC, DSS, and regional workforce boards to identify and develop pre-employment programs, apprenticeship programs and access to employment programs for at-risk and juvenile justice involved children and youth

### **Strategy 9. Gender Responsive**

- Create policies and processes for the certification and credentialing of gender-responsive programs for girls.
- Develop and implement gender-specific assessments for all court-involved girls.
- Create new programs and expand access to existing programs as necessary.

### **Strategy 10. Treatment**

- Study the capacity and accessibility of the current treatment system to determine if the right mix and necessary quality services is available locally (licensed vs. funded vs. utilized).
- Develop a comprehensive continuum of services, which includes in-home, community and school-based services as needed.
- Create practice standards for gender-responsive, culturally/linguistically competent and developmentally-appropriate evaluation and treatment services. (may be covered under system Quality Management strategy).

- Enhance family participation and the use of clinical consultation in the treatment planning process.
- Define measures to determine if the functioning of children and youth is improving (data collection, quality assurance, program evaluation). (maybe covered under system Data System/Research and Quality Management strategies).

**Strategy 11. Re-entry/After care**

- Study the current capacity of transition and aftercare services to determine the areas of need.
- Develop a full continuum of transition and aftercare services to meet the housing, educational, treatment and occupational needs of youth.