

JUVENILE JUSTICE INCENTIVE GRANTEE WORKSHOP

APRIL 14, 2016



Criminal Justice Coordinating Council
Innovating Criminal Justice - Empowering Victims

AGENDA



- ❑ Welcome
- ❑ Fiscal Liability Awareness
- ❑ FY17 Juvenile Justice Incentive Grant RFP
- ❑ Financial Reporting Requirements
- ❑ *Break*
- ❑ Model Fidelity Evaluation and Overview
- ❑ Documenting Impact: Grantee Evaluation and Data Reporting Expectation
- ❑ Questions and Answers

Fiscal Liability Awareness

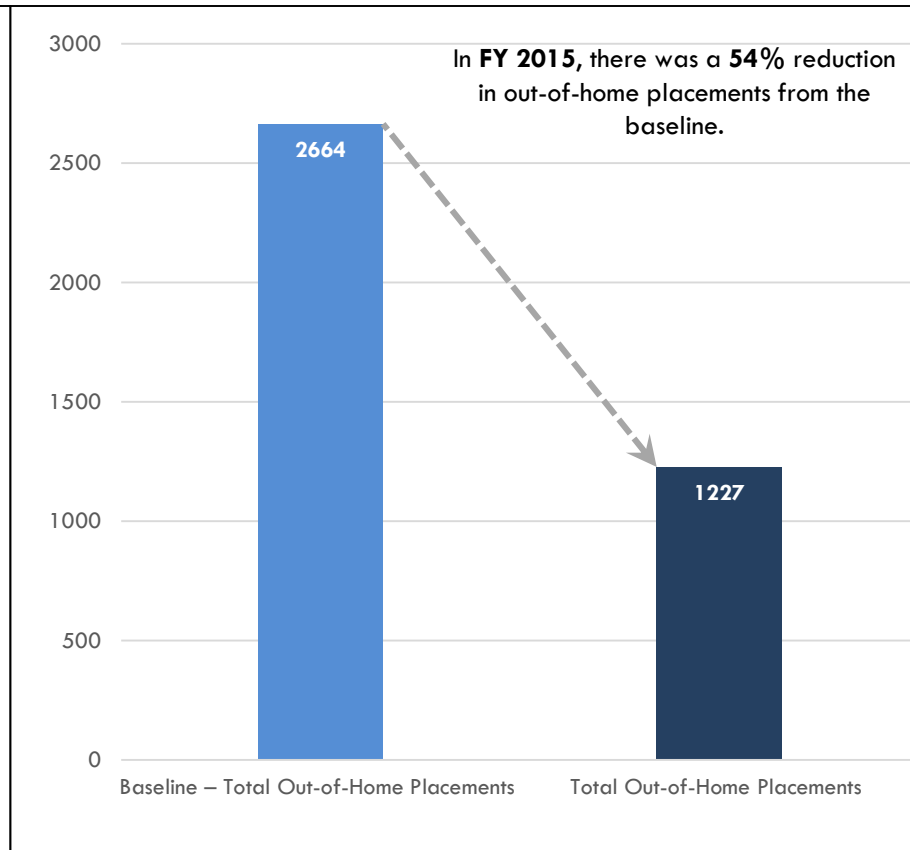
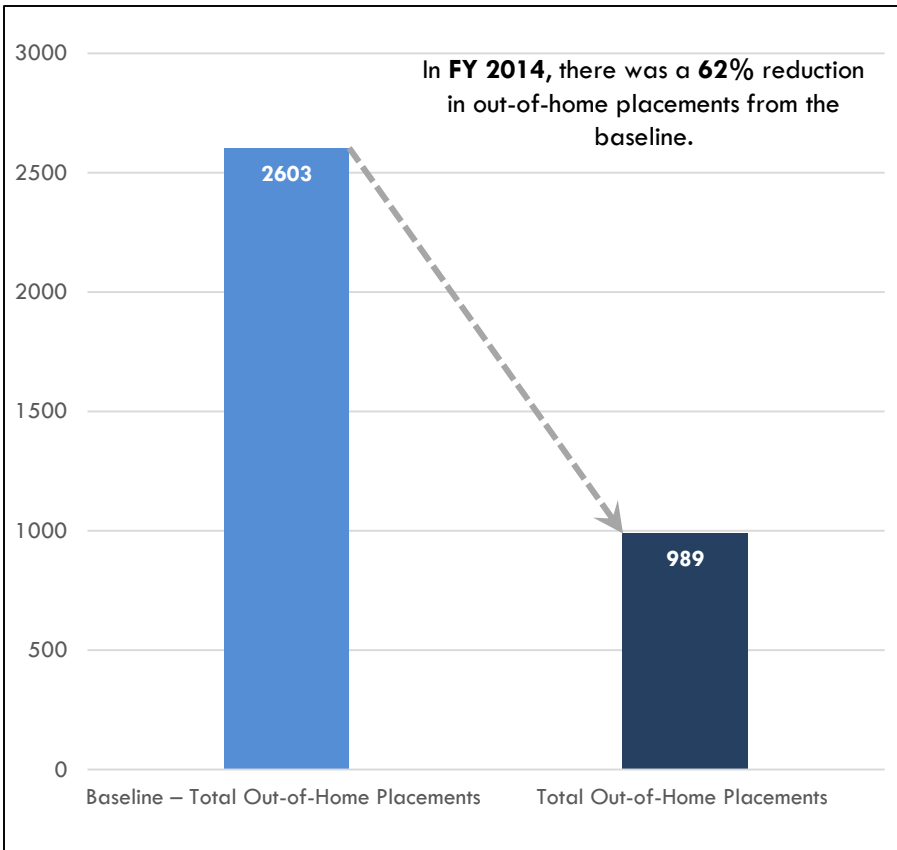
Austin Mayberry & Misti Williams

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FY17 Juvenile Justice Incentive Grant

Year 1

Year 2



	FY 2014	FY 2015
Implementation Period	9 months	12 months
Number of Grantee Courts	29 courts	29 courts
Number of Counties Served	49 counties	51 counties

FY17 Juvenile Justice Incentive Grant

- ❑ The purpose of this grant opportunity is to provide funding for local programs designed to serve youth in the community and to reduce out-of-home placements

Eligible Participant Requirements:

- ❑ Delinquent adjudication
- ❑ Medium to high PDRA
- ❑ Appropriate for selected evidence-based program

Application Details

- ❑ Grant Award Period: July 1, 2016 – June 30, 2017
- ❑ Applications are due **May 2nd**
- ❑ Award Notification will be made in June
- ❑ Application must be submitted electronically at cjcc.georgia.gov/funding-opportunities

RFP General Format

- ❑ Save all documents into one PDF (narrative, budget, forms and assurances, and other attachments)
- ❑ Include a footer identifying the applying agency
- ❑ Restate each question and number each section followed by the response
 - e.g. “ 1. Statement of need/summary
 - a. Statement of the community problem: In X county...etc.”

Statement of Need/Summary

- ❑ State the community problem and need of services
- ❑ Please include an overview of the target population to be served and selected evidence-based program

Administration



- ❑ Name and brief description of the implementing agency
- ❑ Please remember applicant needs to be the county board of commissioners
- ❑ This grant is a reimbursement-only grant

Target Population

- ❑ Include target population, demographics, and number of projected youth to be served
- ❑ Please only apply for counties you are able to serve

Methods and Procedures

Service Delivery

- ❑ State the selected evidence-based program(s)
- ❑ Describe the overall format and design of the program(s), please include:
 - ❑ Program type
 - ❑ Number of cohorts/detailed program schedule
 - ❑ Program policy (i.e. attendance) if applicable to the selected program

Methods and Procedures

- ❑ Complete the Program Timeline
- ❑ List the specific site(s) where programming will occur
 - ▣ Attach any Memorandum(s) of Understanding
 - ▣ **Please list any transportation assistance needed, including a transportation schedule**

Methods and Procedures

- ❑ Fully describe the intake process
 - ❑ Detention Assessment Instrument (DAI)
 - Guides all detention decisions at intake
 - ❑ Pre-Disposition Risk Assessment (PDRA)
 - Pre-disposition, post-adjudication
 - Score medium to high on the PDRA

Methods and Procedures

Staffing

- ❑ Include job descriptions for each position to be funded by the grant
- ❑ Include training history for facilitators

Goals, Objectives, and Evaluation

- ❑ List the program goals and objectives and explain how these will be reached/evaluated

Sustainability



- ❑ Describe how you plan to increase sustainability for your program
- ❑ Please include any local, federal, and/or federal funding support that you receive

Previous Accomplishments

- ❑ List your previous accomplishments related to the Juvenile Justice Incentive Grant Program

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Financial Overview

Accepting Your Award

- Award Packet Information
 - Please remember signed award documents with original signatures are due within 45 days of receipt. **We cannot issue your county's first reimbursement until the award documents and copies of any subcontracts are received.**
 - Please be sure to note the Special Conditions of your award.

Accepting Your Award (cont.)

- Documents in the award packet to complete:
 - ▣ Subgrant Award Form
 - ▣ Special Conditions
 - ▣ Reimbursement Selection Form
 - ▣ Subgrant Adjustment Request (SAR) #1
 - ▣ Subgrant Expenditure Report (SER)
 - ▣ Designation of Grant Officials
 - ▣ Delegation of Signing Authority (if applicable)

Delegation of Signing Authority

- Government Agencies
 - ▣ County Commission Chair or Mayor
 - ▣ Delegating Signing Authority
 - Signature Authorization Letter
 - Delegated signing authority will specifically apply to the current grant period for this particular grant.

**OFFICE OF THE GOVERNOR
CRIMINAL JUSTICE COORDINATING COUNCIL**

REFERENCE NO. : _____

SUBGRANTEE :

**IMPLEMENTING
AGENCY :**

PROJECT NAME : Juvenile Justice Incentive Grant

SUBGRANT NUMBER :

FEDERAL FUNDS : \$

MATCHING FUNDS : \$

TOTAL FUNDS : \$

GRANT PERIOD : 08/01/13-06/30/14

This award is made under the State of Georgia Juvenile Justice Incentive Grant (JJIG) program and is subject to the administrative rules established by the Criminal Justice Coordinating Council. The purpose of the JJIG program is to provide funding for juvenile courts to serve youth in the community who would otherwise be committed to Georgia's Department of Juvenile Justice.

This Subgrant shall become effective on the beginning date of the grant period, provided that within forty-five (45) days of the award execution date (below) the properly executed original of this "Subgrant Award" is returned to the Criminal Justice Coordinating Council.

AGENCY APPROVAL

SUBGRANTEE APPROVAL

Jacqueline Bunn, Director
Criminal Justice Coordinating Council

Date Executed: 08/01/13

Signature of Authorized Official Date

Typed Name & Title of Authorized Official

58-1911146-001

Employer Tax Identification Number (EIN)

INTERNAL USE ONLY

TRANS CD	REFERENCE	ORDER	EFF DATE	TYPE	PAY DATE	INVOICE	CONTRACT #
102		1	08/01/13	9		**	
OVERVERRIDE	ORGAN	CLASS	PROJECT			VENDOR CODE	
2	46	4					
ITEM CODE	DESCRIPTION 25 CHARACTERS			EXPENSE ACCT	AMOUNT		
1	Juvenile Justice Incentive Grant				\$		

CRIMINAL JUSTICE COORDINATING COUNCIL REIMBURSEMENT SELECTION FORM

SUBGRANT NUMBER: _____

AGENCY NAME: _____

1. SELECT A SCHEDULE FOR SUBMITTING REIMBURSEMENTS (CHECK ONE BOX)

- MONTHLY** (Requests for reimbursement are due 15 days after the end of the month)
- QUARTERLY** (Requests for reimbursement are due 30 days after the end of the quarter)

2. SELECT A PROCESS FOR RECEIVING REIMBURSEMENT PAYMENTS (CHECK ONE BOX)

- ELECTRONIC FUNDS TRANSFER** (Reimbursements will be deposited into the bank account listed below. **A voided check must be attached to ensure proper routing of funds.**)

BANK NAME: _____

BANK ROUTING NUMBER: _____

BANK ACCOUNT NUMBER: _____

AGENCY CONTACT NAME: _____

AGENCY CONTACT TELEPHONE NUMBER: _____

AGENCY AUTHORIZED OFFICIAL NAME AND TITLE: _____

AGENCY AUTHORIZED OFFICIAL SIGNATURE: _____

- CHECK** (Reimbursements will be mailed in the form of a check to the address listed below)

MAILING ADDRESS: _____

CITY, STATE & ZIP: _____

ATTENTION: _____

AGENCY AUTHORIZED OFFICIAL SIGNATURE: _____

For CJCC Use ONLY

CJCC Auditor:	
Phone Number:	
Grant Award Number:	
GBI Entry Initial/Date:	

DESIGNATION OF GRANT OFFICIALS

LEGAL NAME OF AGENCY: _____

PROJECT TITLE: _____

Mr. Ms.

PROJECT DIRECTOR NAME (Type or Print) _____

Title and Agency _____

Official Agency Mailing Address _____ City _____ Zip _____

Daytime Telephone Number _____ Fax Number _____

E-Mail Address _____

Mr. Ms.

FINANCIAL OFFICER (Type or Print) _____

Title and Agency _____

Official Agency Mailing Address _____ City _____ Zip _____

Daytime Telephone Number _____ Fax Number _____

E-Mail Address _____

Mr. Ms.

AUTHORIZED OFFICIAL (Type or Print) _____

Title and Agency _____

Official Agency Mailing Address _____ City _____ Zip _____

Daytime Telephone Number _____ Fax Number _____

E-Mail Address _____

Subgrant Adjustment Request (SAR)

- Submit SAR #1 with your Award Packet
- Submit a Budget Detail Worksheet with each SAR
- A formal request (SAR) must be submitted whenever you are requesting revisions for the following:
 - ▣ Budget Adjustments
 - ▣ Change of Project Officials/Addresses
 - ▣ Project Personnel
 - ▣ Goals and Objectives of the program

CRIMINAL JUSTICE COORDINATING COUNCIL
SUBGRANT ADJUSTMENT REQUEST
FEDERAL GRANT #

ADJ REQUEST #: 1

REQUEST DATE: _____

SUBGRANTEE:
PROJECT NAME:

SUBGRANT #: A13-8-

NATURE OF ADJUSTMENT:	___ REVISED BUDGET	Go To	SECTION I
Mark all that apply.	___ PROJECT PERIOD AND/OR EXTENSION.	Go To	SECTION II
	___ PROJECT OFFICIALS/ADDRESSES.	Go To	SECTION III
Adjustments of each type shown should be entered in the section indicated.	___ PROJECT PERSONNEL.	Go To	SECTION III
	___ GOALS AND OBJECTIVES	Go To	SECTION III
	___ OTHER.	Go To	SECTION III

MUST BE JUSTIFIED AND EXPLAINED THOROUGHLY IN SECTION IV.

SECTION I. REQUEST FOR BUDGET CHANGE - JUSTIFY IN SECTION IV.

	CURRENT APPROVED	REVISIONS +/-	REVISED BUDGET
PERSONNEL	\$ 55,187	_____	_____
EQUIPMENT	0	_____	_____
SUPPLIES	0	_____	_____
TRAVEL	0	_____	_____
PRINTING	0	_____	_____
OTHER	0	_____	_____
TOTAL	\$ 55,187	_____	_____
Federal	\$ 55,187	_____	_____
Match	\$ 0	_____	_____

SECTION II. REQUEST FOR CHANGE IN PROJECT PERIOD - JUSTIFY IN SECTION IV.

CURRENT GRANT PERIOD	REQUESTED GRANT PERIOD	FOR EXTENSION,
Start Date: 07/01/13	Start Date: _____	# OF MONTHS: _____
End Date: 06/30/14	End Date: _____	

NOTE: The maximum extension request cannot exceed 12 months.

SECTION III. REQUESTS FOR REVISIONS TO PROJECT OFFICIALS/ADDRESSES, PROJECT PERSONNEL, GOALS AND OBJECTIVES, AND/OR OTHER NON-BUDGET, NON-PERIOD CHANGES (JUSTIFY IN SECTION IV.)

Budget Detail Worksheet for State Grants

Purpose: The Budget Detail Worksheet shall be used to prepare your budget. In addition to this document, you must also complete and submit a budget narrative.

Applicant Agency: _____

A. Personnel - List each position by title and name of employee, if available. Show the annual salary rate and the percentage of time to be devoted to the project. Compensation paid for employees engaged in grant activities must be consistent with that paid for similar work within the applicant organization.

Name/Position	Computation	Cost
Position 1		
Position 2		
Position 3		
Position 4		
Position 5		
Position 6		
Position 7		
Position 8		
Position 9		
Position 10		
SUB-TOTAL		\$0.00

B. Fringe Benefits - Fringe benefits should be based on actual known costs or an established formula. Fringe benefits are for the personnel listed in budget category (A) and only for the percentage of time devoted to the project.

Name/Position	Computation	Cost
Position 1		
Position 2		
Position 3		
Position 4		
Position 5		
Position 6		
Position 7		
Position 8		
Position 9		
Position 10		
SUB-TOTAL		\$0.00
Total Personnel & Fringe Benefits		\$0.00

Subgrant Expenditure Reports (SERs)

- ❑ All grant-related expenses incurred for the quarter must be listed on SERs to obtain reimbursement.
- ❑ Expenses must be incurred during the grant period.
- ❑ If an item is not included in your approved budget, you cannot claim it on a SER for reimbursement.
- ❑ SERs must be signed by the authorized official or the appropriate designee and mailed to CJCC. Email submissions cannot be accepted.
- ❑ SERs must be submitted with the "JJ Unit SER Cover Form."

Subgrant Expenditure Reports (SERs)

- Reporting:
 - Quarterly reports are due 30 days after the end of each quarter.
 - Monthly reports are due 30 days after the end of each month.
 - Invoices more than 30 days outside of the reporting period should not be included as part of the SER.

CRIMINAL JUSTICE COORDINATING COUNCIL
SUBGRANT EXPENDITURE REPORT/REQUEST FOR FUNDS # 1
FEDERAL GRANT # 2011-VA-GX-0010

SUBGRANT #:

EXPENDITURES FOR THE PERIOD OF _____ THRU _____ FINAL RPT? (Y/N) _____

SUBGRANTEE:

FUNDING CATEGORY:

PROJECT PERIOD: 10/01/11 to 09/30/12

COMBINED FEDERAL & MATCH EXPENDITURES					
	APPROVED BUDGET	PREVIOUSLY APPROVED EXPENDITURES N/A THIS RPT	PREVIOUSLY APPROVED EXPENDITURES N/A THIS RPT	REMAINING BALANCE	EXPENDED THIS PERIOD
PERSONNEL	\$ _____	\$ _____ 0	\$ _____ 0	\$ _____	\$ _____
EQUIPMENT	_____ 0	_____ 0	_____ 0	_____ 0	_____
SUPPLIES	_____ 0	_____ 0	_____ 0	_____ 0	_____
TRAVEL	_____ 0	_____ 0	_____ 0	_____ 0	_____
PRINTING	_____ 0	_____ 0	_____ 0	_____ 0	_____
OTHER	_____ 0	_____ 0	_____ 0	_____ 0	_____
TOTAL	\$ _____	\$ _____ 0	\$ _____ 0	\$ _____	\$
FEDERAL	_____	_____ 0	_____ 0	_____	_____
MATCH	_____	_____ 0	_____ 0	_____	_____

EARNED PROJECT INCOME FOR THE PERIOD:
FORFEITED \$ _____ OTHER \$ _____

EARNED PROJECT STATUS INCOME FOR THE PERIOD:
EXPENDED \$ _____ UNEXPENDED \$ _____

CERTIFICATION: I certify that the above statements are accurate based on official records, that expenditures shown have been made for the purpose of, and in accordance with, applicable grant terms and conditions, and that appropriate supportive documentation relative to all expenditures is attached.

SUBGRANTEE OFFICIAL APPROVAL:

PREPARED BY: _____ OFFICIAL'S SIGNATURE _____ DATE _____
PHONE NUMBER: _____ TYPED NAME & TITLE _____

FOR CRIMINAL JUSTICE COORDINATING COUNCIL USE ONLY

SUBGRANT #: _____ AMOUNT REQUESTED THIS REPORT: _____
SUBGRANT AWARD: \$ _____ REVIEWED BY (INITIALS & DATE): _____
REQUESTED TO DATE: _____ AUTHORIZED BY _____ DATE _____
BALANCE: _____

* Substantiated _____ Advanced _____

FOR ACCOUNTING USE ONLY					DISCOUNT	PO/AUTH	PAY DATE
DEPARTMENT	FUND SOURCE	PROJECT	PROGRAM	CLASS	ACCOUNT	INVOICE	AMOUNT
4710606000	13104	13139	0630104	315	707002		



**Subgrant Expenditure Reporting Form
Juvenile Justice Unit**

Subgrant #: SER #
Subgrantee: START DATE:
Project Name: END DATE:

EXPENDED THIS PERIOD:

Personnel	\$	-	Federal	\$	-
Equipment	\$	-	Match*		
Supplies	\$	-	Total Project	\$	-
Travel	\$	-			
Printing	\$	-			
Other	\$	-			
Total Project	\$	-			

Comments:

Meal Expense Example

Meal for Strengthening Families	11/17/15
Cost	\$40
Food	Pizza
Number of program participants	9
Location-	1 Blueberry Street, Atlanta, GA 30303
Signature	Billy Joe
Name	Billy Joe

Travel Expense Example

Billy Joe Home Location	1 Strawberry Street, Atlanta, GA 30303	
Programing Location	1 Blueberry Street, Atlanta, GA 30303	
Date	Location	Miles
11/02/15	1 Strawberry Street, Atlanta, GA 30303 - 1 Blueberry Street, Atlanta, GA 30303	10
11/07/15	1 Strawberry Street, Atlanta, GA 30303 - 1 Blueberry Street, Atlanta, GA 30303	10
11/17/15	1 Strawberry Street, Atlanta, GA 30303 - 1 Blueberry Street, Atlanta, GA 30303	10
	Total Miles	30
Signature	Billy Joe	
Name	Billy Joe	

Waiver Request Form

- It is expected that you will expend 25% of funds in the 1st quarter, 50% in the 2nd, and 75% in the 3rd quarter.
- If you anticipate not meeting the spending requirement for the first or second quarter, you may submit a waiver requesting extension.
- However, waivers may not be submitted for the 3rd and final quarters.

NATHAN DEAL
GOVERNOR



JACQUELINE BUNN
EXECUTIVE DIRECTOR

Juvenile Justice Waiver Request Form

Reporting Period: _____ thru _____

Per the Special Conditions of the Juvenile Justice grant award(s),

"25% of the awarded funding must be expended each quarter. Any unused funds will be retained by the Council to be managed by the Juvenile Justice Funding Committee."

As such, if your court did not expend and request reimbursement for 25% of the original award amount for the current quarter, any unexpended funds for the quarter will be de-obligated and reallocated to ensure optimal utilization of appropriated state grant funds.

If your agency expended grant funds during the quarter that have not been accounted for as part of your reimbursement request, or if there are extenuating circumstances that warrant consideration, you must submit this form, along with a Subgrant Adjustment Request (SAR), and any supporting documentation to substantiate your request to retain any unexpended funds for the respective period.

This waiver request and the supporting documentation should be submitted along with your monthly/quarterly expenditure report. **The submission deadline for expenditure reports and waiver request forms will be the same for each reporting period.** Any waivers submitted after the deadline for the respective reporting period will not be considered. The supporting documentation must provide a detailed explanation of the event(s) that prevented the grantee from fully expending 25% of the original award amount. Waivers will not be accepted for 3rd and 4th quarters.

Please note: All waivers will be reviewed and/or granted at the discretion of the Juvenile Justice Funding Committee

Please check one of the following:

- Funds encumbered during the quarter (supporting documentation required for consideration (i.e., invoices)
- Other (delayed implementation, etc.) Please provide an explanation on the respective SAR.

Waiver Amount \$ _____

Project Name: _____ Subgrant Number: _____

Signature of Authorized Official or Project Director* Title _____ Date _____

*By signing this document, I am certifying that the information listed above is true and accurate.

FOR CJCC USE ONLY

	Approval	Disapproval	Reviewer Signature	Date
Reviewed by:	_____	_____	_____	_____
Authorized by:	_____	_____	_____	_____

Financial Compliance Monitoring

- All reviews for FY17 will be conducted through on-site visits
- Common findings include:
 - ▣ Grant expenditures
 - Deficient/Non-existing documentation monitoring contracted services
 - ▣ Policies and Procedures
 - Deficient/Non-existing E-verify system numbers for each employee
 - Deficient/Non-existing documentation evidencing compliance with procurement policy
 - ▣ Accounting system
 - Deficient/Non-existing tracking of CJCC grant expenses and revenue through General Ledger reports

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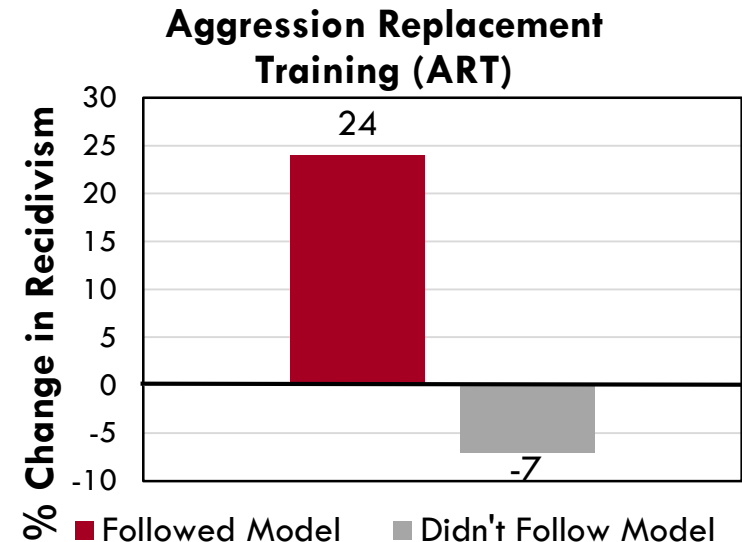
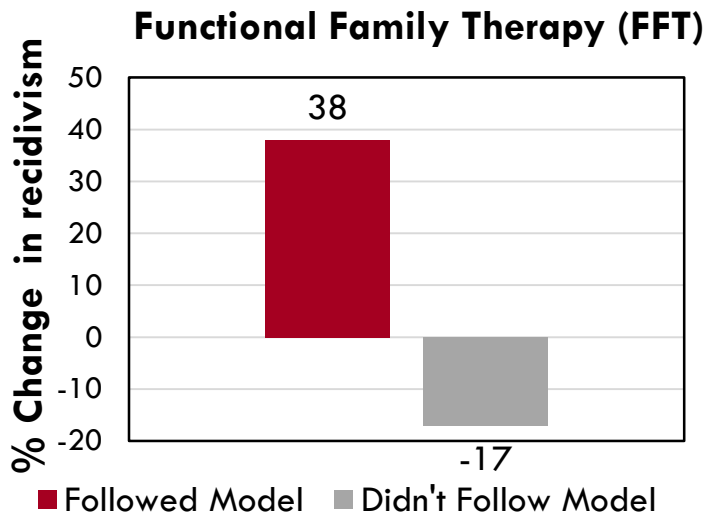
Model Fidelity Evaluation and Overview

Importance of Model Fidelity

- Efforts to support model fidelity are essential in order to realize the recidivism reductions reported in the research
- Program models that deviate from the original design of the model should not expect these outcomes and may cause harm to program participants
- “Fidelity” – what does it really mean?

Importance of Model Fidelity

- Research has shown that when a program is delivered with fidelity to the model, recidivism rates can be significantly decreased



(WSIPP, 2010)

Importance of Model Fidelity

- ❑ Implementation of new programs does not end after program staff have been trained and are facilitating groups
- ❑ Quality assurance mechanisms must be introduced before the first group begins, and must be maintained
- ❑ Model fidelity is not limited to script adherence:
 - ❑ Coaching staff through observations of groups
 - ❑ Model prosocial behavior and attitudes
 - ❑ Feedback to staff and active listening skills
 - ❑ Data to measure adherence to the model and participant outcomes

Fundamentals of EBPs



- Aggression Replacement Training (ART)
- Thinking for a Change (T4C)
- Functional Family Therapy (FFT)
- Multisystemic Therapy (MST)
- Seven Challenges (7C)
- Brief Strategic Family Therapy (BSFT)

Fundamentals of ART

- Cognitive behavioral program based in social learning theory
- Youth ages 11 to 17 years old
 - ▣ Deficiency in prosocial skills, anger control, and moral reasoning capacity
- Typically offered as a 10 week, close-ended program with three sessions a week to cover the full 30 sessions
- Recommend no more than 12 participants with no less than eight participants
- Recommended a co-facilitated group

Fundamentals of ART

- Curriculum contains session evaluation checklists for ART components
- Contains three integrated and coordinated components
 - ▣ Social skills training – behavioral component designed to teach new prosocial behaviors
 - ▣ Anger control training – affective component designed to teach participants what not to do
 - ▣ Moral reasoning – cognitive component designed to increase levels of fairness, justice, and concern for others

Fundamentals of T4C

- ❑ Cognitive behavioral and cognitive restructuring program
- ❑ Appropriate referrals include:
 - ❑ History of aggression
 - ❑ Oppositional or defiant disorders
 - ❑ Impulsive and disruptive behaviors
 - ❑ Suppression of anger, difficulty expressing emotion
- ❑ Program is group-based and is to be operated as close-ended
- ❑ Group size should be limited to 8 to 12 participants
- ❑ Contains 25 lessons in the curriculum; Version 4.0 just released 2016
- ❑ Aftercare options available

Fundamentals of T4C

- Groups are expected to last one to two hours in length
 - ▣ Flexibility to meet program operations without jeopardizing session content
- Three components that are intended to build upon one another
 - ▣ Cognitive self change
 - ▣ Social skills
 - ▣ Problem solving

Fundamentals of FFT

- Family-based intervention program for high-risk youth
 - ▣ Ages 11 to 18
 - ▣ Delinquency, substance abuse, Conduct Disorder, Oppositional Defiant Disorder, or Disruptive Behavior Disorder
- The model focuses particularly on familial risk and protective factors that directly affect youth
- Services are conducted in both clinic and home settings as the structure is flexible as to accommodate diverse family units
- Programming typically last 3 to 4 months
 - ▣ 12 to 14 one-hour, weekly sessions

Fundamentals of MST

- Family and community-based treatment program used to identify practical issues impacting youth's serious antisocial behavior within environment
 - ▣ Youth ages 12 to 17 years old
 - ▣ Serious antisocial and problem behavior
- Therapists available 24 hours a day, 7 days a week
- MST clinicians go where the child lives, socializes, and attends school
- Intensive treatment with parents and caregivers
- Average treatment time is four months
 - ▣ Contact be everyday to once a week

Fundamentals of BSFT

- Problem-focused approach to treatment of youth with behavioral problems
 - ▣ Youth ages 6 to 17 years old
 - ▣ Rebelliousness, truancy, delinquent, early substance use, and association with problem peers
- Involves all family members; seeks to change the way they act toward each other
- Based on the premise that family interactions play an instrumental role in the evolution of behavior in youth
- Therapists coach the family on interactions as they occur during the session in effort to improve relations and create more functional interactions
- Average length of treatment is 12 to 15 sessions over 3 to 4 months, with sessions lasting 60 to 90 minutes
- Can be implemented in a variety of settings, including a home-based intervention

Fundamentals of 7C

- Designed specifically for youth with substance use problems
- Appropriate for ages 13 to 25 years old
 - ▣ Drug problems, co-occurring mental health issues, trauma, and family issues
- Goal is to motivate change, and support success in implanting changes
- Can be conducted in individual or group sessions
- Workbooks

Model Fidelity Evaluation

- Site visit preparation
 - ▣ Initial interview call with Program Director
 - ▣ Review of program materials
- On-site activities
 - ▣ Individual interviews with key staff
 - ▣ File review
 - ▣ Group observations
- Report
- Technical assistance

Model Fidelity Overview

- Fidelity is a crucial component of the implementation process
- Model fidelity is an on-going process aimed at achieving the best possible results from programming
- Training, on-going coaching and support critical in sustainability
- Next steps: Principles of Effective Intervention (PEI) training, monthly fidelity calls, annual site visits



Documenting Impact: Grantee Evaluation and Data Reporting Expectation

Carl Vinson Institute of Government

Questions?

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