

Connecticut Juvenile Training School Advisory Board

Report to the Commissioner of the Department of Children and Families

2018

*Submitted to the Judiciary Committee and the Committee on Children
of the Connecticut General Assembly
pursuant to § 17a-6b of the Connecticut General Statutes*

**CONNECTICUT JUVENILE TRAINING SCHOOL ADVISORY BOARD
REPORT TO THE COMMISSIONER OF THE DEPARTMENT OF
CHILDREN AND FAMILIES**

This report is submitted pursuant to Connecticut General Statutes Section 17a-6b. After an initial description of Connecticut Juvenile Training School (hereafter referred to as CJTS), the report provides the data and information required by the statutes, followed by recommendations.

CGS §17a-6b

- (a) The advisory group for the Connecticut Juvenile Training School, established pursuant to subsection (b) of section 17a-6, shall provide an on-going review of the Connecticut Juvenile Training School with recommendations for improvement or enhancement. The review shall include but not be limited to:
- (1) The number, age, ethnicity and race of the residents placed at the training school, including the court locations that sentenced them, the number sentenced from each court location and the offenses for which they were sentenced;
 - (2) The percentage of residents in need of substance abuse treatment and the programming interventions provided to assist residents;
 - (3) A review of the program and policies of the facility;
 - (4) The educational and literacy programs available to the residents, including the educational level of residents, the number of residents requiring special education and related services, including school attendance requirements, the number of residents who are educated in the alternative school and the reasons for such education;
 - (5) The vocational training programs available to the residents and the actual number of residents enrolled in each training program, including all vocational attendance requirements;
 - (6) The delinquency recidivism rates of such residents, which shall include the number of children discharged to residential placement, the number of children discharged due to expiration of the period of commitment and the number of children returned to the Connecticut Juvenile Training School;
 - (7) The diagnosis of each resident after intake assessment;
 - (8) The costs associated with the operation of the training school, including staffing costs and average cost per resident;
 - (9) Reintegration strategies and plans to transition the residents to their home communities; and;
 - (10) A review of safety and security issues that affect the host municipality [Sec. 17-6b(10)]
- (b) The Department of Children and Families shall serve as administrative staff of the advisory group referred to in subsection (a) of this section.
- (c) Not later than February 4, 2004, and annually thereafter, the Commissioner of the Department of Children and Families shall report, in accordance with the provisions of section 11-4a, to the joint standing committees of the General Assembly having cognizance of matters relating to children with respect to the Connecticut Juvenile Training School.

- (d) Each report required pursuant to subsection (c) of this section shall summarize the information and recommendations specified in subsection (a) of this section and shall also include such information that the Department of Children and Families has identified as requiring immediate legislative action.

OVERVIEW OF CJTS

Opened on August 27, 2001, CJTS is a secure facility for youth committed as delinquent to the Department of Children and Families (DCF). William Rosenbeck serves as Superintendent of CJTS. The facility housed only boys until March 19, 2014 when the Pueblo Girls' Program located on the grounds of Solnit South was opened to provide similar services to girls who are committed delinquent. Variant from the boys' program, Pueblo was not designed to be the first commitment placement; it was for those girls whose initial commitment location was unsuccessful. The Pueblo Girls' Program was closed in January 2016 secondary to consistently low census, primarily related to decreasing numbers of girls committed delinquent.

In 2013, the CJTS mission statement was rewritten to better demonstrate our commitment to comply with national best practices. The new mission of CJTS is as follows:

To provide a safe, secure and therapeutic environment while providing opportunity for growth and success. National best practices, interventions and standards are integrated into facility operation with the goal of reducing the risk of re-offending, preparing youth for community re-entry and developing positive youth outcomes.

CJTS has been accredited by the American Correctional Association since 2009, demonstrating compliance with hundreds of policies, procedures and practice standards. The most recent audit occurred in late November 2015. CJTS continued its implementation of the Prison Rape Elimination Act (PREA), federal legislation to address sexual abuse and sexual harassment in correctional facilities, and passed a PREA-specific audit in August 2016.

The construction of a new school was completed in December 2014 and the school opened in January 2015. Due to the lower census, the new school is now the primary site for education services.

In December 2015, the Honorable Dannel P. Malloy, Governor, announced his plan to close CJTS by July 2018, reflecting the increasing national consensus that large secure facilities are not optimal for meeting the needs of committed delinquent youth. Fernando J. Muñiz, Deputy Commissioner of DCF, was appointed to oversee the closure plan. During spring and summer 2016, Mr. Muñiz met with multiple stakeholders as well as contacted national experts to inform the crafting of the plan. These included but were not limited to: CJTS staff, DCF Regional Office staff (juvenile justice social workers and others), advocates, the LISTs, juvenile justice providers, Georgetown University, and others. The "Plan for the Closure of the Connecticut Juvenile Training School" was issued on October 18, 2016 and presented to the Juvenile Justice Policy Oversight Committee. The report included six goals:

- **Goal 1: Redefine eligibility for secure placement:** The purpose of this goal is to ensure that only the youth who pose a threat to public safety, are at high risk for recidivism or are a flight risk are placed in secure facilities;
- **Goal 2: Improve community supervision of youth:** The purpose of this goal is to ensure that youth have frequent ongoing contact with their Juvenile Justice Social Workers and providers to ensure that they are not engaging in behaviors that could lead to their re-arrest or re-admission to a secure facility;
- **Goal 3: Increase access/availability of non-residential community-based services:** The purpose of this goal is to ensure that appropriate community-based services are available across the state to meet youth's needs and decrease the need for secure care;
- **Goal 4: Right-size the Connecticut Juvenile Training School:** The purpose of this goal is to continuously right-size CJTS and future secure facilities based on need;
- **Goal 5: Redesign CJTS programming:** The purpose of this goal is to continue to develop a more therapeutic milieu in secure facilities and to ensure treatment planning is coordinated across a youth's entire delinquency commitment;
- **Goal 6: Replace CJTS secure capacity at an alternative setting(s):** The purpose of this goal is to establish an inclusive process for replacing the secure capacity at CJTS with an alternative setting(s).¹

Also reflecting national trends, the average daily census at CJTS dropped by almost 100 youth from 2014 to 2016. This decrease was the result of both an overall state-wide decrease in youth being committed delinquent and the DCF Commissioner's implementation of a rigorous case review process prior to the admission of any youth as a parole revocation or congregate care admission. The Commissioner's process ensured that only those youth who presented community safety issues would be sent (or returned) to the state's highest level of juvenile confinement. Finally, the length-of-stay protocol that was instituted in October 2014 to standardize facility lengths of stay initially had a slight impact on census as the overall period in the facility dropped by approximately one month.

In spring 2016, the Department, in consultation with the Office of Policy and Management and the Department of Administrative Services, decided to "right-size" the staffing levels at CJTS due to the dramatic and sustained census decrease in combination with the announced closure plan. As a result, multiple CJTS staff (managerial, clinical, rehabilitation, fiscal, food service, maintenance, and residential) were either laid off or transferred in April 2016.

On October 31, 2017 Governor Malloy signed the Connecticut state budget. Legislation in this budget transfers the responsibility of all youth adjudicated delinquent to the Judicial Branch as of July 1, 2018. With the closure of CJTS set for July 1, 2018, Commissioner Katz sent out a memorandum to all DCF staff on November 7, 2017 notifying them of this legislation and closing admissions to CJTS as of January 1, 2018.

CJTS has developed a comprehensive transition plan for each youth at CJTS. The goal is to have all youth discharged back in their homes/communities or in another level of congregate care by June 1, 2018.

¹ The final objective within this goal is "develop a plan for modifying CJTS if alternate locations cannot be found."

The SEBAC agreement passed by the legislators, ensures that no state staff layoffs can occur for the next four (4) years. With the closure of CJTS, all staff will be placed in positions in other agencies.

Appendix D in this report, provides a summary of the major accomplishments at CJTS over the past 10 years under Superintendent Rosenbeck. There are many reports on CJTS that unfortunately, do not highlight any positive components of the programming, staff or youth. Appendix D outlines some of these changes that have had positive impact on the youth in care.

DCF and CJTS leadership continues to seek opportunities to support national best practice initiatives in the facility, shifting CJTS away from the more traditional training school approaches toward more strength-based, rehabilitative ones. Several major activities in 2016 promoted this trend. First, CJTS is part of a nationally-recognized pilot project—the Deep End Diversion Project--sponsored by the Center for Children’s Advocacy with funding from Open Society Foundation, the goal of which is to reduce in-facility arrests of juvenile justice youth. The project involves instituting restorative justice principles and practices throughout the training school and other programs, promoting relationships as a means to increase understanding, youth empowerment, and connection among youth and staff. CJTS staff have all been trained in the basic “talking circles,” the cornerstone in moving to restorative justice principles, and are holding relationship and check-in circles with youth on an at least daily basis. Grant funding has been secured for an additional year to allow for continued implementation both at CJTS as well as other juvenile justice placements.

Second, in fall 2016 experts from Casey Family Programs (Susan Reilly and Lyman Letgers) provided consultation to both leadership and broader staff membership on shifting the facility’s identity. A number of focus areas were identified as priorities over the next year and staff volunteered to participate in different target areas.

CJTS POLICIES:

CJTS policies are formulated in accordance with American Correctional Association (ACA) expected practices and performance based standards for Juvenile Correctional Facilities, as required by CGS 17a-27e.

Policy formulation and approval occurs in a two-stage process. First, the process begins by reviewing existing policies and established practices and structuring them in accordance with ACA expected practices. When new policy has to be developed, the policy committee reviews policies of like agencies and facilities. New policies are written by reviewing the requirements established by ACA and working with the manager overseeing that area of facility operations. Existing policies are compared to ACA requirements and modifications are made as needed. Once draft policies are formatted they are distributed for field review by the affected personnel. Second, after the local review phase is completed, proposed changes are incorporated and the policies are forwarded concurrently to the superintendent, as well as to the DCF Central Office for review and approval.

DATA: ADMISSION, DISCHARGE, DEMOGRAPHICS:

Unless otherwise specified, all data relate to admissions to CJTS that occurred during calendar year 2017. (Please see Appendix A for more specific data on 2017 admissions.)

There were 87 admissions of 84 unique individuals to CJTS during 2017, compared to 125 admissions of 108 unique individuals in 2016.

Age - Average age at time of admission was 16.2 years (16.9 years in 2016 and 16.3 in 2015).

Table 1: Ages of Youth at Time of Admission

Age at Admission	# Youth
13	1
14	5
15	13
16	26
17	38
18	4
19	0
Total	87

Table 2: Race/Ethnicity of Admissions

Race/Ethnicity	#	%
African-American	42	48.3%
Hispanic	26	29.9%
Caucasian	9	10.3%
Other	10	11.5%
Total	87	100%

Offenses:

Appendix A also provides a list of admissions for 2017 including all primary adjudication data and commitment courts for each admission.

Types of Admission:

There are three ways that a youth is admitted to CJTS: as a new commitment (placed directly from court), a congregate care admission from a residential setting, also including detention, hospitals and Manson Youth Institution (MYI), or a parole admission (either relocation or revocation). "Relocation" refers to placement of a youth at CJTS for the best interest of the youth while an alternative placement is being developed, mitigating a need for a hearing if not in excess of thirty (30) days. "Revocation" refers to the legal process. CGS. §17a-7 Parole of persons in commissioner's custody states:

When in the opinion of the commissioner or the commissioner's designee it is no longer in the best interest of such child to remain on parole or when the child has violated a condition of aftercare, such child may be returned to any institution, resource or facility administered by or available to the Department of Children and Families, provided the child shall have a right to a hearing, not more than

thirty days after the child's return to placement, pursuant to procedures adopted by the commissioner in accordance with sections 4-176e to 4-181a, inclusive.

Table 3: Admissions by Type

Type of Admission	# of Admissions	% of Total Admissions
New Commitment	37	42.6%
Congregate Care	25	28.7%
Parole Admission	25	28.7%
Total	87	100%

Table 4: Court Locations of Admissions

Court Location	All Admissions	New Commitment Admissions
Bridgeport	19	9
Danbury	3	1
Hartford	14	4
Middletown	6	3
New Britain	2	0
New Haven	9	6
Norwalk	1	1
Rockville	2	1
Stamford	6	3
Torrington	1	0
Waterbury	16	8
Waterford	6	1
Willimantic	2	0
Total	87	37

Prior Placement/Location:

Table 5: Placement Immediately Prior to Admission for Congregate Care or Parole Admissions

Prior Placement/ Location	# of Admissions	% of Total CC/Parole Admissions
Home	15	30.0%
Residential placement	17	34.0%
Manson Youth Institute or other DOC facility	0	0.0%
Detention	17	34.0%
Hospital/Solnit North	1	2.0%
CJTS (AWOL/Escape)	0	0.0%
Total	50	100%

(New Commitments make up 42.6% of the admissions.)

Average Length of Stay and Placement upon Discharge:

Table 6: Length of Stay by Admission Type

Type of Admission	Length of Stay in Months - 2017	Length of Stay in Months - 2016	Length of Stay in Months - 2015
New Commitments	5.9	5.8	7.1
Congregate Care	5.3	5.0	3.4
Parole Admission Revocation	5.2	2.9	3.2

The increase in length of stay is related to a change to the Length of Stay protocol. Given the severity of the charges in which youth were coming in from the community and from congregate care settings, parole admissions initial LOS went from 3 to 6 months. This allowed for enough time for the court process to take place and to begin to address the underlying risk factors that led to the arrest.

Table 7: Placement Information for Discharged Youth

Placement	# of Discharges	% of Discharges
Discharged home	69	68%
Discharged to residential placement	27	27%
Discharged to Dept. of Mental Health & Addiction Services (DMHAS) or Department of Developmental Services (DDS)	1	1%
Discharged to Hospital	1	1%
Discharged to Detention	0	0%
Discharged to Department of Corrections	3	3%
Other (includes escape)	0	0%
Total Discharges in 2017	101	100%

Table 8: Indicators for Youth Discharged (Not Recidivism Rates)

Indicators	Numbers
Planned discharges to lower level of care	97
Youth who returned to CJTS from a planned discharge to a lower level of care during the calendar year (both discharged and re-admitted within 2017)	10
Youth who entered adult corrections from a planned discharge to a lower level of care during the calendar year (both discharged to lower level and admitted to DOC within 2017)	47*

*This number is in response to a shift in practice that only the highest risk youth should be in CJTS and youth are better off in their homes and communities with services. Based on this national movement, DCF eliminated “technical” parole violations as a readmission option. Prior to this shift in practice, juvenile service social workers could violate youth and bring them into CJTS for short stays to interrupt their disengagement with their community supervision plan or failure to engage with their congregate care placement.

DCF implemented a graduated sanctions policy for community supervision and enhanced the community FREE programs to support youth remaining in their community. DCF now only returns youth to CJTS from parole community supervision and congregate care setting after a new arrest.

CJTS has had a consistent increase each year in the percentage of Serious Juvenile Offenders into CJTS whom are at the highest risk to recidivate.

Previously youth at CJTS spent longer (8-12 months) periods at CJTS and then stepped down to a congregate care setting prior to returning home to their communities. Under this model, a youth with an 18 month commitment were spending a year or more in congregate care and much less time in the community. That system was changed years ago and now youth spend much less time in congregate care and much more time in the community during their 18 month commitment.

Recidivism:

In previous reports, the recidivism rate was calculated by simply counting the number of youth who were placed from CJTS to home or a residential setting during the calendar year and returned thereafter to CJTS in the same year. This method does not accurately reflect what would commonly be considered to be "recidivism".

Although there is no current, universally accepted definition of "recidivism", if it is defined as a new arrest for delinquent act or a crime, then youth that are returned to CJTS from a less secure placement for failure to comply with the conditions of his parole should not be counted. Such situations would include youth returned to CJTS because they skipped school, failed to find employment or tested positive for illegal substances and it was determined to be in the youth's and the community's best interest that he return to CJTS until his behavior stabilizes and an alternative placement can be arranged.

At the same time, youth that were arrested for a new delinquent act or a crime, but not returned to CJTS, should be counted. These youth may have received some other sanction other than a return to CJTS because it was determined that such a return was not necessary, or their commitment had ended and a new commitment was not ordered, or they were beyond the age of juvenile jurisdiction so their case was handled in the adult court.

To accurately determine the rate of recidivism for youth committed to and discharged from CJTS using this definition, they would have to be followed beyond their discharge from the facility for a period of time such as three months, nine months or one year. This follow up would require access to juvenile and adult court records and could possibly extend beyond the term of their commitment and, in some cases, beyond the time when the youth would be considered to be a juvenile.

The recidivism issue is on-going and is being addressed by a subcommittee of the Juvenile Justice Policy Oversight Committee (JJPOC).

CLINICAL SERVICES:

Clinical service needs are addressed by the Clinical Department as determined through a youth's admission screen, 14-day assessment and 30-day integrated evaluation with a licensed clinician and child psychiatrist as well as a thorough review of juvenile delinquency and behavioral health records in addition to family interviews. Services are provided jointly by two clinical supervisors (supervising clinicians) and a total of 9 clinicians (seven clinical social worker associates and two clinical psychologists) and two child and adolescent psychiatrists (one full time and one part time per-diem).

The Clinical department at CJTS offers the following evidenced-based clinical services:

- **Substance Abuse Treatment:**
 - **Power Source:** the Power Source program is a proven, evidence-based Social and Emotional Learning (SEL) program for high-risk youth. The Power Source program helps build youth's capacity to develop a cohesive and healthy sense of self and future orientation in the wake of trauma; Recognize the emotional, social, and situational factors that lead to risk-taking and develop health-promoting behaviors in their place; Increase interpersonal skills including managing conflict, repairing relationships, taking responsibility for one's actions, self-advocacy, and seeking help; Acquire the Social and Emotional skills associated with workplace readiness success; Select positive peers and acquire the skills to maintain those relationships; Identify individual and situational factors leading to substance use and learn alternative coping strategies; Build skills to tolerate and manage distressing emotions such as anger, disrespect, shame, and fear.
 - **Seven Challenges:** an evidence-based substance abuse treatment program designed to enhance adolescents' commitment to change and guide them through the change process. Seven Challenges is mandatory for all youth who meet the criteria for a substance abuse or dependence diagnosis. The program is a minimum of four-six months of clinical groups, nine intensive interactive journals, a moving on packet, a peer review, and an exit interview to assess competency.
- **Dialectical Behavior Therapy (DBT):** designed to decrease para-suicidal and suicidal behaviors in adults, it was adapted for use with adolescents who present with suicidal, self-harm and assaultive behaviors in residential settings. The main functions of DBT are to enhance capabilities of residents, improve motivation, and to assure generalization of skills in the community. Residents are encouraged to develop "life worth living goals" to increase their commitment to skill development. The group is broken into skills groups and homework review groups. Residents are taught skills from the following modules: mindfulness, distress tolerance, emotion regulation, interpersonal effectiveness, and walking the middle path. Skills are practiced and used to help decrease confusion about self and experiences with others, interpersonal problems, emotional instability, and moods and impulsiveness.
- **Aggression Replacement Training (ART):** designed for aggressive youth to enhance social skills, improve moral reasoning and develop anger control.
- **Trauma Focused-Cognitive Behavior Therapy (TF-CBT):** designed for children and adolescents who have experienced significant trauma. Youth learn to manage emotions and feelings related to trauma and create a trauma narrative that is shared with a significant adult in their lives.

- Victim Impact, Listen and Learn: University of New Haven curriculum used to help offenders understand impact of their crimes on victims, take responsibility, and begin to make amends.
- Problem sexual behavior treatment: individual and family therapy through Boys and Girls Village. Pathways curriculum used individually.
- Fire-setting assessments and treatment: by Youth Fire Setting Prevention and Intervention Curriculum developed by the National Fire Academy under FEMA offered on site by certified providers on an as needed basis.

The following Table includes all Axis I psychiatric diagnoses made by CJTS clinicians for the 84 unique admissions to CJTS. All boys (100%) carried more than one diagnosis.

Table 9: Psychiatric Diagnoses of Boys Admitted to CJTS

DSM-IV/5 Diagnosis	# of Youth with Diagnosis	% of Total Admissions for 2017	% of Total Admissions for 2016
Behavioral Disorders	87	100%	96%
Conduct Disorder	77	89%	86%
Disruptive Behavior Disorder	6	7%	0%
Oppositional Defiant Disorder	1	1%	8%
Adolescent Antisocial Behavior	3	3%	2%
Impulse Control Disorder	0	0%	1%
Neuro-Developmental Disorders	79	91%	70%
Attention Deficit/Hyperactivity Disorder	63	72%	58%
Reactive Attachment Disorder	2	2%	2%
Learning Disorder unspecified, Reading Disorder, Disorder of Written Expression, Academic Problem, Math Disorder	7	8%	7%
Autism Spectrum Disorder/Pervasive Developmental Disorder	1	1%	0.9%
Mixed Receptive-Expressive Language Disorder, Phonological Disorder	1	1%	0.9%
Borderline Intellectual Functioning	2	2%	0%
Language Disorder	1	1%	0%
Tourette's Syndrome	1	1%	0%
Neuro-Developmental Disorder	1	1%	0%
Intellectual Disability	0	0%	2%
Psychiatric Disorders	16	18%	33%

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DSM-IV/5 Diagnosis	# of Youth with Diagnosis	% of Total Admissions for 2017	% of Total Admissions for 2016
Schizophrenia, Schizotypal	2	2%	0%
Depressive Disorder unspecified, Major Depressive Disorder, Mood Disorder unspecified, Dysthymic Disorder	11	13%	27%
Obsessive Compulsive Disorder	0	0%	2%
Generalized Anxiety Disorder, Anxiety Disorder unspecified	2	2%	4%
Bipolar I Disorder	1	1%	0%
Trauma Disorders	29	33%	28%
Posttraumatic Stress Disorder	15	17%	13%
Abuse, Neglect, Severe Stress, Psychological trauma	14	16%	15%
Adjustment Disorders	0	0%	6%
Adjustment Disorders (with depressed mood, with disturbance of conduct, with anxiety, with mixed disturbance of emotions and conduct)	0	0%	6%
Grief and Loss Problems	1	1%	2%
Bereavement	1	1%	2%
Substance Use Disorders	70	80%	74%
Cannabis Use Disorder	60	69%	60%
Cannabis Use and Alcohol Use Disorder	2	2%	5%
Alcohol Use Disorder	3	3%	3%
Cannabis, Alcohol and Opioid Use Disorder	1	1%	2%
Cannabis, Alcohol and Sedative Use	1	1%	0%
Cannabis and Sedative Use	1	1%	0.1%
Cannabis and Inhalant Use	0	0%	0.1%
Cannabis, Alcohol and Cocaine Use	0	0%	0.1%
Cannabis and Opioid Use	0	0%	0.1%
Cannabis, Alcohol and Stimulant Use	0	0%	0.1%
Opioid, Cocaine, Sedative, Hypnotic and Anxiolytic Use	0	0%	0.1%
Nicotine Dependence	1	1%	0%

DSM-IV/5 Diagnosis	# of Youth with Diagnosis	% of Total Admissions for 2017	% of Total Admissions for 2016
Cocaine, Cannabis, Sedative Use	1	1%	0%
Personality Disorders	3	3%	10%
Antisocial Traits/Antisocial Personality Disorder	3	3%	10%
Sexual Offenses	3	3%	4%
Sexual Abuse of a Child	0	0%	4%
Relational Problems	24	28%	23%
Parent-Child Relational Problem	14	16%	23%

Of the 87 unique youth admitted, 17 (20%) did not present with significant substance abuse problems while 70 (80%) males presented with significant substance abuse problems that resulted in a diagnosis. Of the 70 youth with substance abuse diagnoses, the majority (60 or 69%) met diagnostic criteria for cannabis abuse only.

Youth Participation in Power Source: Psycho-education and The Seven Challenges.

Of the 87 unique boys who were admitted to CJTS in 2017, 73 (88%) had documentation of their participation in the psycho-education group; including topics such as The Core Self, Meditation, The Cycle of Risk, Taking Control of Anger, When Life’s not Fair, Our Friends, Our Choice, Drugs and Alcohol, Stepping Up: Taking Responsibility for your Life, Self-Forgiveness, and Your Future. The Power Source curriculum is a new evidenced-based curriculum that was introduced in 2017, as it supports restorative practices, and replaced the Residential Student Assistance Program (RSAP) from previous years. In 2016, 49% of boys participated in RSAP.

Of the 70 boys who met DSM-IV/DSM-5 criteria for a substance use disorder, 68 (97%) had clinical notes or documentation of their participation in substance abuse treatment, specifically the Seven Challenges program. This is also an improvement from the previous year when 93% of boys with substance use needs had documentation of their participation. Six of the boys (9%) completed all nine of the journals as well as the moving on packet and their final interview. CJTS had undertaken an initiative to work with Seven Challenges to have them train and then certify the FREE programs as a 7 Challenges site so that youth could continue this treatment in the community. With the closure of CJTS, it was decided not to pursue this option. The Clinical Department in collaboration with the Rehabilitation Department also developed a recognition/incentive program for boys who are engaged in clinical programming where boys spend an evening in “The Zone” (please see rehab section for description) engaged in recreational activities.

CJTS successfully completed the annual Seven Challenges site review on February 6, 2017 and demonstrated high quality and adherence to the model.

Family Involvement in Clinical Services:

CJTS clinical staff attempt to contact all boys' family members from the time of admission. After the completion of the clinical interview, a call is placed to the family to allow the youth to speak to a family member and to make sure they are aware of the youth's arrival at the facility. All 87 boys (100%) had clinical documentation of the attempt to make contact with the legal guardian at the time of admission. The clinical staff make numerous attempts to engage families not only initially but throughout the course of the youth's stay at CJTS. They don't document all these attempts. Families whom don't engage are more difficult to work with and CJTS clinical staff make sure the community providers are aware so they can try to engage with the family early while the youth is at CJTS.

All families are encouraged to be involved in their youth's treatment while at the facility. Family members participate in the initial treatment planning conference and are encouraged to attend family therapy sessions. Clinicians also maintain regular telephone contact with families to keep them informed and actively involved in their son's treatment. There was a concerted effort to increase family engagement which resulted in a significant increase in participation of family therapy services – 69 out of the 87 youth or approximately 80% participated in family therapy both at CJTS and within the home (in-home family therapy). Of note in 2016, approximately 63% of youth and their families engaged in family therapy. Also consistent with past years, records show clinical documentation of telephone contacts with family members during the course of their placement at CJTS at (100%).

Individual Therapy Services:

CJTS clinical staff meet individually with boys on their caseloads to address individual needs, provide crisis services, case management related to their stay at the facility, as well as address their discharge and transition to the community. Of the 87 unique admissions, 87 or 100% of boys had clinical documentation of individual sessions with their clinician.

EDUCATIONAL SERVICES:

Educational services at CJTS are provided by the Walter G. Cady School, part of the Unified School District #2 (USD #2) which operates under the leadership of Ms. Kristina Stevens, Deputy Commissioner.

Team Teaching Model

The Walter G. Cady School faculty consists of academic teachers, pupil services specialists, vocational instructors, and instructional assistants who provide 1:1 tutoring. Upon arrival, students undergo a social-behavioral assessment and achievement testing. During this period, school records are obtained, credit needs are assessed, and an appropriate course schedule is developed. Teaching teams meet with clinical, medical, parole and residential unit staff at treatment team meetings; each youth is reviewed monthly.

Extended School Year

Students are required to attend all classes, Monday through Friday; the school day consists of 5 hours and 20 minutes of instruction during the regular school year. Cady School's instructional calendar includes both a traditional calendar plus a summer intersession. Given the high

incidence of students arriving with credit gaps, summer school gives students the chance to catch up on required credit needs.

Online Learning

Walter G. Cady School currently uses Edgenuity, an online program, as an alternative way for students to complete credits toward graduation, and for credit recovery. Credit is awarded based on acquisition of the information presented and passing the online test questions.

Time Out /Alternative Resource Classroom (ARC)

Students with persistent disruptive behavior often need a structured setting away from peers and other distractive stimuli and a time-out room is staffed by a full-time special education teacher who can supervise students as necessary.

Student Body Characteristics

Due to the impending closure of CJTS the educational needs of the Cady School population have changed. For example, students are older and come in with more deficits.

Table 11: Point in Time (December 31, 2017) Educational Status of Youth:

	# of Students
Regular Education	13
Special Education	25

Educational Levels 2017

Table 12 data represents the math and reading educational levels of students upon admittance, who were in attendance at CJTS at some point during the 2017 calendar year, and who were administered an initial assessment. This data contains information on 72 students who were administered the STAR Reading assessment and 78 students who were administered the STAR Math assessment.

Table 12

Age	Students performing at 2 nd grade level and below	Students performing at 3 rd grade level	Students performing at 4 th grade level	Students performing at 5 th grade level	Students performing at 6 th grade level	Students performing at 7 th grade level	Students performing at 8 th grade level	Students performing at 9 th grade level and above
14								
Math	0	0	4	1	0	0	1	0
Reading	0	1	3	0	0	1	0	1

Age	Students performing at 2 nd grade level and below	Students performing at 3 rd grade level	Students performing at 4 th grade level	Students performing at 5 th grade level	Students performing at 6 th grade level	Students performing at 7 th grade level	Students performing at 8 th grade level	Students performing at 9 th grade level and above
15								
Math	2	3	0	3	0	1	2	1
Reading	1	1	2	3	2	1	0	0

Age	Students performing at 2 nd grade level and below	Students performing at 3 rd grade level	Students performing at 4 th grade level	Students performing at 5 th grade level	Students performing at 6 th grade level	Students performing at 7 th grade level	Students performing at 8 th grade level	Students performing at 9 th grade level and above
16								
Math	0	5	4	3	7	4	1	5
Reading	4	3	1	7	4	3	1	4

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Age 17	Students performing at 2 nd grade level and below	Students performing at 3 rd grade level	Students performing at 4 th grade level	Students performing at 5 th grade level	Students performing at 6 th grade level	Students performing at 7 th grade level	Students performing at 8 th grade level	Students performing at 9 th grade level and above
Math	1	4	3	4	6	5	0	4
Reading	0	2	3	9	0	2	5	4

Age 18	Students performing at 2 nd grade level and below	Students performing at 3 rd grade level	Students performing at 4 th grade level	Students performing at 5 th grade level	Students performing at 6 th grade level	Students performing at 7 th grade level	Students performing at 8 th grade level	Students performing at 9 th grade level and above
Math	0	0	1	0	1	0	0	2
Reading	0	0	0	1	0	1	0	2

Percentage of students in school on an IEP (December 31, 2017): 66%.

Credit Retrieval

Students arriving at this facility often have histories of incomplete coursework, partial credit and course failures from multiple placements. Efforts are made to obtain records of previous coursework, finish partially completed courses and plan schedules leading to completion of graduation requirements. Extra credit may be earned with supervised homework, summer intersession courses or online using the Edgenuity Program.

Digital Technology- PowerSchool and IEPDirect

The Cady staff utilize school administrative software used by most Connecticut school districts. PowerSchool is used for grading, scheduling, attendance tracking, discipline tracking, report cards, transcripts and state reporting. IEPDirect allows for electronic IEP production, state reporting and electronic transfer of Individualized Education Plans between school districts.

Positive Behavior Intervention Supports

The PBIS program has a mission statement and a school-wide reinforcement system that supports the values of the mission stated below:

"At Walter G. Cady School we will create an environment that values education through fostering safety, citizenship, respect, and a strong work ethic."

Teachers recognize and reward behaviors that are consistent with these four core values.

SAT Testing for 2017

Six (6) students took the SAT at Cady School. The average total score was 863 with 440 in ELA and 423 in Math.

REHABILITATION/RECREATION SERVICES

The Rehabilitation Therapy Department provides a variety of therapeutic programs and activities. Programs and activities are designed to meet the physical, social, emotional well-being, recreational and rehabilitation needs of the youth. All programs are structured to afford the youth the opportunity to increase self-esteem, gain self-confidence, promote personal interest and increase pro social skills, with the ultimate goal of positive community reintegration.

The Rehabilitation Therapy Department is best described as providing three areas of programming: therapeutic programming (art and music therapy, fatherhood programs, life skills), "diversional" programming, and special events. As well as activities on grounds, Rehab staff also take youth to program/activities in the community. The Rehab Department also runs incentive programs for youth such as the campus point store and high level night in "The Zone".² At the close of 2017, the department had six staff: one rehab therapy supervisor, one rehab therapists (therapeutic recreation), one rehab therapists (art therapy), one rehab therapist (music therapy), one full-time and one part-time rehab therapy assistants. These staff provide programming seven days a week and on holidays. During 2017, 94% of the youth at CJTS participated in at least one of the therapeutic programs offered to them all. [Please see Appendix C for complete description of rehabilitation and recreational programs.]

The table below provides 2017 youth participation in the Rehabilitation Therapy Department activities.

Table 13: Rehabilitation Therapy Program Participation

Program	#	Program	#
Cross Stitch	12	Just Beginnings (Baby Elmo) fatherhood program	5
Models	12	Dr. Dad (fatherhood program)	8
Music Therapy	83	CPR	5
Post graduates	4	Swimming	5
Tahiti Club	31	Fitness through Cross Training	67
Walking	45	Art Therapy	68
Wilderness Trips	5		

[Please see Appendix C for complete description of rehabilitation and recreational programs.]

Boys and Girls Club of America (BGCA) has a club within CJTS grounds, providing programming to all youth and focusing on inspiring the youth to reach their full potential and realize the endless opportunities. The Club provides a linkage to community clubs following CJTS discharge. (Please see below.) The Boys Club offers the following programs:

- **Monthly Birthday Celebration**

This is a program that is designed to recognize the importance of celebrating life. Staff provides dinner for all birthday participants and a variety of fun activities are planned to keep them engaged. The youth look forward to seeing their names on the birthday board and youth have shown appreciation and enthusiasm in club activities;

- **Money Matters**

Money Matters is a curriculum-based program through BGCA that focuses on financial literacy for youth. This program is one of the programs that resonate well with the youth. It focuses on the fundamental aspect of how money works and how to become financially stable through being financially responsible and literate;

² The Zone is a designated space in a non-residential building where youth who have achieved a certain level have the opportunity to spend time, engage in activities, watch television and enjoy free time.

- **Passport to Manhood**

Passport to Manhood is a program designed to prepare male adolescents to become young men through every day issues and challenges. The program entails activities and ability to communicate effectively with the opposite sex;

- **Job Ready/Career Launch**

This programs empowers the young men to develop transferrable skills they will need to be productive employees in the workforce. They gain skills such as conflict resolution, team work, effective communication and maintaining employment;

- **Game Room**

The Game Room provides a pro-social milieu for club members to interact with other members, and/or staff, as well as play many entertaining games. Games include ping-pong, spades, checkers, chess, Nintendo Wii, play station 3, air hockey and foosball. There is also a collection of interactive games such as: Clue, Monopoly, Sorry, the Game of Life, and Scrabble. The game room is available after every 45 minute group session and on weekends.

MEDICAL DEPARTMENT

The CJTS Medical Department includes: director of nursing; American Board of Pediatrics Certified pediatrician; American Board Certified Child and Adolescent psychiatrist; per diem American Board Certified Child and Adolescent psychiatrist; supervising nurse; eight head nurses; one part-time dental hygienist; one part-time dental assistant; and a medical secretary. Nurses are on site 24/7 and the medical professionals are on call 24/7 when not on site. Residents are seen in the medical suite Monday through Friday during pediatric and psychiatric clinic, and the nurses interact with the youth on a daily basis throughout the day, evening and night.

Nursing responsibilities include: completing nursing assessments on admission and discharge and for any acute or chronic health complaints; medication administration; treatment administration; assisting the licensed practitioners during clinic; providing education to residents related to medical problems; responding to all assistance calls and completing an assessment; taking the lead in all medical emergency situations; participating in treatment team planning and processing; and being available as a resource to all other departments regarding health concerns. Medical acuity can range from Type 1 Diabetes Mellitus (requiring close monitoring of blood sugar levels/insulin administration) to orthopedic medical concerns (requiring orthopedic surgery) to wisdom teeth extractions to managing complex medical problems. Many of the youth admitted to CJTS come with medical problems that are often related to traumatic histories and neglect. It is the Medical Department's responsibility to ensure comprehensive medical attention and appropriate health care related to these medical problems, as well as ensuring routine health care as recommended by the American Academy of Pediatrics and the Department of Public Health.

On each youth's admission, nursing staff gather and review a comprehensive collection of medical information and complete a nursing assessment that includes a personal medical history and a variety of medical screenings. At the time of admission, the nurse will notify the parent or

guardian to verify the medical history and to obtain verbal permission for treatment. The parent or guardian is provided a complete explanation of what is involved with routine medical care including vaccinations, physical examination and availability of nursing 24/7. The nurse then refers the youth to the CJTS pediatrician for an admission physical examination. Medical evaluations include identifying areas of specialty medicine outside of the general practice of the pediatrician. The Medical Department coordinated 241 off-grounds specialty appointments in 2017 including, but not limited to: optometry, radiology, orthopedic, surgery, oral surgery, gastro-intestinal, endocrinology and cardiology.

In addition to routine services, the Medical Department recognizes the medical risks associated with obesity. The Medical Department has been actively promoting a Health and Wellness Program for youth whose body mass index (BMI) has been identified as unhealthy and who may be at risk of developing medical problems. The Program is voluntary and is offered to a youth during the admission process when the BMI is first recorded. The participant's weight and BMI are monitored on a monthly basis and there may be lab work ordered to identify any medical concerns. The participants are also given educational handouts and instructions regarding better food choices and healthier life style choices. The nurses also make a referral to the Rehab Department to ensure recreational activities which are specifically designed for Health and Wellness Program participants and Food Services offers a variety of foods that promote healthy nutrition.

FISCAL

The following table includes cost figures from the previous fiscal year and projected figures for the current fiscal year. Please note that the following expenditure figures do not include fringe benefits or the overhead expenses of state agencies other than DCF – e.g., State Comptroller, DAS, and OPM – whose support services are necessary for the functioning of CJTS.

Table 14

Expenditures	Fiscal Year 2016-2017	Projected Fiscal 2017- 2018 as of 11/30/17
CJTS Total Budget	\$20,411,312	\$19,147,469
Staffing Expenses:	\$13,040,195	\$12,119,171
Other Expenses:	\$ 2,039,966	\$ 2,012,554
Workers Comp	\$ 5,331,151	\$ 5,015,744
CJTS Education Budget (included in above numbers):	\$ 1,876,316	\$1,784,841
Staffing Expenses:	\$ 1,855,242	\$1,770,842
Other Expenses:	\$ 21,074	\$ 13,999
Total Child-days (1 youth residing 1 day at CJTS) of Care:	17,612	18,250
Average Per Diem Rate:	\$1,159	\$1,036

* Average of the population through 11/30/17 X 365 days.

REINTEGRATION STRATEGIES

Team Decision Making is used to facilitate stepping youth down to lower levels of care.

ACR/TPC – Within 30 days of admission, each youth's treatment team meets with the youth to review current functioning, goals, and discharge plans. Families are encouraged to participate in this meeting. This initial meeting is the Treatment Planning Conference (TPC). At six-month intervals after this initial meeting, the same group meets to review progress and make modifications to this plan. These meetings are referred to as Administrative Case Reviews (ACR).

The Plan of Service - (POS) is developed at the youth's treatment planning conference (TPC). The POS sets goals for the youth to work toward specifically while at CJTS. Combining this meeting with the TPC helps ensure that all parties involved in the youth's care – most notably the youth and family – are working toward common goals.

Interagency Referrals - Consistent with the Juan F Consent Decree, clinical staff, in collaboration with Regional staff, refer all potentially-eligible youth to the Department of Mental Health and Addiction Services or the Department of Development Disabilities for eligibility review and services.

Community Programs - There are a variety of community support, monitoring, and clinical programs that are used to support youth on discharge who return to home settings. The goal is to make referrals to these services as early as possible in each youth's stay to promote engagement between the youth and the provider staff as well as ensuring a seamless transition to the community. Some of the programs (many of which are geared specifically to juvenile justice youth) include:

- **Fostering Responsibility, Education and Employment (F.R.E.E.):** This reentry service is designed to support youth involved with the juvenile justice system who are returning to their community from congregate settings. This program provides an array of services to support the adolescent's growth in all areas of functioning through family focused interventions and builds on natural supports while accessing local services and opportunities.
- **MDFT-RAFT (Multidimensional Family Therapy: Reentry and Family Treatment):** Multidimensional Family Therapy (MDFT-RAFT) is an integrated, comprehensive, family-centered treatment for teen drug abuse and related behavioral problems. MDFT-RAFT focuses on key areas of the adolescent's life and provides an effective and cost-efficient treatment. MDFT-RAFT targets a range of adolescent problem behaviors – substance abuse, antisocial and aggressive behaviors, school and family problems, and emotional difficulties. MDFT-RAFT was designed for youth returning home from a juvenile justice facility.
- **MST-FIT: Family Integrated Transitions (FIT)** provides individual and family services to juvenile offenders with mental health and chemical dependency disorders during the period of transition of the youth from confinement back to the community. The goals of the FIT program include lowering the risk for recidivism, connecting the family with appropriate community supports, achieving youth abstinence from alcohol and other drugs, improving

the mental health status of the youth, and increasing prosocial behavior. FIT uses the MST model with elements of dialectical behavior therapy (DBT), motivational interviewing (MI), and relapse prevention.

- **MST-TAY:** As an adaption of Multisystemic Therapy (MST), MST for Transition Aged Youth (MST-TAY) provides services for transition aged youth with serious mental health conditions (SMHC) and involvement with the juvenile or criminal justice system. This program focuses on reducing recidivism and increasing young adults' positive functioning in the critical areas of emerging adulthood, such as school completion, employment, independent living, and positive social and partner relationships. It simultaneously works to ensure that the youth receive treatment and management of the SMHC and any co-occurring substance use disorders.
- **MST-PSB:** Following the evidenced based clinical model, Multisystemic Therapy - Problem Sexual Behavior (MST-PSB), with its established curriculum, training component, and describable method and philosophy of delivering care, this service provides clinical interventions for adolescents who will be returning home from CJTS or a residential treatment program that has provided sex offender specific treatment or for adolescents with problem sexual behavior living in the community that are at high risk for incarceration or residential treatment if intensive community based services are not provided. The model developer is MST Associates, Inc.
- **The Boys & Girls Club Re-entry program:** Provides case management services to youth from Bridgeport, New Haven, Waterbury, New Britain, Meriden, Middletown and the Hartford community. The program assists youth in developing the transferable skills needed to make a successful reintegration. While in the community, the boys receive wrap around services from the case manager focusing on education, sociability and employment. The boys are strategically placed at Boys & Girls Club for employment, pro-social programming and to promote a positive self- interest.

Passes continue to be authorized as part of the reintegration process for youth returning home from CJTS. In 2017, 56 CJTS residents were granted passes. All of the 164 passes occurred successfully.

Recommendations for DCF

Given the closure of CJTS, there are no recommendations from the Advisory Board.

Submitted by:



Francis Carino, Esq.
CJTS Advisory Board Co-Chairperson



William H Carbone
CJTS Advisory Board Co-Chairperson

**Appendix A:
Data on Admissions**

Admission to CJTS Date	Age at Admission	Commitment Court	Dually Committed	Primary Adjudication	Type of Admission (PA or NC)	Region	Ethnicity	# Prior CJTS Admissions
01/04/2017	17	Rockville	No	LARCENY 1ST DEG	Parole Admission to CJTS	Region 3 - Middletown Norwich Willimantic	Caucasian	2
01/05/2017	15	Hartford	No	VIOLATION OF PROBATION UNDER 16 YEARS	Congregate Care Admission to CJTS	Region 4 - Hartford Manchester	African-American	0
01/05/2017	17	Waterbury	No	LARCENY 1ST DEG	New Commitment to CJTS	Region 5 - Torrington Waterbury Danbury	African-American	0
01/11/2017	16	Bridgeport	Yes	LARCENY 3RD DEG	New Commitment to CJTS	Region 1 - Bridgeport Norwalk Stamford	Caucasian	0
01/13/2017	17	Bridgeport	No	CRIMINAL TROVER 2ND DEG	Parole Admission to CJTS	Region 1 - Bridgeport Norwalk Stamford	African-American	1
01/19/2017	14	Bridgeport	No	CRIMINAL MISCHIEF 1ST DEG	New Commitment to CJTS	Region 1 - Bridgeport Norwalk Stamford	Hispanic	0
01/19/2017	17	Hartford	No	ILL USE OF FACSIMILE FIREARM	New Commitment to CJTS	Region 4 - Hartford Manchester	Hispanic	0
01/20/2017	17	Bridgeport	No	VIOLATION OF PROBATION WHILE 16 YEARS	New Commitment to CJTS	Region 1 - Bridgeport Norwalk Stamford	African-American	0
01/26/2017	17	Stamford	No	POSSESS W/INTENT TO SELL/DSPNS	Parole Admission to CJTS	Region 1 - Bridgeport Norwalk Stamford	African-American/Caucasian	2
01/30/2017	17	Hartford	No	POSSESS W/INTENT (SBS OFF)	Parole Admission to CJTS	Region 4 - Hartford Manchester	African-American	1
02/14/2017	18	Hartford	No	POSSESSION OF NARCOTICS	Congregate Care Admission to CJTS	Region 4 - Hartford Manchester	Hispanic	0
02/24/2017	15	Waterbury	No	POSSESS W/INTENT TO SELL/DSPNS	New Commitment to CJTS	Region 5 - Torrington Waterbury Danbury	African-American	1
02/27/2017	16	Waterford	No	LARCENY 1ST DEG	Congregate Care Admission to CJTS	Region 3 - Middletown Norwich Willimantic	Caucasian	0
02/28/2017	15	Waterbury	Yes	ROBBERY 3RD DEG	Congregate Care Admission to CJTS	Region 5 - Torrington Waterbury Danbury	Hispanic	0

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03/03/2017	15	Bridgeport	Yes	LARCENY 1ST DEG	New Commitment to CJTS	Region 1 - Bridgeport Norwalk Stamford	Hispanic	0
03/06/2017	15	New Haven	No	POSSESS W/INTENT TO SELL/DSPNS	Parole Admission to CJTS	Region 2 - New Haven Milford	African-American	1
03/07/2017	17	Stamford	No	BURGLARY 3RD DEG	Parole Admission to CJTS	Region 1 - Bridgeport Norwalk Stamford	Hispanic	0
03/08/2017	16	Waterbury	No	ROBBERY 1ST DEG	New Commitment to CJTS	Region 5 - Torrington Waterbury Danbury	African-American	0
03/15/2017	14	Bridgeport	No	LARCENY 3RD DEG	Congregate Care Admission to CJTS	Region 1 - Bridgeport Norwalk Stamford	Hispanic	0
03/16/2017	17	New Haven	No	LARCENY 2ND DEG	Parole Admission to CJTS	Region 2 - New Haven Milford	African-American	3
03/20/2017	15	New Britain	No	POSSESS W/INTENT TO SELL/DSPNS	Parole Admission to CJTS	Region 6 - New Britain Meriden	Hispanic	1
03/21/2017	17	Bridgeport	No	CRIMINAL TRESPASS 2ND DEG	Congregate Care Admission to CJTS	Region 1 - Bridgeport Norwalk Stamford	African-American	4
03/23/2017	17	Bridgeport	No	CARRYING PISTOL WO PERMIT	Parole Admission to CJTS	Region 1 - Bridgeport Norwalk Stamford	Other	1
03/23/2017	13	Waterbury	Yes	VIOLATION OF PROBATION UNDER 16 YEARS	Congregate Care Admission to CJTS	Region 5 - Torrington Waterbury Danbury	Other	0
03/28/2017	15	Bridgeport	No	ASSAULT 1ST DEG	New Commitment to CJTS	Region 1 - Bridgeport Norwalk Stamford	African-American	0
03/30/2017	17	Bridgeport	No	CARRYING PISTOL WO PERMIT	New Commitment to CJTS	Region 1 - Bridgeport Norwalk Stamford	Hispanic	0
04/19/2017	16	New Haven	Yes	ROBBERY 1ST DEG	New Commitment to CJTS	Region 2 - New Haven Milford	African-American/Latin	0
04/25/2017	17	Stamford	No	ASSAULT 2ND DEG	Congregate Care Admission to CJTS	Region 1 - Bridgeport Norwalk Stamford	Caucasian	0
05/02/2017	16	Waterbury	No	ROBBERY 2ND DEG	Congregate Care Admission to CJTS	Region 5 - Torrington Waterbury Danbury	African-American	3
05/05/2017	15	Danbury	Yes	LARCENY 1ST DEG	New Commitment to CJTS	Region 5 - Torrington Waterbury Danbury	African-American	0
05/09/2017	15	Waterbury	No	LARCENY 2ND DEG	Parole Admission to CJTS	Region 5 - Torrington Waterbury Danbury	African-American	1

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05/12/2017	16	Middletown	No	DELINQUENT-VIOL OF COURT ORDER	New Commitment to CJTS	Region 3 - Middletown Norwich Willimantic	Caucasian	0
05/18/2017	16	Waterbury	No	LARCENY 1ST DEG	New Commitment to CJTS	Region 5 - Torrington Waterbury Danbury	Hispanic	0
05/22/2017	18	Bridgeport	No	INTERFERE WITH OFFCR/RESISTING	Parole Admission to CJTS	Region 1 - Bridgeport Norwalk Stamford	African-American	3
05/23/2017	17	Middletown	No	BREACH OF PEACE 2ND DEG	Parole Admission to CJTS	Region 6 - New Britain Meriden	African-American/Caucasian	1
05/24/2017	16	New Haven	No	ROBBERY 3RD DEG	New Commitment to CJTS	Region 2 - New Haven Milford	African-American	0
05/24/2017	16	Waterbury	No	LARCENY 1ST DEG	Congregate Care Admission to CJTS	Region 5 - Torrington Waterbury Danbury	Hispanic	0
05/27/2017	17	Willimantic	No	CARRY/SELL DANGEROUS WEAPON	Congregate Care Admission to CJTS	Region 3 - Middletown Norwich Willimantic	Caucasian	1
05/31/2017	17	Middletown	No	ROBBERY 1ST DEG	Parole Admission to CJTS	Region 6 - New Britain Meriden	African-American	1
06/01/2017	16	Bridgeport	No	LARCENY 1ST DEG	Congregate Care Admission to CJTS	Region 1 - Bridgeport Norwalk Stamford	African-American	0
06/05/2017	17	Willimantic	Yes	ROBBERY 2ND DEG	Congregate Care Admission to CJTS	Region 3 - Middletown Norwich Willimantic	Caucasian	0
06/06/2017	15	Waterbury	No	LARCENY 3RD DEG	Congregate Care Admission to CJTS	Region 5 - Torrington Waterbury Danbury	Hispanic	1
06/10/2017	16	Waterbury	No	LARCENY 1ST DEG	Congregate Care Admission to CJTS	Region 5 - Torrington Waterbury Danbury	Hispanic	0
06/13/2017	15	Hartford	No	CARRYING PISTOL WO PERMIT	New Commitment to CJTS	Region 4 - Hartford Manchester	African-American	0
06/26/2017	16	Middletown	No	ASSAULT 2ND DEG	New Commitment to CJTS	Region 6 - New Britain Meriden	Hispanic	0
06/27/2017	16	Bridgeport	No	LARCENY 1ST DEG	Parole Admission to CJTS	Region 1 - Bridgeport Norwalk Stamford	African-American	1
07/05/2017	17	Waterford	Yes	DELINQUENT-VIOL OF COURT ORDER	New Commitment to CJTS	Region 3 - Middletown Norwich Willimantic	Caucasian	0
07/06/2017	17	Hartford	No	CRIMINAL MISCHIEF 3RD DEG	Parole Admission to CJTS	Region 4 - Hartford Manchester	African-American	1

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07/11/2017	17	Hartford	No	ASSAULT 3RD DEG	Parole Admission to CJTS	Region 4 - Hartford Manchester	African-American/Latin	0
07/18/2017	15	Torrington	Yes	SEX ASSAULT 4TH - VCTM<16YRS	Congregate Care Admission to CJTS	Region 5 - Torrington Waterbury Danbury	Hispanic	2
07/20/2017	17	Middletown	No	INTERFERE WITH OFFCR/RESISTING	Congregate Care Admission to CJTS	Region 3 - Middletown Norwich Willimantic	African-American	2
07/24/2017	17	Danbury	No	ASSAULT 3RD DEG-PHYSICL INJURY	Parole Admission to CJTS	Region 5 - Torrington Waterbury Danbury	Hispanic	1
07/27/2017	14	Bridgeport	No	ROBBERY 1ST DEG	Congregate Care Admission to CJTS	Region 1 - Bridgeport Norwalk Stamford	Caucasian	0
07/28/2017	15	Hartford	Yes	ROBBERY 2ND DEG	New Commitment to CJTS	Region 4 - Hartford Manchester	Hispanic	0
08/04/2017	16	Hartford	No	CARRYING PISTOL WO PERMIT	Congregate Care Admission to CJTS	Region 4 - Hartford Manchester	African-American	1
08/08/2017	17	New Haven	No	ROBBERY 2ND DEG	New Commitment to CJTS	Region 2 - New Haven Milford	African-American	0
08/08/2017	17	Rockville	No	ASSAULT-PUB SFTY/EMGY MED PERS	New Commitment to CJTS	Region 4 - Hartford Manchester	Hispanic	0
08/10/2017	16	Norwalk	No	CARRYING PISTOL WO PERMIT	New Commitment to CJTS	Region 1 - Bridgeport Norwalk Stamford	African-American	0
08/10/2017	16	Danbury	No	ASSAULT 3RD DEG	Parole Admission to CJTS	Region 5 - Torrington Waterbury Danbury	Hispanic	0
08/16/2017	16	Middletown	No	LARCENY 2ND DEG	New Commitment to CJTS	Region 3 - Middletown Norwich Willimantic	African-American	0
08/16/2017	16	Waterford	No	LARCENY 1ST DEG	Parole Admission to CJTS	Region 3 - Middletown Norwich Willimantic	Asian	1
08/21/2017	17	Bridgeport	No	ROBBERY 2ND DEG	Congregate Care Admission to CJTS	Region 1 - Bridgeport Norwalk Stamford	Other	2
08/23/2017	17	Hartford	No	SEX 1-VCTM<13YR ACTOR>2Y OLDER	New Commitment to CJTS	Region 4 - Hartford Manchester	African-American	0
08/23/2017	16	Waterford	No	LARCENY 1ST DEG	Parole Admission to CJTS	Region 3 - Middletown Norwich Willimantic	African-American	1
08/27/2017	17	New Britain	No	ROBBERY 1ST DEG	Parole Admission to CJTS	Region 6 - New Britain Meriden	Hispanic	0

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08/30/2017	16	New Haven	No	LARCENY 3RD DEG	Congregate Care Admission to CJTS	Region 2 - New Haven Milford	African-American	2
09/05/2017	17	Bridgeport	No	CARRYING PISTOL WO PERMIT	New Commitment to CJTS	Region 1 - Bridgeport Norwalk Stamford	Hispanic	1
09/06/2017	16	Waterbury	No	LARCENY 1ST DEG	New Commitment to CJTS	Region 5 - Torrington Waterbury Danbury	Other	0
09/07/2017	17	New Haven	No	CARRYING PISTOL WO PERMIT	New Commitment to CJTS	Region 2 - New Haven Milford	African-American	0
09/12/2017	14	Stamford	No	ROBBERY 1ST DEG	New Commitment to CJTS	Region 1 - Bridgeport Norwalk Stamford	African-American	0
09/20/2017	17	New Haven	No	LARCENY 1ST DEG	New Commitment to CJTS	Region 2 - New Haven Milford	African-American	0
09/21/2017	18	Bridgeport	No	RISK OF INJURY TO CHILD	Parole Admission to CJTS	Region 1 - Bridgeport Norwalk Stamford	African-American	1
09/26/2017	17	Stamford	No	ROBBERY 1ST DEG	New Commitment to CJTS	Region 1 - Bridgeport Norwalk Stamford	African-American	0
09/28/2017	17	Bridgeport	No	LARCENY 2ND DEG	New Commitment to CJTS	Region 1 - Bridgeport Norwalk Stamford	African-American	0
10/11/2017	17	New Haven	No	ILL POSS WEAPON IN MTR VEHICLE	New Commitment to CJTS	Region 2 - New Haven Milford	African-American	0
10/17/2017	17	Stamford	No	ILL POSS WEAPON IN MTR VEHICLE	New Commitment to CJTS	Region 1 - Bridgeport Norwalk Stamford	African-American	0
10/18/2017	16	Hartford	No	ASSAULT-PUB SFTY/EMGY MED PERS	Congregate Care Admission to CJTS	Region 4 - Hartford Manchester	African-American	2
10/26/2017	16	Waterbury	No	LARCENY 3RD DEG	Congregate Care Admission to CJTS	Region 5 - Torrington Waterbury Danbury	Hispanic	0
10/30/2017	16	Waterbury	No	THREATENING 1ST DEG	Parole Admission to CJTS	Region 5 - Torrington Waterbury Danbury	African-American	0
11/09/2017	16	Hartford	No	ROBBERY 3RD DEG	Parole Admission to CJTS	Region 4 - Hartford Manchester	African-American	0
11/11/2017	17	Hartford	Yes	ASSAULT 3RD DEG	Congregate Care Admission to CJTS	Region 4 - Hartford Manchester	Hispanic	0
11/14/2017	17	Hartford	No	LARCENY 3RD DEG	Congregate Care Admission to CJTS	Region 6 - New Britain Meriden	Hispanic	0

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11/27/2017	18	Waterford	No	SALE OF CERTAIN ILLEGAL DRUGS	Congregate Care Admission to CJTS	Region 3 - Middletown Norwich Willimantic	Hispanic	0
11/29/2017	14	Waterbury	No	LARCENY 1ST DEG	New Commitment to CJTS	Region 5 - Torrington Waterbury Danbury	Other	0
12/12/2017	17	Bridgeport	No	CARRYING PISTOL WO PERMIT	New Commitment to CJTS	Region 1 - Bridgeport Norwalk Stamford	African-American	0
12/27/2017	16	Waterford	No	ROBBERY 1ST DEG	New Commitment to CJTS	Region 3 - Middletown Norwich Willimantic	Hispanic	2
12/28/2017	17	Waterbury	No	ILL POSS WEAPON IN MTR VEHICLE	Parole Admission to CJTS	Region 5 - Torrington Waterbury Danbury	African-American	0

Appendix B

Education: Additional Information

Student Council Work: The Student Council was initiated in 2006 as a forum for youth to voice concerns and promote positive change. Two students represent each residential unit and faculty members volunteer their time to guide the council at bi-monthly luncheon meetings. The council's work led to the creation of the Hawks Football Team, various improvements in living unit privileges, and fund-raising efforts for local charities.

Vocational Offerings: As a result of staff reduction on April 11, 2016, the following are the current vocational offerings at CJTS:

Computer Graphics Technology: provides an introduction to Apple MAC computers and graphic design software. Students design logos, brochures, ads, posters and calendars. Photo manipulation with Photoshop is also incorporated.

Building Trades: students get hands-on experience well as theory instruction, learning all aspects of framing, plumbing, electrical and finish carpentry work. Students may earn apprenticeship hours by taking this course.

Commercial Cleaning: was added to the vocational line-up, and came into full operation in early 2014. In this class students will learn all aspects of building maintenance utilizing Green technology.

NYPUM Incentive Program: The National Youth Project Using Mini-bikes (NYPUM) is one of 44 programs nationwide providing an incentive for disadvantaged youth to succeed academically and behaviorally. Students learn how to operate mini-bikes safely on and off the road at a course within facility grounds. The Honda Motor Corporation provided the bikes for the program start-up seven years ago and Honda replaced the aging bikes with fourteen new ones in 2014.

Appendix C: Rehabilitation Services

Crochet Club: A group meets weekly to make scarves, hats and blankets;

Cross Stitch: This group gathered weekly for 1.5 hours to work on various projects;

Dr. Dad/Just Beginning (formerly Baby Elmo): These two programs are for residents who are fathers. Dr. Dad is a four to six session program designed to increase fathers' health literacy by providing residents with the knowledge and skills they need to successfully care for their young children right from the start. The Just Beginning program is a five-session course that teaches the fathers skills to bond with their child. A room in the visiting area has been converted to a child-friendly visiting room for residents and their children;

Music Therapy: Residents average 1.5 hours a week in music therapy. Residents are offered keyboard, guitar and drumming lessons, lyric analysis and discussion, and music creation;

Art Therapy: This program includes drawing and painting with a variety of mediums, airbrushing, pottery, silk screening, and ground's beautification. Residents in art therapy went off grounds to paint a mural at the DCF New Britain Area Office, had an art show at DCF's Central Office, and donated artwork to the Melanie Rieger Conference;

Wilderness School Trips: Residents were able to utilize the DCF's Wilderness School for group dynamics based activities that focus on problem solving and personal issues, including boundaries, respect, and communication. Residents participated in day hiking trips, rock climbing and canoeing;

Swimming: Solnit South's pool has been used since March 2008 for a weekly hour of open swim time; residents must meet level requirements to participate;

Post Grad Work: Youth that have graduated from high school, participated in programs that offered life skills, transferable skills for the work force – how to complete an application, mock interviews, relationship skills as well as team building skills.

CPR/First Aid Certification: Residents complete the course to become certified;

Weight Lifting/Fitness Group: Residents participate in a weight lifting group. In addition to health benefits, the program helps residents improve peer cooperation skills;

Fitness through Cross Training Program: This is an intense strength and conditioning work-out program which is offered three-four times/week;

Indoor-Outdoor Games (large muscle): All units participate in a variety of open gym and outside activities such as volleyball, basketball, weightlifting, dodgeball, pickleball, wiffleball,

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indoor/outdoor soccer, ultimate football, softball, "capture the flag," ping pong and weight room activities;

Indoor Games/Activities (Cognitive/Fine Motor): Residents participate in such games as Pictionary, Scattagories, charades, bingo, Pokeno, and trivia. These opportunities help develop cooperation, listening skills, and sportsmanship skills;

Model Building: Participation is based on interest or therapeutic referral;

Intramural Sports: Intramural sports are offered all year to residents including intramural basketball, intramural football, and intramural volleyball;

Programs for High Level Residents: Residents on high levels are able to go to "the Zone" after 7:30 p.m. to interact with residents from other pods, play video games and/or watch TV; level 5 residents can earn the privilege to use an iPod shuffle while at CJTS;

Special Event Programming: During non-school days, a variety of activities are planned such as unit tug of war, 3-on-3 tournaments, chess, ping-pong, and a spades tournament;

Bocce Club: the Rehab Department offered bocce club for residents interested in learning how to play Bocce- this took place during the spring, summer and fall;

Team building- groups are offered team building activities to enhance overall group functioning and cooperation.

**APPENDIX D:
CONNECTICUT JUVENILE TRAINING SCHOOL**

Superintendent Bill Rosenbeck

August 2007 – January 2018

American Correctional Association Accreditation: CJTS did not have accreditation that compared its work to national best practice standards. Accreditation ensures that all phases of a facilities operations align with best practices to provide the most effective services to youth in care.

- 2009 – 2012: June 11, 2009 - CJTS received initial American Correctional Association accreditation with a score of 98.7% on over 300 national best practices standards. **ACA Auditors remarked that they have never seen a score so high for an initial facility audit.**
- 2012-2015: May 3, 2012 – CJTS received reaccreditation with the American Correctional Association with a score of 99.3% on over 300 national best practices standards. **The auditors were very impressed with the resources available to the youth and the genuine commitment of staff at all levels to the youth.**
- 2015 – 2019: December 2, 2015 – CJTS received reaccreditation with the American Correctional Association with a score of 97.7% on over 300 national best practice standards. The auditors made note of the relationships between staff and youth and the commitment to reducing restraints and seclusions as compared to other facilities they audit throughout the country. The ACA report states; **“One of the remarkable points of care that was noticed at CJTS is that there is no segregation unit in this facility which is the only secure facility for boys adjudicated as delinquent and committed to the Department of Children and Families.”**

Prison Rape Elimination Act: This is a federal act that requires all states to certify that their adult and juvenile correctional facilities comply with the federal PREA standards. An extensive audit occurs on site to review the standards and ensure they are incorporated into facility policies, procedures and practices.

- April 4-5, 2016: PREA audit completed for CJTS. August 2016 CJTS is certified as being PREA compliant in meeting national standards established by Department of Justice to address sexual abuse and sexual harassment in correctional facilities.

Reducing youth in secure care: DCF developed a partnership/step down program with Mount Saint John’s to reduce the amount of time a youth stays at CJTS. Youth were identified through their treatment team as being appropriate for transitional services. A CANS was completed and youth were then matched to MSJ. This initiative moved youth out of CJTS and into MSJ to reduce the amount of time they were at CJTS.

- 2010 – 2012: Mount Saint John’s program used as transitional step down for CJTS youth.

Raise the Age Legislation: State of Connecticut phased in the RTA legislation. January 1, 2010, 16 year olds were now part of the juvenile court jurisdiction. July 1, 2012, 17 year olds were now

part of the juvenile court jurisdiction. Physical plant changes and programmatic changes were made to meet the needs of the older juvenile population.

- 2015 – January 2016: Renovations to current building and the construction of a new school were completed to meet the needs of the projected older population. CJTS continued to operate at a high census while construction occurred onsite.
- Older youth were effectively integrated into CJTS with several specialized programs/initiatives implemented to meet their needs. Enhances to education programs including more youth graduating from high school while at CJTS; post graduate work programs; driving school; specialized unit created for the oldest youth on campus; clinical programming using more of an adult model approach to engage youth in treatment.

Youth and Law Enforcement Days: CJTS hosted this unique initiative with the Center for Children's Advocacy. The curriculum guides youth and law enforcement through a day of conversations, role plays and education to better understand each other's perspective when interacting out in the community, hopefully reducing arrests. It is based on a program developed by the Pennsylvania Youth Law Enforcement Corporation.

- May 5, 2015 – Bridgeport, Hartford and New Haven police officers participated with CJTS youth from the same cities. Governor Malloy and Commissioner Katz also participated in this event and met with youth and law enforcement.
- November 16, 2016 – Bridgeport, Hartford and New Haven police officers and youth participated.

Baby Elmo: This is a program with an established curriculum including video recordings as a teaching tool for youth who are a parent. The program focuses on promoting healthy attachments between adjudicated youth and their child(ren). A correctional non-contact room which was built but never used at CJTS, was transformed into a colorful room for youth to visit with their child.

- February 2014 – the Baby Elmo program began. Staff trained in running the program. CJTS was one of only a few secure facilities nationally to offer this program.

Student Council: originally began as part of the Cady School for selected youth from each unit to participate in student council. It was structured so that youth could learn how to have a voice in the operation of the facility and to effectively advocate for themselves and their community. Superintendent would sit in once a month as part of the youth voice initiative.

- 2008 – Student Council was reestablished and has been operating since. Many suggestions came from the students. The football program, night lights/reading lights, reinstating home passes, developing a higher level 5, MP3 players then radios for all youth, different shirts for youth on student council, fund raisers for local charities, healthy lunch options as part of the obesity initiative, early morning workout club...were some of the suggestions that came from student council and became part of the CJTS programming.
- December 2016: Restorative Justice Boys Council replaces Student Council. Many of the residents involve in this council were spokesmen for the effectiveness of restorative

principles and practices. They often met with outside providers and stakeholders to speak about this work within CJTS.

Football: this football program provided opportunities for youth to participate in a sport that is available to them in the community. CJTS youth whom participate in football have to keep their grades up, participate in all required programming and maintain positive behaviors to be on the team. Practice occurred at 6:00am before school as after school youth were required to participate in group counseling and other activities.

- Summer 2010: football program began at CJTS and continued for 4 seasons (2014). Football equipment to fully outfit the students was donated by NFL teams, college and high school teams. Games were scheduled with local high schools and all games were held at CJTS. Many youth were given an opportunity to play at the high school level. They learned to manage school, work, behavior and other requirements in order to be on the team and play in games. **Some actually went on to play in their high schools upon their return to their communities.**
- 2011 – Channel 3 John Holt won award for his video on football at CJTS.
- Letters from high school teams recognizing the sportsmanship displayed by the CJTS youth during the games.
- Every year at the end of football season, the resident players and their families were invited to attend a **banquet** to celebrate the season. For this special night, they dressed up in suits – all donated by facility staff. In addition to a magnificent feast prepared and presented by students in the former culinary arts vocational program and the food service department, the football players receive their end-of-the-season awards.

Food Service Health and Wellness Initiative: as part of the school nutrition program and obesity awareness with the medical department, healthy choice options were incorporated in the daily lunch menu. Education was provided to the youth on nutrition and many chose the healthy option during lunch.

- Since 2014: In partnership with the USDA and Department of defense, CJTS was able to receive free fresh fruit and vegetables offsetting some of the food costs.

Home passes: Passes home as part of the youth's reintegration back to the community had been suspended indefinitely prior to 2007. With the support of Commissioner Katz, a committee was put together to create a more effective pass process. A new authorized leave policy was developed that was approved by Central Office and implemented in 2013.

- 2013: 75 unique youth participated in 174 passes all successful
- 2014: 110 unique youth participated in 256 passes all successful except for one. That youth was returned a week later.
- 2015: 105 unique youth participated in 214 passes all successful
- 2016: 62 youth participated in 130 passes all successful

- 2017: 56 unique youth participated in 164 passes all successful

Total of 408 youth completed 938 passes with only one youth not returning until a week later.

Length of Stay: This is a length of stay practice model developed at CJTS. This practice model set specific timeframes for youth to be at CJTS. Its goal is to ensure youth remain at CJTS for as brief amount of time as possible and to address disproportionate minority confinement. This model reduced the length of stay for all youth.

- October 2014 – initial length of stay model implement. Many revisions were adapted based on the operationalization of the model. Model has built in incentive days for youth to earn to further reduce their time at CJTS.

Transgender youth: a youth adjudicated delinquent and committed to DCF, required secure care and was placed at CJTS and Pueblo. This placement within CJTS received national attention and local criticism from multiple sources. **Amidst all the attention and criticism, the staff working with the youth continued to adjust their approach based on the youth's input. The youth ultimately engaged in treatment, participated in transitional passes and was successfully discharged home.**

- 2014 – 2015

Six Core Strategies to Reduce Restraint and Seclusions: the facility embraced the core strategies and committed to a comprehensive approach to reduce the use restraints and seclusions.

- January 30, 2015: Definition of Seclusion sent out to all staff to assist in its application based on the 6 core strategies.
- Safe crisis management curriculum incorporates 6 core strategies within the training plan at CJTS.
- March 2, 2015: Definition of other interventions sent out to all staff to further enhance the work to reduce restraints and seclusions.
- **July 23, 2015 Prone Restraints were eliminated at CJTS and staff no longer trained in this technique.**
- September 30, 2015: Guiding Principles for Immediate and/or Imminent risk in its application for the use of safe crisis management physical interventions sent out to all staff.
- More comprehensive debriefings after each intervention occurring with video review and feedback sent to staff.
- Continued reduction in use of emergency safety interventions ongoing with notable reductions.

Comfort Rooms: as part of the Six Core Strategies – Use of Seclusion / Restraint Reduction Tools, CJTS implemented the use of Comfort Rooms on all residential living units. A Comfort Room is a designated space that is designed in a way that is calming to the senses and where a youth at CJTS can experience visual, auditory, and tactile stimuli. Each unit was furnished with

items that are physically comfortable and pleasing to the senses in order to provide a “sanctuary” from stress.

- 2015: comfort room in use in all residential units.

Safety Watches: with CJTS transitioning to a therapeutic milieu, the implementation of restorative practices, monitoring and quality assurance measures, individualized programming for the youth and intensified clinical services, there has been a dramatic reduction in the number of safety watches issued over the past 4 years.

- In 2014, there was a total of 108 safety watches issued during the calendar year;
- In 2015, there was a total of 98 safety watches,
- In 2016, there was a total of 47 safety watches, and
- **In 2017, a total of 12 safety watches were issued for the calendar year.**

Seven Challenges Program: The Seven Challenges is a comprehensive counseling program for youth that incorporates work on alcohol and other drug problems. It is designed to motivate youth to evaluate their lives, consider changes they may wish to make, and then succeed in implementing the desired changes.

- CJTS has been a licensed provider of the Seven Challenges program since 2007.

Integrated Clinical Assessment: Each youth placed at CJTS is provided with comprehensive clinical assessment, completed conjointly with licensed clinician and child psychiatrist. Both parties interview youth, family, review records, etc. and write up integrated clinical assessment outlining youth’s psychosocial history, trauma, substance use, diagnosis, treatment needs, and recommendations

DBT (Dialectical Behavioral Treatment) Initiative: this intervention is focused on youth who are suicidal, emotionally dysregulated and traumatized. A subset of residential supervisors, Youth Service Officers, rehabilitation and educational staff have completed the intensive training and utilize DBT to support these youth.

- March 2009 – DBT intensive training begins
- September 2011 - the DBT implementation teams meeting occurring to ensure fidelity to the model
- Selected youth committed to participate in DBT have been occurring from 2011 – 2014

FIT (Family Integrated Transition Program) and RAFT (Re-Entry and Family Treatment): two programs designed to help transition incarcerated youth back to the community. DBT foundation important for youth participation in these transitional family support services. The MDFT-RAFT and MST-FIT programs assists high-risk youth, ages 12-18, transitioning back to their communities following placement at CJTS. The program includes targeted approaches for adolescents with a history of substance abuse and other behavioral issues

- While in CJTS, the MDFT and MST staff work with the youth and their family and the CJTS clinical team in order to increase a positive transition back into their community. The MDFT/MST team works with the youth and families for approximately four to six months.
- In February 2011, CJTS first began its partnership with the MST and MDFT reentry programs which were specifically designed to engage youth while in CJTS.

- From May 2012 to December 2017, the **CJTS clinical department has referred 393 youth and families for MST/MDFT services in the community.**

Trauma Informed / Gender Responsive Care: In 2010, CJTS developed a strategic work plan to incorporate a Trauma Informed / Gender Responsive culture and services for staff and youth at CJTS.

- Training for staff was developed and implemented with the support from the National Child Traumatic Stress Network, the NE Regional TI Initiative of the Complex Trauma Treatment Network, and the Trauma Center at JRI.
- 2011- 2017 the Clinical Department received training in TF-CBT.
- 2010 - 2017 Trauma Informed Individualized safety plans and trauma screening are administered and developed with every youth at CJTS.

The Shield of Care: The Shield of Care model was developed through qualitative analysis in Tennessee's Youth Development Center facilities. Each component of the Shield of Care model illustrates a concept identified by staff as important for youth suicide prevention. In an effort to provide evidence based and adhere to national best practices, for the youth and staff at CJTS, the Shield of Care model, which is nationally recognized, was vetted.

- In 2013, the Clinical Department piloted the Shield of Care with a group of YSOs at CJTS and then again in February 2014 with the Pueblo staff. Over the course of the next year, a training curriculum was developed to implement the Shield of Care campus wide.
- In May 2015 – present; Campus wide training for all staff is ongoing in the Shield of Care model.

GAIN-SS: The Global Appraisal of Individual Needs Short Screener (GAIN-SS) is a nationally recognized validated instrument developed by Chestnut Health Systems, and used at CJTS by the clinical department at the time of a youth's admission and discharge. The GAIN-SS provides an appraisal of multiple behavioral and mental health disorders, assists in triage, treatment planning, program evaluation, and as a measure of change over time in behavioral health.

- 2012 - 2017: CJTS began to conduct quarterly reviews of the data - pre and post-tests, and utilized the GAIN-SS as a periodic measure to determine change over time.
- When comparing pre and post outcomes, youth have consistently endorsed a significant reduction of internalizing, externalizing, substance use, and crime / violence symptoms when compared to how they felt at the time they were first admitted to CJTS.

Basically, youth leave CJTS **“feeling better”** having received therapeutic programming as they transition out to a congregate care setting or home, which speaks to the efficacy and quality of clinical interventions and services received within the milieu.

Cady School: The education of youth has been a primary component of the youth's care while at CJTS. The extensive histories of educational failures, suspensions, absenteeism and school disruptions of the youth in their communities, has resulted in a student at CJTS who is dramatically behind academically with major gaps in reading and math. The Cady School is focused on providing a comprehensive education plan with credit retrieval and offering a learning environment tailored to the youth's individual needs.

- Since 2004, 114 students have finished their high school credits and graduated while here at CJTS. The majority of these graduations (over 100) have occurred since Raise the Age in 2010. In fact, students who could have left have actually chosen to stay in order to graduate or to continue with their studies.
- April 16, 2015: 10 students from CJTS participated in a field trip to Central Connecticut State University to sit in on classes and get a tour of the campus.
- May 14, 2015: College and career fair held at CJTS with over 20 vendors participating.

Cady School: The Intangibles: There are countless intangible, undocumented successes that happen every single day at the Cady School. These happen when a resident:

- makes it through a day of school successfully for the first time since elementary school
- appropriately advocates for himself to earn something that he wants
- uses a new anger-management technique to effectively deal with a stressor
- gets an A on a test for the first time in his life
- is chosen to recite the Pledge of Allegiance over the loudspeaker
- reads a four-syllable word without help for the first time
- learns how to trust (for the first time in his life) from a favorite staff
- glows after he is praised for holding the door for a group of teachers
- returns to class after a rough start after accepting counseling and support by a YSO
- touches our snake or our bearded dragon for the first time in his life
- overcomes his fear of water by learning how to swim
- grins with pride when he learns that his reading or math scores have skyrocketed
- shows off a report card filled with As and B's to a proud and emotional parent

Pueblo Unit: The Pueblo Girls program was opened to provide relief to the number of girls requiring secure care. DCF commitment was to only keep the program open for as long as necessary and not to place girls there who do not require that level of care.

- March 19, 2014 – January 2016
- 46 admissions to Pueblo during this time period.

Closure Announcement:

- December 2015: Governor Malloy and Commissioner Katz spoke with staff at CJTS about the reason we were closing CJTS and announced the target date of closure by July 2018.

Rightsizing of CJTS: with the census continuing to reduce, CJTS developed a plan to right size the number of staff through staff layoffs.

- April 2016: rightsizing occurred and significantly reduced the number of staff in all departments at CJTS. Modifications to the work were initiated to address the reduction of workers while still providing high quality of services for the youth in care.

Restorative Justice Implementation: CJTS was identified as a site to implement restorative justice along with two other congregate care programs in Connecticut. This was through an Open Society grant awarded to the Center for Children's Advocacy in consultation with Suffolk University Center for Restorative Justice. CJTS is a national example of how to implement a

restorative justice approach within a deep end juvenile facility that positively impacts youth, staff and facility culture. CJTS was selected to present a workshop on implementing restorative principles and practices at the national American Correctional Association winter conference.

- May 2016 – December 2017: restorative justice implementation
- July 2017: Restorative norms implemented at CJTS for all staff and youth. Focus on language, dress and respect.
- November 2017: Restorative Justice Implementation timeline summarizing the work at CJTS created. Includes staff trainings, weekly restorative leadership meetings, daily restorative circles, mediation training for staff, DCF Training Academy and CJTS creating a restorative justice training that is currently being offered at the DCF Training Academy; conferencing between youth, videotaping of restorative circles and conferencing; stakeholders meetings held at CJTS and lead by CJTS youth.

Mission Statement: a committee of staff came together to develop a new mission statement that more accurately reflects the work that occurs within CJTS.

- January 29, 2013 – mission statement shared with all staff. Updated on the DCF web site.

Restrictive Items Changes: as part of the new mission statement and shifting CJTS away from a correctional model, staff were no longer required to submit to bag searches upon coming to work each day. The responsibility was shifted to staff to comply with restrictive items and self-monitor.

- May 17, 2013 implemented change in practice

Staffing Enhancements:

In order to provide the most efficient training to all staff, a dedicated position was developed to lead this at CJTS.

- June 2008: curriculum manager hired to lead training and develop a comprehensive training plan for all staff.
- Trainer hired to provide training on all three shifts for staff.

Chaplin: June 2014 was hired to assist with faith based programming, enhancing therapeutic programming and restorative justice implementation.