

**Connecticut Juvenile Training School**  
**Advisory Board**  
**Meeting Minutes, 3/24/15**

**Present:** Karl Alston, Deputy Director, CSSD; Abby Anderson, Executive Director, Connecticut Juvenile Justice Alliance; Debra Bond, JCTS Clinical Director; Joseph Bruckmann, Public Defenders Office; William H. Carbone, Senior Lecturer and Director of Experiential Education, University of New Haven; Francis Carino, Supervising Assistant State's Attorney; Liz D'Amico, Ph.D., LCSW Behavioral Health Clinical Director; Antonio DePina, DCF Parole Services; Felice Duffy, Assistant United States Attorney, United States Attorney's Office District of Connecticut; Sam Gray, CEO Boys and Girls Club; Joette Katz, DCF Commissioner; Kristy Ramsey, CJTS Assistant Superintendent; Eugene Riccio, Galush & Riccio; William Rosenbeck, CJTS Superintendent; Ann Smith, JD, MBA, Executive Director, AFCAMP

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Attorney Carino acknowledged that with members present, a quorum was established. Meeting began with introductions.

**Review of Minutes**

The 2/3/2015 meeting minutes were accepted with one typing correction on page 2.

**CJTS Update**

Mr. Rosenbeck began the meeting by sharing a packet of information that contained an article regarding a shooting of a 20 year old in Hartford. This 20 year old was in the Connecticut Juvenile Justice system. Oftentimes these crimes have the potential of spilling over to CJTS. We stay on top of this and do a lot of work with the young men to ensure safety and order by identifying associations and separating the youth during activities. The current census at CJTS is 95.

**Length of Stay Practice Model**

Dr. D'Amico presented the Length of Stay Practice Model. This model was implemented six months ago and it addresses many issues in Connecticut trying to get kids more into the community engagement. This work came out of a variety of different areas including the Georgetown findings. One challenge is that we are a small state and have one facility where we mix many different youth just by virtue of having one facility. Most of the research really looks at a narrow group and a lot of the commentary does not take into account the complexity that we are. We are trying to apply a model to a group that doesn't quite fit. What we found is that across the country states vary how long one stays in a facility. We were pleased to learn from the literature that how youth does in confinement doesn't always translate in how they do in the community. Being in secure confinement doesn't tend to have a positive effect and for most kids the

longer their stay the worse the outcome. The problem is that is not the same for all and part of the challenge is trying to figure out who the group is. We have a blended facility where youth not only come in for secure confinement but we have a school and rehab facilities and kids get the benefit of a broad range of services. Historically the treatment teams decided the length of stay but if a youth is dually committed they are more likely to stay longer. The force in putting something together was when we looked at the Disproportionate Minority Confinement data and found that on average an African American male stays 229 days, a Hispanic 169 days and Caucasian 83 days. This LOS continues to be a working document because we are learning and changing as we go along. One critical addition is risk assessment tool because that will have an impact on length of stay. We began in October, 2014 with new commitments where they can earn incentive time by engaging in all services. If they come in through parole or congregate care admission they will have shorter days. We can request an overrides and we have weekly length of stay meetings. If there is a new offense, we don't lengthen the stay. There is always an attorney that advocates for the kids. So when we implemented the model in October we had to catch all the kids up and give them discharge dates. As a result we are flattening the variance in the racial issue. Mr. Carbone acknowledged that this is great work. We screen for suicide, emotional well-being, substance use and get a baseline at 14 days of admission. In preparation for the treatment plan conference we interview the kids and parent and add the trauma assessment and put all that together with parole and education. We use this formula to try to determine an initial discharge date so they know their initial date and what they can earn as incentives. For congregate care and parole admissions in that first week we pull a team meeting so we are not waiting that 30 days. Atty. Carino asked how success is measured. This we may not know for a year but what we know is keeping the kids longer will increase riskier behaviors. In July we will be able to track recidivism data which will measure public safety. We also have monthly meetings with DMHAS and talk about those kids that meet criteria. It is important to point out that there are more kids in the community and fewer kids here with fewer kids coming in as we are strengthening the community. We are in a continuum with the regions and a lot of the work is the collaboration between the two. Numbers are dropping overall everywhere. We sometimes keep them here to finish education and sometimes need to make a decision in their best interest and outcome. We are now getting an increasing number of kids with mandatory mittimus. While we work with this model we are learning what is missing in the community and what services are needed in the regions.

**Data for Six Month Review**

We will prepare data trends for the June meeting to present to the Commissioner which will give a good picture in a broader context. We can determine at that time what other data may be useful.

**Nomination of Chairperson**

Atty. Carino agreed to Chair this committee and Mr. Carbone agreed to Co-Chair.

**Public Comment**

No public comments

**Next Meeting Dates**

**June 16, 2015**

*Meeting adjourned at 7:50*