



**DEPARTMENT of CHILDREN and FAMILIES**  
*Making a Difference for Children, Families and Communities*



Joette Katz  
Commissioner

Dannel P. Malloy  
Governor

**TO:** The Honorable Danté Bartolomeo, Co-Chair, Committee on Children  
The Honorable Diana Urban, Co-Chair, Committee on Children  
The Honorable Art Linares, Ranking Member, Committee on Children  
The Honorable Whit Betts, Ranking Member, Committee on Children  
The Honorable Eric Coleman, Co-Chair, Judiciary Committee  
The Honorable Gerald Fox, Co-Chair, Judiciary Committee  
The Honorable John Kissel, Ranking Member, Judiciary Committee  
The Honorable Rosa Rebimbas, Ranking Member, Judiciary Committee  
The Honorable Gayle Slossberg, Co-Chair, Human Services Committee  
The Honorable Cathy Abercrombie, Co-Chair, Human Services Committee  
The Honorable Joe Markley, Ranking Member, Human Services Committee  
The Honorable Terrie Wood, Ranking Member, Human Services Committee

**FROM:** Joette Katz, Commissioner  
Department of Children and Families

**DATE:** February 18, 2014

**SUBJECT:** Connecticut Juvenile Training School Annual Report

Enclosed please find the annual summary of activities at the Connecticut Juvenile Training School (CJTS) as required by Section 17a-6b of the Connecticut General Statutes.

This statute requires the Commissioner of Children and Families to report annually to the Children's, Judiciary and Human Services Committees. This report has been reviewed by the CJTS Advisory Board.

JK/jmh  
Enclosure

cc: Senate Clerk  
House Clerk  
Judiciary Committee, Administrator  
Human Services Committee, Clerk  
Committee on Children, Clerk  
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# **Connecticut Juvenile Training School Advisory Board**



## **Report to the Commissioner of the Department of Children and Families**

**February 2014**

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



Joette Katz  
Commissioner

**DEPARTMENT of CHILDREN and FAMILIES**  
*Making a Difference for Children, Families and Communities*



Dannel P. Malloy  
Governor

**MEMORANDUM**

**Date:** January 31, 2014  
**To:** Joette Katz, Commissioner  
**From:** William Rosenbeck, Superintendent *W.R.*  
**Re:** **CJTS Annual Legislative Report**

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Enclosed please find the Connecticut Juvenile Training School Annual Report. This report is required by statute to be submitted to you by February 1. It is a summary of our work over the year with recommendations made by the Advisory Board. Many of the areas that we report on are required by the legislature.

I would like to recognize our board members for their work throughout the year. Attorney Fran Carino, Attorney Chris Rapillo and Bob Francis were instrumental in providing leadership to the board. Our new Board Chairman, James Connolly, as well as some additional new board members will help to bring further expertise and knowledge to our work.

With the second phase of Raise the Age beginning in July 2012, the expansion and renovation of the facility to accommodate this legislation and the opening of the DCF Girls Unit as well as the current process of regionalizing parole services will, not doubt, be a very busy and exciting year for us. We look forward to this work.

WR/iby  
Enclosure  
c: Advisory Board Members

**CONNECTICUT JUVENILE TRAINING SCHOOL**  
William Rosenbeck, Superintendent  
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**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-32a.. After an initial description of Connecticut Juvenile Training School, (hereafter referred to as CJTS), the report sets forth the data and information required by the statutes. Recommendations will then follow.

**Overview of CJTS**

Opened on August 27, 2001, CJTS is a secure facility for boys committed as delinquent to the Department of Children and Families. In 2013, the mission statement was rewritten to better demonstrate our commitment to comply with national best practices. The new mission of CJTS is as follows:

Mission: 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 risk of re-offending, preparing youth for community re-entry and developing positive youth outcomes.

In 2009, CJTS received national accreditation from the American Correctional Association and reaccreditation in 2013, complying with hundreds of standards related to policy, procedures and practice. The next audit will be in spring of 2015.

The "Raise the Age" legislation (Public Act 09-7 Sep. Spec.Sess) took effect on January 1, 2010. The first phase of this legislation included 16 year olds within the juvenile court jurisdiction for most offenses. The impact on CJTS has been in an increase of 16 year old and older youth coming into the facility. The second phase of this legislation began on July 1, 2012, bringing 17 year olds into the system. That Act, along with the implementation of Section 4 of Public Act 11-157, means that the Department of Children and Families has responsibility for an older population of committed delinquents, some until their 20<sup>th</sup> birthday. In 2013 construction began on grounds involving renovations to two of the residential buildings and a new school with plans to provide for enhanced programming to accommodate and meet the needs of the older population of juveniles admitted to CJTS. Additional staff positions continue to be requested to ensure appropriate staffing levels.

William Rosenbeck serves as Superintendent of CJTS.



Outside view of CJTS

**Required Data – CGS §17a-6b(c)**

Unless otherwise specified, all data relates to admissions to CJTS that occurred during calendar year 2013. During that time frame, there were 252 admissions compared to 201 admissions in 2012. The 2013 figure consists of 227 unique individuals. In other words, 227 boys were admitted to CJTS at least once during calendar year 2013. For 2012, there were 185 unique individuals.

Appendix 1 provides a summary data table of the total admissions. Most of the information in this table is summarized in this narrative. However, the table presents the information by child (with identifying data removed from the table for reasons of confidentiality). In addition, the table includes some information not specifically requested in CGS 17a-6b(c), but still considered relevant by the CJTS Advisory Board, established pursuant to subsection (b) of section §17a-6 of the Connecticut General Statutes.

**(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 the child was sentenced:**

- **Number of Admissions** - There were 252 admissions of 227 unique individuals to CJTS from January 1, 2013 through December 31, 2013.
- **Age** - Average age at time of admission was 16.7 years (16.2 in 2012). Breakdown by age at time of admission was as follows:

**Table 1: Ages of Boys at Time of Admission to CJTS in 2013**

Age	Number of Boys
13	9
14	12
15	46
16	73
17	84
18	26
19	2
<b>Total</b>	<b>252</b>

**Race/Ethnicity** - The following table presents a breakdown of racial/ethnic background of boys admitted to CJTS during calendar year 2013.

**Table 2: Race/Ethnicity of Boys Admitted to CJTS in 2013**

Race	All Admissions	
	Number	Percentage
African-American	133	53%
Hispanic	77	31%
Caucasian	29	11%
Other	13	5%
<b>Total</b>	<b>252</b>	<b>100%</b>

**Committing Court Locations** – The following Table lists the percentage of the total admissions that were committed from the various court locations across the state.

**Table 3: Court Locations of Boys Admitted to CJTS in 2013**

Town	Number of Admissions	Percentage of Admissions
Bridgeport	40	15%
Danbury	1	1%
Hartford	41	16%
Middletown	14	6%
New Britain	21	8%
New Haven	58	23%
Norwich	3	1%
Rockville	5	2%
Stamford	9	4%
Waterbury	37	15%
Waterford	13	5%
Willimantic	8	3%
Torrington	2	1%
<b>Total</b>	<b>252</b>	<b>100%</b>

**Offenses:**

Appendix 1 provides a list of total admissions for 2013. Included in the appendix are all charges and commitment courts for each admission.

**Types of Admission-** There are 3 ways that a youth is admitted to CJTS, a New Commitment (placed directly from court), a Congregate Care admission from a residential setting, including detention, hospitals and Manson Youth Institution (MYI) or a Parole Admission. A Parole Admission is further identified with a status of Relocation or Revocation.

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**Relocation:** means placement of a child at CJTS for the best interest of the child while an alternative placement is being developed, mitigating a need for a hearing if not in excess of thirty (30) days.

**Revocation:** this is the legal process: CONN. GEN. STAT. §17a-7 of the Connecticut General Statutes-Parole of persons in commissioner's custody states:

When in the opinion of the commissioner or his designee it is no longer in the best interest of such child to remain on parole such child may be returned to any institution, resource or facility administered by or available to the Department of Children and Youth Services."

The following table provides a summary by type of admission for the 252 youth admitted to CJTS in 2013.

**Table 4: Admissions by Type for 2013**

Type of Admission	Number of Admissions	Percentage of Total Admissions
New Commitment*	130	52%
Congregate Care	53	21%
Parole Admission**	69	27%
<b>Total</b>	<b>252</b>	<b>100%</b>

\* **New Commitments** - of the 130 youth admitted with a New Commitment, 19 of them were actually on their 2<sup>nd</sup> new commitment compared to 9 second new commitments in 2012.

\*\***Parole Admissions** - 11 were identified as Relocation and 58 of the Parole Admissions were Revocation status.

- **Prior Placement/ Location** – The table below lists the placement of the boys immediately prior to admission to CJTS.

**Table 5: Placement Prior to Admission to CJTS for Boys Admitted to CJTS as a Congregate Care or Parole Admission in 2013**

Prior Placement/Location	Number of Admissions	Percentage of Total Admissions
Home	69	27%
Residential placement	44	18%
Manson Youth Institute	5	2%
Detention	3	1%
Hospital	1	<1%
<b>Total</b>	<b>122</b>	<b>49%</b>
<b>New Commitments make up 51% of the admissions</b>		

(2) The diagnosis of each child after intake assessment:

- Diagnoses** - The following Table includes all Axis I psychiatric diagnoses for the 227 unique admissions to CJTS that occurred in calendar year 2013 through December 31, 2013. Boys are diagnosed by CJTS clinicians at the Initial Regional Treatment Plan Conference/Facility Plan of Service meeting where their psychosocial and clinical history is presented with recommendations for the treatment plan. Diagnoses are made based on historical information (including prior psychiatric evaluation and treatment), current clinical presentation, admission screening, trauma assessment and in some instances, psychological testing. All but 14 (6%) boys carried more than one diagnosis.

**Table 6: Psychiatric Diagnoses of Boys Admitted to CJTS**

DSM-IV Diagnosis	Number of Youth Who Carry Diagnosis	Percentage of Total Admissions
Conduct Disorder	168	74%
Cannabis Abuse	116	51%
Attention Deficit/Hyperactivity Disorder	97	43%
Parent- Child Relational Problem	69	30%
Depressive Disorder NOS, Major Depressive Disorder, Mood Disorder Not Otherwise Specified	53	23%
Learning Disorder Not Otherwise Specified, Reading Disorder, Disorder of Written Expression, Academic Problem, Math Disorder, Mixed Receptive-Expressive Language Disorder, Phonological Disorder	28	12%
Posttraumatic Stress Disorder, Anxiety Disorder NOS	35	15%
Alcohol Abuse	32	14%
Cannabis, Alcohol, Cocaine, Opioid or Poly-substance Dependence	30	13%
Oppositional Defiant Disorder	20	9%
Adolescent Antisocial Behavior, Disruptive Behavior Disorder	15	7%
Intermittent Explosive Disorder, Bipolar Disorder, Impulse Control Disorder	13	6%
Nicotine Dependence	7	3%
Bereavement	5	2%
Abuse of a Child - sexual/physical/neglect	5	2%



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DSM-IV Diagnosis	Number of Youth Who Carry Diagnosis	Percentage of Total Admissions
Hallucinogen, Opioid, Cocaine, Amphetamine, Sedative Hypnotic or Anxiolytic, or Other Substance Abuse	3	1%
Reactive Attachment Disorder	3	1%
Sibling Relational/Partner Relational Problem	3	1%
Adjustment Disorder with depressed mood	2	1%
Obsessive Compulsive Disorder	1	.05%
Tourettes	1	.05%
Trichotrillomania	1	.05%
Specific Phobia	1	.05%
Cannabis Induced Psychotic Disorder with Hallucinations	1	.05%

As stated above, the majority of the boys carry more than one diagnosis. There appear to be some clusters of diagnoses among juvenile delinquent boys. Specific clusters identified include:

- Boys who present primarily with Conduct, Oppositional Defiant, Adolescent Antisocial Behavior or other Disruptive Behavior Disorders
- Boys who present with Conduct Disorders and Substance Abuse/Dependence Disorders
- Boys who present with Conduct Disorders, Substance Abuse/Dependence and Attention Deficit Hyperactivity Disorders
- Boys who Present with Conduct Disorders and Affective Disorders including: Mood Disorder NOS, Depressive Disorder NOS and Major Depressive Disorder
- Boys who present primarily with psychiatric diagnoses Bipolar Disorder, Post Traumatic Stress Disorder, Intermittent Explosive Disorder, Impulse Control Disorder

In addition boys in these clusters or groups are also coping with family conflicts and issues of loss/bereavement and trauma due to neglect, physical and sexual abuse along with learning disorders and cognitive delays that result in their presentation with more complex behavioral health needs.

In comparison to 2012 there was an increase from 18% to 23% in boys who presented with Mood Disorders and an increase from 9% to 15% in boys who presented with Anxiety Disorders and Post Traumatic Stress Disorders. CJTS clinicians have received

training in an evidence based trauma treatment, Trauma Focused Cognitive Behavior Therapy (TFCBT), to address the needs of these youth.

**(3) The percentage of children in need of substance abuse treatment and the programming interventions provided to assist residents:**

- **Substance Abuse Treatment Needs** - A boy is considered to be in need of substance abuse treatment if he is diagnosed with substance abuse or dependence by a CJTS staff clinician. These diagnoses are determined based on historical information, child presentation and self-report, results of the Global Appraisal of Individualized Needs Short Screener (GAIN-SS), and collateral information (from family, parole officer) and the Substance Use History form completed during the Clinical Assessment.

The table below indicates how many of those 227 unique boys admitted in the 2013 calendar year were diagnosed with substance abuse issues. One hundred forty eight (65%) of the boys had a substance use diagnosis. This was consistent with 2012 data which was also 65% for substance abuse. Seventy nine (79) or 35% of the boys did not carry a substance diagnosis. Ninety two (92) or 40% of the boys were diagnosed with Cannabis Abuse only. Another nineteen (19) boys or 8% were diagnosed with Alcohol and Cannabis Abuse. Thirty (30) of the 227 boys or 13% abused two substances. Additionally, one boy (.04%) abused three substances. Finally, seven (7) boys or 3% abused greater than 3 substances resulting in a diagnosis of Poly-substance Dependence or Poly-substance Abuse.

**Table 7: Substance Abuse Diagnoses for 227 Unique Boys admitted to CJTS**

Diagnosis	Number of Boys	Percentage of Boys
Cannabis Abuse	92	40%
Alcohol Abuse and Cannabis Abuse	19	8%
Cannabis Dependence	9	4%
Cannabis Dependence and Alcohol Abuse	8	4%
Poly-substance Dependence	6	3%
Nicotine Dependence	7	3%
Alcohol Abuse	3	1%
Alcohol Dependence and Cannabis Abuse	1	.04%
Poly-substance Abuse	1	.04%
Cannabis, Alcohol and Cocaine Dependence	1	.04%
Cannabis Dependence, Alcohol Abuse, Sedative, Hypnotic or	1	.04%

Diagnosis	Number of Boys	Percentage of Boys
Anxiolytic Abuse		
No Substance Abuse Diagnosis	79	35%

During the 2013 calendar year CJTS clinical staff continued to use the Global Appraisal of Individual Need Short Screener (GAIN-SS) to screen for substance abuse needs. Of the 252 admissions, 244 of the youth (97%) completed the GAIN-SS. There were 8 youth who refused to complete the screening at the time of admission. In addition, boys determined to have a substance dependence are further assessed using a detailed substance use history form developed by the clinical department staff. This form is based on self report as well as past evaluation and court records. The information along with a case presentation is reviewed by the Child Psychiatrist to confirm the diagnosis of dependency. The Child Psychiatrist signs off on the substance use history form and places a note in the electronic record.

- **Programming** – Substance abuse services offered at CJTS are summarized below:

- Resident Student Assistance Program (RSAP) – RSAP is a research-based substance abuse program specifically designed for implementation in residential facilities. This psycho-educational program was developed by Ellen Morehouse, ACSW, and Nancy Tober, Ph.D. from the Student Assistance Services Corporation in Tarrytown, New York. RSAP is provided to all new residents placed on the intake unit for orientation and assessment. Those boys who are diagnosed with substance abuse or dependence are then referred from RSAP to Seven Challenges program when they leave the intake unit.
- Seven Challenges – Seven Challenges is a nationally recognized, evidence-based substance abuse treatment program designed to enhance adolescents’ commitment to change and guide them through the change process. It was developed by Robert Schwebel, Ph.D., Tucson, Arizona. The program, which focuses on enhancing decision-making and problem-solving skills, has been found to decrease substance use and aggression, and to lead to positive mental health outcomes. Seven Challenges is mandatory for all residents who meet the criteria for a substance abuse or dependence diagnosis. The program is offered to residents in both group and individual sessions. The model includes twice weekly group sessions and individual journal work. Boys move at their own pace through a series of nine workbooks. Clinicians read the journals and provide written feedback to boys in their journals. Upon completion of the 9 journals boys complete the Moving On packets where they review each challenge and reflect on information learned. Then the individual clinician presents the resident to the clinical department for graduation. The final step

involves the boy being interviewed either individually or in their group by one of the Seven Challenge Site Leaders who then signs off on completion of the group. Completion of the program is based on each individual's pace, but typically takes 4 to 6 months. Therefore, most boys involved in Seven Challenges remain involved throughout their stay at CJTS. There are some residents who transition or step down to Rushford which also offers Seven Challenges.

CJTS is a licensed provider of the Seven Challenges model. Several clinicians completed the advanced training and are identified as site leaders. These CJTS clinicians are able to train new staff in the model. CJTS site leaders participate in quarterly conference calls with the developer and other providers in the state using Seven Challenges. In addition the CJTS clinicians meet monthly for consultation with the site leaders for support, peer supervision and to maintain fidelity to the model. A quality assurance manual is maintained in accordance with guidelines from the developer. There is an annual site visit from one of Dr. Schwebel's staff where refresher training is held with all clinical staff as well as a direct observation of groups and reviews of resident journals and the quality assurance notebook. The 2013 CJTS site visit was held on October 8, 2013. Based on the site visit, CJTS was approved to continue implementation of Seven Challenges.

- **Participation** in Substance abuse services offered at CJTS are summarized below:
  - The RSAP substance abuse psycho-education group continues to be provided to all residents who are admitted through the intake unit (which includes all residents admitted here for the first time as well as returnees who have been out of the facility for an extended period of time and are returned to the intake unit). Clinical documentation of groups held revealed that one hundred thirty one boys (131) 58% participated in RSAP groups. Of the remaining boys who did not participate in RSAP groups during their 2013 admission, 24 boys (10%) were returnees who did not return to the intake unit. Thus, 72 boys or 32% did not receive substance abuse psycho-education.
  - Seven Challenges, as outlined above, is provided to all boys who presented with a diagnosable substance abuse problem. Of the 227 boys admitted to CJTS during the calendar year 148 boys or 65% were diagnosed with a substance abuse disorder. A review of the records of the Seven Challenges group revealed 73% or 108 boys participated in Seven Challenges groups twice a week. In addition, thirty nine (39) of the 108 boys or 36% fully completed the Seven Challenges program which included a minimum of 4-6 months of clinical groups, 9 intensive interactive journals, a moving on packet, a peer review and an exit interview to assess competency. The other youth may have not completed the group, may still be in the group or were

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discharged before completion. The goal of Seven Challenges is to encourage boys to take their time and not rush through the curriculum.

- CJTS resumed collaboration with the Middletown area chapter of Narcotics Anonymous (NA) for Hospitals and Institutions. As a result, NA meetings are held twice a month on the first and last Monday of each month from 6:45 pm to 8:00 pm. Over the past six months thirty (30) boys or 13% who presented with substance dependence or abuse of more hard substances and who were older have attended meetings.

### **(4) The educational/literacy programs available to the residents, including the educational level of residents requiring special education and related services, school attendance requirements, the number of children who are educated in the alternative school and the reasons for such education:**

Educational services for residents of the CTJS are provided on grounds by the Walter G. Cady School under the jurisdiction of Unified School District #2 (USD #2). The school district operates under the leadership of Dr. Stephen Tracy, Superintendent of Schools and John Mattera, Principal, in coordination with CJTS Superintendent William Rosenbeck.

### **Teaching Team Model**

At the Walter G. Cady School, a core team of 2 academic teachers and a Pupil Services Specialist are assigned to students in each residential unit. Upon arrival, students are assigned to the intake unit where they undergo social-behavioral assessment and achievement testing. During this period, school records are obtained, required credit needs are assessed and an appropriate course schedule is developed. At the completion of their stay in the intake unit, students are assigned to one of 8 general population units based on age.

### **Multidisciplinary Treatment**

Teaching teams meet with clinical, medical, parole and residential unit staff at weekly treatment team meetings. Each resident comes up for review once a month. Issues discussed may include behavior and academic performance, family situation and placement options. Input is shared to determine progress in the treatment program and consider requests for participation in after-school activities, on-campus jobs and sports teams. This multidisciplinary treatment approach has been in effect since 2001.

### **Extended School Year**

Students are required to attend all classes, Monday through Friday, and the school day consists of 5 hours and 20 minutes of instruction during the regular school year. Cady School's instructional calendar also includes a summer intersession of 32 days. Given the

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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 obtained the Odyssey Program this year to provide another way for students to complete credits required for graduation. Credit is awarded in the Odyssey Program based on acquisition of the information presented and passing the online test questions independent of the amount of time spent in an Odyssey class.

### Time Out /In-School Suspension

Students with persistent disruptive behavior often need a structured setting away from peers and other distractive stimuli. To provide for this need, a time out room is staffed by a full-time special education teacher who can supervise students for brief time-outs, 90 minute removals or in-school suspensions as may be necessary. The time-out room may also be used as part of a Behavior Intervention Plan (BIP) specified by the student's Individualized Education Plan (IEP). In conjunction with wrap-around support services from the multidisciplinary team, this resource promotes improved adjustment for students with persistent behavior difficulties.

### Student Body Characteristics

The Cady School population is constantly changing with between 10 and 20 arrivals and a similar number of departures each month. Due to "Raise the Age," legislation, older students are arriving more often and graduations are becoming more frequent. An expansion of vocational training choices and work site locations is sought for these older students.

### Current educational status of students admitted in 2013:

Regular Education Categories	Number of Students
Regular Education	80
Graduates	13
504 Plan	9
Referral to Special Education	1
Undetermined	0
Total	103 (vs. 79 in 2012)

Special Education Categories	Number of Students
Emotionally Disturbed	74
Other Health Impaired- ADD/ADHD	26
Learning Disabled	14
Other Health Impaired	5
Multi-handicapped	2
Language Impaired	1

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Special Ed undefined	1
Total	123 (vs. 106 in 2012)

As can be noted from the above tables there is a substantial increase in the number of both regular and special education students who arrived in 2013 over those who arrived in 2012.

### Academic Achievement 2011-2012

#### 1. Initial Achievement Test Results

Woodcock Johnson III Achievement Test	Grade equivalent	Standard Score
Letter-Word Identification	6.8	84.9
Reading Fluency	7.4	85.5
Passage Comprehension	5.3	81.5
Spelling	7.6	89.4
Math Calculation	5.5	77.8

#### 2. Retest Results

Woodcock Johnson III Achievement Test	Grade equivalent	Standard Score
Letter-Word Identification	7.4	86.4
Reading Fluency	8.5	89.1
Passage Comprehension	6.3	84.9
Spelling	8.5	90.9
Math Calculation	6.0	78.8

The retest scores above include some students who have had residential or community placements between initial testing and retesting. Gains in standard scores mean that students moved up in position relative to others in the normative reference group. The average length of time between initial testing and retesting for this group is 9.8 months.

The two tables above provide evidence of achievement gains, particularly in Reading Fluency and Passage Comprehension. Reading instruction has been receiving additional curricular emphasis since September 2009 and is following standards of the nationally recognized "Literacy How" program.

Upon arrival, students take the Woodcock Johnson III Achievement screening test, the CORE Vocabulary and Reading Comprehension tests and the EZ-CBM Reading Comprehension and Fluency tests. If the student's performance on these tests suggests severe reading problems, the CORE Phonics Survey is also administered. Based on these assessments students are assigned to one of three proficiency sections for strategic reading instruction. Typical reading impediments addressed include lack of phonemic awareness, weak decoding skills, impaired comprehension and/or limited reading fluency. The EZ-CBM is used for progress monitoring on a monthly or bi-monthly basis.

The smaller gains in Math Calculation have been discussed by key faculty members and are seen as a reflection of a gap between instructional content and test content. The

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curriculum is focused on grade level instruction, mainly Algebra and Geometry, while the test content covers a broader range of math skills. Curriculum adjustments have been put in place to provide remedial instruction covering the other types of test items assessed by the WJ III achievement test.

### **Credit Retrieval**

Students arriving at this facility often have histories of incomplete coursework, partial credit and course failures from multiple placements. Much effort is 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 Odyssey Program.

### **Digital Technology- PowerSchool, IEPDirect and SWIS**

Following training which began in 2012, the Cady staff continues to expand its use of school administrative software used by the majority of Connecticut school districts. PowerSchool is used for grading, scheduling, attendance 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. School-Wide Information Systems (SWIS) is used in conjunction with PBIS (Positive Behavioral Interventions and Supports) to track and analyze behavioral data.

### **2013 Trainings**

All Pupil Services Specialists received 5 days of intensive training in trauma-informed functional behavior assessment under the direction of Linda Rammler, M.Ed. Ph.D.

The entire Cady Faculty received 3 days of Safe Crisis Management that includes verbal and physical crises intervention techniques.

All faculty members also received a half- day of instruction in Education Law from Attorney Gail Mangs and a half- day of training in Literacy How from Margie Gillis, Ed.D.

The Cady School commenced its engagement with the Medal of Honor (MOH) program in November of 2013 with a day- long professional development session for the entire faculty. All students who enter the Connecticut Juvenile Training School (CJTS) participate in approximately 20 hours of MOH instruction during their thirty days in the Intake Unit. Both of the Intake Unit teachers are military veterans themselves. The teachers report that most of their students find the program engaging and worthwhile. The content is rich, the videos compelling and the lesson plans provocative related to the characteristics and attributes of the citizens who are awarded the Medal of Honor.



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### **Positive Behavior Intervention Supports**

The PBIS program was initiated in February 2013 to develop 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 4 values. Each teaching team nominates a student who has demonstrated such behavior and acknowledges the achievement at a monthly luncheon. Other students compete to demonstrate the behaviors that put them in the running for this award.

### **Literacy How**

Walter G. Cady School continues to follow the nationally recognized *Literacy How* program in which students are grouped for direct reading instruction. Tier 3 is an intensive program using a multi-sensory approach to phonics-based instruction (Wilson Reading Program). Tier 2 provides word analysis techniques, vocabulary development and comprehension strategies. Tier 1 provides explicit instruction in reading comprehension strategies and vocabulary development for readers who have developed an efficient decoding system.

### **Graduates and Postsecondary Planning**

Due to "Raise the Age" legislation, Cady School has been receiving an increasing number of graduates and students close to graduation. In 2013, 4 students arrived who were already graduates and 13 students graduated after completing coursework at the Cady School. A ceremony was held on ground in June 2013 for 11 of these graduates.

For those students who reside on grounds after graduating, a certified school counselor provides postsecondary educational support. The school counselor arranges vocational training, assists with applications for higher education, provides guidance for independent living skills, assigns work sites, coordinates driver education classes and is the liaison with various universities and colleges.

### **Student Council Work**

The Student Council was started in October 2006 as a forum for residents to voice concerns and promotes positive change. Two students represent each residential unit and 9 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. As a result of the council's work this year, students who are on the council or have reached the highest treatment level (level 5) wear T-shirts signifying their status.

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### **Football Team - Cady Hawks**

Students must meet academic and behavioral standards to gain admission to the football team. There is a rigorous practice schedule (6:00-7:30 each morning) and players are expected to display a high level of sportsmanship on the field. The team plays JV and Varsity teams and has achieved another strong record this season with 7 out of 10 wins.

Faculty and staff members continue to volunteer their time to support the team directly and by soliciting donations. Contributions of clothing and equipment have come from the National Football League and 41 other public and private organizations.

### **Vocational Offerings**

**Small Engine Repair-** Students first learn how engines work and what interferes with their operation. After learning about engine systems, students service and repair garden tractors, lawn mowers, snow throwers, line trimmers, leaf blowers and the like.

**Computer Graphics Technology-** this is 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.

**Culinary Arts-** students learn basic and professional food preparation, including sanitation, safety, hygiene, nutrition, measurement and correct use of equipment. Students explore meal and menu planning, product purchasing, food production and presentation so they can achieve career success in the food service industry.

**Auto Detailing-** students learn all aspect of this business including customer interaction skills, marketing products and services and the use of specific products that restore car upholstery and exterior finishes.

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

**Horticulture/Landscaping-** greenhouse management and landscape design are the foci of this course. Students engage in innovative seasonal projects as well as on-grounds application of skills.

**Hairstyling/Barbering & Cosmetology-** for the student wishing to become a successful HBC professional, this class covers haircutting/clipper cutting, braiding, skin care and infection control and salon business ownership. This program also operates as a "licensed salon," so that students can carry the hours with them when they leave CJTS and apply them in any barbering school of their choice.

**Print Production Technology-** incorporates Computer Graphics Technology. Students learn printing press operations, trimming, and folding, finding, drilling, plating and

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packaging procedures. Students find out about career opportunities in the Graphic Arts field.

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

### **SAT and PSAT Testing for 2013**

8 students took the PSAT in at Cady School and 27 students took the SAT at Cady School. Testing takes place on Saturday mornings and is proctored by Pupil Services Specialists and teachers.

### **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 generously provided the bikes for the program start-up 7 years ago and Honda is currently replacing the aging bikes. During 2013, two groups of 8 students met entry standards allowing them to participate in this 2-1 lesson program.

### **Soccer Club**

A Soccer club was started in 2013 and meets every Thursday or Friday, with between eight to ten boys playing every week. A CJTS staff that is a former Peruvian soccer Pro helps coach these students.

### **(5) A review of the policies and program of the facility:**

- **Policy -**
  - CJTS policy is 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.
    - 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. 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.

### **Programming**

The following is a summary of the various programs offered at CJTS:

- **Clinical** – Please note that participation in clinical services is determined through an audit of each resident's records.
  - Individual Therapy – Each resident of CJTS is assigned a clinician, who develops a plan of service including treatment goals and objectives and provides clinical services. Individual therapy focuses on issues related to delinquent behavior and other issues that confront boys on a day-to-day basis. Ninety six percent (96%) or 219 residents had documentation in their records of participation in individual therapy.
  - Family Therapy/Contact – Family involvement is essential in planning for a boy's re-entry into the community. Family therapy sessions are held at a range of times in an effort to engage all parents. Clinicians adjust their schedules in an effort to accommodate all families. In 2013, of the 227 unique boys at CJTS, 173 or 76% had documented family therapy sessions (clinician addressing interpersonal relationships and family issues with youth and family). This does not include families visiting on their own accord or family contacts (i.e. telephone calls, etc). This represents an increase from 68% in 2010 and 2011 and 72% in 2012.

Regarding family contact, out of the 227 unique boys at CJTS, there was documentation that family contact (telephone calls or family therapy session with the clinician) between the clinician and family occurred in 225 or 99% of the cases.

- Resident Student Assistance Program (RSAP) - pages 8 & 9
- Seven Challenges - pages 8 & 9
- Dialectical Behavior Therapy (DBT) - DBT is an evidenced based treatment program developed by Marsha Linehan, Ph.D.,

Behavioral Tech LLC, in Seattle, Washington. DBT treatment combines cognitive behavior therapy with mindfulness, dialectical philosophy, and an emphasis on validation. DBT was originally developed to treat adults who engaged in chronic suicidal thoughts and behavior. However, over the past ten years DBT has been used with other populations including adolescents in juvenile justice settings.

In 2013 CJTS began offering all DBT skills to all boys in placement rather than providing one skill module (Distress Tolerance) to all boys and full DBT to only about ten percent of the population. To accomplish this, DBT skills groups were provided once a week to residents on all units. Residents were given an exam upon the completion of each of the 5 skill modules. All units are teaching the same module at the same time. In addition, in the youngest boys unit, full DBT including all skills plus DBT individual therapy was offered for residents who presented with more serious trauma histories and/or self-harming and aggressive behaviors. Boys are taught skills they can use to manage their feelings more effectively, reducing the likelihood of them harming themselves or others, decreasing aggressive and highly disruptive behaviors, and improving coping skills and regulation of emotions. The groups included an introduction to the basic concepts of mindfulness and dialectical philosophy and DBT skill review and homework. During 2013, there were 161 boys or 71% who participated in the DBT skills groups and/or the full DBT program as evidenced by notes in the electronic record. All boys completed exams on each module completed. A score of 70% was considered passing on each DBT exam. Residents were allowed to retake exams if they did not obtain a passing score.

- Aggression Replacement Training (ART) is a comprehensive treatment intervention for aggressive children designed to enhance social skills, improve moral reasoning and develop anger control. ART was developed by Goldstein, Glick, and Gibbs. Research has shown that ART results in a decrease in aggressive incidents and an increase in acquired social skills. CJTS is currently using the Anger control portion of ART with boys that present with significant aggression or engage in frequent fighting at the facility or in the community and who have already completed DBT. The group is held twice weekly and utilizes role-play and discussion along with written homework assignments over a ten-week curriculum period. After completion of the groups and consistent participation scores, boys are eligible to take a written ART exam. There are several formats of the exam based upon cognitive level

and learning style. In 2013, thirty (30) boys or 13% of cases had documented ART notes in their electronic record.

- **Victim Impact: Listen and Learn:** A curriculum developed out of the University of New Haven in New Haven CT for by Monahan, Monahan, Gaboury and Niesyn, 2004. The curricula is geared toward helping offenders to become more aware of the impact that crime has on victims and to take responsibility for their actions and begin to make amends. The curriculum makes victims and their rights a central premise. Monahan, et al found victim impact classes increased offender's understanding of victimization facts, knowledge of victims' rights, and sensitivity to the plight of victims. Younger offenders also made greater positive changes in their attitudes post-treatment. In 2013, thirteen (13) boys or 6% of boys participated in the Victim Impact group.
- CJTS continues to participate in the DCF statewide trauma initiative to increase trauma screening of all children in care and to provide TF-CBT (Trauma Focused- Cognitive Behavior Therapy) to those identified with significant trauma needs. All CJTS boys who complete the 30 day Clinical Assessment are administered the UCLA Post Traumatic Stress Index for DSM-IV and screened for participation in TF-CBT. In 2013 thirty seven (37) or 16% boys met criteria for significant trauma and qualified for participation in the study. However, only seven (7) boys voluntarily agreed to participate in the treatment. We are exploring the incentives to increase participation. Boys are offered gift cards to participate.
- In May 2013, CJTS boys who present with a need for problem sexual behavior services are seen on site at CJTS by providers from Boys and Girls Village (BGV) who have membership in CATSO (CT Association for Treatment of Sexual Offenders). Individual and family therapy is provided. BGV staff use the Pathways and Healthy Families curriculums by Timothy K. Kahn. Since May, there have been 9 boys (4%) referred to work with BGV. All boys are seen individually each week and one third of the boys' families have also actively participated in treatment. Efforts have been made to engage all families. Four of the boys have been successfully discharged home with continued MST-PSB (Multi-systemic Therapy-Problem Sexual Behavior) intensive home- based services.
- One CJTS clinician is now certified to conduct fire-setting evaluations. During 213 she completed five (5) fire- setting assessments on CJTS boys who presented with concerns in this area. One boy then received specialized fire- setting services on

site from a Massachusetts provider who used the Firesmart Kids curriculum.

### **Rehabilitation/Recreation Programs**

During 2013 the Rehabilitation Therapy Department serviced 283 residents.

**New this year:** fitness through cross training program, Dr. Dad and Baby Elmo. Casey Life Skills assessments were completed for all residents.

### **Description of programs offered:**

- **Cooking/baking** - This program enhances independent living skills. Residents are taught how to make easy and nutritious meals. This group was offered weekly in 6-8 week cycles.
- **Crochet Club** - A group of 8-10 residents met weekly to make scarves, hats and blankets.
- **Cross stitch** - This group gathered weekly for 1.5 hours to work on various projects.
- **Catholic Youth Organization Basketball Games** – Residents try out for the team. They must be level 2 to try out and remain at level 2 or higher. Residents are selected to participate based on their skill level, sportsmanship and positive attitudes. These games are held at CJTS. Games were held with Rushford Academy and Mt. Saint Johns, St. Sebastians Church & St. Pius X Church, Xavier High School. This summer 5 residents participated in a 2 day basketball tournament hosted at CVH.
- **Dr.Dad/ Baby Elmo-** these two programs are for residents who are fathers. Dr. Dad is a 4 - 6 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 program covers a wide range of important child health and safety skills. The Baby Elmo program is also for residents that are fathers- it 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. Participation is based on interest and therapeutic need.
- **Art Therapy** – This program includes drawing and painting with a variety of mediums, airbrushing, pottery, silk screening, and ground's beautification. New this year to the Art Therapy program is the Traveling Art Show. Artwork was on display in four of the DCF regional offices.
  - Art work was displayed and sold at various sites: Melanie Reiger Conference, Wadsworth Museum Festival of Trees, and Covenant to Care. This year a few of the residents worked with patients at Solnit South to paint murals in the hospital.
- **Wilderness School Trips** – This is a group dynamics based activity that focuses on problem solving and personal issues, including boundaries, respect, trust and communication. Residents participated in day hiking trips, rock climbing and canoeing at the Wilderness School.
- **Therapeutic Horseback Riding** - This is a six week Therapeutic Horseback Riding Program in Old Lyme. Residents were referred to this program by their treatment teams and must be at appropriate levels to participate. We completed 2 sessions in 2013.
- **Swimming** - CJTS has utilized Solnit South's pool on Sunday mornings since March 2008. The residents are allowed an hour of open swim time. Residents must be at level 3 and meet eligibility requirements.
- **CPR/First Aid Certification & Lifeguarding** – Residents complete the course to become certified.
- **Weight Lifting/Fitness Group** – Residents participate in a weight lifting group. Participants rotate on various weight machines to maintain a balanced workout. The program also helps residents work on cooperation skills with peers. Residents are referred, or join the program, based on interest as well as the new wellness program
- **Fitness through cross training Program**- new this year. This program is an intense strength and conditioning work out program for residents. The program is offered 3-4 times a week.



- **Indoor/Outdoor games** (large muscle) - All residential units participated in a variety of open gym and outside activities, such as volleyball, basketball, weight lifting, dodge ball, pickle ball, wiffle ball, indoor/outdoor soccer, ultimate football, softball, Capture the Flag, ping-pong and weight room activities.
- **Indoor Games/activities (cognitive/fine motor)**-Residents participated in games such as: Pictionary, Scattegories, Charades, Bingo, Pokeno and Trivia. This program helps work on cooperation, listening skills and sportsman ship skills.
- **Model-building**—Participation was based on interest and therapeutic referral.
- **Intramural Sports** -Intramural sports is offered year long to all residents.
  - Intramural Basketball-A winter and summer intramural basketball program was held. All residential units participated in a double round robin league with playoffs at the end of the season.
  - Intramural Football – All residential units participated in a single round robin league with playoffs at the end of the season. An All Star game was held at the end of the season.
  - Intramural Volleyball – All residential units participated in a single round robin league with playoffs at the end of the season.
- **Off grounds trips** – Previously imposed restrictions on community visits for residents and budget concerns limited the number of off grounds trips during 2013. All off ground trips went well and residents participated in trips to the Wilderness School and to art shows displaying residents' work. The therapeutic horseback program is also off grounds as well as the swimming program. This year we had a trip to the Connecticut Defenders minor league baseball and to the New York Mets game.
- **Programs for high-level residents** - Residents who have progressed through the behavior management system, achieving a higher level of status, are allowed to participate in extra programs as an incentive and positive reinforcement for their demonstrated behaviors. The high level program consists of Tahiti Club, Special Programming and Movie night.

- **Special Event Programming** – Special event programs were held throughout the year. The majority of these events were held during the summer.
  - **Summer Events**-A variety of special activities that were held during the summer included: a strongman competition, 3 point contest, home run derby, singles ping pong tournament, 3 on 3 Hoop It Up tournaments, and a Summer Carnival. A basketball Skills Challenge is held once this year.
  - **Non-summer events** - Residents have been offered Wii Bowling Tournament, Madden and NBA Live, Play Station tournaments. Other activities have included campus wide Ping Pong and Spades tournaments. Hot dog eating and tug of war contests were also held. Participation is based on interest.

The table below provides a breakdown of the number of residents who participated in the following Rehabilitation Therapy Department Programs in 2013. Due to construction at CJTS, space has been limited and some programs were not able to continue.

**Table 8: Program Participants for 2013**

<b>Program</b>	<b>Number of Participants</b>	<b>Program</b>	<b>Number of Participants</b>
Horseback	8	Art Therapy	83
Lifeguard	1	Dr.Dad	17
Models	22	Cooking	15
Music Therapy	142	CPR	7
Relaxation	7	Crocheting	37
Swimming	38	Cross Stitch	17
Tahiti Club	54	CYO Basketball	12
Walking	60	Fitness	22
Wilderness Trips	38	High Level	108
Yoga	3	Fitness thru Cross Training	53

- **Boys & Girls Club of America**  
 The Boys & Girls Club of America has a club on the grounds of the facility providing programming to all residents and is focused on inspiring the boys to reach their full potential and realize the endless opportunities. The Club provides a linkage to community clubs following discharge from CJTS.

- Veterans Empowering Teens through Support**  
 The purpose of the VETTS program is to employ combat veterans to provide support to at-risk/gang involved juvenile justice youth using a novel approach that will benefit both populations.
- Volunteer Services:** 12 volunteers from the community were involved in education, recreation and religious services at CJTS. In 2013, CJTS utilized volunteers from Central Connecticut State University, Southern Connecticut State University and Middlesex Community College.

**Average Length of Stay and Placement upon Discharge**

The following data highlights information for boys discharged from CJTS from January 1, 2013 through December 31, 2013. In that time frame, there were 216 discharges from CJTS. Average age at discharge was 16.8 years. Average length of stay for total number of discharges was 6.1 months. The following table provides a breakdown for length of stay by admission type.

**Table 9: Length of Stay at CJTS by Admission Type for 2013**

Type of Admission	Length of Stay in Months
New Commitments	8 months
Congregate Care	5.2 months
Parole Admission - Relocation	1.3 months
Parole Admission - Revocation	4.1 months

**Table 10: Placement Information for Boys Discharged from CJTS from January 1, 2013 through December 31, 2013**

Placement	Number of Discharges	Percentage of Discharges
Discharged home	156	72%
Discharged to residential placement	42	19%
Discharged to Dept. of Mental Health & Addiction Svs (DMHAS)	1	<1%
Discharged to Hospital	1	<1%
Discharged to Detention	6	3%
Discharged to Department of Corrections	10 (6 MYI)	5%
<b>Total Discharges from CJTS in 2013</b>	<b>216</b>	<b>100%</b>

**Table 11: Indicators for Boys Discharged from CJTS from January 1, 2013 through December 31, 2013**

<b>Indicators</b>	<b>Numbers</b>
Total discharges	216
Planned discharges to lower level of care	199
Boys who had a planned discharge to a lower level of care and could not return because of their age and commitment end date	4
Boys who returned to CJTS from a planned discharge to a lower level of care	47

**(6) Pursuant to Public Act 03-251, Section 2 the review by the CJTS Advisory Board will include information on the delinquency recidivism rates of such residents defined at 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. All data is for the calendar year 2013.**

**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 boys that are returned to CJTS from a less secure placement for failure to comply with the conditions of his parole (such as attending school, finding employment, remaining free from substance use), where it is determine to be in his and the community's best interest for him to return to CJTS until his behavior stabilizes and perhaps alternative placement can be arranged, should not be counted.

At the same time, boys that were arrested for a new delinquent act or a crime, but not returned to CJTS, should be counted. These boys 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 boys 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

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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 child would be considered to be a juvenile.

At this point, such follow-up is not presently within the job responsibilities of CJTS personnel.

### (7) The costs associated with the operation of the training school, including staffing costs and average cost per resident:

- Costs - 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.

Expenditures	Fiscal Year 2012-2013	Projected Fiscal 2013- 2014 as of 11/30/13
Total Parole Services & CJTS Budget:	\$32,648,434	\$38,119,593
Staffing expenses:	\$24,705,130	\$29,232,495
Other Expenses:	\$4,666,784	\$5,054,832
Workers Comp	\$3,033,976	\$3,346,266
Grants:	\$242,544	\$486,000
Parole Total Budget:	\$4,459,389	\$5,199,685
Staffing Expenses:	\$3,931,382	\$4,414,152
Other Expenses:	\$259,550	\$277,370
Workers Comp	\$25,913	\$22,163
Grants & MOU's	\$242,544	\$486,000
CJTS Total Budget	\$28,189,045	\$32,919,908
Staffing Expenses:	\$20,773,748	\$24,818,343
Other Expenses:	\$4,407,234	\$4,777,462
Workers Comp	\$3,008,063	\$3,324,103
CJTS Education Budget (included in above numbers):	\$3,930,183	\$4,047,035
Staffing Expenses:	\$3,798,166	\$3,931,278
Other Expenses:	\$132,017	\$115,757
Total Child-days (1 youth residing 1 day at CJTS) of Care:	38,078	48,630 *
Average Per Diem Rate:	\$740	\$677
* Average of the population through 11/30/12 X 365 days.		

**(8) Reintegration strategies and plans to transition the children to their home communities:**

**Reintegration Strategies**

- ACR/TPC – Within 30 days of admission, each boy’s treatment team meets with the boy to review his current functioning, goals, and discharge plans. Boys’ 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 are referred to as Administrative Case Reviews (ACR).
- The Plan of Service (POS) is developed at the boy's treatment planning conference (TPC). The POS sets goals for the boy to work toward specifically while at CJTS. Combining this meeting with the TPC helps ensure that all parties involved in the boy’s care – most notably the child and his family – are working toward common goals.
- Team Decision Making is used to facilitate stepping youth down to lower levels of care.
- Clinical staff refers residents with complex psychiatric needs to their local/regional Department of Mental Health and Addiction Services for treatment.
- 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 works on 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.
- Fostering Responsibility, Education and Employment (F.R.E.E.): This reentry service is designed to support adolescents and young adults involved with the juvenile justice system who are returning to their community from public or private congregate care treatment 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. These activities assist youth in avoiding negative peers

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and behaviors while exposing them to enriching activities that can ultimately lead to improved social skills, maintaining gainful employment, productive lifestyle, and reduce recidivism.

- Passes continue to be authorized as part of the reintegration process for youth returning home from CJTS. In 2013, 75 residents were granted passes. In total, all 174 passes occurred successfully.
- CJTS residents discharging home to specific towns participated in re-entry programs offered through collaboration between DCF/Parole and Wheeler Clinic: MST-FIT (Multisystemic Therapy-Families in Transition) and MDFT-RAFT (Multidimensional Family Therapy-Re-entry and Family Treatment). MST-FIT teaches parents DCT (Dialectical Behavior Therapy) in an effort to help parents use and understand the language taught to residents in the CJTS DBT program.

### **Required Data – CGS Section 17a-6b(c)**

**(1) The number of adjudicated youth, by gender and age, in the care and custody of the department.**

Appendix 3 provides this information including total number, gender, age and placement for all adjudicated youth in DCF care and custody on 12-31-2013.

**(2) The facilities in which such youth are being housed.**

Please refer to Appendix 3 for a table summarizing this data.

**(3) The number, age and gender of such youth who have left department custody in an unauthorized manner.** Please refer to Appendix 3 for a summary.

**(4) The number of police reports filed with respect to such youths.** A teletype is immediately issued for all AWOLs.

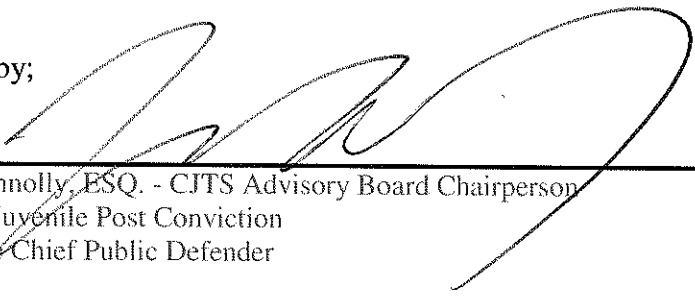
**(5) The status of new construction or preparation of facilities to house adjudicated youth in the care and custody of the department.**

The expansion and new construction at CJTS began in the spring of 2013. This project includes a new school being constructed as well as renovation to two residential building on site. This construction project is a result of the Raise the Age legislation and will help to separate the younger and older population while providing age appropriate education. The expansion will also provide more living space for the increase in youth being served at CJTS due to Raise the Age.

*Recommendations for DCF*

1. The CJTS Advisory Board has embarked on an initiative to expand Board membership to include individuals with expertise, knowledge and experience in providing services to young men while they are held in secure settings and when they transition back into their communities. The Board, with the support of the Commissioner, is also moving forward with identifying and engaging an ex-resident as a member of the Board. In an effort to address issues and concerns of the residents, the Board will seek input from the CJTS Student Council on a regular basis. The Board will seek similar input from female residents of the CJTS unit located on the grounds of the Solnit South facility.
2. The Commissioner should support the Board's efforts to provide a comprehensive review of CJTS policies and procedures with a focus on the DCF Ombudsman and CJTS grievance process, vocational/educational programming for post-graduates, review of the present treatment protocol for residents displaying problem sexual behavior, expansion of the recreational and vocational opportunities for all residents and enhancement of transitional services.
3. DCF should look to expand opportunities for post-graduates both within the facility and upon transition back to their communities.
4. DCF must identify a definition of recidivism that encompasses re-arrest data discussed in the "Recidivism" section above. DCF should begin to obtain such data as soon as reasonably possible.

Submitted by;



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James J. Connolly, ESQ. - CJTS Advisory Board Chairperson  
Director of Juvenile Post Conviction  
Office of the Chief Public Defender