

# **Connecticut Juvenile Training School Advisory Board**

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

**February 2016**

*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*

**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-16b. 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 at 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. Rather, it is for those girls whose initial commitment location has been unsuccessful and a short period of containment and treatment is needed to allow for successful re-engagement in a community congregate care or home setting.

The Pueblo Girls Program is a 12-bed short-term, secure program for adolescent females ranging in ages from thirteen up until twenty years of age. The program provides a strength-based, family-centered, gender-responsive, and trauma-informed therapeutic setting. The program provides: 1) crisis assessment and stabilization, 2) rapid reintegration and 3) short-term gender specific trauma treatment services to girls with complex behavioral health and delinquent needs. Evidence-based services provided include: Girls Circle groups, DBT (Dialectical Behavior Therapy) skills groups, Seven Challenge substance abuse decision-making program. Individual therapy is provided to address treatment targets and provide assistance with skill acquisition. Other services include: milieu coaching, family therapy, psychiatric services and other ancillary services.

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:

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; Pueblo was not included in this audit as it had not been open for a sufficient period. CJTS continued its implementation of the Prison Rape Elimination Act (PREA), federal legislation to address sexual abuse and sexual harassment in correctional facilities, and will be subject to a PREA-specific audit in April 2016.

The construction of a new school was completed in December 2014 and the school opened in January 2015. It initially served the older youth (17+) with interactive technology and extended programming and currently is being utilized for the assessment and education of youth first entering the facility and housed in the intake unit.

In response to the Juvenile Justice System Improvement Project (JJSIP) sponsored by the Center of Juvenile Justice Reform Institute for Public Policy at Georgetown University recommendations, in 2014 CJTS developed a length of stay protocol to apply some of the Georgetown findings to various aspects of the youth placement process at the CJTS and reflects (directly or indirectly) a number of the recommendations from the "Preliminary Report" (June 2013). The primary goals of the protocol are to increase the percentage of committed youth who are in the community; increase consistency across confinement-related decision making through the use of robust decision making parameters, based on nationally accepted best practices; decrease both the perception and reality of "Disproportionate Minority Contact" issues through the application of decision making parameters; further stabilize the CJTS milieu and increase community transition success through youth and staff having increased clarity regarding discharge timing and requirements; motivate youth through incentives to comply with structures and participate in activities; improve communication and collaboration among all juvenile justice stake-holders; and increase public safety through the enhanced application of best practices to the secure confinement period.

The protocol was implemented October 1, 2014 in collaboration with a wide variety of stakeholders. The protocol remains a work in progress but has already had a significant impact through providing structure, process, and consistency to youths' length of stay, including reducing racial/ethnic disproportionality. The protocol reflects research that identifies a "sweet spot" length of stay for each youth toward maximum programming benefit and decreased recidivism. Ongoing review is occurring to assess how the protocol effects programming, youth perceptions and participation, and outcomes. Although it is too early for definitive conclusions, modifications will be made to the protocol and to programming to ensure a balance among all elements.

### **CJTS POLICIES:**

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. 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.

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### DATA: ADMISSION, DISCHARGE, DEMOGRAPHICS:

Unless otherwise specified, all data relate to admissions to CJTS and Pueblo that occurred during calendar year 2015. (Please see Appendix A for more specific data on 2015 admissions.)

There were **176** admissions of **149** unique (male) individuals to CJTS during 2015, compared to 2014 with 222 admissions of 201 unique individuals. There were **15** admissions of **11** unique (female) individuals to Pueblo during 2015.

**Age** - Average age at time of admission was **16.3** years for males (17.0 in 2014) and **17.0** for females (16.5 in 2014).

**Table 1: Ages of Youth at Time of Admission**

Age at Admission	# Males	# Females
13	1	0
14	8	0
15	26	2
16	58	2
17	64	6
18	17	4
19	2	1
<b>Total</b>	<b>176</b>	<b>15</b>

**Table 2: Race/Ethnicity of Admissions**

Race/Ethnicity	Males		Females	
	#	%	#	%
African-American	85	48.3	2	13.3
Hispanic	49	27.8	8	53.3
Caucasian	24	13.6	4	26.7
Other	18	10.2	1	6.7
<b>Total</b>	<b>176</b>	<b>99.9</b>	<b>15</b>	<b>100</b>

### Offenses:

Appendix A also provides a list of admissions for 2015 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 committed youth passing through detention, hospitals and Manson Youth Institution (MYI), or a parole admission (either relocation or revocation). Girls generally are admitted to Pueblo on a congregate care or parole admission. "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:

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*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.*

**Table 3: Admissions by Type**

Type of Admission	Males		Females	
	# of Admissions	% of Total Admissions	# of Admissions	% of Total Admissions
New Commitment	83	47.2	1	6.7
Congregate Care	31	17.6	7	46.65
Parole Admission	62	35.2	7	46.65
<b>Total</b>	<b>176</b>	<b>100</b>	<b>15</b>	<b>100</b>

**Table 4: Court Locations of Admissions**

Court Location	All Male Admissions	Male New Commitment Admissions	All Female Admissions	Female New Commitment Admissions
Bridgeport	36	16	3	1
Danbury	3	1	1	0
Hartford	32	11	4	0
Middletown	1	0	0	0
New Britain	20	11	0	0
New Haven	31	17	1	0
Rockville	2	1	0	0
Stamford	12	8	0	0
Torrington	1	1	2	0
Waterbury	20	12	1	0
Waterford	8	3	0	0
Willimantic	10	2	3	0
<b>Total</b>	<b>176</b>	<b>83</b>	<b>15</b>	<b>1</b>

**Prior Placement/Location:**

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

Prior Placement/Location	# of Male Admissions	% of Total Male CC/Parole Admissions	# of Female Admissions	% of Total Female CC/Parole Admissions
Home	45	48.4	4	28.6
Residential placement	27	29.0	6	42.9
Manson Youth Institute or York CI	1	1.1	2	14.3
Detention	18	19.3	1	7.1
Hospital	2	2.2	0	0
CJTS/Pueblo (AWOL/Escape)	0	0	1	7.1
<b>Total</b>	<b>93</b>	<b>100</b>	<b>14</b>	<b>100</b>

**New Commitments make up 47.2 % of the male admissions and 6.7% of the female admissions**

Average Length of Stay and Placement upon Discharge:

**Table 6: Length of Stay by Admission Type**

Type of Admission	Male Length of Stay in Months - 2015	Male Length of Stay in Months - 2014	Female Length of Stay in Months - 2015
New Commitments	7.1	8.4	2.8 <sup>1</sup>
Congregate Care	3.4	5.0	
Parole Admission - Relocation	n/a	1.3	
Parole Admission - Revocation	3.2	4.1	

**Table 7: Placement Information for Discharged Youth**

Placement	# of Male Discharges	% of Male Discharges	# of Female Discharges	% of Female Discharges
Discharged home	158	77.1	6	35.3
Discharged to residential placement	38	18.5	9	52.9
Discharged to Dept. of Mental Health & Addiction Services (DMHAS) or Department of Developmental Services (DDS)	2	1.0	0	0
Discharged to Hospital	2	1.0	0	0
Discharged to Detention	0	0	0	0
Discharged to Department of Corrections	5	2.4	1	5.9
Other (includes escape)	0	0	1	5.9
<b>Total Discharges in 2015</b>	<b>205</b>	<b>100</b>	<b>17</b>	<b>100</b>

**Table 8: Indicators for Youth Discharged**

Indicators	Numbers Male	Numbers Female
Planned discharges to lower level of care	200	15
Youth who returned to CJTS from a planned discharge to a lower level of care during the calendar year	25 (12.2%) <sup>2</sup>	2
Youth who entered adult corrections from a planned discharge to a lower level of care during the calendar year	18	1
<b>Total discharges [not the total of above columns]</b>	<b>205</b>	<b>17</b>

<sup>1</sup> Girls' numbers are too small to split out length of stay by category.

<sup>2</sup> Fifty-one youth returned to CJTS in 2014 from lower level of care (19.7%).

### **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 being addressed by a subcommittee of the Juvenile Justice Policy Oversight Committee (JJPOC); the JJPOC anticipates releasing its first report on recidivism in early 2016

### **CLINICAL:**

A youth's clinical service needs are determined through an audit of their records. A Clinical Director (Supervising Psychologist 2 Clinical Managerial) oversees three Clinical Supervisors (two Supervising Clinicians and one Supervising Psychologist 1) and a total of 18 Clinicians (5 Clinical Psychologists and 13 Clinical Social Workers) in addition to 3 Child and Adolescent Psychiatrist (1 full time and 2 part time).

Available clinical services/programming include:

- Individual therapy;
- Family therapy/contact;
- Psychiatric consultation; medication assessment and management;
- Substance Abuse Treatment;
  - Resident Student Assistance Program (RSAP): see description below
  - Seven Challenges: see description below



- 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.
- 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: through Boys and Girls Village.
- Fire-setting assessments and treatment: provided through the Firesmart Kids curriculum.

The following Table includes all Axis I psychiatric diagnoses made by CJTS clinicians for the 149 unique admissions to CJTS and 11 unique admissions to Pueblo. All but 5 (3%) boys carried more than one diagnosis. All 11 girls (100%) carried more than one diagnosis.

**Table 9: Psychiatric Diagnoses of Boys Admitted to CJTS/Girls Admitted to Pueblo**

DSM-IV/5 Diagnosis	# of Males with Diagnosis	% of Total Male Admissions	# of Females with Diagnosis	% of Total Female Admissions
<b>Behavioral Disorders</b>	<b>136</b>	<b>91%</b>	<b>9</b>	<b>82%</b>
Conduct Disorder	119	80%	8	73%
Oppositional Defiant Disorder	10	7%	1	9%
Adolescent Antisocial Behavior	5	3%		
Intermittent Explosive Disorder/Conduct Disorder	1	.7%		
Impulse Control Disorder	1	.7%		
<b>Neuro-Developmental Disorders</b>	<b>92</b>	<b>62%</b>	<b>2</b>	<b>18%</b>
Attention Deficit/Hyperactivity Disorder	77	52%	1	9%
Reactive Attachment Disorder	2	1%		
Learning Disorder NOS, Reading Disorder, Disorder of Written Expression, Academic Problem, Math Disorder	8	5%		
Pervasive Developmental Disorder	1	.7%		
Mixed Receptive-Expressive Language Disorder, Phonological Disorder	4	2%	1	9%

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DSM-IV/5 Diagnosis	# of Males with Diagnosis	% of Total Male Admissions	# of Females with Diagnosis	% of Total Female Admissions
Psychiatric Disorders	44	29%		
Depressive Disorder NOS, Major Depressive Disorder, Mood Disorder NOS, Dysthymic Disorder	34	22%	9	82%
Obsessive Compulsive Disorder	1	.7%		
Generalized Anxiety Disorder, Anxiety Disorder NOS	4	2%	1	9%
Bipolar 1 Disorder	4	2%		
Schizoaffective Disorder	1	.7%		
Trauma Disorders	14	9%		
Posttraumatic Stress Disorder,	14	9%	9	82%
Adjustment Disorders	1	.7%		
Adjustment Disorders (with depressed mood, with disturbance of conduct, with anxiety, with mixed disturbance of emotions and conduct)	1	.7%		
Grief and Loss Problems	3	2%		
Bereavement	3	2%		
Substance Use Disorders	103	69%	6	54%
Cannabis Abuse	68	46%	5	45%
Cannabis, Alcohol, Cocaine, Opioid or Poly-substance Dependence	12	8%	1	9%
Cannabis Abuse and Alcohol Abuse	10	6%		
Cannabis Dependence and Alcohol Abuse	3	2%		
Alcohol Dependence and Cannabis Abuse	1	.7%		
Alcohol Abuse	1	.7%	4	36%
Hallucinogen, Opioid, Cocaine, Amphetamine, Sedative Hypnotic or Anxiolytic, or Other Substance Abuse	8	5%	1	9%
Nicotine Dependence	3	2%		
Sexual Offences	9	6%		
Sexual Abuse of a Child	3	2%		
Abuse of a Child – sexual/physical/neglect	5	3%		
Exhibitionism	1	.7%		
Relational Problems	42	28%	3	27%
Parent-Child Relational Problem	40	27%	3	27%
Sibling Relational Problem	1	.7%		

DSM-IV/5 Diagnosis	# of Males with Diagnosis	% of Total Male Admissions	# of Females with Diagnosis	% of Total Female Admissions
Partner Relational Problem	1	.7%		
Other Diagnoses	1	.7%		
Gender Identity Disorder	1	.7%		

**Table 10: Substance Abuse Diagnoses for 149 Unique Male and 11 Females admitted to**

**CJTS/Pueblo**

Diagnosis	# of Males	% of Males	# of Females	% of Females
Cannabis Abuse (only)	68	46%	2	18%
Alcohol Abuse and Cannabis Abuse	10	7%	2	18%
Cannabis Dependence (only)	9	6%		
Cannabis Dependence and Alcohol Abuse	3	2%	1	9%
Cannabis Dependence, Alcohol Abuse, Opioid Abuse, Cocaine Abuse, and Hallucinogen Abuse,	2	1%		
Poly-substance Dependence	1	.7%		
Alcohol Abuse	1	.7%		
Cocaine Dependence	1	.7%		
Cannabis Dependence, Alcohol Abuse, Cocaine Abuse, and Sedative Hypnotic or Anxiolytic Abuse	1	.7%		
Cannabis Abuse and Opioid Abuse	1	.7%		
Alcohol Dependence and Cannabis Abuse	1	.7%		
Opioid Abuse and Alcohol Abuse	1	.7%		
Cannabis Abuse, Cocaine Abuse and Opioid Abuse	1	.7%		
Cannabis Abuse, Cocaine Abuse and Sedative Hypnotic or Anxiolytic Abuse	1	.7%		
Opioid Dependence, Cannabis Abuse and Alcohol Abuse	1	.7%	1	9%
Cannabis Abuse, Alcohol Abuse, Hallucinogen Abuse	1	.7%		
Nicotine Dependence (additional substance use)	3	2%		
No Substance Abuse Diagnosis	46	31%	5	45%

Of the 149 unique males and 11 unique females admitted, 46 (31%) males and 5 (45%) females did not present with significant substance abuse problems while 103 (69%) males and 6 (54%) females presented with significant substance abuse problems that resulted in a diagnosis.

Of the 103 males and 6 females with substance abuse diagnoses, the majority of the males (68 or 46%) met diagnostic criteria for cannabis abuse only. Nine males (6%) met criteria for cannabis dependence only. An additional 10 males (7%) and 2 females (18%) abused both cannabis and alcohol. Thirty-four (34) or 23% of the males and 3 (27%) of the females abused more than one substance.

### **Clinical Programs**

#### **Youth Participation in Substance Abuse Services:**

Of the 149 unique boys who were admitted to CJTS in 2015, 73 (49%) had documentation of their participation in the RSAP psycho-education substance abuse services. Of the 11 unique girls 6 (55%) participated in RSAP groups. Of the 6 girls who met DSM-IV criteria for a substance abuse diagnose all 6 (100%) had clinical documentation of participation in the Seven Challenges groups. Of the 103 boys who met DSM-IV criteria for a substance abuse diagnosis, 86 (87%) had clinical notes or documentation of their participation in Seven Challenges groups. None of the boys (0%) completed all nine of the journals as well as the moving on packet and their final interview. This represents a significant decline from the past five years when an average of 29 of the boys completed Seven Challenges. The Clinical Department is reviewing program and methodological approaches to improve this for 2016. This may also include modifications to the Length of Stay to incorporate program completion and/or progress as a condition of discharge.

CJTS successfully participated in its annual Seven Challenges site review on 10/21/15 by a representative of the developer. A refresher training was held with all clinical staff and reviews of resident journals as well as direct group observation was held. CJTS was found to be maintaining fidelity to the treatment model and approved to continue Seven Challenges implementation.

#### **Family Involvement in Clinical Services:**

CJTS clinical staff make an effort to begin contact with 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 families are aware of the youth's arrival at the facility. All 149 boys (100%) and 11 girls (100%) had clinical documentation of the attempt to make contact with the legal guardian at the time of admission.

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. Consistent with past years, 74% or 111 boys had clinical documentation of family therapy sessions. This is an improvement from last year, due to regional assistance with transportation of families to the facility. Of the 11 unique girls, 9 girls or 82% had family participation in family therapy sessions.

#### **Individual Therapy Services:**

CJTS clinical staff meeting 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 149 unique boys' admissions, 146 or

98% of boys had clinical documentation of individual sessions with their clinician. Of the unique 11 girls' admission, 100 percent of girls received individual therapy.

### **Substance Abuse Services include:**

- **Resident Student Assistance Program (RSAP):** a research-based substance abuse program specifically designed for implementation in residential facilities. The RSAP 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).
- **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;
- **Narcotics Anonymous:** CJTS collaborates with the Middletown area chapter of Narcotics Anonymous (NA) for Hospitals and Institutions and NA meetings are held twice a month on site.

### **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 Mr. Christopher Leone, Superintendent of Schools.

#### **Team Teaching Model**

At the Walter G. Cady School, a core team of two academic teachers and a pupil services specialist (PSS) are assigned to students in each residential unit. 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 weekly treatment team meetings; each youth is reviewed monthly.

#### **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 includes both a traditional calendar plus a summer intersession of 32 days. 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 obtained the Odyssey Program in 2013 as an alternative way for students to complete credits toward graduation. Credit is awarded based on acquisition of the information presented and passing the online test questions.

**Time Out /In-School Suspension**

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 CJTS having an older population, the educational needs of the Cady School population have changed. For example, graduations are more frequent and more residents need vocational training and/or post-secondary educational options.

For students at CJTS after graduating, a certified school counselor provides postsecondary educational support by e.g., arranging vocational training, assisting with applications for higher education, independent living skills development, and coordinating driver education classes.

**Table 11: Point in Time (December 31, 2015) Educational status of 2015 Admissions:**

	# of Students
Regular Education	28
Special Education	38

Note: of the regular or special education youth who were in residence at CJTS or Pueblo during all of 2015, 19 are counted as graduates.<sup>3</sup>

**Educational Levels 2015**

Data<sup>4</sup> below represent a cross section of the education levels of students admitted to CJTS during the 2015 calendar year. In order to give the data the highest level of validity, it contains information on 203 students who were all administered the same academic subtests by the same test administrator to account for any potential differences in test setting or test administration style which can impact the outcome of the assessments.

**Table 12**

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

  

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

<sup>3</sup> "Graduates" includes only those youth who were in a secondary education program while at CJTS and graduated during their stay.

<sup>4</sup> All data represent combined youth from CJTS and Pueblo.

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Age 16	Students performing at 2 <sup>nd</sup> grade level and below	Students performing at 3 <sup>rd</sup> grade level	Students performing at 4 <sup>th</sup> grade level	Students performing at 5 <sup>th</sup> grade level	Students performing at 6 <sup>th</sup> grade level	Students performing at 7 <sup>th</sup> grade level	Students performing at 8 <sup>th</sup> grade level	Students performing at 9 <sup>th</sup> grade level and above
Math	5	8	10	11	3	1	1	7
Reading	1	4	7	11	10	5	4	4

Age 17	Students performing at 2 <sup>nd</sup> grade level and below	Students performing at 3 <sup>rd</sup> grade level	Students performing at 4 <sup>th</sup> grade level	Students performing at 5 <sup>th</sup> grade level	Students performing at 6 <sup>th</sup> grade level	Students performing at 7 <sup>th</sup> grade level	Students performing at 8 <sup>th</sup> grade level	Students performing at 9 <sup>th</sup> grade level and above
Math	4	10	21	11	9	5	4	11
Reading	7	9	10	19	8	8	3	12

Age 18	Students performing at 2 <sup>nd</sup> grade level and below	Students performing at 3 <sup>rd</sup> grade level	Students performing at 4 <sup>th</sup> grade level	Students performing at 5 <sup>th</sup> grade level	Students performing at 6 <sup>th</sup> grade level	Students performing at 7 <sup>th</sup> grade level	Students performing at 8 <sup>th</sup> grade level	Students performing at 9 <sup>th</sup> grade level and above
Math	5	6	5	0	6	8	6	7
Reading	2	3	12	12	6	3	4	1

Age 19	Students performing at 2 <sup>nd</sup> grade level and below	Students performing at 3 <sup>rd</sup> grade level	Students performing at 4 <sup>th</sup> grade level	Students performing at 5 <sup>th</sup> grade level	Students performing at 6 <sup>th</sup> grade level	Students performing at 7 <sup>th</sup> grade level	Students performing at 8 <sup>th</sup> grade level	Students performing at 9 <sup>th</sup> grade level and above
Math	0	0	1	2	0	0	0	2
Reading	0	1	2	0	1	0	0	1

Percentage of students in school on an IEP (point in time): 52%.

Because of the depressed levels of functioning that many students come in with, reading instruction has been receiving additional curricular emphasis since September 2009 and is following standards of the nationally recognized "Literacy How" program.

Upon entrance to USD#2, the following assessments are completed:

- STAR reading assessment and Lexia Strategies Reading Program skills assessment;
- Informal reading assessment and progress monitoring tools (CORE Reading Assessment and EasyCBM);
- Informal math assessment and progress monitoring tools (EasyCBM, Khan Academy);
- STAR math assessment;
- Criterion-based assessment in core academic subjects;
- Career Cruising Program web-based career exploration and portfolio building program to facilitate and support the mandated Student Success Plan.

### 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, and IEPDirect**

The Cady staff utilizes 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.

### **Medal of Honor**

All students who enter CJTS receive Medal of Honor (MOH) instruction during their thirty days in the Intake Unit. The Medal of Honor Character Development curriculum uses these examples of courage, commitment, sacrifice, integrity, citizenship and patriotism to influence change in their own communities.

### **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. 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**

Cady School follows 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.

[Please see Appendix B for additional information about programs within or supported by the Cady School.]

### **SAT Testing for 2015**

Eleven (11) students took the SAT at Cady School.

### **REHABILITATION/RECREATION SERVICES**

The Rehabilitation Therapy Department provides a variety of therapeutic programs and activities for the youths. 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".

At the close of 2015, the department had 15 staff for the boys and girls units combined: one rehab therapy supervisor, three rehab therapists (therapeutic recreation), two rehab therapists (art therapy), two Rehab Therapists (music therapy), two full-time and five part-time rehab therapy assistants. These staff provide programming seven days a week and on holidays. During 2015, of the 212 youth at CJTS 194 youth participated in at least one of the therapeutic programs offered to them. [Please see Appendix C for complete description of rehabilitation and recreational programs.]

The table below provides 2015 youth participation in the Rehabilitation Therapy Department activities.

**Table 13: Rehabilitation Therapy Program Participation**

Program	#	Program	#
Horseback Riding	6	Just Beginnings (Baby Elmo)	6
Models	14	Dr. Dad	18
Music Therapy	107	CPR	11
Relaxation	28	Swimming	16
Love Notes	10	Bocce Club	63
Tahiti Club	12	Cross Stitch	42
Walking	67	CYO Basketball	21
Wilderness Trips	17	High Level	30
Art Therapy	61	Fitness through Cross Training	22
Fitness	45	Evening fitness	36

**Boys and Girls Club of America** 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;

- **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 knowledgeable skill such as conflict resolution, team work, effective communication and maintaining employment;

- **Games Room**

The Games 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 foos ball. 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 (Pueblo Unit included) includes: a director of nursing; licensed medical practitioners (a pediatrician and an advance practice registered nurse [APRN]); a supervising nurse; 16 head nurses (all registered nurses); one per diem registered nurse; one vacant part-time head nurse position; one part-time dentist (vacant position), one part-time dental hygienist and one part-time dental assistant. The medical staff work closely with the psychiatrist in the Clinical Department. Nurses are on site 24/7 and medical professionals are on call when not on site. Residents are seen at the medical suite every day, Monday through Friday at clinic, and the nurses interact with the youth throughout the day, evening and night.

Nursing responsibilities include: Nursing assessments at admission, discharge and for any acute or chronic health complaints in between; medication administration; treatment administration; assist the licensed practitioners during clinic; respond to all assistance calls; lead in all emergency situations; active member of the treatment team; and resource to all other departments regarding health concerns. Medical acuity ranges from Type 1 Diabetes Mellitus (requiring close monitoring of blood sugar levels) to orthopedic medical problems (requiring orthopedic surgery) to wisdom teeth extractions to managing complex gastrointestinal problems. The youth admitted to CJTS and Pueblo come with medical problems that are often related to traumatic histories and neglect. It is our responsibility to ensure comprehensive medical attention and appropriate health care related to these medical problems.

On each youth's admission, nursing staff review a comprehensive collection of medical information and complete a nursing assessment, including a personal medical history and a variety of medical screenings. This admission process includes a discussion with the parent or guardian to describe the facility medical services, to verify the medical history, and to obtain the verbal permission for treatment necessary to provide routine medical care. The nurse then refers the youth to the CJTS licensed medical practitioner for an admission physical examination. Medical services include identifying areas of special needs beyond the practice of the pediatrician and APRN. The Medical Department coordinates close to 400 off-grounds

specialty appointments every year including but not limited to: Optometry, Radiology, Orthopedic, Surgery, Oral Surgery Gastro-Intestinal; Endocrinology and Cardiology.

In addition to the routine services, the Medical Department recognizes the medical risks associated with obesity, and staff members have been actively promoting a Health and Wellness Program for youth whose Body Mass Index (BMI) fall in the at-risk category for an unhealthy weight. The voluntary participants of the program are identified on admission and require special lab work to monitor for any abnormal lab values, provide monthly monitoring of weight and BMI, offer educational handouts and discussions with the nurses regarding better food choices and healthier life style choices, coordinate with the Dietary Department to ensure the special offering of a "Health and Wellness" meal at lunchtime, and ensure specially designed recreational activities for Health and Wellness.

### **VOLUNTEER SERVICES**

#### **Veterans Empowering Teens Through Support (VETTS)**

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. This VETTS contract is currently under revision.

**Volunteer Services:** In addition to the volunteers from the VETTS program, 24 other members of the local community volunteered their services at CJTS. Many of the volunteers were students at area colleges. For example, 18 Wesleyan University students volunteered as part of their Center for Prison Education Program. Through this program, Wesleyan students met once weekly, one-on-one, with CJTS youth to work on academic skill areas specific to each youth. Other volunteers served as tutors in classrooms in the Cady School or worked with youth in the living units. Finally, one volunteer with a background in horticulture volunteered in our greenhouse, growing flowers and giant pumpkins.

### **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 2014-2015	Projected Fiscal 2015-2016 as of 11/30/15
CJTS/Pueblo Total Budget	\$31,322,776	\$31,955,806
Staffing Expenses:	\$24,756,107	\$24,632,469
Other Expenses:	\$3,121,139	\$2,056,710
Workers Comp	\$3,445,530	\$5,266,626
CJTS/Pueblo Education Budget (included in above numbers):	\$4,525,547	\$4,371,836
Staffing Expenses:	\$4,465,386	\$4,340,507
Other Expenses:	\$60,161	\$31,329
Total youth-days (1 youth residing 1 day at CJTS or Pueblo) of Care:	35,354	25,693
Average Per Diem Rate:	\$886 <sup>5</sup>	\$1,244

\*Average of the population through 10/31/15 X 366 days (additional day due to leap year).

**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

<sup>5</sup> The 2015 report projected an average per diem rate of \$744 for fiscal year 2014-2015. However, this figure did not include Pueblo expenses. The \$886 and \$1244 rates include both CJTS and Pueblo expenses.

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:** This service uses the evidence-based Intensive Home Based (IHB) treatment model, Multisystemic Therapy - Family Integrated Transitions (MST-FIT), through a license by the University of Washington, Seattle, to provide integrated individual and family services to children/adolescents with co-occurring mental health and chemical dependency disorders during the period of their re-entry from residential or juvenile justice facilities back into their communities. MST-FIT promotes behavioral change in the natural environment including helping parents learn to monitor and to intervene positively with their children/adolescents.
- **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.

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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 2015, 105 CJTS residents were granted passes. All of the 214 passes occurred successfully. Five Pueblo youth were granted passes. Of the 11 passes, ten were successful; one youth went AWOL on a day pass.

*Recommendations for DCF*

- 1) It is recommended that the Department study the impact of the Length of Stay Protocol to assess its overall impact to date. Particular attention should be given to identifying its effect on programming and any concomitant need for program and/or protocol modifications as well as identifying any community programming service gaps for juvenile justice youth that may have been created or exacerbated by the implementation of the protocol.
- 2) It is recommended that the Department investigate potential options for repurposing the Pueblo Unit, while still ensuring an ability to provide respite to committed delinquent girls.
- 3) It is recommended that representative(s) of CJTS continue to participate in and support the implementation of the goals and objectives of the JJPOC.

Submitted by:



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