

Connecticut Juvenile Training School Advisory Board

Report to the Commissioner of the Department of Children and Families

February 2017

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

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

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

CGS §17a-6b

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

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

OVERVIEW OF CJTS

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

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

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

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

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

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

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

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

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

DCF and CJTS leadership continues to seek opportunities to support national best practice initiatives in the facility, shifting CJTS away from the more traditional training school approaches toward more strength-based, rehabilitative ones. Several major activities in 2016 promoted this trend. First, CJTS is part of a nationally-recognized pilot project—the Deep End Diversion Project—sponsored by the Center for Children's Advocacy with funding from Open Society Foundation, the goal of which is to reduce in-facility arrests of juvenile justice youth. The project involves instituting restorative justice principles and practices throughout the training school and other programs, promoting relationships as a means to increase understanding, youth empowerment, and connection among youth and staff. CJTS staff have all

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

been trained in the basic “talking circles,” the cornerstone in moving to restorative justice principles, and are holding relationship and check-in circles with youth on an at least daily basis. Grant funding has been secured for an additional year to allow for continued implementation both at CJTS as well as other juvenile justice placements.

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

CJTS POLICIES:

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

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

DATA: ADMISSION, DISCHARGE, DEMOGRAPHICS:

Unless otherwise specified, all data relate to admissions to CJTS that occurred during calendar year 2016. (Please see Appendix A for more specific data on 2016 admissions.)

There were 125 admissions of 108 unique individuals to CJTS during 2016, compared to 2015 with 176 admissions of 149 unique individuals.

Age - Average age at time of admission was 16.9 years (16.3 years in both 2016 and 2015 and 17.0 in 2014).

Table 1: Ages of Youth at Time of Admission

Age at Admission	# Youth
13	0
14	9
15	19
16	29
17	50
18	17
19	1
Total	125

Table 2: Race/Ethnicity of Admissions

Race/Ethnicity	#	%
African-American	66	52.8
Hispanic	32	25.6
Caucasian	16	12.8
Other	11	8.8
Total	125	100%

Offenses:

Appendix A also provides a list of admissions for 2016 including all primary adjudication data and commitment courts for each admission.

Types of Admission:

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

When in the opinion of the commissioner or the commissioner's designee it is no longer in the best interest of such child to remain on parole or when the child has violated a condition of aftercare, such child may be returned to any institution, resource or facility administered by or available to the Department of Children and Families, provided the child shall have a right to a hearing, not more than thirty days after the child's return to placement, pursuant to procedures adopted by the commissioner in accordance with sections 4-176e to 4-181a, inclusive.

Table 3: Admissions by Type

Type of Admission	# of Admissions	% of Total Admissions
New Commitment	53	42.4
Congregate Care	22	17.6
Parole Admission	50	40.0
Total	125	100%

Table 4: Court Locations of Admissions

Court Location	All Admissions	New Commitment Admissions
Bridgeport	30	11
Danbury	2	1
Hartford	20	7
Middletown	6	4
New Britain	5	3
New Haven	22	13
Norwich	2	2
Rockville	4	1
Stamford	4	3
Torrington	3	1
Waterbury	17	4
Waterford	5	2
Willimantic	5	1
Total	125	53

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

Prior Placement/ Location	# of Admissions	% of Total CC/Parole Admissions
Home	31	43.1
Residential placement	17	23.6
Manson Youth Institute or other DOC facility	7	9.7
Detention	15	20.8
Hospital/Solnit North	2	2.8
CJTS (AWOL/Escape)	0	0
Total	72	100 %

(New Commitments make up 42.4% of the admissions.)

Average Length of Stay and Placement upon Discharge:
Table 6: Length of Stay by Admission Type

Type of Admission	Length of Stay in Months - 2016	Length of Stay in Months - 2015	Length of Stay in Months – 2014 (primarily prior to LOS protocol)
New Commitments	5.8	7.1	8.4
Congregate Care	5.0	3.4	5.0
Parole Admission Revocation	2.9	3.2	4.1

Table 7: Placement Information for Discharged Youth

Placement	# of Discharges	% of Discharges
Discharged home	96	69.1
Discharged to residential placement	30	21.5
Discharged to Dept. of Mental Health & Addiction Services (DMHAS) or Department of Developmental Services (DDS)	4	2.9
Discharged to Hospital	0	0
Discharged to Detention	3	2.2
Discharged to Department of Corrections (including 1 out of state)	6	4.3
Other (includes escape)	0	0
Total Discharges in 2016	139	100%

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

Indicators	Numbers
Planned discharges to lower level of care	130 (93.5%)
Youth who returned to CJTS from a planned discharge to a lower level of care during the calendar year (both discharged and re-admitted within 2016)	15 (10.8%)
Youth who entered adult corrections from a planned discharge to a lower level of care during the calendar year (both discharged to lower level and admitted to DOC within 2016)	25 (18%)
Total discharges [not the total of above columns]	139

Recidivism:

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

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

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

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

commitment and, in some cases, beyond the time when the youth would be considered to be a juvenile.

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

CLINICAL SERVICES:

Clinical service needs are addressed by the Clinical Department as determined through a youth's admission screen, 14-day assessment and 30-day evaluation as well as a thorough review of juvenile delinquency and behavioral health records in addition to family interviews. Services are provided by a clinical director (supervising psychologist two clinical managerial) who oversees two clinical supervisors (supervising clinicians) and a total of 10 clinicians (eight clinical social worker associates and two clinical psychologists) and two child and adolescent psychiatrists (one full time and one part time per-diem).

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

- Substance Abuse Treatment:
 - 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.
- Dialectical Behavior Therapy (DBT): designed to decrease para-suicidal and suicidal behaviors in adults, it was adapted for use with adolescents who present with suicidal, self-harm and assaultive behaviors in residential settings. The main functions of DBT are to enhance capabilities of residents, improve motivation, and to assure generalization of skills in the community. Residents are encouraged to develop "life worth living goals" to increase their commitment to skill development. The group is broken into skills groups and homework review groups. Residents are taught skills from the following modules: mindfulness, distress tolerance, emotion regulation, interpersonal effectiveness, and walking the middle path. Skills are practiced and used to help decrease confusion about self and experiences with others, interpersonal problems, emotional instability, and moods and impulsiveness.
- Aggression Replacement Training (ART): designed for aggressive youth to enhance social skills, improve moral reasoning and develop anger control.
- Trauma Focused-Cognitive Behavior Therapy (TF-CBT): designed for children and adolescents who have experienced significant trauma. Youth learn to manage emotions and

feelings related to trauma and create a trauma narrative that is shared with a significant adult in their lives.

- Sanctuary Model /Trauma-Informed Psychoeducational Curriculum; Safety, Emotions, Loss and Futures (S.E.L.F.) is a curriculum focused on four concepts: safety, emotions, loss and future. Victims of overwhelming life experiences have difficulty staying safe, find emotions difficult to manage, have suffered many losses and have difficulty envisioning a future. The S.E.L.F psychoeducational group is designed to provide clients with a cognitive framework that can create a change momentum. Each lesson can be independent of others and there is no fixed order within which the lessons must be taught.
- Social Perception Training: An evidence-based group with the goal of teaching residents how to better perceive others' feelings so as to better change their feelings and actions.
- Victim Impact, Listen and Learn: University of New Haven curriculum used to help offenders understand impact of their crimes on victims, take responsibility, and begin to make amends.
- Problem sexual behavior treatment: individual and family therapy through Boys and Girls Village. Pathways curriculum used individually.
- Fire-setting assessments and treatment: by Youth Fire Setting Prevention and Intervention Curriculum developed by the National Fire Academy under FEMA offered on site by certified providers on an as needed basis.

The following Table includes all Axis I psychiatric diagnoses made by CJTS clinicians for the 108 unique admissions to CJTS. All boys (100%) carried more than one diagnosis.

Table 9: Psychiatric Diagnoses of Boys Admitted to CJTS

DSM-IV/5 Diagnosis	# of Youth with Diagnosis	% of Total Admissions for 2016	% of Total Admissions for 2015
Behavioral Disorders	104	96%	91%
Conduct Disorder	93	86%	80%
Oppositional Defiant Disorder	8	8%	7%
Adolescent Antisocial Behavior	2	2%	3%
Impulse Control Disorder	1	1%	7%
Neuro-Developmental Disorders	76	70%	62%
Attention Deficit/Hyperactivity Disorder	63	58%	52%
Reactive Attachment Disorder	2	2%	1%
Learning Disorder unspecified, Reading Disorder, Disorder of Written Expression, Academic Problem, Math Disorder	7	7%	5%
Autism Spectrum Disorder/Pervasive Developmental Disorder	1	.9%	.7%

DSM-IV/5 Diagnosis	# of Youth with Diagnosis	% of Total Admissions for 2016	% of Total Admissions for 2015
Mixed Receptive-Expressive Language Disorder, Phonological Disorder	1	.9%	2%
Intellectual Disability	2	2%	
Psychiatric Disorders	36	33%	29%
Depressive Disorder unspecified, Major Depressive Disorder, Mood Disorder unspecified, Dysthymic Disorder	29	27%	22%
Obsessive Compulsive Disorder	2	2%	.7%
Generalized Anxiety Disorder, Anxiety Disorder unspecified	5	4%	2%
Bipolar 1 Disorder	0	0%	2%
Trauma Disorders	29	28%	12%
Posttraumatic Stress Disorder	14	13%	9%
Abuse, Neglect, Severe Stress, Psychological trauma	16	15%	3%
Adjustment Disorders	6	6%	.7%
Adjustment Disorders (with depressed mood, with disturbance of conduct, with anxiety, with mixed disturbance of emotions and conduct)	6	6%	.7%
Grief and Loss Problems	2	2%	2%
Bereavement	2	2%	2%
Substance Use Disorders	80	74%	69%
Cannabis Use Disorder	65	60%	46%
Cannabis Use and Alcohol Use Disorder	5	5%	6%
Alcohol Use Disorder	3	3%	.7%
Cannabis, Alcohol and Opioid Use Disorder	2	2%	8%
Cannabis and Sedative Use	1	.1%	.7
Cannabis and Inhalant Use	1	.1%	0%
Cannabis, Alcohol and Cocaine Use	1	.1%	.7
Cannabis and Opioid Use	1	.1%	.7
Cannabis, Alcohol and Stimulant Use	1	.1%	0%
Opioid, Cocaine, Sedative, Hypnotic and Anxiolytic Use	1	.1%	5%

DSM-IV/5 Diagnosis	# of Youth with Diagnosis	% of Total Admissions for 2016	% of Total Admissions for 2015
Personality Disorders	11	10%	0%
Antisocial Traits/Antisocial Personality Disorder	11	10%	0%
Sexual Offenses	4	4%	2%
Sexual Abuse of a Child	4	4%	2%
Relational Problems	24	23%	28%
Parent-Child Relational Problem	24	23%	27%
Other Diagnoses			
None			

Of the 108 unique youth admitted, 28 (26%) did not present with significant substance abuse problems while 80 (74%) males presented with significant substance abuse problems that resulted in a diagnosis. Of the 80 youth with substance abuse diagnoses, the majority (65 or 81%) met diagnostic criteria for cannabis abuse only. Three males (4%) met criteria for alcohol use only. An additional five youth (6%) used both cannabis and alcohol. Eight or 10% of the youth abused more than one substance.

Youth Participation in Substance Abuse Services:

Of the 108 unique boys who were admitted to CJTS in 2016, 80 (74%) had documentation of their participation in the RSAP psycho-education substance abuse services. This is an improvement from the previous year where 49% of boys participated in RSAP. Of the 80 boys who met DSM-IV/DSM-5 criteria for a substance use disorder, 74 (93%) had clinical notes or documentation of their participation in Seven Challenges groups. This is also an improvement from the previous year when 87% of boys with substance use needs had documentation of their participation. Seven of the boys (9%) completed all nine of the journals as well as the moving on packet and their final interview. This is an improvement from last year when none of the boys successfully completed their journals. The Clinical Department in collaboration with the Rehabilitation Department developed a recognition/incentive program for boys who are engaged in clinical programming where boys spend an evening in "The Zone" (please see rehab section for description) engaged in recreational activities.

CJTS had to postpone the annual Seven Challenges site review due to a scheduling conflict with the PREA audit. The 2016 site review has been rescheduled for February 2017.

Family Involvement in Clinical Services:

CJTS clinical staff attempt to contact all boys' family members from the time of admission. After the completion of the clinical interview, a call is placed to the family to allow the youth to speak to a family member and to make sure they are aware of the youth's arrival at the facility.

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All 108 boys (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. Clinicians also maintain regular telephone contact with families to keep them informed and actively involved in their son's treatment. Consistent with past years, 63% or 68 boys had clinical documentation of family therapy sessions. Also consistent with past years, records show clinical documentation of telephone contact with family members during the course of their placement at CJTS with all but two boys' families (98%). One boy was admitted at the end of December and the contact occurred the next week; the second boy was returned to the facility from home and was placed within two days at a congregate care program.

Individual Therapy Services:

CJTS clinical staff meet individually with boys on their caseloads to address individual needs, provide crisis services, case management related to their stay at the facility, as well as address their discharge and transition to the community. Of the 108 unique admissions, 105 or 97% of boys had clinical documentation of individual sessions with their clinician. Of the three boys who did not receive individual therapy, one was only at the facility for two days, another boy was a readmission who only stayed four days, and the third boy was admitted late in December was seen just after the new year.

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

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

Extended School Year

Students are required to attend all classes, Monday through Friday; the school day consists of 5 hours and 20 minutes of instruction during the regular school year. Cady School's instructional calendar includes both a traditional calendar plus a summer intersession. Given the high incidence of students arriving with credit gaps, summer school gives students the chance to catch up on required credit needs.

Online Learning

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

Time Out /Alternative Resource Classroom (ARC)

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

Student Body Characteristics

Due to 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.

Table 11: Point in Time (December 31, 2016) Educational Status of Youth:

	# of Students
Regular Education	14
Special Education	35

Educational Levels 2016

Table 12 data represents the math and reading educational levels of students upon admittance, who were in attendance at CJTS at some point during the 2016 calendar year, and who were administered an initial assessment. This data contains information on 124 students who were administered the STAR Reading assessment and 120 students who were administered the STAR Math assessment.

Table 12

Age	Students performing at 2 nd grade level and below	Students performing at 3 rd grade level	Students performing at 4 th grade level	Students performing at 5 th grade level	Students performing at 6 th grade level	Students performing at 7 th grade level	Students performing at 8 th grade level	Students performing at 9 th grade level and above
14								
Math	1	3	2	1	0	1	0	0
Reading	2	1	1	3	1	0	0	0
15								
Math	2	1	4	3	5	0	0	4
Reading	3	1	7	2	2	2	2	2
16								
Math	4	7	7	8	1	1	0	6
Reading	4	5	6	4	3	5	0	5
17								
Math	3	5	13	6	6	2	4	5
Reading	3	5	7	14	6	5	3	5

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

Percentage of students in school on an IEP (December 31, 2016): 71%.

Due to the depressed levels of functioning that many students come in with, reading and math interventions are provided for those students in need.

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

- STAR reading assessment;
- Informal reading assessment and progress monitoring tools (Jerry Johns Basic Reading Inventory (BRI), Wilson Reading Nonsense Word Survey, and EasyCBM);
- Informal math assessment and progress monitoring tools (EasyCBM, Khan Academy);
- STAR math assessment;
- Criterion-based assessment in core academic subjects;

Credit Retrieval

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

Digital Technology- PowerSchool and IEPDirect

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

Medal of Honor

All students who enter CJTS receive Medal of Honor (MOH) instruction during their thirty days in the Intake Unit. The content relates to the characteristics and attributes of citizens who are awarded the Medal of Honor.

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 III is an intensive program using a multi-sensory approach to phonics-based instruction (Wilson Reading Program). Tier II provides word analysis techniques, vocabulary development and comprehension strategies. Tier I 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 2016

Eleven (11) students took the SAT at Cady School. The average total score was 868 with 472 in ELA and 396 in Math.

REHABILITATION/RECREATION SERVICES

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

The Rehabilitation Therapy Department is best described as providing three areas of programming: therapeutic programming (art and music therapy, fatherhood programs, life skills), "diversional" programming, and special events. As well as activities on grounds, Rehab staff also take youth to program/activities in the community. The Rehab Department also runs incentive programs for youth such as the campus point store and high level night in "The Zone".² At the close of 2016, the department had nine staff: one rehab therapy supervisor, three rehab therapists (therapeutic recreation), one rehab therapists (art therapy), one rehab therapist (music therapy), two full-time and one part-time rehab therapy assistants. These staff provide programming seven days a week and on holidays. During 2016, 93% of the youth at CJTS participated in at least one of the therapeutic programs offered to them all. [Please see Appendix C for complete description of rehabilitation and recreational programs.]

The table below provides 2016 youth participation in the Rehabilitation Therapy Department activities.

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

Table 13: Rehabilitation Therapy Program Participation

Program	#	Program	#
Horseback Riding	3	Just Beginnings (Baby Elmo) fatherhood program	4
Models	8	Dr. Dad (fatherhood program)	14
Music Therapy	76	CPR	5
Fitness/ Evening fitness	43	Swimming	19
Post graduates	12	Bocce Club	47
Tahiti Club	40	Cross Stitch	10
Walking	34	Volunteering off grounds*new for 2016	4
Wilderness Trips	11	High Level	40
Art Therapy	81	Fitness through Cross Training	53

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

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

- **Monthly Birthday Celebration**

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

- **Money Matters**

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

- **Passport to Manhood**

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

- **Job Ready/Career Launch**

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

- **Game Room**

The Game Room provides a pro-social milieu for club members to interact with other members, and/or staff, as well as play many entertaining games. Games include ping-pong,

spades, checkers, chess, Nintendo Wii, play station 3, air hockey and foosball. There is also a collection of interactive games such as: Clue, Monopoly, Sorry, the Game of Life, and Scrabble. The game room is available after every 45 minute group session and on weekends.

MEDICAL DEPARTMENT

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

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

On each youth's admission, nursing staff gather and review a comprehensive collection of medical information and complete a nursing assessment, 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's medical services, to verify the medical history, and to obtain the verbal permission for treatment necessary to provide routine medical care and to maintain the youth's level of well-being. The nurse then refers the youth to the CJTS pediatrician for an admission physical examination. Medical evaluations include identifying areas of specialty medicine beyond the practice of the pediatrician. The Medical Department coordinated 233 off-grounds specialty appointments in 2016 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, provided monthly monitoring of weight and BMI, offered educational handouts and educational instructions regarding better food choices and healthier life style choices. The nurses also make a referral to the Rehab Department

to ensure specially designed recreational activities for Health and Wellness for the participants in the Health and Wellness Program.

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 2015-2016	Projected Fiscal 2016-2017 as of 11/30/16
CJTS Total Budget	\$30,345,440	\$20,243,877
Staffing Expenses:	\$22,459,712	\$12,788,775
Other Expenses:	\$2,199,446	\$1,885,470
Workers Comp	\$5,686,282	\$5,569,632
CJTS Education Budget (included in above numbers):	\$3,780,138	\$1,942,155
Staffing Expenses:	\$3,757,214	\$1,911,055
Other Expenses:	\$22,924	\$31,099
Total Child-days (1 youth residing 1 day at CJTS) of Care:	21,383	17,082
Average Per Diem Rate:	\$1,419	\$1,185

* Average of the population through 11/30/16 X 365 days.

REINTEGRATION STRATEGIES

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

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

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

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

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

- **Fostering Responsibility, Education and Employment (F.R.E.E.):** This reentry service is designed to support youth involved with the juvenile justice system who are returning to their community from congregate settings. This program provides an array of services to support the adolescent's growth in all areas of functioning through family focused interventions and builds on natural supports while accessing local services and opportunities.
- **MDFT-RAFT (Multidimensional Family Therapy: Reentry and Family Treatment):** Multidimensional Family Therapy (MDFT-RAFT) is an integrated, comprehensive, family-centered treatment for teen drug abuse and related behavioral problems. MDFT-RAFT focuses on key areas of the adolescent's life and provides an effective and cost-efficient treatment. MDFT-RAFT targets a range of adolescent problem behaviors – substance abuse, antisocial and aggressive behaviors, school and family problems, and emotional difficulties. MDFT-RAFT was designed for youth returning home from a juvenile justice facility.
- **MST-FIT: Family Integrated Transitions (FIT)** provides individual and family services to juvenile offenders with mental health and chemical dependency disorders during the period of transition of the youth from confinement back to the community. The goals of the FIT program include lowering the risk for recidivism, connecting the family with appropriate community supports, achieving youth abstinence from alcohol and other drugs, improving the mental health status of the youth, and increasing prosocial behavior. FIT uses the MST model with elements of dialectical behavior therapy (DBT), motivational interviewing (MI), and relapse prevention.
- **MST-TAY:** As an adaption of Multisystemic Therapy (MST), MST for Transition Aged Youth (MST-TAY) provides services for transition aged youth with serious mental health conditions (SMHC) and involvement with the juvenile or criminal justice system. This program focuses on reducing recidivism and increasing young adults' positive functioning in the critical areas of emerging adulthood, such as school completion, employment, independent living, and positive social and partner relationships. It simultaneously works to ensure that the youth receive treatment and management of the SMHC and any co-occurring substance use disorders.
- **MST-PSB:** Following the evidenced based clinical model, Multisystemic Therapy - Problem Sexual Behavior (MST-PSB), with its established curriculum, training component, and describable method and philosophy of delivering care, this service provides clinical

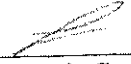
- interventions for adolescents who will be returning home from CJTS or a residential treatment program that has provided sex offender specific treatment or for adolescents with problem sexual behavior living in the community that are at high risk for incarceration or residential treatment if intensive community based services are not provided. The model developer is MST Associates, Inc.
- **The Boys & Girls Club Re-entry program:** Provides case management services to youth from Bridgeport, New Haven, Waterbury, New Britain, Meriden, Middletown and the Hartford community. The program assists youth in developing the transferable skills needed to make a successful reintegration. While in the community, the boys receive wrap around services from the case manager focusing on education, sociability and employment. The boys are strategically placed at Boys & Girls Club for employment, pro-social programming and to promote a positive self-interest.

Passes continue to be authorized as part of the reintegration process for youth returning home from CJTS. In 2016, 62 CJTS residents were granted passes. All of the 130 passes occurred successfully.

Recommendations for DCF

- 1) Continue and expand the Restorative Justice Practice Model within CJTS.
- 2) Improve the probability of a successful transition of youth by including passes to congregate care facilities as part of the pass sequence. Engage with local Youth Service Bureaus and local non-profit programs for additional community-based services and support upon transition.
- 3) Survey the youth about their interests in vocational fields at intake to ensure that relevant educational and vocational skills are offered. Enlist vocational schools to present youth with various vocational options to consider.
- 4) Identify elements necessary to develop meaningful recidivism measurements.

Submitted by:


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 CJTS Advisory Board Co-Chairperson


 William H. Carbone
 CJTS Advisory Board Co-Chairperson

Appendix A: Data on Admissions

Admission to CJTS Date	Age at Admission	Commitment Court	Dually Committed	Primary Adjudication	Type of Admission (PA or NC)	Region	Ethnicity	# Prior CJTS Admissions
1/5/2016	17	Willimantic	No	ASSAULT 2ND DEG	Congregate Care Admission to CJTS	Region 3 - Middletown Norwich Willimantic	African-American	1
1/11/2016	14	New Haven	No	ASSAULT 3RD DEG	Parole Admission to CJTS	Region 2 - New Haven Milford	African-American	1
1/19/2016	17	Hartford	No	BURGLARY 3RD DEG	Congregate Care Admission to CJTS	Region 4 - Hartford Manchester	African-American/ Caucasian	2
1/22/2016	15	Stamford	No	VIOLATION OF PROBATION UNDER 16 YEARS	New Commitment to CJTS	Region 1 - Bridgeport Norwalk Stamford	African-American	0
1/25/2016	18	Waterbury	No	ASSAULT 3RD	Parole Admission to CJTS	Region 5 - Torrington Waterbury Danbury	Hispanic	4
1/28/2016	17	Bridgeport	Yes	LARCENY 3RD	Congregate Care Admission to CJTS	Region 1 - Bridgeport Norwalk Stamford	African-American	1
2/1/2016	17	New Haven	No	CRIMINAL MISCHIEF; THREATENING 2ND	Parole Admission to CJTS	Region 2 - New Haven Milford	Hispanic	1
2/3/2016	17	Rockville	No	POSSESSION OF NARCOTICS	Congregate Care Admission to CJTS	Region 4 - Hartford Manchester	Caucasian	1
2/10/2016	14	New Haven	No	LARCENY 3RD DEG	New Commitment to CJTS	Region 2 - New Haven Milford	African-American	1
2/10/2016	17	New Haven	No	CARRYING PISTOL WO PERMIT	New Commitment to CJTS	Region 2 - New Haven Milford	African-American	0
2/16/2016	17	New Haven	No	LARCENY 3RD DEG	New Commitment to CJTS	Region 2 - New Haven Milford	African-American	0
2/17/2016	14	Hartford	No	CARRY/SELL DANGEROUS WEAPON	Congregate Care Admission to CJTS	Region 4 - Hartford Manchester	African-American	1

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2/17/2016	15	Waterbury	Yes	LARCENY 3RD DEG	Parole Admission to CJTS	Region 5 - Torrington Waterbury Danbury	African-American	3
2/29/2016	18	Bridgeport	No	POSSESSION OF NARCOTICS	Parole Admission to CJTS	Region 1 - Bridgeport Norwalk Stamford	Other	3
2/29/2016	16	Bridgeport	Yes	ROBBERY 3RD DEG	Parole Admission to CJTS	Region 1 - Bridgeport Norwalk Stamford	African-American	1
3/2/2016	17	New Haven	No	ROBBERY 1ST DEG	New Commitment to CJTS	Region 2 - New Haven Milford	African-American	0
3/2/2016	18	Bridgeport	No	VIOLATION OF PROBATION	New Commitment to CJTS	Region 1 - Bridgeport Norwalk Stamford	African-American	0
3/8/2016	16	Bridgeport	No	LARCENY 3RD	New Commitment to CJTS	Region 1 - Bridgeport Norwalk Stamford	African-American	2
3/11/2016	17	Bridgeport	Yes	CRIMINAL TRESPASS 2ND DEG	Congregate Care Admission to CJTS	Region 1 - Bridgeport Norwalk Stamford	African-American/ Caucasian	2
3/23/2016	14	Rockville	No	LARCENY 1ST DEG	New Commitment to CJTS	Region 4 - Hartford Manchester	Caucasian	0
3/23/2016	16	Waterbury	No	CARRYING PISTOL WO PERMIT	Parole Admission to CJTS	Region 5 - Torrington Waterbury Danbury	Hispanic	2
3/28/2016	17	New Haven	No	ASSAULT ON PUBLIC SAFETY OFFICER	Parole Admission to CJTS	Region 2 - New Haven Milford	Hispanic	1
3/31/2016	17	Bridgeport	No	INTERFERING W/ AN OFFICER	New Commitment to CJTS	Region 1 - Bridgeport Norwalk Stamford	African-American	0
3/31/2016	17	Bridgeport	No	CRIMINAL POSSESSION OF A FIREARM	Parole Admission to CJTS	Region 1 - Bridgeport Norwalk Stamford	Hispanic	1
4/1/2016	17	Bridgeport	No	THREATENING 2ND	Parole Admission to CJTS	Region 1 - Bridgeport Norwalk Stamford	Caucasian	3
4/4/2016	18	Hartford	No	BURGLARY 3RD DEG	Parole Admission to CJTS	Region 4 - Hartford Manchester	African-American/ Caucasian	2
4/5/2016	16	New Haven	No	CARRYING PISTOL WO PERMIT	New Commitment to CJTS	Region 2 - New Haven Milford	African-American	0

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4/11/2016	15	New Britain	No	CRIMINAL TRESPASS 3RD DEG	Parole Admission to CJTS	Region 6 - New Britain Meriden	African-American	2
4/12/2016	17	New Haven	No	VIOLATION OF COURT ORDER WHILE 16 YEARS	New Commitment to CJTS	Region 2 - New Haven Milford	African-American	0
4/12/2016	18	Waterbury	Yes	SEX 3-USE OR THREAT OF FORCE	Congregate Care Admission to CJTS	Region 5 - Torrington Waterbury Danbury	Hispanic	3
4/18/2016	16	Bridgeport	Yes	BURGLARY 3RD DEG	New Commitment to CJTS	Region 1 - Bridgeport Norwalk Stamford	African-American	0
4/26/2016	17	Stamford	Yes	SEXUAL ASSAULT 3RD	New Commitment to CJTS	Region 1 - Bridgeport Norwalk Stamford	Other	0
4/27/2016	17	Middletown	No	ASSAULT 3RD DEG	New Commitment to CJTS	Region 6 - New Britain Meriden	African-American/ Caucasian	1
4/27/2016	16	New Haven	No	VIOLATION OF PROBATION	Parole Admission to CJTS	Region 2 - New Haven Milford	African-American	2
5/3/2016	17	Waterford	No	STEALING FIREARM	Parole Admission to CJTS	Region 3 - Middletown Norwich Willimantic	Caucasian	1
5/3/2016	15	Hartford	No	ENGAGING POLICE IN PURSUIT	Parole Admission to CJTS	Region 4 - Hartford Manchester	African-American	1
5/3/2016	17	Bridgeport	Yes	LARCENY 6TH DEGREE	Parole Admission to CJTS	Region 1 - Bridgeport Norwalk Stamford	African-American	2
5/7/2016	17	Hartford	No	POSSESSION OF NARCOTICS	Parole Admission to CJTS	Region 6 - New Britain Meriden	Hispanic	4
5/10/2016	17	Stamford	No	POSSESS W/INTENT TO SELL/DSPNS	Parole Admission to CJTS	Region 1 - Bridgeport Norwalk Stamford	African-American/ Caucasian	1
5/10/2016	16	Bridgeport	No	ASSAULT 2ND DEG	Parole Admission to CJTS	Region 1 - Bridgeport Norwalk Stamford	African-American	2
5/11/2016	17	Bridgeport	No	ASSAULT 3RD DEG	Parole Admission to CJTS	Region 1 - Bridgeport Norwalk Stamford	African-American	2
5/13/2016	18	Waterbury	No	CARRYING PISTOL WO PERMIT	Parole Admission to CJTS	Region 5 - Torrington Waterbury Danbury	Hispanic	3

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5/13/2016	17	Hartford	No	ROBBERY 3RD DEG	Parole Admission to CJTS	Region 4 - Hartford Manchester	African-American	2
5/16/2016	16	Bridgeport	No	CRIMINAL TRESPASS 2ND DEG	Parole Admission to CJTS	Region 1 - Bridgeport Norwalk Stamford	African-American	3
5/18/2016	16	Middletown	No	CRIMINAL MISCHIEF 1ST/ LARCENY 3RD	New Commitment to CJTS	Region 3 - Middletown Norwich Willimantic	African-American	1
5/20/2016	15	Waterbury	No	ROBBERY 1ST DEG- DANGEROUS INST	New Commitment to CJTS	Region 5 - Torrington Waterbury Danbury	Hispanic	0
5/23/2016	15	Middletown	No	BURGLARY 3RD DEG	New Commitment to CJTS	Region 6 - New Britain Meriden	African-American	0
5/26/2016	17	Danbury	Yes	ROBBERY 3RD DEG	Parole Admission to CJTS	Region 5 - Torrington Waterbury Danbury	Caucasian	2
6/2/2016	14	New Britain	No	LARCENY 3RD DEG	New Commitment to CJTS	Region 6 - New Britain Meriden	Hispanic	0
6/6/2016	16	Danbury	No	ASSAULT 3RD DEG-PHYSICL INJURY	New Commitment to CJTS	Region 5 - Torrington Waterbury Danbury	Hispanic	0
6/8/2016	17	Hartford	No	VIOLATION OF PROBATION	New Commitment to CJTS	Region 4 - Hartford Manchester	African-American	0
6/15/2016	18	Waterbury	No	ASSAULT-PUB SFTY/EMGY MED PERS	Parole Admission to CJTS	Region 5 - Torrington Waterbury Danbury	Caucasian	1
6/21/2016	17	Stamford	No	VIOLATION OF PROBATION	New Commitment to CJTS	Region 1 - Bridgeport Norwalk Stamford	African-American	2
6/21/2016	16	Bridgeport	No	ASSAULT 2ND DEG	Parole Admission to CJTS	Region 1 - Bridgeport Norwalk Stamford	African-American	2
6/22/2016	17	Waterbury	No	BURGLARY 3RD/ LARCENY 2ND	New Commitment to CJTS	Region 5 - Torrington Waterbury Danbury	Hispanic	1
6/24/2016	17	New Haven	Yes	ESCAPE FROM CUSTODY	Congregate Care Admission to CJTS	Region 2 - New Haven Milford	African-American	2
6/27/2016	17	Waterbury	No	ASSAULT 3RD DEG	Parole Admission to CJTS	Region 5 - Torrington Waterbury Danbury	Caucasian	0

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6/27/2016	17	Bridgeport	No	RISK OF INJURY (2 COUNTS)	New Commitment to CJTS	Region 1 - Bridgeport Norwalk Stamford	African-American	0
6/28/2016	18	Hartford	No	BURGLARY 3RD DEG	Congregate Care Admission to CJTS	Region 4 - Hartford Manchester	African-American/ Caucasian	2
7/1/2016	15	Hartford	No	BURGLARY 3RD DEG	Congregate Care Admission to CJTS	Region 4 - Hartford Manchester	Other	0
7/5/2016	16	Bridgeport	No	VIOLATION OF PROBATION; USE OF MV W/OUT PERMISSION	Congregate Care Admission to CJTS	Region 1 - Bridgeport Norwalk Stamford	Other	0
7/8/2016	15	Bridgeport	No	LARCENY 3RD DEG	Congregate Care Admission to CJTS	Region 1 - Bridgeport Norwalk Stamford	African-American	0
7/11/2016	16	Bridgeport	No	VIOLATION OF PROBATION; LARCENY 1ST	New Commitment to CJTS	Region 1 - Bridgeport Norwalk Stamford	Hispanic	0
7/12/2016	18	Bridgeport	No	VIOLATION OF PROBATION WHILE 16 YEARS	Parole Admission to CJTS	Region 1 - Bridgeport Norwalk Stamford	Caucasian	1
7/14/2016	18	Waterbury	Yes	SEX 3-USE OR THREAT OF FORCE	Congregate Care Admission to CJTS	Region 5 - Torrington Waterbury Danbury	Hispanic	3
7/20/2016	17	Hartford	Yes	LARCENY 3RD DEG	New Commitment to CJTS	Region 4 - Hartford Manchester	Hispanic	0
7/20/2016	17	Waterbury	No	LARCENY 3RD; ESCAPE	New Commitment to CJTS	Region 5 - Torrington Waterbury Danbury	African-American	0
7/22/2016	17	Rockville	No	POSSESSION OF NARCOTICS	Parole Admission to CJTS	Region 4 - Hartford Manchester	Caucasian	1
7/26/2016	16	Norwich	Yes	BURGLARY 3RD DEG	New Commitment to CJTS	Region 3 - Middletown Norwich Willimantic	Caucasian	0
7/26/2016	17	Bridgeport	No	INTERFERING W/ AN OFFICER	Parole Admission to CJTS	Region 1 - Bridgeport Norwalk Stamford	African-American	2

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7/27/2016	15	Hartford	No	INTERFERING W/ AN OFFICER	New Commitment to CJTS	Region 4 - Hartford Manchester	Hispanic	0
7/27/2016	17	Waterford	No	CARRYING PISTOL WO PERMIT	New Commitment to CJTS	Region 3 - Middletown Norwich Willimantic	Hispanic	0
7/29/2016	17	Hartford	No	INTERFERING W/ AN OFFICER	New Commitment to CJTS	Region 4 - Hartford Manchester	African- American	0
7/31/2016	15	New Britain	No	CRIMINAL TRESPASS 3RD DEG	Parole Admission to CJTS	Region 6 - New Britain Meriden	African- American	2
8/2/2016	18	New Haven	Yes	LARCENY 3RD DEG	Parole Admission to CJTS	Region 2 - New Haven Milford	African- American	1
8/4/2016	16	New Haven	Yes	BUGLARY 1ST	New Commitment to CJTS	Region 2 - New Haven Milford	African- American	0
8/8/2016	15	Bridgeport	No	CRIMINAL MISCHIEF	New Commitment to CJTS	Region 1 - Bridgeport Norwalk Stamford	Hispanic	0
8/12/2016	15	New Haven	No	POSSESSION OF CONTROLLED SUBSTANCE	New Commitment to CJTS	Region 2 - New Haven Milford	African- American	0
8/17/2016	17	Bridgeport	No	BREACH OF PEACE 2ND DEG	Parole Admission to CJTS	Region 1 - Bridgeport Norwalk Stamford	Caucasian	3
8/18/2016	17	Bridgeport	No	ASSAULT 3RD; LARCENY 1ST	New Commitment to CJTS	Region 1 - Bridgeport Norwalk Stamford	Hispanic	0
8/22/2016	16	Bridgeport	No	VIOLATION OF PROBATION	New Commitment to CJTS	Region 1 - Bridgeport Norwalk Stamford	Other	0
8/23/2016	17	Rockville	No	LARCENY 1ST DEG	Congregate Care Admission to CJTS	Region 3 - Middletown Norwich Willimantic	Caucasian	1
8/24/2016	18	Willimantic	No	ASSAULT-PUB SFTY/EMGY MED PERS	Congregate Care Admission to CJTS	Region 3 - Middletown Norwich Willimantic	Caucasian	3
8/25/2016	17	Willimantic	Yes	BURGLARY 3RD	New Commitment to CJTS	Region 3 - Middletown Norwich Willimantic	Caucasian	0
8/26/2016	17	Hartford	No	LARCENY 2ND DEG	New Commitment to CJTS	Region 4 - Hartford Manchester	Hispanic	0

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8/30/2016	17	New Haven	No	CARRYING A DANGEROUS WEAPON	Parole Admission to CJTS	Region 2 - New Haven Milford	African-American	2
9/1/2016	16	New Britain	No	BURGLARY 3RD DEG	New Commitment to CJTS	Region 6 - New Britain Meriden	Hispanic	0
9/6/2016	17	Waterbury	No	POSSESSION W/ INTENT TO SELL	New Commitment to CJTS	Region 5 - Torrington Waterbury Danbury	African-American/ Latin	2
9/14/2016	16	Waterford	No	VIOLATION OF PROBATION; LARCENY 3RD	Parole Admission to CJTS	Region 3 - Middletown Norwich Willimantic	Hispanic	0
9/28/2016	14	New Britain	No	LARCENY 2ND DEG	New Commitment to CJTS	Region 6 - New Britain Meriden	Hispanic	0
9/29/2016	14	Waterbury	No	LARCENY 2ND DEG	Congregate Care Admission to CJTS	Region 5 - Torrington Waterbury Danbury	African-American	0
10/3/2016	17	Bridgeport	No	CARRYING PISTOL WO PERMIT	Parole Admission to CJTS	Region 1 - Bridgeport Norwalk Stamford	African-American	2
10/7/2016	15	Waterford	No	RECKLESS BURNING	Congregate Care Admission to CJTS	Region 3 - Middletown Norwich Willimantic	Asian	0
10/12/2016	16	New Haven	No	LARCENY 1ST DEG	New Commitment to CJTS	Region 2 - New Haven Milford	Hispanic	0
10/19/2016	15	Hartford	No	ROBBERY 2ND DEG	New Commitment to CJTS	Region 4 - Hartford Manchester	African-American	0
10/19/2016	16	Middletown	No	BREACH OF PEACE 2ND DEG	New Commitment to CJTS	Region 6 - New Britain Meriden	African-American/ Caucasian	0
10/24/2016	15	Hartford	No	LARCENY 3RD	Parole Admission to CJTS	Region 4 - Hartford Manchester	African-American	1
10/25/2016	15	New Haven	Yes	VIOLATION OF COURT ORDER; BURGLARY 3RD	New Commitment to CJTS	Region 2 - New Haven Milford	Hispanic	0
10/25/2016	18	Bridgeport	No	CREDIT CARD THEFT	Congregate Care Admission to CJTS	Region 1 - Bridgeport Norwalk Stamford	Hispanic	3
10/27/2016	16	Bridgeport	No	LARCENY 2ND DEG	New Commitment to CJTS	Region 1 - Bridgeport Norwalk Stamford	Hispanic	0

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10/28/2016	17	Hartford	No	POSSESSION OF NARCOTICS	Parole Admission to CJTS	Region 6 - New Britain Meriden	Hispanic	4
11/7/2016	18	Middletown	No	BURGLARY 3RD DEG	Congregate Care Admission to CJTS	Region 6 - New Britain Meriden	Hispanic	0
11/7/2016	17	Hartford	No	ROBBERY 3RD DEG	Parole Admission to CJTS	Region 4 - Hartford Manchester	African-American	2
11/9/2016	15	Waterford	No	ASSAULT 3RD	New Commitment to CJTS	Region 3 - Middletown Norwich Willimantic	African-American	0
11/16/2016	17	Norwich	No	BURGLARY 1ST DEG-DEADLY WEAPON	New Commitment to CJTS	Region 3 - Middletown Norwich Willimantic	Caucasian	0
11/16/2016	18	Waterbury	Yes	SEX 3-USE OR THREAT OF FORCE	Congregate Care Admission to CJTS	Region 5 - Torrington Waterbury Danbury	Hispanic	3
11/17/2016	16	Hartford	No	CARRYING PISTOL WO PERMIT	New Commitment to CJTS	Region 4 - Hartford Manchester	African-American	0
11/18/2016	17	Bridgeport	No	LARCENY 3RD	Parole Admission to CJTS	Region 1 - Bridgeport Norwalk Stamford	African-American	2
11/19/2016	16	Middletown	No	CRIMINAL MISCHIEF 1ST/ LARCENY 3RD	Parole Admission to CJTS	Region 3 - Middletown Norwich Willimantic	African-American	1
11/22/2016	15	New Haven	No	LARCENY 3RD	Parole Admission to CJTS	Region 2 - New Haven Milford	African-American	1
11/22/2016	17	Willimantic	No	RECKLESS ENDANGERMENT 1ST DEG	Parole Admission to CJTS	Region 3 - Middletown Norwich Willimantic	Hispanic	4
11/23/2016	17	New Haven	No	ROBBERY 2ND DEG	New Commitment to CJTS	Region 2 - New Haven Milford	African-American	0
11/23/2016	14	Torrington	Yes	SEXUAL ASSAULT 4TH	New Commitment to CJTS	Region 5 - Torrington Waterbury Danbury	Hispanic	1
11/29/2016	16	New Haven	No	ROBBERY 2ND DEG	New Commitment to CJTS	Region 2 - New Haven Milford	African-American	0
11/29/2016	16	New Haven	No	ROBBERY 2ND DEG	New Commitment to CJTS	Region 2 - New Haven Milford	African-American	0
12/1/2016	17	Bridgeport	No	ROBBERY 2ND DEG	New Commitment to CJTS	Region 1 - Bridgeport Norwalk Stamford	Other	1

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12/7/2016	16	New Haven	No	BURGLARY 3RD DEG	Parole Admission to CJTS	Region 2 - New Haven Milford	Hispanic	2
12/13/2016	17	Willimantic	No	RECKLESS ENDANGERME NT 1ST DEG	Congregate Care Admission to CJTS	Region 3 - Middletown Norwich Willimantic	Hispanic	4
12/13/2016	16	Waterbury	No	ROBBERY 1ST DEG	Parole Admission to CJTS	Region 5 - Torrington Waterbury Danbury	African- American	1
12/23/2016	18	Torrington	No	SEX 1-VCTM < 10YRS OLD FORCED	Congregate Care Admission to CJTS	Region 5 - Torrington Waterbury Danbury	Caucasian	1
12/27/2016	16	Waterbury	Yes	LARCENY 3RD DEG	Congregate Care Admission to CJTS	Region 5 - Torrington Waterbury Danbury	African- American	3
12/27/2016	14	Torrington	Yes	SEXUAL ASSAULT 4TH	Congregate Care Admission to CJTS	Region 5 - Torrington Waterbury Danbury	Hispanic	1
12/28/2016	15	Hartford	No	CARRY/SELL DANGEROUS WEAPON	Parole Admission to CJTS	Region 4 - Hartford Manchester	African- American	1
12/28/2016	16	Waterbury	No	ASSAULT-PUB SFTY/EMGY MED PERS	Parole Admission to CJTS	Region 5 - Torrington Waterbury Danbury	African- American	2
12/29/2016	15	Hartford	Yes	POSSESSION OF WEAPON ON SCHOOL GROUNDS	Congregate Care Admission to CJTS	Region 4 - Hartford Manchester	African- American	0

Appendix B

Education: Additional Information

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

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

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

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

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

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

Appendix C: Rehabilitation Services

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

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

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

Love Notes: This program started in 2015 for our residents that are fathers and for the older residents that have graduated high school. Love Notes aims to help older adolescents make wise decisions about relationships, develop skills to form and maintain healthy relationships and sexual choices;

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

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

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

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. One session was completed in 2016;

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

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

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

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

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

Indoor-Outdoor Games (large muscle): All units participate in a variety of open gym and outside activities such as volleyball, basketball, weightlifting, dodgeball, pickleball, wiffleball, indoor/outdoor soccer, ultimate football, softball, "capture the flag," ping pong and weight room activities;

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

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

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

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

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

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

Volunteering: during fall 2016, residents volunteered with Artist for World Peace. Residents would go off grounds to work on projects;

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