



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

**Plan for the Closure of the
Connecticut Juvenile Training School**

Submitted by:

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Executive Summary

The Connecticut Juvenile Training School (CJTS) is a secure facility for young men who have been committed delinquent and placed in the custody of the Department of Children and Families (DCF). The facility opened in 2001 with a maximum capacity of over 230 residents. In the spring and summer of 2016, due to a decreasing number of youth committed delinquent and to policy changes within DCF, the average daily population at CJTS was 45 youth.

There is a growing national consensus that large training schools do not achieve the best outcomes for committed delinquent youth. In keeping with this national consensus, in December 2015, Governor Dannel Malloy announced his plan to close CJTS by July 2018. In order to effectuate the closure of CJTS, DCF embarked on an inclusive planning process to close or modify the facility in accordance with the governor's directive in a manner that accounts for the best interests of the youth served by CJTS. The plan is informed by national best practices, as well as an analysis of the population of youth currently served by CJTS and the youth who will be impacted by future age related statutory changes.

The closure of CJTS must coincide with other changes in the juvenile justice system in order to meet the needs of the youth committed delinquent to DCF. The environment in which any future facility exists must support serving more youth in the community. Accordingly, the Department's plan for the closure of CJTS includes recommendations with the goal of continuing to improve the juvenile justice system overall. These include:

1. Redefine eligibility for secure placement;
2. Supporting the use of graduated responses;
3. Preserving non-residential community-based services and supports;
4. Improving community supervision of youth;
5. Right-sizing, redesigning and replacing CJTS with a smaller secure facility.

Many of the recommendations in this plan can be implemented with no-cost or low-cost to the state. In the short-term, the focus should be implementing these no-cost or low-cost changes to policies and practices that will promote better treatment planning, supervision and services for youth. In the longer-term, the secure bed capacity at CJTS must be replaced with a facility or facilities that operate based on best practice principles.

Juvenile Justice Services for Committed Delinquent Youth

The Department of Children and Families has a combination of community-based and placement services to meet the needs of youth who are committed delinquent. On average, there are 250 youth committed delinquent to DCF on any given day. Of these, approximately 45% are at home under DCF supervision and receiving community-based services, 44% are in DCF placement and 11% are incarcerated or detained for new crimes committed after their delinquency commitment.

Community Based Services

Committed delinquent youth have access to an array of community-based services to meet their treatment and supervision needs. In addition to programs specifically-designed for juvenile justice involved youth, they also have access to all other DCF community programs including mentoring, vocational programming and community-based life skills. Also, individualized plans can be developed through discretionary wrap-around funding at the regional level. The following programs are most commonly used to serve the needs of youth who are home under DCF juvenile justice supervision:

Specialized community based services	Descriptor	Number of Slots
Fostering Responsibility, Education and Employment (FREE)	FREE is a reentry support program for youth who are committed to DCF as delinquent and returning to their community following a period in a secure setting.	272
Mobile Crisis Services (EMPS)	EMPS is a mobile crisis intervention service for children and adolescents experiencing a mental health or behavioral or crisis, provided 6 AM to 10 PM on weekdays and 1 PM to 10 PM weekends and holidays. EMPS is accessed by calling 211 and callers are linked to a statewide network of 6 EMPS providers who cover all cities and towns.	16K episodes of care annually
Multidimensional Family Therapy (MDFT)	MDFT is an evidence based intensive, in-home model that is a family-centered, comprehensive treatment program for adolescents and young adults with significant behavioral health needs and either alcohol or drug related problems, or at risk of substance use.	minimally 856 annually
Multi-systemic FIT (MST-FIT)	MST-FIT is an intensive in home family re-entry service for youth on Parole and their families.	60
Re-entry and Family Treatment (RAFT)	RAFT is an evidence based intensive, in-home model using Multidimensional Family Therapy designed to help families & youth on parole to re-enter the community following an out of home placement.	60
Multi-systemic Therapy-Problem Sexual Behavior (MST-PSB)	MST-PSB is an intensive in home family service with clinical interventions for adolescents returning home from out of home placement that has provided sex offender specific treatment or for adolescents with problem sexual	96

Specialized community based services	Descriptor	Number of Slots
	behavioral living in the community who are at risk for incarceration or residential treatment.	
Multi-systemic Therapy for Transition Aged Youth (MST-TAY)	MST-TAY is an intensive home based service for older adolescents aged 17-20 with serious mental illness and involvement in the juvenile and/or criminal justice system.	62
Family Functional Therapy (FFT)	FFT is a systematic, evidence based short-term (approximately 30 hours), family-based treatment model serving youth with a range of mental health, behavioral and substance use issues.	645
Adolescent Community Reinforcement Approach - Assertive Continuing Care (ACRA ACC)	ACRA ACC is an evidence based hybrid of clinic-based and community family-based services that targets low to moderate substance abusing adolescents. When the recovery goals are achieved, ACC provides recovery support and case management in home or community	432
Cognitive Behavioral Intervention for Trauma in Schools (CBITS)	CBITS is a skill based, group intervention aimed at relieving symptoms of Post Traumatic Stress Disorder (PTSD) and general anxiety among children and youth who have experienced trauma. This school based treatment model will enhance the school's mental health service array to support student's learning potential and build resiliency.	Implemented in multiple schools in 13 communities
Child Guidance Clinics	This service provides a range of outpatient mental health services for children, youth and their families. Services are designed to promote mental health and improve functioning in children, youth and families and to decrease the prevalence of and incidence of mental illness, emotional disturbance and social dysfunction. Many clinics throughout the state have implemented Trauma Focused Cognitive Behavioral Treatment (TF-CBT) and Modular Approach to Therapy for Children improving treatment outcomes.	24K children served annually
Extended Day Treatment (EDT)	Extended Day Treatment (EDT) is a site-based behavioral health treatment and support service for children and youth with behavioral health needs who have returned from out-of-home care or are at risk of placement due to mental health issues or emotional disturbance. For an average period of up to six months, a comprehensive array of clinical services supplemented with psychosocial rehabilitation activities are provided to maintain the child or youth in his or her home.	1K children served annually

As part of the planning process for the closure of CJTS, members of Local Inter-Agency Service Teams (LISTs) across the state identified a number of gaps in the service array for young people on DCF supervision in the community. These include more access to jobs and vocational training, substance abuse services, housing and other supports. DCF recommends expanding

these services as a key strategy for serving more youth in the community and fewer youth in secure placement, as the current service array cannot meet the demand in all parts of the state. This expansion would require additional appropriations outlined in Goal 3 of this plan.

Placement Services

Placement services are available for youth who have treatment needs that require a higher level of care, youth who pose a threat to public safety or are a flight risk. These services are delivered via a network of non-secure group homes, residential treatment facilities, foster homes and hardware secure settings. The Connecticut Juvenile Training School is one part of this network, serving on average less than 30% of the committed delinquent youth in placement on any given day.

The residential placement options include:

<i>24/7 staffed care</i>	<i>Descriptor</i>	<i>Number of Programs</i>	<i>Total Bed Capacity¹</i>
Residential Treatment Centers (RTC)	RTCs are facilities that provide clinical treatment of psychiatric, behavioral and emotional disorders.	11	195
Therapeutic Group Homes (TGH)	TGHs are designed to serve children with significant behavioral health or developmental issues by providing clinical treatment in the home by licensed mental health professionals.	31	161
Short Term Assessment and Respite (STAR) Homes	STAR homes are temporary congregate care programs that provides short-term care, assessment and a range of clinical and nursing services to children removed from their homes due to abuse, neglect or other high-risk circumstances. STAR Homes can help provide brief respite for juvenile justice youth to avoid entry or re-entry into secure confinement.	7	42
SFIT/Crisis Stabilization	These programs provide short-term residential treatment option providing crisis stabilization and assessment, with rapid reintegration and transition back home.	8	82

¹ Total Bed capacity is for all youth, not just youth who are committed delinquent.

<p>Supported Work Education and Training Program (SWETP)</p>	<p>SWETP group homes allow youth to live in a supervised setting with their own mini-apartments and shared kitchen spaces. Youth are employed outside of the home or are involved in schooling. There are two JJ Specific SWETP programs available.</p>	<p>7</p>	<p>55</p>
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Youth are assessed for placement based on clinical needs and recidivism risk. As of this writing, the youth are placed at the following settings:

Placement Type	Youth
CJTS	42
Group Homes	27
Residential Treatment Centers	25
Journey House	11
Foster Homes	4

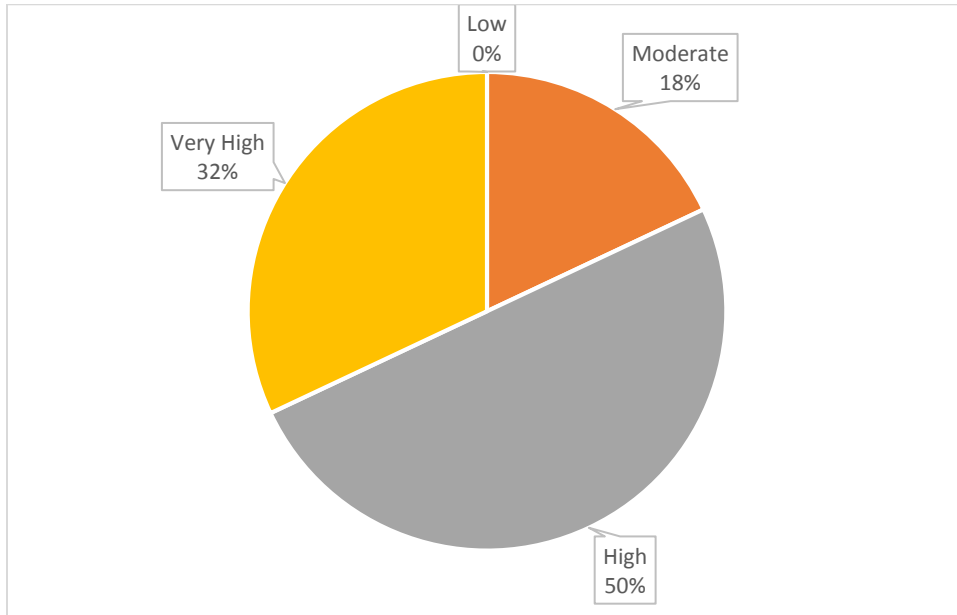
The 25 youth in residential treatment centers are being served by 6 different centers across the state. The 27 youth in group homes are being served by 20 different group homes across the state, including therapeutic group homes. Youth in these types of settings have been assessed by Beacon Health to meet the level of care criteria for a residential or group home based on their clinical needs.

In addition to the youth in DCF placements, there are currently 26 youth at Department of Correction prisons and 2 youth being held in Judicial Branch Juvenile Detention Centers. These 28 youth are being held in secure confinement for arrests in the community after their commitment to DCF. In the case of youth held at DOC facilities, they are being processed as adults either because of the serious nature of their charges or because they turned 18 during their delinquency commitment and were legally adults at the time of their new arrest.

Population Overview

The average daily population of committed delinquent youth statewide is approximately 250 youth. This number is significantly lower than it was ten years ago, when DCF had nearly 500 committed delinquent youth on its caseload on any given day. Committed delinquents are the highest-risk and highest need group of youth in the juvenile justice system. All of them have had prior involvement with Court Support Services Division Probation services prior to DCF commitment by the Superior Court for Juvenile Matters.

A Youth Level of Service (YLS) risk assessment is conducted by the youth’s juvenile justice social worker upon commitment to DCF. Since the implementation of the YLS, assessments have been conducted on 62 youth newly-committed youth. No youth were assessed to be a low risk for recidivism. Over 80% of the youth were deemed to be High or Very High risk:



Youth who are assessed to be High or Very High Risk, pose a danger to public safety or are a flight risk are currently placed at CJTS. However, the overall trend for CJTS admissions has been declining in recent years. There were 176 admissions of 149 unique (male) individuals to CJTS during 2015, compared to 222 admissions of 201 unique individuals in 2014. There were 15 admissions of 11 unique (female) individuals to Pueblo during 2015.

The 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).

Ages of Youth at Time of Admission (Calendar Year 2015)

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
Total	176	15

Race/Ethnicity of Admissions (Calendar Year 2015)

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%
Total	176	100%	15	100%

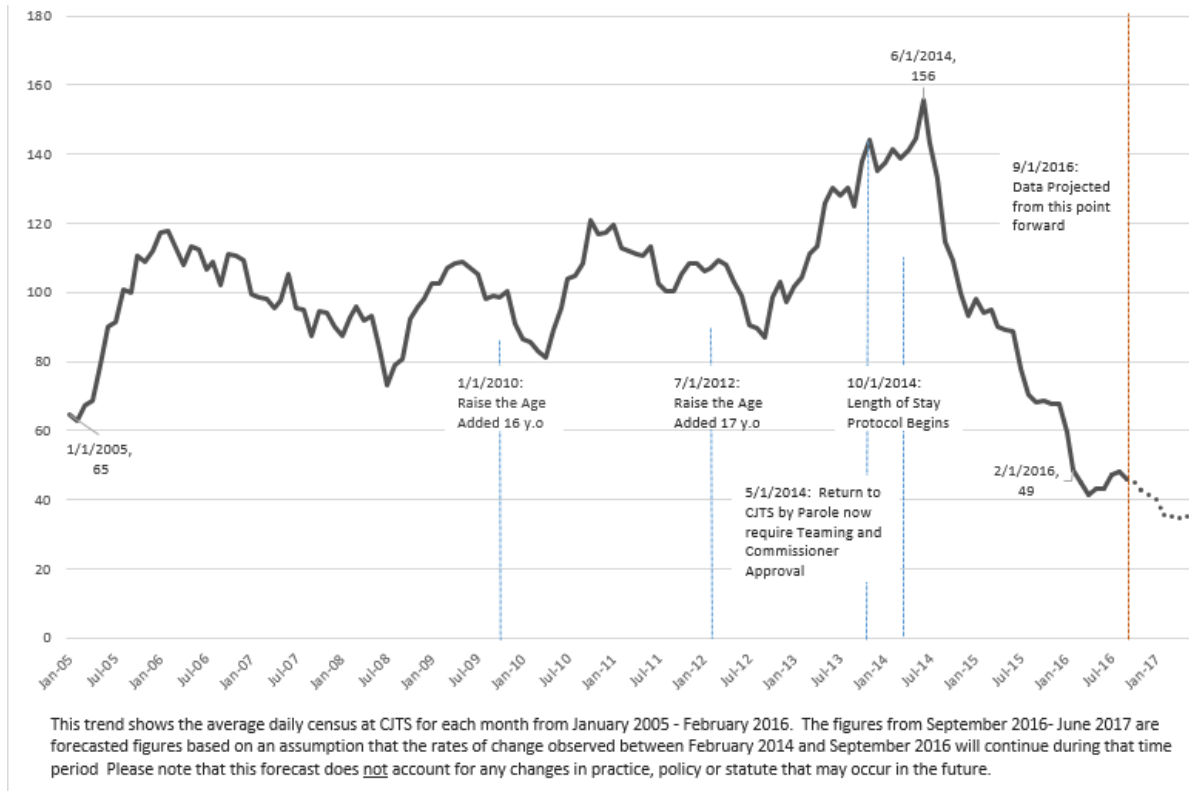
Primary Adjudication of Admissions to CJTS (Calendar Year 2015)

Primary Adjudication	Admissions
Larceny/Burglary	41
Weapons Charges	25
Robbery	21
Violation of Court Order/Probation	20
Assault	18
Narcotics Charges	12
Breach of Peace	9
Threatening	7
Escape from Custody	4
Sexual Assault	4
Criminal Trespass	3
Reckless Endangerment	3
Bribery	2
Interfering with Officer/Resisting	2
Use of Motor Vehicle w/o Permission	2
Disorderly Conduct	1
Failure to Appear	1
Criminal Mischief	1
Total Admissions	176

It is important to note that the Primary Adjudication, or Committing Charge, is often the result of a plea bargain and that some youth were originally charged with more serious offenses than their committing charge. A complete background on the population, and a summary of each individual youth's case, will be presented to providers at an upcoming forum to explore ways in which the provider community could help serve some of the very high and high risk youth

Census Forecast

As part of the planning process, DCF's Office for Research and Evaluation prepared a census forecast to determine the future need for secure beds in the juvenile justice system. The census of CJTS reached 156 youth in June 2014. The census decreased steadily from June 2014 until February 2016. Since that time, the census has been between 40 and 50 youth on any given day. If the trends observed between February 2014 and the present remain constant, the census of CJTS or any future secure facility would be between 35 and 45:



The recent decrease in the census can be attributed to two DCF policy changes that limited the use of secure confinement for some youth:

1. In May 2014, Commissioner Katz issued a directive requiring a teaming process and Commissioner approval before a youth can return to CJTS from the community;
2. In October 2014, CJTS Superintendent Bill Rosenbeck instituted a length of stay protocol with the goal of limiting length of stay to six months for most youth.

Based on these data, we estimate a future facility or facilities should have the capacity for 35 to 50 youth with the flexibility to downsize if the population continues to decrease based on the successful implementation of the activities in Goals 1-3 of this plan. Population projections will need to be updated on a quarterly basis to account for the implementation activities and any future changes in the system, such as the impact on the restrictions on the use of pre-trial detention or raising the age of juvenile court jurisdiction to age 20.

CJTS Closure Plan

The framework for closure of CJTS is informed by national best practices and consultation the Department of Children and Families has received from national juvenile justice experts. These include:

- the Annie E. Casey Foundation’s framework for reducing juvenile incarcerationⁱ;
- an assessment of DCF’s juvenile justice work conducted by the Georgetown University Center for Juvenile Justice Reformⁱⁱ;
- a review of the Connecticut Juvenile Justice School conducted by Dr. Robert Kinscherffⁱⁱⁱ;
- the most recent American Correctional Association accreditation report for CJTS.

In addition to input from national experts, DCF also conducted over 20 focus groups and community meetings with nearly 300 stakeholders across Connecticut. These included:

- the Juvenile Justice Policy and Oversight Committee;
- youth served by the juvenile justice system;
- CJTS and regional juvenile justice staff;
- the Local Interagency Service Teams;
- the DCF State Advisory Council;
- several DCF Regional Advisory Councils;
- the Connecticut Juvenile Justice Alliance Steering Committee;
- the Children’s Behavioral Health Advisory Council.

These community meetings revealed a consensus across Connecticut about the pressing needs of the youth in the juvenile justice system and potential strategies to ensure more youth are served in the community and not in secure confinement. These include preserving services in the following areas:

- job readiness and vocational training;
- substance abuse treatment and recovery supports;
- educational programs, including credit recovery services;
- transitional housing;
- transportation to facilitate family treatment and access to services;
- individualized plans for youth with complex needs;
- programs with longer length of service to address chronic needs;
- better integration of treatment planning and service delivery processes of the secure facility, regional DCF juvenile justice social workers and service providers.

Finally, in June 2016 the Annie E. Casey Foundation’s Juvenile Justice Strategy Group released the results of a survey it conducted with juvenile justice administrators and advocates in jurisdictions across the United States. The survey results provide a framework of principles for residential care for youth in secure placement.^{iv} These principles represent the consensus of

juvenile justice experts on a national level of best practices for the operation of secure facilities. They include:

Facility	Unit	Access/Family
<ul style="list-style-type: none"> • 50 beds or less • 50 miles from home or less 	<ul style="list-style-type: none"> • 10 kids or less • 1:10 staff/youth ratio or less • No locks on bedrooms • No toilets in bedrooms • All staff = program staff 	<ul style="list-style-type: none"> • Visitation 365 days/year • Transportation 1 time per week • Accessible via public transportation

Environment	Education
<ul style="list-style-type: none"> • Youth wear own clothes • Family style meals • Youth/staff help prepare meals together 	<ul style="list-style-type: none"> • Licensed teachers • Unit staff assist in class • Vocation programming • College classes • Credit recovery / GED prep

Many of these principles have been and/or will be incorporated into the program at CJTS and any future facility that replaces CJTS. Some items, like not having locks on the bedroom doors, will be evaluated based on the security level at any future facilities and the individual needs of the youth.

Based on this scan of national best practices and input from local stakeholders, the strategies for the plan to close CJTS include goals for improving services for youth in the community and goals for improving the experience of youth in secure confinement:

Community-based services goals

GOAL 1: Redefine eligibility for secure placement			
<u>The purpose of this goal is to ensure 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.</u>			
Action Step	Responsible	Timeframe	Estimated Cost
Formalize teaming practices regarding parole re-admissions to CJTS in DCF policy	Legal Division	Jan. – Mar. 2017	No cost
Ensure families and pro-social supports are part of the teaming practices at CJTS and in the community	CJTS Administration; DCF Regional Administrators	Jan. – Mar. 2017	No cost
Work with CSSD to ensure 100% of youth committed delinquent have been assessed with the JAG	Division of Adolescent & Juvenile Services; CSSD	Jan. – Mar. 2017	No cost
Use the YLS Screener at CJTS Intake	CJTS Administration	Ongoing	No cost
Use the YLS for treatment planning and placement decisions	CJTS Administration; DCF Regional Administrators	Ongoing	No cost

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 they are not engaging in behaviors that could lead to their re-arrest or re-admission to a secure facility.

Action Step	Responsible	Timeframe	Estimated Cost
Revise the functional job description of JJ social workers to emphasize restorative justice principles and family engagement	Human Resources Division	Jan. – Mar. 2017	No cost
Provide training to all Juvenile Justice Social Workers on techniques to support their revised job description	DCF Academy for Workforce Development	Apr. – Jun. 2017	No cost
Implement more frequent visitation standards between youth and their Juvenile Justice Social Workers based on a Structured Decision Making matrix, like the one used by New York City	DCF Regional Administrators	Apr. – Jun. 2017	TBD: There may be additional staffing cost associated with this action step
Implement intensive community services, such as ROCA	Division of Adolescent & Juvenile Services	July 2017	\$300,000

GOAL 3: Increase access/availability of non-residential community-based services

The purpose of this goal is to ensure appropriate community-based services are available across the state to meet youth's needs and decrease the need for secure care.

Action Step	Responsible	Timeframe	Estimated Cost
Expand vocational training and employment opportunities at CJTS and in the community	Division of Adolescent & Juvenile Services; Unified School District 2; Regional Systems Program Directors	July 2017	\$500,000
Expand access to substance abuse treatment and recovery supports, including MST-TAY, MST-FIT and ACRA-ACC	Division of Adolescent & Juvenile Services; Division of Clinical and Community Consultation and Support; Regional Systems Program Directors	July 2017	\$3 million
Develop housing programs and options for juvenile justice involved youth	Division of Adolescent & Juvenile Services; Regional Systems Program Directors	July 2017	\$350,000
Ensure juvenile justice involved youth have access to DCF's broad array of services through wrap-around funding for unique service expenditures	Division of Clinical and Community Consultation and Support; Fiscal Services Division; Regional Systems Program Directors	Mar. – Jun. 2017	\$250,000 to \$500,000
Enhance Quality Assurance system for the FREE program	Division of Adolescent & Juvenile Services	Mar. – Jun. 2017	No cost
Amend key juvenile justice contracts to allow services to remain in place after the end of delinquency commitment within existing appropriations	Division of Adolescent & Juvenile Services; Division of Grants and Contracts	July 2017	No cost
Develop an intensive wrap-around teaming process for youth who would otherwise be placed in secure confinement	Division of Adolescent & Juvenile Services (with consultation from national experts)	July 2017	\$2.2 to \$2.5 million

Closure Goals

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.			
Action Step	Responsible	Timeframe	Estimated Cost
Right-size staffing for smaller census	Human Resources Division; CJTS Administration	Ongoing	No cost
Update the CJTS population projection on an ongoing basis to account for the impact of the implementation of the activities in Goals 1 – 3	DCF Office for Research and Evaluation	Ongoing	No cost
Consolidate CJTS programming to three units	CJTS Administration	Completed	No cost

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.			
Action Step	Responsible	Timeframe	Estimated Cost
Ensure better integration of facility, regional and service provider treatment planning	CJTS Administration; Division of Adolescent & Juvenile Services	Ongoing	No cost
Ensure better integration of providers in the discharge planning process	CJTS Administration	Jan. – Mar. 2017	No cost
Change Youth Service Officer job description to promote more involvement in treatment planning	Human Services Division; Department of Administrative Services	Jan. – Mar. 2017	No cost
Provide transportation to facilitate family engagement and family therapy	CJTS Administration	Mar. – Jun. 2017	\$51,830

Incorporate elements of the Annie E. Casey Foundation's principles of residential care for youth in secure confinement, as appropriate by risk and needs of the population served at CJTS	CJTS Administration	Jan. – June. 2017	No cost
Enhance CJTS outcomes reporting, including data by race/ethnicity and age	CJTS Administration; DCF Office for Research and Evaluation	Mar. – Jun. 2017	No cost

GOAL 6: Replace CJTS secure capacity at an alternate setting(s)			
<u>The purpose of this goal is to establish an inclusive process for replacing the secure capacity at CJTS with an alternate setting(s).</u>			
Action Step	Responsible	Timeframe	Estimated Cost
Host forums for service providers to review data on the population of youth served at CJTS and explore options for serving some of them through contracted services.	DCF Commissioner's Office; Connecticut Community Nonprofit Alliance	Nov. 2016 – Jan. 2017	No cost
Create an advisory group of providers, advocates and other JJPOC members to provide input on replacing CJTS secure capacity	DCF Commissioner's Office; Office of Policy and Management	Dec. 2016 – Feb. 2017	No cost
Hold facility tours of High Meadows, the Ella Grasso Regional Center and other properties that could serve to replace CJTS. Tours will include an architect and other experts from DAS Construction Services.	Office of Policy and Management; Department of Administrative Services	Dec. – Feb. 2017	No cost
Develop a general outline and make recommendations of the program(s) to replace CJTS	DCF Commissioner's Office; Advisory Group	Dec. – Feb. 2017	No cost
Architect and construction manager retained. Rough outline	Office of Policy and Management;	Mar. – Apr. 2017	To Be Determined

of costs, needs developed. Facility recommendations refined.	Department of Administrative Services		
Design phase of the CJTS replacement project	Architect; Advisory Group; DCF Commissioner's Office	Spring - Summer 2017	To Be Determined
Bid the construction project	Department of Administrative Services	Fall 2017	To Be Determined
Replacement facility or facilities open and CJTS is phased out and closed	Department of Children and Families	Summer 2018	To Be Determined
Develop a plan for modifying CJTS if alternate locations cannot be found	Engineering Division; Office of Policy and Management; DAS Construction Services	Ongoing	To Be Determined

ⁱ Mendel, Richard A. *No Place for Kids: The Case for Reducing Juvenile Incarceration*. Baltimore, MD: Annie E. Casey Foundation, 2011. Print.

ⁱⁱ Kelly, Marior R., James C. Howell and Kristen Johnson. *Final Report for the State of Connecticut Department of Children and Families*. Washington, DC: Georgetown University Center for Juvenile Justice Reform, 2013. Print.

ⁱⁱⁱ Kinscherff, Robert. *Strategic Review of CJTS/Pueblo Girls Program Policies and Practices*. Delmar, NY: National Center for Mental Health and Juvenile Justice, 2015. Print.

^{iv} Balis, Nate. *AECF Principles of Residential Care [PowerPoint slides]*. Baltimore, MD: Annie E. Casey Foundation, 2016.