

Working Version
Connecticut Juvenile Training School
Length of Stay/Discharge Protocol
October 27, 2014

Connecticut (Department of Children and Families [DCF]) was one of four states that participated in the Juvenile Justice System Improvement Project (JJSIP) sponsored by the Center of Juvenile Justice Reform, Institute for Public Policy at Georgetown University. The core project team identified a number of areas for revision or improvement within the DCF juvenile justice continuum. Many of these are consistent with needed changes already identified by DCF staff and administration; other recommendations were new, reflective of national best practices and/or imbedded in research literature.

This length of stay protocol applies some of the Georgetown findings to various aspects of the youth placement process at the Connecticut Juvenile Training School (CJTS) and reflects (directly or indirectly) a number of the recommendations from the "Preliminary Report" (June 2013): e.g., strengthening of the community-based parole practice model; data driven decision making; developing a dispositional matrix, an incentive matrix, and a violation response matrix [specific to CJTS]; increasing the percentage of committed youth placed in the community; increasing the use of validated risk assessment tools; developing a seamless transition of treatment services from institutional setting to community setting; developing supervision and managerial protocols to guide practice with these youth with established outcome metrics to judge progress.

Goals

The primary goals of this protocol are to:

- 1) increase the percentage of committed youth who are in the community;
- 2) increase consistency across confinement-related decision making through the use of robust decision making parameters, based on national accepted best practices;
- 3) decrease both the perception and reality of "Disproportionate Minority Contact" issues through the application of decision making parameters;
- 4) further stabilize the CJTS milieu and increase community transition success through youth and staff having increased clarity regarding discharge timing and requirements;
- 5) motivate youth through incentives to comply with structures and participate in activities; and
- 6) improve communication and collaboration among all juvenile justice stake-holders;
- 7) increase public safety through the enhanced application of best practices to the secure confinement period.

Lengths of Stay at CJTS: Dispositional Matrix

Two complementary concepts argue for better managing lengths of stay at CJTS. First, the recognition that many youth have inadequate aftercare periods to support community reintegration and/or community program completion; this is confirmed by literature that recognizes the correlation between insufficient community time and higher recidivism. Second, the results of the Loughran et al. study (2009) that found that

longer periods of confinement did not reduce recidivism. Rather, re-arrests were cut in half with only three-to-six months of treatment and sanctions (Loughran et al., 2009). However, there seems to be a 'sweet spot' because confinement of less than three months resulted in *increased* recidivism in the study, as did stays of longer than nine months (Mulvey & Shubert, 2012) (as cited in Kelly, Howell, & Johnson, 2013, pp. 8-9).

Historically,

juvenile justice systems kept young people incarcerated and in out-of-home placements longer than required by the courts or deemed necessary by those providing supervision and treatment. This was often due to the faulty belief that long placements changed behavior and kept communities safe (Davis, Irvine, & Ziedenberg, 2014, p. 7).

In sum, CJTS lengths of stay need to decrease overall and concomitantly, post-confinement periods need to increase. Historically, discharge dates at CJTS have been determined by a team approach sometime well into the stay in an effort to take into consideration a number of factors such as participation in goal-related activities; treatment progress; behavioral compliance. This approach is contrary to the above-cited literature, leaves youth and families without any sense of control over their future, and complicates aftercare planning. It also may inadvertently create disparity in length of stay relative to a number of factors: juvenile justice social worker, clinician, unit, Region, and race/ethnicity. The below discharge planning processes addresses these concerns.

Discharge Planning Process: New Commitments

- A. All residents are admitted and placed on the Intake Unit for 30 days or until an appropriate unit is identified based on age. During admission, contact information for all stake-holders is gathered from the juvenile justice social worker to ensure their inclusion in all planning processes.
- B. All residents will have an initial Treatment Planning Conference (TPC)/CJTS Plans of Service (POS) meeting within 21-30 days following date of admission. This meeting is scheduled by the Administrative Case Review, social work supervisor. All parties including: facility; youth; family; legal; regional child welfare and juvenile justice staff; and community providers are invited to attend. In addition, regional clinical managers will be notified monthly of the TPC/POS meeting schedule by the ACR social work supervisor to promote regional resource group (RRG) clinical staff attendance.
- C. At the TPC/POS resident's legal, clinical, and educational history will be reviewed and resident's behavioral health needs and juvenile delinquency risks/needs will be identified. At this initial (21-30 day) treatment planning conference (TPC), the team will:
 - Determine the working discharge date based on the template below (complete Initial TPC/POS Length of Stay form);
 - Review youth's behavioral health needs, educational status, and recidivism/legal risks based on risk assessment and history;
 - With input of youth and family, determine clinical and educational goals for the stay and identify specific clinical and educational participation to earn incentives;

- Review incentive plan details with youth and family; have a discussion on progress to date; and determine incentive days earned since admission (complete Incentive Form);
- Secure youth and guardian signatures for referral to all potential aftercare programs (e.g., FREE, MST-FIT, MST-PSB, MDFT [RAFT]), with the clarification that the working discharge date presumes willingness to participate in these programs post-release;
- Juvenile justice staff will complete the FREE referral and CJTS clinical staff will submit the FIT/MDFT (RAFT) referral.

D. A discharge date will be set at the TPC/POS meeting in accordance with the CJTS length of stay guidelines as follows:¹

Discharge Planning Process: Parole and Congregate Care Admissions

The discharge planning process for youth who enter CJTS as a parole (community) admission (including relocations) or congregate care admission varies from the above in the following ways:

- A. A teaming will be held on the Wednesday immediately following the admission with all available stakeholders, in person or on the phone. (Please see above section "Discharge Planning Process: New Commitments," Section B for list of stake-holders. Also, the coordinator of congregate care from Central Office will be notified of all congregate care admissions.)² The teaming will occur at CJTS during one of the reserved half-hour Wednesday morning time blocks: 9:30-10:00; 10:00-10:30; 10:30-11:00. The teaming time for any particular admission will be set on or before the admission;
- B. The teaming will determine the initial plan, with the goal being (in most cases) for the youth to return to the community or congregate care facility in an expedient way;
- C. The team will also determine the working discharge date;
- D. Parole (community) and congregate care admissions also will receive a 30-day TPC/POS unless they are discharged by that date.

Length of Stay Template

Category	Length of Stay	Length of Stay with Maximum Earned Incentives³
New Commitment: 18 months	6 months	5 months
New Commitment: SJO - 4 years	12 months	10 months
Congregate	TO BE	

¹ A risk assessment instrument will be utilized to assist in determining initial discharge dates (e.g., whether secure placement is even warranted, whether immediate transfer to a congregate care alternative is appropriate). An instrument such the SAVRY or the Youth Compass will be used until the new instrument currently under development is finalized.

² If the youth is a re-admission to CJTS, the Director of Residential Care (DRC) that knows the youth best will either attend the teaming or will provide information to a covering DRC to present. If the youth is new, the DRC overseeing intake will generally attend.

³ These time frames do not account for the inability of youth to earn time during the final month of an admission.

Commitment	DETERMINED (by 11.1.14)	
Revocation within the current period of commitment. Note: if there is a new charge, the above parameters (e.g., 6 or 12 months) will apply.	TO BE DETERMINED (by 11.1.14)	

B. The CJTS psychosocial clinician will document the TPC/POS conference in Conduit, indicating the working discharge date as determined by the length of stay template, for subsequent access by the treatment team of the general population age-based unit where the youth is assigned.

Incentive System

An incentive system toward earlier discharge will be instituted as part of this LOS protocol: earned days toward an earlier discharge for appropriate behavior *and* for participation in clinical and educational goals. Six incentive days may be earned each month (30 days) by youth who demonstrate participation in required activities, especially those related to youth-specific goals, and who remain free from significant negative behaviors (see below Behaviors Impacting Incentives for specifics). The recommended six days that can be earned each 30 days through the incentive system should be sufficient to motivate and reinforce compliance and participation. These days may be earned in increments of three days (every two weeks). *In order to ensure adequate planning time for discharge, time cannot be earned during the final month prior to the working discharge date.*

Ultimately, secure confinement should only be long enough for youth to stabilize behavior and gain self-control over his/her daily regime (Mulvey & Shubert, 2012). Thus, such a system would support more rapid returns to community.

Description	Incentives
Each calendar month: absence of any incident of a violent nature or potentially affecting several people (e.g., fire setting)[see Behaviors Impacting Incentives], or a combination of chronic and serious incidents PLUS full participation in all goal-related required clinical and educational activities	6 days per calendar month [30 days--starting on day of admission] (thus, up to one earned month on five months in confinement or two earned months on ten months in confinement).

Incentive time is a motivational system only. Incentive time cannot be “lost”; it can only “not be earned.” As noted above, discharge dates can only be negatively impacted through major behavioral events or new charges. Potential homelessness should not impact discharge as housing should be part of the ongoing transition planning from facility to community and addressed proactively.

If a youth scheduled for six months at CJTS earns all possible incentive time, s/he is discharged at five months which remains within the conceptual "sweet spot" timing for maximum benefit.

Behaviors Impacting Incentives

The occurrence of any of the following behaviors during *each 30-day period* will prevent a youth from earning the six (6) incentive days:

- Physical assault of any form on another youth or on a staff member or other individual;
- Behavior that directly and seriously threatens the well-being of other individuals within the facility: significant threats (can be internal or community); security tampering/breach [e.g., fence, systems, and sprinkler devices]; fire setting; significant contraband [e.g., shanks, meds], and any matters that result in an arrest;
- A significant number of minor incidents over the month when there is no pattern of improvement over the course of the month. While there are many youth who have numerous incidents monthly which may increase at times, this bullet should be applied [to deny incentive days] only in circumstances when there is especial concern and this is supported by the assistant superintendent (AS).

In addition, to earn the incentive days the youth must participate in required clinical and educational activities that are recommended as part of the treatment plan.

The assistant superintendent will have the final determination when there is disagreement among treatment team members regarding a youth's earned time in any month.

Alterations to Working Discharge Date:

Once established the working discharge date can be altered only for three reasons:

- Time has been earned through the incentive program, decreasing the stay;
- The youth has received a new external charge and sentence, extending the stay;
- The team has determined that an override of the discharge date is appropriate (decreasing or extending the stay), according to the established override rubric provided (see Override Rubric below).

Factors influencing the discharge date shall only include areas that directly relate to the need for locked confinement (most restrictive environment) as opposed to non-criminogenic needs/well being factors such as treatment, education, phase or level, family readiness. Concerns for the youth's safety in the community also should have limited impact on discharge, for the same reasons as above. Recidivism risk (to repeat the instant offense) should impact the level of supervision upon discharge rather than the length of stay in locked confinement since longer confinement does not decrease this risk.

While non-criminogenic needs/well being factors impact the youth, they do not support the need for confinement and can be addressed in the community (or, in the case of the family, are not within the youth's control). There will be times when it may appear "preferable" to, e.g., have a youth finish a treatment program or finish an academic year, etc. prior to discharge from CJTS. However, when the working discharge date has been known since the admission, planning for such transitions (treatment, academic, otherwise) can be done over the (at least) several months of confinement. Elements negatively impacting discharge should include only: significant behavioral events

(through lack of earned incentives [see above] and potential override: see Override section for specifics) or new charges.

Management of Case Throughout Stay

- The initial treatment planning conference within 21-30 days of admission will review strengths and needs, and outline the projected course of stay (see "C." above under Discharge Planning Process for details);
- At the first treatment meeting following resident transfer to general population (usually 30-45 days after admission):
 - the juvenile justice social worker will participate in person or by phone;
 - specific goals for family engagement and treatment will be determined and potential obstacles identified through collaborative efforts of the clinician and JJSW;
 - the assigned clinician (general population) will ensure that discharge referrals for aftercare services identified at the initial TPC were made and received. Any releases not yet signed will be completed at the first family session or visit;
 - clinician will summarize treatment team meetings in Condoit and make any changes to the working discharge date on the Condoit placement page.
- At each month's treatment team meeting:
 - the team, including youth and family⁴, will review progress toward clinical, educational, and behavioral goals;
 - the unit leader or assistant unit leader will provide the information to complete the incentive form (i.e., behavioral details from past month; clinical and educational participation from past month, gained from discussions with those disciplines);
 - the team will confirm whether zero (0), three (3), or six (6) days were earned during the previous month based on the established parameters. (All staff involved with a youth--residential, clinical, educational, JJSW, et al.--provide daily feedback to youth on their progress and behavior. This is particularly important to ensure that youth who are doing poorly during the first part of a month understand that there is benefit to showing improvement for the remainder.] No decisions on incentive time can be made or communicated outside of the monthly team meeting process.)
 - the clinician will change the working discharge date accordingly in Condoit on the placement page within five days;
 - by approximately March 2015, the youth will participate in as much of the meeting as possible to receive feedback from the available team members regarding the previous month: discuss progress, learn about areas of concern, continue discharge planning, and understand the reasons for determined incentive days. The youth will be encouraged to actively participate in all aspects of the discussion;
 - until March 2015, the unit leader or assistant unit leader will meet with the youth to provide the feedback from the meeting including any change in the discharge date;
 - the meeting will be strength-based and motivational with the focus on what went well during the previous month and supporting his/her ability to either continue the positive performance or improve during the next month;
 - monthly tracking of resident's progress will occur during the treatment plan meetings and be documented in the Condoit Monthly Plan within five days.

⁴ Youth and parent/guardian do not currently participate in the treatment meetings. The goal is to introduce youth (and parent/guardian by phone) beginning March 2015.

- No later than three months into the stay for youth with five-six month estimated stays and seven months into the stay for youth with ten-twelve month estimated stays,
 - intake appointments will be scheduled for referrals made to aftercare programs (e.g., FREE, MDFT [RAFT], MST-PSB, or FIT);
 - youth will become eligible for passes (leave) unless there has been a serious behavioral event (as outlined in Incentive and Override sections) in the previous 30 days. Passes are voluntary and subject in part to parent schedules, transportation, community issues.⁵ Pass status should be reviewed monthly at the treatment team meeting;
 - educational 603 forms must be completed by JJSW to ensure that the Cady School pupil services specialist (PSS) will schedule a planning and placement team (PPT) meeting for youth who are special education or can contact the receiving school system if the student is regular education⁶;
 - in consultation with all stake-holders--including youth and family--, juvenile justice social workers (and CPS staff if applicable) will determine if the youth requires a congregate care referral. If a congregate care referral is indicated, the team should determine if the youth can be referred immediately or if s/he should complete the secure confinement period. Reasons either way should be justified in Condoit by the juvenile justice social worker. For youth for whom such a need is determined, the CJTS clinician will write a clinical recommendation, to be reviewed by CJTS clinical supervisor, clinical director, and superintendent who forwards to the Commissioner. If Commissioner grants approval, the CANS is completed by the juvenile justice social worker and regional ARG staff.

Override Rubric

As noted above, one goal of this protocol is to increase consistency across confinement-related decision making at CJTS through the use of robust decision making parameters. The application of the outlined parameters will achieve this and other goals. However, there will be times when a treatment team believes that it is in the best interest of a youth to alter the established working discharge date, in *either* direction. These occasions should be infrequent (i.e., no more than 5-10% of the time) and each override must be approved by the assistant superintendent (AS).

A. MOST overrides should be instituted at the 21-30-day treatment team meeting so that the youth and family are aware of the variance from the protocol from the beginning of the confinement.

Some examples of overrides that **would occur most frequently at the 21-30-day TPC include:**

- For a youth where educational transitions are particularly difficult and the timing of the working discharge date makes such a transition more challenging, moving the discharge *earlier* (e.g., to allow for a full school quarter in the community) OR moving it back (to allow for semester or year completion at Cady School). All requests for override that include an educational rationale must have the approval of an educational administrator. Moving the date back should be done infrequently and only with the agreement of the youth and guardian;

⁵ Authorization for leave must remain consistent with CJTS policy and Connecticut General Statutes. Thus, at a minimum, a youth must have been a resident for at least 90 days (or 180 days for an SJO) OR be scheduled to be discharged within 30 days and all passes are subject to a youth-specific safety assessment.

⁶ Although holding a PPT prior to discharge is optimal for transition planning, it is not a requirement to return to a community school setting. The youth simply continues on his/her existing IEP until a PPT can be held at the new school.

- For a youth for whom this is not the first commitment, the team *may* elect to seek a rapid transfer to a congregate care setting (e.g., to pursue an alternative intervention than has been received to date), thus moving the working discharge date ahead;
- For a youth whose risk assessment suggests that there is high likelihood to recidivate a crime against person (e.g., assault) *and* the youth's history suggests a serious and escalating pattern of negative behavior, the team may consider adding approximately one-two months to the working discharge date. If the youth's behavior throughout the first several months of confinement displays a pattern of improvement, these additional months may be removed at a monthly treatment team meeting (with AS approval);

B. Overrides that occur at other points in the confinement generally should be secondary to serious offenses within the institution. Serious offenses have one consequence in that they result in the forfeiture of incentive time. However, if the offense is sufficiently serious (for example, an unprovoked serious assault on a peer, or an assault on a staff), the treatment team may recommend that the working discharge date is extended. Again, these can occur only with the approval of the AS. The AS may defer the override request to a CJTS administrative review committee which will help ensure consistency of response.

C. Similarly, if there is a pattern of fighting with peers--or instigating fights among other peers--that is chronic, increasing, and serious over several months, the team should consider if the working discharge date should be extended. Unless this discussion can occur at a scheduled meeting, the responsible Director of Residential Care (DRC) should convene an emergent meeting of the team to review the need for an override.

D. In each of the above situations, the date should not be extended more than one-two months without there being significant ability to document risk to public safety. If there are external charges, the responsibility for additional time will rest with the court.

E. Finally, there are times when overrides must be requested because the targeted working discharge date cannot be accomplished (e.g., an interstate compact is pending; a congregate care placement is pending; etc.) and the youth needs to stay more than five business days beyond the established date. [If a youth will be discharged within five business days of the established date, no override is necessary.] These overrides should be avoided whenever possible as they represent situations when youth remain longer in a secure setting for reasons unrelated to their commitment.

Operationalization of LOS Protocol:

It is proposed that this protocol be instituted at CJTS as of **October 1, 2014**. As of that date, all new commitment admissions will be subject to the new parameters. In preparation, several tasks need to be completed. These include but are not limited to:

- communicating the protocol to all internal and community stake-holders: facility staff; Regional Administrators; juvenile justice staff; CPS staff (including ARG staff); attorneys; CSSD staff; court personnel; community providers [superintendent and designees];

- updating Conduit to manage discharge date variations through a stay and all other related new tracking data [Rob Longley with CJTS administrators];
- training all staff directly involved in ensuring compliance with processes [TBD]; and
- the treatment teams (juvenile justice social workers and CJTS clinical and residential staff) will by October 1, 2014:
 - establish discharge dates for all youth *currently* at CJTS that are reasonably consistent with the new parameters;
 - for those youth whose stays have already exceeded the parameters, develop individual plans for dates of discharges within approximately the next one to two months, expediting community referrals and discharge PPTs;
 - for those youth who have more complex issues (e.g., an APPLA goal), the treatment teams have until October 15th, 2014 to establish the discharge date and plans;
 - by November 1, 2014, establishing a LOS rubric for those youth who enter CJTS via a parole (community) or congregate care admission (see pending section above).

References

Davis, A, Irvine, A, & Ziedenberg, J (2014), Close to home: strategies to place young people in their communities. National Council on Crime & Delinquency (NCCD) report.

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Loughran, TA, Mulvey, EP, Schubert, CA, Fagan, J, Piquero, AR & Losoya, SH (2009), Estimating a dose-response relationship between length of stay and future recidivism in serious juvenile offenders, *Criminology*, 47, 699-740.

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