



OLR RESEARCH REPORT

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OLR BACKGROUNDER: THE CONNECTICUT JUVENILE TRAINING SCHOOL

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SUMMARY

The Connecticut Juvenile Training School (CJTS) opened on August 27, 2001 as a secure facility for boys judicially committed as delinquent to the Department of Children and Families (DCF). While still used for this purpose, the school's security practices and programming have changed over time.

Joint reports by the Office of the Child Advocate (OCA) and attorney general in 2002, 2003, and 2004 detailed concerns about the disciplinary methods used, inadequate staff training, and several other issues. In 2005, Governor Rell expressed her intention to close the school, but for a variety of reasons including the implementation of Raise the Age legislation, the facility remained open.

The school has made several changes since the 2004 report. The maximum security cells are no longer in use and school policy strictly limits the use of restraints. Annual training is now mandatory for CJTS staff members. The school provides a wide variety of vocational and education programs, psychiatric treatment, behavioral therapy, and extracurricular activities. Its current stated mission is “[t]o prepare boys committed to the Department of Children and Families [DCF] and placed in a secure facility for successful community re-entry by providing innovative educational, treatment and rehabilitative services.”

In 2009, CJTS received American Correctional Association (ACA) accreditation and it was reaccredited in 2012. In order to earn accreditation, the school had to comply with 455 standards related to policy, procedures, and practice.

The CJTS Joint Advisory Board submits a yearly report to the DCF commissioner that provides demographic information about the school population, recidivism rates, educational and behavioral programs, and a variety of other information.

HISTORY

CJTS opened on August 27, 2001 as a secure facility for boys judicially committed as delinquent to DCF. By November 2001, significant public concerns arose about programming, vocational training, education, disciplinary practices, staff injuries, and workers' compensation claims. The Office of the Child Advocate and the attorney general issued joint reports in 2002, 2003, and 2004 citing several concerns such as the frequent and inappropriate use of restraints and seclusion, inadequate suicide prevention measures, and insufficient staff training.

On August 1, 2005, in response to an advisory committee's recommendations, Governor Rell [announced](#) her decision to close CJTS in 2008 and open three smaller regional secure facilities for troubled youths, two for boys and one for girls.

Closing CJTS proved to be problematic. According to the [Hartford Courant](#), in 2006 the General Assembly failed to act on the governor's mid-term budget bonding package that included funds to purchase land parcels for the three new facilities to replace CJTS. Some lawmakers on the Appropriations Committee also expressed reluctance to grant DCF's request for \$40 to \$50 million to build the facilities given CJTS' failure. Others thought the money would be better spent on more staff training and programs at the school instead of shutting it down.

In February 2008, Rell announced that instead of closing CJTS she intended to increase the school's population from 100 boys to 220 by 2010 in order to accommodate the increase in delinquency convictions anticipated from the raise the age legislation. The legislation, passed in 2007, brought 16 year olds from the adult criminal justice system into the juvenile justice system in 2010 and did the same for 17 year olds in 2012.

The school has made several changes since the 2004 OCA and attorney general joint report. The maximum security cells are no longer in use. The school now mandates yearly staff training and has policies limiting the use of restraints. Additionally, it has implemented new record keeping standards, expanded the extracurricular and academic opportunities available to residents, and provided more psychiatric treatment and behavioral therapy.

In 2009, CJTS received national American Correctional Association (ACA) accreditation and it was reaccredited in 2012.

POPULATION

The CJTS population hovers around 100 with a maximum capacity of 135. The facility was originally built to house up to 240 children, partly because the (1) average daily census of CJTS's predecessor, Long Lane School, was 240 and (2) facility was originally intended to house both boys and girls. However, in the process of seeking ACA accreditation, several rooms were deemed unusable because they had no access to natural light. Some of the former spaces have been converted to administrative offices and others are unused at the present time.

CJTS admitted 163 unique individuals in 2011. Some of the boys were admitted more than once, resulting in 174 total admissions for the year. The average length of stay was 7.2 months. The average age at time of admission was 16.4 years old. This number is likely to go up as a result of the Raise the Age legislation, which, in July 2012, added 17 year olds to the juvenile courts' jurisdiction for certain crimes. (On January 1, 2010, the legislation added 16 year olds to the juvenile court's jurisdiction for certain crimes. From 2010 through early 2012, the number of boys age 16 and older who were committed to CJTS increased.) The following tables present the age and demographic breakdowns of the individuals admitted to CJTS.

Table 1: Ages of Boys at Time of Admission to CJTS in 2011

<i>Age</i>	<i>Number of Boys</i>
13	2
14	13
15	39
16	69
17	49
18	2

Source: CJTS Advisory Board Report to the DCF Commissioner, 2012

Table 2: Race/Ethnicity of Boys Admitted to CJTS in 2011

<i>Race</i>	<i>All Admissions</i>		<i>Unique Individuals Admitted</i>	
	<i>Number</i>	<i>Percentage</i>	<i>Number</i>	<i>Percentage</i>
African-American	80	46%	73	45%
Caucasian	24	14%	24	14%
Latino	44	25%	42	26%
Other	26	15%	24	15%

Source: CJTS Advisory Board Report to the DCF Commissioner, 2012

Location Prior to Admission

Boys were admitted to CJTS from: home (64%), residential placement (32%), or prison (4%). Those admitted from home include boys who were first time admissions as well as those who were home on parole. Those admitted from prison include those boys who were age 17 or older and committed delinquent. According to the report, if a boy in DCF custody is released from prison on bond he may be placed at CJTS and “once there is a court hearing, the likely disposition is placement at CJTS unless the crime is serious enough to keep him in prison.”

RECIDIVISM

According to the 2012 CJTS Advisory Board report, 33 boys who were discharged from the school returned in the same year. This number represents 21% of the boys who could return after being discharged (i.e. those who had not aged out of the juvenile system when reconvicted). The rate has decreased 10% since 2005. According to the 2006 CJTS Advisory Board report, 44 boys who were discharged from the school in 2005 returned the same year. This number represented 31% of the boys who could have returned after being discharged.

MENTAL HEALTH

Psychiatric Diagnosis and Treatment

Most of the boys admitted to CJTS in 2011 had at least one psychiatric diagnosis. Many of the boys had more than one diagnosis. Conduct disorder was the most common diagnosis (82%), followed by cannabis abuse (51%), parent-child relational problems (34%), and attention deficit/hyperactivity disorder (32%). Each resident is assigned a clinician who creates a treatment plan and provides clinical services. Recommendations for psychiatric treatment are included in the treatment plans of the diagnosed boys.

CJTS staff members also use the UCLA Post-Traumatic Stress Disorder trauma screen to assess boys on their admission to CJTS. Depending on the score, a boy may be referred to a trauma therapy group led by a trained staff member.

In 2011, 153 boys or 94% of those admitted participated in individual therapy and 111 or 68% participated in family therapy sessions. Other treatment CJTS provides include:

1. dialectical behavior therapy, a type of therapy that emphasizes mindfulness and validation for residents with trauma history, as well as residents who struggle with self-harm, suicidal thoughts, or other problematic behaviors;
2. aggressive replacement training, a type of therapy that helps aggressive residents learn anger control techniques and build social skills; and
3. individual treatment from an outside provider for residents with problem sexual behavior.

Substance Abuse Treatment

CJTS clinical staff members use the Global Appraisal of Individual Need Short Screener (GAIN-SS) to screen new admissions for substance abuse needs. Of the 163 boys admitted in 2011, 94 or 57% were diagnosed with a substance abuse disorder, with 10 boys or 6% abusing two or more substances. Cannabis abuse was the most common substance abuse diagnosis (51%) followed by alcohol abuse (8%) and cannabis dependence (6%). Boys with substance abuse diagnoses must participate in the Seven Challenges program.

Seven Challenges is an evidence-based program designed to help adolescents change problem behaviors. According to the 2012 CJTS Advisory Board report, “the program, which focuses on enhancing decision-making and problem-solving skills, has been found to decrease substance abuse and aggression, and to lead to positive mental health outcomes.” Participants attend both individual and group sessions. They are also responsible for completing weekly workbook and journal assignments. The program typically takes four to six months to complete, so most boys enrolled in the program are involved with it for the duration of their stay.

EDUCATION AND RECREATION

Academics

Boys attend classes at the Walter G. Cady School located on the CJTS campus. Residents spend their first month in the school’s intake unit and complete a variety of assessments, including behavioral, vocational and achievement testing. CJTS staff members also obtain the boys’ prior school records and upon completing intake, each resident receives an individualized schedule with a self-selected vocational class and an assigned literacy group for reading instruction. Vocational classes include: small engine repair; computer graphics technology; culinary arts; auto detailing; building trades; horticulture and landscaping; hairstyling, barbering and cosmetology; and paint production technology.

Residents attend classes for five hours and 20 minutes per day Monday through Friday. In addition to the regular school year (184 days), residents also take classes during a 32 day summer session. Seven residents completed all the necessary coursework to graduate from high school in 2011.

CJTS plans to open a post graduate school as part of an expansion project slated for completion in 2014. The construction project is a response to the Raise the Age legislation and is intended to offer educational opportunities to the anticipated older population.

Intramural Activities

The school's football team, the Cady Hawks, was created in July 2010 in response to a resident council request. Residents must meet certain behavior requirements in order to participate. The team plays games against other junior varsity teams in the area.

The Boys and Girls Club of America has a club on the CJTS grounds that provides programs for residents and also helps link them to similar clubs in their own communities upon discharge.

The Rehabilitation Therapy Department provides several other programs for residents including book club, chess club, cross stitch, art therapy, weight lifting, model-building, and intramural sports.

BEHAVIOR INTERVENTION

CJTS discontinued its use of maximum security cells shortly after the facility opened. The cells currently await conversion to office space or more appropriate individual rooms. The cells were previously used as an intervention method for inappropriate and violent behavior. As an alternative, CJTS staff members now use verbal de-escalation techniques to address problem behavior. In the event that a boy must be isolated from the general population, he is confined to his own room instead of a maximum security cell. According to Superintendent William Rosenbeck, room confinement is used as a means for a resident "to regain control or allow for a situation to de-escalate before he reenters the group." The door to his room remains unlocked unless he poses a threat of harm to other residents. CJTS currently tracks each incident of unlocked room confinement and seclusion (locked room confinement) and documents the length of time for these interventions.

According to Superintendent Rosenbeck, restraints are currently used in very limited circumstances. They are never used for punishment or discipline, only intervention and safety, such as when two or more boys are fighting or a boy is being aggressive towards staff or another resident. In the event that de-escalation techniques do not work, a staff member may guide the resident away from the situation. If the boy resists, staff members may use "safe crisis management techniques," involving first a standing hold then, if necessary, a sitting or floor hold. Mechanical

restraints such as handcuffs are only used to move an aggressive, resistant resident safely from one location to another. CJTS currently documents all use of physical and mechanical restraints and reports such use to DCF on a monthly basis.

Staff members follow standard procedures for all behavioral incidents with residents. The supervisory staff meets with all the parties involved, discuss what transpired, and talk about more effective means of dealing with anger or conflict in the future. This is done in order for the resident or residents involved to fully re-enter the living unit with the rest of the youth and staff.

STAFF TRAINING

According to Superintendent Rosenbeck, CJTS staff members must complete certain training requirements on a yearly basis and they have opportunities throughout the year to complete additional training beyond that minimum as well. Mandatory yearly training includes safe crisis intervention, first aid, and suicide prevention classes. CJTS administration tracks all staff training to ensure that staff members complete all mandatory training, as required for continued ACA accreditation.

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