

**Working Version**  
**Connecticut Juvenile Training School**  
**Length of Stay/Discharge Protocol**  
**June 9, 2015**

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:<sup>1</sup>

***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.)<sup>2</sup> 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.

Note: whenever there is disagreement around a length of stay decision between the Regional team representatives and the facility team representatives, the respective team members should rapidly address the issue through their respective chains of command. Ultimately, the respective regional administrator and the CJTS superintendent collaboratively will make the decision.

***Length of Stay Template***

<b>Category</b>	<b>Length of Stay</b>	<b>Length of Stay with Maximum Earned Incentives<sup>3</sup></b>
New Commitment:	6 months	5 months

<sup>1</sup> 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.

<sup>2</sup> 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.

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

18 months		
New Commitment: SJO - 4 years	12 months	10 months
Congregate Commitment	Please see Appendix A	
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.	Please see Appendix A	

- 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 (two days each for residential/behavior, clinical, and educational areas) 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.

<b>Description</b>	<b>Incentives</b>
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, and full participation in all goal-related required clinical and educational activities. <sup>4</sup>	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).

<sup>4</sup> Please see Appendix B for specifics regarding applying incentive days.

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 slightly over 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. When youth receive a new sentence during the CJTS stay, the JJSW will communicate the outcome to the CJTS team. This will ensure that a teaming occurs within seven days of the court appearance to establish the new working discharge date and review discharge planning (see Appendix A for LOS guidelines for these situations)
- 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 should not be the primary determinant of 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 family<sup>5</sup>, 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) to 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

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<sup>5</sup> 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.

- 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.
- 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.<sup>6</sup> 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 education<sup>7</sup>;
    - 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) [educational overrides are approved by the principal]. All overrides should be submitted to the appropriate administrator by the director of residential care (DRC). It is critical that the DRC discusses the

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<sup>6</sup> 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.

<sup>7</sup> 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.

proposed override with the juvenile justice social worker (and documents this on the override form) prior to submission to the assistant superintendent to ensure team cohesion.

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 slightly *earlier* (e.g., to allow for a full school quarter in the community) OR moving it slightly back (to allow for semester or year completion at Cady School). All requests for override that include an educational rationale must be generated by the educational administrator. There should be no discussions around this option until and unless the principal agrees that it is reasonable for the discussions to occur regarding a particular youth. Moving the date back should be done infrequently and only with the agreement of the youth and guardian;
- 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 a pattern of significant offenses or a single serious offense (such as an assault) within the institution. Overrides for such behavior should be discussed and recommended at monthly treatment team meetings which include all stake-holders. 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. Generally, these should be submitted after there has been sufficient time to assess whether or not the youth's behavior will stabilize, not after every event. 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. Since overrides are to achieve a specific goal (not for punishment), they are generally approved for "up to X days" so a youth may leave closer to the original date if behavior or other circumstances allow.

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 (i.e., new commitments, etc.). Appendix A outlines recommended lengths of stay for these and other alternative situations.

E. 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.

F. Finally, there are occasions when the team determines that a youth should leave *earlier* than the established working discharge date. This may be decided any time during the admission. The goal with congregate care and parole admissions is to stabilize the youth and return him to placement or home as soon as is reasonable. Thus, the team sets the initial working discharge date up to the guideline, based on its initial assessment of how long the process should take. Often, the team and youth need less time than has been estimated and thus there is no need to submit an override when these youth leave early. However, when youth who are admitted on new commitments will leave more than seven days before the working discharge date, the team must submit an override request through the Director of Residential Care.

***Operationalization of LOS Protocol:***

This protocol was instituted at CJTS on **October 1, 2014**. As of that date, all new commitment admissions will be subject to the new parameters. In preparation, several tasks were completed. These included 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 Condoit 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; and
- the treatment teams (juvenile justice social workers and CJTS clinical and residential staff) by October 1, 2014:
  - established 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, developed 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 established the discharge date and plans by October 15<sup>th</sup>, 2014;
  - by November 1, 2014, established a LOS rubric for those youth who enter CJTS via a parole (community) or congregate care admission (see Appendix A for details).

## 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.

Justice Policy Institute, March 2013. *Common Ground: Lessons Learned from Five States that Reduced Juvenile Confinement by More than Half.*

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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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**Appendix A**  
**Rubric for "Other" Scenarios for**  
**Length of Stay Determination**  
(Last Updated: May 21, , 2015)

**1. Youth is admitted on new commitment with additional pending juvenile charges<sup>8</sup>; gets recommitted on these during stay:**

- If admitted on 18 month commitment and recommitment is 18 months, LOS remains at total of 6 months [consideration may be given to adding 1-2 months to total LOS if youth displays consistent dangerous behavior and risk assessment supports dangerousness to persons]; LOS should not exceed 8 months;
- If admitted on 18 month commitment and recommitment is 4-year, LOS goes from 6 months to 12 months total;
- If admitted on 4-year and is recommitted on another 4-year, LOS remains at total of 12 months [consideration may be given to adding 1-2 months to total LOS if youth displays consistent dangerous behavior and risk assessment supports dangerousness to persons]; LOS should not exceed 14 months;

**2. Youth is admitted on new commitment and gains a new juvenile legal charge DURING the CJTS admission and is recommitted during the stay:**

- If admitted on 18-month commitment and recommitment is 4-year, LOS goes from 6 months up to 12 months total.
  - If youth has already reached 12 months by court resolution, additional two months may be added to stay (14 months);
- If admitted on 18-month commitment and recommitment is 18 months, LOS may go from 6 months to 8 months total;
- If admitted on 4-year commitment and recommitment is 18-months OR 4 years, LOS may go from 12 months to 14 months [LOS at CJTS] ;
  - If youth's behavior since incident has been positive, team may elect to keep LOS at 12 months (as second commitment is less serious than initial);
- **NOTE: if in the case of either #1 or #2 above, the original charge is vacated and replaced by another commitment, the LOS should be treated the same as a re-commitment.**
- **Also in cases of #1 or #1 above, when a youth is recommitted during the stay, the JJSW will communicate the outcome to the CJTS team. This will ensure that a teaming occurs within seven days of the court appearance to confirm the new working discharge date and update discharge planning.**

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<sup>8</sup> Whether pending charges are in juvenile or in adult court, **there is no automatic impact on the LOS until the charges are resolved.** If the pending charges are in adult court and youth's working discharge date (whether home or to another congregate facility) is PRIOR to the adult court date, some resolution must occur with the adult court in consultation with the JJSW and the youth's attorney to ensure the court is agreeable to the plan. Following a court date with a case resolution, the Director of Residential Care (DRC) submits an override form to document the team's recognition of the court decision, whether or not the date changes. The Assistant Superintendent signs off on the date (whether extant or changed) and notifies stake-holders.

### **3. Youth on parole is admitted from home on a recommitment<sup>9</sup>:**

Whether this is first admission to CJTS OR prior initial commitment period was spent in other congregate care and recommitment is 18 months, LOS is up to 3 months; if recommitment is for 4 years, LOS is up to 6 months.

### **4. Youth is admitted on congregate care or parole admission<sup>10</sup> (revocation)<sup>11</sup>:**

- Teaming should occur within 2-3 days of admission to assess if immediate transfer out (home or other setting) is an appropriate option;
  - Revocation youth should be strongly considered for rapid movement to programs such as CJR or Youth Continuum;
- If youth has 18-month or 4-year commitment, LOS at CJTS generally should not exceed three months to ensure adequate time in the community prior to commitment end;
- If youth is admitted with new juvenile charges pending and is recommitted during stay:
  - If recommitted to 18-months, total LOS should be up to 3 months from admission;
  - If recommitted to 4-years, total LOS should be up to 6 months from admission;
- If youth gains a new legal juvenile charge DURING the CJTS admission and is recommitted during the stay:
  - If recommitment is for 18-months or 4 years, total LOS should not exceed 6 months.

### **5. Youth who are admitted with mittimus requirements to serve an absolute minimum in placement:**

The existence of a mittimus requirement itself does not impact the length of stay at CJTS. The requirement impacts the total time in placement, not at CJTS. If the team (CJTS and Region) feel that risk and safety issues of the particular case warrant a longer stay than the protocol guideline, just as with recommitment cases that do not have mandatory mittimus language, the team should request an override, ideally at the onset of the stay. There may be situations of extreme safety risk and/or charge seriousness where it makes sense for the youth to serve the entire year at CJTS. In most cases, however, it is anticipated that the youth will transfer to placement and CJTS will work collaboratively with the Region to develop a discharge plan to an appropriate congregate care setting.

### **7. Pending Adult Charges:**

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<sup>9</sup> That is, charge likely was not serious enough to warrant return to CJTS upon arrest, if previously at facility.

<sup>10</sup> This section applies to all youth admitted via parole or congregate care admission, whether or not they have been at CJTS previously.

<sup>11</sup> Several factors will influence whether a revocation youth is discharged almost immediately or stays the suggested months including but not limited to: how long the youth was successful in the community or congregate care placement; the seriousness of the behavior and/or charges that led to the revocation; time to end of commitment.

- If a youth is admitted to CJTS (new commitment, parole admission, congregate care admission, or relocation) with pending adult charges, these charges do not automatically impact the LOS determination until they are resolved. As noted in footnote #1, if the pending charges will not be resolved until after the working discharge date (whether to home or congregate care), some advisement to the court must occur through the youth's JJSW and attorney to avoid the youth being picked up and maintained in adult corrections pending case resolution. If there is a choice between the youth remaining in CJTS *and* going to Manson Youth Institution (MYI) [as opposed to being at home or in congregate care] to await disposition of the adult charges, the team needs to weigh all factors carefully before making a recommendation.
- If a youth gains an adult charge DURING the stay at CJTS, an override may be utilized to add time to the stay.
- In either of the above cases, it is probable that the youth will be transferred directly from CJTS (or from the community) to MYI and the adult system will ultimately determine the final discharge date.

## **Appendix B**

### **Guidelines for Awarding Incentive Days**

- Youth should be made aware of the incentive process very early in their admission to motivate engagement and positive behavior: on intake; during community meetings; in meetings with clinicians;
- All incentive days are earned on a calendar month basis, with the month continuing to be divided into two 15 day periods;
- Potential earned days are divided into two possible days per month for each of the three domains of clinical, education, and residential;
- All staff should consider the residential parameters below in determining awarded days;
- Clinical and educational domains: youth is to be “engaged” (changed from “participated”). Clinical staff to have discuss general application of days in clinical meetings to ensure consistency of application,

### **Guidelines for Awarding Residential Days**

Incentive time is earned at the discretion of the team, using the following guidelines.

Factors to consider:

- Situation at the time
- Resident’s maturity
- Resident’s intellectual abilities
- Resident’s diagnoses/psychiatric issues

**STEP 1:** Review number of minors and majors for the 15-day (two-week) period. If team thinks he shouldn’t earn time because they are a) “high”, b) “higher than most kids” or c) have increased, **go to Step 2.**

**STEP 2:** Consider the following:

- **Situation**

- For Minors:

- Is this minor due to a deliberate act of opposition OR was it situational? For example, was the resident having a bad day and needed some space? Was he recently disciplined and was he given several minors as things were building up? Did he just get bad news? Is it a staff with whom he doesn’t have a great relationship or rapport? Did his family not visit him as expected?

- For Majors:

- Most assaults would be a reason to keep a resident from earning time. However, there are situations in which it is not enough of a reason. For example, was the resident involved in a fight only after he was assaulted? Was he trying to break up the fight? These may be considered different than if he initiated a fight.

- **Level of Maturity**

When a resident is young or is developmentally younger than his age (this could be because he has poor social skills or came from an abusive home), we should address him as such. This can be difficult if the resident is bigger/stronger than you. It doesn't mean to talk down to him. It means that we need to look at what is going on with his understanding. A resident may look at us as a parent. They may act like a child. Sometimes, they want us to respond in a way that they are used to. We need to be aware of that before we respond to them.

- **Intellectual Abilities**

When a resident has low intellectual abilities, it may make it hard for him to understand what we are trying to say. He may have low intellectual abilities because he had a brain injury, or he has a cognitive disability (previously: mental retardation), or just poor educational opportunities. The resident may look like he's understanding or that he's not interested in order to hide that he actually doesn't get it. Again, this doesn't mean that we talk down to him. He may need us to say things in a few words as opposed to giving long explanations. He may need us to ask him to repeat the instructions to ensure he understands.

- **Diagnoses/Psychiatric Issues**

Different diagnoses can affect how a resident responds to our rules or expectations. He may look like he should be able to handle things that others can but it is really hard.

- For example, is he anxious? That may make a resident ask the same question multiple times.
- Is he depressed? That may make him stay up at night and have a hard time waking up. He may not want to eat or he may crave carbohydrates.
- Does he have a traumatic past? That may make him on edge. He may want to know what's going on. He may get anxious when he's in a group. He may be oversensitive or reactive when there's a lot of noise or a lot going on. He may need to feel safe and want to have one on one time with a staff in a private setting.
- Is he ADD or ADHD? That may make it really hard for him to sit still. He may need more exercise and opportunities to be active.

Depending on the team's review using Steps 1 and 2, days may be awarded which might otherwise not be.

**Summary:** While the Length of Stay Protocol was created to provide parameters and consistency around a resident's time at CJTS, there also must be the ability to individualize based on the particular profile and circumstances of each youth. This occurs via the override process and also should occur when monthly incentives are decided. It is actually more "fair" to allow for differences than to treat everyone and every situation exactly the same—when we know that they are not.