CONNECTICUT JUVENILE TRAINING SCHOOL (CJTS) AND PUEBLO GIRLS PROGRAM

Updated

Action Plan Presentation
JJPOC
September 17, 2015
Trauma Informed Culture – Staff Training / Activities

- Trauma experienced as a result of adverse childhood experiences must be addressed in order to effectively treat and rehabilitate youth and prepare them for successful re-integration to home, school and community.

- Staff training by Eileen Russo, LSCW Trauma trainer from Women’s Consortium to recognize their personal trauma and its impact on their work with youth occurred January and August, 2015.

- Encourage ongoing staff discussions of trauma and better ways to manage and interact with individual youth through trainings, group and individual supervisions, case review meetings, treatment team meetings, grand rounds and other venues with designated topics available to staff.
Trauma Informed Culture – Youth Activities

- Continue to provide skills training in mindfulness and emotion regulation to all youth and trauma specific treatment to youth with significant trauma histories (DBT, TF-CBT).

- Individual youth trauma triggers will be clearly identified in youth-specific behavioral support/intervention plans and reviewed in treatment teams with line staff September 2015.

- Development of Comfort rooms: 4D youngest boys relaxation room opened 2014; Girls program comfort room opened in August 2015, Boys Intake unit comfort room opened in September 2015, Boys units to have comfort rooms by October 2015.

- Administer the ACE (Adverse Childhood Experience) to identify trauma risk factors October 2015.
The development of the comfort room began January 2015.
Youth participated with clinical staff to paint, decorate and pick out items that would be beneficial for self-soothing and enhancing coping skills.
The comfort room was completed and opened for youth on 8/12/15.
Data is being collected based on youth feedback regarding how they felt prior to entering the comfort room and when they exit.
REDUCTION OF RESTRAINTS AND SECLUSIONS

CJTS and Pueblo Girls Program
Reduction of Restraints

- Prone restraints (face down) banned 7/23/15 all staff notified.
- Contacting a supervisor to report to the scene as soon as it’s discovered a resident is beginning to escalate effective 7/29/15.
- Enhanced presence of supervisory and/or managerial staff in each unit on all shifts.
- Effective 9/1/2015 clinicians are directly involved in the decision-making of residents in seclusions.
- Any seclusion over four (4) hours will involve consultation with the Psychiatrist to determine the next steps and the level of care.
- Effective 9/1/2015 daily post administrative review is facilitated by an Assistant Superintendent to include the Director of Nursing, Clinical Director, Supervising Clinicians, Directors of Residential Care and Continuous Quality Improvement Leads.
Six Core Strategies to Reduce the Use of Seclusion and Restraint

- Multi-disciplinary team of staff attended a two-day training December 2014. Dr. Brone, Training Director, attended the “Reduction of Restraint and Seclusion Conference”.

- All staff meeting February 2015 to begin discussing new strategies and enhance current practices to reduce the use of restraints and seclusions. Meeting included staff feedback on challenges and tools needed to support front-line staff.

- Restraint and seclusion prevention trainers (“Safe Crisis Management”) effectively teach staff on the elimination of prone restraints in our training curriculum, including alternative techniques, and emphasis on prevention.
QUALITATIVE PROCESSES
Qualitative Processes

- Build upon and enhance existing qualitative capacity.
- Continued improvement in this area through collaboration with Central Office and Office of Research and Evaluation.
- Current Qualitative Activities include:
  - Regular record and case / care plan reviews
  - Supervision activities that support quality planning and programming
  - Oversight activities
  - Data report development
  - Regular reports generated and used
  - Routine and ad hoc activities to ensure or improve data quality
REQUESTED INFORMATION

Follow Up
## ADMISSIONS & DISCHARGES EACH MONTH
### July 1, 2014 – June 30, 2015

<table>
<thead>
<tr>
<th>Month / Year</th>
<th>Census 1st day of Month</th>
<th>Admissions During Month</th>
<th>Discharges During Month</th>
<th>Youth Served</th>
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<td>Total Sanctions for Walter G. Cady School</td>
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From 09/03/2014 to 06/19/2015 we had a census of 231 residents.
The 74 suspensions were served by 54 students during the 2014-2015 school year.
16 students served two suspensions during this period
3 students served three suspensions
Suspensions ranged from 1-10 days depending on the incident
Majority of the disciplinary infractions (53) were for physical altercations
All students in in-school suspension received instruction from a certified special education teacher and had the same material they would get from their regular teachers.
Students serving out of school suspension received work on the pods from teachers.
It is not possible to provide vocational instruction on the pods.
ARRESTS AT CJTS - 2013

- 27 Youth had 42 arrests in 2013
- Dispositions included:
  - One youth went to Manson Youth
  - Recommitted 18 months
  - Recommitted 2 years
  - Unconditional discharge
  - Conditional Discharge
  - Community Service
  - Judicial Warning
  - Nolled
ARRESTS AT CJTS - 2014

- 26 Youth had 45 arrests
- Dispositions included:
  - One youth to Manson Youth
  - 18 Month Recommitment
  - 4 Year SJO
  - Dismissed / Warning
  - Unconditional Discharge
  - Nolied
  - Community Service
CJTS CLINICAL SERVICES – FREQUENCY OF SERVICES

- Mental Health/Delinquency Admission Screening
  - Upon admission - 1-2 hours

- Mental Health Assessment
  - At 14 days - 1 hour

- CJTS Mental Health Evaluation
  - During the first 30 days - 2-3 hours

- Individual Therapy: (goals/targets: develop therapeutic relationship, increase ability to form trusting meaningful attachments, strengthening of skills learned in group, verbalization of traumatic events, review of journal work, validation and problem solving)
  - Boys – 1 time per week
  - Girls - 2 times per week
CJTS CLINICAL SERVICES – FREQUENCY OF SERVICES

- Group Therapy: (goals/targets: reduce risk of or use of substances, increase decision making skills, decrease emotion dysregulation, increase coping, increase focus and control of your mind, decrease suicidal ideation and behavior and self-harm, increase prosocial skills, increase sensitivity)
  - RSAP-Residential Student Assistance (Substance Abuse psychoeducation) - 1 time per week
  - Seven Challenges Substance Abuse Treatment - 2 times per week
  - Dialectical Behavior Therapy DBT Skills: 1-2 times per week
  - Aggression Replacement Training ART: 1-2 times per week
  - Victim Impact: Listen and Learn: 1 time per week

- Family Engagement and Family Therapy: (goals/targets: increase communication, build relationships, establish boundaries and roles, share life stories, increase parental supervision and parenting skills)
  - 2 times per month
COMFORT ROOMS

- Boys Unit comfort room has been used 101 times by 14 residents since it opened on 8/26/15. Range of times used has been from one time to 20 times.

- Most helpful items for the boys has been:
  - Music
  - Yogibo chair
  - Sound machine
  - Light Projector
  - Weighted Blanket

- The girls comfort room has been used 13 times by 6 girls since it opened 8/12/15. Range of times has been from one time to 6 times.

- Most helpful items for the girls has been:
  - Yogibo chair
  - Weighted Blanket
  - Stress Ball
  - Body Sock
  - Water Fountain
  - Trampoline