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Action Step	Lead Staff/ Partners	Status/Target Date for Implementation	Progress	Quality Assurance / Data
Physical Restraints				
Prone (face down) restraints are banned. If a youth falls to the ground, s/he is to be immediately rolled on his/her side.	Superintendent, Assistant Superintendents, Director of Residential Care	• **Previous Initiative with final implementation on 7/23/2015**	• Spring 2014 side assist technique introduced by Safe Crisis Management (SCM) trainers to prepare for elimination of prone restraints; initial training with staff. • Meetings held with supervisor & other staff to discuss the need to eliminate prone techniques • Two day training on 6 Core strategies to reduce restraint & seclusion on 12/12 -12/13/2014. • All staff trained on side assist technique in 2/15 in final preparation of prone restriction • 7/23/15 E-mail to all staff prohibiting prone restraints • 7/23 & 7/24/15 All staff meeting to discuss ban & emphasize side assist technique • 7/30/15 meeting with trainers to reinforce training & prone techniques removed from SCM training curriculum • Prone techniques removed from SCM training	• ORE/ESI notification of prone restraints • Verification of prone restraint with 136 & significant event submitted.

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A Post Safe Crisis Management Intervention review will be completed after each restraint incident within 2 business days & include staff from management, residential, clinical, medical & education. This will be documented on the review form & used with Quality Assurance for continuous quality improvement.	Assistant Superintendent, Clinical Director, Director of Nursing, Director of Residential Care	• Current process modified to include clinical determination as of 8/10/2015.	• Daily post event debriefing meeting will now include all departments with residential, clinical and medical review and sign off.	• Post Event Administrative Review Form completed • Form incorporated into CONDOIT • QA involved for continuous quality improvement
Unit staff will be instructed to call for supervisory assistance as soon as a situation with a youth begins to escalate, Supervisor shall remain present & direct the intervention.	Assistant Superintendent, Director of Residential Care	• Current process of assistance calls modified on 8/1/15 for earlier request of support.	• 7/29/15 E-mail to all staff regarding R&S reduction enhancement • Procedure discussed at roll call with staff.	• Documentation on shift report
A clinician will be called to every physical restraint. If no clinician is on-grounds (overnights), a clinician shall review the incident upon arrival. Unit Supervisor & clinician will document why	Assistant Superintendents, Director of Residential Care, Clinical Director	• Current process of clinical responding to assistance calls being modified to include clinical determination by 9/1/15	• Documented in clinical notes. • Clinical review of restraint at daily post event debriefing meeting and documented on form.	• Completed Post Event Debriefing form saved on “s” Drive & sent to ORE.

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the youth presented a danger to self or others & what strategies can be used in the future to avoid restraint.				Modification to CONDOIT to track.
Physical restraint incidents shall be documented in the youth's monthly progress report and include suggestions regarding what should be done to prevent restraint in future.	Assistant Superintendents, Director of Residential Care, Clinical Director	• Current process of debriefing with youth shall include a youth debriefing tool by 9/1/15	• Youth debriefing and youth debriefing and comment form will be used to identify techniques to be used by staff and youth.	• Documented on Care Plans.
Youth case plans will discuss restraint avoidance techniques individualized to the youth.	Assistant Superintendents, Director of Residential Care, Clinical Director	• Current care plan will incorporate youth debriefing tool by 9/1/2015.	• Resident Debriefing Tool will be incorporated into care plan.	• Documented on care Plans.
Mechanical restraints (handcuffs & shackles) shall be phased out except when transporting a youth across campus or off campus.	Superintendent, Assistant Superintendents, Director of Residential Care	• 1/16/16	• Six Core Strategies committee preparing the implementation.	

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Seclusions				
Review national best practice standards and incorporate relevant elements into facility practice.	CJTS Superintendent, Quality Assurance, Clinical Director	• Continuous implementation of national best practices will be finalized by 9/1/15. • Ongoing annual review will continue as part of CQI.	Resources include: • American Correctional Association Standards • Prison Rape Elimination Act Standards • Juvenile Detention Facility Assessment – A Guide to Juvenile Detention Reform by Annie E. Casey Foundation • Juvenile Detention Alternative Initiative by Annie E. Casey Foundation.	• Policies, procedure and practices update with incorporation of NBPS.
Expand the use of voluntary comfort rooms for youth.	Assistant Superintendent, Clinical Director	• Expand current comfort room to other units by 10/1/15.	• Materials & equipment quotes being obtained by 10/1/15.	• Track use of comfort room in Care plans.
Clinician will directly engage youth while s/he is in seclusion, including in the seclusion room when safety permits.	Clinical Director	• Current clinical seclusion assessment process being modified to incorporate in room assessments by 9/1/15.	• Documented in clinical notes • Documentation on seclusion sheet.	• Modification to CONDOIT to track seclusion assessments

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At the start of a seclusion episode, a clinician shall confirm & document that seclusion is necessary to prevent imminent harm to self or others, including description of behaviors that warrant the assessment. Clinician shall reassess the youth at least once every hour &, if youth continues to present with imminent harm, shall document specific behaviors that conclusion.	Assistant Superintendents, Clinical Director	• Current seclusion process and policy being modified for clinical determination by 9/1/15.	• Documented in clinical notes • Documented on seclusion sheet.	• Modification to CONDOIT to track seclusion assessments.
No seclusion episode shall last longer than four hours (national best practice standard). If the youth remains a danger to self or others after 3 hours, clinical staff shall assess to determine if hospitalization referral is needed.	Assistant Superintendents, Clinical Director, Director of Residential Care, Director of Nursing	• Current seclusion assessment process includes ongoing health/medical monitoring by nurse. Psychiatric consultations will assist clinical to determine if hospital referral is needed by 9/1/15.	• Documented in clinical notes • Documentation on seclusion sheet. • Clinical Director and Superintended notified through on call manager and/or Operations office.	• Modification to CONDOIT
Youth to be released from seclusion immediately upon clinician finding s/he is not a	Assistant Superintendents, Clinical	• CJTS policy prohibits the use of seclusion for	• Documented in clinical notes • Documentation on seclusion sheet.	• Modification to CONDOIT

Action Step	Lead Staff/ Partners	Status/Target Date for Implementation	Progress	Quality Assurance / Data
danger to self or others. Youth shall never be held longer in seclusion for punishment or non-compliance.	Director, Director of Residential Care, Director of Nursing	punishment or compliance. • Current seclusion assessment process to incorporate clinical determination by 9/1//15.		
Seclusion incidents shall be documented in each youth's monthly progress report, including steps to take avoid seclusion in the future individualized for the youth.	Assistant Superintendents, Clinical Director, Director of Residential Care	• Current debriefing process with youth will now include youth debriefing tool to further assist with individualized plan.	• Documented in clinical notes • Care Plan enhanced with Youth Debriefing Tool.	• Modification to CONDOIT
Youth's case plan to discuss seclusion avoidance techniques individualized for the youth.	Assistant Superintendents, Clinical Director, Director of Residential Care	• Current debriefing process with youth will now include youth debriefing tool to further assist with individualized plan.	• Care Plan will incorporate youth input regarding avoidance techniques.	

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Action Step	Lead Staff/ Partners	Status/Target Date for Implementation	Progress	Quality Assurance / Data
Out of Program Sanctions				
Develop better techniques for dealing with disruptive youth.	Assistant Superintendent, Director of Residential Care	• Current annual training curriculum and Safe Crisis Management training will incorporate more techniques with disruptive youth.	• Training department has enhanced curriculum on youth development.	
Out-of-program time should be used for disruptive youth only, but not as a punitive measure	Assistant Superintendents, Director of Residential Care.	• Current use of out of program time is being modified to include more techniques in dealing with disruptive youth.	• Ongoing consultation with Trauma Core team to continuously review techniques and incorporate NBPS.	

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Action Step	Lead Staff/ Partners	Status/Target Date for Implementation	Progress	Quality Assurance / Data
Careline (Abuse/Neglect) Referrals				
Updated mandated reporter training for all CJTS staff including sanctions for failure to report	Training Academy Director CJTS Director of Training	• DCF Training Academy and CJTS Training Dept. train all staff on mandated reporter.	• Currently all staff trained by certified trainers on mandated reporter expectations during new employee orientation and during annual refresher training. • Refresher training will bring staff current with penalties for not reporting and include prone restraints. • Currently three staff at CJTS are certified trainers and will be identifying others interested in training.	
All reports of abuse or neglect of a youth at CJTS must be accepted by Careline staff or approved for non-accept by Careline Director.	Careline Director	**Implemented**		
All reports of abuse or neglect regarding a CJTS youth shall be referred to Human Resources, including non-accepts.	Careline Director Human Resources Director	**Implemented**		

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Documentation regarding non-accepted reports will be kept for 2 years Non-accept history to be reviewed and documented in the referral when a call comes in.	Careline Director Information Services Director IT Business Analyst IT System Developer (LINK)	• Initiated 7/20/2015 • Implementation date 9/1/15.		
Careline to develop robust quality assurance and multi-disciplinary peer review process.	Careline Director	• 8/1/15		
Careline management to review non-accept aggregate date on a regular basis.	Careline Director	**Implemented**		
Develop policy guidance for Careline staff answering referrals regarding DCF facility staff.	Careline Director Legal Director	• 9/1/15		

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Special Investigations Unit				
Increased use of clinical/RRG staff to understand impact of incident on youth, as well as consultation on potential program concerns.	SIU Program Manager Health and Wellness Director	**Implemented** and engage with Regions and RRG ongoing		
Legal review of all DCF employee reports.	SIU Program Manager Legal Director	**Implemented**		
Coordinate with Human Resources on all DCF referrals (Note: for legal reasons the finding and recommendations of each investigation must be reached independently, but SIU and HR staff may share information and consult.)	SIU Program Manager Human Resources Director	**Implemented**		
During investigations, institute greater review of relevant policy, protocols and clinical interventions, ask management about how a particular concern has been addressed with staff in the past, review the Child's Individual Case Management	SIU Program Manager	**Implemented** in ongoing investigations; to be added to policy and institute training 8/30/15		

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Plan that was available to staff prior to incident (*e.g.*, did all staff review the ICMP at the start of shift?)				
Include more in-depth Program Concerns at part of protocol	SIU Program Manager	**Implemented**		
CJTS response to Program Concerns to be sent to Risk Management within 30 days of completed SIU investigations, with copy to Commissioner	Assistant Superintendents Office of Research and Evaluation Director	• Current responses to program concern are sent back to Risk Management within 30 days & will now include the Commissioner as of 9/1/15.		Responses to program concerns will be tracked for CQI.
Recurring programmatic violations (3 or more of similar concern) reported directly to Commissioner	SIU Program Manager	**Implemented**		

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Clinical Department				
Clinician on grounds until 8:30 (bed time)	Clinical Director, HR Director	• Union notified • To be implemented 8/14/15.	• H.R./Union mtg., scheduled on 8/4 @ 10 • MOU in progress scheduled to begin on 8/15/15	
Clinicians on call after 8:30 pm and they must respond to the facility to assess any youth that require clinical assessment.	Clinical Director HR Director	• Currently clinicians do respond 24/7 for intakes & to conduct clinical assessments as needed.	• Clinical notes will more accurately detail assessments and translate them into care plans.	• CONDOIT modification to safety watches
Clinical notes to be more comprehensive and more readily available to staff.	Clinical Director	• Current clinical notes will now be shared with operations supervisory staff to assist with individualized responses by 9/1/15.	• Care plan more individualized through inclusion of clinical notes and youth input.	
A clinician to be part of every suicide attempt/gesture and restraint debriefing.	Clinical Director Assistant Superintendents	• Current process of clinical participation in event debriefing will now occur daily at post event debriefing.	• Discussed at 7/29/15 Clinical Meeting • Clinical part of Daily Post Event Debriefing meeting.	• Modifications to CONDOIT

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Youth Clinical Assessments & intervention plans will be reviewed & revised to include more detailed descriptive information that will be helpful to residential staff & assist them in individualizing care.	Assistant Superintendents, Clinical Director, Director of Residential Care	• Modifications to assessments & care plans will incorporate more strength based language to assist staff in working with youth by 9/1/15.	• Revisions to care plans, in progress.	• Modifications to CONDOIT
Clinical Department will actively track all youth who present with significant mental health needs to ensure appropriate utilization of clinical resources.	Clinical Director, Psychiatrists	• Current process of weekly case reviews with referral for psychiatric consultation will now include psychiatric consultation on all youth beginning on 9/1/15.	• Psychiatrist and Supervising Clinicians will trach youth with significant mental health needs to ensure individualized care. • Monthly meeting with DMHAS include referral for services for youth with significant mental health needs.	
Youth will be asked to complete the Personal Safety Care plan to assist with development of the intervention plan.	Clinical Director	• New component of youth assessment will include PSC plan as of 9/1/15.	• Personal safety care plans will be incorporated with care plan to assist with individualized responses.	
Assessment tool relative to youth's trauma history and exposure will be administered as part of the 30 day evaluation.	Clinical Director	• 8/15/15	• Consult with DCF Trauma Core Team to identify most appropriate tool to inform treatment.	

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Use of BACS-2 and CRPT Post Traumatic symptoms ratings as a part of the JJPOC initiative.	Clinical Director	• 10/1/15	• Statewide application of BACS-2 and CRPT is being implemented as part of JJPOC.	
Other assessment instruments recommended such as the CYRM-28 are being reviewed to determine overlap with current assessment instruments being used, the utility of tool for current population served and the costs associated with these tools	Superintendent, Clinical Director	• 10/1/15	• Current CJTS work group and DCF Trauma Core Team to include review of national best practice assessments and application to juvenile justice population.	
Clinical staff field trip to Massachusetts DYS to visit a piloted DBT program	Superintendent, Clinical Director	• 9/1/15	• 1st visit occurred on 7/15 – 3 staff participated. Other sites being scheduled.	
Examine use of the CANS.	Superintendent, Clinical Director, Health Management Administrator Value Options	• Conference call being scheduled with Robert Kinscherff. • DCF & CJTS staff to clarify CANS recommendations & assess if applicable to best meet the needs of the youth.	• E-mail sent to R. Kinscherff 8/3/15 requesting consultation. • Response back and scheduling in progress.	

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Modify the current CJTS psycho-social evaluation to assure key components are included to inform the most appropriate match to services upon discharge.	Superintendent, Clinical Director, Health Management Administrator Value Options CCCSD	• Conference call being scheduled with Robert Kinscherff. • DCF & CJTS staff to clarify CANS recommendations & assess if applicable to Connecticut's use of CANS.	• E-mail sent to R. Kinscherff 8/3/15 requesting consultation. • Response back and scheduling in progress.	

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Suicide and Self-Harm Prevention				
Institute Shield of Care training for all staff	Clinical Director Assistant Superintendent CCCSD	• Shield of Care was piloted at CJTS in 2013 & Pueblo staff trained with the curriculum. • Curriculum adapted with all staff in 2014.	• Zero Suicide Approach is being incorporated to further support Shield of Care and facility response to suicide ideation.	
Retain UConn expert to assess physical plant as well as behavioral health responses	Superintendent, Assistant Superintendents, UConn	• Contracting in process	• Contract meeting scheduled with UConn/Kathy Coleman on 8/19 at 1:30 p.m. at Pueblo, including CO Contract Dept.	
Follow up with yearly full audits, quarterly partial audits	Superintendent, Assistant Superintendents, UConn	• Contract in process	• Contract meeting scheduled with UConn/Kathy Coleman on 8/19 at 1:30 p.m. at Pueblo, including CO Contract Dept.	
Youth on 1:1 supervision for danger of self-harm must have meaningful, documented clinical contact at regular intervals	Clinical Director	• Current suicide narratives & safety watch documents will be modified by 9/1/15.	• Clinical Narratives more descriptive of meaningful contacts.	• Modification in CONDOIT for safety watches
Add safety mirrors to the bedrooms to allow staff to see blind spots.	Superintendent Chief Engineer	• 10/1/15	• Cost and materials being obtained for installation.	

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Improved coding of suicide incidents.	Clinical Director, Chief of Quality and Planning	• 10/30/15	• Current coding of suicide incidents is being enhanced to include degrees of suicide ideation.	• Modification in CONDOIT
Debriefing documentation must include clinical opinions.	Clinical Director	• 10/1/15	• Daily post event debriefing meeting expanded to include clinical opinions on event debriefing form.	• Documented on Post Event Debriefing Form
Enhanced Data Collection and Reporting				
Improve data collection and reporting procedures	Superintendent Chief of Quality and Planning	• Ongoing Goal: Start development of data enhancement plan by 8/7/15. • Target date for implementation 11/1/15.	• Meeting held on 8/3 regarding data and AQ. • Sharing reports for ORE review.	
Develop more sophisticated outcome measures	Superintendent Chief of Quality and Planning	• 10/30/15	• Ongoing	

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Enhanced Trauma-Informed Milieu				
Technical assistance to CJTS management.	Quality Assurance Director	• Beginning 7/27/15	• Initial meeting with M. Schultz on 8/6/15.	
Global trauma-informed care review including review of current EBPs for application and implementation and assure fidelity to model through ongoing quality assurance and technical assistance	Superintendent CJTS Clinical Team Clinical and Community Support Administrator Director Community Based Services Consulting Psychologist and others from Trauma Core Team	• August through November 2015	• Ongoing	
Meet with trauma grant staff to incorporate CPS trauma-informed principles into CJTS training, policy and practice guide	Superintendent CCCSD Training Academy Director Trauma Core Team	• 10/1/15	• Ongoing	

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Implement use of standardized Trauma Symptom Inventory during 30-day initial assessment.	Clinical Director	• Currently CJTS/ Pueblo administer the TSCC for youth under 17 years old & TSI for youth 17 & older. • Will begin to use the Connecticut Trauma Screen (CTS) by 10/1/15.	• These two screening tools have been in use since 2012. • Implementation of new tool is in progress.	
Explore implementation of evidence based model into Cady School	CJTS Superintendent USD 2 Superintendent CCCSD Administrator Community Based Services Director	• Training scheduled for September 2015 • 10/1/15	• Ongoing meeting being scheduled	
All staff training – initial and yearly – to include training on working with youth with trauma, disability, psychiatric disorders, special education	CJTS Director of Training TA Director	• Current training curriculum on youth development; Common Psychiatric Issues with CJTS Youth. • SCM De-escalation techniques updated. • New employee orientation &	• Review of curriculum through staff evaluations as well as annual Training Academy curriculum review. • Ongoing meeting to be scheduled with TA and CJTS training dept.	

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		refresher training will include this update themes by 11/1/15.		
Emphasize to YSOs that they are not just custody staff; they are an integral part of the treatment process. Enhance training regarding how to better engage with youth during crises, and avoid punitive reaction.	Superintendent TA Director	• Current training curriculum on youth development; Common Psychiatric Issues with CJTS Youth • SCM De-escalation techniques updated. • New employee orientation & refresher training will include this update themes by 11/1/15.	• Ongoing meeting to be scheduled with TA and CJTS training dept.	
Institute a teaming review of youth's suicidal, restraint and / or seclusion episodes with CJTS treatment team, regional staff, parent / guardian and youth when 3 episodes occur in a month.	Clinical Director, Assistant Superintendents DRC	• Current process of Administrative Case Reviews; Plan of Service Meetings, Admissions Teaming meetings; Monthly Treatment Case Reviews, PPT's; Clinical Team Case Reviews includes these	• Ongoing / in progress	

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		episodes in their structure. • Will implement a dedicated team meeting to review & adjust care plan based upon 3 episodes within a month by 10/1/15.		
Individual youth triggers and traumas to be documented for staff to refer to regularly.	Clinical Director, Assistant Superintendents DCR	• Individualized Care plans are currently updated regularly & after episodes of restraints, seclusions & suicide ideation. • These care plan will be shared not only within the residential unit staff but will include the supervisory & management staff by 9/1/2015.	• Ongoing / in progress	
Encourage all staff to engage in ongoing discussions of better ways to handle individual youth.	Assistant Superintendents DRC, Clinical Director	• Current staff trainings, group & individual supervisions, case review meetings, treatment team		

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		meetings, individual care plans include discussions techniques on responses to youth. • Continuous Quality Improvement will expand these opportunities through Grand Rounds & other venues with designated topics available to staff.		
Management to identify and apply overarching principles that encompass current programming such as DBT and 7 Challenges and integrate these and other programs into a cohesive trauma-informed model	Superintendent, Clinical Director, Assistant Superintendents, Director of Residential Care	• Review of clinical programming with DCF Trauma Core Team to develop a cohesive trauma-informed model. • The trauma Core Team will review the clinical groups & skill development tools to determine their inclusive of trauma informed approaches with the juvenile justice youth.		

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		• Evaluate other models aligned with national best practices & proven effective with juvenile justice youth. • Contract with Washington State expert. • Ongoing review of national best practices yearly.		
Increased use of outside mental health providers, including hospitals	Superintendent, Solnit Superintendent, Clinical Director, DMHAS Heath Care Advocate, Private Providers	• Policy for transferring eligible CJTS youth to Solnit by 8/1/15. • Meet with partners beginning 9/1/15 Past attempts to access psychiatric placements for juvenile justice youth has been difficult and met with limited success. • Psychiatric evaluations at hospital do not	• Meeting with Solnit regarding transfer procedure held on 8/7/15. • Meeting with community partners in progress.	

Action Step	Lead Staff/ Partners	Status/Target Date for Implementation	Progress	Quality Assurance / Data
		result in placement. Youth are sent back to CJTS / Pueblo. • CJTS Psychiatrist & Central Office Dr. Harris to identify partners in the community to assist with accessing psychiatric services for youth in need. • Solnit & CJTS / Pueblo modifying criteria for psychiatric support & admissions procedure for eligible youth.		
CJTS Assessments to be expanded to include greater focus on needs and risk.	Clinical Director	• Current clinical assessments of youth will be modified to include more specific recommendations on needs by 10/1/15.	• Clinical assessments have been enhanced to include a psychologist and psychiatrist assigned to each case. • Clinical assessments preparing to be inclusive of Youth Level of Service risk and needs tool. • Youth Level of Service will be phased out as Connecticut adopts to PrediCT within DCF and CSSD.	

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A youth classification grid will be incorporated into the Length of Stay model and include different tracks based on needs and risk. This will be patterned on the classification grid used by CSSD.	Superintendent, Assistant Superintendents, Clinical Director,	• Current CJTS weekly movement meeting makes unit assignment by considering age of youth & unit ability to best meet their needs. • A classification grid will be incorporated into the movement meeting to include needs and risk of youth by 10/1/15.	• The Youth Level of Service tool will be incorporated into the classification grid once implemented. • The PrediCT will replace the YLS and will be used as the risk need tool for the classification grid.	
Case reviews and team meetings to look at juvenile risk factors and behavioral health needs of youth in an effort to reduce risk of recidivism.	Clinical Director, Assistant Superintendents	*Current case reviews & treatment team meetings include updating care plans to assist with techniques & individualizing responses. Inclusion of other factors to address recidivism by 10/1/15.	• Further inclusions of other factors will occur with the implementation of risk needs tools, YLS and PrediCT.	
Risk-Need-Responsivity model will be reviewed with staff.	Superintendent, Clinical Director	• The Clinical Department will begin to include the Risk Need Responsibility	• This model and other national best practices on addressing needs and risk to reduce recidivism are reviewed annually. Promising practice are reviewed and	

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		model discussion in their weekly clinical meeting by 10/1/15.	implemented into practice.	
The need for additional training in applied behavior analysis and functional behavioral assessments will be explored. Educational staff who have skills in this area to be consulted and outside evaluations obtained when needed.	Superintendent, Clinical Director, USD 2 Superintendent, Training Academy Director	• 11/1/15	• USDII Superintendent will continue to work with Cady School and Clinical Director to determine additional evaluation needs and accessing those evaluations within DCF or through outside resources.	

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Enhanced Front Line Supervision				
Unit Supervisors to conduct regular on-unit rounds during every shift.	Assistant Superintendents, Director of Residential Care	• Currently the supervisory staff make residential rounds during shifts to support youth & staff. • The documentation of specific times these visits occur will be documented on the shift report by 8/15/15.	• Documentation has been implemented.	• Documentation on shift reports.
Supervisors to be trained in and use supervisory techniques same as CPS supervisors.	Superintendent, CJTS Director of Training, TA Director	• Training on Supervisory Practice Guide has occurred and will be expanded to include all supervisors by 9/30/15.	• Meeting with Human Resources and Training Academy has occurred. • Training curriculum and dates for full training refreshers is in progress.	

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Regular one-on-one supervision and use of performance improvement tools, including progressive discipline if warranted.	Superintendent, Assistant Superintendents, Director of Residential Care, Department Heads, Human Resources, Training Academy	• Supervisory staff supervision notes are reviewed by HR during investigation. • Standardization of supervisor model & ongoing supervision is being assessed to determine the best application of this model within a facility.	• Initial meeting with H.R. held on 8/4. • Follow up meeting to be scheduled with managers and Human Resource and Training Academy. • 2-day training for all supervisors will occur.	
Post orders for all unit staff	Superintendent, Assistant Superintendents, Director of Residential Care, Clinical Director, Department Heads	• All job classifications have current post orders. • A review of post orders to include 2nd shift clinical coverage & positioning of residential staff while on the unit will be done by 9/1/15.	• Yearly review of post orders will continue as a standards for ACA accreditation.	

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Readily-identifiable management and Central Office support to supervisors to assist with enhanced supervision.	Superintendent Assistant, Superintendents, HR Director, TA Director, Clinical Director DRC, Department Heads	• Enhanced supervisory training to be available following completion of initial training. • Supervisors found out of compliance during investigations or quarterly reviews will be referred based on level of non-compliance.	• Several staff have completed training in supervision model. • Full training and refresher training will occur. • Ongoing monitoring of supervision model and supervision standards will occur during regular supervision throughout the organizational structure.	
Modifications to dress code to be considered, including possibility of uniforms.	Superintendent, HR Director, Fiscal Manager	• Discussions regarding staff uniforms has occurred in previous years. • Labor & fiscal support prevented implementation. • Recent introduction	• Human Resources and Fiscal have given initial approval of uniform. • Meeting with union and developing a MOU is in progress.	

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		of uniform with labor has occurred. • Funding is being identified. • Formal discussion with labor will occur by 10/15/15.		
DCF Code of Conduct (Policy 7.3) to be prominently posted in staff work space	Superintendent HR Director	• Code of Conduct policy review occurs as part of New Employee Orientation. • Review of Code of Conduct occurs as needed in specific personnel case. • Training on Code of Conduct for all staff to be completed by 10/1/15 followed by posting in staff areas.	• Meeting with H.R. on 8/4. • Code of conduct modification in progress to address specific application within 24/7 facility.	

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Educational Issues				
Document daily work assigned and completed when youth is out of class.	USD 2 Superintendent	• Contracted with PowerSchool Consultant 7/1/15 to customize software. • Implement 8/14/15. • Provide advanced training for education staff in PowerTeacher. • Implement by 9/18/15.		
School issues shall be discussed by the principal exclusively with the school district chain of command rather than CJTS administration.	USD 2 Superintendent	**Implemented**		
"Awaiting hearing" is not grounds for not attending school.	Assistant Superintendents, DRC, Cady School Principal	• Current process provides the option for supervisors to determine youth readiness for school when awaiting a hearing for behavioral issues. • New process implemented that	• Attendance sheet modified to reflect change in determination.	

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Action Step	Lead Staff/ Partners	Status/Target Date for Implementation	Progress	Quality Assurance / Data
		safety determination is made by clinical & manager.		
Daily suspension and attendance reports to be sent to the Commissioner/School Superintendent.	USD 2 Superintendent	**Implemented**		
Educational issues to be documented in youth's monthly progress reports.	Superintendent, USD 2 Superintendent	• Implement 9/8/15 using PowerTeacher and PowerSchool parent portal.		
Work with CJTS police sergeant and State's Attorney's office to reduce youth arrests at CJTS	Superintendent, Assistant Superintendents, Sergeant, State's Attorney, Legal Director	• 10/1/15	• Meeting on 8/13 with DCF to discuss youth arrest reduction within congregate care. • On-going.	

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Action Step	Lead Staff/ Partners	Status/Target Date for Implementation	Progress	Quality Assurance / Data
Ombudsman				
Copies of grievances filed by youth and outcomes sent to Child Advocate, and attorney for youth	Ombudsman	**Implemented**		
Ombudsman report to be provided to regional social work and juvenile justice staff so they can support their clients	Ombudsman, Regional Administrators	• 8/5/15 report sent to Regional Administrators who will share with their staff		
Discussion with all youth at CJTS, per unit, about the grievance process	Assistant Superintendents, DRC Ombudsman	• Youth are informed of the ombudsman process during orientation. • Ombudsman visits units weekly to review grievances and meet youth. • By 9/4/2015 ombudsman will visit each unit to ensure youth are familiar with process.	• On-going	
Information sheet developed for youth about grievance process	Ombudsman	9/4/2015		

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Action Step	Lead Staff/ Partners	Status/Target Date for Implementation	Progress	Quality Assurance / Data
Schedule forums at for each level and discipline of CJTS staff to discuss Ombudsman report and recommendations	Superintendent, Managers, Ombudsman	• Ombudsman annual report shared with managers & recommendation discussed. • Currently scheduling ombudsman to meet with each department with CJTS to review report by 10/1/15.	• On-going.	