



# University of New Haven

HENRY C. LEE COLLEGE OF  
CRIMINAL JUSTICE AND FORENSIC SCIENCES

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Tow Youth Justice Institute

## JJPOC Meeting Minutes

March 19<sup>th</sup>, 2015  
LOB, Room 1D  
2:00-3:30 PM

### Attendance:

Rep. Toni Walker  
Abby Anderson  
John Kissel  
Erica Bromley  
Hector Glynn  
Martha Stone  
Judge Patrick Carroll  
Judge Bernadette Conway  
Loel Meckel

Stephen Grant  
Joseph D'Alesio  
Christine Rapillo  
Francis Carino  
Linda Dixon  
John Alves  
Sergio Rodriguez  
Mark Zeck  
Derrick Gordon

Sarah Eagan  
Sec. Ben Barnes  
Rep. Robyn Porter  
Bill Carbone  
Kitty Tyrol  
Jeanne Milstein  
Kendell Coker  
Sara Dudeck

Rep. Toni Walker called the meeting to order and welcomed everyone.

Secretary Ben Barnes passed around copies of a chart that shows statewide arrests by age from 2008 to 2013, showing that the number of arrests have steadily declined. He indicated that he wanted to start the meeting on a positive note and stated that the State of CT is clearly doing something right.

Rep. Toni Walker agreed with him and recalled a belief that results like this could not be achieved; saying it would cost too much and that agencies would not collaborate. CT has achieved positive results as demonstrated by the dramatic decline in the number of children and youth going through the (juvenile justice) system.

A motion to accept the minutes was seconded without discussion; the minutes were accepted unanimously.

Bill Carbone informed the JJPOC about his presentation to the state of New York in early March with Jeanne Milstein and Kitty Tyrol. New York is in the process of trying to Raise the Age and looks to CT as a model for reform and how to implement changes. Their presentation included issues such as case review teams, major investments in in-home clinical services, and cognitive behavioral therapy were discussed.

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### **Presentation on Congregate Care**

Mr. Carbone introduced Renee La Mark Muir as a consultant working for the TYJI, to present on her project of assessing the system of congregate care settings.

Ms. La Mark Muir explained the congregate care categories and phases of the study: Phase 1 involves state funded juvenile correctional facilities and Phase 2 involves state funded private community-based centers. She summarized the timeline of the studies, areas of analysis, and any potential cost-savings; clarifying that her study will not be determining the validity of the risk assessment or the effectiveness of each program.

Discussion began with remarks by Rep. Toni Walker regarding the need to evaluate the effectiveness of the program. Mr. Carbone explained that Dr. Kendell Coker would be conducting research in this area.

Hector Glynn distinguished between two distinct questions (for the study); the program and if people are getting better, emphasizing that it is critically important to learn how a program is operating and determining its effectiveness for individual children.

Linda Dixon, DCF, informed the JJPOC that DCF tracks treatment hours and they will share that system and work with Ms. La Mark Muir; but also asked that family engagement be tracked beyond the clinical services (family therapy) to include family visits or family meals.

Sarah Eagan asked how needs are defined and assessed and how educational assessments are done in congregate care.

Ms. La Mark Muir explained that she will examine how youth are matched to a program, how much time they spend there, and if they complete it. Regarding education, she will be reviewing, attendance, evaluation, any disabilities, and time spent in school. The study will also review information on child protective history, juvenile justice court history, towns of residence, and other information.

Mr. Carbone indicated that three goals will be presented at the April 16 JJPOC meeting in order for the JJPOC to set priorities in the areas of increasing diversion, reducing recidivism, and continuing the further reduction of incarceration. They will include specific numbers and specific objectives that came out of the goals work group.

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### **Presentation on Results-Based Accountability**

Dr. Ron Schack of The Charter Oak Group, LLC presented on using Results Based Accountability for juvenile justice programs; moving forward from the work that was previously done on RBA in order to develop a plan so that the agencies can work with some common measures that are operationalized. He asserted the importance of having common indicators and performance measures with clear operational definitions that will allow service providers to use the same definition and talk about the same things in the same ways, inform contracts, and allow information to be aggregated and compared. Result statements and indicators will be validated and revised in his work with individual agencies and providers to provide a “recipe book” for definitions of different kinds of service. Agencies and providers will be given a “tool kit” which can be used to assist agencies and providers.

Discussion began with Stephen Grant stating that CSSD has implemented RBA and that one of the results is building the capacity of providers.

Judge Patrick Carroll explained that contracts have been terminated based on performance assessment using RBA. He indicated that it is good incentive for providers to get the data and measure performance.

Dr. Derek Gordon asked if caseload numbers would be factored into the analysis. Dr. Schack explained that there are mechanisms in the plan to address this.

Secretary Barnes indicated that the State is judging performance and looking at payments made, offering the potential for innovation for providers using these types of metrics to measure performance and cost related issues.

Mr. Carbone emphasized how important the project as a great opportunity to get uniformity to measure effectiveness on different levels so that we are all going to be seeing the same results; good data exists, but it is important data be consistent.

Dr. Schack indicated that front line staff will be able to understand the alignment of indicators, such as recidivism and crime rate.

### **Presentation on Juvenile Justice and the Mental Health System Overlap: Report on Preliminary Planning and Methods**

Dr. Jeff Vanderploeg, CT Health and Development Institute, presented on the overlap between the two systems and recognized several connecting points with the previous presenters and the importance to share information in order to obtain a complete picture of the needs of the children and youth and to better integrate the two systems.

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Dr. Vanderploeg explained that PA 13-178 Children's Behavioral Health plan includes themes and ideas around early intervention and prevention and he thinks we have an opportunity to align goals of both statutes. As a result of the work completed under the requirements of PA 13-178, there is now a good understanding of what the mental health system looks like and the gaps and needs that exist and CHDI has done some preliminary work on identifying mental health needs for those involved with juvenile justice. Dr. Vanderploeg expressed the need to enhance access to mental health services to all children based on need and clinical factors rather than social status or location and the importance of providing services to young people when a need is identified early on in order to prevent entrance into the system. He also indicated that it is important to address mental health needs once in the system. Dr. Vanderploeg stated that CHDI will be reviewing the work that has already been done and that they will reach out to members of the JJPOC, service providers and others to discuss the overlap acknowledging the support of the Judicial Branch and the Tow Youth Justice Institute.

Discussion began with Judge Conway stating that Judicial has partnered with Dr. Vanderploeg and CHDI in the past and that results have been very successful, particularly with the School Based Diversion Initiative (SBDI).

Mr. Carbone explained that SBDI provides alternatives to arresting youth; training teachers and linking teachers with community resources. The results include decrease in arrest, reduction in stigmatization, providing medical responses on site, and the increased use of emergency mobile crisis teams.

Rep. Toni Walker asked Dr. Vanderploeg if Medicaid is providing any reimbursement for services, to which he replied that the data collected by CHDI shows that approximately 32% of youth seen by the EMPS service are privately insured but not all private insurance companies reimburse for EMPS services. DCF may assume responsibility for the payments which is one of the only ways it is financially feasible for community-based providers to implement evidence-based practice; providers depend on grants and funding.

Rep. Toni Walker thanked everyone for the presentations and announced that the next JJPOC meeting will be held on April 16, 2015.

Meeting was adjourned.

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