

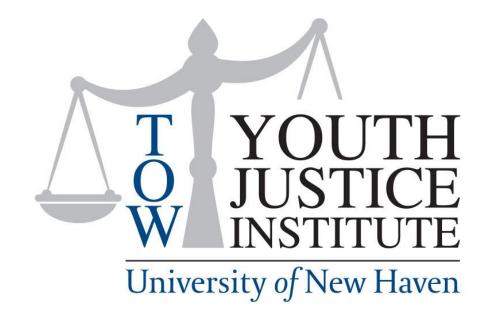
Juvenile Justice Policy and Oversight Committee

April 18th, 2019 Legislative Office Building 2pm Room 1E

Progress Report



- Update: Judiciary Committee Bill #7389 Implementing the Recommendations of the Juvenile Justice Policy and Oversight Committee
- Presentation: Center for Children's Law & Policy
- Update: Department of Correction
- Update: Incarceration Subgroup
- Update: Consolidation of Juvenile Functions Judicial Branch CSSD



Presentation by: Jason Szanyi **Deputy Director** Center for Children's Law & Policy Children's Lawand Policy

Room Confinement: The National Landscape and Connecticut Opportunities

Connecticut JJPOC April 18, 2019



National Campaign



Center for Children's Law and Policy

Council of Juvenile Correctional Administrators

Center for Juvenile Justice Reform at Georgetown University

Justice Policy Institute



What is Room Confinement?



Council of Juvenile Correctional Administrators & PbS

Any time a youth is physically and/or socially isolated for punishment or for administrative purposes.

(This intentionally excludes protective and medical isolation.)

National Partnership of Juvenile Services

Isolation refers to separating youth from other residents during non-sleeping hours by placing them alone in a room or cell.

Also called:

- Seclusion
- Segregation
- Protective Custody

ACA Proposed Definition

Separation is removal from the general population that is involuntarily imposed and is in an areas where the youth is without contact with other youth and unable to egress.

This does not include situations such as regularly scheduled bed time hours and medically ordered isolation.

First Step Act

Defines room confinement as "involuntary placement of a covered juvenile alone in a cell, room, or other area for any reason."

Mass. DYS

Placement of a youth in any locked or unlocked room, with authorization, where the staff decides when the youth leaves the room.

Use of Room Confinement



Council of Juvenile Correctional Administrators & PbS

Allowed: Isolation should only be used to protect a youth from harming himself or others

Limitations: Brief and supervised

Not Allowed: As punishment or administrative convenience

National Partnership of Juvenile Services

Allowed: Only when no other means can be used to accomplish the safety and security of youth and staff

Limitations: As short as possible. Release when youth no longer poses a threat

Not Allowed: As consequence to address inappropriate behavior choices

JDAI Standards

Allowed: As a temporary response to behavior that threatens immediate harm to the youth or others

Limitations: Release as soon as no longer a threat (4 hour max)

Not allowed: For discipline, punishment, administrative convenience, retaliation, staffing shortages, or other reasons **First Step Act**

Allowed: Only as a response to behavior that threatens serious and immediate risk of physical harm to any individual

Limitations: Release as soon as no longer a threat (3 hour max)

Not allowed: For discipline, punishment, or other reasons

Mental Health



- American Academy of Child and Adolescent Psychiatry
- American Psychiatric Association
- American Psychological Association
- American Public Health Organization
- National Commission on Correctional Health Care

Proposed ACA Standards on Separation for Juveniles

- Only used as an immediate response to disruptive behavior that threatens the safety and security of the youth or others.
- Never as discipline or sanction.
- Remove youth from separation when demonstrate emotional and behavioral control and assessed as being able to reenter population.



American Correctional Association Use of Separation with Juveniles – Proposed Expected Practices and Definitions

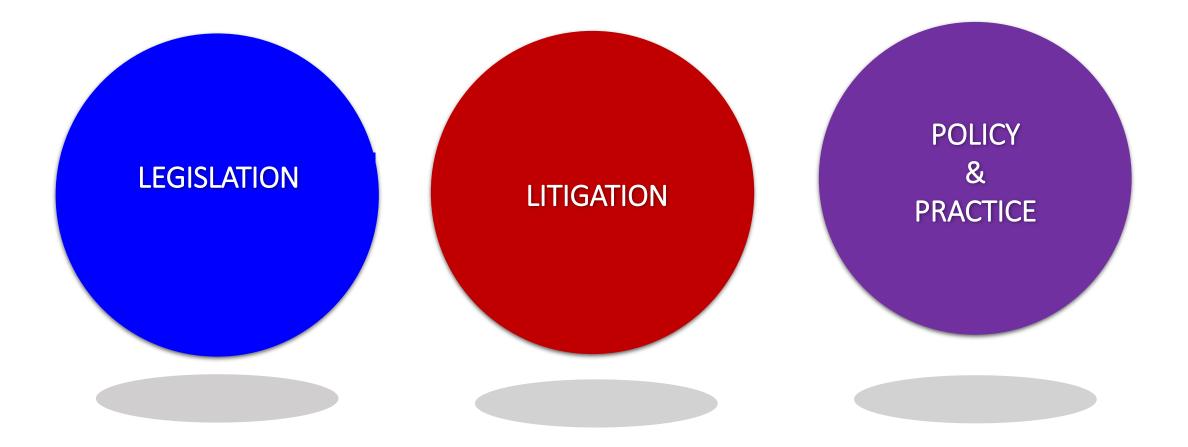
Behavior Management Plans: Treatment team develops behavior management plans for youth with serious behavior problems or who threaten the security and management of the facility.

Review & Authorization

- Supervisor/behavioral health staff meet with youth within 4 hours to identify reasons why unsafe to return to general population.
- Supervisor/behavioral health staff must authorize.
- Supervisor/behavioral health staff "review" separation > 4 hours and again every 2 hours.

What Other States Did





Litigation

Federal Court Injunctions

- Wisconsin 2017
- Tennessee 2017
- N.Y. (Onondaga Co) 2017
- N.Y. (Broome Co) 2018

Settlements

- Contra Cost, CA
- Illinois DJJ
- Iowa
- New Jersey JJC
- Ohio DYS

Wisconsin DOC

- Seattle
- Palm Beach, FL



Example Litigation Costs

Ohio settlement compliance = **\$20-30 million** Louisiana attorney fees = **\$3 million** Louisiana settlement compliance = **\$20 million** California settlement compliance = **\$90 million** Lincoln Hills, WI litigation cost = over **\$19 million** Syracuse, NY Plaintiff fees = **\$270,000** Seattle settlement = **\$240,000 to families** New Jersey settlement = **\$400,000** Iowa settlement = **\$225,000**



Recent State Laws



California, Colorado, Florida, Massachusetts, Nebraska, New Jersey, New Mexico, Oregon, Washington, D.C., Seattle

- Broad definition (not just 22+ hours)
- Never as punishment
- Only if imminent threat of physical harm
- Release ASAP

- No fixed time periods
- Approval required
- Data collection, review, action
- Outside oversight
- Mental health involvement

New Federal Law - JJDPA



JUVENILE JUSTICE & DELINQUENCY PREVENTION ACT

- OJJDP must report annually on isolation **data** from state and county facilities
- OJJDP must provide **training and technical assistance** to improve conditions while minimizing isolation
- Facilities must **describe policies**, **procedures**, **+ training** used to reduce isolation in state plans
- Facilities must train staff to improve conditions like isolation

New Federal Law – First Step Act



- **Definition of Room Confinement**: The term room confinement means the involuntary placement of a covered juvenile alone in a cell, room, or other area for any reason.
- No Room Confinement: For punishment, discipline, or any reason other than "behavior that poses a serious and immediate risk of physical harm to any individual."
- Limitations: Staff must attempt less restrictive alternatives first (e.g., talking, verbal de-escalation, involving mental health staff)
- Max 3 hours if youth poses risk to others; 30 minutes if risk to self

What Happens at Maximum Time Limit?

T YOUTH JUSTICE INSTITUTE University of New Haven

FIRST STEP ACT

 Transfer youth to another facility OR an internal location to provide services without room confinement;

OR

 Initiate referral to a location that can meet the youth's needs if a mental health professional believes the youth needs more crisis services than the facility can provide.

JDAI STANDARDS

- Return to the general population;
- Develop individualized programming for youth; or
- Consult with mental health professional to determine whether youth should be transported to a mental health facility.

DC STATUTE

 Return to the general population;

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- Transport to a mental health facility upon the recommendation of a mental health professional;
- Transfer to the medical unit in the facility; or
- Provide special individualized programming (lists examples of components).

Massachusetts Release Strategy



- DYS de-escalation, behavior management and conflict resolution techniques taught to direct care staff to help a youth process out of disruptive and dangerous behaviors and out of room confinement.
- Staff conduct **4 minute checks** during the first hour of room confinement and at least every 10 minutes after that.
- Staff must attempt to engage youth in the release strategy at least once every 30 minutes. The staff involved in the release strategy should include clinical staff.
- If staff successfully engages the youth in a release strategy before the end of the authorized time period, staff must release the youth.

Successful Strategies



- Communication from leaders and supervisors
- Culture (top down and bottom up)
- Staffing ratio and staff training
- Consistently integrated mental health staff
- Programming
- Positions to prevent isolation and promote reintegration
- Physical plant (in-between spaces)
- Commitment to data
- Oversight and review committees with line staff

- Behavior Management
 - Individual behavior responses
 - Setting incremental goals
 - Meaningful incentives
 - Other sanctions



The CJCA Toolkit

Five Strategies to Reduce Isolation

- 1. Adopt mission statement and philosophy that reflects rehabilitative goals;
- 2. Develop policies and procedures for use and monitoring of isolation;
- 3. Identify data to manage, monitor, and be accountable for the use of isolation;
- 4. Develop alternative behavior management options and responses; and
- 5. Train and develop staff in agency mission, values, standards, goals, policies, and procedures.



COUNCIL OF JUVENILE CORRECTIONAL ADMINISTRATORS TOOLKIT: REDUCING THE USE OF ISOLATION

March 2015

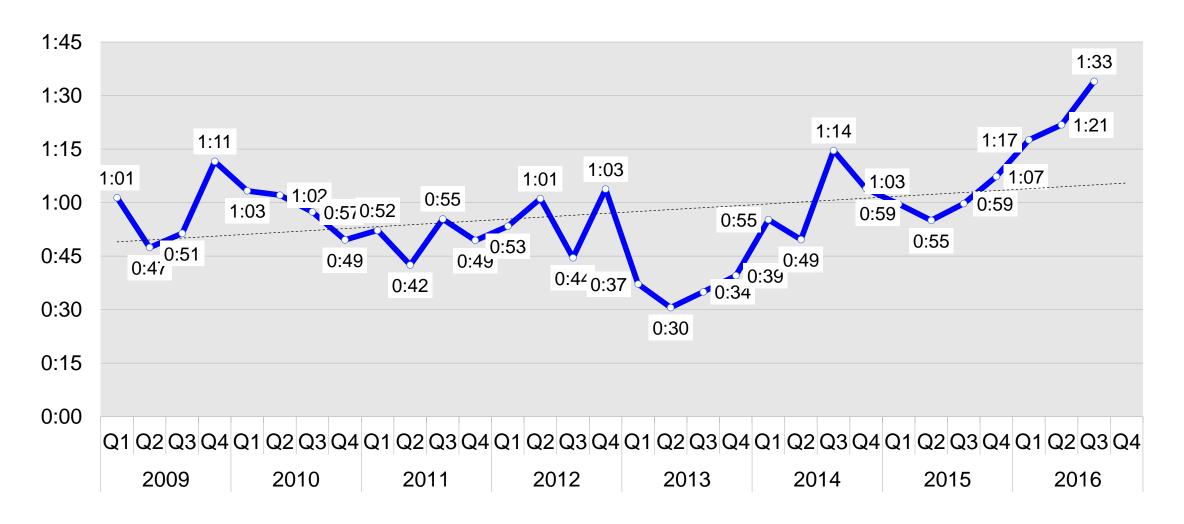
...."Although room confinement remains a staple in most juvenile facilities, it is a sanction that can have deadly consequences.... more than 50 percent of all youths' suicides in juvenile facilities occurred while young people were isolated alone in their rooms and that more than 60 percent of young people who committed suicide in custody had a history of being held in isolation."

> Lindsay M. Hayes Juvenile Suicide in Confinement A National Study. 200-





Average Duration of Room Confinements - Massachusetts



Examples



PortlandTribune

MacLaren takes STEPS to cool down young offenders

🛔 Aubrey Wieber/Oregon Capital Bureau 🛛 🛗 Tuesday, January 08, 2019

Under the old system, incarcerated youth would be locked away; a new process lets them gradually release their emotions.

WOODBURN — Early on the Friday before Christmas, Zack sat in the passenger seat as he rode across the frozen grounds of MacLaren Youth Correctional Facility.

He had been sent to the juvenile equivalent of isolation following an outburst on his living unit. On his way, though, the 18-year-old encountered a staffer who instead took him to a less confining spot on campus to work through the trouble. He ended up in a quiet room with a counselor who probed what triggered the scene.



Ø -

View Comments

Oregon Youth Authority

Oregon Youth Authority Incidents of isolation went from 370 to 140 when staff limited isolation to minimum time for crisis behavior.

Colorado Division of Youth Services

- Youth-on-staff assaults in the facilities are down 22% from three years ago. The use of
- seclusion has decreased by 68% from October 2016 (302 incidents) through July 2018 (97 incidents). The average time
- spent in seclusion has averaged under an hour for nearly two years (23 months; September 2016 through July 2018).

Ohio Department of Youth Services

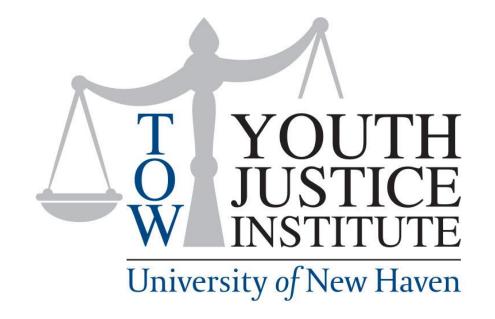
Ohio Department of Youth Services saw acts of violence go down 22% in one year while isolation was reduced 89%.

Contact

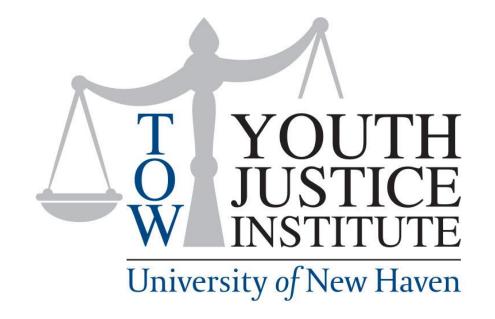
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Department of Correction Update: Progress made following Release of the Child Advocate's Report



Update by the Incarceration Subgroup: Definition on Use of Solitary Confinement in Facilities Housing Youth

Update: Definition on Use of Solitary Confinement in Facilities Housing Youth



The Task:

Issue a report by April 1, 2019 that summarizes the review and provide a recommended definition that includes the maximum number
of hours and days that a youth may be held administrative segregation, solitary confinement, seclusion, and isolation. Per the JJPOC
2019 Recommendations.

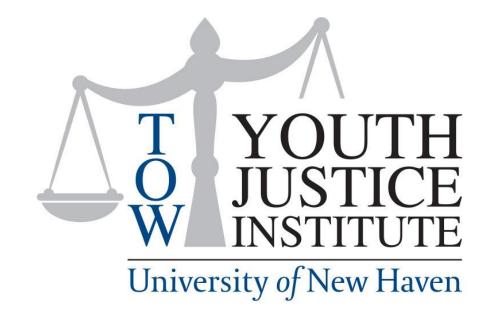
At the March 18th 2019 Incarceration workgroup a decision was made to establish a subgroup that would draft recommended definition.

- Subgroup of the Incarceration Workgroup Representation:
 - Susan Hamilton, Director of Delinquency Defense and Child Protection, Division of Public Defender Services
 - Sarah Eagan, Child Advocate, Office of the Child Advocate
 - Robyn Porter, Representative 94th District (New Haven, Hamden)
 - Patricia Nunez, Program Manager of Juvenile Residential Services, CSSD Judicial Branch
 - John Fitzgerald, Superintendent of Central Transportation Unit Judicial Branch
 - Christina Quaranta, Deputy Director, Connecticut Juvenile Justice Alliance
- Subgroup met twice via web-based meeting and reviewed the following:
 - Council of Juvenile Correctional Administrators Toolkit: Reducing the Use of Isolation, March 2015
 - Use of Separation with Juveniles Proposed Definition, American Correctional Association Standards
 - Compilation of other jurisdiction laws and rules on use of isolation for juveniles, as provided by the Office of the Child Advocates
 - Federal First Step Act (December 2018)
 - Washington D.C. Comprehensive Youth Justice Act
 - Center for Children's Law and Policy: Federal Bipartisan laws that Limit Youth Solitary Confinement

Update: Definition on Use of Solitary Confinement in Facilities Housing Youth



- The subgroup presented recommended draft language and framework to the Incarceration Workgroup and JJPOC Executive Committee.
 - No consensus was reached on recommended draft language and framework.
- Next Steps:
 - Members would continue to work to draft language for Raised S.B. No. 1109 *An Act Concerning Solitary Confinement,* with the goal of immediately eliminating harsh isolation practices for youth, while the use of any isolation of minors continues to be examined
 - JJPOC Incarceration Workgroup will review Federal First Step Act language in the context of CCLP presentation
 - Matter will be put on the agenda for the next incarceration workgroup meeting to continue review and establish next steps.
 - Incarceration workgroup is scheduled to meet on May 20th 2019.





Current Status of Population

174 children were transferred from DCF to the Judicial Branch CSSD effective 7/1/18

- 53 of those juveniles remain on probation caseloads
 - 18 have been sentenced to Probation Supervision with Residential Placement and placed in a REGIONS residential program. Of those:
 - 8 are still in REGIONS Secure Programs
 - 3 are in REGIONS Staff Secure Programs
 - 4 are in Journey House
 - 3 have been discharged home under probation supervision
 - 15 are at home under probation supervision
 - 7 are in pretrial detention
 - 5 are in specialized community residential programs
 - 6 are in Manson Youth Institute; 1 in a R.I. adult correctional facility
 - 1 is AWOL
 - The remaining juveniles who transferred over have had their probation cases closed because their DCF commitment end date, which by operation of the law became their Juvenile Probation Supervision period end date, has passed.



Disposition Options effective 7/1/18

- Probation supervision with residential placement up to 18 months
- Probation supervision also up to18 months
- Both can be extended an additional 12 months (total period of up to 30 months)

New Residential Programs: The Judicial Branch has established new treatment-oriented residential facilities for juveniles who have been adjudicated delinquent.

- These fall into two categories Secure and Staff-Secure.
- The recommended level of a security is determined through a comprehensive assessment process that informs the Court's disposition of each case.
- Juveniles are not sentenced to a set period of time in these programs. Discharge is based on attainment of their individualized treatment goals.



Secure residential facilities.

- The Judicial Branch has established a REGIONS (Re-Entry, Goal Oriented, Opportunity to Nurture Success) secure treatment program for males at each of the two detention centers (Bridgeport and Hartford). Each program has 12 slots, for a total of 24 slots.
- In addition, the Judicial Branch issued an RFP for a community-based secure facility and received one response. It's anticipated that it will be awarded and will provide 8 secure beds for males in a contracted facility on or after July 1, 2019.
- Girls: The Judicial Branch assumed the operation of Journey House, a secure residential facility for girls formerly operated by DCF.



Staff-Secure Facilities

- The Judicial Branch has entered into two contracts for 2 staff-secure facilities to serve juveniles who are stepping down from a Secure facility as well as those placed directly by the Court. These facilities are up and running.
 - REGIONS Staff-Secure facility in Waterbury, operated by the Connecticut Junior Republic, for up to 8 boys
 - REGIONS Staff-Secure facility in Milford operated by Boys and Girls Village, for up to 12 boys. These facilities opened for business on 12/4/18 and are currently fully operational.



Per Diem Beds:

- In addition, a variety of residential placements are available on a fee-for-service basis for juveniles whose needs cannot be met by our contracted programs.
- These placements are in a variety of existing DCF-licensed residential centers.
- CSSD plans to expand its per diem bed options to ensure access to a greater range of treatment options.

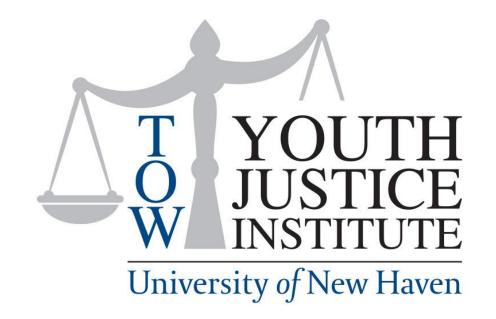


- Assessments for Probation with Residential Placement 7-1-2018 to date
 - 92 juveniles received a comprehensive forensic and behavioral health evaluation to determine public safety risk and treatment needs
 - 40 juveniles have been placed in the REGIONS Secure units
 - 22 have been admitted to Regions Staff Secure
 - 7 have been placed in specialized per diem beds
 - 11 girls have been admitted to Journey House
 - The remainder were placed in the community on Probation Supervision with services in place

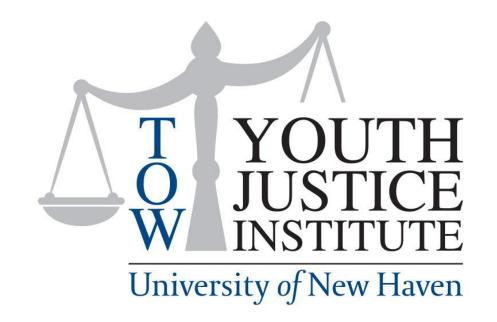


Proposed Community Based Services - Dependent on Funding

- Additional Secure Regions Programs Transition from Detention Centers to Close to Home model.
- Additional Staff Secure Regions Programs Additional capacity is necessary to ensure appropriate level of service for youth transitioning from a secure setting and those placed directly by the Court.
- Functional Family Therapy (FFT) is an empirically proven family intervention program for juvenile justice involved and at-risk youth aged 11-18 and their families.
- Vocational Support Services One of the challenges for juveniles involved in the justice system is finding adequate employment.
- **Treatment Foster Care Oregon** (Expansion TFCO) was developed as an alternative to institutional, residential, and group care placements for children and youth ages 12-17 with severe emotional and behavioral disorders.



Discussion



Next JJPOC Meeting May 16th, 2019 2:00-3:30 PM