

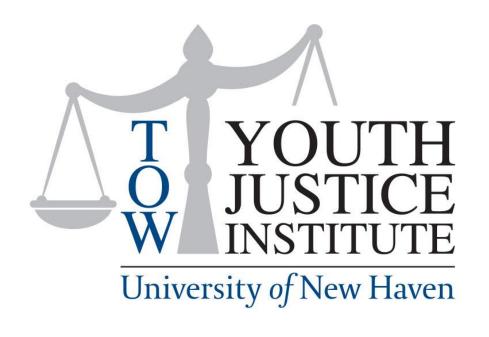
Juvenile Justice Policy and Oversight Committee

Jan. 17th, 2019 Legislative Office Building 2pm Room 2B

Progress Report



- 1. Review and Adopt 2019 Proposed Workgroup Recommendations (page 9-Recommendations in detail)
- 2. Office of Child Advocate Report Presentation
- 3. Integrated Community Expertise Workgroup Meet and Greet
- 4. Council of State Governments Site Visit- Save the Date



Conditions of Confinement

Office of the Child Advocate



STATE OF CONNECTICUT OFFICE OF THE CHILD ADVOCATE

INCARCERATED/DETAINED YOUTH-AN EXAMINATION OF CONDITIONS OF CONFINEMENT JANUARY, 2019



OFFICE OF THE CHILD ADVOCATE

The Office of the Child Advocate (OCA) is an independent state oversight agency directed by law to investigate and report on the efficacy of child-serving systems, investigate unexplained and unexpected child fatalities ... review complaints ..., [and] review the facilities and procedures of any and all institutions or residences, public or private, where a juvenile has been placed by any agency or department.

Conn. Gen. Stat. § 46a-13k et. seq.

Conn. Gen. Stat. § 46a-13*I*(12) (amended 2016) additionally requires the OCA to report to the legislature regarding conditions of confinement for youth detained or incarcerated in the juvenile and adult criminal justice systems.

OCA examined the following issues across each juvenile-serving system:

- (1) Suicidal behavior and suicide prevention;
- (2) Use of force (restraint) and physical isolation (seclusion) of youth;
- (3) Availability and utilization of clinical and rehabilitative programming;
- (4) Access to educational programming for youth;
- (5) Access to family visits and family therapy/engagement;
- (6) Child abuse/neglect reporting and prevention.



Juvenile Detention Facilities-- JBCSSD

Boys/girls pre and post adjudication of juvenile offenses. 1384 admissions for FY 2016-17. LOS 10.5 days.

Adult Correctional Facilities—DOC

Boys/girls age 15 through 17 transferred to the adult system for A or B felonies.

Manson Youth Institution and York Correctional Institution.

104 boys admitted to MYI during FYI 2016-17.

6 girls admitted to YCI.

Connecticut Juvenile Training School—DCF

Boys 12 through 19 committed to state custody for juvenile offenses. Closed in April 2018. 116 admissions during FY 2016-17.

OCA KEY FINDINGS



- Children of color remain disproportionately confined and incarcerated in Connecticut's state-run facilities.
- The deeper youth go into the correctional system, the less likely they are to receive any developmentally appropriate programming necessary to rehabilitate.
- No system provides daily intensive treatment programming for youth or regular family therapy.
- Boys with the most complex needs are the most likely to be placed in physical and social isolation while incarcerated and be denied access to programming, including school.
- All confined youth are at risk of suicide- Connecticut does not have a uniform approach for preventing suicide of youth in custody
- Connecticut has not uniform in standards for meeting the needs of youth in secure confinement.



SUICIDE PREVENTION

Research shows that all youth in custody are at risk for suicide and the deeper youth move into the correctional system, the higher the risk for self-harming and suicidal behaviors.

US Dept. of Justice, OJJDP.

- Only CSSD reported any incidents of suicidal behavior during the review period (41 incidents of constant observation to support actively suicidal youth).
- DOC and DCF reported 0 incidents of self-harming or suicidal behavior by boys during the review period. OCA found multiple youth however who engaged in suicidal ideation or self-injurious behavior.
- DOC reported two incidents of girls at YCl engaging in suicidal behavior.



SUICIDE PREVENTION

Only CSSD utilizes a comprehensive quality assurance framework for suicide prevention as recommended by suicide prevention experts.



USE OF FORCE AND ISOLATION-RESTRAINT, SECLUSION AND RESTRICTIVE HOUSING

- Research shows significant harms created by use of isolation for youth.
- The National Commission on Correctional Health Care ("NCCHC") issued a 2016 Position Statement calling for a ban on solitary confinement of juveniles. NCCHC defines solitary confinement as the housing of an adult or juvenile with minimal meaningful contact with others and with access to few or no programs.
- Connecticut law prohibits solitary confinement and administrative segregation of youth in custody.

USE OF FORCE AND ISOLATION-RESTRAINT, SECLUSION AND RESTRICTIVE HOUSING



- All youth in confinement in Connecticut may be subject to restraint or day long seclusion.
- Despite statutory bans on solitary confinement and administrative segregation, Connecticut has no uniform standards or definitions regarding the use of force or isolation with youth in custody, and practices with youth vary by agency.
- Only CSSD works with national experts to reduce reliance on isolation to manage youth behavior.
- DOC staff rely on isolation of youth to support safety and control in facility.





Confined to Quarters (CTQ)

- Youth in DOC facilities on CTQ are placed in cell confinement for up to 23.5 hours per day as a disciplinary response.
- Incidents of CTQ for 3-30 days found during PUR.
- 96 incidents of CTQ over 6 mo. period in 2018, involving 56 youth.
- Youth on CTQ do not go to programming or school.

USE OF FORCE AND ISOLATION IN DOC



Security Risk Group

- Boys at MYI will be placed on SRG status— months long cell confinement-- if they are identified as having active gang
 affiliation. Facility administrators express need for this type of segregation as a safety measure.
- SRG entailed 21 to 22 hours per day of cell confinement during PUR.
- 14 youth placed on SRG during OCA's review, just under 10% of youth admitted to MYI during the timeframe.
- Range of confinement 5 to 15 mos depending on youth and level of SRG.
- Youth on SRG do not go to programming, receive limited educational services.



USE OF FORCE/ISOLATION IN DOC

Mechanical Restraint

Boys at MYI on CTQ or SRG status may be placed in mechanical restraint any time they are out of cell. Certain youth may be placed in in-cell restraint.

Data

DOC did not provide reliable data regarding use of force or isolation during PUR.



USE OF CHEMICAL AGENT

According to the Council of Juvenile Correctional Administrators:

[Pepper spray's] use has been shunned by juvenile correctional agencies because of the harm it causes to youth and the negative impact on staff-youth relationships, the key to successful juvenile rehabilitative programming. Very few states authorize its use [in juvenile correctional programs] and in the states that allow its use in policy, most prohibit the use except as a last resort and with many conditions and few facilities put it into practice.

Pepper Spray in Juvenile Facilities, CJCA, available at http://cjca.net/attachments/article/172/ CJCA.Issue.Brief.OCSpray.pdf.



USE OF CHEMICAL AGENT

Chemical Agent. Boys at MYI were subject to pepper spray during the PUR, including youth with psychiatric disabilities and known respiratory conditions such as asthma. No incidents of girls being subject to pepper spray during a 24 month period.



MENTAL HEALTH TREATMENT/PROGRAMMING

Research shows high prevalence of mental health disorders among youth in custody, with many justice-involved youth entering confinement with histories of significant depression, anxiety, and suicidality.

Teplin, L., Stokes, M., et al., Suicidal Ideation and Behavior in Youth in the Juvenile Justice System: A Review of the Literature, Jour. Correct. Health Care (July 2015)





- OCA found that no youth receives daily mental health treatment while in custody. All agencies provided assessment and crisis management.
- Detention facilities, historically short-term and pre-adjudicatory, have not provided individual treatment to youth.
- CJTS provided variable level of treatment to youth. OCA found a sample of youth received, on average, 1 individual treatment session per week during PUR.
- DOC identified only 4/53 boys at MYI as needing weekly clinical contact. Girls at YCI receive more frequent programming than boys and are all assigned a clinician for weekly meetings.



MENTAL HEALTH TREATMENT/PROGRAMMING

- CSSD did not track utilization of rehabilitative programming in the detention facilities during the PUR.
- DCF did not provide reliable data regarding individual treatment utilization at CJTS. DCF did not provide data regarding utilization of rehabilitation/group treatment programming.





- OCA record review found that more than half of boys participated in 0 or 1 program while incarcerated (avg. period of confinement for those boys 18.6 months).
- Girls' utilization of programming at YCI varied considerably.
- No youth in isolation at MYI had an individual behavior plan.



ACCESS TO EDUCATIONAL PROGRAMMING

US DOJ and DOE— all youth in custody entitled to appropriate education services and all educational entitlements for students with disabilities per IDEA.

United States Department of Education and United States Department of Justice, Guidance, available on the web at: https://www.ojjdp.gov/programs/letter120814.pdf.



ACCESS TO EDUCATION

- CSSD--Local school district responsible for education in juvenile detention facilities (Hartford and Bridgeport). No reliable data from school districts on attendance or suspensions. CSSD keeps data on school removals. Approximately 10 percent of youth subject to school removal.
- DCF/CJTS—USD-II responsible for education of youth at CJTS. DCF reported 40/103 students were subject to at least one school removal.





- USD-I responsible for education of youth at MYI and YCI.
- DOC did not provide reliable data regarding attendance and school removals.
- OCA record review found all youth whose records were examined (n=21) missed substantial amounts of class time.
- Youth in isolation may not attend school, may be provided work-sheets or education 1:1 depending on status.
- Youth in prolonged isolation receive few education hours.



ABUSE/NEGLECT AND MANDATED REPORTING

 Connecticut law does not designate all staff working with youth in custody as mandated reporters of abuse or neglect.

 Connecticut law does not require an ombudsman or grievance procedure for youth in custody practices vary by facility/agency.

ABUSE/NEGLECT AND MANDATED REPORTING



CSSD-

- 12 reports of suspected abuse/neglect in detention over 36 mos. One substantiation for sexual abuse. DCF identified numerous program concerns in 2017, a finding contested by CSSD.
- CSSD sought external review and embarked on operational changes to strengthen key areas of facility management. Work ongoing.
- OCA identified no systemic pattern of abuse or neglect in detention facilities. Found areas for improvement with regard to prevention, staff training and quality assurance.
- CSSD utilizes independent ombudsman framework. Making changes to ensure ombudsman is a mandated reporter.



ABUSE/NEGLECT AND MANDATED REPORTING

- **CJTS** 45 reports of suspected abuse or neglect over 34 mo. period. 7 substantiations. Several identified program concerns. Use of ombudsman (mandated reporter) who shares grievances with OCA and Public Defenders.
- **DOC** correctional staff and administrators not identified as mandated reporters. No framework for training on reporting. OCA found no record of reports made to DCF over 36 mo. period. No youth ombudsman.



ACCESS TO FAMILY CONTACT/FAMILY ENGAGEMENT

OJJDP- families reported "widespread frustration and despair over [their] concern that they are not a meaningful part of the legal and treatment decisions that affect their children's lives and that they are treated by professionals in a way that has made them feel ashamed and guilty."

US DOJ/ OJJDP Listening Sessions 2011.

ACCESS TO FAMILY CONTACT/ENGAGEMENT



- OCA found agency frameworks for visitation and family engagement varied considerably.
- Many incarcerated youth receive no visits.
- Most boys in DOC did not receive contact visits with family.
- Detention and adult correctional facilities do not provide family therapy.
- Most incarcerated youth are discharged to a family member.



Suicide Prevention

Consistent with data demonstrating that all youth in custody are at risk for suicide, the state must ensure that all youth-serving facilities have robust frameworks for suicide prevention, including universal and continuous assessment, evidence-based monitoring and support procedures, and quality assurance protocols.



Use of Force and Isolation with Youth in Custody

- Consistent with the recommendations from the Department of Justice, the American Psychiatric Association, the National Commission on Correctional Health Care, and other professional organizations, Connecticut must ensure adherence to its statutory ban on solitary confinement of minors.
- Given the paramount importance of ensuring safety of youth and staff, facilities should work with national experts where needed to improve safety outcomes without reliance on physical and social isolation of minors.
- Connecticut state laws regarding use of force and isolation of minors must be standardized (e.g., prone restraint prohibition cannot exist only in certain service systems and not in others), and the use of chemical agents on youth prohibited.



Access to Mental Health Treatment/Educational Programming

- All youth facilities should be adequately resourced to ensure provision of 7-day per week intensive pro-social, rehabilitative, and clinical programming.
- All facilities must have clear and specific frameworks for ensuring compliance with state and federal education laws regarding attendance, discipline, special education, and record-keeping.
- The State Department of Education should provide guidance to school districts regarding necessary practices to facilitate record-sharing, educational meeting participation, and enrollment for justice-involved youth.



Abuse/Neglect and Mandated Reporting

- State law should require that all facility staff and contractors working with children in confinement be mandated reporters of suspected abuse and neglect.
- All facilities for incarcerated youth should maintain an independent ombudsman to meet regularly
 with children, tour the facility, address concerns and recommendations with administration and
 outside parties, and make reports of abuse or neglect where applicable.
- All youth-serving facilities must strengthen their quality assurance frameworks for mandated reporting and prevention of abuse and neglect.





Family Contact/Engagement

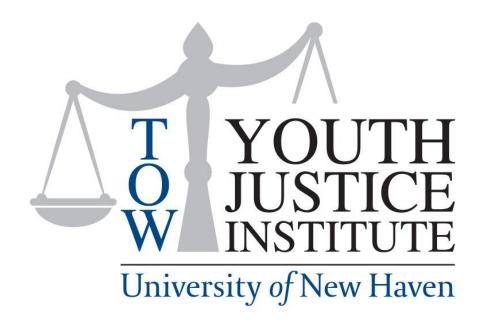
- Facility staff should receive specific training in effective youth and family partnership and engagement strategies.
- All youth-serving facilities should be required to permit contact visits with youth unless a timely and specific risk assessment tool determines that the provision of a contact visit creates a risk of imminent harm to the youth or others.
- All youth-serving facilities must have strategies to support therapeutic family engagement as either part of a treatment model, where applicable, or part of a discharge planning process.



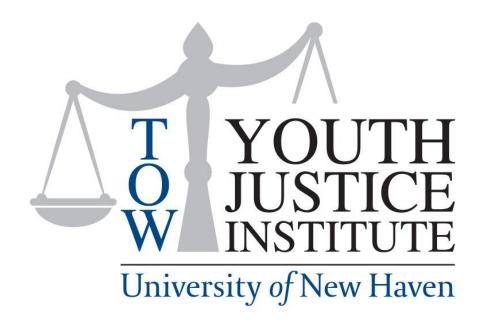


Transparency and Accountability

- All youth-serving facilities must collect and report data regarding key conditions and outcomes
 of confinement.
- The state must continuously review the efficacy of secure care facilities for rehabilitating youth and improving public safety.



Proposed 2019 Recommendations for Discussion and Adoption



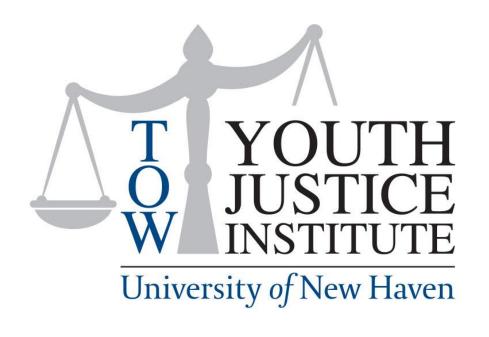
Executive Work Group Proposed 2019 Recommendations

Executive Work Group Proposed 2019 Recommendation #1



It is recommended that JJPOC propose legislation:

- A. To raise the age of juvenile jurisdiction from 17 to 18 by January 1, 2021.
- B. To have the JJPOC monitor the implementation of this change in juvenile jurisdiction, in the event it is enacted into law;
- C. To have JJPOC share relevant findings resulting from this oversight with the committees of cognizance of the General Assembly; and that,
- D. By July 1, 2023, the JJPOC should prepare a process evaluation on the implementation of this change and share such evaluation with the committees of cognizance of the General Assembly.





It is recommended that JJPOC:

- A. Will conduct a review of how other states house the 15 to 18 year old youth whose cases are processed in the adult court system. This review should address both the preadjudication and post adjudication housing matters.
- B. Will conduct a study on other states' laws regarding the transfer of juvenile cases to adult court and the outcomes associated with those laws, including their impact on public safety and their effectiveness in changing behavior.
- C. Will ensure that such review and study are completed by January 2020 and that such study includes a plan for implementation of any recommended changes, including cost options where appropriate, by July 1, 2021.

It is recommended that DOC and Judicial Branch/CSSD:

- To address suicidal and self-harming behaviors of youth in confinement:
 - a) Conduct suicide screening on a routine basis for all confined youth.
 - b) Prohibit closed-door cell confinements for juveniles who present with imminent risk of suicide.
- To address the negative impacts of solitary confinement:
 - a) The JJPOC should conduct a review of the definitions of administrative segregation, solitary confinement, seclusion, and isolation.
 - b) Issue a report by October 2019 that summarizes the review and provide recommended definitions.
- To address the harmful effects of using chemical agents (pepper spray) and prone restraints:
 - a) Prohibit the use of chemical agents (pepper spray) on youth in juvenile detention and DOC facilities.
 - b) Limit the use of prone restraints on youth in juvenile detention and DOC facilities.
 - c) Implement policies, in accordance with best practices, regarding the use of force and use of punitive and restrictive measures for youth, regardless of the correctional setting.

It is recommended that DOC and Judicial Branch/CSSD:

- To address programming and services for youth in custody:
 - a) Implement a process by which all behavior intervention plans for youth whose behavior interferes with the safety of others.
 - b) Provide trauma-responsive rehabilitative, pro-social, and clinical programming.
 - c) Are resourced to ensure provision of a 7-day per week intensive pro-social, rehabilitative and clinical programming.
 - d) Provide developmentally healthy and appropriate activities and recreation for youth and family.
 - e) Permit contact visit with youth.
 - f) Implement strategies to support therapeutic family engagement.
 - g) DOC will comply with the Public Law 108-79- Prison Rape Elimination Act standards of staffing ratios in juvenile facilities.

It is recommended that JJPOC propose legislation to enhance the protection of juvenile against potential abuse or neglect in custodial settings, as follows:

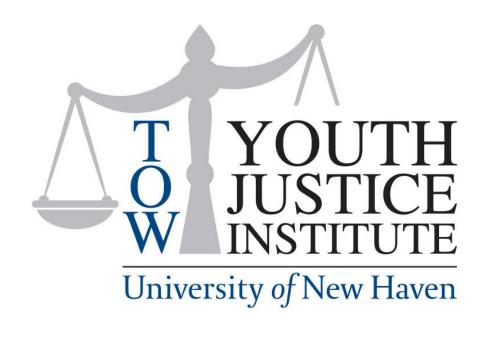
- A. Amend the mandated reporter statute as necessary to ensure that all staff who work with children in confinement, including contracted staff and ombudsmen/women be mandated reporters of suspected abuse and neglect.
- B. Require that all facilities for incarcerated youth maintain an independent ombudsman/woman to meet with the youth, tour the facility, and address concerns.

It is recommended that the DOC and Judicial Branch/CSSD create policy to enhance the protection of juveniles against potential abuse or neglect in custodial settings, as follows:

- A. Facilities will have clear process for reporting suspicious adult behavior, and an effective complaint system.
- B. Require all facilities to have policies on the use of video cameras and the use of technology.

It is recommended that the DOC and Judicial Branch/CSSD provide all facility staff with trainings in evidence based practices in the following areas:

- A. Identifying risk factors for suicide.
- B. Creating a trauma-informed care environment
- C. Cultural Responsiveness, Race Discrimination, and Implicit Bias
- D. Sexual abuse prevention
- E. Effective youth and family partnership and engagement strategies



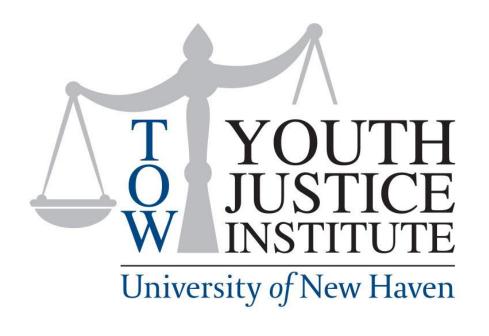
Cross-Agency Data Sharing Work Group Proposed 2019 Recommendations

Cross-Agency Data Sharing Work Group Proposed 2019 Recommendation #1



It is recommended that:

- A. The DOC and the Judicial Branch/CSSD collaborate with the JJPOC Cross Agency Data Sharing workgroup to develop a data collection and tracking system for:
 - Suicidal and self-harming behavior of youth in confinement.
 - Use of force and physical isolation on children.
 - Education, mental health and other data as determined by the Cross Agency Data Sharing workgroup
- B. That DOC and Judicial Branch/CSSD will submit an annual report to the JJPOC on:
 - Suicidal and self-harming behavior of youth in confinement.
 - Use of force and physical isolation on children.
 - Education, mental health and other data as determined by the Cross Agency Data Sharing workgroup



Diversion Work Group Proposed 2019 Recommendations

Diversion Work Group Proposed 2019 Recommendation #1



It is recommended that:

- A. Removal of the remaining categories of Family With Service Needs (FWSN) referrals to Juvenile Court jurisdiction occur according to the following timeline:
 - Effective July 1, 2019: Has engaged in Indecent and Immoral Conduct: is thirteen years of age or older and has engaged in sexual intercourse with another person and such other person is thirteen years of age or older and not more than two years older or younger than such child or youth.
 - Effective January 1, 2020: Runaway without just cause.
 - Effective July 1, 2020: Beyond Control of his or her parents or guardians.

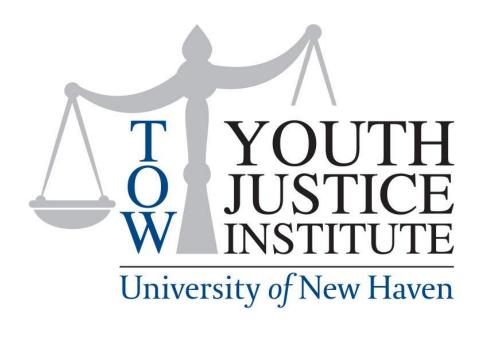
Diversion Work Group Proposed 2019 Recommendation #2



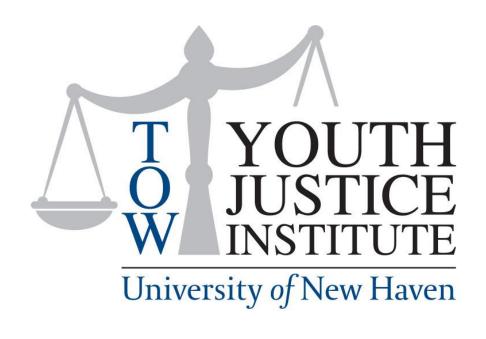
It is recommended that:

The legislature establish line items within the general fund to provide recurring funding for:

- A. The implementation of the Community-Based Diversion System beginning July 1, 2019, codified under P.A. 18-31
- B. The operation of the State's Juvenile Review Board System beginning July 1, 2019.
- C. The implementation of the School-Based Diversion Framework over a two-year period beginning July 1, 2020, codified under P.A. 18-31



Discussion



Next JJPOC Meeting February 21st, 2019 2:00-3:30 PM