

An Overview of Selected Policies and Practices Regarding Congregate Care for Juvenile Offenders in Connecticut

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Report Authors:
Renee LaMark Muir
Research Consultant
Project Lead Researcher

Sara Jeffries
UNH Doctoral Student
Researcher

The Tow Youth Justice is a university, state and private partnership established to lead the way in juvenile justice reform through collaborative planning and policy development, training, research and advocacy efforts. It is designed to promote the effective practices, programs and policies related to youth justice, focusing on the needs of youth up to the age of 21.

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Introduction

In accordance with Public Act 14-217, *An Act Implementing Provisions of the State Budget for Fiscal Year Ending June 30, 2015*, the Juvenile Justice Policy and Oversight Committee (JJPOC) was required to “assess privately operated congregate care for children and adolescents involved with the juvenile justice system”. This study was conducted by the University of New Haven’s Tow Youth Justice Institute (TYJI) which conducts independent research and evaluation projects for the JJPOC.

Used in the context of this report, congregate care refers to a broad concept that simply includes a group of people residing together in a single setting. The setting can include a correctional institution, a residential therapeutic or respite program, a group home or a shelter. Congregate care can be in a secure setting such as juveniles confined without having the liberty to leave the building or in a non-secure facility operated in a family-like setting in which juveniles can leave the building to attend school, work and/or attend leisure or social activities in the community. Congregate care programs for justice-involved juveniles range from secure correctional facilities to general or specialized residential services.

Specifically, this report focused on congregate care placements that have an appropriate role in the continuum of juvenile justice sanction, supervision and treatment options. The congregate care programs in this report are divided into two categories:

- Juvenile correctional facilities and the two adult correctional facilities that incarcerate youth under 18 that are operated by state agencies¹
- Residential programs operated by private provider organizations contracted by the state.²

This report focused on juvenile offenders under 18 in pre-trial status confined in juvenile detention facilities or adjudicated and committed to the Department of Children and Families (DCF). Juveniles under 18 transferred from the juvenile court to the adult court and in the custody of the Department of Correction (DOC) – either in pre-trial status or convicted – were also included even though they were processed as adults.

There is consensus across multiple stakeholders that most juveniles are best served in a family setting with the least disruption to their lives. However, when that is not possible, public policy favors placements in congregate care with tailored programming based on the specialized behavioral and mental health needs or clinical disabilities of juveniles. Any placement should be used only as needed to stabilize juveniles so they can return to a family-like

¹ Juveniles under 18 charged with specific serious and violent offenses can be transferred to the adult court for dispositions and if sentenced to a term of incarceration are transferred to the Department of Correction.

² While the focus of this report is on youth under 18, the youth may remain in confinement or in a residential program after 17 and until 21.

setting under supervision and/or receive out-patient services. For juvenile offenders, confinement or placement in a residential program is often based on their risk and needs and therefore is intended to address community safety) as well as clinical stabilization goals (e.g., substance use, psychiatric disorders, family stabilization). For this study, congregate care does not include psychiatric hospitalization and is only focused on the juvenile offender population and included offenders under 18 processed as adults.

In Connecticut, there has been a significant decrease in the number (and percentage) of juveniles placed in congregate care in the past decade.³ As Connecticut's juvenile justice system moved toward further reduction in the use of congregate care, the state worked to redefine the criteria to assess the need for confinement and established a network of alternative and graduated sanctions options.⁴

There was a proposal by Governor Dannel P. Malloy (House Bill No. 7045) to raise the age of juvenile court jurisdiction to 21 during the 2016 and 2017 legislative session, but the bills did not pass. In this proposal, jurisdiction over adults between 18 and 20 charged with crimes would be phased out of the adult criminal court and the transfer to the juvenile court over a period of several years. If this proposal were to be enacted in Connecticut it would create the potential for an increase in the demand for secure and non-secure congregate care beds for the new population of juvenile offender between 18 and 20.

This report is intended to help state policymakers, system administrators, and advocates better understand the population of juveniles who experience congregate care and what, if any, additional supports may be needed to further reduce reliance on placement for certain cohorts of juvenile offenders.

Project Phases. The two categories of congregate care were evaluated separately. Phase I, initiated in February 2015 and completed in February 2016, focused on state-operated juvenile correctional facilities. Phase II, which started in February 2016 and completed in March 2017, examined privately operated residential programs. This final report includes descriptive information for both phases that were intended to be used to analyze and interpret quantitative data on juveniles confined in correctional facilities or placed in residential programs. The specific focus of each phase is discussed separately later in the report.

It should be noted that completion of both phases of this project were delayed, with a significant delay to Phase I.

Memorandum of Agreement. Initially the project was delayed pending negotiation of a memorandum of agreement (MOA) between TYJI and the Judicial Branch Court Support Services Division (JB-CSSD), the Department of Children and Families (DCF) and the Department of Correction (DOC). The MOA was necessary to allow for the agencies to transfer confidential juvenile-level data to TYJI researchers.

³ These data are reported annually to the JJJPOC by JB-CSSD, DCF, DOC and the TYJI.

⁴ Since completion of the research on the project, Connecticut implemented reforms to the juvenile justice system that further reduced the number of juveniles in confinement.

Data process. Another unavoidable delay was caused by the process of “data scrubbing”, which is a process that corrects detected data errors, recodes data into useable variables, and combines data elements to create new variables. Data scrubbing reduces the likelihood that single correctable errors will accumulate, leading to reduced risks of uncorrectable errors. This allows for accurate and reliable interpretation of the data to answer the research questions. The “data scrubbing” process is necessary because the data that was intended to be used for this report is predominantly used by state agencies for case management and administrative processes and, as such, is not formatted for policy evaluation or rigorous data analysis.

The “scrubbing” process is arduous and takes an inordinate amount of time. Part of the issue is that once the data is “scrubbed” by researchers, there is no improvement in how the data is maintained at the state agency level. The researchers work to “scrub” the data for analysis and interpretation does not assist state agencies in better utilizing the data for case management, policy or program evaluation, or cost-benefit analyses. This results in unavoidable delays in data “scrubbing” for each new project that uses state agency data.

TYJI researchers acknowledge that there are many projects using similar JB-CSSD, DCF and DOC data files to research justice-involved juveniles, the justice system, and/or the effects of juvenile justice reforms ongoing in Connecticut. There is overlap in these projects. However, TYJI researchers are not clear on how different researchers are formulating the data variables and analytic plans. This limits how research reports can be accurately compared and used in a collective manner by policy makers and system administrators to effect system changes and improvements.

What is important to this project, is the data “scrubbing” process was not completed in time for inclusion in this report. Thus, this report does not contain quantitative data analyses necessary to answer the research questions due to delays in accessing and cleaning the data for analysis. This report provides the background information on the state agencies’ juvenile correctional facilities and network of privately operated residential programs and the policies and procedures pertaining to each that are relevant to the research questions and can be used in the future to interpret the data.

Phase I: Juvenile Correctional Facilities: A Study of Youth in Confinement

Section 1. Research Focus and Methodology

At the time the Phase I scope was developed in early 2015, TYJI researchers considered previously identified issues and serious concerns about the management of juveniles confined in correctional facilities. The project's focus was informed primarily by political and public concerns about alleged excessive use of disciplinary practices, including seclusion and physical and mechanical restraints, upon the juveniles confined in DCF's Connecticut Juvenile Training School (CJTS) and Pueblo Unit⁵. CJTS had been the focus of strong criticism and concern since before it was built and opened in 2002.⁶ Since its opening, there had been several highly-publicized problems within the facility that resulted in demands from policy makers, the Office of the Child Advocate, and the public for the facility to be closed. As a result, the JJPOC had questioned DCF's management of the facility and unit.

The opening in 2014 of the Pueblo Unit for girls was also controversial and subject to similar criticisms. Initial criticism focused on the need for additional secure confinement beds. The Office of the Child Advocate raised concerns, at that time, that girls were better served in community-based residential programs and there was no need for a centralized correctional facility. DCF reported there were insufficient options for some committed girls. As an alternative, it was suggested by some in Connecticut that girls be housed at York Correctional Institution, the state's only prison for women. Once the unit opened, concerns were raised about the use of disciplinary practices and techniques, facility management policies, and structures, as well as the lack of gender-responsive services provided to the girls confined at the facility.

Based on its initial charge, TYJI researchers believed it was necessary to examine the management and operations at all state juvenile correctional facilities, not just CJTS, to provide a comprehensive assessment of juveniles in confinement. While the facilities are similar in that each is a correctional facility that incarcerates juveniles under

⁵ DCF closed the Pueblo Unit in 2016.

⁶ In September 1998, a 15-year-old female (referred to as Tabatha) committed suicide while confined at Long Lane School, which was at the time the state's only juvenile correctional facility for adjudicated youth. There had been mounting concerns about DCF management at Long Lane School and safety of the outdated buildings. Numerous studies and experts had recommended against continuing to confine juveniles in a large correctional facility in Connecticut. It had been repeatedly recommended the state invest in a community-based network of smaller residential and outpatient programs rather than another juvenile correctional facility. However, in 1999, then-Governor John Rowland appointed a special project director and task force to oversee the design and construction of CJTS. CJTS design was based on a high-security juvenile correctional facility in another state and cost the state \$57 million to build. A federal investigation later uncovered a bid-rigging scheme between Rowland and the construction company that led to Rowland's resignation as governor in 2004 and later a federal conviction on corruption charges.

18, there are significant differences in design, management, and populations that have previously prevented any direct comparisons. A notable difference is that three different agencies and two branches of state government, operate the facilities, unlike the unified adult prison and jail system operated solely by DOC. Another is that youth in JB-CSSD and DCF facilities are in the jurisdiction of the juvenile court while youth in the custody of DOC are in the jurisdiction of the adult criminal court.

While not within the period under review in this report, researcher examined a series of reforms in Connecticut that improved the conditions of confinement for juvenile offenders in pre-trial status. Like CJTS and Pueblo Unit, juvenile detention centers had been the subject of several controversies in the past that had been successfully resolved. During the 1990s, the state's three Juvenile Detention Centers (JDC) were found to be overcrowded and lacked recreation and programming space and the physical plants had been neglected and were deemed unsafe. Critics called the JDCs overly punitive and cited an excessive reliance on confinement and out-of-home placements for juveniles charged with crimes. In 1993, the Connecticut Civil Liberties Unit filed the lawsuit⁷ that ultimately drove an extensive series of reforms to JDCs and fueled reforms to the state's juvenile justice system throughout the 1990s and 2000s.

Research Questions. The primary focus of the Phase I study, approved by the JJPOC, examined whether confined youth were disciplined for violations of the institutions' codes of conduct in accordance with agency guidelines and whether these guidelines were consistent with national best practices. Phase I attempted to answer the following research questions:

- When in the juvenile justice process are juveniles admitted to a correction facility?
- Who are the juveniles admitted?
- What are the structural and operational characteristics of each correctional facility?
- What activities, programs, educational, medical and mental health services are available to confined youth?
- How accessible are social, emotional and legal supports?
- What is the quality of the staff-juvenile relationships?
- What are the facilities' rules of conduct and how are they communicated to confined juveniles?
- What methods of control and discipline are used by staff?
- What is the impact of control and disciplinary actions on juvenile development and treatment?
- What is the discharge process for each correctional facility?
- Is there a need for an alternatives to juvenile correctional facilities in Connecticut based on population projections and cost-benefit analyses?

⁷ *Emily J v. Weicker* challenged the conditions of confinement in Juvenile Detention Centers operated by the Judicial Branch and the state's treatment of juveniles confined in those facilities including overcrowded conditions, inadequate medical and mental health care, classification system, staffing, recreational, visitation and educational opportunities and a lack of alternative placements. The Department of Children and Families was also included in the lawsuit. A settlement was reached between the involved parties to correct the problems.

As stated, there was significant political and public concern that DCF was exacting more punitive sanctions against juveniles confined at CJTS and the Pueblo Unit than they were authorized to use by state law, agency policy and best practices. There was a belief that there were more effective techniques used to address agitated or aggressive behavior exhibited by the juveniles committed to JB-CSSD and in the custody DOC. To set context, this report provides an overview of the policies and protocols for disciplinary actions used by JB-CSSD, DCF and DOC correctional staff against confined juveniles.

This report includes general descriptions of the physical plant of each juvenile correctional facility, as well as the programs and services provided to the juvenile resident population. Additionally, included is an overview of when in the juvenile justice process youth are confined and facility admission and discharge processes. The admission and discharge processes gather the information necessary to provide appropriate treatment and services to juvenile residents matched to their needs and risk level. The information gathered during intake and admission is also used to manage the juvenile resident population inside each facility to ensure the safety of the staff and general population. The information assessment, treatment, and supervision information gathered during the period of confinement is also used to develop discharge and community supervision plans for each juvenile leaving a facility and returning to his/her family and community. The report also summarizes the activities, programs, educational, medical and mental health services available at each facility.

It is important to note that TYJI researchers were not able to complete the evaluation necessary to provide information on some research questions approved as part of the project scope. Not included in this report is information on: (1) the availability and access to social, emotional and legal supports; (2) the quality of staff-youth relationships; (3) the impact of control and disciplinary actions on youth development and treatment; (4) population projection for the state's juvenile correctional facilities; and (5) data analyses on confined youth. The reasons for the inability of the researchers to complete the reviews and assessments necessary to answer those questions are discussed later in this section.

Methodology. TYJI researchers reviewed the policies, protocols and practices provided by JB-CSSD, DCF and DOC that were related to admission and discharge, intake and assessment, program and treatment delivery, and behavior management techniques and actions, including discipline and emergency interventions such as restraint and seclusion. TYJI researchers toured each facility in 2016 to learn about the structural and operational aspects of the facilities that can impact the management of the confined juveniles and reviewed building design and infrastructures. During these tours, researchers interviewed correctional, program, clinical and administrative staff.

TYJI researchers reviewed national best practices and the current literature on juvenile corrections. TYJI researchers interviewed the state's Child Advocate and investigators, juvenile prosecutors, juvenile public defenders, juvenile probation and parole staff, other advocates, and academics in the field of juvenile corrections. The information gathered is summarized in the narrative sections of this report.

JB-CSSD, DCF and DOC provided extensive data on youth confined between January 1, 2005 and December 31, 2015. The University of New Haven's Center for Data Analytics merged and de-identified the data for analysis. As

stated, the data was not available for analysis for this report because the process to “scrub”, recode and test the data had not been completed by release of this report. TYJI is currently working to prepare the data for analyses and will produce an addendum to this report at a later date.

The original project scope called for TYJI researchers to conduct structured interviews with committed juveniles and to review video recordings within each facility in order to evaluate juveniles’ opinions of the quality of the staff-juvenile relationships, the social, emotional and legal supports provided to them, and the impact to them of staff behavior management actions, including discipline. At the time of this report, the interviews with confined juveniles were not implemented due to concerns raised by the Office of the Public Defender about legal protections. JB-CSSD, DCF and DOC provided the TYJI with video recordings of behavior management incidents occurring in 2016 to conduct reviews at a later date. TYJI is working to resolve this issue.

The review of video recorded behavior management incidents was slated to include incidents that took place in the juvenile correctional facilities between January 1, 2016 and December 31, 2016. JB-CSSD and DOC archive all video recorded disciplinary incidents. DCF retains video recordings for 90 days, but agreed to archive all recordings for 2016 for use in this study.

The TYJI researchers collaborated with facility administrators and legal counsel from JB-CSSD, DCF and DOC to obtain approval for materials to be used during the structured interviews (e.g., parental consent forms, juvenile assent forms, a structured interview questionnaire, data collection form, and interview debrief form). Protocols to randomly select juveniles to be interviewed, to conduct the interviews at each facility, to solicit parental consent and juvenile assent, and to provide aid to subjects who expressed concerns or exhibited problematic behavior during or after being interviewed were also developed collaboratively. TYJI researchers obtained security clearance and received safety training to work inside the juvenile correctional facilities. In the summer of 2015, TYJI researchers applied for ethics review in accordance with the federal Department of Health and Human Services protection of human subject regulations and were granted full approval by the University of New Haven’s Institutional Review Board (IRB) to conduct the structured interviews of confined juveniles. Approval was also granted by JB-CSSD, DCF and DOC internal review committees.

However, in the fall of 2016, the Office of the Chief Public Defender for juvenile matters raised legal concerns about the structured interviews with confined juveniles that, as of the date of this report, have not been resolved. TYJI researchers could not, therefore, discuss the staff-juvenile relationships, the social, emotional and legal supports provided to confined juveniles or the impact of disciplinary actions on confined juveniles.

TYJI researchers interviewed research and analytical staff from the Office of Policy Management’s Criminal Justice Policy and Planning Division, which conducts the adult offender population projections for DOC. They explained that population projections for juvenile offenders are not done because juvenile justice policies in Connecticut shift at a rapid pace and the lack of consistent data made it difficult to conduct accurate and reliable projections of the juvenile population and system capacity. Therefore, TYJI researchers were not able to provide this analysis.

Shifting Priorities. It is important to note that the political and public debate on confining Connecticut's juveniles moved faster than the TYJI research process. The political landscape shifted quickly during the past two years while this research was being conducted. There were several key events (discussed in the Background section below) that significantly influenced the state's overarching policy on confining juveniles. The impact of those events is discussed in this report.

Although TYJI is aware of the speed of the political process and the need for a synopsis of research findings, it remains committed to providing information that will promote awareness of juvenile processing in Connecticut. TYJI researchers believe it is critical to understand the impact and outcome of past policies on the system, public safety, and the juveniles and their families (lessons learned). This can help to bring into focus the supervision and management options for adjudicated juveniles who cannot safely remain in their communities.

Background. The following is a brief synopsis of the events impacting Phase I of this project.

- The JJPOC, in early 2015, established a strategic goal to reduce the rate of confinement of juvenile delinquents by 30 percent by Fiscal Year 2017/2018 and set forth specific recommendations to achieve that goal.
- DCF released a consultant report by Dr. Robert Kinscherff, (dated June 23, 2015), on the management and operation of CJTS and the Pueblo Unit. The report identified problematic areas in DCF management and provided an implementation plan to resolve the problems and improve conditions at CJTS and Pueblo Unit.
- The Connecticut Office of the Child Advocate (OCA) released its report (dated July 22, 2015) on the investigation into DCF policies and practices of disciplining juveniles confined at CJTS and the Pueblo Unit. The report was critical of DCF management policies and practices and called for the closure of CJTS and the Pueblo Unit and/or a comprehensive reform of DCF policies, protocols and practices for disciplining and managing juveniles confined at the facilities.
- DCF developed a Corrective Action Plan to address the concerns raised by OCA.
- In 2015, the Connecticut fiscal crisis caused budget cutbacks in state agencies and programs.
- In December 2015, Governor Dannel P. Malloy announced CJTS would plan to close by July 2018, citing a serious budget crisis in Connecticut and the costs to confine juveniles and operate the facility. In compliance with the Governor's directive, in October 2016, DCF submitted a final plan to close CJTS.
- The Pueblo Unit, located in an unused building on the grounds of the Solnit Center, was closed in 2016. There is now no state-operated juvenile correctional unit or facility specifically for adjudicated girls committed to DCF.
- In June 2016, Public Act 16-147, *An Act Concerning the Recommendations of the Juvenile Justice Policy and Oversight Committee*, based on strategies recommended by the committee, narrowed the conditions under which a juvenile court judge may detain a juvenile charged with a crime, established a maximum time a juvenile may be detained, and required a new risk assessment tool to determine need for confinement.
- During the 2016 and 2017 legislative sessions, Governor Malloy proposed raising the age of juvenile justice jurisdiction to 21. The plan called for staggered implementation to shift jurisdiction from the adult criminal court to the juvenile court for 18, 19- and 20-year-olds ("young adults") beginning in 2017. The proposals did not pass.

- The *Plan for the Closure of Connecticut Juvenile Training School* was released by DCF (October 18, 2016) and the average daily census at that time was under 50.⁸
- The memorandum of agreement (MOA) between the University of New Haven and JB-CSSD, DCF and DOC to transfer juvenile-level data was not finalized until July 2016.

Section 2. Connecticut Juvenile Correctional Facilities

The correction systems for juvenile and adult offenders are administered and operated separately.

In Connecticut, the adult correction system is unified: DOC operates a system of jails and prisons for pre-trial and convicted adult offenders, which includes juveniles under 18 transferred to the criminal court for processing due to the severity of their crimes. In contrast, the juvenile correction system is decentralized and administered by Judicial Branch and Executive Branch agencies⁹, but makes a similar distinction between facilities for juveniles in pre-trial and adjudicated status.

Some juveniles charged with crimes who require pre-trial confinement are placed in the custody of the JB-CSSD and confined in Juvenile Detention Centers in Bridgeport and Hartford.¹⁰ Some juveniles adjudicated delinquent are committed to the custody of DCF. DCF-committed male juveniles are confined at privately-operated residential facilities or the Connecticut Juvenile Training School. DCF-committed female juveniles were confined at the Pueblo Unit, which was closed prior to the completion of this report, or in privately-operated residential facilities. Juveniles under 18 transferred to the adult criminal court are held in pre-trial and convicted status in the custody of DOC. Males are held at the Manson Youth Institution and females at the York Correctional Institution. Only a small percentage (approximately 12%) of juvenile offenders were confined either in pre-trial, adjudicated or convicted status and in the past two years the number of confined juveniles has dropped due to a series of legislative and administrative reforms intended to reduce the confined juvenile offender population.

Juvenile Correctional Facility Definition. The United States Department of Justice, Office of Juvenile Justice and Delinquency Programs (OJJDP) defines a juvenile correctional facility as “any residential facility with construction fixtures or staffing models designed to restrict the movement and activities of those placed in the facility.” It is used for the placement of any juvenile adjudicated delinquent [or convicted as an adult] of having committed an offense or, when applicable, it is used for the placement of any juvenile in pre-trial status charged with a criminal offense. Placement in a juvenile correctional institution is by order of the juvenile court or the criminal court for juveniles processed as adults.

⁸ Since this report was first drafted, DCF has closed admissions to CJTS in order to focus on discharge planning for the remaining juveniles in that facility by July 1, 2018. In addition, the legislature shifted the responsibility for all juvenile justice-involved youth who are not transferred to adult court to the Judicial Branch beginning July 1, 2018.

⁹ The majority of adjudicated juveniles are placed in the custody of the JB-CSSD on probation supervision, but these juveniles were not included in this review.

¹⁰ A third detention center in New Haven closed in 2011 and is now a transportation center for JB-CSSD.

The state's juvenile correctional facilities are operated at maximum security level. The American Correctional Association (ACA), a professional accreditation organization, identified some of the characteristics of a maximum-security level facility as: perimeter fencing; barriers; locked cells/rooms and segregation units; hardware secure interior and exterior doors; facility control areas; security cameras; and recreation, program, education, medical, kitchen, and warehouse space. A high security facility need not have all of these characteristics, but based on these criteria and interviews with the administrators and staff at each facility under review, all of Connecticut's juvenile correctional facilities are operated at high security.

The ACA standards guide operations in juvenile correctional facilities¹¹ including standards related to safety, training, and policies, procedures and practices. The ACA will accredit juvenile correctional facilities that comply with all applicable mandatory standards and 90 percent of non-mandatory standards. All state juvenile correctional facilities, except for the Pueblo Unit¹², were ACA accredited. The Bridgeport Detention Center and Hartford Detention Center are also accredited by the National Commission on Correctional Healthcare (NCCHC).

Large style juvenile correctional facilities are often given names such as a training school, juvenile hall, or a camp. The alternative name does not change the design or purpose of the facility as a correctional institution.

The following state correctional facilities for juvenile offenders included in this report are:

- Bridgeport Detention Center (BJDC)
- Hartford Detention Center (HJDC)
- Connecticut Juvenile Training School (CJTS)
- Pueblo Unit
- Manson Youth Institution (MYI)
- York Correctional Institution (YCI)

Table 1 provides an overview of the characteristics of each juvenile correctional facility. JB-CSSD and DOC facilities have rooms/cells designed to house two juveniles and, in general, there has not been a period when overcrowding required more than two juveniles per room. The confined juvenile population has been steadily decreasing in Connecticut. Thus, a juvenile typically will have a private room/cell. DCF facilities have room/cells designed for one juvenile.

¹¹ The American Correctional Association uses the terms juvenile correctional facility and juvenile detention facility. For the purposes of this report, both are considered a juvenile correctional facility.

¹² DCF reported Pueblo Unit was seeking ACA accreditation at the time it was closed.

	Table 1. Connecticut Juvenile Correctional Facilities					
Agency	JB-CSSD		DCF		DOC	
Facility	BJDC	HJDC	CJTS	Pueblo Unit	MYI	YCI*
Security Level	High	High	High	High	Maximum-level 4	Maximum-level 5
Location	Bridgeport	Hartford	Middletown	Middletown	Cheshire	Niantic
Population	Co-ed	Co-ed	Boys	Girls	Males	Females
System	Juvenile	Juvenile	Juvenile	Juvenile	Adult	Adult
Age	Under 18	Under 18	Under 18^	Under 18^	15 to 21	15 to 20
Status	Pre-trial	Pre-trial	Adjudicated	Adjudicated	Pre-trial & Convicted	Pre-trial & Convicted
Maximum Capacity	84	88	144 beds with an additional 86 beds offline (total 230 beds)	10	138	**
Number of housing units	4	4	7	1	10	1
^DCF-committed juveniles may be up to 20-years-old depending on their age at commitment and term of commitment. *York Correctional Institution is the state's only adult correctional facility for females. It confines females in pre-trial and convicted status and houses adult females 18 and older. **The number of females under 18 admitted to YCI is very small and often there are none. As of the date of this report, there was one female under 18 at YCI. The facility does maintain a separate unit for inmates under 18, but utilizes as necessary those units reserved for specialized adult populations. Thus, YCI does not identify a maximum capacity for females under 18. ^Average daily population January through December 2016.						

Juvenile Detention Centers. A detention center is a secure holding facility where juveniles are placed after being charged with a crime and while their case is pending before the juvenile court. Juveniles adjudicated delinquent are not confined in the detention centers. Juvenile detention centers are operated by JB-CSSD in Bridgeport and Hartford. Both centers provide pre-trial secure detention for boys and girls under 18 who are charged with a crime.

The Bridgeport Juvenile Detention Center (BJDC,) opened in October 2008 and the Hartford Juvenile Detention Center (HJDC) opened in August 2002. BJDC and HJDC are similar in design and construction. Both buildings are three stories: BJDC is approximately 54,000 square feet and HJDC is slightly larger at 55,000 square feet. BJDC maximum capacity is 84 juveniles and HJDC is 88.



Bridgeport Juvenile Detention Center



Hartford Juvenile Detention Center¹³

Each detention center building consists of four residential living units: three for boys and one for girls. A residential living unit contains two tiers of rooms (upper and lower). Each unit consists of 10 double occupancy rooms that require juveniles to use a separate shower/bathroom area in the unit and one single-occupancy handicap accessible room with a private bathroom.

In addition to the housing units, each detention center contains an intake area, school and library, gymnasium, outdoor recreation area, visiting area, administrative offices, cafeteria, master control center, health care services, laundry area, and warehouse.



Generally, boys are housed by age groups: 16- and 17-year-olds, 14- and 15-year-olds and 13 and under. All girls are housed together. Boys and girls are moved throughout the facility to maintain as much separation as possible. In general, no more than two juveniles were assigned to a single room/cell. However, due to the reductions in the number of juveniles confined pre-trial, there was often only one juvenile in a room/cell.

BJDC and HJDC are operated as maximum-security facilities: BJDC has a security fence perimeter, but the HJDC design did not require a fence. Each building is on the grounds of the juvenile court in those towns. Exterior and interior doors are hardware secure, meaning the doors

¹³ All photographs of JB-CSSD, DCF and DOC facilities were taken from the agencies' websites.

are heavy metal and locks are controlled electronically or by key. Entrance and exit points have a security system such that one door must be closed and locked before the next is opened. There are security cameras in all areas of the centers except for inside the bedrooms/cells. One bedroom/cell per unit has a camera for extra security. The facility is remotely controlled and monitored via a staffed control center. Two staff are normally assigned to the control center to observe cameras, receive phone calls and visitors, and stay in contact with juvenile detention officers (JDO) within the building. When juveniles are present, staff are posted on the unit and provide continuous tours ensuring juvenile's safety. Bedroom/cells are only used for sleeping at night and for a brief period during shift change.

Connecticut Juvenile Training School and Pueblo Unit. The Connecticut Juvenile Training School (CJTS) opened in August of 2001 and replaced the Long Lane School, which had been the state's only secure correctional facility for boys and girls adjudicated delinquent. In 1999, the design and construction of CJTS began and was overseen by a task force comprised of political appointees, not DCF administrators or professional staff.



Connecticut Juvenile Training School in Middletown, CT

CJTS sits on a campus-style grounds surrounded by high security fencing. There are nine buildings: seven residential buildings, one intake building and one administrative building.



Boys are housed by age groups: 16- and 17-year-olds, 14- and 15-year-olds, 13 and under and older juveniles (18+). Adjudicated youth may remain confined and committed to DCF until they turn 21. Each juvenile has his own cell/room. During this project, there were only two girls confined at Pueblo and each had her own room.

In addition to the housing units, CJTS has an intake area, school, library, vocational training classrooms, programming areas, and indoor and outdoor recreational areas including a gymnasium, football field, greenhouse and garden, visiting area, administrative offices, food service, master control center, medical services, laundry area, and warehouse.

CJTS operates as a maximum-security facility with a security fence perimeter. Exterior and interior doors are hardware secure, meaning the doors are heavy metal and locks are controlled electronically or by key. One door must be closed and locked before the next is opened. There are security cameras in all areas of the centers except for inside the bedrooms/cells. The facility is remotely controlled and monitored via a staffed control center. Two staff are normally assigned to the control center to observe cameras, receive phone calls and visitors, and stay in contact with youth service officers (YSO) within the building.

The 10-bed Pueblo Unit for girls had been in an unused building on the grounds of the Albert J. Solnit Center¹⁴. The unit was opened in March 2014 and closed in 2016.¹⁵ The unit was a hardware secure, high security unit for girls. The unit was opened as a step-up for girls in community-based residential programs who required more secure confinement. Pueblo Unit did not receive girls directly from juvenile court.

DCF provided gender-responsive programming, but the unit did not have programming comparable to that available at CJTS mostly due to a lack of space (e.g., vocational training programs, gym and athletic fields). DCF staff assigned to the Pueblo Unit were specially trained.

¹⁴ The Albert J. Solnit Center, the current name for the old Riverview Hospital, is an inpatient psychiatric facility for youth. Hospitalized youth are not included in this report.

¹⁵ Pueblo Unit is included in this report because it was still open when the study was begun. Unlike the New Haven Juvenile Detention Center that was closed in 2011, before the study was started.



The Pueblo Unit was retrofitted for secure confinement. It consisted of cells/bedrooms and a common area for programming, staff control, recreation, schooling, and meals, which were delivered from Connecticut Valley Hospital (CVH) as the unit did not have a fully equipped kitchen. There was a lower level recreation area inside the unit as well as and an outdoor recreation area. The Pueblo Unit did not provide the same opportunities or facility space for programming, education, training and recreation that CJTS provides for male offenders.

Manson Youth Institution and York Correctional Institution

The Manson Youth Institution (MYI) is a level 4 high security facility located in Cheshire, on the same grounds as Cheshire and Webster

Correctional Institutions for adult offenders. It is the state's only prison for males ranging in age from 14 to 21. MYI houses chronic disciplinary inmates, close custody program, mental health, high security and pre-trial and sentenced general population inmates. Juveniles under 18 convicted in adult court are confined at MYI.



MYI consists of ten separate buildings (labeled A through J,) each with three wings containing 12 cells, a day room, counselor offices and mini kitchen. Two of the buildings (I and J) house inmates under 18 who are separated from older inmates (18 to 21) in accordance with the requirements of the federal Prison Rape Elimination Act (PREA). To further ensure separation, buildings I and J are enclosed by a fence within the main prison perimeter and correctional officers are specifically assigned to those units and trained to work with juveniles. Inmates under 18 are housed and recreate separately from the general population of young adult offenders.

Inmates of all ages attend school and some programs together, but always under supervision of correctional officers and other staff, such as teachers and counselors.

MYI offers a variety of programs including educational, vocational and addiction services, and youthful offender mentoring program.

MYI is surrounded by a security fence and razor wire. Exterior and interior doors are hardware secure, meaning the doors are heavy metal and locks are controlled electronically or by key. One door must be closed and locked before the next is opened. There are security cameras in the common areas of the centers, but not inside the cells. The facility is remotely controlled and monitored via a staffed control center. Correctional officers are assigned to the control center to observe cameras, receive phone calls and visitors, and stay in contact with other staff throughout the prison.

York Correctional Institution (YCI) is in Niantic. YCI is a high-security facility. It serves as the state's only institution for managing all pre-trial and sentenced female offenders, at all security levels.

The programming units at the facility have an extensive array of interventions: an 80-bed intensive, inpatient drug treatment unit; a Hospice program that trains inmate volunteers to provide end-of-life care to fellow offenders; a 100-bed reentry center to prepare appropriate female offenders with skills they will need to return to their communities; and Correctional Enterprise industries that train and employ inmates. The facility is also home to the

Second Chance Corral, a partnership with the Connecticut Department of Agriculture which provides restorative shelter for abused farm animals which are cared for by the inmates.



The facility has dormitory style housing and celled housing units. Like MYI, female inmates under 18 are housed separately from the general population of adult offenders.

Because YCI is the state's only correctional facility for females, it confines all security levels. However, it is classified as a maximum-security level facility and it is surrounded by security fencing and has all the other characteristics of a maximum-security correctional institution.

Section 3. Juvenile Correctional Facility Admission and Discharge Processes

To manage and implement effective intervention programs for juvenile offenders, it is necessary to first understand the risk factors that predispose young people to commit crimes, the protective factors that protect them from a criminogenic lifestyle, and the developmental pathways to disruptive behavior that persist from childhood through adolescence. Risk factors associated with delinquency exist in four areas within which youth interact: peer group, family, school, and community. Protective factors, which either reduce the impact of a risk or change the way a person responds to it, fall into three basic categories: an individual's innate characteristics, bonding and attachment, and healthy beliefs and clear standards of behavior.

Research has reached numerous conclusions regarding court practices, interventions and sanctions. Intervention should start early to attempt to interrupt developmental pathways before serious, violent, and chronic delinquency emerges. A juvenile's risks and needs must be identified and matched to the intervention and/or sanction. In considering the most appropriate sanction, public safety must not be confused with appropriate treatment. While a juvenile's instant (most recent) offense may be a useful indicator of his/her potential risk to the community, it is not a good indicator of what kind of programming is required to change his/her antisocial behavior. Programs must incorporate a comprehensive array of interventions and services of sufficient duration to address entrenched problem behavior patterns.

In particular, a period of confinement of a juvenile offender should:

- Have consistent, clear, and graduated consequences for misbehavior and recognition for positive behavior
- Concentrate on changing negative behaviors by requiring juveniles to recognize and understand thought processes that rationalize negative behaviors
- Promote healthy bonds with, and respect for, prosocial members within the juvenile's family, peer, school, and community network
- Have a comprehensive and predictable path for juvenile progression and movement and each program level should be directed toward and directly related to the next step
- Provide an assortment of highly structured programming activities, including education and/or hands-on vocational training and skill development

JB-CSSD, DCF and DOC have comprehensive policies and protocols for admission to and discharge from a juvenile correctional facility. While each agency has adapted its process to its facility and specific population, the basic steps are the same. This section will explain the general admission and discharge process, as well as highlight notable differences between the agencies' policies.

It is also important to understand when in the juvenile justice process juveniles are confined. An overview of the juvenile justice process from arrest to disposition is contained in Appendix A.

Court Order for Placement. A juvenile may only be confined upon the order of the juvenile court or upon the order of the adult court for juveniles processed as adults. Table 2 explains the various court orders required for placements of a juvenile in pre-trial status in a juvenile detention center or transfer of an adjudicated/convicted juvenile to the custody of DCF or DOC.

Table 2. Types of Order to Confine a Juvenile Offender	
Type of Order	Requirements
Arrest Warrant	<ul style="list-style-type: none"> Required for placement in JDC Can also specify juvenile released on bail or on own recognizance ("ROR")
Take into Custody (TIC)	<ul style="list-style-type: none"> Required for placement in JDC Issued after juvenile fails to appear in juvenile court (like a rearrest warrant for failure to appear in adult criminal court) Issued in accordance with graduated sanctions protocol
Order to Detain (OTD)	<ul style="list-style-type: none"> Required for placement in JDC Upon warrantless arrest and no existing court order to detain, a police officer may apply to the Juvenile Court for the order based on the following grounds: (1) juvenile poses risk to public safety; (2) has previous TIC for failure to appear in court; or (3) need to hold juvenile for another jurisdiction
Order of Detention (OOD)	<ul style="list-style-type: none"> Required for placement in JDC Issued by the Juvenile Court based following grounds: (1) juvenile poses risk to public safety; (2) has previous TIC for failure to appear in court; or (3) need to hold juvenile for another jurisdiction
Interstate Compact Order	<ul style="list-style-type: none"> Required for placement in JDC Out-of-state juvenile is located and held for jurisdiction with pending charges against the juvenile
Commitment Order (Mittimus)	<ul style="list-style-type: none"> Required for commitment to custody of DCF Juvenile Court commits juvenile adjudicated delinquent to custody of DCF and specifies length of commitment <ul style="list-style-type: none"> an indeterminate time up to a maximum of 18 months OR for serious juvenile offenders up to a maximum of 4 years at the discretion of the court Juvenile on parole may be ordered back to CJTS by DCF administration for violation of conditions of parole.
Mittimus	<ul style="list-style-type: none"> Required for commitment to custody of DOC Order from adult criminal court directing DOC to take custody & incarcerate convicted offender for specific period (sentence)

Admission Process. As shown below in Figure A, admission of a juvenile to a correctional facility is a basic four-step process. JB-CSSD, DCF and DOC follow this basic process although each agency has its own specific policies and protocols based on its facility's mission and population under supervision. For example, the assessment and evaluation process conducted by DCF and DOC is more extensive and occurs over a longer period than that of JB-CSSD because the agencies have custody of adjudicated and convicted juvenile offenders. DCF and DOC does the assessments and evaluations during a 30-day or longer classification period for all new admissions. JB-CSSD, on the other hand, confines juveniles in pre-trial status and juveniles may spend from several hours to a few days in a detention center. The average length of stay is 10 days. JB-CSSD is not allowed to conduct extensive assessment and evaluation of the juveniles because they are in a pre-trial status, meaning they have not yet been adjudicated (convicted) and the state does not have the right to evaluate them. JB-CSSD Division of Juvenile Probation does conduct the comprehensive evaluations of juveniles once they are adjudicated on delinquency offenses and that information is used by the juvenile court to resolve the cases.

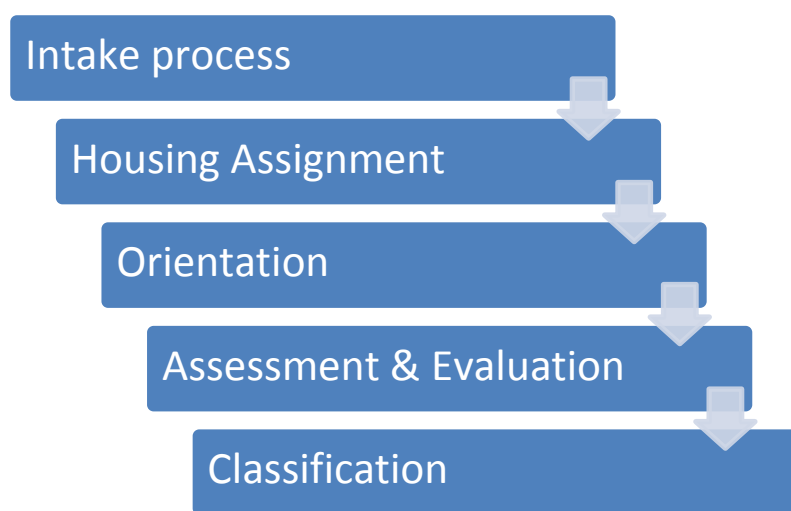


Figure A. Admission Process to Juvenile Correctional Facility

Intake. The intake process begins upon arrival at the facility and staff take physical custody of the juvenile. Intake is performed face-to-face, but also includes printed or other information supplied by the arresting agency or from detention center records. Immediately upon admission to a juvenile correctional facility, all juveniles experience an intake process and receive screening to ensure well-being and safety, as well as to enter the juvenile into the facility population management system. The purpose of the

intake is to assess the juvenile's immediate needs with the goal of identifying the means to meet those needs and to manage the facility. This may involve crisis intervention if the juvenile is agitated, aggressive or presenting with immediate emotional or physical needs, such as threatening to commit suicide.

Facility staff conduct the initial intake that includes a review of the court order for confinement of the juvenile, an assessment of the juvenile's medical condition, and photographing of the juvenile. If the juvenile is under the influence of alcohol and/or drugs or presents with a physical injury, illness, mental confusion, disorientation or any other urgent or emergent health need, then immediate medical care is provided by on-duty medical staff or emergency medical services (911).

Juvenile are strip searched and information about the youth's body is documented. Any physical evidence of abuse is reported to DCF's Child Abuse and Neglect Careline¹⁶. The juvenile then showers, monitored by staff of the same gender, and is provided with appropriately fitting clothing, footwear, hygiene items and bedding. Dangerous contraband found on the juvenile's body or in clothing will be confiscated, documented and packaged. All other property and valuables are inventoried and stored for safekeeping.

During the intake process, juveniles are informed of their rights and the protections under the Prison Rape Elimination Act (PREA). Juveniles are afforded the opportunity to make a telephone call to contact family members, attorney or other approved individuals.

Facility staff complete all intake forms containing personal, background, medical and criminal history information so that the juvenile's information can be recorded in the facility master log and automated system. During this process, the juvenile's parent/guardian is notified to obtain permission for assessment and treatment. The parent/guardian is also informed that a member of the facility staff will contact them for further information about the juvenile.

Intake staff, which include both medical and mental health professionals, screen for mental health, substance use, trauma and other medical issues using validated screening instruments and conduct a structured interview with the juvenile and parent. Medical staff conduct the health care intake portion of the intake process. Juvenile are screened by intake staff for the following: current and past illnesses, health conditions, and special health requirements (e.g., dietary needs), past serious infectious diseases, recent communicable illness symptoms, past or current mental illness (including hospitalizations), history of or current attempted suicide, dental problems, allergies, licit and illicit drug use, drug withdrawal symptoms, current or past pregnancies, and any other health problems. Medical staff are responsible for observing and documenting the juvenile's appearance, behavior, state of consciousness, ease of movement, breathing, and skin, as well as reviewing prescribed medications. Juveniles who present as unconscious, semi-conscious, bleeding, mentally unstable or in need of urgent medical attention are transported immediately into the facility for care and medical clearance or transported from the facility to a community hospital.

Housing Assignment. Juveniles are then assigned a bedroom/cell based on several factors designed to ensure safety and identify juveniles who may need more support. If necessary, a juvenile may be placed on suicide prevention status, special needs list, escape risk, security risk group (e.g., gang,) single room only or any other status based on his/her needs. Juveniles are provided with uniforms and other items such as bedding and personal hygiene products.

Orientation. Each facility has an orientation process during which juveniles are informed of the facility's operation and daily schedule. Each facility provides inmates/residents with an orientation and facility handbook, a legal rights handbook, a code of conduct and disciplinary code, and a sexual abuse and sexual harassment pamphlet, as well as any other documentation regarding the management of the facility. The orientation process also provides juveniles with information on the available programs and services, grievance procedure, the code of conduct and

¹⁶ DCF Child Abuse and Neglect Careline is a single point of contact statewide for the reporting of suspected child abuse and neglect. Careline operates 24 hours a day and seven days a week.

disciplinary process, available medical and mental health care, mail and telephone processes, school attendance requirements and the roles of facility staff. In addition, the juvenile is informed of his/her legal rights and the Prison Rape Elimination Act (PREA) is explained. All documents are available in English and Spanish and juveniles sign a receipt acknowledging receipt of the documents. The orientation process continues during the assessment and classification period.

Juveniles admitted to a detention center view a facility orientation video produced by JB-CSSD. Juveniles admitted for the first time to CJTS and Pueblo Unit receive 30-days of orientation and juveniles with prior admission are processed through a shorter orientation period. Juveniles admitted to MYI or YCI receive two weeks of orientation and previously confined juveniles receive one week. DCF and DOC orientation includes, but may not be limited to:

- introduction to the facility, housing unit, and staff
- description of orientation length of time
- dissemination of the orientation packet
- review of the resident/inmate phone sheet, visiting sheet, and protocol for changing both
- STD or HIV testing information
- review of a process to request different accommodations
- review of facility and housing rules, inmate/resident handbook, and unit directives
- informational videos and pamphlets concerning PREA, HIV/AIDS, and gang involvement
- completion of intake sheets

While each facility operates on its own schedule, there is a consistency to the routine. The following is a typical schedule at a juvenile correctional facility. For most of the day, inmates/residents who are under 18 attend school and are not generally allowed to opt out of school unless they have already graduated from high school or obtained a GED. Juveniles also attend vocational-education or job readiness programs.

General Schedule at Juvenile Correctional Facility	
Time	Activity
7:00 am	Wake up and breakfast
9:00 am-3:00 pm	School and/or programming
3:30 pm	In room for shift change
4:00 pm-9:00 pm	Dinner, showers, recreation, group therapy, medical services, telephone calls
10:00 pm-7:00 am	In room for bed
At regularly scheduled times throughout the day, staff take a count of the population. Juveniles may be transported from the facility to court, medical appointments, etc.	

After school, during the evening shift, inmates/residents have free time in which to shower and visit with family or make telephone calls and to participate in recreational activities and group therapy.

Assessment and Evaluation. After the initial intake process, juveniles participate in a more comprehensive assessment and evaluation. This phase usually involves interviews and history-taking. It may also include substance use evaluation or specialized psychological evaluation, home visits, and contact with family members, and other agencies with which the inmate/resident has been involved (e.g., school, hospital, etc.) When specialized assessments are needed, the case manager/counselor arranges for or approves the provider.

The assessment and evaluation process identify each inmate/resident's treatment, service, and security needs to allow for the safe and effective management of each facility and to provide the appropriate therapeutic services. Juveniles at CJTS, Pueblo Unit, MYI and York undergo more extensive medical, dental, and vision assessments and mental health screening, including for suicide attempts, which are conducted by clinically-qualified staff. They are also tested for physical fitness, educational performance, and special education needs. The juveniles are provided with more detailed information on the educational, religious, treatment, and recreational services offered at each facility. At this point, juveniles may attend school.

Most juveniles confined in JDCs do not stay long enough to participate in comprehensive assessment and evaluation and this is not the charge of the detention centers. The juveniles are screened to ensure their safety and wellbeing while confined by JB-CSSD Division of Juvenile Probation before disposition, whereas juveniles confined at CJTS, Pueblo Unit, MYI, and YCI have been adjudicated and their cases disposed with placement at these facilities. The nature and length of confinement requires and allows for assessment and evaluation by correctional and clinical staff.

Each facility uses a multidisciplinary team approach to provide each juvenile with the appropriate treatment and services. The team discusses the results of the youth's assessments and a treatment plan is completed.

Classification. JB-CSSD refers to this assessment process as classification. Classification is a continuous population management process to identify and divide juveniles into groups that reduce the probability of sexual victimization and abuse, assault, and disruptive behavior. Juveniles are housed in the least restrictive environment possible while maintaining safety and security of the detention center, its staff, and other residents. The classification system prohibits discrimination based on race, gender, sexual orientation, and disability.

Traditionally, confined juveniles are classified by their amenability to treatment, rehabilitation, and supervision. In Connecticut, there is a presumption that all confined juveniles benefit from treatment and services, even those considered to be at highest risk for recidivism. Classification is based on risk assessments derived from the offender's criminal history, assessment, and evaluation. The overall classification is used to assign inmates/residents to housing units or to offer specialized services.

The classification system typically assigns confined youth into high, medium, or low security risk levels. Juveniles classified as high security are housed in locked rooms or rooms with the highest level of security. These juveniles have the most restrictions on their movement inside the facility. Juveniles classified as high security generally are: (1) charged with or convicted of a Class A or B felony; (2) have a history of escape, violence, sexual assault and/or arson; or (3) are designated a security risk group (gang) member or safety threat member. Some high security juveniles, for example, are confined to their cell/room and escorted out for short periods to bathe or recreate. Juveniles classified as medium or low security have more open-door housing, are allowed greater privileges, and more movement throughout the facility or a step down to a staff secure facility.

Programs and Services. All state juvenile correctional facilities operate using a therapeutic and rehabilitative model that includes a comprehensive array of programs and services. Unsurprisingly, the largest program for the confined juvenile population is education and each facility operates a school in accordance with State Department of Education regulations. Both DCF and DOC operate Unified School Districts. The JB-CSSD education program is provided by the local education agency.

The facilities offer a range of mental health, substance use, parenting, and other therapy services and group programs. Each facility has indoor and outdoor recreational space and inmates/residents can participate in sports, games and exercise. DCF organized a football team at CJTS that competes against local, public high school teams; all games are held at CJTS football field for security reasons. Vocational-education and job readiness programs are available, and residents/inmates can learn skills, including but not limited to: culinary arts, carpentry, electrical and plumbing, barber and hair stylist, landscaping and gardening, automotive and body repair, and computer skills.¹⁷

¹⁷ When it was open, the Pueblo Unit offered only one vocational-education program to incarcerated girls: barbering and hairdressing.

Table 3: Programs Offered in Juvenile Correctional Facilities

	JB-CSSD		DCF		DOC	
Program Type	BJDC	HJDC	CJTS	Pueblo Unit	MYI	YCI
Education	Bridgeport Board of Education Core Academics: English/Language Arts, Math, Social Studies, Science, Physical Ed/Health, Art, Music Online Learning, Credit Retrieval, Positive Behavior Intervention and Support, Student of the Week Summer Enrichment Testing	CREC Core Academics: English/Language Arts, Math, Social Studies, Science, Physical Ed/Health, Career Cruising, Art, Music Online Learning, Credit Retrieval Positive Behavior Intervention and Support, Student of the Week Summer Enrichment Testing	Unified School District #2 Core Academics: English/Language Arts, Math, Social Studies, Science, Physical Ed/Health, Career Cruising, Art, Music Online Learning, Credit Retrieval Medal of Honor Positive Behavior Intervention Supports 3-Tiered Reading Program SAT & PSAT Testing Student Counsel, Honor Roll Collaboration with Wesleyan University and CCSU	Unified School District #2 Core Academics: English/Language Arts, Math, Social Studies, Science, Physical Ed/Health, Career Cruising, Art, Music Online Learning, Credit Retrieval Medal of Honor Positive Behavior Intervention Supports 3-Tiered Reading Program SAT & PSAT Testing Student Counsel Honor Roll Collaboration with Wesleyan University and CCSU	Unified School District #1 Core Academics: English/Language Arts, Math, Social Studies, Science, Physical Ed/Health, Career Cruising, Art, Music Online Learning Credit Retrieval Positive Behavior Intervention Supports Special Education Services/Transition Services Transition and Reentry Planning College Correspondence Courses Parenting	Unified School District #1 Core Academics: English/Language Arts, Math, Social Studies, Science, Physical Ed/Health, Career Cruising, Art, Music Online Learning Credit Retrieval

Voc-Ed	EMPLOY – soft skills curriculum	EMPLOY- soft skills curriculum	Small engine repair Horticulture Landscaping Computer Graphics Culinary Arts Auto Detailing Building Trades Hairstyling/Barber Cosmetology Print Production Commercial Cleaning National Youth Project Using Mini-bikes	Barbering/hairdressing	Culinary Arts Auto Body Repair Automotive Technology Graphic Arts	Business Education Cosmetology Culinary Arts Hospitality Operations Technology Commercial Cleaning Graphic Arts
Program Type	BJDC	HJDC	CJTS	Pueblo Unit	MYI	YCI
Clubs & Activities	Work Study Basketball tournament Book club	Work Study Basketball tournament Book club	Football Team Soccer Club Lacrosse Team ECO Club Basketball Tournaments Arts & Crafts	Girls' Circle Arts and crafts Jewelry making Painting Tie dye Drumming Karaoke Cooking/baking Crochet & sewing Yoga Music & art therapy		Book Club Peer Mentoring (YO Only) Cinematherapy Creative Arts Art therapy Flow

Clinical	Biopsychosocial assessment	Biopsychosocial assessment	Individual Therapy Family therapy & contact	Individual Therapy Family therapy & contact	Individual therapy	Individual therapy
	24 hour on-call clinical services	24 hour on-call clinical services	Psychiatric consults, medication assessment & management	Psychiatric consults, medication assessment & management	Psychiatric consults, assessment and medication management	Psychiatric consults, assessment and medication management
	LCSW on-site 7 days per week	LCSW on-site 7 days per week	Substance use treatment: Resident	Substance use treatment: Resident	Crisis intervention	Crisis intervention
	Case management and crisis intervention on-site 7 days per week	Case management and crisis intervention on-site 7 days per week	Student Assistance Program (RSAP) & Seven Challenges Dialectical Behavior Therapy (DBT)	Student Assistance Program (RSAP) & Seven Challenges Dialectical Behavior Therapy (DBT)	Suicide risk assessment	Suicide risk assessment
	Psychiatric consultation and medication and assessment management	Psychiatric consultation and medication and assessment management	Aggression Replacement Training (ART): designed for aggressive youth to enhance social skills, improve moral reasoning & develop anger control	Aggression Replacement Training (ART): designed for aggressive youth to enhance social skills, improve moral reasoning & develop anger control	Infirmity monitoring	Infirmity monitoring
	Special Needs Communication plans	Special Needs Communication plans	Listen & Learn: UNH curriculum to help youth understand the impact of their crimes on victims, take responsibility & make amends	Listen & Learn: UNH curriculum to help youth understand the impact of their crimes on victims, take responsibility & make amends	Mood disorders- DBT and CBT group providing psychoeducation for symptom management, self-care and information regarding access to care in the community	Peer Mentorship Trauma Treatment Groups ("Healing Trauma" Program) Psychoeducation group with skills component to target PTSD symptoms CBT Groups START NOW (DBT/CBT Skills, Mindfulness, Focusing, Conflict Resolution, Anger Management) Cinematherapy- Watching and discussing content of movies that depict challenges that inmates can relate to Creative Arts Therapy- Drawing, painting, skills to assist in developing stress and anger management skills
	Cognitive Behavioral Therapy (CBT) group facilitation Motivational Interviewing and individual substance use counseling	Cognitive Behavioral Therapy (CBT) group facilitation Motivational Interviewing and Cognitive Behavioral Therapy (MI CBT) individual substance use counseling	Problem Sexual Behavior Treatment (Boys & Girls Village)	Problem Sexual Behavior Treatment (Boys & Girls Village)	Stress Management- CBT group designed to teach the importance of mindfulness, diet, exercise, sleep, and relaxation techniques in managing stress	Supportive Group Therapy
	Trauma Affect Regulation: Guide for Education and Therapy (TARGET) - strength based intervention to regulate emotions and trauma reaction	Trauma Affect Regulation: Guide for Education and Therapy	FireSmart Kids: Fire-Setting assessment & treatment	Love 146	Adjustment Issues CBT group designed to promote positive adjustment to confinement	
	Social Problem Solving Training (SPST) aggression regulation intervention				Getting Along and Keeping Cool- CBT group specifically designed for youthful offenders which	

		<p>(TARGET) - strength based intervention to regulate emotions and stress reaction</p> <p>Social Problem Solving Training (SPST) aggression regulation intervention</p>		<p>involves skill building, cognitive restructuring techniques, role play, and relaxation techniques,</p> <p>Trauma Issues - Trauma Empowerment Model for young male offenders focused on psychoeducation and skill building</p> <p>Problem Sexual Behavior- (SOP/PSB)- CBT group for sentenced offenders based on the "Good Lives Model"</p> <p>Tier I HIV Counseling Start Now</p> <p>Start Now is an evidenced-informed manual guided skills training model developed for offenders with behavioral disorders designed to teach coping skills which considers the security restrictions of correctional facilities. It is a 32-session integrative model which incorporates theoretical aspects from CBT, DBT, and motivational interviewing.</p>	
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Program Type	BJDC	HJDC	CJTS	Pueblo Unit	MYI	YCI
Recreation	African drumming, yoga, basketball, volleyball, teambuilding, art therapy, aerobics, journaling, dodgeball, double Dutch, board games and puzzles, spelling bees, debates	African drumming, yoga, basketball, volleyball, teambuilding, art therapy, aerobics, journaling, dodgeball, double Dutch, board games and puzzles, spelling bees, debates	Horseback riding, model making, music therapy, relaxation, chess club, Tahiti Club, walking, wilderness trips, art therapy, Baby Elmo, Dr. Dad, CPR, swimming, crocheting, cross stick, CYO basketball, High Level, Cross Training	Horseback riding, music therapy, relaxation, chess club, walking, wilderness trips, art therapy, Baby Elmo, CPR, swimming, crocheting, cross stick, CYO basketball,	Structured 5v5 full court basketball league program Basketball Football Soccer Volleyball Badminton Structured Football Walking/running Weight room Weight training program (templates) Board games Card games Ping pong	Yoga

Discharge Planning Process. Discharge planning is the process of providing and/or arranging for transitional services for confined juveniles to prepare them to be released into the community. The following table shows the ways in which pre-trial and adjudicated/convicted juveniles may be released from confinement in a juvenile correctional facility.

Table 4: Types of Discharge from Juvenile Correctional Facility			
Status	Juvenile Detention Center	CJTS/Pueblo Unit	MYI/YCI
Pre-trial Status	<ul style="list-style-type: none"> To custody of parent/guardian/DCF Residential program as alternative to detention 	N/A – no youth in pre-trial status	<ul style="list-style-type: none"> Bail
Adjudicated/Convicted	N/A- no adjudicated/ convicted youth Probation	<ul style="list-style-type: none"> Residential program as step-down Parole in family setting or independent living End of DCF commitment period Commissioner's discretionary discharge before end of commitment 	<ul style="list-style-type: none"> Residential program Parole End of sentence

The discharge process begins at admission into a juvenile correctional facility. The information gathered during the intake, assessment, and evaluation processes and the case and treatment planning processes are all used to develop a discharge plan and, when necessary, community supervision plan. To ensure continuity of care, counselors/social workers are responsible for notifying the assigned JB-CSSD juvenile probation officer, DCF juvenile justice social worker (parole officer) or DOC parole officer of a juvenile's risk and treatment status and needs. The juvenile's parent/guardian is contacted about the release from confinement.

The discharge process entails:

- Picture identification of parent, guardian or agency receiving the juvenile is confirmed
- Judge's release orders are verified, if applicable, and a copy of the orders is given to the juvenile
- Juvenile's personal property is returned
- Juvenile is positively identified by wristband and photograph
- If the juvenile is not released to a parent or guardian, they will be notified as soon as possible of the juvenile's release
- Parent, guardian or the receiving facility and the transportation officer are notified of any juvenile assigned a suicide precaution or mental health monitoring status
- Medications are released according to a protocol
- Juvenile dressed in his/her personal clothing
- Facility records completed indicating juvenile was released

Section 4. Behavior Management: Disciplinary and Intervention Policies and Practices

Little is known about the experiences of confined juveniles regarding disciplinary and safety intervention policies and practices in the congregate care setting. This study was designed as a broad exploratory narrative to enrich the understanding of the treatment of juveniles confined in correctional facilities in Connecticut. This section aimed to explain the behavior management policies and protocols, including discipline and safety intervention techniques used by JB-CSSD, DCF and DOC as well as provide a summary of national best practices and a compilation of standard definitions of behavior management. This section was intended to be useful in interpreting quantitative disciplinary and safety intervention data and qualitative data gathered during structured interviews with confined juveniles; TYJI researchers were continuing to work on these methodologies at the time of this report.

Behavior Management Continuum. Each facility employs a continuum of behavior modification techniques. These include discipline (including graduated sanctions), emergency safety interventions (restraint and seclusion), and positive reinforcement.

Disciplinary Incidents. Disciplinary incidents occurring in congregate care facilities are typically divided into two classes – Minor and Major– and have responses commensurate with the seriousness of the incident.

Major incidents include: death of an on-duty employee, resident/inmate or visitor; an assault on an on-duty employee or resident/inmate that requires medical treatment; a riot, hostage situation or group disturbance; incident that seriously impacts normal operations or has the potential to generate significant media and/or public attention; fire resulting in injury or property damage; sexual assault on resident by another resident/inmate or staff; physical intervention resulting in resident/inmate or staff injury; escape; work-related violence or threat; and any event requiring notification to police.

- **Minor incidents include:** resident/inmate-on-resident/inmate fight or assault resulting in little or no injury; need for staff physical intervention with or without mechanical restraint upon resident; security breach; discovery of drugs, drug paraphernalia, weapons, alcohol or other contraband in the facility; injury to or assault on staff or resident/inmate not requiring medical treatment; theft or destruction of state property; any incident reported to police or fire department; and any incident the merits reporting in the judgment of a supervisor.

Disciplinary Sanctions. Each agency maintains separate codes of conduct and graduated sanctions and disciplinary policies. Sanctions can be categorized as major or minor in response to the severity of the misbehavior or violation. Not all sanctions are used in every facility.

Major Sanction. Major sanctions are administered for conduct within the facilities such as assault on staff or another inmate/resident, fighting, disturbance, and resisting movement as directed by staff.

- **Minor Sanction.** Minor sanctions are administered for less significant offenses such as possession of unauthorized items, disorderly behavior, or noncompliance with staff directive.

Definitions of Disciplinary Actions. For the purposes of this report, the following are the broad definitions of the disciplinary actions used by the agencies to respond to violations of the codes of conduct in juvenile correctional facilities. The definitions are presented in a graduated sanctions continuum model from minor to major sanctions.¹⁸

The continuum of disciplinary actions juveniles may experience in juvenile correctional facilities included the following.

Verbal warning. Whenever possible, a verbal warning is issued to provide the juvenile the opportunity to think and decide whether to continue the negative behavior and accept the consequences for it or to cease the behavior.

- **Removal of Special Privileges.** Removal of special privileges is imposed in response to inappropriate behavior. Staff may remove special privileges such as extended bedtime, commissary privileges, or access to other personal items and electronic devices. Special privileges are typically linked to expectations of positive behavior, but may be used in reverse.
- **Escort.** An escort is defined as the touching or holding of juvenile without the use of force for purposes of directing, re-directing, and/or prompting or assisting the juvenile to move from one place to another, such as a more dangerous place or situation to a safer place.
- **Unit Bound.** A juvenile on unit bound status is restricted to the housing unit. They may leave their room/cell, but must stay within the common area of the unit. They may attend school and interact with other inmates/residents.
- **Program Time-Out.** This sanction is administered for misbehaviors such as fighting, resisting movement, engaging staff in restraint, or creating a disturbance. The duration of this sanction may be for one to three days. The Program Time-Out sanction requires a juvenile, when not in school, to sit outside his/her room/cell for the duration of the disciplinary status. A juvenile in program time-out may not interact with other juveniles or facility staff without permission. If a juvenile repeatedly

¹⁸ The agencies identified seclusion and restraints as “emergency safety interventions” rather than disciplinary actions. They reported emergency safety interventions are used when a confined juvenile is out of control or having a clinical crisis and are clinical responses, not discipline. However, the agencies acknowledge that some juveniles misbehave and violate the code of conduct for which a discipline is used and in some cases the situation escalates to the point where an emergency safety intervention is necessary. Thus, in some cases emergency safety interventions are used to respond to clinical emergencies and disciplinary incidents. The disciplinary sanction is imposed after the emergency has passed.

tries to interact with others, s/he will be placed in room seclusion until s/he can comply with Program Time-Out protocol.

- **One-to-One Supervision.** One-on-one supervision involves placing juveniles on one-to-one supervision with facility staff. A juvenile may still participate in regular programming and school while staying within proximity of a staff member. The staff member must only be assigned to one juvenile during this supervision period.
- **Periodic Room Confinement.** This disciplinary action removes a juvenile from the general population and common area surroundings and includes any period a juvenile is required to be in room confinement for safety and security reasons.¹⁹ A juvenile may be placed on room confinement because of the need for risk management for behavior control. A group of juveniles may be placed on room confinement for the sake of safe and secure facility operations during transition times. (DCF policy specifically excludes room confinement as a disciplinary option.)

Staff are generally instructed to make visual and verbal contact every fifteen (15) minutes with a juvenile on room restriction. A juvenile is placed in their room/cell with the door open and within sight or sound at all times. When room confinement is used as a sanction for minor misbehavior, a juvenile's readiness to rejoin the general population is assessed by staff on an ongoing basis. For example, juvenile detention staff may visually check on a juvenile every four minutes or conduct constant observation during disciplinary room time depending on the mental health or other status of the child.

National Best Practices for Disciplinary Protocols. Department of Justice (DOJ) data suggest that, on any given day, more than 92,000 young people are held in state or federal juvenile detention facilities across the United States. Therefore, federal agencies routinely publish best practices for consideration at the state level. Some of these best practices include reserving restrictive and multifaceted sanctions, properly training staff on use of chemical and other restraints, and most importantly, utilization of graduated sanctions for noncompliant juveniles.

Beginning in 1980, recommendations for juvenile correctional facilities included limiting room confinement for suicide risk or protective custody to eight hours; limiting disciplinary confinement to five days for minor infractions and ten (10) days for major infractions. By 2012, best practices for juvenile facilities included limiting room confinement as a response to current acting out behavior to no more than four (4) hours and prohibiting disciplinary room confinement to no more than 72 hours. Best practice dictates that restraints should be used only for juveniles who are out of control. Housing juveniles in suicide-resistant, protrusion-free rooms and avoiding isolation of juveniles at risk of suicide is now considered a best practice trend.

¹⁹ DCF Taking Space Intervention protocol states that periodic room confinement is one type of locked confinement, with the other being seclusion.

However, the use of isolation is under intense scrutiny at present; therefore, the current thinking about what constitutes best practice is in flux.

Research has shown that juveniles who are severely punished in confinement are at risk for trauma, academic failure, attempted suicide and increased rates of adult confinement. Additionally, excessive room confinement, inappropriate use of chemical agents and restraints, use of excessive force that results in injury to juveniles, use of corporal punishment, and other forms of abuse could result in investigations that lead to considerable liability and expense for an agency.

Graduated Sanctions Continuum Best Practices. As an alternative to seclusion, an accountability-based graduated series of sanctions have long been demonstrated to be a best practice supervision strategy that reduces recidivism among juvenile while under supervision. National standards call for the use of the least intrusive intervention that will adequately safely protect juveniles and only use more intrusive interventions as warranted by the situation. Failure to follow the graduated sanctions continuum risks an increase in recidivism among juvenile offenders.

Definitions of Emergency Safety Interventions. DCF Emergency Safety Interventions (ESI) policy defines seclusion as unlocked and locked restriction and restraints as physical, mechanical, and psychopharmacological agents. The ESI policy specifically addresses the protocols for: staff reporting on the type of intervention imposed (seclusion and/or restraint); the number of staff involved during imposition of intervention; the duration of the intervention; the reason for imposition of the intervention; and a description of the steps taken by DCF staff to prevent the intervention. DCF's emergency safety interventions (seclusion and restraint) are substantially similar to seclusion and restraint defined in JB-CSSD and DOC disciplinary policies.

- **Physical restraint.** A physical restraint is any personal restriction that immobilizes or reduces the free movement of the juvenile's arms, legs, or head and is intended to be applied until the juvenile demonstrates self-control. Physical restraint is deemed "applicable" when the juvenile presents a reasonable imminent threat of serious bodily injury to self or others, and other less invasive strategies have been exhausted and were not effective. Prone (face-down) restraints are not to be utilized at any juvenile correctional facility. Physical restraints do not include:
 - briefly holding a juvenile to calm or comfort him/her
 - minimal contact to safely escort a juvenile
 - helmets, gloves and similar devices to prevent self-injury.
- **Mechanical restraints.** Mechanical restraints include handcuffs, shackles, and belts. It *does not* include escorts or physical restraints. Because mechanical restraints can be physically and

psychologically traumatizing for juveniles, the agencies' policies limit in their use. Four or five-point restraints and straitjackets are not to be utilized at any of the facilities under review.²⁰

Connecticut law²¹ defines restraint as, "any mechanical or personal restriction that immobilizes or reduces the free movement of a person's arms, legs or head. The term does not include:

- briefly holding a person in order to calm or comfort the person
- restraint involving the minimum contact necessary to safely escort a person from one area to another
- medical devices, including, but not limited to, supports prescribed by a health care provider to achieve proper body position or balance
- helmets or other protective gear used to protect a person from injuries due to a fall
- helmets, mitts and similar devices used to prevent self-injury when the device is part of a documented treatment plan or individualized education program ... and is the least restrictive means available to prevent such self-injury.

Connecticut law further states that restraint may not be used except "as an emergency intervention to prevent immediate or imminent injury to the person at risk or to others, provided the restraint is not used for discipline or convenience and is not used as a substitute for a less restrictive alternative." Any juvenile restrained shall be "continually monitored" for "indications of physical distress." JB-CSSD, DCF and DOC restraint policies meet the statutory standards.

- **Seclusion.** Connecticut state law defines seclusion as, "the confinement of a person in a room, whether alone or with staff supervision, in a manner that prevents the person from leaving, except ... the term does not include the placing of a single juvenile in a secure room for sleeping." Seclusion may be used only "to prevent immediate or imminent injury to the person or to others, provided the seclusion is not used for discipline or convenience and is not used as a substitute for a less restrictive alternative." State law further requires a secluded person shall be "frequently monitored" for distress and the evaluation logged into the persons' record.

Based on agencies' policies, seclusion is the involuntary confinement of a juvenile alone in a room from which s/he is physically prevented from leaving due to threat of the safety or security of the facility, staff, or juvenile. Seclusion is deemed appropriate when a juvenile presents a reasonable imminent threat of serious bodily injury to self or others, and other less invasive strategies have been exhausted and were not effective. Staff in all juvenile correctional facilities are required to make

²⁰ A four-point restraint is the restriction of movement of both arms and legs at once using soft, padded cuffs and straps. A five-point restraint also restricts movement of the head using a padded strap. A straitjacket is a strong garment with long sleeves that can be tied together to confine the arms. All are intended to prevent a person from causing harm to him/herself or to others.

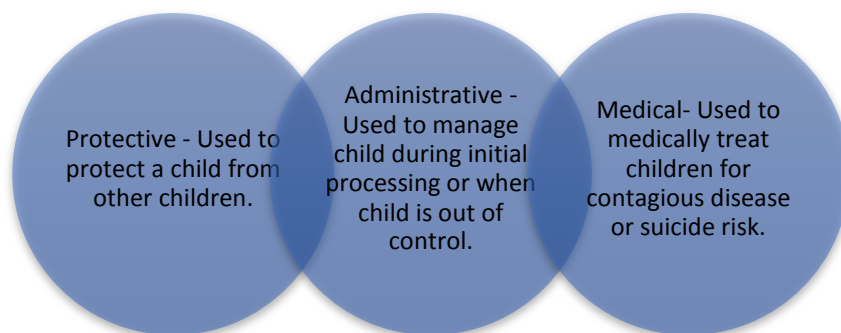
²¹ Technically, applicable only to DCF facilities, but generally observed by all facilities in this report.

periodic checks either visually or direct communication with juveniles during seclusion periods. The frequency of the checks is determined by the juvenile's mental and physical state at the time of the incident and during seclusion and the juvenile's risk level.

- **Padded room.** A padded room is a type of seclusion utilizing a small, enclosed room, with cushions lining the walls, floor and door, and which has a small window. The room padding is instituted so that a juvenile does not attempt to inflict pain or injury upon themselves. A juvenile placed in padded rooms are often suicidal or have verbalized a desire to harm themselves. CJTS is the only juvenile correctional facility with a padded room. When a juvenile is in the padded room, a CJTS staff person must observe him continuously through the window and mental health and/or nursing staff must complete an assessment every 15 minutes.

Seclusion National Practices. Connecticut is not the only state that relies on seclusion for behavior modification. Children continue to be held in seclusion and other forms of isolation across the country every day. In addition to seclusion, juvenile facilities frequently use a range of other physical and social isolation practices, many distinguishable from seclusion only in their duration (stretching for many—but fewer than 24—hours). Juvenile correctional facilities generally justify seclusion and other forms of physical and social isolation for one of three reasons as shown in Figure B.

Figure B. National Practices - Use of Seclusion/Isolation



Staff interviews suggest that across facilities, a small number of juvenile typically create many of the behavioral disruptions. Confined juveniles with cognitive issues, mental health and co-occurring disorders, often are at a higher risk to respond in ways likely that would result in seclusion

and isolation. Room confinement, seclusion and isolation are the most serious interventions given to juvenile in custody and should be reserved for a juvenile whose behavior has escalated beyond the staff's ability to control the juvenile

Other Types of Behavior Management Used to Address Policy Violations.

Comfort room. CJTS has a Comfort Room in each residential unit which is a designated space that is designed in a way that is calming to the senses and where a youth at CJTS can experience visual, auditory, and tactile stimuli. Each room is furnished with items that are physically comfortable and pleasing to the senses in order to provide a "sanctuary" from stress.

Police Involvement. Police involvement should only be initiated once all other viable treatment and behavior modification alternatives have been exhausted and for extremely serious misbehavior that goes beyond the normal code of conduct such as riots, arson or other significant damage to state property, and assaults on staff or other inmates/residents that result in serious bodily injury or death. Police are used to conduct investigations and to determine if there is probable cause to arrest a confined juvenile.

JB-CSSD and DOC do not routinely involve local or state police in the management of confined juveniles/inmates, but there have been serious incidents in the past in which police have responded to JB-CSSD and DOC correctional facilities. DCF employs a police officer (appointed by the State Police) whose primary function is to engage in Community Policing and not for maintaining safety or control of the facility. However, the police officer also authorized to conduct criminal investigations and arrest juveniles who have committed crimes when necessary.²²

Searches. While searches are not necessarily in the continuum of disciplinary policies, they are essential to the order and security of a facility. Searches of juveniles are designed to prevent the introduction of contraband and to protect juveniles and staff. Indiscriminate body searches of juveniles are prohibited in all residential facilities. Whenever there is reason to believe that contraband may be present in or introduced into the facility, however, the search of a juvenile and their possessions is authorized. If juveniles are found to be in possession of contraband, staff follow the disciplinary protocol for that behavior. Searches that pertain to juveniles in possession of contraband are defined below.

- **Frisk search.** A frisk search is defined as a systematic observation and physical inspection of a juvenile while clothed. A frisk search is conducted by a staff member of the same gender as the juvenile being searched. During a frisk search, the juvenile's hair, ears, nose and mouth are checked and the juvenile is patted down over his/her clothes (staff runs hands over juvenile's clothing feeling for objects). Juveniles are frisk searched when returning from any area outside the perimeter of the correctional facility before the juvenile is allowed into any common or housing area.

Strip search. A strip search is defined as a systematic observation of an unclothed juvenile and includes a physical search of the juvenile's clothing, personal effects and body. A strip search is conducted by a staff member of the same gender as the juvenile being searched. This includes inspection that requires a juvenile to remove or arrange clothing to examine the juvenile's breasts, buttocks, or genitalia. This type of search generally occurs during the admission and intake process to a facility. Juveniles in continuous custody are strip searched only if there is reasonable belief s/he may be carrying dangerous contraband.

²² The Office of the Child Advocate (2015 report) and DCF-consultant reports (Georgetown Report, Kinscherff) reported multiple arrests of boys and girls at CJTS and Pueblo Unit. During 2014, 44 boys and girls were arrested at CJTS and Pueblo Unit. Most recently, the CJTS superintendent reported 10 boys confined at CJTS were arrested during 2016.

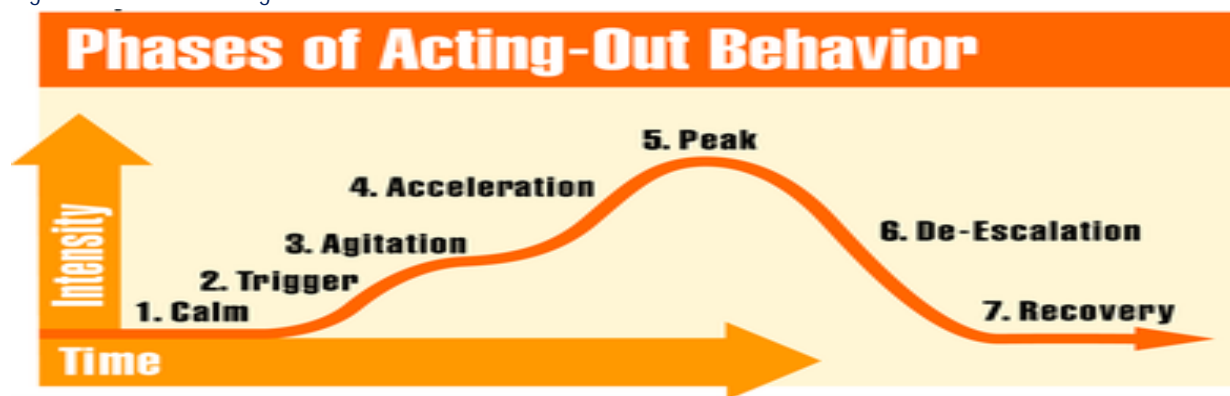
Agency staff should follow a graduated sanctions model and utilize least restrictive behavior management techniques that will safely manage the behavior of confined juveniles. The following are examples of possible techniques beginning with least restrictive:

1. Planned to ignore a problem behavior, which can be “avoided”, when behavior is determined as non-aggressive or non-destructive
2. Gesturing which can be non-verbal signaling to call attention to inappropriate behavior
3. Issuance of a verbal warning or use of redirection by calling juvenile’s attention to an inappropriate behavior to allow them time to adjust the behavior before receiving a consequence
4. Physically discouraging movement toward a juvenile to call attention to the inappropriate behavior
5. Use of time out (room confinement) as a brief cooling off period.

Typically, once a juvenile regains control of their behavior, staff will assist the juvenile in the reintegration into the treatment environment and to identify the follow-up services needed.

Behavior Management. Behavior Management refers to a general set of techniques that promote the development and expression of desired behaviors or eliminate undesirable behaviors through safety, control and discipline. Unfortunately, despite its core component—to teach—discipline is more commonly thought of as punishment or negative consequences as a means of changing behavior. For that reason, it is preferable to think about the collection of strategies that promote behavior change. Understanding how juveniles are triggered or escalate to anti-social behaviors is a key component when developing a behavior management system. Figure C provides an example of the phases juveniles go through during behavioral escalation.

Figure C. Phases of Acting-Out Behavior



When juveniles exhibit behaviors that escalate, it can be useful to determine options for juvenile and staff responses at each stage of escalation.

Behavior management serves as a continuum of both positive and consequential strategies that can be used to shape the behavior of juveniles in confinement, taking note that many juveniles will respond differently to these reinforcements and punishments. A fair disciplinary system ensures that juveniles clearly understand

the facility rules, allows them the opportunity to be heard, and explains the reasons for any sanctions imposed.

Table 5 identifies examples of behaviors exhibited by juveniles and the corresponding interventions. It is important to note that each individual incident is different, but that these are some commonly used behavior modification responses. All three agencies follow similar intervention policies when engaging juveniles through behavior management systems. The more training staff receive, the more likely they are to develop good communication skills, to effectively implement behavior management programming, and encourage and reinforce positive program participation and behavioral outcomes for juveniles.

Connecticut Intervention Policies. The following is a summary of the intervention techniques used by JB-CSSD, DCF and DOC. The policies are similar in that each agencies' policy includes components of national best practices.

Table 5. Examples of Discipline and Restraint Techniques Used Across Agencies				
Behavior	Discipline and Restraint Techniques	JB-CSSD	DCF	DOC
Failure to Comply to Staff Directives	Mechanical/Physical Restraints	X	X	X
Possession of Contraband	Room Confinement Loss of recreation Verbal warning	X	X	X
Aggressive Behavior - acting out that could lead to the infliction of harm or injury to self, others, or property.	One-on-One Watch; Physical Restraint, Room Confinement	X	X	X
Major Rule Violation – escape, AWOL, physical or sexual assault or threat of assault, major property destruction	Room Confinement, Restraint (if needed to ensure safety and security),	X	X	X
Suicidal Behavior that requires an emergency safety intervention	Padded room		X	
Other	Police Involvement	X	X	X

JB-CSSD Behavior Management Program. The overarching behavior management policy established by JB-CSSD is the "Positive Behavior Motivation Program". The program is a system of rules and interventions designed to ensure a safe and stable environment for juveniles. The goal of JB-CSSD behavior management approach is based on:

- teaching juveniles to have their own internal control based on positive self-concept
- using punishment alone for only a temporary suppression of undesirable behavior
- promoting a safe, positive environment fosters positive behavior and juveniles will meet expectations more consistently in a well-explained, structured environment
- using each interaction as an opportunity for learning on the part of all the members of the community
- lasting change occurs when the system reflects an understanding of behavior and motivation
- using a positive, consistent staff response will result in repeated, desirable juvenile behaviors

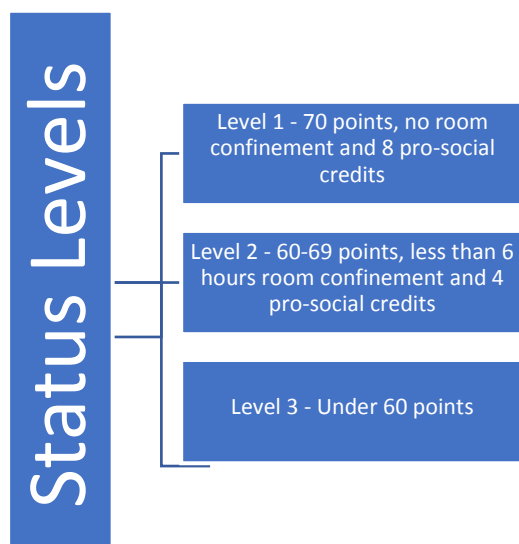
The Behavior Management Program is explained to each juvenile at intake and within 24 hours the program is explained in more detail. Staff routinely assess juveniles' behavior and the behavior management program remains consistent from day to day.

Point System. JB-CSSD Behavior Management Program is a point-based system aligned with the Positive Behavior Interventions and Support (PBIS) framework both in the education program and facility. Juveniles can earn positive points for appropriate behavior (also called pro-social behavior) and compliance with detention center daily schedule. The more motivated the juvenile is to benefit from placement, the greater the reward (e.g., points.) In this system, a juvenile cannot earn negative points or lose points. Inappropriate behavior is addressed through limiting access to privileges and any form of applied punishment is avoided.

A Juvenile Point Sheet is used to code and calculate points and to list the expected behaviors for each activity throughout the day, (i.e., mealtime behavior, interactions with staff, following directions/rules, interactions with peers and in-room behavior). Points range from zero (0) points (behavior requiring constant supervision or redirection) to two (2) points (acceptance and response to staff instructions). Staff also note how often a juvenile exhibits pro-social behavior that are above and beyond the normal social interactions listed on the Juvenile Point Sheet.

The Behavior Management Program consists of three status levels. The privileges earned by juveniles increase as the levels increase. Privileges include extended bedtimes on school days and non-school days, point store, additional recreation time or telephone time and increased visits. See *Figure D* below.

Figure D. Status Levels.

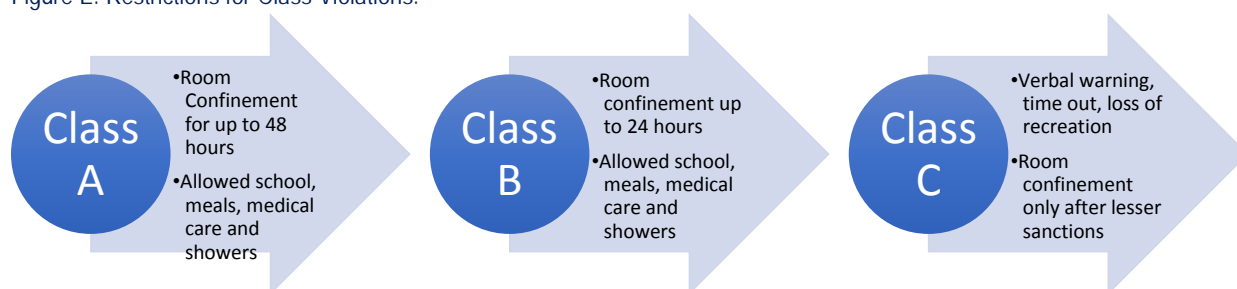


Violations and Restriction Ranges.

Violations are categorized as Class A, B, and C. JB-CSSD policy lists the specific violations within each category. Class A violations are the most serious and severe and include: arson; assault on another juvenile or staff; destruction of property; escape or attempted escape; inciting, organizing, causing or participating in group disturbance; possession of contraband (e.g., drugs, items that are sharp or can be fashioned into a weapon, cigarettes, lighters or matches, any items capable of causing fire or explosion); inciting or participating in riot; and sexual activity or offense (involving penetration or direct contact with sexual organs). Class B violations include: fighting; refusal to attend school or educational activities; sexual activity or offense (no penetration or direct contact with sexual organs). Class C violations are the least serious and include: disrespectful interactions with others; disruptive behavior; possession of unauthorized items (not including those items defined as contraband).

The restrictions for each violation classification is set forth below in Figure E.²³

Figure E. Restrictions for Class Violations.



DCF Safe Crisis Management. DCF uses the Safe Crisis Management program to maintain a safe and secure environment for juvenile and to promote positive change. It is a comprehensive behavior support and intervention training program. Guidelines include:

²³The new JBCSSD Positive Behavior Motivation policy implemented January 2017 has drastically reduced the amount of room confinement allowed and utilizes a Progressive Facility Re-Integration approach and Multi-Disciplinary Team process to reintegrate juveniles back into facility programming.

- Use of physical intervention shall be authorized only when reasonably necessary for the protection of staff, residents or other persons or to prevent escape from CJTS. The level of physical force shall follow the least restrictive approach. It shall be minimal, incremental and appropriate to the immediate circumstance.
- Force will not be used when a juvenile is under control, and will not normally be used if the juvenile is in his/her room unless all other means of control have failed and force is necessary for the protection of the resident or other persons.
- Whenever possible, control and compliance will be achieved through verbal and strength based interventions, such as defusing tension, warning, reminders, etc. Force shall only be used as a last resort to ensure safety.
- Physical intervention shall only be used to the degree and duration necessary to achieve control of the incident.
- Application of force outside the approved Safe Crisis Management curriculum is prohibited.
- Physical intervention shall be strictly prohibited for the routine enforcement of CJTS rules.
- Physical intervention will not be used for the harassment or punishment of any resident.
- Only staff properly trained in Safe Crisis Management may be involved in a physical intervention.
- Any physical intervention shall follow the juvenile's individual intervention plan.
- Under no circumstances will a resident be placed in a 4-point restraint while in the care of CJTS.
- A supervisor or any person associated with an incident shall implement the Tap Out plan when a staff member's involvement has the potential for escalating or aggravating an incident, which removes the staff member from the situation and assigns another staff member to deal with the juvenile.

Separate from the SCM, CJTS utilizes a behavior management system consisting of points and level systems to guide youth through program norms, values and expectations.

DOC Behavior Management Planning. DOC policy is the Behavior Management Plan. The plan is established for inmates who develop a disciplinary history and are repeatedly involved in incidents. Though there are three different levels of behavior management (identification, intervention, and modification), the behavior management plan is generally used to identify needs of a resident/inmate experiencing behavioral problems and develop strategies to get and keep them on track. It also seeks to communicate and clear up any confusion regarding expectations of conduct and behavior.

DOC Behavior Management Plan		
Behavior Identification Plan	Behavior Intervention Plan	Behavior Modification Plan
A step down from Extended Confinement to Quarters (CTQ) Status, this plan identifies problem behaviors that lead to designation and outlines plan and expectations to get juvenile back on track. Sanctions are discussed with the juvenile.	The juvenile, in collaboration with a multi-disciplinary team comprised of facility staff and administrators and family/outside stake holders when indicated, will develop a plan to address and correct behavioral issues so that the juvenile may successfully reintegrate into general population.	Utilized for juvenile how have not been successful in previous plans and represents the highest level of this status. The multi-disciplinary team independently develops the juvenile's plan which will outline expectations and specific consequences for noncompliance. Successful completion of this plan, juvenile are given another identification plan.

Common Behavior Management Policies. JB-CSSD, DCF and DOC all offer a variety of intervention techniques and policies to address risk and discipline among juveniles committed to their facilities. Interventions are intended to interrupt a juvenile's behavior to allow them the opportunity to regain their composure. Staff are trained in best practice standards to identify positive, alternative behaviors for juveniles to exercise while they are taking time away from the community. Time away may include their room (unlocked), a chair set off to the side or in a multi-purpose room or comfort room. Juveniles are encouraged to take voluntary, unlocked space in their room as an intervention to avoid the need for further behavior management. These tools are designed to deescalate the juvenile before any further interventions are required. Interventions include the following:

- **Verbal warning:** direct statement and explanation to a juvenile that failure to either initiate or stop a behavior may result in a disciplinary action.
- **Time out:** temporary placement of a juvenile in a location away from regular activities for intervals of 15-minute period up to, but not more than, 60 minutes (one hour.) A time out is in effect for intervals of 15 minutes to permit the juvenile to regain self-control to avoid formal disciplinary action.
- **Removal of special privileges:** applied if misbehavior continues after time out was imposed and is applied at the first available period of recreation after the incident. During loss of structured recreation, staff complete a Life Space Interview with the juvenile prior to reentering the recreation program.

Room confinement: can be imposed and is determined on an individual case basis. Staff typically use room confinement when there are multiple juvenile from one unit who are engaging in aggressive behavior. Room confinement is used as a sanction only when all other interventions have been used.

When possible, the least restrictive intervention/restriction should be imposed. Generally, it is recommended facility staff use de-escalation strategies and exhaust non-hands on tactics prior to engaging in restraint struggles with a juvenile. Mechanical and physical restraints and seclusion are not used for punitive purposes, although the incident may result in discipline after the emergency has passed. Only one of the available interventions/restrictions may be imposed for each single behavioral incident. Only the most serious behavior arising from a single incident will be used to determine the sanction. It is important to note that the imposition of any intervention or sanction does not preclude criminal charges being filed through a law enforcement agency.

Room Confinement. JB-CSSD, DCF and DOC have established procedures for imposition of room confinement. Staff may immediately place the juvenile in his/her room if it is a permitted restriction for the charged violation. Staff are required to make contact with a juvenile in room confinement at least every 15 minutes. Upon notification of the use of room confinement, the supervisor must assess the appropriateness of the resident's placement within fifteen (15) minutes. If a unit supervisor is not available, the supervisor assigned in the building will take responsibility to ensure compliance of practices related to policy and procedure.

If room confinement is unsuccessful in defusing a violent juvenile after a set period a supervisor is required to interview the juvenile to determine whether s/he should immediately be referred to a mental health professional. During the incident review, the juvenile can explain his/her actions and may request the supervisor speak to facility staff or other juveniles about the incident. The supervisor may uphold, modify or suspend the room confinement based on the information learned during the incident review. A record is kept of the incident review. Medical staff are required to review the juvenile's treatment plan at the time of incident review.

When room confinement lasts more than 24 hours, the juvenile is assessed daily by a nurse and/or mental health staff (when on duty.) A health check involves direct communication (face-to-face) with the juvenile to ascertain his/her medical and mental health status. Clinical intervention is provided when necessary and can include discontinuation of room confinement if recommended by the health care staff. However, the superintendent must authorize an end to room confinement for medical reasons.

Confinement to Quarters. Confinement to Quarters (CTQ) represents MYI's alternative to room confinement with the juvenile inmate population. It is used for both disciplinary and protection purposes. Graduated sanction guidelines mandate that a resident go through various levels of CTQ before being put on extended CTQ unless an incident is so egregious, and the disciplinary team collaboratively determines such a designation.

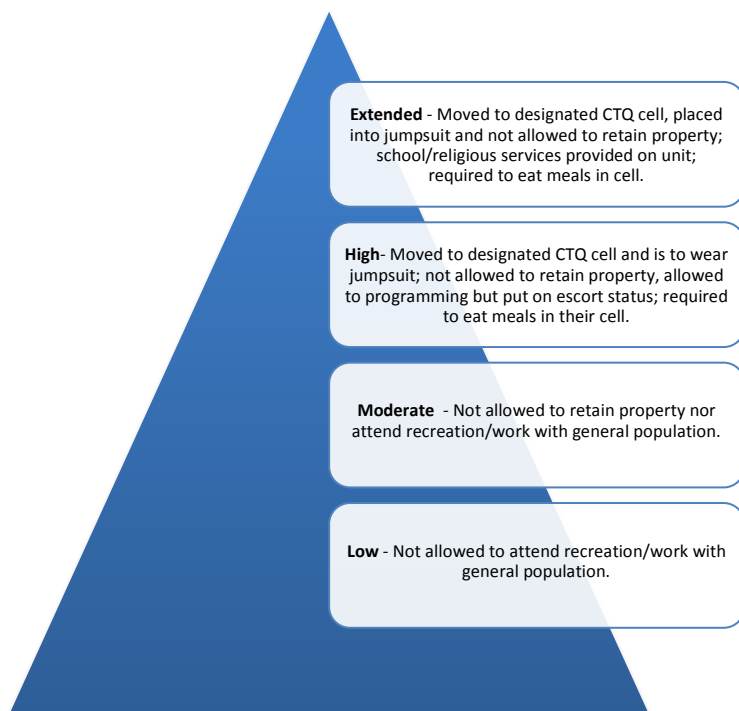


Figure F. Four phases of CTQ and the modifications to regular activities

If a resident who is secured in his room becomes hostile, no staff member shall enter the room alone unless a life-threatening situation exists which requires immediate intervention. Prior to entering the room of a hostile resident, procedures for planned physical intervention shall be followed. Including the use of a hand-held video camera.

Prohibited Practices. JB-CSSD, DCF and DOC prohibit the use of the following disciplinary actions to ensure safety or restore order: corporal punishment; use of force; use of chemical agents; harassment; psychological intimidation; denial of regular meals, medical care, sufficient sleep, all exercise, contact with parent/legal guardian and/or legal assistance; use of psychotropic medications; and group punishment.

Video Recording. JB-CSSD, DCF and DOC video record planned physical interventions and unplanned interventions to escalated incidents. Prior to any planned physical intervention or in response to an emergency, the supervisor-in-charge shall ensure that a staff member videotapes the physical intervention. The operator will identify him/herself using their full name, the date, time, location of the recording, the name of the supervisor-in-charge supervising the physical intervention, and the resident's name. The camera will be continuously operated and focused on the central point of action, avoiding any obstruction of view. Once the resident has been placed in restraints and is under staff control, the resident does not need to be continuously videotaped. Video tapes shall be reviewed by the respective manager and utilized during learning forums to assist in staff development.

Incident Reporting. JB-CSSD, DCF and DOC record all incidents into their juvenile management information systems. A written report is filed and any corroborating information such as video recording and/or

photographs will be retained. JB-CSSD and DOC archive video recordings and DCF retains video recordings for 90 days.²⁴

Disciplinary Hearing Process (JB-CSSD). A disciplinary hearing is held in all cases in which a juvenile has committed a Class A violation where more than 24 hours of room confinement has been recommended. A juvenile charged with a Class A violation will be provided a hearing notice, which details the alleged violation, by the end of the shift or within 24 hours of the disciplinary hearing. The juvenile may waive the right to a hearing.

The disciplinary hearing is held within 24 hours or not later than two (2) days after the incident. The juvenile may request in writing that a staff member or other juveniles testify at the hearing and a staff person to assist him/her in preparing for the hearing. A hearing panel can appoint a staff person to assist the juvenile who is deemed to be not capable of presenting for him/herself. Juveniles called as witnesses testify confidentially.

A complete copy of the hearing record including the panel's ruling and reasons is provided to the juvenile. The original record is maintained in the juvenile's master file. The detention center superintendent reviews all hearing findings to ensure the panel conformed to JB-CSSD policy.

A juvenile not satisfied with the hearing panel's finding may appeal within 15 days of receiving the results. The superintendent will rule on the appeal in writing to the juvenile within 30 days.

Disciplinary Hearing Process (DCF). DCF also holds disciplinary hearings that give the juvenile the opportunity to appeal a disciplinary sanction.

²⁴ For the purposes of this project, DCF agreed to archive all video recorded Emergency Safety Interventions occurring between January 1, 2016 and December 31, 2016.

Phase II: Network of Private Operated Residential Programs for Juvenile Offenders

Section 5. Research Focus and Methodology

Juveniles whose offenses are serious or who fail to respond to intermediate sanctions (e.g., probation) are handled at a different level of the juvenile justice continuum. These juveniles may be placed in a wide variety of residential programs as an alternative placement to confinement in a juvenile correctional facility.

The Survey of Youth in Residential Placement (SYRP) conducted by the Office of Juvenile Justice and Delinquency Prevention classifies residential programs into five general categories: detention, corrections, camp, community-based, and residential treatment. The most recent SYRP survey included more than 7,000 youths in custody throughout the United States and found that 48 percent were placed in a correctional facility including a detention center and 52 percent in a community-based, residential placement. Some youth cycle between confinement in a correctional facility and placement in a residential program.

Residential programs include secure and nonsecure facilities, facilities that are publicly and privately run, and long-term and short-term facilities. There is currently no standard definition of residential treatment programs, and specific types of residential programs may be known by many different names, including juvenile halls, reception and diagnostic centers, wilderness camps, residential treatment centers, shelter care, and group homes. Residential treatment can encompass a wide variety of methods of service delivery. A report from the General Accounting Office (GAO 2007) noted the wide diversity of programs and facilities that appear under different names. Further, “[N]o [F]ederal laws define what constitutes a residential program, nor are there any standard, commonly recognized definitions for specific types of programs” (GAO 2008). Settings range from relatively relaxed group homes or halfway houses to extremely structured, hospital-like or institutional environments.

This has contributed to serious challenges in the oversight of these programs. Since there are no standard definitions for residential programs, individual programs can select their own classification. There are currently no federal laws that regulate residential programs, and states have taken a variety of approaches to oversight that range from statutory regulation to no oversight at all. States often regulate programs that receive public funding, but may not license or regulate privately run programs, and federal oversight does not extend to private facilities that receive no federal funds (GAO 2007). This has led to questions about the qualifications of the management and staff that run residential programs and deep concerns about the safety of youth in the programs. However, some residential program may, in fact, be well run and effective in their intended purposes.

The lack of clarity in definitions of residential treatment programs can also affect the research that seeks to find what treatment options work best for certain populations. Without the use of consistent language to

differentiate between specific types of residential programs, it is difficult for those in the field who work with juveniles to determine the best option of care for them or to match the appropriate services to the needs of juveniles; a component that is essential to effective treatment. It should be noted this project did not evaluate the effectiveness of the network of state-funded residential programs for juvenile offenders.

Although there is no consistent definition of residential programs, there are important distinctions that can help differentiate between programs. Residential facilities can vary considerably in important program components, such as program goals, security features, physical environment, facility size, length of stay, treatment services, and targeted population. For instance, some residential facilities may resemble a correctional facility in setting and structure while other programs resemble campuses or houses, and others, such as wilderness camps, are run in outdoor settings. Security features also significantly differ, depending on the residential placement. While correctional facilities generally use locks to secure youth in residence, residential placements, such as group homes, may be nonsecure and allow youth to leave the residence to go to school, work, or for social and leisure activities. Residential treatment programs run on a continuum of restrictiveness. Programs that are the least restrictive generally include outpatient treatment programs, whereas the most restrictive programs serve juveniles on an inpatient basis. In the midrange are programs such as day treatment centers and residential treatment centers.

Program goals offer another important distinction. Certain residential programs, such as boot camps, emphasize reducing delinquent behavior and recidivism of juveniles. Other programs, such as residential treatment centers, concentrate on providing juveniles with therapeutic treatment for behavioral or mental health issues.

Background. As discussed earlier in this report, the political process moved quickly beyond the scope of Phase I of this study, but the debate is far from stagnant. While the decision-making process surrounding the confinement of juveniles continued, the narrowing of the conditions to confined youth in pre-trial status and the resolution to close (or repurpose) CJTS significantly impacted the existing network of privately-operated residential programs for juvenile offenders. Governor Malloy's proposal to raise the age of juvenile court jurisdiction to 21 potentially can also significantly impact the capacity and effectiveness of the existing network if it eventually serves young adults (18 to 20).

Juveniles who were or are confined in correctional facilities continue to present with a high risk of reoffending, as a danger to public safety, or a high need for services and treatment. At the time of this report, there was no evidence to suggest the number of high-risk and high-need juveniles within the state's population has changed or decreased. However, public policy regarding the confining and confining of juveniles has changed.

The Phase II report, therefore, provided a micro view of privately-operated residential confinement for pre-trial and adjudicated juvenile offenders. This report describes the capacity and management of this network as it currently exists, and any changes resulting from recent reforms pertaining to the confinement of juvenile

offenders.²⁵ When CJTS is closed, this network is the obvious strategy for rehabilitating and reintegrating Connecticut's pre-trial and adjudicated youth. Options for the expansion within the network are discussed.

In addition, any legislative changes aimed at increasing the age of jurisdiction of the juvenile court would have the potential to impact the number of juveniles and young adults requiring residential confinement. The inclusion of young adults (ages 18 to 20) in the juvenile justice system may present a myriad of issues in the types of residential confinement programs and services needed to manage and treat this new population.

Connecticut's Residential Program Network. Residential programs for juvenile offenders are funded mainly through state contracts with private, nonprofit and for profit, provider organizations. Residential program facilities do not provide the security of a correctional facility, but some have varying degrees of hardware and/or staff security measures. Others operate in a family-like setting and have no direct security measures. Pre-trial and adjudicated juveniles are placed in residential programs. Program administrators and staff are not state employees and the facilities are either privately owned or rented by the provider organizations.

Residential programs are used for juvenile offenders as an alternative to confinement or as a "step down" from confinement or as a respite for juveniles living in a family setting. Residential programs are also designed for skill-building and remediation, family reintegration and other rehabilitative goals. Placements in residential programs range from a few days to several months or more.

The network of privately operated residential programs, like the juvenile correction system, is decentralized. At the time of this review was conducted, JB-CSSD and DCF contract for a network of community-based congregate care programs for the youth in pre-trial status or transferred to the agencies' custody. However, some programs operate under contracts from both agencies and in some cases JB-CSSD funds beds for its juveniles through existing DCF contracts. This type of collaboration appears to be cost-effective and efficient for the state. DCF also occasionally placed juveniles in specialized treatment programs in other states, but its overarching policy is to keep youth in-state.

DOC contracts for residential programs for adult offenders released from prison, which can be used for adolescents transferred to the adult system. DOC is responsible for the custody and care of adult offenders and, therefore, does not target its residential program contracts on adolescents' therapeutic needs. Residential programs used by JB-CSSD and DCF are primarily therapeutic in nature and can address a wide variety of needs and issues of the adolescent offender population.

As will be discussed later in this report, DCF utilizes Beacon Health Options (BHO) to manage the Connecticut Behavioral Health Partnership (CT BHP). CT BHP is in partnership with DCF, as well as the

²⁵ Connecticut implemented reforms in 2016 and 2017 after the completion of this project that are not included in this report. The state's fiscal crisis in 2016 and 2017 resulted in the closure of some of the programs listed in this report.

Department of Social Services (DSS), the Department of Mental Health and Addiction Services (DMHAS), and a legislatively mandated oversight council. CT BHP is designed to create an integrated behavioral health service system, including children and families enrolled in Medicaid and the state-run HUSKY Health and DCF Limited Benefit programs, which are health insurance options for eligible children and their families. The goal of CT BHP is to provide access to a more complete, coordinated, and effective system of community-based behavioral health services and support, including residential programs for juvenile offenders. Whereas, JB-CSSD does not have a formal agreement with CT BHP and its referrals are generated internally using assessment data and matching criteria for its evidence-based programs.

Research Questions. This phase of the congregate care assessment project first focused on describing the existing network of state-funded, community-based residential programs operated by private providers in the key areas of: capacity, juveniles served, and services provided. The appropriateness of existing network capacity in meeting the needs of pre-trial and adjudicated juvenile offenders was examined. The juvenile referral and matching process is explained.

This report provides an overview of JB-CSSD and DCF processes for licensing, auditing and managing private provider organizations and residential programs. The process for contracting with private providers was reviewed, but is not included in this report. JB-CSSD and DCF adhere to state laws and regulations and departmental policies to ensure fair and consistent contracting that allows the state to purchase the most cost-effective and efficient services. TYJI researchers found that the department's policies and protocols for licensing, auditing and managing the programs were more germane to the focus of this report.

This study does not include an evaluation of the effectiveness of each residential program in meeting the contractual outcome measures or in reducing the rate of recidivism among youth placed in the programs, nor does this study address the public policy of placing juvenile offenders in privately operated residential programs.

Methodology. To conduct the Phase II review, TYJI researchers reviewed JB-CSSD and DCF policies, protocols and practices related to contracting, licensing, auditing and managing private provider organizations and residential programs. This also included how the agencies determine need for specific residential services in terms of juvenile eligibility, capacity, service, dosage, staffing ratios, the specific treatment services provided, and the desired outcomes to be achieved, and including continuing with existing programs and establishing new programs.

TYJI researchers reviewed national best practices on the placement and supervision of adolescent offenders in community-based residential programs. TYJI researchers interviewed the state's Child Advocate and staff investigators, juvenile prosecutors and public defenders, juvenile probation and parole managers and staff, juvenile justice advocates and academics in the field of juvenile corrections. The information gathered is summarized in the narrative sections of this report and will be used in a future report to interpret the data on juvenile offenders placed in residential programs.

DOC reported a very low number of inmates under 21 are placed in residential programs: in 2016, only 3 inmates under 21 were placed in a group home or shelter. There were not enough inmates in the sample to ensure rigor in the analysis and DOC data was not included. DOC explained that homeless offenders are typically referred to residential programs and the programs are not used for a specific therapeutic purpose. DOC further reported homelessness is not generally an overriding issue for juvenile and young adult inmates who still maintain ties to their families and communities and can return home.

JB-CSSD and DCF provided a list of the currently contracted residential programs and the private provider organizations operating the programs. TYJI researchers examined the contracts for each program and pulled out descriptive information. Researchers then requested additional descriptive information, not included in the contracts, from each agency.

JB-CSSD provided the requested information on its contracted programs and the provider organizations.

DCF did not have the information readily available and was not able to provide the information directly citing a lack of staff resources to gather the requested data. Instead, the project researchers collect the information directly from the provider organizations.²⁶

TYJI researchers updated the contact information for the residential programs and sent a request for the provider organizations to complete a survey to provide the requested information. A follow-up request was sent to those programs that did not respond to the initial request. Most organizations provided the information, but several failed to respond to repeated requests. The survey information was then used to complete the program matrix. Blank spaces in the matrix indicate the specific information on a program was not provided or the provider organization did not respond to the survey.²⁷

TYJI researchers collated the provider organizations' information into a comprehensive matrix of the network of residential programs in-state and out-of-state, which will be available upon request from the TYJI. The organizations who did provide information will be listed in Section 6.

Section 6. Network of Residential Programs for Juvenile Offenders

This section describes the network of community-based residential programs for juvenile offenders. The programs are operated by private organizations contracted by the JB-CSSD and DCF.

²⁶ The requirement that the researchers gather information directly from private programs was included in the MOA signed by TJJI and the agencies.

²⁷ However, DCF provided missing information in the matrix after reviewing the draft of this report.

Levels of Care. DCF categorizes its network of privately operated, community-based residential programs into levels of care. DCF levels of care are based on intensity of services provided. Table 6 shows the levels. For the purposes of this report, inpatient admission to a psychiatric treatment facility, which is the highest level of care on the continuum, is not included as a residential program.

JB-CSSD contracts for much fewer residential programs than DCF and, therefore, does not use the levels of care continuum.

DOC does not contract for therapeutic residential programs targeted at adolescent or young adult offenders discharging from prison. It does fund group home and shelter programs that provide temporary residence services for homeless offenders. DOC also does not utilize the levels of care continuum.

Residential Program Network. An objective of the project was to compile a matrix of the network of residential programs for juvenile offender. The matrix is a single source for a comprehensive descriptive information about the currently contracted network of residential programs. The matrix compiles the information on JB-CSSD and DCF contracted residential programs into a single source document. The matrix is available from the Tow Youth Justice Institute upon request.

The matrix was intended to provide context for interpreting data about the flow in and out of the programs, based on the juveniles placed, the length of time in the programs (dosage), the treatment services, average daily populations, and staffing ratios. The matrix also provides information on treatment objectives which was to be used to evaluate the programs' impact on the juveniles' rates of rearrest (recidivism.) As stated above, the "scrubbed" and recoded data necessary to conduct the analysis to answer the project's research questions was not yet available for this report. TYJI has the agencies' data and is continuing to "scrub" and recode the data and conduct preliminary analyses on the JB-CSSD and DCF data. Therefore, this report only provides descriptive information on the network of state-contracted residential programs for juvenile offenders.

Table 6. DCF: Levels of Care for Residential Placement			
Level			Services
Psychiatric Facility	Residential	Treatment	<ul style="list-style-type: none"> Structured inpatient psychiatric and therapeutic, clinically-informed services and all other services (e.g. schooling) Less intensive than acute inpatient hospitalization, but more restrictive than residential or home-based treatment
Treatment Center			<ul style="list-style-type: none"> Integrated therapeutic services, educational services and activities within parameters of clinically-informed milieu and based on treatment plan Structured supervision and line-of-sight supervision
Therapeutic Group Home: Level 2			<ul style="list-style-type: none"> Small, community-based program offering services in home-like setting Intensive staffing levels, highly structured environment for youth with complex behavioral health needs who need additional support and clinical intervention

Group Home: Level 1.5 PASS group home	<ul style="list-style-type: none"> • Moderately sized (6 to 10 beds), community-based, educational program • Non-clinical, paraprofessional staff provide specialized child care in home-like setting • Structured services for youth with mild to moderate behavioral health needs who are either too young or lack skills to move into transitional living or independent living program • Programs stress education, pre-employment skill development, and independent living skills • Youth attend local public school
Group Home: Level 1 Transitional Living Apartment Program Supportive Work Education & Transition Program Maternity	<ul style="list-style-type: none"> • Moderately sized (6 to 12 beds), community-based program • Nonclinical, paraprofessional staff provide specialized child care in home-like setting • Structured services for youth with mild to moderate behavior health needs who are too young or lack the skills to move into transitional or independent living • Program focuses on development of independent living skills and positive adolescent behavior • Clinical services are accessed through community providers
Crisis Stabilization	<ul style="list-style-type: none"> • Short-term treatment for youth with rapidly deteriorating psychiatric conditions to reduce the risk of harm to self or other and to divert youth from admission into residential or inpatient care • Interventions focused on stabilizing youth's behavioral health condition including contributing environmental factors and enhancing existing outpatient services
Short Term Respite and Assessment (STAR)	<ul style="list-style-type: none"> • Temporary, short-term care, assessment and clinical and nursing services • Youth removed from home due to abuse, neglect or other high-risk circumstance • Assessment, educational support, care coordination and other levels of structure, support and discharge planning
Short Term Family Integrated Treatment (SFIT)	<ul style="list-style-type: none"> • Short-term care providing crisis stabilization and assessment with rapid transition home • Also offers brief daycare when needed • Used as an alternative to psychiatric hospitalization or high levels of residential placement

Sources of Information. TYJI researchers collected information from the current JB-CSSD and DCF contracts for private organizations and contract oversight records to identify the residential programs in the network. Additional descriptive information on the programs, such as juvenile population served, staffing ratios, therapeutic programming, performance measures, dosage, and accreditation was requested from the agencies. Provider organizations under contract with DCF were surveyed to provide the additional information.

Since the focus of phase II of the project was on the capacity of the privately operated residential program network for juveniles involved with the justice system that is contracted for by the state, only information on the juvenile population served, the program capacity and average daily populations is summarized below. Refer to the online version of the matrix for further details on the programs and provider organizations.

The program information in the matrix was intended to be used to interpret the data on the utilization of the programs including descriptive statistics on the average daily population, profile of juveniles in the programs, and the average length of time the juveniles spent in the residential programs. In addition, a preliminary assessment of the outcomes for juveniles in residential programs was to be conducted. This assessment was to include an analysis of program completion, admission or readmission to CJTS to Pueblo Unit after discharge or during admission to a residential program, readmission to residential program after completion and the rate of rearrest (recidivism) among juveniles after discharge from a residential program. However, as

previously stated, although JB-CSSD and DCF provided the necessary juvenile-level program data, the data were not recoded for analysis in time for this report. As a result, no capacity analysis is included. What is included in this section is a list of the programs and some basic capacity information.

There is no standard definition for the security level of residential programs. For the purposes of this report, high security level includes hardware security (e.g., locked doors, etc.) and staff secure, which means there is a staff-to-juvenile ratio that allows for direct supervision 24 hours per day/7 days a week. Medium security indicates the program facility is equipped with some features (e.g., door locks, key cards, etc.) to prevent residents from leaving without authorization and maintains a staffing level to monitor the movements of the residents. Low security is a staff secure facility, meaning the staff oversee the residents, but there are no mechanical or other measures to confine the residents.

JB-CSSD Programs. Table 7 lists the residential programs for juvenile offenders contracted for by JB-CSSD. The programs are categorized as therapeutic programs and alternative to detention programs.

Table 7: JB-CSSD Residential Programs					
Site Name	Provider Agency	Security Level	Gender Served	Capacity	Average Daily Population
Boys TRAC Therapeutic, Respite & Assessment Center	CJR	Medium	Boys	8	7.5
Intermediate Residential Program	CJR & NAFI	Medium	Boys & Girls facilities	15: 8 boys, 7 girls (8 as of July 2017)	14
Diversion from Detention Programs					
Detention Diversion	CJR	Medium	Girls	8	4

DCF Programs. The DCF network of residential programs serves DCF-committed youth adjudicated juvenile delinquent as well as children and adolescents involved with child protective services (i.e., abuse and neglect) and/or mental health services who are in DCF custody. This study, however, is focused only the youth adjudicated juvenile delinquent and committed to DCF.

The following tables provide capacity information on the programs contracted for by DCF. The programs are categorized based on the DCF levels of care. Table 8 lists the seven residential treatment centers (RTC). The total capacity is 108 beds; 41 specifically list as being for girls and 32 for boys.

Table 8: DCF Residential Treatment Centers					
Site Name	Provider Agency	Security Level	Gender Served	Capacity	Average Daily Population
Journey House	Hartford Healthcare	High	Girls	12 & 1 respite bed	11.5
Adelbrook	Adelbrook	Low	Co-ed	35	34
Children Center of Hamden	Children Center of Hamden	Low	Co-ed	8 (boys) 13 (girls)	20
Rushford Academy	Rushford Academy	Low	Boys	6	8
Safe Haven	Boys & Girls Village	Medium	Boys	12	12
NAFI Touchstone	NAFI	Low	Girls	9	6.5
Waterford Country School	Waterford Country School	Low	Co-ed	6 (boys) 6 (girls)	16

Table 9 lists the 27 therapeutic group homes (TGH) in the DCF network of contracted residential programs. The total capacity is 143.

Table 9. DCF Therapeutic Group Homes (TGH)					
Site Name	Provider Agency	Security Level	Gender Served	Capacity	Average Daily Population
Alison Gill	Village for Children & Families	Medium	Girls	6	3
Bradley House	Youth Continuum	Low	Boys	5	3
Brook House	CHR	Low	Girls	6	5
Chesterfield	JRI	Low	Boys	5	5
Eleanor House	Bridge Family Centers	Low	Girls	6	3.9
Esther House	Adelbrook	Low	Girls	5	5
Farm Hill Home	Wheeler Clinic	Medium	Girls	5	4
The Gate House	Children's Center of Hamden	Low	Boys	5	2
Grant House	CHR	Low	Boys	6	5

Gray Farm	Noank Community Support Services, Inc.	Low	Girls	5	3
Hampton House	Northeast Center for Youth & Families	Low	Boys	5	4
Helen's House	Youth Continuum	Low	Boys	6	4
Isaiah House	Adelbrook	Low	Girls	5	4
Light House	Wheeler Clinic	Low	Boys	5	4
Loveland Road (MR)	Key Services	Low	Girls	5	5
Nia Sage	Klingberg	Medium	Girls	5	4.15
North Acre Place	CRI	Medium	Boys	5	3
Phoenix House	Klingberg	Medium	Girls	5	4.07
Potter's House	Adelbrook	Low	Girls	5	5
Sage House	Wheeler Clinic	Low	Boys	5	4
Shannon House (Autism Spectrum Disorder)	FOCUS Alternative Learning Center	Low	Boys	5	5
Ten Harmony	Family & Children Aid	Medium	Girls	6	3
Three Harmony	Family & Children Aid	Low	Boys	6	2.6
Valiant House	Wellmore	Low	Boys	5	5
Webster House	Klingberg	Low	Co-ed	6	6
Winchester House	CJR	Low	Boys	5	5
Woodbridge	CHR	Low	Girls	5	2

The following pages contain information on DCF programs. Table 10 lists the Transitional Living Apartment Program (TLAP) and the Supportive Work Education and Transition Maternity Programs. The St. Agnes Homes, which is a maternity program, admits only girls. The other programs admit both boys and girls. The total capacity is 89 beds.

Table 11 provides information on the Short-Term Respite and Assessment (STAR) programs contracted by DCF. The total capacity is listed as 48 beds.

Table 12, DCF contracts for two Crisis Stabilization programs. The total capacity for this residential service is 10 beds.

Short Term Family Integrated Treatment programs are listed in Table 13. The total capacity is 70 beds.

Table 10. Transitional Living Apartment Program, Supportive Work Education & Transition Maternity Program (TLAP)					
Provider Agency	Site Name	Security Level	Gender Served	Capacity	Average Daily Population
LISA, Inc.	SAIL	Low	Co-ed	10	*
My Peoples Clinical Services	Standard House	Low	Co-ed	4 (boys) 4 (girls)	*
Youth Continuum	UMOJA	Low	Co-ed	4+	*
St. Agnes Home	St. Agnes	Low	Girls	16	*
The Bridge Family Center	The Bridge Family Center	Low	Boys	12 (10 DCF beds & 2 community beds)	7.6
GBAPP	GBAPP, Inc.	Low	Co-ed	6 (boys) 2 (girls)	*
Crossroads	Access Agency	Low	Co-ed	4 (boys) 4 (girls)	*
My Peoples Clinical Services, LLC	My Peoples Clinical Services, LLC	Medium	Boys	9	8
Domus, Inc.	Domus, Inc.	Low	Boys	8	*
Lisa, Inc.	Lisa, Inc.	Low	Girls	8	*
*Missing information not provided by DCF or the program.					

Table 11. DCF Short Term Respite and Assessment (STAR)					
Site Name	Provider Agency	Security Level	Gender Served	Capacity	Average Daily Population
Bristol House	CRI	*	Boys	6	4
Harwinton STAR	Bridge Family Center	Low	Girls	6	3.5
Hastings House	Bridge Family Center	Low	Boys	6	3.5
Thomas Bent Shelter	Waterford Country School	Low	Co-ed	6 (boys) 6 (girls)	9.2
Freymann House STAR Home	Bridge Family Center	Low	Girls	9 (6 DCF beds & 3 community beds)	3.5
Windsor House	CRI	Low	Boys	6	4.5
Winifred House	Bridge Family Center	Low	Girls	6	3.5

Table 12. DCF Crisis Stabilization					
Site Name	Provider Agency	Security Level	Gender Served	Capacity	Average Daily Population
CARE	Children's Center of Hamden	*	Co-ed	6	*
Crisis Stabilization Program	Wheeler Clinic	Low	Co-ed	4	2.4
*Missing information not provided by DCF or program.					

Table 13. DCF Short Term Family Integrated Treatment					
Site Name	Provider Agency	Security Level	Gender Served	Capacity	Average Daily Population
Children's Center of Hamden	Children's Center of Hamden	Low	Co-ed	12	9
Waterford Country School	Waterford Country School	Low	Co-ed	20	7
Village for Families & Children	Village for Families & Children	Low	Co-ed	12	10
Family & Children's Aid	Family & Children's Aid	Low	Co-ed	8	7
Rainbow House	Waterbury Youth Services System	Low	Co-ed	9	7
Wheeler Clinic	Wheeler Clinic	Low	Co-ed	9	7

It is DCF policy to place juveniles requiring out-of-home placement in an in-state residential program as close to their families as possible. Prior approval by the DCF commissioner is required to place any juvenile in an out-of-state residential program. Placement out-of-state, however, can be the preferred option and this is determined on a case-by-case basis. For example, placement in an out-of-state residential program may be in closer proximity to a juvenile's family home, especially for youth residing in parts of the state bordering Rhode Island or Massachusetts. Keeping the youth as close as possible to his/her family and home town is preferred over placement in a program farther away, but in-state. Additionally, there are youth who require very specialized residential treatment. Based on the clinical diagnosis and the therapeutic need, there may not be enough Connecticut juveniles needing the specialized treatment to justify DCF contracting for an in-state program. For these juveniles, an out-of-state placement is most effective in meeting their clinical and treatment needs in the most cost effective way for DCF. An example is a facility that addresses fire setting behavior.

Table 14, on the following page, is a listing of the out-of-state programs contracted for by DCF. DCF did not provide any additional descriptive information on these programs and none of the provider agencies responded to the TYJI researchers' requests for information. There is no capacity information for these programs.

Referral and Matching Process. An important factor to consider when assessing the network of residential programs for juveniles involved with the juvenile justice system is how the juveniles are matched to the appropriate program based in their clinical, treatment and risk needs. DCF utilizes Beacon Health Options to centralize this process and ensure proper matching of youth to programs and to more efficiently manage the network of residential programs throughout the state. As previously mentioned, JB-CSSD does not have an agreement with BHO or CT BHP and its referrals and program matching for juveniles on pretrial status are completed internally.²⁸

Table 14. DCF Out-of-State Residential Programs					
Provider Agency	State	Security Level	Gender Served	Capacity	Average Daily Population
JRI Cohannet Academy	MA	High	Girls	*	*
JRI Meadowridge Academy	MA	Medium	Co-ed	*	*
George Jr Republic Special Needs	PA	*	Boys	*	*
Hillcrest Autism Spectrum Disorder	MA	*	Boys	*	*
Evergreen, Inc. BDU	MA	*	Girls	*	*
Harmony Hill-ISAT	RI	*	Boys	*	*
Becket Academy	ME	*	*	*	*
Becket Academy	ME	*	*	*	*
Boys Village	OH	*	*	*	*
JRI Centerpoint	MA	High	Boys	*	*
JRI Pelham Academy	MA	Medium	Girls & transgender	*	*
JRI Walden	MA	Medium	Girls	*	*
JRI Berkshire Meadow	MA	Medium	Co-ed	*	*
JRI Van der Kolk Center – Glenhaven Academy	MA	Medium	Co-ed	*	*
*Missing information.					

²⁸ JB-CSSD does utilize Beacon Health to identify and recommend to the court appropriate placements for juveniles post-adjudication.

The Connecticut Behavioral Health Partnership was legislatively mandated and is overseen by an oversight council²⁹ (Public Act 05-280 and later Public Act 10-119.) The partnership consists of DCF, the Department of Social Services (DSS), the Department of Mental Health and Addiction Services (DMHAS) and Beacon Health Options. Additionally, JB-CSSD is an ex officio member and represented in the partnership.

Partnership with Beacon Health Options is designed to create an integrated behavioral health service system for HUSKY (Medicaid) recipients, Charter Oak Health Plan members, children enrolled in the DCF voluntary services program, and at the DCF and DSS commissioners' discretion. The goals of the Behavioral Health Partnership are to increase the access to quality behavioral health services through:

- expansion of individualized, family-centered, community-based services
- maximization of federal revenue to fund behavioral health services
- reduction in the unnecessary use of institutional and residential services for children
- capture and investment of enhanced federal revenue and savings derived from reduced residential services and increased community-based services
- improved administrative oversight and efficiencies
- monitoring of individual outcomes, provider performance, taking into consideration the acuity of the patients served by each provider, and overall program performance

This study did not evaluate the effectiveness of the Connecticut Behavioral Health Partnership, but will provide a brief description of how the partnership is utilized to match a youth in need of a residential placement with the appropriate program.

The Comprehensive Assessment of Needs and Services (CANS) is an assessment that can generate a comprehensive report documenting the juvenile's needs. The juvenile is then referred to BHO for further review.

Based on the CANS, the juvenile is authorized by the BHP to be matched to the appropriate level of care. BHO, which is responsible for tracking bed vacancies in state-contracted residential programs, evaluates the youth through a clinical lens and determines the type of bed needed. BHO informs the referring DCF staff which of the appropriate programs have vacancies. DCF staff then determines which vacancy to pursue for the juvenile.

Once the juvenile is placed in a program, BHO does outreach to provide and track the juvenile's length of stay in the program. BHO also ensures the juvenile is receiving the appropriate service in the program.

²⁹ The Behavioral Health Partnership Oversight Council advises the state agencies on planning and implementation of the statutory Behavioral Health Partnership (BHP). The BHP Oversight Council is comprised of legislators, behavioral health consumers and advocates, medical and mental health practitioners, state agencies, and insurers.

DCF reported better outcomes (e.g., length of stay diminishing, permanency at home, etc.) since utilizing Beacon Health Options through the Behavior Health Partnership. Both agencies have reported the partnership offers a more complete, coordinated, and effective system of community-based residential programs.

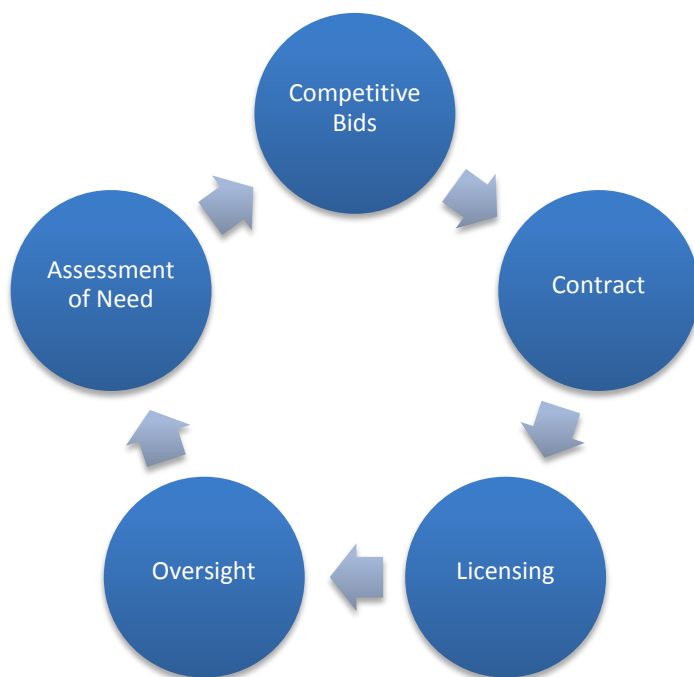
JB-CSSD uses its evidence-based and data-driven evaluations of programs and its assessment of juveniles for program matching. This is an internal process that uses quality assurance and continuous quality improvement program evaluation.

Section 7. Licensing, Management and Oversight of Providers

This section provides a broad overview of the process to maintain and manage the network of residential programs for juvenile offenders in the custody of JB-CSSD or DCF.

TYJI researchers reviewed JB-CSSD and DCF policies regarding contracting, licensing and oversight of the provider organizations and residential programs. This information provides a basis for understanding the capacity and utilization data of the network of residential programs.

Figure G. Contract Management and Oversight Process



As shown in Figure G, the process to maintain the network of residential programs for juvenile justice-involved youth is a continuous cycle. The cycle starts with the assessment of program need and identification of the juvenile population to be served. The competitive bids process ensures the state gets value in the services purchased and vendors are treated fairly.³⁰ Once a vendor is selected, a contract is issued. DCF residential programs must be licensed to operate to ensure the facilities are safe and meet standards to care for children and adolescents³¹. The oversight phase tracks the programs' performance in achieving the outcomes specified in the contract. This process repeats over a period

of two to three years for DCF contracts depending on the term and JB-CSSD contracts typically go the full five years before rebid. The steps in the cycle are similar for JB-CSSD and DCF, although again both agencies have policies and protocols that may differ in detail and requirements.

³⁰ A small number of residential treatment facilities that also operate schools are still retained by provider agreements that include a rate letter and the rate is determined through the statutory Single Cost Accounting process. For purposes of this report, the term "contracted" facility also includes these.

³¹ JB-CSSD facilities are exempt under state law and JB-CSSD does not license its contracted providers, but monitor the providers and programs who ensure quality service delivery. Additionally, they do require all juvenile residential programs to be accredited or seek accreditation.

Assessment of Need. There is first an assessment of need and definition of the juvenile population to be served. JB-CSSD and DCF analyze juvenile-level assessment and program data to determine the types of programs and services their population require. The review includes, but is not limited to: the programs to which juveniles are referred and placed; availability and lack of beds; utilization based on levels of care and gaps in services; outcomes (i.e., juveniles' needs met); literature reviews; review of contract data; as well as a focus group with referral sources. The needs of specialized populations (i.e., juveniles diagnosed on the autism spectrum) are examined based on the available network of programs. JB-CSSD and DCF also receive input from the regional staff working directly with the juveniles and programs.

Beacon Health Options tracks and provides extensive data on referrals, utilization, length of stay and outcomes. DCF uses this data to assist in determining the type of residential programs needed for the juvenile populations. JB-CSSD tracks and analyzes extensive data from its contracted providers.

JB-CSSD and DCF participate in the state's Results First and Results Based Accountability projects. For the Results First Initiative, Connecticut partnered with the Pew-MacArthur Results First Initiative to use an innovative cost-benefit analysis model to identify and invest in policies and programs that are evidence-based and proven to work. The Connecticut Results First project has focused on adult criminal and juvenile justice programs administered by JB-CSSD, DCF and the DOC. The Results Based Accountability (RBA) project was developed as a method for planning, accountability, budgeting, and performance measurement. RBA relates desired conditions of well-being for entire populations to the performance of programs, agencies, and service delivery system. RBA starts with the ends -- the results desired for all children, families, and communities -- and works backwards to the means by identifying the strategies and actions needed to achieve the results. By utilizing the RBA framework, agencies can issue "report cards" for programs.

Contract. That information is used to develop a Request for Proposal (RFP), which is a solicitation used to begin a competitive bidding process. RFPs contain the agency's need and the specific performance measures. Provider organizations respond to the RFP with bids. Since state law and regulations govern the structured competitive bidding process that both JB-CSSD and DCF follow, this process is not summarized in this report.

After the contract is awarded, DCF provider organizations are licensed and JB-CSSD provider organizations are not licensed. JB-CSSD and DCF then contract with the provider organizations.

There is an important distinction in the DCF contract process. All facilities serving children and adolescents must be licensed by the state, but may never be under contract by DCF. License and contracting are related, but not synched together. Licensing is not contingent upon having a contract with DCF, but a facility contracted by DCF must have the proper license.

JB-CSSD enters into standard contracts with its provider organizations. The contracts set out the payment structure and other obligations between the parties. The contracts also specify the outcomes the program is expected to achieve and, typically, the performance measures by which the program success will be evaluated. JB-CSSD programs are contracted for and evaluated founded on the “Eight Principles of Effective Programs”³² that are based on best practices for definable and measurable. The eight principles are:

1. assess juvenile risk and need;
2. enhance intrinsic motivation;
3. target interventions;
4. skill train with guided practice in Cognitive Behavioral Therapy Intervention;
5. provide positive reinforcement;
6. engage ongoing support;
7. measure relevant processes and practices; and
8. provide quality assurance and measurement feedback.

DCF contracts with providers using a written scope of service that specifies the services to be provided, the outcomes to be achieved and performance measures used to evaluate the outcomes. DCF uses the scope of service for each level for the specific programs in that level; a unique scope of service is not drafted for each provider organization.

DCF enters into contracts with the provider organizations, which can operate more than one type of residential program. DCF typically issues contracts for programs that are grant funded, although a few programs are still operated under the statutory Single Cost Accounting principles which sets a standard per diem rate for each bed DCF uses in the facility.

JB-CSSD and DCF have processes in place to track contracts due to expire in the upcoming fiscal year and to draft new RFPs to go out to bid. The process begins approximately 11 months prior to a contract expiration. The departments often also convene focus groups to review the program, discuss how to improve the service or provider organization, and to assess current need based on the data, in addition to reviewing the literature.

Licensing and Monitoring. The licensing and monitoring processes are used to assess the programs’ ability to meet zoning and safety standards and to provide the specific program services to children and adolescents. JB-CSSD monitoring unit and DCF licensing unit perform these functions. DCF licenses are valid for two years, generally concurrent with contract periods, while JB-CSSD contracts typically run the five years.

³² The Eight Principles of Effective Programs is a comprehensive approach to implementing evidence-based programs. JB-CSSD incorporates this protocol in all areas. This report does not include a detailed explanation of the protocol.

DCF licensing staff visit each program site on a scheduled basis (e.g., quarterly) and as needed in response to complaint or significant safety issues. DCF licensing staff collaborate with program development and oversight units which are described below.

JB-CSSD Contract Oversight. In general, oversight ensures a residential program's adherence to operational and administrative and fiscal requirements per the agreement between the provider organization and the state agency. The oversight process ensures that contractual obligations are met and services are provided consistent with the principles of risk reduction³³, cultural competency³⁴ and gender responsivity³⁵.

Administrative and fiscal oversight includes: (1) determining program annual funds including JB-CSSD funds, third-party payments and private contributions; (2) approving or denying requested changes from the provider; (3) liaison between provider and the branch, including accountants, when budget changes are necessary due to requested changes or budget reductions; (4) verifying expenditures, including juvenile basic needs; (5) approving program staffing and vacancy reports to ensure compliance with contract specifications and appropriate service delivery; and (6) inform JB-CSSD Operations when approved budget changes will affect service delivery.

JB-CSSD uses performance-based contracting methods and operational oversight of contracts intended to: (1) regularly review of program data, Risk Reduction indicators, CDCS reports and other data sources and materials submitted by the provider that outline the level of compliance with contractual elements; (2) conduct program site visits by JB-CSSD contract staff to observe quality of site and services, degree of exhibited cultural competency and gender responsivity, interactions between staff and juveniles, staff professionalism and proficiency; file content and recordkeeping capabilities, data entry capabilities, general status of service delivery based on model requirements and contractual obligations, and interface with referral sources and the Judicial Branch; and (3) obtain feedback from juveniles, staff, referral sources, and representatives of organizations that have an interest in the program operations and outcomes to determine if services are delivered in accordance with contract requirements and that stakeholders are satisfied with services.

³³ Risk reduction refers to a set of programs and activities that together are designed to positively affect client behavior and subsequently reduce recidivism rates.

³⁴ Cultural competency is defined as a program's capacity to recognize and value diversity to include race, ethnicity, gender, spiritual orientation, sexual orientation and other characteristics of diversity, manage the dynamics of difference, acquire and institutional cultural knowledge and adapt to the diversity and cultural contexts of the communities served.

³⁵ Gender responsivity is defined as the contracted program's capacity to establish practices that are strength-based, trauma sensitive, and which recognize and address the unique needs of males and females.

Contract Compliance and Audit. JB-CSSD policy requires:

- regular review of program data, risk reduction indicators, reports and other data sources
- regular visits to the programs
- continuous communication with program juveniles, staff, referral sources and provider organization to determine if service are delivered in accordance with contract requirements and that all stakeholders are satisfied with services

JB-CSSD uses the Contract Compliance and Audit System (CCAS), an audit tool, to document contract compliance by program providers. CCAS provides quantitative feedback on overall program operations and allows JB-CSSD to deliver technical assistance and offer quality improvement ideas when necessary. For some program models, CCAS is also used as a performance measure.

CCAS reporting periods are in six-month intervals: July through December and January through June. There are two types of CCAS program visits. Scoring visits are scheduled by JB-CSSD staff to document a program's compliance with contractual requirements using the CCAS checklist or program narrative. Each CCAS component is scored once or twice per reporting period and every effort is made to have scoring visits completed periodically. Site visits take place in addition to scoring visits. Site visits are scored in CCAS, and they occur for a variety of reasons including, but not limited to: meetings, technical assistance, review and update of Program Improvement Plan and/or Corrective Action Plan, review of performance measures, unannounced visits, and random check-ins.

The CCAS process uses two types of documentation: checklist scoring and program narrative. Determining which documentation is used is dependent upon the availability of other data sources, investment of state funds, licensing, and the program being subject to other state agency monitoring.

The CCAS checklist is used to score elements of the program based on the following: (1) always occurs (100% of the time); (2) consistently occurs most of the time and is within acceptable parameters (good overall); (3) inconsistently occurs and does not meet minimum expectations and needs improvement; and (4) never occurs. In addition to the scoring, JB-CSSD contract staff can include additional information pertaining to the scores, particularly areas of strength and inconsistencies. The CCAS checklist is an electronic system and is completed during program scoring visits.

Program case files are also reviewed as part of the checklist scoring audit during each reporting period. JB-CSSD contract staff typically review at least 10 percent of active case files. Case files selection is typically a random selection (unannounced) of all staff and referral sources, program types, and includes a minimum of two discharged juveniles' files. The selected case files include juveniles who have been in the program long enough

that attempts to engage the juveniles and or some services have been delivered. The CCAS File Audit Form Summary is completed for each case file reviewed.

Program provider feedback is also included. JB-CSSD contract staff facilitate a short “debrief” with the program director before the end of the scoring site visit. This allows JB-CSSD contract staff to provide initial feedback and answer questions regarding the audit process.

JB-CSSD contract staff complete a preliminary summary report within 10 business days of the scoring visit, which is provided to the program director. At the end of the reporting period, a final report that is approved by a JB-CSSD manager is filed and forwarded to the program vendor.

Program Narratives are another means of documenting contractual compliance. Program Narratives (PN) are embedded within the CCAS data base and follow the same overall format as the aforementioned checklist scoring. JB-CSSD contract staff follow the prompts from the checklist and enter comments rather than a numeric score. Programs with narrative reporting are visited at least once during each reporting period and the reports are the culmination of program activity over the course of the reporting period. The program narratives rate the program’s overall compliance with contractual expectations. With PN reports, case files are also reviewed, but there is no designated number (or percentage) of files that must be reviewed. Program narrative reports are finalized and provided to the vendor within 30 days of the close of the reporting period. No other written documentation to vendors is required through this CCAS protocol.

DCF Oversight Policies. DCF also has a comprehensive process to ensure funded provider organizations are delivering services in compliance the scope of service pertaining to the level of care and identified outcomes. DCF monitors performance, model fidelity and supporting service system accountability. These functions occur within a continuous quality assurance/quality improvement protocol that includes DCF regional staff and central office units including licensing, contract management, research and evaluation, ombudsman, and special investigations and the Results Based Accountability manager. The process relies upon the regular review of utilization, service and provider data and outcome data using the RBA framework. On-site performance review visits are conducted at least annually, during the contract term (In addition to quarterly licensing visits). The site visits include a review of select juvenile records, program and service system data (e.g., utilization, outcomes, juvenile satisfaction, etc.), and interviews with key program staff about areas of success and challenges and opportunities and strategies for improvements.

In addition to onsite visits, DCF convenes regular statewide meetings with provider organizations at least quarterly. DCF regional staff also participate. The meetings are held to discuss DCF policy and practice updates and to review program and juvenile data. These meetings give provider organizations and residential program staff the opportunity to discuss concerns and provide input.

Corrective Action. Corrective action is part of the oversight process. Through this process, both DCF and JB-CSSD work with existing provider organizations and program managers and staff to address identified

deficiencies. A corrective action is intended to efficiently and effectively bring contracted programs into compliance to ensure the safety of youth residing in the programs and that services are being delivered appropriately.

Two protocols address identified chronic deficiencies and/or acute problems in contracted programs. The Program Improvement Plan (PIP) is the first step in resolving issues. If there is no sustained response or there are acute problems or intentional noncompliance, the Corrective Action Plan (CAP) protocol is imposed.

Program Improvement Plan. Program Improvement Plan is the process to address chronic deficiencies in provider performance such as non-response to routine problem-solving efforts that bring into question the viability of the program.

A PIP may be invoked after a review of data and information from a program's documents and agency audit and site visits (e.g., such as CDCS, quality assurance reports, fiscal reports.) Based on this review, the contract may be put on PIP status after a recommendation by an agency manager and written approval by an agency administrator. The provider agency executive director and program director are notified immediately of the contract placed on PIP status.

Once a program is placed on PIP status, a formal audit may be conducted and intensive technical assistance to the vendor may be provided. The audit will identify ongoing concerns, previous actions taken (if any) that attempted to address the concerns, and will establish a requirement for the program and provider agency to develop a formal work plan for correcting the concerns. The PIP work plan must indicate the specific action steps to be taken for each identified problem area, including the person in the program responsible for performing or coordinating the step(s), and the anticipated timeframe for completion. An agency program manager must approve the work plan and monitor progress toward improvement, at least monthly.

Provider organizations and agency managers are notified when the identified concerns have been corrected and work plan compliances is achieved. At this point, PIP status ends and the provider and program are returned to full status. However, in the event, insufficient effort or progress is documented within three months, the program may move to CAP status and, if insufficient effort or progress is noted for six months, the program will be placed on CAP status.

Corrective Action Plan. A Corrective Action Plan (CAP) is issued when insufficient improvement is identified by the state agency within six months of implementing a PIP or an egregious miscarriage of justice, fraud, staff or juvenile safety issues has occurred. CAP suggests the contract is in default and may be in danger of early termination for cause, if improvements are not immediately made. DCF also uses CAPs in the licensing process when a provider is seriously out of regulatory compliance.

For a CAP that results from egregious or acute concerns, the state agency is required to report the incident or condition to the local police and, as warranted, to DCF's Child Abuse and Neglect Careline.

The agency administrators (e.g., executive director, deputy commissioner, the managers of the region, legal services, materials, and purchasing) will be apprised of the intent to put a program on CAP status. Following a formal determination to do so, the provider organization executive director and program director are notified in writing of the CAP status.

A formal meeting between the state agency and the provider organization is held to discuss the CAP status and the potential consequences of insufficient improvement within a predetermined timeframe. The CAP status requires that all corrective action set out in the PIP must be undertaken. In addition, due to the chronicity or serious nature of the incident that put the program in CAP status, a review team will meet regularly to review the program's compliance progress.

If a PIP or CAP fails to satisfactorily address identified issues, the provider organization's contract may be terminated, which may have bearing on a subsequent solicitation for a similar service. DCF and JB-CSSD contract agreements with its vendors include contractor default and cancellation language. DCF provider agreements do not contain this language, but DCF is authorized to suspend or revoke a provider's license through the licensing process.

DCF Tier Classification System. DCF utilizes the Tier Classification System to assess vendor contract compliance and to improve juvenile outcomes, strengthen internal and external partnerships, and help to identify opportunities for improvement at a program and system level. The Tier Classification System measures general contractual requirements as defined by DCF, in collaboration with the provider organizations.

Table 15 is an overview of the DCF Tier Classification Levels and the requirements for each tier.

The period for review is the previous twelve (12) months from the date of review and the tier classification is determined after the review of all elements of performance. DCF issues a written report following the review. The provider organization has ten business days to respond to the Tier Classification report and provide additional information if needed. DCF then submits a final report to the provider organization, which sets the classification for a minimum of one calendar year. Tier Classification is not subject to appeal, but the provider may request the program be re-classified earlier if significant improvements have been made that would advance the program to a higher tier.

Table 15. DCF Tier Classification Levels

Tier	Criteria
Tier I	<ul style="list-style-type: none"> • Program has substantial contract compliance • If any elements of performance are not met, the program in conjunction with contracting agency will develop a follow-up plan or a formal Service Delivery Plan* (SDP) • Program may be re-classified to a lower tier at any time due to an identified issue of health or safety; Corrective Action Plan** (CAP) may also be required • program may be eligible for reduced oversight
Tier II	<ul style="list-style-type: none"> • Program has partial contract compliance • program in conjunction with contracting agency will develop an SDP for elements of performance and/or foundational requirements not met • program may request a re-classification if it would advance the program to a higher tier • program may be re-classified to a lower tier at any time due to an issue of health or safety; CAP may also be required
Tier III	<ul style="list-style-type: none"> • Program falls below basic contract expectations due to not meeting all the applicable foundational requirements and/or five or more of the elements of performance within the six domains and has insufficient Contract Compliance. • program in conjunction with the DCF staff will develop an SDP for elements of performance not met • CAP will be required if the program does not meet at least 50% of the applicable elements of performance or if a serious health or safety concern is identified • program may request a re-classification if it would advance the program to a higher Tier
Provisional Tier	<ul style="list-style-type: none"> • newly contracted programs have up to one year to meet performance elements before being classified and may be classified sooner at the program's request
<p>*Service Development Plan: collaboratively developed document submitted contracted program in response to quality of service concerns jointly identified by the provider and contracting state agency.</p> <p>** Corrective Action Plan: formal document required to be submitted by contracted program due to failure to effectively implement or achieve the goals of an SDP. A CAP may be required without an SDP first being submitted if the issues identified represent a significant impact on the health and safety of children.</p>	

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Glossary of Terms

Adjudicated is a formal judgment on a criminal charge against a juvenile. It is the equivalent of a guilty verdict in the adult criminal court.

Admission is the process of entering a juvenile into a correctional facility or privately operated residential program.

American Correctional Association ACA standards guide operations in correctional facilities, addressing standards related to safety, training, facility policy, procedure and practice. The ACA will accredit facilities that comply with all applicable mandatory standards and 90 percent of non-mandatory standards.

Child (children) a person under 18.

Congregate care, in this report, is defined as placements of juveniles under 18 that have an appropriate role in the continuum of juvenile justice sanction, supervision and treatment options.

Convicted is a formal judgment that a defendant was found guilty of a criminal offense by the verdict of a jury or the decision of a judge in criminal court; is the equivalent of adjudication in juvenile court.

Committed is a legal deposition that may be imposed by the juvenile court after a juvenile has been adjudicated. A recommitment transfers custody of the juvenile to the Commissioner of the Department of Children and Families for a specified term.

Delinquent a status that a juvenile has been adjudicated of criminal charges.

Discharge is the process of releasing a juvenile from a correctional facility or privately operated residential program.

Emergency safety intervention is the use of physical or mechanical restraint or unlocked or locked seclusion and/or psychopharmacological agent used as a restraint on a juvenile when there is an imminent or immediate risk of physical injury or harm to the juvenile or others.

Intake is the processing of a pre-trial or adjudicated juvenile into a juvenile correctional facility.

Juvenile is a person under 18 who has been charged with a crime and is in pre-trial status or has been adjudicated delinquent. For this report, a juvenile is also a person under 18 who due to the seriousness of the criminal charges been transferred to the adult court for disposition and sentencing.

Juvenile correctional facility is any residential facility with construction fixtures or staffing models designed to restrict the movements and activities of those placed in the facility. It is used for the placement of any juvenile adjudicated of having committed an offense, or, when applicable, of any other individual convicted of a criminal offense.

Major Sanction are administered for conduct within the facilities such as assault, fighting, disturbance, and resisting movement.

Minor Sanction are administered for less significant offenses such as having unauthorized items, disorderly behavior, non-compliance with staff directives, sanitary or hygiene violations.

Need level refers to the assessment or evaluation of a juvenile's need for treatment and services and is used to match a juvenile to the appropriate programs and services.

Out of Program is a sanction administered for misbehavior such as fighting, resisting movement, engaging staff in a restraint, creating a disturbance. Duration of the sanction may be for one to three days. Out of Program sanction requires a juvenile, when not in school, to "sit in a chair" outside his/her bedroom/cell for the duration of the discipline status. A juvenile may not interact with others without staff permission.

Periodic Room Confinement is any period a juvenile is required to be in room confinement for safety and security. A group of juveniles may be placed on a brief period of room confinement for the sake of safe and secure facility operations during times of transition

Pre-trial status refers to a juvenile who has been arrested and charged with a crime, but not yet adjudicated by the juvenile court or convicted by the criminal court for those juveniles transferred to the criminal court due to the seriousness of the criminal charges.

Privately operated residential program is a secure or nonsecure facility housing adjudicated juvenile delinquents in the custody of the Judicial Branch Court Support Services Division or the Department of Children and Families and provides supervision, treatment, rehabilitation and other services. The programs are funded by the state and operated by private organizations.

Restraint is any mechanical or personal restriction that immobilizes or reduces the free movement of a juvenile's arms, legs or head.

Risk level refers to the assessment or evaluation of juvenile's risk of certain behavior or dangerous behavior such as committing another crime, escaping from a facility or program, harming themselves or others. It may be used to determine the level of supervision, housing and programs and services.

Seclusion is the confinement of a juvenile in a room, whether alone or with staff supervision, in a manner that prevents the juvenile from leaving, except for the purpose of sleeping.

Unit Bound requires that a juvenile is restricted to the unit, but may attend school and may interact with peers.

Young adult is a nonlegal term referring to a person between the ages 18 and 21.

Appendix A

Connecticut Juvenile Justice Process

The appendix provides a summary of the Connecticut juvenile justice process from arrest to disposition.

Arrest. A youth enters the juvenile justice system through an arrest. The first decision point for police is to arrest or not. In Connecticut, a juvenile involved in criminal activity, particularly nonviolent, less serious crime, can be diverted from entering the juvenile justice system through a referral to a Juvenile Review Board (JRB) or through other restorative justice initiatives. Referred youth who complete the JRB or restorative justice process have their charges dismissed, but youth who fail to successfully complete the process are referred to the juvenile court. The JRB referral and service process is not standardized throughout the state. Some police make use of the JRB while other do not. Not all towns have a JRB and not all JRBs have similar access to services.

Youth under the age 18, who are not referred to a JRB or other restorative justice program, may be charged with a crime through a custodial arrest or the issuance of a juvenile summons. Police issue the summons listing the charges against the youth and the juvenile court date at which the youth and parent/guardian must appear. Juveniles are required to appear in the juvenile court for their town of residence rather than the town in which the crime was committed. A juvenile summons must be signed by the youth's parent/guardian, which is an acknowledgement the summons was issued, rather than an admission of guilt. The youth is turned over to the custody of his/her parent/guardian. If a responsible adult cannot be reached in a reasonable period, the police may make a custodial arrest and/or contact DCF.

A custodial arrest undertaken by state or municipal police requires the youth be taken to a police department to be processed (commonly referred to as booked). The parent/guardian is notified of the arrest and the youth may be released to the parent/guardian or, at the officer's discretion, to his/her own custody. If the police determine there is a need for the youth to be detained further, the police must show statutory grounds for pre-trial confinement. Moreover, the police are required to obtain a juvenile court order signed by a judge authorizing the youth be placed in a juvenile detention center; JB-CSSD operates juvenile detention centers in Hartford and Bridgeport. A youth may also be arrested by warrant, which may specify conditions of detention or release.

The statutory grounds (CGS §46b-133) for pre-trial detention of a youth required a judge to find probable cause to believe the youth committed the crime and determine no less restrictive alternative setting was available. In addition, there was an assessment of:

- the youth's flight risk (failure to appear in court);
- severity of the charges against the youth;
- the suitability of the youth's family setting; and/or
- pending warrants for the youth from another jurisdiction.

Pre-trial Detention. Youth who are confined in a detention center are presented in juvenile court for a detention hearing on the next business day. During this hearing, the court determines whether to release the youth to a responsible adult with specific conditions such as a curfew, school attendance, no contact with a victim or co-defendants, and under the supervision of JB-CSSD Juvenile Probation Division. A pre-trial court date is also scheduled during the hearing.

If the detention order is continued, the youth is returned to the detention center. Every 7 days, a detention hearing is held to review the necessity and appropriateness of confinement. A juvenile court judge may release the youth to his/her home, or based on evaluation and assessment, to a treatment or service program. If the youth is not released, the cycle continues with a detention release hearing every 7 days. Worth noting is that during a detention release hearing the burden of proof shifts from the youth, who at the first detention hearing must show why s/he should be released, to the state to show why the youth should remain in pre-trial confinement.

Case Disposition. JB-CSSD juvenile probation supervisors review all juvenile summonses. Youth charged with minor offenses may be referred for non-judicial processing by juvenile probation officers, consistent with Connecticut Practice Book rules, which is like the JRB process. Youth successfully completing the non-judicial process have their charges dismissed. Youth who fail the non-judicial process are referred to the juvenile court for adjudication.

Youth charged with a crime either by summons or custodial arrest typically have their first juvenile court date (arraignment) within 14 days of the arrest date. At the arraignment, a case review team comprised of the prosecutor and defense attorney, JB-CSSD juvenile probation officer and, in some cases, a DCF juvenile justice social worker (formerly referred to as juvenile parole officer) and any other professional may contribute to identifying the youth's needs and appropriate treatment plan and disposition. The prosecutor determines the appropriateness of charges, reviews sentencing options best suited for the youth and the circumstances of the case, agrees on evaluations and assessment to be conducted on the youth by the juvenile court or private evaluators, considers appropriate and available DCF services, and assesses the youth's competency to understand the charges against him/her and to participate in any court-ordered treatment and/or sanction. The process continues until a consensus is reached on the disposition of the case (plea bargaining).

If a youth accepts the disposition and plan, s/he enters a guilty plea and is sentenced to the sanctions agreed upon during negotiations.

Charges against a youth may also be "nolled" (*nolle prosequi*), which means the prosecutor has decided not to prosecute. It amounts to a dismissal (discontinuation of prosecution) of all or some charges by the prosecutor. The prosecution most commonly invokes "nolle" of charges in the interests of justice and/or the youth and/or based on re-evaluation of evidence, emergence of new evidence and/or failure of witnesses to cooperate.

In the event both sides do not reach a consensus on a plea deal, the case is scheduled for trial in juvenile court. There are typically several pre-trial hearing dates prior to the actual trial. At any time during the process, the youth may agree to a negotiated plea bargain and the trial process stops. However, a plea bargain cannot be entered once a juvenile court judge renders a verdict after trial.

All juvenile court hearings are conducted by a judge. There are no jury trials. A judge may enter a guilty or not guilty verdict or may dismiss the charge(s). A youth found not guilty after a trial is released from the jurisdiction of the juvenile court and any services provided because of the arrest are discontinued. A youth found guilty after a trial is sentenced and may appeal that decision.

Transfer to Adult Court. Children and adolescents under 18 charged with certain serious and/or violent crimes may be transferred from the juvenile court jurisdiction to the adult criminal court. Youth charged with Class A or B felonies are automatically transferred to the adult criminal court. During the adult criminal court process, a prosecutor can discretionarily transfer the case to the juvenile court for disposition. Once the case is sent back to the juvenile court it may not be transferred again to the adult court for any reason on the same case.

Youth charged with any other felony offense (Class C or Unclassified) may be discretionarily transferred by the juvenile court after a hearing to the adult criminal court if it is determined that the transfer is in the best interest of the youth and the community. The juvenile court may, however, determine the case will remain in the jurisdiction of the juvenile court. The hearing is held within 10 days of the youth's first court hearing (arraignment).

Youth transferred to the adult criminal court are adjudicated and sentenced as adults. In these cases, youth under 18 sentenced to a period of confinement are remanded to the custody of the Department of correction. Males are confined at Manson Youth Institution (MYI) and females at York Correctional Institution.

Sentencing. There are several sentencing options available to the juvenile court including:

- verbal warning to refrain from criminal behavior without further sanctions (like unconditional discharge in the adult system);
- performance of community service for a specific number of hours;
- a specific period of probation supervision (the most common sanction);
- restitution (a specific amount is set);
- conditions such as participation in counseling, attend school, involvement in afterschool activities, curfew and obey house rules; or
- delinquency commitment to custody of DCF.

Many sentences include graduated sanctions that allow probation officers to change the conditions of probation to respond to the problematic behavior and/or violations of probation without having to go to juvenile court.

Youth found guilty after trial or who enter a negotiated guilty plea are sentenced by a judge during a dispositional hearing. The sentence negotiated during plea bargaining or recommended through the pre-trial assessment and evaluation process is imposed by the judge.

JB-CSSD completes a risk assessment for youth for whom probation is the most appropriate sanction. JB-CSSD recommends to the judge the length of the probationary period. The juvenile court judge may give JB-CSSD discretion to grant an early discharge from probation to a youth who has successfully completed all recommended treatment, program and/or services, complied with all conditions and has remained crime free. JB-CSSD may also request a hearing in front of the juvenile court judge to request early release from probation or to increase the period of probation if the youth is not complying or is violating supervision conditions. The youth's defense attorney may also request the hearing.

Youth who are found guilty after trial are first scheduled for a pre-dispositional study (PDS) by a JB-CSSD probation officer prior to the sentence being imposed. During the PDS process, the juvenile probation officer gathers descriptive information about the youth including, but not limited to: assessments and evaluations; medical and mental health diagnoses and treatment; school attendance, performance and education attainment; past criminal history and sentencing; family setting and relationships; involvement with and prior commitments to DCF. The PDS provides the juvenile court judge with as much information as possible to impose a sanction that will assist the youth to return to or remain in the community and provide any necessary program or service referral(s) to address the youth's risk and treatment needs.

In the cases in which commitment to DCF is the likely sentence, a case review team is convened to determine if commitment is the appropriate sanction for the youth. The case review team is comprised of the prosecutor, defense attorney, DCF juvenile justice social worker (parole officer), JB-CSSD juvenile probation officer, school representative and a representative from any other discipline whose input would provide insight and benefit the youth. The case review team's consultation about the youth are confidential.

If the case review team determines that commitment to DCF is appropriate it may recommend placement in CJTS or another less secure residential placement setting or to keep the youth in a family setting under parole supervision. It is at this point in the process that the youth is further evaluated and all records pertaining to him/her are reviewed and approved. The team recommends the most appropriate residential setting placement or CJTS.

Adjudicated delinquent youth are committed to DCF for either 18 months or up to four years for more serious offenses. After sentencing, placement at CJTS or a private residential facility is at the discretion of DCF.

DCF Commitment. While in DCF custody, a youth may be:

- confined at the Connecticut Juvenile Training School (CJTS) for boys or Solnit Pueblo Unit³⁶ for girls;
- placed in a secure or unsecure, community-based residential placement setting such as a treatment program or group home; or
- placed under parole supervision while residing in a family setting (youth's family home, foster home, independent living).

Youth on parole remain committed and are supervised by DCF juvenile justice social workers (parole officers) in accordance with conditions of parole and other treatment and service referrals until the term of commitment imposed by the court expires or DCF discharges the juvenile prior to the end of the commitment. Juvenile justice social workers (JJSW) are responsible for community reintegration particularly of youth who had been confined in a residential program. JJSW are required to attend placement planning and pre-release transition activities at CJTS or the residential program facilities to allow for a gradual and structured return of the youth to his/her community.

JJSW monitor a juvenile parolee's compliance with the conditions of parole supervision and the case plan. Supervisory contacts between JJSWs and juvenile parolees are required as follows:

In CJTS or other CT residential placement:

- 0-30 days from placement date, face-to-face contact with the juvenile once per week
- 31 days from placement date through 30 days prior to discharge from placement, face-to-face contact with the juvenile once per month and telephone contact during all other week
- 30 days prior to discharge from placement, face-to-face contact with the juvenile once per week

In hospital:

- within 2 business days of hospitalization: face-to-face contact with juvenile
- 2 business days and onward: face-to-face contact once every other week

In detention:

- within five working days of being detained, face-to-face contact
- within six working days through discharge, face-to-face contact at least once every other week

In home:

- within 24 hours of discharge to the community: face-to-face contact with juvenile

³⁶ Solnit Pueblo Unit was closed in 2016 and is no longer operational.

- 0-30 days from discharge: face-to-face contact with the juvenile once per week
- 31 days from discharge through end of commitment: face-to-face contact with the juvenile twice per month

JJSWs follow a process of contact-driven supervision, surveillance and condition enforcement, which is the traditional model of parole services. DCF has been shifting from the Outreach Tracking and Reunification Programs, which were supervision and surveillance driven, to the Fostering Responsibility, Education and Employment (FREE) service, which continues services that began in congregate care for a period during the re-entry phase. DCF also maintains a series of community-based programs such as Multi-Systemic Therapy (MST) and Multi-Dimensional Family Therapy (MDFT).

Juvenile parolees can be arrested for new offenses and in that case the process begins again. Juvenile parolees may also violate the conditions parole which are not necessarily new crimes, but may be technical in nature (e.g., failure to attend school, curfew violations). JJSWs can respond to a new arrest or technical violation through confinement at CJTS³⁷, confinement in a residential program, or by imposing new conditions of supervision. Girls were confined at the Pueblo Unit, but prior to the release of this report the unit was closed.

Youth are discharged from DCF commitment at the end of the court-imposed commitment period or at the Commissioner of DCF's discretion when the juvenile has made sufficient progress.

A juvenile's commitment can be extended beyond the 18 month or four year statutory maximum by order of the juvenile court.

³⁷ Prior to its closing, girls were incarcerated at the Pueblo Unit. A juvenile is entitled to a parole revocation administrative hearing if he is reconfined at CJTS.