University of New Haven

HENRY C. LEE COLLEGE OF
CRIMINAL JUSTICE AND FORENSIC SCIENCES

YOUTH JUSTICE INSTITUTE

**JJPOC Re-Entry Subgroup Meeting**

**MAY 2ND, 2023**

**1:00 PM-2:30 PM**

**Web-Based Meeting – Zoom**

**THIS MEETING DOES CONTAIN A PRESENTATION- DISCUSSIONS AND UPDATES**

**Meeting Summary:**

1. **Department of Corrections Youth Reentry Data Presentation by Mary Lansing**
    - Between January 2022 and December 2022, there were fifty episodes of departure from MYI within the population under eighteen, 43 were unsentenced and 7 were sentenced.
    - This is 16% of all departures from MYI, and 3/10th of a percent of all depatures within DOC facilities.
    - Of the 50 departures, 24 of the children were 17 years old, 13 were 16 years old, and 8 were fifteen years old. Four of these youth were repeats, or had more than one departure during this period.
    - Among the group that was unsentenced, which was about 86% of total departures, 13 of the children were Hispanic, 25 were Black, and 1 was white.
    - The towns that youth were released to in order of most to least were: Bridgeport (7), Hartford (4), Manchester (4), New Haven (4), Waterbury (4), New London (3), Hamden (2), Norwich (2), West Haven (2), Danbury (1), East Hartford (1), Enfield (1), Meriden (1), Middletown (1), Milford (1), New Britain (1), Stamford (1), Thomaston (1), and Woodstock (1). Two of the youth were released out of state.
    - 23 of the youth had youthful offender status, meaning that their records were sealed and DOC was unaware of their charge, the second most common was robbery of the 1st degree and sexual assault of the 1st degree.
    - The average length of stay for both sentenced and unsentenced youth was 2.99 months. For unsentenced youth, the average length of stay was 1.8 months, with the longest staying for 22 months. The average length of stay for sentenced youth was 10.2 months.

- It was asked if this was a fairly average number for the past few years, and it was confirmed that this was, however the population has been inching back up since COVID.
- There was also a question about how many of these youth are discharged to DCF custody. The presenter did not know the answer, but said that they could probably provide this information moving forward.
- There was questions about what other data that DOC keeps about reentry, including where youth went, substance abuse, readmission into school and how discharge planning may shift depending on the charge.
- DOC receives no advanced notice to when unsentenced youth will be discharged prior to the youth's hearing. The public defender may know this information but DOC does not receive this information.

2. **CSSD Presentation on Youth Reentry by Bryan Sperry and CSSD Reentry Planning Services presented by Talia Nunez and Patricia Nunez**
    - The data presented is representative of CSSD from calender year 2022, both pre-disposition and REGIONS
    - In 2022, there were 651 releases from JBCSSD facilities, and this data is a slight overcount because the data from transitions to different residentials outside of CSSD control are included in this data set. Transitions from different CSSD facilities was not included in this data.
    - Majority of discharges by CSSD were pre-disposition. Girls make up about 15% of the pre-disposition discharges and 10% of the REGIONS and Non-Hispanic Black Youth represent 55% of releases in both pre-disposition and REGIONS.
    - For pre-disposition cases the length of stay tend to be less than two weeks, with one day (or one night) being the most common stay length. Stay lengths then taper as time goes on, and there is generally a spike in releases every seventh day in accordance with detention review hearings (7th day, 14th day, 21st day, etc.)
    - For REGIONS the length of stay tends to be between 4-7 months. Many leave after one to two month
    - Majority of youth in both settings return to their homes, with smaller percentages going into other types or residential treatments, DOC care, or DCF care.
    - Moving forward, CSSD hopes to continue to enhance electronic data collection in regard to reentry and quantify different aspects of reentry.
    - The juvenile delinquency case proceedings and pretrial proceedings were explained and at which points in the process there are opportunities for release.
    - The pre-disposition group is returning rather quickly to their communities, at a quicker rate than the children in DOC custody. Children have the right to due process so CSSD cannot always get them services in the time that they are in their care

- The Predisposition Reentry Plan has eight components: risk and behavioral health screening, flexible funding for basic needs (for both children and for the family), educational support services, medical and mental health services, community based and contracted services, employment, and vocational opportunities, pro-social and enrichment activites and state agency coordination.
- REGIONS youths are a small bucket of the overall population that are on probation with placement. There are four main parts to their reentry process that include family and reintegration support, educational, vocational and employment training, clinical continuity, and prosocial activities.
- In REGIONS, discharge planning stats at admissions. Family support specialists are being phased in to all programs and they work with family from the beginning to do a basic needs assessment, home assessments, and work with youth. Each youth is then matched with a reintegration mentors at admission who helps them look into educational and tech pathways and reintegration mentors.
- Mentors may help with educational, vocational and employment planning. REGIONS currently offers training programs and support in different career clusters. Mentor will help connect with their local education providers and look into connecting the family with local employment or training opportunities in their reentry community
- In terms of clinical continuity, REGIONS currently offers MST-FIT (Family Integrated Transitions), and MST-EA) programs. They also provide mediation management with a provider in reentry community.
- REGIONS also works to support pro-social activities. They recently added a credible messenger program, financial literacy, and career exploration services.
- There were questions about further clarification around credible messenger systems. They are currently offered at Bridgeport, New Haven and Hartford locations.
- There was a question about what happened when residents are transferred into adult DOC custody. Ideally the youth's information is passed along to DOC.

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4. **Stephanie Zanker-Rivera gave a presentation on DHMAS's Young Adult Services (YAS)**
    - Statewide Young Adult Services (YAS) was created in 1998 as part of a special populations project that targeted DCF involved youth. In 2000s it was expanded to include a collaboration between DCF and DMHAS focusing on youth transitioning with psychiatric conditions
    - YAS currently serves eighteen- to twenty-five-year-olds, with some flexibility at the cut off age. Youth must be eighteen to participate. This population includes youth with complex psychiatric diagnoses, developmental disorders, co-morbid conditions, sexual behavior problems, complex trauma or abuse, history of neglect, attention disorders, psychotic disorders, and legal involvement.
    - Often these youth have had multiple hospitalizations, an average of seven to ten out of home placements prior to age sixteen, significant attachment disorders that make it hard to engage in treatment and require ongoing support to acquire life skills and or emotion regulation.
    - For youth to be eligibile to participate in this program they must be 18 or older, have a documented major mental illness (this is a requirement for all DHMAS programs), and be voluntarily participation. Youth must be referred from DDS if their IQ is under 70 and they ma have a diagnosis with autism, but have to have a coexisting documented mental illness to participate in YAS
    - In Fiscal Year 2022, DHMAS served approximately 10,200 adults, and 15% of that population were part of YAS.
    - YAS offers a large array of services including psychiatry, individual psychotherapy, case management, clinical services, nursing services, group psychotherapy, trauma services, peer mentoring, crisis services, rehabilitation services, consultation services, assessment services, linkage to vocational and educational services, and programming for young parents.
    - 50-60% of YAS participants come from DHMAS partner agencies like DCF, Beacon and CSSD and may be referred as early as sixteen to see if they will meet YAS criteria. YAS also accepts referrals from outside agencies but usually after the youth has turned eighteen.
5. **Mindy Baller from NAFI CT gave a presentation on MST-EA (MST for emerging adults)**

- MST-EA is an adaptation of standard MST. The differences are that MST-EA focuses on youth 17-26 rather than 12-17, target youth with serious mental health disorders other than ADHD, ODD, or conduct disorders and/or substance abuse issues. MST-EA is also a 4–12-month program vs. the 3-5 months of standard MST, and focuses more closely on the individual with an optional family component versus standard MST is is traditionally family therapy.
- MST-EA treats complex cooccurring problems, accepts unique family social network arrangements, addresses engagement and retention into treatment, includes developmental considerations.
- MST-EA is the only evidence based treatment for this population, there is no other evidence based treatments specifically for the emerging adult population.
- MST-EA targets safety, social network, housing/independent living, career goals, mental health, substance use and trauma problems, medical and psychiatric care, relationship skills, and, as needed, delivers parenting curriculum.
- The foundational elements of the model include CBT therapy, motivational interviewing, social network mapping, and values mapping.
- In terms of discharge outcomes of MST-EA from CSSD CT Teams from July 2019-June 2021, 92% of patients were living in the community, 98% were not homeless, 85% had no new charges, 96% had no new drug related offences, 92% of cases came into treatment with Mental Health problems, 62% were in school, a vocational program or working, 66% reported improved communication skills, and 66% had completed course of treatment.
- The average treatment length for this cohort was 6.5 months.
- For CSSD youth, treatment can start 30 days prior to discharge from facilities, ideally with the referral at least being made 45 days prior to discharge.
- So far, NAFI has had a positive experience with CSSD so far, working especially with CJR, and New Haven Juvenile Probation.
- In terms of expansion, NAFI needs to ensure that there are youth out there that make the criteria, which include that youth need to have stable housing at time of referral and cannot have had MST within the past year.
- The current capacity of their team is 25-30 clients with a team of 3-4 therapists and in order to expand they would need to have smaller catchment areas so that therapists could be more accessible.

## Next Meeting: June 6th, 2023, 12 PM-4 PM