Draft DOJ Summary Report 1 & 2

A. Report 1 Summary Nov 1, 2024 – April 30, 2025

Summary of the Monitoring Report

The Monitor's First Report evaluates the State of Connecticut's compliance with a federal settlement agreement aimed at improving conditions for incarcerated youth at Manson Youth Institution (MYI). The agreement focuses on three core areas: reducing harmful isolation, improving mental health care, and ensuring adequate special education services.

Overall, the report finds that the facility is making progress but remains largely in partial compliance, indicating that reforms have begun but are not yet fully implemented or consistent across practice.

Overall Compliance Status

The monitoring team assessed 77 provisions and found:

- 6.5% Substantial Compliance
- 74% Partial Compliance
- 9.1% Non-Compliance

This distribution shows that while the system is improving, most reforms are incomplete and require further development and oversight.

Key Findings by Area

1. Conditions of Confinement

The physical environment has seen some improvements, but it remains largely institutional rather than therapeutic. Youth experience high levels of idleness and prolonged room confinement, which contributes to negative behavioral outcomes. More structured programming and a "homelike" environment are needed.

2. Behavior Management

Policies limiting the use of disciplinary isolation have been introduced, marking progress. However, in practice, youth continue to experience excessive "operational confinement" (e.g., being locked in rooms for long periods). Staff implementation of monitoring procedures is inconsistent, highlighting a gap between policy and practice.

3. Mental Health Care

Mental health services are being provided in a timely manner, but they lack quality, consistency, and individualization. Many assessment tools and treatment approaches are designed for adults and are not developmentally appropriate for youth. Treatment plans are often generic and poorly connected to assessed needs, making this one of the weakest areas of compliance.

4. Special Education

This is a relatively strong area, with evidence of structured systems and positive feedback from youth. However, there are ongoing issues, including:

- Failure to meet the required length of the school day
- Reduction in Individualized Education Programs (IEP) service minutes
- Disproportionate removal of students with disabilities from class

These gaps indicate inconsistent compliance with IDEA requirements.

5. Quality Assurance (QA)

The most critical weakness in the report is the lack of a fully developed Quality Assurance system. While a framework exists, it is not consistently implemented, and there is insufficient monitoring, documentation, and corrective action. Without a strong QA system, sustained compliance and accountability are unlikely.

Major Systemic Issues

Across all areas, the report identifies several recurring problems:

- A gap between policy and actual practice
- Continued reliance on confinement instead of programming
- Lack of individualized services for youth
- Weak data tracking and accountability systems

Key Recommendations / Next Steps

To move toward full compliance, the report recommends:

1. Transforming Facility Conditions into a Therapeutic, Homelike Environment

The report recommends improving the physical environment to make it less institutional and more supportive of youth development. Observations of graffiti, excessive commissary, and an overall

“prison-like” atmosphere highlight the need for change. Suggested improvements include adding soft furnishings, natural light, calming colors, and communal living/dining spaces to promote a therapeutic setting. The monitoring team also plans to provide examples from other jurisdictions to guide implementation.

2. Reducing Youth Idleness Through Structured and Meaningful Programming

Youth currently experience high levels of idleness and room confinement, often spending long periods in their rooms, especially after school and on weekends. The report recommends increasing structured, staff-directed, and culturally relevant programming to reduce boredom and violence. Examples include expanding weekend activities and collaborating with external organizations to provide more engaging programs tailored to youth’s interests.

3. Strengthening Behavior Management and Reducing Confinement Practices

Although disciplinary isolation has been limited to serious offenses, youth are still frequently confined for operational reasons (e.g., 2:00 PM–5:30 PM confinement, meals in rooms, and shift changes). The report calls for reducing these practices and improving consistency in 15-minute welfare checks and mental health consultations. It also recommends enhancing the PBIS program by adding meaningful incentives, a level system, and youth input through a Youth Council, as well as implementing RFID tracking systems to monitor confinement practices.

4. Enhancing Mental Health Services through Individualization and Quality Improvement

Mental health services are timely but lack consistency and depth, with treatment plans often being too general and not clearly tied to assessments. The report recommends improving the quality and individualization of assessments and treatment plans, developing standardized procedures, and implementing training and QA metrics. For example, assessments currently miss required elements, and treatment plans do not always reflect youth-specific needs or progress.

5. Ensuring Full Compliance with Special Education Requirements

While systems for IEP review and service delivery exist, gaps remain in implementation. The report notes that no full school week met the required instructional time, and service minutes are sometimes reduced without sufficient justification. Recommendations include ensuring full school-day compliance, improving documentation (e.g., adding start/end times for services), and strengthening coordination between school and facility staff to meet IDEA requirements.

6. Developing a Robust and Sustainable Quality Assurance (QA) System

A QA framework has been established but is not fully implemented. The report emphasizes the need for regular audits, detailed corrective action plans, and follow-ups. It recommends that each policy includes QA measures and that corrective actions specify timelines, responsible staff, and measurable outcomes. Currently, documentation of corrective actions and consistent monitoring remains insufficient.

7. Investing in Staff Training, Wellness, and Culture Change

Staff play a critical role in reform, yet further development is needed. The report recommends ongoing training in de-escalation, youth development, and relationship-building, shifting staff roles toward coaching and mentoring. It also suggests using staff climate surveys, incentives, and staffing analyses to improve staff wellness and ensure adequate capacity to meet program demands.

8. Improving Infrastructure, Safety, and Operational Systems

The report identifies several operational deficiencies requiring attention. These include outdated CCTV systems with blind spots, lack of proper cold-water decontamination showers for OC spray, and insufficient tracking of confinement practices. Recommendations include upgrading surveillance systems, ensuring proper decontamination procedures, improving access to grievance forms, and implementing RFID technology to track confinement and safety checks.

Conclusion

The report concludes that MYI is in the early stages of reform. While progress is evident, especially in policy development, implementation remains inconsistent, and critical gaps persist, particularly in mental health care and quality assurance.

Achieving full compliance will require not just policy changes, but system-wide transformation focused on accountability, consistency, and a rehabilitative approach to youth care.

B. Report 2 Summary May 1, 2025 – October 31, 2025

Summary of the Monitoring Report (Year 1, Report 2)

The second monitoring report evaluates the State of Connecticut's continued compliance with the federal settlement agreement governing conditions at Manson Youth Institution (MYI). The report assesses progress in reforming youth confinement practices, mental health services, and special education, while also examining broader institutional conditions and compliance systems.

Overall, the findings indicate incremental progress in some domains, particularly special education and mental health processes, but persistent systemic deficiencies in implementation, facility culture, and accountability mechanisms.

Overall Assessment

The facility remains in partial compliance, with reforms advancing unevenly across domains. While policies and procedures are being developed or revised, actual practice continues to reflect an adult correctional model, which conflicts with the developmental and rehabilitative needs of youth.

Key Findings by Area

1. Conditions of Confinement

The overall environment continues to resemble an adult prison rather than a youth-centered rehabilitative setting. Major concerns include:

- Poor living conditions (unclean units, graffiti, disorganized rooms)
- High levels of youth idleness
- Continued excessive room confinement

Programming remains insufficient, especially on weekends, contributing to boredom and increased behavioral incidents.

2. Behavior Management

Although policies limiting disciplinary isolation are in place, non-compliance persists in practice:

- Staff frequently fail to conduct required safety checks
- Youth are still subjected to prolonged operational confinement
- The Positive Behavior Management Program (PBIS) is poorly understood by both staff and youth

This reflects a significant gap between policy reform and frontline implementation.

3. Mental Health Care

Mental health services show notable procedural improvement, including:

- Timely completion of assessments and treatment plans
- Introduction of structured screening tools (e.g., trauma and suicide risk assessments)
- Development of audit tools and training

However, challenges remain:

- Inconsistent quality and completeness of assessments

- Weak individualization of treatment plans
- Difficulties delivering cohesive group therapy due to operational constraints

Thus, the system is improving administratively but still developing clinically.

4. Special Education

This is the strongest area of improvement in the report:

- Substantial compliance increased significantly (from ~22% to ~61%)
- High-quality Individualized Education Programs (IEP) processes and strong staff collaboration
- Positive student feedback about learning and support

However, critical issues persist:

- Continued failure to meet full school day requirements
- Reduction of IEP services without proper justification
- Classroom disruptions limiting instructional effectiveness

Despite progress, structural and operational barriers still undermine educational delivery.

5. Quality Assurance (QA)

Quality assurance remains underdeveloped and insufficient:

- Lack of reliable data systems and reporting
- Incomplete audit and monitoring processes
- Weak corrective action tracking

The absence of a robust QA system continues to be a central barrier to achieving sustained compliance.

Major Systemic Issues

The report highlights several cross-cutting challenges:

- Adult correctional culture dominating youth services
- Ongoing policy–practice disconnect
- Inadequate staff training and supervision
- Lack of youth-specific policies and infrastructure

- Weak accountability and monitoring systems

Additionally, the co-location of youth with adults creates compliance risks under PREA standards and undermines rehabilitative goals.

Key Recommendations / Next Steps

The monitoring team emphasizes the following strategic priorities:

1. Policy and Procedure Carveouts for Youth-Specific Practice

The report recommends modifying current DOC policies, which are largely designed for adults, to better address youth needs. This includes creating juvenile-specific policies or clear carveouts within existing policies. These changes should apply across behavior management, mental health, and education to ensure alignment with PREA and IDEA standards, as current adult-based policies do not adequately support youth under 18.

2. Staffing Reforms and Development of a Youth-Centered Culture

Staffing should be restructured so that personnel are assigned exclusively to the Youthful Offender Unit, reducing confusion from managing both adult and youth populations. The report highlights that staff currently operate with a law enforcement mindset, referring to themselves as “cops” and acting as disciplinarians. It recommends specialized training in trauma-informed care and youth development to shift staff roles toward mentorship and coaching, supported by improved staffing systems and staff interest surveys.

3. Establishing Structured Multidisciplinary Team (MDT) Processes

Although MDT meetings exist, they are not sufficiently coordinated or detailed. The report recommends expanding MDTs to include mental health, education, custody, and program staff, with clear agendas, documented discussions, and collaborative decision-making. Current MDT notes are minimal (e.g., listing only mental health level or “special education”), limiting their usefulness in identifying youth needs and informing treatment decisions.

4. Transforming Facility Conditions and Living Environment

The facility environment remains poor, with dirty and disorganized rooms, graffiti, and unpleasant odors. The report recommends creating a more homelike and therapeutic environment, including improvements such as soft furnishings, natural lighting, and more comfortable communal spaces. These changes are intended to support positive behavior and align with trauma-informed care principles.

5. Expanding Structured Programming and Reducing Youth Idleness

Youth continue to experience high levels of idleness and room confinement, often spending long periods locked in their rooms due to lack of programming. The report recommends increasing structured, meaningful, and culturally relevant activities, especially on weekends when treatment staff are absent. It also suggests addressing barriers such as collective bargaining restrictions that limit staff engagement in programming.

6. Strengthening Behavior Management and Reducing Confinement Practices

Despite policy changes, youth are still confined for long periods for operational reasons (e.g., 2:00 PM–5:30 PM confinement, meals in rooms, and shift changes). The report found that staff often failed to conduct required 15-minute checks, sometimes not looking into rooms at all. Recommendations include improving training, oversight, and accountability, implementing RFID tracking systems, and strengthening the PBIS/BMP program with clearer structure, better incentives, and a level system.

7. Enhancing Mental Health Services and Policy Alignment

Mental health services have improved in timeliness, but challenges remain in quality and completeness of assessments and treatment plans. For example, only some assessments included all required elements, and treatment plans often lacked documentation of youth input or interdisciplinary consultation. The report recommends refining youth-specific policies, improving treatment plan quality, and continuing training and auditing processes to ensure consistency and compliance.

8. Improving Special Education Compliance and Instructional Quality

Special education has shown progress, but major issues remain, particularly the failure to meet the required length of the school day, with students frequently arriving late and losing instructional time. The report recommends creating a formal plan between school and facility staff to address this issue. Additional concerns include reductions in services without proper justification and insufficient staff training on agreement requirements.

9. Developing a Comprehensive and Data-Driven Quality Assurance System

The QA system is still underdeveloped and lacks sufficient audit tools, data reporting, and follow-up mechanisms. The report recommends implementing regular audits, detailed corrective action plans, and comprehensive data tracking, including metrics on incidents, use of force, and confinement. The use of RFID systems and Power BI reports is emphasized to improve accountability and transparency.

Conclusion

The second report concludes that MYI is progressing but remains structurally misaligned with the goals of the settlement agreement. While improvements in mental health systems and special education are evident, the facility continues to struggle with implementation fidelity, institutional culture, and systemic accountability.

Achieving substantial compliance will require transforming the facility from an adult correctional model to a youth-centered rehabilitative system, supported by strong oversight, specialized staffing, and consistent application of reforms.

Comparative Trend Analysis: Report 1 v. Report 2

Overall Reform Trajectory

Across the two reporting periods, the system shows incremental but uneven progress. Report 1 established a baseline of widespread partial compliance, while Report 2 reflects targeted improvements in specific domains (notably special education and mental health processes) but continued systemic weaknesses in implementation and accountability.

The overall trajectory can be characterized as:

- From policy development → toward early-stage implementation
- From identification of problems → toward partial operational responses
- But not yet achieving system-wide consistency or sustainability

1. Conditions of Confinement

- Report 1: Highlighted institutional environment, youth idleness, and excessive confinement.
- Report 2: Confirms no substantial improvement; conditions remain largely unchanged.

Trend Interpretation

This area shows stagnation. Despite awareness and recommendations, the facility continues to operate under an adult prison model, with persistent idleness and inadequate programming.

2. Behavior Management

- Report 1: Policies revised to limit disciplinary isolation; implementation inconsistent.
- Report 2: Continued non-compliance in practice, including:
    - Failure to conduct required safety checks
    - Continued reliance on operational confinement
    - Weak understanding of PBIS by staff and youth

Trend Interpretation

This area reflects policy progress but implementation stagnation. The gap between written policy and staff behavior remains a central issue.

3. Mental Health Care

- Report 1: Timeliness improved, but services lacked quality and individualization.
- Report 2: Clear procedural improvements, including:
    - Standardized assessments (trauma, suicide risk)
    - Timely treatment plans (100% compliance on timeliness)
    - Development of audit tools and training

However:

- Treatment plans still lack quality and full compliance
- Group therapy and individualized care remain inconsistent

Trend Interpretation

This domain shows meaningful progress, especially in structure and process. However, it remains in partial compliance due to quality limitations; a shift from access issues to clinical effectiveness issues.

4. Special Education

- Report 1: Moderate progress but significant compliance gaps.
- Report 2: Substantial improvement, including:
    - Increase in substantial compliance (~22% → ~61%)
    - Strong IEP processes and collaboration
    - Positive student feedback

Persistent issues:

- Shortened school day
- Reduction in services without justification
- Classroom behavioral disruptions

Trend Interpretation

This is the strongest area of improvement. The system demonstrates the capacity for reform when:

- A clear structure exists
- Staff are specialized

- Accountability mechanisms are stronger

5. Quality Assurance (QA)

- Report 1: QA system largely absent.
- Report 2: Some early development (e.g., RFID tracking, audit tools), but still:
    - Underdeveloped
    - Inconsistently implemented
    - Lacking full data integration

Trend Interpretation

This remains the most critical weakness. Without a robust QA system, improvements in other areas cannot be sustained.

Cross-Cutting Trend Insights

1. Policy–Practice Gap Persists

Both reports consistently highlight that policy reform is not translating into practice, especially in behavior management and confinement.

2. Shift from Structural Deficits to Quality Deficits

- Report 1: Lack of systems
- Report 2: Systems exist but lack quality and fidelity

3. Institutional Culture Remains a Barrier

The continued dominance of an adult correctional mindset limits progress in all areas.

4. Uneven Reform Success

- High progress: Special Education
- Moderate progress: Mental Health
- Low progress: Behavior Management & Conditions
- Critical failure point: Quality Assurance

One-Page Executive Policy Memo

Issue

The State of Connecticut is under a federal settlement agreement to reform conditions at Manson Youth Institution (MYI), focusing on isolation practices, mental health care, and special education. Two monitoring reports (Year 1) assess compliance and progress.

Key Findings

- The facility remains in partial compliance overall, with reforms unevenly implemented.
- Special education shows the most progress, with substantial compliance increasing significantly.
- Mental health care has improved in structure (timeliness, assessments) but still lacks quality and individualization.
- Behavior management and confinement practices remain problematic, with continued overuse of room confinement and inconsistent staff compliance.
- The Quality Assurance system is underdeveloped, limiting accountability and sustainability of reforms.

Trend Analysis

- Progress: Movement from policy development to early implementation.
- Stagnation: Conditions of confinement and staff practices show minimal improvement.
- Systemic Gap: Persistent disconnect between written policy and actual practice.
- Critical Risk: Lack of a QA system threatens long-term compliance.

Policy Implications

- Reforms cannot succeed without institutional culture change from a correctional to a rehabilitative model.
- Accountability mechanisms (QA systems) are essential for sustaining compliance.
- Youth-specific policies and staffing models are necessary to align with developmental needs and federal standards.

Recommendations/ Next steps

1. Shift to a Youth-Centered Model:
   - Replace adult-oriented policies with juvenile-specific frameworks aligned with PREA, IDEA, and developmental best practices.

2. Reform Staffing and Culture:
   - Assign dedicated youth-unit staff and train them in trauma-informed care and mentorship, moving away from a correctional mindset.

3. Reduce Confinement & Increase Engagement:
   - Minimize room confinement and expand structured, meaningful programming to reduce idleness and behavioral issues.

4. Strengthen Behavior Management Systems:
   - Improve PBIS/BMP implementation, ensure policy compliance (e.g., welfare checks), and deploy RFID tracking for accountability.

5. Improve Service Quality (Mental Health & Education):
   - Enhance individualized treatment plans, full school-day compliance, and proper service delivery/documentation.

6. Build a Strong QA & Data System:
   - Implement regular audits, clear metrics, and data tools (RFID/Power BI) to track compliance and outcomes.

7. Upgrade Environment & Safety:
   - Create a therapeutic, homelike environment, improve CCTV and safety systems, and strengthen grievance access.

Conclusion

While progress is evident, particularly in education and mental health systems, MYI remains structurally misaligned with the goals of the settlement agreement. Achieving full compliance will require system-wide transformation focused on implementation fidelity, accountability, and a rehabilitative institutional culture.