

DQE2

**AGREEMENT BETWEEN THE UNITED STATES AND THE STATE OF
CONNECTICUT**

**Implementation & Detailed Plan Monitoring Report
for Year One / Report Two**

Monitor's Second Report

Date of Reporting Period:

May 1, 2025 – October 31, 2025

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Table of Contents

Contents

Background 3

Introduction..... 3

Implementation Plan and Focus Areas..... 3

Executive Summary 5

Monitoring Team 8

Key Findings and Observations..... 8

1. Overall Quality of Life and Conditions: 8

2. Behavior Management: 9

3. Mental Health Care: 11

4. Special Education: 11

5. Quality Assurance:..... 12

Major Provision Detailed Findings 13

1. Behavior Management: 13

2. Mental Health Care: 13

3. Special Education: 18

4. Quality Assurance (QA): 25

Additional Recommendations..... 26

Conclusion 27

Appendix A: Compliance Ratings 29

Background

Note: The following text is taken directly from the Settlement Agreement between the United States and the State of Connecticut:

Introduction

1. The United States of America (“United States”) and the State of Connecticut (“Connecticut” or “the State”) (collectively, “the Parties”) share a mutual interest in upholding the constitutional and federal statutory rights of children (i.e., youth under the age of 18) who are incarcerated at Manson Youth Institution (“Manson”), promoting safe and effective custodial care and rehabilitation, and protecting public safety. This Agreement has the following goals: (1) ensure that children at Manson are not subjected to prolonged and improper isolation; (2) ensure that children at Manson receive appropriate mental health care; and (3) ensure that children at Manson receive appropriate special education and related services pursuant to the Individuals with Disabilities Education Act (“IDEA”), 20 U.S.C. §§ 1400-1482.

2. On October 15, 2019, the United States Department of Justice notified the State of its intent to conduct an investigation of conditions of confinement for children at Manson, pursuant to the Civil Rights of Institutionalized Persons Act, 42 U.S.C. § 1997 et seq. (“CRIPA”), and the Violent Crime Control and Law Enforcement Act of 1994, 34 U.S.C. § 12601. The investigation focused on three issues: (1) whether Manson’s isolation practices violate the constitutional rights of children; (2) whether Manson’s mental health services for children are constitutionally inadequate; and (3) whether Manson violates the IDEA rights of children with disabilities.

3. On December 21, 2021, the Department notified the State that there is reasonable cause to believe that conditions at Manson violate the Eighth and Fourteenth Amendments of the United States Constitution and the IDEA, and that these violations are pursuant to a pattern or practice of resistance to the full enjoyment of rights protected by the Constitution and federal law.

4. Specifically, the Department concluded that Manson’s isolation practices and inadequate mental health services seriously harm children and place them at substantial risk of serious harm. In addition, the Department concluded that Manson fails to provide adequate special education services to children with disabilities. The State disagrees with and disputes these findings. This Agreement does not amount to any admission of wrongdoing by the State. Throughout the investigation, the State has fully cooperated with the United States.

Implementation Plan and Focus Areas

The State of Connecticut, Department of Correction (DOC), Manson Youth Institution (MYI) will develop an Implementation Plan as required by this Agreement. The Implementation Plan will include a reasonable timeframe for completing the terms of each substantive provision, responsible person(s), outcome metrics, quality assurance and sustainability measures, and performance indicators for each of the following four (4) primary objective areas:

1. Behavior Management

- (a) Interim Measure Regarding the Use of Disciplinary Isolation
- (b) Policies and Procedures
- (c) Qualified Mental Health Professional (QMHP) Review
- (d) Investigation Status
- (e) Positive Behavior Management Program
- (f) Training

2. Mental Health Care

- (a) Policies and Procedures
- (b) Mental Health Assessments
- (c) Individualized Treatment Plans
- (d) Periodic Review of Treatment Plans
- (e) Mental Health Treatment
- (f) Treatment Refusals
- (g) Training

3. Special Education

- (a) Policies and Procedures
- (b) Special Education and Related Services Frequency and Duration
- (c) Provision of Transition Services
- (d) Special Education and Related Services Documentation
- (e) Accommodations, Modifications, and Interventions
- (f) Related Services
- (g) Records Transfer
- (h) Initial Screening
- (i) Collection of Additional Information
- (j) Response to Intervention ("RTI") Committee
- (k) Length of School Day
- (l) Training

4. Quality Assurance Program

- (a) Establishing a Quality Assurance Program
- (b) Corrective Actions

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Executive Summary

This is the Monitor's second report, Year1/Report2 (Y1R2), which covers the monitoring period from May 1, 2025, to October 31, 2025, for the Manson Youth Institution (MYI) under the Settlement Agreement between the United States and the State of Connecticut, Department of Correction (DOC). This Agreement was established to ensure that the constitutional and federal statutory rights of incarcerated youth are upheld, focusing on preventing prolonged isolation, providing appropriate mental health care, and delivering special education services. By creating the Youth Offender Unit of the Manson Youth Institution (MYI), the Connecticut Department of Correction is seeking to align with best practices related to protecting youth under the age of 18 ("youthful inmates") residing in adult correctional facilities. Although the Sight and Sound Separation Requirement of the Juvenile Justice and Delinquency Prevention Act as amended by the Juvenile Justice Reform Act [Section 223(a)(11)(B)] no longer applies to juveniles charged as adults and convicted and sentenced for their criminal offenses, separation continues to be mandated by the standards of the Prison Rape and Elimination Act (PREA). As stated on the National PREA Resource Center website, the purpose of § 115.14 Youthful inmates, juveniles and youthful detainees is as follows:

"To protect inmates who are under the age of 18 ("youthful inmates") and living in adult correctional facilities from sexual abuse or sexual harassment they might experience from adults by:

- Prohibiting agencies from placing youthful inmates in housing units where they may have sight, sound, or physical contact with adult inmates
- Limiting opportunities for youthful inmates to interact with adult inmates in unmonitored ways by requiring agencies to keep young people and adults "sight and sound" separated outside of housing areas or employing direct staff supervision in instances where youthful and adult inmates are co-mingled (e.g., during a group program).

Additionally, the standard places restrictions on agencies from defaulting to the use of segregation units to protect youthful inmates from sexual abuse and sexual harassment, so that youthful inmates are not punished for their vulnerability."¹

Youth under 18 currently have regular sight and sound contact with the adult population, even though such interactions occur under direct supervision. This practice may still violate PREA standards, conflicts with juvenile justice best practices, and undermines the rehabilitative goals outlined in the Settlement Agreement.

Managing youthful offenders alongside adults creates significant compliance and operational difficulties. Staff must navigate two distinct sets of policies and procedures, yet the facility

¹ National PREA Resource Center. (2025). PREA Standards: § 115.14 Youthful inmates, juveniles and youthful detainees. Available at <https://www.prearesourcecenter.org/standard/115-14>.

primarily operates under adult DOC policies, adult-focused training curricula, and an adult prison model—all of which are inconsistent with the spirit and intent of the Settlement Agreement.

To ensure compliance and support rehabilitation, the youthful offender population should be housed in a standalone facility. This would:

- Eliminate sight and sound contact with adults, meeting PREA requirements.
- Provide an environment aligned with juvenile justice best practices.
- Allow staff to follow a single, youth-focused policy framework and receive specialized training.

Further, Direct Care staff are not consistently posted in living unit pods, which is necessary to meet PREA staffing ratios and ensure youth safety. Staff are often posted in the unit dayroom areas, leaving youth unsupervised within the living unit pods. Per PREA standards, Direct staff supervision means that security staff are in the same room with, and within reasonable hearing distance of, the resident or inmate. MYI consistently violates the direct staff supervision standard by not having the direct care staff posted within each living unit pod.

Youth idleness remains a significant concern at MYI. The lack of structured, engaging, and culturally relevant programming has resulted in excessive room confinement and boredom among youth. The facility's current environment and programming model resemble that of an adult prison, failing to meet the developmental and rehabilitative needs of adolescents. Room confinement logs are not uniform and lack individualized documentation, and youth are often released from their rooms without staff present on the unit, posing serious safety risks—especially in double-occupancy settings.

The facility's surveillance infrastructure is inadequate. Numerous blind spots exist in units, classrooms, and common areas, and youth are aware of these gaps, which have become hotspots for incidents. *The current CCTV system lacks sufficient storage capacity and overwrites footage in less than 60 days, limiting the ability to investigate and respond to incidents effectively. Staff are unable to be held accountable for incidents based on video footage, further complicating oversight and enforcement of behavior management policies.*

The prevailing staff culture at MYI is rooted in a law enforcement and corrections mindset. Staff frequently refer to one another as "cops," and their interactions with youth are more aligned with disciplinary roles rather than mentorship or coaching roles. This cultural dynamic undermines efforts to build trust and foster positive relationships. Although facility staff report that youth grievances are resolved informally and promptly, youth consistently expressed fear and intimidation when asked about the grievance process. All youth interviewed exhibited a visibly uncomfortable reaction when the topic was raised, suggesting systemic barriers to accessing this critical mechanism for reporting concerns.

To achieve substantial compliance with the Settlement Agreement and improve outcomes for youth at Manson Youth Institution (MYI), the Monitoring Team emphasizes three foundational strategies:

1. Policy and Procedure Carveouts

Current DOC policies are primarily designed for adult correctional settings and do not adequately address the developmental and rehabilitative needs of youth under 18. The Monitoring Team recommends:

- Developing **juvenile-specific policies** tailored to the Youthful Offender Unit, or
- Incorporating **explicit carveouts** within existing DOC policies to clarify that certain provisions do not apply to youth under 18.

These carveouts should permeate all major areas of the Agreement, including behavior management, mental health care, and special education. This approach ensures that operational practices align with best practices for adolescent care and federal standards such as PREA and IDEA.

2. Staffing Considerations

The complexity of managing two distinct policy frameworks—adult and juvenile—creates operational challenges. To mitigate this, the Monitoring Team recommends:

- Assigning **staff dedicated solely to the Youthful Offender Unit**, reducing confusion and promoting consistent implementation of juvenile-specific practices.
- Providing **specialized training** for these staff members to foster a culture of mentorship and positive youth development and specialized juvenile justice training rather than a purely correctional approach.

Dedicated staffing is critical for sustaining compliance, improving facility culture, and ensuring that youth receive care and services aligned with rehabilitative goals.

3. Structured Multidisciplinary Team (MDT) Meetings

Currently, the mental health and special education teams hold separate MDT meetings focused on youth services and behavior. MYI would benefit from **expanding and structuring MDTs** to include:

- **Behavior Management Program (BMP) review**, ensuring youth understand and respond to the program and that it is delivered with fidelity across all disciplines.
- **Clear agendas and topics**, focused on youth needs and progress.
- **Documentation of discussion points and decisions**, promoting accountability.
- **Collaborative decision-making**, integrating input from mental health, education, custody, and program staff.

Structured MDTs will create a unified approach to addressing youth needs, improve coordination across disciplines, and strengthen implementation of rehabilitative strategies.

Monitoring Team

The Monitoring Team, consisting of Michael Dempsey (Monitor), Teresa Abreu, J.D. (Conditions of Confinement Designated Qualified Expert "DQE"), Simon Gonsoulin, M.A. (Education DQE), and Monique Khumalo, Ph.D. (Behavioral Health DQE), conducted a site visit October 6-8, 2025, reviewed documentation pertaining to the areas of the Agreement, and engaged in ongoing discussions with DOC, facility leaders, youth, and youth advocacy organizations during this reporting period. The Monitoring Team's goal was to assess compliance with the Settlement Agreement and determine the level of progress for each of the Agreement provisions. In doing so, the Monitoring Team also assessed the overall quality of life, conditions of confinement, operational services, and programming provided to the youth at MYI who fall under the provisions of the Agreement (50 youth at the time of the most recent site visit)..

Key Findings and Observations

1. Overall Quality of Life and Conditions:

Physical Plant and Living Units: The Monitoring Team observed the units, bathrooms, and youth rooms while touring the facility. Most youth rooms were extremely dirty and disorganized. Most living units were very dirty and some units smelled poorly. The team also observed significant graffiti in various areas of the facility, including inside youth's rooms. Further, several youth's rooms and some units had an excessive amount of commissary. The Monitor notes that the DOC made some renovations in an attempt to improve the unit atmosphere. The Monitor remains concerned with the overall atmosphere and climate of the units. Additional measures are needed to create a more homelike environment which is essential for creating a supportive and therapeutic atmosphere. A homelike environment refers to an approach that emphasizes creating a setting that is physically, emotionally, and psychologically more like a home than a prison. It is rooted in trauma-informed care, child development principles, and rehabilitation goals, and it contrasts sharply with traditional punitive or correctional models. The team continues to recommend improvements in furnishings and decor to make the living spaces more comfortable and conducive to positive behavior management (e.g., soft furnishings, natural light, calming colors, communal dining and living areas that are less institutional or more similar to a home environment, etc.). In ongoing bi-weekly virtual technical assistance calls, the Monitoring Team will provide examples from other jurisdictions that have made low cost modifications resulting in a more homelike environment.

Programming: The Monitoring Team again identified a clear need for additional structured and culturally relevant programming and meaningful activities. Youth idleness and operational room confinement is high, as youth spend excessive free time locked in their rooms. As defined by Performance-based Standards (PbS), youth idleness includes "...periods of time during the day when youth are not participating in a scheduled program, event or staff-directed and supervised activity. Idle waking hours data is unit-specific and reported based upon what the majority of youth in each unit are doing at the time. It may occur when youth are in day areas, dormitories, or their assigned sleeping rooms. Idle waking hours include time scheduled without staff-directed or supervised activity and when a change to the schedule occurs to facilitate unit operations (for

example staff shortages) and is not replaced with a constructive staff-directed and supervised activity. Idle waking hours do not include time that is regularly scheduled for sleep or periods of confinement” (2020).² Youth spend most of their time in small, uncomfortable, drab, living units or rooms, leading to boredom and higher rates of incidents of violence. There is no outside programming on weekends, and recreation is completed on the units. Treatment staff are not present on the weekends either. The Monitor is told that staff are precluded from programming with youth due to their collective bargaining agreements. If true, there need to be further meetings with the unions and/or negotiation of some terms. Policies should be revised to encourage staff to engage with youth in a meaningful way, which is a common youth justice practice. The team emphasizes the importance of developing more meaningful activities and programs, particularly on weekends when fewer programs are available to keep youth engaged, reduce idleness, and reduce the need for the excessive amount of operational room confinement hours.

Staff Wellness: The Monitoring Team believes in the critical role of staff wellness programs and ongoing training in achieving effective transformation and culture change. Experienced leaders and well-trained staff are essential for managing secure juvenile justice facilities and facilitating positive youth development. The team recommends regular training focused on de-escalation skills, building strong relationships with youth, and staff serving as coaches and mentors rather than referees or disciplinarians. Staff should be well trained and knowledgeable on the workings of the behavior management program (BMP) as it continues to be developed and implemented to support a positive and therapeutic environment. Additionally, developing staff incentives and input (staff climate scales) will improve overall staff wellness, which in turn improves the overall climate and culture of the facility. The DOC recently created new facility climate surveys to include PBIS Surveys, U18 Youth Surveys, Staff Climate Surveys, and a Family Climate Surveys. A staffing analysis should be completed to ensure staffing levels can meet operational needs and provide the various services and programs required under the Agreement provisions.

2. Behavior Management:

Use of Disciplinary Isolation: The Behavior Management policy has been revised to limit the use of disciplinary isolation to only the most serious offenses involving violence. While the policy remains in draft form pending final review and approval of the Monitor, facility operational practices have been implemented to be in alignment with the Agreement provisions limiting the use of disciplinary isolation or segregation. Additional recommendations are being provided by the Monitoring Team to include further development of the policy as it relates to “involuntary room confinement” procedures.

Policy requires staff to conduct and document visual checks of youth at irregular 15-minute intervals and consult with mental health professionals about additional interventions whenever youth are placed in any form of behavior related room confinement. Despite these requirements, the Monitoring Team observed that the vast majority of rooms checks violated policy. There were many instances in which staff did not look into rooms at all and were not accurately documenting safety security checks. Additionally, youth are confined for operational or staff convenience at an

² Center for Youth Justice. (April 2020). *PbS* (Performance-based Standards) Glossary. <https://improvingyouthjustice.org/standards/>

excessive level. While limited operational room confinement may be acceptable, the Monitoring Team observed youth being operationally confined for hours at a time. For example, youth stated during interviews and video review by the Monitoring Team confirmed that they are placed in their rooms after school from 2:00 PM – 5:30 PM, youth eat in their rooms, and are placed in rooms for shift change. The Monitor does note that lunch is now being served in the day room versus their rooms like the last visit. The Monitor highly suggests that meal times be re-evaluated. In general, breakfast is placed in youth rooms around 5AM, lunch around 10:30AM, and dinner around 3PM. These mealtimes are inappropriate. The Monitor recommends further training and oversight to ensure staff adhere to the new policies, particularly as it relates to their performing safety welfare checks of youth who are secured in their rooms for either behavior related room confinement or for any operational room confinement that may occur.

The Monitoring Team recommended and MYI is in the process of procuring a software-based solution, such as a Radio Frequency Identification (RFID) system, to properly track both behavior and operational related room confinement practices. The RFID system will also enhance the Quality Assurance (QA) processes for ensuring compliance with various provisions, including the need to hold staff accountable for conducting timely safety welfare checks. DOC reports that their fiscal department has begun the procurement process to purchase and install the RFID software. Additionally, the Monitor has connected MYI with a jurisdiction who has successfully implemented RFID for suggestions.

Positive Behavior Management Program: The Positive Behavior Interventions and Supports (PBIS) framework was implemented to encourage and reinforce positive youth behaviors. The program includes short-term and long-term rewards, structured activities, and skill-focused interventions. The Monitoring Team recommends expanding the program to include more meaningful incentives and activities that cater to the interests and needs of the youth as well as continuously re-evaluating the effectiveness of the program and the incentives and rewards offered. The Monitoring Team is pleased to learn that MYI is incorporating youth voice into the process of the development and continued assessment of the BMP through monthly Youth Council meetings.

When the Monitoring Team inquired about the behavior management system, staff and youth alike shared that they were unsure how the program works or how points are assigned. While the PBIS/BMP is implemented and relatively new, additional evaluation and development are needed. The Monitor believes that the program should include a level system so that youth are rewarded and held accountable for behaviors.

Use of Force: During the most recent site visit, the Monitor reviewed uses of force incidents and reporting documents as they relate to the behavior management program, PBIS effectiveness, isolation practices, and the culture of the facility environment. Overall, the use of force remains minimal and reports are thorough and well documented. Staff response to incidents are professional and well trained. MYI also has the practice of utilizing a hand-held video recorder as part of the response team to record all incidents and uses of force. This practice allows for improved review and investigation processes for use of force incidents as well as provides enhanced QA measures related to incidents of violence. Only selected posts and supervisors carry OC spray which minimizes its use.

When OC spray is used, youth are decontaminated using unit showers which do not provide cold-water only. Youth rinse their heads and faces using the temperature-controlled showers which are hot. MYI should designate a decontamination only shower which provides cold-water only for proper decontamination. As a secondary process, MYI should have neutralizing decontamination wipes available for youth and staff to use when needed.

The MYI CCTV system is outdated and has numerous blind spots (units, dayrooms, classrooms, gymnasium, facility grounds) which need to be addressed.

3. Mental Health Care:

The Mental Health DQE meets with Dr. Moravecek regularly and over the course of this reporting period there have been modifications to policy as well as development of MYI specific protocols related to the intake and assessment processes. Dr. Moravecek and the mental health supervisors have provided training to the mental health clinicians designed to ensure that all of the relevant elements are included in the assessment process and documented in the mental health record. There has also been a focus on treatment planning to ensure that the treatment plans are reflective of the assessment results. During the site visit, the Mental Health DQE was able to work with Dr. Moravecek to finalize the audit tools and metrics that were used during the period from August to October. Based upon the audits, it is clear that mental health assessments and treatment plans are being completed within the appropriate time frame and the treatment plans are updated within 120 days of the last treatment plan. The primary focus for the next reporting period will be to work towards ensuring that all of the key components are included in each of the mental health assessments and treatment plans. Dr. Moravecek and the mental health supervisors are working continuously to provide training and support during individual supervision to work towards improvements in these areas. The Mental Health DQE plans to review more assessments and treatment plans during this reporting period. There were no indications that young people were denied services or inappropriately dropped from the mental health caseload during this reporting period. The mental health team has been working to restructure groups so that youth who are participating in groups are doing so because it is a part of their treatment plan. This will allow for a more targeted approach to care and hopefully increased group engagement. However, it has been challenging to assemble cohesive groups given the challenges with mixing units and wings. This is something the mental health team is exploring with leadership.

4. Special Education:

During this reporting period, the education staff were cooperative, forthcoming, and helpful with any request the Education DQE made of them. The DQE is certain the education staff at Manson and the USD #1 Central Office are committed to meeting the terms of the Agreement and improving the Special Education (SPED) experiences of the youth in their care. The school improved in the number of requirements rated as substantially compliant over the last six months, achieving 60.9% of substantially compliant provisions (14 of the 23 indicators) as compared to the reporting period that ended in March 2025 where only 21.7% of the provisions in this area were rated as substantially compliant (5 of 23).

The process established to conduct special education evaluations is excellent and involves many staff members from the school who work collaboratively to provide the youth with a

comprehensive and Individuals with Disabilities Education Act (IDEA) compliant evaluation. The Individualized Education Plan (IEP)/ Planning and Placement Teams (PPT) meeting observed by the DQE was the best IEP/PPT meeting he has attended in a justice facility. The PPT committee was led by the supervisor of SPED at Manson and participants included the student's regular education and SPED teachers, school psychologist, school social worker, and the youth and his father (via phone). The SPED supervisor made several attempts to be inclusive of both the parent and youth. The education intake process is exceptional and the staff member who maintains the process is thorough and complete in his work. This intake process is critical to connect a youth's education prior to incarceration to the education they receive while at Manson and then the transition from the facility to the community.

There are areas of concern discussed in the education section of this report. The length of school day continues to be non-compliant and it has been recommended that the school staff and facility staff establish a written plan to address this long-standing issue. This concern truly does impact the quality of education being offered at Manson. There are areas that received a rating of partially compliant such as reduction of related services documentation, positive behavior management, provision of transition services, Scientific Research-Based Interventions (SRBI)/Response to Intervention (RTI) process, administration of accommodations and modification in the classroom, and the training of all staff on each element/paragraph of the agreement.

5. Quality Assurance:

Establishment of QA Program: Some progress has been made on the procurement of a Radio Frequency Identification (RFID) system to track room confinement and welfare checks. This technology is critical for enhancing accountability and ensuring compliance with the Settlement Agreement. Furthermore, the facility must provide comprehensive Power BI monthly report data for the entire reporting period, including metrics on fights, assaults, use of force (UOF), OC spray deployment, and confinement practices. Without this data, it is difficult to assess trends, identify areas for improvement, and ensure transparency in operations.

A plan for the Quality Assurance (QA) program has been established to identify and correct deficiencies in isolation practices, behavior management, mental health care, and special education services, however the current plan is underdeveloped and requires additional QA and comprehensive audit tools. The QA program should include regular audits, data collection, and corrective action planning. The Monitoring Team emphasizes the importance of maintaining and regularly updating the QA program to align with revisions to policies, procedures, and practices and to ensure continuous improvement. Each new or revised policy should include a QA section that identifies the measures to be taken to ensure operational practices occur in alignment with the policy.

The QA program should include corrective action plans when deficiencies are identified. These plans should include specific timelines, responsible personnel, and measurable outcomes. The Monitoring Team recommends more detailed documentation of corrective actions and regular follow-ups to ensure compliance. The QA plan should include an expanded scope inclusive of the additional areas of concern identified during the monitoring period. Presently, MYI has not fully developed or implemented a QA program consistent with all provision requirements.

Major Provision Detailed Findings

1. Behavior Management:

Interim Measure Regarding the Use of Disciplinary Isolation: MYI has revised its policies to limit the use of disciplinary isolation to serious offenses involving violence. The Monitoring Team noted progress in reducing the use of involuntary room confinement but emphasized the need for consistent implementation and documentation of visual checks and the provision of mental health consultations.

Positive Behavior Management Program: The PBIS framework has been implemented with additional incentives such as group activities and experience-based rewards. The Monitoring Team recommends further development of the program to include a level system and more skill-based activities. Additional training is needed for staff and youth meetings should be held to educate youth on the system. Also, signage on units can be used to remind staff and youth of the guiding principles and point system. The Monitor has also connected CT/DOC with a best-practice example of a skill-based BMP for review and consideration in the further development of the PBIS for MYI. At this point, the BMP is not fully developed and both staff and youth lack training and basic knowledge on the program. Consequently, the program is ineffective in providing sufficient incentives, rewards, or accountability for youth behaviors.

2. Mental Health Care:

Mental Health Policies and Procedures: The State utilizes one set of health services and facility policies for all its institutions, most of which serve adults. During this rating period, the Mental Health DQE reviewed all applicable DOC policies and provided input related to modifications. To come into compliance, each of the current policies and procedures that are put forth to satisfy the requirements of the Settlement Agreement will need to be reviewed and revised as necessary to comport with the elements of the Agreement for the under 18 population at MYI at a minimum. It may be far more efficient to adopt standard policies for the entire facility inclusive of the youth 21 years of age and under. Below is a summary of the policies and procedures reviewed and the related recommendations:

- Administrative Directive 8.5 Mental Health Services was updated 10/30/25. Section 4 Intake Screening continues to require additional updating to comport with the requirements of the proposed MHA Procedure for Intake revised 10/25/25. AD 8.5 reads “All newly admitted and inter facility transferred inmates shall be screened by health services staff upon admission to the facility prior to placement in general population. A mental health referral and evaluation by mental health staff within 24 hours of referral shall be required for the following instances: A. Inmates incarcerated for the first time.” The new Manson policy reads “Mental Health Assessments will be completed for all under 18 individuals upon their first admission to DOC **and upon re-admission if their initial MHA is over 6 months old.**” After reviewing the administration process for the MAYSI-2 it was clear that it provided little value to the intake process which is currently in place. MYI has 24-hour nursing and each youth is seen and cleared by nursing prior to entering the facility. The mental health screening questions asked during that process are sufficient to ensure that youth with significant mental health needs are identified prior to placement on the unit. In addition, most youth arrive at the facility during

the day and are therefore also seen by mental health clinicians prior to placement on the unit. Given this change in practice, the DOC intake policy should be modified to clarify this process and remove reference to the administration of the MAYSI-2 specifically for the under 18 population at Manson. DOC sites both American Correctional Association (ACA) Standards and National Commission on Correctional Healthcare Standards (NCCHC) in most of their policies or directives though Manson is neither ACA or NCCHC certified. If the citation is designed to ensure that policies are consistent with these standards, then the juvenile standards should also be included as they often have different requirements appropriate to the adolescent population. In addition, all the ACA and NCCHC standards included in the "Authority and Reference" sections of directives are outdated. Some directives still site standards from 2003. Several revisions have been made in that time frame to both the ACA and NCCHC standards.

- Similarly, the Connecticut Department of Correction Health Services Unit policy E 2.01 requires updating of the requirement for mental health assessment related to the "first time incarceration language".
- Connecticut Department of Correction Health Services Unit Policy and Procedure E.5.01 "Requests for Mental Health Services" procedure (2b) "non-inmate-initiated referrals" needs to be modified to clearly indicate that at MYI for the under 18 population all youth shall be referred not just "inmates who are incarcerated for the first time". This appears to speak to referrals as part of the intake process. There should be specific language regarding referrals. Under Emergent and Non-Emergent referrals there are no indications of when those referrals would need to be made and or a procedure that speaks to those requirements.

Mental Health Assessment: Over the course of this reporting period the Mental Health Assessments protocol has been updated to include all the factors required by the Agreement. The supervising psychologist and supervisors have also worked to train clinicians on the updated requirements and the method for documentation. This training is also now included in the onboarding process. Given the low volume of intakes, the MH DQE was not able to observe an intake being completed during the October 2025 site visit and thus the overall quality of the assessment process could not be observed directly. The Structured Trauma-Related Experiences & Symptoms Screener (STRESS) is now administered as a standard which serves as a structured screening for childhood trauma and victimization and the Columbia Suicide Severity Rating Scale (C-SSRS) is embedded in the intake process to assess for suicide risk. There is one area that continues to prove a bit challenging and that relates to the screening for intellectual deficits.

A majority of the October 2025 site visit was spent with the Supervising Psychologist to finalize the process for the Mental Health audits required under this Agreement. This allowed the team to then complete the audits for the last three months of this reporting period. Thirteen mental health assessments were reviewed, which included all the intakes that occurred between August and October of 2025. All thirteen were completed within 24 hours; however, only 6 of the assessments included documentation of each of the elements a-k. There was a trend in that all 4 of the mental health assessments completed in October included elements a-k. The Mental Health DQE does, however, continue to recommend the development of a semi-structured youth focused interview that ensures each of the elements is consistently assessed during the initial intake. In addition, the Mental Health DQE has provided additional recommendations in the completion of the audits. Currently, the elements of the audit are marked as either in compliance, out of compliance, or not

applicable. The MH DQE requests that when the supervisors complete the audits that they include notes in the comments section to make clear what specific "clinical information" or data was used to come to that determination.

Health Services policy G 4.05 (rev. 9/1/2022) addresses the continuation of psychoactive medication upon intake, medication evaluation, and medication refusal. The newly developed audit tool now requires the supervisors to ensure that clinicians are documenting a youth's prior mental health services history (inpatient and outpatient) as well as prior treatment with psychotropic medication. When a youth arrives on psychotropic medication or a prior history exists and the current mental health assessment suggests a need for psychotropic medication, a referral is made to the psychiatrist. All 13 charts reviewed were in compliance.

The DQE reviewed and approved the "Procedure for Identifying Under 18 Individuals with Intellectual Disabilities at MYI". That procedure includes a protocol to require a screening of intellectual functioning as part of the initial mental health assessment as well as a process for referring youth for a formal assessment by the school psychologist. During this reporting period, the audit tool for this provision was reviewed and approved for pilot for the last quarter of this reporting period (August - October 2025). During the site visit in October, the DQE reviewed the list of youth who were identified with special education needs. Only one youth was noted to have an intellectual/developmental disability and that youth was above the age of 18.

The requirement to complete a new mental assessment was modified by the MH DQE to allow for an updated treatment plan. Once the initial mental health assessment is completed, a youth's mental status and needs should be consistently assessed and documented in clinical notes. When a youth displays changes in mental health status/clinical formulation that are not adequately addressed in the current treatment plan, the treatment should be updated to reflect those changes. On occasions a youth may require further assessment for the purpose of diagnostic clarity and this may include the use of standardized instruments or more expanded diagnostic interviews. The results of these assessments should be thoroughly documented in a clinical note and reflected in the treatment plan as clinically appropriate. It is understood that the intake mental health assessment is a point in time assessment. Treatment notes and treatment plans are an extension of that assessment and designed to provide the most current diagnostic picture and progress.

The State notes that to facilitate coordination and identification of new treatment information, starting on 2/5/2025 a monthly Multidisciplinary Team Meeting (MDT) was initiated to review young people's treatment needs. School, custody, addiction services, and medical staff are all invited to attend these meetings. A review of the MDT notes for the quarter suggest that further detail would be needed to better understand whether these meetings are useful opportunities to identify youth needs. Most of the notes just cite the youth's MH level and education either has no information noted or the term "special education". The MDT needs to be further developed with clarity regarding information to be exchanged to better understand the needs of youth. The primary information shared or at least documented is from corrections staff. The fact that there are meetings happening is good, however, the quality of these meetings could not be determined by the notes. Given that these meetings occur once a month, the DQE has requested to observe monthly to better determine if the meetings provide an appropriate space to identify youth who may require an updated treatment plan.

Individualized Treatment Plans: The Settlement Agreement requires the development and implementation of a treatment plan based upon the identified needs of each youth (para. 65); the assurance that the treatment plan is detailed and serves as a collaboratively informed living document reflective of the youth's current needs and progress (para. 66); and that it is reviewed and adjusted as needed but at least every four months (para. 67).

Paragraph 65 articulates that the State will ensure that appropriate, individualized treatment plans are developed and implemented for children when the mental health assessments identify a mental health need or needs. The Treatment plan audit was finalized during the October site visit. The first element of the audit strictly relates to the timeliness of the mental health treatment plan. Given this does not specifically relate to quality, the audit required that this element be assessed by comparing the date of the mental health assessment and the date of the initial and subsequent treatment plans to ensure that they occurred as required. The initial treatment plan for youth on the mental health caseload is completed within 14 days. Treatment plans must then be updated every 120 days. Given that this can be determined by running a report, the entire under 18 population at MYI was included in the report and 100% of the treatment plans were timely.

Paragraph 66 of the Settlement Agreement stipulates the elements that must be included in each individualized treatment plan. During the prior reporting period (November 1, 2024 – April 30, 2025), the MH DQE conducted a series of chart reviews that revealed significant challenges with the quality of the treatment plans. The treatment plans were noted to be inconsistent with the assessment or to lack clear goals. Over the course of this reporting period, the mental health supervisors developed a template to guide the development of treatment plans that specifically incorporated each of the elements noted in paragraph 66 a-g. This was then used to train and provide opportunities for performance improvement during clinical supervision. An audit tool was also developed that captured each of the elements. Given the relatively small population, the supervisors are now reviewing the majority of treatment plans and have the opportunity to provide direct feedback to clinicians, based upon the audits. Six treatment plans were reviewed for the period between August and October of 2025. Of those six treatment plans, only one was fully compliant with all elements. This will need to be an ongoing focus of training. The primary areas that were out of compliance related to documenting the clinical status of the young person, documenting the contribution of the young person in the treatment plan, and consultation with supervisory and education staff regarding youth needs. These will need to be areas of focus for the next monitoring period.

Paragraph 67 of the Agreement states that individualized treatment plans will be reviewed and adjusted as needed, but at least once every four months. The requirement to review/update treatment plans every four months is already in policy; however, the quality of treatment plans appears to be the primary challenge as noted in prior comments. During the October 2025 site visit, only one treatment plan was noted as behind schedule for review. Substantial compliance will need to include a clear review process that leads to the update of mental health treatment plans. The DQE will rate this item solely based upon whether the treatment plan update occurred timely. The quality of treatment plan updates will be rated in the prior section (66).

Mental Health Treatment: The Settlement Agreement requires that youth receive targeted, evidence informed, individual and group psychotherapy, and psychiatric support consistent with their identified needs as documented in their treatment plan and in alignment with their

ethnocultural values (para. 68). The Settlement Agreement also requires documentation of treatment refusals, and efforts to address the youth's reasons for refusal and provision of consultative support to educate and encourage youth to engage in appropriate interventions (para. 70 & 71). Further, the Agreement requires that clinical need scores are based solely upon the assessed needs regardless of youth's willingness to participate in care (para. 69).

As noted above, Paragraph 68 describes what mental health treatment at Manson must entail. During this reporting period (May to Oct. 2025), the MH DQE was able to interview 2 youth while on site regarding their mental health treatment services. Each was able to indicate their therapist and at least one goal on their treatment plan. They were all satisfied with their ability to access their clinician or another clinician if they needed to see someone. The MH DQE will need to conduct more youth interviews during the next reporting period. A secondary mechanism to monitor this area will be to review records in the electronic health record (HER). The MH DQE has been granted access to the EHR but because of some technical issues the MH DQE was unable to get her authentication process working specifically for the EHR.

During this reporting period, Mental Health Services has begun to restructure their groups to attempt to ensure groups can be more focused for youth participating as part of their treatment plan. While allowing all youth to participate in general skills groups was a noble idea, many youth were not in active treatment and would come intermittently which seemed disruptive. The open group also sacrificed a sense of continuity necessary for the therapeutic group process. However, this transition also has challenges given that it is difficult to bring together youth from different units/wings with similar needs to group due to safety issues. The MH team and Manson administration are actively working to find solutions to this in order to run cohesive continuous groups. Attempts were made to sit in on groups during the site visit but in the couple of weeks prior to the site visit 3 - 4 of the youth who were participating in a group of only 6 were moved to other units, leaving only 2 youth being able to participate in the group. Two youth is really not a sufficient number for an effective cognitive behavior therapy group. The clinician suggested restarting the group and adding additional members from the unit. However, that would likely also become problematic when youth are moved off the unit or to another wing. It is understood that youth go to school based upon their grade levels and not their unit placement. This should be the model for groups as well. It may require finding suitable space off the unit to hold the group but would be an optimal solution. The MH DQE was able to sit in and participate in a SMART Recovery group which was facilitated by the substance abuse specialist. Separate groups are run for the above 18 and the under 18. On the date of the visit, the MH DQE was only able to see the above 18 group but was told it was the same group format. Two youth were present though the group has more members typically, not all were available to attend that session. The youth demonstrated knowledge of the recovery skills and made plans for specific, not hypothetical, application of those skills during their week. Application of skills is the most crucial part of therapeutic work. It assists the young person in being able to continuously use those skills while at MYI and when they return to the community.

Paragraph 69, 70, and 71 of the Settlement Agreement pertain to treatment refusals. The supervising psychologist or MH supervisor runs a report each month to determine youth whose MH scores were lowered and reviews those records to determine if the lowering of the score is consistent with the clinical information in the youth's chart. Four youth were lowered in this reporting period. One denied any current symptoms and three were lowered from either MH status

5 or 4 but were not removed from the MH caseload. The MH DQE is still working with the site to determine how to monitor Paragraph 70 which states that if a child requires individual or group therapy, or treatment with psychiatric medications, but declines them in full or in part, Manson will ensure that mental health staff make and document ongoing attempts at rapport building and motivational engagement to identify and address the child's objections to receiving treatment.

Further, Paragraph 71 states that when children's objections to treatment are based on practical or logistical factors (e.g., scheduling conflicts, medication administration location), Manson will review such factors and attempt to address them if reasonably possible to do so with the goal of maximizing the child's participation in prescribed treatments. The Mental Health DQE notes that MYI is still working with the MH DQE to develop a process to identify refusals that can then be assessed for cause.

Training: Paragraph 72 relates to training of mental health personnel. As specified in the Settlement Agreement, the State will ensure that all mental health staff are adequately trained to conduct mental health assessments; develop, monitor and update (as needed) individualized treatment plans; and provide indicated therapies as required by this Agreement. Training on mental health assessment and treatment planning was completed during the last reporting period (Nov. 2024 – April 2025) and proof of training in the form of sign in sheets acknowledging receipt of training was provided during this reporting period. Training related to the MH provisions in this Agreement are now included in the new staff orientation training to ensure sustainability. The impact of training is measured through ongoing review of practice related to the other provisions in this Agreement. The auditing provides opportunities for ongoing training and thus it is expected that this will be reflected in improvements in the quality of assessments and treatment planning.

3. Special Education:

The DQE for education was on site for four days during this reporting period. The improvements in education and delivery of special education services have been notable since the visit 6 months ago. Some aspects of special education were exceptional and would be model components of any correctional education program. It will be exciting to see some fine tuning to a few strategies during the next site visit. The DQE attempted to share areas for improvement in the report that follows (making suggestions and recommendations-please also see the implementation plan spreadsheet). There are also some requirements of the Agreement that have not been addressed satisfactorily.

While on site, the DQE met with or had conversations with the students enrolled who were under the age of 18, the director of SPED, the USD #1 Superintendent, the principal and assistant principal at Manson, the SPED supervisor, the school psychologist, the school social workers, the intake lead, the school secretary, and all three SPED teachers. Additionally, three classroom observations were conducted and six individual interviews were held with youth. The DQE was able to attend one PPT (IEP Meeting) and one SRBI/RTI Meeting. The DQE also reviewed the Special Education Data System (CT-SEDS) and 10 student records (both SPED and Education Files). Further, the DQE reviewed a number of logs, quality assurance documents, and forms/flow charts.

It is obvious that the education staff at Manson and USD #1 are committed to the terms of the agreement. The report that follows is mainly a narrative of commendations and recommendations

along with a discussion of areas found in the Agreement that are not substantially compliant at this time. The Education DQE is convinced that the rating of substantial compliance will be obtainable in the future. Finally, staff at both the central office and the school were hospitable, forthcoming, and appear to have the students' best interest at heart.

IEP Meeting and Review: The DQE reviewed approximately 10 IEPs, the CTSEDS database (with the one-on-one assistance from the school social worker), and the IEP summary documents. The 10 IEPs were written after the Monitoring Team's visit in March 2025. For the most part, the IEPs were well written, goals and objectives were not cookie cutter, all youth of age had transition goals and objectives (see below), accommodations and modifications were identified for each student, and 90% of the IEPs the DQE reviewed identified counseling as a related service (exceptional number of youth with school-based counseling on their IEP which the team at Manson needs to be commended on).

When reviewing the **transition** page of the IEP, 3 of the 10 IEPs listed the transition goal as "acquire skills to successfully transition to a 2- or 4-year college or trade school." Most of these IEPs had an objective or two only focused on "completing 2 career interest inventories." It is difficult for the Education DQE to understand the connection between the completion of the interest inventory and **acquiring skills** to successfully transition to post-secondary education. One youth had only one objective (Identify attitudes and behaviors related to successful employment) under the transition goal (Increase awareness of potential careers through reviewing materials supplied in class). Further, it is difficult for the Education DQE to believe it will take 10 months to achieve that objective, as well as the goal since the method of evaluation was achievement of the objective. Six of the 10 transition plans looked great. It is suggested that additional professional development (PD) be provided for SPED teachers in the area of transition (ensuring the tasks identified in the objectives clearly support the goal(s) and the prescribed time span for completion of the objectives is accurate).

The **Student Preparation Conference** meeting and related form is an exceptional practice. The Education DQE has never seen this formal process in a correctional education setting and strongly commends the team for this practice.

The DQE attended one **IEP meeting** that could not have been better. It was evident that the PPT committee members were knowledgeable about the youth and his family. All members of the PPT participated and contributed. The IEP meeting was chaired by the SPED Supervisor who did an exceptional job of moving the meeting along, engaging the youth, engaging the father (on the phone), and the staff from Manson. Upon reflection, the DQE does not believe he has observed a better IEP meeting in a correctional facility than the one observed at Manson.

Reduction of SPED Services and Related Services: When considering this paragraph of the agreement, the DQE used the same 10 IEPs to determine compliance. After reviewing the IEP, CTSEDS database, and the IEP summary documents, it was determined that 9 of the 10 youth received a reduction in services without supplying at least 2 pieces of data to justify the IEP committee's decision to reduce services identified in his previous IEP. This section of the executive report from the March visit was detailed and explicit on what constituted compliance – please refer to that section of the March report. It was the DQE's impression that when he met with the SPED teachers and one school social worker, they did not appear to grasp that this was an issue

that needed to be addressed (per the Agreement). The DQE did attempt to explain. It is recommended additional PD focused on this requirement of the Agreement take place. The DQE respectfully requests that the training slide deck on this topic be sent to him for review and approval. It was requested by the DQE that the information on the data used to justify a reduction of services be found in the notes section of the IEP and or the IEP summary. The DQE was told documentation would not be found in either place, it would be in CTSEDS but neither the social worker (who was assisting the DQE) nor the DQE could locate it in CTSEDS.

Intake: The DQE finds that all systems pertaining to intake appear to be in excellent order. Mr. Turek has the process organized, and it is a well-oiled process. There was documentation of one-on-one visits with the youth on the unit upon admission. Of the 10 IEPs the DQE reviewed, all had prior school records or documented attempts were made to secure them (following the established procedures). The creation of the intake flow chart is exceptional as it clearly lays out the practices and processes. The parent/guardian phone interview for new students conducted by the school psychologist is tremendous. Having staff with that level of training interviewing parents (family members) could not be better—a tremendous amount of information can be gathered by highly qualified staff. This process is completed in the first week of a youth's enrollment.

Professional Development on Components of the Settlement Agreement: The SPED Supervisor created a slide deck and held a professional development (PD) event following the March 2025 visit by the monitors. The PD event was held on September 25, 2025, nearly a full six months after the March visit. According to the sign-in-sheet, 25% of the faculty was absent or did not attend for one reason or another. The Education DQE inquired about scheduling a make-up session for the staff who missed the PD opportunity and requested documentation of their attendance following the session. The DQE was told it would be done but has not yet received the requested documentation. The Agreement requires that school staff be made aware of **all components of the Settlement Agreement**.

In reviewing the PPT slide deck, the DQE observed that several key components of the Settlement Agreement were missing. Such components as:

- Reduction of services being supported by 2 data points
- Length of school day
- Relationship between the IEP goal to the supporting objectives and method of evaluation of goals, given the length of time the youth can address the IEP

It is recommended that another slide deck be created covering each paragraph of the Settlement Agreement (on SPED) and sent to the DQE for review and approval. For each slide in the deck, please add the paragraph number that it pertains to and possibly a paraphrased or condensed sentence on the paragraph it relates to so associations can be made, and staff better understands why a new procedure or process is being put in place.

The DQE was able to attend one **SRBI/RTI meeting** during the site visit. The meeting started on time and there were several staff members present from teachers, the SPED supervisor, the school psychologist, the reading specialist, the SPED teachers, and the school social worker. The meeting was led by Ms. Morin, Reading Specialist. In looking at the agenda and notes, there were 6 students

who were discussed during the meeting and 6 additional students were at their 30-day review process. Updates were provided for each youth at an extremely rapid rate. The average time for discussion for each youth was about 2 minutes. It is difficult to really problem-solve or trouble-shot the presenting student's concerns, respond to interventions, and determine next steps at that rapid pace. Ms. Morin was well organized and seemed to have gained input from teachers prior to the meeting (commendable). While there was some discussion on a couple of youth, it was limited and not in much detail. Almost all the discussion was led by Ms. Morin. It is suggested meetings are held more frequently—one meeting to address the needs of newly referred students and the second meeting in the cycle to discuss youth who are at their 30-day review or 45-day review. Please note, the SRBI/RTI process is solid. The DQE found that it was just too much ground to be covered in a short period of time (12 youth in 20 minutes).

Length of School Day: The DQE was pleased to see the school continuing to log in entry times in the morning and afternoon. It was disappointing to see that there was not a week during the last 6 months that students arrived at school within 5 to 7 minutes of the start of the school day. The ramifications are great. When it takes 15 to 20 minutes for a teacher to admit all the students for that period, discipline issues arise in the classroom to the point where the teacher struggles to engage students. Also, special education students are not receiving instructional time required to advance in the general education setting. If there is a SPED teacher delivering IEP instructional services (push in or pull out) during the first hour of school in the AM or PM, they are not meeting the minute/time and frequency requirement found in the IEP, especially when they have to push in another class that hour or see a youth individually. In the last report, the DQE suggested that the school and facility leadership discuss this matter and come up with a strategy to address this paragraph of the Agreement. This cannot be solved by the school alone and can impact other paragraphs/provisions in the Agreement. A written plan needs to be developed and all staff inclusive of facility front line staff need to buy in and participate in PD on the topic and monitoring of school entry times should continue. The PD should be jointly led by the facility and school leadership. Possibly meeting with front line staff that come to the school each day and school staff might help to solve these issues by coming up with a workable plan.

Classroom Observations: The DQE observed in three classrooms during this site visit. Two observations were conducted in regular education classes while the third was conducted in a special education pull-out class. The SME used an observation form that was DQE generated, and he reviewed each teacher's lesson plan prior to the observation.

Observation 1: Observation 1 took place in Ms. Nichols's (SPED) pull-out setting (resource). Soft start material was on the board when Ms. Nichols escorted the student into the room. Soft start material refers to gentle, low-pressure ways for students to transition into the classroom and into learning. In this case, the activity promoted storytelling and Ms. Nichols participated in the activity prior to the student to model expectations for him. The one student in the class told me that Ms. Nichols is the "best teacher he has ever had, she is real". He went on to say he could barely read when he entered her class and now he is reading *Concrete Rose*, an honor book recommended for youth reading (chapter book of about 150-200 pages). The lesson was to read the chapter aloud. She read the first paragraph to model sound reading practices and then he read his paragraph. Ms. Nichols asked comprehension questions both after paragraphs and at the end of the chapter. The DQE liked the way the teacher mixed up the questions at different times during the story. When the student did not get the answer correct, Ms. Nichols sent him to the paragraph

where the answer could be found and asked the student to read it again then think about her question. She also talked about context clues for a couple of words the student was struggling with. She closed the lesson with an activity to spark discussion about the story. Overall, this was a good lesson where the teacher provided the IEP time as written in the IEP and where the student was engaged the entire time. The large room where SPED is taught is shared with 2 other SPED teachers and is adjacent to the autobody repair class. It was very noisy in the classroom; however, it did not seem to impact the lesson.

Observation 2: The second observation took place in Mr. Borchet's regular education culture class. There were initially 7 students in the room, however 2 more students entered at different times during the period bringing the student count to 9 by midway through the lesson (each time a student entered the room it interrupted the lesson for extended periods of time). There was a soft start assignment on the board, however only 1 student completed it. The teacher attempted to go over many details about the country of Mexico—food, capital, geography, language, religion, music, indigenous people – however instruction was continuously being interrupted by student behavior. There was no “push-in” SPED teacher only a CTI staff who came into the room to help with discipline. That made very little difference in the behavior of the students. Even the school social worker came into the room to attempt to get a student involved in the work but was unsuccessful after 15 minutes. Instruction was large group with no differentiation in instruction that the DQE could observe. No implementation of modifications or accommodations were noted by the DQE. The level of engagement of the students on a scale of 1 (extremely poor) to 10 (fully engaged) would be ranked as a 2 (poor student engagement). The teacher and CTI made attempts to get youth back to the lesson with little to no success—either by getting in closer proximity to the students who were acting out or raising their voices. By the end of the 90-minute class period, there was no instruction occurring as the teacher appeared to be defeated. The behaviors observed throughout the lesson were loud talking among the students themselves, sometimes youth had 2 or 3 students huddled near each other carrying on a conversation, extremely loud cursing, students picking up their desk and moving them about the room to visit with other students, and getting up out of the desk and looking out the windows and door in hall. This was a brand-new teacher (7th day of teaching at Manson) who needs assistance with behavior management techniques. He shared with the DQE at the end of the period that he does have a mentor teacher—possibly between the mentor teacher, school social workers or psychologist, and the administrators, and more time under his belt at Manson, Mr. Borchet will gain the confidence and skills necessary to deliver the lesson content that he has planned and improve behavior management in the classroom.

Observation 3: The third observation was in Ms. Kleis's regular education math class. There was a soft start activity on the board as students were trickling into the class (15 minutes transpired from the time the first student arrived and the final student). There were 6 students in the class. The DQE observed that there were helpful instructional aids on the wall to assist students with math operations and terms. The teacher attempted to work one on one with students, however she was disrupted every 5 or so minutes to the point she would have to stop teaching and address behavior. One youth was tearing paper and making little balls that he either threw around the room at other students or he just littered the floor around his desk. One of the school social workers came into the room for a period of time to assist with getting the students organized and engaged in their work. She also worked with a small group of students. The school social worker had to leave the room to address her caseload—at that point one student broke out into a rap song and

attempted to get the other students involved. Only one student did engage and the others attempted to work. The CTI staff was called in by Ms. Kleis for additional support and that looked like it might help however when the staff entered the room the students broke out in laughter. About 45 minutes into class, the SPED teacher “pushed in” and gathered a couple of students around her and worked with them as a small group while Ms. Kleis worked with another small group. At this point, all students seem to be engaged with the exception of one youth who no one was able to engage throughout the entire time he was in the room. The DQE estimates that about 30% of the 90-minute class was spent on effective instructional time where teachers were teaching, and students were learning. The other 70% of the day was spent waiting for youth to enter the room after lunch and behavior management. The behaviors exhibited by students follow: loud cursing, moving desk about the room to misbehave with another student, one student spent 20 minutes at the window of the classroom looking at what was happening in the hall, students milling about the room, and singing rap. The teacher did plan the lesson with accommodations in mind but the only one that seemed to be implemented effectively was the use of a calculator where the SPED teacher worked with 2 students.

In summary, the lessons in the three class periods observed were well-planned and the teaching materials were prepped and ready to go when the lesson started. All teachers had soft start activities on the board (but only in the SPED class was that activity completed). In the regular education classrooms, the only accommodation the DQE observed was the SPED teacher utilizing the calculator in math class. The DQE did not observe any accommodations and modifications being implemented by the regular education teacher even though accommodations and modifications were listed on the teacher's lesson plan. The main reason for the lack of implementation was due to discipline related issues. Effective discipline and behavior management are the significant weaknesses in the school. It was difficult for the DQE to even rate the regular education teachers as far as teaching skills and processes to assist students with their skill acquisition (the teaching - learning process). The DQE would suggest that mentor teachers, central office leadership, administrators, and school social workers and psychologists engage in conversation with the teachers (almost as faculty study for a semester or longer) to address this issue head on. A continuum of responses to behavior/discipline needs to be established, agreed to by the school leadership and facility leadership, and professional development provided for all school staff and all facility front line staff that work in the school and escort the youth to the school building. The school and facility staff at Manson will have to work together in order to implement an effective continuum of discipline. **Note:** On October 29, 2025, the education DQE met with school leadership, central office education leadership, and the attorney for the DOC to review a draft continuum for addressing discipline/behavior in the school (the continuum was drafted by the DQE).

Student Interviews: During the site visit, six (6) SPED students were interviewed individually using a questionnaire developed by the DQE. The interview summary follows.

- All students acknowledged being present for their IEP meeting and all students had a family member present, either onsite or via phone.
- All students answered **Yes** to the following questions—“I feel safe at school” and “If you had a problem in school, is there an adult in the school you feel comfortable talking to?” They named the following people-my SPED teacher, the school social worker, and the principal.

- Five of the six students answered **Yes** to the following question—“Do you feel your school at Manson is preparing you for life, job, and further education?” They focused heavily on gaining credits when asked to describe how the school is preparing them and helping them figure out what they want to do to earn money when released.
- When asked what they liked best about school at Manson, two youth said the school staff treat you like a person not a criminal and two youth said the teachers are helpful and they do not mind reteaching some material.
- When asked, “what do you like least about school at Manson”, three students agreed the misbehavior of other students interfered with getting their work done and they do not allow the teacher to teach; 3 students talked about certain subjects they did not like.
- When asked, “How would you improve discipline in the school? What incentives are there to encourage positive behavior?” They provided the following suggestions—one student shared that staff could spend more time with newly entering youth as they have not learned the ropes yet so they are out of control (he also added we have lots of incentives already); another responded that some young people just do not care about how they act and another student stated that he was unsure; another student suggested that the school could offer more trades; and yet another student suggested sending youth back to dorm and turning off their tablet until they return to school; two students stated outside food like pizza would be an incentive. They all agree the photo session, extra gym time, and games to play are good incentives (currently being used by school).
- When asked if they were removed from school in the last 6 months, only 1 student said he was removed (only for the remainder of that class period).
- In summary, it is obvious the youth at Manson do enjoy school, find it helpful, and are looking ahead to the benefits their education will bring them once released. The students the DQE interviewed praised the teachers and were pleased there was a school at Manson that was preparing them for adulthood. The students admitted behavioral issues do interfere with their education.

Behavioral Contracts: The DQE reviewed only 3 behavior contracts for students this reporting period. On the next site visit, more time will be spent reviewing the contracts. The contracts reviewed clearly focused on 3 or 4 presenting behaviors that interfered with the youth's success in school. Point sheets were provided, and the rewards listed were rewards the youth told the DQE were meaningful to them, and they would work to achieve. This is another plus for the program! The behavior contracts were clearly individualized. All three identified the steps the youth needed to take to achieve success with the contract. The improvement the DQE would like to address in the report is the fact that only one of the three contracts identified what the teacher/school would be doing to promote success and help the student achieve his reward (**strategies to support goals**). This is an important part of a behavior contract because it lets the student know how the school/teacher will support him in meeting the behavioral goals and ensures a consistent response to student behaviors on the part of the teachers.

Quality Assurance Checklist (SPED Handbook-MYI, USD #1): The DQE finds that the quality assurance checklist utilized by the SPED Director is exceptional. The continuous quality assurance checks she (along with school principal, assistant principal, and special education supervisor) conducts will be helpful to meet the terms of the Agreement, improve educational services for youth at Manson, make decisions about upcoming professional development, and adjust policy and practices.

Speech Therapy: Once again it is great to know Manson youth are being served by a speech therapist one on one. As mentioned in the last report, the DQE thinks it is wise to have the therapist list the time started and ended for each youth. One small adaptation would need to be made on the current Speech Log—Date; Time/In/Out for her; Name of Student; **Start/End Time with Student**; and Total Amount of Time Spent with Student. Currently she states 30 minutes; 15 minutes, along with the date she met them. The only way to determine truly how much time she is working with youth in a session is to document start and end time with the youth. In some cases, she notes consult work with students in her log and other months she does not (there are currently 2 students who have speech on their IEP per a consult model and there is only one or two entries for consult). One student has 30 minutes of speech per month on his IEP—he has refused speech therapy 3 times during July, August, and September and has seen her for approximately 45 minutes over the three months.

Special Education Manual for Manson: The SPED Manual for Manson is approved. The manual is excellent and does contemplate all paragraphs of the Agreement. As SPED professional development is planned and delivered, please reference the content found on each slide to the SPED Manual for a better understanding by the staff—always a good practice as it adds a bit of legitimacy to the slide content.

4. Quality Assurance (QA):

Establishment of QA Program: A QA program has been established to identify and correct deficiencies in various areas. The Monitoring Team emphasized the importance of regular audits, detailed documentation of corrective actions, and follow-ups to ensure compliance.

As changes are implemented to align with the provisions of the Settlement Agreement across all areas, it is important for MYI to develop quality assurance processes to assess adherence to and compliance with the new or revised policies, procedures, and practices. For special education, these QA processes should specifically focus on the following areas:

- **Incorporation of Settlement Agreement Topics:** Ensure that details such as responsibilities, information utilization, recipients, and compliance methods are explicitly included in the Manual.
- **Student Interviews and Transition Plans:** Establish clear protocols for initial and future student interviews, ensuring transition plans align with IEP goals, objectives, and are individualized.
- **Service Documentation:** Include start and end times for related services and instructional sessions to maintain accountability.

- **Observations and Compliance Checks:** School administrators and DQE site visits should verify the application of modifications and accommodations in lesson plans.
- **Counseling for SPED Withdrawals:** Provide counseling sessions for students considering withdrawal from special education services.
- **Monitoring and Compliance Demonstration:** The state must demonstrate implementation through record reviews and staff interviews and corrective action.
- **RTI Committee and Intervention Plans:** Ensure intervention plans are reviewed and assessed for compliance. Separate RTI meetings should be conducted for newly identified/referred students and those youth who are at their 30-day review.
- **Timelines and Documentation:** Maintain prescribed timelines per state and IDEA regulations, logging arrival and departure times for dorms.
- **PBIS Implementation:** Demonstrate full integration of PBIS efforts within the school and facility. Continue to assess the program to determine effectiveness in promoting a positive behavior reward system, meaningful rewards and incentives for the population, and accountability for negative behaviors.
- **Staff Training:** Develop and provide training on all aspects of the Settlement Agreement to all school staff to ensure staff awareness and compliance. DQE should approve the slide content prior to the PD.
- **Use of Force/OC:** MYI should designate a decontamination cold-water only shower for proper decontamination after the use of OC. As a secondary process, MYI should have neutralizing decontamination wipes available for youth and staff to use when needed.
- **CCTV System:** Upgrade the CCTV cameras system to eliminate blind spots.

Additional Recommendations

In addition to the recommendations in the previous sections, below are additional recommendations that will allow for the necessary changes and sustainability of practices per the Agreement:

- **Homelike Environment:** Create a more therapeutic and *Homelike* environment using the PBIS program for youth to achieve higher levels and personal property (i.e., throw rugs for rooms, personal blankets, photos, etc.). Soften unit day rooms and atmosphere to make them less “prison” like and more therapeutic (paint, murals, safe and comfortable furniture, etc.).
- **Enhance Programming:** Increase structured and meaningful activities to reduce youth idleness and improve overall conditions. This includes developing weekend programs and more engaging activities that cater to the interests and needs of the youth. This also includes rethinking programming spaces to create a homelike environment. The Monitoring Team suggested collaborating with external organizations to provide a wider range of activities and programs.

- **Staff Training:** Provide ongoing training focused on de-escalation skills, BMP, positive youth development, general youth justice focused content, and building strong coaching and mentoring type relationships with youth. This training should be frequent and include practical, scenario-based exercises. The Monitoring Team recommended implementing a comprehensive training plan that covers all aspects of the Settlement Agreement and addresses the specific needs of the staff and youth.
- **QA Program:** Strengthen the QA program to ensure continuous monitoring and improvement of compliance with the Settlement Agreement. This includes regular audits, detailed documentation of corrective actions, and follow-ups to ensure issues are addressed promptly. The Monitoring Team suggested developing a more systematic approach to QA that includes clear metrics and performance indicators. The facility staff may want to review some of the QA efforts in the school, as there are several robust QA methods and procedures.
- Consider changing staff titles from “correctional officers” to a title that reflects the expectations established in the Agreement and the youth justice field. Additionally, do not refer to youth verbally or on forms as “inmates.” This will positively change the culture and mindset of youth and staff.
- Reduce “operational” confinement. Focus on reducing the time youth spend in their rooms for meals, shift changes, before or after school, etc., and replace with meaningful and engaging activities.
- Ensure all meals are served outside of youth rooms and at appropriate standard mealtimes.
- Ensure grievance forms are available to all youth in the school area, living units, and infirmary without having to ask staff. Ensure the grievance process is included in the QA plan and that grievances are reviewed and evaluated on a regular basis to identify trends and track timely resolutions of complaints. Ensure youth are not discouraged from filing grievances (several youth stated that they were afraid to file grievances). There should be reminders to staff about the grievance policy.
- Procure and implement a software-based solution, such as an RFID system, to track use of room confinement practices (behavior and operational related) and safety welfare checks of youth when confined in isolation/room confinement.
- Revisit staff accountability processes.

Conclusion

MYI leadership has been very engaged with the Monitoring Team. There has been progress in the areas of mental health and special education services as stated throughout this report. However, there are ongoing challenges in reducing youth idleness; establishing and maintaining a positive behavior management; consistency and quality of mental health assessments, treatment planning, and treatment provision and documentation; special education and related services provision and documentation; and further development and implementation of Quality Assurance measures. The QA process is an integral component of measuring compliance of the Agreement provisions as well as tracking operational practices and ensuring sustainability of the practices.

The Monitoring Team recommends continued focus on priority areas to achieve substantial compliance and improve the quality of care and services for incarcerated youth at MYI. By addressing these challenges and implementing the recommended improvements, MYI can create a safer, more supportive, and rehabilitative environment for the youth in its care.

Respectfully Submitted,

Michael Dempsey, Monitor

Appendix A: Compliance Ratings

The following information was generated based on the ratings reported in the CT Manson Youth Institute Year 1, Report 2 detailed plan (May 1, 2025 to October 31, 2025).

Year 1 Report 2 Compliance Ratings

	Manson Youth Institute				
Area	N/A	NC	PC	SC	Total
III. Behavior Management	6	1	32	0	39
IV. Mental Health Care	0	0	13	0	13
V. Special Education	0	1	8	14	23
VI. Quality Assurance	0	2	0	0	2
Total	6	4	53	14	77
Percentage	7.79%	5.19%	68.83%	18.18%	100%

For comparison, below are the compliance ratings for the Year 1, Report 1 reporting period that extended from November 1, 2024 to April 30, 2025.

Year 1, Report 1 Compliance Ratings

	Manson Youth Institute				
Area	N/A	NC	PC	SC	Total
III. Behavior Management	7	0	32	0	39
IV. Mental Health Care	1	4	8	0	13
V. Special Education	0	1	17	5	23
VI. Quality Assurance	0	2	0	0	2
Total	8	7	57	5	77
Percentage	10.39%	9.09%	74.03%	6.49%	100%