Guidance for Raising the Age of Juvenile Jurisdiction

Introduction

The Raising the Minimum Age Subgroup, under the Juvenile Justice Policy and Oversight Committee Diversion Workgroup, began meeting in 2019 and reconvened in early 2020 to prepare an implementation plan/set of recommendations for raising the minimum age of juvenile jurisdiction from age 7 to age 12. The subgroup membership consists of a variety of representatives, including, but not limited to, Department of Children and Families, Judicial Branch Court Support Services Division, local and state law enforcement, Office of the Chief State's Attorney, Office of the Chief Public Defender, Office of the Child Advocate, Connecticut Voices for Children, Center for Children's Advocacy, CT Juvenile Justice Alliance, the Child and Health Development Institute, mental health providers and other agencies and advocates.

By convening these stakeholders and by doing an in-depth analysis of state, national, and international data regarding youth under 12 years of age and related best practices, a consensus was reached among the group regarding the need to address this population with community-based services. Although the number of referrals for the 7-12-year-old population in Connecticut is very low, it is important to recognize and bolster the existing services and supports in place for these young children, especially as an alternative to the juvenile justice system. This plan aims to create a set of recommendations that address the needs of children 7-11 years of age, the systems that serve them and to create further integration with the guidance of the Children's Behavioral Health Plan. These recommendations are also aligned with the Council of State Governments Improving Youth Outcomes Task Force, which recently adopted recommendations to re-define commonly charged low-level offenses to decriminalize adolescent behaviors addressed through other community diversion systems services. Additionally, these recommendations support the JJPOC Education Committee's recommendations focused on data collection of police reliance by schools. These recommendations will build upon the others as we move toward a better-integrated care system for our youth. The work of multiple JJPOC workgroups and outside reform processes (such as the Children's Behavioral Health Plan) is highly linked and must continue in supporting one another in reforming the system. These reform efforts focus on the larger picture of supporting our children and their families in schools and in the community by providing for needs prior to the point of more serious intervention.

Recommendations

The information presented in this document comprises a set of recommendations that include both adjustments to the current way of handling 7-11 years old's and the use of existing resources in the community. The goal of this legislative change was to remove children under age 12 from the juvenile court system and ensure that these children have appropriate services and supports to address their behavior. The recommendations focus on existing structures and resources without the need to create a new structure.

Over the past 18 months, a group of stakeholders has worked to create this document by looking at existing resources and processes that could be used to support this population. Discussion included both what to do when a referral is necessary along with what kinds of supports might be needed to help support children prior to the point of needing this level of services. Both emergent situations as well as non-emergent situations were discussed with a pathway for each. The group's consensus was to utilize the existing Community Based Diversion System (CBDS) as a pathway for children between the ages of 7 and 11 who may need support and services (including for the family) based on exhibited behaviors. Referrals to

the Youth Service Bureau (the Hub of the Community Based Diversion System-CBDS) can be made from school personnel, law enforcement, parents, community-based organizations, or other agencies. *The referral process for more emergent situations continues to be through the existing Mobile Crisis service. Mobile Crisis can be utilized by schools, police, families, community-based agencies, or other agencies by calling 211.

One key component of the overall recommendations is the need for support, training, and education for schools, law enforcement, Youth Service Bureaus (YSBs), and others utilizing this new pathway. Training on utilizing the new referral form is necessary for those making referrals and for the YSBs who are receiving these referrals. Schools should also look to create a process for handling these behaviors while in school, utilizing existing requirements and supports available.

Training and Support

Schools

We are recommending that schools develop a response protocol for youth behavior of the under age12 population. Some behaviors described in children under 12 referred to the court in the past are prosocial and normal child behaviors, while others require additional intervention. Many schools most likely have these responses already outlined through their work to address chronic absenteeism and school climate, as well as statutory mandates around special education and/or children who are experiencing homelessness. Protocols should be updated to outline responses by the type of behavior a young child presents, the seriousness of that behavior, who should be involved in the response, and what intervention options they can utilize.

The small number of arrests of children under age 12 in CT makes it clear that most schools and districts have response protocols to utilize when a young child's behavior is troubling. Those districts and schools may be willing to share their protocols with districts in need of support in developing stronger tools. However, despite the low number of actual arrests, 911 should not be used for support in situations that can be handled by the school or other crisis services.

In order to make more specific recommendations, there is a need to discuss what supports the schools need to fulfill their existing mandates, along with education around what services currently exist and what services are still needed. This will help get to the ultimate goal of both supporting educators and holding them accountable for enhancing and creating new supports through a social, emotional learning lens, which can help educators serve students with a different motivation for engaging in learning, behaving positively, and performing academically. This will enhance the student's ability to succeed behaviorally and academically with the right supports in place. The shift from a punitive process to a supportive mindset is key for school staff to succeed.

A subgroup will be created with appropriate school stakeholders and members of the Raising the Minimum Age subgroup to develop a process template for schools to utilize when handling this population. The intent is for a process to be created and agreed upon by members of this subgroup before the effective date of July 1, 2021. The group will communicate and collaborate with those working on prevention and children's mental health planning throughout the state to determine service gaps and expansion potential.

Law Enforcement

Law enforcement training is necessary for officers to understand the changes made and the options they may have in handling children under the age of 12, including the use of Mobile Crisis services. Training is also necessary for police officers on educating the public and possible victims regarding the new legislation and new process for handling children between ages 7 and 11. Follow up must also occur regarding previous legislation mandating new training modules regarding adolescent development and

other relevant topics. In addition, a letter will be sent to all Police Chiefs and the State Police explaining the changes and providing them with the new referral form to the YSB.

Referral Process

When the school's ongoing interventions are ineffective, we recommend the child/family be referred to the Youth Service Bureau to do primary screening and intake, followed by referral to appropriate services if necessary. The initial referral will allow the YSB to provide case management and make appropriate referrals for programs and services for children under 12 (and their families) who may otherwise be directed to the court. Schools, School-Based Health Centers (SBHC), police, community-based organizations, families, pediatricians, etc., can make a referral (see visual attached). ***In the event of an immediate crisis, schools should be utilizing Mobile Crisis Services.

It is recommended that schools and police update their MOUs to address the minimum age of criminal responsibility's legislative change. Schools and police should have access to the referral form specific to this population for a referral to the YSB. The police should be provided with information to better explain this legislative change to schools, families, and community organizations and resources available. Additionally, police should be educated on how to utilize the YSB referral or how to utilize Mobile Crisis Services in the event of a more immediate crisis.

Reasons for Referral

Reasons for referral should match behaviors that would have been arrestable behaviors prior to this legislative change. To ensure this process is only serving the highest level of risk youth and does not lead to net widening, YSBs will be trained to identify appropriate cases to either accept or deny referrals. This will be in the same way the courts can refuse to accept a court referral.

Behaviors in school, at home, or in the community that would have previously been classified as an arrestable behavior and rise to the level of a safety risk for the child or others are appropriate reasons for referral (either to Mobile Crisis or to the Youth Service Bureau). All mandated reporting requirements from a referral source and agency handling the referral are upheld as required.

Schools are responsible for:
- utilizing 211/Mobile Crisis when behaviors become a safety concern
- keeping youth safe while awaiting Mobile Crisis arrival
- making an appropriate referral to the YSB

In the community and at home:
- educate police and parents on the use of Mobile Crisis
- educate police and parents on the referral process to a YSB

Referral Form

The Referral form mirrors the current referral forms to the YSB for Truancy and FWSN behaviors. The form must include information related to the specific behavior(s) being referred with an explanation of the steps taken by the referral source prior to making that decision. Additional information will be collected on the Referral Form, including demographics, prior history, prior supports, and other pertinent information. (See Referral Form attached).

If a YSB accepts the referral, several components will be a part of the process used to identify the next steps. The intake process is used to gather relevant information to make adequate decisions about

services and support the child and family may need. Intake should include, but not be limited to, the following:

- Obtain signed release from parent/guardian for accessing appropriate educational/medical/service-related records (if not received with referral)
- Ohio Scales Screening Tool for youth and parent
- Trauma Screener (10 short question screener)
- Basic needs
- Educational needs - educational advocacy needs and special education needs
- School success and challenges
- Parental History
- History of the behavior of the child (Services received)
- Family Engagement level/willingness to become engaged

Systems and Services

It is important to note that systems already exist to meet the needs of high-needs young children and their families. Schools are mandated to meet special education needs, the Department of Children and Families is mandated to address children's mental health, child welfare, and prevention. Youth Service Bureaus, under DCF, have been identified as the Coordinating Hubs for at-risk youth and for those who are truant or were formerly known as "Family with Service Needs" cases. Connecticut does not need to create a new system to address the needs of very young children. Instead, it must utilize existing systems and ensure communication and integration between those current systems.

Community-Based Diversion System (CBDS)

The role of the YSB as the Hub is to determine what services and supports are appropriate to address the needs leading to the behaviors. In some circumstances, YSBs may provide the necessary programs and supports, while outside referrals will be needed in other situations.

It is important to identify service array, current utilization, and gaps in services. Areas of services to identify can include:

- Youth Service Bureaus – services provided
- Educational supports and services- including access (who can refer)
- Behavioral health services available and accessibility
- Pathways to more intensive programs for higher risk/higher need
  - Can be DCF funded without DCF referral
- Non-clinical support services
  - mentoring, tutoring, youth development programs, recreational activities, etc.
- Care Coordination

Use of Restorative Practices; A Paradigm Shift:

Restorative principles and practices are more than responding to harm through criminal courts, suspensions, punishments, creating replacements for discipline systems, or new ways of handling wrongdoing. This is about addressing and dismantling systems that create harm in the first place, including systems that leave some people with less power than others. Relationships matter in our classrooms, our

families, and our community organizations where children and youth will interact with adults[1] (Joe Brummer, 2020).

As stated by Howard Zehr, the "grandfather" of restorative justice, "Justice that aims to fill and overflow must begin by identifying and seeking to meet human needs. With crime, the starting point must be the needs of those violated. When a crime occurs (regardless of whether an "offender" is identified), the first questions ought to be. "Who has been harmed?"; "how have they been harmed?"; and "What are their needs?" Such an approach would, of course, be far from that of retributive justice, which fist asks "Who did it?" and "What should be done to them"?-and then rarely moves beyond that point."[2] (Howard Zehr, 2015).

To start analyzing the challenging behaviors as opportunities to teach new skills, problem solve, and create relationships, we need a new paradigm. This new approach of seeing behavior as an attempt to meet needs, and sometimes lack of skills to do so, is vital in implementation of restorative practices both in schools and in the community. This is different from the conventional thinking that states children misbehave because they aren't trying hard enough or that they lack motivation. (Joe Brummer, 2020)

Restorative Justice is a philosophy and means with which we can balance the needs of those harmed and those who created the harm with community needs. It is also an opportunity for community members to examine what role they have played in creating the circumstance in which such harms can occur and make necessary changes to prevent reoccurrence. This process allows those harmed in an incident to ask for and receive the necessary supports to promote healing, sometimes directly from the person or persons who created the harm. It also allows those who created harm the opportunity to be accountable for their actions/inactions and make reasonable and developmentally appropriate efforts to repair the harm. Examples of such processes include community conferencing, juvenile review boards, restorative dialogues, and peer mediation. (Joe Brummer, 2020)

Restorative Practices should be the foundation of this work being done both in schools and in the community. Training in Restorative Practices should also be a priority for our schools and community agencies serving children.

Measuring Outcomes

Outcomes to be measured are critical to the success of this legislative change. Data will need to be collected in news ways and view the expansion of current data collected. Data should be tracked and analyzed on an annual basis for this population. Data to be collected may include:
- Referrals made to a YSB (including the following)
    - # of youth referred with the new referral tool
    - Results of screening tools used on this population
    - Services provided by the YSB
    - Services referred to outside of the YSB
- # of Calls to the police, 211, and Mobile Crisis for behaviors in school
    - Demographics of the child
    - The behavior/situation
    - Less restrictive alternatives considered before the call was made

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[1] Brummer, J. et. al (2020). Building a Trauma-informed restorative school: Skills and approaches for improving culture and behavior. *Jessica Kingsley Publishers.*
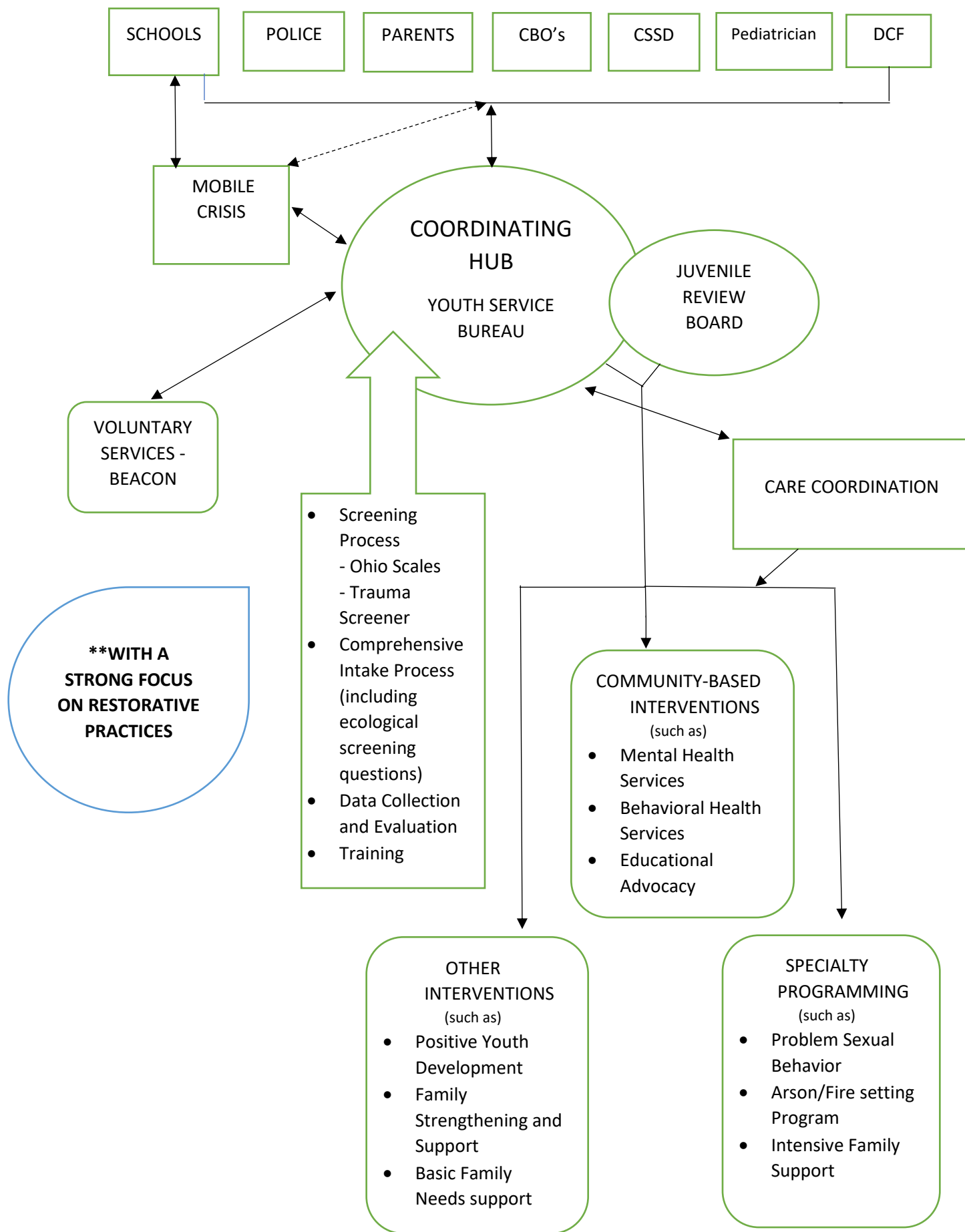
[2] Zehr, H. (2014). The little book of restorative justice: A bestselling book by one of the founders of the movement (Revised and updated). *Good Books.*

o   Any other pertinent information mirroring the information currently collected for 211/Mobile Crisis calls

The recommendations on data tracking for police, 211, and Mobile Crisis calls are also mirrored in the legislative recommendation proposed by the Education Committee of the JJPOC this year.

Timeframe
- Legislation to be passed in the 2021 legislative session with a projected effective date of July 1, 2021.
- Additional sub-group of stakeholders to meet between February and June 2021 to create a more specific school process in handling these young children.

SCHOOLS POLICE PARENTS CBO's CSSD Pediatrician DCF

MOBILE CRISIS

COORDINATING HUB

YOUTH SERVICE BUREAU

JUVENILE REVIEW BOARD

VOLUNTARY SERVICES - BEACON

CARE COORDINATION

WITH A STRONG FOCUS ON RESTORATIVE PRACTICES

- Screening Process
  - Ohio Scales
  - Trauma Screener
- Comprehensive Intake Process (including ecological screening questions)
- Data Collection and Evaluation
- Training

COMMUNITY-BASED INTERVENTIONS
(such as)
- Mental Health Services
- Behavioral Health Services
- Educational Advocacy

OTHER INTERVENTIONS
(such as)
- Positive Youth Development
- Family Strengthening and Support
- Basic Family Needs support

SPECIALTY PROGRAMMING
(such as)
- Problem Sexual Behavior
- Arson/Fire setting Program
- Intensive Family Support

REFERRAL for Children under 12 years of Age
YOUTH SERVICE BUREAU
www.ctyouthservices.org

PRINT OR TYPE. If necessary, attach additional information.

CYSA
CONNECTICUT YOUTH
SERVICES ASSOCIATION

TO: Youth Service Bureau

Name of child	Address of child	Date of birth

Child's gender
☐ Male ☐ Female ☐ Other

Preferred Language

Child's race
☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander ☐ Black ☐ White ☐ Other ☐ Unknown

Child's Ethnicity
☐ Hispanic ☐ Non-Hispanic

Indian tribe/reservation, if any	School/grade	District Student ID (if applicable)

Name of Parent/Guardian/Other Custodian	Relationship to child

Address of Parent/Guardian/Other Custodian

Parent/Guardian/Other Custodian Telephone Numbers:
Home: Cell: Work:

(*Optional*) Name of Parent/Guardian/Other Custodian | Relationship to child

Address of Parent/Guardian/Other Custodian

Parent/Guardian/Other Custodian Telephone Numbers:
Home: Cell: Work:

For School Referrals Only:

School Name and Contact Person	Telephone Number	E-mail Address

Referred for Special Education	Special Education PPT	PPT Dates	Parent / Guardian Attended PPT	Parent / Guardian Attended 504	504 Dates
☐ Yes ☐ No	☐ Yes ☐ No		☐ Yes ☐ No	☐ Yes ☐ No	

A referral may be filed after the school has explored all available options with the family to resolve the problem.
Please fill out this form in its entirety.

☐ Child Find protocols were implemented.

☐ Efforts were made to engage and coordinate services and supports with community agencies that provide child and family services.

Has the the school conducted previous screenings or assessments?
☐ No ☐ Unknown ☐ Yes *(please explain):*

If yes, please explain:

Parent/Guardian Meeting

List Dates of Parent/Guardian Meetings:		**Additional Comments: (referred for special education, IEP developed, etc.):**
Date of Meeting	Parent/Guardian Attendance	
	☐ Yes ☐ No ☐ N/A	
	☐ Yes ☐ No ☐ N/A	
Last PPT Date	☐ Yes ☐ No ☐ N/A	

All Referrals Should Continue to Fill Out the 2nd Page

(Continued on back/page 2)

All Referrals Must Complete the Following:

Behavior
List dates, descriptions, and duration of the behavior and incidents leading to the referral:

Interventions Utilized

Was Mobile Crisis Contacted?
☐ Yes ☐ No

If yes, please describe Mobile Crisis response:

1. Has the child received help for problem behaviors in the past?
☐ No   ☐ Unknown   ☐ Yes *(when and where):*

2. Does the child currently see a counselor/clinician?
☐ No   ☐ Unknown   ☐ Yes *(specify counselor/clinician's name and agency):*

3. Does the child currently take any medications?
☐ No   ☐ Unknown   ☐ Yes *(describe type and frequency):*

4. Has the child been in the hospital recently?
☐ No   ☐ Unknown   ☐ Yes *(specify dates and reasons):*

5. Has the family been involved with the Department of Children and Families?
☐ No   ☐ Unknown   ☐ Yes *(when):*

6. Does the child engage in physical violence?
☐ No   ☐ Unknown   ☐ Yes *(describe and specify how often):*

7. Has the child had previous out-of-home placements, including with other family members?
☐ No   ☐ Unknown   ☐ Yes

When *(Dates)*	For how long	Where
Reason(s)		

Community Engagement
Document attempts to engage community agencies providing child and family services. List dates and agencies and provide outcomes (if known).

Date	Community Agency (Name and Town)	Service and Date	Outcome

Print or Type Name	Signature	Date Signed
Agency Title	Phone Number	
Parent Signature		Date Signed