

***Juvenile Justice Policy and
Oversight Committee***

July 21, 2022 Meeting

2:00 PM – 4:00 PM

Zoom Meeting

Meeting Facilitation



- Meeting facilitation
 - Meeting is being recorded
 - Remain "muted" on Zoom, unless speaking
 - Refrain from interrupting with comments or questions until each presenter is finished speaking
 - Questions and Comments will be limited to JJPOC members
 - Use the "Chat" and "Hand Raising" feature so TYJI can help monitor and facilitate the meeting

Opening Remarks



- Welcome and Introductions - Rep Toni Walker and Under Sec. Marc Pelka
 - Approval of June 2022 Meeting Minutes

Meeting Agenda



- **Michael Williams**, Deputy Commissioner Operations, DCF
 - DCF Presentation on Children's Behavioral & Mental Health Programs
- **Erica Bromley**, Connecticut Youth Services Association
 - Restorative Justice at YSB's/JRB's
- **Erika Nowakowski**, University of New Haven, Tow Youth Justice Institute
 - JJPOC Strategic Re-Focusing
- **Donna Pfrommer**, University of New Haven, Tow Youth Justice Institute
 - OJJDP Recap



CHILDREN'S BEHAVIORAL HEALTH SYSTEM

*Prepared for:
Juvenile Justice Policy
Oversight Committee
July 21, 2022*



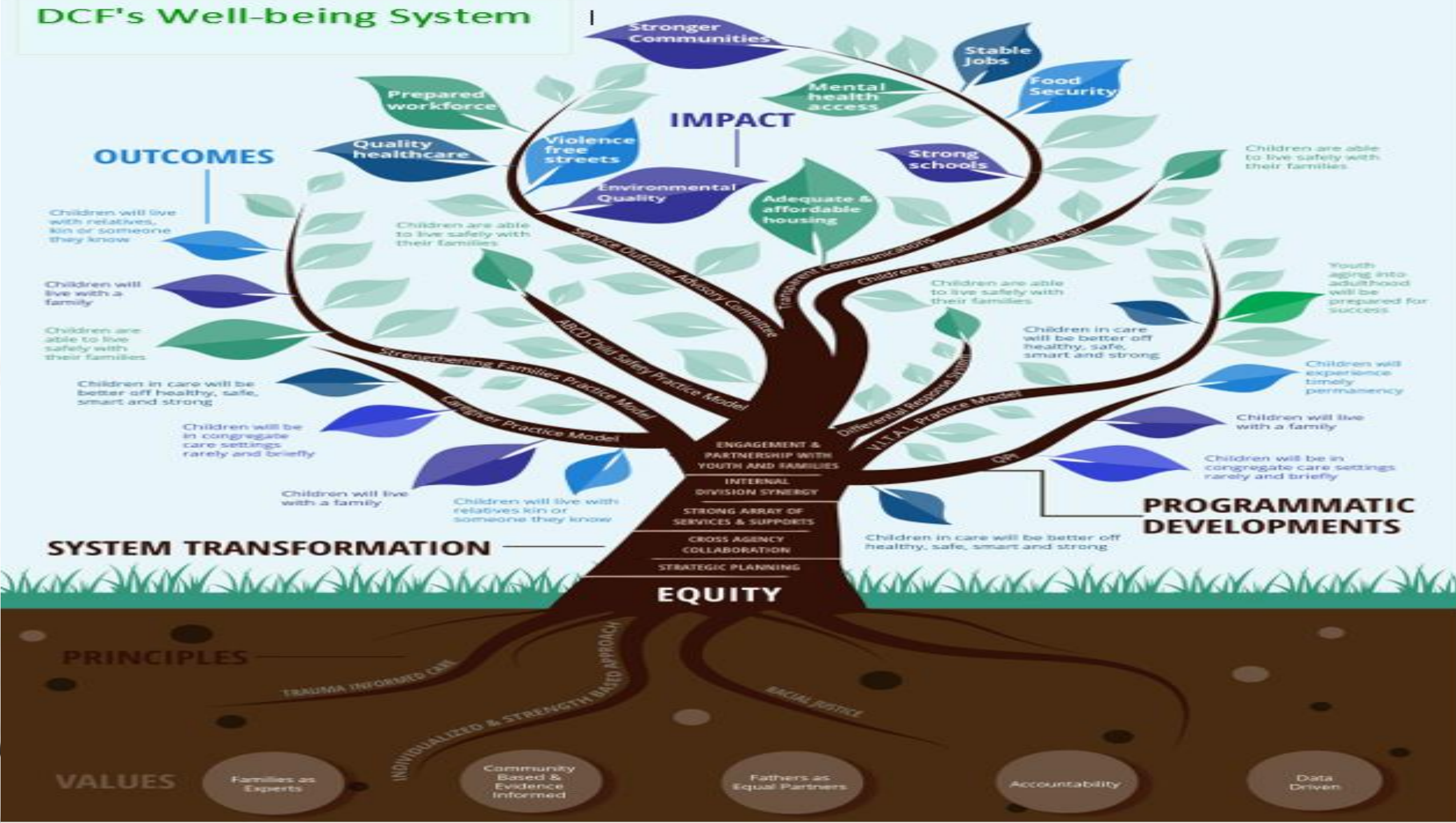


CT DCF Mission

Sharpening the safety focus through prevention across the child welfare system



DCF's Well-being System





CT DCF Key Results

What are we aiming to deliver for children & families?

What is our aspirational target?

1

Children are able to live safely with their families

>70% of DCF children are served in their own home

2

Children will live with relatives, kin, or someone they know

For children who cannot stay in their own home, >70% will be in kinship or relative care

3

Children will live with a family

>90% of children in care will be in a home setting; with at least 2.5 beds available per child coming into care

4

Children will be in congregate care settings rarely, and briefly

<10% of children in care will be in congregate care settings; with average length of stay of <60 days

5

Children will experience timely permanency

>60% children in care will achieve permanency within 12 months

6

Children in care will be better off

>90% of children in care will have their needs met on medical/dental, academic achievement, mental health
<2% will experience repeat maltreatment

7

Transitional Aged Youth will be prepared for success

TAY : >85% will graduate from high school, >60% will be employed or enrolled in post secondary education, >95% have defined positive adult in their life, <5% will go into homelessness

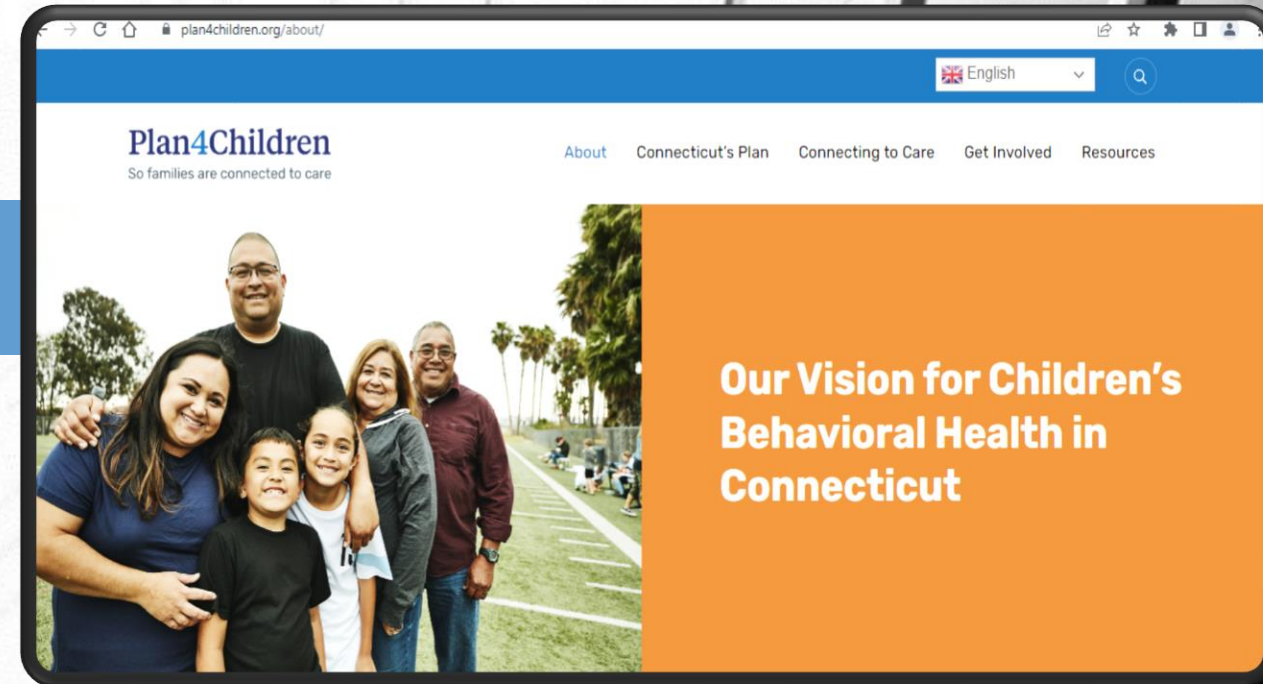


**THE CONNECTICUT
CHILDREN'S BEHAVIORAL
HEALTH SYSTEM:
WHERE WE'VE BEEN...
WHERE WE'RE HEADED**



HIGH-LEVEL TIMELINE

<https://www.plan4children.org/about/>



IMPORTANT CONTEXT IN THE CT STORY

DEC 14TH 2012

Public Act 13-178



MARCH 8TH 2020



CT Covid-19 Response

Public Act 22-47

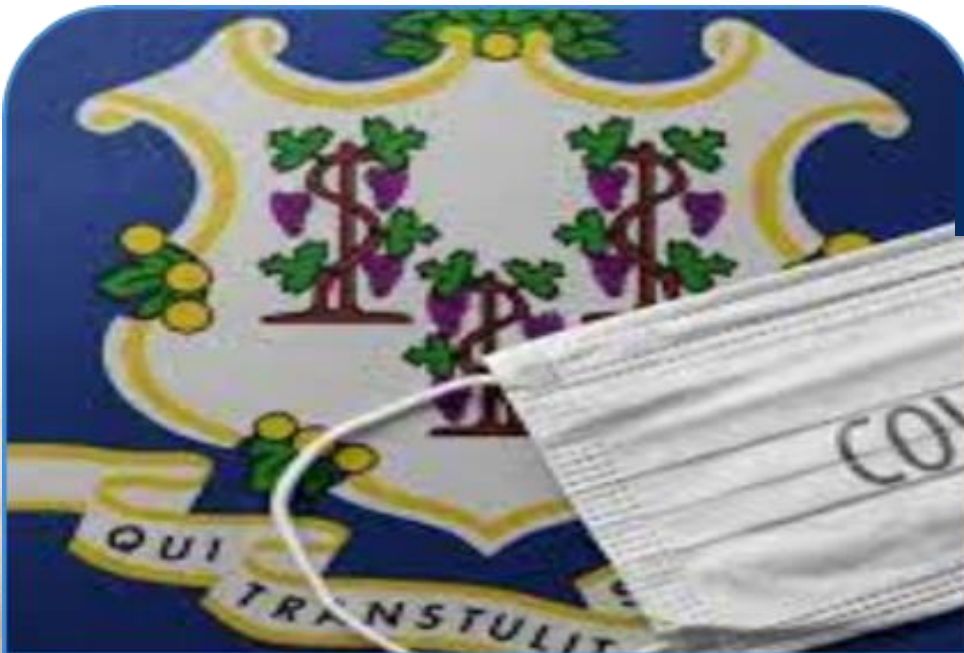
Substitute House Bill No. 5001

Public Act 22-47

Substitute Senate Bill No. 1

Public Act 22-81

Substitute Senate Bill No. 2



Children's Behavioral Health System Vision Statement

"An integrated, accessible system of effective services supporting **all** youth and their families that addresses individualized needs, social determinants of mental health and produces equitable, positive outcomes."





Values and Principles



Community-based

The locus of services as well as system management resting within a supportive, adaptive infrastructure of structures, processes, and relationships at the community level



Family-driven Youth guided

Family voice informs all aspects of the service system.



Trauma informed

All services must be trauma informed, with recognition that unmitigated exposure to adverse childhood experiences including violence, physical or sexual abuse can cause serious, chronic health and behavioral health problems. ACEs are associated with increased involvement with the criminal justice and child welfare systems.

FULL BH System Integration



Values and Principles



Racial Equity and Justice All services will be measured and evaluated with a health equity and racial justice perspective with the explicit intent of ultimately eliminating disparities and injustice.



Culturally & linguistically appropriate services
will reflect the cultural, racial, ethnic, and linguistic diversity of populations served



Intentional focus on LGBTQIA+ youth needs
...facilitate access to and utilization of appropriate services and supports to eliminate disparities in clinical health care.

FULL BH System Integration

Gaps in the Crisis Service System

Enhance capacity for Special Populations
Increased demand for services
Higher Acuity and Rates of Acuity
Alternative to the ED when a child is in crisis
System infrastructure to support improved coordination of behavioral health system components

Fragmented Service Delivery System

Comprehensive approach for justice involved youth
Youth dx with IDD/ASD routinely stuck between agencies
School and Community Based mental health treatment services improve integration.



WORKFORCE

Lack of Evidence Based Practice at Scale

Introduce Measurement Based Care as a foundational service component
Lower provider burden by focusing on actionable clinically meaningful data
Leverage technology to improve efficiency
Expand and support existing EBPs to close racial and ethnic treatment disparities

Lack of Key Accountability Structures

Implement standardized easily administered Outcome Measures, including measures for EBPs
Tie a Portion of Payment to Quality of Care Delivered
Standardized health equity analysis across services



System Strategies



Work towards an Alternative Payment Methodology (APM)

Implement Statewide Data Collection Analytics and Reporting

Public Private Partnerships

Improve access and ensure efficient transitions throughout the Children's BH System

Measure outcomes via Measurement Based Care (MBC) Platform



Children's Behavioral Health Service System



CORE RESULTS

- ❑ The behavioral health needs of children will be successfully met within a family.
- ❑ Children and youth with serious mental health needs will experience increased engagement in treatment of services.
- ❑ Families of children with behavioral health needs will experience success in accessing services, support and treatment when needed.
- ❑ Children with behavioral health needs will be better off, regardless of race, gender, zip code or economic status.

STRATEGIC PARTNERS

**Beacon Health
Options
(Network Mgmt)**



**Child Health and
Development
Institute
(System
Development
Quality)**

**Service Provider
Network
(Contracted &
Credentialed)**

**Grass Roots
Community
Organizations**

**Advocates,
Advisory bodies,
Trade
associations, etc.**

**Three Branch
collaboration:
State Agencies,
CGA & Judicial**

**Parents of children with behavioral
health needs**

- Public Act 22-47 (Sec 70)
- Membership TBD
- Agency relationship
- Commissioner (designee)

Behavioral and Mental Health Policy and Oversight Committee

Behavioral Health Plan Implementation Advisory Board

- PA 22-47 (Sec 7)
- Membership established
- Program relationship
 - DCF Administrator
- CT Behavioral Health Advisory Board

GOVERNANCE & ADMINISTRATIVE INFRASTRUCTURE

State Government Interagency Collaborative

DCF Internal Operations

- State partners
- System relationship
- Commissioner (designee)

- Day to day program operations and systems management
- DCF Administrator



DCF-Focused Alignment





Goals



**Promote wellbeing
of *all* of
Connecticut's
Children through
prevention, early
detection and
access to
responsive and
effective services**

**Empower and
support families
to raise healthy
and happy
children**

**Provide a broad
array of services
through a
coordinated and
integrated system
that maximizes
available
resources**

**Reduce racial and
ethnic disparities
in outcomes for
children and
families of color**

Operations Division

Deputy Commissioner
Williams

Admin. Clinical and Community Consultation JoShonda Guerrier

Chief of Child Welfare Tina Jefferson

Agency Medical Director Dr. Nicole Taylor

Admin. Transitional Supports and Success Linda Dixon

Children's Behavioral Health Community Service System Dr. Frank Gregory

Superintendent Solnit North

Education Services USD2 Matt Folan

Superintendent Solnit South

JJ Educational Administrator Dr. Glen Worthy

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New Division Functions

***System & Provider Management**

***Fiscal and contract management**

***Service type utilization and capacity analysis**

***Collaboration and coordination of children's behavioral services with all state government**

***Maintaining relationships with stakeholders, advocates, committees, advisory boards**

***Develop and implement a Racial Justice lens for the system**

***Continuous Quality Improvement**

***Service array/service type and program performance; outward facing public scorecard**

***Ongoing efficacy of service array**

***Evaluate System Workforce development needs**

***Technical assistance and support to provider network**

***Research national best practice and implementation within the array**

FUNDING SOURCES

\$

General Fund
Appropriation



General Fund Appropriations



DCF budgeted amounts for behavioral health services:

**Community
Programs –
both contract
and fee-for-
service - \$76.4
million**

**State-Operated
Institutions -
\$45.1 million**

**Congregate
Care – both
contract and
fee-for-service -
\$71.5 million**



**Support from the Governor and the
Legislature has allowed DCF to
develop a strong network of care*

Care Coordination		\$6,419,432
	State	\$5,969,432
	Federal	\$450,000
Care Management Entity		\$2,274,386
	State	\$2,000,000
	Federal	\$274,386
Child First Consultation and Evaluation		\$520,225
	State	\$520,225
Connecticut Access Mental Health		\$2,143,795
	State	\$1,698,795
	Federal	\$445,000
Child First		\$10,365,138
	State	\$5,265,137
	Federal	\$5,100,001
Extended Day Treatment		\$7,603,773
	State	\$7,603,773
Family Based Recovery		\$4,496,466
	State	\$4,171,466
	Federal	\$325,000
Family Based Recovery Quality Assurance		\$505,066
	State	\$384,882
	Federal	\$120,184
Fetal Alcohol Spectrum Disorder		\$160,721
	State	\$74,721
	Federal	\$86,000
First Episode Psychosis Program		\$328,453
	Federal	\$328,453
Functional Family Therapy - Foster Care		\$11,770,982
	State	\$11,770,982
Functional Family Therapy		\$2,518,342
	State	\$2,518,342
Helping Youth & Parents Enter Recovery (HYPE)		\$3,088,800
	State	\$3,088,800
IICAPS Consultation and Evaluation		\$536,876
	State	\$536,876
Intensive Transition Care Management Coordination		\$999,997
	Federal	\$999,997
Intimate Partner Violence: Family Assessment Intervention Response		\$3,062,493
	State	\$3,062,493
Mental Health Consultation to Child Care		\$4,283,626
	State	\$4,283,626
Mobile Crisis- Statewide Contact Center		\$1,229,549
	State	\$761,664
	Federal	\$467,885
Mobile Crisis Intervention Services		\$22,856,374
	State	\$12,856,374
	Federal	\$10,000,000

Multidimensional Family Therapy		\$6,177,624
	State	\$6,177,624
Multidimensional Family Therapy: Quality Assurance		\$550,000
	State	\$550,000
Multidisciplinary Team		\$1,077,396
	State	\$892,396
	Federal	\$185,000
Multisystemic Therapy for Emerging Adults		\$1,029,600
	State	\$1,029,600
Multisystemic Therapy- Building Stronger Families		\$3,190,602
	State	\$3,190,602
Multisystemic Therapy- Intimate Partner Violence		\$456,293
	State	\$456,293
Multisystemic Therapy- Problem Sexual Behavior		\$1,831,464
	State	\$1,831,464
Multisystemic Therapy- Consultation and Evaluation		\$873,040
	State	\$835,540
	Federal	\$37,500
New Haven Trauma Coalition		\$1,047,034
	State	\$1,047,034
Outpatient Psychiatric Clinic for Children		\$12,530,520
	State	\$12,530,520
Parenting Support Services		\$4,922,962
	State	\$4,922,962
Performance Improvement Center		\$925,916
	State	\$444,250
	Federal	\$481,666
SAFE Family Recovery		\$2,792,884
	State	\$2,710,384
	Federal	\$82,500
START Program for Youth and Young Adults		\$2,794,416
	Federal	\$2,794,416
Statewide Family Organization		\$1,790,587
	State	\$984,309
	Federal	\$806,278
Substance , Treatment, and Recovery for Youth		\$945,000
	State	\$945,000
Supportive Housing for Families		\$14,351,878
	State	\$14,151,878
	Federal	\$200,000
Survivor Care		\$360,881
	State	\$360,881
Therapeutic Child Care		\$325,451
	State	\$325,451
Therapeutic Child Care: Trauma Informed		\$388,678
	State	\$388,678

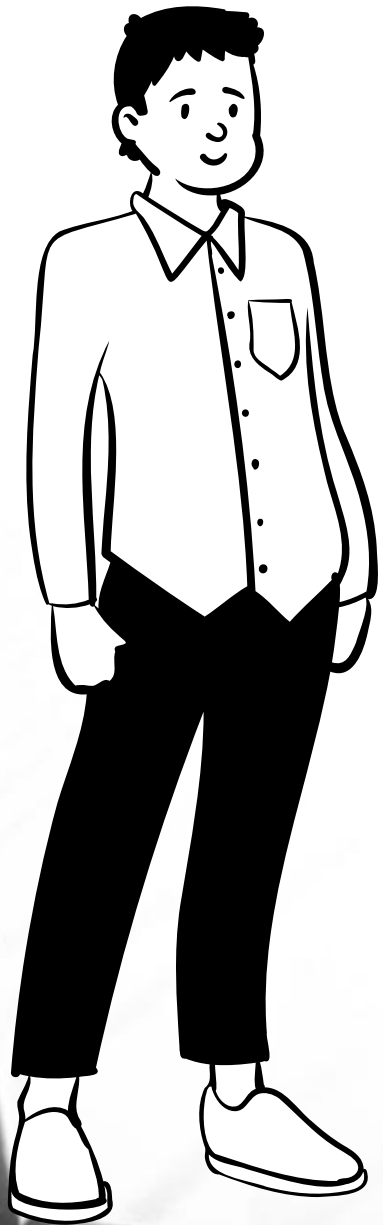
Service Types & Cost



Total	\$143,526,720
State	\$120,342,454
Federal	\$23,184,266

Mental Health Block Grant Proposed 2023 Allocation

Service	Allocation
Best Practices Promotion and Program Evaluation	\$75,000
CT Community Kidcare: Workforce Development /Training and Culturally Competent Care	\$65,000
Early Serious Mental Illness (ESMI/ First Episode Psychosis (FEP) 10% set aside	\$423,453
Emergency Crisis	\$800,000
Extended Day Treatment: Model Development and Training	\$40,000
FAVOR Statewide Family Organization – Family Peer Support Services	\$720,000
Other Connecticut Community Kidcare	\$45,000
Outcomes: Performance Improvement and Data Dashboard Development	\$50,000
Outpatient Care: System and Treatment Improvement	\$183,000
Respite Care for Families	\$450,000
Youth Suicide Prevention /Mental Health Promotion	\$225,000
Workforce Development: Higher Education In-home Curriculum Project	\$65,000



***Emergency Mobile Crisis (\$800,000)**



Funding is proposed to be increased to \$800,000. This funding will continue to be utilized to maintain the costs associated with the increased call volume to the statewide Mobile Crisis and Suicide Prevention Call Center. Additionally, this allocation will be expanded to support 5 newly created **Regional Suicide Advisory Boards** or **RSABs** within the DMHAS funded Regional Behavioral Health Action Organizations (RBHAOs). The RBHAOs function as part of the CT statewide Suicide Advisory Board (CTSAB) and are the regional infrastructure for responding to and preventing youth contagion effects of potential additional suicides. The RSABs are a strategic community partners who work across the behavioral healthcare continuum. Each RBHAO is responsible for a range of planning, education, and advocacy of behavioral health needs and services for children and adults.

CT Community KidCare: Workforce Development/Training and Culturally Competent Care (\$65,000)



Funding is proposed to be maintained at \$65,000 and will be utilized to maintain the ongoing efforts of the **WrapCT Learning Collaborative** to offer coaching and training to community-based behavioral health providers. The WrapCT Learning Collaborative's aim is to assist these providers in enabling families involved with the behavioral health system to create family-specific solutions using formal and informal supports.



Early Serious Mental Illness (ESMI)/First Episode Psychosis (FEP) 10% Set-Aside (\$423,453)

Funding is proposed to be maintained at \$423,453. DCF will continue to fund a full-time outreach **Intensive Case Manager** position at Beacon Health Options. This individual will identify youth and young adults with any diagnosis related to **early psychotic episodes** and conduct outreach and support activities to increase the enrollment at two treatment sites for which DMHAS has received federal approval.

The two locations are Yale's **Specialized Treatment Early in Psychosis (STEP)** and the **Institute of Living's (IOLs)** STEP-like program. Additionally, Beacon Health Options will also work closely with **Yale's STEP and Clinical High-Risk Psychosis (CHRP)** programs to provide an orientation of STEP and CHRP services to interested behavioral health providers.

New Services & Programs—ARPA and FY 23 Budget/Legislative

Initiative	Funding Source	Status
Enhancing Mobile Crisis	ARPA	Contracts are in the execution phase
Urban Trauma Initiative	ARPA	Award letters released – contract execution in process
OPCC – Child and Family of Southeast CT	State	Planning phase
Urgent Crisis Center and Crisis Stabilization	ARPA and State	RFPs released this week
Expand ACCESS MH	ARPA	Actively in process
Intensive Transition Care Management	ARPA	Implemented and operational
Wheeler Clinic to pilot IOP clinic in Waterbury	ARPA	Planning phase
Develop a Racial Justice lens for the system	ARPA	Entering procurement phase

New Services and Programs—ARPA and FY 23 Budget/Legislative

Initiative	Funding Source	Status
Create a data repository for Mobile Crisis providers	State	Actively in process
Establish a non-lapsing Mental and Behavioral Health Treatment Fund	ARPA	Planning Stage
Develop a statewide peer-to-peer mental health support program for students, grade 6-12.	State	Partnering with SDE



Social Determinants of Mental Health in Youth

Every Stakeholder Makes a Difference

Protective Factors

(e.g. positive relationships, safe communities)

Basic Needs

(e.g. housing, food security, transportation, employment, healthcare access)

Local and Global Physical Environment

(e.g. pollution, climate change)

Opportunities to accrue resources/wealth

(e.g. poverty, educational attainment)

Detrimental societal issues

(e.g. ACEs, exposure to violence, discrimination, stigma, exclusion)





SYSTEM OF CARE BASED ON VALUES AND PRINCIPLES OF A FULL SPECTRUM OF EFFECTIVE, COMMUNITY-BASED SERVICES

for children and youth with, or at risk for, mental health or other challenges and their families. This system is a coordinated network that builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs to help them function better at home, school, in the community, and throughout life.

Example: Promoting the mental health and well-being in transitional age youth (TAY) by augmenting traditional behavioral health services:

- Focused investments targeting protective factors (e.g. kin supports, faith-based initiatives, strengthening support networks for young parents and for LGBTQIA+ youth)
- Providing for basic needs (e.g., CHAP housing arrangements, Comprehensive Wraparound support through TSEA/Youth Villages)
- Investing in post-secondary education supports and tutoring programs
- Providing outdoor education opportunities that focus on building skills and confidence
- Providing for opportunities for employment or training (job placement or training through WTL, SYE, CHEER, and DOL partnerships)
- Increasing investments in Animal Assisted Interventions (e.g., equine therapy)
- Providing access to mentors with lived experience in behavioral health, juvenile justice or child welfare systems (e.g., Sana Latrease workshops)
- Funding field placements through DEEP (training in environmental conservation)
- Investing in individualized milestone events that allow for celebration with loved ones





Internal (DCF)

Program Leads

Service Outcome
Advisory Committee
(SOAC)

External

CHDI – PIC

- Mobile Crisis
- Care coordination
- OPCC
- EBP

Beacon Health Options
Behavioral Health
Partnership

- Service Utilization
- Level of Care Determination
- Access



Questions?



Dr. Frank Gregory
Francis.Gregory@ct.gov

Deputy Commissioner Michael Williams
Michael.Williams@ct.gov

RESTORATIVE JUSTICE AND JUVENILE REVIEW BOARDS



JUVENILE REVIEW BOARDS

- ▶ A Juvenile Review Board (JRB) is a community-based diversion program for youth that may otherwise be referred to the Juvenile Court for minor violations of the law. Although there is no specific enabling statute establishing a JRB, the Youth Service Bureau (YSB) model has been in existence for 50 years in Connecticut.
- ▶ The purpose of diversion is **to redirect youth from involvement in the formal juvenile court system** in an effort to hold youth accountable for their behavior without resorting to legal sanctions, court oversight, or the threat of confinement to mitigate future risk and subsequent delinquent behavior
- ▶ The first JRB was created in Enfield, CT in 1968
- ▶ There are currently @90 JRBs serving over 135 communities
- ▶ Most JRBs fall under the umbrella of the YSB. 10% are run by another entity.

RESTORATIVE JUSTICE

- “Restorative Justice is a paradigm shift in human thinking.”
- “Restorative is not something you *do*; it is something you *are* within yourself. It is a way of being.”
- “Many people still see discipline as something you *do* to people rather than something that is cultivated.”

• Joe Brummer with Margaret Thorsborne: Building a Trauma-Informed Restorative School: Skills and Approaches for Improving Culture and Behavior, Jessica Kingsley Publishers, 2021



RESTORATIVE JUSTICE, CONTINUED

- “We throw the words discipline, punishment, consequences, and accountability around as if they are interchangeable.”
- “They are not interchangeable, because each of these words has very different meanings and, even more so, they have different outcomes.”
- “We use words like consequences or discipline when we mean punishment. Punishment is external control.”
- “One of the goals of punishment is usually to demand compliance with rules through suffering. Punishment promotes a loss of confidence and motivation.”
- “WHAT WE WANT IS ENGAGEMENT.”

RESTORATIVE JUSTICE CONTINUED

- “Adults tend to believe they teach children to be responsible for their behavior by imposing the punishment when, in reality, being responsible for your behavior means making things right, rather than serving a punishment. In children and adolescents, punishment encourages a lack of responsibility and accountability. It teaches lying, sneaking, blaming, and how to avoid getting caught.”
 - “Consequences are about cause and effect, and they exist naturally in the world. Our goal with restorative is always to help people see the consequences of their actions. In other words, we are talking about impact. This is the difference between getting control over *youth* versus influencing their future choices.”
-
- Joe Brummer with Margaret Thorsborne: Building a Trauma-Informed Restorative School: Skills and Approaches for Improving Culture and Behavior, Jessica Kingsley Publishers, 2021

RESTORATIVE JUSTICE QUESTIONS

- Responding to a challenging behavior:
 - What happened?
 - What were you thinking of at the time?
 - What have you thought about since?
 - Who has been affected by what you have done? And in what way?
 - What do you think you need to do to make it right?

RESTORATIVE JUSTICE QUESTIONS, CONTINUED

- To help those harmed by others' actions
 - What did you think when you realized what happened?
 - What impact has this incident had on you and others?
 - What has been the hardest thing for you?
 - What do you think needs to happen to make things right?

RESTORATIVE JUSTICE CIRCLE PROMPTS

CHECK-IN/CHECK-OUT QUESTIONS AND GET-TO-KNOW-YOU QUESTIONS

- Utilizing questions to prompt people to tell us about their lives...
 - When people first meet you what do you think they see? What do you wish they would see?
 - What's one value that's important for you to see in our space today?
 - What's one word that someone you love would use to describe you?
 - What's one of your strengths and what is something you'd like to improve on?
 - When you're first getting to know someone, what helps with building trust?
 - Compare your current mood to the weather.
 - What's the best thing that happened to you today? What's the worst?
 - What's your superpower?
 - If you were a cartoon character, who would you be and why?



TRAINING DESCRIPTION – RJ 101 TRAINING

- **RESTORATIVE JUSTICE 101**

- In this webinar, we will deconstruct the juvenile justice system (why and how it is often harmful), and how we then replicate many of its elements in our diversion processes. We will also see how Restorative Justice speaks to the failures of our justice system and allows us to operate in a way that is consistent with research about how the developing minds of young people work. We will also explore how trauma interrupts development and impacts children's behavior. This workshop will give participants a deeper understanding of what restorative justice is and how it differs from our traditional systems while still getting the outcomes we want.

RJ 201 TRAINING

- RESTORATIVE JUSTICE 201

- Expanding on the learning from our RJ101, this more advanced webinar will help participants in learning the skills that support restorative justice. We will learn and experience specific communication skills and the use of circle process, and how these practices interact with the adolescent brain. We will discuss specific strategies to bring this work to diversion work. Space is limited.
- Pre-requisite: You must have taken Restorative Justice 101 or other recent previous RJ training

RJ ADVANCED TRAINING

- RJ ADVANCED
 - This 2-day intensive workshop for JRB staff will expand the learning from the RJ 101 and RJ 201 sessions. We will expand our concepts of what trauma-informed restorative justice looks like in action. This advanced training will allow participants to take a closer look at the current practices to discover opportunities for shift from the punitive approach to justice to a restorative mindset that allows us to avoid creating
 - Day 1: On our first day together, we will deepen our experience with being in circle and ways to incorporate circle into your JRB process. We will also further explore how trauma impacts the lives of children so we can hold kids accountable without doing further harm.
 - Day 2: On day 2, we will expand our skills of restorative practices from using questions to listening and speaking with empathy. We will explore contract writing and action plans to repair harm. Through games, activities, videos, and circle process, we will deepen our ability to live out the principles of trauma-informed restorative practices.
- In order to attend this training, attendance at the RJ101 and RJ201 are required. This workshop is limited to 20 people and is only open to JRB staff.

TRAINING TO JRBS, YSBS AND LIST

- Through the University of New Haven and the OJJDP federal grant, we have been able to provide Restorative Justice trainings to many JRB members, YSB staff and LIST members, all who are serving our youth.
- Between March of 2020 and June of 2022, we have trained over 900 people between the RJ 101 and RJ 201 trainings.
- We have also trained roughly 25 JRB case managers or administrators in the Advanced RJ training
- We are holding one more set of 101 and 201 in August and an Advanced training in September before our funding period ends.

EVALUATION – SCORES BASED ON SCALE OF 1-5, 5 BEING THE HIGHEST

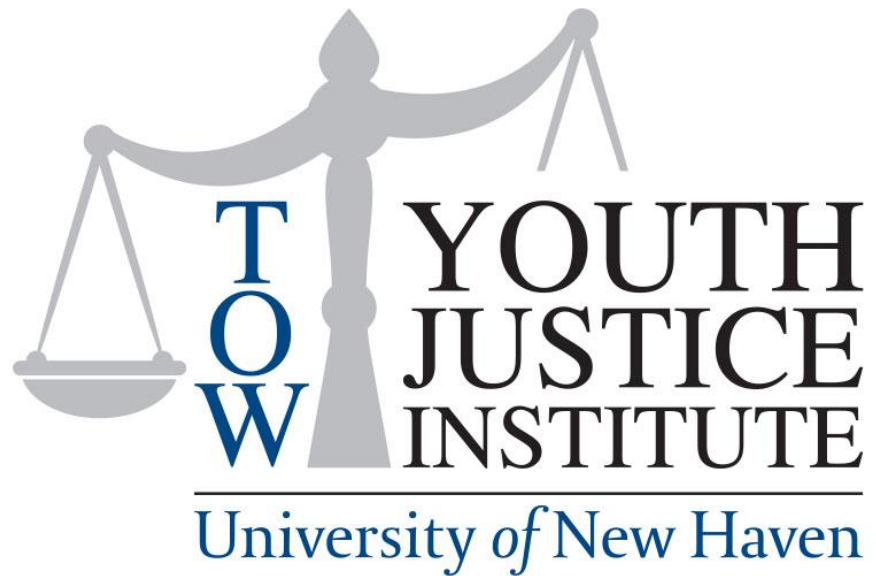
- How satisfied were you with the registration process? **4.7 avg.**
- How satisfied were you with the webinar experience? **4.4 avg.**
- How satisfied were you with the topic area? **4.6 avg.**
- The program met the states objectives? **4.6 avg.**
- How satisfied were you with the speakers? **4.6 avg.**
- How satisfied were you with speakers' knowledge of the content area? **4.7 avg.**
- How satisfied were you w/speakers' responses to questions that clarified info? **4.5 avg.**
- How satisfied were you with content? **4.4 avg.**
- Was content appropriate for the audience? **4.6 avg.**
- Workshop was valuable professional development experience? **4.4 avg.**

Total Average = 4.55



QUESTIONS/COMMENTS?

- Erica Bromley, MSW
- Juvenile Justice Consultant
- CT Youth Services Association
- ebromley@ctyouthservices.org



2022-2023 JJPOC Strategic Plan Re-Focusing

June 3, 2022

Pulse Check of the System

Take a pulse check of our current system:

- Embrace and follow through on the Oversight authority of the JJPOC
- Work with the Cross Agency Data Sharing workgroup on a data pulse of the JJ system
 - Update the annual JJPOC strategic goals report (diversion, incarceration, recidivism & any other supplemental data (RED, and available program outcomes)
 - How many kids are being arrested, detained, & utilizing facilities (CSSD/REGIONS, MYI/YCI)?
- Are our children being diverted, if so, by who and to where?
- How are we measuring whether or not we have been successful?
- Identify where children are being serviced
- Following up on past JJPOC legislations

Prioritize Recommendations

Rather than pushing a packet of dozens of recommendations, we focus and prioritize recommendations, based on required legislative obligations and strategic consensus planning, to be more efficient in our asks.

- Focus recommendations on what is required in legislative statute to put forth this year
- Through workgroup conversations, identify a timeline for additional recommendations - which of the workgroup's priorities are polished enough for this year, which do we research and polish more to pursue the following year.
- In putting forth less but very strong recommendations each year, strategically this will allow for JJPOC recommendations to be more digestible, supported, and likely to become law.

Legislative Obligation

Suspension & Expulsion:

Task due January 1, 2022: Establish a committee and complete a report concerning the effects of and alternatives to suspension and expulsion of students in **preschool through second grade**, including findings and recommendations, to the JJPOC.

Task due January 1, 2023: Establish a committee and complete a report concerning the effects of and alternatives to suspension and expulsion of students in grades 3-8 and 9-12, including findings and recommendations, to the JJPOC.

Legislative Obligation

Alternatives to Arrest (Diversion):

Task due by January 1, 2022: The implementation team shall develop a plan for automatic prearrest diversion of children to youth service bureaus or other services in lieu of arrest for Tier 1 offenses that include infractions such as

- simple trespass under section 53a-110a of the general statutes
- creating a public disturbance under section 53a-181a of the general statutes
- disorderly conduct under section 53a-182 of the general statutes
- larceny in the sixth degree under section 53a-125a or 53a-125b of the general statutes

Task due by January 1, 2023: The implementation team shall develop a plan for automatic prearrest diversion of children to youth service bureaus or other services in lieu of arrest for Tier 2 offenses that include offenses such as:

- breach of peace in the second degree under section 53a-181 of the general statutes
- larceny in the fifth degree under section 53a-125a or 53a-125b of the general statutes
- possession of one-half ounce or more of a cannabis-type substance under section 21a-279 of the general statutes, and
- use, possession or delivery of drug paraphernalia related to one-half ounce or more of a cannabis-type substance under section 21a-267 of the general statutes.

Legislative Obligation

Commissary (Incarceration):

Task due by January 1, 2022: The subgroup shall **study** commissary needs for all persons 18-21 years of age who are incarcerated in DOC facilities. This subgroup may **make recommendations** for legislation and shall report any such recommendations to the Department of Administrative Services and the joint standing committee of the General Assembly.

High Priority

Community Expertise Workgroup:

Recommendation “The General Statutes be amended to increase the membership of JJPOC by two community members and two youth (must be under 26 years of age) with first or second-hand justice system involvement. Funding should be provided for stipends, transportation, and child care to enable member attendance”.

Continued Work & Policy Issues

- Truancy Data & Review, JRB Pilot, YSB Landscape Analysis
- Raise the Minimum Age of Arrest
- Incarceration: Chemical Agents, CSSD Transfer Plan, Reentry & Wraparound Services, Improving Conditions of Confinement & Mental Health Services, Dual Status Youth
- Cross Agency Data Sharing: New Data Measurements, Annual Strategic Goals Report
- Education: Review 911/211 Study of Public Act No. 22-64, Updates on DCF Implementation Plan
- RED: Equity Dashboard, Review of City of Hartford Pilot, Racial Profiling

OJJDP 2018 - Achieving Positive Youth Outcomes for Safer and Healthier Communities



Goal #1 – Connecticut Youth Services Association

Divert Youth from the Juvenile Justice System by Appropriately Serving them in the Community

Goal #2 – Center for Children’s Advocacy

Reduce the disproportionate number of minority youth who come into contact with the juvenile justice system in Bridgeport, Hartford, New Haven, Hamden, Norwalk and Waterbury.

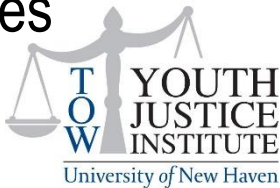
Goal #3 – University of New Haven

Assess prevention and intervention approaches focused on justice-involved youth in Connecticut

Some of the metrics achieved include # of:

• RED agency policies or procedures created, amended, or rescinded	97
• Cross-sector partnerships	604
• People trained during the reporting period	885
• Program materials disseminated	314
• Training events	53
• Training activities	48
• Technical assistance events held	106
• Organizations served by TTA	350

OJJDP 2019 - Addressing Racial and Ethnic Disparities through Local and Statewide Strategies



Goal #1 – University of New Haven

Comply with 2019 OJJDP Required Deliverables for Non-participating States

Goal #2 - RYASAP

Utilize Restorative Practices (RP) to improve the school climate and resolve conflict in BPS

Goal #3 - CCLP

Develop a roadmap for the JJPOC’s RED Workgroup to address and implement strategies that reduce racial and ethnic disparities that still exist in many decision points in the juvenile justice system.

Some of the metrics achieved include:

- TYJI/UNH
All required publications have been submitted and approved by the OJJDP.

• RYASAP	
Circles	37
Impromptu Conferences	403
Surveys completed	76
Staff trained	203
Technical assistance	34

• CCLP	
# of oversight mechanisms	75
# of technical assistance	36
# of potential solutions	3
# of recommendations	2
# of resources identified	3

OJJDP 2020/2021 - Restoring Connecticut youth in and out of the juvenile justice system



Goal #1 – Center for Children’s Advocacy

Implement restorative justice practices in pre-trial detention programs, secure post-disposition juvenile justice facilities, step-down juvenile justice residential facilities, youth shelters, therapeutic residential programs and probation services and community-based programs.

Goal #2 – Connecticut Youth Services Association

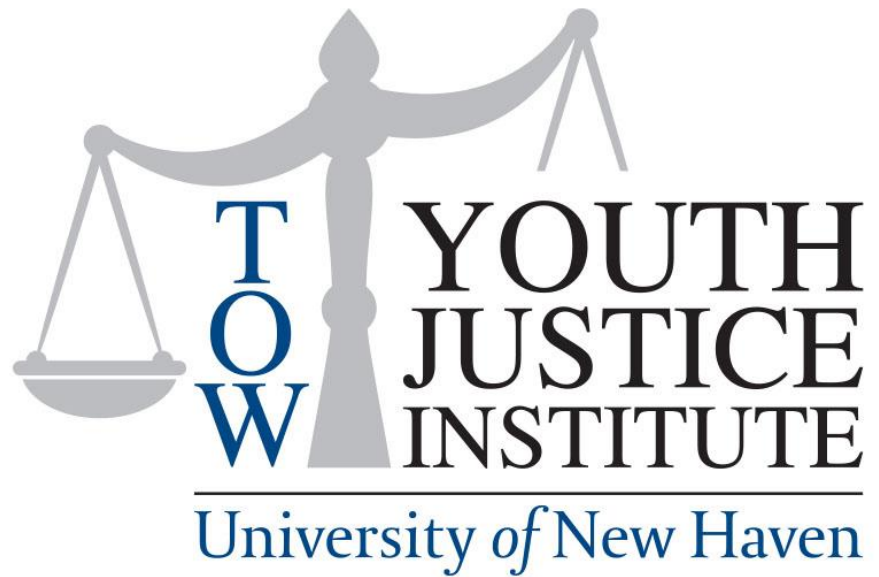
Inform system-wide and organizational design and change to support Youth Service Bureaus (YSBs) and Juvenile Review Boards (JRBs) capacity to drive and achieve Connecticut’s juvenile diversion goals.

Goal #3 - University of New Haven

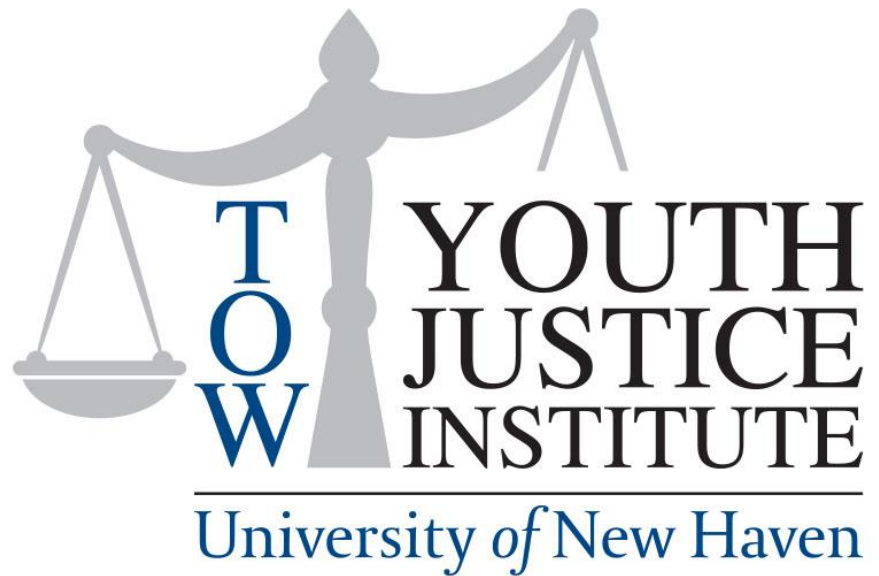
Strengthen Connecticut’s network of Restorative Practices offerings by building up the infrastructure so they are more easily accessible to youth and families.

Accomplishments since May 1, 2022:

- CCA has held
 - 33 RJ trainings in facilities
 - 7 technical assistance requests
 - 17 youth leaders have been trained
- Dillinger RAD landscape analysis has completed:
 - # of questions in YSB survey 156
 - # of questions in JRB survey 167
 - # of surveys administered to YSBs 104
 - # of surveys administered to JRBs 88
 - # of surveys collected 182 (99 YSB 83 JRB)
 - # of data points established 29305 (surv resp x quest)
- TYJI/UNH RJ Infrastructure
 - UNH College of Engineering has begun building the infrastructure for the backend database for the website.
 - Steering Committee of Restorative Justice experts established to provide feedback on planning activities.
 - Dates and locations being finalized for information sessions throughout the state.



Questions
and
Discussion



No August Meeting

Next Meeting
Thursday, September 15th
2:00PM – 3:30PM