

Juvenile Justice Policy and Oversight Committee November 17, 2022 Meeting 2:00 PM – 3:30 PM LOB- 300 Capitol Ave Hartford , Room 1E

Virtual Option Available

1

Opening Remarks



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

Meeting Agenda



- Department of Children and Families
 - Respite Beds
- Warden Michael Pierce, Department of Corrections
 - DOC Report out on PA 19-187
- Catherine Foley Geib, Judicial Branch Court Support Services Division
 - JBCSSD Report out on PA 19-187
- Erika Nowakowski, Tow Youth Justice Institute
 - JJPOC Recommendation & Report Timeline

CT Department of Children and Families



Aligning Group Care to Need



Vannessa Dorantes, LMSW, Commissioner commissioner.dcf@ct.gov

Michael Williams, MSW, Deputy Commissioner Michael.Williams@ct.gov

Historical Context



Aligning Group Care to Need

How we got here?





Grant Funded Congregate Utilization Point in Time

University of New Haven



Aligning Group Care to Need

Alignment activities

Group Care Type	Purpose	Alignment intervention	Result	Current Challenges	Strategies						
Out of state psychiatric residential treatment	Children in foster care with mental health needs that exceeded the treatment capacity of CT programs.	Invested in EBPs – Intensive In-Home Services, IICAPS,MDFT, FFT Invested in CT Residential programs, i.e. specialty pops PSBs	The need for OOS PRT reduced from 300+ to 5.	Need treatment services for severely medically/ psychiatrically challenged youth	Continue to seek regional/national services because of the unique needs very rare require Cmsr approval						
SAFE HOMES	Provide diagnostic assessments of all foster care entries prior to any placements	Eliminate program and invest in FAST/CST to provide transitional services in foster/kin homes at the time of placement.	Closure of all SAFE HOMES Invested in SFITS Increased kinship care rates								
Group Homes (Therapeutic)	Developed to be a level of care for children in foster care whose mental health needs don't require residential treatment but cannot be met in a therapeutic foster home.	Increased investments in therapeutic wrap around services for kinship and core foster homes. Shifted resources from group care to family care.	Youth in foster care experienced better outcomes in families and preferred to live with kin/relatives instead of group care. Older youth in foster care widely rejected group care placements. Group home utilization rates plummeted to less than 40% resulting in inventory reduction of 50%.	Low utilization of current reduced group home capacity.	Continue exploring alternative proposals to serve DCF involved families with surplus capacity/inventory.						

Alignment activities



Group Care Type	Purpose	Alignment intervention	Result	Current Challenges	Strategies						
Short-Term Assessment/Respite STAR	Group care placement for difficult to place foster youth 13-18 years old who present with very challenging behaviors; i.e. runaways, delinquency, etc)	Invested in facilities to serve each region for boys and girls in foster care. Invested in enhancing the quality-of-care youth receive when placed in a STAR.	Utilization is very high in these settings and prompted the need to expand capacity increasing the inventory by one additional STAR home.	The need continues to exceed capacity and one additional STAR facility is needed for youth in foster care.	Seek resources to invest in an additional STAR program.						
SFITS	This service type is licensed as a temporary shelter. They are not ligature free. The service was a transformation from other temporary shelter settings (from Safe home settings-for 1 time removals and one stabilization site). Intended to be no more than a 2week stay to return home	In 2020 and 2019 utilization was 30% of 70 beds. Also in 2021, it started at 30 % and began to decline throughout the year. The homes had lower utilization annually prior to 2019. On Friday there were 13 youth in remaining SFit slots. The number fluctuates daily. Eligibility for this level of care is for all youth regardless of DCF status.	Referrals to SFITs were historically low from the beginning. Beacon Health Options managed the LOC determination and matching, and providers made direct referrals also.	When we surveyed our teams SFITs were described as a 'catch all' for OTCs, emergency placements, day time stays for youth, and some planned stays to prevent disruption. There were reports that some providers would take youth in need of a different level of care until the youth moved to another level. Less than 20% utilization since the program's inception.	Reprocured SFIT services/dollars for Crisis Stabilization services supporting Urgent Crisis Centers.						

Group Care Type	Purpose	Alignment Result intervention			Current Challenges		Strategies	
UCC/SAC	The Sub-Acute Crisis Stabilization (SACS) applicant will serve youth experiencing behavioral health crises and are responsible for de- escalating and stabilizing the youth/young adult, completing a comprehensive diagnostic assessment (screening and assessment results from the referring party may be used as relevant),	Redesigned and repurposed SFIT services to create the Sub-Acute stabilization centers that should be able to meet the mental health needs of children frequently appearing in psychiatric Emergency Departments.	Successfully completion of the Request for Proprocess for provide interested in the SAT the goal is to have least 40 SAC beds available throughors state by March 202	oposal ers ACs. at out the	was v	esponse to the RFP /ery underwhelming only 1 response.	Enter into negotiations with 3 providers across the state to operate SACs.	TH UTE Haven
	developing a treatment plan, providing individual and group treatment, providing ongoing observation and stabilization, collaboration with	Catchment Area	Catchment Area		ity	Status	site identified; renovations, ining underway; expected fter New Year	
		Hartford/Manchester/ New Britain	Enfield/Meriden/	hiring an				
others on a d plan, and refe ongoing care appropriate le warm hand o follow up whe	caregivers, schools, and others on a discharge plan, and referring to ongoing care at the	Bridgeport/Norwalk/S New Haven	8 - 10		Provider negotiation in process			
	appropriate level via a warm hand off with follow up when necessary to ensure needs are met.		New London/ Willimantic/ Norwich/Old Saybrook			Provider identified	d; site being identified	
		Waterbury/Danbury/T	orrington	8 - 10		Provider negotiation	on in process	

Other activities

Group Care Type	Purpose	Alignment intervention	Result	Current Challenges	Strategies							
Connecticut Juvenile Training School	Locked/secure facility for boys up to the age of 18.	Originally created to house at 225 youth at any time. Reduced the capacity to meet the need of 50 male youth. Continuous decline in the need for locked/secured facilities for youth through DCF.	The mandate to serve youth in the JJ system shifted from DCF to CSSD in 2017. CJTS closed in 2018.	N/A	Continue partnering with CSSD to meet the needs of youth in foster care and/or involved with DCF who are also involved in the JJ system.							
CJR Group Home	Designed for male youth who would have been placed in CJTS and now are in need of therapeutic group home intervention. Admission dependent on LOC eligibility process through Beacon.	Due to extremely low utilization, worked with the provider and community to seek referrals. Unfortunately, the program average daily census was 1, for a 6 bed program.	DCF decided to no longer grant fund the program beginning FY 23.	N/A	CSSD began conversations with the provider about being a CSSD provider.							



Summary

Family based respite can be promising for youth with mid level risk and clinical needs. DCF uses it in Therapeutic Foster Care, with kin, through natural networks etc. It offers continuity of care and schooling and connections.



We are grateful for and celebrate our resilience, and we commit ourselves to calling out the systems that forced (us) to be resilient in the first place.

https://assets.website-

files.com/60a6942819ce8053cefd0947/60f6b1eba474362514093f9

6 Away%20From%20Home%20-%20Report.pdf

Think Of Us

https://www.casey.org/group-placement-impacts/

https://www.childrensrights.org/familiesoverfacilitiesreport

Aligning Group Care to Need



Thank you



Michael.Williams@ct.gov

CT DCF Deputy Commissioner



DOC Report out on PA 19-187 Sec. 4

MYI Incident Trends: Chemical Agent incidents involving individuals under the age of 18, by calendar year from Jan 1, 2018 – Sept 30, 2022.



MYI incidents involving individuals under the age of 18. Comparison by type of incident without chemical agent versus with chemical agent for Jan 1, 2018 – Sept 30, 2022.



MYI incidents involving individuals under the age of 18. Comparison by type of incident without chemical agent versus with chemical agent for October 1, 2021 – Sept 30, 2022.



Chemical Agent Usage on Juveniles since October 1, 2021 through September 30, 2022

Physical altercations (9 occasions out of 44 violent incidents)

In all incidents during 2022, where multiple juveniles were involved in physical altercations, staff members loud verbal directions for individuals to stop fighting and advise them that chemical agent may be utilized if they do not cease their actions. Once it is determined that verbal intervention is not successful, in order to gain compliance and prevent injuries, chemical agent is authorized. In most cases, the incident is resolved by verbal intervention.

Planned Use of Force where immediate actions did not need to be taken (0 occasions total)

Chemical Agent Usage Reduction Initiatives

Steps taken to educate staff on reduction of chemical agent usage:

- Correctional Academy revamped the mandatory use of force de-escalation program, which includes various use of force scenarios. The program focuses on the skills necessary to accurately assess potentially violent confrontations and defuse them in an effort to avoid using physical force or chemical agent.
- Facility increased the frequency of simulations on incident response. During the "hands-on" simulations, de-escalation techniques, to include verbal intervention, are practiced as means to resolve violent incidents.
- When force is utilized, all materials related to the incident, including videos and paperwork, are reviewed by the facility. Use of force for all chemical agent incidents is always reviewed at a district level. Steps are taken to ensure that chemical agent was necessary and justified.
- Incident is reviewed with the staff member who administered the chemical agent to ensure that the staff member exhausted all alternatives before administering chemical agent. Alternative measures are discussed with the staff member if applicable.
- Mediating sessions with the juveniles involved in the incident may be conducted so that they better understand the department's response to violent incidents.



MYI Incident Trends: Prone (therapeutic) restraint incident data involving juveniles under the age of 18, by calendar year from Jan 1, 2018 – Sept 30, 2022.

"Prone" restraint incidents

15

10

5

0

Prone (Therapeutic) restraint usage (0 occasions)
There were no occasions of therapeutic restraint
usage on juveniles since our 2021 presentation.11120182019202020212022

Age and Ethnicity Breakdown

Age and Race Breakdown of Affected Individuals												
		Chemic	al Agent Ex	posure	Prone Restraints (In-cell & Therapeutic)							
	2018	2019	2020	2021	2022	2018	2019	2020	2021	2021		
Affected Population	31	24	15	33	28	1	1	2	2	0		
Race					_							
White	4	2	0	2	2	0	0	0	1	0		
Black	9	16	14	27	19	1	0	1	0	0		
Hispanic	18	6	1	4	7	0	1	1	1	0		
Age												
15	0	2	2	0	5	0	0	0	0	0		
16	13	6	5	12	6	0	0	0	1	0		
17	18	16	8	21	17	1	1	2	1	0		

Sept 31st -	Overall MY	Sept 31st - Under 18 Population					
	2018	2019	2020	2021	2022	Count	Percentage
White	17%	17%	16%	15%	13%	2	4%
Black	54%	58%	59%	57%	58%	35	75%
Hispanic	29%	24%	25%	28%	29%	10	21%







JBCSSD Report out on PA 19-187 Sec. 4



Prone Position and Chemical Agents in Juvenile Detention Centers*

Pursuant to Public Act 19-187

*Per JBCSSD Policy 8.304, the use of prone holds and pepper spray or chemical agents are strictly prohibited. The prone position is only utilized to transition to another position or to re-secure from another position. Youth are immediately transitioned to another position and should not be prone more than 60 seconds.

Black

Other

White

Hispanic/Latino

28.13 53.48%

5.85 11.12%

35.27%

18.55

1.00



Prone Incidents by Month

													Num
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	nun
Bridgeport	0		0									o	
Hartford	0		0									0	



2023 JJPOC Recommendations and Timeline

2023 JJPOC Recommendations Timeline



- December 2nd Draft 2023 Recommendations distributed to the JJPOC
- December 6th Workgroup Chairs will present the set of recommendation in more detail at the JJPOC monthly meeting (note new monthly meeting date)
- December 2nd through Dec. 20th JJPOC members can email their feedback on the recommendations to Brittany LaMarr <u>blamarr@newhaven.edu</u> and Erika Nowakowski <u>enowakowski@newhaven.edu</u>
- December 20th-22nd Feedback will be reviewed by the corresponding JJPOC workgroup chair.
- January 9th Updated final package of recommendations distributed to JJPOC
- January 19th JJPOC membership will be voting on recommendations at the Monthly Meeting



2023 JJPOC Recommendations

- Diversion Workgroup
 - Alternative to Arrest (PA 21-174)
 - Raise the Minimum Age
- Incarceration Workgroup
 - Commissary (PA 21-174)
 - Reentry
- Suspension and Expulsion (PA 21-174)
- Community Expertise Workgroup



Questions and Discussion



Next Meeting Tuesday, December 6th 2:00PM – 3:30PM This will be a voting mtg*