

# Improving conditions and outcomes of juvenile justice confinement in Connecticut

OCA's statutory responsibilities regarding oversight, monitoring and policy review in Connecticut's state-run facilities for juveniles.

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## Role of OCA Conn. Gen. Stat. 46a-13k et seq.

- ▶ Evaluate the delivery of services to children by state agencies and those entities that provide services to children through funds provided by the state;
- ▶ Review complaints of persons concerning the actions of any state or municipal agency providing services to children and of any entity that provides services to children through funds provided by the state, make appropriate referrals and investigate those where the Child Advocate determines that a child or family may be in need of assistance from the Child Advocate or that a systemic issue in the state's provision of services to children is raised by the complaint;

## Role of OCA

- Periodically review the facilities and procedures of any and all institutions or residences, public or private, where a juvenile has been placed by any agency or department; Recommend changes in state policies concerning children including changes in the system of providing juvenile justice, child care, foster care and treatment

## OCA activities related to youth in confinement (46a-13k et seq.)

- Meet with children and youth in facilities;
- Respond to citizen concerns regarding youth or conditions of confinement;
- Conduct child-specific advocacy;
- Meet with staff and administration at facilities;
- Investigate conditions of confinement (observation, data, youth interviews, video tapes);
- Recommend system change.

## OCA Review of Conditions for Juvenile Justice Committed Youth: CJTS and Pueblo. Methodology.

- ▶ Meet with youth individually;
- ▶ Visit and observe facilities;
- ▶ Meetings with other juvenile justice, mental health and child welfare professionals;
- ▶ Respond to citizen concerns;
- ▶ Data collection and review (seclusion, restraint, suicide/self-harm, video tapes, mental health file review).

## Needs, Areas of Concern Identified.

- ▶ Overreliance on restrictive measures and sanctions: restraint and seclusion, out-of-program time.
- ▶ Need to improve mental health crisis management; prevention of suicidality (relationship to restraint and isolation).
- ▶ Need for improved data collection, analysis and reporting regarding conditions and outcomes related to confinement.
- ▶ Need for greater support for staff to create trauma-informed and trauma responsive environment.

## CJTS Action Plan: Progress and Next Steps

OCA has already observed a series of changes to practices and protocols, including:

- a. forms for de-briefing after incidents;
- b. changes with Careline practice;
- c. changes to special investigations practices;
- d. reduced room confinement;
- e. steps towards additional suicide prevention audits.

## CJTS Action Plan: Progress and Next Steps

OCA is continuing to monitor and review the following priority areas:

- ▶ Suicide prevention and response;
- ▶ Frequency of physical and mechanical restraint;
- ▶ Training for staff and new techniques to respond to youth with complex behavioral health needs (*methodologies to make systemic and sustainable change*);
- ▶ Discharge planning and family/community connection;
- ▶ Enhancement of the quality assurance framework;
- ▶ Parole outcomes and trends regarding re-confinement/recidivism.

## Recommendations: Remedies and Reforms. General.

1. Revise and Strengthen state law to further reduce *and prevent* reliance on restraint and seclusion for children across child-serving settings.
2. Data collection and reporting from all youth-serving programs to applicable agencies, advisory committees and the JJPOC regarding conditions and outcomes of confinement, including rehabilitative and therapeutic gains, engagement with educational programming and stability of community placement.

## CJTS Action Plan: Moving Ahead

- ▶ Need for thorough review of access to programming, both baseline and specialty, and exclusionary discipline. Review of behavioral management framework (unit bound and sanctions) and impact on access to programming. (see CJTS Advisor Board report and R. Kinscherff report)
- ▶ Points/levels/sanctions and the use of sanctions needs to be reviewed. (See OCA and Kinscherff report, CJTS Action Plan).
- ▶ Protocols for hospitalization/diversion of youth with complex mental health needs.

## CJTS Action Plan: Supporting Change through Training and Technical Assistance.

- ▶ DOJ, OJJDP Technical Assistance Guide for Juvenile Justice Facilities, 2014.
- ▶ Incorporation of regional experts from National Child Traumatic Stress network: overview and support for training curriculum. (OCA, R. Kinscherff report) (see e.g., MacArthur Foundation, NC; Sanctuary Model, NY).
- ▶ Training modules to emphasize family engagement, group dynamics, crisis management, working with youth with disabilities, working with traumatized youth, ACES informed practice.

## CJTS Action Plan: Measuring Progress for Youth.

- ▶ Utilization of evidence-based CQI (See Rec. of Georgetown Report for Connecticut, 2013).
- ▶ Georgetown report: SPEP for CJTS program (and residential and community-based interventions); including quality treatment measures.
- ▶ Data collection and reporting should look at rehabilitative gains, educational progress, and community outcomes (see e.g., MO DYS, found: Missouri Department of Social Service, Center for Management Information)

Moving Ahead: Improving outcomes from secure care  
= improving community outcomes.

- ▶ Georgetown Report, 2013. "Data system should be the foundation of a robust quality assurance and quality improvement effort."
- ▶ "Sanctions should not interrupt reintegration into the community... unless there is a clearly elevated public safety risk." (LOS policy, new. Ongoing.)

### Moving Ahead. Georgetown Recommendations.

- ▶ Strengthen continuum of services to intervene with chronic juvenile offenders and serious juvenile offenders (day reporting/treatment, home restriction, 24 hour wrap-around "virtual residential", electronic monitoring, shelter, mediation, academic programs, peer counseling.)
- ▶ Develop outcome metrics by which to judge progress.

## Moving Ahead. Georgetown Report.

- ▶ Regular case review process to learn from youth who recidivate.
- ▶ Match risk level to the number of parole supervision contacts and supports.
- ▶ Increase home visits during confinement, consider home visits with families, strategize regarding efforts to increase family engagement.

## Recommendations continued.

- ▶ “Re-conceptualize the role of the parole officer in both community and congregate care settings to include: a definition of quality parole contacts with a focus on behavioral changes and on guiding a case plan to successful completion.”
- ▶ A robust quality assurance system to assess parole performance.