

Connecticut Juvenile Training School
Advisory Board
Meeting Minutes, 10/6/15

Present: Karl Alston, Deputy Director, CSSD; Abby Anderson, Executive Director, Connecticut Juvenile Justice Alliance; Debra Bond, JCTS Clinical Director; Joseph Bruckmann, Public Defenders Office; Francis Carino, Supervising Assistant State's Attorney; Liz D'Amico, Ph.D., LCSW Behavioral Health Clinical Director; Antonio DePina, DCF Parole Services; Felice Duffy, Assistant United States Attorney, United States Attorney's Office District of Connecticut; James I. Glasser, Wiggin & Dana; Steven Kant, M.D. President and Chief Executive Officer, Boys and Girls Village; Joette Katz, DCF Commissioner; Kristy Ramsey, CJTS Assistant Superintendent; Eugene Riccio, Galush & Riccio; William Rosenbeck, CJTS Superintendent; Ann Smith, JD, MBA, Executive Director, AFCAMP

Guests: James Connolly, Esq.; Sarah Eagan, Child Advocate; Jacqueline Rabe Thomas, Reporter, The Connecticut Mirror

Attorney Carino acknowledged that with members present, a quorum was established. Meeting began at 5:25 p.m. with introductions.

Review of Minutes

The board approved the June 16, 2016 minutes with a few changes. While reviewing the minutes a suggestion was made around future planning of the Law Enforcement Day where CJTS may be eligible to apply for grants through the Right Response Grant.

General Updates

- Dr. Damico put together the information packet. Admissions for the 1st 9 months of last year was 170 compared to 138 this year. Census at CJTS today is 66. Pueblo Girls Program opened in March of 2014. One correction on page three is Length of Stay (LOS) was launched on 10/1/2014. The length of stay average went down a bit. When you compare the length of stay by race, the African American population stay about a month longer than any other group. When we look at the length of stay by region, they all dropped. Atty. Carino asked for a description of the regions. They are as follows: Region 1 is Bridgeport, Norwalk, Stamford; Region 2 is New Haven, Milford; Region 3 is Willimantic, Middletown, Norwich; Region 4 is Hartford, Manchester; Region 5 is Waterbury, Danbury, Torrington and Region 6 is New Britain, Meriden. Overrides are a method by which one can extend a stay. A big reason for overrides is lack of placement. Atty. Carino asked how we explain to the community how the decisions are made. Management and clinical are looking at better documenting the progress of kids which includes school days, academic success, as well as group work. Important piece is that it does look like we can use

Youth Inventory as a risk assessment tool. This will ultimately be called Predict CT but it will not be available for two years. Funds have been identified for this however, Ms. Anderson stated we don't want to wait that long but perhaps look at YLS. This was also addressed in Mr. Kinscherff's report. Mr. DePina stated looking at the mittimus as that may impact their stay and we may not have control over that. Some youth have asked to stay here vs. other residential placement.

- This year the football team had a lower number of kids on the team and some players needed to be removed. On game day kids get to wear their jerseys just as in high school. Atty. Duffy stated that although football is one of the most violent sports it also offers great educational opportunities. She asked if have done anything in that area. Mr. Rosenbeck stated we would be happy to do something in respect to that. Currently the players participate in a football team breakfast after practice and the coaches talk with them about various topics and we can certainly have them address the violence piece. Mr. Rosenbeck further stated that we recently played a team with two females on the team and that went well. In fact most schools that we play are very impressed with the sportsmanship our players display. Atty. Rapillo suggested inviting UConn players to talk with our players.
- Fifteen youth graduated at CJTS in 2015. Atty. Carino asked what is offered to the youth post-graduation. We offer some individualized adult learning but currently do not have a program. We have taken some youth on a tour of CCSU. Atty. Rapillo asked if any have been able to get to college. Staff at CJTS recently did a fundraiser for one young man to help him support his college tuition shortfalls and one young man went to Avery Point in the summer and may be going this fall. Atty. Smith stated that a substantial percentage of youth come in with special education needs and asked what is done to transition them for services post high school. Mr. Rosenbeck stated that each student has a pupil specialist that works with local education liaisons in the community. A follow up question was whether there is any focus on helping the youth develop advocacy skills. Dr. Bond stated that we bring in community service providers and offer life skills. The PSS and Clinical Staff try to teach some skills. We also try to engage the youth in their PPT's and many are vocal in these meetings. Atty. Carino stated that probably just as important is to educate the parents. Mr. DePina stated that youth from CJTS are more engaged in their PPT's as opposed to youth from other residential settings. Dr. Bond stated we just received e-mail communication from Atty. Dooty where a youth spoke about his positive experience at CJTS. Commissioner Katz stated that we are looking to implement an extended day program at CJTS that will run from 8:00 a.m. to 8 p.m. as many youth want that extra school contact. The extended day would be primarily for vocational instructions. Ms. Anderson stated that although it's great that the juvenile justice system is offering this to the youth, on the other hand the LEA's are abdicating their responsibilities. Mr. Rosenbeck stated that we have to take advantage of the time the youth are at CJTS as we know education is so important to reducing recidivist. The clinicians use the afternoon break for structured clinical and family work. For some kids they have a difficult time transitioning back to their school systems as it's hard to get back into the classroom mid-stream. So do we

look at doing a day school for kids that are in the community at CJTS? Ms. Anderson stated one should not have to get involved in juvenile justice in order to receive good education. Atty. Rapillo stated the extended day is a good idea but the state should not have to take care of everything. Another though is to do a transitional unit at CJTS where the youth go into their community to go to school and return to CJTS in the evening. Mr. DePina stated that for many kids it's a difficult transition as often they can't get to school or join sports in their schools as they have their PPT's after they are home. Ms. Anderson state this should be brought up at the JJPOC and there should be a push back to the school system. Ms. Anderson asked if the youth on suspension receive education. Mr. Rosenbeck stated that we first offer an in school suspension with education, but for safety reasons we may have to move the suspension to the unit and the teachers go to the units to provide education.

- Six youth received their CPR certification while at CJTS.
- We have four comfort rooms up and one on the Pueblo Unit. Youth complete a rate sheet of their emotions when they go into the room and what items they use. They also rate how they are feeling at the end of their time and staff also fill out a section of the sheet. The rooms are getting pretty good usage. Our hope is when kids develop their personal safety plan, they can identify their triggers as well as their soothing techniques. The comfort rooms have weighted blankets, squishy balls, music, boys like the strobe lights and girls like the water fall, aroma therapy, a mat that massages the body so we are trying to see what the kids like and they can make suggestions. Atty. Rapillo asked how kids end up in a comfort room. Dr. Bond stated that they often ask to use it and so far we haven't had anyone complain that they were denied. If other kids are in we try to limit it to 15 minutes. Ms. Anderson stated that the youth's rooms should be soothing and asked if some of the soothing items are available in the schools in case they may need it during school time. Mr. Rosenbeck stated we will look into this.
- The Baby Elmo program is continuing and we currently have two residents who visit with their children weekly. Atty. Rapillo asked if at some point the topic of child support is discussed, if not she would be able to help with that.

Action Plan

The plan is a working document and has been updated since we last sent it out to this group. All categories are covered and most have been in place for a couple of months. Staff are taking a lot more time to really try to isolate a youth to make the best decision. Part of new strategy is taking the kids that are not involved to go to a program and participate in services they should be on rather than being stuck on the unit while we address the escalated youth(s). Staff are doing a good job of that. Staff now call the supervisors earlier so a supervisor provides intervention modeling to get to a resolution that is better for all. We are doing a better job of documenting that. We banned prone restraints that has been a big improvement. We began the process in the spring of 2014 where the trainers introduced some skills and came back in 2015 to ensure we are doing them. We provide a much more therapeutic response and all is being documented. We are renewing the contract for continued consultation and implementation of the action

plan from Robert Kinscherff. On 9/23 and 9/24 staff meetings were held where the action plan implementation and the impact it has on staff was discussed. We received tremendous feedback and will continue to meet with staff on a quarterly basis to provide continued support and clarification. Atty. Rapillo asked if notes were taken as this may be a good opportunity to look at themes and perhaps develop policies for clarification purposes. Mr. Rosenbeck stated that notes were taken and we already responded to the bigger issues. Atty. Smith asked if we are looking for trending opportunities in existing programs that we may be able to develop set of skills and with the enhanced training are we monitoring any change in injuries that are sustained by staff and youth? Mr. Rosenbeck stated that each meeting began with the question of “what do you need more of and how better can we prepare you to do the job”. We also had conversations with Central Office Training Academy to ensure we provide better training for staff with an emphasis on trauma. Managers are more visible where they provide more coaching during a situation rather than after the situation. Clinical staff is on site until 8:30 p.m. Monday through Friday and until 5:30 p.m. on weekends and holidays. Ms. Anderson asked if we are seeing restraints and seclusions going down. Mr. Rosenbeck stated that our seclusion numbers are low as compared to national averages. 86% of our interventions were in bldg. 6 and the youth are on the high end, some were at Manson Youth and some are very complex within the juvenile justice system. We never had that many interventions from one unit as we had this past month, whereas the rest of the facility had 9 for the entire month. We have since made some changes and moved some youth out from that unit. Ms. Anderson commented that this is a difficult model, is it therapeutic or correctional. Majority of kids do very well but there are those outliers. Mr. Rosenbeck stated that majority of the staff were very upset how they were represented in the news. Mr. DePina stated it is all about the balance as the youth are violent and most have a crime that involves a victim. He continued that he worked in both settings and there are very big differences. Mr. Alston suggested developing policies and programming to manage the outliers. CSSD has a status where there are different ways to handle the higher risk youth. The average length of stay is 11 days. Dr. Bond added that clinicians are adjusting to their new roles and are going from one unit to the next trying to support youth that are struggling. In terms of suicide, the SAFE-T helps us categories our safety watch assessments. Staff covers 3-4 bullets in addition to describing their behaviors. They look at risk factors and protective factors which help them determine who needs to be on a 1:1 or a 10 minute watch and for how long. They enter this into CONDOIT and send out in e-mail to medical, clinical and management. We make sure kids on watches are not secluded and they do go to school. The post event debriefings are held every day Monday through Friday where interventions are looked with DRC’s, QA, Medical and Managers present. We also involve the staff to make sure they see the video of the intervention. Dr. Bond stated that we are using the SOAP note format. Atty. Carino asked if clinical staff are accessible after 8:30 p.m. Dr. Bond clarified that the clinicians are still on on-call once they leave at 8:30. Also, clinicians are on call 24/7 where they come in person to do assessments, in fact they have been doing this for years. It is a high standard as opposed to other facilities. A question was raised if what we are doing is working. Dr.

Bond stated that she is reviewing every record (278 in 2015) and will be looking at 2014 to see where the kids are and what is happening with them. We are trying to gather some basic information, for instance, if they had substance abuse could we find evidence in the parole notes if they are having urine screens. Atty. Rapillo suggested that maybe we approach this as the department propose outcome measures just as on the child welfare side. Atty. Carino asked if this is something the JJPOS is already going. Mr. Rosenbeck stated that Renee LaMark Muir is coming to CJTS tomorrow to start looking at our conditions of confinement and compare them with CSSD and DOC. Commissioner Katz that stated this is one of the things she will ask Mr. Kinscherff to look at.

Atty. Smith raised a question around the clinician scheduled and how it came about. She also asked if there were spikes in behaviors in the evening. Dr. Bond stated that we track when a clinician comes back to the facility after hours and we can review that data. Reviewing this data may indicate whether the staffing pattern in appropriate. Dr. Bond also indicated that Clinicians do not leave the facility until the issues are resolved. If there are spikes on the unit, Ms. Ramsey stated we do put more staff on the units for support. Dr. Kant asked if the corrective action plan is being implemented as written and do we have the ability to measure what success would look like. Mr. Rosenbeck stated that we need to incorporate the plans the other is to track for positive outcomes. A Quality Improvement Leadership Team (QILT) with representatives from Central Office and CJTS meets two times a month to look at the action plan and look globally to ensure we are capturing every component. We know that CONDOIT has many flaws and we are trying to enhance it through this QILT. In addition, Mr. Rosenbeck reports to the senior administrative team on a regular basis. Ms. Ramsey added that we are also revising the roles of the managers and their responsibilities. Dr. Kant stated that this is a significant undertaking that will require chart auditing and a lot of resources to monitor it. Mr. Rosenbeck stated that we have a strong support from Central Office. Commissioner Katz stated she struggles with this as we are looking at 60 youth at CJTS. If the youth fail, how do we know if they failed because of the six months they were at CJTS. Many youth have generations of family involvement, do we expect in the six months to undue their social, economic, and educational deficits. When the youth returns to our care is this our failure. Dr. Kant suggested that we determine the items we want to implement as the whole is too much; this is one stop in a long story. Atty. Carino stated that looking at recidivism may be the thing to look at. Commissioner Katz added, if a youth recidivates, does this mean the youth failed? Mr. Rosenbeck added that the focus is on CJTS but often times it's expanded to the broader picture and it is very hard to control. Atty. Bruckman raised a question around the mandated reporters and where we take disciplinary actions. Mr. Rosenbeck clarified that if a case is non-accept through the Careline does not mean it's not a Human Resource investigation, we look at all that as well.

Public Comment

No public comments.

Next Meeting Dates

The next meeting date is January 12, 2016 and we will devote that time to the Legislative Report. At the January meeting, we will set the meeting dates for the year.

Meeting adjourned at 7:15.

Minutes respectfully submitted by Irene Yanaros