



JJPOC Meeting Minutes

November 17, 2022
2:00pm-3:30pm
Legislative Office Bldg, Rm 1E
Zoom Option Available

Attendance:

Rep. Toni Walker	Sarah Eagan	Maurice Reaves
Marc Pelka	Tais Ericson	TYJI Staff
Anthony Nolan	Susan Hamilton	Bill Carbone
Gary Winfield	Brian Casinghino	Sue Cusano
Derrick Gordon	Judge Patrick Carroll	Erika Nowakowski
Christina Quaranta	Stacy Schulman	Brittany LaMarr
Erica Bromley	Amy Marracino	Shauntaye Monroe
Vannessa Dorantes	Lisa Sementilli	Donna Pfrommer
Janeen Reid	Warden Michael Pierce	Hunter Clark
Martha Stone	Veron Beaulieu	Paul Klee
Thea Montanez	Joshua Bernegger	Sydney de Lannoy
Robyn Porter	Gary Roberge	
Angel Quiros	Judge Dawne Westbrook	

Welcome and Introductions:

Representative Toni Walker and Undersecretary Marc Pelka welcomed everyone to the second in-person meeting and expressed excitement at the number of people that attended.

Acceptance of JJPOC Meeting Minutes:

Representative Toni Walker asked for a motion to accept the October 20, 2022, meeting minutes. The motion was moved, seconded, and passed unanimously.

Overview of Meeting:

Erika Nowakowski introduced the Department of Children and Families who will be providing a presentation on Respite Beds. She also introduced Warden Michael Pierce from the Department of Correction and Catherine Foley Geib from the Judicial Branch Court Support Services Division who each gave a presentation on Section 4 of PA 19-197 respectively. Lastly, she will briefly give an overview of the upcoming January 2023 recommendations.

DCF Presentation on Respite Beds/Aligning Group Care to Meet the Need:

Commissioner Vannessa Dorantes, Deputy Commissioner Michael Williams, and Legislative Program Director, Vincent Russo, gave a presentation on aligning group care to need within DCF. DCF reviewed the statistics about the number of children in their care in January 2011, January 2019 and January 2022 and the percentage of children living in group care, kinship care settings, and independent living. Kinship care is when a child is placed with a blood relative or someone that they know on the maternal or paternal side of their family. Like foster families, relatives participating in kinship care are licensed



and provided with a stipend to care for the child. DCF has made a conscious effort to shift children into kinship care because it is their belief that children should be raised in families with wrap around services provided within the community. Throughout this shift, DCF has tried to build capacity within communities to have bedded services that are temporary in nature and meant to provide treatment.

DCF clarified that the term ‘respite care’ is generally a misnomer for the bedded services that DCF provides. DCF is not a provider for respite care for children that are living with parents or in cases where the parents may need support for their child in crisis. This type of crisis “respite care” may be provided by other community services. When DCF talks about “Bedded Services,” congregate care, and institutional services, they are referring to the services designed for and provided to children within their foster care services. The “respite” DCF refers to are the services that are provided to foster parents in cases where a child may need somewhere temporarily to go when they need a break from providing care. DCF bedded-type services have ranged in the past from residential treatment services for children with psychiatric needs that cannot be met by inpatient programs to services for children who were not able to be maintained in a family setting (either Core Home or therapeutic foster care). These settings ended up being known as “Group Homes,” and later “Therapeutic Group Homes” that provided more in-depth therapeutic services within the home and were around six beds each, either male or female only. Then they had “Star Homes” which are short-term assessment and respite care programs that were for children (typically ages 14-18) that had been with DCF for years and were also known as “homeless shelters for kids in foster care.” These homes have been enhanced to be therapeutic placements in which the length of stay did not matter. The Star Homes are the closest to the notion of “respite beds” but not a term used for any DCF service because there are no such things for children in foster care. In STAR houses the utilization has continued to increase into 2022, as there has been greater need in for foster children that are having issues around placements. DCF has met this need by providing more services which also impacts the fluctuation seen by the utilization of Therapeutic Group Homes since Fall 2021.

SFIT homes, or Strengthening Families, Intervention and Treatment, are short-term mental health placements for all families with children in and out of the emergency room with severe mental and behavioral health challenges. The SFIT service is a bedded service where families can go with their child and get family treatment and support, but it is not specifically a juvenile justice intervention. The SFIT program is not restricted to just foster children but the community at large as it is a mental health intervention. Capacity for bedded services such as Crisis Services, MDFIT Residential, and SFIT were running at about 20% or less as of Fall 2021 until a recent change in the model in 2022. The 50-70% vacancy rate seen in the past few years has been partly due to the fact that these services are not the services that parents were saying they needed. As of 2022, DCF has repurposed this funding and unused capacity to better address the types of services around crisis care that parents and families were saying that they wanted.

During the mental health crisis that is associated with the COVID-19 pandemic, DCF was being challenged by demand for emergency mental health care. They addressed this by meeting with families, parents, and stakeholders to formulate the best interventions and heard clearly that the most impactful service would be Urgent Crisis Centers (UCC). UCCs are not bedded services, but are accompanied by Sub-Acute Crisis Stabilization (SACs) beds that are available across the state for families to avoid their



children having to go into emergency departments or foster care to get access to bedded services. DCF was able to provide SACs beds by re-purposing the unused capacity of the SFIT program. Although SACs may provide families respite, these are treatment beds so that children can reach stabilization and remain in their homes. There are multiple ways for families to get access to SACs and beds are for children eight to eighteen. Unlike the SFIT program, DCF believes they will have full utilization of eight to ten beds per territory, of which there are four (so 32-40 beds available to children at any time). Children using the SACs can receive a mental health evaluation. The average stay in SACs is predicted to be fourteen days although stays may range from three to fourteen days. SACs are being launched in conjunction with UCCs so that families can take advantage of UCC psychiatric services at any time for any duration and there is no limit for how much they can be used.

Questions were asked about the low utilization of past programs, which DCF believes was partially due to internal decisions made without the input of families. It is their hope that these new programs will be more successful due to the collaboration, co-designing, and the input of families. There was discussion around how families find out about UCC and SAC services and how information is being publicized. Parent guides were created a few years ago and are available on connectingtocarect.org, where information on behavioral health for kids can be found. Additionally, information about services has been distributed to all emergency departments, 211, and to parents through school boards and is available in four languages. DCF is now in the process of providing information to police and first responders on UCC services. Despite this, it was raised that many members of the community are not being informed of these resources and asked if information can be provided in libraries, schools, and other places regularly utilized by families as well as distributed to committee members. DCF is partnering with DHMAS to do a marketing campaign, to further raise awareness of their services. DCF has been trying to track fall surges in emergency departments to see if there are schools that send children to ED services more often, so that they can ensure that these schools have the services they need and can avoid sending children to the ED. However, DCF has been unable to get this information on the school level only the district level which still poses an issue. Schools are struggling to know where to send kids that are demonstrating aggression. Kids that are being sent to the ED are in acute crisis and their externalized behaviors are often coined as criminal behavior and result in the use of the juvenile justice system. DCF is trying to publicize the services they can offer that can help prevent children from coming into contact with the juvenile justice system. DCF needs to partner with provider community that is available in Connecticut and need providers that are willing to work with them. There is a workforce crisis among providers, and they are struggling as well; the pace at which this can be launched is really focused on the ability of providers to help in this process.

DOC Report out on PA 19-187, Section 4

DA Eulalia Garcia introduced the new Warden, Michael Pierce, and the DOC team that will aid in giving a presentation on the reporting of PA 19-187, Section 4. DOC and MYI have worked to enhance use of IPC skills, conflict resolution, de-escalation, verbal intervention and trauma and rapport to reduce the use of chemical agents. There have been continuous efforts to train staff in trauma-informed skills to ensure the staff understands the root causes of issues that children are facing. Chemicals agents are only used in extremely violent emergency responses to avoid further injury to the children and the staff.



Warden Pierce and Deputy Warden Matuszczak presented on chemical agent usage during the period of January 2018 through September 2022. Chemical agent usage has fluctuated but has been remains around its average. There have been nine incidences of use this year out of 44 violent incidences. Most of the uses have involved multiple youth at once. Deputy Warden Matuszczak clarified that in these incidents, staff members first attempt to use verbal interventions, but if all else fails, chemical agents are utilized.

There was discussion around how much time offenders have outside of their cell. It depends on the offender, but legally all offenders are required to have four hours each day. For the majority of the shift, they are at school. Out of the nine incidences, four of them occurred in school. The other five incidences were within the housing unit. The primary reason for this is that it is very hard to isolate the offenders in the congregate school setting. In the housing unit they can separate offenders that have issues with each other. DOC has attempted to manage school altercations by utilizing different methods of separation, but it remains a challenge.

It was asked if there has been work to identify the root issue of these incidents and manage these issues beforehand to avoid conflict. Many conflicts stem from issues prior to coming into DOC custody. DOC has been creating programming and staff mediations to address these conflicts. COVID has put a halt to having credible messengers or mentors who have been incarcerated or with similar experiences, come into the facility. Previously, DOC had several offenders from Osbourne Correctional Institution take part in a successful program where they came in and shared their experiences with being incarcerated and their successes. DOC recognizes that credible messengers hold more weight than any staff member and so DOC puts a lot of emphasis on having credible messengers. Although there were a lot more of these programs prior to COVID and now DOC has been utilizing a lot of virtual measures to still get that message across. Another question was asked about the available programming outside of the school setting, how many children participated, who led the programming, and if restorative circle practices were being used. DOC confirmed they have all the above practices, and they have some new initiatives that will be beginning soon. DOC has also found that having family engagement has been huge and they use every opportunity to have families come in and engage with staff and residents. Restorative Justice has also been a priority and DOC has been collaborating with CCA to expand programming.

Discussion took place about the training or efforts that DOC is pursuing for staff and how to reduce altercations. Warden Pierce could not speak about any trainings but mentioned the importance of building rapport with offenders so that they trust the staff. DOC spoke on their work with Project Longevity and the re-entry roundtables to understand street issues before residents come into their custody so that they can prepare. DOC has a robust intelligence unit that works with police officers in the community to be aware and lookout for residents that have been in and out of the system. DOC tries to minimize groups to no more than 12 to ensure there is cohesion.

It was raised that the phrase of being “trauma informed” is in direct conflict with the use of chemical agents. The question was proposed as to why children were still being kept in adult facilities, the use of chemical agents, and lack of mental health services, access to education and programming. What do these services look like post-pandemic, when will things return to being back in person rather than



virtual? Commissioner Angel Quiros confirmed that he was open to having conversations about these issues but there is a challenge with the number of resources that DOC has compared to other juvenile detention centers. The Commissioner addressed the use of chemical agents and how he needs to be prepared for the “worst-case scenarios,” including ensuring the safety of the kids and his staff’s working conditions. These are some challenges, but DOC is happy to have conversations and open to other options. There was a discussion around the resources that Commissioner Quiros has mentioned, what resources he would need to fully support the juveniles in DOC’s care but states that DOC is not the agency that should be responsible for children, they are not equipped for this population. Judicial may be the place for them.

Concern was expressed on using of chemical agenda and inmates experiencing a mental health concern. DOC clarified that chemical agents are not used in response to mental health issues and that MYI does have mental health services within the facility, but only used when staff or other offenders are in danger. There was also discussion of the findings of the DOJ investigation and lack of appropriate programming for youth and recognition of the work that is being done and challenges of the mental health crisis and how that is affecting MYI.

JBCSSD Report out on PA 19-187, Section 4

Catherine Foley Geib gave a quick presentation on PA 19-187, Section 4, and prone restraints at CSSD within juvenile residential facilities. CSSD has never used chemical agents in juvenile facilities. Prone residents were taken out of policy a few years ago. CSSD has worked with staff to ensure that prone positions are only utilized to transition to another position. Since last time CSSD reported, they have had incidences of zero prone holds.

There was a question of how many children are in CSSD facilities. In Hartford there are approximately 25 and an estimated 27 in Bridgeport. There was a discussion about what PBIS or Positive Behavioral Interventional Supports is. PBIS is a strategy used to reinforce positive behavior but there has been a shift to using Dialectical Behavioral Therapy (DBT) which is a treatment approach versus PBIS was directed at solely managing behavior. DBT is the treatment modality and used in all residential regions program and used in pre-trial and detention units.

Overview of January 2023 Recommendations: due to meeting running out of time the brief overview of 2023 recommendations did not take place and moved to the December JJPOC meeting.

Next Meeting: Tuesday December 6th, 2:00 pm -3:30pm