



Making connections. Informing solutions.

JJPOC Monthly Meeting Agenda

Date: September 18, 2025

Time: 2:00PM-3:30PM

Location: Via Zoom Viewing Options

[YouTube](#) or [CT-N](#)

Welcome and Introductions

Representative Toni Walker
Undersecretary Daniel Karpowitz

Overview of Meeting and
Announcements

Brittany LaMarr

Introduction of CEW 2025-
2026

Diversion Policy Update

Diversion Workgroup Co-Chairs

DOJ Monitoring Report of
MYI

Department of Corrections

Next Meeting: October 16, 2025

University of New Haven



Making connections. Informing solutions.

University of New Haven

Juvenile Justice Policy and Oversight Committee

September 18, 2025

2:00PM – 3:30PM

LOB Room 1E

Or

Remote via Zoom

Agenda

Welcome and Introductions

Rep. Toni Walker/Undersecretary Daniel Karpowitz

Overview of Meeting & Announcements

Brittany LaMarr, University of New Haven, TYJI

Introduction of CEW 2025-2026

Diversion Policy Update

Diversion Workgroup Co-Chairs

DOJ Monitoring Report of MYI

Department of Corrections



Making connections. Informing solutions.

Diversion Policy Update



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DOJ Monitoring Report of MYI



Introduction



This presentation highlights the progress and improvements at Manson Youth Institution, guided by the monitoring report and settlement agreement between the United States and the State of Connecticut. The areas of discussion are Programming, Behavior Management, Involuntary Room Confinement, Use of Force, Mental Health Care, Education and New Facility Initiatives. Our focus is on strengthening conditions of confinement for youth by ensuring safety, dignity, and access to essential care.

We share the goal to;

- Ensure youth safety & welfare
- Eliminate prolonged/improper isolation
- Provide medical & mental health care
- Support with special education & sustainable programming

Programming at MYI

DQE noted improvements in programming and activities.

The team identified a need for additional structured and culturally relevant programming, as well as meaningful activities.

Surveys completed and are on-going.

Since the agreement in November 2024, the under 18 population have been included in additional programming opportunities:

- Next Level Empowerment
- Emerging Leaders
- The Marshall Project/ News Inside - Lawrence Bartley Presentation
- New Thoughts (CBT based)
- Problem Preventers/Conflict Resolution
- Increase of Restorative Justice practices
- MYI Youth Council U18
- VR Vocational Exploration
- CLICC-Connecting through Literacy for Incarcerated Parents and Children
- 24/7 DADs
- Earned Incentive Hour
- Sport Intramurals

Upcoming Programs

- MYI's Got Talent Show
- Home skills workshops
- Family /Friend Photos during visits
- Messengers and Mentors
- Mama Bear – Featuring G.Salters
- Healing Together – Featuring Yancy Singleton
- Mind and Strength Training – Bashta Training
- Art Expressions
- Rise up- Art program
- Stress management – Meditation and Yoga

Increasing weekend activities

- Pickleball
- Cornhole
- Checkers/Chess Tournaments
- Ultimate Frisbee
- Weight Training
- Boardgames
- Card Tournaments
- 3 on 3 Basketball Tournaments
- Kickball/Flag football on the field
- Track Meet

PBIS Positive Behavior Management Program: The Positive Behavior Interventions and Supports (PBIS) framework was implemented December 2023 to encourage and reinforce positive youth behaviors. The program includes short-term and long-term rewards, structured activities, and skill-focused interventions.

The monitoring team recommends

- Expand PBIS with more meaningful incentives & activities that cater to the interests and needs of the youth
- Ongoing evaluation of effectiveness of program and rewards
- Youth voice via council meetings & surveys
- Drafting Tiered PBIS system for rewards & accountability

Rewards have included

- Added incentive recreation
 - Classroom and wing of the day
 - Star Bucks Snack store
 - Commissary points
 - Time in incentive game room
 - Loaner TV Program
 - Activity participation
-
- PBIS Implementation team completed two cycles of PBIS consulting with CERC
 - Participate the nationwide PBIS Community of Practice meetings
 - Facilitate regular Tier 2 and 3 support meetings, and assess needs for added interventions



The DQE team recommends

Training: de-escalation, working with youth, behavior management program, restorative justice

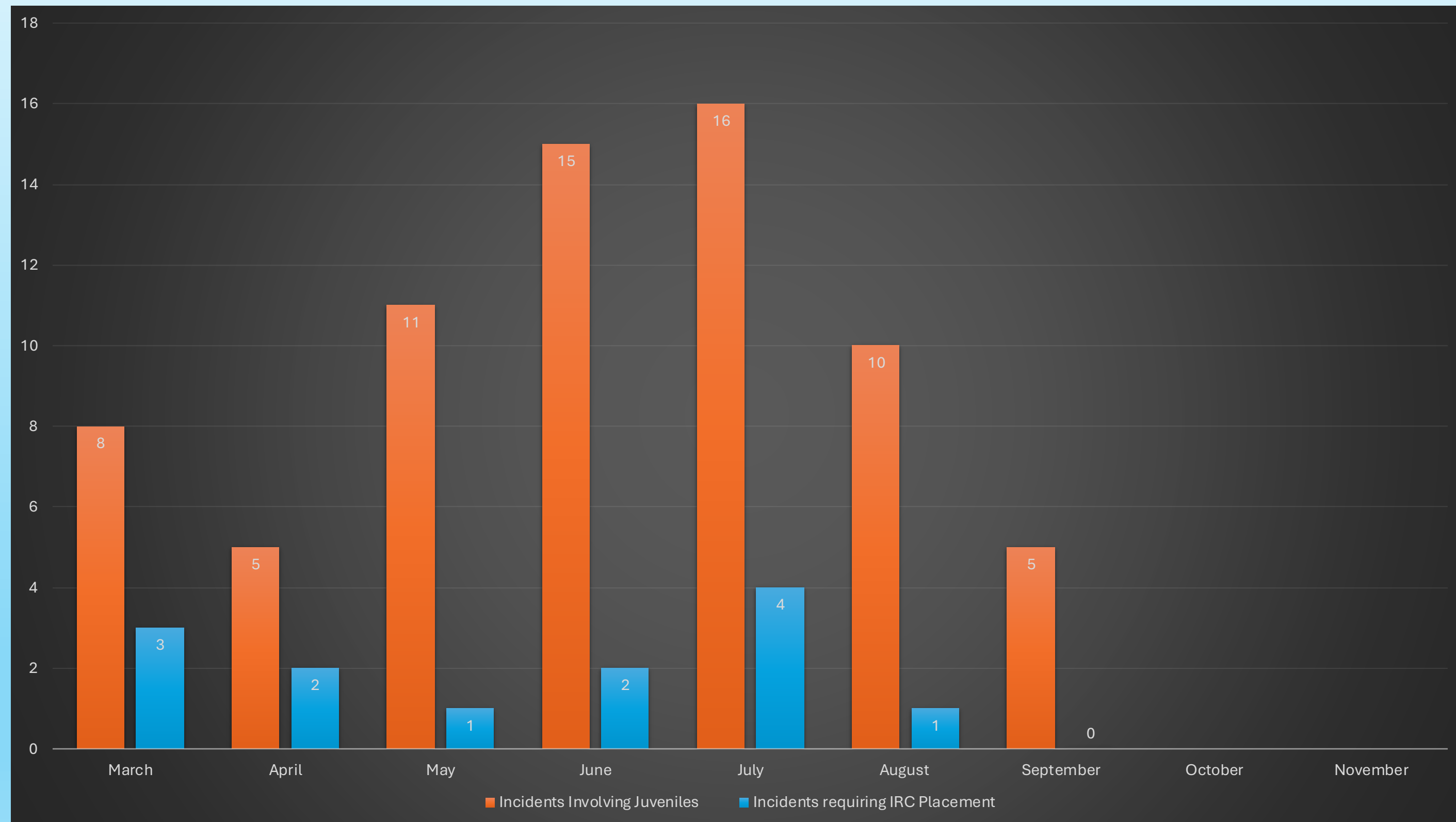
- **Staff Surveys:** PBIS, climate and working with youth
- **Staff incentives:** recognition & input opportunities
- **Recognition programs:** High Fives, awards, Employee of Quarter
- **Committees:** Quality of Work Life and Diversity Committee

The DQEs noted the importance of staff wellness programs and ongoing training in achieving effective transformation and culture change.

Behavior Management/ Use of Disciplinary Isolation

- In August of 2022, the Reflections Accountability Mediation Program also known as RAMP was discontinued due to concerns of youth isolation for disciplinary measures.
- The implementation of Involuntary Room Confinement, also known as IRC began on March 1, 2025.
- IRC can be used following incidents that may present an immediate danger to youth or staff, or for investigation purposes. Prior to placement the youth are cleared by medical staff and a Qualified Mental Health Professional to determine if there are any contraindications with IRC. The youth are also monitored at 15-minute intervals, and staff document youth interactions during each placement.
- A youth can be placed on IRC status for a period of no more than 72 hours. Since the inception of IRC, no youth have been placed on this status longer than an hour.

Incidents Involving Juveniles and Incidents Requiring IRC Placement

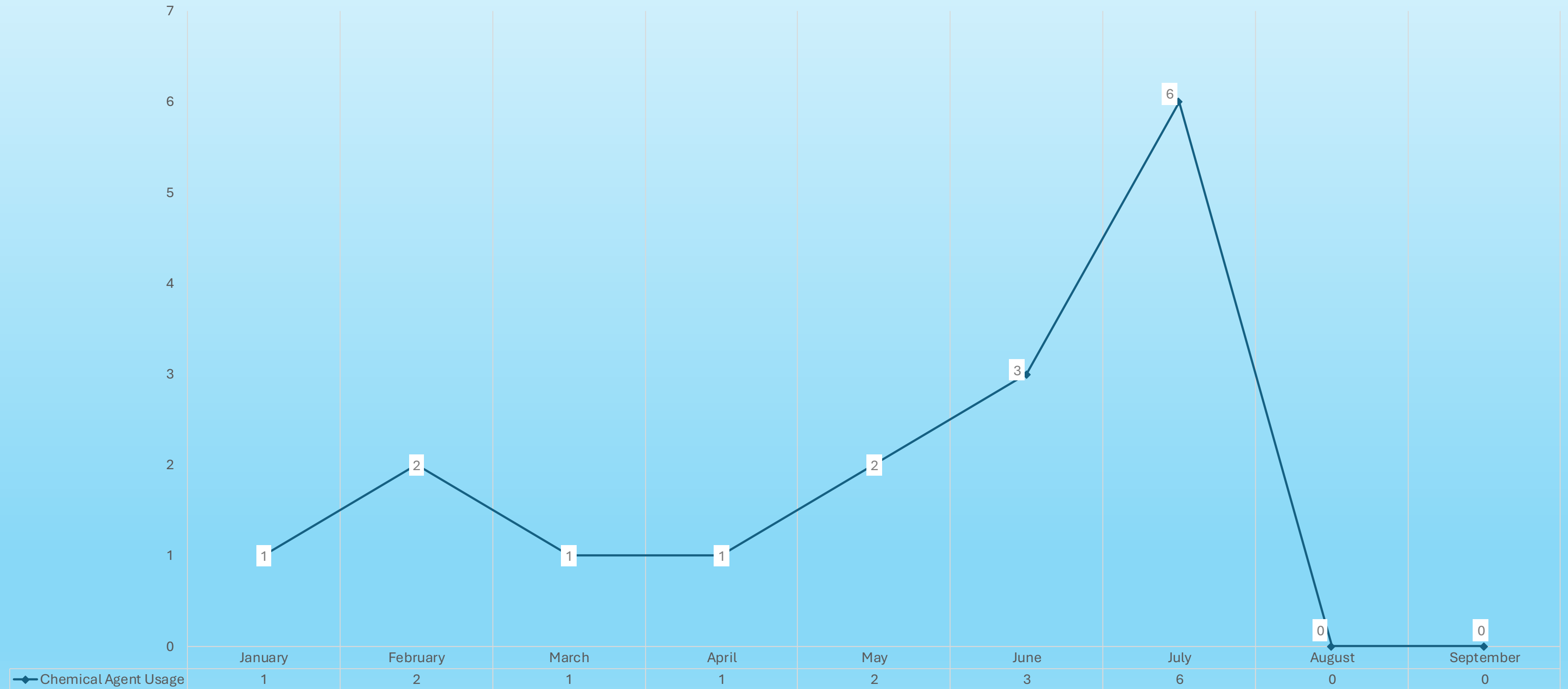


Use of Force

- All use of force incidents involving the youth are reviewed by MYI Administration. Any use of Chemical Agent is closely monitored to determine if said use was warranted by staff.
- Proper measures are taken during the decontamination process which include the youth being escorted to the shower to rinse their facial area and or body for the removal of the agent. Supervisory staff check the temperature of the water to ensure it is cold. Saline eye wash/ facial wash is also available for use by nursing staff for additional decontamination if necessary. The youth also provided with clean dry garments following exposure to chemical agent.
- Administration continues to communicate with supervisory staff to discuss the importance of reducing the use of chemical agent with the youth when feasible.

Incidents Involving Chemical Agent and Youthful Offenders

January 2025-September 2025



Use of Chemical Agent Follow up Report April, May 2025

Incidents Involving Use of Chemical Agent															
Date	Facility	Admission Date	Legal Status (sentenced/unsentenced)	Youth Age	Reason for Use of Chemical Agent	Shift and Location of Incident	Other Strategy(s) Attempted by Staff, if applicable	Youth Injury (yes/no), if yes, type	Staff Injury (yes/no), if yes, type	Youth Debriefing (yes/no-why?)	Youth Described Behavior Prior to Use of Chemical Agent	Youth Stated Reason for Non-Compliance with Staff Intervention	Youth/Staff Suggestion(s) to Avoid Future Incidents	Staff Debriefing (yes/no-why?)	IRC Utilized (yes/no), if yes, length of time (minutes)
4/25/2025	MYI	9/4/24, 4/2/25	U	17 , 17	Assault during school call, physically assaultive towards staff, non-compliance to any staff direction to cease combative actions.	1st, HET Hallway	Verbal de-escalation, Youth Separation	No	Yes. 4 staff (leg, lip, wrist, thumb, hip, groin)	yes	Issues from prior to incarceration	Heat of the moment; Not concerned with staff	Updates to keep separate list.	Yes	No
5/6/2025	MYI	12/14/23, 4/5/24	U	17, 17	Fight during religious services, Non-compliance to staff direction to cease combative actions.	2nd, Chapel	Verbal de-escalation, Youth Separation	No	Yes, 1 staff (knee)	yes	Issues from prior to incarceration	Not concern with staff intervention	Review of Religious service schedule for smaller sized or separate groups; updates to keep separate list	yes	No
5/27/2025	MYI	3/4/25, 9/18/25	U	17, 17	Assault during unit recreation, non-compliance to staff direction to cease assaultive action.	J-Cottage	Verbal de-escalation	No	No	Yes	Trash talking	Not concern with staff intervention	Speak to staff regarding any new or old issues involving staff or other peers; updates to keep separate list.	yes	No

Use of Chemical Agent Follow up Report June 2025

Incidents Involving Use of Chemical Agent															
Date	Facility	Sentenced/ Un-Sent	Admission Date	Youth Age	Reason for Use of Chemical Agent	Shift and Location of Incident	Other Strategy(s) Attempted by Staff, if applicable	Youth Injury (yes/no), if yes, type	Staff Injury (yes/no), if yes, type	Youth Debriefi ng (yes/no- why?)	Youth Described Behavior Prior to Use of Chemical Agent	Youth Stated Reason for Non- Compliance with Staff Intervention	Youth/Staff Suggestion(s) to Avoid Future Incidents	Staff Debriefin g (yes/no- why?)	IRC Utiized (yes/no), if yes, length of time (minutes)
6/10/2025	MYI	U, S, U	5/15/25, 8/28/24, 2/25/25	17, 17, 16	Assault during school call, non-compliance to any staff direction to cease combative actions.	1st/ HET Hallway	Verbal deescalation, Youth Seperation	No	No	Yes	issues in housing unit	didn't hear staff	Updates to keep separate list	Yes	Yes
6/26/2025	MYI	U, U	1/15/25, 7/23/25	17, 17	Fight during unit recreation, non- compliance to staff direction to cease assaultive action.	2nd/ H-Cottage B, Wing	Verbal deescalation, Youth Seperation	Yes/ Scratch on right temple	No	Yes	previous argument	not concerned with direction	Inform the Unit Manager	yes	No
6/30/2025	MYI	U	3/4/2025	17	Threatening behavior to staff	1st/ I-Cottage A-2 cell	Verbal deescalation	No	No	Yes	upset about his tablet	No reason provided	Youth will try to control his anger	yes	Yes

Use of Chemical Agent Follow up Report July 2025

7/12/2025	MYI	U,U	6/27/2025, 11/27/2024	17, 16	Fight during recreation, non-compliance to staff direction to cease combative action	2nd, I/J Courtyard	Verbal de-escalation, Youth Separation	No	No	Yes	Prior argument	wanted to continue fighting	Notify Unit Staff	No	No
7/14/2025	MYI	U, U	7/8/25, 4/8/25	16, 16	Threatening behavior to staff	2nd/ I-Cottage A-1 cell	Verbal de-escalation, Youth Separation	Yes/ Cut on bottom lip	No	Yes	refused a cell move	upset about pending cell move	Notify Unit Staff	Yes	No
7/23/2025	MYI	U, U, U, S, U, U	All 2025: 5/12, 4/2, 2/13, 7/1, 4/2	17, 17, 17, 17, 16, 17	Assault during school call, non-compliance to any staff direction to cease combative actions.	1st/ School Classroom #7	Verbal de-escalation, Youth Separation	No	Yes/ Cut on right cheek	Yes	Trash Talking	not concerned with direction	closely monitor students in class	Yes	No
7/23/2025	MYI	U, U, U, S	6/27/25, 4/2/25, 4/2/25, 6/12/25	16, 17, 17, 17,	Assault in classroom, non-compliance to any staff direction to cease combative actions.	1st/ School l Classroom #2	Verbal de-escalation, Youth Separation	No	No	Yes	Trash Talking	not concerned with direction	closely monitor students in class	Yes	Yes
7/23/2025	MYI	U, S, S, S	5/12/25, 7/21/25, 4/4/24, 10/3/23	17, 17, 17, 17	Assault in classroom , non-compliance to any staff direction to cease combative actions.	1st/ School Classroom #2	Verbal de-escalation, Youth Separation	No	No	Yes	Trash Talking	not concerned with direction	closely monitor students in class	Yes	Yes
7/29/2025	MYI	U, U	11/27/24, 6/27/25	17, 16	Assault in housing unit, pulled away from staff and attempted to run towards another youth. Non-compliance to staff direction.	1st/ J-Unit -C Wing	Verbal de-escalation, Youth Separation	Yes/Fractured Jaw	No	Yes	Trash Talking	refused to comply with staff	Updates to keep separate list	Yes	Yes
7/30/2025	MYI	U, U	5/15/25, 6/27/25	16, 16	Fight during school call , non-compliance to staff direction to cease assaultive action.	1st/ School Corridor	Verbal de-escalation, Youth Separation	No	No	Yes	Trash Talking	wanted to contiune fighting	Updates to keep separate list	Yes	No

Agreement Highlights – Mental Health

- Improve mental health assessments
- Improve treatment planning process
- Improve mental health treatment
 - Manage treatment refusals

Progress Prior to Agreement

- Specifics difficult to quantify since significant time passed from the initial investigation and the agreement (approx. 4-5 years)
- Mental Health staffing increased
 - Sufficiently staffed to provide care and implement the agreement
 - 2nd shift staffing is robust to account for the school day
- Youth specific practices implemented
- Collaboration with custody around other changes (RAMP)

Progress Since the Agreement

- Identifying, clarifying and quantifying monitoring processes, data, and metrics
- Improved training for staff and documentation of training
- Mental Health Assessments:
 - All youth continue to be seen by mental health the day they arrive
 - Increased coordination between disciplines during intake process
 - Developed a youth only mental health assessment process
 - EHR document in development
 - Improved documentation of certain details required by the agreement
 - Replaced ACE questionnaire with the STRESS for initial mental health assessments

Progress Since the Agreement

- Mental Health Treatment Planning
 - Policy was generally consistent with agreement
 - Some additional information was required to be included based on the agreement
 - Training and auditing regarding this addition information was developed & implemented
- Mental Health Treatment
 - Implemented monthly Multidisciplinary Team Meetings to collaborate regarding all youth
 - Wellness clinics assess medical needs and risk twice a year (DOC wide)
 - Groups changed to a general to more treatment specific format

DOJ Recommendations

- **Targeted Professional Development for Special Education** Focused training initiatives to strengthen instructional strategies and compliance with individualized student needs.
- **Expanded Monitoring and Implementation of IEP Accommodations** Systematic oversight to ensure fidelity in delivering supports outlined in Individualized Education Programs.
- **Transition Planning** Development of tailored transition pathways
- **Tiered Intervention System** Establishment of a structured support model that escalates to a Special Education referral when warranted.
- **Early-Stage Student Data Collection** Gathering of academic and behavioral data during initial days to inform instructional planning and support.
- **Quality Assurance Framework** Implementation of accountability measures to maintain high standards in service delivery and student outcomes.

Professional Development

- Over 125 hours of Professional Development conducted since 9/2024
- Topics include:
 - Differentiated Instruction
 - Transition Planning, including MAP (Making Action Plans)
 - Trauma Informed Restorative Justice
 - Tier One Behavioral Interventions
 - Lesson Planning with Accommodations
 - SRBI Instructional Strategies
 - IEP Writing for DOJ Compliance

Transition Planning

- **MAP (Making Action Plans)** is a structured and formalized transition session designed to support students in planning for future success. The process engages multiple stakeholders—including guardians, BRS staff, Re-entry Counselors, and external service providers—to collaboratively guide students in articulating their goals and developing actionable plans for their personal, academic, and professional growth.
- **Project Genesis: USD #1 Transition Services** Project Genesis is a comprehensive five-module toolkit developed by USD #1 staff to systematically support students in preparing for a successful transition. The curriculum includes self-assessment, career exploration, job readiness, financial literacy, and community resources. Throughout the program, students engage in guided activities and reflections that culminate in the creation of a personalized portfolio. Upon completion of all modules, participants are awarded a certificate recognizing their achievement and readiness for post-secondary success.

Early Stage Student Data Collection & Tiered Intervention System

- Observation, Teacher Progress Reports, Academic/Behavioral Data, Student/Parent/Guardian Interview, and Historical Data.
- Using this information if the team suspects the student has a disability, they are referred to Special Education and/or referred to MYI's Tiered Intervention System.

MYI Policy & Procedure Handbook

- Outlines all procedures required to meet the standards of the DOJ implementation plan.
- All necessary forms have been standardized, distributed to staff, and are currently in use.
- Although the handbook remains under formal DOJ review, all procedures and protocols have already been implemented in practice.

Quality Assurance Measures

- Each Special Education staff member is responsible for documenting the services provided to students.
- Accommodations for Special Education students are clearly outlined within lesson plans to ensure instructional alignment.
- School administrators conduct targeted classroom observations to verify the appropriate implementation of documented accommodations.
- Regular audits are performed by administrators to ensure full compliance with Department of Justice (DOJ) requirements.

New Facility Initiatives

- Physical Plant and Living Units
- Radio Frequency Identification System
- Introduction to body scanners



Physical Plant and Living Units

- In an effort towards creating a more home like environment, MYI administration, facility plant engineers, contractors and design teams have met and discussed plans to revitalize the youth cottages.
- Our most recent meeting was held on 8/14/25 to discuss possible structural changes and upgrades.

Radio Frequency Identification System

- Based on recommendations outlined in this agreement, a Time Keeping Radio Frequency Identification System has been requested for use at MYI.
- The system can be used to track and document welfare checks, room confinement data, program and activity participation, and overall location of the youth population.
- Operational logistic details and preparation for the system are underway.

Introduction to Body Scanners

- Manson Youth Institution has been identified as a pilot facility to receive body scanners to detect the conveyance of contraband into the facility.
- The body scanners will be used as a primary method to reduce and/or eliminate strip searches for our youth population.
- Our expected delivery and installation date is September 18, 2025.

**AGREEMENT BETWEEN THE UNITED STATES AND THE STATE OF
CONNECTICUT**

**Implementation & Detailed Plan Monitoring Report
for Year One / Report One**

Monitor's First Report

Date of Reporting Period:

November 1, 2024 – April 30, 2025

Submitted by:

Michael Dempsey, Monitor
Teresa Abreu, Conditions of Confinement DQE
Simon Gonsoulin, M.A., Education DQE
Monique Khumalo, Ph.D., Behavioral Health DQE

Submitted Date:

Final Report Submission: **July 15, 2025**

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Background

Note: The following text is taken directly from the Settlement Agreement between the United States and the State of Connecticut:

Introduction

1. The United States of America (“United States”) and the State of Connecticut (“Connecticut” or “the State”) (collectively, “the Parties”) share a mutual interest in upholding the constitutional and federal statutory rights of children (i.e., youth under the age of 18) who are incarcerated at Manson Youth Institution (“Manson”), promoting safe and effective custodial care and rehabilitation, and protecting public safety. This Agreement has the following goals: (1) ensure that children at Manson are not subjected to prolonged and improper isolation; (2) ensure that children at Manson receive appropriate mental health care; and (3) ensure that children at Manson receive appropriate special education and related services pursuant to the Individuals with Disabilities Education Act (“IDEA”), 20 U.S.C. §§ 1400-1482.

2. On October 15, 2019, the United States Department of Justice notified the State of its intent to conduct an investigation of conditions of confinement for children at Manson, pursuant to the Civil Rights of Institutionalized Persons Act, 42 U.S.C. § 1997 et seq. (“CRIPA”), and the Violent Crime Control and Law Enforcement Act of 1994, 34 U.S.C. § 12601. The investigation focused on three issues: (1) whether Manson’s isolation practices violate the constitutional rights of children; (2) whether Manson’s mental health services for children are constitutionally inadequate; and (3) whether Manson violates the IDEA rights of children with disabilities.

3. On December 21, 2021, the Department notified the State that there is reasonable cause to believe that conditions at Manson violate the Eighth and Fourteenth Amendments of the United States Constitution and the IDEA, and that these violations are pursuant to a pattern or practice of resistance to the full enjoyment of rights protected by the Constitution and federal law.

4. Specifically, the Department concluded that Manson’s isolation practices and inadequate mental health services seriously harm children and place them at substantial risk of serious harm. In addition, the Department concluded that Manson fails to provide adequate special education services to children with disabilities. The State disagrees with and disputes these findings. This Agreement does not amount to any admission of wrongdoing by the State. Throughout the investigation, the State has fully cooperated with the United States.

Implementation Plan and Focus Areas

The State of Connecticut, Department of Correction (DOC), Manson Youth Institution (MYI) will develop an Implementation Plan as required by this Agreement. The Implementation Plan will include a reasonable timeframe for completing the terms of each substantive provision, responsible person(s), outcome metrics, quality assurance and sustainability measures, and performance indicators for each of the following four (4) primary objective areas:

1. Behavior Management

- (a) Interim Measure Regarding the Use of Disciplinary Isolation
- (b) Policies and Procedures
- (c) Qualified Mental Health Professional (QMHP) Review
- (d) Investigation Status
- (e) Positive Behavior Management Program
- (f) Training

2. Mental Health Care

- (a) Policies and Procedures
- (b) Mental Health Assessments
- (c) Individualized Treatment Plans
- (d) Periodic Review of Treatment Plans
- (e) Mental Health Treatment
- (f) Treatment Refusals
- (g) Training

3. Special Education

- (a) Policies and Procedures
- (b) Special Education and Related Services Frequency and Duration
- (c) Provision of Transition Services
- (d) Special Education and Related Services Documentation
- (e) Accommodations, Modifications, and Interventions
- (f) Related Services
- (g) Records Transfer
- (h) Initial Screening
- (i) Collection of Additional Information
- (j) Response to Intervention ("RTI") Committee
- (k) Length of School Day
- (l) Training

4. Quality Assurance Program

- (a) Establishing a Quality Assurance Program
- (b) Corrective Actions

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Executive Summary

This is the Monitor's first report, Year1/Report1 (Y1R1), which covers the monitoring period from November 1, 2024, to April 30, 2025, for the Manson Youth Institution (MYI) under the Settlement Agreement between the United States and the State of Connecticut, Department of Correction (DOC). This Agreement was established to ensure the constitutional and federal statutory rights of incarcerated youth are upheld, focusing on preventing prolonged isolation, providing appropriate mental health care, and delivering special education services.

Monitoring Team

The monitoring team, consisting of Michael Dempsey (Monitor), Teresa Abreu (Conditions of Confinement Designated Qualified Expert "DQE"), Simon Gonsoulin, M.A. (Education DQE), and Monique Khumalo, Ph.D. (Behavioral Health DQE), conducted site visits, reviewed documentation pertaining to the areas of the Agreement, and engaged in ongoing discussions with DOC, facility leaders, youth, and youth advocacy organization during this reporting period. The monitoring team's goal was to assess compliance with the Settlement Agreement and determine the level of progress for each of the Agreement provisions. In doing so, the monitoring team also assessed the overall quality of life, conditions of confinement, operational services, and programming provided to the youth at MYI who fall under the provisions of the Agreement (38 youth at the time of the most recent site visit).

Key Findings and Observations

OVERALL PROVISION/TASK RATINGS (N=77)	
Rating	Percentage (Number)
SC	6.5% (n=5)
PC	74.0% (n=57)
NC	9.1% (n=7)
N/A	10.4% (n =8)

1. Overall Quality of Life and Conditions:

Physical Plant and Living Units: The monitoring team observed that the units, bathrooms, and youth rooms had variable levels of cleanliness. The team also observed significant graffiti in various areas of the facility, including inside youths' rooms. Further, several youths' rooms and some units had an excessive amount of commissary. The Monitor notes that the DOC made significant renovations to improve the unit atmosphere to include various renovations to the living units and dayroom areas. The Monitor remains concerned with the overall feel and climate of the units. Additional measures are needed to create a more homelike environment which is essential for creating a supportive and therapeutic atmosphere. A homelike environment refers to an approach that emphasizes creating a setting that is physically, emotionally, and psychologically

more like a home than a prison. It is rooted in trauma-informed care, child development principles, and rehabilitation goals, and it contrasts sharply with traditional punitive or correctional models. The team recommends improvements in furnishings and decor to make the living spaces more comfortable and conducive to positive behavior management (e.g., soft furnishings, natural light, calming colors, communal dining and living areas that are less institutional or more similar to a home environment, etc.). In ongoing bi-weekly virtual technical assistance calls, the monitoring team will provide the State of Connecticut with examples from other jurisdictions that have made low cost modifications resulting in a more homelike environment. Connections between the example jurisdictions and the leadership team at Manson will be provided where appropriate to facilitate peer learning.

Programming: While there are notable improvements in programming and activities, the monitoring team identified a clear need for additional structured and culturally relevant programming and meaningful activities. Youth idleness and operational room confinement is high, as youth spend excessive free time locked in their rooms. As defined by Performance-based Standards (PbS), youth idleness includes "...periods of time during the day when youths are not participating in a scheduled program, event or staff-directed and supervised activity. Idle waking hours data is unit-specific and reported based upon what the majority of youths in each unit are doing at the time. It may occur when youths are in day areas, dormitories, or their assigned sleeping rooms. Idle waking hours include time scheduled without staff-directed or supervised activity and when a change to the schedule occurs to facilitate unit operations (for example staff shortages) and is not replaced with a constructive staff-directed and supervised activity. Idle waking hours do not include time that is regularly scheduled for sleep or periods of confinement" (2020).¹ Youth spend most of their time in small, uncomfortable, drab, living units or rooms, leading to boredom and higher rates of incidents of violence. The team emphasizes the importance of developing more meaningful activities and programs, particularly on weekends when fewer programs are available to keep youth engaged, reduce idleness, and reduce the need for the excessive amount of operational room confinement hours.

Staff Wellness: The monitoring team believes in the critical role of staff wellness programs and ongoing training in achieving effective transformation and culture change. Experienced leaders and well-trained staff are essential for managing secure juvenile justice facilities and facilitating positive youth development. The team recommends regular training focused on de-escalation skills, building strong relationships with youth, and staff serving as coaches and mentors rather than referees or disciplinarians. Staff should be well trained and knowledgeable on the workings of the behavior management program (BMP) as it continues to be developed and implemented to support a positive and therapeutic environment. Additionally, developing staff incentives and input (staff climate scales) will improve overall staff wellness, which in turn improves the overall climate and culture of the facility. The DOC recently created new facility climate surveys, to include PBIS surveys, U18 Youth Surveys, Staff climate surveys, and a Family climate survey. A staffing analysis should be completed to ensure staffing levels can meet operational needs and provide the various services and programs required under the Agreement provisions.

2. Behavior Management:

Use of Disciplinary Isolation: The Behavior Management policy has been revised to limit the use of disciplinary isolation to only the most serious offenses involving violence. While the policy

remains in draft form pending final review and approval of the Monitor, facility operational practices have been implemented to be in alignment with the Agreement provisions limiting the use of disciplinary isolation or segregation. Additional recommendations are being provided by the monitoring team to include further development of the policy as it relates to “involuntary room confinement” procedures.

Policy requires staff to conduct and document visual checks of youth at irregular 15-minute intervals and consult with mental health professionals about additional interventions whenever youth are placed in any form of behavior related room confinement. Despite these requirements, the monitoring team observed inconsistencies in the implementation of these practices. Additionally, youth are confined for several hours a day for operational or staff convenience at an excessive level. While some operational room confinement is acceptable, the monitoring team observed youth being operationally confined for hours at a time. For example, youth stated and video review by the monitoring team confirmed that they are placed in their rooms after school from 2:00 PM – 5:30 PM, youth eat in their rooms and are placed in rooms for shift change. The Monitor recommends further training and oversight to ensure staff adhere to the new policies, particularly as it relates to their performing safety welfare checks of youth who are secured in their rooms for either behavior related room confinement or for any operational room confinement that may occur.

MYI needs to procure a software-based solution, such as a Radio Frequency Identification (RFID) system, to properly track both behavior and operational related room confinement practices. The RFID system will also enhance the Quality Assurance (QA) processes for ensuring compliance with various provisions, including the need to hold staff accountable for conducting timely safety welfare checks. DOC reports that their fiscal department has begun the procurement process to purchase and install the RFID software

Positive Behavior Management Program: The Positive Behavior Interventions and Supports (PBIS) framework was implemented to encourage and reinforce positive youth behaviors. The program includes short-term and long-term rewards, structured activities, and skill-focused interventions. The monitoring team recommends expanding the program to include more meaningful incentives and activities that cater to the interests and needs of the youth as well as continuously re-evaluating the effectiveness of the program and the incentives and rewards offered. The facility should include youth voice in continually assessing the program through the formation of a Youth Council with regularly scheduled meetings.

While the PBIS/BMP is implemented and relatively new, additional evaluation and development is needed. The Monitor believes that the program should include a level system so that youth are rewarded and held accountable for behaviors.

Use of Force: During the most recent site visit, the Monitor reviewed eighteen use of force incidents and videos as they relate to the behavior management program, PBIS effectiveness, isolation practices, and the culture of the facility environment. Overall, the use of force is minimal, and reports are thorough and well documented. Staff response to incidents are professional and well trained. MYI also has the practice of utilizing a hand-held video recorder as part of the response team to record all incidents and uses of force. This practice allows for improved review and investigation processes for use of force incidents as well as provides enhanced QA measures

related to incidents of violence. Only selected posts and supervisors carry OC spray which minimizes its use.

When OC spray is used, youth are decontaminated using unit showers which do not provide cold-water only. Youth rinse their heads and faces using the temperature-controlled showers which are hot. MYI should designate a decontamination only shower which provides cold-water only for proper decontamination. As a secondary process, MYI should have neutralizing decontamination wipes available for youth and staff to use when needed.

The MYI CCTV system is outdated and has numerous blind spots (units, dayrooms, classrooms, gymnasium, facility grounds) which need to be addressed.

3. Mental Health Care:

Manson is actively working towards making policy and practice changes to come into compliance with the provisions of the Settlement Agreement. Most areas were determined to be in at least partial compliance. Manson has demonstrated that clinicians' complete mental health assessments and treatment plans in a timely fashion. However, there is a need to focus more specifically on ensuring the assessments and treatment plans contain the elements required by the Settlement Agreement. Improvements in quality and individualization of assessment and treatment plans will naturally lead to greater opportunities to provide more targeted interventions to youth. Over the course of the next rating period, Manson will need to focus on developing standardized procedures and protocols related to each of the major areas (i.e., assessment, treatment planning, and programming); a training plan for each of the areas; and quality assurance metrics that will be used to monitor progress and ensure consistency in practice.

4. Special Education:

IEP Review and Transition Services: Policies ensure timely review and revision of Individualized Education Programs (IEPs), with a focus on individualized transition plans for post-secondary activities. The Special Education (SPED) Director and SPED Supervisor have put in place an excellent process to assess compliance with the transition services found in the Agreement and in the Individuals with Disabilities Education Act (IDEA) statute. There is documentation of training with key staff on critical Agreement topical areas. The DQE was pleased to see the use of assessments both formal and informal in the process of determining transition needs and applicable services. During the next site visit, multiple student transition plans will be reviewed to gather more information on the required elements found in the Agreement, Special Education Manual, and IDEA statute.

Special Education and Related Services Documentation: Manson has created a log to manage the delivery of related services. Each related service provider documents the delivery of services per the IEP. The log is reviewed regularly by the Special Education Supervisor. During the March 2025 site visit and in the file review, it was excellent to see that all related services are provided by certified related service providers on site and that Manson is no longer utilizing a consultative approach of training teachers on the provision of these required services. There is still a need to add start and end times to the log to document minutes of related services received.

5. Quality Assurance:

Establishment of QA Program: A plan for the Quality Assurance (QA) program has been established to identify and correct deficiencies in isolation practices, behavior management, mental health care, and special education services. The QA program includes regular audits, data collection, and corrective action planning. The monitoring team emphasizes the importance of maintaining and regularly updating the QA program to align with revisions to policies, procedures, and practices and to ensure continuous improvement. Each new or revised policy should include a QA section that identifies the measures to be taken to ensure operational practices occur in alignment with the policy.

The QA program should include corrective action plans when deficiencies are identified. These plans should include specific timelines, responsible personnel, and measurable outcomes. The monitoring team recommends more detailed documentation of corrective actions and regular follow-ups to ensure compliance. The QA plan should include an expanded scope to include additional areas of concern identified during the monitoring period. Presently, MYI has not fully developed or implemented a QA program consistent with all provision requirements.

Major Provision Detailed Findings

1. Behavior Management:

BEHAVIOR MANAGEMENT (N=39)	
Rating	Percentage (Number)
SC	0.0% (n=0)
PC	82.1% (n=32)
NC	0.0% (n=0)
N/A	17.9% (n=7)

Interim Measure Regarding the Use of Disciplinary Isolation: MYI has revised its policies to limit the use of disciplinary isolation to serious offenses involving violence. The monitoring team noted progress in reducing the use of involuntary room confinement but emphasized the need for consistent implementation and documentation of visual checks and mental health consultations.

Positive Behavior Management Program: The PBIS framework has been implemented with additional incentives such as group activities and experience-based rewards. The monitoring team recommends further development of the program to include a level system and more skill-based activities. The Monitor has also connected CT/DOC with a best-practice example of a skill-based BMP for review and consideration in the further development of the PBIS for MYI.

2. Mental Health Care:

MENTAL HEALTH CARE (N=13)	
Rating	Percentage (Number)
SC	0.0% (n=0)
PC	61.5% (n=8)
NC	30.8% (n=4)
N/A	7.7% (n=1)

Mental Health Policies and Procedures: The State utilizes one set of health services and facility policies for all its institutions, most of which serve adults. There are a few policies that have been modified in past years to speak to the adolescent population (e.g., the use of the MAYSI-2 at intake for the under 18 population), but for the most part they address the care and treatment of the adult population. To come into compliance, each of the current policies and procedures that are put forth to satisfy the requirements of the Settlement Agreement will need to be reviewed and revised as necessary to comport with the elements of the Agreement for the under 18 population at Manson Youth Institution at a minimum. It may be far more efficient to adopt standard policies for the entire facility inclusive of the youth 21 and under.

Mental Health Assessment: The quality and timeliness of mental health assessments were a significant focus of the November 2024 and March 2025 site visits. The Settlement Agreement requires that each youth be provided a comprehensive developmentally appropriate mental health assessment (para. 61), inclusive of referral for psychiatric (para. 62) and intellectual assessment (para. 63) when indicated, and that those assessments be revised to reflect updated clinical information (para. 64).

During the November 2024 site visit, the Mental Health (MH) DQE reviewed the current MH intake assessment process. The number of intakes per month is relatively low and thus observation of an actual intake was not possible during the site visits. In lieu of observing the assessment process, the MH DQE participated in a mock MH intake assessment to better understand the recent training and structured protocol designed to ensure clinicians capture more of the elements required by the Agreement. The MH DQE also completed chart reviews of several youth to determine if the required elements were present in the assessments and if the assessments were completed by a Qualified Mental Health Professional (QMHP) in a timely manner. It was determined that while the Mental Health Assessments were conducted by a QMHP in a timely manner, the consistency and quality of content collected varied between assessments and some areas required by the Agreement were not clearly documented in the record. The MH DQE also observed that the mental health assessment template in the Electronic Health Record (EHR) allows for non-answers in some sections and other sections disappeared when a “no” response was selected. It was unclear whether the question was ever queried or if so, the basis of the “no” response. This will need to be fixed to allow for appropriate auditing of records. The other

challenge with the assessment/EHR template is that it was built for the adult population and lacks developmentally appropriate questions (e.g., questions regarding military service and marital relationships vs. school and peer/family relationships, parenting style). The MH DQE has recommended the creation of a youth focused structured interview to improve consistency in completion of the assessment; training for staff on the assessment and effective interview techniques; modifications to the EHR grouping information into sections that support the areas required by the Agreement; expansion of information related to the identification of youth with intellectual and learning disabilities; and the development of youth specific policies and procedures to fully align with the required elements. At the time of the second site visit, Manson was beginning the process of making changes across all areas. This will be assessed during the next reporting period. Finally, related to the EHR, all health care providers contribute to the record and thus sometimes content seems to change on the mental health assessment or is pulled in from other fields. This is something that Manson will need to understand to ensure information contained in the mental health assessment is representative of the mental health clinician's assessment.

While on site, the entire intake process was also reviewed. The initial screenings are completed by intake staff at booking, and a medical assessment is completed by nursing. There is a need for Manson to more clearly align this screening process such that information gleaned in earlier screening/assessments can be adequately accounted for in the mental health assessment. The initial intake assessment is completed on paper by security staff and is not reviewed by the QMHP prior to completing their assessment. Similarly, it is not standard practice to review the intake/medical assessment when it is completed prior to the mental health assessment. A comprehensive mental health assessment must include consideration of all available data for youth. It is recommended that Mason implement a cohesive intake process. While it is understood that the QMHP may at times complete their assessment prior to the medical assessment, the initial intake assessment is always completed before the mental health evaluation.

At the time of the November 2024 site visit, Manson adopted the Adverse Childhood Experiences Questionnaire (ACE-Q) to improve the assessment of traumatic events experienced by youth. While inclusion of a survey to assist the QMHP in identifying the types of childhood adversities that may exist for a youth is a step in the right direction, the ACEs Questionnaire is limited in its focus and only includes adversities a youth experiences in the home environment without consideration of the number of other potentially traumatic events that can occur in community settings. The questionnaire also lacks the capacity to screen for symptoms/responses which are important to understand to adequately care for youth in a residential setting. For example, intrusive thoughts can lead to sleep disturbances and trouble concentrating and hypervigilance and hyperarousal can impact social interactions and tendencies toward conflict with others. It was recommended that Manson consider a more comprehensive screener that includes both events and responses. During the second site visit in March 2025, the MH DQE was informed that the MH Assessment would include the incorporation of the Structured Trauma-Related Experiences and Symptoms Screener (STRESS) tool. This tool includes both events and symptoms.

The requirement to complete a new mental assessment was modified by the MH DQE to allow for an updated treatment plan. Once the initial mental health assessment is completed, a youth's mental status and needs should be consistently assessed and documented in clinical notes. When a youth displays changes in mental health status that are not adequately addressed in the current

treatment plan, the treatment should be updated to reflect those changes. On occasions a youth may require further assessment for the purpose of diagnostic clarity, and this may include the use of standardized instruments; more expanded diagnostic interviews; and/or referral to psychiatry. The results of these assessments should be thoroughly documented in a clinical note and reflected in the treatment plan as clinically appropriate. It is understood that the intake mental health assessment is a point-in-time assessment. Treatment notes and treatment plans are an extension of that assessment and designed to provide the most current diagnostic picture and progress. For the combination of clinical notes and the treatment plan to adequately substitute for the requirement to complete an updated mental health assessment, both clinical notes and the treatment plan must reflect the process of ongoing assessment of progress and needs. A review of records during the site visit, however, showed that this was not necessarily the practice. For the treatment plans and progress notes to serve the purpose of this requirement, both must be more detailed. Treatment plans were often observed to be very general. And although they are developed at the time of the assessment, the treatment plans reviewed often failed to tie back to the original assessment. Similarly, individual and group notes were not always clearly tied to the treatment goals. Group notes sometimes provided detail regarding the group but not how the group content was tied to the youth's identified needs or how the youth responded to group. This will need to be a focus of future training and quality assurance efforts. In addition, the newly initiated monthly multidisciplinary team (MDT) meetings (2/2025) to include education, custody, addiction services, medical, and mental health staff will provide more opportunities to gather information relevant to ongoing assessment of youth needs and should be documented in a case note and used to justify treatment plan modifications when needed.

The MH DQE reviewed the identification and referral process for youth with suspected intellectual and learning deficits. The current mental health assessment is inadequate to query for participation in special education and prior head injury, which in collaboration with behavioral observations and mental status, could suggest the need for a further assessment of intellectual functioning. None of the records reviewed included these indicators, which might have led to a referral for intellectual functioning. This suggests a need to make clear the requirement to refer for further screening or assessment when these and other indicators are present.

Health Services policy G 4.05 (rev. 9/1/2022) addresses the continuation of psychoactive medication upon intake, medication evaluation, and medication refusal. During the March 2025 site visit, the MH DQE met with Dr. Colette Poole who had recently become the full-time child and adolescent psychiatrist at Manson Youth Institution. Dr. Poole described her extensive experience working with youth in the juvenile detention facilities in Connecticut and her general process for managing referrals and prescribing medication. Prior to Dr. Poole's transition to the facility, the Psychiatric Nurse Practitioner had put in place several requirements that needed to be met prior to referral and specific referral reasons that appeared to serve as barriers to referral. Fortunately, Dr. Poole made clear that any youth who the clinicians felt could benefit from medication or who were previously on medication should be referred. Her stance was that she preferred to have an opportunity to weigh in on diagnosis and the value of medication and would prefer that youth were "screened in" not "out" related to referrals. Given Dr. Poole is new to the position, a more detailed analysis will begin during the next reporting period via chart reviews and staff and youth interviews.

Individualized Treatment Plans: The Settlement Agreement requires the development and implementation of a treatment plan based upon the identified needs of each youth (para. 65); the assurance that the treatment plan is detailed and serves as a collaboratively informed living document reflective of the youth's current needs and progress (para. 66); and that it is reviewed and adjusted as needed but at least every four months (para. 67).

Treatment planning currently occurs at intake at the time of the mental health assessment. Policy G4.02 governs the treatment planning process. Additionally, Policy G5.06, which is related to service provision, also speaks to treatment planning. These two policies, however, are not in full alignment with one another. As with concerns noted generally regarding policy, treatment planning policies are written to fit all individuals served by the Department of Corrections, most of whom are adults. Given the larger volume of adults and the likely greater fluidity of adults in detention, the treatment planning process is designed in some ways to reserve more comprehensive treatment planning for those who remain detained at 60 days and maintain a MH score of 3 or greater. The process is also not consistent with the observed procedure at Manson. The policy describes a 3-stage process – 1) A preliminary treatment plan shall be developed whenever an “inmate” is identified as requiring mental health services (MH service score of 3, 4, 5) and will be documented as a Mental Health Screening encounter in the “inmate's” electronic health record; 2) the “inmate” will then be scheduled for a treatment plan review in 30 days at which time the treatment needs will be assessed and the frequency of sessions set; and 3) if the “inmate” remains a 3 or higher for over 60 days, then the treatment plan shall be completed and scanned into the EHR. Manson assigns a mental health score at intake and completes a full treatment plan at that time. While this ensures that Manson meets the required timeline, it also reduces the likelihood that richer information required by the Agreement (para. 66) could be gathered if there was an observation and information gathering period of a week or two. Per paragraph 66, there is a requirement that individualized treatment plans show evidence of consultations with security and educational staff and be inclusive of psychiatric support when indicated. Manson has begun an MDT process that could provide rich information to inform the treatment plan. In addition, for youth referred for psychiatric, intellectual functioning, or other types of assessment, this would give time for those results to be included in the youth's treatment plan. This would likely assist in developing a more informed diagnostic picture, mental health classification, and ultimately a more detailed and individualized treatment plan.

The mental health treatment plans reviewed during the site visits mostly lacked detail and at times failed to target the assessed needs. These are likely consequences of a premature treatment plan. Individualization of treatment plans is a key component of the Settlement Agreement. Treatment plans are also approved to be used in lieu of an updated mental health assessment. Given the weight of treatment planning in this Agreement, this will need to be a significant focus of improvement in the upcoming review periods. Manson is currently in the process of modifying the mental health assessment and treatment plan which should assist in developing a more targeted individualized treatment plan.

All but one treatment plan reviewed had been updated within the 4-month window. There was no evidence that timeliness for initial or updated treatment plans was an issue, and the EHR reports allow for continuous monitoring of timeliness by supervisors. The challenge for Manson is the level of detail included in the plans that shows evidence of collaboration and individualization based upon youth needs.

Mental Health Treatment: The Settlement Agreement requires that youth receive targeted, evidence informed, individual and group psychotherapy, and psychiatric support consistent with their identified needs as documented in their treatment plan and in alignment with their ethnocultural values (para. 68). The Settlement Agreement also requires documentation of treatment refusals and efforts to address the youth's reasons for refusal and provision of consultative support to educate and encourage youth to engage in appropriate interventions (para. 70 & 71). Further, the Agreement requires that clinical need scores are based solely upon the assessed needs regardless of youth's willingness to participate in care (para. 69).

Treatment is the mechanism to address needs identified through comprehensive assessment guided by the youth's individualized treatment plan. Given these factors, the appropriateness and quality of the intervention must be assessed in the context of the assessment and treatment planning process. Interventions must address identified needs, be delivered in a way that both educates the youth regarding the purpose and value of the intervention, and provide the youth opportunities to apply the skills learned through therapy in their real-world environment. It was not possible during the baseline assessment site visits to observe all groups offered. However, the MH DQE learned that through mental health services and custody staff Mason provides a number of groups for youth that are relevant to mental health and well-being. Mental Health staff run Dialectical Behavior Therapy (DBT) groups. Other groups offered by custody staff include substance abuse groups, Voices and Victim Impact, and New Thoughts. Together these groups provide a mix of mental health and substance use specific curriculum as well as focus on thoughts and behaviors that may have contributed to justice system contact.

Manson's efforts to schedule Mental Health staff in the afternoon and evenings when youth are available to receive services is an important step towards being able to provide treatment interventions. During the March 2025 site visit, the DQE was not able to conduct youth interviews to determine youth perspectives related to treatment services. The MH DQE did have an opportunity to observe a DBT group session and review group notes. DBT groups at Manson are really DBT skills groups and are offered once per week for each wing of the facility. Further, all groups are open to all youth regardless of mental health score. Open groups have their advantages in terms of allowing access to the group, but they also have disadvantages because the group make up is inconsistent and it's challenging to help youth work on development and use of skills without a level of continuity across group sessions. Approximately 6 young people participated in the DBT group focused on the application of mindfulness skills. They were provided with general scenarios and asked to explain which skill would be more useful in the situation. It was apparent that several youth had not learned these skills. Some reported they were not present in prior groups or had not adequately learned each skill. This demonstrates the challenge with open group formats. While the clinician leading the group clearly understood the skills and attempted to introduce a fun activity to apply previously learned skills, the value of the group was lost for most because they did not have the requisite knowledge to participate. DBT skills can be helpful in regulating behavior and emotion. However, for this to occur, the youth must be able to concretely tie the skill to their specific areas of need and practice the skill in the milieu. If the group is going to be open, a skill must be presented, learned, and practiced in each group and the facilitator must assume youth have no prior knowledge of the skill. If general skills groups are going to be used as a treatment modality, the groups likely need to occur with more regularity throughout the week and have some expectation about attendance to reinforce learning. The group should also have some requirement

to practice the skill or engage in an activity to sustain learning between groups. Groups are often listed as part of the youth's treatment plan to address significant emotional or behavioral dysregulation. The group as observed would have little impact on skill development to address those needs. Building skills so that they can be applied in real time takes a lot of reinforcement and practice once the skill is learned. Youth with challenges in regulating emotion need concrete assistance in learning and applying skills. In addition, treatment plans in charts lacked the detail necessary to clearly indicate which of the DBT skills a youth would be focused on using to address which need. Group notes also lacked individual comments related to the youth's participation and progress in learning and applying skills.

Substance use groups are run by custody staff. Currently these notes are not entered into the Electronic Health Record and may not be included on the treatment plan. Manson will need to explore how best to integrate substance use assessment and interventions into the youth's treatment plan and provide progress updates. This could be accomplished via a clinical team meeting that includes the staff member who facilitates substance use groups.

Review of notes related to individual sessions varied in quality and connection to the treatment plan and assessment. It is recommended that goals addressed in individual and group therapy be listed on the note and comments should relate to the interventions covered during the session and the youth's response.

3. Special Education:

SPECIAL EDUCATION PROVISION/ (N=23)	
Rating	Percentage (Number)
SC	21.7% (n=5)
PC	73.9 (n=17)
NC	4.3%(n=1)
N/A	0.0% (n=0)

Length of School Day: While it is positive that the school administration records the time the last dorm arrives at school in the morning and afternoon (as well as departure times), there was not a single week where the length of school day was met (since the data collection was first started in January 2025). The monitoring team recommends continuing to log in arrival time and departure time for first and final dorms each day. Further, the monitoring team recommends that the school and the facility staff/leadership meet to discuss and determine the best approach to address this long-standing issue of not meeting the full-length school day requirement and develop and implement a plan to resolve the issue. If this continues to be an issue, assess where the problem exists and address it. This indicator will take both school and facility personnel to address in order to be successful. And identify quality assurance methods and corrective action to ensure compliance.

Frequency and Duration of SPED and Related Services: The practice of the Planning and Placement Teams (PPTs) routinely reducing the number of special education instructional minutes and related service minutes (frequency and duration) on IEPs continues. One exception may exist—if the student is coming directly from an out of placement setting like a treatment facility. Please find below acceptable data, action, and input if the decision is made to reduce services when compared to the most recent IEP from the local school system (a minimum of two reasons need to be listed on the IEP). The use of these reasons for reducing frequency and duration need to be identified specifically in the notes section of the IEP (or another logical section of the IEP), called out to the parent and student, and on the IEP at a Glance document (which is an excellent quick summary of the most relevant features of the IEP that can impact instruction).

- current classroom performance (identify relevant performance),
- teacher information (identify what information the teacher is sharing and knowledge the teacher has of the youth's performance),
- classroom observation notes (identify by whom and what the notes say),
- formal and informal assessments (name them),
- conversations with the youth and parents (what was said to warrant the placement in services),
- and other relevant educational information.

Site Visit Summary (Education)

The staff in the school (as well as the facility) were professional, hospitable, and cooperative. The staff made themselves available to the DQE and were prompt in securing needed records, protocols, databases, and data. The Director of Special Education was extremely helpful over the course of one entire day. The principal was extremely helpful to the DQE and took a considerable amount of time walking him through processes. Many quality assurance measures have been developed and are being implemented.

Overall, the DQE feels as though the school staff is attempting to address the terms of the Settlement Agreement, takes the work seriously, and wants to improve educational outcomes for the youth in their care, especially youth with disabilities. A considerable amount of time has been dedicated to the development of training materials and delivery of the training in a short period of time.

The development of the Special Education Policy and Procedure Manual (Manual) is a tremendous start to promote quality education for students with disabilities and to address the concerns found in the Settlement Agreement. The DQE approves all materials found in the Manual. There are some Settlement Agreement requirements that are not addressed thoroughly in the Manual (see comments under paragraph 73 in the Excel document).

The DQE held one on one interviews with four students. Overwhelmingly, the students reported that they were learning new skills, that for the most part the teachers at Manson care about them, and that there is an adult in the school they can go to if needed. They all stated they felt safe in the

school setting. They all spoke highly of the special education services they were receiving and one young person felt as though he would like to be in the special education classroom all day.

The DQE conducted one 90-minute ELA classroom observation following the review of the teacher's lesson plan. The regular education teacher was Ms. Teague and the SPED teacher was Ms. Nichols. The instructional materials were all prepared and ready for use by the teachers and students. There was a SPED teacher present in the classroom (push in model) for the entire 90-minutes, and the regular educational teacher and SPED teacher interacted with all youth (excellent to see). There was very little co-teaching where the SPED teacher would lead a segment of the instructional lesson. The DQE observed differences in the assignments among students (modification), accommodations were provided (one on one assistance, graphic organizers, sentence starters, extended time, and teacher read questions). Teachers moved about the room the entire lesson unless they were seated for small group work. The teachers provided a positive climate for youth to learn—when comments were needed based on behaviors exhibited by students, the teachers were appropriate in acting quickly not allowing things to get out of hand or developing into a major disciplinary concern. When a student put his head down on his desk, the teacher asked if he wanted to rejoin them, and he complied—nonconfrontational approach. For about 20 minutes, a few students had a worksheet that required them to color the worksheet (not sure there was educational benefit for the 20 minutes coloring). The classroom floors needed sweeping and mopping. Many samples of the students' work were displayed about the room. The teacher addressed PBIS by picking up the students' yellow cards. All students used either $\frac{1}{2}$ or $\frac{1}{3}$ of a No. 2 pencil—no student had a regular sized pencil. One very good teaching technique I thought was exceptionally done by the teacher was to preview the lesson that was coming next and expectations for the youth. There was a conclusion to the lesson followed by a quick preview of what they would cover during the next class. Final Note: During the lesson a disturbance occurred in the hall—a security officer hollered at a youth (Daniel) and said “he was not taking this (2 expletives) from him”—youth in class stated “that man is going to hurt someone”. The DQE reported this incident to the principal.

The DQE requested a list of all youth who were removed from school over the last four months. The removals were all initiated by the staff (either education or custody). DQE determined that there were a total of 20 removals and 14 removals were youth with disabilities (70%). There were 9 students with disabilities removed with the range being 1 removal to 4 removals (majority only removed once during that period). Forty-three percent of the students with disabilities that were removed were classified as students with Emotional Disturbance (ED) and 21% were Other Health Impairment-Attention Deficit Disorder (OHI-ADD). This is data that the school should look at every quarter to determine if there are trends, need for additional behavioral interventions, and need for additional training. The duration of removals was from a low of 15 minutes to a high of 150 minutes. The most frequent removal was for 90 minutes (which equates to one class period).

The principal supplied the DQE with arrival and departure logs from January to March 7, 2025. There were not three consecutive days when all youth received a full day of school. This was a major issue years ago during the investigation and remains an issue today. This means that some students with disabilities are not receiving the number of minutes of instruction or related services as outlined in their IEPs. There were several days when a dorm arrived 15-20 minutes late—this was not a one-off sort of thing (e.g., a disturbance on the unit as youth were lining up to leave for school) but it was a regular occurrence. The facility and the school must work cooperatively to

address this Settlement Agreement issue, determine the reason(s) for the continued tardiness, and take appropriate action.

Finally, the practice of the PPTs routinely reducing the number of special education instructional minutes and related service minutes (frequency and duration) on IEPs continues. As shared above, there is a list of acceptable data, action, and input that must be considered and obtained if the decision is made to reduce services when compared to the most recent IEP from the local school system (a minimum of two reasons need to be listed on the IEP). When it comes to the Least Restrictive Environment Continuum refrain from stating that the correctional facility is the least restrictive environment to receive educational and related services (as it is the most restrictive as defined by IDEA). The following wording would be acceptable—The student is unable to attend school in other settings at this time.

Summary of Activities Completed by Education DQE During March 2025 Visit

- Observed in one teacher's classroom (push in model with SPED teacher) for the entire period (90 minutes)
- Interviewed the principal and assistant principal
- Interviewed the Special Education Director
- Interviewed the Special Education Supervisor
- Interviewed the intake lead
- Reviewed 3 students SPED records
- Conducted 4 student interviews (one on one)
- Met with large group of Manson staff, USD#1 staff, Connecticut officials, & DOJ
- Introduced to two SPED databases by the Director of Special Education—provided explanation, answered questions and walked DQE through components of the databases.

4. Quality Assurance (QA):

QUALITY ASSURANCE (N=2)	
Rating	Percentage (Number)
SC	0.0% (n=0)
PC	0.0% (n=0)
NC	100.0% (n=2)
N/A	0.0% (n=0)

Establishment of QA Program: A QA program has been established to identify and correct deficiencies in various areas. The monitoring team emphasized the importance of regular audits, detailed documentation of corrective actions, and follow-ups to ensure compliance.

As changes are implemented to align with the provisions of the Settlement Agreement across all areas, it is important for MYI to develop quality assurance processes to assess adherence to and compliance with the new or revised policies, procedures, and practices. For special education, these QA processes should specifically focus on the following areas:

- **Incorporation of Settlement Agreement Topics:** Ensure that details such as responsibilities, information utilization, recipients, and compliance methods are explicitly included in the Manual.
- **Student Interviews and Transition Plans:** Establish clear protocols for initial and future student interviews, ensuring transition plans align with IEP goals and are individualized.
- **Service Documentation:** Include start and end times for related services and instructional sessions to maintain accountability.
- **Observations and Compliance Checks:** School administrators and DQE site visits should verify the application of modifications and accommodations in lesson plans.
- **Counseling for SPED Withdrawals:** Provide counseling sessions for students considering withdrawal from special education services.
- **Monitoring and Compliance Demonstration:** The state must demonstrate implementation through record reviews and staff interviews and corrective action .
- **RTI Committee and Intervention Plans:** Ensure intervention plans are reviewed and assessed for compliance.
- **Timelines and Documentation:** Maintain prescribed timelines per state and IDEA regulations, logging arrival and departure times for dorms.
- **PBIS Implementation:** Demonstrate full integration of PBIS efforts within the school and facility. Continued assessment of the program to determine effectiveness in promoting a positive behavior reward system, meaningful rewards and incentives for the population, and accountability for negative behaviors.
- **Staff Training:** Develop and provide training on all aspects of the Settlement Agreement to all school staff to ensure staff awareness and compliance.
- **Use of Force/OC:** MYI should designate a decontamination cold-water only shower for proper decontamination after the use of OC. As a secondary process, MYI should have neutralizing decontamination wipes available for youth and staff to use when needed.
- **CCTV System:** Upgrade the CCTV cameras system to eliminate blind spots.

Additional Recommendations

In addition to the recommendations in the previous sections, below are additional recommendations that will allow for the necessary changes and sustainability of practices per the Agreement:

- **Homelike Environment:** Create a more therapeutic and *Homelike* environment using the PBIS program for youth to achieve higher levels and personal property (i.e., throw rugs for rooms, personal blankets, photos, etc.). Soften unit day rooms and atmosphere to make them less “prison” like and more therapeutic (paint, murals, safe and comfortable furniture, etc.).
- **Enhance Programming:** Increase structured and meaningful activities to reduce youth idleness and improve overall conditions. This includes developing weekend programs and more engaging activities that cater to the interests and needs of the youth. This also includes rethinking programming spaces to create a homelike environment. The monitoring team suggested collaborating with external organizations to provide a wider range of activities and programs.
- **Staff Training:** Provide ongoing training focused on de-escalation skills, positive youth development, and building strong coaching and mentoring type relationships with youth. This training should be frequent and include practical, scenario-based exercises. The monitoring team recommended implementing a comprehensive training plan that covers all aspects of the Settlement Agreement and addresses the specific needs of the staff and youth.
- **QA Program:** Strengthen the QA program to ensure continuous monitoring and improvement of compliance with the Settlement Agreement. This includes regular audits, detailed documentation of corrective actions, and follow-ups to ensure issues are addressed promptly. The monitoring team suggested developing a more systematic approach to QA that includes clear metrics and performance indicators. The facility staff may want to review some of the QA efforts in the school, as there are several robust QA methods and procedures.
- Consider changing staff titles from “correctional officers” to a title that reflects the expectations established in the Agreement. Additionally, do not refer to youth verbally or on forms as “inmates.” This will positively change the culture and mindset of youth and staff.
- Reduce “operational” confinement. Focus on reducing the time youth spend in their rooms for meals, shift changes, before or after school, etc., and replace with meaningful and engaging activities.
- Ensure grievance forms are available to all youth in the school area, living units, and infirmary without having to ask staff. Ensure the grievance process is included in the QA plan and that grievances are reviewed and evaluated on a regular basis to identify trends and track timely resolutions of complaints.
- Procure and implement a software-based solution, such as an RFID system, to track use of room confinement practices (behavior and operational related) and safety welfare checks of youth when confined in isolation/room confinement.

Conclusion

There has been progress in several areas as stated throughout this report. However, there are ongoing challenges in reducing youth idleness; establishing and maintaining a positive behavior management; consistency and quality of mental health assessments, treatment planning, and treatment provision and documentation; special education and related services provision and documentation; and further development and implementation of Quality Assurance measures. The QA process is an integral component of measuring compliance of the Agreement provisions as well as tracking operational practices and ensuring sustainability of the practices.

The monitoring team recommends continued focus on priority areas to achieve substantial compliance and improve the quality of care and services for incarcerated youth at MYI. By addressing these challenges and implementing the recommended improvements, MYI can create a safer, more supportive, and rehabilitative environment for the youth in its care.

Respectfully Submitted,

Michael Dempsey, Monitor

ⁱ Center for Youth Justice. (April 2020). *PbS* (Performance-based Standards) Glossary. <https://improvingyouthjustice.org/standards/>

To: Tom Wydra, Executive Director & Senior Policy Advisor, CT Police Officer Standards and Training Academy (POST)

From: Juvenile Justice Policy Oversight Committee (JJPOC) Co-Chairs: Undersecretary Daniel Karpowitz and Representative Toni Walker; JJPOC Diversion Workgroup Co-Chairs: Thea Montanez and Lisa Simone

Re: Submission of Proposed Youth Diversion Policy for POST Council's Review and Consideration

Date: September 3, 2025

Pursuant to Public Act 25-168, the attached proposed youth diversion policy is submitted for the review and consideration of the Police Officer Standards and Training Council (POSTC).

Purpose of the Policy

The proposed youth diversion policy establishes a statewide standard for police referrals to youth diversion to prevent formal arrest and judicial involvement for eligible youth. It emphasizes early intervention, rehabilitation, and restorative practices while promoting public safety and accountability.

This policy is specifically directed at police practices and does not govern procedures within the broader diversion system or juvenile case handling by the Judicial Branch Court Support Services Division (JBCSSD). It proposes establishing a statewide baseline for equity in diversion, prioritizing pre-arrest diversion for first- and second-time chargeable misdemeanor offenses. Importantly, it preserves officer discretion to divert beyond those parameters when appropriate or to choose not to divert for eligible offenses – offenses which are eligible for juvenile court.

Background

The proposed policy builds on the JJPOC's previous efforts over the past five years to address the inequities that exist within the state's youth diversion programs and practices and that were highlighted in a 2020 report by the Council of State Governments. Previous legislative attempts to mandate youth diversion in law enforcement were met with several concerns and ultimately, did not pass.

Pursuant to Public Act 25-168, the attached proposed youth diversion policy was created as per the mandate below:

“Not later than February 1, 2026, the Police Officer Standards and Training Council established under section 7-294b of the general statutes, the chairpersons of the Juvenile Justice Policy and Oversight Committee established pursuant to section 46b-121n of the general statutes and representatives of the community expertise subcommittee of said committee shall develop (1) a state-wide uniform youth diversion policy for proposed adoption by said council, and (2) a youth diversion training curriculum for proposed inclusion in minimum basic training programs requiring satisfactory completion for purposes of obtaining certification as a police officer.”

In response to this legislation, a working group composed of the following members convened five times during April 2025 – July 2025 to develop the proposed policy:

- Lisa Simone, Co-Chair, JJPOC's Diversion Workgroup
- Thea Montanez, Co-Chair, JJPOC's Diversion Workgroup
- State Rep. Anthony Nolan, JJPOC Member
- Tasha Hunt, Deputy Director, Juvenile Probation Services, JBCSSD

- Attorney Renee Cimino, Director, Delinquency Defense and Child Protection, CT Division of Public Defender Services
- Erica Bromley, Juvenile Justice Liaison, CT Youth Services Association (CYSA)
- Stella Rose, Speak Up Project Coordinator, Center for Children's Advocacy
- Watertown Police Chief Josh Bernegger, JJPOC Member
- Brittany LaMarr, Senior Project Manager, Tow Youth Justice Institute

As part of the working group's policy planning efforts, staff from POST Academy were also invited to attend meetings for the purpose of helping the working group gain an understanding of POSTC's current police standards and training specific to youth, as well as its process for policy adoption.

Additional outreach was conducted to incorporate feedback from local and national law enforcement agencies. regarding their current youth diversion policies and practices

Lastly, it was reviewed and discussed with the JJPOC's Diversion Committee during their quarterly meeting on July 8, 2025. In addition, it was reviewed and discussed during JJPOC's monthly meeting on July 17, 2025.

Next Steps

As part of the proposed policy, there are multiple mandates that will require new data sharing capabilities. Currently, Diversion Committee members are in the process of identifying potential solutions to address data sharing needs for POSTC's consideration that will be shared with you in the coming weeks.

In closing, we believe the proposed policy reflects a practical and collaborative solution that represents a meaningful step toward equitable, transparent, and effective youth diversion police practices statewide. Thank you for your leadership and commitment to best practices. We look forward to your feedback and to working together toward successful implementation.

Sincerely,

Signed by:



Toni Walker
State Representative, JJPOC Co-Chair

Signed by:



Daniel Karpowitz
Undersecretary, JJPOC-Co-Chair

Signed by:



Thea Montanez
Senior Advisor to Governor Ned Lamont, Divers...

Signed by:



Dr. Lisa Simone
Director, Diversion Workgroup Co-Chair

PROPOSED STATEWIDE YOUTH DIVERSION POLICY

I. Purpose

This policy establishes a statewide standard for police referrals to youth diversion to prevent formal arrest and judicial involvement for eligible youth. It emphasizes early intervention, rehabilitation, and restorative practices while promoting public safety and accountability.

II. Policy Statement

All Connecticut law enforcement agencies should prioritize pre-arrest diversion as a preferred response for eligible youth. Eligible youth should be diverted, in lieu of arrest, for, at a minimum, their first and second-time chargeable misdemeanor offenses. Police officers retain their discretion and are not restricted from diverting a youth beyond their first two chargeable misdemeanor offenses or for chargeable offenses beyond misdemeanors. Diversion offers structured alternatives to prosecution, reduces recidivism, and fosters positive youth development by engaging youth in community-based services tailored to their needs, while prioritizing accountability.

III. Definitions

- Diversion: A structured alternative to arrest or prosecution that redirects youth into community-based services while prioritizing accountability.
 - Eligible Youth: Individuals aged 10–17 who could be charged with first and second-time misdemeanor offenses; other offenses and additional referrals will be subject to police discretion.
 - Juvenile Review Board (JRB)/Youth Diversion Team (YDT): A multidisciplinary, community-based team that assesses referred youth and coordinates diversion efforts.
 - Referral Officer: The officer who initiates the diversion referral and explains the rights and responsibilities to the youth and guardians.
-

IV. Eligibility Criteria

Youth are eligible for diversion if all the following apply:

1. Between the ages of 10 and 17

2. Could be charged for an offense that is eligible for Juvenile Court
 3. First or second-time chargeable misdemeanor offenses; or additional offenses with police discretion.
 4. Youth and guardian agree to participate at the JRB/YDT diversion intake meeting
-

V. Procedures

A. Officer Discretion & Referral

- ¹Officers encountering an eligible youth must consider diversion before arrest.
- If diverting, the officer issues a Diversion Referral Form in lieu of a summons.
- The youth and guardian sign an initial agreement to participate in an intake and contact the diversion program within 5 business days, if applicable.

B. JRB Role and Responsibilities

- JRBs/YDTs can include, but are not limited to, representatives from law enforcement, probation, schools, youth services, mental health providers, and the community.
 - Upon referral, the JRB/YDT conducts an intake and screening and/or assessment to determine potential appropriate services (e.g., counseling, community service, restitution, or mentoring) to go along with the reparation of harm.
 - The JRB/YDT agrees on a diversion plan with defined expectations and timeline for completion.
-

VI. Program Outcomes

- **Successful Completion:** If the JRB/YDT agreement is completed, youth avoids court for the diverted incident and does not have a criminal record. Support services continue if needed.
- **Non-Compliance:** If the youth does not engage with the JRB/YDT (engagement is determined by the JRB/YDT), the JRB/YDT may send the case back to the referring entity (i.e., law enforcement agency). At that point the law enforcement agency must use its discretion and either send the case to the juvenile court via a police summons/court referral or choose not to pursue the offense.

¹ Currently, the Diversion Committee is exploring potential data systems that will support a police officer's ability to confirm whether a youth has been previously diverted elsewhere in the state.

VII. Tracking, Data, and Documentation

- ²Law enforcement agencies must securely track diversionary referrals from their respective agency, to include:
 - Documentation of each referral, outcome, and youth demographics.
 - A record of the explanation for why an officer or supervisor did not divert a youth for their first or second-time chargeable misdemeanor offense
- All diversion records are sealed and subject to data retention limits consistent with confidentiality statutes.

VIII. Training Requirements

- Officers must be trained on this pre-arrest diversion policy as part of their triannual certified review training.

IX. Law Enforcement Supervisor Responsibilities

- The law enforcement supervisor on duty must:
 - Review all juvenile contacts for diversion eligibility
 - Ensure documentation is complete and timely
 - Provide guidance and feedback on diversion decisions

X. Oversight and Review

- The Connecticut POST Council will determine whether this policy is in place in connection with its state accreditation program.
- The JJPOC will review policy effectiveness biannually, incorporating feedback from stakeholders, youth, and community partners.

² LEA's will be required to submit deidentified data to an agency that has yet to be determined.

July JJPOC Meeting Minutes

July 17, 2025

2:00-3:30

Zoom Meeting Only

Attendance

Anthony Nolan	Paul Cicarella
Catherine Osten	Ray Dancy
Christina Ghio	Sharmese Walcott
Daniel Karpowitz	Tais Ericson
Derrick Gordon	Tammy Nguyen O'Dowd
Elizabth A. Bozzuto	Tawnii N. Cooper-Smith
Erica Bromley	
Gary Roberge	
Jodi Hill-Lilly	
Martha Stone	

TYJI Staff

Andrew Zhebrak
Paul Klee
Izarelli Martinez
Shelby Henderson

Welcome and Introductions

Daniel Karpowitz and Anthony Nolan welcomed everyone to the meeting.

Overview of the Meeting

During the July JJPOC meeting, the committee reviewed key updates on the OJJDP and their potential funding implications, progress on the STAAR Enhancement Plan, and developments related to the Statewide Diversion Policy.

Updates

The OJJDP is a partner with various programs in the state of Connecticut, and there have been several changes associated with it.

There has not been an update on the FY-25 grant award from the new administration. If it was published and opened, OPM would not know if the Federal Government and Trump Administration would impose requirements disjointed from

the policy and laws of Connecticut. OPM is in the process of addressing data and compliance requirements by the fiscal year of 2026, which include separation of adults and juveniles across the state. Despite the uncertainty of future funding, OPM is using reserve funds from 2023 (600,000) and 2024 (875,000), which have not been allocated as of yet. The OJJDP mandates that each state receiving funding from the agency must maintain an advisory committee, which was implemented this legislative session through the JJPOC.

There is a question regarding whether the funding secured in 2023 (600,000) was what remained of total funding, or whether that was the full aid package.

Response: The secured OJJDP funding from 2023 was not allocated by the OPM, thus remaining as the full aid package.

There is a question regarding the quantity of seats on the advisory council, and what the appointment process requires.

Response: The Advisory Council may have 15-33 members, with some specifically mandated individual requirements for compliance with federal guidelines. OPM is working with TYJI to develop a list of candidates involved in the community and interested in participating. There is a mandated requirement that a certain portion of the board is solely reserved for youth.

There is a question on what the funding could and could not be used for.

Response: The funding may be used for all matters of programming to prevent and divert youth from engaging with the criminal justice system. This could include diversion programs and after-school programs. TYJI helped facilitate the process of identifying the correct service providers.

Update on the DCF STAAR Program

Commissioner Jodi Hill-Lilly introduced herself, and began with opening the presentation with a few key remarks. She first noted that DCF is now providing an update on the LYNC System, which after 20 years of progress, is now ready for use. This should assist staff with navigating through case management information. She also publicly thanked providers of the STAAR Homes, the Children's Committee and OCA. STAAR homes have transformed into a housing measure of last resort, sheltering children that would otherwise reside in hotel rooms or DCF Offices. While this has not occurred in Connecticut, it remains a practice in other states across the country, due to dearth of placement options, staffing shortages, and insurance access. The children that enter STAAR Homes require a higher level of care and are

often dual system involved, thus predisposing them to running out of home and missing from care. This phrase has 2 components, AWOL (where providers know where youth are, but they are not in the residential facility), and runaway youth (where providers don't know where the youth are). Most of the youth are AWOL, as the youth leave the facilities without permission from staff. This is of particular concern, as this puts vulnerable youth at risk for human and sexual trafficking. To address this, DCF is looking at current standards and practices, appointing a new director of human trafficking, furthering ties between multi-disciplinary teams, and assisting service providers such as Love146. DCF is exploring options for children that struggle with traditional foster home and residential care settings. To address this, DCF is hosting a foster care summit to bring experts together to bridge system gaps.

Commissioner Hill-Lilly introduced Dr. Gregory, the Administrator of the Children's Behavioral Health Community Service System division at the Department of Children and Families (DCF). He began the presentation noting that this presentation was part of PA 25-168, which mandates that beginning July 1, 2025, and annually thereafter, the DCF must report on its implementation of the Specialized Trauma-Informed Treatment Assessment and Reunification (STTAR) Enhancement Plan, which was released in March 2024. The report is to be submitted to the Juvenile Justice Policy and Oversight Committee (JJPOC), as established under section 46b-121n of the general statutes. The initial report will utilize the metrics available at the time of reporting.

As part of the STTAR Enhancement Plan update, point-in-time demographic data revealed that the majority of youth (91%) were between the ages of 14 and 17, with 15 being the most common age at 32%. The racial and ethnic composition included 30% Hispanic, 27% Black, 22% White, and 22% Multiracial youth. Additionally, 32% of the youth identified as LGBTQIA+. A significant portion, 81%, entered DCF care through an Order of Temporary Custody (OTC), while 57% entered care due to parental refusal. Furthermore, 41% of the youth had experienced disrupted adoption or guardianship.

As part of the STTAR Enhancement Plan update, point-in-time data showed that 68% of youth had prior placement in the Functional Family Therapy Foster Care (FFT-FC) program. Following discharge from STTAR, 32% had a goal of returning to FFT-FC, 22% to Core or Kin Foster Care, and 32% to a higher level of care. Additionally, 38% of youth had a history, suspicion, or high risk of Domestic Minor Sex Trafficking (DMST), and 16% had a diagnosis of Intellectual Disability (ID) and/or autism spectrum disorder (ASD). Psychiatric medication was included in the treatment plans of 81% of youth, although 37% refused medication. Juvenile justice

involvement was also notable, with 30% having past involvement and 49% currently involved at the time of entry into DCF care. Furthermore, 32% of youth exhibited significant aggression or engaged in property destruction.

As part of the STTAR Enhancement Plan, several key programmatic changes have been implemented. The STAR (Short Term Assessment and Respite) programs were renamed to STTAR, reflecting a focus on Specialized Trauma-Informed Treatment, Assessment, and Reunification. Additional funding was allocated to support increased supervisory staffing and to provide recreational opportunities for youth. Dr. Gregory specifically mentioned \$150,000 worth of funds allocated to each program to ensure there was an additional staff member on the 2nd shift, or additional support staff. Furthermore, each program was allotted \$500 to facilitate extra recreational activities such as outings and movie tickets. The number of STTAR programs was reduced from six to five to strengthen the therapeutic environment and improve staff capacity. A new process was developed to expedite admissions for youth approved for Psychiatric Residential Treatment Facility (PRTF) level of care, particularly those disrupting from current treatment settings, including STTAR residents. The process for expediting admission to a Psychiatric Residential Treatment Facility (PRTF) is not exclusive to STTAR residents. It applies to any youth who is disrupting from their current level of care—whether that be a STTAR program, therapeutic group home, or therapeutic foster care—and who has been identified through the standard process as meeting medical necessity criteria for PRTF placement. Given the extensive waitlist often associated with PRTFs, particularly in the state-operated facility, the POTF plays a critical role in assessing referrals and prioritizing youth based on the urgency of their needs. As part of collaborated with the superintendent of the state-operated Psychiatric Residential Treatment Facility (PRTF), known as the POTF, which operates two campuses: North Campus serving males and South Campus serving females. Together, they established a process for triaging Husky-eligible youth—those who are Medicaid recipients and committed to DCF—who are disrupting from their current placements. These placements may include STTAR programs, therapeutic group homes, or therapeutic foster care. For youth identified through the standard process as meeting medical necessity criteria for PRTF care, the POTF agreed to reserve up to three slots at each campus (North and South) to accommodate these urgent referrals. Additionally, Intensive Transitional Treatment Centers (ITTC) re being introduced to offer enhanced treatment options for youth whose needs exceed what STTAR programs can provide. The Intensive Transitional Treatment Centers (ITTC) will consist of a 6-bed boys program and a 6-bed girls program. These programs will be staffed at a higher level than the existing STTAR homes, allowing for more intensive support and supervision tailored to youth with complex behavioral health needs.

As part of the STTAR Enhancement Plan, DCF has implemented several additional program improvement activities. These include increasing regulatory visits to STTAR homes, engaging with provider leadership, and developing strategies to enhance safety. DCF clinical and program staff, along with representatives from the Commissioner's Office, have also participated in public meetings with municipal officials to address the impact of STTAR homes on local resources. To support the professional development of STTAR program staff, contractors operating the homes receive a range of specialized trainings. These include Community Child and Family Teaming, Restorative Justice Training, Dialectical Behavior Therapy (DBT) Group Skills, the My Life My Choice program with technical assistance from the Justice Resource Institute (JRI), training and support related to human trafficking, Crisis Intervention and Emergency Safety Intervention, the Trauma Model, and Mandated Reporter training.

As part of the ongoing STTAR Enhancement Plan, several additional program improvement activities have been implemented. DCF is collaborating with the JJPOC Gender Responsiveness Workgroup to identify and deliver enhanced training opportunities for STTAR program staff. Each STTAR program has also received approximately \$35,000 in funding to implement facility safety enhancements—such as exterior cameras—to help reduce incidents of AWOL and mitigate the risk of Domestic Minor Sex Trafficking (DMST). In addition, dedicated care coordination resources have been identified to support transition planning for youth in STTAR programs. The department is also working to strengthen the assessment of youth needs prior to placement in STTAR homes.

There is a question regarding the quantity of youth that were surveyed for this assessment.

Response: This is a point in time count, which tracks the amount of youth currently residing in STAAR Homes, with 35 youth residing there as of this point in time count.

There is a question regarding what kind of strategies DCF uses to prevent staff turnover in STAAR Homes.

Response: There is a problem with recruiting and retaining staff within STAAR Homes, often including issues such as compensation, in addition to staff feeling safe and supported in their jobs. To bridge this gap, there is a planned meeting to identify and create resources to retain and recruit staff effectively.

There is a question regarding the efficacy of FFT Foster Care, and if there is a way to enhance it so children would return to STAAR Homes.

Response: The children that enter the STAAR Homes are those who have went through most available resources such as FFT, and the model is still a work in progress, as DCF is assisting with completing the procurement process and adding additional enhancements.

There is a comment regarding the status of STAAR Homes – as they are still licensed as shelter levels of care, rather than therapeutic group homes or a qualified residential program. Despite this, some of the youth entering these homes have higher levels of care necessary than currently provided. Most of the youth involved in this system start early, with median initial DCF involvement beginning at age 4. The youth in the point in time count resided there for over 100 days, According to the data, 32% of youth had a discharge goal of a higher level of care, indicating greater issues with the continuum of care system. 41% of youth had experienced disrupted guardianship or adoption, and 57% of youth entered care due to parental refusal. There should be an emphasis on including wrap around services that they need within homes, which may lead to a reduction in parents taking their children back.

There is another comment regarding instances of AWOL children leaving the facility due to the lack of required care, which wasn't presently available. There are still concerns were raised about the safety of STTAR homes, emphasizing the need to maintain a strong therapeutic milieu and ensure consistent engagement throughout the day for all youth in residence.

There is a question regarding matching youth in STTAR Homes with Big Sister Big Brother Programs

Response: The DCF is currently facilitates interaction between youth and therapeutic mentors in their care planning process. It's possible that Big Brother Big Sister is one of the organizations involved in this.

Youth Diversion Policy Update

In this legislative session the Diversion Workgroup of the JJPOC passed a recommendation pertaining to the establishment of a recommended policy for POST-Council, which is a division with DESP. This policy would mandate law enforcement across Connecticut to standardize their practices regarding the treatment of minors. The recommendation was approved, but the language specific

to creating a statewide youth diversion policy wasn't enforceable. Despite this obstacle, there is an opportunity to enact these standards through POST's accreditation process, which is what the workgroup is currently focused on achieving, and necessarily enforceable. To create these standards, the Diversion workgroup met five times with a diverse array of stakeholders, contrasting the newly developed guideline with prior comparable measures in Connecticut, other states, and various local jurisdictions that standardized their treatment of youth justice.

This policy is specifically directed at police and does not include the practices within the diversion system or how JBCSSD handles juvenile cases. It establishes a baseline or equity standard for diversion by prioritizing pre-arrest diversion for first- and second-time misdemeanor offenses, while still preserving police discretion to divert in other cases. If a police officer chooses not to divert, they must complete a form explaining why they decided to send the case to juvenile court. Additionally, the policy includes a data and tracking component, which is still being developed in collaboration with law enforcement. It will be formally submitted to POSTC this August for their review and approval.

DCF Supplement to Diversion Update

A critical piece to implementing the policy will be the assurance that DCF will supplement the existing diversion system to cover areas where diversion is not currently utilized/accessible, so that all law enforcement has a place to divert to.

The Request for Proposals (RFP) and scope of service have been drafted and are currently awaiting the finalized protocols for the newly forming Youth Diversion Team, which will supplement the Juvenile Review Boards (JRBs). These updated protocols are expected to be finalized soon and will be incorporated into the RFP (Request for Proposal). The RFP is anticipated to be released in mid-August, with decisions likely made by late October or November, and contracts set to begin on January 1. This initiative aims to expand diversion program access to approximately 35 towns that currently lack JRBs or other diversion options. This information will be included in the PIE system, so it would track recidivism, and this information will be available in the aggregate form. DCF is hoping to hire a program director to oversee the implementation of the contracts, in addition to overseeing the quality standards.

Next Meeting:

University of New Haven



Making connections. Informing solutions.

September 18, 2025
2:00 PM-3:30 PM
Legislative Office Building