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

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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
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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
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   - (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).[i] 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 consultive 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 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 ½ or 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

Digitally signed by Michael Dempsey
Date: 2025.07.15 17:04:11 -05'00'

Michael Dempsey, Monitor

[i] Center for Youth Justice. (April 2020). P*b*S (Performance-based Standards) Glossary. https://improvingyouthjustice.org/standards/