



STATE OF CONNECTICUT

OFFICE OF THE CHILD ADVOCATE

**AN EXAMINATION OF CONDITIONS OF CONFINEMENT -
INCARCERATED/DETAINED YOUTH
IN THE CUSTODY OF THE DEPARTMENT OF CORRECTION**

EXECUTIVE SUMMARY

November 21, 2024

The Office of the Child Advocate (OCA) is an independent state oversight agency directed by law to investigate and report on the conditions of confinement for individuals under the age of 22. This is the fifth report of the Office of the Child Advocate regarding conditions of confinement for incarcerated youth in the last nine years, with four audits focused on youth at Manson Youth Institution. Each of these audits found that incarcerated youth have extensive and frequently unmet needs for clinical, developmental, educational, and family therapy supports. With each audit, OCA has found some improvement in the delivery of services. However, each audit, and in fact, every visit and every meeting with youth inside these correctional settings, confirms the enormous difficulty of providing effective services to youth in an older and high security prison environment.

This report focuses on youth aged 15 to 17 in the custody of the Department of Correction (DOC), at Manson Youth Institution (MYI), and York Correctional Institution (YCI), and examines: (1) availability and utilization of mental health treatment and rehabilitative programming; (2) use of physical isolation (3) use of mechanical and chemical restraint; (4) access to educational programming for youth; and (5) access to family visits and family therapy.¹

METHODOLOGY

This investigation included the following activities:

- Meetings and correspondence with state agency/s personnel.
- Review of child-specific education, mental health and custodial records from the DOC, the Department of Children and Families (DCF), and the Connecticut State Department of Education (CSDE).
- Site visits to facilities run by the DOC.
- Meetings with incarcerated youth.
- Examination of applicable state and federal statutes and regulations.
- Review of best practices for conditions of confinement for incarcerated youth, and best/promising practices for youth confined in juvenile and adult correctional facilities.

FINDINGS

OCA found that the DOC has made efforts to address previously documented concerns regarding solitary confinement, mental health service delivery, and service array for minor boys and some improvements have been made. OCA continues to find that the state disproportionately confines Black and Hispanic youth in adult prisons, a foundational civil rights concern for the state's justice system. OCA continues to find that incarcerated youth at MYI receive minimal individual mental health treatment and inconsistent clinical programming, and that treatment planning and progress monitoring are not adequate. School services, including special education, remain inadequate. Family visitation (in-person and virtual) rates are persistently low. The facility continues to rely, in part, on isolation and restriction to address youth behavior, including physical altercations between boys.

¹ A separate report on 18–21-year-old individuals in DOC facilities other than MYI will soon be released. A separate report will be issued in relation to youth in the custody of Judicial Branch-Court Support Services Division.

Conditions for girls are very different from conditions for boys as there are only a few minor girls incarcerated at YCI during a year. In their own way, incarcerated girls are highly isolated due to their low numbers and legal restrictions on their interaction with young adult women.

Mental Health and Rehabilitative Programming

Given the substantial body of research showing that incarcerated youth often exhibit signs and symptoms of mental health disorders and OCA's own review of children's records, OCA remains concerned that youth at MYI do not receive adequately intensive mental health treatment and related services to address their needs.

Most youth do not receive weekly individual therapy. About half of youth were classified per the DOC mental health scoring system as not needing individual mental health treatment (MH Scores of 1 or 2). OCA reviewed the DCF records for 20 youth who were incarcerated in 2024 and who were classified as having MH scores of 1 (4 youth) or 2 (16 youth). Sixteen (16) of the 20 youth, or 80 %, lived in families that had been substantiated by DCF for child abuse or neglect. More than half of the youth had a parent with a documented (per the child welfare record) concern of substance misuse and/or mental health treatment needs. More than half of the youth had experienced or witnessed interpersonal violence in their families. Half of youths' child welfare records documented receipt of individual mental health treatment, including hospitalization. Seven (7) of the 20 youth had experienced out of home care, including foster care and residential placement. Child welfare records document significant childhood trauma for the vast majority of these youth and their families.

OCA found that there was significant variation in how often group programs were offered and in which groups youth participated. Not all groups were consistently scheduled, and youth gravitated towards certain groups, such as Music Group, while other groups were minimally attended. Data on youth participation in structured programming contained in youths' health records showed that most youth participated in one hour per week of clinical group programming, some participated in two hours or more. No programs were offered on the weekends.

Given the significant needs of the boys at MYI – lengthy histories of child abuse/neglect, extensive clinical, educational, and developmental support needs – they require a milieu and program that is designed for adolescents, assesses the needs of the youth using validated instruments, and which ensures daily provision of programming that help youth address risk factors, develop and sustain life skills, make clinical treatment gains, successfully navigate interpersonal and familial relationships, and prepare for transition back to their communities.

Girls at York received frequent individual therapy sessions throughout their incarceration but did not receive consistent weekly scheduled psychotherapy. They did however receive numerous “brief encounters” from clinical staff. Group sessions are more challenging to offer than at MYI given the very small population of minor girls who are incarcerated. Often there was only 1 girl incarcerated, and therefore no group programming was possible.

Isolation

OCA found that systematic use of disciplinary confinement changed from our previous audits in that youth are confined for fewer consecutive days, they are permitted to participate in school either in

person or remotely while on disciplinary confinement, and youth are not placed in mechanical restraints when they are removed from the cell.

Records continue to show that children in disciplinary confinement do not participate in rehabilitative programming; they eat in their cells; and while in RAMP cells they are permitted no belongings. Cell confinement is typically three days duration, with children stepping down to their own cells, still with restrictions in place that may last for weeks. One boy stated that after stepping down to their own cells they were "basically [experiencing] the same thing but in a different cell" due to the level of restriction.

The majority of youth confined at MYI in 2022 and 2023 experienced disciplinary confinement and subsequent restrictions, with a number of youth experiencing multiple disciplinary confinements. Data for 2024 showed a significant increase in the use of RAMP, with 192 incidents between January 1, 2024 and September 30, 2024. If a youth is not already identified as having elevated mental health treatment needs (DOC Mental Health Score of 3 or 4) they do not receive clinical services even after multiple RAMP placements.

While the duration of and nature of disciplinary confinement has been modified for youth over the last few years, OCA continues to find that MYI heavily relies on cell confinement, isolation, and restriction to address youth problem behavior, typically physical conflict between peers. The significant increase in RAMP incidents in 2024 raises concerns. There remains a need for greater prevention measures that include structured conflict resolution, daily prosocial programming, frequent clinical support, credible messenger/supportive adult engagement, and individualized behavior support plans.

For girls at York, there was one disciplinary incident involving two girls, resulting in 5 days CTQ for each, in 2022. There was no documented use of CTQ in 2023 or 2024.

Mechanical and Chemical Restraints

There were 3 mechanical restraints (2 at MYI and 1 in York) in 2023. There were no documented mechanical restraints in 2022 and 2024. OCA notes that physical restraints considered by the DOC to be routine, such as handcuffs as a youth is moved into RAMP or CTQ, are not documented or tracked.

While 2023 saw a decline in chemical agent use as compared to 2022, 2024 saw a significant increase. From January 1, 2024 to September 30, 2024, 26 youth were subjected to chemical agent. All of them were Black (14) or Hispanic (12). Five youth experienced more than one incident of chemical agent. Incidents were labeled as due to "non-compliant behavior."

For girls at York, there was one incident of therapeutic restraint during 2023 and no other incidents of in-cell, therapeutic, or chemical restraint in 2022 or 2024 (to date)

Education

While educational staff are clearly committed to working with the students at MYI, OCA continues to find deficiencies in the provision of minimally adequate educational programming, including special

education and related services. Youth in MYI have significant educational needs. Educational assessments of youth at MYI by the Department of Children and Families Juvenile Justice Education Unit (DCF-JJEU) found that 70% of the boys assessed had reading levels between the first and third grade and 52% had math levels between the first and third grade. Compared to prior audits, OCA found a reduced number of student absences due to custodial confinement (meaning the student was held back from participation in school due to confinement or discipline). However, OCA continued to find significant loss of educational opportunity due to teacher absenteeism, with almost 25% of school hours not offered during the PUR. MYI lacks substitute teachers to ensure educational programming is consistently offered. While MYI reports that students are pulled out of class for special education services, the data provided to OCA was not adequate to determine the extent to which special education services were actually provided.

With regard to minor students incarcerated at York, drawing conclusions based on the existing data is challenging due to the small number of students and the data provided. OCA reviewed attendance records for the 2022 calendar year for the three youth who were incarcerated for more than 30 days. Youth incarcerated at York are enrolled in the High School Diploma Program, however, those youth attend school with the older population who are enrolled in GED or other adult education programs, rather than in a separate educational program for youth as is the case at MYI. All three youth were identified as special education students. As with boys at MYI, data provided to OCA was not adequate to determine the extent to which special education services were actually provided. There were no months during which students received 100% in person learning.

OCA finds that DCF JJEU have staff dedicated to engagement and support of students re-entering the community. It is important to recognize, however, the limitations of the DCF JJEU. It does not have the authority to enforce compliance with state or federal education and special education laws. Its ability to make progress is based on collaboration and cooperation. The CSDE has the legal authority and obligation to monitor and enforce the implementation of the Individuals with Disabilities Education Act. While CSDE provided some documentation of procedural compliance reviews using the CT-SEDS system, it produced no information that it conducts site visits or that it undertook corrective action following findings made by the DOJ. Given that, OCA is concerned that CSDE has not fulfilled its supervision responsibilities under IDEA to ensure that students with disabilities in USD 1 are receiving an adequate education consistent with their rights under federal law.

Visitation

Video and in person visits increased substantially in 2023, though there are still a significant number of youth who receive few or no video or in person visits while incarcerated. In 2023, 125 youth were admitted to the DOC. At MYI that year, there were 309 video visits for 52 youth. Eleven youth accounted for 62% of these visits. There were 278 in-person visits for 46 youth. Eight youth accounted for 50% of the visits. At York, for six girls at York in 2022 and 2023, there were no documented video visits. Two of the six girls had in-person visits. One girl had 13 visits and the other had 6 visits.

RECOMMENDATIONS

- 1. Behavioral health services must be offered regularly to all incarcerated youth.**

The DOC should eliminate the Mental Health Scoring system for youth and instead provide frequent individual and group counselling to all youth, inclusive of interventions to help youth build coping, executive functioning, and other self-regulation and communication skills, as well as psycho-education and/or treatment (where applicable) regarding substance misuse. Individual assessments and evaluations may support the need for even more intensive clinical supports for youth, and those should be readily available. The JJPOC should regularly review data regarding mental health assessment and service delivery for youth.

2. Group programming must be consistently delivered using research-based curriculum and with a focus on treatment gains.

Programs must be embedded within a trauma-informed milieu that is focused on providing each youth rehabilitation and clinical support. Programming should be offered daily on second shift for all youth and isolation of youth in cells should be minimized. Youth should also be provided regular outdoor recreation, with opportunities for free play and structured activities.

The JJPOC should regularly review the provision, including engagement and completion, of programming for youth, with a focus on demonstrated improvement in youth's clinical symptomatology and functional skills.

3. The DOC must reduce reliance on cell confinement as a response to youth misbehavior and incorporate evidence-based practices and services.

MYI should eliminate use of days-long disciplinary confinement as a response to youth fighting and incorporate evidence-based strategies for conflict resolution, restorative justice, and individualized behavior support planning. The DOC should contract with outside experts to support efforts to reduce cell confinement and implement developmentally appropriate and trauma informed interventions and programs. The law should be amended to prohibit the use of chemical agent with minors.

The DOC should establish a working group and modify its policies to require regular review of RAMP use by this working group. Based on those reviews, the working group should make recommendations for policy and/or practice changes that would prevent incidents and reduce the use of disciplinary cell confinement and the use of chemical agent.

JJPOC should regularly review the use of cell confinement for minor youth, both routine daily hours of cell confinement and disciplinary confinement, and oversee implementation of evidence based strategies to reduce cell confinement and develop youth's social learning and conflict resolution skills.

4. Every incarcerated child needs an active visiting/connection resource.

Intake protocols at MYI should include identification of a visiting/connection resource for each youth and the development of a treatment plan that includes a plan for engagement with the resource. The treatment plan should be revisited monthly by a clinician or counselor to ensure that connections are being made and to address any barriers to connection.

JJPOC should regularly review the percentage of youth who visit with an adult support and help address barriers to youth-adult connections. JJPOC should consider expanding the role of the DCF-JJEU to focus on reentry planning, including engaging with youth at the time of entry to identify family and other community connections, support engagement between the child and their community

connections throughout their incarceration, identify barriers to connection in the community, and support planning for re-entry.

5. DOC should enhance data reporting systems to support and reliably track youth activity and rehabilitation. JJPOC should regularly review DOC data.

Data regarding youth assessments (clinical, risk, educational, etc.) and treatment recommendations should be consistently maintained and reviewed by the agency and by oversight stakeholders such as the JJPOC. Data regarding youth visitation and facility connection to youth's adult support resources should also be maintained and regularly reviewed.

6. DOC practices regarding strip searches should be reviewed and reformed.

OCA supports the use of alternatives to strip searches. OCA makes additional recommendations related to strip searches:

- a. Require DOC to document all strip searches, including those deemed routine, and include this in reports to the legislature required under Public Act 22-18; and
- b. Require the DOC, in consultation with the JJPOC, to identify alternatives to routine strip searches that will ensure safety and security while minimizing trauma to youth.

7. Educational service delivery must improve to ensure provision of adequate and appropriate educational services and opportunities to youth in DOC custody.

Youth in DOC custody have significant unmet education needs. Additional specialized teaching staff, specialists for reading and math, vocational and transition service resources are needed. Substitute teachers must be readily available to ensure consistent service delivery of educational services to children. The DOC must that educational staff are well supported to deliver comprehensive services to youth, many of whom are complex learners who have been chronically disengaged and underserved in the public school/alternative school environments.

A quality assurance framework should be implemented to track attendance (both morning and afternoon sessions), grade level performance, academic and functional gains, and special education and related service hours. All students should have comprehensive transition services. Teachers should have adequate curricular and other resources, including professional development and consultation, to support the needs of students.

8. CSDE should develop a remedial action plan to ensure students at MYI and York receive required educational services and hours.

OCA audits demonstrate that incarcerated youth do not consistently receive the special education services and service hours that they are entitled to under state and federal law. CSDE should put into place a more comprehensive framework for monitoring and enforcement of IDEA (and other state law) requirements at USD 1 including in-person observation and assessment of instruction, on-site record review, and review of compliance with Child Find requirements. CSDE should report to the JJPOC regarding IDEA monitoring and enforcement, including any requirements for remedial actions and progress monitoring. CSDE reporting should directly address findings made by the DOJ in its 2021 investigative findings report and show how those findings have been or are being corrected.

9. The roles of the DCF-JJEU and CSDE should be clarified.

DCF-JJEU appears engaged in valuable activities regarding student engagement and student re-entry, and this role should be preserved. However, roles and responsibilities for CSDE and the DCF JJEU should be clearly defined, either through state law or a memorandum of agreement, with CSDE's responsibility for IDEA monitoring and enforcement maintained. State law and related processes must be clear that CSDE is the agency with responsibility for ensuring that USD-1, like all school districts, complies with state and federal education laws, and that it is CSDE that must ensure meaningful supervision of educational service delivery at MYI and York.

10. The state should continue to develop a plan for removal of minor youth from adult correctional facilities.

As stated in the introduction to this Report, Connecticut incarcerates more minors in adult prisons than most states. Manson Youth Institution was built as a Level 4 Secure Prison for adolescent males more than 40 years ago. The state should work to relocate these youth to smaller, community-based, rehabilitative, secure environments that support developmentally appropriate work with minors. As for minor girls, there are so few girls at York under the age of 18 that it is nearly impossible to create a therapeutic milieu and group programming. Often there are only 1 or 2 girls at the most at any given time in the youth setting. These girls should be relocated as soon as possible to a juvenile setting.