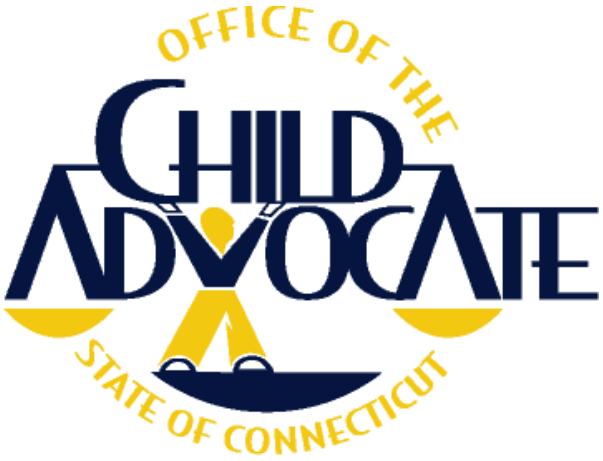

STATE OF CONNECTICUT

OFFICE OF THE CHILD ADVOCATE

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

November 21, 2024

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I. INTRODUCTION

The Office of the Child Advocate (OCA) is an independent state oversight agency directed by law to investigate and report on the efficacy of child-serving systems, investigate unexplained and unexpected child fatalities or critical incidents involving a child, review complaints of persons concerning the actions of any state or municipal agency providing services to children, and "periodically review the facilities and procedures of any and all institutions or residences, public or private, where a juvenile has been placed by any agency or department."[1]

In 2016, Connecticut state law was amended to direct the OCA to regularly review and report to the state legislature regarding conditions of confinement for incarcerated youth age 15 to 21 in the juvenile and adult criminal justice systems.[2] OCA published a baseline audit in January, 2019 examining conditions for incarcerated minors in facilities run by the Department of Correction (DOC), the Judicial Branch Court Support Services Division (JB-CSSD which runs detention facilities in Bridgeport and Hartford), and the Department of Children and Families (DCF, which administered the now closed Connecticut Juvenile Training School). The OCA's 2019 report outlined various strengths and challenges for all facilities, but OCA found significant concerns for incarcerated youth at Manson Youth Institution (MYI), a DOC prison housing boys aged 15 to 21. OCA specifically cited as concerns the DOC's reliance on solitary confinement for minor children, inadequate provision of education services for students with disabilities, and inadequate provision of mental health treatment.

Following the OCA's 2019 report, the U.S. Department of Justice (DOJ) initiated a multi-year investigation into potential civil rights violations at MYI. In December 2021, the DOJ completed its investigation and released a report regarding conditions for minor boys, finding:

> **[T]here is reasonable cause to believe that conditions for children at Manson Youth Institution violate the Eighth and Fourteenth Amendments of the United States Constitution and the Individuals with Disabilities Education Act, 20 U.S.C. §§ 1400-1482 . . . Manson's isolation practices and inadequate mental health services seriously harm children and place them at substantial risk of serious harm. In addition, Manson fails to provide adequate special education services to children with disabilities."**

In August 2024, the DOJ and DOC entered into a settlement agreement addressing disciplinary isolation, mental health care, and special education.

OCA followed its January 2019 audit with another report in November 2020, documenting ongoing concerns regarding the provision of treatment and use of isolation for incarcerated minor boys at MYI. The OCA's 2020 report added findings that older youth, age 18 to 21 at MYI, were likewise deprived of adequate care, education, and treatment to a more marked degree than the boys.

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[1] Conn. Gen. Stat. § 46a-13k *et. seq.*

[2] Initial legislation required OCA to analyze conditions of confinement for youth age 15 to 20. State law was amended in 2022 to extend the age of youth who were subject to the review up to the age of 21.

This report is focused on youth aged 15 to 17 in the custody of the DOC.[3] This report examines conditions of confinement for minor youth at MYI and YCI, facilities run by the DOC. OCA examined: (1) availability and utilization of mental health treatment and rehabilitative programming; (2) use of physical isolation (isolation) (3) use of mechanical and chemical restraint; (4) access to educational programming for youth; and (5) access to family visits and family therapy. [4]

OCA acknowledges the cooperation and responsiveness of the DOC executive team, facility administrators, and staff. Except where otherwise indicated, OCA's Report largely relies on data from two periods of review, an 8 month period in 2022 and a 4 month period in 2024. We find that the DOC has made efforts to address previously documented concerns regarding solitary confinement, mental health service delivery, and service array for minor boys. Youth at MYI accumulate fewer days in disciplinary confinement, they are not barred from participating in school while in disciplinary confinement, and MYI offered a wider range of rehabilitative programming than during previous audit periods, particularly in more recent months. MYI added a clinician on second shift and has incorporated some restorative circles practice into its weekly routine. MYI provided tablets to the youth which has increased youth's phone calls with family members. 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, and the facility continues to rely, in part, on isolation and restriction to address youth behavior, including physical altercations between boys. 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.

DOC administrators emphasized to OCA that staffing challenges plagued the Department throughout the Covid pandemic, impacting the delivery of services to youth and young adults. In addition, DOC stated that Covid and security driven lock-downs in 2022 drove down the program participation data, including school attendance.

II. AGENCY RESPONSES

The Department of Correction provided a detailed written response to this report. Some information in that response is incorporated herein. The full response is attached as Appendix A.[5]

[3] A separate report on late adolescents aged 18–21-year-old 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.

[4] Different data sets with different time periods were used for this review. The period under review (PUR) is described in each section. Each is described within the relevant section. This report addresses each of the five key issues. The report concludes with a series of issue specific recommendations for consideration by agency leadership and state policy makers.

[5] The DOC response was provided in response to a draft report that included both youth aged 15 to 17 and late adolescents aged 18 to 21. The response includes some information regarding the 18 to 21 year old population. OCA's report on late adolescents aged 18 to 21 will soon be released.

The Connecticut State Department of Education ("CSDE") provided a written response to this report, which is attached as Appendix B. In addition, CSDE provided some information in response to this draft which have been incorporated herein.

III. 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 DOC, the DCF, and the CSDE.
- Site visits to facilities run by 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 and for youth confined in juvenile and adult correctional facilities.

IV. CONDITIONS OF CONFINEMENT FOR MINOR YOUTH IN DOC FACILITIES

Youth who are charged with commission of Class A felonies, and certain Class B felonies, are automatically transferred to the adult criminal court, so long as the offense was allegedly committed after the youth turned fifteen.[6] Though youth confinement in adult prison has fallen steeply in Connecticut (as in all states) over the last 15 years,[7] national data indicates that Connecticut incarcerates minor children in adult prisons at a higher rate than almost any other state in the country.[8] According to a 2023 Children's Defense Fund Report, "[m]ore than half of all children in adult prisons were held in just five states: Florida, Connecticut, Ohio, Mississippi, and Arizona."[9]

[6] Conn. Gen. Stat. § 46b-127. Some B felonies, all C, D and some unclassified felonies are subject to discretionary transfer rules that allow prosecutors to file a transfer motion if there is probably cause to believe the crime charged actually occurred and the best interests of the child and the public will not be served by keeping the case in the juvenile court.

[7] https://bjs.ojp.gov/juveniles-incarcerated-us-adult-jails-and-prisons-2002-2021

[8] https://www.sentencingproject.org/app/uploads/2022/09/Youth-in-Adult-Courts-Jails-and-Prisons.pdf

[9] https://www.childrensdefense.org/tools-and-resources/the-state-of-americas-children/soac-youth-justice/

MYI is a level 4 high-security DOC facility that houses boys ranging in age from 15 to 21 in ten separate buildings. The facility was built forty years ago to house more than 600 adolescent boys. Pursuant to federal law requirements which mandate minors be held separately from adults (age 18 and up), MYI confines minor boys in two housing units, Unit I and Unit J. Boys are maintained in cells, sometimes individually, sometimes with a cellmate. Youth are out of cell when engaged in programming, attending school, and during scheduled "recreation" times. During "recreation," youth shower, use the phone, and can play cards or talk with other kids on their pod. Minors at MYI attend school with the rest of the population and may have contact with youth age 18 to 21 in other supervised settings, but not in the housing units. MYI does not have a facility-wide cafeteria or dining hall, therefore all meals are served in the housing units. Youth on disciplinary status eat in their cells.

There were approximately 45-50 boys under age 18 incarcerated at MYI at any given time between 2022 and 2024. **More than two-thirds of all incarcerated boys were awaiting trial and more than 80 % were Black or Hispanic.**[10] Previous analysis commissioned by the state found that among minor youth referred to Court for a Class B Felony, Black youth were more likely to have their case transferred to and stay in adult criminal court than White youth.[11] OCA continues to find that the state disproportionately confines Black and Hispanic youth in adult prisons[12], a foundational civil rights concern for the state's justice system.

[10] In Connecticut, according to the 2020 U.S. Census, people who are "White alone" represent 61.6% of the population; "Black alone" represent 12.4%; Hispanic represent 18.7%; "Asian alone" represent 6%; American Indian and Alaska Native alone represent 1.1%; Native Hawaiian and Other Pacific Islander alone represent 0.2%; Some Other Race alone 8.4%; and Two or More Races 10.2%.See https://www.census.gov/library/stories/state-by-state/connecticut-population-change-between-census-decade.html

[11] Spectrum Associates Market Research, An Assessment of Disproportionate Minority Contact in Connecticut's Juvenile Justice System, at 26. https://towyouth.newhaven.edu/wp-content/uploads/2020/09/ct_2017_dmc_assessment_study_final_report-1.pdf. (Finding: For Class B Felony charges, Black juveniles (87%) were much more likely to have their case transferred to and stay in adult criminal court than were White juveniles (48%) • With the data available for the study, these differences were not neutralized by the multivariate analyses • The differences between Hispanic (64%) and White (48%) juveniles charged with a Class B Felony were not statistically significant (note the relatively small sample sizes.) • There were too few Class A Felony cases to assess whether or not disparities existed by race/ethnicity.

[12] OCA requested DOC census data for all youth and late adolescents (under age 22) for the date May 1, 2022. Fifty-six (56) percent of all youth and late adolescents under 22 were Black, 30% were Hispanic, 13% were White, less than 1% were Asian, and less than 1% were American Indian.

A. ACCESS TO MENTAL HEALTH TREATMENT AND REHABILITATION PROGRAMMING

National and state research has consistently shown that most incarcerated youth exhibit signs and symptoms of mental health disorders.[13] National research estimates that a significant percentage of such children are suffering from symptoms of trauma exposure — personal and community violence, abuse and neglect, and extreme deprivation, including chronic housing and food insecurity.[14] Justice-

MYI RECORD 2022

Note IM [Inmate] was reviewed at education/mental health meeting related to increased volatility and irritability. IM has been seen several times for crisis in past week. IM presented as agitated but ultimately able to be redirected by mental health and custodial staff. IM had been medication non-compliant but met with prescriber and agreed to resume medication as scheduled. Additional stressors noted as being anniversary of brother's death. IM presently has an incentive management plan in school and is able to earn a picture or haircut if he achieves 80% compliance with behavioral expectations. IM has reached the incentive goal 1 out of last 6 weeks. Due to the high number of "KS" [KEEP SEPARATES, DUE TO PEER CONFLICT] with other IM's, the haircut incentive can only occur during am school. MH [Mental Health] and education staff continue to engage IM and reinforce appropriate behavior.

[13] Teplin, L., Potthoff, L., Aaby, D., Prevalence, Comorbidity, and Continuity of Psychiatric Disorders in a 15-Year Longitudinal Study of Youths Involved in the Juvenile Justice System, JAMA Pediatr. 2021; 175(7) (April 5, 2021) ("Youths involved in the juvenile justice system have a substantially higher prevalence of psychiatric disorders compared with those in the general population, with 45% to 66^ of males and 45% to 73% of females in the system meeting the criteria for 1 or more psychiatric disorders.") See also National Commission on Correctional Health Care, Position Statement: Trauma-Responsive Care for Youths in Correctional Facilities, found on the web at https://www.ncchc.org/position-statements/trauma-responsive-care-for-youths-in-correctional-facilities/#:~:text=Numerous%20studies%20have%20demonstrated%20that,or%20more%20traumatic%20events4. ("Numerous studies have demonstrated that youths in juvenile detention centers are 30% to 65% more likely to have been exposed to childhood trauma than the average adolescent and four times as likely to have experienced four or more traumatic events.")

[14] Kim, E. B., Gilman, A .B., Thompson, N., & De Leon, J. (2021). Statewide trends of trauma history, suicidality, and mental health among youth entering the juvenile justice system. *Journal of Adolescent Health, 68*, 300-307.

involved youth often enter confinement with histories of depression, anxiety, and suicidality.[15] Minors incarcerated in adult facilities have an increased risk of early death[16] and "disproportionately higher rates of mental health morbidity compared to those placed in youth-specific facilities."[17] Recent research found that youth incarcerated in adult facilities as youth had poorer mental health longitudinally than those individuals incarcerated in juvenile facilities.[18]

The Connecticut Sentencing Commission recently analyzed the mental health needs of incarcerated individuals within DOC facilities finding that "32% of the incarcerated population [in Connecticut] was classified as having an active mental health disorder requiring treatment" and "an additional 41% of the population was classified as having a history of mental health disorders not requiring active treatment."[19] The Commission noted that the "youngest age bracket (under 26 years old) had a significantly higher percentage of individuals with mental health scores of 3 or higher compared to the middle bracket [age 26-55]."[20] The study found that women were significantly more likely to require mental health treatment.[21]

DOC POLICIES AND MENTAL HEALTH SCORING

Pursuant to DOC policies, all individuals entering a DOC facility must be assessed to determine specific needs for treatment.[22] Mental health needs are identified by assigning a Mental Health Need Score. Upon inquiry, DOC indicated that there is no uniform standardized tool used for determining mental health score. Instead, the determination is a clinical determination made by a qualified mental health professional. The policy indicates that the Mental Health Need Score should be determined by mental health professionals "whenever possible."[23] A Mental Health Need Score of 3 or above may only be scored by mental health staff.[24] The Mental Health Need Scores indicate the following:

Score	Description
MH 1	No mental health history or current need; characterized as emotionally stable.
MH 2	History of mental health disorder that is not currently active or needing treatment; or current mild mental health disorder, not requiring treatment by a mental health professional.

[15] Teplin, L., Stokes, M., et al., Suicidal Ideation and Behavior in Youth in the Juvenile Justice System: A Review of the Literature, Jour. Correct. Health Care (July 2015).
[16] I.A. Silver, D.C. Semenza, J.L. Nedelec, Incarceration of youths in an adult correctional facility and risk of premature death, JAMA Netw Open, 6 (2023), Article e2321805.
[17] D.C. Murrie, C.E. Henderson, G.M. Vincent, *et al.*, Psychiatric symptoms among youth incarcerated in adult prison, Psychiatr Serv, 60 (2009), p. 1092.
[18] Semenza, D., Silver, I., Jackson, D., Youth Incarceration in Adult Facilities and Mental Health in Early Adulthood, Jour. Of Adolesc. Health, Vol. 74, Issue 5 (2024), p. 989 -995.
[19] Mental Health Disorders in Connecticut's Incarcerated Population, Connecticut Sentencing Commission, January 2023, at vi.
[20] Id., at 12.
[21] Id.
[22] Department of Corrections Classification Manual, at 28, available at https://portal.ct.gov/-/media/DOC/Pdf/PDFReport/ClassificationManualLibraryCopypdf.pdf.
[23] Id.
[24] Id.

MH 3	Mild or moderate mental health disorder (or severe mental disorder under good control); may or may not be on psychoactive medication.
MH 4	Mental Health disorder severe enough to require specialized housing or ongoing intensive mental health treatment; usually on psychotropic medications.
MH 5	Crisis level mental disorder (acute conditions, temporary classification). Requires 24 hour nursing care.

DOC policy requires that "[o]nce it is determined that an inmate shall receive ongoing mental health services, a treatment plan shall be written by a qualified mental health professional following the first encounter and shall be reviewed every 90 days and revised as needed."[25] In addition, DOC requires that "all inmates have access to mental health services consistent with community standards of care regardless of gender, physical disability or cultural factors."[26] Services are delivered to individual youth as indicated by their Mental Health Score, or as otherwise indicated and requested.[27]

Mental health scores of incarcerated individuals fluctuate as scores are based on how an individual presents at a given point in time.

FINDINGS

Previous OCA Findings regarding Minor Boys at MYI and DOC response

OCA has conducted multiple audits of minor boys' receipt of mental health treatment at MYI (2016, 2019, 2020). OCA's most recent report (Nov. 2020) found:

- DOC classified two-thirds of minor boys at MYI as either having no history of mental health treatment or not presenting with treatment needs.
- The majority of boys participated in minimal programming.
- DOC's response to OCA's report acknowledged that youth have significant support needs; DOC stated it would increase second shift staffing to help increase programming

[25] DOC Administrative Directive 8.5, emphasis added.
[26] Id.
[27] Prior to November 2022, DOC required mental health treatment as follows: "An inmate with a current mental health service needs score of 3 shall be seen no less frequently than once every 30 days by a qualified mental health professional (social worker, therapist, psychologist) for scheduled individual psychotherapy sessions. An inmate with a mental health services needs score of 4 shall be seen by a qualified mental health professional (social worker, therapist, or psychologist) for individual psychotherapy sessions no less frequently than once every 7 days and will also be regularly scheduled for appropriate group psychotherapy treatment as identified on their individualized treatment plan."
In November 2022, DOC amended its policy to change these requirements as follows: "An inmate with a current mental health score of 3 shall be seen for regularly scheduled individual psychotherapy sessions no less frequently than biweekly or for weekly group psychotherapy sessions, by a qualified mental health professional (social worker, professional counselor, psychologist) unless clinically indicated otherwise (ex. Psychotropic management only). An inmate with a mental health service needs score of 4 shall be seen by a qualified mental health professional (social worker, professional counselor, or psychologist) for individual clinical contacts no less frequently than biweekly and will also be regularly scheduled for appropriate weekly group psychotherapy sessions as identified on their individualized treatment plan."

opportunities, pilot trauma-informed services, and continue to add incentives to support youth engagement.

Updated OCA Findings

To review provision of mental health care to youth incarcerated in MYI, OCA reviewed monthly mental health data provided by DOC regarding youth (aged 15-17) from May 1, 2022, to December 31, 2022. OCA excluded youth incarcerated for less than 30 days, therefore examining data pertaining to 76 youth. The monthly data sent by the DOC is extracted from the youth's electronic health records ("EHR"). OCA sampled certain youths' EHRs to compare data points.

As stated above, DOC does not utilize a standardized tool for determining youth's mental health score. Instead, DOC told OCA: "the level of service need is determined through clinical assessment of qualified mental health professionals based on the clinical need, acuity of symptoms, etc. This is no different from what you would see in the community…. We do use various assessment instruments, as would be done in the community, to identify symptoms, assist with diagnosis, etc., but they would not direct a mode, frequency, or intensity of treatment."[28]

In summary, OCA's review found the following:

- DOC identified a greater percentage of youth as needing mental health treatment than during previous audits.
- DOC offered a greater array of adolescent group programs than in 2020.
- Provision of individual psychotherapy to boys was limited. The majority of the 76 children whose records were reviewed during the PUR, regardless of their individual Mental Health Score, received minimal to no individual therapy, with most children averaging less than one therapy session per month (this data point includes children classified as Mental Health 1s and 2s).[29]
- MYI records confirm more diverse programming was available. Records still reflected minimal participation by most youth in weekly rehabilitative or pro-social groups. Music therapy and Sessions group (covering various topics) had the most youth attendance. Clinical groups like Dialectical Behavioral Therapy (DBT) had minimal participation.
- There is no requirement that youth regularly participate in rehabilitative or clinical programming.
- There was an increased effort at family engagement through "adolescent meetings," but there is no family therapy offered at the facility.

Specific Data on individual therapy at MYI during 2022 PUR

While the range of individual therapy sessions for youth during the entirety of the PUR varied widely from zero sessions (n= 16 youth) to twenty-nine sessions (n= 1), most youth (n= 43) received 5 or

[28] Email from DOC Legal Director to OCA, November 2023, on file with OCA.
[29] Forty-eight (48) of 76 children received less than 1 psychotherapy session per month during the PUR.

fewer individual therapy sessions during the PUR with an average length of confinement during that time of 138 days.

- Sixteen youth, or 21%, did not receive any individual psychotherapy during the PUR. The average length of stay for this group was 129 days.
- Five youth, or 7%, had 20 or more individual therapy sessions. The average length of stay for this group was 195 days.
- Only two youth received weekly scheduled therapy during the PUR (the youths' length of confinement was less than 60 days).
- Data provided to OCA on the number of mental health encounters, including scheduled psychotherapy sessions of 20–30-minute duration and 30–45-minute duration, did not always concur with individual's EHR. For example, the following was listed as an "individual psychotherapy session" in the monthly mental health encounter data provided to OCA:

> **MYI Electronic Health Record**
> **12/1/2022 [Mental Health] Psychotherapy 30-45 min**
> **Reason for Encounter: MH 3 Follow Up**
> **Face to Face Contact: Yes**
> **Interview Location: Room**
> **Subjective: "Miss, I'm good, I'm straight. I refuse. I'm refusing"**
> **Objective Findings: Attempted to meet with IM [Inmate] for MH3 services. IM refused to unit staff to come to medical/MH unit. As a result this CSW went to unit to meet with IM for MH3 services in unit office. IM stated the above, reporting "Miss, I'm good, I'm straight. I refused. I'm refusing." This CSW made an additional effort to prompt IM for services, to no avail.**

Data on group programming at MYI

To facilitate OCA's review of youth participation in group programming, DOC provided monthly reports to OCA. The reports, which rely on information entered into youth's EHR, indicate that the following groups were offered during 2022: Music Therapy, Peer Support, Teen Talks, DBT/Trauma Group, Relaxation Group, Group Sessions (covers different topics, may include Voices and Unlock Your Thinking), Tier I Addiction Services, Mending Minds, Growth Through Experience, Anger Management, and Social Skills. The documented groups cover a broader range of topic areas than previous OCA audits found. The groups include clinical and non-clinical programming.

Overall, 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. OCA notes that youth participation is impacted by a variety of factors: some children are not comfortable in a group setting, they may be depressed and unwilling to participate, or they may lack underlying skills to self-regulate or process group materials. Disciplinary status also affects youth

participation in groups as records indicated that youth on disciplinary confinement status (RAMP) did not participate in group programs.

Data review showed the following:

- Twenty percent of youth (15/76) participated in a group session 20 or more times during the 9-month PUR.
- Thirty-seven percent of youth (28/76) participated in no group sessions during the PUR.
- Overall, 32% of youth (24/76) participated in at least one group session per month.[30]

Frequency of group offerings and participation varied:

- Youth participation in groups ranged from two (2) youth attending Social Skills Group to twenty-one (21) youth attending Music Group (the highest participation rate).
- During the PUR, 65 sessions of Music Group were and 21 of the 76 youth attended.
- Sessions Group (combination of rehabilitation topics) was offered 69 times.
- Anger Management and Trauma Group were the least frequently offered groups.[31]
- The Grow Through Experience Group was held 28 times, with 17 youth attending (with attendance ranging from 1 to 11 sessions).
- Several groups were not offered consistently throughout the PUR.

Most groups had minimal participation:

- Social Skills group was held six times, and only 2 youth attended, one of whom attended only 3 times.
- There were 19 Peer Support Groups, and only 4 youth attended (with attendance ranging from 6 to 16 times).
- Nine DBT/Trauma groups were held and only 5 youth attended. Three of the five youth attended only one or two DBT/Trauma sessions.
- Mending Minds group was held 12 times, with 14 youth attending (with attendance ranging from 1 to 10 times; 9 of the 14 youth attended only 1 or 2 times).

Upon a review of a draft of this Report, DOC mental health administrative staff asserted that there were additional Anger Management and possibly other group programs offered that were not documented in youths' EHR and therefore not contained in the DOC's monthly reports provided to OCA, and relied upon for OCA's findings. OCA invited DOC to share any data not already provided to OCA for creation of this Report. DOC then provided data to show that certain youth also completed programs delivered on the unit that were not documented in the youths' EHR.[32] The

[30] Eight (8) of the 76 attended between 10 and 19 groups; 25 attended between 1 and 9 groups with 28 youth attending no groups during their incarceration.

[31] Anger Management had only recently begun during the PUR.

[32] Per a DOC administrator: "The [Mental Health] and Substance Treatment programs are documented in the EHR. [There are] some activities/programs that wouldn't be documented in the [facility's Real Time data]. Some [youth] perhaps have participated and not yet completed. The [restorative justice] Circles are documented in the EHR if a clinician facilitates or an attendance sheet if a DOC counselor facilitates. The [Real Time data] and master file are how DOC counselors document programs…Many of our alternative programming (i.e gardening, or mentoring) would not be documented in a youth's file because they have

records did not support additional anger management participation, but DOC's data showed the following regarding youth *completion* of certain programs during the 2022 PUR (n= 76 youth, May through December 2022):

- Voices (2 youth completed)
- Tier I/Addiction Services (10 youth completed)
- Unlock Your Thinking (1 youth completed)

DOC also provided information that restorative justice circles were facilitated on the unit, but noted that this is documented in youth's health record only when a clinician facilitates.

2024 Brief Review of Services at MYI

OCA examined monthly mental health data at MYI for January 1, 2024, through April 30th, 2024 (17 weeks). During this period, there were 41 youth incarcerated for more than 30 days during this period.

Of the 41 youth, there were 28 youth who were incarcerated for the entirety of January through April 30.

- All of the 28 youth received at least two (2) scheduled therapy sessions during the four month period.[33]
- Six (6) of the 28 youth received four (4) scheduled therapy sessions during the four month period.
- Sixteen (16) of the 28 youth received between five (5) and ten (10) therapy sessions during the four month period.
- Four (4) of the 28 youth received more than ten (10) therapy sessions during the PUR. [34]

Though all youth received some individual mental health treatment (at least two sessions over a 4-month period), most youth did not receive individual therapy on a weekly basis.

OCA also found that that 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 therefore 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

volunteered for the program/activity as well as the incentives that are offered." Email to OCA from DOC, August 28, 2024, on file with OCA.

[33] Upon review of a draft of this report, DOC mental health administrators noted that DOC policies had changed to require less individual psychotherapy for youth than previous policy had required. See footnote 25.

[34] In reviewing mental health data contained in this draft report with DOC mental health administrative staff, DOC staff initially contested some of the findings, but OCA clarified the data set and confirmed the accuracy of the findings. OCA shared its compiled mental health data with DOC administrators during the process of reviewing this draft. DOC's mental health administrator stated that all of the 28 youth had at least 3 sessions of psychotherapy over the 4 months. OCA's review of the data did not confirm that.

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.

While individual treatment remained relatively low, youth attendance at group sessions during 2024 was higher than during the previous PUR. CBTeens, described as a 10-week skill building session for healthy relationships and coping, was the most widely attended group, and was offered 36 times (1-hour sessions) over the 4-month period, with twenty-five individual youth participating. Clinical programming like Dialectical Behavioral Therapy and Addiction Services were more widely utilized during this period than during the 2022 PUR. Facility based data (not necessarily captured in the EHR data and DOC monthly reports to OCA) show additional programs or practices such as Anger Management, Voices, Restorative Circles, and Unlock Your Thinking were also offered, though the utilization of these offerings was not immediately clear.

Data on youth participation in structured programming contained in youth's EHR show 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.

DISCUSSION

Although OCA continues to find that many boys at MYI are classified by DOC health professionals as not needing individual treatment, recent data from the DOC shows a modest increase in the provision of individual mental health session to boys at MYI in 2024. Most youth however do not receive weekly individual therapy. 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. Reasons for the lack of intensive mental health care range from the mental health scores assigned to children which may underestimate their current treatment needs; the lack of standard screenings and assessments to drive treatment planning; the dearth of mental health professionals (there is only one clinician on the housing unit during second shift); the difficulty some youth have in engaging with treatment or asking for help; and most importantly, the absence of a comprehensive therapeutic milieu designed to strategically address both clinical needs and youths' criminogenic risk factors. One administrator queried to OCA as to whether prison can ever be truly rehabilitative, describing recent efforts to integrate more mental health care into the custody environment as novel. In discussing children's traumatic experiences prior to incarceration, the administrator acknowledged that prison itself traumatizes youth and that youth often "leave worse than they came in."

While most youth are not engaged in weekly individual therapy, there has been an effort by facility leadership to improve group services at MYI, and 2024 data shows an increase in youth program participation compared to 2022 data. Following OCA's November 2020 audit, which found minimal youth participation and availability of programming, DOC added a counselor and a clinician on second shift to offer more groups.

Programming options appear to bring concepts of substance use treatment, cognitive behavioral therapy, and anger management to the youth, but do not clearly constitute evidence-based treatment (with the exceptions of Dialectical Behavioral Therapy, Mindfulness, and Relaxation Group). Health records do not document consistent monitoring of youth's clinical and functional gains derived from group programming. Nor is group programming embedded within an intentionally designed

therapeutic/restorative milieu. For comparative reference, the Judicial Branch Court Support Services Division created the REGIONS (Re-Entry, Goal-oriented, Individualized, Opportunity to Nurture Success) secure residential treatment model for adjudicated youth in the juvenile justice system. The REGIONS model, a smaller community-based secure setting, is designed to incorporate principles of risk reduction, restorative justice, and treatment principles of Dialectical Behavioral Therapy (DBT) throughout the setting. By design, REGIONS incorporates several validated tools[35] to support assessment of children's risk factors and mental health needs. A recent outside evaluation of the REGIONS programs by Development Services Group, Inc. (DSG), notes that best practices in juvenile correctional environments "emphasizes the risk principle" and calls for youth to be screened using "an objective, empirical, and validated assessment tool to obtain the information needed to match the client with a program suited to the client's risk of recidivating."[36] It is important to distinguish REGIONS, which is a post-adjudication facility, from MYI, which houses youth of the same age who are charged as adults and who are often *not yet adjudicated*. DOC administrators have frequently pointed to the challenges presented by the youth's lengthy and unpredictable pre-trial tenure at MYI. OCA notes that REGIONS is a relatively new model (2019) and implementation of the model in a manner consistent with research-driven best practices and program expectations is a work in progress.

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. The DOC's mental health framework that assigns mental health scores to children is not appropriate and whether due to lack of intake information or access to records, may not be accurately assessing the extensive needs of the youth, as evidenced by both research regarding needs of incarcerated minors and OCA's review of youths' child welfare records and history. Intermittent delivery and/or participation in groups is not optimally effective for incarcerated youth, and participation data continues to reflect overall only modest engagement. Youth still have significant time each week that is spent either in their cells or locked on the unit, and interpersonal violence remains prevalent.

It is clear that DOC facility staff have made concerted effort to improve certain conditions at MYI. Yet it remains difficult to create an adolescent-appropriate model of intervention within a Level 4 DOC prison. So long as youth remain in DOC custody, administrators should work closely with adolescent support specialists to ensure service delivery that is tailored to the needs of these boys and offered daily, and create an environment that blends treatment, accountability, and social learning. Interventions must effectively address the underlying reasons that led to youth confinement and staff must ensure that youth are connected with a caring and consistent adult from their family or

[35] Columbia Suicide Severity Rating Scale (CSSRS) • CRAFFT (health screening tool designed to identify substance use, substance-related riding/driving risk, and substance use disorder) • Massachusetts Youth Screening Instrument (MAYSI–2) • Personal Experience Screening Questionnaire (PESQ) • Short-Term Assessment for Risk and Treatability: Adolescent Version (START:AV) • Structured Trauma-Related Experiences & Symptoms Screener (STRESS).

[36] State of Connecticut Judicial Branch Court Support Services Division, REGIONS Juvenile Justice Process and Outcome Evaluation, Final Process and Outcome Evaluation Report, Submitted by Development Services Group, inc., November 10, 2023, at 67.

community. Otherwise, youth will not be prepared to safely re-enter their communities following confinement.

Mental health service delivery for girls at York-updated findings

OCA reviewed data for girls incarcerated at York utilizing the same data set as described in the preceding section. OCA reviewed records for youth who were confined at York for more than thirty days during the period from May 1, 2022 to December 31, 2022. There were three girls incarcerated at York during that PUR. Length of incarceration for the three girls ranged from 39 days to 213 days. According to monthly mental health data, all three girls were initially assigned a mental health score of 5.[37] While the girls received frequent individual therapy sessions throughout their incarceration, record review indicates that they 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.

B. ISOLATION – CELL CONFINEMENT

There are many different terms for cell confinement (e.g., isolation, solitary confinement, segregation). The National Commission on Correctional Health Care ("NCCHC") issued a 2016 Position Statement against the use of solitary confinement, particularly with youth. NCCHC defines solitary confinement as the housing of an adult or juvenile with minimal meaningful contact with others and with access to few or no programs.[38] The NCCHC, like other national organizations, acknowledges that terminology varies by jurisdiction, and that solitary confinement may be referred to by a number of terms including isolation; administrative, protective, or disciplinary segregation; security housing; and restrictive housing units.[39] The NCCHC notes that solitary confinement is used for a variety of reasons, including discipline and safety concerns, leading to the use of restrictive housing for known or suspected gang members.[40]

The National Council of Juvenile Correctional Administrators created a toolkit to address use of isolation for youth in confinement:

> Academic research continues to show that placing incarcerated youths in isolation has negative public safety consequences, does not reduce violence and likely increases recidivism. Subjecting developing adolescents to isolation can cause permanent psychological damage and multiple studies suggest it is highly correlated with suicide. Additionally, youths who are placed in isolation can be subjected to revocation of privileges such as reduced family visitation or limited access to educational programming and classes – two practices research has shown positively impacts

[37] It should be noted that, while the monthly mental health data reported scores of 5, at least two of the girls were not housed as would be dictated by that mental health score.

[38] NCCHC Policy Statement on Solitary Confinement in Correctional Facilities, available on the web at: https://www.ncchc.org/solitary-confinement.

[39] Id.

[40] Id.

> youths. Research also has shown that isolation can cause serious psychological, physical, and developmental harm, resulting in persistent mental health problems, or worse, suicide.
>
> The Council of Juvenile Correctional Administrators believes that isolating or confining a youth in his/her room should be used only to protect the youth from harming him/herself or others and if used, should be for a short period and supervised. CJCA believes that all jurisdictions should have a written policy that limits the use of isolation to situations involving a serious threat by a youth to harm oneself or others, the authority that must approve its use, for what duration of time, appropriate and adequate staff to monitor the youth with appropriate follow up and review.[41]

Connecticut law has prohibited the use of prolonged cell confinement status for minors. Specifically, Connecticut General Statutes § 18-96b prohibited the use of "administrative segregation" for incarcerated youth in the custody of the DOC and defined "administrative segregation status" as the "practice of placing an inmate on restrictive housing status following a determination that such inmate can no longer be safely managed within the general inmate population of the correctional facility." Section 18-96b previously constituted Connecticut's only state statutory prohibition on the use of cell-based isolation of minors in the DOC. The terms "solitary confinement" and "administrative segregation" are often used interchangeably in correctional literature/research nationwide.

In 2022, the legislature passed Public Act 22-18, An Act Concerning the Correction Advisory Committee, the Use of Isolated Confinement and Transparency for Conditions of Incarceration. The Act repealed the previous language pertaining to minors (prohibiting administrative segregation) and replaced it with: "[t]he department [of Correction] shall not hold any person under eighteen years of age in isolated confinement."[42] Isolated confinement is defined as:

> any form of confinement of an incarcerated person within a cell, except during a facility-wide emergency, lockdown or for the purpose of providing medical or mental health treatment, with less than the following time out of cell:
>
> (A) For all incarcerated persons, four hours per day, on or after July 1, 2022;
> (B) For all incarcerated persons in general population, four and a half hours per day, on after October 1, 2022; and
> (C) For all incarcerated persons in general population, five hours per day, on and after April 1, 2023.

[41] https://ojjdp.ojp.gov/library/publications/council-juvenile-correctional-administrators-toolkit-reducing-use-isolation

[42] The law also establishes guidelines and limitations for the use of isolated confinement for those 18 and over, including limiting the use of isolated confinement to instances where less restrictive measures have been considered and limits the length of time in isolated confinement to fifteen consecutive days or thirty total days within a sixty-day period.

The law requires DOC to report to the legislature[43] regarding the measures taken by the Department to address, among other things, the presence of persons with serious mental illness or developmental and intellectual disabilities in isolated confinement or on restrictive housing status, efforts to increase out of cell time, the provision of therapeutic or other pro-social programming for persons on restrictive housing status, and the use of in-cell restraints.

Federal courts have held that "isolation [for minors], even for brief periods, causes serious harm and violates the Constitution."[44]

FINDINGS

OCA Previous Findings and DOC response—Boys at MYI

OCA's November 2020 audit findings found that MYI routinely utilized a status of disciplinary confinement called Confined to Quarters (CTQ) as a response to youth who engaged in behavioral incidents such as fighting, threatening, possessing contraband, and disobedience. OCA's review of disciplinary confinement data found:

- Over a 12-month period, there were 135 instances of CTQ that included a youth's placement in a restrictive housing unit cell, with a range of confinement of 1 to 15 days.
- Youth typically did not participate in school or group programming while on CTQ status, and cell time ranged from 18 to 23 hours per day.
- Following OCA's report, DOC worked to revamp and redesign the CTQ system into a shorter disciplinary and intervention program called RAMP (see below for more description).

OCA Updated Findings—Boys at MYI

For minor youth, MYI converted CTQ into the Reflection Accountability Mediation Program (RAMP). DOC provided to OCA a document describing the RAMP program. According to that documentation, RAMP is designed to utilize "management strategies that are specific to the needs of the juvenile population."[45] According to DOC policies, RAMP uses restorative discipline, defined by DOC to be "a structured process of addressing behavioral incidents and harm in a way that meets the needs of those impacted by promoting accountability and responsibility for offenders."[46] Minor incidents of conflict or unwanted behavior are to be addressed using restorative dialogue. More significant incidents are addressed through RAMP Phase progression.

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[43] The first report was due January 1, 2024.

[44] United States Department of Justice, State of Interest, Smith v. Edwards (July 2023) citing V.W. v. Conway, 236 F. Supp.3d 554 (N.D.N.Y. 2017) (enjoining disciplinary isolation of children in an adult facility and relying on the 'broad consensus among the scientific and professional community that juveniles are psychologically more vulnerable than adults'; A.T. v. Harder, 298 F.Supp.3d 391, (N.D.N.Y. 2018) (granting preliminary injunction to a plaintiff class of children in an adult facility, finding 'defendants' continued use of solitary confinement on juveniles puts them at serious risk of short- and long-term psychological damage,' in violation of the Eighth Amendment).

[45] Reflection Accountability Mediation Program (RAMP), Department of Correction. Provided to OCA by DOC via email dated November 15, 2023.

[46] Id.

Phase 1 is RAMP's highest level, used when a youth's "presence in general population poses a serious threat to the safety or security of the institution, public, other inmates, or self."[47] The youth is escorted to health services and assessed, preferably by a Qualified Mental Health Professional (QMHP), to "determine the appropriate clinical intervention to assist the youth in regaining behavioral control."[48] Assessment may include admission to the infirmary for mental health observation or implementation of safety precautions. If a youth is admitted to the infirmary, he will remain in the infirmary until cleared by a physician to move to Phase II. DOC documents indicate during this time, appropriate clinical orders will be issued regarding "status, property authorization and eligibility to attend school and other programming."[49] The same documents state that the youth will continue to have phone calls and social visits with people on the youth's approved list, but these must be authorized by the treating psychiatrist.[50]

In Phase II of RAMP, the youth is held in a "designated general population cell within [his] respective housing unit for 3 days." During this time "a structured program will be followed by the [youth] and staff." The youth does not have access to "purchased commissary electronic and food items" but does have access to other personal belongings. Youth are to be provided with educational and religious services and attend any programs they are enrolled in. Meals are provided in the youth's cell and the youth is not permitted to attend recreation or work with "general population." Recreation is provided in the unit for 1 hour on second shift weekdays and one hour on first and second shift on weekends and holidays. Youth in Phase II are permitted to make phone calls and have visits.[51] Each day of the three days includes a specific activity: Day 1 – Reflection (responding to restorative questions); Day 2 – Accountability (speaking with counselor/clinician to focus on repair); Day 3 – Mediation (completing an assignment to prepare for mediation with the unit counselor).[52]

During Phase III of RAMP, the youth will return to his original housing cell. Purchased commissary is returned.[53] The youth will begin to eat meals with other youth in their unit. The restriction from recreation and work with general population will remain in place until "imposed sanctions are served."[54] All disciplinary reports are "subject to deferral by the Multi-Disciplinary Team (MDT) depending on severity of offense and frequency of disciplinary behavior."[55] In addition, youth with significant disciplinary behaviors may be recommended for an "Inmate Management Plan."[56]

MYI Data Review – 2022

OCA reviewed disciplinary reports and the use of RAMP at MYI for the calendar year 2022. Findings include:

[47] Id.
[48] Id.
[49] Id.
[50] Id.
[51] Id.
[52] Id.
[53] Id.
[54] Id.
[55] Id.
[56] Id.

- Sixty-eight (68) youth received 205 placements in RAMP. Duration of confinement was typically 1 to 3 days.
- Seventy-eight percent (160) of RAMP placements were related to Assault/Fighting, Assault, and Attempted Assault between youth; 7 % (14) Flagrant Disobedience; 8% (17) Interfering with Safety and Security; 1% (3) Contraband; 1% (3) involved Assault on a DOC employee. In addition, there was one instance of Self-Mutilation and one Security Tampering for a combined 1%.
- Most of the youth who experienced RAMP experienced more than one placement in RAMP. The highest number of cumulative days experienced by a youth over the twelve months was 37 days and the lowest number was 1 day. Twenty-one (31%) youth experienced 10 or more days (cumulative) in RAMP.
- Data shows that youth had moderate participation in school while on RAMP status. OCA did not see youth being held out of school for multiple days. Remote learning was utilized for some youth.
- Data shows that youth do not participate in programming while in RAMP confinement.
- Duration of cell confinement depends on what day of the week a youth enters RAMP. If a youth is confined on a Friday and is therefore not coming out of cell for school, then cell confinement is extensive, and the youth would only come out for brief periods to shower and walk around the unit. If a youth is confined in RAMP on a school day, then they would be able to participate in school (if cleared by Custody staff), and therefore would have fewer total hours of cell confinement.

MYI Data Review - 2023

- In 2023, there were 133 placements in RAMP involving 65 youth, a reduction from 2022.
- Seventy-six percent (101) of RAMP placements were related to youth fights.
- Approximately half of the youth who experienced RAMP experienced more than one placement in RAMP.
- The highest number of cumulative days experienced by one youth over the twelve months was 27 days and the lowest number was 1 day.
- Eight (8) youth experienced 10 or more days (cumulative) in RAMP. All of the youth who experienced 10 or more days were Black (6) and Hispanic (2).
- Records did not reflect an increase in mental health interventions for youth placed in disciplinary confinement multiple times.

MYI Data Review – 2024

- A review of 2024 disciplinary data shows that between January 1, 2024 and September 30, 2024, there were 192 placements in RAMP, involving 66 youth. This represents a significant increase over 2023.
- Seventy percent (134) of the RAMP placements were related to youth fights/assault. Only 1 incident involved an assault on DOC staff.
- Ninety-six percent of placements in RAMP were for 3 days.

- More than half of the youth who experienced RAMP experienced more than one placement in RAMP.
- The highest number of cumulative days experienced by one youth over the nine-month period was 34 days and the lowest number was 2 days.
- Twenty (20) youth experienced 10 or more days (cumulative) in RAMP. All of them were Black (10) or Hispanic (10).
- Records did not reflect an increase in mental health interventions for youth placed in disciplinary confinement multiple times.

OCA Updated Disciplinary Findings – Girls at York

OCA reviewed disciplinary data for the 2022 calendar year for York, where girls who are youthful offenders are held. The RAMP program does not exist at York. Instead, York utilizes CTQ (Confined to Quarters), a disciplinary status, to address problematic behaviors. While in CTQ, youth may be confined to their living quarters in the unit or placed in a different unit for the designated time period, if needed. Girls at York do not live in cells, they are in a separate housing unit. Policy permits youth to attend school starting on the second day of CTQ. The determination of whether the youth returns to school on the second day is made by staff. OCA reviewed data regarding girls incarcerated at York during the calendar year 2022. For purposes of this review, OCA excluded youth incarcerated for less than 30 days. During the review period, 3 girls were incarcerated for more than 30 days: one for 39 days, one for 63 days, and the third for 213 days. Two of the girls were Black and the third was Hispanic. During the calendar year, there was one disciplinary incident involving two girls who were placed in CTQ for fighting. Each youth received 5 days CTQ for this incident.

York Data Review - 2023 and 2024

OCA reviewed disciplinary data for the 2023 calendar year for York. There were 5 girls confined at York during 2023. There was no documented use of CTQ in 2023 or 2024.

Strip Searches of Minor Youth—Disciplinary Confinement and Other Circumstances

OCA finds that DOC policies permit strip searching of minor youth for both incidental and routine reasons. Youth are strip-searched upon entry, upon placement in disciplinary confinement, upon return from court, and upon return from contact visits.

DISCUSSION

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, 2023, and 2024 (to date) experienced disciplinary confinement and subsequent restrictions, with a number of youth experiencing multiple disciplinary confinements. 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. Isolation and deprivation have little efficacy for changing behavior of adolescent boys.[57] Youth need to develop key skills (self-regulation, impulse control, conflict resolution, effective communication) to re-enter their communities, families, and schools safely and successfully.

C. MECHANICAL AND CHEMICAL RESTRAINT

Pepper spray, otherwise known as aerosolized oleoresin capsicum or "OC spray," is a chemical agent used by corrections as part of a continuum of population management/facility security strategies. Chemical agent deployment immediately impairs a person's ability to see or breathe.

Although the use of chemical agent on prisoners has not been found by courts to be per se unconstitutional, the DOJ has noted there are constitutional boundaries to its use.[58] For example, "several bursts or extended amounts of spray," may be unlawful as "[i]nhalation of high doses of some of the chemicals found in OC spray can produce adverse cardiac, respiratory, and neurologic effects, including arrhythmias and sudden death … [and w]ith acute exposure, there is a rapid onset of

[57] "Academic research continues to show that placing incarcerated youths in isolation has negative public safety consequences, does not reduce violence and likely increases recidivism. Subjecting developing adolescents to isolation can cause permanent psychological damage and multiple studies suggest it is highly correlated with suicide." Council of Juvenile Correctional Administrators Toolkit: Reducing the Use of Isolation (2015).
https://dcfs.nv.gov/uploadedFiles/dcfsnvgov/content/Programs/JJS/CJCA%20Toolkit%20Reducing%20the%20use%20of%20Isolation.pdf

[58] Findings Letter issued by the U.S. Department of Justice, Civil Rights Division to Governor Phil Bryant, State of Mississippi (Mar. 20, 2012), (Found on the web at:
https://www.justice.gov/sites/default/files/crt/legacy/2012/04/09/walnutgrovefl.pdf), citing Iko v. Shreve, 535 F.3d 225 (4th Cir. 2008) (use of additional bursts of pepper spray after inmate attempted to comply with officer's orders and which possibly contributed to inmate's asphyxiation and death sufficiently alleged objective component of excessive force claim); see also Soto v. Dickey, 744 F.2d 1260, 1270 (7th Cir. 1984) ("[I]t is a violation of the Eighth Amendment for prison officials to use mace or other chemical agents in quantities greater than necessary or for the sole purpose of punishment or the infliction of pain.").

symptoms including nausea, fear and disorientation."[59] DOJ investigators have previously found that "[a]s with other extreme measures, OC spray may be constitutionally used only when absolutely necessary for the safety and security of the facility, residents, and staff, and only when less drastic measures have been attempted and failed."[60] DOJ has found constitutional violations when facilities have not taken steps to ensure that youth or adults with vulnerable health conditions, such as asthma, are not subjected to pepper spray.[61]

Connecticut law authorizes officials of the DOC to use physical force "as is reasonable and authorized by the rules and regulations of the Department of Correction," in order to maintain order and discipline.[62] Connecticut's statutory scheme limiting the use of restraint for persons at risk (including children and adults) specifically excludes anyone in the custody of the Commissioner of Corrections.[63]

Until 2019, Connecticut law did not address the use of chemical agent on minors. Following the OCA's January 2019 Conditions of Confinement report and in response to subsequent recommendations made by the Juvenile Justice Policy and Oversight Committee (JJPOC), Connecticut General Statutes § 46b-133k was enacted, requiring that as of August 1, 2020, and "monthly thereafter," the DOC must report to the JJPOC "each instance, if any, of use of chemical agents or prone restraints on any person ages seventeen years of age or younger." The law also requires that the DOC develop "a policy of best practices in … correctional facilities where persons ages seventeen years and under are detained," addressing, in part, the "[h]armful effects of using chemical agents and prone restraints on detained persons, including limiting and documenting the use of such chemical agents and limiting the use of prone restraints."

Public Act 22-18 does not modify the law with respect to the use of physical force but does establish important reporting requirements. It requires DOC to report to the General Assembly, by January 1, 2024, the measures taken to address, among other things, "the use of in-cell restraints." In addition, the new law requires the DOC to provide monthly reports on the use of force, including the use of chemical agents, full stationary restraints, deadly physical force, in-cell restraints, less than lethal munitions, lethal munitions, medical restraints, physical force, therapeutic restraints, cell extractions, and canines.[64]

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[59] Id. at 10.

[60] Findings letter issued by the U.S. Department of Justice Civil Rights Division to Governor Mitch Daniels, State of Indiana (Jan. 29, 2010). Found on the web at: https://www.justice.gov/sites/default/files/crt/legacy/2010/12/15/Indianapolis_findlet_01-29-10.pdf at 20 (Emphasis added). See also Findings letter issued by the DOJ Civil Rights Division to Honorable Andrew Spano, Westchester County Jail (Nov. 19, 2009) (found on the web at: https://www.justice.gov/sites/default/files/crt/legacy/2010/12/15/Westchester_findlet_11-19-09.pdfhttps://www.justice.gov/sites/default/files/crt/legacy/2010/12/15/Indianapolis_findlet_01-29-10.pdf), at 19.

[61] Id.

[62] Conn. Gen. Stat. § 53a-18(a)(2).

[63] Conn. Gen. Stat. § 46a-150, *et seq*.

[64] Public Act 22-18, Section 3(i)(4). The public act does not define each of these terms but does define the "use of force" as "use of physical force or deadly physical force as defined in section 53a-3," adding that the use of force includes "the use of restraints, chemical agents, canines or munitions or forcible extraction from a cell, other than in response to a psychiatric emergency."[64] Deadly physical force means "physical force

DOC Directives[65] define the above terms as follows:

Chemical Agents: "Chemical agent devices consist of two (2) categories: i. Category I devices are hand held aerosol dispensers; and, ii. Category II devices consist of all methods of administration other than hand held aerosol devices."

Full Stationary Restraint: "Securing an inmate by the four (4) points of the arms and legs to a stationary surface."

Deadly Physical Force: "Physical force which can be reasonably expected to cause death or serious physical injury."

In-cell Restraint: "Restraint within a cell of an acutely disruptive inmate utilizing one or more of the following restraining devices as appropriate: handcuffs, leg irons, security (tether) chain, belly chains, flex cuffs and/or black box."

Less than lethal munitions: "Ammunition, to include Category II chemical agent projectiles or impact rounds, not reasonably expected to cause death or serious physical injury."

Lethal munitions: "Ammunition that when used may reasonably be expected to cause death or serious physical injury."

Medical Restraints: "Any physical or mechanical device, material or equipment that is ordered by a medical provider and attached or adjacent to the inmate body that he/she cannot easily remove and that restricts movement or normal access to one's body."

Physical Force: "physical contact or contact through use of an armory item/canine initiated by a staff member in response to a non-compliant inmate for the purposes of establishing, maintaining or restoring control, order, safety and/or security. Routine use of physical contact shall not be considered physical force, including the routine use of restraints."

Therapeutic Restraints: "Full stationary restraints that are ordered by a psychiatrist or physician as part of a medical or mental health treatment."

Cell extractions must be conducted with each facility's emergency procedures. Use of canines during cell extractions may "shall only be used when there is an imminent threat to the life of staff, inmates and/or the public."[66]

DOC Directives also define the term restraint as: "any mechanical device used to control the movement of an inmate's body and/or limbs, including but not limited to flex cuffs, soft restraints, hard metal handcuffs, a black box, Chubb cuffs, leg irons, belly chains, a security (tether) chain or a convex shield."[67]

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which can be reasonably expected to cause death or serious physical injury."[64] The term physical force is not defined in section 53a-3.

[65] DOC Administrative Directive 6.5, Use of Force.

[66] DOC Directive, Number 6.5, Attachment A, at 10. Canine Use of Force.

[67] DOC Directive, Number 6.5.

With respect to people housed in a designated housing unit for people with mental illness, the policy requires that clinical intervention be attempted by a qualified mental health provider, acting in consultation, if possible, with a doctoral-level clinician.[68]

The DOC has additional policies that specifically apply to MYI, in addition to the general policies discussed above. It defines "routine use of force" as "any physical force with an armor item that falls within the normal scope and operational procedures of the institution or housing unit."[69] Examples include use of armory items for searches, during a placement on any mental health status as ordered by a qualified mental health practitioner that does not rise to a heightened level of incident, and medical placements in the infirmary that do not rise to a heightened level incident. It also prohibits the use of in-cell restraints in the youth (15 to 17 year old) housing units. The policy indicates that "[u]se of in-cell restraints is only authorized in an infirmary setting, when the inmate's presence poses a serious threat to the safety and security of the institution, self, or other individuals. Inmates with active suicidal ideations may not be placed on an in-cell restraint status. Instead, a physician, APRN, or a psychiatrist may authorize the use of therapeutic restraints."[70]

DOC Directives require documentation of the use of physical force, excluding the routine use of restraints. In addition, the policy requires that planned use of force be video recorded and that video recording be initiated as soon as practicable during an emergency response.

DOC Directive 6.5 provides that:

- "the amount of force used shall be reasonable and appropriate to the circumstances based on the situation, the information in the possession of correctional personnel at the time, and the information reasonably available under the circumstances."
- Staff are required to use a video camera prior to any planned use of physical force.
- Staff are required to attempt and document verbal intervention prior to a planned use of force.
- Staff are required to consult with a health services staff member prior to a planned use of force.
- When there is no immediate threat and the incarcerated individual is secure, staff shall attempt to obtain voluntary cooperation, control, and compliance and, whenever practical, utilize treatment staff, prior to a planned use of force.

FINDINGS

OCA Previous Findings - Chemical Agent

OCA has reviewed the use of chemical agent at MYI during multiple audits. OCA's most recent findings (November 2020) included:

- Over a nine-month period of time, there were 18 boys subjected to chemical agent during 11 incidents (a decrease of 1 incident from 2018).

[68] Id.
[69] Administrative Directive 6.5, Unit Directive John R. Manson Youth Institution.
[70] Id.

- The majority of boys subjected to chemical agent were Black.
- All incidents leading to the use of chemical agent involved youth fights with each other.
- Several boys subjected to chemical agent were boys with psychiatric disabilities and/or asthma.
- DOC disputed OCA's contention that use of chemical agent was harmful for youth, stating that OCA "ignores the fact that while MYI does house juveniles, it is an adult correctional facility and the practices and standards that govern juvenile facilities, by definition, do not apply to it." The DOC nonetheless stated that it was working to reduce reliance on chemical agent and was actively tracking its use with minor boys.

OCA Updated Findings

Data Review - Mechanical Restraint and Chemical Agent at MYI - 2022

OCA reviewed DOC's monthly reporting of mechanical restraint and chemical agent for the 2022 calendar year, for youth in DOC custody (aged 15 to 17). Findings include:

- Twenty-three (23) youth were subjected to chemical agent.
- Seventy-six percent (78%) of the youth (n=18) were Black, 17% (n=4) were Hispanic, and 4% (n=1) was Caucasian.
- Two (2) youth experienced chemical restraint two times and one youth experienced it three times during the review period.
- Twenty-two incidents (85%) were in relation to fighting, 3 (12%) Assault and one (3%) was for fighting with a weapon.
- There were no mechanical restraints in 2022.

Data Review - Mechanical Restraint and Chemical Agent at MYI - 2023

OCA's review of mechanical restraint and chemical agent data for the 2023 calendar year:

- 2023 data saw a decline in the number of youth subjected to chemical agent compared to 2022.
- Nine (9) youth were subjected to chemical agent.
- 55% of youth (n= 6) were Black, 18% (n=2) were Hispanic and 9% of youth (n=1) were White.
- Most youth experienced the use of chemical restraint one time, but two youth experienced it twice.
- Nine (82%) incidents were in relation to Fighting and two incidents (18%) involved Assault on DOC (involving the same youth).
- There were 2 therapeutic restraints at MYI, involving one youth who was White.

Data Review – Mechanical Restraint and Chemical Agent at MYI - 2024

While 2023 saw a decline in chemical agent use, 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).
- Six youth experienced more than one incident of chemical agent. Incidents were labeled as due to "non-compliant behavior."

There were no incidents of mechanical restraint data during this PUR.

Mechanical Restraint and Chemical Agent Use at York

Data Review – 2022

There were no documented incidents of in-cell, therapeutic, or chemical restraint among the minor girls at York during calendar year 2022.

Data Review - 2023

There was one documented incident of therapeutic restraint used in York in 2023 involving 1 minor girl who was White. There were no documented incidents of chemical restraint for this time period.

Data Review - 2024

There were no documented incidents of in-cell, therapeutic, or chemical restraint among the minor girls at York during calendar year 2024.

DISCUSSION

It is important to note that physical restraints considered to be routine by the DOC are not documented or tracked. These include handcuffs for purposes of transport or restraints placed on individuals while on disciplinary status. For example, when a youth is placed in RAMP, it is routine to apply handcuffs, and sometimes shackles, during the movement from their location to RAMP. This would not be reflected in mechanical restraint data.

The increase of the use of chemical agent during 2024, to date, raises important concerns. The majority of states prohibit the use of chemical agent in juvenile facilities.[71] The National Institute of Corrections' Desktop Guide to Working with Youth in Confinement provides:

> Use of pepper spray puts the health of youth at risk: chemical agents generate adverse physical reactions that can be exacerbated in secure settings with poor ventilation, causing potential harm to youth and staff, even if they are not direct targets of its use. Children with asthma and other health problems are at particular risk, as are those who are taking psychotropic medications. Studies conducted on the adult population further indicate that the use of pepper spray on those with mental illness may lead to an increase in violent behavior and a worsening of the mental health condition. Moreover, the use

[71] In 2018, an article published by the Juvenile Justice Information Exchange (a publication covering juvenile justice issues nationally based at Kennesaw State University. https://jjie.org/) reported that thirty-five (35) states had banned pepper spray in juvenile facilities. Only six states expressly allow juvenile correctional officers to carry pepper spray (California, Illinois, Indiana, Minnesota, South Carolina, and Texas.) See also Center on Juvenile & Criminal Justice, Crisis Before Closure: Dangerous Conditions Define the Final Months of California's Division of Juvenile Justice (Feb. 2023), found on the web at: https://www.cjcj.org/reports-publications/report/crisis-before-closure-dangerous-conditions-define-the-final-months-of-californias-division-of-juvenile-justice.

> of chemical restraints, like mechanical restraints, can traumatize youth and undermine their rehabilitative efforts.[72]

While OCA acknowledges that MYI is not a "juvenile facility," the individuals confined there are youth and the impact of chemical restraint is the same, whether housed in a juvenile or adult facility. In addition, data shows that the vast majority of youth subjected to chemical agent, and all of the youth for calendar year 2024 to date, were Black and Hispanic.

D. EDUCATION

Federal law provides that any state agency involved in the provision of special education and related services to students in correctional facilities must ensure the provision of a Free Appropriate Public Education (FAPE) to students with disabilities, even if other agencies share that responsibility.[73] In December, 2014, the United States Departments of Education and Justice published joint guidance for State Education Agencies and State Attorneys General on meeting the educational needs of incarcerated children/youth.[74] This guidance stated that providing high quality correctional education to children/youth "is one of the most powerful — and cost-effective — levers we have to ensure that youth are successful once released and are able to avoid future contact with the justice system."[75] Federal laws governing protections for students with disabilities, such as the Individuals with Disabilities Education Act (IDEA), the Americans with Disabilities Act (ADA), and Section 504 of the Rehabilitation Act, apply in correctional education programs.

In Connecticut, education for youth is provided by the DOC through its school district Unified School District 1. USD 1 is required to comply with federal and state laws applicable to all districts in the state,[76] and is a local education agency (LEA) under federal special education law. Consistent with state law,[77] youth aged 15 to 17 are required to attend school and are offered K-12 High School Diploma education. Like other school districts, USD 1 publishes required data regarding its school population to the CSDE and the district is subject to special education compliance oversight from CSDE. CSDE, a "state educational agency" or SEA under federal law, "has ultimate responsibility for ensuring [a Free Appropriate Public Education] is made available to all eligible students with disabilities residing in State and local juvenile and adult correctional facilities."[78] CSDE is responsible for "general supervision and control of the educational interests of the state . . ." and it "shall provide leadership

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[72] Dietch, Michele, 2014. "Ch. 14 Behavior Management" in Desktop Guide to Quality Practice for Working with Youth in Confinement. National Partnership for Juvenile Services and Office of Juvenile Justice and Delinquency Prevention. https://info.nicic.gov/dtg/node/21.

[73] United States Department of Education Office of Special Education and Rehabilitation Services, available on the web at: https://www.ed.gov/sites/ed/files/policy/gen/guid/correctional-education/idea-letter.pdf. This guidance provided no definition of correctional facility but indicated that its reference therein referred to "juvenile justice facilities, detention facilities, jails, and prisons where students with disabilities are, or may be confined" and references the term "students with disabilities" under the Individuals with Disabilities Education Act, which includes students up to age 21. Letter at 1, N. 1.

[74] United States Department of Education and United States Department of Justice, Guidance, available on the web at: ed.gov/sites/ed/files/policy/gen/guid/correctional-education/csso-state-attorneys-general-letter.pdf.

[75] Id., at 1.

[76] See 34 C.F.R. 300.28; Conn. Gen. Stat. §10-15d.

[77] Conn. Gen. Stat. § 10-184.

[78] See *supra* note 71, Letter, at 6.

and otherwise promote the improvement of education in the state."[79] CSDE is the administrative arm for the State Board of Education and has the authority and the responsibility to ensure that LEAs are compliant with the IDEA. When CSDE becomes aware of individual noncompliance and/or systemic noncompliance, it must investigate and put corrective measures into place. Corrective measures apply equally to individual compliance as they do for systemic compliance. In short, CSDE is responsible under federal and state law to conduct supervision adequate to ensure that students with disabilities in DOC custody are evaluated and receiving appropriate special education and related services in the least restrictive environment.

The Role of the DCF Juvenile Justice Education Unit

In 2021, the legislature directed DCF to create an education unit "for the education of any child who resides in any juvenile justice facility and any incarcerated child."[80] The unit is charged with oversight of the education of students in facilities operated by both JB-CSSD and DOC. By definition, DCF's charge includes students under the age of 18.[81] The law requires the DCF-Juvenile Justice Education Unit (DCF-JJEU) produce "quarterly reports on academic performance, school discipline, attendance and other similar issues concerning students' education by the unit." The first report from the DCF-JJEU was presented to the Juvenile Justice Policy and Oversight Committee in February 2024.[82] The DCF-JJEU reported the following assessment data for students at MYI in June through October 2023, utilizing the STAR assessment tool:

- Twenty-six (26) boys' reading levels were assessed in June 2023. Nearly 70% (18/26) boys were assessed as reading between a 1st and 3rd grade level. Nearly 30% (7/26) were assessed as reading on a 4th to 6th grade level.
- The majority of boys showed growth in reading ability between June and a follow up assessment in October.
- Twenty-seven (27) boys were assessed for math ability in June 2023. Fifty-two percent (14/27) boys were assessed as doing math between a 1st and 3rd grade level. Thirty-seven percent (10/26) were assessed as doing math between a 4th and 6th grade level.
- Just under half of boys showed growth in math ability between the June and October 2023 assessments.
- No assessment data was provided for girls at York. There were three girls incarcerated at York during this period of time.
- Discipline and attendance data were not reported.

The law also empowers the DCF-JJEU to contract with providers to compile, "at least semiannually, performance data to ensure that reporting measures are tailored to experiences of students in short

[79] Conn. Gen. Stat. § 10-4.
[80] Public Act 21-174, Section 3.
[81] Students with special education needs may be eligible for educational services until they reach age twenty-two.
[82] Presentation can be found on the Connecticut General Assembly Website, https://cga.ct.gov/app/tfs/20141215_Juvenile%20Justice%20Policy%20and%20Oversight%20Committee/20240215/Merged%20PP%20JJPOC%20February.pdf.

and long-term placements in juvenile justice facilities."[83] OCA inquired about whether such a report has been created and DCF-JJEU indicated that this has not yet been done.

While Public Act 21-174 states that the DCF-JJEU is established "for the education of any child who resides in any juvenile justice facility and any incarcerated child" and authorizes the unit to employ teachers "for the purpose of providing educational services to children being served by the unit," the DCF-JJEU does not provide instructional services directly to students. Responsibility for education of students in the custody of the DOC remains with USD 1. DOC administrators reported to OCA that they have a positive and defined relationship with DCF-JJEU staff, and that they are working on staff professional development, to begin in August 2024. DOC reported there is no written agreement or memorandum of understanding between DOC and DCF-JJEU.

The DCF-JJEU has been working with the local educational agencies (LEAs) and educational providers to establish universal screening on youth re-entry utilizing a standard assessment tool. The DCF-JJEU described its goal to utilize the assessment to monitor the progress of students in those areas in the future. The DCF-JJEU re-entry specialists collaborate with LEAs to support students' transition back to education in the community. This includes tracking and ensuring, as much as possible, that all completed credits are received and transferred to the LEA. The DCF-JJEU described to OCA its effort to remain connected with the student and school after re-entry to ensure that the child or youth is connected and engaged. DCF-JJEU indicated that it is collecting some data at this time regarding where the students discharge to, the time to re-entry, and contact with the student and family following re-entry. The DCF JJEU is not collecting data on the student attendance post-re-entry to the community at this time.

While the statutory responsibility for the DCF JJEU is broad, it does not function as an administrator or overseer of programs. It does not conduct monitoring and enforcement activities relative to the provision of special education services, and it does not have a memorandum of agreement with CSDE to delineate the overlapping statutory responsibilities of the two agencies.

FINDINGS

OCA's Previous Audit Findings

Multiple OCA audits and an investigation by the DOJ have examined provision of educational services to minor youth at MYI. OCA and the DOJ have issued findings that children in USD 1 at MYI have not received educational services in accordance with their rights under state and federal law.

- In January 2019, OCA found that "most youth missed a **substantial** amount of school during the school year due to "teacher absence," "absence (generic)," "custody," and "class not scheduled." USD 1 staff were not following state and federal special education laws regarding cumulative school removals. MYI had limited resources to provide comprehensive special education and related service delivery to eligible youth, and few youth received vocational programming. USD 1 revised the special education plans of youth entering the facility to decrease the hours and services previously identified in their Individual Education Plans (IEP).

[83] Public Act 21-174, Section 3(b)(3).

- In November 2020, OCA published findings that most youth at MYI continued to miss substantial school hours, and that the majority of coded absences for the review period were due to Custody or Teacher Absence. DOC staff stated that resources remain a barrier to providing appropriate services to students, and that resource deficiencies included staffing, vocational equipment, and up to date curricular materials.
- In December 2021, the DOJ completed an investigation into concerns of widespread federal and constitutional rights violations at MYI. The DOJ found that MYI failed to provide adequate special education services to children with disabilities, and that these and other violations are "pursuant to a pattern or practice of resistance to the full enjoyment of rights protected by the Constitution and federal law."[84] A settlement agreement was reached in August 2024.

Updated Findings - MYI

OCA examined student attendance data, teacher absence data, and aspects of special education evaluation and service delivery for students at MYI. OCA reviewed high school attendance data for all youth enrolled in the High School Program (HSP) at MYI from September 2022 to February 2023. Overall, 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. OCA also found significant concerns with special education service delivery to students at MYI. Specific findings include:

- Morning HSP hours occurred 85% of the time and afternoon hours occurred 69% of the time. DOC administrators stated that COVID-19 continued to impact availability of educational staff during the 2022-2023 school year.
- MYI continues to lack substitute teachers to ensure educational programming is consistently offered.
- While DOC 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.
- While counseling was a common special education related service in students' IEPs, other related services were minimal, with only three children identified as receiving speech and language services. No child was identified as receiving occupational or physical therapy, or support from a Board-Certified Behavior Analyst (BCBA). Upon DOC's review of a draft of this report, educational administrators stated that they hired school social workers in July 2023 who are trained to do cognitive behavioral therapy and dialectical behavioral therapy and can handle student behavioral issues.
- DOC reported to OCA that it has increased educational staffing significantly since 2019, and maintains a low student-teacher ratio.

In May 2024, OCA sought additional information from USD I regarding referral and identification of students who require special education services. DOC reported to OCA that it had not identified or evaluated any current students for special education eligibility, providing special education services

[84] https://www.justice.gov/opa/pr/justice-department-finds-manson-youth-institution-violates-us-constitution-and-individuals

only to children who had entered MYI with eligibility already established. DOC reported that students typically arrive already identified and the percentage of students identified is significantly higher than the state average. For the 2022-2023 school year, DOC reported that the percentage of special education students was 87.1, while the state average was 17.1. In 2024, 63% of students under 18 were identified as eligible for special education. DOC reported that they utilize an RTI/SRBI ("Research Based Instruction/Scientific Research Based Interventions") process to support struggling learners, and they are working to improve that process.[85] In response to OCA's question about related service delivery, specifically how many students were receiving speech and language therapy, occupational therapy, physical therapy, or BCBA support, DOC responded that there were 4 students receiving speech and language services. None of the other related services identified by OCA were being delivered to any MYI student under age 18.[86]

Updated Findings - York

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. DOC reports that students are pulled out for special education services, however the data provided to OCA is not adequate to determine whether students actually received special education services in accordance with their IEPs. Based on the review, the data suggests that some months the students received more full day in person school hours, however there were no months where there was 100% in person learning. Reasons for missed classes were Teacher Absence, Vacations and Custodial reasons. Data suggests that students are not attending school consistently for full days five days per week, indicating significant loss of educational opportunity.

State Department of Education

In January 2024, OCA requested information from CSDE regarding its IDEA monitoring and oversite activities pertinent to USD 1 for the most recent three-year period, including any documentation of site visits and records review. OCA also requested any communications between CSDE and the DOJ concerning USD 1. A review of CSDE's record production found:

- CSDE produced no documents of site visits or classroom observations at MYI;
- CSDE produced no documentation of educational record reviews for students at MYI;
- CSDE provided no documentation of corrective or remedial actions required of USD 1 as a result of DOJ Findings.

[85] In response to a draft of this report, in September 2024, DOC educational administrators stated that while no current students (as of May 2024) had been identified by USD 1 as eligible for special education after arrival at MYI, that USD 1 does make referrals periodically for special education eligibility evaluation, and that the District had made 4 such referrals since 2023. DOC did not provide information as to whether those students were evaluated, and what determinations were made as to their eligibility.

[86] DOC reported in September 2024 that it now has 9 students receiving speech and language supports.

OCA located the federally required Annual Performance Report (APR) on Connecticut's State Performance Plan for USD 1 for the 2021-22 school year, which, similar to previous APRs concluded that USD 1 met performance requirements for:

- eliminating ten-day school suspensions;
- eliminating disproportionate representation as a result of inappropriate identification of special education eligibility;
- developing transition goals and services; and
- timely and accurate reporting regarding post-secondary employment and education.

OCA learned that the above findings do not require a qualitative assessment by CSDE. For example, while CSDE found that USD 1 met the goal of "eliminating disproportionate representation as a result of inappropriate identification of special education eligibility," OCA found that USD 1 does not typically determine eligibility for students at MYI, as discussed above.

USD 1 was determined to not meet performance requirements for:

- increasing graduation rates with a standard high school diploma; and
- decreasing high school dropout rate.

Also contained in the APR, CSDE found that the following mandatory performance requirements did not apply to students in USD 1:

- increasing placement time with nondisabled peers;
- determining special education eligibility in accordance with state established timelines; and
- improving participation rate in statewide assessments.

There was no documented explanation for why CSDE deemed these measures not applicable.[87]

CSDE made no findings regarding USD 1 curriculum, educational program time, or processes to identify and evaluate students potentially eligible for special education and related services.

In September 2024, in response to a draft report, CSDE noted that annual compliance reviews for 2022 and 2023 showed:

- IEP Annual Reviews were found to have been held on time;
- Three Year Reevaluations were found to be held on time; and
- With respect to transition requirements: students were invited to attend PPT meetings, the PPT crafted transition goals and objectives, and appropriate outside agencies were invited to meetings.

CSDE provided documentation of 2023/2024 desk audits, completed through the Connected Special Education Data System (CTSEDS). This documentation consisted of nine forms related to

[87] In response to the draft report, CSDE indicated that "CSDE collects that information differently depending upon the student's circumstances" such as when a student is admitted or discharged from MYI during the evaluation for eligibility period.

monitoring the USD1's compliance with federal special education requirements. Each form represented the review of one IEP or Prior Written Notice. CSDE's review of five IEPs showed:

- that the LEA conducted the required annual reviews and a triennial Planning and Placement Team (PPT) meetings for re-evaluation;
- all but one were rated low with respect to the quality of the description of present levels of performance in the IEP; and
- three contained annual goals with no measurable/observable skill or behavior, a requirement under federal law.

CSDE's review of prior written notice[88] documents showed that 3 of 4 had the correct boxes checked. All were found to be of low quality in relation to the description, reason, and evaluation procedure used to make the decision.

When asked about corrective action in relation to the reviews, CSDE indicated that no corrective action was required, but IEP Quality Training was provided to USD1 during the 2023-2024 school year.[89]

The reviews described above assess procedural compliance and do not include site visits or record review to determine the substantive appropriateness of decisions made in PPT meetings, the adequacy of goals and objectives, whether the transition goals crafted are adequate or appropriate, or whether IEPs are implemented.

DISCUSSION

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. The failure of the USD 1 district to evaluate or identify any current student (as of May 2024) for possible special education eligibility, the dearth of related services other than counseling to almost all students, and the significant teacher absence rate, present compelling concern that USD 1 may not be in compliance with obligations under state and federal law to ensure students receive appropriate services. OCA acknowledges that discussions with pupil services leadership at USD 1 indicate that administrators are working to strengthen service delivery in part through staff professional development and improved transition assessments and services.

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

[88] Prior Written Notice is a legally required document that provides parents with information about the action taken by the PPT.
[89] Email from CSDE Director of Legal and Governmental Affairs to OCA, dated September 13, 2024.

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.[90]

E. VISITATION

Research shows that visitation and contact with supported family members or other adults is important and beneficial for incarcerated youth. A collaborative effort between the Vera Institute of Justice and the Ohio Department of Youth Services, Families as Partners: Supporting Youth Reentry in Ohio, found that children who received visits while incarcerated had improved behavior and school performance.[91] Ohio's DYS was the first agency in the country to implement Vera's Juvenile Relational Inquiry Tool, designed to help the agency identify the youth's family and social supports.

DOC Administrative Directives state that individuals who are incarcerated "may have the privilege of social visitation so long as the inmate abides by departmental rules, regulations, and policies" and "[e]xcept as required by law, visitation shall be considered a privilege and no inmate shall have entitlement to a social visit."[92] Youth may be visited by immediate family and extended family, including spouse, parent, child, grandparent, step/foster relations, the individual's co-habitant, aunts, uncles, nieces, nephews, and in-laws. Individuals must request that visitors be approved, obtain application forms from DOC, and mail the forms to prospective visitors. Prospective visitors must then return the form to DOC by mail or hand delivery. Only when DOC has all of the necessary forms will the application be processed. Those with criminal convictions are not generally permitted to visit, though there is a process for requesting approval for such visitors.

Contact visits, meaning visits in which the youth is not separated from the visitor by a full screen or full solid glass partition, are permitted in level 2, 3, or 4 facilities. Each facility sets specific schedules for visits. Youth are permitted a minimum of two (2) regular visits per week and "reasonable efforts" must be made to accommodate visiting hours on at least one evening visit per week and weekend visits. Visits may not exceed one hour. Youth are also permitted "a minimum of one (1) video visit per week as long as facility space and operational needs can accommodate the request." A maximum of three people may be present for a contact visit and a maximum of two may be present for a non-contact visit. Video visits are permitted for a minimum of 30 minutes and a maximum of 60 minutes. Video visits must be conducted in accordance with the facility's visit schedule.[93] DOC stated that it does not take visits away from minor youth as a sanction.

FINDINGS

OCA Previous Findings Regarding Visitation for Youth at MYI

[90] CSDE disagrees. Its response is attached at Appendix B.
[91] https://www.vera.org/downloads/Publications/the-impact-of-family-visitation-on-incarcerated-youthsbehavior-and-school-performance-findings-from-the-families-as-partners-project/legacy_downloads/impactof-family-visitation-on-incarcerated-youth-brief.pdf
[92] DOC Administrative Directive 10.6.
[93] Id.

OCA's November 2020 audit findings regarding visitation included:

- 18 youth had no visits during their confinement and 5 youth had 1 visit. The average duration of confinement for these boys was 11.3 months, with a range of 1 month to 35 months.
- 13 youth had between 1 and 5 visits during their confinement.
- 37 youth had more than 5 visits.
- About 2/3 of youth who received visits received contact visits with family.
- DOC's response to OCA's audit acknowledged that visitation is a critical support for youth, and that it was instituting video visits to increase youth's contact with supportive adults.

Updated OCA Findings - Visitation for Boys at MYI - 2022-2023

Youth at MYI can now receive visits in person or via video. In addition, youth now have access to tablets while in their cells, which can be used to make phone calls but not video calls. OCA does not receive data regarding phone calls.

OCA reviewed visitation data at MYI for the calendar years 2022 and 2023. The data revealed that during this time there were 254 youth admitted to DOC custody. Of those youth, 68 received a video and/or in-person visit. 2023 saw a substantial increase in video and in person visits.

- In 2022 there were 117 video visits for 19 youth. Five youth accounted for 65% of the 117 video visits.
- In 2022, there were 50 in-person visits for 17 youth. Five youth accounted for 61% of the in person visits.
- For a cohort of 76 youth incarcerated between May 1, 2022 and December 31, 2022, only 20% (n=15) had a documented in-person visit, and 20% (n=15) had a documented video visit. The remaining 61 youth had no documented visits during their incarceration in 2022. The average length of confinement for the 76 youth was 147 days.
- In 2023 there were 309 video visits for 52 youth.[94] Eleven youth accounted for 62% of these visits.
- In 2023 there were 278 in-person visits for 46 youth. Eight youth accounted for 50% of the visits.

Visitation for Girls at York – 2022-2023

For six (6) 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.

DISCUSSION

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. Video visits, just like in-person visits have to be scheduled through the counselor. Given the relative ease of text messaging and calling on the tablet, and the greater difficulty in coordinating a video or in person visit, this may

[94] DOC data provided to OCA indicated that for the calendar year 2023, 125 youth were admitted to DOC custody.

explain the low number of video and in person visits. The hours available for in-person and video visits is limited, with only 1 hour per day (8 p.m. to 9 p.m.) for in person visits during the week, and two hours per day on the weekend (8 to 9 a.m. and 4 to 5 p.m.). Video visits are available 5 to 6 p.m. or 8 to 9 p.m. during the week.

For youth, connection with relatives and supportive adults is critically important. These connections not only serve to support mental well-being during incarceration but also support re-entry. OCA could not conduct an analysis of all of the reasons youth or late adolescents may not receive visits, but factors include strained relationships, transportation barriers, youth's preference not to be seen in prison, and youth's concern for siblings and other caregiver responsibilities.

V. RECOMMENDATIONS PERTAINING TO MINOR YOUTH IN DOC CUSTODY

This is fifth report of the Office of the Child Advocate regarding certain 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 to these youth. 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. MYI staff and administrators have made demonstrable effort to increase service delivery to minor youth, increase youth and family communication through the provision of tablets and free phone calls, and decrease cell confinement. Yet data shows that the facility continues to rely heavily on cell confinement and restrictions as a response to youth misbehavior (most often fighting), underestimates youth's significant clinical and behavioral health treatment needs, and does not provide a therapeutic setting that delivers consistent intentional rehabilitative programming in a developmentally appropriate context. School participation (due to both student and teacher absenteeism) remains well below what is required and offered in a traditional public school setting, and MYI is not in compliance with federal special education requirements for the evaluation and provision of special education and related services. While it is clear that agency and facility leadership are committed to delivering supports to youth in confinement, OCA finds that significant transformation of the setting and service delivery remains necessary, as evidenced by the still significant use of cell confinement, chemical agent use, and dearth of individual therapy.

Almost ten years ago, DCF contracted with Dr. Robert Kinscherff to conduct a program review and strategic consultation pertaining to the Connecticut Juvenile Training School and the girls Pueblo Unit (both secure juvenile justice facilities that have since closed). Dr. Kinscherff's 2015 observations and recommendations remain relevant to current efforts to assess and improve service delivery for youth in confinement. A central observation of Dr. Kinscherff regarding CJTS is directly applicable to Manson Youth Institution:

> The uneasy interplay between a juvenile corrections model with an emphasis on "accountability" and a rehabilitation model with an emphasis on "treatment" creates a deep core ambiguity and tension as to mission and methods. For example, in traditional juvenile corrections the use of restraints and seclusions are intended to enforce compliance with institutional expectations but also are used as responses and even as sanctions for misconduct. Mental health professionals are used primarily for periodic "check-ins" on the mental status of the individual and to assess acute suicide risk. Youth on a disciplinary status are precluded from participation from program activities as a sanction even if there are minimal risks of immediate harm to self or others. By contrast, in a rehabilitative/therapeutic model, restraints and seclusions are intended to secure basic safety, the least restrictive intervention required is relied upon, and restraints or seclusions are terminated as soon as the immediate threat to safety has passed. Mental health professionals are tasked with attempting to continuously engage with the individual and facilitate de-escalation in an effort to bring the episode of restraint or seclusion to an end as soon as possible. Youth are expected to resume participation in educational, vocational, treatment or other program activities once the immediate significant risks to self or others have passed.
>
> Especially in a trauma-informed model, the need to use a restraint or seclusion is viewed as a clear intervention failure and so considerable effort is given following the episode to assess the process leading to restraint and seclusion with the individual and the staff involved to create alternative processes that would preclude the need for these methods in the future.
>
> In reality, youth developmentally and socially require both age-appropriate accountability for their conduct and to have their needs met--especially needs which left unmet increase the likelihood of continued delinquent misconduct with its negative impacts upon themselves, their families and their communities. The challenge is to craft and implement an approach which can (a) provide accountability without becoming punitive; (b) effectively meet unmet educational, behavioral health, and other developmentally critical needs; and (c) communicate to youth that they are valued and can be welcomed as meaningful positive contributors to our communities.[95]

OCA's previous reports have made a number of recommendations for the agencies and policymakers to consider, emphasizing the need for consistent and developmentally appropriate programming, reduction of restraint and cell confinement as responses to youth behavior, and implementation of a quality assurance and oversight framework for ensuring quality care and outcomes for incarcerated youth. OCA incorporates previous recommendations and includes the following:

1. **<u>Behavioral health services must be offered regularly to all incarcerated youth.</u>**

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

[95]https://www.cga.ct.gov/2015/kiddata/od/08.12%20Forum%20%20Final%20Report%20on%20CJTS%20and%20Pueblo%20by%20Dr%20Kinscherff.pdf

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. Additional mental health support staff will be needed to provide consistent support to all minor youth. DOC may consider utilizing validated risk and need assessment tools at intake and at 90 day increments to assess individual and population behavioral health needs and inform programming and discharge planning.

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.**

Data on group program participation for all minor youth shows great variability in youth engagement and attendance. As more programming has been offered to youth at MYI in recent years, some youth participate frequently and others minimally. To be effective, 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. Several youth OCA visited in March stated that they had not been outside in months.

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.**

DOC should implement a recognized framework such as the U.S. Department of Health and Human Services SAMHSA endorsed Six Core Strategies to reduce use of restraint and seclusion as a response to maladaptive behavior.[96] The Six Core Strategies incorporates research and recommendations from state mental health program directors around the country. The strategies incorporate 1) program/facility leadership 2) use of data to inform strategies and program goals, 3) workforce development to support a treatment environment, 4) use of prevention tools such as assessment, individualized treatment, safety plans, and de-escalation strategies, 5) involvement of youth, families, and advocates in addressing restraint and isolation, and 6) a framework for post-incident debriefing that includes addressing the immediate effects of the incident and examining treatment goals and opportunities.

Staff and leadership should be trained in the principles of the Six Cores Strategies, and should continue to receive regular training regarding adolescent development, working with children who have experienced trauma and children with disabilities. Staff perspective should be incorporated into all aspects of the work to ensure that concerns about safety and security are heard and addressed. Research does consistently show that programs that reduce reliance on restraint and seclusion, even

[96]https://www.nasmhpd.org/sites/default/files/Consolidated%20Six%20Core%20Strategies%20Document.pdf

those for individuals with significant behavioral health treatment needs and challenging behaviors, actually improve safety for individuals, with fewer youth/staff injuries.[97]

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 for the purpose of reducing the use of cell confinement for discipline and modify its policies to require that (a) any time a youth is placed in RAMP more than 3 times in a sixty-day period, the working group shall review the factors precipitating the use of RAMP, the child's mental health and wellbeing, and develop an individualized support plan; (b) for each use of chemical agent, the working group shall review the circumstances leading to the use of chemical agent to determine the triggers for such use and identify opportunities for prevention and de-escalation; and (c) based on reviews conducted, 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. <u>Every incarcerated child needs an active visiting/connection resource.</u>

All youth in out of home placement, including secure confinement, need a constructive relationship with a consistent and caring adult. For some youth this will be a family member or kin, for other youth this may be someone not related to them. While data shows an increase in contact between youth and families, many youth still do not have frequent contact (via tablet) with family, and few have regular in-person visits. Transportation, family dynamics, youth shame and avoidance, as well as limited visitation hours, all contribute to the lack of regular in person visits. 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 assist the youth with understanding the value of this connection and identifying and addressing barriers to engagement including transportation difficulties or lack of technology supports. Family counseling should be available to support engagement with youth and prepare youth and adult supports for the youth's discharge to the community. 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

[97] https://www.samhsa.gov/sites/default/files/topics/trauma_and_violence/seclusion-restraints-1.pdf

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.**

While DOC reported monthly data to the OCA regarding youth participation in certain programming and individual mental health treatment, it became clear that relevant data regarding youth activities and participation in rehabilitation services was maintained in various places and in different ways by the agency (e.g., EHRs, Facility Real Time (RT) logs, and other counselor or staff records. Consistent with goals for a youth-serving facility, data regarding youth participation in school, rehabilitation and clinical programming, and prosocial activities should be consistently maintained and regularly reviewed. Data regarding youth assessments (clinical, risk, educational, etc.) and treatment recommendations should likewise 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.**

Public Act 23-12 requires the Commissioner of Correction to submit a report to the legislature "on the status of the procurement of body scanning machines for use in correctional facilities" and to issue a request for proposal for the procurement of body scanning machines. 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 boys more than 40 years ago. The state should work to relocate adolescent boys 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.

APPENDIX A

Ned Lamont
Governor

STATE OF CONNECTICUT
DEPARTMENT OF CORRECTION

Office of the Commissioner

Angel Quiros
Commissioner

Introduction:

The Connecticut Department of Correction and the dedicated staff at the Manson Youth Institution (MYI) and York Correctional Institution (YCI) are thankful for the collaborative work that has taken place with the Office of the Child Advocate (OCA). The agency has reviewed the OCA's report and recommendations for continued efforts of supervision and services provided to the juvenile population. While the agency has made advancements in its practices it acknowledges the opportunity to further review is governing policies and procedures. The department has implemented initiatives to enhance best practices while incorporating a holistic approach.

Unified School District#1:

During the period under review the agency's Unified School District was adhering to COVID 19 protocols as set forth by state and federal guidelines. Also during the period under review there were 21 Manson Youth Institution educators and support staff out due to testing COVID positive and recovering between September 2022 and February 2023. The school district has implemented a multidisciplinary referral approach to address student-related concerns promptly an effectively. The interdisciplinary team works collaboratively to determine appropriate interventions based on the individual student's needs. While working to address the demands and the unique needs of each student the district's special educators work together closely with general education teachers to ensure that instruction is differentiated and tailored to meet the specific needs of each student. In the endeavor to uphold and enhance statutory responsibilities, the district has made a concerted effort to provide substantive and impactful professional development opportunities for both special educators and pupil service specialists. The targeted professional development sessions surpassed the stipulated professional development requirements set forth by the State Department of Education and the district. In an effort to address the educational needs of the student population at Manson Youth Institution, the agency was approved to add additional USD#1 educators.

Mental Health:

The agency has reviewed the OCA's report and recommendations regarding the mental health services provided to the juvenile population. The agency is offering group psychotherapy to all juveniles regardless of their mental health score and utilizing either Cognitive Behavioral Therapy (CBT) or Dialectical Behavioral Therapy (DBT) modalities, both of which have been shown to help those with trauma experiences. Clinicians also provide crisis intervention and

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collaborate with the custodial staff daily within the units and facility to support the youth. The Health Services Unit (HSU) has also initiated a vicarious trauma training for medical staff to further address the effects of trauma throughout the system. In addition, those in school have access to school social workers and school psychologists that provide care and support. These services are not documented in the Electronic Health Record however, are considered additional clinical contacts. Regarding the OCA's treatment recommendations, DOC provides a level of care consistent with community standards and based on individual treatment needs. In an effort to address the mental health needs of the juvenile population the agency was approved to add additional mental health personal at the Manson Youth Institution.

Operations:

The Department of Correction continues efforts to reduce the use of cell confinement and chemical agent when managing incarcerated juveniles. The use of Confinement to Quarters (CTQ) was replaced with the Reflection Accountability Mediation Program (RAMP). RAMP uses restorative discipline interventions to assist juveniles in regaining behavioral control. Youth participating in RAMP will continue to have access to education, programs and visitation as long as they can be safely accommodated. The agency conducts thorough reviews of incidents involving the use of chemical agent and continues to train staff on the use of other interventions where possible and chemical agent usage has decreased. The agency provides timely data on incidents involving use of chemical agent to the Office of the Child Advocate and reports to the Juvenile Justice Policy and Oversight Committee monthly.

Angel Quiros, Commissioner
Connecticut Department of Correction

Ned Lamont
Governor

STATE OF CONNECTICUT
DEPARTMENT OF CORRECTION

Office of the Commissioner

Angel Quiros
Commissioner

Unified School District #1 Responses:

Area of Concern: (Pages 26-27) OCA Updated Findings at MYI. OCA examined student attendance data, teacher absence data, and aspects of special education evaluation and service delivery for students at MYI. Overall, 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 education opportunity due to teacher absenteeism, with almost 25% of school hours not offered during the PUR. OCA also found significant concerns with special education service delivery to students at MYI. A review of high school attendance data for all youth enrolled in the High School Program (HSP) at MYI during a five-month period from September 2022 to February 2023 showed significant teacher absenteeism affected school programming.

Response: The period under review, agency's Unified School Disctric#1 was adhering to federal and state guidelines in response to the COVID 19 pandemic. There were 21 MYI USD#1 staff out due to being COVID positive between September 2022 and February 2023. MYI have since restructured our staffing to maximize student time in the classroom.

Area of Concern: Morning HSP hours occurred 85% of the time and afternoon hours occurred 69% of the time.

Response: MYI continues to lack substitute teachers to ensure educational programming is consistently offered. USD#1 has encountered similar struggles as most districts across the country, with difficulty retaining education professionals. In the past we hired substitute teachers who have now taken on full classes due to retirements and resignations. However, USD#1 continues to work with human resources to recruit qualified educational professionals.

Area of Concern: While DOC 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.

Response: The Unified School District#1 implements various service delivery models where supports are provided in the least restrictive environment.

Area of Concern: USD#1 did not identify or evaluate any current students for special education eligibility, providing special education services only to children who entered MYI with eligibility already established.

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Response: USD #1 has implemented a multidisciplinary referral approach to address student-related concerns effectively. Any staff member within the district has the authority to refer a student to the team by utilizing the district's referral process. Upon receiving a referral, student data is thoroughly reviewed, incorporating both formal and informal evaluative measures. The team then collaboratively determines appropriate interventions based on the student's needs. If the student does not demonstrate an adequate response to the interventions provided, a referral to special education is initiated, triggering the PPT (Planning and Placement Team) process. Minimal special education referrals can be attributed to the proactive universal supports that are extended to all students within the district. School social workers, special educators, correctional transition instructors, and school counselors actively engage with students by utilizing a push-in model to offer social-emotional support, behavioral interventions, transition-related learning, and academic assistance. Additionally, special educators collaborate closely with general education teachers to ensure that instruction is differentiated and tailored to meet the individual needs of each student. This collaborative effort is in alignment with the Response to Intervention (RTI) framework, which aims to provide timely and targeted support to students based on their unique learning requirements. Students enter USD#1 at the general age of later high school students. Most students requiring educational supports in the form of an IEP have already been identified. In 2023, MYI has one student being evaluated and identified as needing special education services. This student was not identified as a special education student prior to entering USD#1.

Area of Concern: Special education related service delivery was minimal, with only three children identified as receiving speech and language services. No child was identified as receiving occupational or physical therapy, or support from a Board-Certified Behavior Analyst (BCBA).

Response: Upon the reception of records from sending districts, a comprehensive review is undertaken. It is imperative to ensure that all related services previously administered to the student continue seamlessly. Given the distinctive demographic composition of our student body, it is noteworthy that a predominant number of students receiving related services primarily engage in counseling sessions. The school licensed social workers and school psychologists are equipped with an extensive skill set, including proficiency in cognitive behavioral therapy, ACT, trauma, strength focused and Person-Centered Therapy which enables them to effectively address a wide array of behavioral concerns.

Area of Concern: (Page 29) Discussion Section**.** While the statutory responsibility for the DCF JJEU is broad, it does not function as an administrator or overseer of programs. It does not conduct monitoring and enforcement activities relative to the provision of special education services, and it does not have any memorandum of agreement with SDE to delineate the overlapping statutory responsibilities of the two agencies.

Response: In the endeavor to uphold and enhance statutory responsibilities, the district has made a concerted effort to provide substantive and impactful professional development opportunities for both special educators and pupil service specialists. The targeted professional development

sessions surpassed the stipulated professional development requirements set forth by SDE and the district. In the preceding year alone, the staff actively engaged in extensive professional development hours, underscoring their commitment to continuous growth and improvement. The planning and execution of professional development initiatives are thoughtfully tailored to address the specific needs and requirements of teachers and students. This process is guided by collaborative efforts involving school administrators, teachers, and pupil service specialists. The diverse array of professional development sessions encompassed a range of essential topics, including but not limited to: Introductory Wilson Training, Executive Functioning, Comprehensive Evaluation Writing, Transition Planning, Progress Monitoring, IEP Quality Training, CTSEDS Training, Gray Oral Reading Test Training, District-Related Guidance and Training, and Compliance Training. Additionally, the addition of several staff member has added value to the district. These staff members include a Director of Special Education, and Reading Interventionist, School Counselors, Social Workers and Correctional Transition Instructors. In addition, USD#1 has provided over 280 hours of professional development in this past school-year on a variety of topics.

Area of Concern: (Page 30) Education for Youth incarcerated at York. 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 unreliable 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. DOC reports that students are pulled out for special education services, however the data provided to OCA is not adequate to determine whether students actually received special education services in accordance with their IEPs. Based on the review, the data suggests that some months the students received more full day in person school hours, however there were no months where there was 100% in person learning. Reasons for missed classes were Teacher Absence, Vacations and Custodial reasons. Data suggests that students are not attending school consistently for full days five days per week, indicating significant loss of educational opportunity. As with the boys at MYI, OCA is concerned about whether students are receiving the required minimum 180 school days per year.

Response: Youth at York received High School Diploma Programming and Credit Diploma Programming.
Parents/guardians may support their student moving from the high school program to the CDP track. This is often based on the number of credits students may need to successfully complete their high school education. By signing the students into CDP, students with large deficiencies in their credits are allowed to achieve their diploma in a timely manner. USD#1 operates on a "year -round" calendar, offering 222 school days per year, offering students 42 days above the requirement.

Area of Concern: (Page 36) Restrictive Housing Conditions for 18 – to 21-year-olds: MacDougall-Walker Correctional Institution is a level 4-5 facility that houses up to 2218 male individuals. It consists of two buildings: MacDougall and Walker. MacDougall houses individuals designated as high-bond, Administrative Segregation, and Chronic Discipline. Walker houses individuals identified as SRG-1 and Administrative Segregation. There is space for a school in MacDougall. There is no school in the Walker building.

Response: There are 2 separate spaces identified at the Walker building where education is provided to the restrictive housing population to include SRG, AS, as well as priority students (18 – 22) and adults.

Area of Concern: (Page 39) Prolonged Isolation of 18 to 21 Year Olds In Restrictive Housing 15. Adults and [youth] in solitary confinement should have as much human contact as possible with people from outside the facility and with custodial, educational, religious, and medical staff.

Response: During this period of review, education and school support staff routinely met with students who were placed in isolation to offer education services.

Area of Concern (Page 49) Limited Educational Services for 18 to 21 Year Olds in Restrictive Housing. Education in these facilities for students with special education needs is extremely limited. For those individuals identified with special education needs, the IEP for all individuals who are transferred from MYI to other adult facilities provide for GED track education, with extremely limited hours of service.[1]Several of the young adults in OCA's cohort of thirteen individuals had special education needs. OCA reviewed several IEPs in which students were provided with 0.5 hours of academic instruction per week and vocational services of 1 hour/month. The apparently standard reduction in educational instruction and special education service hours raises concerns for violation of IDEA's requirements that IEPs be individualized and tailored to meet the needs of the individual student. Individuals on SRG status, including those identified as students with special education needs on pretrial status, routinely do not receive educational services. One reason for this would be restrictions on movement for those in SRG status, including a requirement that those in SRG cannot be moved unless everyone else is secured. Nearly all young adults designated as SRG reported receiving no educational services while in SRG1, a status which lasts a minimum of four months. Records indicate that at least two young adults on SRG status received infrequent short visits from an educational staff person, but not in the frequency or duration listed in IEPs. No young adult received related services such as physical therapy, occupational therapy, or speech services. OCA efforts to review educational records for completed work revealed that nothing was available. Attendance records were noted to be unreliable as young adults confined in settings that would restrict their attendance, such as punitive segregation or the infirmary, were incorrectly marked as present.

Response: All priority students who are labeled as being members of a Security Risk Group undergo the school interview process. Child Find protocols are strictly adhered to when students are admitted and or transferred into DOC/USD#1. Students are offered education services and sign the Declaration of Educational choice indicating acceptance of these services. If a student is over the age of 18, they have the right to refuse educational services.

Mental Health Responses:

The MYI mental health team provides trauma informed care in a number of ways. Upon admission, 100% of juveniles are assessed by mental health. We also conduct an additional assessment upon admission using an ACE questionnaire that captures juveniles' trauma experiences to assist in treatment planning. In addition, we have clinicians stationed on the juvenile units on second shift in order to provide easy access to mental health care if a juvenile, regardless of their mental health score, wants to engage in treatment on a scheduled or as needed basis. We do this to also insure there are minimal impediments to these individuals attending school. We provide group psychotherapy to all juveniles regardless of their mental health score using either Cognitive Behavioral or Dialectical Behavioral Therapy modalities, both of which have been shown to help those with trauma experiences. Clinicians also provide crisis intervention and collaborate with the officers daily on the units to support juveniles. HSU has also initiated a vicarious trauma training for medical staff to further address the effects of trauma throughout the system.

DOC disagrees that we are underestimating the needs of the juvenile population and it is not clear from the OCA report how they came to that conclusion. We provide mental health services to the entire juvenile population regardless of mental health need score. These interactions may not always be documented within the health record, however, the interactions and conversations are occurring. As stated above, every juvenile is assessed upon admission to determine their mental health need, no one "slips through the cracks" and enters MYI without a full mental health assessment from a licensed clinician. In addition, if someone is in need of mental health care there are multiple avenues for them to initiate that care (request, talking to unit staff, talking to the clinician on the unit, requesting during adolescent work groups, etc.). As a result, there are few, if any, logistical or administrative barriers to receiving mental health care for juveniles; they can self-refer or be referred by a staff member (school, custody, medical, etc.) at any time. Once a need score is assigned, it is not "set in stone", scores can and do change throughout someone's confinement based on their diagnostic and treatment needs. In essence, these interventions already approximate a "scoreless" juvenile environment. A report from the electronic health record for the period discussed in the OCA report indicated significant engagement by mental health with the juvenile population including 614 group contacts, 56 brief encounters, and 290 individual sessions for juveniles during this period. Mental health need scores do fluctuate, but a report from early June, 2024 indicated that about 55% of juveniles were in active mental health treatment. At MYI in general about a third of inmates are receiving treatment, showing a much high number of juveniles being identified. In addition, those in school have access to school

social workers and school psychologists that provide care and support. These services are not documented in the EHR, but are additional clinical contacts.

With regards to the OCA treatment recommendations, DOC provides a level of care consistent with community standards and based on individual treatment needs. Making determinations about the care provided using other standards or without considering individual treatment needs can be misleading or inaccurate. Each juvenile is seen by a clinician upon admission and if mental health care is needed an individualized treatment plan is developed. This drives the number of sessions/encounters within a given period of time, not length of stay. Therefore, it is our opinion that greatly increasing the amount of mental health treatment offered (whether on the weekends or at some other time), without considering individual need, would be counterproductive and not appreciably increase treatment participation. It is very important to know these youth do not meet criteria for a psychiatric inpatient setting, nor are they identified as requiring a therapeutic residential setting. So, while we may reference those settings comparable as a "locked" facility, the MH acuity of the juveniles at MYI is very different than someone in an inpatient or therapeutic residential setting. MH3 inmates are considered outpatients and even MH4 inmates do not meet the criteria for hospital level of care. No community clinic providers would provide weekend or daily programing for patients with this level of need and there is no research that we are aware of that supports that level of care. None of our incarcerated juveniles were receiving daily services in the community. In addition, there are other programs, recreation time (sometimes outside) and other activities (which OCA advocates for) available to juveniles that would interfere with the daily provision of mental health services. From a trauma-informed perspective, engaging in healthy activities, socializing with others, and having non-clinical opportunities to practice skills is also clinically important.

The juvenile population has unique needs in general and treatment compliance with young people can be a challenge since it is often parents, schools, and other adults that initially refer young people for treatment. There are some groups juveniles like more than others and it is possible, maybe even likely, that the most clinically helpful groups are less preferred by juveniles since uncomfortable conversations are often required for treatment progress. We see this in the community with the most effective trauma treatments having high dropout rates likely due to the discomfort involved in addressing issues people are trying to avoid. An important point to remember is that avoidance is a key aspect of many mental health conditions, especially those related to trauma, and so some inconsistency in treatment engagement and motivation is to be expected. There are also competing demands for treatment engagement and young people may prioritize leisure or social activities over treatment (even though as adults and treatment providers we would prefer otherwise). Increasing motivation for treatment is an important goal when working with younger people. Being flexible with their engagement and capitalizing on the opportunities as they arise is likely to increase treatment engagement and success in the long run. Rigorously and routinely making frequent participation in treatment mandatory is likely to lead to more resistance and worse treatment outcomes. Individuality needs to be taken in to consideration. Also, if juveniles are involved in a number of programs (including OAP programs and religious services) this may impact their ability to consistently attend one or the other. Visits

and court also impact their treatment engagement. In sum, this is dynamic population and a number of factors need to be considered when planning care above and beyond simply counting hours engaged in treatment.

APPENDIX B

STATE OF CONNECTICUT
DEPARTMENT OF EDUCATION

September 12, 2024

VIA ELECTRONIC MAIL
Sarah Eagan
Child Advocate
The Office of the Child Advocate
165 Capitol Avenue
Hartford, CT 06105

Re: Conditions of Confinement Report Response

Dear Sarah:

Thank you for providing the Connecticut State Department of Education ["CSDE"] with the opportunity to review, and respond to, the Office of Child Advocate's ["OCA"] draft report: "An Examination of Conditions of Confinement – Incarcerated/Detained Youth and Late Adolescents In the Custody of the Department of Corrections" ["the Report"]. It is our hope that this response will provide OCA with helpful insights on the Report's education-related discussion. For example, in the Report, OCA mentions it concern "that SDE has not fulfilled its supervision responsibilities under IDEA," Id., p. 32, a concern we appreciate having the chance to allay by detailing the CSDE's ongoing exercise of its general supervisory responsibilities as they pertain to the provision of special education services and related services to eligible students at Unified School District Number 1 ["USD1"].

Before iterating these efforts, it is important to ensure that both the CSDE and the OCA share the same understanding of the USD1 paradigm. As you may be aware, the United States Department of Education has recognized the varying configurations within states regarding the provision of special education services within state juvenile justice systems, noting:

> States have different administrative structures or arrangements for providing education, including special education and related services, to students with disabilities in correctional facilities. These arrangements include assigning the responsibility for providing special education and related services in correctional facilities to: (1) the SEA; (2) the correctional facility as an LEA; (3) the LEA where the correctional facility is located or another LEA; (4) a noneducational public agency through an interagency agreement or other mechanism for interagency coordination that meets the requirements in 34 CFR §300.154; and (5) a transfer of authority pursuant to 34 CFR §300.149(d).13

United States Department of Education, Office of Special Education and Rehabilitative Services ["OSERS"] December 5, 2014 Dear Colleague Letter, p. 6. As you know, Connecticut established USD1 to serve as a local education agency, or "LEA," for students who are incarcerated in State facilities under the control of the Connecticut Department of Corrections ["DOC"]. Consequently, while USD1 is in some ways unique when compared to Connecticut's other local and regional school districts established pursuant to Conn. Gen. Stat. §10-241, it is, nonetheless, an LEA and as such, the CSDE's general supervisory oversight is much the same as it is with any other LEA.

While I do not wish to digress, I think it is important to note OSERS' reference in its Dear Colleague letter to the fact that some states take a different approach than Connecticut's, specifically "assigning the responsibility for providing special education and related services in correctional facilities to . . . a noneducational public agency through an interagency agreement." Id. I reference this in response to the Report's suggestion that such an "interagency memorandum" be created between the CSDE and the

Department of Children and Families ["DCF"]. Report, p. 39. While the CSDE certainly understands OCA's perspective, given that, again, in Connecticut USD1 is an LEA and not "a noneducational public agency," such an interagency memorandum would not seem to be applicable. After all, such memoranda or agreements are not in place between the CSDE and Connecticut's other LEAs.[1]

The CSDE acknowledges that it has general supervisory responsibilities with respect to the LEAs' provision of special education and related services to students who have been deemed eligible under the Individuals with Disabilities Education Improvement Act of 2004, 20 U.S.C. §§1400, *et seq.* ["IDEA"]. LEAs such as USD1, however, are charged with primary responsibility for ensuring that students within its educational jurisdiction are receiving the special education and related services to which they are legally entitled. With respect to USD1, this is reflected in the "Agreement Between the United States and the State of Connecticut," which was fully executed on August 29, 2024 ["Agreement"]. As you are aware, that Agreement was entered into by and between the United States Department of Justice ["DOJ"] and the DOC, and it addresses DOC's obligations regarding the treatment of children under the age of eighteen who are incarcerated at Manson Youth Institution ["MYI"].

There are no references to the CSDE within the Agreement, and, quite frankly, even if there were, it is doubtful that the DOC Commissioner would have the authority to bind a separate State agency such as the CSDE or DCF. Of note the Agreement defines "Educational Staff" as "all *DOC employees and contractors*, irrespective of job title, whose regular duties include the supervision and provision of education services to children at Manson." Agreement, p.3, ¶11 (emphasis added). Similarly, "Staff" or "staff members" are defined as including "all persons who are assigned to work at Manson or provide services to children at Manson." Id., p. 4, ¶22. Thereafter, with respect to the education, the Agreement expressly obligates DOC staff at MYI. These definitions and the education-related language in the Agreement are appropriate for, again, as an LEA, USD1 bears primary responsibility for the education of the youth within its care.

As to the CSDE's general supervisory responsibility, over the past three years, the CSDE completed the following compliance reviews pertaining to ***all*** USD1 students:

a. IEP Annual Reviews were found to have been held on time
b. Three-Year Reevaluations were found to have been held on time
c. The following was found with respect to high-school Transition Requirements:
    1. Students were invited to attend PPT meetings
    2. The PPT crafted Transition Goals and Objectives
    3. Appropriate outside agencies were invited to PPT meetings

Based upon this exhaustive review process, no compliance issues were identified during either 2022 or 2023. Furthermore, the 2024 compliance review is currently in progress.

In addition to this annual compliance review, USD1 is subject to the same CSDE monitoring protocols as are Connecticut's other LEAs. For example, all Connecticut LEAs, including USD1, are included in one of the CSDE's three monitoring cohorts (A, B, and C), and as such are monitored on a three-year cycle. These monitoring activities include:

a. IEP Desk Audits, which constitute a review of IEP documents for certain compliance indicators, including, but not limited to, the existence, quality, and completeness of the IEP's Prior Written Notice, which is a critical component of the IEP in that it documents

[1]The CSDE will, however, be meeting with DCF to discuss and formalize as necessary and appropriate an interagency agreement with respect to USD1.

PPT decisions with respect to which special education and related services the LEA agrees, or declines, to provide.

b. A Parent Engagement Survey
c. Random and unannounced site visits[2]
d. Post-School-Outcome Survey, which is provided to all students one year after they exit their secondary education

As noted, these monitoring activities, in conjunction with the previously discussed annual compliance reviews, are part of the CSDE's general supervisory duties and USD1 is subject to them to the same extent as every other Connecticut LEA.[3]

The CSDE has also implemented a number of systems in which to process credible allegations of substantive or procedural violations under the IDEA or related issues pertaining to disabled students. The CSDE's efforts to ensure that credible allegations are received by the CSDE include the following:

a. The CSDE's Bureau of Special Education ["BSE"] Telephonic Call Center
b. Telephone calls and e-mails to the CSDE that are referred internally to the BSE
c. The CPAC Telephonic Call Center
d. The CSDE's Administrative Complaint process, which is handled by the BSE
e. Communications between the BSE and an LEA's Special Education Point of Contact
f. Regular Meetings with Parent Advocates and Parent Attorneys
g. DCF Investigations that are forwarded to the BSE

In addition, media or other public reports are also a means by which the CSDE can follow up on credible allegations

As I know you are already aware, these conduits of information resulted in the CSDE receiving an administrative complaint last year regarding a USD1 student, in response to which the BSE concluded that USD1 had violated 34 C.F.R §300.101, 34 CFR § 300.320(b), and R.C.S.A. § 10-76d, and issued the following corrective actions:

> 1. On or before February 29, 2024, the District must convene a PPT to review the Student's IEP and develop an IEP that is reasonably calculated to meet the Student's unique needs resulting from his disability, to enable the Student to be involved in and make progress in the general education curriculum, thus providing him meaningful educational benefit. The PPT shall develop the IEP without consideration for the facility needs. After the IEP is developed, it shall be noted in the meeting summary and the prior written notice, what can and cannot be implemented, due to the security needs of the facility, and/or the Student's security status. This will enable the Student to make an informed decision regarding his security status in the future.
>
> 2. The Student's eligibility for special education and related services shall be extended by an additional six months. This shall be documented at a PPT meeting, and an exit date shall be communicated to the Student and the complainant.

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[2]USD1 was not among the LEAs that were selected for an unannounced visit this past year.

[3]The Report states that the CSDE did not produce certain requested documents. Id., p. 29. The CSDE notes, however, that it did provide OCA with a substantial amount of documents on February 27, 2024, including Fiscal Risk Rubric Data, Technical Assistance and Corrective Actions related to the IDEA Grant (Fiscal Risk Rubric), and related communications. In addition, in conjunction with this response, the Commissioner ensured that the CSDE conducted an additional, exhaustive review of its records to determine whether there was any further pertinent information that had not as yet been provided to OCA. The result of that follow-up review turned up a few additional documents, which are being submitted with this letter.

3. The District shall maintain a log of the services provided to the Student pursuant to his IEP. This log must be sent to the BSE at the end of every month.

4. The District must provide the Student with 75 hours of compensatory education. On or before February 29, 2024, the District must submit a plan to the BSE to deliver these hours. The PPT shall determine the type of services to be provided. Due to the barriers to providing services in the prison setting, the plan for compensatory education services may exceed the one-year timeline with the approval of the BSE. If necessary, these hours shall be continued after the Student's eligibility ends until all hours are completed. The compensatory education must also continue if the Student is permanently released or transferred to another facility. If the District is unable to provide the required compensatory services, due to staffing or other limitations, the District is required to contract with a private provider to ensure those and other needed services are provided. The District shall work promptly with the private provider to obtain access to the prison facility for the purpose of provided services. If the Student refuses or is unwilling to participate in whole or in part in the compensatory education, the District must document this and provide it to the BSE in a timely manner. The District must send at the end of every month, a log outlining the services provided in accordance with eh Student's IEP and any compensatory education hours. The log shall be sent to Natalie Jones at Natalie.jones@ct.gov.

5. Within 60 calendar days of the date of this report, the District must obtain a comprehensive transition assessment for the Student.

6. On or before June 1, 2024, the District must provide the BSE with a training plan for all special education teachers, general education teachers, special education administrators, evaluators, and relate services providers at HCC regarding the following topics:

- developing and implementing IEPs to provide FAPE;
- conducting appropriate annual review meetings; and
- conducting appropriate transition planning.

The CSDE continues to monitor USD1's compliance with these corrective actions to ensure that they are fully implemented.

I also wanted to clarify the assertions in the Report that the CSDE

> found that the mandatory performance requirements did not apply to students in USD1
>
> increasing placement time with nondisabled peers
> determining special education eligibility in accordance with state established timelines
> improving participation rate in statewide assessments

Id., p. 30. The CSDE presumes that contention arises from OCA's misunderstanding as to the meaning of "Not Applicable" in the APR for USD1. It does not mean that the CSDE is waiving those requirements; rather it arises from the fact that the CSDE collects that information differently depending upon the student's circumstances, such as if the special education referral process began in the student's home district prior to incarceration or if the student returned to such district following discharge from MYI. Additionally, the IDEA expressly provides that a number of its requirements do not apply to certain incarcerated students under specific circumstances, including in the area of least restrictive environment, the modification of

IEPs, and the provision of transition services. See, e.g., 34 C.F.R. §300.102(a)(2)(i); 34 C.F.R. §300.324(d)(1).

The CSDE also notes that following the DOJ's prior findings regarding MYI -- and prior to the August 29, 2024, Agreement – in 2022 the CSDE proactively offered IEP Quality Trainings to USD1 employees. Furthermore, the CSDE moved USD1 to Monitoring Cohort C for off-cycle monitoring, and it included a sampling of USD1 students in the CSDE's 2024 Desk Audit. In short, and as detailed in the course of this correspondence, the CSDE has fulfilled its obligation to exercise general supervisory authority over USD1, and it has been responsive to the concerns raised in the prior DOJ report as part of its ongoing annual compliance review and cyclical monitoring. In this same vein, the CSDE looks forward to continuing to serve as a technical resource to the USD1 just as it has in the past and continues to do for every Connecticut LEA.

Thank you again for sharing the Report and providing us with this opportunity to provide what we hope OCA will find helpful information. Please feel free to contact me should you have any additional questions regarding this matter. Best regards.

Sincerely,

Michael P. McKeon
Director of Legal and Governmental Affairs
Connecticut State Department of Education

Enclosures

cc: Charlene M. Russell-Tucker, Commissioner of Education
Sinthia Sone-Moyano, Deputy Commissioner for Educational Supports and Wellness
Charles Hewes, Deputy Commissioner of Academics & Innovation
Bryan Klimkiewicz, Special Education Division Director, CSDE
Laura Stefon, Chief of Staff and Legislative Liaison, CSDE