



## **OCA REPORT: CONDITIONS OF CONFINEMENT FOR INCARCERATED YOUTH AGE 15 TO 21 AT MANSON YOUTH INSTITUTION AND YORK CORRECTIONAL INSTITUTION**

### **SUMMARY**

State law passed in 2016 requires the Office of the Child Advocate (OCA), an independent state oversight agency, to regularly report to the legislature regarding conditions of confinement for incarcerated children and youth in the juvenile and adult criminal justice systems. In January, 2019, OCA published its initial report,<sup>1</sup> covering a range of conditions for incarcerated children and youth: isolation, use of force, access to education and mental health programming, family visitation, and suicide prevention. OCA's report made several findings, including:

- Children of color are disproportionately confined and incarcerated in Connecticut.
- The adult prison system is not designed to provide children with the programming and treatment services necessary so they can rehabilitate and safely return to their communities.
- Children with complex mental health needs who are transferred to the adult prison system are more likely to be placed in extended cell confinement and be denied access to programming.
- The state lacks uniform standards for meeting the treatment and educational needs of incarcerated children and youth, thereby undermining the state's goals --promoting youth rehabilitation and improving public safety.

OCA's 2019 report was reviewed by the state's Juvenile Justice Policy and Oversight Committee (JJPOC),<sup>2</sup> and several responsive recommendations adopted by that body<sup>3</sup> were codified in state law,<sup>4</sup> all seeking to improve conditions and outcomes for incarcerated youth. OCA's current report focuses on conditions for youth at Manson Youth Institution (MYI) and York Correctional Institution (YCI), both Department of Correction (DOC) facilities. This report also includes information regarding conditions for youth age 18 to 21 incarcerated in these two prisons.<sup>5</sup> Finally, OCA's report addresses how COVID-19 affected prison conditions for youth.

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<sup>1</sup> OCA's 2019 report can be found on the web: <https://portal.ct.gov/-/media/OCA/V4/ConditionsofConfinementfinalJanuary2019pdf.pdf>.

<sup>2</sup> The state's Juvenile Justice Policy and Oversight Committee ("JJPOC") was established pursuant to Public Act 14-217, Section 79, to "evaluate policies related to the Juvenile Justice system and the expansion of juvenile jurisdiction to include persons sixteen and seventeen years of age."

<sup>3</sup> Recommendations of the JJPOC can be found on the website of the Connecticut General Assembly here: [https://www.cga.ct.gov/app/taskforce.asp?TF=20141215\\_Juvenile%20Justice%20Policy%20and%20Oversight%20Committee](https://www.cga.ct.gov/app/taskforce.asp?TF=20141215_Juvenile%20Justice%20Policy%20and%20Oversight%20Committee)

<sup>4</sup> Public Act 19-187.

<sup>5</sup> OCA's 2019 report focused on minor youth, age 15 to 17 at MYI and YCI.

OCA thanks the staff and leadership of the DOC for their cooperation with OCA's review. DOC officials have paid close attention to concerns regarding conditions of confinement for minor youth following receipt of OCA's January, 2019 report. MYI administrators worked to increase access to certain programming, and end long-term Administrative Segregation for minor boys. Living conditions for the very few minor girls at YCI are still better than for boys at MYI.

OCA finds, however, that significant concerns persist for incarcerated youth age 15 to 21, and that progress is hampered due to continued resource, program design, and facility limitations of an adult prison custody model. Most youth entering the prison system have significant histories of unmet needs, abuse and neglect, psychiatric disabilities and substance abuse disorders. They may lack a consistent guardian, adequate housing and community support. Yet, the prison system's methods of intervention are rooted in traditional corrections practice and not in best practices for serving children and youth with complex mental health, education and child welfare histories. This gap between correctional practice and best practice for children and youth is most striking in OCA's findings regarding frequent or prolonged cell confinement and isolation as a behavior management tool, inadequate mental health service delivery, and with regard to older youth (male and female), the alarming use of segregation, and even in-cell restraint and chemical agent, including with youth in mental health crisis. Moreover, while rates of program participation appear higher at YCI, the majority of youth at MYI still do not participate in regular rehabilitation or clinical programming. Critically, OCA finds that black youth remain disproportionately incarcerated in these facilities, making up approximately 60 percent of all youth age 15 to 21 at MYI, and 55 percent of all youth at YCI.

OCA finds that the overall lack of rehabilitative structure and the harmful practices related to isolation and restraint, particularly harsh for older youth age 18 to 21, continue to create serious and even dire concerns that state policy-makers must urgently address. Notably, in written response to OCA's draft report, the DOC stated multiple times the realities or limitations of an adult correctional model. These limitations are *not* the fault of individual corrections staff or administrators, but rather are the by-product of resource allocations, and infrastructure limitations, public policies which the state is responsible for evaluating and changing. Policymakers must determine what the public purpose of the correctional system is, whether it exists to control, punish or to rehabilitate youth, and we must address the implications of that stated purpose for future reforms and investments. Given the public safety and civil rights concerns at issue, the time is now to change the way we intervene with and support high need children and youth.

## FINDINGS

MYI is a level 4 high-security DOC facility that houses boys ranging in age from 15 to 21 and built forty years ago to house approximately 700 adolescent males. The DOC describes MYI as follows:

**MYI is a high security, adult correctional institution. MYI is a celled facility. The use of cells to confine offenders is a long-standing practice in high security, adult correctional institutions, as is the use of mechanical restraints, chemical agent, and gang management strategies.**

YCI is a high-security facility and serves as the state's only correctional institution for females of any age. The population of female youthful offenders has decreased significantly over the years. Girls, like their male counterparts at MYI, are housed separately from the adult population. In 2019, there were five girls under the age of 18 incarcerated at YCI. As of September, 2019, there were 21 youth age 18-21 years old at YCI.

### **CHILDREN'S HISTORIES PRIOR TO INCARCERATION**

- Most boys at MYI have a history of involvement in the juvenile/adult criminal justice systems.
- More than half of the boys' families had been investigated four or more times due to concerns of child abuse and neglect. Approximately one-third of boys' families had been investigated by DCF ten or more times.
- The majority of incarcerated boys have a parent, most often a father, who has also been incarcerated.
- All of the minor girls lived in families that had some or extensive history with DCF due to concerns of child abuse and neglect.

### **MENTAL HEALTH PROGRAMMING FOR CHILDREN AND YOUTH**

More than 60 percent of youth in a Department of Justice-commissioned national survey self-reported problems with anger, and more than half reported symptoms of depression, anxiety and loneliness, and a prior traumatic experience, including physical or sexual abuse or both. Survey results and research show a significant relationship between youth's substance misuse and serious delinquent behavior.

- Similar to OCA's previous findings, DOC classified two-thirds of the 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 0 or 1 program duration the duration of their confinement (avg. 8 months). Most programming is offered on first shift when boys are scheduled for school.
- Examination of records for youth at MYI who participated in no programming during their confinement revealed that almost all of these youth carried historical or current diagnoses, most commonly: Conduct Disorder, Cannabis Dependence/Abuse, and ADD/ADHD. Other diagnoses in the records of non-program participating youth included: Unresolved Grief, Anxiety Disorder, Alcohol Abuse, Post Traumatic Stress Disorder, and Bipolar Disorder.
- Two-thirds of older youth at MYI age 18 to 21 for whom OCA was provided mental health scores were classified by DOC as not needing any regular individual mental health care.
- Half of older youth at MYI participated in some rehabilitation programming during the review period.
- The minor girls at YCI were all classified as needing regular mental health treatment, and girls participated in multiple programs while incarcerated. All girls entered YCI with historical and significant treatment needs.

- All female youth age 18 to 21 at YCI were classified by DOC as needing mental health treatment, and the majority of sentenced youth participated in three or more rehabilitative programming groups.

### **EDUCATION FOR CHILDREN AND YOUTH**

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), even if other agencies share that responsibility.

- Boys' rate of full day school participation (meaning, how often was the child in school for 5 hours) was essentially unchanged from OCA's last review, with a median full day participation rate of 50%. The majority of coded absences were attributed to Custody or Teacher Absence.
- Almost all of the minor boys tested at MYI during the 2018-19 school year were assessed as capable of Grade 4 to 5.9 academic content. Of the boys who were re-tested the same school year, the majority made some academic progress. Approximately 1/4 of boys made no progress, and approximately 40 % of boys were not retested due to intake/discharge timing.
- Educational participation for older youth age 18 to 21 at MYI was variable. As of January, 2020, the majority of older youth in school were on the GED track. Only a quarter of older youth participated in vocational programming, and only two out of four vocational programs ran consistently in 2019. Teachers and administrators raised concerns about the adequacy of educational and vocational resources for youth.
- At YCI, the median rate of girls' full-day school participation rate was 61.5%. Most older youth age 18 to 21 at YCI still participated in vocational education if they already had their diploma.

### **ISOLATION/RESTRICTIVE HOUSING FOR CHILDREN AND YOUTH**

The National Commission on Correctional Health Care ("NCCHC") issued a 2016 Position Statement against the use of solitary confinement, defining it as the housing of an adult or juvenile with minimal meaningful contact with others and with access to few or no programs.

- DOC made changes to its use of sanction-driven cell-confinement in 2019 and ended long term administrative segregation for minors at MYI. OCA finds that in 2019 there were still over 100 incidents of minor boys being placed on cell-confinement status (Confined to Quarters) due to behavioral concerns, and OCA's close review of three-months' data shows that sanctioned youth were still often cell-confined on a separate wing for 23 hours per day, most youth did not participate in programming, and only a few participated in a full school day.
- In 2019, there were more than 300 instances of 18 to 21 year olds at MYI being placed into Segregation on the Restrictive Housing Unit (RHU), typically for 7 or 14 days at a time, often for fighting or failing to follow directives. Conditions on RHU are stark, youth are in cell 23 hours per day, and they do not engage in rehabilitation or educational programming.

- Youth age 18 to 21 continue to be transferred from MYI to other DOC facilities, designated for long term administrative segregation, primarily due to gang affiliation.
- At YCI, there were only a handful of Confined to Quarters sanctions issued to minor girls, and the sanction is less isolation-based than at MYI, and typically accompanied by extra duties such as cleaning and other chores.
- Older youth age 18 to 21 at YCI were placed on the Segregation Unit 39 times in 2019, with a range of confinement of 5 to 28 days. Similar to MYI, older youth on Segregation are in their cells 23 hours per day and do not participate in education or rehabilitation programming. Older youth were placed in Segregation for a range of reasons including fighting, contraband, not following directives, and failing to comply with a strip search.

### **FAMILY CONTACT FOR CHILDREN AND YOUTH**

Research shows that visitation and contact with supported family members or other adults is beneficial for incarcerated youth.

- Approximately ¼ of all minor youth at MYI had no visits during the review period, and visitation overall remains a concern. However, a higher percentage of youth had more than five visits, and with the changes in contact visits protocol/practice OCA does see an increase in contact visits from our previous review, and greater efforts at the facility to engage families.
- Historically, MYI had allowed only non-contact visits for youth. DOC has worked to change these policies in recent years, including allowing non-contact visits take place with Plexiglas separating the youth and the visitor while they talk on a phone.
- Many barriers remain for in-person family visits, including transportation and child-care challenges, as well as youth not wanting their families to see them in prison.
- All of the girls at YCI had at least one visit, but the frequency of family visitation is still low.
- Most of the older youth at YCI had no visits during the review period.

### **CHEMICAL AGENT UTILIZATION WITH CHILDREN AND YOUTH**

The National Institute of Corrections' guide to working with youth in confinement states that pepper spray puts the health of youth at risk, particularly youth with asthma and psychiatric disabilities.

- During 2019, chemical agent was utilized with 18 minor boys, including boys with psychiatric disabilities and/or asthma, a decrease of 1 incident from 2018. All incidents were due to boys fighting with each other.
- In 2019, there were 33 youth age 18 to 21 at MYI subjected to chemical agent. Most of the incidents of chemical agent deployment involved youth fighting; two were secondary to "cell extractions," and one incident was designed to stop a youth from self-harming.
- Similar to OCA's previous review, there were no minor girls at YCI subjected to chemical agent use during 2019.
- Twelve (12) older girls age 18 to 21 were subjected to chemical agent. Three of these instances took place in the facility's mental health unit, and two deployments of chemical agent were to stop the youth from engaging in self-harm or suicidal behavior. YCI records indicate that there

were ten incidents with older girls that resulted in the use of in-cell restraints, ranging in duration from ten minutes to 18.5 hours.

### **COVID SHUT-DOWN**

On March 12<sup>th</sup>, 2020, the State of Connecticut, through the orders of Governor Lamont, declared a public health emergency due to the emergence of the COVID-19 virus. The emergency subsequently impacted the operation of most public and private programs and facilities in the state. Pursuant to OCA's ongoing statutory obligation to review conditions of confinement for incarcerated youth, OCA continued modified oversight activities to assess conditions for incarcerated youth during the first months of the pandemic.

OCA finds that during the COVID-19 pandemic, between March and August of 2020, the efforts made by the DOC to control the spread of infection within MYI had the unintended but collateral consequence of worsening many conditions of confinement for youth. The facility did successfully maintain a low infection rate among staff and youth, and OCA found that this was at least partly attributable to the shutdown of facility programming and a reliance on a prolonged and alarming degree of cell confinement for all youth age 15 to 21 over a period of several months. Also of concern was the inadequate delivery of mental health services. Despite daily "tours" of units, many youth received no direct clinical support and even youth identified as higher need were most often offered clinical contact through their cell windows. Finally, in the first months of the pandemic, no youth participated in educational programming. By June, educational leaders were working internally and with external advocates to improve youth engagement and access to educational programming during the remaining months of the shut-down.

OCA appreciates the unprecedented challenges created by COVID-19 and the implications of the virus for institutionalized persons served by a variety of state and local agencies. However, given the harms created by prolonged cell confinement and lack of access to educational and rehabilitative programming, it will be imperative going forward that state agencies serving vulnerable or high need individuals in a variety of congregate care settings work together with infectious disease and mental health experts to design and implement infection control protocols that still permit adequate opportunity for developmentally appropriate activities and necessary services, including school and mental health support for children and youth, and that ensure the safety of staff.