



OCA REPORT

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

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DOC administrators observed the following to OCA during this investigation:

We are just waiting for kids to re-enter their community, a system that failed them.

We need to work with parents too. Resources and education for parents. Kids need mentors, peer supports, credible messengers. That is hard to do in this environment.

Staff need training to work with youth. If you don't want to work with kids, you shouldn't work here. But we often focus on the wedding and not the marriage.

Resources are not here to do what we know we need to do with kids and their families. Do more with less doesn't work. I wouldn't want to go to a doctor who is told 'do more with less.'

Our whole facility should be set up like the TRUE and WORTH units.¹ And we need to do a better job with transition and discharge for youth.

Everything that we do here that works goes against DOC directives.

We all agree, what we all have in common is we don't want future victims.

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.² The OCA was created in 1995 in response to the death of an infant involved with the Department of Children and Families (“DCF”).

Conn. Gen. Stat. § 46a-13/(12) requires the OCA to regularly report to the legislature regarding conditions of confinement for youth detained or incarcerated in the juvenile and adult criminal justice systems. In January 2019, OCA published its first such report, providing information

¹ TRUE and WORTH are two specialty units at Cheshire and YCI designed and implemented by the DOC with the help of a national technical assistance organization. The units are based on a model of engagement, incentives and motivation, and have lower staff to inmate ratios.

² Conn. Gen. Stat. § 46a-13k *et. seq.*

regarding a range of conditions/practices for incarcerated youth across the state.³ OCA's report made several findings, including:

- Children of color are disproportionately confined and incarcerated in Connecticut's state-run facilities.
- The deeper youth go into the justice system, the less likely they are to receive developmentally appropriate programming and mental health treatment services necessary to rehabilitate and safely return to their communities.⁴
- Youth with complex mental health needs that are transferred to the adult prison system are the most likely to be placed in extended cell confinement and be denied access to programming as a result.
- The state lacks uniform standards or practices for meeting the treatment and educational needs of incarcerated youth, thereby undermining the state's twin goals for youth incarceration-- promoting youth rehabilitation and improving public safety.

OCA's 2019 report was reviewed by the state's Juvenile Justice Policy and Oversight Committee (JJPOC),⁵ and several responsive recommendations adopted by that body⁶ were codified in Conn. Gen. Stat. § 46b-133k. The new law requires, in relevant part:

- JJPOC conduct a study on how other states house youth transferred to the adult justice system;

³ OCA examined conditions for youth in detention facilities run by the Connecticut Judicial Branch Court Support Services Division, a juvenile correctional facility run by the Department of Children and Families (now closed), and Manson Youth Institution and York Correctional Institution, both run by the Department of Correction.

⁴ Connecticut correctional facility admission data continues to show that incarcerated youth are disproportionately African American/Black and Hispanic. Research shows the disproportionate minority contact in the justice system is both a national and a local problem. Racial and ethnic minorities are often disproportionately represented in the juvenile justice system. A 2017 examination of racial disparities in Connecticut's juvenile/adult justice system commissioned by the State, found that disparities in the system processing of minority youth in Connecticut continues to affect rates of detention and incarceration for children of color. Report writers observed that disproportionality cannot be fully explained by differences in delinquent behavior across racial and ethnic groups. Disparities were found in system processing of minority youth, even when controlling for social and legal background variables at various points of juvenile justice systems across the country. Source: Spectrum Associates Market Research, "An Assessment of Disproportionate Minority Contact in Connecticut's Juvenile Justice System," (Nov. 17, 2017), submitted to the Office of Policy and Management, available on the web at: https://www.ct.gov/opm/lib/opm/cjppd/cjjyd/jjydpublishations/ct_2017_dmc_assessment_study_final_report.pdf.

⁵ The state's Juvenile Justice Policy and Oversight Committee ("JJPOC") was established pursuant to Conn. Gen. Stat. § 46b-121n to "evaluate policies related to the Juvenile Justice system and the expansion of juvenile jurisdiction to include persons sixteen and seventeen years of age."

⁶ 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.

- The adoption of best practices and policies by the Judicial Branch and DOC, in consultation with the Department of Children and Families, in all public and private juvenile correctional facilities with regard to solitary confinement, the use of chemical agent, the use of prone restraint, and other matters.
- DOC and CSSD issue regular reports to JJPOC on all instances where chemical agents and prone restraints are used in facilities.
- CSSD and DOC issue annual reports to the JJPOC on all instances of suicidal and self-harming behaviors by youth; the use of force against, and imposing physical isolation on minors; and on all identified educational and mental health concerns.
- Enhanced protection of juveniles from abuse and neglect in custodial settings by making all staff who work in such settings “mandated” reporters for any abuse of neglect in such settings.
- Implementation of “independent ombudsperson services” in all facilities where juveniles are incarcerated.

In January, 2019, Governor Ned Lamont took office and appointed new leadership at the Department of Correction. Throughout 2019, OCA met regularly with DOC staff and administration as well as members of Governor Lamont’s Office of Policy and Management to discuss OCA’s findings and recommendations for system improvement. OCA continued to conduct DOC site visits, meet with youth, and speak with corrections and education staff at Manson Youth Institution (MYI) and York Correctional Institution (MYI) to observe and learn more about conditions at each facility. DOC leadership expressed its commitment to working with the OCA and other stakeholders to address concerns about the education and treatment of youth in DOC custody. The JJPOC and its Incarceration Subgroup also continued to meet on a regular basis throughout 2019 discussing various policy strategies to improve conditions for incarcerated youth in the adult correctional system.

Given the urgency of the issues, and pursuant to OCA’s ongoing obligation to investigate and publish findings regarding conditions of confinement, OCA prepared this update focusing on conditions for youth at MYI and YCI, both Department of Correction-run facilities. This update also includes information, for the first time, regarding conditions of confinement for youth age 18 to 21 incarcerated at MYI and YCI.

Part I

Tracks conditions of confinement for youth age 15 to 21 in the year following the release of the OCA January 2019 report.

Part II

Focuses on conditions for youth age 15 to 21 in the months immediately following the state’s COVID-19 shut-down in March.

Part III

OCA’s recommendations improving conditions of confinement.

OCA thanks the staff and leadership of the DOC for their cooperation with OCA's review and their regular efforts to provide responsive information regarding OCA's areas of inquiry and concern. OCA appreciates the commitment expressed by DOC administrators and staff to improving outcomes for incarcerated youth, and the effort that staff, teachers and counselors bring to their work. OCA observes at the outset of this report that 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 implement restorative justice Circles on the minor boys' units, increase access to programming, and end long-term Administrative Segregation (SRG) isolation for minor boys. Living conditions for the very few minor girls at YCI are still notably better than for boys at MYI.

OCA finds, however, that significant concerns remain 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 continued chemical agent utilization on youth, 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 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.

While OCA credits the attention paid by the DOC to the conditions at MYI, we find 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 design, 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.

METHODOLOGY

OCA's report includes a review of data and descriptive information provided by the DOC regarding many of the same conditions of confinement covered in OCA's January, 2019 report.⁷ The report also includes the development of data by the OCA based on our first hand review of facility records, discussions with agency staff and direct observation of conditions. OCA's activities included the following:

- Meetings and correspondence with DOC officials.
- Review of youth-specific education, mental health and custodial records.
- Site visits to MYI and YCI.
- Meetings with incarcerated youth.
- Discussions with various MYI and YCI correctional staff/supervisors, educators, health and mental health workers.
- Examination of applicable state and federal statutes and regulations.
- Review of federal reports, technical assistance guides, research and literature regarding conditions of confinement for incarcerated youth.
- Review of DOC directives and data regarding the conditions of confinement discussed in this report.

OCA examined the following conditions-

- Use of Isolation/Restrictive Housing
- Access to/Utilization of Mental Health Treatment and Programming
- Access to/Utilization of Educational Programming
- Family Contact
- Use of Chemical Agent
- Implications of the COVID-19 "Shut Down" on Conditions for Youth at MYI/YCI

⁷ OCA requested of DOC that "for each data point, it would be helpful to receive a description of how the data is kept and maintained, what data may not be captured or available," and OCA asked that the DOC "provide any other information [it] think[s] is relevant to [OCA's] review regarding each item." OCA initially sought data for the "entire population at MYI from January 1, 2019 through June 30, 2019," and OCA provided a roster of youth incarcerated at MYI on June 3, 2019, for the agency to use for some of the data points regarding program utilization and visitation. OCA later extended its Period Under Review (PUR) to January 1, 2020, for various data points (school participation, isolation, program participation) to be able to review trends and improvements across each area of review.

PART I: OCA FINDINGS REGARDING CONDITIONS OF
CONFINEMENT FOR YOUTH UNDER 18 INCARCERATED
AT MANSON YOUTH INSTITUTION

The Manson Youth Institution (“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 approximately 700 adolescent males. Pursuant to federal law requirements, which mandate juvenile offenders be held separately from adult offenders (age 18 and up), MYI confines minor boys in two housing units, Unit I and Unit J. These two units are separate from the rest of the compound, which housed, as of January 1, 2020, approximately 270 youth age 15 to 21.⁸

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.

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 youth under age 18 incarcerated at MYI at any given time throughout 2019. About two-thirds of all incarcerated minors were awaiting trial. More than 80 % incarcerated minor youth were Black and Hispanic, and the majority of all youth and young adults in the facility during the Period Under Review (PUR) were Black.

OCA continues to be concerned about the disproportionate number of black children transferred to the adult prison system in Connecticut, a finding that speaks to unresolved bias in the juvenile and adult criminal justice system as well as other child-serving systems.

⁸ 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. 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 probable 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. The census as of September, 2020, was approximately 225.

For purposes of reviewing data for this report, OCA examined records associated with 68 minor boys confined at MYI between January 1, 2019 and July 2019. Racial demographic data⁹ for minors was as follows:

- ✓ 46 boys were identified as Black (68%)
- ✓ 15 boys were identified as Hispanic (22%)
- ✓ 7 boys were identified as Caucasian/White (10%).

OCA examined a census list of 442 youth age 15 to 21 who were incarcerated at MYI between January 2019 and July 2019. Racial demographic data for the 442 youth was as follows:

- ✓ 251 youth were identified as Black (57%);
- ✓ 122 youth were identified as Hispanic (28%);
- ✓ 67 youth were identified as White (15%);
- ✓ 2 youth were identified as Asian (less than 1%).

In August, 2019, approximately half of the over 18 population at MYI (130 of 261) were awaiting trial.

CHEMICAL AGENT USE

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.

DOC reported the following to OCA regarding its use of chemical agent at MYI: The use of chemical agent is an essential tool for the safe management of an adult correctional facility. While chemical agent should only be deployed if less intrusive methods of achieving compliance, such as verbal intervention, are unavailable or exhausted, it must be recognized that the use of chemical agent constitutes a lesser degree of force than physical intervention and results in fewer and less severe injuries to both incarcerated people and staff than physical intervention. MYI is constantly reexamining its policies and procedures and, as a result, has managed to markedly limit and decrease the use of chemical agent. However, the ability to use chemical agent remains vital and is not precluded by any directive, policy, rule, or standard.¹⁰

⁹ OCA based the racial demographic data on what is available in DOC and DCF records. Most boys and girls at MYI and YCI have a history of involvement with the Department of Children and Families due to historical or ongoing concerns of child abuse and neglect.

¹⁰ DOC memorandum to OCA, received September 14, 2020.

As referenced above, DOC Directives permit the use of chemical agent on incarcerated individuals, and certain personnel are identified to carry such agents on their person. The DOC requires that prior to the planned use of chemical agent, “the inmate’s health record shall be reviewed by a qualified health services staff member to determine whether the use of chemical agents on the inmate is medically contraindicated.”¹¹ DOC administrators reported to OCA that use of chemical agent on youth who are fighting is considered an unplanned use of force.

The majority of states prohibit the use of chemical agent in *juvenile* facilities.¹² Although the use of chemical agent on prisoners has not been found by courts to be per se unconstitutional, the U.S. Department of Justice (DOJ) has noted there are constitutional boundaries to its use.¹³ 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 symptoms including nausea, fear and disorientation.”¹⁴ 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.”¹⁵ 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.¹⁶

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 JJPOC, Conn. Gen. Stat. § 46b-133k was enacted, requiring that as

¹¹ DOC Directive 6.5. The Directive also provides that the outcome of the health consultation shall be documented on a medical incident report and in the inmate’s health record.

¹² In 2018, an article published by the Juvenile Justice Information Exchange (a publication covering juvenile justice issues nationally based at Kennesaw State University. <https://jje.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.)

¹³ 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.”).

¹⁴ *Id.* at 10.

¹⁵ 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.

¹⁶ *Id.*

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 new 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.”

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 of chemical restraints, like mechanical restraints, can traumatize youth and undermine their rehabilitative efforts.¹⁷

OCA Baseline Findings 2018

During the PUR, OCA found that MYI staff used chemical agent on minors. OCA found that among youth subjected to chemical agent were youth with psychiatric disabilities and asthma. OCA found that during an 18-month period (January 1, 2017 - July 1, 2018), **39%** of the youth population at MYI who had experienced cell restriction had also been subjected to a chemical agent.

DOC Activities 2019

DOC leadership sent out a memorandum to staff at MYI outlining the DOC policy regarding utilization of chemical agent, and leadership emphasized that chemical agent is only to be used as last resort. DOC administration reported to OCA that it tracks chemical agent utilization very closely and that all instances are sent to central office for review.

¹⁷ 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>.

OCA Updated Findings on Chemical Agent Use: Boys under 18 at MYI

- Between February 11, 2019, and November 6, 2019, there were 18 boys subjected to chemical agent during 11 incidents (a decrease of 1 incident from 2018).¹⁸
- Twelve boys subjected to chemical agent were Black, five (5) were Hispanic and one (1) youth was White.
- All incidents leading to the use of chemical agent involved youth fighting each other.
- Several boys subjected to chemical agent were boys with psychiatric disabilities and/or asthma.

DOC Response

In its written response to OCA's draft report, the DOC states 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 reiterated that it is working to reduce reliance on chemical agent and cited a decrease in chemical agent utilization in recent months.

As noted above, the legislature now requires DOC to report to JJPOC regarding each use of chemical agent or prone restraint with minor youth.

ACCESS TO MENTAL HEALTH TREATMENT AND REHABILITATION PROGRAMMING



Many incarcerated youth exhibit signs and symptoms of mental health disorders.¹⁹ 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. Many justice-involved youth enter confinement with histories of depression, anxiety, and suicidality.²⁰

¹⁸ DOC reported to OCA in September, 2020 that there was a further reduction of chemical agent-involved incidents during 2020.

¹⁹ DOJ/OJJDP, "Meeting the Educational Needs of System-Involved Youth," (Dec. 2014), available on the web at: <https://www.ojjdp.gov/programs/commitment120814.pdf> at 2-3 citing the Attorney General's Advisory Committee on American Indian/Alaska Native Children Exposed to Violence: Ending Violence so Children Can Thrive, November 2014.

²⁰ 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)

According to the DOJ's Office of Juvenile Justice and Delinquency Prevention ("OJJDP"), a national study of youth in detention found one youth in ten had thought about killing themselves in the previous six months and "[f]ewer than half of the youth with recent suicidal thoughts had told anyone about them ... Some studies showing that suicidal ideation for post-adjudication youth in secure facilities was 51% (past year) and 58% (lifetime)."²¹

National research and a youth survey commissioned and published by the DOJ in 2010 show that youth in placement generally have significant unmet needs in many mental health and emotional areas.²² More than 60 percent of youth in the national survey self-reported problems with anger, and more than half reported symptoms of depression, anxiety and loneliness. Most youth reported a prior traumatic experience, including physical or sexual abuse or both.²³ OJJDP survey results and research show a significant relationship between youth's substance misuse and serious delinquent behavior.²⁴ A much higher percentage of confined youth than youth in the general population reported having tried alcohol, and 84 percent of youth in custody admitted to marijuana use.

Girls in Custody Have Particularly Extensive Treatment Needs

As significant as boys' treatment needs are, it is critical to note that DOJ's national survey, along with various research findings, show that girls in custody "have more mental health and substance use problems and worse abuse histories" than boys in custody.²⁵ Girls report significantly higher rates of past abuse, both physical and sexual, and twice the rate of past suicide attempts.²⁶

DOC Mental Health Classification System: Scores 1 – 5

After intake and mental health assessment, the DOC provides each youth with a "mental health score" outlining the youth's history and current need for treatment and intervention.

- MH 1—youth has no history of prior mental health treatment nor current medical needs;
- MH 2—youth has a history of prior mental health treatment but does not have any current clinical needs;

²¹ National Institute of Corrections and OJJDP: The Desktop Guide to Quality Practice for Working with Youth in Confinement (2014), (hereinafter OJJDP/NIC Guide) available on the web at: <https://info.nicic.gov/dtg/sites/info.nicic.gov.dtg/files/DesktopGuide.pdf>

²² Sedlak, A., McPherson, K., *Youth's Needs and Services: Findings from the Survey of Youth in Residential Placement*, DOJ OJJDP Juvenile Justice Bulletin, Apr. 2020, <https://www.ncjrs.gov/pdffiles1/ojdp/227728.pdf>.

²³ *Id.*

²⁴ *Id.* at 3-4.

²⁵ *Id.* *Citing* (Hubbard and Pratt, 2002; Teplin et al., 2002 (Blum, Ireland, and Blum, 2003; Hennessey et al., 2004) (emphasis added).

²⁶ *Id.*

- MH 3—youth may or may not be prescribed medication by a psychiatrist or APRN; youth will have a primary clinician who will see him/her typically bi-weekly unless a different treatment frequency is clinically indicated;
- MH 4—youth typically has more severe history of mental health treatment, prior hospitalizations, suicide attempts or self-injury, and more frequent mood or psychotic disorder. These individuals are seen weekly by their clinician and are most frequently on prescribed psychotropic medication;
- MH 5—youth is currently residing in the facility’s infirmary--a skilled nursing setting for mental health monitoring--due to suicidal ideation, potential self-injury, substance detoxification and withdrawal, psychosis or risk of decompensation.

Upon intake each youth receives a mental health assessment, a mental health initial evaluation and a suicide risk assessment. Mental health scores are assigned, and services are delivered as indicated by the MH score. Per the DOC administration, a comprehensive psychiatric history is obtained for all incarcerated youth, which includes collateral contact with former treatment providers and family. This information is also used to determine the youth’s treatment needs.

OCA Baseline Findings 2018

- OCA found that the DOC classified the majority of boys at MYI with mental health scores of 1 or 2, indicating either that the youth had no history of mental health treatment or that he did not present with current clinical needs.
- OCA found that more than half of the boys (under 18) incarcerated at MYI during OCA’s review participated in 0 or 1 program through the duration of their confinement, with a mean period of confinement of 18.6 months.
- OCA found that utilization of services by girls at YCI was inconsistent. All six of the girls at YCI whose files were reviewed by OCA during the PUR were awaiting sentencing.

DOC Activities 2019

Facility leadership at MYI reported to OCA that they have focused on having more youth participate in programs. The restorative justice practice, Circles (described below), was incorporated into the youthful offender units. Additional rehabilitative groups such as Music Therapy and peer support were added for the youth. Leadership also brought into the facility formerly incarcerated and reportedly successful individuals to meet with certain youth on the weekends.

OCA Updated Findings on Mental Health Treatment Needs/Services- Boys under 18 MYI

Mental Health Assessment Findings

- Similar to OCA's previous findings, DOC classified two-thirds of the boys (45 out of 68)²⁷ as either having no history of mental health treatment or not presenting with treatment needs.²⁸
- 23 out of 68 boys were classified as a Mental Health 3, indicating there was an assessed need for some mental health contact.
- No boys retained a mental health classification of 4, used to identify boys who need weekly contact from mental health staff.

OCA collected program participation information regarding all boys who were confined at MYI between January and July 1, 2019, n=68. OCA's examination included a retrospective and prospective look at each boy's program participation for the duration of their confinement in the facility, through January 1, 2020. Available programs utilized during the PUR included: anger management, substance abuse treatment, and life skills, among others. Some, but not all, of the programs offered are run by clinical staff utilizing a structured curriculum.

Program Participation Findings

- The majority of boys, 45 out of 68, participated in 0 or 1 program during the duration of their confinement through January 1, 2020. Two of the sixty-eight boys were at MYI less than 30 days. The average duration of confinement for the remaining youth was 8.2 months.
- 23 out of 68 boys who were at MYI longer than 30 days did not participate in any programs.
- 25 youth participated in two or more programs.
- OCA notes that more boys participated in substance abuse treatment programming during 2019 than during OCA's previous reviews.
- Per the DOC, due to staff scheduling and collective bargaining requirements, the majority of programming continues to be offered on first shift while minor youth are in school.
- The majority of youth at MYI at any given time are un-sentenced and are therefore not subject to mandated programming contained in Offender Accountability Plans.

²⁷ OCA reviewed mental health scores for 68 minor youth confined at MYI between January 1 and July 1, 2019. Many of these youth remained confined beyond July 1.

²⁸ Five of these boys initially had higher mental health scores but their needs were subsequently downgraded.

Examination of records for youth who participated in no programming during their confinement revealed that almost all of these youth carried historical or current DSM-V 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.

MYI Introduces the Circles Practice in 2019

At the recommendation of the Center for Children’s Advocacy, a non-profit law firm for children based in Hartford, Connecticut, MYI began facilitating a restorative justice practice called Circles on the boys’ units and sometimes in the classrooms. This practice takes place a few times a week and consists of an informal gathering of youth, facilitated by a staff member, to talk about unit conflict, personal experiences, and selected topics relevant to the group. Participation is voluntary and the circle may last anywhere from 15 minutes to 60 minutes. Circles occurs informally within the facility, and because the practice is not part of a structured clinical curriculum, it is not included in the treatment program participation data above. However, Circles is a helpful practice that was positively referenced by staff, youth and teachers in the facility.

Significant Treatment Needs Remain for Many Youth

As part of this review, OCA examined child protection records associated with minor youth at MYI. These records revealed that the majority of boys had histories of involvement with DCF due to repeat concerns of child abuse and neglect, and the boys often had significant mental health treatment needs documented in their child protection record.

While DCF records often contained information regarding a youth’s history of mental health treatment needs, this information was sometimes, but not always, present in DOC records or obtained by DOC behavioral health staff at intake. DOC officials have some access to DCF information through historical records obtained at a youth’s intake and through cooperation and collaboration with the DCF liaison, a supervisory social worker stationed at MYI and York. DOC staff also rely on youth self-reporting their own treatment needs. This system does not always work effectively. For example, one youth whose records OCA reviewed as part of this investigation had a long history of DCF involvement, including recent placement in foster care. During that time, immediately preceding his incarceration, child welfare records reflect significant substance abuse concerns and treatment attempts. Once incarcerated at MYI, the youth was classified as not having current treatment needs. Records indicate he did not participate in substance abuse treatment while at MYI.

Despite the overall poor rate of program participation, OCA did see some improvements in program participation for certain youth during this review, including an increase in the total number

of youth who participated in substance use treatment. However, rehabilitation programs remain time-limited with most programs consisting of one hour per week for 4 to 12 weeks.

YOUTH FEEDBACK TO OCA

The majority of the youth reported that they do not have an assigned clinician. For youth with an assigned clinician, contact is typically two times per month and overall, most of the youth reported that talking to a clinician is helpful.

Youth at times have asked OCA to check in with other youth that they are worried about. Youth talk about the stressors of being incarcerated and how badly many of them feel about themselves and especially how their behavior has affected their families.

Below are some comments from youth at MYI:

“I really like my clinician. She doesn’t just smile at me and tell me everything is ok. She really listens.”

“[My clinician] helps me a lot. When I’m stressed, I can write and they will call me up there to talk to me.”

“I wish we didn’t have to be a certain number to have a clinician. We can write to someone but they just meet with you and if you are just stressed and “OK”, they just tell you to write again if you need something.

It would be better if we all just had someone, because we are not “OK”.

“You have to act crazy or say you are going to do something to get someone to see you, then you get put in the BOX in the Infirmary, and that’s worse than the Box on the unit. I’m never doing that again. They stare at you all day in a cell with glass walls, take your clothes and put you in a turtle suit...”

Several youth spoke of their desire to be busy and spend time out of their cells. OCA interacted with multiple youth who do participate in available programming and work on the unit as well so as to maximize their productive time and stay engaged.

DISCUSSION WITH STAFF AND ADMINISTRATORS

Correctional staff frequently interacted with OCA staff and spoke about their questions, concerns and recommendations for youth. Regarding access to clinical support, Staff reported to OCA that if a youth asks to talk to someone, the youth can write to the clinical department, or if the youth is in crisis then staff will call someone to assess and speak with the youth.

The staff and leadership on the minor-youth units appear to have more interaction with clinical/rehabilitation staff as the facility has made changes to procedures in the last year in order to respond better to the needs of the population. OCA has participated in meetings and discussions with staff who have reached out to clinicians with concerns for certain youth. There are approximately 20 to 24 boys on each of the youthful offender units. Staff report that having a smaller number of youth on the unit is helpful and they can encourage more participation. By comparison, there are 50 to 60 older youth on each of the 18-21 year-old units.

Staff also reported wanting to provide more programming to the youth so that they can continue to work with them on some of the conflicts they have and to try and help them stay out of trouble on the outside.

Correctional staff on the larger units report that having a more rehabilitative focus overall would be better for the population, but with staff's existing responsibilities: touring, feeding youth, cleaning, etc., they report that they lack resources.

Clinical staff expressed to OCA that having more of a rehabilitative environment, programs and services would be beneficial to everyone. Clinical staff would like to see more volunteer groups coming in to work with the youth, and they report needing more robust 2nd shift and weekend programming.

Most staff members talked about the need for youth to be productively engaged as much as possible, to have access to daily programming throughout their confinement. Staff spoke of the need to help youth find a path in life, gain a certificate or learn a trade prior to leaving MYI. They note that many youth do not have an adult who visits them on the inside, and as one staff member shared with OCA, *"I grew up in the city too, with hardships, but I was lucky, I had a father to help me."*

Certain staff reported to OCA that they work hard to treat the boys with respect and this respectful treatment garners respectful responses in return from the youth. Reciprocally, boys also report knowing which staff *"cares about them,"* and they emphasized the need to have positive interactions with staff.

One youth lamented that in detention at least staff can eat with the kids, but in DOC facilities, this *"can never happen, even if staff wanted to."* Staff reported that their ability to engage with kids depends largely on the flexibility of DOC policies and directives as well as staffing ratios.

OCA interviews with DOC administrators gleaned the following additional observations:

We are waiting for kids to re-enter their community, a system that failed them.

We need to work with parents too. Resources and education for parents. Kids need mentors, peer supports, credible messengers. That is hard to do in this environment.

Staff need training to work with youth. If you don't like kids, you shouldn't work here. But we often focus on the wedding and not the marriage.

Resources are not here to do what we know we need to do with kids and their families. Do more with less doesn't work. I wouldn't want to go to a doctor who is told 'do more with less.'

Our whole facility should be set up like the TRUE and WORTH units. And we need to do a better job with transition and discharge for youth. We all agree, what we all have in common is we don't want future victims.

The True and Worth Units at Cheshire Correctional and YCI use a model that was specifically designed with the help of the Vera Institute to include much lower inmate to staff ratios, a positive engagement model, and specialized training for staff. The administrators stated that replicating that model to support work with youth would be extremely beneficial. At present, there is no contract with the Vera Institute to replicate the model at MYI.

Multiple staff and administrators observed that existing DOC directives, geared towards adult offenders, are not conducive to youth engagement and working with youth. As one administrator said to OCA, “*everything that we do here that works goes against DOC directive.*”

A senior DOC administrator, during site visits to MYI with OCA, observed that DOC disliked MYI because of its restrictive lay-out, and because it was an outdated facility for the population it is serving. Multiple DOC Commissioners have previously talked to OCA about the inadequacy of the MYI facility for the youth population and their needs for developmentally appropriate movement and programming. OCA was told that they disliked the celled facility and would like to “take the doors off” for the many youth there that they thought did not need to be in locked cells for so much of the day.

OCA notes that (previous) DOC Commissioner Rollin Cook repeatedly expressed willingness to increase flexibility with regard to historic DOC policies so as to further provide more developmentally appropriate work with youth. New Commissioner Angel Quiros has also expressed his commitment to improving outcomes for DOC-involved youth.

DOC Response

In response to OCA's draft report, the DOC agreed that the youth they serve have significant service and mental health treatment needs. The DOC stated that they do not have full access to youth's records at intake, including youth's current or former DCF records, to help inform a youth's need for individual treatment. DOC stated it is seeking a statutory change to be able to access youth's DCF information. DOC stated that it is looking to increase second shift program staff, pilot trauma-informed services, and continue to add greater variety of incentives to support youth engagement.

CHILD WELFARE/PARENTAL HISTORY OF INCARCERATION FOR BOYS UNDER 18

OCA examined available child welfare records for all youth confined at MYI between January 1 and July 1, 2019. The vast majority of youth lived in families that had been involved with DCF due to concerns of abuse or neglect. Many of these children were involved with DCF due to chronic concerns of physical abuse, physical neglect, educational and medical neglect.

More than half of the boys' families were the subject of four or more DCF investigations of child abuse or neglect, and approximately one-third of boys' families had been investigated by DCF ten or more times for child maltreatment.

OCA also examined the number of youth whose parent/s was involved in the criminal justice system and/or had been incarcerated. OCA found, where information was available, that approximately 65% of boys had a parent with a prior criminal history or history of incarceration, typically (but not exclusively) fathers. Information regarding parental history was not immediately available for each youth. Many youth did not live with their fathers.

OCA examined this information for the purpose of understanding both the trauma histories and corresponding mental health treatment needs of incarcerated youth, but also to grapple with the social and family situations for many youth. To work successfully with youth, the system must be prepared to respond to the needs of youth who have a history of extensive deprivation and who may not have a ready visitation resource or clearly identified or appropriate guardian to return to.

ACCESS TO EDUCATIONAL PROGRAMMING

Educators relayed to OCA how hard the adjustment to prison is for youth, telling OCA that they can see the strain on the faces of the kids who are newly incarcerated. One teacher stated: "They come to school and are overwhelmed, physically exhausted, already at the breaking point. You can see they are not sleeping. Adjustment to MYI for kids is really hard."

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. 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.²⁹ This guidance stated that providing high quality correctional³⁰ 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.”³¹

In Connecticut, education for youth is provided by the DOC through its school district U.S.D.-1. Like other state school districts, U.S.D.-1 publishes required data regarding its school population to the State Department of Education and the district is subject to special education compliance oversight from SDE.

OCA Baseline Findings 2018

OCA found that most youth did not participate in a full day of school on a consistent basis, with a median rate of full-day school participation (5 hours) of approximately 56%. OCA found that youth placed in long-term isolation received few education hours regardless of their special education status. Education plans were modified to reflect the youth’s isolation status as a justification for the reduction of support hours.

OCA found that the girls at York were provided with access to full day school along with youth over the age of 18. They were escorted to the school and efforts were made to keep them in close proximity to the teacher, distanced from older students. OCA found that each youth (there were 4 that attended school during OCA’s review period) missed nearly or more than 10 percent of school days due to “legal reasons,” or “facility security” reasons.

DOC Activities Following OCA January 2019 Report

DOC administration and USD-I hired additional teachers in 2019 for all of the DOC facilities and committed some of those teachers, including special education teachers, to MYI. Teachers had to go through the Training Academy and began working on the floor at MYI as of late December, 2019 (at the close of OCA’s Period Under Review). With the additional staff, USD-I administration believes that school attendance will improve as youth will be able to be in class when teachers are absent. A review of the current (as of October 2020) personnel list for USD-I indicates there are now ten (10) teachers for the under 18 population at MYI.

Facility management and school administration worked throughout 2019 to try and increase school participation for all minors at MYI. School personnel assigned an individual to communicate with the unit staff when a youth does not come up to school to determine why the youth is not there and/or to try and get the youth to school. This effort was done to try and get as many of the youth

²⁹ United States Department of Education and United States Department of Justice, Guidance, available on the web at: <https://www.ojjdp.gov/programs/letter120814.pdf>.

³⁰ The U.S. Departments of Education and Justice’s Dear Colleague letter to states 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.” Letter at 1, N. 1.

³¹ Id. Pg. 1.

to school as possible and to have more accurate coding to the individual attendance sheets, for more accurate recording of a youth's absence.

OCA Updated Findings on Education - Boys under 18 at MYI

OCA examined the school participation records for 68 boys who were incarcerated at MYI between January 1, 2019 and July 1, 2019. OCA looked at each boy's school participation for any time they were incarcerated in the facility during the academic year (2018-19) through November, 2019. OCA also examined a sample of youth's full education records. OCA met with teachers and administrators to review the data, and OCA discussed youth's access to education with staff, youth, teachers and administrators.

School Participation Findings

For the 65 boys,³² OCA continued to find significant participation challenges at MYI.

- The range of boys' full day school participation rate (meaning, was the child in school for both the morning and afternoon sessions) was 28 %³³ to 66%, with a median rate of approximately 50%.
- The majority of coded absences for the review period were attributed to Custody or Teacher Absence.³⁴
- OCA found that as of August 2019, there were no minor youth placed in long-term isolation via Security Risk Group designation. School participation rates for the four (4) youth on SRG during 2019 ranged from 28% to 46%.³⁵

Standard Assessment and Progress Monitoring

USD-1 provided information stating that the district monitors student progress in real time and uses tools to assess and determine areas of deficiency in order to plan for academic remediation. USD-1 stated that it uses the Test of Adult Basic Education (TABE), to assess student's abilities and mastery of content in reading and math.³⁶

³² OCA removed youth from the data set that were at MYI less than 30 potential schools days.

³³ For the boy placed on Protective Custody Status for 13 months, educational services were provided to him individually on the disciplinary unit, typically during morning hours. He did not have access to full day school services during this time period.

³⁴ Other reasons included Custody, Teacher Absence, Court, Class Not Scheduled, Absent, or District-wide meeting. Court dates were also a frequent reason youth missed some or all of a school day.

³⁵ Practices varied during the PUR so that at times youth on SRG were provided school on the disciplinary unit in the morning or in the afternoon, though typically not both; at other times, youth on SRG were permitted to attend a classroom in the school building.

³⁶ According to the USD-1 Superintendent, "The TABE is not the only indicator used to determine our student's academic ability. If a student scores in the higher range of any leveled test, they are typically tested at a higher level in the next testing cycle."

Upon OCA's request, USD-1 provided testing data in October, 2020, corresponding to the 2018-19 school year. This data showed that 109 students at MYI, age 15 to 17, took the TABE at least once. 68 out of 109 students took the assessment twice during the school year.³⁷

- **Of these 109 students, more than 100 were initially assessed to be on the M level of the TABE, capable of Grade 4 to 5.9 academic content.**

For the 68 youth who took the assessment twice, data showed the following:

- **Math: Sixteen (16) students made no progress, and ten (10) made a half-year's progress. Forty-two (42) students made at least one year's progress.**³⁸
- **Reading: Data was similar for student progress in reading, with seventeen (17) students making no progress, nine (9) students making a half-year's progress, and forty-two (42) students making at least one year's progress in reading.**
- **Forty-one (41) students were not re-assessed due to timing of intake and discharge, and OCA does not have assessment-driven progress data for these students.**

SDE Annual Performance Report on Connecticut's State Performance Plan

For further information about educational service delivery for youth in USD-I, OCA sought and reviewed data from the State Department of Education regarding various IDEA performance measures. Data reflects performance information from the 18-19 school year. Most of the measures were deemed by CSDE to be "not applicable," to students in USD-I, including the following:

- *Outcome (3) Improve Participation and Performance on Statewide Assessments* (Not Applicable)
- *Outcome (5) Increase Placement and Time with Nondisabled Peers* (Not Applicable)
- *Outcome (11) Determine [Special Education] Eligibility in Accordance with State Established Timelines* (Not Applicable).

Reasons for non-applicability of the measures listed above were not immediately clear, though OCA asked the State Department of Education for clarification. Additional measures are not applicable because they apply to early childhood education.

SDE data documented USD-I compliance or performance with the following measures as follows:

³⁷ Due to testing dates and the timing of youth's entry and discharge into MYI, many youth only took the assessment once during the school year.

³⁸ According to the USD-1 Interim-Superintendent, "the standardized test results are accompanied by diagnostics and prescriptives. Teachers use these reports to guide individual instruction for reach student which supports and builds upon personal educational needs."

- (1) *Increase Graduation Rate with a Standard High School Diploma*—“Data was suppressed to ensure confidentiality,” which means that USD-I fell below the Target Outcome of 76%.
- (2) *Decrease High School Dropout Rate*: USD-I’s high school drop-out rate was 51.7 %, and the state target rate was 13 %. OCA notes that this is due to the fact that at the age of 18 at MYI, most youth drop out of a high school diploma program to enroll in a GED program or Credit Diploma Program.

DOC/USD-1 responded to OCA’s draft report stating that the high school drop-out rate is so high at MYI because:

Most students are unlikely to obtain sufficient credits by age 18 due to lack of prior academic achievement. In addition, most of the students under the age of 18 at MYI may return to their respective communities prior to completing their high school credits with USD#1 due to conditions set forth by the justice system. For students who remain at MYI and are still enrolled in education past age 18, they often choose a different path to high school completion. As is common in many communities, USD#1 students can choose Credit Diploma Program (CDP) or General Education Development/Diploma (GED) as a means to obtain a high school diploma.

- (4) *Decrease 10+ Days Out of School Suspension Rate*. USD-I reported that 0% of students were subjected to such a suspension.
- (9) *Eliminate Disproportionate Representation by Disability as a Result of Inappropriate Identification*. SDE found USD-I Met Target.
- (13) *Develop Transition Goals and Services*. SDE found USD-I Met Target.

FEEDBACK FROM EDUCATORS AND STAFF

OCA spoke with individual teachers and small groups of teachers and administrators at MYI on multiple occasions during this review period. Overall, OCA met with more than half of the educators for the minor students at MYI. Teachers expressed pride in their work and commitment to serving incarcerated youth. The teachers and administrators also expressed the following:

All participants stated that resources have historically been a barrier to providing the level of educational and vocational services they think are needed for youth at MYI. Resource deficiencies discussed include staffing levels, lack of adequate vocational equipment, and what they feel are a lack of up-to-date curricular materials including textbooks. Several educators who spoke to OCA stated they felt they could benefit from more professional development time

given the extensive needs of the population, though district leadership contended professional development opportunities were adequate.

One concern discussed with OCA was the lack of adequate vocational resources. Few youthful offenders participate in vocational programming due to scheduling opportunities, and staff/administrators told OCA that vocational materials are inadequate. For example, multiple staff described an auto-mechanics vocational program that lacked an engine or other equipment needed to meaningfully work on auto mechanic skills. Staff stated that vocational materials are not realistic given “real world” technology and needs. Staff also discussed other vocational programs that don’t exist at MYI such as barbering, but that do exist in other DOC facilities.

Staff identified the lack of internet in the school as a significant educational barrier (this is being addressed). They referenced the youth’s lack of exposure to basic cultural and historical touchstones and the need to use the internet to show youth the world outside of their neighborhood experience. One staff member talked about wanting to show youth what Pearl Harbor looked like and where it is on a map, but s/he lacked the ability to bring education to life for kids. Another staff-member discussed the lack of technology as a barrier to working on transition and life skills, such as doing mock job applications and developing resumes in real time and with modern tools.

One teacher described going to Barnes & Nobles to purchase a book she thought would be meaningful to her students so that she could Xerox the pages and distribute for the youth to share. Another teacher noted that it is difficult to teach to the appropriate standards because the textbooks are not up to date. Teachers told OCA that the kids observe the lack of materials and some will say “this is not a real school.”

Staff described the need for a more structured commitment to professional development, the need for more team meetings to talk about strategies for individual youth and a better understanding of how to help students with varying learning disabilities. OCA was told that there are “limited resources” for regular training and support. (OCA notes that USD-1 leadership, in response to OCA’s draft report, provided a timeline and topics for professional development opportunities that were delivered or made available to staff between 2019 and July 2020.)

Multiple staff were enthusiastic about the recent incorporation of the Circles restorative justice strategy into their classrooms, and referenced that the non-profit law firm, the Center for Children’s Advocacy, had spearheaded the use of this new practice at MYI and provided the training for staff. Every teacher that OCA spoke with commended the Circles practice, though some indicated that it is “hard to do in class” as class time is precious and there is “so much curriculum need.” But most agreed that “Circles does work” to create connections between youth and staff and help break the ice for learning and relationships. One teacher shared a story about a youth who was “butting heads” with her every day, “no matter what.” The teacher started doing Circles practice in class, and though it took a while, the youth and the teacher began to connect, and the classroom dynamic improved dramatically. Another teacher shared that he uses the Circles practice every morning just to do check-ins with the youth, but while he believes

in the efficacy of this practice, there is always a “tension” between doing this engagement work and pushing curricular requirements.

Staff talked about the role of education in the facility, with several teachers lamenting that while “education is a priority, it is also not a priority,” and that education is not a mandatory service for most youth as the youth are primarily on un-sentenced status. Several staff talked about the difficulty in offering youth both academic and vocational support. There is no school or vocational training offered on second shift, which means that all programming takes place prior to 2:30 p.m. For youth this means that they are often not able to participate in vocational services, as they are enrolled in the high school/GED program.

Staff talked generally with OCA about the lack of incentives and motivational opportunities for youth and the impact this has on youth engagement and behavior. If there is nothing to “engage over, then there is nothing to lose.” On a positive note, teachers referenced a new basketball program that some youth are participating in on certain Wednesdays and that even this limited amount of recreational programming has a positive effect because youth don’t want to lose their spot.

Staff spoke about the limited academic skills that kids come into MYI with, how many have been previously dis-engaged or even expelled from school, and the impact this has on the kids’ frustration level as well. “Academic frustration breeds conflict,” as one teacher observed, and kids need support as well as outlets where they can be successful. Staff lamented the lack of art or music options. Staff spoke of the kids’ extensive special education needs and noted that if assessed, “they would all qualify for services, and they should all be receiving special education services.”

Staff spoke to OCA about what they perceive as cultural challenges in the facility, the tension or lack of continuity in expectations and engagement for youth between the school environment and the custody units. Many staff referenced with both admiration and frustration the work done by the DOC in other facilities to create the TRUE and WORTH units at Cheshire and York, and the positive changes in these units with regard to culture and engagement.

INTERVIEWS WITH STAFF AND YOUTH

In general, youth report to OCA that they like going to school. Like any adolescent, they report liking certain teachers/staff and not others.

“I can tell who cares about me and who doesn’t”

Youth also have stated they like 1:1 time with teachers, when it’s available. They found this to be helpful to them in learning the material and in managing the daily stressors. The majority of the youth that OCA spoke to report they would like more to do during the day: more vocational opportunities, library time, and more physical activities (in addition to basketball and lifting weights).

The boys specifically enjoyed the new basketball incentive program that some were allowed to participate in. Some of the youth reported that smaller group activities with peers and staff would be helpful to them too.

Some staff expressed their thoughts about vocational programming and education. Many staff recommended that all of the youth be engaged in vocational training, hands-on and online, if appropriate, so that they leave the facility with a certificate and have a connection to a meaningful opportunity in the community prior to discharge.

Staff talked with OCA about their concern for the kids after discharge, not having the necessary tools and supports to return to high school. Specifically, some staff expressed to OCA that youth should be part of the workforce at MYI, learn trades like plumbing, electrical, commercial cleaning etc.

Many youth and staff expressed similar ideas about programming and what may be helpful to the youth population:

*“I wish they had a barbering program here.
I think I would be good at it, I cut hair on the weekend here when they let me.”*

*“All of these kids should leave here with some connection to a job, a trade or a mentor.
That will help them right when they leave to feel like they can accomplish something.
Go to work on a construction site, earn a salary and be really tired and feel good about yourself at the end of the day.”*

*“They need to have an opportunity to do well, they don’t have a chance if we don’t help them see they can do it.
Not everyone will want that, but a lot of these guys just need good role models and some structure.”*

DOC/USD-1 Response: Education

USD-1 disagreed with OCA’s decision to focus on youth’s rate of full day school participation, contending that “USD-1 should be judged by the same standards as any other school and OCA should count a student as ‘present’ in school if she or he attends for at least 50% of the day.” (OCA provided raw data on students’ school participation to USD-1 as part of their review of this draft report.) USD-1 also notes that youth’s participation in school at MYI is likely significantly better than at their previous schools, given the high rate of youth’s academic dis-engagement prior to entering MYI.

OCA agrees with USD-1 administrators that many youth entering MYI and YCI have histories of significant educational dis-engagement, including expulsions and years of chronic absenteeism and truancy. For purposes of this report, OCA reviewed what services were available in the facility, and how youth accessed and participated in such services. School is the only daily program available to youth at MYI, with five (5) hours scheduled (2.5 hours in the morning and 2.5 hours in the afternoon) each day. It is vital to understand from a program evaluation perspective how often youth participate in a full day of educational programming and what interferes with that

participation rate, which is what OCA examined. Using absenteeism methodology urged by USD-1, youth's rate of being counted "present" in school (i.e. were they in school for any part of the day) is certainly higher than their rate of being in school for the whole day. However, from a program review perspective, the issue is not simply can youth be counted present for part of the day, but how often they miss school and why. It is also important to recognize that youth at MYI are not similarly situated to their peers in the community, as MYI students have a higher rate of special education needs, their movement and access to programming is controlled by the state, and frequently the time out of school means time spent in a prison cell and not otherwise productively engaged.

USE OF CELL CONFINEMENT

There are many different terms for cell confinement. Connecticut law prohibits the use of prolonged cell confinement status for minors. Specifically, Connecticut General Statute § 18-96b prohibits the use of "administrative segregation" for incarcerated youth in the custody of the DOC and defines "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 constitutes 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.

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.³⁹ 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.⁴⁰ 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.⁴¹

Citing national and internal organizations⁴² concern regarding the harms created by use of solitary confinement for any individual, the NCCHC 2016 Position Statement contends that "prolonged (greater than 15 consecutive days) solitary confinement is cruel, inhumane, and degrading treatment, and harmful to an individual's health;" and that "[j]uveniles, mentally ill individuals, and pregnant women should be excluded from solitary confinement of any duration." The NCCHC further states that "[h]ealth staff must not be involved in determining whether adults or juveniles are physically or psychologically able to be placed in isolation."

³⁹ NCCHC Policy Statement on Solitary Confinement in Correctional Facilities, available on the web at: <https://www.ncchc.org/solitary-confinement>.

⁴⁰ Id.

⁴¹ Id.

⁴² The American Psychiatric Organization, the World Health Organization, the United Nations.

A new federal law that passed in December, 2018, the First Step Act, prohibits federal facilities from using room confinement/solitary confinement with juveniles for discipline, punishment, retaliation, or any reason other than as a temporary response to the youth's behavior that poses a "serious and immediate risk of physical harm to any individual."⁴³ The law requires the facility to use less restrictive techniques, including talking to the youth and involving a mental health professional, and the youth must be told that he or she will be released from cell confinement as soon as they regain control and are no longer a threat to self or others.

OCA Baseline Findings 2018

OCA found that MYI officials routinely utilized a status called **Confined to Quarters (CTQ)** as a disciplinary measure for youth who engaged in behavioral incidents such as fighting, threatening, possessing contraband, and disobedience. CTQ encompassed various phases from least restrictive to most restrictive, with most CTQ levels consisting of extensive cell confinement.

CTQ isolation time ranged from 1 to 30 days per instance, with many youth placed on CTQ status on multiple occasions. OCA found that youth were placed on CTQ regardless of disability or special education needs.

OCA found MYI youth who were placed in long term isolation called **Security Risk Group (SRG)**, a months-long practice of restrictive housing for youth who were identified, typically due to their perceived or demonstrated membership/affiliation with a gang, to jeopardize the safety of other youth or staff in the facility.⁴⁴

DOC Activities 2019

OCA met with DOC leadership and MYI leadership following the release of the 2019 OCA report, and OCA continues to meet and dialogue about changes and concerns on a regular basis. Specific to the use of CTQ/SRG:

- ✓ DOC leadership agreed to give youth placed on CTQ status the ability to attend school once downgraded to Moderate CTQ. Prior to the release of the 2019 OCA report, youth on CTQ were not allowed to leave the unit to attend school.
- ✓ DOC leadership stopped using Extended CTQ status (as of March 1, 2019) so youth are no longer placed in mechanical restraints while out of cell.
- ✓ Facility leadership tried to ensure that youth on CTQ status were allowed out of their cells for an hour daily in order to have the opportunity to shower and use the phone. As of January 2020, the facility and unit leadership reported to OCA that they were trying to ensure that youth are allowed out of their cells both in the morning and the afternoon for 30-60 minutes.

⁴³ P.L. 115-391.

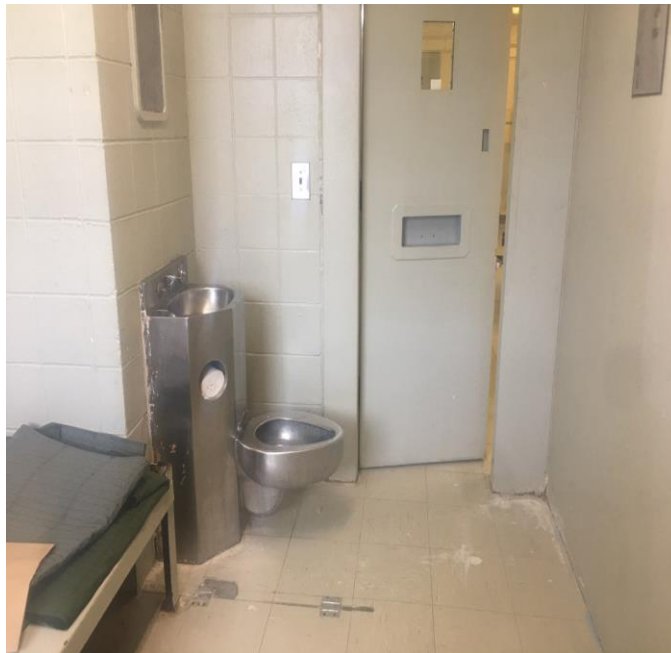
⁴⁴ DOC Directive Sec. 6.14.

- ✓ Since August 2019, no minor youth has been placed on SRG status.

OCA Updated Findings Cell Confinement- Boys under 18 at MYI

Security Risk Group Status- Boys

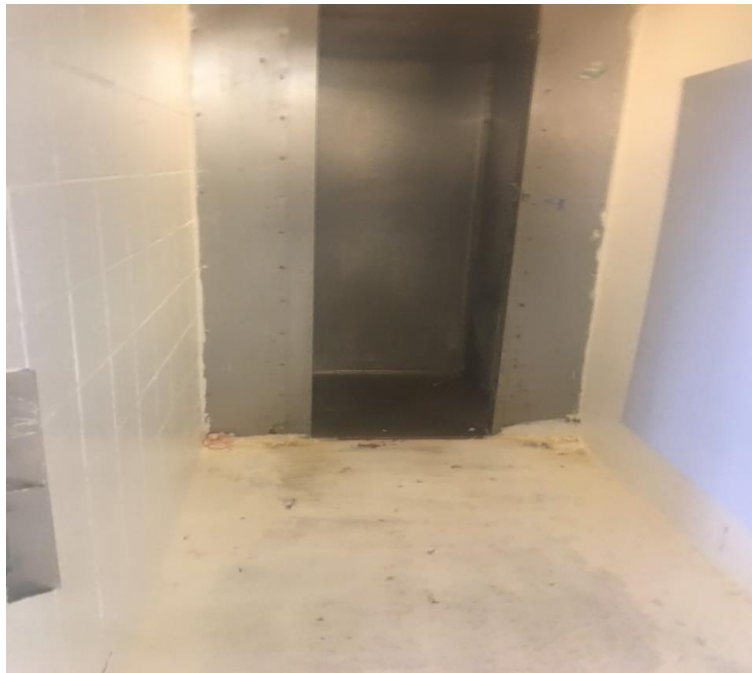
- There were four (4) youth designated to Security Risk Group Status between January 1, 2019, and August, 2019.
- The mean duration of SRG isolation for the four boys while at MYI was 6.9 months with a range of 2 months (for a youth who was transferred to Corrigan still designated SRG) to 13 months.
- There were no youth at MYI in SRG isolation after August 15, 2019.
- There were two youth who turned 18 and were transferred out of MYI with an SRG designation to be managed at Corrigan, which has an SRG unit.
- Youth age 18 to 21 continue to be transferred from MYI to other DOC facilities, designated for SRG Segregation.



Cell for minor boys at MYI.



In-cell toilet for a minor boy at MYI



Shower for minor boys at MYI

Confined to Quarters Status- boys

- **Between January 1 and December 31, 2019, there were 135 instances of CTQ that included minor youth's placement in a restrictive housing unit cell (CTQ High and Moderate).**
- **The range of a single instance of CTQ confinement⁴⁵ was 1 to 15 days.**
- **Several youth received multiple CTQ sanctions.**

OCA closely examined utilization of CTQ confinement for the months of September, October and November, 2019. OCA found the following for this time period:

- **37 instances of CTQ confinement** on the restrictive housing wing during this period.⁴⁶
- **3 to 11 days:** the range of a single instance of CTQ confinement.
- **12 to 17 days:** the range of accumulated CTQ confinement for five youth sanctioned multiple times during this period.
- **3/32 youth placed on CTQ participated in a full day of school** during their CTQ confinement. The median rate of full day school participation for youth on CTQ confinement was 40%.⁴⁷
- **The Majority of Youth on CTQ did not participate in programming.** Most records indicate that youth were marked "absent" from rehabilitative/clinical groups, sometimes due to CTQ status.
- **Youth time in cell ranged from 18 hours to 23 hours per day** due to boys' inconsistent school participation and the lack of programming available on the weekends.

More than half of the time youth on the restrictive housing wing were in cell 23 hours per day, due to inconsistent school participation and the lack of programming available on the weekends.

The youth on CTQ eat in their cells and do not participate in physical recreation or outdoor exercise.

⁴⁵ As a general matter, youth placed on CTQ High and CTQ Moderate are confined in a restrictive housing unit cell for disciplined youthful offenders. Youth transitioning down to CTQ Low typically transitioned back to a general population cell. OCA found a few occasions where a youth on CTQ Moderate transitioned back to a general population cell a couple of days early, and OCA found a few occasions where a youth on CTQ Low *remained* in restrictive housing. When OCA references CTQ "confinement," authors are referencing a youth's total number of days they likely remained on the restrictive housing unit.

⁴⁶ There were no instances of CTQ from November 9 through November 30.

⁴⁷ This rate is only slightly lower than the median rate of full day school participation for youthful offenders generally at MYI.

While youth receive a certain number of days of CTQ time to serve, there are also corresponding sanctions and consequences after the CTQ time is completed. Youth typically are on a loss of “recreation” status and loss of commissary. Therefore youth on sanction status have less access to large muscle movement, interaction with peers, and youth lose the ability to order hygiene supplies, additional food and other items for the duration of their sanctions, lasting usually 7-20 days following CTQ time served.

Recreation

The term “recreation” is used in different ways in the correctional system. For youth on sanction status, i.e. CTQ/SRG or Restrictive Housing (for youth 18 and above), “recreation” refers to any time the youth is out of cell, typically for showers or just walking briefly around the disciplinary unit. For minors in general population, “recreation” includes time spent engaging in large-muscle activity, such as going to the gym or even interacting on the unit. For 18 to 21 year olds in general population, “recreation” typically refers simply to out-of-cell time, but may or may not include access to developmentally appropriate large-muscle activity, time outside, or time in the gym.

Commissary

Youth, both minors and 18 to 21 year olds, are provided with daily meals and state-issued clothing and hygiene products (toothbrush, toothpaste, a bar of soap, and shampoo). Some youth have reported to OCA that meals are not enough for them and that the “indigent bags” are not sufficient to meet their daily hygiene needs. Most youth who have access to Commissary will purchase food, hygiene products, and daily recreational materials. Youth may not have access to Commissary if they do not have someone to put money on their “book,” or if they are on sanction status. Commissary is an important part of the daily culture and routine for all youth in the facility. Youth and staff report that commissary is a critical currency in general population, and that the lack of access to Commissary creates unrest among youth, bartering, hoarding, and also fighting, stealing, and significant interpersonal tension.

DOC Response

In its written response to the OCA’s draft report, the DOC stated that it “disagrees with OCA that it uses ‘isolation’ with incarcerated people, particularly the under 18 population at MYI...There are no youth incarcerated at MYI who have only minimal meaningful contact with others and access to few or no programs.” The DOC cited the changes it made to Confined to Quarters protocols that decreased the time youth spent on the most restrictive CTQ status and increased the time that youth participated in school. DOC stated that throughout 2020 it continues to decrease reliance on the most restrictive aspects of CTQ, stating that “while on CTQ statuses, juveniles were eligible to attend school and programs.” DOC did not provide corresponding data to support its assertion that youth participated regularly in programming while on CTQ during 2019 or 2020. OCA shared its raw data with DOC. Beginning in March, 2020, all programming for youth at MYI ceased due to the public health crisis.

Regarding DOC’s contention that youth are meaningfully engaged by staff while on sanction status, during conversations regarding this draft report, DOC officials acknowledged that agency

administrative directives and facility post directives do not require that staff interact with youth during unit tours (though some staff may), but only that they *visualize* youth through the cell window. While agency leadership emphasized that they expect staff to meaningfully engage with youth, they acknowledged the limitations of their written directives, and stated that they will examine how the facility expectations are communicated and supervised. OCA's discussions with DOC mental health leadership also confirmed that mental health "tours"⁴⁸ of the restrictive housing wings also require that staff visualize youth. If a staff member sees something concerning during the tour or a youth asks to speak with mental health staff, appropriate responses will follow. Mental health leadership stated that youth who are classified as level Mental Health 4 will be pulled out of cell more regularly for interaction and assessment. OCA notes that it is rare for a youth to be classified as MH-4.

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.⁴⁹ 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.

Several years ago, MYI did not allow contact visits for any of the young adults and youth. Non-contact visits take place with Plexiglas separating the inmate and the visitor while they talk on a phone. Unless there was a special circumstance, no physical contact was allowed between a youth and his parent, caregiver, family member, etc.

Over the past several years, the DOC has recognized the importance of contact visits for youth and has changed policies to allow for more contact visits.

OCA Baseline Findings 2018

OCA looked at the history of visitation records for 53 youth and found the following:

- 24/53 youth received no visits since their admission to MYI;

⁴⁸ From DOC: By DOC definition, a 'tour' is a random, systematic series of inspections in a correctional facility/unit designed to enhance the overall levels of safety, security, and sanitation, as well as providing the opportunity to communicate with staff and inmates and to reinforce rules and regulations.

⁴⁹ https://www.vera.org/downloads/Publications/the-impact-of-family-visitation-on-incarcerated-youths-behavior-and-school-performance-findings-from-the-families-as-partners-project/legacy_downloads/impact-of-family-visitation-on-incarcerated-youth-brief.pdf

- 14/53 youth received 2 or fewer visits since their admission;
- 15/53 youth received more than 2 visits since their admission, with a range of 3 to 42 visits;

40/53 youth were not permitted “contact” visits while incarcerated – meaning that they could not touch the family member visiting them.

DOC Activities Following OCA January 2019 Report

The DOC and MYI leadership team has continued to implement the recommendations of the Adolescent Working Group dating back to 2016 to allow all youth contact visits upon admission unless there is a documented safety and security risk. Youth who receive disciplinary tickets for Class A and B infractions can still lose their contact visits for several months.

OCA Updated Findings on Visitation. Boys under 18 at MYI

- 18 youth had 0 visits.
- 5 youth had 1 visit.
- 8 youth had between 2 and 5 visits.
- 37 youth had more than 5 visits.

The average duration of confinement for boys who had 1 or 0 visits was 11.3 months, with a range of 1 month to 35 months.

DOC provided a breakdown of non-contact vs contact visits for a cohort of youth incarcerated during June 2019:

- 14 of these youth received no contact visits;
- 11 youth received 1-9 contact visits;
- 11 youth received over 10 contact visits.

With the changes in contact visits protocol/practice OCA does see an increase in contact visits from our previous review. However, visitation remains an area of concern for youth incarcerated at MYI.

There are still many youth who spend a significant amount of time incarcerated and have little to no contact with family members.

Due to limitations at the facility, there are fewer opportunities for contact visits, which occur on weekends only. Families may not be able to get to the facility early on the weekend mornings to sign up for contact visits or may only be able to visit during the week.

OCA INTERVIEWS WITH STAFF AND YOUTH AT MYI

Many staff have talked with OCA about the ability of families to visit their kids at the facility. Some staff are frustrated because the youth have limited community connections without visits, they will be returning to families, and staff worry about the adequacy of kids' support systems.

There are many limitations for families, whether it be transportation, childcare, work barriers, etc. There are also many facility barriers for visits that impact families, limited time for contact visits, limited time for any visitation and other challenges that families may face visiting in a correctional environment.

Multiple staff and supervisors at the facility voiced having no control over these barriers, but agreed it would be beneficial for families to have more contact with their children. One staff did some research about a program in New York City using video conferencing through a local library with the prison so families can at last "talk face to face."

When asked about different models for engagement between youth and families, staff also suggested bringing in volunteers to assist with transportation and engagement but were very open to ideas and a conversation about possibilities. Staff have discussed the following ideas in interactions with OCA:

- ✓ Counselor/Clinical staff to have weekly Skype conference's or guided phone calls with family member and youth supervised by the facility
- ✓ Facility Staff to facilitate visitation with family members in the community
- ✓ Facility staff to partner with Police/Fire and First Responder Departments to have identified individuals from communities come to MYI at least monthly to engage with youth, to begin to develop relationships to assist upon re-entry
- ✓ All youth have an assigned mentor in their communities identified as visitation resources and upon discharge.

Youth Interviews

Youth's response to visits with families has varied depending on their family situation:

***"I don't want my mom to come here,
she has to work and take care of the house."***

***"I don't want my mom to see me in this jump suit
and talk to her through the glass."***

***"It's too hard for my mom to get here to see me,
I'm just happy she has money to put on my books to call home."***

*“I got myself into this situation, it’s not on them to come see me,
I’ll be home soon.”*

*“I can’t wait to have contact visits so I can hug my mom and my grandma.
It’s been a year since I was able to do that.”*

*“It is really hard not having someone hug you, I know I’m 17,
but I haven’t had anyone give me a hug in 2 years.
I can’t wait to get out of here.”*

DOC Response

DOC agreed that visitation is a critical support for youth. The agency stated that “[i]n an effort to increase family contact, MYI has recently instituted a video visitation program, which it intends to increase and expand. This has been particularly important during the current pandemic where, due to public health recommendations, in person social visits have had to be suspended throughout the DOC system.”

OCA FINDINGS REGARDING CONDITIONS OF CONFINEMENT FOR OLDER YOUTH 18-21 INCARCERATED AT MANSON YOUTH INSTITUTION

Mental Health Programming for Older Youth Age 18 to 21

OCA reviewed a census that was provided by the DOC reflecting all youth incarcerated at MYI between January 1 and July 1, 2019. DOC provided the mental health scores for 208 youth age 18 to 21 on the census sheet. For the 208 youth age 18 to 21 for whom mental health scores were provided, OCA found the following:⁵⁰

- **Almost two-thirds of youth (131/208) age 18 to 21 were identified as not needing any regular mental health contact.**
- **69/208 youth age 18 to 21 were classified as Mental Health 3 (assigned twice-monthly contact).**
- **Only 8/208 youth were classified as needing at least weekly contact from a mental health clinician.**

⁵⁰ It is important to note that Mental Health Classification Scores are fluid. The scores change due to the presentation of the individual at any given time.

The DOC provided OCA with a census list of youth age 15 to 21 incarcerated at MYI between January and June 2019. For youth age 18 to 21, OCA reviewed their program participation data to see what programs the older youth completed during the duration of their confinement through October, 2019. OCA did not include youth who were incarcerated for less than 90 days.⁵¹

OCA found that approximately half of older youth at MYI who were on a census list provided by the DOC did not participate in rehabilitative programming while incarcerated. To determine how long youth were or are at MYI, OCA requested data from DOC leadership regarding average duration of confinement for youth age 18 to 21 in DOC custody and/or who are housed at MYI. DOC responded as follows:

There are a total of 451 individuals [as of October 2020] aged 18-21 years old in DOC custody.⁵² 201 (45%) of the youth are sentenced to a length of confinement.

Of the 201 inmates that are currently serving a length of confinement [across all DOC facilities], 51 of them are sentenced to a total effective sentence of 2 years or less. The average length of confinement is 575 days (approx. 1 year, 7 months).

150 youth are sentenced to a total effective sentence of over 2 years. The average length of confinement in this category equates to 6.15 years, removing the 9 inmates in this category serving 20+ years, the average length of confinement in this category is 4.66 years.

ISOLATION/SEGREGATION OF YOUTH AGE 18 TO 21

INCIDENT

Inmate was to be placed in RHU pending investigation for gang affiliation. The escort to RHU was routine, once in cell, IM refused to comply with a routine strip search. Verbal intervention attempting to gain compliance by escorting staff and mental health staff were unsuccessful. IM remained adamant he would not comply with strip search. Due to IM's current noncompliant behavior, and for the safety of staff and the IM, it was determined he would be placed on in-cell restraint status. He was secured on in-cell restraint and cleared for placement in RHU by medical and mental health. Placed in in-cell restraint at 11:03 a.m. And removed from in-cell restraint the following day at 7 a.m. Throughout second and third shift, IM would not comply with strip search. IM eventually agreed in the morning, though he was still upset. Nothing was found during strip search.

⁵¹ OCA notes that the census provided by the DOC was not a complete reflection of who was incarcerated during that timeframe as OCA is aware of other sentenced youth who were not on included on the list. For example, certain youth appear on the list of students attending school, but do not appear on the census list provided by the facility. Given that it was challenging to reconcile the various census and attendance lists provided by the facility during OCA's review, OCA relied on the initial census list to analyze youth's program participation, cross-checking with other provided lists as much as possible.

⁵² In regards to those 18-21 year old youth that have bond amounts, forty-six (46) have bonds of fifty-thousand dollars or less.

OCA reviewed the Restrictive Housing practices and utilization at MYI. RHU consists of 23 to 23.5 hours per day of cell confinement, and the average duration of RHU confinement is 7 to 14 days per disciplinary incident. Youth on RHU eat in their cell. They come out of cell each day for shower, and individual “recreation” time, during which a youth is placed in mechanical restraints and may spend the minutes in a cage on the RHU. Youth on RHU do not attend school or programming.

OCA found the following about youth on RHU:

- **In 2019, there were 364 instances of 18-21 year olds being placed into Segregation on the Restrictive Housing Unit (RHU). The range of RHU sanctions during OCA’s review was 1 day to 21 days.**
- **The majority of the RHU sanctions ranged from 7-14 days at a time.⁵³ Many youth accumulated multiple instances of RHU confinement.**
- **Reasons that youth were sent to RHU included fighting, “interfering with safety and security,” “flagrant disobedience,” contraband, threats, refused housing, theft, and “under investigation:”**
 - “Fighting” refers to a physical altercation between youth.
 - “Refused housing” means that staff want a youth to move cells and the youth refuses the directive.
 - “Theft” commonly refers to youth stealing from another youth.
 - “Interfering with safety and security” could include a youth blocking their window and refusing to take off the covering or clogging their toilet deliberately.
 - “Threats” could reference a statement or aggressive overture made to a DOC staff or to another youth.
 - “Under investigation” refers to an incident that occurred where there is suspicion of a disciplinary violation, but all details are not immediately determinable.

Youth, per DOC directive, have to be “cleared” by a mental health staff-member for placement in CTQ and RHU isolation. OCA notes that the National Commission on Correctional Health Care (“NCCHC”)’s position statement on solitary confinement, defined by that organization as the housing of an adult or juvenile with minimal meaningful contact with others and with access to few or no programs, provides that “[h]ealth staff must *not* be involved in determining whether adults or juveniles are physically or psychologically able to be placed in isolation.”⁵⁴ OCA continues to be deeply concerned about isolation practices for youth at MYI, and OCA urges immediate attention by policy-makers to these matters.

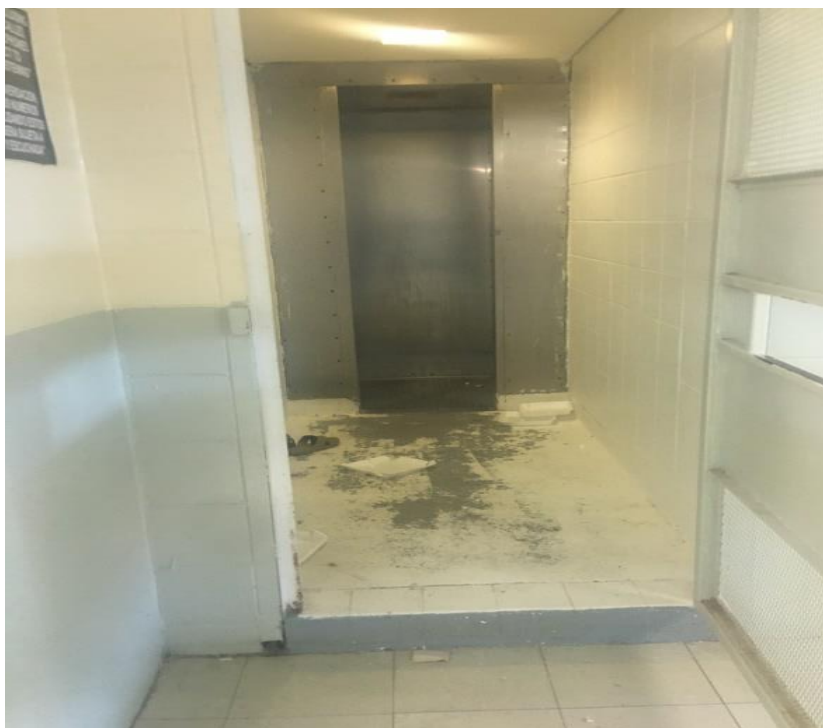
⁵³ Almost all instances of Segregation under seven (7) days was for a pending Investigation Status and the Disciplinary Action later being Unfounded.

⁵⁴ <https://www.ncchc.org/solitary-confinement> (emphasis added).

Recreation Cage on RHU for Older Youth



Shower for Older Youth on RHU



Cell for Older Youth on RHU



Cell door on RHU



Window in RHU



Toilet in RHU



Twenty-five older youth age 18 to 21 were transferred during to 2019 to other DOC facilities, designated for SRG Segregation.

Chemical Agent Utilization Youth 18 to 21

INCIDENT

Charlie was in RHU pending investigation for SRG [gang affiliation status]. Charlie covered window with a sheet and mattress stating he did not want to be in RHU/jail and wanted to be with his family. Charlie did not respond to staff intervention and was threatening to hang himself. CET team was activated, and Charlie was sprayed with chemical agent. Charlie was placed on Behavioral Observation Status and in-cell restraints after decontamination. [Charlie received daily cell-side check-ins from mental health staff while on BOS but remained in Segregation.]

INCIDENT

IM was told to cooperate with changing cells. While moving his property, he became increasingly agitated with the officer and subsequently verbally threatened him. Signal 11 was called [calling for “all staff”]. Officer intervened and routinely applied handcuffs. As staff arrived, IM jumped from his seat at the day room, landed on top of the table and placed his hands under his feet, transitioning his handcuffs from the rear to the front of his body. He then attempted to remove his handcuffs, which he has a documented ability to do. At that time chemical agent was deployed to the facial area, and he was stabilized to the floor. He continued to resist by placing his hands under his body and refusing to comply. After a brief struggle requiring force and nerve compressions, his hands were secured and transitioned behind his back. Due to his actively resistant behavior, he was also secured in leg irons. During the incident, staff was attempting to adjust the leg irons and youth inadvertently spit on staff’s head [and was observed in another incident report to have mucous and saliva coming out of his nose and mouth.] At that time, a safety veil was placed on inmate. He was escorted to Restrictive Housing where he was decontaminated [with the safety veil on, later requiring further in-cell decontamination], then escorted to cell where a strip search was conducted. He was secured on in-cell restraint status consisting of handcuffs, leg irons, tether chain, and Black Box [around the youth’s waist, and attached to the tether chain]. [Safety veil was later removed]. He was evaluated by medical and mental health staff and cleared for placement on RHU. Youth was placed in in-cell restraint at approximately for twelve hours, when due to a positive change in youth’s behavior. [According to another incident report, youth was placed in in-cell restraint due to his “Acutely disruptive behavior.”]

- **Data reviewed by OCA for chemical agent use between January and December 2019 show 33 youth age 18 to 21 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.⁵⁵**
- **OCA requested data regarding the use of in-cell restraint for youth at MYI, but was recently informed that such data was not readily reportable and would take time to be gathered. OCA continues discussion with facility administrators on these matters.**

Education Programming for Youth 18 to 21

OCA sought information from USD-1 regarding how many 18-21 year olds at MYI and YCI were enrolled in school, what percentage of youth had achieved their High School diploma, how many youth were on a GED track and how many of these youth at MYI were not participating in full day educational and vocational programming.

The USD-1 Superintendent sent data to OCA in November 2019 regarding the number of USD-1 students age 18 to 21 that had stopped attending school. The data showed that as of June, 2019, there were 214 students age 15 to 21 at MYI, and that during the previous school year, 105 students 18 to 21 disengaged from school, the majority of whom did so without having achieved a diploma. OCA reviewed the data with then-DOC Director of Programs and Treatment, who was concerned about the large numbers of older youth at MYI that were not participating in educational programming. Following this meeting, internal efforts were made at MYI to re-engage older youth into a school program.

USD-1 sent new data was provided to OCA in January, 2020, detailing the enrollment/diploma status for 220 youth age 18 to 21 at MYI.

- **78 youth were identified as being on the GED track.**
- **29 youth were identified as being on the Credit Diploma Track.**
- **3 youth were identified as being on a high school diploma track.⁵⁶**
- **29 youth were identified as having refused school.**

Many youth had already previously achieved their high school diploma in the community. Thirty-eight (38) additional youth were identified as awaiting or having already achieved a Credit Diploma or GED while at MYI.

⁵⁵ DOC Directives permit the use of chemical agent to prevent an individual from harming themselves.

⁵⁶ For 5/220 youth, the data was unreadable or did not identify the youth’s educational status.

Vocational Participation

MYI offers the following vocational opportunities for older youth at MYI: Culinary Arts, Graphic Arts, Autobody/Autochem. Participation in programming varied, and only two of the vocational programs ran consistently in 2019.⁵⁷

OCA’s review of older youth’s utilization of vocational programming showed that, per the January 2020 facility census and educational data, approximately 25% of youth age 18 to 21 were identified as enrolled in a vocational program at that time.

FINDINGS REGARDING CONDITIONS OF CONFINEMENT FOR GIRLS AGE 15 TO 17 AT YORK CORRECTIONAL INSTITUTION

The York Correctional Institution (“YCI”) is a high-security facility and serves as the state's only correctional institution for female offenders of any age. It serves all superior courts in Connecticut and manages all pretrial and sentenced female offenders, whatever the security level. The population of female juvenile/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.

- Four of the girls were identified in DOC records as Black.
- One of the girls was 15 years old, and the three remaining girls were 16 year olds. One of these girls turned 18 in the first week of January.

Living conditions for minor girls are vastly different than for the minor boys. First and foremost, the girls are not confined in cells, but rather in secure cottages/apartments that have a common area with a television and books, a separate sleeping space, a shower and laundry. Each cottage has an accessible outside area. Girls have a phone in the common area and therefore have greater access to regular phone calls if they have money on their books. Girls typically go to group programming with older youth.

⁵⁷ Youth participation in vocational programming was variable with some youth participating minimally and other youth more engaged. Many considerations impacted youth participation, including teacher availability and absence, youth “absence,” court, facility lockdowns, and “custody” determinations (typically sanction related).

Minor girls' cottage bathroom at YCI



Minor girls' bedroom at YCI.



Chemical Agent for Minor Girls at YCI

Similar to OCA's previous review, there were no minor girls subjected to chemical agent use during 2019.

Mental Health Scores and Programming

There were five girls incarcerated at YCI between January 1 and December 30, 2019.

- The girls were all classified by the DOC as at least a Mental Health 3 (twice monthly clinical support). One girl was identified as suicidal upon admission and was briefly classified as a Mental Health 5.
- OCA was able to obtain program information for 4/5 girls. All four girls participated in multiple group programs including Sisters Standing Strong, Talk it Out, and Girls Group.
- All girls entered YCI with historical and significant treatment needs. Girls' diagnoses included: Schizoaffective disorder, Depression, and Substance Use Disorder.

Education for Minor Girls at YCI

OCA reviewed the school participation records for four youth at YCI from January 1, 2019, through November, 2019.

The girls' full-day school participation rate ranged from 49% to 67% with a median full day participation rate of 61.5%.

During OCA's review of educational programming at YCI, OCA staff met several teachers and vocational instructors who were enthusiastic and highly invested in their work. The school building is bright and engaging, and recent visits to the facility show much effort is made to create an inviting space for girls and young women to build skills. OCA reviewed vocational opportunities that included hospitality and front desk work, business and computer skills, culinary arts and cosmetology. Like MYI, there is no internet access in the classrooms at YCI.

Most older youth still participate in school even if they already have their diploma. Facility data showed that seven (7) out of seventeen (17) older youth, sentenced, completed a vocational program while at YCI.

Sanctions and Isolation- Girls at YCI

OCA reviewed CTQ data for the minor girls at YCI January 2019 through December 2019.

- There were five instances of CTQ for three girls.
- One of the girls experienced "Extended CTQ" on two occasions, each time for four days. Extended CTQ consists of multiple hours of separation from other girls due to the youth remaining in their housing. Girls on CTQ Extended eat alone, do not go to the school (tutoring is provided 1:1 for two hours per day), and girls are permitted an hour to use the phone and shower.
- The CTQ sanction at York is less isolation-based than at MYI and is typically accompanied by extra duties such as cleaning and other chores.
- CTQ at York, similar to MYI, is accompanied by a Loss of Commissary sanction, typically for 30 days.
- No girls were designated to SRG status at YCI.

Visitation for Minor Girls at YCI

Girls had at least 1 visit each, with a range of 1 to 9 visits during an average length of confinement of 6.75 months.

INTERVIEWS WITH STAFF AND YOUTH

All of the youth and young adults who were at YCI were classified as at least a Mental Health 3, so all were assigned a mental health clinician. Record review and interviews with youth and staff indicate that youth have regular access to their clinician and other clinical staff at YCI.

The youth are a priority at YCI and the girls have access to clinical staff weekly.

Girls reported to OCA:

“I feel like they listen to me and try to help if they can.”

“We need more groups to help us, so we understand how to relate to each other.”

Girls’ Child Welfare/Family History of Incarceration

- All of the minor girls lived in families that had some or extensive history with DCF due to concerns of abuse and neglect.
- The number of reports per family ranged from 1 to 18.
- Three of the girls came from families that had been investigated by DCF four or more times.
- Two of the girls had at least one parent with a history of criminal justice involvement or a history of having been incarcerated. Both of these girls’ parental criminal histories were extensive.

FINDINGS REGARDING CONDITIONS OF CONFINEMENT FOR OLDER FEMALE YOUTH AGE 18 TO 21 AT YORK CORRECTIONAL INSTITUTION

YCI provided a census in September, 2019, indicating that there were 21 youth age 18-21 years old incarcerated at that time.

- Ten of the older youth were identified in DOC records as Black.
- Seven of the older youth were identified as Hispanic.
- Two youth were identified as White/Non-Hispanic.
- Two youth race/ethnicity was unspecified.

Chemical Agent Utilization

Use of chemical agent and in-cell restraints are of great concern to OCA.

Data reviewed by OCA for chemical agent use between January, 2019, and December, 2019, show five (5) instances of chemical agent deployment involving five (5) older youth age 18 to 21: three (3) 18 years olds and two (2) 21 year olds. Three of these instances, according to facility documentation, took place in the facility’s mental health unit. Two deployments of chemical agent were to stop the youth from engaging in self-harm.

According to facility documentation:

Incident

Mental Health Unit: Inmate (age 18) observed inflicting self-harm to wrist with a spork and then stood on cell sink and proceeded to secure a bed sheet around her shoulders. IM noncompliant with MH5 status placement protocol and made aggressive movement toward supervisor resulting with chemical agent deployment and medical personnel ordering therapeutic restraint placement. APPROXIMATELY TWO HOURS RESTRAINT DURATION.

Incident

Mental Health Unit: Inmate (age 18) discovered to have tied two sheets together and affixed them to cell door. She then charged and struck supervisor entering cell to commence staggered observation status placement and continued being combative during escort [between cells] kicking an officer resulting with chemical agent deployment and therapeutic restraint placement. APPROXIMATELY TWO HOURS AND TWENTY MINUTES RESTRAINT DURATION.

Incident

Mental Health Unit. Code Blue. Inmate issued discipline for fighting; however, did not clear RHU placement protocol resulting with staggered observation status placement. Inmate compliant with intake strip search; however, when staff exited cell she began to strike head on wall and was noncompliant with supervisor's direction to stop. Inmate then became combative resulting with chemical agent deployment and therapeutic restraint placement. APPROXIMATELY TWO-HOUR RESTRAINT DURATION.

Incident

Inmate (age 18) became noncompliant and resistant toward staff during return from court/routine strip search protocol, resulting in chemical agent deployment.

Incident

Inmate (age 21) noncompliant with direction to cease and separate from other offender during physical altercation resulting in chemical agent deployment.

Use of In-Cell Restraints

YCI records indicate that there were ten incidents with older youth age 18 to 21 that resulted in the use of in-cell restraints. These restraints lasted from ten minutes to 18.5 hours, with a most common duration of two hours.

OCA is also deeply concerned at the use of chemical agent and use of in-cell restraints for youth with significant mental health treatment needs. OCA will continue to review these concerns and will report to the JJPOC regarding any additional findings and recommendations. OCA recommends an immediate cessation and independent review of these practices by mental health experts and publication of the findings of any such review to relevant legislative and oversight committees.

Mental Health Scores and Programming

A September 2019 census provided by the DOC showed 21 older youth ages 18-21 incarcerated at YCI. Mental health scores were as follows:

- 19 of these youth were classified as MH-3
- 2 of these youth were classified as MH-4.

Programming is offered for the older youth on second shift. The majority of older youth received three or more rehabilitative programming groups, GIBC (Good Intentions, Bad Choices), VOICES, Anger management, Tier II (Substance Abuse), Beyond Violence, Alternative to Violence, 7 challenges (Substance Abuse), and Start Now Cognitive Group.

Five (5) of the older youth were reported to be un-sentenced, did not return to the facility from a court date, and there were no groups noted. All of the older youth were listed as receiving individual mental health treatment and some medication assisted treatment.

Six of the older youth were transferred to the WORTH unit at YCI.

Restrictive Housing for Older Youth age 18 to 21



OCA is extremely concerned about the use of days-long isolation and implications for individual's mental health and access to needed programming.

There were 39 reported instances of 18-21 year olds at YCI placed on the RHU unit for Punitive Segregation or Administration Segregation.

The length of the RHU placements ranged from five to 28 days. The majority of these placements, 32, were for seven days.

Older youth on RHU are in their cells 23 hours per day, with one hour of out of cell. Like MYI, mental health staff are used to screen individuals for placement in RHU.

According to facility documentation, reasons for punitive segregation varied and included: fighting, contraband (heroin), threatening, flagrant disobedience, assault, and being out of place.

YCI Segregation Unit, Outdoor Rec. Cage and Cell





Punitive segregation can be used for longer durations for inmates who have “chronic” behavior challenges. There were no youth age 18-21 on chronic status during OCA’s review or during a recent site visit (September 2020). Cell conditions for youth on RHU are cleaner than what OCA observed at MYI.

Examples of Incident Leading to Segregation.

Source: facility reports

- Incident:** IM issued discipline for flagrant disobedience and secured in cell restraint due to non-compliance to remove hair weave during intake process. (Seven days in Punitive Segregation).
- Incident:** IM secured in full stationary restraints after being non-compliant with Behavioral Observation Status strip search protocols and incurring self-injury/striking head on the ground. (Seven days in Punitive Segregation).
- Incident:** Inmate issued discipline for assault on DOC employee and for flagrant disobedience. (Thirty days in Punitive Segregation)
- Incident:** Inmate received five days punitive segregation sanctions as a result of a discipline issued to her for being out of place.
- Incident:** Inmate issued discipline for assaulting other Inmate. Inmate issued discipline for interfering with safety and security. (Seven days in Punitive Segregation)

Visitation for Older Youth age 18 to 21 at YCI

OCA examined facility documentation regarding visitation for youth age 15 to 21 at YCI between January 1 and September, 2019.

Records indicated the following:

- **There were twenty-one youth age 15 to 21 on the visitation census list.**
- **14/21 of these youth had no visits during the timeframe.**
- **The frequency of visits for the remaining nine girls during this timeframe was 2 – 65 visits.**

PART TWO: COVID SHUT DOWN, CONDITIONS FOR YOUTH AGE 15 TO 21 AT MYI AND YCI

OCA Oversight Activities

On March 12th, 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. At approximately the same time, OCA had completed an update regarding conditions of confinement for youth incarcerated at Manson Youth Institution (MYI) and York Correctional Institution (YCI) during 2019. A draft of OCA's report was shared with the Department of Correction (DOC) leadership and the Office of Policy and Management in early March. Due to the urgent and swift nature of the state-wide public health emergency, the OCA provided time to the DOC to review OCA's draft report. Concurrently, and 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 thanks DOC leadership, administration and staff for their ongoing cooperation with OCA's statutorily required oversight activities.

In summary, OCA has found that following the issuance of OCA's first report on conditions of confinement for incarcerated youth in January, 2019, the DOC made efforts to address various concerns regarding prolonged isolation and access to programming for youth, with some progress made, such as the elimination of Security Risk Group status for minors at MYI (months-long segregation) and the decision to permit minor youth on sanction status to go to school. 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.

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 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 experts 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. This addendum outlines these findings and recommendations.

Census at MYI and YCI

Between March and July, 2020, there were typically between 43 and 47 minor boys confined at MYI at any given time, as well as approximately 200 youth age 18 to 21.

YCI had custody of two minor girls between March and July, 2020. There were approximately 20 to 25 youth age 18 through 21 in the facility during this same time period.

Given the low number of youth at YCI during the shut-down, and given available resources, this addendum focuses largely on conditions at MYI, with a brief update regarding conditions at YCI. OCA continues to maintain regular contact with youth and administrators in both facilities.

Phone Calls with Youth

In the weeks following the state's COVID-19 shut-down, the OCA instituted regular phone calls with incarcerated youth at MYI and YCI.⁵⁸ OCA and youth discussed a range of issues including youth's access to educational and clinical programming; phone calls with family members; access to commissary items: hygiene products, recreation materials, food; access to fresh air and exercise; time out of cell; contact with legal representation and general daily issues.

Email, Phone and In-person contact with DOC Staff and Administrators

OCA corresponded regularly with facility and agency officials regarding public health issues affecting the facility, staff and youth, the framework for assessing the health and welfare of youth with specialized medical needs, including consideration of expedited discharge from the facility. OCA and DOC officials also regularly discussed youth's access to and participation in mental health treatment, as well as rehabilitation, education and prosocial programming, and youth's opportunities to contact family.

Site-Visits

OCA resumed site visits to MYI on June 5, 2020, adhering to DOC public safety protocols (mask-wearing and temperature reading at entry and exit). OCA conducted additional facility visits to MYI on June 15 and July 10. OCA met with multiple youth between the ages of 16 and 20 on the

⁵⁸ Between April and July, 2020, OCA staff conducted 55 calls with 45 different youth.

following units: J, I (both units house youth under 18) and B and D units (which house youth age 18 to 21). During site visits, OCA met with youth and administration including the Warden, Deputy Wardens and school principal, as well as unit staff.

Education Records

On May 22, 2020, OCA requested copies of school work completed between March and May by nine (9) different minor boys with varying regular and special education needs, as well as a copy of each boy's most recent IEP (special education plan) where applicable. During OCA's June 5th site visit, OCA learned that most of the youth age 15 to 21 at MYI had not turned in any work and therefore minimal records were available corresponding to OCA's request.

Security Logs

OCA reviewed unit security logs on one of the units (I) holding minor youth to understand how often education and mental health staff came onto the unit to meet with youth. OCA reviewed security logs entries from mid-April to June 15.

Mental Health Records

OCA reviewed individual records for youth age 15 to 21 with DOC-assigned Mental Health scores of 3 and 4 to determine needs and service delivery during the pandemic.⁵⁹ OCA sought encounter-specific data and relevant directives from DOC administration.

Rehabilitation Records

Given that all in-person programming was halted by the DOC in March, OCA requested all rehabilitation programming packets that were completed by youth age 15 to 21 between March and June 15.

Other Data Points

OCA requested information regarding facility lock-downs, sanctions (utilization of Confined to Quarters and Restrictive Housing Unit placements), infection control (testing/results/quarantines), chemical agent utilization, and youth's access to commissary.

Meetings with State Department of Education

OCA conducted two meetings with the State Department of Education Bureau of Special Education to discuss the educational needs of incarcerated youth, OCA's investigative activities and identified barriers to youth accessing appropriate education while incarcerated. OCA requested SDE conduct an inquiry with U.S.D.-1 regarding the provision of educational services to incarcerated youth, including provision of adult education and special education services.

Interviews with Family of Incarcerated Youth

OCA developed an interview tool and reached out to twelve (12) families to ask questions regarding their experiences with having a minor child incarcerated during the pandemic, access to facility staff,

⁵⁹ Youth with assigned MH scores of 3 and 4 have been assessed as needing individual clinical support.

communication with staff, visitation and phone contact, ability to fund calls and commissary and overall experience.

DOC Reports to JJPOC

At the request of advocates, including the OCA, regularly scheduled JJPOC meetings resumed in May of 2020, with meetings held on May 21, June 18, and July 16, and another meeting scheduled in September. Various members sought information regarding state agency activities during the public health emergency and specific information regarding conditions for incarcerated youth. DOC representatives prepared information for JJPOC regarding the provision of mental health, education, rehabilitative and family engagement activities during the shut-down along with public health prevention measures implemented.

FINDINGS: CONDITIONS FOLLOWING COVID-19 LOCKDOWN

Cell Confinement for Youth Age 15 to 21

DOC Report to JJPOC

DOC's reports to JJPOC did not include data regarding cell confinement.

OCA Site visits with Youth age 15 to 17—Findings—Most Youth Experienced Significant Cell Confinement During the Shut-Down

The DOC halted all in-person programming at MYI between March and August. OCA found that in the absence of school and other structured programming opportunities, youth were confined to their cells much of the day, with hours of cell-confinement for most youth ranging from 19 hours per day to 22.5 hours per day,⁶⁰ depending on the day of week and staffing. Youth reported that Saturday was the longest day for them as they come out of their cells only once at 6:30 p.m. Some minor youth at MYI were also out-of-cell when they worked cleaning the unit or passing out food trays.

Scheduled out-of-cell time typically involved youth interacting on their hardware secure wing (average population of each wing is approximately nine (9)), taking showers, making phone calls, and going outside when weather permitted. Youth were provided masks to use while out-of-cell.

OCA Site Visits. Youth age 18 to 21—Findings—Older Youth Experienced Prolonged Cell Confinement

Per staff and youth report, the range of cell-confinement hours for most youth was 22 to 23 hours per day. Youth reported being in-cell throughout most of the day with two opportunities to come out for either a half-hour or a full hour.

⁶⁰ Certain days of the week youth were permitted out-of-cell three times (morning, afternoon and evening) for 1 to 2 hours; other days youth came out-of-cell twice, and on Saturdays youth came out once. Quarantined youth were isolated 23 hours per day.

Some youth age 18 to 21 in the facility also come out of cell for work hours, most commonly janitorial and food-distribution.⁶¹ Jobs are unit-staff directed and are not tied to youth's educational programs. For work, youth earn at least 75 cents per day.

DOC Response

In summary, the DOC acknowledged the restriction of movement within its facilities and stated that this was done in accordance with public health guidelines. The DOC wrote that “[a]s more information became available regarding COVID-19, some of the restrictions were reduced and the members of the inmate population were allowed more movement.” The DOC cites its record of success in reducing the spread of infection at MYI.

Sanction Status and Chemical Agent for Youth Age 15 to 21

DOC Report to JJPOC.

DOC did not report to JJPOC regarding the use of sanction status such as Confined to Quarters (CTQ) or Restrictive Housing (RHU).

OCA site visit and Records Review—Youth on Sanction Status Experience Significant Isolation and Older Youth's RHU Cell Conditions are Poor.

Minor boys on the **Confined to Quarters** wing of Buildings I and J are placed there as a sanction for aggressive, disruptive or defiant behaviors. Youth on CTQ placement remained in their cell typically 23 hours per day.⁶²

- **There were 31 CTQ sanctions from March through July.**
- **The range of CTQ sanctions was 2 to 14 days, with an average confinement of 6 days.**

After minor boys returned to general population from CTQ, they typically remained on Loss of Commissary status and Loss of Recreation status, meaning that in the absence of school or group programming during the pandemic months, **youth continued to remain in their cell for 23 hours per day, coming out only for shower and phone call.** The duration of Loss of Recreation and Commissary sanctions ranged from 5 to 10 days.

B Building has two wings that house youth age 18 to 21 who are on sanction status and confined in **Restrictive Housing (RHU). Range of RHU time was typically 7 to 14 days.** This was consistent before and during the pandemic.

Youth that OCA met with had little to no materials or books in their cell and reported difficulty in maintaining their wellbeing and mental health in isolation.

⁶¹ Youth request and may be assigned to certain job duties per staff discretion.

⁶² Prior to the shut-down of school, youth on CTQ were beginning to come out of their cells for school, though progress in this area was uneven throughout 2019. During the pandemic, school was halted and therefore cell confinement for youth on CTQ status increased.

- There were 61 RHU placements between March and July.
- The length of an RHU sanction ranged from 5 to 14 days,⁶³ and the average length of confinement on RHU was 7 days.
- Youth released back to general population from RHU also served out Loss of Commissary and Loss of Recreation sanctions for at least another 21 days, which means that, because of the lack of programming, sanctioned youth experienced at least 30 days of 23 hours per day confinement.⁶⁴

Two youth during OCA's June 15th site visit reported challenges in accessing showers while on sanction status. One minor youth told OCA staff that he was placed on sanction status on a Friday but did not get a soap package (indigent bag) until Monday. He reported that he still could not take a shower because he did not have a towel, but that he rubbed himself with soap using his shirt. He reported that he took a shower when he returned to general population the following Wednesday.

Another youth, over age 18, on the RHU asked OCA staff to advocate for him to have a towel and hygiene products. OCA requested the materials from DOC staff, which led to a confrontation between a staff member and the youth over whether the youth had or had not already been offered a towel and soap. The matter escalated until the youth was shouting out his cell window and staff stated that the youth was "grand-standing" for OCA's benefit.

OCA has met with administration and staff on multiple previous occasions to emphasize youth's right to regular and adequate hygiene products, towels, and opportunities for showering. DOC staff have disputed that youth lack hygiene products or showering opportunities, with the most recent response from a DOC staff member on this matter received by OCA on June 10th, a few days prior to OCA's follow-up site visit:

Hygiene products, towels, shower shoes, and undergarments are available to the population upon request, and that includes inmates on CTQ status. Moving forward, to minimize confusion, and to ensure that inmates on CTQ status have toothpaste, toothbrush, deodorant, soap and towel available at all times, I have pre-set the CTQ cells with those items. Also, our property Officers have been reminded to ensure that CTQ bags are issued following a CTQ placement.

Chemical Agent Use

Review of DOC records indicates that there were eight (8 incidents) of chemical agent utilization facility-wide between March and July. There were at least four (4) minor youth who were subjected to chemical agent, three of whom have asthma.

⁶³ A few youth were placed on RHU for 1 or 2 days "pending investigation," and if the disciplinary concern is not substantiated, the youth is returned to general population.

⁶⁴ During COVID the DOC did not appear to suspend phone access, and only 1 youth was sanctioned with 30 days Loss of Mail.

DOC Response

DOC stated that following Confined to Quarters or Restrictive Housing sanctions, youth on Loss of Recreation status are “still allowed an hour out of cell time and have the ability to attend out of cell programming with the exception of those members of the population who pose an immediate threat of harm to themselves or others.” The OCA responds only to clarify that during the Period Under Review, no programming was offered.

The DOC stated that it re-examined cell conditions on the RHU unit following receipt of OCA’s draft reports. Staff determined that the cells were sanitary but did note stains on the walls. MYI recently re-painted the cells and staff continue to “stress cleaning and good hygiene to the population.”⁶⁵

Finally, the DOC states that “no practices at MYI meet the NCCHC definition of solitary confinement... [namely] the housing of an adult or juvenile with[out] meaningful contact with others and with access to few or no programs.” DOC states that minor youth whose movement is restricted (youth on CTQ) still have “meaningful contact with staff throughout the day and are able to leave their cells to attend programs and interact with other inmates. They also have access to appropriate mental health care.” The OCA disagrees with the DOC regarding this matter as data and available records have not supported these statements during any of OCA’s review periods. Please see OCA’s full report for more discussion on this point.

DOC also stated that members of the population at MYI are afforded access to commissary items that support hygiene and nutrition and recreation, and that indigent members are issued a free care package of hygiene products once per week and upon request. The DOC stated that during the pandemic all members of the population were issued extra hygiene products.

Visits/Family Contact

DOC Report to JJPOC

DOC reported to the JJPOC that minor youth at MYI and YCI were provided with two free phone calls on Saturdays and, as of mid-May, access to virtual visits upon application and request. Youth age 18 to 21 were provided the free phone calls but were not provided with virtual visits.

OCA site visits and data review—Findings

Youth had no access to in-person visits during OCA’s review period. In May, 2020, the DOC received a grant to begin video-conferencing for minor youth at MYI and their families. DOC reported that from May through Mid-July, twenty-two (22) youth participated in thirty-eight (38) video conferences conducted at MYI and YCI with approved contacts for youth. Youth reported

⁶⁵ While DOC contends that OCA has not raised concerns about cell conditions during our frequent site visits, OCA investigators respectfully disagree and have, over time, discussed the conditions of cells throughout the facility with numerous staff. Going forward, OCA will provide any urgent concerns in writing to the DOC administrator in charge of a facility to ensure effective communication.

accessing two free phone calls on Saturdays. Youth with money on their books made regular phone calls, sometimes daily, to family. Youth without money on their books did not have additional opportunities for phone calls.

Youth age 18 to 21 were also provided free phone calls on Saturdays, but were not provided video conferencing. Several of the older youth that OCA has spoken with do not have money on their books for phone calls.

OCA Outreach to Families—Parents Struggle With Financial Insecurity, Lack Communication with Facility.

OCA contacted twelve (12) families of minor youth to discuss caregivers' experiences and interactions with their incarcerated child and facility staff during the pandemic.

- Family members reported they did not hear from facility administration, operations staff or mental health treatment providers during the shut-down. A few family members reported that when school was in session they had contact with educational staff.
- Almost all of the families stated it was difficult financially to place money on their child's phone and commissary account. Some parents reported choosing between prioritizing commissary, which meant extra food for their child, or phone calls.
- Parents stated that their children rarely discuss what happens inside the facility and phone calls are typically spent discussing the family or events in the community.
- Several families expressed more recent hardships due to loss of income during COVID-19.
- One caregiver OCA attempted to contact had a message on her voice mail to her son telling him that she was out of money, and giving him a date when she would put money on his phone and commissary.

DOC Response

DOC stated that mental health staff make an effort at intake to contact a juvenile's parent or legal guardian to obtain collateral information, but that "it is not an adult correctional facility model to provide frequent mental health updates to parents."

Mental Health Programming

DOC Directives and Report/s to JJPOC.

On March 18, 2020, the DOC Director of Behavioral Health Services provided its staff the following service expectations via email. The expectations continued throughout OCA's review and were applicable to all DOC facilities.

- **All group programming is to be suspended.**
- **Routine "elective" individual outpatient psychotherapy for inmates with MH service needs score of 3 or lower shall be suspended, unless clinical need requires it to continue.**

- Inmates with a MH score of 4 and 5 shall continue to be seen on an individual basis.
- All infirmary, BOS [Behavior Observation Status] and PIC follow ups shall continue per policy.

DOC reported to OCA and to JJPOC in May 2020:

As the youth developmentally need more intensive contact than incarcerated adults, we did not suspend treatment of youth classified as MH3s. They are often seen on the unit at their cell or in the dayroom with both the clinician and the youth wearing face masks seated at different day room tables to maintain social distancing. Inmates with a MH score of 4 and 5 [MH-5 youth are maintained in the infirmary] shall continue to be seen on an individual basis and as identified in AD 8.5. This may occur in the dayroom or the mental health unit.

Although mental health tours are completed in accordance, and in excess of, the CDOC Administrative Directive 6.1 Tours and Inspections; these contacts are typically not documented in the electronic health record unless a clinically significant contact was made with an individual.⁶⁶ Tours have not been included in the clinical contact numbers requested on a bi-weekly basis by the Office of the Child Advocate. While group programming has been temporarily suspended, individual psychotherapy has continued throughout the current pandemic in addition to modified service provision named below.

⁶⁶ Emphasis added.



View from inside the cell door looking out youthful offender unit

OCA Records Request

OCA requested information from DOC administrators regarding all individual mental health contacts with youth between March 16th and June, including any information regarding where sessions took place (e.g., cell side, day room or medical office). The DOC responded by providing data regarding mental health contacts and stated that the number represented “a combination of brief encounters, individual sessions and psychiatric follow up.”⁶⁷ OCA requested copies of directives to DOC clinical staff regarding the provision of services during the shut-down.

OCA Records Review—Findings—Mental Health Treatment Not Adequate for Most Youth

OCA reviewed eighty-five (85) individual records of youth age 15 to 21 incarcerated at MYI during the shut-down who were classified by the DOC as a MH-3 or MH-4. OCA could find no documentation of mental health staff providing tele-health in the MYI individual records.⁶⁸

Records showed that youth received daily “tours” from mental health clinicians which consisted of staff visiting the units in fifteen minute increments of time and checking in with youth through their cell window. Administrative directives require staff to visualize youth, but if a staff member sees something concerning or a youth asks to speak with mental health staff, follow-up will occur.

⁶⁷ OCA Data request for mental health 1:1 contacts received on 6/30/2020 indicated different encounter types including: MH clinical record (Subjective: Objective: Assessment: Plan) outpatient contacts; MD clinical record (SOAP) contacts; MD initial evaluations; Brief Encounter’s; MH assessments; Suicide Risk Assessments; MH case management and treatment plans.

⁶⁸ OCA review of YCI records did have documentation of tele-health contact.

OCA found that notes of **Individual Sessions** also indicated that contact frequently took place through the cell-window, sometimes during the tours.

Records reviewed by OCA documented the cell-side check-ins as **Brief Encounters** or **SOAP notes** [Subjective: Objective: Assessment: Plan notes], even where the youth was noted to be sleeping or sitting on a bunk refusing to come to the cell door. SOAP notes are meant to reflect individual psychotherapy sessions.

OCA found that some youth were offered time out-of-cell to meet one-on-one with a clinician, though these opportunities were infrequent between March and June. One youth that OCA spoke with had met individually with his clinician in the day room, and he stated that these sessions were helpful to him. Where clinical visits took place appeared to be at the discretion of clinical staff and was not the subject of departmental directive. Youth and staff wore masks during in-person clinical encounters.

No unit-based or small group programming took place. Although clinical staff and counselors worked on-site and youth were permitted to congregate with each other in small groups on their hardware secure building wings, these groups were not structured to offer service delivery between March and July. It is not clear why. OCA's work on behalf of youth in congregate care served by other systems throughout the state reveal that youth in hospitals, residential treatment programs, private state-approved special education programs and juvenile detention facilities have all received some degree of in-person and small group service delivery or activities during the pandemic. OCA found that youth who were prescribed medication went to the medical unit for monthly appointments unless the facility was on lockdown or quarantine status.

During calls with OCA, youth expressed reluctance to confide in their clinicians during cell-side encounters. During an OCA site visit, one of the correction officers raised a concern that cell-side mental health visits constituted possible violations of confidentiality laws. OCA is concerned that cell-side mental health check-ins and sessions do not constitute adequate mental health care for youth who have significant treatment needs. There is minimal opportunity for youth to clinically engage and be reliably assessed and supported through their prison cell window. During this time in particular when children were not offered school or daily activities, the lack of adequate clinical engagement with most youth was alarming.

Example 1 -- Met with the IM [Inmate] cell side for MH-3 follow up. The inmate was observed sitting in his cell, did not come to the cell door to speak with this writer, denies any conflict with other inmates, reports appetite and sleep are stable. He reports doing push-ups to help alleviate stress. Inmate presents as immature, defiant and lazy, yet demeanor is pleasant.

Example 2 -- Met with the inmate cell side due to COVID-19. Inmate observed laying on his bunk watching TV; did not come to the door to speak with this writer. He denies acute [Mental Health] distress.

Example 3 -- Saw IM for MH-3 follow up. IM seen cell side. IM observed smiling. IM states he has been feeling anxious with everything that is going on. IM states he has been trying to stay positive, which helps him reduce his anxiety. Validated IM's feelings and concerns and encouraged to continue to think positively and utilize his coping skills.

Example 4-- Met with IM for MH3 services in [mental health] unit. IM presents as [alert and oriented to time person and place], good eye contact, mood/affect. IM has turned 18 years old and moved to age appropriate housing. IM reports adjusting adequately however able to acknowledge difference in recreation schedule. IM reports acclimating to being confined to cell more as previous unit afforded additional recreation opportunities. This CSW validated feelings and discussed various manners to occupy self constructively. Further discussed when school resumes will be out of his cell more M-F. IM reports continuing to come to terms with charges and ultimately sentence...This CSW highlighted IM's considerable progress made throughout the past year- both behaviorally as well as working through trauma which underlies the behavioral dyscontrol- hence stability. Continued to work with IM, specifically drawing connection between feelings and behaviors- since working through trauma in talk therapy, behavior **dx** stabilized.

DOC Response

DOC acknowledged that as an infection control measure, mental health programming was suspended. DOC also acknowledged that cell-side check-ins are not the best setting for comprehensive psychological or psychiatric treatment, but that “they do provide an opportunity for an inmate to access care and express concerns and for the clinician to assess any urgent or emergency concerns.”

Education

At the start of the COVID-19 shut-down, Governor Ned Lamont's Executive Orders regarding education expressly exempted USD-1, the school district for the DOC, from the directive to cancel in-person education (Executive Orders F., L., X and II). Notwithstanding those gubernatorial directives and exemptions, USD-I cancelled in-person classes in March.

DOC Report to JJPOC.

USD-I presented the following information to JJPOC and again in a letter to the OCA and the JJPOC leadership, received June 1, 2020.

USD #1 staff members continue to provide high quality and rigorous educational instruction and activities to students during these ever changing times. Maintaining connection to students and families

during these challenging times is integral to supporting the positive school communities that have been created and nurtured.

Students are receiving leveled and/or individualized work by their teachers in the core subject areas as well as social/emotional and transition lessons to include employment and post-secondary. Special education students are also receiving lessons from the special education teachers based on their IEP goals and objectives. In addition, ABE and HSP students are receiving Physical Education/Health lessons. Vocational students are concentrating on safety, theory, and mathematical application specific to their trades. Students who were enrolled in the Credit Diploma Programs before the COVID-19 crisis are currently working on subject matter to complete their term.

OCA Interviews with Youth.

Between March and June, youth reported to OCA that they received packets of work every couple of weeks from correction staff, slid under their cell doors, and most youth reported to OCA being unwilling or unable to do the work on their own. They reported that they did not meet with support staff to review or complete work. Youth frequently asked OCA when they would be able to return to school, stating that this was a high priority for them, in part because it was an opportunity to be out-of-cell for several hours a day.

OCA Site Visits June 5 and June 15—Youth Participation in Independent Study Very Low

Following the DOC's May 21st presentation to JJPOC regarding educational programming for incarcerated youth, OCA sought copies of all completed work during the shut-down from a sample of nine (9) minor youth as well as copies of each youth's most recent IEP. OCA was told by the USD-1 Superintendent that OCA's request would require "thousands of copies and months to fulfill,"⁶⁹ but that OCA could come personally to the facility to review records on site.

During a subsequent June 5th site visit, OCA discovered that most of the youth for whom records had been sought had not turned in any school work during the shut-down. School administration reported to OCA during the site visit that only 6 out of 47 minor youth in the facility had completed any work in the previous two and a half months (that work had only recently been collected prior to OCA's visit). The two youth whose packets OCA were provided during the site visit were clients of the Center for Children's Advocacy, a non-profit law firm that represents several youth confined at MYI and who had provided legal advocacy for youth during the shut-down.

OCA was told that youth received no synchronous learning or instructional calls with teachers between March 16 and June 15. Per administration, youth were instructed to send a note with a request to speak to an education staff member if they needed different work or help.⁷⁰ OCA's review of one unit's security logs from April 20 through June 15 revealed three (3) in person visits by educational staff between May 1 and June 15, and two (2) visits by administrators to that unit.

⁶⁹ Correspondence received from USD-1 on May 27, 2020.

⁷⁰ OCA outreached to the MYI teachers' union to meet. OCA's invitation was declined.

Administration said that these visits were conducted to assist with individual student's PPT preparation or intake and were not conducted for the purpose of instructional support.

Administrators acknowledged the poor student work completion rates during the shut-down between March and June. Barriers to student participation that were identified by school administration included: lack of regular in-person instruction, lack of virtual or phone contact for youth with support staff or teachers, lack of a digital platform to support virtual or synchronous learning, lack of school-based wi-fi and computers for teachers, and a lack of resources for incentive-based programming.

OCA Meeting with USD-I Administration—Youth Education Participation Data Not Shared With JJPOC during May Meeting

On June 11th, OCA teleconferenced with then-USD-I Superintendent⁷¹ to discuss the lack of student work completion and barriers to education at MYI. OCA asked why the almost complete lack of student participation and barriers to student engagement and instruction had not been disclosed to the JJPOC during the DOC's May presentation or in the DOC's June letter to OCA, and OCA was told that no one requested that information. The former Superintendent was firm in expressing that the district was doing more for youth than many public-school districts and that barriers to student participation were beyond her control.

While OCA appreciates the many challenges created by the COVID-19 pandemic, OCA is concerned that JJPOC meetings were convened for members to receive and respond to state agency reports regarding conditions for youth during the COVID-19 shut-down, and members did not receive material information from USD-1. Information regarding youth's complete lack of participation and progress and the cessation of other programming for older youth, as well as barriers to participation and programming should have been disclosed and discussed. OCA reported concerns about the inadequate educational program to the State Department of Education, requesting review and follow-up.

Changes post OCA site visits—Incentives to Support Youth Participation Instituted

After OCA's June 5th and June 15th site visits, additional staff efforts were made to incentivize student work completion. Following these efforts, the principal reported that twelve (12) more youth turned in work and the unit planned incentives for youth. DOC reported to OCA that incentives continued and were effective at engaging youth in greater numbers.

The Center for Children's Advocacy informed the OCA that it had shared written concerns with the Governor's office and the Attorney General's office about the inadequate provision of education services to their clients at MYI.

⁷¹ The Superintendent has since retired from the state service and an interim Superintendent is in place.

Summer School --No Return to In-Person Programming by U.S.D.-1

Following the SDE's issuance of guidance to school districts urging resumption of in-person instruction for high need students, including students with disabilities, beginning July 1, OCA requested information from USD-I regarding its plan for summer programming. The USD-I Superintendent responded that the SDE guidance was inapplicable to the district,⁷² and that it had no plan to resume in-person instruction during the summer. The Superintendent stated that she was awaiting additional guidance from SDE. The Superintendent did not address the Governor's previously issued Executive Orders which had exempted USD-1 from the cessation of in-person instruction.⁷³

Education for Students 18 to 21—Adult Education Suspended

On June 15th, OCA discussed with the MYI principal the educational opportunities for USD-1 students age 18 to 21. The principal informed OCA that the facility's Credit Diploma Program (CDP) had also been suspended due to limitations created by the shut-down and that they were not accepting any new youth into the program or providing credit-opportunities for currently enrolled students (approximately 30 students). The principal referenced SDE guidance regarding the CDP that mandated 48 hours of instruction per credit, with 12/48 hours having to consist of direct instruction delivered either in-person or through a virtual platform. As USD-I was not delivering direct instruction and had no access to a virtual platform, the CDP was suspended. No GED testing was offered at this time. Approximately 70 to 100 youth at MYI are enrolled in the GED program.

OCA recommended that USD-I develop a multidisciplinary equity and engagement working group, inclusive of participation from youth, families, educators and operations staff, to discuss strategies to support equitable education for youth. USD-I leadership was receptive to this recommendation.

DOC Response

The DOC stated that school was shut down as part of infection control protocols. The district had created work that could be performed remotely and distributed to students throughout the facility. Work packets were distributed in two week intervals in April and May and then weekly thereafter.

DOC acknowledged that "at first... return of work by students was indeed low," and therefore USD-I worked with the facility to incentivize work completion. USD-I stated that the return of work by minors "increased to a 77% completion rate," thereby comparing "favorably to participation rates in remote learning in schools in the community."

DOC also stated that students were offered the opportunity to meet with members of their education team through Zoom calls beginning in July. MYI and York now have plans to wire the facilities for Wi-Fi, which will help with remote capacity if that becomes necessary in the future.

⁷² USD-1 Superintendent stated that the District is a "year round" district and therefore would not resume programming until specific guidance was disseminated by SDE for the full reopening of schools.

⁷³ USD-2, the state school district responsible for educational service delivery to children in DCF facilities was also exempted from the public school closure. Neither state-run school district resumed in-person programming over the summer.

Education resumed full time in-person on September 8, 2020. With the resumption of in-person learning, students are now able to start new CDP terms as well.

Rehabilitation Programming

DOC Report to JJPOC.

DOC presented the following information to JJPOC, OCA and OPM in May, 2020 regarding the provision of rehabilitative programming at MYI:

All group programming has been suspended, however, some of the clinicians have been able to modify the group content on an individual basis and provided the youth [age 15 to 17] with handouts, assignments etc. to complete in their cell. For example, the staff facilitating “Circles” are handing out Circle assignments for the youth to complete since they have continued to express interest in the Circles program. The initial assignment included a check-in, a way to focus on values and the guidelines of the group, discussion questions, a “check-out” and a closing. April 22nd was the first day staff handed out these sheets and have collected all that have been completed to date. The circle was on coping, asking questions such as a value that is helping them get through their day, what is something they are doing to take care of themselves, what they miss about Circles and school, and what have they been doing to keep busy. The check-out was to do 5 push-ups and the closing was a quote. We also handed out a short, easy-to-read article about COVID-19 and the possibility of creating a vaccine, although this will take some time.

OCA Records Review—All Groups Cancelled. Some Youth Participated in Packet-based Programming.

OCA requested a complete set of records from MYI documenting youth’s participation in Circles and other packet-based rehabilitative programming between March 16 and July 1, 2020. MYI provided all completed packets to OCA on July 9, 2020. OCA found the following:

- There were six (6) Circles packets handed out during this time frame to minor youth: Social Distancing, Dealing with Boredom, Current Events, Hygiene and Sleep Hygiene.
- Nine (9) youth age 15 to 17, completed one or more Circles Packets.
- Circles is not offered to youth age 18 to 21.
- Addiction Services materials were reviewed, and twelve (12) youth age 15 to 21 participated in Smart Recovery. In April, documentation reflects that youth received packets and a booklet and were encouraged by their counselor to do as much as they could during this

break from programming. After April, 2020, the counselor noted multiple tours were conducted with youth that included cell-side check-ins.

OCA discussed with facility administrators the possibilities for smaller group programming, morning and afternoon sessions. OCA again notes a contrast between services offered to youth at MYI and youth in programs run by other state or community-based agencies. The Judicial Branch Court Support Services Division, for example, contracted with DOMUS to provide six weeks of in-person, small group summer enrichment activities to detained youth, and youth at Solnit also received small-group supports and services (albeit not in-person education) throughout the pandemic.

DOC Response

The DOC reported that staff made efforts to keep the population engaged in programming and resumed modified programming in August. With regard to OCA's comparison to CSSD's summer enrichment opportunity, DOC noted that, unlike MYI, detention is not an adult correctional institution.

Commissary and Reading Materials

In response to questions from OCA regarding youth's access to commissary products, DOC reported the following in correspondence between the agencies:

Members of the population that do not have money in their account, but do not fall under the indigent guidelines are also issued free care packages.

The care package consists of one (1) bar of soap, one (1) deodorant, one (1) bottle of shampoo, one (1) toothbrush, one (1) tube of toothpaste, and three (3) paper towels. Currently there are four (4) members of the population [15 – 21] that are considered indigent under departmental guidelines. That is approximately 1.73% of the population.

OCA data review, interviews and site visits—Not All Youth Access Commissary.

Based on OCA's review of data, as of August 2020, forty (40) youth in the facility had no money on their books and an additional forty-four (44) youth had less than ten dollars. In order to be declared "indigent," a youth must have less than five dollars for a period of ninety days.

Many youth, per staff and youth report, regardless of indigence, do not have regular money on their books. Lack of access to commissary can create significant issues for youth who are largely cell confined and may have little or nothing to do or lack the means to supplement their food intake. One 18 year old confined to the MYI re-entry unit reported to OCA that there had been no access to library books during the shut-down. OCA made a request on June 5th with Warden Molden for library carts to be placed on all units. During OCA's tour of the Restrictive Housing Unit, one youth asked OCA to advocate for him to have a book. He did not have anything in his cell. OCA requested a book from staff, who indicated he would get one for the youth.

All youth report to OCA that commissary is essential to mentally survive the prison experience. Youth without commissary due to lack of funds or loss of commissary sanctions have less to do in cell and, most importantly to some youth, less to eat. All youth described commissary as an essential food source and some expressed pity for youth who had no money. Some youth described sharing food and other items with others, which is a violation of prison protocols if for the purpose of bartering.

Youth and staff acknowledged that commissary in the prison is a currency that youth use to barter and get basic needs met for food, clothes, shoes and recreational items. All youth in the facility are provided a 9 p.m. snack.

OCA has recommended to DOC on multiple occasions, including during the pandemic, that they supplement or facilitate youth's access to commissary to address any unmet food needs. This has not occurred. DOC stated that it utilizes an outside nutritionist to determine the needs of the population and that "[e]ach meal is designed to meet or exceed nutritional standards." OCA has reached out to the consulting nutritionist and is discussing these matters further. School nutrition guidelines serve as the primary basis for menu planning at MYI, per the recommendation of the consulting nutritionist.

Quarantine and Covid-19 Testing

OCA requested information throughout the pandemic regarding infection control protocols at MYI and YCI, including information regarding testing of youth at admission and discharge, testing of staff, access to Personal Protective Equipment (PPE) and how concerns of youth exposure are managed. DOC sent weekly updates regarding COVID-19 testing to OCA and other stakeholders.

DOC Report.

DOC officials reported to OCA that from March to June, youth at MYI were not tested for COVID-19 upon admission or at discharge due to lack of tests and testing supplies. Infection control consisted of quarantining all youth upon admission or upon suspected exposure, having youth and staff wear masks when youth were out of cell, having youth regularly clean cells and units, shutting down all programming, and maintaining youth in their cells throughout much of the day. Though minor youth were permitted to socialize during out-of-cell time with other youth on their secure wings (typically 9 youth per wing) no structured group activities (rehabilitative, clinical or educational) were offered during this time period. Older youth experienced greater cell confinement than minors.

In response to concerns raised by OCA regarding the lack of regular testing, and the use of prolonged isolation to manage un-tested youth upon admission or after concern of exposure, DOC provided the following information, by letter, to OCA, OPM Secretary Melissa McCaw and Rep. Toni Walker, received June 1, 2020:

According to the Center for Disease Control (CDC) (see link below), signs and symptoms of COVID-19 may appear any time from 2 to 14 days after

exposure to the virus. The CDC also states that a negative COVID-19 test result does not exclude the possibility of COVID-19 and should not be used as the sole basis for treatment or patient management decisions. With these things in mind, out of an abundance of caution, CT DOC has put in place a 14-day quarantine period for individuals coming into our intake facilities from the community since we do not know what exposures such individuals may have had prior to their arrival. To be clear, if an individual was tested at intake and had a negative result, that person could subsequently test positive at any time during the 14-day incubation period. That said, we are planning to conduct mass testing at all DOC facilities, including MYI. Throughout DOC, all inmates and staff are provided with barrier facemasks, consistent with CDC guidelines. Specifically, they are each given several facemasks, which can be laundered. Inmates have also been provided with CDC-based information re COVID-19.

OCA site visits and records reviews--DOC relied extensively on cell confinement and a cessation of all programming to control infection in the facility.

During a June 5th site visit, OCA learned that all youth at MYI were scheduled to be COVID-tested on June 18th. In total, 290 youth age 15 to 21 were tested for COVID-19 between June 18th and mid-August. At some point after June 18th, facilities also began testing youth at admission. Youth were still quarantined for 14 days upon admission in addition to the testing.

Staff also sought testing on their own outside of the facility and were provided tests the week of June 18th. DOC reported to OCA that nine (9) staff and one (1) youth tested positive for COVID-19 between April and August.

During OCA site visits, youth and staff reported that youth on quarantine/ observation status were typically confined 23 hours per day. They retained their belongings but did not engage in recreational or socially-distanced activities. The period of 23 hours per day confinement was typically two weeks. Based on MYI's reporting, more than sixty (60) youth age 15 to 21 were placed on quarantine or observation status between April and August 20th. In July, OCA again expressed concerns to DOC administration regarding the reliance on prolonged cell confinement to manage infection control in the facility. DOC responded on July 13th, 2020:

The Deputy Wardens and I [Warden Molden] are currently reviewing the issues that were presented and in collaboration with CSSD⁷⁴ we are looking at

⁷⁴ OCA and other partners have had an ongoing dialogue with CSSD officials regarding the use of quarantine status and the lack of regular testing upon admission for incarcerated/detained youth. Current CSSD protocols for medical quarantine continue to rely on cell confinement for youth, but also include multiple opportunities throughout the day for out-of-cell time, an opportunity for exercise in the gym or outside (alone), opportunities for calls or virtual visits, and recreational materials such as DVD players, books, puzzles, cards and other materials.

areas we may be able to improve our current practices. Modifications will be made if feasible in the best interest of the children we serve and public safety. With that said this is a top priority and upon approval by our executive team the improvements will be implemented and forwarded for records. Thank you in advance for your continued collaboration.

DOC Response

DOC noted the shortage of tests and testing supplies which hampered the ability to test inmates upon admission and discharge in the first months of the pandemic. The agency stated that as of July, any youth being discharged or released to a halfway house or other sponsor had a COVID-19 test collected no less than seven (7) days prior to release or discharge, and inmates are tested upon admission to the facility or if they display symptoms of COVID-19. DOC stated that, regardless of testing, “new admits are placed in quarantine status for 14 days to be monitored for any symptoms during the incubation period.”

YCI

While OCA’s COVID-19 addendum focuses on boys at MYI, we continue to examine conditions for girls at YCI and maintain regular communication with youth and facility staff and clinicians. There were only two minor girls at YCI during OCA’s review and conditions for the girls remain very different than those for the boys at MYI.

The girls reported having twelve (12) video conferences with family and close contacts between May and July. They had regular contact with their clinicians and despite DOC behavioral health directives, girls participated in in-person Circles programming throughout the shut-down. YCI records reflect girls’ regular participation in structured programming. Like the boys, education for girls consisted solely of instructional packets. Staff and youth report that girls participated in the independent study. There were no reported disciplinary incidents for the two girls that resulted in a CTQ placement.

For youth age 18 to 21 at YCI, there were nine (9) punitive segregation placements from March through July, all seven (7) days in length. Youth in segregation came out of cell for one hour per day. Per facility report, four of the youth age 18 to 21 also received Loss of Recreation (10 days) and Loss of Commissary (2 to 30 days). There was one report of chemical agent utilization.

Mental health supports for youth age 18 to 21 were similar to those delivered at MYI. OCA records review revealed that older youth classified as MH-3 and 4 generally received cell-side check-ins with some contact in common areas outside cells. Youth at YCI also had access to tele-health.

YCI tested nineteen (19) females age 15 to 21 in June and no one tested positive for COVID-19. Facility administrators stated that they do test youth upon admission. YCI reported three (3) positive tests for staff.

YCI Mental Health Encounters: Examples

Example 1

Age at Time: 17 Years & 5 Months Old

Reason for Encounter: MH 3 Follow Up

Face to Face Contact?: Yes

Interview Location: Other

Subjective: Interview was completed with telehealth with inmate's consent due to COVID-19. Pt understands that this procedure was voluntary and had an option to have a face to face. All rules of confidentiality apply with the limits of good clinical practice.

No specific complaints.

Example 2

Girl's circle

Engaged patients in discussion about daily life stressors and topics impacting their daily lives. Patients reviewed a positive affirmation and explored skills for building happiness. Patients then engaged in an activity related to strength based and creative thinking

Example 3

Age at Time: 20 Years Old

Reason for Encounter: Crisis

Face to Face Contact: Yes

Interview Location: Room

Subjective: Pt seen per crisis, told officer she felt like hurting herself, "I told them I want to hurt myself so I could talk to crisis" "I don't have a book, I thought [STAFF] would be here so I can get a book"

Spoke at length with pt about utilizing crisis for serious MH matters and not for books, pt stated "What the hell do I have to do around here to get a book then?" was at hospital yesterday after court d/t saying similar Suicidal statements, d/c from hospital and cleared after returning to YCI

Objective Findings: irritable but cooperative, tp-goal oriented i.e. obtaining a book, record of making suicidal statements for secondary gain

Assessment Notes: making SI statements for secondary gain

Plan

BOS [Behavioral Observation Status] initiated, contacted [staff] office and spoke with STAFF to relate that patient will be going on BOS in RHU.⁷⁵

Example 4

Age at Time: 19 Years Old

Reason for Encounter: Other

Explain: DURING UNIT TOUR

⁷⁵ OCA's review of the related incident report to the mental health note above indicated that youth was placed on RHU due to attempting to use mental health services for secondary gain. She was held briefly on that status before being released to general population.

Face to Face Contact: Yes

Interview Location: Cell Side

Objective Findings: Client was seen cell-side during CSW unit tour. Client reported feeling "bored", and CSW inquired what the client does to occupy the time. Client reports that she enjoys reading, and discussed the current book that she is reading. Based on the level of thought in the conversation and relatability/insight to the story, CSW offered a journal for the client to use to further reflect/process. Client was excited and accepting of this. Client denies any acute MH symptoms, and denies any safety concerns. Client is aware of how to access MH services if needed.

PART THREE: RECOMMENDATIONS

OCA's 2019 Recommendations and New Requirements Contained in Conn. Gen. Stat. § 46b-133k

1. The OCA adopts by reference all previously issued recommendations from its report issued January, 2019, regarding conditions of confinement for incarcerated youth, found on the web:
<https://portal.ct.gov/media/OCA/V4/ConditionsofConfinementfinalJanuary2019pdf.pdf>, including a specific recommendation to end placement of minor youth in the adult prison system.
2. The JJPOC should ensure receipt of reports required by § 46b-133k (beginning August 2020) regarding all instances where chemical agents and prone restraints are used in juvenile and correctional facilities with incarcerated youth, instances of suicidal and self-harming behaviors; the uses of force against, and imposing physical isolation on youth; and on all identified educational and mental health concerns.
3. Consistent with the requirements of § 46b-133k, the JJPOC should review the required implementation of independent ombudsperson services in all facilities where juveniles are incarcerated, and ask for quarterly ombudsperson reports.

Increase Programming for Youth during Remainder of COVID-19

1. The facilities should ensure access to small group instruction with health precautions consistent with SDE guidelines for school.
2. The facilities should develop educational opportunities in the evening and during the day.
3. The state should provide internet access and computers to support youth education and programming.
4. The DOC plan for in-person or shut down education (contingency) should include access to digital platforms, small group programming, staff support and communication, and weekly

strategy meetings inclusive of operations, youth, families and education staff that address equity, access, and participation.

5. Ensure that youth have access to responsible adults to help process what they are hearing in the news, what it means for them, their fear for their families and relationships with correction staff.
6. The state should ensure, in consultation with experts in pediatric infectious disease, that state agencies managing youth in congregate care across agencies have appropriate standards for infection control that maximize youth's access to developmentally appropriate living conditions while ensuring public health precautions are in place. JJPOC should provide oversight for this effort as it pertains to incarcerated youth.
7. Provide all youth age 15 to 21 with free phone calls and opportunity for virtual visits. Virtual visits should be maintained to ensure all youth can contact family.
8. Provide youth with creative opportunities for staff-supported engagement and learning: book clubs, art contests, mural development, spelling bees/learning quizzes with meaningful rewards: extra commissary money, pizza night, game night, etc.

Oversight: JJPOC Should Review Standards of Service for Incarcerated Youth

1. DOC reports to the JJPOC should include information regarding youth age 15 to 21 at both MYI and YCI and *Conn. Gen. Stat. § 46b-133k* should be amended to ensure reporting requirements regarding conditions of confinement extend to youth through age 21.
2. DOC and SDE should jointly report to JJPOC regarding the provision of educational and vocational programming for youth age 15 to 21 in USD-I. SDE and USD-1 should jointly develop a framework for intake, standardized assessment and academic progress monitoring for incarcerated students, and regularly report information regarding youth's special education and related service needs, grade level performance, and credit acquisition.
3. The JJPOC should review nutritional and exercise standards for youth age 15 to 21 in DOC facilities, in consultation with pediatric and other health professionals, and ensure that appropriate protocols and standards in placed.
4. The JJPOC members should tour the housing units at DOC facilities that confine youth age 15 to 21, including Confined to Quarters Cells, Restrictive Housing Unit cells, and Security Risk Group/Administrative Segregation cells to ensure that all members are familiar with the infrastructure of confinement and programming for youth age 15-21, and that members are able to make determinations and recommendations regarding the adequacy of housing conditions for youth.

5. JJPOC should review OCA findings regarding cell confinement and segregation and make recommendations for changes to state law needed to ensure that no youth age 15 to 21 is held in prolonged isolation or in an unclean environment, and that mental health staff are not used to endorse such confinement. Standards for cell confinement should be developed consistent with those articulated in the Federal First Step Act and/or mental health/developmental best practices.
6. JJPOC should review OCA findings regarding the adequacy of intake procedures, and directives regarding mental health service delivery to incarcerated youth, and recommend standards for assessment and service delivery going forward that are consistent with national standards for youth in confinement and research regarding youth's developmental and treatment needs and need for gender-specific programming and procedures. The Legislature should work with agency/s to ensure adequate mental health and programming resources are available to meet the needs of the youth population.
7. JJPOC should review practices and policies regarding youth-engagement, including relevant directives and the framework for staff training and supervision.
8. JJPOC should review, in consultation with children's health (including mental health) experts, DOC practices associated with the use of chemical agent, isolation, and in-cell restraints for youth age 15 to 21. DOC should immediately cease the practice of responding to an individual's suicidal or self-injurious behavior with chemical agent deployment and isolation.
9. JJPOC should ensure that strip search practices for youth age 15 to 21 are reviewed by the agency, in consultation with mental health experts, to ensure that facility security can be maintained without undue harm to children and youth. Findings and recommendations regarding strip searches should be presented to the JJPOC. For reference please see these recommendations regarding the reduction and elimination of strip searches for minor youth authored by the Juvenile Law Center.⁷⁶

⁷⁶ https://jlc.org/sites/default/files/publication_pdfs/AddressingTrauma-EliminatingStripSearch.pdf