

Connecticut Juvenile Training School
Advisory Board
Meeting Minutes, 8/25/14

Present: Karl Alston, Deputy Director, CSSD; Abby Anderson, Executive Director, Connecticut Juvenile Justice Alliance; Debra Bond, CJTS Clinical Director; Francis Carino, Supervising Assistant State's Attorney; James Connolly, Esq., Director of Juvenile Post Conviction and Reentry Unit; John DiPilla, CJTS Assistant Superintendent; Robert Francis, RYASAP/Catalyst for Community Change; Kristy Ramsey, CJTS Assistant Superintendent; William Rosenbeck, CJTS Superintendent; Christine Whidden, Director of Security, DOC

Invited Guests: David Bixby, OCA; Barbara Claire, DCF; Sarah Eagan, OCA; Joette Katz, DCF; Mickey Kramer, OCA; Jeanne Leblanc, ACLU; Heather Panciera, OCA; Agata Raszczyk-Lawska, CT Legal Services; Michael Schultz, DCF; Sandy Staub, ACLU; Michael Williams, DCF

Establishing a Quorum

With the board members present, a quorum was established.

Attorney Connolly welcomed and thanked all for coming on such short notice. It was clarified that only the special agenda item will be discussed at this meeting. Board member, Christine Whidden, Director of Security with the Department of Corrections joined the meeting and introductions took place.

Attorney Connolly called this special meeting to address long standing concerns with CJTS and Pueblo Girls Program. Child Advocate Sarah Eagan was asked to speak more specifically about her findings and concerns.

OCA Review of CJTS

Atty. Eagan began by stating that she sent communication dated August 13 to Deputy Commissioner Williams outlining categories of questions (copy of the letter was available) and recently met with him where further discussions took place. Deputy Commissioner Williams informed the group that a response is being prepared and is forthcoming.

Atty. Eagan wanted to present those concerns to the Advisory Board members and to have a larger discussion with this group to see where we go from here. What led to the August 13th letter was a collective review by OCA staff which is summarized in the "Data Contained in July 23 Statement" of which copies were available. OCA staff reviewed data from mid April to late July, which is essentially a 13 week period. During that time

they saw about 100 incidents of assaultive behavior, which included assaults on staff and youth to youth. The review also revealed that 200 incidents were physical. To get a sense of aggressive behavior OCA staff ran CONDOIT and LINK reports and found running some reports difficult. Oftentimes the face sheet might say restraint was for 10 minutes where it might actually be 3 minutes. This is why the OCA public statement indicated 200 incidents. In the weeks that followed, OCA staff tried to better understand the use of restraints by reading through narratives of incidents and reviewing videos. They found some instances of duplications and some were under-inclusive. Because of concerns of inaccuracies, they felt it best to downgrade the number of incidents to 100 and to send the 8/13 letter outlining their concerns and ask questions. Additionally, they raised concerns around the use of prone restraints on residents with respiratory issues, use of handcuffs, the documentation, the overall data collection, and what is looked at and what is reported as the data sets do not always match. There is also a concern around video tapes and how are they used in assessments, in response strategies and when are handheld cameras used. In addition, how does Careline determine which reports they accept and do not accept, as there was an instance where they did not accept the initial report but when it was called in the second time, it was accepted. It is important to point out that OCA's looking into the concerns raised came from various agencies. All of the above led the need to bring this data and concerns to the Advisory Board and determine what the next steps will be.

Attorney Carino asked what would be considered to be a reasonable number of incidents for a facility such as CJTS. Atty. Eagan stated it is challenging as CJTS uses ACA standards which do not compare to the PBS standards that some other states use.

Mr. Rosenbeck stated that he took a look at the April, May, June and July data to get a more detailed perspective of the interventions by breaking them out to holds, supine, prone and assists as well as how many residents went without any type of interventions. What we learned is that 9 residents accounted for 54 interventions and the rest of the residents are compliant. We had 48 interventions, which are relatively close to OCA numbers, but when we looked further if two boys are fighting and staff breaks it up it is considered a restraint. Mechanical restraints are used to move residents across campus. We spend a lot of time trying to balance safety and a therapeutic milieu. We want to have no interventions, however, taking our higher census, the types of residents we have and the amount of time they spend with each other in an open campus into consideration, those numbers are pretty good. Following an intervention staff enters information into CONDOIT. Mr. DiPilla reviews all video tapes of interventions on the boys side and Kristy Ramsey reviews the girls program and they then provide feedback to their staff such as what went well, what did not and at times revisions to clinical plans are made. Once data is entered into CONDOIT and if it was entered inaccurately we are

not able to go back and make changes, thereby making CONDOIT information misleading. It is important to point out that the girls program had no interventions thus far in August and only a couple in July.

Atty. Eagan also pointed out that the Emergency Safety Intervention (ESI) data from Central Office is different from CJTS data. Mr. Rosenbeck clarified that ESI report may reflect multiple restraints where CJTS counts it as one if it went from prone to supine. This may be a definitional issue. In addition, an ESI is completed for every hands-on intervention. Ms. Anderson asked Mr. Alston if CSSD has a way of comparing themselves to national data collected by PBS and RBA whereby they set their goal at 90% of kids go with no restraints. He acknowledged that one resident can throw the numbers off. Mr. Rosenbeck stated that CJTS is unique in that the residents move on campus together and oftentimes they settle their issues from the outside at CJTS. OCA looked at ages and the larger percentage of confined youth is 14 - 16 year olds and a smaller percentage of youth account for the greater percentage of interventions.

Mr. Francis asked whether OCA was able to look at the histories of the committed youth. Atty. Eagan stated that they looked at a handful of girls and learned that they have extremely difficult histories with significant needs. They come in dually committed with significant history of assaultive behavior, trauma, hard to manage, significant abuse and neglect and mental health. It was important to point out that many of the incidents occur on second shift and on the weekends raising the question of what clinical support is immediately available. Atty. Eagan would want to see clinical support with expertise in the moment when a resident is struggling. Dr. Bond clarified that a clinician is on call 24 hours a day 7-days a week. Additionally, clinicians are on grounds until 6:00 p.m. during the week. Staff follow a protocol when there is a need for a clinician, the youth is placed on observation until the clinician arrives and the clinician on the boy's side is alerted which girl may be struggling. Every girl has a behavioral observation plan that can be modified as needed. Clinicians see the girls daily and are familiar with them. The response time varies off shifts, as that depends on where they live. Direct care staff is trained in girls circle and their role is vital to the work. Many have master's degrees and were selected because of their experience. We also have a child psychologist specifically for the girls unit who meets with the girls regularly and we make sure the psychologist from the boys' side is familiar with the girls. It is important to keep in mind that sometimes the clinician is not the best person for that moment with a girls who is struggling as she may have a better relationship with a line staff. Mr. Rosenbeck stated that staff is the key to our success and our core value is to train staff through experience on a daily basis by reviewing incidents and learning from them to make them better and most effective. Abby Anderson questioned management's ability to address staff who are union members. Mr. Rosenbeck acknowledged that it is more difficult than in the

private sector. We do spend a lot of time discussing concerns with Human Resources and we are not afraid of those conversations as difficult as they may be. We dismissed three staff over the last few months and it is very critical that staff is thoroughly assessed in their first six months of employment while they are still in their working test period. Kristy Ramsey stated that we did ask staff to share their comments and concerns by 9/5/14 about what is working and what is not. Residents are in Ms. Ramsey's office regularly where they share their concerns as well. Atty. Eagan indicated that she is interested in this review and how CJTS plans to systemize success. Additionally, Atty. Eagan shared concerns around a staff member who was seen in video using inappropriate techniques in April, but was not terminated until July. Ms. Ramsey stated that staff used very poor judgment, was sent through retraining was brought back to the unit and when the staff was observed to be verbally abusive was terminated.

Systemizing our success, collecting feedback, using and exploring data with others and using benchmarks is echoed in this meeting's discussions. Atty. Connolly stated that it is difficult to see how CJTS is doing without being able to compare data. Mr. Rosenbeck stated that Liz D'Amico is reviewing this and will report at the next meeting as was discussed in the July Advisory Board meeting.

Abby Anderson stated that the Georgetown report does not have an infrastructure for collecting data and asked whether CJTS has all the human technology to achieve what we need to report out on. Mr. Rosenbeck stated that we know we have limitations in CONDOIT but we are looking to create a system that links and tracks everything in DCF, but that will not be implemented for a couple of years. Commissioner Katz informed the group that DCF is near finalizing a contract, which will include the juvenile justice system where everything will be consolidated. In addition, she offered to have Susan Smith, Director of Quality Assurance talk about the data collection we do to bring us up to speed where we are as an agency.

Atty. Eagan suggested that that DCF include not just QA data but clinical and staff reports. Look at the type of staffing that is used at Journey House and detention compared to CJTS. What does a clinical staffing look like particularly at Pueblo. The need to examine clinical or other expertise on the unit and the need to really examine the effectiveness of QA and data utilization framework. Mickey Kramer pointed out that Pueblo was not going to use staff from the boy's side and we have. It was clarified that seven staff transferred to the Pueblo Unit and the rest were new hires and if there are safety needs at the girls program staff from the boys' side will go up to assist. Ms. Kramer further suggested that CJTS use this opportunity to flip the paradigm and think about changing it to a clinically driven staffing where YSO's are used as support rather than the other way around.

Mr. Francis stated that when the Pueblo Girls Program was planned, a wraparound system to keep them out of these places has not been developed and treatment plans are based on what is available. There is a movement in doing away with incarceration and CT is a leader. He also stated that we need to revisit the independent ombudsman position. Atty. Connolly stated that as CJTS struggles with transparency he too would like the agency to reconsider the PBS, the independent ombudsman and recommends an independent consultant do a program review. Commissioner Katz informed the group that she has asked Linda Dixon, Barbara Claire and Susan Smith along with CJTS administration to do a review of the program to see if we can improve on the practice with a report to be completed by this fall.

A concern raised by one of the invited guests is if there is a medical alert with history of trauma, this information should be in the treatment plan. In addition, should men be in a position to restrain a traumatized girls and held to the ground. Staff should be able to quickly identify who has medical conditions in their plans to ensure kids who have no prone restraints not be prone restrained. As this is a major area of concern, the medical records need to be reviewed.

Next Meeting Date

The board will meet on September 16. They will join the student council meeting with a Board meeting following. Atty. Connolly will confirm with Tracey Cottarell and will confirm the time and date with all. Meeting adjourned at 5:05 p.m.

Minutes respectfully submitted by Irene Yanaros