

JJPOC- August 21, 2015

The Department of Children and Families (DCF) is pleased to have this opportunity to talk with you today about our ongoing progress to improve our JJ services, and specifically, the progress we have made in transforming our residential treatment programs at CJTS and Pueblo for youth committed to DCF after being adjudicated delinquent.

Of the approximately 10,000 youth who go through Juvenile Court in a given year, only about 3 percent get committed to the Department due to the inability of those youth to benefit from community-based services. Each has on average been given 3-5 opportunities through community services to reform their behaviors. Of the 300 committed delinquents, approximately 75 are treated at CJTS/Pueblo. In other words, .75% of all youth who go through the juvenile court system end up in our most secure facility. We also fund approximately 19 residential settings in communities for the youth who do not require a secure setting. And we are putting the finishing touches on a plan with a very well respected provider to open an 8 bed unit to provide treatment including drug treatment services to some of our CJTS youth.

I offer that as context for today's hearing, which will focus primarily on our response to a report that we commissioned from Dr. Robert Kinscherff of the National Center for Mental Health and Juvenile Justice to inform our ongoing efforts at CJTS and Pueblo, as we work to transition our program to a more therapeutic model to better meet the holistic needs of the youth we serve at those facilities. We recognize that these youth are in need of clinically-informed, therapeutic programming that addresses their long histories of trauma, unmet MH needs, and often abuse and neglect. We agree with advocates that behavioral health treatment is imperative for the success of the youths in our programs. CJTS offers a menu of individual and group clinical services that are the envy of many other jurisdictions and certainly exceed anything found in young adult and adult systems.

Without a doubt, CJTS has moved from the traditionally correctional culture prevailing at the facility's inception to a more rehabilitative and relational culture. That should not suggest however, that there do not exist inherent tensions as between our overarching goals. For example, as Dr. Kinscherff astutely pointed out, there is a tension on the one hand between developing operations intended to support relatively short-term stabilization return for most youth to community-based services and on the other hand developing operations for longer term rehabilitative efforts to address trauma, significant behavioral health needs, educational and/or vocational needs, and life-skill preparation. Still other anxieties reflect concerns or disagreements about operational issues such as how best to embed behavioral health services, respond to misconduct by youth (including restraint and seclusion), prevent suicide and self-injury, support trauma-informed and strengths based approaches, investigate complaints or reports of misconduct by facility staff, and prepare youth for transition to other programs and services.

Deep organizational change takes time and persistence. And Dr. Kinscherff, who was part of an evaluation team in 2004, expressly remarked how differently CJTS functions now as compared to some 12 years ago. The transformation remains ongoing. And with his help I believe that we can succeed because, in reality, youth developmentally and socially require both age-appropriate accountability for their conduct and to have their needs met--especially needs which left unmet increase the likelihood of continued delinquent misconduct with its negative impacts upon themselves, their families and their communities. The challenge is to craft and implement an approach that can (a) provide accountability without becoming punitive; (b) effectively meet unmet educational, behavioral health, and other

developmentally critical needs; and (c) communicate to youth that they are valued and can be welcomed as meaningful positive contributors to our communities.

I'd like to quote from Dr. Kinscherff's report because I think he said it best:

"This challenge raises fundamental questions: Given the high behavioral health needs and extensive histories of exposure to adversity/trauma of many youth admitted to CJTS and Pueblo Unit, should these facilities be fundamentally operating as sophisticated trauma-informed behavioral health facilities but with particular expertise in managing defiant and aggressive behavior? Alternatively, should they operate fundamentally as juvenile justice facilities but with particular expertise in addressing complicated behavioral health needs and the developmental impact of exposure to adversity and trauma? Or, given the actual extensive behavioral histories and significant, complex needs of the youth who enter CJTS or Pueblo Unit, are these distinctions without a difference if effective supports, interventions and planning are to be in place for them?"

I think we at DCF are clear that we have an obligation to respond to our high need high risk youth in a manner that consistently supports developmentally appropriate decision-making and accountability. Our challenge and our goal must be to ensure that the youth get what they need to be able to avoid the criminal behaviors that brought them into care. These challenges, however, are not unique. Secure facilities are an important component of the JJ system, and no jurisdiction in the country has a JJ system without secure facilities. Indeed, some of the states that have been touted as models have many such facilities and higher rates of youth being committed (see NY and Missouri)

The key is to have as few youth as necessary spending as little time as necessary in them. We have fewer JJ youth per capita in congregate settings than most states. In 2014, the average daily census was 129. As of today, there are 65 boys and 5 girls. Our reduction in confined youth is especially noteworthy in light of "raise the age". I am pleased to report that, despite that implementation, the census at CJTS has never been as low as it currently stands, demonstrating our commitment to serving youth in the community whenever possible. This significant drop in the numbers is due largely to Superintendent Rosenbeck's implemental of the length of stay protocol suggested by our friends at Georgetown and the change in protocol for readmission by our JJ social workers. The age of the youth as you no doubt predicted is significantly older-roughly 80% of the youth are 16 and above. Despite the evolution of CJTS from a facility built to house 250 youth to one that is less than a 1/3 in size, we recognize the work still ahead and embrace the recommendations by Dr. Kinscherff that will further advance improvements that already have made Connecticut a national leader in reforms. Progress remains ahead, as evidenced by Dr. Kinscherff's report, and our Action Plan developed in response to that report. The guidance and recommendations from this report have provided important insights that will enable DCF to adopt sound policies and practice as we move forward with our reform agenda.

Some of our future progress, as with past reforms, will be done through collaborations with other partners and are always interested in learning from JJ partners, locally and nationally:

Steady outreach to the Annie E. Casey Foundation and Georgetown's Center for Juvenile Justice Reform has provided us with a national perspective by experts in the field who have commended our history of reforms, acknowledged the good work of DCF and afforded us opportunity and guidance to further improve. We also have an advisory board that meets monthly, and includes an impressive roster of members from state agencies – CSSD, OCPD, OCSA, and other JJ stakeholders, including reps from Juvenile Justice Alliance, AFCAM, and attorneys who practice regularly in state and federal court. They

were included in Dr. Kinscherff's report because of their experience and independence and will play an instrumental role in overseeing and advising the Department on our implementation of our Action Plan.

You have copies of that plan to read and consider. The guidance and recommendations from this report have provided important insights that will enable DCF to adopt sound policies and practice as we move forward with our reform agenda. There are several people here to address their implementation.

Finally, I hope that there will also be an opportunity for Dr. Linda Dixon to present in more detail her work with Georgetown and our pilot program with the Judicial Branch to implement a Crossover Youth Practice Model that will better address the needs of children who experience abuse, neglect and trauma, and end up in Connecticut's JJ system. Without question, too many (approximately 20 percent) of the youths who are committed as delinquents also are or were committed as abused/neglected. It is our belief that efforts to improve permanency for children in foster care and to improve education and other opportunities for all youths in care will reduce involvement in the juvenile justice system.

But it is not just the 70 plus youth in DCF's secure facilities who require and deserve attention. We need to be chocking off the pipeline much earlier. As recently reported, 40,000 students were given out of school suspensions last year. That's 40,000-and a disproportionate number of them are black and Hispanic.

That disproportionality continues in the juvenile justice system, and although law enforcement and judicial decisions all precede any involvement of the Department and CJTS, we embrace the opportunity to have an honest and full examination and discussion of these questions of racial justice. DCF has established an agency-wide racial justice initiative to engage in these discussions and inform decisions we make that can have a positive impact as we strive to achieve greater racial equity for the children and families we serve.

In closing, I will offer that DCF remains deeply committed to improving outcomes for all children we serve. We recognize the important role we play in helping youth successfully transition from the juvenile justice system back to their communities.