

***JJPOC Meeting***  
***October 15<sup>th</sup>, 2020***  
***Zoom (Online)***

# Opening Remarks

- Roll Call
- Meeting facilitation
  - Meeting is being recorded
  - Remain “muted” on Zoom, unless speaking
  - Refrain from interrupting with comments or questions until each presenter is finished speaking
  - Use the “Chat” and “Hand Raising” feature for any questions or comments so TYJI can help monitor and facilitate the meeting

# Opening Remarks

- Handout- OJJDP Cooperative Agreement Summaries
- JJPOC Cross-Agency Data-Sharing Workgroup
  - **Thank you** Eleanor Michael, Assistant Director, Criminal Justice Policy and Planning Division, Office of Policy and Management

# Agenda

- Acceptance of Minutes of JJPOC
  - September 2020
- Presentation on PA 19-187 Reporting Requirements for Use of Chemical Agents and Prone Restraints by Department of Corrections and Court Support Services Division
- Presentation on Waterbury Public Schools by Office of the Child Advocate

# PA 19-187

*Sec. 4. (NEW) (Effective July 1, 2020) Not later than August 1, 2020, and monthly thereafter, the Commissioner of Correction and the executive director of the Court Support Services Division of the Judicial Department shall report to the Juvenile Justice Policy and Oversight Committee established pursuant to section 46b-121n of the general statutes, as amended by this act, each instance, if any, of use of chemical agents or prone restraints on any person ages seventeen years of age or younger detained in any facility operated or overseen by said commissioner or executive director.*

# Manson Youth Institution PA 19-187 Update

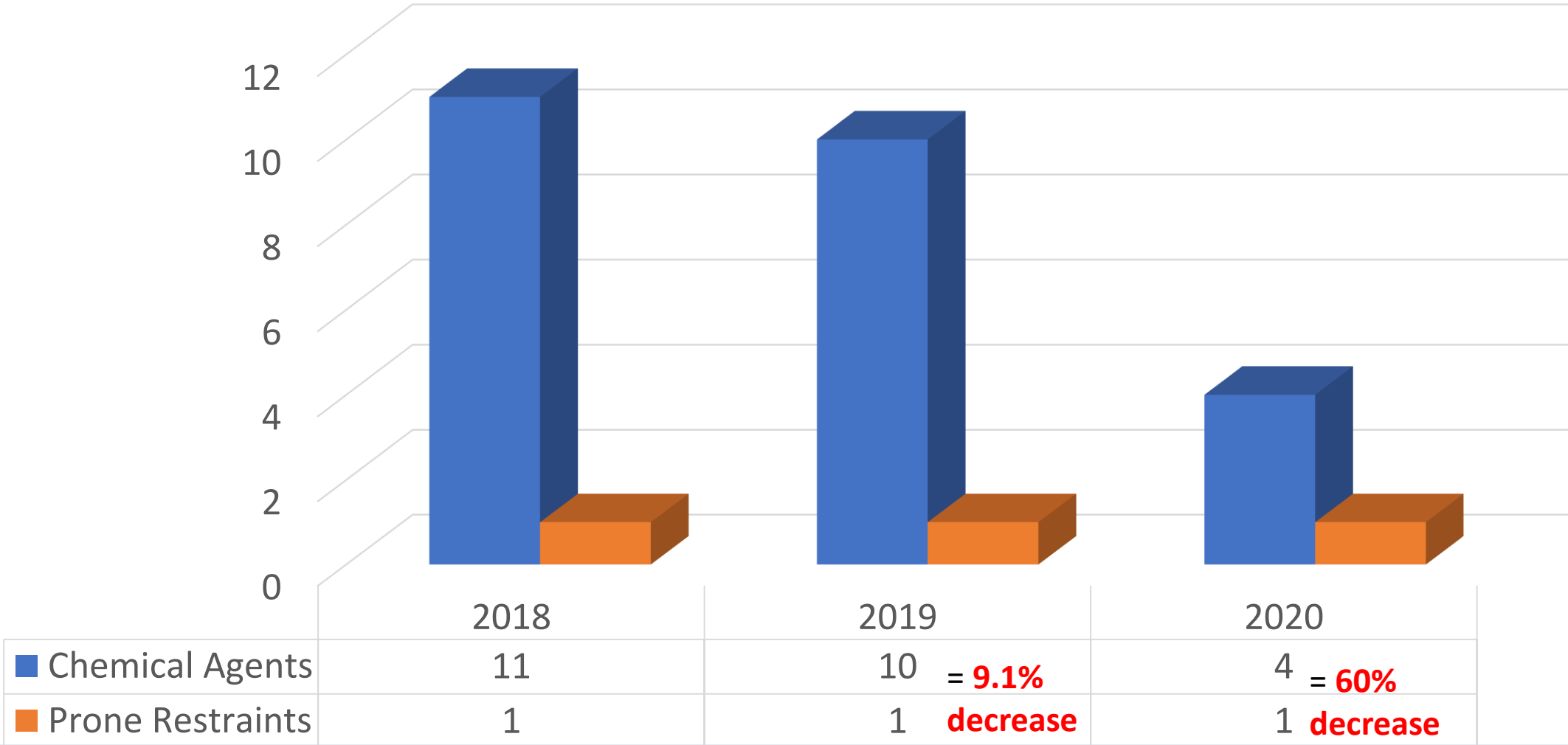


## Utilization of Chemical Agent and Prone Restraints

- When and why do we utilize Chemical Agent and or Prone Restraints?

# Juvenile Justice Policy Oversight Committee - October 15, 2020 - Warden Derrick Molden

CT DOC Incidents of males under 18 years old with chemical agents or prone restraints  
CY2018: 31 offenders, CY2019: 24 offenders, CY2020: 8 offenders Report Date - 10/1/2020



# Age and Racial Breakdown

	Chemical Agents			Prone Restraints		
	2018	2019	2020	2018	2019	2020
<b>POPULATION</b>	31	24	8	1	1	1
<b>RACE</b>						
White	4	2	0			
Black	9	16	8	1		1
Hispanic	18	6	0		1	
<b>AGE</b>						
15	0	2	0			
16	13	6	2			
17	18	16	6	1	1	1
<b>INCIDENTS</b>	(Chart)					
Chemical Agents	11	10	4			
Prone Restraints	1	1	1			
	2018	2019	2020	2018	2019	2020
January			1			
February		2				1
March	1					
April	2		1			
May	3	2		1		
June	1	1	1			
July	2					
August			1		1	
September		1				
October	1	2				
November	1	2				
December						





# JBCSSD

## Prone Holds and Chemical Agents in Juvenile Detention Center

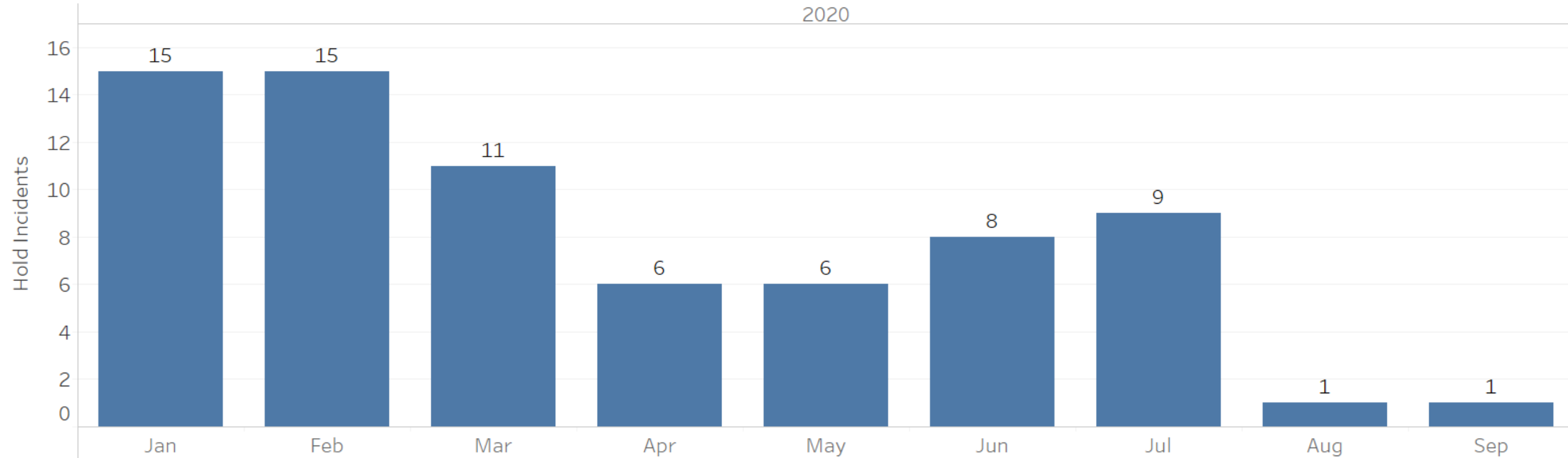
Pursuant to P.A. 19-187



# Prone Holds and Chemical Agents in Juvenile Detention Centers

Pursuant to Public Act 19-187

## Holds by Month



## Holds by Facility

Facility	2020								
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Bridge...	7	11	11	5	6	8	9	1	1
Hartfo..	8	4		1					

## Holds by Population Group

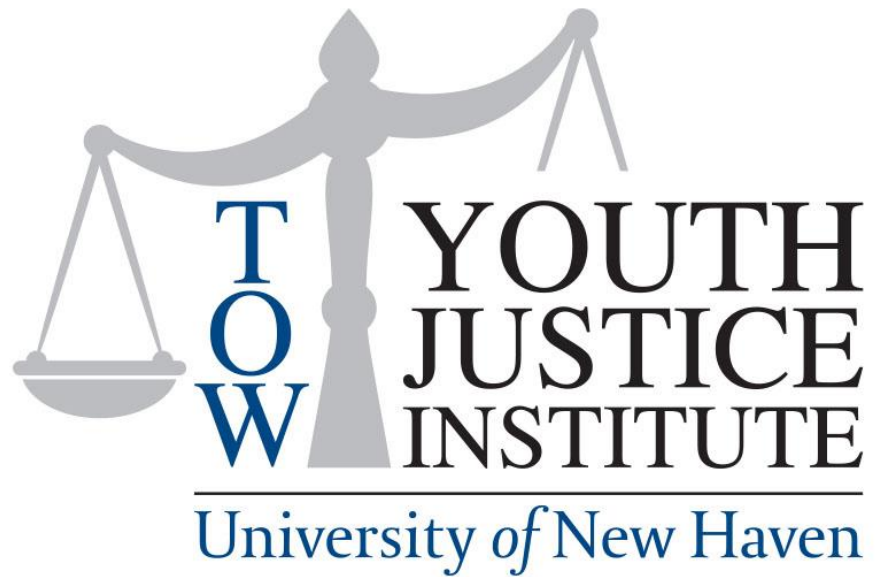
Population Group	Number	% of Total
Pre-Dispositi..	59	81.94%
REGIONS	13	18.06%

## Holds by Race/Ethnicity

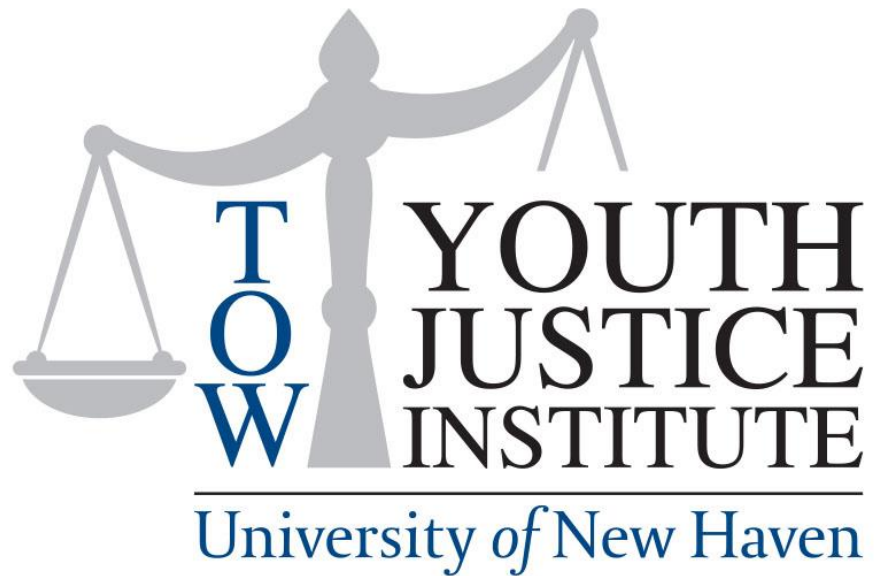
Race/Ethnicity	Number	% of Total
Black Non-Hispanic	49	68.06%
Hispanic	20	27.78%
White Non-Hispanic	3	4.17%

## Average Daily Population

Race/Ethnicity	Number	% of Total
Black	30.60	54.22%
Hispanic/Latino	18.85	33.40%
Other	1.07	1.90%
White	6.88	12.19%



***Questions?***



## Report on 911 Calls and Arrests in Waterbury PreK through Grade 8 Schools

*Sarah Eagan, Office of the Child Advocate*

# Police Incident Report-- Waterbury

Officer DISPATCHED to school regarding a complaint of a student with mental illness issues. Upon my arrival, I spoke with the complainant who is the principal. PRINCIPAL said that an 8 year old student was out of control, refusing to listen to staff and that he had been kicking and hitting, refusing to calm down. She said that he suffers from ADHD and takes medication. She said that he was disrupting his entire class and he was taken to her office. She said that she had notified CHILD'S father, but that FATHER was not at home ... this officer attempted to speak with CHILD, but he was whimpering, crying, moaning and sobbing, curled up in a ball and would not calm down. There were no injuries to anyone. Ambulance personnel responded here to the scene and later transported CHILD to HOSPITAL for evaluation.

# Beginning the Investigation— Complaints to OCA



- Calls about young children with disabilities and police responses
- Calls about school based arrests
- Historic concerns
- OCA provided individual advocacy support to children and families

# Methodology

- Review of data from District, CHDI, SDE, DCF, Waterbury Police
- Examination of national reports, research regarding police first response in mental health crises
- Interviews with state and local agencies, community providers.
- Post Report Follow Up: Meet with family/community advocates, SDE, Waterbury Public Schools, Waterbury Mayor, community providers. Corrective action work in progress.

# OCA Investigation-- Findings

- September 2018 through March 2019, approximately 200 calls to police from Waterbury K-5 and Pre-K through Grade 8 schools as a result of a child's behavior.
- Race/Ethnicity data in police reports not comprehensive. (Listed as Black/White/Unknown).
- Where race is identified, Black students are disproportionately represented in the number of students who are the subject of the call (67/198) and the number of students arrested (14/36).



# OCA Findings– Incident Types and Police Responses



- Police Call Types as documented by police reports: Most often were Mental Illness/Psych, Medical Assist or Suicide Attempt.
- Police functioning as mental health/behavioral health first responders.
- Incidents Described in Police Reports–dysregulation, suicidality, fighting with peers, and physical aggression towards educators and other adults in school.
- 86 incidents led to children being brought to local emergency department/s.

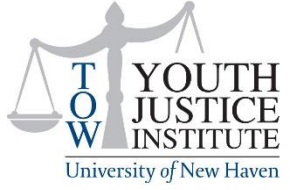
# OCA Report-- Findings



# Findings: Majority of reports involved children age 8, 9 and 10 years old.

- 9 year-old lost a point in class, swung headphones around room and almost hit staff. Brought to another room designed for escalated children. Began biting his arm and was being restrained by staff when officer arrived. Kicking and screaming in restraint.
- 9 year old hit another student, two began fighting. Police called. 9 year old handcuffed by police. Brought to hospital for evaluation. Suspended from school.
- 9 year old. Asked classmates for knife, saying he wanted to stab the lunch lady. Arrested and charged with Breach of Peace and Threatening.
- 8 year old. Overheard by teacher threatening to kill a classmate. Student said he didn't mean to say kill, said he was talking about a Spiderman villain.
- 10 year old. A classmate told teacher that child had threatened to kill her. Child then told teacher he wanted to kill himself when he was asked about the incident. Student was angry that classmate had turned off his computer.

# OCA Findings: Many young children act out frustration and despair at school.



- More than 40 of the police reports documented children self-harming or threatening to self-harm— head banging, tying things around their necks, stating that they wanted to die.
- Most of these children were under the age of 10.
- Some of these children were handcuffed by police during the crisis response for “their own safety and the safety of others.”

# Police Incident Report

Officer was dispatched to SCHOOL in regards to a suicidal attempt complaint. Upon arrival, I met with the complainants, the school principal and the special education teacher. TEACHER stated one of her students was being uncooperative in class and he was not following directions. TEACHER told child many times to stop acting this way, and he became agitated, by yelling and waving his arms around aggressively. CHILD stated he was going to go home and write a suicide note, and he was not going to come back to school because he was going to kill himself. TEACHER stated CHILD began slapping himself in the face repeatedly when police were called for assistance. I then spoke with CHILD. CHILD was crying in the corner of the classroom and he would not answer any questions. AMR Ambulance EMTs were on scene and placed CHILD into an ambulance without incident. I spoke with CHILD'S mother and made her aware of the incident. MOTHER stated she was leaving work and would respond to HOSPITAL.

# OCA Report-- Findings

- No elementary schools had dedicated/embedded clinical supports.
- Reports to police made by administrators, teachers/special education staff.
- Police do not respond to crisis calls as part of a comprehensive mental health response team. They respond alone.
- Half of schools call 911 more than 211.

# Reports Frequently Involved Children with Disabilities

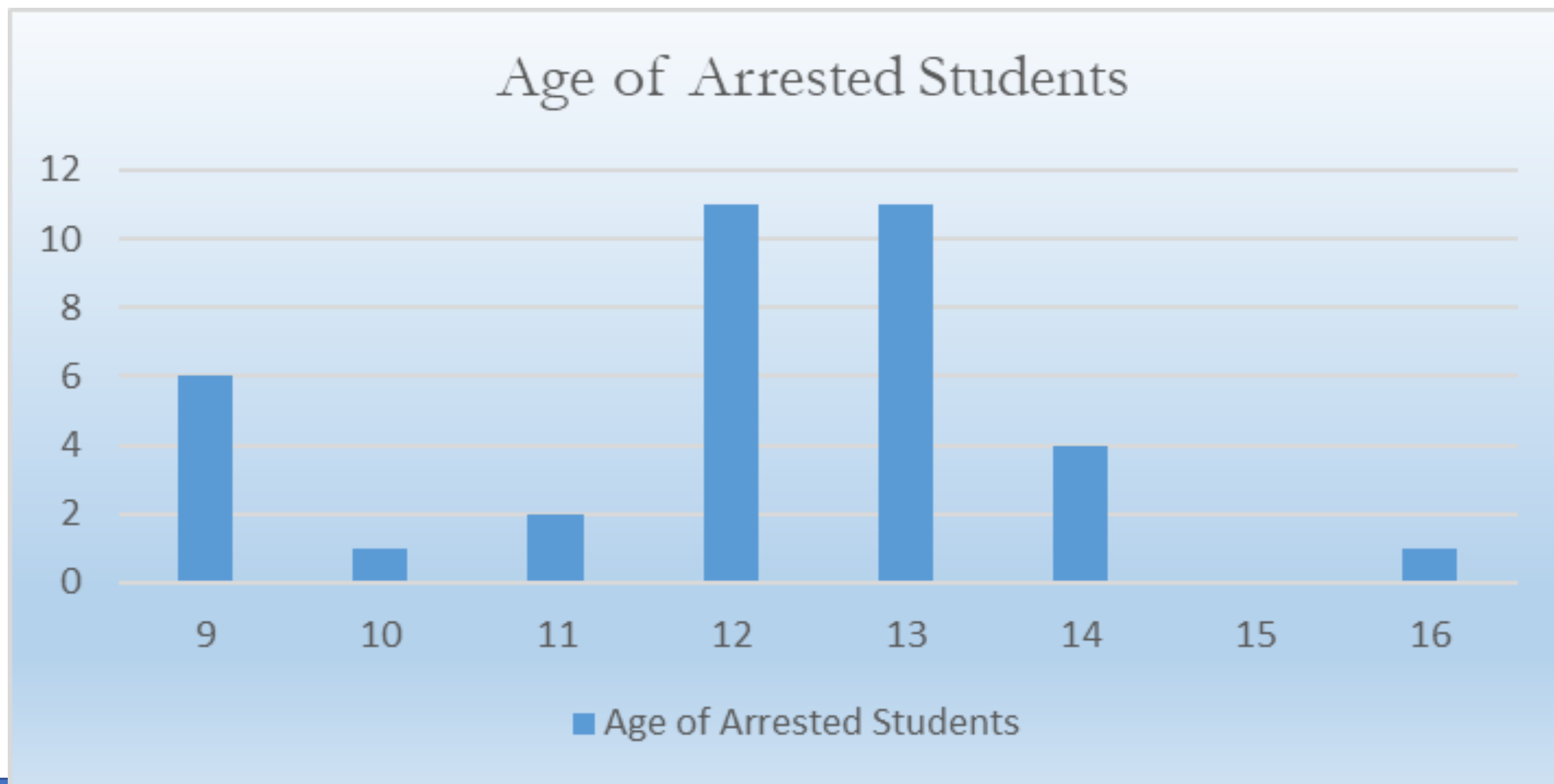
- Most reports identified the student as a child known to have a disability.
- A few children were the subject of several reports
- The children with the most reports were identified in police records as children with Autism.

# Police Incident Report

Officer dispatched to SCHOOL on a mentally ill person complaint. Upon arrival to the school, this Officer was able to hear a student screaming all the way outside. ... As I entered the classroom, I saw a female student, 8 years old CHILD, being restrained by school staff because they were stopping her from hurting herself and others. As soon as they let CHILD loose, she began to scratch her wrist with a [sic] nails. When her teacher attempted to stop CHILD from scratching herself, CHILD attempted to scratch TEACHER with her nails. Due to CHILD'S assaulting and self-injury behavior, I immediately placed her in handcuffs, in an attempt to stop her from injuring herself or others [Handcuffs later removed]. As soon as I placed CHILD in cuffs, she immediately calmed herself down. I spoke to teacher, who stated that during class, CHILD was misbehaving, so she decided to take away the recess time. When CHILD found out that she had lost recess, she became very agitated and combative. She then began to slam her head on a table and then grabbed a pencil to stab herself. When CHILD heard TEACHER telling me about the pencil incident, CHILD stated "because I lose my recess, so I don't want to live anymore." Based on the statements and from what I observed, I believe CHILD to be a danger to herself and others and in immediate need of medical evaluation. [Ambulance called.] At HOSPITAL I met with CHILD's MOTHER. ... MOTHER stated that CHILD is Autistic.



# OCA Findings: Arrests



# Findings. School-based Arrests.

- 18 percent of police calls from the PreK- Grade 8 schools resulted in a student arrest.
- N = 36.
- Median age of child arrested was 12.
- Nine (9) children age 11 and younger were arrested.
- All 36 arrests were for Misdemeanor charges. Processing includes handcuffing students and bringing them to police department.
- Charges included Third Degree Assault, Breach of Peace, Disorderly Conduct, Threatening, Harassment, Trespass, Criminal Mischief, Reckless Endangerment, and Sexual Assault 4<sup>th</sup>.

# Findings: School Suspensions

- Schools with the highest number of police calls also had some of the highest numbers of student suspensions.
- Two schools have embedded special education programs for children with behavioral disorders.
- Notably, these two schools had some of the highest numbers of police calls and suspensions combined, totaling more than 370 police responses and suspensions for the school year.
- There were over 1300 school suspensions for the 20 schools examined.
- One student was arrested for coming to school when they were on suspension (trespass).

# OCA Reports: Our Takeaways

- Trauma Exposure and unmet learning and special education needs.
- Looks at what happens in school. Students with autism, students with trauma, students with identified learning disabilities. What are the curricular and staff supports.
- Look at what happens in community. Can child and family receive more support (housing, food, treatment, recreational).
- Look at what works! Investment in prevention services and wrap-around supports.
- Look at what it all costs. Examine costs associated with reliance on police, ambulances and emergency departments versus cost of supports for children, parents, and teachers.

# OCA Recommendations

- Education/Special Education Audit/Public. What are the learning supports for teachers and students? ITS ALL ABOUT PROGRAMMING: Staff support, training, curriculum, and data. All children can learn.
- Transparent and independent examination of embedded special education and alternative programs. Getting labeled a “behavior problem” is often a life sentence! (FYI, lots of boys at MYI all know each-other from their alternative schools). Who gets funneled into these programs?
- Charge a legislative committee or entity (such as JJPOC) with examination of the efficacy of prevention services, school-based reforms and public-private partnerships that support high need children and their families. Make recommendations for interagency funding to scale up what works (e.g., home visiting supports, Child First, ECCP, CBITS/Bounce Back, SBDI, Wraparound).

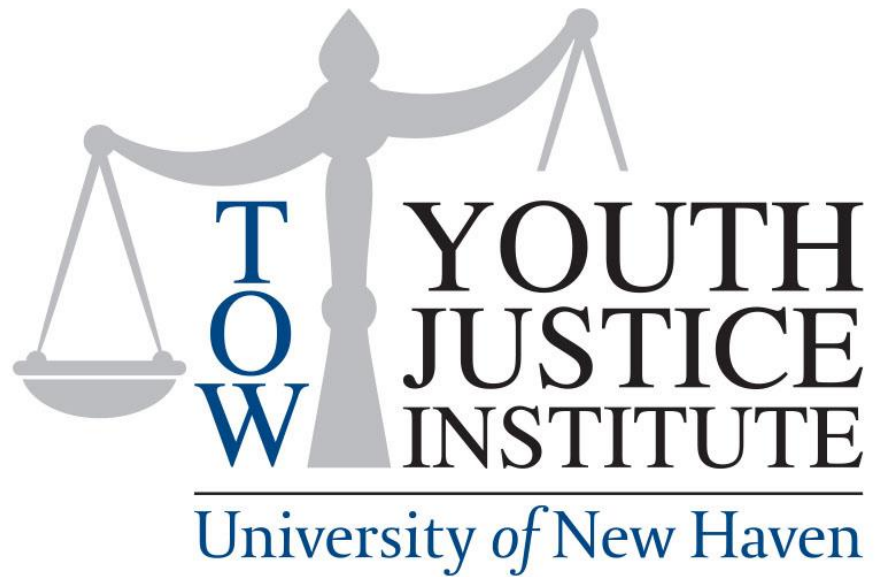
# OCA Recommendations

- Raise the minimum age of juvenile court jurisdiction to 12.
- Increase transparency and accountability for districts' utilization of police: collect 911/211 call data, disaggregated by age, race and disability status and, preferably, disability/educational classification.
- Prohibit school suspension in elementary school, tied to provision needed education and therapeutic resources.
- Revise requirements for municipal MOUs regarding mobile crisis response.
- Invest in SDE compliance staff. Assess capacity of state agency to conduct IDEA compliance reviews and enforcement of turnaround and correction action plans.
- State Board of Education: Develop and publish Equity Dashboard

# OCA Recommendations

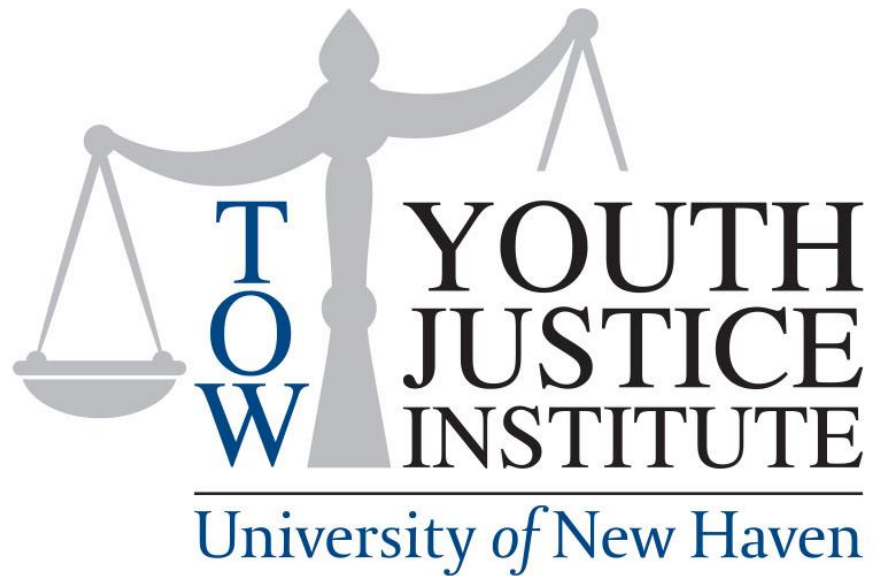
Finally. We can (and should) look at schools and we can look at police and mental health response, but ...

If we are not also looking at how to invest in the foundation that all children need: housing, food, child care, early education, prosocial opportunities, parental support and relationships, we are missing the biggest opportunities and needs there are. The goal can't be solely to respond more capably to children's despair and grief. The goal is to prevent childhood despair in the first place.



***Questions?***





***Next JJPOC Meeting  
November 19<sup>th</sup>, 2020***