



JJPOC Meeting Minutes

October 19, 2023
2:00-3:30PM
LOB – 300 Capitol Avenue Hartford, Room 1E
Virtual Option Available

Attendance:

Angel Quiros	Hector Glynn	Stacy Schulman	TYJI Staff
Amy Marracino	Jillian Gilchrest	Sarah Eagan	Bill Carbone
Anthony Nolan	John Frassinelli	Sharmese Walcott	Brittany LaMarr
Betty Ann MacDonald	John A. Kissel	Talitha Coggins	Donna Pfrommer
Christina Quaranta	Lisa Sementilli	Tais Ericson	Erika Nowakowski
Dawne Westbrook	Macklin Roman	Thea Montanez	Hunter Clark
Derrick M. Gordon	Martha Stone	Veron Beaulieu	Joshua Levin
Erika Bromley	Marc Pelka		Jehziel Miralles
Gary Roberge	Robyn Porter		Paul Klee
			Shelby Henderson

Welcome and Introductions

Undersecretary Marc Pelka welcomed everyone to the meeting and stated that Representative Toni Walker is unable to attend the meeting today. Representative Nolan and Senator Winfield welcomed everyone to the meeting as well.

Acceptance of JJPOC Meeting Minutes

Undersecretary Marc Pelka noted that there was an incorrect inclusion of the words “not correct” next to the word “attendance” at the top of the September 2023 JJPOC meeting minutes. Undersecretary Marc Pelka asked that when the meeting minutes are motioned for approval, that the words “not correct” be removed from the finalized minutes. The motion was moved, seconded and passed.

Overview of Meeting

Erika Nowakowski of the Tow Youth Justice Institute introduced the overview of the meeting including: reminding the committee about using the QR code for attendance keeping for JJPOC members or designees only; JJPOC legislative recommendations will be presented to members in November for a vote to take place in December; and a presentation by Development Services Group, Inc. (DSG) on the State of Connecticut Judicial Branch Court Support Services Division (JBCSSD) about the Juvenile Justice Process and Outcome Evaluation (JJPOE).



JBCSSD Regions Juvenile Justice Process and Outcome Evaluations

The Development Services Group, Inc. introduced themselves: Deborah Koetzle, Ph.D.; Robert Kinscherff, Ph.D., J.D.; Andrew J. Myer, Ph.D.; Elizabeth Spinney, MPP.

DSG began working on the JJPOE three years ago and throughout this time analyzed 81 unique measurements on procurement and processes within the REGIONS programs, looked into recidivism data for youth in REGIONS and compared this data to youth on probation and community supervision and provided a 200-page report on the findings of the JJPOE. The goal of this presentation was to provide meaningful recommendations to the JJPOC.

The purpose of the JJPOE was to evaluate the post-adjudicatory juvenile justice process that was established to implement Public Act 18-31. 81 metrics were measured that related to (a) the Court Clinic, (b) Residential Treatment, and (c) Reentry and Probation. Throughout the process, DSG engaged 200 individuals in interviews, focus groups, and conversations. These individuals include: JBCSSD administrators, clinical coordinators, judges, attorney, probation officers, residential program staff, youth, family members, and more. 7 residential treatment programs, 4 courthouses, and 3 community-based programs were visited. DSG reviewed policies and procedures, audit reports, youth files, data from the Contractor Data Collection System (CDCS) and Case Management Information System (CMIS) and met routinely with administrators and leadership from JBCSSD.

Main Court Clinic Findings

DSG was tasked with reviewing the effectiveness of the: Clinical Coordinator role, Current Continuous Quality Improvement (CQI) process, Forensic Formulation Model, and the utility of the Court Clinic Data.

It was overwhelmingly agreed upon that the clinical coordinators were available to assist Court personnel. During the implementation of the system, there was some concern about the clinical coordinator role but as time went on, the role became more clearly defined. The role of the clinical coordinator is to create service memos. This includes: the analysis of risk, needs, protective factors, strengths of child, and recommendations of services for the child. It was found that the clinical coordinator role adds intrinsic value to the juvenile justice process.

While assessing the effectiveness of the CQI process, the audit tool was found to align well with JBCSSD policy and procedure 6.116. Additionally, clinical coordinator training was found to be comprehensive, substantive and congruent with their overall role. The trainings that were created through the CQI process sufficiently met the Court Clinic's needs.

The Forensic Formulation Model, which is an evidence-based tool that assesses risks, needs, strengths, protective factors, and placement resources was found to be useful and valid. The data obtained by it does a sufficient job in showcasing a wide range of information to the judge for decision-making. The Forensic Formulation Model consistently met its goal of



analyzing five factors of information that is used to determine youth's recommended level of security. These factors include: (a) history of violence, (b) risk for future violence, (c) past treatment compliance/progress, (d) current amenability to treatment, and (e) AWOL risk. There was disagreement surrounding the best method of factoring in gun charges pertaining to public safety. This was partly due to the risk tools not singling out gun possession as a factor to be included. DSG speculates that this is due to the researchers believing that simply owning a gun was not enough to include it in the violent crime category. Since the start of the new requirements put forth by Public Act 18-31, there have been significant improvements in how service memos incorporate collateral information.

When measuring the utility of Court Clinic Data, it was found that clinical coordinators enter information on multiple measures into CMIS and that CMIS are often adjusted to be in-line with what is seen in the field. There is a strong consensus that clinical coordinators collecting data have a positive relationship with presenting information to the courts and that court clinic managers meet with stakeholders to present an analysis of the data.

Overall, when assessing the effectiveness of the Clinical Coordinator role, CQI process, Forensic Formulation Model, and the utility of the Court Clinic Data, it was considered both by the people who produce the report and the personnel who rely on these reports as a robust and valuable system that generates a strong work product.

Main Residential Treatment Findings

The Main Residential Treatment Findings covered (a) the admission and treatment plan development, (b) treatment approach, and (c) discharge planning.

The admission and treatment plan development for REGIONS was found to be a quality process that was implemented as intended. Almost 100% of the cases have intake screenings completed at or before arrival to the facility. It was noted that there was a high rate of agreement with the policies and procedures set by REGIONS. Additionally, it was found that they are taking the information that is gathered at court clinic process and incorporating it into the admissions process.

The treatment approach utilized by REGIONS implemented high-quality youth engagement strategies. Weekly team meetings and the multidisciplinary team (MDT) approach were found to be valued, useful, and effective. Youth, parents and guardians, probation officers, and attorneys were regularly participating in the monthly integrated treatment plan (ITP) meetings. Dialectical Behavior Therapy (DBT) is the primary treatment approach and the implementation of it improved over the course of the process evaluation. Many mental health predictors were used to target high risk youth. These include: anxiety, depression, suicidal ideation, and trauma. Substance abuse was not focused on by REGIONS during the time of the evaluation, which has since changed.



The staffing structure of REGIONS was also assessed by DSG. It was found that most programs have appropriate staffing structures although private facilities face greater challenges relating to turnover. The educational needs of the youth were challenging to meet. The education staff are dedicated and it was found that they do a sufficient job, especially pertaining to credit recovery. Vocational opportunities and trainings were widely available to youth and REGIONS emphasized the importance of youth engagement in these activities. There was no disparate treatment found based on race, ethnicity, or gender and youth and staff both experience the residential programs as being fair.

The MDT approach was considered a very clear strength of the REGIONS program. REGIONS emphasize the importance of tailoring programs to the individual youth. The average length of stay for youth in the program was approximately 4 months. Prior to youth being discharged, 97% were connected to schools, 69% were connected to vocational services or trainings, and approximately 16% had already obtained a job.

Residential treatment recommendations include: incorporating criminogenic needs into the treatment plan; treatment goals should be SMART (specific, measurable, achievable, relevant, and timebound); youth should be taught skills on how to cope with situations in their home environments; DBT delivery should be standardized; role play should be emphasized; more training should be offered for residential and non-residential staff and family; and a committee should be formed to discuss data collection.

Since the start of DSG's evaluation, JBCSSD has implemented the following changes: increased contracted staff salaries; added family support specialist positions; increased focus on substance use needs; improved implementation of DBT; implemented a quality assurance program for the START:AV; improved vocational opportunities; developed objective behavioral indicators to determine readiness for discharge.

Main Re-entry and Probation Findings

Overall, it was found that many resources are already in place to support youth who are leaving REGIONS facilities. This support has increased overtime with more Reintegration Mentors being used in the communities. Additional services have been put in place such as the credible messenger program and numerous educational supports. Most youth who are assigned reintegration mentors and probation officers remain connected to them throughout their probation period. It was found that youth struggled staying at school for the entirety of their probation period and that it was difficult for youth to remain with jobs that they were connected to prior to being discharged.

Recommendations put forth were primarily around improving communication between partners. Additionally, it was recommended to enhance the support for older youth by increasing access to job readiness programs that specifically target justice system-involved youths and housing and to improve data collection processes.



Progress has already been made towards these recommendations due to this evaluation being conducted over a 3-year period. Reintegration mentors provide vocation, employment, and prosocial support in the community. They are involved with you from the start of the admissions process and continue working with the youth for up to 12 months after they have returned to the community. There has been an improvement with communication amongst partners; DCF Juvenile Justice Education Unit pupil service specialists, reintegration mentors, and juvenile probation officers work together to help sustain school engagement and success. Further development of vocational opportunities for youth has been ongoing. There are new contracts for credible messengers and data collection related to school attendance and engagement have been improved.

Outcome Evaluations

A sample was used to look at the impact on recidivism. 170 cases from 2018-2021 were examined with 57.6% of the cases involving Black youth. 37.6% of the cases involved White youth, and 4.7% were unknown. The age range of this sample was 13-18 with the majority of cases falling in the 15-17 age range. 85.3% of the cases involved Males and 14.7% involved Females. Risk was also assessed within this sample; 37.1% of youth fell into the Tier IV risk category and 48.8% fell into the Tier V category.

77.1% of REGIONS youth had a new arrest within 1 year and 88.2% had a new arrest within 2 years. 50% of REGIONS youth had a new detention stay within 1 year and 52.9% had a new detention stay within 2 years. While these numbers are high, they do align with national data for youth within the same risk tier categories.

Coarsened exact matching (CEM) was used to match REGIONS youth with similar groups of probation youth. 115 REGIONS youth and 279 probation youth were brought into the sample. There were no differences in gender, race, or ethnicity between the groups. Females were found to be 53% less likely to receive a new arrest than Males. As youth got older, they became less likely to receive a new arrest. REGIONS youth were found to be significantly more likely to be arrested 1 to 2 years after release than probation youth. However, it is noted that REGIONS take in older and riskier youth by design, skewing these results between REGIONS and probation youth.

There were some notable limitations of this study: (a) this study took place during COVID and DSG is still in the process of figuring out if this impact can be measured; (b) outcome studies such as this sample are able to demonstrate the presence or absence of an impact but cannot explain why the impact does or does not occur; (c) REGIONS is a relatively young program and as a result, data are missing.

Protocol for Order to Detain

Presentation by Judicial Branch CSSD has been postponed to the next meeting.



| University of New Haven

HENRY C. LEE COLLEGE OF
CRIMINAL JUSTICE AND FORENSIC SCIENCES



Next Meeting:

Hybrid Model Option (In-person and available over Zoom)

November 16, 2023

2:00-3:30PM