Department Action Steps Underway At Boys And Girls Secure Juvenile Program Following National Expert Report On Need To Reduce Restraint And Seclusion And Improve Trauma-Informed Care Banning Prone Restraints, Phasing Out Mechanical Restraints, Expanded Clinical Coverage And Clinical Involvement In Crisis Interventions And Prevention Among Comprehensive Changes

HARTFORD – The Department of Children and Families (DCF) has begun implementing action steps for the Connecticut Juvenile Training School, including the Pueblo Girls Unit, that end prone restraints and phase out mechanical restraints, and also require clinical staffing on second shift and clinical counseling during the course of any seclusion. The action steps already are underway and follow a report by Dr. Robert Kinscherff, a national expert in juvenile justice and mental health, that found a number of critical areas for improvement, including more effective crisis management and trauma-informed clinical treatment, reducing the use of restraint and seclusion, strengthening supervision and establishing a more effective quality improvement process and better use of data. The report by Dr. Kinscherff, of the National Center for Mental Health and Juvenile Justice, was echoed in many of the issues raised by the Office of the Child Advocate in its report issued last week.

DCF Commissioner Joette Katz said the Kinscherff report is useful because it makes recommendations that build on strengths that exist at CJTS/Pueblo, including significant clinical resourcing and educational and other programming that other secure juvenile justice facilities nationally cannot offer. Commissioner Katz said the Child Advocate report reinforces the critical need to make changes to improve responses to these youth, so many of whom have experienced traumas that contribute to the behaviors that led a juvenile court to order intensive services in a secure setting.

“Our staff want to improve how they provide care and treatment for these youth, so these action steps are welcome changes to improve clinical treatment and avoid the crisis interventions that detract from the therapeutic environment the youth require,” Commissioner Katz said. “As Dr. Kinscherff makes clear, we have taken strides toward establishing a rehabilitative and therapeutic model to helping these youths, but we also must do better to treat the trauma that drives the difficult behaviors for some of the youth.”

The action steps, which have already begun implementation, include dozens of changes that correspond to issues identified in the expert
Reducing/preventing the need for and use of restraint and seclusion

- Eliminating the use of prone (face down) restraints;
- Eliminating the use of mechanical restraints over the next six months except for when a youth is being transported across campus;
- Developing individual case plans that focus on ways to avoid restraint and seclusion;
- Ensuring a clinical presence during every restraint to document that a youth in fact is a danger to self or others;
- Requiring clinical counseling sessions during the period when a youth is in seclusion;
- Clinical approval and documentation that seclusion is necessary to prevent imminent harm to self or others, which will be re-assessed hourly and document specific behaviors that demonstrate ongoing necessity;
- Eliminating seclusions that last more than four hours, and if it remains necessary due to danger to self or others then the youth must receive a medical evaluation; and
- Asking youth to participate in plans to provide for safe interventions in a crisis instead of using restraint or seclusion.

Improving clinical treatment

- Expanding clinical staffing to second shift when youth are out of school (and up to bedtime) when many crisis interventions occur;
- Using the ACE (Adverse Childhood Experience) Study tool to identify traumas that the child has experienced that must be addressed to provide effective clinical responses;
- Utilizing Department clinical experts in trauma-informed therapeutic treatment models to train all staff on how to improve the overall clinical and direct care staff response to youth; and
- Using more effective assessment tools that establish a clear picture of risks and needs to guide treatment.

Improving safety and preventing self-harming behavior
• Asking youth to participate in planning to provide for safe interventions in a crisis instead of using restraint or seclusion;
• Contracting with a UCONN expert, also used by the Judicial Branch Court Support Services Division, to assess the physical plant and the clinical responses to prevent suicide;
• adding mirrors to bedrooms to allow staff to see “blind spots;” and
• Utilizing multi-disciplinary teams to improve care and treatment for any youth who presents suicidal gestures or who is subject to more than three restraints or seclusions.

Enhancing supervision and quality assurance

• Calling upon supervisors to be present during a restraint;
• Increasing the amount of time supervisors spend on the units;
• Requiring reports of abuse and neglect that are not accepted for investigation by the Careline be reviewed by the Careline Director;
• Sharing all grievances filed by residents, and the outcome of the Ombudsman’s review, to the Office of the Child Advocate and the Public Defender of record for the youth.
• Improving data collection and reporting procedures; and
• Developing more sophisticated outcome measures.

Commissioner Katz said that there are positive things to build upon at the program, including the fact that CJTS has the lowest census (70) since it opened in 2001 and that the Pueblo Girls Unit is reserved only for youth who must receive its level of secure service. She also said that the action steps, which are extensive and comprehensive, ask staff to make many changes in a short period of time.

“This is challenging for our staff because there is much change that has to happen quickly,” Commissioner Katz said. “But as the two reports show, the Department has many partners in this work, including legislators, advocates, the legal and law enforcement community, and clinical service providers who are all working to reach a common goal of ongoing reform of the juvenile justice system. As I and our staff work collaboratively with all these partners, we will continue to make progress at these facilities.”