

**Community-Based Secure and Semi-Secure Placements for  
Committed Delinquent Young Men**  
**Request for Information  
Questions and Answers**

DCF received a number of questions after the release of the RFI for secure and semi-secure care. The answers to these questions are below.

**Q1. Is there a forgone conclusion for the need for staff and building secure facilities?**

**A1.** Yes, there is a need for 40 to 50 secure beds to serve youth who are assessed to be at very high risk for recidivism.

**Q2. I understand that the charges listed for why the young people were committed to DCF are not what they were actually charged with prior to plea bargaining. Is there any way to get that information?**

**A2.** Many of the charges listed in the RFI are the result of plea bargaining. Typically, youth were charged with similar charges of higher degrees. For example, a young person committed on a charge of Robbery 3 may have originally been charged with Robbery 1.

**Q3. On page 5 this statement occurs: “Upon commitment to the Department, all juveniles undergo a 30-day intake, assessment and stabilization period at the Connecticut Juvenile Training School prior to initial placement. During this period, comprehensive assessments are conducted to determine each youth’s individual clinical, medical and other treatment needs.” Could you clarify this?**

**A3.** This statement is not accurate. Not all youth go to CJTS upon commitment, as some go to privately-run residential treatment centers and group homes. The statement in the RFI should have read:

“Upon initial placement at CJTS, all juveniles undergo a 30-day intake, assessment and stabilization period.”

**Q4. Farther down that page, the RFI discusses DCF’s recommendations to expand services in areas like job and vocational training, substance abuse services and other supports. Would it be possible to let potential respondents know about the work going on to actualize those recommendations so they would know the kinds of programs and services they could expect to partner with?**

**A4.** Additional funding to expand the service array has not been appropriated as of this writing. Respondents should plan on working with existing services until such time as additional funding is made available to expand community-based services.

**Q5. Is DCF is looking for a single provider to provide both semi-secure and secure programs?**

**A5.** Providers can propose to provide secure, semi-secure or both kinds of programs.

**Q6. What does semi-secure and secure look like and what are the differences? What defines a building as secure and semi-secure?**

**A6.** A hardware secure building or facility has locked external doors and may also have locked internal doors to restrict movement throughout the facility. A semi-secure building or setting may have locks on the external doors, but does not have hardware to restrict movement within the facility.

**Q7. How is DCF identifying a unit?**

**A7.** A unit is one location with 10 to 15 beds. A unit could be a stand-alone location or a building on a larger campus. If the unit is on a larger campus, the Respondent should articulate how the campus will operationalize all movement and programming, recreation, meals, education, etc.

**Q8. Does the education need to be provided on the unit or would an on-site educational program be sufficient?**

**A8.** No, the education does not need to be provided on the unit. Respondents are free to propose any model for education that meets state standards.

**Q9. Would there be a separate educational rate if the clients attend an on-campus clinical day school?**

**A9.** Respondents are free to propose any model for education that meets state standards.

**Q10. Similarly can a campus be considered self-contained or must self-contained be considered one building? Can a campus have both semi-secure and secure elements?**

**A10.** Yes, a campus can be considered self-contained and can have both semi-secure and secure elements.

**Q11. For vocational training would the clients be able to go off campus**

**A11.** Respondents can propose a variety of options including off site vocational training with appropriate supervision, on site vocational training delivered by facility staff, or through a vendor that provides a mobile vocational service, etc.

**Q12. Would clients be able to be recreated off campus?**

**A12.** Yes, clients can go off campus for recreation with appropriate supervision.

**Q13. If public transportation is not immediately available within the vicinity, will it be sufficient that the agency provide transportation for family involvement?**

**A13.** Yes, the agency can provide transportation for family involvement.

**Q14. What does DCF expect in terms of cultural responsiveness for LGBTQ youth?**

**A14.** Recent studies indicate that approximately 17% of boys and nearly 40% of girls in juvenile justice settings are LGBTQ.

The Department will require and assess the efficacy of the following:

Staff training including

- a. Values clarification ensuring that staff at all levels can appropriately balance personal views with professional responsibilities;
- b. Skill building and basic knowledge about the myriad of LGBTQ communities;
- c. An understanding of intersectionality and ability to incorporate that framework into treatment plans since there is a such an over-representation of youth of color in JJ;
- d. Culturally responsive family support and programming.

Culturally responsive standards and protocols for placement and treatment of LGBTQ youth.

**Q15. Are you looking at this model as grant based or per diem?**

**A15.** The Department has not made a determination about whether these programs would be grant-based or per diem. Providers may propose either model in their RFI response.

**Q16. Does the program have to provide on-site educational services or can we collaborate with a Board of Education for off-site educational services? Would a hybrid model be considered where some young men were educated in the community and others at the program site?**

**A16.** Providers may partner with a Board of Education to provide off-site educational services with appropriate supervision and transportation. A hybrid model would be considered provided it meets all state educational requirements.

**Q17. Please let us know your thoughts on the “structured decision making matrix” for the match and placement processes. Who will, and via what mechanism(s)- probation, court, Beacon Health, others-will determine level of care?**

**A17.** A structured decision-making matrix is being developed. It will guide placement decisions based on risk level and offense category. The matrix will be completed by DCF staff and will determine level of care. Youth with the most serious offenses and highest risk for recidivism may be served in secure or semi-secure settings.

**Q18. Can youth be directly admitted from/to Solnit South? What are your thoughts on the level of supervision is required in the event of a medial or psychiatric emergency and the youth requires transportation in the community?**

**A18.** Admission to and from Solnit South would be guided by a level of care determination by Beacon Health based on a youth’s treatment needs. If a youth requires transportation in the community, the Department’s expectation would be that there is at a minimum 1:1 supervision.

**Q19. When all other possible efforts of de-escalation have been exhausted, what is DCF’s policy on use of seclusion, PRN medication, and IM medication in emergent situation where youth or others are in grave danger of being injured if such means were not applied?**

**A19.** DCF expects the use of restraint and seclusion will be a last resort and kept to a minimum. Providers will need to adhere to all regulations monitored by the DCF licensing unit. We do not support the use of IM medication in this setting. Any use of PRN medication will need to be monitored by medical/nursing staff and should not be used for purposes of de-escalation.

**Q20. Can emergency safety intervention data for the previous year-including number of restraints, seclusions, AWOLs, be provided to inform the appropriate environment and safety interventions needed to support this population?**

**A20.** April 2016 through April 2017, there was on average 25 Safe Crisis Management interventions per month. These interventions include separation of youth, mostly due to conflicts with each other, for their and others safety to physical holds for youth whom are more aggressive and threatening. Also during the last year, a small number of youth each month, approximately 5, accounted for 45% of the monthly SCM interventions.

All staff are trained in Safe Crisis Management which emphasizes therapeutic relationships with youth and de-escalation techniques as primary interventions. SCM also teaches least restrictive physical interventions to be used in those instances where immediate and imminent risk of safety of youth or others is present.

There were no AWOL's this past year. In 2016, 62 youth went on 130 home passes and all returned without incident. Also, 40 youth attended wilderness trips at the Wilderness school without an AWOL.

**Q21. What are your thoughts around whether additional funding be granted/available for 1:1 or 2:1 staffing as needed?**

**A21.** We anticipate that there may be occasional need for additional supervision. Any approval for 1:1 will go through the standard 1:1 process through Beacon Health Options.

**Q22. Page 4 of the RFI states "All parties responding to this RFI must identify themselves and provide a brief explanation of their interest in Connecticut's juvenile justice system." May applicants place this information at the beginning of their RFI response before their responses to the specific questions listed on pages 15 and 16 of the RFI?**

**A22.** Yes, applicants may place that information at the beginning of their RFI response.

**Q23. Does DCF intend to share RFI responses with the public and/or those who submitted a response?**

**A23.** No, DCF does not intend to share RFI responses.

**Q24. What is DCF's target date for the selected grantees to open their proposed placement program?**

**A24.** Once RFI materials are reviewed, the Department intends to release a Request for Qualifications or Request for Proposals. After the RFQ or RFP process, we expect programs to be operational within several months. Our goal is to have programs operational by July 2018 at the latest, in keeping with Governor Malloy's timeline for the closure of CJTS.

**Q25. What are the structural security requirements grant applicants must be able to meet when preparing their proposed facility?**

- **Are surveillance cameras required and if so, where should they be placed?**
- **Are there any restrictions in terms of youth participants sharing rooms?**

**A25.** Facilities must be able to safely and securely prevent youth from going AWOL and must be compliant with all state and federal laws. Surveillance cameras are not required, but respondents may propose them as part of their hardware secure setting. There are no general

restrictions on youth sharing rooms, although for safety reasons some youth may require a single bedroom. All facilities must be fully PREA compliant.

**Q26. Are youth participants required to abide by an age-based curfew?**

**A26.** Respondents should articulate their own curfew and schedule for their program model.

**Q27. Will grantees be expected to serve any youth participants previously charged with arson?**

**A27.** Yes, grantees will be expected to serve youth previously charged with arson.

**Q28. In regards to monitoring program impact, will DCF look for outcomes based on Results Based Accountability (RBA) measures?**

**A28.** Yes, the contracts that may be awarded as a result of this process will have RBA outcomes.

# **REQUEST FOR INFORMATION (RFI)**

Community-Based Secure and Semi-Secure Placements  
for Committed Delinquent Young Men



**March 31, 2017**

**State of Connecticut**  
**Department of Children and Families**

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**Department of Children and Families  
Request for Information (RFI)**

**I. TITLE**

Community-Based Secure and Semi-Secure Placements for Committed Delinquent Young Men

**II. OVERVIEW**

The Department of Children and Families (DCF/Department) is seeking input from providers, families, youth and any interested persons or entities regarding the development of small, therapeutic, community-based secure and semi-secure placement programs for young men ages 15-19 years, 11 months committed delinquent and in the custody of the Department. The information received through this process is expected to support the procurement of one or more placement settings.

**III. RFI SCHEDULE**

RFI Published	3/31/2017
Deadline for Submission of Questions	4/17/2017
RFI Addendum	4/21/2017
Deadline for Receipt of Information Submissions	5/26/2017

**IV. RFI PURPOSE AND GOALS**

The Department recognizes the importance of serving all young people in the least restrictive setting possible. When that is not an option due to a youth's needs or high risk profile, a secure congregate care setting is pursued for a defined and brief period of time. Since 2001, male committed delinquent youth who could not be safely served in the community have been placed at the Connecticut Juvenile Training School (CJTS). Through this RFI, the Department seeks input on the replacement of some or all of the secure capacity at CJTS through the development of small, privately-run secure settings in locations across Connecticut.

The goals of developing privately run settings include the following:

1. Serve young people in the juvenile justice system near their communities of origin;
2. Develop culturally and linguistically responsive, therapeutic programs to serve high-risk youth and ensure their safe and timely return to the community;
3. Implement programming that eliminates the use of restraints;
4. Ensure family engagement in all aspects of the treatment process while youth are in secure care and as they transition into communities;
5. Use best-practices and evidence-based interventions that have been shown to reduce juvenile recidivism and improve long-term outcomes; and
6. Achieve measurable reductions in the rate of re-arrests, re-adjudications, and commitments (or recommitments) to DCF.

## **V. DISPOSITION OF SUBMISSIONS**

The Department expects to use the information received from this process to develop one or more competitive procurements for the delivery and administration of small, therapeutic, community-based secure and semi-secure programs for young men committed delinquent to DCF. Any and all submissions obtained by DCF through this request, at the Department's discretion, may be used to inform the ongoing development of the Department's continuum of juvenile justice services. The Department reserves the right to use any portion of the materials submitted. The Department will not return any materials submitted. If after review of the responses, DCF determines that it is in the best interest of the Department, DCF staff may contact respondents for further information. Otherwise, there will be no acknowledgement by the Department of receipt of any submissions or direct response to questions that submitting parties might pose with regard to the RFI. The Department may provide additional information in the RFI Addendum in response to questions submitted.

In addition, the Department is not liable for any costs incurred by persons/entities related to their submission of information pertaining to this request. DCF will not pay for information provided under this RFI and there is no guarantee that a procurement or subsequent contract will be supported as a result of this RFI. Acceptance of response(s) to this RFI places no obligation of any kind upon the Department.

## **VI. ELIGIBILITY**

All interested parties are encouraged to respond to this RFI. Submissions will be accepted from any agency, person, or entity wishing to comment upon and/or provide input regarding Connecticut's community-based secure and semi secure juvenile justice programs. All parties responding to this RFI must identify themselves and provide a brief explanation of their interest in Connecticut's juvenile justice system.

## **VII. QUESTIONS ABOUT THIS RFI**

Persons seeking clarification about the material contained in the RFI or the response process should contact:

Fernando J. Muñiz  
Deputy Commissioner  
Email: CJTSPlan@ct.gov

## **VIII. RFI SUBMISSION DEADLINE**

The contact person noted below must receive one complete copy of a respondent's submission. The copy must be received by close of business on May 26, 2017, and directed to the RFI contact person at the following location:

Fernando J. Muñiz  
Deputy Commissioner  
Department of Children and Families  
505 Hudson Street  
Hartford, CT 06106

Electronic versions of parties' response to the RFI will also be accepted. They should be submitted to CJTSPlan@ct.gov

## **IX. BACKGROUND**

The Connecticut Juvenile Training School (CJTS) is a secure facility for young men who have been committed delinquent and placed in the custody of the Department of Children and Families (DCF). The

facility opened in 2001 with a maximum capacity of over 230 residents. In the spring and summer of 2016, due to a decreasing number of youth committed delinquent and to policy changes within DCF, the average daily population at CJTS was 48 youth.

There is a growing national consensus that large training schools do not achieve the best outcomes for committed delinquent youth. In keeping with this national consensus, in December 2015, Governor Dannel Malloy announced his plan to close the existing CJTS by July 2018. In order to effectuate the closure of CJTS, DCF embarked on an inclusive planning process to close or modify the facility in accordance with the governor's directive in a manner that accounts for the best interests of the youth served by CJTS. In order to develop options for the closure of CJTS, the Department seeks input from all interested parties on the development of small, therapeutic, community-based secure placement centers to replace some or all of the capacity at CJTS. These programs must provide access to the full array of necessary supports (e.g., education, mental/behavioral health and medical treatment, housing, rehabilitation, recreational, vocational services, family engagement, community transition, etc.)

## **X. BRIEF OVERVIEW OF THE DCF JUVENILE JUSTICE SYSTEM**

The Department of Children and Families has a combination of community-based and placement services to meet the needs of youth who are committed delinquent. On average, there are 250 youth committed delinquent to DCF on any given day. Of these, approximately 45% are at home under DCF supervision and receiving community-based services, 44% are in DCF secure or congregate placement and 11% are incarcerated by DOC or detained by CSSD for new crimes committed after their delinquency commitment. Upon commitment to the Department, all juveniles undergo a 30-day intake, assessment and stabilization period at the Connecticut Juvenile Training School prior to initial placement. During this period, comprehensive assessments are conducted to determine each youth's individual clinical, medical and other treatment needs.

Committed delinquent youth have access to an array of community-based services to meet their treatment and supervision needs. In addition to programs specifically-designed for juvenile justice involved youth, they also have access to all other DCF community programs including therapeutic foster care, Family and Community Ties program (FaCT), mentoring, vocational programming and community-based life skills. Also, individualized plans can be developed through discretionary wrap-around funding at the regional level.

As part of the planning process for the closure of CJTS, members of Local Inter-Agency Service Teams (LISTs) across the state identified a number of enhancements to the service array for young people on DCF supervision in the community. These include more access to jobs and vocational training, substance abuse services, housing and other supports. DCF recommends expanding these services as a key strategy for serving more youth in the community and fewer youth in secure placement.

The following programs are most commonly used to serve the needs of youth who are home under DCF juvenile justice supervision:

**Community Based Services**

<b>Specialized community based services</b>	<b>Descriptor</b>
<b>Fostering Responsibility, Education and Employment (FREE)</b>	FREE is a reentry support program for youth who are committed to DCF as delinquent and returning to their community following a period in a secure setting.
<b>Mobile Crisis Services (EMPS)</b>	EMPS is a mobile crisis intervention service for children and adolescents experiencing a mental health or behavioral or crisis, provided 6 AM to 10 PM on weekdays and 1 PM to 10 PM weekends and holidays. EMPS is accessed by calling 211 and callers are linked to a statewide network of 6 EMPS providers who cover all cities and towns.
<b>Multidimensional Family Therapy (MDFT)</b>	MDFT is an evidence based intensive, in-home model that is a family-centered, comprehensive treatment program for adolescents and young adults with significant behavioral health needs and either alcohol or drug related problems, or at risk of substance use.
<b>Multi-systemic FIT (MST-FIT)</b>	MST-FIT is an intensive in home family re-entry service for youth on Parole and their families.
<b>Re-entry and Family Treatment (RAFT)</b>	RAFT is an evidence based intensive, in-home model using Multidimensional Family Therapy designed to help families & youth on parole to re-enter the community following an out of home placement.
<b>Multi-systemic Therapy- Problem Sexual Behavior (MST-PSB)</b>	MST-PSB is an intensive in home family service with clinical interventions for adolescents returning home from out of home placement that has provided sex offender specific treatment or for adolescents with problem sexual behavioral living in the community who are at risk for incarceration or residential treatment.
<b>Multi-systemic Therapy for Transition Aged Youth (MST-TAY)</b>	MST-TAY is an intensive home based service for older adolescents aged 17-20 with serious mental illness and involvement in the juvenile and/or criminal justice system.
<b>Family Functional Therapy (FFT)</b>	FFT is a systematic, evidence based short-term (approximately 30 hours), family-based treatment model serving youth with a range of mental health, behavioral and substance use issues.
<b>Adolescent Community Reinforcement Approach - Assertive Continuing Care (ACRA ACC)</b>	ACRA ACC is an evidence based hybrid of clinic-based and community family-based services that targets low to moderate substance abusing adolescents. When the recovery goals are achieved, ACC provides recovery support and case management in home or community

<b>Specialized community based services</b>	<b>Descriptor</b>
<b>Cognitive Behavioral Intervention for Trauma in Schools (CBITS)</b>	CBITS is a skill based, group intervention aimed at relieving symptoms of Post Traumatic Stress Disorder (PTSD) and general anxiety among children and youth who have experienced trauma. This school based treatment model will enhance the school's mental health service array to support student's learning potential and build resiliency.
<b>Child Guidance Clinics</b>	This service provides a range of outpatient mental health services for children, youth and their families. Services are designed to promote mental health and improve functioning in children, youth and families and to decrease the prevalence of and incidence of mental illness, emotional disturbance and social dysfunction. Many clinics throughout the state have implemented Trauma Focused Cognitive Behavioral Treatment (TF-CBT) and Modular Approach to Therapy for Children improving treatment outcomes.
<b>Extended Day Treatment (EDT)</b>	Extended Day Treatment (EDT) is a site-based behavioral health treatment and support service for children and youth with behavioral health needs who have returned from out-of-home care or are at risk of placement due to mental health issues or emotional disturbance. For an average period of up to six months, a comprehensive array of clinical services supplemented with psychosocial rehabilitation activities are provided to maintain the child or youth in his or her home.

**Placement Services**

Placement services are available for youth who have treatment needs that require a higher level of care, youth who pose a threat to public safety or are a flight risk. These services are delivered via a network of non-secure group homes, residential treatment facilities, foster homes and hardware secure settings. The Connecticut Juvenile Training School is one part of this network, serving on average less than 30% of the committed delinquent youth in placement on any given day. The other residential placement options include:

<b>24/7 staffed care</b>	<b>Descriptor</b>	<b>Number of Programs</b>	<b>Total Bed Capacity<sup>1</sup></b>
<b>Residential Treatment Centers (RTC)</b>	RTCs are facilities that provide clinical treatment of psychiatric, behavioral and emotional disorders.	11	195

<sup>1</sup> Total Bed capacity is for all youth, not just youth who are committed delinquent.

<b>Therapeutic Group Homes (TGH)</b>	TGHs are designed to serve children with significant behavioral health or developmental issues by providing clinical treatment in the group home by licensed mental health professionals.	31	161
<b>Short Term Assessment and Respite (STAR) Homes</b>	STAR homes are temporary congregate care programs that provide short-term care, assessment and a range of clinical and nursing services to children removed from their homes due to abuse, neglect or other high-risk circumstances. STAR Homes can help provide brief respite for juvenile justice youth to avoid entry or re-entry into secure confinement.	7	42
<b>SFIT/Crisis Stabilization</b>	These programs are a short-term residential treatment option providing crisis stabilization and assessment, with rapid reintegration and transition back into the community.	8	82
<b>Supported Work Education and Training Program (SWETP)</b>	SWETP group homes allow youth to live in a supervised setting with their own mini-apartments and shared kitchen spaces. Youth are employed outside of the home or are involved in schooling. There are two JJ Specific SWETP programs available.	7	55

Youth are assessed for placement based on clinical needs and recidivism risk. As of the end of 2016, the youth were placed at the following settings:

<b>Placement Type</b>	<b>Youth</b>
CJTS	48
Group Homes	27
Residential Treatment Centers	28

Journey House (girls secure placement)	11
Foster Homes	4

The 28 youth in residential treatment centers were served by 6 different centers across the state. The 27 youth in group homes were served by 20 different group homes across the state, including therapeutic group homes. Youth in these types of settings have been assessed by Beacon Health to meet the level of care criteria for a residential or group home based on their clinical needs.

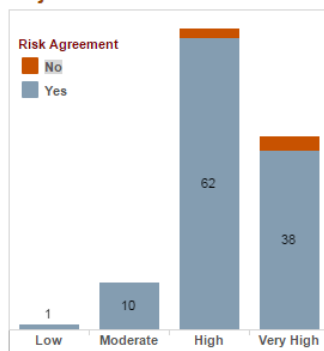
In addition to the youth in DCF placements, there are approximately 25 youth at Department of Correction prisons and several youth being held in Judicial Branch Juvenile Detention Centers. These youth are being held in secure confinement for arrests in the community after their commitment to DCF. In the case of youth held at DOC facilities, they are being processed as adults either because of the serious nature of their new charges or because they turned 18 during their delinquency commitment and were legally adults at the time of their new arrest.

### **Committed Delinquent Population Overview**

The average daily population of committed delinquent youth statewide is approximately 250 youth. Committed delinquents are the highest-risk and highest need group of youth in the juvenile justice system. All of them have had prior involvement with Court Support Services Division Probation services prior to DCF commitment by the Superior Court for Juvenile Matters.

A Youth Level of Service (YLS) risk and needs assessment is conducted by the youth’s juvenile justice social worker upon commitment to DCF. Since the implementation of the YLS, assessments have been conducted on 111 youth newly-committed youth. One youth was assessed to be at low risk and ten youth at medium risk for recidivism. 100 youth (90%) were assessed to be High or Very High risk:

**Adjusted Risk Level** (Select to Filter)



Youth who are assessed to be High or Very High Risk, have complex needs, pose a danger to public safety or are a flight risk are currently placed at CJTS.

### **Ages of Youth at Time of Admission (Calendar Year 2016)**

Average age at time of admission was 16.9 years (16.3 years in both 2016 and 2015 and 17.0 in 2014).

**Table 1: Ages of Youth at Time of Admission**

<b>Age at Admission</b>	<b># Youth</b>	<b>%</b>
13	0	0.0%
14	9	7.2%
15	19	15.2%
16	29	23.2%
17	50	40.0%
18	17	13.6%
19	1	0.8%
<b>Total</b>	<b>125</b>	<b>100.0%</b>

**Table 2: Race/Ethnicity of Admissions**

<b>Race/Ethnicity</b>	<b>#</b>	<b>%</b>
African-American	66	52.8
Hispanic	32	25.6
Caucasian	16	12.8
Other	11	8.8
<b>Total</b>	<b>125</b>	<b>100%</b>

**Table 3: Admissions by Type**

<b>Type of Admission</b>	<b># of Admissions</b>	<b>% of Total Admissions</b>
New Commitment	53	42.4
Congregate Care	22	17.6
Parole Admission	50	40.0
<b>Total</b>	<b>125</b>	<b>100%</b>



**Target Population for Secure Care**

Young men referred for secure care services will be assessed to be high or very high risk to reoffend and often display the following behaviors and needs:

- Significant history of committing delinquent acts and propensity to reoffend in the future;
- Behavioral/Mental health diagnoses (such as post-traumatic stress disorder, depression, Oppositional Defiance Disorder, and Attention Deficit Hyperactivity Disorder);
- History of substance abuse;
- History of running away from home, foster care, and/or residential placements;
- History of poor school performance;
- History of conflict with caregivers
- Lower levels of job readiness and independent living skills;
- Impulsivity, poor emotional regulation and inadequate decision making skills;
- History of trauma and exposure to violence.

Most of the young men committed delinquent and referred to secure care will have participated in several programs and placement settings while on juvenile probation. Over 80% of the youth have a family history of abuse/neglect, parental substance abuse and parental behavioral/mental health diagnoses.

In addition to their complex needs and history, many of the youth are also charged and ultimately adjudicated on serious criminal charges:

**Primary Adjudication of Admissions to CJTS (Calendar Year 2016)**

It is important to note that the Primary Adjudication, or Committing Charge, is often the result of a plea bargain and that most youth were originally charged with more serious offenses than their committing charge. A complete background on the population was presented to providers at a recent forum to explore ways in which the provider community could help serve some of the very high and high risk youth

Listed below were the 42 youth at CJTS and their committing offenses on 6/6/2016

Committing Charges – Current Census 42 6/6/16
Assault 3rd, Assault 2nd, Failure to Appear 1st
Assault 3rd, Interfering with an officer, Breach of Peace 3rd, Larceny 3rd
Breach of Peace 2nd, Assault 3rd, Threatening 2nd, Simple Assault, and Stalking 3rd
Breach of Peace 2nd, Criminal Mischief 2nd
Breach of Peace 2nd, Threatening 2nd, Escape from Custody, Burglary 3rd, Criminal Mischief 3rd, Carrying a Dangerous Weapon, Threatening 2nd and Breach of Peace 2nd
Breach of Peace, Robbery 3rd and Attempted Robbery 3rd.
Burglary 1st, Possession of a Firearm
Burglary 3rd, Burglary 2nd, Larceny 4th, Conspiracy to commit Burglary 2nd, Conspiracy to commit Larceny 4th, Larceny 3rd, Criminal Trover 2nd, Aggravated assault on Police,

Reckless Driving, Engaging police in a pursuit, Reckless endangerment, Driving without a license, Criminal Mischief 2nd, Trespass 3rd, Interfering with Police, and Larceny 2nd
Burglary 3rd, Disorderly Conduct, Larceny 4th, and Larceny 6th
Carrying a Dangerous Weapon, Larceny 6th
Carrying a Pistol without a Permit
Carrying a Pistol Without a Permit, Criminal Possession of a Revolver, Illegal Altercation of a Firearm and Illegal Transfer of a Pistol
Carrying a Pistol without a Permit, Home Invasion
Carrying a Pistol Without a Permit, Illegal Possession of a Weapon in a Motor Vehicle, Interfering with an Officer, Larceny 1st, Reckless Endangerment 1st, and Illegal Discharge of a Firearm
Conspiracy to Commit Burglary 3rd and Interfering with an Officer
Criminal Mischief 1st and Larceny 3rd
Larceny 1st, Breach of Peace 2nd, Threatening 2nd, Reckless Endangerment 2nd, Criminal Mischief 3rd
Larceny 1st, Burglary 3rd, Larceny 6th, Criminal Mischief 2nd, Conspiracy to Commit Burglary 3rd, Attempt to Commit Burglary 3rd, Criminal Trespass 1st
Larceny 1st, Criminal Trespass
Larceny 1st, Larceny 2nd, Larceny 3rd
Larceny 1st, Larceny 3rd, Assault 3rd, Threatening 2nd
Larceny 2 and Conspiracy to Commit Larceny
Larceny 3rd
Larceny 3rd, Breach of Peace 2nd, Conspiracy Robbery 2nd, Threatening 2nd, Disorderly Conduct, Interfere w/Officer, Resisting Arrest
Larceny 3rd, Burglary 3rd, Larceny 6th
Larceny 3rd, Criminal Trover 2nd, Interfering with an officer
Larceny 3rd, Interfering with an Officer/Resisting, Criminal Trover 2nd
Larceny 6th, Conspiracy to commit Burglary 3rd, Burglary 3rd
Larceny 6th, Robbery 2nd, Conspiracy to Commit Robbery 2nd, Assault 3rd Conspiracy to Commit Assault 3rd
Possession of a Firearm, Larceny 3rd
Possession of Marijuana, Robbery 3rd, Burglary 3rd
Possession of Narcotics with intent to sell, Operating a Motor Vehicle without a license
Reckless driving, Larceny 3rd, Engaging police in a pursuit, Failure to display license plate and Interfering with an Officer
Robbery 1st
Robbery 1st
Robbery 2nd, Interfering with an Officer, and Criminal Trespassing
Robbery 3rd, Assault 3rd and Breach of Peace
Sexual Assault, Risk of Injury to a Minor

Threatening 2nd, Assault 3rd, Reckless Endangerment 2nd
Use of a Motor Vehicle Without Permission, Driving Without a License
Use of a Motor Vehicle Without Permission, Assault 3rd, Disorderly Conduct and Breach of Peace 2nd
Weapon in Motor Vehicle, Larceny 2nd, Interfering with an Officer, Assault 3rd, Breach of Peace 2nd, Threatening 2nd, Larceny 3rd, Conspiracy to Commit Larceny, Violation of a Court Order, and Possession of a Firearm.

## XI. SECURE CARE CONCEPTS AND PRINCIPLES

The Department wants to ensure that Connecticut’s juvenile justice system is able to provide a continuum of interventions for youth that addresses all of their needs. The concepts envisioned as part of new secure settings are intended to build upon the existing system and national best practices. In keeping with these best practices, secure placement programs for committed delinquents should be small, close to the communities where the youth reside and therapeutic in their approach.

In June 2016, the Annie E. Casey Foundation’s Juvenile Justice Strategy Group released the results of a survey it conducted with juvenile justice administrators and advocates in jurisdictions across the United States. The survey results provide a framework of principles for residential care for youth in secure placement.<sup>i</sup> These principles represent the consensus of juvenile justice experts on a national level of best practices for the operation of secure facilities. They include:

Facility	Unit	Access/Family
<ul style="list-style-type: none"> <li>• 50 beds or less</li> <li>• 50 miles from home or less</li> </ul>	<ul style="list-style-type: none"> <li>• 10 kids or less</li> <li>• 1:10 staff/youth ratio or less</li> <li>• No locks on bedrooms</li> <li>• No toilets in bedrooms</li> <li>• All staff = program staff</li> </ul>	<ul style="list-style-type: none"> <li>• Visitation 365 days/year</li> <li>• Transportation 1 time per week</li> <li>• Accessible via public transportation</li> </ul>

Environment	Education
<ul style="list-style-type: none"> <li>• Youth wear own clothes</li> <li>• Family style meals</li> <li>• Youth/staff help prepare meals together</li> </ul>	<ul style="list-style-type: none"> <li>• Licensed teachers</li> <li>• Unit staff assist in class</li> <li>• Vocation programming</li> <li>• College classes</li> <li>• Credit recovery / GED prep</li> </ul>

Based on this national consensus, the Department expects the following considerations will be addressed at any future privately-run program that replaces the capacity at CJTS:

1. Program Approach – The program approach to secure care must be built on a restorative justice framework and be delivered in a normative environment. It is expected that individualized treatment is provided to each youth in a manner consistent with the risk/needs responsivity framework. Family engagement should be a cornerstone of the approach, from regular visitation to engagement in the treatment process. Finally, the program should operate from a racial justice lens.
2. Program Components – Secure congregate care programs are expected to be self-contained or to partner with other programs or agencies to provide all services needed by youth during their placement episode. That is, the program is expected to provide the behavioral health, education, medical/dental, vocational, recreational and independent living skills programming to meet each youth's individualized needs. Finally, the program will need to be fully PREA compliant.
3. Program Size – Program settings should be no larger than 10-15 beds, in keeping with national best practices.
4. Program Location – In order to facilitate family engagement and transitions of youth back to their communities, programs should be close to the communities from which our youth originate. The majority of the youth adjudicated delinquent are from the communities of Bridgeport, Hartford, New Haven and Waterbury, although there are youth in the population from many other smaller municipalities.
5. Level of Security – We expect to have a network of secure and semi-secure placements. There will be no use of mechanical restraints, except for handcuffs when transporting youth off campus (if needed). Face down physical restraints will be prohibited.
6. Matching and Placement Process – The Department will expect programs to adhere to a strict no eject/no reject policy. Matching for entry into secure and semi-secure programs will be done via the use of a structured decision making matrix.
7. Length of Stay – The target length of stay will be 6 to 9 months, although it is expected that youth's individual needs and risk levels will inform the length of stay.
8. Transitions – Transitions into and out of secure and semi-secure programs will be done through a wrap-around or care management approach. The Department expects community-based services and supervision will be in place before youth transition from placement programs and that such transitions will be seamless, without an interruption in services including education.
9. Quality Assurance/Improvement and Performance Indicators – Implementation of a strong quality assurance and quality improvement framework is expected. Evaluation of qualitative and quantitative data to ensure the program's efficacy will occur. Programs must have the technology and staffing to support client level data collection in order to demonstrate areas including, but not limited to, treatment progress, educational progress, arrests reduction, AWOLs reduction, elimination of restraints/seclusions, client satisfaction, equitable access to community based services, and timely transitions to community,

10. Adherence to State Laws and Policies - The program must adhere to all state and federal laws and data requests of the Juvenile Justice Policy and Oversight Committee.

## **XII. RFI SUBMISSION QUESTIONS AND TOPICS OF INTEREST**

DCF recognizes the importance of stakeholder input and welcomes responses on the questions below. Respondents are encouraged to respond to all questions. However, partial responses will be accepted and reviewed.

Although these questions have been designed as a guide, respondents are encouraged to provide additional feedback that may be helpful. Responses to this RFI will not help or hinder the respondent's success in achieving future awards from the department.

## **XIII. RFI SUBMISSION INSTRUCTIONS**

Page Limit	20 pages
Submission Format	Submit clipped copies (no binders) or electronically
Font Size	12 pt
Font Type	Times New Roman
Margin	1 inch all sides
Line Spacing	Double

**Please ensure all pages of the RFI submission are numbered and include the number of the question and the question written out above your response**

### **A. General Areas for Response:**

1. What goals should be addressed through the development of small, therapeutic, community-based secure placement centers for young men?
2. What data should be tracked by the service providers to facilitate the collaborative assessment of outcomes throughout the juvenile justice system by the relevant agencies
3. What supports and resources are needed to support placement stability in light of our goal to maintain a strict no eject/no reject policy?
4. What supports and resources are needed to facilitate seamless transitions into and out of secure placement centers?
5. How best can youth's birth families and other natural supports be integrated into secure placement centers?
6. What clinical model(s) would be the best fit for a small, secure program serving high risk youth with complex needs and significant juvenile justice system involvement?

7. How should the concepts of restorative justice, racial justice, and risk/needs responsiveness be incorporated into such programs?
8. What should be the staffing pattern for such programs? What kinds of staff should be present on the different shifts? What qualifications and education should be expected for each type of staff? How should the program ensure culturally and linguistically diverse staff at all levels?
9. Have any sites been identified for a possible secure program? If so, what modifications would need to be made to the physical space to support the kind of programming envisioned? If not, what steps have been or will be taken to identify a location for the program?
10. How should the program be secured? What elements should be present to ensure that an environment is secure, normative and therapeutic?
11. What type of information is recommended to be included in the referral material for the program?
12. How should each of the following program components be delivered in a culturally and linguistically responsive manner:
  - a. Education;
  - b. Vocational training and opportunities;
  - c. Behavioral health and substance abuse services;
  - d. Medical/dental treatment;
  - e. Rehabilitation/Recreation services;
  - f. Independent Living Skills training.
  - g. Emergency placement process
  - h. Family treatment
13. What strategies should be used to minimize arrests and restraints in the program?
14. What qualitative framework(s) should be adopted to monitor and ensure the effectiveness of the programming?
15. What partnerships could be established to provide the services needed by youth during their placement, including behavioral health, education, medical/dental, vocational, substance abuse treatment, rehabilitation, recreation, family engagement, independent living skills and community transition.

## **B. Other Suggestions:**

1. Respondents are welcome to include any other recommendations that they think will be helpful to informing the development of secure placement centers in the juvenile justice system.

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<sup>i</sup> Balis, Nate. AECF Principles of Residential Care [PowerPoint slides]. Baltimore, MD: Annie E. Casey Foundation, 2016.