



**Consulting Partners to the OCA
Office of Protection and Advocacy for Persons with Disabilities
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**OFFICE OF THE CHILD ADVOCATE INVESTIGATIVE FACILITY REPORT:
ADDENDUM TO THE JULY 22, 2015 REPORT REGARDING THE CONNECTICUT
JUVENILE TRAINING SCHOOL AND PUEBLO GIRLS' UNIT.**

Forward

On July 22, 2015 the Office of the Child Advocate published an investigative report addressing concerns received regarding certain conditions for youth at the Connecticut Juvenile Training School and the Girls' Pueblo Unit—state run facilities that confine delinquent youth. This report outlined whistleblower complaints registered with the OCA and detailed findings regarding youths' suicidal behavior, restraint and seclusion practices, deficient handling of allegations of abuse and neglect of youth within the facility, among other issues. The report was widely disseminated and many stakeholders, including policy and lawmakers, advocates and media outlets, subsequently contacted the OCA with additional questions regarding findings from the OCA report. This addendum and appendix follows and is responsive to those requests.

Specifically, this Addendum to the July 22, 2015 OCA Report includes the following:

1. Video tape footage (all faces of youth and adults de-identified) provided to OCA by the Department of Children and Families and depicting a series of incidents involving youth and staff, crisis management and the use of restraint and seclusion. Videos are paired with accompanying incident reports, as entered by facility staff.
2. A chart of suicidal behavior/ideation within the facility over a 12 month period of time.
3. Child and incident-specific comments from the Department of Children and Families provided to the OCA prior release of this addendum and included separately at the end of the OCA materials.

Release of Videotape Footage

Since the publication of the July 22, 2015 investigative report, OCA has received numerous requests to view or obtain video footage described in our report. Connecticut law grants the OCA statutory authority to obtain confidential materials in the course of our investigative and advocacy activities. As part of OCA's investigation into allegations regarding conditions of confinement at the state-run juvenile facilities, OCA requested and obtained a number of video-tapes of serious incidents. Some of these incidents came to the attention of OCA through complaints to the office and some through OCA's daily investigative activities.

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OCA is charged with a specific and unique responsibility under the law: to evaluate and inform the public regarding the efficacy of publicly-funded child-serving systems, with an emphasis historically on the state's child welfare system and services that support children with special needs. OCA is authorized by law to disclose confidential information, such as the video tapes, if such disclosure serves the public's interest, the interests of a child or multiple children.¹ OCA continually must balance its responsibilities to improve child-serving systems with the need to prudently and sensitively handle confidential information. OCA is entrusted with critical and material information that few people or organizations ever get to personally see. Requests for disclosure must therefore be addressed with the utmost care and with acknowledgement that OCA is housed, as a matter of state law, within the Office of Government Accountability. While a balancing of interests is critical to the responsible handling of these statutory obligations, OCA must lean towards disclosure of even sensitive information where such information is critical to the public's understanding of a child-serving system and necessary to shedding light on the experience of children in state care.

Accordingly, OCA determined that release of a sampling of video-tape footage, already viewed and publicly discussed by a number of juvenile justice and child welfare stakeholders, and requested further by a number of individual and organizational entities, should be released. Prior to making this decision, OCA consulted or reviewed the issue of video release with a number of stakeholders, including legislators, advocates and the Office of the Public Defender. Every effort has been made to protect the identities of youth and adults.

Goals of the Addendum

The purpose of this publication and release is to respond to numerous requests for additional information registered with OCA, to inform and educate the public regarding conditions described within OCA's July 22, 2015 investigative report, and to further assist the state with its efforts to improve outcomes for confined youth. It is for stakeholders to decide how best to move forward with reforming conditions for juveniles, improving access to treatment, and ensuring public safety through the rehabilitation of juvenile offenders. OCA deeply appreciates the breadth of the remedial Action Plan published by the Department of Children and Families on July 24, 2015 and OCA applauds all efforts made to review and improve conditions for youth and staff at CJTS and Pueblo. OCA seeks not to indict state actors or their efforts on behalf of youth. Rather, OCA seeks to support reforms through release of information critical to the public's understanding of these issues.

SUICIDAL BEHAVIOR CHART

OCA's July 22, 2015 report contained findings regarding suicidality within the facilities, including specific concerns regarding suicide prevention. Authors emphasize that these findings are not unique to Connecticut or our state's juvenile correctional facilities. Research around the country confirms that youth in the juvenile justice and child welfare systems are at heightened risk for suicidal behavior and that youth in confinement are at heightened risk for intentional self-injury.

¹ Conn. Gen. Stat. § 46a-13k et seq.

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Authors are providing this additional information to highlight the fragile mental health presentations of some confined youth, the prevalence of despondency for confined youth and the risks of self-injury or suicidal ideation associated with such despair.

Literature around the country confirms that youth in confinement are at heightened risk for depression and suicidal behavior.² Physical or social isolation within confinement further heightens the risk of self-harming behavior.³ Youth *enter* confinement with significant mental health needs and vulnerability to depression and suicidality.⁴

A 2009 report commissioned by the Department of Justice Office of Juvenile Justice and Delinquency Prevention examines completed suicides in juvenile justice facilities:

Recently, [studies] found that high levels of depression and hopelessness and the acute situational stress of incarceration might explain why confined youth had levels of psychological distress similar to those of severely disturbed adolescents hospitalized on an acute psychiatric inpatient unit. Therefore, if all youth are to some degree at risk for suicide, juveniles in confinement may be at greater risk because they have life histories that predispose them to suicide (e.g., mental disorders and substance abuse; physical, sexual, and emotional abuse; and current and prior self-injurious behavior).⁵

The following is a chart of incidents of suicidal behavior at CJTS/Pueblo and that were reviewed by OCA over a 12 month period of time from 2014-2015. Authors note that the following information does not intend to speak to the *adequacy* of mental health treatment and response to suicidal behavior, but rather the chart speaks to the *prevalence* and *nature* of suicidal ideation and behavior within hardware secure juvenile facilities. Incidents of suicidal behavior may be characterized or coded variably by staff; incidents of self-harm are typically followed by clinical assessment. A clinician will determine the nature and duration of safety watch for a youth (e.g., 1:1 direct observation or 10 minute-watch). Youth on Watch Status will then be regularly re-assessed for continued risk of harm to self or others.

The following chart depicts 55 incidents of suicidal or self-harming behavior during a 12 month period of time. Consistent with the national literature, most of the incidents occur when a youth is

² Abram, K., Choe, J., Washburn, J. (2014) "Suicidal Thoughts and Behaviors among Detailed Youth," Office of Juvenile Justice and Delinquency Prevention Bulletin, July, 2014 ("Incarcerated youth die by suicide at a rate two to three times higher than that of youth in the general population.")

³ Report of the Department of Justice, Office of Juvenile Justice and Delinquency Prevention (2009) "Juvenile Suicide in Confinement: A National Survey" ("About half of [suicide] victims were on room confinement status at the time of death and 62 percent of victims had a history of room confinement... A large majority, 85%, of victims who died by suicide while on room confinement status died during waking hours.")

⁴ Id. at 14-15.

⁵ Id. at 14 (citing Sanislow, et al (2003)).

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physically isolated, and most if not all youth present with significant mental health disorders. Some youth combine self-harming behaviors with physically aggressive behaviors. Several youth indicate that they did not mean or intend to hurt themselves, but that they sought to engage with staff or were anxious and upset.

The chart below captures the following information:

1. Date of incident.
2. De-identified child code (E.g., C1=Child 1; C2=Child 2. Some children appear repeatedly in the document due to repeated suicidal behavior).
3. Where the child was at the time of the suicidal behavior/ideation.
4. What the child did.
5. What the clinical response was (e.g., placed child on 1:1).
6. The child's clinical diagnoses.
7. Whether the child was administratively sanctioned for their behavior. Some youth are sanctioned for engaging in behavior that forces staff to restrain them; other youth are sanctioned for creating a disturbance. Some youth are sanctioned for aggressive or assaultive behavior pre or post incident. Sanctions listed here result in restricted status time: Out of Program and Unit Bound, for 2 to up to several days, depending on the number of administrative charges.

Date	ID	Code	Status	Description	Response	Diagnosis	Sanction
6/3	C1	Other	In cell	Broke his clock and cut himself on hands, chest and face. Distraught over lack of discharge. Said he "wanted to be free" and couldn't "stay another night in here".	1:1 for several days due to continued self-harm threats.	Conduct Disorder, ADHD, Bipolar Disorder, Single Manic Episode	<u>No</u>
6/13	C2	Staff Assault by youth	On unit	Youth upset about bugs, wouldn't go back to her room, escalated, restrained and cuffed, combative, assaultive with staff. In room, tied sheet and wound around her neck. Removed	1:1 watch; Told clinician she was upset that she was left her in her room after the handcuffs were removed, and she was very anxious.	Conduct Disorder, PTSD, Cannabis Dependence, Alcohol Abuse, Bipolar Disorder, Borderline Intellectual Functioning.	<u>Yes</u> For being Combative, physically aggressive with Staff.

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Date	ID	Code	Status	Description	Response	Diagnosis	Sanction
6/26-28	C3	Var: Failure to comply Other, Watch Status	Various: Day room, Seclusion, Padded Cell	with rescue hook. Youth said he was “possessed by devil.” Head Banging, “speaking in tongues,” “Throwing himself against the wall.”	Padded cell and 1:1 watch, went to hospital, returned, 1:1 watch.	PTSD, Depressive Disorder, Conduct Disorder, ADHD, Opioid Abuse, Cannabis Abuse	<u>Yes</u> Creating a disturbance, Resisting Movement Engaging/ Restraint
7/8	C1	Suicidal Behavior	School	Told teacher that he wanted to take an overdose.	Send to dean. Already on 10 minute watch status.	Conduct Disorder, ADHD, Bipolar I Disorder, Single Manic Episode	<u>None</u>
7/12	C4	None	Seclusion	Tied clothing around her neck, hid in corner of her room. Rescue hook used to remove item.	Ongoing incident, including fighting, restraint and seclusion.	PTSD, ADHD Mood Disorder, Conduct Disorder.	<u>None.</u>
7/13	C4	Failure to Comply	Seclusion	Pulling her hair out- - Pulled wood off wall- Tried to choke herself with clothing around neck. Rescue hook used to remove. “Resident reported not liking being locked in and reminds her of past trauma.”	Went to the hospital, returned on a 10 minute safety watch and 5 min. seclusion safety watch.	PTSD, ADHD, Mood-Disorder, Conduct-Disorder	<u>Yes</u> Engaging in restraint, Property Destruction, Assault, Resisting Movement, Disturbance
7/18	C5	Watch	Unclear	Used plastic wrap to make a rope and tied it around his neck; red marks around neck.	10 minute watch	Asperger’s Disorder, ADHD, OCD, Tourette’s Syndrome, Sexual Abuse of a Child	<u>None</u>

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Date	ID	Code	Status	Description	Response	Diagnosis	Sanction
7/25	C6	None	In Cell	Tied sheet around neck and around door; covered his window; had said that if not discharged, he would "Escape" or "kill himself."	10 minute watch.	ADHD, Conduct Disorder, Depressive Disorder, Psychotic Features.	<u>None</u>
9/5	C7	Suicidal Behavior with Injury	Seclusion	Smashed clock, cut himself in multiple places. Put plastic over his face trying to smother himself.	Padded cell. 1:1 watch.	ADHD, PTSD Mood Disorder, Conduct Disorder, RAD, Brief Psychotic Disorder	<u>None</u>
9/7	C7	Other	Padded Cell	Tying items around neck; cutting self with wood.	Remain in Padded Cell.	ADHD, PTSD, Mood Disorder, Conduct Disorder, RAD, Brief Psychotic Disturbance.	<u>Yes</u> Engaging Restraint, Creating Disturbance, Contraband, Resisting.
9/10	C8	Suicidal Behavior without injury	In cell	Tied waist cord from pants around her neck and was unresponsive. 6 page suicide note. Incident described as "near fatal." Youth stated "no one cares" at about her and she was "at peace" with dying.	Safety watch.	PTSD, Major Depressive Disorder, Conduct Disorder, Borderline Intellectual Functioning	<u>None</u>

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Date	ID	Code	Status	Description	Response	Diagnosis	
9/26	C9	Suicidal Behavior without injury	Seclusion	Tied a belt around his neck; later, in the padded cell, youth tied clothing around his neck. Staff went in to counsel youth to take item off his neck. Reported that youth was crying but that he wouldn't say why.	Padded cell. 1:1 Watch.	Conduct Disorder	<u>Yes</u> Combative. "Refused to give belt" or walk to the padded cell. Resisting Movement, Engaging in Restraint, Creating a Disturbance.
10/3	C10	Suicidal Behavior without injury	Was in room.	Tied a sheet around his neck and bound ankles with sheet; blood on sheet. Wrote note: "tell mom and dad I love them...I love you all...bye for now... Peace." Told staff that he felt life would be better if he was no longer living. "Nothing positive" in his life. Suicide seemed like a "way out."	1:1 Watch	Mood Disorder, Reactive Attachment Disorder, Conduct Disorder	<u>None</u>
10/7	C8	Suicidal Behavior with Injury	In shower on safety watch	Cut her wrist in shower.	1:1 watch.	PTSD, Depressive, Disorder, Borderline. Intellectual Functioning, Conduct Disorder.	<u>None</u>
10/14	C11	Other	Unknown	Cut arms with a pencil.	1:1 watch.	PTSD, Bipolar Disorder, Poly-Substance Abuse	<u>None</u>

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Date	ID	Code	Status	Description	Response	Diagnosis	Sanction
10/19	C5	Suicidal Behavior with Injury	In his room covering his window	Shirt and shoe string tied tightly around his neck.	Padded Cell	Asperger's Disorder, ADHD, OCD, Tourettes Syndrome, Sex. Abuse of a child	<u>Yes</u> "Combative" Engaging in Restraint, Disturbance, Bodily Waste
11/10	C8		In Padded Cell	Angry about being locked in. Tore wood off walls, smashed window and used glass to cut her arm.	1:1 watch.	PTSD, Depressive, Disorder, Borderline. Intellectual Functioning, Conduct Disorder	<u>Yes</u> For concurrent behavior: Threatening staff.
11/14	C3	Suicidal Behavior without Injury	OOP ⁶ then seclusion. Banging on his door	Heard "moving around and crying" in cell. Later found with sheet tied around his neck, end of sheet in ceiling vent.	15 minute watch	PTSD, ADHD, Depressive Disorder, Conduct Disorder, Opioid Abuse, Cannabis Abuse	<u>None</u>
11/14	C10	Other	Seclusion	Cut inner arm, states over the next few days that he is suicidal and actively considering how to kill himself.	10 minute watch.	Mood Disorder, Reactive Attachment Disorder, ADHD, Conduct Disorder	<u>None</u>
11/21	C4	None	Padded Cell	Youth, while in padded cell, tied a sock around her neck. Staff removed the sock with the rescue hook. Youth appeared to have difficulty breathing, and 911 was called.	Brought to hospital.	PTSD, ADHD, Mood-Disorder, Conduct-Disorder	<u>Yes</u> Youth sanctioned For associated behavior: threats and fighting staff.

⁶ OOP is "Out of Program Time," A sanction where a youth, when not in school, must sit in a chair outside his door; youth may not participate in programming; youth may not talk to others; a youth in violation of status will start over again or go into seclusion.

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Date	ID	Code	Status	Description	Response	Diagnosis	Sanction
12/10	C12	Suicidal Behavior without Injury	Seclusion	Banging on cell door, "stating that he wanted to die." Tied shirt around his neck.	Counseled and walked to padded cell. Safety Watch	Bi-Polar Disorder, ADHD, Cannabis Abuse, Conduct Disorder.	<u>None</u>
12/14	C7	Suicidal Behavior without injury	Seclusion	Tied cloth around his neck- was removed with rescue hook-- placed in padded cell. Then removed pants string and tied around his neck.	1:1 safety watch	ADHD, PTSD, Mood Disorder, Conduct Disorder, Reactive Attachment, Brief Psychotic Disturbance	<u>None</u>
12/15	C7	Suicidal Behavior with Injury	Was on 1:1 at the time? ⁷	Banging his head on walls; brought to padded cell where he ripped his shirt and tied around his neck, removed by staff.	Escorted to the padded cell. Safety watch.	ADHD, PTSD Mood Disorder, Conduct Disorder, Reactive Attachment, Brief Psychotic Disturbance	<u>None</u>
12/15	C13	Property Destruct	In room	Ingested hygiene products. Distraught over new crim. charges. Ripped cork board off wall.	Moved to padded cell. 10 min. watch.	Learning disability, Conduct Disorder, ADHD, General Anxiety Dis.	<u>Yes</u> Associated behaviors. Engaging/ Restraint, Property Destruction, Bodily Fluids
12/19	C14	Failure to Comply	Padded Cell	Put shirt around neck, on and off; crying. Said he is "giving up" and "hates himself and family." Is "going	1:1 safety watch. Counseled in padded cell and then able to walk back out.	Conduct Disorder, ADHD, Mood Disorder	<u>Yes</u> Associated Behaviors: Engaging Restraint, Creating

⁷ Not always clear in facility records when a youth is on 1:1 whether they are in voluntary or involuntary room confinement. Reviewers have found examples where youth on 1:1 safety watch are, for all intents and purposes, in seclusion, but where the youth's status is not documented as seclusion. Other times youth on 1:1 seem to be moving freely about the unit.

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Date	ID	Code	Status	Description	Response	Diagnosis	Sanction
				nowhere,” “Would rather be dead.”			disturbance
12/21	C8	None (found in nursing note)	Unknown	Had been “cheeking” medications and told staff she had taken overdose of medicine.	Sent to the hospital for evaluation.	PTSD, Depressive Disorder, Borderline Intellectual Functioning	<u>None</u>
12/22	C8	Failure to comply	Lobby	Stated she would end her life that night; she will not move; and then she will cut herself with glass and die.	Moved to padded cell. Placed on 1:1 Watch.	PTSD, Depressive Disorder, Borderline Intellectual Functioning	<u>Yes</u> Resisting Movement.
1/6	C13	Suicidal Behavior	School	Told teacher that he was “very stressed” out about court date and wanted to commit suicide.	Talked with clinician.	Learning disability, Conduct disorder, ADHD, General Anxiety	<u>None.</u>
1/7	C13	Watch Status.	Padded Cell	Tied items around neck; stripped naked; urinated in padded cell multiple times. Worried about court and possibility of going to Adult Correction.	1:1 Watch.	Learning disability, Conduct disorder, ADHD, General Anxiety	<u>None.</u>
1/8	C15	Suicidal Behavior	Youth was in her room at bedtime	Tied sock around her neck; later while under observation, tied a leg warmer around her neck; Rescue hook used.	1:1 Watch.	ADHD, Mood Disorder, Impulse Control Disorder, Borderline Intellectual Functioning	<u>None</u>
1/11	C14	Suicidal behavior without injury	Padded Cell	Tied shirt around neck and began choking himself.	Restrained in padded cell. 10 minute watch.	Conduct Disorder, ADHD, Mood Disorder	<u>Yes</u> Engaging Staff in Restraint.

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Date	ID	Code	Status	Description	Response	Diagnosis	Sanction
1/15	C8	Safety Watch	Padded Cell.	Tied string from shirt around her neck- rescue hook used to remove.	Remained in Padded cell/ 1:1 Safety Watch.	PTSD, Depressive, Disorder, Borderline. Intellectual Functioning	<u>Yes</u> Concurrent behavior: Assault, Harassment, Engaging Staff in Restraint, Bodily Waste.
1/24	C14	None.	Padded cell	Tied shoe laces around neck; threatened self-harm.	1:1 Watch.	Conduct Disorder, ADHD, Mood Disorder	<u>None</u>
1/27	C16	Other	Padded cell after restraint	Youth in seclusion, left cell w/o permission; said he had to use the bathroom; told to return to cell; refused. Restrained; cuffed; escalated. Placed in padded cell; tied shirt around his neck, punching wall, banging head. Clinical note, same day: he "ripped his shirt into strips and wrapped it around his neck and then moved to a spot <i>not within range of vision.</i> "	1:1 Watch. Placed on seclusion status. Told clinician that he "loved his life" but that "trying to hurt himself is the only way staff will" enter his room.	ADHD, Reactive Attachment, Mood Disorder, Explosive Disorder.	<u>Yes</u> "Combative" and "Resisting" behavior, Engaging Staff in Restraint, Creating a Disturbance, Threatening, Attempted assault
1/29	C8	Watch	In cell, after bed-time	Cutting self. Expressed "hopelessness and pessimism." "Feels stuck."	1:1 safety watch.	PTSD, Depressive, Disorder, Borderline. Intellectual Functioning	<u>None</u>
2/15-2/16	C13	Watch/ Other/ Failure to comply		Tied radio cord around neck; threatened to cut himself with radio	Padded cell; restrained multiple times; padded cell.	Learning disability, Conduct disorder, ADHD, General Anxiety	<u>Yes</u> Associated Aggressive behavior

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Date	ID	Code	Status	Description	Response	Diagnosis	Sanction
3/3	C17	Watch	Seclusion	pieces. Wrapped clothing around his neck. Had written a suicide note. Threatened “to use all available means to kill himself.”	1:1 Watch.	Anxiety Disorder, ADHD, Cannabis Abuse, Conduct disorder.	toward staff. <u>None.</u>
3/11	C18	Damage To Property		“Agitated, yelling and crying with the shirt around his neck. He repeatedly yelled ‘my sister is dead!’ stated ‘he wished he was dead anyway so what's the point.’”	1:1 Watch.	Depression, Psychotic Disorder (NOS).	<u>Yes</u> Concurrent Behaviors: Engaging Staff in Restraint, Property Destruction.
3/17	C18	Failure to Comply	Seclusion	Tied shirt around neck; Tied pants around neck; Suspected of eating hygiene products.	1:1 Watch.	Depression, Psychotic Disorder (NOS).	<u>Yes</u> Engaging Staff in Restraint, Creating a Disturb. Resisting movement
3/18	C19	Intake: 3 rd admit		Significant suicidality; life not worth living; everyone better without him; wants to “rip his own face off.”	1:1 Watch.	PTSD, Mood Disorder NOS, ADHD, Cannabis Abuse	<u>None</u>
3/21	C20	Failure to Comply	Seclusion	Suicidal threats, screaming and banging on door.	1:1 Watch. Was on restricted status. Said that he made suicidal threats so that he could have staff sit with him.	Conduct Disorder Sex. Abuse of a child	<u>None</u>

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Date	ID	Code	Status	Description	Response	Diagnosis	Sanction
3/21	C18	None.	Room. Late pm.	Suicidal threats. "Wants to die and be with his deceased sister."	1:1 Watch.	Depression, Psychotic Disorder (NOS).	<u>None</u>
3/26	C14	Watch Status.	Secluded in Rm.	Suicidal threats. "No one is taking me serious... so I'm going to show you that I'm serious." "Agitated" mood, provocative statements regarding self-harm and willingness to "prove staff wrong" about whether or not he would hurt himself. "Unwilling to discuss coping skills," repeatedly said that he would be "hanging it up tonight."	1:1 Watch.	Conduct Disorder ADHD, Mood Disorder	<u>None</u>
4/2 and 4/3	C19	Watch Status, Just admitted that day	Padded Cell, Own cell.	Suicidal and aggressive threats; threatening to cut self? Found in bed, blanket over head with rubber band around neck. ⁸ Distraught over court hearing; feels that mother doesn't want him.	1:1 Watch.	PTSD, Mood Disorder NOS, ADHD, Cannabis Abuse	<u>None</u>
4/8-4/9	C18	Assault	Seclusion	Stabbing himself with pencils. Tied shirt around his neck. Said he wanted to kill himself. Wants to go to hospital.	1:1 Watch, Later transported to hospital.	Depression, Psychotic Disorder (NOS).	<u>Yes</u> Associated Aggressive behavior.

⁸ Varying reports about what item is around youth's neck.

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Date	ID	Code	Status	Description	Response	Diagnosis	Sanction
4/12	C3	Other	In cell, 10 minute watch	Told mother on phone that he wanted to kill himself/hang himself.	Hand-cuffed, placed in padded cell. 1:1, then 10 minute watch.	PTSD, Depressive Disorder, Conduct Disorder, ADHD Opioid Abuse, Cannabis Abuse	<u>Yes</u> For being “combative” with staff during the intervention. Engaging Staff In a restraint. Creating a Disturbance.
4/13	C3	Suicidal behavior without injury.	In cell.	Tied ligature around neck, found face down in bed, despondent.	Handcuffed, shackled, and brought to padded cell. 1:1 Watch.	PTSD, Depressive Disorder, Conduct Disorder, ADHD Opioid Abuse, Cannabis Abuse	<u>None</u>
5/1	C18	Watch Status	Seclusion	Threatening to commit suicide; tying item around neck; re- admitted that day from hospital; wants to return to hospital.	1:1 Watch.	Depression, Psychotic Disorder (NOS).	<u>None</u>
5/15	C8	Suicidal behavior w/ Injury	In cell.	Used item to cut her arm and leg.	Brought to hospital.	PTSD, Depressive, Disorder, Borderline. Intellectual Functioning	<u>None</u>
5/30	C4	Watch Status Update	Padded cell	Tied items around neck	1:1 Watch.	PTSD, ADHD, Mood Disorder, Conduct Disorder.	<u>None</u>
6/7	C18	None.	In room	Tying items around neck; threatening harm; agitated, impulsive.	1:1 Watch.	Depression Psychotic Disorder (NOS).	<u>None</u>
6/17	C3	Watch Status update.	In room.	In bed, sheet double knotted around his neck, distraught over delayed discharge. Resident “gaspd for air,” remained	1:1 Watch.	PTSD, Depressive Disorder, Conduct Disorder, ADHD Opioid Abuse, Cannabis Abuse	<u>None</u>

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				unresponsive with his eyes closed flickering, red ligature marks around his neck Staff checked for his pulse, which he had, and waited for medical and clinical arrival.			
6/18	C18	Failure to comply	Seclusion	Tying items around neck; threatening suicide; having flashbacks to experiencing violence. He reported that he had difficulty earlier when staff had asked him to step to his room because he was speaking with another youth while on status. He was unable to let go of the incident and self-reported that it kept building until he wanted to harm himself.	Safety watch, 1:1.	Depression, Psychotic Disorder (NOS).	Was already on seclusion for violating his OOP status.
6/20	C18	Suicidal behavior	In cell	Tying sheet around neck; tied shirt around neck. Later said that he didn't want to commit suicide, but he wanted to engage with staff.	Padded cell, 1:1 Watch.	Depression, Psychotic Disorder (NOS).	<u>Yes</u> Property Destruction Engaging in a Restraint, Resisting Movement, Creating a Disturbance.
6/23	C20	Other/ Watch Status Update	In cell	Actively talking about suicide; endorsed suicidal ideation.	1:1 Watch.	Dysthymic Disorder, Sexual Abuse of a Child	1:1 for "suicidal behavior, resident ripped the bulletin board down." Went

							into the padded cell. Majored for “destruction of property.”
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TRAUMA AMONG YOUTH IN JUVENILE JUSTICE CONFINEMENT

Many, if not the vast majority of children and youth involved in the juvenile justice system present with significant trauma histories: violence in their homes or communities, and personal experiences of abuse and neglect.⁹ Often children have a history of involvement in the child welfare system—a present-day review of the 61 boys currently confined at CJTS reveals that 45 have either been previously admitted to CJTS and/or have had involvement with the child welfare agency in the last two years; only 6 have *never* had involvement with the state child welfare agency.

An issue brief published by the National Child Traumatic Stress Network summarizes the presentation of many of these youth:

We now understand that youth who have experienced trauma at home or in their communities may resort to self-help methods in an effort to feel safe—carrying weapons, engaging in physical conflict in situations they perceive as calling for ‘self-defense,’ joining gangs, and self-medication with drugs or alcohol.... The effects of trauma do not end with arrest. Trauma continues to affect behavior in day-to-day interactions, as youth respond to painful experiences and loss, exhibited in depression, fear, and anxiety; low self-esteem; self-destructive behavior; combative self-preservation; mistrust of adults; perceptions of unfairness; uncontrolled anger; deep sadness; and extreme sensitivity to rejection.”¹⁰

Trauma experts note that incarceration itself, even in a juvenile facility, is a traumatic event.¹¹ “Loss of liberty, personal identity and the familiar landscape of daily life is a frightening, disoriented, and life-changing event for a person of any age, but it is especially so for young people. Institutional placement deprives youth of the moorings in their lives—support from family and friends, school, sports, and other activities that would otherwise help them to cope with anxiety and uncertainty. It subjects youth to a complete loss of control and forced exposure to a negative peer culture.”¹²

⁹ Ford, J., Chapman, J., Hawke, J., Albert, D. (2007), *Trauma Among Youth in the Juvenile Justice System: Critical Issues and New Directions*, The National Center for Mental Health and Juvenile Justice.

¹⁰ Burrell, S. (2013), *Trauma and the Environment of Care in Juvenile Institutions*, Los Angeles, CA & Durgham, NC: NCTSN: The National Child Traumatic Stress Network.

¹¹ *Id.*

¹² *Id.*

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Program staff need significant and regular training and support to help respond to dysregulated and traumatized youth. Evidence shows that correctional responses to youth, which include sanctions, restraints and room confinement, actually escalate youth with mental health and trauma-related disorders.¹³ Many youth cannot immediately control what triggers their negative behavior and often perceive everyday occurrences as threatening. The trauma-responsive approach, which focuses on helping youth understand their triggers and learn more appropriate ways to respond, emphasizes relationships as the key to improving behavior. This approach will still embrace accountability and treatment, but the trauma-responsive approach changes the frame for and responses to youths' behavior.

A recent DCF consultant's report recommends all youth have individual assessments that should "routinely include descriptions of youth triggers, how they look and behave when they are distressed, what works to help them regulate, and the individual elements of a crisis response safety plan" to allow for a more "proactive response to youth before they go into crisis."¹⁴

Leaders across states acknowledge moving from training into daily practice is the most significant challenge in the system, emphasizing the need for quality assurance to ensure good implementation. Research confirms that *training* is often the most important indicator of positive outcomes for youth.

While the state examines the ongoing need for CJTS and Pueblo, and alternatives to training-school style secure care, DCF must *dramatically* expand and strengthen its training and supervision supports to ensure robust attention to trauma-informed principles. Significant attention must also be paid to the impact of youths' learning disorders on efforts to teach and change behaviors. Training hours should be increased, and trauma-informed curricula and *technical assistance* utilized from nationally recognized sources such as the National Child Traumatic Stress Network. (www.nctsn.org). DCF should work with local experts in trauma-informed system reform to assist staff and administrators in skillfully supporting positive outcomes for youth and in crafting a robust continuum of parole supervision and supports.

Conclusion

OCA releases this addendum to help the state further assess the needs of youth in confinement and make changes to improve their care and outlook. The youth in these facilities have been described in many ways: vulnerable, mentally ill, traumatized, under-educated, abused, neglected, volatile, dysregulated, or combative. From OCA's perspective they are the state's children, many of whom have documented and significant histories of abuse and neglect and untreated mental health or special education needs. Increasingly, evidence shows that with the right interventions, youth in the juvenile justice system, even those with a history of "failure," can be rehabilitated and supported, thereby decreasing their risk of re-offending and improving public safety.

¹³ Office of Juvenile Justice and Delinquency Prevention, Department of Justice-commissioned technical assistance guide: *Desktop Guide for Working with Youth in Confinement (2014)* at 422 (hereinafter "OJJDP Guide"), found on the web at <http://www.desktopguide.info/>.

¹⁴ Kinscherff, R. *Strategic Review of CJTS/Pueblo Girls Program Policies and Practice* (July 1, 2015) (hereinafter "Kinscherff Report") at 41.

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This addendum portrays the real children who live in our state's facilities, the fragility and complexity of their presentations, and the urgent risks of suicidality, self-injury and despair that incarceration of juveniles can wreak. These profound risks, combined with the lack of data regarding the efficacy of incarceration as a rehabilitation tool, raise important questions about how to improve public safety without doing permanent harm to children.

Grappling with reducing incarceration, re-thinking the utility and risks of a maximum secure juvenile facility, and re-creating an appropriate continuum of juvenile justice services *and supervision* are not easy tasks, but can be accomplished with appropriate expertise and partnerships.

**** Please Note DCF comments regarding the Suicide Behavior Chart at the end of this Addendum.**

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DCF Comments (See Last Column) to the Suicidal Behavior Chart.

The following was provided to the OCA by the Department of Children and Families on September 14, 2015 following receipt of OCA’s draft addendum on September 11, 2015. OCA welcomes comment from DCF and includes the information below for the convenience of the reader. DCF organized its feedback by child, so the organization of the chart is different than the chart above, though the incidents referred to are the same.

Date	ID	Code	Status	Description	Response	Diagnosis	Sanction	Comments
6/3 /14	C01	Other	In cell	Broke his clock and cut himself on hands, chest and face. Distraught over lack of discharge. Said he "wanted to be free" and couldn't "stay another night in here".	1:1 for several days due to continued self-harm threats.	Conduct Disorder, ADHD, Bipolar Disorder, Single Manic Episode	No	Youth nearing the end of his 2 nd placement, struggling due to plan of moving to Puerto Rico with his grandparents.
7/8 /14	C01	Suicidal Behavior	School	Told teacher that he wanted to take an overdose.	Send to dean. Already on 10 minute watch status.	Conduct Disorder, ADHD, Bipolar I Disorder, Single Manic Episode	None	See above

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Date	ID	Code	Status	Description	Response	Diagnosis	Sanction	Comments
6/13 /14	Co2	Staff Assault by youth	On unit	Youth upset about bugs, wouldn't go back to her room, escalated, restrained and cuffed, combative, assaultive with staff. In room, tied sheet and wound around her neck. Removed with rescue hook.	1:1 watch; Told clinician she was upset that she was left her in her room after the handcuffs were removed, and she was very anxious.	Conduct Disorder, PTSD, Cannabis Dependence, Alcohol Abuse, Bipolar Disorder, Borderline Intellectual Functioning.	Yes For being Combative , physically aggressive with Staff.	AUL used poor judgement and was separated from employment in July. One of the reasons for separation was for decision making and judgement around restraint, seclusions, and response to suicidal behaviors.
6/26-28/14	Co3	Var: Failure to comply Other, Watch Status	Various: Day room, Seclusion, Padded Cell	Youth said he was "possessed by devil." Head Banging, "speaking in tongues," "Throwing himself against the wall."	Padded cell and 1:1 watch, went to hospital, returned, 1:1 watch.	PTSD, Depressive Disorder, Conduct Disorder, ADHD, Opioid Abuse, Cannabis Abuse	Yes Creating a disturbance, Resisting Movement Engaging/ Restraint	Youth having a difficult time upon return on 6/17/14, behavior in part due to K-2 use in the community
11/14 /14	Co3	Suicidal Behavior without Injury	OOP ₆ then seclusion. Banging on his door	Heard "moving around and crying" in cell. Later found with sheet tied around his neck, end of sheet in ceiling vent.	15 minute watch	PTSD, ADHD, Depressive Disorder, Conduct Disorder, Opioid Abuse, Cannabis Abuse	None	Youth having a difficult time upon return on 11/7/14, behavior in part due to K-2 use in the community

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Date	ID	Code	Status	Description	Response	Diagnosis	Sanction	Comments
4/12 /15	Co3	Other	In cell, 10 minute watch	Told mother on phone that he wanted to kill himself/hang himself.	Hand-cuffed, placed in padded cell. 1:1, then 10 minute watch.	PTSD, Depressive Disorder, Conduct Disorder, ADHD. Opioid Abuse, Cannabis Abuse	Yes For being “combative” with staff during the intervention. Engaging Staff In a restraint. Creating a Disturbance.	Youth having a difficult time upon return on 4/12/54, behavior in part due to K-2 use in the community
4/13/15	Co3	Suicidal behavior	In cell.	Tied ligature around neck, found face down in bed, despondent.	Handcuffed, shackled, and brought to padded cell. 1:1 Watch.	PTSD, Depressive Disorder, Conduct Disorder, ADHD, Opioid Abuse, Cannabis Abuse	None	Youth having a difficult time upon return on 4/12/15, behavior in part due to K-2 use in the community
6/17 /15	Co3	Watch Status update.	In room.	In bed, sheet double knotted around his neck, distraught over delayed discharge. Resident “gaspd for air,” remained unresponsive with his eyes closed	1:1 Watch.	PTSD, Depressive Disorder, Conduct Disorder, ADHD, Opioid Abuse, Cannabis	Non	Youth’s discharge delayed a week due to youth telling his JJSW that he does not plan to engage in all the services that have been put in place. Arranged

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Date	ID	Code	Status	Description	Response	Diagnosis	Sanction	Comments
				flickering, red ligature marks around his neck Staff checked for his pulse, which he had, and waited for medical and clinical arrival.		Abuse		for community providers to engage with youth while he was still at the facility to increase follow through
7/12/14	CO4	None	Seclusion	Tied clothing around her neck, hid in corner of her room. Rescue hook used to remove item.	Ongoing incident, including fighting, restraint and seclusion.	PTSD, ADHD, Mood Disorder, Conduct Disorder.	None.	New admission to program. Was involved in a group disturbance which included her assaulting youth and staff.
7/13 /14	CO4	Failure to Comply	Seclusion	Pulling her hair out-- Pulled wood off wall- Tried to choke herself with clothing around neck. Rescue hook used to remove. "Resident reported not liking being locked in and reminds her of past trauma."	Went to the hospital, returned on a 10 minute safety watch and 5 min. seclusion safety watch.	PTSD, ADHD, Mood-Disorder, Conduct-Disorder	Yes Engaging in restraint, Property Destruction, Assault, Resisting Movement, Disturbance	Resident was sent out to the ED for further evaluation.
11/21 /14	CO4	None	Bedroom	Youth, while in padded cell, tied a sock around her neck. Staff removed the sock with the rescue	Brought to hospital.	PTSD, ADHD, Mood-Disorder, Conduct-Disorder	Yes Youth sanctioned For associated behavior:	Youth refused to go to her room for bed. Youth was walking around unit threatening staff. Youth

Date	ID	Code	Status	Description	Response	Diagnosis	Sanction	Comments
				hook. Youth appeared to have difficulty breathing, and 911 was called.			threats and fighting staff.	poured a bottle of water on a staffs head, grabbed the from the same staffs sweat shirt and pulled to the floor and began assaulting the staff. Youth was placed in her bedroom for safety reasons. Youth said she was going to tie something around her neck. Staff entered her room and youth attempted to push staff and run out. She was placed an approved hold and escorted to the padded call. Youth was still attempting to assault staff so the padded cell door needed to be secured. Youth tied something around her neck, staff entered and removed the item.
5/30 /15	Co4	Watch	Padded	Tied items around	Placed on	PTSD,	None	

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Date	ID	Code	Status	Description	Response	Diagnosis	Sanction	Comments
		Status Update	cell	neck	safety watch.	ADHD, Mood Disorder, Conduct Disorder.		
7/18 /14	C05	Watch	Unclear	Used plastic wrap to make a rope and tied it around his neck; red marks around neck.	10 minute watch	Asperger's Disorder, ADHD, OCD, Tourette's Syndrome, Sexual Abuse of a child	None	Feeling hopeless after family session. Felt better after calling family. Youth had a plan where he was placed on the phone by a clinician 7 days a week for a supervised call to his family
10/19 /14	C05	Suicidal Behavior with Injury	In his room covering his window	Shirt and shoe string tied tightly around his neck.	Padded Cell	Asperger's Disorder, ADHD, OCD, Tourettes Syndrome, Sexual Abuse of a child	Yes "Combative" Engaging in Restraint, Disturbance, Bodily Waste	Youth thought clinical staff were not giving him his phone call and decided to do whatever it took to be able to call home. Helped youth ask staff if he was anxious about his daily phone call.
7/25/14	C06	None	In Cell	Tied sheet around neck and around door; covered his window; had said that if not	10 minute watch.	ADHD, Conduct Disorder, Depressive Disorder,	None	Youth struggled throughout his placement as it was hard for him to trust and

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Date	ID	Code	Status	Description	Response	Diagnosis	Sanction	Comments
				discharged, he would "Escape" or "kill himself."		Psychotic Features.		establish a relationship with staff. It also took a while to find the right combination of medication.
9/5 /14	C07	Suicidal Behavior with Injury	Seclusion	Smashed clock, cut himself in multiple places. Put plastic over his face trying to smother himself.	Padded cell. 1:1 watch.	ADHD, PTSD Mood Disorder, Conduct Disorder, RAD, Brief Psychotic Disorder	None	
9/7 /14	C07	Other	Padded Cell	Tying items around neck; cutting self with wood.	Remain in Padded Cell.	ADHD, PTSD, Mood Disorder, Conduct Disorder, RAD, Brief Psychotic Disturbance.	Yes Engaging Restraint, Creating Disturbance, Contraband, Resisting.	Youth was already on a safety watch and became uncooperative and began to cover up his room door window. Youth was moved to the padded cell for safety reasons.
12/14/14	C07	Suicidal Behavior without injury	Seclusion	Tied cloth around his neck- was removed with rescue hook-- placed in padded cell. Then removed pants string and tied around his neck.	1:1 safety watch	ADHD, PTSD, Mood Disorder, Conduct Disorder, Reactive Attachment ,	None	

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Date	ID	Code	Status	Description	Response	Diagnosis	Sanction	Comments
						Brief Psychotic Disturbance		
12/15 /14	Co7	Suicidal Behavior with Injury	Was on 1:1 at the time?	Banging his head on walls; brought to padded cell where he ripped his shirt and tied around his neck, removed by staff.	Escorted to the padded cell. Safety watch.	ADHD, PTSD, Mood Disorder, Conduct Disorder, Reactive Attachment, Brief Psychotic Disturbance	None	
9/10 /14	Co8	Suicidal Behavior without injury	In cell	Tied waist cord from pants around her neck and was unresponsive. 6 page suicide note. Incident described as "near fatal." Youth stated "no one cares" at about her and she was "at peace" with dying.	Safety watch.	PTSD, Major Depressive Disorder, Conduct Disorder, Borderline Intellectual Functioning	None	She was in her bedroom. Resident refused to go to the hospital. Decision was made not to restrain youth to get her to the hospital. After four hours on processing on 9/11, resident agreed to the hospital for a psych eval.

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Date	ID	Code	Status	Description	Response	Diagnosis	Sanction	Comments
10/7/14	Co8	Suicidal Behavior with Injury	In shower on safety watch	Cut her wrist in shower.	1:1 watch.	PTSD, Depressive, Disorder, Borderline. Intellectual Functioning, Conduct Disorder.	None	
11/10 /14	Co8		In Padded Cell	Angry about being locked in. Tore wood off walls, smashed window and used glass to cut her arm.	1:1 watch.	PTSD, Depressive, Disorder, Borderline. Intellectual Functioning, Conduct Disorder	Yes For concurrent behavior: Threatening staff.	Per residents intervention plan, in not threatening or being aggressive, her bedroom door can remained unlocked through the night due to past trauma. She threatened to “punch” and “spit” on a staff and was asked to her room for bedtime. Because of her threats, her door was locked for bedtime, not seclusion. Resident ripped a piece of wood off from the bookshelf and threatened to assault staff if they

Date	ID	Code	Status	Description	Response	Diagnosis	Sanction	Comments
								<p>entered her room. Staff were preparing a planned intervention to remove the weapon and the resident broke the safety glass window in her door. As staff were walking her to the padded cell and cleaning up the safety glass, resident was able to hide a couple small pieces. Once in the padded cell staff saw her scratching herself, entered and removed the piece of safety glass. Resident is obese and had more hidden in places we can't search. Staff counseled resident to give them the glass, clinician arrived and was able to retrieve the safety</p>

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Date	ID	Code	Status	Description	Response	Diagnosis	Sanction	Comments
								glass.
12/21 /14	Co8	None	Unknown	Had been “cheeking” medications and told staff she had taken overdose of medicine.	Sent to the hospital.	PTSD, Depressive Disorder, Borderline Intellectual Functioning	None	
12/22 /14	Co8	Failure to comply	Lobby	Stated she would end her life that night; she will not move; and then she will cut herself with glass and die.	Moved to padded cell.	PTSD, Depressive Disorder, Borderline Intellectual Functioning	Yes Resisting Movement.	Resident refused to enter the unit after a visit. Resident made comment. Staff did not use a physical intervention, she walked back to the unit on her own after 4 hours of processing.
1/15 /15	Co8	Safety Watch	Padded Cell.	Tied string from shirt around her neck- rescue hook used to remove.	Remained in Padded cell/ Safety Watch	PTSD, Depressive , Disorder, Borderline. Intellectual Functioning	Yes Concurrent behavior: Assault, Harassment, Engaging Staff in Restraint, Bodily Waste.	Padded cell was the safest place to prevent further suicide attempts until the clinician arrived. Resident is always on direct observation once a comment or gesture about suicide is made.

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Date	ID	Code	Status	Description	Response	Diagnosis	Sanction	Comments
1/29/15	Co8	Watch	In cell, after bed-time	Cutting self. Expressed “hopelessness and pessimism.” “Feels stuck.”	1:1 safety watch.	PTSD, Depressive , Disorder, Borderline. Intellectual Functioning	None	
5/15 /15	Co8	Suicidal behavior	In cell.	Used item to cut her arm and leg.	Brought to hospital.	PTSD, Depressive , Disorder, Borderline. Intellectual Functioning	None	
9/26/14	Co9	Suicidal Behavior without injury	Seclusion	Tied a belt around his neck; later, in the padded cell, youth tied clothing around his neck. Staff went in to counsel youth to take item off his neck. Reported that youth was crying but that he wouldn’t say why.	Padded cell. 1:1 Watch.	Conduct Disorder	Yes Combative. “Refused to give belt” or walk to the padded cell. Resisting Movement, Engaging in Restraint, Creating a Disturbance.	Youth told clinician he was originally upset about something that happened in school

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Date	ID	Code	Status	Description	Response	Diagnosis	Sanction	Comments
10/3 /14	C10	Suicidal Behavior without injury	Was in room.	Tied a sheet around his neck and bound ankles with sheet; blood on sheet. Wrote note: "tell mom and dad I love them...I love you all...bye for now... Peace." Told staff that he felt life would be better if he was no longer living. "Nothing positive" in his life. Suicide seemed like a "way out."	1:1 Watch	Mood Disorder, Reactive Attachment Disorder, Conduct Disorder	None	Adopted youth that has not fully attached to parents. At times he feels hopeless, at times he believes there is information about his birth family that he has not been told, attempting to reengage him in specialized RAD treatment
11/14/ 14	C10	Other	Seclusion	Cut inner arm, states over the next few days that he is suicidal and actively considering how to kill himself.	10 minute watch.	Mood Disorder, Reactive Attachment Disorder, ADHD, Conduct Disorder	None	See above
10/14/14	C11	Other	Unknown	Cut arms with a pencil.	1:1 watch.	PTSD, Bipolar Disorder, Poly-Substance Abuse	None	Youth experiencing stress and sadness after learning of her friend's suicide a couple of weeks ago and also awaiting news of a potential placement and recommitment

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Date	ID	Code	Status	Description	Response	Diagnosis	Sanction	Comments
12/10/14	C12	Suicidal Behavior without Injury	Seclusion	Banging on cell door, "stating that he wanted to die." Tied shirt around his neck.	Counseled and walked to padded cell. Safety Watch	Bi-Polar Disorder, ADHD, Cannabis, Conduct Disorder.	None	Youth is DDS involved and anxious about returning to the community and not sure where he will be residing. As a result, he is not sure if his discharge date will remain the same or if it will take longer to leave CJTS. He also reported sadness over the anniversary of his cousin's death several years ago. He has not been taking medications consistently.
12/15 /14	C13	Property Destruct	In room	Ingested hygiene products. Distraught over new crim. charges. Ripped cork board off wall.	Moved to padded cell. 10 min. watch.	Learning disability, Conduct Disorder, ADHD, General Anxiety Dis.	Yes Associated behaviors. Engaging/ Restraint, Property Destruction, Bodily	Youth received a traffic ticket for riding a scooter while in the community and perseverated that he was going to MYI despite clinician trying to reassure him this was not the case. Possible difficulty processing information

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Date	ID	Code	Status	Description	Response	Diagnosis	Sanction	Comments
1/6 /15	C13	Suicidal Behavior	School	Told teacher that he was “very stressed” out about court date and wanted to commit suicide.	Talked with clinician.	Learning disability, Conduct disorder, ADHD, General Anxiety	None.	See above
1/7/15	C13	Watch Status.	Padded Cell	Tied items around neck; stripped naked; urinated in padded cell multiple times. Worried about court and possibility of going to Adult Correction.	1:1 Watch.	Learning disability, Conduct disorder, ADHD, General Anxiety	None.	See above
2/15-2/16 /15	C13	Watch/ Other/ Failure to comply	.	Tied radio cord around neck; threatened to cut himself with radio pieces; smeared and ate feces in the padded cell	Padded cell; restrained multiple times; padded cell.	Learning disability, Conduct disorder, ADHD, General Anxiety	Yes Associated Aggressive behavior	See above
12/19 /14	C14	Failure to Comply	Padded Cell	Put shirt around neck, on and off; crying. Said he is “giving up” and “hates himself and family.” Is “going nowhere,” “Would rather be dead.”	1:1 safety watch. Counseled in padded cell and then able to walk back out.	Conduct Disorder, ADHD, Mood Disorder	Yes Associated Behaviors: Engaging Restraint, Creating disturbance	Anxious about being returned to MYI due to repeated legal charges in the adult system
1/11/15	C14	Suicidal behavior without	Padded Cell	Tied shirt around neck and began choking himself.	Restrained in padded cell.	Conduct Disorder, ADHD,	Yes Engaging Staff in	See above

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Date	ID	Code	Status	Description	Response	Diagnosis	Sanction	Comments
		injury			10 minute watch.	Mood Disorder	Restraint.	
1/24 /15	C14	None.	Padded cell	Tied shoe laces around neck; threatened self-harm.	1:1 Watch.	Conduct Disorder, ADHD, Mood Disorder	None	See above
3/26 /15	C14	Watch Status.		Suicidal threats. "No one is taking me serious... so I'm going to show you that I'm serious." "Agitated" mood, provocative statements regarding self-harm and willingness to "prove staff wrong" about whether or not he would hurt himself. "Unwilling to discuss coping skills," repeatedly said that he would be "hanging it up tonight."	1:1 Watch.	Conduct Disorder ADHD, Mood Disorder	None	Denied any intent to die, anxious about discharge placement, finally went to live with his sister
1/8 /15	C15	Suicidal Behavior	Youth was in her room at bedtime	Tied sock around her neck; later while under observation, tied a leg warmer around her neck; Rescue hook used.	1:1 Watch.	ADHD, Mood Disorder, Impulse Control Disorder, Borderline	No	Resident did not require a physical intervention and allowed staff to remove the items from her neck.

Date	ID	Code	Status	Description	Response	Diagnosis	Sanction	Comments
						Intellectual Functioning		
1/27/15	C16	Other	Padded cell after restraint	Youth in seclusion, left cell w/o permission; said he had to use the bathroom; told to return to cell; refused. Restrained; cuffed; escalated. Placed in padded cell; tied shirt around his neck, punching wall, banging head.	1:1 Watch.	ADHD, Reactive Attachment, Mood Disorder, Explosive Disorder.	Yes "Combative" and "Resisting" behavior, Engaging Staff in Restraint, Creating a Disturbance, Threatening, Attempted assault	Youth was in seclusion but was not placed on a safety watch
3/3/15	C17	Watch	Seclusion	Wrapped clothing around his neck. Had written a suicide note. Threatened "to use all available means to kill himself."	1:1 Watch.	Anxiety Disorder, ADHD, Cannabis Abuse, Conduct disorder.	None.	Youth struggles in his relationships with peers. Often makes racial slurs towards staff and residents. Lacks insight into this behavior.
3/11/15	C18	Damage To Property		"Agitated, yelling and crying with the shirt around his neck. He repeatedly yelled 'my sister is dead!' stated 'he	1:1 Watch.	Depression, Psychotic Disorder (NOS).	Yes Concurrent Behaviors: Engaging Staff in	This boy has a long history since age 7 of aggressive incidents at home and school in part due to frequent

Date	ID	Code	Status	Description	Response	Diagnosis	Sanction	Comments
				wished he was dead anyway so what's the point.”			Restraint, Property Destruction.	hospitalizations of his mother where he was left in care of brother and mo’s boyfriend. It has been very difficult to engage mother in any treatment over the past 8 years by multiple providers. Referred for admission to Solnit to rule out psychotic disorder. This was done, he has not been on a safety watch since his month admission to Solnit.
3/17 /15	C18	Failure to Comply	Seclusion	Tied shirt around neck; Tied pants around neck; Suspected of eating hygiene products.	1:1 Watch.	Depression , Psychotic Disorder (NOS).	Yes Engaging Staff in Restraint, Creating a Disturb. Resisting movement	He continues to struggle. Psychiatrist attempting to find right medication. Parent unable to care for youth but he only wants to return home. Region may have identified an aunt to become

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Date	ID	Code	Status	Description	Response	Diagnosis	Sanction	Comments
								temporary guardian.
3/21/15	C18	None.	Room. Late pm.	Suicidal threats. "Wants to die and be with his deceased sister."	1:1 Watch.	Depression, Psychotic Disorder		See above
4/8-4/9/15	C18	Assault	Seclusion	Stabbing himself with pencils. Tied shirt around his neck. Said he wanted to kill himself. Wants to go to hospital.	1:1 Watch, Later transported to hospital.	Depression, Psychotic Disorder (NOS).	Yes Associated Aggressive behavior.	See above
5/1/15	C18	Watch Status	Seclusion	Threatening to commit suicide; tying item around neck; recently admitted; wants to return to hospital.	1:1 Watch.	Depression, Psychotic Disorder (NOS).	None	See above
6/7/15	C18	None.	In room	Tying items around neck; threatening harm; agitated, impulsive.	1:1 Watch.	Depression Psychotic Disorder (NOS).	None	See above
6/18 /15	C18	Failure to comply	Seclusion	Tying items around neck; threatening suicide; having flashbacks to experiencing violence. He reported that he had difficulty earlier	Safety watch, 1:1.	Depression, Psychotic Disorder (NOS).	Was already on seclusion for violating his OOP status.	See above

Date	ID	Code	Status	Description	Response	Diagnosis	Sanction	Comments
				when staff had asked him to step to his room because he was speaking with another youth while on status. He was unable to let go of the incident and self-reported that it kept building until he wanted to harm himself.				
6/20/15	C18	Suicidal behavior	In cell	Tying sheet around neck; tied shirt around neck. Later said that he didn't want to commit suicide, but he wanted to engage with staff.	Padded cell, 1:1 Watch.	Depression , Psychotic Disorder (NOS).	Yes Property Destruction Engaging in a Restraint, Resisting Movement, Creating a Disturbance.	See above
3/18 /15	C19	Intake: 3 rd admit		Significant suicidality; life not worth living; everyone better without him; wants to "rip his own face off."	1:1 Watch.	PTSD, Mood Disorder NOS, ADHD, Cannabis Abuse	None	This is a youth with a long significant history of abuse and related medical problems that result in his feeling abnormal. Significant anger

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Date	ID	Code	Status	Description	Response	Diagnosis	Sanction	Comments
								at his mother and himself. Also wants to go home but his mother unable to manage. Very angry at his mother.
4/2 and 4/3/15	C19	Watch Status	Padded Cell, Own cell.	Suicidal and aggressive threats; threatening to cut self? Found in bed, blanket over head with rubber band around neck.s Distraught over court hearing; feels that mother doesn't want him.	1:1 Watch.	PTSD, Mood Disorder NOS, ADHD, Cannabis Abuse	None	Youth engaged in some alternative therapy on the unit, completed high school, had major changes in his medical regimen.
3/21	C20	Failure to Comply	Seclusion	Suicidal threats, screaming and banging on door.	1:1 Watch. Was on restricted status. Said that he made suicidal threats so that he could have staff sit with him.	Conduct Disorder Sexual Abuse of a child	None	Youth denied wanting to hurt himself. Reacting response to other peer (C18) on the unit.

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Date	ID	Code	Status	Description	Response	Diagnosis	Sanction	Comments
6/23	C20	Other/ Watch Status Update	In cell	Actively talking about suicide; endorsed suicidal ideation.	1:1 Watch.	Dysthymic Disorder Sexual Abuse of Child	1:1 for “suicidal behavior, resident ripped the bulletin board down.” Went into the padded cell. Majored for “destruction of property”	Youth was at MYI for two years before placement at CJTS. Often triggered as a result of his experience at MYI

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