Center for
Children's Advocacy

Missed Cues and Lost Opportunities:

Connecticut's Incarcerated Youth & Young Adults With Disabilities & Recommendations for Systemic Change

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Contents

2 Executive Summary

3 Introduction

4 Methodology & Analysis

6 Guiding questions

7 **Question 1:** Disability and Adverse Childhood Experiences (ACES)

15 **Question 2:** Disability and Patterns of School-related Development

23 **Question 3:** How effectively have school systems responded to and addressed these patterns on an individual basis for the members of this study?

31 **Question 4:** Correctional System and Special Education Services

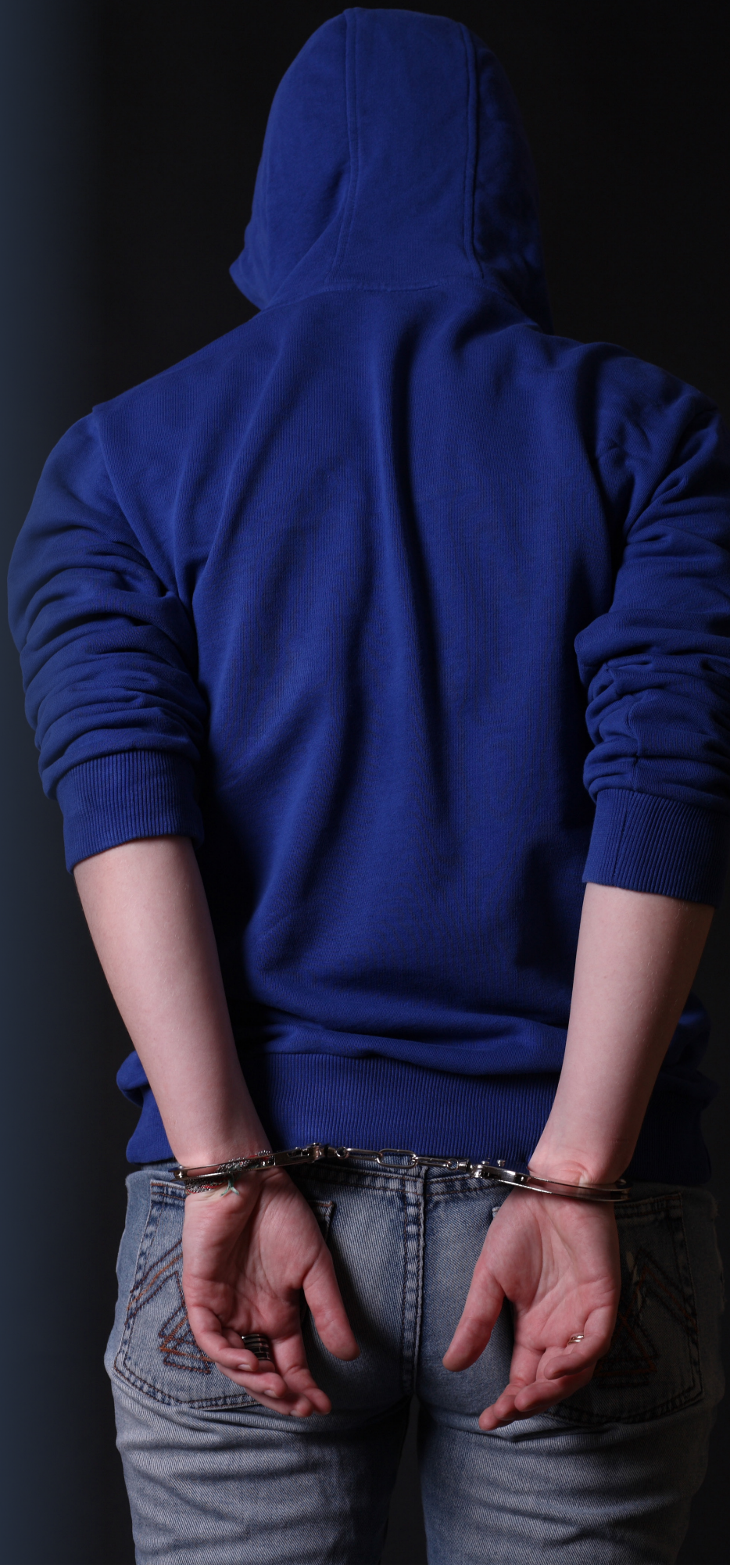
36 Summary of Findings & Recommendations

42 Conclusion

43 Endnotes

47 Biographies

48 Credits & Acknowledgements



Executive Summary

This report examines the educational trajectories of ten youth and young adults with disabilities who were incarcerated in Connecticut's adult correctional system before the age of 18. Drawing on available school records from the students' life through the end of the 2022 school year, the findings reveal a consistent pattern of missed opportunities for early identification, coordinated intervention, and cross-system support.

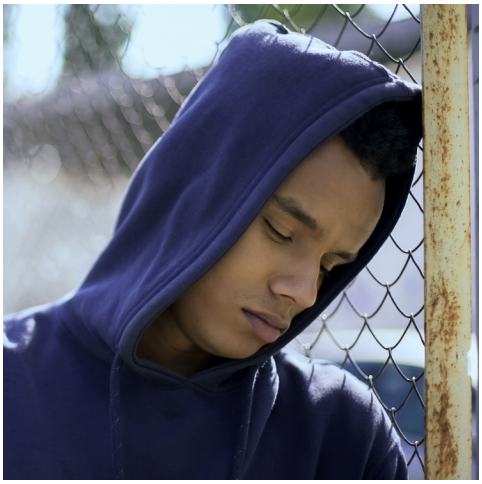
Youth with disabilities are disproportionately represented in the school-to-prison pipeline, with racial disparities further compounding this overrepresentation. The young men included in this study experienced multiple adverse childhood experiences (ACEs), early developmental challenges, and persistent academic and social-emotional difficulties. Despite these well-documented risk factors, school responses frequently emphasized behavioral control and exclusionary discipline rather than comprehensive evaluation and evidence-based intervention. Externalizing behaviors often masked underlying language, learning, and emotional disabilities, delaying or preventing timely referral for special education services.

"I am almost 21 years old, and I have spent eight years of my life locked up, starting when I was 12. I really hope that what you are doing with this report can change things for the kids who come after me."

As a result, participants experienced high rates of suspension, absenteeism, academic failure, and school disengagement. Even when special education eligibility was eventually established, services were often limited in scope, poorly coordinated, and insufficient to address core learning, communication, mental health, and transition needs.

Placement in the adult correctional system further restricted access to meaningful educational and vocational programming. Transition planning was minimal, with little coordination between correctional education programs, home school districts, families, or community-based providers. These gaps significantly undermined opportunities for rehabilitation and successful reentry into the community.

The findings underscore the urgent need for a cohesive, system-wide safety net that prioritizes early identification, trauma-informed assessment, timely special education evaluation, coordinated intervention, and robust transition planning across education and justice systems. The recommendations offered in this report outline practical steps to strengthen compliance with federal requirements and improve outcomes for youth and young adults with disabilities.



Introduction

Adolescents with disabilities are disproportionately represented in the school-to-prison pipeline and are incarcerated at rates four to five times greater than the rates of youth with disabilities enrolled in public school.

Glaring disparities compound this pattern, with youth of color comprising a disproportionately high percentage of those detained. For many children, cumulative stressors - including poverty, exposure to trauma, abuse, grief and loss, and chronic disengagement from school increase the risk for juvenile justice involvement.

While risk factors are well documented, prevention and intervention efforts remain fragmented across state and local systems. More cohesive, coordinated systems of support are essential to ensure that youth and young adults with disabilities receive timely and appropriate interventions as required under federal special education and health care laws.

This report focuses on children's receipt of services consistent with federal requirements under the Individuals with Disabilities in Education Act (IDEA).

School records of incarcerated youth and young adults reviewed for this report paint a dismal picture of developmental and adverse experiential challenges that begin in early childhood and impact elementary, middle and secondary performance.

Like many similarly situated children in the community—most often boys—these youth are frequently identified at an early age as having "problem behaviors," with externalizing challenges that mask underlying academic difficulties.

Unfortunately, when behaviors escalate in the classroom, school responses too often emphasized compliance and control, rather than consideration of possible underlying disabilities or the provision of programmatic supports designed to build academic, communication, and social-emotional skills. This disciplinary focus frequently delayed or precluded timely referral and comprehensive evaluation, limiting access to evidence-based interventions.

As a result, youth with disabilities are more likely to be suspended, adjudicated delinquent at younger ages, and held in a detention center than referred for timely and appropriate special education and related services. Even when early developmental indicators of disability are present, appropriate programs and services are often delayed.

Despite multiple opportunities for targeted interventions that could have changed the trajectories of these youth at both the local school level and the state justice system level, they were repeatedly missed for the ten young people whose experiences are documented in this report. These findings highlight the urgent need to develop a system-wide safety net that is readily accessible across the educational and justice settings.

Methodology & Analysis

This report examines developmental, social-emotional and academic influences on the educational trajectories of ten (10) youth and young adults with disabilities who were incarcerated in Connecticut's adult correctional system before they reached the age of 18.[i] Authors reviewed available educational records for each youth through the end of the 2022 school year. At present, participants are young adults. The stories of these young men chronicle multiple missed cues and lost opportunities that in each case led to school failure, disengagement from school and involvement in the justice system.[ii]

The stories of these ten youth who ended up in the "deepest end of Connecticut's justice system" are based on educational, psychological, social and behavioral information contained in school records and acquired through informal interviews with the young people by the author(s) of the report.

i Some of these young people were previously incarcerated in Connecticut's juvenile justice system, some were not.

ii. CCA secured permission to share youth stories and pseudonyms are used throughout this report.

Each of these young men identifies as Black, African American, Hispanic or multi-racial. With one exception, participants were residents of one of Connecticut's larger cities (Hartford, Bridgeport, Waterbury.) Each young person had received educational advocacy from the Center for Children's Advocacy, a non-profit law firm dedicated to the representation of youth and young adults, which ultimately led to their involvement in this report.

Each participant provided consent for their unpaid, voluntary participation, agreeing to make school records available for data collection and analysis, and to participate in informal conversations with the authors describing their developmental and educational experiences. Names and other personally identifying material have been removed or changed to preserve confidentiality of the report participants.

Many report participants remained incarcerated in the adult correctional system well beyond their 18th birthday. The young men whose experiences are documented here expressed a strong hope that sharing their stories would help improve the educational and justice systems for those who follow.

The authors – a researcher and an educational attorney working at the Center for Children's Advocacy – conducted an in-depth review of the educational records of these ten young men, ranging from pre-kindergarten to a current level of secondary education.

During elementary years, individual school records often described histories of delayed language development and limited academic growth, as well as many social, emotional, and behavioral concerns. Middle and high school records told stories of disengagement from school (poor attendance), failing grades and/or extensive disciplinary reports.

Despite the existence of these characteristics, which might have triggered a special education referral, more than half of these individuals did not receive a timely referral for comprehensive evaluation for special education eligibility.

In a smaller number of cases, although special education services were in place, records reflected ineffective planning and monitoring, and—most notably—a focus on managing behaviors rather than building essential capacities in reading, communication, and social-emotional development. Students' individual strengths and interests were seldom identified or used to inform the planning process.

Data from individual records reviewed for this report have been organized in a series of matrices to allow comparison of patterns of disability, developmental, social, learning, behavioral and mental health issues of each individual in the sample, beginning in early childhood and continuing through secondary school and post-secondary transition planning.

As a part of this report, CCA met with each study participant to clarify and expand on school records and to incorporate the individual voices, perceptions, and perspectives of the young men into the data gleaned from school records.

During these conversations, these young men described their learning experiences in elementary, middle and high school; their current educational goals, and their aspirations for the future beyond the walls of the prison in which they were residing or from which they had recently returned to the community.

Key Questions

Through an examination of individual histories, shared personal perceptions, and stories of educational experiences and outcomes, this report addresses the following questions:

Question 1:

How do the adverse childhood experiences (ACEs), disabilities, and mental health needs of program participants reveal missed opportunities for timely identification, support, and intervention across school and justice systems?

Question 2:

2 To what extent were underlying indicators of language, learning, and emotional disabilities masked by behavioral problems in ways that led to punitive and exclusionary disciplinary practices?

Question 3:

How effectively have school systems recognized, responded to, and addressed patterns of failure to better meet the special needs of these young men?

Question 4:

How effectively did the state correctional system fulfill its obligations to address the needs of incarcerated youth and young adults with disabilities through timely identification and referral, comprehensive evaluation, individualized education and transition planning?

The sections that follow examine each guiding question in turn, beginning with how adverse childhood experiences and unmet mental health needs contributed to missed opportunities for early, school-based identification and intervention.

Question 1

How do the adverse childhood experiences (ACEs), disabilities, and mental health needs of program participants reveal missed opportunities for timely identification, support, and intervention across school and justice systems?

Nationally, approximately one in three children with disabilities has experienced at least one adverse childhood experience (ACE). Among youth who later become involved in the juvenile justice system, high rates of ACEs—including childhood trauma, economic hardship, and parental stressors—are accompanied by similarly high rates of diagnosable mental health disorders

Approximately 50-70% of youth involved in the justice system experience mental health disorders, as compared with 10-20% of the general youth population. Research data regarding the prevalence of ACEs and mental health disorders among incarcerated youth and young adults indicate that most adolescents enter the juvenile justice system with high levels of poly-traumatization, too often unrecognized and mostly untreated prior to and during their involvement with the justice system.

Even when psychological or psychiatric evaluation takes place, multiple studies document misdiagnosis of mental health disorders among youth of color. Racial and ethnic differences are evident in both the diagnosis and access to treatment of behavioral disorders, with Black males 40% more likely than Whites to be diagnosed with a conduct disorder, which carries with it an expectation of increased risk of long-term criminal behavior, especially when oppositional behavior and ADHD begins in childhood.

Data indicates African-American youth are more likely to be diagnosed with disruptive behavior disorder, conduct disorder problems and psychotic disorders than with the mood, anxiety, adjustment and substance abuse disorder diagnoses more common to non-Hispanic White adolescents,' even though the actual self-ratings of participants in this study frequently indicated significant problems with anxiety, depression and somatization.

For youth already struggling to meet academic and social expectations, externalizing behaviors (aggression, noncompliance, stealing, etc.) often mask internalized problems of underlying depression, anxiety, and issues of self-esteem that intensify the impact of trauma and learning difficulties.

Frequently, attentional disorders and hyperactivity complicate academic progress and school and community behavior – evidenced in teacher, parent and participant self-ratings that consistently describe hyperactivity and attentional deficits as playing a critical role in school performance. Recent research, as well as the school records of the young men in this report, associate academic underachievement and delinquent behavior with attention deficits.

Unfortunately, while "acting out" and other externalizing behaviors are frequently documented in the research literature and in school disciplinary records, underlying emotional distress—including anxiety, depression, and somatization— may go unrecognized. This oversight likely contributes to youths' feelings of isolation, low self-esteem,

and sadness, as well as to disengagement from education and weakened relationships within the community.

Teacher-completed behavior ratings often identify externalizing behaviors as "at risk" or "clinically significant" yet frequently fail to capture the internal distress more often reflected in ratings completed by parents and by students themselves.

One individual who participated in this report recalled being expelled in the fourth grade:

"I was always angry and felt like I didn't belong in school."

The childhood experiences of most participants in this report reflect multiple examples of ACEs and associated trauma. The following were common:

Exposure to Violence

Because exposure to violence during childhood often happens during critical periods of language and social development, children's underlying mechanisms of cognitive and affective development may be seriously damaged. Equally important are subsequent neurocognitive deficits, such as poor organization and executive functioning as well as difficulties with self-regulation, mental health, cognitive processing, and language development.

Exposure to violence complicates school-related functioning. Youth involved in juvenile justice and child welfare systems are at especially high risk for exposure to violence, with associated risk of cognitive deficits due to complex and continuing trauma, often resulting in hypervigilance and a tendency to attribute hostile intent to innocuous interactions with others.

The young men who participated in this report overwhelmingly (80%) cited exposure to violence in their childhood and adolescent years. For some, community-based violence resulted in deaths of family members or close friends accompanied by severe trauma and a prolonged sense of intense grief and loss.

One youth was a gunshot victim, one witnessed the shooting death of a close friend, several youths witnessed domestic violence in their own homes. One youth reported that he was a victim of child abuse.

Trauma, disability, and discrimination

Multiple family and social issues have been associated with risk for juvenile justice involvement for individuals with disabilities including race/ethnicity, gender, poverty, family conflict, foster care, unmet service needs, and social service use.

A study of delinquency rates of incarceration found that childhood trauma, trauma symptoms, and racial discrimination significantly contributed to juvenile delinquency.

There is ample evidence that many, if not most, incarcerated individuals have trauma histories and are further impaired by associated mental health problems and educational deficits.

The destructive relationship between trauma and trauma symptoms among youth involved with the justice system is exacerbated by racial discrimination. For example, Black youth are five times more likely, Hispanic youth twice as likely, and American Indian youth three times more likely to be incarcerated when compared to White youth.

Successive state agency reports in Connecticut have found that most of the youth incarcerated

"More than two-thirds of all incarcerated boys were awaiting trial and more than 80% were Black or Hispanic."

at MYI are Black and Hispanic, with Black youth significantly over-represented in the prison population.

The most recent report from the State's Office of the Child Advocate found that there were approximately 45 to 50 boys under age 18 incarcerated at MYI at any given time between 2022 and 2024, and that **"More than two-thirds of all incarcerated boys were awaiting trial and more than 80 % were Black or Hispanic."**

Moreover, a previous state analysis of minor youth referred to Court for a Class B felony showed that Black youth "were more likely to have their case transferred to and stay in adult criminal court than White youth." All of the youth who participated in the development of CCA's Report are Black or Hispanic.

Records and interviews conducted for this report showed that several participants suffered **physical trauma** as children, with multiple youth having undergone surgeries and suffered serious injuries, the latter in some cases, left untreated. Records indicate that these experiences, along with other forms of trauma, significantly impacted mental health, evidenced by diagnoses of Post-Traumatic Stress Disorder (PTSD) and/or psychiatric hospitalizations for three individuals.

CCA notes that while all the participants reported some form of trauma, **only three out of the ten had been formally diagnosed with PTSD, giving rise to concern about lack of recognition and targeted clinical response and support.**

Parental incarceration and other family/social issues

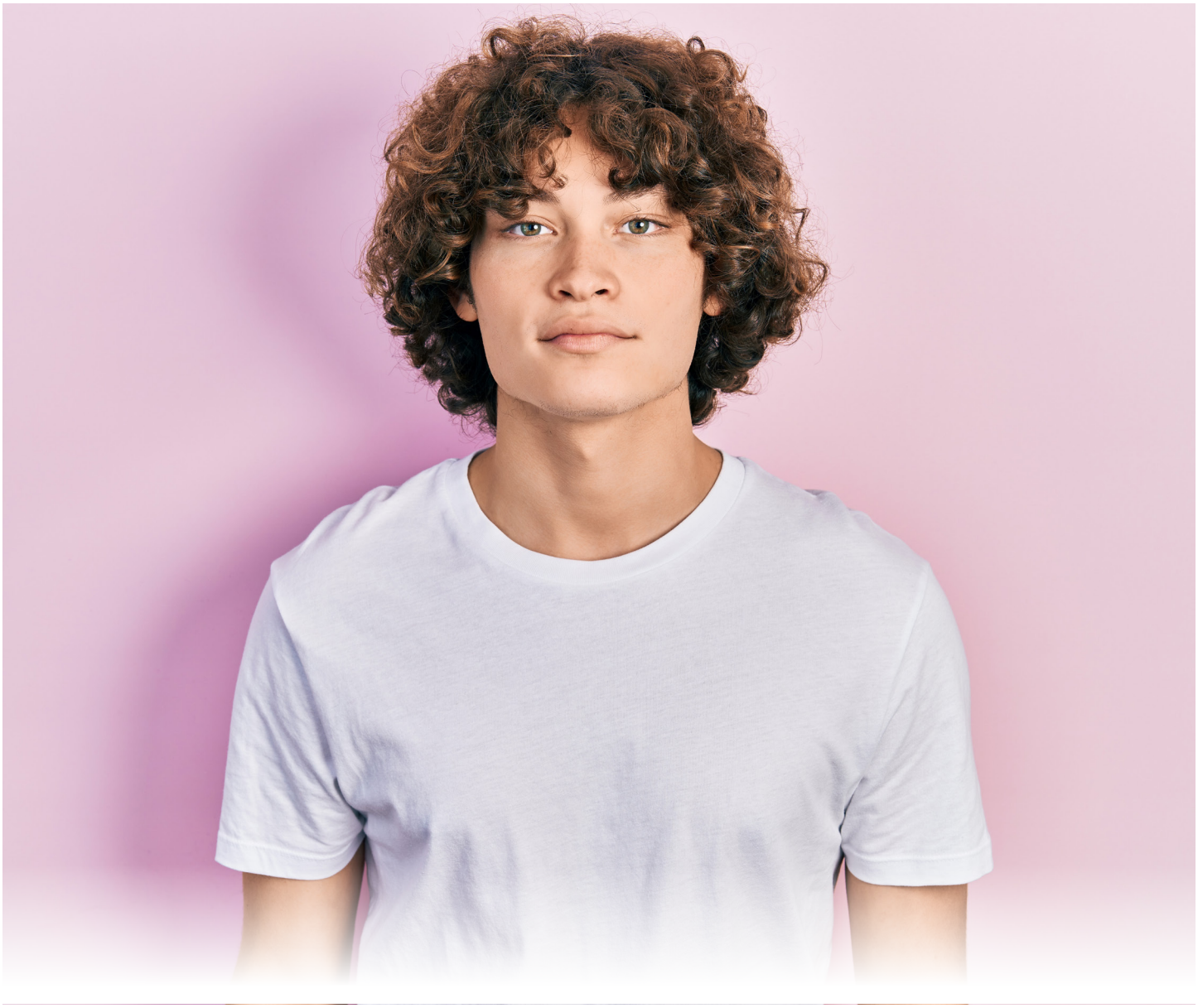
Information in educational records of this group of young men and acquired during conversations with study participants was closely aligned with themes identified in the research literature, including the relationship of family and social dysfunction with disability and incarceration.

Studies show that children of incarcerated fathers are especially likely to exhibit a wide range of difficulties during childhood, including attention problems, aggression, lower vocabulary, and nonacademic school readiness, suspension, expulsion, special education placement, and early delinquency.

More than half of the young men interviewed for this report had an incarcerated parent.

While all the participants reported some form of trauma, only three out of the ten had been formally diagnosed with PTSD...

Anthony's story



Anthony's early childhood was shaped by significant adversity. While he maintained a close and nurturing relationship with his mother, his father was incarcerated when Anthony was an infant, an early adverse childhood experience associated with later emotional and developmental risk. As Anthony grew older, he was exposed to domestic violence directed toward his mother during her relationship with an abusive partner, further compounding early trauma and instability.

Anthony exhibited significant hearing difficulties and delayed speech in early childhood and received early intervention services prior to age three. Despite this early identification of developmental

Table 1: Type and Frequency of ACES among Incarcerated Youth and Young Adults (n = 10)

Case #	Parental Incarceration	Exposure to Violence	Childhood Trauma	Family Issues
001	Father	Community violence/death	Grief and loss	Suicide/substance abuse
002	Father	Community violence/death	Shooting victim - Grief and loss	Parental stressors
003	Father	Domestic violence	Multiple surgeries	Family history of disability
004	No	Community violence/death	PTSD Diagnosis Seizures	Immigration challenges, parental separation/divorce
005	Father	Domestic violence	Severe speech/ language deficits	Dept. of Children & Families*DCF) involvement, economic stressors, parental history of significant mental health issues
006	No	Physical abuse by family members, Community violence	Homelessness, arrested at school, experienced dog attack	Parental stressors, economic stressors, parental history of significant medical and mental health issues
007	Mother, Father unknown	Physical and verbal abuse	PTSD Diagnosis Multiple placements Psychiatric hospitalization Homelessness	DCF Involvement, Prenatal substance exposure
008	Father	Community violence	Multiple physical injuries, untreated Grief and loss	Incarceration of close family member
009	Unknown	Community violence	Psychiatric hospitalization Multiple physical injuries, untreated	Economic stressors, parental relationship issues Loss of home to fire
010	No	Community violence/death	Close friend victim of gun violence; Grief and loss	Economic stressors Parental stressors

Even for those individuals receiving special education from a young age, documentation of acute or complex trauma was scarce or non-existent in their education records.

need, specialized services were discontinued after age three, and no coordinated plan was put in place to monitor or address the ongoing impact of his hearing impairment. Anthony's hearing loss continued to affect his communication, learning, and classroom functioning throughout his school years.

As he entered elementary school, Anthony struggled both academically and emotionally. He expressed a dislike of school from an early age and exhibited frequent behavioral outbursts and difficulty with emotional and behavioral regulation—responses consistent with the combined effects of early trauma, communication challenges, and unmet learning needs. He was retained in first grade; however, no referral for a comprehensive special education evaluation was initiated at that time.

By middle school, Anthony's difficulties had intensified. School records reflected increasing absenteeism, disengagement, and behavioral concerns, yet these challenges continued to be addressed primarily through disciplinary responses. In seventh grade, he was placed in an alternative school setting, still without a comprehensive analysis of his academic, language, social-emotional, or trauma-related needs.

Anthony struggled in this environment, where negative peer associations and continued disciplinary consequences further damaged his connection to school. At age 12, he became involved in the juvenile justice system. By the time he entered high school, he had experienced multiple suspensions and was again placed in an alternative educational program. Before turning 16, Anthony was incarcerated in the youth division of an adult correctional facility.

Despite clear Child Find indicators, including documented hearing impairment, long-standing academic failure, chronic absenteeism, behavioral challenges, and exposure to trauma—Anthony was never referred for special education evaluation while enrolled in the community school system. It was only during his incarceration, following advocacy by his mother and an educational attorney, that a comprehensive evaluation was conducted. That evaluation documented average intellectual ability alongside significant language-based difficulties, resulting in identification as a student with a language-based learning disability.

Anthony's story also reflects resilience and unrealized potential. He has consistently demonstrated strengths in hands-on learning and takes pride in completing concrete, task-oriented work. He aspires to earn a certification in a skilled trade and, with the completion of his high school diploma and access to appropriate supports in the community, has a realistic pathway toward meaningful employment and stability.

While all study participants reported serious adverse childhood experiences, this information was not consistently included in the students' historical school records. In fact, much of participants' personal information emerged through the interview process with CCA. Trauma-related

information was also brought to light in the cases of participants who, with the assistance of their legal advocate, were referred and identified as eligible for special education while in the justice system. **Even for those individuals receiving special education from a young age, documentation of acute or complex trauma was scarce or non-existent in their education records.**

There is no question that individual histories of trauma played a large part in youths' school failure and disengagement, truancy and/or behaviors resulting in exclusionary discipline and eventually to incarceration. These indicate not only the multiplicity of adverse childhood experiences linked with later justice system involvement, but missed opportunities to identify, assess, and intervene in ways that could have changed likely negative trajectories of children and youth who face these circumstances. *(See Table 1: Type and Frequency of ACES among Incarcerated Youth and Young Adults)*.

Despite the broad base of support for the recognition of ACEs by social services as a tool for understanding the emotional and neurodevelopment of children, documentation of ACEs is rarely used to inform educational evaluations.

Among the ten members of the group described in this report, records of only three individuals indicate a confirmed psychiatric or clinical psychological evaluation and diagnosis. These diagnoses, however, are consistent with patterns of clinical diagnosis of minority youth.

Three of ten young men described in this report had a history of at least one psychiatric hospitalization but no indication of ongoing treatment or clinical support. This reality underscores the need for schools to incorporate multiple perspectives in evaluating social-emotional, behavioral and adaptive challenges as a basis for identifying the need for school-based supports and interventions, and community-based referrals.[iii]

Recommendations:

Screening protocols for identifying and addressing the mental health of children – experiencing both single incident and complex trauma[iv] and related risk factors – provide an opportunity to diminish the impact of trauma and mental health disorders associated with justice system involvement.

Such protocols must include trauma screening, and screening for related risk factors with links to school and community-based mental health resources.[v] *(See Recommendation A1 in Summary & Findings)*

Such screenings should also be performed for youth who enter justice system custody/residential programs. For example, for students with incarcerated parents, the school can make sure to link the child and family with appropriate supportive resources like community agencies that support youth in this scenario.

In addition, the state should require that all personnel working with youth within the justice system, whether a school or residential setting, receive trauma-based training on the functional impact of trauma on learning, behavior and mental health and of the implications of trauma in the context of juvenile justice systems. Relevant staff should include school administrators, teachers, paraprofessional and related services staff, as well as staff of the Juvenile Justice Policy & Education Unit of DCF. *(See Recommendation B1 in Summary & Findings)*

iii The Behavior Assessment Scale for Children (BASC-3, Reynolds & Kamphaus, 2015), often conducted by school psychologists, is designed to assess behaviors and emotions of children and adolescents through multiple rating scales that include perceptions and observations of teachers, parents, and a student self-report, a student observation system, and a structured developmental history that addresses both positive aspects of behavior and personality as well as negative dimensions such as aggression, anxiety and depression.

iv Complex trauma typically begins in childhood or adolescence and is ongoing or repeated frequently, interfering with health development and leading to chronic difficulties with emotions, concentration and memory and difficulty in forming safe, stable relationships. See https://www.isst-d.org/public-resources-home/fact-sheet-i-trauma-and-complex-trauma-an-overview/

v See Map of Trauma-Informed Treatments for Children in Connecticut at https://www.chdi.org/publications/resources/map-trauma-focused-treatments-children/.

"It all got worse in middle school..."
PARTICIPANT 3

"I never felt like I belonged in school..."
PARTICIPANT 8

Question 2

To what extent were underlying indicators of language, learning, and emotional disabilities masked by behavioral problems in ways that led to punitive and exclusionary disciplinary practices?

Special education law and Connecticut's specific Child Find mandate establishes multiple referral triggers for special education services, including declining grades, poor or declining standardized test results and behavioral concerns in school including truancy or cumulative disciplinary referrals, with further federal requirements under the Individuals with Disabilities Act (IDEA).

While just two of the ten participants in the report were identified in early childhood as having diagnosed disabilities (autism, hearing loss and speech and language impairment), the majority of subjects failed to meet academic goals from early elementary grades, but were never referred for special education and evaluation until continued failures and associated problem behaviors intensified in later years.

As academic failure came to seem inevitable, disengagement from school became evident among study participants in rising rates of absenteeism and truancy.

The individuals in this report described increasing levels of disengagement from school in relation to academic difficulties and increasing feelings of anxiety and isolation as well as a sense of not belonging in an environment in which social and academic failure had begun to seem inescapable. As expressed by one participant, "It all got worse in middle school – I felt like I didn't belong and no one liked me..."

Despite Connecticut's state mandate to evaluate students who struggle with attendance, there was a consistent lack of timely evaluation in response to these patterns of poor school performance and poor attendance across the group *(See Table 4)*

Strengthened oversight and enforcement of the Child Find mandate at the state level are critically needed, particularly in large urban districts where most study participants resided and which disproportionately serve as feeders into the juvenile justice system.

Jayden's story

Jayden grew up in a large urban city, in a "rough" neighborhood. He recounts never quite feeling safe in his home community. He witnessed significant violence and also personally experienced being mugged and robbed on two separate occasions as a youngster, the first time when he was just 12, and the second time at gunpoint.

He had to walk to and from his neighborhood school. Because he didn't feel safe walking, sometimes he just did not go to school at all. As documented in school records, attendance was sporadic in middle school. Absenteeism increased as he got older. Although Jayden was never identified as having a learning disability, he recounts middle school getting extremely difficult.

He describes feeling overwhelmed in courses with heavier language demands, specifically history. He remembers feeling unable to comprehend what was being taught, and subsequently unable to remember any key concepts.

Jayden experienced at least three traumatic head injuries, the first in a car accident with his mother he believes took place in elementary school, the second when he was involved with a stolen car, and the third during an attack when he was kicked in the head. Each of these injuries, combined with his history of school failure and disengagement, might have prompted a referral to evaluate his eligibility for special education.

Jayden was finally referred for special education while in high school. However, because he was in and out of the justice system, the referral was never followed through. With the help of an educational attorney, Jayden was identified for special education for his psychiatric issues while in justice placement.

Eventually, Jayden received an official diagnosis of a major psychiatric disorder as well as seizure disorder. He has completed his high school diploma, took a college course, and aspires to be a mentor for boys like himself one day.

Table 2: School-related Developmental Patterns paints a picture of incarcerated youth and young adults with multiple neurodevelopmental challenges that frequently impair academic performance and success in school. Among report participants, early indicators of learning, language, and social-emotional difficulties were rarely recognized as underlying learning problems.

In only two cases did these struggles lead to a comprehensive evaluation followed by interventions and services based on findings while in elementary school. For the others, identification of underlying disabilities did not take place until a history of academic failure and multiple disciplinary interactions or significant periods of absences had occurred. In most cases, failure to recognize and follow up on students' needs in a timely way were corrected only when an educational advocate or attorney intervened.

Although research directly linking neuropsychological functioning and juvenile delinquency remains limited, a recent review of multiple studies found substantial evidence of impairments in language comprehension, visuospatial working memory, selective and sustained attention, and executive functions—including cognitive inhibition, cognitive flexibility, and planning—among youth involved in the juvenile justice system.

Such disabilities, while less likely to be recognized or assessed, may predispose youth and young adults to offending, and in the context of various aspects of psychosocial disadvantage, may even escalate interactions with school and law enforcement personnel.

Evidence from studies of delinquent populations indicates that increased exposure to

NOTES REFERENCE TABLE ON PG. 18

vi Reading and mathematics assessments were carried out using the Woodcock-Johnson IV Tests of Achievement

(WJ IV ACH; Schrank, Mather, & McGrew, 2014) an individually administered, norm-referenced instrument that is useful for screening, diagnosing, and monitoring progress in reading, writing, and mathematics achievement areas for persons ages 2-90+ years. Scores are recorded as Standard Scores (SS), with 100 being average score.

vii TABE: Test of Adult Basic Education measures as grade equivalent (GE). A score of 5.8 GE on reading tasks is equivalent to 5th grade, 8th month performance.

Table 2: School-related Developmental Patterns (n = 10)[vi]

Case #	Early Academic Deficits	Language Development Concerns	Attentional Profile	Reading Achievement	Math Achievement	ACES Detected in early childhood	Retention in Grade
001	(Kindergarten) Reading//Math Delays	No information	ADHD	TABE 5.8 GE[viii]	No information	No	Grades 1, 7, 9
002	(Grade 3) Reading Skills Deficits	Difficulty with phonological processing; verbal reasoning, limited vocabulary, retrieval of verbal information, expressive language skills	—	Broad reading SS76, Passage Comprehension SS75, extremely low scores on phonological processing	Positive math	No	Promoted by Exception Grade 9-
003	(Pre-Kindergarten) Delayed Speech	Bilingual, delayed speech, hearing loss	Inattention/ hyperacivity	Broad reading SS70, passage comprhension SS70, sentence reading 74	Broad math 76, Calculation 66	No	Grade 1
004	(Grade 4) "Academic Struggles"	No information	Inattention/ hyperactivity	Broad reading SS 84, SS Passage comprehension SS75	Broad math SS76	No	Grade 4
005	(Pre-kindergarten) Autism/Speech Language Impairment	Severe deficit expressive, receptive language	—	No information	No information	Not found in record	No
006	(Secondary) Reading Comprehension	No information	Inattention/ hyperactivity	Broad reading 7.9 GE, Passage Comprehension 6.4 GE	Broad math 10.0 GE	No	2nd
007	(Secondary) Language	Listening comprehension	Inattention	Broad reading SS 89 SS Passage Comprehension	Broad math 91	Yes	No
008	(Grade 4) Speech and language deficits	Expressive vocabulary, listening comprehension, oral expression, social language, direction following	OHI- ADD/ ADHD Inattention/ hyperactivity	Broad Reading 5.1 GE Passage Comprehension 2.6 GE	Broad math 4.2 GE	No	No
009	(Grade 1) Reading/Math English language	TABE Language 1.4 GE Primary Language Spanish	OHI- ADD/ ADHD Executive function disorder	Broad Reading 4.8 GE, Passage comprehension 77 SS	Broad math 5.2 GE	No	No
010	Middle school	No reported issues	Distractibility	Broad Reading SS 80 Passage Comprehension SS 74	Broad Math SS 83 Calculation SS 70	No	No

neurodevelopmental risk factors—particularly substance use and attention-deficit/hyperactivity disorder—may be associated with delays in brain development affecting key cognitive domains. Additionally, high rates of physical trauma and brain injury among these youth are linked to significant neurobiological alterations in brain structure and functioning.

Unfortunately, school evaluations often fail to investigate critical neuro-developmental history or carry out assessments that can provide valuable clues to learning and behavior that could surface the need for specific learning, social-emotional and behavior supports. Among the individuals in this study, several described a history of physical injury in accidents suggesting the possibility of traumatic brain injury as a factor in school failure and educational trajectory.

As evidenced in Table 2, early academic experiences among this group of incarcerated young men reflect a consistent pattern of disrupted or delayed language development, including expressive, receptive, and social language deficits paired with academic struggles in reading and mathematics.

Achievement in reading and math continued to lag behind expected levels in upper grades, with significant reading comprehension problems for all but one individual (006, above). As the curriculum becomes increasingly text-based and decontextualized in upper elementary and middle school, reading difficulties and language impairments present increasingly greater obstacles to academic success.

Educational evaluations that occurred after often long-delayed referral for determination of special education eligibility for these young men primarily focused on measures of intelligence. However, descriptive data gleaned from school records clearly demonstrates that these assessments alone were insufficient, particularly in light of IDEA requirements for comprehensive evaluation.

Learning, language, social/emotional and behavioral profiles need to be added and integrated with intellectual assessments to provide a comprehensive foundation for eligibility for special education and services.

Most notable among educational evaluations for these individuals was the absence of language-related assessments, with only a single exception in the group, despite considerable research evidence of language deficits among the broad population of juvenile offenders.

The unrecognized need for language evaluation is reinforced by multiple indicators of language impairment in the records. Recent studies note that children with language disorders display greater rates of problem behaviors, with the difference becoming more pronounced over time. [27]

Specifically, deficits in pragmatic language have been linked to a range of behavioral challenges, most commonly hyperactivity and reduced prosocial behavior. Research examining the relationship between language impairments and problem behavior has also identified deficits in hearing and auditory processing as significant risk factors for involvement in the juvenile justice system, with reported prevalence rates as high as 24.9%, compared to rates of auditory processing disorder in the general adolescent population ranging from 2% to 7%.

Jerome's story

As a young child, Jerome experienced the personal trauma of a father who was absent due to incarceration until he became a teenager. He regularly witnessed community violence. He can recall three particular incidents that he witnessed firsthand as a child involving violent and gruesome behavior between community members.

At a very early age, Jerome felt like he didn't belong in school. Language and the written word overwhelmed him, and he remembers struggling even before the 3rd grade. As a young child, he found himself in a chaotic urban school environment where he was regularly the one getting in trouble. His mother placed him into a regional lottery to attend a different area school,

Despite Connecticut's state mandate to evaluate students who struggle with attendance, there was a consistent lack of timely evaluation in response to these patterns of poor school performance and poor attendance across the group

and he was able to attend a smaller suburban elementary school.

Jerome was ultimately identified by his new school as eligible for special education, but for behavioral reasons, without consideration of other neurodevelopmental issues, despite his history of significant reading and language difficulties. As the curriculum became more focused on reading and writing in middle school, Jerome's behavior escalated, presumably due to unaddressed academic needs.

Continuing behavior problems led to his outplacement in a special education school focused on behavior problems. This placement began his trajectory into the justice system. There, he had issues with staff and began to disengage and struggle with attendance. As an 8th grader, he engaged in inappropriate social media activity for which he was ultimately discharged from this school. Jerome reported this experience as being 'expelled' although his records do not reflect that.

Rather, his records indicate that he was discharged from this school without another placement and he was left for several months without any school placement whatsoever – a clear and blatant violation of his special education rights. This experience in middle school solidified Jerome's complete disengagement from school.

After having no school program for the crux of his eighth-grade year, Jerome was assigned to the large urban high school in his neighborhood, with next to no specialized supports despite the long-documented evidence of his special needs. No PPT meeting was held to discuss his needs in the high school setting.

Jerome's first contact with the juvenile justice system occurred while he was a middle school student attending this alternative school placement. His first offense was minor/petty theft that did not lead to ongoing court involvement. If Jerome had been flagged for additional educational assistance at this point, his trajectory into high school could have been much different. However, the matter was closed and not flagged for further assistance.

Around this time, he also lost his best friend who was killed in a car accident. Jerome found high school to be overwhelming, lonely and confusing. He didn't understand his classes at all. As a result, he disengaged quickly, wandering the halls aimlessly when he attended. Often, he did not attend.

As Jerome's disengagement from school deepened—following multiple missed opportunities to address the academic, social-emotional, and trauma-related needs associated with his adverse childhood experiences—he became increasingly involved in more serious criminal activity, including

larcenies involving motor vehicles. During one such incident, he sustained a serious head injury but did not receive medical evaluation or treatment. The extent and long-term impact of this injury remain unknown.

Once incarcerated, Jerome was able to complete his high school diploma by age 20 with the support of an education attorney and advocate who helped secure the services, supports, and accommodations he was unable to articulate on his own.

Within the correctional setting, he developed an affinity for the service industry and worked in the prison kitchen and got exposure to culinary programming. Upon last contact he struggled to hold down employment in the community.

Like Anthony, Jerome expressed specific aspirations for his future including exploring access to a commercial driving license and also considering more official vocational training in the service industry. Sentenced for a new crime as a young adult, he looked forward to earning the right to early release so he could gain some work experience in the community and start over fresh.

Recommendations:

First, the state should establish various mechanisms, at both state and school district levels, to ensure compliance with Connecticut's Child Find mandate – especially in its Alliance districts, which are the greatest feeders to Connecticut's juvenile justice system.

The state should also ensure that initial special education evaluations are thorough and comprehensive, assessing language skills and processing, as well as needs for emotional and mental health support - not limited to cognitive and academic functioning.

Second, as another means of ensuring compliance with Child Find, the state should make educational advocates available to young people and their parents and guardians upon their very first arrest and/or upon their referral to the Juvenile Review Board, the state's diversionary system.

Educational advocates can help identify Child Find triggers and request and ensure comprehensive evaluations conducted quickly to reduce the likelihood of additional justice involvement.

To identify the evidence that meets Child Find criteria, a comprehensive educational record review should be a standard part of the educational advocacy.

Question 3

How effectively have school systems recognized, responded to, and addressed patterns of failure to better meet the special needs of these young men?

Despite early indications of learning struggles and academic failure (see Table 2) for most study participants, a lack of interventions and a subsequent sequence of exclusionary educational and disciplinary responses is consistent across educational trajectories. Eight group members were subjected to multiple suspensions and/or expelled from school (one on multiple occasions); and eight had either been placed in an in-district alternative school or an out of district placement without recognition and analysis of learning and social-emotional risk factors underlying problem behaviors.

Leo's story

Leo grew up in a family context shaped by his father's incarceration and ongoing family challenges that brought his mother into contact with the legal and child protection systems. From a young age, Leo had difficulty focusing in school and engaged in countless impulsive behaviors. He also had difficulty with reading starting in elementary school and was held back for reading deficiencies late in elementary school.

In 7th grade, he was involved in an incident in the school cafeteria when he impulsively grabbed another student's backpack and broke it. The school recommended Leo for expulsion and he received a yearlong expulsion as a result. This harsh punishment at such a young age created a downward spiral for Leo.

What is more - during this time, Leo received no education whatsoever. Without a seventh-grade education, he would ultimately have to repeat the year as well. Leo completely disengaged from school and did not re-engage until he was in a justice system school placement where he was required to attend school.

Table 3: Externalizing/Internalizing Behaviors and Intervention (n = 10)

Case #	Externalizing Descriptors	Internalizing Descriptors	Attention/ Hyperactivity	Trauma History/ PTSD	Academic Interventions	Disciplinary Action	Age of 1st Detention/ Incarceration	Educational Placements & Other Interventions
001	Physical aggression	Emotional issues	ADHD	Trauma history	Retention Grades 1, 7, 9	Multiple suspensions, Expulsion Grade 7	Grade7 Grade 8	Psychoactive Medication
002	Defiant/ disruptive	Depression, Anxiety/Lack of trust	Adaptive behavior deficits	Trauma history		Multiple suspensions Expulsions Grade 8, 9, 11	Grade 10	Out of District Special Education placement
003	Aggression, Conduct Problems	Social stress, anxiety, fearful depression, somatization	Inattention, hyperactivity	Trauma history	Retention Grade 1	Multiple suspensions	Grade 10	In-district Alternative High School Allergy/sleep medication
004	Anger control	Sense of inadequacy, somatization, anxiety	ADHD, behavioral dysregulation	Trauma history, PTSD	Retention Grade 4	Multiple suspensions	Grade 10	In-district Alternative High School Seizure disorder, inpatient/ outpatient psychiatric treatment
005	Aggression, self-injurious behavior	Behavioral health issues with psychoactive medication	Adaptive behavior deficits	No information			Grade 10	Private Special Education Psychiatric hospitalizations
006	Aggression, conduct problems	Social stress, anxiety, sadness, sleep problems	Adaptive behavior deficits	No information		Multiple expulsions Multiple suspensions	Pre-Grade 9	Private Special Education Pre-K Residential placement
007	Disruptive behavior	"Easily overwhelmed"	Inattention	No information		Expulsion Grade 9	Pre-Grade 9	Private special education (3) Specialized education programs
008	Aggression, anger control	Atypicality	Adaptive behavior deficits	Trauma history		Multiple suspensions Grade 3+ Expulsion Grade 8	Grade10	Private special education Therapeutic school placement
009	Anger control, impulsivity	Atypicality, depression, sensory inadequacy, somatization	Attention/ hyperactivity, executive function problems	Trauma history?	Retention high school		Grade11	Psychiatric Hospitalization
010	Aggression, conduct disorder	Adjustment disorder with mixed disturbances of emotions and conduct; major depressive disorder, recurrent, moderate; cannabis use, moderate-severe	Distractibility	Trauma history, PTSD	Expulsion Grade 3		Grade 10	Individual psychotherapy

Rising rates of truancy and disengagement beginning in middle school reflect an unfortunate but perhaps understandable attempt to escape continued failure or to cope with the impact of exclusionary disciplinary or placement practices.

He was first referred to juvenile court for truancy during the timeframe after he was expelled (at this time, truancy matters were still handled in juvenile court.) As a result, because of his complete educational disengagement, Leo was given access to an educational advocate and attorney. Leo was referred to special education at this time.

However, shortly thereafter, Leo's mother moved and became disconnected from her attorney. His new school district did not follow through on the special education referral, and Leo refused to go to school. Without the structure of school, Leo took to the city streets and accrued multiple charges.

Leo and his mother reconnected with their educational attorney when Leo landed in juvenile detention. With the help of his educational attorney and the justice facility, Leo was identified for special education as a student with a reading disability in what should have been his third year of high school. He was described by his teachers as a diligent and engaged student who was respectful and wanted to do well.

With school being year-round and mandatory in the correctional setting, Leo was able to complete his high school diploma in less than three years. In the less structured setting outside of the school setting, however, Leo continued to struggle.

He was known to have anger and impulse control issues that continued to create conflict and issues for him within the correctional setting. Leo remained incarcerated during the finalization of this report with the prospect of release within a year. He aspires to become a barber, and most importantly, be a consistent loving father to his child.

Jerome's story, from Section 2 above, also demonstrates how problem behaviors often mask underlying learning challenges, and shows how insufficient evaluation and inappropriate interventions can lead to school disengagement.

Table 4 below demonstrates that referral for evaluation of special education services was significantly delayed for most of the participants in the study until well after sustained academic failure, including the use of extensive discipline, was established.

Once referral occurred, subsequent evaluations were narrowly focused on problem behavior. Two individuals were provided with Birth to Three services at an early age, but only one went on to be identified for special education, an identification that led to placement in an out-of-district private special education program in kindergarten.

Three students were found to be eligible for special education services in elementary school. However, the nature of those services is unclear and appeared to focus on management of problem behaviors as a priority, with little attention to potential underlying language, learning, or

emotional considerations. More than half of the individuals did not become eligible for special education until they were in secondary school despite significant academic and behavioral problems in elementary grades.

One group member with a similar pattern of learning and behavioral difficulties was determined to be ineligible for special education when a referral was first made in high school, delaying eligibility until later in his ninth-grade year when referral was repeated.

Another individual appears to have been referred and denied eligibility twice before being declared eligible for special education services as a student with Specific Learning Disabilities (SLD), with each denial further delaying needed services.

As Table 4 demonstrates, the majority of study participants needed the assistance of an advocate or an attorney to facilitate referral and eligibility for special education.

Records for these subjects do not explain apparent failures of educational systems to refer or evaluate children who were clearly experiencing academic, social-emotional and behavioral problems in elementary school and whose academic struggles and problem behaviors often intensified in middle school.

Rising rates of truancy and disengagement beginning in middle school reflect an unfortunate but perhaps understandable attempt to escape continued failure or to cope with the impact of exclusionary disciplinary or placement practices.

Marquise's story

As an only child growing up with a minor medical condition, Marquise received significant attention from both of his parents early on. This positive attention was disrupted when his parents ended up splitting up while he was still young. Marquise did relatively well during his early school years, despite having underlying language processing issues that went undetected for a long period of time. As a young child, Marquise reached all important developmental milestones and was never a behavior problem.

However, Marquise lived in an under-resourced urban setting, where he was exposed to more and more violence as he grew up. He became parentified after his parents split, taking on more of a provider role while living with his mom. At this time, he also became involved in a few minor incidents with the police – playing with groups of kids in areas where they weren't supposed to be. His initial experience with the juvenile system resulted in his case being nollied, and resulted in minimal supervision.

In middle school, he began to experience increasing difficulty in school, especially in classes that required high levels of reading. When the COVID-19 pandemic hit, and he was sent home from school for virtual learning, Marquise completely disengaged.

Without sports to keep him motivated to attend school, and with no direct contact with teachers to help him get through text-heavy classes, he found himself in a hopeless situation with too much unstructured time.

He ended up in the middle of a situation with friends in the community who had conflict with one another and was implicated in a serious crime - one of the members of the group being killed. After being placed in adult prison for this incident, Marquise struggled even more with his mental health.

Upon being connected with an educational attorney while in the adult correctional system, he was able to receive testing and become identified for special education, identified for both language processing and emotional issues. As a result of this connection, Marquise received more comprehensive mental health services and support in school and ultimately received his high school diploma on time.

Marquise's aspirations include college where he would like to pursue a business degree so he could

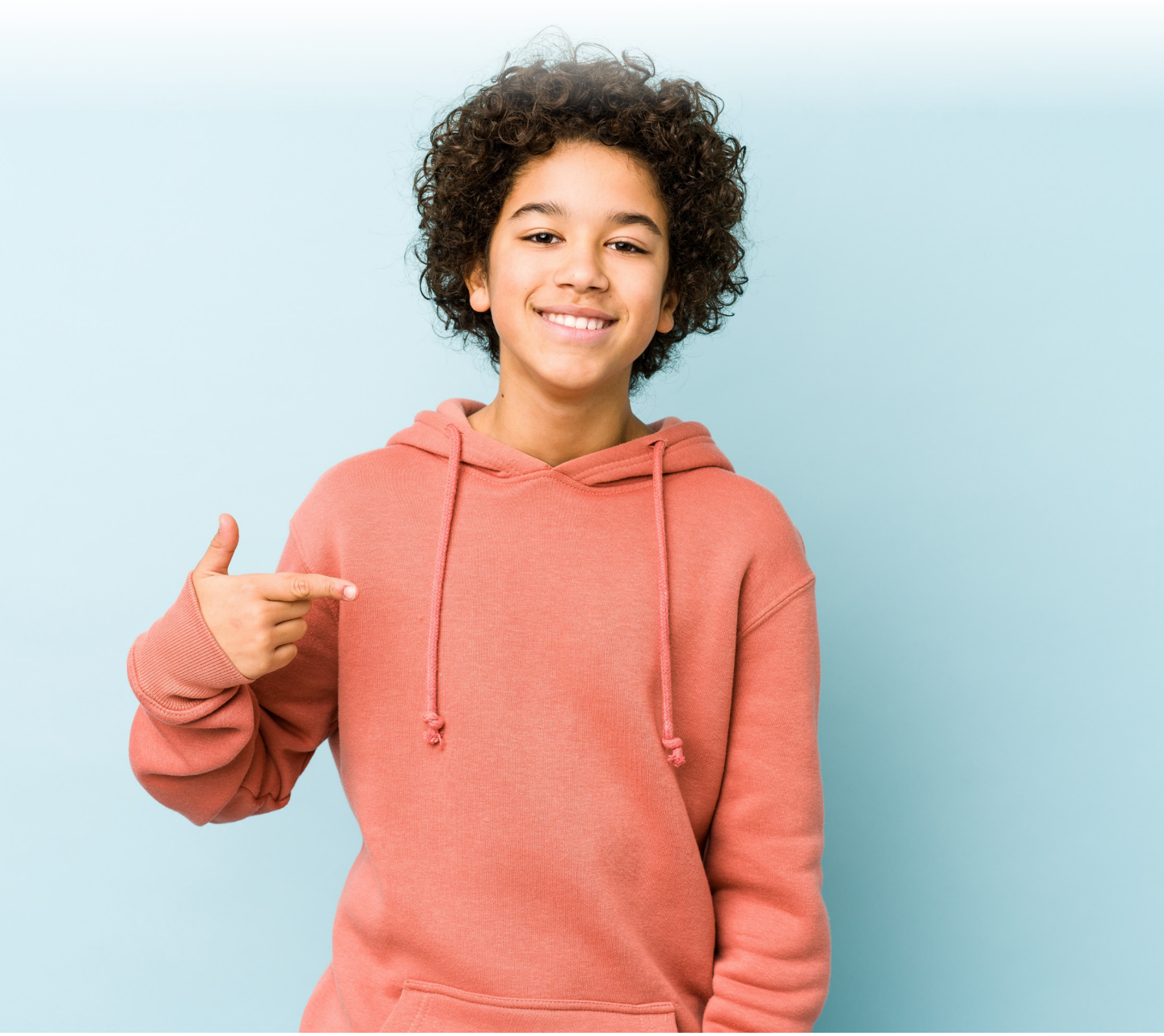


Table 4: Referral, Eligibility, and Special Education Services

Case # Special Education Eligibility Classification	Academic problems*	Behavior Problems	Mental Health Problems*	Age at Eligibility for Services	Attendance Issues	Referred by	Current [4] Individual Education Plan Services Summary
001: Specific Learning Disability	Pre-K -3 Reading/math	Grade 5	ADHD, ODD, CD	16	Middle School	Attorney	Academic support 3.5 hrs/wk Social behavioral .5 hrs/week Counseling 1 hr/month
002: Specific Learning Disability	Grade 3 Reading	Grade 5	ACES	Grade 3 (3rd referrals)	High school, if not sooner	Parent	Transition 1 hr/month; Resource 1 hr/month; Counseling 1 hr/month
003: Specific Learning Disability	Pre-K Delayed Speech	Early childhood	ACES	18	Middle School	Attorney	Academic support 2.75 hrs/ wk in resource room; hearing screening for CAPD
004: Emotional Disturbance	Grade 4 Reading		ACES	18	Middle School	Attorney	Academic support 3.5 hrs/wk; Social behavioral .5 hrs/week; Counseling 1 hr/month
005: Developmental Delay/Autism/ Speech Language Impairment/ Intellectual Disability	B-3 Sensory Integration	Early childhood	Autism with Psychiatric hospitalizations	B-3		Physician	Transition 1 hr/month; Resource 1 hr/month; Counseling 1 hr/month
006: Emotional Disturbance	-	Aggression/ conduct	Externalizing & Internalizing symptoms	15	High school, if not sooner	Advocate	Academic support .5 hr/week; Social/Behavior .5 hrs/wk; post-secondary employment 1 hr/month; social/behavioral 2 hrs/month
007: Multiple disabilities/ Emotional Disturbance	-	Disruptive behavior	ACES	13	High school, if not sooner	DCF	Transition 1 hr/month; resource 2 hrs/wk; communication .5 hrs/week
008: Other Health Impaired/ Attention Deficit Disorder/ Attention Deficit Disorder Hyperactivity Disorder	Grade 4 Speech and Language	Grade 3	Clinical Outplacement	9	Middle school	School	Academic/transition 2x/wk 1 hr; counseling 1x/month 2 hrs; speech language 1x/week 30 minutes.
009: Other Health Impaired/ Attention Deficit Disorder/ Attention Deficit Disorder Hyperactivity Disorder	Grades 1-2 Attention Bilingual/ Reading/ Math	Grade 2 distractibility	Internalizing symptoms Psychiatric hospitalization	Grade 1	High school if not sooner	School	1 hr/wk academic instruction; 1 hr/wk vocational transition instruction, 2x/wk 30 min counseling
010: Other Health Impaired	-	Aggression	Anxiety depression	Grade 9	Middle school	Attorney	4 hr/wk special education; .5 hrs/wk transition; .5 hrs/week social behavioral (staff)

*Grade first identified

Early exclusionary experiences may lead to membership in a "pushout trajectory group" in which the average probability of exclusion increases steadily, growing from approximately 25% in middle childhood to over 90% by age 16

help his father with a family-owned business and possibly play the football he missed out on in high school.

In addition to the negative impact of suspensions and exclusion for children who already are experiencing multiple adverse childhood experiences as well as academic struggles, school punishment may disrupt interpersonal relationships, increase social stress for children and their families, and exacerbate a pattern of increasing disengagement from school. [28, 29]

Evidence also suggests that early exclusionary experiences may lead to membership in a "pushout trajectory group" in which the average probability of exclusion increases steadily, growing from approximately 25% in middle childhood to over 90% by age 16. This pushout group membership has been associated with arrest.[30]

The contribution of exclusionary school discipline to a school-to-prison pipeline has been well established, including the recognition of serious racial disparities characteristic of such practices, particularly for African-American students. One study found that Black students with disabilities constituted 19% of students with disabilities yet represented 50% of students with disabilities in correctional institutions. [31]

Rates of suspension for students with disabilities, English learners, and other underrepresented groups also occur at significantly higher rates than might be expected in the school population[32, 33] with a common factor of limited language proficiency.[34]

Alternatives to exclusionary discipline supported by research include Positive Behavior Interventions (PBIS), a school wide approach, which focuses on the development of a school climate, designed to support positive behaviors among all students,[35] resulting in as many as 80% fewer suspensions in schools committed to a multi-year process of PBIS planning and implementation.

There are also indicators that Peer Mediation,[36] a model of conflict resolution, has resulted in up to 50% decreases in suspensions after implementation. While these and other alternatives to exclusionary discipline have research support, both also require a significant and continuing commitment to professional development, student and administrative support. [37]

However, schools with proportionally more Black students may be less likely to use alternatives to punitive discipline practices.[38] Overall, African American students remain overrepresented in exclusions, particularly long-term exclusions.[39]

Training teachers to work with students with behavioral problems and finding ways to connect, establish and maintain communication with parents are seen to have strong potential, but face complex challenges for implementation.[40]

Recommendations:

First, school districts must adopt alternatives to harsh school discipline, especially out-of-school suspension and expulsion practices, so students experiencing behavioral challenges -- which often mask underlying emotional and/or academic concerns – can remain in school and do not become disengaged.

The state should encourage and endorse evidence-based alternatives to suspension and expulsion at the statewide level and highlight best practices as a resource for school districts.

Additionally, there should be efforts to increase the use of Functional Behavioral Analyses (FBAs). Even when problem behavior was a primary concern, FBAs were not conducted and Behavior Intervention Programs (BIPs) were rarely developed for individuals described in this report.

Given shortages of Board-Certified Behavior Analysts and an extended period of time associated with a formal FBA, development of a CSDE-approved protocol for observation, data collection, and preliminary analysis of patterns of antecedent-behavior-consequences would provide options for behavior support plans as a first level of response to problem behavior during the referral and comprehensive evaluation process.

Second, with the assistance of the existing Juvenile Justice Education Unit (JJEU), the state should ensure that students who are placed in a residential justice placement are immediately screened and assessed for special education eligibility.

To this end, JJEU staff should be authorized, with family consent, to initiate timely special education referrals for students under their supervision who meet Child Find criteria, especially those with documented histories of academic failure, school pushout, and exclusionary disciplinary practices. It is also important that JJEU staff be given access to educational attorneys to assist in advocacy if the need arises.

Finally, all staff working with youth in school-based justice settings—including administrators, teachers, related service providers, support staff, and JJEU personnel—should receive targeted training in language and communication disorders and trauma-informed practices to better recognize these challenges and advocate for appropriate evaluation, programming, and services.

Question 4

How effectively did the state correctional system fulfill its obligations to address the needs of incarcerated youth and young adults with disabilities through timely identification and referral, comprehensive evaluation, individualized education and transition planning?

Table 5: Correctional System and Special Education Services provides a window into provision and practice of special education services for the report participants whose justice involvement led them to incarceration in the state's adult correctional system. The lack of access to a "free and appropriate" education for these individuals with disabilities and others like them, despite being in the care and custody of the state, has not gone unnoticed.

Concerns led to a multiyear investigation by the United States Department of Justice of the correctional institution in which members of this population were or had been incarcerated. The report cites evidence that, instead of tailoring IEP to the needs of a particular child, "[student's] special education services are consistently, and often dramatically, reduced without any explanation or justification." [viii] The investigation led to a comprehensive settlement that is now being monitored by a multidisciplinary team to support improvements to youth's education, mental health treatment, and conditions of confinement. Certain steps are being taken by current DOC administrators to address findings by the DOJ.

Even after each of the participants in this report was identified as eligible to receive special education services, programming remained inadequate to prepare them for re-entry into the community.

As Table 5 demonstrates, a tabulation of programs and services provided to the ten group members clearly demonstrates a lack of individualized services, a critical necessity in preparing for a return to the community.

For example, three individuals classified as having a specific learning disability received academic instruction services ranging from 15 minutes to 3.75 hours weekly, despite significant deficits in verbal and reading comprehension, further exacerbated by previously disrupted schooling related to multiple suspensions, expulsions and retention.

The most recent IEP for an adolescent labeled as having a developmental delay in early childhood, followed by successive labels of autism, speech language impairment, and finally intellectual disability specified only two hours of academic support, 15 minutes of transition services and counseling, and a half hour of communication support – a total of only three hours of special education and transition support services weekly.

Table 6: IEP and Transition Preparation presents a comparison of elements of transition planning for the 10 report participants who were all over 16 and under the age of 22 years old at the time of publication.

viii. The report further concluded that conditions at the correctional institution in which members of this study were housed were in violation of the Eighth and Fourteenth Amendments and the Individuals with Disabilities Act, 20 USC. Sections 1400-1482. See United States Department of Justice, Civil Rights Division, Investigation of Manson Youth Institution, December 21, 2021, found at: Manson Findings Report (justice.gov)

Table 5: Correctional System and Special Education Services

Case # Special Education Classification	Academic/ Instructional Support	Transition Services	Counseling	Related Sevices (Hours)	Average IEP Service Hours/wk
001: Specific Learning Disability	.5 hrs/wk	1 hr/month	1 hr/month	.5 hrs/wk Social/Behavioral	1.5 hrs
002: Specific Learning Disability	1 hr/wk	1 hr/month	1 hr/month	No record of services	1.5 hrs
003: Specific Learning Disability	3.75 Hr/wk	No record of services	No record of services	Hearing screening 1x	3.75 hrs
004: Emotional Disturbance	.5 hrs/wk	1 hr/month	No record of services	.5 hrs/wk (social/behavioral)	1.75 hrs
005: Developmental Delay/ Autism/ Speech Language Impairment/Intellectual Disability	2 hrs/wk	1 hr/month	No record of services	.5 hrs/wk (speech & language)	2.75 hrs
006: Emotional Disturbance	2 hrs/wk	No record of services	No record of services	.5 hrs/wk (social work)	5.5 hrs
007: Multiple disabilities/ Emotional Disturbance	1 hr/wk	1 hr/wk	1 hr/wk	No record of services	3.0 hrs
008: Other Health Impaired/ Attention Deficit Disorder/ Attention Deficit Disorder Hyperactivity Disorder	1.5 hrs/wk with transitional services	No record of services	2 hrs/month	.5 hrs/wk Speech/language	2.5 hrs
009: Other Health Impaired/ Attention Deficit Disorder/ Attention Deficit Disorder Hyperactivity Disorder	2 hrs/day 10 hr/wk	.25 hrs/wk transition/ employment	No record of services	.25 hrs/wk Social Behavioral	1.5 hrs
010: Other Health Impaired	4 hrs/wk	.5 hrs/wk	No record of services	1 hr/month (social/behavioral)	4.75 hrs
IEP Services Average hours per Week	2.63 hrs	.28 hrs	.20 hrs	.30 hrs	2.85 hrs

The complexity of transitioning from correctional settings to home, school, and community has resulted in a significant gap in transition planning...

Under the IDEA, transition planning, or the planning and preparation of a student with a disability for life after high school, is a crucial part of individualized education programming and is a legally required part of the IEP for students starting at the age of 14 years old in Connecticut.[41]

Given the age and circumstances of each of the individual participants, transition services – including vocational evaluation, vocational training and independent living skills – and information about community supports should be a key part of their educational plan and a priority area for services.

However, the school district for the Department of Correction, where each of the study participants ultimately ended up, provided transition services for less than one hour a week.

Goals for transition planning ranged from development of a career portfolio (although none had had any significant previous exposure to career development, vocational training, or post-secondary education information) to competitive employment, improved activities of daily living, or transition to post-secondary trade school or college.

Objectives focused on development of career awareness through paper and pencil exercises matching careers with personal abilities and preferences, and completion of transition worksheets. These goals and objectives were included within IEPs despite the fact that none of the individuals in the group were given direct access to explore employment or vocational training. There appeared to be few opportunities for situational vocational assessment,[ix] suggesting that resume preparation and worksheet activities had little relevance to the realities of a return to the community or possible employment options upon re-entry.

In fact, transition planning for successful re-entry to the community is especially complex for youth and young adults with disabilities. Components of transition plans associated with reduced rates of recidivism include inter-agency coordination, person-centered planning, support for high school completion or post-secondary education, career preparation, employment, and mentorship and social support.[42]

In practice, the complexity of transitioning from correctional settings to home, school, and community has resulted in a significant gap in transition planning, as evidenced in these cases by the near absence of collaboration between home public school systems and correctional special education programs. ***(See Table 6: IEP and Transition Planning)***.

In addition, there was a complete absence of situational vocational assessments amongst study participants. (A situational assessment refers to an observation used to an individual's performance in a real or simulated work setting.) Only three participants had IEP goals that were designated as first- or second-level priorities for transition services.

ix. A situational vocational assessment is a form of assessment that permits the individual with opportunity to try out and experience different skills and activities associated with a vocation or career.

Table 6: IEP and Transition Planning Priorities

Case # Special Education Classification	Individual/ Family Participation/ Advocate	Correctional School Representation	Local Education/ Community Representation	Situational Vocational Assessment	Content Summary
001: Specific Learning Disability	Individual, Parent (phone) Advocate	Regular Education, Special Education, School Psychology Guidance	No	No	Define career interests & abilities; develop career portfolio, apply decision-making strategies to job-related matters
002: Specific Learning Disability	Individual/Parent/ Advocate	Regular Education, Special Education School Psychology, Guidance	No	No	Identify elements of professional resume, select professional references
003: Specific Learning Disability	Local LEA IEP?	None	LEA IEP	No	Meet with Guidance to discuss college requirements; define career interests; complete resume-building worksheets
004: Emotional Disturbance	Individual, Parent	LEA Special Education teacher, LEA Social Work	LEA IEP	No	Complete formal/informal career assessment; define career interests/ abilities; identify career goals
005: Developmental Delay/Autism/ Speech Language Imparment/ Intellectual Disability	Individual, Parent	Administration, Regular Education, Special Education, School Psychology, Speech/ Language Guidance, Mental health	No	No	Improve activities of daily living; identify and memorize emergency contact; complete interest inventory of classroom jobs
006: Emotional Disturbance	No	Administration Special Education Social Work	LEA IEP	No	None
007: Multiple disabilities/Emotional Disturbance	Individual Social Services Worker	Administration, Regular Education Teacher, Special Education Teacher, Social Work	LEA IEP	No	Complete tasks to obtain housing or live independently; identify support network; fill out job applications; identify one's own strengths
008: Other Health Impaired/ Attention Deficit Disorder/ Attention Deficit Disorder Hyperactivity Disorder	Individual	Administration, Special Education, Regular Education, School Psychology, Social Work, Guidance	No	No	Identify and research vocational preferences, interests and aptitudes using vocational assessment software; acquire skills to transition to post-secondary education
009: Other Health Impaired/ Attention Deficit Disorder/ Attention Deficit Disorder Hyperactivity Disorder	Individual	Administration, Regular Education Special Education School Psychologist	No	No	Acquire skills to transition to post-secondary education, competitive or supported employment
010: Health Impaired	Individual/ Parent/ Advocate	Regular Education, Special Education, School Psychology/Social Work/ Mental Health	No	No	Acquire skills to transition to post-secondary education

In most cases, special education planning meetings included only correctional school staff, despite the expectation that multiple stakeholders participate—especially for students preparing to return to the community. The District should expand partnerships to ensure access to meaningful community-based supports during transition.

A parent participated in the process for half of the group members, and an advocate was present in three team meetings. This fragmented planning process presents longstanding major hurdles for these individuals as they prepared to leave the correctional setting and return to the community.

Review of the participants' IEPs confirms that the educational programming and services available to high-needs students with disabilities in Connecticut's adult correctional system are severely limited and insufficient to support meaningful rehabilitation or successful return to the community.

Recommendations:

All youth and young adults with special education needs should be removed from the care and custody of the adult correctional system, as it has been proven it does not have the resources to meet their needs, especially in the area of transition planning.[x]

Instead, youth and young adults with disabilities in the justice system should be educated in settings that provide robust transition planning, including access to vocational programming, training, and employment opportunities that offer real-world experience and exposure to a range of career pathways.
(*See Recommendation B3 in Summary and Findings.*)

x. Studies have also shown that the punitive nature of incarceration actually works to impede the natural maturation process that occurs to lead young offenders to 'grow out of' crime and the related anti-social tendencies. (Laurence Steinberg, Elizabeth Cauffman, and Kathryn C. Monahan, Psychosocial Maturity & Desistance from Crime in a sample of Serious Juvenile Offenders, U.S. Dept. of Justice, Office of Juvenile Justice & Delinquency Prevention, News Bulletin, March 2015)

Summary of Findings & Recommendations:

Individuals in this group of incarcerated youth and young adults with disabilities have experienced multiple ACEs, exhibited significant externalizing and internalizing behaviors, and severe deficits and delays in academic achievement. Despite these facts, referral and identification for special education evaluation was delayed for the majority of participants in this report.

Many individuals were not even identified for special education until several years into high school, well after a history of school failure and disciplinary problems had been established, and only because they had the intervention and assistance of an educational attorney. Records for all but one individual included multiple incidences of suspension, expulsion, and/or placement outside the regular education environment and could reasonably be described as having been on a pushout trajectory from upper elementary through high school years.

This pattern of exclusionary interventions made truancy and school disengagement increasingly likely. When combined with other risk factors, this disengagement often created the conditions that led to involvement in the justice system.

As the stories of group members described in this report show, the development of a safety net that is available to youth who are on the trajectory for justice system involvement is essential.

As is evident from our report participants' experiences, once youth entered Connecticut's adult system, their opportunities for intensive educational and vocational intervention and support were severely curtailed. Services addressing educational, social-emotional, and transition planning needs were minimal, and the federally mandated opportunity for a comprehensive assessment followed by free and appropriate educational services went unaddressed.

While these young men fortunately had access to an attorney with expertise in the rights of individuals with disabilities, the programming they received remained limited and inadequate to support the development of skills essential for successful community reentry as young adults. Notably, related services also failed to address the lasting effects of multiple and complex childhood traumas and other adverse experiences—factors known to affect brain development, emotional regulation, social and behavioral functioning, conflict resolution, and the capacity to form stable, supportive relationships with family, peers, and the broader community.

A. Recommendations for Statewide Educational Policy and Practice

1. The Connecticut State Department of Education and its Bureau of Special Education (BSE) should provide recommendations for implementation of screening tools and protocols to identify Social, Emotional, and Behavioral (SEB) challenges and mental health risk factors, including exposure to trauma and Adverse Childhood Experiences (ACES), in order to facilitate the full implementation of Multi-Tiered Support Systems (MTSS) at Tier 1 and beyond.

Essential resources include mental health professionals with expertise in assessment and intervention—particularly in trauma-informed care—as core

members of school-based teams, along with formal partnerships with community-based health and mental health providers. While social, emotional, behavioral (SEB) and mental health screening should remain a requirement in all Connecticut school districts, Alliance districts that disproportionately serve as feeders to the juvenile justice system should be prioritized for additional funding and targeted supports to address SEB risk factors.

Based on SEB and mental health screening outcomes, school districts must implement an effective multi-tiered system of support for students experiencing social, emotional, and behavioral concerns. When interventions are intensified across tiers and students continue to fail to make adequate progress, districts must initiate a comprehensive evaluation.

Such evaluations should include assessment of adverse childhood experiences (ACEs), childhood trauma, truancy, and other risk factors associated with SEB and academic failure, particularly for students whose behavioral indicators may mask underlying language or learning challenges. When warranted, these evaluations should lead to timely referral for special education eligibility in accordance with Child Find requirements.

Consistent with this framework, school districts must ensure access to validated trauma screening tools to guide assessment and inform the provision of appropriate supports. Districts—particularly those in large urban areas—must also ensure the availability of trauma-informed Board-Certified Behavior Analysts (BCBAs) to conduct further assessment and support the development and implementation of effective, individualized interventions.

The Connecticut State Department of Education (CSDE) and its Bureau of Special Education (BSE) should update guidance to districts on the implementation of Multi-Tiered Systems of Support (MTSS) and Scientifically Based Research Interventions (SRBI), including clear regulatory direction on how this continuum of supports and interfaces with special education evaluation and services.

Given the failure to facilitate timely evaluation and referral in the majority of the cases of the participants in this study, it is clear more specific guidance around and oversight of the evaluation process is needed, especially in Connecticut's large urban districts. Youth should not be experiencing those triggering Child Find factors – poor attendance, school discipline and poor academic performance – year after year, without being referred for evaluation and to a PPT.

As part of updated special education guidance, the BSE should strengthen and clarify expectations for timely referral to special education in accordance with state and federal Child Find requirements, ensuring that students experiencing learning challenges, chronic truancy, exclusionary discipline, low academic performance, and mental health concerns are promptly identified, supported, and referred for evaluation when warranted.

Through guidance and monitoring, the state should ensure that special education evaluations are comprehensive and extend beyond cognitive and academic assessment to include language functioning, emotional functioning, and the impact of adverse childhood experiences (ACEs). Such evaluations are essential to identify the root causes of school disengagement, suspensions and expulsions, low academic performance, and grade retention.

The following specific processes can be incorporated into guidance for districts to enhance the implementation and fidelity of MTSS and Child Find practices at the district level:

a. Upon the end of third grade, and upon transition to middle school, establish a district-

wide record review process for Child Find indicators and ensure prompt PPT referrals for students where these factors are present. In the instances where only one of the factors is present, a student support team could be convened as a first step. As a component of this process, any student with a history of being promoted by exception or held back in elementary school should be referred to a PPT for unexplained academic failure.

b. Require automatic referral to a student support team at any point during the school year when a student's cumulative removal from the classroom for behavioral reasons approaches or exceeds 10 school days. The team must review the student's needs, including the appropriateness of enhanced behavioral supports and interventions and the need for referral to special education. All team meetings, recommendations, and follow-up actions must be documented and monitored within a defined timeframe (e.g., within one marking period). If interventions are not effective within that timeframe, the district must initiate a referral for a comprehensive special education evaluation.

c. Issue updated guidance requiring that manifestation determination PPT meetings explicitly consider the need for a Functional Behavioral Assessment (FBA) and the development or revision of a Behavior Intervention Plan (BIP) for any student already identified for special education whose cumulative removal from the classroom for behavioral reasons approaches or exceeds 10 school days in a given year, regardless of whether those days are consecutive.

2. Prioritize CSDE guidance and resources to assist MTSS teams in developing and implementing systemic strategies to reduce patterns of exclusionary discipline where patterns of disproportionate suspension and expulsion rates based on students' race, gender, and disability exist. In circumstances where discipline is unavoidable under existing Connecticut law, this guidance should address how to incorporate restorative practices throughout the discipline process with a focus on the successful re-entry of the student.

Patterns of exclusionary discipline—and the racial disparities associated with them—often begin early, particularly for children who enter kindergarten without adequate social-emotional and behavioral supports. By third grade, large-scale research in urban school systems has shown that these children are significantly more likely to experience suspension or expulsion, setting the stage for long-term disengagement from school.[43]

Rather than relying on disciplinary practices that remove children from the learning environment,[xi] schools should prioritize restorative practices. Restorative practice emphasizes problem-solving, accountability, empathy, and the repair of relationships following conflict or harm, and are designed to keep students connected to school while addressing behavioral concerns.

Research demonstrates that restorative practices can improve school climate, reduce overall suspension rates, and decrease racial disparities in disciplinary outcomes, particularly for African American students and students from low-income

xi. From 2018-19 to 2022-23 (pre- to Post-pandemic), the total number of in-school suspensions decreased by 7.5 percent, but the total number of out-of-school suspensions increased by 14. 4 percent and expulsions increased by 31.4 percent. Connecticut State Board of Education, 2022-2023 Report on Student Discipline in Connecticut Public Schools, February 14, 2024. This increase in exclusionary discipline is explained as the necessary result of increasing violent and threatening behaviors and an increase in weapons related offenses.

families.[44] By reducing cumulative exposure to exclusionary discipline, restorative approaches also have the potential to interrupt the pushout trajectory and weaken the school-to-prison pipeline, thereby decreasing disengagement from school for vulnerable students.

Specific restorative measures that can be utilized include:

- Positive Behavioral Interventions and Supports (PBIS), already being used by the majority of schools in Connecticut, emphasizes prevention rather than punishment by addressing root causes of behavior through clear expectations, teaching social skills, and reinforcing appropriate behaviors; and,

- Circle Forward,[xii] a whole-school restorative practices initiative[45] emphasizes relational connections, school engagement, personal responsibility and research studies have shown positive impact in school settings by improving school climate, reducing the average suspension rate, increasing attendance, and decreasing disparities in the suspension rates of African American students and those from low-income families.[46]

Either or both of these frameworks should be utilized in a creating a restorative approach to individual situations warranting school discipline under school codes of conduct. When exclusionary discipline is unavoidable, and available alternatives inclusive of in-school-suspension are not appropriate, schools should utilize these frameworks to focus on teaching students appropriate replacement behaviors, understanding the harm that they committed, engaging in repairing of that harm, and facilitating a successful return to the school community, with additional supports through MTSS, if relevant.

While CSDE should issue this guidance for all districts across the state, it should monitor and oversee those districts with high disproportionate discipline numbers identified through its tiering system. It should also highlight appropriate use of such practices through its statewide Discipline Collaborative which meets at least bi-annually, and its annual meeting reviewing statewide disciplinary practices with the State Board of Education.

B. Recommendations for Juvenile Justice Policy and Practice

1. The state Judicial Branch should require professional development for administrators, teachers, paraprofessionals, related service personnel and staff in schools in justice related settings well as the staff of the Juvenile Justice Education Unit of the Dept. of Children and Families, to receive training on the functional impact of trauma, the essentials of trauma-based therapy, as well as training in language and communication-based disorders.

Recent research supports the efficacy of trauma-based training for educators both for reflection and attitudinal changes in dealing with disruptive children and for benefits to teachers in recognizing and resolving secondary traumatic stress. [47]

For children, trauma-informed care by teachers and caregivers has shown significant improvements in child behavior problems, PTSD symptoms, strengths and needs.[48] In addition, sustained professional development for all educators, caregivers and staff of community or correctional

xii. While Restorative Justice is often described primarily as repairing harm done the Circle Forward model of practice as an example, incorporates three tiers of implementation (Tier 1: to build community and develop positive norms; Tier 2: to manage disruptions and solve problems; and Tier 3: To respond to serious harm and misbehavior).

settings must include awareness of the relationships between low self-esteem, impairments in language development, emotion recognition and behavior problems among children and adolescents.[49]

It is critically important that line staff and others working with adjudicated youth with disabilities have focused education and ongoing support in recognizing and responding to communication disorders, which occur at rates as high as 60-90% among this population.

Although there has been less attention to the training and professional development of staff in juvenile corrections settings, there is evidence that educating staff in relation to highly prevalent and often undiagnosed communication disorders among incarcerated youth has had demonstrable benefits. Positive outcomes have included reduced behavior problems and strengthened relationships between youth and the staff who work with them.[50]

2. Ensure access to the services of educational advocates and/or attorneys upon an initial arrest or referral to community-based diversion systems or non-judicial case handling and standardize educational record reviews as a part of that advocacy. Expand access to educational attorneys to youth who are involved in the adult court system, as well as to the JJEU staff.

As these individual cases of report participants have shown, having the benefit of an attorney or advocate for a student's educational needs can make a monumental difference in comprehensive evaluation and the receipt of appropriate educational services and programming. Sometimes an advocate can help ensure that the Child Find process is being followed; in other cases, the advocate may help ensure an appropriate special education program is in place.

This recommendation calls for expansion of the existing Educational Support Services (ESS) model, which is currently limited to juvenile probation officers, to include referral pathways for youth whose cases are diverted or handled through non-judicial processes. In addition, ESS services should be made available to youth involved in the adult correctional system, as well as to JJEU staff who may require legal guidance and advocacy support when working with youth who are coming in and out of both juvenile and correctional facilities. Implementation of this recommendation will require a dedicated funding allocation to support the necessary training, staffing, and resources.

This recommendation will require a specific earmark of funding to ensure the training and resources are available.

Given the high incidence of disabilities among youth involved in the juvenile justice system, readily available, knowledgeable advocacy like that provided through ESS is critically important. In the context of the "school-to-prison pipeline", the role of juvenile defenders has made it increasingly necessary to incorporate educational records and histories into representation of clients in order to ensure that appropriate special education and related services are addressed through effective legal and educational advocacy.

The cases reviewed in the current report reinforce the need for legal advocacy to seek referral and evaluation of clients with suspected disabilities in compliance with Child Find mandates, to ensure youth have appropriate supports and services and to ensure that youth are not improperly or illegally pushed out of school or prevented from enrolling. These educational advocates and attorneys must be skilled in completing comprehensive record reviews. These advocates and attorneys can also assist and

contribute to all phases of the adjudicatory process by clarifying the impact of disabilities at home and in the community as well as in school. [51]

3. Ensure that the newly formed Juvenile Justice Education Unit, under the Dept. of Children and Families, is appropriately resourced to serve and support students with disabilities who have come in contact with the justice system.

These resources, including training and additional staffing as needed, should support JJEU staff in partnering effectively with parents of students with disabilities in the justice system, with all collaboration conducted with appropriate parental consent.

The JJEU staff should be knowledgeable in special education law and entitlements to screen students in justice system custody and identify students in need of special education evaluation and referral. Working in conjunction with parents, JJEU staff should be important participants in the PPT process for students under their purview and be at the table with parents when students are entering the justice system, throughout their stay and when students are getting ready to return to their communities.

As outlined in the above recommendation, JJEU staff should be able to refer parents to educational advocates and attorneys when needed, to ensure enforcement and compliance with the law. Broadening the role of the JJEU in this manner will not in any way undermine school districts' individual responsibility to comply with Child Find and other special education laws but will increase accountability measures for individual districts.

4. Remove school aged youth from the adult correctional system in Connecticut.

As demonstrated through the experiences of the young men profiled in this report, Connecticut's adult correctional system is not equipped to meet the educational needs of youth and young adults with disabilities or to uphold their federally protected educational rights. The correctional school district is structured around an adult education model that fails to meaningfully account for special education requirements, disability-related needs, or individualized supports. Programming is largely prioritized for individuals nearing release, rather than for younger, high-needs students who are still developmentally and educationally vulnerable. As a result, the system is fundamentally misaligned with the needs of this population and is ill-suited to support those most likely to benefit from intensive educational intervention and rehabilitation.

For this reason, the State should remove all minors as well as school-aged young people, including those under the age of 22 who have not yet received their high school diplomas, from the custody of the Department of Correction and place them in a system with sufficient and qualified staff equipped to provide educational services to students with disabilities. This placement should be focused on transition planning and preparation for life after high school. Moreover, the system should be one that has a staff with solid background in trauma.[52]

Recognizing that this change would be a drastic one if attempted all at once, this transition could manageably be done in phases, focusing on transitioning the minors and then the under 22, un-sentenced population from DOC custody first. This phase out should be done in accordance with the Connecticut Judicial Branch's Implementation Plan dated December 15, 2023, developed pursuant to Public Act 23-188. [xiii.]

After transitioning the minors out, the state should then phase out any un-sentenced young adult in accordance with their age, phasing out 18-year-olds first, 19-year-olds next, and continuing

to phase out groups by age through age 21. The state should identify a facility that can provide education and vocational training to all un-sentenced young adults under the age of 22 who have not yet received their diplomas, especially those with IEPs. This facility must be available for all sentenced young people who have not had the chance to complete their high school diploma either.

C. Recommendations for legislature and statewide budget

Conclusion: In order to make many of these recommendations feasible, they must be accompanied by earmarked funding.

The personal and educational experiences of the ten young men who are subjects of this report demonstrate both the complexity and the high levels of need of incarcerated youth and young adults with disabilities. Brief vignettes that describe the educational and life trajectories of Anthony, Leo, Jerome, and Eli reflect critical questions concerning missed opportunities that have occurred in their lives, and more importantly mandate the need for the creation of a systemic statewide safety net that Brief vignettes that describe the educational and life trajectories of Anthony, Leo, Jerome, and Eli reflect critical questions concerning missed opportunities that have occurred in their lives, and more importantly mandate the need for the creation of a systemic statewide safety net that is available to youth beginning with their school systems, extending to the state's diversionary system and encompassing the justice system at its various entry points.

Recognition of cues that signal needs for special education referral, comprehensive evaluation and effective services will make a real difference only if the cross-systemic recommendations described above are addressed with urgency to avert the life-long negative outcomes associated with the incarceration of youth and young adults with disabilities.

Systems are not without demonstrably effective strategies for addressing the problems that lead to incarceration of youth and young adults with disabilities. However, inconsistent, delayed, and fragmented implementation of evidence-based practices to interrupt school failure, the pushout trajectory and the school-to-prison pipeline continue to abrogate the rights of children with disabilities to a free and appropriate public education.

Without comprehensive and cohesive assessment, intervention and support for children and adolescents who have recognized and unrecognized disabilities, who have experienced multiple adverse childhood experiences, and who have been damaged by academic failure and exclusionary discipline, the future will continue to be bleak. The damage to fragile egos, anxiety, isolation, and anger will be irreparable.

The individuals whose cases have been analyzed in the course of preparing this report have strengths, aspirations, and positive energy that can make productive and positive relationships, success in the workplace and satisfying lives a reality. Urgent, concerted and cohesive systems of support can stem the tide of increasing and repetitive incarceration – all to the benefit of individuals like these young men, their families and communities.

xiii. See Connecticut Public Act 21-188, Section 6 found here: https://cga.ct.gov/2021/ACT/PA/PDF/2021PA-00188-R00SB-00003-PA.PDF

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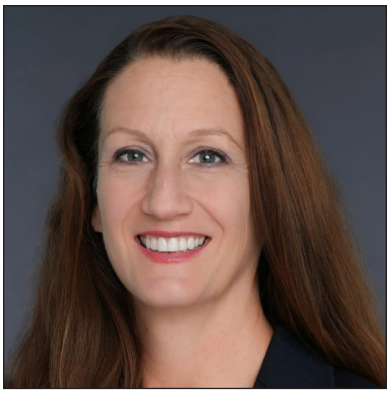

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Marisa M. Halm is a seasoned educational attorney who practiced with the Center for Children's Advocacy representing justice involved youth and young adults on educational and other civil matters from 2012-2024. Attorney Halm zealously advocated for her clients across educational settings including both local and state school systems and as well as state facilities to ensure they received the educational access, services and supports to which they were entitled. When confronted with unfair policies and practices, Attorney Halm engaged in administrative and systemic advocacy to effectuate change to benefit all of Connecticut's youth. In Alicia B. v. Dannel Malloy, et. al. she worked with national and pro bono partners to bring litigation to improve conditions and practices for Black expelled youth in 2018. In June of 2022, Halm negotiated a pre-litigation settlement with Connecticut's Dept. of Correction with partners at the Juvenile Law Center and National Center for Youth Law to improve conditions of confinement post-COVID for Connecticut's incarcerated youth.

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