



5/15/2020

JUVENILE REVIEW BOARD SURVEY RESULTS

COVID-19



CT YOUTH SERVICES ASSOCIATION

To: All YSBs and JRBs

From: Erica Bromley, Juvenile Justice Liaison, CT Youth Services Association

Subject: Results from COVID-19 JRB Survey and Follow-up Information and Recommendations

This report contains the results of the recent COVID-19 JRB survey conducted in March 2020. There is an understanding that since the time of this survey, many JRBs may have updated their practices. There were 47 respondents to this survey in total which account for more than half of all JRBs in CT.

What you will find in the report is a set of charts for the questions appropriate for graphics, narratives from the questions that required written answers, and a section for “recommendations” and other information. Recommendations are based on what has been seen across JRB practices in CT, from other state and national practices or recommendations, and other information and ideas for moving the work of the JRB forward. Many other processes and procedures are being used and many of those who previously reported on new practices may have improved their process even more since this time. The “recommendations” are merely suggestions based on the desire from respondents to hear ideas and procedures from their peers and from those who have additional information that may be helpful for their work.

Each question is re-stated with the results for both the graphics and the narratives. The graphs/tables are self-explanatory. The results in the narrative section portray the direct answers from most of the respondents, however some were not reported as they matched other responses already presented in the narrative (no need to repeat answers).

Every JRB is at a slightly different place in their provision of JRB services at this time. This document is meant to highlight what is happening and not to highlight any JRBs that are providing less or more services. Every community is struggling with this process, regardless of where they are in that process at this point in time. Police Departments are all responding differently to behaviors in the community and schools are not necessarily able to provide the amounts and types of referrals that may have been common in the past. Some JRBs have cases coming in, others do not.

The information provided here is meant to help inform and support each JRB at whatever stage of work they are in at the moment. Please feel free to reach out to me with questions, concerns, needs for support or technical assistance or any other need you may have.

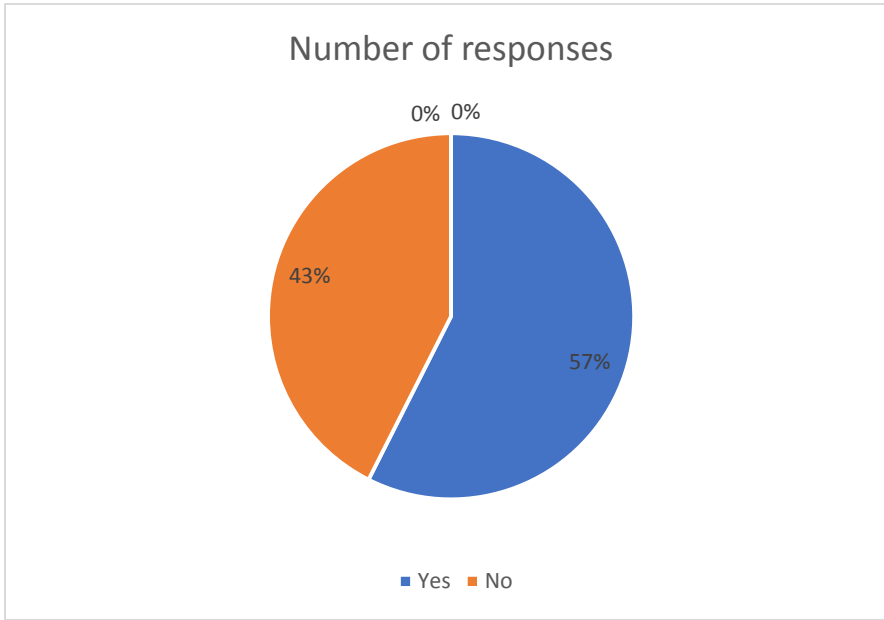
Thank you to everyone who participated in this survey and please continue to great work you are all doing!

2020 JRB SURVEY RESULTS – COVID -19

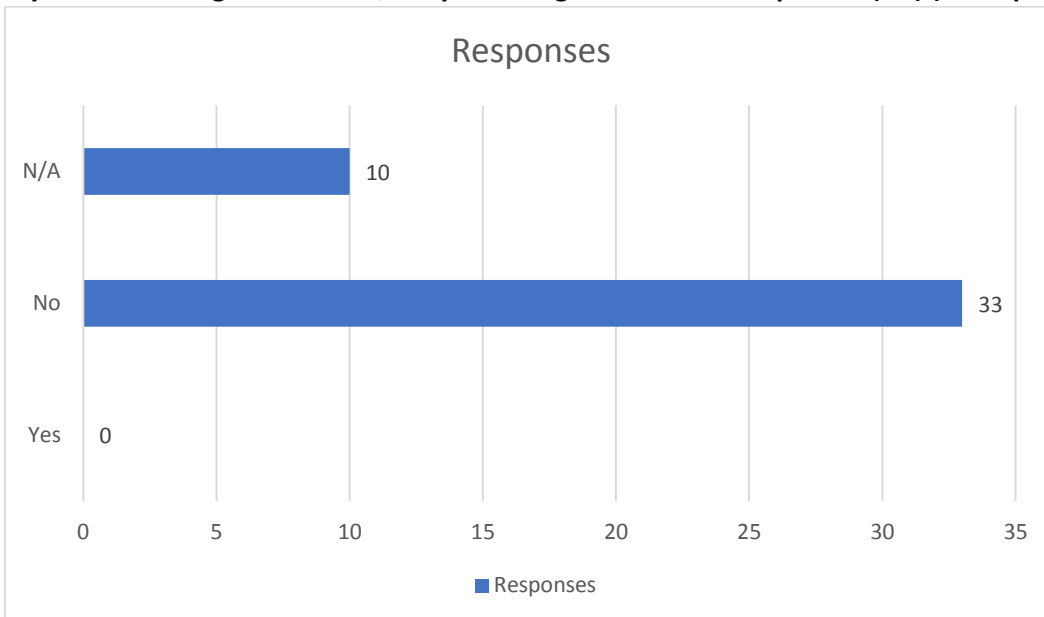
Number of responses: 47

A. CHARTS for Question #'s 3, 4, 5, 6, 8, 12, 15, and 16

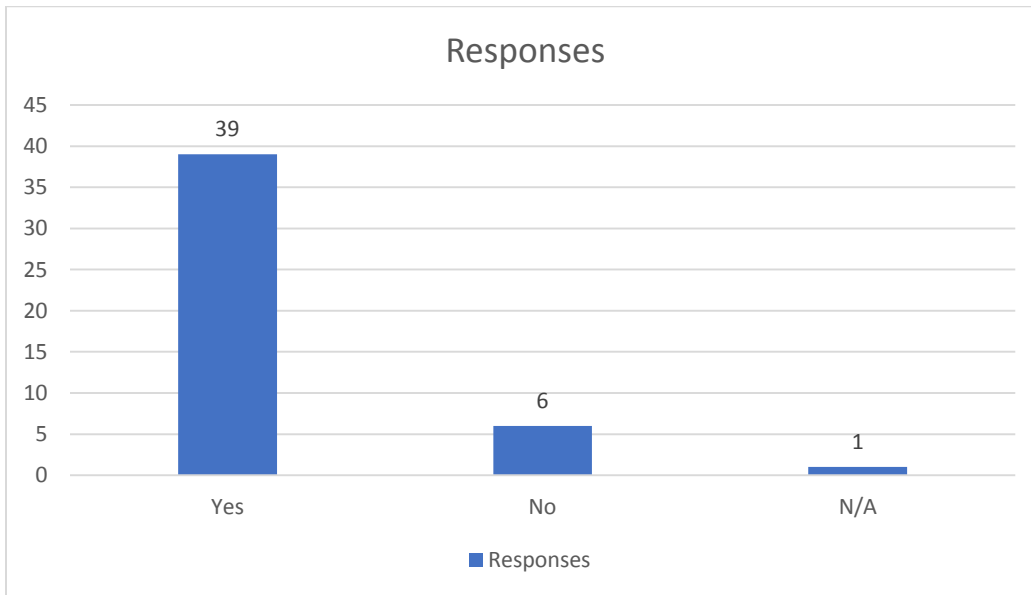
1. Are you still working in the office? (Q3) (47 respondents)



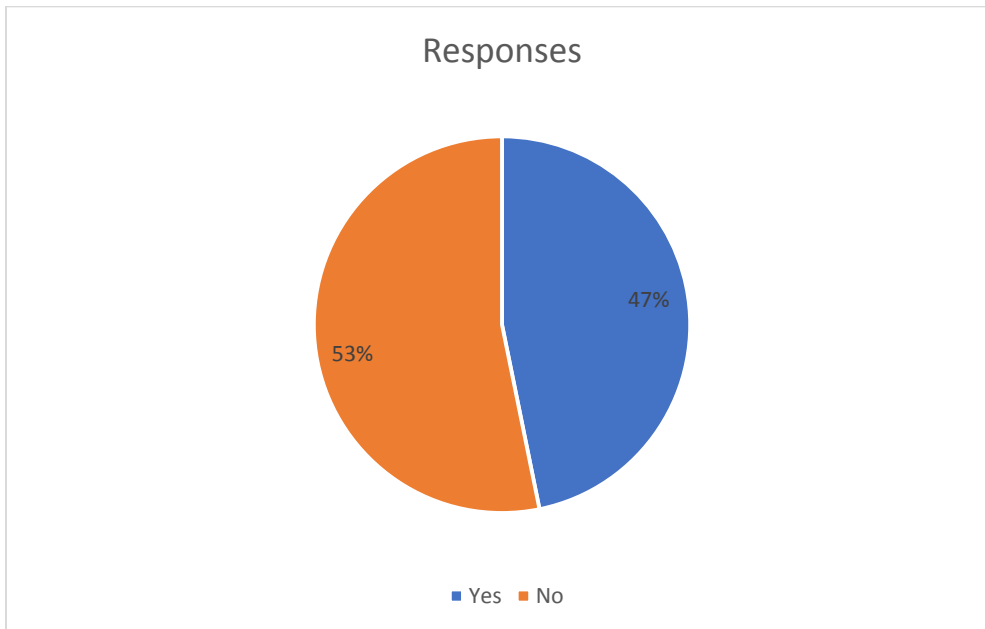
2. If you are working in the office, are you seeing members of the public? (Q5) (43 respondents)



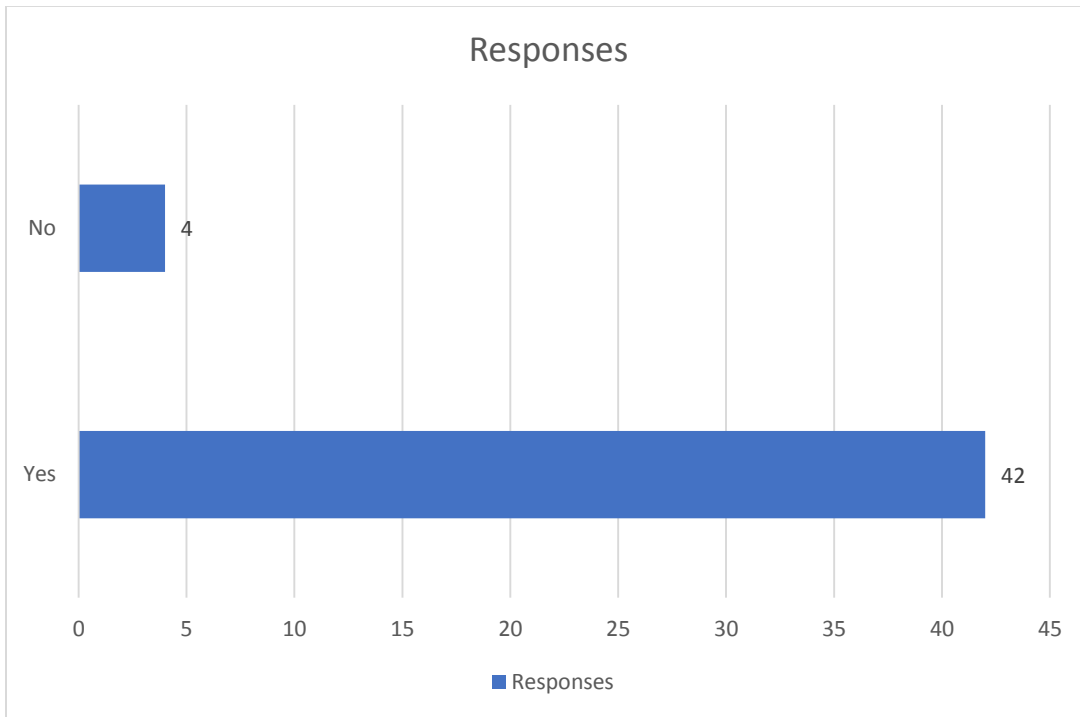
3. Are you teleworking? (Q6) (46 respondents)



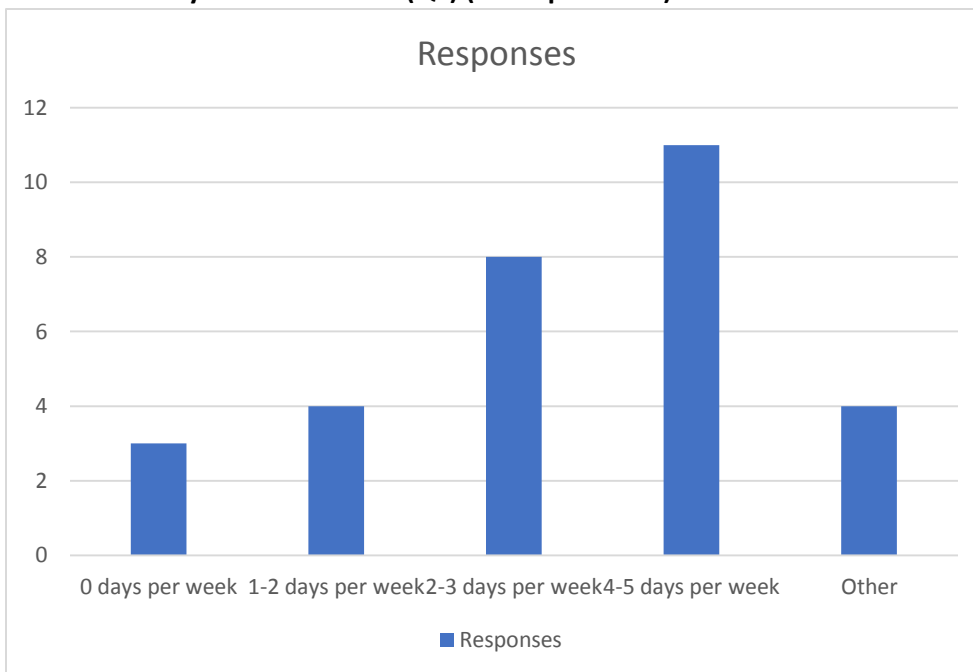
4. Is you JRB still accepting new cases? (Q8) (47 respondents)



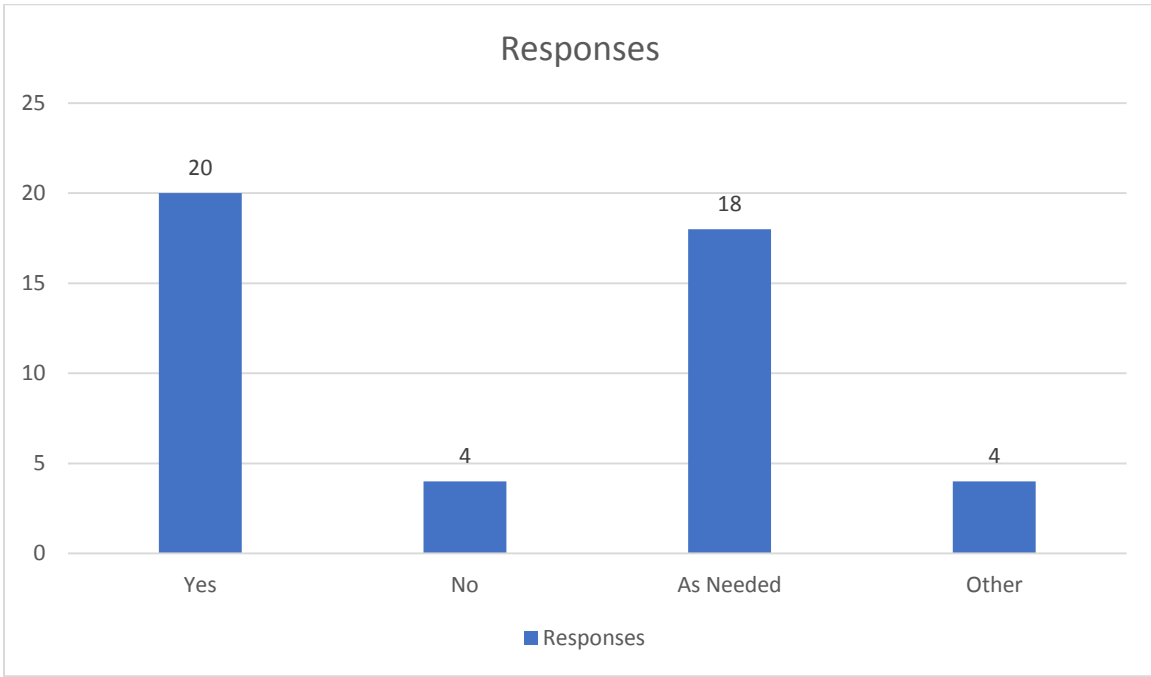
5. Are you providing case management for current cases (new or existing cases)? (Q12) (46 respondents)



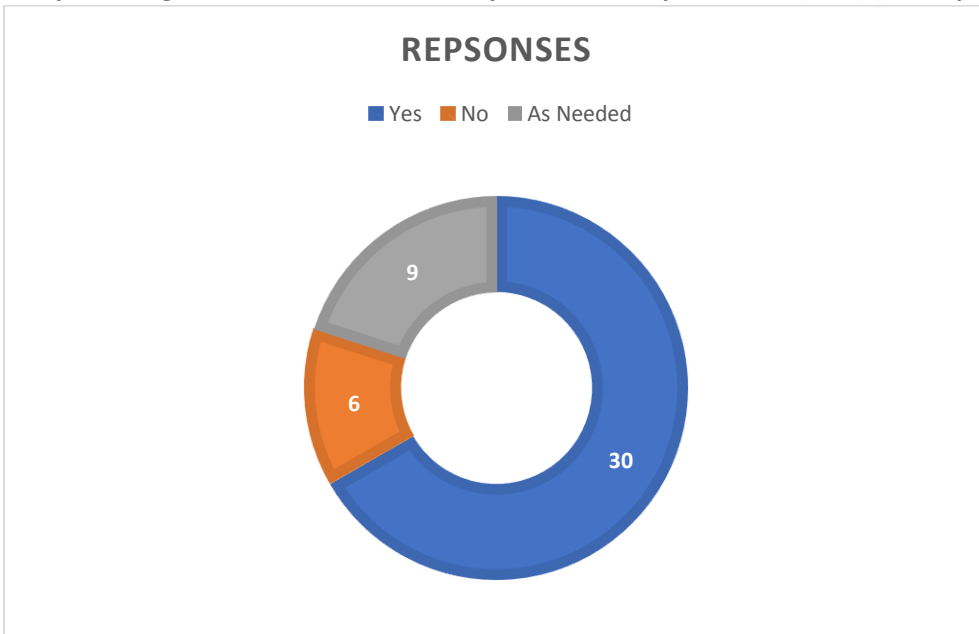
6. How often are you in the office? (Q4) (32 respondents)



7. Are you planning on extending/adjusting recommendations/contract requirements for current cases? (Q15) (46 respondents)



8. Are you in regular communication with your Police Department? (Q16) (46 respondents)



B. Summary of Comments for other Questions Question #'s 7, 9, 10, 11, 13, 14, 17, 18, 19, 20, 21

(Questions are summarized and based on THEMES that are evident across responses. Not all responses are recorded. If answers are the same as a previous respondent, that comment will only show up once)

1. (Q7) What does your tele-work look like/consist of?

- Facetime, What App, Zoom, Google Meet, Ring Central, telephone calls, texts, and email to communicate with clients and for case management
- Virtual meetings
- Tele-health for counseling services
- Zoom for support groups
- Doxy.me for client services
- Calls to check-in with clients and families, as well as law enforcement, schools and other agencies
- Weekly check-ins by phone and email and daily check-ins with some youth
- Coordination of crisis counseling, food bank needs, emergency management virtual meetings, and collaborations with support services from schools.
- Webinars, updates, and reporting
- Communication with co-workers about cases/clients
- Documenting virtual work

2. (Q9) If seeing new cases, how are you prioritizing new cases?

- Have not received any new cases
- Accepting new cases, but not seeing them until pandemic is over/normal operations resume/we are open to the public
- Youth and families with the most needs are being seen first
- Developing a log by order in which referrals are received
- First come, first serve
- Only accepting referrals from police or Juv Probation
- In order received unless there are more serious offenses or needs
- Taking all cases from police department
- Police and Court referrals are prioritized
- Doing intakes and having discussions about recommendations and doing some remote activities
- Accepting cases but monthly meetings have been suspended/no board meetings
- Accepting cases for those families who have agreed to a later JRB Board meeting/"hearing"

3. (Q10) How are you "seeing" new cases?

- Not meeting in person
- Handled via phone and through at-home materials sent to families
- Zoom intake and home materials sent ahead of time prior to the intake
- Zoom or phone depending on families' ability to participate
- Looking into hosting virtual circles for appropriate cases
- Virtual intake that focuses on checking in and assessing needs
- Thinking about/planning on doing ZOOM "hearings"/JRB meetings

- Suspended meeting with families because of no ability to meet in public spaces and currently do not have a protocol for virtual meetings
- Weekly sessions for current clients using tele-health or phone sessions
- Virtual JRB panels
- Weekly discussions with clients for 45 min to 1 hr (phone or Zoom depending on their preference)
- Phone only (sometimes parent only, sometimes student only and sometimes both)

4. (Q11) Please explain thoughts on tele-conferencing for intakes (or other necessary meetings)?

- Using Facetime, Zoom, and telephone calls to communicate
- Virtual platforms have been used to hold panels, intakes and meetings with collaborators
- The option was considered and rejected by JRB board members, leaving a gap. Concerns surfaced about privacy and security of virtual meetings. Referrals received after the shut-down are receiving phone calls from the case manager explaining what is going on and checking in regularly until normal process can resume. Board decided to put all hearings on hold, rather than try them virtually because of the importance of inclusion of the family. Concerns also arose regarding a virtual hearing not being as impactful as an in-person hearing.
- If the need arises, will use tele-conferencing for an intake
- Considered it but have yet to identify or provide a safe video conferencing option to be used across departments. We've made contact via telephone calls and have mailed home intake questions.
- Not considering it because some of our clients do not have the capability to do so.
- Have not thoroughly thought it through but will do it if necessary. Unsure of which platform to use, how privacy will be ensured, or how to obtain permission from parents.
- Have not done it yet but will consider it.
- All intakes and meetings are happening virtually and for larger meetings, Google Meets is being used.
- It was considered, but further conversation with PD has led to a decision that it is best to have face-to-face meetings, especially since some communities do not have the capability to conduct tele-conferencing.
- Not able to do this because it is too difficult for our families.
- Working towards moving forward with intakes and possible smaller circles virtually involving only case manager, executive director, and the family.
- Not planning on doing it
- Working to put it into place
- Considering it but have not started. Have to determine how realistic it would be given the number of community partners involved in the process.
- Currently utilizing virtual methods for clinical cases but not using this platform for JRB clients beyond making contact.
- Utilizing Zoom, Skype and Facetime
- Yes, this will be the way in which we conduct intakes moving forward and should families not have access to Zoom, we will utilize the phone.
- At this time the case manager has been talking to families via phone and completing written case notes.
- Will not be doing anything virtually because the town is closed to the public and our police department schedules in person meetings...that has stopped.

- Trying to utilize virtual platforms but there are concerns that not everyone has access to the appropriate technology. The ability to read non-verbal cues has also been brought up as a concern.
- Using Doxy.me as a platform moving forward.
- Have conducted intake meetings (and other meetings-school support brainstorming/prep, etc) for new referrals via phone and sometimes tele-conferencing methods including Ring-Central, Facetime, and Zoom.
- Still waiting to hear about our capability to move in this direction.
- Calling for intakes and mailing/emailing intake info. Counseling is being referred out and case management is done via phone or teleconference.
- Currently creating plans and getting equipment for tele-conferencing options.
- Difficult to even do intakes by phone because many of our families have limited mobile minutes on their cell phones so we are not able to do that.
- Setting up tele-health services for our clinical clients and are looking at platforms that would fit the need for JRB meetings. Some of the platforms do not provide privacy assurances that we feel are crucial to this type of work.

5. (Q13) Describe what case management currently looks like.

- Connecting with clients/families regularly to support them and respond to their needs and concerns.
- Case management at this time includes phone calls and emails to families, check-ins on the status of open cases as well as the well-being of families and addressing any needs they are facing.
- Phone conversations, providing at-home materials for creative solutions to contract requirements.
- Reaching out to families by phone, email and mail, but not hearing back from most.
- Mainly phone calls, texts and emails to kids and families, plus delivery of food bank when needed.
- All JRB youth and families are connecting with case manager at least once per week via phone or video app. Often there is more contact depending on needs.
- Checking in via telephone and following up with recommendations and assistance with achieving those recommendations. Assessing basic needs being met and providing resources, both virtual and physical for basic needs.
- Weekly check-ins with families, offering additional support such as family activities, educational assistance, food security, etc.
- Most of the contracts included community service or school-based counseling/programming, which is not happening now. Making sure basic needs are met, clients have what they need, and are mentally healthy (no signs of depression or suicidal thoughts, working through anxiety, etc)
- Every clinician continues to maintain normal functioning with their clients just though tele-health. Have made accommodations to get rid of volunteer services requirements and are getting creative with other projects for JRB cases.
- Calling, texting, giving gift cards for basic needs (food, toiletries, etc) and assisting families with getting internet access for school and work.
- Providing schoolwork discussions, offering assistance with school work, discussing highs and lows, requiring essays for JRB cases to be emailed to the board followed by corrections and discussion about the work done, etc.
- Long-term planning and things that can be done at home by youth (including making appointments, counseling services, letter writing, etc)
- Regular check-ins with families and helping to find resources in the community to meet families' needs and JRB expectations for the child.

- Weekly phone contact with current families with follow-up as needed and referral to online and community resources.
- Documenting all communication (which includes home check-ins with parents, clients and collaborators) and making various recommendations made as needed.
- Connecting with current clients on a monthly basis and directing them to 211 as needed.
- Checking in weekly and connecting around services and supports that were voted on by the board.
- Following up with youth and guardians for those who struggle behaviorally and academically and ensuring they are able to stay on task and have what is needed to be successful.
- Using email, text, phone and video-conferencing to check-in with youth and families at least once per week (more often for some cases) about their immediate needs/access to support, how they are doing with school, counseling, tutoring, etc., as well as completion of any applicable recommendations, case process and continued plans for their case.
- Assuring that students can complete their requirements, assuring students can have access to online schooling, DCF referrals, and assuring basic needs.
- Not doing this currently but discussing reaching out to families to extend deadlines.
- Touching base as needed. Youth are required to email me every 2 weeks with their status regarding online learning, jobs (if applicable) or other issues on a case by case basis.
- Routine, weekly check-in with clients/families to determine if there are any support services needed. Also discuss contract requirements and what can be realistically completed or how we can get creative.
- Reaching out to families to let them know there will be extensions for community restitution. Also letting them know about virtual therapy options and looking into individual needs of the families in regards to school food, bills, etc and trying to connect them with appropriate agencies or giving them assistance through our JRB.
- Periodic check-ins, referral to services as needed.

6. (Q14) Are there services you can provide with a modified delivery (tele-counseling, tele-mentoring, etc)?

- Our clients can obtain clinical support either virtually or in person
- Tele-health and virtual meetings and phone calls
- Currently, we are only providing telephone case management to families.
- We are able to provide both tele-counseling and tele-mentoring services
- Case management and support, tutoring and social services can be provided
- Tele-health through ZOOM
- At-home activities, tele-counseling, journaling, writing prompts, and Ted talks with reports
- All of our JRB services are being provided with a modified delivery via virtual software applications. Those receiving therapeutic services are being encouraged to use tele-health or other virtual application to receive those services.
- We can provide tele-mentoring
- Already using doxy.me (HIPAA compliant format) to meet with clients and we are exploring using that platform to conduct intakes or do circles for the JRB. The free version of this platform does not allow for group video conferencing, however.
- All counseling services are being conducted. We are not able to run other programs at this point but available through email and voicemail for case management questions, community needs, etc.

- Contacting each parent/guardian to explain the JRB process, due process, and outcome management. Youth name is placed on a log that will be addressed once the climate changes.
- Some tele-mentoring is taking place through regular communications with youth. Two new social media sites have also been launched (YouTube and Facebook) to continue to reach out to families
- We can provide tele-counseling and tele-mentoring.
- Tele-counseling, case management
- Anything that can be done face to face can be done via phone, zoom, Facetime and email. Community service and prosocial activities are on hold. Smart Recovery is being rolled out online
- Providing full services with modified delivery
- Clinical services are being provided through our LCSW and prevention and education services are being provided through online modules and certifications.
- Currently doing counseling sessions via telephone and ZOOM video conferencing. We are exploring expanding this to new clients and JRB intakes
- Making referrals to agencies that have the capacity to do tele-health work
- Currently have several youth who are participating in tutoring and counseling through other providers through the JRB and we provide follow-up and case management
- Conducting webinars and virtual tele-health to fulfill some of the needs
- Currently working on a plan to do this on a consistent basis
- Because mentees (college students) are no longer available, the mentoring coordinator calls mentees on a weekly basis
- No services being offered at this time but will reassess with school personnel to determine feasibility of adding services

7. (Q17) Currently, what are your biggest struggles as they relate to your JRB?

- Many of our clients could benefit from academic assistance tailored to their needs. Older clients want/need to be employed. Truancy issues are numerous, complex, and require longer case management time frames and community and educational partnerships
- Biggest struggle would be helping students complete their diversion requirements on the original timeline, particularly with community service. It has also been a little harder to get in touch with families. So many of them are struggling with big issues like employment, ensuring basic necessities, social isolation, and transitioning to distance learning.
- One on one personal connection with families and youth
- Holding hearings, we have one hearing that has been left up in the air
- We know that youth are in distress and assume there are some who would benefit from JRB referral. Also concerned about youth in families where there were struggles prior to stay-at-home orders and how those families are faring without the benefit of any face-to-face contact with support and the change from support to none.
- Figuring out how to accept new cases and doing the intakes virtually and then determining how the hearing would be held.
- Creating a plan to take on new cases
- Trying to find supports for our youth who are struggling with distance learning and coping with big change.
- Very difficult to do an intake by phone and obtain a true picture of services needed.

- Being able to hold a full circle with our volunteers and the family. Depending on the severity of the incident, our focus will first have to be checking in with the family around basic needs and access to resources before even addressing the incident.
- My concern is the number of cases that will surely be diverted back to the local JRB once the climate changes. We would be completely overwhelmed with cases if that happened with only one staff member to handle the current log and influx of cases diverted from Juvenile Court.
- The biggest struggle is assessing the exact needs of our youth and families. I have continued to connect with them often, but it is difficult to gauge their situation via phone and email. In addition, it is important that the mental health and overall well-being of our youth and families is prioritized over their sanctions at this time.
- The inability to have face to face contact with kids and families.
- Many of our youth are struggling with distance learning. We are trying to fund supports for them to be successful in school and in their free time.
- Currently there are young people who are scheduled to have their cases heard who have not been met formally by the board. We also have several referrals that have not been addressed because engagement with youth has been suspended and we have not developed a virtual method to communicate with the youth. We also thought it was inappropriate to pursue engagement with young people we have not met yet given the crisis. We appreciate that there have been many traumatic shifts related to their social engagement and their school activities and felt that this would be an interruption that could not be addressed appropriately given that we hadn't developed our protocols yet. We rely on many community partners to support our young people but some youth service agencies have shut down during this time. These valuable resources play an important part in our contracts. Without them, we will have to consider virtual opportunities for engagement which feels like a contradiction to a lot of our efforts.
- Inability to complete JRB documentation electronically for new intakes.
- Missing face-to-face communication as so much of it is body language. Sometimes difficult to interpret when not sitting with the person.
- Worried about the momentum that was made with some cases, knowing that some juvenile's home situation is less than ideal, worrying about the back log when we return. Also, technical issues, setting up encrypted email system, etc.
- Connecting with resistant families, staying healthy and managing new demands in this pandemic
- Unable to facilitate our board and complete new intakes
- We have a backlog of cases that have not had an intake or had hearings due to no person to person contact as well as collaborators and panel members all avoiding person to person contact.
- No remote access to the spreadsheet to update our client information and a lack of positive youth engagement. We are also having difficulty engaging parents who are still working or overwhelmed with different circumstances as it relates to dealing with COVID-19.
- Not being able to move forward with cases as they are slowly piling up.
- Lack of face-to-face contact is my biggest concern. Despite video-conferencing being better than phone calls, we haven't established real relationships with the newer cases so I foresee challenges doing a video call panel. It's still impersonal and sort of lacks the restorative/accountability aspect without being in the room with someone to notice physical reactions/their interaction with parent/other panel members about the incident/recommendations discussed, etc. I also have concerns somewhat about confidentiality (true or not there's a lot out there about hacking and lack of security for some things) and the ability to have a truly restorative conversation with several

people up on a screen. Also, there are several youth who are still lacking in access to school work (either don't have a computer or do but are doing their best to share with siblings, etc. Also concerned about youth who should have special education supports or who we have been helping navigate the IEP/PPT process now that much is on hold.

- Not seeing clients in person and conducting hearings are a concern
- Mandating services but don't have the services/resources to offer for free for families. Getting surveys completed, mandating counseling when some families may not be able to afford now, finding anger management classes.
- Not being able to have them participate in in-person groups or counseling and lack of community service opportunities.
- There is a learning curve for not being able to meet face-to face. Everyone just seems to be acclimating to a virtual environment.
- Issues with outside Troopers making referrals and submitting paperwork on time
- Biggest struggle is not being able to hold our regularly scheduled meetings. We feel that the personal interaction that we get from meetings is very valuable.
- Lack of personal contact with youth and the providers is difficult
- Not being able to meet with families and students and not having a platform that is secure and private to do virtually.
- Inaccessibility of personnel and offenders at community service sites.

8. (Q18) What questions do you have as they relate to your JRB at this time?

- How can we get laptops for our clients who need them? Can exceptions be made for parents who are delinquent in their cable bills who don't qualify to receive complimentary service because of their delinquency?
- We have received JRB funding for the first time and do not believe we will be able to fund ways to utilize the funds given the lack of referrals because of COVID-19
- I would be interested to know how other JRBs are operating during this time and if any others have explored opportunities for virtual community service or other alternatives to traditional diversions.
- What will happen to juveniles that get arrested during this time.
- I am concerned about former JRB referrals and their families at this time. Is it appropriate to reach out if the JRB is the only reason we had contact with that youth and family and months have passed?
- Are other JRBs holding hearings with the YSB staff or involving other members as well? And is so, how?
- Will CYSA be holding any virtual trainings in the near future?
- How are other JRBs handling the current situation and monitoring cases that we could consider
- Best way to virtually meet that is confidential and protected with staff and family if family does not have the means to connect virtually. Most students are provided with chromebooks through the district to help with distance learning. Does this device allow for virtual tele-health or video conferencing for JRB?
- Can JRB funding be extended to our other YSB families? If so, how far can this extend? Can JRB funding be utilized to pay for a ZOOM account to host JRB meetings?
- We have noted that young people referred to the JRB require mental health supports. Do you have protocols or any guidance that you can offer if we must shift to a virtual platform to support these young people? In our efforts to get some of our young people engaged in the community, how can

we appropriately develop prosocial activities or recommendations for prosocial activities in this time of social distancing? We are concerned about engaging parents in this process and are anxious that it will be challenging to connect with them using a virtual platform in the context of the JRB. I wonder if the sense of urgency would be fully understood using a virtual platform.

- Open to suggestions/advice about what other JRBs are doing to continue to actively engage families.
- How will we be able to conduct hearings if this shutdown continues for an extended period of time? Will these cases being on hold reflect badly on our agency?
- Will there be state funding for JRBs in the new fiscal year? With the FWSN laws changing directing them to YSBs on 7/1, when will a form and procedures be given out?
- Is funding secure?
- What types of virtual platforms would be safe to use for JRB work for caseworker connections, and for JRB meetings with families? Are there resources/ideas for virtual community service options during this time of social distancing?
- When can we re-engage? There is potential for lost referrals as schools do not have contact with the kids.

9. (Q19) What support would be helpful from the JJ Liaison/CYSA as it relates to your JRB?

- Access to training in the areas that are related to our required response to FWSN referrals
- Creative thoughts regarding expansion of our JRB services so that we can increase referrals by changing criteria and offer new innovative interventions
- Facilitating information-sharing between JRBs would be helpful and informative
- Examples of how others have conducted virtual meetings or intakes, or ways to develop how youth can practice restorative justice in a world where contact is off limits
- Sharing what other JRBs are doing at this time
- Information on any new virtual groups that may help our youth and families
- Information and updates
- What types of resources could even be offered during this time? Hearing how other JRBs are managing through this time with new/current cases
- JRB support funds (staffing) if we are to address cases in a reasonable amount of time
- Open communication and updates as often as they can be shared
- A comprehensive list of tutorial and other resources (i.e. Kahn Academy) that would aid students who are struggling academically. Information on any new virtual groups that have started since the pandemic focusing on positive coping skills, parental support, etc.
- To receive coaching on translating our live program to a virtual platform and to develop formal protocol
- On-line training access for staff and JRB volunteers, especially restorative practices trainings
- Any online resource and training relevant to the JRB that can be shared with our JRB panel members and continued flexibility with use of funds
- Updates on what support the State might provide as well as innovations various other YSBs or JRBs are doing around the state for replication
- Suggestions to help continue programming remotely
- Help/support with tele-conferencing
- Gathering this type of information and making connections
- Keep us informed regarding any new mandates or spending adjustments that need to be met for grant funds

- On-going communication and guidance
- Decisions on possible carry-over of funding due to the inability to provide services as originally planned

10. (Q20) What kind of guidance would be most helpful for your JRB at this time?

- How do we advise parents of children that have a diagnosis, IEP or 504 Plan?
- I had been really looking forward to Restorative Justice trainings that were scheduled for March/April. If there are opportunities on issues relating to JRBs and juvenile justice, I would be very interested in participating. Opportunities for training and information sharing would help make our time home feel more productive and meaningful.
- Discussion of what the Juvenile Court will do with these cases.
- A manual on providing virtual JRB services.
- The ability to connect with others in the field
- What type of resources could even be offered during this time? Hearing how other JRBs are managing through this time with current/new cases.
- Perhaps some ideas regarding the best way to do intakes and JRB meetings without personal contact.
- Any information on creative ideas to keep our youth engaged with their friends, family, and community during this time.
- It would be helpful to develop strategies to support young people that include virtual outlets for social engagements or virtual opportunities for them to contribute to their communities.
- Helpful to just get regular updates
- Any tips to better engage families
- An online network/resource group where other JRBs can share experiences and ideas on how to conduct JRBs during this time.
- Any support would be great as far as suggestions to help us continue the program remotely
- Suggestions on the best way for our program to move forward
- Ability to carry money over into the next year since we will not be able to use it by the end of the fiscal year
- It is just helpful to know what other JRBs are doing
- Keeping us informed with updates and in the loop, and sharing available resources is helpful

11. (Q21) Additional feedback, comments, or questions...

- What is going to happen to the children who were already struggling in school? How are the children who weren't struggling but now have access challenges going to be caught up?
- Our JRB was struggling prior to the COVID-19 crisis and the crisis has certainly made it worse. Because arrestable offenses for juveniles in our state have become so limited we are not getting many referrals. The bulk of our cases were related to vaping and that is not an arrestable offense anymore.
- Most of our JRB referrals come from SROs, and since schools are not in session, there are no referrals. I would like to think no referrals are related to youth practicing social distancing and staying home.
- We continue to struggle with identifying appropriate resources. In one recent case, the participant was already identified as vulnerable and every resource was already provided. We still generally feel unqualified to meet the "community hub for all resources" expectation.

- We find that a lot of the young people we serve struggle with mental health issues and anxieties and require opportunities to have positive experiences with other people and communities. In this time of social distancing, we struggle to develop opportunities to help them to develop social skills.
- Our goal is to ensure that the JRB students/families receive the supports they need from us during this crisis; the stress level for youth and their families is significant, and while we don't want youth to feel that there are no consequences for their actions, we realize that we need to operate and interact differently during this crisis.
- Just a thought...Facetime should probably not be used for intake and JRB purposes because in order to use it, other "friends" would see your friend list.
- It's just good to know I have a contact and support if needed. Thank you.
- Thank you for administering the survey! I appreciate that you are trying to gather input from all JRBs!
- Thank you for reaching out and doing this survey. It's a great way to connect and I look forward to hearing more.
- Thank you for putting this together, thanks for your support, look forward to the results.

C. "Recommendations"/Information for moving forward

- The future of JRB work
 - We know that the nature of this work moving forward is unknown. *When will face-to-face meetings be permitted? Will necessary services be available? When will we be able to go back to our normal JRB process? Will we need to do more work virtually even after restrictions begin to be lifted? Will there be a resurgence of COVID in the fall or winter prompting another shutdown?* Because none of these questions have answers, it is important for JRBs to become more comfortable with the virtual process. There may be a need for JRBs/YSBs to utilize virtual platforms more regularly (including purchasing appropriate platforms to use regularly), a need to create new processes and procedures (including creating new "paperwork"), a need to create new programming that can be done virtually and transitioned back to in-person (and vice-versa), doing work that may not have been part of the YSB or JRB in the past, or making other changes that we may have hoped would not be necessary.
 - Moving forward with practices that are unfamiliar and uncomfortable may be a reality. The needs of the youth and families need to be addressed however possible and at whatever level can be managed. Experimenting with new formats (virtual) may become a necessity. Moving outdoors may also be an option for some JRBs (in a private space), or even for intakes if there are difficulties in doing them virtually.
- Use of funds
 - There are no answers regarding utilizing funds after the close of this Fiscal Year. The best action is to try and spend your funds this year (prior to June 30). The question of carry-over funds has been asked to the agency (DCF), but the answer may not come soon, as it is not necessarily up to the agencies. It is a decision that will have to be made at the Legislative/Governor's level.
 - In terms of how funds are used, DCF has given some guidance on how funds can be used to support clients in "non-traditional" ways during the pandemic, including for basic needs. For specific questions regarding use of funds, please contact Steve Smith at DCF.

- There is some concern about a back log of cases both internally and those that get referred from Juvenile Court once their operations resume, leading to a need for additional funds to cover that surge. Based on the information above, there may not be any “extra”/carry-over funding that can be used. This may mean trying to plan now for what that may look like and how to accommodate any surge in cases in the coming months.
- Permission forms/release of info for virtual communications
 - If you are conducting ongoing work via virtual communications, you will need to get permission/consent from the parent/guardian of your client to continue services using a virtual platform (phone or video)
 - *For an example of a form, please see the included example provided in both English and Spanish (the form is a fillable form that is electronically submitted, but the included document here is just a copy of the questions) in the Appendix of this document. You can create a similar fillable electronic form for parents/guardians to submit prior to providing services virtually. You can also create a paper version that is mailed home and filled out by parent/guardian and sent back (or can initially be shown on video prior to mailing back a copy).
 - At minimum, you should always have verbal consent if you are not able to get electronic consent for the initial virtual meeting. Written consent should follow.
 - It is also important for families to understand the type of communication that will be used and any safety or security issues that could be present, as well as ways you can improve safety during your virtual communications.
- Taking “Soft” cases
 - DCF has suggested that JRBs can take what are being called “soft cases”. These are cases that have no arrest and likely come as a school referral for students that are not fully engaging (not participating in school), the schools have difficulty with regular communication with the student, and/or there is a need for other services the schools can’t provide. These cases will NOT be captured on the JRB data sheet as a JRB cases but can be tracked on the YSB data sheet. These cases will likely need heavy case management and perhaps some creative support and additional services.
- ZOOM etiquette
 - Please see the included document in the Appendix regarding ZOOM etiquette. These are steps that can be shared with anyone you are conducting ZOOM meetings with including parents and youth as well as partner agencies and other collaborators.
- ZOOM safety/security
 - Basic rules for ZOOM safety for group meetings:
 - Use a password
 - Make sure it is not a public meeting (do not post the link publicly)
 - Use a waiting room where access needs to be granted by the host
 - Make sure the host manages all screen sharing
 - Make sure all parties participating are aware of potential security issues
 - Optional – make announcement at beginning of meeting which reinforces concerns to include a statement saying privacy cannot be ensured on this platform, a request to not use personally identifying information on youth, and request to not share any information discussed outside of the meeting

- Family involvement in decision making
 - It is still critically important to include the family in the decision-making process, and at each step along the way. It may seem easier to hold JRB/panel meetings without families participating, but that is not the purpose of the JRB and is not a best practice. Many JRBs are currently holding virtual meetings with the families fully participating during the entire process and finding it to be a viable option during this pandemic.
 - Despite difficulties in reading body language or the lack of face-to-face communication, it remains important to engage the families from the start and throughout the entire JRB process. It may initially be uncomfortable for all parties involved, but with patience and understanding from all parties involved, the process can still be supportive and successful. Although creating new relationships using virtual means may be difficult, making the effort will be appreciated by the family and will eventually lead to increased engagement.
 - There seem to be different thoughts and questions about creating and presenting JRB recommendations/contract requirements during this pandemic. Parents can still be presented with recommendations from the Board during the meeting (the Board can discuss the case prior to having a virtual meeting with the family just as they would have before) and the family can then be asked for their input or feedback, as well as for their suggestions about what might or might not be possible during this time of new restrictions and uncertainty. This can all be done in the virtual JRB meeting, without a need to make decisions without a family present.
- Creativity in programming
 - As a result of the lack of in-person programming, creativity in running programs is a must. With the allowable flexibility of funds during the pandemic, “out of the box” thinking in terms of services and programs is encouraged. Many groups that would have met in person can be conducted virtually and any one-on-one work (such as mentoring or tutoring) can also be done virtually.
 - Ask your clients what they would like or need, and perhaps it is something that can be made possible through flexible funding.
 - Many kinds of in-person groups can be moved to a virtual platform but will likely get better participation to start on a volunteer basis. Feedback can be given by participants to improve the process.
 - Some YSBs are putting together packets or packaged activities (“family entertainment”) and distributing them. Examples include arts and crafts, scavenger hunts, at home pizza kits, games, sidewalk chalk, and more. Families often need ideas of ways to keep kids engaged as well as family friendly activities to be done together, especially for a break from technology.
- Virtual Community Service
 - Please see the included document in the Appendix for Virtual Community Service opportunities or ideas.
 - Make sure you have a way of tracking community service tasks or have the youth come up with ways to track their service (pictures, videos, etc).
- Adjusting JRB recommendation/contract timelines
 - Because of the difficulty some clients may have in completing services during the pandemic, recommendations/contracts should be flexible in their completion dates. Recommendations/contracts should also be adjusted to match service availability and the youth and family’s ability to participate in services that have been recommended/part of a

contract. Setting a youth up for success is the most important part of the JRB and making adjustments will not be seen as a negative for your JRB. If a youth needs to have an extension, they can be carried over into the next fiscal year. If they need new recommendations to better match available services or ability of the youth to participate, that is another viable option to ensure success

- Staff making contact at food distribution sites
 - Several YSBs/JRBs are utilizing the food distribution sites set up by schools in their community to distribute enrichment activities and family activities or other basic needs items to families, or are utilizing that time to just check in with families they may not have other communication with virtually (and who may need a simple check-in).
- Virtual intakes and send ahead paperwork
 - Gathering necessary information for an intake may be difficult to do virtually but should be done at the same level as an in-person intake. Not only is the same data needed for your data collection but having a full picture of the family and their needs is crucial for a successful case outcome. Some JRBs have been sending the intake questions ahead of time to the family so they know what questions will be asked and feel more comfortable on a virtual platform. Others are thinking about conducting intakes outside in a private space so there can be some kind of face-to-face experience.
- FWSN Changes effective July 1, 2020
 - **Reminder, effective July 1, 2020, the remainder of the Family with Service Needs Behaviors (Runaway, Beyond Control, and Indecent/Immoral Conduct) will be removed from Juvenile Court jurisdiction. YSBs will be receiving these cases after that date.**
 - Referrals will come from Parents and/or the Police
 - There is a parent guide that goes along with the referral form to explain the process and a memo will be sent to all police departments with the new process.
 - The Referral Forms should be kept at each YSB and will also be available at Police Departments, Juvenile Courts and online on each YSB website and on the CYSA website (and other appropriate sites).
 - The referral form and parent guidance document are attached with this report.
- ZOOM Support Groups for JRB Administrators and Case Managers
 - A pilot JRB support group is being explored utilizing ZOOM. This would be an opportunity for JRB Administrators and/or Case Managers to get together virtually and discuss their new practices during the pandemic, future plans, successes and difficulties. It will be facilitated in order to maximize time and discussion. Please stay tuned for more information on how to participate.
- Restorative Justice Training
 - Virtual sessions for RJ 101 training for JRBs and those providing diversion services is underway. Please check the CYSA website at www.ctyouthservices.org for dates and registration information, as well as for future training dates. Plans are currently underway to try and provide RJ 201 sessions virtually as well. Stay tuned for more information regarding those potential trainings.
- Mentoring Training
 - Free Mentoring training will be provided virtually through a collaboration between the Governor's Prevention partnership and CYSA. Two trainings will be provided: one for those who already have a Mentoring program and wish to learn about moving that program to a

- virtual platform (or expanding their current program) and one for those interested in creating a mentoring program in their community (non-school based).
- More information will be released soon.
 - JRB Directory
 - The Statewide JRB Directory is in its final stages of completion and will be posted on the CYSA website when it is complete. Please check your information and email Erica Bromley (ebromley@ctyouthservices.org) with any changes once it has been posted. If you have not been contacted regarding a review of current information, please contact Erica Bromley to confirm your JRB information.

ADDENDUM

DOCUMENTS AND ATTACHMENTS

Included:

- Virtual Community Service Options
- Virtual Meeting Etiquette
- Informed Consent Document Example
- Informed Consent Document Example-Spanish

Attached to Report

- FWSN (Family with Service Needs) Referral Form- *effective July 1, 2020*
- FWSN Parent Guidance document

VIRTUAL COMMUNITY SERVICE OPTIONS

Here are some options for virtual community service or options for service that can be done from home (and tracked)

- Start a campaign to support a cause and participate (i.e. making masks or protective equipment, delivering food for those in need, etc)
- Set-up “soft” mentoring of younger students by older youth or homework help for younger students (with written consent from both parties’ parent/guardian)
- Do a neighborhood clean-up with parent participation/oversight with pictures of before and after (or a picture of everything collected during clean-up period)
- Create a PSA on a particular topic of interest or importance and record the PSA
- Create a video tutorial for a skill that someone else could use (i.e. technology for senior citizens, use of specific apps for those unfamiliar, etc)
- Send thank you letters or care packages to medical workers, first responders, military personnel or others
- Write letters to residents of nursing facilities who are without contact from their families
- Perform yard work for neighbors who are unable to do it themselves (with permission and with own equipment adhering to social distancing and protective gear recommendations)
- Create chalk designs on the sidewalk or street to spread cheerful messages
- Design and draw coloring books for children
- Choose a performing art and create a message about a particular topic (visual art, dance, poetry, song, etc)
- Utilize an existing curriculum (i.e. Think Before you Text) and complete the curriculum with a report and/or presentation
- Create a “Public Narrative” (tell your story); sometimes called “working narratives”
- Research companies that look for help in narrating stories for audio books, etc.
- Complete very specific tasks in the youth’s own home (tasks that would not normally be done or that are already expected) and create an agreement with parent/guardian on expectations and amount of hours possible for work completed

VIRTUAL MEETING ETIQUETTE

As the Coronavirus (COVID-19) continues to spread, few industries remain unscathed – and virtual meetings have become an essential part of how modern businesses maintain productivity and continuity. They're an easy, cost-effective way to align multiple offices, keep remote employees engaged and work with clients and vendors.

While [virtual meetings](#) have likely been a part of your daily work routine for some time now, it's still easy to fall victim to some major meeting faux pas. Virtual meeting etiquette is a whole new ball game compared to in-person meetings, as many folks are learning this week!

To help you keep your meetings productive and professional, follow these seven simple virtual meeting etiquette rules and tips.

1. Leave the keyboard alone

Whether you're diligently taking notes like a model employee or sneakily chatting with your work bestie, the sound of your typing is distracting. It's not only distracting everyone else in the meeting (because your laptop's internal microphone is inches away from your keyboard), it's also preventing you from devoting your full attention to the meeting. Opt for a quality headset or pick up your notebook and pen to [take meeting notes](#) instead.

Product tip: Let GoToMeeting take notes for you! Our [Smart Assistant](#) automatically transcribes meetings so you can focus on what's being said – not what to write. After your meeting, you can easily search for keywords in the text of your meeting transcription and share the content with a link.

2. Dress appropriately

One of the magical things about working remotely is the freedom to wear anything to work. It's the dream, right? Still, there's no reason to show your co-workers your PJs and bedhead. (Unless it's a joke the whole team agrees on, in which case we approve).

Take a few minutes to throw on a clean shirt and brush your hair. The best part of actually getting ready while working remotely is that you'll put yourself in the right headspace to be productive.

3. Be aware of your surroundings

Your coworkers won't be able to hear your ideas or take you seriously when there is a pile of dirty clothes in the corner behind you. You also want to avoid looking like you work from the inside of a cave because of bad lighting.

Adjust your work setup so that you face a window or are exposed to plenty of light. And make sure your background is professional and work appropriate! This means:

- No beds (unmade or made) in the background
- No messy rooms or open closets where everyone can see your clutter
- No NSFW artwork

While kids and pets are adorable (and a much needed distraction when you're feeling overwhelmed), your coworkers won't love having to talk over a screaming child or barking dog. So, be mindful of noise and...

4. Mute your microphone when you're not talking

There's nothing more frustrating than hearing that alien echo noise from conflicting microphones. Save everyone from the ear-splitting madness by joining the meeting while on mute!

Unless you live alone, your house is probably [pretty noisy](#) these days. Muting your microphone when you're not speaking gives other participants the ability to chime in and share their thoughts without distraction or frustration.

5. Speak up

When you enter a small meeting (around two to five people) announce yourself when you join. It can be awkward to hear the "someone-just-joined" ding followed by silence. When you hop on the meeting, introduce yourself and say hi – just make sure not to interrupt someone mid-sentence.

Don't be afraid to project your voice, too! Your team will appreciate being able to hear you without having to strain their ears or turn their volume all the way up.

6. No food allowed

Try to eat a snack before your virtual meeting. No one wants to see you stuff your face with chips while discussing important business matters. Not only is it distracting to others, you won't be able to focus on the task at hand because you'll be worrying about dropping crumbs all over your keyboard.

7. Stay seated and stay present

It may be tempting to check your inbox or carry on a side conversation during a dull moment in a meeting, but don't do it! You might miss out on key information or an opportunity to give input. If you're using your webcam, use attentive body language: sit up straight, don't make big extraneous movements, and don't let your eyes wander too much.

Example - Informed Consent for Teletherapy

(1) Teletherapy includes consultation, emails, phone conversations, and other supports using interactive phone, audio, or video communications.

(2) Teletherapy will occur in the state of CT (USA), and is governed by the laws of that state. Teletherapy will be conducted by a certified Speech/Language Pathologist, School Social Worker, School Psychologist, School Counselor, Occupational or Physical Therapist who works for Hartford Public Schools.

(3) The laws that protect the confidentiality of my child's/my information also apply to teletherapy. Unless we explicitly agree otherwise, my child's/my teletherapy exchange is confidential. I will not include others in the session or have others in the room unless agreed upon.

(4) I accept that teletherapy does not provide emergency services. If my child's/I experience an emergency situation, I understand that I can call 911 or proceed to the nearest hospital emergency room for help.

(5) I understand there are risks and consequences from teletherapy, including, but not limited to, the possibility, despite reasonable efforts on the part of my therapist, that: the transmission of my information could be disrupted or distorted by technical failures; the transmission of my information could be interrupted by unauthorized persons. I am responsible for information security on my computer.

* Required

Parent/Guardian Name: *

Your answer

Child's name or your name if you are student over the age of 18: *

Your answer

Date of Birth (your child's or yours if you are a student over the age of 18): *

MM

/DD/YYYY

School name: *

Your answer

Please check the teletherapy services you are consenting to (check all that apply): *

Speech/Language Services
Social Work Services/Counseling
Occupational Therapy
Physical Therapy
NO SERVICES
Required

I consent to the following methods of teletherapy delivery: *

phone only
video only
video or phone
NONE
Required

Informed Consent: *

I consent to teletherapy services
I DO NOT consent to teletherapy services

Example Informed Consent for Teletherapy - SPANISH

(1) La teleterapia incluye consultas, correos electrónicos, conversaciones telefónicas y otros apoyos mediante comunicaciones interactivas por teléfono, audio o video.

(2) La teleterapia se realizará en el estado de CT (EE. UU.) Y se rige por las leyes de ese estado. La teleterapia será realizada por un patólogo del habla / lenguaje certificado, trabajador social escolar, psicólogo escolar, consejero escolar, terapeuta ocupacional o físico que trabaje para las escuelas públicas de Hartford.

(3) Las leyes que protegen la confidencialidad de la información de mi hijo / a también se aplican a la teleterapia.

A menos que se acuerde explícitamente lo contrario, el intercambio de teleterapia de mi hijo / a es confidencial. No incluiré otros en la sesión o tener otros en la sala a menos que se acuerde.

(4) Acepto que la teleterapia no proporciona servicios de emergencia. Si mi hijo / yo tengo un situación de emergencia, entiendo que puedo llamar al 911 o proceder al hospital más cercano sala de emergencias para ayuda.

(5) Entiendo que existen riesgos y consecuencias de la teleterapia, que incluyen, entre otros, posibilidad, a pesar de los esfuerzos razonables por parte de mi terapeuta, que: la transmisión de mi la información puede ser interrumpida o distorsionada por fallas técnicas; la transmisión de mi La información puede ser interrumpida por personas no autorizadas. soy responsable por seguridad de la información en mi computadora.

* Required

Email address *

Your email

Nombre del Padre de Familia / Guardian: *

Your answer

Nombre del niño o su nombre si es estudiante mayor de 18 años: *

Your answer

Fecha de nacimiento (la de su hijo o la suya si es un estudiante mayor de 18 años): *

MM

/

DD

/

YYYY

Nombre de escuela: *

Your answer

Verifique los servicios de teleterapia a los que está dando su consentimiento (marque todos los que correspondan): *

Servicios de habla / lenguaje
Servicios de trabajo social / asesoramiento
Terapia ocupacional
Terapia física
SIN SERVICIOS

Doy mi consentimiento para los siguientes métodos de administración de teleterapia: *

solo teléfono
solo video
video or phone
NONE
Required

Consentimiento informado: *

Doy mi consentimiento para los servicios de teleterapia
NO doy mi consentimiento para los servicios de teleterapia