



## **Application**

**FFY 2014 - 2015**

**Children's Justice Act Grant to States  
Under the Child Abuse Prevention and Treatment Act**

**Submitted by**

**State of Connecticut  
Department of Children and Families  
505 Hudson Street  
Hartford, CT 06106**

**Joette Katz, Commissioner**

**Application  
FFY 2014 - 2015 Children's Justice Grant  
State of Connecticut**

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**APPLICATION FOR FFY 2014-2015 CHILDREN'S JUSTICE ACT GRANT**

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Department of Children and Families  
(DCF)  
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CFDA # 93.643

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**Section I: Historical Context: Connecticut's Task Force Development**

The Governor's Task Force on Justice for Abused Children (GTF, Task Force, or Governor's Task Force), first established in 1988, identified the need for greater coordination of agencies involved in the investigation, intervention and prosecution of child sexual abuse and serious physical abuse cases. The development of multidisciplinary teams (MDTs), that provide critical coordination at the beginning stages of an investigation, has provided a means of maximizing community resources that strengthen and improve interagency responses and interventions. The guiding principles and values that were established initially continue to guide the direction and focus of the Task Force.

**Section II: Maintenance of a Task Force (Sections 107(b) (2) and 107 (c) (1))**

Since the development of the Governor's Task Force on Justice for Abused Children in 1988, there have been many changes in membership. The State Task Force continues to include members who represent the specified disciplines as required in Section 107 (c) (1), including the addition of two new members representing adult former victims of child abuse and/or neglect, and individuals experienced in working with homeless children and youths (as defined in Section 725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a)).

The following individuals serve on the Governor's Task Force on Justice for Abused Children. Members have the option of designating a designee for their position on the task force:

### **Children's Protective Services**

Member: Retired Connecticut Supreme Court Justice Joette Katz was appointed the Commissioner of the Department of Children and Families and assumed duties in January 2011. She is a co-chairperson of the Task Force. Prior to this position, Commissioner Katz was appointed to the Connecticut Superior Court by Governor William O'Neill in 1989 where she served on the trial bench, handling criminal, civil and juvenile matters and served on various law-related committees both inside and outside of the judicial system. In 1992, she was elevated to the Connecticut Supreme Court by Governor Lowell P. Weicker, Jr. and thereafter reappointed by Governors John Rowland and M. Jodi Rell. In eighteen years on that court, she sat on over 2,400 cases, and authored over 430 majority opinions.

Commissioner Katz also plays a role in her legal community and the community in which she resides. Commissioner Katz was the Administrative Judge of the Appellate System for the State of Connecticut, a member of the Criminal Practice Commission, the CBA Attorney Trust Account Task Force, the Public Service and Trust Commission, the chair of the Client Security Fund, and a member of the American Law Institute (participating in its Model Penal Code Sentencing Project). She was a member of the Public Defender Commission, the Law Revision Commission, the Fairfield County branch of the American Inns of Court, as well as the chairperson of the Advisory Committee on Appellate Rules, and the chairperson of the Code of Evidence Oversight Committee. Commissioner Katz taught at all three of the state's law schools and is an associate fellow of Trumbull College at Yale University. She has received many awards and honors, including the Connecticut Women's Hall of Fame, Notable Woman of Influence and The Greater Bridgeport Bar Association Career Service Award, The Connecticut Women's Education and Legal Fund's Maria Miller Stewart Award, the National Organization for Women's Harriet Tubman Award, the University of Connecticut School of Law's Distinguished Graduate Award, the National Council of Jewish Women's Women of Distinction Award, the Connecticut Bar Association's Henry J. Naruk Judiciary Award, Governing magazine's Public Officials of the Year, as well as an Honorary Degree of Doctor of Laws from Quinnipiac University School of Law.

Designee: Tammy M. Sneed is the Director of Girls' Services for the Department of Children and Families (DCF), Division of Adolescent, Juvenile Justice and Foster Care Services. As a national expert with over 23-years of experience on Female-Responsive Programming for adolescent girls, she specializes in programming for youth in the legal system. She has developed and implemented a training model educating local and state police departments on how to work with adolescent girls with a focus on trauma; resulting in significant arrest reductions. As the lead of the Girls' Provider Network she has lead DCF in the development of a set of female-responsive program guidelines to guide providers in working with adolescent girls. Also a foster/ adoptive mother she has developed specialized training for mentors, foster and adoptive parents and served as a mentor for forever families parenting adolescent girls. Over the last few years Tammy has focused her efforts on a national crisis; Domestic Minor Sex Trafficking (DMST). Tammy co-leads HART (Human Anti-trafficking Response Team) with a

focus on the service system for this vulnerable population. Tammy co-leads the Governor's Task Force on Justice for Abused Children; with oversight of the 17 Multidisciplinary Teams and Children's Advocacy Centers across Connecticut charged with investigating and responding to cases of severe physical and sexual abuse of children.

### **Division of Criminal Justice**

Member: Kevin T. Kane, B.A., J.D., Chief State's Attorney, Office of the Chief State's Attorney. Attorney Kane is a co-chairperson of the Task Force. His appointment as Chief State's Attorney was effective September 5, 2006. As Chief State's Attorney, Mr. Kane is the administrative head of the Division of Criminal Justice, the independent agency of the executive branch of state government that is responsible for the investigation and prosecution of all criminal matters in the State of Connecticut. The Division includes the offices of the State's Attorney for each of the thirteen Judicial Districts in the State of Connecticut and the Office of the Chief State's Attorney in Rocky Hill, Connecticut. Attorney Kane joined the Division of Criminal Justice in August, 1972 and rose through the ranks to become the State's Attorney for the Judicial District of New London, where he served prior to becoming Chief State's Attorney. He is an enthusiastic supporter of the GTF and its mission.

Designee: Stephen J. Sedensky III, B.S. J.D., is the State's Attorney for the Judicial District of Danbury, where he serves on the Danbury MDT. Attorney Sedensky has been a prosecutor for over twenty five years, having devoted a large portion of that time to the investigation and prosecution of child abuse cases. Before his move to Danbury, Attorney Sedensky was the Supervisory Assistant State's Attorney for the Statewide Prosecution Bureau of the Office of the Chief State's Attorney. Prior to that, Attorney Sedensky served as a Senior Assistant State's Attorney in the Judicial District of Fairfield, located in Bridgeport, where he was responsible for the prosecution of major felonies with an emphasis on adult and child sexual and physical abuse cases. While there, he helped to establish, and served on, the Bridgeport MDT. He continues to conduct training on sexual assault and the court system for the Center for Women and Families in Bridgeport. Attorney Sedensky is board certified in Criminal Trial Advocacy by the National Board of Trial Advocacy. He is a former Senior Attorney for the National District Attorney's Association's American Prosecutors Research Institute's National Center for the Prosecution of Child Abuse. While there in 1997, on loan from Connecticut, he was in charge of **childPROOF**, the Center's advanced trial advocacy course. He is also a manuscript reviewer for the journal *Child Abuse and Neglect*. Attorney Sedensky co-chairs the Executive Committee of the Governor's Task Force. Attorney Sedensky spearheaded the GTF's efforts to bring the *Finding Words* program to Connecticut. He currently chairs that committee of the Task Force. Attorney Sedensky also served on the Statewide Assessment Advisory Committee and is a member of the Membership committee, By-Laws Workgroup and Forensic Interview and Forensic Medical Workgroup. In March 2009, Attorney Sedensky was awarded the Outstanding Service Award in the prosecution category by the National Children's Advocacy Center in Huntsville, Alabama, having been nominated by the Connecticut Children's Alliance.

### **Office of the Chief Public Defender**

Member: Susan O. Storey Esq. is the Chief Public Defender for the State of Connecticut. Attorney Storey has a broad spectrum of experience as a Public Defender. She has handled cases ranging from death penalty defense to juvenile matters. She recently served as the chair of the

Permanent Commission on the Status of Women. Her presence reinforces the need for the Task Force to maintain a balanced perspective and ensure fairness to the accused.

Designee: Christine Rapillo, J.D., is the Director of Juvenile Delinquency Defense and Child Protection Attorney. She administers the Juvenile Unit of the Office of Chief Public Defender, which provides attorneys for all children in child protection matters, indigent children in delinquency, status offense and certain child custody cases, indigent parents in child protection matters and counsel for parents in certain paternity and support enforcement actions. Attorney Rapillo supervised the Hartford Juvenile Court Public Defender's Office for 11 years and spent several years as a defender in adult court, trying cases at all levels. Attorney Rapillo has served on the GTF Executive Committee and the Committee on Child Representation.

### **Office of the Attorney General**

Member: Attorney General George Jepsen was elected in November 2010 and has served since January 2011. A former legislator, state Senate majority leader and Democratic state party chairman, Attorney Jepsen was a practicing lawyer for more than 26 years before becoming Attorney General. Attorney Jepsen is an advocate and recognized leader on issues affecting working men and women; consumer protection; civil rights; domestic violence; protecting a woman's right to choose; living wills and end-of-life issues; gun safety, including Connecticut's ban on assault weapons and protecting Connecticut's natural and historic resources.

Attorney Jepsen grew up in Greenwich, attended public schools and graduated from Greenwich High School in 1972. He attended Dartmouth College where he graduated summa cum laude, Phi Beta Kappa in 1976 with a B.A. degree in Government with high distinction. During that time, he also studied Chinese and completed foreign study in France and Taiwan. In 1982, Attorney Jepsen earned his J.D. degree, cum laude, from Harvard Law School and simultaneously earned a Master's Degree in Public Policy from the John F. Kennedy School of Government, where he was a teaching fellow for Richard Neustadt for "The American Presidency" and for former Watergate prosecutor Archibald Cox in U.S.

Designee: Carolyn Signorelli is currently with the Child Protection Department of the Attorney General's Office where she has prosecuted child abuse and neglect cases for a total of 12 years. Currently Attorney Signorelli handles a varied case load of child protection trials, defense work in state and federal court and administrative and appellate matters. Attorney Signorelli was appointed in 2006 as Connecticut's first Chief Child Protection Attorney where she spent 5 years creating a new agency devoted to improving legal representation for children and parents in child protection proceedings. Under her leadership the agency was recognized as a model program by the National Quality Improvement Center on the Representation of Children in the Child Welfare System. Attorney Signorelli served on the ABA's National Committee to Improve Parent Representation from 2009 to 2011; the Executive Committee of the Children's Trust Fund from 2004 until 2013, the Chief Justice's Public Service & Trust Commission as Co-Chair of the Demographics Committee; the Families With Service Needs Advisory Board convened by the Legislature in July of 2006; the Committee to Expedite Appeals in Child Protection Matters operating from 2009 until 2011 and the Advisory Board of Connecticut's Juvenile Access Pilot Program. She continues to be involved in the Connecticut Bar Association's Litigation Section and the Committee Child Welfare and Juvenile Justice; the Judicial Department's Court

Improvement Project Strategic Planning Task Force and Training Grant Workgroup. Attorney Signorelli is a member of the National Association of Counsel for Children and the Juvenile Law Society and teaches for the National Institute of Trial Advocacy. Attorney Signorelli received her B.A. from Vassar College in 1986 and was a Mary Siegreest Hinz Fellow at William & Mary School of Law where she graduated in 1991.

### **Judicial Branch, Superior Court for Juvenile Matters**

Member: The Honorable Barbara Quinn was appointed to the position of Chief Administrative Judge for Juvenile Matters in September 2005. Judge Quinn has a great deal of knowledge and experience with child protection proceedings. From 1997-2001, Judge Quinn was assigned as the presiding judge to the Regional Child Protection Session of Superior Court for Juvenile Matters. She chaired the State Court Improvement Program Non-Adversarial Dispute Resolution Committee which developed and implemented the child protection mediation program. Prior to being appointed to the bench in 1996, she was a judge on the Mashantucket Pequot Tribal Court and spent many years as a partner in the law firm in the general practice of law, including family and juvenile law.

Designee: Marilou Giovannucci, Court Operations Manager, has served as the primary liaison between Juvenile Court and the Department of Children and Families for many years. She was a founding member of the Task Force in 1989 and is recognized for her expertise, leadership and commitment to child protection issues. Previously, Ms. Giovannucci served on various committees of the Task Force, including the Finding Words Committee, Children with Disabilities, and Executive Committees. Currently Ms. Giovanucci serves on the GTF's MDT/CAC Workgroup.

### **Child Advocates/Attorneys for Children**

#### **Office of the Child Advocate**

Member: Sarah Eagan was appointed by Governor Dannel Malloy to serve as Connecticut's Child Advocate on August 1, 2013. As Child Advocate, Sarah sets priority reviews for the OCA, manages office operations, and publishes vital information regarding the well-being of children and recommendations for system reform. Prior to this appointment, Sarah served for several years as the Director of the Child Abuse Project at the Center for Children's Advocacy in Hartford, Connecticut. During her years at the Center, Sarah worked to ensure that abused, neglected or special-needs children receive the safety, emotional support, services and education that they need and deserve. Sarah has represented numerous clients in trials, mediations, administrative matters and appeals. Sarah worked to improve service systems for children and their families through participation in various taskforces and working groups, addressing issues such as public access to juvenile proceedings and improving educational outcomes for children in state custody. Sarah has developed training curricula and conducted multiple seminars on education and child welfare law. Sarah has actively participated in drafting and seeking passage of legal reforms to improve outcomes for at-risk children and their families. Prior to working at the Center for Children's Advocacy, Sarah worked as a litigation associate at Shipman & Goodwin in Hartford, Connecticut. Sarah earned a degree in American Studies from Trinity College in Hartford, and went on to graduate with honors from the University of Connecticut School of Law.

Designee: Faith Vos Winkel joined the Office of the Child Advocate in July 2001. Faith serves as the lead for the OCA on matters relating to child fatality review and prevention. She convenes the Connecticut Child Fatality Review Panel (CFRP) each month which reviews all unexpected and unexplained child deaths. Faith is the Child Advocate's principal investigator on any in-depth child fatality investigation requested by the CFRP, the Governor, the General Assembly or conducted at the Child Advocate's discretion.

Child fatality reviews focus on the examination of systems and opportunities to improve policies and practices to prevent additional tragedies from occurring. Faith's focus on prevention includes participating in many statewide groups including the Statewide Suicide Advisory Board, the Domestic Fatality Review Board, the Child Poverty and Prevention Council, the Teen Safe Driving Coalition, the Garret Lee Smith Grantee Steering Committee, the School Climate Working Group and the Connecticut Interagency Restraint and Seclusion Initiative. Faith has also been involved in numerous child death review initiatives on a national level.

Prior to working at OCA, Faith worked at the State Office of Protection and Advocacy for Persons with Disabilities for 15 years, advocating for the rights of persons with disabilities.

Faith holds a Bachelor's degree from the University of Connecticut and a Master of Social Work from the University of Connecticut School of Social Work.

### **Connecticut Children's Alliance**

#### **Child Advocacy Centers/Multidisciplinary Teams**

Member: Deborah Hallas, MS, is the Coordinator for the Middlesex County Multidisciplinary Team and Executive Board member of the CT Children's Alliance (CCA), the state chapter of the National Children's Alliance which includes all multidisciplinary team coordinators and representatives of the Child Advocacy Centers in Connecticut. Ms. Hallas has worked extensively with the service systems in Middlesex County, CT. currently she chairs the GTF Training Committee. Ms. Hallas is the liaison between the Task Force and the CT Children's Alliance and is a member of the Victim Services/Victim Advocacy Workgroup as well as the MDT/CAC Workgroup. Deb served on the Taskforce through October 2013.

Member: Ann Glaser served on the Task Force through April 2014. Kari Pesavento is now the acting lead for the CCA.

### **Northeast Regional Children's Advocacy Center**

Member: Maria M. Gallagher, MSW, Project Outreach Coordinator for the Northeast Regional Children's Advocacy Center, is responsible for providing training, technical support and assistance to MDT/CACs and supporting the development of MDT/CACs in underdeveloped areas in the Northeast region of the United States (from PA to ME). Ms. Gallagher is a member of the CT Children's Alliance and has worked in the field of child abuse in Connecticut for more than 17 years, in a variety of roles (e.g. DCF worker, Family Advocate, clinical therapist, Family Violence Trainer), and brings a wealth of experience and a culturally sensitive approach to her work. Ms. Gallagher is a member of the Victim Services/Victim Advocacy Workgroup and Minimal Facts Advisory Board.

### **Court-Appointed Special Advocates (CASA)**

Member: Joan Jenkins, Director, Children in Placement Program, is responsible for administering the statewide CASA program. When it was established in 1979, it was the first of its kind in the country. This program has grown tremendously under Ms. Jenkin's direction.

### **Advocate for Children with Disabilities**

Member: Jacilyn Fricks, LCSW. Ms. Fricks is a licensed clinical social worker at *The Oak Hill Center for Relationship & Sexuality Education*, providing therapeutic education and counseling for children and adults with developmental and other disabilities, many of whom have been sexually abused. She provides professional development for public and private providers and is the co-author of "Ten Tips for Healthy Relationships: a Workbook for Adults with Developmental Disabilities". Prior to her work at Oak Hill, Ms. Fricks was the Pediatric Social Worker and Case Manager at Hospital for Special Care where she participated in the planning, development and delivery of services for children with special health care needs at the hospital and statewide. Ms. Fricks received her Master of Science in Social Work at the University of Tennessee and has been a member of the National Association of Social Workers for over 25 years.

Ms. Fricks is currently a member of the Task Force Training Committee and formerly served on the Executive Committee of the GTF and as the chairperson of the Children with Disabilities Committee.

### **Office of Victim Services**

Member: Linda Cimino has served as the Director of the Office of Victim Services (OVS) since January 2000. During her tenure, all of the written publications have been redesigned for consistency in look and text. Ms. Cimino serves on several statewide committees and task forces. Ms. Cimino served as adjunct lecturer at the University of New Haven during the fall semesters of 2002-2005. Currently Ms. Cimino teaches an undergraduate class at Capital Community College. For both institutions she taught sections of Victimology. Prior to her tenure at OVS, Ms. Cimino was the Executive Director of the Connecticut Coalition Against Domestic Violence for five years and served as the Executive Director of Meriden-Wallingford Chrysalis from 1988 - 1995. Ms. Cimino's early career was spent at the New Haven YWCA in the capacities of Public Relations Coordinator and Associate Executive Director and as the Executive Director of the Suzuki Music School.

Designee: Valina Carpenter has been a supervisor of the victim services unit at the Office of Victim Services (OVS) since December 2007. Ms. Carpenter and a second supervisor are responsible for twenty eight court-based victim service advocates (VSA), two central office VSAs and two VSAs assigned to the Board of Pardons and Paroles. Prior to becoming a supervisor, Ms. Carpenter served as a VSA with OVS for seven years at the New Britain Geographical Area court. Prior to becoming a VSA with OVS, Ms. Carpenter worked as a sexual assault crisis counselor in the Litchfield area, a family violence victim advocate at the Bristol court, and a crisis counselor/advocate at the Branford police department.

### **Office of Protection & Advocacy for the Disabled**

Member: Jim McGaughey is Executive Director of the Connecticut Office of Protection and Advocacy for Persons with Disabilities (OPA), a position he has held since 1994. Prior to

becoming Executive Director, he served for 12 years in a variety of positions at OPA including Law Student Intern, Human Services Advocate, Attorney, Assistant Director and the Advocacy Program Director. Among other things, the agency has responsibility for investigating allegations of physical and sexual abuse against persons with disabilities. Mr. McGaughey has extensive experience in the areas of human services advocacy and public welfare services. Part of a nationwide network of protection and advocacy systems, OPA is an independent state agency that operates under both federal and state statutory mandates to protect the civil rights of people with disabilities.

Designee: Bradley Pellissier M.P.A. is Assistant Program Director of the Abuse Investigation Division within the Office of Protection and Advocacy. Mr. Pellissier has worked in the Division for 24 years both as an investigator and supervisor and has been involved with hundreds of abuse/neglect investigations. Mr. Pellissier has served as a member of the Connecticut Governor's Task Force on Justice for Abused Children since December, 2011 and chairs the MDT Training Committee.

### **Office of the Victim Advocate**

Member: Garvin G. Ambrose is married to Toya Renee Ambrose, the Head Coach of the Dance, Cheer, and Mascot programs at the University of Connecticut. On February 1, 2013, he was appointed as the State Victim Advocate for the state of Connecticut by Governor Dannel P. Malloy and assumed his responsibilities on March 15, 2013. He has a notable background working on behalf of crime victims and advocating for the policy changes that are necessary to preserve their rights and serve their needs. Since beginning his term at the OVA, Garvin has been appointed to several task forces and commissions, including: the Task Force on Victim Privacy and the Public's Right to Know; the Criminal Justice Policy Advisory Commission; the Connecticut Sentencing Commission; and the Police Officer Standards and Training Council. Garvin was instrumental in the April 7, 2014 creation of the Victims' Rights Enforcement Advisory Commission, which was created by Governor Dannel P. Malloy. This commission is a first of its kind on the state level throughout the nation; Garvin will serve as the Chairman.

Prior to the OVA, Garvin was as an Executive Assistant State's Attorney and Legislative Liaison with the Cook County State's Attorney's Office in Chicago, Illinois where he served as a prosecutor and advocate on issues of criminal, juvenile and family law, and assisted in the development, research and drafting of legislative initiatives and policy. In this position, he was responsible for working with government agencies, nonprofits, and victim advocacy groups to promote passage of a number of new state laws that aided in the protection of victims. Garvin earned his undergraduate degree in criminal justice from Southeast Missouri State University on 2001, and his law degree from Thomas M. Cooley Law School in Michigan in 2005. He is licensed to practice law in Illinois and Connecticut.

Designee: Hakima Bey-Coon received a Bachelor of Arts degree in Political Science from Rutgers University, and a Juris Doctor degree from Seton Hall Law School. After earning her law degree, Attorney Bey-Coon served a judicial clerkship under the Honorable Kevin G. Callahan, J.S.C., in the New Jersey Superior Court-Criminal Division. Over the next several years Attorney Bey-Coon served as a staff attorney at Hudson County Legal Services in Jersey City, New Jersey where she represented indigent clients in housing matters and as a Deputy

Attorney General in the New Jersey Attorney General's Office where she prosecuted professional licensing cases. After serving several years in the New Jersey Attorney General's Office, Attorney Bey-Coon began practicing law at Maya & Associates, P.C. in Westport, Connecticut. Thereafter, Attorney Bey-Coon joined the Office of the Victim Advocate in March 2006. Attorney Bey-Coon is a member of the Victim Services/Victim Advocacy Workgroup of the Task Force and serves on the Executive Committee.

### **Parent Representative**

Member: A new member will be visiting the June or September GTFJAC meeting to learn more about the commitment.

### **Adult Survivor/Former Victim of Child Abuse and/or Neglect**

Member: Alison Johnson is a consultant to nonprofit coalitions in the areas of public policy, state budget analysis, and coalition building. Alison has been in private practice since 1997. She is experienced working with networks of leaders to help them move an agenda forward, including serving as the Chair of the National Council of Nonprofit Associations (NCNA). From 1990-1997 she was the Director of the Nonprofit Human Services Cabinet, a collaborative of twenty of Connecticut's leading associations, coalitions and statewide human service providers. She is a graduate of Wesleyan University. Alison is based in Middletown, Connecticut where she serves as a head Moderator for primary and general elections in the city.

Alison is a survivor of long term child sexual abuse. She has served on the Victim/Survivor Advisory Council (VSAC) for the Connecticut Sexual Assault Crisis Services (CONNSACS) since its inception in 1995. In 2013, she worked with CONNSACS as a consultant to design a curriculum for training of law enforcement officers on sexual assault. Alison was also the Project Manager for a federal US Department of Justice project on confidentiality for CONNSACS from 2001 – 2005. Alison has served on the Advisory Board of the Aetna Foundation Children's Center at Saint Francis Hospital and Medical Center. She has also participated in conferences for Safety Net: The National Safe and Strategic Technology Project at the National Network to End Domestic Violence, and presented on health literacy.

### **Connecticut Association of Foster and Adoptive Parents (CAFAP)**

Member: Margaret M. Doherty, Executive Director of Connecticut Association of Foster and Adoptive Parents. Ms. Doherty earned a Bachelors degree in Social Work, a Masters degree in Non-Profit Business Administration and a Juris Doctorate. Ms. Doherty was appointed Executive Director of Connecticut Association of Foster & Adoptive Parents in December 2012. As a foster and adoptive parent as well as in her professional capacity, Ms. Doherty and her staff provide education, training, support and advocacy for foster, adoptive and relative caregivers throughout Connecticut. Ms. Doherty and her staff work collaboratively with the Department of Children and Families, child welfare professionals and the community regarding issues of importance for the families who serve Connecticut's most vulnerable children. Foster, adoptive and kinship parents require specialized training and support while they strive to nurture and care for the traumatized children entrusted to their care. As a member of the Governor's Task Force, she brings the needs of parents and children to other members of task force. Ms. Doherty currently serves on task force's Training Committee.

### **Connecticut Coalition Against Domestic Violence**

**Member:** Since April 2011, Karen Jarmoc has served as the Executive Director for Connecticut Coalition Against Domestic Violence (CCADV) where she is chiefly responsible for guiding this state-wide organization which serves as the leading voice for victims of domestic violence and those who assist them. During four years in the Connecticut General Assembly, Karen was tapped to lead various initiatives including the improvement of workplace safety for correctional employees. In 2008, Karen led the Correctional Staff Health and Safety Task force as its chair resulting in the creation of a permanent Correctional Staff Health and Safety Subcommittee of the Executive Branch. In 2009, Karen was selected to co-chair Connecticut's Children in the Recession Task Force to assess the impact of the current recession on children. The committee led the General Assembly to pass legislation to create a comprehensive emergency response to assist children and families in tough economic recessionary periods. In 2009 and 2010, Karen was honored as a "Children's Champion" by the Connecticut Early Childhood Alliance for her work in the area of early care and education. Presently Karen serves as co-chair of Connecticut's Family Violence Model Policy Governing Council which evaluates policies and procedures used by law enforcement when responding to incidents of family violence, including violations of civil restraining orders and criminal protective orders. The Governing Council is responsible for annual reviews and updates of Connecticut's Statewide Model Policy on the Police Response to Crimes of Family Violence. Karen was also appointed to represent CCADV on the Connecticut Criminal Justice Policy Advisory Commission. She is also a member of the National Network Against Domestic Violence Policy Committee, the National Lethality Assessment Advisory Council and the National Resource Center on Domestic Violence Prevention Council. Karen holds a bachelor's degree in communications and political science from Simmons College and a master's degree in public policy from Trinity College.

**Designee:** Marie Kenny has advocated for victims of domestic and sexual violence for nearly thirty years. She served as a rape crisis counselor with the Boston Area Rape Crisis Center and later as a state trooper with the Massachusetts State Police. As a trooper, Marie specialized in domestic violence and sexual assault investigations. She developed and implemented training programs and model policies for campus, municipal, military, and state police. She also supported primary investigators by conducting analysis of violent offenses (homicides and sexual assaults) with the MA State Police Violent Criminal Apprehension Program (VICAP). Marie served as the Executive Director of the MA Governor's Domestic Violence Commission. Her responsibilities included assisting the Governor with developing his budget proposal regarding domestic violence related services, advocating for passage of the budgetary and legislative priorities of the Commission, and assisting state agencies with implementing policy directives recommended by the Commission. In Connecticut, Marie volunteered for many years at Safe Futures, Inc., a domestic violence agency serving New London County. While there, she served as President of the Board of Directors. Marie currently serves as the Healthcare and Member Agency Services Coordinator at the CCADV. She provides technical assistance and training to member agencies to facilitate delivery of services according to best practice standards.

### **CT Sexual Assault Crisis Services, Inc. (CONNSACS)**

**Member:** Laura Cordes is the Executive Director of Connecticut Sexual Assault Crisis Services (CONNSACS), the statewide coalition of nine community-based sexual assault crisis services programs whose mission is to end sexual violence and provide high-quality, comprehensive, and

culturally-competent services to victims. While previously serving as the CONNSACS Director of Public Policy and Advocacy, Ms. Cordes organized key stakeholders to forward legislation which led to the establishment of the State of Connecticut Gail Burns-Smith Sexual Assault Forensic Examiners Program as well as legislation that secured the right for sexual assault victims to receive emergency contraception on site in hospital emergency rooms. Ms. Cordes has made numerous presentations and conducted dozens of trainings for community partners including healthcare providers, police cadets, and campus administrators to prevent sexual assault and improve support for victims. She is a statutory member of the State of Connecticut Commission on the Standardization of the Collection of Evidence in Sexual Assault Investigations and the Criminal Justice Policy Advisory Committee.

### **State of Connecticut Department of Education**

**Member:** Stephan Pryor, Commissioner. On September 7, 2011, the State Board of Education voted unanimously to recommend to the Governor the appointment of Mr. Pryor as the Commissioner of Education. Stefan Pryor previously served as Deputy Mayor for Economic Development in the City of Newark, New Jersey where he oversaw economic, housing, workforce development, and sustainability. He also coordinated the City's state and federal legislative agenda. Mr. Pryor served as the Chairman of the Brick City Development Corporation, Newark's economic development organization, which he helped to found. Prior to serving as Deputy Mayor, Mr. Pryor served as President of the Lower Manhattan Development Corporation, which was created in the aftermath of September 11, 2001, to plan and help coordinate the physical rebuilding and economic revitalization of Lower Manhattan. From 1998-2001, Mr. Pryor served as the Vice President for Education at the Partnership for New York City, where he led the organization's public education efforts and served as Executive Director of its main school reform program. The Partnership's work focused on attracting philanthropic funding to lower-performing NYC public school districts in order to introduce a range of innovations; including performance measurement and compensation, lead teacher programs (appointing master teachers to serve as mentors to their peers), principal signing bonuses for hard-to-staff/low-performing schools, and low-cost mortgages for educators.

In the mid-1990's, Mr. Pryor served as a policy advisor to the Mayor of New Haven on issues ranging from housing and community development to education. While in New Haven, Mr. Pryor co-founded and served as the first Board President of Amistad Academy, a high-performing public charter school that now serves as the flagship for the Achievement First network of schools. Mr. Pryor served on the board of Achievement First, which opened 20 academies under 10 charters in Connecticut and New York. Amistad Academy was highlighted by the U.S. Department of Education in 2007 as one of seven schools in the country that are models for closing the achievement gap. In recent years, Pryor collaborated with Paul Vallas (the former school superintendent of Chicago, Philadelphia, and the New Orleans Recovery School District) regarding plans for school rebuilding and reform in post-disaster Haiti. Mr. Pryor also served as an advisor to the International Rescue Committee regarding the economic recovery in Haiti. The child of two public school teachers, Pryor received his bachelor's degree in psychology and his law degree from Yale University, where he completed the Yale Teacher Preparation Program.

**Designee:** Christine Spak has served since 2007 as an Education Consultant within the State Department of Education where she is the State's Coordinator of the Surrogate Parent Program

for children in care who need, or may need, special education. She also serves as a Mediator in the area of special education. Ms. Spak received her undergraduate and law degrees from the University of Connecticut. After graduation, she joined a medical-legal consulting firm in the Washington, D.C. area, and also taught at the graduate level at the University of Connecticut. Ms. Spak then served as the Chief of the Public Health Hearing Office of the State of Connecticut, followed by a move to private practice. During her years in private practice she served as a Hearing Officer in a number of areas involving the welfare of children, including matters involving special education and public health.

## **Mental Health Professionals**

### **State of Connecticut Department of Mental Health and Addiction Services (DMHAS)**

Member: Patricia Rehmer was nominated by Governor M. Jodi Rell to serve as Commissioner of DMHAS in October 2009 and was confirmed by the General Assembly in March, 2010. Prior to this, Ms. Rehmer held the position of Deputy Commissioner and was responsible for Young Adult Services, Statewide Services, and served as the liaison to the Department of Social Services (DSS) and the Department of Children and Families (DCF). In her role as Deputy Commissioner, she had overall responsibility for the state facilities, including Cedarcrest and Connecticut Valley Hospital and the Local Mental Health Authorities in the five regions of the state. In her role on the Executive Management Team, Ms. Rehmer designed and implemented the Clinical Cabinet, comprised of clinical experts from DMHAS-funded and state-operated facilities in order to capitalize on expertise from the field in mental health and substance abuse.

In 1999, prior to joining DMHAS, Ms. Rehmer served as the Chief Executive Officer at Capitol Region Mental Health Center. In this role, she provided oversight for the Local Mental Health Authority in the Hartford region and provided leadership to 17 affiliate agencies to ensure that access and appropriate services were available in the region. Ms. Rehmer began her career in 1982 as a staff nurse at The Institute of Living in Hartford, Connecticut. She was employed at The Institute of Living, which merged with Hartford Hospital, for the next seventeen years in a variety of roles, including Head Nurse on several inpatient units, Director of Partial Hospital Services and Director of Adult Programs. Her final role at The Institute was Clinical Director. Ms. Rehmer earned a Bachelor's degree in Nursing from Skidmore College in 1981 and a Master of Science in Nursing from St. Joseph College in 1988.

Designee: Cheryl L. Jacques, M.S.N., A.P.R.N., Director of Statewide Services, Young Adults for the Department of Mental Health and Addiction Services, is responsible for the administrative and clinical oversight of mental health and substance abuse services for young adults ages 18-25 years. Ms. Jacques manages transitions from the Department of Children and Families to adult services and develops community programs that will meet the needs of a young adult population while promoting recovery. Prior to joining Young Adult Services, Ms. Jacques held the role of Director of Operations for the Southeastern Mental Health Authority. She serves on the Victim Services/Victim Advocacy Workgroup of the Task Force.

### **Private Practice Clinicians**

Member: Eliza L. Borecka, M.A., M.S.W., L.C.S.W. works at The Sterling Center for Counseling and Family Relations, where she is the Senior Clinician and Associate Clinical

Director. And responsible for Evaluation, risk assessment, and treatment of individuals who have engaged in sexually maladaptive behavior as perpetrators; Assessment and treatment of the victims of sexual abuse; Individual therapy; Group therapy; Family therapy; Family reunification; Supervisory training; Parental education; Community education; Coordination of treatment with DCF, Juvenile and Adult Probation Officers, DMHAS, DDS, and other mental health agencies.

Member: Diane Edell, Masters in Social Work and in Public Health. Ms. Edell is a Licensed Clinical Social Worker in the state of CT. She has been working in the field of child sexual abuse since 1992. Ms. Edell was Program Director of the Aetna Foundation Children's Center at St. Francis Hospital from 1992-99. Ms. Edell now works independently as a forensic interviewer, trainer and team consultant. She is a member of the GTF Training Committee, Minimal Facts Stewardship Committee, and is a faculty member for the Finding Words Program.

### **Health Professionals**

Member: Dr. John M. Leventhal is a Professor of Pediatrics at Yale University School of Medicine and Medical Director of the Child Abuse Program and Child Abuse Prevention Programs at Yale-New Haven Children's Hospital. Dr. Leventhal has over 25 years of experience providing care to abused, neglected and sexually abused children and has extensive experience collaborating with professionals in the community, such as DCF workers and police, and teaching professionals in the community. Dr. Leventhal co-chairs the Forensic Interview and Forensic Medical Workgroup and participates on the By-Laws Workgroup.

### **Department of Public Safety**

Member: A letter will be sent from the GTFJAC co-chair to the Commissioner of Public Safety to ensure there is a representative on the taskforce.

### **CT Police Chief's Association**

Member: A letter will be sent from the GTFJAC co-chair to the Connecticut Chiefs of Police organization to ensure there is a representative on the taskforce.

### **Civil/Criminal Court Judge**

Member: The Honorable Bernadette Conway was appointed the Chief Administrative Judge for Juvenile Matters in September of 2013. Judge Conway has been a judge of the Superior Court since April of 1999. From 1999 to 2013, Judge Conway presided over criminal, juvenile and family cases, primarily in New Haven. Prior to her appointment to the bench, Judge Conway was an assistant state's attorney in the Middlesex Judicial District.

### **Individual Experienced in Work with Homeless Children and Youth:**

Member: Stephenie Guess has a bachelor's degree in Sociology from the University of Connecticut and a Masters in Public Health from Southern CT State University. She is also a certified health education specialist issued by the National Commission for Health Education Credentialing. Recently, she completed a Behavioral Health Leadership program through Yale University's School of Medicine- Dept. of Psychiatry. Currently Stephenie is employed by the Department of Mental Health & Addiction Services at Southeastern Mental Health Authority. There, she functions as the Director of Housing and Homeless Services with a recent project

focused on outreach and engagement with young adults who are homeless and at risk of homelessness. With over 20 years experience in health & human services, Stephenie has worked in various professional and volunteer capacities engaging communities in issues related to child welfare, parent leadership and advocacy, homelessness, and the elimination of health, social, and economic disparities in racial/ethnic populations. She has received awards, recognitions, and committee appointments, including the following:

- Yale School of Medicine Behavioral Health Leadership Program 2011
- National Minority AIDS Council- Women of Color Leadership Institute May 2009
- SCSU Minority Scholar on Health Disparities 2006-2008
- Eta Sigma Gamma (Health Sciences Honorary) 2007
- New London NAACP Humanitarian Award 2006
- CT Health Foundation Health Leadership Fellow 2005-2006
- CT Commission on Children Parent Leadership Training Participant/Graduation Speaker 2001
- Donna Millette-Fridge Memorial Award 2001
- TVCCA Head Start Policy Council & Parent Group leader 2001
- Town of Groton Youth and Family Services advisory committee/Substance abuse task force 2005 – 2006

Stephenie has presented at local, statewide, and national conferences related to housing and homelessness, social justice, and public health activities. She is dedicated to improving health and well-being outcomes for youth, adults, and families.

#### **Co Chairs: MDT Evaluation Committee**

Maureen Ornosky is a 1986 graduate of Quinnipiac Law School (formerly the University of Bridgeport). She has been a member of the Connecticut and Federal Bar since 1986. Attorney Ornosky joined the State's Attorney's Office in 1988. She served as an Assistant State's Attorney in G.A. 1 in Stamford until assigned to the Part A office in 1995. She has represented the State's Attorney's Office on the Stamford Multi-Disciplinary Team since 1990. Attorney Ornosky handles serious, violent felony matters including many of the child sexual abuse cases in the Judicial District. She frequently consults and advises prosecutors, police departments and DCF on MDT matters. In addition, she has participated in presentations to community organizations regarding the MDT's services. She has been a member of the Governor's Task Force MDT Evaluation Committee since 2009 and is currently serving as co-chair.

Theresa A. Montelli, LCSW earned her master's degree in Social Work from Fordham University. She has been a Licensed Clinical Social Worker in the State of Connecticut since 1994. During her time at Yale-New Haven Hospital, Child Sexual Abuse Clinic, Theresa has conducted over 675 interviews of children in cases where there are allegations of sexual abuse, severe physical abuse, and witness to violent crimes. The clinic that Theresa works in serves children and families in Fairfield, New Haven and Middlesex Counties.

In addition to her work as a forensic interviewer, Theresa also sits on several statewide committees whose goals are to monitor best practices in child abuse investigations in Connecticut. Theresa co-chairs the Governor's Task Force MDT Evaluation Committee, serves on the GTF Executive Committee and participates in the Minimal Facts Workgroup. Theresa

coordinates a quarterly peer review for forensic interviewers statewide and sits on the faculty for the Finding Words training.

### **GTF Coordinator**

Kristen M. Clark became the coordinator of the Governor's Task Force on Justice for Abused Children in June 2008. She graduated from Watkinson Day School and Howard University, with a B.S. in Sociology, before going on to pursue a Master in Social Work at the University of Connecticut. Ms. Clark has been employed with the Village for Families and Children, Inc. for twenty years where she also coordinates the agency's emergency preparedness, public policy and advocacy efforts. At the Village she has been responsible for connecting with key community and corporate organizations, developing key legislative relationships, coordinating volunteers, promoting Village programs, and cultivating media and fund-raising prospects. Previously she worked as the interim Director of RAMBUH Family Center, Community Ambassador, supervisor, therapist and case manager in the Village's foster care program. Ms. Clark is also active in the Greater Hartford community through her current and past public service activities including serving on the Boards of Watkinson Day School and Community Health Services; being an adult achiever mentor in the YMCA Minority Achiever Program; a mentor in the Delta Academy; and actively participating as a member of the National Association of Black Social Workers, the Greater Hartford Alliance of Black Social Workers, and the NAACP. She serves as President of the Howard University Alumni Club of Greater Hartford and is a member of Delta Sigma Theta Sorority, Inc. where she is a past Assistant Secretary of the Eastern Region. In May 2010, Kristen was elected Region I Chair of the Howard University Alumni Association and covers all Howard University alumni in Africa, Europe, Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Rhode Island and Vermont. On a statewide level, Kristen is a commissioner for the African American Affairs Commission of the state of Connecticut's General Assembly.

Ms. Clark coordinates the administrative duties for the Task Force, Finding Words trainings and chairs the Membership Committee as well as the By-Laws and Website work groups. She participates on several of the committee's and workgroups for the Task Force.

### **Section III: Program Performance Reporting: FFY 2013-14**

#### **A. Governor's Task Force Committees**

The Governor's Task Force on Justice for Abused Children (GTF/Task Force/Governor's Task Force) meets on a quarterly basis for planning, decision making, and information sharing. Its membership is large, diverse, and active. Consequently, the GTF has established several committees and workgroups to focus on key issues as identified by the Task Force. It is in these committees that much of the work of the GTF is done.

This past year has been a busy one for the GTF, continuing many successful initiatives from the previous year and beginning some new ones. Outlined below are the 2013-2014 activities of the Governor's Task Force.

#### **The Executive Committee**

The Executive Committee, comprised of no fewer than seven members, four of whom are elected by the GTF membership, continues to meet monthly. The three permanent members of the Executive Committee include representatives from the Department of Children and Families, the Office of the Chief State's Attorney and the CT Children's Alliance (CCA Chairperson or designee). At least two members of the Executive Committee must be from non-state agencies. This committee continues to serve as the Task Force's 'engine,' guiding and supporting the implementation of planned activities, recommendations and responding to urgent situations. This committee currently operates with a co-chair structure with Stephen Sedensky, Office of the Chief State's Attorney and Tammy Sneed, Department of Children and Families, functioning in this capacity.

In addition to its usual functions, during the past year, the Executive Committee convened several meetings to address the issue of human trafficking of children and youths in the state. By bringing together key staff from the Department of Children and Families, GTF members, MDT coordinators, MDT members, and CAC staff, work has begun to better coordinate the work between DCF and the state's MDTs and CACs to meet the needs of these children and youths. The Taskforce sponsored a statewide training on Domestic Minor Sex Trafficking in December 2013.

#### ***Finding Words Connecticut – A ChildFirst State***

As reported previously, Connecticut, through the Governor's Task Force, was certified as a *Finding Words* state in 2007. *Finding Words (ChildFirst), Interviewing Children and Preparing for Court* is the nationally recognized 40-hour child interviewing program that has been adopted by 18 states and two countries as of April, 2014. This program was originally instituted under the *Finding Words* name by the National District Attorney's Association's (NDAA) American Prosecutors Research Institute, in cooperation with CornerHouse of Minnesota. After the NDAA ceased to sponsor the course in 2008, the national course name was changed to *ChildFirst*.

From 2008 to 2012, the state courses were supported on the national level by the National Child Protection Training Center (NCPTC) in Winona, MN and CornerHouse in Minneapolis, MN. Connecticut has continually renewed its contract with the NCPTC and CornerHouse. As

mentioned, the national program's name is *ChildFirst* and some of the certified states have chosen to adopt the *ChildFirst* name in lieu of *Finding Words*. Connecticut has chosen to retain the *Finding Words* name and regularly submits a letter in that regard to the NDAA. Originally part of the NDAA, the NCPTC has gone through a number of changes, most recently being acquired by the Gundersen Health System ([www.gundersenhealth.org](http://www.gundersenhealth.org)), a physician led, not-for-profit healthcare system.

Starting in 2013 CornerHouse was no longer participating in the *ChildFirst* program, though they did allow their RATAC protocol materials to continue to be used until December, 2014. In 2013 – 2014 the *Finding Words* / *ChildFirst* states, together with the NCPTC developed a new forensically sound protocol for use by the states. Connecticut's faculty participated in the development of this new protocol and will be introducing it in the October, 2014 course.

Connecticut, with its April 2014 course, started its eighth program year. Each course trains 37 child abuse professionals free of charge. The course continues to be held at the Police Officers Standards and Training Council (POSTC) at the Connecticut Police Academy in Meriden where the training facilities are donated. Feedback from students who complete the course remains very positive.

The GTF Coordinator continues to administer the *Finding Words* program. During the reporting period, two course were held, one October, 2013 and the other in April 2014. In total there have been over 540 child abuse professionals trained, including law enforcement, social workers, prosecutors, forensic interviewers and other MDT members. Every county in Connecticut has been trained. Starting with the April 2010 course, the non-state employee faculty has been given a \$100/day honorarium during the course week and mileage reimbursement. If their time is donated by an agency, the money goes to that agency. This continues.

Periodically, the Connecticut faculty incorporated the *ChildFirst* changes into the participant binder and revised the course including all research based updates. The faculty held a retreat in February 2013 and trained additional actors as part of the interactive learning piece of the course. Over the past year, NCPTC has updated the interviewing protocol. Faculty member Theresa Montelli and coordinator Kristen Clark served on that national committee and participated in numerous conference calls over a 8 month time period. Once the protocol was developed, four faculty members traveled to Arkansas in March 2014 to participate in a two day update. The faculty plan to update Connecticut's forensic interviewers beginning in May 2014 and the Finding Words Committee will develop a statewide update that will occur during the 2014-2015 year. Additionally plans have been made to conduct a faculty retreat in summer 2014 to implement all course changes.

In 2009 the faculty of Finding Words/Child First Connecticut (FW) created a document of Recommendations for New Interviewers. This was based on our belief that new interviewers, having just completed the Finding Words course, could not be considered ready to interview independently for the multidisciplinary teams around the state. Unfortunately many did. The Recommendations sought to spell out what was needed to bring a new interviewer to the point when they could consider themselves independent interviewers. It became obvious to the committee that our recommendations could be easily followed at Children's Advocacy Centers

that employ several interviewers and where seasoned interviewers were already employed. However at the other teams this was not the case. Many began interviewing without proper oversight resulting in inadequate information gathering, discouraged interviewers, and disappointed team members.

During this year, the committee has piloted a Forensic Interview Mentoring program which looks to support new forensic interviewers from around the state who are sent by their multidisciplinary teams to Finding Words. This pilot is a method to provide the mentoring and oversight needed by new interviewers. It is offered with the expectation that each interviewer and their team will understand and agree to the commitment involved. During this pilot, the mentors were members of the faculty of Finding. During the summer of 2014, the faculty will review the first year and develop a manual for use moving forward.

#### PHASES OF MENTORING and TIME COMMITMENT:

- I. Attendance at Finding Words/Child First (FW/CF) one week course
- II. Review of Interviewer's training tape from FW/CF with Mentor - 1 hour for Mentor, 1 hour for Interviewer
- III. Interviewer and Mentor review 5 previously recorded interviews conducted by the Mentor or other experienced Interviewer. Each review to be followed by discussion and instruction. (Preferred method) 10 hours for mentor, 10 hours for interviewer

OR

Interviewer observes 5 interviews as they are being conducted by the Mentor with discussion and instruction to follow. 5 additional hours for Mentor, 10 hours for new Interviewer

- IV. Mentor observes the first 5 interviews of the new Interviewer (to be scheduled as soon as possible). Instruction and discussion to follow each interview- 10 hours for Mentor, 5 additional hours for Interviewer
- V. Mentor observes or reviews one interview a month for 6 months - 12 hours for Mentor

In 2010 a medical presentation was incorporated into the training. This addition continues and has been replicated in other states. Stephen Sedensky, chair of the *Finding Words* sub-committee and Kristen M. Clark, GTF coordinator continue to participate in quarterly national calls held with the NCPTC and the other certified states. Connecticut's program supports continuing education for Finding Words faculty and has paid for the faculty to attend national training. In July, 2012, representative faculty members traveled to Columbus, OH to participate in the *When Words Matter* conference sponsored by the NCPTC. Connecticut continues to belong to the *ChildFirst* Alliance, which is an affiliation of the 17 states adhering to the original intents and purposes of the *Finding Words* program as published by the NDAA in June 2003. Members of the faculty will travel to Baltimore, MD in June 2014 for the next *When Words Matters* conference.

The Connecticut Forensic Interviewers, who serve the 17 MDT's in CT, have been participating in State-wide peer review since 2002. The group meets 4-6 times a year to review interviews, discuss the latest topics/research in the field and provide support to each other. In addition to Statewide Peer review, Connecticut forensic interviewers are expected to participate in more

localized peer review. Depending on the area of the state this seems to be occurring from weekly to monthly sessions.

**The Multidisciplinary Team Evaluation Committee**

In 2002, in accordance with Connecticut General Statute Sec. 17a-106a(c), a permanent Multidisciplinary Team (MDT) Evaluation Committee was established to review protocols and monitor and evaluate the performance of multidisciplinary teams. The MDT Evaluation Committee is a permanent GTF committee and is charged with reviewing the protocols of all multidisciplinary teams, monitoring and evaluating teams, and making recommendations for modifications to the system of multidisciplinary teams. This committee is elected by the Governor's Task Force membership. It is co-chaired by Maureen Ornousky, an Assistant State's Attorney from the Stamford/Norwalk Judicial District and Theresa A. Montelli, LCSW, a forensic interviewer for Yale-New Haven Hospital, Child Sexual Abuse Clinic. The committee's composition is diverse geographically, culturally and by discipline. Current membership includes representatives from child protection, law enforcement, forensic medical providers and interviewers, States Attorney's Office (prosecutors), mental health, private practitioners, victim services, the Attorney General's office and MDT coordinators.

Since 2002, the Village for Children and Families has been contracted to conduct the evaluations in collaboration with the GTF's MDT Evaluation Committee. The methodology has included a team survey, coordinator and core discipline interviews, observation of team meetings (by committee members and the evaluators), and review of records and protocols maintained by each team. The MDT Evaluation Committee provides technical assistance to improve team functioning and oversight to ensure that recommendations and/or corrective action is pursued and followed. To date, all multidisciplinary teams have been evaluated twice and overall they are functioning at levels that promote positive interdisciplinary response and interventions for children.

Activities: The GTF continues to evaluate multidisciplinary teams. With completion of the evaluation redesign last year, the tools and methodology for the review includes a biennial standardized team functioning survey to all Team members, self-assessment surveys in 5 topical areas (case volume, case review and tracking, team functioning, forensic interviews and medical evaluations), quantitative case data analysis, qualitative case review, observation of team meetings (by committee members and the evaluators), and review of records and protocols maintained by each team. The team has worked on the following during 2013-2014:

1. Scheduled and began MDT reviews, using the evaluation redesign, in three rounds, beginning 2013 and ending 2015. The schedule is as follows:

#	MDT	Round	Period Under Review	Site Review	Completed
1	Norwalk	<i>1st Round</i>	11/15/11-11/15/12	04/29/13	X
2	Torrington	<i>1st Round</i>	1/15/12-1/15/13	06/20/13	X
3	New Britain	<i>1st Round</i>	3/15/12-3/15/13	09/24/13	X

4	Manchester	<i>1st Round</i>	5/15/12-5/15/13	10/02/13	X
5	Danbury	<i>2nd Round</i>	6/15/12-6/15/13	2/19/14	X
6	Middlesex	<i>2nd Round</i>	8/15/12-8/15/13	1/23/14	X
7	Ansonia/Milford	<i>2nd Round</i>	10/15/12-10/15/13	4/10/14	
8	New London	<i>2nd Round</i>	11/15/12-11/15/13	4/25/14	
9	Tolland	<i>2nd Round</i>	12/15/12-12/15/13	5/21/14	
10	Waterbury	<i>2nd Round</i>	1/15/13-1/15/14	6/11/14	
11	Windham	<i>3rd Round</i>	2/15/13-2/15/14	7/14/14	
12	Bridgeport	<i>3rd Round</i>	4/15/13-4/15/14	9/14/14	
13	Stamford	<i>3rd Round</i>	6/15/13-6/15/14	11/16/14	
14	Hartford	<i>3rd Round</i>	8/15/13-8/15/14	1/18/15	
15	New Haven	<i>3rd Round</i>	10/15/13-10/15/14	3/21/15	
16	Hartford West	<i>3rd Round</i>	12/15/13-12/15/14	5/16/15	
17	Enfield	<i>3rd Round</i>	1/15/14-1/15/15	6/20/15	

2. As part of the evaluation redesign, the committee revised the final review report and streamlined the review reporting process.
3. The committee held a training session for Second Round teams on the evaluation redesign in September 2013. Representatives from four of the six teams attended.
4. The committee held a Round One Redesign Wrap-Up in February 2014 for all teams and their members. Representatives from thirteen of the seventeen teams attended. The Agenda included: Redesign Overview, Findings and Recommendations and First Round Teams Summary.
5. The analysis of the All Team Survey was approved by the committee. The following are the results:

**Analysis of Connecticut Multidisciplinary Standardized Team Functioning Survey:**

The first All Team Survey was administered in January 2013, with the final results available July 2013. The All Team Survey, adapted from the PACE Survey\*, gathered information from all members of Connecticut’s MDTs regarding how Teams function. It was available via SurveyMonkey. The link was sent to all coordinators who were asked to forward to all Team members.

The survey gives insight on Team preparation, participation, meeting management, leadership, communication, and results. Information will be used for Best Practices and improved Team functioning. A summary of All Teams results is below with individual Team data also available.

**All Team Results:**

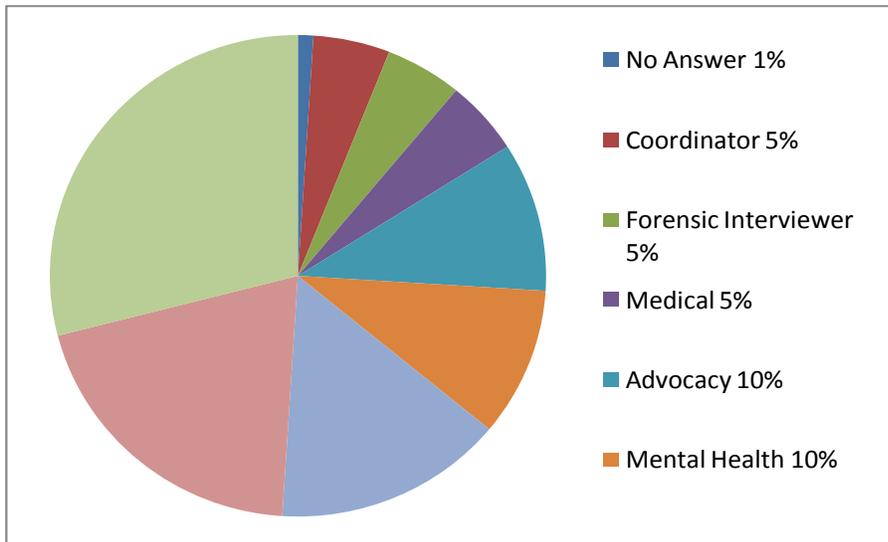
**Respondents:** There were 212 respondents, representing all 17 Teams with 5 respondents not identifying a Team. The number of respondents per Team ranged from one to twenty-three. Not all Coordinators realized they could have responded to the survey.

**% of Surveys which indicated respondent on another Team:** 21%

<b>Number of Other Teams Respondents Are On</b>	
<b>Number</b>	<b>%</b>
1	1%
2	8%
3	7%
+4	3%

Based on survey results it appears respondents that are on another Team are on more than one but not more than three.

**Representation of Disciplines (from 212 Respondents):**



<b><u>Length of Time Respondents have been on Team</u></b>	
<u>0-11 months</u>	<u>18%</u>
<u>1-2 years</u>	<u>22%</u>
<u>3-5 years</u>	<u>28%</u>
<u>6-10 years</u>	<u>16%</u>
<u>10+ years</u>	<u>13%</u>

**Questions:**

**Rating Options: Strongly Disagree (1) to Strongly Agree (6)**

<b><u>Team Functioning Dimension</u></b>	<b><u>Question</u></b>	<b><u>% With 1 or 2 Rating</u></b>	<b><u>% With 5 or 6 Rating</u></b>	<b><u>Average Score Across Teams</u></b>
<u>Communication</u>	People are reluctant to speak their minds during meetings.	77%		2.0

	Team communication is consistent with confidentiality.		85%	5.4
	There is a lot of respect between Team members for each other and for different points of view.		77%	5.2
	During discussions people tend to be defensive and do not react well to different points of view.	84%		1.7
	Sometimes the meetings are very tense.	73%		2.0
	The meetings offer a safe place to discuss most ideas and concerns.		79%	5.2
<u>Leadership</u>	At times meetings are dominated by one or two individuals.	62%		2.4
	The facilitator creates a comfortable atmosphere, fosters communication, and reinforces members input.		87%	5.5
	Team members are held accountable for the things they agree to do.		70%	4.8
	Often the facilitator tends to dominate the discussion.	87%		1.6
	Meetings are often dominated by one discipline.	75%		2.1
	It is clear who is responsible for what actions at the end of the discussion.		78%	5.1
	One or two Team members seem to get blamed frequently when problems arise.	90%		1.4
	Discussion is often scattered, and at times we have a difficult time reaching consensus.	82%		1.8
<u>Meeting Management</u>	The Team meetings often seem to drag and we don't get everything that needed to be done, done.	80%		1.9
	Generally, the meetings are run quite efficiently and we accomplish a lot.		73%	5.1
	Some issues come up over and over again, even though they have been addressed before.	58%		2.6
<u>Participation</u>	All disciplines are well represented in our Team meetings.		76%	5.1
<u>Preparation</u>	Most of the time Team members are well prepared for case presentations and discussion.		82%	5.2
	Training, policies, practices and procedures are culturally sensitive.		81%	5.2
	Often, Team members lack knowledge about case details.	81%		1.9
<u>Results</u>	Generally we discuss each case with a specific goal in mind and reach a resolution.		64%	4.8
	Overall I am satisfied with the quality of services provided by this Team.		84%	5.3

### **Team Functioning Dimension:**

The Team Functioning Dimension score was calculated by first converting the low ratings on negatively worded questions to the equivalent higher value (e.g. turning a 1 into a 6) and then calculating the average.

#### **Dimension**

Communication (6 questions)

#### **Score**

4.9

Leadership (8 questions)	5.1
Meeting Management (3 questions)	4.9
Participation (1 question)	5.1
Preparation (3 questions)	5.2
Results (2 questions)	5.1

**Use of Results:**

The All Team Survey is one of three instruments being used to evaluate how the Team functions. The other two are the Team Functioning Self Assessment, which Teams complete during their review process and the Team Observation Tool, which is completed by the review team as they observe a Team meeting.

The All Team Survey results will be used in several ways. One is as a baseline for the redesigned MDT evaluation process. Another is as a point of comparison with an individual Team results. The survey results will also be integrated with other review results.

**Suggestions for Next Survey** (scheduled for January 2015):

- In advance of the next survey a Team Roster will be submitted by Coordinators that includes names, emails, and discipline representation of each member. This will enable to send the survey link directly to Team members, better track response rate, and do comparisons.
- Encourage Coordinators to complete survey.
- Since a large number of Team members are on more than one Team, design the survey so that one can answer for more than one Team within the same survey.
- To increase ease of aggregation and consistency include more drop-down menus.

\*PACE Survey-Section II on Interdisciplinary Team Functioning, Citation: Temkin-Greener, H, D. Gross, SJ Kunitz, D Mukamel (2004). Measuring Interdisciplinary Team Performance in a Long-Term Care Setting. Medical Care, 42 (5):472-481.

**Training Committee**

The MDT Training Committee has been active this year. The committee is chaired by Brad Pellissier, GTF member and Office of Protection and Advocacy Designee. The primary focus of this committee is to identify needs and gaps in training, develop a plan to meet the training needs of the multiple disciplines involved in Connecticut teams and throughout the system, and award financial reimbursement for those wishing to attend training. Individuals attending specialized training out of state are expected to share the information gained with their local MDT members. This committee works with an established annual budget and uses a formal application and distribution process.

Activities: This past year, the committee continued to advertise the availability of training funds, review applications and approve the dispersal of training funds to individuals from various disciplines, included but not limited to law enforcement, child protection and MDT coordinators. The GTFJAC added additional funding resources to this committee to meet the statewide demand. Specifically, the following trainings were supported during the past year:

- National Sexual Violence Resource Center’s Conference

- Queen's DA's Conference – Abusive Head Injury
- Sexual Deviance Conference
- NCA Conference
- New Mexico Conference on Abusive Head Injury Mock Court
- Finding Words
- Child Death Investigations
- Advanced Interview Training
- 30th National Symposium on Child Abuse
- National Conference on Child Abuse and Neglect
- Multidisciplinary Team Investigations of Child Abuse
- Child Proof
- Investigation and Prosecution of Child Fatalities and Physical Abuse

### **Minimal Facts Workgroup/Stewardship Committee**

Best practice indicates that, to minimize trauma, a child who has disclosed child sexual abuse should be interviewed once by the person conducting a forensic interview. However there is also recognition that, to ensure a child's safety, some information may need to be obtained directly from the child. In these instances the goal is to gather minimal facts in a manner that will not jeopardize the integrity of the forensic interview and investigation, or cause further trauma to the child. In response to this, the Governor's Task Force has partnered with the Connecticut Children's Alliance, the DCF Training Academy, DCF Hotline, State's Attorney's Office, the CT State Police, the Police Officer Standards and Training Council (POSTC - the state police academy), CT Children's Alliance, local police departments, multidisciplinary teams, forensic interviewers and other stakeholders across Connecticut to develop comprehensive minimal facts trainings.

This workgroup prepared two training curricula: one for first responders (targeting law enforcement and DCF) and one for other mandated reporters (targeting educators, day care, etc). This second group has been recognized as the "Discoverers" group. There has been several Train the Trainers sessions for both groups and these will continue as needed. The Minimal Facts Stewardship Committee (whose responsibility is to maintain and disseminate the curricula, materials and to support and further train the trainers as needed) made the decision to rename itself to the Minimal Facts Advisory Board. All partners have formally agreed to be members of the Advisory Board.

Since the initial training of DCF staff and members of law enforcement, trainers have reached out to their communities and multiple trainings have been done throughout the state. In February 2014 a train the trainer course was conducted for the First Responder curriculum.. For various reasons the number of law enforcement trainers had decreased so the course in February focused on law enforcement and a larger pool of trainers has been created. This course included 27 attendees and 24 of them were members of law enforcement.

Within the past year, the board and MDT coordinators have formalized training plans for their individual teams in order to have more tangible numbers regarding training goals for both First Responders and Discoverers. All MDTs have submitted Minimal Facts Engagement plans for the year and the board have requested quarterly updates beginning in July 2014.

Connecticut State Police Academy has continued to teach the First Responder curriculum to new recruits. The curriculum is also being taught by one of our law enforcement trainers at Spector, another law enforcement training site. The Connecticut State Police have vetted First Responders Minimal Facts PowerPoint presentation in its entirety and have created an on line version; purposes of ensuring that Every sworn member of CSP should be trained by the end of 2014. Minimal Facts has been incorporated into the basic CSP recruit curriculum. The DCF training academy has also incorporated the First Responders training into the intake training as well as into the training for new social work trainees.

Based on feedback from trainers as well as those who have been trained, several members of the Advisory Board met and revised the curriculum into a 2 hour format. We are now able to offer both the 3 and 2 hour curriculum as needed. There is also discussion about offering a full day course. We are now partnering with other sexual abuse trainings that are offered in the state, such as Human Trafficking, to create an 8 hour course that would offer POST credits and CEUs.

The Discoverers curriculum continues to be offered. MDT coordinators are the conduit for these trainings and have reached out to their communities and facilitate trainings. Feedback has been positive and there has continued to be a large and eager interest in this training by community members. A representative of the State Department of Education is now an active member of the advisory board and we have begun to discuss how to reach a broader number of schools and the role the Department of Education could play.

Nationally, several states have expressed in interest in our Minimal Facts curriculum. Within the next year the board will create a strategic plan to include exploring the possibility of copyrighting the curriculum, development of pre and post tests as well as an RBA framework.

### **Membership Committee**

The Membership Committee was formed in 2003 to address membership issues, particularly regarding clarifying the role and function of Task Force members and maintaining and recruiting members. This remains a standing committee. This year, the committee completed the work of identifying members for areas that have not had consistent attendance at the task force meetings.

### **Website**

The GTF is in the process of finalizing a website that will provide information regarding the Task Force including its membership, roles/responsibilities, current activities and resources. The State of CT Department of Information Technology will provide assistance and will train GTF members in developing and maintaining the site at no cost. The GTF coordinator will serve as the content manger and hopes to have the website active in June 2014.

### **By-Laws**

The by-laws of the GTF were last amended in March 2010. There have been no further updates.

## **B. Other Governor's Task Force and Related Activities**

### **Statewide Assessment of the Services and Systems**

#### **Pertaining to the Sexual Abuse and Serious Physical Abuse of Children**

The Governor's Task Force, in partnership with the CT Children's Alliance, conducted a statewide needs assessment in 2008 of the services and systems pertaining to the sexual abuse and serious physical abuse of children. Specifically, the needs assessment evaluated Connecticut's capacity, resources and accessibility of a child-focused, coordinated, interagency response for every child victim of sexual and/or severe physical abuse in the state. In September 2009 the needs assessment report was issued and disseminated. In May 2010, the Task Force held a retreat to examine and address the recommendations of the statewide assessment and develop a strategic plan for implementation, and at the June 2010 GTF meeting, members set priorities from the retreat. As a result, the following three time-limited workgroups were established:

1. MDT/CAC Workgroup
2. Forensic Interview and Forensic Medical Workgroup
3. Victim Services/Victim Advocacy Workgroup

Needs assessment recommendations focused on ensuring that all child victims of sexual abuse and serious physical abuse and their families, throughout the state, have access to a basic level of quality investigative and supportive services that are targeted to their needs. In addition to prioritizing the recommendations, the GTF agreed that all the training efforts currently being provided by GTF were important and should continue, particularly Finding Words and Minimal Facts. It was further agreed that consideration for children with disabilities should be incorporated into the work of each workgroup.

#### **Forensic Interview and Forensic Medical Workgroup**

##### 2013-2014 Progress: Forensic Interview and Forensic Medical Workgroup

The workgroup continued to look for solutions to the gaps found from the 2011/2013 survey and discussed the following during meetings:

1. Supported the amendment of State Statute 19a-112a. Commission on the Standardization of the Collection of Evidence in Sexual Assault Investigations so that physicians who conduct medical exams for MDTs are paid through the Office of Victim Services. Supported the addendum to the CT State Statute 19a- 112a- Public Act 12-1 Sec 141 (e) (October 2012) that expanded the Office of Victim Services financial responsibility to include reimbursement for providers or examiners conducting forensic interviews for sexually abused children to all MDT/CACs in the State.
2. The Committee requested and was approved for funds to create a State wide forensic medical examination brochure. The medical exam brochure will be completed and ready to distribute by May 31, 2014. Each multi-disciplinary team will receive 100-200 brochures and ability to access the template to have continued ability for printing. The Committee will review the costs to translate the brochure into other languages, primarily Spanish.
3. Collected data regarding equal access to forensic medical examinations across the State (September 2013). Received reports from MDT/CAC coordinators regarding 2013 forensic interview/medical referrals/medical attendance. The State still struggles with areas that do

not have consistency amongst their medical provider staff and areas that struggle with more than desirable commutes for families to access the medical provider's facility.

4. Explored the forensic medical exams, including availability, timeliness, funding, and barriers to utilization, including the possible development of a brochure for non-offending parents. Further exploration will be done regarding nation-wide programs where there has been successful implementation of SANE nurse programs or mobile medical providers.
5. Further explored use of hospital emergency departments for these services and possible strategies for improved coordination with MDTs and other community-based services.
6. Experienced Forensic Interviewers in the State have created a Peer Mentoring Program thus enabling a more consistent and standardized training/internship to forensic interviewer trainees (new hires) and current interviewers who would benefit from one-to-one guidance.
7. The Finding Words staff and senior Forensic Interviewers have established an alliance with Gunderson National Child Protection Training Center and have adopted the interview protocols established by *ChildFirst*. The Governor's Task Force Interview Staff will be conducting Peer Review trainings and MDT member trainings over the next 12 months regarding the established and accepted changes to the interview protocols.
8. Moving forward need to utilize NCATrak to create reports which will capture gaps especially in medical exams. Work to create a more uniform peer review process/forms for medical and forensic interviewing-this will continue to be addressed.
9. Explored issues with DCF Careline and consistency of accepted and not accepted cases; as well as, what constitutes the Careline to refer a case to Law Enforcement (136). A more detailed and ongoing discussion is recommended.
10. Karolina Wytrykowska resigned from the FI/ME work group due to changes in agency responsibilities
11. Monica Vidro (Yale New Haven CAC) joined the FI/ME work group

The Forensic Interview and Forensic Medical Workgroup is co-chaired by John Leventhal (Yale New Haven Hospital/GTF) and Joanne Martin (Bridgeport MDT/CAC Director) and Kathy Miller (New London MDT Coordinator) and includes the following members: Karolina Wytrykowska (*Resigned from group*- Central CT MIT), Donald Melanson (West Hartford Police Department), , Donna Meyer (Danbury MDT Coordinator), Stephen Sedensky (State's Attorney Danbury Judicial District/GTF), Susan Kristoff (Willimantic DCF Social Work Supervisor) and Theresa Montelli (Yale Forensic Interviewer), Monica Vidro (Yale Advocacy Center Advocate)

### **MDT/CAC Workgroup**

The workgroup has completed its charge:

1. The Logic Model for multidisciplinary teams, developed by the Workgroup in 2010/11, was approved at the June 2011 quarterly GTF meeting.
2. Through the Division of Criminal Justice, the Workgroup re-submitted its proposal to amend State Statute 19a-112a., Commission on the Standardization of the Collection of Evidence in Sexual Assault Investigations, so that all forensic interviews done through an MDT/CAC and so that all physicians who conduct medical exams for MDTs can be reimbursed through the Office of Victim Services. Currently, providers must be part of a "medical facility" to utilize these funds. The amendment passed.
3. In collaboration with community representatives, DCF developed and issued an RFP for a new North Central MDT to serve the Enfield area. With this addition, every

community in the state will be served by an MDT. The MDT was established in September 2012 and held its first meeting in October 2012.

4. The workgroup completed many of its goals and will need to look at additional areas of work including the development of an RBA framework.

### **Victim Services/Victim Advocacy Workgroup**

The Victim Services Workgroup has been working to identify what measures could be taken to ensure that Connecticut children and families receive adequate services following an incident of sexual abuse. The group has also discussed what information could be shared with parents prior to abuse occurring and how that information could reach all parents throughout the state.

In June of 2012, the Victim Services Workgroup proposed the following four recommendations to the Governor's Task Force:

- **Support Yale's Bridging Program, which is a model response to child sexual abuse.** We recommended finding funding to support the existing program, and exploring the possibility of finding additional funding to replicate the model at other locations throughout the state.
- **Create a training that brings together advocates, law enforcement, MDTs, and other who are involved in the response to child abuse.** Such a training was put together by the Connecticut Children's Alliance in the fall of 2012. Our workgroup supported the CCA training and recommended that GTF members, advocates, law enforcement, and other service providers be actively involved in the training.
- **Identify a training curriculum that agencies can use to educate employees about MDTs, CACs, minimal facts, available resources, and best practice responses to child abuse disclosures.** We recommended that the GTF actively encourage organizations to identify and use a common curriculum – such as the “Less is More: Minimal Facts Training” – to train new hires, volunteers, and existing staff who work with child abuse survivors and their families. Our goal is to ensure that all agencies have the same information about how to respond to disclosures, how to inform families of next steps, and what resources are available throughout the state. Because many agencies experience high turnover, we would like the curriculum to be uniform and concise – something that can be easily and repeatedly shared during employee orientation, staff meetings, etc.
- **Consider the creation of a new workgroup to focus on access to services.** Our workgroup found that while there is not necessarily a lack of services for child victims and their families in Connecticut, there are many barriers that prevent children and families from accessing available services. These barriers include: transportation, language, wait lists, lack of insurance, and disability. We recommend the creation of a workgroup to examine these barriers and develop a plan for helping children and families access existing services.

The group continues to meet and has focused recent discussions on two potential projects: one to use a “Kids Court” to educate and prepare children for abuse-related trials, and one to use pediatricians and child wellness visits as an opportunity to discuss child sexual abuse and appropriate responses to disclosures. The workgroup lost its chair and is currently under new leadership as of March 2014. The new committee has been sent information that was developed

by the previous committee and is looking to address each of the recommendation areas as well as develop new areas of interest.

### **NCAtrak: A Data System for Multidisciplinary Teams**

Since 2010, all of Connecticut's CACs and MDTs have been using NCAtrak, a computerized, secure web-based care review and tracking system that was developed by the National Children's Alliance and Science Application International Corporation (SAIC). This is an intuitive, user-friendly system geared specifically toward the work that MDTs/CACs do on a daily basis. The ongoing challenge has been the system's ability to aggregate data at a statewide level, which limits our effectiveness as it relates to utilization, outcome monitoring, contract compliance and general ongoing QI.

DCF/GTF has convened a work group that includes our MDT contracted agencies and various teams within the Department. This workgroup has been meeting to discuss our mutually evolving data needs and identify the mechanisms and system that will best support timely access to critical program data and oversight information. The National Children's Alliance (NCA), NCAtrak's creator and "keeper" of the database, has been made aware of our need for the system to evolve to assist us in tracking these additional data points in an efficient way at a statewide level. The plan is for NCA to assist in the creation of a tool that will collate data from each of the state's 17 Teams until such time that the system can automatically generate those statistics from a central point.

The workgroup has worked with NCA to develop a scope of service for use in Connecticut as well as chapters across the nation. The following is the proposed Scope of Service:

### **Chapter Level Access to NCAtrak Scope**

#### **Rationale**

As the Chapter organizations have grown and strengthened, their need to access summary data on center performance both individually and aggregately for their constituency has increased. In an effort to meet the data demands for the Chapters, we are proposing that a new login type be created for NCAtrak that focuses on the data needs of the Chapter – a Chapter Account.

#### **Account Creation**

The account creation process in NCAtrak would need to be modified to allow the system administrator to specify whether an organization being added to the system is a CAC or a Chapter. Chapter accounts would not have to submit semiannual statistics. Further the Chapter account type would need to be displayed in the NCAtrak Interest Level drop down lists.

#### **User Accounts**

The Chapters shall be able to create user accounts to allow their employees to access the data.

#### **Roles**

The Chapters shall be able to assign users to one of two roles – Security Officer and Chapter User. The Security Officer role shall have access to all features of the Chapter Level Access including account creation and password modification for User Accounts associated with the

Chapter. The Chapter user role shall only be able to run the reporting features listed below and not be able to access user account information.

### **Data Access List**

As always, NCA maintains that all data stored in its system belongs to the CACs that entered the data. As such, NCA does not have the ability to grant access to Center data to a Chapter. As such, the Chapters will need to enter into a data access agreement with the individual centers. Once a chapter provides evidence of such an agreement in the form of a PDF, then NCA can add the center in question to the Chapter's access list and attach the PDF to the record for the Center to have supporting documentation of the access privilege. Each time a new CAC agrees to the cooperative endeavor with the Chapter, NCA Administration would need to update the access list. This Data Access List would be similar to what is used in the Safe Horizons\* implementation.

### **Statistics Reporting**

Part of the User Interface for the Chapter would include the functionality seen in the Statistics Search option available to the NCAtrak Administrator. The only fields that would be available to the Chapter are Period, Year, and CAC. The only CACs available in the CAC drop down would be CACs on the Data Access List discussed above. Output from these inquiries would be the table based output that is currently available to the NCAtrak Administrator.

### **Running Pre-Approved Reports**

Part of the User Interface for the Chapter would include a Custom Reports section that is configured similarly to the reporting area designed for Safe Horizons\*. The Chapter would have a list of reports it could run and view ONLY. These reports would be downloaded from the NCAtrak Report Templates or NCAtrak Query Templates areas.

When running a report, the Chapter would be presented with a drop down list to choose which CAC to run the report for. The only CACs on the drop down list would be CACs in the Chapter's Data Access List. The default option would be "blank" indicating to run the report for all CACs in the Data Access List and aggregate the results. Just as in the Safe Horizons\* model, the report/query would only run for CACs in the Data Access List having a report/query identically matching the title and specifications of the Chapter. Report display would be the same as utilized currently in NCAtrak.

Chapters and associated CACs should be encouraged to limit data sharing to non-identifying fields like those shown in Appendix A.

### **News**

Chapters shall have access to the News feature of NCAtrak.

### **Safe Horizons\***

Safe Horizons is an organization located in New York City that manages multiple CACs in New York City. This organization had custom modifications made to the system to allow the sister CACs to see data between the centers and to allow for aggregate reporting across all the centers. Some of the ideas involved in this development may be reusable for this project.

The document will be submitted in June 2014 to the NCA developers to ascertain dollar amount for the project as well as time frame of implementation. A small sampling will be provided as a pilot to this project and reviewed in June 2014. Concurrently, DCF, GTF and MDT leadership are also considering the feasibility and efficacy of transferring the MDTs to the Department of Children and Families database (PSDCRS).

The hope is that the collaboration with NCA will bring clarity regarding the current system's capability so that by the end of 2015 the needs of the individual MDT/CACs as well as statewide data collection needs will all be met.

### **Connecticut Children's Alliance, Inc.**

#### **Child Advocacy Center and Multidisciplinary Team Coordinators**

For more than 15 years, the Connecticut Children's Alliance, Inc. (CCA) has provided a forum for education and support to the state's MDTs and CACs via monthly meetings and regular training opportunities. Originally formed as a grassroots alliance of the MDT coordinators, the CCA is now a federally recognized non-profit organization (established in May, 2009) as well as a National Children's Alliance (NCA) State Accredited Chapter as of June 2011. CCA's purpose is to support Child Advocacy Centers and Multidisciplinary Teams across Connecticut by providing education, training, and resources. The CCA's mission is to avail comprehensive state-wide services to all child victims and their families through collaboration, systemic change, public awareness and legislative advocacy. It is CCA's vision that all child victims and their families have equal access to system-wide, high quality, culturally competent services of a Child Advocacy Center/Multidisciplinary Team to ensure that all children receive a comprehensive response to child abuse investigations.

All recognized state MDTs/CACs are represented in the CCA and play an integral role in the development of goals for statewide improvement of services to child victims of abuse. CCA, Inc. is a mandated standing member of the GTF Executive Committee, and CCA members participate in almost every committee, sub-committee or ad hoc task group of the GTF, often taking a leadership role. Over the next contract period CCA will focus efforts on the development of standards for MDT coordinators and the development of a Results Based Accountability (RBA) framework with reports comparing statewide outcome measures.

During the past year, highlights of CCA and its members included:

#### ***Child Abuse Prevention Month***

CCA held an educational and "thank you" event for state legislators in the form of an Ice Cream Social held at the Capital Building in April, 2014. Two local state representatives and one state senator co-sponsored the event, which included brief comments about the issue of child sexual abuse as well as recognition of the support MDTs received from the legislature.

#### ***National Children's Alliance's Leadership Conference***

CCA facilitated the attendance of 6 MDT/CAC coordinators and MDT members to the National Children's Alliance's annual Leadership Conference held in Washington, DC in June, 2013, one of the premiere conferences in the nation for MDT/CAC leaders. Participants included 4 new MDT/CAC coordinators as well as the CCA Director and Co-chair and other Board members.

CCA Director Jeannine Marron was featured in a panel presentation about Chapter development, and all participants made it a point to visit their representative and/or their senator to provide education about the multidisciplinary response to child abuse in Connecticut. Additional participation is expected in June 2014 at the Leadership Conference including the GTF Executive Committee Co-Chair Tammy Sneed.

### ***Trainings and other Awareness Events***

The 16 MDTs hosted or sponsored numerous trainings relating to response and intervention in child abuse cases. Hundreds of professionals across the state received training in various topics. Titles of presentations include: Profiling and Interviewing the Sexual Abuse Perpetrator, Technology-Facilitated Crimes against Children, Enhancing Skills in Child Abuse Investigations, Minimal Facts for First Responders and Discoverers, Vicarious Trauma, Culture and Child Abuse, Domestic Minor Sex Trafficking and more. Numerous CACs held local events during Child Abuse Prevention Month to raise awareness of both the problem of child abuse and the MDT/CAC response in our communities.

### ***MDT-Specific Accomplishments***

**Bridgeport:** Introduced a research-based model of short-term, trauma-focused mental health intervention for MDT clients; commenced a therapeutic educational group for teens suspected of being victims of domestic minor sex trafficking; and increased the Family Advocate position to 1.0 FTE.

**Central, East Central, Hartford/MDT-14, North Central and Tolland MDTs:** Five MDTs have joined forces to form a collaborative to create a regional, accredited Child Advocacy Center. The model would be the first of its kind in the nation. The application was submitted to the National Children's Alliance and a site visit date is pending.

**Danbury:** Danbury MDT Coordinator is providing statewide training on the MDT/CAC model, sexual abuse, and appropriate response to disclosures of sexual abuse by clinicians. Additionally, the CAC achieved reaccreditation by the National Children's Alliance. The reaccreditation process is rigorous and includes a day-long site visit and assurance that the MDT/CAC is meeting 10 standards deemed necessary to be considered as operating with best practices.

**Middlesex:** Applied for and granted Affiliate membership status with National Children's Alliance.

**New Haven/Milford:** Received a grant to create a website for the newly accredited South Central Child Advocacy Center; added new staff including an additional full-time medical provider and a bilingual mental health clinician.

**Torrington and Waterbury:** Both MDT/CACs achieved reaccreditation by the National Children's Alliance. The reaccreditation process is rigorous and includes a day-long site visit and assurance that the MDT/CAC is meeting 10 standards deemed necessary to be considered as operating with best practices.

**Windham:** Consolidated its child abuse services with other child-focused programs in the umbrella agency in order to provide enhanced and improved services to the children and families; community-based mental health provider/MDT partner received Trauma Focused Cognitive Behavioral Therapy training and is accepting MDT/CAC clients directly from the Team.

### **Northeast Regional Children's Advocacy Center**

The Office of Juvenile Justice and Delinquency Prevention established the Regional Children's Advocacy Centers (RCACs) in 1995 to provide technical assistance and training resources for communities establishing or strengthening CACs. The Northeast Regional CAC geographic coverage area encompasses the nine northeast states, from Maine to Pennsylvania, which includes Connecticut. The four RCACs work collaboratively through an MOU with the National Children's Alliance (NCA, the national accreditation and membership organization of CACs and MDTs) to further the development of CACs and MDTs across the country.

The Northeast Regional Children's Advocacy Center (NRCAC) promotes the multi-disciplinary approach to child abuse investigation, intervention and prevention. It supports community efforts to establish and strengthen local children's advocacy centers (CACs) and multidisciplinary teams (MDTs) through training, technical assistance, support, and outreach.

During the past year, NRCAC has been an active member of Governor's Task Force on Justice for Abused Children. It has provided technical assistance, training, consultation, and support to the GTF, the CT state chapter (CT Children's Alliance) of National Children's Alliance and fifteen of the sixteen MDT teams [of which seven are NCA Accredited Children's Advocacy Centers and two that have Associate membership status].

Specific NRCAC activities have included:

Governor's Task Force on Justice for Abused Children - NRCAC serves as a member of the GTF, the Victim Services/Victim Advocacy Workgroup and the Minimal Facts Stewardship Committee. NRCAC has supported the expansion and work of the GTF's Multidisciplinary Team Evaluation Committee. As an active member of the GTF, NRCAC participated at board meetings, committee meetings and has been available to the GTF as a technical assistance resource to the Co-Chairs of GTF, Committee Chairs, and any other members of the GTF.

State Chapter of the National Children's Alliance - CT Children's Alliance (CCA) - NRCAC has an advisory board comprised of state representatives from the nine northeast states in its service area. CCA participates regularly on this board whose goal is to exchange current information (i.e. best practice, research, innovative projects, grant opportunities, training, etc.) from the field to the national movement. The NRCAC Advisory Board provided CCA the opportunity to give feedback to NRCAC and NCA on state-specific issues, challenges, and to make recommendations regarding the needs of CT's MDT and CACs. Correspondingly, CCA's participation in these calls enabled them to obtain the most recent NCA membership news that impacted the individual CACs and MDTs and the state chapter development. In addition, NRCAC sponsored and supported the attendance of chapter leaders at the Northeast Regional Chapter Summit, and NCA's Annual Leadership Conference. NRCAC provides on-going

consultation, resources, and support to CCA and provided technical assistance to CCA in their application for NCA accreditation. CCA's Executive Director received technical assistance and consultation services from NRCAC on Chapter development and resources for developing a communication plan, and resources for event implementation. NRCAC provides an annual Chapter Support Grant to NCA Chapters in the Northeast to support the development and work of the CT chapter. NRCAC has a working Memorandum of Agreement with CCA for technical assistance and support, which is annually reviewed and revised to meet the Chapter's mission and current goals of their strategic plan.

Individual MDTs/CACs - NRCAC continued to provide technical assistance, support, consultation, and outreach to MDT team coordinators, MDT team members, CAC directors and/or their staff, and CAC steering committees. The following communities received services: the Greater Hartford Collaborative, Enfield, Danbury, and New London MDT. The topics included CAC model, development and sustainability, the NCA membership and accreditation process, team building, new director/coordinator orientation, conflict resolution, and strategic planning. NRCAC provided on-site specific technical assistance, resource materials, consultation, and technical assistance manuals including support on NCA's accreditation standards, and NCA grant funding. NRCAC sponsored attendance to regional conferences, trainings and National Training Academies to individual MDT/CAC members (e.g. *NRCAC's Leadership Exchange & Coaching Project and Mentorship Program* in Philadelphia for CAC Directors/Coordinators on professional leadership development; *National Children's Advocacy Center Training Academy* in Huntsville, AL - on Team Facilitation Training, Extended Forensic Interviewing; *Leadership Management Training* for those needing management skills; and *Victim Advocacy training*).

The current member on the task force has left the NRCAC. NRCAC is not a required member of the task force however has provided valuable support to the teams during its participation on the task force. GTFJAC will look to engage NRCAC in hopes that it will continue to be available to GTFJAC and Connecticut communities as a technical assistance, training, and support resource in the development, implementation, and sustainability of CACs and MDTs.

### **Human Trafficking:**

The Governor's Task Force for Abused Children has focused efforts on the critical issues of Commercial Sexual Exploitation of Children (CSEC) and Domestic Minor Sex Trafficking (DMST) beginning in 2013; two hour training occurred in December 2013 for the GTF as well as members from the various MDT teams across the state. Each MDT Coordinator was charged with coordinating a 2-hour training for their team over the next year. In addition to the rollout of the training the Co-Chair of the Executive Committee, Tammy Sneed has been visiting each team in an effort to meet the various team members, understand the local challenges and discuss the Human Trafficking initiative ensuring commitment across the state. The teams across the state have been extremely supportive of this effort, coordinating their trainings and accepting cases of possible victims. As of July 2014 each team will report monthly on the number of associated cases and outcomes to the GTF. The coordinator for the GTF is now a member of the Department of Children and Families (DCF) Human Anti-Trafficking Response Team (HART) and DCF local HART liaison's are accessing the resources of their local MDT teams. In an effort to encourage support of these critical issues nationwide Tammy Sneed presented at the

19<sup>th</sup> National Conference on Child Abuse and Neglect; *Domestic Child Sex Trafficking: Collaborative Efforts to Assist Courts and Child Welfare*. A new curriculum has been developed to educate communities and providers on sex trafficking and boys; this training will begin to rollout across the state this summer.

The state of Connecticut recently passed legislation that will require MDT's to review human trafficking cases - **PUBLIC ACT 14-186 - H.B. No. 5040**. This serves to strengthen the investigation and prosecution of these cases. A summary is as follows:

### Multidisciplinary Teams

The act expands the purposes for which DCF and the appropriate state's attorney may establish multidisciplinary teams to include reviewing cases involving the trafficking of a minor child. The law already allows DCF and a state's attorney to establish such teams to (1) review particular cases or types of cases; (2) coordinate prevention, intervention, and treatment in each judicial district; or (3) review selected child abuse or neglect cases.

### Child Fatality Review Process and Structure

The Connecticut State Department of Children and Families (DCDF/Department) has been providing comprehensive case analysis and timely systemic consultation in the aftermath of a child fatality or critical incident. The case review, teaching and training focus is designed to generate practical feedback and information for professional learning, organizational development and staff support. The humanistic approach acknowledges the personal and professional trauma associated with a critical incident, and offers a consistent methodology that emphasizes respectful and relevant fact-finding and identification of key dimensions in case practice determined to be excellent, acceptable or in need of improvement.

The Department's multidisciplinary team is led by the Director of Quality Assurance and Academy of Workforce Development; in order to ensure independence and an effective transfer-of-learning to practice. The Review process is activated by the DCF Commissioner and the senior leadership team, and focuses on open cases and/or those closed within the previous year. At the Commissioner's discretion, and in consultation with the Statewide Child Fatality Review Panel (CFRP), any fatality or critical incident can be examined by the Review team (please refer to the description of the CFRP attached).

Special Review Reports are anchored in the Department's family-centered and community-based *Mission, Guiding Principles and Practices*. Reports highlight related literature and research across discipline, and link the facts of the case with key findings and recommendations that consider the following core areas:

1. The current goals and status of the Department's Strategic Plan and organizational structure;
2. Case practice with regard to comprehensive family assessment, multidisciplinary treatment planning, and interventions that foster `client *safety, permanency and well-being*;
3. Nature and quality of supervision and training connected to the case;
4. Relevant policies and procedures; and,

5. Larger systems coordination, communication and inclusion.

Several Reports and case reviews have led to significant changes in policies and practices within and outside the child welfare system during the past decade. Although each circumstance is unique, a number of common themes have emerged and have subsequently influenced the ways in which similarly situated cases are conceived and managed. Key changes in policies and practices have included, and are not limited to:

1. Bed-sharing and co-sleeping education and awareness;
2. Education of Emergency Room personnel on identification of child abuse and neglect;
3. Suicide prevention, early intervention, treatment and postvention;
4. Impact of bullying and cyber-bullying on clients lives and relationships;
5. Interplay of domestic violence, mental health and substance abuse;
6. Transactions between Probate and Superior Court systems;
7. Community transitions to and from congregate care, inpatient and group care settings;
8. Transformation to the Differential Response System;
9. Juvenile justice and the dynamic intersection of community involvement, education, public safety and rehabilitation; and,
10. The profound impact of trauma on clients, communities and professionals.

During the next year, the Department will expand the Special Review process to include regional multidisciplinary participation and greater dissemination of information with the public. Lessons learned from comprehensive Special Reviews during the past decade have been placed side-by-side with the experiences of our colleagues across the country and throughout the world. These common experiences and repetitive factors can serve as a backdrop for expansion, one that provides a structured and strategic approach to reducing and minimizing untimely deaths of children, youth and young adults by:

1. Eradicating poverty;
2. Aligning families, communities, healthcare providers and schools through prevention and early intervention;
3. Ensuring that the "helping system" is well-coordinated and in constant communication; and,
4. Carefully considering protective service decision-making via multidisciplinary collaboration and integrated DRS procedures.

**NOTE: As of July 1, 2011,** the Office of the Child Advocate is involved in an agency consolidation with the newly-created Office of Governmental Accountability. While the transition is taking place, please continue to check back here for up-to-date information before a new, consolidated website is launched in the near future.

Description:

The State of Connecticut has established a Child Fatality Review Panel (CFRP), which is charged with reviewing unexplained or unexpected circumstances of the death of any child under the age of 18 who has received services from a state department or agency addressing child welfare, social or human services or juvenile justice.

Although the Panel is a separate entity, its day-to-day operations are coordinated through the Office of the Child Advocate. The Child Advocate serves as a Co-Chair of the Panel effective 3/1/2012.

State Statutes:

Sec. 46a-13l. Child Advocate's duties. Child fatality review panel. Reports to the Governor and the General Assembly. Investigations.

Sec. 46a-13l (b) There is established a child fatality review panel composed of thirteen permanent members as follows: The Child Advocate, or a designee; the Commissioners of Children and Families, Public Health and Public Safety, or their designees; the Chief Medical Examiner, or a designee; the Chief State's Attorney, or a designee; a pediatrician, appointed by the Governor; a representative of law enforcement, appointed by the president pro tempore of the Senate; an attorney, appointed by the majority leader of the Senate; a social work professional, appointed by the minority leader of the Senate; a representative of a community service group appointed by the speaker of the House of Representatives; a psychologist, appointed by the majority leader of the House of Representatives; and an injury prevention representative, appointed by the minority leader of the House of Representatives. A majority of the panel may select not more than three additional temporary members with particular expertise or interest to serve on the panel. Such temporary members shall have the same duties and powers as the permanent members of the panel. The chairperson shall be elected from among the panel's permanent members. The panel shall, to the greatest extent possible, reflect the ethnic, cultural and geographic diversity of the state.

Sec. 46a-13l (c) The panel shall review the circumstances of the death of a child placed in out-of-home care or whose death was due to unexpected or unexplained causes to facilitate development of prevention strategies to address identified trends and patterns of risk and to improve coordination of services for children and families in the state. Members of the panel shall not be compensated for their services, but may be reimbursed for necessary expenses incurred in the performance of their duties.

Sec. 46a-13l (d) On or before January 1, 2000, and annually thereafter, the panel shall issue an annual report which shall include its findings and recommendations to the Governor and the General Assembly on its review of child fatalities for the preceding year.

Sec. 46a-13l (e) Upon request of two-thirds of the members of the panel and within available appropriations, the Governor, the General Assembly or at the Child Advocate's discretion, the Child Advocate shall conduct an in-depth investigation and review and issue a report with recommendations on the death or critical incident of a child. The report shall be submitted to the Governor, the General Assembly and the commissioner of any state agency cited in the report and shall be made available to the general public.

Sec. 46a-13l (f) The Chief Medical Examiner shall provide timely notice to the Child Advocate and to the chairperson of the child fatality review panel of the death of any child that is to be investigated pursuant to section 19a-406.

Sec. 46a-13l (g) Any agency having responsibility for the custody or care of children shall provide timely notice to the Child Advocate and the chairperson of the child fatality review panel of the death of a child or a critical incident involving a child in its custody or care.

Membership:

<b>Office of the Chief State's Attorney:</b>	<i>Anne Mahoney, Esq.</i>
<b>Office of the Chief Medical Examiner:</b>	<i>H. Wayne Carver, M.D.</i>
<b>Department of Public Safety:</b>	<i>Sgt. Seth Mancini, Esq.</i>
<b>Department of Children and Families:</b>	<i>Lisa Daymonde, M.S.W.</i>
<b>Department of Public Health:</b>	<i>Margie Hudson, R.N.</i>
<b>Pediatrician:</b>	<i>Kirsten Bechtel, M.D (Co-Chair effective 3/1/12)</i>
<b>Public Child Welfare Practitioner:</b>	<i>Vacant</i>
<b>Community Service Representative:</b>	<i>Vacant</i>
<b>Neonatal-Perinatal Practitioner:</b>	<i>Ted Rosenkrantz, M.D.</i>
<b>Domestic Violence Representative:</b>	<i>Tonya Johnson</i>
<b>Injury Prevention:</b>	<i>Russell A. Kimes, Jr., EMT</i>
<b>Psychologist:</b>	<i>Kathleen J. Murphy, Ph.D.</i>
<b>Child Abuse Physician:</b>	<i>Michael Soltis, M.D.</i>
<b>Attorney</b>	<i>Alexandra Dufresne, J.D.</i>
<b>Social Work Professional</b>	<i>Christopher Lyddy</i>
<b>Law Enforcement:</b>	<i>Vacant</i>

**Governor's Task Force Coordinator**

The Village for Families and Children continues to serve as the contractor for the GTF Coordinator, Finding Words training, MDT evaluation, and education and training funds allocated by the Governor's Task Force. Supervision, over-all direction and evaluation of the GTF Coordinator is provided by the Co-Chairs of the Governor's Task Force in collaboration with the Village for Families and Children.

During this reporting period, the GTF Coordinator provided coordination and staff assistance to all of GTF's committees, workgroups, and the Governor's Task Force. In addition, the GTF coordinator organized and managed the work related to *Finding Words* including the training that occurred during October 2013 (e.g. registrations, all course logistics and all fiduciary responsibilities) and the February 2014 faculty Retreat. In addition, the coordinator handled the logistics and fiduciary responsibilities for the *Finding Words* faculty to attend the "*When Words Matter*" conferences in summer 2013 and June 2014 as well as a trip to Arkansas to learn the updated interviewing protocol. The coordinator also attends this When Words Matters training.

Starting in June 2013, the GTF Coordinator worked with the new DCF designee) and Co-Chair of the Executive Committee, Tammy Sneed to ensure the continued implementation of the GTF programming. The GTF Coordinator orientated the designee around the important roles which the position held, had increased duties around budgeting and broadened participation around key issues during this transition.

## **Legislative Updates**

Although no formal legislative committee exists, legislation relative to children and families is watched closely by Task Force members. As appropriate, issues related to proposed and raised legislation are discussed at GTF subcommittee meetings and full GTF meetings. As discussed in the MDT/CAC Workgroup section of this report, language to amend State Statute 19a-112a was reintroduced and we are awaiting a final decision, hopeful that it will pass with new funds to facilitate its implementation.

*The following is a compilation of legislation of interest to the Department of Children and Families being considered during the 2014 Regular Session of the General Assembly. These summaries are based upon the bill analysis prepared by the General Assembly's Office of Legislative Research.*

### **PUBLIC ACT 14-173 - S.B. No. 152 - AN ACT CONCERNING COURT SUPPORT SERVICES.**

This act makes a number of unrelated changes regarding the Judicial Branch's Court Support Services Division (CSSD) and Judicial Branch employees and programs. Sections 1 and 2 are of interest to DCF.

#### **§ 1 — DCF DISCLOSURES TO CSSD ABOUT CHILDREN OR YOUTH**

The act allows DCF to disclose to CSSD, without the record subject's consent, certain information to help the division determine and provide for a child's or youth's supervision and treatment needs. The disclosures relate to records in connection with DCF's child protection activities or other activities related to children in DCF's care and custody, including information in the abuse and neglect registry. But the act allows disclosure only of information identifying the child or youth or a member of his or her immediate family as being or having been (1) committed to DCF custody as a delinquent, (2) under DCF supervision, or (3) enrolled in DCF voluntary services.

Generally, DCF records are confidential but can be disclosed (1) with the consent of the record's subject or (2) without consent and for certain purposes to a guardian ad litem or attorney representing a child or youth in litigation affecting the child's or youth's best interests, certain foster or prospective adoptive parents, and various agencies and officials for specific purposes.

#### **§ 2 — DISCLOSURE OF JUVENILE MATTERS RECORDS**

The act expands when Probate Court Judges and employees can access records of juvenile matters. Currently, for nondelinquency juvenile matters, a Probate Court can access records related to (1) a contested case about a minor's guardianship or termination of parental rights that the Probate Court transferred to Superior Court or (2) an appeal from the Probate Court to the Superior Court. The act instead allows all Probate Court Judges and employees access to any nondelinquency records when required in the performance of their duties. Nondelinquency matters include cases involving:

- (1) uncared for, neglected, or abandoned children and youth and related adoptions;
- (2) terminating parental rights of parents of children committed to state agencies;
- (3) families with service needs;

- (4) contested matters of termination of parental rights or removal of guardians transferred from Probate Courts;
- (5) emancipation of minors; and
- (6) appeals from Probate Courts on adoption, termination of parental rights, or removal of a parent or guardian.

The act also gives Probate Court Judges and employees access to juvenile delinquency records when required in the performance of their duties. Under existing law, access to juvenile delinquency records is permitted, under certain conditions, to various entities, including attorneys representing a child or youth, a child's or youth's parent or guardian until the age of majority or emancipation, certain government officials and agencies, certain courts, and the subject of the record.

The act specifies that the provisions governing disclosure and confidentiality of juvenile records do not prohibit a party from making a timely: (1) objection to the admissibility of evidence consisting of one of these records, or any part of one, in a Superior or Probate Court proceeding or (2) motion to seal one of these records under Superior or Probate Court rules.

**Effective Date:** October 1, 2014

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**PUBLIC ACT 14-196 - S.B. No. 203 - AN ACT CONCERNING A STATE-WIDE SEXUAL ABUSE AND ASSAULT AWARENESS PROGRAM**

This act requires, by July 1, 2015, the Department of Children and Families, together with the Department of Education (SDE) and Connecticut Sexual Assault Crisis Services, Inc., or a similar organization, to identify or develop a statewide sexual abuse and assault awareness and prevention program for use by regional and local school boards. The school boards must implement the program by October 1, 2015.

**SEXUAL ABUSE AND ASSAULT AWARENESS PROGRAM**

Under the act, the program must include: (1) instructional modules for teachers; (2) age-appropriate educational materials for students in grades kindergarten through 12; (3) a uniform child sexual abuse and assault response policy and reporting procedure.

Under the act, the instructional modules may include (1) training on preventing, identifying, and responding to child sexual abuse and assault and (2) resources to further student, teacher, and parental awareness of child sexual abuse and assault and its prevention.

The age-appropriate materials for students may include (1) skills in recognizing (a) child sexual abuse and assault, (b) boundary violations and unwanted forms of touching and contact, and (c) ways offenders groom or desensitize victims and (2) strategies to (a) promote disclosure, (b) reduce self-blame, and (c) mobilize bystanders.

The response policy and reporting procedure may include: (1) actions child victims may take to get help, (2) intervention and counseling options for child victims, (3) access to educational resources to help child victims succeed in school, and (4) uniform procedures for reporting instances of child sexual abuse and assault to school staff.

***Exemptions from Program***

The act allows students to opt out of the awareness program or any part of it if the student's parent or legal guardian so notifies the school board in writing. School boards must provide exempt students with opportunities for study or schoolwork when the student would otherwise be participating in the program.

**Effective Date:** July 1, 2014

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**PUBLIC ACT 14-115 - S.B. No. 322 - AN ACT CONNECTING THE PUBLIC TO BEHAVIORAL HEALTH CARE SERVICES**

This act requires the Office of the Healthcare Advocate, by January 1, 2015, to establish an information and referral service to help residents and providers receive information, timely referrals, and access to behavioral health care providers. It specifies the responsibilities of the healthcare advocate or her designee in establishing the service.

The act requires the office, by February 1, 2016, and annually thereafter, to report to the Committee on Children and the Human Services, Insurance, and Public Health committees. The report must identify gaps in services and the resources needed to improve behavioral health care options for state residents.

**Effective Date:** July 1, 2014

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**PUBLIC ACT 14-211 - S.B. No. 417 - AN ACT CONCERNING THE PROVISION OF BEHAVIORAL HEALTH AND SUBSTANCE USE TREATMENT SERVICES BY MULTI-CARE INSTITUTIONS**

This act allows a “multi-care institution” to offer certain health services at locations not listed on its license. It does so by eliminating the requirement that the Department of Public Health (DPH) issue a license only for the premises and persons named in the application. The act also specifies a multi-care institution license application process and allows DPH to adopt regulations to implement its provisions.

The act also broadens the licensure requirements for certain institutions. The law requires licensure of home health care agencies, homemaker-home health aide agencies, and homemaker-home health aide services only if they are not otherwise required to be licensed by the state. The act broadens this provision to also include other health care institutions, including hospitals,

nursing homes, residential care homes, mental health facilities, and alcohol or drug treatment facilities.

**Effective Date:** October 1, 2014

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**PUBLIC ACT 14-3 - S.B. No. 494 - AN ACT CONCERNING GUARDIAN AD LITEM AND ATTORNEYS FOR MINOR CHILDREN IN FAMILY RELATIONS MATTERS**

This act makes several modifications to laws related to the appointment of guardians ad litem (GALs) and counsels for minor children (CMC). It:

- (1) establishes new procedures for courts to follow when appointing GALs and CMCs in family relations matters or before allowing certain third-party interventions, but exempts emergency situations from the procedures;
- (2) allows parties to (a) request the appointment of a specific GAL or CMC, with a written agreement, or (b) choose one from a list of 15 provided by the court;
- (3) allows the court to appoint a GAL or CMC from the list if the parties do not make a selection within a specific period of time and requires the court to consider the unique circumstances of the parties and child when doing so;
- (4) requires the court to include in its orders the GAL's or CMC's specific duties, appointment duration, deadline for reporting to the court, fee schedule, and proposed schedule for periodic court review;
- (5) requires GALs and CMCs to (a) consider the child's best interest and consider a list of factors when doing so and (b) file an affidavit with the court on the hours and expenses billed that must become a part of the case file;
- (6) requires the court to allow a GAL and CMC to participate in certain court proceedings when it is in the child's best interests and in a manner that minimizes legal fees;
- (7) allows health care professionals to participate in certain court proceedings and limits the circumstances under which a GAL or CMC may report on any medical diagnosis or conclusion;
- (8) allows parties, in a case involving a minor child's care, custody, support, education, or visitation, to file a motion to seek removal of a GAL or CMC and requires the Judicial Branch to establish procedures to have a hearing on such a motion;
- (9) establishes new compensation requirements, such as (a) allowing courts to order payment of GALs' reasonable fees in the same manner currently available to CMCs, (b) prohibiting courts from ordering payment of fees from a minor child's college savings funds, other exempt property, or in the case of those who cannot afford it, through the use of credit cards, and (c) allowing courts to order the calculation of fees on a sliding-scale basis (i.e., fees that vary based on a person's ability to pay), using a methodology the Judicial Branch develops;
- (10) requires the Judicial Branch to develop a (a) GAL and CMC professional code of conduct and (b) publication on GALs' and CMCs' roles and responsibilities applicable to family relations matters and the process for indigent parties to apply for a GAL or CMC appointment;
- (11) requires the court to specify the basis for its decision in custody, care, education, visitation, and support orders; and
- (12) modifies the factors that are considered when determining a person's eligibility for the appointment of counsel in family relations matters.

The act also makes technical and conforming changes.

It also:

- (1) requires the court, when appointing GALs and CMCs, to consider the unique circumstances of the parties and child;
- (2) requires GALs and CMCs to file an affidavit with the court on the hours and expenses billed in family relations matters;
- (3) limits the appointment of GALs and CMCs in divorce, annulment, or legal separation cases to only after reasonable options and efforts to resolve disputes have been made;
- (4) requires the court to allow GALs and CMCs to participate in court proceedings at times that minimize the legal fees incurred by the parties;
- (5) establishes limitations on a healthcare professional's report and records;
- (6) provides a list of factors that a GAL or CMC must consider when determining the child's best interest;
- (7) requires the Judicial Branch to include in its publication a description of the process for an indigent party to apply for GAL or CMC appointment in a family relations matter;
- (8) requires the court to specify the basis for its decision in custody, care, education, visitation, and support orders; and
- (9) modifies the factors that are considered when determining a person's eligibility for the appointment of counsel in family relations matters.

**Effective Date:** October 1, 2014, except for the (1) Judicial Branch's publication, which is effective July 1, 2014 and (2) GAL and CMC professional code of conduct, which is effective upon passage.

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#### **PUBLIC ACT 14-70 - H.B. No. 5037 - AN ACT CONCERNING CROSS REPORTING OF CHILD ABUSE AND ANIMAL CRUELTY**

This act (1) broadens the circumstances in which a state, regional, or municipal animal control officer (ACO) must file an animal abuse report with the Department of Agriculture (DOAG) Commissioner and (2) requires the report to be written.

It expands the list of addresses the DCF Commissioner must check against an address in a DOAG report.

It also requires: (1) the DOAG Commissioner, starting by November 1, 2014, to include these additional reports in the monthly report he must already submit to the Department of Children and Families (DCF) Commissioner; (2) DCF employees who, in the course of their work, reasonably suspect that an animal has been harmed, neglected, or treated cruelly in violation of the law, to report in writing instead of orally to the DOAG Commissioner; and (3) the DCF and DOAG Commissioners, starting by January 1, 2015, to report annually to the Children's Committee the number of ACO and DCF employee written reports of actual or suspected instances of animal neglect or cruelty they received.

## **EXPANDED ACO REPORTING REQUIREMENTS**

Currently, an ACO must file a report with the DOAG Commissioner only when the ACO both (1) reasonably suspects an animal is treated cruelly in violation of the law and (2) files a verified petition with the court after taking custody of the animal based on probable cause that cruel treatment occurred.

The act requires the ACO to file a report when he or she either: (1) reasonably suspects cruel treatment or (2) files a verified petition based on probable cause of: (a) illegally cropping a dog's ears, (b) inhumanely transporting horses, (c) selling, trading, or giving away a horse to work that is unable to do so, (d) leading, riding, or driving an animal on a public highway, (e) cruelty to poultry, (f) animal cruelty, (g) selling or giving a dyed fowl or rabbit, (h) using an animal, reptile, or bird to solicit alms or donations, or for other prohibited activities, (i) illegally docking a horse's tail, or (j) inhumanely transporting animals on railroads.

Current law requires the ACO to file the report as soon as practicable but no later than 48 hours after filing the court petition. The act requires the ACO to file a written report within 48 hours of having the reasonable suspicion or filing a petition.

## **DCF COMMISSIONER REQUIREMENTS**

By law, the DCF Commissioner, within a week of receiving the DOAG report, must review it to see whether addresses linked to animal abuse match certain addresses. The act: (1) requires her to broaden the scope of her search by comparing the addresses to those where DCF has an open child protection case, rather than an open child welfare investigation; and (2) provide the relevant information to the family's social worker instead of a DCF investigator.

Open child protective cases include all cases in the investigation stage as well as those receiving ongoing services from the Department. Investigations remain open for up to 45 days, but child protective cases may remain open for months or years.

**Effective Date:** October 1, 2014

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## **PUBLIC ACT 14-186 - H.B. No. 5040 - AN ACT CONCERNING THE DEPARTMENT OF CHILDREN AND FAMILIES AND THE PROTECTION OF CHILDREN**

This act expands the circumstances in which the Departments of Children and Families (DCF) and Social Services (DSS) must disclose the names and records of certain individuals to specific entities. The circumstances affecting DCF include: (1) disclosing the names and records of people being investigated and prosecuted for falsely reporting child abuse and neglect, (2) determining a person's suitability for working in a state-licensed child care facility, (3) placing a public school employee on the child abuse and neglect registry, and (4) protecting a DCF employee being threatened by a client or coworker.

The act expands the circumstances in which DSS must disclose information to DCF about a child receiving DSS services or the child's immediate family.

The act also requires DCF to disclose information to help the Judicial Branch track juvenile offender recidivism and the Birth-to-Three program provide services.

The act expands the actions DCF can take to help children it identifies or believes are victims of trafficking to include (1) providing services, (2) forming multidisciplinary teams to review trafficking cases, and (3) providing training to law enforcement officers about trafficking. It also expands the category of children or youths a court may find to be “uncared for” to include child-trafficking victims.

Additionally, the act expands the mandated reporter list.

Lastly, the act aligns some of the procedural aspects for suspending an employee suspected of child abuse and neglect who works at a (1) public school or (2) private school or public or private child care facility or institution.

## **§ 1 — DCF NAME AND RECORD DISCLOSURE**

### ***Expanded Circumstances for Disclosing Names***

The act expands grounds under which DCF must report to a law enforcement officer or state's attorney the name of someone who reports suspected child abuse or neglect or cooperates with a child abuse or neglect investigation. By law, DCF must report the person's name to a law enforcement officer investigating child abuse or neglect and to a state's attorney investigating or such matters. The act also requires DCF to disclose the name to a law enforcement officer investigating an allegation that the person falsely reported the suspected child abuse or neglect and a state's attorney investigating or prosecuting the allegation.

### ***Expanded Circumstances for Disclosing Records***

The act expands the circumstances in which DCF must disclose records about a person to specified parties without the person's consent.

By law, DCF must disclose such information to the Chief State's Attorney or his designee investigating or prosecuting a child abuse or neglect allegation. The act requires DCF to also disclose records to the Chief State's Attorney or his designee investigating or prosecuting an allegation that a (1) person made a false report of suspected child abuse or neglect or (2) mandated reporter failed to report suspected child abuse or neglect.

By law, DCF must disclose records to law enforcement officers investigating a child abuse or neglect allegation. The act requires DCF to also disclose records to law enforcement officers investigating an allegation that a (1) person falsely reported suspected child abuse or neglect or (2) mandated reporter failed to report suspected child abuse or neglect.

The law requires DCF to disclose records to the Department of Public Health (DPH) to (1) determine a person's suitability to care for a child in a licensed child-care facility, (2) determine a person's suitability for licensure, or (3) investigate alleged child abuse or neglect involving a licensed child-care facility. The act requires DCF to disclose records to DPH to notify it when

DCF (1) places a DPH-licensed or -certified person on the child abuse registry or (2) has information about such a person who violated a DPH regulation.

The law requires DCF to disclose records to a public school district Superintendent or Executive Director or other head of a public or private child-care institution or private school in response to (1) a mandated reporter's written or oral report of abuse or neglect or (2) the DCF Commissioner's reasonable belief that a school employee abused or neglected a student. The act requires DCF to also disclose records to such entities when it places an employee of the school or institution on the child abuse or neglect registry.

### ***New Disclosure Requirements***

The act expands the list of entities to whom DCF must disclose its records to include: (1) the Judicial Branch's Court Support Services Division for sharing common case records to track juvenile offenders' recidivism and (2) the Birth-to-Three program's referral intake office for determining eligibility of, facilitating enrollment for, and providing services to (a) substantiated abuse and neglect victims with suspected developmental delays and (b) newborns affected by withdrawal symptoms from prenatal drug exposure.

### ***Permitted Record Disclosures***

The act expands the circumstances in which DCF may disclose records without the subject's consent to a law enforcement officer or state's attorney to include those in which it has a reasonable cause to believe that a DCF employee is being threatened or harassed or has been assaulted by a client or coworker. The law already allows DCF to disclose such records to a law enforcement officer or state's attorney if there is reasonable cause to believe that a child or youth is being, or is at risk of being, abused or neglected due to a person's suspected criminal activity.

### ***Record Disclosures to DSS***

The act conforms the law to DCF's current practice of disclosing records to DSS to promote the health, safety, and welfare of a child or youth receiving services from either Department. Current law does not specify that the record disclosures are limited to those of children and youths receiving services from DCF or DSS. The law already requires disclosure to DSS to (1) determine a person's suitability for payment from DSS for providing child care or (2) investigate fraud allegations, if no identifying information about the record's subject is disclosed unless necessary.

## **§ 2 — DSS INFORMATION DISCLOSURES**

The law allows DSS to disclose information about individuals who apply for or receive Department assistance, or participate in a Department program under narrow circumstances. The act expands those circumstances to include disclosure to DCF about a child receiving DSS services or the child's immediate family if the DCF Commissioner requires access to the federal Parent Locator Service (FPLS) to identify a child's parent or putative parent. (The FPLS is a computerized, national network that obtains address and employer information as well as data on child support obligors in every state.) The law requires DSS to make such a disclosure to DCF in order for DCF to target services for the family if the DCF or DSS Commissioner determines that the child's health, safety, or welfare is in imminent danger.

## **§§ 3-5 — TRAFFICKING VICTIMS**

### ***DCF Services***

The act allows the DCF Commissioner to provide: (1) child welfare services for any minor child (under age 18) residing in the state who the Department identifies as a trafficking victim and (2) appropriate services to a minor child in the state who DCF reasonably believes may be a trafficking victim in order to protect the child's welfare.

The act allows DCF, within available appropriations, to provide training to law enforcement officials about the trafficking of minor children. The training must include: (1) awareness and compliance with the laws and protocols concerning trafficking of minor children; (2) service identification, access, and provision for minor children who are trafficking victims; and (3) any other services the Department considers necessary to carry out the act's provisions regarding child trafficking.

### ***Multidisciplinary Teams***

The act expands the purposes for which DCF and the appropriate state's attorney may establish multidisciplinary teams to include reviewing cases involving the trafficking of a minor child. The law already allows DCF and a state's attorney to establish such teams to (1) review particular cases or types of cases; (2) coordinate prevention, intervention, and treatment in each judicial district; or (3) review selected child abuse or neglect cases.

### ***“Uncared for” Finding***

The act broadens the category of children or youths a court may find to be “uncared for” to include a child or youth identified as a trafficking victim. By law, a child or youth may be found “uncared for” if he or she is homeless or if his or her home cannot provide the specialized care that his or her physical, emotional, or mental condition requires.

## **§ 6 — MANDATED REPORTERS**

The act expands the mandated reporter list to include any paid youth camp director or assistant director and any person age 18 or older who is a paid (1) youth athletics coach or director; (2) private youth sports organization, league, or team coach or director; or (3) administrator, faculty, or staff member, athletic coach, director, or trainer employed by a public or private higher education institution, excluding student employees.

## **§ 7 — INVESTIGATIONS OF ABUSE AND NEGLECT BY CERTAIN EMPLOYEES AND STAFF MEMBERS**

The act aligns some of the procedural aspects for suspending certain types of employees suspected of child abuse and neglect. The requirements vary depending on whether the employee works for a (1) public school or (2) private school or public or private child care facility or institution.

### ***Public School Employees***

The act (1) expands the circumstances in which DCF must provide a school Superintendent and the Education Commissioner the results of an investigation into a report that an employee of the Superintendent's school district abused or neglected a child, (2) narrows the circumstances in which the Superintendent must suspend the employee, and (3) broadens the category of school

employees who may be suspended to include any school employee, not just those with SBE-issued credentials who take care of children.

The act requires the DCF Commissioner, within five days after investigating a school employee's alleged child abuse or neglect, to notify the Superintendent and the Education Commissioner of the investigation's results and provide records to both. Under current law, the DCF Commissioner must notify and provide investigation results and records to the Superintendent and the Commissioner only if she (1) reasonably believes, based on the investigation, that a child has been abused or neglected by a school employee who (a) has been entrusted with the care of a child and (b) holds an SBE-issued certificate, permit, or authorization or (2) has recommended that the employee be placed on the DCF child abuse and neglect registry. She must provide the notice within five days of making such a finding.

Under the act, the Superintendent must suspend the employee if the DCF Commissioner (1) reasonably believes, based on the investigation results, that a child has been abused or neglected and (2) recommends that the employee be placed on the child abuse and neglect registry. Under current law, the Superintendent must suspend the employee for either reason rather than both.

***Private School and Public and Private Child-Care Facility and Institution Employees***

The act (1) imposes a deadline by which DCF must report the results of an abuse or neglect investigation of an employee of a private school or a public or private child care facility or institution and (2) eliminates the five-day period in which the school, facility, or institution must, based on the Commissioner's findings and recommendations, suspend the staff member.

Under the act, the DCF Commissioner, no more than five days after investigating a report that an employee abused or neglected a child, must report the investigation results to his or her employer or employer's designee. Current law does not require DCF to report its investigation results to the facility, institution, or school unless the Commissioner (1) reasonably believes, based on the investigation results, that a child has been abused or neglected by the staff member and (2) recommends that the staff member be placed on the child abuse and neglect registry.

By law, the school, institution, or facility must suspend the staff person within five days after the Commissioner completes her investigation if she (1) reasonably believes, based on the investigation results, that a staff member has abused or neglected a child and (2) recommends the staff member be placed on the child abuse and neglect registry.

**Effective Date:** October 1, 2014

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**PUBLIC ACT 14-144 - H.B. No. 5336 - AN ACT CONCERNING THE POSSESSION OF ALCOHOLIC LIQUOR BY MINORS**

Current law prohibits someone who owns or controls private property, including a dwelling unit, from failing to make reasonable efforts to prevent a minor (person under age 21) from illegally

possessing alcohol. This act requires the person to know that the minor possesses alcohol on the property before being required to make the reasonable efforts to halt possession.

By law, it is a class A misdemeanor if the person knowingly, recklessly, or with criminal negligence permits a minor to possess alcohol illegally in the unit or on the property. A class A misdemeanor is punishable by up to one year's imprisonment, up to a \$2,000 fine, or both.

**Effective Date:** Upon passage

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**SPECIAL ACT 14-7 - H.B. No. 5371 - AN ACT IMPLEMENTING THE RECOMMENDATIONS OF THE LEGISLATIVE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE STUDY ON ACCESS TO SUBSTANCE USE TREATMENT FOR INSURED YOUTH AS THEY RELATE TO THE DEPARTMENT OF CHILDREN AND FAMILIES**

This act requires the Departments of Mental Health and Addiction Services, Public Health and Children and Families to jointly develop a proposal to establish an urgent care center for individuals with behavioral health concerns to be operated by both public and private entities. The Departments shall submit the proposal to the General Assembly's Human Services and Children's Committees not later than February 1, 2015.

The act also requires each entity providing professional services for a child or youth receiving services under the voluntary services program operated by DCF, to record, for a three-month period to be prescribed by the Department:

- (1) The name of the insurance carrier, if applicable, of any such child or youth whose parent or legal guardian seeks treatment for such child or youth through a program offered by an in-home behavioral health care service, or the name of the parent or legal guardian's employer if the employer's health care plan is self-insured;
- (2) (A) If such child or youth was accepted into the program, whether (i) the insurance carrier agreed to cover the treatment, and (ii) such child or youth participated in the program; or (B) If such child or youth was not accepted into the program, (i) the cost of treatment for such child or youth, and (ii) whether the denial of coverage was due to exceeding the coverage limits of the insurance policy; and
- (3) If such child or youth was accepted into the program and participated in such program, and the carrier agreed to such coverage, the terms of the cost-sharing agreement.

The information is to be submitted to DCF not later than February 1, 2015 and the Department shall analyze the information to assess (1) the accessibility of in-home behavioral health care services to insured children or youth, (2) the extent to which costs of such services are shifted to the state and the state's contracted nonprofit service providers, and (3) if the Department determines that the costs shifted to the state and such providers is excessive, methods to alleviate the burden on the state and such providers. The Department shall report the results of its assessment to the General Assembly's Insurance and Children's Committees not later than April 1, 2015.

Finally, the act requires the Departments of Mental Health and Addiction Services and Children and Families to develop a substance abuse recovery support plan to provide services to adolescents and young adults throughout the state. The plan shall include, but not be limited to, (1) methods to increase community support for such adolescents and young adults, (2) methods to alert such adolescents and young adults that such support is available, and (3) options for the implementation of such plan, including securing access to public and private funding for such plan. The Departments shall report on the status of the support plan to the General Assembly's Human Services and Children's Committees not later than January 15, 2016.

**Effective Date:** Upon passage

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**SPECIAL ACT 14-8 - H.B. No. 5374 - AN ACT IMPLEMENTING THE RECOMMENDATIONS OF THE LEGISLATIVE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE STUDY ON THE DEPARTMENT OF CHILDREN AND FAMILIES AS THEY RELATE TO PREPARATION OF YOUTHS AGING OUT OF STATE CARE**

This act requires the Commissioner of Children and Families to prepare a progress report on the steps the Department of Children and Families has taken to comply with each of the recommendations contained in the 2014 Legislative Program Review and Investigations report on services to prepare youths aging out of state care. The report shall be submitted to the Legislative Program Review and Investigations Committee and the General Assembly's Children, Public Health, Housing, Appropriations and Human Services Committees not later than February 2, 2015.

**Effective Date:** Upon passage

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**PUBLIC ACT 14-234 - H.B. No. 5593 - AN ACT CONCERNING DOMESTIC VIOLENCE AND SEXUAL ASSAULT**

SUMMARY NOT COMPLETE

**Effective Date:** October 1, 2014, except section 8 effective January 1, 2015.

#### **Section IV: Use of CJA Funds: FFY 2013-2014**

**NOTE:** These numbers represent Connecticut's total 2013-2014 allocation of \$204,242 and 2012-2013 funds allocated for Needs Assessment Implementation as well as some unencumbered funds which the GTF allocated for initiatives that aligned with the purpose of the task force. .

#### **Multidisciplinary Teams - \$10,000 Allocated**

The Children's Justice Act Grant continued to support one multidisciplinary team. Each of Connecticut's thirteen Judicial Districts has at least one staffed multidisciplinary team.

#### **MDT Evaluations - \$25,000 Allocated**

The contract with The Village for Families and Children has been continued. This year funds were used to hire a consultant to work with the MDT Evaluation Committee to revise the evaluation tools and methodology and to update the MDT standards and best practices.

#### **Training - \$10,000 Allocated**

The Task Force continued to support training opportunities for individuals associated with the investigation, assessment, intervention and prosecution of child sexual abuse and serious physical abuse.

#### **GTF/FW Coordinator – \$94,237 Allocated**

The GTF Coordinator continues to support the work of the Governor's Task Force, its sub-committees/workgroups and coordinate the Finding Words trainings and related activities.

#### **Finding Words Training - \$40,000 Allocated**

Two Finding Words trainings were offered this year, serving 63 professionals from throughout the state.

#### **Travel - \$2,500 Allocated**

Funds supported the attendance of the GTF Coordinator and the GTF Executive Committee Co-chair to the 2012 annual, federal CJA technical assistance meeting in Washington DC, as required.

#### **Connecticut Children's Alliance (CCA) State Chapter Director - \$19,950 Allocated**

Funds supported the position of the CCA State Chapter Director, who has oversight and direction to the planning, development and management of the Connecticut Children's Alliance.

## **Section V: Areas of Continued Focus of the Governor's Task Force: FFY 2014 - 2015**

### **A. Development and Support of MDTs**

The development of teams across Connecticut has strengthened the joint DCF/law enforcement investigations of child sexual abuse and serious physical abuse. It has also promoted the use of trained forensic interviewers. The creation of additional teams has allowed prosecutors to have access to at least one multidisciplinary team in every judicial district in CT.

The GTF will continue to support MDTs and CACs. Statewide, a Program Quality Coordinator provides managerial and administrative oversight of MDT contracts and addresses issues or concerns related to service provision. The Department of Children and Families designee to the Governor's Task Force on Justice for Abused Children (GTF) currently functions in this capacity.

Looking back, legislative activity in Connecticut has supported the role and value of multidisciplinary teams. In 1996, PA # 96-246 (now C.G.S. 17a-101j) required that substantiated cases of serious abuse and child sexual abuse be reported to the state prosecutor. It also mandated that efforts be made to reduce the number of interviews of child abuse victims in the investigation process by coordinating the response of multiple agencies. The statute recognized multidisciplinary teams and permitted greater flexibility in sharing information, requiring greater collaboration among the multiple disciplines. In 1998, C.G.S. 17a-106a, established the purpose of teams, and provided for the establishment of a team in each of the 13 judicial districts. This legislation stipulates that responding agencies must advance and coordinate their activities and interventions to ensure the protection and treatment of child victims. It further required the Governor's Task Force on Justice for Abused Children to establish standards for teams (an activity accomplished in 2002) and to review protocols developed by the teams on an on-going basis to ensure compliance and practice standards are maintained.

### **B. MDT Evaluation**

The GTF will continue to fund and implement the evaluation of multidisciplinary teams through the Research Division of The Village for Families and Children. The MDT Evaluation Committee will provide technical assistance to improve team functioning and oversight to ensure that recommendations and/or corrective action is pursued and followed.

In 2014-2015 the committee will focus on accomplishing the following:

1. Update the standards for Connecticut's multidisciplinary teams and best practices for multidisciplinary investigations and assessments. Disseminate and orient team coordinators and members to the new standards/best practices.
2. Continue team surveys.

### **C. Training**

MDT coordinators, team members and individuals from related disciplines will continue to have access to training funds through the Task Force. Additionally, the Task Force and MDTs will continue to sponsor multidisciplinary training programs annually to bring state of the art knowledge and skills to front line staff. The committee will explore strategies to increase the use of in-state trainings so as to maximize training funds. In 2014 GTFJAC will host statewide trainings on the Identification and Prosecution of cases involving Abusive Head Trauma, as well as a training on Child Death Fatalities.

#### **D. MDT Data Collection**

The GTF will continue to modify the data collection system and reporting as needed for optimal use and efficiency. The state will incorporate data gathered from NCAtrak into MDT evaluations.

#### **E. *Finding Words* Training**

The GTF will continue to offer the *Finding Words* program training at the POSTC, the state's police training academy in Meriden. The next course is currently scheduled for October 2014. A second course will be held in the spring of 2015. Faculty will attend the When Words Matters Conference in June 2014. The committee will develop a manual for the Forensic Interviewer Peer Mentoring Program.

#### **F. Statewide Assessment of the Services and System Pertaining to the Sexual Abuse and Serious Physical Abuse of Children**

The three workgroups that were developed as a result of the needs assessment (Forensic Interview and Forensic Medical Workgroup, MDT/CAC Workgroup, and Victim Services/Victim Advocacy Workgroup) will continue their work as described in the update section of this report. The Victim Advocacy workgroup has a new chair and will develop goals for the 2014-2015 year. The MDT/CAC Workgroup will need to develop new goals to work on.

#### **G. Minimal Facts Training**

As described in the Program Performance Reporting section of this report, First Responder's trainings will be offered statewide to DCF investigations staff and law enforcement personnel and Discoverer's trainings will be offered to all other mandated reporters. In addition, training materials continue to be distributed statewide. Finally, the Minimal Facts Advisory Board will continue to meet quarterly to update the two training curricula and their corresponding training materials, as well as support current trainers and recruit new trainers as needed.

#### **H. GTF Membership**

The Membership Committee will continue to ensure that all positions on the GTF remain full and provide members the tools and resources needed to assist their work on the Task Force. Specifically, the committee will work to broaden GTF membership to include additional parent representatives and update areas of the task force where members have had limited participation in 2013/14 meetings.

#### **J. GTF Website**

The committee will continue its work to establish a website for the Task Force as described in the update section of this report.

**K. By-Laws**

The By-Laws workgroup will continue to examine and update GTF by-laws in the coming year as is deemed appropriate.

**L. Legislation**

Although no formal legislative committee exists, GTF members will continue to watch closely legislation concerning children and families. As appropriate, issues will be raised at GTF committee meetings and full GTF meetings.

**M. Human Trafficking**

The Governor's Task Force will continue to support the state's response to child victims of human trafficking and sexual exploitation.

**N. Children with Disabilities**

The GTF recognizes the importance of addressing the issues facing children with disabilities. To this end, the GTF has decided to pursue ways to incorporate this area into all aspects of the Task Force efforts. These issues are addressed during the Finding Words trainings, Minimal Facts trainings, and will be prominent in legislation tracked though out the year.

**O. Child Fatalities**

The GTFJAC will monitor child fatalities through our partner member agency the Office of the Child Advocate.

**Section VI: Proposed Budget for CJA Funds: FFY 2014 -- 2015**

	<b>2014-2015 CJA Allocation</b>
<b>A. Multidisciplinary Investigation Teams</b> To continue to support one multidisciplinary team at \$10,000 annually	\$10,000
<b>B. MDT Evaluation Committee</b> To continue to contract with the Village for Families and Children, Inc. to update MDT standards and best practices, as well as the MDT evaluation methodology and tools as described and complete evaluations.	\$25,000
<b>C. Training</b> To continue to offer training to individuals associated with the investigation, assessment, intervention and prosecution of child sexual abuse and serious physical abuse statewide	\$20,000
<b>E. Finding Words Training</b> To support two Finding Words trainings statewide.	\$29,072
<b>F. GTF Coordinator</b> To support the full time GTF coordinator through a contract with The Village for Families and Children.	\$94,237
<b>G. Travel</b> As required, to permit travel for the GTF Coordinator and GTF Executive Committee Co-chairperson to attend the annual national CJA grantee meeting.	\$2,500
<b>H. Connecticut Children’s Alliance (CCA) State Chapter Director</b> To support the CCA State Chapter Director who has oversight and direction for the planning, development and management of the Connecticut Children’s Alliance.	\$19,950
<b>I. Statewide Assessment Implementation</b>	\$523
<b>Total</b>	<b>\$ 201,282</b>