## GOVERNOR'S TASK FORCE ON JUSTICE FOR ABUSED CHILDREN Quarterly Meeting

December 2014 – 2:00pm. Chief State's Attorney Office, Rocky Hill, CT

**Present:** S. Sedensky, T. Sneed, E. Borecka, B. Conway, K. Clark, H. Bey-Coon, K. Butler-Kurth, M. Doherty, M. Giovannucci, A. Johnson, T. Johnson, J. Leventhal, P. Nunez, M. Ornousky, B. Pellissier, K. Rich, C. Spak

Guests: V. Rankmin, M. Cerrone, H. Glynn, N. Livingston, P. Pisano

Agenda Item	Discussion (brief summary)	Action (and by whom)
Meeting called to order		The meeting was called to order at 2:06PM
Approval of Minutes:	Approval of June 2014 minutes. Changes - Review of April and October 2014 Executive Committee Meeting Minutes	There was a motion to approve the minutes. It was moved and properly seconded to accept the minutes of the June 2014 meeting. Leventhal/Pellissier M/S/P
Budget Update:		
	Village Update- The Village CJA budget was presented.	
	<b>Unencumbered Funds-</b> The conference was well attended and well received. There is a desire to do this every two years and replicate it throughout the state.	
GTF Coordinator Update:	CJA Grantee Meeting: 2015 Meeting dates were submitted to the members.	
	Three year assessment is due in May 2015.	
CCA Director Update:	Hartford coordinator has resigned and the New Britain coordinator will assist in the interim. CCA coordinator is working with the	
Committee Reports:		
Executive Committee:	HART Grant- Village will have another coordinator to assist with this.	
	DMST committee- We have a five year grant. This is a committee of the GTFJAC and will be co lead by Tammy Sneed and Caroline Diemar. Year to date there have been 85 unique referrals.	
	Handscope- Alternative Light Source. The request is from troop D. This is used in DV and Child Abuse cases.	Request to see the

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Finding Words Committee:	Identify pooled blood under the skin. All major troops around the state have one. There is a need at troop C as well. There was a concern as to why the GTFJAC is paying for police equipment. The troop D did reach out to their own funding source to pay for this equipment. Perhaps this is something that the prosecutor can assist with. Is there a policy around what will be purchased and what cannot be purchased by GTFJAC? We have purchased equipment for forensic interviewing and forensic medical exams. Is this something that the state should be funding out of this grant? Who will maintain the equipment as this is a large monetary commitment?  October course was our 16th course of Finding Words. Our next Finding Words Connecticut dates are 2015 - Spring date: Monday, April 6th to Friday, April 10th with - Setup for rooms 9-10 on Thursday, April 2nd at 2:00				notification sent to other funding source.	
	p.m. (Setup cannot be done on Friday because it is Good Friday and POSTC is closed. <b>2015 - Fall dates</b> Monday <b>October 5<sup>th</sup> thru Friday, October 9<sup>th</sup></b> with Setup for rooms 9-10 Friday, Oct. 2 <sup>nd</sup> at 2:00.					
MDT Evaluation	1. Second Round Teams review process.					
Committee:	All Second Round Teams –Family & Children's Aid, Inc. Child Advocacy Center-Danbury MDT; Middlesex County MDT; South Central CAC-Ansonia/Milford MDT, New London MDT; Tolland County MDT; and, Waterbury MDT- evaluation review reports have been approved by GTFJAC and a letter sent to the team.  2. Third Round Teams  An updated schedule for the Third Round teams is as follows:					
	MDT	Period Under Review (PUR)	On-Site Review Date	Evaluation Team	Status of Report as of 12/5/14	
	Windham	2/15/13-2/15/14	7/14/14	Maureen Ornousky, Paula Schaeffer, John Tucker (Shadow), Margaret Soussloff (Village)	Approved, signed and to be sent	
	Bridgeport	4/15/13-4/15/14	10/2/14	Tricia Falcone, Colleen Zingaro, Margaret Soussloff (Village)	To be reviewed by MDT Evaluation Committee 12/9/14	
	Stamford	6/15/13-6/15/14	11/6/14	Tricia Falcone, Paula Schaeffer, Dr. Lisa Pavlovic (Shadow), Margaret Soussloff (Village)	To be discussed by MDT Evaluation Committee 12/9/14	
	Hartford	8/15/13-8/15/14	1/2015 Date to be scheduled	TBD		
	New Haven	10/15/13-10/15/14	3/2015 Date to be scheduled	TBD		
	MDT-14 (Hartford, West)	12/15/13-12/15/14	5/2015 Date to be scheduled	TBD		
	Enfield	1/15/14-1/15/15	6/2015 Date to be scheduled	TBD		
	3. <u>Medical Component</u> A report on Medical Component findings from the first two rounds of reviews was presented to GTFJAC Executive Committee in September with the full committee to review in December. The report will be revised as round three reviews are completed. (**Medical Providers around the state came together and developed a response.)					
	4. <u>Standards and Best Practices Revisions</u> The Standards for Connecticut Multidisciplinary Teams, which includes Best Practices, were last updated in 2008. At the beginning of the redesign process it was decided to forego updating the standards until after all teams were reviewed with the					

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	new process, which will be by the end of June 2015. A subcommittee was formed in September to begin the process of revising. The full MDT Evaluation Committee will review as sections are completed with the anticipated date of completion for July 2015.					
	** Response to GTF MDT Evaluation Committee Medical Report 2014 CT Child Abuse Medical Examiners  The role of the Medical Examiner for a Multidisciplinary Team:					
	<ul> <li>MD or APRN</li> <li>Serve as medical consultant for the team and other medical providers (Community medical providers and Emergency Department)</li> </ul>					
	<ul> <li>Perform a complete evaluation including a forensic exam for suspected victims of physical and sexual abuse; this may include a diagnostic or clinical interview.</li> <li>Prepare reports and affidavits in a timely fashion</li> </ul>					
	<ul> <li>Attend MDT meetings</li> <li>Interpret medical findings for MDT members</li> <li>Assist MDT with creation of protocols for medical triage and response</li> </ul>					
	Testify in Court as an Expert Witness  Time required to fulfill these duties/year (based on 50 cases/year):  Per case (50 cases/year)  212 hr					
	<ul> <li>Clinical Interview and Physical exam of the patient: 2 to 2.5 hours</li> <li>Completing written report: 30 to 60 min</li> <li>Discussing case with other members of the Team (DCF, Law enforcement, etc.): 30 to 60 min</li> </ul>					
	<ul> <li>Review of Laboratory testing results: 15 min</li> <li>Court testifying per case: (4 to 5 cases/year)</li> <li>Discussing case with lawyers: 45 to 60 min</li> </ul>					
	<ul> <li>Reviewing literature: 1 to 2 hours</li> <li>Time spent in court: 4 to 6 hours</li> <li>MIT meetings: 24hr</li> <li>1.5 hours once a month</li> </ul>					
	<ul> <li>30 min travel time, to and from the meeting</li> <li>Review cases prior to meetings: 30 to 60 min</li> <li>Consultant for other Medical providers and Emergency Department: 36hr</li> </ul>					
	Phone consultations: 2 to 3 hours a month  Attend Quarterly Peer review meetings with the CT State Medical Examiners: 16 hr      very 2 hour meetings, plus 2 hour commute time, (1 hour each way)					
	Continuing Medical Education: 18 hr  2 to 3 days per year  Yearly # of hours (based on above data and 50 cases per year):  338 hours					
	The data presented from eleven recent team evaluations demonstrates the following needs:					
	<ul> <li>Need to develop more medical capacity in eastern and western areas of the state.</li> <li>Need for improved medical referral rates in most areas of the state. Many children not offered indicated medical services, with some reports that there may be rationing of limited medical appointments.</li> </ul>					
	<ul> <li>Need for improved medical representative attendance at MDT.</li> <li>Need for development of referral standards for physical abuse cases.</li> <li>Summary noted that specialized medical evaluation should be available to all suspected victims of physical and</li> </ul>					
	sexual abuse, and that availability of services is not consistent throughout Connecticut.  Current challenges identified by teams in recent evaluation reports:					

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	<ul> <li>transportation for families to attend exams is a barrier</li> <li>some providers lack support from their hospital and have to do exams outside their working hours or have a limited number of exams available per week</li> <li>teams are reluctant to offer exams when they only have a limited number available</li> <li>Additional challenges identified by medical providers:         <ul> <li>Trauma of evaluating abused children/dealing with families in crisis</li> <li>Stress of having to testify in court</li> <li>Lack of support from institution or practice partners; filling this role increases burden on partners and costs to employer</li> <li>Concern that the OVS fund that supports billing for these exams has been exhausted in recent years and that adding a significant volume of exams to the system will require planning for funding</li> </ul> </li> <li>Calculations of financial costs to institution to do 50 exams/year (calculated by DKH administrators):         <ul> <li>Per case cost for clinical encounter;\$1063.00 (included MD time for clinical encounter, documentation, and service coordination, nursing and clerical time, exam space, equipment costs, and overhead), so 50 cases/year has yearly cost of \$53,150.00.</li> <li>Yearly cost for other MD time \$20,698.00 (included court preparation, monthly MDT meetings, phone consults with ED and other professionals, quarterly peer review meetings, and continuing education time).</li> <li>Total yearly cost to institution to offer 50 appointments/year=\$73,848.00</li> <li>Billing revenue from OVS (at 450/case) for 50 cases= \$22,500.00</li> </ul> </li> <li>Proposal to address needs:         <ul> <li>A yearly stipend for regional centers of 55K based on a fixed number of exam slots per year (50 appointments/year) and expectations for peer review and MDT participation. We believe that this stipend will allow CT's team</li></ul></li></ul>							
Training Committee:	Educational Campaign focused at education of the legislature. Need to connect with the Connecticut Hospital Association.  Committee Update- November 2014 Training Committee Report							
	Date Received	Requesting Agency	Participant	Function	Requested	Approved	Comment s	
	10/30/2014	CHR MDT	Edward Azzaro	Medical training and mock trial	\$770.00	\$770.00		
	10/31/2014	Connecticut Children's Medical Center - SCAN	Norrell K. Atkinson, M.D	Medical training and mock trial	\$1,000.00	\$1,000.00		
	NCA Trak update- There is a small group who has been working with NCA to resolve this issue. IF not, then we							

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	will need to use the DCF data system.	
	<b>Minimal Facts update</b> Within the last year Minimal Facts has continued to offer the First Responders and Discovers training. Each MDT coordinator developed a training plan for their team and implemented throughout the year. They will report to the Minimal Facts Advisory Board yearly. We have also continued to train law enforcement at the State and Municipal Police Academy.	
	The Minimal Facts Advisory Board meets quarterly. We have begun to develop a strategic plan and will have a final product in first half of 2015. A subcommittee of the advisory board will meet in January 2015 to revise the First Responders curriculum based on feedback from trainers and participants. At the next quarterly meeting we will be submitting a request for future funding. A workshop proposal was submitted by GTFJAC for Connecticut Trainers to do two Minimal Facts Trainers: Discoverers and First Responders.	
Membership Committee:	Members: The executive committee has begun to address the vacancies on GTFJAC in key areas. CCA is working on securing a parent representative. Steve Sedensky has been tasked to make contact around getting law enforcement representatives.	Steve will send letters to the Commissioner of public safety and the head of the chiefs of Police Association. CCA to look for a
	GTF Retreat Work Groups	parent representative
	Victim Services and Advocacy Group - No report submitted.	
	Forensic Medical and Interview Group –	
	MDT/CAC Group – No report submitted.	
Old Business:		
New Business:		
Announcements:	There is a new State Victim Advocate, Natasha Pierre.	There was a motion to adjourn which was moved and properly seconded. The motion passed. Pellissier/Sedensky MSP

Respectfully Submitted,

Kristen M. Clark, GTFJAC Coordinator