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*TESTIMONY OF THE CHILD ADVOCATE*
*JUVENILE JUSTICE PLANNING AND IMPLEMENTATION COMMITTEE*
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Good afternoon.

I appreciate the opportunity to talk about my observations and recommendations, after over 6 years as Child Advocate, on the service and support system available to 16 and 17 year old youth in Connecticut.

My first observation is that there are very few child protection, child welfare, mental health, and substance abuse services and after school activities for 16 and 17 year olds.

My second observation is that there are an overwhelming number of missed opportunities by our public systems to intervene on behalf of an adolescent in a way that focuses on his or her emotional needs and life experiences. All too often, the focus is an adolescent's behavior that results from those needs and life experiences.

These missed opportunities occur when school problems begin, when a child's behavior begins to change, when trauma and mental health issues are recognized, but not treated.

Missed opportunities occur when we treat behaviors and not the underlying cause of the behavior.

All too often, we focus on behavioral accountability and we miss so many opportunities to understand what is going on in the child's life that may account for the behavior.

Let me tell you about 14 year old Marie. Marie was removed from her home and placed in a shelter on a FWSN Order of Temporary Custody. Her mom struggles with mental health and substance abuse issues. Marie has six siblings in her home ranging from age five to twelve with whom she feels a strong connection. DCF has been involved in the life of this family for eight years. My staff has been reviewing the DCF case record. A few weeks ago, Marie had a really tough weekend. When her social worker picked her up to transport her to school, Marie said that she had a fight with her mother on the phone. Her mom told her that it would be Marie's fault if her siblings were removed by DCF. She also told Marie that she would probably remain in foster care until she was 21.

The case record revealed that the worker told Marie to "try and not think about it and focus on having a good day at school." The worker then signed Marie into school and gave them Marie's medication. Later that week, Marie was loud and disruptive at school, refused a time out and, when forced by two staff to attend resolution, swung and hit the staff.

Imagine how angry Marie must have felt. Imagine how hurt and frustrated she must have felt. At her mom. At herself. At every adult in her way. Are you surprised to hear that Marie was arrested? Are you surprised to learn that Marie was on probation for running from the shelter and that her arrest now involves her more deeply in our juvenile justice system?

My third observation is what happens to children when their experiences are not understood, when their needs go untreated, when school problems are ignored. I see that the children's conditions escalate and they are no longer viewed as a child, but as a villain. No longer viewed as a victim, but as a perpetrator.

Being a teenager is hard enough but it cannot be labeled as a "condition" or "disorder". It is a stage of life.

A stage of life often seriously misunderstood by those of us charged to help.

What we do know and what we must all learn -- from national research and from experts in our own state -- is that adolescent brains are different than the brains of young children and different from the brains of adults. And stress on adolescent brains can lead to behaviors and substantial risks. For 16 and 17 year olds in Connecticut, these risks include time in the adult criminal justice system.

We know that many adolescents can navigate this time with minimal risks.

But, for many of the young people known to my office, the trauma of being removed from home, witnessing violence, being a victim of violence and substance abuse, and the lack of a meaningful connection to adults, peers and school community as a result of moving from placement to placement, creates a significant amount of stress.

This brings to mind the story of Andy. Andy and his five siblings entered foster case due to his mom's substance abuse. By the time my staff met Andy at age 13, he was in detention and a survivor of 18 placements. He was failing in school and had experienced multiple school placements. He responded to these chaotic experiences by not attending school. The response of our system of care was detention. Andy spent months in detention because DCF and providers viewed him as a child who could not succeed in a foster family. The system seemed ready to give up on Andy. Luckily, a concerned professional in his life came forward as a placement and resource option. Today, Andy is part of this family.

We are seeing record numbers of adolescents like Andy – 16 and 17 year olds and even younger—with significant emotional needs and stressed life experiences who are not living in families. These adolescents reside at the Manson Youth Institute and York Correctional Facility.

At the last meeting of this Committee, it was reported that there were 17 girls at York Correctional Facility, the adult women's prison -- that was a low number.

This number may fluctuate, but as the Department of Correction's testimony informed us, the number of girls under age 18 at York has grown alarmingly over time. And the majority of these girls – some as young as 14 and 15 – were known to the Department of Children and Families (DCF).

This unacceptable end is not because of a lack of money. There is so much money out there. Yet, as of today we still do know have a clear understanding of what specific services are available across the state for these adolescents.

In December of 2005, DCF brought a national expert on girl's services to Connecticut, Marty Beyer. A series of recommendations were made after Dr. Beyer reviewed case studies of girls involved with DCF – recommendations that set forth a framework for thinking about the needs of girls, the impact of trauma on girls' emotional health and behavior and best practices for serving girls. Yet, a number of the cases reviewed by Dr. Beyer are now at York.

Where is the learning, how is the learning implemented, and what are the outcomes?

We know that not all of our 16 and 17 year olds have mental health and substance abuse issues. But every single one needs caring, consistent adults in their lives, opportunities to learn skills to lead independent lives and frankly, positive activities.

Here are some questions that have not been answered to date:

1) What are the existing mental health and addiction services for 16 and 17 year olds?
2) What is the service capacity at existing mental health and addiction services for 16 and 17 year olds?
3) What are the current waiting lists at existing mental health and addiction services for 16 and 17 year olds?
4) What are the eligibility criteria at existing mental health and addiction services for 16 and 17 year olds?
5) What are the exclusion criteria at existing mental health and addiction services for 16 and 17 year olds?
6) What is the geographic distribution of mental health and addiction services?
7) What recreational and extra curricula activities other than athletics exist at public schools across the state?
8) What youth empowerment programs exist for 16 and 17 year olds?

9) What life planning and job skills training programs exist for 16 and 17 year olds?
10) What parenting programs exist for 16 and 17 year olds girls and boys who are parents?
11) How many of these young people can read at grade level and are on track to graduate with a high school degree on time?

My first recommendation is: get answers to these questions.

Next, it is imperative that we learn what is working now. We need to understand what services are effective. We need to know the outcomes of the young people who receive these services. Are they better off? And by outcomes I mean their mental health, but also their educational and employability skills.

Do our services provide safety nets that keep these youth from walking right back into the adult criminal justice system?

We have also not yet heard answers about where we are spending our money and what the outcomes are.

I can't argue that we spend more money until we know what is working now. Just because a service is "delivered" does not mean that it is effective. One of the best examples of what I am talking about is "parenting classes." Too many classes use "good attendance" to define success. This is not acceptable.

We must take a serious look at the accountability and continuous quality improvement of existing approaches and programs. For every new practice, new staff and new program, we must be able to answer the questions: In what ways is this helping the child and how do we know?

I also recommend that we not only look in the moment at what is happening with our adolescents. We cannot afford to only look at what outcomes our services provide them.

We need to begin at the beginning.

Because so many of the 16 and 17 year olds have a history of DCF, which means they have a history of trauma and abuse and neglect and inconsistent adult connection, we need to focus on early intervention and prevention.

Prevention, of course, is the foundation of success.

What does that mean? It means doing a good assessment, providing appropriate and timely services and following up on care – WHEN THE PROBLEM FIRST OCCURS.

It means knocking on the doors of the families of kindergarten children who are suspended or expelled from school and asking what help they need.

It means recognizing that family intervention services are essential because we cannot just treat a child is isolation. A child is part of a family…whatever that family may be.

We can't close cases when children have been victims of abuse and sexual abuse just because the abuser is removed from the home.

A child can't be medicated to stop behaviors without providing assessment and treatment for the feelings causing those behaviors.

I realize that we are charged with developing services for 16 and 17 year olds but I don't want to lose sight of our goal – We must invest more in prevention and helping to support families. At the present time, DCF, which is primarily responsible for prevention, spends about of ½ % of its budget on prevention.

Otherwise, we will all be sitting here year after year as more and more adolescents sit in detention centers, Manson and York.