

## 'Do They Miss Me?' Young Man Recalls Being Sent Out Of State By DCF For Treatment

By JOSH KOVNER, jkovner@courant.com

January 16, 2011 - Bennie, 20, recalled the first time he was sent to an out-of-state treatment center by the Connecticut Department of Children and Families.

The place was called The Pines, in Norfolk, Va. Bennie, who had behavior and academic problems, said the hardest part was being cut off from visits from his two brothers, who were living with foster families in Connecticut.

"I cried every night. Every morning, I'd call DCF and ask them, 'Can I come back?'" he said.

**Bennie was 8 years old.**

Removed from his natural mother at 4 because of abuse and neglect, Bennie has spent 16 years in the care of DCF.



(STEPHEN DUNN, Hartford Courant / January 13, 2011)  
Martha Stone, Executive Director of the Center for Children's Advocacy, is a prominent lawyer representing children in the custody of DCF.

He was animated, candid, and articulate as he spoke last week in lawyer Martha Stone's office in Hartford about a journey that has spanned four placements in out-of-state facilities over a period of 12 years.

The only conditions Stone put on the conversation with Bennie was that his real name not be used and his picture not be taken. *(continued on last page)*

## DCF Sending More Children Out Of State For Treatment Officials Sending More Kids To Facilities Outside Connecticut

By JOSH KOVNER, jkovner@courant.com

January 16, 2011 - State child protection officials are sending an increasing number of troubled children to out-of-state treatment facilities, racking up high costs and raising concerns among advocates about the emotional consequences of cutting kids off from guardians and siblings.

Once they go away, the children spend far longer in residential treatment — an additional 189 days, on average — than children in Connecticut programs. The practice has continued unabated despite the availability of empty beds at local programs.

The Department of Children and Families, a \$900 million-a-year agency that has toiled under federal oversight for more than 20 years, has struggled with an over-reliance on out-of-state placements for at least a decade.

A Courant review has found that although there is room to keep children in Connecticut, the department has frustrated private treatment providers by failing to heed requests for help in fashioning the very programs needed to keep children in state.

DCF also has fallen far short of its mandate from the federal court to recruit hundreds more foster families. The result has been a system in gridlock, with children being sent out of state "by default," advocates say.

Time and again, in public testimony and reports to the legislature, top DCF officials have maintained that they send troubled children to out-of-state treatment centers only as a last resort, and only after the children have been rejected by local providers.

The instinct is to believe them. After all, the downsides are glaringly obvious: The cost to keep the current roster of 367 children in out-of-state facilities is about \$35 million a year. It's also widely acknowledged, inside and outside of DCF, that contact between the children and their biological or foster parents and siblings decreases sharply when they go away, and that the loneliness can be traumatizing. Case workers must visit the children personally every two months, which adds about a \$1 million a year in travel expenses to the overall cost, according to a state report.

Peter Mendelson, the DCF's head of behavioral health, told the legislature's appropriations committee at a recent public hearing that the children are sent away only when an appropriate in-state placement cannot be found. He said that the agency looks hard for those local placements, and that "providers have to re-tool and be willing to treat these kinds of kids," which he said include increasingly troubled children with histories of fire-setting, sexually aggressive behavior or multiple substance-abuse and psychiatric problems.

"And we're just getting around now," asked state Rep. Marie Lopez Kirkley-Bey, D-Hartford, "to telling residential providers what they should be doing" to keep children in the state?

"We've been doing it for years but this is a more difficult, more challenging" group of children, Mendelson responded.

But that is not the whole story. Private treatment providers in Connecticut say they want to create new programs and have reached out repeatedly to the DCF for detailed information on the children who get sent out of state. They said the department often is inex-

plicably unwilling to share its “needs projections” — which include profiles of the children and their treatment needs.

And the department has not always acted aggressively to attack the problem of sending too many kids out of state, as lawmakers and advocates have demanded.

The legislature passed a law requiring the DCF, by July 2009, to put in place a “master plan” on how it would stop out-of-state placements and maximize Connecticut programs. The agency told the legislature in 2009 that its goal was to stop the outside placements by the summer of 2011. But in correspondence obtained by The Courant, dated in mid-July 2009, after the agency was to begin implementing its plan, Mendelson wrote that no action was taken because the legislature didn’t give DCF additional money.

The agency now says it made a plan and informed the legislature that doing anything else was contingent on getting extra money.

DCF did not make Mendelson available for an interview with The Courant. In a written statement, the agency said reducing out-of-state placements of children is a “top priority” of new DCF Commissioner Joette Katz, the former state Supreme Court justice. Katz intends to resume talks with local providers about expanding services, the statement says.

“In talking to staff in her first days as commissioner, she has clearly expressed the view that the best way to treat children with behavioral health needs is to provide services to the child in his or her home. If this is not possible, the child should be treated in a setting that is as close to his or her community as possible and in Connecticut,” the statement reads.

“Commissioner Katz is committed to exploring ways to build in-state capacity to treat children with acute needs so that the department does not have to resort to sending them out of state, and the commissioner is scheduling meetings with providers to determine a path to do just that,” the statement says.

### **An Increase**

Within the last year, the number of children sent to outside agencies has jumped from around 280 to 367, even as some treatment centers in Connecticut with room to accept children have closed wings or programs because of a reluctance on DCF’s part to send children to them — the very children being sent out of state. The \$35 million overall cost of out-of-state placement is based on DCF figures of an average rate of \$292 per day per child for care, plus \$4,453 per child for a 10-month school program, plus travel expenses.

And the stakes are high for each out-of-state referral. Advocates for children note that DCF is less able to monitor whether Connecticut children are being injured, getting involved with the police or being physically restrained by staff when the children are not in Connecticut.

DCF protocol requires that the outside programs call the DCF hotline immediately if a Connecticut child is injured, arrested, or restrained. But the outside placements hamper DCF’s ability to head off problems at the private treatment centers, as the agency would be expected to do in Connecticut.

During 2007, seven children were injured while being restrained by staff at a KidsPeace treatment center in Orefield, Pa. It wasn’t until the state of Pennsylvania downgraded the center’s licenses and froze admissions that DCF stopped sending children to

KidsPeace in September 2007. The Courant could not determine if any of the injured children were from Connecticut.

The Pennsylvania investigation prompted the resignation of the center’s CEO. The licenses at KidsPeace have since been restored, and the total number of children at the center has been reduced from 500 to 303. Records show that DCF officials last inspected KidsPeace in February 2009. As of late last year, about 15 Connecticut children were living there.

### **A Disagreement**

A Courant review of DCF records and correspondence shows a deep disagreement between DCF and the treatment community over just how “unwilling” the local providers are to take DCF referrals.

In fact, directors of treatment centers and heads of trade groups that represent them pointed out in interviews last week that facilities need referrals from the DCF to stay in business. The providers say that they are willing to work with DCF to modify their programs, if necessary, to take children with more serious and complex problems — but that the process is hindered by DCF’s reluctance to share detailed information on the specific needs of the children.

The providers also say DCF has been unwilling to divert, for use by Connecticut providers, some of the tens of millions of dollars it spends sending children out of state.

For example, here is the opening paragraph of a “program alert” from DCF asking for a residential program for adolescent boys with sexual behavior problems: “DCF is seeking providers (for) congregate care treatment on a fee-for-service basis. Start-up funds will not be available. Similarly, the Department will not fund capital expenses. ... No guarantee of usage, either specific or implied, is made here in.”

Jon Clemens, of the Connecticut Association of Non-Profits, said it would be difficult for treatment centers to commit to such a program without up-front money and with no promise of referrals.

Meanwhile, of the 318 children who were living in out-of-state residential programs at one point last year, 40 were classified as having sexual behavior problems. The state would have paid more than \$4 million to the outside programs to care, treat, educate, and visit those 40 children for the year.

Martha Stone, a children’s lawyer and advocate, said there has been a good bit of finger-pointing between the providers and DCF.

“So kids are ending up out of state by default, not because they need that level of care — and it’s just wrong,” said Stone, who has won several emergency court orders to get children out of outside treatment centers and back to Connecticut.

The irony is that whenever Stone, her colleague Sarah Eagan, or other children’s lawyers get the state Superior Court involved, a treatment slot in Connecticut seems to pop up within a few months. And that’s after DCF has represented that no openings for a specific child would materialize “for the foreseeable future.”

Of the 367 children living in out-of-state programs as of December, 285 were in New England centers. Among the other states with Connecticut children are Pennsylvania, Florida, New York, Illinois, Iowa, Alabama, Georgia, Michigan, New Jersey and Ohio.

The Courant's review found that DCF sometimes tells the legislature one thing and the treatment providers another. In a March 2009 report to the legislature, the agency, explaining how it intends to reduce out-of-state placements of children, says it "would continue a series of meetings with individual providers to determine willingness to modify their programs to treat specific populations of children."

But in October 2009, Karl Kemper, the DCF's chief of staff, conveyed a different sentiment in a letter to Alan J. Deckman, a lobbyist and executive director of the trade group the Children's League of Connecticut Inc. Kemper wrote: "At this point I do not believe that further meetings with multiple providers and the department would accomplish anything other than reinforcing what is already known."

Kemper's letter to Deckman came after the Children's League and the Connecticut Association of Non-Profits reached out to DCF in August 2009 in an attempt to increase in-state referrals and craft programs that would meet DCF's immediate needs. The Kemper letter two months later ended those meetings. They resumed this past February after Clemens, of the Connecticut association, again wrote to then-DCF Commissioner Susan Hamilton, asking for specific information on the children who were at risk to go out of state and a "needs projection" from DCF.

Hamilton responded that she would be "happy to make data available to your members to assist with their planning and it appears that some additional discussion is warranted to better define the scope of the information that would be most valuable."

Some of that discussion did take place and was productive, Clemens said, but the meetings stopped and have not resumed, leaving the trade groups and providers without the resolution they had sought 17 months ago.

### **Beds Available Here**

Some advocates believe DCF might be hesitant to work with local providers because it has been criticized in the past for poor oversight of the private treatment centers.

For example, Child Advocate Jeanne Milstein and Attorney General Richard Blumenthal in 2007 documented longstanding, deeply rooted problems in the quality of care at the former Lake Grove treatment center and school in Durham, and questioned DCF's "role as licenser, overseer, and consumer of Lake Grove's services." DCF immediately flooded the program with behavioral-health experts and spent six weeks trying to correct the problems. The effort failed and the school, with 47 DCF children, was closed.

"See, DCF doesn't have a plan," said Stone, executive director of the Center for Children's Advocacy in Hartford. She has represented children in DCF care for decades and was the lead lawyer in the "Juan F." abuse and neglect case that triggered federal oversight of the agency.

"Instead of dealing with the management problems, they precipitously close these agencies. Our position is DCF should develop services to keep the kids in Connecticut," she said.

DCF's written statement to The Courant implicates the local providers as largely responsible for the increase in out-of-state placements.

"Regrettably, the number of children in an out of state residential placement has risen since 2007. This reflects the fact that several

in-state programs have closed. In addition, a larger number of children with acute needs require treatment services and in-state providers have not had the capacity to serve children with these high levels of need," the statement says.

Clemens, of the Connecticut Association of Non-Profits, said it's true that some programs aren't equipped to take the most difficult, complex cases, such as children who are fire-setters or sexually aggressive. He acknowledged that programs have declined to accept some children referred to them by DCF. It's also inevitable, he said, that some of these businesses will close. But he said that most providers are willing to do whatever it takes to serve kids and fill their treatment slots. Clemens works with about 140 agencies in Connecticut that serve children.

And there are proven, well-established programs in Connecticut that have empty beds.

Jeffrey Walter is executive director of the Rushford Center, which runs programs in Middletown, Meriden, Glastonbury and elsewhere. Rushford now operates a 12-bed treatment center for children with substance abuse problems, located in a single building on the grounds of the former Lake Grove School in Durham.

In a report last year, DCF indicated that of the 318 children the agency was sending out of state at the time, 25 were in the category of substance abuser. The Courant asked Walter in an interview last week why DCF doesn't license Rushford to accept more of the kids with drug problems so fewer go out of state.

His response: "I'm not even filling my 12 beds. We're constantly reaching out to the department because we're only paid for beds that are filled. It's something I puzzle over as a provider."

Asked why DCF would not make full use of a proven local program, Walter said, "The answer I get is that the kids have other issues that make them not appropriate for in-state treatment. But we try to be as open-minded and creative with our admissions as possible."

DCF said in its written statement that Rushford's 12 beds were filled as of last Tuesday, with two kids waiting. Walter said Friday that it's true that his program is sometimes filled.

"We have discharges. The point is that over time, we are not full on a consistent basis," Walter said.

At the Children's Home of Cromwell, executive director Garrell Mullaney has had similar issues. In 2008, DCF stopped placing boys under 12 in residential treatment centers.

Advocates like Stone say that children in DCF care should be in the least restrictive setting as possible. Group homes, for example, are preferred over residential centers, and foster homes are preferred over group homes.

DCF shares that philosophy, and so do providers like Mullaney. The problem, Mullaney said, was that DCF never replaced those young boys with another population of children from among the children who were being sent to out-of-state residential centers. That left the Children's Home, as well as other Connecticut centers, with empty beds and a crippling hole in its budget.

"I lost 14 beds. I have no idea why they didn't say, 'Hey, listen you guys, we have this other population of kids. Let's do this.' And I don't know why they didn't take the money they were paying for those young boys and try to place that different population," said

Mullaney, who came to the Children's Home in 2007 after serving as the chief executive of Connecticut Valley Hospital.

The removal of the young boys from residential care and the need of the centers to replace those kids with other children "doesn't by itself give in-state programs the capacity to serve children with acute treatment needs," DCF said in its written statement.

Mullaney and Walter said that within the past year, DCF has improved its method of notifying providers when specific services are needed. For example, Mullaney responded to program alerts from DCF about a need for treatment of DCF children with developmental disabilities and children who fell into the autism spectrum. Mullaney said his board of trustees agreed to take the gamble and spend the money to create those programs, and said they are doing well.

But Deckman, the lobbyist and director of The Children's League, said program alerts fall short of a formal bidding process that would allow local centers to plan for and create new programs designed specifically for the kids that are going out of state.

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## **"Bennie"** *(continued from front page)*

He spoke of how he felt each time he lost the connection with his two brothers. One brother is now a college student, and he was Bennie's mentor and best friend.

"Emotionally, it's like my heart is ripped out of my chest," he says of the isolation he felt each time he was sent away. "It makes me feel I shouldn't be living. I will get so depressed and I will cry and cry. It's so hard not to have visitations."

He'd wonder about his brothers, how they were changing as they grew, how they looked. Between phone calls, he would ask himself, "Do they miss me? Do they care about me? Do they love me?"

Later, he was misdiagnosed as having a certain behavioral condition that he never had, and spent months in the wrong out-of-state program until Stone got him out, according to court records. He was repeatedly sent out of state even though he did well in several Connecticut settings over the years — including the Mills House, a therapeutic group home in Windsor, and with two foster families. If he got into a fight or otherwise messed up, away he went.

His is the kind of experience that advocates and some lawmakers point to when they talk about the failure of DCF and local treatment providers to collaborate on services and programs that would keep more DCF kids in Connecticut. The outside placements often cut the kids off from guardians and siblings, and the placements cost state taxpayers over \$30 million a year — money that the local treatment providers say should be channeled here to pay for expanded programs.

As a young teenager, Bennie was living with a foster family in East Hartford whom he loved, and going to a specialized school in West Hartford. He said he loved the school as well, but proved too high functioning for the special education program. He was sent by the East Hartford school district to another school in East Hartford, though he said he begged not to go there. He said he knew it would be a recipe for disaster. In short order, he fought back against another boy who had punched him. The police came.

And Stone said there's no reason DCF can't request that treatment programs be designed around the needs of individual children. Stone also noted that DCF has lined up far fewer foster homes than required by the "Juan F." consent decree and that the shortage has created "gridlock" in the entire Connecticut system.

Deckman added: "We're making investments in Maine, Pennsylvania and Massachusetts when we should be investing in providers in Connecticut. We should be reallocating the money that is going out of state. It's too easy to say there are no programs here. What about the flipside? How do we make it so we can keep the kids here? There are informal discussions for months at a time between the department and providers. But in the end, it goes nowhere."

"My foster father told DCF, 'Please, let me take him home, give him one more chance.' DCF said that I was not functional to be out in the community. I was sent to Pennsylvania, to the Kid-sPeace residential center," Bennie said.

"He should never have been sent out of state under those circumstances," Stone said last week. "DCF should have regrouped, preserved the foster-home placement, and worked with the East Hartford school district to find an alternative school."

The irony is that Bennie has never let his painful experiences cloud his judgment about what DCF could provide him. While many of his friends signed out of DCF care the moment they reached 18, Bennie opted to stay under the auspices of the agency and make use of the educational opportunities. He can maintain his connection with the agency until age 23, as long as he is in school. Now he's living on his own in an apartment, studying mechanics at Lincoln Tech at night, doing an internship at an auto dealership, and attending an educational and vocational training program in the morning.

"I had academic problems when I was young, but the more I grew, the more I got mature. I pushed myself to get where I am — but I wouldn't have made it without Martha Stone and my brothers."

"It still hurts — the pain of all I've been through in my life," Bennie says. "But I've met my mother again, and I'm still meeting new family. I discovered a sister and another brother."