

Center for Children's Advocacy

University of Connecticut School of Law
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TESTIMONY OF THE CENTER FOR CHILDREN'S ADVOCACY FOR THE SELECT COMMITTEE ON CHILDREN REGARING PROPOSED HOUSE BILL 878

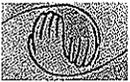
February 19, 2009

This testimony is being offered in support of H.B. 878, An Act Concerning the Prevention Role of the Department of Children and Families. It is submitted on behalf of the Center for Children's Advocacy, a non-profit organization based at the University of Connecticut School of Law. The Center provides holistic legal services for poor children in Connecticut's communities through individual representation and systemic advocacy. Through our Child Abuse Project, the Center represents individual children in child abuse and neglect proceedings.

We submit this testimony *in support of the prevention programs proposed in H.B. 878*—Differential Response System (DRS) and privatized voluntary services. These programs encourage "investment in the front end." Rather than taking reactive steps after families' problems have escalated, such programs are initiatives that will keep families together without unnecessary, extensive, or prolonged DCF involvement.

Though we support the programs proposed in H.B. 878, *we propose the following amendments* to the bill's current language:

- The task force should be eliminated, and the bill should require immediate implementation of DRS and privatized voluntary services.
- The July 1, 2009 DRS implementation deadline should remain intact so that DCF will be mandated to commit to the program. Subsequently, the January 1, 2010 task force report date should be amended to become an implementation progress report.



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In the past we have only paid lip service to initiatives that keep families together or that truly encourage preventive measures over reactive ones. But the passage of H.B. 878, with language requiring implementation of the proposed prevention measures, can transcend mere lip service to successfully address these concerns through a reallocation of dollars.

A. Proposed Amendments to H.B. 878

The task force proposed by this bill should be eliminated. Creation of a task force to study these programs is *unnecessary* and only serves to delay implementation of these critical prevention efforts. DRS has already been selected as an appropriate intake system, **is already operative in some form in at least 26 states**, and has been deemed a promising practice by child welfare practitioners around the country. Unfortunately DCF's efforts to implement DRS in Connecticut have lacked consistency, urgency, and commitment.

- In 2003, DCF attempted to implement a DRS pilot. Evaluators concluded that the pilot failed in part due to changes in leadership related to the re-organization at DCF and a lack of clear accountability mechanisms.
- In 2006, DCF attempted DRS implementation again. For a second time, commitment to the program lapsed and DCF abandoned the pilot.

The July 1, 2009 DRS implementation deadline should remain intact so that DCF will be required to commit to the program. Subsequently, the January 1, 2010 task force report date should be amended to serve an implementation progress report. This legislative mandate will ensure that DRS implementation efforts do not fail again and that DCF remains committed to the program's success.

B. DCF Should Be Required to Implement a Differential Response System by July 1, 2009.

DCF has reported that 2 of 3 investigations are initiated due to allegations of neglect in families struggling with domestic violence, substance abuse, mental health issues, poverty, low cognition, or some combination of these factors. A joint report by the Office of the Child Advocate and the Attorney General on DCF's hotline revealed that almost 700 cases are improperly closed each year immediately after abuse/neglect is substantiated, without DCF providing any protective services.¹ These statistics indicate that many families are inappropriately dragged into the child welfare system when their problems could be better addressed through alternate means. And on the other extreme, families in need of services are denied access due to a shortage of resources.

The implementation of DRS, with its dual/multiple track intake process, can combat these problems. While remaining "child safety"-centered, DRS allows for a flexible, assessment-driven, family-focused approach.² The system recognizes that other, community-based services may be more appropriate interventions than DCF involvement and that adversarial investigations are not always necessary. DRS or a similar alternative response system has been implemented in at least 26 other states, and it has been proven to engage parents and families more effectively, provide services more promptly, reduce the likelihood of recurrence of maltreatment or future DCF involvement, and better address the family issues underlying the maltreatment.³

¹ JEANNE MILSTEIN AND RICHARD BLUMENTHAL, INVESTIGATION INTO THE DCF HOTLINE SYSTEM (2003), available at http://www.ct.gov/oca/lib/oca/dcf_hotline_investigation.doc.

² See Patricia Schene, *Meeting Each Family's Needs: Using Differential Response in Reports of Child Abuse and Neglect*, BEST PRACTICE, NEXT PRACTICE (Children's Bureau of U.S. Dept. of Health and Human Services, 2001), available at <http://www.americanhumane.org/assets/docs/protecting-children/PC-DR-using-reports.pdf>.

³ See e.g., LISA MERKEL-HOLGUIN, ET AL. NATIONAL STUDY ON DIFFERENTIAL RESPONSE IN CHILD WELFARE (American Humane Association and Child Welfare League of America, 2006), available at <http://www.americanhumane.org/assets/docs/protecting-children/PC-DR-national-study2006.pdf>; PATRICIA SCHENE AND STUART OPPENHEIM, CHOOSING THE PATH LESS TRAVELED: STRENGTHENING CALIFORNIA FAMILIES THROUGH DIFFERENTIAL RESPONSE (Foundation Consortium for California's Children and Youth, 2005), available at http://www.cwda.org/downloads/DifferentialResponsePolicyBrief_FINAL.pdf; TONY LOMAN, POVERTY, CHILD NEGLECT AND DIFFERENTIAL RESPONSE (Institute of Applied Research, 2007).

The July 1, 2009 deadline is a critical piece of this legislation. DCF has struggled with DRS implementation since 2003 because of leadership problems, a lack of clear accountability mechanisms, and inadequate involvement of community-based providers. DCF must be held to the July 1, 2009 so that DRS can finally be implemented successfully and services can be provided in a more appropriate and effective manner.

C. DCF Should Be Required to Privatize its Voluntary Services

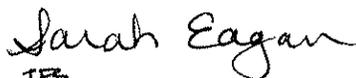
Currently, DCF's voluntary services social workers have caseloads of 49:1, making effective case management an unlikely possibility. The system is further flawed because it causes the following undesirable consequences:

- some families, though in need of assistance, are hesitant to seek help because they fear the stigma and consequences of DCF involvement;
- some families are denied access to the services that they need on account of inadequate resources and too few caseworkers; and
- parents are sometimes forced to relinquish custody of their child in order for the child to obtain the services she needs.

Privatizing voluntary services will promote families' use of available services by eliminating the fear of the stigma, repercussions, and condemnation often associated with DCF involvement. Resources and caseloads will also be better and more effectively managed, ensuring that families are not forced to forego services or relinquish custody in order to access services.

The implementation of DRS and privatized voluntary services through H.B. 878 will make a strong statement that Connecticut's priority is the care and well-being of its children and families. Rather than waiting until children have been forced to endure maltreatment and families are falling apart, these initiatives will provide services that will keep families together, emphasize the well-being of children, and prevent unnecessary or prolonged involvement with the child welfare system.

Respectfully submitted,



JB

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