TESTIMONY OF JEANNE MILSTEIN, CHILD ADVOCATE
BEFORE THE SELECT COMMITTEE ON CHILDREN
FEBRUARY 22, 2011

Good morning, Representative Urban, and members of the Committee. I appreciate the opportunity to testify in support of Raised Bill No. 981, An Act Concerning the Placement of Young Children in Congregate Care Facilities; Raised Bill No. 633, An Act Concerning Kinship Care; Raised Bill No. 6340, An Act Concerning the Placement of Children In Out-of-State Treatment Facilities; and Senate Bill No. 322, An Act Concerning the Qualifications of Department of Children and Families Employees.

I support Raised Bill No. 981, An Act Concerning the Placement of Young Children in Congregate Care Facilities. Connecticut has one of the highest rates in the country of children placed in congregate care placements. It is ranked 48th out of 52 jurisdictions in its use of congregate care settings, and uses these settings at a rate that is almost 60% higher than the national average (National Average: 17%; Connecticut: 27%). Research on these placements throughout the country indicates that congregate care facilities are unnecessarily restrictive for children who do not have behavioral health problems, and are no more successful than foster home placements are at keeping siblings placed together. Congregate care placements for young children, especially prolonged placements, are detrimental to the cognitive, social, and emotional development of children. Young children, particularly those who have experienced trauma, neglect, abuse, and removal from their homes, need a primary caregiver that they can identify as an attachment figure that they can turn to when they need comfort. Shift workers are no substitute for a primary attachment figure. It is therefore of utmost importance that Bill No. 981 be enacted, to ensure that young children are not placed or maintained in congregate care facilities without a compelling need for such care.

I support Raised Bill No. 633, An Act Concerning Kinship Care. Most of the children in Connecticut's foster care system are placed with strangers. According to the National Data Archive of Child Abuse and Neglect, Connecticut has 13% of its children in state custody placed in relative foster homes; this ranks us in the bottom quarter of states in the use of kinship care. In fact, our rate of kinship care is almost 40% lower than the national average of 21%, and several states place a significantly larger percentage of children with licensed relative foster parents. Arizona, Michigan, Illinois, Washington and New Jersey all have 35%, Florida has 42%, and Hawaii has 44% of their foster children in relative care placements. Raised Bill No. 6336 would require that Connecticut make a focused effort to maximize its use of relative caregivers for children who need to be removed from their homes, in order to provide children with caregivers with whom a loving relationship already exists, and to ameliorate children's experiences of disruption from family, unfamiliarity with caregivers, conflicted loyalties, and struggles with reunification.

I support Raised Bill No. 6340, An Act Concerning the Placement of Children In Out-of-State Treatment Facilities. As of December of 2010, Connecticut had 367 children placed outside the state in residential mental health treatment facilities at a reported cost of approximately 35 million dollars. The cost of out-of-state placement to children and communities cannot be overstated. Sending children to live out of state effectively severs their engagement with their families, schools, and communities. It interferes with plans for timely discharge and transition back to the child's home and community. Even when families are involved and are provided with visits, family obligations such as other children, job schedules, and availability of transportation frequently require that visits occur at times when qualified clinicians are not available to facilitate therapeutic contact. Children who are sent out of state for treatment are in effect given the implicit message that they are too sick, too "bad," or too disabled for their families or for the wealthiest state in the country to be able to care for them. We urge the state to spend DCF money more productively through specialized services that wrap around the child and the family and are based on individual need. To treat our children most effectively, Connecticut must strengthen community-based services using evidence-based practices, and serve children proactively before their needs become severe. This will help divert many children from costly inpatient hospitalization or residential placement.

I support Senate Bill No. 322, An Act Concerning the Qualifications of Department of Children and Families Employees. The proposed act requires educational and licensure qualifications for social workers and social work supervisors employed by the Department of Children and Families. DCF staff must have the capacity to assess needs and plan treatment for children and families, engage families, children, providers and communities in the needs assessment and planning, and articulate clearly those needs and plans for treatment in case records, court and other advocacy settings. Compliance with the Juan F. Consent Decree and the federal Child and Families Services Reviews demands this level of expertise. Master's prepared Social Workers, and other master's level professionals in the fields of child, adolescent, and family development are uniquely qualified to meet this requirement. At the same time, a master's level degree alone cannot replace the need for high-quality staff supervision, performance expectations that connect to outcomes for children and their families, and ongoing training. The proposed act is a critical first step in quality assurance that the staff with direct responsibility for working with children and families possess a sophisticated understanding of their needs.