February 22, 2011

This is the Testimony of Jeremy J. Smith, Program Director of Dare Family Services Therapeutic Foster Care Program of East Hartford Connecticut Regarding House Bill No. 981- AN ACT CONCERNING THE PLACEMENT OF YOUNG CHILDREN IN CONGREGATE CARE FACILITIES as well as House Bill No. 6340- AN ACT CONCERNING THE PLACEMENT OF CHILDREN IN OUT-OF-STATE TREATMENT FACILITIES.

Representative Urban, Senator Musto, Representative Fawcett and other distinguished Members of the Committee. Thank you for your time and attention to the matters before you today. My name is Jeremy Smith and I am the Director of a private, non-profit child placing Therapeutic Foster Care Agency in Connecticut. I have been with Dare for twenty one years, the first ten of which in Western Mass and the subsequent eleven in Connecticut. It is largely this dual perspective that leads me to strongly suggest reconsideration of the restriction of congregate care in general and more specifically, based on age.

Dare has six Foster Care offices in Massachusetts and one in Connecticut. My supervisor has often compared placement disruption statistics between our East Hartford office to that of the various Massachusetts Offices; our Connecticut office has significantly fewer disruptions. In our analysis, the main difference is Connecticut's use of Safe Homes for children coming into care somewhat regardless of age. This placement allows for a decompression of sorts, an opportunity to stabilize and assess and it is much less of a threat to a biological family who is immediately introduced to the "replacement" family. Children may also easily resent the "replacement" family in the absence of a more planfull transition. In Massachusetts, many placements are on an "emergency" basis, the child needing a home at 4:00 on a Friday. The matching process is compromised and the placements often fail. I realize the emphasis on Fiscal restraint and concern regarding Safe Home overstays but I am afraid we are being penny wise and pound foolish. The Safe Home option, in our analysis, has Connecticut light years ahead of Massachusetts. Disruptions require more emergency level services which can be among the most expensive and failed placements lead to the development of greater treatment needs and advancement of adjustment issues. Reactive attachment Disorder is among the hardest to treat amongst children in community based settings and is exacerbated if not accelerated as placements disrupt. Looking at Safe Home use and expenditure as the problem simply ignores the problems we create by making them unavailable for any age group but to let age determine ones treatment rather than the clinical assessment of the individuals is concerning. We must be careful not to require the treatment needs of children conform to the system but rather that the system respond to the treatment needs of its children.

Although my comments appear directed at the preservation of Safe Homes especially for those in the under six age group, I believe they apply to the use of congregate care in general as being the most appropriate and necessary treatment venue for a certain small portion of the population with the most severe needs. We again must be careful not to make foster care, of which I am a major proponent, the only or primary solution without understanding its capacity or the capacity of the families who are courageous enough to open their homes to it. They are very human and often scared or overwhelmed

by the most difficult to serve youth. Many of these children need stabilization or short term treatment to ready them for a successful experience in foster care.

Regarding Bill No. 6340, I too agree that children should return to our state whenever possible but we must have the infrastructure to support it. As agency that has placed countless children from group care settings, it is almost impossible to match and pre-place children who are not within the state's borders. I would argue that Safe Homes or group care settings (such as Connecticut Children's Place) should be used to return kids to Connecticut to then facilitate transitions to Therapeutic Foster Care or biological or kinship care. Having a better Congregate infrastructure in Connecticut also keeps tax dollars in the state and gives quality clinicians treatment environments in which to work locally. There will always be children who will temporarily require a higher level of care but making it an overly restricted option only serves to put unreasonable expectations on the great option of foster care which we cannot afford to overwhelm.

As an active member of the Connecticut Association of Nonprofits, I believe my comments reflect, in large part, the group of Therapeutic providers who convene on a regular basis in an effort to give our children the greatest chance of success today and in the days ahead. Please feel free to contact me with questions or comments you may have. Thank You.

Sincerely,

Jeremy J. Smith