

## Testimony Supporting: S.B. 293: An Act Concerning Permanency and Transition Plans

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Select Committee on Children  
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Senator Gerratana, Representative Urban, and distinguished members of the Select Committee on Children:

S.B. 293 focuses on children in out-of-home care and aims to ensure permanency plan documents include information regarding the steps DCF has taken to make referrals for services for children under five years of age, and steps DCF has taken to enable children sixteen years of age or older to transition out of DCF care.

I support the intent of this legislation but believe: 1) the legislation will not assure children receive the services they need; and 2) the legislation requires a broader focus and should address the service needs of children *and* families, children receiving involuntary DCF services in out-of-home care, as well as children who are living with birth parents, and children six to sixteen who are currently excluded from the bill. More is needed, however, to assure delivery of services to children and families involved with DCF.

Outcome measure #15 of the Juan F. Exit Plan states, "At least 80% of all families and children shall have their medical, dental, mental health and other service needs provided as specified in the most recent treatment plan."

Across the last five years, only about 50%-60% of DCF cases have met this criterion.

I believe a systematic review is needed to understand the barriers and develop a strategic plan to improve the proportion of children and families whose service needs are met.

Unlike Outcome Measure #15, which focuses on the service needs of children *and* their families, S.B. 293 focuses exclusively on the service needs of children. As one of my mentors Dr. Albert J. Solnit used to say, "All the best professionals does not one good parent make." Focusing on the service needs of birth parents is essential to meeting the needs of the children served by DCF.

Approximately 60% of parents involved with DCF, and 80%-90% of parents who lose custody of their children are suffering with a substance use disorder. DCF's consistent inability to address the treatment needs of these parents jeopardizes the well-being and permanency outcomes of the children it serves.

So rather than link the bill to Permanency Plans which restricts its focus to children in out-of-home care, it could be linked to Treatment Plans: e.g., "Every DCF treatment plan created pursuant to Connecticut General Statute 17a-15 shall include information regarding specific steps the Department will take to facilitate each parent and child's access to appropriate education, special education, early intervention, medical, mental health, substance abuse, and other necessary services. Every six months the treatment plan shall be updated and revised, the specific services accessed clearly documented, and when efforts to facilitate services failed, reasons noted and strategies to remedy the situation delineated."

In terms of the proposed review of barriers to meeting the treatment needs of children and parents involved with DCF, I recommend that this review be conducted under the auspices of the Child Advocate Office -- in collaboration with DCF, other child advocates, child welfare experts, providers, DSS, DMHAS, and families. Alternatively, this review may be an issue addressed by the proposed Task Force to be developed under Raised Bill No. 5325, An Act Concerning Children and Youth. The scope of the problem of children and families involved with DCF accessing the services they need is sufficiently large, however, it will likely require an independent Task Force.