

**Testimony Supporting S.B. 273: AAC Foster Children and Internship Opportunities
Testimony Supporting S.B. 652: AAC Referrals from the Department of Children and
Families to the Birth to Three Program**

**Testimony Opposing S.B. 653: AAC the Department of Children and Families and Out of
State Placement for Children Under the Purview of Such Agency**

Kenny Feder
Children's Committee
February 14th, 2013

Senator Bartolomeo, Representative Urban, and distinguished members of the Children's
Committee:

My name is Kenny Feder, and I am testifying today on behalf of Connecticut Voices for Children, a
research-based public education and advocacy organization that works statewide to promote the
well-being of Connecticut's children, youth, and families.

**Connecticut Voices for Children supports state agencies giving internship preferences to
youth currently or formerly in the custody of the Department of Children and Families
(DCF) at the age of majority, as proposed by SB 273.**

Alumni/ae of the foster care system are less likely to have completed high school and college
than their peers, and less likely to have close connections to a family member.¹ Without the
valuable skills and credentials provided by a degree, and without connections to the workforce
that family often provide for children who grow up in more traditional homes, many youth who
have experienced foster care struggle to find employment after "aging out" of care. In fact, one
longitudinal study of youth who had been in foster care found that only 50% were employed at
age 24.² However, evidence shows that foster youth who have work experience are more likely
to find employment in early adulthood after exiting care.³

Parents play an essential role in helping their children gain access to jobs and develop
employable skills. For a child in foster care, however, the State of Connecticut (through DCF)
has become the statutory parent. As a "parent," therefore, it should, *whenever* able, provide these
children with the chance to learn the same skills, and have the same work experiences, as their
peers. Giving internship preference to youth currently and formerly in foster care will help
assure that these young men and women will have the opportunity to become workforce-ready,
and not lose that opportunity just because they were placed in foster care.

¹ See, Mark Courtney, et al., *The Midwest Evaluation of Former Foster Youth*. Available at
<http://www.chapinhall.org/research/report/midwest-evaluation-adult-functioning-former-foster-youth>.

² *Ibid.*

³ See, The Urban Institute, *Coming of Age: Employment Outcomes for Youth Who Age Out of Foster Care Through
Their Middle Twenties*, 2008. Available for download at
<http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0CDIQFjAA&url=http%3A%2F%2Faspe.hhs.gov%2Fhsp%2F08%2Ffosteremp%2Freport.pdf&ei=jw8bUYbpNleo9gSC-4DAAQ&usq=AFOjCNGCtd5eqvecXDdrZxkfn73mBIETxQ&sig2=4Z3c5ZzYGvm8WReWNAuLqQ&bvm=bv.42261806.d.dmQ>.

Connecticut Voices for Children supports SB 652, which would require automatic referrals to “Birth-to-Three” for infants and toddlers who are victims of substantiated child abuse or neglect, to ensure that they do not slip “through the cracks” but receive the developmentally-appropriate services they require.

Young children who are victims of abuse and neglect are far more likely to suffer from developmental delays than their peers. Indeed, studies have demonstrated that a quarter of all young children with substantiated abuse and neglect who are placed in foster care have significant delays in their motor development, and close to half have speech or cognitive delays.⁴ Further, research demonstrates that early intervention is essential for supporting children who suffer from disabilities and developmental delays.⁵ Despite this evidence, disabilities and delays are often under-identified in abused and neglected infants.⁶ For these reasons, in 2004, the federal Child Abuse Prevention and Treatment Act (CAPTA) was amended to require that all child protection agencies develop “provisions and procedures for the referral of a child under the age of 3 who is involved in a substantiated case of child abuse or neglect to early intervention services funded under Part C of the Individuals with Disabilities Education Act (IDEA Part C).”⁷

DCF has adopted referral “provisions and procedures” as required by federal law, yet its system for referring abused and neglected infants to Birth-to-3 (Connecticut’s IDEA part C early intervention program) makes it likely that their developmental delays will not be recognized. Current DCF policy places the responsibility for referral on primary healthcare providers and, when such providers cannot be found, on a child’s social worker.⁸ However, in its recommendations for implementing Birth-to-3 programs, the federal Administration for Children and Families (ACF) specifically warns “while primary care physicians are often referral agents for [Birth-to-Three]... limited contact with healthcare professionals... is a problem for many children in the child welfare system;” and “child welfare professionals are not always trained to identify developmental needs of children in foster care.”⁹ In short, Connecticut’s current system for referring abused and neglected children to Birth-to-3 relies on parties who often have limited contact with the children (health care providers), or little experience identifying developmental delays (DCF workers), making it likely that many signs of developmental delay will go unnoticed.

The referral data for Connecticut illustrate the problem. Although research shows that a significant fraction of children age 0-3 who become involved with DCF are likely to suffer

⁴ See, Child Welfare Information Gateway, *Addressing the Needs of Young Children in Child Welfare: Part C – Early Intervention Services*, May, 2007. Available at <https://www.childwelfare.gov/pubs/partc/>.

⁵ The stated intention of IDEA Part C is to address the urgent and substantial need “to minimize “infants’ and toddlers’ potential for developmental delay, and to... to reduce the education costs to our society... by minimizing the need for special education... after infants and toddlers with disabilities reach school age.” See, Title 1 – Amendments to the Individuals with Disabilities Education Act, C, Section 631, available at <http://idea.ed.gov/explore/view/p/%2Croot%2Cstatute%2CI%2CC%2C631%2C>.

⁶ See, Child Welfare Information Gateway, *Addressing the Needs of Young Children in Child Welfare: Part C – Early Intervention Services*, May, 2007. Available at <https://www.childwelfare.gov/pubs/partc/>.

⁷ See, Child Abuse Protection and Treatment Act, Sec. 106, available at <http://www.acf.hhs.gov/sites/default/files/cb/capta2003.pdf>, page 32.

⁸ See, DCF Policy Manual, 34-14-1, available at <http://www.ct.gov/dcf/cwp/view.asp?a=2639&Q=394062>.

⁹ See, Child Welfare Information Gateway, *Addressing the Needs of Young Children in Child Welfare: Part C – Early Intervention Services*, May, 2007. Available at <https://www.childwelfare.gov/pubs/partc/>.

serious developmental delays and would benefit from Birth-to-3, only about 10% of Connecticut's abused and neglected children now are referred to Birth-to-Three each year, and of these only about half receive services.¹⁰ This is a far lower rate than what would be expected based on the prevalence of developmental delays in the population of abused and neglected children and provides good evidence that many of our state's abused and neglected infants and toddlers are not receiving the early intervention services they require to help support their developmental needs.

For these reasons, Connecticut Voices supports automatically referring children younger than 36 months for whom there is substantiated abuse or neglect to Birth-to-3. Automatic referral has already proven extremely effective in Massachusetts, where 64% of evaluated children were found to have developmental delays that rendered them eligible for services.¹¹ In Connecticut, automatic referral will ensure that Connecticut's abused and neglected youth do not "slip through the cracks," and can receive the developmentally-appropriate services they require.

Connecticut Voices for Children opposes SB 653's proposed ban on placing children in the custody of DCF out of state.

While it is generally good practice to avoid placing children in foster care out of state, DCF has made major strides in reducing out-of-state placements. Between January 2011 and September 2012, DCF reduced the number of children in out-of-state placements from 364 to 105, a reduction of -74%.¹² However, there are numerous instances in which out of state placement can be in the best interest of a child. For example, it is sometimes medically necessary to place children out of state, to receive services that cannot be offered in Connecticut. Furthermore, for children who live close to the state border, out of state placements may actually allow children to remain closer to their families and communities. Finally, when birth parents or kin live in another state, an out of state placement is often necessary to facilitate adoption or reunification.¹³ For these reasons, while reducing out-of-state placements is commendable and generally a best practice, an outright ban would make serving some children more difficult and expensive, and could result in the needs of some children going unmet. Any restriction on out of state placements should *at least* include a provision allowing the Commissioner of DCF to grant exceptions for cases in which the placement is either medically necessary or in the best interest of the child.

¹⁰ See, testimony submitted by Alexandra Dufresne, Center for Children's Advocacy, 2/14/2012.

¹¹ See, John A. Lippitt, "Building Linkages for Early Childhood Mental Health," March 2005. Available at <http://www.justbeginning.org/article/135>.

¹² Document distributed to Continuum of Care Partnership Oct. 2012. Not available online, for a copy, please contact Kenny Feder at kfeder@ctvoices.org.

¹³ For a list of common reasons for out-of-state placement, see "Interstate Compact on the Placement of Children – ICPC." Available at <http://www.ct.gov/dcf/cwp/view.asp?a=2561&q=317036>
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