

STATE OF CONNECTICUT  
OFFICE OF THE CHILD ADVOCATE  
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Testimony of the Office of the Child Advocate Regarding Study of  
Department of Children and Families Services to Prepare  
Youth Aging Out of State Care  
Program Review and Investigations Committee  
October 3, 2013

Submitted by Sarah Eagan, J.D., Acting Child Advocate, State of Connecticut

Distinguished members of the Committee:

The mandate of the Office of the Child Advocate (OCA) includes evaluating the delivery of state funded services to children and advocating for policies and practices that promote their well-being and protect their special rights.

We greatly appreciate the dedicated and comprehensive efforts that the Department of Children and Families brings to its work with youth who have been victims of abuse or neglect. One of DCF's greatest assets in working with adolescents is the great number of social workers and supervisors who bring indefatigable patience and compassion to the young people that they work with. Social workers are often role models for vulnerable teenagers who may not have a guardian who cares for or loves them on a daily basis. We know how invested DCF is in ensuring that children leave agency care prepared to live independently, enjoy healthy relationships and become productive members of the community.

To that end, DCF recognizes that working with adolescents is a social work specialty and youth are often assigned an adolescent-department social worker to assist the youth with case planning, permanency and discharge. DCF provides opportunities for many adolescents to stay in care past age 18 so long as the youth is engaged in a work-training or education program. We all recognize the heightened vulnerability of abused and neglected children who remain in the child welfare system into adolescence and who do not find permanency. Too many of our youth lack a committed and supportive adult to provide the daily teaching, discipline and nurture that is so vital to guide them into adulthood.

There is no magic that happens when a child turns 18. And for children who have suffered abuse or neglect, and perhaps multiple placements outside their family of origin, they may lack secure relationships and supports to help transition them successfully to school, or an apartment, or a good-paying job or even positive relationships with romantic and other emotional partners. Ultimately, this is work for parents and guardians, and for children who lack that, we have a lot to do.

Accordingly, the following are recommendations to further strengthen our efforts to support abused and neglected youth and assist them with finding Success Beyond Age 18.

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**I. ASSIST MORE YOUTH WITH STAYING CONNECTED TO AGENCY SUPPORT SERVICES PAST AGE 18**

Historically, our state has laudably served certain youth through age 21 *even without federal IVE reimbursement* if the youth continued to be enrolled in an academic or vocational program.

Through the federal Fostering Connections to Success Act (PL 110-351, eff. 2008), federal law was amended to offer state child welfare agencies additional Title IV-E reimbursement for serving youth age 18 to 21. Connecticut DCF rightly proposed and is implementing measures to seek this federal reimbursement for post-majority youth that DCF currently serves. However, the state is not currently *maximizing* the opportunities available under the Fostering Connections Act.

The Federal Fostering Connections to Success Act and its support for extension of support services through age 21 was a response to national research regarding outcomes for youth who “age out” of foster care at 18. These youth, who have spent their adolescent years and often much of their life in the care and custody of the state, are less likely than the general population to complete high school, are more likely to become homeless, incarcerated or pregnant at an early age.<sup>2</sup> The Fostering Connections reforms were based on an increasing body of evidence demonstrating that strategic investments in supporting and educating these young people who would otherwise “age out” of foster care are essential to the success of our adolescents and their communities.<sup>3</sup>

Fostering Connections permits state child welfare agencies to draw down federal dollars to serve committed youth through age 21 so long as the youth is:

- a) enrolled in college,
- b) enrolled in a vocational program,
- c) working at least 80 hours per month,
- d) enrolled in a program that removes barriers to employment, or
- e) incapable of doing any of these things because of a medical condition.

In the wake of this federal law change, states around the country are revising their child welfare agency state plans to take advantage of this new funding stream and extend foster care to age 21. Connecticut is now also seeking federal reimbursement for those youth the state has historically opted to serve.

**DCF is not yet seeking federal reimbursement for serving the additional categories of youth permitted by federal law:**

- Youth who are working 80 hours per month, or
- Youth who because of a mental, physical or behavioral health condition are unable to meet other Fostering Connections criteria.

Right now, these youth will either “age out” of DCF and transition to an adult services agency such as DMHAS, may seek entitlement support from DSS, or youth will simply exit to no agency support services.

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<sup>2</sup> Powerpoint Presentation delivered by Mark Courtney at Success Beyond 18, December 6<sup>th</sup>, 2012

<sup>3</sup> [Extending Foster Care to Age 21](http://www.chapinhall.org/sites/default/files/publications/Issue%20Brief%2006_23_09.pdf). Clark M. Peters, Amy Dworsky, Mark E. Courtney, Harold Pollack  
[http://www.chapinhall.org/sites/default/files/publications/Issue Brief%2006\\_23\\_09.pdf](http://www.chapinhall.org/sites/default/files/publications/Issue%20Brief%2006_23_09.pdf)

These latter categories of youth are often the most vulnerable children we serve and may be the *least prepared* to "age out" of foster care at 18. The Federal government permits CT to continue to provide essential services to these youth, including housing support, educational support and independent living skills, while drawing down federal dollars to offset costs. We recognize that other state agencies outside of DCF have an important role to play in helping at-risk youth transition to successful adulthood. However, these multi or inter-agency supports may be able to be provided through agreement with the child welfare agency in such a way as to maximize federal IVE funding.

## **II. ENSURE CASE PLANNING IS SPECIFIC AND RESPONSIVE TO THE NEEDS OF THE ADOLESCENT POPULATION AND CREATED THROUGH A TEAM MODEL**

DCF is working to broadly incorporate child and family teaming into its work with various cohorts of abused and neglected children and their families.

Teaming, when used as a case planning or problem solving tool, is an effective practice for ensuring that all stakeholders in a child protection case, including the youth, are engaged in the case planning, safety building and risk reduction. Accordingly we recommend the following:

- 1. We recommend that DCF ensure that all adolescents committed to its care have the benefit of adolescent-specific teaming to ensure holistic and responsive case planning for older youth.**

Historically case planning for adolescents has been done either informally, through ad hoc meetings, or through the administrative case review process. It is imperative that a well-facilitated team meeting be held for all committed youth with every effort made to ensure the participation of the youth, any necessary family members or emotional support resources, educational advocates, legal advocates, mental health clinicians, social workers, and any other necessary stakeholder.

- 2. We recommend that every effort should be made to ensure the active participation of adolescents in the case planning process. These efforts may include:**
  - a. The creation and use of a youth-friendly or youth-designed case planning toolkit that youth can review and fill out prior to team meetings. This tool-kit can be adopted from examples used around the country or revised and individualized in consultation with the DCF Youth Advisory Boards.**
  - b. Youth should have access to case planning tools, topics or tool-kit prior to the team meeting, should have assistance from a social worker or other trusted support in understanding the topics that will or can be addressed, and in understanding how to provide feedback about the case plan.**
  - c. Case plan team meetings should be held, whenever possible, at a time that facilitates the youth's physical participation, and these meetings should be held at a facility if a youth resides in congregate care.**
- 3. We recommend that adolescent case planning include annual use of life skills assessments, beginning at age 14 and continuing until the youth's discharge.**
- 4. We recommend that case planning tools should be adapted for adolescents with specialized needs, such as youth who are parents and youth with disabilities or special health care needs.**

### III. MEETING OLDER YOUTH'S EDUCATIONAL NEEDS

Many older youth in DCF care may lack a caregiver who is skilled and able to be responsible for ensuring that the youth's educational needs are ably met. We know that the history of abuse, neglect, trauma and placement mobility that many of our older youth have experienced place them at great risk for educational failure. Too many youth ultimately leave care with little education or skills to obtain competitive employment and sustain a successful independent life. DCF is currently working to implement the recently passed "Raise the Grade" legislation, which asks the agency to track and report on the academic progress of children in its care. DCF also has educational specialists and consultants on staff who are talented and dedicated to improving educational outcomes for children in DCF care. These specialists cannot currently meet the demand to review educational needs of children in care and ensure needs are met.

To strengthen these efforts, we recommend the following:

1. **Development and implementation of an adolescent-specific educational checklist that can be reviewed every six months during adolescent team meetings (SEE RECOMMENDATION II).** These checklists can be developed using DCF's own educational specialists and can serve as an important tool to help case planners understand and ensure the specialized educational needs of adolescents are being met. The checklist may be specific to age of youth and can be implemented starting at age 14.
2. **Continue to strengthen communication between DCF and the State Department of Education Surrogate Parent Program to ensure that adolescents with special learning needs are readily identified and that each adolescent has an appropriate educational transition plan designed to build academic, community and functional daily living skills.** Surrogate parents can ensure regular communication with DCF regarding the academic and transition plan needs of youth.
3. **School districts can be asked to report in their Strategic School Profiles the number of DCF-committed youth they are serving with and without specialized needs, the academic progress of these youth, and the percentage that have success plans and individual transition plans.**
4. **Permanency Plans submitted to the juvenile court on behalf of youth, as well as administrative case plans, (see C.G.S. 46b-129 and 17a-15) should thoroughly document the youth's academic progress, life skills knowledge and plan for post-secondary employment or education.**
5. **DCF must have adequate resources to increase the number of educational specialists to review children's educational needs and ensure appropriate programs are in place.** This personnel investment is a critical step towards increasing achievement levels of abused and neglected children, reducing reliance on expensive support services later in adolescence or young adulthood, and increasing functional daily living skills of special needs youth. **The costs to DCF of engineering around youth's skills deficit and educational failure are much, much higher than the cost to the state of providing prevention supports and expertise.**

#### **IV. INCREASE PERMANENCY OPTIONS FOR OLDER YOUTH AND ACCESS TO DEVELOPMENTALLY APPROPRIATE HOUSING**

Over 600 children in DCF have a permanency plan of APPLA (Federally non-preferred "Another Permanent Planned Living Arrangement"), which means that there is no approved plan for reunification, adoption or transfer of guardianship.<sup>4</sup> Additionally, many older youth still reside in congregate (group or institutional) care throughout their adolescence, lacking a consistent connection to a nurturing, supportive adult.

DCF has had remarkable success reducing use of congregate care for children under the age of 12, and very marked success ensuring children six and under are cared for in families.

DCF is currently taking a multi-pronged approach, including child and family teaming as well as fiscal investments in community-based services, to transition as many youth as possible to community and family-based care. These efforts are meeting preliminary success and have been embraced by all levels of personnel within the agency. The recent Juan F. Court Monitor's Report, dated October 2013, indicates that the number of youth ages 13 to 17 in congregate care has declined from 624 to 477 between May, 2012 and August, 2013. However, all acknowledge that there is still much work to be done.

All of our youth need access to developmentally appropriate housing which can provide the freedom to practice skills of evolving independence while simultaneously providing adequate support and guidance to assist with good decision-making and ensure youth's well-being needs are met.

Currently, DCF and other agencies that serve young adults such as DDS and DMHAS offer a variety of supported living arrangements in the community. DCF offers gender-specific transition apartments, independent living-oriented group homes and a community apartment program. However, there are still too few opportunities for older youth to have developmentally appropriate transitional independent living opportunities and too few family care options. Few of our children are truly ready to live "on their own" at age 18 and many do not want to.

Additionally,

We recommend the following:

1. Continued targeted recruitment for families who can either foster *or mentor* older youth;
2. Interagency efforts with DMHAS and DDS to expand the number of family-based placements, supported independent living arrangements that youth have access to while either in DCF care or after "aging out" of DCF care.
3. Extend foster care to age 21 to the full extent described in federal law and permit the state to draw down additional Title IV-E dollars to support quasi-independent living opportunities for older youth (SEE RECOMMENDATION I).

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<sup>4</sup> Data obtained from *Juan F. v. Malloy* Exit Plan Quarterly Report, October 2013

4. **Ensure permanency-focused team meetings are convened by DCF for all youth who do not have an identified permanency resource, regardless of the formal permanency label a youth may have.**

In other words, some youth clearly do not have a permanency resource in that they are identified as having APPLA (Federal definition: "Another permanent planned living arrangement"). Other youth are identified as having a preferred permanency plan such as adoption but do not actually have an identified adoptive resource. At the six month case planning meetings, youth who do not have an identified permanency resource and a realistic permanency plan should have the benefit of a child-specific permanency review and team meeting.

5. **DCF must be provided adequate funding to reinstitute a Life Long Family Ties Program to complement its permanency efforts.**
6. **DCF must be provided adequate funding to support its work to "right size" congregate care and transition children to the community, an up-front resource investment of savings realized from decreased use of institutional care and that will improve outcomes and reduces costs over time. Additional resources are required to ensure mental health and permanency needs of children are met.**
7. **DCF must have resource to invest in personnel and ensure appropriate case load expectations for social workers who provide critical case management and support for adolescents with complex needs. All of DCF's child protective services cases are complex and social workers must have the support they need to be there for the children they are working for. If we want social workers to ably coordinate and participate in case planning, school-meetings, visits with family members, and the myriad other logistical and court-based activities that take up social workers' time, they must have realistic case loads that reflect the complexity of their work.**

**V. ENSURE SPECIFIC CASE PLANNING PROCESSES FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS AND/OR DEVELOPMENTAL DISABILITIES.**

DCF has an array of resources it uses to support the specialized health care and developmental needs of abused and neglected children in its care. It retains a lead pediatrician who actively oversees the care plans for very at-risk children. DCF employs nurses in offices around the state to identify medically complex children and review their health care needs. DCF continues to invest in a community-based service system that hopefully will be responsive to the varying needs of children on the developmental spectrum.

Abused and neglected children with special health care needs or developmental disabilities are uniquely vulnerable. These children have highly specialized educational and service needs and will greatly benefit from placement or connection with a permanency resource who can nurture them, become knowledgeable about their needs, and advocate for them.

**Accordingly we recommend the following:**

1. Use of targeted recruitment strategies to assist developmentally complex or medically complex with achieving permanency or life-long support ties, even if a plan of adoption or transfer of guardianship cannot be realized.
2. Endeavor to educate prospective foster families, mentors and kin resources about how they can be a life-long support to a child with special needs, even if the child does not come to live with the adult full time.
3. Develop a quality assurance procedure to ensure that the educational needs of children with special needs are being met by school districts or facility programs. Case plans should document the child's progress with academic and related services, and DCF educational specialists should review children's educational needs and services and/or work with the state-appointed educational surrogate for the child to ensure needs are met. (See Recommendation about funding for DCF educational specialists.)
4. Develop a specific case planning tool that can assist team decision-makers in ensuring specialized needs of children are met for special education, related services, permanency, guardianship, conservatorship, benefits, life-long emotional ties, and advocacy!
5. The Department of Developmental Services should provide case managers to eligible children in DCF care to assist with case planning and transition to adult services, beginning at least at age 17.

#### VI. STRENGTHEN DISCHARGE PROTOCOLS

Federal law currently requires that every youth in care be provided comprehensive discharge planning support at least 90 days prior to a planned discharge. Additionally, many youth exit care at or after age 18 either due to the youth's frustration and desire to leave DCF or due to the youth's failure to meet agency expectations necessary to maintain the youth's eligibility for ongoing services.

We recommend the following:

1. Development of a discharge tool that can be modified from the youth-specific adolescent case planning tool (see Recommendation II) that will ensure stakeholders assisting the youth with discharge planning address all necessary well-being domains prior to the youth's separation from care.
2. Any youth discharging from care must have a plan to ensure appropriate housing and connection to adults in the community. See example: NY Regulation 430.12(f)(3)(i)(c).
3. Any youth who wants to leave care against DCF advice or who is being asked to exit care pursuant to a DCF "termination of benefits" notice should be provided an opportunity for a facilitated mediation to review the benefits of maintaining a connection with DCF and develop a workable service plan. DCF leadership should review the circumstances of any youth who is being provided a "termination of benefits" notice. Exiting care without case goals having been met greatly increases the youth's risk of homelessness and related social and economic challenges.

4. **The Public Defender's Office should have authority to provide counsel to a youth who is being involuntarily terminated from DCF services.** As a corollary, whenever a youth is provided a "termination of benefits" notice, copy of the notice should be given to the Public Defender's Office so that this office might offer assistance to the youth to mediate and resolve a dispute over benefits with DCF.

We strongly support permitting DCF to maintain necessary funding to keep children with families and obtain necessary services to support healthy development.

Thank you very much for your time and attention to these important issues.

Respectfully submitted:

A handwritten signature in cursive script that reads "Sarah Eagan, JD". The signature is written in black ink and is positioned above the typed name.

Sarah Eagan, JD