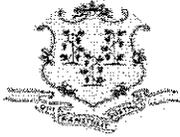


STATE OF CONNECTICUT  
OFFICE OF THE CHILD ADVOCATE  
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Sarah Healy Eagan  
Child Advocate

Testimony of Sarah Eagan, Child Advocate, State of Connecticut  
In Support of Raised Bills 321, 842, and 5658

February 17, 2015

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

The Office of the Child Advocate appreciates the opportunity to offer this testimony today in support of Senate Bills 321 and 842, and House Bill 5658.

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 children's well-being and safety.

**SENATE BILL 321: AN ACT CONCERNING INFANT TODDLER EDUCATION AND DEVELOPMENT**

**OCA supports Senate Bill 321 seeking to strengthen families and improve outcomes for our most vulnerable citizens: infants and toddlers.**

A critical and exciting opportunity exists for the state to innovate and strengthen its wellness system for infants, toddlers and their families. Within the last year the Office of the Child Advocate has publicly reported on its examination of infant/toddler preventable deaths in CT with recommendations to strengthen the state's safety net for our youngest and most vulnerable. Among steps the state can take:

1. Evaluate need and bring appropriately to scale evidence-based and promising practice home-based programs to support families, improve developmental outcomes, and improve parental functioning. CT currently has an array of such programs but access and availability are very limited. (These programs include, but are not limited to, Child First, Family Based Recovery, Nurturing Families Network, Triple P Positive Parenting Program, Circle of Security, Parents as Teachers, Nurse-Family Partnership, and Home-Based Early Head Start.)
2. Ensure that home and community-based services match families' needs. Not all home visiting programs are evidence-based for the same populations. Some families need educational support, some need crisis stabilization, and others need intensive, clinical, trauma-informed interventions, substance-abuse treatment, or treatment for maternal depression.

3. Ensure that **all** maltreated infants and toddlers that come to the attention of DCF have access to parent-child treatment supports.
4. Ensure that pediatric offices are connected to early childhood/early intervention systems of care.

**Note: Home-visiting or home-based treatment programs begin at about \$11 per day, significantly less than the cost of future treatment and state child welfare intervention.**

5. Examine funding streams, both state and federal, to determine where clinical and preventative parent-child supports fit into the state's Medicaid, private insurance, and employer-sponsored healthcare plans.
6. Support and facilitate strong partnership between the Office of Early Childhood, DCF, and other state-agency partners working with the birth to three population.
7. Explore restructuring (with enhanced reimbursement) of the pediatric primary care health supervision schedule for the birth to three population to allow for increased frequency of contact between children and parents and their pediatricians thereby expanding critical opportunities for assessment and anticipatory guidance.
8. Ensure that pediatric primary care providers have the resources to facilitate screening so that every child is appropriately matched to specialty providers and community health improvement programs. Screening should address (but not be limited to) infant mental health, early childhood development, and caregiver depression.
9. Ensure that pediatric offices have access to affordable/reimbursable care coordination not just for children with significant, complex, or chronic disease, but for families and children otherwise identified as vulnerable to support a holistic and multidisciplinary approach to children's health and well-being.

**HOUSE BILL 5658 AN ACT CONCERNING EDUCATIONAL SURROGATES, THE JUVENILE JUSTICE SYSTEM AND CHILDREN REQUIRING SPECIAL EDUCATION; SENATE BILL 842, AN ACT CONCERNING FOSTER CHILDREN AND THE DESIGNATION OF SURROGATE PARENTS.**

**OCA strongly supports providing educational advocacy for children in the juvenile justice system who often have unmet educational and support needs. Addressing these needs will support better developmental outcomes for these children, reduce the likelihood of future delinquency, and further close the achievement gap.**

Educational surrogates are individuals with knowledge, expertise or training to identify and advocate for the educational rights of children in state care or custody. Currently, children for whom DCF is the legal guardian have the right to an educational surrogate if they are eligible for or *may be eligible for* special education services.

Under current law, children who are committed to state custody for juvenile delinquency reasons do not have access to the support of an educational surrogate, despite the fact that this group is exceptionally vulnerable to academic failure and despite the documented unmet educational needs of juvenile justice-involved children.

Research nationwide tells us that children in state juvenile justice custody frequently have trauma histories, other critical unmet mental health needs, and significant unmet educational needs. In Connecticut, over half of the children at Connecticut Juvenile Training School have been identified with special education needs.

**Educational surrogates meet with their assigned children to better understand what the child may need in school. The surrogate will review children's records and offer critical expertise in recommending and advocating for assessments and educational supports that can mean the difference between academic success and failure.**

Parents often depend greatly on this independent expertise to help them understand how best to ensure their children's needs for educational supports are met. With parental consent, surrogates can offer an invaluable tool to close the achievement gap for some of our most vulnerable and invisible children.

**Estimated aggregate cost for providing this valuable support to juvenile justice youth: \$124,000.**

- **Costs associated with expulsion and juvenile court delinquency involvement?**

Research shows that incarcerating youth rather than focusing on promoting their educational opportunities is a greater cost to society. Incarceration of youth makes them less likely to graduate and become productive members of society.<sup>1</sup>

- **Benefits of ensuring a youth completes high school?**

The average costs to society whenever a court-involved young person lapses into a lifetime of serious and chronic criminality as an adult are estimated at \$3.8 million, including wages lost, taxes unpaid, victim costs, and criminal justice system expenditures.<sup>2</sup>

Thank you for the opportunity to submit this testimony.

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<sup>1</sup> Justice Policy Institute, *The Costs of Confinement, Why Good Juvenile Justice Policies Make Good Fiscal Sense*, May 2009 pp 10-14. [http://www.justicepolicy.org/uploads/justicepolicy/documents/0905\\_rep\\_costsofconfinement\\_ii\\_ps.pdf](http://www.justicepolicy.org/uploads/justicepolicy/documents/0905_rep_costsofconfinement_ii_ps.pdf)

<sup>2</sup> Richard Mendel, Justice Policy Institute, "Juvenile Justice Reform in Connecticut", pg. 28, citing Mark A. Cohen and Alex R. Piquero, "New Evidence on the Monetary Value of Saving a High Risk Youth", *Journal of Quantitative Criminology*, vol 25, 2009.

