

STATE OF CONNECTICUT
OFFICE OF THE CHILD ADVOCATE
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**TESTIMONY THE OFFICE OF THE CHILD ADVOCATE REGARDING RAISED
BILLS 10 and 75
February 16, 2016**

Good morning, Representative Urban, Senator Bartolomeo, Senator Martin, Representative Kokoruda, and distinguished members of the committee. This testimony is submitted by Attorney Sarah Egan, the Child Advocate for the State of Connecticut. Thank you for the opportunity to offer testimony regarding the committee's raised bills.

The primary statutory obligations of the Office of the Child Advocate (OCA) include evaluation and reporting regarding the efficacy of publicly-funded child-serving systems throughout the state. OCA also responds to daily calls for help regarding children with specialized needs. OCA meets regularly with lawmakers, policy-makers and other stakeholders to review and advocate for policies and practices that will promote children's well-being and safety.

Senate Bill 10: AN ACT INCREASING ACCESS TO CHILDCARE FOR CHILDREN WHO ARE HOMELESS

The OCA supports the provision of Senate Bill 10 which will ensure greater access to child care for homeless children. In 2014, the US Department of Housing and Urban Development (HUD) found that there are over 194,000 homeless children and youth nationwide.¹ Research has shown that homelessness puts children at increased risk of health problems, developmental delays, academic underachievement and mental health problems. Supporting the well-being of these children and their families is an urgent task and one that is critical to improving the long-term developmental and educational outcomes of children in Connecticut.

One of the significant barriers that homeless families face is access to child care. Child care not only provides the parents the opportunity to find work, it fosters stability for homeless children in circumstances where the family faces complex challenges in other areas. Current law permits parents a 30-day timeframe within which parents must present immunization and medical records to day care providers *after* they have enrolled their child in day care. However, lack of access to preventative care and routine health screenings, and an

¹ National Healthcare for the Homeless Council. Retrieved from
<https://www.nhchc.org/resources/clinical/tools-and-support/children-youth/>

inability to navigate the healthcare system, often prevents homeless families from presenting the required medical documentation before the 30-day deadline.

Given the unique challenges facing homeless youth, the Child Advocate strongly agrees with the provisions of S.B. 10 that permit homeless youth a 90-day waiver to submit required immunization and medical documentation in order to attend day care.

Raised Bill 75: AN ACT CONCERNING DETAINED YOUTH

The OCA supports this bill which seeks to ensure a therapeutic and rehabilitative environment for all youth confined in state custody. OCA agrees with the requirement that youth-serving facilities maintain a data-driven framework for ensuring quality service delivery. This office also supports the proposal to have OCA report every two years regarding conditions of confinement for youth in facilities operated by the state. Such requirement is consistent with OCA's existing statutory obligation regarding the following activities:

“Evaluate the delivery of services to children by state agencies... review periodically the procedures established by any state agency providing services to children... periodically review the facilities and procedures of any and all institutions or residences, public or private, where a juvenile has been placed by any agency or department.” Conn. Gen. Stat. 46a-131.

Within available staffing and appropriations, the OCA regularly monitors the delivery of services to children in state custody. For the convenience and review of this Committee, the OCA's activities related to such review during the past 2 years include:

- Site visits and facility reviews, including juvenile detention facilities, CJTS/Pueblo, Manson Youth Institute (MYI), York Correctional Institution (YCI);
- Interviews with staff and/or youth across youth-serving agencies;
- Meetings with facility or agency leadership at CSSD, DCF, and DOC about conditions, policies and practices;
- Child-specific advocacy for youth served by CSSD, DCF and the DOC;
- Evaluation of outcome measures regarding conditions of confinement in facilities run by CSSD, DCF and the DOC.

During the past two years, OCA has reported publicly and participated in public taskforces looking at conditions for confined youth across state systems.²

² January 15, 2015 OCA presented to the Juvenile Justice Policy and Oversight Committee regarding conditions of confinement and recommendations for youth confined in facilities run by the CSSD, DOC and DCF.

February 5, 2015, OCA testified before the Committee on Children regarding conditions of confinement for youth in the juvenile justice system, discussing the need for Performance-Based Standards and an independent youth ombudsman.

February 27, 2015, OCA testified before the Appropriations committee regarding conditions of confinement for certain youth in the juvenile justice system, expressing concerns about the competent operations of CJTS and Pueblo and suicidality amongst confined youth.

December 3, 2015, OCA testified before the Committee on Children regarding DCF's CJTS Action Plan and next steps to improve outcomes for confined youth.

January, 2016, OCA is a regular participant in the working groups of the JJPOC and is currently contributing to the development of recommendations to improve conditions and outcomes of incarceration for youth confined at MYI—see recommendations of the

Recent OCA Investigation and Report Supports Need for Transparency and Accountability for Confined Youth.

Concurrent to OCA's ongoing oversight responsibilities, OCA also undertook an extensive investigation after receiving complaints from more than a half-dozen state-employed whistleblowers regarding certain conditions at the Connecticut Juvenile Training School and the girls' Pueblo unit between 2013 and 2015. Concerns focused on poor management, poor handling of emergencies, lack of adequate suicide prevention, and inappropriate incidents of restraint and seclusion. Multiple complainants described conditions as unsafe for youth and staff. OCA's facility investigation confirmed the use of inappropriate restraints and seclusion and an alarming frequency of suicidal behavior. OCA made numerous recommendations to ensure that facility policies be revised to conform to best practices.³

Raised Bill 75 proposes a data-driven approach to performance across state agencies, emphasizes a treatment-driven mission for confined youth, and requires a framework for ongoing transparency and accountability related to conditions and outcomes of confinement. OCA supports these recommendations.

It is important that all state-run (and state-contracted or state-funded) facilities for youth have the ability to report reliable information regarding conditions of confinement, including the use of force, isolation and the frequency of suicidal behavior. Additionally and equally important, facilities must be ready to report treatment and rehabilitative gains for youth in confinement and outcomes for youth discharged to the community.

Reducing restraint and seclusion for confined youth

Current state law prohibits the use of seclusion and restraint in most youth-serving programs and facilities unless the youth presents an imminent risk of harm to self or others. It is undisputed that a reliance on restraint and seclusion are inconsistent with a therapeutic and rehabilitative approach to serving youth, and that such interventions are more likely to increase problem behavior than to prevent it.

The current proposal seeks to ensure a consistent approach across state agencies that serve youth in confinement and will limit the use of restraint and seclusion to emergency circumstances.

Thank you for the opportunity to submit this testimony.

Sincerely,

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JJPOC, Jan. 2016, found on the web:

https://www.cga.ct.gov/app/taskforce.asp?TF=20141215_Juvenile%20Justice%20Policy%20and%20Oversight%20Committee

³ OCA's investigation activities along with associated findings and recommendations were published in July, 2015, with addenda regarding suicidality and video footage, along with an errata sheet posted in September, 2015.

<http://www.ct.gov/oca/site/default.asp>.

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