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TESTIMONY OF SARAH EAGAN, CHILD ADVOCATE FOR THE STATE OF CONNECTICUT, REGARDING THE BUDGET FOR THE DEPARTMENT OF CHILDREN AND FAMILIES
February 11, 2016

Good afternoon, Representative Walker, Senator Bye, Senator Kane, Representative Ziobron, and distinguished members of the committee. This testimony is submitted by the Office of the Child Advocate for the State of Connecticut regarding the budget appropriated for Department of Children and Families.

The Office of the Child Advocate responds to citizens' calls for help regarding children, often children with disabilities or those who have been victims of abuse or neglect. OCA reports regarding unexplained and unexpected child fatalities, reviews child-serving systems and consults with stakeholders to develop recommendations for change.

The Office of the Child Advocate recognizes and appreciates the support of the Governor and this Legislature for its collective efforts to maintain the safety net for our most vulnerable children and families during these extremely difficult fiscal times. With regard to DCF's proposed budget, the Office of the Child Advocate would like to highlight the following:

Critical Gaps Persist in the Continuum of Mental Health and other Community-Based Services for Children and Families.

Over the last four years, DCF has significantly decreased the state's use of congregate care (group homes and residential facilities) for children and youth with significant mental health needs and children involved with the child welfare system. All children need close connection with consistent, nurturing caregivers and should reside in the least restrictive environments and the effort to "right-size" congregate care is an important initiative for this state.

But Connecticut still has significant gaps in access to critically needed support services that directly impact the safety and well-being of children.

The DCF Federal Court Monitor recently found that children and families' needs were met at a rate of 44 and 57% percent during the second and third quarters of 2015.

Specifically, the Juan F. federal court monitor found, as recently as January, 2016, numerous "unmet needs" for children and families being served by DCF, including the following needs:

- Substance abuse treatment services;
- Domestic violence interventions;
- Community-based and in-home mental health services;
- Emergency mobile services.

The court monitor strongly asserted that at the current levels of funding "service provision is not uniform or sufficient … proper assessments do not occur consistently" and "critical services" remain underfunded.[1]

Notably, these are the same services the court monitor identified *well over a year ago* were deficient for children.

The state's comprehensive blueprint for reforming the children's mental health system, submitted by DCF in October 2014, cannot be realized without continued strategic funding for community mental health services.

Moreover, the state will not be able to fully right-size the use of institutional care or plan for the closure of CJTS and Pueblo without an adequate continuum of community supports for youth and families.

Services for Our Most Vulnerable Children: Infants and Toddlers

It will be essential for DCF, and its partners across state agencies, to ensure adequate services for high-risk families with infants and toddlers, particularly those who are documented victims of abuse and neglect. Critical services are two-generational, home and community-based, clinically informed services that can work with higher risk caregivers and their children.

Such services are critically needed to help prevent and respond to child maltreatment. In 2014, there were 36 infant and toddler deaths reported to the Office of the Chief Medical Examiner and OCA that were attributed to intentional and unintentional injuries. 21 of these deaths were classified as Undetermined (often associated with unsafe sleep practices and an impaired parent); 8 deaths were classified as homicides and 7 were accidents.

The majority of these children lived in families that had documented histories of maltreatment concerns by an entrusted caregiver, consistent with findings around the country that a history of

[1] Juan F. v. Malloy Exit Plan, Status Report, April 1, 2-15—September 30, 2015, pp. 4-5.

maltreatment concerns is a significant risk indicator for future injury or death of an infant or toddler from intentional or accidental means.[2]

The state currently lacks capacity to ensure that all high-risk families with very young children receive the supports that they need. According to the DCF Children's Behavioral Health Plan ensuring services for families that have very young children is a priority, and the "state's service capacity to offer preventative interventions is inadequate, with long waitlists for some evidence-based interventions."[3]

Investment in a continuum of home visitation services, with special attention to clinical, trauma-informed two-generational programs, will be critical to support better outcomes for high need infants and reduce preventable child deaths. DCF is currently developing a framework for working specifically with infants and toddlers who are suspected or documented victims of abuse and neglect, and it will need adequate resources to do this work.

Support for Front-line Case Workers and Supervisors

DCF caseworkers manage and respond to risk and safety concerns for our most vulnerable children. The work is taxing, urgent and complex. And it cannot be done well without adequate caseloads for both frontline workers and supervisors that correspond to the complexity of the work.

The federal court monitor has repeatedly warned the federal court (and the public) that DCF is struggling with perpetual staffing problems in this fiscal climate and that too often front line workers have excessive caseloads and workload demands. Specifically, the Monitor cautioned last month that any improvements DCF is making are "undermined by insufficient staffing" which persist to this day, with many workers just under or even *exceeding* maximum caseloads.

Children who are victims of abuse and neglect cannot be adequately protected and supported without attention to DCF staffing needs. We cannot ask these workers to be responsible for children's life and limb and not given them the time and tools to do this most vital job.

Differential Response System

Beginning in March 2012, DCF began operating a promising two-track framework for responding to accepted reports of abuse and neglect. This framework is referred to as a Differential Response System, and permits DCF to assign families to either a lower risk or higher risk track and divert lower risk families away from traditional Child Protective Services, connecting some of them with a contracted community-based provider. DRS is used throughout the country and modified by individual states.

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[2] Studies in the Journal of Child Maltreatment (2011) and the Journal of Pediatrics (2014) found that a history of child maltreatment concerns is a significant predictor of Sudden Unexplained Infan t death and death from injury in children under age 5.
Putnam-Hornstein, et al. (June 2011), "Report of Maltreatment as a Risk Factor for Injury Death: A Prospective Birth Cohort Study," Journal of Child Maltreatment, 16, 3 (pp. 163-174).
Putman-Hornstein, Schneidman, J., et al (Jan. 2014), "A Prospective Study of Sudden Unexpected Infant Death after Reported Maltreatment," Journal of Pediatrics Vol. 164, 1 (pp. 142-148).

[3] Connecticut Children's Behavioral Health Plan, at 34.

During a 3 year review period between 2012 and 2015, a rising number of accepted reports at the DCF Careline were assigned to the lower risk track for a Family Assessment Response (FAR). Today almost 40% of all accepted reports of abuse and neglect of a child are assigned to the FAR track, with approximately 15% of families referred to a DCF-contracted Community Partner Agency.

Overall, approximately 30 percent of families assigned to the FAR track during a 3 year review period were re-reported to DCF for new concerns of abuse or neglect. Families that had more chronic DCF history were the most likely to be re-reported after being served through FAR

It is imperative that the Differential Response System is adequately funded to ensure support and treatment for families on the FAR track, who often present with complex needs and behavioral health concerns. Families assigned to the FAR track are not all "low risk." Thousands of assigned families were assessed by DCF as having elevated risk factors, and more than 10,000 families assigned to FAR during the review period had prior DCF history. To ensure the safety of children and increase caregiver functioning, DCF may have to *enhance funding* for this program—it *cannot sustain cuts*. Families on the FAR track must have access to qualified clinical staff. The DCF-contracted Community Partner Agencies must be able to complete ongoing risk and safety screening and ensure that caregivers receive comprehensive, assessment-driven and clinically-informed interventions. DCF must also reconsider the policy of closing all cases once referred to the Community Partner Agency. Adequate support and oversight for FAR is essential to maintaining the safety of children. Any cuts for this framework would be extremely concerning.

Thank you for your time and attention.

Sincerely,
Sarah Healy Eagan, JD, Child Advocate, State of Connecticut