



**STATE OF CONNECTICUT
DEPARTMENT OF CHILDREN AND FAMILIES**

**Public Hearing Testimony
Committee on Children
February 23, 2016**



**S.B. No. 180 - AN ACT CONCERNING PERMANENCY HEARINGS, YOUTH ADVISORY COUNCILS
AND FOSTER FAMILIES.**

The Department of Children and Families **offers the following comments** regarding S.B. No. 180, An Act Concerning Permanency Hearings, Youth Advisory Councils and Foster Families.

This bill enables children twelve years of age and older who are under the custody of the Department of Children and Families to have a more prominent voice during permanency hearings. It also requires youth advisory councils at certain child care facilities and finally, it requires the department to provide foster care family profiles to foster children and to solicit feedback from certain foster children to better recruit, train and retain high-quality foster parents.

The Department **believes this proposal is unnecessary** because current statutes already mandate that youth be notified of their right to attend their permanency hearing and ensures they receive notice of their hearing. Section 46b-129(k)(1)(A) of the General Statutes, as amended by Public Act 15-199, as well as Practice Book section 35a -14(c) already mandate that the court give the child, parent, guardian or intervenor notice at least fourteen days prior to the hearing.

In addition, this bill would have a **significant fiscal impact** for the Department if there are mandates imposed around transporting children age twelve and older to attend their permanency hearings. In addition, this would require collaboration with the Judicial Branch and juvenile contract attorneys, who represent these youth in their permanency hearings, to ensure that all youth are engaged in their permanency planning and related court hearings, while ensuring their participation is in their best interest.

The Department's permanency policies and practices, including the use of teaming, does reflect DCF's commitment to engaging youth in their permanency planning and empowering their voice throughout the process. For these reasons, the Department would recommend as an alternative to amending this statute, that DCF work with the Judicial Branch and other stakeholders to ensure compliance with existing statutory requirements.



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S.B. No. 181 - AN ACT CONCERNING ACCESS TO RECORDS OF THE DEPARTMENT OF CHILDREN AND FAMILIES.

The Department of Children and Families **opposes** S.B. No. 181, An Act Concerning Access to Records of Department of Children and Families.

This bill would allow any person access to DCF records when the records pertain to a child receiving services from the department and the parent, guardian, foster parent or prospective adoptive parent with whom such child lives or is placed is convicted of certain crimes.

The Department recognizes the need for accountability but we would caution the Committee to ensure that there are appropriate protections for the privacy rights of families. In recent years, the Department has worked with the General Assembly to expand the sharing of necessary information with a number of entities. Currently, section 17a-28 provides access to DCF records to: the Office of the Child Advocate, which has full access to the records and authority to investigate DCF's actions; parents, who also have full access; and, police and prosecutors, who can have access to the records if a criminal case is about the abuse or neglect of a child. The statute also identifies the circumstances through which appropriate legislative committees or the Governor's office can get access to DCF records.



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S.B. No. 182 - AN ACT CONCERNING THE IDENTIFICATION OF CONNECTICUT'S CHILD PLACEMENT NEEDS.

The Department of Children and Families offers the following comments regarding S.B. No. 182, An Act Concerning the Identification of Connecticut's Child Placement Needs.

This bill would require DCF submit an annual report to the Committee on Children, regarding information on all children residing or placed in out-of-state facilities. The report is to include, but need not be limited to (1) demographic information on each such child, (2) clinical presentations of each such child, (3) needs assessments for each such child, (4) the placement location for each such child, and (5) the reasons for the out-of-state placement including any treatment, educational or other needs for each such child that cannot be met in the state.

We have no objection to providing this information to the Committee on Children, as we first provided this data for CY 2014 to the Committee last year. Below is updated data for CY 2015.

1. OVERVIEW:

Department of Children and Families (DCF/Department) data as of February 18, 2016, indicates that there are currently ten (10) DCF-involved children in an out-of-state Residential Treatment Center (RTC). This represents a 98% reduction in the number of DCF-involved out-of-state RTC placements since 2011.

2. DEMOGRAPHIC INFORMATION:

The gender, race/ethnicity, and age breakdowns of these children are as follows:

Gender	Count
Female	1
Male	9
Grand Total	10

Race/Ethnicity	Count
HISPANIC	2
ASIAN	2
BLACK/AFRICAN AMERICAN	3
MULTI-RACE	1
WHITE	2
Grand Total	10

Age	Count
10	1
11	1
12	1
15	1
16	2
17	1
18	1
19	1
20	1
Grand Total	10

3. CLINICAL PRESENTATIONS

The ten youth in out-of-state treatment programs have an average length of stay of approximately 4.5 years. They present with a combination of psychiatric, developmental and medical issues.

- Three (3) of the ten youth are placed in treatment programs near family resources.
- Five (5) present with problem sexual behaviors, as well as other mental health and behavioral issues)
- Four (4) of the youth are either on the Autism Spectrum and/or have cognitive delays
- Four (4) have significant medical issues (medically complex), in addition to other significant mental health and behavioral issues
- Four (4) of the youth are described as highly impulsive
- Three (3) of the youth are described as highly aggressive
- One (1) is non-verbal
- Other mental health diagnoses include: Schizoaffective and bi-polar disorders

4. NEED ASSESSMENT and OVERSIGHT

The Department conducts an Administrative Case Review (ACR) for all children in care, including those who are placed out of state. These federally required reviews occur every 6 months, or more frequently if necessary. The intent of the ACR is to determine:

- the physical and psychological safety of the child;
- the extent of compliance with the case plan;
- the extent of progress that has been made toward alleviating or mitigating the causes necessitating DCF involvement;
- the appropriateness of the treatment setting;
- length of stay;
- the treatment and monitoring of any trauma associated with maltreatment and removal from home; and
- the projected likely date by which the child may be returned to and safely maintained in the home or placed for adoption or legal guardianship.

The ACR process includes a case record review and team meeting that includes the youth, family, providers, the youth and families' attorneys. ACR reviews and meetings are conducted by Social Work Supervisors within the Office of Administrative Case Review (OACR).

In addition to the ACR, Beacon Health Options (formerly Value Options), the Administrative Services Organization, conducts telephonic out-of-state placement reviews every 90 days to determine whether the existing level of care authorization is still appropriate. The review information gathered includes: diagnoses, current risk to self and others, current impairments, treatment plan and progress, discharge planning, medications, and clinical criteria for continued stay.

Further, pursuant to Section 17a - 151aa of the General Statutes, the Department is required to visit each youth placed out-of-state ". . . no less frequently than every two months in order to assess the well-being of the child . . ."

5. TREATMENT LOCATIONS:

All the youth except for one is placed within the greater New England area with the majority being placed in Massachusetts and Rhode Island. The specific locations and number of children in these treatment settings are noted below:

Providers	Location	Count
Evergreen, Inc.	Milford, MA	1
Harmony Hill*	Chepachet, RI	1
Hillcrest Autism Spectrum Disorder	Lenox, MA	2
Hillcrest Highpoint	Lenox, MA	1
JRI Berkshire Meadow	Housatonic, MA	2
JRI Meadowridge / Walden	Concord, MA	1
Laurel Ridge Treatment Center*	San Antonio, TX	1
Spurwink – Casco*	Casco, ME	1
Grand Total		10

* All three youth are placed near family resources.

6. PLACEMENT CONSIDERATIONS and PLACEMENT EFFORTS:

Treatment setting decisions are made to support the clinical needs and best interest of the youth. As noted above, three of the youth are in out-of-state treatment settings near their families. Five youth (50%) are in these settings due to significant problem sexual behaviors co-occurring with other behavioral problems or cognitive challenges. Connecticut based treatment settings are always considered before out of state treatment is sought. However, at times highly specialized treatment must be secured out of state.

Some of the youth who are out-of-state are planned to be transitioned to service through Connecticut's Department of Development Service or Department of Mental Health and Addiction Services. The Department has ongoing partnerships with our sister agencies to support planful and timely transitions of these youth and young adults into their service systems.

More detailed information about the clinical presentations, reasons for out-of-state treatment and ongoing efforts to identify in-state treatment resources can be provided by the department as needed.

8. IN-STATE RESOURCE DEVELOPMENT

The Department's overarching goal is to meet the treatment needs of all children without the need to send them out of state. To meet this goal select in-state residential treatment programs are ongoing partners in the discussions around how to create appropriate programming to ensure that Connecticut's

children are served in-state and bring back the children who are currently placed out of state. Further, as section 4 above notes, continuous efforts are made to assess and identify resource options within Connecticut to keep youth in state and close to families.

Over the past several years the Department has worked with Connecticut RTC providers in order to expand the array of options for youth who historically were served out-of-state. Some of the specialized congregate care programming added or being added to in-state treatment services includes:

Connecticut Provider	Population Served
Adelbrook	males and females with intellectual and developmental challenges
Boys and Girls Village	males with problem sexual behavior
Klingberg - Webster House	males and females with medical and mental health needs
CHR's Woodbridge House	females with behavioral and psychiatric complexities and who present with highly aggressive behaviors
JRI – Susan Wayne Center for Excellence	males and females with intellectual and developmental disabilities
DOMUS House	high need JJ involved adolescent males



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S.B. No. 183 - AN ACT CONCERNING THE PROGRAM OF FAMILY ASSESSMENT RESPONSE.

The Department of Children and Families **supports** S.B. No. 183, An Act Concerning the Program of Family Assessment Response.

This bill requires DCF to submit an annual report on the program of family assessment response to the Committee on Children for inclusion in the Children's Report Card.

The report is to include data from the previous twelve months, including, but not limited to:

- the number of reports of child abuse or neglect, and the percentage of the total of such reports, referred for standard child protective services that were thereafter referred for family assessment and services;
- the number of families referred for family assessment and services;
- an identification, by type, of the reporter of the child abuse or neglect that resulted in the family being referred for family assessment and services;
- the number of instances, and the percentage of the total of such instances, in which a family that has been referred for family assessment and services is thereafter referred for standard child protective services;
- an analysis of the outcome of each report that was referred for family assessment and services;
- an analysis of the department's prior or subsequent involvement with a family that has been referred for family assessment and services, if applicable;
- a description of services that are commonly provided to families receiving family assessment and services from community providers;
- an analysis of the department's staff development and training practices relating to the program of family assessment response;
- the number of families, and the percentage of the total of such families, referred to the program of family assessment response that ultimately participate in the services provided pursuant to such program; and
- the number of families, and the percentage of the total of such families, referred to the program of family assessment response that ultimately complete their participation in the services provided pursuant to such program

The requirements of this legislation are similar to the evaluation data that the Department receives from the Performance Improvement Center at the UConn School of Social Work.

The Department would appreciate the opportunity work with the Committee to clarify the language associated with a couple of the provisions of this legislation. For example, the

legislation should reflect that Family Assessment Response is a “track” of the Differential Response Program, not a program itself. We would also appreciate enhanced clarity regarding the provision of subparagraph (E) as it relates to the meaning of “outcome.” Currently, we gather data on disposition. Finally, if the intention is to capture data on a fiscal year basis, we would suggest changing the “July 1” annual reporting date to “September 1.”



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S.B. No. 184 - AN ACT CONCERNING CHILDREN IN NEED OF SPECIAL SERVICES.

The Department of Children and Families **supports** S.B. No. 184, An Act Concerning Children in Need of Special Services.

This bill changes the statutory definition of “uncared for” to address circumstances whereby a child or youth is beyond a parent’s ability to care for due to physical, mental or emotional needs. Parents frequently object to a legal commitment of “uncared for” due to the connotation that they are not adequately caring for their child when it is due to some circumstances beyond the parent’s control.



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**S.B. No. 185 - AN ACT CONCERNING REPORTING REQUIREMENTS AND MINOR AND
TECHNICAL REVISIONS TO THE GENERAL STATUTES AFFECTING THE DEPARTMENT OF
CHILDREN AND FAMILIES.**

The Department of Children and Families **supports** S.B. No. 185, An Act Concerning Reporting Requirements and Minor and Technical Revisions to the General Statutes Affecting the Department of Children and Families.

This proposal makes a number of technical and minor changes to various DCF statutes. Most of the changes relate to amending various statutes for the purpose of gender neutrality. Other sections update various statutory reporting requirements to reflect the Committee on Children's role as the committee of cognizance over DCF.

Finally, our colleagues in Probate Court administration have suggested two additional technical changes:

- On line 661, change "Court of Probate" to "Probate Court"
- On line 735, change "court of probate" to "Probate Court"



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S.B. No. 186 - AN ACT CONCERNING CHILD PROTECTIVE SERVICES WORKERS.

The Department of Children and Families **supports** S.B. No. 186, An Act Concerning Child Protective Services Workers.

This bill would establish a criminal offense of threatening a child protective services worker. We recognize that singling out one series of job classifications in state service for specific criminal penalties is somewhat unusual, but events in Connecticut and throughout the country have forced us to examine the extraordinary challenges that our child protective service workers face on a daily basis.

Last fall, as a result of recent direct and indirect threats, as well as assaults of some of our staff, Commissioner Katz directed a review of our existing practices and protocol around workplace violence and threat assessments. DCF operations are unique in that we have some locations and functions that are 24-hour, while other functions extend beyond our four-walls into communities across our state.

We have collaborated on this issue with our peers from other East Coast states. The senseless death of Lara Sobel, a Vermont DCF social worker was the impetus for this critical assessment of our collective processes. Using our own assessment, along with suggestions raised by this group, Connecticut DCF is poised to enhance our responsiveness to staff related to incidences impacting the safety of our staff while executing the work of the Department.

We would note that other states (Michigan, Illinois and Massachusetts) have enacted legislation addressing worker safety.

“As we collectively grieve the untimely death of Lara Sobel, we acknowledge the struggles and sacrifices that our child welfare professionals must make as they do the difficult, meaningful work of engaging with families and protecting children. We share a deep appreciation for the courage and tenacity required to keep children safe and strengthen families. It is our hope that in this time of bereavement, we will use our collective sorrow to bolster efforts to advance worker safety and the range of resources needed to effectively support the child welfare workforce.”

The National Child Welfare Workforce Institute 2015



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S.B. No. 187 - AN ACT CONCERNING TRANSFERS OF GUARDIANSHIP.

The Department of Children and Families **supports** S.B. No. 187, An Act Concerning Transfers of Guardianship.

This proposal: (1) permits transfer of subsidy in cases where the guardian is being removed and another guardian is going to be appointed. As the guidelines do not cover a transfer of subsidy to another relative other than (death, illness, incapacitation), it would be in the best interest to have the subsidy given to the new care giver; and (2) permits a permanent transfer of guardianship to fictive kin. The changes in sections 1 and 2 are necessary to clarify the eligibility of subsidized guardianships for DCF-licensed foster parents. Section 17a-126 was (as amended by Public Act 15-199, § 10) appears to allow subsidized guardianships for relatives and fictive kin and foster care providers approved by a licensed child placing agency only.



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**PROPOSED H.B. No. 5135 - AN ACT CONCERNING THE CLOSURE OF THE CONNECTICUT
JUVENILE TRAINING SCHOOL AND THE PUEBLO UNIT FOR GIRLS.**

The Department of Children and Families **opposes** Proposed H.B. No. 5140, An Act Concerning the Closure of the Connecticut Juvenile Training School and the Pueblo Unit for Girls. This proposed bill would require the closure of the Connecticut Juvenile Training School (CJTS) and the Pueblo Unit for girls not later than January 1, 2017.

DCF believes that a potential closure date of January 1, 2017 is unrealistic and we are actively engaged in a process that will develop recommendations for changes in the juvenile justice system that would be required to close or modify the Connecticut Juvenile Training School by July 1, 2018, a goal set by Governor Dannel P. Malloy. DCF will work in conjunction with members of Juvenile Justice Policy and Oversight Committee (JJPOC) to develop these recommendations for the Governor.

The plan should provide for the best interests of the youth currently at CJTS or who in the future would be served there if the age of youth in the juvenile justice system is raised once again. The plan will be informed by national best practices, as well as an analysis of the population of youth currently served by CJTS and the youth who will be impacted by future age-related statutory changes. The Department will present options for closure, including the development of new services and the re-purposing of existing programs to meet the needs of the population.

The plan's development will be led by Deputy Commissioner Fernando Muñiz, who prior to coming to the agency in 2005 was the Executive Director of the Connecticut Juvenile Justice Alliance. The plan will propose alternatives to CJTS, including secure and non-secure congregate settings and community-based alternatives to incarceration.

Members of the JJPOC will serve in an advisory role in the development of the plan to close CJTS.

One of the first tasks will be analyzing data from the Judicial Branch and the Department to estimate the future needs of the youth currently served at CJTS as well as those youth who will be affected by future age-related statutory changes.

A diverse group of national experts and state stakeholders will be consulted in the preparation of the plan. In addition to external input, the Department also will seek input from CJTS staff and juvenile justice social workers in the DCF area offices.

The plan will include recommendations for alternatives to incarceration for youth whose offense history and risk level do not warrant a secure setting. Finally, congregate care alternatives to CJTS also will be presented, including, but not limited to, building new, smaller secure regional treatment centers and re-purposing surplus state property.

All stakeholders are welcome to submit their recommendations on the closure and on what services are needed in communities to serve this population of youth by sending an e-mail to CJTSPan@ct.gov.

Framework for the Plan to Close CJTS

Summary

The Department of Children and Families will develop recommendations for the implementation of any changes in the juvenile justice system that would be required in order to close or modify the Connecticut Juvenile Training School by July 1, 2018 in a manner that accounts for the best interests of the youth currently or in the future would otherwise be served by such school. The plan will be informed by national best practices, as well as an analysis of the population of youth currently served by CJTS and the youth who will be impacted by future age related statutory changes. JJPOC will serve in an advisory and oversight role during the planning process. We will present options for closure, including the development of new services and the re-purposing of existing programs to meet the needs of the population.

Key Activities

1. Analyze data to estimate the future needs of the youth currently served at CJTS as well as those youth who will be impacted by future age related statutory changes.
2. Solicit input from content experts and key stakeholders.
3. Propose alternatives to CJTS, including secure and non-secure congregate settings and community-based alternatives to incarceration.

Plan Development Process:

Phase I: Developing the foundation

1. Existing data from the Judicial Branch and DCF will be analyzed to estimate the future needs of the population, including the projected need for secure confinement.
2. We will consult with national experts on juvenile justice and juvenile corrections, including the Annie E. Casey Foundation, Georgetown University Center for Juvenile Justice Reform and the Council of Juvenile Correctional Administrators.

Phase II: Stakeholder Input

1. We will solicit input from external stakeholders, including the Local Interagency Service Teams (LISTs), DCF advisory councils and parent advocacy groups.
2. We will work collectively with members of the JJPOC to solicit input and obtain advice for the purposes of developing a plan

3. We will consult with other agencies in the juvenile justice system, including the Court Support Services Division, the Department of Correction and the Police Chiefs Association.
4. In addition to external input, we will also seek the input of CJTS staff and juvenile justice social workers in the DCF area office

Phase III: Plan Development

1. The plan will include recommendations for alternatives to incarceration for youth whose offense history and risk level do not warrant a secure setting.
2. Congregate care alternatives to CJTS will also be presented, including but not limited to:
 - a. Building new, smaller secure regional treatment centers;
 - b. Re-purposing surplus state property.

