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October 10, 2023

Dear respected Co-Chairs of the Children's Committee: Representative Linehan and Senator Maher
Representative Dauphinais and Senator Seminara:

My name is Margaret A. Hann, I am the Executive Director of the Bridge Family Center. I appreciate the opportunity to submit to you my written testimony regarding the informational hearing being held on October 11, 2023. While I would like to be there in person, due to pending litigation and at the advice of our legal counsel, I will not be in attendance.

It is my understanding that the purpose of this informational hearing is in response to the recent incidents at the Harwinton STAR program and to determine next steps to address the immediate needs of children in DCF care.

Before I address the specific incidents in Harwinton recently brought forward, I feel that it is important that you understand the history and services the Bridge offers to some of our most vulnerable children who come to us as victims of serious abuse and neglect, through no fault of their own.

The Bridge Family Center was founded in 1969 in response to the needs of young people in the community of West Hartford. In 1978, we opened Junction 1019 a shelter for boys and girls in crisis in West Hartford. Since then, we have opened three additional Short Term Assessment Respite (STAR) homes (Harwinton, Wolcott, Hartford) and a cluster site apartment program for young men. We currently have 37 residential beds, 34 of which are contracted to serve young people in DCF care. The Bridge also has four licensed Outpatient Psychiatric Clinics for Children, a Family Resource Center, a Teen Center, and the Mosaic Parenting Center. We are also the Town of West Hartford's Youth Service Bureau. The Bridge is accredited by the Council on Accreditation (COA). Last year, the Bridge served over 9,000 people in our many programs.

The Bridge has over 150 employees. Prior to assuming their duties, all Bridge staff must undergo criminal, Children's Protective Services, and DMV background checks. Employees must pass a drug test and physical. Education is also verified. Training includes at least 32 hours or more of on shift training with experienced staff. Additional training includes Therapeutic Crisis Intervention (TCI), Red Cross First Aid and CPR, Narcan, DCF mandated reporter training, Risking Connection (our trauma informed model), medication certification and many more in-service professional development opportunities focusing on the youth we serve. Individual and group supervision is also provided.

We live by and operate every day by our tag line: "Every Family, Every Child, Every Time" - a commitment and a responsibility that we take very seriously. The Bridge has a reputation of serving youth that are routinely turned away by other providers. The youth in our care are victims of unspeakable traumatic events. They have had numerous failed placements including foster care, hospitalizations, residential treatment centers, detention and more. The Bridge is highly regarded by the Department of Children and Families. Our partnership dates to 1978 when we opened our West Hartford shelter for young people.

The Harwinton STAR program opened its doors in 2008. To date, over 350 girls have been served in the Harwinton STAR. Girls in our care come to us because their parents are unable to care for them. Most STAR residents come to us from foster care and are discharged back to foster care. In fact, according to our records, 41% of the girls in the Harwinton STAR program last fiscal year had more than 11 previous foster care placements. Average length of stay in FY 2023 in the Harwinton program was 60 days with range of 1 to 221 days. Some girls are victims of Domestic Minor Sex Trafficking, (DMST). Last year at the Harwinton STAR program, 29% of the young girls were involved in DMST and continued to participate in that behavior while they

were placed with us. The Bridge strongly discourages participation in DMST through a variety of treatment interventions. When possible, we also work closely with law enforcement to share license plate and car descriptions so they can investigate those individuals involved. It is also important to mention here that DMST experts highly recommend that victims have use of a cell phone so that they can contact the program, law enforcement or other resources should they find themselves in danger. In this case, safety far outweighs the risks of the youth having a phone.

STAR programs are not locked facilities. Staff cannot physically restrain a resident from leaving the program. We do everything possible to dissuade a resident from leaving using our verbal intervention training and skills. If a girl leaves, we follow her. If she starts to run away, we do not give chase due to safety issues. Local law enforcement, DCF, on call supervisor and other involved parties are called when a girl leaves the program without permission. Girls are given age and treatment appropriate curfews.

The Bridge policy on calling the police lists specific reasons for calling the police or 911. These include incidents that pose an immediate threat to the safety of the residents and staff that are nonresponsive to staff interventions, or a medical emergency. Despite what you may have heard, police or ambulance personnel are not used as a first recourse to manage day to day behavioral issues with residents. Staff use de-escalation techniques to calm tense situations as a first response. At no time has the Bridge, or to our knowledge DCF, instructed staff not to call the police except for the reasons noted above.

We do everything in our power to work in collaboration with members of our community. The Bridge has an advisory council in our residential programs. Harwinton is no exception. This council has been in place since 2008. Our goal is to meet quarterly with a focus on the interface with the program and our neighbors. Participants include Bridge managers, DCF representatives, the Town First Selectman, law enforcement, neighbors, the faith community etc.

Unfortunately, during some of these meetings as recently as last summer, Harwinton Town Leaders made several concerning statements. A town leader touted that Harwinton has the largest percentage of gun owners per capita in the state and that our girls need to be mindful of that fact if they are on a neighbor's property. During this same meeting, the girls we serve were referred to as "prostitutes" by town representatives. I mention this meeting as an example of the tone that has been frequently taken by Harwinton town leaders. Recently, a Harwinton volunteer ambulance worker told the media that the Harwinton STAR was under a State Police investigation and accused the Bridge of being involved in human trafficking. After confirming with the State Police that we were not being investigated, we then had to ask several news stations to issue a retraction.

We have never denied that the incidents which have occurred at the Harwinton STAR program recently are serious in nature. As Executive Director, my priority was to address these issues immediately which we did. Expedient steps were taken including; suspension/termination of the involved employee, notification to DCF and Bridge management staff. The Bridge fully cooperated with law enforcement and DCF during any investigations. Involved residents were counseled by our on-site staff clinicians.

In the spring, in response to an increase in serious incidents in Harwinton, we restructured our program. This included terminating several employees that proved to be a poor fit for the program, contracting with an outside organization who offers intensive on-site observation and training geared towards the behavioral management of the youth in our care. We are also adding an additional full time staff position to the second shift on all our STAR programs. On June 6, 2023, we asked DCF to reduce our bed capacity while we work through this transition – the granted this request. On July 27, 2023, the Bridge was notified that our intake was closed as of May 31, 2023 and we had been placed on a Corrective Action Plan (CAP). To be clear, the Bridge had already initiated the steps to improve our program performance prior to being issued a CAP. The Bridge continues to work in collaboration with DCF to strengthen the services we provide.

The needs of youth served in Bridge programs, as well as other nonprofit organizations serving similar populations, have become more acute over the past few years. Remember, the Harwinton STAR has been open since 2008 and in the last fiscal year incidents have shown a significant increase. Occupancy also increased by 53% during that same time frame. These increases are not unique to the Bridge or the Harwinton program. The increased acuity of the youth we serve along with a statewide work force crisis post pandemic have created a perfect storm for nonprofits. Attracting and maintaining qualified staff is challenging not only for the population we serve, but for all of us as we struggle to offer competitive wages in our profession.

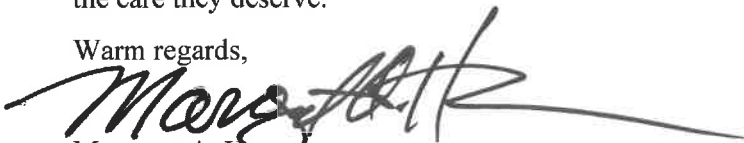
The overarching question remains; “Where do we go from here?” The Bridge offers the following suggestions:

- DCF, in collaboration with its community partners, providers and legislatures, takes the lead in inviting candid conversations about the gaps in care for the youth we serve including those who are court involved. STAR programs are only a part of that conversation. Providers must have a meaningful seat at the table as part of this process. This by no means negates the efforts made by the current DCF administration in provider engagement - just that it needs to continue on an even greater level.
- The march toward the reduction of congregate care beds over the past 12 plus years needs to be evaluated for effectiveness. The number of DCF youth in congregate care has been reduced by nearly 25%. While this is an impressive number, metrics that indicate the success of the youth diverted from congregate care placements needs a closer look. What happens to young people ages 11 to 18 that are not appropriate for foster care or foster care continually fails them?
- The STAR model must be re-evaluated based on the acuity of the youth we serve. The scope of services was written for a population that has changed dramatically. Providers need to be an active partner in this discussion.
- Nonprofits must be a priority in the State budget. Providers in Connecticut are continually being asked to serve very complicated youth. We do so without hesitation because that is our commitment to our missions. If you could see what we see on a daily basis, you would be amazed at what our staff accomplish with so little. Over the past few years, resources have worn thin. The work force shortage in Connecticut has left us all struggling to hire and retain qualified staff. COLA increases have been sporadic and not kept up with inflation. Providers consistently go beyond the COLA adjustment to keep pace with the likes of Target and Amazon. For example, the FY 2024 COLA increase for DCF contracts was 2.55% - the Bridge paid its DCF contracted staff an 8% average increase. There are fewer placement options for youth that need a higher level of care due to a profound reduction of congregate care beds. More complicated youth translate into increased police calls, assaults, AWOLs and longer lengths of stay. Staff turnover escalates as do workers compensation claims and insurance costs. Professional development costs increase as providers struggle to offer needed support to our direct care staff. As previously mentioned, the Bridge has recently engaged the support of a contractor to offer enhanced training focused on behavioral management of the youth we serve. We have also added an additional full time staff member to the afternoon shifts for all of our STAR programs.
- As I mentioned earlier, due to pending litigation, my comments are filtered. From my perspective, it is tremendously frustrating to sit back and let others spread false accusations and misinformation. I do not debate the serious nature of the recent events at our program. Frankly, they could happen to any provider in Connecticut due to the nature of the work we do and all of us take any such event very seriously. Community based congregate care programs are frequently the target of municipalities that are burdened with an increased demand on their emergency services due to the acuity of the youth we serve. The Bridge fully understands that concern. What we do not understand is the need to misrepresent our program on so many levels including accusations of being involved in human trafficking and that State Police are investigating, which they are not. The Bridge took immediate and corrective measures to address each incident including but not limited to suspending and eventually terminating involved staff, filing required DCF reports, cooperating fully with both DCF and law enforcement. We never ignore any allegation or significant incident. The Bridge also initiated several programmatic enhancements that go well beyond DCF recommendations. The truly unfortunate side here is that none of those actions, despite our efforts, were ever mentioned by the media. Providers are continually being asked to do more with less. When negative media campaigns are legitimized, it has a chilling effect on the work we do as well as our ability to bear the fiscal and human capital costs associated with it.

In closing, the Bridge remains committed to serving Connecticut’s most vulnerable children. I hope you have found this testimony informative and helpful.

Thank you for the opportunity to offer my perspective from the front lines of providing these young people with the care they deserve.

Warm regards,



Margaret A. Hamm
Executive Director