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HB6336

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**JOINT
STANDING
COMMITTEE
HEARINGS**

**SELECT
COMMITTEE
ON CHILDREN
PART 2
308 - 621**

2011

THE HON. PAUL J. KNIERIM: Thank you.

REP. URBAN: And next on our list to testify will be Commissioner Katz, DCF. Welcome, Commissioner.

SENATOR MUSTO: Hi, Commissioner. Did you submit, did your Department submit written testimony?

COMMISSIONER JOETTE KATZ: (Inaudible).

SENATOR MUSTO: A little late? Okay. And thank you so much for waiting. As you know, things get a little crazy around here, so I did want to hear what you have to say and I was stuck in another meeting, so I do appreciate the Courtesy. Please go on.

A VOICE: Commissioner, could you just put on your microphone, please, so we can hear you? Thank you.

COMMISSIONER JOETTE KATZ: Thank you. Good morning, Senator Musto, Representative Urban, Representative Wood and members of the Select Committee on Children. I am Joette Katz, Commissioner of the Department of Children and Families and am pleased to appear before you today to provide testimony on several bills.

First, I'd like to thank the Committee for raising two bills in particular, House Bill 6352 and Senate Bill 980 that are on today's public hearing agenda.

The first bill, which is House Bill 6352 entitled AN ACT CONCERNING THE MEMBERSHIP OF THE ADVISORY COUNCIL ON CHILDREN AND FAMILIES AND MODIFICATIONS TO STATUTES CONCERNING THE DEPARTMENT OF CHILDREN AND FAMILIES.

The first section of the bill modifies the composition of the State Advisory Council on

HB 6336
HB 6340
SB 320
SB 322
SB 323

Are you working or looking at trying to estimate what the amount of money would be required from the state to be able to meet that goal?

COMMISSIONER JOETTE KATZ: I don't intend to ask for any more money.

REP. BETTS: Well, okay. Great. Thanks.

COMMISSIONER JOETTE KATZ: That's my story and I'm sticking to it.

REP. BETTS: Thank you.

SENATOR MUSTO: Thank you. Any other questions from members of the Committee? Anything else you want to say before you go?

COMMISSIONER JOETTE KATZ: Thank you so much for the attention that you've given me this morning and that you give to our children every day.

SENATOR MUSTO: Thank you. Next up on the agenda is Carolyn Signorelli. And after Miss Signorelli, Counselor, Attorney Signorelli, we'll be moving on to the public list starting with Shari Shapiro from Kids in Crisis in Greenwich. And we'll go back and forth, right, until we're off the list, so welcome.

CAROLYN SIGNORELLI: Good afternoon, Senator Musto, Representative Urban, esteemed Committee members. For the record, my name is Carolyn Signorelli, Chief Child Protection Attorney for the State of Connecticut.

I've submitted written testimony in relation to three bills today, all in support. The first bill, 981 AN ACT CONCERNING THE PLACEMENT OF

HB 6336

HB 6340

SB 323

The funds saved on reducing the use of SAFE Homes should be transitioned to services to provide for children's safety and well being in family settings, whether with their biological family or with a necessary substitute family.

Therefore, I respectfully request that the Committee act favorably on this bill.

The next bill that I've submitted testimony in support of is 6336 AN ACT CONCERNING KINSHIP CARE. I support all three measures contained in this bill --

SENATOR MUSTO: Excuse me, Attorney Signorelli. We seem to have only one piece of written testimony here. It's on 6336. Did you submit three different ones or are we just missing them?

CAROLYN SIGNORELLI: I did. You should have them.

SENATOR MUSTO: I'm going to ask the Clerk to please look for them while you're speaking and then if for some reason we can't find them, if you would just please e-mail them around, whatever.

CAROLYN SIGNORELLI: I'll make sure you get them. Absolutely.

SENATOR MUSTO: Thank you. I just, I'm sorry. I just want to make sure we weren't missing anything while you were talking.

CAROLYN SIGNORELLI: Yeah, I did submit written testimony on all three and they should have them, so I'm not sure what happened there.

In relation to the first measure of 6336, the work group, is important because I believe the issue does need to be studied, understood and

then addressed in a manner that assures the best interest of children.

While it is desirable to facilitate kinship care where appropriate, it is not in the best interest of children to assume placing them back in their family of origin will ensure the safety and well being.

It is important that we establish an inclusive process for understanding the proposed placement's role in the family dynamic, involvement in, or acquiescence to, the root causes of the parents' neglect or abuse of their children, and willingness and ability to meet the needs of the children placed with them. The work group should also consider ways in which our system can better support kinship caregivers.

The new provision in Section 2 removing the requirement that a relative placement have a separate bedroom for the child is simply common sense. We should not keep children out of otherwise appropriate and stable relative care and in stranger care based upon an inflexible standard that does not necessarily impact child well being.

Finally, Section 3's addition of a reporting requirement is necessary to ensure compliance with the recent statutory changes promoting the timely identification and investigation of relative resources.

Without a reporting requirement, DCF is not held accountable for the timeliness of their investigation or for the result. Now, if DCF determines that the relative is not suitable, there's no automatic opportunity for the Court or other parties to examine that decision and its basis.

Therefore, I request that this bill also be acted upon favorably.

The last bill, 6340 AN ACT CONCERNING THE PLACEMENT OF CHILDREN IN OUT-OF-STATE TREATMENT FACILITIES, I support this bill, and not only because of the concerns about placing children far from home and outside of their communities, and reducing the success rates of their reintegration into communities, but also just looking at residential and institutional care in general, whether it be out of state or in state, there's very little evidence to support their efficacy toward the ultimate goals of child welfare to improve the well being and futures of these children.

It makes more sense to transition the funding for those type of placements to better solutions for providing for these children.

This bill is consistent with the current research regarding the efficacy of residential treatment programs as they are currently utilized and principles of results-based accountability.

Bringing children back to Connecticut from out-of-state placements will be an excellent first step toward creating a capacity in the state to more appropriately meet the needs of children typically relegated to institutions because we don't have the creativity or the will to insist on better solutions.

I just wanted to comment on a couple of the other bills that are pending and have been discussed. I just want to make sure I cite the correct one. I believe 320 is the bill concerning having TPR and reunification plans at the same time. Oh, here, 323.

SENATOR MUSTO: Well, thank you very much.

THE HON. CHRISTINE E. KELLER: Thank you.

SENATOR MUSTO: And thank you. You can leave the book there. Maybe Carolyn needs it for something.

CAROLYN SIGNORELLI: I don't know if you had any more questions for me?

SENATOR MUSTO: Not about this one. I think we, I don't. Any other members of the Committee have a question for Attorney Signorelli about this bill?

Going back to the other ones you discussed, the only question I had about your other ones was on 6336, and that concerning kinship care. You said Section 3 added a provision. I'm just going to try to pull it back up, because I had to get it off my computer screen while we were talking about this other one.

It says, oh yeah, that the Commission, the (inaudible) is to investigate and determine. Instead of determine, they will report to the Court not later than 30 days after a preliminary hearing.

Could you just, again, you're much better at this than we are, so take it slow. But can you sort of explain to us how, what the mechanism would be that these things be reported to the Court.

CAROLYN SIGNORELLI: Right. So, for example, the way things are now, because the language says determine, it's turned over to DCF after that first preliminary hearing that Judge Keller described, when a child is removed from

placement. The parties come together, discuss a potential plan for the child and one of the things that is typically discussed is whether there are any relative resources available.

And under our current statutes and recent amendments to promote the use of kinship care, the Department is required to conduct an investigation within 30 days and determine if they're suitable. But then it was just left open-ended so there was no set procedure for requiring the Department to notify the parties of what their determination was and to report to the Court what their determination was.

So sometimes more than 30 days would pass and the matter wouldn't be, you know, come up in Court, or nobody would know exactly what the Department had decided about the particular relative or relatives.

In this way, you're sort of holding the Department's feet to the fire by, they know they're going to have to come back into Court with something, either filing a report or come back in for an in-Court review to inform the judge and all the parties what the results of the investigation were, and whether they think the child can go to that relative or not.

SENATOR MUSTO: And in your experience, is 30 days enough time for that? It sounds like from what Judge Keller was saying, it's kind of tough to get everybody together.

CAROLYN SIGNORELLI: I think it is enough time to investigate the relatives and I'm not, and I think that's the current law right now, that they have to make that determination within 30 days.

It just doesn't have the sort of reporting accountability piece at the end of it to make sure that it's happening and to give, say, a parent who proposed their mother notice that the mother has not been approved, so now we're going to come into Court and say well, if the Department is refusing to place my child with my mother, I'm going to file a motion to try to effectuate that to get a decision from the Court to keep things moving along.

SENATOR MUSTO: Questions from other members of the Committee for Attorney Signorelli on any of the things she discussed? Anything else you want to add.

CAROLYN SIGNORELLI: No.

SENATOR MUSTO: Well, thank you very much.

CAROLYN SIGNORELLI: Thank you.

SENATOR MUSTO: Shari Shapiro was next up. Good morning, Miss Shapiro. Afternoon, Miss Shapiro.

SHARI SHAPIRO: Senator Musto, Representative Urban, Representative Fawcett, distinguished members of the Select Committee on Children, my name is Shari Shapiro and I am the Executive Director of Kids in Crisis. I'm also a member of the Connecticut Association of Nonprofits Children's Council.

I'm here today because I am very concerned about the negative impact that Raised Bill Number 981 will have on Connecticut's most vulnerable citizens, young children.

As the Executive Director of Kids in Crisis for over 30 years, I know firsthand the difference emergency respite care can make in the lives of

JAMEY BELL: Good afternoon, Senator Musto, Representative Urban and other members of the Committee. I'm Jamey Bell for the record, Executive Director of Connecticut Voices for Children.

I'm here testifying in support of three bills, Senate Bill 981, H.B. 6340 and H.B. 6336. I'm representing Connecticut Voices for Children today, which is a research-based public education and policy advocacy organization that works statewide to promote good policies and analysis of policies for children.

But before that, before I came to Voices, I was a legal services lawyer for over 26 years, and for over a dozen of those years, I represented kids in the child protection system, so I bring that perspective to my testimony today as well.

Connecticut Voices for Children strongly supports S.B. 981 and that will be the focus of most of my testimony today because it reflects the widespread consensus among child development experts and advocates that children, especially children under the age of six should be cared for in families, rather than congregate care facilities.

Attached to my testimony is written testimony from four child development experts, clinical psychologists, child psychiatrists and developmental pediatricians over the country that support the notion that congregate care is developmentally inappropriate for young children, even for a few days.

One of the testimonies provides this background. The insecurities that result from lack of a primary caregiver can interfere with a child's ability to adjust to life changes,

One of the researchers on that study is the next person who will testify, so I won't go into that, the results of that research. Joan Kaufman will testify about that.

The third point I want to make about 981 is that not only are congregate care settings developmentally harmful to young children, they are also more expensive than alternative family placements.

Believe me, I'm not ever in a position of trying to advocate for the least expensive model when we're talking about kids, but in this instance, miraculously, both good policy and good care for kids happens to be the least expensive way to go about it as well.

It's also important to note that the bill contains a medical needs exemption that allows young children to be placed in congregate care facilities in the rare case that their behavioral health or other medical needs necessitate such a placement.

I mean, it's not really necessary that that be in there, because if that were the case, then there are a dozen other laws that require that the substitute caregiver, in this instance, DCF, take those steps to provide a safe response to the child's needs.

Oh, the last point is simply that (inaudible) have already done this. Thank you.

REP. URBAN: Thank you for your testimony, Jamie. It's clear that you strongly support 6336 and 6340, so the only area where there's a difference of opinion here is on Senate Bill 981.

would have wanted people to do with a child whom I was going to represent the next day or in two days after the removal or so.

And I, even in the middle of the night, for a baby or a young child, what I would have wanted DCF to do for my clients was call up the, one of the families that I knew in every area where I practiced. I was in Hartford County, but I knew the one family in every town that could always take in the extra kid, that always had room for another baby for just a few days, even, until they found the more permanent placement.

I would have wanted that to happen for my clients rather than them going in a crisis situation when they're emotionally vulnerable particularly at such a young age, to a congregate care setting where they were going to have shift workers.

REP. URBAN: Thank you. Other questions for Jamey? Thank you for your testimony, Jamey.

JAMEY BELL: Thank you.

REP. URBAN: And next up is, I think who Jamey just referred to, Jane Kaufman.

JOAN KAUFMAN: Joan.

REP. URBAN: Joan. Sorry. You're Jane on my list, Joan.

JOAN KAUFMAN: Joan on my list.

REP. URBAN: You're now Joan.

JOAN KAUFMAN: Well, so thank you very much for the opportunity to comment on the testimony. I have provided written testimony on House Bill HB 336 HB 340 SB 981

6336, the kinship care, House Bill 6340, the out-of-state residential treatment bill and House Bill 981, the more controversial congregate care bill.

So again, my name is Joan Kaufman. I'm a clinical psychologist on faculty at Yale University School of Medicine and the Department of Psychiatry and I was the principal investigator on the SAFE Home Evaluation Study that was completed in collaboration with the Department of Children and Families.

So I comment on the other bills if people have any questions, but first I just want to address a number of the questions and concerns that come up around the congregate care.

Question number one is, are they necessary in order to put siblings placed together? At the time that the SAFE Homes was started, they were started incrementally around the state, so we were able to get a very carefully matched group of kids who were in jurisdictions where the SAFE Home programs were not yet up and running and compared them to children where the SAFE Home programs had just gotten started.

Prior to the start of the SAFE Home program, DCF was notoriously bad at getting sibling groups together. With the establishment of the SAFE Home there was a change in policy, so that it became a part of social work practice to keep track and to prioritize the placement of siblings together.

Congregate care or the SAFE Home program was not necessary to have gains in putting sibling groups together, that the jurisdictions for the SAFE Home program was not yet up and running. With a change in policy and practice, they had

listened to my point of view I would like if you would consider my reasons on why I believe that all boys and girls needing this care should return to the State of Connecticut they grew up in.

SENATOR MUSTO: Thank you very much. Can you tell us how old you are now?

DESIREE COTTO: Sixteen.

SENATOR MUSTO: And how long were you in Vermont?

DESIREE COTTO: From when I was fifteen.

SENATOR MUSTO: Fifteen? So for about a year, eight months, ten months. Okay. Any questions from members of the Committee? Yes.

REP. WOOD: Thank you very much for your testimony.

SENATOR MUSTO: Okay, well next up is Glenda Woodward, followed by, Glenda Woodward? She's not here? Is Nora Grais-Clements? And after Miss Grais-Clements is Stephen Karp and Michelle Cunningham.

NORA GRAIS-CLEMENTS: Good afternoon, Senator Musto, Representative Wood and Representative Fawcett, Representative Thompson, my name is Nora Grais-Clements. I'm a law student intern at the Center for Children's Advocacy, and I'm here to testify on House Bill 6336 AN ACT CONCERNING KINSHIP CARE.

As has been mentioned, kinship care in Connecticut is at a rate of only approximately 13 or 14 percent. In comparison to other states, we are far behind the trend. Nationally, 24 percent of children in DCF care are placed with relatives in kinship care.

And our bill gives DCF the tools to increase Connecticut's kinship care such that we're in line with what other states have been doing.

By giving DCF the tools and the accountability to both reach out to families, reinforce culture identity, conference with families and again, report back to the Court with the ways that they intend to meet these goals, we provide the children who are most affected with the opportunity to remain with their families as opposed to going into homes where they don't know the people who are taking care of them, not familiar with their setting and not in any way to disparage foster families who volunteer to take care of children is our position that position do fare better when they're with their family members.

Connecticut also notably is only one of a handful of states that requires full licensure for kinship care families. Other states require criminal records checked, age requirement, home visits and home studies, all of which we think are appropriate, but they do not require a full licensure such as Connecticut does.

And Connecticut also is one of a few states that requires that even preschoolers, this goes to Section 1c, preschoolers aged three cannot share bedrooms with children of the opposite sex, be their cousins or their relatives, children in the family, or even with children of the same sex if there's a disparate age.

Research shows kinship care promotes stability for children. Children show fewer behavioral problems. They show less likelihood that they will try to leave their foster family or run away. They do better at school educationally,

cognitively and are less likely to reenter foster care after reunification.

And lastly, empirical studies show that children who are placed in kinship care report back that they are more likely to feel loved. So I thank you and invite any questions.

SENATOR MUSTO: Questions from members of the Committee? You said you're a legal intern?

NORA GRAIS-CLEMENTS: I'm a law student at the University of Connecticut School of Law.

SENATOR MUSTO: Congratulations. Good school.

NORA GRAIS-CLEMENTS: Thank you.

SENATOR MUSTO: Have you had occasion to, I mean, I don't know quite what you do at the Center for Child Advocacy, but have you have occasion to go to Court on any of these issues or deal with any of the cases regarding children in DCF custody, dealing with their parents, or the kids. Anything like that?

NORA GRAIS-CLEMENTS: I worked on cases where children are both in foster care and in kinship foster care homes, yeah.

I mean, the children who are, who have the opportunity to (inaudible) with their families, from what I've observed and again, I work on a limited number of cases as an intern, do very well. They have likelihood of returning to their family members, their parents. There's a higher (inaudible) of reunification from what I've observed. I don't have the statistics there. It seems that they're happier, generally speaking, not as isolated, not as withdrawn, and more comfortable.

SENATOR MUSTO: Okay. Well, thank you very much for coming down.

NORA GRAIS-CLEMENTS: Thank you.

SENATOR MUSTO: Stephen Karp. Good afternoon.

STEPHEN KARP: Good afternoon. My name is Stephen Karp. I'm Executive Director for the National Association of Social Workers, Connecticut Chapter, and we thank you for this opportunity to testify in favor of Bill 322.

We believe that the hiring of professional social workers clearly will improve the outcomes for children and families that are served by the Department of Children and Families.

We do note there are some changes we'd like. Particularly we'd like to have baccalaureate social workers included.

Social services is a staff intensive function. The quality of the staff will depend largely on the quality of the services.

Since the 1980s there have been studies that have shown that the degree in social work is the preferred and best degree for social work in child welfare, and the studies conclude that quality of assurance ratings and merit examinations where social workers rated higher.

NASW supervisors rated MSWs as being the highest performing in their child welfare system and BSWs the second highest. MSWs and BSWs outperform non-social work degreed social workers when dealing with complex cases.

Another study by NASW national indicated, looking specifically at professional social

Forcing these social workers to get master's degrees and clinical licenses is simply unnecessary. All new DCF social workers currently must go to the DCF training academy for additional training as needed.

Most DCF social workers work long hours, making it a hardship to pick up an additional degree as well as expensive. Also, there would be an expectation that a job that requires more qualifications for higher pay rate for compensation.

I will be happy to answer any questions. Thank you.

SENATOR MUSTO: Thank you. Thank you. Are there questions from members of the Committee? No? Thank you very much.

MARY BETH HILL: Thank you very much.

SENATOR MUSTO: We have Louise Tortora. If you'll just give me one second. No, sit down, please, Louise. Is there anyone other than Miss Tortora who is not signed up who would like to speak? Okay, it looks like you're our last one. Thank you.

LOUISE TORTORA: Good afternoon, members of the Select Committee on Children. Thank you for the opportunity to speak in support of Bill 6336 AN ACT CONCERNING KINSHIP CARE, and also Bill 6340 AN ACT CONCERNING THE PLACEMENT OF CHILDREN IN OUT-OF-STATE TREATMENT FACILITIES.

If the parental stress level is so high the mother voluntarily placed the child out-of-state institution, at the age of 10, the child will spend 14 years living out her childhood

until age 22 in a group home with 9 other special needs children out of state.

Not one relative was considered as a less restrictive alternative. Not minute was spent on researching for an extended family member to become a child caretaker. Every agency in the State of Connecticut from the Governor down could not speak to a relative trying to advocate for a child. I understand it's because of the HPPA laws.

Before sending a child out of state to residential placement, no social worker, psychologist, talked to a relative who was regularly caring for the child. In today's transient society, a mother volunteering to place her child out of state who has 11 of 13 siblings living in the same hometown with 30 first cousins and spouses. All 11 of these people are college educated, employed, without alcohol abuse, drug abuse or criminal records.

These are relatives that are not researched to become involved with a special needs child to help a sister in a second marriage that is unable to cope. This whole picture of a child is lost. This child has regularly cared for by relatives are unheard.

Particularly important for children with special needs, hard core neuro-science from Jack Sherkoff, M.D., Harvard University, spoke at the State of Connecticut on the Governor's Summit on Children.

The focus on relationships nurtures development of connections of circuits to the brain. It is not good enough to accept a label in a diagnosis. Parents need to be taught. The neuro processing of the world comes from

relationships that co-regulate the child with neuro-processing disorders.

The relationships are a safety net for the child to practice developmental skills over and over. Relationships shape us. Every day the world speaks to us in the language of relationships. People we trust can bring forth the best of ourselves. We learn to trust, to give and take and to ultimately empathize, and we learn to label emotions. Words replace behaviors.

This can be, this cannot be taught by rote drills or lessons that must be experienced over time. These lessons must be experienced over time in the company of caring, consistent adults.

A child needs one psychological parent. The best interest of the child should be read, you can have a copy of this, for the definition of a psychological parent, no. Out of state institution can provide a child with the feeling of being valued and wanted, no matter how grand --

REP. URBAN: Excuse me, Louise, but if you could just summarize for us the rest of your testimony, please.

LOUISE TORTORA: No. If you don't want to hear it, that's fine. Thank you.

REP. URBAN: It's not that we don't want to hear it. It's that we put a three-minute limit on everybody that testified, so we're just asking you to sum it up.

LOUISE TORTORA: Children cannot flourish in artificial isolated settings. Development cannot be forced imitated. It must be lived.

Morgan Ann Gertzenbacher, PhD from the University of Wisconsin lectured on many studies of parents' stress level. They found, parental stress level with special needs children is unrelated to the child's functioning level. It's unrelated to the child's language skills. It's unrelated to the child's IQ. It's unrelated to the child's social skills. It's related to, it's predicted that parents' stress level by the acceptance of the disability.

DCF Department needs to seek out relatives willing to care for the child that do not take the child's developmental delays personally. DCF would rather send a child out of state than interview relatives calling the hotline.

I have my doctorate in podiatric medicine, and I have, I'm a licensed registered nurse. My brother is an internist with a master's in public health. We have called the hotline. We were ignored. We wanted to give a polar opposite view of the child's high functioning with his huge extended family. DCF did not respond.

A relative going to the DCF office, the social caseworker turned away.

SENATOR MUSTO: Excuse me, Ma'am. If you could just give us two or three sentences that sort of sum up your testimony would help us finish up. Thank you.

LOUISE TORTORA: Parental step level is reduced when a parent starts believing children do well as they can. They believe that the child, when they start believing that the child has developmental skills that need to be addressed.

This ability to express these needs come from developmental capacities address individual differences in relations of the child and caregivers.

Until we nurture children, they will be warehoused in residential institutions. If the state is willing to spend \$300,000 a year, I think they should be willing to talk to relatives at a less costly alternative and use a developmental approach for these children, more beneficial than institutions that pride themselves in the state-of-the-art treatment of seclusion and restraint in children in out-of-state residential facilities.

REP. URBAN: Excuse me, but we do have one question from a member of the Committee, and then if we can take it from there.

REP. FAWCETT: Thank you. Welcome, and I'm very glad you made it. It appeared this morning you were possibly not going to.

Just before we continue, can you for the record state your name and where you live?

LOUISE TORTORA: Louise Ellen Tortora, Fairfield, Connecticut.

REP. FAWCETT: Thanks. And you're sharing a very passionate story, which I've gotten some of it through you, Louise, through e-mail and talking to your office this morning and voice mail and just want to clarify a few details of the story, so correct me if I'm wrong.

The frustration is that this young girl at age 10, who I believe at one point was living across the street from my home with her grandparents, she was given over to DCF by her maternal mother?

LOUISE TORTORA: Yes. But what's confusing is this is why I'm pro the bill on kinship is the other bill on the out-of-state placement saying DCF. DCF really washes their hands of it when a child is placed out of state. It goes to the Department of Developmental Services, so the reason I was here was I want that bill to have added to it, Department of Developmental Services.

But I'm not sure if the Commissioner of DCF is in charge of the Department of. There's a separate Commissioner for the Department of Developmental Services.

REP. FAWCETT: We can certainly clarify that and the good news is the new Commissioner at DCF is also my neighbor and your old friend, Judge Katz.

LOUISE TORTORA: I know.

REP. FAWCETT: So we will certainly, we can clarify that and reach out to her and have a better understanding.

LOUISE TORTORA: Because the bill will not address children placed by the Department of Developmental Services.

REP. FAWCETT: But the thing I wasn't sure about in our previous communication was, when your niece was sent out of state and given permission by her mother, and I believe her stepfather at the time, was no one in the family was allowed to have any say in that? No other relatives?

LOUISE TORTORA: You cannot speak unless the, well, which I understand. These are the laws. The primary guardian gives permission for a relative to speak.

REP. FAWCETT: Okay. And so grandparents, aunts, uncles, nobody had any say if they wanted to become the foster care provider for this daughter.

LOUISE TORTORA: Every agency, no, every agency in the state, they were very nice, very efficient. But they said you have to get guardianship. Over \$200,000 was spent in a guardianship trial, which folded October 20, 2011 because they made us go through so much mediation and adding nine more days, there was no more money to really. It's not Hollywood, you know, people run out of money.

REP. FAWCETT: And where is the young girl now?

LOUISE TORTORA: Out of state.

REP. FAWCETT: She's still at a facility out of state.

LOUISE TORTORA: I'm not going to say any more because when I withdrew the guardianship petition they said all evidence, 14 binders for this child are silent.

REP. FAWCETT: And how many years has she been out of state?

LOUISE TORTORA: Four. And she reads, writes, does math. But she has a developmental delay, genetic disorder, which I go into more as how labels destroy lives because people assume all children with a syndrome are the same and they're not. Each child has unique individual differences.

REP. FAWCETT: I hope that you're able to submit your written testimony for the record because we do actually spend time --

LOUISE TORTORA: I have to do it because I just found out about this meeting yesterday.

REP. FAWCETT: If you submit it to me, I'll make sure I get it to the record for you, because they do, we've been here all afternoon and everybody's given a strict three minutes to speak but that doesn't mean your testimony can't be longer.

LOUISE TORTORA: No. The main reason I'm here is to make sure that the Department of Developmental Services is included in the bill --

REP. FAWCETT: Okay.

LOUISE TORTORA: -- 6340, and that I am pro the kinship bill.

REP. FAWCETT: Peter, did you get that? Peter, did you get that? Say that again, Louise.

LOUISE TORTORA: I am pro Bill 6336 for AN ACT CONCERNING KINSHIP CARE because it was not the agency's fault that, I guess they couldn't talk to us.

REP. FAWCETT: And then what was the issue with the Department?

LOUISE TORTORA: And then Bill 6340 AN ACT CONCERNING PLACEMENT OF CHILDREN IN OUT-OF-STATE TREATMENT FACILITIES, I want the Commissioner and the Department of Developmental Services, those children placed out of state to be reviewed for alternative less restrictive placement.

REP. FAWCETT: Okay. So Peter, we're talking about including, not just DCF but the Department of Developmental Services.

You are, your voice is heard. Your time coming up here was definitely well spent and we'll communicate after this. I'll keep you updated on our progress.

LOUISE TORTORA: Thank you very much.

REP. FAWCETT: Thank you.

REP. URBAN: Are there any other people who have not signed up that would like to testify at this time?

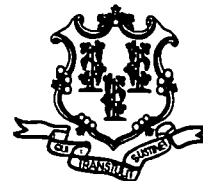
In that case, we are adjourning the meeting.

P. 3, line 9



STATE OF CONNECTICUT
DEPARTMENT OF CHILDREN AND FAMILIES

Public Hearing Testimony
Select Committee on Children
February 22, 2011



**S.B. No. 320 (COMM) AN ACT CONCERNING CHILDREN UNDER THE CARE OF
THE COMMISSIONER OF CHILDREN AND FAMILIES**

The Department of Children and Families **supports the intent behind SB 320**, An Act Concerning Children under the Care of the Commissioner of Children and Families. This bill would require DCF staff to visit children in foster homes at least once every ten days and to visit children with behavioral health needs not later than thirty days after they are placed in the care and custody of the Commissioner of Children and Families.

Visitation standards for both out-of-home cases and in-home cases are a requirement of the *Juan F. Exit Plan*. Outcome Measure 16 requires DCF to visit at least 85% of all out-of-home children at least once a month, except for probate, interstate or voluntary cases. All children must be seen by their DCF social worker at least quarterly. For the most recent evaluation period (4th Quarter 2010), the Department met this measure 98.9% of the time. Outcome Measure 17 requires the Department to visit at least 85% of all in-home family cases at least twice a month, except for probate, interstate or voluntary cases. This measure was met 89.7% of the time during the most recent evaluation period (4th Quarter 2010).

The Department fully appreciates the benefits of increased visitation by our staff and is committed to making this a priority for our case-carrying, front-line staff.

**S.B. No. 322 (COMM) AN ACT CONCERNING THE QUALIFICATIONS OF
DEPARTMENT OF CHILDREN AND FAMILIES EMPLOYEES**

The Department of Children and Families is **opposed to SB 322**, An Act Concerning the Qualifications of Department of Children and Families Employees. This bill would require that each applicant for a Social Worker and Social Work Supervisor to possess, at a minimum, a master's degree in social work or a closely related field on and after January 1, 2012 and that on and after January 1, 2017, to require that all employees have such degrees. Further, the bill requires the individuals in these positions be licensed as a master or clinical social worker on and after January 1, 2020.

While we appreciate the intent behind this legislation, we would point out that for the Department only hires individuals into the Social Work career series with a minimum of a Bachelors Degree in Social Work or a closely-related field. In addition, a significant percentage of our staff already hold a Masters in Social Work or closely-related field. While we don't have updated information available at this time, a 2005 survey of revealed the following educational information for DCF social work staff.

SB 323 SB 324
SB 980 SB 981
HB 6336 HB 6340
HB 6352

S.B. No. 980 (RAISED) AN ACT CONCERNING PLACEMENT OF CHILDREN WITH SPECIAL STUDY FOSTER PARENTS

The Department of Children and Families has submitted SB 980, An Act Concerning Placement of Children with Special Study Foster Parents to the Select Committee on Children for your **favorable consideration** and we would like to take this opportunity to thank you for raising this bill on our behalf.

This bill eliminates the age restriction for special study foster homes. Special Study Foster Homes are foster parents not related by birth or marriage but who have a significant and positive relationship with the child. Such individuals may include godparents, previous step-parents, clergy, close family friends, tribal members and others with an established relationship with the child. This will provide additional placement resources for children that are appropriate to and in the best interest of children.

DCF is required by the *Juan F.* Exit Plan to seek and attract more quality foster homes. The Department is committed to a strategy of conducting child-specific recruitment, in addition to our traditional efforts to attract new foster parents. We intend to actively seek more relative resources but also want to examine others with whom the child has an existing relationship.

S.B. No. 981 (RAISED) AN ACT CONCERNING THE PLACEMENT OF YOUNG CHILDREN IN CONGREGATE CARE FACILITIES

The Department of Children and Families **supports the intent of SB 981**, An Act Concerning the Placement of Young Children in Congregate Care Facilities, but is concerned that the appropriate alternate resources need to be in place before we could implement this change. This bill would prohibit DCF from placing children under the age of six, or sibling groups with a child under the age of six, in congregate care facilities unless necessary for health reasons.

In most cases, congregate care is not appropriate for young children but there are examples of quality programs in Connecticut effectively serving a younger population. The Department is committed to working with the proponents of this legislation to ensure the needs of children in our care are appropriately addressed in an age-appropriate manner.

H.B. No. 6336 (RAISED) AN ACT CONCERNING KINSHIP CARE

The Department of Children and Families **supports HB 6336**, An Act Concerning Kinship Care. This bill encourages the placement of children who are in the care of custody of DCF with relatives.

Similar to our support of SB 980, An Act Concerning Placement of Children with Special Study Foster Parents, this bill is consistent child-specific foster home recruitment. We are committed to increase the number of relative caregivers and we look forward to working with the Committee as this legislation moves forward.

**JOINT
STANDING
COMMITTEE
HEARINGS**

**SELECT
COMMITTEE
ON CHILDREN
PART 3
622 - 943**

2011

CONNECTICUT
VOICES
FOR CHILDREN

Testimony Supporting:

S.B. 981, An Act Concerning the Placement of Young Children in Congregate Care Facilities
H.B. 6340, An Act Concerning the Placement of Children in Out-of-State Treatment Facilities
H.B. 6336, An Act Concerning Kinship Care

Jamey Bell, J.D., Jake Siegel, and Alexandra Dufresne, J.D.
Select Committee on Children
February 22, 2011

Senator Musto, Representative Urban, and distinguished members of the Select Committee on Children:

We testify today on behalf of Connecticut Voices for Children, a research-based public education and advocacy organization that works statewide to promote the well-being of Connecticut's children, youth, and families. We ask for your support for three bills before you today that would greatly improve the lives of children in the child welfare system.

- 1) **Connecticut Voices for Children *strongly supports* S.B. 981, which reflects the widespread consensus among experts and advocates that children—especially children under age 6— should be cared for in families, rather than in congregate care facilities.¹**
 - a) Congregate care is **developmentally inappropriate** for young children.

Extensive research shows that children – particularly young children – need the presence of a consistent caregiver to develop properly.² Even high-quality institutional or congregate (group) care by necessity involves shift workers, undermining young children's ability to attach to a primary caregiver.³ As Victor Groza, Grace F. Brody Professor of Parent-Child Studies at Case Western Reserve University, writes, "The insecurities that result from lack of a primary caregiver can interfere with a child's ability to adjust to life changes, succeed in school, make friends, connect with other people, or to become connected to a parent when reunified or placed for adoption."⁴ Indeed, in light of this research, many developing countries are moving away from group care to foster care systems.⁵

Yet in Connecticut, as of August 2010, 978 of the children in DCF care — including 223 children under the age of 12 — were placed in congregate care settings.⁶ A much smaller number of these children are under the age of six,⁷ but each year dozens and sometimes hundreds of Connecticut children under six are placed in congregate care in "SAFE Homes" for some length of time.^{8,9}

- b) Despite the good intentions behind the development of the SAFE Home model, a comprehensive study led by Yale University researchers concluded that **children placed at SAFE Homes achieved outcomes that were no better (and in many cases worse) than those of children initially placed in family foster care.¹⁰**

2) **Connecticut Voices for Children also *strongly supports* H.B. 6340, An Act Concerning the Placement of Children in Out-of-State Treatment Facilities.**

First, we would like to reiterate how encouraging it is that Commissioner Katz has indicated that reducing the utilization of out-of-state residential treatment facilities will be a priority for DCF under her leadership. While in certain situations an out-of-state residential placement is the most appropriate choice given the specific needs of a child, Connecticut Voices for Children believes that children are best served in their communities of origin whenever possible. We recognize that, in certain cases, "out-of-state" residential treatment facilities (in Massachusetts, for instance) are closer to the community of origin than comparable facilities within the state of Connecticut. However, the Court Monitor's September 2010 Ad Hoc Review of Out of State Children revealed that children are still being placed as far away as Texas.¹⁸

When children are placed hundreds or thousands of miles away from their communities of origin, this prevents them from developing and sustaining the bonds necessary to achieve permanence after returning from out-of-state. Furthermore, it creates strains on the entire system, as caseworkers must make face-to-face visits, potentially negatively impacting other cases on their caseloads. In sum, any step to reduce the use of out-of-state residential facilities is welcome, assuming that youth are able to receive appropriate services in-state.

H B 6340 creates a rebuttable presumption that placement in Connecticut is in a child or youth's best interest, ensuring that children will only be sent out of state when there is a compelling justification for such a placement. We believe that this change in law, coupled with increased attention to and funding for in-state services (including, to the extent possible, community-based services), will meaningfully reduce the need to rely on out-of-state residential treatment facilities

3) **Connecticut Voices for Children also *strongly supports* H.B. 6336, An Act Concerning Kinship Care.**

Connecticut could do a much better job of placing children in the child welfare system with relatives. Not only is this consistent with federal law,¹⁹ it is also consistent with best practices in child welfare. Studies have found that, among other things, children in kinship care experience less placement instability²⁰ and children in kinship care experience fewer behavioral and social problems.²¹

Unfortunately, only 13% of Connecticut children in the child welfare system are placed with kin, much below the national average of 21%²². There are seven states that have at least 35% of children in kinship care, showing that much higher rates of such placements are achievable.²³

This bill would establish a working group to study how to eliminate barriers to kinship care placements. In addition, the bill would eliminate one such barrier, by providing that a requirement that a foster parent must provide a separate bedroom for a child should not prevent placement with a relative when such a placement is otherwise in the child's best interest.

By beginning to address barriers to kinship care, Connecticut can move towards increased kinship placements, and, ultimately, to better outcomes for children and youth in care.

Thank you for the opportunity to submit testimony.

¹ See, e.g., Duerr Berrick, J., Barth, R., Needell, B., & Jonson-Reid, M.. "Group Care and Young Children." *The Social Science Review* 71:2 (1997), 257-273 (concluding that "given that placement into group care costs much more, provides less stability of caregiving, and does not increase the likelihood of adoption, very young children should not be placed in group care") and Frank, D., Klass, P., Earls, F., and Eisenberg, L., "Infants and Young Children in Orphanages: One View from Pediatrics and Child Psychiatry." *Pediatrics* 97:4 (1996), 569-578 (summarizing that "infants and young children are uniquely vulnerable to the medical and psychosocial hazards of institutional care, negative effects that cannot be reduced to a tolerable level even with massive expenditures").

² See, e.g., Rosenblum, K., Dayton, C., & Muzik, M.. "Infant social and emotional development: Emerging competence in a relational context." In C. Zeanah (Ed.) *Handbook of Infant Mental Health, 3rd Edition*. New York: Guilford Press, p. 80-103.

³ For a review of the research concerning the impact of congregate care, see Barth, Richard P. (2002). *Institutions vs Foster Homes: The Empirical Base for the Second Century of Debate*. Chapel Hill, NC: UNC, School of Social Work, Jordan Institute for Families. Available online at <http://ssw.unc.edu/jif/events/GroupCare.pdf>.

⁴ Testimony of Victor Groza, Ph.D., LISWS in Support of S.B. 981. (Attachment A).

⁵ In a study of a group of Romanian foster children in congregate care settings, those children that had experienced any period of time--no matter how limited--in institutional setting were significantly more likely to experience psychiatric disorders than children who had never been in these settings. See Zeanah, C., Egger, H., Smyke, A., Nelson, C., Fox, N., Marhsall, P., & Gunthrie, D.. "Institutional Rearing and Psychological Disorders in Romanian Preschool Children." *American Journal of Psychiatry* 166 (2009), 777-785.

⁶ Court Monitor's Report, p. 33.

⁷ According to the Office of the Child Advocate, as of December 2010, there were 25 children under the age of six in safe homes. Email from Jeanne Milstein, Child Advocate, December 10, 2010.

⁸ In 2009, 248 children under the age of six were placed in SAFE homes. March 10, 2010 Letter to DCF, from the Office of the Child Advocate, Center for Children's Advocacy, Voices for Children, Child Protection Commission, and Connecticut Legal Services citing data collected by Joan Kaufman, Ph.D. at the Zigler Center for Child Development and Social Policy at Yale University.

⁹ Although breakdowns of length of stay by age are not publicly available, as of November 2010, 59 of the 99 children in SAFE homes had been there longer than 60 days. *Juan F v. Rell* Exit Plan Quarterly Report July 1, 2010 – September 30, 2010. Report of the DCF Court Monitor's Office, p. 34. Furthermore, while the bulk of published research focuses on the harm caused by extended placements in congregate care, there are reasons to believe that even short stays are harmful to young children. See expert testimony of Victor Groza, Ph.D. LISWS and Deborah A. Frank, M.D. in support of S.B. 981 (Attachments A and B, respectively.) Indeed, what seems like a short time to an adult can be a long time in a child's life, particularly in certain developmental windows. See expert testimony of Katherine Rosenblum, Ph.D. in support of S.B. 981 (Attachment C, stating that "particularly at a time of emotional need even a few days in congregate care is likely to represent added hardship at a time of marked vulnerability").

¹⁰ DeSena, A., Murphy, R., Douglas-Plumberi, H., Blau, G., Kelly, B., Horwitz, S., & Kaufman, J. (2005). Safe Homes: Is it worth the cost? An evaluation of group home permanency planning program for children who first enter out-of-home-care. *Child Abuse & Neglect*, 29, 627-643.

¹¹ *Ibid*

¹² The per diem foster care reimbursement rate for a child under the age of six is \$24.84. See DCF Policy Manual 36-55-25.2, "Financial Information: Reimbursement Rates" (available at <http://www.ct.gov/dcf/cwp/view.asp?a=2639&q=394382>). Although there are higher rates for medically complex and therapeutic foster homes, by any estimation SAFE homes are significantly more expensive than the average foster care placement. A decade ago, DeSena et al. conservatively estimated the cost of a SAFE home placement (including only child care and custodial staffing costs) to be \$85.00 per day.

¹³ *Ibid* 8.

¹⁴ State of Connecticut Commission on Enhancing Agency Outcomes, Initial Report to the Governor, President Pro Tempore of the Senate, and the Speaker of the House, February 1, 2010.

¹⁵ Testimony of Deborah A. Frank, M.D. Supporting S.B. 981 (Attachment B).

¹⁶ Nevada Revised Statute 432B.3905 ("An employee of an agency which provides child welfare services...shall not transfer a child who is under the age of 6 years to, or place such a child in, a child care institution unless appropriate foster care is not available at the time of placement in the county in which the child resides...A child under the age of 6 years may be placed in a child care institution...if the child requires medical services and such medical services could not be provided at any other placement...or if necessary to avoid separating siblings.")

¹⁷ See, e.g., Michigan Department of Consumer and Industry Services, Division of Child Welfare Licensing Rule R 400.4133 ("A child under 6 years of age shall not remain in an institution for more than 30 days, unless this stay is documented to be in the best interest of the child."); Florida Department of Children and Family Services Rule 65C-14.040(4) ("No child under the age of 6 years, or the age of enrollment in the first grade of school, shall be admitted to a residential child caring agency except under emergency circumstances or to prevent the separation of a family. An emergency placement of a child under 6 years shall be documented in the child's case record, verifying that no alternate plan for care was available at the time of admission. Continued diligent effort shall be made, including referral to the department to place a child under age 6 in foster care or other appropriate care. Such plans shall be made within 30 days of the child's admission. Residential care for children under 6 who are part of a sibling group may be continued, as appropriate.")

¹⁸ *Juan F v. Rell* Exit Plan, Quarterly Report, April 1, 2010-June 30, 2010. Civil Action No. 2:89 CV 859 (CFD), p 79.

¹⁹ The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (P.L. 104-193) establishes that the states "shall consider giving preference to an adult relative over a non-related caregiver when determining a placement for a child, provided that the relative caregiver meets all relevant State child protection standards."

²⁰ Chamberlain, P., Price, J., Reid, J., Landsverk, J. Fisher, P., & Stoolmiller, M.. "Who disrupts from placement in foster and kinship care?" *Child Abuse & Neglect* 30:4 (2006), p. 409-424.

²¹ Sakai, C., Lin, H., & Flores, G. "Health Outcomes and Family Services in Kinship Care." *Archives of Pediatrics & Adolescent Medicine* 165:2 (2011), p. 159-165. Rubin, D., Downes, K., O'Reilly, A., Mekonnen, R., Luan, X., Localio, R.. "Impact of Kinship Care on Behavioral Well-being for Children in Out-of-Home Care." *Archives of Pediatrics & Adolescent Medicine* 162:6 (2008), p. 550-556.

²² Email from Joan Kaufman, Ph.D., Zigler Center for Child Development and Social Policy at Yale University, February 18, 2011, citing her analysis of Adoption and Foster Care Analysis and Reporting System data from the Administration of Children and Families, U.S. Department of Health and Human Services.

²³ *Ibid*. The seven states are Arizona, Illinois, Michigan, New Jersey, and Washington(35%), Florida (42%) and Hawaii (44%).

TESTIMONY OF JEANNE MILSTEIN, CHILD ADVOCATE
BEFORE THE SELECT COMMITTEE ON CHILDREN
FEBRUARY 22, 2011

Good morning, Representative Urban, and members of the Committee. I appreciate the opportunity to testify in support of Raised Bill No. 981, An Act Concerning the Placement of Young Children in Congregate Care Facilities; Raised Bill No. 633, An Act Concerning Kinship Care; Raised Bill No. 6340, An Act Concerning the Placement of Children In Out-of-State Treatment Facilities; and Senate Bill No. 322, An Act Concerning the Qualifications of Department of Children and Families Employees.

I support Raised Bill No. 981, An Act Concerning the Placement of Young Children in Congregate Care Facilities. Connecticut has one of the highest rates in the country of children placed in congregate care placements. It is ranked 48th out of 52 jurisdictions in its use of congregate care settings, and uses these settings at a rate that is almost 60% higher than the national average (National Average: 17%; Connecticut: 27%). Research on these placements throughout the country indicates that congregate care facilities are unnecessarily restrictive for children who do not have behavioral health problems, and are no more successful than foster home placements are at keeping siblings placed together. Congregate care placements for young children, especially prolonged placements, are detrimental to the cognitive, social, and emotional development of children. Young children, particularly those who have experienced trauma, neglect, abuse, and removal from their homes, need a primary caregiver that they can identify as an attachment figure that they can turn to when they need comfort. Shift workers are no substitute for a primary attachment figure. It is therefore of utmost importance that Bill No. 981 be enacted, to ensure that young children are not placed or maintained in congregate care facilities without a compelling need for such care.

I support Raised Bill No. 633, An Act Concerning Kinship Care. Most of the children in Connecticut's foster care system are placed with strangers. According to the National Data Archive of Child Abuse and Neglect, Connecticut has 13% of its children in state custody placed in relative foster homes; this ranks us in the bottom quarter of states in the use of kinship care. In fact, our rate of kinship care is almost 40% lower than the national average of 21%, and several states place a significantly larger percentage of children with licensed relative foster parents. Arizona, Michigan, Illinois, Washington and New Jersey all have 35%, Florida has 42%, and Hawaii has 44% of their foster children in relative care placements. Raised Bill No. 6336 would require that Connecticut make a focused effort to maximize its use of relative caregivers for children who need to be removed from their homes, in order to provide children with caregivers with whom a loving relationship already exists, and to ameliorate children's experiences of disruption from family, unfamiliarity with caregivers, conflicted loyalties, and struggles with reunification.

Yale University

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Testimony Supporting:
H B 6336, An Act Concerning Kinship Care

Joan Kaufman, Ph D.
Select Committee on Children
February 22, 2011

Senator Musto, Representative Urban, and distinguished Members of the Select Committee on Children

I, Joan Kaufman, a clinical psychologist, Associate Professor in Psychiatry at Yale University School of Medicine, Director of the Child and Adolescent Research and Education (CARE) Program, a program dedicated to work with maltreated children and their families, and Co-Director of the Child Welfare Unit of the Zigler Center for Child Development and Social Policy, support H B H B 6336, An Act Concerning Kinship Care for the following reasons

1. Research has shown that children involved with protective services who are placed with kin have fewer changes in placement, and fewer behavioral and emotional health problems.
2. Connecticut uses kinship care placements at a rate significantly below the national average. In the 2009 Adoption and Foster Care Analysis and Reporting System (AFCARS) report – the most recent available data, Connecticut stated 13% of the children in out-of-home care were placed in relative care placements. This rate is 40% below the national average (21%).
3. In the 2009 AFCARS report, 26 states reported that 20% or more of their children in out-of-home care were placed with kin, and 10 states reported 30% or more of their children in out-of-home care were placed with kin.
4. Given national statistics, in addition to requiring that the Department of Children and Families (DCF) convene a workgroup to address this issue, it seems reasonable to set the goal that by July 2012 at least 21% of children placed in out-of-home care by DCF will be in kinship care placements.

Center for Children's Advocacy

University of Connecticut School of Law, 65 Elizabeth Street, Hartford, CT 06105

TESTIMONY OF THE CENTER FOR CHILDREN'S ADVOCACY IN SUPPORT OF

House Bill 6336

"An Act Concerning Kinship Care"

February 22, 2011

This testimony is submitted on behalf of the Center for Children's Advocacy, a non-profit organization based at the University Of Connecticut School Of Law. The Center provides holistic legal services for poor children in Connecticut's communities through individual representation and systemic advocacy.

We strongly support Raised Bill 6336 which will require the Department of Children and Families (DCF) to take steps to maximize kinship care rates for children in out-of-home care.

Connecticut's Kinship Care Rate Ranks 45% Below National Average

According to the most recent reports from the Connecticut *Juan F.* federal court monitor, of the abused and neglected children in DCF's care, only 13% are placed with relatives. This rate is far below the national average of 24%.¹ Significantly, **Connecticut is one of only a handful of states that requires a relative to complete requirements for licensure as a foster parent.**² It is time we recognize the benefits of kinship care placements, where appropriate, and take steps to ensure that DCF has all necessary tools to increase the state's kinship care rate.

Current Barriers to Kinship Care

In Connecticut, relatives must submit to the same licensing criteria as non-family members. Regulations currently provide that two pre-school cousins cannot share a room if they are of the opposite sex. Regulations mandate that a child over the age of one cannot share a room with his aunt or uncle or other adult family member, with express permission from the commissioner. Regulations state that cousins cannot share a room if they are of "disparate age."³



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While these requirements may technically be "waived" by the Commissioner's office, in practice they operate as barriers to extended family members who seek to provide respite for children in DCF care. At the Center we have personally seen families disapproved of because the agency licensing unit disapproved of the family's sleeping arrangements. These stories are unfortunately, not uncommon. It is imperative that DCF review all of the current obstacles to improving the kinship care rate and ensure that onerous regulatory criteria do not serve as barriers to placing children in safe and nurturing relative homes.

Kinship Care Eases Trauma of Removal for Children

A child removed from her home by DCF, placed in a non-relative foster home, suffers not only the trauma of removal and separation (in addition to the conditions which led to her removal). She is placed in a stranger's home, where she may feel afraid, alone, and abandoned. Despite the generosity and dedication of the foster parent, the child's

¹ U S DEPARTMENT OF HEALTH AND HUMAN SERVICES, ADMINISTRATION FOR CHILDREN AND FAMILIES, THE AFCARS REPORT, available at http://www.acf.hhs.gov/programs/cb/stats_research/afcars/tar/report17.pdf

² CHILD WELFARE INFORMATION GATEWAY, PLACEMENT OF CHILDREN WITH RELATIVES (Washington, D C , July 2010), available at http://www.childwelfare.gov/systemwide/laws_policies/statutes/placement.pdf

³ Reg. of Conn. State Agencies § 17-145-139

surroundings and the people she is dependent on for care are unfamiliar, not faces she's seen before, not people she trusts. These issues might be exasperated by the stigma of being in foster care, possible separation from siblings, and by not knowing if or when she will see her family again.

Kinship care for many children provides an alternative to the intense trauma of separation. **Kinship care gives children a sense of stability and continuity, connection with their family, cultural identity,** and a greater likelihood that they will be able to continue living with their siblings, among people they know and trust.

Research Indicates Kinship Care Promotes Stability for Children

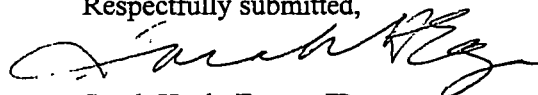
Children placed into kinship care have been shown to have fewer behavioral problems three years after placement than children who were placed into foster care.⁴ Children in foster care have been shown to have fewer placement changes,⁵ to be more likely to live with their siblings,⁶ and less likely to re-enter foster care after reunification.⁷

Fewer children in kinship care placements report having changed schools (63% vs. 93% for children in non-relative foster care)⁸, and children in kinship care have been shown to be more on target in their physical, cognitive and skill-based educational domains.⁹

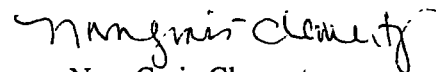
Children living in kinship care are less likely to report having tried to leave or run away,¹⁰ **and are more likely to report that they "always felt loved."**¹¹ Kinship care respects cultural traditions and may reduce racial disparities in a variety of outcomes.¹² These children are innocent victims when removed from their home and placed into DCF custody. When in the best interest of the child, kinship care placements should be our priority.

Thank you for your time and consideration.

Respectfully submitted,



Sarah Healy Eagan, JD
Director of the Child Abuse Project
Center for Children's Advocacy



Nora Grais-Clements
Law Student Intern, J.D.
Center for Children's Advocacy

⁴ Arch Pediatr Adolesc Med 2008, 162(6) 550-556 See also Tiffany Conway and Rutledge Q Hutson, *Is Kinship Care Good for Kids?*, CLASP: CENTER FOR LAW AND SOCIAL POLICY 1 (March 2, 2007), http://www.clasp.org/publications/is_kinship_care_good.pdf, citing National Survey of Child and Adolescent Well-Being (NSCAW) CPS Sample Component Wave 1 Data Analysis Report, April 2005 (Washington, D C U S Department of Health & Human Services, Administration for Children & Families, 2005).

⁵ CONWAY & HUTSON, *supra* note 6 at 1, citing Testa, M. 2001 *Kinship care and permanency* Journal of Social Service Research, Vol 28 (1) pp 25-43, Chamberlain, P, et al 2006 *Who disrupts from placement in foster and kinship care?* Child Abuse & Neglect, Vol 30, pp 409-424

⁶ *Id.*, citing Shlonsky, A., Webster D, & Needell, B 2003 *The ties that bind. A cross-sectional analysis of siblings in foster care* Journal of Social Service Research, Vol 29 (3) pp. 27-52, Wulczyn, F & Zimmerman, E 2005 *Sibling placements in longitudinal perspective* Children and Youth Services Review, Vol 27, p 741-763

⁷ *Id.*, citing Courtney, M & Needell, B "Outcomes of kinship care Lessons from California." In *Child welfare research review* Vol 2 J.D Berrick, R.P Barth & N Gilbert, eds New York. Columbia University Press, 1997, pp 130-149.

⁸ *Id.*, citing NSCAW 2005

⁹ *Id.* at 2, citing NSCAW 2005

¹⁰ *Id.* at 1, citing NSCAW 2005

¹¹ *Id.*, citing Wilson, L Satisfaction of 1,100 Children in Out-of-Home Care, Primarily Family Foster Care, in Illinois' Child Welfare System Tallahassee, FL. Wilson Resources, 1996

¹² *Id.* at 2.

Select Committee on Children

PUBLIC HEARING

Tuesday, February 22, 2011

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RB No. 6336: Support

Good Morning Senator Musto, Representative Urban and esteemed Committee Members. My name is Carolyn Signorelli, Chief Child Protection Attorney for the State of Connecticut. Thank you for the opportunity to submit this written testimony in support of Raised Bill 6336, **AN ACT CONCERNING KINSHIP CARE**. I support all three measures this bill seeks in order to improve the manner in which DCF and the courts address the issue of relative placement for children involved with DCF.

The workgroup is important because I believe the issue does need to be studied, understood and then addressed in a manner that assures the best interest of children. While it is desirable to facilitate kinship care where appropriate, it is not in the best interest of children to assume placing them back in their family of origin will ensure their safety and well-being. It is important that we establish an inclusive process for understanding the proposed placement's role in the family dynamic, involvement in or acquiescence to the root causes of the parents' neglect or abuse of their children, and willingness and ability to meet the needs of the children placed with them. The workshop could also consider way in which our system can better support kinship caregivers.

The new provision in Section 2, removing the requirement that a relative placement have a separate bedroom for the child, is just common sense. We can't keep children out of otherwise appropriate and stable relative care and in stranger care based upon an inflexible standard that does not necessarily impact child well-being.

Finally Section 3's addition of a reporting requirement is necessary to ensure compliance with the recent statutory changes promoting the timely identification and investigation of relative resources. Without a reporting requirement, DCF is not held accountable for the timeliness of their investigation or for the result. If DCF "determines" as the former language simply requires,

that the relative is not suitable there is no automatic opportunity for the court or other parties to examine that decision and its basis.

Therefore, I respectfully request that the Committee act favorably on this bill.

Respectfully Submitted,

Carolyn Signorelli

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**CONNECTICUT
GENERAL ASSEMBLY
HOUSE**

**PROCEEDINGS
2011**

**VOL.54
PART 15
4837 – 5168**

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HOUSE OF REPRESENTATIVES

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May 25, 2011

THE CLERK:

On page 41, Calendar 236, Substitute for
House Bill Number 6336, AN ACT CONCERNING
KINSHIP CARE, favorable report by the Committee
on Finance.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Urban, you have the floor,
ma'am.

REP. URBAN (43rd):

Thank you, Madam Speaker. And good
evening, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Good evening.

REP. URBAN (43rd):

Madam Speaker, this bill seeks to expand
our ability to place children with relatives
when foster homes are needed.

DEPUTY SPEAKER KIRKLEY-BEY:

Could you hold for a minute,
Representative?

REP. URBAN (43rd):

Certainly, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Let's bring the noise down. The

representative is bringing out a bill.

Please proceed, ma'am.

REP. URBAN (43rd):

Thank you, Madam Speaker.

As I was saying, this bill seeks to expand our ability to place children with relatives when foster homes are needed. Specifically, if we had a foster home which was a relative of the child and these relatives were willing to take a child in, as our regs stand presently if that relative didn't have a separate bedroom or separate living accommodations for --

A VOICE:

(Inaudible.)

REP. URBAN (43rd):

That's after I say it. Sorry, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Would you please move acceptance and passage.

REP. URBAN (43rd):

Yes. I -- oh.

I move the joint committee's favorable report and passage of the bill.

DEPUTY SPEAKER KIRKLEY-BEY:

The motion before us is acceptance of the joint committee's favorable report and passage of the bill.

Will you remark further?

REP. URBAN (43rd):

Thank you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

You're welcome.

REP. URBAN (43rd):

Sorry about that, Madam Speaker.

What we have is we want to be able to, when there is a relative who would like to take a child as a foster child and as regulations presently stand they cannot do that unless they have separate bedrooms or separate living accommodations for that child.

So what this bill does is it waives any standard for separate bedrooms or room sharing when placing a child with an unlicensed relative in foster care. It allows the commissioner of the Department of Children and Families to waive those standards, Madam Chair.

It also directs the commissioner of the

Department of Children and Families to convene a working group which would look at how do we maximize kinship care in the state of Connecticut. And that group would have to be put together by October 2011, and report to Human Services and the Children's Committee by January, 2012. It has very specific issues that that working group would be looking at, but the underlying issue would be to have recommendations for increasing the ability for kinship care in Connecticut.

And finally the bill also requires the commissioner of DCF to report to the superior court rather than simply making a determination on appropriate placement when the court identifies a relative as a foster parent.

Madam Chair, I move adoption.

DEPUTY SPEAKER KIRKLEY-BEY:

Will you remark further on the bill? Will you remark further on the bill?

Representative Wood, you have the floor, ma'am.

REP. WOOD (141st):

Thank you, Madam Chair.

I also stand in support of this bill and encourage everyone to support this. It basically allows and encourages foster children to be placed in the care of their families. Many studies point to foster children being in the care of their families as a much healthier situation and it will help pave the way for that in a couple of ways.

One, it allows less stringent rules on bedrooms and housing situations and it also sets up, through the Department of Children and Families, a study that was -- is due the beginning of February on how we can increase kinship care, family care for these foster kids in the state of Connecticut. And I urge you all to support the bill.

Thank you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

Thank you.

Will you remark further on the bill that is before us? Will you remark further? If not, staff and guests please come to the well. The machine will be opened. Members take your seats.

Staff and guests please come to the well.
Members take your seats. The machine will be
opened.

THE CLERK:

The House of Representatives is voting by
roll call. Members to the Chamber. The House
is taking a roll call vote. Members to the
Chamber, please.

DEPUTY SPEAKER KIRKLEY-BEY:

Have all members voted? Have all members
voted? Please check the board to see that your
vote has been properly cast. The machine will
be locked.

Have all members voted? Have all members
voted? Please check the board to see your vote
has been properly cast. The machine will be
locked and the Clerk will prepare the tally.
Will the Clerk please announce the tally.

The Clerk, please announce the tally.

THE CLERK:

House Bill 6336.

Total number voting	136
Necessary for adoption	69
Those voting Yea	136

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HOUSE OF REPRESENTATIVES

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Those voting Nay 0

Those absent and not voting 15

DEPUTY SPEAKER KIRKLEY-BEY:

The bill passes.

(Deputy Speaker Godfrey in the Chair.)

DEPUTY SPEAKER GODFREY:

Mr. Clerk, if you'd please call Calendar
229.

THE CLERK:

On page 40, Calendar 229, substitute for
House Bill Number 5816, AN ACT ESTABLISHING A
WORKING GROUP ON YOUTH VIOLENCE, favorable
report by the Government Administration and
Elections Committee.

DEPUTY SPEAKER GODFREY:

The gentleman from New Haven,
Representative Candelaria.

Representative Candelaria.

REP. CANDELARIA (95th):

Good evening, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Good evening, sir.

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**CONNECTICUT
GENERAL ASSEMBLY
SENATE**

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SENATE

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June 7, 2011

Moving to calendar page 23, where we have 3
items. The first is Calendar 568, House Bill Number
6103. Move to place this item on the Consent
Calendar.

THE CHAIR:

So ordered.

SENATOR LOONEY:

Thank you, Madam President.

Calendar 570, House Bill Number 6336.

Move to place this item on the Consent

Calendar.

THE CHAIR:

So ordered.

SENATOR LOONEY:

Thank you, Madam President.

Final item on calendar page 23 is Calendar 573,

House Bill Number 6434.

Move to place this item on the Consent.

Calendar.

THE CHAIR:

So ordered.

SENATOR LOONEY:

Thank you, Madam President.

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Mr. Clerk.

THE CLERK:

Immediate roll call's been ordered in the Senate on the Consent Calendar. Will all Senators please return to the Chamber. Immediate roll call's been ordered in the Senate on the Consent Calendar. Will all Senators please return to the Chamber.

THE CLERK:

Madam President, the items placed...

THE CHAIR:

I would ask the Chamber to be quiet please so we can hear the call of the Calendar for the Consent Calendar.

Thank you.

Please proceed, Mr. Clerk

THE CLERK:

Madam President, the items placed on the first Consent Calendar begin on calendar page 5, Calendar 336, House Bill 5697.

Calendar page 7, Calendar 421, Substitute for House Bill 6126.

Calendar page 8, Calendar 449, Senate Bill 1149.

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Calendar page 10, Calendar 470, Substitute for House Bill 5340. Calendar 474, Substitute for House Bill 6274. Calendar 476, House Bill 6635.

Calendar page 12, Calendar 499, Substitute for House Bill 6638. Calendar 500, House Bill 6614. Calendar 508, House Bill 6222.

Calendar page 13, Calendar 511, House Bill 6356. Calendar 512, Substitute for House Bill 6422. Calendar 514, House Bill 6590. Calendar 515, House Bill 6221. Calendar 516, House Bill 6455.

Calendar page 14, Calendar 517, House Bill 6350. Calendar 519, House Bill 5437. Calendar 522, House Bill 6303.

Calendar page 15, Calendar 523, Substitute for House Bill 6499. Calendar 524, House Bill 6490. Calendar 525, House Bill 5780. Calendar 526, House Bill 6513. Calendar 527, Substitute for House Bill 6532.

Calendar page 16, Calendar 528, House Bill 6561. Calendar 529, Substitute for House Bill 6312. Calendar 530, Substitute for House Bill 5032. Calendar 532, House Bill 6338.

Calendar page 17, Calendar 533, Substitute for House Bill 6325. Calendar 534, House Bill 6352.

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Calendar 536, House Bill 5300. Calendar 537, House
Bill 5482.

calendar page 18, Calendar 543, House Bill 6508.

Calendar 544, House Bill 6412. Calendar 546,
Substitute for House Bill 6538. Calendar 547,
Substitute for House Bill 6440. Calendar 548,
Substitute for House Bill 6471.

Calendar page 19, Calendar 550, Substitute for
House Bill 5802. Calendar 551, House Bill 6433.
Calendar 552, House Bill 6413. Calendar 553,
Substitute for House Bill 6227.

Calendar page 20, Calendar 554, Substitute for
House Bill 5415. Calendar 557, Substitute for House
Bill 6318. Calendar 558, Substitute for House Bill
6565.

Calendar page 21, Calendar 559, Substitute for
House Bill 6636.

Calendar page 22, Calendar 563, Substitute for
House Bill 6600. Calendar 564, Substitute for House
Bill 6598. Calendar 566, House Bill 5585.

Calendar page 23, Calendar 568, Substitute for
House Bill 6103. Calendar 570, Substitute for House
Bill 6336. Calendar 573, Substitute for House Bill
6434.

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Calendar page 24, Calendar 577, Substitute for
House Bill 5795.

Calendar page 25, Calendar 581, House Bill
6354.

Calendar page 26, Calendar 596, Substitute for
House Bill 6282. Calendar 598, Substitute for House
Bill 6629.

Calendar page 27, Calendar 600, House Bill
6314. Calendar 601, Substitute for House Bill 6529.
Calendar 602, Substitute for House Bill 6438.
Calendar 604, Substitute for House Bill 6639.

Calendar page 28, Calendar 605, Substitute for
House Bill 6526. Calendar 608, House Bill 6284.

Calendar page 30, Calendar number 615,
Substitute for House Bill 6485. Calendar 616,
Substitute for House Bill 6498.

Calendar page 31, Calendar 619, Substitute for
House Bill 6634. Calendar 627, Substitute for House
Bill 6596.

Calendar page 32, Calendar 629, House Bill
5634. Calendar 630, Substitute for House Bill 6631.
Calendar 631, Substitute for House Bill 6357.
Calendar 632, House Bill 6642.

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Calendar page 33, Calendar 634, Substitute for
House Bill 5431. Calendar 636, Substitute for
House, correction, House Bill 6100.

Page 34, Calendar 638, Substitute for House
Bill 6525.

Calendar page 48, Calendar 399, Substitute for
Senate Bill 1043.

Calendar page 49, Calendar 409, Substitute for
House Bill 6233. Calendar 412, House Bill 5178.
Calendar 422, Substitute for House Bill 6448.

Calendar page 52, Calendar 521, Substitute for
House Bill 6113.

Madam President, that completes the item placed
on the first Consent Calendar.

THE CHAIR:

Thank you, sir.

We call for another roll call vote. And the
machine will be open for Consent Calendar number 1.

THE CLERK:

The Senate is now voting by roll on the Consent
Calendar. Will all Senators please return to the
Chamber. The Senate is now voting by roll on the
Consent Calendar, will all Senators please return to
the Chamber.

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Senator Cassano, would you vote, please, sir.

Thank you.

Well, all members have voted. All members have voted. The machine will be closed, and Mr. Clerk, will you call the tally?

THE CLERK:

Motion is on option Consent Calendar Number 1.

Total Number Voting	36
Those voting Yea	36
Those voting Nay	0
Those absent and not voting	0

THE CHAIR:

Consent Calendar Number 1 has passed.

Senator Looney.

SENATOR LOONEY:

Thank you, Madam President.

We might stand at ease for just a moment as we prepare the next item..

THE CHAIR:

The Senate will stand at ease.

(Chamber at ease.)