PA12-053

SB0293

Children	491-492, 497-507, 568-573, 581-582, 600-601, 617-626, 659, 661-662, 691-692, 701-702, 704-705, 739-754	58
House	5957-5996	40
Senate	1108-1110, 1178-1179	5
		103

JOINT
STANDING
COMMITTEE
HEARINGS

SELECT
COMMITTEE
ON
CHILDREN
PART 2
319 - 596

2012

and -- or just Josh? Josh. Thank you and welcome.

JOSH HOWROYD: Thank you. Good afternoon, Representative Urban, members of the select committee on children. My name is Josh Howroyd and I'm the Legislative Program Manager for the Department of Children and Families. And I am joined if there's questions by Attorney Thomas DiMaddio, our Assistant Legal Director and Deb Ennis, our Chief -- Assistant Chief Fiscal Officer.

We're just going to speak very briefly on a few bills on your agenda and we'd be happy to answer any questions you might have. The first bill that we'd like to support the intent of is Senate Bill 272, AN ACT CONCERNING SOCIAL SECURITY BENEFITS FOR FOSTER CHILDREN. And DCF appreciates the need to insure that our children are enrolled in the social security supplemental security income benefits and other programs for which they may be eligible in a timely manner.

DCF received SSI benefits on behalf of 283 children last calendar year totaling 1.2 million dollars. Last year we had 142 SSI applications and 54 of those were rejected. We have no objection to the requirement to make applications for these SSI benefits but we do believe that we should not be mandated by law to mandate any denial of the application. In our written testimony we made a couple of minor suggestions for substitute language.

SB294
SB296

On Senate Bill 293, AN ACT CONCERNING PERMANENCY AND TRANSITION PLANS, we again support the intent of this bill and we recognize the importance of documenting specialized services for both the oldest and youngest populations we serve. We agree that permanency -- the permanency plan is the appropriate vehicle to

capture this information.

The next bill we support Senate Bill 294, AN ACT CONCERNING CHILDREN AND THE DEPARTMENT OF CHILDREN AND FAMILIES. We believe that a 60 day visitation standard called for in section one and two of this bill is reasonable and I would point out that we strive for even more frequent with all children in our care. We fully appreciate the benefits of increased visitation by our staff and are committed to making this a priority for our case carrying front line staff. Section three of the bill requires DCF to respond in a timely manner to foster families written special requests for things such as travel overnight or out of state with such child's foster family.

We support this provision but we would suggest that rather than requiring the Department to promulgate regulations that we be permitted to develop a written form and that the Department shall be required to respond within five business days or otherwise the request would be deemed approved.

And finally we'd just like to comment on Senate Bill 296, AN ACT PROVIDING CERTAIN ADULT ADOPTIVE PERSONS WITH ACCESS TO PARENTAL HEALTH INFORMATION AND INFORMATION IN THEIR ORIGINAL BIRTH CERTIFICATES. And while we fully appreciate and understand the need for adult adoptees to seek and obtain their original birth certificates we do have concerns that making this legislation effective retroactively as there are many birth parents who voluntarily relinquished parental rights with an expectation of anonymity.

We just point that out as you deliberate in terms of the discussion on this bill. That concludes our -- our formal testimony. You have

293 and 5347.

MICKEY KRAMER: Correct. Good afternoon, Senator Gerratana, Representative Urban and members of the select committee on children. My name is Mickey Kramer and I'm the acting child advocate for the State of Connecticut.

I appreciate the opportunity to testify in support of Raise Senate Bill number 293, AN ACT CONCERNING PERMANENCY OF TRANSITION PLANS and Raised House Bill number 5347, AN ACT CONCERNING THE REPORTING OF CHILDREN PLACED IN SECLUSION. Raised Senate Bill number 293, AN ACT CONCERNING PERMANENCY OF TRANSITION PLANS, places emphasis on the crucial needs of the most vulnerable populations of children in State care, the very youngest, newborns through age five and the youth who are approaching age of majority and the prospect of aging out of DCF care.

Throughout the country children under the age of five represent about -- approximately half of the children placed in State custody each year and these children face a high incidence of developmental delays, chronic mental conditions, are more likely to be neglected or abused while in State care and are more likely to enter State care than older children are.

It is therefore of upmost importance that any discussion of their permanency plans contain explicit descriptions of the efforts undertaken by the Department of Children and Families, foster parents or other custodians, and service providers to ensure that any and all early interventions, special education, specialized medical or mental health services have been initiated and implemented as necessary.

It is also of vital importance to insure that the child's parents in cases where reunification

is the goal or other future guardians are actively engaged and supported by the Department of Children and Families and the provider network in order to ensure that the child's necessary services remain in place efficiently and seamlessly after the child leaves DCF custody.

The importance of consistent engaged caregivers cannot be overstated whether for very young children or for those who are approaching adulthood. Connecticut has one of the largest percentages in the country of children who age out of DCF care at 18 without the benefit of a permanent family or other consistent caregiver.

Youth who leave foster care without a safe, permanent family are very frequently shown in studies to experience negative life outcomes including lack of a high school diploma or GED, one or more episodes of homelessness, unemployment, lack of health insurance and nearly a 30 percent rate of incarceration, dramatically higher than the rate for other young adults.

Raised Senate Bill Number 293 recognizes the requirements set forth in the federal Foster and Connecticut to Success Act of 2008 for the states to develop a personal, individualized transition plan for youth expected to age out of DCF care and creates a quality assurance mechanism to enforce the expectation that the youth caseworker and caregivers begin when the youth is 16 to develop a transition plan that addresses specific options on housing, health insurance, education, local opportunities for mentors and continuing support services, workforce supports and employment services.

OCA has been made aware of too many instances in which these crucial plans for youths' transition

to independent adult life or even to the State's systems that serve adults such as the Department of Mental Health and Addiction Services are insufficiently comprehensive or initiated too late to ensure that the unique needs of these young adults are optimally addressed.

Therefore I urge you to report favorably on Raised Senate Bill number 293. Raise House Bill number 5347, AN ACT CONCERNING THE REPORTING OF CHILDREN PLACED IN SECLUSION replaces the current option that the State Department of Education review the use of -- the option that they review the use of seclusion in schools with a requirement that they do so.

Current State law requires school systems to document each instance of restrictive measures such as seclusion or restraint but does mandate that this documentation specify whether or not each restrictive intervention constituted in an authorized component of a student's IED or are undertaken on an emergency basis.

While these restrictive interventions are allowed under IDA as obviously people have already testified to, it must be explicitly understood that restraint and seclusion in any setting are not therapeutic interventions and must only be used in situations where there is imminent risk to the safety of one or more students. And after all possible alternatives to reduce or eliminate such risk have been attempted.

Restrictive interventions are never to be used as a means of coercion, compliance, discipline, or retaliation for the convenience of others or as a substitute for less restrictive measures.

As Mr. McGaughy, from Protection and Advocacy has already testified, State agent -- the Office

of the Child Advocate is currently involved as are other State agencies in an investigation of the use of seclusion within the Connecticut school system and at this time we have insufficient information to offer preliminary findings or recommendations on the practices in this one municipality much less statewide.

Raised House Bill 5347 would provide vitally important data on the frequency and circumstances under which seclusion and physical restraint are used in schools statewide and help to eliminate the question of whether restraint and seclusion use in our school system is problematic.

It is of upmost importance that the State Department of Education, individual school boards and other stakeholders have a comprehensive understanding of how seclusion and other restrictive measures are utilized and what effect they have on individual children and the general school environment in order to offer recommendations to improve the current practice.

Therefore I respectfully request that you report favorably on Raised House Bill number 5347 and continue to revisit this issue in future legislative sessions. Thank you for the opportunity and I'm happy to answer any questions.

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

I'm going to turn this over to my Cochair for a question.

SENATOR GERRATANA: Hi Mickey.

MICKEY KRAMER: Hi.

SENATOR GERRATANA: Thank you so much for coming

SB293

today and testifying. Actually I have questions on your testimony on Senate Bill 293. As I was listening to you talk about it and I was also reading over the Department of Children and Families and their testimony.

They like the intent and I had read here in your testimony particularly regarding children that transition -- youth that transition to independent adult life. You made the statement or even to state systems serving adults are insufficiently comprehensive or initiated too late, you know, to ensure the unique needs of these young adults.

I have to ask, could you perhaps expand on that or explain a little bit more what you see as addressing, you know, youths' needs I guess --

MICKEY KRAMER: Sure.

SENATOR GERRATANA: -- you know, at that time in their life.

MICKEY KRAMER: Sure. For the last several years actually the Office of the Child Advocate in partnership with a number of different folks have been bringing to the attention of the citizens of the State as well as the legislature and the agencies, both the Department of Children and Families and the Department of Mental Health and Addiction Services.

The experiences of -- excuse me, many youth who have transitioned from DCF to the Department of Mental Health and while there has always been a recognition and an appreciation that transition planning -- discharge planning starts with admission. Discharge planning starts very early and particularly for those young people that have been in DCF care for a very long period of time which so many of these young people have.

But in fact in our -- because of the access that we have both to the children and their records, you know, we've learned that the quality and the consistency and reliability of very individualized transition plans has just not been there. And so -- and as Commissioner Katz took on the leadership of the Department of Children and Families she was extremely supportive in recognizing that they have an obligation and in effect have stated a commitment to ensuring that -- that young people's plans are thoughtful, individualized, and well-crafted and developed. We're not there yet.

We still have a lot young people who are aging out or coming into 17, 18 years old and they are not educational prepared. They certainly don't have life skills to be able to make it in the world. Not that any typical 18 year old can -- I mean I think if we look at our own children do we actually think that an 18 year old is -- is able to go out in the world and be fully independent.

They need resources. They need people supports. But they also need a place to live. They need a job. They need -- they need skills. And so we -- you know, we want that to be explicitly a responsibility of the Department across the board for all youth.

SENATOR GERRATANA: Okay. I thank you for that. So are you -- are you saying -- it sounds like you're identify a population that perhaps is -- also has receiving care or support from DMHAS.

MICKEY KRAMER: A large number.

SENATOR GERRATANA: A large number.

MICKEY KRAMER: Those are the youth that -- that the Office of the Child Advocate typically gets involved with. We recognize a lot of young people exit DCF care and do not enter DMHAS care but in fact we also know from national research that -- that in fact children exiting foster care are a very, very vulnerable people of young adults whether they're identified as having major mental health issues or not in terms of their -- their life skills, their preparation to live independently, their connections with families and things like that.

SENATOR GERRATANA: I hear you on that but what -- what would be in a permanency plan? I mean you're -- you're basically advocating a more individualized approach and more comprehensive as I hear you.

MICKEY KRAMER: I think a very -- yes, individualized and a transitioned -- I think the distinction between the permanency plan and a transition -- a permanency plan really speaks to permanent connections for life and a sense of belonging and connection to -- to people and to family.

And if we create a family or if it's biological family and optimally, you know, we can get the child's biologically extended relatives but in fact a transition plan for an older child clearly would have to include permanency and permanent connections to people because that's how we as people make it in the world. We make it in the world with the support of people around us.

And so that -- that's a critical component but we also know that, you know, youth transitioning into young adulthood have to have life skills. You know, they need to, you know how to take care of themselves --

SENATOR GERRATANA: Right. Right.

MICKEY KRAMER: -- in an age appropriate way.

SENATOR GERRATANA: Okay. So the Department comes up with a transition plan but you're saying a permanency plan and frankly I'm trying to get a handle on that in this way. You know, it sounds like perhaps these are children with certain needs or special needs even in some cases but also that a transition plan would be in this case an exit plan if you will. Is that correct?

MICKEY KRAMER: For the -- for the young people exiting at young adulthood correct.

SENATOR GERRATANA: Right.

MICKEY KRAMER: But there's also a need for transition planning which embraces the concepts of permanency for young -- young children who are actually exiting and we hope all children can exit child welfare and care.

SENATOR GERRATANA: Mickey, could this be a plan for housing, a plan for you're saying support in the community, receiving services in the community. Is that what you're talking about?

MICKEY KRAMER: Absolutely. And --

SENATOR GERRATANA: Okay.

MICKEY KRAMER: -- for young children, well for all children but -- because we know that kids in foster care are more prone to and have more prevalence with health issues, mental health issues, et cetera.

It's ensuring that there's a seamless plan for the receiving family or wherever to -- to actually -- so that the child continues to

receive whatever needed services are identified and that's highly individualized. But we know with the population -- the population of youth in foster care tend to be pretty vulnerable and have problems.

SENATOR GERRATANA: Right. Thank you very much. Madam Chair.

REP. URBAN: Thank you.

Are there any -- Senator, I mean sorry -- I may just make you a Senator, Representative Betts.

REP. BETTS: Thank you, Madam Chair, and thank you for testifying, Mickey.

MICKEY KRAMER: You're welcome.

REP. BETTS: Just a couple of questions. One in general, I certainly agree and applaud the goals you've outlined for helping the foster kids. I guess I have a question in my mind not only just about this but in general when I've been in the legislature here. I'm trying to distinguish between what's an appropriate policy versus what's should be in statute.

And one of the problems I have with putting this in statute is you're pretty much requiring an agency to do something without taking into consideration either their financial resources or changes that may occur over a period of a decade. And my impression from the new Commissioner who's come in, I really feel like she's pretty much on the same page as you in terms of trying to do what's right.

I just have a problem and a concern about putting things into statute when it in fact could be an administrative policy. And I'm wondering if you -- if you see the distinction

or have the same kind of concern as I do.

MICKEY KRAMER: I absolutely understand what you're saying and in fact we, you know, absolutely believe that Commissioner Katz and her leadership team are really on a very strong and forward path to correct the situation for the thousands of children and families in their care.

I think that they system -- we still have yet to see -- the last year and a half or so for the new Commissioner and her team has really been about generating awareness and knowledge and getting out there with a message of expectations. And the reality of it is I don't know that we have evidence that it is -- I mean we certainly have evidence that certain things are getting better.

The number in children in out of state care are going down, et cetera, et cetera. But in terms of children's needs being met and effective and long term supporting transition to families, et cetera, I don't know that we know that yet.

So I think by codifying it by actually, you know-- and the other thing is I mean in the short time that I've been with the Office of the Child Advocate since 1998 the reality of it is there's been several changes in the administration. And with each change in administration the focus can change.

So I think that that's the lack of reassurance that we have that in fact just having the right person at the helm is absolutely the most -- a very critical thing but we'd like to actually see it be required.

REP. BETTS: Well I appreciate that. I guess I have a lot more -- well I have a great deal of

confidence in the new Commissioner.

MICKEY KRAMER: I do too.

REP. BETTS: And I don't think we've given her enough time to be able to implement some of these things. And my own view is we pass way too many laws and we really could do things better by doing it through policy and regulation but we can talk about that a little bit later. I do have some questions and very serious concerns about H.B. 5347.

The first is, you say restrictive interventions are never to be used as a means of coercion, compliance, discipline, or retaliation for the convenience of others or as a substitute for less restrictive interventions.

I find that to be a very strong statement. And I'm wondering if you have any evidence that suggests that that's in fact taking place right now.

MICKEY KRAMER: Actually that's -- that's very much specifically a part of the policy and regulation. It's made explicit that restraint and seclusion are not to be used for any of those purposes. And to be frank I think that in the investigatory work that the Office of the Child Advocate has done over the course of many years, I wish we could say that it's never because of coercion or any of those things.

We don't believe that that's the standard, that every -- that it's always that way. But in fact we have uncovered many, many circumstances where in fact a power struggle engaged between two -- a child and a bigger person where a person didn't have any training and used inappropriate judgment. I mean, I think we do have evidence that in fact it can happen.

continues to be a good match for each party.

She believes moving these assessments from 90 days to 60 days will protect both the children and the foster parents from remaining in a situation that for whatever reason isn't working the way DCF anticipated or the way either party requires. Thank you very much for your time and thank you in advance for your favorable consideration of this bill. And if there's any questions please contact my office.

SENATOR GERRATANA: Thank you, Phyllis.

PHYLLIS SILVERMAN: I'll be the one answering the phone.

SENATOR GERRATANA: Thank you, Phyllis. And of course we thank Senator Harp for bringing this to our attention. Also the department testified on the legislation and I like their suggestion on section three also that there be some written request and a form developed rather than adopting regulations. I think that might be appropriate too. But we thank you for your testimony. Any questions or concerns? No. Thank you.

PHYLLIS SILVERMAN: Thank you.

SENATOR GERRATANA: Next is Karyl Lee Hall, Connecticut Legal Rights Project on Senate Bill 293. Thank you. Welcome.

KARYL LEE HALL: Madam Chair, members of the select committee on children, my name is Karyl Lee Hall. I'm an attorney with the Connecticut Legal Rights Project.

We represent individuals with mental illness in the State of Connecticut. I'm here to speak in favor of Raised Bill 293 for the following

reasons. You have my testimony so what this is basically is a summary and some observations.

The reason why Raised Bill 293 is important is while permanency plans are actually mandated by law the things that the bill would include in the permanency plan are not. Transition plans are really good.

When a kid moves or a young adult -- I guess it's a youth, 16 to 18 moves from DCF to DMHAS or even into the community a transition plan allows that individual to move with ease from one treatment modality to another. You don't want to have a break in an education plan.

You don't want to have a break in treatment plans or -- medical treatment, psychiatric treatment or any number of other things. So the idea is that this transition -- transition planning is to make seamless the whole process because otherwise like any transitions it gets bumpy.

And we're talking about really fragile individuals here. Individuals who not only might become sicker and therefore make their recovery that much longer but who are young people who are subject to all kinds of temptations and who many times, more often than we would ever want to see, end up in the criminal justice system.

The raised bill would then make the -- the permanency plan which is mandated by law include those things as a -- as a mandate of statute. Now you say to yourself why aren't they already mandated? What in fact is true is that there is an agreement between DCF and DHMAS that transitions plans should have and that certain kinds of information should be in them.

But a memorandum of understanding is not a law. And there's no way to enforce it. And does it happen, this wonderful transition planning? I can only tell you that the experience of my organization is that it does not happen often enough.

And so when it doesn't happen the tragedy to the individuals for which -- who bear the brunt of that is extreme. We see lots and lots and lots of times where a kid transitions from DCF to DMHAS and there's no benefit information.

Now if there's no benefit information it takes an enormous -- well let me just say an extended period of time to get benefits in place and without benefits in place the housing options for these young adults are di minimis.

The treatment options are sometimes reduced as well because without benefits many treatment providers in the community will not take you into their program.

So to make a long story short we feel that this statutory mandate is important, that DCF -- that DCF itself recognizes the importance of the intent -- I believe that was the wording used, is of great reassurance to me. And I'm hopeful going forward. Nonetheless, as was pointed out by Mickey Kramer we live in a world in which things change including the head of DCF.

SENATOR GERRATANA: Thank you. Thank you so much for your testimony, Attorney Hall. It's not so much -- you know 20 years ago when I was a State Representative we were faced with this challenge also, you know, the transitioning of children either in foster care or under -- with special needs, mental health issues and that sort of thing, you know, from DCF -- DCF to DMHAS.

It's interesting that there was an MOU. I certainly would like to see that. But as a legislator I'm trying to get a handle on even if I put aside what kind of resources we would have to allocate towards just -- and you want to put in the statute what a permanency plan would be but, you know, I'm -- I'm reading through the legislation and you're saying, you know, this says the steps of the -- the Department has taken to develop a transition plan that is personalized for the child.

I think the first this is that -- at least the first step is that it should be personalized towards the child. And whether it's a transition plan or a personalized -- permanency plan rather. And they you want specific or at least the bill says specific options for housing, health insurance and education. You want DCF to do this? I guess I'm trying to get a handle on what do we mean by this permanency plan and who does what?

KARYL LEE HALL: First of all let me -- that we know we need a permanent plan -- a permanency plan is mandated for each child. Okay. So what the bill does is say the permanency plan should have these things in it.

The MOU also says that at 16 for example information is exchanged with DMHAS, i.e. certain number of individuals are going to be coming to you at a certain time. These are their treatment needs. These are -- this is their background.

We're saying -- this is what their eligibility for benefits are. These are what their benefits already are. All this information is already within the purview of DCF. Okay. So there's no additional --

SENATOR GERRATANA: Right. So do you want this recorded somewhere or --

KARYL LEE HALL: What -- what we would like is that when for example a child is in a judicial setting, a judge may say what's the permanency plan and within the permanency plan for example it should say for example this child has been getting X benefits and is eligible for the following benefits between 16 and 18, not necessarily when the child is little.

I don't deal with little children so I honestly don't know what the -- but I do deal with kids who are about to transition. And if you -- you have to start gathering for example benefits information early. We're not saying they should apply.

We're saying they should determine eligibility and get the information together. It's information they already have. It wouldn't cost any more money to put it in the permanency plan.

It would just mean that that information was public information available to judges, advocates, families, individuals and I think what DCF is saying is the permanency plan is the place to put that information. It's the pot in which all the resources go.

SENATOR GERRATANA: Well that gives me a better understanding of what needs or, you know, what the bill wants to accomplish as really trying to understand because I thought they do a permanency plan.

Isn't this, you know, information aggregated. But it sounds like you want to -- one place, you know, as a process when the child is exiting the system that all this be in place before the child exits.

KARYN LEE HALL Absolutely. Absolutely.

SENATOR GERRATANA: And it just isn't being done now.

KARYN LEE HALL: It's not being done now.

SENATOR GERRATANA: Okay. I get it. I appreciate your input on that.

KARYN LEE HALL: Thank you.

SENATOR GERRATANA: Are there others who have any questions?

No. Thank you for your testimony.

KARYN LEE HALL: Thank you very much.

SENATOR GERRATANA: Finally we have Elaine Zimmerman, Commission on Children -- Connecticut Commission on Children.

MARYKATE LOWNDES: Good afternoon, Senator Gerratana, and members of the select committee on children. My name's MaryKate Lowndes. I am the Commission on Children's Director of Development and Special Initiatives testifying on Elaine's behalf. She sends her regrets she's not able to be here. She was presenting to the Governor's early childhood cabinet.

The Commission on Children supports Raised Senate Bill 273 and Raised House Bill 5325. I'll speak first to Raised Bill number 273, AN ACT CONCERNING THE CARE FOR KIDS PROGRAM. Access to early care and education for vulnerable children including teen parents and newly unemployed families is paramount for the young child's school success. A child's brain develops to 90 percent of its capacity by age five.

to address students need on an individual basis.

We also work with several communities through the Connecticut Juvenile Justice Alliance where the simple action of making sure that community providers and the schools are communicating on a regular basis as to what services are available has made a huge impact on the people. Thank you.

SENATOR GERRATANA: Thank you very much.

DANIELA GIORDANO: Good afternoon everybody. My name is Daniela Giordano and I'm the Public Policy Director at the National Alliance on Mental Illness. We're also a part of the Keep the Promise Coalition that Abby was just mentioning.

And I want to speak in support of S.B. 293, the permanency and transition plans. And we really want to thank the children's committee for raising this bill. As part of the Keep the Promise Coalition which is a coalition dedicated to ensuring that a community comprehensive mental health system is created and sustained for children, adults and youth and families.

We have been advocating for effective transition planning for youth for numerous years, especially as erase the age goes fully into effect this summer and therefore the age of the youth in juvenile justice and DCF is going to increase it is crucial that the department develop personalized transition plans that include specific strategies to address the following life areas and where appropriate provide assistance in accessing those; housing, health, education, opportunities for mentors and ongoing support opportunities, workforce support, employment services and benefits.

And in conclusion there is one piece that is

missing in the -- in the bill the way we see it. As there is -- we understand that DCF and DMHAS have a memorandum of agreement as was mentioned earlier and have been collaborating the past few years to improve transition planning for youth.

However currently there is no system to provide data on the processing of the outcomes. Our recommendation is to have Value Options which now contracts with the State to manage behavioral health services for children and adults, collect and report data.

This kind of data could include the number of youth at age 14 who are likely to transition to DMHAS, the number of youth accepted for adult services, the timeline frequency of collaboration and developing those transition plans and others.

Thank you very much for your time.

SENATOR GERRATANA: And thank you. I thank all of you women for coming and testifying today and doing it in an efficient manner. We appreciate that. I do have just a quick question or two.

One of course for Beth and that is I am awfully, awfully saddened to hear that you had to witness your son being put in -- in essence it sounds like a closet. But I guess my question goes to, was this part of his individualized education plan to do this?

HB5347

BETH FLEISCHMAN ZWEIBEL: Yes.

SENATOR GERRATANA: It was. And I have heard anecdotally, you know, from people. Before I got into the legislature I've talked to many, many parents who have basically had to go out and hire someone, you know, to advocate for their children even though an IEP had been, you

JOINT
STANDING
COMMITTEE
HEARINGS

SELECT
COMMITTEE
ON
CHILDREN
PART 3
597 - 869

2012

hearing.

So what is being reported is certainly of question in my mind. Are there any other questions or comments? No. Thank you so much for your testimony. Jake Siegel, Connecticut Voices for Children. You're coming up with Sarah too?

JAKE SIEGEL: Sarah as well. Yes.

SENATOR GERRATANA: Thank you. Thank you. Thank you. We appreciate that.

JAKE SIEGEL: I saw I was down on the signup sheet as testifying three times. It's just once on three bills. Yes. Good afternoon folks, my name is Jake Siegel, I'm a policy fellow at Connecticut Voices for Children where I specialize in child welfare work.

I'm here today to testify in support of three bills, Senate Bill 272 concerning social security for kids in the foster care system, 293 concerning permanency and transition plans and 5347 concerning the reporting of children placed in seclusion. I'll touch on each briefly.

First of all S.B. 272 concerning social security support would ensure that necessary supports are in place for children leaving the foster care system either aging out or returning to their homes or going into guardianship.

We do want you to know that it takes -- according to SSA it takes three to five months to be approved for SSI.

So it's important that this process start while children are still in care. And then additionally we think that we really need to -- we would suggest that you amend the bill to make

sure that review of children's eligibility is ongoing as part of the permanency planning process, the case planning process because children's statuses can and do change and we need to make sure if children actually carry unexpectedly to reunification or to guardianship for instance that those supports are in place. So the transition -- or the permanency planning where these kinds of discussions are going on is the logical place to do that.

And then also concerning Senate Bill 293, concerning permanency and transition planning. This bill deals with two populations that we're very concerned about, early childhood and adolescents preparing to age out of care which is a population with whom I work quite closely.

I think the most important thing to know about this bill is it's really about strengthening things that are already in place in statute. For instance for the early childhood provisions it has to do with making sure that children have been assessed for developmental preschool, birth to three services to which they're already entitled by law.

And then for older children it's really an extension of what's in the federal fostering connections legislation which mandates transitional planning directed to the youth -- personalized to the youth 90 days out. You saw some folks -- some young people came up here and testified at our foster youth capital day and said hey with your own children do you say 90 days before your 18 oh yeah what do you want to do with your future.

It just doesn't make a lot of sense. Two years is not too much to ask. And then 5347 we support more data collection for all the reasons that have already been articulated. So I'll

SARAH EGAN: Good afternoon, members of the committee. Thank you for allowing me to be here to offer testimony on support of Bill 293, AN ACT CONCERNING PERMANENCY AND TRANSITION PLANS. My name is Sarah Egan. I'm a lawyer and I run the Child Abuse Project at the Center for Children's Advocacy.

And this bill -- several people have testified on behalf of this bill today so I thought maybe I would explain our vision for what the bill would do.

The bill is an accountability measure designed to use the existing system for submitting case plans to the court on behalf of children in DCF custody and to make sure that those case plans specify and document the lawyers, and for the judges exactly what steps the State -- the Department of Children and Families is going to take to make sure that the basic needs of children in DCF custody are met. So put another way, the law already requires that case plans get submitted to court.

The plan is supposed to say what -- what the permanency plan is for the child whether it's adoption, reunification, termination of parental rights. And then the law says that the State has to document what steps and efforts the child welfare agency is going to take to implement the plan and make sure that the child's and family's needs are met.

So what the bill seeks to do -- what we like about the bill is that it says okay when you submit the plan on behalf of the child and the family make sure that the plan says how the child needs for education, housing and subsistence are going to be met.

The problem now is that too many plans come into court from the child welfare agency on behalf of children and they don't -- they say very little about what the child and family's needs are and how those needs are going to be addressed. And what happens is that things get missed because of that. So the bill is -- is first and foremost it is an accountability measure.

It is designed to make sure that the best practices that folks are working on get implemented and documented. The language in the bill mirrors federal requirements about case planning that should be done on behalf of young children and adolescents, specifically the child abuse prevention and treatment act, the adoption state families act, and the individual with disabilities in education act.

All of which require that the comprehensive needs of children in DCF placement for education, medical treatment, services get identified and that they be referred for the appropriate services. So again the bill is designed to make sure that we're documenting that that's happening.

And the bill is not designed to make -- we feel that the bill does not fit anyone for a black hat or say that anyone's not doing what they're trying to do or supposed to do on behalf of kids.

The bill is designed to build on increasing an appropriate attention for young children's issues and adolescent's issues, particularly their educational needs and to make sure that we don't forget about what our most vulnerable population in our community which are abused and neglected children who have experienced maltreatment and are living in DCF care.

So another thing that we like about the bill is that's it achievement gap legislation because it's focusing on two cohorts of kids and case plans for those kids whether they're in the birth to three range or in the adolescent about to turn 18 range and says please document for us what steps are being taken to meet those children's educational needs making sure that these kids don't get left behind.

So the bill -- the purpose of the bill is consistent with what experts around the country are recommending which are that child welfare agencies, lawyers for kids, and courts really partner and collaborate together to make sure that we are all on the same page, that there's a spotlight on these needs for kids, that we're documenting what we're doing in a way that we can review and a way that we have transparency and accountability.

So the bill doesn't create any new obligations what it does is it clarifies what folks are already supposed to be doing. It spells it out very neatly almost in a checklist form in a way that parallels existing federal requirements and creates a mechanism for -- for that to all be reviewed by a juvenile court judge.

REP. URBAN: I think that the bell is ringing.

SARAH EGAN: I think the bell didn't work which is probably to my benefit.

REP. URBAN: Thank you.

SARAH EGAN: Sorry about that.

REP. URBAN: Thank you for your testimony, Sarah.

Representative Betts.

REP. BETTS: Thank you, Madam Chair.

I don't know if you were here earlier, Sarah when I asked this question. The goal is laudable and I think everybody is on the same page in terms of meeting this.

And certainly the committee -- I mean I think you would agree that DCF is certainly on the same page as you are on this. The question I have -- or I'm assuming. Do you agree that they -- they share the same goal?

SARAH EGAN: In terms of what specifically?

REP. BETTS: Laying out a plan and making sure that these kids are taken care of until you start getting out of the DCF system. They want to make sure they're well prepared as they leave the care and custody of DCF.

SARAH EGAN: I would say that the -- I would say that DSF -- I guess I would agree to that in part.

REP. BETTS: Okay. Well I think you're right. I mean we have a ways to go but I think you're right at least from what I've heard from the Commissioner. My question is this, in the short time I've been up here -- I just look, I open up a box and we had three volumes of books of laws that we passed and I've now gotten to the point where everybody sort of feels like in order to solve a problem you have to pass a law.

I think this is policy myself and I'm very uncomfortable putting it into statute. And I'm wondering why it can't be done in policy as opposed to having to put it into law because once you start putting these things in law it's very clear that there's certain expectations that lead to increased cost to implement some of

these things that would not necessarily have to occur if it were done administratively.

And I'm just unclear as to the importance of the need for putting this into law rather than trying to work together, have good dialogue and communication with DCF and the other parties.

SARAH EGAN: Well thank you for your question, Representative Betts. I guess what I would say to that is that -- and I do agree that folks are -- a lot of folks including DCF are paying more attention and laudable attention to not just the issues affecting our adolescents which the bill speaks but also issues affecting -- and I think in particular DCF has an increased focus on working on issues as they relate to the birth to five population.

I'm a little less so I think to be honest with issues affecting our older adolescents. But to the heart of your question, my response would be that what the law does is it provides accountability about that which we are all partnering on to work on.

That the law's an expression of the legislative policy and the community's goals to say this is what should be done on behalf of our children. And to the extent that we are talking about DCF committed children and the most vulnerable and often the most invisible children in our community that having a simple measure that expresses -- that offers accountability, that expresses even the consensus among child welfare professionals including DCF about what should be done seeks to clarify obligations and hopefully simplify things as they go forward.

Another thing I would add is that every state has a statute in response to federal mandates that spell out that children in DCF custody have

to have a case plan or a permanency plan as it's called here. And every state has a -- every state's statute then spells out the requirements of what should be in that plan because what the federal law requires is that the judge review that plan and make sure that the plan addresses the child's wellbeing and that the plan serves the child's best interest.

So every state will spell out what the plan should entail. A review of every -- of 50 states various permanency plan statutes will show that Connecticut's is probably one of the most spartan permanency plan statutes in the country and that it says very little about what should be there and about what should be reviewed. Some states are very comprehensive saying that for children in care this is what we want to be in the plan because this is what we want to review.

And it's not to suggest that people aren't doing a job in a particular case. They may or they may not be. But what it does is it creates a checklist of things that people care about so that we can ensure that they're happening, ensure that the judge has the information that they can review. In some ways it's a -- it's a way to be helpful to the department.

It gives them a checklist that says these are the things that we want to make sure are happening. These are the things we are working on. And the law is an expression of the legislature's policy about what should be happening for kids.

REP. BETTS: Well I appreciate that answer but I -- I'm still really tormented over this because we have results based accountability now and I sit on appropriations as two other members and if something's policy it doesn't mean we can't hold

them accountable or try and find out what the status of a program is.

So I do think that there are ways that currently exist that you can hold agencies accountable or fine tune things that are not being done without passing a law. And again I get the strong impression that even though we have very good intentions here and we all share the same goal we just seem to be adding more and more paperwork, more and more cost associated with people simply doing their jobs.

I mean if -- if we're unhappy with someone's policy within an agency believe me, we have the ability to be able to hold them accountable. So I just wanted to share that. I don't know if other members feel that way but after what I've seen in the last year I'm really -- I'm really hesitant to go the statute route before trying to do the policies. But I appreciate your concern and why you want to do that.

Thank you.

SARAH EGAN: Thank you, Representative.

SENATOR GERRATANA: Are there any other questions for Sarah? Yes, go ahead Representative Thompson. Sorry. I didn't turn that way. Sorry. Representative Thompson. I'm sorry.

REP. THOMPSON: You saved us all a lot of time and you mention a checklist and every state has one. Do you have any recommendation as what one or more checklists might fill the bill as far as you're concerned and suggest it to us and even obtain it for us if you want or if you can easily. I'd appreciate it.

SARAH EGAN: Of course. The bill is an attempt to actually right -- or actually what we like about

the bill is that it -- it puts the checklist right in and a limited one, trying to focus on the things that are most important for the cohorts the bill talks about.

So for example the language in the bill says that where a bill is submitted on behalf of a child who is aged birth to three, the plan has to say whether they've been -- that child's been referred for early intervention and early education services.

If the child is between the ages of 16 and 18 the bill provides that the plan has to document -- you know what are the steps that the State has taken to make sure that the child's able to complete education, has appropriate housing, access to medical care, and benefits.

So what we've done is taken some of the checklists in other states statutes and tried to cull it for the most significant factors. And those I think we see in the bill that's before the committee today. Some states, there permanency plan statutes go on for pages and pages which doesn't seem that the legislature would appreciate it necessarily.

So what we tried to do was find the most significant things and include them in the proposed bill.

REP. THOMPSON: Well let me just question you one bit further. You mentioned birth to three. We're very familiar with birth to three. And we know that it works. It works enormously. And I think over the years -- before result based accountability they had it there for birth to three and they were constantly monitoring it.

And that was as one of my colleagues mentioned, that was part of the administration's doing.

And for example when I served on the interagency coordinating committee for birth to three I represented the House and I remember when I first joined it I asked for some kind of, you know, summary about what you're doing and why you're doing it and what are the results.

Well they came right back to me about a month later, gave me a report and they followed a group of children from the time they entered birth to three to the end of their high school career some 12 years later. And they also did the mathematics and the findings were that it saved the State and the communities 24 million dollars.

And that's been going on ever since and right now they, you know, do that in all of our agencies -- do something along those lines. So it's a policy tool and it works. And I, you know-- how would you improve upon something like that in that particular -- they're already doing what they're supposed to be doing and it's pretty much shaped by the intent of the legislature, the administration of the -- the laws that have been enacted over the years. And it's a smashing success.

All this early childhood gains that we've been making seemingly are making a big difference in the lives of children and in our society and who knows what the future will bring. It should bring good results. But -- if you -- if your idea about the checklist is akin to doing something like that then that's a good thing. And how we arrive at that checklist you can provide us with your idea of what a good checklist looks like, where it's working and so on. That would be very helpful. Thank you.

SENATOR GERRATANA: Thank you, Representative.

No other questions.

I just have a comment. Sarah, I'm going to be working on this bill so I need to work with you.

SARAH EGAN: Okay.

SENATOR GERRATANA: I'm sorry I missed your testimony. Great. Thank you, Sarah. Okay. Next is Camila Laurendo.

CAMILA LAURENDO: Good afternoon, honorable committee cochairs and committee members. Thank you for giving me the opportunity to speak today. My name is Camila Laurendo and I'm a master's of social work student at the University of Connecticut School of Social Work.

And I'm here today to testify on Raised Senate Bill number 273, AN ACT CONCERNING THE CARE FOR KIDS' PROGRAM. I support this legislation and I hope that you will support it as well. High childcare costs are seen as one of the biggest obstacles for securing employment for single mothers and Care for Kids is a very important program that addresses this need but it currently does not accommodate all parents in need of affordable childcare in Connecticut such as minor parents in high school, mothers on maternity leave and parents who have lost their employment as described in the text of this bill.

Throughout my career as a student and as a social worker I have come across young mothers who have had to deal with the very difficult task that is to raise their children while attempting to complete high school. Many have had to drop out of school in order to care for their children since their parents or other relatives had to work. Dropping out of school significantly decreases a young mother's chance

LAURA SIMON: Thank you.

SENATOR GERRATANA: Next is Bonnie Roswig. We're now at good evening.

BONNIE ROSWIG: My name is Bonnie Roswig and I'm an attorney with the Medical Legal Partnership Project of the Center for Children's Advocacy. Thank you for giving the opportunity to testify tonight. I'm testifying in support of Raised Bill 272, AN ACT CONCERNING SOCIAL SECURITY SUPPORTS FOR CHILDREN IN FOSTER CARE. Two seventy two is really a very simple bill.

It directs DCF to document the fact that it has assessed whether a child in their custody is eligible for children's social security disability benefits which is otherwise known as supplemental security income or SSI. SSI is a cash assistance program for very poor and disabled children.

So many children in DCF custody given the traumas they have gone through should clearly be assessed for disability benefits. And if children in DCF custody are granted SSI that money goes directly to the State of Connecticut because the assumption is that that money from the Social Security Administration is for the care and support of the children.

It is very complicated to make an assessment as to whether or not a child is eligible for SSI benefits and even more complicated to keep those benefits. First the issue isn't exclusively that a child has a disability but that the child's disability meets the functionality test of the Social Security Administration.

In other words, how does this child function within the world, within society, amongst peers and in schools. The other issue with SSI

86293

Finally I believe the department does support this bill however that they've submitted amended language so that they do not have to pursue all appeals and we strongly oppose that. Social security appeals are extremely complicated. These are the regulations by the Social Security Administration which control applications, appeals and denials.

The Social Security Administration is the only court I've ever been in front of which requires appellants to come before them if they don't have an attorney so that they can be counseled to get an attorney. So if there's nothing that says that if the social -- if DCF requires an appeal that it will be granted but potential applicants really need the assistance in filing the appeal.

Thank you for giving me the opportunity to testify. I'm happy to answer any questions.

SENATOR GERRATANA: Thank you, Bonnie. I appreciate your testimony. I'm going through to find DCF's testimony also about the corrections that they have and I appreciate that you submitted language. It goes a little bit to the concerns that were raised in Senate Bill 293. Have you looked at that legislation?

BONNIE ROSWIG: I have not.

SENATOR GERRATANA: Yeah. It's an act concerning permanency and transition plans. It seems as though at least from your testimony that you're far more familiar with the whole process of going for social security income benefits.

BONNIE ROSWIG: Right. I mean it really is such an important part of the permanency plan. It has to be addressed and social security applications and benefits are -- they're fluid. Assessments

are constantly being done.

The other problem is kids are aging out of the system. The standards for a child under 18 are different than a child -- than a young person over 18. All that must be addressed. It's very complicated. And to really the -- you know, there are places where it really must be addressed.

SENATOR GERRATANA: Right. All right. Well thank you. I'm reading through your testimony. Are there any questions or -- no. Thank you so much.

BONNIE ROSWIG: Thank you for your time.

SENATOR GERRATANA: Okay. Next is Holly Harlow, Access Connecticut. I don't know Holly, there's also a Katie Zeranski. Is that -- do you want to come up and testify together or do you want to do it separate?

HOLLY HARLOW: It's okay by me. It's okay by me.

SENATOR GERRATANA: It's okay. Whatever you want to do. Okay. Since you're both from the same organization.

HOLLY HARLOW: Right.

SENATOR GERRATANA: Good.

HOLLY HARLOW: Thank you, Senator Gerratana. We're here in support --

SENATOR GERRATANA: You're welcome. We'll give you five minutes.

HOLLY HARLOW: We're here in support of Senate Bill 296 which has to do with adult adopted persons and their birth certificates. Senator Meyer

Any parents that would like contact me because I know this is being televised. They can email me at ctparents@gmail.com. I would like their views or if they've -- they feel strongly about this they can attend the meeting with Senator Gerratana here.

SENATOR GERRATANA: All right. Gerratana.

CHERYL MARTONE: Gerratana.

SENATOR GERRATANA: That's good.

CHERYL MARTONE: On Thursday.

SENATOR GERRATANA: Up here in the LOB. Does anyone have any questions or follow up? No. We'll see you on Thursday.

CHERYL MARTONE: And I'll send you my written testimony --

SENATOR GERRATANA: Thank you.

CHERYL MARTONE: -- because I've been working all day.

SENATOR GERRATANA: Excellent. Thank you. Thank you so much.

CHERYL MARTONE: Thank you, Senator Gerratana and the select committee on children. Thank you.

SENATOR GERRATANA: Thank you, Cheryl. Next is Randy Rubin.

RANDY RUBIN: I might be last.

SENATOR GERRATANA: Next to last. Welcome.

RANDY RUBIN RODRIGUEZ: Next to last. Okay. I'm

SB293
SB296

Randy Rubin Rodriguez from New Haven, Connecticut and I'm speaking to you today wearing three different hats. One as the mother of several children two of whom were adopted through the Department of Children and Families. Two who are part of our -- we are their forever family who are not adopted and failed miserably related to Bill 293 for permanency and transition which is why one of them at 23 is still living with us.

A child welfare professional for 25 years and an advocate for human rights. I want to preface my speaking by one thanking Representative Thompson who I had the pleasure of working with many years ago with Muriel Banker on the grandparents and kinship care legislation and all of your time that you devote to Connecticut's children and families.

As a mother I'd like to relay a brief interaction that occurred relative to the importance of Bill S.B. 296, access to original birth records. Several years ago another adoptive transracial family and ours were sitting in the Athenian Diner having lunch. An African American couple whom we knew walked up and greeted us and proceeded to sit down at their booth. One of our children stared at them for what appeared to be an evitabley long inappropriate amount of time and then said to the other adopted child at our table, I wonder if those are your grandparents. This was an eight year old.

Obviously everyone at the table could hear a pin drop. How was an eight year old even thinking about this issue? And what about all the other people that come in contact with them on a daily basis? These are children who are well loved, well cared for, in private schools, have all the things that all of our children would want to

STATE OF CONNECTICUT
DEPARTMENT OF CHILDREN AND FAMILIES

Public Hearing Testimony

Select Committee on Children
March 6, 2012

SB294
SB296
HB5346

S.B. No. 272 AN ACT CONCERNING SOCIAL SECURITY SUPPORT FOR FOSTER CHILDREN

The Department of Children and Families **supports the intent behind** S.B. No. 272 - An Act Concerning Social Security Support for Foster Children. This bill requires that the placement plan for each child in the care and custody of the Commissioner of Children and Families include documentation as to whether the child is eligible for benefits from the Social Security Administration, including, but not limited to, supplemental security income, survivor and disabled adult child benefits. It requires DCF to complete and submit an application for Supplemental Security Income (SSI) for any eligible child in its care and custody.

The Department appreciates the need to ensure that our children are enrolled for SSI and other programs for which they may be eligible in a timely manner. DCF received SSI benefits on behalf of 283 children for calendar year 2011 totaling $1,120,107. Last year, 142 SSI applications were filed with Social Security and 54 SSI applications were disapproved. We have no objection to the requirement that we make application for SSI benefits, but we do not believe that we should be mandated by law to appeal any denial of an application.

The Committee may consider incorporating this concept into the permanency plan provisions of S.B. No. 293. In addition, we offer the following suggested amendment to the language of this bill:

- On line 1 - **Delete** "placement" and **insert** "permanency" in lieu thereof
- On lines 9 through 10 - **Delete** " appeal the denial of an application, if applicable, and"

S.B. No. 293 AN ACT CONCERNING PERMANENCY AND TRANSITION PLANS

The Department of Children and Families **supports the intent behind** S.B. No. 293 - An Act Concerning Permanency and Transition Plans. This bill requires that permanency plan documents submitted by DCF and any permanency plan hearings include information regarding what steps the department has taken to make any necessary referrals for children under five years of age to early intervention, preschool, or special education services, steps taken to enable a child sixteen years of age or older to learn independent living skills and complete a secondary education or vocation program, and steps taken to develop a personalized transition plan for children between the ages of sixteen and eighteen.

We recognize the importance of documenting specialized services for both the youngest and oldest populations that we serve. We agree that the permanency plan is an appropriate vehicle to capture this information.

***S.B. No. 294* AN ACT CONCERNING CHILDREN AND THE DEPARTMENT OF CHILDREN AND FAMILIES**

The Department of Children and Families **supports** S.B. No. 294 - An Act Concerning Children and the Department of Children and Families. This bill requires DCF to visit foster homes and the homes of children or youth every sixty days and also requires the department to respond to foster families' written special requests in a timely manner.

We believe that a sixty day visitation standard called for sections 1 and 2 of the bill, as an absolute minimum, is reasonable and we strive for much more frequent visitation with all children in our care. 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. For the most recent evaluation period (4th Quarter 2011), the Department met this measure 98.6% 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 85.9% of the time during the most recent evaluation period (4th Quarter 2011). 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.

Section 3 of the bill requires DCF to respond in a timely manner to foster families' written special requests for things such as travel overnight or out-of-state with such child's foster family. We support this provision, but would suggest that, rather than requiring the Department to promulgate regulations, the bill be amended to require the requests be in writing on a form developed by the Department and that the Department shall respond within five business days or otherwise the request is deemed approved.

***S.B. No. 296* AN ACT PROVIDING CERTAIN ADULT ADOPTED PERSONS WITH ACCESS TO PARENTAL HEALTH INFORMATION AND INFORMATION IN THEIR ORIGINAL BIRTH CERTIFICATE**

The Department of Children and Families **offers the following comments** regarding S.B. No. 296 - An Act Providing Certain Adult Adopted Persons with Access to Parental Health Information and Information in Their Original Birth Certificates.

The Department fully understands the need for adult adoptees to seek and obtain their original birth certificates, **but DCF has concerns with making this legislation effective retroactively** as

CONNECTICUT
VOICES
FOR CHILDREN

Independent research and advocacy to improve the lives of Connecticut's children

Testimony Supporting
S.B. 272: An Act Concerning Social Security Support for Foster Children
S.B. 293: An Act Concerning Permanency and Transition Plans
H.B. 5347: An Act Concerning the Reporting of Children Placed in Seclusion

Jake Siegel, Alexandra Dufresne, J.D., Select Committee on Children
March 6, 2012

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

We are testifying 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.

1. Connecticut Voices for Children **supports** S.B. 272, An Act Concerning Social Security Support for Foster Children, which would ensure that needed economics supports are in place for children in the child welfare system.

SSI benefits and other benefits from the Social Security Administration can provide crucial and necessary supports for children leaving DCF care.[1] S.B. 272 would make sure that such benefits are in place by requiring that DCF apply for benefits for eligible young people in its custody. Because it routinely takes three to five months for the SSA to process an application for SSI[2], it is important that benefits be secured while a child is still in DCF care. As described in more detail below, extensive research shows that youth aging out of DCF care face a wide variety of challenges. Ensuring that basic supports are in place before youth age out of care will smooth these transitions and reduce the risk of some of the most negative outcomes, such as homelessness, outcomes, which can have long-term consequences for both the youth and the state.

Furthermore, periodic review of each child's eligibility for social security benefits is crucial, as to ensure that benefits are in place if a child exits care before the age of emancipation (to reunification or guardianship, for instance). We therefore recommend that the bill be amended to mandate that such a review be included as part of the case plan review process. As case plan reviews must occur every six months and are likely to document any changes in circumstances that would affect SSI eligibility, they provide a natural opportunity to conduct an evaluation of benefit status.

2. Connecticut Voices for Children also **supports** S.B. 293, An Act Concerning Permanency and Transition Plans, a bill to strengthen the provision of services children and adolescents in DCF care.

S.B. 293 provides additional requirements for the permanency plan and permanency plan hearing process to enhance services provided to two particularly vulnerable groups, young children under the age of six and teenagers preparing to "age out" of DCF care.

The requirements for young children require the department of address whether the department has made any necessary referrals for early intervention, preschool, or special education services that are required by existing law. It has been well-documented that children in foster care face much higher

rates of many health problems, including development delays, than the general population.[3] Early intervention is the key to ensuring that all children have the opportunity to reach their full potential. Therefore, there is a great need to ensure that the Department has provided any early childhood services to which young children may be entitled.

Furthermore, the bill strengthens transition planning requirements for adolescents between the age of 16 and 18 who are preparing to age out of DCF care. This portion of the bill builds on the requirements of the federal Fostering Connections to Success and Increasing Adoptions Act of 2008, which requires states to develop a transition plan "personalized at the direction of the child" during the ninety days before a child reaches the age of majority.[4]

Because youth aging out of care are less likely to have resources in place to support their transition to independent adulthood, these young adults are at high risk for poor outcomes in health, education, employment, and social/emotional development. Studies show that, among other things, youth aging out of care are far less likely to graduate from high school or be enrolled in college, far more likely to experience homelessness or involvement with the criminal justice system, and are less likely to be earning a living wage than their peers in the general population.[5] By ensuring that transition planning is documented as part of the permanency planning process for older youth, this bill increases the likelihood that kids preparing to age out of care will have access to needed supports.

3. In addition, Connecticut Voices for Children also **supports** H.B. 5347, An Act Concerning the Reporting of Children Placed in Seclusion.

H.B. 5347 requires data collection and analysis of the use of seclusion in schools. According to the Keep the Promise Coalition, limited surveying by the State Board of Education identified over 18,000 incidents of restraint and seclusion in the 2009-2010 school year.[6] However, incidents of the use of restraint and seclusion are not made public.[7] Requiring more complete reporting on the use of seclusion and the precipitating incident for both emergencies and students with individualized education programs (IEPs), along with public reporting of the data, will help ensure that seclusion is used appropriately. This information will also help identify schools and districts in need of enhanced behavioral interventions and others with effective alternatives to seclusion that might serve as models.

---

[1] Supplemental Security Income (SSI) benefits are provided under Title XVI of the Social Security Act to children (and adults) with qualifying disabilities who meet certain income and asset criteria. In addition, certain children in foster care whose parents have retired, become disabled, or died may be eligible for Social Security benefits under Title II of the Social Security Act. These benefits may continue into adulthood is the child has a disability that began before age 22. *See* CRS Report for Congress. *Child Welfare· Social Security and Supplemental Security Income (SSI) Benefits for Children in Foster Care.* Congressional Research Service. April 27, 2011.

[2] Social Security Administration. *Disability Benefits.* http //www ssa gov/pubs/10029 pdf

[3] *See* Kools, Susan and Christine Kennedy. "Foster Child Health and Development: Implications for Primary Care." *Pediatric Nursing* 29(1), January-February 2003, 39-46.

[4] Public Law 110-351, §202

[5] *See* Mark Courtney, Amy Dworsky, JoAnn S. Lee, and Melissa Raap, *Midwest Evaluation of the Adult Functioning of Former Foster Youth Outcomes at Ages 23 and 24*, Chapin Hall at the University of Chicago, p 4 Available at http //www chapinhall org/sites/default/files Midwest Study Age 23 24 pdf.

[6] "Restraint and Seclusion Fact Sheet," *Keep The Promise Coalition*, (January 31, 2012), available at. https.//salsa.democracyinaction org/o/1650/images/Restraint%20and%20Seclusion%20fact%20sheet-%201%20-31-12.pdf

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 SB 293 AN ACT CONCERNING PERMANENCY AND TRANSITION PLANS

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 293** which will require the Department of Children and Families (DCF) to document the steps it has taken to ensure that babies and young children in DCF's custody are receiving necessary early intervention, education and special education services; and that older youth who may be "aging out" of DCF have individual plans to ensure completion of education, acquisition of independent living skills, and access to health care, housing and benefits.

Current Examples of Service Delays for Young Children

K, a plump five month old with a broad smile and a peaceful disposition, came into DCF emergency custody after having suffered multiple fractures, including fractures of the skull and ribs. Despite multiple requests from counsel to ensure that the baby was referred for a Birth to Three evaluation and despite the baby's history of skull fracture, a court review revealed that over three months went by before he was successfully *referred* for an evaluation.

J, an adorable two year old girl, and her four year old brother were removed from their home due to concerns of physical abuse by the children's father. It took almost five more months for an evaluation to be secured for Birth to Three services and even longer for interventions to be put into place. More than seven months went by before J's brother was evaluated for special education services, despite ample documentation of the child's special needs.

Board of Directors
Mario Borelli, Esq, Chair
Robin P. Keller, Esq, Secretary
Jill J. Hutensky, Treasurer
John Blanton, MD
Timothy Diemand, Esq.
Kathryn Emmett, Esq (ex officio)
Lucia Goicoechea-Hernandez
Nichelle A. Mullins, Esq
Ilia O'Hearn, Esq
Rosalie B Roth
Martha Stone, Esq (ex officio)
Antonia Thompson, Esq
Stanley A. Twardy, Jr, Esq

Advisory Board
Miriam Berkman, Esq, MSW
John Brittain, Esq
Brett Dignam, Esq
L. Philip Guzman, PhD
Wesley Horton, Esq
Elizabeth Morgan
Eileen Silverstein, Esq
Preston Tisdale, Esq
Stephen Wizner, Esq

Executive Director
Martha Stone, Esq

Challenges in Connecticut's Current System

Connecticut DCF is laudably bringing a new focus to the special issues of young children in care and is working to ensure it addresses foster children's educational and developmental needs; including creating case plans to work with children and their families to identify children's needs and access appropriate services. While these efforts are important, they are still preliminary. Currently, many DCF case plans, both those that are developed administratively and those that are submitted for review to the Juvenile Court, lack information about a child's developmental or educational needs, or what steps will be necessary to assist a family with meeting the child's needs. It is quite common for babies and young children to wait months after coming into state care before they are referred for early intervention services; at times, social workers attempt to make referrals

Phone 860-570-5327 Fax 860-570-5256 www.kidscounsel.org

only to have requests for evaluation refused by the Birth to Three Agency. And it is equally common that pre-school age children suffer long delays before being screened or referred for disability services.

As the state works to improve its current practices with regard to meeting the needs of young children, this bill provides a critical quality assurance mechanism and brings greater transparency and accountability into the case plan review process.

A Substantial Number of Babies and Young Children Go Without the Service Plans They are Entitled To

The largest demographic of children entering foster care in this country are infants and toddlers.[1] Almost forty percent of children in foster care nationally are under age six.[2] In Connecticut, more than thirty percent of children in care are under age three.[3] Babies and toddlers in foster care suffer a high incidence of developmental delays and chronic medical conditions. **These children are more likely to be neglected or abused while in state care, and they are more likely to re-enter care at a later date.**[4] In fact, approximately one-third of all infants re-enter care for abuse or neglect reasons.[5] It is imperative that once these children are placed in out-of-home care that DCF ensure services are provided in a timely manner to meet their developmental, educational and service needs.

Data from the National Survey of Child and Adolescent Well-Being tells us that 35% of children from birth to 3 years old involved in a child welfare investigation required early intervention services. Unfortunately, only 12% of those children actually received the service plans they were entitled to.[6]

---

[1]SOURCE: "A Call to Action on Behalf of Maltreated Infants and Toddlers" http://www.zerotothree.org/public-policy/federal-policy/childwelfareweb.pdf

[2] Source: Children's Bureau, Administration on Children, Youth and Families, Administration for Children and Families, U.S. Department of Health and Human Services. 2008. *Adoption and Foster Care Analysis and Reporting System*. Ithaca, NY: Cornell University, National Data Archive on Child Abuse and Neglect.

[3] U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau, Child Welfare Outcomes Report Data, "Child Maltreatment Data: Age of Child Victims." U.S. Department of Health and Human Services, 2009, http://cwoutcomes.acf.hhs.gov.

[4] *EPSDT Program Background*. Rockville, MD: Health Resources and Services Administration. Available at www.hrsa.gov/ Epsdt / overview.htm#1.Geen, Rob, Anna S. Sommers and Mindy Cohen. "Medicaid Spending on Foster Children."Urban Institute ChildWelfare Research Program, Brief No. 2, August 2005. Available at www.urban.org/UploadedPDF/311221_medicaid_spending.pdf.

[5] Fred Wulczyn, Lijun Chen, Linda Collins, et al., "The Foster Care Baby Boom Revisited: What Do the Numbers Tell Us?" *Zero to Three,* 31, no. 3 (2011): 4–10.

[6] Cecilia Casanueva, Theodore Cross, and Heather Ringeisen, "Developmental Needs and Individualized Family Service Plans Among Infants and Toddlers in the Child Welfare System." *Child Maltreatment* 13, no. 3; Taletha Mae Derrington and John A. Lippitt, "State-Level Impact of Mandated Referrals

The Law Entitles Children Who Have Been Abused or Neglected to Receive Evaluations for Early Intervention Services

The Individuals with Disabilities Education Act, Part C, requires states to develop a comprehensive program of services for children ages birth to three who have developmental delays.

The Child Abuse and Prevention Treatment Act (CAPTA) (P.L. 108-36) requires that each state develop "provisions and procedures for referral of a child under age three who is involved in a substantiated case of child abuse or neglect to early intervention services funded under Part C of the Individuals with Disabilities Act (IDEA)."

The Federal Adoption and Safe Families Act (ASFA) mandates that states ensure that "children receive appropriate services to meet their educational ..., physical and mental health needs."[7] ASFA also requires that every child's case plan document that appropriate services have been provided to the child to address their needs while in foster care.[8]

Together these laws require that states ensure that the developmental and educational needs of children in foster care are met in an efficient and timely manner. Federal and state law also require that the child welfare agency submit a plan to the court for each foster child, documenting the agency's care and protection of the child, the proposed permanent plan for the child and what steps the agency has taken to achieve the plan. 42 USC § 671 et seq; Conn. Gen. Stat. § 46b-129(k). State law empowers the Juvenile Court to direct the provision of services in connection with the proposed plan. Conn. Gen. Stat. § 46b-129(k).

Unfortunately, too many children either encounter significant delay in access to disability services or do not receive services at all.

Early Access To Services Is Not Only Essential for Babies and Young Children, It Also Saves Valuable Resources

Ample research tells us that intervening in the very early years for babies and toddlers not only effectively addresses developmental and cognitive deficits, but early intervention can save state systems thousands of service dollars for each child served.
Data shows that starting services at birth for at risk children resulted in significant savings than if the services began when the child was school-age.[9]

From Welfare to Part C Early Intervention." *Topics in Early Childhood Special Education* 28, no. 2 (2008): 90. (2008): 245–258, http://cmx.sagepub.com/cgi/content/abstract/13/3/245.

[7] 45 C.F.R. Part 1357 §1355.34 b(1)(iii)).

[8] 42 U.S.C. § 675(1)(B)

[9] M.E. Wood, "Costs of Intervention Programs." In Corinne Garland, Nancy W. Stone, Jennie Swanson, and Geneva Woodruff, eds., *Early Intervention for Children with Special Needs and Their Families:*

Child development experts recommend that states develop comprehensive policies and laws to emphasize the need for timely and effective services for babies and young children. Specifically, experts advocate that child welfare agencies ensure quick referral to early intervention services for children ages birth to three and that courts provide partnership on this issue by ensuring that case plans document children are receiving developmentally appropriate services.[10]

Bill 293 is an important step to advance effective practice, accountability and partnership among child welfare stakeholders to meet the needs of babies and young children in DCF care.

Far Too Many of our Youth Exit DCF Care Without Adequate Supports and Ill-Prepared to Meet Basic Needs

Unfortunately in our state, too many of our foster children "grow up" in DCF care, never finding a permanent place to call home. Too many of these children do not have a guardian or parent in their life to provide them with stability and guidance and teach them how to be the men and women the children want to become. **Connecticut was recently identified among the top ten of states with the largest percent of youth who exit care due to "aging out," as opposed to finding permanency with a family.**[11]

Studies of youth who leave foster care without a safe, permanent family reveal consistently negative outcomes. Many children who "age out" without a family will not graduate from high school or even obtain a GED. One study found that a majority of "aging out" youth experience homelessness, and at least one-third face incarceration.[12] It is not uncommon for youth in Connecticut to try to "re-enter" DCF care because they find themselves homeless and without anyone to help them.

Findings andRecommendations. Westar Series Paper No. 11 (ED 207 208), Seattle: University of Washington, 1981.

[10] SOURCE: "A Call to Action on Behalf of Maltreated Infants and Toddlers" http://www.zerotothree.org/public-policy/federal-policy/childwelfareweb.pdf

[11] See the Fostering Connections to Success Act Resource Center website, http://www.fosteringconnections.org/tools/assets/files/Connections_Agingout.pdf.

[12] Mark Courtney, Amy Dworsky, Gretchen Cusick, Judy Havlicek, Alfred Perez, Tom Keller, "Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at Age 21." Chapin Hall Center for Children, University of Chicago, (December 2007): 68-70; Peter Pecora, Ronald Kessler, Jason Williams, Kirk O'Brien, Chris Downs, Diana English, James White, Eva Hiripi, Catherine White, Tamera Wiggins, & Kate Holmes, "Improving Foster Family Care: Findings from the Northwest Foster Care Alumni Study." Casey Family Programs, (2005); Peter Pecora et al. "Improving Foster Family Care: Findings from the Northwest Foster Care Alumni Study."; M.B. Kushel, I. H. Yen, L. Gee, & M.E. Courtney, "Homelessness and Health Care Access After Emancipation: Results From the Midwest Evaluation of Adult Functioning of Former Foster Youth." Archives of Pediatric Medicine 161 no. 10 (2007).

The Law Requires States to Help Adolescents in Foster Care and Prepare Them for Living Independently.

Federal Law requires that states provide assistance and support for youth aging out of foster care. (H.R. 6893/*P.L.* 110-351). The 2008 Fostering Connections to Success Act requires that the child welfare agency must develop a transition plan well before a youth turns eighteen. The plan must be "personalized at the direction of the child, [and] include specific options on housing, health insurance, education, local opportunities for mentors, and workforce supports and employment services."

State law requires that a youth's permanency plan be reviewed until they either achieve permanency or "age out" of the system. Conn. Gen. Stat. § 46b-129. It is imperative that a youth's specific and individualized plan for transition be included in the case plan that is submitted for review. Only this way can the stakeholders in the child's life, including the reviewing court, ensure that the child's basic needs for education, housing, health care and subsistence have been identified and that there is a plan to ensure those needs are met. This bill provides a critical quality assurance mechanism and will ensure that case plans comply with federal requirements.

Bill 293 Will Ensure That Service Plans Comprehensively And Appropriately Address the Unique Needs of Young Children and Adolescents

Current law requires DCF submit a permanency plan to the Superior Court for Juvenile Matters documenting the care and services the agency is providing to a foster child, identifying the permanency plan for the child and what steps DCF will take to achieve the plan. Conn. Gen. Stat. § 46b-129(k); 17a-15a.

Bill 293 requires that DCF document to the court what steps it has taken to address the unique needs of young children and adolescents. The attorneys for the parents and children, as well as the court, are then able to review the plan and ensure that it is comprehensive and appropriate. As stated above, the law allows the court to direct the provision of services in support of a permanency plan. Conn. Gen. Stat. § 46b-129(k).
This bill will ensure that each child's case plan complies with federal law by providing for a comprehensive case plan and a review of said plan by the juvenile court.

Proposed Amendment to the Bill

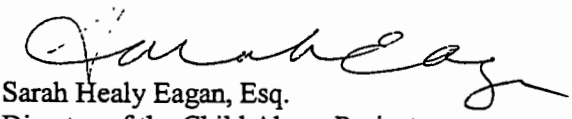
Given the inefficiencies of the current system in securing evaluations and services for young children in DCF care, the Center for Children's Advocacy respectfully proposes the following amendment to the current language of Bill 293:

> Any child who enters the care and custody of the Department of Children and Families pursuant to Connecticut General Statute Section 17a-101g or Section 46b-129 and who has not yet reached the age of three shall be referred by DCF for a Birth to Three Evaluation within fourteen days of the day the child came into the care and custody of the Department. For any child who enters the care and custody of the Department of Children and Families who is age three or four, the Department shall ensure that such child is screened to determine whether there is a need for a

special education referral to the local educational agency consistent with the provisions of Connecticut General Statute 10-76d et seq.

Every case plan created pursuant to Conn. Gen. Stat. 17a-15 shall include information regarding specific steps the Department is taking to facilitate a child's access to appropriate education, special education or early intervention services.

Respectfully submitted,



Sarah Healy Eagan, Esq.
Director of the Child Abuse Project
seagan@kidscounsel.org

CONNECTICUT LEGAL RIGHTS PROJECT

Box 351, Silver Street, Middletown, CT 06457
Telephone (860) 262-5030 • Fax (860) 262-5035

TESTIMONY OF KARYL LEE HALL, ESQ.
of the Connecticut Legal Rights Project
in Support of Raised Bill No. 293,
An Act Concerning Permanency and Transition Plans.
March 6, 2012

On behalf of the Connecticut Legal Rights Project, Inc. ("CLRP"), I am writing to express our support for Raised Bill No. 293. Our organization is a statewide non-profit agency that provides free legal services to low income adults with psychiatric disabilities. We represent many young adult clients who are 18 to 25 years of age. Among them is a significant subset of especially fragile individuals who are moving from the jurisdiction of the Department of Children and Families ("DCF") to the Department of Mental Health and Addiction Services ("DMHAS"). CLRP supports Raised Bill No. 293 because it will mandate, among other things, that permanency plans for youths who are sixteen years of age or older will include crucial information concerning DCF's efforts to teach the youth independent living skills, the steps taken by DCF to develop a personalized transition plan for the youth, and benefits information that will assure benefits screening and timely determination of eligibility in advance of reaching eighteen years of age.

1. DESPITE A MEMORANDUM OF AGREEMENT BETWEEN THE AGENCIES, YOUNG ADULTS CONTINUE TO TRANSITION FROM DCF TO DMHAS WITHOUT APPROPRIATE LIVING SKILLS OR ADEQUATE TRANSITION PLANS.

A memorandum of agreement, signed by DCF and DMHAS IN 2006, directs DCF to focus on increasing the independent living skills of transitioning youth and to provide extensive information to DMHAS about these transitioning clients. Good transition planning allows DCF to support and prepare the client for change and for DMHAS to work with the client to accommodate his or her needs ahead of time, not after a chaotic and precipitous transition. Unfortunately, the Memorandum of Agreement has not been adequately implemented by DCF with the result that youths are ill prepared for the rigors of community life. The lack of planning impairs DMHAS's efforts to engage these young people and it often causes a delay in their psychiatric recovery. The statutory mandate supplied by Raised Bill No. 293 will require DCF to do what is essential for a good transition from DCF services in a way that was not accomplished by the Memorandum of Agreement.

2. DCF FREQUENTLY TRANSITIONS YOUTHS TO THE DEPARTMENT OF MENTAL HEALTHAND ADDICTION SERVICES WITHOUT DETERMINDING THEIR ELIGIBILITY FOR BENEFITS

In our experience, many young persons leave DCF jurisdiction without any preliminary benefits screening and without any effort to prepare a benefits application. This can delay a client's access to housing, health care and even certain treatment programs. Without appropriate benefits, young adults are at risk for all the temptations that society offers to those whose judgment is immature, who lack job skills and who have little in the way of family support. This is not just a missed opportunity; it is an invitation to tragedy. Benefits planning, eligibility and access should be seamless. Raised Bill No. 293 will require DCF to acknowledge its responsibility for benefits screening, planning and preparation in the body of a permanency plan document that is available to courts, clients, families, advocates and guardians. Such transparency will encourage the agency to provide transitioning youth with the services that are universally agreed to be essential.

For these reasons, we urge you to support Raised Bill No. 293.

Testimony Supporting: S.B. 293: An Act Concerning Permanency and Transition Plans

Joan Kaufman, Ph.D.
Yale University School of Medicine
Select Committee on Children
March 6, 2012

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

The purpose of S.B. 293 is to ensure permanency plan documents and hearings include information regarding what steps DCF has taken to make referrals for children under five years of age to early intervention, preschool, or special education services, and steps taken to enable children sixteen years of age or older to learn independent living skills, complete a secondary education or vocation program, and transition out of DCF care.

I support the intent of this legislation but believe: 1) the legislation will not assure children receive the services they need; 2) the legislation requires a broader focus and should address the service needs of children *and* families, children receiving involuntary DCF services who are living with birth parents *and* children in out-of-home care; and children six to sixteen currently excluded from the bill; and 3) a comprehensive systematic review is required to understand the barriers and develop a strategic plan to improve service delivery for children and families involved with DCF. I have included a suggested language amendment below to ensure that the legislation has a broader effect.

Outcome measure #15 of the Juan F. Exit Plan states, "At least 80% of all families and children shall have their medical, dental, mental health and other service needs provided as specified in the most recent treatment plan."

Across the last five years, only about 50%-60% of DCF cases have met this criterion.

It seems a broader systematic review is needed to understand the barriers and develop a strategic plan to improve case outcomes on this very important criteria. It is recommended that this review be conducted under the auspices of the Child Advocate Office -- in collaboration with DCF, other child advocates, child welfare experts, providers, DSS, DMHAS, and families.

Unlike Outcome Measure #15, which focuses on the service needs of children *and* their families, S.B. 293 focuses exclusively on the service needs of children As my mentor Dr. Albert J. Solnit used to say, "All the best professionals does not one good parent make." Also focusing on the service needs of birth parents is essential to meeting the needs of the children served by DCF.

Approximately 60% of parents involved with DCF, and 80%-90% of parents who lose custody of their children are suffering with a substance use disorder. DCF's consistent inability to address the treatment needs of these parents jeopardizes the well-being and permanency outcomes of the children it serves.

To monitor the agencies efforts to meet the service needs of children *and* families the bill could state,

> **"Every DCF case plan created pursuant to Conn. Gen. Stat. 17a-15 shall include information regarding specific steps the Department is taking to facilitate each parent and child's access to appropriate education, special education, early intervention, and medical, mental health, and substance abuse services."**

A strict time frame could also be set for completion of the systematic review and the development of a strategic plan to achieve Outcome Measure #15 of the Juan F. Exit plan. To assure the treatment needs of the majority of children and families served by DCF are met, a comprehensive, multifacted approach is required.

Joan Kaufman, PhD.
Yale University School of Medicine

Testimony in support of Raised Bill 293: An Act Concerning Permanency and Transition Plans

I. This bill aims to eliminate delays in developmental and educational services for infants and young children entering DCF care.

Estimates for the prevalence of developmental problems in foster children range from 20-60%. Though these services should ideally be routinely and promptly completed upon entry to foster care, clinical experience and many studies demonstrate that these critical needs can go unmet, even after they have been specifically recommended. How can this be? In my experience this occurs because·

1. Delays in development are not perceived as a crisis; during DCF investigation period the focus is on assessment for possible abuse or neglect, not on ongoing unmet needs.
2. Children entering DCF care have very high rates of unmet medical and mental health needs, and these may be the focus of early medical visits after entry to care.
3. Medical care for children who are abused and/or neglected is often fragmented and incomplete prior to entry to DCF care, and may be disrupted again at time of entry to care and when placements change. Routine well visits may be missed. This limits the ability of the primary care provider to do developmental assessment and referral.
4. MDE (multidisciplinary evaluation within 30 days of entry to care) rates are improving in CT and include some developmental assessment, but the records of those assessments are not widely available to ongoing health care providers and recommendations are not always completed by the ongoing DCF/health care team.
5. Many DCF social workers have limited knowledge regarding normal child development
6. DCF and medical providers do not always partner optimally to meet needs of foster children

This bill strengthens the expectation for routine timely referral for birth-3 and early education services at entry to DCF care and can improve developmental outcomes for CT's most vulnerable children. I urge you to consider this bill, as these youngest children in need literally cannot speak for themselves.

II. This bill aims to ensure that adolescents aging out of foster care have individualized case plans that address their needs.

Youth aging out of foster care are at increased risk for homelessness, mental health problems, substance abuse, and incarceration. In my current practice as a child abuse pediatrician, I commonly encounter parents who report aging out of the system as adolescents and are presenting to my hospital with their own abused infant. The cost of neglecting the needs of these adolescents is enormous and crosses generations. Continued vigorous efforts are needed to improve their preparation for independent adult living. This bill could increase the chance for successful transition from DCF care to adulthood and reduce the tremendous human and societal costs associated with negative outcomes.

Useful References:

American Academy of Pediatrics Task Force on Health Care for Children in Foster Care, AAP District II, New York State: *Fostering Health. Health Care for Children and Adolescents in Foster Care 2nd edition.* c. 2005, American Academy of Pediatrics.

Chernoff R et al: Assessing the health status of children entering foster care. *Pediatrics* 1994; 93: 594-601

Committee on Early Childhood, Adoption, and Dependent Care, American Academy of Pediatrics: Health Care of Young Children in Foster Care. *Pediatrics* 2002 Vol 109 (3): 536-541.

Committee on Early Childhood, Adoption, and Dependent Care, American Academy of Pediatrics: Developmental Issues for Young Children in Foster Care. *Pediatrics* 2000 Vol 106·1145-1150

Courtney ME et al: Foster youth transitions to adulthood: a longitudinal view of youth leaving care. *Child Welfare* 2001; 80: 685-717

Kushel MB et al: Homelessness and health care access after emancipation: results from the Midwest evaluation of adult functioning of former foster youth. Arch Pediatr Adolesc Med 2007; 161: 986-993

Leslie LK et al: Comprehensive assessments for children entering foster care: a national perspective. *Pediatrics* 2003; 112:134-142

Leslie LK et al: The physical, developmental, and mental health needs of young children in child welfare by initial placement type. *J Dev Behav Pediatr* 2005;26: 177-185

Stahmer AC et al: Developmental and behavioral needs and service use for young children in child welfare. *Pediatrics* 2005; 116:891-900

Tweddle A: Youth leaving care: How do they fare? *New Dir Youth Dev* 2007; 113:15-31

Respectfully Submitted,

Nina Livingston, MD

nlivingston@ccmckids.org

Child Abuse Pediatrician

Medical Director, Suspected Child Abuse and Neglect Program, Connecticut Children's Medical Center

Fellow, American Academy of Pediatrics

- Section Member, Section on Adoption and Foster Care
- Section Member, Section on Child Abuse and Neglect

CONNECTICUT GENERAL ASSEMBLY

February Session, 2012

Raised Bill No. 293

An Act Concerning Permanency and Transition Plans

Referred to Select Committee on Children

REMARKS OF ATTY. MICHAEL H. AGRANOFF

Law Offices of M.H. Agranoff

99 Stafford Road

Ellington, CT 06029

Tel: 860-872-1024

Fax: 860-871-1015

EM: AttyMikeA@agranofflaw.com

Web Site: www.agranofflaw.com

Thank you for the opportunity to testify. I have been a DCF defense lawyer since 1991. At present, ours is the only law firm in the State of Connecticut providing full-service DCF defense to private-paying adults on a full-time basis.

I totally support the present bill. It must be noted that everything mentioned in this bill is already done in practice in the majority of permanency plans. The bill formalizes what is the current accepted good practice.

Children under five years of age often have special problems, which may be addressed by Birth-to-3, or by other services often offered by local boards of education. The bill puts in writing what is already done by the better social work staffs.

Children over 16 who cannot be transitioned to a normal home, for one reason or another, often need training in independent living, need encouragement to finish high school, and could use the help of a mentor. The bill puts in writing what is already done by the better social work staffs. Such practice lessens the chance that the child will become a permanent ward of the state.

Such children are often helped by DCF voluntary services, and sometimes by transitioning to the Department of Mental Health and Addiction Services (DMHAS). This is expensive. Clearly, the earlier the intervention, the less likely that expensive long-term problems will arise.

Respectfully Submitted,

MICHAEL H. AGRANOFF

Attorney At Law

mha.LOB.testimony.293.permplans

Testimony Supporting: S.B. 293: An Act Concerning Permanency and Transition Plans

Joan Kaufman, Ph D.
Yale University School of Medicine
Select Committee on Children
March 6, 2012

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

S.B 293 focuses on children in out-of-home care and aims to ensure permanency plan documents include information regarding the steps DCF has taken to make referrals for services for children under five years of age, and steps DCF has taken to enable children sixteen years of age or older to transition out of DCF care.

I support the intent of this legislation but believe: 1) the legislation will not assure children receive the services they need; and 2) the legislation requires a broader focus and should address the service needs of children *and* families, children receiving involuntary DCF services in out-of-home care, as well as children who are living with birth parents, and children six to sixteen who are currently excluded from the bill. More is needed, however, to assure delivery of services to children and families involved with DCF.

Outcome measure #15 of the Juan F Exit Plan states, "At least 80% of all families and children shall have their medical, dental, mental health and other service needs provided as specified in the most recent treatment plan "

Across the last five years, only about 50%-60% of DCF cases have met this criterion.

I believe a systematic review is needed to understand the barriers and develop a strategic plan to improve the proportion of children and families whose service needs are met.

Unlike Outcome Measure #15, which focuses on the service needs of children *and* their families, S.B. 293 focuses exclusively on the service needs of children. As one of my mentors Dr. Albert J. Solnit used to say, "All the best professionals does not one good parent make " Focusing on the service needs of birth parents is essential to meeting the needs of the children served by DCF.

Approximately 60% of parents involved with DCF, and 80%-90% of parents who lose custody of their children are suffering with a substance use disorder. DCF's consistent inability to address the treatment needs of these parents jeopardizes the well-being and permanency outcomes of the children it serves.

So rather than link the bill to Permanency Plans which restricts its focus to children in out-of-home care, it could be linked to Treatment Plans: e.g , "Every DCF treatment plan created pursuant to Connecticut General Statute 17a-15 shall include information regarding specific steps the Department will take to facilitate each parent and child's access to appropriate education, special education, early intervention, medical, mental health, substance abuse, and other necessary services. Every six months the treatment plan shall be updated and revised, the specific services accessed clearly documented, and when efforts to facilitate services failed, reasons noted and strategies to remedy the situation delineated."

In terms of the proposed review of barriers to meeting the treatment needs of children and parents involved with DCF, I recommend that this review be conducted under the auspices of the Child Advocate Office -- in collaboration with DCF, other child advocates, child welfare experts, providers, DSS, DMHAS, and families. Alternatively, this review may be an issue addressed by the proposed Task Force to be developed under Raised Bill No 5325, An Act Concerning Children and Youth. The scope of the problem of children and families involved with DCF accessing the services they need is sufficiently large, however, it will likely require an independent Task Force

STATE OF CONNECTICUT
OFFICE OF THE CHILD ADVOCATE
999 ASYLUM AVENUE, HARTFORD, CONNECTICUT 06105

**Testimony of Mickey Kramer, Acting Child Advocate
In Support of Raised Senate Bill No. 293, An Act
Concerning Permanency and Transition Plans, and
Raised House Bill No. 5347, An Act Concerning
the Reporting of Children Placed in Seclusion.
March 6, 2012**

Good morning, Senator Gerratana, Representative Urban, and members of the Select Committee on Children. My name is Mickey Kramer and I am the Acting Child Advocate for the State of Connecticut. I appreciate the opportunity to testify in support of **No. 293, An Act Concerning Permanency and Transition Plans,** and **Raised House Bill No. 5347, An Act Concerning the Reporting of Children Placed in Seclusion.**

Raised Senate Bill No. 293, An Act Concerning Permanency and Transition Plans, places emphasis on the crucial needs of the most vulnerable populations of children in state care: the very youngest – newborns through age five, and the youth who are approaching the age of majority and the prospect of "aging out" of DCF care. Throughout the country, children under the age of five represent almost half of the children placed in state custody each year, and these young children face a high incidence of developmental delays or chronic medical conditions, are more likely to be neglected or abused while in state care, and are more likely to re-enter care than older children are. It is therefore of utmost importance that any discussion of their permanency plans contain explicit descriptions of the efforts undertaken by Department of Children and Families, foster parents or other custodians, and services providers to ensure that any and all early intervention, special education, or specialized medical or mental health services have been initiated and implemented as necessary It is also of vital importance to ensure that the child's parents, in cases where reunification is the goal, or other future guardians are actively engaged and supported by DCF and the provider network in order to ensure that the child's necessary services remain in place, efficiently and seamlessly, after the child leaves DCF custody

The importance of consistent, engaged caregivers cannot be overstated, whether for very young children or those who are approaching adulthood. Connecticut has one of the largest percentages in the country of youth who "age out" of DCF care at 18 without the benefit of a permanent family or other consistent caregiver. Youth who leave foster care without a safe, permanent family are very frequently shown in studies to experience negative life outcomes, including lack of a high school diploma or GED, one or more episodes of homelessness, unemployment, lack of health insurance, and a nearly 30 percent rate of incarceration — dramatically higher than the rate for other young adults. Raised Senate Bill No. 293 recognizes the

Phone (860) 566-2106 • Toll Free (800) 994-0939 • Fax (860) 566-2251
Web Site www.ct.gov/oca • E-Mail Jeanne.Milstein@ct.gov
An Affirmative Action/Equal Opportunity Employer

requirement set forth in the federal Fostering Connections to Success Act of 2008 for the states develop a personal, individualized transition plan for youth expected to age out of DCF care and creates a quality assurance mechanism to enforce the expectation that the youth's caseworker and caregivers begin when the youth is sixteen to develop a transition plan that addresses specific options on housing, health insurance, education, local opportunities for mentors and continuing support services, and workforce supports and employment services. OCA has been made aware of too many instances in which these crucial plans for youth's transition to independent adult life, or even to state systems serving adults, are insufficiently comprehensive or initiated too late to ensure that the unique needs of these young adults are optimally addressed; therefore I urge you to report favorably on Raised Senate Bill No. 293.

Raised House Bill No. 5347, An Act Concerning the Reporting of Children Placed in Seclusion, replaces the current option that the State Department of Education review use of seclusion in schools with a requirement that it do so. Current state law requires school systems to document each instance of restrictive interventions such as seclusion and physical restraint, but does not mandate that this documentation specify whether such restrictive interventions constitute an authorized component of a student's Individualized Educational Plan or are undertaken on an emergency basis. While these restrictive interventions are allowed under IDEA, it must be explicitly understood that restraint and seclusion in any setting are not therapeutic interventions and must only be used in situations in which there is imminent risk to the safety of one or more students, and after all possible alternatives to reduce or eliminate such risk have been attempted. Restrictive interventions are never to be used as a means of coercion, compliance, discipline, or retaliation, for the convenience of others, or as a substitute for less restrictive interventions. As you are all no doubt aware, OCA and other state agencies are currently involved in an investigation of the use of seclusion in a Connecticut school system, and at this time we have insufficient information to offer preliminary findings or recommendations on the practices in this one municipality, much less statewide. Raised House Bill No. 5347 would provide vitally important data on the frequency and circumstances under which seclusion and physical restraint are used in schools statewide and help to illuminate the question of whether seclusion and restraint usage in our school systems is problematic. It is of the utmost importance that the SDOE, individual school boards, and other stakeholders have a comprehensive understanding of how seclusion and other restrictive interventions are utilized and what effect they have on individual children and the general school environment in order to offer recommendations to improve upon current practice. Therefore I respectfully request that you report favorably on Raised House Bill No. 5347, and continue to revisit this issue in future legislative sessions.

Thank you for this opportunity to testify on these important bills; I welcome your questions and look forward to collaborating with you to ensure the wellbeing of children in their homes, schools, and communities.

Phone (860) 566-2106 • Toll Free (800) 994-0939 • Fax (860) 566-2251
Web Site: www.ct.gov/oca • E-Mail: Jeanne.Milstein@ct.gov
An Affirmative Action/Equal Opportunity Employer

H – 1140

CONNECTICUT
GENERAL ASSEMBLY
HOUSE

PROCEEDINGS
2012

VOL.55
PART 18
5829 – 6187

As you are no doubt aware, you've been joined on the dais by a constituent of mine, Elliott Barrongess, a second grade student at the Independent Day School in Middlefield and his mother Kate Knapp. I would just ask that we give them -- rise and give them our usual warm welcome. Thank you.

SPEAKER DONOVAN:

Give them a wave.

Thank you. Nice to meet you, Elliott. Keep studying at history.

Will the Clerk please call Calendar number 420?

THE CLERK:

On page 23, Calendar 420, substitute for Senate Bill Number 293, AN ACT CONCERNING PERMANENCY AND TRANSITION PLANS, favorable report, the Committee on Human Services.

SPEAKER DONOVAN:

Representative Kim Fawcett.

REP. FAWCETT (133rd):

Thank you, Mr. Speaker. I move the Joint Committee's favorable report and passage of the bill in concurrence with the Senate.

SPEAKER DONOVAN:

Questions on acceptance of the Joint Committee's

favorable report and passage of bill in concurrence with the Senate.

Will you remark?

REP. FAWCETT (133rd):

Thank you, Mr. Speaker. The Clerk has an amendment, LCO 3281. I would ask that the Clerk please call the amendment and I'd be granted leave of the Chamber to summarize.

SPEAKER DONOVAN:

Will the Clerk please call LCO 3281, previously designated Senate "A"?

THE CLERK:

LCO 3281, Senate "A" offered by Senator Gerratana.

SPEAKER DONOVAN:

Representative seeks leave of the Chamber to summarize the amendment.

Any objection?

Hearing none, Representative Fawcett, you may proceed with summarization.

REP. FAWCETT (133rd):

Thank you, Mr. Speaker.

The amendment before us is actually a combination of three proposals that aim to enhance the permanency

plans of the children that are in the custody of DCF. They require increased documentation of the plans we have in place for our most vulnerable children. It also requires DCF to file for social security for the children in their custody.

I move adoption.

SPEAKER DONOVAN:

Question before the Chamber is on adoption of the amendment.

Will you remark on the amendment before us? Will you remark on the amendment before us?

Representative Wood, are you on the underlying bill, the amendment? The amendment, Madam? You have the floor.

REP. WOOD (141st):

I do have a question on the amendment. Thank you, Mr. Speaker.

To the proponent of the bill --

SPEAKER DONOVAN:

Please proceed, Madam.

REP. WOOD (141st):

-- the Senate Amendment, can you be more specific on exactly what the Senate Amendment does to strengthen this bill, through you, Mr. Speaker?

SPEAKER DONOVAN:

Representative Fawcett.

REP. FAWCETT (133rd):

I apologize, Mr. Speaker. I absolutely can. I thought I was supposed to wait till we adopted the amendment to summarize the language.

Is this a good time to summarize it or --

SPEAKER DONOVAN:

Please proceed with summarization and answer in regards to Representative Wood's question, Madam.

REP. FAWCETT (133rd):

Sure. And, so, as many people in this Chamber and both parties know, DCF has spent the past 15 or 16 months going through an incredible reorganization and refocusing of their priorities in how we treat our families and we treat the children in the care of the State of Connecticut. And this legislation is one in a series of proposals that continues that reorganization and continues to make small changes but big impacts in how we treat our children in foster care.

Specifically, this bill targets the permanency plans for those children who are most vulnerable in the state of Connecticut. Those are children younger

than the age of 5 who enter into the system as well as our children who are between the ages of 16 and 18. It requires that more specific details be documented in their permanency plans and also includes -- the documentation will include things like early intervention plans, special education plans, preschool for our smallest children, as well as plans for secondary education, special education, and independent living skills training for our adult children.

DCF is also going to be required to file applications with the Federal government to assure that our older children are receiving social security income if they are eligible.

I think that answers the Representative's questions, and is a pretty good summary of what's in this bill today.

SPEAKER DONOVAN:

Thank you very much, Madam.

Representative Wood.

REP. WOOD (141st):

Thank you very much. I appreciate the summary, the underlying bill. But I think my question was more directed at the amendment and what the specifics are

of the amendment.

Through you, Mr. Speaker, the Senate Amendment.

REP. FAWCETT (133rd):

The amendment is only -- I apologize -- striking the word "forthcoming" in line 10.

SPEAKER DONOVAN:

Representative Wood.

REP. WOOD (141st):

So, that's to be inferred that it would be automatic instead of something coming on down the road, through you, Mr. Speaker?

SPEAKER DONOVAN:

Representative Fawcett.

REP. FAWCETT (133rd):

Correct.

SPEAKER DONOVAN:

Representative Wood.

REP. WOOD (141st):

Thank you. I'm good. Through you -- whatever.

SPEAKER DONOVAN:

Yes, ma'am.

Will you remark further on the amendment?

Representative Klarides of the 114th, you have the floor, Madam.

REP. KLARIDES (114th):

Thank you, Mr. Speaker.

Mr. Speaker, through you, a few questions to the proponent.

SPEAKER DONOVAN:

Please proceed, Madam.

REP. KLARIDES (114th):

Thank you, Mr. Speaker.

I know that Representative Wood asked questions about the change and the striking of the word forthcoming, but was there a problem or something that occurred beforehand that, that made this amendment necessary, through you?

SPEAKER DONOVAN:

Representative Fawcett.

REP. FAWCETT (133rd):

The amendment is only clarifying the language.

SPEAKER DONOVAN:

Representative Klarides.

REP. KLARIDES (114th):

Thank you, Mr. Speaker.

And how does it clarify it through you.

SPEAKER DONOVAN:

Representative Fawcett.

REP. FAWCETT (133rd):

Through you, Mr. Speaker. Again just dropping the word forthcoming we felt strengthened and clarified the original intent of the language. The amendment does not change the intent of the original language.

SPEAKER DONOVAN:

representative Klarides.

REP. KLARIDES (114th):

Thank you, Mr. Speaker. And I really don't mean to be a pain here. I just don't understand how taking the word forthcoming clarifies. If the proponent could explain that a little more clearly. Through you.

SPEAKER DONOVAN:

Representative Fawcett.

REP. FAWCETT (133rd):

Thank you, Mr. Speaker. Through you. It was a -- again not intended to change the original intent of the language but a recommendation from this building's

LCO that that -- withdrawing the word forthcoming helped strengthen the original intent of the bill.

SPEAKER DONOVAN:

Representative Klarides.

REP. KLARIDES (114th):

Thank you, Mr. Speaker. And what was the original intent? Through you.

SPEAKER DONOVAN:

Representative Fawcett.

REP. FAWCETT (133rd):

Thank you, Mr. Speaker. Again we -- this is a technical changes to the DCF statute that are focused on permanency plans of our young -- our most vulnerable children that are in the care of DCF, that are -- that is our children who are younger than five and older than 16. And specifically this legislation requires increased documentation of how we are planning to treat those children while they are in our care.

SPEAKER DONOVAN:

Representative Klarides.

REP. KLARIDES (114th):

Thank you, Mr. Speaker. And to go back to this forthcoming issue I know it should be more simple than it is because it's just one word but how did we define -- how did LCO define forthcoming in the language so -- to determine that it would be clearer with the original intent to take it out. Through you.

SPEAKER DONOVAN:

Representative Fawcett.

REP. FAWCETT (33rd):

Through you, Mr. Speaker. If I could ask for her to restate her question.

SPEAKER DONOVAN:

Representative Klarides, can you just repeat your question please, Madam.

REP. KLARIDES (114th):

Of course, Mr. Speaker. Taking out -- the proponent mentioned that taking out the word forthcoming came from LCO stating that that would make

the intent of the -- of the bill more clear. So what was the actual definition of forthcoming in this that basically muddled up the waters which is what I'm hearing from the proponent. Through you.

SPEAKER DONOVAN:

Representative Fawcett.

REP. FAWCETT (133rd):

Thank you. Through you, Mr. Speaker. I believe that there might be current benefits, there might be future benefits, there could be either or and taking out the word forthcoming again allowed for that to -- to be accomplished.

SPEAKER DONOVAN:

Representative Klarides.

REP. KLARIDES (114th):

Thank you, Mr. Speaker. I thank the Lady for her answers.

SPEAKER DONOVAN:

Thank you very much, Madam. Will you remark further on the amendment before us? Will you remark

further on the amendment before us? If not, I'll try your minds. All those in favor signify by saying aye.

REPRESENTATIVES:

Aye.

SPEAKER DONOVAN:

Those opposed nay. The amendment is adopted. Will you remark further on the bill as amended? Representative Hovey of the 112th. You have the floor, Madam.

REP. HOVEY (112th):

Thank you, Mr. Speaker. Through you, a question to the proponent of the bill.

SPEAKER DONOVAN:

Please proceed, Madam.

REP. HOVEY (112th):

Thank you, Sir. With regards to the specific language that deals with the supplemental social security have we as a State entity not been trying to garner those funds that would be reimbursement to the

State up to this point and this is a change in policy? Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Fawcett.

REP. FAWCETT (133rd):

Thank you for that question. No. I believe that at times it is the policy that we do apply for SSI for our young student -- youth that are in our custody but what happens is that sometimes it is not done in a timely matter and it can take five or six months for an SSI application to be approved by the federal government so what you have is a student or youth that ages out of DCF and has not yet been set up with the SSI benefits that they may be eligible for. And so by putting this in statute we are making sure that DCF is really looking at all of the details of transition into adult as these children age out of our system, one of the things we need to be looking at forward for them is their financial situation.

SPEAKER DONOVAN:

Representative Hovey.

REP. HOVEY (112th):

Thank you, Mr. Speaker. And Mr. Speaker, through you, when I look at the language in the permanency plan I see a lot of language that seems very similar to the language that we use in individual educational plans with regards to kind of crossing our T's and dotting our I's and assuring that these children have one foot kind of put in front of the other and that everyone is paying attention to all of the child's needs so that there will not be loose ends when they reach a certain age of independence. Is that the purpose of the permanency plan? Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Fawcett.

REP. FAWCETT (133rd):

Yes. A very excellent question. Mr. Speaker, through you. This -- this again, these permanency plans are always something that was intended to occur but not always put down in writing and so the purpose of this legislation is to put the ideas of transition and permanency plans down in writing in the files of

the DCF youth that we have in our custody so that it is very clear the steps that are being taken for their care.

Sometimes in the past some of the criticism was that some of these steps may have been discussed in meetings but not necessarily documented. And we are now today putting in statute a requirement that DCF would document all of the plans on how they work with and help and assist and bring services to the children that are in our care.

SPEAKER DONOVAN:

Representative Hovey.

REP. HOVEY (112th):

Thank you, Mr. Speaker. So Mr. Speaker, through you would it be fair to say that this legislation requires accountability and transparency on the part of DCF with regards to the children that are in their care so that those children have some sort of legal recourse if those permanency plans are not followed and somehow there's a situation that goes awry because someone has not followed the policy of having a

written plan for transition? Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Fawcett.

REP. FAWCETT (133rd):

Thank you, Mr. Speaker. I think that those are probably excellent reasons and I thank her for the question. Yes, I -- documenting the plans of how we take care of our children that are in our custody absolutely brings more transparency and we also hope more follow through, that we're not just saying we're going to get these services for these children but because they're documented and they're written down there's more guarantee that they will actually have access to the services that they need.

SPEAKER DONOVAN:

Representative Hovey.

REP. HOVEY (112th):

Thank you, Mr. Speaker. And I thank the Gentlewoman for her answers. These are our children who are most vulnerable in our State. And we as a

State are obligated to make sure that we are taking the best of care to assure that they are able to fulfill all of their abilities and all of their hopes and dreams for their futures and for our State. And so I support this legislation and appreciate everyone's work on it. Thank you, Sir.

SPEAKER DONOVAN:

Thank you very much, Madam. Representative Wood of the 141st, you have the floor, Madam.

REP. WOOD (141st):

Thank you, Mr. Speaker. I stand on the underlying bill in very strong support of this and I thank Representative Fawcett's comments and certainly Representative Hovey's comments. These are vulnerable kids and we need to absolutely step up our game and do that and Commissioner Katz is doing that.

It's really about setting -- this bill is about setting goals for these kids and putting them down in writing, getting the social security fixed for these kids and also developing the permanency and transition plans particularly it includes grade school, preschool, and also as they get older, 16, 17, 18 to

learn independent living skills. So I urge you all to stand in support of this. And thank you very much.

SPEAKER DONOVAN:

I thank the Gentlelady for her comments. Will you remark further? Representative LeGeyt of the 17th, you have the floor, Sir.

REP. LeGEYT (17th):

Thank you, Mr. Speaker. I rise to offer a couple of questions to the proponent of the bill.

SPEAKER DONOVAN:

Please proceed, Sir.

REP. LeGEYT (17th):

Thank you. I'm looking at the bill here specifically section two and it seems to lay out what should be included in the permanency plan documents to address a child or a youth's permanency and there are sections in here that are set up by age and I noticed that there's no section for -- that covers the years five through 16.

Section one is for five years and under. Section two is for 16 years and older. Section three 16 and

older but under 18. And I'm wondering if there -- if there is some reason why that occurred. And I ask if there's some reason why there's no section referencing the ages between five and 16 years old in the permanency plan.

SPEAKER DONOVAN:

Representative Fawcett.

REP. FAWCETT (133rd):

Thank you. Through you, Mr. Speaker. An excellent question and one of my -- the Chairman of the children's committee and myself both had. It turns out that this legislation is focused on our most vulnerable children. And the reason that we selected children younger than five and older than 16 is because these two populations have very severe consequences.

The youngest children that come into our system actually represent almost half of the children that are placed in custody each year. They also are children that have -- tend to have a high incidence of developmental delays, chronic medical conditions and

are more likely to leave care and reenter care time and again.

So we feel that those children younger than five when they come into the system need these -- a bit of extra focused care and intensive services that go above and beyond maybe what children that are a bit older may not need.

At the same time the children that are 16 and above are about to age out of our system and what we have found and through the public hearing what we heard was that often in Connecticut these children are aging out of the system and have not been given the life skills that the need, the proper educational training that they need or the access to the financial resources like SSI that they need to succeed as independent adults when they transition outside of DCF.

So again the focus of this legislation is our two largest groups of children in DCF but our two most vulnerable groups. Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative LeGeyt.

REP. LeGEYT (17th):

Thank you, Mr. Speaker. And I appreciate that answer. I'm -- I can understand why there would be a need to have a permanency plan for those children in those groups and for 16 years of age and older and between 16 and 18 I can appreciate that plans need to be made so that they have the optimal opportunity to succeed once they reach their age of majority and leave at least in part coverage of DCF.

However that group of children between five and 16 there must be situations where the permanency plan for children five and under would need to be continued even if the child becomes six, seven, eight years old. Is there any arrangement for that to happen that's obviously not reflected in this bill? Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Fawcett.

REP. FAWCETT (133rd):

Thank you, Mr. Speaker. And through you. Absolutely. The children that are in our care that are age five until age 16 also have care plans and

their care is never discontinued. What the intent is is that a children younger than five -- a child younger than five who may have a very specific documented care plan that is extensive and complex that plan once it's on paper stays with that child even as they age out of five and stay in the system so they would continue the services but again we're capturing -- if we are capturing them so young and the very intensive services that they need it benefits the child, it bring transparency to their case if we are documenting very clearly all of the services that that child needs to be successful in the system.

SPEAKER DONOVAN:

Representative LeGeyt.

REP. LeGEYT (17th):

Thank you, Mr. Speaker. And I might ask as a follow up question to that the care plan and the permanency plan do those -- do the areas of concern for those two plans overlap? Is one a subset of the other? Are they coexistent? What's the nature of the similarity or differences between the care plan and the permanency plan? Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Fawcett.

REP. FAWCETT (133rd):

Thank you, Mr. Speaker. And through you, I think that the plans for our children evolve and change as our children grow older in the system. They complement each other. There are very different services that we need to provide our youngest children who come in with maybe speech or developmental delays as opposed to our children who are about to become legal adults.

There's obviously very different needs for those children but there's also a continuum of care that begins when they enter our system and -- and ends when -- and transitions when they leave our system and they -- all of the services are layered upon each other to complement each other and ultimately serve the child.

SPEAKER DONOVAN:

Representative LeGeyt.

REP. LeGEYT (17th):

Thank you, Mr. Speaker. And so how does the care plan evolve or change into or because of the permanency plan especially for a child who is between five and 16 years old? Through you, Mr. Speaker.

REP. FAWCETT (133rd):

Thank you.

SPEAKER DONOVAN:

Representative Fawcett.

REP. FAWCETT (133rd):

Thank you, Mr. Speaker. And through you, the example that comes to mind is in particular the children that are very young and come into our system often need physical therapy or speech therapy services. And those are things that if we are successful which I hope the service providers are that we -- the children would over time need less of and certainly by the time they are older children not need at all and hopefully when they are aging out of the system if they are still with us we have successfully treated those complex needs and they would be ready -- they wouldn't be receiving those types of services when they're older.

SPEAKER DONOVAN:

Representative LeGeyt.

REP. LeGEYT (17th):

Thank you, Mr. Speaker. So would those services that you're describing there, PT, any of the number of services that a child would need and still need over time, would those be part of the care plan or the permanency plan? Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Fawcett.

REP. FAWCETT (133rd):

Thank you, Mr. Speaker. Through you, they are the care plan and the permanency plan. They would all be based on the individual child's need, documented in their record based on a comprehensive assessment of that child when they enter our system and what they need to -- what we need to provide them to best help them grow and evolve.

SPEAKER DONOVAN:

Representative LeGeyt.

REP. LeGEYT (17th):

Thank you, Mr. Speaker. And I heartily concur with that concept and the work that DCF does. As a former teacher of young children I certainly understand how needy children are at those earlier years of their life and development.

But my concern continues to be that there appears -- that there may be a loophole here or a lack of coverage such that if those services that the good Representative is referencing can be given in the care plan or the permanency plan for a child five years of age and under, I'm just concerned that this -- there's a possibility that those services might attended to less aggressively, not paid attention to as much or discontinued altogether once the child exceeds five years of age and beyond.

And I'm sure no one wants that but the way the bill is drafted I just question whether that could happen and would wonder if the good Representative would like to comment on that. Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Fawcett.

REP. FAWCETT (133rd):

Thank you, Mr. Speaker. And through you, another excellent question. Again because this State does not want to be denying care to a child who is from five to 16. Every child in our care has a permanency care plan. All of our children are assessed regularly and continually for their needs.

This legislation before us is an effort to enhance the two ends of the system, the youngest children, those five and younger and those 16 and older. Again, because we have identified them as the most vulnerable children in transition with the most comprehensive needs and making sure that their -- their permanency plans are clearly documented at those two bookends of entrance into the system -- entrance and exit is incredibly important. Again not denying that there would be a permanency care plan for any child in the system and they would be continually updated. This legislation just requires an enhancement of the -- of the children at the two bookends.

SPEAKER DONOVAN:

Representative LeGeyt.

REP. LeGEYT (17th):

Thank you, Mr. Speaker. I appreciate that answer. That may help to alleviate some of my confusion. Am I to understand from that answer that there is statutory reference and mandate for a permanency plan for children under the care of DCF between five and 16 years of age somewhere else in our ever growing list of statutes? Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Fawcett.

REP. FAWCETT (133rd):

Thank you, Mr. Speaker. Through you, yes.

SPEAKER DONOVAN:

Representative LeGeyt.

REP. LeGEYT (17th):

And would that reference to a permanency plan for some child between five and 16 years of old be in statute or regulation? Through you, Mr. Speaker.

REP. FAWCETT (133rd):

Yes. Thank you, Mr. Speaker. I jumped the gun. Yes. The answer is it's in the juvenile court statute. The existing legislation that -- the existing statute that requires permanency plans for children from age five to age 16 -- actually all of our children in DCF.

SPEAKER DONOVAN:

Representative LeGeyt.

REP. LeGEYT (17th):

Thank you, Mr. Speaker. That -- I appreciate those answers and I'll sit down and listen to more of the debate. Thank you.

SPEAKER DONOVAN:

Thank you very much, Sir. Representative Klarides of the 114th, you have the floor, Madam.

REP. KLARIDES (114th):

Thank you, Mr. Speaker. Mr. Speaker, I've listened to my colleagues comment on this bill and clearly they are people that are very familiar with this and in the field and it seems like it is a very valid bill but I just have a question or two, through you, for clarification.

SPEAKER DONOVAN:

Please proceed, Madam.

REP. KLARIDES (114th):

One second. Give me one second. Thank you, Mr. Speaker. In lines nine through 11 if I'm missing something please clarify it for me. When we talk about the department shall maintain and respond to correspondence regarding the application and any benefits is it me or does it seem ridiculous that we need to put that in a bill? Through you.

SPEAKER DONOVAN:

Representative Fawcett.

REP. FAWCETT (133rd):

Thank you, Mr. Speaker. And through you, I think Representative Klarides brings up a very good point.

Yes it would seem common sense but that we would keep documented records of the children that are in our care and while that -- as common sense as that does seem to all of us here in this Chamber it has -- we do not have a history in Connecticut of being the most thorough in our documentation.

This legislation aims to clarify that and as we move forward make sure that we again are being so very careful about documenting the care plans for our children and -- and hopefully addresses the issue that you bring up.

SPEAKER DONOVAN:

Representative Klarides.

REP. KLARIDES (114th):

Thank you, Mr. Speaker. And that certainly clarifies part of that for me but I don't really understand the respond part because I would assume that if somebody is contacting the department that part of their job without even having to say that they need to respond would be to respond. So I get the maintain part but where does the respond part come in? Through you.

SPEAKER DONOVAN:

Representative Fawcett.

REP. FAWCETT (133rd):

Thank you, Mr. Speaker. And through you, I think we were trying to be absolutely thorough in clarifying that any correspondence about the child that's in our custody would be documented and in their care file so correspondence from foster families or relatives or any correspondence regarding the child and the child's care.

SPEAKER DONOVAN:

Representative Klarides.

REP. KLARIDES (114th):

Thank you, Mr. Speaker. So if we didn't have the word respond to correspondence in here the department would have no obligation to respond? Through you.

SPEAKER DONOVAN:

Representative Fawcett.

REP. FAWCETT (133rd):

Thank you, Mr. Speaker. And this section of the legislation is specifically referring to the process by which the State of Connecticut applies for SSI benefits to the federal government on behalf of the child so it's specifically about documenting the process by which we go through with the federal government to apply on the child's behalf for SSI.

And if there's a denial, if there's -- if we appeal on their behalf and the entire process that I'm told can often take several months and a lot of paperwork to get clarified and get set up.

SPEAKER DONOVAN:

Representative Klarides.

REP. KLARIDES (114th):

Thank you, Mr. Speaker. I thank the Lady for her answers I just -- you know I know this is a very serious issue and clearly if we are responding on behalf of the child I mean that's what we're doing. I mean would there be any question that we would not respond on behalf of the child? Through you.

SPEAKER DONOVAN:

Representative Fawcett.

REP. FAWCETT (133rd):

Thank you, Mr. Speaker. Again, no it seems absolutely common sense that we would do -- move, you know in every direction possible to advocate on the behalf of the children that are in our care. But again this legislation is just documenting in statute that we want to make sure that we are taking the best care of our children and being very thorough with their transition plans out of service.

SPEAKER DONOVAN:

Representative Klarides.

REP. KLARIDES (114th):

Thank you, Mr. Speaker. I thank the Lady for her answers and as I mentioned before my colleagues that have spoken on this clearly are more knowledgeable in this matter than I and they seem to think that this is a good bill and clearly the intention is very positive. I just have a lot of concerns about when we have to actually tell an agency to respond. And if they hadn't been responding especially in a situation like this when we're dealing with children.

I mean if you are charged with the job of responding -- being -- being that caretaker of sorts of a child, you know, in a State legal capacity and we have to tell them -- we have to say respond so that would mean that maybe, you know, if we didn't put respond in there nobody talks to anybody. I just -- it seems very odd to me. Thank you, Mr. Speaker.

SPEAKER DONOVAN:

Thank you very much, Madam. Representative Thompson of the 13th, you have the floor, Sir.

REP. THOMPSON (13th):

I think the words within our care or within our custody are extremely important and this legislation proposes to address those issues for those children. And we might all say high time but we're taking steps, we're taking remedial steps and that's moving in the right direction.

Anyone who's familiar with birth to three or early childhood intervention knows the benefits that are -- can be had by addressing whether it's physical, mental, whatever issues that children have early on is the right path to take.

I mentioned one evening here that I -- the last time I looked at the world health organization America's healthcare system ranked I think 18th, which mean there are 17 other countries who produce much more effective results in caring for their population in healthcare yet we are by far the highest costing healthcare system in the world. So there's something wrong with this picture. So my -- Representative LeGeyt had mentioned earlier his concern.

It seems to me that we have a responsibility when they come into our care or into our custody they become in effect our children. But there's a whole population even in this richest State in the country of children living in poverty who do not have easy access to healthcare and we make -- we are making valiant efforts I think by expanding health centers, by community services. He have deinstitutionalized mental health and mental retardation services to our children and it works.

And anyone who has looked at the numbers with birth to three knows that 50 percent of those children consistently who have entered that system early on will not require special education services when they

reach school age. And the savings to our society is millions of dollars. So this bill is a step in the right direction.

It's good legislation but it's more important than that. It's the morally right thing to do but at the same time we should continue to reach out to all children. The kid who shows up at school in kindergarten with a hearing problem, a sight problem or any other kind of physical problem that retards their ability to learn and time has to be spent with that child to help them along, sometimes it's four or five years beyond -- behind the clock or the starting line.

So we ought to get on with that -- what this bill requires but at the same time we should resolve that every child, every single child with any kind of health problem should be addressed and the only way we're going to do that I think is to look to the local communities to expand those services, take advantage of every opportunity, every hospital, every clinic, every center, every group that has the vision of helping children receive the kind of healthcare they need. And please contact birth to three and just ask

them for the results based accountability reports that they have been issuing over the years and you will see the dramatic -- very dramatic results that they are having and it's a credit to the State.

It's a credit to whoever came up with that and has pushed it over the years. But it's now our job to make sure that not only do the kids in our custody receive this kind of healthcare but that all children have that opportunity. So I suggest that we get on with this but also to keep our eyes open and our hearts open and our minds open to all those kids who are not receiving these kind of benefits or this kind of attention and as a result require much greater attention when they finally do reach the age or when the issues are finally addressed.

So I support the legislation but I support us all resolving here and now to remember all the other children who do not have that opportunity to receive that kind of care on a regular and continuing basis. And believe me, there are plenty of people in our State who need that kind of care but there are many people who have the skills and should also have the support that we can give them.

SPEAKER DONOVAN:

Thank you very much, Sir. Will you remark further on the bill as amended? Will you remark further on the bill as amended? If not, staff and guests to the well of the House. 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.

SPEAKER DONOVAN:

Have all the members voted? Have all the members voted? If all the members have voted please check the board to ensure that your vote's been properly cast. If all the members have voted the machine will be locked. The Clerk will take a tally. The Clerk will announce the tally.

THE CLERK:

Senate Bill 293 as amended by Senate A in concurrence with the Senate.

Total Number voting 145

Necessary for adoption 73

Those voting Yea 145

Those voting Nay 0

Those absent and not voting 6

SPEAKER DONOVAN:

The bill is passed in concurrence. Will the Clerk please call calendar 329.

THE CLERK:

On page 15, calendar 329 substitute for Senate Bill number 258, AN ACT CONCERNING AN INCREASE TO THE MAXIMUM ALLOWABLE UNEMPLOYMENT COMPENSATION TRUST FUND BALANCE. Favorable report by the committee on labor.

SPEAKER DONOVAN:

The fine Representative of Southington, Representative Zalaski of the 81st, you have the floor, Sir.

REP. ZALASKI (81st):

Thank you, Mr. Speaker. Great to see you up there but maybe nobody told you we already had UConn day but that's okay.

SPEAKER DONOVAN:

S - 639

CONNECTICUT
GENERAL ASSEMBLY
SENATE

PROCEEDINGS
2012

VOL. 55
PART 4
942 – 1311

Mr. Clerk.

THE CLERK:

And on page 13, Calendar 273, Substitute for Senate Bill Number 293, AN ACT CONCERNING PERMANENCY AND TRANSITION PLANS, favorable report of the committee On Human Services.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

Thank you, Madam President.

I move acceptance of the joint committees' favorable report and passage of the bill.

THE CHAIR:

On acceptance and passage, will you remark?

SENATOR GERRATANA:

Thank you, Madam President.

Madam President, the Clerk has an amendment, LCO Number 3281, will he please call, and I'd be allowed to summarize?

THE CHAIR:

Mr. Clerk.

THE CLERK:

LCO Number 3281, Senate "A" offered by Senator Gerratana.

THE CHAIR:

Senator.

SENATOR GERRATANA:

Madam President, I move adoption.

THE CHAIR:

Motion's on adoption, will you remark?

SENATOR GERRATANA:

Thank you, Madam President.

Madam President, this amendment is technical, referred to me by my LCO drafting attorney and, therefore, I ask the Chamber to support it.

THE CHAIR:

Will you remark? Will you remark?

If not, all in favor of Amendment "A," please say aye.

SENATORS:

Aye.

THE CHAIR:

That's kind of sick guys.

All in favor of amendment "A"?

SENATORS:

Aye.

THE CHAIR:

Thank you very much.

Opposed?

The amendment passes.

Senator Gerratana.

SENATOR GERRATANA:

Thank you, Madam President.

Madam President, this bill comes before us from a number of advocates, and the testimony was compelling and we talked with the Department of Children and Families also and they helped work on the language before us. It involves permanency plans for children beginning with those who are five years old or younger in DCF care that they have plans and be assessed for, perhaps, early intervention or other services that they may need.

This, of course, will save us a ton of money down the road, not to mention the health and well-being of the child. Also, that at DCF, for children 16 years and older, should work with them to develop independent skills and education. And for children 16 to 17 years of age that DCF is taking plans to develop a personalized transition plan.

Thank you, Madam President.

THE CHAIR:

Thank you.

Will you remark? Will you remark?

If not, Senator Gerratana.

SENATOR GERRATANA:

Thank you, Madam President.

Seeing no objection, I ask that this item be placed on our Consent Calendar.

THE CHAIR:

Seeing no objection, so ordered.

Mr. Clerk.

THE CLERK:

Page 13, Calendar 274, Substitute for Senate Bill Number 294, AN ACT CONCERNING CHILDREN AND THE

Madam President, if we might call now to have the Clerk read the items on the Consent Calendar and then to move to a vote on the Consent Calendar.

THE CHAIR:

Mr. Clerk, will you please read the items on the Consent Calendar.

THE CLERK:

On page 1, Calendar 300, House Joint Resolution Number 78; page 1, Calendar 301, House Joint Resolution Number 79.

Page 2 Calendar 302, House Joint Resolution Number 80; page 2, Senate Bill -- Calendar Number 64, Senate Bill 37.

Page 3, Calendar 89, Senate Bill 56.

Page 4, Calendar 110, Senate Bill 184; page 4, Calendar 91, Senate Bill Number 276.

Page 5, Calendar 127, Senate Bill 320.

Page 8, Calendar 203, Senate Bill 408.

Page 9, Calendar 226, Senate Bill 411; also, on page 9, Calendar 224, Senate Bill Number 339.

Page 10, Calendar 232, Senate Bill Number 186.

On page 11, Calendar 238, House Bill 5250.

On page 12, Calendar 258, Senate Bill 340; also on page 12, Calendar 259, Senate Bill 157; page 12, Calendar 265, Senate Bill 176.

Page 13, Calendar 271, Senate Bill 350; page 13, Calendar 273, Senate Bill 293; page 13, Calendar 274, Senate Bill 294.

Page 14, Calendar 285, Senate Bill 404.

Page 15, Calendar 296, Senate Bill Number 307.

And page 24, Calendar 132, Senate Bill 337.

THE CHAIR:

The Senate will stand at ease for a second.

(Chamber at ease.)

THE CHAIR:

Okay. Those are the items listed. The machine will be open.

Mr. Clerk, will you please call for a roll call vote on the Consent Calendar. Thank you.

THE CLERK:

Immediate roll call has been ordered in the Senate. Senators please return to the chamber. Immediate roll call has been ordered in the Senate.

THE CHAIR:

Have all members voted? If all members voted, the machine will be locked.

And Mr. Clerk, will you please call the tally.

THE CLERK:

On today's Consent Calendar.

Total Number Voting	35
Necessary for passage	19
Those voting Yea	35
Those voting Nay	0
Those absent and not voting	1

THE CHAIR:

Consent Calendar has passed.

Senator Looney.

SENATOR LOONEY.