

Legislative History for Connecticut Act

SA 14-8

HB5374

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Program Review	60-71, 94-100, 104-107, 109-111, 130-133, 156- 160, 199-206, 208-214, <u>216, 231, 242-255</u>	66

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**CONNECTICUT
GENERAL ASSEMBLY
HOUSE**

**PROCEEDINGS
2014**

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of the joint standing committee on human services,
substitute House Bill 5374, AN ACT IMPLEMENTING THE
RECOMMENDATIONS OF THE LEGISLATIVE PROGRAM REVIEW AND
INVESTIGATIONS COMMITTEE STUDY ON THE DEPARTMENT OF
CHILDREN AND FAMILIES AS THEY RELATE TO PREPARATION OF
YOUTHS AGING OUT OF STATE CARE.

DEPUTY SPEAKER ORANGE:

Representative Mushinsky.

REP. MUSHINSKY (85th):

Thank you, Madam Speaker. Good afternoon.

DEPUTY SPEAKER ORANGE:

Good afternoon.

REP. MUSHINSKY (85th):

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

DEPUTY SPEAKER ORANGE:

The question before the Chamber is on acceptance
of the joint committee's favorable report and passage
of the bill. Representative Mushinsky.

REP. MUSHINSKY (85th):

Thank you, Madam Speaker. This bill requires the
Department of Children and Families to submit a
progress report to the legislature on the steps DCF
has taken to comply with recommendations in our report

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on services to prepare youths aging out of State care. We found -- a major finding of our report was that it was not actually possible to assess how well DCF is preparing youth who age out of State care. And our assessment was hindered by a lack of aggregate information on the program measures and individual youth outcomes.

So we don't just want to safeguard children until they're 18 and turn them loose. We wish to help them with transition so they understand housing, higher education, post-secondary education, parenting and other skills. This bill require the DCF Commissioner prepare a progress report by February of next year on the steps they are taking to address each of our recommendations.

And the report will also be submitted to several committees of the legislature dealing with children and youth. It will improve the lives of the State's children as they enter adulthood and I urge your support for this bipartisan bill. Thank you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Thank you, Madam. Will you care to remark further on the bill before us? The lovely Ranking

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Lady -- Member, Representative Carpino of the 32nd,
you have the floor, Madam.

REP. CARPINO (32nd):

Thank you, Madam Speaker. I concur with everything my Chair has said however I must point out that it was very disappointing to know that when PRI tried to do the study to determine how well or well not we were serving our youth aging out of DCF that it was more than a matter of -- of not liking the data we were giving but it was disappointing to find out that the data we needed was simply unavailable. This bill is important so that we can force DCF to gather the necessary information so that we can do right by these children. I urge support.

DEPUTY SPEAKER ORANGE:

Thank you, Madam. Will you care to remark further? Will you care to remark further on the bill before us? Would you care to remark further on the bill before us? If not, staff and guests please come 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.

The House of Representatives is voting by roll. Will

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members please return to the Chamber immediately.

DEPUTY SPEAKER ORANGE:

Have all the members voted? Have all members voted? Please check the board to determine if your vote has been properly cast. If all members have voted the machine will be locked and the Clerk will take a tally. Will the Clerk please announce the tally.

THE CLERK:

Madam Speaker, on House Bill 5374.

Total Number Voting	142
Necessary for Passage	72
Those voting Yea	142
Those voting Nay	0
Those absent and not voting	8

DEPUTY SPEAKER ORANGE:

The bill passes. Are there any announcements or introductions? Announcements or introductions? Representative -- Representative Giegler of the 138th, you have the floor, Madam.

REP. GIEGLER (138th):

Thank you, Madam Speaker. Earlier today we welcomed two classes from King Street Intermediate School in Danbury and I'd like you to pay your

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THE CHAIR:

The Senate will stand at ease.

(Chamber at ease.)

The Senate will come back to order. Senator Looney.

SENATOR LOONEY:

Thank you, Mr. President.

Mr. President, we have a number of additional items to add to the Consent Calendar.

THE CHAIR:

All right. Let's go.

SENATOR LOONEY:

First, Mr. President, Calendar page 4, Calendar --

THE CHAIR:

Hold on. Let's make sure we're in order, here. Get all our bills on Consent. Please proceed, sir.

SENATOR LOONEY:

Yes, thank you, Mr. President. The first item is Calendar page 4, Calendar 273, Senate Bill 480, 4-8-0.

Next, moving to Calendar page 14, Calendar 435, House Bill 5044.

On Calendar page 16, Calendar 450, House Bill 5371.

Also on Calendar page 16, Calendar 451, House Bill 5373.

On Calendar page 18, Calendar 464, House Bill 5293.

On Calendar page 19, Calendar 471, House Bill 5374.

On Calendar page 20, Calendar 472, House Bill 5380.

Also Calendar page 20, Calendar 488, House Bill 5222.

Moving to Calendar page 23, Calendar 504, House Bill 5309.

Also Calendar page 23, Calendar 505, House Bill 5484.

And on Calendar page 23, Calendar 506, House Bill 5487.

Moving to Calendar page 26, Mr. President, Calendar 519, House Bill 5375.

Also Calendar page 26, Calendar 520, House Bill 5471.

On Calendar page 30, Calendar 542, House Bill 5378.

Calendar page 33, Calendar 558, House Bill 5459.

And also we earlier today had placed Calendar page 37, Calendar 120, Senate Bill 237.

And one additional item, Mr. President, Calendar page 45, Calendar 158, Senate Bill 209.

So this would be our proposed Consent items at this time, Mr. President.

THE CHAIR:

Seeing no objection, so ordered, sir.

SENATOR LOONEY:

Thank you, and if the Clerk would then read the items on the Consent Calendar for verification so we might proceed to a vote.

THE CHAIR:

Mr. Clerk.

THE CLERK:

On Page 4, Calendar 273, Senate Bill 480.

Page 14, Calendar 435, House Bill 5044.

On Page 16, Calendar 450, House Bill 5371.

Also Calendar 451, House Bill 5373.

On Page 18, Calendar 464, House Bill 5293.

On Page 19, Calendar 471, House Bill 5374.

On Page 20, Calendar 472, House Bill 5380.

Calendar 488, 5222.

On Page 23, Calendar 504, House Bill 5309.

And Calendar 505, House Bill 5484.

Also Calendar 506, House Bill 5487.

And on page 26, Calendar 519, House Bill 5375.

Calendar 520, House Bill 5471.

Page 30, Calendar 542, House Bill 5378.

Page 33, Calendar 558, House Bill 5459.

On Page 37, Calendar 120, Senate Bill 237.

And on page 45, Calendar 158, Senate Bill 209.

THE CHAIR:

Thank you. Mr. Clerk. Please announce the pendency of a roll call vote and the machine will be opened.

THE CLERK:

An immediate roll call has been ordered in the Senate.
roll call on today's Consent Calendar has been ordered
in the Senate.

THE CHAIR:

Have all members voted? If all members have voted, please check the board to make sure your vote is accurately recorded.

If all members have voted, the machine will be closed and the Clerk will announce the tally.

THE CLERK:

On today's Consent Calendar.

Total Number Voting	35
Necessary for adoption	18
Those voting Yea	35
Those voting Nay	0
Those absent and not voting	1

THE CHAIR:

Consent Calendar Number 1 passes.

Senator Looney.

SENATOR LOONEY:

Thank you, Mr. President.

Mr. President, would move for immediate transmittal to the House of Representatives of Senate bills acted upon today.

THE CHAIR:

Without objection, so ordered.

SENATOR LOONEY:

Thank you, Mr. President.

Mr. President, would yield the floor to members for any announcements or points of personal privilege before adjourning and announcing tomorrow's Session.

THE CHAIR:

Any announcements or points of personal privilege? Announcements or points of personal privilege? Seeing none, Senator Looney.

SENATOR LOONEY:

**JOINT
STANDING
COMMITTEE
HEARINGS**

**PROGRAM
REVIEW AND
INVESTIGATIONS
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**2014
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COMMITTEE

March 4, 2014
3:00 P.M.

REP. MUSHINSKY: Senator Kissel.

LAURA GREEN: It's important.

SENATOR KISSEL: Yeah. I just want to say thank you, so much; another -- another important story. And I'm hoping that you weren't lucky be, you were not unlucky because people just had a predetermined notion that they weren't going to hire anybody in your age category.

LAURA GREEN: There is certainly no way of knowing that. Someone would have to be an idiot to say that.

SENATOR KISSEL: That's true; they won't come out and say it. But -- but it seems like things have worked out for you, so I'm really very happy about that.

And I want to associate myself with the remark of Chairman Mushinsky; we are going to need your -- your group's efforts to help push things across the finish line in this short session.

LAURA GREEN: Yeah. I think that I can speak that we will be there. Thank you.

REP. MUSHINSKY: Thank you for coming.

LAURA GREEN: Sure.

REP. MUSHINSKY: Next speaker, Karen Zaorski, from Wolcott Crossroads, followed by Ken Welch, Wallingford Coalition for a Better, Coalition for a Better Wallingford.

KAREN ZAORSKI: Hi. Good afternoon, esteemed Chairmans and committee members.

HB5371

HB5372

HB5373

HB5374

My name is Karen Zaorski, and I'm from Wolcott.

My son Raymond died a cocaine overdose on September 9th, in 2010. Today, I'm here representing members and executive board committee people from Wolcott Crossroads, Incorporated, in Wolcott, and Connecticut Turning to Youth and Families.

We'd like to congratulate this committee on its dedication to what life-and-death issues for Connecticut young adults and families struggling with substance abuse disorders.

In 2012, I came to the PRI Committee to encourage your members to do whatever was necessary to affect policy changes regarding the critical dilemmas associated with barriers to addiction treatment for this vulnerable population, regardless of their insurance coverage.

It is clear that time, concern, and hard work has been invested into researching solutions to the barriers of early intervention resources, access to age-appropriate drug use disorders treatment, and recovery support programs. You have gotten down to brass tacks and implemented some recommendations based on your committee's report and are about to roll out some of your plans in the form of House Bills 5371, 5372, 5373, and 5374, which we hope all are good starts to better and new solutions.

Members of the organizations I represent have already attended focus groups initiated by Department of Children and Families, so we are well aware that thinking caps are in place for how best to ensure that the system cracks are narrowed in order to better save lives. We desire a voice in more meeting rooms.

My main purpose in being here today is to thank you from the bottom of my heart for listening and recognizing that there is an epidemic of drugs in our community and this country and that our young people and families are being impacted in the saddest ways imaginable. With your continued, diligent work, we hope you will make it possible for more individuals and families in this state to timely secure appropriate help for their loved one when they need it most.

If there is any information that our organizations can provide to assist in moving these bills forward, please don't hesitate to contact us.

REP. MUSHINSKY: Thank you for coming back. I'm --

KAREN ZAORSKI: You're welcome.

REP. MUSHINSKY: -- sorry you lost your son.

KAREN ZAORSKI: Thank you.

REP. MUSHINSKY: I lost my brother so I understand.

KAREN ZAORSKI: I remember that.

REP. MUSHINSKY: But you're right, we are going to have to keep together as a coalition and move these bills, especially through the two money committees. So if we don't have your e-mail, please leave it with us.

KAREN ZAORSKI: I will.

REP. MUSHINSKY: And we can contact your organization through you as these bills move out of our committee into the other committees.

KAREN ZAORSKI: Okay.

REP. MUSHINSKY: Because it is a short timetable on the, in the even-numbered years.

KAREN ZAORSKI: And we're ready and willing to help, so we would --

REP. MUSHINSKY: Okay.

KAREN ZAORSKI: -- appreciate getting those calls.

REP. MUSHINSKY: Okay. Thank you, very much.

Questions?

Senator Kissel.

SENATOR KISSEL: Yes. And again, I just, as Co-Chair of the committee, want to say thank you. Actually, when you came and you sat and you started speaking about your loss, of which you have my deepest sympathies, I --

KAREN ZAORSKI: Thank you.

SENATOR KISSEL: -- recall your previous testimony. And it's hard. And -- and it's hard to come the first time.

KAREN ZAORSKI: Uh-huh.

SENATOR KISSEL: Here you are a second time, so it's great to know that you're still with us on this journey, and as Chairman Mushinsky said, we're going to need everybody, rowing together, to -- to make sure these things are a success, especially when it comes to -- to some of the money issues. But I think we can get there. So --

KAREN ZAORSKI: I think --

SENATOR KISSEL: -- thank you.

KAREN ZAORSKI: -- that you can, too, and I think that together, that's the key.

I appreciate your work. Thank you, so much; keep working hard.

REP. MUSHINSKY: Thank you.

KAREN ZAORSKI: You're welcome.

REP. MUSHINSKY: Ken Welch, followed by Eileen Grant.

KENNETH WELCH: Welcome, Chairpersons Mushinsky and Kissel, Senator Coleman, and Representative Carpino.

My name is Ken Welch, President of the Coalition for a Better Wallingford, a grassroots organization formed on the heels of an outbreak of substance abuse deaths, 53 over a three-and-a-half year period in our Town of Wallingford.

I'll be addressing Bills 5372, and 5374. My comments speak to the use of the word "comprehensive" in these bills. Today, this problem has made headlines in many communities throughout our country, our region, and the state of Connecticut. The identification of support services in the face of dying members of our community has been an overwhelming task for our organization.

Complications to our efforts start with the stigma of the perceived self-inflicted action

of the addict and proceed through the school halls, of unequipped health workers, unknowing town officials, a very quiet clergy, underfunded local intervention, interventionists, understaffed social services, and end up in the lap of peers, parent-support, and bereavement groups.

I do not have to mention the legalistic positions taken by other municipal services we rely on to be appropriately responsive to our needs. Something is very wrong; it's hard to know that adding this language to these bills will affect a positive change for those people and families that need the help. But we do agree with the language and support all efforts to bring a more comprehensive and better-funded approach to our community.

Specifically, there are a number of actions that will allow communities like Wallingford to get ahead of this problem, begin the healing process, and prevent the ongoing destruction of our citizens.

(1) Establish a state-level review board specifically aimed at this epidemic. We now have enough information to warrant a dedicated effort aimed at coordinating and implementing protocols for prevention, intervention, and treatment of prescription drug abuse.

(2) Cut off the source of unnecessary drugs. Make participation in the PMP program mandatory for all parties; prescribers, and pharmacists, with stiff penalties for noncompliance. Establish a protocol for prescribers that forces them to see the scope and depth of the effect of the misuse of this family of opioids in our world. Make mandatory the use of effective screening tools, narcotics management

contracts, and education for all pain med relationships, especially the initial encounter with any use. Promote enhanced coordination between jurisdictional law enforcement to deter doctor shopping. And, lastly, make 24-hour drop boxes mandatory in every community.

(3) Make Narcan more available. Make training and treatment mandatory for all first responders, police, EMS, and paramedics, and make Narcan available for all families with an active addict.

(4) Support local interventionists. Provide criteria for establishment and support of local community programs, like The Dry Dock and funding for these operations. Establish and coordinate a shared database web site with access for local coalitions dedicated to community wide awareness and support. Establish a funding source for local backbone agencies, like Youth and Social Services, in support of local efforts.

(5) Establish mandatory drug education programs throughout the state with participation from educators, students, and the community. Promote the reality of this disease to eliminate the stigma that prevents positive outcomes. Establish a Youth Sport Mentoring program that includes a substance abuse education model. Our youth sport coaches are still considered the most influential person in a youth's life. And establish a Transition Awareness program for graduating high school seniors that prepares them with resources and coping skills.

(6) Increase funding for local drug law enforcement.

And (7) make mandatory Mental Health Equality.

This is a healthy start to the appropriate approach to eliminating substance abuse problems we face. It may be a daunting list to some, but to the honest and committed, this is only a beginning. It is the beginning of building a solid foundation for the future of our communities.

Thank you.

REP. MUSHINSKY: Thank you.

Did you submit written as well or --

KENNETH WELCH: Yes.

REP. MUSHINSKY: -- electronic? Okay.

KENNETH WELCH: Yeah.

REP. MUSHINSKY: Because with long lists here, we're --

KENNETH WELCH: Yes.

REP. MUSHINSKY: -- going to have to look and see how it, how it, how we can fit it in.

Even though I live here, that number still, you know, makes me snap too; 53 deaths over three-and-a-half years.

KENNETH WELCH: Incredible.

REP. MUSHINSKY: It is incredible for a town that's fairly small.

I was wondering, do we have, do you know if -- if the other towns are also tracking their

deaths by town? Because that would really help move the additional funding requests you made if -- if the towns knew what their --

KENNETH WELCH: It's --

REP. MUSHINSKY: -- fatalities were from drug abuse.

KENNETH WELCH: It's a very hard number to -- to monitor because the stigma that's associated, oftentimes, sometimes obituaries don't even exist in -- in the face of a substance-abuse death. We get our numbers mostly through the medical examiners office and, as you know, we're, I think we're a little ahead of the curve in our ability to identify these problems -- not solve them -- but identify them, at least, and talk about them. So it's the whole idea of eliminating the stigma, everybody agrees, is -- is probably the primary thing to focus on, so that we can get people talking openly about these things.

And I can't tell you the number of times I've been challenged -- and I'm not suggesting that you're challenging me to another piece of data -- but people in the face of -- of so much data that we already have, are always wanting that -- that next step of confirmation, and yet it's on the papers every day. It's on the, it was on the front page of the "New York Times," Monday morning.

The amount of resources that are going into solving this problem, in communities that have some momentum, the way we do, it's a spit in the bucket compared to the cost. And many of us are very familiar with what that cost can be.

REP. MUSHINSKY: Yeah, not only personal but also

financial. And I don't know if you were here when the folks were, from DSS were talking.

KENNETH WELCH: Yeah.

REP. MUSHINSKY: But a lot of those repeat visits to the emergency room are actually behavioral health, mental health, substance abuse visits.

KENNETH WELCH: And we did a study and we, we're, one of the things we've done is do some ER monitoring, ourself, locally. And, yeah, the average cost of that visit, that overdose transport and visit is about, between 22 and 25 hundred dollars to somebody. In 2012, we had over 120 of those in our town.

REP. MUSHINSKY: Yeah. I'd like to, I'd love to see your research replicated in the other towns so we had a statewide tracking of this; this would be very interesting. And then we would challenge all the communities to lower that curve. But I bet they have no idea what their fatalities are.

KENNETH WELCH: Well, it's why the first thing that we're asking for is -- is a review board at the state level that can coordinate that, somebody who has some real teeth. Because unless an organization like Crossroads or I'm sure very shortly -- Torrington, that just experienced a large number of short-term deaths or East Windsor, just last week -- until the stuff hits the news.

It -- it's kind of sad that the single deaths aren't considered a motivator in our society anymore. It's not until you start to put up numbers that people respond, and yet we know on a nationwide basis this is an epidemic. The CD, when -- I'm using the CDC terms -- we

didn't make that up. So you know, I, we know that the -- the laws take time.

I've -- I've -- I said today, before I came up here, I feel like, you know, we're being, I'm chasing a bone today, but we're going to be there at every -- every step of this thing to try and reinforce the fact that it's needed. I -- I don't think our numbers are that much greater than any other town; I don't. I don't think you could look at Wallingford and say we're -- we're abnormal that way. I don't think we purposely have planted seeds of drug abuse in our town; I think we're just like most of the rest of the towns.

REP. MUSHINSKY: Yeah, that's what I'm -- I'm thinking too. We're probably just a typical town, and I'll -- I'll bet if you tracked them in any of our districts, you might find a similar story.

KENNETH WELCH: Yeah. We're just angry about it right now.

REP. MUSHINSKY: Yeah. Well, I'm glad you're angry and keep being angry. Keep being angry; it helps us pass the laws.

Questions?

SENATOR KISSEL: Yeah. Thank you for taking the time to come; it makes a difference.

I mean, I know you said that you characterized it as chasing a bone, and -- and it can be a -- a daunting process. In fact, you know, we in, when we're in Hartford we say even the very best idea that everybody rallies around, says this is the very best idea, sometimes it takes three years to get a bill passed to make that a

reality.

And so a lot of these things, you know, we do have to put it out there to our colleagues. We do have to make the case, but it's always helpful, whether it's you here in Wallingford or anybody else. Just contact your Reps. Contact your Senators. Write those letters to the Editor. Keep the issue alive, and that's the wind that helps our sails move forward.

So thank you.

KENNETH WELCH: You're not, you're not tired of me getting in contact with you or anything?

REP. MUSHINSKY: I love the good that you do. Anytime; I love to talk to you.

Thanks, Ken.

KENNETH WELCH: All right.

REP. MUSHINSKY: I appreciate it.

KENNETH WELCH: Thank you.

REP. MUSHINSKY: Eileen Grant, followed by Eric Hammerling.

EILEEN GRANT: Hello.

HB5369

HB5370

I'm Eileen Grant; I'm the President of the Friends of Connecticut State Parks.

Thank you for lending your attention to conditions in Connecticut state parks, first by initiating a study focusing on state park funding and secondly by crafting two bills which reflect some of the recommendations contained within the report.

Stauble.

ANA M. GOPOIAN: Hello and good afternoon.

I'm Ana Gopoian and this is my first time at this platform or any of this kind, I should say that. But it's very nice that my grandmother welcomed me; she's the bottom, left corner of that quilt behind you, so I guess that was my little, my little God shot right there.

Let's see. I'm here for many reasons but specifically the four bills that have been brought to my attention that I think I have something to say towards, hopefully to be part of the solution, 351, 5 -- yeah -- 5371 -- I'm sorry -- 5372, 5373, and 5374. I think they work together in regards to, you know, they're, it's multifaceted.

I'm a registered voter. I'm a taxpayer. I'm a homeowner. I grew up in the Yalesville side -- if we need to segregate in that way -- of Wallingford; I grew up here. I went to some of the school systems here; you know, baptized, first communion, confirmation. My -- my family was reputable in this town.

Ah; thank you. I brought tissue but I thought if I didn't bring it, I wouldn't cry.

REP. MUSHINSKY: I'll share. I'll share my water with you.

ANA M. GOPOIAN: Oh, thank you; this happens pretty regularly, and it's okay. And it's okay. I've spoken on many platforms, meetings in this town, many hundreds of meetings in this state, this country, outside of this country, and recently for a world conference. And what I haven't mentioned is I'm a woman in long-term

recovery. Okay; thank you.

My mother has a year and a month less clean time than I do, and because we had the right last name and lived in the right town, in the right community, things couldn't be happening to us. The stigma that has been mentioned more than once here, the changes that are necessary within our system, not just this town but in this state, I am directly affected, and -- and not from the now 18-and-a-half years in my recovery program as a long-term, you know, member of life and society.

At the age of six, there was already trauma going on that didn't have a vocabulary, in a school system that didn't pay attention then. I'm 50; I still feel that pain. By the age of 12, I was already participating regularly in substance abuse, but because of my last name and the inability and lack of education, nobody knew what to do. It wasn't just that; it was not knowing how to read well and getting pushed through a system. It's not using the system because we're embarrassed as a family.

What was mentioned -- I haven't even looked at my paper; sorry -- what was mentioned earlier, a couple things -- they kept coinciding as we go on -- and I will go over that beep 10 times over and as 53 lives have been lost in the last 3 years. You know, I think it was said last year at the Red Ribbon, 93 over 10, and those are just the ones they can find. And then you had mentioned that sometimes it's about 3 years to pass a bill and make a law or -- you know what I mean? If you collectively looked at that information and brought that to the table, you are directly going to attach and affect everybody at that table, one way or another, personally or indirectly.

I know for me and -- and how I've been able to get involved within my community, and I heard "you're angry" to a couple people that said, Yeah, we're angry, but that's where the -- the greatest advocates are born. So I am here angry. I am here because my phone blows up on a regular basis, and it's, directly affects me as a -- a person and a woman and a member of a recovery community. I -- I do field and learned how to balance my life with the other, extracurricular things.

I've learned to read, and I went back to school; and I got a degree, and I'm just starting. When I look at these policies and the things that are being asked for us to come here -- I haven't even looked at this thing -- I've been able to show up and -- and made new friends; Crossroads, Karen is amazing. Karen, I was invited to the board for the Connecticut Turning to Youth and Families, another amazing organization, and -- and I will feel very comfortable continuing forward with everybody that seems to be getting put right in my path.

The Coalition for a Better Wallingford hired me -- me; don't you know who I am? Don't you know what I've done? I get to give back to the town that I wreaked havoc on. What a greater opportunity, I don't know, but its desperate cases are coming to these groups. And they're not just looking for hope; they're desperate and beaten down. And we tell them to do X, Y, and Z or we understand, and we turn them over to a system that's not there for them.

As someone in recovery, I have taken people and got them loaded to get them into treatment. They're not high enough is not what you want in that window of opportunity. I know that peer-

to-peer support makes an incredible difference. I know the education, not just for the people needing recovery but the people have not maybe crossed the path of its wrath yet. Attached to those 53 people in the last 3 years are 53 families. You cannot let people leave treatment or get, after 3 days or stabilized or whatever they're calling it and tell them to go home into an environment that might be just as dysfunctional as a crack house or a -- a heroin den or -- it's not just one drug.

It's amazing things or, can happen, amazing things can happen. You have the soldiers. We're here, the peer-to-peer support. I have become a recovery support specialist and other things. I've become a lot of things. I carry many labels and many hats, and I'm incredibly grateful to take people along. What we can teach the youth are the skills needed for this, the -- the services and -- and building careers, advocacy and learning about these things, communication and education. Those have career paths attached to them, a purpose attached to them, a place to go on a weekly, regular basis attached to them.

But demographics are getting younger and younger, and they're coming, and they're becoming more and more creative. As much as I have passion for the things in society I would have never cared about before, it's really hard to sit and listen about some of the other topics and how they're collaborated in and integrated together when you can talk about the things that I love to participate in, like the forest and the parks or -- or older, elderly people -- I'm on my way to being elderly because I choose to live well; right? So like -- and then you got to talk about the life-and-death crisis, epidemic. It just doesn't even

seem like it should be on the same platform.

I -- I can talk a lot. I didn't talk for years. I didn't talk for years, and now I think I have something worth talking about. In my 18-and-a-half years clean, I have worked hard on myself. And I'd like to reverberate that you can't just leave a treatment program, if you've been so lucky to get in one, and be well. There's at least a year necessary before you've been able to start altering the patterns and behaviors of the people that have survived.

I was 32 years old when I got clean. My things started very young; 6, picking up at 12 I made my first phone call at 23 to a help line that I didn't reach back to, and I suffered for 9 more years until I found this program. And now I give back on a regular basis because it -- it fills my spirit and people are surviving and thriving. I am no longer a victim; I am the avenue to what's possible. And I think the greatest power against the disease of addiction is living well, but if we don't have the resources and the safe places to do that, we're in trouble.

So take my number. Take my e-mail. I don't have any fancy phone or Facebook, but -- and I can even hand this paper in, which I will -- I have a lot to say and I'd love to support anybody else that would like to listen and/or, you know, have your child. Give me your parents; I don't care. I'll keep talking until this epidemic is addressed, you know.

Thank you, so much.

REP. MUSHINSKY: Thank you for your testimony, very heartfelt. And thank you for working for the Coalition for a Better Wallingford; I think

they chose well.

And I think you agree with us that there's still gaps in the system when you take somebody in and they're treated temporarily for the weekend. They're not safe unless they go directly into a treatment. Coming home again is not safety. So I think you're reinforcing what our experience has been too.

ANA M. GOPOIAN: And our state, unfortunately, farms people out -- and let me say that as horrible as it sounds -- they farm people out of the state because that we cannot be served when in our own state.

I've told parents to drop their children from their insurance because they can get better services with none, and these are hard-working people.

REP. MUSHINSKY: Uh-huh.

ANA M. GOPOIAN: These are people that pay for insurance and thought they were safe to serve their families. And I'm, and I'm trying to teach them how to break their part in the hold; you know what I mean? And --

REP. MUSHINSKY: Yeah.

ANA M. GOPOIAN: -- be who they need to be.

REP. MUSHINSKY: No, we found the same thing, when in our research we found that the state system did a better job than the private insurance of taking --

ANA M. GOPOIAN: Uh-huh.

REP. MUSHINSKY: -- care of kids with addiction. So

we found the same thing.

Anyway, we -- we do appreciate your coming in and testifying. I know it's hard and appreciate that you're strong enough to do that. And even if you just send one copy of your testimony, that's fine; we can scan it in. And if you want us to get in touch with you as the bills move --

ANA M. GOPOIAN: Uh-huh.

REP. MUSHINSKY: -- give us your e-mail too; okay?

ANA M. GOPOIAN: Thank you.

REP. MUSHINSKY: Questions?

Okay; thanks.

ANA M. GOPOIAN: Thanks.

REP. MUSHINSKY: Next witness is Peter Strauble, Struble, followed by Efrain Madera.

PETER J. STRUBLE: Good afternoon, Madam Chairman, committee members.

My name is Peter Struble. I'm a resident of Wallingford, recently retired as the fire chief here in Wallingford. And the Wallingford Fire Department is, provides emergency medical services, paramedic services and transport to emergency departments. Now I'm working with the University of New Haven, doing work with prehospital care in paramedicine.

I'm speaking in support of Bill 5378, at least in concept, as it raises an important discussion we must begin to have about health care. My purpose in testifying at this hearing

as a year-long study with twelve pilot programs.

Other programs around the country, Mesa, Arizona, for example, are being very, very successful with this and -- and having, you know, huge benefits to patients by -- by not having them consistently going through the -- the ER all the time and -- and getting into that system.

REP. MUSHINSKY: This is good. So thank you; we'll check this out.

PETER J. STRUBLE: Thank you.

REP. MUSHINSKY: And I also want to give a credit to Speaker Sharkey, who is the one that told us to do some road hearings. So -- so we're -- we're here because Speaker Sharkey said get out into the field; don't have them all in Hartford.

PETER J. STRUBLE: Thank you.

REP. MUSHINSKY: So thanks for coming.

Efrain Madera, followed by Daniela Giordano.

EFRAIN MADERA: Good afternoon, Madam Chairman and committee.

I thought being on the board members of my community -- community was extensively hard, but this is quite difficult, what I've been hearing. You have a lot of challenges before you.

My name is Efrain Madera. I am currently a student in the social work program at Southern Connecticut State University, writing in support of the H.B. 5374,^o which has already

been raised, AN ACT IMPLEMENTING THE RECOMMENDATION IN THE LEGISLATIVE PROGRAM REVIEW AND INVESTIGATION COMMITTEE STUDY ON THE DEPARTMENT OF CHILDREN AND FAMILIES AS THEY RELATE TO THE PREPARATION OF THE YOUTHS AND AGING OUT OF THE STATE CARE.

This is an important matter for every citizen in the state to be concerned. At the age of 18, these youngsters may be legally considered adults; however, most of these children have not had the proper guidance and support from their biological families, landing them in the foster care system. These children are not adequately prepared to -- to handle life or unsupervised.

As we all know, it is our job as parents to guide and teach our children and how to accept the world, as it challenges, without feeling overwhelmed. Most of these children have been raised under the guidance of the State Department of Families.

I'm supporting the H.B. 5374 because these children need more guidance before becoming completely responsible for themselves. I have to say that I've met a few children who are adults along the way in my life, and I was amazed at the inabilities that they had regarding the guidance of life and the understanding that they need the proper tools.

One of the things that I've recommended highly to many of these individuals is to go back to school. Try and educate yourselves. Try and prepare yourself with the tools. These tools will help open doors. For some, they have taken the information and they've decided to continue on. For others, they have felt that the doors have been closed too many times. So

what I've asked them to do is just look again and try more, try harder and try the best. You can only success if you continue on.

I would like to thank you and the rest of the Program Investigation Committee for proposing the bill of H -- H.B. 5374.

REP. MUSHINSKY: Hey; thank you.

EFRAIN MADERA: Thank you.

REP. MUSHINSKY: Are there questions?

Yeah, you exactly timed it to --

EFRAIN MADERA: Yeah.

REP. MUSHINSKY: -- the timer.

SENATOR KISSEL: I appreciate the perfect timing; that's awesome.

REP. MUSHINSKY: That's -- that's a unique --

EFRAIN MADERA: I've been watching.

REP. MUSHINSKY: Okay. Appreciate your coming in.

EFRAIN MADERA: Thank you, everyone. Have a good day.

REP. MUSHINSKY: Daniela Giordano, followed by Dr. William Doheny -- Doheny.

DANIELA GIORDANO: Good afternoon, Senator Kissel and Representative Mushinsky, and members of the PRI Committee.

Thank you, very much, for having us here today.

HB 5371
HB 5374

I -- my name is Daniela Giordano -- and I'm the Public Policy Director for NAMI Connecticut and also the staff to Keep the Promise Coalition. KTP is Connecticut's largest group of stakeholder advocating for smart policy reform and systems change to benefit the children, youth, young adults, and adults who are dealing with mental health challenges.

And I'm actually, if it be permissible, I would request to get four minutes, because I'm talking on behalf of three people? So we're trying to save you some money.

SENATOR KISSEL: I think that's a good deal for us.

DANIELA GIORDANO: Thank you, very much.

HB 5304

I'm here today on behalf of NAMI Connecticut, the Keep the Promise Coalition Children's Committee, and also on behalf of Abby Anderson and Ann Smith. And they're respectively the Executive Directors of the Connecticut Juvenile Justice Alliance and the African Caribbean American Parents of Children with Disabilities, also known as "AFCAMP," who co-chair the KTP Children's Committee.

We're testifying today in support of H.B. 5371 and 5374 which implement the recommendations of the PRI studies on access to substance use treatment for insured youths as they relate to DCF and on DCF's preparation of youth aging out of the state care, respectively. And you have heard already some testimony on both of these bills.

The goal -- goal of H.B. 5371 is twofold, to enhance the programmatic offerings by certain state health agencies in order to provide more efficient and effective services to youth --

requires that DCF collect information from service providers to be able to assess the -- the accessibility of in-home behavioral health services -- may I -- of privately -- thank you -- insured children and youth and assess the presence of the extent of cost-shifting from private insurance to the state. DCF would then report an assessment of such accessibility and the extent of cost-shifting potential remedies to the Legislature the following year.

The final provision in this bill requires DMHAS and DCF to develop a substance use recovery support plan to provide services to adolescents and young adults throughout the state. Such a plan is important as mental health and substance use conditions often co-occur, meaning that individuals with substance use conditions often have mental health conditions or vice versa. Additionally, integrated care -- meaning that individuals receive care for both the mental health and substance use conditions at the same time -- has been associated with lower costs and better outcomes for both the individuals as well as the states.

H.B. 5374, as you know, requires the Department of Children and Families to submit a progress report to the Legislature on the steps that it has taken in regards to all the recommendations of the PRI report. We are clearly in favor of this and specifically in regards to the finding that a comprehensive assessment about how well DCF is preparing youth who age out of DCF care is not possible at this time and is hindered significantly by a lack of quality aggregate information on program activities and measures and the individual youth outcomes, which was one of the findings of your staff's report.

And we also really support all the

recommendations in the report, the, including, for example, tradition discharge planning or improved access to management of health care issues. One focus that I want to bring to your attention is the access to housing issues. One of the recommendations states DCF should examine its -- its existing placement options to ensure current and future residential needs are being met in the least restrictive setting. The department must ensure social workers and regional offices are aware of local housing assistance services that are available. DCF and local housing authorities and community based organizations should continue to leverage -- leverage resources to assist youth to locate the basic need of affordable, safe, and stable housing.

There also is a bill out in the Children's Committee that is looking to put the funding back for a youth homeless program that was approved in the Legislature but was never funded. And that bill number is 5304, and the hearing, I believe, before the Children's Committee is on Thursday. So that very clearly relates to the PRI findings.

Thank you, very much. And like somebody had said before, thank you, so much, for really taking on those two studies as a focus point from the committee. And also, I really want to thank all the staff for putting such great work in, in collaboration with the committee members. We greatly appreciate your work on these very important issues.

REP. MUSHINSKY: Thanks. And I appreciate the plug for our staff, who are really wonderful, and they don't miss anything.'

DANIELA GIORDANO: Yup.

REP. MUSHINSKY: And thank you for your work at NAMI to be advocates. I did not know about Bill 5304 in the Children's Committee, so we -- we should try to coordinate with them so we can -- since it's, it does fit into this.

DANIELA GIORDANO: I think it very clearly connects.

REP. MUSHINSKY: Yeah. So we'll -- we'll get in touch with their chairman and try to coordinate this.

A VOICE: Okay.

REP. MUSHINSKY: Thanks for letting us know about that.

DANIELA GIORDANO: Very welcome.

REP. MUSHINSKY: Questions?

Senator Kissel.

SENATOR KISSEL: I just want to say thank you for your constant advocacy. You do a great job.

DANIELA GIORDANO: Thank you, very much. It's really, it's -- it's a pleasure to be working with committees like yours. It really is.

REP. MUSHINSKY: Dr. Doheny, followed by Jeffrey Brady or -- or maybe Bradley, Jeffrey Bradley.

(HB 5369)

(HB 5370)

WILLIAM DOHENY: Thank you, members of the committee for allowing me to come down here and say my piece. Thank you for this report.

I am a founding member of the Friends of Connecticut State Parks, and a past-President of the West Rock Ridge State Park Association.

A number of years ago, there was immense study of outdoor recreation, and it was referred to as the Outdoor Recreation Resources Review Commission, shortened to ORRRC, but they looked at all of the -- the variations in outdoor recreation. But it's probably a historic document now, but very useful in looking at different aspects of the recreation community; all right.

REP. MUSHINSKY: Thank you, Bill.

WILLIAM AUSTIN: Yup; thank you.

REP. MUSHINSKY: Ken Feder, followed by Dr. Laine Taylor.

KENNETH FEDER: Thank you, Senator Kissel, Representative Mushinsky, distinguished members of the committee.

HB5304

My name is Kenny Feder, and I'm testifying on behalf of Connecticut Voices for Children, on H.B. 5374.

Connecticut Voices for Children supports the recommendations of the Program Review and Investigations Committee, which if adopted will increase and improve transitional supports for youth aging out of Department of Children and Families care, however, we're concerned that challenging caseloads at the department impede the ability of the agency to adopt some of the proposed recommendations, and we're also troubled by the limited ability of DCF to, engaged in program evaluation and outcome measurement because of its severe data limitations.

Finally, we believe the study provides further evidence that it is both ethically and fiscally

responsible for Connecticut to allow more young adults to remain in orient or foster care up to the age of 21, as permitted under the federal Fostering Connections Act of 2008.

In order to support the well being of youth and young adults transitioning from foster care, we make the following recommendations: Strengthen the reporting requirements of H.B. 5374 by requiring DCF to report on progress toward each of PRI's 52 recommendations, and requiring the agency to report back on impediments to progress, such as fiscal impediments, data limitation impediments, and also staffing impediments -- and I discuss that in some more detail in my written testimony -- so that we can be informed about what other legislative action might be necessary to help the agency accomplish those recommendations, and requiring that the report be submitted to a larger group of committees, agencies, and the Office of Policy and Management by October 1st, so that OPM will be able to address any of the fiscal or staffing limitations brought forth by DCF in the upcoming, biennial budget.

Regarding caseload standards, we recommend that DCF take action to reduce, the state take action to reduce DCF's caseload standards to facilitate the improved social work practices recommended by PRI. We recommend supporting investment necessary to overhaul DCF's case management systems and as well as any other internal information systems necessary for the agency to effectively and efficiently monitor and improve its programs, using outcome-based measurement.

And, finally, we recommend fully implementing Fostering Connections and allowing all youth who are eligible to remain in an orient or

foster care until the age of 21.

And I'd also just like to mention that my colleague, Daniela mentioned H.B. 5304 before the Children's Committee. That excellent bill would do a number of things to help support young adults who were transitioning from the foster care system. It would, among other things, provide legal representation to young people who are being discharged involuntarily from the agency after turning 18. Right now, youth don't get any legal representation; they have to pay out of pocket, which is an enormous expense. And, actually, the report documents that only about 11 of the last, I think 300-or-so, youth who were discharged had any legal representation at all at those hearings.

And the bill would also prohibit the department from discharging youth to a hotel or shelter, and it would, it would do one or two other things to help ensure that youth who are discharged from the Department of Children and Families get an appropriate hearing and are discharged to an appropriate and livable setting. So I would urge you to take a look at that bill as well, as it addresses some of the concerns.

So thank you for your time.

And I welcome your questions.

REP. MUSHINSKY: Thank you.

I just have one, which is: You -- you named additional agencies we should be sending the information to, but you didn't say who they were, unless it's in your written testimony.

KENNETH FEDER: It is in my written testimony, but

one of the things we discuss in the testimony -- and that's addressed pretty extensively in the report -- is that it really isn't just DCF who bears a responsibility for these children, because by virtue of the fact that they're aging out of care, many of them will be transitioning to the support of other state systems because of the trauma and other things involved with their foster care experience. And so we really think that it's important that, at minimum, DSS, SDE, DOL, and DOH are able to address the health care access, education, labor, and housing concerns of the report and that the report also be submitted to the relevant committees of the Legislature that have oversight over those agencies.

REP. MUSHINSKY: Okay; that's explicit enough. Thank you.

Are there any questions? Nope.

We'll check out that bill in the Children's Committee.

KENNETH FEDER: Yeah. Thank you, very much.

REP. MUSHINSKY: Dr. Laine Taylor, followed by Sonya Wulff.

SB 202

LAINE E. TAYLOR: Good afternoon. Thank you, so much.

My name is Dr. Laine Taylor; I'm a child psychiatrist. I'm representing the Connecticut Council of Child and Adolescent Psychiatry. As a child psychiatrist, a Connecticut resident and a, an advocate for children, I am speaking in support of House Bill 5371, 5372, 5373, and 5378.

and I said, Who's the one that you can tell has competence and knowledge in addictions, just by the credential? And the only one you can have is the LADC. You know that they've been to school. You know they got the training, and you know they have the education.

You cannot be assured of that with an LMFT. You cannot be assured of that with a LCSW. We're the lead provider for addiction treatment and diagnosis, and we want you to know that and pass it along.

SUSAN C. CAMPION: Uh-huh.

BOBBI FOX: Thank you.

REP. MUSHINSKY: Thank you for coming.

BOBBI FOX: Thank you for your time.

REP. MUSHINSKY: And do you have any questions?

SENATOR KISSEL: No, I do not.

REP. MUSHINSKY: Oh; okay.

BOBBI FOX: Thank you.

REP. MUSHINSKY: Our last speaker is --

A VOICE: (Inaudible.)

REP. MUSHINSKY: -- Carol Renna. And if there's anyone else who did not sign up that wishes to speak, please come forward after Carol and give us your name.

Thank you.

CAROL RENNA: Good evening.

HB5371 HB5372

HB5374

Thank you for letting me talk. I'm glad to be the last one, I guess. I'm glad you, I'm sure you're anxious to get out of here.

I'm just going to give some personal testimony, and it relates to H.B. 5371, H.B. 5372, and H.B. 5374, I think; I'm not, I'm new to this. This is my first time at doing this, so bear with me.

My name is Carol Renna and my family has struggled with the disease of addiction for over four years, and although now our son is in recovery for almost two years, our battle with the disease and the associated stigma is far from over. Our struggle started with identifying what was wrong with our teenager. After a visit from 2-1-1, consulting social workers, a psychiatrist, a psychologist, and a pediatrician -- I didn't know about LC, that these -- wait -- ladies back here; I wish I did.

We were not aware that the problem was a misuse of drugs. Even these professionals told us that even though my son admitted to these professionals that he used drugs, they said they weren't a problem. So after a trip to the emergency room because of threats of suicide from our son, they found, they basically said when he left the emergency room that he wasn't sick enough to be admitted to any kind of program.

So finally, after multiple encounters with the law, our path crossed with a local interventionist who happened to testify here today, from The Dry Dock, who helped us find a treatment center and guided us in getting our son there, because we had no clue of what we

were doing at this point. After 28 days in a treatment, in a residential center that was not covered by insurance, it was recommended that our son go to a year-long after-care program, also not covered by insurance.

Thankfully, we had the resources to pay for these programs, and my son committed himself to the hard work that recovery takes. For now, our story has a happy ending; he's doing very well. But because of this experience, I've gotten involved with the Coalition for the Better Wallingford, and the coalition has helped start, I've helped start the hope and support group for parents and families who are struggling with this disease. The stigma and the misunderstanding about addiction makes it hard for families to admit or realize they have a problem until they are desperate for help.

When they get to this point, they may manage to get some their child some help but still don't understand that addiction is a chronic disease and recovery takes more than a five-day detox or two times a week in therapy.

I've heard stories of daughters being let out of emergency rooms with no resources after an overdose, stories of retraining orders against sons and other acts of betrayal that don't fit with the upbringing of their children. These are children from loving homes whose brains have been hijacked by drugs. Many times, the only way they get help is to be ordered into it by the Criminal Justice System. Is this the most efficient use of resources?

I believe with better education starting in elementary school and continuing into adulthood, we can reduce the stigma and implore more people to get help. If more people seek

help, our public and private systems need to be ready with more treatment options that provide the whole family with services and support during and after treatment.

Thank you.

REP. MUSHINSKY: Thanks.

Carol that was very good and I'm glad you had a happy ending.

CAROL RENNA: (Inaudible.)

REP. MUSHINSKY: Not everybody did, does, and I'm really happy that your son is saved.

CAROL RENNA: Yes. I met up with the right people at the right time.

REP. MUSHINSKY: Yup.

Do we have any questions?

Senator Kissel.

SENATOR KISSEL: I just want to thank you.

First of all, you were succinct; it was a great story. I'm very happy for you. It's something you'll always have to keep an eye on, absolutely, but whenever I hear a story that's got a -- a good ending, it just, you know, makes -- makes us all thank our lucky stars because there but for the grace of God go any one of us with someone that we love by --

CAROL RENNA: Right.

SENATOR KISSEL: -- that's how pervasive these issues are.

So thank you for taking the time to be a -- a,
be here all afternoon.

CAROL RENNA: And thank you.

REP. MUSHINSKY: Is there anybody else that wish to
speak? No?

Okay; if not, the hearing is adjourned.

Thank you, very much.

H.B. No. 5374 AN ACT IMPLEMENTING THE RECOMMENDATIONS OF THE LEGISLATIVE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE STUDY ON THE DEPARTMENT OF CHILDREN AND FAMILIES AS THEY RELATE TO PREPARATION OF YOUTHS AGING OUT OF STATE CARE

The Department of Children and Families supports H.B. No. 5374, An Act Implementing the Recommendations of the Legislative Program Review and Investigations Committee Study on the Department of Children and Families as They Relate to Preparation of Youths Aging Out of State Care.

As you know, DCF participated in the Program Review and Investigations Committee's study of youth aging out of state care. We commend the professionalism and effort of the Committee staff, and we concur with many of the dozens of recommendations contained in the final study report. Attached to our testimony is our response to the staff recommendations.



Joette Katz
Commissioner

DEPARTMENT of CHILDREN and FAMILIES

Making a Difference for Children, Families and Communities



Dannel P. Malloy
Governor

March 3, 2014

Attorney Carrie E. Vibert, Director
Legislative Program Review and Investigations Office
State Capitol, Room 506
Hartford, CT 06106

Dear Attorney Vibert:

Thank you for the opportunity to respond to the study performed by your office: *Youth Aging out of Care*. We appreciate the work of Michelle Castillo, and the time and effort she took to meet with our staff, and understand our programs and services.

There were a number of recommendations made in the report, and I am directing my staff members to explore those recommendations, and will make our findings part of the report the committee has requested by the committee.

In this letter, I am including some clarifications made by my staff members who participated in the data collection portion of the study. I believe these clarifications will strengthen understanding of The Department of Children and Families' (DCF's/Department's) performance in this important area. The clarifications are as follows:

1. Medical coverage

"DCF should consider implementing the recommendations proposed by Connecticut Voices for Children to ensure continued Medicaid coverage."

Agency Response:

DCF has addressed the *Affordable Care Act (ACA)* mandate to cover all youths who were in foster care at age 18 and who were on Medicaid, until their 26th birthday. The strategies include:

The Department of Social Services (DSS) has established an eligibility category (MO9) for foster care youths who qualify under the ACA. For those young adults, age 18 or older, who leave care beginning on the day that the legislation took place (January 1, 2014), DCF is notifying DSS of these youths and DSS is

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converting their eligibility category to MO9. Because these youths, as long as they live in Connecticut, are categorically eligible for Medicaid through their 18th birthday, DCF has also eliminated the need for the youth to engage in their own annual redeterminations. We have taken on this responsibility of annual redeterminations for this population.

For those youths who left DCF care prior to January 1, 2014 and who are not yet 26, DCF is communicating to youth service counsels and using social media as a means of alerting these youths of their ability to obtain medical coverage through their 26th birthday. These youths must apply via DSS' accesshealthct website. There is a question on the website application, asking the youth if he/she was ever in foster care. There is a supplemental paper application, and DCF has requested that DSS add this question to the paper application. DSS will provide DCF with the names of those individuals who reply in the affirmative, and DCF will confirm if the youth was in foster care when he or she turned 18, and if he or she was on Medicaid at that time. For those youths who qualify, DSS will provide them with MO9 coverage.

2. Data Collection

"The statutorily mandated cost analysis report on the federal Fostering Connections should be completed and results released to legislative committees as required by P.A. 13-234."

Agency Response:

We believe this release to be imminent.

3. Transition to Other Systems of Care -

a. Department of Mental Health and Addiction Services (DMHAS) section: The graph illustrating the number accepted in FY 13 - it should be noted that all the eligibility determinations were not completed for that FY by DMHAS

b. Department of Developmental Services (DDS) section:

- i. Clarification in the first paragraph: DCF provides names to DDS annually for potential transfer from the DCF to the DDS Voluntary program. DCF and DDS work together to maintain a shared client list which includes all the individuals who have open DCF cases and have also been found eligible for DDS. This list is shared with DDS quarterly.

Adaptive behavior and functional skills are used by DDS to determine eligibility regardless of intellectual disability level (below 70 and at or around 70). When scores are close to 70, that is when the adaptive scores can make a big difference in whether the individual is found to be eligible.

- ii. Clarification in the second paragraph: This paragraph describes the re-determination process that applies only to youth ages 16 – 18 who have a mild intellectual disability designation.
 - iii. Clarification in the third paragraph: In some cases, DCF may do a simultaneous referral to DMHAS and DDS for someone who has a Pervasive Developmental Disorder (PDD) diagnosis - it depends on what other diagnoses they have and their status with DCF. DCF can only refer individuals to the DDS Autism program who are part of the DCF Voluntary Program.
 - iv. Clarification in the fifth paragraph: DDS may not provide the exact same services as DCF because they have a different service and rate structure. In some cases they have to “translate” what DCF is providing into a service package that works within the DDS system.
- c. "An appropriate care plan must be in place prior to transition of a DCF youth into another system of care."

Agency Response:

DMHAS prepares a Transition Action Plan (TAP) for each youth who is transitioning from DCF to DMHAS. DCF began monitoring completion of TAP in July 2013; therefore data was not available to provide to PRI at the time the study was conducted. It is clear in the MOA that a youth needs to have a transition plan and this continues to be a priority for DCF, and the monitoring has been added by DCF Central Office. In addition, DCF also performs its regular case planning process, which would include transition planning information.

- d. "The memorandum of agreement (MOA) between DCF and DDS should be modified to include provisions regarding maintaining a centralized process for referral receipt, eligibility determination, and transition planning."

Agency Response:

Unlike DMHAS, referrals to DDS can be made at any age and do not require DCF involvement. There are always referrals made prior to DCF involvement and thus not easily tracked by DCF. If DCF were to centralize the DDS referral process, data would not be available on all clients without a special agreement with DDS

to share this data on an ongoing basis. Otherwise, there will always be a number of children who DCF cannot track.

This recommendation also discusses centralization of transition planning. This will take some careful consideration. This merits careful consideration as it will require additional staffing resources, as well as increased coordination.

e. "Collaboration between DCF and DMHAS should continue on the Learning Inventory of Skills Training (LIST) program."

Agency Response:

DCF is very interested in expanding the Life Skills initiative to all youth transitioning to DMHAS throughout the DCF system. The current LIST process was implemented in one DCF Area Office as part of a pilot project that was developed collaboratively with DMHAS. In order to implement the use of the LIST, DMHAS allowed their Occupational Therapists to provide the training to DCF staff. DMHAS has indicated that they do not have staff resources to provide this training for all DCF Area Offices in order to implement the LIST on a statewide basis. Therefore, identifying resources for staff training and statewide implementation will be necessary to expand the project.

f. "Improvements should be made to ensure better data-sharing occurs in a timely fashion for youth transitions to DMHAS and DDS."

Agency Response:

It would be helpful to have some additional discussion with PRI staff to better understand this recommendation and if they had any specific things in mind in terms of our review and discussion with DDS and DMHAS.

4. Improving High School Educational Attainment

'DCF should track and monitor provisions relating to school transfers and remaining in the same school of origin pursuant to C.G.S. Section 17a-16a.'

Agency Response:

DCF is attempting to obtain historical school data to assess school stability.

"To assist incorporating education goals into case plans, DCF's educational consultants should develop a checklist to ensure educational needs and potential Post-Secondary Education (PSE) requirements are met. The checklist should be specific to the youth's age/year in school and be reviewed every six months during administrative case reviews.'

Agency Response:

A plan to ensure substantive educational information in case plans and reports to the Court is currently being finalized by DCF leadership.

"Schools districts should be required to report in their strategic school profiles the number of DCF committed youth they are serving with and without special needs, the academic progress of these youth, and the percentage who have success plans and individual transition plans."

Agency Response:

We believe an even stronger requirement would be to mandate that the school notifies DCF of suspensions and other issues that place a child at risk of getting expelled.

5. Work Readiness Activities

"DCF should offer career assessments to assist youth explore various career paths and support other career preparation activities such as online research, attendance at career fairs, speaking to a career counselor, or arranging a visit to a work site or job shadowing."

Agency Response:

The responsibility for Work Readiness is shared by local school districts and the Department of Children and Families. By law, public schools are to assist each student in grades 6 through 12 in the development of a Student Success Plan which describes the student's intentions for career and/or further education beyond high school, along with the steps that the student should take in middle and high school to pursue those plans. Education Consultants and Specialists in the DCF Education Division monitor the SSP process for youths committed to the care of the Department as a part of the records acquisition and review process. In addition, the Individuals with Disabilities Education Act (IDEA) require schools to develop transition plans for all special education students as part of the Individual Education Plan (IEP) process.

The agency through its division of Adolescent and Juvenile Justice Services offers a variety of programs for both the child welfare and juvenile justice populations. This service continuum is designed to develop their work skills as well as explore their career interest(s). These services include but are not limited to; the JJ Vocational Development program, Fostering Education Employment and Responsibility (FREE) , Work to Learn programs throughout the state, the Career Pathways Collaborative, Summer youth employment as well as trade schools, community colleges and 4 year universities. Youth are also taken on college tours to historic black colleges and universities (HBCU); and colleges throughout the northeast. DCF also arranges factory tours to expose youth to the semi skilled and skilled labor market. The department now offers a comprehensive scholastic test

battery in the service of matching youth to careers where they are mostly likely to find success based on their profile. The department will now make this assessment a requirement for all 15 year olds as we begin planning for them in the 10th grade.

The services the agency offers are comprehensive but evolve from one year to the next as we adapt to the changing needs of the youth in our care.

"Upon completion of the two-year Raise the Grade Pilot, the program should be evaluated and modified as needed to be extended to the entire state."

Agency Response:

The evaluation would be more useful if it could begin and be designed while the program exists, thereby providing the legislature with information prior to the end of the program.

6. Work to Learn

When DCF submitted its response to the PRI data request, we indicated that the budget figures for the Work-to-Learn program were working estimates.

The correct budget figures for the Work-to-Learn are:

	SFY 11	SFY 2012	SFY2013
Total DCF Work To Learn	2,445,766	2,563,167	2,774,014

Thank you, again, for this opportunity to respond to this important study. I welcome any questions you may have about this response.

Sincerely,

Joette Katz,
Commissioner



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**Testimony of the National Alliance on Mental Illness (NAMI) Connecticut
And Keep the Promise Coalition Children's Committee
Before the Program Review and Investigations Committee
March 3, 2014**

IN SUPPORT OF

H.B. No. 5371 AN ACT IMPLEMENTING THE RECOMMENDATIONS OF THE LEGISLATIVE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE STUDY ON ACCESS TO SUBSTANCE USE TREATMENT FOR INSURED YOUTH AS THEY RELATE TO THE DEPARTMENT OF CHILDREN AND FAMILIES.

H.B. No. 5374 (RAISED) AN ACT IMPLEMENTING THE RECOMMENDATIONS OF THE LEGISLATIVE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE STUDY ON THE DEPARTMENT OF CHILDREN AND FAMILIES AS THEY RELATE TO PREPARATION OF YOUTHS AGING OUT OF STATE CARE.

Senator Kissel, Representative Mushinsky, and members of the Program Review and Investigations Committee, my name is Daniela Giordano and I am the Public Policy Director with the National Alliance on Mental Illness (NAMI) Connecticut. I am also staff to the Keep the Promise (KTP) Coalition. NAMI Connecticut is the state affiliate of NAMI, the nation's largest grassroots mental health organization dedicated to building better lives for all those affected by mental illness. NAMI Connecticut offers support groups, educational programs, and advocacy for improved services, more humane treatment and an end to stigma and economic and social discrimination. The KTP Coalition is Connecticut's largest group of stakeholders advocating for smart policy reforms and systems change to benefit children, youth and adults impacted by mental health challenges. I am here today on behalf of NAMI Connecticut and the KTP Children's Committee, including on behalf of Abby Anderson and Ann R. Smith, the Executive Directors of the CT Juvenile Justice Alliance (CTJJA) and the African Caribbean American Parents of Children with Disabilities, Inc. (AFCAMP), respectively, who co-chair the KTP Children's Committee. We are testifying today in support of HB 5371 and HB 5374 which implement the recommendations of the PRI studies on access to substance use treatment for insured youth as they relate to DCF and on DCFs' preparation of youth aging out of state care, respectively.

The goal of HB 5371 is twofold 1) to enhance programmatic offerings by certain state health agencies in order to provide more efficient and effective services to youth, adolescents and young adults who are dealing with behavioral or substance abuse issues and 2) to enhance public-private collaborations to improve access to services, including through enhanced funding opportunities. Improved access is crucial considering that although one in five of all children have an emotional-behavioral disorder, the vast majority, 70 to 80 percent of children and adolescents with a diagnosable mental health condition, fail to receive mental health services.¹ Additionally, 65-75% of youth in juvenile detention have a

¹ U.S. Department of Health and Human Services. Mental Health: A Report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999

NAMI Connecticut

National Alliance on Mental Illness

HB 5374 requires the Department of Children and Families (DCF) to submit a **progress report to the legislature on the steps it has taken to comply with the recommendations contained in the 2014 Program Review and Investigations (PRI) report on *DCF Services to Prepare Youth Aging Out of State Care***. The report proposed in this bill is due February 2015 and will allow legislators, advocates, families receiving services and the public to have better data regarding DCF services and gaps in services. This is particularly crucial in light of the Program Review and Investigations report's overall finding that "a comprehensive assessment about how well DCF is preparing youth who age out of DCF care is not possible at this time, and is hindered significantly by a lack of quality aggregate information on program activities and measures, and individual youth outcomes."⁵ The PRI recommendations are numerous and cover issues that youth aging out of foster care, providers and advocates have been voicing for some time, e.g., permanency, housing, education, employment, healthcare, life skills, youth empowerment and already required data collection (of the federal National Youth in Transition Database and statutorily mandated cost analysis report on the federal Fostering Connections).

For example, the following are several of the many valuable recommendations in the PRI report. Under the rubric of **transition/discharge planning**, it is recommended that "DCF should develop enhanced discharge tools and checklists to ensure planning occurs in an earlier, well-timed, and orderly manner to allow for periodic assessments to address any developmental delays in particular for educational and post-secondary readiness. A multidisciplinary approach should be used to address permanency, education, life skills, and medical/mental health issues." In order to improve youth' access to housing "DCF should examine its existing placement options to ensure current and future residential needs are being met in the least restrictive setting. The department must ensure social workers and regional offices are aware of local housing assistance services available to young adults. DCF and local housing authorities and community-based organizations should continue to leverage resources to assist youth locate affordable, safe, and stable housing." The need for much better housing transitions is highlighted in a recently published report on youth homelessness that found that of the almost one hundred youth interviewed half reported family contact with DCF.⁶ In order to improve access to and management of health care issues, "[i]mprovements should be made to ensure better data-sharing occurs in a timely fashion for youth transitions to DMHAS and DDS." Understanding progress made in the different areas where gaps in services, communication or access have been identified seems like a logical and necessary next step.

We thank the PRI Committee for choosing to conduct both of these important studies and appreciate the hard and thorough work of both the committee members and the PRI staff.

Thank you for your time and attention. We are happy to answer any questions you may have,
Daniela Giordano

⁵Department of Children and Families Services to Prepare Youth Aging Out of State Care. Final Staff findings and Recommendations Report. February 2014.

Available at <http://www.cga.ct.gov/prj/docs/2013/DCF%20EXECUTIVE%20SUMMARY.pdf>

⁶ Invisible No More: Creating Opportunities for Youth Who Are Homeless. Derrick M. Gordon, Ph.D. and Bronwyn A. Hunter, Ph.D. The Consultation Center. Yale University School of Medicine. December 2013.



March 4, 2014

RE: Raised Bill Nos. 5371, 5372 and 5373

Dear Members of the Program Review and Investigations Committee:

We are Traci Cipriano (Director of Professional Affairs), and Barbara Bunk (President) of the the Connecticut Psychological Association (CPA). CPA **supports R.B. Nos. 5371, 5372, 5373 and 5374.**

Raised Bill Nos. 5371 and 5374 address the great need for access to substance abuse treatment by insured youth, as well as the issue of continuity of care for youths aging out of the state care system. This Committee issued a report which was approved in December 18, 2012, addressing the tremendous inadequacy of substance abuse treatment options for Connecticut's insured youth. In addition, Connecticut's Healthcare Advocate, Attorney Victoria Veltri, released a report on January 2, 2013, which also highlights problems within the system. The mental health and well-being of our youth and those aging out of state services should be a top priority; early intervention through access to appropriate mental health services leads to the best outcomes and increases the likelihood that those youth in need of services will later lead healthy, productive lives.

Raised Bill No. 5372, establishes a Connecticut Alcohol and Drug Policy Council, as well as membership criteria. We note that, other than the Commissioner of the Department of Mental Health and Addiction Services, there is no other seat for a mental health professional on this council. Considering the tasks set forth in the proposed bill (reviewing policies and practices concerning substance abuse treatment and prevention), we recommend adding a seat for at least one additional mental health professional, such as a clinical or counseling psychologist (Ph.D., Psy.D, or Ed.D).

Raised Bill No. 5373, addresses reporting requirements of certain data by managed care organizations and health insurance companies to the Insurance Department. The provisions of RB 5373 increase transparency related to coverage decisions and complaints, which will facilitate evaluation of the review process, including compliance with federal parity law, which requires equal treatment of medical and behavioral health providers and conditions, as well as network adequacy.

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Comments for Public Hearing
March 4, 2014
Re: HB 5371, HB5372, HB5374

Chairperson, committee members, and all concerned attendees,

My name is Carol Renna. My family has struggled with the disease of addiction for over 4 years and although now our son is in recovery for almost 2 years, our battle with the disease and the associated stigma is far from over. Our struggle started with identifying what was wrong with our teenager. After a visit from 211, consulting social workers, a psychiatrist, a psychologist and our pediatrician, we still were not aware that the problem was misuse of drugs – even told by these professionals that the drugs my son admitted to using “were not a problem”. A trip to the emergency room because of threats of suicide only told us that our son was not “sick enough” to require placement in a residential treatment facility. Finally after multiple encounters with the law our paths crossed with a local interventionist, who helped us find a treatment center and guided us in getting our son there. After 28 days in a residential treatment center, that was not covered by insurance, it was recommended that our son go to a yearlong after care program – also not covered by insurance. Thankfully we had the resources to pay for these programs and my son committed himself to the hard work that recovery takes. For now, our story has a happy ending but there are many other stories that don’t end as well. A year ago I joined the Coalition for a Better Wallingford. I have helped to start a hope and support group for families who are struggling with this disease. The stigma and misunderstanding about addiction makes it hard for families to admit or realize they have a problem until they are desperate for help. When they get to this point they may manage to get their child some help but still don’t understand that addiction is a chronic disease and recovery takes more than a 5 day detox or therapy 2 times a week. I have heard stories of daughters being let out of emergency rooms with no resources after an overdose. Stories of restraining orders against sons and other acts of betrayal that don’t fit with upbringing the child has been provided. These are children from loving homes whose brains have been hijacked by drugs. Many times the only way they get help is to be ordered into it by the criminal justice system. Is this the most efficient use of our resources? I believe with better education starting in elementary school and continuing into adulthood we can reduce the stigma and implore more people to seek help. If more people seek help our public and private systems need to be ready with more treatment options that provide the whole family with services and support during and after treatment.

Thank You
Carol Renna
18 Hemingway Drive
Wallingford, CT



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Page 4.

March 4, 2014 - Testimony of Karen Zaorski at the Program Review and Investigations (PRI) Committee public hearing in support of:
H.B. No. 5371, H.B. No. 5372, H.B. 5373, H.B. 5374

Good afternoon esteemed chairs, Mary Mushinsky, Joe Markley and members of the PRI Committee. I am Karen Zaorski from Wolcott. My son Raymond died of a cocaine overdose on 9/09/2010. I am here today representing the members and executive boards of Wolcott Crossroads, Inc. and CT Turning to Youth and Families. We'd like to congratulate the committee on its dedication to what are life and death issues for CT youth, young adults and families struggling with substance use disorder issues.

In 2012, I came before the PRI committee to encourage members to do whatever was necessary to effect policy change regarding the critical dilemmas associated with barriers to addiction treatment for this vulnerable population regardless of insurance coverage. It is clear that time, concern and hard work has been invested into researching solutions to the barriers of early intervention resources, access to age appropriate drug use disorders treatment, and recovery support programs.

You have gotten down to brass tacks and implemented some recommendations based on your committee's report and are about to roll out some of your plans in the form of H.B. 5371, H.B. 5372, H.B. 5373, and H.B. 5374 which we hope are all good starts to new and better solutions. Members of the organizations I represent have already attended a focus group initiated by DCF so we are well aware that thinking caps are in place for how best to ensure that the system cracks are narrowed in order to save lives. We desire a voice in more meeting rooms.

My main purpose in being here today is to thank you from the bottom of my heart, for listening and recognizing that there is an epidemic of drugs in this country, and that our young people and families are being impacted in the saddest ways imaginable. With your continued diligent work, we hope you will make it possible for more individuals and families in this state to timely secure appropriate help for their loved one when they need it most. If there is any information that our organizations can provide to assist in moving these bills forward, please don't hesitate to contact us.

Most sincerely,

Karen Zaorski, 203-879-5526
36 Hempel Dr. Wolcott 06716

Representing: Wolcott Crossroads, Inc. and
CT Turning to Youth and Families

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Ana M Gopoian

March 4, 2014

St. Of Ct. General Assembly

Testimony and support of Bills No. 5371,5372,5373,5374

Hello, my name is Ana M. Gopoian, I'd like to thank you all for being here and giving me the opportunity to give testimony in support of the bills listed above. I grew up in this town Wallingford, CT. baptized, first communion, confirmation and elementary school, junior high, a couple of attempts at high school, alternative school and adult education night school, my family was comprised of two good hard working families, my parents were children having children. I'm now 50, a tax payer, a register voter, a home owner, and last but not least a woman in long term recovery.

I am here in support and also working with CTYF (Connecticut Turning to Youth and Families), The Coalition for a Better Wallingford and new on my path, Crossroads from Wolcott, CT. I believe it is these grassroots organizations that will help support the intentions of these bills and help to serve the young adults, adolescence and their families collaboratively. We are the front line soldiers and we need funds and resources to strengthen the paths to successful treatment, aftercare, housing and education within our state and our communities.

As a woman in long term recovery I've seen our systems dwindle down to nothing over the past 18 ½ years. I had available to me 18 ½ years ago 17 days treatment inpatient and two weeks of an outpatient relapse prevention program I begged for. I was high for 20 years and I couldn't get more time, more support, I didn't have information and my family dynamics were challenged at best. I couldn't get more than the 17 days, but I could discharge, get high and if I lived through it come back for 17 more days the next day. At this time I also worked for the insurance company that carried my insurance plan.

Fast forward 18 ½ years later, IT'S WORSE, really bad! If you're lucky to get into detox it's mostly 3-5 days only to be turned out to the streets after you've stabilized. The possibility of being farmed out of state with no real reentry plan to your community might be an option if you have insurance. If you a hard working family with insurance you're actually so limited that the out of pocket costs are crippling. I have been in position to desperately suggest a parent to drop their young adult children from their insurance because there were more services available to their children. I've taken desperate addicts to get high or higher to qualify entry to treatment; one person openly said they were going to kill themselves just so they had a safe place to be and one facility told an addict strung out on cocaine that it wasn't addictive.

I believe these bills will get the changes needed started in the right direction, helpful in so many ways, affecting so many people. We really need to look at what is already in place in our systems and collaborate, not waste valuable resources and TIME reinventing what so many of us know we need. TIME is wasting, people are dying. If Wallingford alone lost 53 people over the last 3 years to drugs, most of those young adults and it takes three years to line up the powers to be to pass a bill, try wrapping around the reality of 53 people times the number of towns in our state over the next three years...

Many will die or continue to suffer and attached to each one of those people are their families, there needs to be complete care, care that not only treats the person needing recovery but recovery for the families too. Recovery only starts in treatment, it has greater success and it can be sustained when it has the support as any other disease would have.

- Peer to peer support, people with lived experiences and places to share it, including schools, community centers, recovery clubs
- Safe and available treatment in state that is age and gender specific
- Programs that bring into consideration the families and their need for recovery also
- Safe residential programs that are regulated, gender and age specific
- Education on topic and programs in schools with availability in our communities that can also nurture communication skills, life skills, work ethics, integrity, and job opportunities

So even though I had many privileges as seen by society in our small town there were many secrets, and stigmas that assisted in keeping the shame, guilt and disease in control. My mom has a year and a month less clean time than me and I know she has her own pain and story to heal from. At the age of six I had a trauma that had no vocabulary, I felt different and alone, I experimented with alcohol and cigarettes, at 12 I was using other drugs, by the end of junior high I was selling drugs, hanging out with a subculture of like minds. By 16 I was already pregnant once and by 17 I was no longer welcome in my home. I wandered for a while, lived in a car I borrowed and never brought back and tangled with a motorcycle club. I called a 12 step helpline at the age of 23 but never showed up and suffered for 9 more years. By the time I made it to treatment I was 32 years old, I jockeyed many different drugs over time, I had been pregnant four times and I was hopeless. I did acquire a GED along the line but struggled with learning disabilities and reading. There is much more to this story, but I'm no longer a victim of it, I'm a survivor.

I am a responsible productive member of society that lives in the solution today. I am a state certified RSS (Recovery Support Specialist) and I co-facilitate a group for parents of children that are in active addiction or active recovery for The Coalition for a Better Wallingford. I am the first one in my immediate family to graduate college and now have a BA in Social Science, and just recently completed a state certification to be a Hypnotherapist. I believe my path is full of people supporting, guiding and serving a greater good. The disease of addiction has no prejudice; no matter of age, race, sexual identity, creed, religion, or lack of religion, it has no mercy. I believe there is a movement happening though, a movement that will help to break the stigma of the disease of addiction in society and have healthcare and the systems supporting it come together and treat this disease as a disease.

Thank you for your time, thank you for your service and I look forward to continued change on these topics.

Sincerely,

Ana M. Gopoiian

Nalove16@aol.com

203-213-0329

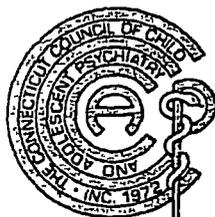
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**Connecticut
Council of
Child and
Adolescent
Psychiatry, Inc.**

March 4, 2014

Testimony in Favor of HB 5371, 5372, 5373, 5378

Good afternoon Senator Kissel, Representative Mushinsky and Program Review and Investigations Committee Members



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Executive Director

I am Laine Taylor, DO, and am speaking today in my capacity of Executive Committee Member of the CT Council on Child and Adolescent Psychiatry. The greatest gap for access to mental health services within this state is for the middle class families with private insurance. The accessibility to providers, programs, and adequate length of treatment hits our working class families hardest. Connecticut has a safety net for its poor in the form of HUSKY and the wealthy of this state can access fee for service treatment. This gap in care is relevant for all medical care, but impacts mental health care to a greater extent. The state of Connecticut is realizing the importance and wide reaching impact of mental health and access to mental health care for all individuals over the past year. Much of the effort to improve access has been for children and their families. This is seen in our state legislature's enactment of several laws including PA 13-3 and PA 13-178 which deal in the innovative efforts at delivering mental health screening and interventions to children. This is also seen through the Governor's administrative efforts and collaboration with the Office of the Health Care Advocate. As a Child and Adolescent Psychiatrist, representative of the Connecticut Council of Child and Adolescent Psychiatry, and a Connecticut resident, I am speaking in support of HB 5371, 5372, 5373, and 5374.

Our statements in support of each bill are as follows:

Regarding HB 5371:

As any parent is aware, a child does not exist in a vacuum. The environment of a child includes school, peer interactions, and family. One of our most effective therapeutic interventions is the In-Home therapeutic service. This entails a licensed clinician entering the home to evaluate and address the behaviors of a child within the family structure. It provides the child, family, and clinician with a perspective unavailable through clinic visits. This intervention is not appropriate for all children, but is reserved for children with whom other interventions have been unsuccessful. Currently this is only available to family with HUSKY insurance or DCF voluntary services. The only current access to Intensive In-Home Child and Adolescent Psychiatric Services is through the use of state funding sources. It is the position of the Connecticut Council for Child and Adolescent Psychiatry that this level of care be available to all children within the state, including those with a private insurance payer. Reporting the use of state funding for in home services by those with private insurance will provide the state with information to determine further necessary steps to make this service accessible even within the access gap.

Testimony in Favor of HB 5371, 5372, 5373, 5378

From: Laine Taylor, DO of Connecticut Council of Child and Adolescent Psychiatry

To: the members of the program review and investigations committee

The greatest gap for access within this state is for the middle class families with private insurance. The accessibility to providers, programs, and adequate length of treatment hits our working class families hardest. Connecticut has a safety net for its poor in the form of HUSKY and the wealthy of this state can access fee for service treatment. This gap in care is relevant for all medical care, but impacts mental health care to a greater extent. The state of Connecticut is realizing the importance and wide reaching impact of mental health and access to mental health care for all individuals over the past year. Much of the effort to improve access has been for children and their families. This is seen in our state legislature's enactment of several laws including PA 13-3 and PA 13-178 which deal in the innovative efforts at delivering mental health screening and interventions to children. This is also seen through the Governor's administrative efforts and collaboration with the Office of the Health Care Advocate. As a Child and Adolescent Psychiatrist, representative of the Connecticut Council of Child and Adolescent Psychiatry, and a Connecticut resident, I am speak in support of HB 5371, 5372, 5373, and 5374.

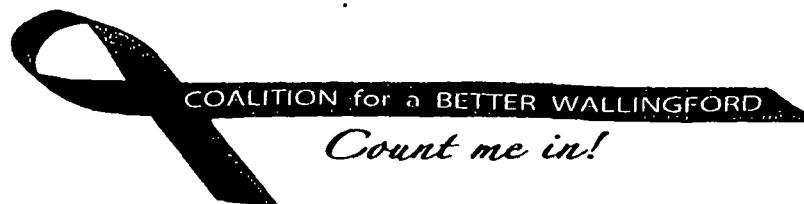
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Regarding HB 5372:

The council also supports the development of a council in the administration to review policies and access to substance abuse care for all individuals. There is a deficit of services for

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Coalition for a Better Wallingford is a grassroots organization committed to building Healthy, Caring, and Responsible Citizens. Working as a community to promote positive attitudes, improve the health and welfare of our families, and build a strong Wallingford.

Comments for Public Hearing

March 4, 2014

Re: HB 5372, HB5374

Chairperson, committee members, and all concerned attendees,

My name is Ken Welch, President of the **Coalition for a Better Wallingford**, a grassroots organization, formed on the heels of an outbreak of substance abuse deaths (53 over a three and a half year period) in our town of Wallingford.

Today, this problem has made headlines in many communities throughout the country, our region and the state of Connecticut. The identification of support services in the face of dying members of the community has been an overwhelming task for our organization. Complications to our efforts start with the stigma of a perceived "self-inflicted action of the addict", and proceed through the school halls of unequipped health workers, 'unknowing' town officials, a very quiet clergy, underfunded local interventionists, understaffed social services, and end up in the lap of peer parent support and bereavement groups. I do not have to mention the legalistic positions taken by other municipal services we should rely on to be appropriately responsive to these needs. Something is very wrong.

It is hard to know that adding the language in these bills will affect a positive change for those people and families that need the help, but we agree with the language and support all efforts to bring a more comprehensive and better funded approach to our community.

Specifically, there are a number of actions that will allow communities like Wallingford to get ahead of this problem, begin the healing process, and prevent the ongoing destruction of our citizens:

1. **Establish a state level review board specifically aimed at this epidemic. We now have enough information to warrant a dedicated effort aimed at coordinating and implementing protocols for prevention, intervention and treatment of prescription drugs.**
2. **Cut off the source of unnecessary drugs.**
 - a. Make participation in the PMP program mandatory for all parties (Prescribers and pharmacists) with stiff penalties for non-compliance
 - b. Establish a protocol for all prescribers that forces them to see the scope and depth of the effect of the misuse of this family of opioids in our world.

CBW c/o The Law Offices, 171 Center St., Wallingford, CT 06492

Email - cbwlfld@gmail.com Website - www.cbwlfld.org Facebook - Coalition for a Better Wallingford

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Page 8

My name is Efrain Madera and I am currently a student of Social Work at Southern Connecticut State University in New Haven. I am writing in support HB 5374 (Raised) An Act Implementing the Recommendations of the Legislative Program Review and Investigations Committee Study on the Department of Children and Families as They Relate to the Preparation of Youths Aging Out of State Care.

This is an important matter for every citizen of this State to be concerned. At the age of 18, these youngsters may be legally considered adults; however, most of these children have not had the proper guidance and support from their biological family landing them in foster care. These children are not adequately prepared to handle "life" unsupervised. As we all know, it is our job as parents to guide and teach our children how to accept the world and all of its challenges without feeling overwhelmed. Most of these children have been raised under the guidance of the State Department of Children and Families. I am supporting HB 5374 because these children need more guidance before becoming completely responsible for themselves.

I would like to thank you and the rest of the Program Review and Investigations Committee for proposing this important Bill HB 5374 and for having the foresight our aging out population needs.

Sincerely,

Efrain Madera.

CONNECTICUT VOICES FOR CHILDREN

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

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Testimony Regarding

H.B. 5374: An Act Implementing the Recommendations of the Legislative Program Review and Investigations Committee on the Department of Children and Families as they Relate to Preparation of Youths Aging Out of State Care

Kenneth Feder

Program Review and Investigations Committee

March 4, 2014

Senator Kissel, Representative Mushinsky, and Distinguished Members of the Program Review and Investigations Committee:

I am testifying 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.

Summary

Connecticut Voices for Children supports the recommendations of the Program Review and Investigations Committee (PRI), which, if adopted, will increase and improve transitional supports for youth aging out of Department of Children and Families (DCF) care. However, we are concerned that challenging caseloads impede the ability of the agency to adopt some of the proposed recommendations. We are also troubled by the limited ability of DCF to engage in program evaluation and outcome measurement because of severe data limitations. Finally, we believe this study provides further evidence that it is both ethically and fiscally responsible for Connecticut to allow more young adults to remain in foster care to age 21, as permitted by the federal Fostering Connections Act of 2008. In order to support the wellbeing of youth and young adults transitioning from foster care, we make the following recommendations:

- **Accountability:** Strengthen the reporting requirements of H.B. 5374 by a) requiring DCF to report on progress toward *each* of PRI's 52 recommendations, b) requiring DCF to report on any impediments to progress, and c) requiring that the report be submitted to a larger group of Committees, agencies, and the Office of Policy and Management (OPM) by October 1st of this year.
- **Caseload Standards:** Take action to reduce DCF's caseload standards, to facilitate the improved social work practices recommended by PRI.
- **Data:** Support investment necessary to overhaul DCF's case management system, as well as any other internal information systems necessary for the agency to effectively and efficiently monitor and improve its programs using outcome-based measurement.
- **Fostering Connections:** Fully implement Fostering Connections, and allow all youth who are eligible to remain in or re-enter foster care to age 21.

These steps would help to ensure that DCF and other State agencies can and do act on the recommendations of PRI, which will improve outcomes for youth transitioning from State care.

Thank you for your time, and I welcome your questions.

Accountability

The Committee should strengthen the reporting requirements of H.B. 5374 to better support DCF in rapidly improving services for transitioning youth.

Specifically, DCF should be required to report:

- Progress made toward implementing *each* of the 52 recommendations made by PRI, including all sub-recommendations within these recommendations (e.g., those pertaining to permanency roundtables);¹
- Outcome measures used to assess progress toward completing each recommendation;
- Any *data* limitations that impede the agency's ability to adopt or assess progress toward completing each recommendation;
- Any *staffing* limitations that impede the agency's ability to adopt or assess progress toward completing each recommendation;
- Any *fiscal* limitations that impede the agency's ability to adopt each recommendation, and a cost estimate of what additional funding would be required to adopt the recommendation;
- Any recommendations which cannot be partly or fully adopted without action or collaboration from other State agencies, and barriers to such action or collaboration;
- Any legislative changes that will be necessary to adopt each recommendation;
- Any evidence based or programmatic reasons that the Agency opposes adoption of any one of PRI's recommendations other than data, staffing, or fiscal limitations;
- Progress made toward adopting *each* component of PRI's recommended "Data Development agenda."

Other relevant state agencies should also be held accountable for youth aging out of care. As discussed in PRI's report, "[transitioning youth] cross several jurisdictions and service delivery systems such as child welfare, education, juvenile justice, and behavioral health. . . DCF should not be considered alone in its responsibilities."² Many of the key outcome measures to be achieved examined in the report – such as stable housing, quality education, decent employment, and excellent health care – fall outside the purview of the Department of Children and Families. Furthermore, as is the case with all State agencies, DCF is limited in its ability to improve practice by fiscal, staffing, and infrastructure constraints that it cannot control. For these reasons, we recommend that DCF's progress report be submitted to:

- The Office of Policy and Management (OPM);
- The Department of Social Services (DSS);
- The Department of Education (SDE);
- The Department of Labor (DOL);
- The Department of Housing (DOH);
- The Children's Committee;
- The Appropriations Committee;
- The Human Services Committee;
- The Education Committee;
- The Higher Education and Employment Advancement Committee;

¹ See, "Department of Children and Families Services to Prepare Youth Aging Out of State Care," *Program Review and Investigations*. 2013. Available at http://www.cga.ct.gov/pri/2013_DCF.asp.

² *Ibid.*

- The Labor and Public Employees Committee;
- The Housing Committee;
- The Program Review and Investigations Committee.

The broader oversight of this more diverse group of agencies and committees will help to ensure that every agency is doing its part to improve outcomes for youth who transition from foster care.

Finally, in order to give the Department time to submit budget options to OPM that address any of its fiscal, staffing, and infrastructure issues before the start of the 2015 budget session, we urge the committee to require DCF to submit its progress report no later than October 1, 2014. Since DCF has collaborated closely with PRI on its study and is already taking numerous steps to improve adolescent and young adult programming, three months following the end of the current legislative session should give the agency ample time to assess which recommendations it can easily act on and which require additional support from other agencies or the legislature.

Caseload Standards

Reducing social worker caseloads is a prerequisite to adopting PRI's recommendations and improving outcomes for youth aging out of foster care.

Many of the recommendations of the Committee – such as increasing the time that youth spend with social workers, identifying permanent adults to support discharge, helping youth to find affordable housing, or appropriate case planning for the transition to DMHAS – involve improving social work practice. Unfortunately, social workers are limited in their ability to take on these additional responsibilities because of the increasingly complex and time-consuming caseloads that have resulted from DCF's recent reforms.

DCF has instituted a Family Assessment Response program (FAR, formerly Differential Response or DRS), which diverts low-risk allegations of child maltreatment away from foster care to community service providers.³ This intervention has contributed to a dramatic decline in Connecticut's foster care population, but those youth who remain in foster all have complex needs.⁴ Unfortunately, DCF has reduced the number of social workers on staff in proportion to the number of youth exiting care; as a result, social workers still carry the same number of cases, but each case is on average much more demanding than before the institution of FAR.⁵ This has left social workers strained. In fact, the most recent *Juan F.* report by DCF's federal court monitor states:

“Social Workers [*sic*] reluctantly note on a fairly regular basis they are forced to make difficult decisions on how to allocate their case management efforts. They describe their inability to effectively meet all of the daily demands to assist their clients.”⁶

We urge the Program Review Committee to partner with Committees on Children, Appropriations, and Human Services, as well as OPM, to review DCF's progress report in conjunction with *Juan F.* court monitor reports and provide additional staffing where necessary to allow for high quality social work practice.

³ More information on Connecticut's FAR program is available through DCF's website at <http://www.ct.gov/dcf/cwp/view.asp?a=3741&Q=439746>.

⁴ See, *Juan F.* v. Malloy, Exit Plan Quarterly Report, April 1, 2013 – June 30, 2013, Civil Action No. 2:89 CV 859 (SRU). Available at http://www.ct.gov/dcf/lib/dcf/publications/pdf/2nd_qtr_report_2013_final_%282%29.pdf.

⁵ *Ibid.*

⁶ *Ibid.*

Data

The General Assembly should support an upgrade of DCF's data system to help DCF more effectively and efficiently monitor and improve its programs using outcome-based measurement.

PRI's report stated "an overall assessment of how DCF is preparing youth who age out of state care is not possible, and is hindered significantly by a lack of quality aggregate information on program activities and measures, and youth outcomes."⁷ Furthermore, the agency's inability to engage in program evaluation due to data limitations is a consistent theme reiterated in each section of the report.⁸

This shortcoming is unsurprising, as the agency's Statewide Automated Child Welfare Information System (SACWIS), known as LINK, was created in 1996.⁹ In fact, the Agency is already proposing an upgrade of this system because LINK is not intuitive, requires substantial work to perform even basic functions, does not require standardized data entry, is not child based, and is not compatible with mobile applications.¹⁰ Upgrading LINK is an important step toward better enabling DCF to monitor and support the children in its care, and should allow social workers to improve client interaction by reducing time spent on data entry. Furthermore, data management upgrades for child welfare agencies are made more affordable by Title IV-E of the Social Security Act, which reimburses states for 50% of those expenses.¹¹ The General Assembly should support this upgrade.

The Committee should encourage improved data sharing between DCF and other relevant state agencies. Even an upgrade to LINK is likely insufficient to address all the data concerns presented in PRI's report, because LINK is a case management system, whereas PRI's report documents DCF's inability to measure outcomes for youth who have already aged out and whose cases are closed. Without such data, it will be impossible for DCF and the legislature to truly evaluate the effectiveness of programming designed to prepare youth in foster care for independence.

DCF's new data sharing agreement with the State Department of Education (SDE) is an important step toward ensuring that youth receive education necessary to prepare them for adulthood. Furthermore, efforts to appropriately implement the National Youth in Transition Database (NYTD) and to revamp data sharing agreements with the Department of Mental Health and Addiction Services (DMHAS) will also help provide a better understanding of the housing, health, and wellbeing experience of youth formerly in DCF care.

Unfortunately, the likely best source of outcome data about youth transitioning from foster care – HUSKY A (Medicaid) enrollment and claims data – is still unavailable to DCF. In fact, the agency

⁷ *Ibid.*

⁸ *Ibid.*

⁹ See, "SACWIS Replacement Request for Information," *Connecticut Department of Children and Families*. Available at

http://www.biznet.ct.gov/SCP_Documents/Bids/31301/SACWIS_Replacement_Request_for_Information_2-6-14.pdf.

¹⁰ *Ibid.*

¹¹ See, *Compilation of Social Security Laws, Payments to States; Allotments to States, Sec. 474(a)(3)(C) [42 U.S.C 674]* Available at http://www.ssa.gov/OP_Home/ssact/title04/0474.htm.

does not even know if the youth it discharges are insured.¹² Since all young adults who are on Medicaid at the time they age out of foster care remain eligible for HUSKY A until age 26, the HUSKY enrollment and health services utilization of young people exiting foster care can provide DCF with crucial insight into the success of its programming.

We urge the Committee to require DCF to establish a formal data sharing agreement with the Department of Social Services (DSS) regarding aftercare. This agreement should at minimum provide DCF with information on the number and percent of individuals who turn 18 in foster care who are still covered by HUSKY at ages 18 through 26, *and* information on the health services utilization as these youth move into young adulthood..

Fostering Connections

After reviewing DCF's independent cost analysis, the legislature should appropriate necessary funding for DCF to serve all youth eligible for extended foster care and reentry under the Federal Fostering Connections Act.

As discussed extensively in our October 3, 2013 testimony before the PRI Committee, allowing young people who turn 18 in foster care to remain in or return to care until age 21 is an evidence-based strategy for improving educational outcomes, raising earnings, and preventing youth homelessness for young people who age out of foster care.¹³ Furthermore, 50% of the costs associated with nearly all young adults in foster care are paid for with federal Title IV-E reimbursement. Unfortunately, DCF offers this opportunity only to the more advantaged youth in its care – those who are prepared to enroll in a college, vocational, or job-training program. Under Fostering Connections, DCF could also receive federal reimbursement for continuing to care for youth who are a) working at least 80 hours per month, or b) have a medical condition that prohibits work or education. The findings presented in PRI's report make it even more apparent that Connecticut should make the legislative changes necessary for DCF to take advantage of this opportunity. (Proposed legislative language is attached.)

Many young people who do not remain in DCF care to pursue higher education transition to DMHAS. This transition was one of the areas identified as most clearly in need of improvement by PRI's report. Only 17% of youth who transitioned from DCF to DMHAS had a case plan in place for the transition.¹⁴ Furthermore, DMHAS asserts that youth transitioning from DCF are poorly prepared to engage with that agency, and often refuse to participate or are discharged from DMHAS for non-compliance.¹⁵ While specific data were not available, the report concludes that these youth likely become homeless.¹⁶ This is particularly unfortunate, as there is no reason these youth who transition to DMHAS need to be discharged from DCF in the first place. Any young person who is DMHAS eligible likely has a medical condition, and would also be eligible for federally reimbursed foster care to age 21. Furthermore, there is nothing in federal law that precludes these youth from receiving DMHAS services if they remain in DCF care; rather, youth could be served by DCF and

¹² See, "Department of Children and Families Services to Prepare Youth Aging Out of State Care," *Program Review and Investigations*. 2013. Available at http://www.cga.ct.gov/pri/2013_DCF.asp.

¹³ See, Kenneth Feder, "Testimony Regarding DCF Services to Prepare Youth Aging Out of State Care," *Connecticut Voices for Children*. October 2013. Available at http://www.ctvoices.org/sites/default/files/100313_pric_dcfagingoutstatecare.pdf.

¹⁴ See, "Department of Children and Families Services to Prepare Youth Aging Out of State Care," *Program Review and Investigations*. 2013. Available at http://www.cga.ct.gov/pri/2013_DCF.asp.

¹⁵ *Ibid.*

¹⁶ *Ibid.*

DMHAS simultaneously, with 50% of their housing costs now borne by the federal government instead of the state. This would allow these youth to maintain their relationship with their DCF social worker, and provide more continuity during one of the most challenging transitions of these young peoples' lives.

Furthermore PRI reports that in 2013, 51 young people who had aged out of DCF tried to reenter care but were rejected.¹⁷ DCF will not accept young people who require in-patient treatment or who have a psychiatric condition that precludes educational enrollment – precisely those young people who are most at risk. As is the case with young people transitioned immediately to DMHAS, DCF could take advantage of federal reimbursement through the Fostering Connections Act to allow these young people to reenter care to avert impending homelessness, and help guide them into the care of another agency at 21 if necessary.

Finally, PRI reports that, in 2013, 62 young people were discharged from DCF for failure to comply with the Department's educational requirements. These young people, who are struggling with staying in higher education, will now have their housing taken away as well. If these youth have a medical condition, or a part time job, Fostering Connections would still reimburse DCF for allowing them to remain in care. This would allow these young people to avoid losing their housing, and give the agency time to help guide them back into higher education, gainful employment, or the care of DDS or DMHAS.

PRI's report also shows that DCF has made great strides in helping young adults in its care succeed in a post-secondary education setting. The percent of youth who were still enrolled in or had graduated from school at their time of discharge from DCF more than doubled from 2010 to 2013.¹⁸ Coupled with the Department's continuously declining caseload, this suggests that the number of young people who would be served by further expanding young adult foster care to all youth eligible under Fostering Connections would be very small, likely no more than a few hundred each year. However, for this small but vulnerable cohort of young people without a permanent family to guide them to adulthood, Fostering Connections would be a lifeline.

DCF was required to produce an independent analysis of the cost of fully implementing Fostering Connections in October 2013; however, it has not yet completed this analysis.¹⁹ **We urge the Committee to review DCF's final cost analysis when it is released, and use it to help fully implement Fostering Connections in Connecticut, which will improve outcomes for the most vulnerable young people who age out of DCF care.**

Conclusion

When Connecticut chooses to remove children from their homes to protect them from abuse and neglect, it does so with the implicit promise that the state will find them a better home. When these children are allowed to age out of foster care, the state breaks this promise, and these children are at risk for a host of poor life outcomes. **We urge the committee to continue to hold DCF and all other state agencies accountable for ensuring that young people who must transition to adulthood from foster care do so smoothly. We also urge the committee to work with OPM and the legislature to ensure that these agencies have the support necessary to engage in best practices, which will offer young people aging out of foster care a brighter future.**

¹⁷ *Ibid.*

¹⁸ *Ibid.*

¹⁹ *Ibid.*

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Extend Foster Care Beyond Age 18 for All Eligible Youth

Sec. 1. Subdivision (5) of section 17a-1 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2015*):

(5) "Child" means [a child, as defined in section 46b-120] any person under the age of eighteen years of age; or any person age eighteen or older but who has not reached his or her twenty-first birthday and who chooses to remain in or reenter the care of the commissioner pursuant to 46(b)-129(j)(5).

Sec. 2. Subsection (a) of section 17a-93 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2015*):

(a) "Child" means any person under eighteen years of age; [except as otherwise specified,] or any person age eighteen or older but who has not reached his or her [under] twenty-[one] first birthday and who chooses to remain in or reenter the care of the commissioner of Children and Families pursuant to 46b-129(j)(5). [years of age who is in full-time attendance in a secondary school, a technical school, a college or a state-accredited job training program];

Sec. 3. Subdivision (1) of section 46b-120 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2015*):

(1) "Child" means any person under eighteen years of age who has not been legally emancipated, except that (A) for purposes of delinquency matters and proceedings, "child" means any person who (i) is at least seven years of age at the time of the alleged commission of a delinquent act and who is (I) under eighteen years of age and has not been legally emancipated, or (II) eighteen years of age or older and committed a delinquent act prior to attaining eighteen years of age, or (ii) is subsequent to attaining eighteen years of age, (I) violates any order of the Superior Court or any condition of probation ordered by the Superior Court with respect to a delinquency proceeding, or (II) wilfully fails to appear in response to a summons under section 46b-133 or at any other court hearing in a delinquency proceeding of which the child had notice, [and] (B) for purposes of family with service needs matters and proceedings, child means a person who is at least seven years of age and is under eighteen years of age[;], and (C) for the purposes of providing foster care services to individuals over age 18, any person age eighteen or older but who has not reached his or her twenty-first birthday and who has remained in the care of the commissioner of Children and Families pursuant to 46b-129(j)(5).

(2) (A) "Youth" means any person sixteen or seventeen years of age who has not been legally emancipated, and, for the purposes of providing foster care services to individuals over age 18,

any person age eighteen or older but who has not reached his or her twenty-first birthday and who has remained in the care of the commissioner of Children and Families pursuant to 46b-129(j)(5); (B) "youth in crisis" means any person seventeen years of age who has not been legally emancipated and who, within the last two years, (i) has without just cause run away from the parental home or other properly authorized and lawful place of abode, (ii) is beyond the control of the youth's parents, guardian or other custodian, or (iii) has four unexcused absences from school in any one month or ten unexcused absences in any school year;

Sec. 4. Subdivisions (4) to (7), inclusive, of subsection (j) of section 46b-129 of the general statutes are repealed and the following is substituted in lieu thereof (*Effective January 1, 2015*):

(4) The commissioner shall be the guardian of such child or youth for the duration of the commitment, provided the child or youth has not reached the age of eighteen years, or until another guardian has been legally appointed, and in like manner, upon such vesting of the care of such child or youth, such other public or private agency or individual shall be the guardian of such child or youth until such child or youth has reached the age of eighteen years [or, in the case of a child or youth in full-time attendance in a secondary school, a technical school, a college or a state-accredited job training program, until such child or youth has reached the age of twenty-one years or until another guardian has been legally appointed]. Any child or youth, having been adjudicated abused or neglected pursuant to this section and committed to the care or custody of the Department prior to age eighteen shall be eligible to remain in or reenter the care of the commissioner after age eighteen but before reaching his or her twenty-first birthday as prescribed in subdivision 5 of this section. The commissioner may place any child or youth so committed to the commissioner in a suitable foster home or in the home of a person related by blood or marriage to such child or youth or in a licensed child-caring institution or in the care and custody of any accredited, licensed or approved child-caring agency, within or without the state, provided a child shall not be placed outside the state except for good cause and unless the parents or guardian of such child are notified in advance of such placement and given an opportunity to be heard, or in a receiving home maintained and operated by the commissioner of Children and Families. In placing such child or youth, the commissioner shall, if possible, select a home, agency, institution or person of like religious faith to that of a parent of such child or youth, if such faith is known or may be ascertained by reasonable inquiry, provided such home conforms to the standards of said commissioner and the commissioner shall, when placing siblings, if possible, place such children together. Upon the issuance of an order committing the child or youth to the commissioner of Children and Families, or not later than sixty days after the issuance of such order, the court shall determine whether the Department of Children and Families made reasonable efforts to keep the child or youth with his or her parents or guardian

prior to the issuance of such order and, if such efforts were not made, whether such reasonable efforts were not possible, taking into consideration the child's or youth's best interests, including the child's or youth's health and safety.

(5) A youth who is committed to the commissioner pursuant to this subsection and has reached eighteen years of age may remain in or reenter the care of the commissioner, by consent of the youth and provided the youth has not reached the age of twenty-one years of age, if the youth is (A) enrolled in a full-time approved secondary education program or an approved program leading to an equivalent credential; (B) enrolled full time in an institution which provides postsecondary or vocational education; [or] (C) participating full time in a program or activity approved by said commissioner that is designed to promote or remove barriers to employment; (D) employed for at least 80 hours per month; or (E) incapable of doing any part of the activities in subdivisions (A) to (D) due to a medical condition. The commissioner, in his or her discretion, may waive the provision of full-time enrollment or participation based on compelling circumstances. Not more than one hundred twenty days after the youth's eighteenth birthday, the department shall file a motion in the superior court for juvenile matters that had jurisdiction over the youth's case prior to the youth's eighteenth birthday for a determination as to whether continuation in care is in the youth's best interest and, if so, whether there is an appropriate permanency plan. The court, in its discretion, may hold a hearing on said motion.

NEW (6) The Department of Children and Families shall ensure coordination between any state agency or state-contracted agency providing services to a child receiving services pursuant to subdivision (5) of this Section; such coordination shall ensure the delivery of appropriate services and maximize federal reimbursement for services provided under Title IVE and Title XIX of the Social Security Act.

~~[(6)]~~ Prior to issuing an order for permanent legal guardianship, the court shall provide notice to each parent that the parent may not file a motion to terminate the permanent legal guardianship, or the court shall indicate on the record why such notice could not be provided, and the court shall find by clear and convincing evidence that the permanent legal guardianship is in the best interests of the child or youth and that the following have been proven by clear and convincing evidence:

(A) One of the statutory grounds for termination of parental rights exists, as set forth in subsection (j) of section 17a-112, or the parents have voluntarily consented to the establishment of the permanent legal guardianship;

(B) Adoption of the child or youth is not possible or appropriate;

(C) (i) If the child or youth is at least twelve years of age, such child or youth consents to the proposed permanent legal guardianship, or (ii) if the child is under twelve years of age, the proposed permanent legal guardian is: (I) A relative, or (II) already serving as the permanent legal guardian of at least one of the child's siblings, if any;

(D) The child or youth has resided with the proposed permanent legal guardian for at least a year; and

(E) The proposed permanent legal guardian is (i) a suitable and worthy person, and (ii) committed to remaining the permanent legal guardian and assuming the right and responsibilities for the child or youth until the child or youth attains the age of majority.

[(7)]8 An order of permanent legal guardianship may be reopened and modified and the permanent legal guardian removed upon the filing of a motion with the court, provided it is proven by a fair preponderance of the evidence that the permanent legal guardian is no longer suitable and worthy. A parent may not file a motion to terminate a permanent legal guardianship. If, after a hearing, the court terminates a permanent legal guardianship, the court, in appointing a successor legal guardian or permanent legal guardian for the child or youth shall do so in accordance with this subsection.

Sec. 5. Subsection (k) of section 46b-129 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2015*):

Insert here subdivisions (1) through (4) unchanged

NEW (5) Notwithstanding the provisions of this Section, nothing in this Section shall require the court to require the commissioner of Children and Families to file an annual permanency plan for youth who have remained in or reentered foster care pursuant to subdivision (5) of subsection (j), and nothing shall require the court to hold annual permanency plan hearings for such youth.

Center for Children's Advocacy

TESTIMONY OF THE CENTER FOR CHILDREN'S ADVOCACY IN SUPPORT OF AN ACT IMPLEMENTING THE RECOMMENDATIONS OF THE LEGISLATIVE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE STUDY ON THE DEPARTMENT OF CHILDREN AND FAMILIES AS THEY RELATE TO PREPARATION OF YOUTHS AGING OUT OF STATE CARE, HB 5374

Committee on Program Review and Investigations
March 4, 2014

Good afternoon Senator Kissel, Representative Mushinsky, Senator Fonfara, Representative Carpino, and committee members. This testimony is submitted on behalf of the Center for Children's Advocacy. The Center provides holistic legal services for poor children in Connecticut's communities through individual representation and systemic advocacy. Through our work with youth aging out of the foster care system, the Center has talked with youth who have aged out of the child welfare system with little guidance, without financial security, and even without a place to stay. Youth aging out of the foster care system are the most at-risk and in need of assistance and the Department of Children and Families is lacking in providing services to those who need it the most- those who cannot comply with the eligibility requirements currently set by the Department.

On behalf of the Center for Children's Advocacy, I urge you to approve HB 5374. This bill seeks a commitment from the Department of Children and Families (DCF) to those who youth who are most at-risk pursuant to recent findings and recommendations contained in the 2014 Legislative Program Review and Investigations report. The report examined the services provided by DCF to youth aging out of state care. The Committee noted, however, that a comprehensive assessment of these services and the Department's preparation of youth aging out of foster care was virtually impossible to piece together. This was due to DCF's lack of quality data on their programs and on individual youth outcomes. Without this information, the Committee could not properly assess the Department's services, and the Department could not be held accountable to the youth it was meant to assist in this capacity. In addition, by not tracking this type of information, DCF itself could not determine whether its programs were, in fact, helping aging out youth at all; it could also not intervene in individual situations where such a youth may have been failing to adapt to a new setting outside of DCF's care, as it could not provide the Committee with any individual outcomes. Despite this, the Committee recommended several areas in which DCF could improve their services to aging out youth, including permanency, housing, education, employment, health care, life skills, re-entry, targeted services, youth empowerment, and data collection.

HB 5374 would require DCF to submit progress reports on the steps they have taken in order to comply with these recommendations. The deadline for this progress report, as stated in the bill, is February 2, 2015. This added measure would hold DCF accountable for compliance with the PRI recommendations. This is vitally important to the implementation of such recommendations, as it will ensure that progress is being made. The progress reports will keep the Department on track, as they will have to submit the report to Legislative Program Review and Investigations Committee and the joint standing committees of the General Assembly. These committees will have a basis to determine whether or not the DCF's work is satisfactorily helping to ensure that youth aging out of care are better equipped for self-sufficiency. As the recommendations are essential to the protection of the youth under DCF's care, it is important to ensure that the Department is implementing them within a timely fashion.

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These progress reports will greatly bolster the execution of the PRI's recommendations and thus provide greater protection to at-risk youth

For these above reasons, the Center for Children's Advocacy urges the Committee to support HB 5374. Thank you for your valuable time and consideration

Respectfully Submitted,

Meagan Black-Pisick, Law Student Intern

Zoe Stout, Senior Staff Attorney, Child Abuse Project