

STATE OF CONNECTICUT  
OFFICE OF THE CHILD ADVOCATE  
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**TESTIMONY OF THE OFFICE OF THE CHILD ADVOCATE FOR  
THE STATE OF CONNECTICUT  
COMMITTEE ON CHILDREN  
TUESDAY MARCH 3, 2020**

Senator Moore, Representative Linehan, Senator Kelly, Representative Green, and all other distinguished members of the Committee on Children, this testimony is being submitted on behalf of the Office of the Child Advocate (“OCA”) in support or in response to the below referenced Bills.

The obligations of the OCA are to review, investigate where necessary, and make recommendations regarding how our state-funded systems meet the needs of vulnerable children. This Legislature granted the OCA broad authority regarding access to information about children and state-funded facilities and programs, which provides this Office with a unique insight into the needs of at-risk, abused, neglected, and special needs children and the agencies that serve those children. The above referenced all seek to address how the needs of this state’s children are being met, including its most vulnerable children.

**S.B. 288 AN ACT REQUIRING A STUDY OF THE UNITED STATES DEPARTMENT OF AGRICULTURE’S PROPOSED RULE CONCERNING THE NATIONAL SCHOOL LUNCH AND SCHOOL BREAKFAST PROGRAMS**

The OCA supports Bill 288, which provides for further examination of the impact of proposed federal rules on the health and nutrition of students enrolled in schools that participate in the National School Lunch and Breakfast Programs. The proposed rules have been cited as a rollback of regulations adopted under President Obama that sought to promote healthier food options, including increased access to fruits and vegetables, for children receiving their meals at school. Further examination of the impact of such rule changes on Connecticut children’s health, particularly those children dependent on school meals for a range of nutritional items, will be important.

**S.B. 286 An Act Concerning Out-Of-Home Placements For Children In The Custody Of The Department Of Children And Families.**

The OCA appreciates the intent of Senate Bill 286, which bill is designed to promote placements of abuse and neglected children with grandparents. However OCA must oppose this bill for a variety of reasons, chiefly that in *prioritizing* grandparents as a relative placement, the bill does so without mention of the potential appropriateness of the child’s current placement, other relative placements, or even a

consideration of the best interests of the child, the latter being the central tenet of all permanency and placement decisions in the Superior Court for Juvenile Matters.

Over the last decade Connecticut DCF has worked to increase opportunities for abused and neglected children to be placed with relatives or persons known to them. The state's emphasis on reducing trauma for children and considering all relative resources for a child is good public policy and often results in a first time placement for a child that is in the child's best interests. Moreover, the current statutory scheme, Conn. Gen. Stat. Section 46b-129, already provides multiple provisions that require DCF and the Court to consider the placement of a child with a fit and willing relative, including grandparents:

1. The law requires that DCF must investigate "any relative proposed to serve as a licensed foster parent or temporary custody of a child prior to a preliminary hearing and provide a report at such hearing as to such relative's suitability..."
2. The law requires that at the outset of a case where a child has been removed from their home due to abuse or neglect that the Court "identify any person or persons related to the child or youth by blood or marriage residing in this state who might serve as a licensed foster parents or temporary custodians and order DCF to investigate and report to the court, not later than thirty days after the preliminary hearing, the appropriateness of placing the child or youth with such relative/s."
3. The law requires that the court direct DCF to "identify any person or persons related to the child or youth by blood or marriage residing out of state who might serve as licensed foster parents or temporary custodians, and order the Commissioner of Children and Families to investigate and determine, within a reasonable time, the appropriateness of placing the child or youth with such relative or relatives."
4. The law also states that a relative has a presumptive right to intervene as a legal party in a child protection matter in the first 90 days after the initial preliminary hearing in the case, to be heard on matters related to the child and the child's placement.
5. The law even provides that where a relative intervenes in the early stages of a case and seeks custody, and the relative is deemed an appropriate resource (meets licensing criteria) that there shall be a presumption that placement of the child with the relative is appropriate.

Given the existing public policy and practices that encourage relative placement for a child whenever such placement serves the child's best interests, and given the numerous statutory provision that support these practices, OCA does not support this bill.

### **S.B. 283 An Act Extended the Age of Eligibility for Legal Representation Provided by the Department of Children and Families**

OCA supports the intent of this bill which is to require the state to extend legal representation to children and youth still receiving supports or supervision from DCF past their 18<sup>th</sup> birthday. The bill will benefit DCF involved youth who are "aging out" of DCF at age 18 due to the lack of a permanent connection, a parent/guardian, in their lives. According to state data, there are approximately 400 such youth at any given time. While Connecticut extends foster care support for youth up to age 23 if they are still engaged in training, school, or job supports, unlike many states, Connecticut youth are not entitled to an attorney once they turn 18. These youth remain dependent on state services and supports to help meet their basic daily living needs. They are highly vulnerable due to a history of trauma and lack of family guardian. These youth need help navigating court proceedings, negotiating living

arrangements, and completing their education. Many youth also have disabilities, increasing their need for adult support and advocacy.

Many states provide this service already, including Massachusetts, New York, Pennsylvania, and several others. It is important to note that in January 2019, the U.S. Children's Bureau, a division of the Department of Health and Human Services, changed its policies to permit payment of federal matching funds under Title IV-E of the Social Security Act to help cover the costs of representing children in dependency proceedings. This funding source should be examined to see if it can help support implementation of this needed reform.

### **H.B. 5335 An Act Requiring the Provision of Information Concerning Child Sexual Abuse**

OCA supports this bill, which requires DCF to provide brief but critical information for youth coaches and the public regarding sexual abuse prevention. As a foundational matter, OCA notes that concerns of sexual abuse/harassment arise in all child serving systems and programs. It is essential that communities appreciate that child sexual abuse is both more prevalent and less likely to be reported than people may realize. A nationwide survey of 8<sup>th</sup> to 11<sup>th</sup> graders conducted in 2004 revealed that nearly 7% of students reported having been the recipient of physical sexual contact from an adult in their school; and nearly 10% of students reported being the victim of educator sexual misconduct without touching, such as sharing of pornography, sexual talk, or sexual exhibitionism (Shakeshaft, 2004, GAO 2014).

With that prevalence information in mind, this bill provides a good tool for ensuring information regarding sexual abuse prevention is made available to the public and youth sports participants and coaches. Youth sports organizations are first and foremost child-serving organizations and therefore must have a sophisticated understanding of child safety and abuse prevention.

According to a 2018 technical assistance guide from the U.S. Department of Education regarding the prevention of adult sexual misconduct in schools, the range of behaviors that may be "considered Adult Sexual Misconduct (ASM) (from inappropriate to illegal) underlies the importance of clear policies and procedures that document the responsibilities of specific staff members for preventing ASM or the appearance of ASM."

(<https://rems.ed.gov/docs/ASMTTrainingGuide.pdf>). As stated in the USDE Guide, "Clear policies on the boundaries for interpersonal contact protects both students and staff members."

### **H.B. 5333 An Act Concerning the Centers for Disease Control and Prevention Youth Risky Behavior Survey**

OCA supports this bill, which will 1) require the Department of Public Health to administer the National Youth Risk Behavior Survey, 2) facilitate local school district participation, and 3) require additional questions to be included in the Survey regarding youth victimization.

The CDC Youth Risky Behavior Survey is a model survey, adapted by and used in most, if not all, states to gain better understanding of the health, including mental health, and behaviors of adolescent students. In Connecticut the CDC survey is called the Connecticut School Health survey. It is a school-based survey of students in grades 9 - 12, with randomly chosen classrooms within selected schools, and is anonymous and confidential. The health survey previously had two components, the Youth

Behavior Component (YBC), and Youth Tobacco Component (YTC), and has been successfully administered in Connecticut since 2005. Starting in 2019, there will be just one survey component. Youth participation in the survey is voluntary.

The survey is designed to focus in on behaviors/experiences of youth that lead to mortality and morbidity and to assess how these behaviors and experiences change over time. The survey measures behaviors that fall into six categories:

1. Behaviors that contribute to unintentional injuries and violence;
2. Sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, including HIV infection;
3. Alcohol and other drug use;
4. Tobacco use;
5. Unhealthy dietary behaviors; and
6. Inadequate physical activity.

The survey provides essential information about adolescent well-being and supports the work of local and state public health officials in addressing pressing public health concerns affecting youth and that are reported by children. The survey has included critical questions regarding youth suicidality, youth depression and despair, bullying, alcohol and drug use, and other important measures.

Connecticut has had a reasonable rate of participation in the CDC/DPH survey, but there are times when ensuring adequate school district participation to support evidence-based results has been a challenge. While individual student participation in the survey is, of course, voluntary, districts should be compelled to offer the survey to students and help further this critical public health work.

#### *Adding a question/s regarding sexual abuse*

While the current survey in use in Connecticut asks many important questions of youth regarding mental health, dating violence, fighting/bullying, self-harm, and substance use, the survey does not ask a specific question regarding adult sexual misconduct.

As stated in OCA's earlier testimony, it is estimated that at least 1 in 10 youth has been the victim of adult sexual misconduct. A nationwide survey of 8<sup>th</sup> to 11<sup>th</sup> graders conducted in 2004 revealed that nearly 7% of students reported having been the recipient of physical sexual contact from an adult in their school; and nearly 10% of students reported being the victim of educator sexual misconduct without touching such as sharing of pornography, sexual talk, or sexual exhibitionism (Shakeshaft, 2004, GAO 2014). A 2018 U.S. Department of Education Technical Assistance Guide for states addressing adult sexual misconduct defines such misconduct as ranging from legal but inappropriate behavior between an adult and a child, including sexual comments or question and jokes, to inappropriate physical conduct including kissing and inappropriate touching. ASM can also consist of online predatory behavior. (ASM Guide: <https://rems.ed.gov/docs/ASMTrainingGuide.pdf>). According to the same federal guidance:

“During the course of a seven-month investigation, Associated Press reporters examined the 2001–05 disciplinary records of educators from all 50 states and the District of Columbia (Irvine & Tanner, 2007). The investigation determined that the teaching credentials of 2,570 educators had been revoked, denied, surrendered, or sanctioned as a result of ASM, and that more than 80 percent of victims in the 1,801 cases were students.”

Further, the U.S. Government Accountability Office found in 2014 that most states do not have a requirement for school personnel to receive awareness and prevention training on adult sexual misconduct, and that additional guidance and technical assistance from the government was needed.

Stories about youth victimization regularly appear in our local and state newspapers, sometimes about current concerns and criminal behavior and sometimes about historical abuse, only recently brought to light. We know that more needs to be done to raise awareness, bring to light, and prevent persistent concerns about sexual victimization of children. Given the importance of these issues to youth health and mental health, the historical concerns regarding both prevalence and a lack of reliable reporting regarding youth victimization, it is important that Connecticut begin to collect baseline data regarding youth victimization or youth concerns regarding adult sexual misconduct.

#### **H.B. 5328 an Act Requiring the Department of Children and Families to Submit a Report Concerning Implementation of Certain Processes**

OCA supports this bill, which addresses ongoing accountability for ensuring that the state has a transparent framework to ensure the safety and quality of state-run and state-licensed treatment facilities for children. The bill follows last year’s passage of Special Act 19-19, which required DCF, in consultation with OCA and operators of congregate care facilities licensed by DCF, to develop a process for collecting and publishing information regarding the monitoring and inspection of child-serving facilities and the health, safety, treatment, and discharge outcomes for children receiving services at such facilities. The recommendation leading to Public Act 19-19 arose out of an OCA fatality and facility investigation undertaken after the death of 16 year old Destiny G and her unborn child at the state-run Solnit Center, a psychiatric treatment facility for children. OCA and DCF have been collaborating in this work and making progress toward the creation of a transparent framework. The language of this bill will provide for continued and collective accountability for ensuring this important work is done. Such a transparent framework for vulnerable children helps children, their families, stakeholders, and the public.

#### **H.B. 5331 An Act Requiring a Survey of Court-Involved Youth**

OCA supports Bill 5331, which provides for surveying youth in the juvenile justice system to ascertain information – anonymously, confidentially, and voluntarily – about gender identity.

According to a technical assistance guide prepared by the Annie E. Casey Foundation for supporting lesbian, gay, bisexual, and transgender youth in the justice system, nearly 14% of justice-involved boys identify as LGBTQ or gender non-conforming and that “for girls, this figure jumps to almost 40%.” (A Guide to Juvenile Detention Reform #11, Casey Foundation, 2015). Incarcerated youth who identify as LGBTQ are considered at higher risk for victimization. This bill will help support awareness and support efforts for justice-involved LGBTQ youth.

### **H.B. 5328 An Act Concerning The Role Of Birth-To-Three Service Providers At Planning And Placement Team Meetings**

OCA supports this bill, which, consistent with the language and spirit of the federal Individuals with Disabilities Education Act (IDEA), empowers a child’s family to request the presence of their Birth to Three provider at the IEP meeting for their child and ensures that the recommendations prepared by the Birth to Three Team, including the parent, are “addressed” at the transition IEP meetings. Such provisions should help support best practices with regard to transition planning for young children moving from Birth to Three into the public school system, and the language of the bill does not create any requirements regarding what should or should not be implemented as an IEP recommendation, an issue that remains the province of the IEP team.

Over the years OCA has received repeated concerns regarding the adequacy of educational services for young children with disabilities who have transitioned from the state’s Birth to Three system. OCA conducted an in-depth investigation into these issues in a particular local school district in 2015. OCA found that many children transitioning into this resource-strapped district received alarmingly inadequate services upon transition away from Birth to Three, even children with significant disabilities and extensive support needs. ([https://www.ct.gov/oca/lib/oca/OCA\\_INVESTIGATIVE\\_REPORT\\_EDUCATIONAL\\_SERVICE\\_DELIVERY\\_10\\_27\\_16.pdf](https://www.ct.gov/oca/lib/oca/OCA_INVESTIGATIVE_REPORT_EDUCATIONAL_SERVICE_DELIVERY_10_27_16.pdf))

Parents need all of the support that they can get to help ensure a smooth and appropriate transition for their child. OCA is confident that OEC already supports the active participation of their Birth to Three service providers in the transition and educational planning process, and therefore this bill codifies a hopefully existing and important best practice for children and families.

Respectfully submitted,

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