

**STATE OF CONNECTICUT
OFFICE OF THE CHILD ADVOCATE
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Dear Distinguished Members of the Connecticut General Assembly:

The Office of the Child Advocate is providing this brief findings and recommendations letter to you in response to reported concerns about the crisis behaviors of girls at a DCF-licensed Short-Term Assessment and Respite Home (STAR home). The Office of the Child Advocate (OCA) is an independent state agency charged with responding to citizen concerns and reviewing the delivery of publicly funded services to vulnerable children.¹

On September 10, 2023, a Connecticut news outlet, CT Inside Investigator, published a story² describing escalating and serious incidents at the Harwinton-based STAR home resulting in numerous visits to the home by first responders, including law enforcement and emergency medical services. Reported incidents raised concerns about behavior of adult staff towards youth, girls at risk of or victimized by domestic minor sex trafficking, fighting, and frequent incidents of girls running away from the placement. Local authorities raised concerns that the needs of girls in the program exceeded the resources of the placement, noting that DCF classifies the STAR placement as a youth “shelter.” Legislators scheduled an informational hearing for October 11, 2023, to review the matter further. In preparation for the hearing and consistent with OCA’s statutory obligations to review and report regarding publicly funded services for vulnerable children, OCA examined circumstances surrounding girls’ placement in this and other DCF-licensed youth shelters, including gaps in the continuum of supports and services in the children’s mental health and child welfare systems that have contributed to reported concerns. OCA also reviewed DCF licensing and investigative documents pertaining to the Harwinton STAR home. OCA’s letter outlines findings and recommendations as follows:

¹ Conn. Gen. Stat. Sec. 46a-13l et seq.

² CT Inside Investigator, Grave Concern: A DCF-funded shelter for teen girls loses control, by Marc Fitch, September 10, 2023, found on the web at: <https://insideinvestigator.org/grave-concern-a-dcf-funded-shelter-for-teen-girls-loses-control/>.

1. Girls in the Harwinton and other STAR home programs often have significant trauma histories, behavioral health treatment needs, and histories of child abuse.
2. The STAR home is a shelter-care model that is not designed or resourced to meet the needs of these girls (and boys)—resulting in rising number of incidents affecting the safety and wellbeing of children.
3. Reliance on STAR homes reflects a flawed system design. There are inadequate treatment options and treatment settings, including specialized foster care, for girls with significant histories of child abuse, neglect, sexual exploitation, and other trauma exposure, many of whom are unable to immediately return to their families.
4. Gaps in program oversight results in inadequate systemic response to rising incidents in STAR home/s. While the Harwinton STAR home was regularly visited by DCF licensing staff, it is not clear that DCF’s framework for incident review resulted in timely enhanced supports at this and other STAR homes. Nor has incident and program review adequately informed strategic system design. Despite the increase in girls’ and boys’ acuity in STAR homes and the rise in incidents across STAR programs, DCF recently sought to procure an additional STAR home without changes to the model.
5. Relevant to the STAR home crisis, the children’s mental health service system is strained at every level due to chronic underfunding and a (related) persistent workforce crisis. The funding and workforce crises impact staffed capacity of existing settings as well as the availability of home and community-based services for adolescent girls and boys. When services are not available when children first present with emerging needs, children get worse and their prognosis for positive mental health and permanency diminish.
6. OCA recommends:
 - Until more appropriate settings are established, swift attention must be paid to supplementing care and resources at STAR homes where children are now served, including staff/clinician training as needed, supplemental staffing, additional programming, and heightened monitoring and technical support, with supports funded by the state;
 - Immediate injection of funding to support intensive home and community-based services, including Multi-Systemic Therapy, Intensive In-Home Child and Adolescent Psychiatric Services (IICAPS) (among others). Children in DCF care may also benefit from intensive care coordination to ensure timely access to services and dynamic case management;
 - Strengthening incident and program oversight at DCF to ensure timely interventions and program modifications to support better outcomes and safety for children;
 - Utilizing the state’s new Gender Responsive Workgroup to urgently identify appropriate models of care and treatment, including treatment settings, for adolescent girls with complex trauma and develop actionable recommendations for the mid-term budget session; and
 - Ensuring a report back from relevant state agencies (DSS, DCF, JB-CSSD) to the appropriations committee to inform 2024 budget adjustments needed to enhance service delivery and treatment options for this population of girls.

Introduction and Profile of a Child in a STAR Home in 2023

Theresa³ has been committed to DCF since 2021. She has a severe child abuse history. She is diagnosed with Post Traumatic Stress Disorder, Anxiety, Depression, and Reactive Attachment Disorder. She has a history of concerns of sexual trafficking and had been referred to Love 146. She has no reunification resource identified. She has a history of hospitalization and suicidality. She has been in multiple STAR shelters while in DCF care. Records indicate that “DCF continues to seek a home setting for Theresa, however due to the lack of [foster] homes or previous placement options not being receptive in taking her back she remains in the [STAR] home.” She has had 23 placements since entering DCF care in 2021. DCF made referrals to find various services including therapeutic mentoring and life skills for her. Theresa is described in records as “smart, eloquent, funny, friendly, determined, and self-aware.” She likes sports and prides herself on being artistic. She is currently residing in another STAR placement.

A children’s mental health professional recently discussed the STAR home concerns with OCA, stating their hope that stakeholders will consider and hold in their hearts and minds the needs of these children, so often victims of abuse and neglect from a young age, and particularly true for children who are sexual abuse victims, unable or unwilling to trust adults, feeling they have no one to rely on and care for them. These children, boys and girls, pack their belongings again and again in bags to move from one state placement to another, never knowing what the next day will bring, never being able to imagine their future, and, as so many child advocates and providers have told OCA in recent months, struggling day to day without hope for themselves and their futures. These problems are particularly acute for children sent to “temporary” placements like STAR homes, where they don’t know if they will be there for one week or one year, leaving providers and DCF workers at a loss to offer reassurance.

OCA reviewed the child welfare and mental health histories for 22 girls placed in three STAR programs across the state, including Harwinton, to offer the committee more information on the needs these girls have for treatment and permanency. The data is unpacked in greater detail within this Letter, but in sum, the girls have significant histories of child abuse and neglect, and many have histories of sexual exploitation or abuse. Most have been moved through multiple placements in the

³ All names are pseudonyms.

mental health and child welfare systems. Many are referred for or have already “disrupted” from therapeutic foster care. Some have been moved through multiple STAR homes. Individuals working directly with girls in these, and other programs, frequently describe them to OCA as “without hope.”

STAR Homes are Youth Shelters Designed and Resourced as Temporary Settings—They Increasingly Serve Children with Significant Treatment and Permanency Needs

FROM DCF LICENSING REVIEW TOOL, HARWINTON STAR HOME, APRIL 2022:

Question: Are the Youth receiving the minimum weekly clinical treatment: 1-hour individual and 2 hours of group therapy? If not, what are the barriers?⁴

Note: No. During the review period [6 months] most youth were either unstable and in the hospital for extended periods of time or AWOL from the program which prevented consistency in clinical services being provided. Also, during the review period there was only 1 youth in residence agreeing to participate in group, groups were not held.

STAR homes are licensed by DCF and classified as youth shelters. A recent Request for Proposal (RFP) from DCF for a new STAR home/s describes the placement as follows:

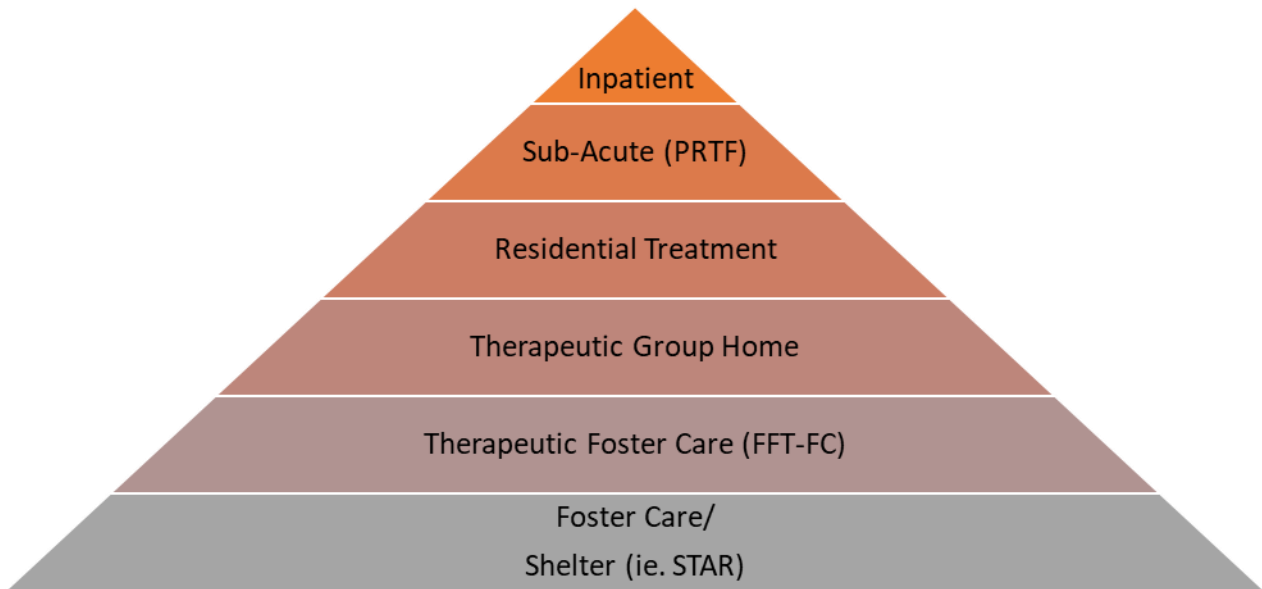
A Short-Term Assessment and Respite Home is a temporary congregate care program that provides short-term care, assessment and a range of clinical and nursing services to children removed from their homes due to abuse, neglect or other high-risk circumstances. Staff will provide empathic professional care for youth within a routine of daily activities which is similar to a nurturing family structure. The youth will receive assessment services, substance abuse

⁴ DCF utilizes a Qualified Residential Treatment Program Monitoring Tool, acknowledging that the STAR program is not a QRTP. The STAR contract does not explicitly require this level of individual and group programming. The STAR contract requires “All aspects of the program, including the physical design of the living and common areas, daily schedule, policies, procedures and practices, clinical interventions and access to adjunct services, must be informed by the clinical needs of the children and their families, where appropriate. These onsite services will include at a minimum and where appropriate, individual and family therapy and case management, group therapy, crisis intervention, milieu treatment, psychiatric assessment and medication management by a psychiatrist or APRN, nursing services, and aftercare supports. All staff will receive training in the model of care utilized by the program and the knowledge and skills necessary to perform their identified function(s).”

screening, educational support, significant levels of structure and support, and intensive work with family engagement.

The RFP provides that DCF will monitor the provider’s fidelity to program expectations. It is important to emphasize that according to DCF licensing records, STAR homes are *not considered treatment settings*. They are emergency and temporary settings for children in DCF custody who lack immediate access to a recommended setting. Because STAR homes are considered a lower level of care, they have received less funding per bed than therapeutic group homes and other residential treatment settings. Front line staff are paid close to minimum wage, with recent job notices advertising direct care staff positions at \$17 to \$18 per hour. DCF records indicate that multiple STAR programs, including the Harwinton home, have struggled at times to maintain direct care staff and full-time clinical staffing, resulting in more uncertainty and less consistency for girls in the programs. Concurrently, per DCF and Medicaid records, the girls typically have significant behavioral health treatment needs with many girls coming in and out of emergency departments and in-patient psychiatric hospitals.

Hierarchy of Placement Options (Most to Least Restrictive Environment)



Data on Children Served in STAR programs across Connecticut

OCA looked at DCF data regarding all children, boys and girls, placed in the state’s six STAR homes as of October 4, 2023. DCF's data reflects there are 31 children in STAR placements across the state, 10 of whom are girls. The youngest child placed is 13 years old. Only three (3) children out of 31 are identified as White/Caucasian. All of the children are committed to DCF guardianship or are under an Order of Temporary Custody vested in DCF due to concerns of child abuse and/or neglect. One child recently turned 18 and is now considered Services Post Majority with DCF. While the STAR home is supposed to be temporary with a maximum length of stay of 60 days, currently placed children’s length of stay ranges from 5 days to 533 days, with 15 out of 31 children already having

been in the STAR home for over 100 days. OCA believes that this length of stay data does not reflect cumulative days spent in STAR placements for children that move in and out of such settings, and therefore multiple children's actual length of stay in STAR homes is longer than what is reflected here.

OCA also reviewed records regarding a cohort of 22 girls placed in three different STAR homes throughout 2023. Relevant findings include:

- Girls range in age from 13 to 18.
- The age range of girls' first contact with DCF due to reported concerns of abuse/neglect is birth to age 16, with 4 years old the median age of first contact with DCF.
- 17 girls had a history of sexual abuse (including sex trafficking concerns).
- 20 girls had a history of suicidal ideation, suicide attempts, or self-injurious behavior.
- All of the girls were or had been committed to DCF guardianship.
- Almost all of the girls have had multiple placements during the last five years, with a range of 1 placement to 23 placements; the median number of girls' placements during the last five years was 8.
- Since 2022 almost all of the girls have AWOL'd at least once from placement, with a range of 1 AWOL to 93 AWOLs; the median number of individual girls' AWOLs since last year is 18.
- Current placement/location of girls, some of whom have been discharged from STAR homes to other placements, includes 9 girls on AWOL status (as of October 3, 2023).
- Diagnoses for girls commonly include Post Traumatic Stress Disorder, Major Depressive Disorder/Mood Disorders, and Reactive Attachment Disorder.
- Two (2) girls have intellectual disability, and a majority of girls have special education needs.
- Despite STAR homes not being a treatment setting, multiple girls went to STAR homes directly from hospitals.

PROFILE 1

Laura is a young teen who has a history of inpatient hospitalization. Laura has a history of suicidal ideation and self-injury. Shortly after her last hospitalization she was placed in DCF care and immediately placed at a STAR home. She was described in DCF records as doing well until she began engaging in AWOL behavior with older peers in the STAR home. She was described as working with a "covering" clinician in the STAR home but anticipating that this clinician would be leaving and another clinician, Laura was described as less willing to "engage" or "open up." According to DCF records, she has "been issued several summons due to engaging in behaviors with the other girls at STAR."

PROFILE 2

Maria has been committed to DCF guardianship for three years. She has had multiple STAR placements. According to child welfare records, her "prognosis for reunification remains poor," and Maria has expressed on multiple occasions that she is "giving up on reunifying with her mother." Her father is incarcerated. Maria has said "that at times she feels hopeless as she has nothing to lose because she has no one." Maria is diagnosed with Major Depressive Disorder among other emerging

diagnoses. She has a history of multiple emergency department visits for mental health reasons, AWOL incidents from STAR homes, and brief stays in juvenile detention. Maria wants to have a normal life, and she reportedly enjoys sports, dancing, doing her hair, make up, and cooking. She is currently in a treatment foster home.

PROFILE 3

Julia is committed to DCF. She was in a STAR home for 4 months. She has a history of psychiatric hospitalization and concerns of sexual exploitation/trafficking. She is diagnosed with Disruptive Mood Dysregulation Disorder, Adjustment Disorder, Depressive Disorder, Concerns of Domestic Minor Sex Trafficking. She was a victim of sexual misconduct by an adult in her placement. She was recommended for specific services to address concerns of sexual exploitation. She has admitted to smoking marijuana and drinking more frequently and says that vaping helps her with anxiety. She has been in at least 5 foster care placements and the STAR home. She is on probation. Neither parent is currently able to care for her. DCF records indicate that her foster care treatment team has been unable to identify another placement for her due to her “unstable mental health.” Julia enjoys drawing, crafts, listening to music, and make up. She is currently in detention.

PROFILE 4

Jamie was committed to DCF. She had multiple hospitalizations while at STAR placement. She was placed in multiple STAR homes. Jamie is unable to return home due to chronic parental substance misuse. She is diagnosed as “having low IQ,” Disruptive Mood Dysregulation Disorder and trauma history. There is documented concern of sexual abuse; was referred to services but reportedly could not engage. She is described as “very impulsive and has a difficult time understanding the concerns around her high-risk behaviors.” She has a history of suicidal ideation and threats of self-harm; history of hospitalization; discharged from hospitalization to STAR home. Jamie is reportedly failing all of her classes and needs significant support at school. Her permanency resource passed away from substance misuse.

Flawed System Design and Inadequate Program Oversight Result in Lack of Options for Girls and Inadequate Response to Rising Incidents

OCA requested all records pertaining to the licensing and program review of the Harwinton STAR home since 2022. OCA also requested all serious incidents reported by the provider into DCF’s Provider Information Exchange (PIE) system. DCF gave OCA copies of some field visit notes, the Harwinton Corrective Action Plan, and other documents. Documents received did not include action steps corresponding to the April 2023 executive team meeting with the Harwinton provider referenced in DCF’s September 22nd letter to legislators. OCA also did not receive any written response to the Corrective Action Plan (CAP), or any documents corresponding to the “biweekly updates to [DCF]” referenced in DCF’s September 22nd letter. OCA has not yet received the list of all serious incidents reported by the provider to DCF (PIE), though DCF indicated they are working on retrieving this information. OCA sought information regarding how DCF aggregates, reviews, and responds to

incidents reported to Risk Management (e.g., AWOLS, first responder calls, youth arrests), and DCF stated that they will schedule a meeting with OCA to discuss.

Records provided to OCA indicate that DCF staff conducted regular field visits and on-site inspections, with licensing staff visiting the program on a quarterly basis, and additional visits conducted at the Harwinton STAR by DCF investigators and licensing staff after a serious incident in May 2023. Unannounced visits were also conducted by various DCF staff. OCA reviewed a September 2023 DCF field visit note⁵ (attached) that speaks to elements of the CAP (attached) underway at the STAR home. Admissions are currently on hold at the STAR home, and the CAP is in place through November 2023.

While it is positive that programs are frequently visited by agency staff, it is not yet clear how program incidents such as AWOLS, calls for emergency services, or arrest/s of youth--incidents that are reported into DCF by the provider or first responder-- are considered by DCF when evaluating program design and the capacity of the program to meet the needs of the children. For example, the CAP was created in July 2023 by DCF after the incident in May was classified as “exceptional” in an internal reporting system. However, serious incidents had been on the rise in this and other STAR programs for the last two years at least. While incidents that meet the threshold for suspected child abuse or neglect are swiftly investigated by DCF, it remains unclear to OCA what the framework has been for evaluating incidents brought to the Department that raise concerns about the adequacy of contracted supports and the safety of children. To be clear, while concerns were identified at the STAR home in Harwinton, OCA does not believe that any regulatory corrective action plan would address the central concern, namely the disconnect between the needs of the girls served and the contracted program design.

DCF field visit records and other licensing records from January 2022 through July 2023 reviewed by OCA reflect agency regulatory findings, but do not reflect substantial qualitative review of incident reports submitted to DCF or resulting action steps and strategies to address programmatic needs or the treatment needs of girls. Incident trend data and qualitative program review across STAR programs should have given rise to substantial concern that this level of care was and is not meeting the needs

⁵ Pursuant to Special Act 19-19, DCF was required to develop a process “(1) for the routine collection of information concerning (A) the monitoring and inspection of such facilities, and (B) the health, safety, treatment and discharge outcomes concerning children receiving services at such facilities, (2) to make the information collected pursuant to subdivision (1) of this subsection available to the public on the Internet web site of the Department of Children and Families, provided the department does not disclose any personally identifying information of children receiving services at such facilities, and (3) for promptly notifying the Office of the Child Advocate and the parents or guardians of children receiving services at such facilities when (A) any action is taken relating to a congregate care facility license, or any sanction is imposed against such a facility, if such action or sanction is related to the health or safety of such children, and (B) any corrective actions are undertaken by such facilities following such actions or sanctions.” The DCF database can be found here: http://licensefacilities.dcf.ct.gov/listing_CCF.asp. The database currently includes licensing field visit information and corrective action information. It does not other aspects of licensing/program review that speak to health and safety of children.

of currently placed children. Accordingly, there should have been and should be a reconsideration of how to use the existing continuum of care to support these girls and boys and how to strengthen or reimagine levels of care throughout the system to meet their needs. In practice, there remain few placement options for children, and high need adolescents are at times concurrently recommended for an intensive treatment setting (more on this below), and treatment foster care. Children are often unable to access either, therefore they land in STAR homes.

Given the “very high” utilization of the STAR homes, DCF reported to legislators and members of the Juvenile Justice Policy and Oversight Committee (JJPOC) in November 2022 that more STAR program/s were needed. While STAR home utilization is up, utilization of therapeutic group homes, a higher level of care and a treatment setting, is down. Data shows that therapeutic group home admissions decreased from 57 admissions in 2021 to 42 in 2022.⁶ Data also shows that residential treatment center admissions continue to decline. There were 23 admissions to RTCs in 2022, down from 54 admissions in 2021.⁷ Admissions to RTCs in 2022 were primarily adolescent boys.

FROM DCF PRESENTATION, “ALIGNING GROUP CARE TO NEED” TO JJPOC, 11/17/22:

Group Care Type	Purpose	Alignment intervention	Result	Current Challenges	Strategies
Short-Term Assessment/Respite STAR	Group care placement for difficult to place foster youth 13-18 years old who present with very challenging behaviors; i.e. runaways, delinquency, etc)	Invested in facilities to serve each region for boys and girls in foster care. Invested in enhancing the quality-of-care youth receive when placed in a STAR.	Utilization is very high in these settings and prompted the need to expand capacity increasing the inventory by one additional STAR home.	The need continues to exceed capacity and one additional STAR facility is needed for youth in foster care.	Seek resources to invest in an additional STAR program.
Group Homes (Therapeutic)	Developed to be a level of care for children in foster care whose mental health needs don't require residential treatment but cannot be met in a therapeutic foster home.	Increased investments in therapeutic wrap around services for kinship and core foster homes. Shifted resources from group care to family care.	Youth in foster care experienced better outcomes in families and preferred to live with kin/relatives instead of group care. Older youth in foster care widely rejected group care placements. Group home utilization rates plummeted to less than 40% resulting in inventory reduction of 50%.	Low utilization of current reduced group home capacity.	Continue exploring alternative proposals to serve DCF involved families with surplus capacity/inventory.

OCA believes that the incongruence between the STAR program design and the program population being served is at the core of the problems reported. In part, because the state has reduced utilization of therapeutic group homes and residential treatment centers, and capacity in community-based services is so strained, STAR homes have become a frequent placement for children, and children are staying for longer than the prescribed 60-day length of stay. In effect, STAR homes are being utilized as longer-term treatment settings but are neither designed nor resourced to function that way.

⁶ Carelon Behavioral Health, Utilization Management for Youth Members, Executive Summary & Analysis by Level of Care, submitted May 1, 2023, found on the web at: <https://s18637.pcdn.co/wp-content/uploads/sites/53/Youth-Semi-Annual-Report-Executive-Summary-FINAL-CY-2022.pdf>

⁷ Id.

It is unclear why, in light of the significant behavioral health treatment needs of the girls and boys served in STAR programs, *and the increase in reported incidents to DCF across STAR programs*, the state would seek to bring more STAR programs online rather than consider procurement of specialized therapeutic group homes or other highly specialized treatment settings as a bridge to a family setting.⁸

DCF's September 22nd letter indicates the agency's intention to "meet with all providers of the STAR service type and ... redefin[e] performance outcome measures in the contract by the end of the year." DCF has also transitioned the STAR home contracts to its behavioral health division and reported that relevant staff have been assessing STAR program resources and youth service planning to "inform the ongoing process of identifying program areas in need of additional resources or modification." OCA supports the recent efforts to examine and strengthen program supports and case planning for children in STAR homes. It remains for policymakers to determine whether expansion and modification of the youth shelter model is preferable to redesigning and developing specialized therapeutic treatment settings, including specialized group homes and specialized treatment foster care when children cannot safely return home.

Specialized Treatment Options and Settings Needed—With a Goal of Establishing Permanency for Children in the Least Restrictive Environment

Most stakeholders generally agree that placement in congregate settings like therapeutic group homes and other treatment settings should be for the purpose of stabilization and clinical care and that children should not stay longer than is necessary to successfully bridge them to family-based care. As stated above, with the reduced utilization of group homes and residential treatment centers, DCF is reliant on STAR homes to house children with acute behavioral health treatment needs. These children are struggling significantly, often moving from placement to placement—surely an outcome equally undesirable as children languishing in group homes and residential, the ill that the reduction in such placements was designed to remedy.

But there has been inadequate reinvestment in the continuum of care and not enough focus on redesigning treatment settings to match the evolving needs of the adolescent population. It cannot be overstated the harms created or worsened when children move through multiple placements and services, unable to build relationships with foster parents, staff, or clinicians. For children disrupting from or being rejected from foster homes, or decompensating in STAR homes, each disruption is a personal rejection and may reinforce feelings of worthlessness and abandonment. Individuals and organizations working with girls and boys throughout the state emphasize the need for developmentally appropriate and trauma-informed settings where children can stabilize and build therapeutic and other relationships.

⁸ See complete JJPOC presentation here: [PowerPoint Presentation \(ct.gov\)](#)

All literature and best practice research that OCA has reviewed regarding meeting the needs of adolescent girls with extensive trauma exposure, including sexual abuse, emphasizes that states must have a continuum of settings and programs, well-resourced, to ensure highly specialized and trained staff and services. Treatment and placement options should include access to evidence-based services for girls and boys that have experienced sexual abuse (e.g., Cognitive Behavioral Therapy and Multi-Systemic Therapy). Treatment must be offered in the least restrictive environment appropriate to children's level of need and their need for safety. Treatment foster care should offer a cohort of highly specialized homes, with foster parents who are trained and amply supported to assist children with high need and high-risk profiles, and that can support children with intellectual and other developmental disabilities. A hub model should be considered that includes specialized treatment settings, a clinical team that can stay with the child for the duration, and that identifies a family/treatment foster care resource for a child from the beginning of treatment/placement. This model may minimize disruptions in relationships, both personal and clinical, so necessary to stabilizing children and giving them hope for themselves and their futures.

Children's Mental Health Crisis and Inadequate Continuum of Care Impact Treatment Options and Outcomes for Children

Child welfare services like STAR homes, group homes, and treatment foster care exist within the continuum of the mental health system. There are serious logjams at all levels of mental health care for children, and these challenges negatively impact the ability of children in the child welfare system to timely access needed services and treatment settings.

Hospital beds and Emergency Departments

While numbers fluctuate, data from the Department of Public Health frequently show that there are approximately fifty children in state emergency departments on any given day for behavioral health reasons, often with more than half of children assessed as needing in-patient level of care, often with less than a handful of beds available. **On September 19, 2023, there were 68 children in state Emergency Departments for behavioral health reasons, 33 of whom were assessed as needing inpatient psychiatric care, with only 6 beds available statewide.** The state-run children's hospital, the Solnit Center, has not operated at full licensed capacity (44 beds) since the pandemic, reportedly due to workforce shortages. Data from 2022-23 shows that children waited between 60 and 90 days from referral to admission at the Solnit Center, with a range of 49 days to 127 days.

Sub-acute level of care (Psychiatric Residential Treatment Facilities)

The state operates and/or licenses five psychiatric residential treatment facilities (PRTFs), which provide sub-acute level of care to children. While data shows available beds at certain PRTFS, the waitlist for adolescent girls is typically months long, **with an average wait of over 3 months to access a PRTF bed.**⁹ The wait for a bed at Solnit South PRTF is even longer, and ranged from 112

⁹ The State's PRTF/Solnit Inpatient Referral Tracking, July 2023.

days to 140 days between 2022 and 2023.¹⁰ There remains virtually no access for girls or boys with intellectual/developmental disabilities to PRTF level of care.

Residential Treatment

The state has dramatically reduced capacity in residential treatment settings over the last twelve years, part of a justifiable effort to “right size” congregate care for children in child welfare custody. Connecticut for years overused both in-state and out-of-state residential settings to maintain children who might otherwise have been returned to their families with appropriate services or who could and should have been supported in foster care. However, there are concerns among providers and family advocates that the state did not adequately reimagine and reinvest in appropriate 24-7 treatment settings to take the place of older models or less effective models of residential care, and therefore there are **children today who need 24-7 support that cannot timely access such care in the most appropriate setting for their needs.**

Intensive in-home services

Data presented this past year to the state’s Behavioral Health Partnership Oversight Council shows that Medicaid spending per member for intensive home-based services has declined dramatically over the last 4 years, with state-contracted administrators noting that the decline is reflective of changes in capacity not a change in children’s needs. IICAPS, the “go to” service for families whose children have significant mental health treatment needs, remains strained to emergency levels. IICAPS typically has a waitlist of between 400 and 500 families.¹¹ Over the last two years, multiple providers have stopped delivering the service altogether and others won't even consider it given the continued gap between the reimbursement rate and the cost of delivering the service. While the state has other home-based clinical services, those programs are much smaller and specialized, and do not add substantial capacity to the system. Wait times for in-home services now run months long across various areas of the state, and even longer for families that are not English speaking. Multiple providers across the state report that their in-home programs (Multisystemic therapy, Functional Family Therapy, IICAPS) are not fully staffed.¹²

Outpatient services

Like intensive in-home services, outpatient clinics continue to see demand for services for children and families with more acute presentations. Outpatient service capacity, like other levels of care, is profoundly affected by workforce shortages described herein. A recent news report in the CT

¹⁰ Id.

¹¹ Waiting list as of October 3, 2023, was 460 families.

¹² CT Examiner, Connecticut Nonprofits Struggle to Find Staff, Adequate Funding for Health Services, by Emilia Otte, September 14, 2023, found on the web at: <https://ctexaminer.com/2023/09/14/connecticut-nonprofits-struggle-to-find-staff-adequate-funding-for-health-services/>

Examiner quoted a Danbury area provider as having over 100 English speaking families and 77 Spanish speaking families on the waitlist to enter its clinic.¹³

Workforce Shortages

All the levels of care referenced in this letter have been powerfully impacted by pervasive workforce shortages, as staffing challenges have undercut community providers' ability to provide timely and comprehensive care for children, including adolescent girls. Workforce shortages are directly tied to the lack of adequate funding and long-term strategic planning. The mental health service system is largely funded by Medicaid and state agency grants, which despite a small cost of living adjustment in the recent budget, are still collectively and often grossly inadequate to protect existing service capacity, much less grow capacity. Providers continue to struggle to recruit and retain qualified staff to work with high need adolescents. While the state is studying Medicaid rates over the next two years, the decades-long underfunding of the mental health care delivery system has now left children in crisis without access to timely care.

Treatment Foster Care

In 2022 DCF repurchased its therapeutic/treatment foster care services, rolling out the new model of Functional Family Therapy treatment foster care. While the FFT-TFC model has much to recommend it, the implementation is challenging, and matching and supporting high need adolescents in available treatment foster homes remains difficult. It is important for the committee to understand from DCF the number of referrals to foster care, available placements, and placement stability at this level of care for children. While OCA agrees that FFT-TFC will be an important part of the continuum of care for children with specialized needs, given gaps and logjams in the rest of the continuum of care, including the dearth of community-based and wraparound services, children with significant support needs too often wind up in emergency departments, juvenile detention, and temporary shelters like STAR homes.

Recommendations

1. Reconsider STAR home model in the child welfare continuum. The STAR home's current model is not appropriate for girls or boys with significant behavioral health treatment needs. The model must be, at a minimum, re-imagined to include greater resources for recruitment and retention of qualified staff, specialized training for clinicians and staff, and provision of structured prosocial, therapeutic, and clinical services. Given that there are over 30 children in STAR homes as we speak, DCF should take immediate action, in partnership with community providers, to enhance staffing, programming and support in these settings. DCF must also take steps to strengthen program oversight and monitoring of children's progress in program services and implications for system design.

¹³ Id.

2. DCF must ensure an adequate framework for monitoring and responding to reportable serious incidents including calls for emergency services. Incident and program review must timely inform program design and resource allocation.
3. Utilize the JJPOC Gender Responsiveness Workgroup to develop recommendations for improvements to the continuum of care that include treatment/permanency models for adolescent girls and include:
 - a. Continuity of clinical support across a continuum of placement/treatment settings.
 - b. Specialized treatment foster care for adolescents who have experienced sexual abuse and/or domestic minor sex trafficking, including children with intellectual and other developmental disabilities.
 - c. Specialized training for direct care providers and treatment providers.
 - d. Consistent and constant source of support (e.g., peer mentor, therapist) for the young person.
 - e. Establish programs and practices that are developed with the input of sexual abuse and trafficking survivors.
 - f. Service and treatment setting options that specifically address the needs of children with intellectual and other developmental disabilities. OCA notes that this is a perpetual deficiency in the state.
 - g. Examination of successful treatment/support models from other jurisdictions to inform service enhancement in CT.¹⁴

¹⁴ The CHANCE Program (FL) Developed by the Citrus Health Network in partnership with the Florida Department of Children and Families and Our Kids of Miami Dade/Monroe, the Citrus Helping Adolescents Negatively impacted by Commercial Exploitation (CHANCE) Program provides specialized therapeutic foster care (STFC) and a community response team to serve youth victims of human trafficking. Each young person is assigned an individual masters- or doctoral-level therapist to meet with at least once per week. The child may also meet with a family therapist, a targeted case manager, and a survivor mentor/life coach. The CHANCE Program started by training five existing therapeutic foster homes for victims of trafficking and has grown to 15 STFC homes. Dr. Kimberly McGrath, clinical coordinator for the CHANCE Program, shared that important topics to cover in a training curriculum for STFC include trauma-informed parenting and the effects of “trauma bonding” (i.e., the emotional attachment young people develop to an abusive person), which she has found to be the primary reason young people run from care and return to a trafficker.

The CHANCE Program: Funding The high-level therapeutic services and support required for minor victims of trafficking is expensive, and grantees indicated funding was one of their most difficult challenges. The CHANCE Program utilizes Medicaid funding as much as possible, which allows its STFC homes to run at significant cost savings compared to the group home model day rate. States may already have a Medicaid structure in place for enhanced or therapeutic foster care. If not, child welfare agencies may be able to partner with another Medicaid-billable agency to offset some of the cost of the STFC model. For States without a STFC day rate, it may be possible to utilize Medicaid’s billable rates to pay for the wraparound services and support team. CHILDREN’S BUREAU GRANTEE LESSONS LEARNED Human Trafficking: Developing Housing Options, found on the web at: https://www.childwelfare.gov/pubPDFs/trafficking_housing.pdf.

4. Increase investment in effective interventions for vulnerable youth populations, “including trauma-focused cognitive-behavioral therapy, multisystemic therapy, and the Adolescent Community Reinforcement Approach (which has been shown to be effective in increasing social stability and participation in services among youth experiencing homelessness.”¹⁵ The system’s current capacity to provide intensive home and community-based therapies such as MST is severely hampered by lack of adequate funding and a workforce crisis. Delivery of appropriate and intensive community services earlier in the life of a child who has experienced trauma can help support better children’s mental health and permanency outcomes.
5. The state agencies responsible for the continuum of care for adolescent children should report back to the legislature and specifically outline for the Appropriations committee what program modifications and investments are needed or are being made to enhance the continuum of care for these children, including early intervention, evidence-based services, and treatment settings, and what adjustments are needed to the mid-term budget.

Respectfully submitted,

Sarah Healy Eagan, Esq.

Child Advocate

State of Connecticut

¹⁵ Issue Brief: Safe Children: How can child protection agencies identify and support youth involved in or at risk of commercial child sexual exploitation? From Casey Family Programs, found on the web at: <https://www.casey.org/media/20.07-QFF-SC-Sex-trafficking.pdf>

DCF FIELD VISIT REPORTING FORM

[DCF Licensed Facilities \(ct.gov\)](https://www.ct.gov/dcf)

Bridge Family Center, Inc.

STAR Harwinton House

9/26/23

Department of Children and Families

505 Hudson Street

Hartford, CT 06106

This form is used to summarize field visits to a licensed facility or program other than the bi-annual licensing inspection. The visit may be announced or unannounced and is intended to highlight the specific items reviewed / discussed and indicate if there are specific areas where corrective action has been taken or must be taken.

NAME OF FACILITY / PROGRAM: The Bridge Family Center - Harwinton House STAR program

TIME OF VISIT (FROM - TO): 12:30pm-4:00pm DATE: 9-26-23

AGENCY PERSONNEL WHO PARTICIPATED:

Job Titles:

- Director of Residential Services
- Program Director
- Facilities Manager
- Youth Worker (2)

List of Areas / Topics covered during visit: This was a scheduled Licensing visit for this newly assigned Regulatory Consultant to meet with the Director of Residential Services and the new Harwinton Program Director.

Topics discussed included:

- Census=0. One resident was officially discharged on this date due to extended AWOL status. Admissions remain closed.
- Biennial relicensing inspection to be held in January 2024; due dates for application materials.

- Corrective action plan (CAP) updates.
- Bridge Family Centers hands-off practice; restraint training for staff.
- Client cell phone practices.
- Age waiver process.
- Schedule of Director of Residential Services at Harwinton House.
- Direct care worker schedules and replacement coverage practice.
- Staff responsibilities list for each shift in development.
- Employee supervision practices; support from Management.
- Client supervision: Recent change to client headcount practice (every 15 minutes); recording, staff assignment each shift, staff stations for overnight client supervision.
- Staff training activities since summer 2023 listed in CAP.
- Several staff scheduled to complete DCF Medication Administration training in October.
- Maintenance staff schedule and process for maintenance requests; one Facilities Manager covers five group homes.
- Life Skills curriculum in use.
- Resident Handbook in development; Target date for completion is late November 2023.
- Restraint/seclusion reporting requirements to the Department.
- Updating client bulletin board information.
- Updating menu.
- Food storage.

Tour of the physical plant facilitated by the Program Director and Facilities Manager. Items discussed included:

- Discontinued use of space heaters after recent Fire Marshal consultation.
- Professional cleaning company scheduled for 9-29-23.
- Improving appearance of aging bathtub, bathroom sinks and shower.
- New bathroom and one bedroom door installed.
- Bedrooms have been painted and new area rugs in place.
- Closed client case record storage in basement.
- New basement upright freezer installed; basement refrigerator exterior has been reconditioned.
- New sump pump installed in basement; large area of wet floor observed; dehumidifier and large fan in operation; monitoring humidity levels.
- Bedroom furniture layout.
- New master key for client bedrooms.
- Master key for exterior doors will be completed in late September.
- Heating units scheduled for replacements in some rooms in early October; monitoring room temperatures.
- Recent meeting with a security company to install window alarms in October.

- Bedroom closet rod replacement scheduled.
- Basement cleaned and unused items scheduled for removal next week.
- New bedroom dresser to be assembled.
- Providing areas in client bedrooms for displaying personal effects.
- Repair needed for freezer drawer in kitchen.

Corrective Actions implemented as a result of previous visit: An active corrective action plan (CAP) is in place with the Department.

- Staff training activities.
- Staffing.
- Physical plant improvements.

Areas of regulatory non-compliance identified during this visit: None.

Please submit a service development plan to address the above referenced areas of non-compliance within 30 days of receipt of this report. The service development plan must be submitted to the attention of the undersigned at the address listed above. - A service development plan is not required following this Licensing visit. Program is currently on a corrective action plan with the Department.

xxxxxxx, LCSW

Regulatory Consultant

Date: 9-27-23

A COPY OF THIS SUMMARY SHOULD BE SENT TO THE EXECUTIVE DIRECTOR OF THE FACILITY / PROGRAM

Cc: Director of Residential Services
Program Director

DCF Corrective Action Plan – The Bridge – Harwinton STAR Site

Corporate Name: The Bridge Family Center	Program Name: Harwinton STAR	Date: 7/27/23
<p>The plan of correction should include specific goals, objectives, and steps that effectively reflect the issues described above. Please submit this plan to the undersigned by the close of business on September 27, 2023. We hope to continue an ongoing dialogue with you as you work on the plan of correction. This document is iterative and will continue to be updated with provider responses. If you have any questions, please feel free to contact Kathleen Dituccio at kathleen.ditocco@ct.gov</p>		

Area Needing Attention	The Bridge Plan of Correction	Completion Date	Title/Person Responsible to Monitor Plan
<p>1. Section 17a-145-62. Chief administrative officer (Each facility shall provide the staff and complementary services to enhance the physical and emotional well-being and ensure the safety of the children.</p> <p>a) Submit a plan to ensure that all staff are trained in ESI practices, including temporary staff.</p> <p>b) Submit a plan to provide consistent therapeutic services to residents.</p> <p>c) Submit a plan to provide consistent life skills groups to residents.</p> <p>d) Submit a plan to document all contact with family members.</p> <p>e) Submit a plan to ensure that new and/or unexperienced staff are not working a shift without an experienced staff member present.</p> <p>f) Submit a plan to ensure that there is a consistent activities schedule for the residents.</p>			

Area Needing Attention	The Bridge Plan of Correction	Completion Date	Title/Person Responsible to Monitor Plan
<p>i. Physical Plant</p> <p>Submit a plan to ensure that the following is rectified:</p> <p>ii. Replace/fix missing bureau drawer and window screen in the first-floor bedroom</p> <p>iii. Paint over graffiti and repair the door frame in the first-floor bedroom.</p> <p>iv. Clean basement and ensure all chemicals are stored properly.</p> <p>v. Ensure that all beds have clean sheets and bedding.</p> <p>vi. Ensure that bathrooms are always kept clean and tidy.</p> <p>vii. Handle of the microwave is repaired.</p> <p>viii. All food is stored properly and refrigerated when applicable.</p> <p>ix. Install curtains/blinds in second-floor bedroom</p> <p>x. Remove splashed paint from walls, lighting, and window blinds.</p>			

Suggestions: below we have put together suggestions from our monitoring activities that took place in June 2023.

- Install GPS tracking on agency vehicles/keys.
- Consider installing cameras in the hallways near the resident bedrooms if there are ongoing concerns with youth engaging in high-risk & unsafe behaviors. If there are cameras; explore placing the video monitors in the day room area which is where the direct care staff are usually located to quickly identify a crisis or when non-compliance emerges near the bedrooms.
- Create a policy for staff regarding the security of keys and personal cell phones.
- Conduct a building safety check anytime damage to the property occurs.
- Staff only should open the door for visitors.
- Staff should introduce themselves to visitors to program.
- Staff should inspect bedrooms for contraband on a regular basis.
- Food should be stored properly and not left sitting on the stove, uncovered.