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It is critical that child and family serving agencies keep children safe while build trusting, consistent and compassionate relationships with those they serve. Focusing on strengths and offering encouragement is essential. Mutually respectful relationships must be established. Individuals and families need help navigating systems. Trauma history, racial bias, gender identity and an understanding that most parents are trying to do the best that they can must be understood and incorporated into practice. Children and families must be considered partners. Services must take into account racial justice and need to be culturally and linguistically competent. The needs of children and families should drive decision making. Decisions should not rely solely on existing service capacity.

Improving outcomes for children must be a vigorous and continuous process. Transparency and accountability of public/publicly funded entities that are charged with the protection and care of vulnerable children is also essential. Increasing oversight and independent monitoring of these systems is critical in an effort to ensure quality and cost-effectiveness. Staff needs to be well trained, supported and supervised. Data and evaluation must inform decision making.

1. All state operated facilities or funded facilities. including the Department of Children and Families (DCF), Court Supported Services Division (CSSD) of the Judicial Branch, and contracted services must be regulated (and/or licensed) and required to report publicly on key performance indicators. Indicators re: safety and high quality care should be developed expeditiously.
2. All state-licensed and publicly funded programs serving vulnerable children must be subject to a similar framework as articulated above for determining and publishing information regarding critical performance and outcome measures. Currently there is no regularly published outcome/safety information for licensed child-serving treatment programs.
3. Child welfare quality improvement systems need to be enhanced, along with robust risk management and risk mitigation-- the foundation of child protection practice. DCF child protection practice, while continuing to develop and adhere to nationally-recognized best practices regarding family engagement and kinship care, must prioritize a much more effective framework for risk management. DCF must reliably identify children at highest risk for abuse or recurrent maltreatment, and ensure agency resources are appropriately targeted towards enhancing caregiver capacity in highest risk cases and demonstrably reducing risk of child maltreatment.

Additionally, the state should have a clear and accountable framework for reducing critical injuries to children and preventable deaths of children. The framework for reduction of critical injuries/fatalities to children must include a focus on DCF but the state's plan must include a clear and strategic role for other state agencies such as DSS and OEC in assisting with

prevention efforts and efforts to increase the capacity/functioning of higher and high risk caregivers.

4. It is also important to maximize federal funding for child welfare and other services for children. The state must re-evaluate efforts to maximize and ensure strategic utilization of relevant federal funding streams for enhancing caregiver capacity/functioning, including Medicaid reimbursement, but also Title IVE dollars (new permitted uses in federal law), and TANF dollars.

The use of federal dollars and the state's framework for critical injury reduction should be part of a declared multi-agency effort to enhance outcomes for infants and toddlers and their caregivers. Example: are TANF, Medicaid and IVE dollars being optimally used and maximized to support positive outcomes for infant and toddlers and reduce/eliminate child maltreatment and child fatalities?

5. State policy stakeholders should determine whether the lead children's mental health agency function and lead for preventative services should remain with DCF and if so, how to utilize agency personnel and resources in a different way to support effective outcomes for children and families. Currently there is no published framework for assessing the efficacy of the state's Voluntary Services Program for children and families, run by DCF. The State should examine the effective use of voluntary services dollars, expended by both DCF and DDS, to ensure that dollars are spent consistent with state fiscal and health care policies and ensuring optimal value. The state could also consider earmarking a certain percentage of voluntary service dollars to support innovation in health care and mental health care services delivery and spending for children and families with complex or chronic needs.

6. The foster care system needs reform. There are not enough foster homes and multiple moves is a serious issue (59% of all youth in care experienced three or more placement changes). Coordination between the current public/private providers must be improved. There is a need for continued improvement of training and need for additional support services especially for kin. Community based services must be readily at the time of placement to immediately address the individual child's needs. The complexity of children being placed in foster care has increased, primarily due to the emphasis on reducing congregate care. DCF has reduced the numbers of children in foster care and congregate care which is an important step forward, but services must reflect the change.

7. It is critical to reduce racial and ethnic disparities in the child welfare system. Children of color are disproportionately removed from parent and put out of home care. Children of color stay in DCF care and custody for a longer period of time than Caucasian children and educational outcomes for youth of color in DCF custody perform significantly lower than their Caucasian counterpart's. There needs to be an increase in recruiting efforts for Black and Latino foster parents. The issue of educational disparities must be elevated; needed supports and choice opportunities to DCF youth must be provided.

8. It is important to bolster the protections for youth who identify as LGBTQ and implement programs to support the identity development of these youth.

9. Juvenile Justice services moved from DCF to the Court Support Services Division of the Judicial Branch, yet sufficient funding and services have not been provided to CSSD to ensure the youth who are housed at Detention centers, instead of the Connecticut Juvenile Training School, are appropriately cared for. The State should explore whether youth 15-17 years of age should be removed from Manson Youth Institution. Adolescent youth who have committed serious offenses are prosecuted in the adult system and are incarcerated at an adult correctional facility which is not equipped to meet their needs.

10. Funding for runaway and homeless youth must be preserved at the Department of Housing.

11. The Family First Prevention Services Act passed Congress last winter. This act reforms the federal child welfare financing streams, Title IV-E and Title IV-B of the Social Security Act, to provide services to families who are at risk of entering the child welfare system. The bill aims to prevent children from entering foster care by allowing federal reimbursement for mental health services, substance use treatment, and in-home parenting skill training. It also seeks to improve the well-being of children already in foster by incentivizing states to reduce placement of children in congregate care. Implementation of this Act has begun by DCF and needs to continue to be a priority.

12. Information technology and data systems at DCF must be replaced in order to enable both fiscal efficiencies as well as quality enhancements in child/family case management outcomes.