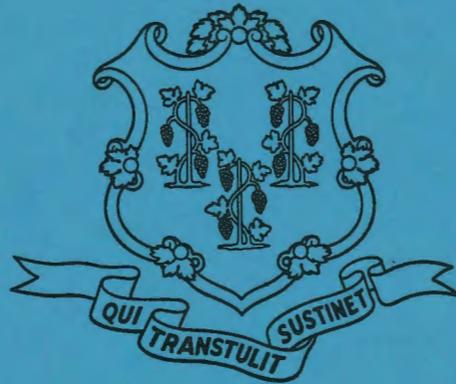


Connecticut General Assembly



Legislative Program Review and Investigations Committee

THE DEPARTMENT OF CHILDREN AND YOUTH SERVICES: A PROGRAM REVIEW

November 1978

CONNECTICUT GENERAL ASSEMBLY

LEGISLATIVE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE

The Legislative Program Review and Investigations Committee is a joint, bipartisan, statutory committee of the Connecticut General Assembly. It was established in 1972 as the Legislative Program Review Committee to evaluate the efficiency and effectiveness of selected state programs and to recommend improvements where indicated (Public Act 72-90). In 1975 the General Assembly expanded its function to include investigations and changed its name to the Legislative Program Review and Investigations Committee (Public Act 75-388). During the 1977 session, the Committee's mandate was again expanded by the Executive Reorganization Act (Public Act 77-614), to include Sunset reviews of nearly 100 agencies, boards, and commissions, commencing on January 1, 1979.

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THE DEPARTMENT OF CHILDREN
AND YOUTH SERVICES: A PROGRAM REVIEW

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TABLE OF CONTENTS

	SUMMARY.....	S-1
I.	PURPOSE AND SCOPE.....	1
	Purpose.....	1
	Scope.....	1
	Sources.....	2
	Major Findings and Recommendations.....	2
	Organization of the Report.....	3
	Acknowledgments.....	3
II.	OVERVIEW OF THE DEPARTMENT OF CHILDREN AND YOUTH SERVICES.....	4
	Historical Perspective.....	4
	Child welfare.....	4
	Children's mental health services.....	4
	Statutory Mandate.....	5
	Noncompliance.....	6
	Other services for children.....	7
	Organizational Overview	8
	Growth.....	8
	Current structure.....	10
	Budget, staffing and caseload profile...	11
	Services.....	12
III.	MANAGEMENT ISSUES.....	15
	Introduction.....	15
	Management study.....	15
	Budget Confusion.....	16
	Staff shortage?.....	16
	Weak Planning Mandate and Capacity.....	18
	Legislative oversight.....	18
	Management Information and Evaluation	
	Shortcomings.....	20
	Management information system.....	20
	Program evaluation.....	21
	Staffing and assessment.....	21
	Treatment Plans.....	22
	Treatment plans and updates missing.....	22
	Lack of treatment plan regulations.....	23
	Routine medical care not being provided.	23
	Treatment plan improvement (service contracts).....	24

	Staff Training and Development.....	25
	Legal training for caseworkers.....	27
	Regulations Needed.....	28
	Logistical Issues.....	28
	Crowded offices.....	29
	State cars.....	30
	Telephone service inadequate.....	31
IV.	PREVENTIVE AND COMMUNITY SERVICES.....	33
	Prevention.....	33
	Statute.....	33
	Policy.....	34
	National models.....	34
	Development of a prevention program for Connecticut.....	36
	Community Services.....	37
	Child guidance clinics.....	37
	Emergency programs.....	38
	Day treatment programs.....	39
	Parent-Child Resource System.....	39
	Advisory Council Coordination.....	39
	State Advisory Council.....	40
	Regional Advisory Councils.....	40
V.	PROTECTIVE SERVICES.....	42
	Reporting.....	43
	Statutory reporting requirements.....	43
	Increased reporting.....	43
	Care-Line.....	45
	Feedback to mandated reporters needed....	46
	Penalty for failure to report not enforceable.....	47
	Education of mandated reporters weak....	49
	Central Registry.....	50
	Investigation.....	50
	Statutory compliance unknown.....	51
	Treatment.....	52
	Caseload profile.....	53
	Brokering services.....	53
VI.	CHILDREN'S SERVICES.....	55
	Temporary vs. Permanent Placement.....	55
	No definition in statute or policy.....	55
	Placements not reviewed.....	56
	Cost.....	58

Foster Care.....	58
Shortage of homes.....	59
Expediting recruitment.....	59
Accountability of parents.....	62
Therapeutic and other specialized foster care.....	64
Adoption.....	65
Success with hard to place children.....	65
Reliance on private adoption agencies.....	66
Private Child-Caring Facilities.....	67
Outdated licensing standards.....	67
Inequitable rates.....	68
Inadequate funds.....	69
Emergency Shelter Care (State Receiving Home).	69
Independent Living.....	71
Unwed Mothers.....	73
The Non-Committed Treatment Program.....	74
Legal Issues.....	75
Selectmen's removal authority vague.....	75
Costs borne by towns.....	76
Juvenile Law Revision.....	77
VII. TRANSFER OF MENTAL HEALTH SERVICES FOR CHILDREN AND ADOLESCENTS.....	78
Transfer Commission.....	78
Cost estimates.....	79
Implementation difficult	80
Resistance to the transfer of adolescent services.....	80
Review of Needs and Services Necessary.....	81
Programs for autistic children.....	81
Adolescent services.....	82
Comprehensive planning.....	84
Mental Illness Commitments.....	84
DCYS Schools.....	85
APPENDICES.....	87

LEGISLATIVE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE

Children and Youth Services: A Program Review

Summary

Connecticut's Department of Children and Youth Services (DCYS) has been severely criticized over the past several years for the treatment of children and youths in its care. Lack of supervision of teenage wards of the state and alleged malfeasance surrounding several infant deaths caused by abusive parents triggered widespread public outrage and a series of investigations. During 1976 and 1977 the Department's operations were examined by its own Advisory Council (Critical Review Team), the Legislature's Human Services Committee and several child welfare groups.

Nevertheless, when the Legislative Program Review and Investigations Committee held its public hearing on juvenile delinquency in September, 1977, so much criticism of other DCYS programs was expressed that the Committee authorized a full program review of the Department. This study began in March, 1978, and involved interviews with more than 100 persons, extensive field work, a public hearing, and a survey of DCYS caseworkers and supervisory personnel.

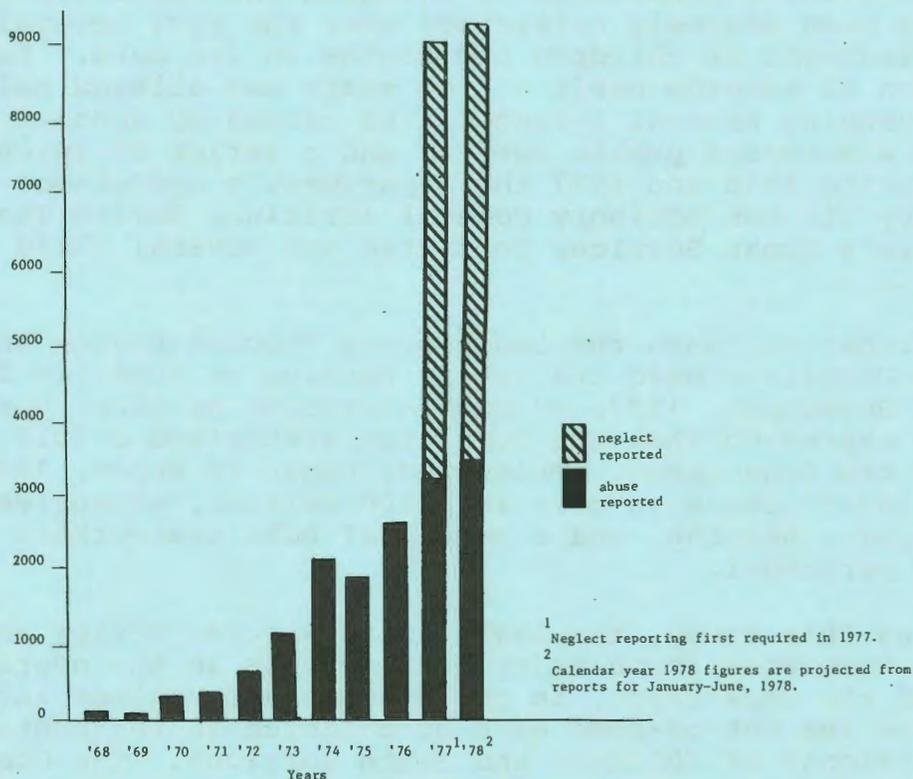
During this study, the Legislative Program Review and Investigations Committee found major deficiencies in the overall management of the Department, in child abuse and neglect investigating and in the out-of-home care of children in the custody of the Commissioner of Children and Youth Services. The Committee made 35 recommendations to improve the care of children and youths, 8 of which require action by the General Assembly. Appendix I-2 (pp.90-102) contains the complete text of all findings and recommendations in this report.

Rapid Growth

The problems identified in the Department of Children and Youth Services must be understood in the context of its overwhelming growth from a juvenile delinquency treatment program with a caseload of 800 in 1974 to a general children's and youth services agency with approximately 30,000 clients in 1976 (see pp. 8-9). While still not truly comprehensive, Connecticut's Department of Children and Youth Services now has one of the broadest mandates for children's services in the nation. The Department's rapid growth resulted partly from the transfer of existing services from other Departments (Social Services and Mental Health), and partly from new, expanded child abuse

and neglect reporting laws which have contributed to a 300% increase in this caseload since 1976 (see Figure S-1 and p. 44).

Figure S-1. Number of Children Reported Abused or Neglected, Calendar Years 1968-78.



Management Deficiencies

In general, the Committee found Department managers still unable to effectively manage the operations of the Department or to fully comply with its mandates.

Critical information lacking. Although a new "Management Information System" (MIS) has been under development for some time, it is a year behind schedule and is still not producing much useful information about whom the Department is serving or what it is doing for them (p. 20).

No master plan. Similarly, the agency has not developed a blueprint for its future. Projections of caseloads and staffing requirements are not carefully done and are not reliable. New

services are generally not being developed where needed because there is little reliable information about what services exist, where, and for how many, so "unmet needs" are impressionistic and variable depending on whom one asks (p. 18).

Unreliable budget request. Due in part to the lack of a good information system and a good master plan, the agency's budget request leaves much to be desired. Further, the Commissioner has frequently changed his estimates (e.g., staffing needs) dramatically during the course of legislative budget hearings. This confuses legislators and undermines their confidence in his statements. As a result, the Department may not have received the funds it needs to serve its clients in accordance with the law (p. 16).

Regulations weak or missing. DCYS is mandated to promulgate regulations under eleven statutory provisions, yet only seven of these required regulations have been sent to the Legislature's Regulation Review Committee (p. 28). In addition, the Committee found that the licensing regulations for residential programs need revision and updating (p. 67). Further, the Department is developing treatment plan standards which appear to be subject to the requirements of the Uniform Administrative Procedure Act (p. 22).

Logistical problems. Severe shortages of office space (p. 29) and inadequate telephone service (p. 31) were also identified as key factors reducing worker efficiency and effectiveness.

Recommendations. To correct these deficiencies, the Committee recommends that DCYS be required to submit a five year rolling master plan (pp. 19, 37, and 84), together with a comprehensive program budget (p. 16) to the General Assembly each year, and to issue required regulations (pp. 23, 28 and 68). In addition, the Committee recommends that the Office of Policy and Management (Program Evaluation Section) conduct a thorough examination of DCYS' staffing needs for both direct service and support activities (p. 17). Recommendations are also made to improve office working conditions (pp. 30, 32).

Child Abuse and Neglect

Reporting system deficiencies. The review uncovered deficiencies in the child abuse and neglect reporting system. Persons mandated by law to report suspected child abuse or neglect are not receiving feedback as to whether the abuse or neglect

was confirmed to assist them in treatment (p. 46). In addition, the Committee found that the fines for failure to report are unenforceable and recommends that the \$500 fine for mandated reporters who intentionally fail to report suspected child abuse or neglect be codified in the criminal statutes to enable criminal prosecution (p. 47). Further, the Department does not have a systematic program for informing mandated reporters of their responsibilities under the law. The Committee recommends that DCYS initiate such a program targeted at mandated reporters whose employment is likely to bring them in contact with child abuse and neglect victims (p. 49).

Timeliness of investigations not monitored. A major finding of the report is that the Commissioner of Children and Youth Services cannot know the extent to which he is meeting his statutory mandates for immediate and prompt investigation of reported child abuse and neglect because information about the initiation and completion of investigations is not routinely collected and monitored throughout the Department. Although the MIS is supposed to provide this information eventually, the Committee recommends immediate implementation of a manual tracking system to provide this important information not only to top management, but also to local case supervisors who can then take immediate corrective action in problem cases (p. 51).

Treatment Inadequacies

Non-existent treatment plans. Written treatment plans for each child in the Commissioner's care should be the most important documents maintained by the Department. Statutes require that meaningful treatment plans be developed and reviewed every six months for each child. The Committee found that one in five cases has no written treatment plan, and that only 68% of those with treatment plans had had a current review (p. 22). In addition, the Committee found evidence indicating that as many as 50-70% of the children in DCYS' care are not receiving routine medical examinations or other routine medical services (p. 23).

Unreviewed commitments and placements. Another major finding is that many children (perhaps as many as 2,600) have been in foster care for more than two years, without a permanent placement plan. Based on a recent study, the Committee found that of the almost 4,000 children in foster care, approximately one-third had been in placement for less than three years, one-third for three to nine years and one-third for over nine years (p. 56). The Committee also found that neither statutes nor DCYS

policy defines "temporary" or "permanent" placement and that varying interpretations for placement decisions by caseworkers, supervisors and others reduce accountability and fail to protect client rights to equal treatment. The importance of these findings warrants statutory clarification.

Therefore, the Legislative Program Review and Investigations Committee recommends that all DCYS commitments be limited to two years. Ninety days before expiration of the commitment, the Department would be required to file a petition with the Superior Court to either: 1) terminate parental rights; 2) revoke the commitment; or 3) extend the commitment for an additional two years based on a finding that continued commitment would be in the best interests of the child (p. 57).

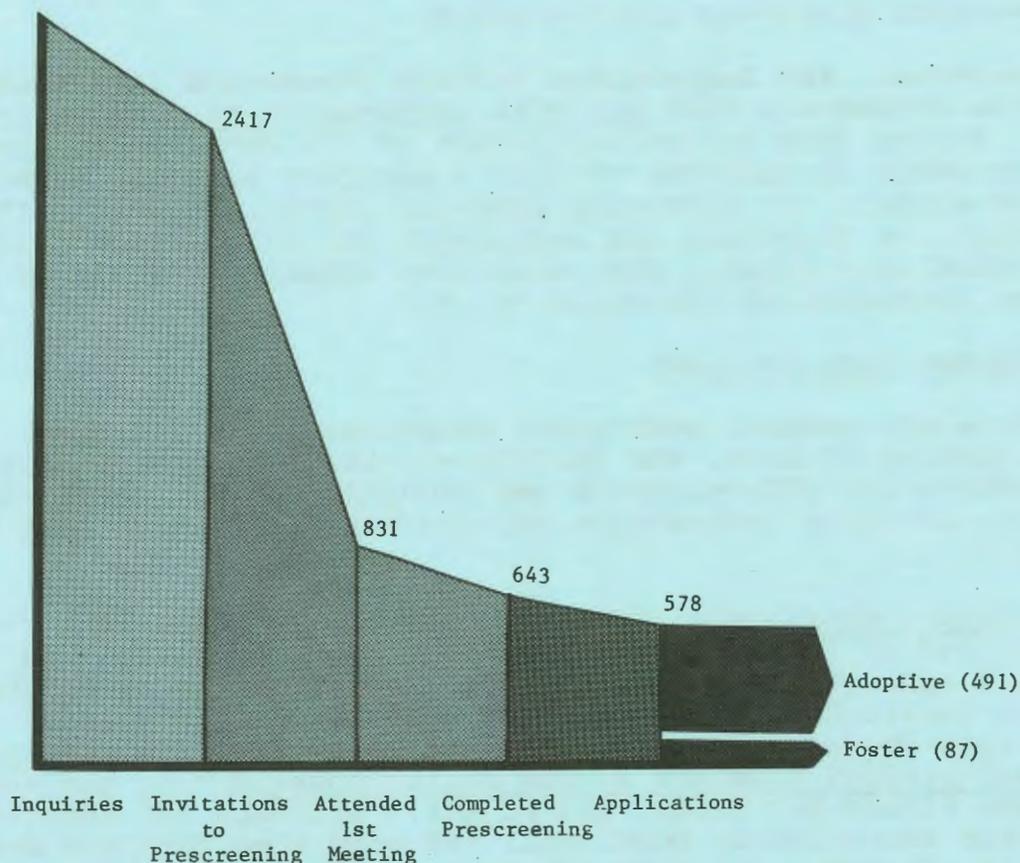
Other Foster Care Problems

There are several additional shortcomings--recruitment of homes, quality of care, and funding--in the foster care program which reduce its effectiveness and preclude optimum development of this relatively inexpensive and generally effective form of treatment.

Critical shortage of foster homes. While 40% of the children in need of foster care in 1978 could not be placed due to a lack of appropriate homes, the home recruitment program (Centralized Homefinding Unit) recorded a 50% drop in inquiries from prospective foster or adoptive parents below its 1977 levels, which had yielded a meager 87 new foster homes during the entire year (see Figure S-2 below, and p. 61). Although 491 adoptive homes were recruited by DCYS, only 189 committed children were placed in adoption, and many of those were placed in homes recruited by private adoption agencies (p. 66).

As a result, the Committee recommends that DCYS expedite the recruitment process (p. 61), and focus exclusively on the recruitment of foster homes (p. 66). Since private child placing agencies are already placing more than 85% of the children adopted in the state, the Committee believes these agencies can readily absorb the small additional caseload created by DCYS' discontinuation of adoptive home recruitment. Further, the Legislative Program Review and Investigations Committee recommends the payment of a stipend (in addition to board and care allowances) to foster parents as a means of 1) recognizing the important contribution they make to the treatment of DCYS children, 2) increasing

Figure S-2. Results of DCYS Foster and Adoptive Home Recruitment Efforts, 1977.



the level of accountability of foster parents for services provided, and 3) improving the Department's ability to recruit foster parents.

Insufficient placement funds. The inadequacy of board and care funds for both foster and other private facility placements is found by the Committee to have been caused in part by poor forecasting and budget preparation with the result that some children are placed inappropriately (kept at RiverView or Long Lane longer than necessary) and others are not placed at all. To correct this situation, the Committee recommends that DCYS not only improve its forecasting and budget presentation, but also place children in foster homes and other appropriate settings within the limits of physical rather than fiscal resources, even if such a policy results in the need for a deficiency appropriation (p.69).

Independent Living

Youths between the ages of 16 and 18 cannot be forced to stay in a foster home or a group home. For youths who are unwilling to live in conventional home settings, the Department permits "independent living" arrangements. The Department has recently received adverse publicity for its weak oversight of these youths, some of whom have admitted to supplementing their incomes through illegal acts such as prostitution. While DCYS has no more control over a child in its custody than does a natural parent, the Committee finds that the Department could improve its supervision of these difficult youths by attaching conditions to the payment of living expenses, such as frequent caseworker contact, and approval of the youth's activities and place of residence (p. 71).

Preventive, Community and Mental Health Services

The Department's Preventive and Community Services Division and the transfer of children's mental health services from the Department of Mental Health to DCYS are also examined in this report. The Committee found that DCYS has not fulfilled its prevention mandate (p. 37); nor has it developed a comprehensive plan for meeting the inpatient and outpatient mental health service needs of children and youth (p. 84). The Legislative Program Review and Investigations Committee recommends that the five-year rolling master plan recommended on page 19 include these important areas of the Department's responsibilities. Finally, the Committee can identify no legal or administrative reason for not completing the transfer of children's mental health services as mandated by the General Assembly effective January 1, 1976, and recommends that the Governor issue an executive order transferring administration of the Fairfield Hills and Norwich Hospital adolescent units from the Department of Mental Health to the Department of Children and Youth Services by January 1, 1979 (p. 81).

Appendices

The full text of the Committee report is printed on the white pages following this summary. Appendices are printed on blue pages at the end of the report and include a list of all findings and recommendations contained in the report (pp.90-102), agency responses from DCYS Commissioner Francis H. Maloney and DMH Commissioner Eric A. Plaut, M.D. (pp. 103-111), a glossary (pp. 88-89), a description of legal procedures involving DCYS (pp. 133-140), and other useful information. A list of all appendices appears on p. 87.

Chapter One

PURPOSE AND SCOPE

Purpose	1
Scope	1
Sources	2
Major Findings and Recommendations	2
Organization of the Report	3
Acknowledgments	3

CHAPTER I

PURPOSE AND SCOPE

The past several years have been turbulent ones for the Department of Children and Youth Services (DCYS). Widely publicized cases of child abuse and neglect (some resulting in death) have triggered public outrage and stimulated demand for an accounting of the Department's performance. Virtually every legislative leader of both parties has called for an in-depth probe of the Department of Children and Youth Services.

In response, the Commissioner of Children and Youth Services called on his own State Advisory Council to perform a critical review of the Department in 1976. The legislature's Human Services Committee began a probe and conducted public hearings but lacked staff to complete a full review. The Hartford Junior League undertook a study of foster children in the state's Capitol Region. Recommendations were made and agency staff and funding were increased.

Nevertheless, when the Legislative Program Review and Investigations Committee held its public hearing on juvenile justice in September of 1977, considerable testimony and other information was received suggesting significant continuing problems in the Department of Children and Youth Services. Allegations ranged from the lack of a master plan for children's services and non-compliance with statutes requiring promulgation of regulations, to incompetence and malfeasance in the death of a child-abuse victim.

Purpose

On the basis of these allegations and continuing widespread public concern, the Legislative Program Review and Investigations Committee voted on September 28, 1977 to conduct an indepth program review of all major programs other than juvenile delinquency treatment operated by the Department of Children and Youth Services.

Scope

Since the Legislative Program Review and Investigations Committee has recently completed a detailed review of the Department's delinquency services, (Juvenile Justice in Connecticut, January 1978) this study focuses on the reporting, investigation and treatment of abused and neglected children,

including foster care and adoption. Also examined are preventive and community services and children's and adolescents' mental health services. Of particular importance are the Department's internal management and control systems for program planning and development, treatment monitoring, and evaluation.

Sources

Information for this report was gathered from a wide variety of sources. Documents from state, federal and private agencies, as well as current literature in the field of children's services were reviewed. More than 150 interviews were conducted with DCYS and other agency officials, DCYS field staff, doctors, lawyers, professionals outside state government, and with child advocacy groups.

The Committee held a public hearing on June 13, 1978 and received testimony from many organizations and citizens concerned with the well-being of children in the state's care. Members of the Committee also made site visits to several DCYS children's mental health facilities to obtain firsthand information about the transfer of these services from the Department of Mental Health. LPR&IC staff members accompanied DCYS caseworkers during several days of field visits to obtain a better understanding of the casework process and the environments in which DCYS children live.

Major Findings and Recommendations

The Committee has found that the Department of Children and Youth Services has grown from 700 delinquents in 1969 to some 30,000 abused, neglected, abandoned, delinquent or mentally ill children in 1978 and has had difficulty in managing this growth.

The Committee also found that the Department lacks the management information it needs to effectively carry out its basic mandates. Thousands of children are "lost" in foster care, shuffled from home to home, with little hope of returning to their natural parents or of being adopted. The Committee therefore recommends a "Sunset" review of custody commitments every two years. The Committee found inadequate long range planning and recommends a comprehensive five year rolling master plan with annual progress reports. The Committee found too few adequate foster homes and recommends a stipend to partially compensate foster parents for their effort in caring for foster children. The Committee found massive

confusion about staffing needs in the Department and recommends that the evaluation section of the Office of Policy and Management, in conjunction with the Division of Personnel, conduct a thorough study of caseloads, productivity, job qualifications, assignments, salary and training to determine the Department's real needs for both direct service and support staff. The Committee makes more than two dozen additional recommendations in this report aimed at improving the state's service to its needy children.

Organization of the Report

Chapter II provides an overview of children's services in Connecticut, the creation of DCYS, expansion of its mandate, staff and budget. Chapter III presents significant management issues, including staffing, office space, telephones and cars. Chapter IV addresses the important and elusive areas of preventive and community services. Chapter V describes child abuse and neglect reporting, investigations, and in-home treatment. Chapter VI addresses commitment of children to DCYS and out-of-home placement such as foster care and adoption. Chapter VII addresses the problems of transferring children's and adolescents' mental health services from the Department of Mental Health to DCYS. Appendices follow containing more detailed information on a variety of issues. Appendix I-1 is a glossary of terms; Appendix I-2 lists the complete text of all Legislative Program Review and Investigations Committee findings and recommendations; and Appendix I-3 contains "agency responses" from the Commissioner of Children and Youth Services and others.

Acknowledgments

The Legislative Program Review and Investigations Committee and its staff wish to thank DCYS Commissioner Francis H. Maloney, Deputy Commissioner Jeanette Dille and the many others throughout the Department for their exceptional cooperation and candor. In addition, we wish to express our appreciation to the many persons throughout the state who gave freely of their time to assist in this study. Finally, the Committee gives special thanks to its secretary, Mary Lou Gilchrist, for her patience, care, and endurance in preparing this report.

Chapter Two

OVERVIEW OF THE DEPARTMENT OF CHILDREN AND YOUTH SERVICES

Historical Perspective	4
Child welfare	4
Children's mental health services	4
Statutory Mandate	5
Noncompliance	6
Other services for children	7
Organizational Overview	8
Growth	8
Current structure	10
Budget, staffing and caseload profile	11
Services	12

CHAPTER II

OVERVIEW OF THE DEPARTMENT OF CHILDREN AND YOUTH SERVICES

In 1969, the legislature created the Department of Children and Youth Services (DCYS) primarily for the custody and rehabilitation of delinquent youngsters and the development of delinquency prevention services (PA 69-664). In 1974, responsibility for children's social and protective (child welfare) services was transferred from the Department of Social Services to DCYS (PA 74-251). The following year children's mental health services were transferred to DCYS from the Department of Mental Health by a series of public acts (see Appendix II-1 for a summary of significant DCYS legislation).

Historical Perspective

Child welfare. Prior to 1955, each of the eight counties in Connecticut was responsible for its homeless children. In 1955 the State Welfare Commissioner was given legal custody of these children, but not until 1965 did the State Welfare Department (now the Department of Social Services) begin providing "protective services."¹

However, child welfare workers, clients and child advocacy groups argued effectively that children's services did not receive the attention or resources needed while housed in the massive welfare department with its huge AFDC and Medicaid programs. Thus came the initiative in 1974 to transfer children's services to the recently created Department of Children and Youth Services, foreshadowing a much more comprehensive role for DCYS.

Children's mental health services. Until the establishment of the Children's Service at Connecticut Valley Hospital (1960) and the transfer of all patients under 16 years of age to this unit by 1962, children requiring institutionalization for mental illness were placed on adult wards at the state mental hospitals. High Meadows, established in 1949 to provide residential mental health services to a small number of children was the only exception. In 1970, Norwich State Mental Hospital opened a separate unit for females aged 14-24 which later became the first adolescent unit in the state. Adolescent units at the other

¹ "Protective services" are those services provided to child abuse and neglect victims and their families when it is deemed appropriate to allow the child to remain at home (see Chapter V).

two state hospitals (Fairfield Hills and Connecticut Valley) were opened shortly thereafter.

Two factors appear to have motivated the transfer of children's mental health services to DCYS. First was the view that all children's services, including mental health, could best be delivered by a consolidated children's department. Second was the view that a change was necessary because of the low visibility and low priority in allocation of resources which children's services received in the Department of Mental Health. Thus, the legislature established the Commission to Study the Consolidation of Children's Services in 1974 and enacted the transfer of children's mental health services in 1975.

Statutory Mandate

Section 17-38a of the Connecticut General Statutes contains the state's basic public policy toward children.¹ The role of the state shall be

To protect children whose health and welfare may be adversely affected through injury and neglect; to strengthen the family and to make the home safe for children by enhancing the parental capacity for good child care; to provide a temporary or permanent nurturing and safe environment for children when necessary....

To implement this policy, the Department of Children and Youth Services is specifically charged by C.G.S. Section 17-412 to

...plan, create, develop, operate or arrange for, administer and evaluate a comprehensive and integrated program of services, including preventive services, for children and youth whose behavior does not conform to law or to acceptable community standards, or who are mentally ill, emotionally disturbed, delinquent, abused, neglected or uncared for, including all children and youth who are or may be committed to it by any court, and all children and youth voluntarily admitted to the department for services of any kind....

¹ C.G.S. Section 17-410 defines a child as "any person under sixteen years of age" and a youth as "any person sixteen to eighteen years of age."

In addition, the Commissioner of Children and Youth Services shall

- develop a comprehensive program of prevention of problems of children and youth;
- provide a flexible, innovative and effective program for the placement, care and treatment of children and youth committed...or voluntarily admitted to the department;
- provide appropriate services to families of children and youth in his care;
- collect, interpret and publish statistics relating to children and youth within the department;
- conduct studies of programs, services or facilities operated or contracted for by the department in order to evaluate effectiveness; and
- develop and implement aftercare and follow-up services appropriate to the needs of any child or youth in his care. (Emphases added.)

Noncompliance. The Department's mandate was rapidly and significantly expanded by the General Assembly during the first six years of the agency's existence. Further, when staff and budget were transferred from the Department of Social Services and the Department of Mental Health, DCYS seems to have lost out in the shuffle. In addition, new mandates for reporting child abuse and neglect buried DCYS under a skyrocketing workload that the Department of Social Services (DSS) had never experienced.

In spite of all these adverse conditions, the state is identifying and serving more children in need than ever before. A revised procedures manual is in the field to assist caseworkers, and a comprehensive management information system is under development. The Department has contracted with a management consulting firm to assist in its most difficult management problems, with some success.

Much remains to be done, however. The Department is not yet in compliance with many of its important mandates. In Chapter III, noncompliance with planning, information, and program evaluation mandates is identified. Chapter IV notes the inadequacy of the Department's prevention program. Chapters V, VI,

and VII identify and discuss shortcomings in placement and treatment services, services to families, and aftercare services. As indicated in many of the recommendations throughout this report, full compliance will not be possible without significant additional funds.

Other services for children. The broad mandate outlined above is sometimes described as a consolidation of all state children's services in a single department. However, children's services are also delivered by the following other state agencies:

Health Department

- Crippled children's services
- Maternal and child health services
- Licensing of child day care centers¹

Department of Mental Retardation

- Services to mentally retarded and developmentally disabled children

Department of Social Services

- Title IVA: Aid to Families with Dependent Children (AFDC)
- Title IVD: Child support enforcement
- Title XIX: Medical expenses for committed and AFDC children; Early and Periodic Screening and Diagnostic Testing (EPSDT)
- Title XX: Social Services such as day care,¹ counseling and homemaker services to prevent child abuse and neglect

Department of Community Affairs

- Financial and technical assistance to child day care¹ centers
- Child Nutrition Program
- Office of Child Day Care¹

Department of Adult Probation

- Youthful offenders program

¹ While child day care functions are now split among three other departments and some child advocates (including the DCYS Commissioner) have suggested that child day care belongs in DCYS, the Executive Reorganization Act (PA 77-614) consolidates day care functions (except licensing) in the new Department of Human Resources, effective January 1, 1979. (See Appendix II-2 for the Commissioner of Social Services' rationale for this arrangement.)

Superior Court, Family Division

- Investigation, assessment, diagnosis and recommendation and referral for treatment of juvenile delinquents
- Supervision and placement of juvenile delinquents on probation.

In addition, the State Department of Education provides services for children through its financial support and regulation of local schools and through the operation of the secondary vocational and technical schools. Thus, while the statute (17-412) calls for general consolidation of children's services, a significant (though quite possibly appropriate) dispersal of children's programs among other state agencies continues. The primary distinguishing characteristic of DCYS services is that they are specifically targeted toward children and youth who are delinquent, victims of abuse or neglect, mentally ill or emotionally disturbed.

Organizational Overview

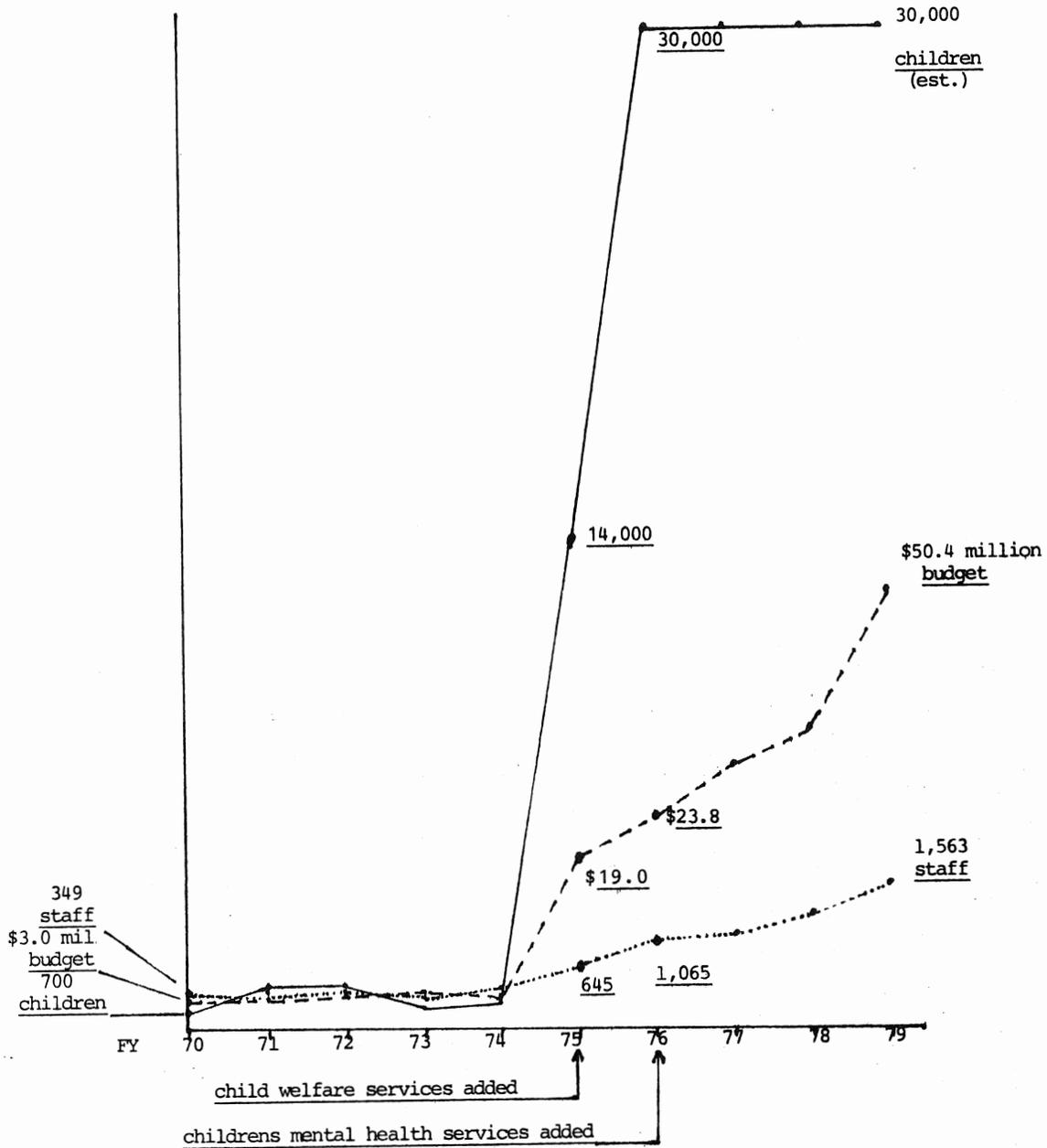
When DCYS was formed in 1970, the Department consisted of a central office and two residential treatment facilities for delinquents: Long Lane School for Girls in Middletown and Connecticut School for Boys in Meriden.¹ The organizational structure remained stable between 1970 and 1974, and Department staff increased by only 11 positions from 349 to 360 over the four year period.

Growth. In 1975 the Division of Children's and Protective Services was added to the organization as a result of the transfer of child welfare services from the Department of Social Services. *While the transfer did not even double the number of employees in the Department (from 360 to 645), it increased the caseload more than seventeen times, from 800 to 14,000 children and youths (see Figure II-1).*

In 1976, the transfer of children's mental health services increased the Department's staffing level to 1,065 and increased the total caseload to approximately 30,000 children and youth (including 10,000 who were served indirectly through grants to child guidance clinics).

¹ For an assessment of juvenile delinquency treatment, see this Committee's January 1978 report, Juvenile Justice in Connecticut.

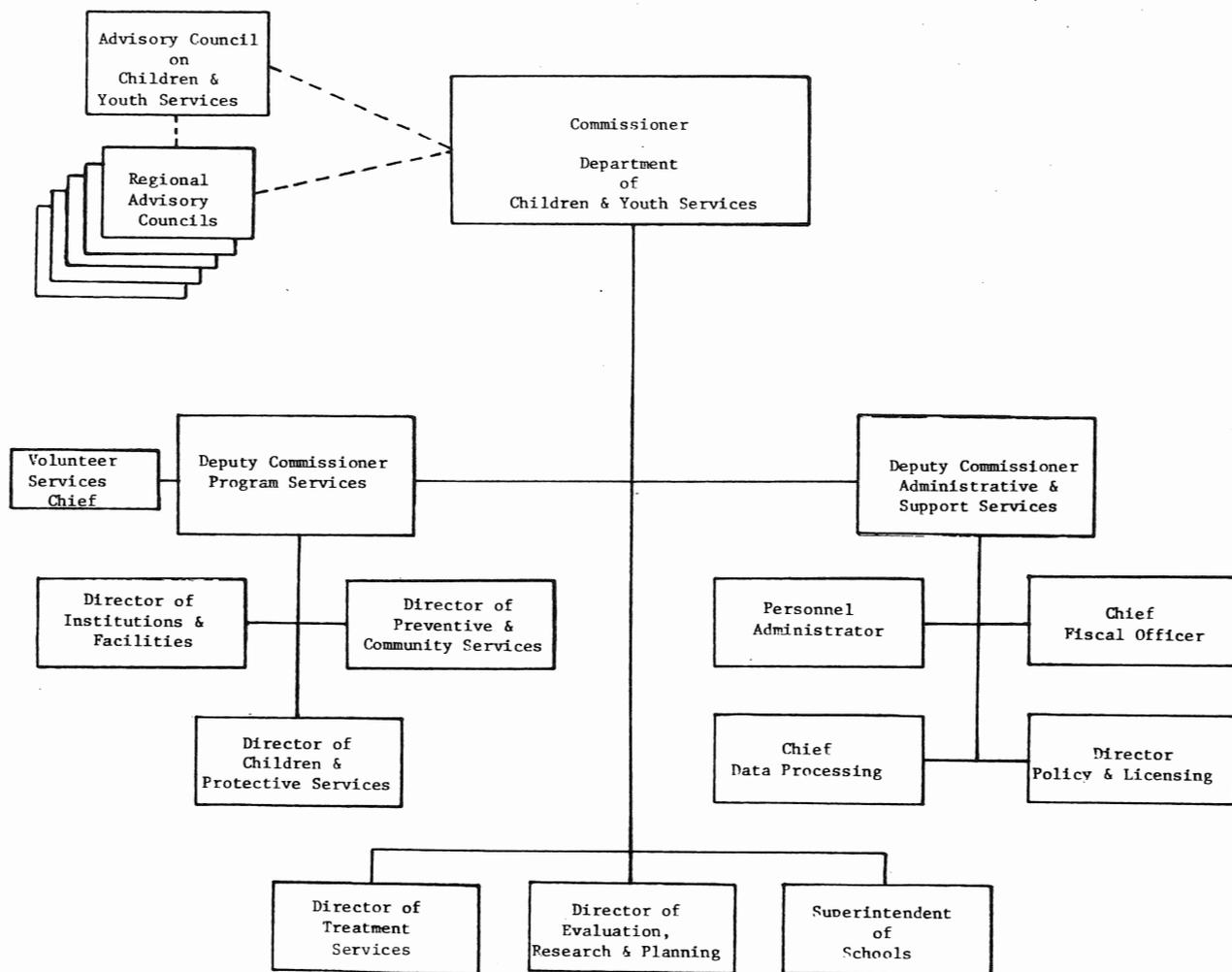
Figure II-1. DCYS Budget, Staff & Caseload Growth, FY 1970-79



Source: LPR&IC staff analysis of Administrative Reports and Governor's Budgets.

Current structure. The Department of Children and Youth Services is organized into several major divisions which report to the Commissioner through one of two Deputy Commissioners (see Figure II-2). In addition the Superintendent of Schools and the Directors of Treatment and Evaluation, Research and Planning report directly to the Commissioner.

Figure II-2. DCYS Organization Chart

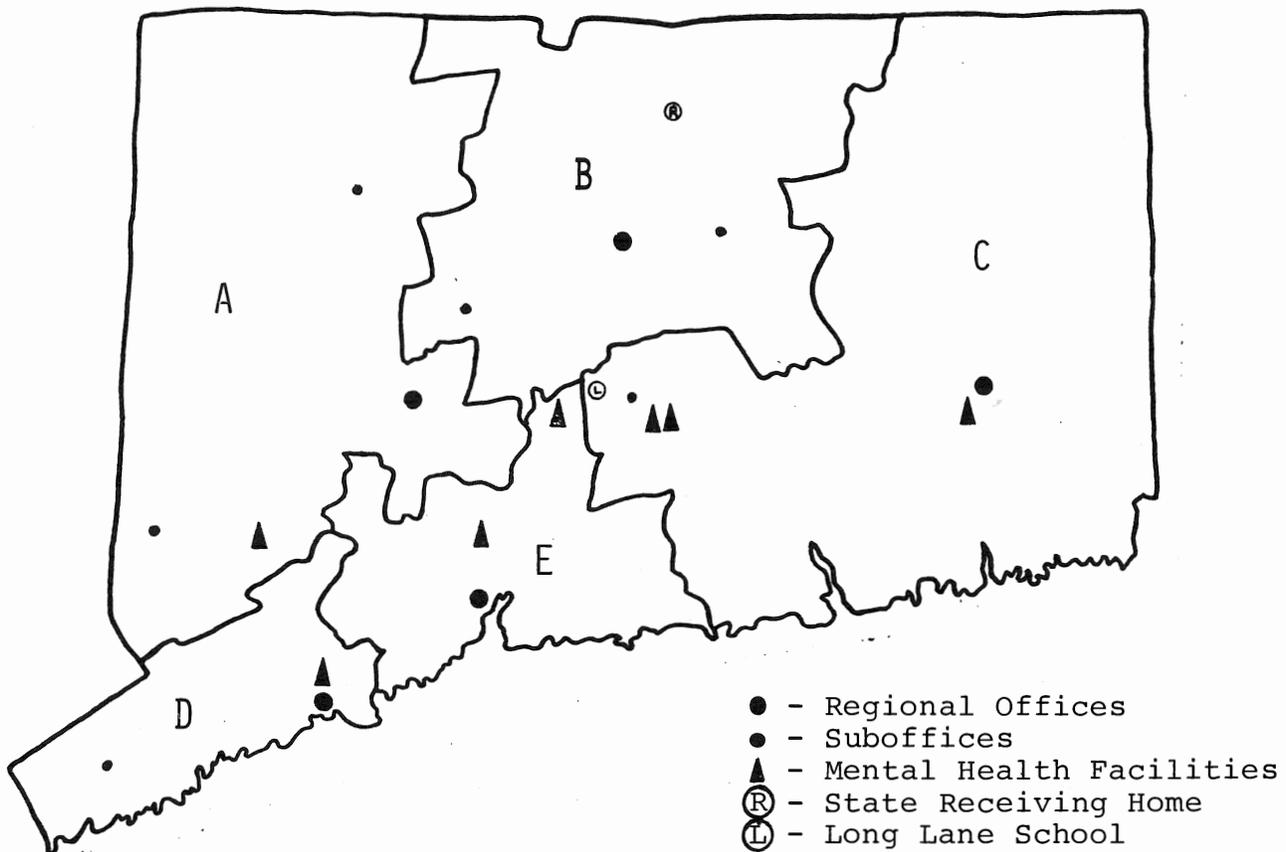


Source: Department of Children and Youth Services

The Department's children's and protective services are delivered through five regional offices and seven suboffices

(see Figure II-3), most of which were acquired with the transfer of child welfare services from the Department of Social Services. These regions correspond to both the Health Systems Agency (HSA) and the Department of Mental Health regions. DCYS institutions and facilities are also generally regional in nature, with the exception of Long Lane School, High Meadows, RiverView and the State Receiving Home, which serve clients from the entire state. Preventive and community services are coordinated through the central office, and Centralized Home-finding is housed in Meriden.

Figure II-3. DCYS Regions, Offices and Facilities



Source: Department of Children and Youth Services

Budget, staffing and caseload profile. For FY 1979 \$50 million was appropriated to the Department from the General Fund, and 1,563 staff positions were authorized (see Table II-1). Problems with the budget process are discussed in Chapter III.

Table II - 1. DCYS Budget, Staffing and Caseload Profile, FY 1978-79

	Budget (\$millions)		positions		Estimated Caseload (Children)
	Req.	Appro.	Req.	Appro.	
Commissioner's Office	\$2.9	2.3	154	135	-
Children's and Protective Services	8.4	7.5	601	533	19,213
Mental Health Facilities*	10.2	8.7	640	562	400
Long Lane School	4.2	4.1	268	267	165
Warehouse Point	1.1	1.0	73	65	68
Parent-Child Resource System	.4	.3	1	1	-
	<u>\$27.2</u>	<u>\$23.9</u>	<u>1,737</u>	<u>1,563</u>	<u>19,846</u>
Grants					
Child Guidance Clinics	\$3.5	2.6			
Day Care Centers	.3	.2			
Youth Service Bureaus	1.0	1.0			
	<u>\$4.8</u>	<u>\$3.8</u>			(Approx.) <u>10,000</u>
Board and Care of Children					
Institutions (Private)	\$11.8				1,269 @ \$775.16/mo.
Foster Care	8.4				3,919 @ 178.73/mo.
Group Homes	2.3				256 @ 744.67/mo.
Capitol Region Education Council	.7				39 @ 1,360.65/mo.
	<u>\$23.2</u>	<u>\$22.7</u>			<u>5,483</u> (incl. above)
Total (General Fund)	<u>\$55.2</u>	<u>\$50.4</u>			(Approx.) <u>30,000</u>

*Mental Health Facilities Detail:	Budget (\$millions)	Staff	Average Daily Population Res. Day	
Norwich Adolescent Unit	\$1.0	80	35	
Connecticut Valley Hospital Adolescent Unit	2.2	139	31	
Fairfield Hills Hospital Adolescent Unit	.5	55	19	
High Meadows	1.8	101	55	25
RiverView Hospital	2.0	127	60	
Adolescent Drug Rehabilitation Unit	.2	17	21	
Albany Avenue Child Guidance Clinic	.4	19		163
Greater Bridgeport Children's Services Center	.6	24		16
	<u>8.7</u>	<u>562</u>	<u>221</u>	<u>179</u>

Source: Agency budget request

Services. Figure II-4 shows the direct treatment, program

Figure II-4. Services Provided by DCYS.

DIRECT TREATMENT SERVICES

Children's & Protective Services

Intake

- Investigation
- Crisis Intervention
- Central Registry
- Child Abuse Demonstration Project

Treatment

- Counseling
- Referral
- Placement (Foster care, group homes, institutions)
- Termination of Parental Rights

Centralized Homefinding

- Foster
- Adoptive

Institutional Services

State Operated

- Mental Health Facilities (9)
- State Receiving Home (Warehouse Point)
- Long Lane School

Private Contracts

- Group Homes (28)
- Child Care Institutions
- Emergency Shelters
- Nursery

Preventive and Community Services

Grant Programs

- Child Guidance Clinics
- Day Treatment
- Parent-Child Resource System

Deinstitutionalization of Status Offender (DSO) Project

Wilderness School

Youth Service Bureau Coordination

PROGRAM SUPPORT SERVICES

ADMINISTRATIVE SERVICES

Treatment Support Services

Quality Assurance

- Treatment Plan Monitoring
 - Program Consultation
- Administrative Hearings
Staff Training and Development
Interstate Compact

Fiscal & Business Operations

Personnel

Data Processing

Research, Planning and Evaluation

Program Development

- Planning & Coordination
- Grants Acquisition
- Federal Liaison

Research & Evaluation

- Program Monitoring
- Research & Data Analysis

Policy & Licensing

Policy Development
Licensure

Superintendent of Schools

Source: LPR&IC staff analysis.

support, and administrative services as they are generally organized within the Department. "Direct services," as used in this analysis, include both state-operated services such as the children's mental health facilities and the children's and protective services, as well as private sector services under contract with or receiving grants from DCYS, such as group homes, child caring institutions and child guidance clinics. "Program support services" are those activities of the Department which monitor or enhance the quality of the direct services and "administrative services" are those required solely for the internal operation of the organization.

Chapter III

MANAGEMENT ISSUES

Introduction	15
Management study	15
Budget Confusion	16
Staff shortage?	16
Weak Planning Mandate and Capacity	18
Legislative oversight	18
Management Information and Evaluation Shortcomings	20
Management information system	20
Program evaluation	21
Staffing assessment	21
Treatment Plans	22
Treatment plans and updates missing	22
Lack of treatment plan regulations	23
Routine medical care not being provided	23
Treatment plan improvement (service contracts)	24
Staff Training and Development	25
Legal training for caseworkers	27
Regulations Needed	28
Logistical Issues	28
Crowded offices	29
State cars	30
Telephone service inadequate	31

CHAPTER III
MANAGEMENT ISSUES

Introduction

Compared with welfare and education, which each represent about one-quarter of the state budget, the Department of Children and Youth Services is small. It consumes only 2% of the state budget and employs only 3% of the state's workforce. Nevertheless, with an annual budget of over \$50 million, a workforce of more than 1,500 employees, and a client population of 30,000, planned, effective management is absolutely necessary. Without adequate management tools, no amount of good intentions or personal dedication among the management team will yield effective, efficient results.

Management study. A management consulting firm (Censor and Company), has been engaged under three separate contracts to assist the Department in planning for and implementing its new mandates, and to identify and to help resolve other management problems. During its first six month contract period (April-September 1977), the firm identified 17 problems, conducted several solution-oriented training sessions for top and middle management, and helped design the new organizational structure, with specific goals and objectives for each division or section. The consultant's report and interviews with Departmental managers indicate that significant improvements have been or are being made.

However, the direct service staff in the regional offices claim that communication between the regional offices and the central office is poor or non-existent, and that the central office is unaware of their problems and needs.

The consulting firm is now focusing on communication problems between the central office and regional offices, training of regional administrative staff and assisting both central office and regional office managers in using the new Management Information System effectively.

Notwithstanding the corrective measures noted above, the Legislative Program Review and Investigations Committee finds that the Department of Children and Youth Services continues to have major shortcomings in the management areas of budgeting, planning, management information, program evaluation, and quality assurance and in the logistical areas of caseloads, office space, cars and telephones (see below).

Budget Confusion

There is evidence to support the Department's claim that it has not received sufficient appropriations to properly provide either child welfare or mental health services. This may be due at least in part, to confusion in the legislature as to the Department's real funding needs. For example, the Commissioner told¹ the Human Services Committee that he needed 280 additional caseworkers and supervisors for FY 1978, yet his budget (prepared at approximately the same time) requested only 116 new positions. Moreover, he said he needed an additional \$5 million in personal services and other expenses for institutions and facilities, yet his budget requested an increase of only \$3 million.

Further, the Commissioner based his FY 1979 budget estimate of the number of new caseworkers needed on an average of 64 cases per worker. As shown on p. 17, an average caseload of 64 is too high for effective casework by any standard.

The Legislative Program Review and Investigations Committee finds that confusion continues regarding the level of funding DCYS really needs to adequately carry out its legislative mandate. The Legislative Program Review and Investigations Committee further finds that confusing, inconsistent information about funding requirements has hampered the credibility of the Department in the legislature and appears to have contributed to insufficient agency funding.

The Legislative Program Review and Investigations Committee recommends that the Department of Children and Youth Services develop and present to the Governor and to the General Assembly a complete, accurate, consistent, and fully documented program budget, justifying the funds needed by the Department to implement its legislative mandate.

Staff shortage? As indicated above, one of the major questions about the DCYS budget has centered around the Department's staffing needs since the transfer of child welfare and mental health services. In addition to providing services that were

¹ Memorandum, September 28, 1976.

formerly provided elsewhere, new mandates such as servicing neglect cases, and a rapidly increasing caseload have led to general confusion about the Department's staffing needs.

Caseworkers and others interviewed by LPR&IC staff were virtually unanimous in their claims that caseloads were too high for effective casework. This, they said, together with crowded offices, insufficient telephone service and problems with state cars (see pp. 28-32) contribute to low staff morale, high turnover, and inadequate service to clients.

However, when LPR&IC staff attempted to determine precisely how many children the Department serves and what the average caseload is, reliable, consistent information was not available.

DCYS average caseload estimates vary among the five regions from 75 to 125 children per protective services worker and from 42 to 56 children per children's services worker. LPR&IC staff survey results (Appendix III-1) showed an average of 85 children per protective services worker and 55 for children's services workers for an overall average of 62 children per worker. Whatever the true figures are, there is no doubt that they are well above the Child Welfare League of America's recommended caseload level of 20-30 children per worker.

To compound the problem of high caseloads, workers are required to spend a substantial amount of time performing non-professional duties such as driving state cars to the repair shop, transporting children and families, and copying information from one form to another. If such duties were assigned to drivers or clerks, social workers could be much more effectively utilized.

The LPR&IC finds it is not possible to quickly and reliably assess the Department's staffing needs with the information now available. Such an assessment is essential to enlighten budget deliberations, to improve Department morale and accountability, and to safeguard the children the Department serves.

The Legislative Program Review and Investigations Committee recommends that the Office of Policy and Management (program evaluation section), in consultation with the Personnel Division of the Department of Administrative Services, conduct a thorough examination and make recommendations to the General Assembly by January 1, 1980 concerning the total staff needs of the Department of Children and Youth Services. The study should include recommended caseloads, revised job descriptions, qualifications, salary recommendations, and a method for forecasting future staffing requirements based on changes in the Department's workload.

Weak Planning Mandate and Capacity

As already noted, the Department of Children and Youth Services is mandated to "...plan, create, develop...a comprehensive and integrated program of services" (emphases added). *However, DCYS is not statutorily required to prepare a "master plan" with annual or biennial updates, as are some state agencies, such as the Board of Higher Education.*

Further, although there has been a Division of Evaluation, Research and Planning since July 1977, its planning activities have been weak. Even without a statutory mandate, the Department might have developed a master plan identifying specific service needs and goals and detailing program objectives directed toward meeting those goals.

Although some planning progress has been made, this has largely been accomplished through outside groups such as the Commission to Study Consolidation of Children's Services, the State Advisory Council's Critical Review Team, and the management consulting firm.

A Department with a \$50 million annual budget needs sufficient, competent planning capability to systematically conduct regional needs assessments, service inventories, analyses of service shortfalls, and to articulate a strategy for meeting unmet needs. The Department now has four positions allocated to its planning unit, two of which are not intended for full-time planning (a part-time clinical psychologist and a federal grants administrator), and one of which is vacant.

A "Programs, Functions and Priorities" document is in progress, but although labelled as a "comprehensive plan," it appears to be little more than a compilation of program administrators' and advisory councils' responses to a vague questionnaire. As noted elsewhere in this report, many data elements essential to a meaningful plan are not being collected (see pp. 51, 56, 59); thus, this effort at "comprehensive Planning" may be of little assistance to the decisionmaking and resource allocation process.

Legislative oversight. As emphasized in this Committee's report, Juvenile Justice in Connecticut, the legislature must have the "information and analysis it needs to make sound, constructive decisions about statutory mandates and other laws, and about the funds it appropriates" (p. 2). *Without a comprehensive master plan, not only is the Department of Children and Youth Services unable to carry out its mandate in a deliberate and systematic manner, but the General Assembly is also unable to assess the agency's progress or hold it accountable for its funds.*

The Committee finds that the Department of Children and Youth Services has not fulfilled its mandate to "plan...a comprehensive and integrated program of services,"and that this mandate should be strengthened.

The Legislative Program Review and Investigations Committee recommends that the Department of Children and Youth Services be required by statute to prepare and submit to the appropriate legislative committees a rolling five year master plan by January 1, 1981, with annual updates and progress reports on achievement of goals and objectives. The master plan should contain as a minimum:

- the long range goals of the department;
- a detailed description of the types and amounts of services currently being provided to its clients;
- a detailed forecast (using scientific forecasting techniques) of the service needs of current and projected target populations;
- detailed cost projections for alternate means of meeting projected needs;
- funding priorities for each of the five years included in the plan and specific implementation plans showing how the funds are to be used; and
- an overall assessment of the adequacy of children's services in Connecticut.

The Committee recommends that the Department's planning activities be adequately staffed to allow for development of essential data, analysis and preparation of a well thought out master plan. Input from the general public should be sought in the development of the plan through use of public hearings, news media or other devices.

The Committee also suggests that the appropriate committees of the legislature conduct annual public hearings on relevant portions of the Department's master plan and updates to evaluate the adequacy of the plan. These Committees should make specific funding recommendations to the Appropriations Committee based upon their assessment of the plan.

Management Information and Evaluation Shortcomings

The Division of Evaluation, Research and Planning has a Research and Evaluation section with two units--the Data Analysis Unit and Program Monitoring and Evaluation Unit. The Data Analysis Unit is the statistical research arm of the Department and is supposed to develop and distribute data and reports from the Management Information System (MIS). The Program Monitoring and Evaluation Unit carries out the Department's internal program evaluation activities.

Management information system (MIS). DCYS expected its computerized management information system to be operational by January 1, 1978. By September 1978, little information was available from the system. For example, basic questions such as "How many total children are there in protective services families?" and "How many of these children are clients of DCYS?" could not be answered. In addition, the listing of management reports to be generated by the MIS was still not available and LPR&IC could only be provided with a list of "Administrative Questions for MIS."

The core of the MIS is the client data base which will contain a substantial amount of information (e.g., client identification, demographic and diagnostic data, client service needs and treatment goals, services provided, legal status, and movement or status change) for each child and family served by the Department. Several dependent subsystems (Vendor Payment, Management Tracking, Financial Accounting and Sources and Uses of Funds) will also become part of the system when fully implemented.

Until full implementation of the DCYS management information system, however, the Department of Social Services is maintaining the data for child welfare (protective and children's services) and the Department of Mental Health is maintaining the data for children's mental health services. As time drags on, the DSS and DMH reporting systems are becoming increasingly out of date as those agencies shift their priorities and work assignments away from maintaining data systems for another department.

There are many other deficiencies and problems which could be cited in the development and implementation of the MIS. Suffice to say that the Department of Children and Youth Services cannot function responsibly without basic information about its operations. *Therefore, the Commissioner should place the full implementation of the MIS among his highest priorities as a necessary step to improve management efficiency and effectiveness.*

Program evaluation. According to the Division Director the Program Monitoring and Evaluation Unit will monitor¹ all programs each year (including all private programs and each program in each regional and suboffice) and will evaluate² 25% of all programs each year. Thus, all programs should receive a full evaluation every four years.

Staffing and assessment. The considerable responsibilities outlined above fall upon the shoulders of a very small staff consisting of a Chief of Research and Evaluation, two analysts in the Program Monitoring and Evaluation Unit and one analyst in the Data Analysis Unit. Although it was organized in July 1977, there is no indication to date that the Program Monitoring and Evaluation Unit has actually performed any "program monitoring" as such. Furthermore, the Unit has only completed two evaluations on its own and has participated in an evaluation of LEAA funded group homes with the Connecticut Justice Commission. The Division Director did not have either of the Unit's own reports on hand and indicated that neither of these reports had been sent to the Commissioner or his Deputies.

This appears to be another instance of misplaced priorities within the Department. While the argument will be made that direct service staff are the essence of the Department and must have highest funding priority, the Committee is concerned that both the management information and program evaluation activities appear to be grossly understaffed. This significantly reduces the efficiency and effectiveness of both the direct service staff and management.

The Committee finds that DCYS is not in compliance with its statutory mandates to "collect, interpret and publish statistics relating to children and youth within the department" and to "conduct studies of any program, service or facility developed, operated, contracted for or supported by the department in order to evaluate its effectiveness" (C.G.S. Section 17-412).

The Legislative Program Review and Investigations Committee recommends that the Office of Policy and Management conduct a thorough reevaluation of the management information and program evaluation activities of the Department of Children and Youth Services as part of the study recommended on page 17.

¹ "Monitoring" refers to the tracking of operations to measure compliance with timetables and other formal requirements.

² "Evaluation" refers to a broad assessment of overall performance, with an emphasis on effectiveness.

Treatment Plans

While the statutes require the Commissioner of Children and Youth Services to "prepare and maintain a written plan for the care and treatment of every child and youth under his supervision," two internal reviews showed that *one in five case records contained no written plan of treatment.*

The Division of Treatment Services is responsible for monitoring the implementation of treatment plans, which are supposed to include a diagnosis of the child's service needs and a plan for meeting those needs through placement or other services. *The treatment plan is probably the most important document that DCYS maintains on a child.* It is the only comprehensive record of the Department's involvement with a child, his family and service providers (both within and outside the Department). The plan documents the purpose and outcomes of agency contacts and gives direction to future contacts. It is intended to serve as the work plan for the caseworker and to provide continuity when workers change. *Further, it is the only document management can use to monitor and evaluate worker and agency effectiveness on a case by case basis.*

Treatment plans and updates missing. The Quality Assurance Unit in the Division of Treatment Services monitors treatment plans by reviewing case records. Two reviews were completed during the past year. The first, based on a 10% random sample in each DCYS office (1,248 cases) found that only 79% contained full or partial treatment plans. In the second review (5% sample) the figure had increased to 83%. *Nearly 20% had no written treatment plan.*

Further, workers are required to review and update treatment plans at least every six months. The earlier sample revealed that only 40% of the case records had been updated within six months (another 9% of the cases were less than six months old, so no review was required). The second Quality Assurance review (June 1978) indicated a significant improvement with 68% having been updated within the required six month period. While this improvement is significant, the Department is still not in compliance with this part of its statutory mandate.

The Legislative Program Review and Investigations Committee finds that the Department of Children and Youth Services is not in compliance with the requirements of C.G.S. Section 17-421 to prepare (and review every six months) a written plan of care and treatment for every child under the Department's supervision.

The Legislative Program Review and Investigations Committee recommends that the Department of Children and Youth Services immediately identify and prepare treatment plans for those children under its supervision for whom no treatment plan has been prepared and that all plans be reviewed at least every six months.

Lack of treatment plan regulations. C.G.S. Section 17-421 also provides for an administrative hearing¹ for any child, parent, or guardian who is not satisfied with the treatment or placement plan prepared by DCYS. However, the statute does not require the Department to issue regulations concerning standards for the uniform development and implementation of treatment plans. The Director of Treatment Services has prepared a preliminary draft of guidelines which his division will use as standards in monitoring treatment plan implementation.

The adoption of treatment plan standards appears to require the promulgation of administrative regulations under the Uniform Administrative Procedures Act, which defines a "regulation" to mean "each agency statement of general applicability that implements, interprets, or prescribes law or policy...." Statements concerning internal Department policy which do not affect private rights or procedures available to the public are exempted from the statute.

The Committee finds that the Department of Children and Youth Services' treatment plan standards are subject to the requirements of the Uniform Administrative Procedure Act on the basis that treatment planning is subject to administrative review, and treatment plan standards are statements by DCYS which implement a specific statutory responsibility and affect the rights of DCYS clients.

The Legislative Program Review and Investigations Committee recommends that the Department of Children and Youth Services promulgate, in accordance with the Uniform Administrative Procedure Act, regulations to serve as standards in the development and implementation of treatment plans.

Routine medical care not being provided. The Department of Children and Youth Services is required to provide routine medical examinations and other medical care as needed by the children

¹ A separate unit of the Division of Treatment Services conducts administrative hearings using trained hearing officers. These hearings can be appealed to the Superior Court under the Uniform Administrative Procedure Act. During 1977, the Department conducted four hearings regarding treatment plans; none were requested during 1976.

in its custody. An LPR&IC staff review¹ of case files found evidence of medical care in only 21 of the 40 files reviewed. In addition, a 1977 study² found evidence of medical care in only 27% of cases sampled in the Hartford office.

The Committee finds that DCYS has many cases (perhaps as many as 50-70%) in which there is no evidence of routine medical examination or other medical services.

The Legislative Program Review and Investigations Committee recommends that DCYS staff promptly identify and arrange for medical examinations and any other needed medical services for all children for whom medical information is presently lacking.

Treatment plan improvement (service contracts). A service contract (also commonly referred to as a "therapeutic contract") is defined as a "written exchange of promises, which may or may not be legally enforceable, aimed at changing dysfunctional family behavior."³ According to a recent grant application, DCYS

...is convinced that preparation of general or unrealistic treatment plans is intolerable and does not assure a high standard of care for the clients....The Department is firmly convinced that the use of service contracts between DCYS, the clients (to include the parents) and other key service providers is a tool worth testing as a

¹ LPR&IC staff reviewed ten randomly selected case records of committed children in each of four DCYS regional offices to observe the condition of the records, and to determine the existence of required documentation: treatment plans, court petitions, court orders, and placement records. Generally, these required forms were found in the case records. However, *the records were difficult to follow because there was no standard organization to the file, and the records were not kept in chronological order.* The Department is presently testing a case record filing system in its Bridgeport Regional Office with the intent of standardizing case record management.

² Junior League of Hartford, "Foster Children: Does Custody Insure Security," May 1977.

³ "A Court Training Primer for Connecticut Protective Services," DCYS, p. 26.

possible statewide strategy for carrying out treatment services.¹

Given the weaknesses in the Department's current treatment plan system, service contracts may have the potential for significantly improving treatment planning. Fifty-six percent of DCYS workers responding to the LPR&IC staff survey indicated that they had used service (therapeutic) contracts with their clients. Nearly half of those claimed that service contracts were successful in modifying and improving parenting skills. Twenty-two percent indicated that service contracts were not successful, and an additional thirty percent were unsure as to the contracts' success (see Appendix III-1).

Service contracts, when successful, benefit the client therapeutically by requiring intensive interaction between caseworker and natural parent in order to "rebuild the parent's sense of parenthood and authority to make decisions about their children."² Even when unsuccessful, the contract may be useful by establishing a legal basis for filing a petition for commitment or termination of parental rights.

The Department has received federal funds to conduct a three-year study to demonstrate the effectiveness of service contracts as compared to the existing DCYS treatment planning process. During 1978, activities will be limited to training staff. In 1979, the Norwich Regional Office will be used as a service contract demonstration unit. DCYS expects to have a statewide service contract system in place by 1980. *The Legislative Program Review and Investigations Committee endorses the service contract demonstration project and suggests that DCYS include an assessment of the project in its master plan (see p. 19).*

Staff Training and Development

DCYS staff training and development has been substantially strengthened during the past two years. A Director of Staff Development was hired, the unit was transferred to the Division of Treatment Services, and the caseworker orientation schedule was changed from ten consecutive working days to one day per week for ten weeks.

¹ "Demonstration of the Effectiveness of the Use of Service Contracts," DCYS application for federal grant, 7/20/77, p. 6.

² Ibid.

The orientation of the training program was changed from direct treatment to case management. The ten weekly sessions are organized as follows:

1. Overview of the Department including the philosophy and goals, the organizational structure, client makeup, personnel policies, and diagnosis of child abuse and neglect;
2. Child welfare procedures covering the entire process of case handling from intake to conclusion, and emergency actions which may be required of a worker, including responses to hostile clients and protecting a child in danger;
3. Diagnosis and treatment planning, concentrating on case record as a diagnostic tool, and caseworker role definition;
4. Explanation of forms used in casework and the management information system;
5. Continues explanation of forms;
6. Improvement of interviewing skills, record and note keeping;
7. Investigative techniques for child abuse or neglect, and case records;
8. Orientation to court procedures in abuse and neglect cases;
9. Crisis intervention; and
10. Placement issues and sexual abuse.

LPR&IC survey data indicate that 63% of workers found the formal training sessions to be helpful. However, on-the-job training was rated even higher, with 78% finding it useful.

In addition to orientation and routine on-the-job training, the Staff Development Unit offers voluntary in-service training. The Department may run short courses itself or use outside training facilities such as the Connecticut Justice Academy.

Caseworkers interviewed by LPR&IC staff indicated general enthusiasm for the in-service training program. They cite not only the information and insights derived from the training, but the rejuvenating effect of getting away from the field for a short period. Many workers indicated that "burnout" was reduced or delayed by the in-service sessions.

The Legislative Program Review and Investigations Committee finds that the Department of Children and Youth Services' staff training and development program appears to be adequate for the Department's needs and reasonably well administered, although some improvements might be made in the Department's formal orientation sessions to raise the level of worker satisfaction from the 63% reported in the LPR&IC survey.

Legal training for caseworkers. Legal training for caseworkers¹ has been a problem for the Department. According to the 1977 Critical Review Team Report, "the problem of the worker's lack of familiarity with the court exists despite what appear to have been substantial and repeated efforts by several... judges, concerned attorneys and many others to help. Training of staff in court procedures has been weak...."

The Department responded to the problem of inadequate legal training by retaining two legal consultants (a lawyer and a lawyer/psychiatrist) who have conducted training seminars for lawyers and judges in Connecticut as well as for DCYS staff. In addition, the consultants, in cooperation with the Attorney General's Office and Judge James Higgins, are completing a court manual for DCYS staff.

The training appears to have been helpful since only 9% of the workers (who had received training) responding to the LPR&IC survey indicated to the contrary (two-thirds indicated that they had received some training). In addition, 71% of those who felt training was helpful indicated that they felt adequately prepared for court.

The Deputy Attorney General presently conducts monthly meetings among his staff, DCYS staff, and the legal consultants. These meetings have helped to improve communications between the two agencies which had previously been less than satisfactory.

¹ Only about 10-15% of all DCYS cases require legal intervention, yet over 90% of the DCYS caseworkers and supervisors responding to the LPR&IC staff survey indicated that they had appeared in Court on a DCYS matter. The legal system, which is adversary in nature, is further complicated by technical and procedural rules of evidence, and can be confusing to a social worker.

With the proposed introduction of at least one assistant attorney general in each regional office, communication and training problems should be further improved.

The Committee commends the Department's legal training efforts to date and suggests that the legal components of the orientation and in-service training programs be strengthened through the use of the assistant attorney's general in each regional office and temporary voluntary or contractual legal trainers, if necessary.

Regulations Needed

DCYS is required to promulgate regulations¹ under eleven specific statutory provisions (see Appendix III-2). Seven of these regulations have been formally adopted or are awaiting final approval by the Regulations Review Committee. Three more have been drafted and are in various stages of approval. Regulations concerning the confidentiality and access to Department records have not yet been drafted.

The Committee finds that a number of statutorily required regulations have not been promulgated, and that such regulations are needed to provide essential legal remedies for DCYS clients and the public.

The Legislative Program Review and Investigations Committee recommends that the Department of Children and Youth promulgate emergency regulations, pursuant to C.G.S. 4-168(b), for those proposed regulations which have not yet been forwarded to the Regulations Review Committee.

Logistical Issues

Many times throughout this report general factors not directly related to individual programs are cited as contributing to individual caseworker and overall Department inefficiency and

¹ The Uniform Administrative Procedure Act (UAPA, C.G.S. 4-166 to 4-189) enacted in 1971, applies to state agencies, departments, and officers authorized by law to make regulations. The Act defines a regulation to include each agency statement of general applicability that implements, interprets, or prescribes law or policy.

ineffectiveness. Crowded office conditions, inadequate state cars, and insufficient telephone service are grouped together here as "logistical issues." While the solutions to these problems are not totally under the control of the DCYS management team, the problems are highlighted in this report because they have a serious detrimental impact on the Department's overall operating efficiency and effectiveness.

Crowded offices. As with most state agencies, office space at DCYS is in chronic shortage. Most of the regional offices and suboffices were acquired from the Department of Social Services when child welfare services were transferred. At that time, staffing levels were considerably lower than they are today and the office space had been barely adequate even then. The recent staff increases have caused regional and suboffice crowding to the point that worker efficiency and effectiveness seriously suffer. Caseworkers are crowded together, usually in large open offices without partitions. Cubicles provided for client interviews are small, stuffy and lack privacy. There is virtually no privacy even for supervisors.

The worst example is the Bristol office which currently has less than 1,000 square feet for a workforce which requires 8,400 square feet of workspace to appropriately conduct its business. The regional and suboffices currently occupy a total of 50,400 square feet of space but have justified a need for some 114,000 square feet. LPR&IC survey data further substantiates the office space problems. Sixty-nine percent of all survey respondents were dissatisfied with office space (100% of Bristol and Danbury workers were dissatisfied and 88% of Manchester and 86% of Norwich workers were dissatisfied).

The shortage of office space at the Department's central office, located at 345 Main Street, Hartford is similarly urgent. The building contains only 7,000 square feet while the current DCYS central office need was recently estimated at 40,000 to 45,000 square feet. As a result, central office staff are housed at several locations including Meriden and Warehouse Point.

Current Department plans are to relocate the entire central office staff to the Undercliff facility in Meriden. The Committee believes that such a move would be detrimental to the effective operation of the agency since the central offices of the other state agencies with which DCYS deals are located in and around Hartford.

The Legislative Program Review and Investigations Committee finds that crowded working conditions and inadequate office space are reducing the effectiveness of DCYS staff.

The Legislative Program Review and Investigations Committee recommends that the Office of Policy and Management, the Department of Administrative Services and the Attorney General's Office (all involved with the acquisition of state leased or owned facilities) cooperate to quickly meet the Department of Children and Youth Services' office space requirements, with special attention being given to consolidating the Department's central administrative staff in a single location in or near Hartford.

Short-term leases should be considered for implementation of this recommendation (except for the central office facility) in anticipation of the "single entry point" or consolidated human services field office recommendations now being developed by the Human Services Reorganization Commission.

State cars. The availability of state cars is also an important factor affecting caseworker productivity. According to DCYS, the number of cars allocated to the Department allows each caseworker only two days in the field per week. A minimum of three days per worker per week, they claim, is necessary to do adequate casework.

The Department of Administrative Services (DAS), on the other hand, finds that DCYS is using its cars only 50% of the time.¹ According to that finding, not only is the current allotment adequate, it might even be wasteful.

The reasons for the discrepancy are straightforward. DAS counts 100% utilization as the period between 8:30 and 4:30 Mondays through Fridays. However, while DCYS workers report to their offices at 8:30, they are rarely in their assigned cars at that time. Reasons for a delay of 30 to 60 minutes range from

¹ A partial in-house review of car usage found a 60% utilization rate.

the need to confirm appointments¹ before starting out, to last minute paperwork. Therefore, while cars are scheduled every-day, they are not in use every hour of every day. A two hour per day slippage yields a 70% utilization rate.

In addition to the question of the *number* of cars allocated to the Department is the *suitability* or appropriateness of those cars for DCYS purposes.

Until recently, the DCYS fleet consisted almost exclusively of 1969 Dodges. These cars were roomy enough for workers to transport several children or a family, but they were in continuous need of repair. The old Dodges are now being replaced with new Chevettes, which should reduce repair time. The Chevette, however, particularly the two-door model (which comprises most of the new DCYS fleet) is too small to adequately transport families or belongings. The Department has requested one station wagon per region to be used for this purpose. *The Legislative Program Review and Investigations Committee further suggests that one station wagon or van should be available at the DCYS suboffices, since their needs are the same as regional offices. Furthermore, it seems appropriate to reserve an additional vehicle to be available for emergencies.*

Before the Department should receive additional state cars for casework, however, it should develop better methods of scheduling so that the utilization rate reaches 70-80%.

Telephone service inadequate. The need for adequate telephone service is obvious for a Department which not only handles crisis referrals regarding abused children but also does much of its routine casework by telephone.

In the Hartford office two or three caseworkers may share a single instrument. In the Bridgeport office each worker has an instrument but two to three instruments share a single line. In the Waterbury office, DCYS workers share an overloaded switchboard with the Department of Social Services, which seriously restricts incoming calls. These conditions not only frustrate workers who depend heavily on telephone contact with families, but also deter callers attempting to report information.

¹ LPR&IC staff fieldwork has corroborated workers' claims that as many as half of all client interviews scheduled are not maintained by clients.

While the Department acknowledges the seriousness of the present inadequate telephone service, and a telephone coordinator has been hired to study the problem and make recommendations, progress has been slow. In Waterbury, for example, a separate DCYS switchboard has been approved but no target implementation date has been set. The loss of worker productivity due to waiting for an open telephone line and the risk of missing an emergency call should adequately justify, as a high priority, the development of appropriate telephone service for the regional and suboffices.

The Legislative Program Review and Investigations Committee finds that the Department's telephone service is grossly inadequate and reduces worker efficiency.

The Legislative Program Review and Investigations Committee recommends that the Southern New England Telephone Company be engaged immediately to assess the adequacy of the present DCYS telephone system and to make recommendations for increasing its service to an adequate operating level. Funds should be made available to fully implement the recommendations of the telephone company.

CHAPTER FOUR

PREVENTIVE AND COMMUNITY SERVICES

Prevention	33
Statute	33
Policy	34
National models	34
Development of a prevention program for Connecticut	36
Community Services	37
Child guidance clinics	37
Emergency programs	38
Day treatment programs	39
Parent-Child Resource System	39
Advisory Council Coordination	39
State Advisory Council	40
Regional Advisory Councils	40

CHAPTER IV

PREVENTIVE AND COMMUNITY SERVICES

The Division of Preventive and Community services is responsible for:

- developing a program to prevent child abuse and neglect;
- funding community services (such as child guidance clinics, day treatment services, the Parent-Child Resource System, Youth Service Bureaus, and the Wilderness School) through contracts and grants;
- administering special projects such as the federally funded Deinstitutionalization of Status Offenders (DSO) project; and
- coordinating the activities of the State Advisory Council and the five Regional Advisory Councils.

The DSO Project, Youth Service Bureaus and the Wilderness School are juvenile delinquency programs and are not reviewed in this report.

Prevention

Statute. As noted in Chapter II, the Department of Children and Youth Services is mandated to

...plan,...develop,...administer and evaluate a comprehensive and integrated statewide program of services, including preventive services, for children and youth whose behavior does not conform to the law or acceptable community standards, or who are mentally ill, emotionally disturbed, delinquent, abused, neglected, or uncared for (C.G.S. Section 17-412; emphasis added).

The Department's mandate for prevention planning and implementation was enacted in 1975 (PA 75-524). During FY 1976, the Department's former Division of Community Services was dissolved due to a lack of staff and program funding. Established in 1977, the new Division of Preventive and Community Services was without a director until May 5, 1978. *Because of these staff and funding shortages, the Department of Children and Youth Services has not fulfilled its*

statutory responsibility for planning and implementing a comprehensive prevention program.

Policy. In April, 1978, the DCYS Commissioner issued the following initial prevention policy:

- Each DCYS division director is required to "explore ways to provide earlier intervention within existing operations and budget and will set out written objectives."
- The "Department will set goals for the development of a new capacity to provide early intervention services and will publish definitive needs statements for the following target programs: Child Guidance Clinics, Day Treatment Programs, Youth Diversion Programs, and Early and Periodic Screening, Diagnosis and Treatment (EPSDT)."
- The "Department will foster the development of local bases of operations for initiatives in primary prevention." This proposal establishes a series of "Family Co-ops" throughout the state which would provide self-help and support services for parents.

As with many DCYS functions, prevention activities are in an early planning stage and are yet to be implemented formally. The new Director and the Assistant Director of this Division are the only DCYS staff persons assigned responsibility for implementing the Department's prevention policy. The Division Director does not view this situation as necessarily inadequate, however, since he expects to utilize existing and proposed community resources, other state agencies, and other DCYS staff in coordinating and delivering a statewide children's prevention program.

National models. Even at the federal level, prevention services have lagged behind treatment services. Recently, the President's Commission on Mental Health reported that "helping children must be the nation's first priority in preventing mental disability" and recommended that:

- Parent education programs in high schools and junior high schools be expanded;
- Comprehensive prenatal and early infant care be available to all women;

- A periodic comprehensive developmental review be available for all children; and
- Headstart and the developmental day care programs be expanded.

The Commission also recommended \$75 million in federal funding for community based mental health services, including grants for preventive services for children.

A different approach has been developed by the National Committee for Prevention of Child Abuse (NCPCA)¹. This approach stresses primary prevention of child abuse and neglect; that is intervention with the family before abuse or neglect occurs. According to the NCPCA executive director, most prevention programs in the nation are aimed at secondary prevention; that is, preventing subsequent acts of abuse or neglect. The NCPCA plan is based on the premise that:

There appears to be such a large proportion of individuals who may have trouble interacting with their children that screening does not seem advisable. All will benefit by some form of assistance, although some parents will need more guidance and training than others....This prevention program, therefore must be offered to all first parents.

The plan includes the establishment of a Children's Trust Fund (deriving its revenue from increased fees for marriage licenses, birth certificates and divorces) to supplement community efforts in the following three phases of child abuse and neglect prevention activity:

Phase 1. The Perinatal Period. The goal is to enhance mother-baby and father-baby attachments (bonding) during the perinatal period through parent training programs for first-time parents, using experienced volunteer mothers and a paid hospital training coordinator.

Phase 2. The Infancy to Kindergarten Period. The goal is to enhance positive parent-child interaction

¹ Helfer, Ray E., M.D., Child Abuse: A Plan for Prevention, National Committee for Prevention of Child Abuse, Chicago, 1978. A copy of this plan may be obtained from the NCPCA, Suite 510, 111 East Wacker Drive, Chicago, IL 60601.

in the first five or six years of the child's life, through the use of childhood development specialists in each school district. These specialists, together with physicians, would develop parent training programs and volunteer home visitor programs to follow up the perinatal phase and to improve first parents understanding of early child development.

Phase 3. The Kindergarten to Twelfth Grade Period.
The goal is to improve the interpersonal skills of all children attending public and parochial schools by training teachers to give constructive feedback in interpersonal dynamics.

Development of a prevention program for Connecticut. In November 1977, the DCYS Regional Advisory Council (see p. 40) in New Haven issued a report entitled "A Developmental and Systems Approach to Primary Prevention."

The Council recommended a statewide interdepartmental structure ("DCYS Prevention Council") to coordinate local, regional, and statewide preventive services by:

- defining "prevention";
- identifying needs for prevention activities;
- assisting in program development and acquisition of funds;
- coordinating programs and funding requests interdepartmentally; and
- serving as an advocate with the Governor, the legislature, the media and others on prevention related issues.

The Council emphasized that "an effective effort in primary prevention will require a state-level commitment (funding) to this type of programming (and area of study) that currently does not exist." In addition to funding, problems in prevention programming include a lack of primary prevention research, lack of trained professionals with prevention program experience, and the fact that many activities labeled as "primary prevention" are improperly classified as such.

The Legislative Program Review and Investigations Committee finds that DCYS has not fulfilled its prevention mandate and that the prevention of child abuse and neglect should be a priority of the State of Connecticut.

The Legislative Program Review and Investigations Committee recommends that the Department of Children and Youth Services prepare and submit to the General Assembly as part of its master plan (see p. 19), a written plan for the prevention of child abuse and neglect.

The prevention plan should (1) address the recommendations contained in the prevention report issued by the DCYS Advisory Council for Region E (New Haven); and (2) evaluate the feasibility of implementing all or selected prevention services outlined by the President's Commission on Mental Health, the National Committee for Child Abuse Prevention, and the Connecticut Human Services Reorganization Commission.

Community Services

The Division of Preventive and Community Services also administers several programs which give grants to community agencies to provide mental health services for children and adolescents. These programs were transferred from the Department of Mental Health to DCYS in the same legislation which transferred other children's mental health programs (PA 75-524).

Child guidance clinics. C.G.S. Section 17-424 directs DCYS to "develop and maintain a program of psychiatric clinics or community mental health facilities for children and youth...and their families." In FY 1978, \$2,283,300 was allocated among 17 privately operated child guidance clinics serving over 10,000 emotionally disturbed children and their families throughout the state. Grants ranged from about \$72,000 to \$221,000 in FY 1978 (see Appendix IV-1 for a list) and no grant may fund more than two-thirds of a clinic's operating expense. For FY 1979, the appropriation for child guidance clinics is \$2,641,900.

Each child guidance clinic functions autonomously, but in general, each provides diagnosis, outpatient counseling, group therapy and referrals for children and their families.¹ Consultation and training for schools, police, day care centers and other community agencies are also provided.

¹ Child guidance clinics usually emphasize family therapy on the basis that when a child has a problem, the whole family is involved.

DCYS does not require child guidance clinics to submit any evaluation data to demonstrate the effectiveness of services, although the statute stipulates that grants should be based on the amount and effectiveness of services. Clinics claim to be so busy providing direct services (in fact, many have waiting lists) that staff are not available to do evaluation. *The Department's reevaluation of its management information and program evaluation activities (see p. 21) should specifically include plans for gathering and assessing evaluation data from child guidance clinics (and other grantees).*

Emergency programs. DCYS also funds several emergency inpatient psychiatric programs at general hospitals through child guidance clinic grants. Each program provides short term hospitalization, client evaluations, and outpatient services for children and adolescents in crisis situations, and accepts only voluntary patients. Examples include the Adolescent Crisis Unit for Treatment and Evaluation (ACUTE) and the Children's Psychiatric Emergency Service (CPES), which are both operated by the Clifford Beers Clinic and the Hospital of St. Raphael in New Haven. Hartford Hospital and Mt. Sinai also operate emergency psychiatric programs for persons under 18.

These short-term, psychiatric treatment programs were initiated by the hospitals to fill chronically empty pediatric beds, while at the same time expanding DCYS resources for placement of children in emergencies. The bed space is badly needed by DCYS as inpatient psychiatric services for children and adolescents are in short supply throughout the state.¹

While this arrangement does provide additional resources which may be both closer to home and more appropriate in many instances, the per diem rate is also two to three times higher in general hospitals. Therefore, the cost-effectiveness of this approach should be thoroughly evaluated against other alternatives before any long term commitment is made.

The children's mental health portion of the master plan recommended on p. 19 should include an assessment of the need for more hospital-based psychiatric services to relieve admission pressures at RiverView Hospital (see Appendix VII-1) and to provide short-term intensive treatment alternatives to residential programs.

¹ According to Department officials, inpatient services are being denied to children who are truly in need because of a shortage of resources. RiverView has been consistently overcrowded and many children who need its services have been refused, sometimes ending up in the State Receiving Home. Private facilities are chronically filled and unresponsive to emergency needs.

Day treatment programs. DCYS also administers grants for the operation of day treatment programs for emotionally disturbed, mentally ill and autistic children and adolescents, as authorized by C.G.S. Section 17-425. Four day treatment programs were funded in FY 1978 for very severely disordered children who would have been institutionalized if such services were not available. Although only \$198,300 has been allocated for grants to day treatment programs for FY 1979, the Department has requested \$328,000 in its FY 1980 budget request. The Committee supports the Department's efforts to expand these needed and cost-effective programs.

Although DCYS must continue and even expand residential programs for those who cannot be served in any other way, the Department should also strive to provide more services in less restrictive settings. The legislature should increasingly support contract and grant programs which provide outpatient, emergency, and day treatment services in the community so that children may remain at home whenever possible.

Parent-Child Resource System (PCRS). The Eastern Connecticut Parent-Child Resource System is a private non-profit corporation--a consortium of agencies--which operates in 22 towns in Eastern Connecticut, under contract with DCYS for \$247,000. PCRS organized to integrate existing programs in a large geographic area and to serve as a catalyst for developing needed new services. PCRS subcontracts with local agencies for services and lists an impressive array of resources in its directory.

PCRS evaluates programs in its system, using site visit teams. It has also developed a computerized information sharing system for monitoring and evaluation.

The Committee finds that the Eastern Connecticut Parent-Child Resource System is a well managed model program which demonstrates that a variety of services can be provided and coordinated in a large rural area. Any attempt by DCYS or private agencies to expand this program concept to other areas of the state should be coordinated with the forthcoming recommendations of the Human Services Reorganization Commission and the Legislature's Appropriations Subcommittee on Crisis Intervention. Both groups are examining ways to improve the coordination and delivery of all the state's human services (including children's services).

Advisory Council Coordination

The Division of Preventive and Community Services also coordinates the activities of the DCYS State Advisory Council

and the five Regional Advisory Councils, and serves as the Department's liaison to these citizen groups.

State Advisory Council. Section 17-413 of the general statutes requires the establishment of a State Advisory Council on Children and Youth Services. The State Advisory Council (SAC) is composed of fifteen members appointed by the Governor. Membership must include child care professionals, an attorney, a child psychiatrist, youth, parents and other persons concerned with the delivery of children's services.

A major statutory duty of the SAC is to "recommend to the Commissioner programs, legislation, or other matters which will improve services for children and youth." In 1977, the SAC published an important study of DCYS entitled "Critical Review of Mandates and Resources in the Connecticut Department of Children and Youth Services." The report contained many useful recommendations, the implementation of which is currently being reviewed by a three-member compliance subcommittee of the State Advisory Council.

A second major task of the SAC is to "interpret to the community at large, the policies, duties and programs of the department." This function has been achieved through a series of regional "Mini-Media Workshops" through which press, radio, and television teams have been invited to observe, discuss, and publicize DCYS activities. These sessions frequently result in intensive media coverage and, according to the Commissioner, are "very helpful in opening necessary relations with the media."

Other duties performed by the State Advisory Council are to review the DCYS budget annually and to issue reports to the Governor concerning the Council's activities.

Regional Advisory Councils. Section 17-434 of the general statutes requires the DCYS Commissioner to create five Regional Advisory Councils to "advise the Commissioner on the development and delivery of services of the Department in that region." The statute describes the method of appointment and terms of office of RAC members, but contains no further description of RAC duties.

Each of the five 21-member Regional Advisory Councils has established a liaison committee with its Regional Mental Health Board and Health Systems Agency. Written agreements have been drawn up between the three boards in each region which are intended to assure "that the concerns of each group will be re-

flected in the program and budget recommendations of the others." When fully implemented, each Regional Advisory Council (RAC) will have direct input to the planning for children's mental health services under the Health Systems Agency plan.

A second major program planning activity of the Regional Advisory Councils is the development of a comprehensive needs assessment of children's services in the region. In addition to identifying needs not currently being met in the region, the RAC also identifies community resources which may not be known to or utilized by the DCYS regional staff.

Only one RAC (Region E - New Haven) has developed a formal policy for preventive services to children (see above), although each RAC has a prevention subcommittee. In addition, three RAC's have adopted formal community relations and referral networks which "handle suggestions, complaints and requests from the region on an ongoing basis." This allows the RAC to either take appropriate action internally or to communicate its concerns to the DCYS field consultant. Finally, all regional councils annually review the DCYS budget and provide legislative and other policy support for DCYS regional needs such as office space and facilities.

The Legislative Program Review and Investigations Committee finds that the current Regional Advisory Council structure provides the Department with important and meaningful input. The Committee supports continued operation and development of Regional Advisory Councils and encourages their participation in the development of an integrated regional human service delivery system.

CHAPTER FIVE

PROTECTIVE SERVICES

Reporting	43
Statutory reporting requirements	43
Increased reporting	43
Care-Line	45
Feedback to mandated reporters needed	46
Penalty for failure to report not enforceable	47
Education of mandated reporters weak	49
Central Registry	50
Investigation	50
Statutory compliance unknown	51
Treatment	52
Caseload profile	53
Brokering services	53

CHAPTER V

PROTECTIVE SERVICES

"Protective services" are those DCYS services provided to abused and neglected children, usually in their own homes. These services include:

- recording reports of suspected child abuse¹ or neglect²;
- investigating the family to determine the validity of the allegations; and
- identifying and providing (either directly or indirectly) needed treatment services in verified cases of abuse or neglect.

The treatment goal of protective services is to strengthen troubled families to enable them to adequately care for their children. The Department has three priorities in providing these services:

- to maintain or provide a safe environment for the child;
- to keep the child in his or her own home whenever possible; and
- to improve parental skills through counseling and training.

¹ "Child abuse" is defined in Connecticut law as non-accidental physical injury inflicted upon a child by a person responsible for the child's care. Also included are conditions which result from maltreatment "such as, but not limited to, malnutrition, sexual molestation, deprivation of necessities, emotional maltreatment, or cruel punishment" (C.G.S. 17-38a as amended by PA 77-308).

² A "neglected" child or youth is one who "(a) has been abandoned, or (b) is being denied proper care and attention, physically, educationally, emotionally or morally, or (c) is being permitted to live under conditions, circumstances or associations injurious to his well being, or (d) has been abused" (C.G.S. 51-301).

Reporting

A report of suspected child abuse or neglect is the only mechanism which can initiate protective services.

Statutory reporting requirements. All 50 states require persons to report suspected incidents of child abuse or neglect. Professional persons required to report, such as physicians, nurses, social workers and school personnel, are referred to as "mandated reporters."

In Connecticut, mandated reporters who have "reasonable cause to suspect or believe" that a child has been or is at risk of being abused or neglected are required to make an immediate oral report to DCYS, or the local or state police department to be followed by a written report to DCYS within 72 hours. A fine of up to \$500 may be imposed for failure to comply with these requirements (C.G.S. Sections 17-38 a and b, as amended by PA 77-308).

Any person other than a mandated reporter is also required to report suspected neglect and abuse; however, there is no fine for failure to report (C.G.S. Section 17-38c, as amended by PA 77-308). *In all cases individuals who, in good faith, report suspected abuse or neglect are immune from any civil or criminal liability with regard to the report.*

Increased reporting. During calendar year 1977, DCYS received reports of child abuse and neglect involving 9,021 children. Of these children,

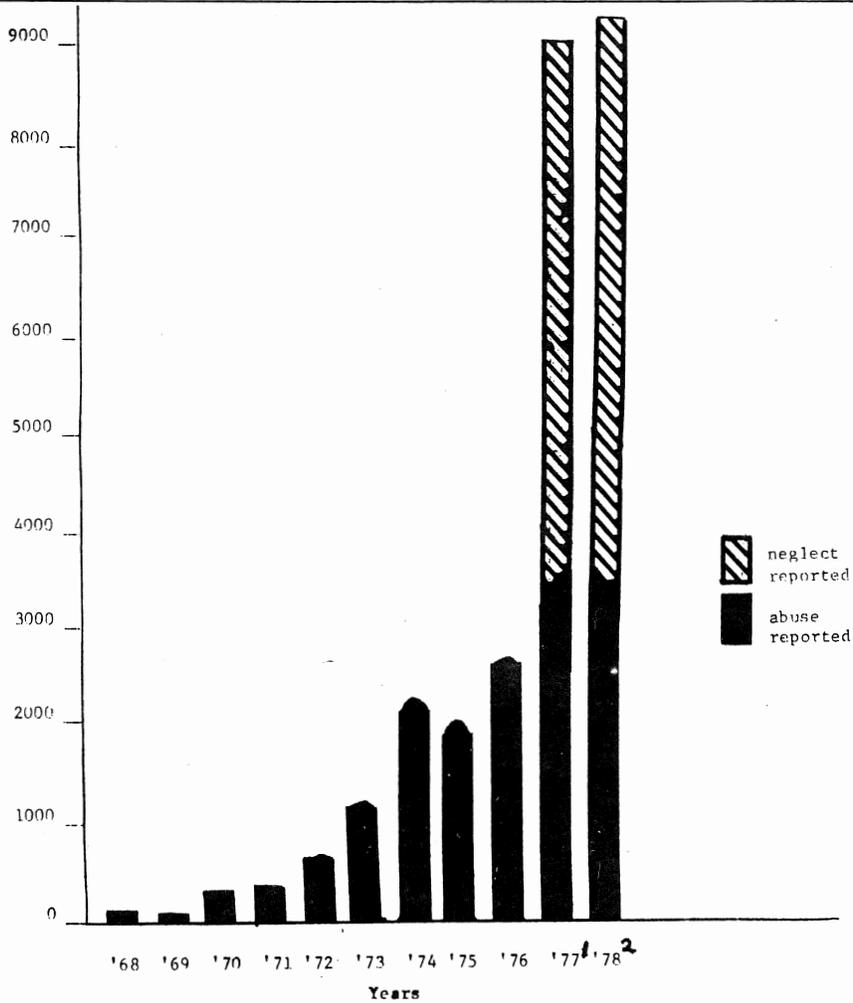
- 5,786 (64.1%) were reported as neglected,
- 2,777 (30.8%) were reported as abused,
- 452 (5.0%) were reported as sexually abused, and
- 6 (0.1%) were reported as fatalities.

Child abuse reports have increased steadily since 1964 when only 47 cases were reported. As Figure V-1 shows, however, even with the steady increase in abuse reports, *neglect cases now account for almost two-thirds of the Department's investigation workload.*

The extraordinary increase in reporting after 1976 is explained largely by broadened legal requirements (mandated by federal child abuse and neglect regulations) and increased public awareness of reporting requirements. For example, Public Act

77-308 significantly expanded the types of reporting by requiring both mandated and non-mandated persons to report suspected cases of *neglect*, in addition to abuse. The law now also requires the reporting of children who are thought to be in danger of abuse or neglect.

Figure V-1. Number of Children Reported Abused or Neglected, Calendar Years 1968-78.



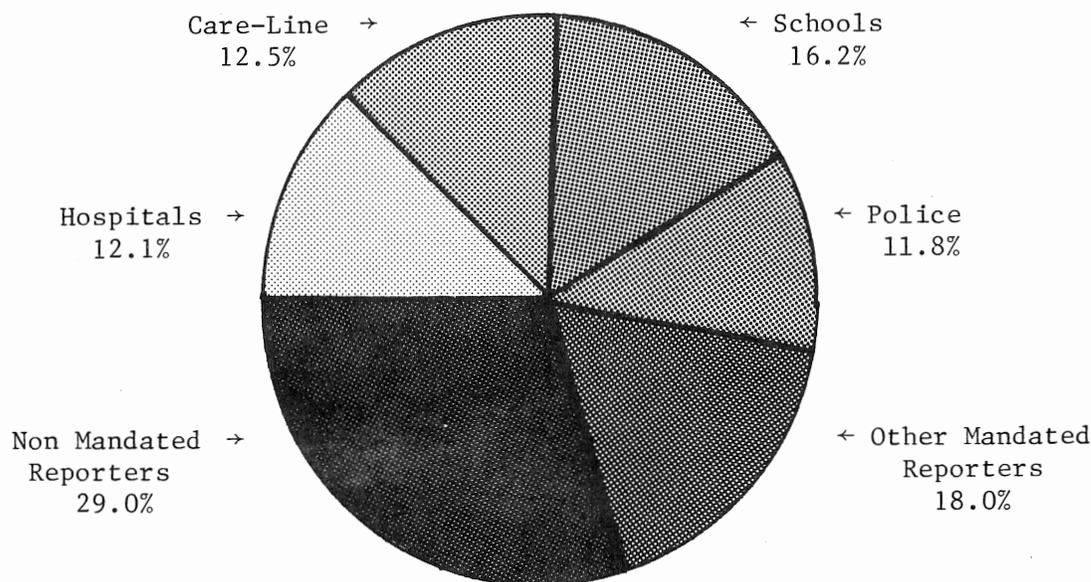
1 Neglect reporting first required in 1977.

2 Calendar year 1978 figures are projected from reports for January-June, 1978.

Source: LPR&IC staff analysis of DCYS data.

School personnel report more child abuse and neglect than any other group of mandated reporters, accounting for 16.2% of all referrals (see Figure V-2). Hospitals, police, and the Connecticut Child Welfare Association's Care-Line (see below) each account for approximately 12% of all referrals.

Figure V-2. Source of Child Abuse Neglect Reports, Calendar 1977.



Source: LPR&IC staff analysis of DCYS data.

Care-Line. Care-Line is a 24 hour statewide toll-free number (1-800-842-2288) available to persons attempting to report a case of suspected child abuse or neglect. Operational since 1973 under a contract between DCYS (75% federal Title XX funds and 25% state Match) and the Connecticut Child Welfare Association (CCWA), the purpose of Care-Line is to provide a "statewide child abuse prevention, information and referral service."

Care-Line is staffed with trained volunteers who, according to CCWA, "screen the information and help the caller evaluate whether Protective Services intervention is warranted." If so,

callers are referred directly to DCYS, and Care-Line follows up each referral to verify that DCYS received the report. Care-Line, itself a mandated reporter, will file its own report to DCYS either when the caller fails to report to DCYS or when an emergency case is reported during non-working hours. In 1977 Care-Line received 2,642 abuse or neglect related calls and filed 911 child abuse reports directly with DCYS, (nearly double the number filed in the previous year). Although the current contract calls for the filing of quarterly reports and regular meetings with DCYS, there is no provision for DCYS to monitor the appropriateness of Care-Line's referral screening.

When immediate professional intervention is indicated, CCWA contacts one of a pool of professionals throughout the state who are kept on call after hours under a separate \$32,000 per year contract. These persons are actually DCYS staff who are paid \$7.00 per night and \$12.00 per day on weekends and holidays by CCWA to be available for emergencies.¹

The Committee finds that the DCYS contracts with the Connecticut Child Welfare Association appear to be cost-effective solutions to the problems of 24 hour, 7 day per week emergency reporting and staffing requirements. However, DCYS has delegated considerable responsibility to Care-Line for appropriate referral of abused and neglected children and should be monitoring Care-Line's screening and referral decisions.

The Legislative Program Review and Investigations Committee recommends that the DCYS contract with the Connecticut Child Welfare Association provide for DCYS monitoring and evaluation of the Care-Line's screening and referral process.

Feedback to mandated reporters needed. HEW's Model Child Protection Act, closely followed in Connecticut law, contains an optional provision for comprehensive progress reports to mandated reporters. While such reports were left optional because of the high costs which might result, some feedback to individual mandated reporters appears necessary to encourage their

¹ In addition, any DCYS worker who responds to an emergency call is reimbursed by the Department on an overtime basis for actual time worked.

participation. Doctors and other mandated reporters feel they ought to know whether the alleged abuse or neglect has been confirmed.¹ If they are providing continuing care or services to the child or family, they may also want to know the name of the social worker assigned to the case. Since this information is already being submitted to the Department's Central Registry (see p. 50), it could easily be transmitted to the person initiating the investigation.

*The Committee finds that mandated reporters are not being provided with adequate feedback following their reports of suspected child abuse or neglect and that such feedback is consistent with the federal Model Child Protection Act and Connecticut Statutes.*²

The Legislative Program Review and Investigations Committee recommends that the Department of Children and Youth Services provide mandated reporters, upon request, with a copy of the Department's investigation finding,³ requiring that confidentiality be maintained.

This simple procedure could make a significant improvement in DCYS' relations with professionals involved in the care of abuse and neglect victims.

Penalty for failure to report not enforceable. Thirty-six states, including Connecticut, provide for criminal penalties for mandated reporters who fail to report suspected child abuse or neglect. Few states have initiated criminal prosecutions apparently because such action has been deemed "counterproductive" to

¹ Nationally, "a consistent complaint of hospital administrators and physicians is that, once a case is reported, they receive no feedback on its disposition." (Child Abuse Intervention, National Institute of Law Enforcement and Criminal Justice, U.S. Government Printing Office, December 1976.)

² Connecticut law (C.G.S. 17-431) permits the limited disclosure of DCYS records for purposes of diagnosis, treatment or education. In addition, section 17-47a permits the "confidential exchange of information between social welfare, education or law enforcement agencies regarding individuals in the care or custody of one of these agencies."

³ Form CYS-136B Validation/Expungement Notification.

increased reporting. Connecticut's reporting statute provides for a \$500 fine against any mandated reporter who fails to report a suspected case of abuse. The statute is not part of the criminal code, however, and is silent as to what court has enforcement power. No prosecutions have been initiated in Connecticut to date.¹

Reporters in Connecticut are protected from civil and criminal liability if such reports are made in good faith. Therefore, no reporter should fear the threat of legal action if a report made in good faith is found to be unsubstantiated. However, the Connecticut statute (C.G.S. Section 17-38a) appears to impose strict liability for the mere failure to report suspected abuse or neglect. HEW's model reporting statute limits a reporter's criminal liability to instances where the failure to report is done "knowingly or willfully" (intentionally).

The Committee finds that although Connecticut's child abuse and neglect reporting statute (C.G.S. Section 17-38a) provides for a \$500 fine for failure to report by mandated reporters, the statute lacks enforcement power and does not discriminate between intentional and "good faith" failure to report.

The Legislative Program Review and Investigations Committee recommends that the Penal Code, Chapter 53a, be amended to prescribe a criminal penalty for the intentional failure of a mandated reporter to report a suspected case of child abuse or neglect.

Under this recommendation, any person or DCYS or the police, could file a criminal complaint against a mandated reporter, based upon probable cause. The criminal code is recommended because the state cannot initiate a civil suit for negligence against a mandated reporter.

¹ Probably the greatest legal threat which can motivate persons to report is a civil suit. The California Supreme Court (Landeros v. Flood) recently held a doctor liable for damages for failing to report a suspected case of abuse. The doctor was found liable on the basis of California's mandatory reporting statute as well as the common law doctrine of negligence. In another California case, a father was awarded \$500,000 for the failure of four doctors and the police to report suspected abuse.

Education of mandated reporters weak. Although DCYS has conducted some training for mandated reporters, the Department does not have a well organized, systematic plan for reaching mandated reporters to inform them of their reporting obligations and the process to use.

The Department has not assigned the responsibility for conducting education programs for mandated reporters to any particular unit. Rather, it responds on an ad hoc basis to requests for such training through the central and regional offices. To date, mandated reporter training programs typically have been requested by interested community or advocacy groups such as the Connecticut Child Welfare Association. The Department's role has been to assist in the preparation and delivery of the program.

The Department has recently printed and distributed 1,000 copies of the "Mandated Reporters Handbook" but, considering the number of mandated reporters throughout the state, this effort appears to be inadequate. In addition, the Department claims to have done "massive" mailings of the child abuse and neglect reporting statutes to mandated reporters within the past three years. However, LPR&IC staff interviewed two pediatricians who said they had not received any information from the Department about their reporting responsibilities.

The Committee finds that DCYS does not have a well planned, systematic program for the on-going education of mandated reporters, and that the Department's efforts to date have been inadequate.

The Legislative Program Review and Investigations Committee recommends that the Department of Children and Youth Services initiate a formal educational program within the Division of Preventive & Community Services aimed specifically at those mandated reporters throughout the state whose employment is likely to bring them in contact with child abuse and neglect victims (such as elementary school teachers, pediatricians, hospital emergency room personnel and clinic physicians) to inform such mandated reporters about their reporting responsibilities and the procedures they must follow.

Central Registry. Forty-six states, including Connecticut, have established central registries which provide limited information to mandated reporters, on request, about previously substantiated abuse or neglect reports. The Connecticut Central Registry, which is accessible through a toll-free telephone number (1-800-982-6827), is located at Long Lane School in Middletown, and is staffed 24 hours per day (one person per shift) by specially trained Long Lane staff.¹

Reports of abuse or neglect are referred to the appropriate regional office for investigation. Upon completion of an abuse or neglect investigation, the regional office worker notifies the Central Registry as to whether or not the suspected abuse or neglect has been confirmed. If not confirmed, the Central Registry must expunge (destroy all record of) the intake report and reporter forms previously filed.

A major function of the Central Registry is to provide information to a professional involved in the treatment of a child whom he or she suspects of being abused or neglected. The intent is to aid a doctor or other mandated reporter in treating the child. However, the existence or nonexistence of a confirmed report on a particular child does not affect the mandated reporter's obligation to report his current suspicions.

A significant problem facing central registries nationwide is that few professionals make use of their information services. In 1977 only 418 inquiries were received by Connecticut's Central Registry and demand has been even lower in 1978. Further, nearly two-thirds of all inquiries received during a recent three-month interval were from DCYS Protective Services workers, with one worker accounting for 23% of all inquiries!

Underutilization of Connecticut's Central Registry appears to be due to a low level of awareness of its services among mandated reporters. Implementation of the recommendation on p. 49 regarding training of mandated reporters would increase their awareness of Central Registry services.

Investigation

As indicated above, reports of suspected child abuse or neglect must be investigated by DCYS and the report either verified or expunged.

¹ The Central Registry is also responsible for preparing monthly, quarterly and yearly statistical summaries of reported cases of neglect and abuse. This function is performed in Meriden by the Central Registry Director (see Appendix V-1 for the 1977 report).

Statutory compliance unknown. The Commissioner of Children and Youth Services is required by law to "immediately" investigate reports of child abuse and neglect and to "promptly" investigate reports of children in danger of being abused or neglected (C.G.S. Sections 17-38a(e) and 17-38c). DCYS policy interprets these statutory provisions by requiring that an investigation be initiated within 24 hours in cases of extreme abuse and within three days in all other cases.¹ The policy further stipulates that all investigations will be completed within 30 calendar days or about 22 working days.

It is not possible to accurately measure the extent to which the Department is complying with statute or policy, however, because the necessary information is not being systematically recorded. Although the number of reports received each month is recorded by the Central Registry, no record is maintained of the time elapsed between report and completion of the investigation, or even the number of investigations completed within a given period of time.

LPR&IC staff interviews with intake workers indicated that many offices do not complete all investigations within the prescribed one month period. In fact, workers in one office admitted that cases deemed non-emergency may wait three to six months before investigations are concluded. Other caseload demands, and difficulties with cars and telephones (discussed in Chapter III) are the primary reasons cited by caseworkers for the inability to comply with formal time limits. Other factors include the skill and experience of the worker, family cooperation, and the availability of appropriate support services. Recommendations are made throughout this report which, if implemented, would impact constructively on the timely completion of investigations.

The Committee finds that the Commissioner of Children and Youth Services cannot know the extent to which his statutory mandates for "immediate" and "prompt" investigations are being met, since completion times for investigations are not routinely collected and monitored throughout the Department. Nor can the legislature or the public be confident of compliance.

¹ The statutes are silent as to how investigations shall be conducted. Although DCYS inherited operating guidelines from the Department of Social Services, these were inaccurate, out of date, and in short supply. In August 1978, revised DCYS guidelines were finally distributed to staff. This should meet the long standing need for current guidelines emphasized by DCYS workers, the Critical Review Team, and the Connecticut Association for Human Services.

The Legislative Program Review and Investigations Committee recommends that a tracking system be developed immediately in each regional office, whereby supervisors monitor elapsed time between the receipt of a report, initial contact, and completion of the investigation and take appropriate action to insure compliance with the Department's mandates for immediate (24 hours) and prompt (3 days) response to reported abuse or neglect. This information should be submitted to the DCYS Office of Evaluation, Research and Planning on a weekly basis.

While the Management Information System might ultimately aid in this task, implementation of this recommendation, due to its importance, should not be delayed while awaiting full implementation of the MIS.

Treatment

When charges of abuse, neglect or abandonment are substantiated by the intake investigation, the case enters the "treatment" phase of care. The intake worker prepares a treatment plan (Form 535) and other required forms. Protective treatment services are designed to keep the child in his own home by eliminating the abusive or neglectful situation. These services include individual parent counseling or referral to "Parents Anonymous"¹ for group counseling, as well as Parent Aides,² homemaker, day care and other services where they exist. If and when these services fail to keep the family together and the Department decides it must seek commitment of the child, the case enters the "children's services" phase of treatment.

¹ Parents Anonymous is a national organization of parents voluntarily seeking confidential help in caring for their children. Begun in Connecticut in 1976 under the initiative of the Connecticut Child Welfare Association (which conducts public awareness campaigns and provides technical assistance), Parents Anonymous now has 30 chapters across the state. Each chapter has a professional sponsor such as a social worker or clergyman and a state board of directors makes policy, develops programs, and seeks grant monies. The proposed budget for FY 1979 is \$25,000, of which DCYS provided \$12,000. An evaluation by Berkeley Planning Associates found lay groups such as this to be the most effective and least expensive means of improving parent behavior.

² Parent Aides are trained and funded through DCYS and DSS under a personal services contract, usually with federal funds such as Title XX.

Caseload profile. During 1977, 9,021 children were referred to the Department as alleged victims of abuse or neglect. According to DCYS workers and administrators, investigations confirmed abuse or neglect in about 80% of the cases; however, the Department's FY 1979 budget request reports only a 65% rate of confirmed cases.

According to DCYS data, mothers are the most frequent perpetrators of abuse and neglect, and infants under one year of age are the most frequent victims. For children under the age of 12, boys are more frequently victims than girls; for those over 12, the opposite is true (see Appendix V-1).

Abusive parents typically share one or more of the following characteristics:

- themselves victims of child abuse;
- living in isolation;
- poor social skills; or
- a lack of child development knowledge.¹

Many abusive parents have unrealistic expectations for their children and sometimes even desire the child to take care of them. Frequently the parent suffers from alcoholism or drug problems, and a crisis unrelated to the child typically exists at the time the abuse occurs.

Abusive parents need education in child rearing, an opportunity to discuss their problems with sympathetic and helpful individuals and relief from some of the constant demands of parenting (especially if they are single parents with no viable kin support system). Voluntary self-help groups such as Parents Anonymous and paid support persons such as Parent Aides, and emergency live-in homemakers have proved useful in providing emotional and practical assistance to parents marginally able to cope with child rearing responsibilities.

Brokering services. Because the Department is not staffed to provide direct services to families in the quantity and variety

¹ For example, the 17 year old Willimantic mother found guilty of killing her child in the summer of 1978 claimed that beating him was the only way she knew to keep him quiet when he cried.

necessary to meet client needs, it has been forced into an "identification of need and referral to service" role. Except in emergencies, caseworkers are encouraged to function primarily as service "brokers" rather than providers. However, even the broker approach cannot work in communities where family counseling and other support services do not exist. Connecticut, like 24 other states examined in a 1976 HEW study¹ does not have a sufficient number of needed support services appropriately distributed throughout the state.

Family counseling and homemaker services are often needed but unavailable in the community. Child guidance clinics have long waiting lists, and in rural areas, transportation to any service may be an additional problem.

Many support services necessary to the effectiveness of the Department of Children and Youth Services are not under its control. While some are under local government or private control, others are operated by other state agencies, such as the Departments of Social Services, Labor, Mental Health or Community Affairs. For example, at the present time homemaker services can only be reimbursed by the Department of Social Services through the AFDC or Title XX program. While this interdependency among agencies is appropriate in most cases (because each agency cannot provide all of the services needed by all of its clients), there are some areas, such as day care and homemaker services, where the effectiveness of DCYS is severely hampered by its inability to obtain critical services from other agencies.

The Human Services Reorganization Commission has recently drafted a plan which includes recommendations for improving service articulation, and gap and overlap problems among and between human service agencies as the Executive Reorganization Act takes full effect in calendar year 1979.

¹ Child Welfare in 25 States - An Overview, U.S. Department of Health Education and Welfare, 1976.

CHAPTER SIX

CHILDREN'S SERVICES

Temporary vs. Permanent Placement	55
No definition in statute or policy	55
Placements not reviewed	56
Cost	58
Foster Care	58
Shortage of homes	59
Expediting recruitment	59
Accountability of parents	62
Therapeutic and other specialized foster care	64
Adoption	65
Success with hard to place children	65
Reliance on private adoption agencies	66
Private Child-Caring Facilities	67
Outdated licensing standards	67
Inequitable rates	68
Inadequate funds	69
Emergency Shelter Care (State Receiving Home)	69
Independent Living	71
Unwed Mothers	73
The Non-Committed Treatment Program	74
Legal Issues	75
Selectmen's removal authority vague	75
Costs borne by towns	76
Juvenile law revision	77

CHAPTER VI

CHILDREN'S SERVICES

When Protective Services (see Chapter V) fails to restore a family to an adequate level of care for the child, the Department of Children and Youth Services may seek guardianship of the child through court commitment. "Children's services" are those DCYS services provided to a child who has been removed from his or her own home, and generally include:

- Foster care;
- Adoption;
- Private child-caring facilities;
- Independent living;
- The unwed mothers program; and
- The non-committed treatment program.

Until recently, most children requiring out-of-home care were under five years of age. *However, between March, 1977 and April, 1978, significantly more than half of the requests for foster placement were for children over six years of age, and almost one-third of the children were between 11 and 18 years of age.* Nearly three-fourths of placed children are in foster homes.

In the past, children needed foster care primarily because of parental illness or death and were comparatively unscarred emotionally. Foster children today are not only more numerous as a percent of the total population, but are also more difficult to place, frequently evidencing chronic intellectual, emotional, and physical disabilities. The families from which these children come tend to be poor, headed by a single parent, and wracked from social and economic hardship.

Temporary vs. Permanent Placement

Most out-of-home placements are considered "temporary," yet of the 5,500 children in placement in FY 1978 only 3% were adopted and only 2% were returned to their natural parents through revocation of commitment (the only two truly permanent placements for a child).

No definition in statute or policy. The Connecticut General Statutes are silent as to the meanings of "temporary" and "permanent" placement for a child committed to the care of the Commissioner of Children and Youth Services.

Current DCYS policy (issued in 1956 by the Department of Social Services), also does not distinguish between temporary or permanent placement but merely states:

When it is established that the child's physical separation from his parents must be permanent, the most careful consideration should be given to...development of a permanent foster family placement, boarding or adoptive.

An attempt was made by the Department of Social Services in 1973, to define "temporary" as less than two years¹, but the policy was never implemented.

Placements not reviewed. The Department does not compile data² on the lengths of time children have spent in various placements, nor do Departmental statistics differentiate among (1) those whose treatment goal is to return to their natural parents, (2) those awaiting termination of parental rights (to make them eligible for adoption, and (3) those for whom permanent foster care is the best solution.

However, as noted above, the Department processed only about 300 adoptions and commitment revocations during FY 1978. Nearly three-fourths (4,000) of the children in placement are in indefinite foster care. A Junior League of Hartford report on foster children (May 1977) *found that approximately one-third of committed children had been in foster care for less than three years, one-third for three to nine years and one-third for over nine years, based on a 10% random sample of the Hartford Region's cases.*

¹ According to the Department of Social Services' 1973 Reorganization Plan for Children's Services, "No child will be allowed to remain in temporary care for more than two years. If it is not feasible to return a child to his natural parents within that time, an alternate plan for permanent placement will be established" (emphases added). Permanent placement was to be achieved through adoption, subsidized adoption or (as a last resort) permanent foster care.

² This is but one more example of the lack of vital information in the Department (see Chapter III).

If these statistics hold statewide, there are over 2,600 children who have been in foster care more than two years and over 1,300 of these for ten years or more. LPR&IC staff interviews disclosed a variety of reasons offered to explain these data:

- Judges are reluctant to terminate parental rights until an adoptive family is identified for each child;
- Caseworkers are reluctant to seek an adoptive family for a child whose parental rights have not been terminated;
- Department policy places first priority on reuniting families (through revocation of commitment) which leads some caseworkers to keep trying for as long as five years; and
- Caseload demands make it unlikely that a placement will be meaningfully reviewed unless someone complains about the arrangement.

The Committee finds that large numbers of children (perhaps as many as 2,600) have been in foster care for more than two years, without a permanent placement plan based on a meaningful review of the "best interests of the child." The longer a child remains in temporary placement, the slimmer his or her chances of a permanent home become.

The Committee also finds that neither the statutes nor DCYS policy defines either "temporary" or "permanent" placement. Without clear definitions, placement decisions are subject to the varying interpretations of caseworkers, supervisors, or others. Without uniform policy, there is no accountability and no safeguard to protect client rights to equal treatment.

The importance of these findings warrants statutory clarification.

The Legislative Program Review and Investigations Committee recommends that C.G.S. Section 51-310 be amended to limit the length of commitments to the Department of Children and Youth Services to two years. Ninety days before the expiration of the commitment, the Department would be required to file a petition in court to either 1) terminate parental rights, 2) revoke the commitment, or 3) extend the commitment for an additional two years based upon a finding that continued commitment would be in the best interests of the child.

The two-year commitment would allow ample time in most cases for the Department and the natural parents to make a decision regarding the feasibility of reuniting the family. When, under unusual circumstances, a decision about the child's best interests cannot be made within two years, the commitment can be extended. In all other cases, the child would either be returned to his or her natural parents or made eligible for adoption. Having a fixed time frame for action should be a welcome relief from the present uncertainties for all parties, including the caseworker.

Cost. Beyond the personal grief and anxiety that indefinite placements can cause, the state is spending vast amounts of money doing it! Millions of dollars are spent annually on foster care--some of it for children who might have been adopted or returned to their natural parents. The earlier development of permanent placements (either in their own or adoptive homes) for these children would have freed scarce Department resources (staff, foster homes, and board and care funds) and reduced the Department's unmet placement needs.

For example, the reduction of a single foster care stay from 12 to 2 years would save \$20,400 in board and care payments (\$170 average monthly payment for 10 years), disregarding inflation and the staff time devoted to the case over the ten year period. Put another way, the reduction of length of stay to two years for even one-half of the estimated 2,600 children in foster care three years or more would eliminate the payment of an estimated \$17.9 million for that group of children over their entire stays or approximately \$2.6 million in the first year and a slightly smaller amount each year thereafter for ten to fifteen years.

Foster Care

Foster care is the placement of a child, committed to DCYS, in the care of licensed parents for an indefinite period. Section 17-48-42 of the "Regulations of Connecticut State Agencies" defines a foster home generally as a "child-care facility which is a private family home for not more than four placed children for any twenty-four hour period."

Major issues concerning foster care--other than the uncertainty of indefinite placements addressed in the recommendation above--include a shortage of appropriate homes, poorly designed recruitment efforts, and the need for a more structured relationship between the Department and foster parents (stipends and accountability).

Shortage of homes. One of the most critical problems faced by workers placing children in foster care is the lack of appropriate foster homes. In Connecticut, requests for foster care have increased from an average of approximately 250 new requests each month during 1977 to an average of 300 requests per month (3,600 annually) for the five month period March through July 1978.

Since the Department is able to place only about 184 per month (61% of new requests), a backlog of children in need of foster care is continuously building. According to Department officials, not only are too few homes available, but also a substantial number of the unplaced children have emotional or physical problems or are older than the available foster parents are willing or able to accept. *Consequently, many of these children are inappropriately placed in a costly institutional setting or remain at home without the services they need.*

Department officials do not know¹ how many licensed foster "beds" there are in Connecticut. As of July 1978, there were 1,946 licensed foster homes, but since a home may be licensed for up to four and sometimes six foster children, the theoretical maximum could run as high as 7,700-8,000 beds. Some homes are licensed for fewer than four children, but no one knows how many. Backing in from another direction, one Department official's "educated guess" is that the occupancy rate for foster home beds is 90%. With 3,892 children in foster placement in July 1978, this suggests that there were approximately 4,330 total spaces available. It further suggest that about 430 foster home beds were empty, while some 120 new requests for foster placement went unfilled that month.

Expediting recruitment. Prior to the establishment of the "Centralized Homefinding Unit" (CHU) at Undercliff Hospital in Meriden, each regional office carried full responsibility for recruiting and licensing foster homes and for placing children in the homes. Complaints about the number and quality of foster homes available stimulated the development of a pilot centralized recruiting, licensing and placement project which was expanded to become the Centralized Homefinding Unit in 1976.

¹ This is but one more example of critical information that is not available to program managers in the Department (see Chapter III).

The Centralized Homefinding Unit receives all inquiries from prospective foster and adoptive parents. Prospective parents must attend a pre-screening and information program, which consists of four consecutive weekly meetings designed to present realistic information about all aspects of foster and adoptive care. Upon completion of the meetings, those still interested in foster or adoptive parenting file an application which triggers a study of the home.¹ Upon acceptable completion of the home study, the foster or adoptive family becomes licensed.

Department policy states that prospective parents should be invited to a pre-screening program within six months of their inquiry and that the home study should begin within three months after the information sessions. The home study usually takes about one month. *Thus the entire process may take up to one year under present Department policy.*

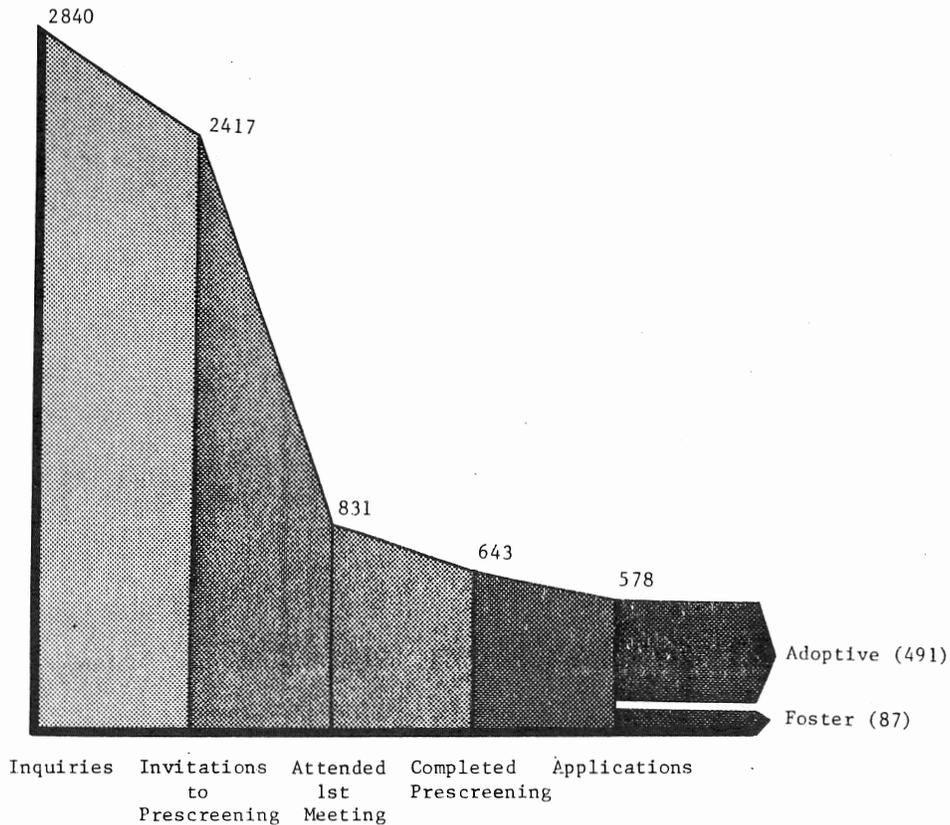
The results of the Department's recruiting efforts are not impressive. During 1977, 2,840 inquiries were received by the CHU and 2,417 "units" (couples or individuals) expressed interest and were invited to attend the pre-screening and training program (see Figure VI-1). Of those invited, only 831 (34%) attended the first meeting, 643 (27%) completed the four weekly information sessions and 578 (24%) actually filed an application. Most applied for adoption (491 or 85%) while only 87 (15% of applicants and only 3.6% of the "interested" 2,417) applied for foster care. During the first six months of 1978 inquiries dropped by 50% to approximately 700.

This dismal performance is probably the result of many complex factors, not the least of which is the length of time it takes for inquiries about foster care to be processed into licensed foster homes.

The Committee finds that excessive processing time in the recruitment of foster homes may be deterring suitable parents from becoming foster parents.

¹ The home study usually consists of a visit to the home and interviews between the DCYS worker and the prospective parents and their children (if any) or other family members, and character references to ascertain the suitability of the applicants as child caretakers.

Figure VI-1. Results of DCYS Foster and Adoptive Home Recruitment Efforts, 1977.



Source: LPR&IC staff analysis of DCYS data.

The Legislative Program Review and Investigations Committee recommends that the Department of Children and Youth Services policy require full processing of all foster care inquiries through the pre-screening, home study and licensing phases to be completed within six months.

See page 66 for further recommendations concerning foster home recruitment. In addition the stipend recommended on page 63 should significantly improve the Department's foster home recruitment efforts.

Accountability of parents. A combination of factors (including low reimbursement rates, high caseload demands, minimal licensing standards, weak training of foster parents, and a shortage of foster homes) contribute to the lack of accountability found in the foster care program. It is very difficult for caseworkers to require volunteer foster parents to provide more than subsistence care since they are reimbursed at subsistence rates. *The shortage of available foster homes leaves the caseworker with little choice if foster parents balk at some requirement, and the licensing standards give the worker no support, since they contain no behavioral or treatment requirements.*

With the many other caseload demands, it is also very difficult for a caseworker to help the natural parents overcome the problems which led to their child's removal. A key factor in reuniting the family is regular visits between the child and his parents, but visits should be carefully planned and supervised by the caseworker to insure that further harm does not befall the child.

In addition, the natural family should be required to participate in treatment and be held accountable for progress in the treatment by the caseworker before any plans for reuniting are made. Further, caseworkers should be involved to a great extent with irreconcilable family situations to build a proper case for termination of parental rights.

According to caseworkers interviewed by LPR&IC staff, however, it is virtually impossible for them to impose this level of accountability on foster or natural parents. Several important recommendations in this chapter are aimed at professionalizing the relationship between the Department and foster parents in recognition of the indispensable service good foster parents provide as well as the state's obligation to assure quality care in foster home placements.

The Committee finds that foster parents should be held accountable as service providers and as such should be compensated for professional (foster care) services rendered.

The Legislative Program Review and Investigations Committee recommends that all foster parents receive a stipend for services rendered, beyond the reimbursement for basic living expenses. The stipend system should be evaluated, after a full year of implementation to determine its influence on developing new foster homes, increasing accountability of foster parents, and its potential for enabling institutionalized children to be treated in foster care at higher stipend levels. The Committee further recommends that the Department design a foster care cost reimbursement system¹ which is based on a survey of the current expenditures being made by foster families and other cost of living data (such as U.S. Census Bureau data), plus the stipend.

The cost of living portion of the rate should be based on fixed room and board amounts which vary according to the age of the child, plus specific budgeted amounts for any special needs of the child. The room and board allowance should be adjusted periodically to reflect changes in the cost of living. The special needs portion of the rate should be adjustable on a month to month basis as the child's needs change.

License revocation is not generally used to filter out inadequate homes. Rather, this is usually done by the workers' refusal to place children in homes they know or hear are inadequate. *Thus, a dilemma is created by having licensed foster home spaces available and children in need of placement without homes.*

The licensing¹ process should serve quality control and accountability functions and provide guidance and information to workers about the current acceptability of a foster home. *Beyond including quality assessment measures, the foster home licensing regulations should be revised to make the license more specific.* Although CHU records some of this information informally, homes should be licensed not only according to the number of foster children,

¹ The reimbursement rates for foster homes include standardized room and board and clothing allowances. The rates vary according to the age of the child and the severity of the child's physical or emotional impairments (see Appendix VI-1 for rate schedule). The rates are based on the 1969 welfare allowances and have been adjusted upward several times since then by fixed percentages totaling approximately 33%, while the cost of living has increased approximately twice that amount.

but also according to the types or ages of children, specific services to be provided, and specific responsibilities of the foster parents.

Therapeutic and other specialized foster care. In 1972 a pilot program was developed to test the feasibility of treating children with multiple problems (who would otherwise be institutionalized) in ten specially trained and paid foster families.

The pilot proved to be an effective alternative to institutional care, and is being expanded to 45 families, with some federal financial support. In addition to the usual foster care reimbursement, therapeutic foster families are paid \$200 per month for their efforts. While the cost is about twice as high as usual foster care, it is only about one-third as expensive as the average institutional placement.

Specialized foster care for children with special needs is also provided through the private sector. One outstanding example is the highly structured program at Hartford's Child and Family Services, which again serves children with multiple problems who would otherwise be institutionalized.

Natural families who volunteer for the program enter into a contract with Child and Family Services, which specifies behavioral objectives for the family and commits them to decide within six months whether the child will go home or become adoptable. The child, his natural parents and his foster parents must attend weekly therapy sessions with the caseworker. The natural parents *must* have their child visit on weekends and their success in fulfilling this obligation is one of the major determinants in assessing whether the child should be returned home. The foster parent's reimbursement rate includes a substantial stipend similar to that of the therapeutic foster care program. To achieve its goals, the program is limited to 36 children who are served by three caseworkers.

The Committee finds that the private sector has demonstrated its ability to operate effective specialized foster care programs.

The Legislative Program Review and Investigations Committee recommends that DCYS work with private agencies such as Child and Family Services to expand the amount of specialized foster care provided by the private sector.

Adoption

A basic tenet of DCYS' philosophy is that the child's natural parents are the ones most likely to provide the healthiest environment for the child over the long run. Therefore, the Department makes every effort to maintain the child in his own home. However, when this fails, the child may be placed in temporary foster care and when it becomes clear that the child cannot be reunited with his natural family, "termination of parental rights" is sought. This is a court proceeding that makes the child legally eligible for adoption. See Appendix VI-3 for discussion of legal problems with termination of parental rights. If granted, the Department must develop a long-range plan for the care of the child. Adoption is usually the most desirable means of providing such care.

Success with hard to place children. DCYS operates the Connecticut Adoption Resource Exchange (CARE) to facilitate the adoption of "hard to place" children (usually older, minority, or physically, mentally or emotionally impaired children). CARE maintains a photo-listing book which contains photographs and brief biographies (without identifying information) of the hard to place children available for adoption. Copies of the book are used by DCYS and private agency adoption workers who call CARE to obtain identifying information and name of the child's caseworker when they have located adoptive parents interested in a specific child. The adoption worker and the child's caseworker then work out the details of the adoption.

CARE has been highly successful. Approximately half of the 66 children listed with CARE in the first five months of 1978 were adopted during that same period. CARE staff and other DCYS workers seem confident that there are enough interested families in Connecticut to adopt all of the available children. CARE staff emphasized that reports of several hundred children awaiting adoption include a *majority whose parental rights have not yet been terminated and thus are not truly available for adoption.*

The State of Connecticut can make payments to families who adopt hard to place children, under C.G.S. Section 17-466. The subsidy usually covers those medical expenses (not covered by the adoptive family's insurance) which derive from the child's condition that made him or her hard to place. Monthly stipends of up to 75% of the foster care rate (based on family income) are also provided. While the medical subsidy usually covers the child until age 18, the need for the cash subsidy is reexamined each year. In FY 1978, there were 89 new adoptions subsidized through the board and care account.

Reliance on private adoption agencies. In FY 1978, 1,225 children were adopted in Connecticut. Of these only 189 (15%) were committed to DCYS. Another 290 were adopted by relatives and step-parents through probate court, which involved DCYS in the investigation and social study. *The remaining 746 adoptions (61%), including hard to place children, were handled exclusively by private adoption agencies.* In addition, one Department official estimated that a "substantial" proportion of the 189 committed children were placed in adoptive homes recruited by private agencies (the Department does not have the exact number).

There are 24 private adoption agencies in Connecticut licensed by DCYS to place children in adoptive homes. The agencies do their own recruitment, conduct home studies, and license the adoptive homes.

The Committee finds Connecticut's private adoption agencies effective and capable of handling all adoptive placements in Connecticut at the present time. The Committee also finds that the major unmet need for homes is for foster homes rather than adoptive homes. Therefore, the Department's home-finding efforts which yielded 491 adoptive homes and only 87 foster homes in FY 1978 (3,600 children were in need of foster placement that year, see p. 61) are ineffective and perhaps misdirected.

The Legislative Program Review and Investigations Committee recommends that DCYS discontinue its adoptive home recruitment efforts and concentrate exclusively on recruiting foster homes for children with special needs. The Department should continue to process adoptions of children by their foster parents. All children committed to the Department should be listed with the Connecticut Adoption Resource Exchange, whether or not they are "hard to place," to insure complete impartiality in the referral of children for adoption to private agencies.

The private sector appears to be fully capable of absorbing the relatively small increased workload this recommendation would create. Further, this recommendation is consistent with the Department's policy of not duplicating services available in the private sector. If and when the private sector is found to be incapable of placing available adoptive children, the Department should mount an adoptive home recruitment program separate and distinct from its foster home recruitment program.

Private Child-Caring Facilities

Although the scope of this study does not include an evaluation of private child-caring facilities (institutions or group homes), several significant problems concerning the relationship between these valuable service providers and the Department of Children and Youth Services have come to the attention of the Committee. Foremost among these problems are licensing and reimbursement rates.

Outdated licensing standards. As noted in our January 1978 report on Juvenile Justice in Connecticut, the licensing standards for child-caring facilities (administrative regulations Sections 17-48-1 through 17-48-41) are "outdated and need modernization" (p. 64). Current standards focus on physical plant requirements (e.g., living quarters, sleeping accommodations, lavatory facilities, etc.) rather than treatment program requirements.

The Department's Director of Policy and Licensing believes that although these regulations need updating to include some program requirements, (such as minimum staffing and supervision), other program quality assurance issues should be addressed by Department standards, not regulations. DCYS has recently drafted¹ comprehensive standards which address many of these issues. However, these standards appear to be subject to the Uniform Administrative Procedure Act, which requires that any "...statement of general applicability that...prescribes law or policy..." concerning individuals or agencies outside state government be promulgated as regulations.

As recommended in its report on juvenile justice (p. 63), the Legislative Program Review and Investigations Committee believes that the annual relicensing activity should be done by a quasi-peer review team of DCYS officials and service providers. The objective of the review process should be to insure compliance with minimum health and safety requirements and to assist the provider in improving the quality of treatment services. The Department of Mental Retardation has such a system in its ICF-MR (Intermediate Care Facility) program, which could serve as a model.

The Committee finds that the licensing provisions for private child-caring facilities are outdated and the quality of these programs needs to be more closely supervised. In addition, any licensing standards developed by the Department appear to be subject to the requirements of the Uniform Administrative Procedure Act.

¹ According to Department officials, the draft has been circulated internally but has yet to receive preliminary approval from the Commissioner for public release and comment.

The Legislative Program Review and Investigations Committee recommends that the current licensing regulations be revised according to the Uniform Administrative Procedure Act, and that a peer review system using both Department officials and provider representatives be developed to perform the annual relicensure reviews of private child-caring facilities.

Inequitable rates. Due to federal "single state agency" requirements, the Department of Social Services continued to set rates for private child-caring agencies and group homes after the transfer of child welfare services from DSS to DCYS in 1974. This created many problems for DCYS in its relations with child-care providers, and a waiver of the federal requirement was finally obtained, effective July 1, 1978.

Although the first budget cycle with DCYS setting rates is not yet complete, DCYS has adopted the same methods used by DSS. Facility administrators claim that the cost reporting system (designed by an accounting firm in 1972) is unnecessarily complex and is little used by the Department in developing equitable reimbursement rates. Rather, rate increases generally have been across the board to partially offset inflation. Little consideration has been given to the type of client served, quality of care, or services provided. Group homes are permitted to use a less time-consuming cost reporting system, but they too are frustrated since cost and service data seem to have little impact on rates.

The Committee finds that the state has an obligation to pay the full cost of essential services and that reasonable reimbursement rates should reflect the quality and intensity of services being provided (see Juvenile Justice in Connecticut, p. 57).

The Legislative Program Review and Investigations Committee recommends that the Department streamline its cost-reporting and rate request systems for private group homes and institutions to produce only the information needed and used in the rate setting process. The reimbursement rates should be based on full cost of necessary care, using generally accepted accounting principles, and should provide for rate flexibility according to the services being required by the Department.

Such a system would provide some incentive for the private sector to adapt its services to the Department's expanding needs.

Inadequate funds. Even more critical than the methods by which rates are set, is the inadequacy of "board and care" funds. Budget considerations often drive treatment decisions with some ironic results. For example, one Department official admitted that "if the board and care account appears to be running a deficiency, we keep kids at Long Lane or RiverView or they stay home." One month at Long Lane School or RiverView Hospital costs nearly as much (\$2,000) as an entire year of foster care. Yet, because of the nature of institutional operations and line-item budget restrictions, funds cannot easily be transferred from the state institutional accounts to the board and care account for the payment of foster care.

The Committee finds that inadequate funds have been appropriated for the board and care line item due in part to poor forecasting and budget preparation (see Chapter III) with the result that some children are placed inappropriately or not at all.

The Legislative Program Review and Investigations Committee recommends that the Department of Children and Youth Services submit as part of the budget presentation recommended on p. 16 a detailed listing of each type of expenditure (based on full cost reimbursement) in the board and care account (with no more than 15% included in a "miscellaneous" category). The Committee further recommends that DCYS provide appropriate residential services (especially foster care) to children in its care, within the limits of available physical resources. If this policy results in a projected shortage of board and care funds, the Department should seek a deficiency appropriation for that year.

This approach will force the Department to develop better cost projections and will present the legislature with a more realistic estimate of board and care funding requirements.

Emergency Shelter Care (State Receiving Home)

The State Receiving and Study Home (usually referred to as the State Receiving Home, or simply as Warehouse Point) was transferred to DCYS along with other children's welfare programs in 1974. The State Receiving Home can accommodate about 64 children, including 8 beds in a cottage reserved for 30-day emergency admissions. Average length of stay for other admissions is about six months. All referrals are made by the DCYS regional offices.

Under the Department of Social Services, the goal of the Home was to conduct an in-depth diagnosis and to formulate a therapeutic plan for the treatment of each child. Despite a lack of resources to do thorough treatment planning evaluations, or any indication of a continued need for such evaluations from the DCYS Commissioner, the State Receiving Home's role has not been redefined in Department policy.

Conflict stemming from unclear policy on the role of the Home has developed between the State Receiving Home staff and DCYS regional office staff. DCYS officials refer to it as a "first class custodial facility," and a "catchall for whoever does not have a bed." Regional office staff place children there who are waiting for a bed at RiverView or some other facility, those who need temporary shelter, and those who cannot stay with their families for a wide variety of reasons.

While it is unfortunate that children are ever held in "limbo" awaiting suitable placements, there seems to be no way to avoid it completely. DCYS is obligated to provide safe, humane, custodial care for such children and the State Receiving Home meets that need. DCYS should make its practice clear in policy, however, so that confusion and resentment among staffs can be minimized.

The Committee finds that the State Receiving Home is meeting a need for temporary (or emergency) shelter care for children and adolescents in the Department's care. This is a new role for the Home, however, which has not been defined in Department policy.

The Legislative Program Review and Investigations Committee recommends that DCYS develop and disseminate clear policy for the use of the State Receiving Home as a temporary shelter for children and adolescents in emergency situations or prior to a placement.

Recognizing the custodial role of the State Receiving Home, however, does not imply that its staff should be reduced or its education program curtailed.

The State Receiving Home has been criticized by some DCYS staff for its admissions procedures.¹ Caseworkers report that

¹ A specific problem at the State Receiving Home concerns clothing brought with children when they are admitted. The Receiving Home issues a list of (continued on p. 71)

when they need to place a child quickly they are frustrated by the Receiving Home admissions procedures, including intake forms and a pre-placement interview, which caseworkers feel are burdensome and time consuming. The State Receiving Home, on the other hand, feels abused by regional office workers who, they claim, drop a kid at the front door and then forget about him as long as he is safe and well fed.

The Committee finds that the State Receiving Home's admission procedures are cumbersome and impede or discourage the appropriate placement of children in this facility.

The Legislative Program Review and Investigations Committee recommends that DCYS develop clearly stated intake procedures for the State Receiving Home, based on the best interests of the child, which define the responsibilities of the regional office caseworkers as well as those of the Receiving Home staff. These procedures should be communicated to all caseworkers and included in training for new staff.

Independent Living

Guardianship of teenagers presents another significant problem to the Department. Comprising nearly one-third of those in need of placement, teenagers are rarely preferred by foster families and few teenagers really desire foster placement. Many have had numerous unhappy experiences in foster homes, as well as in their own homes, and are unwilling to accept parental discipline.

(continued from page 70) required clothes (see Appendix VI-2) which includes some items that seem superfluous for a child in a temporary placement (for example, a "Sunday suit and dress coat" for boys, and three "church dresses" for girls). Caseworkers must make sure children have these items when they go to the Receiving Home, which may mean spending half of a day shopping for three "church dresses." The Receiving Home has no funds for initial clothes for children, but the regional offices do. DCYS should evaluate the appropriateness of the required clothing at the State Receiving Home and should consider use of a voucher system to allow State Receiving Home staff to purchase necessary clothing for children, charging purchases to the appropriate regional office.

Group homes are often unsuccessful because they require attendance at school, which represents another kind of failure for many homeless teenagers. Youths over the age of 16 cannot be held against their will in any program or facility. Therefore, when no program has been able to effectively hold a youth (16-18 years old), the Department may allow him or her to live alone under an "independent living" arrangement.

There are currently 232 youths in independent living, of whom nearly half (111) are either working full time or in school. The remainder, however, are on their own with only minimal supervision from a social worker. Each youth receives up to \$49 per week for living expenses, but some are known to be supplementing this income through illegal acts, such as prostitution.¹ Therefore, while the arrangement may be excellent for some, it is clear that others are not capable of creating a wholesome living environment for themselves.

The Committee finds that while the Department of Children and Youth Services has no more legal authority over a child or youth committed to its custody than the child's natural parent, the Department can attempt to exercise control over difficult youths on independent living status by attaching conditions to the financial support provided to these youths.

The Legislative Program Review and Investigations Committee recommends that the Department of Children and Youth Services strengthen its control over youths in independent living arrangements by requiring frequent, regular caseworker contact and approval of the youth's activities as conditions for payment of living expenses. Additional conditions such as place of residence, regular employment or attendance at school or vocational training programs should also be used as appropriate. Non-compliance with these conditions should result in discontinuance of payment of living expenses directly to the youth, with payments instead being made directly to approved service providers (for lodging, meals, etc.). The Department should closely monitor such vendor payments to assure that payments are not made for services not rendered.

¹ One agency official recently pointed out that it is not easy for the Department to compete with pimps who can offer money, stereos, sexy clothes, fast cars, and other forms of excitement and security for homeless, lonely young girls.

While it is unlikely that a suitable program can be found for all of Connecticut's troubled youth, a youth "hostel" with free and unlimited access, a counselor in residence, and a job training component might be able to hold some who do not fit in elsewhere. *Therefore, the Legislative Program Review and Investigations Committee suggests that the Department explore the feasibility of establishing an occupational training oriented youth hostel as one additional choice for youth who do not fit into any of the existing programs.*

In addition, if some group homes were encouraged to specialize in the treatment of difficult youths by modifying operating procedures and goals (such as eliminating school attendance requirements), and the Committee's recommendations on licensing and rate setting on pages 67-69 were adopted, some of the problems which have recently been publicized in the media might be reduced.

Unwed Mothers

Aid to unwed mothers is available to any girl who is unmarried and expects to deliver a child prior to her eighteenth birthday. In August 1978, 121 girls were enrolled in the DCYS program.¹ The Department's policy is to provide

- Prenatal planning for the mother and her child,
- Home care,
- Family planning services, and
- Educational, vocational and employment counseling.

Upon entry into the program, a girl is encouraged to apply for Title XIX (Medicaid) funds to cover the cost of prenatal medical care and delivery of the baby. The girl is encouraged to remain in school during her pregnancy and to enroll in a teenage parent program which usually includes a special school with a nursery. Most of the girls choose to keep their babies and many are referred to the Department of Social Services for income maintenance (AFDC).

Birth control is strongly encouraged but since the Department does not maintain adequate records, it is impossible to evaluate the Department's success in limiting future pregnancies. For at least two months after the baby is born, a DCYS worker maintains contact with the mother to provide emotional support and to determine whether mothering skills are sufficient to meet the needs of the baby. Since many of the mothers are only 13 or 14, the

¹ This does not include those girls under 18 who are already DCYS clients as perpetrators of abuse or neglect and are pregnant with another child.

strains of parenting frequently prove too great and result in subsequent referral to the Department for abuse or neglect of the children. Although the Department is unable to determine how many, caseworkers indicated to LPR&IC staff that the proportion of neglectful and abusive mothers among this group ranges between 25-40%.

Caseworkers emphasize the need for better support services, claiming that available services do not provide sufficient emotional support or education to enable these teenage mothers to properly care for their children. *A component of the Department's prevention program (see Chapter IV) should be specifically targeted on unwed mothers under 18 years of age who, as a group, appear to exhibit a higher than normal tendency toward neglect or abuse of their children.*

The Non-Committed Treatment Program

Until 1967, parents of a child needing special treatment in a private residential program, who could not afford the treatment themselves, were forced to have their child committed to the state. The state could not pay for treatment unless guardianship of the child was legally taken from his parents. In cases where there was a healthy relationship between parent and child, this process was damaging and traumatic. The Non-Committed Treatment Program was implemented in 1967 to provide services to such children without removing them from their parents. In FY 1978, a monthly average of 760 children and adolescents were served under the Non-Committed Treatment Program, which is funded from the board and care account (although the Department does not isolate these costs).

Parents of children in the Non-Committed Treatment Program are expected to contribute to the cost of care on an ability-to-pay basis and the local school district is expected to contribute toward the special education cost for the child in treatment, up to its usual per pupil expenditure.

The Non-Committed Treatment Program appears to be an effective way to maintain family ties for children who need expensive special care. The major problem cited by DCYS officials is that the ceiling on the board and care grant, from which the Non-Committed Treatment Program is funded, limits the number of children who can be served (see p. 69).

Legal Issues

The Department of Children and Youth Services is necessarily and frequently involved with the courts and judicial proceedings. Appendix VI-3 describes:

- the process by which children and youth are committed to the custody of the Commissioner of Children and Youth Services;
- temporary custody petitions;
- neglect hearings;
- revocation of commitment;
- termination of parental rights; and
- the adoption process.

Throughout this report recommendations are made to address a number of legal issues which directly affect the administration of DCYS (staff legal training, promulgation of administrative regulations, and commitments of mentally ill children). In addition, the following legal issues which relate to the commitment process and the placement of children were identified:

- Temporary removal by selectmen;
- Costs for temporary custody; and
- Revision of juvenile statutes.

Selectmen's removal authority vague. A rarely used method of temporarily removing abused and neglected children from their homes is authorized by C.G.S. Section 17-40. This statute permits the selectmen of any town to remove and place a neglected or uncared for child in any child-caring facility or with a relative. The statute does not define the terms "neglected" or "uncared for," nor does it provide for any type of hearing prior to removal. The statute merely requires the town to notify DCYS within seven days of making its placement decision.

The Committee finds that the statute may be deemed unconstitutionally vague and that the Department of Children and Youth Services should be the only agency charged with responsibility for the removal of abused or neglected children from their homes.

The Legislative Program Review and Investigations Committee recommends the repeal of C.G.S. Section 17-40 which authorizes the temporary removal of abused and neglected children from their homes by town selectmen.

Costs borne by towns. According to C.G.S. Section 51-310, "the expense for any temporary care and custody shall be paid by the town in which such child or youth is at the time residing...." Towns are reimbursed for 90% of their expenses for such services by the Department of Social Services under the General Assistance program.¹

Although many persons (including town selectmen and welfare department officials, the Connecticut Humane Society and licensed child-caring agencies) may file a petition for temporary removal of a child from abusive or neglectful parents, DCYS initiates most (90-95%) temporary removal actions. Since town representatives are not parties to these Superior Court procedures and because the length of temporary custody can vary from a few days to several months, the towns appear to have a legitimate complaint about the uncertainties of their financial responsibilities in these cases. In addition, DCYS workers have reported delays and other problems in obtaining payments from the towns for temporary placements.

The Committee finds that the state should bear full financial responsibility for children placed in temporary custody as a result of action by a state agency.

The Legislative Program Review and Investigations Committee recommends that C.G.S. Section 51-310 be amended to require that the state pay the expense for temporary care and custody as a result of action by a state agency.

¹ For the quarter ending June 30, 1977, six towns reported serving 17 children under temporary custody orders at a total cost of \$18,850.

Juvenile Law Revision. Finally, several other legal issues of a more technical nature which relate to the commitment of children to DCYS custody were identified by the Superior Court and the Office of Attorney General (see Appendix VI-4). These issues are summarized below:

- There are discrepancies between the statutory criteria for termination of parental rights in Probate and Superior Courts;
- Some statutes which pertain to "committed" children do not specify whether they pertain to all committed children or to those who are committed as neglected, delinquent or mentally ill;
- Evidentiary problems exist regarding out-of-court statements made by children and waiving the patient-psychiatrist-psychologist privilege in juvenile matters;
- Certain juvenile procedures which are mandated only by court rules such as "in camera"¹ examination of a child by the judge, and required social studies should be codified;
- The appeal process in juvenile matters such as transfer to the appellate session of the Superior Court, and specifying the grounds for appeal should be clarified; and
- There is an apparent lack of uniform procedure governing the commitment of mentally ill children (Superior Court, Probate Court, physician admissions).

The Committee finds that these issues require comprehensive legal review and revision of Connecticut's statutes relative to children.

The Legislative Program Review and Investigations Committee requests that the Connecticut Law Revision Commission review, examine and recommend legislation to reform juvenile law in Connecticut, including but not limited to the six problem areas listed above.

¹ "In Camera" means a confidential meeting or examination of a witness within a judge's chambers.

CHAPTER SEVEN

TRANSFER OF MENTAL HEALTH SERVICES FOR CHILDREN
AND ADOLESCENTS

Transfer Commission	78
Cost estimates	79
Implementation difficult	80
Resistance to the transfer of adolescent services	80
Review of Needs and Services Necessary	81
Programs for autistic children	81
Adolescent services	82
Comprehensive planning	84
Mental Illness Commitments	84
DCYS Schools	85

CHAPTER VII

TRANSFER OF MENTAL HEALTH SERVICES FOR CHILDREN AND ADOLESCENTS

One of the Legislative Program Review and Investigations Committee's objectives in this review of the Department of Children and Youth Services, was to untangle the rhetoric and excuses about the delays and problems with the transfer of children's and adolescents' mental health services from the Department of Mental Health to DCYS, which was statutorily mandated to take place by January 1, 1976--nearly three years ago! To understand the issue as fully as possible, as well as for other reasons, the Committee authorized a separate, concurrent program review of the Department of Mental Health (which is scheduled for release early in 1979). One staff person was assigned to interview extensively in both Departments to determine why, nearly three years after the mandated transfer, adolescent units at two state mental hospitals are still being operated by the Department of Mental Health.

This chapter examines the major issues regarding the transfer of mental health programs for children and adolescents and describes the current status of various programs and services. The need for redoubled planning efforts to determine existing and projected unmet needs is emphasized. Problems with mental illness commitments for children already in the custody of DCYS are also examined. Finally, DCYS schools (in state-operated facilities) and the Department's new special school district are reviewed.

Transfer Commission

In 1974 a Commission on the Consolidation of Children's Services was established:

- to plan the transfer of psychiatric services for children and youth to the Department of Children and Youth Services from the Department of Mental Health; and
- to investigate the full scope of children's services with a view toward further consolidation.

The "Transfer Commission's" report recommended administrative and advisory structures to facilitate implementation of the Department's already expanded mandate (child welfare services), and proposed legislation to transfer children's psychiatric services to DCYS.

This became Public Act 75-524, which added "mentally ill and emotionally disturbed" children to the Department's already broad mandate to serve neglected, abused and delinquent children. Under this ACT, the Commissioner of Mental Health was mandated to contract with the Commissioner of Children and Youth Services by January 1, 1976, for the transfer of administrative responsibility for the following institutions and facilities (see Appendix VII-1 for a description of each facility):

- 1) Albany Avenue Child Guidance Clinic;
- 2) The Children's Unit at Connecticut Valley Hospital (now known as RiverView Hospital);
- 3) Connecticut Valley Hospital (CVH) Adolescent Unit;
- 4) Norwich Hospital Adolescent Unit, including the Bryan Building;
- 5) The Adolescent Drug Rehabilitation Unit at Undercliff;
- 6) Fairfield Hills Hospital Adolescent Unit;
- 7) Greater Bridgeport Mental Health Center Children's Unit; and
- 8) High Meadows.

Cost estimates. The Transfer Commission was also charged to develop a twelve-month budget for psychiatric services for children and youth. Unable to prepare such a budget by any other method, the Commission "decided to identify the total dollar amounts that are currently being expended for services to children and adolescents within the Department of Mental Health," so that this amount could be transferred to the DCYS budget.

Determining the cost of these services was difficult. Valid cost estimates (based on actual costs) were available for all of the programs except children's and adolescent services at the three state mental hospitals. Since many support services at the state hospitals (including medical coverage, supervision, maintenance, food services and security) were shared by adult and children's services, the Commission decided to use the per capita cost for the Children's Unit at Connecticut Valley Hospital to estimate the cost of children and adolescent services at all three state hospitals.

Using these actual and estimated costs, plus other administrative costs, the transfer commission recommended that \$9,557,279 be reallocated to DCYS, but it did not develop a plan for administering the transfer of children's and adolescent mental health services.

Implementation difficult. As it turned out, implementing the transfer was even more difficult than estimating costs. Major problems occurred in separating specific costs and staff to be transferred at the three state mental hospital adolescent units. Because each of these programs shared staff and support services with adult programs, it was decided to transfer only those positions which served the children's and adolescent units full time. *Support functions such as maintenance, supervision, medical and food services were generally provided to these units only part time, so many of these positions were not transferred to DCYS, and no funds were transferred initially to represent a pro-rated share of these costs.*

In the final analysis, 331 positions and \$7,617,900 were transferred from DMH to DCYS in FY 1977 for children's and adolescents' mental health services, including grant programs (see Chapter IV). More positions have been added to the DCYS budget in the past two years to fill gaps in support services so that DCYS can operate these programs independently. The FY 1979 budget gave DCYS adequate staffing to operate children's and adolescents' mental health services, while still purchasing some maintenance and food services under contract with DMH.

By July 1, 1978, all children's and adolescents' mental health programs identified for transfer by PA 75-524, except the adolescent units at Norwich and Fairfield Hills Hospitals, were being administered by DCYS.

Resistance to the transfer of adolescent services. The superintendents of both Fairfield Hills and Norwich Hospitals, supported by the Commissioner of Mental Health, have claimed that it is impossible for DCYS to administer and control the adolescent programs until they move to separate buildings. There is, however, no legal or administrative reason why DCYS cannot run a program in a building with other DMH programs, even though this is not the most desirable arrangement. The Bridgeport Children's Services Center, for example, has operated very smoothly under DCYS within the DMH Bridgeport Mental Health Center, and DCYS operated the Connecticut Valley Hospital adolescent unit for several months within an adult psychiatric building. Therefore, the impasse between DCYS and the two hospital superintendents seems to be a weak though convenient explanation for the lack of progress in transferring those two adolescent programs.

Although DCYS has a clear mandate to administer and control these units, the Commissioner of DCYS has not confronted the Commissioner of Mental Health, nor has the Governor intervened to resolve the issue. In fact, there has been no strong initiative by DCYS to take control of the adolescent units at Fairfield Hills and Norwich Hospitals. DCYS has deferred to the objections of the hospital superintendents.

The Committee finds that DCYS is not in compliance with Public Act 75-524 which provides that DCYS administer all children's and adolescent mental health programs in Connecticut.

The Legislative Program Review and Investigations Committee recommends that the Governor issue an executive order transferring administration of the Fairfield Hills Hospital and Norwich Hospital adolescent units to DCYS within the buildings they now occupy by January 1, 1979.

Review of Needs and Services Necessary

According to the Transfer Commission, mental health services for children and adolescents were transferred to DCYS because children lacked visibility in the DMH system and could not compete successfully with adults for dollars and services. The LPR&IC staff found several excellent programs and many dedicated staff among DCYS mental health services. *However, the Department has not taken any initiative to plan or develop a coordinated network of services.*¹ Rather it has continued existing programs and added a few grant programs, but so far has failed to address the overall needs for children's residential programs or to evaluate existing services.

Two specific areas which the Committee finds in need of prompt attention and change are programs for autistic children and adolescent psychiatric services.

Programs for autistic children. The Alpha program at River-View Hospital treats up to 10 autistic children, many of whom

¹ The DCYS central office should develop policy and guidelines to insure a "Comprehensive and integrated statewide program of services" (C.G.S. Section 17-412).

have been institutionalized for several years and require intensive care and supervision. The program for these children is fundamentally separate from the mainstream at RiverView, and is oriented toward education and training rather than therapy. For many autistic children, the prognosis is for very long term hospitalization, whereas most other children at RiverView will eventually live in less restrictive settings.

Autism is a poorly understood condition of unknown cause. It is not synonymous with retardation, but many autistic children function at retarded levels. Section 17-426 of the General Statutes mandates DCYS to operate

...a central residential facility for the care, training, education, therapy and rehabilitation of autistic children and youth and for children and youth who exhibit both emotional or mental disturbance and retarded intellectual functioning.

The Departments of Mental Retardation, Health, and Mental Health are to provide "cooperation, guidance and counsel" to this program. To date, no such central facility has been established. DCYS is planning to have a unit for 12 autistic adolescents at Undercliff, but this will not accommodate the autistic children under age 14 now served by the Alpha program at RiverView.

The Committee finds that DCYS is not in compliance with C.G.S. Section 17-426 which mandates that the Department operate a central residential facility for autistic children and youth.

The Legislative Program Review and Investigations Committee recommends that DCYS establish a statewide residential center for autistic children and youth at Undercliff Hospital, consistent with C.G.S. 17-426.

This would not only fulfill the law, but would facilitate joint programming with the Department of Mental Retardation, which also operates a program on the Undercliff grounds. In addition, removing the autistic children from RiverView would allow them to run a more integrated program and make up to 16 additional beds available (see Appendix VII-1).

Adolescent services. Most of the adolescents admitted to the three state mental hospitals do not need the intensive medical care hospitals are designed to provide. In FY 1977, for

example, only 19% (see Table VII-1) of the adolescents admitted were diagnosed as psychotic which is probably the disorder most likely to respond to medical treatment. The largest category of admissions (27%) was "Transient situational disturbance, adjustment reaction of adolescence," which is a diagnosis attached to adolescents "without any apparent underlying mental disorders" who are experiencing "an acute reaction to overwhelming environmental stress."¹

Table VII-1. Diagnoses of Adolescents Admitted to State Hospital Adolescent Units, FY 1977.

	<u>Number</u>	<u>Percent</u>
Psychosis	82	19%
Neurosis	35	8
Personality Disorder	26	6
Alcohol and drugs	60	14
Transient situational disturbance, adjustment reaction of adolescence	115	27
Behavior disorders	42	10
Mental retardation	23	5
Other non-psychotic	4	1
Diagnosis deferred	<u>44</u>	<u>10</u>
	431	100%

Source: LPR&IC staff analysis of DMH admission data.

From Table VII-1 and from interviews with clinical personnel, it is apparent that most of those admitted to adolescent units do not need intensive, medically-directed, psychiatric treatment. Less intensive treatment would be appropriate for many, while others only need to be temporarily removed from an explosive home situation. *The Department of Children and Youth Services should thoroughly review the appropriateness of the programs it inherited from the Department of Mental Health to determine what program changes would more effectively meet adolescent mental health needs.*

¹ American Psychiatric Association, Diagnostic and Statistical Manual, 1968, p. 48.

Comprehensive planning. DCYS is required to provide both short-term psychiatric and long term residential programs for mentally ill and emotionally disturbed adolescents. In addition, a network of day treatment and outpatient programs is needed throughout the state to meet the mental health service needs of Connecticut children and youth and their families.

The Committee finds that the Department of Children and Youth Services has neither surveyed the needs nor developed a comprehensive plan to meet the known needs for inpatient and outpatient mental health services to children and youth and their families.

The Legislative Program Review and Investigations Committee recommends that DCYS prepare and submit a comprehensive children's and adolescents' mental health plan to the General Assembly, as part of its master plan (recommended on p. 19).

Mental Illness Commitments

Children and youth who are not already under the custody of DCYS, but who are mentally ill may be committed to a children's or adolescents' mental health facility through

- a physician's certificate (15 day limit);
- an order of the Probate Court;
- an order of the Superior Court for Juvenile Matters; or
- the filing of an application for voluntary admission by the child's parent(s).

Several recent court cases have challenged state statutes, similar to Connecticut's which permit unwilling minors to be "voluntarily" admitted to a state institution at the request of a parent. The United States Supreme Court is presently reviewing the constitutional rights (due process) which must be afforded a child prior to his or her commitment to a mental institution. As a result, the LPR&IC has requested the Connecticut Law Revision Commission (p. 77) to review the statutes governing the commitment of mentally ill children (who are not already committed to the state). Any statutory changes recommended as a result of this review should reflect the outcome of the Supreme Court's decision.

In addition, children who are already under the custody of DCYS may be committed to a mental health facility in two ways. First, DCYS may petition the Superior Court to commit a child who cannot be cared for in a foster home to a suitable "child-caring institution" (C.G.S. Section 17-39). While the phrase "child-caring institution" is not defined in statute, it has been interpreted to include a DCYS mental health facility.

Second, a child already committed to DCYS may be placed in or transferred to a state operated mental health facility following a DCYS administrative hearing (C.G.S. Section 17-420(b)). In 1977, DCYS conducted 48 such administrative hearings.

Several judges have expressed dissatisfaction with the administrative hearing process. They believe that a decision to place a child in a mental health facility is so important as to require the legal protection afforded parties in the Superior Court. In addition, various legal service programs view the statute as an unconstitutional delegation of a judicial power to an executive agency.

The Committee finds that the commitment of children to a mental health facility involves important legal rights and that there should be a single, uniform method of committing mentally ill children who are already in DCYS custody.

The Legislative Program Review and Investigations Committee recommends that section 17-420(b) of the general statutes be repealed and that section 17-39 of the general statutes be amended to clarify the Superior Court's authority to commit children who are already in the custody of DCYS to a mental health facility.

DCYS Schools

Each of the residential and day treatment programs operated directly by DCYS has an education component. PA 75-539 established a special school district within DCYS and authorized the appointment of a superintendent, who assumed his position in August 1977. The duties of the DCYS superintendent of schools, as specified in the statute (C.G.S. Section 17-441), include establishing and maintaining schools and libraries, purchasing educational materials, making policy, employing teachers, seeking federal assistance and implementing federal education laws. The superintendent is also required to submit an annual evaluation report on DCYS schools to the Commissioner of the Department of Education.

Most children and adolescents in DCYS institutions eventually return to their homes and local schools. It is important for DCYS staff to work with the schools which will receive discharged patients. All DCYS institutions now do this to some extent, but RiverView has developed an interesting plan for helping children make the transition and also doing evaluation at the same time. A full-time staff member at RiverView is designated as the "Follow-Along Teacher." This person not only consults with the receiving school before the child returns, but checks on his progress after three weeks, and again after six months and after a year. He writes a report of these contacts which provides useful, though anecdotal, information for evaluating the school program. These linkages provide continuity for the child and for the institution.

The Committee finds that periodic follow up regarding children and adolescents discharged from DCYS facilities can ease their transition into the community as well as provide information for institutional evaluation.

The Legislative Program Review and Investigations Committee recommends that the DCYS superintendent of schools work with the facility directors to establish a Follow-Along Teacher program at each DCYS institution.

APPENDICES

I-1	Glossary	88
I-2	Summary of Findings and Recommendations	90
I-3	Agency Response	103
II-1	Summary of Significant DCYS Legislation	112
II-2	Letter from Commissioner Maher re: Child Day Care	116
III-1	LPR&IC Survey of DCYS Supervisors and Workers	118
III-2	Status of DCYS Regulations	124
IV-1	Child Guidance Clinic Grants	126
V-1	Child Abuse and Neglect Report, 1977	127
VI-1	Foster Care Rate Schedule	131
VI-2	Receiving Home Clothing Lists	132
VI-3	Judicial Procedures Involving DCYS	133
VI-4	Areas Needing Further Legislative Study	141
VII-1	Children's and Adolescents' Mental Health Programs Transferred from DMH to DCYS	143

Appendix I-1

Glossary

AAG - Assistant Attorney General

at risk - any child who is suspected or believed to be in danger of being abused or neglected.

adoption - the establishment of a legal parent/child relationship between persons who are not so related.

AFDC - Aid to Families with Dependent Children--an income maintenance program administered by the Department of Social Services.

C.G.S. - Connecticut General Statutes

Central Registry - a 24 hour service for recording reports of known or suspected child abuse or neglect and responding to inquiries from mandated reporters about previous confirmed incidents of child abuse or neglect.

Centralized Homefinding Unit (CHU) - the DCYS unit which is responsible for recruiting and licensing foster and adoptive homes for the entire state.

child - a person under 16 years of age.

child abuse - non-accidental physical injury inflicted upon a child by a person responsible for the child's care including conditions which result from maltreatment such as malnutrition, sexual molestation, deprivation of necessities, emotional maltreatment or cruel punishment (C.G.S. Section 17-38a as amended by PA 77-308).

commitment - court assignment of custody of a child or youth to either the Commissioner of Children and Youth Services or any licensed child-caring agency.

DCYS - Department of Children and Youth Services.

DMH - Department of Mental Health.

DSS - Department of Social Services

expungement - erasure of an agency record.

foster home - a child-care facility which is a private home for not more than four (up to six under certain conditions) placed children for an indefinite period of more than 24 hours.

group home - a community-based residential treatment facility providing care for juveniles in a family-like setting.

LPR&IC - Legislative Program Review and Investigations Committee.

neglect - abandonment; lack of proper care and attention, physically, educationally, emotionally or morally; living conditions injurious to a child's well being; or abuse (see above).

primary prevention - service intervention with a family before abuse and neglect occurs.

secondary prevention - services to prevent subsequent abuse or neglect.

sexual abuse - the victimization of a child by sexual activities such as molestation, indecent exposure, fondling, rape and incest.

termination of parental rights - complete severance by court order of the legal relationship, with all its rights and responsibilities, between the child and parent(s) so that the child is eligible for adoption.

youth - a person 16 to 18 years of age.

Appendix I-2

Findings and Recommendations

This appendix contains the complete text of all Legislative Program Review and Investigations Committee findings and recommendations in its program review of the Department of Children and Youth Services. Those recommendations which require the passage of legislation in order to be implemented are presented first. Those addressed to DCYS for action appear on pp. , and those involving other agencies appear on pp. In addition, within each grouping, recommendations are presented in approximate order of importance, not the order in which they appear in the report.

FOR ACTION BY THE GENERAL ASSEMBLY

Planning Issues

Findings. The Committee finds that: the Department of Children and Youth Services has not fulfilled its mandate to "plan... a comprehensive and integrated program of services," and that this mandate should be strengthened (p. 19); DCYS has not fulfilled its prevention mandate and that the prevention of child abuse and neglect should be a priority of the State of Connecticut (p. 37); and DCYS has neither surveyed the needs nor developed a comprehensive plan to meet the known needs for inpatient and outpatient mental health services to children and youth and their families (p. 84).

Recommendations. The Legislative Program Review and Investigations Committee recommends that the Department of Children and Youth Services be required by statute to prepare and submit to the appropriate legislative committees a rolling five year master plan by January 1, 1981, with annual updates and progress reports on achievement of goals and objectives. The master plan should contain as a minimum:

- the long range goals of the department;
- a detailed description of the types and amounts of services currently being provided to its clients;
- a detailed forecast (using scientific forecasting techniques) of the service needs of current and projected target populations;

- detailed cost projections for alternate means of meeting projected needs;
- funding priorities for each of the five years included in the plan and specific implementation plans showing how the funds are to be used; and
- an overall assessment of the adequacy of children's services in Connecticut.

The Committee recommends that the Department's planning activities be adequately staffed to allow for development of essential data, analysis and preparation of a well thought out master plan. Input from the general public should be sought in the development of the plan through use of public hearings, news media or other devices.

The Committee also suggests that the appropriate committees of the legislature conduct annual public hearings on relevant portions of the Department's master plan and updates to evaluate the adequacy of the plan. These Committees should make specific funding recommendations to the Appropriations Committee based upon their assessment of the plan (p. 19).

The Committee further recommends that DCYS prepare and submit to the General Assembly as part of its master plan, a written plan for the prevention of child abuse and neglect (p. 37); and that DCYS prepare and submit a comprehensive children's and adolescents' mental health plan to the General Assembly, as part of its master plan (p. 84).

Commitment Issues

Findings. The Committee finds that large numbers of children (perhaps as many as 2,600) have been in foster care for more than two years, without a permanent placement plan based on a meaningful review of the "best interests of the child." The longer a child remains in temporary placement, the slimmer his or her chances of a permanent home become.

The Committee also finds that neither the statutes nor DCYS policy defines either "temporary" or "permanent" placement. Without clear definitions, placement decisions are subject to the varying interpretations of caseworkers, supervisors, and others. Without uniform policy, there is no accountability and no safeguard to protect client rights to equal treatment.

The importance of these findings warrants statutory clarification (p. 57).

Recommendation. The Legislative Program Review and Investigations Committee recommends that C.G.S. Section 51-310 be amended to limit the length of commitments to the Department of Children and Youth Services to two years. Ninety days before the expiration of the commitment, the Department would be required to file a petition in court to either 1) terminate parental rights, 2) revoke the commitment, or 3) extend the commitment for an additional two years based upon a finding that continued commitment would be in the best interests of the child (p. 57).

Findings. The Committee finds that the commitment of children to a mental health facility involves important legal rights and that there should be a single, uniform method of committing mentally ill children who are already in DCYS custody (p. 85).

Recommendation. The Legislative Program Review and Investigations Committee recommends that section 17-420(b) of the general statutes be repealed and that section 17-39 of the general statutes be amended to clarify the Superior Court's authority to commit children who are already in the custody of DCYS to a mental health facility (p. 85).

Penalty for Failure to Report Abuse or Neglect

Finding. The Committee finds that although Connecticut's child abuse and neglect reporting statute (C.G.S. Section 17-38a) provides for a \$500 fine for failure to report by mandated reporters, the statute lacks enforcement power and does not discriminate between intentional and "good faith" failure to report (p. 48).

Recommendation. The Legislative Program Review and Investigations recommends that the Penal Code, Chapter 53a, be amended to prescribe a criminal penalty for the intentional failure of a mandated reporter to report a suspected case of child abuse or neglect (p. 48).

Temporary Custody

Findings. The Committee finds that the statute authorizing temporary removal of children by selectmen may be deemed unconstitutionally vague and that the Department of Children and Youth Services should be the only agency charged with responsibility for the removal of abused or neglected children from their homes (p. 75).

Recommendation. The Legislative Program Review and Investigations Committee recommends the repeal of C.G.S. Section 17-40 which authorizes the temporary removal of abused and neglected children from their homes by town selectmen (p. 76).

Finding. The Committee finds that the state should bear full financial responsibility for children placed in temporary custody as a result of action by a state agency (p. 76).

Recommendation. The Legislative Program Review and Investigations Committee recommends that C.G.S. Section 51-310 be amended to require that the state pay the expense for temporary care and custody as a result of action by a state agency (p. 76).

FOR ACTION BY THE DEPARTMENT OF CHILDREN AND YOUTH SERVICES

Budget Issues

Findings. The Legislative Program Review and Investigations Committee finds that confusion continues regarding the level of funding DCYS really needs to adequately carry out its legislative mandate. The Committee further finds that confusing, inconsistent information about funding requirements has hampered the credibility of the Department in the legislature and appears to have contributed to insufficient agency funding (p. 16).

Recommendation. The Legislative Program Review and Investigations Committee recommends that the Department of Children and Youth Services develop and present to the Governor and to the General Assembly a complete, accurate, consistent, and fully documented program budget, justifying the funds needed by the Department to implement its legislative mandate (p. 16).

Finding. The Committee finds that inadequate funds have been appropriated for the board and care line item due in part to poor forecasting and budget preparation with the result that some children are placed inappropriately or not all (p. 69).

Recommendations. The Legislative Program Review and Investigations Committee recommends that the Department of Children and Youth Services submit as part of the budget presentation a detailed listing of each type of expenditure (based on full cost reimbursement) in the board and care account (with no more than 15% included in a "miscellaneous" category). The Committee further recommends that DCYS provide appropriate residential services (especially foster care) to children in its care, within

the limits of available physical resources. If this policy results in a projected shortage of board and care funds, the Department should seek a deficiency appropriation for that year (p. 69).

Foster Care and Adoption Issues

Finding. The Committee finds that excessive processing time in the recruitment of foster homes may be deterring suitable parents from becoming foster parents (p. 60).

Recommendation. The Legislative Program Review and Investigations Committee recommends that the Department of Children and Youth Services policy require full processing of all foster care inquiries through the pre-screening, home study and licensing phases to be completed within six months (p. 61).

Finding. The Committee finds that foster parents should be held accountable as service providers and as such should be compensated for professional (foster care) services rendered (p. 62).

Recommendations. The Legislative Program Review and Investigations Committee recommends that all foster parents receive a stipend for services rendered, beyond the reimbursement for basic living expenses. The stipend system should be evaluated, after a full year of implementation to determine its influence on developing new foster homes, increasing accountability of foster parents, and its potential for enabling institutionalized children to be treated in foster care at higher stipend levels. The Committee further recommends that the Department design a foster care cost reimbursement system which is based on a survey of the current expenditures being made by foster families and other cost of living data (such as U.S. Census Bureau data), plus the stipend (p. 63).

Findings. The Committee finds Connecticut's private adoption agencies effective and capable of handling all adoptive placements in Connecticut at the present time. The Committee also finds that the major unmet need for homes is for foster homes rather than adoptive homes. Therefore, the Department's homefinding efforts which yielded 491 adoptive homes and only 87 foster homes in FY 1978 (3,600 children were in need of foster placement that year, see p. 61) are ineffective and perhaps misdirected (p. 66).

Recommendations. The Legislative Program Review and Investigations Committee recommends that DCYS discontinue its adoptive home recruitment efforts and concentrate exclusively on recruiting foster homes for children with special needs. The Department should continue to process adoptions of children by their foster

parents. All children committed to the Department should be listed with the Connecticut Adoption Resource Exchange, whether or not they are "hard to place," to insure complete impartiality in the referral of children for adoption to private agencies (p. 66).

Finding. The Committee finds that the private sector has demonstrated its ability to operate effective specialized foster care programs (p. 64).

Recommendation. The Legislative Program Review and Investigations Committee recommends that DCYS work with private agencies such as Child and Family Services to expand the amount of specialized foster care provided by the private sector (p. 64).

Child Abuse and Neglect Reporting and Investigation Issues

Finding. The Committee finds that the Commissioner of Children and Youth Services cannot know the extent to which his statutory mandates for "immediate" and "prompt" investigations are being met, since completion times for investigations are not routinely collected and monitored throughout the Department. Nor can the legislature or the public be confident of compliance (p. 51).

Recommendation. The Legislative Program Review and Investigations Committee recommends that a tracking system be developed immediately in each regional office, whereby supervisors monitor elapsed time between the receipt of a report, initial contact, and completion of the investigation and take appropriate action to insure compliance with the Department's mandates for immediate (24 hours) and prompt (3 days) response to reported abuse or neglect. This information should be submitted to the DCYS Office of Evaluation, Research and Planning on a weekly basis (p. 52).

Findings. The Committee finds that mandated reporters are not being provided with adequate feedback following their reports of suspected child abuse or neglect and that such feedback is consistent with the federal Model Child Protection Act and the Connecticut General Statutes (p. 47).

Recommendation. The Legislative Program Review and Investigations Committee recommends that the Department of Children and Youth Services provide to mandated reporters, upon request, a copy of the Department's investigation finding, requiring that confidentiality be maintained (p. 47).

Finding. The Committee finds that DCYS does not have a well planned, systematic program for the on-going education of mandated reporters, and that the Department's efforts to date have been inadequate (p. 49).

Recommendation. The Legislative Program Review and Investigations Committee recommends that the Department of Children and Youth Services initiate a formal educational program within the Division of Preventive and Community Services aimed specifically at those mandated reporters throughout the state whose employment is likely to bring them in contact with child abuse and neglect victims (such as elementary school teachers, pediatricians, hospital emergency room personnel and clinic physicians) to inform such mandated reporters about their reporting responsibilities and the procedures they must follow (p. 49).

Findings. The Committee finds that the DCYS contracts with the Connecticut Child Welfare Association appear to be cost-effective solutions to the problems of 24 hour, 7 day per week emergency reporting and staffing requirements. However, DCYS has delegated considerable responsibility to CCWA's Care-Line for appropriate referral of abused and neglected children and should be monitoring Care-Line's screening and referral decisions (p. 46).

Recommendation. The Legislative Program Review and Investigations Committee recommends that the DCYS contract with the Connecticut Child Welfare Association provide for DCYS monitoring and evaluation of the Care-Line's screening and referral process (p. 46).

Treatment Plans

Findings. The Legislative Program Review and Investigations Committee finds that the Department of Children and Youth Services is not in compliance with the requirements of C.G.S. Section 17-421 to prepare (and review every six months) a written plan of care and treatment for every child under the Department's supervision (p. 22).

Recommendations. The Legislative Program Review and Investigations Committee recommends that the Department of Children and Youth Services immediately identify and prepare treatment plans for those children under its supervision for whom no treatment plan has been prepared and that all plans be reviewed at least every six months (p. 22).

Issuance or Revision of Regulations

Findings. The Committee finds that the Department of Children and Youth Services' treatment plan standards are subject to the requirements of the Uniform Administrative Procedure Act on the basis that treatment planning is subject to administrative review, and treatment plan standards are statements by DCYS which implement a specific statutory responsibility and affect the rights of DCYS clients (p. 23).

Recommendation. The Legislative Program Review and Investigations Committee recommends that the Department of Children and Youth Services promulgate, in accordance with the Uniform Administrative Procedure Act, regulations to serve as standards in the development and implementation of treatment plans (p. 23).

Findings. The Committee finds that a number of statutorily required regulations have not been promulgated, and that such regulations are needed to provide essential legal remedies for DCYS clients and the public (p. 28).

Recommendation. The Legislative Program Review and Investigations Committee recommends that the Department of Children and Youth Services promulgate emergency regulations, pursuant to C.G.S. 4-168(b), for those proposed regulations which have not yet been forwarded to the Regulations Review Committee (p. 28).

Findings. The Committee finds that the licensing provisions for private child-caring facilities are outdated and the quality of these programs needs to be more closely supervised. In addition, any licensing standards developed by the Department appear to be subject to the requirements of the Uniform Administrative Procedure Act (p. 67).

Recommendations. The Legislative Program Review and Investigations Committee recommends that the current licensing regulations be revised according to the Uniform Administrative Procedure Act, and that a peer review system using both Department officials and provider representatives be developed to perform the annual relicensure reviews of private child-caring facilities (p. 68).

Reimbursement Rates Inequitable

Findings. The Committee finds that the state has an obligation to pay the full cost of essential services and that

reasonable reimbursement rates should reflect the quality and intensity of services being provided (p. 68).

Recommendation. The Legislative Program Review and Investigations Committee recommends that the Department streamline its cost-reporting and rate request systems for private group homes and institutions to produce only the information needed and used in the rate setting process. The reimbursement rates should be based on full cost of necessary care, using generally accepted accounting principles, and should provide for rate flexibility according to the services being required by the Department (p. 68).

State Receiving Home Policies Outdated

Finding. The Committee finds that the State Receiving Home is meeting a need for temporary (or emergency) shelter care for children and adolescents in the Department's care. This is a new role for the Home, however, which has not been defined in Department policy (p. 70).

Recommendation. The Legislative Program Review and Investigations Committee recommends that DCYS develop and disseminate clear policy for the use of the State Receiving Home as a temporary shelter for children and adolescents in emergency situations or prior to a placement (p. 70).

Finding. The Committee finds that the State Receiving Home's admission procedures are cumbersome and impede or discourage the appropriate placement of children in this facility (p. 71).

Recommendation. The Legislative Program Review and Investigations Committee recommends that DCYS develop clearly stated intake procedures for the State Receiving Home, based on the best interests of the child, which define the responsibilities of the regional office caseworkers as well as those of the Receiving Home staff. These procedures should be communicated to all caseworkers and included in training for new staff (p. 71).

Independent Living Arrangements Need Strengthening

Findings. The Committee finds that while the Department of Children and Youth Services has no more legal authority over a child or youth committed to its custody than the child's natural parent, the Department can attempt to exercise control over

difficult youths on independent living status by attaching conditions to the financial support provided to these youths (p. 72).

Recommendations. The Legislative Program Review and Investigations Committee recommends that the Department of Children and Youth Services strengthen its control over youths in independent living arrangements by requiring frequent, regular caseworker contact and approval of the youth's activities as conditions for payment of living expenses. Additional conditions such as place of residence, regular employment or attendance at school or vocational training programs should also be used as appropriate. Non-compliance with these conditions should result in discontinuance of payment of living expenses directly to the youth, with payments instead being made directly to approved service providers (for lodging, meals, etc.). The Department should closely monitor such vendor payments to assure that payments are not made for services not rendered (p. 72).

Autistic Unit Needed

Finding. The Committee finds that DCYS is not in compliance with C.G.S. Section 17-426 which mandates that the Department operate a central residential facility for autistic children and youth (p. 82).

Recommendation. The Legislative Program Review and Investigations Committee recommends that DCYS establish a statewide residential center for autistic children and youth at Undercliff Hospital, consistent with C.G.S. 17-426 (p. 82).

DCYS School Follow-up Needed

Finding. The Committee finds that periodic follow up regarding children and adolescents discharged from DCYS facilities can ease their transition into the community as well as provide information for institutional evaluation (p. 86).

Recommendation. The Legislative Program Review and Investigations Committee recommends that the DCYS superintendent of schools work with the facility directors to establish a Follow-Along Teacher program at each DCYS institution (p. 86).

Medical Examinations and Other Services Not Provided

Finding. The Committee finds that DCYS has many cases (perhaps as many as 50-70%) in which there is no evidence of routine medical examination or other medical services (p. 24).

Recommendation. The Legislative Program Review and Investigations Committee recommends that DCYS staff promptly identify and arrange for medical examinations and any other needed medical services for all children for whom medical information is presently lacking (p. 24).

Telephone Service Inadequate

Finding. The Legislative Program Review and Investigations Committee finds that the Department's telephone service is grossly inadequate and reduces worker efficiency (p. 32).

Recommendation. The Legislative Program Review and Investigations Committee recommends that the Southern New England Telephone Company be engaged immediately to assess the adequacy of the present DCYS telephone system and to make recommendations for increasing its service to an adequate operating level. Funds should be made available to fully implement the recommendations of the telephone company (p. 32).

FOR ACTION BY OTHER AGENCIES

Staffing Requirements and Management Information

Findings. The Committee finds that it is not possible to quickly and reliably assess the Department's staffing needs with the information now available. Such an assessment is essential to enlighten budget deliberations, to improve Department morale and accountability, and to safeguard the children the Department serves (p. 17).

Recommendations. The Legislative Program Review and Investigations Committee recommends that the Office of Policy and Management (program evaluation section), in consultation with the Personnel Division of the Department of Administrative Services, conduct a thorough examination and make recommendations to the General Assembly by January 1, 1980 concerning the total staff needs of the Department of Children and Youth Services. The study should include recommended caseloads, revised job descriptions, qualifications, salary recommendations, and a method for forecasting future staffing requirements based on changes in the Department's workload (p. 17).

Findings. The Committee finds that DCYS is not in compliance with its statutory mandates to "collect, interpret and publish statistics relating to children and youth within the department" and to "conduct studies of any program, service or facility

developed, operated, contracted for or supported by the department in order to evaluate its effectiveness" (C.G.S. Section 17-412) (p. 21).

Recommendation. The Legislative Program Review and Investigations Committee recommends that the Office of Policy and Management conduct a thorough reevaluation of the management information and program evaluation activities of the Department of Children and Youth Services as part of the study recommended on page 17 (p. 21).

Transfer of Adolescent Units from DMH to DCYS

Finding. The Committee finds that DCYS is not in compliance with Public Act 75-524 which provides that DCYS administer all children's and adolescent mental health programs in Connecticut (p. 81).

Recommendation. The Legislative Program Review and Investigations Committee recommends that the Governor issue an executive order transferring administration of the Fairfield Hills Hospital and Norwich Hospital adolescent units to DCYS within the buildings they now occupy by January 1, 1979 (p. 81).

Office Space Needs Expansion

Finding. The Committee finds that crowded working conditions and inadequate office space are reducing the effectiveness of DCYS staff (p. 30).

Recommendation. The Legislative Program Review and Investigations Committee recommends that the Office of Policy and Management, the Department of Administrative Services and the Attorney General's Office (all involved with the acquisition of state leased or owned facilities) cooperate to quickly meet the Department of Children and Youth Services' office space requirements, with special attention being given to consolidating the Department's central administrative staff in a single location in or near Hartford (p. 30).

Juvenile Laws Need Revision

Finding. The Committee finds that the issues noted on page 77 require comprehensive legal review and revision of Connecticut's statutes relative to children (p. 77).

Recommendation. The Legislative Program Review and Investigations Committee requests that the Connecticut Law Revision Commission review, examine and recommend legislation to reform juvenile law in Connecticut, including but not limited to the six problem areas listed above (p. 77).

Appendix I-3

Agency Response

It is the policy of the Legislative Program Review and Investigations Committee to submit a draft of its reports to appropriate agency officials for their comment prior to Committee adoption. For this report, "agency responses" were requested and received from the Commissioner of Children and Youth Services and the Commissioner of Mental Health. The Commissioners were asked to comment regarding any errors, omissions, or alternative interpretations of data or findings.

Changes were made in an earlier draft based on preliminary agency responses and other information. Where page numbers in the final agency responses differ from the final report, correct page numbers have been typed in the margin with an asterisk.



STATE OF CONNECTICUT
DEPARTMENT OF CHILDREN AND YOUTH SERVICES
345 MAIN STREET HARTFORD, CONNECTICUT 06115

ELLA GRASSO
GOVERNOR

FRANCIS H. MALONEY
COMMISSIONER

October 25, 1978

The Honorable Lawrence J. DeNardis
The Honorable Joan R. Kemler
Co-Chairmen, Legislative Program Review
and Investigations Committee
Room 404 - State Capitol
Hartford, Connecticut 06115

Dear Chairmen:

Thank you for the opportunity to respond to the Legislative Program Review and Investigations Committee staff draft report entitled, The Department of Children and Youth Services - A Program Review.

I have reviewed and analyzed the report within the time allotted and feel that the report, as it stands, represents considerable work on the part of the Research Team and identifies many constructive recommendations.

My response is directed toward (1) areas of overall perspective; (2) areas of agreement with staff findings; (3) areas of agreement, with conditions, with staff findings; and (4) areas of disagreement with staff findings.

1. Overall Perspective

In reviewing the charge of the Legislative Program Review and Investigations Committee, "to evaluate the efficiency and effectiveness of selected State programs and to recommend improvements as indicated," it is my belief that this report fails to present the greatly expanded Department of Children and Youth Services (DCYS) appropriately. Therefore, it is only fair to the people of Connecticut, especially to the dedicated and hardworking employees of the Department of Children and Youth Services, that my response present the Department in what I consider to be its full and proper perspective.

Due to the fact that the level of children's services nationally has left much to be desired, DCYS has set as its program and treatment goals, standards that far exceed those of other states -- the Department should be judged accordingly. DCYS is already recognized as a national leader in providing state service programs for children and their families. As the Department reaches full compliance with its goals and standards, it will be unique among the states in providing total comprehensive services to children and their families.

The Honorable Lawrence J. DeNardis
The Honorable Joan R. Kemler

October 25, 1978

In recognition of our progress, DCYS presently receives numerous requests for participation at national and regional seminars and meetings to give technical assistance and testimony. We have also provided such assistance and testimony to federal and state agencies and the Congress of the United States. In addition, hours of positive testimony from prominent Connecticut and national experts were presented before the Legislative Program Review and Investigations Committee at a public hearing on June 13, 1978.

When the decisions were made to merge juvenile delinquency, child welfare and children's mental health services in 1974 and 1975, treatment services for Connecticut children and their families were inadequate and suffering from the State's lengthy fiscal crisis. It was recognized that in the reorganization, great efforts would have to be made to bring total services for children up to acceptable levels. Similarly, great efforts would have to be made to increase support services such as office space, state cars, telephones, etc., to keep pace with this rapidly expanding super agency. The shortages in these areas have caused some difficulty in the reorganization, but gains are being made every day and hopefully, these problems will be minimized in the near future.

Examples where I feel the critique of programs is not presented in a proper perspective are:

- . On Page 22, it is indicated that the Department's Division of Treatment Services had not reached full compliance in ensuring a written treatment plan for every child which is to be reviewed every six months. The fact is that the Department is close to full compliance in both having written treatment plans for every child and ensuring six-month reviews. When DCYS is in full compliance with this standard, we will be the first state in the nation to have accomplished this monumental task. It will represent a treatment milestone for children and their families experiencing abuse, neglect, delinquency or emotional problems.
- . On Page 2, the Committee has criticized the Department's lack of management information to effectively carry out its mandate. In fact, the Department's new Management Information System is more than 90% operational. It is the most sophisticated child-tracking computerized information system in the country. This total management information system and its component parts (child/family case management; management tracking; vendor payment; financial accounting; and sources and uses of funding) is regarded by many as the ultimate information system and a national model for other child-serving agencies. Such a sophisticated system requires more development time to achieve its full potential. The child-tracking component will be fully operational by January 1, 1979. Therefore, I do not consider it wise to set in operation temporary systems as recommended by the Committee on Page 50.
- . Other program management and service areas which represent major accomplishments in the field of child and family services and, therefore, should be placed in the proper perspective, include:
 - emergency system for children in imminent danger of being severely abused or neglected;

The Honorable Lawrence J. DeNardis
The Honorable Joan R. Kemler

October 25, 1978

- coordination of public/private sector multi-disciplinary community team development and implementation to better respond to the needs of families in crisis;
- coordination of the Department's three-year, state-wide education program for mandated reporters for child abuse and neglect;
- provision of legal assistants for three of DCYS' five regions (the remaining two to be appointed shortly); and the development of a legal services training manual which will be presented this winter in Washington at a joint meeting of the Department of Health, Education and Welfare and the Law Enforcement Assistance Administration. (This manual will serve as a model for Protective Service Legal training);
- implementation of a comprehensive administrative hearing program to ensure and protect the rights of children;
- many other program services too numerous to mention.

2. The Areas of Agreement are as Follows:

Page 16 - DCYS Budget Presentation - This is present DCYS policy in accordance with Connecticut General Statutes.

Page 22 - Preparation of Treatment Plans - DCYS is near full compliance with a treatment plan for every child and has been moving rapidly toward full compliance with six-month reviews thereof.

- *28 Page 26b - Promulgation of Emergency Regulations - DCYS concurs.
- *30 Page 28 - Office Space Requirements - DCYS concurs.
- *32 Page 30 - Upgrading Telephone Service - DCYS concurs.
- *46 Page 44 - Monitor and Evaluate the Care-Line - The present contract with Connecticut Child Welfare Association calls for this, and it will be implemented.
- *48 Page 46 - Criminal Penalty for Mandated Reporters - DCYS concurs.
- *49 Page 47 - Formal Educational Program for Mandated Reporters - This is present DCYS policy and practice. The program will continue to be expanded.
- *61 Page 59 - Foster Care Inquiry Processing - The redesigned Centralized Homefinding Unit has been reorganized to carry out this mandate by January, 1979.
- *64 Page 62 - Expansion of Specialized Foster Care - The Department concurs and, in fact, is already moving in this direction.

The Honorable Lawrence J. DeNardis
The Honorable Joan R. Kemler

October 25, 1978

*68 Page 66 - Strengthening Licensing Capacity - This is the present intention of the Department.

Rate Setting Processes - This is the present intention of the Department and we, in fact, have met with private sector executives to develop an effective system.

*69 Page 67 - Board and Care Line Item - The full budget for Board and Care is now under DCYS administration and we intend to implement this recommendation.

*71 Page 69 - Clarify Intake Procedures for State Receiving Home - DCYS concurs.

*76 Page 72a - Temporary Removal by Town Selectmen - DCYS concurs.

*76 Page 72b - State Expenditure for Temporary Care and Custody - DCYS concurs.

*77 Page 72c - Reformed Juvenile Law - DCYS concurs.

*81 Page 76 - Executive Order for Adolescent Units - Administration of the Units is in the process of transfer from the Department of Mental Health to the Department of Children and Youth Services to comply with P. A. 78-219.

*82 Page 77 - Statewide Center for Autistic Children and Youth - It is the present plan of the Department to implement this program.

3. Areas of Agreement with Conditions are:

Page 17 - Total Staff Needs Assessment - If this recommendation is adopted, DCYS will cooperate.

Page 19 - Five-Year Master Plan - If such a statute is enacted, DCYS will comply.

Page 24 - Medical Examinations - The Department is presently analyzing this recommendation as to whether such service is possible within present resource levels.

*37 Page 34 - Prevention Plan - The Department is presently working with public and private sector professionals to determine the possibility of developing such a plan.

*57 Page 55 - Limitation of Length of Commitments - DCYS feels this recommendation merits consideration.

*63 Page 61 - Foster Care Stipend - DCYS concurs with this recommendation subject to appropriate funding.

*72 Page 70 - Strengthening Independent Living Arrangement - DCYS concurs with this recommendation subject to appropriate funding.

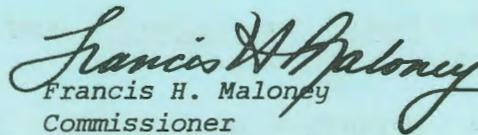
The Honorable Lawrence J. DeNardis
The Honorable Joan R. Kemler

October 25, 1978

- *84 Page 79 - Mental Health Plan - If such a statute is enacted, DCYS will comply.
- *85 Page 79b - Clarification of Mental Health Commitments - A Task Force is presently preparing legislation which will be submitted to Senator Barry's Juvenile Justice Commission for consideration in the upcoming legislative session; we feel this should be the major focus of any legislative thrust.
- *86 Page 80 - Follow-Along Teacher Program - Subject to appropriate funding, DCYS concurs.
4. Areas of Disagreement are:
- Page 21 - Re-evaluation of Management Information System - DCYS sees no need for this; however, if the recommendation is adopted, DCYS will comply.
- Page 23 - Treatment Plan Standards as Regulations - The Department has reasonable doubt that standards and policy matters referred to herein must be promulgated as regulations and, therefore, feels that an opinion of the Attorney General's Office is warranted.
- *47 Page 45 - Mandated Reporter's Receipt of Investigation Findings - DCYS would favor this recommendation, however, its implementation poses many potential problems, not only in ensuring the protection of confidentiality but also in the Agency's ability to respond considering the many complaints received. Therefore, this requires further analysis before full implementation.
- *52 Page 50 - Investigation Tracking System - The present Departmental goal for the Management Information System is to have such a tracking system fully operational no later than January 1, 1979.
- *66 Page 64 - Adoptive Home Recruitment Efforts - We do not feel that this recommendation should be implemented at this time. The Department has engaged in a study with the Connecticut Adoption Council to pilot a program for 100 children over a two-year period to effectively evaluate the merits of this recommendation. In addition, over the past year, DCYS has begun an Adoption Resource Exchange for hard-to-place children which has had outstanding success.
- *70 Page 68 - Policy for State Receiving Home - Clear policy for the use of the State Receiving Home does exist.

If you have any further questions, please do not hesitate to contact me.

Sincerely,


Francis H. Maloney
Commissioner

FHM/nem



STATE OF CONNECTICUT
DEPARTMENT OF MENTAL HEALTH

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ELLA GRASSO
GOVERNOR

ERIC A. PLAUT, M.D.
COMMISSIONER

October 27, 1978

Ms. Linda A. Adams
Director
Legislative Program Review
and Investigations Committee
Room 404
State Capitol
Hartford, Connecticut 06115

Dear Ms. Adams:

As per our phone conversation, enclosed is the agency response to the draft DCYS report.

Sincerely,

A handwritten signature in dark ink, appearing to read "Eric A. Plaut".

Eric A. Plaut, M.D.
Commissioner

EAP/jcp

Enclosure

DEPARTMENT OF MENTAL HEALTH
AGENCY RESPONSE TO CH. VII OF LEGISLATIVE PROGRAM REVIEW
AND INVESTIGATIONS COMMITTEE DRAFT REPORT
OF THE DEPARTMENT OF CHILDREN AND YOUTH SERVICES

The Department of Mental Health shares the Committee's concern that implementation of the transfer of services from the Department of Mental Health to the Department of Children and Youth Services has proven hard to effect. It does not share the Committee's view that the difficulties stem from resistance to implementation by the Department of Mental Health.

Since the effective date of the transfer (January, 1976), it has been the Department of Mental Health's understanding that there was full agreement that the Department of Children and Youth Services should operate adolescent inpatient services in separate facilities, fully under the Department of Children and Youth Services' control. That it has proved so difficult for the Department of Children and Youth Services to develop such facilities has been a disappointment to the Department of Mental Health as well as to the Department of Children and Youth Services. To date, however, it remains the Department of Mental Health's understanding that the Department of Children and Youth Services intends to establish such facilities at Norwich, Newtown, and Meriden.

For the past year, the Department of Mental Health has stood ready to vacate the Ray Building at Norwich on one month's notice. We continue to stand ready to do so and our current expectation remains that the Department of Children and Youth Services will shortly

avail itself of this option. Similarly, at Fairfield Hills Hospital the Department of Mental Health can make a separate building available to the Department of Children and Youth Services, and it is our understanding that DCYS plans to make that move in the near future. DCYS is already in a separate facility at Connecticut Valley Hospital, pending the completion of remodeling of its facility in Meriden. Since these plans for transfer of all adolescent services to Department of Children and Youth Services' buildings are in place, the recommendation on Page 76 is unnecessary and could be disruptive to ongoing programs.

Additionally, the arguments put forth on Pages 75 and 76, under the heading "Resistance to the Transfer of Adolescent Services," lack substance. To analogize between a day school for voluntary patients (the program at Greater Bridgeport Mental Health Center) and a 24-hour service for involuntary patients is illogical. Similarly, the move into a separate building at Connecticut Valley Hospital was precisely because of the problems created by operating the program in an adult psychiatric building.

10/27/78

Appendix II-1

Summary of Significant DCYS Legislation

- 1969 P.A. 664 Created Department of Children and Youth Services and authorized its Commissioner to be Interstate Compact Administrator.
- 1972 P.A. 127 Lowered age of majority to 18 years (youths 16-17; children under 16).
- P.A. 235 Authorized termination of Connecticut School for Boys in whole or in part (merger with Long Lane School).
- 1973 P.A. 49 Granted authority to place children who are in custody and over 14 on vocational probation.
- P.A. 62 Authorized Department to license boarding homes for children.
- P.A. 69 Granted authority to place voluntarily admitted children and youth in residential facilities under contract with or available to the Department.
- P.A. 205 Added dentists, psychologists and school guidance counselors to class of mandated reporters and authorized 96 hour hold by doctor or hospital in instances of suspected child abuse.
- P.A. 552 Authorized transfer of persons from Connecticut School for Boys or Long Lane School to appropriate outside facility.
- 1974 P.A. 52 Established commission to study and report on desirability of transfer of psychiatric and related services for children and youths (under 18) from Department of Mental Health to Department of Children and Youth Services.
- P.A. 164 Clarified procedures for adoption of children, termination of parental rights and regulations for statutory parents.
- P.A. 251 Authorized transfer of children's protective services from Welfare Department to Department of Children and Youth Services.

- P.A. 268 Clarified right to grant parole and revoke parole of children committed to Department of Children and Youth Services by Juvenile Court.
- P.A. 293 Further enlarged the list of mandated reporters of suspected child abuse; required adoption of child abuse registry; extended 96 hour hold to other children residing in home where there is suspected abuse.
- 1975 P.A. 171 Authorized that all support orders of the Juvenile Court be payable to and collected by the Central Collection Division of the Department of Finance and Control.
- P.A. 246 Allowed the Commissioner of Children and Youth Services to make direct payments for goods and services provided children under his custody or guardianship.
- P.A. 251 Transferred guardianship of children committed to the State from the Welfare Department to the Commissioner of Children and Youth Services.
- P.A. 270 Changed department that receives child abuse complaints from the Welfare Department to the Department of Children and Youth Services.
- P.A. 384 Changed child abuse statutes to bring Connecticut law into conformity with Federal Child Abuse Prevention and Treatment Act (P.L. 93-247).
- P.A. 487 Empowered Department of Children and Youth Services to assist cities and towns in establishing Youth Service Bureaus.
- P.A. 492 Allowed additional qualified parties to file petitions on behalf of children alleged to be neglected, uncared for or dependent or for termination of parental rights.
- P.A. 493 Authorized Commissioner of Children and Youth Services or his designee to act as guardian of a child in his custody in special education proceedings.
- P.A. 524 Transferred children's psychiatric services from the Department of Mental Health to the Department of Children and Youth Services.

- P.A. 538 Enacted Children's Rights Bill specifying minimum rights of children who are committed to a state department and residing in state residential facilities.
- P.A. 539 Established a special school district within the Department of Children and Youth Services.
- P.A. 544 Allowed the Commissioner of Children and Youth Services to delegate powers, duties and functions regarding children under his guardianship to his designee.
- P.A. 580 Clarified licensing procedures for child care facilities.
- P.A. 602 Gave injunctive power to Juvenile Court in matters concerning children committed to the Department of Children and Youth Services and amended other Juvenile Court Statutes.
- 1976 P.A. 19 Transferred the administration of the High Meadows facility for emotionally disturbed and mentally ill children to the Department of Children and Youth Services.
- P.A. 27 Clarified removal procedures of child from home in child abuse cases.
- P.A. 226 Permitted child's attorney to petition for termination of parental rights.
- P.A. 235 Required that Juvenile Court provide an attorney for any child in any proceeding regarding that child's custody,
- P.A. 285 Transferred the administration of the Parent-Child Resource System to the Department of Children and Youth Services.
- 1977 P.A. 220 Transferred a portion of the Undercliff Mental Health Center from the Department of Mental Health to the Department of Children and Youth Services.
- P.A. 246 Established procedures governing access to and confidentiality of information concerning adoption, termination of parental rights, removal of guardianship and removal of custody.

- P.A. 273 Allowed foster parents to participate in Juvenile Court proceedings governing the custody of a foster child living with them.
- P.A. 308 Changed child abuse reporting requirements to conform to federal regulations.
- P.A. 379 Established a photo-listing service within the Department of Children and Youth Services for children eligible for adoption.
- P.A. 577 Established a legal division of assistant attorneys general within the Department of Children and Youth Services to prosecute petitions of child abuse and neglect.
- 1978 P.A. 337 Provided state funding for youth service bureaus.
- P.A. 192 Extended voluntary admissions of persons to the Department of Children and Youth Services.
- P.A. 238 Provided for provisional licensing of child-care facilities and child-placing agencies.
- P.A. 209 Authorized payments for care and maintenance of children committed to the Department of Children and Youth Services.



STATE OF CONNECTICUT Appendix II-2

DEPARTMENT OF SOCIAL SERVICES

110 BARTHOLOMEW AVENUE HARTFORD, CONNECTICUT 06115

OFFICE
OF THE
COMMISSIONER

TELEPHONE
(203) 566-2008

September 5, 1978

Ms. Linda Adams, Staff Director
Legislative Program Review and
Investigation Committee
Room 404, State Capitol
Hartford, Connecticut 06115

Dear Ms. Adams:

As requested in a letter dated August 7, 1978 from Senator DeNardis and Representative Kemler, I am responding to you concerning issues involving child day care raised by Mrs. Frances Roberts, Director, Office of Child Day Care.

By agreement with the Department of Children and Youth Services the Department of Social Services administers the Family Day Care Licensing function which is directly related to the Work Incentive Program (WIN). The major goal of the WIN Program is to place mandatory AFDC registrants into employment and training, and to accomplish this goal it is absolutely essential that timely child care supportive services be available. I, therefore, do not approve of any measure or proposal which would remove the Family Day Care Licensing function from the agency administering the WIN Program. Pursuant to PA 77-614, effective January 1, 1979, all Department of Social Services service functions, including Title XX and WIN will be transferred to the newly created Department of Human Resources. Additionally, all other child day care functions currently administered by the Department of Community Affairs will be placed in the Department of Human Resources.

Title XX will provide in Federal FY 79 \$14,172,390 for various kinds of child day care needs. Since the new Department of Human Resources will be responsible for administering these funds and most of the Child Day Care programs, I would highly recommend that those Child Day Care Licensing functions currently being performed in the Department of Health also be transferred to the Department of Human Resources so as to further ensure a better coordinated and effective Child Day Care Program in Connecticut.

As to Mrs. Roberts' question concerning information on the ages of children served in child day care facilities, hopefully when the Department of Human Resources comes into being the need for this kind of information can be more fully evaluated. Unfortunately, during the past few years increasingly demanding mandatory reporting requirements imposed by DHEW, USDA and the Federal Courts have necessitated that the Department of Social Services set priorities in developing Data Processing informational systems to meet these requirements.

Sincerely,



Edward W. Maher
Commissioner

EWM/wch

cc: Frances T. Roberts
Office of Child Day Care

Susan Bucknell, Executive Director
Permanent Commission on the Status of Women

Anthony V. Milano, Secretary
Office of Policy and Management

Appendix III-1

Survey of DCYS Supervisors and Caseworkers

In May 1978, questionnaires were mailed to all caseworkers and supervisors in the DCYS children's and protective services division to determine how Department employees feel about areas such as staff training, treatment planning, workload, and preparation for court proceedings.

Completed survey responses were received from 193 (61%) caseworkers and 31 (53%) supervisors. Copies of each survey instrument with responses typed in italics follow. Because not every respondent answered every question, the number responding to each question reported in percentages is listed in the margin as, for example, N=175. Where a respondent could check more than one item, percentages are not useful. Therefore, actual numbers of persons so responding are used and "RD" (Raw Data) is typed in the margin. Asterisks denote the average (mean) response where appropriate.

Noteworthy findings include the following:

- Case supervisors have worked at DCYS an average of 12 years, and have been in their present positions nearly 4 years on the average.
- Caseworkers and social workers have worked at DCYS an average of five years and have held their current responsibilities for slightly over 2 years.
- Caseworkers report an average of 62 cases each, but believe the maximum number they could adequately handle is 30.
- Most caseworkers said most of their time was spent in (1) working on case records, (2) direct client contact, and (3) investigations and interviews.

- Sixty-five percent of the staff and 90% of the supervisors reported having children in their caseload for whom parental rights should be terminated. Only 36% of the staff and 54% of the supervisors who had such children said the process was in motion. Lack of time was the main reason given for not moving on more cases.
- In addition, 29% of the workers and 83% of the supervisors said they had children whose commitment should be revoked. Sixty percent and 45% respectively, said the revocation process was not in motion, again primarily due to lack of time.
- Over 90% of both workers and supervisors had been in court on a DCYS matter. Only 51% of workers said they usually felt adequately prepared and over 90% of both workers and supervisors said it depends on the case whether a worker should remain on a case after a court proceeding.
- Sixty-nine percent of workers and 91% of supervisors said they were "satisfied" or "very satisfied" with their jobs. Seventy percent of workers and 91% of supervisors said they were "satisfied" or "very satisfied" with their ability to do a good job. Major dissatisfactions were in the areas of "office space," and "availability of state cars," and "salary."

Connecticut
General Assembly



SENATOR
LAWRENCE J. DENARDIS
Co-chairman

REPRESENTATIVE
JOAN R. KEMLER
Co-chairman

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LINDA A. ADAMS
Director

LEGISLATIVE PROGRAM REVIEW
AND INVESTIGATIONS COMMITTEE

ROOM 404, STATE CAPITOL, HARTFORD, CT. 06115
(203) 566-4843

May 12, 1978

Dear DCYS Worker:

Our Committee, established by the Legislature in 1972 to evaluate state programs, is currently conducting a program review of the Department of Children and Youth Services. As part of this study, we are reviewing the children's and protective services provided by DCYS.

Enclosed is a questionnaire which we are sending to all DCYS case and social workers. We are interested in obtaining your views on key issues in such areas as staff training, treatment planning, workload, and preparation for court proceedings.

We would very much appreciate your taking a few minutes to complete this questionnaire and return it to us in the enclosed postpaid envelope. Your prompt response is very important since it will enable us to better evaluate children's and protective services and identify areas for follow up review.

The Committee thanks you for your cooperation and willingness to assist us in our DCYS study.

Sincerely,

LEGISLATIVE PROGRAM REVIEW AND INVESTIGATIONS
COMMITTEE

A handwritten signature in cursive script that reads "Linda A. Adams".

Linda A. Adams
Director

mlg

Enclosures

Legislative Program Review and Investigations Committee

Room 404, State Capitol, Hartford, Conn. 06115

DCYS Children's and Protective Services Staff Survey

5/12/78

Please respond to each item on this questionnaire by filling in the appropriate information or circling the number which best reflects your opinion. It is not necessary to sign your name to this survey and individual confidentiality will be strictly maintained.

District Office _____ Type of worker (intake, etc.) _____

Job Title (Check one) 4% Career Trainee 20% Caseworker I 10% Caseworker II

N=190 65% Social Worker 1% Other (Please specify) _____

How many years have you worked at DCYS (or DSS Children's Services)? 4.9* Years

About how many months have you held your current responsibilities? 26.4* Months

About how many children are in your caseload? 61.8* How many are committed? 16.3*

In your opinion, what is the maximum number of children you could adequately serve? 30.3*

Please check the three areas (below) which take up the greatest part of your time.

	<u>91</u> Investigations & field interviews	<u>57</u> Court hearings (including preparation)
	<u>115</u> Direct client contact	<u>141</u> Case records (completing, updating)
RD	<u>47</u> Interaction with other agencies	<u>32</u> Agency surveys & reports
	<u>19</u> Treatment plan development	<u>34</u> Travel
	<u>5</u> Training	<u>6</u> Other (Please specify) _____

Did you receive any training in court procedures

<i>N</i> =176	During your first 3 months at DCYS (or DSS)?	Yes <u>35%</u>	No <u>65%</u>
<i>N</i> =150	After your first 3 months?	Yes <u>51%</u>	No <u>49%</u>
<i>N</i> =121	If so, was it helpful?	Yes <u>39%</u>	No <u>10%</u> Somewhat <u>51%</u>

What other training have you received while working at DCYS (or DSS)?

	(Check all that apply.)	First 3	After 3	Was It Helpful?		
		Months	Months	Yes	No	Unsure
	On the job training by supervisor	<u>151</u>	<u>95</u>	<u>146</u>	<u>7</u>	<u>7</u>
RD	On the job training by fellow worker	<u>138</u>	<u>90</u>	<u>133</u>	<u>5</u>	<u>5</u>
	Formal training sessions	<u>113</u>	<u>98</u>	<u>108</u>	<u>20</u>	<u>30</u>

N=178 How would rate DCYS treatment plans? 43% Adequate 37% Inadequate 20% Unsure

N=175 How closely are treatment plans followed? 10% Very 86% Somewhat 4% Not at all

N=163 Are you able to review all of your treatment plans every six months? 37% Yes 63% No

N=181 Have you used a therapeutic contract? 54% Yes 46% No

N=97 If so, was it successful? 45% Yes 24% No 31% Unsure

RD = Raw Data: The number responding to each option when more than one response was possible.

N = The number of workers responding to a question.

* = The average (mean) of all responses for a question.

Do you have children in your caseload for whom you believe parental rights should be terminated? 65% Yes 35% No If yes, is the process in motion? 36% Yes 64% No
 N=175

If you have such children and the termination of parental rights is not in process, is it because of

RD 53 Lack of time?
27 Difficulty of court procedure?
18 Lack of appropriate placement?
22 Other (Please specify) _____

In your opinion, do you have children in your caseload whose commitment should be revoked? 29% Yes 71% No If yes, is the process in motion? 40% Yes 60% No
 N=163 N=35

If you have such children but revocation proceedings are not in process, is it because

RD 4 Parents are not aware of their rights?
2 Difficulty of court procedure?
15 Lack of services to natural parents which could lead to revocation?
21 Other (please specify) _____

Have you ever been in court on a DCYS matter? 90% Yes 10% No (If no, skip next 4 questions.) N=185

Is the Assistant Attorney General routinely consulted prior to the filing of a court petition (e.g. Neglect, Termination of Parental Rights)? 53% Yes 37% No 10% Unsure
 N=175

Do you meet with the Assistant Attorney General prior to a court appearance?
 N=161 24% Always 61% Sometimes 15% Never

Do you feel adequately prepared before going into court? 51% Usually 37% Sometimes 12% Rarely
 N=162

Should a worker remain on a case after a court proceeding? 5% Always 3% Never 92% Depends on case
 N=166

Please circle the number which best reflects your level of satisfaction with

	Very Satisfied	Satisfied	Dis-satisfied	Very Dis-satisfied	Unsure
N=154 Your job in general	23%	46%	19%	8%	4%
N=186 Your workload	5%	31%	38%	25%	1%
N=187 Your office space	3%	27%	24%	46%	0%
N=186 Your salary	1%	20%	48%	30%	1%
N=185 Secretarial assistance	16%	44%	24%	16%	0%
N=187 Availability of State cars	1%	14%	43%	41%	1%
N=175 Supervision you receive	26%	51%	18%	1%	4%
N=186 Your ability to do a good job	18%	52%	18%	7%	5%
N=184 Career advancement opportunities	2%	27%	35%	30%	6%

How do you think your job performance would be affected if you rotated your type of caseload periodically? 24% Improve 18% Stay the Same 58% Diminish
 N=177

What changes in your job or the Department in general would you make to improve performance? Additional comments on a separate sheet are welcome.

Connecticut
General Assembly



SENATOR
LAWRENCE J. DENARDIS
Co-chairman

REPRESENTATIVE
JOAN R. KEMLER
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LINDA A. ADAMS
Director

LEGISLATIVE PROGRAM REVIEW
AND INVESTIGATIONS COMMITTEE

ROOM 404, STATE CAPITOL, HARTFORD, CT. 06115
(203) 566-4843

May 12, 1978

Dear DCYS Supervisor:

Our Committee, established by the Legislature in 1972 to evaluate state programs, is currently conducting a program review of the Department of Children and Youth Services. As part of this study, we are reviewing the children's and protective services provided by DCYS.

Enclosed is a questionnaire which we are sending to all DCYS children's and protective services supervisors. We are interested in obtaining your views on key issues in such areas as staff training, treatment planning, workload, and preparation for court proceedings.

We would very much appreciate your taking a few minutes to complete this questionnaire and return it to us in the enclosed postpaid envelope. Your prompt response is very important since it will enable us to better evaluate children's and protective services and identify areas for follow up review.

The Committee thanks you for your cooperation and willingness to assist us in our DCYS study.

Sincerely,

LEGISLATIVE PROGRAM REVIEW AND INVESTIGATIONS
COMMITTEE

Linda A. Adams
Director

mlg

Enclosures

Legislative Program Review and Investigations Committee
 Room 404, State Capitol, Hartford, Conn. 06115
DCYS Children's and Protective Services Supervisors Survey
 5/12/78

Please respond to each item on this questionnaire by filling in the appropriate information or circling the number which best reflects your opinion. It is not necessary to sign your name to this survey and individual confidentiality will be strictly maintained.

District Office _____

Job Title (Check one) 88% Case Supervisor 6% Assistant Regional Coordinator
 N=31 6% Program Supervisor 0 Other (Please specify) _____

How many years have you worked at DCYS (or DSS Children's Services)? 11.9*Years

About how many months have you held your current responsibilities? 46.4*Months

How many caseworkers do you supervise? 6.4*

About how many children are in the combined caseloads of your workers? -

About how many are committed? -

What is the maximum number of children the average worker can adequately serve? 39.3*

What percentage of your time is usually spent working in each of the following areas?
 (Should add to 100%.)

<u>32.2*</u> Planning for, training & motivating workers	<u>8.5 %</u> Interaction with other agencies
<u>20.6%</u> Reviewing case records, treatment plans	<u>12.4 %</u> Agency reports, surveys
<u>8.7%</u> Direct contact with clients or the public	<u>6.5%</u> Working with your supervisor
<u>4.3%</u> Court hearings (incl. preparation)	<u>2.6 %</u> Travel
<u>4.2%</u> Other (please specify) _____	

Did you receive any training in court procedures

N=29	During your first 3 months at DCYS (or DSS)?	Yes <u>48%</u>	No <u>52%</u>	
N=29	After your first 3 months?	Yes <u>79%</u>	No <u>21%</u>	
N=24	If so, was it helpful?	Yes <u>79%</u>	No <u>4%</u>	Somewhat <u>17%</u>

What other training have you received while working at DCYS (or DSS)?

	First 3 Months	After 3 Months	Was It Helpful?		
			Yes	No	Unsure
On the job training by your supervisor	<u>20</u>	<u>18</u>	<u>22</u>	<u>0</u>	<u>0</u>
RD On the job training by fellow supervisor	<u>13</u>	<u>8</u>	<u>9</u>	<u>1</u>	<u>2</u>
Formal training sessions	<u>19</u>	<u>18</u>	<u>27</u>	<u>0</u>	<u>0</u>

N=28 How would you rate DCYS treatment plans? 61% Adequate 18% Inadequate 21% Unsure

N=30 How closely are treatment plans followed? 10% Very 90% Somewhat - Not at all

N=28 Do you review the treatment plans of your workers every six months? 75% Yes 25% No

N=30 Have you used a therapeutic contract? 70% Yes 30% No

N=21 If so, was it successful? 62% Yes 14% No 24% Unsure

Are there children under your supervision for whom you believe parental rights should be terminated? 90% Yes 10% No If yes, is the process in motion? 54% Yes 46% No
 N=29 N=30

If you have such children and the termination of parental rights is not in process, is it because of

- RD
- 16 Lack of time?
 - 11 Difficulty of court procedure?
 - 3 Lack of appropriate placement?
 - 2 Other (Please specify) _____

In your opinion, are there children under your supervision whose commitment should be revoked? 83% Yes 17% No If yes, is the process in motion? 55% Yes 45% No
 N=23 N=22

If you have such children but revocation proceedings are not in process, is it because

- Parents are not aware of their rights?
- Difficulty of court procedure?
- 6 Lack of services to natural parents which could lead to revocation?
- 10 Other (Please specify) _____

N=31 Have you ever been in court on a DCYS matter? 97% Yes 3% No (If no, skip next 4 questions.)

N=31 Is the Assistant Attorney General routinely consulted prior to the filing of a court petition (e.g. Neglect, Termination of Parental Rights)? 58% Yes 39% No 3% Unsure

N=28 Do you meet with the Assistant Attorney General prior to a court appearance?
14% Always 86% Sometimes - Never

N=29 Do you feel adequately prepared before going into court?
69% Usually 31% Sometimes - Rarely

N=31 Should a worker remain on a case after a court proceeding?
6% Always - Never 94% Depends on case

Please circle the number which best reflects your level of satisfaction with

	Very Satisfied	Satisfied	Dis-satisfied	Very Dis-satisfied	Unsure
N=31 Your job in general	26%	65%	9%	-	-
N=31 Your workload	10%	40%	40%	10%	-
N=31 Your office space	13%	26%	23%	38%	-
N=31 Your salary	-	42%	39%	19%	-
N=30 Secretarial assistance	7%	20%	47%	26%	-
N=31 Availability of State cars	-	10%	32%	68%	-
N=30 Supervision you receive	3%	57%	27%	7%	6%
N=31 Your ability to do a good job	10%	81%	3%	-	6%
N=30 Career advancement opportunities	-	53%	34%	10%	3%

N=28 How do you think the job performance of your workers would be affected if their type of caseload was rotated periodically? 32% Improve 25% Stay the Same 43% Diminish

What changes in your job or the Department in general would you make to improve performance? Please feel free to make additional comments on an extra sheet.



STATE OF CONNECTICUT
 DEPARTMENT OF CHILDREN AND YOUTH SERVICES
 345 MAIN STREET HARTFORD, CONNECTICUT 06115

ELLA GRASSO
GOVERNOR

FRANCIS H. MALONEY
COMMISSIONER

August 29, 1978

Mr. Paul S. Rapo
Staff Attorney
Legislative Review and
Investigations Committee
Room 404
State Capitol
Hartford, CT 06115

Dear Paul:

I apologize for the delay in responding to your request for information pertaining to the following regulations.

CGS 4-167 - Description of Organization

In accordance with 4-167 the department published regulations pertaining to its own statutory authority under 17-411. Notice was published in the Connecticut Law Journal on September 13, 1977 and the regulation was formally approved by the Legislative Review Committee on June 19, 1978. It has been filed with the Secretary of the State.

CGS 4-196 - Personal Data

The regulations have been drafted. The department will be requesting, within the next two weeks, that notice be published in the Connecticut Law Journal.

CGS 17-415(g) - Internal Agency Administration

The department interpreted that its regulations, approved under 17-411, cover 17-415(g).

CGS 17-419(c) - Voluntary Admissions

The regulations were drafted and notice was published in the Connecticut Law Journal on July 26, 1977. A hearing was held on October 5, 1977. However, the department has not yet submitted the regulations to the Legislative Review Committee because they are currently under study with respect to 17-32(b) and (c), as well as PA 8-238 pertaining to the Non-Committed Treatment Program. It is hoped that the department will be able to resolve remaining issues concerning 17-419(c) within the next three months.

Mr. Paul S. Rapo
8/29/78
Page 2.

CGS 17-420 - Mental Health Facility Transfer

Regulations were drafted. Notice was published on July 26, 1977 and received approval by the Legislative Regulations Review Committee on June 19, 1978. They have been filed with the Secretary of the State.

CGS 17-424 - Assistance to Psychiatric Facilities

Regulations were drafted. Notice was published in the Law Journal on July 12, 1977. The regulations were formally approved on March 23, 1978 and have been filed with the Secretary of the State.

CGS 17-425 - Day Treatment

The regulations were drafted. Notice was published in the Law Journal on July 12, 1977. Formal approval was received on March 23, 1978. They have been filed with the Secretary of the State.

CGS 17-431(g) - Confidentiality/Access to Records

Regulations have not been drafted. Several statutes were reviewed and found to be in conflict. The department has not yet decided on an appropriate course of action.

CGS 17-432 - Licensing of Institutions

Regulations were drafted and notice was published in the Connecticut Law Journal on August 9, 1977. They have not yet been approved and have been pending in the Attorney General's office since December 2, 1977.

CGS 17-440(d) - Rights of Children

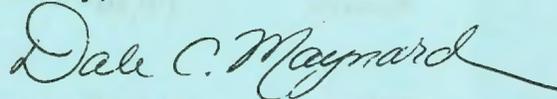
Regulations were drafted and published in the Journal on July 19, 1977. They are pending Legislative Review Committee approval.

CGS 17-440(h) - Out-of-State Transfers

Regulations were drafted and published on June 28, 1977. They are also pending Legislative Review Committee approval.

Please give me a call if you have any further questions.

Sincerely,



Dale C. Maynard
Director, Policy and Licensing

DCM/cj

Copy: Deputy Commissioner Marcus
John Doermann
Frank Meheran
File

CHILD GUIDANCE CLINICS

Appendix IV-1

<u>LOCATION</u>	<u>FY 1978 DCYS GRANT</u>	<u>NAME</u>
Bridgeport	\$242,826	CGC of Greater Bridgeport, Inc. 1081 Tranistan Avenue Bridgeport, CT 06604 Tel: 367-5361
Enfield	\$101,652	Greater Enfield Mental Health Center 1077 Enfield Street P. O. Box 336 Enfield, CT 06082 Tel: 745-2438
Hamden	\$ 71,980	Hamden Mental Health Service 3000 Dixwell Avenue Hamden, CT 06518 Tel: 288-6255
Hartford	\$152,780	Child & Family Services of Conn., Inc. 1680 Albany Avenue Hartford, CT 06105 Tel: 236-4511
Manchester	\$131,964	Community CGC of Manchester 319 North Main Street Manchester, CT 06040 Tel: 643-2101
Meriden	\$125,964	Child Guidance Clinic for Central Conn. 117 Lincoln Street Meriden, CT 06450 Tel: 235-5767
Milford	\$ 74,300	Milford Family & Child Guidance Clinic 949 Bridgeport Avenue Milford, CT 06460 Tel: 878-6365
New Britain	\$119,204	Sheldon Community Guidance Clinic 219 West Main Street New Britain, CT 06052 Tel: 223-2778
New Haven	\$ 97,708 \$ 91,992 \$220,912	CPES } ACUTE } Clifford W. Beers Guidance Clinic, Inc. 1 State Street New Haven, CT 06510 Tel: 772-3900 x468
	\$138,640	Yale University Child Study Center 230 South Frontage Road New Haven, CT Tel: 436-1199
New London	\$144,804	CGC of Southeastern Conn. 75 Granite Street New London, CT 06320 Tel: 442-0319
Norwalk	\$137,292	Mid-Fairfield CGC, Inc. 74 Newtown Avenue Norwalk, CT 06851 Tel: 847-3891
Norwich	\$ 80,636	United Workers of Norwich 77 East Town Street Norwich, CT 06360 Tel: 889-2375
Plainville	\$ 83,224	The Wheeler Clinic, Inc. 91 Northwest Drive Plainville, CT 06062 Tel: 747-6801
Salisbury	\$58,368	Housatonic Mental Health Center, Inc. Box 153 Lakeville, CT 06039 Tel: 435-2529
Stamford	\$109,172	CGC of Greater Stamford 103 West Broad Street Stamford, CT 06902 Tel: 324-6127
Waterbury	\$188,520	Child Guidance Clinic of Waterbury, Inc. 52 Pine Street, Waterbury, CT Tel: 756-7287

Child Abuse and Neglect Report, 1977
 Department of Children and Youth Services

Appendix V-1

YEARLY REPORT
 Jan.-Dec., 1977

CHILD ABUSE and/or NEGLECT

Total number of children reported as suspected abuse, neglect and/or sexual abuse: 9021 Male 4541 Female 4480

Breakdown of
 Total Count

Neglect 5786 Abuse 2777 Sexual Abuse 452
 Fatalities 6

MANDATED REPORTERS

Mandated Reporters (except Hospitals)

CCWA Careline	<u>865</u>
Child Gdnce Clinics	<u>22</u>
Chiropractor	<u>1</u>
Clergyman	<u>15</u>
Conn Humane Society	<u>1</u>
Coroner	<u>3</u>
Day Care Worker	<u>15</u>
Dentist	<u> </u>
Juvenile Court	<u>122</u>
Medical Examiner	<u> </u>
Mental Hlth Pfnls	<u>121</u>
Nurses: (T: <u>150</u>)	
Lic'd Practical	<u> </u>
Public Health	<u>128</u>
Registered	<u>22</u>
Optometrist	<u> </u>
Podiatrist	<u> </u>
Police: (T: <u>818</u>)	
Municipal	<u>662</u>
State	<u>54</u>
Youth Officer	<u>102</u>

Physicians: (T: <u>98</u>)	
M.D.'s	<u>74</u>
Osteopaths	<u> </u>
Residents & Interns	<u>15</u>
Surgeons	<u>9</u>
Psychologist	<u>53</u>
Schools: (T: <u>1120</u>)	
Superintendent	<u>17</u>
Principal	<u>211</u>
Teacher	<u>118</u>
Doctor	<u>25</u>
Nurse	<u>241</u>
Guidance Cnslr	<u>112</u>
Social Worker	<u>396</u>
Social Workers: (T: <u>521</u>)	
Direct Complaint	<u>277</u>
Other than sources listed here	<u>244</u>
Youth Svce Bur Wkr	<u>50</u>
Other	<u>28</u>
Out-of-State	<u>46</u>

Hospitals		Total <u>841</u>
5	Bristol	Naval Sub Med Center <u>18</u>
51	Backus	Newington Children's <u>5</u>
4	Bradley	Norwalk <u>11</u>
57	Bridgeport	Norwich <u>13</u>
10	Danbury	Park City <u>31</u>
4	Day Kimball	Rockville <u>4</u>
1	Dempsey	St. Francis <u>74</u>
5	Greenwich	St. Joseph's <u>7</u>
4	Griffin	St. Mary's <u>19</u>
51	Hartford	St. Raphael's <u>24</u>
16	Hungerford	St. Vincent's <u>13</u>
4	Johnson	Sharon <u> </u>
32	Lawrence	Stamford <u>16</u>
11	Manchester	Waterbury <u>42</u>
27	Meriden	Windham <u>5</u>
39	Middlesex	Winsted <u>1</u>
9	Milford	Yale-New Haven <u>94</u>
74	Mt. Sinai	UConn-Burdorf <u>8</u>
23	New Britain	UConn Medical Ctr. <u>13</u>
3	New Milford	Out-of-State <u>3</u>
	Other	<u>10</u>

NON-MANDATED REPORTERS

Anonymous	<u>409</u>
Attorney	<u>16</u>
Neighbor	<u>394</u>
Relative	<u>328</u>

Immediate Family:	
Father	<u>207</u>
Mother	<u>121</u>
Sibling	<u>67</u>

Non-Related	<u>286</u>
Rape-Crisis Cnslr	<u>4</u>
Other	<u>26</u>
Self	<u>164</u>

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 CONNECTICUT

Abandonment 155

At Risk 730

Classification of Physical Injuries

Department of Children & Youth Services

Jan. - Dec., 1977

Month & Year

128

	Under 6 Months		6 Mo. to 1 Yr.		1 Year to under 2 Years		2 Yrs to under 3 Yrs		3 Yrs to under 5 Yrs		5 Yrs to under 8 Yrs		8 Yrs to under 10 Yrs		10 Yrs to under 12 Yrs		12 Yrs. & Over		Total		GRAND TOTAL	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Male	Female		
Abuse:																						
Beatings (bruises, hematomas, lacerations, dislocations, etc.)	21	27	52	41	102	60	129	74	172	130	251	163	178	117	130	139	291	459	1326	1210	2536	
Internal injuries, other than brain (spleen, bowel, etc.)	1	1	1		3	1	1	1		1	2	2				1	2	1	10	8	18	
Fractures of bones other than skull	2	4	7	3	2		1	4		1			3		1	1	2	1	21	14	35	
Fracture of skull	5	2	5	4	2	3	3	1	3	1		1						2	18	14	32	
Subdural hematoma		1*		1			2	1	1	1			1		1			3	5	7	12	
Burns	1		9	4	18	8	1*	9	3	10	5	6	12	8	1	4	2	6	2	71	37	108
Exposure						1		1		1		1							3		3	
Poisoning		1		1	5	1	2		2		1		2	2	1	2	3	10	16	17	33	
Dismemberment																						
Sexual molestation				3	2		3	7	2	29	19	39	6	27	11	40	18	137	61	292	343	
Incest and rape										3	2	8	1	4	2	8	4	55	9	78	87	
Veneral disease					2	1		1	1	3	1	2		4		3		4	4	18	22	
Neglect:																						
a. failure to thrive	27	31	8	10	2	3	1												38	44	82	
b. malnutrition	11	6	26	18	12	5	10	9	8	7	8	5	3	2	3	3	5	4	86	59	145	
c. severe phys. neglect	67	74	92	72	125	96	118	94	142	143	212	204	190	147	170	134	286	279	1402	1241	2643	
d. severe educ. neglect									1	2	30	25	28	19	26	21	61	79	146	146	292	
e. emotional neglect	27	16	19	17	39	22	32	34	51	47	102	88	80	70	74	73	210	350	634	717	1351	
f. left alone unsupervised	7	16	33	19	49	33	57	40	114	78	129	105	89	86	67	56	66	52	611	485	1095	
g. miscellaneous	13	16	4	7	4	2	9	4	4	14	14	9	7	10	4	4	18	34	77	100	177	
Fatal	1*	1*			1*	1*	1*	1*											3*	3*	6*	
Non-Fatal	182	195	256	200	367	235	378	273	515	465	778	663	596	489	494	487	971	1470	4538	4477	9015	
TOTAL	377		459		604		653		980		1441		1085		961		2441		4541	4480	9021	

Perpetrator alleged to misuse drugs 350
 Perpetrator alleged to misuse alcohol 633

Relationship of Perpetrator to Abused Child

Department of Children & Youth Services
 Jan. - Dec., 1977
 Month & Year

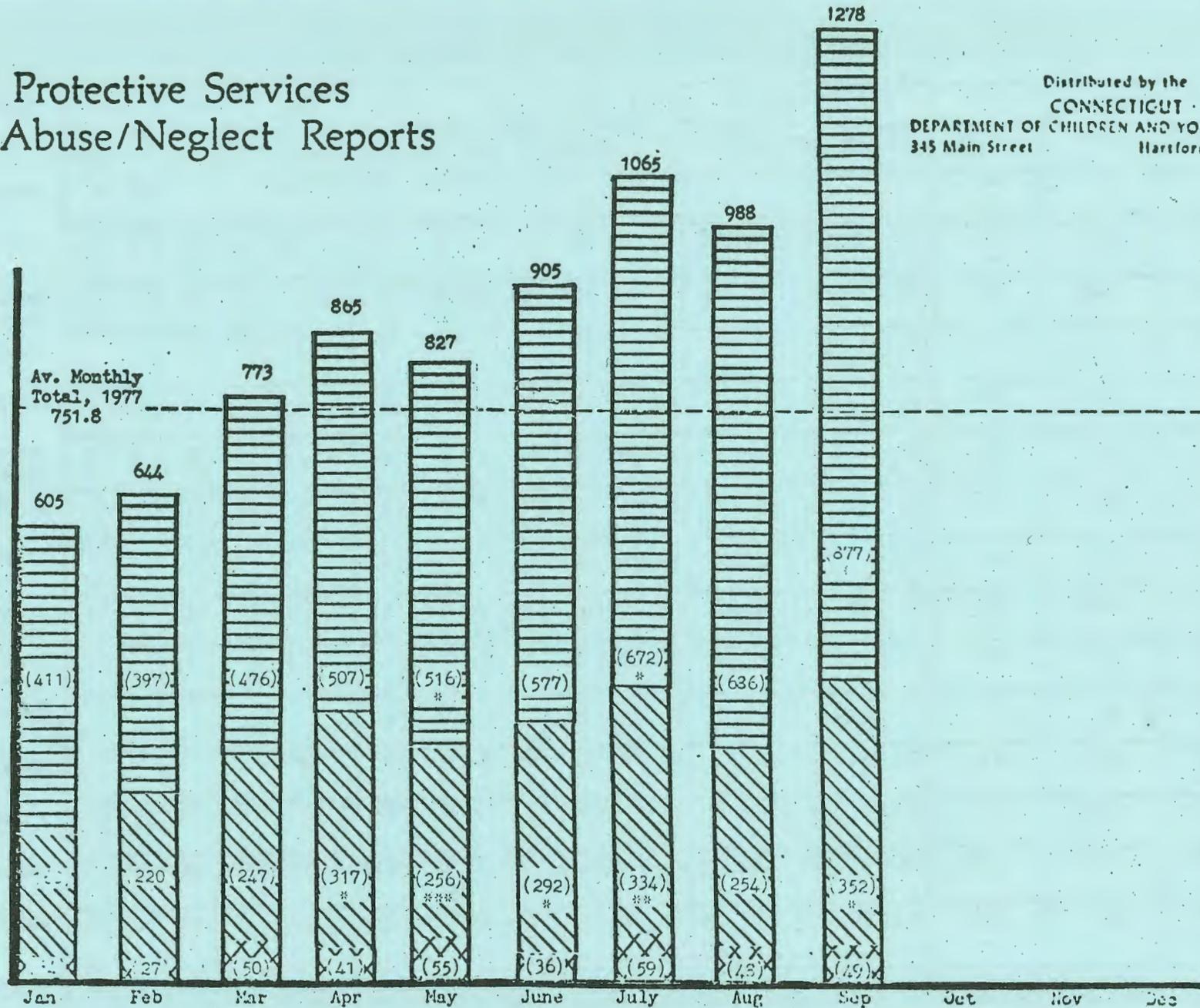
129

	Under 6 Months		6 Mos. to 1 Yr.		1 Year to under 2 Years		2 Yrs to under 3 Yrs		3 Yrs to under 5 Yrs		5 Yrs to under 8 Yrs		8 Yrs to under 10 Yrs		10 Yrs to under 12 Yrs		12 Yrs. & Over		Total		GRAND TOTAL
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Male	Female	
Father	15	11	24	15	26	29	46	27	85	45	116	84	82	60	80	83	192	364	666	718	1384
Mother	120	140	157	142	230	161	216	152	314	242	418	368	313	244	249	223	415	594	2432	2266	4693
Both Parents	1*	1*				1*													690	557	1247
Stepfather				1	2		2	2	5	7	19	8	7	16	18	11	38	63	91	108	199
Stepmother				1			1		2		2	2	2	1	2	9	9	9	18	22	40
Own Parent & Step Parent			1		1			1	2	1	4	2	3	4	4	6	11	9	26	23	49
Own Parent & Paramour	8	8	15	8	1*	14	1*	1*	24	28	33	43	25	20	36	19	23	44	201	201	402
Foster Parent					1	1	1	1			1	5	7	3	3	2		3	13	15	28
Sibling			1				1	4	2	7	5	11	4	4	5	6	16	31	34	63	97
Other Relatives	2	2	2	2	9	2	6	2	5	9	12	16	10	7	12	17	21	49	79	106	185
Babysitter	1	1	4	3	6	1	3	1	3	3	4	6	5	3		2	2	2	28	22	50
Neighbor					1	2					2	3	4	1	1	1	3	3	12	9	21
Other non-related	1		4	2	1	1	2	2	18	10	13	19	18	14	12	8	17	59	86	115	201
Unknown	4	2	9	5	12	3	15	9	6	14	18	35	32	24	24	40	42	120	162	252	414
Fatal	1*	1*			1*	1*	1*	1*											3*	3*	6*
Non-Fatal	181	194	251	213	368	237	365	251	523	431	809	706	590	467	523	479	928	499	4538	4477	9015
TOTAL	375		464		605		616		954		1515		1057		1002		2427		4541	4480	9021

DCYS Protective Services Child Abuse/Neglect Reports

Distributed by the
CONNECTICUT
DEPARTMENT OF CHILDREN AND YOUTH SERVICES
345 Main Street
Hartford, Conn. 06115

130



* Fatality or fatalities included in subtotal

1978

Key:

≡ Neglect

/// Abuse

☒ Sexual Abuse

Appendix VI-1

Basic Foster Care Rates

(Monthly)

AGE	ITEMS	STANDARD RATE		SPECIAL RATES		
		I	II	III	IV	V
0-3	Board	\$129.37	\$138.50	\$152.20	\$175.06	\$220.62
	Clothing	10.35	10.35	10.35	10.35	10.35
		<u>\$139.72</u>	<u>\$148.85</u>	<u>\$162.55</u>	<u>\$185.41</u>	<u>\$230.97</u>
	Adjusted Amount	\$139.50	\$149.00	\$162.50	\$185.50	\$231.00
4-5	Board	\$129.37	\$138.50	\$152.20	\$175.06	\$220.62
	Clothing	12.05	12.05	12.05	12.05	12.05
		<u>\$141.42</u>	<u>\$150.55</u>	<u>\$164.25</u>	<u>\$187.11</u>	<u>\$232.67</u>
	Adjusted Amount	\$141.50	\$150.50	\$164.50	\$187.00	\$232.50
6-11	Board	\$129.37	\$138.50	\$152.20	\$175.06	\$220.62
	Clothing	14.60	14.60	14.60	14.60	14.60
	Spending Allow.	1.85	1.85	1.85	1.85	1.85
		<u>\$145.82</u>	<u>\$154.95</u>	<u>\$168.65</u>	<u>\$191.51</u>	<u>\$237.07</u>
	Adjusted Amount	\$146.00	\$155.00	\$168.50	\$191.50	\$237.00
12-14	Board	\$129.37	\$138.50	\$152.20	\$175.06	\$220.62
	Clothing	16.40	16.40	16.40	16.40	16.40
	Spending Allow.	2.75	2.75	2.75	2.75	2.75
		<u>\$148.52</u>	<u>\$157.65</u>	<u>\$171.35</u>	<u>\$194.21</u>	<u>\$239.77</u>
	Adjusted Amount	\$148.50	\$157.50	\$171.50	\$194.00	\$240.00
15+	Board	\$129.37	\$138.50	\$152.20	\$175.06	\$220.62
	Clothing	16.40	16.40	16.40	16.40	16.40
		<u>\$145.77</u>	<u>\$154.90</u>	<u>\$168.60</u>	<u>\$191.46</u>	<u>\$237.02</u>
	Adjusted Amount	\$146.00	\$155.00	\$168.50	\$191.50	\$237.00

Please note: After November 1, 1978, rates I and III will no longer be in use.

Source: Department of Children and Youth Services.

BOYS (FALL)

REQUIRED CLOTHING FOR STATE RECEIVING HOME
The following must be with the child upon admittance

- 1 Winter Jacket (Dress)
- 1 Winter Jacket (Play)
- 1 Raincoat
- 1 Pair Boots
- 1 Pair Shoes (Dress)
- 1 Sunday Suit (could be Sun. Jacket and Pants)
- 3 Pair School Pants
- 3 Pair Play Pants (Jeans - Dungarees)
- 4 School Shirts
- 4 Play Shirts
- 6 Pair Briefs
- 6 Pair T Shirts
- 3 Pair Pajamas
- 1 Bathrobe
- 1 Pair Slippers
- 1 Pair Sneakers
- 1 Sweater
- 1 Belt
- 1 Tie
- 4 Handkerchieves
- 1 Pair Gloves
- 1 Winter Cap
- 6 Pair Socks
- 1 Swim Suit
- 1 Sweat Shirt

GIRLS

REQUIRED CLOTHING FOR STATE RECEIVING HOME
The following must be with the child upon admittance

- 1 Winter Jacket or Coat - Dress
- 1 Winter Jacket - Play
- 1 Sweatshirt
- 1 Raincoat and Rain Hat
- 1 Sweater
- 3 School Outfits (dresses or skirts and blouses)
- 3 Church Dresses
- 4 Pair Slacks (or Jeans)
- 3 Polo Shirts
- 1 Bathing Suit
- 1 Bathing Cap
- 5 Undershirts or Bras
- 6 Pair Panties
- 3 Slips
- 3 Pajamas (no nightgowns)
- 1 Bathrobe
- 6 Pair Socks
- 1 Pair School Shoes
- 1 Pair Sunday Shoes (Dress)
- 1 Pair Sneakers
- 1 Pair Rubbers
- 1 Pair Bedroom Slippers
- 1 Pair Boots
- 3 Pair Stockings or Panty Hose (older girls), scarves, belts, handkerchiefs, etc.

Appendix VI-3

Judicial Procedures Involving DCYS

This appendix describes the major legal procedures affecting DCYS clients and staff, and includes some of the problems these procedures create for the Department and its workers.

The Commitment Process

This section reviews the process by which children are committed to the care and custody of the Commissioner of Children and Youth Services. The commitment process usually begins with the filing of a petition with the Superior Court by DCYS. If immediate removal of the child from the home is required, the Department may seek a temporary order of custody. Following these procedures, the Superior Court schedules a hearing to determine whether the child's home situation warrants removal and commitment to DCYS or some alternative arrangement.

The petition for commitment. When a DCYS worker decides that a child's family situation requires legal intervention, the worker may prepare a court petition¹ (generally referred to as a "neglect petition") alleging that the child is:

- neglected-- a child or youth may be found "neglected" who (a) has been abandoned or (b) is being denied proper care and attention, physically, educationally, emotionally or morally or (c) is being permitted to live under conditions, circumstances or associations injurious to his well-being, or (d) has been abused (C.G.S. 51-301);
- uncared for-- a child or youth may be found "uncared for" who is homeless or whose home cannot provide the specialized care which his physical, emotional or mental condition requires (C.G.S. 51-301); or
- dependent-- a child or youth may be found "dependent" whose home is a suitable one for him, save the financial inability of his parent(s), guardian or other person maintaining such home, to provide the specialized care his condition requires (C.G.S. 51-301).

¹ According to C.G.S. Section 51-310 "Any selectman, town manager, or town, city or borough welfare department, any probation officer, the Connecticut Humane Society, or the Commissioner of Social Services, the Commissioner of Children and Youth Services or any child-caring institution..., a child or his representative or attorney or a foster parent of a child...may file" a petition alleging abuse or neglect.

In deciding whether a legal basis exists for filing a neglect petition a DCYS social worker may contact an Assistant Attorney General (AAG). *Until recently, there were serious communication problems between the Department and the Attorney General's Office.* Caseworkers indicated to LPR&IC staff that the AAGs were often uncooperative and that workers were intimidated by the entire legal system. However, the recent assignment of Assistant Attorneys General to the three largest regional offices (Hartford, New Haven and Bridgeport) and the hiring of legal training consultants (see p. 27) seems to have significantly improved Department effectiveness in legal matters. In addition, the Attorney General plans to assign additional AAGs to the remaining regional offices. It is generally agreed that the presence of an AAG in the regional office does not increase the number of petitions filed, but does improve the quality of the petition thereby necessitating fewer amendments.

In addition to preparing the neglect petition, the worker prepares a "summary of facts" as required under Superior Court Rules for Juvenile Matters. The summary contains a report of the investigator's client contacts and interviews, and treatment provided by the agency to the client.

The temporary custody petition. Immediate removal of a child from his home may be sought in a variety of ways:

- A physician who suspects abuse may order a child held in a hospital for up to 96 hours (C.G.S. 17-38a(d));
- DCYS, upon finding that immediate removal is necessary to insure the child's safety, may remove a child without the consent of the parents up to 96 hours (C.G.S. 17-38a(e));
- DCYS may receive custody of a child following the criminal arrest of the abuser for a period not to exceed seven days (C.G.S. 17-38e); and
- The Department may seek a temporary order of custody from the Superior Court for removal of a child who is in danger of continued abuse (C.G.S. 17-38a(e)). This proceeding is normally held in a judge's chambers between the judge and a DCYS social worker.

If removal is authorized by the court, a hearing on the temporary order of custody must be scheduled within ten days (C.G.S. 51-310). Upon removal, the judge may order custody to the

Department of Children and Youth Services, to a private child caring institution, or to a relative. In 1976, the Juvenile Court granted 253 temporary custody orders.

The neglect hearing. Hearings in Superior Court for Juvenile Matters must be confidential and closed to persons whose presence is not required (C.G.S. Section 51-319). For purposes of this study, however, LPR&IC staff were granted permission to observe neglect hearings in three judicial districts (New Haven, Bridgeport and Hartford).

Neglect hearings are divided into two phases: adjudicatory and dispositive. In the adjudicatory phase, the court determines whether it has proper jurisdiction over the case, and whether the evidence as presented by the Assistant Attorney General has proved that the child is neglected, uncared for, or dependent. If the child is found to be neglected, uncared for, or dependent, the court will hold a dispositive hearing to determine treatment and placement of the child.

The rules of the Superior Court permit the neglect proceedings to be "as informal as the requirements of due process and fairness permit." Several constitutional protections are afforded parties participating in a neglect proceeding. The following due process standards apply in juvenile proceedings:

- All necessary parties must be present or afforded the opportunity to be present before the commencement of a hearing;
- A hearing record is maintained through the use of recording devices;
- Parents and other parties are entitled to be informed of the allegations in the petition brought by the state;
- Parents have the right to retain independent counsel and if unable to afford such, counsel will be provided by the court;
- The court must appoint counsel for the child; and
- Parents and child may remain silent at any stage of the proceedings.

While these guarantees are similar to those afforded in a criminal proceeding, they recognize that basic and fundamental rights of parents and children may be affected by state action.

If the parties deny the state's allegations, the state is required to present its evidence. This usually includes the testimony of the DCYS social workers involved in the case, expert medical or psychiatric testimony, and other testimony related to the conduct of the parties.

All testimony, except that of the child, is obtained under oath. The parents of the child and their attorney are present at all stages of the hearing except when the child testifies. Usually the judge, the child and the child's attorney are the only persons present when a child testifies. The parents' attorney may review the testimony of the child. In addition to permitting examination of witnesses by the state, the child's attorney, and the parents' attorney, some judges examine witnesses as well. Frequently, parents will exclude themselves from the hearing room when other witnesses are testifying to allegations made about them. Upon completion of the state's evidence, the parents may testify if they choose. In addition they may present their own witnesses.

Upon completion of the presentation of all evidence the court will make a finding based upon a "fair preponderance of the evidence" as to whether the state has proved its case. The judge may dismiss the case, continue the case, or adjudicate the child as neglected, uncared for or dependent. Cases are usually continued when the parents are willing to submit voluntarily to a prescribed plan of treatment.

In 1976, 779 neglect petitions were filed, 506 of which (65%) resulted in commitment. Ninety-three of these petitions (12%) were dismissed after a hearing. Ninety-eight petitions (13%) were withdrawn, and eighty-two (11%) were approved for dismissal after a period of court supervision.

Upon adjudication the court schedules a dispositive hearing to determine an appropriate placement for the child. The social summary submitted by DCYS recommends a placement, although the parents and the child are given the opportunity to propose treatment alternatives. Based upon the evidence presented at this hearing, the court, under authority of C.G.S. 51-310(d), may:

- Commit the child to the Department of Children and Youth Services;
- Vest custody in any private or public agency authorized to care for such children; or
- Vest custody with any person found to be suitable and worthy of such responsibility by the court.

Of the 506 court commitments granted in 1976, 492 children (97%) were committed to the custody of the Commissioner of DCYS, who becomes the legal guardian for such children until they reach age eighteen¹ or until the commitment is revoked or the child is adopted (see page 57 for recommendation about commitment). DCYS may place a committed child in a foster home, a child caring facility or other school or institution.

Revocation of Commitment

A court commitment to the Commissioner of Children and Youth Services makes him/her the legal guardian and custodian of the child. Because commitment does not end the parent-child relationship, however, a parent or other relative or the Commissioner may petition the Superior Court to revoke a commitment. The petition and subsequent court hearing must substantiate the claim that a change in circumstances justifies revocation and that the best interests of the child will be served by returning guardianship and custody to the child's parents. Such petitions may be filed once every six months. Of the 226 revocation petitions filed in 1976, 121 were granted, 53 were denied and 52 were withdrawn.

Termination of Parental Rights

Termination of parental rights means "the complete severance by court order of the legal relationship, with all its rights and responsibilities, between the child and parent or parents so that the child is free for adoption..." (C.G.S. 17-32d(e)). Both the Superior Court and the Probate Court have jurisdiction to terminate parental rights under separate statutory authority, C.G.S. Section 17-43 and C.G.S. Section 45-61, respectively. *The criteria for termination are different in each statute and the Committee has recommended (see p. 77) that the Connecticut Law Revision Commission examine this area of conflict.*

In Superior Court. The Superior Court has jurisdiction to terminate parental rights only when a child has been committed to DCYS as neglected, uncared for or dependent. The Department of Children and Youth Services, the attorney who represented a

¹ Commitment extends to age twenty-one if the child or youth is enrolled in a full-time educational or job training program.

child at a prior commitment hearing, or any attorney retained by a child 14 years or older may petition the Superior Court to terminate parental rights.

A DCYS social worker may file a petition to terminate parental rights whenever "it appears in the best interest of the child to plan for an adoption placement" (Child Welfare Manual, Vol. 2, Chapter II, 105.7). The "best interest of the child" standard is not defined in statute, but has been interpreted through judicial decisions.

Upon the issuance of the order terminating parental rights, the child becomes legally available for adoption. In 1976, the Juvenile Court received 162 petitions to terminate parental rights. Of those, 144 were granted, 10 were denied and the remaining 8 were withdrawn.

In Probate Court. The following persons may file a petition to terminate parental rights in Probate Court: (1) either or both parents; (2) the selectmen of any town having charge of a child; (3) a child-care agency or child placing agency; and (4) a blood relative when the parent or parents have abandoned or deserted such child. DCYS does not have authority to file a petition to terminate parental rights in Probate Court.

DCYS usually becomes involved in a Probate Court termination petition only in uncontested cases where a parent wishes to voluntarily relinquish his or her legal rights to a child. Of the 570 petitions to terminate parental rights filed in Probate Court in 1977, approximately one-third involved DCYS. As long as the case is not contested, DCYS is not represented by the Attorney General. However, if the matter becomes contested it may be transferred to the Superior Court, which offers a more formalized legal setting for the disposition of such matters. Only 5% of all Probate Court petitions to terminate parental rights are contested.

Upon receipt of a petition, the Probate Court sets a hearing date within 30 days, and notifies the parties necessary to the action. The Probate Court is required, in any contested case, to request that DCYS or a private child placing agency investigate and submit a written report within 90 days. The report must contain "such facts as may be relevant to determine whether the proposed termination of parental rights will be for the welfare of the child" (C.G.S. 45-61f). These reports may also be required in non-contested matters, and since the Probate

Court has no social work staff, DCYS staff are frequently called upon to perform such studies and to testify as to their contents.

Upon a finding to terminate parental rights, the Probate Court orders the appointment of a guardian or, if the original petition requests it, a statutory parent. The statutory parent may be the Commissioner of Children and Youth Services or another child placing agency. The purpose of appointing a statutory parent is to provide for the care and welfare of the child prior to adoption. Of the 570 termination petitions filed in Probate Court in 1977, 292 contained requests for the appointment of a statutory parent.

Adoption

The Probate Court has exclusive jurisdiction over the adoption of children. DCYS as a statutory parent may petition the Probate Court to give a child in adoption under Section 45-61i(a) of the general statutes. In 1977 the Probate Courts approved 949 adoption agreements, approximately 270 of which involved DCYS as a statutory parent.

The application for adoption must contain a declaration that there is no proceeding in another court which would affect the legal custody of the child to be adopted (C.G.S. 45-63). If the adoptive parents are not related to the child, the application must be submitted by DCYS or a child placing agency.

The Probate Court then requests that DCYS or the child placing agency filing the application make an investigation (within 90 days) concerning the "physical and mental status of the child." This report must "contain such facts as may be relevant to determine whether the proposed adoption will be for the welfare of the child, including the physical, mental, social and financial condition of the parties to the agreement and the natural parents of the child" (C.G.S. 45-63). These reports are admissible as evidence and the DCYS worker preparing the report must appear as a witness if requested by a party.

At the hearing, the court may "deny the application, enter a final decree approving the adoption (if it is satisfied that such adoption is for the best interest of the child), or order a further investigation and written report..." (C.G.S. 45-63). In making its decision the Probate Court cannot disapprove an adoption "solely because of an adopting parent's marital status or

because of a difference in race, color or religion between a prospective adoptive parent and the child to be adopted or because the adoption may be subsidized..." (C.G.S. 45-63). Approval of the adoption relieves the natural parents of all parental rights and responsibilities.

Appeals of Probate Court decisions are heard in Superior Court. The Superior Court hears the case "de novo" (that is, it retries the entire case without reviewing the transcript of the previous hearing). All records and proceedings relating to adoption are confidential, except as provided by PA 77-246 "An Act Concerning the Availability and Confidentiality of Information Concerning Adoption, Termination of Parental Rights, Removal of Guardianship and Removal of Custody." This legislation establishes a uniform procedure to allow adoptive parents and adopted persons over the age of eighteen access to non-identifying information about natural parents. The Act also creates an Adoption Records Review Board which reviews all disputed matters concerning access to information.

State of Connecticut



CARL R. AJELLO
ATTORNEY GENERAL

REPLY TO:

Tel: 566-7098

Office of The Attorney General

90 Brainard Road
HARTFORD 06114

July 18, 1978

Paul Rapo, Esquire
Staff Attorney
Legislative Program Review Committee
Room 404, State Capitol
Hartford, Connecticut 06115

Dear Mr. Rapo:

In accordance with your request, the following suggestions are made for legislative changes concerning Juvenile matters of the Superior Court:

1. There should be a waiver of the patient-psychiatrist-psychologist privilege with respect to both parents and children as an exception to §52-146 of the Connecticut General Statutes.
2. Appeals from decisions concerning family matters should not be taken directly to the Superior Court, but to an appellate session of the Superior Court.
3. Connecticut General Statutes §51-310 should provide for "protective supervision" in addition to commitment.
4. "Abandonment" should be defined in Connecticut General Statutes §45-61f, the same as §17-43a.
5. Statements made by a child prior to the hearing outside the Court should be admissible as an exception to the hearsay rule.

July 18, 1978

6. Statutory provision should be made for the permissibility of testimony by a child in camera.

7. A mandated Court study should be provided in neglect, termination and revocation matters with the provision that the maker of the report be made available for cross-examination.

8. Connecticut General Statutes §51-301 should provide that records of Juvenile matters be available to the attorney representing the Department of Children and Youth Services.

9. Connecticut General Statutes §17-43a on termination, should provide that consent to termination of parental rights may be effective concerning either or both parents.

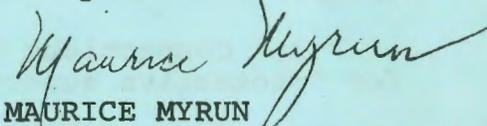
10. There should be a ten-day appeal period in both Probate and Superior Courts.

I should like to sit down with you at your convenience to determine which suggestions seem appropriate to you for legislative action and describe in detail the language necessary to effect the changes.

Very truly yours,

CARL R. AJELLO
Attorney General

By


MAURICE MYRUN
Assistant Attorney General

MM/saz

cc: Peter Gillies, Esq.

Appendix VII-1

Children's and Adolescents' Mental Health Programs Transferred from DMH to DCYS

This appendix describes each of the children's and adolescents' mental health facilities transferred from the Department of Mental Health to the Department of Children and Youth Services by Public Act 75-524. Significant problems identified by the Legislative Program Review and Investigations Committee during field visits and staff interviews are also presented.

Albany Avenue Child Guidance Clinic

Established more than 50 years ago, this clinic is located in the north end of Hartford and is the first and only state-operated child guidance clinic in Connecticut. Three programs are offered:

- crisis-oriented outpatient therapy for children and their families;
- an alternative day school and treatment program (primarily for adolescents who are unable to "make it" in public school); and,
- consultation services to community agencies.

The program was forced to move out of its Albany Avenue building early in 1978 when part of the ceiling collapsed. This event has given DCYS the impetus to consider changes needed in the program, including its possible relocation to Asylum Hill, nearer the population it serves. *To be responsive to its clientele, the clinic should also tailor more of its services to Spanish-speaking families. This appears to be a need in all of the state's urban areas, and DCYS should assess this need and its capacity to deliver appropriate services.*

The Albany Avenue Child Guidance Clinic and the Bridgeport Children's Services Center (see below) are examples of the trend to provide mental health services in the community, rather than in large state institutions. *Therefore, these programs would be more appropriately administered by the Division of Preventive and Community Services, than by the Division of Institutions and Facilities, as is presently done. DCYS should implement its stated intent to make this organizational change (see pp. 13 and 37).*

Greater Bridgeport Children's Services Center

This program, currently housed at the state-owned Bridgeport Community Mental Health Center, provides intensive day treatment for up to 25 severely disturbed children referred by schools. The Center also operates an adolescent program in a Bridgeport alternative high school (although the program has not been well supported by the school and may be moved). In addition, a crisis treatment program provides short-term counseling and referral services for children and families. The Center can admit children to Bridgeport Hospital for up to 72 hours when necessary.

This program has lacked leadership continuity (four directors since 1971) and has had only 22 positions funded of 36 authorized. The staff perceives a need to expand services to serve the state's largest city, especially the Spanish-speaking population. The Department of Mental Health has asked the Children's Services Center to move out of its Bridgeport Mental Health Center building, because the space is needed for newly funded adult mental health programs. DCYS had plans to consolidate the adolescent unit at Fairfield Hills Hospital with the Bridgeport Children's Service Center in a single rented facility, but administrative problems have led DCYS to abandon planning for the integrated program. New quarters for the Bridgeport Children's Services Center are still being sought.

Bridgeport's program appears to be effective in keeping children out of hospitals and with their families. They have never referred a child to RiverView. DCYS should aggressively seek a facility for the Children's Services Center which will allow them to expand their day treatment program and add emergency inpatient services.

RiverView Hospital

Until 1972, the Children's Unit of Connecticut Valley Hospital was a locked ward in a large building that also housed adult psychiatric patients. The unit then moved to a separate facility on the CVH grounds and was renamed RiverView Hospital.

RiverView is Connecticut's only state-operated inpatient psychiatric hospital for children ages 6 through 13. It has capacity for 64 children, who live in three coed cottages and two secure wards. An additional cottage containing three living units is planned, which would increase RiverView's capacity to about 74. A school building was opened in January 1975, providing the facilities for a full education and recreation program.

RiverView provides intensive psychiatric treatment for the state's most disturbed children. Each living area at RiverView has a distinct treatment approach, and children are placed according to their individual needs. The two secure wards, called BLEU I & II (Behavioral Learning Environment Unit), use a very structured token economy reward system to help children gain control of their behavior. Children who exhibit sufficient control and maturity are placed in one of two cottages which provide a less structured living program. The third cottage houses the Alpha program for autistic children.

In addition to the "milieu"¹ therapy provided in living units, each child at RiverView meets with an individual therapist at least once a week. Parents are involved in family therapy whenever possible. Psychotropic² medication is used for only about one out of four children.

RiverView has developed a coherent program involving all staff in planning under stable and effective leadership. The program was transferred to DCYS with relative ease because the program was not located in a building with other DMH programs, but RiverView did not become medically independent of Connecticut Valley Hospital until August 1977. Maintenance services are still purchased under a contract with CVH.

Because of the demand for services which RiverView alone provides, the Hospital is almost always full and maintains a waiting list. Between September 1977 and May 1978, RiverView's peak census exceeded its bed capacity in eight of the nine months (not including the Autistic Unit, which is an isolated program). During this period, 167 new referrals were evaluated for admission but only 56 children could be admitted. *The Director acknowledged that RiverView is not able to serve many of the children who are appropriate referrals.* The demand for service has put strains on staff and has had deleterious effects on RiverView's treatment of children. Social workers report that children in residence may be discharged or moved off a secure unit before they are ready because a bed is needed for an emergency admission. Other children needing treatment may remain on the waiting list until they have a crisis and become emergency cases.

¹ "Milieu" therapy refers to the environment set up to provide daily activities and structure to the child's life.

² Psychotropic drugs are those which affect the mind or alter mental activity.

RiverView is the only facility in the state to which physicians can send children on a 15-day emergency certificate.¹ The Hospital is not legally required to admit a child on the basis of a physician's signature, however, and RiverView staff often use their own clinical judgment to determine whether the child really needs to be admitted. In addition to handling referrals from community agencies, the court, parents, and schools, RiverView also does evaluations of children for the court (nine cases from June 1977 through May 1978).

RiverView is a long-term treatment program (about 54% of its residents stay longer than six months). Its role is not to "cure" the child, however, but to teach him enough control over his problems that he can pursue further treatment in a less restrictive setting. When a child is ready to leave, delays are often experienced before he can be placed in another residential program or foster home. *The paucity of treatment programs and foster homes in Connecticut (see Chapter VI) often forces a child to stay at RiverView longer than is necessary for lack of an appropriate place to send him. The Director estimates that an average of 3-6 months transpires between the time a decision to discharge is made and the time of placement for children not returning to their homes. At least one child has been waiting over a year for a placement.* Not only is this delay costly, but it also prevents other children in severe need from being admitted to RiverView (see pp. 61 and 69) for recommendations regarding foster home recruitment and placement funds).

Connecticut Valley Hospital Adolescent Unit (CVHA)

Opened in 1975 under the Department of Mental Health, the adolescent unit at Connecticut Valley Hospital was transferred to DCYS in January 1977. In April 1977 the unit moved from a large building housing adult psychiatric patients to a separate building on the CVH grounds. It provides inpatient psychiatric services for up to 32 adolescents, including four who are diagnosed as autistic.

The evolving treatment program at CVH provides family, individual and group therapy, with a group living program based

¹ If any physician in the state finds a child to be "a danger to himself or herself or others or gravely disabled..." the physician can commit the child to a public or private hospital for 15 days without court involvement (C.G.S. Section 17-183).

on levels of privileges acquired through improved behavior. About half of all patients stay 30 days or less.

CVHA has been in limbo for over a year because of indefinite plans to move the unit to Undercliff Hospital in Meriden. Renovation of the Gibson Building at Undercliff is underway, with January 1979 as the target date for CVHA to move. However, several earlier moving deadlines have already passed, and some staff are skeptical about the possibility of moving in the near future. The new Undercliff unit is planned to serve 52 adolescents, providing living quarters and school rooms within one building. Some staff have already been hired to work in the new unit, but in the meantime they are training or working at one of the three existing adolescent programs (CVH, Fairfield Hills Hospital, or Norwich Hospital).

Norwich Hospital Adolescent Unit

In 1970, Norwich Hospital opened a separate unit for females aged 14-24 which later became the first discrete adolescent unit in the state. Designed for 42 patients, all staff and support services were provided by centralized hospital departments and no new appropriation was required. The unit was located on two wards in the hospital's newest building. The hospital superintendent reports that the program ran smoothly for several years, treating adolescents with severe disorders whose families were cooperative. Gradually the population changed, however, with more behavior-disordered, aggressive adolescents being referred, many of whom were committed to DCYS and had little or no family involvement.

The Norwich Adolescent Unit has had a stormy history during the past year. Conflicts existed between the hospital administration and the Unit director, who was perceived as representing DCYS. There was a difference in philosophy over the type of treatment program which should be conducted--a short term program for mentally ill adolescents, or a long term program for seriously disturbed, acting-out adolescents who may have had a long history of involvement with DCYS. The local newspaper published several articles critical of the Unit, and was able to obtain names and clinical information on patients, which were used to contact their parents. The source of the violation of confidentiality has never been discovered. Several staff were assaulted by patients and received Workman's Compensation benefits. A child abuse complaint was filed against a staff member. There were complaints of a general staff shortage. In August 1977, Norwich Hospital had determined that the funds provided by DCYS were not sufficient to cover overtime costs. To compensate for increased overtime, the Hospital did not fill vacant positions.

In December 1977, the problems at the Norwich Hospital Adolescent Unit came to a head. On December 21, only one person of six reported for the second shift. The others called in sick or were recovering from injuries inflicted by patients. To cope with this crisis, the hospital superintendent considered disbanding the unit, but instead put the oldest patients--the 17 year olds--on adult wards, where they remain to date. This reduced the adolescent program to about 20 patients. The Unit director was temporarily reassigned to the DCYS central office (even though she continues to be a DMH employee) as a liaison between DMH and DCYS to plan the eventual transfer. A forensic psychiatrist was assigned to direct the Unit. The Department of Mental Health maintains control over the adolescent program at Norwich, with DCYS having almost no role in the program and receiving little information about it. At the Committee's public hearing (June 13, 1978), Commissioner Maloney reported that the situation at the Norwich Adolescent Unit is "almost total confusion."

The Norwich Hospital administration believes its role is to provide psychiatric treatment to patients with acute mental illness. They subscribe to a medical model of mental illness, and psychotropic drugs are the dominant treatment modality. They apply this same treatment philosophy to adolescents, believing that a hospital should provide short term treatment to those with "classic" psychiatric disorders. They believe that the "character disordered" type of child DCYS wanted to put in the adolescent unit is not appropriate for hospitalization. According to the hospital superintendent¹ these "rotten kids" should be in a jail or in a residential treatment program. If these adolescents are hospitalized, the program becomes a "maximum security baby-sitting service" and is harmful to the patient.

Norwich Hospital continues to receive adolescent patients for whom the medical model of treatment for mental illness is not appropriate. Because of this conflict between program philosophy and the type of patient actually seen, only minimal therapy is given to adolescents. In practice, the treatment goal is to find another place to send the adolescent.

Norwich Hospital has restricted admissions to the adolescent unit to maintain the census below 20 since January 1978. DCYS has assigned 17 CETA staff to the unit, but with the unit artificially held at less than half of its capacity, it is overstaffed.

¹ The superintendent of Norwich Hospital resigned effective August 24, 1978.

The DCYS staff report, however, that they must spend much of their time doing housekeeping chores and have little time to do treatment.

The transfer legislation specified that the Bryan Building at Norwich Hospital would be given to DCYS for the adolescent program. Two bond issues totaling \$905,000 are available for renovations, but the Fire Marshal has declared the building unsafe for residential care by Connecticut Fire Safety Code standards. The Ray Building on the hospital grounds and another facility nearby are being considered, but either would need considerable renovation, meaning that a move is not imminent.

Adolescent Drug Rehabilitation Unit (ADRU)

This coed residential treatment program, housed on the grounds of Undercliff Hospital in Meriden, was established in 1972 to meet a perceived need to "rehabilitate" 13 to 17 year olds seriously involved with hard drugs, especially heroin. Since that time, however, the program has been reoriented to serve adolescents with emotional and behavioral problems who also have a history of "polydrug"¹ abuse, and the name "Drug Rehabilitation Unit" has become somewhat of a misnomer. The unit can serve up to 20 adolescents at a time, half of whom stay less than six weeks.

The treatment program at ADRU uses peer influence to help residents recognize their feelings and approach their problems in a realistic manner. The staff creates an atmosphere in which residents must take responsibility for their actions. *The program appears to be sensitively adjusted to the developmental needs of adolescents, but the physical facilities in which the program operates are inadequate.* School is conducted in a large room with a few old chairs. Educational materials which would motivate turned-off adolescents are lacking. Some renovations are being done, but some major needs remain. For example, there are no outdoor recreation facilities at Undercliff, and indoor facilities are limited. Adolescents need an outlet for physical energy, and at ADRU there is not even a place to play ball or to hit a punching bag.

ADRU conducts several self-evaluation activities to assess the outcomes of its program. An attitude questionnaire is used when a person enters the program and when he leaves, and comparison shows significant growth in adjustment and self-concept.

¹ "Polydrug" abuse is the consumption of two or more drugs, such as barbiturates and alcohol, in combination or sequence.

An annual follow-up of former residents is also done by telephone. Former residents or their parents are asked to assess the adolescent's improvement in five major areas. Improvement is perceived in most adolescents, with those staying at ADRU longer feeling they have improved more. *Evaluation of effectiveness is rare among treatment programs, and ADRU's administration should be commended for its efforts.*

Fairfield Hills Hospital Adolescent Unit

Twenty adolescents are served by the ADAM House (Adolescents Developing and Maturing) program at Fairfield Hills Hospital in Newtown. Admission is restricted to adolescents with behavior problems including aggression, school problems, drug abuse and other self-abuse. The treatment program at ADAM House is based on levels of privileges and group interaction. Individual, group, and family therapy are used. The program is designed to take six to nine months.

Most adolescent patients are admitted to adult wards for several days of assessment before going to ADAM House. Some are judged unsuitable for ADAM House and are left on adult wards for the duration of their treatment. Others have completed pre-admission conferences and can go directly to the adolescent unit. Patients who violate major rules in the ADAM House program are sent to adult wards. From July 1, 1977 through May 31, 1978, 140 adolescents were admitted to adult wards at Fairfield Hills Hospital and 133 were discharged. Their length of stay on adult wards is short (average 12 days between admission and discharge) and psychotropic drugs are the predominant treatment. Three DCYS staff (designated for Undercliff Hospital) provide some education for adolescents on adult wards.

The ADAM House program is now located in Bridgewater House, which also contains a drug rehabilitation program. The transfer legislation did not specify a building for the adolescent program at Fairfield Hills, but left it to the Commissioners to decide. DMH wanted the adolescent program to move to a building which did not contain any other hospital program. The Greenwich Building was agreed upon, although it is very large and one wing has been badly damaged by fire. DCYS plans to renovate this building for a 50 bed unit serving ADAM House residents and adolescents now on adult wards.

High Meadows

Located in Hamden, High Meadows is a long-term residential treatment program for severely emotionally disturbed children.

It is not a hospital. Residents must be between age six and fifteen at the time of admission. The residential program can accommodate 62 children with an additional 25 participating in school and day programs and 8 in a group home. The average length of stay is 12 months.

High Meadows enjoys an excellent reputation for its highly structured program. Staff are highly motivated and the facilities are excellent. Program leadership has been strong, allowing High Meadows to develop a measure of independence in its operation. During FY 1977, High Meadows received 422 inquiries and formal applications, from which only 66 children were admitted. Program officials claim that this selectivity allows them to maintain high standards and is in the best interests of the children they serve. It also means, however, that *High Meadows is often not flexible or responsive to the state's immediate needs, and places additional pressure on other facilities, especially RiverView and the State Receiving Home, which must accept emergency cases and children who cannot be placed anywhere else.*

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