

STAR Home Review

OFFICE OF THE CHILD ADVOCATE

OCTOBER 11, 2023

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Profile of a Child in a STAR Home in 2023

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

What is a Short Term Assessment and Respite (STAR) home?

Licensed as a Youth Shelter, it is a “temporary congregate care program”

Contracted to provide short-term care (LOS 60 days), assessment and a range of clinical and nursing services to children removed from their homes due to abuse, neglect or other high risk circumstances.

Increasingly serves children with significant treatment and permanency needs, “with very challenging behaviors: i.e.. Runaways, delinquency, etc.”

Data on boys and girls in STAR homes as of October 4, 2023

- 31 children in STAR placements
- Youngest child is 13
- 28/31 identified as children of color
- All in DCF care and custody
- Length of current stay ranges from 5 days to 533 days
- 15 out of 31 children in STAR placement for over 100 days

Data on a sample of Girls Served in STAR programs across CT in 2023 (n=22)

- Girls range in age from 13 to 18
- Median age of first contact with DCF: 4 years old
- 17 girls with sexual abuse history
- 20 girls with history of suicidal behaviors
- All in DCF care
- Median number of girls' placements: 8
- Median AWOLs since 2022: 18
- Diagnoses of girls: PTSD, Major Depressive Disorder/Mood Disorder, Reactive Attachment Disorder
- Two girls with intellectual disability
- Majority of girls have special education needs

FROM DCF LICENSING QRTP TOOL, HARWINTON STAR HOME, APRIL 2022

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

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

Harwinton STAR has continued to work through the challenges that COVID posed with programming and staffing. The most recent youth that were served by the program had significant behavioral challenges including frequent and extended periods of AWOL and there are significant concerns with some youth being victims of DMST. Also some youth were sent to the emergency room for psych eval due to youth demonstrating unsafe behaviors, or threatening harm to themselves resulting in a revolving door with youth having multiple trips to the ER or youth being admitted for inpatient stays. This had a significant impact on the frequency of clinical service delivery. ...

System Design Concerns

- Overreliance on STAR homes.
- Children too acute for these programs
- Utilization of STAR programs is high, while utilization of therapeutic group homes and residential treatment centers is down.
- OCA supports the Least Restrictive Environment, but need options in the system for children with extensive trauma histories. No silver bullet. Treatment foster care model is positive but won't work immediately (or ever) for some children.
- Children are victims, many have been victimized their entire very short lives; some have intense behaviors and the system has to improve to meet these needs.

Recommendations

- Enhance programming, technical assistance, and resources for current STAR homes
- Policymakers need to consider whether future investment in this level of care is preferable to creating/utilizing specialized treatment settings such as specialized therapeutic group homes
- Program Quality Assurance metrics must inform system design and evaluation
- Utilize Gender Responsiveness Workgroup for legislative recommendations/budget adjustments
- Increase capacity in home/community- based services
- Revisit plan and recommendations during 2024 budget review