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Children & Families

STARR Home Enhancement Plan Update for JJPOC

July 1, 2025

STTAR HOME ENHANCMENT PLAN UPDATE

STTAR Program

A Specialized Trauma Informed Treatment Assessment and Reunification (STTAR) program is a temporary congregate care setting that provides short-term care, assessment and a range of clinical services to children who are committed to the care of DCF. Youth who are referred to STTAR programs have disrupted from their current living situation, and an alternate safe living situation in the community cannot be identified. Although youth are not referred to STTAR programs as a primary treatment resource, youth in STTAR programs are provided with assessment services, substance use screening, crisis management, therapeutic support and educational support. Care is provided by a multidisciplinary team who have the responsibility of providing structure and support in a safe and nurturing environment.

STTAR programs are operated via contracts with a network of private non-profit provider organizations. There are currently 35 STTAR program beds available statewide. An additional 5 beds have been solicited via RFP; efforts to bring these additional beds online continue. The current STTAR provider agencies, location and gender of youth served are below.

DCF STTAR Programs

- Boys & Girls Village (Bridgeport, male)
- Bridge Family Center (Hartford, male)
- Bridge Family Center (West Hartford, female)
- Bridge Family Center (Wolcott, male)
- Noank Support Services (Ledyard, female)
- Noank Support Services (Ledyard, female)
- Waterford Country School (Montville, male)

STTAR homes are a last resort for youth when all other placements have been unsuccessful or haven't met the youth's needs. They are the only congregate care setting that must admit a child per contract. STTAR homes do not need Carelon authorization and referrals are managed by DCF clinical teams. Other congregate care or psychiatric settings such as residential treatment facilities and therapeutic group homes require Carelon authorization and the youth must meet the medical necessary criteria. Many of the youth have been in foster care, residential facilities, behavioral health facilities and juvenile justice facilities.

This population of youth have experienced intensive trauma, and their families are unable to meet their extensive needs with in-home supports. Many of the youth have exhibited violent and destructive behavior, often toward their caregivers. At times, families won't pick up their children from emergency departments, courts or juvenile justice facilities, leading those entities to contact DCF to take custody of the children.

Youth Demographics

A review of youth in STTAR programs identified key demographics. Point-in-time data will vary depending upon when assessed, and the number of STARR residents at any one time is relatively small, as there are only 35 available beds, these data can provide a baseline "snapshot" for future comparison.

- Age: Most youth were between 14 & 17 years old (91%),
    - most common age is 15 years old (32%).
- Race/ethnicity:
    - Hispanic (30%)
    - Black (27%)
    - White (22%)
    - Multiracial (22%).
- Youth identifying as LGBTQIA+: 32%
- Youth entry into DCF care via Order of Temporary Custody (OTC): 81%
- Youth entry into DCF care result of parent refusal: 57%
- Youth who have experienced disrupted adoption/guardianship: 41%

- Prior placement in Functional Family Therapy Foster Care program (FFT-FC): 68%
- Post-STTAR discharge goal:
    - FFT-FC (32%)
    - Core/Kin Foster Care (22%)
    - Higher Level of Care (32%)
- History/suspected/high risk of Domestic Minor Sex Trafficking (DMST): 38%
- Diagnosis of Intellectual Disability (ID) and/or Autism Spectrum Disorder (ASD): 16%
- Treatment plan includes psychiatric medication: 81% (with 37% refusing medication)
- Juvenile Justice involvement prior to entering DCF care: 30%; Current: 49%
- Youth display significant aggression or engages in property destruction: 32%

As the data shows, STTAR home residents have higher care needs with the majority (81%) having a treatment plan that includes psychiatric medication, 32% display aggression or engage in property destruction and 30% had prior JJ involvement. These care needs were present prior to STTAR home admission and likely contribute to 57% of youth who enter DCF care due to parental refusal.

The data does not provide the details of the complexity of some of the youths who are placed in the STTAR. Below are a few examples of youth who were placed in a STTAR home:

1. Adolescent male with history of multiple arrests due to assaultive behaviors in the community including car theft, marijuana use and missing from care episodes. He was discharged from a CSSD REGIONS program to DCF.
2. Adolescent female who was a victim to domestic minor sex trafficking with missing from care episodes, inviting unknown males into the home of their parents then kin foster home, assaultive behaviors towards relative care givers, on-going marijuana and alcohol use and refusal to attend school or take psychiatric medication.

3. Adolescent male with ASD/IDD and is non-verbal. This youth needed full care with showering and feeding. He used diapers and had significant sensory challenges, elopement and challenges. He was provided care at a STTAR home with 1:1 supervision and CNA services.

Development of Enhancement Plan

In 2024, after concerns raised with a STAR provider in Harwinton, DCF worked with Governor Lamont and legislative leaders to develop an enhancement plan for the program. DCF managed to repurpose existing funds to achieve key improvements and safety features to the program. Components of the STTAR enhancement plan include:

- Renaming STAR (Short Term Assessment and Respite) programs to STTAR (Specialized Trauma-Informed Treatment, Assessment and Reunification) programs
- Providing additional funding to support additional supervisory staff and funding for youth recreational opportunities
- Reducing census of STTAR programs (from 6 to 5) to enhance ability of program staff to implement therapeutic milieu
- Developing a process to expedite admission process for youth who have been approved for PRTF level of care and who are disrupting from their current treatment settings, including STTAR residents
- Implementing Intensive Transitional Treatment Centers (ITTC) to provide additional treatment resources for youth whose needs cannot effectively be met in the STTAR program.

HB 7287, An Act Concerning the State Budget for the Biennium Ending June 30, 2027, and Making Appropriations Therefor, and Provisions Related to Revenue and Other Items Implementing the State Budget, included a section that requires DCF to report on the implementation of the enhancement plan.

> *"Sec. 268. (NEW) (Effective from passage) Not later than July 1, 2025, and annually thereafter, the Department of Children and Families shall report*

on its implementation of the Specialized Trauma-Informed Treatment Assessment and Reunification Enhancement Plan released by the department in March 2024, to the Juvenile Justice Policy and Oversight Committee established pursuant to section 46b-121n of the general statutes. Such initial report shall use metrics in use at the time of such reporting. Not later than September 30, 2025, the department shall consider and may develop additional metrics for use in successive annual reports."

Implementation Status of STTAR Enhancement Plan

Rename STAR (Short Term Assessment and Respite) programs to STTAR (Specialized Trauma-informed Treatment, Assessment and Reunification) programs.

- Completed. STTAR program contracts were amended to reflect the new program name.
- DCF has increased regulatory visits to the homes meeting with provider leadership and developing strategies to improve safety.
- DCF clinical and program staff, as well as representatives of the Commissioner's office, have participated in public meetings with municipal officials to discuss the STTAR homes and their effect on municipal resources. For example, DCF trained providers on the new missing from care policy. Criteria for making a missing from care report was clarified with staff and law enforcement to minimize unnecessary emergency calls reserving police resources for when law enforcement involvement is absolutely necessary.
- Also, some staff would call the police if an argument erupted between residents, or a youth didn't behave in the home. DCF provided training to staff to deescalate those situations without police involvement. Those conversations have resulted in improved relationships and better outcomes for the youth.
- To improve the professional development of STTAR program staff, the following trainings are provided to the contractors who operate the home:
    - Community Child and Family Teaming
    - Restorative Justice Training
    - Dialectical Behavior Therapy (DBT) Group Skills
    - *My Life My Choice,* Justice Resource Institute (JRI) technical assistance program
    - Support and training related to Human Trafficking
    - Crisis Intervention/Emergency Safety Intervention
    - Trauma Model
    - Mandated Reporter

Provide additional funding to support additional supervisory staff and funding for youth recreational opportunities.

- Completed. Each STTAR program contract was amended to increase annualized funding (approx. $125,000). This funding facilitated the hiring of an additional supervisory staff member, or equivalent. For example, one provider hired a restorative justice coach.
- The funding also included support for additional youth recreational activities.

Reduce census of STTAR programs (from 6 to 5) to enhance ability of program staff to implement therapeutic milieu.

- Completed. STTAR program census reduced from 6 to 5. (One provider with two programs requested 4 and 6, for a total 10, to facilitate single rooms. This was approved.)
- DCF issued an RFP to procure an additional STTAR program to add bed capacity for females given the reduction in census. This did not result in any proposals. Efforts continue to identify a provider for this program. Providers are hesitant to bid on this program given the challenges of the youth and the fiscal liability and public scrutiny they face.

Develop a process to expedite admission process for youth referred to Solnit Psychiatric Residential Treatment Facility (PRTF) who have been approved for PRTF level of care and who are disrupting from their current treatment settings, including STTAR residents.

- Completed. Solnit PRTF leadership implemented a triage and expedited intake process for youth who are disrupting from their current treatment settings. This includes, but is not limited to, youth residing in STTAR programs. To date five youth from STTAR programs have been able to access this route to PRTF admission.

Implement Intensive Transitional Treatment Centers (ITTC) to provide additional treatment resource for youth whose needs cannot effectively be met in the STTAR program.

- Completed. DCF issued a Request for Proposals (RFP) to procure two ITTC programs: a 6-bed program for males and a 6-bed program for females. The RFP was issued March 18, 2025, and proposals were submitted by May 6, 2025. The contract has been awarded with an anticipated start date of July 1, 2025.

Other STTAR program improvement activities underway:

- Collaborating with the JJPOC Gender Responsiveness Workgroup to identify enhanced training opportunities for STTAR program staff.
- Providing funding (approx. $35,000) to each STTAR program to implement facility safety enhancements (e.g., exterior cameras) to help reduce AWOL and risk of DMST.
- Identifying dedicated care coordination resources to support transition planning for youth in STTAR programs.
- Exploring ways to conduct needs assessments of children being placed in STTAR homes.

DCF continues to work with providers to improve the services being provided to the youth in STTAR homes and the larger behavioral health continuum. The goal of the Department is to provide safe living situations that allow children to thrive while treating their underlying behavioral health needs and return home to their families or other permanency disposition.