

TESTIMONY BY MARK REDMOND

EXECUTIVE DIRECTOR, SPECTRUM YOUTH AND FAMILY SERVICES

January 28, 2020

RE: H.215 OFFICE OF THE CHILD ADVOCATE

Thank you Chairwoman Pugh and other members of the House Human Services Committee. I am the executive director of Spectrum Youth and Family Services, a nonprofit organization based in Burlington which serves homeless and at-risk youth in both Chittenden and Franklin Counties. The youth with whom we work range in age from 13 all the way up to 24 and they include youth who are literally homeless, youth suffering from substance use disorder, those with a mental health diagnosis, juvenile justice background, high school dropouts, youth involved in human trafficking, and often a combination of any if not all of these.

We partner with the Department of Children and Families in a number of ways. For example, in both Chittenden County and in Franklin County we provide case management for youth between the ages of 14 and 23 who are in the foster care system, helping them to complete their education, find employment, secure housing and learn independent living skills. And 9 months ago the Department asked us to start working children as young as 12 years old in Chittenden County who are not in foster care but there are difficulties in the home and school, to provide assistance so those children do not result in being removed from home and placed into custody unless absolutely necessary.

I've been at Spectrum for 17 years, and I have been saying for at least the last 10 years that we should have an Office of the Child Advocate.

First, before coming to Vermont in 2003 I worked in Connecticut for five years, they had and still have an Office of the Child Advocate, and I saw the beneficial effect that it had in that state. It served as an external entity, an outside entity, which is independent from the Department of Children and Families. There has to be a body to which parents and children and providers can go when they have concerns about the foster care system and how they are being treated. We currently have such a body, an Ombudsperson, for the aged in Vermont, we have the same thing for those with a disability, it only makes sense we have the same thing for children and families.

Second, an Office of the Child Advocate can recommend needed reforms to the child protection system. I saw this in Connecticut. That state had its own version of Woodside, it was called the Connecticut Juvenile Training School in Middletown. The state spent millions of dollars building that in the late 1990's. It is now closed or about to close. Connecticut also reduced the number of youth in group homes and institutions. There were many good changes in that state and I am certain the Office of the Child Advocate played a role in that.

We have made many good changes in Vermont. The fact that Woodside has zero or almost no youth residing there is a remarkable accomplishment. The changes to CHINS, the age change in family court versus adult court, these are all steps in the right direction. Establishing an Office of the Child Advocate is in my mind the next iteration.

One specific recommendation I have is this. If you do vote to create such an office, I encourage you to make sure it includes a review of the Department's record on Assessments and Investigations. I have been following the federal Health and Human Services annual Child Maltreatment Report for over a dozen years, and Vermont is always last or second to last in the "Percent of Screened-in Reports." (Please see attached page from the most recent, 2018, where I have underlined Vermont's 20.8%, which trails only South Dakota's 14.3%, versus a national average of 56%.) This is the kind of issue I would hope the Office of the Child Advocate would really delve into and explain and if recommendations are warranted, issue them. We need to make sure that we have a system in which those youth who are truly victims of abuse or neglect come into custody, the amount of time in custody is shortened, and when adoption is necessary, it occurs faster. We are spending a lot of money in this state on the protection and safety of children and in the foster care system, I believe the creation of this Office can play an important role in making sure we are spending it wisely and perhaps even spend less.

Finally, there are 36 states that have some version of this Office, including every state in New England except for ours. It is time for Vermont to follow suit.

Thank you and please let me know if you have any questions.

**Table 2–1 Screened-in and Screened-out Referrals, 2018**

State	Screened-in Referrals (Reports)	Screened-out Referrals	Total Referrals	Screened-in Referrals (Reports) Percent	Screened-out Referrals Percent	Total Referrals Rate per 1,000
Alabama	28,121	627	28,748	97.8	2.2	26.4
Alaska	9,216	11,271	20,487	45.0	55.0	111.5
Arizona	49,344	34,457	83,801	58.9	41.1	51.0
Arkansas	35,526	24,353	59,879	59.3	40.7	85.2
California	233,409	175,257	408,666	57.1	42.9	45.5
Colorado	35,187	68,101	103,288	34.1	65.9	81.6
Connecticut	15,701	27,390	43,091	36.4	63.6	58.6
Delaware	5,815	11,969	17,784	32.7	67.3	87.3
District of Columbia	7,360	9,207	16,567	44.4	55.6	129.9
Florida	169,557	83,567	253,124	67.0	33.0	59.9
Georgia	87,589	38,424	126,013	69.5	30.5	50.3
Hawaii	2,055	2,723	4,778	43.0	57.0	15.7
Idaho	9,864	12,566	22,430	44.0	56.0	50.2
Illinois	81,287	-	81,287	-	-	-
Indiana	128,544	49,751	178,295	72.1	27.9	113.7
Iowa	35,716	20,846	56,562	63.1	36.9	77.4
Kansas	25,018	17,270	42,288	59.2	40.8	59.9
Kentucky	56,391	51,146	107,537	52.4	47.6	106.6
Louisiana	18,653	26,481	45,134	41.3	58.7	41.2
Maine	8,185	11,652	19,837	41.3	58.7	79.2
Maryland	22,059	37,365	59,424	37.1	62.9	44.3
Massachusetts	45,686	40,108	85,794	53.3	46.7	62.8
Michigan	95,203	56,331	151,534	62.8	37.2	70.0
Minnesota	31,837	58,761	90,598	35.1	64.9	69.6
Mississippi	28,606	6,952	35,558	80.4	19.6	50.4
Missouri	77,316	21,571	98,887	78.2	21.8	71.8
Montana	10,073	7,744	17,817	56.5	43.5	77.7
Nebraska	12,309	24,579	36,888	33.4	66.6	77.4
Nevada	16,250	23,310	39,560	41.1	58.9	57.4
New Hampshire	11,168	6,443	17,611	63.4	36.6	68.2
New Jersey	59,428	-	59,428	-	-	-
New Mexico	20,980	18,248	39,228	53.5	46.5	81.4
New York	165,311	-	165,311	-	-	-
North Carolina	62,158	-	62,158	-	-	-
North Dakota	4,364	-	4,364	-	-	-
Ohio	85,676	108,148	193,824	44.2	55.8	74.7
Oklahoma	37,788	43,076	80,864	46.7	53.3	84.5
Oregon	35,223	40,749	75,972	46.4	53.6	87.0
Pennsylvania	45,279	-	45,279	-	-	-
Puerto Rico	8,450	10,696	19,146	44.1	55.9	32.2
Rhode Island	8,569	10,471	19,040	45.0	55.0	92.8
South Carolina	45,788	10,936	56,724	80.7	19.3	51.3
South Dakota	2,217	13,314	15,531	14.3	85.7	71.4
Tennessee	70,590	66,035	136,625	51.7	48.3	90.7
Texas	198,449	53,582	252,031	78.7	21.3	34.1
Utah	20,766	20,147	40,913	50.8	49.2	43.9
Vermont	4,055	15,417	19,472	20.8	79.2	167.9
Virginia	36,543	48,651	85,194	42.9	57.1	45.6
Washington	41,077	65,295	106,372	38.6	61.4	64.0
West Virginia	26,572	14,748	41,320	64.3	35.7	113.5
Wisconsin	27,722	53,784	81,506	34.0	66.0	63.9
Wyoming	2,777	4,477	7,254	38.3	61.7	53.8
<b>National</b>	<b>2,402,827</b>	<b>1,557,996</b>	<b>3,960,823</b>	-	-	-
<b>Reporting States</b>	<b>52</b>	<b>46</b>	<b>52</b>	-	-	-
<b>National for states reporting both screened-in and screened-out referrals</b>	<b>1,985,000</b>	<b>1,557,996</b>	<b>3,542,996</b>	<b>56.0</b>	<b>44.0</b>	-
<b>Reporting states for reporting both screened-in and screened-out referrals</b>	<b>46</b>	<b>46</b>	<b>46</b>	-	-	-