



State of Connecticut
GENERAL ASSEMBLY



Commission on Children

**Testimony of Elizabeth C. Brown
Legislative Director
Connecticut Commission on Children**

**Submitted to the Select Committee on Children
Connecticut General Assembly
February 19, 2009**

Senator Musto, Representative Urban and members of the Committee. My name is Elizabeth C. Brown and I am the Legislative Director for the Commission on Children. I appreciate the opportunity to testify this morning on bills pertaining to the Department of Children and Families that seek to renew the agency's mission and performance to become more effective in serving Connecticut's most vulnerable children and families in the 21st century.

SB 877, An Act Implementing the Recommendations of the Program Review and Investigations Committee Concerning the Department of Children and Families

The Commission supports the overall need for strategic planning, but recommends the following:

- Adopt a results based accountability framework for a more outcome driven system.
- Bring in strategic partners in each region to determine what action steps need to be taken to improve the outcomes for children and families in each region from a prevention and early intervention perspective.
- Focus on what is working, not what we have always done
- Focus on building strong local partnerships to get results
- Enhance the role of the state Advisory Council by adding representative from the Select Committee on Children and more parent voice
- Include the Unified School District in the Planning Process to ensure quality of services and educational outcomes for children in their programs.
- Include an assessment of personnel and recommend necessary staff qualifications, experience and mindset necessary for a high performing organization

SB 878, An Act Concerning the Prevention Role of the Department of Children and Families

The Commission recommends that the Department immediately begin the important work of strengthening the prevention arm of the Department to give an equal role to family strengthening as it does to child protection.

Recommendations

1. New Policy Direction for Serving Children and Families: Adopt a strength based approach based on the following result:

Result: Families will have the skills, knowledge and resources to raise emotionally and physically healthy children.

A. Prioritize prevention services

The law authorizing the Department of Children and Families should be amended to include language that clearly prioritizes prevention and family support services in the community.

As the Program Review and Investigation Report cites, strategic attention has to be given to how the core functions of child welfare, safety, permanency and prevention interact and weave together. The current focus is primarily on the child protective services mandate, due largely to the ongoing impact of the federal Juan F. lawsuit. The new policy must adopt a results based accountability framework with clear population results statements that can be measured. This would move from crisis response to a proactive approach with services provided in a relational, strength based approach. Adopt the following mission and guiding principles for serving families:

Mission statement: To develop a comprehensive, coordinated, efficient and effective family focused system of policies, practices and services for families that assists parents in their role of parents.

Guiding principles:

- Families are assured opportunities that foster optimal development in a safe, stable and nurturing environment that builds on individuals' and families strength;
- Families are supported to be self-reliant to the best of their abilities;
- Families are empowered to participate in the larger community.

From Task Force on Families with Cognitive Delays

Note: Current DCF budget allocated to prevention v. residential is a 5:1 ratio- approximately \$40 million total for family support services, psychiatric clinics for children, community based prevention services, and family preservation services v. \$216 million for room and board in residential institutions.

Action Steps

1) **Establishment of regional integrated early childhood systems of care** to prevent serious emotional disturbance and abuse and neglect. A very high proportion of families referred into DCF for abuse and neglect have very young children. We know that these children have an extremely high rate of mental health and developmental problems. We now have a model, Child

FIRST developed in Bridgeport, which is able to identify these high risk families, conduct a comprehensive assessment of their strengths and needs, intervene directly in the care giving relationship with expert mental health and developmental staff, and effectively wrap services and supports around all members of the family. A scientific, randomized trial has produced rigorous, evidence-based outcomes: Families have a 5.7 fold decrease in DCF involvement, as compared to Usual Care controls, as well as a 5 fold decrease in child behavioral problems, a 4 fold decrease in language problems, and a decrease in maternal depression and other mental health problems. Over 80% get to needed services.

Fiscal impact: The early childhood system of care model costs less than \$5,000 per family, as compared to \$180,000 for a level 2 therapeutic group home or \$850,000 for psychiatric hospitalization for one child for a year. The cost savings would be enormous! The intensive, home-based service (therapeutic and case management) receives Medicaid reimbursement for children with mental health diagnoses, which leverages a dollar for dollar federal match. Furthermore, if current DCF programs serving young children that do not have proven outcomes of effectiveness were reorganized with fidelity to this model, with hiring of professional mental health staff instead of paraprofessionals, we would be able to leverage Medicaid matching dollars for these services, providing a much higher and more effective level of intervention for the same net state dollars.

1. Support legislation to implement this model- see attached document
2. Support revision of CT regulations interpreting EPSDT legislation, so that it conforms to federal intent to treat any child with “medical necessity” in order to prevent serious disability. This would maximize federal reimbursement through EPSDT/Medicaid.

This replication could be done with current resources and private funding. The Robert Wood Johnson Foundation has pledged up to \$3 million dollars to fund replication of the system. Five additional private funders have pledged support for this innovative, researched base system that would act as the foundation for the family support continuum.

2) The **Differential Response System** has been extremely well researched and is a very effective alternative to traditional Child Protective Services . However, for it to be a truly different response, not only must families be full partners in the process, but a comprehensive assessment of their strengths and needs, beyond what brought them to DCF attention, is necessary.

Many of these families have very significant underlying issues (maternal depression and other mental health problems, domestic violence, unstable housing, inadequate health care, lack of education and employment) which are not addressed but which have dramatic impact on their ability to protect and support the healthy development of their children. This is supported by all the research on “toxic stress” and the impact on the developing brain.

We propose that each region have a centralized Community Hub, made of a single agency or small group of agencies, which has experienced teams of mental health clinicians and care coordinators/case managers, which can provide a very comprehensive assessment, a family-driven plan of supports and services for all members of the family utilizing the resources throughout the community, and home-based therapeutic intervention as needed. This is consistent

with the Child FIRST model, which has been well researched (see above), and would dramatically decrease repeat DCF involvement.

Fiscal impact: Utilization of professional, mental health staff as the members of the Community Team would mean that the home-based assessment and intervention was Medicaid reimbursable, leveraging tremendous federal dollars in support of this system.

Agenda: Support legislation implementing DRS with a system of care framework, including not only comprehensive wrap-around services, but also provision of mental health services within the home by the Community Team, if needed.

The Commission believes action must be taken now to establish a broader vision and mission with a focus on prevention and building local family support systems. This would leverage existing federal, state and private dollars and re-direct scarce resources to investments in strengthening families.

HB 5915, An Act Concerning ‘Stuck Kids’

The Commission supports this bill and believes it will hold DCF accountable for the welfare of very vulnerable youth, including out of state, runaway and homeless youth. Currently, DCF does not review or monitor these populations in a systematic manner. The bill would require the commissioner to issue an annual report, to the Select Committee on Children regarding the placement of the children and youth.