

**Testimony to the Government Administration and Elections Committee in Support of the  
Commission on Children  
March 16,, 2009  
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Good afternoon, Chairpersons, Senator Slossberg and Representative Spallone and distinguished members of the GAE Committee. Thank you for this opportunity to testify in support of **full reinstatement of the Commission on Children** in the state budget and against the provisions I SB 840.1

I am a developmental and behavioral pediatrician, Associate Clinical Professor at the Yale Child Study Center and Department of Pediatrics. I am the Executive Director of Child FIRST in Bridgeport. I specialize in high risk, very young children and families.

This is the **WRONG** time to be thinking about eliminating the Commission on Children. Indeed, this is the time when the state of **Connecticut needs the Commission on Children the very most!**

The Commission on Children is truly the voice for children, and especially for those in our state who are most vulnerable. It has a proven track record of ensuring that the health, safety, and learning of the children in Connecticut are central. When they see a problem, they seek expert opinion on the most up to date research, communicate this to the legislature and governmental officials, and drive the policy that will result in effective solutions. The list of proactive, preventive programs that they have brought to this state through legislation is enormous, including school readiness, early reading, lead abatement, obesity prevention, and child poverty reduction. In each case, they have saved this state millions of dollars by enhancing the health and development of our children and preventing serious and costly problems from arising.

You have heard the same list of successes from countless professionals who have sat in this chair today. Now, I want to tell you how the Commission on Children has impacted the children and families that I serve in Bridgeport. I cannot think of a better way than to tell you very briefly about a little girl and her family who were served by Child FIRST.

We met three year old Tanya and her mother in the pediatric clinic of Bridgeport Hospital on a grim November day. Child FIRST was engaged in a new screening project, looking for environmental or social risk factors which could seriously derail a young child's development. Tanya was physically healthy, but her mother's screen was positive: She was "totally overwhelmed and did not know if she could go on anymore," a sign of significant depression. When our Child FIRST consultant went into the exam room to meet Tanya's mother, she found a tall, very somber woman wearing dark glasses. She said to the Mom that she seemed to be having a really hard time. She was there to see how she might help. Tanya's mother slowly removed her dark glasses, picked up her head, and began to cry. She agreed that the Child FIRST team could come to her home to help.

But, it was not that easy. It took five phone calls and three letters before the team met the mother in her home. They walked into a small, bare apartment - no furniture, no table, no beds. Then the story emerged. The new and acute problem was eviction. Mom had been in a car accident, and used the rent money to pay for car repairs. She desperately needed the car because she worked two full time jobs, to support her three children. You see, she had run from her abusive husband,

three months earlier. He was now in jail, but was still receiving all state funds that were supposed to go for the children. She had nothing. On top of that, Tanya had become extremely aggressive in preschool – kicking and hitting other children. The teacher had called, and said that if she did not stop, she would be expelled. But Mom desperately needed childcare to keep working. Her older children were also beginning to have trouble in school. To make matters even worse, the Pastor had called. Mom still brought her children to church Sunday morning before she went to work, Tanya had become very withdrawn. When it was her turn to sing her duet, she just stared at the floor. He was very worried.

So, the Child FIRST team asked Mom where she wanted to begin, so we started with beds for her children. Their financial situation was desperate. Our care coordinator immediately called DSS and after four calls and two visits, she was able to redirect the entitlements from the father to the mother. With payments coming in, Tanya's Mom stopped one job, and had some time with her children. The mental health clinician went to the preschool and helped the teacher understand how scared, angry, and sad Tanya felt, and together they developed strategies to respond to those feelings. Her aggression disappeared. Then, the clinician helped Mom develop a plan to approach her landlord to make payments and avoid eviction. Throughout, she worked with Mom and Tanya together, so Tanya could feel safe and cared for again.

Mom's depression lifted. And when Mom stopped working, she went back to Church with her children. On the first Sunday of her return, Tanya was on the stage to sing her duet. Tanya picked up her head, and saw her mother sitting in the third row. A broad smile erupted on her face, she took a deep breath, and she belted out *Amazing Grace*. The whole congregation broke out in applause. Mom beamed. Life was good again.

Why did I tell you this story? Because the Commission on Children heard about our work in Bridgeport and visited our program. It was apparent to them that our Child FIRST model was based on the very most recent scientific research on the prevention of the destructive effect of high or "toxic stress" on the developing brain of the young child. What causes toxic stress? Maternal depression, violence exposure, substance abuse, homelessness, to list a few of the challenges that our inner city children face every day. What are the major consequences? Memory and learning impairment, serious emotional disturbance, and long-term health consequences. This is one reason we have an achievement gap in our state! If we could intervene early, we could go a long way toward **preventing** these terrible outcomes and **save the state of Connecticut millions of dollars**. The Commission saw that the Child FIRST model "connected the dots" and represented **innovative and effective system reform** for young children.

So, the Commission on Children brought the Child FIRST model to the Early Childhood Education Cabinet, which has endorsed it as part of their strategic plan. They facilitated legislation, impossible without their efforts. And now, the Robert Wood Johnson Foundation has offered the state of Connecticut up to **four million dollars** to facilitate replication in other Connecticut cities, whose young children and families are suffering from poverty and multiple risks. Our own Connecticut foundations have stepped up to be part of this effort. **This never would have happened without the vision, expertise, knowledge, and persistence of the Commission on Children.**

This is only one story of one model program among many hundreds, of one family among many thousands. I urge you to restore the Commission on Children fully! Now, more than ever, the **children of CT need their voice!**