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State of Connecticut
GENERAL ASSEMBLY

Commission on Children

Select Committee on Children
Public Hearing
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Testimony Submitted by Elizabeth C. Brown
Legislative Director

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

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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 that $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.

An Act Concerning Prevention and Early Intervention Services for Children and Families in the Department of Children and Families

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. (*Effective July 1, 2008*) (a) The Departments of Children and Families in conjunction with the Departments of Social Services, Education, Public Health shall within available appropriations, develop and implement, an Early Childhood Integrated System of Care. The Commission on Children shall act as facilitator and staff for the development of the plan. The Early Childhood Integrated System of Care shall address health, mental health and related issues for parents at risk due to substance abuse, domestic violence, maternal depression and homelessness of young children, five years of age and under, in order to ensure healthy development and competent parenting. The System shall include the following outcomes: 1) decrease significant social emotional disturbance; 2) decrease developmental and learning problems; 3) decrease abuse and neglect; and 4) promote family stability.

(b) The Early Childhood Integrated System of Care's responsibilities shall include, but not be limited to: (1) Increasing early identification and screening by pediatric and primary care providers; (2) conducting comprehensive assessments to determine the needs of children and family; (3) developing a family-driven plan to ensure comprehensive and coordinated services; (4) providing care coordination and case management to connect health, developmental, educational and family services; (5) providing intensive, home-based therapeutic work directly with families that is conducted by a child development and mental health clinician and a care coordinator who are staff of the Early Childhood Integrated System of Care; (6) providing consultation and training for community providers to enable them to understand children's needs; and (7) implementing strategies to facilitate healthy development.

(c) The Early Childhood Integrated System of Care, in order to accomplish the goals and outcomes of the program, shall align outcomes, leverage existing and new funding streams, and foster the integration of services in a family-focused system among state agencies serving this population. The System shall identify federal opportunities and will seek private funding to implement the plan. The System shall maximize Medicaid funding and make recommendations related to enhancing reimbursement functions necessary for improved outcomes. The System shall develop local and regional collaborations and work with families as partners to develop the system.

(d) On or before January 1, 2010, the Department of Children and Families shall report, in accordance with section 11-4a of the general statutes, to the joint standing committees of the General Assembly having cognizance of matters relating to appropriations and the budgets of state agencies and human services on the progress in establishing and implementing the Early Childhood Integrated System of Care. The Department shall annually report thereafter, the partnership shall so report to said committees on the operation, outcomes and administration of the system.

Connecticut Family Support Continuum (adapted form Rhode Island Format)

	Level ONE Basic Information and Support	Level TWO Screenings, Assessments, and Referrals	Level THREE Parenting Education and Peer Support	Level FOUR Intensive, Individualized Family Support	Level FIVE Family Preservation
Target Population	• All families	• All families	• All families • Special populations	Vulnerable families with multiple risk factors	Families in immediate, severe crisis
Intensity and Duration	• Drop-in help/support • Occasional workshops	1-3 contacts to screen children and families for risk or assess child development.	• Regular contact (weekly or monthly) • Commitment from parents and relationship building between family and program	At least weekly contact • Individualized family goals and services addressing multiple family issues • Substantial relationship building between family and program • Services can extend from 6 months to 3 or more years	• 10-15 hours of contact per week. • Services available 24 hours per day, 7 days per week. • 1-2 months of highly intense service can extend for up to 1 year
Goals	• Little relationship building between family and program • Answer questions • Provide basic information	• Screen to identify problems or risks and refer to appropriate services	• Develop effective parenting skills • Promote child development and learning • Reduce family isolation	• Develop effective parenting skills • Promote child development and learning • Improve parent-child relationships • Reduce family isolation • Improve family resources (housing, education, mental health, violence, immigration, etc.)	• Stabilize family • Assure children's safety • Prevent need to remove child from the home
CT Examples	• Information and referral services - 211 • Tabloid Project • Web sites • Parenting workshops • Family Resource Centers • Born Learning •Infant Toddler Guideline Project •Nurturing Connections ▪ Brighter Futures Family Centers	• Help Me Grow • HUSKY EPSDT • EPIC- Pediatric Training • Family Resource Centers • Local Models (e.g. Child FIRST) •Nurturing Connections ▪ Brighter Futures Family Centers	• Parents as Teachers • CT PEN Work • DCF Parenting Classes • Nurturing Families Network Parenting Groups ▪ Brighter Futures Family Centers	• Early Head Start • Therapeutic Child Care (DCF) • Birth-to-3 (DMR) • Early Stimulation Programs • Even Start • Brighter Futures Family Centers • Nurturing Families Network Home Visiting	• Parent Aide (DCF) Family Preservation (DCF) • KidCare Comprehensive Emergency Services (DCF/DSS) • Other?