



**The Council of Churches of Greater Bridgeport, Inc.**

Testimony Regarding Raised Bill No. 292 – An Act Concerning Homeless Youth.  
March 2, 2010

My name is John Cottrell. I am the Chief Operating Officer for the Council of Churches of Greater Bridgeport. Since 1978, the year I began working at The Council, the Janus Center for Youth in Crisis has served children and families in the Greater Bridgeport area. A major focus of the Center is on serving runaway and homeless youth. Our primary goal is not only to assist these youth to obtain stability, but to also keep children out of state systems and maintain families.

Our Basic Center Program consists of four main components: 24 hour mobile crisis response, immediate intervention and support, temporary respite care in one of our host homes, and aftercare support once the young person leaves our care. These cover four of the five service components outlined in the bill.

The Janus Center for Youth in Crisis strives to ensure easy access to services needed by youth who “live” on the streets due to extenuating circumstances, do not attend school on a regular basis, and are not involved with any traditional services or who are resistant or don’t know how to access traditional services.

I feel it is important to point out the while The Council of Churches is licensed by DCF as a Child Placing Agency, we currently receive no state funding for our services. Our revenue comes from federal grants, local municipalities, foundations, churches and individual donors.

Our staff process approximately four hundred referrals each year. The majority of these calls involve families who are experiencing serious conflicts which if left unattended would likely result in the young person leaving the home. In most cases, with early and immediate intervention, separation can be avoided. The most difficult cases are those where the young person has already left the home. That is where the actions outlined in this bill become so important.

Amber was a 17 year old teen from Trumbull who was closing in on her eighteenth birthday. She had called Janus Center’s 24-hour crisis hotline because her mother had kicked her out of the house after they had gotten into a huge altercation. Amber was not only homeless; she was also four months pregnant. When the full assessment and intake was performed, it was noted that Amber was suffering from a bi-polar disorder, but could not take any medication because she was pregnant.

A meeting was immediately arranged with her mother. During the meeting, it became quite evident that Amber and her mother were not interested in reconciling. The mother expressed that although she loved her daughter, she could not take being physically assaulted anymore. The mother said because of Amber’s inability to take medication for the treatment of her bi-polar disorder, she feared for her safety.

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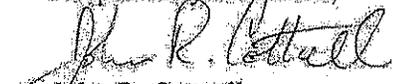
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The case manager needed time to explore alternative living arrangements that would best suit Amber and the unborn child. Amber was adamant that she did not want to go into a DCF emergency placement based on an experience she had several years earlier. Fortunately, Amber and mom agreed to a respite stay in one of our host homes. After a three week stay, Amber was able to be referred to Mi Casa, which is a program that caters to teen mothers.

Fortunately for Amber the Janus Center is one of a very few programs in Connecticut that has successfully maintained most of the services outlined in Raised Bill no. 292. Sadly, many of the cases don't turn out this way due to either the lack of services or roadblocks that may prohibit organizations from providing the needed help. This bill, for the first time to my knowledge, would provide a definition for young people in this situation. It outlines the services that should be in place to respond to the immediate needs of homeless youth and calls for an annual evaluation of the services and systems put in place.

I believe that with a focused effort, fueled by the activities addressed in this bill, many communities in Connecticut could and would put together plans and activities in an effort to address this very vulnerable and mostly invisible population.

Respectfully submitted,

  
John R. Cottrell,  
Chief Operating Officer