

**Testimony of Laura Amenta**  
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Good Evening, Senator Harp, Representative Walker and members of the Appropriation Committee. My name is Laura Amenta and I am the chair of the Children's Trust Fund Council.

The Children's Trust Fund was created by the state legislature for the sole purpose of preventing child abuse and neglect. Its work focuses on reaching children before a crisis occurs – when we have the best chance of ensuring their positive growth and development.

The Trust Fund understands the current fiscal realities and we are willing to shoulder our share of the burden. However, unlike most agencies, we have already faced agency consolidation. Now a part of the Department of Social Services, the Trust Fund has already given up 20% of its budget and 50% of its staff. And now we are being asked to cut another 25% of our budget reducing our budget to \$9.8 million.

The Governor's proposal cuts the cornerstone of the Trust Fund's work -- a home visiting program known as Nurturing Families Network (NFN). NFN has repeatedly proved that its evidence based program work. The program has remarkable results. Given the risk factors in the families we serve, one would expect 22 percent of families to end up on the caseloads of DCF, but in fact only 1.3 percent of those involved with NFN had substantiated cases of neglect last year and there were no cases of abuse.

Under the proposal, 12 out of 42 NFN sites (about a third of our sites) would be eliminated. **The plan would result in curtailing services in Hartford and New Haven, two of our cities with the highest rate of poverty and at-risk families.** Mothers served in these cities have the following demographics: 95% are racial minorities, 91% single mothers, 76% unemployed, 50% with a history of abuse and 46% without a high school education. *(A list of the NFN sites that would be shut down is attached to my testimony.)*

Cuts in home visitation services in Hartford and New Haven will end up costing the state more than it saves. The proposal will most likely result in mandatory spending for children who end up as DCF cases due to a lack of prevention services. Based on data collected by the University of Hartford Center for Social Research, the current plan would result in almost 700 mothers a year in Hartford and New Haven losing services,

Dr. Charles Super, from Center for the Study of Culture, Health and Human Development at the University of Connecticut, conservatively estimated that these closures would result in 20% of this group or 140 mothers ending up as DCF cases - **costing the state \$4.2 million, more than the \$3.2 million of the proposed budget cut.** Further expenses to the state and society can be expected as repercussions of a child's poor start in life roll out in the school years and beyond.

But the costs of cutting the Children's Trust Fund don't end there. **Connecticut will forfeit \$12 million in federal funding if this budget plan goes through.** Obama's Federal Health Care Reform legislation includes federal funding to states for evidence based home visitation. The federal funds are intended to supplement, not supplant state funding streams. Connecticut has provided a Maintenance of Effort (MOE) assurance that they will not reduce the state funding level below March of last year. Additionally, Connecticut has already received \$800,000 of federal funding, and according to the MOE, we would have to repay these funds or be subject to other penalties for MOE non-compliance. *(An excerpt from the federal law delineating the MOE and program requirements is attached)*

There are no painless cuts and we understand that our state's budget cannot be balanced without cuts. **But as proposed, cuts to the Trust Fund will clearly cost the state of Connecticut much more than it saves.** The Children's Trust Fund Council is working on an alternative plan that would save NFN sites and not jeopardize the state's ability to apply for federal funds. I would be happy to follow-up with the Appropriation Committee on the Council's alternative proposal.

Thank you.

The Governor's FY 2012 -2013 Budget would cut Nurturing Families Network by \$2.6 million resulting in the elimination of 13 of the 42 sites ... or about a third of our NFN sites. The following sites would be eliminated:

Sites to be Closed in Harford:

- Asylum Hill Family Center
- El Centro de Desarrollo y Reafiracion Familiar
- Families in Crisis
- Hispanic Health Council
- City of Hartford – Maternal and Infant Outreach Program
- Parkville Family Center/Family Life Education
- RAMBUH Family Center
- Southside Family Center

Sites to be closed in New Haven:

- Children's Community Programs
- Cornell Scott Hill Health
- CT Coordinating Council for Children
- Fair Haven Heath Center
- City of New Haven

For the New Haven, 21 town region – 62% of poor children live directly in the city of New Haven. For Hartford, a 17 town region – 60% of the poor live directly in the city of Hartford.

If these proposed cuts go through there will remain only six NFN sites for our largest cities --- in Hartford ( Hartford Hospital, Saint Francis and VNA Health) and in New Haven (Saint Raphael, VNA South Central CT and Yale New Haven.)

**Total Number of Families Served in NFN Home Visiting at Non-Hospital Sites in Hartford and New Haven: 2008 & 2009**

	2008	2009	2010 estimated	Estimated Loss of Families
Total # of families served in NFN Home Visiting	1716	2039	1878	684 families lost due to close of sites on Hartford and New Haven

## **Federal Investment in Home Visiting**

### **Sec. 2951 Public Law 111-148 - Patient Protection and Affordable Care Act**

In March 2010, President Obama signed the Patient Protection and Affordable Care Act, which provides \$1.5 billion over five years for a state-based early childhood home visitation grant program serving families with young children and those who are expecting children. The law is the first of its kind and calls for states to invest in evidence-based programs in order to be eligible for grant funding.

The Patient Protection and Affordable Care Act establishes a home visiting grant program for states administered through the U.S. Department of Health and Human Services (DHHS). This is accomplished through the Title V Maternal and Child Health (MCH) block grant program.

**The state would lose \$12 million if NFN is dropped below 95% of its 2010 state appropriation (only 95% was actually allocated due to the rescission). NFN needs to be funded at \$9,869,997 for the state to meet the MOE requirement.**

#### **Excerpt from Law:**

##### **“Maintenance of Effort**

Funds provided to an eligible entity receiving a grant shall supplement, and not supplant, funds from other sources for early childhood home visitation programs or initiatives. The grantee must agree to maintain non-Federal funding (State General Funds) for grant activities at a level which is not less than expenditures for such activities as of the date of enactment of this legislation, March 23, 2010.

For purposes of this FOA (HRSA-10-275), home visiting is defined as an evidence-based program, implemented in response to findings from a needs assessment, that includes home visiting as a primary service delivery strategy (excluding programs with infrequent or supplemental home visiting), and is offered on a voluntary basis to pregnant women or children birth to age 5 targeting the participant outcomes in the legislation which include improved maternal and child health, prevention of child injuries, child abuse, or maltreatment, and reduction of emergency department visits, improvement in school readiness and achievement, reduction in crime or domestic violence, improvements in family economic self-sufficiency, and improvements in the coordination and referrals for other community resources and supports.”