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Raised Bill No. 981

An Act Concerning the Placement of Young Children in Congregate Care Facilities

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2/22/2011

Senator Musto, Representative Urban, Representative Fawcett, and distinguished members of the Select Committee on Children. My name is Harry Adamakos and I am the consulting clinical psychologist at Kids in Crisis, an emergency "safe home," located in Greenwich, Connecticut, but serving children throughout the state. I have been licensed in the State of Connecticut since 1989, having completed an internship with a DCF rotation in the 1980's, working at the Bridgeport Child Guidance Center into the 1990's, and continuing to work with children and families in various capacities from my office in Bridgeport Connecticut for over 20 years.

I understand that there is concern about young children being cared for by multiple caregivers, and I would agree that over longer periods of time, this indeed can be detrimental to preschool children who need to make attachments and bonds, and who are learning how to relate to others through these early experiences. The results of these experiences last a lifetime. Nonetheless, I am writing as a mental health professional who is very concerned about the negative impact that Raised Bill No. 981 might inadvertently cause for the youngest children who are currently served by an agency such as Kids in Crisis.

The children who are involved with DCF are, by definition, vulnerable. A sense of security and basic trust are important elements of care that have been violated for children who have lived in tumultuous situations with negligent and/or abusive care. Most of these children have already been deprived of what many of us would consider a birth right. In time, we hope and expect that they will benefit from the stability, care, and love that can be provided in a healthy home environment.

Like all children, wards of DCF typically need stable, reliable care. However, unlike many children, they often also need remedial and more intensive care that is both emotionally and pragmatically responsive, and targeted. An agency such as Kids in Crisis provides such intensive care in a manner that is deeply caring and highly effective. Children who sometimes have not had their basic needs met clearly get this. In addition, there is a team of professionals who quickly mobilize and collaborate to provide for their medical, educational, and emotional needs. A period of intensive intake assessment is followed by triage to necessary professionals such as pediatricians, medical specialists, Birth-to-Three services, and Head Start. On a day-to-day basis, interventions are monitored and there is predictability and reliable care in a small homelike setting. All this during a time of intense transition marked by upheaval and uncertainty. THIS is what Kids in Crisis offers all children, and for those children in "the tender years," this type of treatment is even more important because they often have lacked in these services and have not benefited from the resources available to them.

Quite frankly, it would be impossible to reliably replicate this level of care across the foster care system. As if all this were not enough reason, let us please remember that these children are not merely vulnerable, they are oftentimes "damaged" emotionally, and they express their hurts and emotional pains in behavioral acting-out which often proves overwhelming to them and foster families. Well-intended, but ill-prepared to meet the more intense short-term emotional needs of these children, there is an extremely high probability that for many of these children a foster placement will not succeed, only

leading to the problem that Raised Bill No. 981 is trying to address. In "sibships" that may have two, three, or more children, this problem multiplies exponentially.

Kids in Crisis is in a unique position to meet the needs of these children, some of which are deeply troubled but NOT in need of hospitalization or some other higher level of care. Not only would this be a drain on resources, it would require the need for services moving in a direction opposite of what Bill No. 981 proposes to address. Some of these children might be placed in hospital care, but many would need to be separated from their siblings, possibly being placed in multiple therapeutic foster homes, because their individual needs are so great. After a relatively brief stay at Kids in Crisis, these children are in a much better position to be successfully integrated into foster care living. Not only does the investment of this time allow for the children's needs to be met, it can also be used to allow DCF a better understanding of what the children need and improve the quality of the foster care match. This will increase the chance of success and actually increase the stability and security these children so desperately need, and which I understand to be in keeping with the goals of Bill No. 981.

Kids in Crisis is an agency of caring that fills a critical need in the continuum of services available to children in Connecticut. **The investment of a relatively brief period of time in such care (even if by multiple caregivers) poses no adverse affect on the children it serves.** This is because of the intense and multiple services that these programs provide to children who ultimately have a great need to have a successful, stable placement, whether that be with their biological families or with foster families. It is my professional opinion that for many children, a "psychological cost-benefit analysis" for care at Kids in Crisis strongly favors its use for the many reasons cited above.

I thank you for your time and thoughtful consideration in this matter. As I trust you can see, I have been extremely proud to be associated with Kids in Crisis and the supremely important and quality service that is provided to some of Connecticut's most needy children through this agency and other agencies like it. If I can be of any further assistance, or address any other questions, please feel free to contact me.

Respectfully,

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