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Testimony of Mary Ellen Hass – Family & Children’s Agency
to the Select Committee on Children
Raised Bill 981

February 22, 2011

Sen. Urban, Rep Musto, Rep Fawcett and other distinguished members of the Select Committee on Children. I am speaking today in response to Raised Bill #981 An Act Concerning the Placement of Young Children in Congregate Care Facilities. My Name is Mary Ellen Hass and I am the Executive Vice President of Family & Children's Agency, a multi-service human services organization serving over 12,000 people in Greater Norwalk. Through four core service areas we provide services to Children, Adults, Families and Seniors. In an effort to meet the ever growing needs of vulnerable families, Family & Children's Agency has a continuum of services designed to prevent child abuse and neglect or in cases of child maltreatment, to intervene in families in order to make certain that children are safe, families are intact and permanency is ensured. This cadre of services includes Family Enrichment, Reconnecting Families, Intensive Family Preservation, Supportive Housing for families, Community Based Life-skills, IICAPS and Specialized Foster Care. In the case of the latter, I acknowledge that nothing is more devastating to a child than to be removed from his or her home. That said, the trauma caused by separation from family can be minimized by providing safe, loving homes for children until they are reunified with their parents or another permanent plan can be achieved such as adoption. Clearly, the younger the child, the more devastating the separation can be.

At Family & Children's Agency we place over 95 children each year in specialized foster homes. These children have been diagnosed with serious emotional and psychiatric disorders that require specialized care to meet their very critical needs. The acuity of their needs is often so intense that even the assessment done by the Department of Children and Families is not sufficient to determine how best to treat them. What is needed is an in-depth, multi-disciplinary evaluation prior to placing children in the appropriate level of care offered by DCF such as Safe Homes, Group Homes, Residential Treatment Centers and Foster Homes.

Now I fully concur that at all costs, children who have experienced the trauma of removal from their parents need to be in a home like setting, especially children under the age of six. They deserve the safe feeling that comes with a consistent caregiver as opposed to the experience of being in congregate care. However, for some of these very fragile children, a foster family is just not enough. While foster families in Therapeutic and Specialized Foster Care programs are trained to care for children with serious emotional and behavioral issues, they are still families. For children who have experienced multiple trauma, they are often not ready to function in a family setting. These children often disrupt from good foster homes and instead end up in a higher level of care such as a sub-acute unit or an inpatient psychiatric hospital. Once that happens often a new cycle begins which results in a revolving door of multiple placements, often in higher and higher levels of care.

I spoke earlier in this testimony about my agency's continuum of services. In order to best meet the needs of the families we serve, we assess their functioning level at time of referral and then choose an intervention to best meet their needs. DCF has such a continuum in the levels of care

they have for children who have suffered the devastating effects of being removed from their families. For some of these children, not all, but some, their best chance at working through this devastating time is by being placed in a Safe Home where they can receive round the clock care while receiving a multi-disciplinary evaluation. Once stabilized, they will be ready for placement in a foster family and the foster parent will have the information needed to work along with the child's treatment provider to help reduce the effects of the trauma they have experienced.

I urge you to weigh this issue carefully before deciding the fate of this bill. To unilaterally deny access to congregate care for children under six will be dooming some children to the fate of multiple foster home disruptions as well as using up skilled foster parents who have much to offer children placed in their care. I am certain that you are aware that DCF is in great need of loving, stable foster homes which play a major role in the continuum of care that the department has for children in crisis. At all costs, we need highly trained, stable foster homes to care for children who are able to be successful once placed there. But, the complex needs of traumatized, vulnerable children demand complex answers. To find those answers we need to use ALL the resources available to best assess and treat them. For some of these children, short term congregate care is such a resource and should be used as the first step in the continuum of care needed to help them heal from the devastating effects of child maltreatment. Thank you.

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