JOANNE MORTIMER, M.S.,LMHC,BCB

PRIME CARE BEHAVIORAL HEALTH SERVICES

February 20, 2010

Re: Raised Bill No.981

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

To: Senator Musto, Representative Urban, Representative Fawcett, distinguished members of the Select Committee on Children

Please accept this statement of my grave concern and fear for the care of young children in crisis if the above mentioned bill is enacted. I am a psychotherapist and have been treating young people in a psychiatric hospital setting for over 20 years. I am also personally and professionally honored to be a Board Member of Kids and Crisis, a fine emergency respite care facility serving my community and all of Fairfield County.

Everyday I see young people admitted for in-patient psychiatric care with a complex mix of medical, emotional, behavioral and educational issues due to early childhood neglect and abuse, serial foster placements and multiple brief hospitalizations. Many of the emotional and developmental deficits are unable to be regained. It is tragic to think that had they been adequately assessed, treated and cared for as infants and children, when their family of origin was in crisis, the suffering that may follow them into adulthood would not be.

All of us in child health and welfare strive to provide policies, programs and treatment that provide quality individualized care with the best long-term outcomes. We all look toward every child being placed in a safe, loving, permanent home that is equipped to meet the special needs of children. But we also know that those homes are limited, therapeutic foster homes even more so and that many have difficulty caring for a child with unidentified medical and psychological needs and end in failed placements.

When a child is removed from a home in crisis they require emergency assessment and care, and a predictable, safe and nurturing environment. At an emergency shelter facility, such as Kids in Crisis, there is a structured, well-coordinated network of services dedicated to that mission. Siblings CAN remain together as a 'family' and are provided an immediate care. Within 48 hours they receive medical and multidisciplinary evaluation and begin therapeutic care. When a child's health and functioning are stabilized the likelihood for success in placement is greatly improved.

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Kids in Crisis provides a 24 hour temporary, but stable, nurturing environment with a consistent, limited number of caregivers well equipped to provide the attention to medical and psycho-social needs of children in an individualized way. It is not intended to be long-term care nor is it identified as a congregate care facility. While many children may be able to be placed in kinship care or family homes with adequate services, many are not. The numbers of families in crisis and infants, children and teens to be placed is growing. Lengths of stay in respite care and shelters sometimes increase due to lack of placement options but this does not constitute long-term congregate care.

The needs are enormous on an already limited and burdened system of care. Could we possibly enact a bill that would FURTHER limit the resources for help for young lives? I fear the long term costs would be great. I urge you to please consider settings that provide emergency respite care for infants and children a necessity and an invaluable service to our children.

Respectfully submitted,

Joanne Mortimer, M.S.

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