Testimony in Support of
Senate Bill 652: An Act Concerning Referrals from the Department of Children and Families to the Birth to Three Program

Select Committee on Children
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Submitted by Darcy Lowell, MD, Founder and CEO, Child FIRST, Inc.

Thank you for the opportunity to submit testimony on these very important issues, which directly affect the health and development of our most vulnerable children in Connecticut. **This testimony is primarily in support of Senate Bill 652. I also support Senate Bill 169 and House Bill 5567.**

My name is Dr. Darcy Lowell. I am a developmental and behavioral pediatrician and Associate Clinical Professor in the Department of Pediatrics and Child Study Center at the Yale University School of Medicine. I have been working with very vulnerable young children and families in Connecticut for almost 30 years. It is because of the tremendous risk for very poor outcomes in mental health and development that I began the Child FIRST model here in Connecticut 12 years ago. It is now one of the 12 HRSA designated evidence-based home visiting models that is eligible for national dissemination with funding from the Maternal, Infant, and Early Childhood Home Visiting initiative (MIECHV) of the Affordable Care Act.

Children who have been abused or neglected in early childhood are at tremendous risk for delays in their development, cognitive impairment, and mental health problems. These are the children who have been accepted into the DCF system.

Scientific research on early brain development has documented the damaging effects of psychosocial adversity on the formation of brain structure. **Abuse and neglect are among the most significant of the "toxic" stressors that cause major brain impairment.** But in addition, we know that **55% of children under age three years have five or more of the other major risk factors** (extreme poverty, domestic violence, caregiver depression, caregiver substance abuse, homelessness, among many others) which **lead to major developmental and learning disability, mental health problems, substance abuse, and physical illness, which last throughout the lifespan.**

We have a **unique opportunity to identify and intervene** with these children when they come into the DCF system. Studies nationwide tell us that about **50%** of young children in the child welfare system have **developmental delays and impairments**, including major social and emotional challenges. We know that over **40%** of three year olds involved with the child welfare system are in need of **special education services** due to developmental delay or an established medical condition. Yet in Connecticut, **between 5 and 8 % of infants and toddlers substantiated for abuse and neglect each year are actually receiving Birth to Three** services. It is precisely because of the overwhelming data about the poor developmental outcomes of the children in the child welfare system that the federal Child Abuse Prevention and Treatment ACT (CAPTA) (PL108-36) was written. **CAPTA requires that all children who have been substantiated as abused or neglected be referred to IDEA for evaluation for services.** Connecticut is losing an excellent opportunity to identify young children who are already delayed and provide therapeutic intervention to **prevent significant disability and the very substantial costs** of special education and mental and physical health services.

Senate Bill 652 will provide a demonstration project so that substantiated children are automatically referred to Birth to Three for a comprehensive evaluation. In this way, we can collect accurate data about the needs of the children in DCF, and assure that they receive appropriate prevention and intervention services.

There are some critically important additions and clarifications needed to Senate Bill 652:

1) **Scoring of social-emotional assessments by Birth to Three need to be accurately interpreted in order to provide eligibility for children who have emotional, behavioral, and mental health problems.**

   At least 27% of children substantiated as abused or neglected have emotional, behavioral, or mental health problems. This is largely due to the level of trauma and other adversity in their lives, which damages the brain. However, neuro-scientific research has documented that the presence of responsive, nurturing caregiver-child relationships are able to protect the developing brain and prevent this damage (Jack Shonkoff, MD, Harvard Center on the Developing Child) In fact, this responsive relationship not only prevents mental health problems, but prevents cognitive and language delays as well. Therefore, it is critical that we identify these children as early as possible.

   Social-emotional development is a required domain for assessment and intervention within IDEA legislation. Current Birth to Three regulations, require a score of 2 standard deviations **below the mean** in one domain, or 1.5 SD below the mean in two domains for eligibility. However, the standard assessment measures of social-emotional function lead to scores **above**, not below, the mean when children have significant emotional and behavioral concerns. Birth to Three has **denied eligibility** for these children based on this scoring technicality. **Specific validated mental health assessments (e.g., Brief Infant-Toddler Social-Emotional Assessment – BITSEA) should be used for evaluation. Bill 652 needs to include language to change the Birth to Three regulations for eligibility such that scores ABOVE the mean may be used for eligibility for social-emotional, behavioral, and mental health problems, consistent with the meaning and intent of the score.** This is essential for all children evaluated in Birth to Three.

2) **Any child referred to Birth to Three who is in the DCF system should be accepted for evaluation.**

   Children from DCF should be able to be referred to Birth to Three and accepted for evaluation if the social worker, parent, foster parent, guardian, or pediatric health provider has any concern, even if they are unable to articulate that concern with specificity. A screen should **not** be required. These individuals have limited or no expertise in screening young children and limited experience in clearly documenting deviation from typical development. Given that all children involved with DCF are at extremely high risk for delays and disabilities, any referral should be accepted for further evaluation.

3) **Children with social-emotional or mental health problems should be treated with evidence-based practices or by mental health clinicians with documented expertise in early childhood.**

   Children eligible in the social-emotional domain should receive treatment by a Master's level, licensed, mental health clinician who uses an evidence-based mental health intervention for very young children (e.g., Child-Parent Psychotherapy, Child FIRST), works at an agency licensed to provide mental health services (e.g., Child Guidance Clinic, hospital, Federally Qualified Health Center), or has been endorsed by the CT Association for Infant Mental Health. All providers need reflective, clinical supervision by a licensed clinician with specific early childhood expertise.

4) **Children not eligible for Birth to Three should be referred to Help Me Grow.**

If a child is evaluated by Birth to Three and is not eligible for services, he/she should be referred into the Help Me Grow system for both developmental monitoring and to be connected to appropriate community-based services. The Birth to Three provider should be responsible for ensuring that this connection is made. (Of course, with guardian permission.)

5) **Help Me Grow should include Ages and Stages – Social-Emotional in their monitoring program.**

Help Me Grow, a component of Child Development Infoline, should add Ages and Stages – Social-Emotional (ASQ-SE) for all monitoring of the development of young children, through age 5 years. (According to the developers of this screen, ASQ – Developmental : Personal-Social domain **cannot** be used to determine if ASQ-SE is necessary. All children should receive both screens.)

6) **DCF should screen all children accepted into their system – both CPS and FAR – with social-emotional and development screens.**

DCF should move toward universal screening for all children birth through age 5 years, both those who are substantiated and those who are on the Family Assessment Track (FAR). It is critical that this include a specific screen for social-emotional development (e.g., BITSEA, ASQ-SE). All children with positive screens should be referred to the Birth to Three program (under age 3 years) or to the school system and/or mental health provider (3-5 years of age).

7) **DCF should screen children every 3-6 months.**

DCF should screen children 0-5 years who are in the DCF system every 3 to 6 months, depending on the age of the child and his/her prior level of functioning. This screening may be organized in collaboration with Help Me Grow, which can score the screens and send results to both the family and DCF social worker. This system is already in place.

Senate Bill 169: An act concerning the assessment and delivery of mental health services and interventions for children and House Bill 5567: An act concerning children's mental health.

I am fully in support of both of these bills. However, I would amend the language to include not only boards of education and health, but also all early care and education settings that receive any public funds – either federal or state. In this way, the benefits of identification and intervention would reach very young children as well.

Respectfully submitted:

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