



**Testimony in Support of SB 925
Committee on Children**

Respectfully Submitted by Darcy Lowell, MD
Founder & CEO, Child First

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Good afternoon, Senator Bartolomeo and Representative Urban, and members of the Committee on Children. My name is Dr. Darcy Lowell. I am Founder & CEO of Child First. Child First is one of the Maternal, Infant, and Early Childhood (MIECHV) evidence-based, two-generation, early childhood, home visiting interventions serving Connecticut's most vulnerable young children and their families.

I am here to offer my strong support for SB 925 - An act establishing a Home Visitation Program Consortium. This important legislation will provide recommendations for implementing a coordinated system of home visitation programs that offer a continuum of services to vulnerable families with young children. CT families with young children will significantly benefit from the advancement, expansion, and strengthening of home visitation interventions, particularly ***those evidence-based models focused on our most vulnerable young children, those suffering from trauma and adversity.***

Research shows that children need to experience strong, nurturing relationships in order to have healthy brain development. In fact, it is the interactions between the young child and caregiver – the serve and return – that is responsible for the basic mental wiring of the brain. This is the foundation for all future learning. It is through this relationship that children develop the tools to excel in school, like trust, language development, impulse control, and problem solving.

But too many of our children and their families are plagued by chronic stress and trauma. Scientific research has demonstrated that when young children experience multiple environmental risks such as maternal depression, abuse, neglect, homelessness, or domestic violence, their mental health, cognitive development, and physical health can be permanently damaged. By intervening early and addressing the needs of the parents and children together, we can prevent this damage.

As a child grows older, and the environmental adversity is not addressed or mitigated, the interventions become costlier with poorer outcomes for the families and for our state as a whole. In the U.S., 39% of child abuse cases occur in the first four years of life. The lifetime cost of one victim of maltreatment due to adverse mental health and economic consequences is \$210,012. In Connecticut, special education services make up over 21% of our total education spending with the annual cost per child for special education in Connecticut reaching approximately \$16,000. Investing in evidence based home visiting models produces very different outcomes at tremendous cost savings.

Child First is an evidence-based, home visiting model that serves the most vulnerable young children and families. These children have been exposed to chronic stress and trauma, which damages the developing brain. Their parents suffer from depression, substance abuse, domestic violence, homelessness, among many other challenges. Child First provides a mental health intervention for both parents and children together, while wrapping comprehensive services and supports around all members of the family. We have conducted rigorous research of our effectiveness, a randomized controlled trial. We found that at

12 month follow-up, children within the Child First program were 68% less likely to have language problems and 42% less likely to have behavioral problems. Child First mothers had 64% lower levels of depression and/or mental health problems. Child First families were 33% less likely to be involved with child protective services.

We strongly support the establishment of a Home Visitation Program Consortium. We are especially hopeful that it will be able to address the following issues:

- (1) Lack of capacity for intensive, mental health services for our highest risk young children and their families. Child First is operating at full capacity, with almost 300 children on waiting lists around the state, even after children and their families have been triaged to other programs. We can serve 1000 children and their families, but we only cover 50% of the cities and towns in CT, due to funding limitations. There are so many children and families in need that could be served with additional resources and expanded state and federal supports. By preventing later serious disability, we would save the state of CT millions of dollars.
- (2) Providing home-based mental health services for maternal depression. We know that between 25 and 50 percent of low income mothers suffer from depression, with serious negative outcomes for their children. We need to consider strategies, including a possible Medicaid waiver, to make these services available in the home.
- (3) Development of a coordinated, continuum of home-visiting services so that the level of intensity of the service meets the level of need for the child and family.
- (4) Strategies to address possible loss of federal funding from MIECHV. Funding for our MIECHV sites is in jeopardy. Our competitive MIECHV grant will be completed by December 31, 2015. If there is no federal reauthorization of MIECHV funding, one third of our Child First sites will close. We will lose capacity to serve 350 children and their families. We need a realistic plan to respond to this crisis, should it happen.

We strongly support SB 925, which is designed to strengthen and expand the capacity of the high quality and successful early childhood, home visiting interventions that currently serve Connecticut's youngest and most vulnerable children and their parents.

I want to thank you most sincerely for this opportunity to provide support and testimony for this important legislation.

