

Appropriations Committee Public Hearing on the Department of Social Services Budget  
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### PLEASE RESTORE SAFETY NET SERVICES

I, Beverly Simone, clinician for the Safety Net Services, am writing this testimony on behalf of the SAFETY NET SERVICES program that provides home based clinical and case management services to facilitate the removal of barriers to employment and to empower individuals receiving Connecticut's Temporary Family Assistance (TFA) to pursue self-direction and self-reliance through the dignity of employment. And while employment is the centerpiece of TFA, it takes a comprehensive home based clinical and home based case management approach to be an agent of change in removing the barriers to employment. Thus, SAFETY NET SERVICES is a program of relatively short term support emphasizing participation in the labor market as early as possible and working in conjunction with Department of Social Service and Department of Labor.

Rapid response, collaboration with other service providers and frequent home visits supports families challenged by the depth of poverty to gain self efficacy. Cognitive-behavioral approaches, trauma focused behavioral therapy, strength based, solution focused therapy, brief therapy, along with concrete services for basic needs like food, clothing, shelter, all speak to our multidisciplinary team bridging clients into community services which creates safety and stabilization of families. And because we start where the client is at---in their home, it is unique, and one of the cornerstones to our successful interventions.

Effective brief interventions in the family's home contain the critical elements that trigger motivations for change. SAFETY NET SERVICES provides a structured and comprehensive assessment through which the client is given feedback of his or her current status. The emphasis is on the client's personal responsibility for change and how we can foster that change with them as evidenced by compliance with DSS, JFES and DOL. Guidance is given to clients regarding specific goals to remove barriers to employment and ways to gain self efficacy. Sometimes the goal is for clients to seek further treatment, and these interventions have been quite successful in reducing maladaptive behavior.

Our program which faces this budget cut of \$500,000 is also the payer of last resort.

This program is designed with the SAFETY OF CHILDREN FIRST. .

SAFETY NET SERVICES was also implemented to protect children of all our poverty stricken families. Those who have exhausted their twenty one months of TFA are at the highest risk.. Time and time again, as in some of the stories we share, we have been able to greatly reduce children being in harms way. This population of children in SAFETY NET SERVICES is most vulnerable particularly infants and toddlers who are not in structured school settings or child care. With our home based family-centered crisis response model of service we can further assess and monitor the well being of children while they may be somewhat isolated in their homes or homeless. We strive to cultivate a therapeutic alliance which allows us to bridge families into community based services.

SAFETY NET SERVICES motivates clients for change. Oftentimes, clients present with multiple barriers of lack and limitation. Homelessness, lack of education, no transportation, legal issues, health issues, substance abuse, mental health, children's medical issues, children's behavioral health issues, domestic violence, lack of child care, parent with cognitive limitations are some of the barriers we work with to resolve. And in the resolution of these barriers, families are stabilized and continue to gain self reliance through the dignity of employment. It is our hope that you will reverse this proposed cut and allow us to continue to manage the clients we serve to success.