Family & Children's AID
...For Every Child, a Home

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Senator Harris, Representative Villano, Senator Meyer, Representative McMahon and distinguished members of the Human Services Committee and the Select Committee on Children, I am Irv Jennings, Medical and Executive Director of Family and Children's Aid (FCA), and for the last three years the co-chair of the Statewide Advisory Council to the Department of Children and Families. I was a Fellow at the Yale Child Study Center in 1974 when DCF was formed as a consolidated children's agency. Since then I have been continuously involved with programs funded by DCF including the last 30 years at FCA. Attached please find a list of current programs of FCA, including the fourteen with DCF funding.

I have experienced the growth of DCF from a protective services agency who also funded child guidance clinics to the agency it is today with many behavioral health initiatives. The array of services initiated by DCF is comprehensive, offering a continuum of care from the most acute to those who no longer need mental health services. It has been satisfying to participate in these endeavors. I am enthusiastic about recent DCF sponsored trainings in the best approaches to working with children who are the victims of abuse and neglect. These include the following: DBT, trauma informed cognitive behavioral treatment, Project Joy, the Sanctuary Model and several other milieu approaches for children in congregate care homes.

The trauma focused treatments are one solution to what I would consider a difficult and longstanding tasks for DCF: how to provide the protective services function while also insuring that these children and their families get the mental health services they need. I agree that safety is the single most important task for anyone dealing with children, and certainly places a premium upon the protective services work. It is increasingly recognized, however, that these children also need careful evaluation to assess the

impact of the abuse and neglect that has resulted in a protective services involvement. The expansion of existing mental health programs (the extended care clinics (ECC) as an example) and the creation of new ones (Family Support Teams (FST), Treatment Foster Care, Therapeutic Group Homes (TGH), Intensive In-Home Child and Adolescent Psychiatric Services (IICAPS)) provide capacity and effectiveness for treating the needs of these traumatized children.

Being very aware of how hard it has been to get to the present level of integration of behavioral health and protective services functions, I am very much in support of DCF continuing to be the agency in charge of both those programs. I do not think two separate agencies, no matter how closely they worked together, could have succeeded. It is informative to look at the difficulties in transitioning children from DCF behavioral health to DHMAS services to realize the inherent problems involved in two separate agencies trying to coordinate services. Going forward, more work needs to be done since even now too many children do not have their mental health needs met. Any splitting up of DCF would be an enormous obstacle to achieving that goal.

My entire professional career of 35 years as a child psychiatrist has been working with children involved with DCF. At first I was content to focus on the needs of the children in my personal care. I was not involved in the overall picture of what types of programs were needed on a statewide basis. Through participation in organizations such as the Connecticut Association of Non-Profits (CAN) and the Connecticut Community Providers Association (CCPA), and locally, the Regional Advisory Council, the bigger picture of program needs on a state level became increasingly apparent. The task for me now is how to utilize my 35 years of direct psychiatric care of children in the policies and direction of DCF, especially in the creation or modification of behavioral health programs.

When I became the co-chair of SAC three years ago, I assumed I would "have a place at the table." It has felt more like the card table set up for the overflow of guests at Thanksgiving. I am impressed that the leadership of DCF has been active participants in our meetings even as we increased the frequency from once a quarter to once a month. We have been updated on a regular basis, anyone at DCF whom we request to hear from has come, and logistical support has been provided. But we have not had input that has felt timely and meaningful for program development.

One clear obstacle is the "rule" that a potential Request for Proposal cannot be discussed in any detail with anyone or any agency who might be applying for that program. I am sure there is a clear legal basis for that practice involving a potential conflict of interest. What results however is the exclusion from timely, meaningful discussion of a potential program's design, need, usefulness, and possible problems, by the very people who probably have the most experience and expertise: the providers who have the daily direct contact with the children, families and the community. Although there is a continuous and I believe genuine effort by DCF to access provider input (the recent increased use of the Request for Information as was done recently for foster care), it remains an area that needs improvement. Both the children and the State of Connecticut deserve the most effective programs possible at the best price. A way has to be found to hear all the voices.

In closing, it has been a privilege to serve the needs of children over the last 35 years. I feel DCF has been a partner in helping me to provide the best possible care through their funding. I would like to reciprocate by offering DCF more of my help in programming. I have worked closely with many DCF workers from the Commissioner level to the social workers in the field, and we have shared both successes and frustration. We are bonded by our good intentions tempered by the constant awareness of the enormity of the task of taking good care of our shared children. I hope going forward DCF will be able to utilize help from all its many competent and willing partners. Perhaps these hearings can help point the way.