Testimony to the Select Committee on Children and Human Services Committee
Regarding the Department of Children and Families
December 18, 2008

Good morning Chairpersons Senator Meyer and Representative McMahon, Chairpersons Senator Harris and Representative Villano, and distinguished members of the Select Committee on Children and Human Services Committee. Thank you so much for the opportunity to testify today about the provision of services by the Department of Children and Families.

My name is Darcy Lowell, M.D. I am the Section Chief of Developmental and Behavioral Pediatrics at Bridgeport Hospital and Associate Clinical Professor within the Department of Pediatrics and Child Study Center at Yale University School of Medicine. My message is simple: Our very highest risk young children are known to DCF. We have an opportunity to restructure existing DCF services to create an **early childhood integrated system of care** that would: 1) **prevent** abuse and neglect, severe emotional disturbance, developmental and learning disabilities, and serious health problems, 2) utilize a model with **proven, evidence-based outcomes**, including a dramatic decrease in DCF utilization, 3) significantly **reduce long-term state expenditures**, and 4) leverage **substantial federal dollars** for implementation.

The scientific research is absolutely clear. The first three years of life are the time of the most rapid brain development, with 80% of brain growth completed by age 3 years. You are all well aware that the developing brain can be poisoned by lead, alcohol, and mercury. But of even greater concern is the **toxic** effect of high risk environments (including those with maternal depression, domestic violence, substance abuse, homelessness, abuse and neglect) that can directly damage developing brain structure. This results in a poor, unstable foundation for all future learning, behavior, and health. Attempts at later repair are extremely expensive and often of very limited benefit.

However, scientific research also has given us clear direction for a **solution**. Early experiences are critical. A strong, nurturing, responsive parent-child relationship has been shown definitively to **protect** the developing brain from the toxic effects of environmental stress. This has been demonstrated repeatedly through measurement of the stress hormone, cortisol.

Children who are at high risk need a combination of two strategies:
1) We need to develop a system that can decrease environmental risk by coordinating the many excellent services and supports that we already have in CT – including health, mental health, early childhood education, and family support – and ensure that our highest risk children and families are connected to them. This is an **early childhood integrated system of care**, which is virtual one-stop-shopping
2) We need to provide expert, home-based, clinical **parent-child intervention** to **buffer the developing brain** from unavoidable stress that causes damage.

We have already created such a model early childhood system of care in Bridgeport, called Child FIRST. This model has been rigorously researched using a randomized, controlled trial, the highest form of scientific research. Child FIRST Intervention, as compared to Usual Care Controls, showed **statistically significant and clinically important evidence-based outcomes** at 12 month follow-up:

- Child FIRST families were **4.1 times less likely to be involved with DCF**.
- Child FIRST children were **4.8 times less likely to have aggressive or defiant behaviors.**
- Child FIRST children were **4.2 times less likely to have language problems.**
- Child FIRST mothers had **significantly lower levels of depression, stress, and other mental health symptoms**.
- Child FIRST families accessed **91%** of needed services, as opposed to **33%** in Usual Care.

The fiscal impact of this home-based model for our highest risk young children is very substantial. The average cost for a family of four is less that **$5,000**. Compare this to **$500,000** for a **state juvenile training school**, or **$850,000 for psychiatric hospitalization** for one child for one year. In addition, the Child FIRST model is able to leverage substantial federal dollars through Medicaid reimbursement. If existing DCF grant dollars, which currently receive no federal match (like the Parent Aide program), were reorganized using this model, we could **leverage significant federal dollars**, at the same time that highly effective services could be delivered with **clear evidence-based outcomes**. In addition, expanded reimbursement through **EPSDT for "medically necessary"** services would provide a highly effective therapeutic response for **maternal depression**, preventing frequent child abuse and neglect and the devastating impact on child mental health and cognition.

The Early Childhood Education Cabinet has endorsed this model and included it in their biennial budget. The Robert Wood Johnson Foundation is extremely interested in helping with replication, if there is clear state leadership. We could leverage millions of additional dollars. Edward Zigler, Ph.D., the renowned founder of Head Start, and Jack Shonkoff, M.D. of the Harvard Center on the Developing Child have both endorsed this model. Most importantly, the DCF Prevention Bureau understands these issues and is already looking to support replication, both programmatically and fiscally. We encourage you to use your leadership to accelerate this process. There needs to be broad reorganization within DCF across all Bureaus so that there is a clear focus on very young children and the powerful impact of early, nurturing relationships. We must intervene during the early and critical period of brain development. This integrated early childhood system of care will save huge state dollars, leverage federal and foundation funds, dramatically improve health, mental health, and educational outcomes, and significantly close the achievement gap. We encourage you to support DCF in these structural and system reforms.

Thank you so much!

Respectfully submitted:

Darcy Lowell, M.D.
Executive Director, Child FIRST
Section Chief, Developmental and Behavioral Pediatrics
Bridgeport Hospital, Yale-New Haven Health System
Associate Clinical Professor
Department of Pediatrics and Child Study Center
Yale University School of Medicine