

Testimony Supporting the Expansion of the Child FIRST Program in S.B. No. 340: An Act Concerning Establishing An Early Childhood Integrated System of Care

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Senator Meyer, Representative McMahon, and distinguished Members of the Select Committee on Children:

I testify on behalf of Connecticut Voices for Children, a statewide, independent, citizen-based organization dedicated to speaking up for children and youth in the policymaking process that has such a great impact on their lives.

We strongly support the establishment of two regional early childhood integrated systems of care programs, based on the model of the Child FIRST system in Bridgeport. We believe that expansion of an early childhood integrated system of care will promote healthy development of Connecticut's most at-risk children and help us begin to close the achievement gap.

Why a System of Integrated Care is Needed

High risk environments, defined as those with food insecurity, homelessness, poverty, domestic violence, substance abuse, and maternal depression, among others, are “toxic” to a young and developing brain. Young children who exist in these environments are most likely to experience developmental delays and negative academic outcomes. Families who face multiple, complex issues are those most in need of services – many of which Connecticut already provides – but the very issues they face affect their ability to access those services. These families need hands-on, direct assistance to connect to comprehensive services for all family members.

The Model

The early childhood integrated system of care is designed to provide comprehensive, coordinated services and supports for young children at high risk and their families. Families are screened at a variety of sites, including early care and education centers, pediatrician offices, family and resource support centers, shelters, and so on. Those in need are referred to the System of Care and assigned to a team composed of a care coordinator and a Masters' level mental health clinician. The team meets with the family in the home, as well as with other individuals already involved with the family, such as early education teachers, to conduct a broad-based assessment of the family's needs. The team then, together with the family, connects the family with

community services, such as Birth to Three, and creates and manages a coordinated plan with all providers working with the family.

The Data

Child FIRST, an early childhood integrated system of care, was initiated in Bridgeport in 2001. The Substance Abuse and Services Administration funded a randomized, controlled trial that has yielded impressive, statistically-significant results. Ninety-five percent of the children involved in the study had indicators of poverty and were racial or ethnic minorities. The children who received Child FIRST services, as compared to the control group who received standard care, were *four times less likely to have language problems* and *four and a half times less likely to have aggressive and defiant behaviors after the intervention*. And families who received Child FIRST services, as compared to the control group, were *five and a half times less likely to be involved with DCF*.

The Cost

The cost of assessment, family plan development, home-based services and care coordination has been estimated at \$4,000 for a family of four over a six-month period. Screening costs are reimbursable through Medicaid, as are services for low-income children with mental health or other health-related diagnoses. Given the success of this program in reducing DCF involvement and, potentially, special education costs, this \$4,000 cost per family will be offset not only by 50% federal reimbursement through Medicaid for covered services, but also averted DCF and special education costs.

Conclusion

In light of the strong evidence showing that early childhood systems of care are a cost-effective means of meeting the needs of Connecticut's most at-risk families, we strongly support S.B. 340.