

Testimony of Darcy Lowell, MD, Founder and Chief Officer of Child First
Before the Appropriations Committee for the Public Hearing on the Governor's
FY 2022-2023 Proposed Budget for Human Services Agencies

March 3, 2021

Thank you, Chair Cathy Osten and Chair Toni Walker of the Appropriation Committee, Chair Julie Kushner, and Chair Cathy Abercrombie of the Human Services Subcommittee of the Appropriations Committee, and to the members of the Appropriation Committee, for the opportunity to submit testimony as part of today's public hearing on the proposed budget for Human Services Agencies.

My name is Dr. Darcy Lowell. I am a developmental and behavioral pediatrician, an Associate Clinical Professor in the Departments of Pediatrics and Child Study Center at Yale University School of Medicine, and founder of the evidence-based model, Child First. **Child First is an early childhood, two-generation, mental health program that helps our most vulnerable children and families heal from the damaging effects of trauma, adversity, and abuse and neglect.**

I am here today because these **intensive, mental health services for 400 of our most vulnerable young children and families are in serious jeopardy.** We are requesting that Appropriations provide a \$5.1 million budget allocation for each of FY22 and FY23 to ensure these critical services can continue, while new funding, which leverages federal dollars, can be explored.

Scientific research on early brain development has documented the damaging effects of psychosocial adversity on the formation of brain structure and physiologic systems. These toxic stressors include child abuse and neglect, interpersonal violence, caregiver depression and substance abuse, food insecurity, homelessness, racism, and health inequity, among many other risks. **The cumulative effect of these traumas and stressors on the young child leads to major mental health problems, substance abuse, cognitive disability, and chronic physical illness,** which have been documented to last throughout the lifespan.

However, it is now scientifically documented that the presence of a **responsive, nurturing relationship between caregiver and young child can buffer these toxic effects and prevent damage to the developing brain and physiologic systems.** We know that 80% of brain growth is completed by three years of age. In fact, during this early period, over one million connections between brain cells are made each second! The older the child, the more difficult it is to change brain structure, the greater the expense, and the worse the outcome.

Child First is an evidence-based, early childhood, mental health model, which works in the home with the most challenged parents and young children (prenatal to six years) to both prevent and heal the effects of trauma and adversity. Of those we serve, **98% of parents and 88% of children have experienced trauma; 50% of children are involved with DCF.** We take a very unique approach, providing intensive training to a team of a licensed, Master's level mental health clinician and a Bachelor's level care coordinator. The clinician provides trauma-informed psychotherapeutic intervention addressing child mental health and behavior; caregiver depression, PTSD, and substance abuse; and family violence. The care coordinator addresses the social determinants of health, psychosocial stressors, and connects all members of the family with needed services and supports. Child First

has completed a randomized controlled trial and has 10 years of outcome data that powerfully demonstrate **1) decreased child and parent mental health problems, 2) decreased child language problems, 3) decreased child abuse and neglect, and 4) connection to comprehensive community-based services.**

Child First began right here in Bridgeport, Connecticut in 2001 and is now a national, evidence-based model. We have been committed to expansion in Connecticut so that any child and family who needs our intensive services can access them. Although we currently **serve about 1000 children and families** each year at 15 affiliate sites around the state (all mental health agencies or hospitals), Child First is not yet statewide. At this time, we have **287 children and families waiting** for our services. In the recent Connecticut home visiting needs assessment, completed for the Office of Early Childhood (OEC), **47% of respondents documented a pressing need for young child “social/emotional/mental health services.”**¹ This was priority #3 of 17, with only childcare and affordable housing ranked higher. (See attached.)

We are coming to you now because **we have a crisis. Over 40% of Child First funding has come from the OEC** through Maternal, Infant, and Early Childhood Home Visiting (MIECHV) and state funds. The OEC has decided to shift their funding priorities and concentrate on early prevention of low to moderate risk families. We are not requesting any change in the OEC plan. However, there will be unintended consequences effecting the most challenged families. **The Child First system will be dismantled and 21 teams will be lost, leaving approximately 400 extremely vulnerable young children and their families without expert, early childhood mental health prevention and intervention services.** The situation is even **more dire in the face of the current COVID pandemic.** Our families are those that have been hardest hit. Mental health problems in both children and adults have increased, as has interpersonal violence, substance abuse, and abuse and neglect. With the COVID pandemic, Child First has had an increase of 50% in referrals from the Department of Children and Families (DCF). Our engagement with families and outcomes have continued to be excellent even in these extremely difficult times². (See attached.)

Child First is **requesting a two-year budget allocation** to maintain our level of services until planning can occur. We are hoping to leverage federal funding through the Family First Prevention Services Act or Medicaid. **Our request is \$5.1 million per year for FY22 and FY23.** We know that our services will **prevent major future expenditures.** The lifetime cost of a victim of non-fatal child maltreatment is \$210,000³ and a year of juvenile incarceration in CT costs \$221,705⁴.

We believe that we have an opportunity to make a profound difference in the mental health, cognitive development, and physical health of the children and families we serve. We will not only save the state of CT millions of dollars, but we will help young children and families build resiliency and thrive.

Thank you so much for your attention to this critical matter.

¹ MIECHV Needs Assessment Findings: Home Visiting Providers’ Meeting, August 7, 2020

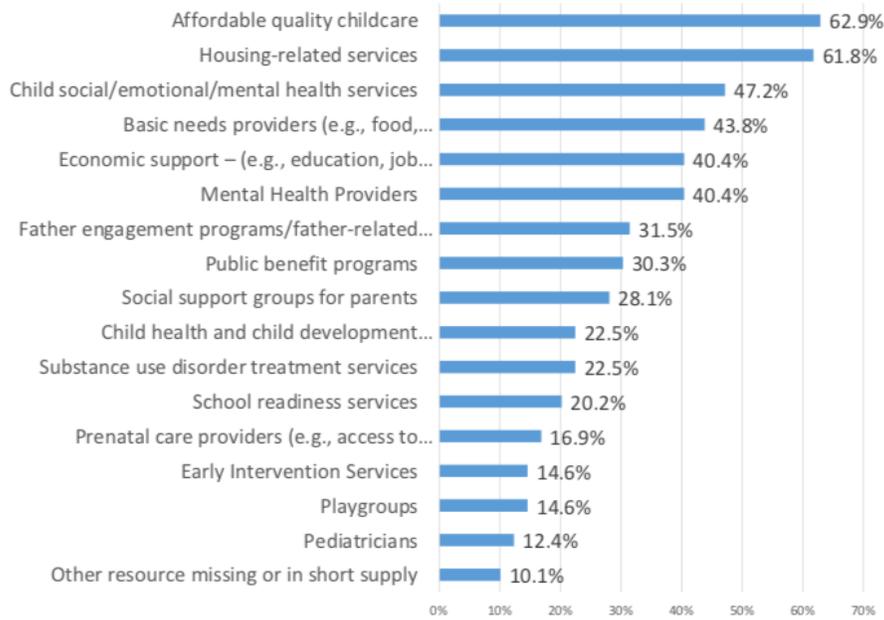
² Child First Connecticut Outcomes for All-Time (8/2010 – 12/2020) and Past Year (1/2020 – 12/2020)

³ https://www.cdc.gov/media/releases/2012/p0201_child_abuse.html

⁴ http://www.justicepolicy.org/uploads/justicepolicy/documents/factsheet_costs_of_confinement.pdf

MIECHV Needs Assessment Findings: Home Visiting Providers' Meeting, August 7, 2020

Percentage of Respondents who Selected Each of the Following items as their Top 3 Community Needs (N=89)



Child First Connecticut Outcomes for All-Time (8/2010 – 12/2020) and Past Year (1/2020 – 12/2020)

