

Legislative History for Connecticut Act

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|---------------------------|-------------------------|------------|
| HB 6604 | Sp. 81 | 1977 |
| House: | 5837 (consent) | 1p. |
| Senate | 3936 (consent) | 1p. |
| Appropriations | | |
| Education | 1528-1531, 1547-1551 | 4p. 5p. |
| | | <hr/> 11p. |

Transcripts from the Joint Standing Committee Public Hearing(s) and/or Senate
and House of Representatives Proceedings

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CONNECTICUT
GEN. ASSEMBLY
HOUSE

PROCEEDINGS
1977

VOL. 20
PART 14
5674-6100

House of Representatives

Friday, June 3, 1977

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Cal. 1098, H.B. 8024, file 977.

MR. SPEAKER:

Gentleman from the 10th, Representative Timothy Moynihan.

MR. MOYNIHAN (10th):

Mr. Speaker, I move adoption and passage of the regular items on today's Consent Calendar, namely Cal. no. 1098, 1335, 1355, 1356, 1372, 1378, 1382, 1403, 1405, 1412, 1416, and 1417. HB-8024, HB-5326, HJR-146, HJR-147, HB-7987, HB-5718, HB-6604, HB-5649, HB-7071, MR. SPEAKER: SE-181, SB-614 and SE-1055.

You have the motion of the Gentleman from the 10th, is there any objection on the part of any individual member in any of the matters in the scope of his motion being considered at this time, acceptance and passage as consent Calendar items. Is there any such objections by any individual member? Hearing, no such objection, the question's on the motion of the Gentleman from the 10th. All those in favor of the motion will indicate by saying aye. Opposed? The ayes have it, bills are accepted and passed as Consent Calendar items. Will the Clerk please proceed with the call of the Consent Calendar, resolutions?

THE CLERK:

Page three of the Calendar, Cal. 1443, H.J.R. No. 228,

MR. SPEAKER:

Gentleman from the 10th.

MR. MOYNIHAN (10th):

Mr. Speaker, I move for suspension of the rules for the

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CONNECTICUT
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SENATE

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PART 10

3868-4334

SENATE

MONDAY

JUNE 6, 1977

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this Bill wholeheartedly.

THE CHAIR:

It has been moved to Consent. Without objection, it is so ordered.

THE CLERK:

Calendar 1198, File 1802, Favorable Report of the Joint Standing Committee on Appropriations, Substitute for House Bill 6604, AN ACT CONCERNING A PILOT STUDY FOR DEAF-BLIND CHILDREN.

THE CHAIR:

Senator Houley.

SENATOR HOULEY:

Mr. President, I move acceptance of the Joint Committee's Favorable Report and passage of the Bill.

THE CHAIR:

Comment, Senator?

SENATOR HOULEY:

Mr. President, the Bill would require the Board of Education Services for the Blind to conduct a study of the needs of the deaf-blind children in the State. The sum of \$10,000 is appropriated and if there is no objection, I move that item to the Consent Calendar.

THE CHAIR:

Without objection, it is so ordered.

THE CLERK:

Calendar 1199, File 1217, Favorable Report of the Joint Standing Committee on Appropriations, Substitute for House Bill 6951, AN ACT CONCERNING ROSELAND POND, WOODSTOCK.

THE CHAIR:

Senator Houley

**JOINT
STANDING
COMMITTEE
HEARINGS**

**EDUCATION
PART 4
1335-1742**

1977

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EDUCATION COMMITTEE

March 15, 1977
1:00 P.M.

PRESIDING CO-CHAIRMEN: Senator Schneller
Representative Glassman

COMMITTEE MEMBERS PRESENT:

SENATORS: Schneller, Reimers

REPRESENTATIVES: Glassman, Bertinuson, Goodwin, Rosso, Wellman,
Osler, Benman, Durrell, Eads, Jaekle, Green

SENATOR SCHNELLER: This afternoon we are holding a hearing on a variety of bills ...these are the last bills really to come before us. Copies of the bills for the hearing this afternoon are on the table outside. I would ask anyone that wishes to speak to this hearing, please sign the sign-up sheet. Over here on my left, when you are called, please come to the speakers podium and there should be a chair up there. You can be seated. Please stand by yourself. The proceedings are being recorded. This is not an amplifying microphone, but it is a recording mike. So I would ask you to speak up and identify yourself and the agency you represent or the town that you are from.

The very fact that we have a large list of speakers, a long list of speakers, I ask that you please have your comments to no longer than five minutes. If you have testimony, testimony that is longer than that, I would ask you to summarize and leave your testimony with our clerk. Any comments from any Committee Members? Are there any Legislators?

REP. DELLA VECCHIA: Members of the Committee, my name is Representative Della Vecchia from the 81st Assembly District. I'm here to speak in favor of House Bill 6604, AN ACT CONCERNING A PILOT STUDY FOR DEAF AND BLIND CHILDREN. Approximately 60 deaf and dumb children under the age of 21 are in Connecticut. Most of these children are the result of the rubella in the 60's.

Many have added handicaps. They are a great concern to parents and the agencies because there are no funds to educate them after they reach the age of 21. Some will need life-long aid. A study program in Connecticut could provide some answers for state and federal programs. An expert, Dr. Saul Friedman has been contacted and would come to Connecticut for 8 months--from August to February of 1978 with a report with recommendations to the Governor and the Legislature in February of 1978. That is the conclusion of my testimony.

SENATOR SCHNELLER: Representative Della Vecchia. When you say funding be provided for a pilot study, do you have a recommendation as to the amount of funding?

REP. DELLA VECCHIA: Yes, sir. The total of consultant fees would be in the amount of \$8,784 to prepare and submit the report to the Legislature. This has become part of my testimony and there is a breakdown of the cost.

SENATOR SCHNELLER: The cost is how much did you say?

REP. DELLA VECCHIA: \$8,784.

SENATOR SCHNELLER: Has this pilot study that you are requesting have the details of it been developed and does this have the endorsement of any of the state agencies that are dealing with this subject?

REP. DELLA VECCHIA: This has been developed by the...

SENATOR SCHNELLER: Talk louder, please.

REP. DELLA VECCHIA: This study is being developed by the State Board of Education For The Blind.

SENATOR SCHNELLER: It is being developed by the State Board of Education For The Blind. I would ask that the state would submit to this Committee details of this proposed study. So that we could make an intelligent decision on it. It would be very difficult from this proposed bill for the Committee to give this matter consideration. I would think we would need the details of their proposal.

REP. DELLA VECCHIA: All right, Mr. Chairman. I will leave this with you. If this is not sufficient for you, to answer all your questions...

SENATOR SCHNELLER: May I see that please? I certainly don't think there is enough information here for the Committee to make a decision. And what I think we need is a detailed proposal if we are to give this matter serious consideration.

REP. DELLA VECCHIA: I will see that it is in your hands, Mr. Chairman.

SENATOR SCHNELLER: Have you signed to testify? Have you gone over the details of this proposal? Will you be testifying on other bills? All right, fine. Thank you. Will you identify yourself, please?

WILLIAM PATTON: I'm William Patton, Director of the State Board of Education Services for the blind. And I am testifying in favor of House Bill 6604, AN ACT CONCERNING A PILOT STUDY FOR DEAF AND BLIND STUDENTS. There was an unfortunate rubella epidemic in the 1960's and this resulted in approximately 60 deaf-blind students under the age of 21 presently in the State of Connecticut. Many of these students have additional handicapping conditions. Almost all of them are going to require life-long support

services. These children are presently being served by...name, by two programs, The Oakhill School for the Blind in Hartford, and the Institution of the Department of Mental Retardation. The money that is currently being used for educational and training programs will expire at age 21, and the great concern of parents...you are going to hear from some of them today...and professionals working with these kids, and you are going to hear from them today, is that each of these youngsters have an opportunity and access to the kind of programming that will permit them to develop to the maximum of their individual potential. And I'm talking about some very intensive, long-term, rehabilitation services--physical therapy, occupational therapy, medical services. But of most concern I think, is that these kids do not end up, all end up in institutions. And that we develop an alternative to institutionalization. And some practical alternatives would be supportive group homes.

Now, House Bill 6604 would provide money for an intensive study. The agency has recruited one of the foremost consultant psychologists in the United States in this field. He is presently doing this kind of work in the State of New York. He is willing to do it. I talked to him this morning. He would assess each on an individual basis...each of the 60 kids. He would meet with the parents. He would evaluate the available resources in the State of Connecticut. And he would draft a report which he and I would present to the Legislature and the Governor and to concerned citizenry in February of '78. The basic problem is national. Very little is being done nationally. This kind of a study could have national significance.

Now, that is the background of the study. In terms of the specifics of the cost, I am prepared to submit this with my written testimony and to supply any additional information that your Committee might want.

SENATOR SCHNELLER: This study then to be presented, would deal more with the 60 youngsters?

WILLIAM PATTON: Exclusively with the 60 youngsters. Yes, that is all of the deaf-blind youngsters in the State of Connecticut that we know about that are under the age of 21.

SENATOR SCHNELLER: Did they all happen to get this condition because of the rubella (INAUDIBLE)?

WILLIAM PATTON: Practically all of them are a result of the rubella epidemic.

SENATOR SCHNELLER: Just a moment. Just for my own information, I would like you to explain that.

WILLIAM PATTON: All right. Rubella is German Measles. And back in the '60's there was a national kind of epidemic. If a pregnant woman gets rubella in the first tri-mester of pregnancy, the chances are that child will be born with severe handicaps.

SENATOR SCHNELLER: Any questions from members of the Committee?
Thank you very much. I think you presented this well. I would appreciate your submitting to the Committee the details of your proposal with an explanation. Please leave your testimony with us with some of the answers that would apply to (INAUDIBLE). If you did that, the Committee would give very serious consideration to this.

WILLIAM PATTON: I have all of this in writing including supportive documentation. You will have it before I leave.

SENATOR SCHNELLER: Thank you very much.

WILLIAM PATTON: Thank you.

SENATOR SCHNELLER: Are there any other legislators? Dr. Cowan.

DR. COWAN: My name is W.A. Cowan. I'm Chairman of the Advisory Commission on Veterinary Medicine and Surgery for the State of Connecticut. Our Commission just got into action very close to the first of the year, so we haven't had a lot of time to develop complete plans on many of our charges. We are looking at the University of Connecticut proposal relative to a Veterinary School. The need for veterinarians...the Tufts Proposal, so-called, the creditation problems and the contracts. And I'm here to speak today in favor of Bill 8622 relative to expanding opportunities in veterinary medicine through the use of contracts.

The very first unanimous action of our Commission, our 12 member State Commission was to recommend that the contracts be expanded to 15 students per entering class per year. Among the reasons for that, we are the lowest state of any of the states in the country currently contracting for students for professional training in veterinary medicine. Fifteen would be an equitable basis from the standpoint of entrance in relation to our population, in reference to the total population of the New England states. We would have spaces tagged so as to guarantee a future spot for the very limited spaces which are available.

There were as of this last Fall, 53 contract spots available for the New England states between Cornell and the University of Pennsylvania. And the fourth reason that we want to move ahead on contracts, expanded contracts to solve an interim problem until if and when there is a professional college of veterinary medicine. And it for the benefit of prospective students and because of veterinary medicine's impact on practically all of society therefore to Connecticut citizens.

Now why 15? It is because there are limited spaces, it is because we are the lowest of the contracting states. And because other states are endeavoring to increase the number of their contracts rapidly so. Massachusetts has 10 at present and is going for 15. New Jersey has 16 between Penn and Cornell and 6 at Ohio, and is trying to increase to 22 between Penn and Cornell. New Hampshire, Maine, and Vermont and Rhode

from welfare and (INAUDIBLE) from the Handicapped Fund at that time.

SENATOR SCHNELLER: Any other questions? Thank you. Ann Dandrow.

ANN DANDROW: I'm Ann Dandrow of Southington. I'd like to speak in support of Bill 6604. I am a former member of the Southington Board of Education, I am now the Governor's Appointee to the American School For The Deaf. I have also been the former (INAUDIBLE) Connecticut Association of Hearing Impairment and still am President (INAUDIBLE).

I think in speaking in favor of 6604, the Committee is missing some very important factors into the history of how this bill has originated and what has happened. Having been involved in the '64 rubella epidemics because my own parent was a deaf child and I was past president and I still am president, I should say, of the old (INAUDIBLE) hard group which worked so hard to get the original legislation on the books.

I would now like to fill the Committee in on a few of the possible commitments that went on in the Legislation Session. I feel very apropos today that we are here. Because Bill Blais, picture here on the board, because Bill Blais, the former State Representative sponsored legislation for the original rubella epidemic child. It was co-sponsored at that time by Gloria Schaeffer. This all resulted in the '64 German Measle Epidemic. Legislation was passed in 1967 and this Legislation provided, as I am sure you are all familiar with now, 1076-d which is on the books which allows for the first time in Connecticut, preschool education and education for the hearing impaired child.

Many of the parents in my group of children have double handicaps. The public school programs that began at two and three years of age, the following year in 1968 could not refuse a deaf-blind child. The towns were very concerned. I received call after call. And we worked hard for the legislation. Legislation was passed, where does my child go now. Deafness is bad enough. But to have deafness and blindness... believe me, there aren't many Helen Keller's around. We began to wonder where to go with the kids. And we met with Dr. (INAUDIBLE), former speech and hearing consultant for the State Department of Education. Dr. (INAUDIBLE), Chief of Personnel at that point, and Mr. (INAUDIBLE), WHO I believe is the former Director of Youth Services for the Blind. We got into the battle of what happens when you have a double hearing problem in the State of Connecticut.

The deaf don't want you and the blind don't want you. So what do you do with your child. After many a meeting of who would do it, and the commitment on the books which thought...and all the towns are here today from Fairfield County, where to go with these kids. The Oak Hill School agreed to begin a program. The first program for the deaf-blind opened up in 1969. After the commitment of the '67 legislation, after the commitment in the Inaugural Address of Governor Dempsey which committed a program to meet the emergency needs of the rubella epidemic child throughout their life, an active commitment from the State Department of Education that Connecticut would begin a program for the deaf-blind.

The program had begun and we began to try the very possible (INAUDIBLE) to the Oak Hill School. The Oak Hill School before 1969 never had a program for the deaf-blind child. The children progressed along. They bought an (INAUDIBLE). They did what they could to bring the children to the point they are right now. I visited a class. I have met the Superintendent of the Oak Hill School. I have met with Mr. Patton. The parents are concerned.

Educational age and legislative age on the books of 1076-d takes 21 years. How far are we going to be able to bring the educational potential and the educational age of these children. They are not going to have at 18 perhaps because of their complexity of handicapped, they are going to be ready for a new program in a group home.

Placing children out of a very structured type of situation...you have behavioral problems, they regress considerably. We are not talking to deafness, we are not talking to blindness. We are talking to two of the worst combinations of handicaps around. Deaf and blind. And we need special programs and special needs. Parents cannot cope on a twenty-four hour basis with these children.

Parents contacted me last year and the Representative from the White House Conference on the Handicapped and asked at that point where do we go from here? Our children are 14, 15, some of them are only 12 like my daughter (INAUDIBLE).

Never before in Connecticut, have we had such a 35 pupil population of deaf-blind children at one time, at one age, and what are we going to do with them. Put them in Southbury, Mansfield, other programs? Why do we even have to go back to that? The original trend of the legislation was, and always should be, and always has been that a program be developed for just blind children. At this point, we are asking that this pilot study...so that we know where to go with these children. We have never had this program before. If we bring in one of the best consultants around to go over the individual children's needs to find out exactly where they begin and what kind of a continuing program could be for their age begun.

REP. GLASSMAN: Can I ask a question? I'm sorry to interrupt. You're basically talking about programs now to develop pilot programs for the 14 to 21 year old. When he becomes 21 years, does not have anything provided for him. Is that what we are talking about?

ANN DANDROW: We are talking about the chronological age within the State of Connecticut. If you have a deaf-blind child at 21; they're out. We could talk about the educational potential age of 18. Where...let's face it, my child reaches 18 and has progressed to the point of no return educationally and the system turns to you and says, "Well Mrs. Dandrow, we have your child. We have educated him as far as we can. We are sorry.

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Your child no longer fits into the situation here at our school and we suggest that you find another program. Because we can't go any further."

REP. GLASSMAN: What you're basically getting at is after they have achieved 21... okay?

ANN DANDROW: Chronological age or educational age?

REP. GLASSMAN: The state no longer has the responsibility.

ANN DANDROW: That is correct.

REP. GLASSMAN: But what you are saying is, we should develop pilot programs for those who become 21 and beyond. Is that what this is trying to do? Thank you. Because it didn't make any sense to me the way it was written. Because it says for 14 to 21 and I know we are providing programs. Then you will have to reword this legislation to clear it up. I mean, because it is very, you know, confusing. In fact...

ANN DANDROW: In fact that was why I was trying to bring history into it, because I was tired of it. But I went every way with this...all the way.

REP. GLASSMAN: We are talking about programs after 21.

ANN DANDROW: After 21. Now we have a child at 18, who we feel at 18 has reached the limitation of education at Oak Hill School. We didn't want to be so absolutely at age 21, that we couldn't transfer that child to a group home. That is the only alternative or the only action I'm asking for.

SENATOR SCHNELLER: Again, I am going to ask you for some information just for my own education.

ANN DANDROW: Go ahead.

SENATOR SCHNELLER: Are there any deaf-blind children or adults in the state presently who are not a result of the 1964 Rubella Epidemic? Are all of them a result of that epidemic? Do you know the answer?

ANN DANDROW: Most of the children are a result of the Rubella Epidemic. Now, as far as knowing if there are any more...there are. Health factors everyday. And I don't have the specifics; but that can be obtained from the Crippled Children or The Department of Health very easily. Meningitis and many of the other diseases which we do have and I am on the American School for the Deaf. We do get deaf children. Frequent vision problems also from this disease. And there are many areas. Now, if you want to get into the definition of deaf-blindness, who is blind, who is visually impaired...I couldn't begin. I'm not a professional. I'm only a parent.

SENATOR SCHNELLER: But this program would be primarily for the existing children that were born during that '64 period?

ANN DANDROW: That's correct. But it would also service any future.

SENATOR SCHNELLER: I understand that. Secondly, if nothing is done...if this

legislation is not passed or if a program is not developed beyond 21 years of age, what will happen to these people?

ANN DANDROW: Okay. They will regress. They will probably be (INAUDIBLE) Southbury, Mansfield, or some of the other large complex without anything particular to meet the needs of deaf-blindness, they will simply go into a small population within a larger population of one handicap, and I doubt that their individual needs or any time of particular need for their handicap will be left. Are there any other questions?

REP. BERTINUSON: Mrs. Dandrow, are you talking now about basicly education programs past 21?

ANN DANDROW: I wish I could say that...

REP. BERTINUSON: Are you talking that we would like to know what kind of a program.

ANN DANDROW: You know, it's always hard to say that you have to cut-off education, and particularly when you are dealing with the deaf-blind. And it is difficult to see many of the deaf-blind. And like all children, some have great potential, some potential, you will even get one Helen Keller out of the whole bunch and maybe we won't. About mainly a low-grade vocational training situation, this is what I am talking about for those children who need it. And that is what I am trying to give out. An actual work home where they will not lose the main eating habits, dressing habits, bodily habits, they will still have some recreational facilities and they will be continually looked after in addition to some vocational type of situation and small on the job training could be done.

REP. BERTINUSON: I guess what I am trying to do perhaps here is fix responsibility for this program. Would the Board of Education (INAUDIBLE) for the blind? Is that what you feel? Or is this?

ANN DANDROW: The responsibility for the pilot study would be the Board of Education for the Blind and the figure shown here today would be for the consultant, a world famous gentleman, Dr. Friedman, I believe, who has begun programs in other states for deaf-blind and for group homes like this situation. So that after 21, there is an ongoing type of program. Now, I can't tell you whether the children are going to be educated anymore. I care they ...that they will not regress. They will not stop seeing themselves and they will continue to be as independent as they possibly can, and perhaps we could begin some sort of on the job training. We haven't done this before, so that I think Number One step in the whole pilot study would be individual assessment of the children group. Number two, the task to compile a group home program using the consultees of the people within the state and expertise from out of the state have to move Connecticut until it is improved.

REP. BERTINUSON: Okay, my next question is...you must have a number here...populations are fairly well identified population.

ANN DANDROW: The identified number as Mr. Patton said is 65.

And that is right now. I had a speech prepared, but there seemed to be so

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much confusion. I felt that perhaps giving you the basic history on the whole legislation and the whole commitment and many of the parents who continue to contact me because we thought that 1076-d and in '67 was going to solve the world's problems. People have children, and we are finding out that we are only a quarter of the way there. I thank you for your questions and...

REP. GLASSMAN: Could you leave your testimony with the clerk?

ANN DANDROW: I would be happy to come back at any point.

SENATOR SCHNELLER: Thank you for very (INAUDIBLE) for presenting the nature of the problem, and I can assure you that this Committee will give it very serious consideration and every effort will be made to get the response.

ANN DANDROW: Thank you very much.

SENATOR SCHNELLER: Mrs. Knowles.

AUDREY KNOWLES: I am Audrey Knowles and I am a parent of a deaf-blind child. And to answer a question previously, no they are not all a result of the epidemic, because mine is not. And we really think that this legislation is extremely important at this time because our children are reaching the ages of 13 and 14 and they are sort of 13 and 14 going on 21. Because we saw how long it took to get programs started when they were born. But we are really ignored now. And if you take and interrupt their programming it is a disaster, because they regress very quickly, and gains by small bits and pieces. The thought of losing anything that was gained really (INAUDIBLE). We put up with them at home. We spend life giving them education, a lot of money is spent on these children and it was unbelievable what they started with. And just the very thought of them regress to a point of a boarder of an institution is very disturbing to us. I thank you.

SENATOR SCHNELLER: Thank you for coming. Judy Lewis.

JUDY LEWIS: I'm Judy Lewis. I am on the faculty for the Department of Pediatrics, at the University of Connecticut Health Center. I am also the director of a Model School Health Project and it is in that context that I am going to talk to you about Bill 8078.

I would like to offer my support of legislation broadening the authority of interested school systems to examine alternative approaches to health services.

Through the University of Connecticut Health Center Department of Pediatrics and the Hartford Public Schools, we are currently operating a model health unit at Mary Hooker School. This project is funded by the Johnson Foundation to evaluate the effectiveness, cost, and educational impact of the provision of primary health and dental services in a school setting.