

**PA12-088**

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**JOINT  
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**SELECT  
COMMITTEE  
ON  
CHILDREN  
PART 2  
319 - 596**

**2012**

JAMES D. MCGAUGHY: My name is Jim McGaughy. I'm the Executive Director of the Connecticut Office of Protection and Advocacy for persons with disabilities and I'm here to speak about Raised Bill 5347, AN ACT CONCERNING THE REPORTING OF CHILDREN PLACED IN SECLUSION and to thank you for raising this bill.

It's a very, very important piece of legislation. Basically it -- it would amend the sections of the General Statutes that -- that address and set limits on the use of physical restraint, medication, and seclusion of persons receiving care, education or supervision in a school institution or facility.

And most of the interest today I think focuses on people receiving these things in schools. The original statute was enacted in 1999 following the tragic deaths of several Connecticut children in psychiatric or residential facilities due to restraints and they died while being restrained. And in each case the restraints were initiated in an attempt to place the child into seclusion.

So that's a little history there. Since 2007 the law has required school districts to record each instance of restraint and seclusion and to make their own annual compilation totaling it all up. However under the current statutory scheme the reporting of injuries related to restraint and seclusion by local and regional school districts is optional as is the preparation of an annual summary of the frequency with which these procedures are used by the State Department of Education.

In fact the one attempt that the State Department of Ed has made to amass data on certain aspects of the restraints and seclusion

practices of school districts produced some very troubling information, troubling both for the large number of incidents reported -- and there were over 18,000 reported in school year 2009 to ten.

And for what they were very quick to point out was the highly problematic nature of the data itself. In other words it wasn't clear that all schools were reporting or keeping track of things in the same way at all.

So I think basically the requirements that are in this -- in this bill given the -- the really significant implications of -- human rights and civil rights implications of these practices and the fact that they are potentially very dangerous create the risk of both psychological trauma and physical injury that the accountability mechanisms that you're proposing in this bill will go a long way to giving us an accurate picture of what's happening in Connecticut's schools. It's long overdue.

I would point out further that the data will be very useful in targeting efforts to reduce the use of restraints and seclusion in those environments where we may discover there are outliers.

There may be a lot of use that's not being justified. And we'll also be able to identify -- help identify problematic locations where there's very little use of restraint and seclusion. So we may be able to identify some -- possibly some very good practices that could be -- could be shared elsewhere.

I would also urge that you consider amending the bill to include one more feature and that is the elimination of the existing statutory language which allows the planned use of seclusion to be

written into a special education student's individual education program, the IEP. The practice of involuntary seclusion which is defined in statute as placing a child into a room and preventing them from leaving is not considered to be effective evidence based practice.

It is far more likely to produce resentment, psychological trauma and even physical injury than it is to help a child acquire the skills he or she may need to learn in order to succeed in school or in life. Giving statutory permission to write a plan for seclusion into an IEP suggests that the practice has some kind of legitimate educational value.

There is a lot of consensus amongst professionals that that is not the case. That's suggestion is unwarranted by the evidence and to the extent it may encourage school personnel as a means of managing their environments, it may actually be interfering with the development of and awareness of alternative approaches.

A number of other states have banned the use of seclusion as a planned part of student's educational programs and some have even banned it's use altogether. Connecticut children deserve no less protection. And I urge you to think about including that in this legislation. That's what I have to say so.

SENATOR GERRATANA: Thank you very much for your testimony. You know I was also reading over Commissioner Pryor's testimony. He's not testifying in person today but he did submit a written testimony. I wanted to ask a couple of questions before I go to the committee members just so you know I'm comparing your testimony to his testimony, you know as I sit here.

It's interesting and you did mention that in 1999 that this statute originated from incidents of -- or regarding children who may have been in a difficult situation and needed to be restrained. Where did the whole concept of seclusion come from? And I see that there is existing language already that talks about seclusion. If you can help me there.

JAMES D. McGAUGHY: You're referring to the seclusion being written into the IEP specifically or just seclusion generally being a part of what is regulated in the --

SENATOR GERRATANA: Well currently section 48A-153 has each local and regional board of ed, institution or facility that provides direct care, education or supervision of persons at risk shall one, record incident -- instance, sorry, of the use of physical restraint or seclusion on a person at risk.

JAMES D. McGAUGHY: Right.

SENATOR GERRATANA: And that's currently in statute. And I'm asking you -- you're asking us to at least not include that in an individual education program but where did the concept of seclusion or do you recall or do you have any -- shed any light on this, insight? I know I was around back then as a State rep but I -- I don't recall the debate on this. I do recall the debate on the -- the -- regarding children with difficult problems and, you know, how-- and challenges and how to address that.

JAMES D. McGAUGHY: I think that the two -- the two concepts, physical restraint as it's defined in the statute also includes the use of mechanical restraining devices as well as holding. And -- and seclusion which -- which is defined simply as putting somebody in a room and not letting

them out. It's not a time out.

It's not the kind of thing that, you know, where somebody needs to take space and have a little private time to cool down. This is something where somebody's usually forced into the room, the door's closed behind them. That's frequently the case that in order to introduce somebody into seclusion they have to be physically escorted there so that the two -- the two are seen as parallel -- and parallel practices and frequently in fact attempting to put somebody into seclusion results in the need to use restraint because they protest.

They don't want to go and so they wind up on the floor being held down. As far as why they're both being regulated the -- I think in the incidents that arose in 1998, 99 which actually there was a whole very large piece of investigative journalism done by the Hartford Courant.

It was the first time that any entity in this country had ever looked at the extent to which these practices resulted in the deaths of people and found that nobody was really tracking that nonetheless they were able to identify a number of people -- well over 100 people who had died being restrained or secluded in the previous five years I believe.

That -- that in the effort to address that whole problem comprehensively, both seclusion and restraint were put into the 1999 law. However public schools were not included. They were not included and I would suggest to you that there were discussions that were held by the public health committee and the education committee about that.

And the decision was made that if there was

going to be legislation going forward that the public schools would not be included and that was -- special education schools -- segregated special education schools were included in the requirement to make the reports. So what happened in 2007 was further legislation was introduced. Actually it was this committee, it was Senator Meyer who was chairing and there he is over there.

And he remembers well I think having attended some -- some public forums and having heard from parents about how these practices were being used, particularly the seclusion was being used in public schools. More and more special education students with behavioral issues were being educated in public schools -- regular public schools so this technology was being transplanted into them.

And these were parents who were not even notified that their children were being placed into these rooms sometimes for very long periods of time. And couldn't really understand why they were so upset and reluctant to go to school until they found out that was happening. So as a result of that further legislation was passed in 2007, Public Act 07-147 I believe it was.

And that included some requirements but there was -- and you could probably talk to your colleague about the frustrations I think he experienced trying to get a commitment that there would be reporting and accountability. But it was a -- it was certainly something that had extended the prohibitions that were in the basic -- the underlying statute to the public school environment.

But it did not get the accountability mechanisms there. That's what this bill does. That's why it -- that's why this bill is important.



SENATOR GERRATANA: Yes. We agree. Are there any other comments, questions? Okay. We'll start with Representative Betts followed by Senator Suzio.

REP. BETTS: Thank you very much for your testimony and I really appreciate reading it. Just by way of background I worked at the Institute of Living as a psychiatric aid for probably the better part of six years so I was very familiar with the seclusion process and training that was required for doing it.

And in that training it was never encouraged to be used to punish anybody but it was more of a safety factor as well as a -- you know, a positive reinforcement because that -- that individual would be having trouble controlling their behavior at that particular time.

JAMES D. MCGAUGHY: Right.

REP. BETTS: So I really, you know, given that background and I witnessed many times where it was very helpful. I'd like to see or understand the statement that says various professional associations have developed a consensus where neither restraint or seclusion offers any therapeutic value. And I'm wondering what that is based on.

JAMES D. MCGAUGHY: Well following the -- that series in the Hartford Courant, investigative journals, the series the entire industry -- mental health hospital industry began to examine what they were doing and what they might do differently. And under the guidance of the Substance Abuse and Mental Health Services Administration, SAMHSA, and the National Association of State Mental Health Agency Directors -- I got that wrong. It's an acronym.

But it's the National Association of the Commissioners of Mental Health Organizations. A real effort to examine the values that were supposed -- the supposed values of these practices. At one time they even believed that restraint was therapeutic. That restraint -- there were people who sought out physical restraint.

But what they determined was that they really were not helping these individuals learn better coping skills. You can't -- you can't -- unless you could drag a seclusion room along behind you and have the people ready to put you in it when you got out of the hospital it wasn't really preparing you for life out in the world.

And that there were in fact skills that you could learn. There were alternatives you could -- you could acquire that would help you to calm down, that would help you to deal with stresses better and so forth. And that we were better using our time teaching people those things than, you know, assuming that confining them was somehow going to motivate them to do -- to learn them. So that's -- that's the basic theory I guess.

I'm not a professional in that field. I can just tell you what the literature says. And there is -- there is now a consensus that anytime a restraint or seclusion is used it's evidence of a treatment failure of some kind, that we have failed to understand or failed to -- to reach somebody in some other way.

It's not -- it's not something you never do because there will be times when the person's behavior is escalating to the point where it's just very dangerous and they're either going to hurt themselves or hurt somebody else and you have to -- you have an obligation to intervene

to keep them safe. But you also have to understand that sometimes applying these techniques is dangerous also, has its risks. People do get hurt. Staff get hurt. It's a -- it's not without -- it's not without its downside.

So it's one of those judgments that clinicians and staff in facilities have to make and they have to learn how to make that judgment as to when it's riskier to allow the behavior to continue than it is to put your hands on people and try to -- try and remove them from the environment. So that's the -- that's the analysis but there's one of the leading or sources or training on these.

And Massachusetts has just initiated a couple of years ago I think a major effort to try and reduce reliance on restraint and seclusion in its psychiatric hospitals and in its children's programs -- actually across all -- all service -- service systems. Connecticut did that in the Department of Developmental Services a number of years ago and actually even the Department of Mental Health and Addiction Services is also pursuing similar restraint reduction strategies based on an approach that is now endorsed by all the national organizations, six core strategies one of which is by the way to amass data, to use that data.

Because if you aren't tracking how frequently you're doing it you really are, you know-- it's data informed practice. So that's -- that's one of these major training organizations has said this, seclusion has no therapeutic value. This is from the Nonaversive Psychological and Physical Intervention Initiative -- International.

It's a training organization that trains staff

in facilities and in schools. It also trains on how to safely do these kinds of physical interventions if they become necessary. Seclusion has no therapeutic value.

Research that we have seen in our 32 years of experience together show that imposed seclusion does not have any positive value in modifying behavior. Choosing to be alone while you are self -- while you self calm can help. Having time pass allows adrenaline levels to wane and coping mechanisms to take hold. Being in a quiet calm place can alter mood -- mood.

All of those can be achieved in safer, less traumatic ways than imposed seclusion. Seclusions are more likely to create resentment, fear and anger than compliance and improved self regulation. And they go on and they list the number of things. I'll be happy to supply it. But seclusion is physically dangerous. It is psychologically dangerous.

It requires constant monitoring and so forth. It often leads to the use of restraint. So that's -- that's the summary of the current state of the art thinking on that -- that issue.

REP. BETTS: Thank you for that answer. I'll just have to ask more people as we move along. I'm not sure I'm persuaded by that for some other reasons but I don't want to prolong that. I do believe with the idea of getting the data. I think that's very useful, very important to do.

But as people, you know, suggested we ban the use of this I certainly would be very interested to know what they think will be more successful in dealing with individuals behavior over which they may not have control. So I, you know, I'll be very interested. I don't need to go into that right now. But I'm not quite sure it's as

black and white as some people are suggesting.

JAMES D. MCGAUGHY: There are states that have banned it altogether. There are states that have banned it except as a response to some kind of a behavioral emergency which -- you know. So there's different gradations of banning as well.

SENATOR GERRATANA: Thank you. Senator Suzio followed by Representative Wood.

SENATOR SUZIO: Thank you, Madam Chair. And thank you, Mr. McGaughy for appearing today. I -- part of my district includes the City of Middletown where the infamous scream room incidents occurred recently and got a lot of attention in the press.

And there was some controversy whether the school district was complying with the current State law. Can you just summarize for me what is permissible under the current law as far as using seclusion rooms? What are the physical requirements, supervisory requirements, et cetera?

JAMES D. MCGAUGHY: There is -- there -- well the most definitive -- first of all I want to say I'm not going to comment on the Middletown situation --

SENATOR SUZIO: Right.

JIM MCGAUGHY: -- publicly because our office is involved with the Office of the Child Advocate and investigating the situation there. And I don't want to, you know, hopefully it's an objective investigation and we haven't, you know come to any conclusions yet.

SENATOR SUZIO: And I don't mean to compromise that at all. I just want your general opinion about

it.

JAMES D. McGAUGHY: The most comprehensive set of rules actually came out from the State Department of Education in the form of regulations following the enactment of the 2007 legislation. And they do have requirements there for notifying parents for -- within a certain timeframes.

They have requirements for the physical characteristics of the -- the room and the kind of locking device or lack of locking device on the door. And certain safety features. There is a requirement -- time limit as to how long a student could be left in, things of that nature.

I can get you a copy of the regulations but they're -- you know, I don't remember the exact details right here, right now. There are also the general requirements that are contained in the statute which I think you have before you. So it's -- that's the framework under which the legal requirements are established.

SENATOR SUZIO: So -- but basically the elements would be that parents should be notified, that the children should never be left alone. There should be some adult supervision in the room.

JAMES D. McGAUGHY: There has to -- if not in the room, outside the room. There has to be monitoring. There has to be frequent monitoring of any child that's in -- that's in a seclusion room. Yes.

SENATOR SUZIO: And if there are more than two children involved are they put in separate rooms or are they all put in the same room if they were happening simultaneously?

JAMES D. McGAUGHY: My -- my -- well, I have never

heard of more than one person at a time being put into seclusion. I think that's the concept is that the person is isolated and put in the room.

SENATOR SUZIO: And just to educate me, when someone -- a child is put into a seclusion room ideally what is supposed to happen during that period of time when they're in the seclusion room?

JAMES D. McGAUGHY: Ideally they calm down. That's the -- and when they have calmed down they are released from it. They are no longer required to stay in it.

SENATOR SUZIO: There is no requirement that an adult be -- an adult be interacting with them trying to calm them down to talk to them to help them get --

JAMES D. McGAUGHY: Best practice -- best practice is that that happens, that there's -- but I don't believe there's a legal requirement to that effect. No.

SENATOR SUZIO: In your written testimony and your oral testimony too you talk about -- you advocate eliminating the statutory language which does allow the use -- the planned use of seclusion rooms. If that were to be enacted what would the implications be from a practical point of view for our schools if that were taken away and not allowed to happen and you have an incident where a child was acting out? What would be the alternatives that the schools would have?

JAMES D. McGAUGHY: Well if you -- they would rely on whatever their background procedures are with respect to the use of seclusion rooms or if they -- I mean it would not bar them -- just simply taking -- writing it into the individual

education plan implies somehow that there is educational value to this. And I believe that's at least a questionable proposition. So I actually believe that there is no evidence that it is -- that it -- that it contributes educationally.

What it might well do is encourage schools to look more towards the positive behavioral intervention strategies that they actually are required to be employing anyway. Every child that has that kind of an issue is supposed to have some kind of functional behavioral assessment and a positive behavioral improvement plan.

So that's what they're supposed -- that's what they're supposed to do and the difference is that you are identifying the specific skills that you must teach this child so that he or she can better cope with stress, tolerate difficult situations and deal with life better. And that's -- that's to teach them that.

Most kids want to learn that actually. They are not -- this is not a problem of motivation for most of these students. It's just that they lack the skill. It's a developmental hang up somewhere. So that's -- that's -- that is the hope that the schools would put into the education plans the things that are genuinely educational. But it does -- it would not prohibit them from using seclusion as a -- as a response.

They could still have background -- they could still have a background policy that enables them to do that in an emergency situation because there's still provision in the -- just like they could still use restraint if they needed to.

There is a debate as to whether -- whether there



is any real value to having it -- to having seclusion available as a tool to use in an emergency because -- but I've -- I've heard -- I've heard clinicians who seem to be very humane people argue that there is a value to it. So I'm not -- not completely rejecting that as an option.

SENATOR SUZIO: In the proposed bill there is no language that I can see that requires the reporting of plans, IEPs that have or tolerate this. Would you advocate that for the time being?

In other words is -- if the statutory language isn't removed would reporting the IEPs which do condone or plan for -- allow the use of seclusion, would you want that to be included in the data that would be collected?

JAMES D. McGAUGHY: I believe actually the bill does provide that.

SENATOR SUZIO: It does?

JAMES D. McGAUGHY: Yeah.

SENATOR SUZIO: For just the plan? In other words, even though an incident doesn't occur we would be still (inaudible).

JAMES D. McGAUGHY: Oh no. No. I see what you're saying. No. That would actually be very useful --

SENATOR SUZIO: That's what I'm suggesting.

JAMES D. McGAUGHY: -- to know how often it is included in an IEP even if it doesn't result in -- in an incident that is otherwise reportable.

SENATOR SUZIO: Right.

JAMES D. McGAUGHY: But it is -- one of the features of the bill is that for the first time it's very specific that when there is an incident that is reportable it has to be said if whether it's pursuant to the plan views --

SENATOR SUZIO: Right.

JAMES D. McGAUGHY: -- an IEP or was an emergency.

SENATOR SUZIO: But what I'm trying to straighten for the record is there may be students that have an IEP that allow this but it's never invoked so you'll never know that.

JAMES D. McGAUGHY: That's right.

SENATOR SUZIO: Would you support --

JAMES D. McGAUGHY: Absolutely.

SENATOR SUZIO: -- amending the bill in such a way that that information would be captured as part of the reporting?

JAMES D. McGAUGHY: Yes I would.

SENATOR SUZIO: Okay. Thank you. And then just finally, it's interesting about the little information that's available; 18,000 incidents of something occurring and I do appreciate that. We do have over half a million public school students in Connecticut and there's 180 days or so in the year. So that's like 90 million days of schooling.

In that context -- I mean I think it's a tragedy anytime you have to use something like this but when you consider it in the context of 90 million potential incidents or days it's -- it may or may not be that large. I don't know.

What -- how do you look at that?

JAMES D. McGAUGHY: Well I know that this information was elicited I believe pursuant to a freedom of information request by members of the media. And they did some comparisons. They said it puts on a par with large states like Texas and California and we're- that's -- that seems to be the kind of numbers that are reported in those larger states.

Once again, the State department is quick to point out that you're comparing apples and oranges. That, you know, we don't know what this really amounts to in Connecticut and so forth. I think that what it means is that we have to ask further questions and we really should get about the business of doing that.

SENATOR SUZIO: Well thank you very much for your testimony. I found it very interesting and thank you for taking the time to come here. Thank you, Madam Chair.

SENATOR GERRATANA: Thank you.

Representative Wood.

REP. WOOD: Thank you, Madam Chair. And thank you very much for your testimony. I have a question just to keep this really simple. What's happening now that you want to see changed?

JAMES D. McGAUGHY: Well, we don't know exactly what's happening now and that's what I want to see changed. We've got -- we don't know how much schools are relying on the use of restraint and seclusion and -- because the data is not being reported. And it's not being compiled by the State Department of Ed -- the State Board of Ed.

And so one of the first things we want to see changed is we want to -- we want to get that accountability and find out how frequently this is being used. So I -- anecdotally I can say that I think that there are practices that are in place at various locations that seem to rely excessively on the existence of seclusion rooms and or the option or using restraint.

I can say that because we get reports of serious injuries -- our office does as does the Office of the Child Advocate which in some cases we're actually able to investigate. Most of them come from -- well all of them so far have come from special education schools -- the segregated special special education schools partly because -- maybe because regular schools aren't required to report that information. It's optional. So we want to see the reporting mechanisms change just as they're laid out in this bill.

REP. WOOD: Thank you.

JAMES D. McGAUGHY: That's what I'd like to see changed.

REP. WOOD: Thank you. Of the 18,000 how many of those -- and maybe this was already asked, forgive me -- but reading through the testimony sometimes you miss some of the answers. How many of these 18,000 are the same student?

JAMES D. McGAUGHY: That I don't have no idea of that and I don't think that the -- I don't believe that --

REP. WOOD: And that's partly why we need more accounting.

JAMES D. McGAUGHY: -- anybody knows. Right.

REP. WOOD: Okay.

JAMES D. McGAUGHY: That's right.

REP. WOOD: On the -- I guess I'm curious too on if you eliminate this from an IEP how do you provide for a child -- how does that language look to provide for a child who does need as those of us parents, the time out? And obviously a time out with more -- more of a therapeutic approach.

JAMES D. McGAUGHY: Well you can --

REP. WOOD: I mean how do you write that into -- I guess I would like to see how that language would be written.

JAMES D. McGAUGHY: I -- it -- how it would be written in the IEP or written in the statute?

REP. WOOD: Written in the statute.

JAMES D. McGAUGHY: Yeah. I would think that it would just -- it would just -- the current requirements that there be positive behavioral support plans for students where that's appropriate -- where that's been identified by an IEP. That would -- that could be easily included in a positive behavioral support plan for a student.

So you might refer I guess to that requirement. There is -- there -- there is a distinction made and I think the State Department of Education's regulations make the distinction between seclusion and time out. I don't think they define time out. They just make a distinction about it. So maybe that needs to be teased out a little more fully so people aren't confused.

Time out for positive -- positive reinforcement actually can mean anything from like taking a

walk down the hall with somebody, you know a paraprofessional walking with a student down the hall to just going into an area that the student themselves has identified ahead of time as this is the place that sometimes I need to go and just chill out.

That's like a comfort plan or something like that that the student and the parents have been involved in developing. How you would reduce that to statutory language I'm sure we could do some research.

REP. WOOD: Well there -- I think there are some attorneys that could probably --

JAMES D. McGAUGHY: Yeah. Right.

REP. WOOD: Just a few.

JAMES D. McGAUGHY: Yeah.

REP. WOOD: Thank you. One more question if I may. Would there be -- do you see -- well no because you've testified against that. Wouldn't there conceivably be a time when a student would need to be in a room by him or herself with proper therapeutic support? I mean I hate to see -- and I'm not in favor of this seclusion. These -- it's horrific. But there might be a time when in a very specific situation a student does need to be -- have a time out, a therapeutic time out with the proper therapeutic support. Would you support something like that?

JAMES D. McGAUGHY: Time out for positive reinforcement is a well established component of behavior plans and has been for years. It's just its qualitatively different than putting somebody in a room and closing the door and not letting them out. And it's just its -- that's something that is being done to you, more likely

to breed resentment and bad feelings.

And I mean, you know, I remember going back to 1999 when the public hearing in this room about the -- the original bill, this room actually it was so quiet you could hear a pin drop because there was a young woman, a 14 year old girl who came and testified about what it was like to be in an environment where that could happen to somebody.

It happened to her roommate. They took her roommate -- she was in a psych hospital -- took her roommate and put her in seclusion because she wouldn't come down. She had climbed up on the top of her dresser and wouldn't come down.

And it was traumatizing -- even though this young girl had never had that happen to her it was traumatizing just to be in an environment where that happened to somebody. So I think that, you know, sometimes we misjudge the effect of what we're doing and you have to weigh all of those things.

REP. WOOD: Thank you very much. Thank you, Madam Chair.

REP. URBAN: Thank you.

Are there any more questions?

Seeing none, thank you very much for your testimony.

JAMES D. McGAUGHY: Thank you. Thank you.

REP. URBAN: Next on our list and after the -- this testimony we will be going back and forth between the public and officials. From the Department of Children and Families and I think you two are going together. Yes? Josh Howroyd

good to go. Thank you.

JOSH HOWROYD: Thank you very much.

REP. URBAN: And with that we're going to go now back and forth with the public portion of this testimony and I'd like to call Robert Blakemore to be our first person testifying from the public and he is testifying on the seclusion rooms. Welcome.

ROBERT BLAKEMORE: Thank you committee members for addressing the clear problem that exists with the use of seclusion rooms in the school systems here in Connecticut. I know a family who are living the nightmare of what happens when a school system uses a seclusion room.

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I know a family who had no idea what a safe room was when they read those words in the behavioral intervention plan. I know a family whose son over -- son who was placed in the safe room a few days before Christmas break and had no idea what the safe room was. I know a family who on January 5, 2012 the mom went in to say goodbye to the son before leaving for work and found the son with a toy saw trying to cut his neck open and the mom and dad had to rush the son to CCMC in Hartford.

And I know later that day what the mother and father's six year old son who has autism told the doctors at CCMC, quote, he wanted to die. He had -- if he had to go back to school. He hates life if he had to go back with the mean kids. He was scared to go back to school because he might have to go into the quiet room and it was like a quiet -- it was like a closet, end quote. I know this father -- I know this family's father went to the school and asked to see the safe room.



I know this family's father saw a four foot by four foot room with pads on the floor and walls with a metal door that had a window. I know this family was told their son was held in the room for 20 minutes with the door held closed. I know this family's son told his mother and father while the door was closed he beat on it with his bare feet for 20 minutes.

As a resident and taxpayer in the State of Connecticut it makes me sick and ashamed to think the State of Connecticut would allow this to happen in our State in 2012. I implore this committee to take the steps needed to correct this heinous and vulgar crime committed against the special needs children of Connecticut.

In the nineties I worked in the State prisons and I saw the cells that hold the inmates. I have to ask this committee and all members of Connecticut State government --

REP. URBAN: You just summarize. You just summarize.

ROBERT BLAKEMORE: Okay. What I saw in those prisons were way more dignified and respectful to those murderers and rapists than what that little boy went through in that four foot by four foot room. Something needs to be addressed, maybe another amendment added to this bill that removes the doors from the seclusion rooms.

I had a chance to visit two special needs schools, CCMC School in Wethersfield, Natchaug in Mansfield. I saw all their seclusion rooms. None of them had doors on them. It's clear that public school systems have to have a serious look from this -- from this board or somebody from the State of Connecticut. There's definitely -- more education needs to be done, more training but those doors need to be removed.

If a mother and father took and threw their child in a closet and held the door closed I'm sure DCF would have a lot to say about that and I'm sure the mother and father would probably be in one of those prison cells that I saw. I'm thankful for what you guys are doing but I think you really need to do a lot more and thank you very much.

REP. URBAN: Thank you for your testimony. I just wanted to clarify one point. You talked about the -- or the safe room was in the IEP but it was never explained to this parent what constituted a safe room.

ROBERT BLAKEMORE: It was just worded as a safe room but there was no -- no disclosure what the safe room was, where it was located.

REP. URBAN: And certainly the word safe room conjure up safe not prison.

ROBERT BLAKEMORE: The parents of this individual assumed it was a room where an adult would accompany the child and allow them to calm down. These people also learned that not only was this child in this room one time but two other occasions where they were never notified about it.

REP. URBAN: Thank you.

Is there any other questions from other members of the committee?

Seeing none, thank you for that very powerful testimony. We appreciate you being here today.

And now to go back to our public officials, we're on Mickey Kramer from the Office of Child Advocate. Welcome. And you're testifying on

293 and 5347.

MICKEY KRAMER: Correct. Good afternoon, Senator Gerratana, Representative Urban and members of the select committee on children. My name is Mickey Kramer and I'm the acting child advocate for the State of Connecticut.

I appreciate the opportunity to testify in support of Raise Senate Bill number 293, AN ACT CONCERNING PERMANENCY OF TRANSITION PLANS and Raised House Bill number 5347, AN ACT CONCERNING THE REPORTING OF CHILDREN PLACED IN SECLUSION. Raised Senate Bill number 293, AN ACT CONCERNING PERMANENCY OF TRANSITION PLANS, places emphasis on the crucial needs of the most vulnerable populations of children in State care, the very youngest, newborns through age five and the youth who are approaching age of majority and the prospect of aging out of DCF care.

Throughout the country children under the age of five represent about -- approximately half of the children placed in State custody each year and these children face a high incidence of developmental delays, chronic mental conditions, are more likely to be neglected or abused while in State care and are more likely to enter State care than older children are.

It is therefore of utmost importance that any discussion of their permanency plans contain explicit descriptions of the efforts undertaken by the Department of Children and Families, foster parents or other custodians, and service providers to ensure that any and all early interventions, special education, specialized medical or mental health services have been initiated and implemented as necessary.

It is also of vital importance to insure that the child's parents in cases where reunification

to independent adult life or even to the State's systems that serve adults such as the Department of Mental Health and Addiction Services are insufficiently comprehensive or initiated too late to ensure that the unique needs of these young adults are optimally addressed.

Therefore I urge you to report favorably on Raised Senate Bill number 293. Raise House Bill number 5347, AN ACT CONCERNING THE REPORTING OF CHILDREN PLACED IN SECLUSION replaces the current option that the State Department of Education review the use of -- the option that they review the use of seclusion in schools with a requirement that they do so.

Current State law requires school systems to document each instance of restrictive measures such as seclusion or restraint but does mandate that this documentation specify whether or not each restrictive intervention constituted in an authorized component of a student's IED or are undertaken on an emergency basis.

While these restrictive interventions are allowed under IDA as obviously people have already testified to, it must be explicitly understood that restraint and seclusion in any setting are not therapeutic interventions and must only be used in situations where there is imminent risk to the safety of one or more students. And after all possible alternatives to reduce or eliminate such risk have been attempted.

Restrictive interventions are never to be used as a means of coercion, compliance, discipline, or retaliation for the convenience of others or as a substitute for less restrictive measures.

As Mr. McGaughy, from Protection and Advocacy has already testified, State agent -- the Office

of the Child Advocate is currently involved as are other State agencies in an investigation of the use of seclusion within the Connecticut school system and at this time we have insufficient information to offer preliminary findings or recommendations on the practices in this one municipality much less statewide.

Raised House Bill 5347 would provide vitally important data on the frequency and circumstances under which seclusion and physical restraint are used in schools statewide and help to eliminate the question of whether restraint and seclusion use in our school system is problematic.

It is of utmost importance that the State Department of Education, individual school boards and other stakeholders have a comprehensive understanding of how seclusion and other restrictive measures are utilized and what effect they have on individual children and the general school environment in order to offer recommendations to improve the current practice.

Therefore I respectfully request that you report favorably on Raised House Bill number 5347 and continue to revisit this issue in future legislative sessions. Thank you for the opportunity and I'm happy to answer any questions.

REP. URBAN: Thank you very much for your testimony.

I'm going to turn this over to my Cochair for a question.

SENATOR GERRATANA: Hi Mickey.

MICKEY KRAMER: Hi.

SENATOR GERRATANA: Thank you so much for coming

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confidence in the new Commissioner.

MICKEY KRAMER: I do too.

REP. BETTS: And I don't think we've given her enough time to be able to implement some of these things. And my own view is we pass way too many laws and we really could do things better by doing it through policy and regulation but we can talk about that a little bit later. I do have some questions and very serious concerns about H.B. 5347.

The first is, you say restrictive interventions are never to be used as a means of coercion, compliance, discipline, or retaliation for the convenience of others or as a substitute for less restrictive interventions.

I find that to be a very strong statement. And I'm wondering if you have any evidence that suggests that that's in fact taking place right now.

MICKEY KRAMER: Actually that's -- that's very much specifically a part of the policy and regulation. It's made explicit that restraint and seclusion are not to be used for any of those purposes. And to be frank I think that in the investigatory work that the Office of the Child Advocate has done over the course of many years, I wish we could say that it's never because of coercion or any of those things.

We don't believe that that's the standard, that every -- that it's always that way. But in fact we have uncovered many, many circumstances where in fact a power struggle engaged between two -- a child and a bigger person where a person didn't have any training and used inappropriate judgment. I mean, I think we do have evidence that in fact it can happen.

REP. BETTS: Well -- that's a very different story because I can understand the benefit of training.

MICKEY KRAMER: Yeah.

REP. BETTS: Okay. But I'm concerned about the inference that this in fact is -- is commonplace in schools. And I understand the standard very well.

MICKEY KRAMER: Yeah.

REP. BETTS: Okay. But I -- you know I really find that -- I'm not comfortable with that statement because it suggests that we have a bigger problem than we -- than I think we do. But the second one is I'd like to also see either from you or anybody else, I continue to be really troubled by the statement about seclusion.

When I did it -- and you may have heard me say before, when I was at the Institute of Living, it was a last resort. And I can't imagine anybody doing this prior to a last resort. Do you -- are you aware of any instances where this is done prior to a last resort?

MICKEY KRAMER: If you are -- speaking about schools -- in schools specifically or anywhere?

REP. BETTS: Yeah.

MICKEY KRAMER: And in fact the Office of the Child Advocate obviously we're -- we've initiated investigation into one particular municipality.

REP. BETTS: I understand that.

MICKEY KRAMER: Our experience however, and this is why we're really suggesting that we need to do

is know more about it. We don't know the scope of the issue. We don't know specifically what happened there because we haven't received the information to be able to thoroughly investigate.

Our experience has been much more focused on mental health programs. So I wouldn't be able to speak to what happens pervasively in our school systems. I'm hoping that not but in fact we don't know.

REP. BETTS: Okay. Well I think that's important because I don't want anybody to get the idea, you know, sort of like you're guilty before proven innocent.

MICKY KRAMER: Oh no. Right.

REP. BETTS: I mean we -- we simply don't know and that's what we should say as opposed to, you know, we think there's a real deep seated problem here and we're unable to provide data to substantiate that. So I, you know, I think the idea of having data makes a lot of sense.

But I -- I would like to see evidence that shows that this is first of all, as you heard me say before that this is not therapeutic because I -- I dare say I could probably find some studies that would question that. And the second thing is we need to remember the number one priority in schools is to keep it safe. Okay.

So if people want this banned or not used then I would like to know what it is that they're recommending that's going to work that will make sure the schools are safe. So with that comment I thank you very much for your testimony. And thank you, Madam Chair.

REP. URBAN: Thank you.



DR. NAN ZYLA: Thank you.

REP. URBAN: We're now going to return to agency head and legislators and at this point we have Matt Lesser. Is Matt here?

Welcome, Representative Lesser.

REP. LESSER: Good afternoon, Representative Urban, Representative Wood, Vice Chair Fawcett, members of the committee. I wish to testify in support of House Bill 5347.

As you know I represent Middletown, specifically a portion which includes the Farm Hill Elementary School. Restraint and seclusion practices at Farm Hill have been the subject of much recent attention from parents, the community, and the news media. Our local school board and district have indicated that they are serious about ensuring that all students at Farm Hill are treated appropriately.

As a local legislator I continue to monitor the response and the overall situation very closely. Actions taken so far include leadership trainings and implementation of a Farm Hill School support plan which includes additional resources for the school. I'm attaching a summary of the changes as part of my written testimony.

While the role of parents in sounding the alarm was invaluable in this instance, we need to ensure that we have adequate data to understand what is happening in our schools.

We need to learn more about restraint and seclusion practices not just in this one Middletown school but around the State. The additional reporting requirements in H.B. 5347 will help us find out whether seclusions and

restraints are in accordance with an individualized education program or an emergency.

The bill explicitly requires that restraint and seclusion undertaken as a recommendation of an IEP is reported to the State Board of Education and the bill requires that the State Board of Education issue an annual report to us detailing those reports which it currently has the option to do.

This additional information will help the General Assembly learn more about the prevalence and purpose of seclusion and restraint in our schools and better assess what policies are necessary to guide their use. Thank you for proposing this legislation and for giving me the opportunity to testify before you today. Thank you.

REP. URBAN: Representative Lesser, I think is this is a great summary of why we want to get the data on this. And as you well know we passed Public Act 11-109 which is the children's results based accountability report card and this legislation requires that that data then be included in that report card on children's -- under children's safety, that we want children to be safe.

So this is a very good summary of why we need to start by getting the data. So I thank you for that. Questions? See, so complete, Representative Lesser, you don't even have questions.

REP. LESSER: Fantastic. Well, thank you.

REP. URBAN: Thank you.

REP. LESSER: Thank you for your leadership. Thank

you.

REP. URBAN: And now we will go back to the public and David Scata, who is here on 5347. David. Welcome, David.

DAVID SCATA: I know it's the red button. Representative Urban, and distinguished members of the select committee, my name is David Scata. I represent ConnCase. ConnCase represents 200 special ed administrators across the State of Connecticut. And

I am here today in support of Bill 5347. Now you've seen my testimony so I'm not going to read from it. What I'd like to highlight though on the new proposal for language is it will bring more accountability and data and I think data is what drives a lot of decision making.

And we don't know the extent but I think we're aware that if we gather the data in an accurate manner that we will have a better concept and conceptual understanding of the use of restraint and seclusion in the State of Connecticut because there really are specific regulations and protocols in place.

I'd like to take a moment though to talk a little bit about a background. I think there's things that the committee should be aware of what's going on in the State and I think the biggest piece is looking at enhancing behavioral interventions and support for districts.

One initiative that has been started in the State as the State did receive a significant grant to start to provide services and inservices to districts and schools on PDIS.

And they started a pilot program this year. Hoping to go another 20 next year and another 20

the following year that will provide supports for schools and the initiation and implementation of PBIS which is positive behavioral support systems.

One of the roles I do play besides being a Director of People Services is I also Chair CSPD. CSPD is the Comprehensive System of Personal Development. CSPD represents -- on our council we have higher ed representatives, we have SERC which is the Special Ed Resource Center, we have local RESCs, we have State Department of Education, we have parent groups, as well as private.

The council is comprised to look at issues that are facing the State and to develop professional development associated with that. As the Chair I was given the task this year by the Bureau Chief of Special Education to look at three work groups.

One of those work groups is a behavioral work group. The behavioral work group is looking at causes of students being placed out of districts and then what strategies we can incorporate to help school districts implement more positive behaviors, more enhancement of services both for regular ed and for special ed teachers within the public school.

And that work group is presently comprising a white paper that will be handed back to the State department for professional development. I think some of the issues that we face looking at the number of children that we have in our school systems, and other people have testified to that, that we have seen an increase in the students coming into schools with significant behavioral issues or mental health issues. And we do not place those students out.

We try to maintain those students in the public school setting where they belong. But I think the other piece of that is increased training and enhanced skills for both the regular ed and the special ed teacher I think is utmost.

And when we look at kids who are put on plans or part of the IEP, that becomes part of that training process. Lastly I'd like to say though -- and that's why I don't want to talk to my testimony, I will say that I speak for a number of my colleagues that seclusion restraint is the last resort.

That there are many things that are put into place proactively both for de-escalation and problem solving before you get to that point. I know as the Director of People Services that if we had a student who was consistently being restrained, consistently being put in a seclusion room I would be remiss as a Director to not look at my program and say maybe it's not working and looking at strategies that need to be put into place in order for it to work. And I think I speak for the majority of my colleagues who would say the same thing.

The last resort we use is out of district placements. We try to put in place where we're looking at PCDA's, our school psychologists in conjunction with parents to develop programs that are meaningful for their children.

And again I must repeat, if that is not working as a Director it's my job to educate children in the least restrictive environment and the safest place possible. And if we can't do that then and only then will we have to look at an out of district placement. Thank you for your time.

REP. URBAN: Thank you so much for your testimony. You made some excellent points and we appreciate

your support for getting the data too.

Are there any questions?

Representative Wood.

REP. WOOD: Thank you. And I thought the -- thank you, Madam Chair. I thought the testimony was excellent. I mean in listening to all the testimony what's really seems to be hitting home is that with proper therapeutic techniques teachers are going to be able to help these kids in a more therapeutic way.

How many schools are now-- I mean to your mind how many schools are now using the appropriate techniques for positive reinforcement?

DAVID SCATA: That would be kind of hard to say because we don't have the data. I can say though, one of the things that the grant will do -- I think the State received five million dollars to implement PBS throughout the State of Connecticut.

REP. WOOD: PBS?

DAVID SCATA: PBS, positive behavioral supports. It's a program out of UConn. And this year -- this spring there were 20 schools that are going to be part of the pilot. They're trying to get another 40 next year and then another 40 the following year.

So I think the State is really looking at trying to implement professional development that would provide those services to both regular ed and the special ed student to keep their students within the school.

So I do think it's one of enhancing skills to provide the strategies necessary so children can

remain in schools or the strategies necessary before you get to the point of knowing that, you know, you have to use the restraint or seclusion. I mean, that's the last thing we want to do.

REP. WOOD: Right.

DAVID SCATA: I mean when they say therapeutic, therapeutic in nature only for a de-escalation. Not therapeutic in nature that it's part of a program that you routinely use. No. That's not the way it should be set up. And I think the behavioral group out of CSPD is also looking at that.

And there is a number of individual stakeholders that are part of that group that's also looking at what are some of the precipitants that are looking at -- that sends kids out of districts. What are schools doing right now that they could prevent from doing and what in-service could we provide for them for that.

So I think there's a couple things that are going on beside the whole issue of seclusion and restraint that has to do with professional development and training.

REP. WOOD: Right. And that's to the heart of my question. Thank you. And I'm delighted to hear that. A five million dollars grant? I was unaware of this. Can you --

DAVID STRATA: I believe the -- I believe the State received -- I think it's that. I could be wrong. I mean I know the State received a grant to --

REP. WOOD: From UConn?

DAVID STRATA: No.

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REP. WOOD: No.

DAVID STRATA: No.

REP. WOOD: I mean that's like giving the family --

DAVID STRATA: No. There was a federal grant that the State received.

REP. WOOD: Okay.

DAVID STRATA: That I believe received to look at PBIS and instituting that within school districts.

REP. WOOD: Who would have more information on that?

DAVID STRATA: I believe Ann Louise Thompson.

REP. WOOD: I'm sorry.

DAVID STRATA: Ann Louise Thompson, who's the Bureau Chief of Special Education.

Okay.

DAVID STRATA: And I know that's a pilot that started this year and it's moving forward.

REP. WOOD: Because I was curious in -- in increasing the training for the teachers usually has a fiscal note and I wondered how that was --

DAVID STRATA: And that was exactly what the whole point of what we're trying to accomplish.

REP. WOOD: Okay. I'm sorry. Ann -- Ann Louise Thompson.

DAVID STRATA: Yes. She is the Bureau Chief of Special Education --



REP. WOOD: Great thank --

DAVID STRATA: -- within the Department of Education.

REP. WOOD: Thank you very much. Thank you, Madam Chair.

REP. URBAN: Thank you. Representative Betts.

REP. BETTS: Not so much a question just to rather comment and thank you on your testimony because I think the way you've described the process is much more in line what I've experienced and what I think is really the objective of -- of dealing with individual students on a case by case basis.

And the training obviously is an important component but most definitely the data is as well. So I thank you for clarifying that seclusion clearly is a last resort and that there are many steps before that. Thank you.

DAVID STRATA: You're welcome.

REP. URBAN: Are there any other questions?

Seeing none, thank you very much for your testimony. And next on our --

DAVID STRATA: Thank you for your time.

REP. URBAN: -- and next on our list of public officials is Senator Meyer.

Welcome Senator. Glad to have you.

SENATOR MEYER: Nice to be with you. Thank you, Chairman Urban, members of the committee. Good to be back with you. I was on you committee for a long time. And I want -- I want to answer any

HB5324  
HB5347  
SB296

questions you might have about two bills I was very involved with and that was leg hold traps and restrain and seclusion.

HB5324  
HB5347

But I want to primarily look -- talk with you today about the adoption bill. It's had a fascinating history and I -- some of you are fairly new to the committee and I think you'd be helped in understanding the history.

SB296

Back in 2005 or 2006 the children's committee held public hearings -- six public hearings around the State of Connecticut with respect to whether or not adopted people and Representative Thompson and Representative Mushinsky were part of that process back then, whether adopted people as adults or as children should be entitled to get their original birth certificate.

And we heard extremely strong unequivocal testimony that -- from adopted children and adopted adults that they would like their original birth certificates so that they could look, understand their health history in their family. And consequently the children's committee decided in 2006 and it could have been 2005, I'm not sure -- that there was a great priority for these original birth certificates to be known particularly as -- as those adopted children tried to understand the history -- the health history of their family.

And that of course has become even more significant today as we're studying genetics when they're saying the effects of genetics are bringing Jackson Laboratory into Connecticut. So we -- we introduced a bill, the children's committee did which passed both houses of the legislature and -- to allow this and Governor Rell vetoed the bill and the reason she vetoed it, you obscured in the current version.



much better if there's a study and a recommendation to you.

REP. URBAN: Well and I thank you for your work on that and my Cochair and I we're discussing the possibility of a fiscal but in view of the fact that the State Department of Education has collected the data then I'm not -- I don't see where that fiscal note would come in.

,And we do have a -- the children's report card with an obvious place where that data can be disaggregated and analyzed. So thank you for your work on that, Senator.

Are there any questions?

Seeing none, thank you for your testimony.

And next on our list is Maggie Adair, Connecticut Early Childhood Alliance and she is testifying on Bill 273.

Welcome, Maggie.

MAGGIE ADAIR: -- members of the select committee on children. My name is Maggie Adair. I am the Executive Director at the Connecticut Early Childhood Alliance.

The Alliance supports Senate Bill 273, AN ACT CONCERNING THE CARE FOR KIDS PROGRAMS. This bill one, expands the category of minor parents eligible for care for kids. Two, extends the eligibility period for women who are on maternity leave. Three, extends the eligibility period for parents who lose their job and are seeking reemployment and four phases in an increase in reimbursement rates up to federal guidelines by the year 2022.

We are pleased that in the testimony this

today.

MARYKATE LOWNDES: Thank you.

SENATOR GERRATANA: And that completes our legislators and agency heads and we go into the public portion.

Christine Rowan is the next person to testify. Christine? We do have her written testimony. Followed by Beth Fleischman Zweibel. I'm going to have a group giving testimony or --

BETH FLEISCHMAN ZWEIBEL: Yes. We will take you up on the offer.

SENATOR GERRATANA: Oh cool. Five minutes and --

BETH FLEISCHMAN ZWEIBEL: We're moving things along.

SENATOR GERRATANA: -- and this is great. Why don't you -- we can go one by one and just, you know, identify who you are and then I can check you off here and we can listen to what you have to say. Thanks.

BETH FLEISCHMAN ZWEIBEL: Good afternoon, Senator Gerratana, Representative Urban and members of the select committee on children. My name is Beth Fleischmann Zweibel. I'm a resident of Avon, Connecticut and the parent of Joshua, a ten year old who has PDDNOS which stands for pervasive developmental delays not otherwise specified.

I would like to thank the children's committee for raising a bill that addresses the reporting requirements of children placed in seclusion as I am all too well aware that seclusion's being improperly utilized and underreported. However the recording and reporting mandated in H.B. 5347 do not address the underlying issue at

hand.

We must work with school administrators to train school staff and teachers to use positive behavioral interventions that have proven success in deescalating problematic behavior. We cannot allow schools to rely on seclusion as an effective treatment.

My son has been placed in seclusion since age seven as a method for extinguishing unwanted behaviors. It is neither effective nor humane. All seclusion has taught Joshua is that he is different from his classmates and when he cannot handle a situation it is best to isolate himself rather than learn the skills and strategies necessary for coping with life's challenges.

I have personally seen him carried into a room no larger than a small closet with the door slammed behind him as he was told he can come out when his screaming and crying have deescalated. There is no evidence based research to suggest that seclusion is therapeutically effective.

It's physically and psychologically harmful and it needs to be stopped. Children like Joshua need state of the art skill building interventions that teach them how to cope. Children like Joshua are yearning to be taught life skills and coping strategies alongside their peers by well skilled public school educators who use data collection and data analysis to guide their instruction rather than a thinking on one's feet approach which results in anger, sadness and greater emotional and behavioral disruptions.

Having grown up in Milford under the same roof as a mother who taught for many years at both Jonathan Law and Joseph A. Foran High Schools.

It pains me to have to tell this committee how many times this has occurred to my child and numerous other children in Avon and across the State.

When I witnessed such actions I always ask myself what type of educator would let this occur? What type of teacher devoting his or her life to helping children would allow this to continue?

I can only conclude it's the teacher who lacks the availability of appropriate training and instituting positive behavioral supports to teach Joshua the necessary skills so he would never have to be in that closet in the first place.

It wasn't until we hired a costly advocate and forced the district to bring in a board certified behavior analyst that Joshua's program very slowly began to become less restrictive, less punitive and more effective.

Imagine for a moment you are a little boy who loves going to school and who is bright, friendly, empathetic and talkative but you have a disability, an invisible disability which some educators misinterpret as brattiness or laziness.

Imagine because of your disability you are frustrated easily by what others will consider the simplest of tasks or loud noises or by changes in routine or by transitions from one activity to another.

To make matters worse you do not have the words to explain what you are feeling if you are even able to process what is happening to you. Imagine you gauge the success of your day by how many minutes you've spent in isolation. This is

Joshua's daily existence.

He feels like a failure when he has to tell me he spent any time in that cold, lonely closet as he describes it. Why would someone endowed with the responsibility of raising children's self esteem and improving children's performance continue to use seclusion as a viable reinforcement method, getting the same deleterious results time and time again? It's not because the teachers are mean spirited or lazy or lack intelligence.

It's because the tools to act differently, the tools to be more positive, more proactive, more nurturing, sensitive and caring, the tools to use scientific based methods to achieve different results are not at their disposal.

The tools to teach these special needs children who are wanting, yearning and begging to be treated like human beings aren't out there. You can change that. Ban seclusion as an everyday reinforcement strategy. Seclusion should be limited to emergency situations only when a child is in danger of harming himself or others.

These actions will give school administrators no choice but to employ other methods to reach these children, to teach them concrete, effective, and transferrable coping strategies. It's what Connecticut's children need and deserve. Thank you.

SENATOR GERRATANA: Thank you, Beth, for your very powerful testimony. I'll wait until others in your group have spoken and then we can ask some questions.

ABBY ANDERSON: Good afternoon. My name is Abby Anderson. I am here as the Executive Director of the Connecticut Juvenile Justice Alliance and



as the Cochair of the Keep the Promise  
Children's Coalition.

I want to follow up on Beth's testimony to say that we believe that Connecticut should have the safest, most effective and humane teaching and learning environments in the country which is not now the case. We know that the following states have limited the use of seclusion to physical safety emergencies only or have banned the practice entirely; Oregon, Colorado, Louisiana, Tennessee, Vermont, Wyoming, Georgia, Maine, Nevada, Pennsylvania and most tellingly, Texas.

We know that as Beth mentioned when teachers have the tools and the training to deal with students more effectively than locking them in a closet they are more than willing to do so and it has effective results.

We know that there have been communities that have trained educators in how to use programs like Emergency Mobile Psychiatric Services and the use of things like expulsion, school based arrests and seclusion have been reduced.

The Keep the Promise Children's Committee recently hosted a school based mental health summit which highlighted good work going on in several different parts of the State that integrate mental health services for the youth into the schools.

All of the power points presented that day are available on the KTP website and the forum itself was taped by CTM. Increasing the number of psychologists and social workers in schools, providing ongoing staff training regarding proper use of interventions, and increasing the presences of comprehensive school based health centers are just some of the steps we can take

to address students need on an individual basis.

We also work with several communities through the Connecticut Juvenile Justice Alliance where the simple action of making sure that community providers and the schools are communicating on a regular basis as to what services are available has made a huge impact on the people. Thank you.

SENATOR GERRATANA: Thank you very much.

DANIELA GIORDANO: Good afternoon everybody. My name is Daniela Giordano and I'm the Public Policy Director at the National Alliance on Mental Illness. We're also a part of the Keep the Promise Coalition that Abby was just mentioning.

And I want to speak in support of S.B. 293, the permanency and transition plans. And we really want to thank the children's committee for raising this bill. As part of the Keep the Promise Coalition which is a coalition dedicated to ensuring that a community comprehensive mental health system is created and sustained for children, adults and youth and families.

We have been advocating for effective transition planning for youth for numerous years, especially as erase the age goes fully into effect this summer and therefore the age of the youth in juvenile justice and DCF is going to increase it is crucial that the department develop personalized transition plans that include specific strategies to address the following life areas and where appropriate provide assistance in accessing those; housing, health, education, opportunities for mentors and ongoing support opportunities, workforce support, employment services and benefits.

And in conclusion there is one piece that is

missing in the -- in the bill the way we see it. As there is -- we understand that DCF and DMHAS have a memorandum of agreement as was mentioned earlier and have been collaborating the past few years to improve transition planning for youth.

However currently there is no system to provide data on the processing of the outcomes. Our recommendation is to have Value Options which now contracts with the State to manage behavioral health services for children and adults, collect and report data.

This kind of data could include the number of youth at age 14 who are likely to transition to DMHAS, the number of youth accepted for adult services, the timeline frequency of collaboration and developing those transition plans and others.

Thank you very much for your time.

SENATOR GERRATANA: And thank you. I thank all of you women for coming and testifying today and doing it in an efficient manner. We appreciate that. I do have just a quick question or two.

One of course for Beth and that is I am awfully, awfully saddened to hear that you had to witness your son being put in -- in essence it sounds like a closet. But I guess my question goes to, was this part of his individualized education plan to do this?

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BETH FLEISCHMAN ZWEIBEL: Yes.

SENATOR GERRATANA: It was. And I have heard anecdotally, you know, from people. Before I got into the legislature I've talked to many, many parents who have basically had to go out and hire someone, you know, to advocate for their children even though an IEP had been, you

know, gone through, the whole process.

That it was the only way that really their children got services that they felt their children needed. So just asking that question. And Daniela I think I need to talk with you a little bit more. This is a Senate Bill so if we're going to go forward with it I would appreciate a conversation -- not here but very soon after we end our hearing.

I thank you. Any other questions or comments or statements? Yes, Representative Wood.

REP. WOOD: A comment very quickly to Beth. Thank you very much. I thought your testimony was very clear and very to the point and absolutely what we need to be doing for these kids -- all these kids.

BETH FLEISCHMAN ZWEIBEL: Thank you

REP. WOOD: Thank you very much.

SENATOR GERRATANA: All right. Thank you very much.

DANIELA GIORDANO: Thank you.

SENATOR GERRATANA: We have someone who needs to catch a plane so I will call on Tracy Coppola, Born Free USA. And you're from what, Washington State? Hey Tracy.

TRACY COPPOLA: Washington, D.C.

SENATOR GERRATANA: Oh, Washington, D.C. Okay.

TRACY COPPOLA: Thank you.

SENATOR GERRATANA: Thank you.

TRACY COPPOLA: On behalf of Born Free USA. Born

HB5324

**JOINT  
STANDING  
COMMITTEE  
HEARINGS**

**SELECT  
COMMITTEE  
ON  
CHILDREN  
PART 3  
597 - 869**

**2012**

Thank you.

TRACY COPPOLA: Thank you very much.

SENATOR GERRATANA: Any others?

No. Thank you, Tracy. Thanks for coming and testifying today.

Next is Anne Marie Duffy, the Connecticut Association of School Psychologists. Welcome, Anne Marie.

ANNE MARIE DUFFY: Oh, thank you. Good afternoon. My name is Anne Marie Duffy and I'm submitting the following testimony on behalf of the Connecticut Association of School Psychologists, CASP, on H.B. number 5374, the act concerning the reporting of children placed in seclusion. (HB 5347)

I want to skip through a bit of my testimony because I think we've heard some very informative things already said. But my understanding is that seclusion is -- is a crisis intervention procedure and not a treatment -- a therapeutic treatment. And I think that's where some of the issues.

If you're looking at the semantics, what is the difference between treatment and intervention? It can be leading -- misleading and confusing. And I think what is most concern is this -- is the reported of 18,000 incidences of seclusion and restraint in 2009, 2010.

But that raises a question because what does seclusion mean? There needs to be more definitive understanding about seclusion and how it's implemented. Does seclusion refer to the disruptive child who is sent or who chooses to go to the inschool suspension room instead of becoming more belligerent and losing self

control which happens.

Sometimes students will of themselves take themselves out of the room -- or is it children who is locked in the infamous scream room for a minor infraction. Again seclusion should refer to emergency intervention only used to -- to maintain the physical safety.

And I think one of the important things of this bill is that you're looking to gather the data that can be -- that could answer many of the questions that the committee has brought up. We need to see -- to define these things more clearly so we can understand what is meant by the restraint and seclusion and then to use that data to formulate future policy.

Safety is critical to a positive school climate and promoting academic learning and social, emotional growth. The adults who are present in the school setting have options when behavioral or mental health needs become a challenge that pose safety concerns.

These options usually range from least to most restrictive. Positive behavioral supports and de-escalation techniques are proven to be effective in reducing problem behaviors and can actually increase classroom learning and that should happen first. Hopefully effective techniques of positive behavioral support and proven de-escalation techniques reduce the problem behavior and can refocus learning.

There are times however when these treatments -- these techniques are not effective and do not result in diffusing behavioral episode. On the occasion when behavior poses an imminent threat, a physical harm to either the student or others, seclusion becomes a method of last resort.

De-escalation strategies should continue -- should be continued with the staff respectfully to instruct the child about techniques to self soothe and regain. And again I'm sure seclusion will come up again and there is very much of a need for the proper training and implementation procedures but we have to start first with understanding what it means and that would very much address this bill about reporting.

Thank you for your testimony. Actually yeah that's one of my concerns too. What do we mean by seclusion? What do we mean by physical restraint? You know when I walked out of the room and, you know, coming in and out of this hearing there was an individual who said that the 18,000 incidents of physical restraint or seclusion really included any time a teacher or someone, you know, had to restrain a child, you know, perhaps hold the child off from doing some harm to him or herself or someone else.

That's not exactly what OPA describes physical restraint. It was a far more effective and involved, if you will, procedure and protocol. So the public, at least someone out there felt it was just oh, you know, stopping a child from doing something he or she shouldn't. And that's not what I'm understanding more and more.

Physical restraint is far, far more invasive and serious. Also with the seclusion treatment that also, you know, as you referred to it as an emergency intervention. And again as a safety factor.

So I think you're absolutely right, we need to push ahead with some sort of reporting to understand fully what these 18,000 incidents are. I mean it's one thing to say it's just, you know, very minor, you know, interference if you will of a behavior but that's not what I'm



hearing.

So what is being reported is certainly of question in my mind. Are there any other questions or comments? No. Thank you so much for your testimony. Jake Siegel, Connecticut Voices for Children. You're coming up with Sarah too?

JAKE SIEGEL: Sarah as well. Yes.

SENATOR GERRATANA: Thank you. Thank you. Thank you. We appreciate that.

JAKE SIEGEL: I saw I was down on the signup sheet as testifying three times. It's just once on three bills. Yes. Good afternoon folks, my name is Jake Siegel, I'm a policy fellow at Connecticut Voices for Children where I specialize in child welfare work.

I'm here today to testify in support of three bills, Senate Bill 272 concerning social security for kids in the foster care system, 293 concerning permanency and transition plans and 5347 concerning the reporting of children placed in seclusion. I'll touch on each briefly.

First of all S.B. 272 concerning social security support would ensure that necessary supports are in place for children leaving the foster care system either aging out or returning to their homes or going into guardianship.

We do want you to know that it takes -- according to SSA it takes three to five months to be approved for SSI.

So it's important that this process start while children are still in care. And then additionally we think that we really need to -- we would suggest that you amend the bill to make

sure that review of children's eligibility is ongoing as part of the permanency planning process, the case planning process because children's statuses can and do change and we need to make sure if children actually carry unexpectedly to reunification or to guardianship for instance that those supports are in place. So the transition -- or the permanency planning where these kinds of discussions are going on is the logical place to do that.

And then also concerning Senate Bill 293, concerning permanency and transition planning. This bill deals with two populations that we're very concerned about, early childhood and adolescents preparing to age out of care which is a population with whom I work quite closely.

I think the most important thing to know about this bill is it's really about strengthening things that are already in place in statute. For instance for the early childhood provisions it has to do with making sure that children have been assessed for developmental preschool, birth to three services to which they're already entitled by law.

And then for older children it's really an extension of what's in the federal fostering connections legislation which mandates transitional planning directed to the youth -- personalized to the youth 90 days out. You saw some folks -- some young people came up here and testified at our foster youth capital day and said hey with your own children do you say 90 days before your 18 oh yeah what do you want to do with your future.

It just doesn't make a lot of sense. Two years is not too much to ask. And then 5347 we support more data collection for all the reasons that have already been articulated. So I'll

Okay. Well thank you for coming today and giving your testimony.

MARILYN CALDERON: Thank you very much for the opportunity.

SENATOR GERRATANA: You're welcome. The next is Robert Shay. Do you see a Robert Shay here? Karen Caffrey. We do have Karen's written testimony. Okay. Cheryl Martone. I think Cheryl's here. Cheryl. Oh, okay.

CHERYL MARTONE: I didn't even sit down yet. It's got a mind of its own. Okay. I wrote it on my word so I have to scroll back because I've been working all day. Okay. Good afternoon select committee on children and Senator Gerratana, chairs and Representative Urban and members of the committee.

Thank you for bringing this public issue -- hearing on issues concerning our children. My name is Cheryl Martone. I'm from Westbrook, Connecticut and I'm the main administrator of US Concerned Parents Support Group. And I started this in February of 2009 because of my child being kidnapped by DCF. And I say that lightly. DCF did not and to date does not handle care of children properly. And I'm investigating them. And you all know that.

[HB5347]

Because they say that education neglected -- now I'm educating the public about the stressors imposed on parents by schools and DCF. My blood child of which I did not education neglect him, but because I removed my child from the school to homeschooling because of the badgering, harassment, and abuse by the principal of my child and I.

And I was retaliated by the Westbrook Middle School Principal, Mr. Philip House inclusion

with DCF because I made a report about the principal in 2006 when my child was in fifth grade. My child was doing well in his many wholesome activities, boy scouts, earned two merit badges, was able to handle a token, wielding a knife, wood carving tools, private theater group and swimming at the YMCA which he was about to try out for the swim team. Also many Christian groups.

The reason why I'm stating this in regard to this bill is that it directly affected my child's normal growth and harmed him and his emotional wellness. DCF emotionally blackmailed me. I know that the bill reads an act concerning report of the children placed in seclusion.

Okay. This is my take. I say that it is -- that it should be headed off at the pass and not be a mode of discipline. It is sad that something as serious as what happened at Columbine should affect the way that school personnel treat our loved ones. I'm reporting the use and abuse of this power again to the schools and the education of our children.

That the schools need to be trained by parents on how we want our children disciplined since we are the taxpayers affording them their paychecks. That they have to ask our permission as this is not an attitude it's a civil right issue. Schools are not a prison and should not be -- and should not be used as a means of even the thought of. It is not a military base or a place to control children's lives or raise them unless children want to go to a military school of course, to control our children's lives or raise them without knowledge.

Administrators were not given permission to do -- discipline our children. Where do they get

the notion to do this to children at the schools in the first place. Who gave them the conjuring of rules? When a child's mandated to be in school so we the parents should make the rules or get reports of such incidents occurring in their particular school as taxpayers and the taxes pay the children -- the school's paycheck.

And we are the boss of our children, not the schools. Seclusion and restraints discipline in our schools as it is a serious matter to most parents that I've talked with and I've talked a lot in the last week because of contacting Senator Gerratana's office. Duplicates of copies if they were going to make reports -- and this is going to be in this schools -- duplicates of reports should be -- should of -- of reports should always be sent to the parents or parent guardian.

This type of behavior from the school makes a child feel and act more insecure than maybe what is already occurring. The child might be in a hostile situation living at home. He might be bullied -- being bullied at school so why are they making it a worse situation.

I'm now putting the DCF Commissioner Joette Katz on notice about our children in this State for not properly addressing the concerns of parents and the safety of our children in all areas. I have asked Connecticut DCF Commissioner Katz many times to meet with me and other parents about issues concerning our children and I asked her liaison today, (inaudible) on what his views are on this. Because I told him I was doing a survey in the public opinion and he stated that this is not their jurisdiction.

I'll just sum it up quickly. So recently a friend was cleaning a school, St. Ives School in I think it's East or West Hartford. And they

said they had a quiet room with multiple locks on the door. When approaching the use of seclusion, restraint in school settings Connecticut shall notify -- this is what I would like to see in the bill, Connecticut shall notify the parent when doing so when a situation arises they should be calling the parent.

SENATOR GERRATANA: Cheryl -- Cheryl, can I ask you a favor?

CHERYL MARTONE: Yes.

SENATOR GERRATANA: I see you have your computer open. Would it be possible for you to make some copies of your testimony too because I know you're reading from there but I don't have anything in writing in front of me. And if you have suggestions for legislation that would be, you know, helpful. So, you know, in the process what we do is we go back and read everyone's testimony and then, you know, talk about it.

CHERYL MARTONE: Because you know I can be long winded so -- because I've been doing this for three years. I've been investigating DCF.

SENATOR GERRATANA: No, it's my memory. I need --

CHERYL MARTONE: I was attacked at -- I was attacked by my son's principal at the school so I -- you know --

SENATOR GERRATANA: That's horrible.

CHERYL MARTONE: Emotionally and verbally so I have a lot of experience. And I don't know if you want me to mention that I'm meeting with you on Thursday about this matter?

SENATOR GERRATANA: I'm looking forward to the meeting. We'll have a great discussion.

Any parents that would like contact me because I know this is being televised. They can email me at ctparents@gmail.com. I would like their views or if they've -- they feel strongly about this they can attend the meeting with Senator Gerratana here.

SENATOR GERRATANA: All right. Gerratana.

CHERYL MARTONE: Gerratana.

SENATOR GERRATANA: That's good.

CHERYL MARTONE: On Thursday.

SENATOR GERRATANA: Up here in the LOB. Does anyone have any questions or follow up? No. We'll see you on Thursday.

CHERYL MARTONE: And I'll send you my written testimony --

SENATOR GERRATANA: Thank you.

CHERYL MARTONE: -- because I've been working all day.

SENATOR GERRATANA: Excellent. Thank you. Thank you so much.

CHERYL MARTONE: Thank you, Senator Gerratana and the select committee on children. Thank you.

SENATOR GERRATANA: Thank you, Cheryl. Next is Randy Rubin.

RANDY RUBIN: I might be last.

SENATOR GERRATANA: Next to last. Welcome.

RANDY RUBIN RODRIGUEZ: Next to last. Okay. I'm

SB293  
SB296

# CONNECTICUT VOICES FOR CHILDREN

*Independent research and advocacy to improve the lives of Connecticut's children*

## Testimony Supporting

S.B. 272: An Act Concerning Social Security Support for Foster Children

S.B. 293: An Act Concerning Permanency and Transition Plans

H.B. 5347: An Act Concerning the Reporting of Children Placed in Seclusion

Jake Siegel, Alexandra Dufresne, J.D., Select Committee on Children

March 6, 2012

Senator Gerratana, Representative Urban, and distinguished Members of the Select Committee on Children:

We are testifying today on behalf of Connecticut Voices for Children, a research-based public education and advocacy organization that works statewide to promote the well-being of Connecticut's children, youth, and families.

1. Connecticut Voices for Children supports S.B. 272, An Act Concerning Social Security Support for Foster Children, which would ensure that needed economics supports are in place for children in the child welfare system.

SSI benefits and other benefits from the Social Security Administration can provide crucial and necessary supports for children leaving DCF care.<sup>1</sup> S.B. 272 would make sure that such benefits are in place by requiring that DCF apply for benefits for eligible young people in its custody. Because it routinely takes three to five months for the SSA to process an application for SSI<sup>2</sup>, it is important that benefits be secured while a child is still in DCF care. As described in more detail below, extensive research shows that youth aging out of DCF care face a wide variety of challenges. Ensuring that basic supports are in place before youth age out of care will smooth these transitions and reduce the risk of some of the most negative outcomes, such as homelessness, outcomes, which can have long-term consequences for both the youth and the state.

Furthermore, periodic review of each child's eligibility for social security benefits is crucial, as to ensure that benefits are in place if a child exits care before the age of emancipation (to reunification or guardianship, for instance). We therefore recommend that the bill be amended to mandate that such a review be included as part of the case plan review process. As case plan reviews must occur every six months and are likely to document any changes in circumstances that would affect SSI eligibility, they provide a natural opportunity to conduct an evaluation of benefit status.

2. Connecticut Voices for Children also supports S.B. 293, An Act Concerning Permanency and Transition Plans, a bill to strengthen the provision of services children and adolescents in DCF care.

S.B. 293 provides additional requirements for the permanency plan and permanency plan hearing process to enhance services provided to two particularly vulnerable groups, young children under the age of six and teenagers preparing to "age out" of DCF care.

The requirements for young children require the department of address whether the department has made any necessary referrals for early intervention, preschool, or special education services that are required by existing law. It has been well-documented that children in foster care face much higher



rates of many health problems, including development delays, than the general population.<sup>3</sup> Early intervention is the key to ensuring that all children have the opportunity to reach their full potential. Therefore, there is a great need to ensure that the Department has provided any early childhood services to which young children may be entitled.

Furthermore, the bill strengthens transition planning requirements for adolescents between the age of 16 and 18 who are preparing to age out of DCF care. This portion of the bill builds on the requirements of the federal Fostering Connections to Success and Increasing Adoptions Act of 2008, which requires states to develop a transition plan “personalized at the direction of the child” during the ninety days before a child reaches the age of majority.<sup>4</sup>

Because youth aging out of care are less likely to have resources in place to support their transition to independent adulthood, these young adults are at high risk for poor outcomes in health, education, employment, and social/emotional development. Studies show that, among other things, youth aging out of care are far less likely to graduate from high school or be enrolled in college, far more likely to experience homelessness or involvement with the criminal justice system, and are less likely to be earning a living wage than their peers in the general population.<sup>5</sup> By ensuring that transition planning is documented as part of the permanency planning process for older youth, this bill increases the likelihood that kids preparing to age out of care will have access to needed supports.

3. In addition, Connecticut Voices for Children also supports HLB\_5347, An Act Concerning the Reporting of Children Placed in Seclusion.

HLB. 5347 requires data collection and analysis of the use of seclusion in schools. According to the Keep the Promise Coalition, limited surveying by the State Board of Education identified over 18,000 incidents of restraint and seclusion in the 2009-2010 school year.<sup>6</sup> However, incidents of the use of restraint and seclusion are not made public.<sup>7</sup> Requiring more complete reporting on the use of seclusion and the precipitating incident for both emergencies and students with individualized education programs (IEPs), along with public reporting of the data, will help ensure that seclusion is used appropriately. This information will also help identify schools and districts in need of enhanced behavioral interventions and others with effective alternatives to seclusion that might serve as models.

<sup>1</sup> Supplemental Security Income (SSI) benefits are provided under Title XVI of the Social Security Act to children (and adults) with qualifying disabilities who meet certain income and asset criteria. In addition, certain children in foster care whose parents have retired, become disabled, or died may be eligible for Social Security benefits under Title II of the Social Security Act. These benefits may continue into adulthood if the child has a disability that began before age 22. See CRS Report for Congress. *Child Welfare: Social Security and Supplemental Security Income (SSI) Benefits for Children in Foster Care*. Congressional Research Service. April 27, 2011.

<sup>2</sup> Social Security Administration. *Disability Benefits*. <http://www.ssa.gov/pubs/10029.pdf>

<sup>3</sup> See Kools, Susan and Christine Kennedy. “Foster Child Health and Development: Implications for Primary Care.” *Pediatric Nursing* 29(1), January-February 2003, 39-46.

<sup>4</sup> Public Law 110-351, §202

<sup>5</sup> See Mark Courtney, Amy Dworsky, JoAnn S. Lee, and Melissa Raap, *Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at Ages 23 and 24*, Chapin Hall at the University of Chicago, p 4 Available at [http://www.chapinhall.org/sites/default/files/Midwest\\_Study\\_Age\\_23\\_24.pdf](http://www.chapinhall.org/sites/default/files/Midwest_Study_Age_23_24.pdf).

<sup>6</sup> “Restraint and Seclusion Fact Sheet,” *Keep The Promise Coalition*, (January 31, 2012), available at <https://salsa.democracynaction.org/o/1650/images/Restraint%20and%20Seclusion%20fact%20sheet-%201%20-31-12.pdf>

STATE OF CONNECTICUT  
 OFFICE OF THE CHILD ADVOCATE  
 999 ASYLUM AVENUE, HARTFORD, CONNECTICUT 06105



Testimony of Mickey Kramer, Acting Child Advocate  
 In Support of Raised Senate Bill No. 293, An Act  
 Concerning Permanency and Transition Plans, and  
 Raised House Bill No. 5347, An Act Concerning  
 the Reporting of Children Placed in Seclusion.  
 March 6, 2012

Good morning, Senator Gerratana, Representative Urban, and members of the Select Committee on Children. My name is Mickey Kramer and I am the Acting Child Advocate for the State of Connecticut. I appreciate the opportunity to testify in support of No. 293, An Act Concerning Permanency and Transition Plans, and Raised House Bill No. 5347, An Act Concerning the Reporting of Children Placed in Seclusion.

Raised Senate Bill No. 293, An Act Concerning Permanency and Transition Plans, places emphasis on the crucial needs of the most vulnerable populations of children in state care: the very youngest – newborns through age five, and the youth who are approaching the age of majority and the prospect of “aging out” of DCF care. Throughout the country, children under the age of five represent almost half of the children placed in state custody each year, and these young children face a high incidence of developmental delays or chronic medical conditions, are more likely to be neglected or abused while in state care, and are more likely to re-enter care than older children are. It is therefore of utmost importance that any discussion of their permanency plans contain explicit descriptions of the efforts undertaken by Department of Children and Families, foster parents or other custodians, and services providers to ensure that any and all early intervention, special education, or specialized medical or mental health services have been initiated and implemented as necessary. It is also of vital importance to ensure that the child’s parents, in cases where reunification is the goal, or other future guardians are actively engaged and supported by DCF and the provider network in order to ensure that the child’s necessary services remain in place, efficiently and seamlessly, after the child leaves DCF custody.

The importance of consistent, engaged caregivers cannot be overstated, whether for very young children or those who are approaching adulthood. Connecticut has one of the largest percentages in the country of youth who “age out” of DCF care at 18 without the benefit of a permanent family or other consistent caregiver. Youth who leave foster care without a safe, permanent family are very frequently shown in studies to experience negative life outcomes, including lack of a high school diploma or GED, one or more episodes of homelessness, unemployment, lack of health insurance, and a nearly 30 percent rate of incarceration — dramatically higher than the rate for other young adults. Raised Senate Bill No. 293 recognizes the

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requirement set forth in the federal Fostering Connections to Success Act of 2008 for the states develop a personal, individualized transition plan for youth expected to age out of DCF care and creates a quality assurance mechanism to enforce the expectation that the youth's caseworker and caregivers begin when the youth is sixteen to develop a transition plan that addresses specific options on housing, health insurance, education, local opportunities for mentors and continuing support services, and workforce supports and employment services. OCA has been made aware of too many instances in which these crucial plans for youth's transition to independent adult life, or even to state systems serving adults, are insufficiently comprehensive or initiated too late to ensure that the unique needs of these young adults are optimally addressed; therefore I urge you to report favorably on Raised Senate Bill No. 293.

Raised House Bill No. 5347, An Act Concerning the Reporting of Children Placed in Seclusion, replaces the current option that the State Department of Education review use of seclusion in schools with a requirement that it do so. Current state law requires school systems to document each instance of restrictive interventions such as seclusion and physical restraint, but does not mandate that this documentation specify whether such restrictive interventions constitute an authorized component of a student's Individualized Educational Plan or are undertaken on an emergency basis. While these restrictive interventions are allowed under IDEA, it must be explicitly understood that restraint and seclusion in any setting are not therapeutic interventions and must only be used in situations in which there is imminent risk to the safety of one or more students, and after all possible alternatives to reduce or eliminate such risk have been attempted. Restrictive interventions are never to be used as a means of coercion, compliance, discipline, or retaliation, for the convenience of others, or as a substitute for less restrictive interventions. As you are all no doubt aware, OCA and other state agencies are currently involved in an investigation of the use of seclusion in a Connecticut school system, and at this time we have insufficient information to offer preliminary findings or recommendations on the practices in this one municipality, much less statewide. Raised House Bill No. 5347 would provide vitally important data on the frequency and circumstances under which seclusion and physical restraint are used in schools statewide and help to illuminate the question of whether seclusion and restraint usage in our school systems is problematic. It is of the utmost importance that the SDOE, individual school boards, and other stakeholders have a comprehensive understanding of how seclusion and other restrictive interventions are utilized and what effect they have on individual children and the general school environment in order to offer recommendations to improve upon current practice. Therefore I respectfully request that you report favorably on Raised House Bill No. 5347, and continue to revisit this issue in future legislative sessions.

Thank you for this opportunity to testify on these important bills; I welcome your questions and look forward to collaborating with you to ensure the wellbeing of children in their homes, schools, and communities.



State of Connecticut  
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**VICE CHAIRMAN**  
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**MEMBER**  
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 ENERGY AND TECHNOLOGY COMMITTEE  
 PUBLIC HEALTH COMMITTEE

March 6, 2012

Good morning Rep Urban, Sen. Gerratana, Rep. Wood, Sen. Suzio, vice chairs Rep. Fawcett and Sen. Musto and members of the Committee,

I wish to testify in support of HB 5347

As you know, I represent Middletown, specifically a portion which includes the Farm Hill Elementary School. Restraint and seclusion practices at Farm Hill have been the subject of much recent attention from parents, the community and the news media.

Our local school board and district have indicated that they are serious about ensuring that all students at Farm Hill are treated appropriately. As a local legislator, I continue to monitor their response, and the overall situation, very closely. Actions taken so far include leadership changes and implementation of a Farm Hill School support plan, which includes additional resources for the school. I am attaching a summary of the changes as part of my written testimony

While the role of parents in sounding the alarm was invaluable in this instance, we need to ensure that we have adequate data to understand what is happening in our schools.

We need to learn more about restraint and seclusion practices, not just in this one Middletown school but around the state. The additional reporting requirements in HB 5347 will help us find out whether seclusions and restraints are in accordance with an individualized education program or an emergency. The bill explicitly requires that restraint and seclusion undertaken as a recommendation of an IEP is reported to the State Board of Education. The bill also requires the State Board of Education to issue an annual report to the General Assembly detailing those reports, which it currently has the option to do.

This additional information will help the General Assembly learn more about the prevalence and purpose of seclusion and restraint in our schools and better assess what policies are necessary to guide their use.

Thank you for proposing this bill and for giving me the opportunity to testify before you today.

Respectfully,  
 Matthew Lesser



# Middletown Public Schools

Michael J. Frechette, Ph.D., Superintendent of Schools

## Memo

Date: January 10, 2012  
 To: Pat Girard, Principal, Farm Hill School  
 From: Michael J. Frechette, Ph.D.  
 Subject: Farm Hill Support Plan

Please find below the support plan that was collaboratively developed by Central Office and you for Farm Hill School.

### Current Farm Hill Resources:

- 4 Special Education Teachers
- 7 Paraprofessionals
- 1 full-time Social Worker
- 1 full-time Speech and Language Teacher
- 1 full-time Elementary Instructional Support Teacher (EIST)
- ½ time School Psychologist
- 3 day a week Family Resource Center
- Executive Coach Dr. Paul DelGabbo, Connecticut Association of Schools, to assist administration and staff one day per week.
- ACES Behaviorist Position: to work with students and staff on behavior strategies.

### Additional Support:

- Student Management Coordinator: Certification in special education, administration, and experience as a building principal.
- Full-time Psychologist (additional .5 FTE) Present half-time psychologist is being increased to full-time. He currently holds an administrative degree, knows the staff and students, and will assist with administrative functions.
- ACES: Dr. Donn Sottolano, Director ACES Behavior Services Center, to meet with Grade Levels for collaborative conversations with regard to children at risk. Feedback to be provided to administration and staff. (Thursday, January 12, 2012)
- Development of Climate Committee - JoAnn Fryberg, State Department of Education and Elizabeth Nocera, to facilitate and establish action plan to address building needs.
- Parent Compact Revision – Parent Partnership Committee – Climate focus. Ms. Patricia Avallon, State Department of Education Consultant and Donna Marino, to work with parents, staff, and administration.

Memorandum to Pat Girard

-2-

January 10, 2012

- ACES Behavioral Technician to work directly with children to address behavioral needs.
- Family Resource Center – extend support for students and families through grade 5.
- I-Care – Behavioral Support Program, extend training for Responsive Classroom Model, morning meetings, and logical consequences.
- St. Joseph College Intern: Graduate in the area of behaviorist, assist in developing and implementing behavior plans.
- Central Office Facilities Department meeting with City to discuss traffic flow and parking issues.

Action Steps:

<u>Action</u>	<u>Implementer</u>	<u>Focus</u>
Weekly Social Skill Lesson	Psychologist and Social Worker	Grade 5 and at risk students
In School Suspension	Building Sub/Student Management Coordinator	Immediate response to inappropriate language and Physical aggression
After School Detention	Staff/Student Management Coordinator/Administrator	School-wide needs
Talking and Learning Center	Cat Greaves – FRC Director	At risk students
In-House Mentoring Program	School Staff	At risk students
Positive Behavior Supports	School Staff	
Morning meetings, monthly student recognition, quarterly rally and recognition	School Staff	Affirm pro-social behavior

The Central Office staff remains committed and supportive to the Farm Hill community.

MJF:mkp

cc: Central Office Administration  
Board of Education Members



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Testimony of David Scata, ConnCASE Legislative Representative  
Select Committee on Children

3/06/2012

H.B. No. 5347

AN ACT CONCERNING THE REPORTING OF CHILDREN  
PLACED IN SECLUSION

Senator Gerratana, Representative Urban, and Distinguished Members of the Select Committee on Children; my name is David Scata, Legislative Representative of ConnCASE. ConnCASE represents over two hundred public school administrators of special education in the state of Connecticut.

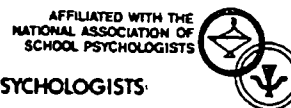
I am here today in support of House Bill 5347, An Act Concerning Reporting of Children Placed in Seclusion.

We concur that legislation already exists regarding the procedures and protocols that must be followed regarding the use of seclusion and restraint within the public school. The revised language will provide an enhanced reporting process and should provide a more accurate data collection for analysis by the state department of education.

I would like to add that it does occasionally happen that a child's IEP will specify seclusion to be used as a behavioral intervention. This type of Behavior Intervention Plan or BIP should be used only occasionally and only after other forms of behavioral interventions, specifically positive behavioral supports, have been tried and determined not to be effective. The child should be given every opportunity to utilize less restrictive measures for regaining behavioral control.

Children who are still learning to control their impulses and use communication skills to manipulate their environment can sometimes choose aggression toward others or destruction to property as a way of sending a message to the adult that they need a break. In these rare situations, programmed seclusion, removing all forms of intrusive sensory stimuli, can effectively allow the child to regroup before a more problematic behavior, such as aggression, has a chance to emerge. In the vast majority of cases, this removal need not be to a locked seclusion room, but may be done in an unlocked "time out" area. Care should be exercised to maintain the dignity and privacy of the child who has lost behavioral control in these situations, and to allow the child to regain control in an area away from the viewing of other children and adults to the extent possible. We urge all schools to consult with highly qualified behavioral specialists to help determine whether this type of intervention is appropriate for the individual child in question, and involve parents in the process of developing positive behavioral supports.

I thank you for the time and opportunity to hear my testimony today and would be happy to answer any questions you may have.



**Written Testimony of**

**AnnMarie Duffy**

**Certified School Psychologist**

**Legislative Committee Member, Connecticut Association of School Psychologists**

**March 6, 2011**

**Education Committee**

Good afternoon. My name is AnnMarie Duffy and I am submitting the following testimony on behalf of the Connecticut Association of School Psychologists (CASP) on H.B. No. 5347 AN ACT CONCERNING THE REPORTING OF CHILDREN PLACED IN SECLUSION

I am here today to support H.B. 5347 to effectively monitor and collect data regarding use of seclusion/ restraint in emergency situations to use formulating future policy. CASP supports KTPs desire to understand the troubling number of incidents reports as seclusion in 2009-2010.

I would like to thank the Children's Committee for raising a bill that addresses the reporting requirements of children placed in seclusion and raise awareness about the real need for highly trained staff to respond with compassion and respect in situations where physical safety is at risk. Lack of proper training could lead to instinctive reactions that become punitive.

Safety is critical to a positive school climate promoting academic learning and social emotional growth. The adults who are present in a school setting have options when behavioral or mental health needs become challenges that pose safety concerns. These options should usually range from least to most restrictive. Option 1) Positive behavioral supports and option 2) De-escalation techniques that are proven to be effective methods in reducing problem behaviors and can actually increase classroom learning would/ should happen first. Hopefully effective methods of positive behavioral support and proven de-escalation techniques reduce the problem behavior and refocus learning.

There are times when these techniques are not effective and do not result in defusing the behavioral episode. On the occasion behavior poses imminent threat of physical harm to self or others, seclusion becomes a last resort. De-escalation strategies should be continued with staff speaking respectfully to instruct the child about techniques to self-soothe and regain emotional



control. The possible negative side effects of physical restraint have to be considered each time

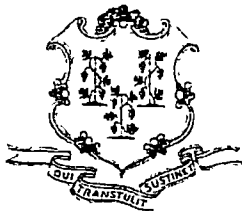
There is a small percentage of the special education population that exhibit extremely intense, prolonged, dangerous behavior towards themselves or others to self and others and do not respond to extensive attempts by highly trained mental health and educational professionals to use de-escalation strategies (e.g., talking calmly and supportively, offering soothing statements, offering to remove the source of the stressor if possible, offering a quite calm place to "take space," offering the opportunity to call a parent, offering the use of occupational therapy equipment, offering supportive physical prompts, applying a brief supportive hold, offering the opportunity to talk with someone, take a walk, etc.). Examples of when seclusion may become necessary may include violently throwing furniture around the room/office/hallways, running out of the building in a highly agitated state, physically attacking other children or adults in the vicinity, and self-injurious behaviors (e.g., violent head banging).

There needs to be a more definitive understanding about what seclusion/ restraint means and how it is implemented. Does seclusion refer to the disruptive student who sent or chooses to go to In School Suspension instead of becoming belligerent and losing self-control or a child locked in a scream room for a minor infraction? Again, seclusion should refer to an emergency intervention used only to maintain physical safety.

Staff needs to be properly trained to implement physical restraint and seclusion in a compassionate and flexible manner that accounts for the particular psychological needs of the child and the particular characteristics of the behavioral episode. The therapeutic rationale for the use of seclusion is to keep the child and everyone else safe and to present the child with a physical and interpersonal environment that is conducive to regaining behavioral control when no other options are effective.

Seclusion is a crisis intervention procedure, not a therapeutic treatment. The semantics-treatment and intervention can be misleading and confusing. Exactly what do 18,000 incidents entail?

CASP would support HR 5347 regarding the reporting of children placed in seclusion in order to better understand statistics as reported and for data analysis.



# STATE OF CONNECTICUT

OFFICE OF PROTECTION AND ADVOCACY FOR  
PERSONS WITH DISABILITIES  
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JAMES D McGAUGHEY  
Executive Director

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## Testimony of the Office of Protection and Advocacy for Persons with Disabilities Before the Committee on Children

Presented by: James D. McGaughey  
Executive Director  
March 6, 2012

Good morning and thank you for this opportunity to comment on **Raised Bill No. 5347, An Act Concerning the Reporting of Children Placed in Seclusion.**

This Bill would amend Chapter 814e of the General Statutes, which defines, and set limits on the use of “physical restraint, medication and seclusion of persons receiving care, education or supervision in a school, institution or facility.” More specifically, it would clarify requirements for reporting incidents of restraint and seclusion by local and regional school districts to the State Board of Education (SBE), and make the reporting of restraint and seclusion-related injuries mandatory. It would also require the SBE to produce an annual summary report on the frequency with which special education students have been restrained and secluded, which would be included in the State’s Annual Report Card on Policies and Programs Affecting Children.

Since 2007, Connecticut law has required school districts to record each instance of restraint and seclusion, and to make their own annual compilation. However, under our current statutory scheme, the reporting of injuries related to restraint and seclusion by local and regional school districts is optional, as is the preparation of an annual summary by SBE. In fact, the one attempt the State Department of Education (SDE) has made to amass data on certain aspects of restraint/seclusion practices of school districts produced very troubling information – troubling both for the large numbers of incidents reported (18,334 during school year 2009-10), and for what SDE is quick to point out is the highly problematic nature of the data itself. It is clear that districts are not recording and compiling frequency data or categorizing incidents in any kind of uniform way – a fact which makes it impossible to establish baselines and conduct meaningful analysis. But, over 18,000 “somethings” were reported, a fact which should make us all pause and start asking questions.

Given the human and civil rights implications of these practices, and the potential they create for psychological trauma and physical injury, we absolutely need a clear picture of the frequency with which they are being employed on Connecticut school children. However, informing policy makers is only part of the reason this Bill is important. Tracking and analyzing data regarding the use of restraint and seclusion is one of the “six core strategies” recommended for reducing reliance on these practices at the individual program level. The six core strategies have been developed by the federal Substance Abuse and Mental Health Services Administration, and by a variety of professional associations because consensus has emerged that neither restraint or seclusion offer any therapeutic or educational value,

Testimony of J. McGaughey on HB5347

Page 2 of 2

March 6, 2012

and their use needs to be reduced and, if possible, eliminated. Resorting to restraint may sometimes be necessary to prevent someone from injuring himself or others. But, there is consensus amongst national organizations that having to use either restraint or seclusion always indicates that there has been some kind of treatment failure. Even when they are used as a safety intervention, there is always a risk that someone will get hurt anyway. So if the data gathered pursuant to this Bill's requirements indicates that there are outliers – schools that are heavy users of restraint and seclusion, whereas others may not use them at all – we can use that information to study and improve practices, and hopefully, keep children safer.

I would urge you to consider amending the bill to include one more feature: the elimination of the existing statutory language which allows the planned use of seclusion to be written into a special education student's Individual Education Program (IEP). As mentioned previously, the practice of involuntary seclusion – placing a child into a room and not letting that child out – is not considered to be effective "evidence based practice". It is far more likely to produce resentment, psychological trauma and even physical injury than it is to help a child acquire the skills he or she may need to learn in order to succeed in school or life. Giving statutory permission to write a plan for seclusion into an IEP suggests that the practice has some kind of legitimate educational value. That suggestion is unwarranted by the evidence, and, to the extent it may encourage school personnel to rely on seclusion as a means of managing their environments, it may actually be interfering with their developing awareness of alternative approaches. A number of other states have banned the use of seclusion as a planned part of student's educational programs, and some have even banned its use altogether. Connecticut children deserve no less protection.

Thank you for your attention. If there are any questions, I will try to answer them.

**Testimony before the Select Committee on Children**  
**March 6, 2012**  
**Regarding**  
**HB 5347- AN ACT CONCERNING THE REPORTING OF CHILDREN PLACED IN**  
**SECLUSION**

Good afternoon, Senator Gerratana, Representative Urban and members of the Select Committee on Children. My name is Beth Fleischman Zweibel. I am a resident of Avon, CT and the parent of Joshua, a ten year old, who has PDD-NOS, which stands for Pervasive Developmental Delays, Not Otherwise Specified. I would like to thank the Children's Committee for raising a bill that addresses the reporting requirements of children placed in seclusion as I am all too well aware that seclusion is being improperly utilized and under reported. However, the recording and reporting mandated in HB 5347 do not address the underlying issue at hand: we must work with school administrators to train school staff and teachers to use positive behavioral interventions that have proven success in de-escalating problematic behavior. We cannot allow schools to rely on seclusion as an effective treatment.

My son has been placed in seclusion since age 7 as a method for extinguishing unwanted behaviors. It is neither effective nor humane. All seclusion has taught Joshua is that he is different from his classmates, and when he cannot handle a situation it is best to isolate himself rather than learn the skills and strategies necessary for coping with life's challenges. I have personally seen him carried into a room no larger than a small closet with the door slammed behind him as he was told he can come out when his screaming and crying have de-escalated.

There is no evidence-based research to suggest that seclusion is therapeutically effective; it's physically and psychologically harmful and it needs to be stopped. Children like Joshua need state of the art skill-building interventions that teach them how to cope. Children like Joshua are yearning to be taught life skills and coping strategies alongside their peers by well-trained public school educators who use data collection and data analysis to guide their instruction, rather than a "thinking on one's feet" approach which results in anger, sadness and greater emotional and behavioral disruptions.

Having grown up in Milford under the same roof as a mother who taught for many years at both Jonathan Law and Joseph A. Foran High Schools, it pains me to have to tell this Committee how many times this has occurred to my child and numerous other children in Avon and across this state. When I witness such actions, I always ask myself what type of educator would let this occur? What type of teacher devoting his or her life to helping children would allow this to continue? I can only conclude it's the teacher who lacks the availability of appropriate training in instituting positive behavioral supports to teach Joshua the necessary skills so he would never have to be in that closet in the first place. It wasn't until we hired a costly advocate and forced the district to bring in a Board Certified Behavior Analyst that Joshua's program very slowly began to become less restrictive, less punitive and more effective.

Imagine for a moment you are a little boy who loves going to school and who is bright, friendly, empathetic and talkative, but you have a disability - an invisible disability, which some educators misinterpret as brattiness or laziness. Imagine because of your disability you are frustrated easily by what others would consider the simplest of tasks, or by loud noises, or by changes in routine, or by transitions from one activity to another. To make matters worse you do not have the words to explain what you are feeling if you are even able to process what is happening to you. Imagine that you gauge the success of your day by how many minutes you have spent in isolation. This is Joshua's

daily existence. He feels like a failure when he has to tell me he spent any time in that cold, lonely closet as he describes it.

Why would someone endowed with the responsibility of raising children's self-esteem and improving student performance continue to use seclusion as a viable reinforcement method, getting the same deleterious results time and time again? It's not because the teachers are mean-spirited or lazy or lack intelligence. It's because the tools to act differently, the tools to be more positive, more proactive, nurturing, sensitive and caring, the tools to use scientific-based methods to achieve DIFFERENT results are not at their disposal. The tools to teach these special needs children, who are wanting, yearning, begging to be treated like human beings are not there. YOU can change that. Ban seclusion as an everyday reinforcement strategy. Seclusion should be limited to emergency situations only—

when a child is in danger of harming himself or others. These actions will give school administrators no choice but to employ other methods to reach these children - to teach them concrete, effective, and transferrable coping strategies. It's what CT's children need and deserve.

Testimony  
March 6, 2012  
Joint Committee on Children

***IN FAVOR OF: Raised Bill 5347 AN ACT CONCERNING THE REPORTING OF CHILDREN PLACED IN SECLUSION.***

My name is Molly Cole and I am the Executive Director of the CT Council on Developmental Disabilities. The Council is a Governor-appointed Council which includes people with developmental disabilities, family members and professionals working toward full inclusion of children and adults with all disabilities in the community.

The Council is in favor of Raised Bill 5347 concerning the reporting of children placed in seclusion. The Council has worked for many years to reduce the use of seclusion and restraint in schools. It is our belief that these methods are used far more frequently than reported, and that children with disabilities are at very high risk of being traumatized and injured through the use of seclusion and restraint in the schools.

Seclusion means the confinement of a child in a room, whether alone or with staff supervision, in a manner that prevents a child from leaving. Under current law it is not to be used as discipline, or because it is convenient, or as a substitute for something less restrictive. It is to be used solely as an emergency intervention. But based on reports from families, we believe that seclusion is used much more frequently than reported. We believe that this bill will provide more oversight of the use of seclusion through the mandated annual reporting by the State Department of Education on the use of seclusion to the Select Committee on Children.

While this bill will not eliminate the use of such methods, it can both deter the use of seclusion and provide more oversight of the extent to which it is used. Preliminary data collected by SDE for the 2009-2010 school year shows that there were 9,823 of seclusion in Connecticut that was categorized as used in an emergency. This is a frighteningly high number, and we believe that it is probably significantly lower than the

actual number of instances of seclusion. There is a general acknowledgement of under reporting, since schools contend that they cannot distinguish between emergency use of seclusion that that which is part of an IEP. The reporting is inconsistent, and leaves parents with little information, and therefore little recourse when their children are traumatized through the use of seclusion.

The Council supports this bill and believes that it is the first step in reducing the use of traumatizing and ineffective methods such as seclusion to address behavioral concerns in the schools.

Molly Cole  
Executive Director  
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Michael B. Foster  
12 Old Marlborough Road  
East Hampton, Connecticut 06424

I am concerned that only one small part of the story is being explored in the recent articles about the "scream rooms" at Farm Hill School in Middletown. There are valid questions being raised about the need for, and the use of seclusion rooms in public schools. Parents are justifiably concerned about the students being placed in "time out" and about the disruption to the general school population when these students struggle and call out. To broaden the perspective, I would like to share a few experiences from my thirty-six years as a mental health professional.

My first job in the field was in a psychiatric hospital in the 1970s. We worked with adults and teens with adolescents making up approximately half of our population. We certainly had kids with severe psychiatric disturbances who were obvious dangers to themselves or others. Extreme behaviors frequently resulted in patients being restrained, first by trained staff and then by "body bags", "camisoles" or medication if needed. Many teens at that time, however, were referred for behaviors that primarily alarmed their parents and threatened their futures. We admitted adolescents for drinking, smoking pot, running away from home, being "out of control" and failing in school. The average length of stay at that time was sixty days, with ninety and one hundred twenty day stays being common. All patients received a variety of treatment modalities. Family therapy was mandatory and the agreement of family members to participate was a condition of admission. Multi-family therapy sessions were held once a week for all patients on a unit and, again, family members were expected to attend. In addition, all patients received individual sessions with a psychiatrist, group therapy, and the services of art therapists, dance and movement therapists and occupational therapists. This hospital was nationally recognized as a leader in the field and its programs were models that other hospitals sought to emulate. Treatment was funded by insurance including state-funded programs for those in need.

My next experience was in another private psychiatric inpatient setting, this one for children from approximately six to thirteen. I had not worked with younger children before and was surprised at the severity of the symptoms and the behaviors that they exhibited. The length of stay and the treatments offered these children were similar to those of my previous employer. Family therapy was considered a crucial component of treatment and was compulsory. Again, it was common for patients to be physically and chemically restrained when their behavior threatened their own safety or that of others.

In the early 1980s I moved to a private clinical day treatment program. Some students suffered from severe emotional disturbances and often came from inpatient settings when discharged. More frequently, students were referred for behaviors that upset their parents and that interfered with their success in school: the types of behaviors that would have led to hospitalization a decade earlier. As a clinician, my caseload was ten students. I saw my students individually, in peer groups and with their families for required family therapy. Students typically stayed with us from one to three school years. The program was paid for by local school systems with clinical costs shared by private and public insurance. School systems also provided transportation.



Toward the end of that decade I jumped to the public school system and remained there for the rest of my career. I was initially assigned to the elementary level and worked in several different schools during the early years. In the end I went back to working with adolescents at the high school. As the years went by, I was surprised and dismayed to see more and more extreme behaviors in the general education setting. Many were the same that I had encountered first in the hospital and later in clinical day treatment. A variety of forces came together to create this trend. With the increase in medical costs, insurance companies began to restrict hospital admissions and shorten the length of stay that they would fund. Expenses to school systems for placing students in clinical day programs skyrocketed. School systems also experienced rapidly rising costs related to identifying and supporting students within the system under expanded special education legislation. Increasingly, educational mandates at the national and state levels required students to be educated with their peers in the least restrictive setting.

When thinking about the "scream rooms" (and I hate the use of this sensational term) we need to consider what we as a society are now asking of our schools. We are seeing more children coming to school with weak academic and social skills. Many parents are disengaged, some simply because they are single and have to work too hard to be available. Students with emotional and behavioral problems that would have resulted in their hospitalization followed by continued intensive outpatient treatment are now sitting in our classrooms. In comparison with the treatment offered in the former settings, these children are receiving very little support. Many are receiving services outside of school as well, but as many or more are not. Some behaviors continue to threaten the student's own safety and that of those around them. Other students become emotionally overwhelmed and need a temporary setting away from stimulation. Behavior outbursts can be very disruptive of the educational process in the classroom. Students with these needs may need to be restrained at times, as they have always been.

There is much to be said for educating students with emotional and behavioral dysfunction in their home schools, with their peers. Many are not able to be in this setting, however, without showing the pain that they feel and exhibiting the symptoms of their disorder. Despite the possible benefits, I believe that these students are being shortchanged. When evaluating the current situation in all public schools in Connecticut, we need to consider the following:

- Children and adolescents used to receive intensive inpatient treatment for behaviors as "mild" as occasional substance abuse, truancy and rebellion against adult authority. Today's inpatient must exhibit extreme behavior immediately threatening their own or someone else's safety to garner admission.
- When admitted to the hospital, today's child will generally stay from ten to twenty-one days as opposed to the months of treatment previously provided. In place of mandatory parent involvement and multi-discipline support modalities, inpatient staffs are expected to diagnosis, treat immediate symptoms and begin medication management. More often than not, there is no transition planning before discharge.
- Rarely are hospital admissions followed by referral to clinical day programs. One reason is the current emphasis on providing mental health treatment in the community. Also, unless a student is involved with the courts or child protective services, the decision to place students in

these programs is left to the schools. With the enormous and increasing expense of treatment and transportation, school systems are extremely reluctant to recommend these services for any but the most severely disturbed.

- Support services provided in the community are limited and not well coordinated. Individual therapy and medication management are generally available, although it may not be easy for students and their families to access them. Outpatient group therapy is rarer and is limited by funding constraints. Family therapy is not generally seen as a primary treatment modality and when provided, is often informational in nature and viewed as an adjunct of individual therapy. Outpatient providers rarely coordinate their services with school staff despite the many hours that children spend in the school setting and the impact that their behavior has on their school experience and education. In over twenty years in public schools, I had very few therapists contact me for input on a child's school behavior or to share treatment goals and intervention strategies.
- Although they try, school systems provide limited support for students despite the fact that behavior problems in the public schools are increasing in frequency and severity. Support is limited by financial constraints as systems struggle to control costs while at the same time improving educational outcomes as demanded by state and federal authorities. The focus of the support that is provided is usually narrowly defined as improving school outcomes.
- For a time, intensive self-contained programs were developed by school systems like Middletown's as alternatives to outplacement in hospitals and clinical day treatment. These programs not only saved the cost of therapy and transportation but provided support in the students' community with the possibility of inclusion with typical peers. Such programs have been dismantled in recent years as regulations at the state and federal level ended the segregation of these students. Another factor in the demise of these services involved the emphasis on testing as a measure of school achievement. Schools housing these students are required to report test scores as if students were members of the school despite the fact that the program is a district-wide resource. Schools were labeled as failing primarily because these needy students underperformed their peers on standardized tests. When such students are returned to their home schools it is much more difficult to provide the level of support that they received in small, self-contained classes. When the requirement is that they be educated in the mainstream whenever possible, the symptoms of their afflictions will be experienced by all.

I believe that the continuing trend is to expect our schools to provide many more services and for school staff to play many more roles than they have ever done before. At the same time, there is great public pressure to contain costs. I do not believe that schools can replace families and community organizations as agents for socializing students and providing the moral guidance that they need. I do not believe that adequate mental health treatment can be provided in the general education setting for students with severe emotional and behavioral disorders. I do believe that we need to look at the struggles at Farm Hill in a broader context and see them as a manifestation of a much larger social issue.

Sincerely,

Mike Foster



THE CONNECTICUT PSYCHOLOGICAL ASSOCIATION, INC.

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March 5, 2012

Dear Members of the Select Committee on Children:

My name is Traci Cipriano, and I am writing as a member of the Connecticut Psychological Association's (CPA) Legislative Committee, as well as a practicing psychologist in the state of Connecticut, **in support of the increased accountability for institutions utilizing restraint and seclusion**, as proposed in **Raised Bill No. 5347**, AN ACT CONCERNING THE REPORTING OF CHILDREN PLACED IN SECLUSION.

Raised Bill 5014 proposes increased reporting requirements and accountability for institutions utilizing physical restraint or seclusion. Restraint and seclusion are non-therapeutic measures of last resort. CPA supports increased reporting requirements and oversight with regard to restraint and seclusion, in an effort to eliminate abuses of these measures.

CPA would be pleased to be a resource regarding this issue as well as any other mental health- related topics that arise in the future.

Respectfully,

Traci Cipriano, Ph.D.  
Psychologist  
Connecticut Psychological Association Legislative Committee

To whom it may concern:

I am unable to participate in the hearing today due to unforeseen illness.

I would like to submit comments in support of HR 5347.

On the heels of the deplorable "scream rooms" in Middletown, CT, there has been much public discussion. In its intended form, the scream room, by law, should have been a room for proper restraint and seclusion of children with behavioral issues or special needs. It appears that the rooms used in Middletown were a gross violation of these laws and that those putting children in these rooms either were in violation of these laws as well or did not understand their proper use.

Regardless, this situation does beg the question as to how schools and school districts are accountable for their actions. The fact that situation was allowed to happen suggests that this accountability does not exist and that there are in fact no consequences for these deplorable actions. Further, if these reporting structures were in place at every pass, would the situation in Middletown have happened? How many other children are in in crisis across the state because their school districts are not being held accountable for their actions and therefore not providing safe and effective restraint and seclusion rooms?

I support this legislation and hope that it can be implemented to protect our children, our most vulnerable population from further abuse.

Shannon Knall  
State Advocacy Chair  
Autism Speaks

## Testimony before the Select Committee on Children

March 6, 2012

Regarding

HB 5347- AN ACT CONCERNING THE REPORTING OF CHILDREN PLACED IN SECLUSION

I am Susan Zimmerman, parent of a twenty-five year young adult with behavioral challenges. When my daughter was five years old, I learned that her arms were being strapped to a chair to prevent her from "hallway walking." I learned this because I was concerned about the agitated state she displayed every day on arriving home. No one was required to tell me about the restraint and no one was required to do an assessment of her functional behavior. The behaviorist we hired concluded her sensory system was being overwhelmed in the classroom and "hallway walking" was her attempt to find relief.

I recognize the education regulations being discussed at today's hearing are intended to correct situations like this one. But I do not believe these proposed regulations go far enough. Put simply, seclusion or restraint is not an educational intervention and should not be part of an IEP. There is no evidence-based research to suggest that restraint or seclusion is therapeutically effective while there is research to suggest it is both physically and psychologically harmful. Experts generally view its use as a treatment failure.

I would ask the Select Committee on Children to consider the importance of positive behavioral interventions such as sensory intervention and assistive technology that have proven effective to de-escalate behavior. Without these supports in the IEP, my daughter and others like her are held to a standard they cannot achieve. The result is emotional and physical harm.

Further, I strongly urge the committee to go further than the proposed reporting and consider limiting the use of restraint and seclusion interventions to emergency physical safety situations as has been done in the following states: Oregon, Colorado, Louisiana, Tennessee, Vermont, Wyoming, Georgia, Maine, Nevada, Pennsylvania and Texas.

Recent press reports and limited surveying done by the CT State Board of Education suggest the use of restraint and seclusion in Connecticut schools is high. These students would be better served by positive behavior supports and de-escalation techniques with a proven record of reducing problem behaviors. After all, the goal is to increase classroom learning, which is not going to happen if a child is spending time out of the classroom.

My daughter could and would have stayed in her classroom if her teaching staff had understood how to avoid overwhelming her sensory system. Let's work to keep all of our children in the classroom.

Susan Zimmerman  
74 Fullertown Road  
Hanover, CT 06350  
860-334-1102

**JOINT  
STANDING  
COMMITTEE  
HEARINGS**

**EDUCATION  
PART 7  
2026 – 2366**

**2012**

Dear Senator Stillman, Representative Fleischmann & members of the Education Committee:

I am a resident of Newtown, a parent of a child with autism, and a professional working with people with disabilities. I am writing in support of HB 5347. However, for the state to efficiently and effectively summarize the data generated, this legislation could be even more beneficial if either additional information was provided to the state and/or if a form were provided by the state for school districts to utilize when sending their district information in each year. For example, in addition to stating whether or not an emergency procedure was utilized and if it was in keeping with the a student's IEP, it may be useful for the state to obtain information such as:

Student information regarding age, disability, and location of emergency procedure

Type of procedure, i.e., seclusion, protective hold, combination of strategies

Duration of protective hold or seclusion

Where the school personnel implementing the procedure trained in physical management strategies within the last 12 months?

Where the parents notified as per state guidelines?

If the procedure was an emergency procedure rather than on a student's IEP, was a plan devised and added to the IEP after the event?

While seclusion, time out, and protective holds can sometimes be necessary when working with children with significant disabilities, ensuring that the state has sufficient data to understand what is happening in our schools is essential to ensure the safety of both our children and school district personnel.

Yours truly,  
Suzanne Letso, M.A., BCBA  
Chief Executive Officer  
Connecticut Center for Child Development  
95 Wolf Harbor Road  
Milford, CT 06461

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**CONNECTICUT  
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HOUSE**

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will be open.

The House of Representatives is voting by roll call. Members to the chamber. The House is taking a roll call vote. Members to the chamber please.

DEPUTY SPEAKER GODFREY:

Have all the members voted? Have all the members voted?

If so, the machine will be locked.

The Clerk will please take a tally.

And, Mr. Clerk, if you could kindly announce the tally?

THE CLERK:

House Bill 5395, as amended by House "A" and "B".

Total number voting	143
Necessary for adoption	72
Those voting Yea	143
Those voting Nay	0
Those absent and not voting	8

DEPUTY SPEAKER GODFREY:

The bill as amended is passed.

Will the Clerk please call Calendar 300.

THE CLERK:

On Page 43, Calendar 300, substitute for House Bill Number 5347, AN ACT CONCERNING THE REPORTING OF

CHILDREN PLACED IN SECLUSION. Favorable report by the Committee on Appropriations.

DEPUTY SPEAKER GODFREY:

The distinguished Chair of the Children's Committee, Representative Urban.

REP. URBAN (43rd):

Thank you, Mr. Speaker. I move acceptance of the joint committee's favorable report and passage of the bill.

DEPUTY SPEAKER GODFREY:

Question is on acceptance and passage. Would you explain the bill please, madam?

REP. URBAN (43rd):

Yes, thank you, Mr. Speaker. There have been concerns that have been brought to light recently questioning the frequency and proper use of seclusion rooms and restraint in Connecticut schools. By law, Mr. Speaker, each institution and facility that provides special education to a child, must record each instance when physical restraint or seclusion was used on the child and the nature of the emergency that necessitated the action and include that in a report to the state. Under the Bill today before us, Mr. Speaker, these entities must also specify whether this

seclusion was in accordance with the child's IEP, that would be their Individual Education Plan which is extremely important that we would know that. The entities are also required rather than just given the option to report to the state board of education any instance in which that restraint or seclusion resulted in physical injury to the child. The Bill also requires rather than allows the state board of education to review these compilations and provide an annual report to the General Assembly including the issues that we just focused on. Mr. Speaker, the Clerk has in his possession an amendment LOC Number 3869. I ask that he call it and I be allowed to summarize.

DEPUTY SPEAKER GODFREY:

Clerk is in possession of LCO Number 3869 which will be designated House Amendment Schedule "A". Mr. Clerk, please call the amendment.

THE CLERK:

LCO 3869, House "A", offered by Representative Urban.

DEPUTY SPEAKER GODFREY:

The gentleman has asked leave of the chamber to summarize. Is there objection? Hearing none,

Representative Urban.

REP. URBAN (43rd):

Thank you, Mr. Speaker. The purpose of this amendment is to clarify a few issues in the language of the Bill. There has been some confusion over whether physical restraint is actually allowed in an IEP. It is not. A physical restraint is only in an emergency situation. So, this language clarifies for the reporting entity when a physical restraint or seclusion, the separation of those two issues, so that when the report is made, it's clear to us in the legislature whether we're talking about physical restraint or we're talking about seclusion. We also have changed the date from October 1st to February 15th, 2013, with subsequent reportings on December of each year. I move adoption.

DEPUTY SPEAKER GODFREY:

Question is on adoption. Would you remark further on House Amendment Schedule "A"? Will you remark further on House Amendment Schedule "A"?

If not, let me try your minds. All those in favor signify by saying Aye.

REPRESENTATIVES:

Aye.

DEPUTY SPEAKER GODFREY:

Opposed Nay.

The Ayes have it. The amendment is adopted.

Will you remark on the Bill as amended.

The distinguished Ranking Member of the  
Children's Committee, Representative Wood.

REP. WOOD (141st):

Thank you, Mr. Speaker. I do stand also in  
strong support of this Bill. I think many of us had  
read about the seclusion incident in Middletown and I  
think we all want to address it in a very positive way  
and I think this is a very, very good way to start  
that -- addressing that. It basically addresses when  
someone is in seclusion and why and hopefully moving  
forward we'll be able to use it in a more preemptive  
way to avoid these seclusions all together. So,  
again, I urge you all to vote this -- vote this in.  
Thank you very much.

DEPUTY SPEAKER GODFREY:

Thank you, madam.

Representative Cafero.

REP. CAFERO (142nd):

Thank you, Mr. Speaker. Mr. Speaker a few  
questions through you to the proponent of the Bill.

DEPUTY SPEAKER GODFREY:

Proceed, sir.

REP. CAFERO (142nd):

Thank you, Mr. Speaker. Representative Urban, you indicated that obviously the reporting requirement currently exists in our statutes and this is mandating that our state department of education review all where in the past they may review, now it's shall. Is that correct? Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Urban do you care to respond?

REP. URBAN (43rd):

Through you, Mr. Speaker, yes, that's correct.

DEPUTY SPEAKER GODFREY:

Representative Cafero.

REP. CAFERO (142nd):

And, through you, Mr. Speaker, do we know -- have any idea of how many of such cases the state department will now have to review? Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Urban.

REP. URBAN (43rd):

Through you, Mr. Speaker, the State Board of

Education amassed information in the 2009/2010 school year indicating that there were 18,334 uses, but that was one of the issues that we wanted to address because that information was not broken down in any manner so we didn't know if it was the same child in a restraint or seclusion, we didn't know whether outcomes of putting the child in seclusion, whether there was any benefit to it. So, that's where the requirement to actually report those numbers to us in a way where the data could be analyzed. Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Cafero.

REP. CAFERO (142nd):

Thank you. Through you, Mr. Speaker, and I'm sorry, I think I heard you say 18,000 plus cases. Is that accurate? Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Urban.

REP. URBAN (43rd):

Through you, Mr. Speaker, yes.

DEPUTY SPEAKER GODFREY:

Representative Cafero.

REP. CAFERO (142nd):

So, through you, Mr. Speaker, if this were to pass from this point forward if for instance, a similar amount of cases were to come by the State Department of Education, would -- or the State Board of Education would be obligated to review all 18,000 plus cases, is that correct? Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Urban.

REP. URBAN (43rd):

Through you, Mr. Speaker, we would assume that these would be put on an excel spreadsheet type of situation and the data broken down. So, that was what would be reported to the State Board of Education and then they could go through that and then report it to the legislature. Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Cafero.

REP. CAFERO (142nd):

Thank you. Through you, Mr. Speaker, it's not that they could go through; this Bill would make sure they have to go through. Is that accurate? Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:



Representative Urban.

REP. URBAN (43rd):

Through you, Mr. Speaker, yes.

REP. CAFERO (142nd):

And, I know many of us are familiar with the State Department of Education, but this being the State Board of Education, do they have sufficient staff enable them to review 18,000 plus cases, if that were the case? Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Urban.

REP. URBAN (43rd):

Through you, Mr. Speaker, SDE is their staff.

DEPUTY SPEAKER GODFREY:

Representative Cafero.

REP. CAFERO (142nd):

Thank you, Mr. Speaker. Now, through you, Mr. Speaker, I know that we as a General Assembly passed in-school suspensions some years ago and I'm wondering if anywhere in this Bill that's before us or in current statute, we define what seclusion is? And, I ask the question because what I'm wondering is, if in-school suspension which would require a student being removed from the mainstream classroom and put, say in

a special suspension room or what have you, would that constitute seclusion? Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Urban.

REP. URBAN (43rd):

Through you, Mr. Speaker, no, I would not believe that would constitute seclusion.

DEPUTY SPEAKER GODFREY:

Representative Cafero.

REP. CAFERO (142nd):

And, through you, Mr. Speaker, I'm just curious as to what you would rely on for that? Is there a definition within the statutes that would indicate that such removal and in-school suspension would not be seclusion? Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Urban.

REP. URBAN (43rd):

Through you, Mr. Speaker, in the testimony that we received in the Children's Committee on the Bill, they expressed to us that it's a room where there's actually a closed door and the child is in there by themselves. Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Cafero.

REP. CAFERO (142nd):

So, through you, Mr. Speaker, if two or more children were put in a room with a closed door, would that constitute seclusion? Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Urban.

REP. URBAN (43rd):

Through you, Mr. Speaker, no.

DEPUTY SPEAKER GODFREY:

Representative Cafero.

REP. CAFERO (142nd):

Well, through you, Mr. Speaker, I guess I'm just looking for somewhere and with all due respect to Representative Urban, where there's some authority with regard to that because I'm most concerned that a lot of school districts, as you know, have in-school suspension per our order, per the new law. And, in-school suspension works that they are removed from the classroom environment for the entire day or maybe a series of days and they are put in many cases, in a separate room. They might be the only one suspended for that period of time, therefore they would be alone or they might be with other classmates who have also

been suspended. That would be a separate room with a door that's closed and I'm wondering why that would be different from the seclusion that we're discussing with regard to this Bill. Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Urban.

REP. URBAN (43rd):

Through you, Mr. Speaker, could you just repeat the final part of that question?

DEPUTY SPEAKER GODFREY:

Representative Cafero.

REP. CAFERO (142nd):

Yes. As I said earlier, I think many school boards in order to comply with the in-school suspension statute that we passed a couple of years ago, have designated a room or rooms within their building to separate the suspended student or students from the mainstream population for a period of up to 10 days in some cases. If in fact only one student for instance, is suspended, that student would be in that room alone and I'm wondering why that would not constitute seclusion for purposes of this Bill that's before us? Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Urban.

REP. URBAN (43rd):

Through you, Mr. Speaker, again, it's my understanding that when the child is removed from the classroom it is in a room where the door is closed and there is a person who is assigned to be there to observe the child to be sure that the child is not causing any injury to themselves. So, there is a staff person or teacher who is there at all times with the child, not necessarily inside the room, but observing the child to be sure that everything is proceeding in a manner that is not of injury to the child.

DEPUTY SPEAKER GODFREY:

Representative Cafero.

REP. CAFERO (142nd):

Thank you. But, through you, Mr. Speaker, the same -- I would submit to Representative Urban, the same holds true for a suspended student who's suspended in school. That student is assigned to a room, sometimes with a teacher who's supervising and I guess what I'm getting at here is, if you now include all of the in-school suspensions and if in fact they could be defined as seclusions, the number would far

exceed 18,000 and I'm wondering if this Bill contemplates or differentiates between in-school suspension and seclusion? And, the way I heard seclusion described in many cases can equate to in-school suspension especially if there's only one child being suspended. Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Urban.

REP. URBAN (43rd):

Through you, Mr. Speaker, we're going to hope that this will be able to identify schools in districts who are in need of advanced behavior modification and maybe to find schools who have effective alternatives to seclusion who might be used as models. As to the differentiation, as we get these reports I think that is one of the reasons why we want the reports made to us so that we have an idea of what the differentiation is and whether we have schools that are actually counting in-school suspension as well as restraint and seclusion under the same numbers. Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Cafero.

REP. CAFERO (142nd):

Thank you, Mr. Speaker. Mr. Speaker, I was just informed that our statutes, Section 46A-150, Subsection 7, defines the word seclusion and it says, "seclusion" means the confinement of a person in a room, whether alone or with staff supervision in a manner that prevents that student from leaving." And, I would submit to you that that is exactly what we do in many cases, when we have in-school suspension. And, I guess my concern is, is I don't want our in-school suspension statute to be confused with this statute because I think, as Representative Urban indicated, is a very different purpose that we're putting this Bill forth. And, however, the terms are broad enough that it would include in-school suspensions and I would submit to the chamber that there are thousands upon thousands upon thousands of in-school suspensions that take place within the 169 towns and cities of the State of Connecticut. And, if in fact each in-school suspension would have to be considered and written up as a seclusion and thereby reviewed by our State Board of Education, you want to talk about an unfunded mandate; you want to talk about putting a huge additional responsibility on the State Board of Education -- I think that would be the case.

And, I think we would be well-advised to specifically say in an amendment that this does not include in-school suspension. It would be, I think very clarifying for all of our districts that we represent. It would take nothing to PT this Bill, come up with that small amendment, pass it so that everyone is very clear that in-school suspension does not equate to seclusion as it's being discussed in this Bill. And, I wonder if, through you, Mr. Speaker, if the proponent of the Bill would be amenable to such an amendment.

(House at ease.)

DEPUTY SPEAKER GODFREY:

House will come back to order.

Representative Cafero, you still have the floor, sir.

REP. CAFERO (142nd):

I will yield to the majority leader.

DEPUTY SPEAKER GODFREY:

Thank you. Representative Sharkey.

REP. SHARKEY (88th):

Thank you, Mr. Speaker. Without objection, I'd move that we pass this Bill temporarily.

DEPUTY SPEAKER GODFREY:



Okay. Is there objection? Hearing none, the  
Bill is passed temporarily.

Are there introductions?

Representative Betts.

REP. BETTS (78th):

Thank you very much, Mr. Speaker. If you all would like to come down to the front of the well of the House and follow Representative Wright, it's my honor and privilege on behalf of the Bristol delegation, to introduce these fine young people who are part of the Bristol City Youth Bureau. They're here today to see how we conduct our business and they've been taking a tour of the capital. And if you all would like to face this way, if you look at me, girls, this way, then everybody can see you. And I would just ask that the House give a warm welcome and a thank you for them coming by and I hope you have a great rest of the day. Thank you for spending time to be with us and I want to thank the facilitators, Allison and Chris. So, welcome everybody.

DEPUTY SPEAKER GODFREY:

Thank you all for sharing your day with us. I know its better being here than being in school today. Right? Gotcha. Thank you very much and I hope enjoy

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If so, the machine will be locked. The Clerk will take a tally, and the Clerk will announce the tally.

THE CLERK:

House Bill 5425.

Total number voting	144
Necessary for passage	73
Those voting Yea	144
Those voting Nay	0
Those absent and not voting	7

DEPUTY SPEAKER GODFREY:

The bill is passed.

The Clerk please call Calendar 300.

THE CLERK:

On page 44, Calendar 300, Substitute for House Bill Number 5347, AN ACT CONCERNING THE REPORTING OF CHILDREN PLACED IN SECLUSION, as amended by House Amendment Schedule "A," favorable report of the Committee on Appropriations.

DEPUTY SPEAKER GODFREY:

The distinguished chair of the Joint Committee on Children, Representative Urban.

REP. URBAN (43rd):

Thank you, Mr. Speaker.

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I move acceptance of the joint committees' favorable report and passage of the bill.

DEPUTY SPEAKER GODFREY:

The question is on acceptance and passage. Will you explain the bill please, madam?

REP. URBAN (43rd):

Thank you, Mr. Speaker.

This bill has been in front of us before, and I would simply remind my colleagues that it's here because of concerns that were brought to light questioning the frequency and the proper use of seclusion in rooms in physical restraint in Connecticut.

The bill requires more complete reporting of the use of seclusion rooms and restraint to help us identify school districts that are possibly in need of enhanced behavioral intervention and other school districts where effective alternatives to seclusion might serve as models.

The reporting requirements in the bill, the additional reporting requirements in the bill, Mr. Speaker, include whether such a seclusion is in accordance with an IEP -- that would be an individual education plan -- and whether -- and the entities now

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are required, they're and not given the option, to report to the State Board of Education injuries that result from the use of restrain and seclusion. And it, also, requires, rather than allows, the State Board of Education to review and report on the frequency of the use of restrain and seclusion and including in that report the aforementioned IEPs and injury data.

There was also an amendment that was adopted, Mr. Speaker, which was clarifying the language of the bill, specifically because we wanted to be very clear that physical restraint was not part of an IEP. Physical restraint was only to be used in the case of an emergency. An IEP is where the place for seclusion rooms to be enumerated.

We also changed the dates of the -- it was originally to take effect on October 1st, but in discussions with SBE, we settled on a date of February 15th, and annual reports thereafter on December 1st.

Mr. Speaker, the Clerk has in his possession an amendment, LCO 4387. I asked that he call it, and I be allowed to summarize.

THE CLERK:

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The Clerk is in possession of LCO Number 4387,  
which will be designated House Amendment Schedule "B."

Mr. Clerk, please call the amendment.

THE CLERK:

LCO 4387, House "B" offered by Representatives  
Urban and Wood.

DEPUTY SPEAKER GODFREY:

The gentlewoman has asked leave of the chamber to  
summarize. Is there objection?

Hearing none, Representative Urban.

REP. URBAN (43rd):

Thank you, Mr. Speaker.

In our discussions with this bill it also became  
clear that we needed to clarify another aspect of the  
bill and that is what this amendment does. It makes  
it very clear that the -- that instances of in-school  
suspension are not required to be reported under this  
section.

I move adoption.

DEPUTY SPEAKER GODFREY:

Question's on adoption.

Would you remark, ma'am?

The distinguished ranking member of the  
Children's Committee, Representative Wood.

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REP. WOOD (141st):

Thank you, Mr. Speaker.

I also stand in support -- am I talking on the amendment or the bill, or both?

DEPUTY SPEAKER GODFREY:

We are on House Amendment "B."

REP. WOOD (141st):

I want to talk on the bill, but the amendment is good to, so --

DEPUTY SPEAKER GODFREY:

We appreciate your concern. Thank you.

REP. WOOD (141st):

You know, let's keep it short and simple. Get 'r done.

DEPUTY SPEAKER GODFREY:

It's dinnertime, I understand.

REP. WOOD (141st):

The amendment speaks to the specifics that it does not include in-school suspension. So it is good been that clarifies the intent of the bill.

Thank you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Thank you, madam.

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The gentlewoman from Bolton, Representative  
Sawyer.

REP. SAWYER (55th):

Thank you, Mr. Speaker.

This amendment I believe does address the issues  
that were brought up by the Minority Leader. With his  
vast experience in the high schools and dealing with  
expulsions, he brought up the issue and this satisfies  
the dilemma that he brought up.

Thank you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Thank you.

Will you remark further on House Amendment  
Schedule "B"? Will you remark further on House  
Amendment Schedule "B"?

If not, let me try your minds. All those in  
favor signify by saying aye.

REPRESENTATIVES:

Aye.

DEPUTY SPEAKER GODFREY:

Oppose, nay.

The ayes have it. The amendment is adopted.

Will you remark on the bill, as amended?

Representative Wood.



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REP. WOOD (141st):

Thank you, now on the bill.

DEPUTY SPEAKER GODFREY:

On the bill.

REP. WOOD (141st):

The bill is a good bill. I think we need to absolutely get more numbers on why these kids are in seclusion and -- so that really defines when and why they are putting seclusion. And hopefully, we can address and intervene before we have to use this type of seclusion. So thank you, I stand in support of the bill and urge you all to vote in favor.

Thank you very much, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Thank you, ma'am.

Will you remark further on the bill as amended?

Will you remark further?

If not, staff and guests please come to the well the House. Members take your seats. The machine will be open.

THE CLERK:

The House of Representatives is voting by roll call. Members to the chamber. The House is taking a roll call vote. Members to the chamber please.

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DEPUTY SPEAKER GODFREY:

Have all members voted? Have all members voted?

If so, the machine will be locked. The Clerk will take a tally, and the Clerk will announce the tally.

THE CLERK:

House Bill 5347 as amended by House "A" and "B."

Total number voting	142
Necessary for passage	72
Those voting Yea	142
Those voting Nay	0
Those absent and not voting	9

DEPUTY SPEAKER GODFREY:

The bill, as amended, is passed.

Will the Clerk please call Calendar 397.

THE CLERK:

On page 47, Calendar 397, Substitute for House Bill Number 5388, AN ACT CONCERNING COURT FEES AND THE DELIVERY OF LEGAL SERVICES TO THE POOR, favorable report by the Committee on Finance.

DEPUTY SPEAKER GODFREY:

Distinguish chairman of the Judiciary Committee, Representative Gerry Fox.

REP. FOX (146th):

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THE CHAIR:

So ordered, sir.

SENATOR LOONEY:

Thank you, Madam President.

Also calendar page 14, Calendar 438, House Bill 5347.  
Move to place the item on the consent calendar.

THE CHAIR:

So ordered, sir.

SENATOR LOONEY:

Thank you, Madam President.

Moving to calendar page 15, where we also two items. First  
is Calendar 441, House Bill 5501. Madam President, move  
to place this item on the consent calendar.

THE CHAIR:

So ordered, sir.

SENATOR LOONEY:

Thank you, Madam President.

Also calendar page 15, Calendar 442, House Bill 5536.  
Madam President, move to place this item on the consent  
calendar.

THE CHAIR:

So ordered, sir.

SENATOR LOONEY:

Thank you, Madam President.

Moving to calendar page 16. The first item is Calendar  
445, House Bill 5145. Move to place the item on the  
consent calendar.

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On page 13, Calendar 426, House Bill 5443; on page 14, Calendar 438, House Bill 5347; Page 14, Calendar 439, House Bill 5388; page 15, Calendar 441, House Bill 5501.

Also on page 15, Calendar 442, House Bill 5536; page 16, Calendar 445, House Bill 5145; page 16, Calendar 446, House Bill 5395; on page 16, Calendar 448, House Bill 5414; page 17, Calendar 451, House Bill 5548; page 18, Calendar 456, House Bill 5285.

Also on page 18, Calendar 458, House Bill 5031; on page 20, Calendar 468, House Bill 5217; page 21, Calendar 471, House Bill 5164; page 22, Calendar 476, House Bill 5263.

On page 23, Calendar 485, House Bill 5237. On page 25, Calendar 497, House Bill 5512; page 26, Calendar 502, House Bill 5497; page 26, Calendar 503, House Bill 5409.

On page 28, Calendar 512, House Bill 5424. And on page 30, Calendar 522, House Bill 5289.

THE CHAIR:

That seems correct.

Mr. Clerk, would you please call for a roll call vote on the consent calendar. (Inaudible.)

THE CLERK:

Immediate roll call has been ordered in the Senate. Will senators please return to the Chamber. Immediate roll call has been ordered in the Senate.

THE CHAIR:

Senator Gomes, would you like to vote, please. Thank you.

If all members have voted, if all members have voted, the machine will be closed.

Mr. Clerk, would you please call a tally.

THE CLERK:

On today's consent calendar,

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Total Number Voting           35  
Necessary for passage        18  
Those Voting Yea            35  
Those Voting Nay            0  
Those Absent and Not Voting           1

THE CHAIR:

The consent calendar passes.

Are there any points of personal privilege or  
announcements? Are there any points of personal  
privilege or announcements?

Senator Looney.

SENATOR LOONEY:

Thank you, Madam President.

Yes, Madam President, if there are no announcements or  
points of personal privilege, we will, of course, be in  
session tomorrow -- or actually it's later today but -- but  
not on Thursday. But --

THE CHAIR:

Okay. Promise?

SENATOR LOONEY:

-- we will -- we will convene later this morning. We will  
have a -- announce the Democratic caucus at eleven followed  
by session at noon today.

Thank you, Madam President.

With that, would move the Senate stand adjourned, subject  
to the call of the chair.

THE CHAIR:

So ordered, sir. Everybody drive safely.

On motion of Senator Looney of the 11th, the Senate, at  
12:32 a.m. adjourned subject to the call of the chair.