

PA13-178

SB0972

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**CONNECTICUT
GENERAL ASSEMBLY
HOUSE**

**PROCEEDINGS
2013**

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objections, no ordered. This bill is passed
temporarily.

Would the House please stand at ease briefly?

Thank you.

(Chamber at ease.)

ASSISTANT DEPUTY SPEAKER ALTOBELLO:

Would the House please come back to order? Would the Clerk please call Calendar 653.

THE CLERK:

Calendar 653 on Page 35, Favorable Report of the Joint Standing Committee on Public Health, Substitute Senate Bill 972, AN ACT CONCERNING THE MENTAL, EMOTIONAL AND BEHAVIORAL HEALTH OF YOUTH.

ASSISTANT DEPUTY SPEAKER ALTOBELLO:

Representative Urban of the 43rd, you have the floor, madam.

REP. URBAN (43rd):

Thank you, Mr. Speaker. Mr. Speaker, I move acceptance of the Joint Committee's Favorable Report and passage of the bill.

ASSISTANT DEPUTY SPEAKER ALTOBELLO:

The question before the Chamber is passage of the

bill. Please proceed.

REP. URBAN (43rd):

Thank you, Mr. Speaker. Mr. Speaker, the Clerk has in his possession an amendment, LCO Number 7782. I ask that he call it and I be allowed to summarize.

ASSISTANT DEPUTY SPEAKER ALTOBELLO:

Would the Clerk please call LCO 7782, previously designated Senate "A"?

THE CLERK:

Senate Amendment "A", LCO 7782, as introduced by Representative Bartolomeo, et al.

ASSISTANT DEPUTY SPEAKER ALTOBELLO:

The good Representative has begged leave of the Chamber to summarize. Seeing no objection to summarization, please proceed, Representative Urban.

REP. URBAN (43rd):

Thank you, Mr. Speaker. Mr. Speaker, this is a strike-all amendment, and thus becomes the bill. This amendment seeks to prevent or reduce the long-term negative impact of mental, emotional, and behavioral health issues on children through a laser-like focus on prevention. It will emphasize early identification and intervention through training -- in the mental -- training of mental healthcare providers with proven

and trauma-informed training. And it will inform and involve parents on children's mental health issues, and that is a very important part of this bill, Mr. Speaker.

And it also seeks to eliminate silos. We all know the negative impact of having silos within our system, and this bill will improve coordination and communication between and among sectors and agencies.

Mr. Speaker, I move adoption.

ASSISTANT DEPUTY SPEAKER ALTOBELLO:

The question before the Chamber is adoption of Senate "A". Further?

Representative Urban.

REP. URBAN (43rd):

Yes, Mr. Speaker. Mr. Speaker, I would like to start out by saying if you take a look at the co-introducers on this amendment, you will see that the Children's Committee, and the Commission on Children very carefully involved some of our top people on mental health issues in the General Assembly from both sides of the aisle. We involved as many stakeholders as we possibly could, and those stakeholders were wonderful in the additions that they gave to this bill. And I would just like to begin by saying that

my Co-chair in the Senate, Senator Bartolomeo, did an amazing job of bringing all these groups together, all these stakeholders together, to get a tremendous start on addressing a very, very serious mental health problem.

With that, Mr. Speaker, I would just notate a few national statistics. Up to 80 percent of children and adolescents in need of mental health services do not receive them. About two-thirds of youth in the juvenile justice system have a diagnosable mental health disorder. About one in ten youths have serious mental health problems that are severe enough to impair how they function at home, school, or in the community. And very, very disturbing, Mr. Speaker, is up to 44 percent of youths in high school with mental health problems drop out of school.

Mr. Speaker, this bill very briefly focuses on developing a comprehensive implementation plan across agency and policy areas for meeting the mental, emotional, and behavioral needs of all children, and this is followed by a date certain for this to happen, and it is also -- and of course, my colleagues in the house know how much this pleases me -- is data driven.

It also focuses on coordinating community mental

health needs, schools, school-based health centers, and emergency mobile psychiatric service providers. And again, most importantly, Mr. Speaker, we are focusing on training our healthcare providers in early identification. One of the biggest issues, when we're looking at the -- the age that we're looking at here which, Mr. Speaker, is 0 to 16, as we remember the bill that we passed previously pretty much looked at kids from 16 on. So we are looking at 0 to 16 for that early identification, and the ability, when we are able to identify these children early, that they will not suffer the stigma, that they will not suffer developmental delays, that they will become a functional part of their classrooms and their families.

I know that there was a little bit of concern about whether people would be forced into this -- this area, but Line 122 of the bill itself clearly states, and I would request that I be able to just read one statement: A common referral process for families requesting home visitation programs not initiated by DCF. It is requested.

There might be questions about the fiscal note. There is no fiscal note. The monies here are coming

from the federal government. They are coming from our new Office of Child Development, and they are coming from some private sources.

And I would end up with saying I know there are some questions about whether this should be in DCF or DHMAS, but at the moment, and through significant consultation with the Ranking Member on our committee, as well as Committee Chairs, it seemed appropriate because DCF is responsible for not just children's mental health, but for their issues across the board.

Through you, Mr. Speaker, I urge my colleagues to support this.

ASSISTANT DEPUTY SPEAKER ALTOBELLO:

The question before the Chamber is adoption of Senate "A".

Representative Betts of the 78th. You have the floor, sir.

REP. BETTS (78th):

Thank you, and good afternoon, sir.

ASSISTANT DEPUTY SPEAKER ALTOBELLO:

Good day, sir.

REP. BETTS (78th):

I rise in very strong support of this. This has really been a session-long effort, a bipartisan

effort, to address a problem that started -- not a problem that started, but a problem we started to address back in January with Newtown and dealing with the issue of mental illness. And, as everybody knows, it's a very complex situation. And through the efforts of the Chairs, in particularly Senator Bartolomeo, there -- this amendment reflects the input from a lot of different stakeholders that I think have laid a very good foundation for moving forward and addressing this. And I would like to just start off by asking a couple of questions, really more to reflect legislative intent than anything else. And if I could, through you, Mr. Speaker, I'd like to pose a couple of questions.

ASSISTANT DEPUTY SPEAKER ALTOBELLO:

Please proceed, sir.

REP. BETTS (78th):

The only real big dispute I had with this particular bill, and it was one that did not prevent me from supporting it, because my name is on it. I wonder if the proponent could explain why -- I know you touched on this -- why this bill was not led by the Department of Mental Health and Addiction Services? And the reason why I say that is usually

mental illness is associated under the jurisdiction of the Commissioner of Mental Health, so if the gentle lady could explain that to the Chamber, I certainly would appreciate it. Through you, Mr. Speaker.

ASSISTANT DEPUTY SPEAKER ALTOBELLO:

Representative Urban.

REP. URBAN (43rd):

Thank you, Mr. Speaker. Through you, Mr. Speaker. We -- we worked very closely with DCF, realizing that DCF's mission is inclusive of behavioral health, juvenile justice, and child protection, that they are looking at the complete child. And although I certainly appreciate the reference to DHMAS, and I certainly think that as we move forward, perhaps that is something that we would examine, but at this point it fits in very well with DCF's mission for the complete child and I think that, you know with mental health we don't want to pull out and -- and just focus on one area if a child is also in child protection and might have juvenile justice issues, too. Through you, Mr. Speaker.

ASSISTANT DEPUTY SPEAKER ALTOBELLO:

Representative Betts.

REP. BETTS (78th):

I thank you for that answer, and I think one of the important parts of that answer is I do think there's going to be a role for the Department of Mental Health through this process, but again, this is the very beginning part of the process, and as a result, particularly as we're going to be working through this on the taskforce, I anticipate their playing a -- an important role in this process.

Through you, Mr. Speaker, I notice that there has been a change in Senate Amendment "A", and perhaps what I'll do is I'll see if the Chair agrees with the change that took place. In the previous draft, DCF was charged with developing and implementing a youth plan. Under this change, I -- I believe it reflects that DCF will be simply developing, as opposed to implementing, a plan. Is that correct? Through you, Mr. Speaker.

ASSISTANT DEPUTY SPEAKER ALTOBELLO:

Representative Urban.

REP. URBAN (43rd):

Through you, Mr. Speaker. Yes, and I would like to thank the good Ranking Member because, as I recall, that was done in consultation with the Chairs and the Ranking Members, and I appreciate the input. Through

you, Mr. Speaker.

ASSISTANT DEPUTY SPEAKER ALTOBELLO:

Representative Betts.

REP. BETTS (78th):

I also think -- thank you for that answer -- I also think it's important to set realistic goals, and I think that that was one of the reasons why that was removed. I notice that there's a series of reports that are going to be forthcoming. In Line 73 and let me see what section it is -- Section 2, in Line 73, there is a reference to school officers receiving training to recognize or to be able to identify mental health issues for students. And it makes a reference there to federal funds if they're available. Does the good lady know if there's any federal funds available to do this program? Through you, Mr. Speaker. And if so, how much?

ASSISTANT DEPUTY SPEAKER ALTOBELLO:

Representative Urban.

REP. URBAN (43rd):

Through you -- through you, Mr. Speaker. As part of the school safety initiative after Newtown, the Obama administration announced renewed resources for the local training and hiring of school resource

officers, and I apologize to the -- to the Ranking Member, I -- I do not have that number in front of me, but the funds are significant. Through you, Mr. Speaker.

ASSISTANT DEPUTY SPEAKER ALTOBELLO:

Representative Betts.

REP. BETTS (78th):

Thank you, and I think that's very important, and -- and these resource officers can be a very important part of the solution in terms of improving the communication and in the early identification of mental health problems.

On Lines through 77 and through 81, it talks about DCF providing ongoing training for mental health and -- and healthcare providers. I'm wondering what type of training that is, because if it was anything to do with mental health, I would have thought it would have been deemed as so. I wonder if the good Chairperson could tell me what type of training they're referring to here. Through you, Mr. Speaker.

ASSISTANT DEPUTY SPEAKER ALTOBELLO:

Representative Urban.

REP. URBAN (43rd):

Through you, Mr. Speaker. This is a very

specific type of ongoing training to mental healthcare providers, and this approach utilizes existing DCF resources. Through you, Mr. Speaker.

ASSISTANT DEPUTY SPEAKER ALTOBELLO:

Representative Betts.

REP. BETTS (78th):

Okay, and going on further down, on the Office of Early Childhood, it's my understanding, assuming that that office is established in the budget this year, they're going to be providing training to pediatricians and child care providers, as well as taking a leading role in working with public health on the promotion of informational materials, giving access as to where to go to get help. Am I correct in that understanding? Through you, Mr. Speaker.

ASSISTANT DEPUTY SPEAKER ALTOBELLO:

Representative Urban.

REP. URBAN (43rd):

Through you, Mr. Speaker. Absolutely correct.

ASSISTANT DEPUTY SPEAKER ALTOBELLO:

Representative Betts.

REP. BETTS (78th):

Thank you, and then also I'd like to, for legislative intent, even though I know the Chair

mentioned it -- this was a source of very large concern to a large group of people, and I want to make it very clear and reinforce what Representative Urban had mentioned before. With regards to the home visits, these are not mandated visits. The visits will only take place at the request of the parents. Am I clear in understanding that, that this is in fact permissive and only at the request of parents and is not state mandated? Through you, Mr. Speaker.

ASSISTANT DEPUTY SPEAKER ALTOBELLO:

Representative Urban.

REP. URBAN (43rd):

Through you, Mr. Speaker. In fact, this is almost a foundation of this bill because this bill seeks to involve parents, and by utilizing the request, that clearly involves parents rather than doing it without a request. So, yes. Through you, Mr. Speaker, very definitely. For legislative intent, absolutely by request.

ASSISTANT DEPUTY SPEAKER ALTOBELLO:

Representative Betts.

REP. BETTS (78th):

Thank you. I also understand that there is no mandate to do family assessments. Is that correct?

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Through you, Mr. Speaker.

ASSISTANT DEPUTY SPEAKER ALTOBELLO:

Representative Urban.

REP. URBAN (43rd):

Through you, Mr. Speaker. I'm sorry,
Representative. I -- for some reason I didn't hear
what you said. Through you, Mr. Speaker.

ASSISTANT DEPUTY SPEAKER ALTOBELLO:

Sure. Representative Betts.

REP. BETTS (78th):

Thank you. I'd be happy to -- it's my
understanding that there is no state mandate for
family assessments. Is that correct? Through you,
Mr. Speaker.

ASSISTANT DEPUTY SPEAKER ALTOBELLO:

Representative Urban.

REP. URBAN (43rd):

Through you, Mr. Speaker. Yes.

ASSISTANT DEPUTY SPEAKER ALTOBELLO:

Representative Betts.

REP. BETTS (78th):

Thank you. Those were two very serious concerns
I know we heard during this process. Finally, in
Section 8, one of the changes that occurred in this

bill, and I know a number of people have talked to us about it, but I just want to, for legislative intent, make sure that it's clear, this taskforce had been set up to study the effects of a number of items dealing with the mental, emotional, and behavioral health of children. But the one that was very controversial, and according to my reading here, that was removed and deleted was pertaining to environmental toxins. Is that the Chair's understanding as well? Through you, Mr. Speaker.

ASSISTANT DEPUTY SPEAKER ALTOBELLO:

Representative Urban.

REP. URBAN (43rd):

Through you, Mr. Speaker. Yes, that is exactly what happened, and it was deemed that it was not the place or the time for this, so it was taken out of the language. Through you, Mr. Speaker.

ASSISTANT DEPUTY SPEAKER ALTOBELLO:

Representative Betts.

REP. BETTS (78th):

And I thank the Chair for that, because I know it was an important issue for her, but I agree with what she just said.

In summation, ladies and gentlemen, this is

something that I think we can all feel extremely good about. We've all been concerned about mental health. We've all been concerned about children, what we can do with the schools. We know it's very fragmented right now. I'm really pleased to see that so much effort was put in by the different stakeholders and again I would like to recognize Senator Bartolomeo for making that happen, because we will I think, in moving forward, and this will take years, moving forward be able to develop, I think, a comprehensive plan that will make it easy for parents to know where to turn to if they're looking for help; make it easy for schools -- make it easier for schools to be able to try and find resources to find out what they can do to help out children at a very early stage; and the General Assembly will be actively involved. This is really a -- a legislative-led effort here in making sure it reflects our wishes in terms of what the priorities are in dealing with the children, and making sure the state agencies are working together so that we can come up with something that the State of Connecticut will not only be proud about, but which will actually address this really critical need.

Again, just to reinforce the bipartisanship of

this bill, you'll notice that there are a significant number of names here, and this is something that also reflects, if you look back to Newtown, a lot of us thought that the number one issue and cause dealing with that issue and a lot of other issues around this country, has to do with mental illness. This, ladies and gentlemen, is our response, our collective answer in terms of trying to address that.

So I strongly urge this Chamber to support this, and I thank the Chairs and the Ranking Member Senator Linares for -- and the Committee Members for all their hard work, and for the different state agencies in putting this together. And I thank you very much, Mr. Speaker.

ASSISTANT DEPUTY SPEAKER ALTOBELLO:

Thank you, Representative Betts.

From the 112th, Representative Hovey you have the floor, madam.

REP. HOVEY (112th):

Thank you, Mr. Speaker. Through you, a couple of questions to the proponent of the bill.

ASSISTANT DEPUTY SPEAKER ALTOBELLO:

Please proceed, madam.

REP. HOVEY (112th):

Thank you, sir. Through you, Mr. Speaker, when we -- and I'm going to refer to the specific line; it's Section 6, and it's line 148 -- well, it starts on 147. And it -- this has to do with the education component for families and people -- people in general, and -- and the funding for that. And it talks about private funding to the extent -- the wording is: to the extent that there is private funding available.

Through you, Mr. Speaker, does the gentle woman have an idea about where that private funding may come from so that we know whether or not there is the possibility and probability of this occurring? Through you.

ASSISTANT DEPUTY SPEAKER ALTOBELLO:

Representative Urban.

REP. URBAN (43rd):

Through you, Mr. Speaker. At the moment, the OEC, if it goes forward would be \$250,000. The Child Health and Development Institute in Farmington is \$125,000 which is a match from the Affordable Healthcare Act, which is federal money for \$140,000, but it is also my understanding that the Commission on Children is continually seeking foundation money to

expand the funds that are available. Through you, Mr. Speaker.

ASSISTANT DEPUTY SPEAKER ALTOBELLO:

Representative Hovey.

REP. HOVEY (112th):

Thank you, Mr. Speaker, and thank the gentle woman. It's my understanding, just from the Ranking Member, that grant streams are going to be contributing significantly, too, and I want to thank the gentle woman for her answers.

This particular piece of legislation, I think, is probably one of the -- the significant ones that we are doing this year. I can't even remember how many times I've stood on this floor and said early identification, early identification, early identification, and now we are saying early identification, early identification, education, education, education. And so really, at the heart of the matter, to get to these young children who may have mental health and behavioral health issues, it's so important because we know that we can change the tide of their lives.

So I'm very excited about this piece of legislation. I want to thank the Ranking Member for

his outreach to all of us, along with Senator Bartolomeo, and I also want to thank the Kids Committee for all the hard work that they've done on this particular bill.

The other piece of this, though, that I do want people to be cautious about is another thing that they've heard from me is that I'm a little concerned about DCF being the umbrella for this since the perception of it is that that agency has always been an enforcement agency in our state, and I really want people to be thinking about mental health and behavioral health in proactive, supportive -- proactive, supportive ways. And so I'm just a little concerned with that perception. I do understand that the new Commissioner is working very hard to change that perception. And so with that having been said, I would encourage everyone here to support this legislation. It's a good -- good amendment. Let's all support it.

ASSISTANT DEPUTY SPEAKER ALTOBELLO:

Thank you, Representative Hovey.

From the 51st District. 51st? Representative Rovero, you have the floor. Representative Rovero, do you wish to speak on Senate "A"?

I've been waved off summarily. Thank you,
Representative Rovero.

From the 31st, Representative Srinivasan. You
have the floor, sir, on Senate "A".

REP. SRINIVASAN (31st):

Good afternoon, Mr. Speaker.

ASSISTANT DEPUTY SPEAKER ALTOBELLO:

Good afternoon, sir.

REP. SRINIVASAN (31st):

I do rise in strong support of this amendment,
and through the amendment which now obviously will
become the bill. We had passed in these Chambers a
very important bill which addressed mental health
issues, which now obviously has become a Public Act.
And what this bill does, it complements that
particular bill, and attaches to that bill what things
we were not able to accomplish or complete in the
first bill that we passed earlier this year.

So this is definitely a step in the right
direction, and as my good Representative just said,
early diagnosis, early detection is critical, is
crucial, and this is what we are trying to do with
this amendment today. Through you, Mr. Speaker, if I
may have a few questions for the proponent of the

amendment?

ASSISTANT DEPUTY SPEAKER ALTOBELLO:

You may please proceed, sir.

REP. SRINIVASAN (31st):

Through you, Mr. Speaker, Lines 8, from my understanding: develop a comprehensive implementation plan. Through you, Mr. Speaker, if -- if the good Representative can just enlarge on the implementation plan, through you, what it really means. Through you, Mr. Speaker.

ASSISTANT DEPUTY SPEAKER ALTOBELLO:

Representative Urban.

REP. URBAN (43rd):

Through you, Mr. Speaker. And I would like to go back to what our good Ranking Member said, which is we expect to be fully involved as DCF comes up with this plan and moves forward on implementation. So I wouldn't want to -- I wouldn't want to be ahead of that curve before it's time. But that is the way this is structured. It's structured as a beginning, so as that plan is made, and then as we move forward into the implementation, there would be a lot of interaction with the legislature as we move forward with that. And exactly how they were going to

implement it, who got what responsibilities, and where it would all -- what the outcomes were that they were trying to achieve. Through you, Mr. Speaker.

ASSISTANT DEPUTY SPEAKER ALTOBELLO:

Representative Srinivasan.

REP. SRINIVASAN (31st):

So through you, Mr. Speaker, if I understand that clearly, we are charging DCF to come up with a comprehensive plan, and then as the comprehensive plan is made, in the implementation of that particular plan, a lot of us in various capacities, people with having, you know, a kind of different kind of strengths, will all participate so that this comprehensive plan will be appropriately implemented. Through you, Mr. Speaker.

ASSISTANT DEPUTY SPEAKER ALTOBELLO:

Representative Urban.

REP. URBAN (43rd):

Through you, Mr. Speaker. If I may go back to what I know best, which is results-based accountability, they would be setting out the results that we're trying to achieve. There are many ways to get to that result, and many opportunities for input to get to that result, so I guess I'm saying exactly

what you just said, but with different words. Through you, Mr. Speaker.

ASSISTANT DEPUTY SPEAKER ALTOBELLO:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Mr. Speaker, I know this question has been raised, and for my clarification: The entire plan is based on money coming from the federal dollars. Through you, Mr. Speaker.

ASSISTANT DEPUTY SPEAKER ALTOBELLO:

Representative Urban.

REP. URBAN (43rd):

Through you, Mr. Speaker. It is based on \$250,000 on the new agency that we're -- that we're developing, and that money has all ready been earmarked, assuming that we go there. There is federal money, \$140,000 from the federal government, and then we have all ready some private money which is \$125,000. Through you, Mr. Speaker.

ASSISTANT DEPUTY SPEAKER ALTOBELLO:

Representative --

REP. URBAN (43rd):

Still looking for more money. Through you, Mr. Speaker.

ASSISTANT DEPUTY SPEAKER ALTOBELLO:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Mr. Speaker, so that is why with these -- with the sources of funding being the various ones that the good Representative just mentioned, that we will not be having a fiscal note. Through you, Mr. Speaker.

ASSISTANT DEPUTY SPEAKER ALTOBELLO:

Representative Urban.

REP. URBAN (43rd): Through you, Mr. Speaker. That is absolutely correct.

ASSISTANT DEPUTY SPEAKER ALTOBELLO:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Mr. Speaker. Sections 2, Section 3, and Section 7 talk about the roles of various other entities: the Early Childhood, the Birth to 3 program, the Judiciary Branch, all of them are involved. Will they all be involved in this comprehensive plan that we hope to implement? Through you, Mr. Speaker.

ASSISTANT DEPUTY SPEAKER ALTOBELLO:

Representative Urban.

REP. URBAN (43rd):

Through you, Mr. Speaker. This is the goal or the result that we're trying to achieve, is to break down some of the silos by involving the different areas that actually do impact mental health, so that we're not silo'ing our response to children's mental and emotional health and development. Through you, Mr. Speaker.

ASSISTANT DEPUTY SPEAKER ALTOBELLO:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Mr. Speaker. So all these various departments will also be actively involved with DCF in the crafting out the plan and, of course, as you very correctly said, everybody involved in the implementation. Through you, Mr. Speaker.

ASSISTANT DEPUTY SPEAKER ALTOBELLO:

Representative Urban.

REP. URBAN (43rd):

Through you, Mr. Speaker. Absolutely.

ASSISTANT DEPUTY SPEAKER ALTOBELLO:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Mr. Speaker. Looking at Lines 178,

Section 7, 178, there we are charging the Judiciary Branch to perform a study, and obviously come out with the results of the study. Through you, Mr. Speaker, the aim of that particular study? Through you, Mr. Speaker.

ASSISTANT DEPUTY SPEAKER ALTOBELLO:

Representative Urban.

REP. URBAN (43rd):

Through you, Mr. Speaker. If the good Representative -- I'm sorry; I didn't hear the end of the question.

ASSISTANT DEPUTY SPEAKER ALTOBELLO:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Mr. Speaker. In Lines 178, we're talking about the Judiciary Branch performing a study, and the focus of that study, through you, Mr. Speaker, if you would be kind enough to elaborate, because we are creating a taskforce; we are creating a -- a study program; we're creating so many such programs here. So I just wanted to make sure clearly what the charge of this particular study will be. Through you, Mr. Speaker.

ASSISTANT DEPUTY SPEAKER ALTOBELLO:

Representative Urban.

REP. URBAN (43rd):

Again, I will, you know, I'm going to defer back to how a results-based accountability study would work, through you, Mr. Speaker, in saying that this study would be to inform us on the types of situations that we're going to be dealing with, and the outcomes that we're trying to achieve. Through you, Mr. Speaker.

ASSISTANT DEPUTY SPEAKER ALTOBELLO:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Mr. Speaker. When I look through that Section, and all the lines 178 on, what it looks to me like that the purpose of the study, and that's why I want to be clear about this, is that the purpose of the study is to see if mental health evaluation and treatment from a medical point of view, is that the better approach rather than looking at it from the various court system, judicial system. Are we trying to compare what is happening in our judiciary arm, and comparing it to what would perhaps be better if they had better access in terms of their medical evaluation and treatment? Through you, Mr. Speaker.

ASSISTANT DEPUTY SPEAKER ALTOBELLO:

Representative Urban.

REP. URBAN (43rd):

Through you, Mr. Speaker. That was beautifully explained.

ASSISTANT DEPUTY SPEAKER ALTOBELLO:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Thank you, Mr. Speaker. And I appreciate that compliment. And my final question, through you, Mr. Speaker, we are creating a Children's Mental Health Taskforce, and I see the charge, the various things that are outlined in that particular taskforce. We all ready have created a taskforce in the Public Act that we have in mental health taskforce. Through you, Mr. Speaker, just for clarification, through you, Madam Speaker now, I see; good afternoon, Madam Speaker.

(Deputy Speaker Orange in the Chair)

DEPUTY SPEAKER ORANGE:

Good afternoon, doctor.

REP. SRINIVASAN (31st):

Through -- through you, Madam Speaker, that taskforce that is all ready created by us in the past few months, and this children's taskforce that we are creating -- is there going to be a duplication of this taskforce? Or the charges are very different? I see -- I see the long list of things that we have requested to do, but I think some of them are duplicates as well. So, through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Urban.

REP. URBAN (43rd):

Through you, Madam Speaker. The intent of this taskforce is to go places where the normal taskforce is not going, like nutrition, and genetics, and complementary and alternative treatments. If there are places where we are duplicating, we have a very robust group of people that are doing it, and I think it will be very obvious that we don't want to repeat areas that we've been in. But this really is designed to be a little bit ahead of the curve in how we look at some of these problems. Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker. That what you just now said, Representative, is extremely well put, because the areas that we have concerns in the previous taskforce that we've all ready created, we definitely felt some things were missing, or we should have done that as well. Obviously we cannot get everything that we want or request for, so in this particular taskforce, I definitely see areas which were kind of missing in the first taskforce, and this forms a good complement to the one that we've all ready created.

And finally, through you, Madam Speaker, the age group in the taskforce we've all ready created, our emphasis was on 16 to 25. That was the age group we wanted to focus on. This particular taskforce, whether it be from the judiciary side, the study, or the taskforce, or whatever we are creating in this bill, through you, Madam Speaker, is there a particular age group that we will be targeting specifically? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Urban.

REP. URBAN (43rd):

Through you, Madam Speaker. Thank you very much for that question because that was the sort of genesis of us in the Children's Committee waiting to see, knowing the pressure that the -- the big bill was under. And we were then started to focus on 0 to 16, instead of 16 to 24, so that we would have a comprehensive look. Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker. I do want to speak - to thank the Chairwoman for her answers, and as I said earlier on, this particular bill as amended is the right complement for what we've all ready passed in the House and now signed into law, so that we are looking at mental health as much as we can in its totality, both in its age group as well as the various aspects that have such as impact on our mental health. Thank you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Thank you, sir. Will you care to remark further on the amendment? Will you care to remark further?

Representative Melissa Ziobron. Good afternoon, madam.

REP. ZIOBRAN (34th):

Good afternoon, Madam Speaker. I'm so glad to see the genesis of this bill. It's been through a lot of revisions, and the revision that we have before us I think is an excellent one. I just have a couple of questions, through you, Madam Speaker, to the proponent of the amendment.

DEPUTY SPEAKER ORANGE:

Please proceed.

REP. ZIOBRAN (34th):

Thank you. During the debate at Public Health when this first came out, and Senator Bartolomeo has done a marvelous job, as well as with your leadership, and those of the Ranking Members in getting it through, at one point there was a fiscal note attached to that bill and I'm noticing that the fiscal note is now less than 1000 on the amendment. Is that true? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Urban.

REP. URBAN (43rd):

Through -- through you, Madam Speaker. I would have to say that it was incredible work of my Co-chair to work on that fiscal note and the thousand dollars

actually reflects the taskforce, and we anticipate that it will not even cost a thousand dollars. And she, along with the Commission on Children, reached out to get the funds -- off-budget funds, private funds, so that we could do this. So yes, in fact the fiscal note is true. Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Ziobron.

REP. ZIOBRAN (34th):

Thank you, Madam Speaker. And I point that out because of exactly the explanation you just gave, because I believe at one time the original fiscal note on this bill was almost a million dollars. And there was a lot of hesitancy on the part of the members of Public Health, and so I guess when I said is it true, I meant it in the best of endearment, because when I looked at it, it was almost too good to be true. And I'm so glad that you guys really did that sweat equity, because I think that the intention even then of the bill was one of the best things I've seen come out of this building since I've been here, and I really am so glad that I can support this bill. I did support it out of committee because of Senator Bartolomeo's pledge to work on that fiscal note, and

certainly she has.

Through you, Madam Speaker, I do have another question though for the proponent. On Line 154, I don't know if it -- if this word is really meant to be in there, or if it is mistaken for another word. On Line 154 it says a list of emotional landmarks, and I'm wondering if that word is supposed to be benchmarks, and if not, can the good Representative explain to me what the word "landmark" in this definition refers to? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Urban.

REP. URBAN (43rd):

Through you, Madam Speaker. Apparently this is a designation that is used when we're talking about emotional issues, that there are emotional landmarks as opposed to benchmarks. And I think that the genesis, and I'm -- I'm looking at this from my perch doing data stuff -- if we're talking about benchmarks, it's pretty much data oriented; when we're talking about landmarks, we're actually talking about the emotional -- the emotional progress of a child. So I believe that that's the difference between landmark and -- and benchmark. Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Ziobron.

REP. ZIOBRAN (34th):

Thank you, Madam Speaker. And I thank the good Representative for that explanation because when I -- I read that like four times trying to figure out what landmark really meant. And then my only other comment, Madam Speaker, is when I -- when I look at Section 7, the Judicial Branch, I really believe that that's a very important piece of the bill that we really didn't spend a lot of time talking about in committee. I think that, you know, the genesis of the bill was to get the whole community and find ways to help our children in a whole sense, and I -- I think that is one of the missing pieces of that whole sense. So I'm glad to see that in the bill.

So I stand in strong support this amendment, and I look forward to seeing it being implemented in the State of Connecticut. Thank you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Thank you, madam. Will you care to remark further on the amendment before us? Will you care to remark?

Representative Wood, good afternoon.

REP. WOOD (141st):

Thank you, Madam Speaker. I also stand in support of this bill, and I do have a couple of questions for the proponent of the bill.

DEPUTY SPEAKER ORANGE:

Please proceed.

REP. WOOD (141st):

The first one, on Line -- some of them have been all ready answered, but Line 77. You talk about Office of Early Childhood and Early Childhood Education Cabinet. Can you refresh my memory what the age limit is for the Office of Early Childhood? Children up to what age? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Urban.

REP. URBAN (43rd):

Through you, Mr. Speaker. I believe it coincides with the DCF age limits. Through you, Mr. Speaker.

DEPUTY SPEAKER ORANGE:

Representative Wood.

REP. WOOD (141st):

Which is what? There are a couple of different age cut offs. Through you.

REP. URBAN (43rd):

20 -- 24.

DEPUTY SPEAKER ORANGE:

Representative Urban.

REP. URBAN (43rd):

Through you, Madam Speaker, 24.

DEPUTY SPEAKER ORANGE:

Representative Wood.

REP. WOOD (141st):

Okay. Oh, I'm hearing someone behind me, Madam Speaker. If I may be clarified, I'm hearing the age 20 behind me. Through you, Madam Speaker, are you sure, to the proponent of the bill, it's age 24? Through you.

DEPUTY SPEAKER ORANGE:

Representative Urban.

REP. URBAN (43rd):

Through you, Madam Speaker, I was using the DCF age. It could very well be 20. Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Wood.

REP. WOOD (141st):

So the age of the Early Childhood Cabinet is age, what? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Urban.

REP. URBAN (43rd):

20.

DEPUTY SPEAKER ORANGE:

Representative Wood.

REP. WOOD (141st):

I didn't. I'm sorry, I didn't hear the answer.

REP. URBAN (43rd):

Certainly. Through you, Madam Speaker. I'm terribly sorry. Could you restate the question because now we're -- are you asking about the Early Childhood?

REP. WOOD (141st):

Well it says in Section 5 --

DEPUTY SPEAKER ORANGE:

Representative Wood.

REP. WOOD (141st):

Thank you, Madam Speaker. Through section -- in Section 5, the Office of Early Childhood through the Early Childhood Education Cabinet shall provide recommendations for implementing the coordination of home visitation programs, and it goes on from there. So I'm just wondering what is the age, up to what age,

is the Office of Early Childhood? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Urban.

REP. URBAN (43rd):

Through you, Madam Speaker. I really apologize to the good Representative, because I was not understanding the question. If we're talking about the early -- Office of Early Childhood, we're talking to age 5.

DEPUTY SPEAKER ORANGE:

Representative Wood.

REP. WOOD (141st):

So it's through age 5. Thank you for that clarification and that -- that understanding.

And these children are not all ready -- my understanding is they all ready are getting home visitation and care, and continuum of services. Is that not true? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Urban.

REP. URBAN (43rd):

Through you, Madam Speaker. No, there are -- there are very large gaps in the system where kids are

not getting the home visitation care. And also this is an involve-the-parents, reach out, I-need-this care, is more of the perspective that is contained in this bill. Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Wood.

REP. WOOD (141st):

I'm sorry. Could you clarify what you meant by that? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Urban.

REP. URBAN (43rd):

Through you, Mr. Speaker. I meant what is in line 122, which is by request.

DEPUTY SPEAKER ORANGE:

Representative Wood.

REP. WOOD (141st):

So the families right now currently don't request the services, they are sought out by certain people in the communities for the services. Through you, Madam Speaker, is that correct?

DEPUTY SPEAKER ORANGE:

Representative Urban.

REP. URBAN (43rd):

Through you, Madam Speaker. Much like the Birth to 3 Program, and the Senate Bill 169, Our Nurturing Families, yes, they are sought out. Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Wood.

REP. WOOD (141st):

Okay. In what ways will you -- will the families know that these services are available? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Urban.

REP. URBAN (43rd):

Through you, Madam Speaker. I would assume through the normal channels of awareness of the programs that we have at the state. They might get it on the internet; it might be given to them through a school-based health center; they might find it through a family resource center; they might find it through a counselor that they know, a teacher that they know, another family member, a neighbor. That once they know that they're reaching out to services for their child, that they feel that there's a problem with their child, it might even be a nurse, that they would

then request that they wanted some home visitation.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Wood.

REP. WOOD (141st):

Okay. Thank -- thank you for that response.

It seems a little duplicative, but I think the intent is there, so I won't -- I won't question that further.

My other couple of more questions. On Lines 92, again the same type question is in effect. On the Birth to 3 Program of the General Statutes administered by DDS, shall provide mental health services to any child eligible for early intervention services. How will this bill be different from services that are all ready provided? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Urban.

REP. URBAN (43rd):

My understanding is that services may include counseling, psychological counseling, family training, and home visits. Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Wood.

REP. WOOD (141st):

I believe the question was how is it different from the services that are being available today? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Urban.

REP. URBAN (43rd):

My understanding is that it will just be a reinforcement of what we're doing. Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Wood.

REP. WOOD (141st):

It will be a -- I mean it's -- we're writing something into statute, so I'm just concerned that this isn't very clear. I think we're all ready offering these services. And I like this bill. But I -- I think part of this bill is rather vague, and I think this is a section that's vague. We're all ready offering these services.

On Lines 101 -- and I believe one of my colleagues has all ready asked this, but I will ask it as well because I don't think the answer was fully

fleshed out: The state shall seek existing public or private reimbursement, so private fundraising. How do you plan to do this? To the proponent of the bill, through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Urban.

REP. URBAN (43rd):

Through -- through you, Madam Speaker, I would assume it -- it would be through existing channels, and I know that the Commission on Children has been instrumental in seeking private and public reimbursement funds whenever we have asked them to step forward, and I know that they are in the process right now of seeking foundation funds, et cetera.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Wood.

REP. WOOD (141st):

Thank you. Is there someone specific in the agency that's doing that? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Urban.

REP. URBAN (43rd):

Through you, Mr. Speaker. It's my understanding,

because the Commission on Children has been bound to not a lot of people that it is -- they multitask at the Commission on Children. Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Wood.

REP. WOOD (141st):

All right. Multi-tasking is good. I think a number of us in here know about multi-tasking. Thank you.

A couple of more questions. No, I think my questions have all ready been asked by other people, so I will not ask them again. But I also would like to applaud Section 7 of the bill. I think that's -- that's an area -- in fact, I think this is one of the best parts absolutely, in addition to just the general feel of this bill, and -- and the intent of this bill. I think this is one of the strongest sections, that the Judicial Branch in collaboration with DCF and DOC will seek public or private funding to perform a study. I think that's -- to see whether these people who end up in our corrections system, if they -- their primary need is mental health. I think that's -- that's going to be a very important initiative, and

something we need to do a better job on. So many kids that end up in our corrections system have primary mental health needs, and they're not -- they're not bad kids. They just have gone down the wrong road and need mental health services and behavioral health services. So I -- I'm very, very pleased at that section of the bill.

I do stand in very strong support of this bill. There are sections that I think are a little weak, but I will stand in support of the bill. Early identification, early prevention, education, mental health, first aid training is very important, and I thank you. I thank the proponent of the bill for her work on this, and everyone else who was involved. Thank you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Thank you, madam. Will you care to remark further on the amendment before us?

Representative Laura Hoydick of the 120th, you have the floor, madam.

REP. HOYDICK (120nd):

Thank you, Madam Speaker. Nice -- good afternoon.

DEPUTY SPEAKER ORANGE:

Good afternoon.

REP. HOYDICK (120nd):

A few questions to the proponent of the bill.

DEPUTY SPEAKER ORANGE:

Please proceed.

REP. HOYDICK (120nd):

Representative Urban, on Lines 20, it talks about the community engagement, and I was wondering how, in your expectation, you expect this to be executed?

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Urban.

REP. URBAN (43rd):

Through you, Madam Speaker. I think we have a plethora of organizations out there, whether it's school-based health centers; whether it's family resource center; whether it is some of our town recreation facilities, where we would be able to work through them to continue to engage the communities. I know that it's -- engaging is a difficult to tie down. So we would use all the resources that are available to try to engage the communities in this mental health initiative.

And I would say, through you, Madam Speaker, that since Newtown, and since the terrible tragedy that we

experienced in Connecticut, I believe the people and the families of Connecticut are ready to engage, and are looking to engage, and will fully embrace this legislation that was so carefully crafted by both sides of the aisle, and that would be my fervent hope given what we have gone through as a state. Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Hoydick.

REP. HOYDICK (120nd):

Thank you, Madam Speaker. I thank the gentle woman for her answer, and I couldn't agree more with the change that -- it just -- it was Newtown, but it just wasn't Newtown. I mean, we've been -- we, in this state, have been dealing with issues for many, many years, and since then we have been able to identify things through youth service bureaus, through Little Leagues, through recreation departments, through nonprofits, and that kind of community engagement only makes us better, and I was very happy to see it in the bill, and very happy when it was discussed in committee that this would be our approach, because we need to do this together. We need to destigmatize; we need to be more accepting; we

need to be more tolerant. So I thank the kind lady for her answer and was encouraged that youth service bureaus would be included. Because those youth service bureaus pull communities together. They work with the municipality; they work with the mental health section, right now the Social Services Department, and through our state agencies. So I think they -- and the education departments, and the Boards of Education. So I think they are a great resource to us, especially in this area.

With regard to the lead agency being the Department of Children and Families -- to the proponent of the bill: Do you expect that their perspective will be focused on their clients within their system? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Urban.

REP. URBAN (43rd):

Through you, Madam Speaker. There are children coming and going in the DCF system continually, so it's not a -- it's a dynamic situation; it's not static, and so I would expect that they would be pursuing their mission statement, and their mission which does involve behavioral health, juvenile justice

and child protection, all wrapped into, according to the Commissioner when we had discussed this with her, prevention which she feels cuts across all those service areas. Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Hoydick.

REP. HOYDICK (120nd):

Thank you, Madam Speaker, and thank you, Representative Urban, for that answer. And I agree, I think Commissioner Katz has done an outstanding job. She is very accomplished, and I think her agency is doing extremely well.

My -- my comment on this section is that I think they operate somewhat in a vacuum. I think the education systems of all of our communities deal with children every single day that have behavioral or social and emotional issues. And I think that -- I'm -- I'm hopeful, and this -- I'm trying to establish legislative intent here, that the DCF will be reaching out through the education system as well to work on the mental health issues, such as the health and welfare through our municipalities. And I'd like to confirm with the good gentle woman, the proponent of the bill, if this is true. Through you, Madam

Speaker.

DEPUTY SPEAKER ORANGE:

Representative Urban.

REP. URBAN (43rd):

Through you, Madam Speaker. I apologize. Could you repeat the question?

DEPUTY SPEAKER ORANGE:

Representative Hoydick.

REP. HOYDICK (120nd):

Gladly. As I mentioned, though I think Commissioner Katz and her department do an exceptional job, I think they are limited in their exposure and need to -- the Department of Education, and the Boards of Education, and the School Districts of the municipalities need to be included in this process a little more than I'm seeing in this bill. And for legislative intent, I'd like the good Chairwoman to explain to me how she feels DCF will be working in cooperation with Boards of Education for this establishment of this program. Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Urban.

REP. URBAN (43rd):

Through you, Madam Speaker. Thank you for repeating that question, and I apologize. In my working, and I believe with my Senate Co-chairs working with the Commissioner of the Department of Children and Families, she has made a huge and incredible change in how that department interacts with other departments. And we have seen her with her -- her real concern that it be a comprehensive look at how children are brought along, and the things that children need and how their education is so critically a part of what happens as they are developing. And it has been my experience that she has been reaching out. However, I would also go back to what the good Ranking Member had expressed, which is we will be a functional part of this as it develops. So if there are things that we're concerned about, and as you are a member of the Children's Committee, which I'm very thrilled to have you there, you would have a bird's-eye view of how things were developing. Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Hoydick.

REP. HOYDICK (120nd):

Thank you, and I thank you for that answer and

the compliment, and yes, I will be engaged in this, because as -- as experienced with education in my history, I do know that most municipalities, when they are short funds, reduce programs and services in the areas of health and welfare. And health and welfare, for those that don't know, are when a social worker in a school, or a school district, spends time with a child that has been identified of -- of having adjustment issues. And this to me is a key identification -- area of identification for someone who may be struggling. And it may be development, it may -- may be age; it may be an incident that has started this. But I think it's critically important that we identify these triggers so we can see this, and -- and take account of this as we move this program forward.

And so, following up on my last question to the proponent, it is about Section 5, and it is about early development. Representative Woods had asked about the age, and you had said it is up to 5. We have Birth to 3, and up to 5 is covered through Early Child Development, and then Representative Srinivasan said that the taskforce that we've established earlier is for mental -- identifying mental health of youth

from ages 16 to 25. So my question to you is, what happens to Marvin in the Middle. Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Urban.

REP. URBAN (43rd):

Through you, Madam Speaker. That -- that age, I suppose gap that you are identifying. They are still covered under DCF. So you have specific programs as the child grows, but we don't abandon the child after Birth to 3, or find by -- or 5, or 5 by 9. DCF is involved with that child throughout that time period, and as was pointed out before, this fills that gap to 16. Through you, Madam Chair.

DEPUTY SPEAKER ORANGE:

Representative Hoydick.

REP. HOYDICK (120nd):

Thank you, Madam Chair, and I just encourage the kind gentle woman to take into perspective not all the youth that we are going to be identifying through this will be in the DCF system. So it is critically important that we use whatever resources we have at our -- at our fingertips to work through the cadre of programs and -- and the institutions that we currently

have in the State of Connecticut to help our families and our youth not feel any stigmas about having to go through something difficult, or any possible mental health issues they may be experiencing.

Madam Speaker, I rise in support, as well, of this bill. I am very proud to be a Co-sponsor of it. I am very proud to be associated with Senator -- Senator Bartolomeo, and for all of her steadfast determination in pursuing this bill. I would like to thank the Co-chair of the Kids Committee, and her work on -- on this, as well as the Ranking Members, Representative Betts and Senator Linares, and I urge my colleagues' support. Thank you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Thank you, madam. Will you care to remark further on the amendment?

Representative Marilyn Giuliani -- Giuliano of the 23rd.

REP. GIULIANO (23rd):

Thank you, and good afternoon, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Good afternoon.

REP. GIULIANO (23rd):

I'm happy to see this bill before us, and I'm --

through you, Madam Speaker, some mechanical questions to the proponent of the amendment, if you will.

DEPUTY SPEAKER ORANGE:

Please proceed.

REP. GIULIANO (23rd):

Thank you, madam. My understanding from earlier colloquy is that there is no fiscal note, that the bulk of the money that will be funding this new and -- and rather large initiative important to the State of Connecticut, will come through federal funding.

Through you, Madam Speaker, is that federal funding anticipated to be renewable year upon year? Through you.

DEPUTY SPEAKER ORANGE:

Representative Urban.

REP. URBAN (43rd):

Through you, Madam Speaker. In so far as we can count on the federal government, yes.

DEPUTY SPEAKER ORANGE:

Representative Giuliano.

REP. GIULIANO (23rd):

Thank you, Madam Speaker. That's a little soft in terms of how far we can count on the federal government, but I certainly hope that that important

underwriting can remain available given the enormity of this initiative and it's importance, but when you consider that Connecticut currently, and I'm certain that we are no different from any other state in the union in having the equivalence of Departments of Children and Families, Departments of Social Service, Public Health, info lines, emergency mobile psychiatric services. The bill cites all of these. The bill contemplates not just a very broad and comprehensive, but a clearly enormous umbrella of what the bill calls forth in terms of coordination and communication, two important principles, mechanical principles in making this whole initiative work.

As we consider that, what is the mechanism? Am I to understand, through you, Madam Speaker, that the Office of -- of Early Childhood, and the Department of Children and Families will collaboratively, and duly manage the enormity of mental health and behavioral health services that are currently under the auspices of DCF, Birth to 3, DSS info line, and emergency mobile psychiatric services? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Urban.

REP. URBAN (43rd):

Through you, Madam Speaker. It is an enormous task, and we have -- we have given the planning of that task to Department of Children and Families, and if the Office of Early Childhood becomes a reality, we all ready have 250,000 from them, which then makes them a clear partner in what we are trying to achieve. But they have been tasked with that plan, with dates certain. Through you, Madam Chair. With the expectation that it would be inclusive and with us as the legislative oversight assuring that it is inclusive. Through you, Madam Chair -- Speaker.

DEPUTY SPEAKER ORANGE:

Representative Giuliano.

REP. GIULIANO (23rd):

Thank -- thank you, Madam Speaker, and I thank the proponent for her answers. I think we all wish this initiative success. Those of us who have engaged directly and professionally in mental health fields of many sorts, both in and outside of government, understand the enormity and the complexity of this task, and the bill, I -- I would have to align my comments with some of my colleagues -- the bill, although it seeks to create an engagement which, in a

conceptual sense makes the most sense, and clearly is in the best interest of mental health, behavioral health, and the children of Connecticut, I caution that this could be an elusive goal insofar as all of the state agencies and their derivatives that I enumerated earlier, have all been at this for years and years with varying degrees of success. And I -- I say that with no facetiousness. I say that with the greatest sincerity, Madam Speaker, because this initiative that's contemplated in this bill is so serious, and it -- it really gives rise to my questions. Once again, a mechanical issue, but a very important one: As we talk about community-based resources, you know, info line, emergency mobile psychiatric services, Department of Children and Families, school-based health centers, public schools -- in the past, when we look at the overarching concepts of coordination and communication which this bill seems to have as its lynchpin, how do we circumvent the obstacle of our HIPAA laws in terms of communication? Historically, HIPAA has prevented, for a very good reason, the actual sharing of health-related, mental health-related information from agency to agency, from practitioner, to practitioner. How

does this bill, or does this bill, contemplate true and authentic communication relative to HIPAA?

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Urban.

REP. URBAN (43rd):

Through you, Madam Speaker. We have struggled with this as the good Representative well knows, and we have been able to -- when DCF is the parent of the child, and a -- a foster child, or a protective services, we can, under those circumstances, share significant information. But we cannot preempt HIPAA laws, as the good Representative knows. So it will be in as -- as measured a way as possible to be able to achieve the level of communication that we need without violating the HIPAA laws. Would I like to be able to change some of the HIPAA laws? Through you, Madam Speaker, yes, but we are preempted, as -- as you know. So I have -- I really don't have a solid answer for you. I think we're going to be trying to find our way through those communications, because you are absolutely correct. When we're getting into that level of a treatment program, or what has happened with a child, there are places that we simply cannot

get that information unless we are the parent or guardian of that child. Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Giuliano.

REP. GIULIANO (23rd):

Thank you, Madam Speaker, and I appreciate my colleague's honesty because clearly, the subset of children for whom our Department of Children and Families is the legal parent is a small subset of children relative to the burgeoning mental health and behavioral health needs of all of Connecticut's children. So whereas communication might be facilitated within that small subset, I think my colleague would agree that that is indeed a fraction of the population that this bill contemplates in terms of mental health initiatives.

Through you, Madam Speaker, if I could direct the good Chairwoman of the Children's Committee to Line 92, which references our Birth to 3 system. And, as all of us here know, the Birth to 3 system deals, of course, with mental and behavioral health. It deals with medically-fragile kids, developmentally delayed, speech and language, orthopedic impairments, lots and lots of all sorts of things that can happen to little

kids in that Birth to 3 system. And through you, Madam Speaker, does this initiative, in any way, by targeting mental and behavioral health, does it in any way defund or redirect funding away from any other category currently serviced by Birth to 3. Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Urban.

REP. URBAN (43rd):

Through you, Madam Speaker. This language was very carefully crafted from Director Lidman -- Linda Goodman, so it would be my answer to the good Representative, as no, this will not repurpose any money due to the language in this particular section. Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Giuliano.

REP. GIULIANO (23rd):

Thank you, Madam Speaker. You know, I want to commend the sponsors of Senate Bill 972. You know, recently there was a report -- and by recently I mean January of 2013, there was a report by the Connecticut Office of the Healthcare Advocate, and it made its recommendations and findings about the current status

of mental health in Connecticut. And surprisingly, shockingly, one of the findings -- Connecticut lacks an overall vision of how to recognize, evaluate, and provide services to individuals for the purposes of supporting their mental health. Connecticut's current mental health service delivery system is fragmented and inconsistent. Connecticut's capacity for delivery of services is insufficient for much-needed community-based services, and mental health is largely not integrated into our overall health initiatives within the State of Connecticut, and for the past five years complaints about mental health services have far exceeded all other sorts of clinical complaints.

I applaud the Co-sponsors of this bill. They are being ambitious. They are casting an enormous net. It is my hope that the initiatives in this bill can be better operationalized than Connecticut has historically been able to operationalize. The language would not speak to the types of mechanical engagements that I think are -- that history clearly teaches us are of need when we seek to have the collaboration and coordination inter- and intra-agency within state government, within the agencies of our state government. But nonetheless, I stand in support

of this measure and sincerely hope that it has the success equivalent to its ambition. Thank you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Thank you, madam. Will you care to remark further on the amendment?

Representative Betts.

REP. BETTS (78th):

Thank you for the second time, Madam Speaker. I just want to take this opportunity to answer, or try to answer some of the questions during this debate which I think have not only been very helpful, but it shows the importance of -- of addressing this issue now. And I'd like to just start off with a couple of things. One is I'm -- someone had asked earlier on about the fundraising. It would be my understanding, or my expectation, that one of the key players in the fundraising, both from the public and private sector, would come from CDF. They have hired a professional development director whose job it is to seek funds outside of just not only the state, but also grants. So that is a professional fundraiser, and I would suspect that that person -- that individual who the Commissioner just hired, would play a leading role in

doing that, as well as a lot of -- a lot of us who have offered to do that. As far as the role of the Office of Early Childhood, one of the things -- I can't remember which speaker had mentioned it -- no, they're not going to be the overseer of all this. They're really pretty much limited to the idea of addressing the important issue of if you're a parent, or if you're somebody else who needs to find out where to get help, they are going to be charged with the responsibility of collaborating all that information, and trying to make sure that we are able to get that information from Mental Health. So that's going to be a very pivotal role that they play, and I just wanted to address that.

As far as the disability is concerned, it certainly is my understanding that no funds are going to be diverted from the current system right now. In fact, I think it's designed to work in concert with the Department of Developmental Disabilities and I think it will be to the benefit of them as well as the children.

And I wanted to also touch on one topic that had not been addressed, that's on psychotropic drugs. There has been an awful lot of debate on whether kids

are getting overmedicated or overdiagnosed. If you take a look at this taskforce, you're going to see that that is also a part of the study, and I think that that will be very helpful in terms of addressing the mental health needs for these kids, and I think we will find some very important information out.

As far as this being an ambitious task, it definitely is an ambitious task. And the reason why it's ambitious is because it's so broad, and it covers so many people. Nonetheless, we have to still do this, and while it does not cost any funds this year, or the following year, I do not want to mislead anybody into thinking that there's not going to be a need for additional funding later on down the road. But it's a -- it's a need that I think unanimously we all agree has to be done, because if we can solve these problems, we're going to end up saving money. So in the short term, we will not be doing any major fund requests from the state other than from current funding that goes to existing programs. We will be doing some fundraising to be sure, and getting some money from federal funding, but it would not surprise me if further on down the road, we will need to come back to the Legislature to ask for more targeted,

additional fund -- funding to go for specific solutions to address the needs of mental health, because, as we all know, this is very expensive, and it's a long-term problem.

But again, I'd like to thank the Co-chairs and -- and the committee because this is something I think we can all really rally around, and feel very good in a bipartisan way, and it's something that I think we all want to address, especially after what happened in Newtown. And this is something concrete; it's a start. It's not going to be easy, but it's one where I think we can really achieve success if we do the communication and -- and coordination as has been said before.

So again, I urge all our colleagues to support this, and look forward to -- to the results and the hard work that everybody is involved in in trying to do this, whether it's the state agencies or the taskforce.

Thank you very much, Madam Speaker, and when we have this, I'd ask if I didn't hear it before, I apologize if it was asked, I'd ask this vote be taken by roll call.

DEPUTY SPEAKER ORANGE:

The question before the Chamber is when the vote is taken, it be taken by roll call. All those in favor signify by saying Aye.

REPRESENTATITVES:

Aye.

DEPUTY SPEAKER ORANGE:

Now this time I don't think 20 percent of them met. Do you want to do it again?

A VOICE:

Yeah.

DEPUTY SPEAKER ORANGE:

All those in favor of a roll call vote, please signify by saying Aye.

REPRESENTATITVES:

Aye.

DEPUTY SPEAKER ORANGE:

All right. The Ayes have it. When the vote is taken, it will be taken by roll.

Will you care to remark further on the amendment before us? Will you care to remark?

Representative Lavielle.

REP. LAVIELLE (143rd):

Thank you, Madam Speaker. I don't think I can top one. I rise in support of this bill. I -- I know

that often it takes something we don't want to happen to act as the catalyst for something we do want to happen. In this case the kinds of efforts that are outlined in this bill were a long time in coming, and knowing that we are in a period where our resources are quite short financially speaking, this is a -- a very good effort, a very good start at dealing with these mental health issues head on. They must be dealt with early to be dealt with effectively, and the bill comes at this from a lot of angles.

I am going to have a couple of questions for the proponent of the bill for clarification and for legislative intent. And my questions come basically from one particular area.

DEPUTY SPEAKER ORANGE:

Representative Lavielle, we're on the amendment which --

REP. LAVIELLE (143rd):

I'm sorry. I meant to say amendment, and thank you, Madam Speaker, for correcting me. You're -- you're absolutely right. Thank you.

At least in the part of the state where I come from, a lot of the very best work in this area is performed by community-based mental health agencies.

And they -- they handle a good part of the work, a good part of the referrals. They're very much a part of what we might call "the system." And in this bill we have a -- a lot of reference -- amendment, I'm sorry, in this amendment we have quite a few references to state agencies, reporting by state agencies, evaluation of state agencies. And I would like to ask the proponent, if I may, if -- if she could elaborate for us on the role that the community-based agencies play in the efforts outlined in the amendment, and what exactly their place is in the scheme that's outlined here? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Urban.

REP. URBAN (43rd):

Through you, Madam Speaker. To the good Representative, the language of this bill was very carefully crafted to make us an ideal candidate to continue federal funding -- to continue federal funding. Okay, sorry. It was very -- very carefully crafted to make it possible for us to continue to receive the federal funding that the federal government has pledged through the Home -- Affordable

Healthcare Act, which is the home visitation.

So the way that the bill is structured, looking for the community support is a very important part of the continued funding.

If that -- if that doesn't answer your question, through you, Madam Speaker, please ask it again.

DEPUTY SPEAKER ORANGE:

Representative Lavielle.

REP. LAVIELLE (143rd):

Thank you, Madam Speaker. It does, and I -- and I appreciate that answer. That -- that clarifies many things for me.

A couple of -- a couple of other questions. In -- pardon me -- there -- there is some reference to collecting data, and I seem to have lost my line number, I'm sorry, but I think -- I think it's all right. There are -- there are some references in here to data collection, that of -- of, in order to monitor and evaluate and so on. And again I understand how some of that may relate to what we've just discussed. However, in -- just for the purposes of -- that those dealing with these efforts to have information as time goes by, and as more work is performed, and more collaboration -- more collaboration takes place, will

there also be data made available by the community-based agencies? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Urban.

REP. URBAN (43rd):

Through -- through you, Madam Speaker, I am very thrilled to get that question, because as we all know, data collection is very difficult. It depends upon the sophistication of our IT systems, and we have now a data collaborative that is working with us, and we are also working with the Children's Report Card which takes this data and puts it in a web-based format. So the answer to the good Representative's question is I look forward to the increase in data, the ability to -- to flow that through the Children's Report Card so that it will be available publicly, web-based, not only for our public, but for our agencies, for the legislators, for anyone who might be interested in what is going on with children in the State of Connecticut. Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Lavielle.

REP. LAVIELLE (143rd):

Thank you, Madam Speaker, and I thank the gentle

lady for her answer. Further to that point, and -- and I would add that that's a very good thing, because we all know in statistics, as we enlarge our universe and diversify it more, the better our data is.

Just another question further to that: Will there be other means of evaluation besides the Children's Report Card and RBA? Are we using any other measures? Any other -- any other input to help evaluate the whole program? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Urban.

REP. URBAN (43rd):

Through you, Madam Speaker. What we are actually looking at in here is what we would call data-informed decision making, so any of the taskforce, any of the issues that are -- are given to particular areas, we would look for data-informed decisions on that. So it would be reported basically in an evidence-based, what-are-the-ends-we're-trying-to-achieve format, but the format oftentimes will be what that particular taskforce decides they want it to be, but couched in terms of data-driven, not a, you know, long, flowery report with tons of words, but a report that actually

informs us with data that's evidence based. Through you, Madam Chair -- Speaker.

DEPUTY SPEAKER ORANGE:

Representative Lavielle.

REP. LAVIELLE (143rd):

Thank you, Madam Speaker. And again, just for legislative intent, just I -- I would ask if the good Representative could confirm to us that the -- the measures that are suggested here, particularly in the way of training, are meant to dovetail with some of the provisions of the mental health law that was passed earlier this -- this session in regards to the Newtown events. Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Urban.

REP. URBAN (43rd):

Again a wonderful question, through you, Madam Speaker. We were very careful to look at 1160, and this would be complementary to 1160. And again I would go back to my good Co-chair, Senator Bartolomeo was -- she saw this on the horizon as we, you know, even started into session, and was actually working on this as we went along knowing that there were going to be areas that we simply could not get done as fast as

we wanted with producing 1160, and was right on top of this. So thank you for that question. Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Lavielle.

REP. LAVIELLE (143rd):

Thank you, Madam Speaker. One -- one further point. This may well be in the amendment here, and I didn't see it, so I've asked the Representative's indulgence, but when we have the report from the taskforce, and the report from the ongoing efforts for training and identification and so on and so forth, will -- I'm assuming if there's RBA, that there will be a report to the Appropriations Committee. Will the Education Committee be included? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Urban.

REP. URBAN (43rd):

Through you, Madam Speaker. As well as the Children's Committee. Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Lavielle.

REP. LAVIELLE (143rd):

Thank you, Madam Speaker. And on that last point, of that I have no doubt. I -- I thank the good gentle lady for her answers. I -- I do stand in very strong support of this amendment. I -- I think this was something that had to be done. It should have been done a long time ago. Clearly all the parties who put work into this are very dedicated to it. Those of us who will be receiving reports will be very eager to have them, and very eager to help. And I think it's something that everyone can agree on, and I certainly urge the Chamber to support it. Thank you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Thank you, madam. Will you care to remark further on the amendment before us? Will you care to remark further on the amendment before us?

If not, staff and guests please come to the Well of the House. The machine will be voting -- the machine, yea, okay -- the machine will be open so that we can vote.

THE CLERK:

The House of Representatives is voting by roll call. Members to the Chamber, please. The House of Representatives is voting by roll call. Members to

the Chamber, please.

DEPUTY SPEAKER ORANGE:

Have all Members voted? Have all Members voted?
Please check the board to determine if your vote has
been properly cast. If so, the machine will be locked
and the Clerk will take the tally, please.

DEPUTY SPEAKER ORANGE:

And will the Clerk announce tally.

THE CLERK:

Madam Speaker, LCO Number 7782, designated Senate
Amendment "A".

Total Number Voting	142
Necessary for Adoption	72
Those voting Yea	142
Those voting Nay	0
Absent and Not Voting	8

DEPUTY SPEAKER ORANGE:

The amendment passes.

Will you care to remark further on the bill as
amended? Will you care to remark further on the bill
as amended? Will you care to remark further on the
bill as amended? If not, staff and guests please come
to the Well of 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, please. The House of Representatives is voting by roll call. Members to the Chamber, please.

DEPUTY SPEAKER ORANGE:

Have all Members voted? Have all Members voted? Have all Members voted? If all of the Members have voted, please check the board to determine if your vote has been properly cast. If so, the machine will be locked and the Clerk will take a tally.

And will the Clerk please announce tally.

THE CLERK:

Yes, Madam Speaker, in concurrence with the Senate, Substitute Senate Bill 972, as amended by Senate "A":

Total Number Voting	142
Necessary for Passage	72
Those voting Yea	142
Those voting Nay	0
Not Voting:	8

DEPUTY SPEAKER ORANGE:

The bill passes in concurrence with the Senate as amended.

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And now, Mr. President, if the Clerk might call -- return to Calendar Page 37, Calendar 177, Senate Bill 972.

THE CHAIR:

Mr. Clerk.

THE CLERK:

On Page 37, Calendar 177, Substitute for Senate Bill Number 972, AN ACT CONCERNING THE MENTAL, EMOTIONAL AND BEHAVIORAL HEALTH OF YOUTHS, Favorable Report of the Select Committee on Children. There are amendments.

THE CHAIR:

Senator Bartolomeo.

SENATOR BARTOLOMEO:

Hello, Mr. President.

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

THE CHAIR:

On acceptance and passage, will you remark?

SENATOR BARTOLOMEO:

Yes, thank you, Mr. President.

Mr. President, this bill addresses our mental health system for children and before I go through how this bill does such I would just like to have the Clerk who is in the possession of amendment LCO Number 7782. If the Clerk could please read that amendment and I be given leave to summarize.

THE CHAIR:

Mr. Clerk.

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THE CLERK:

LCO Number 7782, Senate Amendment Schedule "A",
offered by Senator Bartolomeo, et al.

THE CHAIR:

Senator Bartolomeo.

SENATOR BARTOLOMEO:

Thank you, Mr. President.

Mr. President, this amendment is a strike-all amendment and so therefore I will summarize the amendment which will become the bill if passed.

So I would like to first start by acknowledging and thanking the members of the Children's Committee. We have worked very, very hard on addressing some changes to our mental health system in an effort to make sure that we are providing a continuum of care and services. I'd like to thank not only my Co-Chair, Representative Diana Urban, but I'd like to acknowledge the Ranking Members from that Committee, Senator Art Linares and Representative Whit Betts.

We have had amazing collaboration and as you'll see on the amendment, as listed, we have a group of what I believe is twen -- become about 21 co-sponsors and it is a bipartisan group.

We have also been working very hard with OPM and have their blessing on this bill as well as the agencies and the Commission on Children has also been of great assistance in convening stakeholders and professionals who are skilled in the mental health needs and services of children.

We also -- I have to acknowledge that our OFA, our OLR and our LCO have gone way above and beyond what I expected them to do in this Committee and on this bill. And finally as far as thank you's, I'd like to say that the Newtown families have recently joined -- some of them have joined us for a press conference this past Monday and Sandy Hook Promise has supported this.

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What we -- what we do with the language in this amendment is we seek to prevent or reduce the long-term negative impact of mental and emotional and behavioral health issues on children by focusing on prevention and early identification and intervention. Also by informing parents on children's mental health issues and improving coordination and communication abov -- among sectors and agencies and across agencies who address mental, emotional and behavioral health issues impacting children.

I, sir, ask for adoption. I move for adoption of this amendment and would welcome the opportunity to summarize section by section if members would like.

THE CHAIR:

Thank you, Senator.

Will you remark further on the amendment?

Senator Linares.

SENATOR LINARES:

Thank you, Mr. President.

And I would like to thank the good Senator Bartolomeo for her work and leadership on this issue as well as Representative Whit Betts and Representative Urban in the House. I'd also like to thank leadership from both -- both parties in the -- in the Senate for their support on this issue.

Mental health has been a big concern for people across the state and a topic that we have all spent a lot of time focusing on and this bill does an excellent job in improving the mental health system in the State of Connecticut by creating a comprehensive plan. As we all know you have to plan your work and then work your plan and it's important to do that to see good results.

It will encourage DCF, Senators in this room and the General Assembly as a whole to follow best practices to improve mental health and it creates what I believe

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truly is a bipartisan and balanced task force to improve mental health -- the mental health system in the State of Connecticut.

I am proud to support this bill and ask for my colleagues support.

Thank you very much, Mr. President.

THE CHAIR:

Thank you, Senator.

Will you remark further on the amendment?

Senator Welch.

SENATOR WELCH:

Thank you, Mr. President.

If I may, through you, a few questions to the proponent of the amendment.

THE CHAIR:

Please proceed, sir.

SENATOR WELCH:

Thank you, Mr. President.

Senator Bartolomeo, when this bill was before the Public Health Committee I had some concerns, some concerns based on the substance of the bill but also some concerns based on the fact that it really seemed to be a moving target, a work in progress, and that things would be changing once it left the Committee until here we are today.

And so I think my very first question for you, through the President, is what is the difference between LCO 7782 that we have before us now and the bill that came out of the Public Health Committee?

Through you, Mr. President.

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THE CHAIR:

Senator Welch.

Sorry, Senator Bartolomeo.

SENATOR BARTOLOMEO:

Thank you, Mr. President.

Through you and thank you for that question. I can tell you that we actually have had just in the last 48 hours I think we've had eight different versions because we have really worked hard in an effort of collaboration. So when the bill was originally presented, we needed after that to be able to work with individual agencies to make sure that what we were asking was reasonable but it was also something that we as Legislators would be able to engage as far as positive policy.

We also worked very hard to be able to make sure that we took care of the fiscal impact. In the meantime, between the original bill and now, we have also gained support financially. We have some -- a variety of these pieces that we have the opportunity we believe to have private funding in the future.

We've been in touch with the federal Department of Education to better understand what to expect as far as federal funding opportunities. We've had -- set up conversations with the federal Department of Health and Human Services for that same reason.

So we've -- we've worked very hard at trying to make sure that we had a bill that not only was positive policy but also was realistic in that we could implement it with efficacy.

Through you, Madam -- Mr. President.

THE CHAIR:

Thank you.

Senator Welch.

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SENATOR WELCH:

Thank you, Mr. President.

I appreciate Senator Bartolomeo's hard work. I know she's been working at this very hard, not only from watching her, but also from listening to Senator Linares who I know has been working very hard with her as well as Representative Betts.

And so again I -- I understand that in the last 48 hours there were eight different versions and I appreciate that you might not remember actually what was the bill that came out of Public Health. So perhaps, through you, Mr. President, maybe you can comment on one or the two -- one or two of the material changes that underlie this LCO version and the last version that was voted on by -- by any Committee just so I can appreciate what are the changes having, you know, the -- the last version I read was the Public Health version and -- and here we are eight versions and 48 hours.

Through you, Mr. President.

THE CHAIR:

Senator Bartolomeo.

SENATOR BARTOLOMEO:

Thank you.

And thank you again for that question. I -- I off -- I welcome the opportunity. The original bill was based upon conversations and -- and convening of stakeholders and it was a bit too broad and it was really based more upon best practices. So we kind of set up a framework or a structure of best practices but then as we drilled down to make sure that we had -- we were writing the language in a way that could actually happen, we found that at one point in time we -- it actually required a two and one-half hour meeting with LCO, OFA and L -- LLR at the table at the same time with some policy researchers so that we -- we could make it much more realistic and doable.

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If you'd grant me the opportunity, I would love to be able to maybe answer that question by giving a very short recap on each section if I may, Mr. President.

THE CHAIR:

Please proceed.

SENATOR BARTOLOMEO:

Thank you, Mr. President.

Section 1 in -- in this bill, and again the basic concepts are the same but how we are going to be able to realize them is -- is the details of what's changed, Section 1 requires the Commissioner of DCF to -- to develop a comprehensive implementation plan across agencies and policy areas in order to meet the needs -- mental, emotional and behavioral needs of our children.

And the strategies that we are looking for at this point would be those that are age-appropriate, that care that offers the family a continuum of services, services that can be delivered with input from the -- the family and the community that are also based upon data that will assure the optimal outcomes and we also are asking for data related to lack of services being available or -- or response times.

And we're asking the Commissioner because we have, since the original bill, we have made this a plan. We did not want it to be a plan that simply sits on a shelf so what we have asked for are some submission of reports and some presentation of reports. We are asking that by April 15th that we have a plan on these -- or we have a -- a report on the status of the plan and then that the plan is actually presented in October of 2014 and then we have an implementation status report that would be followed up so that we make sure it is actually being implemented and that we are all comfortable moving forward.

We also insure that there's coordination between community mental health centers, schools, school-based health centers and the emergency mobile psychiatric service providers. We find, and we have feedback,

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that although it -- it works well in some communities, other communities those entities are not aware of each other.

We also go on to facilitate training for best practices for school resources officers in those schools that do have them. We are -- are supporting training of mental health care providers in all types of areas: urban, suburban and rural on what's really kind of in the forefront now in this area which is trauma informed intervention and we also clarify the role of birth to three and the new -- what we expect -- what we are expecting to go forward the new Office of Early Childhood.

We are having as -- an agency through the Early Childhood Cabinet that would be coordinating home visitation programs so that we can make sure that these programs are being consistent in their -- in their referrals and in their reporting, in their competencies and -- and outcome goals.

We also have an opportunity here for a public information campaign that would be something that would be funded privately or philanthropically and this would focus on access to intervention programs, strategies for children's behavioral health, methods to cope with stress and there's information on how to pay for these services and then two more areas we're looking at a study that would be the investigation, I guess you will, or study of our juvenile justice system and how it's related to mental health in our youth and then another task force that would look at the effects of nutrition, genetics and psychotropic drugs on our children.

So thank you for the opportunity to give that summary.

THE CHAIR:

Thank you, Senator.

Senator Welch.

SENATOR WELCH:

Thank you, Mr. President.

Thank you, Senator Bartolomeo. With respect to the implementation plan, I appreciate that this amendment sets forth everything that ought to be considered or ought to be included within that plan and that there are status reports that the plan will -- excuse me that this amendment requires that DCF provide to bodies of the General Assembly as well as the Governor's office.

I -- I guess my question to Senator Bartolomeo, through you, Mr. President, is will the General Assembly be voting on that implementation plan or is -- are the status reports just for our information?

Through you, Mr. President.

THE CHAIR:

Senator Bartolomeo.

SENATOR BARTOLOMEO:

Thank you, Mr. President.

Through you, all we have written right now is that they would submit a report and that they would also present it in front of the Committees of Cognizance. So therefore it is not, at this point in time, written as there would be a vote taken but I expect that there would be questions in Committee and that Committee certainly could chose how to proceed.

Through you, Mr. President.

THE CHAIR:

Senator Welch.

SENATOR WELCH:

Thank you, Mr. President.

I guess then that the -- the question that comes to my mind is would it be possible for DCF to create this implementation plan to provide the status requirements -- or the status updates on the plan through the

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people that they're req -- to the people that they're required to report it to but then go ahead and execute on the plan before the General Assembly says hey that's a good plan or hey that's a bad plan?

Through you, Mr. President.

THE CHAIR:

Senator Bartolomeo.

SENATOR BARTOLOMEO:

Thank you.

And through you, Mr. President, well based upon the dates I don't see that that would be possible and quite frankly when we were in conversation and in negotiations with them we did push the envelope as far as -- to the point where, you know, we were at the edge of their comfort level because we wanted -- we didn't want something that was going to take a very long time.

So I don't anticipate that they would be ready to implement prior to the dates that we have designated here based on our conversations with them.

Through you, Mr. President.

THE CHAIR:

Senator Welch.

SENATOR WELCH:

Thank you, Mr. President.

But and -- and again I'm -- I'm just trying to understand this amendment having just literally gotten it and I'm not trying to ask trick -- trick questions but is -- is it possible that DCF can execute on the implementation plan without the General Assembly taking a vote on it? Is there anything in this amendment that says DCF, before you do any of the things that we've -- you've come up with in the implementation plan, you can't execute on it until the

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General Assembly or the Committees of Cognizance says okay?

Through you, Mr. President.

THE CHAIR:

Senator Bartolomeo.

SENATOR BARTOLOMEO:

Thank you, Mr. President.

Through you, you know, sir, I -- I guess if -- if we could stand at ease for a minute I want to make sure that my answer is absolutely correct.

THE CHAIR:

The Senate will stand at ease.

SENATOR BARTOLOMEO:

Thank you, sir.

(Chamber at ease.)

THE CHAIR:

The Senate will come back to order.

Senator Bartolomeo.

SENATOR BARTOLOMEO:

Thank you, Mr. President.

Through you, Mr. President, we do not require approval of the plan. We do have a variety of dates so that they can come back to us and we have the opportunity to comment on that but we do not have a requirement for a particular vote or approval of the plan.

I -- I believe though that we have addressed I guess the need of the Legislature to be involved in the

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policy part by stipulating a minimum of what we would like to see addressed in that plan.

Through you, Mr. President.

THE CHAIR:

Senator Welch.

SENATOR WELCH:

Thank you, Mr. President.

Thank you, Senator Bartolomeo. I understand that this amendment requires -- or at least makes provisions for recommendations for implementing the coordination of home visitation programs and I -- it -- it seems like there are different possibilities of home visitation programs and if I could, through you, Mr. President, just ask Senator Bartolomeo what are the kinds of home visitation programs that this amendment contemplates? Are these current home visitation programs that DCF already has or are we talking about new home visitation programs that they are required to come up with to fulfill the policies in this amendment?

Through you, Mr. President.

THE CHAIR:

Senator Bartolomeo.

SENATOR BARTOLOMEO:

Thank you, Mr. President.

And through you, actually if you look at the section, I believe you're referring to Section 5, and if I might just ask if that's correct?

Through you, Mr. President.

THE CHAIR:

Senator Welch.

SENATOR WELCH:

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Thank you, Mr. President.

That -- that is -- that is the section that I have and that I'm looking at and -- but -- but I understand as well that -- that it might also be in other sections that I just -- I can't recall which sections those are so yes Section 5 and whatever other sections that -- that it might refer to.

Through you, Mr. President.

THE CHAIR:

Senator Bartolomeo.

SENATOR BARTOLOMEO:

Thank you.

And through you, and I will just state that I do apologize for the last minute of seeing this amendment. I would have gotten it sooner had I been able to so I do apologize. It's a little difficult even for me to remember which sections are which because we've been working collaboratively to such an -- an extent.

The home visitation, the reason that you see in this language that we have that handled by or coordinated by the Early Childhood Cabinet under the Office of Early Childhood that is not collaborated under DCF. The reason being that the proposal for the Office of Early Childhood is actually to take multiple in-home visitation programs that already exist, and they're in a variety of agencies like D -- DPH and DDS and DSS, and to put them under the umbrella of the Office of Early Childhood. DCF also has a very good in-home visitation program called Child First.

The proposal is not to include that. So therefore we would now have DCF with their in-home visitation and we would have the Office of Early Childhood umbrella incorporating a variety of existing in-home visitation programs. We felt it was very important and a great opportunity for those to then, because they're at least under the same umbrella, the majority of them,

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to now start to begin do -- to do things which we believe are much more efficient, to be able to communicate together, to be able to not replicate or duplicate, you know, the services or the information that the family has to provide.

So that's why we have this under there. We do not propose in this bill to have -- or be creating any types of new in-home visitation programs. We are simply looking to have collaboration and coordination amongst and between to weave a -- a common thread, if you will, through that type of a system and we believe that this is a great opportunity to do that.

I will just mention some. I mentioned Child First. There's Nurturing Families Network. There's Parents as Teachers, Nurse Family Partnership, Healthy Start, Early Head Start, so those are some just to name a few. So to kind of point out the fact that right now in our state we have many, many programs subcontracted under a -- a variety of our agencies and there really isn't the consistency and -- and continuum that we would like to see and that's the reason for this Section 5 of the bill, sir.

Through you, Mr. President.

THE CHAIR:

Senator Welch.

SENATOR WELCH:

Thank you, Mr. President.

Thank you, Senator Bartolomeo, I appreciate that. I -- I do recall when I was reviewing an earlier LCO draft of this amendment that, in fact, before a home visitation could be made, that the visitation would have to come at the request of -- of the parents of the child. Is that still the case in -- in this LCO?

Through you, Mr. President.

THE CHAIR:

Senator Bartolomeo.

SENATOR BARTOLOMEO:

Thank you, Mr. President.

Through you, I'm just quickly looking through. If we look at Section 5, Subset 1, we -- we point to right there that the recommendations shall include, and it says at a minimum, and right there in that Subsection 1 it says a common referral process for families requesting home visitation.

We were very careful when we put together the language of this bill to make sure that this is not something that people are going to feel as -- or see and view as a -- an intrusion. We're -- we're not -- our purpose is not to have state intrusion. It's simply to have a situation where parents have the ability and the opportunity to get services when they're looking for them and are also helped at understanding the process.

I -- I would go back to something in my own experience. I have a sister who had early childhood hom -- trauma prior to being adopted at three and one half years old and from the ages of 14 to 30 she was in and out of facilities in four states including Connecticut. My mother has since described that time as stepping into a foreign country without knowing any of the language or the customs.

It was very hard in that situation. My family had to research and really be the liaison between treaters to be able to provide my sister with a continuum of care and of services. So that was something that we had in mind, situations such as that, when we were looking at some of the requirements that we would like in the pro family if you will, pro children. We want the convenience to be for the families and -- and not necessarily for anyone else in -- in the system.

Through you, Mr. President.

THE CHAIR:

Senator Welch.

SENATOR WELCH:

Thank you, Mr. President.

Then I guess maybe, for the purposes of legislative intent, seeing that the language has changed from one LCO draft to the next, but as I understand what Senator Bartolomeo said, and perhaps she can confirm this statement, that when we -- that when this amendment says a common referral process for families requesting home visitation that the intent of this legislation is that home visitation will indeed be requested by the families and will not be just, I guess, imposed by the state.

And if that's correct, I would appreciate Senator Bartolomeo's confirmation through you, Mr. President.

THE CHAIR:

Senator Bartolomeo.

SENATOR BARTOLOMEO:

Thank you.

And through you, Mad -- Mr. President, sorry about that, for legislative intent it is absolutely our intent to have a -- a framework by which we are supporting families and if they are requesting home visitation programs they then have a connected continuum in a connected system and our intention is not to advocate for intrusion.

Through you, Mr. President.

THE CHAIR:

Senator Bartolomeo -- Senator Welch, sorry.

SENATOR WELCH:

Thank you, Mr. President.

I -- I guess I appreciate that answer and it -- it just -- it wasn't as I guess direct as I would like it to be and maybe -- maybe it can't be direct but let me -- let me ask the -- the question this way if I may,

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through you, Mr. President, and that is under this amendment, will DCF be able to create an implementation plan which would essentially empower them to show up at a home's door unannounced for the purposes of -- for the purposes of this act concerning mental, emotional and -- and behavioral health?

Through you, Mr. President.

THE CHAIR:

Senator Bartolomeo.

SENATOR BARTOLOMEO:

Through you, Mr. President, that is absolutely not this Legislator's intent. The intent is for a voluntary enrollment, if you will, or request for in-home visitation. This legislation does not speak to any other statutes that may be out there that would have to do with DCF's ability to intervene if there is substantiated abuse or neglect so I just want to clarify that I'm -- this intention is not to try to pawn that but this particular legislation there is no intention for intrusion, it is for voluntary requests.

THE CHAIR:

Senator Welch.

SENATOR WELCH:

Thank you, Mr. President.

And I think that was a very helpful statement on both sides of that coin so I appreciate that. The -- one - one further question or perhaps a series of questions pertains to concerns that were expressed to me earlier this session by many, many constituents and I -- I have to say that next to hearing voices on the Sandy Hook legislation, hearing voices on -- on GMO, the bill that I got I think some of the most passionate input on from my constituents was a proposed Bill Number 374 which was AN ACT REQUIRING BEHAVIORAL HEALTH ASSESSMENTS FOR CHILDREN and essentially that bill would have required every child

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in the State of Connecticut, no matter where you went to school, to have behavioral health assessments.

And so as -- as the amendment before us was taking shape over -- over the -- the past few weeks some of those constituents expressed the same concern is this going to kind of open the door for the State of Connecticut to require essentially mental health assessments of every child in the State of Connecticut?

I don't understand that to be the intent of this legislation but perhaps we can get clarification on that through the author of this legislation.

Through you, Mr. President.

THE CHAIR:

Senator Bartolomeo.

SENATOR BARTOLOMEO:

Thank you.

Through you, Mr. President, that is not the intent of this legislation.

SENATOR WELCH:

Okay.

THE CHAIR:

Senator Welch.

SENATOR WELCH:

Thank you, thank you, Mr. President.

Thank you, Senator Bartolomeo. That -- those are all the questions I have with respect to the amendment.

THE CHAIR:

Senator Boucher.

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SENATOR BOUCHER:

Thank you, Mr. President.

Mr. President, I rise to commend the Children's Committee for a thoughtful approach to an area of great concern particularly as we've seen some very dire consequences of children with mental health issues as they grow up and have difficulty navigating adulthood and our society.

However the previous Senator that brought out some concerns in this bill was actually expressing some of the concerns that I also had as well so it was very helpful to get clarification with regards to this bill particularly the area on page 5 of the bill, in lines 114 to 120, having to do with the families requesting home visitation programs and our concern that sometimes in our desire to -- to serve the public oftentimes state government could overreach and oftentimes there could be issues and problems that -- that are not warranted.

And I -- I know that I've had those situations come up with my constituents when inadvertently we have state agencies going to a home and all of a sudden it becomes a case of the state. I had that with a senior, it could happen with young children as well, where an elderly parent dialed a wrong number and dialed 911 by mistake in trying to dial their grown children and all of a sudden DCF was at the door at the hospital and they weren't able to extricate themselves from that case for months and months on end not because, you know, there was something wrong, they -- they had to actually go through the entire state process of verification from doctors and so on that there was nothing wrong and once that was verified the case still was not closed.

The sad part was they had to get us to intervene, their state representatives, and finding out that there was actually some prejudice involved in that case where a caseworker had some prejudice about the religion of the family and so forth and caused this consternation and we were able to get this resolved but only a week after the elderly parent passed away. It was very, very sad that compelled myself and others

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to require diversity training actually on the part of that department of DSS some years ago.

So you can see why there is a little concern about when state government may not necessarily need to be in someone's home and the possibilities that could arise. On the other hand we also get into trouble when we don't have the oversight that is necessary.

So I -- I would also be very cautious about that area in the process of home visitation particularly as it states here that there could be an intensive intervention as part of this requirement on page 112 when it talks about the Cabinet shall provide recommendations for implementing the coordination of home visitation programs within the early childhood system that offers a continuum of services to vulnerable families with young children, including prevention, early intervention and intensive intervention and that intensive intervention, in my view, would mean something more than the normal oversight and following up but actually to deal with a serious case of abuse or otherwise.

Another question, through you -- I mean actually the only question I probably have, through you, Mr. President, is if I could certainly ask the Chair of this committee on line 116 the vulnerable families with young children may include but not be limited to those and the very first word there facing poverty.

Now the others I understand: trauma, violence, special health needs, mental, emotional and behavioral health needs, substance abuse and so on and -- and teen parenthood, that all to me speaks of issues but in and of itself I'm very concerned that we might be just throwing the word poverty in there because it -- my feeling is that individuals that may not have the kind of income or wealth or affluence aren't necessarily families that would encounter any problems with the raising of their children and in most cases, I might add, do probably some of the best job of raising their children.

So through you, Mr. President, why was poverty included in this list all into itself?

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THE CHAIR:

Senator Bartolomeo.

SENATOR BARTOLOMEO:

Thank you, Mr. President.

And through you, and thank you for the opportunity to answer the question, Madam Senator, there -- well it's not by itself, there's a list there and the reason it was included in the list is because it's actually one of the things that is found to be a commonality at times in situations where there are mental health issues so poverty has other factors that can be related to that such as malnutrition, health, lead paint, older homes.

There's a lot higher risk of those types of things in neighborhoods that are -- are stressed by poverty and so there -- it has been a link between the things that relate -- or result from poverty that correlate to mental health issues in children.

THE CHAIR:

Senator Boucher.

SENATOR BOUCHER:

Thank you, Mr. President.

And I thank the good Chairman for the answer. Just as a final remark I would say that that does trouble me greatly. I have to say that it is one area where I think that there are no economic differences or boundaries and that is in the area of mental health issues. I think that that is an area that afflicts almost every income level, every nationality, every background, every gender.

It should -- it should not, in my view, be appropriately included there. I still take issue with it. I -- I do believe that, and particularly in the case that many are still being affected by the case of the perpetrator of the horrific massacre at -- at Sandy Hook, we could see very clearly that they came

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from an upper income family and that oftentimes many of the problems that we've had with mass shootings throughout this country are not necessarily related to a poverty situation.

In fact many of the weapons that were used are very expensive. I would say that the others clearly are evidenced of those kinds of situations.

But, as I said, that's just a personal concern that I have, otherwise I do feel that there was very good effort in this bill in trying to approach what most of us perceive as the number one issue when it comes to violence and that is mental health problems.

Thank you, Mr. President.

THE CHAIR:

Senator Frantz.

SENATOR FRANTZ:

Thanks, Mr. President.

I stand as someone in favor of the amendment and someone who is, in fact, on the amendment as of the last minute. I don't usually do that as you know, Mr. President, because it's always good to read and fully understand the language in the amendment or the bill before endorsing it.

But I did it in this case because I know that you all have been working hard. You've been negotiating with Senator Linares and Representative Betts and all the others involved and I think that's the way to get to the best possible legislative language for dealing with a very, very serious problem, not just in the State of Connecticut, but the United States and throughout the entire world.

And I know why this bill is here. We all know why this bill is here, this amendment is here in front of us. It's because of what happened last December and in a way this bill should have been in front of this Chamber and this entire General Assembly many, many

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years ago because this problem seems to be getting worse over the course of time.

How it's explainable or how it is explained I -- I don't know. I don't sit on the committee that deals with this nor am I remotely close to being an expert or a student of this particular area so I don't know what the conclusions are. It would be interesting to hear what yours are offline but it's clearly a problem that needs to be dealt with as strongly and as quickly as we possibly can.

The original bill language looked like it was going to be very, very comprehensive, perhaps too comprehensive, so I -- I for one am happy to see the amendment, that's the reason why I'm on it and also because of what I -- what I just said.

But of -- of particular concern, and I'd like to ask Senator Bartolomeo a question or two on the bill, through you, Mr. President.

THE CHAIR:

Please proceed, sir.

SENATOR FRANTZ:

Thank you.

Senator, in Sections 4, 6 and 7, the language calls for, if available -- if available, private or public funding. We know that this -- this amendment, once the task force is up and running and once it makes its recommendations and comes up with a set of programs, it's going to cost a lot of money and I'm not saying it's not worth it.

We have to take these steps and more money has to be put into these different areas to prevent the next tragedy from occurring or even people who aren't inclined to become violent who are suffering from mental health issues we do, as a state, need to take care of them if we can afford it.

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So my question, through you, Mr. President, is the private funding that you are referring to might be what?

THE CHAIR:

I didn't think you were finished, I thought you were taking a guess.

Senator Bartolomeo.

SENATOR BARTOLOMEO:

Thank you, Mr. President.

Through you, and first of all I would like to thank the -- the good Senator Frantz for joining our effort and supporting as a co-sponsor of the bill. I did actually incorrectly say before because the count kept rising we now have 25 either -- Legislators on this bill and I am -- am thrilled and I'm pleased about that.

Before I get to the funding, I also wanted to -- to respond to say that there are actually two reasons why this bill is here. So the first reason I started to explain about my history in my own family and that's -- and this is an issue that I have always been interested in and something that I -- I would have likely been doing anyway.

The timing of such and the opportunity to work on it my first session here certainly became -- came as a response to not only Newtown but when we were debating 1160 and listening to the answers around this Circle and in the House as to the enormous amount of comments that we had about that bill not having enough mental health so that -- those two reasons are why we do now see this here before us today.

When we're talking about funding, and if you'd like you said Sections 4, I think 6 and 7, if I am correct?

Through you, Mr. President.

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Senator Frantz.

SENATOR FRANTZ:

Yes that is correct.

Through you, Mr. President.

SENATOR BARTOLOMEO:

Thank you.

THE CHAIR:

Senator Bartolomeo.

SENATOR BARTOLOMEO:

Thank you, Mr. President.

Through you, Section 4 speaks to the state seeking existing public or private reimbursement and there are a variety of things here so from screening to diagnosis of treatment and so forth that Medicaid, and I have to say I don't know what the exact acronym is for it, but EPSTD are actually already supposed to be financing.

I do have to say that not everyone knows that so part of what we're making sure is that when we have caseworkers or providers working with families that we are -- are making sure that there's consistency in informing the -- the patients or the clients the opportunities that they do have for reimbursement and for funding.

When we're looking at Section 6, and I'm scrolling to that right now, this Section 6 -- are you talking about the shared reporting of outcomes, Section 6, through you, Mr. President?

THE CHAIR:

Senator Frantz.

SENATOR FRANTZ:

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Thank you.

Through you, I may have the wrong -- no actually this is correct here. It says in Section 6 --

SENATOR BARTOLOMEO:

Oh.

SENATOR FRANTZ:

-- first -- first paragraph it goes on Office of Early Childhood as established (inaudible) Families, Education, Public Health, to the extent that private funding is available shall design and implement a public information and education campaign dot, dot, dot.

The -- the private funding that you're referring to would be -- would be what -- what kind of source?

Through you, Mr. President.

THE CHAIR:

Senator Bartolomeo.

SENATOR BARTOLOMEO:

Thank you, thank you, Mr. President.

That particular one for the education campaign, that is actually something that has -- was brought to us by Newtown families and what they wanted to do was to be able to consider if they were to donate funds that had been raised to do an education campaign how would that be done and they wanted to make sure that it was something that was independent of our current programs.

They didn't necessarily want to be funding one of our current programs but they wanted to have an -- an education campaign in honor of and in response to the horrors that happened in their community. So we have set that up if only that were to be something that were to be actualized.

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I also want to backtrack to Section 4. Someone has very kindly handed me the acronym is for the federal Early Pediatric [sic] Screening, Diagnosis and Treatment program which is a federal program that does reimbursement for services.

Going on to Section 7, Section 7 is for the judicial I believe -- yup the judicial study. That again is something that we -- was brought to us by the juvenile justice and their concerns around the fact that a great percentage of the children in the juvenile justice system have mental health issues and whether or not which came first I guess is part of the problem.

So they requested that given the opportunity and if funding were to arrive, that we would have a vehicle for them to be able to look at and to study that and the effects and to drill down into possibilities of contributing factors so that why we have there if available funding.

Thank you.

Through you, Mr. President.

THE CHAIR:

Thank you.

Senator Frantz.

SENATOR FRANTZ:

Thank you.

Thank you, through you, Mr. President, to the Senator for those answers. It -- and -- and I applaud the -- the folks in Newtown that are putting together that fund that you were just referring to and I think that was a wonderful advertisement for it. That is a great use of those dollars and I think it's something that everybody across the country should be aware of so hopefully today's discussion about this bill and this amendment will have that effect.

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But what worries me a little bit about the scope and the depth of this particular legislation, proposed legislation, is that this will be -- this will be very expensive. I know the task force has to go through and -- and figure this all out what the costs are going to be and identify the funding and all that but I -- I guess my question is, because I'm keenly interested in seeing that any sort of a mental health bill addressing the different issues that you articulately went through before, is actually effective going forward given our tough fiscal circumstances that we face in the State of Connecticut.

So my question, through you, Mr. President, is can this be done in effect ala carte?

THE CHAIR:

Senator Bartolomeo.

SENATOR BARTOLOMEO:

Mr. President, in order to answer that question I wonder if I might be able to have -- be granted the ability to read the -- the recently reported OFA report.

THE CHAIR:

Without objection, so ordered, you may.

Please proceed.

SENATOR BARTOLOMEO:

Thank you, Mr. President.

So right -- it says that this amendment strikes the underlying bill and its associated fiscal impact. There is no anticipated state or municipal impact associated with Sections 1, 3, 4 through 7 of the amendment as either anticipated to accomplish without incurring a cost or current agency practice or required to be implemented to the extent that private and/or federal funding is available.

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Section 2 requires the Office of Early Childhood, in collaboration with DCF, to provide, to the extent that private, federal and philanthropic funding is available, professional development training to pediatricians and childcare providers to prevent and identify mental, emotional, behavioral health issues in children by utilizing the infant and early childhood mental health competencies.

Funding of \$250,000 is included in the OEC's budget in House Bill 6350 the fiscal year '14 and '15 budget bill as favorably reported by the Appropriations Committee for this purpose.

The Section 8, which is the task force, the only costs that they are associating there is less than \$1,000. It would be a volunteer and it would only be recouping expenses. So there -- this actually isn't related to the task force, or the money that was put in for the task force, there were certain things in that from 1160 that will be funded that will be helpful to this effort such as -- there is funding in there for a regional network of psychologists to be able to support and consult with pediatricians and certainly that funding, which is already and separate from this bill, would be helpful in some of what's happening here but under the Office of Early Childhood in the bill there is money that could be used for this.

Through you, Mr. President.

THE CHAIR:

Thank you.

Senator Frantz.

SENATOR FRANTZ:

Okay, thank you, and through you, Mr. President, I appreciate that answer as well and the -- I -- I guess the comment I have on -- on that is that oftentimes we can sort of finagle the -- the fiscal note on these different initiatives and -- and yes we can get away with that for a year or two which is effectively the time horizon at which OFA looks at and then anything after that, you know, anything is fair game.

So we can say that it's not going to cost us any additional money or I think it's less than \$1,000 was the most recent one I looked at very quickly after getting the amendment and -- and that's fantastic. That's where we want to be because we want to usher this thing forward.

But there -- there -- I can't imagine there not being additional incremental costs if the task force determines that all of these different things in the -- the amendment which will hopefully become the bill here and is passed requires all of these different things to be accomplished throughout the State of Connecticut. It's a small state but it's still, you know, our budget isn't that much bigger commensurately than, you know, than -- than what it is today nor -- nor will it, you know, hopefully be in the -- in the not too distant future or even the distant future for that matter but -- so these things end up costing more than anticipated and that's the reason why I have that concern.

But let -- let's move on for another minute or so on some questions, through you, Mr. President. The -- through you, Mr. President -- through you, Mr. President, the task force is -- is ten people. Is that -- is that an arbitrary number? Is that something that you -- you decided was, you know, the -- the optimal number given the subject matter here and the different types of disciplines that you had -- had to have represented on the task force?

THE CHAIR:

Senator Bartolomeo.

SENATOR BARTOLOMEO:

Thank you, Mr. President.

Through you, I just want to finish that last comment and then I'll go to that. The -- the hope would be that, over time rather than adding to -- a fiscal note, that the efficiencies that this will be creating would actually take care of that because as I talked about as far as the in-home visitation and the

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multitude of agencies that are doing a lot of repetitive things, when we can get common systems developed, we really do expect there to be efficiency in funds that are already out there and already being spent but to possibly be spent in a more effective and efficient way.

And as far as the section on the task force, I'm actually very happy to say that that changed yesterday based upon conversations and negotiations, if you will, through the Ranking Members of our committee. Originally it was to be that the Commissioner would appoint these -- these positions to the task force. It was requested by Senator Linares and Representative Betts that we do it this way so that -- where there was an opportunity for bipartisan appointments so that was something that we changed yesterday in an effort to have bipartisan support.

Through you, Mr. President.

THE CHAIR:

Senator Frantz.

SENATOR FRANTZ:

Thank you.

And -- and I appreciate that and so the -- the task force, in terms of the -- the ten people, is that a -- an arbitrary number or was that one that you just felt was -- I mean to -- to me it seems like a -- a very appropriate number. I like smaller committees if anything. You know God loved the world so he sent a committee of one but -- but in this case is ten the appropriate number in your judgment?

THE CHAIR:

Senator Bartolomeo.

SENATOR BARTOLOMEO:

Thank you.

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Through you, Mr. President, that number came up because we wanted to make sure that all of those people that the -- the Ranking Members asked for were there and then we wanted to have an equivalent amount on the other side. So quite frankly at the very end we were trying to figure out what other specialties could we add to the task force for appointments so that we could satisfy all of the -- the members I guess that the Rankings wanted to have on there as well.

Through you, Mr. President.

THE CHAIR:

Senator Frantz.

SENATOR FRANTZ:

Thank you.

I thank the Senator for that answer as well and finally moving on to the final question, or possibly set of questions, getting to legislative intent, I know you were just asked 17 times by Senator Welch here what exactly the legislative intent was and was there any intent at all to have mandatory screenings for all children across the State of Connecticut and I think you were very clear in -- in saying that the legislative intent was not to have that.

But what I found curious, and -- and I'm sure you have a -- a great explanation for it, is that the legislative intent is not to intrude and if you could explain to all 36 of us, and then some, what that really means not to intrude. Does that mean that if someone issues a complaint, I -- I'm worried about the kid next door or someone observes something from DCF or whatever agency it is, observes something when they are visiting another case, does that mean that if they feel they need to go in and they do go in, that's -- that it's no longer intrusion because there was a reason? In other words there was probable cause in the -- in the more traditional sense, legal sense of that term.

Through you, Mr. President.

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THE CHAIR:

Thank you, Senator.

Senator Bartolomeo.

SENATOR BARTOLOMEO:

Through you, Mr. President, again that -- that would be a very different -- that would be speaking to very different legislation and very different statutes by what DCF is allowed to do. If they had a complaint that they deemed credible, that would be handled very differently than this.

This is simply, and maybe I'll give on more personal example, this is simply to make sure that when we have children who have needs and we have families who have needs that one it is not just the school who we're looking at to be responsible which is what we heard -- have heard a lot of in the last few months, it's not just putting one more responsibility on teachers to, you know, solve all of our problems, that we have a system that is listening to our parents and responding to our parents.

Parent intuition I think is sometimes taken for granted and so my own son has not mental health issues but he has special education issues and -- and they presented physically early on and I went to our pediatrician for a very long time saying you know something is just not right. Like it's just not right and his quality of his walking or quality of his speech, there's just something not right.

And what I kept getting was he's a boy, don't worry, boys are later, he's making his milestones, it's a little late but it's okay. It wasn't until we then went through the process ourselves of going to five or six different specialists because my mom is a special education teacher and she continued to say you are with him all day long. You're the parent, go with your gut if you know there's something wrong. So we then went on our own to get all of our own evaluations and then came back and said okay there's something wrong and we want Birth to Three services.

And we were then given the -- it was Easter Seals that came into our home and did our Birth to Three services. Well when we got through with that there was nowhere else to go except that we went to the school system at three and they said ah we're not so sure he needs it, let's give it one more year so that's when we -- we actually went further with options of legal possibilities which we didn't need to do.

A parent shouldn't have to go through that. So what we are trying to do and what we are trying to enforce here is to say that we need to have -- we need to recognize -- our pediatricians for instance which are one of the professions that we're looking at providing training and having training available to, our pediatricians are not specialists and we need to be available for them to understand and have the ability to know what to do when a parent comes and says there's just something not right. It's not a strep infection, it's not a sinus infection, there's just something overarching here that's not right.

That's the intent that we went to -- to propose this legislation and that's when we convened all of these providers and said where are the gaps in our system? Where are we falling down and not being there to support our families and our children and our parents?

So that's what this is aimed at and when I said it's not aimed at being intrusive, the bill that you both have referenced before, that's not a bill that I even proposed and that was a lot of comment and concern. That's not incorporated into here and it's not meant to be anything of that set -- of that sort.

Through you, Mr. President.

THE CHAIR:

Senator Frantz.

SENATOR FRANTZ:

Thank you.

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And through you, Mr. President, I appreciate that long articulate answer and -- and particularly the story about your son. The -- the final question I have for you on the whole issue of intent -- legislative intent is that, and you made it abundantly clear that you're not in favor of any sort of action that would appear intrusive, but there are -- there -- through you, Mr. President, there are no circumstances under which you could see your legislative intent of not wanting to intrude with respect to a family and their privacy you could see noth -- no set of circumstances that would change that technically so that there would be some sort of visitation, forced visitation, because of X, Y and Z, you know, what -- whatever the case might be -- be.

Through you, Mr. President.

THE CHAIR:

Senator Bartolomeo.

SENATOR BARTOLOMEO:

Thank you.

Through you, Mr. President, so I guess again I would just reiterate that it's -- the in-home visitation section, and that's voluntary, that's per request, if there's another section in here that would be concerning I would -- would you mind looking specifically to that? I -- I guess I'm just not sure how else to answer it, sir.

Through you, Mr. President.

THE CHAIR:

Senator Frantz.

SENATOR FRANTZ:

And the answer, through you, Mr. President, is no I haven't found anything. I haven't had all that much time to look at it and read it but -- but the answer is I haven't seen anything in there but oftentimes what can happen is, you know, once a bill becomes a

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law and two or three years passes it will be misinterpreted and you try to find the tapes and what legislative intent was and you can't find them.

Now they're much more diligent about hanging on to those tapes and transcripts and all that. So just -- just to make it abundantly clear, and -- and I think you already have, but just to maybe one more time say that it is not your intent to -- to have any agency or personnel from an agency intrude upon the privacy of a family.

Through you.

THE CHAIR:

Thank you.

Senator Bartolomeo.

SENATOR BARTOLOMEO:

Thank you.

Through you, Mr. President, I would preface it by saying, based on other statutes for abuse and neglect then those -- those are not addressed here, that could happen and those statutes and in those situations but they are also very strictly written.

For this particular one, and I say this will all sincerity, I would be happy to sign a copy and say what my legislative intent is -- that this is not to go in and take someone's child.

Thank you, sir.

THE CHAIR:

Senator Frantz.

SENATOR FRANTZ:

Thank you.

And through you, Mr. President, I appreciate that final answer to being asked probably 19 or 20 times

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that -- that was the legislative intent or not so
thank -- thank you very much for that.

I'm done with my questions and let me just end by
saying I really wish we had done this many, many years
ago because I am -- I am absolutely convinced that we
could have headed off a lot of very serious problems
perhaps even what happened here in December 14 of 2012
and I think this is a step in the right direction. I
think the underlying bill has been cleaned up by this
amendment a lot. It makes it much more implementable
and once again I want to thank you for your hard work
on it, your hard work on it, and anybody else who
worked on it.

Thank you, Mr. President.

THE CHAIR:

Thank you, Senator.

Senator Gerratana.

SENATOR GERRATANA:

Thank you, Mr. President.

Mr. President, I rise to speak in favor of this
amendment. It's a strike-all amendment. It repace --
replaces the underlying bill and I do so because I
deeply appreciate the work that Senator Bartolomeo has
done. I know she's worked very hard to come forward
with this legislation.

Being a member of the Bipartisan Task Force, as
Senator Bartolomeo was, we heard so much of what has
been going on in our state regarding behavioral
healthcare and we quickly realized that there were
many -- there was a dearth of behavioral healthcare as
well as what I would consider to be many loopholes.

What Senator Bartolomado -- Bartolomeo has done, I'm
sorry, Senator, is that she listened very, very
carefully as we all did and she has incorporated in
this bill with input because I know I've had
conversations with her as well as others of our
concerns and also of the testimony that we heard

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certainly in front of our Public Health Committee and I'm sure she heard it in front of Children's Committee of the, as I mentioned, some of the areas that have not been addressed.

Just about every agency that has something to do with children, children's health, behavioral health, is in this bill. So she has brought all of these entities together to work together and to find some of the causes and to come up with some of the solutions and services that will be needed in our state to address our behavioral healthcare system.

This is so important. I think Senator Frantz was right when he mentioned that it's a long time coming and sometimes, you know, timing is everything. The time is right now for us to pass this legislation. We are all prepared certainly in this Chamber and in this building to continue to do the work that is necessary that will bring the kind of integrated system that we need.

I absolutely know this and I know Senator Bartolomeo does too as well as everyone here so thank you, Mr. President. Thank you for a job well done also, Senator, and of course I'm hoping we pass this bill quickly.

Thank you.

THE CHAIR:

Thank you.

Senator Cassano.

SENATOR CASSANO:

Thank you, Mr. President.

Senator Gerratana suggests I be quick. Two brief comments. It's ironic that we're addressing this bill tonight where as I believe yesterday's paper and the day before talked about nearly 6,000 suspensions of children, pre-school children basically, that might have benefitted greatly from programs that we're talking about.

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My wife and I have for 30 years now, I mean she really is the -- the daycare center and we have 90 to 100 kids every year and believe me it is extremely difficult to find the kinds of services that are necessary for some kids that we can identify at two and three years old.

If you identify those services early, these children just get a tremendous head start and municipalities, by the way, need to be involved here as well. When it comes to footing the bill they don't want to do that and so that's one of the things we have to keep an eye on is to make sure that every child gets that opportunity to services and so this is an exciting, long overdue bill and you should be very proud of yourself.

Thank you.

THE CHAIR:

Will you remark further on the amendment?

Senator Looney.

SENATOR LOONEY:

Thank you, Mr. President.

In support of the amendment I wanted to commend Senator Bartolomeo and -- and all who have worked so hard on this issue to bring it before us today because it does highlight that we need to address the -- the problem of children's mental health in Connecticut. There have been reports that have come out recently indicating, in many cases, how difficult it is for children to get treatment, that there are many -- many specialists, many child psychiatrists who actually only treat adolescents and older.

They only treat people 13 years of age and older and sometimes so that there is often a gap in services for parents who are desperately and conscientiously trying to get help for their younger children and sometimes, if a service is not available through the school system, there is not any access to any other service

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at all and that becomes the real tragedy for many of the -- of these families that sometimes problems begin to manifest themselves as early as kindergarten and -- and become progressively more troublesome during the grade school years but yet formal treatment sometimes is not readily available and accessible until the child may reach the age of 13 or so and by then they have had a problem that's been developing and becoming exacerbated for seven or eight years and that's -- that is a -- a real gap in our system and a -- and a tragedy for many families.

So what this amendment will do is to begin to get us into a position where we can look in a comprehensive way at how those early developing needs can be met effectively at that early stage when an effort and an intervention can do the most good and have the most dramatic impact in the life of a young child.

So again thank you, Mr. President, and again congratulations to Senator Bartolomeo and her committee and all who have worked so hard on this bill to bring this before us in the form of this amendment today.

Thank you, Mr. President.

THE CHAIR:

Thank you, Senator.

Senator -- Senator Bye.

SENATOR BYE:

Thank you, Mr. President.

And I want to apologize to Senator McKinney and -- and to our Majority Leader. But just briefly have to just -- I -- I was in the other room working on another bill and I wanted to make sure I just thanked Senator Bartolomeo for her leadership and her listening and adjustments and also just address how important it is, as Senat -- as -- as we were just hearing Senator Looney how important the early intervention is and I know for me I really appreciate Senator Bartolomeo looking at ways that we can track when there are gaps

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in services identified. I think that's really important.

The families I've been working with have identified so many gaps in services when -- even when the parents were trying to get what they needed they couldn't.

And so thank you for your responsiveness and I look forward to voting for this.

THE CHAIR:

Thank you.

Senator McKinney.

SENATOR MCKINNEY:

Thank you, Mr. President.

I rise in support of the bill and will be very brief. First let me thank Senator Bartolomeo and Senator Linares for working so hard on this. I thank you for your phone calls over the weekend to alert me of what you were doing in working with the Ranking Member.

Mr. President, we -- we all discussed after the tragedy and the tragic events of December 14th in public hearings we had many of us understanding more and more the problems and gaps and shortcomings of our mental health system and we all made a pledge and a vow to work on that and this is part of that work and I'm proud to stand here and support it.

Thank you.

THE CHAIR:

Thank you, Senator.

Senator Williams.

SENATOR WILLIAMS:

Thank you, Mr. President.

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I too rise to support this amendment that becomes the bill and to thank Senator Bartolomeo and the other Legislators, both Democrat and Republican, who have worked so hard to put this together and bring it forward. I want to just point out that there were many folks and other agencies involved, the Commission on Children and others, and I really want to thank Senator Bartolomeo for reaching out, not only to the other Legislators involved, but to these disparate agencies and also to the Governor's office because this stretches across many different boundaries.

Of necessity and it's so important that we have our agencies that perform different services and programs on behalf of our children working together. As Senator McKinney just said this is an ongoing effort of ours to assist in the area of mental health generally and for the benefit of our children specifically.

So, Senator Bartolomeo, good work and I want us to see -- I want to see us move this forward and the House to pass this as well.

Thank you, Mr. President.

THE CHAIR:

Thank you, Mr. President -- Senator Williams.

Will you remark further on the amendment? Will you remark further on the amendment?

All those in favor please signify by saying aye.

SENATORS:

Aye.

THE CHAIR:

Those opposed nay? The ayes have it. Senate "A" is adopted.

Will you remark further on the bill as amended? Will you remark further on the bill as amended?

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Senator Bartolomeo.

SENATOR BARTOLOMEO:

Thank you, Mr. President.

If there is no objection, I ask that we put this on the Consent Calendar.

THE CHAIR:

Seeing and hearing no objection, so ordered.

Senator Looney.

SENATOR LOONEY:

Thank you, Mr. President.

Mr. President, if we might move now to mark a couple of other additional items I think that may have been pass temporarily earlier or perhaps not -- not marked. Again would mark as -- as go Calendar Page 40, Calendar 293, Senate Bill 814 and Calendar Page 41, Calendar 359, Senate Bill 1099.

And would call the first -- if the Clerk would call Calendar Page 40, Calendar 293, Senate Bill 814.

THE CHAIR:

Mr. Clerk.

THE CLERK:

On Page 40, Calendar 293, Substitute for Senate Bill Number 814, AN ACT CONCERNING INTERVENTION IN PERMIT PROCEEDINGS PURSUANT TO THE ENVIRONMENTAL PROTECTION ACT OF 1971. It's amended by Senate Amendment Schedule "A", Favorable Report of the Committee on Planning and Development and there is an amendment.

THE CHAIR:

Senator Cassano.

SENATOR CASSANO:

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Mr. Clerk.

THE CLERK:

On Page 2, Calendar 49, Senate Bill 523; Page 15,
Calendar 489, Senate Bill Number 871.

On Page 35, Calendar 44, Senate Bill Number 809; on
Page 36, Calendar 152, Senate Bill 465.

On Page 37, Calendar 177, Senate Bill 972 and on Page
40, Calendar 293, Senate Bill 814.

Page 41, Calendar 359, Senate Bill 1099 and Calendar
377, Senate Bill 889.

On Page 43, Calendar 400, Senate Bill 1137 and on Page
45, Calendar 488, Senate Bill 1153.

THE CHAIR:

Thank you.

Please announce that the machine is open on the first
Consent Calendar.

THE CLERK:

Immediate roll call has been ordered in the Senate.
Senators please return to the Chamber. Immediate roll
call on today's Consent Calendar ordered in the
Senate.

THE CHAIR:

Have all members voted? If all members have voted,
please check the board to make sure your vote is
accurately recorded. If all members have voted, the
machine will be closed and the Clerk will announce the
tally.

THE CLERK:

Today's Consent Calendar.

Total Voting

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Voting Yea	36
Voting Nay	0
Absent, not voting	0

THE CHAIR:

Consent Calendar 1 passes.

Senator Looney.

SENATOR LOONEY:

Thank you, Mr. President.

Mr. President, before moving to the item which will be marked for the order of the evening, I believe the Clerk is in possession of Senate Agenda Number 2 for today's session.

THE CHAIR:

Mr. Clerk.

THE CLERK:

The Clerk is in possession of Senate Agenda Number 2. It's dated Thursday, May 23, 2013. Copies have been made. They are on Senators' desks.

THE CHAIR:

Senator Looney.

SENATOR LOONEY:

Thank you, Mr. President.

Mr. President, I move all items on Senate Agenda Number 2 dated Thursday, May 23, 2013 to be acted upon as indicated and that the Agenda be incorporated by reference into the Senate Journal and the Senate Transcript.

THE CHAIR:

So ordered.

**JOINT
STANDING
COMMITTEE
HEARINGS**

**CHILDREN
PART 4
978 - 1270**

2013

committee?

Michelle, I'm just really happy that you brought her. She was at a press conference with us a year ago and she's grown and she's wonderful. And it's -- I think the visual is always helpful to everyone that we are putting toxic chemicals into that little body and there's not a lot you can do to control it no matter hard you try.

MICHELLE NOEHREN: In the onus should be on the consumer anyways. The manufacturer should do that.

REP. URBAN: Exactly. So I thank you so much for your testimony.

MICHELLE NOEHREN: Thank you so much.

REP. URBAN: And we expect to see her, you know, at public hearings every year. Thank you.

MICHELLE NOEHREN: Thank you very much.

REP. URBAN: Next is the Office of Health Care Advocate, Vicki Veltri.

VICTORIA VELTRI: Good morning.

REP. URBAN: Good morning.

VICTORIA VELTRI: Good morning, Representative Urban and Senator Bartolomeo. I'm Vicki Veltri and I'm the state healthcare advocate. Here to testify on behalf of -- in favor of Senate Bill 972, which is AN ACT CONCERNING CHILDREN AND BEHAVIORAL HEALTH.

We know that recent events have, you know, thrown into sharp relief the importance of an adequate behavioral health system in

Connecticut for all residents and we know that there's additional legislation being considered by the Legislature addressing these issues which we will support and anticipate supporting. OHA really remains -- has been -- remains actively dedicated to improving access for consumers to appropriate behavioral health services. In our statute -- our enabling statute we are empowered to collaborate with consumers, providers and advocates to ensure best practices in mental health treatment and recovery, compliance with provisions around mental health parity and to discuss the relative costs and benefits of effective mental health care coverage. So that is a priority of our office.

Every year behavioral health issues go up in our office. It's been the number one source of complaints to OHA for a number of years since at least I arrived there in 2006 and every year the case volume goes higher and higher, which tells you maybe something about the level of need that there is out there. What we are seeing is increased numbers of children and young adults with eating disorders, increased adolescent drug use, and more, and maybe unfair in certain circumstances, denials of coverage when kids need treatment for those services.

So what we decided to do because we were seeing all that is in October we held our own hearing because our statute allows us to facilitate, comment and have public hearings on the implementation and the analysis of current laws in place. And what that hearing essentially showed us is, not surprisingly, that there are significant barriers on the access to and delivery of mental health and substance abuse treatment and services in Connecticut.

We do need in Connecticut an overall vision for

an integrated behavioral health system with emphasis on early intervention and prevention, as well as comprehensive and innovative approaches to delivery of those services. What we also discovered in our research, and frankly, from our own experience is that there is some cost shifting going on in the system. When services are not paid for by appropriate payers, the state ends up paying. So for instance, right now, we have a collaboration with DCF and the voluntary services program where it used to be a situation where kids would go to voluntary services when they needed access to behavioral health services that they could not otherwise get -- excuse me -- whether their insurance carrier was denying it or for some other reason they couldn't afford it.

So what we did was engage in a collaboration with DCF to try to make sure that the services that kids need, if they are covered by private health plans gets covered by those health plans. And we just started this project and already we've saved over I think a million and a half dollars in just six months. So we know that there are payer sources that need to be held accountable going forward.

I will say we have also applied for a grant, OHA, to study the effectiveness of the Connecticut Behavioral Health Partnership as a model for behavioral health care management and delivery. By enhancing our years of direct advocacy this area with a comprehensive analysis of delivery models and best practice in collaboration with other key stakeholders, we believe that the State can develop an innovative and clinically-appropriate and cost-effective behavioral health system for the citizens of Connecticut.

I do want to say we -- we are working on the

other efforts that are going on around the Legislature right now. We think there are very significant and incredibly important. I also want to say that we are partnering with many agencies and provider associations, who I'm sure you're going to hear from today more broadly on the kinds of services and kinds of things we can work on now to improve our behavioral health system.

And I do want to say, we're just all in this together so we see this as one giant collaboration with you and our other partners.

And so with that, I would just ask if anybody has any questions?

REP. URBAN: Thank you for your testimony, Vicki.

Do I have any questions or comments from the committee?

Representative Betts.

REP. BETTS: Thank you, Madam Chair.

And thank you very much, Vicki. You said you had applied for a grant.

VICTORIA VELTRI: Yes.

REP. BETTS: To whom and for how much did you apply for?

VICTORIA VELTRI: We applied for a grant from the Connecticut Health Foundation to do a study, a comprehensive study of the Behavioral Health Partnership for, you know, there are going to be some in-kind contributions from our office to it, so it's probably -- if we get it and, you know, I want to be very clear that we haven't been awarded anything, we applied --

around a hundred thousand.

And that's a study that I think was slated to be performed a couple times, but was removed from the budget. And we think it's a really important study because it will be the first time there's been an objective and independent study of the Connecticut BHP.

REP. BETTS: Okay. And one what this study be completed if you end up getting the money?

VICTORIA VELTRI: It's a very ambitious time schedule. We're hoping six months, very ambitious, from the time we get the award, which should be hopefully this month, if we get it.

REP. BETTS: Okay. Thank you very much.

REP. URBAN: Are there any other questions or comments?

Thank you. Thank you for your testimony and we also do have that report and we really appreciate it and we are of the same mind. We need to work together and get some kind of system in the state. So thank you very much.

VICTORIA VELTRI: Thank you.

REP. URBAN: Next on our list is the commissioner of DCF, Joette Katz. And I would just mention before Joette comes up, Senator Duff, who is our vice chair from the Senate, is actually have another public hearing of the committee that he chairs so it gets down to this point in the legislative session and it makes it difficult for us.

Welcome, Commissioner.

manuals and how this has evolved could be made available to the committee, that's something that we want to become very, very conversant and familiar with. And yet, again, I will have to again be on the same page as my cochair. It's been a tremendous experience, Commissioner, to work with you.

And I know you're talking it's a collaborative effort, but it takes a big person to collaborate. So we appreciate the fact that you're willing to collaborate and thank you so very much for your enlightening and disturbing testimony today.

COMMISSIONER JOETTE KATZ: Thank you and again thank you, Bill Rivera is here. Tammy Sneed, who is in charge of our girls services. It really does take a village and I've got some wonderful people at the department really have educated and brought me along. So I'd like to just publicly thank them again, and you, as well.

REP. URBAN: Thank you very much, Commissioner.

Next on our list to testified from the Commission on Children is Elaine Zimmerman on a slew of bills.

ELAINE ZIMMERMAN: Good afternoon, Senator Bartolomeo, Representative Urban and members of the committee. My name is Elaine Zimmerman. I'm the director of the Commission on Children. I'm here in support of an ACT CONCERNING CHILDREN AND BEHAVIORAL HEALTH, AN ACT ESTABLISHING A CHILDHOOD OBESITY TASK FORCE, the act on marketing of firearms and the parent engagement bill. I will however today just speak on the mental health bill, on behavior health. As some of you know, I helped create the station after the shootings in Newtown at the middle school. So when parents came to get

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HB6497
HB6501
SB972

help with their children, there was a place where the children could be that would be safe and protected, and I was there for several weeks.

And there was one child who turned to me quite seriously, a first grader and said, we are moving my school to another school. My school has a mental illness. They want to be sure we do not catch it so they are closing it down and moving us away. On the one hand someone must have told her that the children were killed by someone with a mental illness, but now, she worries that she's contagious or that it is contagious and she worries that she can catch it. Someone else can catch it.

You know, so how do we help children that catch mental illness? And I would argue that it is prevention, early intervention, assessment -- quality assessment and a coordinated system of mental health care. Connecticut's children and adolescents are experiencing a mental health crisis. There is a shortage of mental health and substance abuse prevention and treatment services. 20 percent of the children in our state struggle with a diagnosable and treatable mental health problem. Only 25 percent of children and adolescents with emotional behavioral problems access services in our state who need them. One in 15 Connecticut high school students attempted suicide this last year.

So this committee is well known for its understanding of prevention and early intervention. I think that it is key that we create, in response to Newtown, an interconnected framework of supports that connects schools, mental health, child and family services and early childhood programs, that there be a continuum of intervention

services.

We don't have a system that is adequately working, but this is actually no cost or low cost to create the systemic pieces and a good example of this is home visitation. Our home visitation system right now is largely funded by the federal government. This past year we received \$27 million for home visitation. We have approximately 40,000 (inaudible) in Connecticut, about 10,000 are to families with at least one risk factor. We address families that are facing trauma, families with mental health issues, but the problem in home visitation in our state is that we have program, program, program. We have no system. The agencies don't work together. Things are not coordinated.

I have for the cochairs and the members of the committee draft language to create a home visitation system that would help with the services, efficiencies, streamlining, quality control and would in truth get to our families with mental health issues at the onset that the very earliest stages. It is, in fact, the most family friendly way to address social emotional. So I've got that for you.

A few years ago -- and many of you probably remember this -- it was almost at, like, a Woody Allen film. Our State was kicking children out of pre-K for behavioral problems. So you're not even in kindergarten and you're already getting kicked out of school.

We created a behavioral training where we talked to the child care field, the early care field of signs and how to intervene. It worked masterfully. We were able to reduce these ridiculous expulsions of four year olds, explained to the field. We need to bring that

up into the schoolhouse. We need to assure and support schools so that they know how to assess and intervene. Our schools similarly need social workers and psychologists. In a meeting of mental health experts from around the whole state just this past week, they talked about the fact that the schools and the community don't talk to one another and some of what might have been prevented doesn't occur because of lack of communication. Similarly, we might presume that pediatricians know the signs, but pediatricians are not trained in mental health and they are not trained in learning disability. And frankly, learning disabilities often is an explosion ready to happen because of the emotional challenges the child faces when the child has not been properly diagnosed or served.

So this sort of training is not a high cost. It's actually just pulling together when we have a different parts, different agencies and creating some stitchwork. So entities and constituencies that are professionals that we think know would actually know better. More children see counselors in our schools than any other system. Seventy to 80 percent of the children who receive mental health services are seen by guidance counselors, school psychologists and psychiatric nurses in our schools. There is something good about that. The sort of onus on mental health isn't as strong. But we have a shortage and these folks don't have proper links two psychiatrists. It's not their fault.

So I'm here today to one, really praise the bill, S.B. 972. I have language that has drafted that creates an children and youth mental health bill that creates the stitchery for a system. It's designed for you. It goes early childhood, schoolhouse, community

financing, which I'll distribute in a moment. Some pieces are costly -- so obviously, they should be ignored for this year, but there are other pieces that are no cost at all and would improve the system.

So there was another child in Newtown the day after the shooting, a first grader who looked at me and tore my heart out and said, there is nothing you can do, nothing that will convince me that this is not going to happen again. And my commitment is to prove them wrong.

I think we need a serious, solid, seamless mental health system, behavioral health system in our state. And I'm not enured to the fiscal crisis that we're in, but I think there are things that we could be doing immediately, particularly a home visitation system that especially given that it's federally funded is no cost at all.

So I find which for you've for both and as I said, we're also in support of these other bills, but I wanted to focus on this. Thank you.

REP. URBAN: Thank you, Elaine.

Are there any comments or questions from the committee?

Nearly, I would -- I would just mention that many moons ago Maura Casey did an in-depth article on mental health in the State of Connecticut. And when she did that article, she found enormous amounts of money were being spent in enormously uncoordinated fashion, that no agency knew what the other agency was doing, that these -- that there was a lot of duplication and there was certainly nothing called "results-based accountability" that was

being addressed.

So we welcome the opportunity to try to put together some sort of omnibus bill and I really appreciate the fact that you've suggested some language because we are at the -- at this point in time, trying to be sure that we flesh out what it is that we want to because the speaker has asked, the works in progress to leave committees.

So I appreciate the fact that you've stepped up and in the long run, Elaine, we will save the State of Connecticut money when we collaborate and make sure that these programs are programs where everybody knows what everybody else is doing. And we are evaluating them under our results-based accountability framework.

ELAINE ZIMMERMAN: Thank you very much,
Representative Urban.

And in the language, I did base it on results-based accountability so it unfolds using that premise.

REP. URBAN: Thank you, Elaine.

ELAINE ZIMMERMAN: Thank you.

REP. URBAN: No one more -- to go next on our list is Jamey Bell, the child advocate. Welcome, Jamey.

Welcome, Jamey.

After Jamey, we will switch, start going back and forth with the public.

JAMEY BELL: Good afternoon Senator Bartolomeo,
Representative Urban and distinguished members
of the Children's Committee. I'm Jamey Bell,

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HB 6499
SB 972

the acting child advocate for the State of Connecticut. I'm here to testify today in support of House Resolution 11, House Bill 6499 and Senate Bill 972.

The Office of Child Advocate supports House Resolution 11 memorializing the United States Congress to ratify the United Nations Convention on the Rights of the Child because it reflects Connecticut's own state values which reflect the truth that there is no keener revelation of a society's soul than the way in which it treats its children. The United Nations Convention Rights of Child addresses such core child protective principals as support for the rights and duties of parents, antidiscrimination and decision making according to the best interest of the child. It encourages a strong public health and prevention focus to support child and family health, educational opportunity and economic security.

It requires robust safety and protective mechanisms such as protection against violence, neglect, economic exploitation, hazardous labor and sexual and other trafficking. And it also encourages mass media to disseminate information and material of social and cultural benefit to children, especially those aimed at the promotion of social, spiritual and moral well-being physical health.

Connecticut already implements many of these basic protections itself through its child serving agencies and systems, including the Department of Children and Families, Education Social Services and Public Health and the newly created Early Childhood Office. The very existence of the Office of Child Advocate is a testament to the state's commitment to these principals promoting the well-being of

children.

A resolution by the House of Representatives in Connecticut memorializing the convention can serve a lot of symbolic and actual purposes, including putting pressure on our national representatives to take a leadership role in urging the United States to ratify the convention. I list some other reasons that it's a good idea in my testimony, but I will leave you to read that.

I just want to also point out that we support House Bill 6499, inserting the act into our results-based accountability assessment program because it can serve as a means of strengthening, Connecticut's efforts to monitor and protect children's well-being as well.

Finally, briefly, I wanted to iterate the reasons why we support Senate Bill 972, AN ACT CONCERNING CHILDREN AND BEHAVIORAL HEALTH.

Essentially, our office works with children and in the deepest end of the mental health system and the shallow end through our ombudsman services when we receive calls from community members looking for mental health services for people -- children they are working with or children in their families. There is no question that needed services are not readily available in parts of the state, that school systems are overwhelmed with students presenting complex behavioral and emotional health issues, and that there's a lot of problems with coordination and seamless integration of benefits across systems.

The Office of the Child Advocate has been working on these issues for a long time; plans to continue and welcomes all of the emphasis and focus by the Office of the Healthcare

Advocate, the Commission on Children and all the partners in implementing a long-term behavioral health plan creating process for the state and offers its assistance and our ongoing efforts in support of those endeavors.

Thank you very much.

REP. URBAN: Thank you, Jamey, and I would just again echo my comments to Elaine. We know that there's an issue here. Maura Casey did an amazing job when she tried to track down where all our mental health money was and it's not like we're not spending it. We're not spending it in a way that's effective.

So we welcome your input and I also welcome your testimony on the child issue that we are, you know, sort of the Convention on the Rights of the Child, that we're championing here through my vice chair who has brought it to our attention.

Thank you very much.

Are there any questions?

I figured. Representative Fawcett.

REP. FAWCETT: Good morning -- well, afternoon, Jamey. It's so nice to see you and I can't thank you enough for taking the time today and so eloquently putting words to your support for the Convention of the Rights of the Child. I just want to thank you publicly for your willingness to sort of team up with me and help bring the state together behind the support and I just very much look forward to working with you in the coming weeks to move these bills, potentially both of them forward. Thanks.

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JAMEY BELL: Thank you very much, Representative

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yes, the previous testifier is a Ph.D. researcher at a reputable institution so it would be helpful.

CHRISTINA FRANZ: I would be happy to submit that.

SENATOR BARTOLOMEO: Okay. Thank you very much.

CHRISTINA FRANZ: By what deadline would you like that.

SENATOR BARTOLOMEO: You know what? If you could speak to our clerk, she would better know.

CHRISTINA FRANZ: Okay. Thank you very much. Thank you.

SENATOR BARTOLOMEO: What my colleague is saying is that we have a process by which we screen the bills and decide further action and that is tomorrow on these. If there is anything you can get us, great. If not, Thursday. Thursday? If we could have it by Thursday, that would be ideal. If not and if the bill progresses, there certainly are opportunities for us to make amendments later on, but the best opportunity is by Thursday.

CHRISTINA FRANZ: I'll get you something by Thursday. Thank you.

SENATOR BARTOLOMEO: Okay. Thank you very much.

Marty Mador followed by Anne Hulick.

MARTIN MADOR: I'm Martin Mador, the legislative chair for the Sierra Club, in three very short minutes on three of our top priority bills for this year. Some of this you've heard before. I'm not going to speak to the scientific merits, but something on the perspective on the bills. On the expansion on the pesticide ban

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HB6527

up to high school, I have a series of questions in my written testimony. I'm not going to do that now. I don't have the time, but I'll just ask one of the first questions: What are pesticides? They are chemicals created for the express purpose of killing living things. Insects will die immediately, humans may take decades to die, but there certainly an effect of these pesticides and the bottom line is we want to use them only when absolutely necessary. And I don't have enough time to go on so I'll leave it at that.

Okay. The chemicals with concern to children, why is 6526 an important piece of legislation? Because it establishes an appropriate and effective framework for us to deal with these. In the past, we have come to the legislature, bill after bill, year after year, and done this one bill at a time which is not an efficient process and it's a process which really relies primarily on the Legislature which is a difficult way to do this so what this bill sets up as a framework for identifying the chemicals we're most concerned with that really relies on the expertise of the state agencies and people in other states that have already done this. It's a far more appropriate way to do this and that's really why we encourage this. Plus, it sets up a framework which businesses could take advantage of to remain competitive because it helps them identify the toxics in their chemicals which are going to hurt their business, especially in Europe.

And -- so let me -- the last one is the GMO-engineered baby food. Keep in mind what this bill is not about. It is not about regulating agricultural practices. This is not about disadvantage to our farmers. It's only about giving people the ability to recognize that there's something in what their about to

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manufacturers are already reporting the presence of toxic chemicals in the European Union and in a number of states in this country.

This would help Connecticut to lead in manufacturing products that families can trust. Parents don't want harmful chemicals in their children's products. This proposal is an economic development opportunity for green jobs growth and it will assure that Connecticut products can be sold in the international marketplace. So it will help our state business and the economy as a whole as well as protecting workers and consumers from exposures to toxins.

I thank you very much for your time.

SENATOR BARTOLOMEO: Thank you. I was just going to ask you to wrap up.

SUSAN EASTWOOD: Okay.

SENATOR BARTOLOMEO: Any questions?

Well, thank you. I do appreciate your testimony.

SUSAN EASTWOOD: Thank you very much.

SENATOR BARTOLOMEO: Okay. We have Mary Jane Williams followed by Andy Hackman.

MARY JANE WILLIAMS: Good afternoon, Senator Bartolomeo and members of the Select Committee on Children. I am Mary Jane Williams, chair of government relations for the Connecticut Nurse Association, founding partner of the Coalition for a Safe and Healthy Connecticut and founding member of Nurse -- National Alliance for Nurses for Healthy Environments. I am speaking in

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SB981
HB6491
HB6526

strong support of 6526, AN ACT CONCERNING TOXIC EXPOSURE INNOVATIONS FOR HEALTHY CHILDREN. I have been involved with environmental health for many years as the result of growing in a town classified as a superfund site where the members of our town drank contaminated water for a decade.

Also, my pediatric nursing experience teaching, witnesses, the care and treatment of children with childhood cancers and watching the suffering of the child, parent and family makes me an even strong advocate. We know there is an increase in childhood cancers. We also know that there's a decrease in mortality. That decrease in mortality results in chronic illnesses, the result of long-term cancer treatment. It is traumatic for the child and the family and it results in long-term costs for health care. Connecticut needs to be proactive in banning hazardous chemicals which are found in an array of products. There are over 83,000 chemicals in commerce, most of which have never been tested for safety with efforts to reform the Toxic Chemical Act stalled in Washington. States like Connecticut need to move forward on priority chemicals that are bioaccumulative and persistent.

We need to be part of the grassroots effort at the state level that is going to push the national government to move forward. I ask, as a nurse, who focuses on prevention and wellness that this legislation protects our children. They are the next generation of our public. It is about the health of public that we serve. I have also submitted testimony on Senate Bill 972, behavioral health, on Senate Bill 981, school pesticides. I don't think that we can do enough. Children -- young children use the high school fields to play all of the sports that they play from age 4 up. I know because I

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AIMEE STUPAK: Thank you.

SENATOR BARTOLOMEO: Thank you very much for your testimony.

So as I stated before we have Catherine Laccarino next. Is Catherine here?

Okay and we will be going to Representative Mushinsky as she stopped in to testify but is in and amongst other meetings in the building, so Representative Mushinsky.

REP. MUSHINSKY: Thank you, Madam Chair. I'm delighted to be back here in the Children's Committee where I spent many happy years and also as Chair of the Committee and it -- it killed me to get off this Committee but there's just so many hours in the day, can't cover everything.

HB 6517
HB 6557

But I wanted to thank you. I'm Representative Mary Mushinsky from Wallingford, House Chair, Program Review and Investigations Committee and I wanted to thank the Children's Committee for your concern for children's mental health as shown by raising the bill, Senate Bill 972.

The Committee should be aware that Program Review and Investigations Committee also has two bills covering this same subject as a result of our recent investigative study that determined that private insurers are not treating mental health in young adults with parity to physical health as required by both state and federal law.

We found that state insurance on the other hand does treat youth with mental health issues fairly. Children who are not treated early for mental illness only get worse. Youths with untreated mental health problems become an

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enormous financial and societal burden for our state.

PRI reported that parents of these troubled youths on private insurance were frustrated in their attempt to get help for obviously deteriorating family members. Parents experienced delays in obtaining treatment or were denied outright. They did not know how to appeal denials of care.

There was little enforcement of parity by the Insurance Department. Our report recommends reforms which are contained in two bills, House Bill 6517, enforcing parity compliance, and House Bill 6557, using the grievance process.

We encourage your Committee to join forces with ours as we move these bills forward and work together to improve children's mental health.

And thank you for raising the bill.

SENATOR BARTOLOMEO: Thank you, Representative. I'm very encouraged by the work that your committee is -- is doing. Sitting on the Bipartisan Task Force, although I was on the School Safety part of that, there were many conversations about the fact that our private insurance either doesn't avail us to providers or it doesn't cover them or thinks that three sessions is enough for -- for any mental health treatment.

So I -- I appreciate your coming here and testifying to us today.

REP. MUSHINSKY: Surely.

SENATOR BARTOLOMEO: Do we have questions from Committee?

REP. MUSHINSKY: Do you want the report from our

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committee as long as (inaudible) report.

SENATOR BARTOLOMEO: Absolutely.

REP. MUSHINSKY: Okay.

SENATOR BARTOLOMEO: Yeah, that would be wonderful.

REP. MUSHINSKY: Okay we'll do that.

SENATOR BARTOLOMEO: Okay, well thank you very much
for stopping in.

REP. MUSHINSKY: How many copies would you like?
Sure, well how many copies would you like?

SENATOR BARTOLOMEO: Well you know I think Liz --
I'm not sure but if you are -- don't mind
asking Liz we can work it out.

REP. MUSHINSKY: Okay.

SENATOR BARTOLOMEO: Thank you.

REP. MUSHINSKY: Thank you.

SENATOR BARTOLOMEO: Okay next we have -- well one
more call for Christina -- or Catherine, I'm
sorry, Laccarino.

Okay, Richard Roy followed by Marie Usher.

Okay, your turn.

MARNE USHER: Wow you have a lot on your plate
today. My name is Marne Usher and I'm with the
Connecticut Parent Teacher Student Association
which is the Connecticut branch of National PTA
and I'm here just to thank you so much for
bringing forward Bill 6501, the parent
engagement bill. Obviously this is an issue
that's near and dear to our hearts in PTA.

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Questions from Committee?

REP. URBAN: Comment.

SENATOR BARTOLOMEO: Comment.

REP. URBAN: Just very briefly thank you so much and you do know that the whole idea behind this is to complete that loop and have Connecticut lead the nation in supplying alternative to these toxic chemicals. So thank you so much for your testimony.

JOHN P. MURPHY: Right with the expertise we have at Yale and UConn, you know, we -- we can --

REP. URBAN: Yup.

JOHN P. MURPHY: -- be a leader is this, not only for Connecticut but for the nation.

REP. URBAN: Yeah and the world. So thank you for your testimony.

Thank you, Madam Chair.

SENATOR BARTOLOMEO: Thank you, have a great evening.

Cheryl Martone followed by Margaret Miner.

CHERYL MARTONE: Good afternoon, it's still afternoon. I'm Cheryl Martone from Westbrook, Connecticut and I could say that I represent experiences from other parents because I started U.S. Concerned Parents four years ago to uphold parent's rights and children's rights and I advocate for parents when they're in the courts and I court watch in family court and juvenile court.

I'm just going to go over the list because I'm, you know, testifying about numerous bills

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SB 77

because I agree with some and most of these bills I work on daily.

Children should be entitled and must have the love, care, nurturing and education protection on a familiar relationship parental guidance, the constant companionship of their parents in their life without government interference and unless they ask for intervention.

The USA -- I know these -- this bill, the House Resolution memorializing the U.S. Congress to ratify the United Nations Convention, the rights of the child, I -- I don't really totally understand it but I think that the -- the USA must support their own children, this is what I got from listening to other parents, must support our own children before assisting children in other countries.

HR11

And then acting in the best interests of your child, in today's family courts the judges are required to temper their decisions in the best interests of the children. Therefore you need to send the line back to the judge that Your Honor we -- they do have the best interests of the child especially if the child has special needs doesn't mean they want the government to know all their private business.

Bill 972, I favor this bill except for the children being forced to have a mental health screening. Doctors are getting free to prescribe drugs. Today on the Katie Couric Show there was -- there were raised -- questions raised about giving a pregnant mother Adderall. I know this is dangerous. They're getting like too over bearing with the -- this mental health stuff, behavioral health.

I think a parent should decide if their child needs to have a -- a behavioral health.

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



Jamey Bell
Acting Child Advocate

Testimony by Jamey Bell, Acting Child Advocate
In Support of
House Resolution 11, Memorializing the United States Congress to Ratify the United
Nations Convention on the Rights of the Child,
House Bill 6499, An Act Concerning the Results-Based Accountability Assessment
Program and Children's Rights, &
Senate Bill 972, An Act Concerning Children and Behavioral Health

Children's Committee
March 5, 2013

Senator Bartolomeo, Representative Urban, and distinguished members of the Children's Committee:

The mandate of the Office of the Child Advocate (OCA) includes evaluating the delivery of state funded services to children and advocating for policies and practices that promote their well being and protect their special rights.

1. The OCA supports House Resolution 11, Memorializing the United States Congress to Ratify the United Nations Convention on the Rights of the Child

The OCA supports HR 11 as a confirmation of the values of the state of Connecticut, which reflect the truth that "there is no keener revelation of a society's soul than the way in which it treats its children".¹

The United Nations Convention on the Rights of the Child addresses such core child-protective principles as support for the rights and duties of parents, anti-discrimination and decision-making according to the best interests of the child. It encourages a strong public health and prevention focus, to support child and family health, educational opportunity and economic security. It requires robust safety and protective mechanisms such as protection against violence, neglect, economic exploitation, hazardous labor and sexual and other trafficking. And it also encourages mass media to disseminate information and material of social and cultural benefit to children, especially those aimed at the promotion of their social, spiritual and moral well-being and physical and mental health.

¹ Nelson Mandela, Pretoria, South Africa, May 1995

Connecticut already implements many of these basic protections through its child-serving agencies and systems including the Departments of Children and Families, Education, Social Services and Public Health, and the newly created Early Childhood Office. The very existence of the Office of the Child Advocate is a testament to the state's commitment to promoting the well-being of children. Among the OCA's 10 mandates and responsibilities is one to "take all possible action including, but not limited to, conducting programs of public education, undertaking legislative advocacy and making proposals for systemic reform and formal legal action, in order to secure and ensure the legal, civil and special rights of children who reside in the state."²

A 2009 report by the Congressional Research Service, "The United Nations Convention on the Rights of the Child: Background and Policy Issues" details the arguments for and against the United States' ratification of the convention.³ Most of this debate centers on fears by opponents that the convention will impinge on the autonomy and privacy of family relationships and on parents' authority to freely raise their children. Proponents avow that the intention is the opposite, that is, to protect children from government, including by helping to ensure that government systems and services actually serve children's best interests. The OCA is persuaded by the proponents' analysis. (As described above, the OCA operates as one of these safeguards in Connecticut, helping to ensure that state systems safely and appropriately serve children and protect their special rights.) There is a host of protections for children and families under existing federal and state laws that recognize and appropriately balance the individual rights of the child with the fundamental rights of family integrity guaranteed by the United States Constitution.

A Resolution by the Connecticut House of Representatives memorializing Connecticut's congressional delegation to ratify the UN Convention on the Rights of the Child will serve to increase symbolic and actual pressure on our national representatives to take a leadership role in urging the United States to ratify the Convention.

Adherence to the Convention can provide support and provide a unifying framework for countries to:

- set a children's agenda for the country (or the state)
- develop systems for coordination, monitoring and evaluation of activities across all government
- make children visible in policy development activities throughout government by introducing child impact statements
- carry out adequate budget analysis to determine the portion of public funds spent on children and ensure that these resources are being spent effectively
- ensure that sufficient data are collected and used to improve conditions for children
- involve more people and entities in the process of implementing and raising awareness of child rights

² C.G.S. Section 46a-131(7).

³ <http://fpc.state.gov/documents/organization/134266.pdf>

2. The OCA supports House Bill 6499, An Act Concerning the Results-Based Accountability Assessment Program and Children's Rights.

To further the aims outlined above, the OCA supports HB 6499 which links the state's ongoing children's systems RBA framework to the principles of the UN Convention on the Rights of the Child. The task force could serve as an organizing mechanism to track and advance an agenda reflecting the goals and objectives of the Convention. Some countries such as Ireland and Sweden use "Child Impact" assessments or statements as a means of doing so.⁴ A focus on the status of children in Connecticut using RBA and the framework of the UN CRC can only help to increase the data and public will necessary to bring about optimally effective policy making for children.

3. The OCA supports Senate Bill 972, An Act Concerning Children and Behavioral Health.

It is estimated that in any given year, up to 20% of children in Connecticut struggles with a mental health or substance abuse problem. One-half to 2/3 of them never receive treatment.⁵ The OCA has significant experience investigating the circumstances of children with the most severe needs in the service delivery system—in residential facilities and hospitals which provide the most intensive, restrictive and expensive care-- whose life course may well have been changed if their special needs had been identified early and appropriate services provided within their home, community and school, which are the natural environments for all children and essential for their health and well being. Wise public policy dictates supporting a child's optimal social-emotional development from birth. The most cost-effective approach to optimal mental health is to start in the earliest years to promote healthy brain development and strong and nurturing attachments.

Connecticut has invested extensively during the past several years in developing capacity within the children's and young adults' mental health systems. Many improvements have been made in the development of effective in-home and community based services for some of our most vulnerable children, youth and young adults. The OCA's work on behalf of children across state agencies, including DCF, DMHAS, DDS, DPH, and SDE, affirms that Connecticut's care of children has improved within all of these systems but the current infrastructure is fragile and uneven. It is still reported regularly that:

- needed services are not readily available in parts of our state, too often causing exacerbation of the child's needs or that there is a referral to inappropriate, but available, services;
- school systems are overwhelmed with students who are presenting with complex behavioral/emotional issues resulting in ineffective and dangerous interventions within the school, or suspension and expulsion of students; and
- our hospital emergency departments continue to experience extremely high and often disproportionate numbers of patients with complex mental health needs who spend days in the emergency department because of lack of appropriate resources in the community

⁴ <http://storage.ugal.com/3283/developmentandimplementationofchildimpactstatementsinireland.pdf>;
http://www.crin.org/docs/resources/publications/hrbap/Sweden_2001_child_impact_assessments.pdf

⁵ NAMI State Advocacy 2010, State Statistics: Connecticut; Center for Children's Advocacy: "Blind Spot: Unidentified Risks to Children's Mental Health", 2012.

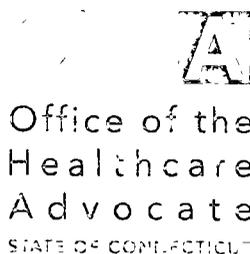
or other treatment facilities. This has the unfortunate consequence of diverting critically needed medical resources to other patients with potentially life-threatening conditions;

- families in need of services or supports across state agencies still face incredible challenges navigating the disparate systems.

A January 2013 report by the Office of the Healthcare Advocate (OHA) confirms the above with findings based upon extensive public testimony and the OHA's years-long advocacy on behalf of consumers of behavioral health services.⁶ It is imperative that we continue to support the progress already made, and ensure that identified gaps in services are filled, that children and young people and their families have timely access to needed services, and that we provide those services in the least restrictive, most natural environments possible. State agencies must be held accountable to demonstrate their ability to work together to minimize ineffective and costly overlaps, streamline access to needed services and ensure that their resources and expertise are shared. Senate Bill 972 mandating a study to evaluate the effectiveness of the current behavioral health support system to children throughout the state would provide a much-needed organizing and evaluation component, thereby increasing our understanding and the accountability of this critically important system. The OCA and the OHA have been working on identifying problems and seeking solutions in the mental health system-- for babies through adulthood-- for some years now. Both offices have system oversight mandates in their statutes, plus both work with and represent individuals and families struggling to get and keep appropriate care. Both also have legal experience in the relevant substantive areas and working relationships with all the players. The OCA and OHA are committed to continuing a targeted focus on improving the mental health system for all Connecticut residents, and are available to assist any and all efforts.

Thank you for the opportunity to provide testimony.

⁶ Office of the Healthcare Advocate, "Findings and Recommendations: Access to Mental Health and Substance Use Services January 2, 2013"



**Testimony of Victoria Veltri
State Healthcare Advocate
Before the Children Committee
In support of SB 972
March 5, 2013**

Good afternoon, Representative Urban, Senator Bartolomeo, Senator Linares, Representative Whits, and members of the Insurance and Real Estate Committee. For the record, I am Vicki Veltri, State Healthcare Advocate with the Office Healthcare Advocate ("OHA"). OHA is an independent state agency with a three-fold mission: assuring managed care consumers have access to medically necessary healthcare; educating consumers about their rights and responsibilities under health insurance plans; and, informing you of problems consumers are facing in accessing care and proposing solutions to those problems.

I would like to thank you for the opportunity to comment on SB 972. Recent events have unfortunately thrown into sharp relief the importance of an adequate behavioral health system in Connecticut and we know that additional legislation will be considered by the legislature addressing these issues, which we anticipate supporting. OHA has been and remains actively dedicated to improving consumer access to appropriate behavioral health services. In addition, OHA is statutorily empowered to collaborate with consumers, providers and advocates to ensure: "(1) Best practices in mental health treatment and recovery; (2) compliance with the provisions of sections 38a-476a, 38a-476b, 38a-488a and 38a-489; and (3) the relative costs and benefits of providing effective mental health care coverage to employees and their families". C.G.S. 38a-1041(e)

In furtherance of this authority, OHA has been engaged in this discussion for years and is cognizant of the fact that this discussion will continue for some time to come. In October 2012 we held a public forum focusing on barriers to access and delivery of mental health and substance use treatment and services. Our findings indicated a need for an overall vision of an integrated behavioral health system, with an emphasis on early intervention and prevention as well as a comprehensive and innovative approach to delivery of these necessary services. The full report can be accessed at http://www.ct.gov/oha/lib/oha/documents/publications/report_of_findings_and_recs_on_oha_hearing_1-2-13.pdf.

We have also applied for a grant to conduct a study of the effectiveness of the Behavioral Health Partnership as a model for behavioral health care management and delivery. By enhancing OHA's years of direct advocacy in this area with a comprehensive analysis of delivery models and best practice, in collaboration with other key stakeholders, OHA believes that Connecticut can develop an innovative, clinically appropriate and cost effective behavioral health system for the citizens of Connecticut.

Thank you for providing me the opportunity to deliver OHA's testimony today. If you have any questions concerning my testimony, please feel free to contact me at victoria.veltri@ct.gov.

SB00972, AN ACT CONCERNING CHILDREN AND BEHAVIORAL HEALTH.

To conduct a study to evaluate the effectiveness of the current behavioral health support system available to children throughout the state—

My name is AnnMarie Meacham Duffy, a certified school psychologist and member of Connecticut Association of School Psychologists (CASP). I would like to submit this testimony in support of SB 972 authorizing of a study evaluating the effectiveness of behavioral health services currently available to children and youth in Connecticut. This study should enumerate what services are presently available, what is the referral process when seeking to obtain services, and determine the average wait time to obtain appointments for referral as well as the delay between referrals and the start of mental health services.

Services providers need to be identified across settings ranging from early childhood programs, K-12 schools, community based program, child and family agencies and mental health programs. The study should survey the range and number services from early prevention and interventions to more intensive treatment options. This knowledge is needed to form a continuum of care which would facilitate building the capacity of existing services that have been proven to be effective. A continuum and coordination of services would be a cost effective way of maximizing services.



**TESTIMONY OF THE CONNECTICUT JUVENILE JUSTICE ALLIANCE
FOR THE CHILDREN COMMITTEE
MARCH 5, 2013
COMMENT ON RAISED S.B. No. 972
AN ACT CONCERNING CHILDREN AND BEHAVIORAL HEALTH**

Senator Bartolomeo, Representative Urban and members of the Children Committee, thank you for the opportunity to testify today. My name is Abby Anderson; I am the executive director of the Connecticut Juvenile Justice Alliance. The Alliance is a statewide, nonprofit organization working to reduce the number of children and youth entering the juvenile and criminal justice system, and advocating a safe, effective and fair system for those involved.

Proposed S.B. 972 calls for a study of the effectiveness and reach of the current children's mental health system. As we have testified in the past, many children with mental health issues, whose primary issues are mental health related, end up in the juvenile justice system. Their issues may have gone unrecognized or, more often, untreated, leading to eventual referral to court. This is not an efficient or effective way to handle children's behavioral health issues or to help children have the highest chance for recovery and successful transition to adulthood. The juvenile justice system is also the most expensive way and place to treat children and youth's mental health needs.

Although the state and its agencies have begun to move to an "unsiloed" system, that ideal does not yet exist. If the system is going to be evaluated, as this bill suggests, that evaluation must look at the needs of children and youth and the capacity of the state private and public providers to meet those needs regardless of the port of entry and/or label of the child. I am attaching a one-page document developed by a wide variety of stakeholders engaged in children's mental health that outlines the broad goals and policy beliefs we share. The first element on that page is: **Ensure access to quality community mental health services for all of Connecticut's children.** *Every child in every neighborhood deserves access to mental health services irrespective of insurance status, setting, or system involvement (child welfare, juvenile justice, behavioral health, school)*

Right now, the children's mental health system is disjointed, complicated, and confusing for practitioners and families. For example, involvement in the juvenile justice system is an exclusionary factor for a child to receive voluntary services through DCF. As you know, the voluntary services system is DCF's primary behavioral health delivery system to children in the state.

The Alliance is in favor of an effort to evaluate the scope and effectiveness of the children's mental health system. That evaluation must look at the entirety of the system and include every child, regardless of his or her setting, insurance status or "label." Thank you for the opportunity to submit this testimony.

Alliance member organizations:

AFCAMP, Center for Children's Advocacy, Center for Effective Practice, CHDI Children's Community Programs, Connecticut Association for Human Services, Connecticut Legal Services, Connecticut Voices for Children, Connecticut Youth Services Association, Community Partners in Action, FAVOR, FSW, NAMI Connecticut and the Keep the Promise Coalition, Office of the Chief Public Defender, Office of the Child Advocate, RYASAP, The Tow Foundation, The Village for Families and Children

Strengthening the Mental Health Systems of Care for Children and Adolescents in Connecticut

Organizations

March 4, 2013

*Child Health and
Development
Institute*

Child FIRST

*Connecticut
Association of
School
Psychologists*

*Connecticut
Association of
School Social
Workers*

*Connecticut Chapter
of the American
Academy of
Pediatrics*

*Connecticut Chapter
of the National
Alliance on Mental
Illness*

*Connecticut
Commission on
Children*

*Connecticut Council
of Child and
Adolescent
Psychiatry*

*Connecticut Juvenile
Justice Alliance*

*Connecticut Office of
the Child Advocate*

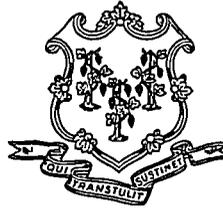
*Connecticut Office of
the Healthcare
Advocate*

*Keep the Promise
Coalition*

*National Association
of Social Workers
Connecticut*

Connecticut's leading stakeholders representing the rights and interests of children and adolescents have agreed on a set of guiding principles and recommendations to strengthen the mental health systems of care across the home, school, and community settings:

- I. **Ensure access to quality community mental health services for all of Connecticut's children.** Every child in every neighborhood deserves access to mental health services irrespective of insurance status, setting, or system involvement (child welfare, juvenile justice, behavioral health, school).
- II. **Promote early identification and intervention of mental health problems in young children.** Every child in every neighborhood has access to an early childhood specialist and to a pediatric healthcare clinician trained to identify and triage mental health problems in infants and toddlers.
- III. **Expand and improve access to school-based and school-linked mental health services.** Every child in every neighborhood attends a school staffed by a full-time school social worker and school psychologist, each of whom has a manageable case load.
- IV. **Ensure that quality mental health services are adequately reimbursed and funded.** Health plans must be held accountable for any and all violations of the Mental Health Parity and Addiction Equity Act of 2008.



State of Connecticut
HOUSE OF REPRESENTATIVES
STATE CAPITOL
HARTFORD, CONNECTICUT 06106-1591

REPRESENTATIVE MARY M. MUSHINSKY
EIGHTY-FIFTH ASSEMBLY DISTRICT

LEGISLATIVE OFFICE BUILDING
ROOM 4038
HARTFORD, CT 06106-1591
HOME (203) 269-8378
CAPITOL (860) 240-8500
TOLL FREE 1-800-842-8267
E-mail Mary.Mushinsky@cga.ct.gov

CO-CHAIR
PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE

MEMBER
ENVIRONMENT COMMITTEE
FINANCE REVENUE AND BONDING COMMITTEE

Testimony of Rep. Mary Mushinsky (85th) in Support of SB 972, An Act Concerning
Children and Behavioral Health

Before the Children's Committee
Tuesday, March 5, 2013 11:00 a.m. in Room 2B

I'd like to thank the Children's Committee for their concern for children's behavioral (mental) health, as shown by raising this bill. I was a former chairwoman and 20-year member of the committee, and children's concerns are very important to me. The committee should be aware that Program Review and Investigations Committee also has two bills covering this subject, as a result of our recent investigative study that determined private insurers are not treating mental health in young adults with parity to physical health, as required by both state and federal law. We found that state insurance, on the other hand, treated youth with mental health issues fairly. Children who are not treated early for mental illness only get worse. Youths with untreated mental health problems become an enormous financial and societal burden for our state.

PRI reported that parents of these troubled youths on private insurance were frustrated in their attempt to get help for obviously deteriorating family members. Parents experienced delays in obtaining treatment or were denied outright. They did not know how to appeal denials of care. There was little enforcement of parity by the Insurance Department. Our report recommends reforms which are contained in two bills, HB 6517 (enforcing parity compliance) and HB 6557 (using the grievance process). We encourage your committee to join forces with us as we move these bills forward and work together to improve children's mental health.



**TESTIMONY RE: Raised Bill No. 972: AN ACT CONCERNING CHILDREN AND
BEHAVIORAL HEALTH**

Select Committee on Children

March 5, 2013

Good day Senator Bartolomeo and Representative Urban and esteemed members of the Select Committee on Children.

Thank-you for the opportunity to provide testimony on behalf of the Connecticut Nurses' Association (CNA) related to Children's Mental Health. I am Mary Jane Williams Ph.D., RN current chairperson of Government Relations Committee for the Connecticut Nurses Association and professor emeritus from Central Connecticut State University. I speak in support of the concepts presented in Raised Bill No 972: An Act Concerning Children and Behavioral Health.

I have practiced Nursing in this state for 49 years. I have watched the resources decline in relation to all Behavioral Health Services. I believe the lack of providers, sites and services for Behavioral Health of Children is essential to the healthy growth and development of the children in this State, who are our future.

Therefore I believe it is essential that we support the conduct of a study to evaluate current behavioral health support systems relative to children. It is essential that we as citizens of this state make available resources and services that support the healthy

growth and development of our most important resource our children. In order to provide resources we must first ascertain what is available and its effectiveness.

I have attached several position statements from the National Association of School Nurses, "Related to the Mental Health of Children".

Thank you for your time. We strongly urge the committee to vote favorably to support Raised Bill No. 972: AN ACT CONCERNING CHILDREN AND BEHAVIORAL HEALTH.

Thank you

Mary Jane M. Williams PhD., RN



**Testimony of
National Alliance on Mental Illness (NAMI) of Connecticut
Before the Children Committee**

March 5, 2013

Regarding:

S.B. No. 972 (RAISED) AN ACT CONCERNING CHILDREN AND BEHAVIORAL HEALTH.

In Support of:

**H.R. No. 11 (COMM) RESOLUTION MEMORIALIZING THE UNITED STATES CONGRESS TO RATIFY
THE UNITED NATIONS CONVENTION ON THE RIGHTS OF THE CHILD.**

**H.B. No. 6499 (RAISED) AN ACT CONCERNING THE RESULTS-BASED ACCOUNTABILITY
ASSESSMENT PROGRAM AND CHILDREN'S RIGHTS.**

Senator Bartolomeo, Representative Urban, and distinguished members of the Children Committee, my name is Sara Frankel and I am the Public Policy Director for Children, Youth and Young Adults with the National Alliance on Mental Illness (NAMI) of Connecticut. NAMI Connecticut is the state affiliate of NAMI, the nation's largest grassroots mental health organization dedicated to building better lives for all those affected by mental illness. NAMI Connecticut offers support groups, educational programs, and advocacy for improved services, more humane treatment and an end to stigma and economic and social discrimination. We represent individuals who actually live with mental illness and parents and family members of individuals living with mental illness. I am here today on behalf of NAMI Connecticut to offer the following recommendations:

Proposed Senate Bill 972, An Act Concerning Children and Behavioral Health seeks to conduct a study to evaluate the current behavioral health support system available to children in Connecticut. NAMI Connecticut supports such a study, as we are well aware that the current system is in need of improvement. Ideally, we would like to see the children's behavioral health system in Connecticut accomplish the following goals:

- I. **Ensure access to quality community mental health services for all of Connecticut's children.** Every child in every neighborhood deserves access to mental health services irrespective of insurance status, setting, or system involvement (child welfare, juvenile justice, behavioral health, school).
- II. **Promote early identification and intervention of mental health problems in young children.** Every child in every neighborhood should have access to an early childhood

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Fax: (860) 882-0240 • Website: www.namict.org



specialist and to a pediatric healthcare clinician trained to identify and triage mental health problems in infants and toddlers.

- III. **Expand and improve access to school-based and school-linked mental health services.** Every child in every neighborhood should attend a school staffed by a full-time school social worker and school psychologist, each of whom has a manageable caseload.
- IV. **Ensure that quality mental health services are adequately reimbursed and funded.** All health plans are held accountable for any and all violations of the Mental Health Parity and Addiction Equity Act of 2008.

Attached to my testimony please find a document entitled *Joint Recommendations by Stakeholders for Strengthening the Mental Health Systems of Care for Children and Adolescents in Connecticut*. This document explains in further detail the goals outlined in I-IV above.

NAMI Connecticut supports raised House Resolution No. 11, Resolution Memorializing the United States Congress to Ratify the United Nations Convention on the Rights of the Child as well as proposed House Bill No. 6499, *An Act Concerning the Results-Based Accountability Assessment Program and Children's Rights*. The United Nations Convention on the Rights of the Child (UNCRC) appropriately recognizes that a child with mental disabilities "should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community"¹ and promotes equally the physical and mental health of the child.² In order to protect children generally, and those with mental health concerns specifically, Connecticut must urge the United States Congress to ratify the UNCRC.

Thank you for your time. I am happy to answer any questions you may have.

¹ United Nations Convention on the Rights of the Child, Article 23 (1)

² *Id.* at Article 17

Strengthening the Mental Health Systems of Care for Children and Adolescents in Connecticut

March 2013

Executive Summary

Connecticut's leading stakeholders representing the rights and interests of children and adolescents have agreed on a set of guiding principles and recommendations to strengthen the mental health systems of care across the home, school, and community settings:

- I. **Ensure access to quality community mental health services for all of Connecticut's children.** Every child in every neighborhood deserves access to mental health services irrespective of insurance status, setting, or system involvement (child welfare, juvenile justice, behavioral health, school).
- II. **Promote early identification and intervention of mental health problems in young children.** Every child in every neighborhood has access to an early childhood specialist and to a pediatric healthcare clinician trained to identify and triage mental health problems in infants and toddlers.
- III. **Expand and improve access to school-based and school-linked mental health services.** Every child in every neighborhood attends a school staffed by a full-time school social worker and school psychologist, each of whom has a manageable caseload.
- IV. **Ensure that quality mental health services are adequately reimbursed and funded.** All health plans are held accountable for any and all violations of the Mental Health Parity and Addiction Equity Act of 2008.

<p><i>Child Health and Development Institute</i></p> <p><i>Child FIRST</i></p> <p><i>Connecticut Association of School Psychologists</i></p> <p><i>Connecticut Association of School Social Workers</i></p> <p><i>Connecticut Chapter of the American Academy of Pediatrics</i></p> <p><i>National Alliance on Mental Illness (NAMI), Connecticut Chapter</i></p> <p><i>Connecticut Commission on Children</i></p> <p><i>Connecticut Council of Child and Adolescent Psychiatry</i></p> <p><i>Connecticut Juvenile Justice Alliance</i></p> <p><i>Connecticut Office of the Child Advocate</i></p> <p><i>Connecticut Office of the Healthcare Advocate</i></p> <p><i>Keep the Promise Coalition</i></p> <p><i>National Association of Social Workers Connecticut</i></p>
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**Joint Recommendations by Stakeholders for
Strengthening the Mental Health Systems of Care for
Children and Adolescents in Connecticut**

March 2013

Page 1 of 2

I. Ensure access to quality community mental health services for all of Connecticut's children.

- a. **Increase the number of care coordinators** in each of the DCF community collaboratives to support youth and families with multiple service needs.
- b. **Promote the delivery of evidence-based treatments** that are community-proven and reflect best practices.
- c. **Train providers** in best practice trauma-focused and evidence-based treatment approaches.
- d. **Build a child psychiatry consultation network** based on the Massachusetts model to support primary care physicians and school mental health personnel.
- e. **Expand access to tele-mental health services** by requiring public and private insurers to reimburse providers for mental health services delivered via telecommunications technology.
- f. **Expand access to mental health services based on child and family need**, irrespective of insurance status, setting, or system involvement (child welfare, juvenile justice, behavioral health, school).
- g. **Expand access to milieu-based extended day treatment services** for children and adolescents to keep them in community-based settings and out of inpatient hospitals or residential treatment facilities.

II. Promote early identification and intervention of mental health problems in young children.

- a. **Adequately fund prevention, early identification and intervention initiatives** such as Child FIRST, Early Childhood Consultation Partnership, and Nurturing Families.
- b. **Improve Birth to Three Services eligibility criteria** to ensure that children with, or at risk for, mental health issues receive services as part of their Individual Family Service Plan (IFSP).
- c. **Mandate reimbursement for early childhood mental health services without requiring that the child have a formal diagnosis.**

III. Expand and improve access to school-based and school-linked mental health services.

- a. **Expand access to school-based health centers** and restore all related funds that were cut in the Governor's proposed budget.

March 2013

Page 2 of 2

- b. **Expand access to school-based mental health for all youth by employing enough school social workers and school psychologists** to meet two minimum standards: a) every school building is staffed by at least one school social worker and one school psychologist; b) every school building meets minimum professional staffing ratios.
- c. **Provide training** to school staff in trauma-focused and behavioral evidence-based school-based and classroom-based interventions.
- d. **Introduce at least one school-based care coordinator** for every school district.
- e. **Require community-based mental health care agencies to sign memoranda of understanding with all schools** in their respective catchment areas to foster communication and collaboration.

IV. Ensure that quality mental health services are adequately reimbursed and funded.

- a. **Ensure that providers are adequately reimbursed** for delivery of evidence-based mental health services and that barriers to care are eliminated.
- b. Require health plans to **reimburse health and mental health care providers for care coordination services.**
- c. Require health plans to **reimburse for mental health care services delivered in the home and school settings.**
- d. Mandate that all state behavioral health contracts devote **10% of their contracts to quality assurance** in order to improve and ensure the quality of mental health care.
- e. **Promote interagency, braided funding streams** to ensure sustainability and to reduce barriers to accessing quality care across systems and agency silos.

Child Health and Development Institute
Child FIRST
Connecticut Association of School Psychologists
Connecticut Association of School Social Workers
Connecticut Chapter of the American Academy of Pediatrics
National Alliance on Mental Illness (NAMI), Connecticut Chapter
Connecticut Commission on Children
Connecticut Council of Child and Adolescent Psychiatry
Connecticut Juvenile Justice Alliance
Connecticut Office of the Child Advocate
Connecticut Office of the Healthcare Advocate
Keep the Promise Coalition
National Association of Social Workers Connecticut



State of Connecticut
GENERAL ASSEMBLY
Commission on Children



Testimony of Elaine Zimmerman
Executive Director
Connecticut Commission on Children

Children Committee
Connecticut General Assembly
Tuesday, March 05, 2013

Senator Bartolomeo, Representative Urban and Members of the Children Committee:

My name is Elaine Zimmerman. I am the Executive Director of the Connecticut Commission on Children and am here today in **support** of:

- SB 972 - An Act Concerning Children and Behavioral Health;
- HB 6525 - An Act Establishing a Childhood Obesity Task Force;
- HB 6497 - An Act Concerning the Marketing of Firearms to Young Children; and
- HB 6501 - An Act Concerning Parent Engagement.

I spent the weeks after the Newtown shootings in Newtown, co-directing the play space and art stations for children and youth at John Reed Middle School while their parents sought advice and counseling for their families. One first grader said to me, quite seriously, "We are moving my school to another school. My school has a mental illness. They want to be sure we do not catch it. So they are closing it down and moving us away."

On the one hand, someone must have told her that the children were killed by someone with an illness. But now she worries that it is contagious. In fact, she worries that she will catch it. So how do we help children not "catch" mental illness? Prevention, early intervention, assessment and a coordinated system of mental health care.

Connecticut's children and adolescents are experiencing a mental health crisis. There is a critical shortage of mental health and substance abuse prevention and treatment services. Twenty percent of all children and adolescents in Connecticut struggle with a diagnosable and treatable mental health problem. Only twenty-five

percent of all children and adolescents with emotional-behavioral problems currently access adequate mental health treatment services. Connecticut's suspension rate for black students with learning disabilities is the third highest among all 50 states. One in fifteen Connecticut high school students attempted suicide in the last year.

Focus on Prevention, Proven Practice and Start Early

If we start at the beginning, we have the best outcomes and the best return on investment. Our state needs an interconnected framework of supports in which schools, mental health, child and family services, and early childhood programs are organized in a continuum of intervention services to ensure that children with emotional-behavioral problems have access to good mental health services. Some of this is no cost or low cost and more about systems building than about new services.

Home visitation

For example, our state has been the recipient of over 27 million dollars in home visitation from the federal government, working with our most vulnerable families to ensure strength, minimize trauma and to buffer stressors.

In 2010, the Department of Public Health conducted a statewide needs assessment for Maternal, Infant and Early Childhood Home Visitation programs, referred to as the MIECHV Needs Assessment. Seventeen towns were identified as in 'very high need' of maternal and infant home visiting services and were targeted for the statewide MIECHV plan. They include New Haven, Hartford, Meriden, Bridgeport, New Britain, East Hartford, Waterbury, Windham, Bristol, Norwich, Bloomfield, Torrington, Winchester, Ansonia, Derby, New London, and Putnam.

There are approximately 40,000 births in CT each year. Roughly 10,000 births are to families with at least one significant risk factor. Of these births, 2400 babies are born to mothers, age 19 and younger. We have programs in towns and cities reaching out to pregnant moms and vulnerable parents helping the family with mental health issues, substance abuse challenges, trauma and other high level constraints on family functioning.

But we do not have a system of home visitation. It is program by program, town by town. Home visitation needs to be integrated with early care and education. It needs to be integrated across program model. It needs to be linked to mental health and our outreach workers who should all be trained in trauma-informed practice.

Home visitation is not the primary staircase to a mental health system. But it is a preventive strategy that could buttress numerous early and weak links from breaking apart and harming children. This includes attending to maternal depression, neglect, abuse and violence.

Home visitation is the earliest preventive strategy where mental health occurs in the home with new and particularly vulnerable parents. Better woven and coordinated with our early care and mental health systems, our Birth to Three system which works with infants and toddlers facing specified neurological and developmental challenges, this model could be a system of family strengthening, parent support and early infant toddler assessment.

Early Care and Education

We were, not long ago, expelling children in child care for behavior problems. The numbers made a mockery of us. Instead of tending to, we were throwing out, before children were four years old.

This challenge was addressed through mental health consultation with the early childhood field. Helping early care providers know how to deal with behavior challenges assisted the children in developmentally appropriate ways, helped parents know what they might do at home and assisted in early detection of delays, learning challenges and social emotional issues. We need to take this early childhood consultation model to scale and bring it also to the elementary schools.

Similarly, Enhanced Care Clinics, under the Behavioral Health Partnership, should have at least one clinician endorsed in infant mental health. Birth to Three, an excellent system of intervention and assessment of children with particular neurological difficulties and developmental delays, could be enhanced to better assess and address mental health needs in very young children.

Pediatricians similarly benefit from training. They may be skilled in stages of development, but this does not mean they are trained to pick up social emotional challenges. Of equal import, pediatricians are not trained in the nexus between learning disability and mental health. Learning disability, with emotional challenges, is often an explosion ready to happen. But this is rarely studied, shared with parents or prevented through intentional diagnostic care or planning. Some parents are not able to access professionals. Others do, but do not get the assessment or interventions necessary or accurately targeted to impede escalation

of symptoms, psychological distress and severe crisis. Often health care plans do not cover what is necessary and urgent.

There is no single problem facing the vulnerable families in our state. Rather there are a multitude of challenges which negatively affect parenting, maternal and child health, and social emotional development. Massachusetts supports universal screening for mental health concerns at all well-child pediatric visits. Our state should adapt this model. We would prevent and intervene earlier, with greater success and stability for the child and family. Similarly we need to ensure that all mental health and developmental screening is reimbursable for pediatric providers.

A Fragmented System

Our mental health programs are not coordinated or linked to systems, such as schools, in ways that would maximize referrals and alignment. More children see counselors in school than in most systems. 70 to 80 % of children who receive mental health services are seen by guidance counselors, school psychologists and psychiatric nurses in our educational system. We need to promote school-based early identification and screening efforts due to the access, use and normative context.

We need to ensure that these counselors are in our schools, with proper resources and parent information on how to access quality services. We also need a coordinated system of care with more attention to trauma- informed practice. Bringing research- based practice, prevention and families as partners into our medical home system will bolster our early interventions. This has truly not yet been done. Our neighbor, Vermont, is a strong model of this structure and its improved outcomes.

Community Mental Health

Only 36% of those with mental disorders receive treatment in a given year, according to the NIMH. There is a shortage of mental health specialists and child psychiatrists treating children and teens. There is a shortage of hospital beds for acute mental health and substance abuse treatment. We need to expand and ensure supply, quality and access for youth and young adults.

Timing and intervention are critical to mental illness. When a problem is not addressed, it grows and coils. There are often permeable lines between kinds of emotional disorders and mental illness. Crossing more and more streets with no intervention can lead to a growing emotional disorder with more challenges and

deeper obstacles to recovery. It is as if the expanse of time expands wounds to the core.

Children with mothers who are depressed face extreme challenges. Depression leads to isolation, lack of connection and, at its extreme, and an absence of nurturance. For a child, this lacuna is harmful to the heart of childhood growth, play and attachment. The core connection is clipped and the child can become troubled. Targeted programs that address maternal depression can help children avoid a stigmatized and lonely existence with outcomes that predict social emotional difficulties.

In early intervention, the right diagnosis and practice matters as in any science. But in this science we have a shortage of practitioners, a shortage of locations for healing, and a culture that says that emotional challenges are not to be discussed. The community needs to be supported in creating mental health programs that are as normal to the neighborhood as stop and go signs.

Substance Abuse

We need to enforce the health parity law which prohibits health plans from placing limits or costs on treatment for mental health and substance abuse that are more restrictive than those imposed on medical and surgical services. Too many youth and young adults suffer for lack of treatment options due to health plans that have stopped covering residential treatment and/or addiction services. Confounded requirements for a patient's stay let suicidal patients loose when they should be better stabilized and cocooned in care. Intermediate levels of care, such as intensive outpatient services are not included in some health plans.

Summary

One first grade Newtown student said to me, "There is nothing you can say or do that will convince me that this will not happen again." Let's prove him wrong.

I offer some language to the chairs that would create a home visitation system. I also offer language that would create a comprehensive mental health system over the next decade, phased in and attentive to our fiscal crisis.

The Commission also supports the bills before you today on firearms (HB 6497) on obesity (HB 6525) and on parental engagement (HB 6501).

Thank you for your time and consideration.

DRAFT HOME VISITATION BILL

Section 1. (NEW) (*Effective July 1, 2013*) (a) The State of CT shall establish a system of home visitation. Such as system shall include the development of: (1) a common referral process for families requesting home visitation and parenting education programs; (2) a common set of competencies and required training for all home visitors; (3) a common set of standards and outcomes for all program, to include requirements for model fidelity and a monitoring framework; (4) a family assessment to be used upon enrolment to determine the family and children needs, prioritizing the family's goals and intentions; (5) a system of universal, simple health and development screening for all young children; (6) a central location for all home visitors and their collaborators to find information on training, workshops, materials which would include a system for regular communication among models programs and staff; (7) collaborated, coordinated training for the home visitation and early care and education providers on issues such as child trauma, poverty and family supports, family stressors, mental health, special health care needs, early literacy and language acquisition; (8) a tracking system for common outcomes; and (9) a shared reporting system to the appropriations committee and the committees of cognizance for all home visitation programs, including a breakout of results from the various programs.

(b) The research-based home visitation models and the providers of home visiting services, in consultation with one or more research experts, shall: (1) jointly develop an outcome measurement plan to monitor outcomes for children and families receiving services through state and federally-funded home visiting programs; (2) develop indicators that measure each outcome area, which shall include, but not be limited to, father engagement, parental depression, violence reduction, early language/literacy, motor, cognitive, and social-emotional development, and poverty reduction; and (3) create a report that documents the collective impact of home visiting program outcomes across all indicators selected as well as data on cost per family served, number of families served, demographic data on families served and outcomes.

(c) Incentives shall be developed for community collaboratives that create a continuum of prenatal to age five services for young families with intentional integration of home visitation, family support programs, housing, health and early care and education.

(d) "Home visitation" means an effective early childhood service delivery strategy that promotes healthy child development, provides parenting support, and facilitates linkages to community resources.

DRAFT MENTAL HEALTH BILL**AN ACT CONCERNING A SYSTEM OF MENTAL HEALTH SERVICES AND ACCESS FOR CHILDREN.**

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. (NEW) (*Effective July 1, 2013*) (a) The State of Connecticut shall design and implement a comprehensive prevention-focused child and youth mental health system. The system shall have an interconnected framework of supports in which schools, mental health services, child and family services, and early childhood programs are organized in a continuum of prevention and intervention services and systems to assure that every child with emotional-behavioral problems will have access to mental health services by 2023. Such plan shall include biennial benchmarks to track improvements in quality and access up to the ten year point.

(b) The child and youth mental health system in paragraph (a) of this section shall be: (1) Prevention-focused, with emphasize on early identification and intervention; (2) Age informed, ensuring access to developmentally appropriate services for early childhood, school aged children, adolescents and young adults; (3) Designed to offer a comprehensive continuum of care from prevention and early identification to intensive interventions addressing children with a range of mental health needs; (4) Family-driven, with parents and youth engaged in the planning, delivery and evaluation of services; (5) Culturally-competent, reflecting awareness of race, culture and language relevant to family identification and social health; (6) Community based, with access to services that are delivered in the home, school and community and with reduced reliance on the most costly and restrictive forms of congregate and residential care; (7) Evidence- based, expanding access to services and systems that are known to work; and (8) Informed by data, applying quality assurance strategies and the results-based accountability framework to ensure children and families have access to quality care.

Sec. 2 (NEW) (*Effective July 1, 2013*) The child and youth mental health system in paragraph (a) of Sec. 1 of this act shall develop within early childhood: (a) family strengthening through a system of proven home visitation programs as delineated in Sec. 13 of this act; (b) professional development for early childhood providers and pediatricians in the prevention and early identification of mental health problems utilizing Infant and Early Childhood Mental Health Competencies; (c) increased capacity for evidence-based mental health treatment that has been specifically developed for young children and their parents/caregivers including trauma-informed interventions, particularly for young children involved with the Department of Children and Families, with emphasis on protective relationships; (d) development of an early intervention mental health system including identification, assessment and treatment with full utilization of federal Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program requirements; (e) Revision of the Birth to Three system criteria for determining eligibility to include emotional/behavioral problems consistent with standard utilization of recognized mental health assessment tools; (f) Birth to Three referral to licensed early childhood mental health practitioners for any child needing psycho-social intervention; (g) coordinated training for child and family health practitioners in identification of maternal depression and its impact on child development; and (h) facilitation of home-based treatment with reimbursement for mothers of young children experiencing depression.

Sec. 3 (NEW) (*Effective July 1, 2013*) The child and youth mental health system in paragraph (a) of Sec. 1 of this act shall include within schools: (a) at least one school-based care coordinator for every school district; (b) a child psychiatry consultation network to support primary care physicians and school-

employed mental health staff; (c) tiered and proven responses to behavioral challenges in schools including positive behavioral intervention supports; (d) a memoranda of understanding between Emergency Mobile Psychiatric Service (EMPS) providers, community based mental health care agencies and all schools, within their respective catchment areas, to foster identification and referral of children with mental health needs and to foster on-going communication and collaboration; (e) school-based programs and staffing to assess and promptly intervene in mental health cases that include one social worker and one school psychologist in each school building, with minimum professional staffing ratios, and school based health centers; (f) mental health consultants who can assist schools, with quality and efficient interventions, modeled after the early childhood consultation partnership; and (g) training of school resource officers to assure proven and proper response with minimal over or under referrals based on demographics.

Sec. 4 (NEW) (Effective July 1, 2013) The child and youth mental health system in paragraph (a) of Sec. 1 of this act shall have systems improvements in access, coordination, professional development, family and customer service, services linkages and quality assurances to include: (a) training in and expansion of evidence-based trauma-informed interventions and practices; (b) access for pediatricians to child and adolescent psychiatry consultation or co-location of services between pediatricians and mental health providers; (c) increased family and consumer engagement in medical homes; (d) treatment of children with mental health needs involved in the judicial system provided with appropriate services and treatment setting within 7 days of referral; (e) expansion of a range of evidence-based practices to meet identified needs of the population; (f) incentives within the system of care to coordinate mental health services and communications between the family, school and community; (g) public information for parents on how to utilize 2-1-1 regarding stages of child development, and how the family can identify and help a child who may benefit from mental health intervention; (h) expansion of mental health screening programs, across the age spectrum, including pediatric primary care, early care settings, community agencies and schools to be accompanied by accessible and proven clinical services; (i) development of an enhanced statewide data network to facilitate improved utilization of data, data-driven planning and quality assurance across pertinent domains in child mental health through for quality assurance; and (j) a requirement that every program addressing mental health and behavioral needs is mandated to collect data on outcomes and that 10% of every mental health contract is directed to quality assurance services.

Sec. 5. (NEW) (Effective July 1, 2013) The child and youth mental health system in paragraph (a) of Sec. 1 of this act shall support financing that maximizes coordination, efficiencies, quality and consumer use in the best interest of the child, to include: (a) private and public reimbursement for mental health care services delivered in the home and in school settings; (b) private and public reimbursement for care coordination of services; (c) accountability and adherence to the Mental Health Parity and Addiction Equity Act of 2008; (d) reimbursement for mental health services through Early and Periodic Screening Diagnosis and Treatment (EPSDT) to prevent high risk children from developing mental health disorders, particularly when exposed to trauma or maternal depression; (e) reimbursement for treatment of maternal depression in the home; (f) a review of reimbursement policies and support networks in training and quality assurance for the statewide network of community based providers and child guidance clinics offering mental health services to families; and (g) allowances for cross-system funding, which may include co-location and braiding of resources to ensure that all children have access to mental health services based on child and family need, irrespective of insurance status, setting or system involvement, to eliminate barriers to quality care created by such silos.

Sec. 6. (NEW) (Effective July 1, 2013) The State of Connecticut shall (a) perform a study to determine whether youth and young adults whose primary need is mental health intervention are, instead, placed into the juvenile justice system and correction as a *de facto* mental health system, due to untreated behavioral or mental health challenges or learning disabilities; (b) study and determine the cost to youth and to the state for inappropriate referrals to the juvenile justice system and correction; and (c) analyze what programs need to be put in place to reduce inappropriate referrals, any disproportionality by race, and to ensure proper treatment within the mental health continuum of services described in Sec. 1 of this act.

Sec. 7. (NEW) (Effective July 1, 2013) (a) The Office of Early Childhood, in consultation with the Departments of Social Services, Children and Families, Developmental Services, Public Health, Mental Health and Addiction Services, the Commission on Children, the Office of the Child Advocate, the Office of the Healthcare Advocate, the Behavioral Health Partnership and selected non-profit institutions, shall implement the provisions of Sec. 2 of this act by June 2014.

(b) An implementation progress report shall be submitted to the Children Committee and other committees of cognizance by December 2013. Planning for improved early childhood mental health shall be linked and integrated with current reform efforts and statewide initiatives that seek to address any pertinent component of the mission, mandate or values in Sec. 1 through Sec. 6 of this act.

Sec. 8. (NEW) (Effective July 1, 2013) (a) The Department of Education, in consultation with the Departments of Higher Education, Children and Families, Public Health, Social Services, Developmental Services, Mental Health and Addiction Services, the Chief Court Administrator, the Office of the Child Advocate, the Office of the Health Care Advocate, the Commission on Children, the Behavioral Health Partnership and selected non-profit institutions, shall implement the provisions of Sec. 3 by January 2015.

(b) An implementation progress report shall be submitted to the Education Committee and other committees of cognizance by December 2014. Planning for improved child and youth mental health in schools shall be linked and integrated with current reform efforts and statewide initiatives that seek to address any pertinent component of the mission, mandate or values in Sec. 1 through Sec. 6 of this act.

Sec. 9. (NEW) (Effective July 1, 2013) (a) The Department of Children and Families, in consultation with the Departments of Social Services, Public Health, Mental Health and Addiction Services, the Office of the Health Care Advocate, the Office of the Child Advocate, the Behavioral Health Partnership and selected non-profit institutions, shall implement the provisions of Sec. 4 by January 2016.

(b) An implementation progress report shall be submitted to the Human Services Committee and other committees of cognizance by December 2015. Planning for an improved child and youth mental health system shall be linked and integrated with current reform efforts and statewide initiatives that seek to address any pertinent component of the mission, mandate or values in Sec. 1 through Sec. 6 of this act.

Sec. 10. (NEW) *(Effective July 1, 2013)* (a) The Department of Social Services, in consultation with the Departments of Children and Families, Insurance, and the Office of the Health Care Advocate, shall implement the provisions of Sec. 5 by January 2018.

(b) An implementation progress report shall be submitted to the Appropriations and Human Services Committee and other committees of cognizance by December 2017. Planning for improved child and youth mental health financing shall be linked and integrated with current reform efforts and statewide initiatives that seek to address any pertinent component of the mission, mandate or values in Sec. 1 through Sec. 6 of this act.

Sec. 11. (NEW) *(Effective July 1, 2013)* The study described in Section 7 shall be performed by PRI, in consultation with DCR and CSSD. Findings shall be reported to the Children's and Human Services Committees by September 2014.

Sec. 12. (NEW) *(Effective July 1, 2013)* The planning and implementation in Sections 8-11 may include support from philanthropy and shall be aligned with other federal and state opportunities.

Sec. 13. (NEW) *(Effective July 1, 2013)* (a) The home visitation system, as described in Sec. 2 of this act shall include the development of: (a) a common referral process for families requesting home visitation and parenting education programs; (b) a common set of competencies and required training for all home visitors; (c) a common set of standards and outcomes for all programs. Standards would include requirements for model fidelity and a monitoring framework; (d) a family assessment to be used upon enrollment to determine the family and children needs, prioritizing the family's goals and intentions; (e) a system of universal, simple health and development screening for all young children; (f) one site for all home visitors and their collaborators to find information on training, workshops, materials which would include a system for regular communication among models programs and staff; (g) coordinated training for the home visitation and early care and education providers on issues such as child trauma, poverty and family supports, family stressors, mental health, special health care needs, early literacy and language acquisition; (h) a tracking system for common outcomes; and (i) a shared reporting system to the Appropriations Committee and the committees of cognizance for all home visitation programs, including a breakout of results from the various programs.

(b) "Home visitation" means an effective early childhood service delivery strategy that promotes healthy child development, provides parenting support, and facilitates linkages to community resources.

**JOINT
STANDING
COMMITTEE
HEARINGS**

**PUBLIC
HEALTH
PART 6
1687-2033**

2013

Since Connecticut is still a revolutionary state, maybe we should lead the nation in putting the Bible back in our schools.

SB 374 is not the solution that we need and I urge you to reject this bill. Thank you.

REP. JOHNSON: Thank you so much for your testimony and well timed at that. Any questions? Thank you so much for taking the time. We really appreciate it.

JONATHAN GOOD: Thank you.

REP. JOHNSON: The next person to testify is Janet Roberts, and then followed by Dr. Sandra Carbonari. Are you Janet Roberts? Doctor Carbonari? Please come forward. Thank you for being here today and please state your name for the record.

SANDRA CARBONARI: Thank you for having me. Good afternoon, Senator Gerratana, Representative Johnson, Members of the Public Health Committee, and especially Senator Kane, who is the Senator from my hometown of Middlebury.

SB374
SB972

I am Dr. Sandy Carbonari and I am the President of the Connecticut Chapter of the American Academy of Pediatrics, and I'd like to start by commending you for considering behavioral health assessments for children.

Pediatricians understand the need for behavioral and mental health screening of children. Assessment and screening are two different things. As we use the term an assessment is, excuse me, is a much higher form of evaluation and is done as a follow up to a positive screening of a child.

SENATOR BARTOLOMEO: I'm sorry. It's very, very quick. Listening to all the questions from the Committee that have come forth through your testimony, I just wanted to mention. Sometimes it's really tough because we have so many different committees and their jurisdictions are somewhat overlapping.

But in the Children's Committee, we actually are working on a bill right now. The language is not up because the LCOs are currently working on it but it's going to be SB 972 and it is a lot of what you're talking about, especially when you speak about the Massachusetts model.

It's a comprehensive mental health for children that will incorporate schools, community, physicians, training, that kind of thing and some of the people that we've been working on to put that language together are very familiar with the Massachusetts program and stuff.

So that will be coming out and it's, you know, it's just that we overlap sometimes, but just to keep an eye on that.

SANDRA CARBONARI: Our Mental Health Blueprint base, the very first thing they did was consult with the people from Massachusetts and a lot of what we have is based on the (inaudible) Plan.

SENATOR BARTOLOMEO: Exactly. And the people that we've been consulting with to do this language have been involved in that as well as the Commission on Children and so --

SANDRA CARBONARI: Yeah. I've been part, peripherally part of some of those groups, too.

SENATOR BARTOLOMEO: Okay, so it's to come.

SANDRA CARBONARI: Great. I'm glad to hear it.
Thank you.

REP. JOHNSON: Thank you. Now we're hearing Jane Hylan. And the next person will be Frank Demarest. Welcome and state your name for the record.

JANE HYLAN: Jane Hylan. Senator Gerratana, Representative Johnson and the Public Health Committee, thank you for this opportunity to speak before you. I'm the Director of School-Based Health Services for the Community Health Center, Incorporated and I'm here today to show support for the Proposed Bill Number 5740.

At CHC, we served close to 10,000 student patients in our school-based health programs last school year. Fifteen hundred of them were treated by one of our school-based behavioral health clinicians.

Bill 5740 supports the inclusion of school-based behavioral health services as a component of a school-based health center or as a stand-alone model.

At CHC we are in over 170 schools and community locations. Some are comprehensive and others are stand alone.

Bill 5740 should include automatic enrollment into school-based health services with a provision for opt out by parents or guardians. This would further reduce barriers to needed care and improve notification of parents about the availability of school-based services at their child's school.