



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

TESTIMONY PRESENTED BEFORE THE SELECT COMMITTEE ON CHILDREN March 4, 2010

*Lisa Davis, Branch Chief, Public Health Initiatives 860.509.7794
Ellen Blaschinski, Branch Chief, Regulatory Services Branch- 860-509-8171*

House Bill 5360 - An Act Concerning Children in the Recession

The Department of Public Health opposes House Bill 5360.

There is no question regarding the importance of protecting the health and well-being of Connecticut's children. The mandates in this proposal, however, are duplicative of existing efforts currently being carried out. The department has addressed many of the key aspects within the language of this proposed bill through the following activities:

- The Departments of Social Services, Education and Public Health continue to have discussions concerning the requirements and procedures related to early childcare and early childhood education to simplify procedures, improve program and policy coordination, and increase efficiencies and access points. These action steps are consistent with the mandates of Special Act 09-10 and Special Act 09-03, as amended by Public Act 09-232 that require the Commissioner of Social Services to work with the Commissioners of Education and Public Health to conduct a joint study of early childhood education procedures to identify requirements and procedures that are duplicative or unnecessary.
- A state priority has been identified within the Title V Maternal and Child Health (MCH) Block Grant of the Connecticut Department of Public Health (DPH) to reduce health disparities in the MCH population, and especially disparities related to teen pregnancy, low birth weight, prenatal care and infant mortality. In response, DPH applied for and was awarded technical assistance through the Health Resources and Services Administration of the U.S. Department of Health and Human Services to explore ways in which state and local MCH partners can work together to address these disparities through a coordinated perinatal system of care. A forum was planned and conducted in August 2009 and September 2009 with statewide and community-based MCH leaders in the state to review and analyze MCH data, examine programs and resources that are currently available, and reach consensus about how best to enhance coordination of existing programs and resources. The objective was to identify several action steps of low-cost that could be implemented by community-based and regional organizations immediately and completed within a short time frame. Programs included in the discussion were: Centering Pregnancy, Nurturing Families Network, Hartford federal Healthy Start, New Haven federal Healthy Start, WIC, state Healthy Start, the Fatherhood Initiative, Planned Parenthood of Connecticut, and Real Dads Forever. Prioritized interventions and prevention strategies were identified as a result of this collaboration.
- There are multiple agencies and community based organizations who are working collaboratively to address and enhance the health of children and youth at all times with the School Health and Mental Health Advisory Group, Coordinated School Health Program, Medical Home Advisory Group for Children and Youth with Special Healthcare Needs and School Based Health Centers, etc. These initiatives are a few examples of existing state agency programs and groups that share information to coordinate and maximize resources.

Phone:

Telephone Device for the Deaf: (860) 509-7191

410 Capitol Avenue - MS # _____

P.O. Box 340308 Hartford, CT 06134

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Our programs currently support services to the uninsured or to those who face barriers to care, and we recognize the need to utilize existing resources to maximize capacity and responsiveness to the needs of the public. This bill largely consists of vague and non-specific statements of goals or outcomes without proposing any specific policy changes. A bill of this complexity has the potential to directly defeat its purpose by mandating activities within given limitations and may make any success difficult to if not impossible.

Each state agency is responsible for programs and initiatives that come from different funding sources and each has a different set of requirements and regulations. The proposed bill fails to recognize the cross-agency coordination and collaboration efforts that already exist. We understand that Connecticut residents are best served by health and human services that are strong, specific and maximize their scope through existing collaborations. A state-based patchwork of inconsistent guidelines will not advance the mission of any individual agency nor will it promote effective management or improved outcomes of necessary services. In addition to the potentially self-defeating guidelines offered in this proposal, the language also exposes state human service agencies to liability for failure to meet the standards as drafted. The requirements established under existing statutes offer a clear intent for each program. As such, the agency and the public are left with a consistent expectation of policy outcomes. Overly broad language will create unnecessary confusion and may lead to litigation that detracts from the agency's mission. Legislative measures that continue to address the needs of the state's children will ensure that appropriate goals are met based on a common understanding of policy objectives.

Finally, significant resources would be necessary to carry out the mandates of this proposal. Most sections state "within available appropriations" which, without funding, means that they either will not be implemented or will require a shift of resources from actual programs in order to do so. As funding for these mandates is not provided for in the Governor's budget, we cannot support this bill at this time.

Thank you for your consideration of the Department's views on this bill.