



KEEP THE PROMISE COALITION

KTP Children's Committee

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Testimony before the Select Committee on Children

3 February 2011

Support for HB 6225

Good afternoon Representative Urban and members of the Select Committee on Children. My name is Eric Arzubi, MD; I am a physician and Co-Chair of the Children's Committee of the Keep the Promise Coalition, or KTP. Our Coalition represents Connecticut's key stakeholders in child mental health, including families, clinicians, school professionals, and advocates, among others.

The Children's Committee of KTP is in support of HB 6225, AN ACT REQUIRING A RESULTS-BASED ACCOUNTABILITY REPORT CARD ON OUT-OF-STATE RESIDENTIAL TREATMENT OF CHILDREN.

What's the problem?

- **Connecticut exports 367 children and \$35 million** to other states every year, according to statistics published last month by the Hartford Courant.
- **\$35 million of Connecticut taxpayer money is invested every year in OTHER states'** child mental health services.
- **367 children are ripped from their families, communities and schools every year** because we cannot agree on how to make good use of existing in-state child mental health resources and services.
- **Connecticut children sent to other states for mental health treatment are often subjected to substandard therapeutic environments,** inadequate treatment plans, and conditions that threaten their overall safety and well-being.
- **Children are frequently sent back to Connecticut with little or no planning** for their successful reintegration to their homes, communities, and schools.

Our primary goal must be to **keep Connecticut children close to their families** and to **invest limited state funds in local child mental health infrastructure.**

Here are the benefits:

- **Improved mental health outcomes for children and their families** as they are able to spend more time together.
- **Better care coordination** as communication and collaboration is local and not stretched across state lines.
- **Job creation** in the child health sector, including social workers, psychologists, nurses, physicians, and support staff, among others.
- **Cost savings** as DCF officials and families no longer have to travel across the country to spend time with their children.

In the meantime, we have to take care of Connecticut children NOW, no matter where they are:

- **Ensure that other states have standards and practices for quality assurance** and investigation of abuse and neglect allegations that are consistent with those required of Connecticut's own providers.
- **Although we support this legislation, a results based accountability report card does not go far enough** – the state should develop a DCF-led and coordinated planning process with Connecticut Child Guidance Clinics, children's residential providers, families and advocacy organizations, and other relevant stakeholders to bring out-of-state placements back into Connecticut and strategically plan for the return of these children back into their communities.