Child Health and Development
Institute of Connecticut, Inc.

Children's Fund of
Connecticut, Inc.

February 14, 2013

TESTIMONY REGARDING S.B. 169 AN ACT CONCERNING THE ASSESSMENT AND DELIVERY OF MENTAL HEALTH SERVICES AND INTERVENTIONS FOR CHILDREN

AND H.B. 5567: AN ACT CONCERNING CHILDREN'S MENTAL HEALTH

Submitted to: The Committee on Children

By: Judith Meyers, Ph.D., President and CEO, Child Health and Development Institute of Connecticut (CHDI) and the Children's Fund of Connecticut

Senator Bartolomeo and Representative Urban, and other members of the Committee on Children, I am submitting this testimony on behalf of the board and staff of the Child Health and Development Institute of Connecticut. Our mission is to promote primary and preventive health and mental health care for all children in Connecticut, with a particular focus on the underserved. We work to develop and promote comprehensive, effective community-based health and mental health care systems through identifying, supporting, and disseminating evidence-based programs to address health and mental health needs of children and their families. We have invested significant dollars and organizational resources over the past ten years in partnership with state agencies and communities toward this end.

We commend Connecticut's policymakers for taking this opportunity, born out of tragedy, to address what can be done to assure that we have a **comprehensive system** of mental health services that promotes healthy social and emotional development of all children, identifies mental health concerns at the earliest point through screening, links children in need to more comprehensive assessments and treatments, and provides services and supports to assist those who care for children at home, in early care and education settings, in schools, and in the community.

My key message to you is that we have exemplary programs in Connecticut upon which to build. These are interventions of high quality with demonstrated effectiveness that can be the basis for a comprehensive system if expanded and supported more fully. This is by no means an exclusive list but serves to call to your attention some of the best programs and initiatives to build on in Connecticut.

A. For young children birth to five:

- Universal screening through the Person-Centered Medical Home – already reimbursed by Medicaid and private insurers and considered best practice by the American Academy of Pediatrics
- 211 Child Development Infoline (CDI) – provides Ages and Stages – Social/Emotional as a parent tool for monitoring their child's social and emotional development and flags concerns in the earliest years. CDI then helps link parents and children to needed services, including Birth to Three, if appropriate.
- Educating Practices in the Community (EPIC) – operated by CHDI, to train child health practitioners to screen children for a variety of health and mental health issues (developmental and behavior problems, trauma and autism) at well-child visits and connect their patients to further evaluation and intervention services when needed.
- Early Childhood Consultation Partnership (ECCP) – State funded through DCF and operated by Advanced Behavioral Health, ECCP which provides 20 mental health consultants to support individual children, and assist classroom teachers and center directors in early care and education programs to address mental health concerns.
- Child FIRST – an approved evidence-based home visiting model soon to be in every DCF region in the state to address mental health concerns in the highest risk families.
- Infant Mental Health Competencies – a framework for developing a workforce with the skills and knowledge to address the full range of mental health needs of young children, currently administered by the CT Association of Infant Mental Health and imbedded in several key state and local initiatives.
- A statewide network of community collaboratives funded through a public/private partnership to promote optimal healthy development, including social and emotional, and school readiness.

B. For children of school age:

- Emergency Mobile Psychiatric Services (EMPS), funded by DCF and Medicaid and accessed through 2-1-1, is accessible to all children. There are 150 EMPS clinicians statewide who can respond immediately by phone and provide face-to-face services often in 30 minutes or less. In FY 2012, over 8,000 children were served; 33% of all EMPS referrals came from schools.

- Connecticut has a network of more than 20 mental health centers trained in Trauma-Focused Cognitive Behavior Therapy (TF-CBT), an evidence-based treatment for child traumatic stress and post-traumatic stress disorder.
- School-Based Diversion Initiative (SBDI) – developed to address the increasing number of arrests taking place in schools, which disproportionately affects students with mental health and special education needs. SBDI, currently in 17 schools, provides training for school personnel to recognize mental health problems, reduce stigma associated with mental illness and its treatment, and refer for assessment and services. SBDI is funded through a partnership across three state agencies: SDE, DCF, and the Court Support Services Division of the Judicial Branch.

C. For all children:

- The Behavioral Health Partnership (BHP) – administered by ValueOptions through a partnership with DCF and DSS. The BHP provides an integrated behavioral health service system for HUSKY (Medicaid) recipients, Charter Oak Health Plan members, children enrolled in the DCF voluntary services program, and other children and families served by state agencies.
- A statewide network of community collaboratives established to implement local systems of care to address the mental health needs of children.

Our recommendations for assuring that all children are identified and treated with effective services in quality systems, and that no child slips through the cracks in ways that can lead to disastrous consequences for themselves, their families, or their communities are to:

1. Fully fund these and other evidence-based mental health programs already in place in CT
2. Improve the quality of care through allocating resources to quality improvement (QI) activities and requiring rigorous QI as a condition of reimbursement
3. Expand school-based supports that build on the core concepts of SBDI to provide professional development and consultation to classroom teachers and school administrators, link schools to community-based services including EMPS, care coordination, and in-home evidence-based treatments, and increase access to mental health services through School-Based Health Centers
4. Provide professional training and support to ensure an adequate number of professionals who can promote social and emotional development for children and their families, identify when

there is a concern, have the capacity to connect children to appropriate services, and address their mental health needs.

To accomplish this, we must assure that systems serving children and families collaborate to provide the continuity of care across schools, the judicial system, child welfare, health and mental health care, building on the local systems of care that are already in place in many communities throughout Connecticut.

The Children's Fund and CHDI will continue to devote our resources to address children's health and mental needs and are prepared to be helpful in any way we can. Please feel free to call on us as an independent entity for objective information, policy analysis, or other technical assistance that we might provide.

Thank you.

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