STATE OF CONNECTICUT

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Testimony of the Office of Protection and Advocacy for Persons with Disabilities
Before the Public Health Committee
Regarding Proposed Bill No. 374; An Act Requiring Behavioral Health Assessments for Children

Submitted by: James D. McGaughey
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March 8, 2013

Thank you for this opportunity to comment on Proposed Bill No. 374. This bill would require that students enrolled in school or being home schooled receive behavioral health assessments at certain intervals. The results of the assessments would be shared only with parents, and the fact that the assessments have occurred would be recorded on forms to be provided by the Department of Education. The bill does not specify who would conduct the assessments or which types of assessment would meet its requirements.

Like many other advocates for special education students, our Office has been concerned that many children with unrecognized emotional and/or behavioral health disabilities experience significant difficulty learning and participating in school. In fact, in our experience, such students are at considerable risk of encountering rejection from peers, experiencing disciplinary responses, being arrested, and of dropping out.

Under State and federal special education laws, schools are supposed to identify students who are eligible for individual education plans (IEPs) due to "Emotional Disturbance" – an umbrella term that covers a very wide range of behavioral and emotional conditions that are sufficiently significant to interfere with educational progress. However, in our Office's experience, students who are experiencing distress are often not identified until they have already been failing for some time, or are already in trouble with juvenile justice authorities. In fact, some simply drop out or are arrested for criminal activity and are never identified. So some kind of requirement that would hold schools accountable for conducting the "child find" screening and referral processes that they are already supposed to have in place might heighten awareness and result in earlier intervention for more students.

That said, however, requiring universal behavioral health assessments at intervals (especially during a developmental period that most experts agree is inherently tumultuous), may well be counter-productive. Such an effort would likely absorb considerable resources that could be more productively utilized pursuing interventions with students who genuinely need them. It might be better to consider providing training for teachers and administrators in order to raise awareness about manifestations of behavioral health issues in children and adolescents, and to better equip them to do some simple screening and make referrals for appropriate assessments.

Thank you for your attention. If you have any questions, please feel free to contact me.