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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"