Testimony of the Alliance for Children's Mental Health (ACMH)
Before the Children's Committee
March 6, 2018

In SUPPORT of:

S.B. 312: AN ACT CONCERNING THE NEEDS OF CHILDREN WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES.

H.B. 5328: AN ACT CONCERNING THE ADMISSIBILITY OF ADMISSIONS, CONFESSIONS AND STATEMENTS BY CHILDREN UNDER THE AGE OF EIGHTEEN.

H.B. 5332: AN ACT CONCERNING THE RECOMMENDATIONS OF THE DEPARTMENT OF CHILDREN AND FAMILIES.

In OPPOSITION to:

S.B. 318: AN ACT ESTABLISHING A TASK FORCE TO STUDY INTERVENTIONS FOR AT-RISK YOUTH.

Good afternoon Senator Moore, Senator Suzio, Representative Urban and members of the Children's Committee, my name is Susan Kelley, and I am Director of the Alliance for Children's Mental Health (ACMH). ACMH is the only independent statewide policy and advocacy group in Connecticut that focuses solely on children's mental health issues, including the critical overlap of mental health with child-serving systems such as education, child welfare, and juvenile justice. Through our collective voice, we advocate for smart policies and better outcomes for all children in the state. For more information about ACMH, go to acmhct.org.I am testifying today on behalf of ACMH in support of SB 312, HB 5328, and HB 5332, and in opposition to HB 318.

SB 312. ACMH supports this bill which would require collaboration between the Department of Children and Families (DCF) the Departments of Early Childhood, Development Services, and Social Services for the development of investigation, assessment and case-planning procedures that are responsive to the needs of children with intellectual and developmental disabilities, and other co-occurring disorders including mental health challenges. These procedures are necessary to address deficiencies outlined in the report by the Office of Child Advocate concerning the case of Matthew Tirado, and to prevent further tragedies from occurring.

HB 5328. ACMH supports the protection of certain statements of youth under the age of 18 made to a police office or Juvenile Court in connection with delinquency proceedings against the youth. Currently this protection does not extend to certain statements by youth ages 16

and 17; this bill would make consistent that certain statements by all minors under age 18 are protected, including 16 and 17 year-olds. Adolescence is a period of continued brain growth and change. Research shows that the prefrontal cortex of adolescents does not fully develop until approximately age 25. As such, there is no justification for excluding statements of 16 and 17 year-old youth, as opposed to those 15 and younger—statements made outside the presence of a parent/guardian and without apprising the parent/guardian of the child's rights should be protected for all minors under age 18 in delinquency proceedings against the child.

HB 5332. ACMH supports this bill which requires DCF to collect and standardize its data on ethnic and racial disparities (RED) concerning the child welfare system. Identifying and taking action to ameliorate mental health disparities among people of color in our state's child serving systems must be a top priority, and we applaud DCF's focus and inclusion of this data as it seeks to improve outcomes for children in the child welfare system.

The child welfare and juvenile justice systems often serve the same children many of whom have experienced trauma and have untreated mental health/behavioral health conditions. The experience of childhood trauma is linked to the onset of over a quarter of all adolescent psychiatric disorders. Health disparities among youth of color are stark. Caucasian youth are over-represented in their use of behavioral health services in the state while African-American, Hispanic, and Asian youth are under-represented in the use of these services. (Pediatric Emergency Department Utilization, CT BHP, Value Options, 2016). African-American and Latino adolescent males comprise less than 10 percent of youth accessing outpatient mental health services, largely due to a lack of access to culturally responsive providers (Connecticut Association of School-Based Health Centers). The juvenile justice system unfortunately has become the default mental health system for youth with behavioral issues, particularly for youth of color.

We believe that DCF's collection of RED data, and decision-making concerning the data, must be connected and made available to important state data collection efforts, such as the comprehensive data system, that would include RED data and reaches across child serving systems, which the Office of Health Strategy is currently undertaking. To the extent that behavioral health RED data were also included in DCF's efforts, such data should also be made available to and coordinated with state bodies that are also addressing health inequities across child serving systems, such as the Juvenile Justice Policy and Oversight Council (JJPOC), the Behavioral Health Partnership Oversight Council, and the Children's Behavioral Health Plan Implementation Advisory Board.

SB 318. ACMH opposes the creation of a task force to study interventions for at-risk youth, as proposed by this bill. We wholeheartedly agree that creation of a task force is sometimes necessary to take a deep dive into important issues facing the state. Connecticut must also continue to invest in effective and early interventions for vulnerable youth, such as those with emerging and/or untreated mental health/behavioral issues, in order to help youth thrive in school and become productive adults. However, we believe that any task force tackling this issue must include youth and family voices as appointed members. Youth and families often are most knowledgeable about what works and doesn't work concerning intervention services and supports, and their guidance is critical to ensure that services are beneficial for those who

actually receive them. Consequently, any effort to study what should be done in this area must include their input.

ACMH further believes that building on existing intervention efforts in the state for at-risk youth—through prioritizing funding and resources during the state's ongoing fiscal crisis--particularly concerning early intervention/prevention efforts may be a better use of time and resources than a task force. For example, the diversion and school-based diversion/mental health workgroups of the JJPOC have developed a diversion plan (both at the community and school level), which utilizes existing Youth Service Bureaus as hubs, to get needed mental health services/supports to youth who are at risk for falling through the cracks and/or entering the juvenile justice system. The recommendations made by the workgroups were adopted by the JJPOC which is seeking funding to carry out the plans.

In addition, the Child Health and Development Institute (CHDI) has developed successful intervention programs in schools to address mental health needs of students which help them thrive in school and also help divert youth from the juvenile justice system. These programs include the *Cognitive Behavioral Intervention for Trauma in Schools* (CBITS) program which is a school-based, group and individual intervention designed to reduce symptoms of post-traumatic stress disorder (PTSD), depression, and behavioral problems, and to improve functioning, grades and attendance; and the and School Based Diversion Initiative (SBDI) program. Primary Mental Health is also a successful intervention for elementary school children, and the Early Childhood Consultation Partnership (ECCP) is a statewide, evidence-based, mental health consultation program designed to meet the social and emotional needs of children birth to five in early care or education settings. Interventions for vulnerable youth are also a major focus of the Children's Behavioral Health Plan, which was mandated (unfunded) in response to the Sandy Hook tragedy. The Children's Behavioral Health Plan Implementation Advisory Board, which is charged with moving the plan forward, recently received funding from the Connecticut Health Foundation to take a deep dive into among other things, what can and should be done concerning behavioral health screenings for youth in Connecticut. These are just a few of the important initiatives happening concerning interventions for youth in the state.

Again, while task forces often serve an important role, ACMH believes that SB 318's proposed task force may not be warranted for the reasons stated above.

Thank you for your time and attention. I would be happy to answer any questions.

Respectfully submitted,

Susan Kelley, JD
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Director of Children's Policy, NAMI Connecticut
ACMH is housed at NAMI Connecticut, who is a member participant and fiduciary for AMCH

Member Participants Signing on to AMCH Testimony

Connecticut Juvenile Justice Alliance (CTJJA)
Empowering Children and Families
NAMI Connecticut
Lori Clemente, Parent (Killingworth)
AFCAMP

ACMH Member Participants

Connecticut Juvenile Justice Alliance (CTJJA)
CT Legal Services
CT Community Non Profit Alliance
CT Voices for Children
Center for Children's Advocacy (CCA)
Family and Children's Aid, Danbury
Dr. Irving Jennings, child psychiatrist
Clifford Beers
Family Forward Advocacy CT
African Caribbean American Parents of Children with Disabilities (AFCAMP)
Connecticut Association of Foster and Adoptive Families (CAFAF)
National Alliance on Mental Illness, Connecticut (NAMI Connecticut)
National Association of Social Workers, Connecticut
Child Guidance Center of Southern CT
The Village of Children and Families
Scarlett Lewis, Jesse Lewis Choose Love Foundation
Susan Graham, Family Champion and CONNECT consultant
Christine Rowan, Parent (Newtown)
Lori Clemente, Parent (Killingsworth)
Grace Grinnell, Parent (Canton)
David Marcus, Parent, Innovative Advocacy Solutions LLC
Kathleen Burchard, Parent, Grandparent, participant of CFAC
Katherine Downing-Ahmed, Parent, participant of CFAC
Connecticut Association of School Based Health Centers
Yale School of Public Health
Child Health and Development Institute (CHDI)
Child First
Office of the Child Advocate
Stamford Youth Services Bureau
Dr. Frank Fortunati, Yale
Early Childhood Alliance
Empowering Children and Families
Kids in Crisis
Academy of Child and Adolescent Psychiatry
CT Council of Child and Adolescent Psychiatry