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COMMITTEE ON CHILDREN
PUBLIC HEARING

February 18, 2020
1:00 pm

CHAIRPERSON: Senator Marilyn V. Moore

SENATORS: Anwar, Cohen, Kelly

REPRESENTATIVES: Boyd, Comey, Cummings,
Green, Hampton, Hayes,
Kokoruda, Linehan, Turco,
Wilson Pheanious

SENATOR MOORE (22ND): Good afternoon. I'm going to call this public hearing to order. I'm Senator Marilyn Moore. Any comments from my co-chairs?

REP. LINEHAN (103RD): Thank you, Senator. I just have to say I'm thrilled that you're next to me.

SENATOR MOORE (22ND): [Laughing].

REP. LINEHAN (103RD): Thank you. [Crosstalk]. I think it's such an honor to have you co-chair this committee, and -- and it's wonderful that you're here with me today, and we're going to do some really great things. That's all I wanted to say publicly.

SENATOR MOORE (22ND): Thank you.

REP. LINEHAN (103RD): Thank you.

SENATOR MOORE (22ND): I appreciate that. Anyone else? Thank you. So, we're hear -- we're hearing 11 bills today. The first person up is Commissioner Vanessa Dorantes from DCF.

COMMISSIONER VANESSA DORANTES: Good afternoon, Senator Moore -- [pause] -- of -- sorry about that. Distinguished members of the Children's Committee, my name is Vanessa Dorantes, and I'm the Commissioner of the Department of Children and

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Families. I'd like to offer the following comments on House Bill 5146, AN ACT ESTABLISHING A YOUTH SUICIDE PREVENTION PILOT PROGRAM. DCF along with several state and community partners have been at the forefront of youth suicide prevention and training for the last several years. An integral part of that practice is our participation and support of the Connecticut Suicide Advisory Board. Tim Marshall of DCF, Andrea Iger Duarte of the Department of Mental Health and Addiction Services, and Tom Steen co-chair of this volunteer body, which is comprised of state officials, community-based providers, advocates, and suicide attempt and loss survivors. The Connecticut Suicide Advisory Board examines and promotes evidence-based prevention curriculums. Through the efforts of the Connecticut Suicide Advisory Board, Connecticut has various curricula for suicide prevention that are already utilized throughout the state. Such evidence-based curricula include Question Persuade Refer or (QPR), Signs of Suicide (SOS), Applied Suicide Intervention Skills Training or (ASIST), Assessing and Managing Suicide Risk (AMSR), and Safe-TALK. These curricula are designed for various target populations and Question Persuade and Refer is the most popular and relevant of the trainings since it is intended for the general population and the training can be completed in less than a half a day. It is known as the "CPR" of behavioral health. Over the years, DCF and the Office of the Child Advocate and the Connecticut Suicide Advisory Board have funded or performed numerous prevention trainings and several Question Persuade and Refer Train-The Trainer programs.

While we, of course, support the spirit of this bill, we strongly recommend several pieces of the

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proposal be clarified. First, if state funding is made available to support suicide prevention curricula, we should be creating -- we should not be creating new training but rather focus on the existing evidence-based curricula listed above. More specifically, the legislature would get the most of its investment by supporting QPR training across the state.

Secondly, the current funding streams for youth suicide prevention activities do not include any state dollars, but rather are exclusively federal grant dollars through the Garrett Lee Smith Suicide Prevention Grant, the Community Mental Health Services Block Grant, and the Preventive Health and Health Services Block Grant. Those dollars support evidence-based prevention trainings, community services, and suicide prevention materials, such as our "1 Word, 1 Voice, 1 Life" campaign which can be found at www.preventsuicidect.org. All of the other activity depend entirely on volunteer work performed by the Connecticut Suicide Advisory Board members. Any new or expanded activities would require the appropriation of additional funding. We believe much of the suicide -- much of the intention of this bill is currently being achieved through the work of the Connecticut Suicide Advisory Board, and we are available to work with the proponents of this legislature -- legislation to determine the appropriate legislative action to ensure that any person who is considering self-harm can access the help he or she needs. Thank you.

SENATOR MOORE (22ND): Thank you. Questions for the commissioner? Representative Linehan.

REP. LINEHAN (103RD): Thank you very much, Commissioner, for being here, and I appreciate that

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y9u have listed the programs that have been available, and the one that we are looking for as we are writing this bill is actually QPR, and we have QPR is going to be -- training is going to be available for the members of this committee, as well as any member of the legislature who works here at the Capitol, so I really appreciate that. Can you -- can you tell me have there been -- you said that this is also the work of the Connecticut Suicide Advisory Board. They do really great work, and the purpose of this legislation is to spread that knowledge, right. In this legislation, it does say that of the places that we're choosing it would be someone who has had a youth suicide within the last five years. That is something very important to this committee, and so in your professional opinion, does QPR work or is it geared towards our youth?

COMMISSIONER VANESSA DORANTES: If I may, may I ask Tim Marshall to join us? He is the program director who would know the intimacies of each of these curricula and could probably speak to it a lot more specifically than I could.

REP. LINEHAN (103RD): I would appreciate that. Thank you, and if he could introduce himself at the microphone, that would be appreciated.

TIM MARSHALL: Hi. [Clearing throat]. My name is Tim Marshall. I am the Director of Community Services [pause] -- sorry. Tim Marshall. I'm the Director of Community-Based Services at Department of Children and Families, and I'm one of the three tri-chairs of the Connecticut Suicide Advisory Board. QPR as it's known for as stated in the testimony is kind of like the "CPR" of mental health. It was really designed for that purpose, and the real purpose of that is to make any person

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comfortable with talking with somebody who might be in trouble and be comfortable to ask them directly if they're considering killing themselves, and so it is definitely directed for those who work with children, and it's directly direct -- directed toward anybody who might be struggling with mental health issues or again might be considering self-harm.

REP. LINEHAN (103RD): Thank you, and this bill sets forth a program that is a train-the trainer model, which in writing this legislation, we thought that it was really important that we did a Train-The Trainer model. What we wanted to do and what we're trying to accomplish with this legislation is to train more people within our community because we know, you know, it takes a village, so there have been some suicide outreach programs that are happening in schools, but what this specifically does is go towards youth service bureaus or youth groups or anyone who actually wants to be trained in QPR that this legislation will put a pilot program together to train a trainer who can then put that out in their community, and given what you know about CPR or rather QPR and the Train-The Trainer model, do you think that this is the best way to proceed with this legislation -- to continue to do Train-The Trainer?

COMMISSIONER VANESSA DORANTES: So, I think that that's an important -- not even a first step. We've already laid the foundation, so building upon what we already know has had tremendous amount of success identifying those areas in the state that could use some additional support and building upon the work of the Connecticut Suicide Advisory Board would definitely be in the best interest of making sure more people know about QPR and that Train-The

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Trainer model allows for that ripple effect to occur.

REP. LINEHAN (103RD): Thank you very much. I have no further questions. Any other member of the committee?

SENATOR MOORE (22ND): I just have a side question. Do you know how many of these suicides for youth are the result of gun violence? Do you have any idea? Or is it --

COMMISSIONER VANESSA DORANTES: Tim is saying that the majority are not, but we can get you the data to be able so support that. There is the board that meets pretty regularly to -- to go over what has most recently occurred?

TIM MARSHALL: Yeah. The challenge is the number is so small annually [clearing throat]. We -- over the last 15 years, we've averaged about eight deaths annually for those under age 18, and so we could have years as low as six or eight, and we can have years as much as 10 or 12. We really haven't gone above 10 or 12, so just a reduction of our youth suicides or an increase of youth suicides is hard to gauge, but kids generally don't get a hold of guns. They do sometimes, but the majority of those are not by guns.

SENATOR MOORE (22ND): Well, kids do get a hold of guns. They just don't use them as suicide. It's usually to hurt somebody else, but I was questioning that because some people have been talking about gun violence and addressing the suicide part of it instead of the gun violence attacks against people, so I was just wondering was there a high number in the state that -- that that would be at the top of the list of looking at suicide of youth through

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guns, and you don't think -- you're saying six to eight per year?

TIM MARSHALL: The average is eight.

SENATOR MOORE (22ND): Eight.

TIM MARSHALL: And, again, we'd have to go -- because of that number is so small, we'd have to look at the last 5 to 10 years and tell you exactly how many died by guns in each of those years.

REP. LINEHAN (103RD): Thank you very much, and I -- I apologize, but that triggered another question for me. You say the number of youth suicides are relatively small. In my opinion, one is far too many, and in my district, we did have the death by suicide of a 12-year-old sixth grade, and so our work that we did through this committee last year was to have suicide questions available in school climate surveys so that we can -- and as early as third grade, so typically we weren't speaking to students that youth, but we now know that since there was a death by suicide in my district and I believe in another district recently of a youngster that was under the age of 13 that this is something that is nationally growing, but my question for you is we are talking about children here, but is there any data that says the death by suicide of those over 18 the suicidal thoughts actually begin before they turn 18? Because if we're looking at just the numbers of those that actually died by suicide and we're seeing it's a small number, my concern is those thoughts happened well before their 18th birthday and that we just simply can't cut off at an arbitrary age number. Do you have any comments on that?

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TIM MARSHALL: Yes. So, the thoughts is a hard one to get to, but if we go to the attempt data, that's a better proxy, and what we do know in Connecticut we are actually in terms of completed suicides in the state we're actually fourth or fifth at least in the country per capita, but on attempts we're actually almost middle of the road in the entire country, so there is still lots of work to be done. One of the -- one of the reasons is we're not a big gun culture state, and so those states that have a lot more access to guns the rates go up, so the number of attempts and then the number of those who die are -- are much higher, so again, because of the means that most of our youth choose, there's more survivors.

REP. LINEHAN (103RD): And, is there a socioeconomic or racial component to those who attempt suicide? Because we're looking at developing the pilot program, and we are choosing the areas to focus on. Our first go to will be if they've had a youth suicide within the last five years, but if that doesn't complete the -- the number of municipalities or areas that we want to focus on, the next one will go towards, you know -- are there numbers that say this is more of a socioeconomic or racial problem?

COMMISSIONER VANESSA DORANTES: So, for us at DCF when we think about our rational justice work, it's important for us to pay attention to not only overrepresentation of specific racial groups but also underrepresentation, so when we look at numbers of a specific topic such as this one, it's important for us to pay attention to groups as they are identified but also overrepresented or underrepresented. Do you have data to suggest the racial breakdown?

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TIM MARSHALL: We know in both attempts and in deaths there are a number of special populations that are overidentified, so we could -- again, we could name a lot of special populations -- the LGBTQ community, it's all kids of color are overidentified, the race and ethnicity, and certainly there is some evidence around you know socioeconomic status. That one would probably be lower on the special populations, but there -- there's plenty of data on the overrepresentation of special populations in youth.

REP. LINEHAN (103RD): That data will be very helpful as we move forward, so if you wouldn't mind getting that to the chairs of the committee we would greatly appreciate that, and that's all for me, Senator.

SENATOR MOORE (22ND): Anyone else?

REP. WILSON PHEANIOUS (53RD): Yes.

SENATOR MOORE (22ND): Representative.

REP. WILSON PHEANIOUS (53RD): Good afternoon. I wonder is there any program or any special emphasis on outreach to the parents of youth in particular, and also I know this is a youth-oriented program, apparently it's applicable to other populations, we have suicide issues in so many populations -- our Veterans, our elders, our farmers in instances. I'm just wondering how this can be -- if -- if we know that it is working effectively, is there any opportunity to get this curriculum and these trainers out to other populations?

TIM MARSHALL; Yes. So --

REP. WILSON PHEANIOUS (53RD): And for kids in particular.

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TIM MARSHALL: The Connecticut Suicide Advisory Board does address the lifespan in its entirety. Our activities at the department we're talking about are focused specifically exclusively around youth, but the Department of Public Health and the Department of Mental Health and Addiction Services, as well as many other state department representatives are at the table, and so we [clearing throat] do many, many activities that address the entire problem across the lifespan including trainings -- including CPR and many of the others.

REP. WILSON PHEANIOUS (53RD): In particular with the parents of children, is there any -- any special outreach to try to draw the school boards in or others where we can get to kids wherever they may be?

TIM MARSHALL: Yes. So, we engage many, many districts throughout the state and many, many municipalities and towns and cities. All of the materials -- the suicide prevention materials are made to the general public for free on the website, and so any parent can get those at any time and just order them and get them sent directly to their home. With that being said, in particular when a community has been impacted, we generally target the entire community -- school, town, local libraries, things like that and disseminate quite a bit of materials, and not only do we do that but most of the time, we don't need to do a lot of that because the outpouring of requests coming from that community is very, very high, so many materials are already pouring into the community the moment something occurs.

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COMMISSIONER VANESSA DORANTES: And, Representative, if I may? I -- I just wanted to share with you that that is the purpose of this legislation being a Train-The Trainer model, so the point is that we would have someone come in and train someone within the municipality whether it be school board, youth service bureau so that they can go on and train others across the spectrum in their community, so while we are the committee on children and we're doing this specifically for youth suicide, the ripple effects of this legislation passing will be that more people in our community are trained on the QPR model so that we can -- we can help everybody across the spectrum.

SENATOR MOORE (22ND): Thank you, Commissioner. Commissioner Beth Bye. Representative Winkler. [Background conversing]. So, we'll go to Sarah Eagan.

SARAH EAGAN: Good afternoon to the committee, Senator Moore, Senator Linehan, Senator Kelly, Representative Green, all other members of the committee. My name is Sarah Eagan, and I run the state's Office of the Child Advocate. The first bill I wanted to offer testimony on today was also like the commissioner of DCF, House Bill 5146, AN ACT ESTABLISHING A YOUTH SUICIDE PREVENTION PILOT PROGRAM, so we can continue some of the question and answer that you had, but I wanted to state that we are in strong support of the -- the -- the theme and goals of this bill, right, which is to bring more attention, awareness, training to local community impacted by youth mental health crises and in particular youth suicide, and there is some data that I wanted to share with you in addition to the data around suicide itself, but -- and it's on page 2 of my -- of our testimony, and just for further

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background, the Office of the Child Advocate co-chairs the state's Child Fatality Review Panel. That's a state multidisciplinary panel that meets monthly at the office of the chief medical examiner to review some unexpected deaths of children that fall within the jurisdiction of the medical examiner.

So, part of what I wanted to share with you is in the middle of page two, which is data from Connecticut's participation in a CDC model survey known nationally as the Youth Risky Behavior Survey, and in Connecticut I believe it's called the Connecticut School Health Survey, which is -- as our testimony talks about -- a school-based survey of students in grades 9 through 12. It's anonymous and confidential and asks them a lot of questions about a lot of things that they do or have experienced, and I know that I am always struck every year that it comes out by the answers that children provide to questions that ask about despair, self-injury, suicidality, and self-harm. To call your attention to a couple of those data points, over 18 percent of -- percentage of -- 18 percent of youth responded yes to the question of whether they had done something to purposely hurt themselves without wanting to die -- 18 percent of kids that responded to that survey question, and in terms of race data, Senator Moore, Hispanic youth now lead this category with affirmative responses; 26.9 percent of youth responded that they felt sad or hopeless for more than two weeks during the previous year. That answer was -- was even higher for girls. More than one-third of girls answered yes to that, and of kids that answered yes to that question, less than a quarter said that they had somebody that they could talk to or that they could receive help from when

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they felt that way. Thirteen percent of youth responded that they had seriously contemplated attempting suicide in the previous 12 months, and girls of color now lead in this category. Eight percent of youth responded that yes they had tried to attempt suicide in the previous 12 months, and black youth now lead in this category.

You heard some of the data about youth suicide in general, which we include on page two where you can see it over an 18-year period, and some trends from that. Nationally, as I'm sure many of us have read about, suicide has now risen to be the second leading cause of death of children and young adults beginning at age 10, and as Representative Linehan pointed out, the age of suicide in Connecticut as well is trending younger. That is something we see year in and year out. Historically, most children who died by suicide were white, but children of color are increasingly represented in this child fatality group, and we can see that in the data from the Connecticut Youth Risky Behavior Survey, and again just to pause on that, right, because where does prevention start? Well, there's so many groups in this building that are talking about children's well-being and their health and their safety. I mean it -- it begins early, right. We cannot wait until tenth grade children are in crisis and thinking about dying and feeling like they have nobody to talk to. You know, that's -- we have to really pay attention to what this data is telling us and what these kids anonymously and confidentially are reporting when they sit in math class or they sit in English class, and we test and test and test on literacy and on math, but what's going on inside them, you know, and we see the worst of it at the -- at the Child Fatality Review Panel, which the

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department also sits on along with -- you know along with other folks here, and to see that that's where a child found themselves. You know, any suicide is one too many. It is a preventable death, and we have to think of that, and we have to think of that outreach much, much early. I strongly support the recommendation from the Department of Children and Families we need to look at what we have available here in the state, a training like QPR, which is you know it as to Marshall said, you know, the CPR for -- for -- for suicide prevention. We need to really look at that. We need to get more folks educated in that. The folks who put together QPR say that one out of every four adults should be trained in QPR just the way we train folks in CPR, just the way we train folks in basic first aid if you want to work in a daycare, you want to work somewhere, you know. What do we know about how to respond to a person in crisis, right?

I would also underscore, however -- and I'm here to support and work with the committee in any capacity on this language and this effort, but it is noteworthy that the Connecticut Suicide Advisory Board does not get a line item in our state budget, do not appropriate money to that effort, and as the commissioner -- as Commissioner Dorantes pointed out, you know, folks working in that group, some work at state agencies, but also volunteers do what they can to roll up their sleeves and make time for this really important initiative, but I think the data that we're talking about here today and that you're asking about tells us that we have more work to do. I would -- I would strongly urge the state to consider that this is an intervention that could use additional support and just by comparison, our neighboring state Massachusetts, has a very similar

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initiative that gets a \$4-million-dollar line item. I just offer that in our testimony something to think about how do we want to support this work going forward? Either way, you can count on us to participate. One of the folks in our office that the committee works with, you know, trains in QPR and we'll help in whatever way we can, but just think about whether this initiative needs a little more work.

Senator Moore, if I could just respond to some of your questions that you asked about -- about what does the data tell us -- maybe it was Representative Linehan. I'm sorry. I'm not sure whose question it was, but we do see -- as I said, we do see increasingly youth of color expressing despair, attempting suicide. To Marshall pointed out, that attempt data, and Connecticut's data on youth that are hospitalized for suicide attempts has -- and I'm quoting from that data -- substantially increased between 2005 and 2015 for youth age 10 to 24, and that the increase is most sharp among black youth, and that the increase in hospitalizations is most specifically seen in urban hospitals who have seen an increase of 30-40 percent increases in hospitalization for youth suicide attempts. Attempts are also mostly -- in our state. This is not true in every state -- attempts are mostly poisoning and cutting. Kids who do die by suicide are most often -- I don't have the data in front of me either today but we can get it to you -- is most often asphyxiation. There's some suicide by firearm, but it's a lot of -- it's a lot of asphyxiation, and then there's always some ambiguity in findings when a child dies by -- dies because of an overdose or a car accident. You know, the medical examiner does what they can to determine

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whether those deaths are accidental, undetermined, or whether there was an intentionality. We're limited by what we can -- what we can know, right, but to hear that a 12, 13, 14, any age child has been found by a family member in their home, it's -- it's just about the most devastating thing you can picture, right, so I appreciate the committee raising this bill.

I want to underscore its urgent nature, and the fact that I'm grateful the committee is making this a priority because every community -- every community needs this help. I think picking ones is going to be hard, right, because everybody needs the help.

Just a very quick plug on remaining bills so I don't use up too much time. I wanted to say on page four, Senate Bill 91, AN ACT CONCERNING A PROGRAM TO PROVIDE FREE SWIMMING LESSONS TO INDIVIDUALS UNDER THE AGE OF 18. Boy, that's a really important issue. You know, every year I participate in the summer safety press conference at Connecticut Children's Medical Center. One of the things we talk about is drowning, and drowning is the leading cause of injury for -- for children age one to four. I'll tell you that in Connecticut -- and I included this data for you -- over a seven-year period of time in Connecticut recently 39 children died from drowning. Not unexpectedly, 12 of these children were age 1 to 3, but 12 of them were children age 13 to 17, and they were almost -- they were extremely disproportionately children of color who are teenagers, and when I sit at CCMC on Washington Street talking about water safety, I look around and I think how many kids living in this neighborhood have access to swimming lessons? How many of their parents know how to swim? Being able to save your life in a pool cannot be an issue of privilege and

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access. It is also an issue of equity and fairness. So, as a life skill, children need access to learn. I mean the data on how many kids living in lower socioeconomic brackets know how to swim or have a parent that knows how to swim. That data is very, very low, so I would suggest that as we think about initiatives that the state can take to increase access to free and affordable water safety education and swimming lessons that we are mindful also about issues of equity, how -- how all children regardless of where they live, regardless of their race, and regardless of their disability status because children with disabilities also have a real problem accessing swimming lessons and children with autism -- according to research -- are 160 times more likely to die by drowning than a child without a disability.

So, again, I am grateful for the initiative. I think it's really, really, really important and just wanted to support that and make those additional points.

And, then I didn't put testimony on behalf of the -- the food lunch bill [laughing], but the CGA website was down all day yesterday and couldn't access the bills, but anything that increases accesses food for children and decreases shaming I think is probably a good public policy initiative, so I support that as well.

SENATOR MOORE (22ND): Thank you. Questions?

REP. LINEHAN (103RD): Thank you so much for your testimony. Every time you come here and you have the data, I always find it shocking, and hearing some of that honestly takes my breath away, so thank you for providing that information. A couple of questions I have for you. Last year -- actually for

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the past two or three years, not through this committee but in district, I have been getting training for my youth service bureaus and teachers regarding the adolescent expert training -- substance abuse, brief intervention and referral to treatments. I did -- and that program is meant to train someone to recognize the signs of substance abuse in children and then be able to help when asked, right. Because what we have found is if a child comes to say a trusted coach and saying, I have a problem with substance abuse, then they -- they say well I don't know what to do with it so you have to go to the guidance counselor, and you've lost that trust, and maybe they don't get the help. The QPR -- is that similar and is it meant to make sure that we're not breaking the lines of trust if someone who is considering suicide or thinking about self-harm is able to reach out? Does that -- are we training people to know exactly what to do if that happens?

SARAH EAGAN: So, yes. That's my -- that's my understanding. I'm not a QPR trainer myself, but it is to be able to -- as to Marshall talked about -- recognize signs, ask questions. It's also never recommended to maintain confidentiality when a person says, I want to -- to die, right. It's -- and to make that link for them and with them to the help that they need, right. And, in fact, the QPR trainers talk about the comparison to the timeline of you know intervention for let's say a heart attack, right. You know, knowing the basic CPR or you know being able -- now we have the defibrillators that are available, accessing 9-1-1. The same theory that the faster you can get the person immediately linked to help without that break in time the more successful the intervention is. I

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will say my caveat here is that I have a QPR trainer in my office, Faith Vos Winkel, who is actually our -- our lead child fatality investigator. She is away this week otherwise she would be here with me, so if there are any additional questions specifically about QPR, I think she's coming to help with that training for the committee next week. Is that next week? Next week.

REP. LINEHAN (103RD): Yes, and -- and yes. She is fantastic, and I can't wait to have her talk to all of our committee members. Another question that I had is you were talking about you said it's going to be very difficult to choose the municipalities and the areas, and looking at your data, I agree. So, I have an idea, of course as I'm sitting here, so it hasn't been slashed out everybody, but since the Train-The Trainer model, I'm concerned about getting too far away -- degrees of separation, but I thought perhaps we could do this by DRG. So, if we are going into the District Reference Groups that put towns together and train someone in a DRG, but the problem is that they would all have to get their youth service people in -- I'm just thinking out loud -- but do you believe, do you think that by going outside of people who are typically involved in this to at least have them pick the people that they want to train, do you think that might be too many degrees of separation and lose effectiveness?

SARAH EAGAN: No. I think that's a good question. I think there are a few different strategies and ways to go here to sort of maximize opportunity, access, and efficacy, and I think we'll just keep talking about it after today's hearing and to figure out what is the most we can get done this session.

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REP. LINEHAN (103RD): I look forward to working with you on that, and then one last about the swim lessons bill. I thank you for your support in that. As you know, this committee last year passed out and passed into law that we would be doing some dry-land water training. I can confirm that that is at its next step, and that will be happening, and given the data you talked about today and we talked about last year about the disproportionality of people of color and of urban communities who don't know how to swim, that those areas are going to be top of the list there, and I think that passing this bill out in addition to that will be good companions so that we can get to those. Would you agree with that?

SARAH EAGAN: I do agree with that. I thought it was a really interesting and positive initiative last year because it's a good first step, and I think that this would be a good companion piece, and as you said, thinking about the most underserved kids and -- and communities is critical.

SENATOR MOORE (22ND): Representative Wilson Pheanious.

REP. WILSON PHEANIOUS (53RD): Thank you for being here. I want to go back to the second for the -- to the issue of suicide prevention amongst children of color and I'm noting a sudden increase where you think, you said, over the last three years of Latinas who are experiencing this issue and also other children of color, and what I'm wondering is do we have any understanding of what's been happening over the last two to three years that is increasing that or is this -- do you have any idea why? What the -- what the -- what's going on?

SARAH EAGAN: I don't know the answer to that. Others may in the room. I think it's more than a

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two to three-year trend. I think it's really a last ten-year trend that we see more girls, that we see more persons of color answering yes to questions about both emotional despair and who are engaging in suicide attempts. I don't know the answer to why.

REP. WILSON PHEANIOUS (53RD): Does the training make any attempt to differentiate between the reasons kids are moving in this direction or trying to commit suicide or harming themselves? Is there an attempt to tease out the issues of one group over another or are we using kind of the same basic structure to address the myriad issues?

SARAH EAGAN: Well, I think there are different types of -- of trainings, right. I think the training we've been talking about today, the Question Persuade Refer, is really sort of a first -- almost like a first responder training that I think can't -- that can't be like all we do in terms of suicide prevention training. It has to go hand-in-hand if you think about a youth community, right, with all the other sort of wellness and mental health efforts that are going on and -- and discussion by community stakeholders about the trends that they're seeing in terms of kids in crisis and how kids in crisis are being responded to and what they know. QPR is a piece to sort of help when there is a crisis moment to make sure we don't lose kids, but it doesn't get to all the things you're talking about.

REP. WILSON PHEANIOUS (53RD): Well, this is one of the reasons that I was questioning before about the outreach to parents and bringing parents into this picture because you're dealing with family situations generally.

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SARAH EAGAN: I think that's absolutely right, and we know that from a protective factor standpoint. You know parents area huge asset to kids in -- in protecting them from being at risk for suicide, being at risk for substance use disorder, that also puts them at risk for suicidality, and so when we're talking about kids, yes, we're talking about adult outreach as well and -- and educating adults.

In fact, the QPR trainers, you know the folks who put together that training, also talk about ensuring that maybe one person in each family knows something about how to recognize signs of -- signs of despair and when they really need to intervene with their child.

REP. WILSON PHEANIOUS (53RD): And, I wonder also whether there is research that demonstrates that there -- that parents or others in the family may have -- have suicide and whether there's an increase -- whether the increases are in any way tied to other issues within families or the issue of suicide within families.

SARAH EAGAN: Well, one of the risk factors for youth suicide is -- is among other things family dysfunction or tumult, somebody else in the family with a serious or untreated mental health treatment need, prior issues of suicidality by the child or someone else in the home, so yes.

REP. WILSON PHEANIOUS (53RD): Thank you.

SENATOR MOORE (22ND): Sarah, I'm gonna ask you to talk about the lunch just a little bit -- about the food. I really -- if you don't mind, please.

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SARAH EAGAN: So, what would we -- I don't know if you had a specific question. I don't have anything prepared -- [Crosstalk].

SENATOR MOORE (22ND): How do you think you could even begin to address this because there -- I -- I am from Bridgeport. Every child in Bridgeport gets free lunch, so it doesn't impact Bridgeport, but there -- we talked about the areas that might be impacted by this. How -- how do you begin to address something like this? And, the real problem, I believe, is the shaming that goes on when a kid can't pay or has to do something different than everybody else is doing, and I don't think it -- I think it's societal how people treat people.

SARAH EAGAN: Mm-hm.

SENATOR MOORE (22ND): And, as I've -- you can't legislate people's hearts to treat people a certain way, but what do you think might be a solution to this?

SARAH EAGAN: Well, first of all, I mean as we know food and security is a real and palpable problem for children all over the country including here in Connecticut, and there are children who do not have enough food in their homes, and do not have enough to eat during the day. I think ultimately we would have -- I would like us to get to a place -- I mean I think it's -- you know, addressing that problem for kids is multifold. One, it's ensuring -- ensuring access to SNAP benefits that are adequate for families regardless of sort of where they fall on the low-income scale. I think it's ensuring that children have access to -- I mean I would provide access to free lunch for -- and breakfast for -- for all children who come to school at those times who -- who need that rather than risk a child who can't

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ask for help or who may just not qualify for help or who may have lunch debt that they can't pay. I mean there's certain -- there's a certain basic foundation for children's -- for -- for children's wellness you know, and a safe place to live and adequate food and are -- are really just the basics. I -- I don't know how else to answer that, but no child should be going through the day without enough food to eat, and -- and they shouldn't be shamed or blamed in order to access that.

SENATOR MOORE (22ND): I agree. I think it's a -- a -- even if -- even if we could address this in this session, I think it's a much longer deeper conversation. The programs that are funded right now are from USDA, which is federal dollars coming in, but we've got to find some local solutions because I think some of these problems are local and not statewide, but I think it is serious enough that if a child feels this way or if a parent brought this problem to us it's something we need to look at. Thank you. Any other questions? Comments? Representative Linehan.

REP. LINEHAN (103RD): Thank you. On shaming -- now that you're prepared to answer questions, let's answer some questions. I think that one of the things that will be difficult to do in this deal is define what shaming is. We have heard stories that kids are getting notes pinned to their shirts that say, you owe \$20 dollars, and -- and we -- and they get a special sandwich that shows you know that this is only available for a child who hasn't paid their bill. There are ways that we can ensure that they are not publicly outed -- for lack of a better term -- but I think that one of our concerns is going to be how do we actually define shaming because I think that shaming is how you -- I may feel shamed in a

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way that you don't in certain instances. Are there any things that you can think of that should be specifically put in the bill that you have heard have happened around the country as ways to shame someone?

SARAH EAGAN: You mean to reduce the sort of the shaming experiences in school?

REP. LINEHAN (103RD): Right. I think first we have to know exactly how the kids are being shamed in order to ensure that we don't allow that to happen anymore.

SARAH EAGAN: I -- I think I would -- I think there are a lot of different ways to get at that. I'd like to do -- I have not prepared on that for today, but I certainly can take a look at that and see if there are some jurisdictions that have taken unique or creative approach for it to reduce this kind of sensitive problems with schools, and I can share it with the committee chairs.

REP. LINEHAN (103RD): That would be fantastic. I'd really appreciate that. Another thing that this bill is doing it would also require any written or email communications in an attempt to collect the debt, also include information on how to obtain a free or reduce school lunch, as well as the location of the nearest food pantry, and I -- I -- especially coming from a town like Cheshire, I know that there are more families utilizing the Cheshire food pantry now than ever before, so this is not simply an inner city issue. This is food and security is happening across the middle class, and so -- and possibly even beyond. So, by putting that information in there and also -- and now hearing your testimony, I'd like to now add how to obtain SNAP benefits. Is there anything else that you can think of, that

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information that we should be providing parents who maybe have a hard time paying off those lunch debts?

SARAH EAGAN: That's a good question. I mean off the top of my head what I think about is that a family that's struggling with food insecurity may also be struggling with other basic assistance issues, right. That -- that we don't know about so if there's a supportive and non-stigmatizing way to offer information to other -- about other community resources that may be available in -- in that town -- a family support center in addition to information just about food, you know, that may be welcomed by the family as well. They may not have access to that. You know, I think it would also -- and I think it's also useful to think about -- and I don't know the answer to this question, but who are the children -- are there -- are there certain kids and families who are more likely to find themselves in this situation than others? Are there families who may be displaced? Are there families who may be homeless? Are there families who may be non-English language learners, and how are we offering communication information. Are there families who may be undocumented and concerned about how to access school lunch benefits because they either think they can't or are not able to apply for benefits because of -- because of their status. You know, I think there are communities that have all different types of families who find themselves in need, and knowing a little something about that could help us target the right information, and I know there are families who (inaudible - 00:51:10) don't access, you know, daycare subsidies because they -- they think that they can't access it, right, so then they rely on you know less safe -- safe

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arrangements because they think they're not entitled to the benefit, but they are, you know.

So, even some basic information about, you know -- I mean again I'm just -- I'm just brainstorming, but -- [Crosstalk].

REP. LINEHAN (103RD): It's fantastic though. You make some real great points.

SARAH EAGAN: You know benefits that are available, how you can access them, and I would say that any information that's being conveyed to -- conveyed to families about benefits talk about what children are entitled to even if they are temporary residents of a town, even if they are homeless, even if they are displaced, and even if they do not have legal status.

REP. LINEHAN (103RD): Thank you very much.

SARAH EAGAN: Thank you.

SENATOR MOORE (22ND): Senator Anwar.

SENATOR ANWAR (3RD): Thank you, Madam Chair. Thank you so much for your testimony. I'm sorry for being a little late. I'm actually chairing the Housing Committee as well, so I'm between the two public hearings. I think the way I am perceiving this is that we have the number of people with food insecurity are increasing in our society, and it's across the country. It's not necessarily a Connecticut issue. It's across the country, and then Connecticut is getting our share of its challenge. The perception of food shaming is in the eye of the child, and when -- because even at very young age when a child feels that they are being treated differently for one reason or the other that actually changes. There's a lot a peer pressure and

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sometimes that is good but sometimes -- most of the time it is not, and this is where the challenge lies, and so I think it's going to be a moral question in for us as a society. How do we assess this and what can we do to address this challenge? And, I think one aspect that may be beneficial is that I think it was in Pennsylvania where private entities and businesses wanted to help out, and they said, no we cannot -- by law, we cannot do that. But, I think we need to be agreeable to address that aspect because what do we do when people are struggling? The community comes together, and that would be the opportunity to open the door for the community to come together and be able to say, you know, these children who are struggling, we can quietly take care of the debt that the school district has -- board of education and may have, and that's part of I think the strategy that should open that door and -- and having fairness with respect to every child being able to get the food that everyone else is so we don't separate them out. I think that's gonna be how I would hope we can look at it as a policy, and then if we keep track of the -- the districts that are struggling more, create a mechanism to address that. I -- I feel that the federal support is slowly decreasing, and that is part of our challenge. If you look at the SNAP program and what's happening on the SNAP side and the number of anticipated people who are going to fall off that SNAP and a person who actually does take a SNAP challenge to -- to respect the community. I feel we are going to see a lot more of this, and -- and the sooner we get ahead of this in our communities and our schools the better it is, and I'm glad this bill is being put forward as -- as one of our priorities. I think we really need to

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address this, and thank you for our leadership, Madam Chair, for this.

So, again, I just wanted to put my remarks for you to -- to take as well that we need to make this a priority for our children to make sure everybody's treated in an equal manner. Thank you.

SARAH EAGAN: All right. Thank you for that. I -- I couldn't agree with that more. You know, I was telling Senator Moore in the hallway my -- my husband just happened to share with me a couple weeks ago he grew up in a -- in a household that struggled with employment in Connecticut years ago, and he talked about getting lunch at school in Wolcott -- he grew up in Wolcott -- and the only kids who had the card were the kids that couldn't pay, right, and he said that the solution was he just never bought -- he just never got food, right, and because it was better to not eat than to be made fun of, right, and that -- you know, and -- I appreciate your remarks and I agree that philanthropy in communities can have solutions. I sometimes struggle with that because -- I mean struggle may not be the right word, but I sometimes thing that is it the role of philanthropy to support children having access to basic needs met like food? Right? And, that when -- when -- and the distinction between our charitable impulses and our recognition that every child needs certain things to be successful, well, safe, right. It's not a mystery what they need. They need safe and affordable housing. We have a crisis. They need -- as you know. They need access to food. They need access to a good school. They need a safe neighborhood. They need clean air to breath. They need -- these are the things that children need, and so if the community has creative supports for

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children and families that are struggling, I think that is great, but I think we have to look inward to say you know what is it that we owe each other and every -- my view, children don't deserve a safety net. They deserve foundation and food is the -- is the -- is the -- food is the beginning of that. I also think on a -- on a more concrete level we think about you know opportunities for shaming around food and school cafeterias. It's also an opportunity to think about you know how is school lunch supervised, right. I mean that's a -- that may sound minor, but you know there are adults in those lunch rooms, and how are they supported and trained to keep their eyes out for those kind of activities and the shaming that often goes on in school cafeterias around lots of issues, and you know I think that -- you know I mean that's a minor thing but it's also not, right.

So, how do kids interact with each other and the learning opportunities that are there for adults to teach kids about you know we don't -- we don't make fun of somebody because they are eating different foods than you are, right, but anyway. I could talk for a long time about this. Thank you.

SENATOR MOORE (22ND): Thank you. I think there's so many components of this and ways to address this -- this problem in the way of who is responsible for our children and their health and having food, and then people who are doing the shaming may be coming from an adult and not another child, and so there's a system in place whether it's intentional or not. It's the unintentional consequences of making a child feel guilty or feel bad about themselves because they sent a note home or pinned something on them, which I think is irresponsible for an adult to do that to a child, so I think there's many ways for

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us to begin to approach this, and I think some of this is systemic, and I think some of it can be dealt with right away, so I thank you for your testimony and for sharing your story about your husband. I was saying earlier to you in the hallway I had not been in that position and I didn't understand that people had a card to get something to eat, right, and when I think back now as an adult it must have been difficult for them to even go through this process, so thank you.

SARAH EAGAN: I just really -- this is on CTN. I hope he doesn't mind me telling his story.

[Laughing].

SENATOR MOORE (22ND): [Laughing].

SARAH EAGAN: So, we just won't watch it at home.

SENATOR MOORE (22ND): That's what they always think. [Laughing]. Thank you. So, we're gonna finish up. Does anybody else have a question for Sarah? Thank you, Sarah.

SARAH EAGAN: Thank you.

SENATOR MOORE (22ND): We're gonna -- we do the first hour for commissioners, and then we'll go back and forth, alternate, but Senator Bye -- Commissioner Bye. Senator Commissioner Bye. Since Bye is in the room, we'd like to give you an opportunity. Thank you.

COMMISSIONER BETH BYE: Good afternoon. I'm so happy to be here, and it's -- it's an honor to follow Sarah Eagan and listen to her clarity around what children need, so I'm -- I'm grateful to follow her. Good afternoon, Senator Moore, Representative Linehan, Senator Kelly, Representative Green, and distinguished members of the Committee on Children.

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My name is Beth Bye. I'm Commissioner at the Office of Early Childhood. I'm here to testify concerning Senate Bill 87, AN ACT CONCERNING ELIGIBILITY FOR THE OFFICE OF EARLY CHILDHOOD'S CHILD CARE SUBSIDY FOR VICTIMS OF DOMESTIC VIOLENCE.

Our office advances a two-generation family-centered approach in pursuit of optimal health, safety, and learning outcomes for young children. Through our core programs, we support infant and toddler care, preschool, after-school care, childcare, youth camp licensing, home visiting, and early intervention that addresses developmental delays. The Office of Early Childhood is working toward better coordinated, cost-effective set of services for children that support our youngest children and their families. I'd also like to mention that we work with other agencies like DCF, DSF, the Office of the Child Advocate, SCE, and Department of Housing in this pursuit of a system that supports children and families. It's been a big priority of Governor Lamont's that we coordinate and collaborate across silos, and it's been a -- just as pleasure to work with the commissioners of these other agencies.

We fully appreciate the intent of Senate Bill 87. Victims of domestic violence are living in an extremely vulnerable situation. You only need to turn on the evening news to know that this is true. Childcare provides often are a place of peace and safety for parents, and they really want to know that their child is in a safe and stable place.

In 2019, the Office of Early Childhood dealt with a case that was very difficult for Care 4 Kids. There are certain eligibility requirements with Care 4 Kids. For example, if the parents -- if one of the two parents is not working the family does not

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qualify for Care 4 Kids. In this particular case, we were made aware of a domestic violence situation where a working parent with a young child was denied Care 4 Kids due to a residency requirement. The mother secured new housing apart from her abuser, which then made her eligible for Care 4 Kids, and as a result of access to childcare, the parent could take on more work hours and improve her family's economic stability. I want to be clear when I read that paragraph that you may have in front of you is that it was not easy because of the complexity of rules. We did not have a playbook in front of us to say, oh, this parent is in an abusive situation and so we should get her childcare so she can work and have her child in childcare and be safe. It was much more complicated. It took a lot of work on the part of my office, which I think is part of why this bill is before us.

What are some things we can do in terms of the federal rules and the state rules to make it easier in the case of domestic abuse to give that parent access to childcare? And, I think that's why you're hearing this bill before you. There are actually many populations who are on our mind as we set policy, including families dealing with domestic violence. We have families experiencing homelessness, and if the parent is not working, they don't access -- they can't have access to childcare. If they don't have access to childcare, they can't get a job, so that's another population. We also -- there are a lot of challenges for families that have children with developmental needs or disabilities, and so as we are working to build a more integrated, coherent, and inclusive childcare system, we will do what we can to increase access for these populations.

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One of the things to look at in the language of S.B. 87, is what's your operational definition here of -- of a family experiencing domestic violence? Because there's no -- you know, how do we know? Is it that they interface with an approved state domestic violence organization that then tells us this is a case? We just ask you to think about that as you work on this bill because we've got to be able to make good determination in a fair way, and we're happy to discuss this further.

In addition, we have fiscal concerns about this bill. We don't know how many families this would include, and so that would need to be taken into consideration. Thank you for your time and attention. Along with you and the other agencies, we're all working together to help families and children in Connecticut have optimal outcomes. Thank you.

SENATOR MOORE (22ND): Thank you, Commissioner. Questions? Comments? Representative Comey.

REP. COMEY (102ND): Hello. Thank you, Commissioner.

COMMISSIONER BETH BYE: Sure.

REP. COMEY (102ND): How many -- do we know how many children might be involved in the -- in the domestic violence -- you know in the system I guess is what -- how many -- how many are we talking about? How many children?

COMMISSIONER BETH BYE: We really don't know. Chris Lyddy and I went just last week to visit CCADV. We saw their hotline. We heard about how many calls they would have a day. I don't have an exact number here, but my office can try to research that and get

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back to you, and my guess is the Office of Fiscal Analysis would be looking into that as well. Unfortunately, domestic violence is a big problem in our culture, and I know from my conversation with Karen Jarmoc that a great number of these situations occur with children six and under, so -- but I can try to get you a number, but I'm afraid it's not a small number.

REP. COMEY (102ND): I think that's what I was -- I had heard something around that -- around 38,000 domestic violence victims in the state.

COMMISSIONER BETH BYE: Wow. That's not a small number.

REP. COMEY (102ND): No. And, is there a -- [Crosstalk].

COMMISSIONER BETH BYE: And, half of them are children, you know.

REP. COMEY (102ND): And, would there be the opportunity to do an income disregard?

COMMISSIONER BETH BYE: Well, some of that would depend on how the -- how the bill was written. If there was an income disregard, then that would probably impact the fiscal note, but we have, you know, right now families to get on Care 4 Kids it's families who make less than 50 percent of the state median income, and then they can stay on Care 4 Kids until they get to 65 percent of the state median income or higher than 65 percent, so that is the current -- those are the current rules that we follow in Connecticut.

SENATOR COHEN (12TH): Thank you, Commissioner. You know, I'm particularly interested in this bill not only because we do have a lot of domestic violence

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survivors in the state of Connecticut, but also there's a lot of children that we're talking about that are impacted by this, but I would think there would be some limitations around not only who is working with an agency -- as you said some state-approved agency -- because, unfortunately, a lot of domestic violence victims are silent, so we have that, and out of that -- that large number that Representative Comey had mentioned, you know, not all of them have children, and certainly, not all of them have preschool-aged children, so those are all considerations that I would think -- would you not -- would be -- would have to go into the language of this proposal?

COMMISSIONER BETH BYE: Yes. I think -- I think you'd want to look at that carefully, and another option is just to think about allowing some kind of discretion. We -- we had a case this year -- just as an example -- with a mom who had horrible cancer, and because she had to go up to a clinical trial on Fridays her husband took Fridays off, and worked Sundays, but because of the work schedule they couldn't get Care 4 Kids for Friday for him to take her to her doctor's appointment because he was not working. This is how it works. You know, you have to match up the work with the childcare, and so we went through a lot of hurdles to try to help this family, and ultimately, I was able to use discretion that I had under the federal rules in that case. So, you know, you're always -- this case that -- that we mention -- that I mention in my testimony here was a really challenging case as well to try to figure out what the rules were, and then certain things happened that allowed the mother to access Care 4 Kids, but it wasn't simple at a time when the parent was in a serious crisis, so.

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SENATOR MOORE (22ND): Senator Anwar.

SENATOR ANWAR (3RD): Thank you, Madam Chair. Thank you, Commissioner Bye. I just want to allude to another aspect that we have to look at as we look at the financial cost. There is a cost of not doing it.

COMMISSIONER BETH BYE: Mm-hm.

SENATOR ANWAR (3RD): And -- and that cost is quite significant. There is plenty of data to show that the children who do not get the care who have been the victims of a domestic abuse situation, their risk of becoming homeless in the future is very high. Their risk of substance use is higher. Their risk of behavior issues and mental issues is higher. I can define ways in investing early in the care would prevent some of those challenges, and I think sometimes when we are looking at policies collectively and when there is a fiscal note associated with it, we -- I'm just generally saying as policy makers we get scared of investing into it early enough, and -- and -- and the lack of investment has a very significant cost to the society. We actually arguably are dealing with a lot of those challenges right now in our society based on lack of earlier investments, but I would like to say that it's important that we invest in this area, and I know you're -- you're -- you are saying that you would, but you just need to clarify the amount and -- and make sure it goes through the Office of Fiscal Analysis, but again, from policy point of view, I think it's worthwhile to invest for -- for my perspective -- at least from my perspective. Thank you.

SENATOR MOORE (22ND): Representative Linehan.

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REP. LINEHAN (103RD): Thank you, Madam Chair. I do have some questions because it's fantastic you went through this before we're actually bringing up the bill so that we know exactly how we should move forward. You're experience and your testimony is very, very helpful. My question for you is if we simply give the commissioner discretion, do we as a committee have to then define the parameters of that discretion or is that something that you would do in your regulations?

COMMISSIONER BETH BYE: I appreciate that question, and I'm -- I'm somewhat new to my role, but my experience as a legislator is that when the legislature gives commissioners discretion, they are very prescriptive and clear about it, about what that discretion would be because you know the legislature generally likes to when they pass a law make sure that it's implemented in the way that they intended, so I would imagine that if you went down the path of discretion -- as I mentioned in my testimony, you'd want to clearly have a clear operational definition of the circumstances within that discretion could be used.

REP. LINEHAN (103RD): And, you mentioned working with a state accredited domestic violence program would be one thing, and is there any -- do you see any value in requiring someone to have a protective order or would that be too much -- too far?

COMMISSIONER BETH BYE: Well, I think that would be up to this legislature to decide what -- what's too far and what -- what -- you know, I mean -- as you spoke, I thought of Senator Cohens words, which is it's so hard for some people to come forward, and it's like a chicken and an egg, you know. The financials are a big part of what keeps people stuck

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because they have children and they don't have options, and they're trying to get through a very difficult situation, so I -- I think that's for you all to think about.

REP. LINEHAN (103RD): Thank you. I appreciate your time.

COMMISSIONER BETH BYE: Mm-hm.

SENATOR MOORE (22ND): Thank you, Commissioner. I'll get used to calling you commissioner at some point. So, next on our list, we're gonna go to Megan Scanlon.

MEGAN SCANLON: Good afternoon, Representative -- or Chairwoman Linehan, Senator Moore, Senator Cohen, and Representative Comey, and the rest of the -- and the rest of the members of the Children's Committee. My name is Megan Scanlon. I'm here on behalf of the Women and Family Life Center. I'm the executive director. We're located in Gilford, Connecticut. We're a small non-profit that serves women on the shoreline from East Haven to East Lyme that are going through really challenging critical crisis situations, as well as other difficult life transitions, and I have here with me my colleague, our social worker, Tara Clark, who is actually the social worker that worked with Commissioner Bye's office. Maggie Adair has been great to work with and also worked with CCADV and our other partners like the Umbrella Center down in Branford who's our state accredited domestic violence provider to assist in the case that Commissioner Beth Bye was speaking of, so I'll let her talk to you specifically about the specifics of that case, and why we're here supporting S.B. 87.

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TARA CLARK: So, one area of support that is proving time and again to be integral to women gaining freedom from abusive partners is access to affordable childcare. The Care 4 Kids program has been an incredible resource for low-income working women who are supporting their children. Yet, we found issues in gaining access to this program for one of our most vulnerable populations -- women who are trying to leave abusive partners. Unfortunately, in these complex cases, we have found that the parameters of the Care 4 Kids eligibility criteria have disqualified many women who should be -- who should qualify.

One example is the case of a woman who I'll refer to as Em. She would have liked to have been here today and told -- to tell you her own story had it not been for her ongoing safety concerns and her work schedule. Em and I have been working together for some months navigating the beginning of her divorce process from a physically, emotionally, and financially abusive partner. One morning, she had called me frantic because of her -- because her abusive, who she had served with divorce papers, had decided he would no longer watch their child while Em worked to meet her and her son's financial needs. He left the residence and returned intermittently to the house to sleep there and continue to abuse her. During this time, Em's only chance at keeping her current job was to access affordable childcare. When I began making calls regarding her application and eligibility, I found that Em was not eligible for the program. I was told it was because, one, she did not yet live in a separate residence from her spouse. Two, her spouse was considered an abled-bodied member of the household who should be able to provide childcare even though he was

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unwilling to provide childcare for their son at that time, and three, her spouse's income would have been counted in her application materials despite the fact that she could not access his financial accounts, and did not help -- he did not help her financially.

While we had wonderful assistance, as Megan mentioned, from Charmaine Thomas and Maggie Adair at the Office of Early Childhood in explaining the criteria that would make Em eligible, we were not able to give her the assistance she needed at that time despite the fact that she was a low-income mother who would have otherwise have qualified for the program. It was with this in mind that our staff at Women and Family Life Center would like to recommend that S.B. 87 be passed with two recommended revisions. The first being that the status of a victim of domestic violence would be revised to include women who are still living with an abuser as we do not want -- I am sorry -- would be to include person who has been subjected to financial abuse as we didn't see that noted in the bill, and we would also secondly ask that lines 21 to 22 of the bill be revised to include women who are still living with an abuser as we do not want women who are still in the process of finding a safe exit from their abuser to be denied access to a needed program. This passage would be instrumental for many women in Connecticut who are facing these challenges. I want to thank the committee for listening to this testimony and would like to reiterate how crucial programs like Care 4 Kids are in allowing a woman to secure the child -- childcare and financial assistance necessary to leave an abuser. I am pleased to report in the case of Em, another non-profit was able to provide her with

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temporary housing, which is a challenging thing, which -- and therefore -- [Crosstalk].

SENATOR MOORE (22ND): I'm gonna ask you to -- will you wrap up your --

TARA CLARK: Okay.

SENATOR MOORE (22ND): Your testimony, please.

TARA CLARK: And, we would like to achieve a more expedited process and a smoother transition for -- for other women without encountering the barriers Em faced.

SENATOR MOORE (22ND): Thank you. I'm sorry.

TARA CLARK: That's okay.

SENATOR MOORE (22ND): We're trying to limit the testimony to three minutes, but I appreciate your testimony. Representative Linehan.

REP. LINEHAN (103RD): Thank you very much. Quick question. When we were speaking to the Commissioner, talking about possibly giving the ability for her to use her discretion or whoever the commissioner is, one of the things that we were talking about was using -- that we ensure that someone is using an approved state domestic violence program. I know that you are a non-profit, but in hearing your testimony, it seems thought that you partner with these approved groups, so would you be against including that in the bill?

MEGAN SCANLON: No. Yeah, we -- we partner with Umbrella Center for domestic violence services and New Horizons. Those are our two catchment area service providers, and we have been working in this particular case and others with both of those agencies to provide services. There are times where

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women do come to us first, and we'll try to work with the state accredited provider to get them the services through those agencies that they need.

REP. LINEHAN (103RD): So, it's not unheard of that you work together? It's actually something that happens often so that by writing that specific language in the legislation we wouldn't be excluding people per se?

MEGAN SCANLON: Correct.

SENATOR MOORE (22ND): Anyone else? Thank you for your testimony.

MEGAN SCANLON: Thank you.

SENATOR MOORE (22ND): Who's next? [Background conversing]. Representative Winkler.

REP. WINKLER (56TH): Colleagues, I'm Representative Mike Winkler of Vernon talking about regarding our R.S.B. 89, AN ACT CONCERNING SCHOOL LUNCH DEBT. My thanks to Children's Committee Chairpersons, Representative Liz Linehan and Senator Marilyn Monroe - Moore, for raising this bill.

SENATOR MOORE (22ND): Monroe's okay. [Laughter].

REP. WINKLER (56TH): I -- I think I stopped. My wife was an elementary school teacher for 25 years. I volunteered in her room one day a week for a year. The descriptions I give are drawn from her actual experience. We should not frustrate or embarrass children because their parents have not put money in their school lunch accounts. We must find other ways to deal with that. I'm grateful the bill provides for schools to accept donations to cover this debt. Very young students don't understand why they've been assigned a lunch when everyone else

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gets to choose theirs. Some very young students cry when they're denied the chicken nuggets, and are given the cheese sandwich instead. Teaching very young students after such a lunch experience can be very difficult. Older students fervently hope to get through a school day without being embarrassed. They know which lunch is the poor lunch.

There's a stigma attached to being poor in the United States. The children and adolescents assigned the poor or alternate lunch are embarrassed every day it happens. Some older students, as referred, avoid the lunch line entirely so they're not embarrassed, frustrated, and angered by an unfair, unnecessarily embarrassing situation. I would like to ask for one change in the bill. There may not be a separate and distinct alternate lunch. School officials may pick a regular lunch and assign it to everyone who doesn't have a balance in their lunch accounts. These officials don't think they have an alternate lunch. They think they have an assigned regular lunch. They don't think your bill pertains to them, but in their schools, the very young students are angry or cry because they cannot get the lunch they really want and older kids still know what lunch is assigned to poor people.

The way to end this problem and some of the other problems I've heard about today is to put into the bill that between or among the meal choices offered within dietary restrictions a student always has the right to the meal of their choice. Allowing students to have the right to the meal of their choice, prevents the embarrassment, frustration, anger, and tears associated with alternate lunches and assigning lunches. Thank you.

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SENATOR MOORE (22ND): Thank you, Representative. Comments? We -- you know, we've got to work on this and figure this out because I don't have any small children any longer. I don't even have any experiences like this to talk about, but as I hear more and more -- and I think this is why public hearings are so important to educate everybody what other people are going through and how our children may be suffering from some of these things that are happening with them in school, but also the nutrition piece, you know, is really important, but the social-emotional piece that goes along with a child being treated than everybody else -- as a person of color, I know it. You know, but when it gets down to your eating -- what you're eating, you're being shamed into that, there's got -- there has to be a way to move some of this away from a child feeling this all day long because you wonder why kids get angry and why they're acting out in school, and you want to make all of these other things up. Some of it's -- some of it's basic stuff that we inflict on our children that starts to make them feel different or less than or ashamed that they keep carrying with them forever, you know, so I'm -- I'm appreciative of this bill coming up, and I'm appreciative of the testimony and hope that we can come up with something that starts to address this, so thank you. Representative Linehan.

REP. LINEHAN (103RD): Thank you very much, Senator, for that because everything you said is absolutely true, and thank you, Representative Winkler. I appreciate you pointing out that that language does need to be revised. You know, I might be impersonating myself here today. I have three children who are in the school system -- first grade, third grade, and sixth grade, and I will be

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honest that there have been times that that lunch account has been negative. Whether it be because we forgot, whether it be because we didn't get the email. It could be for any reason, and we live in a district where my children were able to receive that lunch. I do know that you have told me before that your wife works in a district, and I don't know if it's the district you represent but where children aren't receiving that lunch, and so I think that we need to really come up with language, and your idea for that language is really important, and I appreciate you putting that in your testimony, and in addition to that, one question that I have that is regarding my district -- because even though my children got to eat until I put money into that, which we always do -- it has been known that if you have a negative lunch balance you might be able to play extracurricular sports, you may not be able to go on a fieldtrip, and you would have to pay for those debts before your child is allowed to do that? Is that something that happens in your district or in the district where your wife works, do you know?

REP. WINKLER (56TH): In my opinion, that does not happen in my district or in schools in my district, and my wife did teach in my district. They're simply assigned a specific lunch, and I don't know of any other consequences.

REP. LINEHAN (103RD): Thank you. I appreciate that. That's all.

SENATOR MOORE (22ND): Thank you, Senator.

REP. WINKLER (56TH): Thank you.

SENATOR MOORE (22ND): Next, is Gabriella True.

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GABRIELLA TRUE: Hi. Dear, Representative Linehan, Senator Moore, and members of the Committee on Children, I'm here to discuss raised bill 5144, AN ACT REQUIRING HEALTH INSURANCE COVERAGE FOR PANS AND PANDAS. Our community desperately needs mandated insurance coverage. I just -- for limited time, I'm gonna instead of starting with why we need insurance coverage, I'm gonna speak directly to the bill in section b. I run ASPIRE, which is an alliance to solve PANS and related encephalopathies, which is a national organization, and I've worked with many, many states -- about 20 states -- on insurance bills, and no state has had this section b in it, which requires FDA approved treatments. I can't -- I truly support the idea of insurance coverage, but I can't support it if this part -- if this language is in the bill. The reason is twofold.

One, is that there are no FDA treatments approved for PANS/PANDAS, but that doesn't mean that the treatments haven't been well researched or that there are treatment -- there are well-established treatment guidelines that are being followed and being successful. First problem is if we just look at IVIG alone, which is a human pulled blood product. There are only nine diseases currently that are FDA approved but over 200 diseases and disorders that are using it successfully off-label.

The second problem, which is maybe not so obvious at first, but from my experience over many years dealing with insurance mandates and PANS is that the language in these bills can be used in extremely detrimental way to families, so what would happen is -- and we've seen similar in Illinois with the exclusion of the word autoimmune encephalitis in the bill -- is that say a family is getting long-term antibiotics for PANS and rheumatologic issues or

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they're getting IVIG and they're getting it covered because they also in addition to PANS have a primary immune deficiency, what could potentially happen is that when insurance go through the files and they say, oh, but they're in Connecticut, and they have PANS/PANDAS, and it says it in the file or we see a cluster of symptoms that look a lot like PANS/PANDAS, because their treatments now have to be FDA approved, we can deny them of treatments that have been completely successful in this child, stopping this disease from getting worse. They will be denied treatment. Okay. So, it's really, really important that that be taken out. I've never seen it in one state, and even if this doesn't even pass, I still would really like it taken out so that no other state dares to put it in there, and I'm sorry I didn't get to talk about why we really need insurance, but we really truly do, but I really needed to drive home that one point first.

SENATOR MOORE (22ND): Thank you for your testimony. Representative Linehan.

REP. LINEHAN (103RD): Very quickly because we are limited in time. Can you just please give a very quick description for my colleagues about what PANDAS and PANS is?

GABRIELLA TRUE: Okay. PANS is a post-infectious immune-mediated response that goes haywire. So, for example, so PANDAS is a subset of PANS, so I refer to PANS, which is Pediatric Autoimmune Neuropsychiatric Syndrome, and what happens in the post-infectious state is that there's a misdirected immune response, so instead of just having the strep throat, a lot of our children either do have strep throat or they do not, they have an immune response that creates a problem in the basal ganglia of the

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brain, which is a power center of the brain that handles lots of different functions, and we have problems cognitively, neuropsych problems. We have delays in -- big delays in school, major OCD, severe eating restrictions where children are losing 10 to 15 percent of their body weight and having to be hospitalized. Severe, severe separation anxiety where children can't leave their house, much less go to school. We have severe urinary problems, behavior regression, aggression and rage, which can be very scary, which some of these things lead to long-term psychiatric care when it is an organic medical problem that needs to be treated medically first.

It's a three-pronged treatment program where you do behavior health intervention with drugs and therapy, you work on the immune system, and you work on treating the root cause of that inflammatory response in the brain.

REP. LINEHAN (103RD): So, for the benefit of my colleagues just as we continue to work towards possibly moving on this bill -- [Crying].

GABRIELLA TRUE: It's okay. We understand.

REP. LINEHAN (103RD): [Crying]. Excuse me. I've had some experience --

GABRIELLA TRUE: Correct. So, do I.

REP. LINEHAN (103RD): With PANDAS. [Clearing throat]. Pardon me. What I want everyone here to understand is you've used a lot of really big words.

GABRIELLA TRUE: Really big words.

REP. LINEHAN (103RD): And, I -- I think it's important to know what it looks like.

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GABRIELLA TRUE: Okay. I could --

REP. LINEHAN (103RD): Especially for those people who are watching. I happen to very much love a child with PANDAS. He went to bed on a Tuesday night completely normal. He woke up on Wednesday morning with such severe OCD that he couldn't get out of bed. [Crying]. He would have severe motor ticks and vocal ticks to the point where it interfered with him being able to do any of his daily activities. One of the reasons why we are raising this bill here in this committee -- those of you in the know understand that this should be an insurance bill, but it affects kids, and it affects kids where they can't go to school, and it affects kids where they're being locked up in psychiatric facilities, and it affects kids who go to bed on a Tuesday and wake up on a Wednesday not knowing what the heck happened to them. And, it affects parents who don't know how to help them, and doctors don't know enough about this.

GABRIELLA TRUE: That's right.

REP. LINEHAN (103RD): Education is so important, and there are ways to help these kids. Now, luckily, the child that I love -- because I know about PANDAS and I've known about PANDAS for years -- we were able to get him the help that he needed, and within six weeks the motor ticks were gone, the vocal ticks were gone, the OCD is gone, and it left as quickly as it came, but this is from strep throat, and PANS -- they talk about possible Lyme disease and what have you, and I talk about PANDAS specifically. This can happen to any child and if for the very reason that we're doing this bill is just because to let people know what PANDAS is and talk about it more, I hope it passes out of this

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committee and is sent to the Insurance Committee for final passage out of committee and onto the floor because kids are suffering, and as the chair of the Children's Committee and as someone who loves someone with PANDAS [crying], and I know that any subsequent strep infection could cause him to wake up with such severe ticks and OCD that he can't leave my side. This is important.

GABRIELLA TRUE: Right. And, it's estimated by the National Institute of Mental Health that 25 to 33 percent of children with mental health disorders can alleviate all symptoms with simple prophylactic course of antibiotic. Maybe not just one course, but extended courses, and they're -- and so if we use the number of one and two hundred children or even the lower number of 125 children, we're talking about three thousand three hundred something children in the state of Connecticut that could be affected by PANS/PANDAS.

Now, unfortunately, the huge percentage -- and I don't have the number -- are not identified. That means they are not going to school for certain reasons. That means they are filling the halls at IOL, and I've personally been in IOL with one of two of my children where I walk across the hall, and I go, oh, hello to children that I know because they have come to my organization for help, and I'm sitting there, and the doctors are like, you know who half the kids are in this room. I go, yes. Because they all have PANDAS, and they all need IVIG or -- only 10 percent of the children need IVIG, which I will -- it's a small number, so we've got to be able to affordably stop the sequence of this disease becoming worse because it is progressive. And, as Representative Linehan said, she never knows when a strep can attack again, and as that to be

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technical as the blood brain barrier opens, it opens the floodgates to more childhood infections like pneumonia, and Lyme, and all these other things -- hand, foot, and mouth to be able to trigger these behaviors, and these behaviors have a huge impact on our school district. There are tons of children who have 504 plans and IEPs that are putting a massive financial strain on this state because -- and time and parent -- and too many parents are having to quit one job. I know -- I know a lot of dads who are -- you know, it depends on who's the bread maker. Someone is having to stay home. I am a stay home because of my two sick children, and it's a financial choice you don't want to have to make, so -- and when you delay children -- delay treatment, that only progresses the disease further creating further costs, and so it's the type of thing that just has to get done as -- identified quickly, treated quickly, and so that it doesn't become progressively worse and these children don't get further and further baseline requiring a lifetime of care. It is debilitating what happens to these children, and generally some are not sudden onset, but the majority of these are very different than your typical OCD child where it happens gradually and gradually gets worse. This is happening overnight. It is like, you know just -- it's a terrible phrase but it really makes it obvious -- an exorcist syndrome where your kid is completely different. You can see it in their eyes, and they are just something is off, and it is a clinical diagnosis, so it doesn't have to require lots of lab testing, and big expenditure on the insurance system, so it really it's devastating, and I really -- and if anybody ever wants to ask me questions, I can come and do lectures. We have spoken to over 400 school nurses in this state, but it's not enough

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because we need to keep being able to do it and keep being invited back and speaking to more mental health facilities because it is underrecognized, and too many children are suffering needlessly and their families are being just torn apart, and it's not okay.

SENATOR MOORE (22ND): Thank you. I am -- I know it was difficult for Representative Linehan to talk about that and I've not been aware of this disease, but is there an age group that it impacts?

GABRIELLA TRUE: With PANDAS, there was a pubperb -- pubperbit -- I can never say it -- puberty onset, but with PANS, there's actually not. Yes. Children are the most studied population, but it can actually happen in adults. The average age of onset is between 4 and 12. That is what we're catching the most, but it is very hard to catch some of these symptoms in a two or three year old because well they're not necessarily doing a lot of arithmetic where they have sudden loss of math skills. They are maybe starting preschool, so you don't always see that separation anxiety. Some it's -- especially in the mild form. Some of them start losing continence at three because they go back to school, and some of them take a long time to potty train, so you're not noticing those symptoms. You're not seeing some of the symptoms like -- which are very autoimmune encephalitic where it's a very clear change in handwriting. Very neat handwriting to a complete mess like worse than any doctor handwriting you've ever seen in your life. No [laughing]. Insulted doctors on that, but it's true, and so -- and so you -- and rages and tantrums, and it's hard to see those regressions, but it does -- we know it happens in two or three

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year olds. It's just much harder to parse out what's actually happening.

And, so one of my children -- even though I'm the head of this organization and have been talking about this for years -- he wasn't identified and diagnosed officially until ninth grade. Meanwhile, he had spent a couple weeks in Institute of Living for suicidality, impulse control that could have led to death, and he went into IOL as a stat under general anxiety disorder and pervasive depression, so he wasn't even in the system as a PANS/PANDAS patient, but it is PANS/PANDAS treatment that has made him be able to go to school. He had another flare this year, spent quite a bit of time going back and forth between CCMC Emergency Room, but it's because of rage and aggression due to a mycoplasma infection, which started only -- for years, it was only strep, and now it's mycoplasma. And, my other son, due to [sigh] \$40,000-\$50,000 dollars' worth of out-of-pocket expenses he is doing much better. He has a duo-diagnoses of Autism, so that was another touch diagnosis, but his Autism and his teachability and what he's been able to learn through his IEP at school -- at Hall High School in West Hartford -- is tremendous, and the school now is -- you know, they are pretty -- West Hartford school nurses know quite a lot, which is very helpful, but you know, it's always a time for education, and my -- and my children show that it really is a spectrum disorder in terms of how it presents there. There -- There is 115-pound difference in-between the two of them, and one is severe and the other one is on the football and lacrosse team and the leader of it, but --

SENATOR MOORE (22ND): All right. Thank you.

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GABRIELLA TRUE: This year was a disaster.

SENATOR MOORE (22ND): Thank you. Representative Kokoruda, do you have a question? Thank you.

REP. KOKORUDA (101ST): Thank you. Thanks for coming in.

GABRIELLA TRUE: Thank you for having me.

REP. KOKORUDA (101ST): I didn't know much about -- I've heard of PANS and PANDAS, but to tell you the truth, I'm trying to get caught up with what you've written here. I just have to ask do your children have individual education plans with the school based on the PANS and PANDAS?

GABRIELLA TRUE: Yes. One has an IEP based -- it's a dual split other health -- so he has Autism and other health impaired. My other son he actually right now only has a 504 plan because when he's tested outside of a PANS flare he's basically normal. With an IEP, it's hard sometimes to get the IEP. It would fall under OHI, which is Other Health Impairment versus Mental Disorder because it is a medical issue. It looks very much just like a behavioral issue, but it's medically organically based, and therefore, it definitely falls under OHI. Even the treatment guidelines that are published, peer review, and a journal recommend it be under OHI. It is -- so the hard part about IEPs is that because this is a flare episodic course, IEPs are hard to write an IEP sometimes because some kids need a very fluid in and out of services, so if they are on home health care they are out for a time where versus some kids are only -- might only be out for two weeks, where some kids may be out for an entire year. Entire childhoods can be lost.

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REP. KOKORUDA (101ST): May I just ask you --

GABRIELLA TRUE: Mm-hm.

REP. KOKORUDA (101ST): What is stopping the insurance companies from covering this? What -- What's causing this? This is not identified by medical professionals, or?

GABRIELLA TRUE: It's a twofold thing. It's a relatively newly defined disorder. Yes. It's been studied by the National Institute of Mental Health and a woman names Sue Swedo, a woman who sits on my board for 30 years, but science moves glacially slow. Okay.

REP. KOKORUDA (101ST): Say that again?

GABRIELLA TRUE: Science moves glacially slow [chuckling], and so there is that. Also, with changes of the Affordable Healthcare Act and less mandates being passed -- I mean Connecticut is one of the states that passes very few mandates, just as Massachusetts, which we've been working on that bill for many years. They passed two last year, so it's not -- and insurance companies don't like to get mandated, so what should happen -- which we don't have time to wait, which is why we keep trying to push this forward as an insurance mandate -- is that the treatment guidelines came out in the Journal -- one of the Journals in late 2017. What really should happen at that point is that insurance companies say, okay, this is treatment guidelines. We have 30 days to adopt them. Only Blue Cross Blue Shield in five states have done that. And, there used to be quite a bit of controversy attached to this because it was new and the Tourette's Society was very invested in wanting it to be a genetic disorder only. Yes. Genetics. We are finding

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there's studies are coming out hopefully this spring, but glacially slow. It might not be until next fall, but they're not gonna identify one gene. It's just not gonna happen.

So, it's just it's a long process, and the Tourette's group want it to be genetic even though the three main doctors that speak up against it have a patent for PANDAS, so part of them financially believe in PANDAS, and it's not a belief system.

REP. KOKORUDA (101ST): Mrs. True, I want to thank you. This is really helpful. I also have to remark you're the first person in nine years I've been here that ever said Connecticut doesn't -- isn't too prone to do mandates. I've never heard that up here before. It's pretty amazing, but we do mandate, so -- [Crosstalk].

GABRIELLA TRUE: It was different when Senator Crisco was here. [Chuckling].

REP. KOKORUDA (101ST): But -- But I'll say thank you for your -- you are so knowledgeable. Thank you so much.

GABRIELLA TRUE: You're welcome.

REP. KOKORUDA (101ST): Appreciate it.

SENATOR MOORE (22ND): Thank you for your testimony.

GABRIELLA TRUE: If you have any questions after about the bill, I submitted what I think would be a great language.

SENATOR MOORE (22ND): Thank you.

GABRIELLA TRUE: Always available.

SENATOR MOORE (22ND): Thank you.

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GABRIELLA TRUE: Thank you.

SENATOR MOORE (22ND): Steve Hernandez.

STEVE HERNANDEZ: Good afternoon, Senator Moore, Representative Linehan, ranking and other distinguished members of the Committee on Children. My name is Steve Hernandez, and I'm the Executive Director of the Legislature's Commission on Women, Children, Seniors, Equity, and Opportunity. I feel like this is a bit of a homecoming every time I testify before you, and I appreciate the opportunity. I am joined by Kalie Rohrbough. Kalie is our lead policy fellow who has been with us and will be with us for nine full months as a deployment from the lead policy fellowship. She is a school teacher who is interested in moving into public policy, and she has been with us and supporting much of our work this session, so I'm going to turn over the first part of our testimony to Kalie.

KALIE ROHRBOUGH: Hi. So, the first bill that we want to talk about, the raised bill S.B. 87, AN ACT CONCERNING ELIGIBILITY FOR THE OFFICE OF EARLY CHILDHOOD'S CHILD CARE SUBSIDY PROGRAM FOR VICTIMS OF DOMESTIC VIOLENCE. So, what we have been thinking about with this is that it's important for kids to have the support that they need regardless of whether parents are struggling or whether they are doing well, so when we have a parent who is unable to get out of a dangerous situation, they're also unable to get their child out of that dangerous situation, and if they are struggling to get the support they need to move households, and that's one of the things that they need to do in order to get that subsidy, their child is stuck in that household with the dangerous person, so we are hoping that that passes. We are in support of that.

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The second one that we are supporting is AN ACT CONCERNING SCHOOL LUNCH DEBT. As a -- as a teacher, I experienced this. I did work at a school that was 100 percent free or reduced lunch, but I have seen how students get embarrassed or nervous about things when they are being pointed out as different. One of those things frequently for my students was if somebody pointed out that they, you know, their shoes were different or their shoes were not as clean as some of the other students, and they thought that they looked poor because of that. I have had students express that before. It was very embarrassing for those students, and I've had students like really struggle to get through a day when they're feeling like they stand out for some way, so when we've got schools telling kids that they can only eat specific meals because they have this lunch debt, it is detrimental to them in their school. Yeah.

STEVE HERNANDEZ: On Senate Bill 91, AN ACT CONCERNING A PROGRAM TO PROVIDE FREE SWIMMING LESSONS. As you know, Representative Linehan and others, under your leadership the Commission led a taskforce on water safety and awareness, and the reason we did that was twofold. One, was because we learned that African American and Latino children and children on the spectrum were disproportionately impacted by drowning deaths, and that reason became very clear to us through our exploration in the taskforce. Firstly, it was a lack of exposure to water -- to water and the lack of exposure to the right training for swimming awareness and swimming lessons, but it wasn't just about swimming. We also learned that new moms and new dads didn't understand that a child can drown in two inches of water, and also that there is a thing called secondary drowning

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where a child might be exposed to water and only later have a physical reaction that causes them to asphyxiate.

So, what we found in our taskforce was that information was critical, and as much exposure as possible for children was also necessary, so I really applaud your efforts in expanding the skillset of swimming, and I would only add that a water safety and awareness be an important component of that as well because not all of our children will have access to swimming, but the dangers are still there regardless, so that's -- I would only add that you add water safety and awareness to it as well.

Second -- secondly, on the annual report on a number of verified acts of bullying in schools we're -- the commission is relatively agnostic on that issue in a vacuum, and the reason is that while we have supported the ending of reporting of arbitrary of the number of bullying acts in the school, it was in the context of the reformation of our school climate laws more generally. We found at the time that over the years the reporting was happening but not uniformly. That certain schools were reporting little to no incidents of bullying when we know that mean behavior was happening. You know, the collaborative is actually -- or the commission is actually the head of the -- of the State of Connecticut's School Climate and Social-Emotional Learning Collaborative for the state of Connecticut. We are a part of a three-chair system. The State Department of Education joins us in that effort, as well SEL for CT which is Connecticut's grass roots effort for social-emotional learning, and one of the things that we are doing as part of our overall mandate is that we are exploring the various ways in which we can resource prevention for social and

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emotional skills building and building positive school climates. Whether or not there is a reporting to the State Department of Education in our recommendations, really will depend on what's gonna happen with that information.

I think many years ago when we first required reporting the idea was let's expose the schools or the places where bullying is happening so that we can show that to the public. I think now we understand that the real -- the real key to prevention in this space is -- is information, it's understanding the importance of adults in -- in curbing mean behavior, and also understanding the skillsets that are social and emotional skillsets and equitable access to that skillset so that as I've said many times we are not just teaching our children of color and the poor how to behave while we are teaching more resourced children how to access the skillset of social and emotional interactions.

And, then finally, on the youth suicide prevention pilot program. As you know, Representative Linehan and several of you really led the charge last year in charging the collaborative on social-emotional learning as one of its first tasks in really looking at what is happening with suicide. Is there an assessment tool that we can recommend that is really meant to universally not only screen but also help us intervene when suicide is -- when despair -- when a child is living with despair or when a person is living with despair?

What we learned and what we have learned in our work with the Suicide Advisory Board and others -- and I will only echo the testimony from before -- there is a lot of good work happening in this space. What I

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love about your bill is that it recognizes that it isn't enough to talk about this in one place at one time. You know, children recycle and they keep coming at us, and despair, unfortunately, also recycles. You know, we've -- we heard testimony that there were dips and curves in despair and suicidality as early as ten years old, among middle-age white men, and increasingly, what we are finding is the reporting of people of color and the poor.

I think, you know, to your point and question earlier, Senator Moore, I don't know that despair is any less prevalent in some of our communities that are -- that are -- that we see less numbers in terms of suicidality and despair, but the underreporting is, and really we need to address the issue of underreporting and increasing more data collection as to why there is despair in our communities. There was a very interesting bit of testimony that linked to another one of the points that was made here that linked violence to others, violence to self, and -- and drug use disorder, and what they called those three types of violence were deaths of despair, and I think it was really compelling for our collaborative to really start looking at how it is that we look at these issues in the context of resourcing, in the context of bringing information because people are hurting themselves, they are hurting others, and they are engaging in risky behaviors because of so much that they are experiencing in communities, so that's why the work of the social and emotional skills building collaborative is so important. I applaud you and I applaud you, Senator Moore, for your keen ear and eye for equitable access and solutions for families.

SENATOR MOORE (22ND): Thank you. Comments?
Representative Kokoruda.

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REP. KOKORUDA (101ST): Thank you for testifying. Both of you. This is -- the last bill. The bullying. I'm kind of surprised that -- I'm looking at section 1b, and it talks about things that should be -- be happening in the school.

STEVE HERNANDEZ: Sure.

REP. KOKORUDA (101ST): I thought this was happening in our schools, so I'm kind of surprised when I see this. I thought, you know, that each building has a (inaudible - 01:57:26) I call it, you know.

STEVE HERNANDEZ: Yeah.

REP. KOKORUDA (101ST): We did that, and then certainly there was criteria in school. There was no policies in schools. I don't think there's any state reporting, but -- which is great if we're gonna do it, but I look at some of the things, and I'm kind of surprised schools -- most schools aren't doing this already.

STEVE HERNANDEZ; Now, if you're referring to the draft of the bill, the way that I understand the draft is that it is the section that has been underlined or that is actually amending current law, so what you may actually be reading is current law.

REP. KOKORUDA (101ST): So, it's subsection of section 10 through 222.

STEVE HERNANDEZ: Right. So, if you -- if you find on page 5, there is an area in line 136-138, which is actually a strikeout. That is the substance of this bill, which is the striking out of the requirement of reporting to the State Department of Education. The rest of the substance in this bill -- just because of the peculiarities of drafting and how it is that we draft legislation -- is the rest

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of that section of the statute, and you are right, Representative Kokoruda, all of these requirements are in state law currently.

REP. KOKORUDA (101ST): All right, so until -- up until line 10, that's current law and that's where it changes?

STEVE HERNANDEZ: Current law is from page 1 all the way through page -- well, it's the whole thing actually, and then the change is actually on line 136 through 138. You'll see that there is a striking out of an annual report such number for the Department of Education. That's the number of verified acts of bullying, and -- and again, the reason -- you know, our laws are often written in times of great need or great distress, and the bullying law is no different. I think that your instinct, Representative Linehan, to respond to what you saw was a -- a very tragic death in your community is an instinct that's been shared over the years, and it's caused our laws to be changed and amended and improved sometimes in order to refine the way that we respond to tragedy, but also to prevent, and one thing that the collaborative is working on is really how it is that we lift up the social and emotional skills building as an asset that is corollary to the academic day and really does seek to improve the conditions of teaching and learning for every kid in the school, certainly, but every face as well.

KALIE ROHRBOUGH: And, something I want to add as well is one of the reasons why we believe that the reporting of the actual number of bullies per school should not be reported is because bullies -- people who are bullying in schools are also in need of those emotional skills -- those emotional

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intelligence skills. If we are promoting social and emotional learning and emotional intelligence in schools, we think that cruelty amongst students will diminish.

STEVE HERNANDEZ: Thank you, Kalie.

REP. KOKORUDA (101ST): Thank you -- thank you for that. You know, I remember one of my first years here having -- it was actually a public hearing on bullying, and I remember teachers telling us that they were discouraged from reporting themselves being bullied and episodes in the class. Now, this was like eight or nine years ago, and it always struck with me that the school wants to look like a good school --

STEVE HERNANDEZ: Yep.

REP. KOKORUDA (101ST): And, they didn't want to report the level of it. That's the only reason I -- yeah, I get concerned if we're not --

STEVE HERNANDEZ: Sure.

REP. KOKORUDA (101ST): But I get it with this emotional -- social-emotional learning. Just one more question. Just I wanted to talk to you a little bit about the water safety, and obviously, everything you said, Steven, I agree with. You know, I live right near Hammonasset State Park, and I was talking to the ranger there, and he said to me one day -- they have a beautiful nature center -- nature center. If you haven't been there, go there. It's pretty special -- and he told me he can't believe the amount of urban children in Connecticut that come there that have never seen water -- never seen it. And, then I do wonder if some of our high schools in urban areas there are swimming pools, and

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it's just a shame that we can't -- they should be there for more than a swim team, and it's a water safety issue. I think -- think one of the things that came out of our study was six -- six people a year are still drowning in -- in Connecticut, and that teenage population -- that urban group that didn't see the water and finally gets, you know, independent enough to go out with a bunch of friends, we hear these just horror stories, and -- but I'm happy to -- I'm happy to see the bill. I just think we've got to do a lot more with them. It's a shoreline state, and the fact that we've got children that haven't even seen water and don't know how to even just the safety, the awareness, the safety of it, and to teach parents. We've got a lot of work to do in that area.

STEVE HERNANDEZ: Well, Representative, you know on this committee we do have the benefit of having the two spiritual co-chairs of the taskforce -- of the Water Safety and Awareness Taskforce in the two of you, so I appreciate all of your efforts in bringing really attention to this issue. On water safety and awareness, you know, as with -- as with so many other issues that we think about, equity and opportunity not only to gain skillsets but also to -- to have access to learning and to environments that are -- you know that are safe for all is really important, and I think you've really hit it on the head when you said there are children in our cities who have never experienced water, have never seen water, and imagine how thrilling and exciting it is to have that access, and yet, to be unsafe in the process of that. So, it's important to expend or to extend the -- extend the asset of the skillset as far and widely as we can.

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REP. KOKORUDA (101ST): Just one thing. In the bill, it does say within available appropriations, which right away is a -- is a concern when it's -- it's always a concern, but especially when it's safety, but thank you very much.

SENATOR MOORE (22ND): Representative Linehan.

REP. LINEHAN (103RD): Thank you. Thank you so much for being here. Your testimony is always fantastic, and -- and welcome to you and thank you for being here as well. I want to go back to the -- to removing the mandate of bullying reporting. This is something that really came to us from I think literally four or five different sources who have their fingers in the bullying and the social-emotional learning pie.

STEVE HERNANDEZ: I may have been one of them.

REP. LINEHAN (103RD): You absolutely were.

STEVE HERNANDEZ: [Laughing].

REP. LINEHAN (103RD): And, what was really striking to me --

STEVE HERNANDEZ: Yeah.

REP. LINEHAN (103RD): Is that over the summer -- because in my district as you know and you alluded to earlier that this bullying law came out of the death by suicide of a sixth grader in the town of Cheshire, and it has sparked community conversation for -- it's still going on. We have not been silenced. One of the things is we have found even from real estate agents that if a town is labeled a bullying town, then they don't have people moving in, so what happens is school districts are aware of that and are afraid to actually put it in a report

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that says how many bullying instances they've had because now you're judged by -- I forget what that website is but they come out with like top ten schools in Connecticut and all of that, and it's -- and that is one of the methodologies that they use to choose a top school district. Interestingly, because of this -- and I just want to confirm this with you -- that there were some districts in the state of Connecticut who had said they had zero bullying instances. Knowing that someone has reported that number, can you tell me do you believe that that would in fact be true?

STEVE HERNANDEZ: Well, as you know, I'm an attorney, and -- and I -- I understand the power of a few words strung together in a big book that really drives the consciousness of the people who are meant to implement it, and in the case of anti-bullying and in the case of the definition of bullying in the state of Connecticut, the moment you ordered the definition, you created opportunities to get around the definition, and -- and that's what happens when you create a regime that is -- that is mostly interventive. There is prevention in our law, but it isn't flushed out enough, so when you see that imbalance because of the extremely descriptive and interventive nature of our bullying law, people have been advised to just not even say the word, and that's a real disservice in a lot of ways, and it's a disservice most importantly -- okay. She's dancing. It's a disservice most important to -- to -- to the young people and to the people that we expect to educate them, so yes. There have been towns that have reported zero incidents of bullying because if you look at the definition of bullying strictly, there are ways to define around it.

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REP. LINEHAN (103RD): And, do you believe -- and -- and I know you said a bit in your testimony. I just want to get it out there in one easy sentence. Do you believe that by removing this mandate, we have a better opportunity to help children who are bullied and those who are doing the bullying to get the services that they need?

STEVE HERNANDEZ: Yes and. So, a couple of years ago or a few years ago when we engaged in Ed reform, one of the things that we really focused on was rigor and how it was that we held teachers and leaders accountable, and what we ended up -- what ended up happening is that we created a real tension between the people in the school and less of a focus on overall excellence and really productivity and success, so by alleviating some of these barriers to that, I think it's a good first step. Again, our recommendation for this was in the context of something much bigger, and that much bigger is coming through the work of the collaborative, but again, if the information is going to the State Department of Ed and nothing is happening with the information or if the information is complete, I can't imagine that it's useful.

REP. LINEHAN (103RD): Thank you.

SENATOR MOORE (22ND): Anyone else. Thank you for your work and thank you for your testimony.

STEVE HERNANDEZ: Thank you so much.

SENATOR MOORE (22ND): Next, is Barbara R.

BARBARA R.: So, I'm here to speak to bill no. 5144, AN ACT REGARDING THE HEALTH INSURANCE COVERAGE FOR PANDAS AND PANS. Gabriel spoke a lot about it. My child had to go through many, many years of

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treatment, so I just want to really kind of focus on definitely removing that FDA approval of treatment section because there are so -- because in each child there's such a severity difference, and there's a difference in presentations, and different things are appropriate for different children, so the doctors that we go to they know. They have their toolkit of things to try for each child, and it gives them the discretion to use whatever treatments they feel will help that child, so it's very important to not put the FDA approved label on there, and my child had many, many treatments, and in the beginning at that time many, many years ago at that time there were fewer doctors who actually treated, so access to treatments was actually a lot lower, so it was delayed for two reasons. One, because there were fewer doctors who were acknowledging it, and two, the access to the treatments. Where now, you know, seven years later there's more, but that delay in treatment has a spillover effect because if you keep delaying and you don't treat it as early as you can, you start to get like more neurological symptoms and all these other different symptoms, so you're -- you're kind of piling on more treatments.

So, in my daughter's situation it wasn't just strep. It was actually Lyme. So Lyme is another animal that's, you know, even in itself is hard to treat, and I find just even with Lyme criteria if you limit the criteria of a treatment, it doesn't help -- there's such a variance of you know some people have Lyme in their joints, some people have it with their heart, so it's hard -- it's not a good idea to kind of narrow a certain treatment for a sickness I should so, so -- so removing that FDA treatment part is basically -- and then using the Maryland bill

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language actually gives the doctor discretion to use the treatments that he feels, and I know Gabriella, if she were here, which she would agree, I actually have a team of doctors -- a neurologist, an immunologist, and all of them compliment each other with their different parts of their toolkit, so it gives them the flexibility to actually you know prescribe the treatments, and they did. They actually spent a lot of their time doing peer-to-peer review with insurance companies a lot, and I really commend them. They take a lot of time out of their day to actually do that, but my -- my daughter was very, very severe, and she's doing amazingly well today because of it, but she had a lot of treatments. She had 32 IVIGs, 11 plasmapheresis, many years of multi antibiotics, but -- and then we also, you know, as we addressed those layers -- as soon as you address all these little layers of the immune system, she just -- all these symptoms just got erased, which was wonderful, so -- so.

SENATOR MOORE (22ND): So, was it covered by insurance?

BARBARA R.: So, I'm in the fortunate position where you know my daughter was so severe that a lot of the times -- so when she first got diagnosed my doctor said, you need this treatment. I had to wait six months to wait for the doctor who actually provides that treatment, and then he does so many of those treatments, he said, I -- I was flagged by insurance. I can't do it anymore. So, what we did was we went to another doctor, we paid cash, and we just fought, and then after we saw improvements and the doctor was able to do the peer-to-peer reviews with the insurance company, he was able to get it approved, but one of the problems is the physicians who treat this condition are -- they don't take

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insurance, so everything comes as an out-of-network. You submit it as an out-of-network, so there's always some kind of big chunk, so for instance, like after all of her IVIGs, it probably out-of-pocket cost for each one \$1500 dollars. So, you know, she had 32 times you know \$1500 dollars, so the only -- the only treatments I really had a hard time -- and I still to this day have not gotten reimbursed was for the Lyme because the criteria was so narrow and the insurance company was so rigid, and that was the only one actually to this day I didn't get everything -- well, didn't get a lot of it back because it was just so rigid in the criteria, so -- so yeah, it's a very expensive -- it can be a very expensive illness, especially when there's multiple illnesses at play, especially Lyme, so.

SENATOR MOORE (22ND): Thank you for your testimony.

BARBARA R.: You're welcome.

SENATOR MOORE (22ND): Anyone else? Thank you.

BARBARA R.: You're welcome.

SENATOR MOORE (22ND): Representative Yaccarino.

MONICA HATTON: Good afternoon, members of the committee. Go ahead.

REP. YACCARINO (87TH): Thank you for the opportunity to testify. I'm gonna pass it over to Ms. Hatton on Senate -- I mean on House Bill 5144. I've learned of PANDAS over the last year through Ms. Hatton who lives in North Haven, and I represent her in the town, and I appreciate Senator Moore, ranking member Green, and Representative Linehan and the whole committee for listening to me and giving her the opportunity to testify, so I'm going to pass

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it over to Ms. Hatton, and thank you to the Children's Committee.

MONICA HATTON: Good evening, good afternoon, everyone. My husband and I, we moved a lot from state-to-state. He works for the Federal Government, so it has been difficult for us --

SENATOR MOORE (22ND): Excuse me. Would you just say your name for the record?

MONICA HATTON: Oh, sorry! Monica Hatton. So, for us, it has been a hassle getting -- we're lucky that we have the federal Blue Cross Blue Shield. For example, with Dr. Leckman. Dr. Leckman appears in the documentary "My Kid is not Crazy". It is all related with PANDAS AND PANS. It is a documentary that you can watch easy and understand what is PANDAS, what is Pediatric Autoimmune Neuropsychiatric Disorders related with strep, Dr. Swedo as well. He is presented -- he is located at the Yale Child Study Center. Luckily, this year his assessment -- and he does only assessments -- is about \$1000 dollars without insurance coverage. That's generally for the first assessment. They don't do the treatment. Like my other mom, partner. All the treatments are from doctors who do believe, they do want to try. Many of the pediatricians that we had encountered back in Virginia. We -- I had to interview at least ten. None of them was -- they were saying -- kept saying, it's controversial or is I don't believe, and that's from neurologists from children's hospital. Here in Connecticut, I still have the same issues. I have only accounts with two pediatricians among the 20 that I have gone through the states. It is very difficult and sad not to see a pediatrician's knowledgeable to help. I have an 8 year old with PANDAS/PANS. He has had for the past

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two years seven streps. We keep treating him for strep. At every other strep, it's every other symptom. The first symptoms were shaking. Next strep there was the tick. Following strep, [making a noise]. And, how did I know that his skills were deteriorating was because at 3 years old he was really good at starting even to trying to write. By the next strep, he couldn't even write. I'm lucky to know about PANDAS because my 14-year-old with Autism today, he has 14 years old. At the time, he was 5 when our OT back in Virginia mentioned to us, "Monica" -- he was 5 years old back then -- "Monica, look into PANDAS because I think his behaviors comes a lot from -- from this." That has been now -- he's 14 now. He was 5. We -- it was hard to look. Like I said, I interviewed ten pediatricians back then. They would not believe. It was controversial. I had to grab the phone and keep calling one-by-one. Do you understand? Do you believe? The neurologist that would perceive all of this information would be in D.C., out-of-pocket, Dr. Ladymere [phonetic]. Like I said, everyone -- it's -- it's very difficult. This is why since I moved -- or I started back in Virginia and I moved to North Haven, I established a North Haven Special Needs Advisory Group mainly with the intention of advocate and educate our families not only for any mental and behavior health issue. I suffer of mental and behavioral health issues. I'm one of those that you mention about social-emotional learning since the age of seven hurting myself. Why is this so important for me? Because I see this within my kids. I see this within a kid with social-emotional learning. I am involved in North Haven for the social-emotional task group for our school board.

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Kids like ours with PANDAS who goes undiagnosed or many times diagnosed as Autistic -- because this is what's happening with my eight-year-old. He looked -- he was neurotypical. He with the age he's been looking more Autistic. He behaves more Autistic. Dr. Swedo gave a presentation last November on 2019 where she explains very well to the Autism Research Institute how PANDAS behaviors like Autism, and it's very easily to be confused. It has it's three levels of -- like Autism -- low, medium, and high range. Barbara's son is on the high section. This is why it is so important that we just don't look as a psychiatric factor. It is a medical factor. It is a biological factor, and it has to be treated as if -- as like Autism is. When we started, we had just treating the psychiatric part. Then later became the biological part. This is where PANDAS is. We need the biological -- it a biological factor, but it's being looked mostly by psychiatrists. Why is it that Dr. Leckman is the only one psychiatrist at Yale with the assessment? We should have this for everyone. I'm lucky I can afford it now. What's happening with those families who cannot afford it? We need to think about that. How many families low income who don't even know what is PANDAS/PANS? I was lucky to have gone through states and getting informed and getting this information, and because I'm a sufferer of mental health, I'm very involved. I'm a member of the Keep the Promise Coalition.

So, this is why I am here right now because it is just not a mental health. It is a behavioral health cannot fix every child.

SENATOR MOORE (22ND): I'm going to ask you just to wrap up your testimony, please.

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MONICA HATTON: That's it.

SENATOR MOORE (22ND): Thank you. Did you want to say something, Representative?

REP. YACCARINO (87TH): Thank you, Senator Moore. We had passed last year the expand of mental health care for -- I don't know -- it was bipartisan support and I think the governor signed it, and for me as a legislator and somebody living in Tolland and seeing Ms. Hatton and how she's advocated is something that hopefully we seriously look at. I mean there are many, many people who need help and so mental health or other forms of diagnoses sometimes need to be covered I would think, and that's all I want to say. She's been a strong advocate. Our nurses in the schools have done a good job, and I would like to comment on -- just real briefly. I'm happy about -- I think it's 5146 -- suicide prevention. It is vitally important in our schools and for kids and adults, and so I commend this committee on that, and I really want to thank you for listening to Ms. Hatton and everybody here today. I know you have a hard task in front of you, but thank you.

SENATOR MOORE (22ND): Thank you. Ms. Hatton, I want to thank you for your advocacy that you're doing.

MONICA HATTON: Thank you.

SENATOR MOORE (22ND): Not only for your other children, but for all our children, and the education that takes place here is pretty amazing what people know and what they've learned because they've been through something, but to be able to help other children is very important and I thank you for your testimony.

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MONICA HATTON: Thank you so much.

SENATOR MOORE (22ND): Thank you. Is Tess Leone?

TESS LEONE: Good afternoon, Senator Moore and members of the Committee on Children. My name is Tess Leone, and I'm a Master's of Social Work student at UCONN and an intern at the Connecticut Coalition Against Domestic Violence. CCADV is the state's leading voice for victims of domestic violence and those who serve them. We are asking that you support S.B. 87, AN ACT CONCERNING ELIGIBILITY FOR THE OFFICE OF EARLY CHILDHOOD'S CHILD CARE SUBSIDY PROGRAM FOR VICTIMS OF FAMILY VIOLENCE. It would add parents alleging to be victims of domestic violence as a priority group at Care 4 Kids. It would also prevent an abuser's income from being considered in a survivor's application for Care 4 Kids, and this would help to make it easier for survivors of domestic violence to become independent. One in four women experience domestic violence and financial abuse occurs in 99 percent of domestic violence cases. Financial abuse can include forbidding the victim to work, controlling how many is spent, refusing to pay child support, or manipulating the divorce process. Many survivors leave an abusive relationship with little or no resources as a result of financial abuse. Making sure that an abuser's income is not counted when applying for Care 4 Kids would provide a more accurate picture of a survivor's financial situation.

Survivors need to work in order to support themselves and their children when leaving an abusive relationship, but childcare in the United States is becoming unaffordable for most families. If survivors cannot afford childcare, they may be

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unable to go on interviews or they may miss work because they cannot afford to send their child to daycare. Being included as a priority group for the Care 4 Kids program would make it easier for survivors of domestic violence to access childcare so that they can work to support their family. Access to childcare also provides an opportunity to support children exposed to domestic violence. Childcare can offer a safe and stable environment for children and provide them an opportunity to create positive relationships with other adults and their peers. Having a safe environment and positive relationships can ease a child's anxiety and help to improve their social-emotional development. We strongly urge you to support S.B. 87, which would be one important way to support survivors of domestic violence in achieving financial independence. Thank you for your time and consideration.

SENATOR MOORE (22ND): Thank you, Tess. Is this your first year as an intern?

TESS LEONE: This is my second year.

SENATOR MOORE (22ND): Second year.

TESS LEONE: I'll probably be graduating in May.

SENATOR MOORE (22ND): All right. Congratulations. Thank you. And, we listened to Commissioner Bye, and so if we have any more details, we'll check with your executive director also. Thank you --

TESS LEONE: Um --

SENATOR MOORE (22ND): So much.

TESS LEONE: Okay. Thank you.

SENATOR MOORE (22ND): Go ahead. Did you want to say something?

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TESS LEONE: Yes. I just I did want to add that we serve over 1000 children in shelters every year and more than half are under the age of six, and then 3600 children receive community-based services as well. I know that was a question that you had asked earlier about how many children this could impact.

SENATOR MOORE (22ND): Thank you. Any questions? Thank you, dear.

TESS LEONE: Thank you.

SENATOR MOORE (22ND): John Cattelan.

JOHN CATTELAN: [Clearing throat]. Senator Moore, members of the Committee on Children, thank you for the opportunity to testify today. My name is John Cattelan. I'm here on behalf of the Connecticut Alliance of YMCAs. The alliance represents 21 YMCAs across the state of Connecticut. I'm here today to urge the members of this committee to support Senate Bill 91, AN ACT CONCERNING A PROGRAM TO PROVIDE FREE SWIMMING LESSONS TO INDIVIDUALS UNDER THE AGE OF 18, and Senate Bill 88, AN ACT CONCERNING CHILDREN'S MENUS.

Regarding Senate Bill 91, this is based on something that was done in 2008 when Governor M. Jodi Rell established water safety week during the end of June. Free swim lessons were provided at state parks and YMCAs across Connecticut. The purpose was to encourage families to have safe and enjoyable summer experience while encouraging families to spend more time outdoors and more importantly teach children how to swim. The lessons were funded by the Connecticut Department of Environmental Protection, along with the Department of Children and Families and the Department of Public Health. This proposal is very important for many reasons.

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First of all, I would like to make the members of this committee aware of the fact that two children in the United States die every day because of drowning. Drowning is the leading cause of accidental death for children one to four, and is the second leading causes of death for children from five to fourteen. This is unacceptable but is also preventable. National research -- ah, excuse me -- national research studies have also shown that 60 percent of African American children and 45 percent of Hispanic children cannot swim. Additionally, 79 percent of children in families with household incomes less than \$50,000 dollars have no or a low swimming ability.

Last June, I participated in the Connecticut Children's Medical Center Summer Safety Press Conference to discuss safety around water and swimming lessons. That week alone, we learned about the tragic news of three people drowning in Norwalk, Hamden, and Litchfield County. The YMCAs in Connecticut consider it a priority and a responsibility to prevent drowning and teach children and people -- adults how to swim and be safe around water. Our YMCAs provide over 40,000 children and adults with swimming lessons every year via our classes or attendance at a Y summer camp, and that is why we strongly support Senate Bill 91.

Regarding restaurant -- [bell].

SENATOR MOORE (22ND): Do you want to wrap up your -
-

JOHN CATTELAN: Yeah. I would just we support the restaurant bill. I would just point out that 33 percent of the kids in this state are obese or overweight, and a recent Harvard study said that number is going to increase. I would say members of

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this -- the General Assembly, that if 33 percent of children contacted some type of disease that General Assembly would respond to that. When you're talking 33 percent, this has long-term effects on kids, their health, their accomplishments, and the list goes on and on, and that's why we support the bill. Thank you.

SENATOR MOORE (22ND): Thank you for your testimony. Questions? Comments? Representative Linehan.

REP. LINEHAN (103RD): Thank you so much for your work on this. We appreciate the Ys. You've been really at the forefront of both the issues that you talked about today. I just want to ask very quickly the Office of Fiscal Analysis is going to put a fiscal note on the water bill.

JOHN CATTELAN: Right.

REP. LINEHAN (103RD): The swimming lessons bill. I would like to know what the Ys belief that this would cost if we are doing it partially through the Ys?

JOHN CATTELAN: Right.

REP. LINEHAN (103RD): Do you have that information?

JOHN CATTELAN: I don't, but I can get it for you. Back when this was done under Governor Rell in 2008, I was still in elementary school. [Laughing]. [Laughter]. All right, I'm fibbing. [Laughter].

SENATOR MOORE (22ND): [Laughing]. I wasn't gonna say anything.

JOHN CATTELAN: But, seriously, a number of our people who's worked for the Ys back then obviously worked with this program, so I can get that number for the two chairs and share it with you.

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REP. LINEHAN (103RD): Thank you.

SENATOR MOORE (22ND): Excuse me. So, is that to say the Y would be doing some of this without a cost?

JOHN CATTELAN: No. So, Senator, the way I believe it worked in 2008 is the -- once the funds -- it was funded by the state agencies, they contracted with the Ys to provide the instructors to go to the state parks and help the kids provide the swim lessons. Also, though, once it was declared water safety week, we provided free swim lessons that same week at most of our Ys across the state of Connecticut, which we would be obviously willing to do again. And, I just want to say this, we -- if anyone comes to the Y wanting to learn how to swim, we will not turn them away. We will not -- if they do not have the financial means necessary, we will provide them swimming lessons at no cost if necessary. We do this for adults and we do this for children.

SENATOR MOORE (22ND): Thank you for your testimony.

JOHN CATTELAN: Thank you, Senator.

SENATOR MOORE (22ND): Appreciate it. Howard Sovronsky.

HOWARD SOVRONSKY: Good afternoon. Senator Moore, Representative Linehan, members of the Children's Committee, thank you for the opportunity to share my thoughts about House Bill 5146, AN ACT ESTABLISHING A YOUTH SUICIDE PREVENTION PILOT PROGRAM. My name is Howard Sovronsky, and I am the Chief Behavioral Health Officer at Connecticut Children's Medical Center. I'm submitting this testimony in support of this proposal because too many children and adolescents in our state of Connecticut are dying by

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suicide or suffering from the trauma and consequences of failed suicide attempts.

Before commenting on the bill, I want to provide some background about Connecticut Children's, a nationally recognized hospital, 187-bed not-for-profit children's hospital driving innovation in pediatrics. With over 2,900 employees and 1,190 on our medical staff, we are the only hospital in the State of Connecticut dedicated exclusively to the care of children. Our focus on children differentiates us from all other hospitals in Connecticut in several key ways including: Our payer mix -- more than half of our care is for patients who rely on Medicaid and we receive almost no Medicare payments at all; our exclusion from the provider tax, which means we were not part of the hospital lawsuit and recent settlement; and our costs, which are predictably higher because children need more hands-on care. One-third of all children in our state who are seen in an emergency room with behavioral health concerns are treated at Connecticut Children's Medical Center. As you might imagine, depression and suicidal ideation, or threats of self-injury are the most common presenting problem. During fiscal year 2019, 3,750 children and adolescents were seen in Zone C, that part of our Emergency Room specifically designed to meet the unique needs of those experiencing a behavioral health crisis. Recognizing the growing incidence of suicide, we are now screening all children above the age of 10 for suicidal ideation. In the past 6 months, 9,300 children were screened in our Emergency Room, which included those coming in for a medical condition. Of those, 15 percent of those children screened tested positively for risks of suicide. This does not include those children

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who are admitted directly each year with serious medical complications resulting from failed suicide attempts.

At Connecticut Children's, we have taken innovative approaches to address the behavioral health needs of our children and families, including launching a Behavioral Health Transitions clinic that offers treatment to these families while they are being connected to supports in their communities. We know the work we do in our Emergency Department for young people who are emotionally distraught and require the behavioral health that we supply at the hospital.

The good news is that treatment is available as long as we can identify these young people early enough to make sure that they are connected with appropriate levels of care, and that's why I strongly support this bill that will provide training and clear referral protocols for those staff who interact mostly with our children and adolescents. Sensitizing them will help identify early those children most in need of our care. Thank you for your consideration.

SENATOR MOORE (22ND): Thank you for your testimony. Representative Linehan.

REP. LINEHAN (103RD): Thank you very much not only for your testimony but also the work that you do. I appreciate you all so much, and as you know, we did have someone from CCMC come into our Social-Emotional Learning Collaborative, and we talked about that screening that you're doing, which I think is wonderful, but one of my concerns that I voiced during that meeting was that that would require a child to go to the hospital in order to get screened, and while I think what you're doing is

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absolutely fantastic, it still leaves all those kids out there who don't have a parent who says, I think something's wrong, we have to go to the hospital or maybe you know there just hasn't been an issue to go see a doctor. So, that's actually when I wanted to come up with the idea for this bill to have -- have this training out there. The idea is that while you're doing such incredible work on your side, that we need to get those kids that you don't get to see. And, so my question is are you familiar with QPR training and is it used inside your hospital in the Emergency Room to find these kids and even beyond that, do you believe that QPR training -- if you're familiar with it -- would actually get to those kids who haven't made their way to your Emergency Room for some reason or another?

HOWARD SOVRONSKY: So, thank you for that question. It's really important. There are many, many screening tools out there. We are using screening tools that are specifically designed to be implemented in emergency departments and hospitals, and that is producing, as I -- as I testified to -- an alarming rate of positive responses, but we're also heavily engaged now in integrating behavior health at our pediatric practices throughout the state, and one of the key priorities is to introduce screening tools to the pediatric practices so that pediatricians, as part of their regular well visits with children, will also begin to screen for behavioral health problems, as well as suicidal ideation.

REP. LINEHAN (103RD): And, is there a recommended age for that?

HOWARD SOVRONSKY: We're screening children from ten -- ten and older.

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REP. LINEHAN (103RD): So, I'm just trying to -- so ten is about third grade?

HOWARD SOVRONSKY: Right.

REP. LINEHAN (103RD): Fourth grade?

HOWARD SOVRONSKY: Right.

REP. LINEHAN (103RD): So, here's my -- here's another question for you then. I just I want to get my brain around it 'cause I want to make sure what we're doing works with what you're doing because I think all of us have to work together.

HOWARD SOVRONSKY: Mm-hm.

REP. LINEHAN (103RD): If I bring my child in for a broken arm or a very high fever, how then are they screened for being at risk for suicide? What questions are asked?

HOWARD SOVRONSKY: Well, as I said, we have two tools that we're using, and we're actually looking at other -- other tools to streamline and to improve our processes, but all of the nurses have been trained, along with our medical staff, so all children above the age of ten coming into our Emergency Room are approached by a nurse or a physician, and they are asked to -- the parents are asked to leave the room so that we can have a one-on-one with the child and not have the influence of a parent that could possibly prevent the child from being honest and open, and we apply this standard screening tool. Then, if there's a positive response, that is then discussed with the family and part of the discharge plan is for encouraging the family to seek services in the community. We give them identified resources that they could then pursue, so it's not just simply screening and

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letting the child leave. We're trying to -- to connect the dots here to ensure that children identified also are getting care they need.

REP. LINEHAN (103RD): And, do you ever have pushback on the parents leaving the room, and do you explain to them what you're doing so that they understand why it's important they're not there?

HOWARD SOVRONSKY: Yeah, I'm sure that we do from time-to-time, and you know, the parents are not required to leave the room. We ask them nicely to and try to explain why, but if they're -- they're going to remain there, we'll still, you know, administer the screening tool, but note that the parents were present.

REP. LINEHAN (103RD): Thank you very much for your testimony and your work.

HOWARD SOVRONSKY: Thank you very much. Thank you.

SENATOR MOORE (22ND): [Background conversing].

JOAN NICHOLS: Good afternoon, Representative --

SENATOR MOORE (22ND): Good afternoon.

JOAN NICHOLS: Oh, she left. Senator Moore and members of the Committee on Children. My name is Joan Nichols. I'm the Executive Director for Connecticut's Farm Bureau Association, and I'm here to submit testimony in opposition to Senate Bill 88, AN ACT CONCERNING CHILDREN'S MENUS. Our main concern is this bill is the ban on flavored milk in children's menus. Connecticut Farm Bureau, we represent nearly 2500 farming families in the state of Connecticut. We're also the leading industry for the Connecticut Dairy Farmers of which there are about 100 farming families in the state of

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Connecticut that rely on the fluid milk market for their -- for their milk products, so that is our main concern. Milk provides nine essential nutrients including calcium, phosphorus, protein, vitamin A, vitamin D, and B12, and while we support this bill and any initiative to provide healthy foods to children, we are concerned about the ban on flavored milk.

I would just like to reference a narrative from the American Heart Association, and on this it says you can use sugars to help enhance your diet adding a limited amount of sugar to improve the taste of foods, especially for children, that provide important nutrients such as whole-grain cereal, low-fat milk or yogurt is better than eating nutrient poor highly sweetened foods. So, we would urge the opposition to this bill primarily for the ban on chocolate milk on children's menus.

SENATOR MOORE (22ND): Any comments? Okay. I'm gonna -- I'm just gonna ask a question because this almost sounds to me, and I don't mean to be critical, so forgive me if --

JOAN NICHOLS: Mm-hm.

SENATOR MOORE (22ND): If it sounds that way -- profit before people. You're talking about dairy farmers worrying about not producing or making money because we're looking at the health of children. That's what it sounds like to me. Do you want to speak to that? 'Cause are you talking profits for the farm -- for the dairy farmers that will be adversely affected by this?

JOAN NICHOLS: No. What I'm talking about is that milk has always been a highly nutritious product, produces a variety of nutrients for children,

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especially calcium, which is very important for -- for children in development, and so what we are concerned about is that eliminating flavored milk from children's menus would potentially eliminate the -- this product for -- for our children. Many children -- and I will speak to -- I will just give a personal story to this. I raised two beautiful daughters. My youngest daughter refused to drink anything but chocolate milk [chuckling], and so as a parent I was more than happy to provide chocolate milk because I knew she would get all of the benefits of milk as opposed to not wanting to drink milk at all.

SENATOR MOORE (22ND): Thank you. I'll be interested to see what the Heart Association has to say in contrary to that. Representative Kokoruda.

REP. KOKORUDA (101ST): Thank you. Thank you, Madam Chairman. I -- that question profit before people I think when we talk dairy farmers that's hard for me to get my head around that concept when it comes to what our dairy farmers do for our -- for Connecticut. But, first of all, I really feel that all the different thing that milk does -- brings and puts in our bodies isn't in any other -- most other products, so if someone's having a little bit of sugar with all these other goods things that you've listed in your testimony, it sounds like really a positive thing to do, so I'm kind of surprised because actually I was here when we passed a bill -- we didn't know we did this, but we actually inadvertently took out chocolate in the whole bill. It was all about children. It was from this committee. the whole bill got vetoed because of the chocolate milk issue, so I think there are a lot of parents like you that know that they're going to get their children to drink milk at all it's gonna have

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-- or some like it without any flavor, but a lot to have a flavor in it does get them to drink it versus something else that's -- that's really not as beneficial for them, so thank you for your testimony.

JOAN NICHOLS: Thank you.

REP. LINEHAN (103RD): Thank you, Representative. Representative Wilson Pheanious.

REP. WILSON PHEANIOUS (53RD): Yes. I had -- it's some comments as well along the same lines as Representative Kokoruda because the dairy farmers I know are concerned about nutrition. Of course, they're concerned about the bottom-line dollars. All of -- anybody in business is, but they're concerned about the fact that the milk product whether it has strawberry or chocolate flavor or not is still milk, and it still provides the nutrients that children otherwise might not -- might not get, so it was a concern. I know Senator Moore is gone now, but I was concerned with her question suggesting that it is purely a financial motive. In my -- dairy farmers that are in my district are concerned about the -- the fact that kids drink milk, and that milk whether it's flavored or not be recognized as -- as an important part of -- of a healthy diet, and I wondered -- I guess I may be repeating the question she just asked because I had the same one -- is there anything about adding that small amount of sugar that goes along with strawberry and chocolate would somehow undermine the other nutrients in the milk?

JOAN NICHOLS: No. All it does is it makes milk -- and I again speak from my youngest daughter who would not drink milk unless it was chocolate flavored. It does nothing to -- to negatively

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impact all of the qualities that are already in milk. All it does it makes it a little tastier for children who normally would not like the taste of milk.

REP. WILSON PHEANIOUS (53RD): And, for example, comparing sugar added milk like chocolate milk or strawberry milk to say like a chocolate soda or strawberry soda, is there any question about the difference in the nutrients?

JOAN NICHOLS: Well, you're talking apples and oranges. Milk is highly nutritious for all the reasons that I mentioned earlier and all the little bit of sugar in flavoring that does it just makes it more palatable so children drink more milk. I mean we went through gallons of chocolate milk for years.

REP. WILSON PHEANIOUS (53RD): [Laughing].

JOAN NICHOLS: And, I'm glad to buy it 'cause she drank milk.

REP. WILSON PHEANIOUS (53RD): [Laughing]. Oh, okay. That pretty much covers my perspective on it.

JOAN NICHOLS: And, that was also mentioned in the American Heart Association's website about adding a little bit of sugar to something that will make healthy food more palatable to children.

REP. WILSON PHEANIOUS (53RD): One more question. Is it your opinion that milk should be classified as a sugary drink for any reason?

JOAN NICHOLS: No. No. It's milk.

REP. WILSON PHEANIOUS (53RD): My thinking also.

REP. LINEHAN (103RD): Thank you. Representative Turco.

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REP. TURCO (27TH): Thank you, Madam Chair. Thank you for your testimony.

JOAN NICHOLS: You're welcome.

REP. TURCO (27TH): I think we -- we both agree that milk is very nutritious and we want more children to drink milk.

JOAN NICHOLS: Mm-hm.

REP. TURCO (27TH): Especially, compared to sodas and other very sugary drinks. Do you have any idea how many grams of sugar would be included in a chocolate milk that gets served to a child at a restaurant?

JOAN NICHOLS: No. I don't, but any of that labeling is part of the nutrition label, and I'd be happy to provide that to you, but it is available on the nutrition labels.

REP. TURCO (27TH): Yeah. I'm very curious when we add chocolate or strawberry or one of these sugary substances to the milk what are we turning the milk into. Are we turning the milk into a substance that has an equal amount of sugar and unhealthiness to it as a soda, a Coca-Cola or a Pepsi or equivalent soda? Have we now then included the amount of sugar for another one of those type of drinks?

JOAN NICHOLS: I don't know. I'd have to look at the labeling to answer that and the labels will speak for themselves, but I cannot imagine that the amount of sugar that goes into chocolate milk is anything near what goes into soda or any of the other sweetening.

REP. TURCO (27TH): I'm hoping note. I mean I think when somebody at the -- I worked at restaurants for

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many years. When a child ordered a chocolate milk, it was arbitrary. I would put in the amount of chocolate that went into that drink, and then filled it up with milk, so I'm not sure the ratio of sugar in there if there's any way to really know how much is getting put into that 'cause my concern, as you mentioned, we're adding some sugary substance like chocolate into milk and then the underlying milk is still a very healthy thing.

JOAN NICHOLS: Correct.

REP. TURCO (27TH): Water is one of the best possible things that anyone could drink. Right? I mean it may be better for us than even milk to drink water and for our children to drink water. The underlying substance with sugary syrup in a coke is water, but we're not considering that product to still be a healthy product we want to give our children. So, that's my only concern. I want to promote milk, and I do -- do think that this bill is going a long way to promoting milk because now a child has a choice. They can drink milk, they can drink water, or they can drink 100 percent fruit juice.

JOAN NICHOLS: Yeah.

REP. TURCO (27TH): I think there's a good chance that you're gonna see an increase of milk consumed by children because they're not going to see a Coke or a Pepsi or something in their face. They're going to see much more nutritious items, milk being one of them, even without the chocolate. So, something I'd like you to think about, and maybe we can learn a little bit more and discuss it as the bill moves forward.

JOAN NICHOLS: Sure.

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REP. TURCO (27TH): Thank you.

JOAN NICHOLS: Thank you.

REP. LINEHAN (103RD): Representative Kokoruda.

REP. KOKORUDA (101ST): Just briefly. Is there sugar in milk -- just regular milk?

JOAN NICHOLS: No.

REP. KOKORUDA (101ST): No milk -- no. So, I am looking at -- if you look at the -- there is sugar.

JOAN NICHOLS: A little bit.

REP. KOKORUDA (101ST): I thought there --

REP. LINEHAN (103RD): For your reference, there is indeed sugar in regular milk. It is not an added sugar. It is dairy sugar that comes from lactose.

REP. KOKORUDA (101ST): Lactose. Well, if we look at the American Cancer -- American Heart Association has not testified yet unless I've missed it, and I might have. They address it, but they also -- Representative Turco, they also give us -- and you've got this from the American Heart. It shows and what it shows here is that they're recommending as long as it stays below 130 calories and it says total sugars 20 grams, that includes 9 grams of added sugar, so a majority of it is what you're talking about, Representative Linehan, so there is -- there is an added sugar, but it's smaller than the regular lactose or whatever sugar that is in the milk naturally.

REP. LINEHAN (103RD): So --

REP. KOKORUDA (101ST): I'm just going by -- I'm just reading -- [Crosstalk].

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REP. LINEHAN (103RD): Yeah, so we're talking -- when you are talking about the amount of sugar, there has to be a differentiation between naturally occurring sugars and added sugars. Nine grams of added sugar into a liquid beverage will have such an affect on the blood sugar levels inside a child, but will cause a spike, which ultimately releases insulin, and insulin is the mechanism for which the body stores fat. When there is an insulin spike, the body then will store that fat. If we keep the amount of added sugar down like we would by only having white milk, then that would be the most -- the healthiest and most beneficial to the children. I could go on about this for days.

REP. KOKORUDA (101ST): Do you have anything you wanted to add to that, or?

JOAN NICHOLS: No. I just know that from personal experience if my daughter didn't drink chocolate milk, she wouldn't have drank milk at all and she wouldn't have gotten all the benefits of milk. That's just personal.

REP. LINEHAN (103RD): Thank you --

JOAN NICHOLS: And, I can tell you that farmers are all about producing healthy nutritious food.

REP. LINEHAN (103RD): Thank you very much, and I do believe that farmers are all about producing healthy nutritious food, and -- and I support farmers every day, and I -- you know, I have a share at a farm and all that, and I think it's wonderful. However, if we're talking about the ability for children to get calcium from milk, my concern is that this won't stop them from doing that, number one. I echo what Representative Turco said, but additionally, this is about when you're eating out. This is not going

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into people's homes. This is also not taking chocolate milk or strawberry milk off of the menu. It's simply not labeling them as healthy. I think if you understand the science, which I'd be more than happy to give you that information because it seems that you didn't understand the mechanism as to why we have fat storage from raised insulin levels from additional sugars. If we're going to label a beverage as healthy, it needs to actually fall within those guidelines. It is my belief that chocolate milk does not do that, but what this bill would do is it certainly does not take away the right of a parent to order a chocolate milk for their child. It would just not be labeled in a healthy groups' menu setting. That's number one.

Number two, if we're talking about anecdotal, getting kids to drink milk, I have three children. Two of them don't touch milk, and they have never had problems with their calcium levels. They get it through other ways like cheese or maybe multivitamin or even yogurt, so if we're talking about -- if we're saying that it's about health and that it's not actually about money -- because I missed that part of -- of the testimony, so I apologize -- but if we're saying that, then why isn't there -- why wouldn't you back having something labeled healthy if it is under a certain amount of calories? So, one of the compromises that was brought to me would be that if it's on the menu and chocolate milk stays on the menu, it would only be for a certain amount of ounces that would fall into a healthy caloric and sugar quantity because I will be very clear that I don't believe that chocolate or strawberry milk belongs on any menu under the word healthy at any time. However, when we're looking at being able to pass out this bill and do what's best for our kids,

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if we're coming up with a compromise, I would hope that the Dairy Association would be supportive of allowing chocolate and strawberry milk or flavored milk on the menu in a reduced amount. Would that be something that you would be supportive of?

JOAN NICHOLS: We would not be supportive of anything that would reduce the access to milk.

REP. LINEHAN (103RD): And, why is that?

JOAN NICHOLS: Because we feel that it's an important nutritious product for all of our children to be able to take advantage of.

REP. LINEHAN (103RD): Right, but white milk -- this is where I think we have the disconnect.

JOAN NICHOLS: Correct.

REP. LINEHAN (103RD): White milk would still be listed as a healthy menu choice.

JOAN NICHOLS: Correct.

REP. LINEHAN (103RD): And, then chocolate and strawberry milk could still be listed as a healthy menu choice just in smaller amounts. They're still getting the -- getting some calcium. They're still getting whatever -- the vitamin D, whatever's added to the milk. All of those nutrients they're still getting it but in a way that is calorically better for a young child, so my -- I'm very concerned as to why the dairy industry wouldn't be interested in backing that when we're certainly not keeping them off of any menu. We're not telling anyone that they can't -- that they can't order it for their children. We're just simply pointing out that portion size is important, and that it's -- that

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they make a better choice when considering portion size.

JOAN NICHOLS: Sure. Portion size is important, but it's also providing access to a healthy food, and I think you really have to take a holistic approach of what you're really trying to accomplish when you're -- when you're looking at children's menus and really where the problems are when you start to have, you know, nutrition problems, and I don't think the problem is milk.

REP. LINEHAN (103RD): With all due respect, I would think that if the issue is about getting kids to drink milk and ultimately to do so in a way that doesn't harm them, that you would be amenable to having you still remain on the healthy menu just in the correct portion size. Thank you very much. Anyone else?

JOAN NICHOLS: You're welcome.

REP. LINEHAN (103RD): No. Thank you. We appreciate your testimony.

JOAN NICHOLS: Thank you.

SENATOR MOORE (22ND): Andrew Feinstein.

ANDREW FEINSTEIN: Hi. I'm Andy Feinstein. I'm representing Special Education Equity for Kids in Connecticut, SEEK-CT. I'm here in opposition to House Bill 5145. Let me be very clear about this. This committee took the lead last year in passing some really very significant legislation having to do with safe schools and bullying. This bill, by reducing the reporting -- by eliminating the reporting requirement, weakens that position. There's lots of problems with -- one of the issues is that the bill passed -- the legislation passed by

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this legislature is far more enlightened, far more progressive than the dominant power dime in the state. Many districts still operate under a punitive-type approach to reports of bullying. The legislation, which created the collaborative, which Steve Hernandez talked about earlier, takes the approach of dealing with the kids where they are, dealing with the issues the kids have, and not treating the bully in a vilified way, rather treating the type of disability or the type of issues that the bully has.

Reporting to the state gives us some data, something to support analysis of whether the program's working. Now, we know that there's lots of limitations on the reporting, and one of the issues that happens is that the legislation has this elaborate mechanism for what should be done when there's a report -- when there's a verified report of bullying. The result has been that school administrators throughout the state fail to define behavior that is clearly bullying, failed to label it as bullying so they don't have to go through that procedure, and so yes, the data that comes in is not -- is not very sound. The answer is not to eliminate the reporting requirement. The answer is to make sure that the law is enforced the way you wrote it, and so for that reason, we think eliminating the reporting requirement on 5145 is a bad mistake, and we're quite concerned that the same arguments that are used to eliminate the reporting requirement on 5145 for bullying will be used later to eliminate reporting requirements for restraint and seclusion or reporting requirements for suspensions and expulsions or supporting -- or reporting requirements for disproportionality. The same arguments apply in all those cases. I don't

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buy the notion that if you don't report it somehow the inappropriate behavior is going to be reduced. It just doesn't make any sense to us, and therefore, we oppose the bill.

SENATOR MOORE (22ND): Thank you for your testimony.

ANDREW FEINSTEIN: Thank you.

SENATOR MOORE (22ND): Any questions?
Representative Kokoruda.

REP. KOKORUDA (101ST): Good to see you. Thank you so much for your testimony. I remember how hard we worked to get the whole -- the way schools and districts deal with bullying, and especially with the special education portion of our -- of our students --

ANDREW FEINSTEIN: Mm-hm.

REP. KOKORUDA (101ST): And, it's an issue, unfortunately. So often we hear about -- and I thought that when the schools were stepping up and being transparent and I look at some of the things this bill does, and it talks about just -- I should say school -- the bill -- each local -- the proposed bill states each local board of education shall develop and implement the school safety climate plan to address the existence of bullying. We've done that already. We have that --

ANDREW FEINSTEIN: That's existing law.

REP. KOKORUDA (101ST): That's existing law, but in any way, whoever wrote this or who did -- anyway, but I thought the reporting was a very important piece 'cause as I said it earlier, when I got here I remember from hearing from teacher after teacher that they were being discouraged from reporting it.

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ANDREW FEINSTEIN: Mm-hm. Mm-hm.

REP. KOKORUDA (101ST): But, I have to ask you and do you know what are people doing with these reports? Do these reports -- is the State Board of Education doing anything with them? Do they get these reports and is any action ever taken? Do you know?

ANDREW FEINSTEIN: The data becomes available, but no. The State Department of Education sadly lacks the resources to make sure that the law that was passed is being enforced properly.

REP. KOKORUDA (101ST): So, if they see a -- you know, an incredible rise in the amount of reporting of incidents, right now nothing is happening as far as that school district being called in and being, you know, reprimanded, being put on some sort of watchlist, do something? Right now, none of that is being done?

ANDREW FEINSTEIN: None of that is happening.

REP. KOKORUDA (101ST): So, we're collecting -- we're having the schools take the time to collect the data, but we're not doing anything with the data?

ANDREW FEINSTEIN: That's correct. Well, the State Department of Education is not doing anything with the data. I mean private organizations like SEEK who look at it and -- and see that as an opportunity to provide a support for school districts.

REP. KOKORUDA (101ST): Oh, and SEEK -- SEEK is Special Education --

ANDREW FEINSTEIN: Equity for Kids in Connecticut.

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REP. KOKORUDA (101ST): Equity for Kids. Okay.
Thank you very much.

ANDREW FEINSTEIN: Thank you, Representative
Kokoruda.

SENATOR MOORE (22ND): Jim Williams.

JIM WILLIAMS: Good afternoon, I'm Jim Williams.
I'm the Government Relations Director for the
American Heart Association, and I was in the room
about five minutes ago when Joan Nichols from the
Connecticut Dairy Farm Bureau spoke, and I just want
to tell you I could not agree with her more. Our
mutual interest in ensuring that Connecticut kids
have healthy beverages available to them so strong
are our mutual interests that you might accuse both
of us of co-writing our testimony together.
However, where my experience differs is that I too
have two kids, both of them are athletes, they play
sports seven days a week, and neither one of them
knew what flavored milk was until they went to
school.

So, I just want to point out a few things during my
testimony. You have my full written testimony. I
want to point out that this bill preserves parent
choice. It is important to note that when this bill
passes parents remain free to choose and purchase
any beverage they want off of this default menu.
All this bill does is create a healthy default menu
to make it easier on parents to buy the healthy
drink for their kids. Also, in an attempt to
compromise, specifically addressing the Connecticut
Dairy Industry's objections over excluding flavored
milk from the healthy default menu, we are okay with
including flavored milk as long as the serving for
which should be no more than 130 calories. I'd like
to also point out that by highlighting healthy

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beverages such as milk that the sales are likely to increase. Evidence from a wide range of fields including retirements plans and food and nutrition shows that people tend to stick with defaults, and that setting beneficial defaults have a high rate of acceptability. For example, when Walk Disney theme park switched to healthier beverages defaults, parents stuck with the healthier options 66 percent of the time. [Coughing]. Excuse me. At McDonalds, the change of the default beverage resulted in 21 million more low-fat and fat-free milk jugs and 100 percent apple juice boxes sold over a period of 11 months compared to the same period a year earlier. Milk sales increased, and I would argue despite what you had -- what you heard earlier that although I am absolutely positive that the industry is concerned about their products being healthy and being accepted as proudly as possible, I do think that the concern largely is over profits.

But, to that point, I would also point out that in California when they passed this bill, that the dairy industry was in full support and in fact, they advertised to the members that they were in full support of this. Everywhere that this has passed to include California, Delaware in, I believe, over 20 municipalities the dairy industry has been in support. Thank you very much for your time. I -- I very much appreciate it, and would be more than happy to answer any questions that you may have now or at any other time.

SENATOR MOORE (22ND): Thank you. Comments?
Representative Kokoruda.

REP. KOKORUDA (101ST): Thank you. Thank you for your thorough testimony and all the backup information. I appreciate it. So, this compromise

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that you're talking about would put milk on the healthy -- the healthy list? Add flavored milk on as long as it stayed within a certain eight ounces I think you have, 130 calories, then they would be under that -- that menu which is where they want to be with this bill?

JIM WILLIAMS: Well, I think it's important to note that regardless of what you hear that flavored milk does have added sugar in it, which is really what we're trying to get at, but yes. The default menu would have milk -- regular milk -- white milk. It would also have flavored milk up to 130 calories and then various forms of water -- sparkling water, flavored water with no added sugar, etc., but again, I would point out that if a parent wanted to order something else for their child, they are certainly free to do so.

REP. KOKORUDA (101ST): Thank you.

JIM WILLIAMS: You're welcome.

SENATOR MOORE (22ND): Does this impact the serving size at all -- of changing the serving size of any of this that it would change the packing?

JIM WILLIAMS: Well, right now in the state of Connecticut, and I'll use my own child's middle school for an example, their chocolate milk that they have available there is, I believe, 120 calories, so that's already in the pipeline. McDonalds as part of their happy meals have chocolate milk available, and I provide the committee with pictures of the chocolate milk that's at 130 calories. There are some restaurants I am positive including Friendly's that really don't have any maximum allowable amount of sugar in their flavored milk. I think you heard earlier that you

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know some restaurants they -- they pour a glass of milk that -- that may be you know as big as the adult glasses and then they just put in a gob of chocolate in there and mix it up, so there's really no way to tell how many calories are in that drink at all, but if a parent wants to get that for his child -- or his or her child, that's certainly permissible under this bill. I think what we're really trying to get at, and this is a statistic that as a parent really shocks me that by 2030 over 50 percent of Americans are gonna be clinically obese or in the severe obesity range. Right now, there's about 25 percent of our kids that are 17 years of age that are not at a healthy weight. This bill will not solve the problem but is definitely a step in the right direction of reversing that trend.

SENATOR MOORE (22ND): Thank you. Any comments?
Representative Wilson Pheanious.

REP. WILSON PHEANIOUS (53RD): Thank you very much for your testimony. I guess I just want to add maybe more of a -- of a comment. Your testimony indicated that more milk was actually sold when you had flavors that more milk was sold. Did I understand that to be correct?

JIM WILLIAMS: Well, essentially what we're doing is highlighting milk and water, so it would stand to reason even if I didn't have any data that those beverages the sales for which would increase simply because the vast majority of us don't tend to go off of the default menu for our kids. I've given you a couple of examples with McDonalds and Walt Disney World that shows you that the sales actually increase for whatever product you have on that default menu. In this case, obviously, I used milk as an example.

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REP. WILSON PHEANIOUS (53RD): Mm-hm. I also wanted to make the point that when the issue comes to profit or profitability I object it -- now that Marilyn's back -- to characterization that it was just about profit and not about children's health, so I raised -- raised that issue, but I also want to make the point that right now in Connecticut it costs about \$1.80 to produce a gallon of milk. That same milk is sold for about \$1.30, so anybody who is in business has got to be concerned about the overall sale of their product, but it -- it's -- it was the characterization of profits over health that I was concerned about, and I don't -- I'm not sure that's what she meant, but I did want to put out there is a huge discrepancy right now because of all that's going on around the world and with the trade and anyway milk prices have been -- are not -- farmers don't set their milk prices, and they're not allowed to set them at the amount that it's costing them to produce the milk, so it is -- it is an issue, but it's -- it's not about a lack of wanting to have children unhealthy so that they can make more money.

SENATOR MOORE (22ND): So -- so, it wasn't in the context of just making profits. It was the way it was presented was there was not a lot of talk about the nutritional value and what it did, but talk more in the beginning about the profit that is made. I understand the problem we have with dairy farmers.

REP. WILSON PHEANIOUS (53RD): Mm-hm.

SENATOR MOORE (22ND): I understand that they take a loss. I'm talking about when you weight a child's healthy. Where would I make those decisions, right? I know we can't exist without farmers, but I also know there's other ways for us to get the

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nutritional value of milk and not just in chocolate milk. [Crosstalk].

REP. WILSON PHEANIOUS (53RD): Right, and I don't -- I don't disagree, so it doesn't seem like an unreasonable compromise to me to look at the overall -- to look at the size of how much chocolate or strawberry milk you might get in order for it to be considered healthy, but to characterize is as being unhealthy because it's chocolate or strawberry sort of sits a little wrong with me, so maybe we can work on that compromise. So, thank you.

SENATOR MOORE (22ND): Anyone else. Thank you.

JIM WILLIAMS: Thank you.

SENATOR MOORE (22ND): Next, is Jeffrey Sidewater.

JEFFREY SIDEWATER: Good afternoon, Chairman -- Co-Chair Linehan, Moore, and also Gary Turco who I used to work with as well. Hi, Gary. How are you doing? I'm here with Maureen Nuzzo from the School Nutrition Association of Connecticut. Representing the School Nutrition of Connecticut, I'm the public policy and legislation chair for the co-chair of the policy and legislation for School Nutrition Association of Connecticut. I am also a food service director at the Capitol Region Education Counsel, and former Assistant Director in Hartford Public Schools as Food Service Director, working in the school nutrition industry for over 32 years. I'm here to talk about S.B. 89, the lunch bill concerning shaming or what we call the shaming bill. This obviously is an issue that is a very big hot button right now throughout the country, as well as Connecticut. It's made it all through the media here, as well as media throughout the country, and it's been a big issue, and our association is well

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aware of the issues around this, and I just wanted to provide some information about it, what our point of view is about it. We're not here to speak against it or for it but just to provide some more information. Obviously, our job is to provide meals to kids. We are passionate about serving school lunches to children, and that's what we do. We do this every day. We are on the frontlines of this issue at all times, so we -- we are well aware of what is going on there. We -- we are not really aware of it being a huge problem in Connecticut. I'm not saying that it cannot be a problem. I've heard testimony today from other people or other people talk about people saying that it has been a problem, but from our Association's point of view, we've done a survey back a few years ago looking at it to see what policies were, what charging policies were. The federal government and state government requires us to have charging policies in effect for students, so we're required to do that, and we are already doing that and making sure those are public notifications. We certainly would never want to take a meal away from a child, and we definitely feel that this is a responsibility of the parent and not -- not something that we want to punish a child for or shame a child for, and so we're wholly in favor of doing anything that would stop that or making sure that it was codified that that was not allowed for anybody.

The biggest concerns that we have is that our federal reimbursements only cover our free and reduced-priced lunches, so when we have students that are required to pay for meals and that for a family of four at this point it would be around \$47,000 dollars for a family of four, that's gross income would not qualify for free or reduced price

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lunch benefits; therefore, they would have to pay. Now, I've been at a federal level speaking on this issue with our federal representatives as well, and the amount \$47,000 dollars for gross income is really -- sorry -- can I continue?

SENATOR MOORE (22ND): Well, I need you to wrap it up.

JEFFREY SIDEWATER: Wrap it up.

SENATOR MOORE (22ND): You didn't provide written testimony, did you?

JEFFREY SIDEWATER: We did. This came up kind of quickly, so we did provide something. Yes. So, it was submitted --

SENATOR MOORE (22ND): So, we'll look for that if you could just --

JEFFREY SIDEWATER: There's some information here.

SENATOR MOORE (22ND): Wrap up -- wrap up your testimony. Thank you.

JEFFREY SIDEWATER: Our big -- our concern is that somebody's gotta pay for these meals somehow, so we heard that part of the bill would be to have support from communities or from other organizations, from business. Certainly, that's a great idea, but we are running on really, really tight budgets, you know, and some of our programs are in the hole, and I think we have data to support that, that we are losing money in the programs. We'd have to come up with funds elsewhere to cover the cost of these unpaid meals that have been growing and growing every year; and therefore, when you consider that, when you look at this bill is how are we going to pay for these meals, and I think that's our big

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concern is how are these meals gonna be paid for if -- if they are not being paid for by the parents.

SENATOR MOORE (22ND): Okay. So, how -- do you have an idea of what's the highest number that people may not have paid in the totality?

JEFFREY SIDEWATER: Yes. In our survey -- the survey that we did a few years ago, we had school districts said had as low as \$1000 dollars of unpaid debt at the end of the year, which the state requires us to mark as uncollected debt, so it gets wiped off the books, and then we've had other districts as high as \$90,000 dollars.

SENATOR MOORE (22ND): 9-0?

JEFFREY SIDEWATER: 9-0, yes. In my district I've seen it go up as high as \$50,000 dollars of unpaid debt, so it's a huge problem. It's a lot of money, and -- and that monies has to come from somewhere. If it doesn't -- if we don't have enough ala carte sales to cover that cost and if we don't have enough catering sales if we do catering or something like that, somebody else has got to kick in that money, and the money that we're getting from catering or from ala carte sales is already being used to support the program because we're kind of in the hole to begin with, so now we have to look to the boards of education, towns, municipalities to be able to cover that cost 'cause it has to be covered somehow because the state requires us to wipe our books clean at the end of the year, and it has to come from other non-federal sources, so it -- it is a concern.

SENATOR MOORE (22ND): Thank you. Representative Linehan.

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REP. LINEHAN (103RD): Thank you for that information. It just sounds to me like maybe there's a little bit of a disconnect because in your survey you said that districts don't stop kids from getting lunch anyways. Right? So --

JEFFREY SIDEWATER: Not -- not -- not every -- not -- I know my district doesn't and many of our colleagues do not stop meals. We continue to feed meals. We have policy in my organization where we're not going to deny a meal no matter what, and those bills have gone up since then.

REP. LINEHAN (103RD): Sure. I -- I am just not convinced that this bill would then suddenly give parents the idea that they don't have to pay anymore because there's still consequences to not paying. They're just taken out on parents and not the children, so you know, to publicly shame a child for a parent's inability to pay is fundamentally wrong.

JEFFREY SIDEWATER: I agree.

REP. LINEHAN (103RD): I understand that there's -- [Crosstalk].

JEFFREY SIDEWATER: We -- we all -- we all agree.

REP. LINEHAN (103RD): Right.

JEFFREY SIDEWATER: We all agree.

REP. LINEHAN (103RD): So, I understand that there's a cost associated with nonpayment of the bill, but it in my mind I don't see how passing a law that says you can't shame a child will ultimately make those unpaid bills go higher. I don't see that, and additionally, what I think this bill does because it includes language that says when a school district is trying to collect a debt that they also provide

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information regarding a local food pantry, community-based services, and -- and how to apply for free and reduced lunch, and how to apply for the SNAP benefits program. I would think that would -- that information provided to parents every single time they get negative they will see it enough to then actually use that information, and then we're feeding more kids, freeing up some money within the family that maybe they can then pay the bill.

JEFFREY SIDEWATER: We are doing that. Exactly what you said. We're doing that over and over again. We're sending out notices to parents. We're sending -- we're doing everything we can to qualify anybody that can be qualified for free or reduced priced lunches, either through the direct certification program, which comes from data from DSS. We also have Husky -- that information will allow us -- so we knock a lot of kids off this issue by doing that or having a community eligibility provision. We are notifying parents constantly of how they can apply for benefits, but as I said before, a family of four making \$47,000 dollars a year gross income doesn't qualify for benefits, so those are the ones that --

REP. LINEHAN (103RD): Right. But, in my district, we have people who make a lot more money than that and still utilize the food pantry in town -- in all three of my towns, so it's not just about government programs. It's also about providing information where they can go to their food pantry. I represent three towns -- Cheshire, Southington, and Wallingford, and all three of those towns have seen increased usage by families that would be deemed middle class in their food pantries, and so just, you know, I understand you through CREC. I used to work with Dr. Florio. I get that you guys do really great things.

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JEFFREY SIDEWATER: Thank you.

REP. LINEHAN (103RD): I would expect nothing less from Dr. Florio.

JEFFREY SIDEWATER: Thank you.

REP. LINEHAN (103RD): But, so I am now looking at -- I'm going through my email and I get a low balance notification.

JEFFREY SIDEWATER: Mm-hm.

REP. LINEHAN (103RD): It's so embarrassing. Let's be honest.

JEFFREY SIDEWATER: We do that also. [Chuckling].

REP. LINEHAN (103RD): So, I'm looking at all three of my kids on January 16, had only \$3 dollars left in their account, which would not carry them through for the week, and I'm looking on -- at the information, and on here, there is nowhere that says how to apply for free and reduced lunch, where the food pantries are. None of this information is available.

JEFFREY SIDEWATER: It should have been provided in the beginning of the school year.

REP. LINEHAN (103RD): Right.

JEFFREY SIDEWATER: And, also through public information, but I agree. We can certainly do better.

REP. LINEHAN (103RD): We need to change. We need to do a better job.

JEFFREY SIDEWATER: We can add those to the memos. If this is part of the regulation, we will -- we will certainly address that. We can add that.

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REP. LINEHAN (103RD): And -- and I hope that even if this bill doesn't pass -- boy, I hope it passes. Even if it doesn't, I hope that you'll take that information back and change that to your -- in your internal regulations to provide that information because I might be making "X" number of dollars in the beginning of the school year and then I lose my job and I'm making nothing at three months in, so when situations change, we have to continually provide that information, and also know that we have to get -- we have to help people get over the fact that they're not used to asking for help, so we need to provide information on how to get help over and over and over again, but I have to say I'm just -- I'm just still not convinced that by passing this legislation as written that suddenly school districts are going to be saddled with ten times more debt than they've ever been before because what you can pay you pay, and when you can't, you can't.

JEFFREY SIDEWATER: There's was -- there was just one other concern in the proposed language that we saw, and I just maybe an explanation for that there too. It said, if you look around line 26 or so -- 25 -- but not limited to delayed to refusing to serve such child lunch, breakfast, or other such feeding. Now, your intent is not to say that we are going to allow ala carte sales also to be -- this needs to be very clear that we're only going to provide a meal to a child. We're not going to let them buy snacks and other things with that.

REP. LINEHAN (103RD): Correct. So, --

JEFFREY SIDEWATER: But, when you say other such feeding, that can be a little misinterpreted --

REP. LINEHAN (103RD): That was not the intent. I appreciate you pointing that out to us, and if you

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wouldn't -- is that in your written testimony because I don't have it in front of me?

JEFFREY SIDEWATER: I -- I -- we didn't have a lot of time to prepare this, but I --

REP. LINEHAN (103RD): I understand that. If you could just shoot me an email.

JEFFREY SIDEWATER: I'll send you something.

REP. LINEHAN (103RD): That would be really great because that is important to note, so --

JEFFREY SIDEWATER: Okay.

REP. LINEHAN (103RD): Thank you very much.

SENATOR MOORE (22ND): So, I'm going to ask you to put your recommendations in writing so we'll have something to look at for the whole committee.

JEFFREY SIDEWATER: We'll put that together for you.

SENATOR MOORE (22ND): Thank you.

JEFFREY SIDEWATER: Representative --

REP. WILSON PHEANIOUS (53RD): For point -- point of information --

JEFFREY SIDEWATER: Sure.

REP. WILSON PHEANIOUS (53RD): Thank you. What is the cost or the average cost for a school lunch meal right now?

JEFFREY SIDEWATER: Every district is able to set their own prices based on their economic situations. The federal reimbursements are somewhere in the \$3.50 range. Plus, we get a little bit of state support for there too, so that's to cover everything. That's covering food, labor, supplies,

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overhead, everything, so our reimbursement is coming around \$3.50, and that's about the cost of a meal for a full -- that's a full lunch. Breakfast \$20 dollars or so or \$2.40 or so maybe for a breakfast.

REP. WILSON PHEANIOUS (53RD): And, because I haven't had a child in school for about 45 years [laughing], maybe you can refresh my memory. [Laughing].

JEFFREY SIDEWATER: Grandkids. C'mon, grandkids.

REP. WILSON PHEANIOUS (53RD): Yep, but they're not here either. [Laughing]. They're in Seattle. But, are parents at the beginning of the year are you told -- do you pay by the month or the -- or how does it work?

JEFFREY SIDEWATER: We notify -- we send out notifications. We're required to send out notifications to parents telling them what the prices of meals are. We send meal applications out at that time. In my system, I have an online system so parents can apply online. We have our family and community specialists also that work with the parents that hand out and help them complete applications. They also will call up parents who are showing up as negative balances and ask them did you apply, can you apply, why didn't you apply, so we try to get them also, so we -- we do outreach at least in our district, and I think many other districts are doing the same thing too, that they're doing outreach to parents to let them know what the prices are and how to apply for benefits and things like that, but if this -- if we need to do something more often or more frequently based on the regulation, we'll certainly do that as well.

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REP. WILSON PHEANIOUS (53RD): The underlying premise of this bill seems to be that no child should be singled out or feel singled out in the distribution of food at lunchtime so that there's no chance that, you know, that they're, you know, shamed or feel shamed or feel ashamed. Do you -- is there -- that seems like such a simple goal to me that -- that somehow children not have to know --

JEFFREY SIDEWATER: We -- we're totally in support of that.

REP. WILSON PHEANIOUS (53RD): That their parents owe money or how much they owe, or --

JEFFREY SIDEWATER: We -- right. Right. We're totally in support of that.

REP. WILSON PHEANIOUS (53RD): So, there's nothing -
-

JEFFREY SIDEWATER: This has to be dealt with the parent at the parent level --

REP. WILSON PHEANIOUS (53RD): Right.

JEFFREY SIDEWATER: At an adult level. This is not to deal with the kids, so we're not going to turn kids away from meals. It's costly though. It's costly when we do that, and we're already seeing the effect of the cost of not turning kids away from meals.

REP. WILSON PHEANIOUS (53RD): And, is there anything in the rules that says that you cannot accept -- say if there was a philanthropist or somebody who was willing to help pick up the cost of those unpaid meals, is there anything that says you can't accept that?

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JEFFREY SIDEWATER: Not -- not that I'm aware of. No. No. We'll -- we'll take funds from any place we can get them.

REP. WILSON PHEANIOUS (53RD): All right. Thank you.

JEFFREY SIDEWATER: Yes.

REP. WILSON PHEANIOUS (53RD): No. I'm fine. Thank you.

JEFFREY SIDEWATER: No. Okay.

SENATOR MOORE (22ND): Representative Kokoruda.

REP. KOKORUDA (101ST): Thank you. Of the \$47,000 dollar asset limits, is that set by the federal government?

JEFFREY SIDEWATER: Yes. It is. It's a federal poverty guideline that goes throughout the whole country. The only ones that have any exceptions to that would be Alaska and Hawaii. They have a little bit higher because of the cost of living in Alaska and Hawaii, but it's -- it's -- it's not indexed. Regionally, unfortunately, I -- I've asked our -- our federal representatives several times about that, and it's an issue that they haven't touched. It's the poverty guidelines are set by the federal government.

REP. KOKORUDA (101ST): And, that is a real problem for, you know, a high-cost of living state --

JEFFREY SIDEWATER: It is.

REP. KOKORUDA (101ST): For that not to be considered, and then my last question which isn't directly related to what we're talking about as far as paying for lunch. But, what are you folks doing

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about the -- I keep hearing about the incredible amount of waste with lunch for children. Do you see this as a big of problem as I'm hearing about what's thrown away every day?

JEFFREY SIDEWATER: We have gone through some waste studies and things like that. There are federal regulations actually that they're being proposed right now that are going to maybe modify, slightly tweak some of the regulations so we don't have to serve everything that we're required to serve that's ending up in the trashcans, so some of the fruits and vegetables that are forced on the meal tray that kids have to take are being looked at right now. That's another controversial issue that I don't know that it's for this committee to talk about, but that is something that the federal government is looking at too to see ways that we can prevent waste based on the requirements.

REP. KOKORUDA (101ST): Thank you.

SENATOR MOORE (22ND): So, does that include recycling the food to someone else instead of --

JEFFREY SIDEWATER: We have to go by the state health department regulations for that, and --

SENATOR MOORE (22ND): Connecticut State Health.

JEFFREY SIDEWATER: Connecticut State. We have a long list of items that we can reuse and not reuse, so we distribute that to all of our food service staff. Sharing tables used to be allowed in certain places. Now, the sharing tables are limited because of health concerns of that, but there are certain items that -- you know, we always encourage kids to share whatever they can with their classmates at the time of service there, so if somebody else is hungry

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and they didn't want to eat their apple, their friend can give them an apple. That's not a problem sharing, but leaving it and sometimes it's left for snacks. If it's a sealed item and it's not a you know potentially hazardous food item, that it's something that could be reused or used for snack or even you know taken back to the classroom for an afternoon snack and things like that, so we try to do that.

SENATOR MOORE (22ND): I remember seeing a bill recently.

REP. LINEHAN (103RD): I think we're talking about it tomorrow.

SENATOR MOORE (22ND): Yeah, so it -- it's -- [Crosstalk].

JEFFREY SIDEWATER: About sharing or sharing tables?

SENATOR MOORE (22ND): Well, not wasting the food, trying to find another way to recycle it with so many kids going home hungry and not -- and maybe having a dinner.

JEFFREY SIDEWATER: Both in Hartford and CREC we -- we have facilities set up there so that if we have a lot of leftover food at the end of the week or something like that, we'll send it to a shelter. We have arrangements with shelters. We have one right across the street from where I work at and we bring food to them at the McKinney Shelter all the time to make sure, so we try to utilize it as best as we can even if we have leftovers, so.

SENATOR MOORE (22ND): So, we may need to talk to you some more about that because we've got to figure it out instead of wasting all this food and kids

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being hungry and finding a way to make it work. All right?

JEFFREY SIDEWATER: Okay.

SENATOR MOORE (22ND): Thank you. Anybody else?

JEFFREY SIDEWATER: All right. Thank you.

SENATOR MOORE (22ND): Thank you. Raymond Ortiz.

RAYMOND ORTIZ: Good afternoon.

SENATOR MOORE (22ND): Good afternoon.

RAYMOND ORTIZ: I'd like to welcome the committee for allowing me to speak today. My name is Raymond Ortiz, and I testify today both as a human services worker in the field of -- of children and families and as a parent. I come today to testify on the proposed bill of S.B. 92, AN ACT CONCERNING CHILDREN'S SERVICES TO REQUIRE THE DCF TO CONDUCT A STUDY TO DETERMINE WHETHER POLICY AND PROCEDURE CHANGES ARE NECESSARY. This is a very personal issue, but in my exploration of trying to get support, I've uncovered that many other families had a similar situation. My child, Brooklyn Ortiz was removed from her mother's care in Connecticut on December 1, 2017, and it was against a judge's order. A day before the removal, Judge Ginocchio specifically said not to hold the father, myself, in contempt of a visitation violation. I think that the removal process and the reunification procedure needs to be reviewed. Piggybacking off that issue, once my daughter was removed, there were seven available family members, four of the seven were foster care certified already including a paternal aunt four blocks from the facility in Danbury, and the department refused to consider contact or review the possibility of placement with family.

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Therefore, not allowing the biological bond to continue with the -- with the family. Along with preserving the biological bond, the department has failed and has policy in place -- I might add -- of -- I have a 13 year old in New York from a previous marriage and the department is restricting my 13-year-old from having regular visitation with my four-year-old in Connecticut. I have been -- I have been trying to obtain a visitation plan from the department, and it's clearly stated in the statute 17a-10a that siblings no matter what situation is going on with the parents have a right to visit with each other. Currently, my girls have not seen each other for 19 months. I think that that issue needs to be reviewed as well. [Crying].

Along with that, are clinical services that have been restricted from myself and my four-year-old. I have requested family therapy with my four-year-old. She's going through a lot of changes, of course, being with strangers and in foster care, and the department has restricted me from obtaining a social worker and having regular sessions with my daughter. It's been over two years, and I have also uncovered that -- that it's actually in the law to allow a parent to seek clinical support and have a social worker assist in the separation from the family.

I'll briefly just add also that I think that H.B. 5142, AN ACT CONCERNING CHILDREN'S SAFETY. I'm very grateful that the foster parent that was chosen is capable, willing, and a loving person. That's usually not the case, especially in New York where I work. I think foster parents need to be more trained, qualified in situations, specifically where my daughter suffered a second-degree burn. She did not take the child to the doctor or report it to DCF, and I discovered the burn eight days after it

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occurred, and I think that prohibits the child from obtaining the proper care, also notifying the parents. There's also a policy in place with DCF, but that also was not adhered to. I know I'm out of time, but those were the main issues that I wanted to bring up.

SENATOR MOORE (22ND): Thank you, sir. Did you send this in writing?

RAYMOND ORTIZ: I did not. I got off the plane at 7:30 this morning, and found out that there was a hearing, and I ran over here from LaGuardia Airport.

SENATOR MOORE (22ND): Okay. I hope you ran in a car. [Laughing].

RAYMOND ORTIZ: [Laughing].

SENATOR MOORE (22ND): Thank you for taking the time to come here and give that. I'd really appreciate it if you could just send us that in writing so we have it on the record to look at. We can go back and look at it.

RAYMOND ORTIZ: Absolutely. I can do that.

SENATOR MOORE (22ND): Any questions? Comments? Thank you so much.

REP. LINEHAN (103RD): Thank you.

RAYMOND ORTIZ: Thank you. Appreciate it.

SENATOR MOORE (22ND): IS there anyone else? I finished the sign in sheets. Is there anyone else who would like to give testimony on any of the bills? All right. Well, I'm gonna adjourn this meeting, and thank you all of you members for being here.

REP. LINEHAN (103RD): Thank you.