



**Testimony concerning**  
**SB 2: AN ACT EXPANDING PRESCHOOL AND MENTAL AND BEHAVIORAL**  
**SERVICES FOR CHILDREN**  
**&**  
**HB 5001: AN ACT CONCERNING CHILDREN'S MENTAL HEALTH**

**February 25, 2022**  
**Children's Committee**

Co-Chair Linehan, Co-Chair Anwar, Vice Chair Welender, and Members of the Children's Committee:

This testimony is submitted on behalf of the Center for Children's Advocacy (CCA), the largest children's legal rights organization in New England. CCA's mission is to promote and protect the legal rights and interests of our state's most vulnerable children and young adults who are dependent upon the judicial, child welfare, health and mental health, education, and juvenile justice systems for their care.

I have been an attorney at CCA since 2009, and have practiced mainly educational law in Bridgeport, New Haven, and Hartford during this time. In November 2021, I started a new position at our brand-new Medical-Legal Partnership (MLP) at the Yale Child Study Center (YCSC). This is the first MLP in the country located at a children's behavioral health setting.<sup>1</sup> In my role, I work directly to eliminate the health-harming legal needs of children and families at YCSC, mainly supporting their access to educational services, mental health support, housing, disability benefits, and others social services. I also collaborate with YCSC mental health providers and physicians, conducting legal trainings, providing legal consultation, and collaborating in weekly rounds groups.

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CCA supports **S.B. 2, An Act Expanding Preschool and Mental and Behavioral Services for Children.**

We strongly support the addition of funding for preschool children, who are often overlooked and whose needs are minimized, particularly in light of the impact the pandemic has had on this

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<sup>1</sup> [Yale Child Study Center Grand Rounds\\_Kathryn Meyer](#)

population. Preschool children have greatly suffered due to their lack of socialization and exposure to school readiness skills.<sup>2</sup> The time is ripe to fully fund quality preschool programs for *all Connecticut children* to start to equalize the educational playing field. **We urge you to add the right to universal pre-K to this bill.**

Please also keep in mind the programs that currently serve the mental health needs of preschoolers and early elementary students, such as the Early Childhood Consultation Partnership<sup>3</sup> and the pilot program for the School-Based Diversion Initiative-Elementary version<sup>4</sup> which are time-tested, evidence-based models for success in community and school settings. We need to continue funding these programs and especially supporting their expansion for preschool through grade two age groups.

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CCA supports **H.B. 5001, An Act Concerning Children’s Mental Health.**

As attorneys for low-income children and families, we have a unique view into the impact that underfunded and overwhelmed schools face when trying to deal with children’s mental health issues. The children we serve face far too many barriers in accessing quality regular education, much less special education or mental health services at school.

The result? Push-out, in its many forms. For our older clients, this looks like disengagement, discipline, school-based arrests, or even coercion into withdrawal. These students feel overwhelmed and disconnected. Current chronic absenteeism data displays the alarming result, with Hartford Public Schools, for example, reporting a whopping 47% of its students as meeting the definition of chronically absent.<sup>5</sup>

For our youngest children, push-out often looks like frequent phone calls home, requiring parents to leave jobs and scramble to pick their children up early because the school cannot or will not deal with the child’s challenging behavior. Unfortunately, these “parent pick-ups” are rarely recorded as suspensions, though state law clearly defines any exclusion for more than ninety minutes as a suspension.<sup>6</sup> Therefore, though state leaders tout the “decrease” in suspensions for this age group, the fact remains that we do not have accurate data as to the enormity of this problem. Based on our many client’s stories, we fear that the situation has not improved much,

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<sup>2</sup> [Impacts of the Pandemic on Young Children and their Parents: Initial Findings from NIEER’s May-June 2021 Preschool Learning Activities Survey - National Institute for Early Education Research](#)

<sup>3</sup> [Early Childhood Consultation Partnership \(ECCP\) | Connecticut \(CT\) \(eccpct.com\)](#)

<sup>4</sup> [Connecticut School-Based Diversion Initiative – CTSBDI](#)

<sup>5</sup> [Hartford schools fighting COVID-driven explosion in chronic absenteeism - Hartford Courant](#)

<sup>6</sup> C.G.S. §10-233 (c)

despite legislation designed to keep young children in school.<sup>7</sup> This is because a ban alone will not ensure that young children’s needs are met. Only investment into programming and resources will get to the root causes of the outward expression of these struggles.

A recent report by the National Disabilities Rights Network, “Out from the Shadows: Informal Removal of Children with Disabilities from Public Schools” details this detrimental practice and makes recommendations:<sup>8</sup>

Casework experience has shown that when one method of informal removal is eliminated, another will develop rapidly, unless the root cause is addressed. The root cause is generally the failure to provide appropriate behavior supports to the child, and support and training to the classroom team to provide them. Stakeholders need to know which LEAs, and within them, which school buildings, have the highest rates of informal removal. Then they can determine the reasons, and thoughtfully create change.

Here, we underscore the need to provide *appropriate behavior supports to the child and support and training to the classroom team to provide them*. We believe this bill will go far to accomplish this goal, as outlined below.

Further, it has to be acknowledged that our state data shows us that racial and ethnic disparities are even more stark for discipline of our youngest learners.<sup>9</sup> Dr. Walter Gilliam’s 2016 study conclusively proved, using eye-tracking technology, that early childhood educators are actually watching young black boys more carefully than their peers, and thus pick up on more challenging behaviors.<sup>10</sup> They are looking for the behavior, and they find it. His study showed that educators who report higher levels of stress and lower levels of administrative support are more likely to exhibit discriminatory discipline habits. Therefore, the more we can support educators and provide appropriate resources for addressing challenging behavior, the more we can combat racial and ethnic disparity in school discipline.

### **How does this legislation promote mental health for children?**

- First, this bill will strengthen the available staffing and resources *on the ground at the school level*. We need trained professionals, termed “student mental health specialists” to provide assessment, intervention, and monitoring to determine what a child needs to address the root causes of their mental or behavioral health challenges. We strongly

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<sup>7</sup> Public Act 15-96: [Microsoft Word - 2015PA-00096-R00SB-01053-PA.doc \(ct.gov\)](#)

<sup>8</sup> [Out-from-The-Shadows-1.pdf \(ndrn.org\)](#), at pg. 37.

<sup>9</sup> [Report on Student Discipline in Connecticut Public Schools](#)

<sup>10</sup> [Preschool Implicit Bias Policy Brief final 9 26 276766 5379 v1.pdf \(yale.edu\)](#)

agree with the survey of available social workers and psychologists, and the report that will illuminate the current ratios and needs. This information will allow us to flexibly meet the needs of communities that are overwhelmed and under-resourced, primarily as children continue to outwardly express the effects of community and family trauma that have been heightened over the last two pandemic years of disruption.

- Second, this bill will strengthen school-community partnerships, by adding additional resources for school-based health centers. We urge this committee to take this provision a step further, and provide additional investment into our community mental health providers. Agencies such as The Village, Clifford Beers, Child and Family Guidance, and the Yale Child Study Center are often the first place families call upon for intake, assessment, and treatment. These agencies have deep connections to the communities they serve and a strong breadth of experience in children’s mental health issues. Currently, they are running way over capacity, and waiting lists continue to accrue. We need higher rates of reimbursement to attract quality clinicians to this extremely important level of care.
- Third, this bill will require schools to further inquire as to why students demonstrating truancy are disconnected from school. We appreciate the provision that requires school social workers and psychologist to do further assessment for students who are not attending school. However, we caution upon creating a parallel system to what federal and state special education laws require under Child Find.<sup>11</sup> CT state regulations require a “prompt referral” to a Planning and Placement Team meeting for students whose truant behavior is considered “unsatisfactory.”
- Fourth, this bill will call upon the State Department of Education (SDE) to issue guidance on best practices for behavioral health situations, and specifically outline *when it is appropriate* to call 211 for support. This is a key section as schools continue to struggle in determining who and when to call when they need support outside of their setting. We especially want to underscore the availability of Mobile Crisis and strongly discourage the use of 911 except for in true medical emergencies.
- Fifth, this bill will require SDE to create a “trauma coordinator” position who should have the unique expertise and leadership to train districts in better understanding and utilizing trauma-informed behavioral interventions and supports. Districts are increasingly aware and informed of the effects that trauma has on our students, and we need a designated SDE agency professional to oversee the development of this critically important skill set of interventions.

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<sup>11</sup> R.C.S.A. §10-76d-7(c)

- Finally, this bill will increase workforce development by providing incentives to clinicians of color, clinicians in the LGBTQ+ population, and those with disabilities. We are so pleased to see special attention given to the need for clinicians who are from the same communities they serve, and especially for diverse professionals that can relate to a wider variety of children's backgrounds.

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For the above-mentioned reasons, the Center for Children's Advocacy **urges the Committee to pass S.B. 2 and H.B. 5001**. The timing could not be more critical to strengthen support for children, families, educators, and mental health providers alike. Thank you for the intense amount of collaboration and dedication you have shown to these efforts.

Please do not hesitate to contact our office with any questions or concerns.

Respectfully submitted,

/s/

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Director, Speak Up Initiatives