

# Human Services Committee JOINT FAVORABLE REPORT

**Bill No.:** HB-5454

AN ACT CONCERNING MENTAL HEALTH SERVICES FOR YOUNG

**Title:** CHILDREN AND THEIR CAREGIVERS.

**Vote Date:** 3/19/2024

**Vote Action:** Joint Favorable Change of Reference to Appropriations

**PH Date:** 3/14/2024

**File No.:**

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## **SPONSORS OF BILL:**

Human Services Committee

## **REASONS FOR BILL:**

Many children and their caregivers in Connecticut face mental health challenges that have only been exacerbated since the COVID-19 pandemic. The reason for this bill is to maximize federal resources for mental health services for young children, their caregivers, and pregnant persons. Early intervention is imperative in preventing more serious mental health challenges later on in life. Providers need funding and resources to provide mental health services that children and their caregivers desperately need.

## **RESPONSE FROM ADMINISTRATION/AGENCY:**

**CT Department of Social Services, Commissioner, Andrea Barton Reeves;** supports this bill stating DSS shares the interest of this bill that very young people eligible for Medicaid have access to behavioral health services. It is also stated that DSS supports the bill's approach to analyzing the options available to maximize federal funding. It is stated that DSS currently does not have the administrative capacity or available funding to initiate the home visiting model as covered services under Medicaid. It is stated that DSS is administering an infant and early childhood mental health program using the American Rescue Plan Act (ARPA) State Fiscal Relief Funds. It is stated that DSS requests the timeframe for this report be extended from October 1, 2024, to March 1, 2025.

**Commission on Women, Children, Seniors, Equity & Opportunity, Lead AAPI Policy Analyst, Megan Baker;** supports this bill stating that investing in preventative measures may reduce adverse childhood experiences such as depression, substance abuse, child physical and verbal abuse, chronic loneliness, and homelessness as early as possible, we can prevent much more serious mental health challenges later in life. It is also stated that as the

strategic plan is developed, it is strongly recommended the Commissioner of DSS prioritize concrete ways to connect individuals and families to additional resources. It is also stated that the strategic plan is developed in a culturally sensitive manner being culturally and linguistically accessible.

#### **NATURE AND SOURCES OF SUPPORT:**

**Child First Greater Bridgeport, Director, Kristina Foye;** supports this bill stating that 20% of young children suffer from mental health or behavioral problems and for families living in poverty that number is up to 26%. The COVID pandemic has further exacerbated this problem. It is also stated that over the next few months, almost 40% of Child First service capacity will be lost and approximately 500 very young children and their caregivers will not be provided with therapeutic services. It is stated that 21 out of the 57 existing teams in CT are in jeopardy because ARPA funding designated for Child First has been expended. The waitlist is over 200 children statewide. It is stated that the return on investment with child-parent psychotherapy is over \$13.00. It is stated that Child First needs long-term sustainable funding.

**Connecticut Association for Infant and Early Childhood Mental Health, Member of Board of Directors, Marianne Barton;** supports this bill stating effective early treatment is critical in the long-term functioning of growing children. It is stated that CT is fortunate to have an intensive, home-based program for young children and their families in Child First. Outcomes of this program include decreased child mental health and language problems; decreased maternal depression, PTSD, and parenting stress.

**Connecticut Children's Medical Center, Chief Behavioral Health Officer, Howard Sovronsky;** supports this bill stating that the state must support more innovative policies that lead to a comprehensive and integrated behavioral health system which requires significant investment. It is stated that the behavioral health risks facing many children and families coupled with the children's behavioral health crisis underscore the need for earlier screening and intervention to avoid the need for higher levels of care. It is stated that our children's behavioral health system continues to be overburdened and under-resourced.

**CT Association for Infant Mental Health, Member, Darcy Lowell;** supports this bill stating support for the strategic plan to maximize federal and state funding for mental health services. It is stated that child-first is a two-generation model with a team approach providing intervention to the child and parent or caregiver. It is stated that the key to addressing the mental health crisis is by providing intervention at the earliest possible time. It is stated that ARPA funding designated for child-first is fully expended and 400-500 families will not be served. It is stated that investing in this early intervention will save the state money for later mental health treatment.

**The ARC of CT Inc., Director of Advocacy, Carol Scully;** supports this bill and asks that the legislature include the state's Birth to Three (B23) program and providers as part of the existing evidence-based programs offered at the homes of children. It is stated that this early intervention makes a big difference in the lives of the child, their parents, and their community. It is stated that B23 provides high-quality early intervention to Connecticut's most vulnerable children and has not had a cost-of-living adjustment since 2013. It is stated that

B23 providers have struggled to keep their programs running and that is why they need to be added to the existing evidence-based programs.

**Wellmore Behavioral Health, Chief Executive Officer, Gary Steck;** supports this bill stating in CT has an intervention that meets the criteria listed in the bill and that is Child First. It is stated that Child First is an evidence-based, two-generation, early childhood, home-based, mental health model, which targets very young children. It is stated that Wellmore will lose over 50% of its Child First capacity unless a funding solution is found. It is stated that early intervention is the key to addressing the mental health crisis in CT. It is stated that Child First needs long-term sustainable funding.

**NATURE AND SOURCES OF OPPOSITION:**

None expressed.

**Reported by: Carley Van Buiten**

**Date: April 1, 2024**