



State of Connecticut

GENERAL ASSEMBLY

STATE CAPITOL

HARTFORD, CONNECTICUT 06106-1591

Children's Mental Health Task Force

MINUTES

October 16, 2013

Co-chairs: Rep. Diana Urban and Sen. Dante Bartolomeo

Attended by: Rep. Whit Betts; Karalyn Kinsella, MD, Pediatric Associates of Cheshire; Gracelyn Guyol, self-employed author, lecturer & consultant; Irvin R. Jennings, MD, Family & Children's Aid; Charles Newfield, Ph.D., IPPi; Alice M. Forrester, Ph.D., Clifford Beers Clinic.

Members Absent: Sen. Art Linares

The meeting convened at 11:07.

Rep. Urban and Sen. Bartolomeo called the meeting to order. Rep. Urban noted that some task force appointments are still being made.

Sen. Bartolomeo explained that the intent of the bill, An Act Concerning the Mental, Emotional and Behavioral Health of Youths, is to focus on early identification and intervention of children's mental health issues and work across agencies to provide help to communities and families. She provided a brief overview of the public act establishing the task force, PA 13-178. The act, among other things, articulates mental health best practices, establishes a public information campaign to help families identify mental health problems and get help, and allows the Judicial Branch to perform a study to determine whether children and young adults who primarily need mental health interventions are placed in the juvenile justice or corrections systems instead of receiving appropriate treatment. Section 8 of the act establishes this task force.

Rep. Urban: The work of this task force and the childhood obesity task force will be used in the Children's Report Card to inform policy.

Rep. Betts: Hopes task force will serve as a national model and help to create good policy. He noted that a solid family unit is essential to successfully addressing children's mental health issues.

Dr. Kinsella: As a pediatrician, she is often the first person parents come to for these issues. She sees, on average, 2-3 families per day in need of mental health care, most commonly depression,

anxiety, behavioral issues, and some eating disorders. Insurance companies recently began paying for mental health screening. Through screening, pediatricians are able to get information to determine where to send a patient. However, knowledge of available resources is unavailable. A database of children's mental health practitioners and specialists would be helpful.

Sen. Bartolomeo: PA 13-178 § 2 focuses on pediatrician training, and HB 1160 (PA 13-3) has a provision calling for a regional network of psychiatrists.

Gracelyn Guyol: Introduced herself and explained that she was formerly diagnosed with bipolar disorder but was able to heal her symptoms with alternative therapies. She stated that she wrote two books on healing depression, bipolar, and other mental illnesses with alternative therapy. Also wrote a letter to Governor Malloy shortly after the Sandy Hook shooting in which she observed that in the past twenty years, every school shooter has either been going onto or coming off of psychiatric medication. She explained that the body can heal itself by addressing nutritional deficiencies and eliminating toxins.

In response to a question from Rep. Urban, Gracelyn stated that it took her two years of research to determine that her bipolar symptoms were due to a combination of genetic errors and nutrition. Her mania ended four months after discovering the source of the problem. She believes that training people to eat better is an important part of mental health treatment.

Dr. Jennings: Executive Director and treating psychiatrist for Family and Children's Aid in Danbury. He noted that keeping resources available is a daily challenge. It is very hard to find good bachelor's and master's level professionals to staff IICAPS (Intensive In-Home Child and Psychiatric Services.) Outpatient clinics consistently lose money because operating them correctly is very expensive. Approximately 90% of children that receive services from FCA are on Medicaid.

Dr. Kinsella asked if there has been a program in Connecticut that will reimburse school costs of MSWs and psychiatrists for practicing in the state after graduation.

Dr. Forrester responded that some FQHCs reimburse student loans after a practitioner is licensed. She also explained that she is a child therapist at the Clifford Beers Clinic in New Haven. She said that the clinic receives an enhanced rate of \$80/hour for family and children, but their care does not fit into one hour practice. The clinic sees about 1,600 children and families per year, mostly African American and Latino. 90% of service recipients are on Medicaid. About six years ago, the clinic began assessing children at intake for adversity they had suffered. She is convinced that traumatic and toxic stress are primary causes of behavioral health issues. The clinic is "trauma-informed" and screens children for basic needs, such as nutrition, sleep etc. She also believes that it is important to look at the family in order to address a child's behavioral health disorder. There is a drive in the state to provide integrated mental, physical, and environmental healthcare. Trauma is a public health issue and need to be treated as such.

Gracelyn Guyol: Treatment with complementary medicine, such as targeted amino acids is an inexpensive and effective alternative to psychiatric medication.

Dr. Newfield: Director of Behavioral Services at the Institute for Professional Practice. He focuses on school consultations and serves some of the neediest children in the state. He has provided applied behavioral analysis to 30+ school districts in the state. He believes that it is important to examine literature to determine the efficacy of different approaches.

Rep. Urban asked Dr. Jennings to explain IICAPS.

Dr. Jennings: The IICAPS program was started by Yale about ten years ago. A team consisting of a master's and bachelor's level social worker go into a child's home to provide clinical services twice a day for up to six months. There are approximately 150 teams throughout the state. Children have to be entering or leaving residential care to receive IICAPS services. Dr. Jennings also noted that every child in DCF custody has to have any medication changes approved by the department.

Dr. Forrester: Less than 1/3 of children receiving services at Clifford Beers are on psychiatric medication. The clinic offers yoga and mindfulness as part of its program, even though they are not reimbursable. Every service in a behavioral health outpatient clinic has to be "medically delivered" i.e. approved by a licensed psychiatrist. The clinic delivers services such as yoga for free because "it's the right thing to do." There is also a great deal of caution surrounding the use of psychiatric medication.

Rep. Johnson (not on the task force but attended the meeting): In poor districts, chronic trauma is an issue, making access to student-based health centers a goal.

Sen. Bartolomeo asked task force members to bring any data pertaining to the task force's areas of focus to the next meeting.

Rep. Urban noted that it will be important to see if there are areas that are "data-rich", such as genetics and nutrition. The task force needs to determine what data is available, what data it would like to have, and if there are any state programs that are successfully treating children's mental health needs. (She noted that IICAPS is very successful but expensive.)

The bill is intended to effect positive change in the system.

In closing, Senator Bartolomeo noted that she has both a personal and professional interest in improving children's mental health services in the state. Rep Urban explained her interest as an economist in improving such services. Rep. Betts noted that change is important, but it does not necessarily require new laws; much may be accomplished through discussion and common sense.

The meeting adjourned at 12:27.