

Bipartisan Task Force on Gun Violence Prevention and Children's Safety
Testimony of Jillian Gilchrest, Assist Policy Director
Connecticut Association for Human Services
January 29, 2013

Senator Toni Harp, Representative Wood, and members of the Bipartisan Taskforce on Gun Violence Prevention and Children's Safety, Mental Health Working Group. Thank you for your commitment and dedication to this extremely important and sensitive matter.

Founded in 1910, The Connecticut Association for Human Services (CAHS) promotes family economic security strategies that empower low-income working families to achieve financial independence. CAHS is a member of the Connecticut Early Childhood Alliance, a statewide membership and advocacy organization committed to improving the developmental outcomes for all children, birth to 8, in the areas of early learning, health, safety and economic security.

CAHS also hosts the Providers' Caucus, a Forum for childcare providers in family based and center based childcare settings, both publicly and privately funded, to receive information about statewide policy happenings and programming, and learn and share best practices amongst childcare providers statewide. With a membership of more than 300 childcare providers and growing, the Providers' Caucus listserv is reaching a diversity of childcare providers statewide.

Each week an email goes out via the Providers' Caucus listserv, asking a question to Providers. On January 14, 2013 the following question was asked of the Providers via the listserv, "Have you had children in your program with mental health issues? If so, how did you address it?" Due to the nature of their work, it can be hard for childcare providers to attend public hearings at the Legislative Office Building, but the Caucus felt it too important not to share the responses with this Taskforce.

The following are the responses to the Providers' Caucus listserv question on mental health issues in childcare settings:

"We have frequently had kids with mental health issues. We have a consulting social worker every week, use *ECCP* frequently, and refer to anyone insurance will cover. We do not expel kids, which is sometimes how programs are forced to deal with these issues. We are very lucky, but we understand that many programs are not so fortunate and one complaint to DPH about a biter or hitter and life gets very difficult, very quickly."

“I think sometimes it is difficult to know exactly what the problem is. I have had a lot of behavioral issues, and social issues which we have worked with *Birth to Three* and the Board of Education to get services for the children. We have even done shared placement with Skane for some of the children needing more assistance. We just talk to the parents so that we can put in a referral and try to get services for the child and the parents.”

“Unfortunately, I have had two recent cases. One child was connected with the Child First program which found him more appropriate care. Another child is still enrolled. He has been diagnosed with PTSD and as emotionally disturbed. Because he is involved with DCF, the process of getting him evaluated again has been extremely slow due to their red tape. He does receive counseling from a social worker but we've seen only minimal results. He is on the verge of disenrollment due to his impulsive and aggressive behaviors. We are hoping he will soon be evaluated, diagnosed again, and provided with medication as he has had prior to a DCF change in services.”

“We have had children with mental health issues in our program. We collaborate with a local guidance clinic to provide *PEIP (Prevention through Early Intervention Program)*. This allows us to have small group lessons by interns from the clinic, on social and emotional skills as well as a consultant who is available for individual child observation and staff support. We are able to refer children to the clinic through this program and partner with the family and the clinic in providing services for the child. This program has been very successful. However, sometimes we cannot meet the needs of the child.” As you deliberate and make extremely important decisions, please remember that you can start before children enter school—in early care and education settings. The sooner problems are diagnosed, the less costly and more effective the interventions will be.