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Testimony of Jamey Bell, Child Advocate
Regarding SB 374 AAC Requiring Behavioral Health Assessments for Children and
HB 5740 AAC Uniform Standards and the Provision of Mental Health Services at School-
Based Health Centers
Public Health Committee
March 8, 2013

Senator Gerrantana, Representative Johnson, Senator Slossberg, Representative Miller, Senator Welch, Representative Srinivasan and members of the Public Health Committee. I appreciate the opportunity to offer testimony regarding **SB Bill 374 AAC Requiring Behavioral Health Assessments for Children and HB 5740 AAC Uniform Standards and the Provision of Mental Health Services at School-Based Health Centers**

The mandate of the Office of the Child Advocate (OCA) includes evaluating the delivery of state funded services to children and advocating for policies and practices that promote their well being and protect their special rights. While the OCA supports the concept of S.B. 374 which seeks to require universal confidential behavioral health assessments of all public school children at grades 6,8,10 and 12 and home-schooled children at ages 12,14,and 17, we urge the committee to consider the following:

- **Require screening of all children with subsequent required assessment of those identified at-risk.** “Screening tools” are instruments designed to identify children and adolescents who are at-risk of having mental health problems or concerns and /or those who would benefit from more in depth assessment. “Assessment tools” are instruments that provide a thorough assessment of mental health and/or social emotional functioning, and are usually administered by expert practitioners.¹ Assessment provides information and context for intervention. Screening is less costly than assessment, takes less time to administer and can be administered by individuals who are trained by mental health experts. Access to child and adolescent mental health experts is already a significant barrier in Connecticut and we are afraid that requiring universal behavioral health assessments of children imposes an impossible expectation.
- **Required periodic behavioral health screening of all children beginning in infancy.** Extensive research exists supporting the need to support children’s mental health and well-being from birth. We are very concerned that too many at-risk children will be missed by waiting until middle school to begin screening/assessment. The OCA has extensive experience reviewing the circumstances of very young children who have been suspended or expelled from school (as early as preschool) because of disruptive behaviors. Our unique access to information too frequently reveals that these children have significant histories of abuse, neglect, abandonment, and/or

¹ Northern California Training Academy. Mental Health Screening and Assessment Tools for Children *Literature Review*, UC Davis Extension , Center for Human Services. October 2008.

exposure to home and community violence, and yet the systems they are involved with tend to focus solely on behavior management, and not the underlying mental distress. As recently as within the past few months, we have reviewed the circumstances of several children as young as three years old who have been excluded from their school program because of “out of control” behavior. None of those children were viewed through a mental health lens.

In addition, over the years, the OCA has advocated on behalf of many infants and toddlers in the child welfare system who have experienced multiple disruptions in their foster care placements because of problems such as inconsolability, aggressive behavior and disruptions in sleep patterns. Again, these children were more likely to have been labeled as a “difficult baby” vs. tiny children in significant mental distress.

We fully support the requirement of universal application of the requirement as this helps both to destigmatize mental/behavioral health issues and has greater potential to more effectively capture the population in need of services. Research indicates that one in five children birth to 18 has a diagnosable mental disorder and seventy five to eighty percent of children and youth in need of mental health services do not receive them.² Mental health is critical to the healthy development of all children.

In addition, the OCA supports HB 5740 AAC Uniform Standards and the Provision of Mental Health Services at School-Based Health Centers.

Requiring uniform standards seeks to ensure both collaboration between local district school nurses and school-based health center staff, as well as the provision of mental health services which promotes efficiency and more equal access to critically needed services. It is the position of the National Association of School Nurses that the registered professional school nurse is best positioned in the school community to oversee school health policies and programs. The school nurse serves in a pivotal role to provide expertise and oversight for the provision of school health services and promotion of health education.

School based health centers have demonstrated both efficiency and effectiveness in delivering quality primary health care services, including critical mental health services, to thousands of children in Connecticut who would otherwise not have access due to lack of transportation, high costs of health care, and lack of knowledge about available services. School based health centers assist children, youth and families by providing a wide variety of health promotion services, as well as utilizing a multidisciplinary approach to management of chronic illnesses which can negatively impact student attendance and learning. School based health centers are a very important component of ensuring access to health care for all children, as well as ensuring availability and readiness to learn.

Thank you for the opportunity to testify.

² National Center for Children in Poverty, Mailman School of Public Health, Columbia University. Children’s Mental Health *What Every Policymaker Should Know*. Stagman, S. and Cooper, J. April 2010.