



## *Testimony Supporting*

### **S.B. 1: An Act Equalizing Comprehensive Access to Mental, Behavioral and Physical Health Care in Response to the Pandemic**

Public Health Committee

March 17, 2021

Dear Senator Abrams, Representative Steinberg, Senator Hwang, Representative Somers, and esteemed members of the Public Health Committee:

My name is Lauren Ruth, and I am testifying today on behalf of Connecticut Voices for Children, a research-based child advocacy organization working to ensure that someday Connecticut is a thriving and equitable state where all children achieve their full potential.

**Connecticut Voices for Children supports S.B. 1: An Act Equalizing Comprehensive Access to Mental, Behavioral and Physical Health Care in Response to the Pandemic.** This is a sweeping piece of legislation whose intent is to rectify health and wellbeing disparities across the state. While this bold package of proposals is in response to the covid-19 pandemic, we applaud that the bill includes language to address systemic inequities that predated covid-19 and set the stage for the virus to disproportionately ravage communities of color in Connecticut.

According to data reported by the UConn Health Disparities Institute, as of March 4th of 2021, the covid-19 death rate for Black residents in Connecticut was 1.2 times higher than the covid-19 death rate for white residents in Connecticut.<sup>1</sup> Data reported by the Department of Mental Health and Addiction Services reports that 27 percent of identified covid-19 infections were for Hispanic/Latinx individuals, while Hispanic/Latinx people comprise less than 17 percent of Connecticut residents.<sup>2</sup>

COVID-19 harming our communities of color was not an accident, but rather a predictable (though preventable) outcome. It results from the convergence of other long-standing inequities disenfranchised communities experience—from their heightened prevalence of various diseases that place them at greater risk of serious illness if infected by the virus, to their lower-paying (but deemed “essential”) jobs that increase exposure to the virus, to their disproportionate rate of incarceration and homelessness, to their inequitable access to the quality healthcare necessary to avert death. In turn, these outcomes arise from the multiple structural inequities that have long disadvantaged communities of color in

---

<sup>1</sup> Health Equity & Covid-19. (2021). *Health Equity in COVID-19 Response Data Analytics*. University of Connecticut Health Disparities Institute. <https://health.uconn.edu/health-disparities/health-equity-covid19/>

<sup>2</sup> Delphin-Rittmon, M. (2020, November 12). *Behavioral Health, racism and health disparities in the age of Covid-19*. Connecticut Department of Mental Health and Addiction Services.

<https://portal.ct.gov/-/media/CHRO/Education-and-Outreach/Covid-19-Resources/Presentation-CHRO-pdfefh-111020.pdf>

Connecticut. To avoid COVID-19's further deepening of these inequities, each of these factors must—and can—be addressed.

### *Section 1*

Section 1 creates a requirement that when young people withdraw from school before they graduate, districts must assess students for trauma, child welfare involvement, and having experienced bullying or victimization in schools. Schools and districts must work to understand whether the students are able to acquire skills to become and stay financially independent and what students' future plans are. It further requires that districts provide students mental health supports, adult education opportunities, and access to apprenticeship programs for at least a year after they withdraw.

This is an important proposal, as Connecticut has seen a 17,844 drop in student enrollment<sup>3</sup> and increased chronic absenteeism among children of color and children with increased needs.<sup>4</sup> These drops are disproportionately seen in low-performing, high-poverty districts. Chronic absenteeism is consistently found to be a robust predictor of dropping out of school without graduating,<sup>5</sup> indicating that for many students “educational recovery” will mean literally recovering them into the educational system.

Student mental health is also an important predictor of chronic absenteeism,<sup>6</sup> and Connecticut has seen a drastic increase in child and youth anxiety, depression, and suicidality.<sup>7</sup> It's critically important that this bill recognizes that when children and young people become disengaged from their education, that disengagement is likely the result of a deeper mental health or family crisis.

We would recommend, however, that policymakers lengthen the amount of time when schools and districts extend supports to withdrawn students, to at least five years. While an estimated 75 percent of youth who drop out of high school eventually complete their high school education,<sup>8</sup> emotionally navigating a mental health crisis or unstable family situation often takes time, work, and growth; expecting young people to be ready to re-engage within a year will leave many young people without direction once they reach a point of re-engagement. Additionally, we would advocate that districts should offer multiple pathways for students seeking to re-engage, such as access to alternative education programs, YouthBuild, and guided support through online programs.<sup>9</sup>

---

<sup>3</sup> Rabe Thomas, J. (2020, March 15). *Thousands of students didn't show up for school this year. Where are the children?* The CT Mirror. <https://ctmirror.org/2021/03/15/thousands-of-students-didnt-show-up-for-school-this-year-where-did-they-go/>

<sup>4</sup> Connecticut State Department of Education. (2020, November). *Student Attendance in September 2020*. <https://portal.ct.gov/-/media/SDE/Performance/Research-Library/MonthlyAttendanceSeptember2020Report.pdf>

<sup>5</sup> Rumberger, R. W. (2011). *Dropping out: Why students drop out of high school and what can be done about it*. Cambridge: Harvard University Press.

<sup>6</sup> Gubbels, J., van der Put, C.E. & Assink, M. (2019). Risk Factors for School Absenteeism and Dropout: A Meta-Analytic Review. *Journal of Youth Adolescence* 48, 1637–1667. <https://doi.org/10.1007/s10964-019-01072-5>

<sup>7</sup> Blanco, A. (2021, January 16). *'They're deeper into crisis: 'Doctors worry about mental health toll of pandemic isolation on children and teens, increased risk of suicide*. Hartford Courant.

<https://www.courant.com/coronavirus/hc-news-coronavirus-student-mental-health-20210116-onif6qk37vflzo6mmgamea3tou-story.html>

<sup>8</sup> Burrell, J. (2020, January 20). *Second chances for high school drop outs*. ThoughtCo. <https://www.thoughtco.com/second-chances-high-school-dropouts-3570196>

<sup>9</sup> Burrell, J. (2020, January 20). *Second chances for high school drop outs*. ThoughtCo. <https://www.thoughtco.com/second-chances-high-school-dropouts-3570196>

## Section 2

Section 2 creates a Department of Public Health certification program for Peer Support Specialists who provide nonmedical health and substance abuse services within their communities. We support this language because it professionalizes the work of community members serving Black and Latinx communities who may be less able or likely to utilize behavioral health services offered in more institutional settings.<sup>10</sup> This policy works to increase both employment equity and health equity. Furthermore, Connecticut's drug overdose deaths increased 1.4 times among Black residents,<sup>11</sup> so time is of the essence connecting Connecticut's Black residents with needed community supports.

## Section 6

Section 6 declares racism in Connecticut a public health crisis. We support this declaration as a critical pathway to interrogate the ways that racism degrades the health and wellbeing of Connecticut residents throughout various aspects of its systems. Connecticut's most vulnerable communities, particularly low-income families and people of color, are more likely to be exposed to adverse social determinants of health—such as food insecurity, limited access to transportation and employment, housing instability, and the rotating door of Connecticut's criminal justice and child welfare systems—which make managing their chronic health conditions and gaining access to preventive care difficult.<sup>12</sup> Educational gaps and disproportionate school disciplinary practices impact childrens' eventual earnings potential and inflict trauma on students, damaging health from childhood through adulthood.<sup>13</sup>

## Section 7

Section 7 establishes a Truth and Reconciliation Commission to study racial disparities in public health. In particular, it is charged with examining institutional racism in laws and regulations; racial disparities in the criminal justice system and their impact on health; racial disparities in access to healthy living resources including food, public safety, and clean air and water; racial disparities in access to health care; racial disparities in hospitals and long-term care facilities; and the impact of zoning restrictions on the creation of housing disparities. We urge this committee to also consider the systems we discussed above, including child welfare, education, transportation, food systems, and employment.

With that in mind, we suggest expanding the membership of the proposed Truth and Reconciliation Commission.

First, one of the stated goals of the commission is to understand racial disparities in the criminal justice system, and yet the co-chairs of the Judiciary Committee are not given membership or designees on the

---

<sup>10</sup> Office of Behavioral Health Equity. (2020). *Double Jeopardy: COVID-19 and Behavioral Health Disparities for Black and Latino Communities in the U.S.* United States Substance Abuse and Mental Health Services Administration. <https://www.opioidlibrary.org/wp-content/uploads/2020/06/covid19-behavioral-health-disparities-black-latino-communities.pdf>

<sup>11</sup> Delphin-Rittmon, M. (2020, November 12). *Behavioral Health, racism and health disparities in the age of Covid-19.* Connecticut Department of Mental Health and Addiction Services.

<https://portal.ct.gov/-/media/CHRO/Education-and-Outreach/Covid-19-Resources/Presentation-CHRO-pdfefh-111020.pdf>

<sup>12</sup> Connecticut Voices for Children. (2020, July). *Issue Briefing Book 2020-2022.*

<https://ctvoices.org/wp-content/uploads/2020/08/Issue-Briefing-Book-2020-Final.pdf>

<sup>13</sup> Davila, K., Abraham, M., & Seaberry, C. (2020). *Towards Health Equity in Connecticut: The Role of Social Inequality and the Impact of COVID-19.* New Haven: Data Haven. Retrieved from:

<https://www.ctdatahaven.org/sites/ctdatahaven/files/DataHaven%20Health%20Equity%20Connecticut%20061820.pdf>

commission.

Second, we advocate that community voice and youth voice are critical aspects of equitable, impactful, and sustainable public policy. As such, we would recommend including spaces on the commission specifically for impacted community members and young people.

Third, we would urge the Public Health Committee to appoint expert organizations to help meet each goal. The currently listed membership is rich in public health experts. However, goal two, understanding disparities in the criminal justice system and the impact of disparities on health and wellbeing, would be more achievable if you appoint more people with deep knowledge of the justice system, such as the Justice Alliance (formally the Connecticut Juvenile Justice Alliance) or Katal. Goal three, understanding disparities in access to food, public safety, and clean air and water, would be more achievable if you appoint organizations with deep knowledge of food systems, organizations with knowledge of the environment and environmental toxins, and organizations with knowledge of police brutality. This might include representatives from Connecticut's food banks, Environment Connecticut, and the Connecticut ACLU. Goal five is to understand disparities in nursing homes and other long-term facilities, so a representative from the Alliance for Community Nonprofits could help illuminate the challenges these facilities face. Finally, goal six is to understand the impact of zoning restrictions on housing disparities, so a representative from a Public Housing Authority, Open Communities Alliance, and/or DesegregateCT would bring years of zoning-specific experience to the table.

### *Section 19*

Section 19 required the Department of Public Health and the Department of Children and Families to conduct a study of locations where children experience barriers to access for mental and behavioral health care services. The Child Health and Development Institute of Connecticut completed a trauma-informed treatment map of Connecticut in February of 2020<sup>14</sup> that includes the location of providers of Cognitive Behavioral Therapy, CBITS, Bounce Back, MATCH-ADTC, CPP, Child First, CFTSI, ARC, and TARGET. United Way 211 also publishes a database of programs and services as well as data on requests broke up by zip code.<sup>15</sup> Thus, we believe that the study suggested in section 19 may be largely redundant with already existing research.

### *Section 33*

Section 33 appropriates an undisclosed amount of money for the Department of Public Health to expand services within existing school-based health centers and developing new school-based health centers. We support directing additional funding to school-based health centers because they are shown to increase access to health services for children, their families, and their communities at-large.<sup>16</sup> They have also been shown to reduce child emergency room utilization<sup>17</sup> and lower the costs of child mental

---

<sup>14</sup>Child Health and Development Institute of Connecticut, Inc. (2020, February). *Map of Trauma-Informed Treatments for Children*. <https://www.chdi.org/publications/resources/map-trauma-focused-treatments-children/>

<sup>15</sup> 2-1-1 counts CT. <https://ct.211counts.org/>

<sup>16</sup>Arenson, M., Hudson, P. J., Lee, N., & Lai, B. (2019). The Evidence on School-Based Health Centers: A Review. *Global pediatric health*, 6. <https://doi.org/10.1177/2333794X19828745>

<sup>17</sup> Guo, J.J., Jang, R., Keller, K.N., McCracken, A.L., Pan, W., & Cluxton, R.J. (2005). Impact of school-based health centers on children with asthma. *Journal of Adolescent Health*, 37:266-274. doi:10.1016/j.jadohealth.2004.09.006

health services,<sup>18</sup> thus resulting in savings to states. Additionally, the final 2020-2021 budget eliminated funding that had previously been promised to open two new school-based health centers, so this funding could be used to allow those already planned centers to open.<sup>19</sup>

### Section 35

Section 35 appropriates \$6 million to make mobile crisis intervention services (EMPS) available 24 hours per day, seven days a week. We believe this will be a tremendous help toward keeping individuals facing mental health crises out of the emergency room and out of police stations, but we would advocate to appropriate more money to expand the number and location of mobile crisis units. Currently, average mobile crisis response times range between 26 minutes in Western Connecticut to 32 minutes in the Hartford region.<sup>20</sup> While these response times are completely understandable given that there are only 14 EMPS providers across the state and they serve between 9 and 35 children per 1,000 children in a region, recent research from the Office of the Child Advocate indicates that response times may still be too long when children experience mental health crises in school, resulting in calls to the police.<sup>21</sup>

While Connecticut worked to respond to the deadly threat posed to its aging communities by COVID-19, mental health and physical health disparities widened for communities of color and low-income families throughout the state. Without addressing the entirety of the failure of the state's systems—not just the failures of its health systems—we cannot ensure the safety and wellbeing of our residents the next time our state faces an emergency. To begin to address these disparities, **Connecticut Voices for Children urges the committee to pass S.B. 1: An Act Equalizing Comprehensive Access to Mental, Behavioral and Physical Health Care in Response to the Pandemic**, which will among many things, expand mental and physical health supports to students, expand mental health supports to Black and Latinx communities, and expand tools to interrogate systemic racism in Connecticut policy.

### JUST FACTS

- **DCF received 2.5 times more reports for educational neglect than average** during the first 3 months of the school year.<sup>22</sup> Hospitals are experiencing a higher number of children in the Emergency Room for long periods, children with emotional health needs are more likely to be chronically absent, and homeless students are chronically absent at almost twice the rate of the prior school year.
- **Groups of students that did not suffer from chronic absenteeism during the 2019-2020**

---

<sup>18</sup> Guo, J.J., Wade, T.J., Keller, K.N. (2008). Impact of school-based health centers on students with mental health problems. *Public Health Rep*, 123:768-780. doi:10.1177/003335490812300613

<sup>19</sup> Scalettar, E., Ruth, L., Siegel, K., & Langer, S., (2019). *Impact of the final FY 2020-2021 budget on children and families*. Connecticut Voices for Children. <https://ctvoices.org/wp-content/uploads/2019/08/bud19FinalBudget.pdf>

<sup>20</sup> Theriault, K., Kelly, A., Casiano, Y., Randall, K., Shaw, C., Perreault, J., Camerota, S., & Vanderploeg, J., (2019). *Mobile Crisis Intervention Services Performance Improvement Center Annual Report: Fiscal Year 2019*. Mobile Crisis Intervention Services. [https://www.empst.org/wp-content/uploads/2019/09/Mobile-Crisis-Annual-FY2019-Report\\_FINAL.pdf](https://www.empst.org/wp-content/uploads/2019/09/Mobile-Crisis-Annual-FY2019-Report_FINAL.pdf)

<sup>21</sup> Office of the Child Advocate. (2020, September 1). *OCA Investigation: Calls made by Waterbury Public Schools to local police regarding students attending elementary and PreK through grade 8 schools during the 2018-2019 school year*. State of Connecticut Office of the Child Advocate.

<https://portal.ct.gov/-/media/OCA/OCA-Recent-Publications/OCA-Report--Final-Waterbury-Report-September-1-2020.pdf>

<sup>22</sup> Rabe Thomas, J. (2020, March 15). *Thousands of students didn't show up for school this year. Where are the children?* The CT Mirror. <https://ctmirror.org/2021/03/15/thousands-of-students-didnt-show-up-for-school-this-year-where-did-they-go/>

**school year did in the 2020-2021 school year. Homeless students are especially at-risk.**<sup>23</sup>

Chronic absenteeism is defined as missing 10 percent or more of school days in a school year. Black students had a 95 percent attendance rate in 2019 and an 89 percent attendance rate in September of 2020. Hispanic and Latinx students had a 94 percent attendance rate in 2019 and an 89 percent attendance rate in September of 2020. Students with high needs had a 94 percent attendance rate in 2019 and a 90 percent attendance rate in September of 2020. Students with Free/Reduced Price Lunch had a 93 percent attendance rate in 2019 and an 89 percent attendance rate in September of 2020. Students learning English had a 94 percent attendance rate in 2019 and an 88 percent attendance rate in September of 2020. Students with disabilities had a 93 percent attendance rate in 2019 and a 90 percent attendance rate in September of 2020. *And students experiencing homelessness had an 89 percent attendance rate in 2019 and a 79 percent attendance rate in September of 2020.* White students and non-high need students did not show decreases in their September of 2020 attendance rates.

- **Nationwide more children and young people are visiting the ER for mental health reasons.** Mental health visits to the ER increased in 2020 by 24 percent for children aged 5-11 and 31 percent for young people aged 12-17.<sup>24</sup>
- **For students withdrawing from school, time and options can help them finish.** 75 percent of high school students in the United States never participated in an alternative program or school.<sup>25</sup> In 2019, the national graduation rate was 84.6 percent but 93 percent of adults aged 18-24 and 90 percent of adults over age 25 had completed a diploma, GED, or another equivalency credential.
- **Peer mental health specialists increase the use of behavioral health services for Black and Latinx young people.** A study comparing behavioral health service use in Los Angeles County and San Diego County found that young people in programs with peer support specialists attended outpatient visits 6-19 percent more than young people in programs without peer support specialists.<sup>26</sup>
- **Connecticut's opioid crisis has reached a boiling point** amidst the covid-19 lockdown. There were more drug overdose deaths each month in 2020 than in 2019, January through August<sup>27</sup>. The covid-19 pandemic has especially impacted drug overdoses in Black communities, where drug overdose deaths rose from a rate of 34.9/100,000 Black people to 49.6/100,000 Black people.

Thank you for your time and consideration.

---

<sup>23</sup> Connecticut State Department of Education. (2020, November). *Student Attendance in September 2020*.

<https://portal.ct.gov/-/media/SDE/Performance/Research-Library/MonthlyAttendanceSeptember2020Report.pdf>

<sup>24</sup> Leeb, R. T., Bitsko, R. H., Radhakrishnan, L., Martinez, P., Njai, R., & Holland, K.M. (2020). Mental health-related emergency department visits among children aged <18 years during the COVID-19 pandemic -- United States, January 1-October 17, 2020. *Morbidity and Mortality Weekly Report*. Centers for Disease Control and Prevention.

<https://www.cdc.gov/mmwr/volumes/69/wr/mm6945a3.htm>

<sup>25</sup> Miller, C. (2019). *High School Dropout Rate*. Educationdata.org. <https://educationdata.org/high-school-dropout-rate>

<sup>26</sup> Ojeda, V.D., Munson, M.R., Jones, N., Berliant, E., & Gilmer, T. P. (2021). The availability of peer support and disparities in outpatient mental health service use among minority youth with serious mental illness. *Administration and Policy in Mental Health and Mental Health Services Research* 48, 290-298. <https://doi.org/10.1007/s10488-020-01073-8>

<sup>27</sup> Delphin-Rittmon, M. (2020, November 12). *Behavioral Health, racism and health disparities in the age of Covid-19*. Connecticut Department of Mental Health and Addiction Services.

<https://portal.ct.gov/-/media/CHRO/Education-and-Outreach/Covid-19-Resources/Presentation-CHRO-pdfefhf-111020.pdf>

Lauren Ruth, Ph.D.  
Research & Policy Director  
Connecticut Voices for Children