



NASW

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

Public Health Committee

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Submitted By: Stephen Wanczyk-Karp

NASW/CT representing over 2,300 members offers the following comments and recommendations on selected sections of S.B. 1.

Section 1: The concept of an exit interview is well intentioned, and the post-school resources that would be offered to former students is supportable, however we have concerns as to this section. Exit interviews is staff intensive and would require training on administering the interview, in a culturally-responsive manner, to assure equal results across the board. It will also take school resources that local school systems cannot afford. We also have very strong concerns as to confidentiality of the interview information and find it inappropriate for reasons of confidentiality, and putting the interviewee in a difficult position by asking the student to divulge information related to DCF involvement with the family.

Section 3: Having a toolkit posted on the DMHAS website will be most helpful and we support this recommendation.

Section 6: We fully support declaring racism a public health crisis. We suggest that the bill goes further by allocating resources and point agencies that will address how CT responds to this crisis.

Section 7: We support the proposed racial disparity study and find the scope of the study to be quite comprehensive. We are however concerned that the representation on the task force, for a study that includes looking at depression and substance abuse, has no representation by a mental health professional. We urge the bill to be amended to include a mental health clinician and further recommend that such appointee be a Licensed Clinical Social Worker since the majority of mental health services in Connecticut is delivered by clinical social workers. Or alternatively, to have the Legislature's Social Work Caucus have representation on the study or a designee of the Caucus.

Section 10: (language from HES) Among high-income countries, the United States consistently faces the worst rate of pregnancy/childbirth-related deaths. Connecticut sees substantial and persistent disparities in maternal deaths by race and ethnicity. Black

women are three to four times as likely to die during or related to pregnancy than white women, regardless of socioeconomic status. Increasing equitable access to doula care services, especially in under-resourced communities, has been shown to improve outcomes for both mothers and newborns. Doulas and the care they provide can improve these outcomes.

Section 14: We oppose having a non-mental health trained health care provider performing mental health assessments. Mental health is a specialty, just like other health care specializations that we do not require primary care physicians to conduct assessments of other medical specializations. A non-mental health physician does not have the knowledge and experience to perform an adequate mental health assessment, nor are they qualified to treat a patient for mental health care. What S.B.1 should be calling for is the expansion of integrated health care models and practices that have both a physical health and mental health provider in the same setting.

Section 15: We suggest age be included in the list of factors considered in line 297.

Section 19: Having DPH in collaboration with DCF conduct a full study on the areas of the state where access to children's mental health is lacking may give us some new information. We do however question how much a study is needed vs. a simple survey of mental health providers, as the providers can readily answer the questions being sought by S.B. 1.

Section 33: NASW/CT strongly supports the expansion of school-based health care centers. We have testified in favor of SBHCs for many years because they work. SBHCs provide health and mental health to children who often would otherwise not receive health and mental health care, and they assist students in being able to fully benefit from their educational opportunities. Approximately 50% of all students seen in SBHCs are for mental health services, and due to the pandemic, this percentage is rising and is expected to continue to increase.

Section 34: There is a very real need for Crisis Intervention Teams to be available 24/7. Mental health crises do not happen only on "first shifts" and law enforcement too often are left to respond to mental health related calls for which they are not trained. We also recommend that the State seek ways to assist police departments in the hiring and utilization of social workers for an integrated response to certain 911 calls.

We thank the Public Health Committee for the opportunity to share our input and recommendations with you.