



**Testimony of Howard Sovronsky, LCSW, Chief Behavioral Health Officer
at Connecticut Children's Medical Center
to the Appropriations Committee regarding the proposed budget for the Department of
Children and Families in *House Bill 6439*
*An Act Concerning the State Budget for the Biennium Ending June Thirtieth, 2023,
and Making Appropriations Therefor***

March 3, 2021

Senator Osten, Representative Walker and members of the Appropriations Committee, thank you for the opportunity to share my thoughts about House Bill 6439, *An Act Concerning the State Budget for the Biennium Ending June Thirtieth, 2023, and Making Appropriations Therefor*. Specifically, I would like to speak to the proposal to close an eight-bed cottage at the Albert J. Solnit Children's Center- North.

My name is Howard Sovronsky and I serve as the Chief Behavioral Health Officer at Connecticut Children's Medical Center. I am submitting this testimony today to urge state legislators and policymakers to prioritize children's behavioral health services in this year's budget and focus on how state funding can most effectively be utilized to care for children. Investment in children's behavioral health care is needed now more than ever and I would caution against any reduction in available services at this time.

As the state's only independent hospital focused exclusively on the needs of children, Connecticut Children's often provides care to many children with emotional challenges, some who are in crisis in our emergency department and others whose behaviors are intertwined with other medical conditions. The coronavirus pandemic has exacerbated children's behavioral health needs due to the social isolation, disruption in routine, and stressors brought on by the health crisis. We have seen first-hand in our hospital the toll this pandemic has taken on children's mental health and I wish to impress upon you that we are currently at a crisis level. We encourage state leaders to support efforts to create a comprehensive, integrated and sustainable behavioral health ecosystem for all children which can be readily accessed when and how they need it.

Suicide is the second leading cause of death for ages 10 through 34 years old and the rates continue to rise. Unfortunately, Connecticut Children's has seen a dramatic increase in children coming to our emergency department in behavioral health crisis. We are the largest provider of emergency behavioral health services for children in the state of Connecticut with over 3,000 visits in 2020. Depression and suicidal ideation (contemplating suicide or wanting to take one's own life), or threats of self-injury are the most common presenting problem. Recognizing the growing incidence of suicide, Connecticut Children's Emergency Department began screening all children starting at the age of 10 for risk of suicide, even for those who may be visiting us for a broken bone or a couple of stitches. In the first year, over 16,000 children were screened in the emergency room including those coming in for a medical condition. 16% of those children screened tested positive for risks of suicide. This does not include those children who are admitted each year with serious medical complications resulting from failed suicide attempts.

We have found a disturbing trend in recent months. The rates of positive screens in October 2020 increased to 19%, November was 24% and December was 21%. We need to act now to better support the mental health of children in Connecticut.

At Connecticut Children's, we have evaluated current data trends and adjusted our programs and processes to accommodate today's crisis. Our Behavioral Health Transitions Clinic offers treatment to families in an outpatient setting which allows them to also connect with community based resources. Although we know community based resources are critically important, some children need higher-levels of intervention and require in-patient treatment. There are times when we can successfully stabilize behavioral health patients in our emergency department to a level where sub-acute care is then needed, like the care provided by a Psychiatric Residential Treatment Facility (PRTF)—such as the PRTF at Solnit. Quite frequently, these children spend days sitting in our emergency department while our staff desperately search for any available in-patient or PRTF placement. Our children deserve better.

We recommend that state leaders first evaluate the aggregate supply of behavioral health resources that serve children and adolescents, and compare that supply to the demonstrated need for care before making decisions that could curtail the availability of services.

Thank you for your consideration of our position. If you have any questions about this testimony, please contact Emily Boushee, Connecticut Children's Government Relations, at 860-837-5557.