

Testimony of

**Tom Nicholas**

**The Connecticut Education Association**  
Before the  
**Committee on Children**

*Re:*

***HB 5698 AAC THE COLLECTION AND REPORTING OF ADVERSE CHILDHOOD EXPERIENCES DATA.***

***HB 6509 AAC SCHOOL-BASED MENTAL HEALTH CLINICS***

***SB 934 AA REQUIRING THE PROVISION OF INFORMATION CONCERNING MENTAL AND EMOTIONAL HEALTH RESOURCES BY SCHOOL DISTRICTS.***

March 2, 2021

Good afternoon Senator Anwar, Representative Linehan, Senator Martin, Representative Dauphinais, and distinguished members of the Committee on Children. I am Tom Nicholas, a Manchester school social worker and the Vice President of the Connecticut Education Association, an organization representing active and retired teachers from over 150 school districts across the state.

There is a dire mental health crisis afflicting children in Connecticut and across the country. This crisis is driven by a growing number of our youngest students who have experienced traumatic adverse childhood experiences. Rates of anxiety, depression, and suicide are rising rapidly among adolescents, regardless of their race, ethnicity, or family income.

CEA's members see the impact of adverse childhood experiences in their classrooms, most disturbingly in the earliest grades. In some instances, they see it in children's disengagement. In other instances, they see it in students' inability to regulate their behaviors and emotions. They see it in aggressive, disruptive, and even violent outbursts that have been causing significant physical and emotional harm to those around them – students, teachers, and others in the school community.

Educators also see manifestations of trauma in depression and alienation. As *Education Week* recently reported, thirty-five percent of 14- to 18-year olds have a mental health crisis each year, which includes self-injury, suicide ideation, or attempted suicide.

The most terrifying aspect of these statistics is that they are from prior to the pandemic. School closures, lack of socialization, disruption to normal routines, food insecurity, and decreased access to social services can only have exacerbated the existing mental health crisis. Children will return to school behind academically, but more troubling, in desperate need of support and mental health resources schools have long lacked.

The bills being heard today intend to address these concerns, and we applaud the committee for raising them for a public hearing.

***CEA Supports HB 6509 and SB 934.***

Instituting school based mental health clinics and ensuring information about local mental health providers is provided to students and families can better assure quick, easy access to quality mental health services for students. We believe these approaches are critical to addressing children's mental health crises, which are affecting all schools in the state. Additionally, we know that the most effective approaches for meeting the social-emotional and learning needs of a child are those that marshal community providers and resources as comprehensive community schools do. HB 6509 and SB 934 would put into place some key community school strategies that could benefit all students.

For these reasons, CEA strongly supports both HB 6509 and SB 934, which would increase the availability of mental health services through school-based programs and increase public awareness of the mental health resources available to children in a district.

***CEA supports the concept of HB 5698, but not as drafted.***

HB 5698 provides for the collection of data on students' Adverse Childhood Experiences (ACES). We believe that teachers and administrators would be well served by knowing more about the level of ACES experienced by children under their care. We are concerned about the breadth of the bill language, which could result in the collection of not only ACES scores (i.e. the raw score) but details of personal information on adverse experiences at the state level.

The primary tool for determining an ACE score is an inventory of adverse events experienced by a child. As such, the information includes not only a final score, but also a list of the types of incidents experienced. These include indicators of abuse and neglect, such as emotional or physical neglect and sexual abuse. They would also include indicators of family dysfunction, including the presence of a mentally ill, depressed, or suicidal person in the home, drug or alcohol addiction, divorce, incarceration, and domestic violence.

We believe that ACE scores that indicate the number of adverse experiences a child has experienced can help teachers understand the needs and emotional well-being of students. This in turn can improve interactions and help educators to identify appropriate resources for students' unique circumstances. We believe the details of the ACES inventory should not be readily available in databases, though believe such information is important for use by certified school specialists such as social workers, counselors, and mental health professionals.

We believe the bill as drafted does not place any effective parameters on the collection and use of this information. We also believe that collection at the state level of anything but aggregate scores is unwise. Moreover, with proposals to expand the sharing of state-collected student data to institutions of higher education and entities engaging in employment, the risk of misuse, abuse, or breach is too great.

Consequently, we do not support the bill as drafted, but do believe that there is a place for the collection and use of ACE scores by educators. We would welcome the opportunity to work with committee members on substitute language to achieve the best balance.

Thank you for your consideration.