

Community Health Center, Inc.

Testimony Submitted to Appropriations Committee
By Jane Hylan, Director of School Based Health Services
And By Alison Urban, LCSW
Community Health Center, Inc., Middletown, Connecticut
February 15, 2013

Jane Hylan: Senator Harp, and Members of the Appropriations Committee, good evening. Thank you for this opportunity to speak before you. I am Jane Hylan, Director of School Based Health Services for the Community Health Center, Inc., headquartered in Middletown. I am joined by Alison Urban, clinical social worker at CHC's school based health center at Smalley Academy, an elementary school of seven hundred students in New Britain.

I am sure you have all heard how SBHCs better the lives of students and families who are fortunate enough to have one available. Having access to a SBHC allows our youth better access to healthcare. Not only do our programs provide medical, behavioral health and dental care, but we are continuously providing preventive services such as risk assessments, counseling and health education. Providers enable students to adopt healthy behaviors, potentially improve their quality of life and decrease children's risk for developing chronic disease later in life.

In the last fiscal year, in response to the Governor's Education Reform Initiative, the Legislature allocated \$1.3 million dollars to fund 22 new or expanded School Based Health Centers in the Alliance Districts, including specific earmarks for new SBHCs in Pawcatuck and Hamden. Just last month, a Request for Proposal was released through the Department of Public Health to fund these new or expanded Centers. The proposals are due in March – but these proposed funding cuts will only allow the new or expanded sites to be open in

May and June of 2013 if the Governor's reductions are allowed to stand. Surely this was not the intent of the Legislature when you appropriated the funding in the FY 13 budget.

In December 2012, the Governor rescinded more than a half-million dollars from School Based Health Centers as part of his deficit reduction plan. The half-million dollars was taken from the 1.3 million dollars that had just been allocated by the Legislature for the new/expanded sites. Since the entire allocation for new or expanded health centers has been proposed to be eliminated in the FY2014 and FY2015 budget proposal, the continued reduction is being taken from operational funding to existing school based health centers

These reductions come at a time when the state has an urgent interest in the mental health of children and adolescents – a critical function of SBHCs. School Based Health Centers eliminate barriers to care -- particularly mental health care -- including location, cost, and the social stigma that prevents many adolescents from accessing the care they need. SBHC providers are trained to meet the unique needs of children and adolescents. The SBHC model that provides treatment in the school allows for more systematic detection, assessment, treatment, and monitoring of student health". Alison Urban, from our school based health center at Smalley Academy in New Britain offers an example.

Alison Urban, LCSW: Good evening. I hope to illustrate tonight the importance of proactive, preventative and coordinated health care in the school setting, by sharing with you the story of a fifth-grader named Olivia (not her real name).

Olivia's teachers considered her to be a model student. She presented as a kind, bright and responsible girl with no overt need for mental health intervention. During a routine health history appointment with nurse practitioner Sara Keiling, however, Olivia made a surprising and critical disclosure. "My mom's using drugs," she said, "and I'm scared." Sara

then knocked on my door (directly across from hers) and asked that I join the appointment. In the conversation that followed, we provided Olivia with support and gathered further information. We learned that Olivia had assumed full responsibility for her mother's daily care, as well as her own. She reported that her mother was frequently out over night, and asleep during the day. Olivia spent virtually all of her time alone, eating dinner only when she cooked it herself. She was often unable to sleep due to the anxiety of caring for herself and her mother.

A DCF investigation confirmed extreme health and safety concerns in Olivia's home. It was determined that she would reside with a foster family while her mother entered a recovery program. Sara worked with Olivia and her DCF supports to address the nutritional concerns resulting from the neglect she experienced. I also provided her with weekly mental health treatment.

Olivia blossomed during the next several months, despite the difficulty of separating from her mother. During her first therapy session, I asked Olivia to draw a place where she felt safe. Without hesitating, she drew her foster home. She added that her "safe place" at school was the health center.

