

NAMI Connecticut

National Alliance on Mental Illness

TESTIMONY OF THE NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI) OF CONNECTICUT BEFORE THE PUBLIC HEALTH COMMITTEE

March 20, 2013

COMMENT TO IMPROVE S.B. No. 1137 (RAISED) AN ACT CONCERNING SCHOOL BASED HEALTH CENTERS

Senator Gerratana, Representative Johnson, and distinguished members of the Public Health Committee, my name is Sara Frankel and I am the Public Policy Director for Children, Youth and Young Adults with the National Alliance on Mental Illness (NAMI) of Connecticut. NAMI Connecticut is the state affiliate of NAMI, the nation's largest grassroots mental health organization dedicated to building better lives for all those affected by mental illness. NAMI Connecticut offers support groups, educational programs, and advocacy for improved services, more humane treatment and an end to stigma and economic and social discrimination. We represent individuals who actually live with mental illness and parents and family members of individuals living with mental illness. I am here today on behalf of NAMI Connecticut, and as member of the Keep the Promise Coalition, to comment on proposed Senate Bill 1137, An Act Concerning School Based Health Centers.

Section 1 of proposed S.B. No. 1137, requires Connecticut to adopt the federal definition of "school-based health center," which is defined as:

[A] health clinic that (i) is located in or near a school facility of a school district or board or of an Indian tribe or tribal organization; (ii) is organized through school, community, and health provider relationships; (iii) is administered by a sponsoring facility; (iv) provides through health professionals primary health services to children in accordance with State and local law, including laws relating to licensure and certification; and (v) satisfies such other requirements as a State may establish for the operation of such a clinic," 2 USC 1397jj(c)(9)).

However, NAMI Connecticut recommends that should the state adopt a uniform definition of "school-based health centers," such centers must be described as offering both primary and behavioral health services. Specifically, if Connecticut adopts the federal definition, it must amend the definition in section (iv) to state the following: "provides through health and mental health professionals primary and mental health services in accordance with State and local law."

It is well known that although one in five children and adolescents have symptoms of a mental illness, only 20 percent receive mental health services. Yet, of those twenty percent, 70-80% receive mental health services in school. The number one reason children seek out the services of school-based health centers in Connecticut is for mental health services. Between FY 2006-2009, 32% of the visits to School-based health centers in Connecticut were for mental health reasons.¹ Accordingly, in any standard definition of "school-based health center" that Connecticut chooses to adopt, it must include a provision that such centers provide both primary and behavioral health services.

¹ *Adolescent Health Coordination and School-Based Health Centers in Connecticut: RBA Project 2011*, Page 58. Legislative Program Review & Investigations Committee, Connecticut General Assembly (March 2012).