

## **Testimony in support of SB No. 415: AN ACT ESTABLISHING ADDITIONAL SCHOOL-BASED HEALTH CENTERS**

**Submitted 3/12/14 by Richard Calvert, Chief Operating Officer, Child and Family Agency of Southeastern CT, Inc.**

Sen. Gerratana, Rep. Johnson, Members of the Public Health Committee:

My name is Rick Calvert, Chief Operating Officer for Child & Family Agency of Southeastern Connecticut, which operates 18 School-Based Health Centers in five communities throughout New London County. I am here to testify in support of Bill No. 415: AN ACT ESTABLISHING ADDITIONAL SCHOOL-BASED HEALTH CENTERS.

The two schools prioritized for School-Based Health Center expansion by the Groton district administrators are Mary Morrisson and Pleasant Valley elementary schools. As general indicators of need, both schools have Free and Reduced-cost lunch percentages nearing 40%. Both have about 25% of the students transitioning each year to another district/state, and both have high percentages of minority students.

For the past 20 years Child and Family Agency has provided full-time, year-round School Based Health Center services at five of Groton's schools: one high school, two middle schools, and two elementary schools. The utilization has been robust for both the medical and behavioral health services. Each of the currently-served elementary schools have between a 70 and 80% enrollment, meaning that the vast majority of parents have chosen to enroll their children because they want them to have access to the centers' coordinated medical and behavioral health care, as a critical enhancement to what is available in the community at large.

Even with recent improvements in the availability of health care coverage, barriers to actual care "on the ground" remain.

- Primary care practices in the community are typically saturated. Many go through significant periods of not accepting new patients. Furthermore, limited appointment availability creates a chronic burden for working single-parent and two-working-parent families, with some of the area's employers not flexibly supporting parents who need to miss work to meet their children's needs. Perhaps most seriously, parents who are new to the community (mobility in and out of the region, military and otherwise, is significant) often have to wait weeks in order to get mandated school-entry

physicals for their children. Quick access to these physicals through Groton's school-based health centers eliminates this problem, thereby ensuring that children are not held out of school.

- Mental/behavioral health treatment capacity in southeastern Connecticut is chronically unable to meet service need. While recent post-Newtown initiatives (e.g. PA 13-178) will likely make some improvements in early identification and referral, school-based health center expansion is a critical part of improving the availability of ongoing therapy services. Child and Family Agency's school-based services are particularly comprehensive and responsive, in that they are linked to the agency's Child Guidance Clinics, which include ready access to CFA's Psychiatrists. Psychiatric care, including medication management, is particularly hard to find in the community at large.
- Many of Groton's families rely on the area's limited public transportation. School-based health centers eliminate this barrier to service.

In the past few years there has been a major redistricting effort in Groton in order to meet State and Federal requirements. Some of the students who were in schools that had a school based health center were transferred to a school that did not. Many parents have voiced their concerns and disappointment about this. Additionally, every year our staff receive calls from one of these unserved schools asking that their students be able to get the mandatory physical and/or immunizations in order to start school. These are often children of the military whose records have not arrived at the base and are therefore not yet eligible for care, or are from another state or from another country. Community providers usually cannot schedule these "new" patients for at least 4 to 6 weeks. Our school based staff see these children within 24-48 hours so that they can start school and begin to "normalize" their lives in a new community with new teachers and friends. This is especially important for the children of Groton's military families, who comprise 37% of the student population district-wide, whose lives are regularly up-ended with another relocation or the deployment of a parent. At Mary Morrisson Elementary School, one of two schools addressed by this bill, military children make up 61% of the student population.

I urge your support of this bill, and I am happy to answer any of your questions at this time.

Thank you.