



Senator Gerratana, Representative Ritter, and members of the Public Health Committee. My name is Jesse White-Fresé and I am the Executive Director of the CT Association of School Based Health Centers. I am testifying in support of RB 917, *An Act Concerning School Based Health Centers*. This bill seeks to codify a definition of School Based Health Centers and adopt minimum quality standards.

Throughout 2014 I had the honor of serving as co-chair of the School Based Health Center (SBHC) Advisory Committee, re-established under PA13-278. The committee was charged with developing minimum standards for SBHCs, and the commitment and active participation of members led to a document that delineates all aspects of SBHCs - from staffing patterns to facility requirements to scope of services. Individuals representing multiple state agencies, school systems, hospitals, FQHCs, nonprofit organizations, and the Association crafted standards to ensure consistency and the highest quality of service delivery in SBHCs. We were pleased with the dedication of the members, in particular with the Department of Public Health as an active partner in the process. The committee's recommendations were submitted in a report to the Commissioner of Public Health in January 2015.

Bill 917 sets forth criteria to define a school based health center. Building upon a federal definition that passed into law in 2009, Connecticut's definition includes primary care and behavioral health as essential components of the integrated care model. The integrated model is considered the 'gold standard' of school based health care (Robert Wood Johnson Foundation, 2003) and is hailed as one of the hallmarks of person-centered medical homes in health care reform. Most SBHCs in Connecticut deliver integrated care with co-located medical and behavioral health clinicians, but the model has never been formally adopted.

Section 1, part 2c of RB 917 states that "The Department of Public Health may adopt regulations to establish minimum quality standards for school based health centers". CASBHC recommends that the language be modified to say that the Department "shall" adopt regulations to establish minimum quality standards as this work has already been accomplished by the committee and approved by the Commissioner.

Many stressors impact a student's school performance -- chronic illnesses, family or community violence, homelessness, bullying, physical and sexual abuse, loss of a loved one, and many mental health conditions. As an example, a child with asthma may have physical health problems associated with this condition, but often experiences fear and depression related to acute episodes of difficult breathing. The SBHC mental health therapist can help the child and their family cope with these fears and develop a support system. The integrated SBHC model provides a one-stop approach to dealing with both the physical and behavioral health aspects of the condition - its value should not be underestimated.

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The adoption of the SBHC definition and standards will ensure consistency in the comprehensive model throughout the state, will support the integration of behavioral health and primary care, and will ensure that SBHC services are of the highest quality. As SBHCs continue to expand throughout the state, schools and family can be assured that sites that meet the criteria for the definition and the standards will provide that 'gold standard' of care. CASBHC recognizes that some new programs initially may not be able to meet all the criteria of the integrated model, and understands and supports the value of those services. We recommend that partial services be considered a glide path toward a fully comprehensive school based health center in the future.

On behalf of the members of the Association, I urge you to adopt the definition of a school based health center and the accompanying minimum quality standards.

I am happy to answer any questions you may have.

Thank you.

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