



Advocacy and Action
for Connecticut's
Mental Health

Testimony of the Keep the Promise (KTP) Coalition

Public Health Committee, March 16, 2015

IN SUPPORT OF

SB 917, An Act Concerning School Based Health Centers.

My name is Susan Kelley, and I am the Child and Adolescent Public Policy Manager of the National Alliance on Mental Illness (NAMI), Connecticut, and staff to the Children's Committee of the Keep the Promise (KTP) Coalition, Connecticut's largest network of stakeholder groups advocating for smart policies in mental health. KTP is dedicated to ensuring that a comprehensive, community mental health system is created and sustained for children, adults and families in Connecticut. The focus of the KTP Children's Committee (KTPC) is improving access to quality mental health care for all children in the state.

On behalf of KTPC, I am writing today to express our support of SB 917, *an Act Concerning School Based Health Centers, to establish a definition of "school based health center" and to allow the Commissioner of Public Health to adopt regulations concerning minimum quality standards for School Based Health Centers.*

Only Section 1 of the bill is new. SB 917 defines a school based health center (SBHC); lists eligible sponsoring facilities; and states that the Department of Public Health (DPH) may adopt regulations to establish minimum quality standards for SBHCs.

SB 917's establishment of a SBHC definition and creation of standards will ensure that SBHCs throughout the state provide high quality health services and continue to use Connecticut's current integrated service delivery model that blends medical care with preventive and behavioral health services. As a result of this integrated model, SBHCs provide truly comprehensive health care services to our children and youth.

Expanding the role of schools in addressing the behavioral health needs of children is central to the statewide Children's Behavioral Health Plan released in October of last year, under PA 13-178. The Plan

recognizes schools as ideal settings for carrying out intervention/prevention strategies and providing linkages to mental health services for children. Although one in five children has a diagnosable mental illness,¹ only a quarter receive appropriate mental health services.² However, of the children who *do* receive mental health services, the vast majority, 70-80%, receive them in the school setting.³

In addition to improving access to mental health services for students, SBHCs are effective in addressing attendance issues. According to a 2012 report issued by the General Assembly's Legislative Program and Review Investigations Committee entitled "*Adolescent Health Coordination and School Based Health Centers*," "[s]tudents enrolled in a school-based health center gained three times as much classroom time as students not enrolled, and [SBHC's] significantly reduced the number of early dismissals from school in comparison with students who received schools nursing services alone."

We support SB 917 and the critical role of SBHCs in providing effective and efficient mental/behavioral health services to students.

Thank you for your time and attention.

Respectfully submitted,

Susan Kelley

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NAMI Connecticut; staff to KTP Children's Committee

¹ Report of US Surgeon General's Conference on Children's Mental Health. 2000.

² Substance Abuse and Mental Health Services Administration. Results from the 2008 national survey on drug use and health: National findings. 2009; NSDUH Series H-36, HHS Publication No. SMA 09-4434.

³ Rones, M and Hoagwood, K. School-Based Mental Health Services: A Research Review. *Clinical Child & Family Psychology Review*, Vol. 3, No. 4, 2000: 223-241.