

Senator Gerratana, Representative Dillon and members of the Health and Hospital's Subcommittee of Appropriations, thank you for this opportunity to submit written testimony to you on HB: 5044 (budget bill). I am Jane Hylan, Director of School Based Health Services for the Community Health Center, Inc.. CHC is providing care in over 180 community and school locations and specifically to over 14,000 student/patients annually. I am sure you have all heard how SBHCs better the lives of students and families who are fortunate enough to have one available. Not only do our programs provide better access to 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, decrease children's risk for developing chronic disease later in life and students stay in school and continue to learn.

Reductions and rescissions to SBHC funding have been felt – by student/patients, their families, their schools and communities - beginning in January 2015. January and July 2015, SBHC funding was reduced by \$891,218 between rescissions and overall budget reductions. In December 2015, a rescission removed an additional \$117,474 from the line item. After this total \$1.09 million reduction, the current allocation for SBHCs is \$11,630,024. The

Governor's budget proposes to reduce SBHCs an additional \$477,431 during the current fiscal year, annualizes that reduction, and proposes to cut an additional 5.75% from SBHCs for a total cut of 1.24 million.

These reductions come at a time when the state has an urgent interest in the behavioral health of children and adolescents – a critical function of SBHCs.

School Based Health Centers eliminate barriers to care -- particularly behavioral health care -- including location, cost, and the social stigma that prevents many adolescents from accessing the care they need. Providers are trained to meet the unique needs of children and adolescents. This model that provides treatment in the school allows for more systematic detection, assessment, treatment, and monitoring of student health. In the last 5 years, visits to DPH funded SBHCs for behavioral health services have increased by 11%; from 30% of all visits to 41% of all visits. Research shows that students that use the SBHC are 74% more likely to get the behavioral health care they need than non-users of SBHCs.

SBHCs bill HUSKY and private insurance whenever possible, yet reimbursements support a small percentage of operations. There are often barriers to billing for some services that include: preventative and care coordination services that are not covered by insurance; high deductibles;

denial of service for behavioral health treatments; limited visits on parent's insurance plan; many services are confidential; and the inability to bill for a medical and behavioral health visit on the same day.

Connecticut's SBHCs are a wise investment in the health of children and adolescents! SBHCs can demonstrate successful outcomes for youth, are piloting national performance standards for SBHCs, are testing a SBHC medical home model, and have Report Cards to show success in improving the physical health, behavioral health, and dental health of our most vulnerable population.

Ghandi once said "the measure of a society is how they treat their weakest members." Keeping our students healthy and in school by keeping our school based health centers fully operational, is one of the best ways to treat some of our weakest members.

Thank you.

