



Testimony of Anthony DiLauro, Executive Director, Human Services Council, Norwalk, CT

Opposition to Governor's Proposed Budget Cuts:

As Executive Director of the Human Services Council, two of my five programs, The Dr. Robert E. Appleby School Based Health Centers and the Mid Fairfield Substance Abuse Coalition, I am very concerned about the proposed budget cuts. These cuts will nearly wipe out the funding for the Mid Fairfield Substance Abuse Coalition which will leave Norwalk, Westport, Wilton and Weston with no substance abuse coordination of prevention services. These cuts will threaten the possible closure of one or more of the School Based Health Centers in the 5 schools in Norwalk or at least reducing hours and access for children who need them.

School Based Health Centers

- Our agency serves nearly 2,000 students in the Norwalk Public Schools. Of the 96 SBHCs in the state, HSC runs 5 SBHCs that provide medical and behavioral health care. HSC expenses for serving nearly 2,000 children are \$517,000 and DPH funds \$320,000 of that cost. We raise private funds in the amount of \$197,000 that from a variety of sources which include donations, foundation grants, direct service grants and insurance reimbursements. There is no federal funding available for SBHCs.
- Over 51% of the 11,000 students in the Norwalk Public School system are recipients of free or reduced priced lunch and living at or below the poverty level. Our agency serves only a portion of this population and we would love to serve more, even ALL of these students. HSC is attempting to carry out the state plans to expand access to health care via SBHCs as outlined in the *Connecticut Children's Behavioral Health Plan goals/strategies dated 9/5/14**. We serve all children regardless of their ability to pay and we keep them in school where they belong! We have a 96% return to class rate. Cutting this budget takes valuable health services away from these children and eventually the entire family suffers. We need increased to funds to reach more students to make more of an impact, to secure healthy futures and healthy living for all children. They are all deserving.
- In 2015 (January) a \$590,000 cut was made; 5% cut to SBHC programs
- In 2016 a proposed \$477,431 cut for this fiscal year
- In 2017 a proposed \$1,244,839 million cut for next fiscal year

- The Governor's 2012 Education Reform Initiative opened new SBHCs and these cuts will directly effect children in the states lowest performing schools!
- The following quotes from Sandy Hook Report from March of 2015 indicates the need for early identification of developmental and behavioral health in children. I quote:

School-based health services should be designed to provide screening and referral for developmental and behavioral health problems, exposure to toxic stress, and other risk factors, as well as effective treatment offerings to address trauma, loss and other stressors. Schools might also invite families to screen for potential stressors and offer resources to parents and other family members to manage and address their own stress and exposure to adverse experiences. As detailed below in our discussion of response and recovery efforts following disaster events, all professionals working in school-based health centers and indeed throughout the schools must receive training in recognizing signs of trauma exposure, toxic stress and behavioral health challenges. To address the high cost of ACEs, Connecticut should build and support a collaborative system of care for children and families that starts with the schools. Schools, primary care and behavioral health providers should use similar standardized, validated screening and assessment tools to improve early identification and treatment of emotional and behavioral problems, including screening for adverse events and other likely causes of toxic stress.

The mental and behavioral health section of this report begins by addressing the existing mental health system and identifies the essential elements for an effective system that promotes mental health across the lifespan. These include comprehensive and coordinated systems of care in which behavioral health and physical health are understood as highly interrelated, are given equal priority, and are part of a holistic approach to wellness that sees the individual in the context of the family and broader community.

The report next considers the barriers that impede access to quality care in our current system. Initially, the Commission examines the system's fragmented payment structure, which undermines care coordination and consistency, denies care to many who most need it, and limits care for reasons that often have little to do with its clinical justifications or efficacy. The Commission's analysis identifies deficiencies in both the public and private systems of care and calls for increased integration to make effective, clinically

indicated services and evidence-based community programs available to children and adults regardless of economic status.

*One of the Connecticut Children's Behavioral Health Plan's goals/strategies:

- *“Strengthening the role of schools in addressing the behavioral needs of students “; sub-item C.3.1 indicates “Develop and implement a plan to expand school-based behavioral health services”*
- *Goal A4, item B: Prevention of mental, emotional and behavioral health concerns for children is one of the key goals of the plan called for by PA13-178. The law requires the inclusion of strategies that employ prevention-focused techniques with an emphasis on early identification and intervention and access to developmentally appropriate services, where addressed in this section.*

- These cuts mean: reduced hours and reduced access for students and staff layoffs

Substance Abuse Prevention

- The Connecticut Prevention Network =13 Regional Action Councils in 169 communities
 - A \$1.27 million dollar budget reduced by \$692,540 shared by 13 RACs & Governor's Prevention Partnership (14 staff)
- These cuts will eliminate some of these community coalitions completely.
- Multiple studies indicate that every \$1 spent on substance abuse prevention results in an average of \$10 in long term saving including healthcare costs OR \$7million in long term costs to the State of CT!
 - CPN is the only organized prevention network in the state! They facilitate regional needs assessments, evaluation and planning processes that support federal funding and produce epidemiological profiles used to inform state application. CPN actively represents the state and is a strong public policy advocate for substance abuse prevention and harm reduction.
 - CPN supports all local prevention councils with training, technical & grant assistance, drug trends information, effective data collection, capacity building, program design and support.
 - CPN provides youth and adult prevention materials, harm reduction initiatives and mental health first aid training; education on opioid abuse, alcohol, marijuana, heroin, tobacco, e-cigarettes, suicide prevention, gambling awareness teams, merchant education, piloted medication drop box programs and biennial DEA sponsored drug take backs.
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Thank you for hearing my testimony and I hope you will reconsider these cuts and the effects they will have on the valuable programs we offer. Moreover, the effects on the children in our area and throughout the state of CT.