Testimony before the Appropriations Committee
March 1, 2019

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On Governor’s proposed Biennial Budget FY2020-21
H.B. 7148 AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNium
ENDING JUNE THIRTIETH, 2021, AND MAKING APPROPRIATIONS THEREFORE
Submitted by Sara Ann Jakub, M.A. 6th year, LPC, Director of Clinical Services for School
Based Health Center Programs at Child and Family Agency of Southeastern CT, Inc., and
registered voter of Waterford, Connecticut.

Good evening Senator Osten, Representative Walker and members of the Appropriations
Committee.

My name is Sara Ann Jakub and I am a registered voter in Waterford, Connecticut. I am here
today in my role as Director of Clinical Services for the School-Based Health Center Program at
Child & Family Agency of Southeastern Connecticut. Our agency operates 13 School-Based
Health Centers in New London County. I am here to testify on H.B. 7148, An Act Adjusting the

I am aware of the budgetary climate over the past several years and the need to identify areas of
savings rather than spending. I appreciate the hard choices you will be making in regards to the
budget and its fiscal implications for the State of Connecticut. As such, I would like to highlight
for you one of the many examples of how School Based Health Center services are a cost-
savings measure.

In addition to medical care, School Based Health Centers also provide outpatient level mental
health care from a master-level clinician onsite during the school day; they carry a caseload of
students in ongoing therapy and are available to SBHC registered students. Of the 7,706 mental
health visits last school year, 461 visits were for current School Based clients in acute mental
health crisis, requiring a suicide or homicidal risk assessment. If our SBHC’s did not exist, those
461 incidents would require removal from school to an outpatient mental health specialist, that is
if the student was already open for services with a community provider and can get a same day
assessment. Alternatively, for most of the 461 crises the school would need to identify
emergency supports or send the student to the ER, often by ambulance.

However, because of our SBHC services, only 4 of those visits was trip to the ER required,
due to an SBHC clients presentation being of significant risk. Additionally, out of the 461 crisis
visits for homicide and suicide risk last year, 34 were per request the school staff for SBHC
registered students. Only 3 of those 34 crises actually warranted an ER visit.

That means 457 times in one-year students presented with homicide or suicidal concern, in
response we addressed the mental health needs appropriately and were able to return as student
to their class with minimal disruption to their learning.
According to the Connecticut Hospital Association Chime-Database Report (2014), the median cost for an ER visit for children in the State of Connecticut is $1,631 per visit. If these 461 visits for children resulted in an ER visit, it would have cost approximately $751,891 to the Connecticut taxpayer without even consideration for loss of work time for their parents and the cost of their possible subsequent hospitalization. This total estimated cost is in excess of nearly 4.5 fully staffed School Based Health Centers, all for the same cost of sending all of these children to the ER. Even if half of these crisis SBHC visits adverted an ER visit, the cost savings is still profound.

A SBHC mental health crisis visit includes clinical risk and safety assessment, intensive education, a safety plan shared with all supports, and a follow-up plan for ongoing therapy, all for the cost of $54.24 to a state-insured client and $35.50 for private insured clients. SBHC’s bill insurance for these contracted rates whenever it is available and with guardians consent. We have no out of pocket cost to families, if things like their high-deductible plans make their insurance too expensive to use or for lack of insurance.

The emergency room is a place for true emergencies. Connecticut families with children who enter our ER’s for behavioral health needs wait hours, unable to attend to other needs like work and school. Some families who make repeated trips end up creating “ER go-bags” with extra sweatshirts, books and activities all in anticipation of the next trip due to a mental health crisis. SBHC’s provide an essential role to reduce the backlog of needless safety assessments clogging up our Emergency Rooms. Research shows that preventative care and timely delivery of mental health care can in fact prevent ER visits and hospital admissions.

Please continue to provide for our SBHCs and avoid any further funding reductions as that would have a direct impact on the wellbeing Connecticut’s families. Thank you for hearing me today and for your anticipated support for the school based health centers.

Respectfully Submitted,

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