

## Public Testimony

### S.B. 1 AN ACT EQUALIZING COMPREHENSIVE ACCESS TO MENTAL, BEHAVIORAL AND PHYSICAL HEALTH CARE IN RESPONSE TO THE PANDEMIC

Good Day Senator, Abrams, Representative Steinberg, Senator Anwar, Senator Kushner, Representative Gilchrest, Senator Hwang, Senator Somers, and Honorable Members of the Public Health Committee:

My name is Deirdre Brannin I am writing to you as a Family Nurse Practitioner who runs 2 school-based medical clinics through Community Health Center, Inc. I serve an elementary school in East Haven and a high school in Meriden. I cannot be with you today as I am vaccinating at our mass vaccine site at Pratt and Whitney so I appreciate Jane Hylan reading you my testimony.

I appreciate the opportunity to present written testimony on *SB1 An Act Equalizing Comprehensive Access to Mental, Behavioral and Physical Health Care in Response to the Pandemic*.

I wanted to explain how SBHC medical and behavioral health presence in the schools helps to catch significant medical and mental health issues that would otherwise be missed, especially during the pandemic when access to in-person medical care is challenging and limited.

Last week I saw a high school patient for an in-person Physical exam. In reviewing the patient's chart, I noticed that months ago the student had labwork which was extremely abnormal and indicative of new onset diabetes, and significant for worsening of liver disease and high cholesterol as well as another metabolic disorder. The patient had been referred to the endocrine specialist that they had seen previously, but the appointment had been delayed until April. For some reason, the urgency of the situation of new onset diabetes had not been understood by the endocrine specialist or parent in scheduling the STAT appointment, placing this child at significant risk of poor outcome, including diabetic ketoacidosis which can lead to coma or death. The child had significantly elevated blood sugar levels in the clinic despite not eating that day, so I sent the child immediately to the emergency department at CCMC to receive treatment for the acute hyperglycemia and where the appropriate endocrine consultation could occur. This child was started on insulin immediately. My ability to see the student in person in school allowed me to identify a significant health risk, intervene and get the child the care that was needed. As a NP in the SBHC I also need to coordinate care with the school nurse around this child's blood sugar levels. This is particularly important since the student will be playing a sport. It will take a team to keep this child safe, and as you can see, the school based health center is an important part of that team.

In my medical practice, I often identify students in need of behavioral health services and I work very collaboratively with the social worker in the school based health center to give and receive referrals when needed. Our unique model of care supports the wellness of the whole person and provides seamless transitions of care. I perform a PHQ-9, which is a depression screening, on each of my patients over 12 years of age. My screening for mental health issues does not stop there. Sometimes I identify a student with a behavioral health need with my standardized screening. Other days, like today I have a patient who does not screen positive on the PHQ-9 but who has a behavioral health need that I am able to identify by talking to them, asking them about their lives, and from the trusting relationship that we have established over the years. I learned that the patient, who I saw for a medical appointment for an unrelated diagnosis, had recently lost a

parent and has been isolated because of the pandemic. This student has been having daily anxiety and panic attacks since the death of the parent. The student has never sought out help or discussed this with anyone before today. I was able to provide a warm handoff directly to the social worker, who met immediately with the student to engage them into services. Had I not been here today, had I not had the relationship that I have with this student, and had I not had the TIME to ask how the student was doing, I would have missed a debilitating anxiety issue. I frequently make referrals to behavioral health for other concerns: depression, acute stress, family issues, suicidality, self-injury, grief, or history of abuse or neglect that I identify because I get to know the students and I have the time to ask about their lives. Although some pediatricians do screen for depression or anxiety in their patients at the annual well visit, very often the visits are too rushed or too formal, or not confidential or private enough for the child to express their concerns.

The real beauty of the school based health center model, especially within the high school setting is that we are helping a generation of young people learn how to advocate for themselves, and we are teaching them how to responsibly access care. SBHC's are so effective because of the access that the students have to us. We are there day in and day out, they know us, they trust us.

I thank you for your time and I hope that the stories of my 2 students help to demonstrate the value that school based health centers provide to our children and to our communities.