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 Jane Hylan. I am the Director of School Based Health Services for

the Community Health Center, Inc. headquartered in Middletown CT. I am

speaking today on behalf of Deidre Brannin, a Family Nurse Practitioner who

practices at 2 school-based medical clinics operated by Community Health

Center, Inc. -an elementary school in East Haven and a high school in

Meriden. Deidre cannot be with us today as she is vaccinating at our mass

vaccine site at Pratt and Whitney.

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.

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 lab work 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. 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. 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.

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. 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.

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.

I thank you for your time and I hope that my testimony helps demonstrate the value that school based health centers provide to our children and to our communities.