

March 13, 2015

Sen. Gerratana, Rep. Ritter, and members of the Public Health Committee. Thank you for accepting this testimony in support of S.B. No. 917 (RAISED) AN ACT CONCERNING SCHOOL-BASED HEALTH CENTERS. My name is JoAnn Eaccarino. I am a Nurse Practitioner and Associate Director at Child and Family Agency, overseeing the 18 School Based Health Centers in New London, Groton, Pawcatuck, Norwich, and Waterford.

Having worked diligently to create this document with fellow School Based Health Center administrators, the CT Association of School Based Health Centers, Inc., key representatives from state agencies (DSS, DMHAS, SDE) and especially with the Department of Public Health, I wholly encourage your adoption of this Bill. The Commissioner has endorsed this definition and the accompanying standards which support it.

Why should we have a definition? Because it gives clarity to everyone, particularly our consumers (school districts, parents, students) about what should be expected when you say you are a School Based Health Center. It means that they will have access to both physical and behavioral health providers, and in some cases, dental as well. It means that in that one center the students will have barrier-free access to physicals, immunizations, minor acute care, case finding for chronic health issues, individual/group/family therapy....with only the permission of the parent/guardian needed for enrollment in the program. And it will all be provided without regard for transportation, work schedules of parents, and for the most part any co-pays.

In no way do we intend to diminish the importance of those that offer only physical or only behavioral health care. Any services we can provide to the children of CT are important. We just want it to be clear that a School Based Health Center is comprehensive and incorporates both services that supports care for the whole child. A child that to everyone seems "fine", but comes to the school nurse day after day with a headache and is then referred to the SBHC may have issues that need investigation. For a child such as this, a mental health screen done by the nurse practitioner in the SBHC often reveals that the child is depressed or anxious, and referral to the mental health professional in the next office is what is needed....not Tylenol....and not weeks later when an appointment can be arranged with a community provider that is accessible/affordable for that family. Conversely, a child with depressive symptoms (falling asleep in class, lack of participation, anger, etc.) may be hungry, eating the wrong food or no food for breakfast....something that the nurse practitioner can address with them. I would add that everyone knows that a retail clinic is not a community health center...and neither of them call themselves by the name of the other....both are necessary but the way services are delivered is different and is made clear by definition.

For years Connecticut has been recognized nationally as the gold standard for their School Based Health Centers. Our grants dating back 25 years from the Department of Public Health have always expected that a School Based Health Center would offer both physical and behavioral health care. Now is the opportunity to make what they are and what they do clear to everyone. Thank you.