Good evening to all. I am Melanie Wilde-Lane, Director of the School Based Health Center’s in Branford. I am here today to testify on behalf of HB 7148; An Act Concerning the State Budget for the Biennium Ending June 13, 2021 And Making Appropriations Therefore. Today you have or will hear all of the reasons why our SBHC budget should be left untouched. I want to provide you with a couple of real life stories and hopefully give you two very good reasons to not cut our budget.

A 10 year-old student with mental health concerns and a somewhat chaotic and changing social situation entered our SBHC. While in a counseling session with our clinical social worker, his behavior changed. His movements became very rhythmic and tic-like, he had repeated vocalizations, he was less oriented and he began to loudly describe the thoughts and sounds in his head. Our social worker brought this student to our medical office where for the next 20-30 minutes he continued these behaviors. Together, and in the privacy of the nurse practitioner’s exam room, the school based health center staff were able to remain with the student until he returned to his baseline state.

Following this, our staff contacted 211 and the DCF staff assigned to the student as well as the student’s guardian, who all came right to the school. The appropriate services, supports and follow up plans were put into place. Branford SBHC’s are fortunate to have contracted services with Yale Child Study Center, who provides psychiatric services to our enrolled SBHC students. The next day, the psychiatrist met with our student, DCF case worker and father and tentative diagnosis was made and a long term plan was put into place.

Had the SBHC not been available, this student would have most certainly been transported via ambulance to the hospital. The disruption (and fear) to the student, the school staff and the other students would have been significant. The presence of the SBHC and more importantly, the expertise of the staff at the SBHC, resulted in the least amount of disruption to our student in crisis and the most streamlined and effective (both cost effective and emotionally effective) outcome for all.

A young woman presented to the school nurse complaining of fatigue and insomnia. She did not want to speak with anyone, but rather “just wanted to sleep” in the health office. The SBHC nurse practitioner, having already established a relationship with young woman, was able to convince her to come to the medical office to talk. The student then disclosed to our nurse practitioner that she was having suicidal thoughts. After careful discussion concerning her plan and intent it was determined she did not need a hospital transport. Our SBHC nurse practitioner consulted with our SBHC social worker and arranged for the student to immediately meet with her.

The young woman was also scheduled to begin taking a medication with the known significant risk of depression. Our nurse practitioner spoke with student’s mother, advising her NOT to start this medication until further consultation with the prescribing provider. The student and our SBHC social worker met and together they agreed to bring the student’s mother in to the school for further support and discussion. It was agreed that the student would begin to meet with the SBHC social worker.
Had the SBHC not been available, this student may not have disclosed her concerns. She also may not have had such a rapid response in terms of identification of problem, family involvement, and therapeutic intervention. And, it is quite possible, even probable, that this would have resulted in a 911 call. She may also have started a medication that could have resulted in significant harm to her.