

Connie Catrone
381 Cornwall Avenue
Cheshire, Connecticut
203 576 8442

1/31/07

Statement to the Public Health Committee

My name is Connie Catrone. I live am a clinical social worker who has been working with children and families for thirty years. I have a broad base of experience having worked in the public and private sectors and I have a subspecialty in work with youth in foster care. For the last 8 ½ years I have worked as the Behavioral Health Coordinator of the Bridgeport School Based Health Centers. As part of my role I have represented the Connecticut Association of School Based Health Centers as a voting member of the Behavioral Health Partnership Oversight Council for the last 2 years participating in the care coordination subcommittee and all oversight discussions and decisions regarding the BHP implementation.

I am here today to talk about the 'potential' of School Based Health Centers mental health services. I say potential because when I arrived in Bridgeport that is what I found a program with extraordinary potential, an 'untapped' resource for the youth of our City. I believe that that is the situation that this committee is facing. The sixty plus School Based Health Centers, the level V centers offer opportunities to remediate a number of problems in the health care service delivery system. I will focus on the mental health service delivery system. But, keep in mind that my comments are dependent upon the context of "comprehensive" care. Mental health cannot stand alone. It is part of an overall approach to supporting children's health!

The School Based Health Center program is like a gem that has not been 'polished' to its maximum sheen. If developed, enhanced and appropriately supported, I believe that SBHCs can contribute significantly to expanding access to "quality" health care and reducing the racial and ethnic disparities currently operating in our health care system in this and other states.

What do we know about mental health and youth?

The information is abundant. The Surgeon General, the Freedom Commission and others have provided consistent information. In a nutshell, many youth need help but very few receive timely, effective help. **Access (alone) does not ensure a positive outcome!!** This is very important because this State is making a huge financial investment in improving access and to what end? Back to the facts:

- 21% of youth 9-17 experience the signs and symptoms of a mental health problem in one year.
- It is estimated that only 20% of children who actually need these services receive them
- Over 90% of students who commit suicide have a 'mental disorder'
- Nationally, youth of color are less likely to access 'traditional' mental health services

- By age 13 youth with a mental disorder that has not been treated will have developed multiple disorders.
- 40-60% of families who begin treatment terminate prematurely. Most attend 1-2 sessions.
- There is a huge disparity nationally in minority's utilization of mental health services. Despite the prevalence of mental health disorder in all communities, consumers of mental health are 30% are white; 22% are Black and 14% are Hispanic. In Bridgeport as in other communities of color we have the opposite experience; 31% of our mental health consumers are Black; 46% are Hispanic; and 10% are White. This is an investment worth making. **Our School Based Health Centers can engage youth of color in quality mental health services that are life saving!!**

School Based Health Center mental health programs offer the following opportunities:

- Nationally of the youth who do receive treatment **70-80% of them receive it in a school**. So our entire BHP program is being built for the 20-30% of symptomatic youth who can make it to a community organization!
- **Youth are 10 times more likely** to pursue mental health counseling or substance abuse treatment when they have access to a health center! Yes 10 times more likely! In Bridgeport we have an 80% compliance rate with treatment recommendations, including medication!! This is extraordinary for an adolescent population.
- **Mental Health and Physical Health are integrated into one seamless health care plan!**
- **SBHCs are very appropriate settings in which to conduct groups** that help youth improve their social skills, conflict resolution and "bonding" to prosocial peers. These interventions all help youth 'connect' to their schools which then reduce absenteeism and the likelihood of dropping out.
- **SBHCs are well positioned to identify "early" mental health problems of youth. The earlier these issues are identified the most effective and cost efficient is the treatment. In Bridgeport 12000 students have access to our services on any given day!!**
- **SBHCs are positioned to provide a "continuum" of mental health Services from prevention to intensive intervention.** This continuum reflects what our youth's need; education regarding mental health that reduces stigma and increases self observation and knowledge; the enhancement of social-emotional skills so that students can have a 'language' with which to describe their experience; support so that they have the 'courage' to look at themselves, their situation and their future.
- **SBHC's can provide an ongoing relationship with a trusted health care professional.** In this era of efficiency and 'evidence' the "trust" factor is most often ignored. But, consumers will only access care and 'comply' with treatment if they trust and respect their provider. I am reminded of a comment from a fifth grader. This youngster in the midst of a divorce had been referred to a community provider by our SBHC social worker. The boy when he arrived

at the office would not get out of his parents' car. When the SBHC social worker inquired about this and pointed out that he (the client) was quite capable of talking about his situation, the boy said; "ya but that's with you.... I know you... I didn't know that guy. I don't want to talk to a stranger".... Who does??

- **The programs of the School Based Health Centers are based on a "developmental" model of psychopathology.** Children are not little adults! It is inappropriate to treat them as little adults who need medication and recovery services. They are developing human beings with an extraordinary capacity for change and cure.
- SBHC consumers access the school based health centers for "emotional" problems more often than any other identified problem. **In Bridgeport in 2005-2006 students made 19000 visits to our centers. Over 25% of these visits were for "emotional reasons".**

We need your help to sustain and build this important work:

- **The Behavioral Health Partnership has been tirelessly focusing on one area of the spectrum of care; the community agencies. And, they are building a system of care that is most appropriate for the seriously emotionally disturbed.** At most, this is estimated to be 9% (serious functional impairment). The problem with relying on this approach alone is that there are still many youth (10% or more) who have moderate impairment who require attention and services and if those youth left untreated are likely to go on to develop more serious problems. We must invest in developing the School Based Health Centers' mental health services along with the community based services. These two service delivery systems should be coordinated to support all youth's success!!
- **Many communities have very high rates of uninsured.** We treat these patients as we would any patient offering them the full spectrum of service. In Bridgeport 30% of our consumers are uninsured. On the mental health side, we have been the only willing provider of mental health services and medications. Often we have purchased these medications for the patient because of the extraordinary cost and the patient need.... Consider an ADHD child who could not function in their classroom without their medications and a single mother whose financial resources were very limited. She could not pay for her son's medication out of pocket. We first had the pharmaceutical company provide the medication free of charge and later had to pick up the cost ourselves.
- **SBHC's continue to operate as "shoe string" operations.** We need more medical and psychiatric back up for our non medical providers and we need expanded billing codes to ensure that we can collect fees for services that would be billable in other settings.
- **The BHP is investing in Enhanced Care Clinics, Care Coordination and evidence based practice.** The school based health centers **must** become part of these initiatives. Currently, there are regulatory and infrastructure obstacles.

Human story: I will close with a college essay written by one of our consumers. She can't be here. She's in college.

Thank you for your time.

I was lost. At the beginning of my junior year, I found myself in a state of depression. Dealing with my own family saying upsetting insults about my appearance and the ongoing troubles in my household, I felt so dark inside. In my mind, there was nowhere to turn. For awhile, I refused to discuss my issues with anyone. When anyone reached out to me, I would curl up within myself and build a wall to keep them away. I used writing as an outlet. It was where I let all my feelings and emotions spill out on paper. It did help to a certain extent, but I still held so much inside, which ironically to my own thinking, made things worse. My grades slipped. I had barely an interest in my schoolwork. It was then I decided I should talk to someone. One reason was because I never had such poor grades before and I didn't want this to continue. I was tired of feeling dreadful inside and letting it interfere with my life. Finally, I took the risk. I asked for help.

Surprisingly, meeting with a counselor for the first time wasn't as difficult as I thought it would be. She made me feel completely comfortable in talking about my personal issues. As time went on, she made me realize that just because other people were saying hurtful things about me, I didn't have to listen. No one had the right to put me down. Once I kept telling myself positive things, the spiteful words of others weren't upsetting to me. I was now one step closer to loving myself again. Family crisis, the every day troubles of life, I had no idea of how to handle them. L provided me with the alternatives as to what I could do. Then it was my decision to choose what was best for me, what I was comfortable with doing.

As a senior, I still keep in touch with my confident. I think back to what kind of a person I was when we first met. I was confused and felt helpless. My dreams, my hopes, were shattered because of my depression. Now, when we meet, I'm using my best judgment and going along with what I feel is right. Getting help was the best thing I could have done for myself. I now have a much better outlook on my future. I know attending college is what I want. Out of both sides of the family, I would be the second one to do so. For as long as I can remember, writing is what I truly love to do. It's something I will never stop doing. Attending college will help me improve in my writing skills. Becoming a published author is what I want as a career and I will do anything to achieve this dream. I'm not letting anyone or anything stand in my way of getting where I want to be.