



Good morning Senator Harp, Representative Wood, and members of the Mental Health Services subcommittee. Thank you for the invitation to speak to you today about School Based Health Centers. My name is Jesse White-Fresé, Executive Director of the Connecticut Association of School Based Health Centers.

School Based Health Centers (SBHCs) are a model that works. The provision of primary care medical, behavioral health and dental services in a school meets youth in their own environment, and brings critical health services within their reach. For many children and adolescents, the ability to receive health care when they need it and where they need it is essential.

The Connecticut Association of School Based Health Centers strongly supports the comprehensive model of school based health care. This model posits that the co-location of medical care and behavioral health care provides a unique opportunity to address and manage the needs of children and adolescents. For so many families, the SBHC is a safety net that allows parents to stay at work with the assurance that their son or daughter will receive the health care they need in a safe, supportive environment. Parents provide written permission for their child to use the services. SBHCs provide students with immediate access to care for many serious health issues that impact school performance and academic success.

As we turn our attention to the mental health needs of young people, it is important to note that an established infrastructure is already in place in 20 Connecticut communities that have Department of Public Health-funded School Based Health Centers. The major source of operational funding is from the state allocation, insurance reimbursements, and other small grants that allow these 80 centers to provide comprehensive health care to the school population. Each year, more than 35,000 students receive care in their School Based Health Center in 131,000 visits. Of those total visits, 41,000 visits are for mental health concerns that impact the child's ability to focus on learning.

Many mental health issues are discovered during a student's medical visit to the School Based Health Center. Through the use of standardized screening tools, medical providers are often the ones who "case find" those students with severe behavioral health issues. As an example, in one community, 22% of those middle school students screened by the nurse practitioner had positive scores, which were then followed up and managed by the SBHC mental health clinician or referred to a child psychiatrist or emergency mobile psychiatric services for additional evaluation. In addition to screenings initiated by medical providers in the centers, students are referred for mental health care by school personnel, parents, or by self-referral. Treatment is provided by licensed mental health clinicians for a wide range of issues that include peer conflict, suicide attempts, self-injury, victimization, trauma, substance abuse, anxiety disorders, domestic violence, bipolar disorder, learning disorders, major depression, eating disorders, attention deficit disorder, and more. Many principals report that students' mental health issues are increasing in intensity and are emerging at younger ages.



Protecting the Health of Connecticut's Young People: Brief Reports

Mental Health

It is estimated that only a quarter of children who need mental health care receive it. Of those who receive mental health services, 70-80% received that care in a school setting.¹ In an unpublished report in 2002, the CT State Department of Education found that the only school based health care system devoted to the mental health needs of regular education students in Connecticut is the School Based Health Center program.² School Based Health Centers (SBHCs) provide individual, group, and family counseling for mental health issues in more than 40,000 visits annually.

Studies have shown that SBHCs reduce Medicaid costs associated with emergency room use and hospitalization. Apart from asthma sufferers, the children and adolescents that are most likely to utilize emergency room care or inpatient hospitalization care are those who suffer from mental health problems.³ SBHCs also provide a cost-effective means of delivering care. In the case of children and adolescents insured by Medicaid, each visit to an SBHC saves an estimated \$35.00 in Medicaid costs per child per year.⁴

School Based Health Centers offer high quality mental health care, provided by clinicians with expertise in child and adolescent health, using an interdisciplinary approach to health. SBHCs reduce the barriers experienced in traditional mental health settings, including stigma, difficulty accessing care, and long wait times for appointments. SBHCs provide students with immediate access to care for many serious health issues that impact school performance and academic success.

CT School-Based Health Centers

Selected Mental Health Need

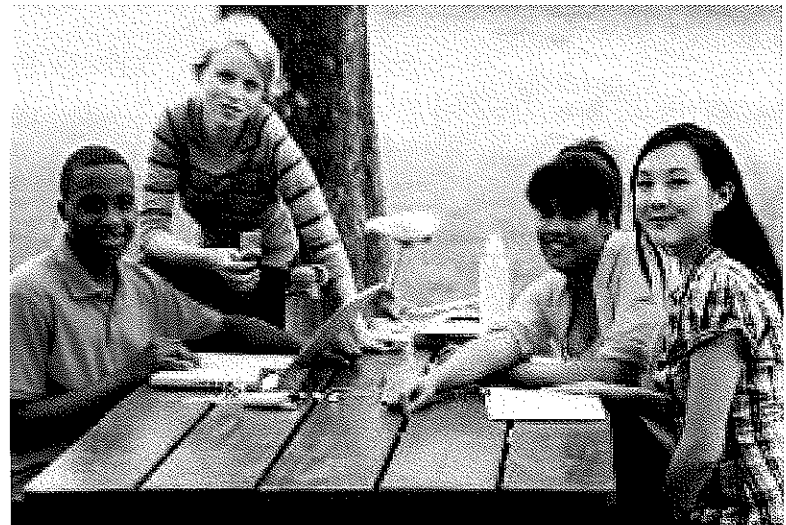
	'07-'08
Students with 1 or More Identified Need	5,337
Total Annual Visits, SBHC	40,828

Treatment is provided for the following:

High risk behavior / Self-injury
 Psychosocial problems: family / peers
 Attention deficit disorder / ADHD
 Victimization; trauma; traumatic stress
 Alcohol and substance abuse
 Delusional/psychotic / personality disorder

Anxiety disorders	Conduct Disorder
Learning disorders	Adjustment Disorder
Bipolar disorder	Other disorders *
Major Depression	

*Other disorders include eating disorders, autism, developmental delays, problem behaviors.



1 Burns B.J., et al. (1995). *Health Affairs* 1995; 14,3: 149-159. 2 *Mental Health Blueprint for Children in CT: Joint Task Force of CT Chapter of American Academy of Pediatrics and CT Chapter of American Academy of Child and Adolescent Psychiatry*, Jan. 2010. 3 Center for Health & Health Care in Schools., 2009. 4 Guo, J. et al.. (2010). *American Journal of Public Health*, 100, 1617-1623.



ISSUE BRIEF



CONNECTICUT ASSOCIATION OF
School Based Health Centers

Connecticut School Based Health Centers Engage Adolescent African-American and Latino Males in Mental Health Services

African-American and Latino males are half as likely to receive mental health services compared to non-Hispanic White youth,¹⁻² yet both groups experience emotional and behavioral problems that often result in school and social issues. It is important to understand how African-American and Latino young men perceive and experience available mental health services, particularly services offered through School Based Health Centers (SBHC), as SBHCs are generally more accessible to adolescents than community-based services. This Issue Brief describes the factors that contribute to effective utilization of mental health services in Connecticut's SBHCs by adolescent African-American and Latino male students, and examines the ability of SBHCs and their staff to engage this population.

Barriers to Accessing Services

Nationwide, nearly 1 in 5 children and adolescents experience symptoms of mental health disorders, and of those, only 15% to 20% receive services.³ Of the children and adolescents who receive mental health services, 70-80% receive them in schools.⁴ African-American males are among the most underserved populations with respect to mental health services.^{5,6} Approximately 13% of African-American youth have a diagnosed depressive disorder.⁷ Among African-American and Latino adolescent males, less than 10% make use of outpatient mental health services.² Of those that initiate community-based mental health treatment, the majority drop out after 2-3 sessions.⁸ The fragmentation of mental health services has been highlighted as a unique barrier faced by African-American males in accessing mental health services.⁹

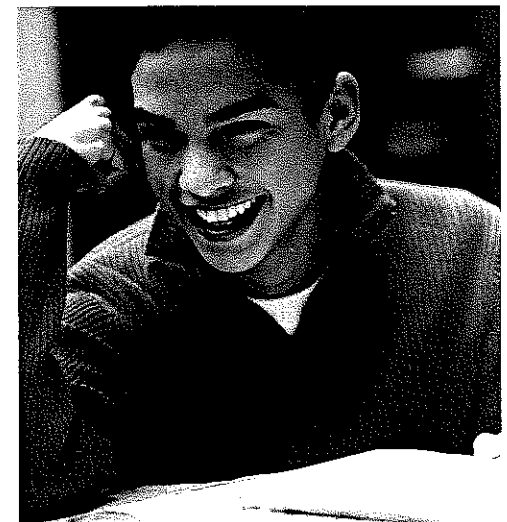
In Connecticut, in a 2011 survey conducted by Connecticut Association of School Based Health Centers (CASBHC), the vast majority of SBHC

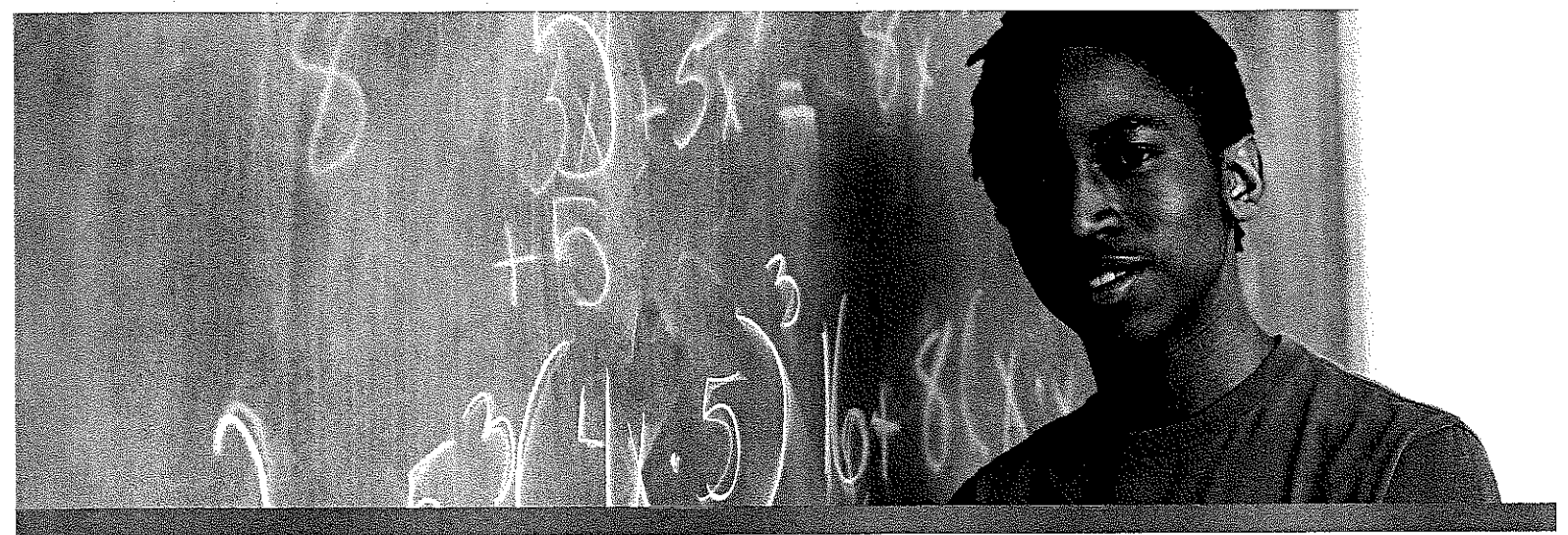
mental health providers reported lack of transportation (90%), lack of insurance (63%) and stigma (60%) as major barriers for adolescent males of color who seek mental health services in community-based settings.

An analysis of Connecticut-specific demographic and visit data collected by the 75 state-funded SBHCs (school years 2007-2008/2008-2009) revealed 1,130 males in grades 7-12 identified as African-American or Hispanic that received mental health services. It is significant that these 1,130 young men received mental health treatment in 15,386 visits in the two year period, an average of 13.6 visits each.

In an effort to elicit the voices of the young men who receive mental health services in SBHCs, 22 male students from four Connecticut SBHC communities were interviewed. Forty-five percent of the sample was African-American; which included youth who identified as African-American, Jamaican, or Haitian and 55% were Latino,

of which 66% were Puerto Rican, and the others were Colombian, Dominican, Mexican, Honduran, and Brazilian. Participating youth were in grades 7 through 12 and ranged in age from 13 to 18 years old. While the majority of the youth (73%) had lived in their school district for most of their lives, 14% had come from other countries within the past three years and another 13% moved from other parts of the country in the past four years.





Improving Access to Mental Health Care

SBHCs are well positioned to address barriers to care and are able to provide easily accessible comprehensive medical, mental health, and dental services because they are on site in the school. Connecticut's SBHCs are comprehensive primary care facilities licensed as outpatient clinics or as hospital satellites. They are located within the school or on school grounds and serve students grades pre-K-12. Within Connecticut there are 75 state-funded SBHCs at elementary, middle, and high schools in 19 communities. They all provide comprehensive medical and mental health services; some sites provide dental services. The medical practitioners are licensed to assess, diagnose, and treat medical problems including illness and injury, chronic disease management, immunizations, provide prescriptions, health education, and referrals for specialty care. The mental health clinicians are trained to provide assessment, diagnosis, and treatment of mental health issues; crisis intervention; substance abuse; collaborative care management; health education; and case management. A unique feature of comprehensive SBHCs is the ability to integrate medical and mental health care within the same site.

SBHCs in Connecticut provide an atmosphere of safety, confidentiality and trust; characteristics that are of paramount importance to adolescent males.

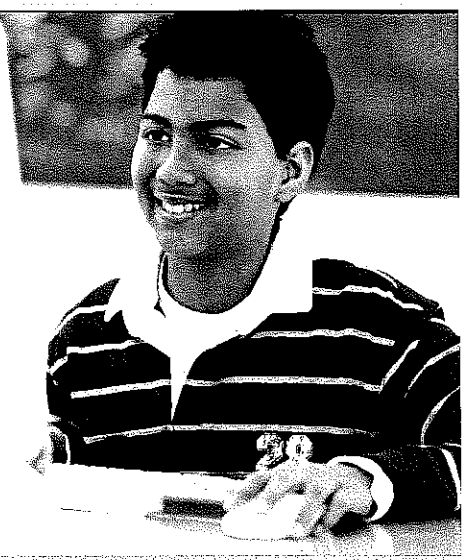
Factors Impacting Mental Health Treatment in School Based Health Centers

SBHCs in Connecticut provide an atmosphere of safety, confidentiality and trust; characteristics that are of paramount importance to adolescent males. The services provided at SBHCs are more likely to be culturally compatible and individualized compared to those outside the school.¹⁰ The mental health clinicians are easily accessible to the students as needed. The ease of access is critically important as these young men strive for a better future. The African-American and Latino young men who were interviewed self-identified a wide range of reasons for seeking services at the SBHC, including depression, being bullied, suicidal ideation or attempt, family and school problems, trust issues, problems managing anger, and engaging in risky behavior. When asked about the issues that African-American and Latino males face in school and in the community, students described peer pressure to abuse drugs, skip school, racism and discrimination, relationships, and pressure to keep up with stereotypes as primary factors. As one student confided, "Most African-American and Latino [males] face race problems. Like we try to keep up with the race. You see all these young kids today that try to keep up with the things that people always assume about them."

One SBHC mental health clinician stated that, "those [young men] who come to me state a desire for a better future." Another clinician observed that "they are tired of feeling angry and alone, the feelings I most often see them identify" (CASBHC survey, 2011). The voices of the young men that were interviewed echoed these insights as one young man stated "...once I was able to find [the SBHC] and cope with my stresses and use this different method to utilize things, I started thinking about it's time for me to start improving myself and be a better man... So that's what I try to do. And it's all going well. My grades are going up. Everything's going up."

Anger management is a primary area of concern for these young men. SBHC mental health clinicians cite poorly controlled anger, peer conflict, and school conflict as a significant source of referrals for mental health services. One clinician stated, "The African-American and Latino [male] adolescents who seek services in this SBHC are usually

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referred by school personnel or parents due to school behavior issues including anger. These students typically begin unwillingly and after a few sessions many continue willingly."

When asked what causes their anger, the young men cited problems at home, abuse, abandonment, ridicule from peers, negative judgment of their character, and discrimination as root causes. Help from the SBHCs is useful in providing alternative ways of handling difficult situations. "The school based health center is really helping me. When I didn't know about [the SBHC] I got mad, walked out of class, got suspended. Now I ask the teacher if I can come here and relax so I won't get in trouble. For the whole year, I've been Student of the Month. I get all A's and B's. I feel really good. I'm doing much better."

The young men see the importance of having someone in the SBHC who they can talk to who is open and nonjudgmental. Student interviewees reported that the clinicians treated them with respect, listened to their problems and provided solutions, were culturally aware and provided an atmosphere of trust and comfort. Students emphasized that the staff were consistently available when they needed support. One student explained, "I like that they help the students who need to talk to somebody...they'll listen to everything you have to say...they treat you very respectfully...whenever I come here, I'm really more comfortable, I let my feelings out and everything."

The most important factor in the success of the mental health services offered by the school based health centers is the staff. Students from all of the school sites reported that they were able to access therapists at the SBHCs when they felt the need to talk. Students identified the immediacy with which the Centers responded to their need to talk when they were feeling frustrated or angry. This level of access addressed their need for immediate response and averted potential negative consequences. A common theme expressed by students who were interviewed was "just how friendly they were...I really felt like I was safe here, that I could talk to them. It was just amazing to see the support that I got from them, the people that work here and it's really amazing to see how they cared so much and that they really wanted to help me."

Students thought that the services should be more widely available. "If kids were to use the school based health center, like me, when my grades began to drop, it was because of stress and I felt like that's a lot of the reason why people do drop out as well as other influences like peer pressure, do drugs, get into gangs, do negative things like that. The school based health center, they give you alternatives and let you know there are other ways to cope with your stress, and they encourage you to do good with your grades. I feel like they do play a role in putting kids on the right track."

Summary Findings

SBHCs remove or mitigate barriers to mental health treatment for African-American and Latino adolescent males including lack of transportation, lack of insurance, and stigma

SBHCs provide an atmosphere of safety, confidentiality and trust; characteristics that are of paramount importance to adolescent males

The most important factor in the success of the mental health services offered by school based health centers is the staff, perceived by students as open and nonjudgmental.

In Connecticut's School Based Health Centers (SBHC), African-American and Latino adolescent male students utilize mental health services at an average of 13 visits per student in the SBHC. When African-American and Latino adolescent males initiate mental health treatment in community settings, the majority drop out after 2-3 sessions.

Conclusions and Policy Recommendations

SBHCs have proven to be a valuable resource which allows easy access to comprehensive physical and mental health care for African-American and Latino adolescent males, a group of young men who are otherwise reluctant to engage in mental health services. There is an interdisciplinary staff team at each SBHC site to ensure high quality, comprehensive care. SBHCs reduce health disparities for adolescent males of color seeking and receiving mental health services. Barriers to care are removed by providing mental health treatment services within the school. When needed, SBHC staff provide ongoing case management, and can refer students for services outside the scope of the SBHC.

The staff are in a unique position to form trusting relationships with adolescents and their families. Students that use SBHCs for mental health services report that the clinicians treat them with respect, listen to their problems and provide solutions, are culturally aware and provide an atmosphere of trust and comfort. Students emphasize that the staff are consistently available when they need support. These trusting and confidential relationships within the safety of the school are of fundamental importance for adolescents seeking medical and mental health services.

The data demonstrates that African-American and Latino adolescent male students who have access to an SBHC are utilizing mental health services both at a higher rate than those students who do not have an SBHC in their school, or by those young men that receive mental health services in a community-based outpatient treatment setting. For

African-American and Latino adolescent males, the average treatment length of 2-3 visits in an outpatient treatment setting is in sharp contrast with 13 visits per student in the SBHC (Clinical Fusion, 2009).

- **SBHCs represent a unique healthcare delivery model that has proven to effectively engage adolescent African-American and Latino males in mental health services. Greater access to appropriate mental health services can lead to better outcomes for adolescent males of color in Connecticut, such as higher graduation rates, fewer encounters with the juvenile justice system, and reduction in health care disparities**
- **Mental health services for adolescent African-American and Latino males are most effective when they are easily accessible, culturally aware, respectful, and nonjudgmental**
- **Of the 1,163 public schools in Connecticut, only 75 schools have comprehensive SBHCs that provide both medical and mental health services (2012). Since this may be the only access to mental health care for these young men, it is imperative that these services be fully supported and available in additional schools and communities**
- **Additional research is needed to understand the use of SBHC mental health services by African-American and Latino adolescent males to best serve these young men.**

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About the Connecticut Association of School Based Health Centers

The Connecticut Association of School Based Health Centers, Inc. (CASBHC) is the single formalized, nonprofit entity that represents School Based Health Centers in the state, and gives voice to the children and adolescents who benefit from the comprehensive medical, mental health, and oral health care services provided in their School Based Health Centers. CASBHC's vision is that all children and adolescents are healthy and achieving at their fullest potential. For more information, visit www.ctschoolhealth.org or call 203-230-9976.

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