

The Connecticut General Assembly

Task Force To Study The Provision Of Behavioral Health Services For Young Adults

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MEETING SUMMARY AND NOTES

TASK FORCE TO STUDY THE PROVISION OF

BEHAVIORAL HEALTH SERVICES FOR YOUNG ADULTS (16-25 YEARS OLD)

Submitted by Task Force Co-Chairs: Daniel Connor and Sheryl Ryan

August 14, 2013

Members present: Daniel Connor, M.D.; Sheryl Ryan, M.D.; Anton Alerte, M.D.; Aura Ardon, M.D.; Anne Melissa Dowling; Marcy Kane, Ph.D.; Judge Robert Killian, Jr.; Mickey Kramer; Scott Newgass, LCSW; Kelly Phenix; Patricia Rehmer, MSN; Ashley Saunders; Laura Tordenti, Ed.D.; Victoria Veltri, JD, LL.M.; Cara Lynn Wescott

Absent members: Stacey Adams; Katherine Kranz Lewis, Ph.D.;

Others present: Robert McKeagney, representing Joette Katz; Rene Coleman-Mitchell, representing Katharine Kranz Lewis, Ph.D.; Stefan Pryor, Commissioner (SDE)

Domains of Need Achieving Broad Task Force Agreement:

- Decreasing fragmentation in the pediatric and young adult mental health system
 - Improved system coordination
 - Improved coordination across systems of care
 - Improved continuity across systems of care
- Decreasing barriers to access transition services from the adolescent psychiatry system of care to the adult psychiatry system of care
- Increasing accessibility (to whom? CAP? Adult Psychiatrists? SW? Psychologists? All?)
 - Reducing barriers to access pediatric and early adult (0-24 years-old) mental health care
 - Collaborative/Co-Management models of pediatric-child psychiatry ambulatory care
 - Massachusetts MCPAP (Massachusetts Child Psychiatry Access Project) (implemented and ongoing)

- Washington State Physicians Access Line (PAL) (implemented and ongoing)
 - New York: Project TEACH (Training and Education for the Advancement of Children's Health) (implemented and ongoing)
 - Connecticut ACCESS-MH project (funded-not yet implemented)
 - Increasing accessibility to school-based mental health services
 - What are the models of care here? Anything we can adopt?
- Decreasing stigma/discrimination
- The Task Force is in need of extant public mental-health data to determine what the extent of the issues/trends over time are in CT and to determine existing CT programs that achieve outcomes in the adolescent-young adult age range (16-24 years-old)

Issues:

- Prevalence of mental health disorders in CT adolescent and young adults (13-24 yo)
- Death rate trends across time in completed suicide for CT adolescent and young adults (13-24 yo). How does CT compare with other states (data available from CDC)?
- Depression rates for CT adolescent and young adults (13-24 yo)
- Attention-Deficit/Hyperactivity Disorder rates for CT adolescent and young adults (13-24 yo)
- DCF reported rates of abuse/neglect: trends over time
- What % of all CT ED visits per unit time is for the mental health treatment children, adolescents, and young adults (0-24 years old)? What are trends over time?
- What % of all CT youths and young adults arrested have a personal history of mental health/psychiatric disorders, substance use disorder, and/or history of PTSD/developmental traumatic stress exposure?
- Public safety and mental health:
 - What is the number of firearms in Connecticut per 100,000 population? How does this compare with National figures?

Personnel Resources in CT available to address the issues above:

- Number of Primary Care Pediatricians
- Number of Child & Adolescent Psychiatrists
- Number of Developmental & Behavioral Pediatricians
- Number of Pediatric Neurologists
- Number of Adolescent Medicine Physicians
- Number of clinical Child Psychologists (Psy.D or Ph.D)
- Number of pediatric mental health APRNs
- Number of clinical Child Social Workers

Resources in CT available to address the issues above:

- What % of pediatric, adolescent, and young adult mental health visits are paid for by public \$\$\$ versus commercial carriers?
 - Should the commercials do more?
 - Should public \$\$\$ support be more?
 - What are the existing payment models for pediatric and young adult across all types of CT insurance plans?
 - Should the Task Force consider thinking about novel models of mental health payment structures? If so, where do we find examples?
- Trends in available adolescent psychiatry inpatient beds over time in CT
 - Length of stay trends
- Trends in available young adult psychiatry inpatient beds over time in CT
 - Length of stay trends
- Trends in the availability of adolescent-young adult Substance Abuse Services
 - What % of payment for substance abuse services is private versus public funding
- Trends in the number of child, adolescent, young adult mental health providers accepting Medicaid in CT
- Ongoing CT demonstration projects that help address the above issues

Issues Lacking Unanimous Task Force Agreement:

- Focus of Task Force: Narrow focus on the Task Force mandate to consider only the needs of the 16-24 year-old age group versus a developmental perspective with a disease prevention focus encompassing the needs of younger children with mental health needs.
- Task Force Structure: Formation of two sub-committees that report to overall Task Force (with the addition of non-voting people to the sub-committees-pending approval by co-chairs) versus continuity as a unified intact Task Force.
- Question: Is the Connecticut adolescent-young adult system of care broken and in need of a major overhaul? OR, does the system work OK (how and where?) and in need of only minor to moderate adjustment (how and where-what to preserve/expand, what to overhaul?)?

Next Task Force Meeting: Early mid-September (date to be determined)

Agenda:

- Brief Review of Old Business (no more than 10 minutes)
- Outside expert presentations
- Question and answer