

The Connecticut General Assembly

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

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CLUSTERS

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There are 13 areas that the Task Force was asked to analyze and make recommendations on. In the first meeting Dr. Ryan grouped these into 2 categories. The group was reluctant to break into two groups without additional discussion and gaining knowledge about what services existed. Now that this has been accomplished it would seem re-visiting the grouping of the areas that the Task Force has been asked to respond to may assist the group in moving toward the recommendation phase.

The 13 areas could be clustered into the 2 areas of: **Service Delivery and Access.**

Service Delivery:

There are many services that exist within a variety of systems throughout CT. There are "Pockets of Excellence" that exist including programs that are evidence based and meet the needs of some individuals with mental health issues. There are also many initiatives underway through various state agency and community providers to increase the services available.

The goal of creating a coordinated health care system for behavioral health issues across all populations (socio-economic, age, condition) is a shared within the committee members and throughout CT.

Specifically from the Legislation (with area number):

Behavioral health services system:

1. Improving behavioral health screening, early intervention and treatment
3. Improving behavioral health case management services
5. Improving the delivery system for behavioral health services

Behavioral health services in schools:

8. Providing intensive, individualized, and in school behavioral health intervention services for students exhibiting violent tendencies;
9. Requiring the DOE to provide TA to schools districts concerning behavioral intervention specialists in public and private schools and pre-school programs
11. Conducting behavioral health screening for public school children;

Balancing disclosure of information/mandating services and patient rights:

10. Using assisted behavioral health services and involuntary outpatient commitment as treatment options;
12. Requiring disclosure of communications by mental health professionals concerning people who present a clear and present danger to health or safety of themselves or others

Access:

While services do exist, the system is difficult to navigate and knowledge of what services are available in what areas, who can access them and how they are paid for is complicated. Often those in contact with individuals who may need access to the system (primary care providers, educators, employers or even the individuals themselves) have the least amount of knowledge of what services exist or even who to ask to find out how to access these services. Specific access issues included: addressing insufficient numbers of behavioral health providers; closing the gap between services available to commercial insurance members and Medicaid covered members.

Specifically from the Legislation (with area number):

Payment models:

2. closing gaps in private insurance;
6. improving payment models for behavioral health services

Workforce Development

4. addressing insufficient numbers of certain behavioral health providers including child psych and providers offering specialized services;

Awareness and knowing where to get help:

7. Creating a clearinghouse with info for the public on behavioral health services

13. Reducing the stigma of mental illness as it presents a barrier to people receiving appropriate mental health services.

Task Force needs to consider:

Do we need more information to make recommendations each of these cluster areas?

Do we need to recommend the study of any particular cluster area?

Do we want to make recommendations on each of the 13 areas or create 2-3 global recommendations for the legislators to follow up on?

Possible Areas to Recommend Further Work On:

Assess the 211 system and determine if this system could be enhanced to improve access issues by adding regional clinical consultants who could help consumers and professionals navigate the service system.

Create opportunities to compensate providers for time spent on care coordination and collaboration.

Create a public health approach to reducing stigma and increasing awareness of mental health issues and services available to address issues early before they become crisis situations.