

The Connecticut General Assembly

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

Co-Chairs:
Daniel F. Connor, M.D.
Sheryl A. Ryan, M.D.



Legislative Office Building, Room 3000
Hartford, CT 06106

Phone: (860) 240-0560
Fax: (860) 240-5306
Email: BHTF@cga.ct.gov

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

October 22, 2013

- Members present:** Daniel Connor, M.D.; Sheryl Ryan, M.D.; Katherine Kranz Lewis, Ph.D.; Scott Newgass, LCSW; Patricia Rehmer, MSN; Ashley Saunders; Cara Lynn Wescott; Tim Marshall; Andrew Martorana, M.D.; Ted Pappas, M.A.; Laura Tordenti, Ed.D.
- Absent members:** Stacey Adams; Anton Alerte, M.D.; Aura Ardon, M.D.; Anne Melissa Dowling; Sarah Eagan; Marcy Kane, Ph.D.; Judge Robert Killian, Jr; Kelly Phenix; Victoria Veltri, JD, LLM
- Others present:** Mickey Kramer representing Sarah Eagan; Demian Fontanella representing Victoria Veltri, JD, LLM

At the October 22, 2013 the Task Force heard presentations from the following groups:

A. Connecticut Association of Health Plans (Aetna, Anthem, Cigna, ConnectiCare, United (Optum), and Harvard Pilgrim: Susan Halpin

- The Industry is listening and shares a vision for a better delivery system based on quality and value.
- Only 50% of the commercial market is fully insured
- Current scope of coverage favors ambulatory care and limits inpatient, residential, partial hospitalization, in-home services, and intensive outpatient services
- The Industry is in a significant period of transition
 - ACA, Federal Parity, CT PA 13-3, CT PA 13-178

- Many new mandates in effect since October 1, 2013: Wait and see how effective. Industry does not support additional layers of regulation. There is no sustainability without cost considerations

B. Connecticut Department of Education: Scott Newgass, LCSW

- A lot of behavioral health treatment occurs in schools
- Connecticut has several school based mental health demonstration projects. DMHAS recently awarded a grant for school based mental health in three cities.

C. Connecticut Chapter of the American Academy of Child and Adolescent Psychiatry and American Academy of Pediatrics: Sandra Carbonari, MD; Laine Taylor, DO

- High rates of mental health disorders in CT.
- 61% of Connecticut's children and youth are insured privately
- 70% of the CT child and adolescent mental health dollar is spent on just 19% of youths
- Five critical barriers to mental health care in CT:
 - Discontinuous care
 - Impediments to prevention
 - Impediments to early access to mental health treatment
 - Few inpatient long-term options for severely disturbed youths
 - Denial of services funded by commercial insurance industry resulting in public sector funding as only option despite commercially-insured status
- Proposes a Behavioral Health Partnership System with Commercial Industry as a model for joint private-public funding of child, adolescent, and young adult behavioral health in CT. Eliminate commercial mental health carve-out coverage and replace with accountable care organization (ACO) model. Consolidate children and adolescent mental health care under an autonomous oversight body with regionalization of services involving prevention, early identification/treatment, treatment/stabilization, and medium and longer term mental health care

Next meeting of the Task Force: **Tuesday, November 5, 2013, 2:30 to 4:00 PM at the Legislative Office Building.** The issue for discussion is accountability and performance outcome methodologies and measures in behavioral health care for young adults. *How do we know what we are buying with all the money??*