

The Connecticut General Assembly

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

Co-Chairs:
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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

November 5, 2013

- Members present:** Daniel Connor, M.D.; Sheryl Ryan, M.D.; Richard Gonzales Jimenez, M.D.; Marcy Kane, Ph.D.; Judge Robert Killian, Jr.; Tim Marshall; Scott Newgass, LCSW; Kelly Phenix; Patricia Rehmer, MSN; Ashley Saunders; Marian Storch; Cara Lynn Wescott;
- Absent members:** Stacey Adams; Anton Alerte, M.D.; Aura Ardon, M.D.; Anne Melissa Dowling; Sarah Eagan; Ted Pappas, Laura Tordenti, Ed.D.; Victoria Veltri, JD, LLM
- Others present:** Timothy Lyons representing Anne Melissa Dowling; Mickey Kramer representing Sarah Eagan; Jill Hall representing Victoria Veltri, JD, LLM

At the November 5, 2013 meeting the Task Force to Study the Provision of Behavioral Health Services For Young Adults discussed accountability and outcomes measures in child, adolescent, and young adult mental health in Connecticut. The following points were made:

- Outcomes-based measures are important in mental health and should be standardized across contracts and institutions and routinely collected.
- All State contracts and Federal/State block grants currently require outcomes-based reporting. Outcomes based measures include, but are not limited to, data on:
 - Arrest rates
 - Suspension/expulsion from school
 - Housing status/need

- Time in job
- Time between hospitalizations
- Number of hospital days
- Outcomes-based measures are currently broad-based measures. The ideal goal is individual-specific outcome measures. However, resources and technology are not at the level to currently routinely collect individual-specific outcome measures in a standardized manner.
- Institution and contract-specific Quality Improvement Projects are important to encourage program development and accountability.
- There exists a need to create common behavioral health data sources for the State of Connecticut. Currently, mental health data are siloed in multiple non-communicating data bases.
 - Outcome measures should become standardized across contracts and institutions.
- It is recommended that outcomes based data become transparent and public with a methodology for public education in how to use outcomes data to drive individually specific care and treatment decisions.

The Task Force will now shift focus from education/issues discussion and begin to identify and discuss specific recommendations in the 13 areas that we are charged with. In a 90-minute Task Force meeting we can allocate around 20-25 minutes to each recommendation. This would allow us to process 3 - 4 recommendations per meeting until done. For our next meeting we will focus on recommendations for:

- Behavioral Health Services Delivery and Capacity:
 - (1) The Task Force shall analyze and make recommendations concerning improving behavioral health screening, early intervention, and treatment.
 - (3) The Task Force shall analyze and make recommendations concerning improving behavioral health case management services.
 - (5) The Task Force shall analyze and make recommendations concerning improving the delivery system for behavioral health services.
 - If time permits; (8) The Task Force shall analyze and make recommendations concerning providing intensive, individualized, and in-school behavioral health intervention services for students exhibiting violent tendencies.

Our next meeting will take place on **Tuesday, November 19, 2013 at the Legislative Office Building 2:30-4 PM in Room 1D.**