

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

November 19, 2013

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

Members Present: Daniel Connor, M.D.; Sheryl Ryan, M.D.; M.D.; Marcy Kane, Ph.D.; Judge Robert Killian, Jr.; Tim Marshall; Scott Newgass, LCSW; Ted Pappas, M.A.; Kelly Phenix; Patricia Rehmer, MSN; Ashley Saunders; Marian Storch; Cara Lynn Wescott;

Members Absent: Stacey Adams; Anton Alerte, M.D.; Aura Ardon, M.D.; Anne Melissa Dowling; Sarah Eagan; Richard Gonzales Jimenez, M.D.; 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 19, 2013 meeting of the Task Force to Study the Provision of Behavioral Health Services for Young Adults, there was discussion of the proposed recommendations for the final report. The following points were made after reviewing the two main clusters of recommendations:

1) Improving the Delivery System for Behavioral Health Services

- a. Creation of a fully funded regionalized comprehensive system of care - (Public system) - to schools, community and the mental health providers to develop an appropriate "care plan"
- b. Implementation and funding for a community care organizer to connect families to medical/mental health professionals
- c. Infrastructure support for one location "gatekeeper" of a primary medical behavioral health home model with a care coordination component and a single plan of care

1. Full Integration of all child service systems (i.e. Child Welfare, Juvenile Justice, and Educational Law) in the plan of care
2. Full *partnership* from all state agencies for the behavioral health services– sharing the authority and integration of behavioral health services. DCF historically has been the primary leader for the Behavioral Health Network—There are many mandates that cross over systems that are out of the control of DCF
3. 211 to serve as a “Triage Agency” instead of an information agency

❖ **Background information:** Three key components that were not fully implemented or funded after the 1997 legislation for a coordinated system of care:

1. Direct service component –home health model was missing
 2. Lead service organization – “hub” coordination of care
 3. Mandate for the integration of all child service systems/organizations
- d. Implementation of a model similar to the Behavioral Health Partnership for the privately insured

2) Improving Behavioral Health Case Management Services

1. Implementation of multiple types of mental health and medical home models:
 - School Based
 - Community Based
 - Both Community and School Based depending on the needs of the family
2. Designate and fund a Local Lead Service organization to provide coordination and quality of system of care:
 - A Series or network of local providers can serve as the lead service mental health organization
 - One central access point to connect families to mental health services/providers in their area (home health model)
 - Implement a care coordination to work with the family and community agencies to determine the primary need(s) of the family in accessing mental health services—“family mental health model”— needs based approach rather than service based

3. Create a “Human Services Cabinet” – brings all state agencies together (Commissioners and Management level). The cabinet’s role will specifically address the direct integration as a primary practice

3) Improving Behavioral Health Screening, early intervention, and treatment

1. Autism – Need access to trained providers /psychiatrists
 - Provide training for providers
2. Screening – advanced medical home model for preschool age children
 - Referral to a system of care as needed
 - School-aged children – expanded school-based health services to include mental health services
3. MH Screening integrated into primary care services
 - Payment delivery system for primary care providers that provide MH screenings
 - Payment for services physicians and MH provides to collaborate to provide MH services outside of their primary practices (i.e. school-based clinic settings, etc)
4. Train teachers, guidance counselors, and specific school professionals to identify and make the necessary referrals for children in schools – i.e. Mental Health Wellness strategy

Our next scheduled meeting will be held on **Tuesday, December 3, 2013 at 2:30 PM. in Room 1D of the Legislative Office Building.**

Meeting adjourned at 4:15 PM.