

# 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

December 3, 2013

Submitted by Co-Chairs: Daniel Connor and Sheryl Ryan

- Members Present: Dr. Daniel Connor, Dr. Sheryl Ryan, Judge Robert Killian, Jr., Sarah Eagan, Scott Newgass, LCSW, Commissioner Patricia Rehmer, MSN, Ashley Saunders, Marian Storch, Laura Tordenti, Ed.D., Cara Lynn Westcott, Kelly Phenix, and Ted Pappas
- Members Absent: Stacey Adams, Dr. Anton Alerte, Dr. Aura Ardon, Anne Melissa Dowling, Dr. Richard Gonzalez Jimenez, Marcy Kane, Ph.D., Tim Marshal, and Victoria Veltri, JD, LLM
- Others Present: Robert McKeagney, and Jill Hall

Dr. Connor convened the meeting at 2:36 PM and provided a recap of the November 19, 2013 meeting and an outline for additional meetings.

- Last week we discussed recommendations 1-3
- Today we will discuss how to or how not to involve schools for improving mental health in CT for children, adolescents and young adults
- Next week we propose discussion on:
  - outpatient commitment laws and outdated reporting laws
  - mandatory reporting requirements
  - Reducing stigma

Dr. Ryan outlined the 3 issues that focus on schools (items 8, 9 & 11)

- 1) Services for children displaying violent tendencies
- 2) Technical assistance to school districts concerning behavioral intervention specialists and
- 3) Behavioral health screenings

Dr. Connor stated that there was a strong statement from Dr. Kane that mental health screening should take place in the health sector and not in the education sector.

- Mental health should be handled in the mental health sector and not in the schools.
- Universal screenings is more appropriate in the health sector; sometimes it is appropriate in the education sector to screen individual to determine risks.
- Educational authority does not include mental health treatment authority.
- Privacy concerns

What triggers a mental health screening in school and is there going to be a legal stumbling block?

Scott Newgass explained that the Education Department is mandated under “child find” to identify children in needs for special education. The treatment of these mental health symptoms needs to be addressed and more appropriately done in the health care sector.

Robert McKeagney suggested that there should be a phase-in response system to deal with children who we believe are not doing okay in schools, before turning to outside authority. The schools should respond in an appropriate measure to avoid DCF taking children away for neglect or abuse.

Dr. Ryan asked how would school personnel be prepared to recognize that situation, and how to create a system and a process for schools i.e. referral to clinical practitioner.

Commissioner Rehmer explained the mental health first aide and training program. The training program will help someone recognize when there is an issue and that it needs to be reported to the next level.

Judge Killian suggested that there should be a required process for dealing with children who displays certain behavior:

- The observer should report the incident directly to the designated person capable of checking and confirming that there is a problem.
- There should also be an obligation to then notify the parent or guardian.
- The school should provide the parent with the resources and opportunity to address the need.
- The situation only becomes one of neglect if the parents are aware and take no action.

Dr. Conner provided a recap of the discussion:

- The task force rejected the idea of universal screening in educational settings.
- The task force supports mental health screening in health care settings.

- The task force believes schools should have the capacity to conduct risk assessment screening on a case-by-case determination.
- Reporting:
  - However there haven't been any discussion about connecting risk assessment and reporting to referral to treatment. There was a note about the long waiting list.
  - Question Posed: Is it the intent of the task force to recommend that schools be more involved in mental health screening and assessment and referral for treatment beyond IDEA and mandatory reporting?

Cara Westcott discussed the EMPS process, how children fear the involvement of DCF in their life and getting in trouble.

Dr. Ryan asked:

- When are the parents brought in?
- Are parents required to give consent- EMPS?
- Are there more appropriate uses of EMPS?
- Should we have another layer of care?
- Can they be triaged to lower level management?
- Can we get them the services they need before they are in crisis?

Cara Westcott stressed the need for care coordination in schools, pediatric offices and primary care offices for adults. It's about getting people the needed services before they are in crisis.

Jill Hall stated there is a capacity issue. Mental health services should be expanded in schools-based health centers. There should be a recommendation for ratio of social workers in schools. There should be a requirement for a clinical capacity for screening, and resources to provide linkages to connect families to services that are identified.

Laura Tordente suggested additional services and expanding mental health services in grades K-12. She stressed how education and training is needed at all levels.

Scott Newgass recommended expanding school-based mental health wellbeing from a single point-in-time to a curriculum that extends from 6<sup>th</sup> & 7<sup>th</sup> grade through 12<sup>th</sup> grade.

Commissioner Rehmer supports the idea of more social workers in schools with the understanding that they are care managers and not care providers.

Judge Killian cautioned against imposing a mandate on towns that are different.

Dr. O'Connor stated there is general agreement that:

- There should be a recommendation to expand the school-based didactic curriculum for mental health wellness, substance abuse, suicide and depression.

- Schools should have case-by-case assessment capacity with a point person within the school, who is responsible for assessment and referral.

Robert McKeagney suggested that a recommendation be made to require the state to allocate funding to implement the proposals.

Laura Tordenti asked if mental screening should be added to required health forms for schools.

There was a suggestion to add the mental health screening tools to school health assessment forms.

There was a suggestion to cross- reference PA13-3 with the task force recommendations

Dr. Connor suggested recommending:

- Incentivize public health social workers, psychologists, psychiatrist through tax incentives, loan forgiveness, training programs, and free CMEs, to accept HUSKY insurance and work in underserved areas.
- Establish a program to provide free education to people who choose to go into child and adolescent psychiatry and practice in underserved areas
- Utilize Access Mental Health program for 0- 18 year old

Cara Westcott recommended the implementation of care coordination.

Dr. Connor provided a recap:

- To model the clearing house of information off the MC Path website
- Provide care navigators/care coordinators to all 211 callers
- Expand 211 service up to age 26