

# **The Task Force to Study the Provision of Behavioral Health Services for Young Adults**

## **Executive Summary**

### **Background**

The Task Force to Study the Provision of Behavioral Health Services for Young Adults was established pursuant to Public Act 13-3 (Section 66), entitled An Act Concerning Gun Violence Prevention and Children's Safety. The Task Force was directed to focus on behavioral health services for young people ages 16 to 25 years old, and was charged with analyzing and making recommendations in thirteen specific areas. Beginning in August 2013 the Task Force met monthly, then biweekly, and then weekly until March 2014. Initially, the Task Force heard presentations describing the current system of care. The Task Force then discussed and assessed gaps in available services, and finally discussed approaches to identified gaps. Multiple recommendations were then generated focusing on the thirteen specific areas charged to the Task Force. In formulating specific recommendations the Task Force recognized the need to be mindful of balance between recommendations and financial realities. The Task Force also felt strongly that this report and the specific recommendations offered need to represent what would be an ideal behavioral health system if an ideal and effective behavioral health care system could be made equally accessible to all those adolescents and young adults in need of services.

Much of the discussion and many of the issues that were addressed related to a lack of equal access across all payers, including commercial, self-employed, and public insurers. The Task Force focused on specific issues of lack of work force and service capacity, uneven access to care, inequalities in coverage, and lack of consistent reporting and accountability regarding services provided and populations reached.

All of the recommendations made by the group were voted upon openly, and only those with a majority vote (many of which were unanimously accepted) were included in this report. Thus, while not all of the Taskforce agreed with all of the recommendations, there was general consensus for virtually all of the recommendations that are included and discussed in the following report.

The recommendations generally clustered into three large domains addressing (1) behavioral health work force capacity in Connecticut, (2) access to behavioral health services in Connecticut, and (3) issues of rights under law for persons with behavioral health issues.

In Connecticut, about 10% of adolescents and young adults ages 16 to 25 years have experienced at least one episode of major depressive disorder in the past year, about 20%-25% of trauma-exposed youth will meet current mental health diagnostic criteria for posttraumatic stress disorders, 6% to 9% have attention-deficit/hyperactivity disorder, and between 8% of adolescents and up to 24% of young adults will have alcohol and/or illicit drug use within the past year. Late adolescence and young adulthood are a high-risk time for onset of major mental illness including schizophrenia and bipolar illness. Particularly vulnerable subgroups include

adolescents and young adults with developmental disabilities, those in the child welfare system, and court-involved juveniles.

These statistics describe a substantial public behavioral health burden for Connecticut children, adolescents, and young adults. This burden has large consequences for Connecticut families with vulnerable children, adolescents, and young adults, and large direct and indirect yearly costs for the State including costs for lost productivity, lost developmental potential, morbidity and early mortality for afflicted individuals, as well as special education, police, health care, and court costs.

The Task Force endorsed seven overarching principles to provide guidance in addressing the provision of behavioral health services for adolescents and young adults in Connecticut including:

1. The primary importance of a long-term, longitudinal, and developmentally informed approach to behavioral health in the 0-25 year old population.
2. The importance of models of prevention in at-risk families.
3. The importance of *early* recognition, assessment, intervention and treatment of childhood and adolescent behavioral health disorders for Connecticut.
4. The importance of a multi-disciplinary team approach to child, adolescent, and young adult mental health disorders.
5. The importance of building on existing Centers of Excellence in Connecticut.
6. The importance of providing equal access to a basic minimum behavioral health standard-of-care for all those in need regardless of health care coverage status across the life span in Connecticut.
7. The importance of providing and articulating a basic set of core principles that serve to guide behavioral health service delivery for children adolescents, and young adults in Connecticut.

## **Main Findings**

Although Connecticut has many examples of excellence in specific adolescent and young adult mental health programs, the Task Force was concerned that Connecticut's overall system of behavioral health care for children, adolescents, and for young adults does not function well in providing for the needs of individuals and families, nor in providing for the state of Connecticut effective and accountable behavioral health care. Important and continuing problem areas identified include:

1. Inadequate identification of behavioral health issues early in development (preschool, childhood, adolescence)
2. A behavioral healthcare workforce for pediatric and young adults that is presently not sufficient to meet the health care needs of Connecticut. More child and adolescent

psychiatrists, social workers and psychologists who focus on the clinical evaluation and treatment children and adolescents are needed in the State.

3. Inadequate pediatric mental health specialty provider training in diagnoses-specific evidence-based evaluation methods and treatments. Clinical service delivery must emphasize evidence-based treatments and benchmarking and accountability at the individual case level to help identify which patients improve with treatment and which do not improve, as well as which treatments are most effective.
4. System fragmentation: Inequalities in access to evidence-based mental health treatment coverage based on diverse payment systems exist in Connecticut and need to be addressed.
5. System fragmentation: Lack of treatment integration and coordination of care continues making it difficult for families in need to access care and difficult for patients to achieve continuity of treatment across various mental health systems and across multiple payers. The behavioral health care system is not user-friendly for those in need.
6. System fragmentation: There is a lack of integration across substance use and mental health systems of care. There is also fragmentation of care as adolescents transition from pediatric to adult-based services.
7. Local Educational Authorities are in need of enhanced capacity for behavioral health interventions for students at risk, and for services located in school settings.

### **Task Force Recommendations**

The Task Force has put forth numerous recommendations addressing the overall goal of improving the behavioral health care of children, adolescents, and young adults in Connecticut. The report's recommendations, when taken together, aim to accomplish the following overarching goals:

1. Enhance identification of early-onset mental health disorders for Connecticut's children, adolescents, and young adults.
2. Increase pediatric mental health care provider evaluation and treatment capacity (workforce capacity).
3. Address pediatric mental health care provider quality by enhancing training and expertise in evidence-based evaluation and intervention.
4. Decrease behavioral healthcare system fragmentation.
5. Increase behavioral healthcare ease-of-use for families in need.
6. Enhance mental health capacity in schools to address safety, student behavioral management issues, and early identification and treatment.
7. Continue discussion on involuntary outpatient commitment laws in Connecticut.

In the wake of the Newtown tragedy the Task Force recognizes the importance of Public Act 13-3 (Section 66), entitled An Act Concerning Gun Violence Prevention and Children's Safety. The work of the Task Force to Study the Provision of Behavioral Health Services for Young Adults in addressing the issues

raised in this bill represents our sincere hope that the Legislature will move forward in this important area to improve Connecticut's system of care in the provision of mental health services to youth and to young adults.