



# CT Department of Mental Health and Addiction Services

Young Adult Services



# Young Adult Services

- A. Defining the Problem
- B. What has been done to address this problem?  
(here and elsewhere)
- C. How is this salient to Connecticut's needs?

# A. Defining the Problem

Epidemiology (Kessler '05)

## 4 Distinct Populations Entering the Adult Mental Health System:

1. 'Normal' vicissitudes of adolescence
  - Impulse control disorders
  - Can be derailing or fatal, albeit transient.
2. The disorders of early deprivation  
Model: YAS
3. Emerging Serious Mental Illness
  - 'Chronic Diseases of the Young'Model: STEP
4. Disorders of the 1st phase of neurodevelopment  
(Autism, LD, ADHD)  
Model: ?

# Special Populations Project

- 1997: Legislature approved funding for a specialized, collaborative pilot project
- Target Populations: DCF involved youth, minimal psychiatric issues, “sexual offenders” and/or individuals diagnosed with Pervasive Developmental Disorder and high risk behaviors who required maximum levels of support and supervision

# Transitioning Youth Program

- 2000: Second collaboration between DCF and DMHAS
- Youth transitioning from DCF & DMHAS with psychiatric diagnoses requiring minimal support and supervision

# Who We Serve Now

- Youth who are 18 – 25 who have:
  - Complex psychiatric diagnoses
  - Developmental disorders
  - Multiple co-morbid conditions that result in severe limitations/behavioral disorders
  - Sexual Behavior problems
  - Complex Trauma and/or Abuse
  - History of Neglect
  - Attention Disorders
  - Psychotic Disorders
  - May have legal involvement

# Who we serve now (cont'd)

- Multiple hospitalizations
- An average of 7 - 10 out of home placements prior to the age of 16
- Significant attachment disorders which make it extremely difficult to engage in treatment
- May have co-morbid substance abuse issues

# Who we serve now (cont'd)

- Have not had the opportunity to learn any of the necessary life skills or emotion regulations skills to cope with daily challenges
- Lack education/vocational experiences
- Have not had the opportunity to experience and transition through the typical developmental tasks of young adulthood



# FOCUS

- Early Intervention
- Engagement
- Transition
- Services
- Recovery

# Service Components of YAS

- Young Adult Services – Office of the Commissioner
- Young Adult Services – Local Mental Health Authorities (6 state operated and 5 DMHAS funded PNP LMHAs)
- Contracted PNP Services in CT
- Specialized Residential Programs
- Inpatient Unit

# Young Adult Services - OOC

- Collaboration – DMHAS and DCF
- Transition planning for high risk/high need young adults
- Clinical consultation, testing and development of Positive Behavior Support Plans
- Identification of best practices in trauma informed services, person centered planning, supported education, peer support/mentoring, skills training behavioral assessment/interventions and services for young parents

# Young Adult Services – OOC (cont'd)

- Development of a trained/skilled workforce to treat this complex population
- Development of a comprehensive system of services across Connecticut

# Young Adult Services Programs offer:

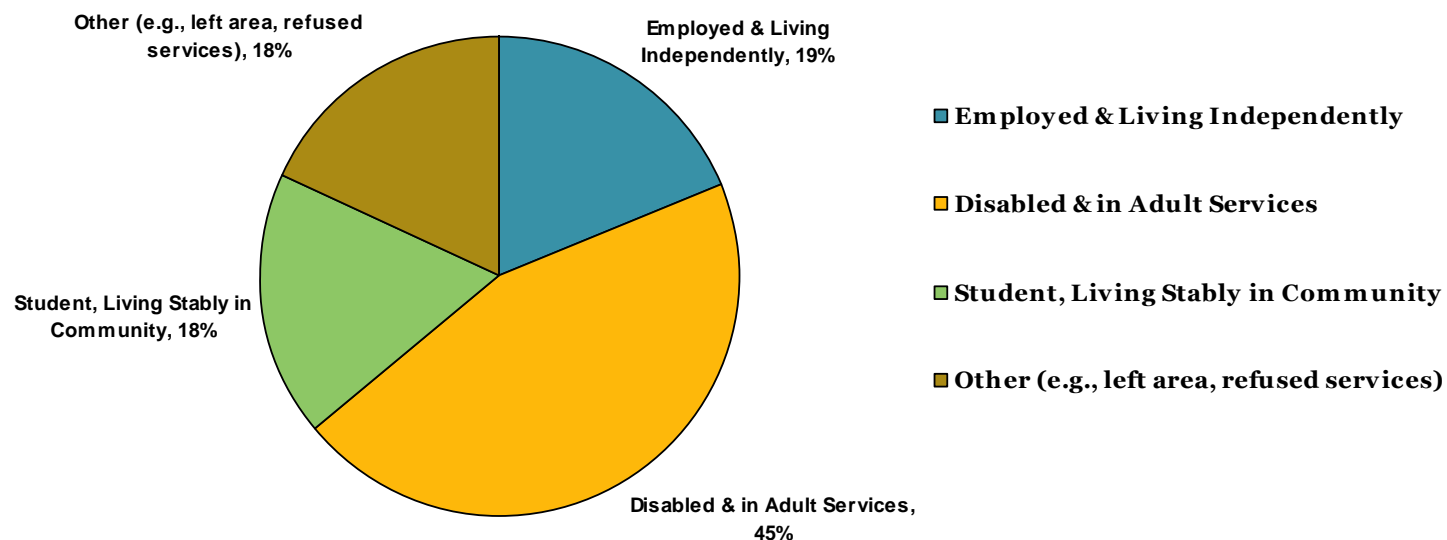
- Psychiatry
- Individual Psychotherapy
- Case Management Services
- Clinical Services
- Nursing Services
- Group Psychotherapy
- Trauma Services
- Crisis Services
- Rehabilitation Services
- Consultation Services
- Assessment Services
- Linkage to Vocational/Educational Services
- Residential/Housing Support
- Programming to support young parents



# DMHAS Young Adults (7/1/2012 – 6/30/2013)

- 20,197 (16.8%) of DMHAS population
- 6,158 (11.4%) of all Mental Health clients
  - ☞ Of the 20,197; 1,015 are YAS (5%)
- Remaining Young Adults are in Substance Abuse Services, Forensic Services or a combination.

# Status at Discharge (7/1/12 – 12/31/12)





# Challenges

- Challenges are many on both an individual treatment level and a systems level
- Adequate funding to meet the needs of this population in terms of who to treat, what we offer and for how long services will be provided
- Identification and engagement of youth who are in the community who meet eligibility for services
- Developing a system that will continue to support young adults after they transition to the adult services system

# Challenges (cont'd)

- Integration of resources: data, programs, funding from multiple agencies
- No monitoring or “tracking system” between agencies, school systems, private providers
- How to meet the need of the other young adults within the system
- Collaboration with other state agencies to review state statutes, funding and services
- Lack of parity between private and public mental health systems

# STEP Program

- DMHAS and Yale Partnership

# STEP Program

- STEP is a multi-disciplinary outpatient clinic that seeks to provide comprehensive care for individuals who are early in the course of a psychotic illness. Treatment at STEP includes medication management, case management (including liaison with educational and vocational rehabilitation services), individual and group therapy, as well as an education group for family members and friends.

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## Models of Youth Mental Health Services to be Explored:

- Headspace (Australia)  
[www.headspace.org.au/](http://www.headspace.org.au/)
  - ‘One-stop’ care for 12 – 25 yo, with 4 core streams...
    - Mental Health
    - Drug & Alcohol Services
    - Primary Care
    - Vocational / Educational Services
- ACCESS Centers

# Questions...

STATE OF CONNECTICUT



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