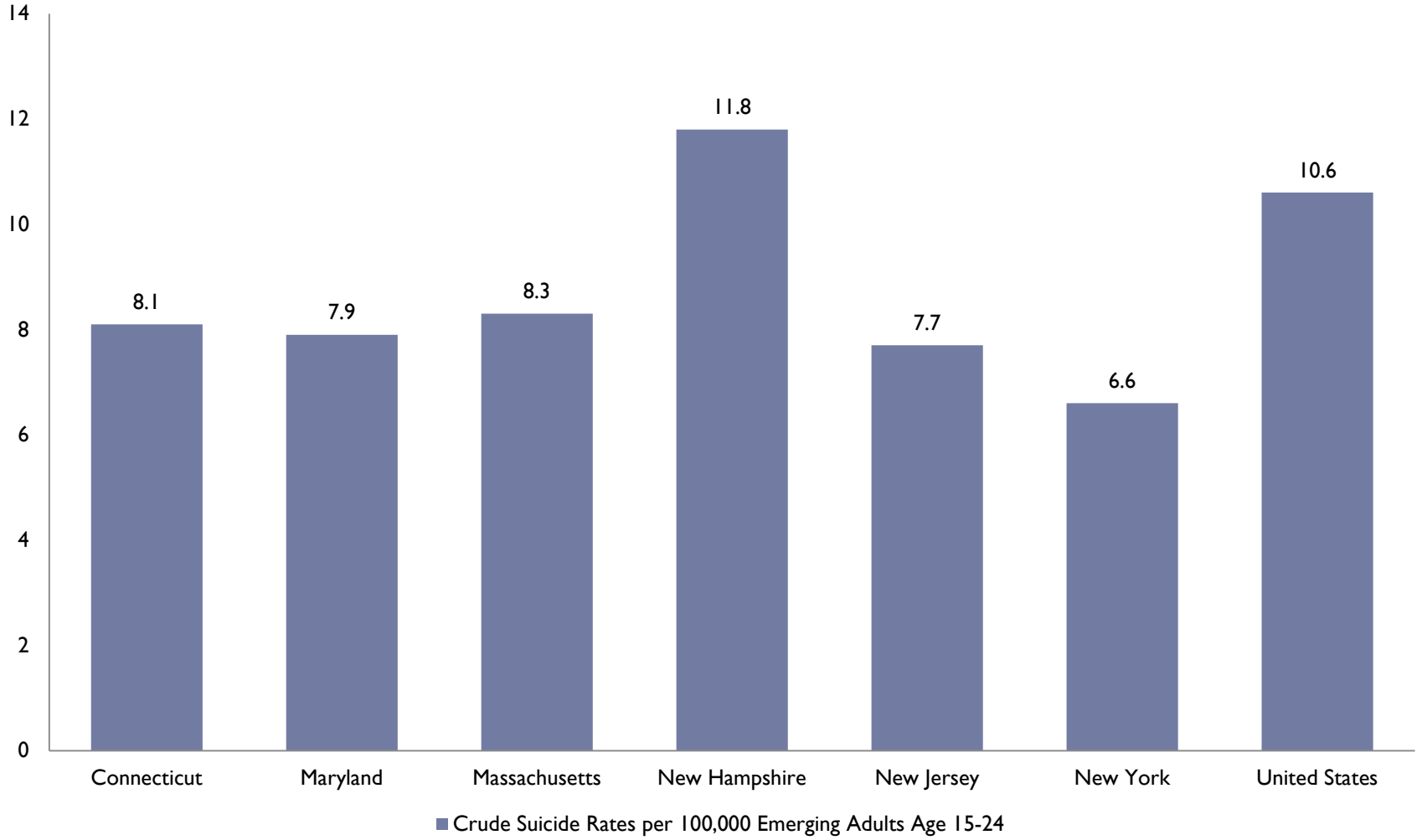
TASK FORCE TO STUDY THE PROVISION OF BEHAVIORAL HEALTH SERVICES FOR YOUNG ADULTS

Background Data

NOTES:

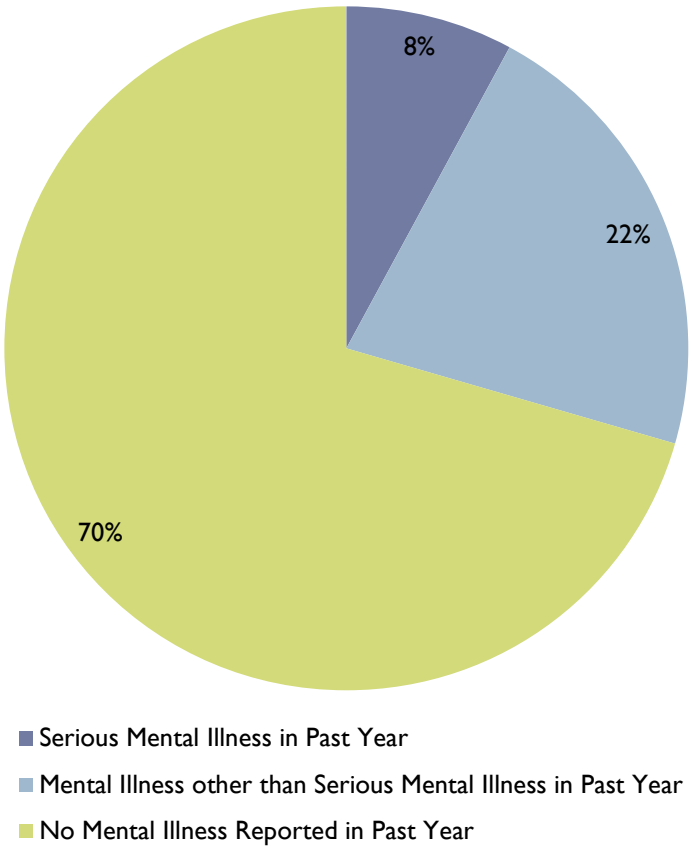
Comparison of Connecticut Emerging Adult Suicide Rate with Selected States*



Notes: Emerging Adult Suicide Rate

- National rate per 100,000 is 10.6.
- Rates per 100,000 tend to be higher in states with large geographic areas and low populations.
  - Alaska: 46; Wyoming: 31.9; South Dakota: 26.9
- Rates per 100,00 tend to be lower in states in which large portions of the population is concentrated in urban/suburban areas.
  - New York: 6.6; New Jersey: 7.7; Maryland: 7.9
- RI, DE and VT cannot be included because the small population and low number of deaths render calculation of crude suicide rate per 100,000 unreliable.
- Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2010 on CDC WONDER Online Database, released 2012. Data are from the Multiple Cause of Death Files, 1999-2010, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/ucd-icd10.html on Sep 16, 2013 4:22:34 PM

Rates of Past Year Mental Illness in Connecticut Residents Ages 18-26 (2010)



- About 30% of emerging adults report mental illness in the past year both nationally and in Connecticut.
- About ¼ of this total, in both the U.S. and Connecticut, report serious mental illness.
- These rates are similar to those in DE, MA, MD, NJ and RI.

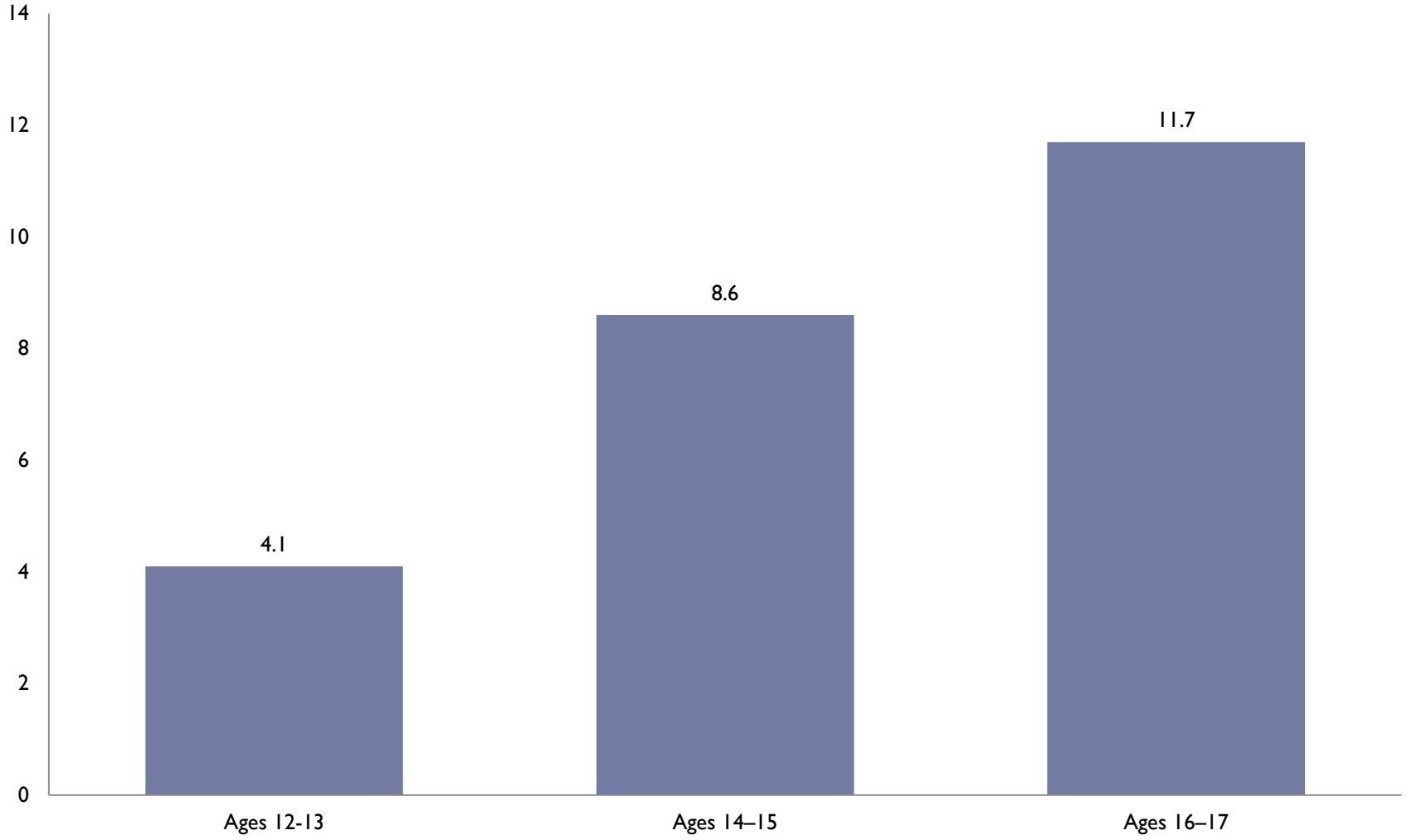
NOTES: Past Year Mental Illness

- Any mental illness is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder, that met the criteria found in the DSM-IV.

- Serious mental illness is defined as having a diagnosable mental, behavioral, or emotional disorder other than a developmental or substance use disorder that met the criteria found in the DSM-IV **and resulted in serious functional impairment**.

- Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH), 2010 and 2011 (2010 Data – Revised March 2012).

Percent of Adolescents by age group with one or more Major Depressive Episodes (U.S. - 2011)

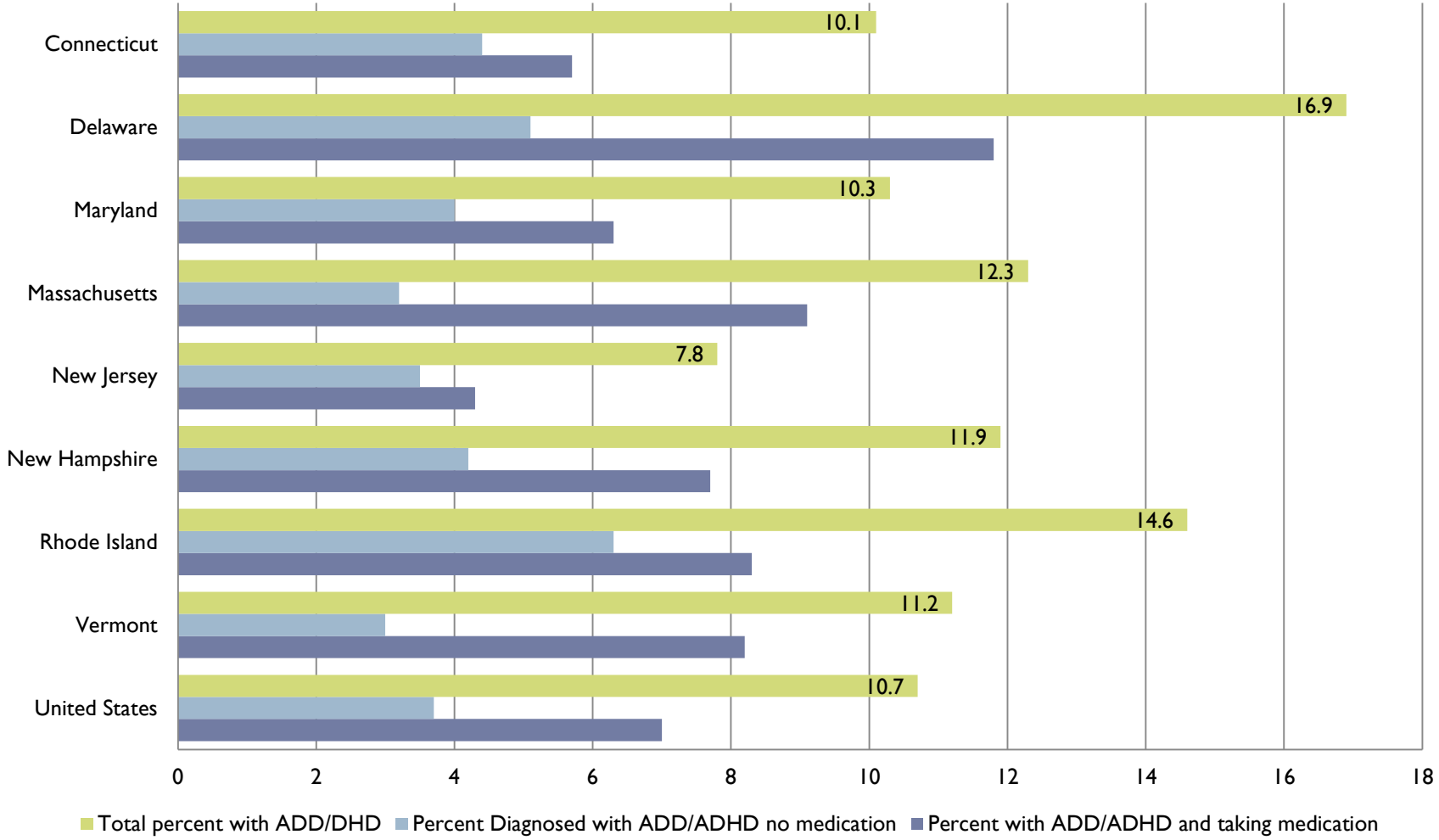


NOTES: Major Depressive Episodes

- *Major Depressive Episode (MDE) is defined as a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had at least four additional symptoms (such as problems with sleep, eating, energy, concentration, and feelings of self-worth) as described in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*.

- SOURCE: Federal Interagency Forum on Child and Family Statistics. *America's Children: Key National Indicators of Well-Being, 2013 (Tables 4A, 4B and 4C utilizing data from the* Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health). http://www.childstats.gov/americaschildren/index.asp accessed on September 18, 2013

ADD/ADHD Rates for ages 3-17 (2011)



NOTES: ADD/ADHD Rates

- Source: 2011 National Survey of Children's Health data accessed through the Data Resource Center for Child & Adolescent Health on September 20, 2013

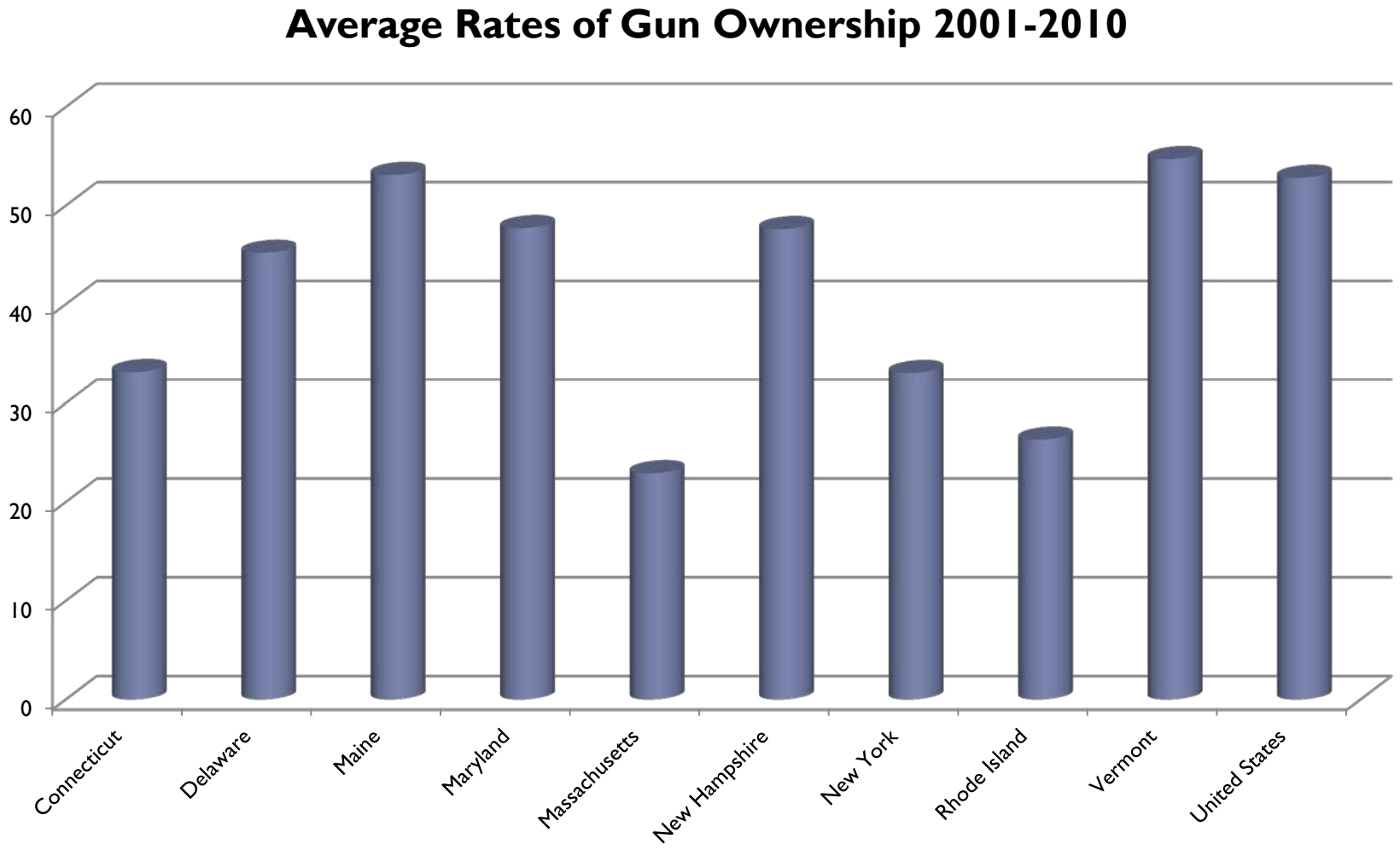
Substantiated Child Victimization Rates, United States and Connecticut (2011)

	Child Population (Birth through 17)	Number of unique substantiated victims	Victimization rate per 1,000
United States	73,946,999	676,569	9.1
Connecticut	803,314	10,012	12.5

NOTES: Child Victimization Rates

- Source: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2012). Child Maltreatment 2011 (Tables 3-D and 3-3). Available from http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment
- The Children's Bureau report is based on CPS substantiated abuse/neglect as reported by the states in the National Child Abuse and Neglect Data System (NCANDS).
- The National Incidence Studies of Child Abuse and Neglect (NIS-1, 2, 3 and 4), which have been provided to the U.S. Congress pursuant to legislative mandate in 1981, 1988, 1996 and 2010, have employed a broader approach, attempting to capture rates of child abuse and neglect including, but not limited to, cases in which abuse and neglect were substantiated by child protection agencies. **The NIS-4, published in 2010 and reflecting data collected in 2005-2006, estimated a rate of maltreatment of 17.1 per 1,000 nationwide**. This compared to an estimated victimization rate of 12.1 per 1,000 for federal fiscal year 2006 as reported by the Children's Bureau based on that year's NCANDS' data. The NIS-4 does not provide estimates broken down by state.

Gun Ownership in the U.S. and Selected States by Decade



NOTES: Gun Ownership

- These percentages reflect the proxy measure of suicides using firearms as a percentage of total suicides. A discussion of the validity of this proxy measure can be found in Seigel, M, Ross, C, and King, C. (2012).

- There has been a decline in rates of gun ownership in the U.S. between the decade 1981-1990 to the decade 2001-2010. In the U.S. the decline was from 60.6% to 52.8% and in Connecticut the decline was from to 42.6% to 33.1%.

- **Source:** Data from Centers for Disease Control and Prevention. *Web-based Injury Statistics Query and Reporting Systems: Fatal Injury Reports*. As reported as Appendix A in Seigel, M, Ross, C, and King, C. The Relationship Between Gun Ownership and Firearm Homicide Rates in the United States, 1981-2010. *American Journal of Public Health*. Published online ahead of print September 12, 2013: e1-e8. Doi:10.2105/AJPH.2013.301409

Connecticut's Adolescent Behavioral Health Work Force

Occupation/Specialty	Number	Source
Primary Care Pediatricians	1,246 (842 with no reported subspecialty)	Correspondence from DPH to PRI dated 9/16/2013 reporting data from American Board of Medical Specialties
Child & Adolescent Psychiatrists	120* 251**	*"Find a provider" resource on AACAP website ** Correspondence from DPH to PRI dated 9/16/2013 reporting data from American Board of Medical Specialties
Developmental and Behavioral Pediatricians	11	Correspondence from Connecticut State Medical Society to Public Health Committee dated 10/2/2013
Adolescent Medicine MDs	26	Correspondence from DPH to PRI dated 9/16/2013 reporting data from American Board of Medical Specialties
Pediatric Neurologists	4	Correspondence from DPH to PRI dated 9/16/2013 reporting data from American Board of Medical Specialties
Child Psychologists (Psy.D. or Ph.D.)	1,912	Total licensed psychologists in CT per DPH – not specific to child/adolescent/young adults
Child Mental Health APRNS	Not Yet Available	

NOTES:

Care accessed in follow up to ED admission for primary behavioral health diagnosis 2011 for CT Medicaid population

	Ages 0-17 (N=6,176 ED admits)		Ages 18+ (N=41,049 ED admits)	
	Number	Percent of total BH ED visits	Number	Percent of total BH ED visits
Admits to Inpatient from ED	2,377	38.5	13,814	33.7
Follow up within 7 days to intermediate level of care*	329	5.3	1,949	4.8
Follow up within 7 days to congregate care setting	354	5.7	N/A	N/A
Follow up within 7 days to home based mental health treatment	293	4.7	N/A	N/A
Follow up within 7 days to routine outpatient care	725	11.8	4,079	9.9
Follow up within 30 days to intermediate level of care*	505	8.2	3,098	7.6
Follow up within 30 days to congregate care setting	362	5.9	N/A	N/A
Follow up within 30 days to home based mental health treatment	389	6.3	N/A	N/A
Follow up within 30 days to routine outpatient care	1,110	18.0	5,888	14.3
No follow up care within 30 days of ED visit	**1,198**	**19.4**	**15,504**	**37.8**

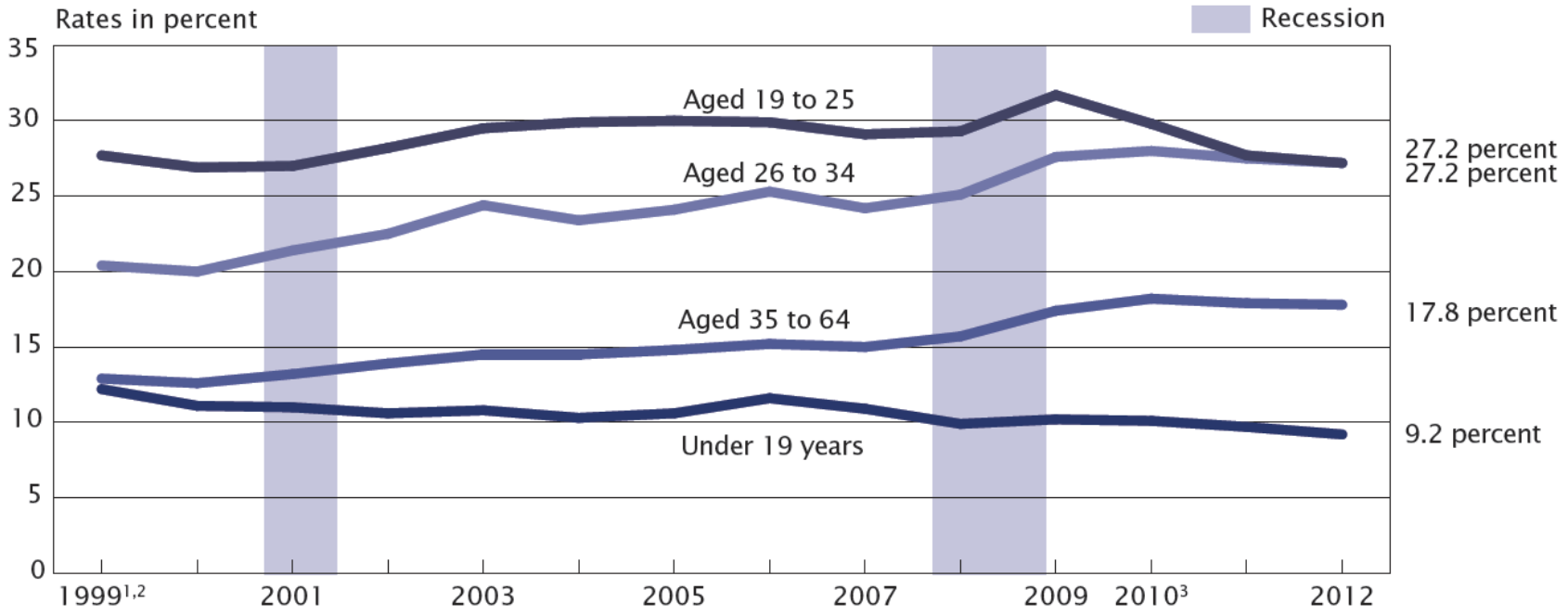
*Access to an intermediate level of follow up care was determined based on the presence of a paid claim for PHP, IOP or EDT service within the applicable time frame. For the 0-17 population only, intermediate level of care is separate from return or new admission to a congregate care setting for which Medicaid paid a claim (group homes, residential treatment) and/or home based care which is presumably IICAPS, FST, MDFT, etc.

NOTES: Post-ED Visit Follow-Up MH Care

- This data was provided by Program Review & Investigations in connection with it's current study on Emergency Department utilization and costs for Medicaid users.

- In terms of the difference between intermediate level of care, congregate care, and home based mental health treatment for the under 18 and 18+ populations, only the first of these categories (follow up to intermediate level of care) is tracked for the 18+ population. Thus, the 4.8% of 18+ year olds receiving intermediate level of care within 7 days can be contrasted to the 15.7% of those ages 0-17 receiving any of those three types of post-ED services within that time frame and the 7.6% of 18+ years olds receiving intermediate level of care within 30 days can be contrasted to the 20.4% of those under age 18 who receive any of those services.

Uninsured Rates by Age 1999-2012 (U.S.)



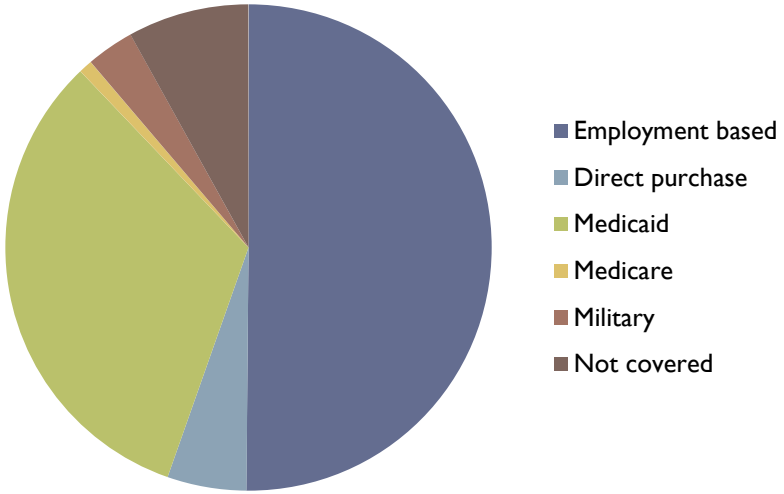
U.S. Census Bureau, Current Population Reports, P60-245, Figure 9 from *Income, Poverty, and Health Insurance Coverage in the United States: 2012.*

NOTES: Uninsured Rates 1999-2012 (U.S.)

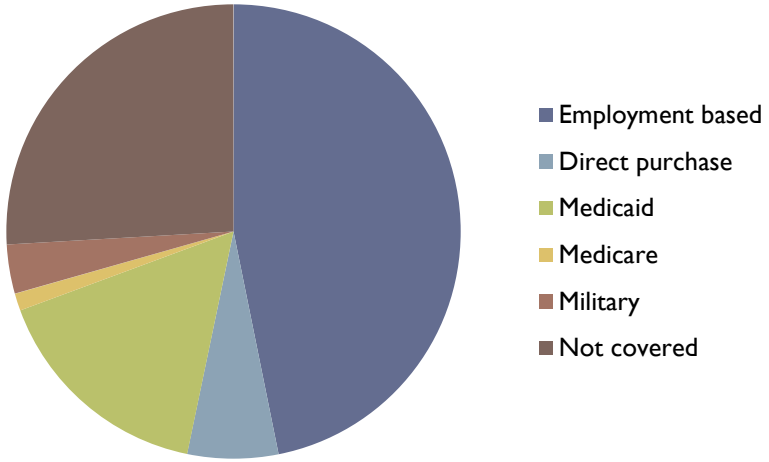
- DeNavas-Walt, Carmen, Bernadette D. Proctor, and Jessica C. Smith, U.S. Census Bureau, Current Population Reports, P60-245, *Income, Poverty, and Health Insurance Coverage in the United States: 2012*, U.S. Government Printing Office, Washington, DC, 2013.

2012 Type of Health Insurance Coverage (U.S.)

Population Under Age 18: Type of Health Insurance Coverage



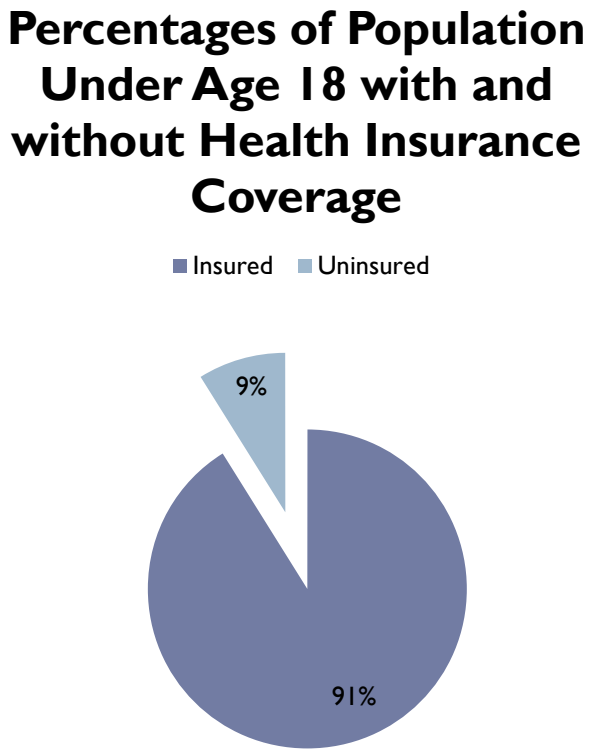
Population Ages18 through 24: Type of Health Insurance Coverage

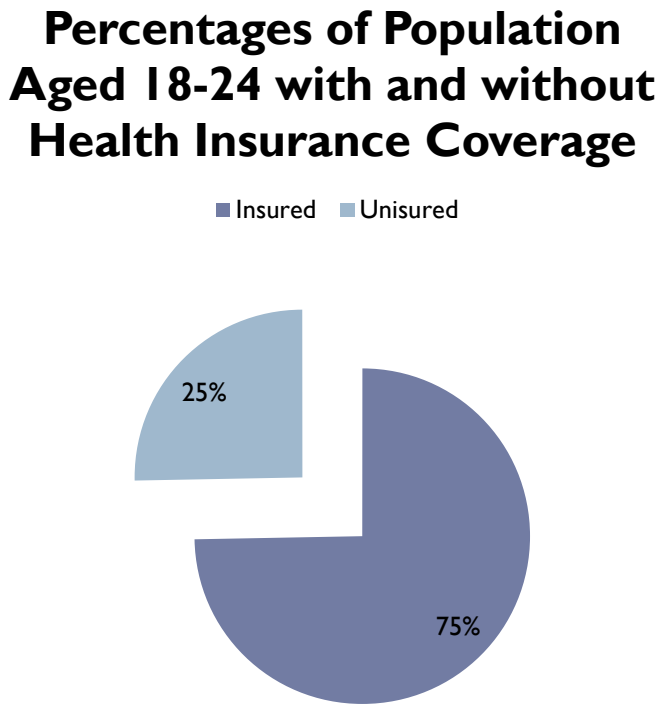


NOTES: Type of Health Coverage

- The data regarding percent of individuals with each type of coverage for these pie charts is taken from Table C-3 in U.S. Census Bureau, Current Population Reports, P60-245, *Income, Poverty, and Health Insurance Coverage in the United States: 2012*, U.S. Government Printing Office, Washington, DC, 2013. For those under age 18, total percentages summed to 110.5% (presumably because some insured indviduals have more than one type of coverage). For individuals aged 18-24 total percentages summed to 97.6%. Thus, although these charts are helpful for understanding the shift in type of health insurance coverage between these two age groups, particularly the decrease in the percent covered by Medicaid and the increase in the percent uninsured, they should not be relied upon as reflecting accurate percentages of uninsured as compared to insured individuals. That is done on the next slide.

Comparison of Insured to Uninsured 2012 (U.S.)





NOTES: Rates of Insured vs. Uninsured

- Source: DeNavas-Walt, Carmen, Bernadette D. Proctor, and Jessica C. Smith, U.S. Census Bureau, Current Population Reports, P60-245, *Income, Poverty, and Health Insurance Coverage in the United States: 2012* (Table C-3), U.S. Government Printing Office, Washington, DC, 2013.