Comments from Maryann Davis, Ph.D., Professor, Department of Psychiatry, University of Massachusetts Medical School, Director, Transitions to Adulthood Center for Research.

I was honored to serve as a member of this task force, and generally agree with the recommendations, and the description of the knowledge that testimony yielded.

Because labels are impactful, I note in these comments that on pages 6, 11 and 12, emerging/young adults are described as being "unstable" in emotionally charged situations. This is not an accurate portrayal of research findings and is concerning because of common connotations of "unstable". The report that is cited for this statement actually describes that young adults "have difficulty moderating their responses in emotionally charged situations". This is a more accurate description and should be used rather than describing their ability to moderate their responses as "unstable". It reflects that they have not yet mastered controlling their responses in these situations but does not indicate that they are unstable in these situations.

More importantly, the report insufficiently emphasizes the prevalence of behavioral health needs in this population, and the resulting need for services. Suicidality, use of illicit drugs, alcohol use disorders, co-occurring mental health and substance use disorders, and unmet mental health need is highest during young adulthood[1]. Young adults require an age-tailored approach to behavioral health treatment.[2] Those involved in the justice system also require access to behavioral health clinicians and services that are tailored to the needs of justice-involved individuals. UTEC, ROCA, and Multisystemic Therapy for Emerging Adults, cited in the report, testified to some of the unique qualities of justice system-involved youth and young adults. Referring this population to standard behavioral health services is unlikely to produce the needed results to successfully treat their mental health conditions or reduce substance use. Engaging their motivation to participate in and complete these treatments requires unique knowledge of the population, and unique approaches to foster their participation. While **S.1533, H.2697,** *An Act to Reduce Recidivism among Emerging Adults* **S.1533, H.2697,** *An Act to Reduce Recidivism among Emerging Adults,* calls for evidence-based policies for young adults, including increasing access to mental health-based services, this is limited to those young adults IN FACILITIES. A broader approach is needed since the numbers of young adults on probation is significant. Moreover, young adults on probation are in the setting (i.e. the community) in which changes to enhance their mental health and reduce their substance use are likely to have longer term impact than can be achieved in an institutional setting (i.e. jail). Therefore, these recommendations would be greatly strengthened by recommending that **evidence-based and best practices specifically for young adults involved with justice-systems should be funded sufficiently to ensure that these needs are screened for and successfully treated for any 18-26 year old on probation, parole, or incarcerated/detained. Medicaid codes that allow for home-based treatments for those**

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[1] Substance Abuse and Mental Health Services Administration. (2019). *Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health* (HHS Publication No. PEP19-5068, NSDUH Series H-54). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from https://www.samhsa.gov/data/

[2] NASEM, INVESTING IN THE HEALTH AND WELL-BEING OF YOUNG ADULTS, (2015), *available at* https://www.ncbi.nlm.nih.gov/books/NBK284782/.

who are 18-26, that do not require, but can include family involvement, is needed to adequately fund these evidence-based practices.

Lastly, the recommendations regarding "emerging adults", that list ages 18-25, should be extended to age 26. This is the age that the Institute of Medicine (now known as the National Academy of Medicine) and the National Academies on Science, Engineering, and Medicine recommended as encompassing young adulthood[3], and is a developmentally distinct period of the lifecourse. "The differences between adolescents and adults are stark, and the years between 18 and 26 are when young people develop psychologically in ways that bridge these differences." (NASEM 2015, pg. 37). This report also noted that this is a critical period of development in which:

- Early developmental and social trajectories may be reinforced or reversed
- Early risks may accumulate or be counteracted
- New experiences can be turning points or sources of stagnation or thriving
- Developmental tasks not completed may constitute a significant setback for the future

In other words, investing in strong interventions and resources for 18-26 year olds can turn around trajectories of long term recidivism and other poor outcomes.

[3] Ibid