Tow Youth Justice Institute
Making connections. Informing solutions.

TCB Monthly Meeting Agenda

October 16, 2024
2:00 PM – 4:00 PM
LOB 1E with Zoom Option
Viewing Options Youtube or CT-N

Welcome and Opening Remarks	Senator Ceci Maher Representative Tammy Exum Claudio Gualtieri, Senior Policy Advisory to the Secretary, OPM
Review and Acceptance of Minutes	
Update on Scope of Work	Innovations Institute at the UCONN School of Social Work
Updates Workgroup Legislative Recommendations	TCB Workgroup Co-Chairs
Next Steps	Tow Youth Justice Institute

Next Meeting: November 13, 2024

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TCB Meeting Minutes

September 25, 2024
2:00PM-4:00PM
Legislative Office Building 1D
Zoom Option Available

Attendance

Alice Forrester
Ashley Hampton
Carol Bourdon
Carolyn Grandell
Catherine Foley Geib
Sen. Catherine Osten
Sen. Ceci Maher
Charlene Russell-Tucker
Claudio Gualtieri
Cristin McCarthy Vahey
Edith Boyle
Gary Highsmith
Sen. Heather S. Somers
Howard Sovronsky
Javeed Sukhera
Jeanne Milstein
Jeff Vanderploeg
Rep. Jillian Gilchrest
Jodi Hill Lilly
Jody Terranova
Rep. Kai Belton
Kimberly Karanda
Lorna Thomas-Farquharson
Sen. Matthew Lesser
Michael D. Powers
Michael Moravecek
Michael Patota
Mickey Kramer
Rep. Nicole Klarides-Ditria
Sarah Eagan
Sean King
Shari L. Shapiro
Sinthia Sone-Moyano
Tammy Freeberg
Rep. Tammy Nuccio
Tammy Venenga
Rep. Toni Walker
Yann Poncin
Yvonne Pallotto

TYJI Staff

Erika Nowakowski
Izarelli Mendieta-Martinez

Welcome and Introductions

Tri-Chairs Representative Tammy Exum, Senator Ceci Maher, and Claudio Gualtieri opened the meeting by welcoming all attendees.

Acceptance of TCB Meeting Minutes

Erika Nowakowski called for a motion to approve the July meeting minutes, which was moved, seconded, and unanimously approved.

Overview of the Meeting

The September monthly meeting featured three presentations: the State Department of Education (CSDE) provided updates on school-based services, the Department of Social Services (DSS) discussed Medicaid school services, and Sarah Eagan from the Office of the Child Advocate (OCA) presented data on youth suicide. Additionally, Tow Youth Justice (TYJI) staff reported on progress within the on the strategic plan.

State Department of Education Update on School-Based Services

Commissioner Charlene M. Russell-Tucker introduced the theme "A Universe of Opportunities" and presented an overview of Connecticut's student demographics: 512,652 students, including 275,000 students of color, 225,000 eligible for free/reduced meals, and 92,000 with disabilities. Connecticut supports 1,554 schools, staffed by 122,616 certified and non-certified personnel.

She also outlined the CSDE's 2023-2028 *Strategic Plan, Every Student Prepared for Learning, Life, and Work Beyond School*, focusing on four priorities: ensuring equitable access to exceptional educators; creating safe, healthy learning environments that support students' socio-emotional well-being; enhancing curriculum frameworks; and developing multiple career pathways through partnerships with higher education institutions.The seven focal areas for the academic year: recruiting and retaining diverse educators; supporting safe learning environments while addressing mental health needs; ensuring student engagement; enhancing early literacy; modernizing post-secondary pathways; improving outcomes for students, particularly those with disabilities; and strengthening partnerships with families and communities.

John D. Frassinelli, Division Director of School Health, Nutrition, and Family Services reported on the *Voice 4 Change Program*, which allocated $1.5 million in student-led initiatives. 80% of students emphasized the need for enhanced social, emotional, and mental health support. The 2023 Connecticut School Health Survey showed that 15.7% of students considered suicide (up from 14.1% in 2022) and 7.7% attempted suicide (up from 5.9%).

Post-pandemic CSDE surveys such as the Behavioral Health Landscape Scan and the Social-Emotional Learning Landscape Scan demonstrated that school leaders expressed seek sustained financial support to hire and retain additional Family input is gathered through the Commissioner's Roundtable and Friday Community and Family Engagement (CAFÉ) sessions—a collaborative forum involving family liaisons, school leaders, educators, librarians, and afterschool staff. In the Community Stakeholder Forums and the Survey on ARP ESSER investments, 42% of respondents identified the social, emotional, and behavioral health of both students and school staff as their top priority.

In response to the feedback received, the CSDE has taken several key actions. The state received $1.7 billion from the Federal Elementary and Secondary School Emergency Relief (ESSER) fund, with 90% allocated for direct use at the district level and 10% reserved for state-level investments aimed at creating sustainable impact. Much of this state-level funding was distributed to community providers and districts for various services. Upon receiving the ESSER funds, the commissioner identified five priority areas. To address these priorities, the department has focused on re-engaging schools with their communities. This effort includes forming new partnerships with local Community Health Centers, creating dedicated mental health spaces in schools, introducing academic and life support coaches, and launching the Adult Climate Camp—a professional development program that emphasizes teaching emotional regulation, problem-solving, and de-escalation techniques. Additionally, $3 million was invested in the juvenile justice system to provide socio-emotional support and educational assistance to youth in facilities. Details of these investments are publicly available on the department's dashboard.

Through partnerships with legislators, the CSDE secured the School Mental Health Workers Grant and the Mental Health Specialists Grant. These grants enabled districts to hire 93 full-time equivalent positions for social workers, psychologists, trauma specialists, BCBAs, school nurses, and other mental health professionals. This staffing increase will continue through the 2026 school year. Furthermore, the funding has provided behavioral health services and support to 84 schools and summer camp programs during the summer months. Data on these initiatives, including information about the behavioral health staff, can be found on the department's behavioral health staff dashboard.

The Learner Engagement and Attendance Program (LEAP) is implemented across 25 school districts, with evaluations demonstrating its effectiveness. LEAP takes a comprehensive approach, moving beyond addressing truancy alone to understanding broader challenges facing students and their families. To date, the program has conducted over 42,000 home visits, supporting 29,839 students by connecting families to services and addressing barriers early.
The Behavioral Health Pilot aims to create a scalable and sustainable coordinated care system in selected school districts based on demographic criteria. Robert Pennington, Norwalk's Assistant Superintendent of Schools, highlighted that the pilot began with the School Health Assessment Performance Evaluation (SHAPE), which identified the district's needs and gaps, leading to enhanced behavioral health support in all schools. Despite concerns about potential funding cessation, the district is partnering with local community health agencies for additional resources. Similarly, Kevin Chavez, Principal of Chaplin Elementary School, noted that the SHAPE assessment helped his district identify actions to improve curricula,

implement behavioral health screenings, and establish dedicated behavioral health spaces. The district is also working to increase support for parents and families while addressing the challenge of developing sustainable practices due to the non-permanent nature of current funding.

The presenter outlined several initiatives, including the State Board of Education's policy guidance on personal technology use, virtual house calls for children's health, suicide prevention efforts such as adding 9-8-8 to student ID cards for grades 6-12, and partnerships with Handle with Care to improve transparency between families and school staff. Additional support for Urgent Care Centers and investments in Child Nutrition Programs aim to address social determinants of health. The SDE collaborates with the Center for Connecticut Education Research Collaborative (CCERC) to conduct rigorous evaluations of their initiatives, ensuring they are targeted and data informed. A link to further information is included in the presentation.

The presentation opened for questions. A committee member inquired about the summer behavioral health support funding and the number of unfilled staff positions due to hiring challenges. Presenters noted that while positions were filled, recruiting social workers was difficult, leading to a revision in hiring criteria to include Board Certified Behavior Analysts (BCBAs). The commissioner added that collaboration with districts is ongoing to assess funding and sustain support for behavioral health staff.

Another member raised concerns about school-based health centers cut due to funding issues, asking if the CSDE knew their current status and funding sources. The CSDE clarified that these centers are funded by the Department of Public Health (DPH) and estimated that about 109 schools have them, with some utilizing relief funding. The commissioner will initiate discussions with the CSDE and DPH to address funding fairness.

Further inquiries focused on expected behavioral health staff ratios in districts. The presenter indicated that while national standards exist, districts primarily determine staffing needs based on population. A member referenced Ohio's initiatives for school-community partnerships, prompting the commissioner to express plans for further discussions.

Concerns about engaging districts with high absentee rates were raised. The presenter highlighted ongoing initiatives beyond the LEAP program, including monthly meetings with district liaisons to share best practices. They noted that over 100 additional districts have attended LEAP-related trainings.

A member pointed out disparities in data regarding behavioral health staffing ratios, noting that counselors in Bridgeport often function as career resource guides while social workers handle specific tasks, leading to reliance on community resources. The presenter explained that the Behavioral Health Specialists grant allows licensed professional counselors to work as case managers and care coordinators, enabling certified staff to focus on students' more complex needs.

Medicaid Reimbursed School-Based Health Services presented by the Connecticut Department of Social Services

The presenter began by displaying a comparison of School-Based Child Health and School-Based Health Center programs. As of 2024, 117 of the 160 districts have participated in the school-based child health program, and 91 health center sites exist in 27 communities. Currently, the School-Based Child Health program specifically targets special education and Medicaid-eligible students with an Individualized Education Program (IEP) or similar plan, contingent upon parental consent for Medicaid billing.

Billing procedures differ between the two programs: the SBCH program allows school districts to bill Medicaid via Certified Public Expenditure, which yields a 25% federal matching rate. In contrast, SBHC programs have private providers billing Medicaid directly, with Federally Qualified Health Center (FQHC) staff billing Medicaid based on the encounter rate. The SBCH program facilitates a range of services for Medicaid-eligible students and permits the billing of medical services for Medicaid-eligible special education students under their IEP or Section 504 Plans, provided those plans include medical services. Under Public Act 24-81, districts may bill for medical services rendered to all Medicaid-eligible students, irrespective of whether those services fall under the student's specific plan. A State Plan Amendment to extend this billing capability will be submitted to the Centers for Medicare and Medicaid Services (CMS) by October 1, 2025, with full implementation anticipated by July 1, 2026. CMS guidelines issued in 2023 as part of the Bipartisan Safer Communities Act require certain provisions to be addressed by June 1, 2026, while other aspects remain optional for local school districts. Nationally, CMS reported in October 2023 that 17 states, including Connecticut, have expanded school-based services. Additionally, the Healthy Schools Campaign indicated that 25 states have broadened school-based services, with some extending beyond the scope defined by CMS. Upon implementation of the expansion, Connecticut will join 22 other states in providing coverage for either all medically necessary services or a defined package of services for all Medicaid-eligible students.

The presentation concluded with a session for questions and comments. A committee member inquired about positive developments in school-based healthcare and areas needing further attention. The presenter acknowledged the significance of federal Medicaid funding for these services and expressed enthusiasm for collaborating with other states during the implementation of the expansion.

Another member sought clarification on the funding sources for these programs, asking whether they are entirely funded through Medicaid billing and private insurance. The presenter clarified that the Department of Social Services (DSS) is solely involved in the Medicaid aspect of the School-Based Child Health (SBCH) program. The member further asked if local property tax dollars contribute to the funding, to which the presenter confirmed that the SBCH program is also supported by property tax revenues and school budgets.

A member requested information on federal initiatives aimed at addressing barriers related to parental consent for certain services. The presenter mentioned a proposal by the U.S. Department of Education to remove some parental consent requirements; however, she noted that the proposal did not fully achieve its objectives, and they must now monitor the situation as it evolves.

Regarding billing changes for providers, a member asked if the department was considering alternative waivers that encompass care coordination. The presenter responded that the current focus of the SBCH program is on a state plan amendment to broaden eligibility from just the special education population to include all Medicaid-eligible students. She clarified that the school-Based Health Centers are not encompassed in Public Act 24-81.

Another member sought clarification on the distinction between medically based and educationally based services for students with IEPs, noting past issues that limited service inclusion. The presenter indicated that, while this is not her primary focus, she would relay the inquiry to the department for further clarification.

Concerns were raised regarding underreported student needs, particularly for those without Medicaid coverage. A member expressed apprehension about the burden placed on smaller communities to educate their residents about these programs and the lack of services for uninsured students, questioning whether schools are billing private insurance. The difficulty of integrating outside services into schools due to various barriers was also noted.

A member highlighted the absence of baseline standards to guide districts, which could foster consistency across educational institutions. Several members discussed the reliance on police and emergency rooms for children's behavioral health crises, attributing this to the lack of timely access to crisis response services. A call was made for future meetings to focus on expanding crisis response for children and improving response times for crisis intervention outside cities,

Youth Suicide Data Presented by Sarah Eagan of the Office of the Child Advocate

This presentation, led by Sarah Eagan of the Office of the Child Advocate, provides a comprehensive overview of youth suicides in Connecticut and the updated Suicide Prevention Plan. It highlights data from youth aged 13-17 across the state, indicating an increase in youth suicides and a concerning trend of younger children dying by suicide. Traditionally, this population was predominantly white boys, but recent data shows a shift in demographics. As of 2024, there have been 12 reported youth suicides, with a notable rise in incidents among girls.

The Child Fatality Review Panel at the Office of the Child Advocate inputs data into the national child fatality database, with the presentation featuring various charts to illustrate the findings. A key statistic is that 59% of youth have communicated thoughts of suicide to someone else, and approximately half of the reported cases had previously received mental health services. Notably, 33% of the children who died by suicide in Connecticut were aged 10-14, and roughly 17 children are treated daily for suicidal ideation or self-harm.

Eagan discussed the 3 Step Theory of Suicide, which begins with pain, distress, and despair, leading to hopelessness and an increased risk of suicidal ideation. Contributing factors include lack of connectedness, isolation, impulsivity, acquired knowledge of self-harm methods, and access to lethal means, all of which elevate the risk of suicide attempts. The updated 5-year suicide prevention plan aims to normalize conversations around mental health and suicide among schools, parents, coaches, and other adults. A significant recommendation is that all adults working with children receive training in suicide prevention.

Eagan proposed incorporating a 5-10 minute review of the dashboard during TCB meetings to track progress. Additionally, she emphasized the state's accountability in following through with the intervention opportunities outlined in the plan.

During the open question and comment session, one member underscored the importance of discussing suicide openly. Another member, sharing insights from a hospital setting, noted that every child is subject to universal suicide screening,

revealing that nearly 20% score at concerning levels. This indicates that many children are suffering in silence, prompting a recommendation for universal suicide screenings in all schools. Another member expressed interest in gathering mental health data from schools that have implemented cell phone bans.

Updates

The meeting concluded with a discussion on the TCB group's mission statement. Two options were provided in members' packets and during the presentation. A survey yielded 30 responses, with **Option 2** currently leading. Additional feedback is sought as there are about 60 committee members, and some members are interested in merging the options.

Two new workgroups, the **Prevention Workgroup** and the **School-Based Workgroup**, will be activated. A QR code in the presentation allows members to request invitations, and those interested in co-chairing should contact the TYJI staff.

The next meeting is set for **October 16, 2024**, which includes a rescheduled strategy development working lunch from **12:00 PM to 1:30 PM** and the TCB monthly meeting from **2:00 PM to 4:00 PM**. The November meeting will occur on **November 13, 2024**, due to election wee

Next Meeting: October 16, 2024
Time: 2:00PM-4:00PM
In Person with Zoom Option

Tow Youth Justice Institute

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Transforming Children's Behavioral Health Policy and Planning Committee

October 16, 2024

LOB Room 2E with Virtual Option

2:00 PM – 4:00 PM

Scan to submit your attendance:

Meeting Facilitation

- Mute on Zoom
- Participants must remain muted on Zoom unless speaking.

- Hand raising
- Virtual attendees should use the hand raise feature on Zoom for questions and comments.

- Questions at End
- Hold questions and comments until the presenters have finished speaking.

- TCB only
- Only TCB members may ask questions and make comments.

- Recording
- This meeting is being recorded.

Agenda

Welcome and Opening Remarks	Tri-Chairs
Acceptance of September Meeting Minutes	
Update on UCONN's Scope of Work	*Innovations Institute at the UCONN's School of Social Work*
Update on Workgroup Recommendations	TCB System Infrastructure Chairs TCB Services Chairs
Next Steps	Tow Youth Justice Institute

Updates on Scope of Work

Innovations Institute at the UCONN School of Social Work

Legislative Recommendations Timeline

TYJI

Draft TCB Legislative Recommendations Timeline

Workgroup Presentation to the TCB	October 16, 2024
Final Draft Language to Workgroups	October 18, 2024
Feedback received from Workgroups	November 1, 2024
Draft of Legislative Recommendations to the TCB	November 13, 2024
Feedback collected from TCB committee	November 22, 2024
Final Draft Legislative Recommendations to the TCB	December 4, 2024
Voting on Legislative Recommendations	January 8, 2024

Update on Workgroup Recommendations

Workgroup Co-chairs

TCB Strategic Plan Update

Tow Youth Justice Institute

TCB Strategic Plan Development Timeline

Strategic Planning Day	June 03, 2024	✓
Brainstorm mission statement	July 31, 2024	✓
Identify and Develop Goals	October 16, 2024	✓
Identify and Develop Strategies and Outcomes	November 13, 2024	
Delivery of Draft Strategic Plan	January 8, 2024	
Feedback Due to TYJI on Draft Plan	January 22, 2024	
Final Draft to TCB members	February 5, 2024	
Vote on Strategic Plan	March 5, 2024	

Mission Statement Option 1

TCB Committee serves as a cross-system collaborative engine dedicated to strengthening and improving Connecticut Children's behavioral health care system.

By engaging system-wide stakeholders, TCB will assess gaps, system inefficiencies, and make recommendations for legislative changes and budget allocations that ensure all children have timely access to behavioral health treatment that is appropriate to their needs.

Success is defined by the achievement of a behavioral health system that is accessible to all children when and where it's needed, addresses and fits the needs of children and their families, and ensures that all children and their families have the necessary services that will enable them to be healthy, resilient, thrive and have the best possible outcomes.

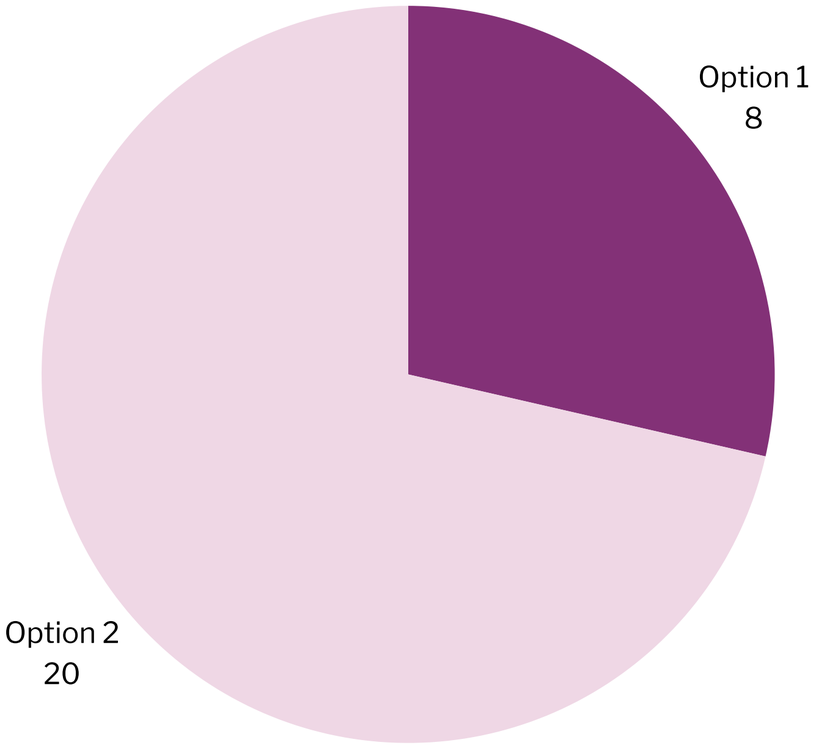
Mission Statement Option 2

TCB Committee exists to strengthen and align Connecticut's system of care through legislative recommendations and strategic reforms aimed at improving access to high-quality services and promoting children's behavioral health and well-being through a sustainable continuum of care.

As a bridgebuilder, TCB will engage system-wide stakeholders, use data to assess gaps and system inefficiencies, identify cross-system alignment and make recommendations that address and overcome the root obstacles in order to promote the well-being and resilience of all children and families.

We define success as achieving a behavioral health system that is accessible to all children and provides appropriate, affordable, high-quality behavioral health services at the right time and place to ensure the most positive outcomes so that Connecticut's children can thrive well into the future.

Figure 1: TCB Committee Voting Results on Mission Statement Options (n= 28)



Voting Results for Mission Statement Options show 37 responses, with 28 votes submitted by TCB Committee members and their designees. Mission Statement Option 2 received the highest number of votes, with 20 out of 28.

Sign–Up Workgroup Co-Chairs and Workgroup Members

- School-Based Workgroup
- Prevention Workgroup

TCB Workgroup Sign-Up

Tow Youth Justice Institute

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Next Meeting:

November 13, 2024

In-Person Strategy Development Working Lunch

TBD

Followed by TCB Monthly Meeting

2:00 PM – 4:00 PM

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Draft TCB Legislative Recommendations

This document outlines the draft TCB Legislative Recommendations, which are still under review and subject to modification. We are currently soliciting feedback from stakeholders to ensure these recommendations reflect the needs and priorities of our community. The finalized legislative proposals will be presented at the TCB meeting in December.

If you are interested in contributing to the Services or System Infrastructure Workgroups, please contact imendietamartinez@newhaven.edu for more information on participation.

TCB Infrastructure Group
Co-Chairs: Alice Forester (aforrester@cliffordbeers.org) and Jason Lang (jlang@chdi.org)
WORKING DRAFT Recommendations to TCB

1. **Strengthening the Workforce/Reimbursement Rates**: The workgroup identified inadequate reimbursement rates for children's behavioral health services as a top concern for legislative action so that providers can attract and retain an experienced workforce. The recent Medicaid rate study showed Connecticut's Medicaid rates for behavioral health were on average 62% of those in comparable states[i], and a recent report showed that inflation has outpaced Connecticut's Medicaid rate for a common type of therapy session by approximately 25% over the past decade.[ii] The rate study estimates this would cost an additional $42.4M (presumably in 2023 dollars), which is the equivalent of approximately $45.5M in 2025. Medicaid and private insurance fee for service reimbursement rates do not come close to covering the actual cost of delivering behavioral health services. While alternative payment models (e.g. CCBHC) are promising, it is unclear when or how they will be implemented, and in the meantime the system continues to struggle.

   Without meaningful increases in reimbursement rates, disparities in access to and quality of care for the state's most vulnerable families will worsen. Medicaid providers are increasingly unable to secure the necessary skilled workforce to serve Connecticut's most vulnerable populations. Youth covered by Medicaid often have more complex and acute conditions, fewer resources, yet when they are able to access services they often receive treatment that is woefully inadequate to address the full needs of the child and families. Providers are forced to hire less experienced clinicians due to providers' inability to offer competitive wages and a viable career path. In addition, providing behavioral health services to children and youth requires additional time and resources (e.g. care management, communicating with caregivers, addressing family needs) than adult behavioral health, and reimbursement rates should reflect these added costs.

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WORKING DRAFT Recommendations to TCB

The top priority of the infrastructure workgroup is that reimbursement rates cover the actual costs of providing care, and we make the following recommendations:

a. The legislature and DSS should immediately provide funding and policy changes needed to increase all Medicaid behavioral health reimbursement rates to the average rates of the comparison states in the recent Medicaid rate study, inflation adjusted for the year implemented. The rate study estimates this would cost an additional $42.4M (presumably in 2023 dollars), which is the equivalent of approximately $45.5M in 2025.

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b. The legislature and DSS should provide a billing code or modifier for an enhanced reimbursement rate of 25% for services that are evidence-based as recognized by national standards and delivered by a provider who is certified or credentialed in the evidence-based practice. These practices require additional time for training, consultation, and service delivery, but result in improved outcomes for children, compared to usual care services, and data from Connecticut indicate they reduce disparities in treatment outcomes by race/ethnicity.[iii]

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c. The legislature and DSS should require Medicaid behavioral health reimbursement rates to be adjusted annually based on inflation, cost of living adjustments (COLA) or a similar benchmark.
d. The legislature and/or state agencies (e.g. Department of Insurance) should require or incentivize commercial insurers to similarly increase rates immediately and annually based on inflation or similar benchmark, to the extent of what is permitted under federal law.
e. The legislature and/or Department of Insurance should prohibit insurers from not allowing providers to share negotiated reimbursement rates.
f. The legislature should provide funding to conduct an independent study of the anticipated cost of children's behavioral health care incorporating input from a wide range of providers, family members, and other stakeholders (See additional detail about this in the Medicaid rate study, p. 47). Rates should incorporate all aspects of high quality care, including professional development, supervision, outreach/community engagement, data reporting, quality improvement, evidence-based treatments, care coordination/case management, administrative requirements, etc.). The study should also identify ways to reduce the regulatory burden on providers to make services more efficient. The study should provide recommendations for alternative payment models (e.g. bundled rate, per-person per-month rate) that cover the actual costs of care.

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g. The legislature should require DSS within the next three years to implement one of the study's recommended payment models for children's behavioral health services.

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WORKING DRAFT Recommendations to TCB

2. **Data/QI**: The workgroup identified a need to have better publicly available data about how the children's behavioral health system is functioning. This includes not just identifying new data elements, but taking a critical look at existing data requirements to minimize the burden on providers currently entering data and to ensure that data are available from all providers. Data collected by state agencies should be made available to the public whenever possible while protecting family privacy and confidentiality (e.g. with consent, in aggregate, de-identified). Improved data about the system would increase transparency and accountability by providing the public and those referring children for services with better information about 1) what services are available, where, and when; 2) how effective services are and how satisfied families are with services; 3) whether there are disparities in service access or outcomes for certain populations; 4) what gaps and needs there are in the service array. Better data about the system, if paired with adequate reimbursement, also allows ongoing quality improvement to ensure that services are working as intended and benefiting all youth and families. The workgroup feels strongly that implementing this recommendation is contingent upon a substantive increase in reimbursement rates or other funding in order to be feasible for providers, as described in the previous recommendation. ***An initial review of some of this data is currently being conducted through the TCB by the Innovations Institute. The workgroup makes the following recommendations, which will vary depending upon the findings from the current data review, which due by the end of 2024:***
    a. The legislature should provide funding to [Who? CBHPIAB? DCF? TCB?] to map the existing data (including demographics, staffing, services, and outcomes data) of all services including children's behavioral health providers across all levels of care, including what data are required by legislation, federal requirement, or other mandate, and how such data are used, reported (including to whom), and shared. Because there are several existing state committees or agencies that have or are doing similar work (Children's Behavioral Health Plan Implementation Advisory Board, Behavioral Health Partnership Oversight Council, Emergency Department Crowding Working Group, DMHAS Evaluation, Quality Management, and Improvement Division), this process should be done by or in close collaboration with these entities.

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WORKING DRAFT Recommendations to TCB

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1. Include providers, services, and levels of care where no data are currently collected or reported (e.g. private practices, providers that don't receive state grant funding)
2. Include multiple data sources related to children's behavioral health including social determinants of health, education, and sources from related organizations.

b. Based on the results of (a), Identify currently collected data elements that could be eliminated (e.g. not required, not used or reported, redundant).
c. Based on the results of (a), identify any needs for new data elements not currently available that are needed to monitor the system and/or for public use.
d. Conduct a review of best practices in children's behavioral health data and quality improvement from other states and research
e. Develop recommendations for a set of standardized and limited data collection and reporting across services, providers, and levels of care including for public reporting about service availability, capacity, quality, and outcomes. Ensure that family privacy is protected in data collection and reporting.
f. Use an existing, or convene a new, working group to review A through E (could be the CBHPIAB or the TCB infrastructure workgroup) to finalize detailed recommendations for system-wide data collection, analysis, reporting, and quality improvement, including a publicly available data dashboard about services.

[i] https://www.documentcloud.org/documents/24421604-ct-medicaid-rate-study-phase-1-final-report-february-2024

[ii] https://www.chdi.org/index.php/publications/policy-briefs/policy-brief-who-will-do-work-strengthening-childrens-behavioral-health-workforce-meet-families-increasing-behavioral-health-nee

[iii] Lang, J. M., Lee, P., Connell, C. M., Marshall, T., & Vanderploeg, J. J. (2021). Outcomes, evidence-based treatments, and disparities in a statewide outpatient children's behavioral health system. *Children and Youth Services Review, 120*, Article 105729. https://doi.org/10.1016/j.childyouth.2020.105729

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WORKING DRAFT Recommendations to TCB

TCB Services Workgroup
Co-Chairs: Edith Boyle (eboyle@lifebridgect.org) and Yann Poncin (yann.poncin@yale.edu)

WORKING DRAFT Recommendations to TCB:

Vision Statement for Services:

- Children and families of Connecticut will have access to quality behavioral health care when they need it, and where they need it across the continuum of care, ensuring equity of access, treatments, and outcomes.

1. **Strengthening the Workforce/Reimbursement Rates**: In alignment with the infrastructure workgroup, the services workgroup identified inadequate reimbursement rates for children's behavioral health services as a top concern for legislative action so that providers can attract and retain the skilled workforce needed to bolster the system. The recent Medicaid rate study showed Connecticut's Medicaid rates for behavioral health were on average 62% of those in comparable states[iii], and a recent report showed that inflation has outpaced Connecticut's Medicaid rate for a common type of therapy session by approximately 25% over the past decade.[iii] Medicaid and private insurance fee for service reimbursement rates do not come close to covering the actual cost of delivering behavioral health services. While alternative payment models (e.g. CCBHC) are promising, it is unclear when or how they will be implemented, and in the meantime the system continues to struggle.

   Without meaningful increases in reimbursement rates, disparities in access to and quality of care for the state's most vulnerable families will worsen. Medicaid providers are increasingly unable to secure the necessary skilled workforce to serve Connecticut's most vulnerable populations. Youth covered by Medicaid often have more complex and acute conditions, fewer resources, yet when they are able to access services they often receive treatment from less experienced or skilled clinicians due to providers' inability to offer competitive wages and a viable career path. In addition, providing behavioral health services to children and youth requires additional time and resources (e.g. care management, communicating with caregivers, addressing family needs) than adult behavioral health, and reimbursement rates should reflect these added costs.

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Co-Chairs: Alice Forester (aforrester@cliffordbeers.org) and Jason Lang (jlang@chdi.org)¶
WORKING DRAFT Recommendations to TCB

A top priority of the services workgroup is that reimbursement rates cover the actual costs of providing care, and we make the following recommendations:

a. The legislature and DSS should immediately provide funding and policy changes needed to increase all Medicaid behavioral health reimbursement rates to the average rates of the comparison states in the recent Medicaid rate study, inflation adjusted for the year implemented. The rate study estimates this would cost an additional $42.4M (presumably in 2023 dollars), which is the equivalent of approximately $45.5M in 2025.
b. The legislature and DSS should provide a billing code or modifier for an enhanced reimbursement rate of 25% for services that are evidence-based as recognized by national standards and delivered by a provider who is certified or credentialed in the evidence-based practice. These practices require additional time for training, consultation, and service delivery, but result in improved outcomes for children, compared to usual care services, and data from Connecticut indicate they reduce disparities in treatment outcomes by race/ethnicity.
c. The legislature and DSS should require Medicaid behavioral health reimbursement rates to be adjusted annually based on inflation, cost of living adjustments (COLA) or a similar benchmark.
d. The legislature and/or state agencies (e.g. Department of Insurance) should require or incentivize commercial insurers to similarly increase rates immediately and annually based on inflation or similar benchmark, to the extent of what is permitted under federal law.
e. The legislature and/or Department of Insurance should prohibit insurers from not allowing providers to share negotiated reimbursement rates.
f. The legislature should provide funding to conduct an independent study of the anticipated cost of children's behavioral health care incorporating input from a wide range of providers, family members, and other stakeholders (See additional detail about this in the Medicaid rate study, p. 47). Rates should incorporate all aspects of high quality care, including professional development, supervision, outreach/community engagement, data reporting, quality improvement, evidence-based treatments, care coordination/case management, administrative requirements, etc.). The study should also identify ways to reduce the regulatory burden on providers to make services more efficient.

The study should provide recommendations for alternative payment models (e.g. bundled rate, per-person per-month rate) that cover the actual costs of care.

g. The legislature should require DSS within the next three years to implement one of the study's recommended payment models for children's behavioral health services.

2. **A landscape analysis:**
   a. To determine:
      1. What services are currently offered in the State (array, continuum)
      2. Where the services are provided:
         1. Traditional community, pediatric offices, schools
         2. Geography
      3. When are services available (hours of operation, off hours)
      4. Waitlists
      5. Seasonality of need
   b. This analysis should clarify what gaps or barriers are present according to:
      1. The continuum of care
      2. Service delivery
      3. Geography
      4. Social determinants of health, equity
      5. Population demographics
   c. The analysis should clarify what services are available, unavailable, and under-available.
      1. The analysis should help clarify how each of the above is affected by reimbursement, workforce shortages, or other factors that impede the availability of services on the continuum.
   d. Consider non-traditional services in the continuum
      1. **Care coordination**
      2. Respite
      3. Transportation needs

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WORKING DRAFT Recommendations to TCB

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WORKING DRAFT Recommendations to TCB

[iii] https://www.documentcloud.org/documents/24421604-ct-medicaid-rate-study-phase-1-final-report-february-2024

[iii] https://www.chdi.org/index.php/publications/policy-briefs/policy-brief-who-will-do-work-strengthening-childrens-behavioral-health-workforce-meet-families-increasing-behavioral-health-nee

INNOVATIONS INSTITUTE

Overview of TCB Scope of Work




Presentation to the TCB Committee
October 16, 2024

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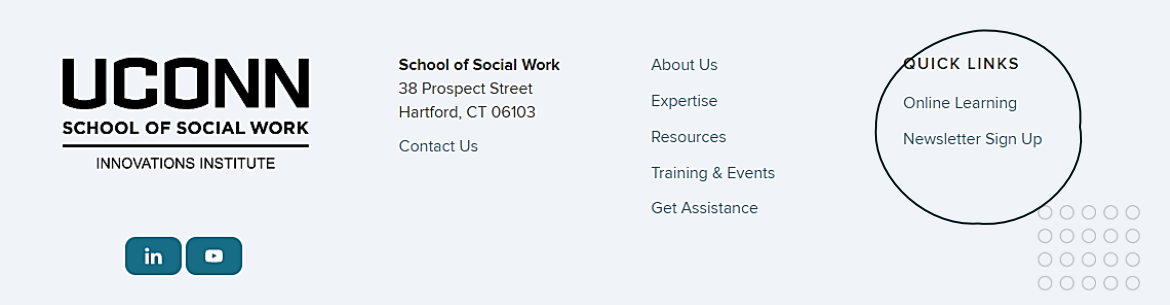
Innovations Institute

Our Vision: We believe we can achieve a world where all families thrive in their communities and the work of child-, youth-, and family-serving public systems is grounded in research and implementation science and driven by principles of anti-racism, social justice, equity, inclusion, and authentic partnerships with youth and their families and communities.

Our Expertise: Innovations Institute provides training, technical assistance, facilitation, analysis, consulting, implementation support, and research and evaluation to strengthen workforce development, systems design and financing, data-driven strategic planning, and quality improvement. Our work is grounded in research, experience and expertise from the field, adult and technology learning theories, and implementation science.

Our faculty and staff have nationally recognized expertise, education, and leadership in health and human services systems; crisis response systems; LGBTQ+ populations; federal and state policy and financing; systems design and implementation; parent, infant, and early childhood; research, evaluation, and CQI; workforce development; and instructional technology and media.



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2025 TRAINING INSTITUTES

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Building a World Where Young People Thrive

For almost 40 years, the Training Institutes have convened the national conversation among those working to improve outcomes for children, youth, young adults & their families.

- **2,000 experts and leaders** from across the U.S., working at the federal, state, and local levels to transform public systems, programs, and services for children, youth, young adults, and their families.

- **165+ innovative, in-depth workshops** that address workforce development, systems design and financing, data-driven strategic planning, evidence-based services, cultural competence and equity, and quality improvement for child/youth and family services

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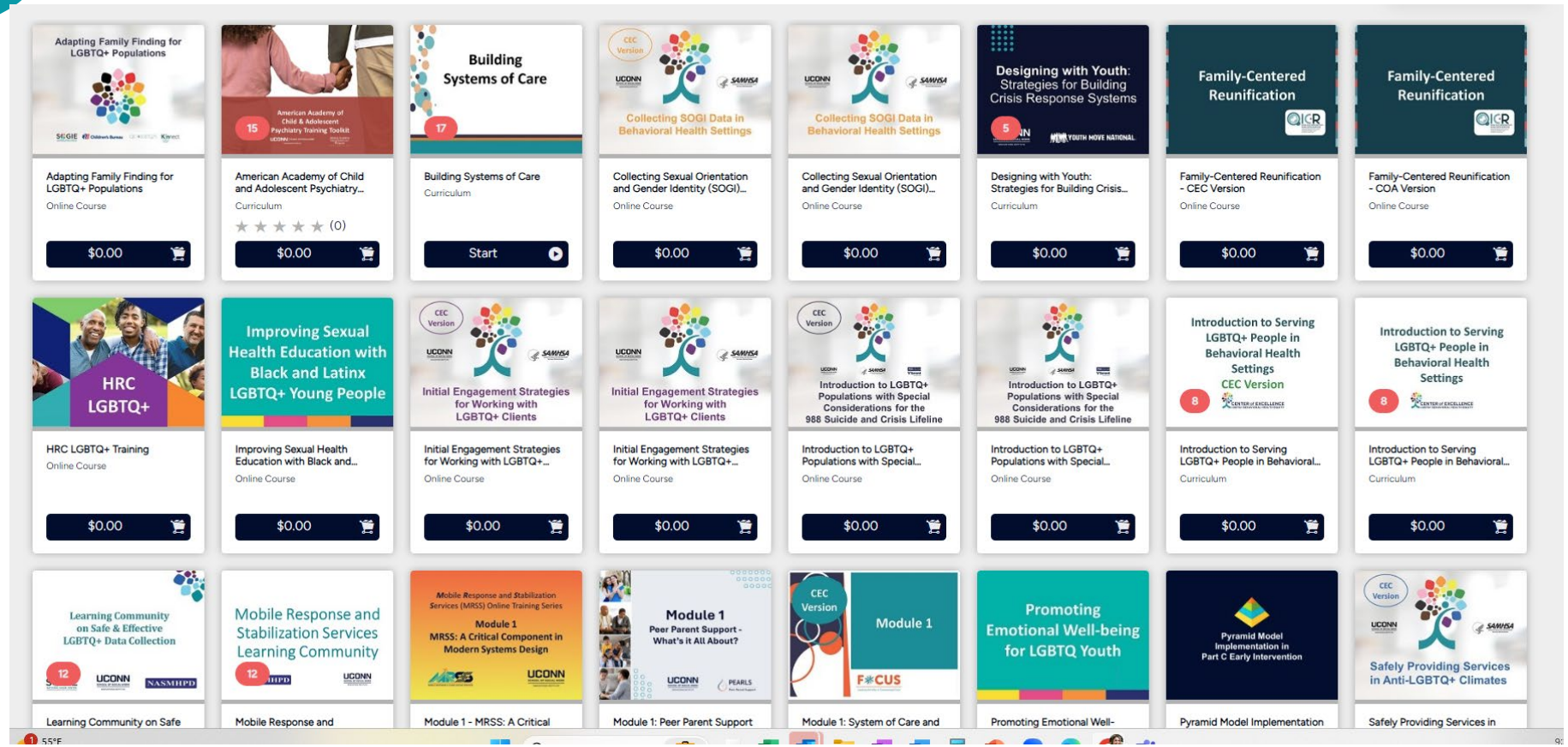
#WhatCouldBe

July 8 — 10, 2025

National Harbor, Maryland

Learning Management System



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Systems of Care Modules Online

Modules:

1: Introduction to Systems of Care

2: Family Partnership

3: Youth Engagement

4: Achieving Health Equity

5: A Population Focus

6: Service Delivery Systems & Related Reforms

7: Planning, Management, and Governance

8: Array of Services & Supports

9: Mobile Response & Stabilization Services

10: Residential Interventions within a System of Care

11: Structuring a Care Coordination Continuum & Wraparound

12: Screening, Assessment, and Evaluation Approaches

13: Financing-A Strategic Approach

14-Financing-Financing Strategies

15-Purchasing Tied to Quality Goals & Provider Network Development

16: Data-Driven Systems of Care

17: Increasing Impact by Engaging your Audience

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Click *Building Systems of Care*

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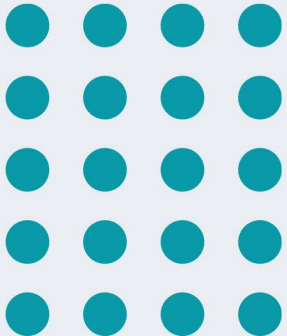
Our work with TCB



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Our approach

- Frame the work using a lens of national best practices, evidence-informed approaches, and guidance from individuals with lived expertise.
- Review and integrate strategies and recommendations based on local best practices, existing reports, historical recommendations, and current and past experiences.
- Ensure that recommendations are grounded in systems of care values, actionable, specific, and sustainable.

Now in our 20th year, Innovations Institute is currently working with state and local government organizations, providers, policymakers, researchers, and family and youth organizations in approximately 30 states.

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Governance & Financing

- Interagency Structures, Governance & Oversight Mechanisms: Review and analyze interagency structures, governance, and oversight mechanisms in Connecticut related to children's behavioral health. Review national best practices and local approaches. Make recommendations for consideration
  - to support the TCB's goals to improve transparency and accountability with respect to state-funded services for children and youth, with an emphasis on goals associated with community-based programs and facility-based interventions, and
  - for a governance structure for the children's behavioral health system that will best facilitate the public policy and healthcare goals of the state to ensure that all children and families, in urban, rural and all areas of the state, can access timely and high-quality behavioral health care.

  December 16, 2024: Draft report to TYJI & Tri-Chairs

  April 30, 2025: Final report completed (after review & input from workgroups & full TCB)
- Develop a financing desk review related to children's behavioral health with initial recommendations

  December 16, 2024: Comprehensive list of financing documents to be included

  March 31, 2025: Draft financing desk review

  June 6, 2025: Final financing desk review
- Develop a framework for an updated children's behavioral health expenditures report

  June 30, 2025: Initial draft framework for an updated children's behavioral health expenditures report

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Data Infrastructure, Data-Sharing, and Continuous Quality Improvement (CQI)

Review and analyze data infrastructure, data-sharing, and CQI processes and structures in Connecticut related to children's behavioral health to inform the TCB's report, with a particular focus on data collection mapping to be used in a quality assurance system to promote the efficient sharing of information by state and state-funded agencies regarding access to, utilization of, and benefit from services necessary to promote public health and behavioral health outcomes for children and their families.

- Review existing studies or reports on the issue of data-sharing and data infrastructure in Connecticut related to children's behavioral health, engage with CT stakeholders, and review national best practices
- Provide a report summarizing best practices and findings with recommendations based on national and local best practices, systems, and priorities

December 16, 2024: Draft report to TYJI & Tri-Chairs

April 30, 2025: Final report completed (after review & input from workgroups & full TCB)

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Service Array Assessment

- Review and analyze existing children's behavioral health services across Connecticut, assess population needs, and identify service gaps, with a focus on publicly-funded behavioral health services.
  - The goal of the assessment is to establish a baseline of the existing publicly-funded children's behavioral health service array in Connecticut, identify service gaps, and form recommendations for addressing those gaps, informed by local and national best practices.
  - Data sources to include a provider-completed survey and State Agency data
- Provide a report that summarizes findings related to population needs, existing service array, and service gaps, and includes recommendations to address service capacity gaps, aligned with financing recommendations.

January 2025: Disseminate the survey to providers
April 2025: Summary of initial findings for review and input
June 30, 2025: Draft service gap analysis report

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