Tow Youth Justice Institute
Making connections. Informing solutions.

TCB December Monthly Meeting Agenda

December 18th, 2024
2:00-4:00PM
LOB 1E with Zoom Option
Viewing Options Youtube or CTN

Welcoming, Opening Remarks	Tri Chairs; Senator Ceci Maher, Representative Tammy Exum & Claudio Gualtieri, Senior Policy Advisor to the Secretary, OPM
Review and Acceptance of the Minutes	
Children's Behavioral Health Plan Implementation Advisory Board (CBHPIAB) Annual Report Presentation	CBHPIAB Tri Chairs; Elisabeth Cannata, PhD, Carl Schiessl, JD & Ann Smith, JD, MBA
Q & A	
Stamford Youth Mental Health Alliance Presentation	Jody Bishop Pullan, Director of Health and Human Services & Vin Tufo, Director, Vita Health and Wellness Center
Q & A	
IICAPS Update	Victoria Stob; Clinical Director of IICAPS Model Development and Operations, Yale Child Study Center
Update on Legislative Recommendations	TYJI
Administrative Updates	TYJI
Next Steps, Closing Remarks	TYJI

Tow Youth Justice Institute

Making connections. Informing solutions.

Transforming Children's Behavioral Health Policy and Planning Committee

December 18th

LOB Room 1E with Virtual Option

2:00 PM – 4:00 PM

Scan to submit your attendance:

Transforming Children's Behavioral Health Policy and Planning Committee

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 the 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

Welcoming, Opening Remarks	Tri Chairs
Review and Acceptance of the Minutes	
Children's Behavioral Health Plan Implementation Advisory Board (CBHPIAB) Annual Report Presentation	CBHPIAB Tri Chairs; Elisabeth Cannata, PhD, Carl Schiessl, JD & Ann Smith, JD, MBA
Q&A	
Stamford Youth Mental Health Alliance Presentation	Jody Bishop Pullan, Director of Health and Human Services & Vin Tufo, Director, Vita Health and Wellness Center
Q & A	
IICAPS Spotlight	Victoria Stob; Clinical Director of IICAPS Model Development and Operations, Yale Child Study Center
Update on Draft Legislative Recommendations	TYJI
Administrative Updates	TYJI
Next Steps, Closing Remarks	TYJI

tyji Tow Youth Justice Institute

Children's Behavioral Health Plan Implementation Advisory Board Annual Report Presentation

CBHPIAB Tri-Chairs; Elisabeth Cannata, PhD, Carl Schiessl, JD & Ann Smith, JD, MBA

Stamford Youth Mental Health Alliance

Jody Bishop-Pullan; Director of Stamford Department of Health and Human Services

Vincent Tufo; Director of Vita Health and Wellness Partnership

IICAPS Update

Victoria Stob; Clinical Director of IICAPS Model Development and Operations, Yale Child Study Center

Draft Recommendation Updates

TYJI

Draft TCB Legislative Recommendations Update and Timeline

We plan to send out the final draft legislative recommendations in brief by **Friday, December 20th**, to the TCB committee. We are and have been working with the Workgroup Co Chairs, Tri Chairs, State Agencies, and others to collaborate and finalize the set of recommendations. These will be dispersed this week and voted on at the **January 15th** TCB meeting.

Workgroup Presentation to the TCB	October 16th, 2024
Final Draft Language to Workgroups	October 18th, 2024
Draft Legislative Recommendation Update to the TCB	November 13th, 2024
Feedback Collected from TCB Committee	November 22nd, 2024
Final Draft Legislative Recommendations to the TCB	December 20th, 2024 (tentative)
Voting on Legislative Recommendations	January 15th, 2024

Administrative Updates

TYJI

Administrative Tasks

Workgroup Co-chairs

- We are looking for Co-chairs for both the School Based Services Subgroup and Prevention Workgroup. If interested, or know of anyone who is interested, please scan the QR code below and take our brief survey, or email Emily Bohmbach at ebohmbach@newhaven.edu.

Draft Orientation Manual

- We will distribute the TCB Draft Orientation Manual with the Final Draft Recommendations on **Friday, December 20th.** Please review and send any feedback to Emily Bohmbach or Erika Nowakowski.

tyji Tow Youth Justice Institute

Strategic Plan Updates

TYJI

Draft Timeline

Strategic Planning Day	June 03, 2024 ✓
Brainstorm mission statement	July 31, 2024 ✓
Identify and Develop Goals	October 16, 2024 ✓
Identify and Develop Strategies (virtual meeting)	November 14, 2024 ✓
Delivery of Draft Strategic Plan	February 5th, 2024
Feedback Due to TYJI on Draft Plan	February 14th, 2024
Final Draft to TCB members	March 3rd, 2024
Vote on Strategic Plan	March 5th, 2024

tyji Tow Youth Justice Institute

Tow Youth Justice Institute

Making connections. Informing solutions.

Next Meeting:

TCB January Meeting (Voting Meeting)

January 15, 2024

2:00 PM – 4:00 PM

TCB February Meeting

February 5th, 2025

2:00 PM – 4:00 PM

Children's Behavioral Health Plan Implementation Advisory Board

Connecticut General Statutes (CGS) Section 17a-22ff

2024 Annual Report

Presentation to the Transforming Children's Behavioral Health Policy and Planning Committee

December 18, 2024

Tri-Chairs:

Elisabeth Cannata, PhD

Carl Schiessl, JD

Ann Smith, JD, MBA

Connecticut Children's Behavioral Health Plan

Offers a blueprint to ensure that the state's behavioral health system and its services promote well-being and meet the mental, emotional, and behavioral health needs for all children in our state.

Finalized in 2014 as required by Public Act 13-178.

Developed with broad-based input from families, service providers, and stakeholders at open forums, facilitated discussions, and community conversations held across the state.

Continues to guide the state's work to improve children's behavioral health systems.

Children's Behavioral Health Plan Implementation Advisory Board

Established in 2015 per Public Act 15-27.

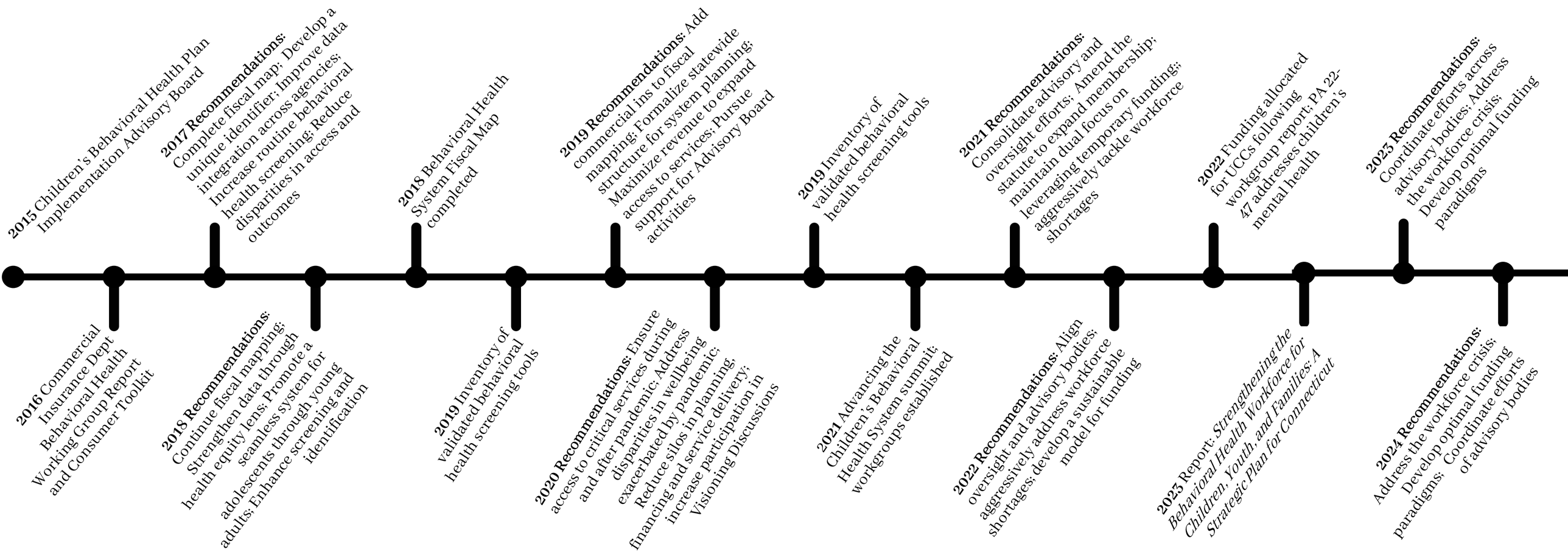
The board is charged with advising member agencies, service providers, advocates, and others on the execution of the behavioral health plan for all children in Connecticut.

Membership reflects the broad coalition that comprises the children's behavioral health system.

Annual report is submitted that reflects the collective work of members to implement the plan.

Families with Lived Expertise
Behavioral Health Providers
Family Advocates
Medical Providers
Private Foundations
Regional Advisory Councils
School-Based Health Centers
Department of Children and Families (DCF)
Department of Developmental Services (DDS)
Department of Social Services (DSS)
Department of Public Health (DPH)
Department of Mental Health and Addiction Services (DMHAS)
Connecticut Insurance Department (CID)
Department of Corrections (DOC)
Department of Labor (DOL)
Office of the Governor
Office of Policy and Management (OPM)
Connecticut State Department of Education (CSDE)
Office of Early Childhood (OEC)
Office of the Child Advocate (OCA)
Office of the Healthcare Advocate (OHA)
Judicial Branch Court Support Services Division (JBCSSD)
Commission on Women, Children, Seniors, Equity and Opportunity (CWCSEO)

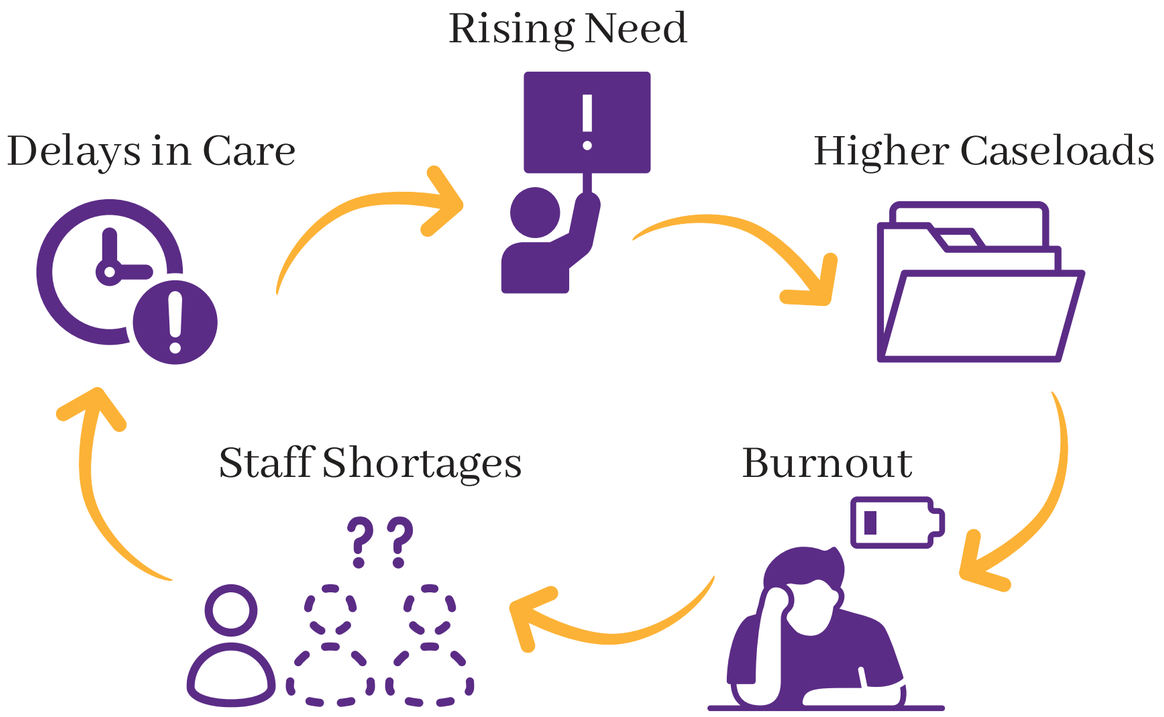
Advisory Board Annual Report Recommendations and Highlights



Address the Workforce Crisis

Severe **workforce shortages across the system and at every level of care** are causing waitlists for services and delays in care and an escalating cycle of workforce needs.

The strengths of Connecticut's system of care are being undone by the workforce crisis.



Address the Workforce Crisis

Implement the recommendations in the Workforce Strategic Plan.

Prioritize Recommendation 1: Increase reimbursement for children's behavioral health services to cover actual costs of high-quality care and establish a transparent and systematic rate-setting process.

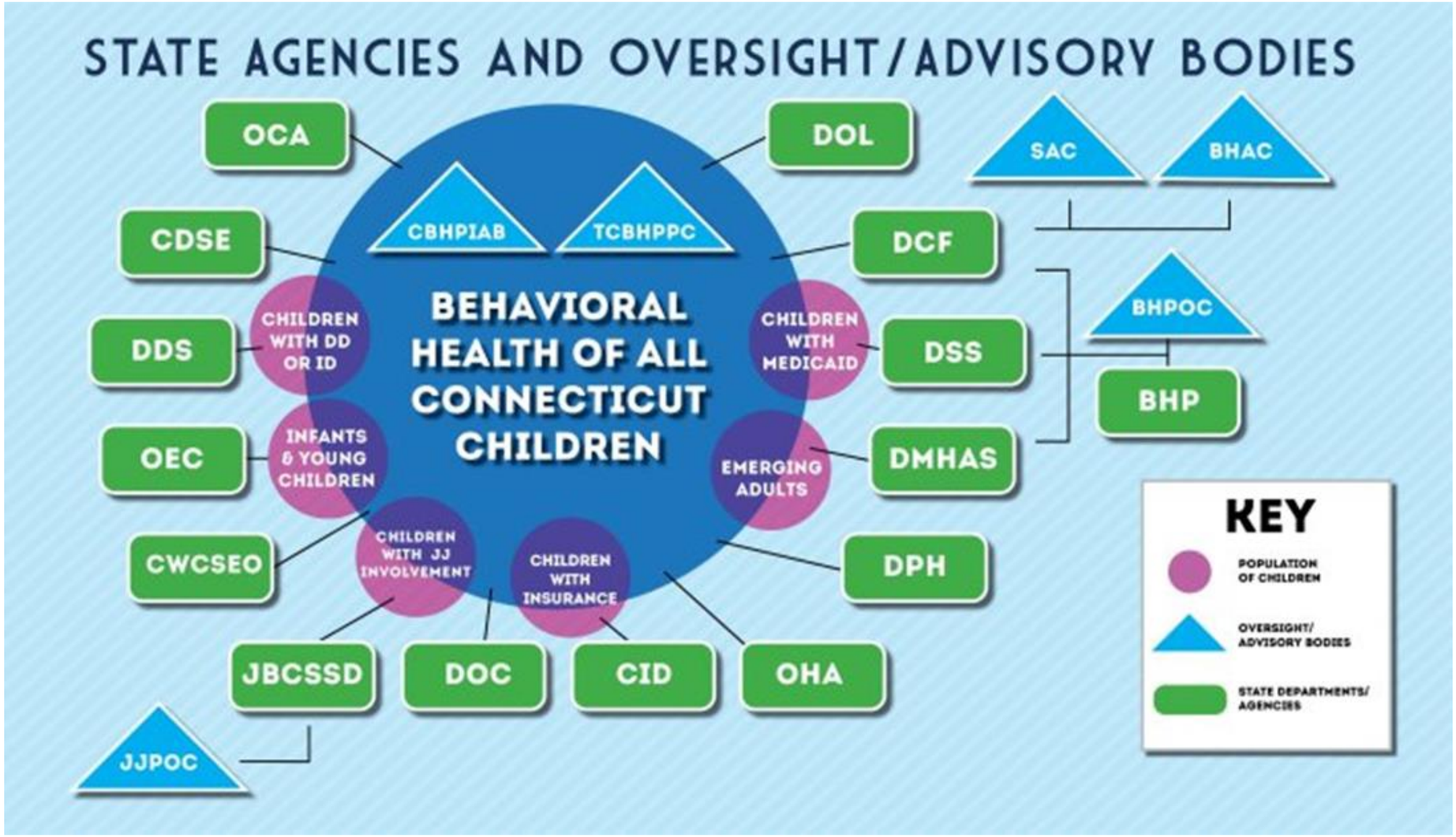
In the next year, the Advisory Board will address Recommendation 7: Expand the family and youth peer support workforce.

Develop Optimal Funding Paradigms

In 2018, the Advisory Board engaged Carelon to work with DSS and DCF to develop a fiscal map of children's behavioral health services, using data from 2015-2018, to inform our work.

The Advisory Board recommends that this fiscal map by completed again in 2025, and that it be expanded to include private insurance spending, in addition to Medicaid.

Coordinate Efforts of Advisory Bodies



Coordinate Efforts of Advisory Bodies

2024 Advisory Board meetings focused on alignment of advisory bodies with presentations by:

- Children's Behavioral Health Advisory Committee
- State Advisory Council
- Behavioral Health Partnership Oversight Council

Joint CBHPIAB and CBHAC meeting planned for January.

Ongoing alignment and collaboration is necessary.

Opportunities for Partnership

1. Collaborate in implementing recommendations from the Workforce Strategic Plan and efforts to raise Medicaid rates in particular.

2. Join us in recommending dedicated funding for the completion of new expanded fiscal mapping across the behavioral health system.

3. Participate in reciprocal annual meetings, enabling the Advisory Board to update the full TCB on our activities after publication of our Annual Reports and for the TCB leadership to update the full Advisory Board on its recommendations.

In Closing...

The children's behavioral health system in Connecticut has many strengths but they are threatened by the severe workforce crisis.

Without immediate action, the service system will erode further.

The TCB and the CBHPIAB share many common interests, including addressing insurance reimbursement, recruiting and retaining a highly qualified workforce, strengthening infrastructure, and expanding access to services.

We are presented with an opportunity to leverage each of our distinct roles and strengths, including TCB's legislative focus and the CBHPIAB's inter-agency implementation of programs and services, **to work in partnership to address the immediate challenges.**

CONNECTICUT CHILDREN'S BEHAVIORAL HEALTH PLAN

Annual Report October 2024

Executive Summary

This Annual Report is being submitted by the Children's Behavioral Health Plan Implementation Advisory Board (Advisory Board) as required by Connecticut General Statutes (CGS) Section 17a-22ff. Consistent with the collaborative efforts to *develop* the Children's Behavioral Health Plan (Plan), the Annual Report reflects the collective work of state agencies, family advocates, providers, and community partners to *implement* the Plan. The Advisory Board has worked to address the recommendations from its 2023 Annual Report, including substantial efforts to align and coordinate efforts among related advisory bodies. During this past year, there have been several accomplishments across the following components of the children's behavioral health system, consistent with the Plan:

- System Organization, Financing and Accountability
- Health Promotion, Prevention and Early Identification
- Access to a Comprehensive Array of Services and Supports
- Pediatric Primary Care and Behavioral Health Care Integration
- Disparities in Access to Culturally Appropriate Care
- Family and Youth Engagement
- Workforce

In spite of efforts made over the last year, there is an escalating need to address the significant workforce needs, insufficient funding structures, and lack of coordination across advisory bodies. *Continued failure to actively and adequately address the expanding workforce crisis is destabilizing the children's behavioral health system. Staffing shortages across programs and levels of care are exacerbated by inadequate pay for highly demanding work. At the same time, insufficient funding imperils the ability of providers to continue delivering services. The urgency of addressing these immediate system needs is heightened by the well-documented context of alarming and steadily escalating rates of children's behavioral health distress over the past several years. While there are many activities underway to identify additional services and system needs, Connecticut's children and families cannot afford further delay in making the investments needed to stem erosion of the progress made in our children's behavioral health system over years of thoughtful and purposeful implementation.*

The Advisory Board makes the following Recommendations for 2025:

1. **Address the Workforce Crisis**

The Advisory Board strongly encourages the state to implement the recommendations from the workforce strategic plan, *Strengthening the Behavioral Health Workforce for Children, Youth, and Families: A Strategic Plan for Connecticut,* published last year. This report features 8

recommendations to provide Connecticut with a blueprint for supporting a diverse and competent workforce to meet the behavioral health needs of children and families. The Advisory Board wishes to highlight the following two recommendations from the report. *Recommendation 1: Increase reimbursement for children's behavioral health services to cover actual costs of high-quality care and establish a transparent and systematic rate-setting process.* This recommendation in particular has the potential to enable providers to effectively address workforce shortages. *Recommendation 7: Expand the youth and family peer support workforce*. Over the next year, the Advisory Board will directly address this recommendation through development of an action plan that advises the state as to how to expand the peer support workforce.

2. **Develop optimal funding paradigms**

In 2020 the Advisory Board worked with Carelon, as well as the Department of Children and Families (DCF) and the Department of Social Services (DSS), to complete a fiscal map of funding for children's behavioral health services across levels of care. The Advisory Board recommends that the fiscal map be completed again in 2025 and be inclusive of Medicaid, commercial insurance, and other payers.

3. **Coordinate Efforts of Advisory Bodies**

The Advisory Board made significant progress toward coordination across bodies, in particular with the Children's Behavioral Health Advisory Committee (CBHAC), the Statewide Advisory Council (SAC), and the Behavioral Health Partnership Oversight Council (BHPOC). However, more work is needed to strengthen alignment and coordination. In 2025 the Advisory Board will persist in its efforts to convene meetings with the remaining bodies and implement processes for collaboration identified over the last year.

Introduction

The Plan continues to serve as a comprehensive blueprint for promoting the emotional wellbeing of all children in our state (https://plan4children.org).

It reflects extensive input from multiple stakeholders including substantial contributions to the vision for our system from Connecticut families. The Plan development process featured:

- 6 open forums held across the state, facilitating input from parents, mental health experts, and community members;
- 5 meetings of the advisory committee focused on the Plan's development;
- 12 facilitated discussions on aspects of the children's behavioral health system; and
- 22 community conversations held across the state specifically to gather input from families and youth regarding the network of care in Connecticut.

The broad group of stakeholders who participated in the development of the Plan has subsequently been reflected in Advisory Board membership. The membership, most recently updated within Public Act 22-47, reflects the system's reliance on collaboration and coordination among state agencies, providers, advocates, family members, and other partners to provide comprehensive behavioral health services across the full continuum of care in home, community,

school, and hospital settings. The full list of affiliations of Advisory Board members together with the membership of other related governing bodies can be found in Addendum 1.

The Plan's vision for Connecticut's behavioral health system is guided by the following core values. The system should be: ***family-driven and youth guided, community-based, culturally and linguistically appropriate*** and ***trauma informed***. More background on the development of the Plan can be found here. The framework and vision of the Plan remain relevant and constructive to the ongoing work to strengthen the systems and services that prevent, identify, and treat behavioral health needs for children and families within the state. Its organization around the following seven thematic areas of focus reflect the structure of the integrated approach to care:

- **System Organization, Financing and Accountability**
- **Health Promotion, Prevention and Early Identification**
- **Access to a Comprehensive Array of Services and Supports**
- **Pediatric Primary Care and Behavioral Health Care Integration**
- **Disparities in Access to Culturally Appropriate Care**
- **Family and Youth Engagement**
- **Workforce**

Each past annual report has provided an overview of work completed across the areas of focus and progress made toward the Plan's vision. The reports are available for review in full here. Highlights of accomplishments between 2015 and 2023 are attached as Addendum 2. This Addendum offers a high-level accounting of some of the most consequential work of the Advisory Board and its members, such as development of the state's Suicide Prevention Plan, the Assisted Intervention Matching Tool, Recommendations for Early Identification and Screening, adoption of Culturally and Linguistically Appropriate Standards, implementation of ACCESS Mental Health, and launch of the urgent crisis centers. The Advisory Board is dedicated to pursuing cross-utilization of resources, data, and tools so as to effectively and efficiently utilize existing resources and to direct current and future efforts toward quickly achieving system improvements. Each report also identified recommendations regarding key priorities for the system in the upcoming year. The 2023 Annual Report identified the following recommendations:

1. Align oversight and advisory efforts;
2. Aggressively address behavioral health workforce shortages; and
3. Develop and implement a sustainable model for funding and delivering children's behavioral health services.

The full Advisory Board met on the following dates in 2024: April 22nd, May 20th, June 17th, and October 21st. This Annual Report serves as an update on the progress made toward achieving the 2023 recommendations, and also highlights significant advances made by the various state agencies and other organizations serving on the Advisory Board in critical areas of the children's behavioral health system, as such advances are aligned with the Plan's areas of focus.

2023 Recommendation 1: Align oversight and advisory efforts

For the past several years, the Advisory Board has recommended the alignment of the six existing children's behavioral health oversight and advisory bodies (bodies), including:

- Children's Behavioral Health Plan Implementation Advisory Board (Advisory Board);
- Children's Behavioral Health Advisory Committee (CBHAC);
- Statewide Advisory Council (SAC);
- Child/Adolescent Quality, Access and Policy Committee (CAQAP) of the Behavioral Health Partnership Oversight Council (BHPOC);
- Transforming Children's Behavioral Health Policy and Planning Committee (TCB); and
- Juvenile Justice Policy and Oversight Committee (JJPOC).

The complexity of the children's behavioral health system is depicted in Addendum 3, and a crosswalk of the bodies are available in Addendum 4. Together with Addendum 1, the crosswalks offer a comparison of the legislative mandates, priorities, family engagement strategies, and memberships among these 6 groups.

The six bodies mentioned above are those most aligned in regard to the mandate to improve the children's behavioral health system. There are many other workgroups, task forces, and councils that have a relationship to children's behavioral health. As an example, at a recent TCB meeting, the Connecticut State Department of Education (CSDE) referenced 13 different children's behavioral health groups to which the department designates a member, and mentioned further that these 13 are among the *60* groups overall that maintain a member from CSDE. Similarly, at a meeting of the Mental Health Subcommittee of the Comptroller's Health Care Cabinet, the Department of Mental Health and Addiction Services (DMHAS) provided a list of *80* groups with designated participation from department staff. These examples further illustrates the need to eliminate redundancy in the respective missions of these bodies and to consider the possibility of eliminating or merging entities with related missions. Alignment and coordination among these bodies is essential to achieving efficiency, effectiveness, and overall system improvement.

On an individual level, the three Advisory Board Tri-Chairs as well as other members of the Advisory Board are purposeful in their participation on multiple bodies. For example, Ms. Smith and Dr. Cannata serve on workgroups of the JJPOC and intentionally cross-inform the work (bringing information discussed at the Advisory Board to JJPOC meetings, and vice-versa). All three Tri-Chairs participate in TCB workgroups and have been responsive to requests to provide presentations and information to the TCB Chairs and at TCB meetings. While this cross-participation is valuable for information sharing purposes, it does not serve to expedite concrete actions to achieve our shared goals. This year's Advisory Board meetings focused on making progress toward achieving such alignment as referenced in Recommendation 1. The Tri-Chairs of the Advisory Board extended invitations to the chairs and administrators of the other five bodies, offering each body an opportunity to meet with and present directly to Advisory Board members. The intent of this engagement was to identify unique roles, shared goals, and opportunities for collaboration, as well as to offer support from the Advisory Board to each of the other bodies.

The Advisory Board met with three of the other bodies. Unfortunately, and despite the vigorous efforts of administrators, the Advisory Board was unable to schedule the TCB and JJPOC presentations to the Advisory Board. Advisory Board Tri-Chairs met on two occasions with the TCB Tri-Chairs to discuss the shared goals and unique roles of the two bodies, and agreed to collaborate as their respective work moves forward. Advisory Board Tri-Chairs are also participating as members of the TCB's Strategic Planning Workgroup and the TCB subcommittees. Advisory Board Tri-Chairs will also present this Annual Report at an upcoming TCB meeting in November.

The following presentations occurred during in-person Advisory Board meetings (meeting materials available here):

- April 22, 2024
  Children's Behavioral Health Advisory Committee
  Chairs, Nan Arnstein and Gabrielle Hall

- May 20, 2024
  Statewide Advisory Council
  Chairs, Myke Halpin and Sarah Lockery

- June 17, 2024
  Child/Adolescent Quality, Access, and Policy Committee of the Behavioral Health Partnership Oversight Council
  Chairs, Melissa Green and Steve Girelli

Presenters were asked to address the following:

1. What are the most pressing concerns among your membership this year?
2. What work is underway or planned for this year (or the year ahead)?
3. How is family voice incorporated into your work?
4. What do you need from the Advisory Board to support your work?
5. What questions do you have of the Advisory Board members?

The presenters' responses to the first two questions identified above provided insight on where there are shared areas of focus among the bodies. For example, all groups included the following as priorities (identified either as a concern among membership or as work planned for the upcoming year):

- Addressing the workforce shortage;
- Increasing access of children and families to the full service array; and
- Strengthening racial equity in behavioral health services.

Other concerns identified were specific to the given body. For example, unique recommendations and member concerns included: participation in local collaboratives (CBHAC), access to non-emergency medical transportation (CAQAP), and information on the number of families with open DCF cases (SAC).

Family voice is incorporated within each body, with family members or youth with lived expertise participating as members as well as chairs. Engagement of families within CBHAC is particularly noteworthy, with families consisting of more than half of its members. The agendas and annual reports also directly reflect family-identified priorities.

In response to questions four and five above, the presenters asked that the Advisory Board support the work of the other bodies with the following:

- Assist with engaging legislators to appoint members to the given body per their statute;
- Support engagement of families across the bodies;
- Share Advisory Board recommendations to inform other bodies' reports; and
- Engage in coordination on shared priorities and goals.

2023 Recommendation 2: Aggressively address behavioral health workforce shortages

Behavioral health workforce shortages at every level of care are impairing the state's ability to provide timely and high-quality services during a time of heightened demand for services and increasing symptom acuity. In short, there are more children presenting with more acute and persistent behavioral health conditions, while the number of clinicians and direct care staff working with populations with high needs (in community, hospital, and home-based settings) has decreased to alarmingly low levels. This current crisis is a priority of the Advisory Board.

In November 2023 CHDI, in collaboration with the Advisory Board and with funding from DCF, published *Strengthening the Behavioral Health Workforce for Children, Youth, and Families: A Strategic Plan for Connecticut*. The Workforce Strategic Plan was the culmination of a process involving extensive stakeholder engagement, advisement from a small group including Advisory Board representatives and those with lived expertise, and a comprehensive review of national and out-of-state initiatives. The plan includes recommendations for short- and long-term solutions to strengthen the pipeline, diversity, recruitment, retention, and competencies of the workforce.

At the June 17, 2024 Advisory Board meeting, CHDI presented an update on the workforce plan, and recent policy or system changes in the state that aligned with the Workforce Strategic Plan's recommendations. Progress is noted below.

1. Increase reimbursement rates for children's behavioral health services to cover actual costs of high-quality care and establish a transparent and systematic rate-setting process.
    - A Medicaid rate was established to reimburse urgent crisis center (UCC) services.
    - In response to a study of Medicaid rates for behavioral health services which found Connecticut's rates significantly short of those in comparable states (by approximately $48 million), $7 million was allocated to increase behavioral health Medicaid rates specifically for children's services. *The Advisory Board notes that although these increases are helpful to the system, the rates continue to fall short of the cost of delivering services and allowing agencies to pay competitive or even comparable wages to other states.*

2. Make immediate and significant investments in behavioral health workforce recruitment and retention.
    - The CGA appropriated $10 million in American Rescue Plan Act (ARPA) funds to DCF to be used in support of children's behavioral health. DCF prioritized this funding in support of behavioral health provider workforce recruitment and retention efforts. Funding was distributed in three ways: a portion of the funds was allocated to all DCF behavioral health contracts; an additional portion was allocated to behavioral health in-home treatment services contracts; and a third portion was allocated to Intensive In-home Child and Adolescent Psychiatric Services (IICAPS) providers. This represents a much-needed infusion of resources. These funds are one-time investments, however, and in the absence of an ability to annualize these increases their positive impact will be time limited.

3. Develop a children's behavioral health workforce center that can track and respond to trends in supply and demand and sustain workforce development efforts.
    - No significant progress noted.

4. Grow and diversify the children's behavioral health workforce pipeline.
    - The CT Health Horizons initiative has continued to provide tuition assistance to master's in social work students.
    - The Governor implemented a new student loan repayment program.

5. Increase behavioral health training across the child-serving workforce.
    - New asynchronous trainings available to providers at no cost were launched by CHDI as part of a new online platform with funding support from DCF.

6. Remove administrative barriers to workforce entry and retention.
    - Public Act 24-30 allows Connecticut to participate in a multistate social work licensure compact. While this may facilitate social workers considering transferring to Connecticut, this will only have impact if Connecticut is able to address the disincentives for practice in Connecticut such as salaries and reimbursement rates.

7. Expand the youth and family peer support workforce.
    - The Advisory Board endorsed work on this recommendation as a priority in the upcoming year as mentioned above (see more information below).

8. Expand the role and capacity of community-based organizations in prevention and early intervention.
    - Many state agencies and community-based partners engage in ongoing prevention and early intervention work. There has not been significant *additional* investment in the last year.

At the same Advisory Board meeting, the Tri-Chairs introduced an agenda item to advance new work in support of the Workforce Strategic Plan's recommendation regarding expanding peer support specialists within the children's behavioral health workforce. With support from

Advisory Board members, it was decided that the potential role of peer support specialists will be a priority for the next year. The Advisory Board has directed that CHDI, in its role supporting the Advisory Board's work through a contract with DCF, will lead development of recommendations and an associated action plan for Connecticut to increase the number of family and youth peer support specialists working within children's behavioral health services. The recommendations will address training, certification, roles, and career pathways, and will identify opportunities for reimbursement and other sustainable funding.

A Steering Committee inclusive of members of the Advisory Board, providers, current peer support specialists, and family members with lived expertise, will guide the process and development of recommendations. Methods will include a literature review, focus groups, interviews, and a scan of work already underway in Connecticut and best practices in implementation and funding across other states. The recommendations are expected to be released in the fall of 2025.

2023 Recommendation 3: Develop and Implement a Sustainable Model for Funding and Delivering Children's Behavioral Health Services

Addressing children's behavioral health needs requires a sustainable model of blended funding that covers actual costs of high-quality and timely care across the system. Efforts to strengthen funding this year included the following:

- During the 2024 legislative session unspent ARPA funding was reallocated including $7 million specifically to support higher Medicaid reimbursement rates for children's behavioral health services. The allocation is described in more detail in the updates below and came on the heels of the release of DSS' Phase 1 Report: Studies of Medicaid Rates of Reimbursement.

- Connecticut submitted an application for award of a federal Certified Community Behavioral Health Clinic (CCBHC) planning grant. During the planning period the state would select three programs for participation. CCBHCs provide comprehensive community-based behavioral health care for children, teens, adults, and seniors, and offer 24/7 crisis intervention services.

2024 Children's Behavioral Health Plan Implementation Updates

Implementation of the Children's Behavioral Health Plan is the responsibility of the various members of the Advisory Board. The highlights below reflect a sample of the accomplishments and investments from member organizations. These are illustrative of the interagency approach to children's behavioral health that is critical for a sustainable approach to timely high-quality care for children.

System Organization, Financing and Accountability

- Public Act 23-204, Sec. 15 appropriated $7,000,000 for FY 2025 to DSS for Medicaid rate increases (also noted above) for providers of behavioral health services to children. This will address a 15% increase for therapeutic behavioral health services, targeted case management, family psychotherapy that includes the patient, and adaptive behavioral

health treatment by a technician using an established plan. It additionally will allow for a 3.75% increase on the remaining children's procedure codes with the exception of Autism Spectrum Disorder evaluations. Coverage is expanded to those up to 20 years of age.

- As follow up to recommendations from the Advisory Board's Data Integration Workgroup, DCF funded CHDI to conduct focus groups with family members with lived expertise, family advocates, providers, and DCF staff. The findings have been reflected within a report with recommendations regarding reporting of data related to children's behavioral health. The report findings will be shared with the Advisory Board and the Data Integration Workgroup members at upcoming meetings.

- CONNECTing Schools to Care IV Students (CONNECT IV) represents the fourth round of funding awarded to Connecticut from the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) to strengthen the system of care in the state. CONNECT IV is a four-year grant awarded to DCF, with CHDI serving as the statewide Coordinating Center. Other grant partners include Carelon Behavioral Health, FAVOR, Inc., and The Consultation Center at Yale. CONNECT IV will improve access to equitable and appropriate school- and community-based care using Connecticut's established framework for trauma-informed Comprehensive School Mental Health.

- DCF has contracted with CHDI to serve as the Performance Improvement Center (PIC) for the UCCs. CHDI will provide data analysis and hold associated quarterly meetings with providers to discuss trends in data. At this time, data includes episode-level data related to demographics, presenting problems (e.g., harm/risk of harm to self, disruptive behavior), referral source, implementation of model elements (e.g., medical clearance, crisis assessment), length of stay, and indicators related to discharge. Trainings for the UCC providers are being identified and will be a focus of the PIC in the coming months.

- Special Act 24-10 required that DPH convene a working group, and by January 1, 2026, develop a universal patient intake form based on the working group's requirements and guidelines. The Tri-Chairs of the Advisory Board will serve on the working group to support coordination. The universal patient intake form is intended to reduce the duplication of intake information collected across providers of behavioral health services for children. A report will be submitted to the joint standing committees of the General Assembly having cognizance of matters relating to children and public health, and shall include such recommendations, form requirements and guidelines.

Health Promotion, Prevention and Early Identification

- DMHAS, in collaboration with DCF and the Program for Specialized Treatment Early in Psychosis (STEP) at The Connecticut Mental Health Center (CMHC)/Yale University School of Medicine, developed a statewide plan for scaling the First Episode Psychosis (FEP) program statewide. STEP has been internationally recognized for Early Intervention Services (EIS) provided to individuals between the ages of 16 and 35 with recent onset schizophrenia spectrum disorders or first-episode psychosis within New Haven and surrounding towns. The statewide scale-up of FEP services includes Early

Detection and Assessment Coordinators (EDACs) in each of the five DMHAS regions. The EDACs are offering outreach to individuals experiencing a recent onset of schizophrenia spectrum disorders or first-episode psychosis, conducting screenings/assessments using specific scales, providing outreach and education to family members, and collaborating with treatment providers and connecting them with clinical consultation and trainings via STEP's Learning Collaborative.

- DMHAS Young Adult Services (YAS) finalized the outcomes in year four of a five-year federal SAMHSA grant, CT Stay Strong Healthy Transitions, to develop and implement an early intervention program for young people between the ages of 16 and 25 operated by the New Britain and East Hartford DMHAS Local Mental Health Authorities (LMHAs) which demonstrated statistically significant improvement in overall mental health ratings noted between baseline and six month follow up.

- The Office of Early Childhood (OEC) is implementing several integrated approaches to support young children's social and emotional wellbeing. The *Pyramid Model* is a framework that provides programs with guidance on how to promote social and emotional competence in all children and designing effective interventions that support young children with persistent challenging behavior. *ECCP* is a strength-based mental health consultation program designed to build capacity of caregivers by offering support, education, and consultation. *ECCP*'s purpose is to meet the social-emotional needs and/or developmental concerns of children birth to five; this includes promoting inclusion to mitigate exclusionary discipline practices. In recognition of the importance of promoting inclusion in early child care settings and the disproportionate rates of suspension and expulsion of children of color in preschool settings, OEC is proactively addressing the issue through educating staff and families.

- OEC supports a continuum of perinatal service delivery, including its *Doula* project and *Mind Over Mood,* an initiative that helps a mother transition from birth to postnatal care by addressing maternal mental health within early childhood home visitation programs.

- OEC also coordinates supports from services provided by Connecticut Association for Infant Mental Health and *Sparkler* to support the social and emotional development of children, while also heightening awareness of developmental milestones.

- DCF has funded CHDI to conduct a Comprehensive School Mental Health Landscape Analysis that will identify and catalog the many behavioral health services that occur within school settings.

Access to a Comprehensive Array of Services and Supports

- The Department of Developmental Services (DDS) has established a Children's Services Division to create a more centralized support system for families of our younger individuals. These services offer in-home supports, respite and other waivered services. The Division has also opened 2 respite centers (4 beds in each). The goal of this division is to maintain children within the family home while providing appropriate agency and community supports.

- OEC is working to increase awareness on how homelessness can be a traumatic experience potentially impacting children's development in lasting ways. *Insecure Housing Training and Support* provides training on homelessness and housing instability to increase awareness of the McKinney-Vento Homeless Assistance Act.

- Through funding from DCF, Carelon Behavioral Health's Community Pathways program, launched this year, is part of Connecticut's Family First Prevention Services Act Plan. The person-centered, strengths- and family-based approach promotes early intervention and upstream access to preventive services to ensure optimal results for children and their families. Parents and caregivers with a child under the age of 18 in need of a non-emergency referral can call Carelon Behavioral Health at 877-381-4193 and specialists will connect families to evidence-based interventions and community resources and will provide on-going support as needed. This program is available regardless of income or insurance.

- To expand prevention, identification, and treatment of substance use disorders (SUD), DCF has contracted with CHDI to provide training, professional development, and consultation for DCF contracted Outpatient Psychiatric Clinic for Children (OPCC) Providers on SUD. Additionally, through a federal SAMHSA grant, CHDI is coordinating comprehensive, family-based treatment, early intervention and recovery support services for transitional aged youth (TAY) ages 16-25 with SUD.

Pediatric Primary Care and Behavioral Health Care Integration

- School-Based Health Centers (SBHC) expanded the number of sites with behavioral health services. Services at SBHCs include screenings for mental health needs, including depression and trauma, at the time of a medical visit. Positive screenings can be followed up with referral for community services or to services directly by the SBHC. The most common mental health trends treated at SBHCs include anxiety and depression, and referrals self-harm, eating disorders, and trauma.

Disparities in Access to Culturally Appropriate Care

- Since 2015, Connecting to Care CT's Culturally and Linguistically Appropriate Services (CLAS) workgroup has trained a total of 2,591 participants in health equity related topics. Additionally, 65 organizations were trained using a six-month cohort process in the development of organizational Health Equity plans and creating internal DEI workgroups.

Family and Youth Engagement

- CSDE engaged families and youth through a variety of initiatives, including the Commissioner's Roundtable on Family and Community Engagement, and community stakeholder forums and surveys on Elementary and Secondary School Emergency Relief (ESSER) investments.

- Through CSDE's Voice4Change program, students were given the opportunity to propose and vote on how more than $1.5 million in federal relief funds should be invested to reimagine Connecticut's schools. Over 80% of Voice4Change submissions

addressed the need for more social, emotional, and mental health supports for students and school staff.

- Through funding from DCF, CHDI has developed a new peer support model, *Students Supporting Students*, for schools based on best practices from across the country**.** It is currently being piloted with three Connecticut schools for the 2024-25 school year: Lebanon Middle School (Lebanon), Lyman Memorial High School (Lebanon), and Highville Charter School (New Haven). An additional school will be selected soon. Pilot schools will receive training, technical assistance, a financial stipend, and access to the Peer Support Guides.

- The Advisory Board has prioritized strengthening family member participation for the upcoming year. In response, DCF has identified funding to begin providing stipends to family members and offer simultaneous Spanish/English interpretation during meetings.

Workforce

- As part of OEC's Behavioral Health Initiatives, monthly webinars were held to highlight mental health. All webinars were accessible to the community at large and recorded; the recordings can be found on OEC's website under Behavioral Health Initiative, as well as on OEC's YouTube page. Webinars in FY23-24 included: Suspension & Expulsion, Insecure Housing Training and Support, Professional Development for Providers: Sharpening the Workplace Toolbox, Personal Development for Parents/Caregivers: Sharpening the Self-Care Toolbox, Women's History Month, Black Maternal Health - National Minority Health Month, National Mental Health Awareness Month, and Financial Literacy.

- CSDE is expanding the school-based mental health workforce. This includes funding of 21.5 FTE social workers across 20 school districts, grants to 73 school districts to hire behavioral health staff, and funding to support mental health services at schools during summer months.

- With funding from DCF, CHDI has launched an asynchronous training platform, *Kids Mental Health Training*, to host trainings on children's behavioral health. Trainings on school refusal and substance use screening have been made available to staff within Mobile Crisis and Care Coordination programs, with expansion of training content and audience planned for the upcoming year.

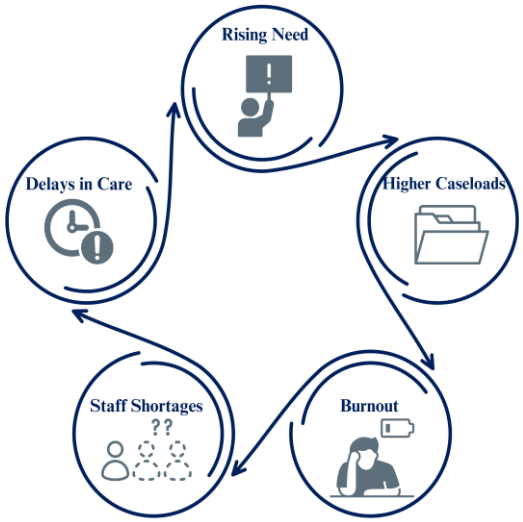
Advisory Board Recommendations for 2025

1. Address the Workforce Crisis

The Advisory Board is tasked with implementation of the children's behavioral health plan. Connecticut is lauded nationally for its quality and scope of services, consistent with the vision outlined in the Plan. However, the strengths of our system are being undone by the severe shortages in the workforce, in particular within settings and services for the highest need populations. The system is experiencing a cycle of rising need, higher caseloads, clinician burnout, staff shortages, and delays in care (see Figure 1 on the next page). As time passes, the

impact of this cycle intensifies, and is resulting not only in waitlists and delays in care, but also reduced quality of care (e.g., limited use of evidence-based treatments, reduced frequency of treatment sessions, less coordination of care, etc.).

Figure 1: Escalating Cycle of Workforce Needs



Connecticut has a plan for addressing the workforce's needs (*Strengthening the Behavioral Health Workforce for Children, Youth, and Families: A Strategic Plan for Connecticut).* Limited progress has been made on the recommendations to date. To ensure timely, equitable and high-quality services to children, it is critical that the state fully address those recommendations, and in particular, that it close the gap between the cost of care and the rates of reimbursement for services with attention to addressing pay for clinicians at rates that are aligned and competitive with salaries in neighboring states and the cost of living in Connecticut. The longer the state takes to fully address workforce needs, the greater the shortages, and the more challenging it will be to restore the system's critical infrastructure.

Over the next year, the Advisory Board will collaborate on the publication of recommendations for expanding family and youth peer support roles within the children's behavioral health workforce. Recommendations will identify opportunities for strengthening integration of lived expertise within the workforce and for addressing systemic workforce issues impacting access and quality of care.

2. Develop optimal funding paradigms

In 2020 Carelon, together with DCF and DSS, completed an expanded fiscal map of children's behavioral health services across levels of care that was initiated by the Advisory Board in 2018. The report assessed funding by Medicaid and DCF using data from 2015-2018. Given the changes that have occurred since that time period, including impacts of the pandemic, the Advisory Board recommends that the fiscal map be completed again in 2025, and that this report be inclusive of private insurance spending in addition to Medicaid. As in the work done in 2018, the children's behavioral health system included programming and services funded by the other state departments that are partners in the Children's Behavioral Health System (as represented by their inclusion of the Advisory Board). It will be important to ensure that the most current fiscal mapping includes attention to changes in funding of the other state departments that impacts children's behavioral health services, such as the expansion of school-based services, some with temporary ARPA funding and funding cuts to children's programming being implemented by Judicial Branch-Court Support Services Division.

3. Coordinate Efforts of Advisory Bodies

As follow up to their presentations, chairs of CBHAC, SAC and the Advisory Board met to identify specific next steps to strengthen alignment across the bodies. The meeting resulted in an agreement among the bodies' chairs to intentionally align efforts to address shared priorities. Beginning with FY 2024 annual reports, a summary of the three reports' recommendations will be provided as a supplement to the reports. During FY 2025 the chairs will continue to meet to coordinate progress on recommendations and will proactively address a collaborative approach to agenda setting and reporting in the upcoming year.

Looking ahead to 2025, the Advisory Board will persist in its efforts to convene meetings with the remaining bodies, including both JJPOC and TCB. The Advisory Board remains committed to pursuing alignment among these six bodies in order to achieve greater efficiency and effectiveness in working toward common priorities and a shared vision of wellbeing for children and families in Connecticut.

Respectfully submitted,

Elisabeth Cannata, Ph.D.
Carl Schiessl, JD
Ann R. Smith, JD, MBA

STATE AGENCY PARTNERS

- Department of Children and Families (DCF)
- Department of Developmental Services (DDS)
- Department of Social Services (DSS)
- Department of Public Health (DPH)
- Department of Mental Health and Addiction Services (DMHAS)
- Connecticut Insurance Department (CID)
- Department of Corrections (DOC)
- Department of Labor (DOL)
- Office of the Governor
- Office of Policy and Management (OPM)
- Connecticut State Department of Education (CSDE)
- Office of Early Childhood (OEC)
- Office of the Child Advocate (OCA)
- Office of the Healthcare Advocate (OHA)
- Judicial Branch Court Support Services Division (JBCSSD)
- Commission on Women, Children, Seniors, Equity and Opportunity (CWCSEO)

Addendum 1: Advisory Bodies' Membership Crosswalk

Member Affiliation[1]		Children's Behavioral Health Plan Implementation Advisory Board	Children's Behavioral Health Advisory Council	Behavioral Health Partnership Oversight Council	State Advisory Council	Transforming Children's Behavioral Health Policy and Planning Committee	Juvenile Justice Policy and Oversight Committee
Connecticut State Departments and Offices	Children & Families	X	X	X	X	X	X
	Child Advocate	X				X	X
	Comptroller			X			
	Corrections	X	X			X	X
	Developmental Srvcs	X	X	X		X	
	Education	X	X	X		X	X
	Early Childhood	X				X	
	Governor's Office	X					
	Healthcare Advocate	X		X		X	
	Health Strategy					X	
	Insurance	X				X	
	Judicial	X	X	X		X	X
	Dept of Labor	X					X
	Mental Health&Addiction	X	X	X		X	X
	Policy & Management	X		X		X	X
	Public Health	X		X		X	X
	Social Srvcs	X		X		X	X
	Victim Advocate						X
Lived Expertise[2]		X	X(≥51%)	X	X	X	X
Behavioral health providers		X	X	X	X	X	
Child care providers					X		
Family Advocates		X	X	X		X	X
General Assembly				X		X	X
Council on Medical Assistance..			X				
Cmsn on Women, Children…		X					
Medical Provider		X				X	
Police Chiefs' Assn		X		X	X		
Private Foundation		X					X
Regional Advisory Councils		X					
School-Based Health Centers		X					
School Superintendent					X		
Tskfc: Children's Needs		X				X	
Tskfc: MH Service Providers…		X					
United Way Infoline		X					

[1] Affiliation with department or organization (specific designee or representative may differ across committees)
[2] Member has lived experience with Connecticut behavioral health system (either self or family member)

Addendum 2: Children's Behavioral Health Plan Implementation Advisory Board Overview of Work 2015 - 2023

Below are *highlights* of work to date in implementing the Plan by members of the Advisory Board as documented in Annual Reports submitted between 2015 and 2023. They are organized in alignment with the Plan's seven thematic areas.

A. System Organization, Financing and Accountability
- Participation by all 12 state agency partners in fiscal mapping of the behavioral health system and contributions to Annual Reports
- Articulation of system of care and level of services
- Data Integration Workgroup report with recommendations for improved cross-agency use of data; system dashboard in development phase
- Alternative Payment Methodology Workgroup report with recommendations for a framework and phased implementation of a value-based payment system

B. Health Promotion, Prevention and Early Identification
- DCF training on Infant Mental Health for early childhood partners and expanded Circle of Security training for parents.
- Multiagency workgroup completed an extensive review to inform recommendations for adoption of screening tools to strengthen early identification of behavioral health needs
- Perinatal support services provided to young adults receiving services from DMHAS
- The State Suicide Prevention Plan developed in 2014 and updated for 2020-2025
- The Child Trauma Screen is implemented by multiple partners, including DCF and juvenile justice settings
- Release of the Gizmo's Pawesome Guide to Mental Health for elementary school students (also recently adapted for the preschool population)
- Federal approval of Connecticut's Families First Prevention Services Act (FFPSA) Plan in 2022 to support strengthening families and reducing out-of-home placement.
- Launch of the Assisted Intervention Matching Tool (AIM) to help providers, family members and others identify potential services for a child's needs

C. Access to a Comprehensive Array of Services and Supports
- Urgent Crisis Centers funded per model developed by the Behavioral Health Urgent Care and Crisis Stabilization Workgroup
- Funding and implementation of the School Based Diversion Initiative
- Signed MOUs between Youth Mobile Crisis and nearly all school districts in CT (schools now account for the highest proportion of referrals to the program)
- Coordination of 9-8-8 and Mobile Crisis services

D. Pediatric Primary Care and Behavioral Health Care Integration
- Expanded use of screening tools in pediatric primary care and added billing codes to track positive screenings
- Implementation of ACCESS Mental Health to increase pediatric knowledge of mental health and direct consultation for youth behavioral health needs for children, youth and young adults

E. Disparities in Access to Culturally Appropriate Care

- Adoption of the Culturally and Linguistically Appropriate Standards (CLAS), CT-developed inclusion of a racial justice framework, development of a CLAS Toolkit, and consultation to support implementation
- Health Equity Plans developed by agencies providing state-contracted behavioral health services
- Agencies, including DCF, CSSD and others engage in quality improvement efforts with behavioral health providers that include analyzing access and outcome data by race and ethnicity

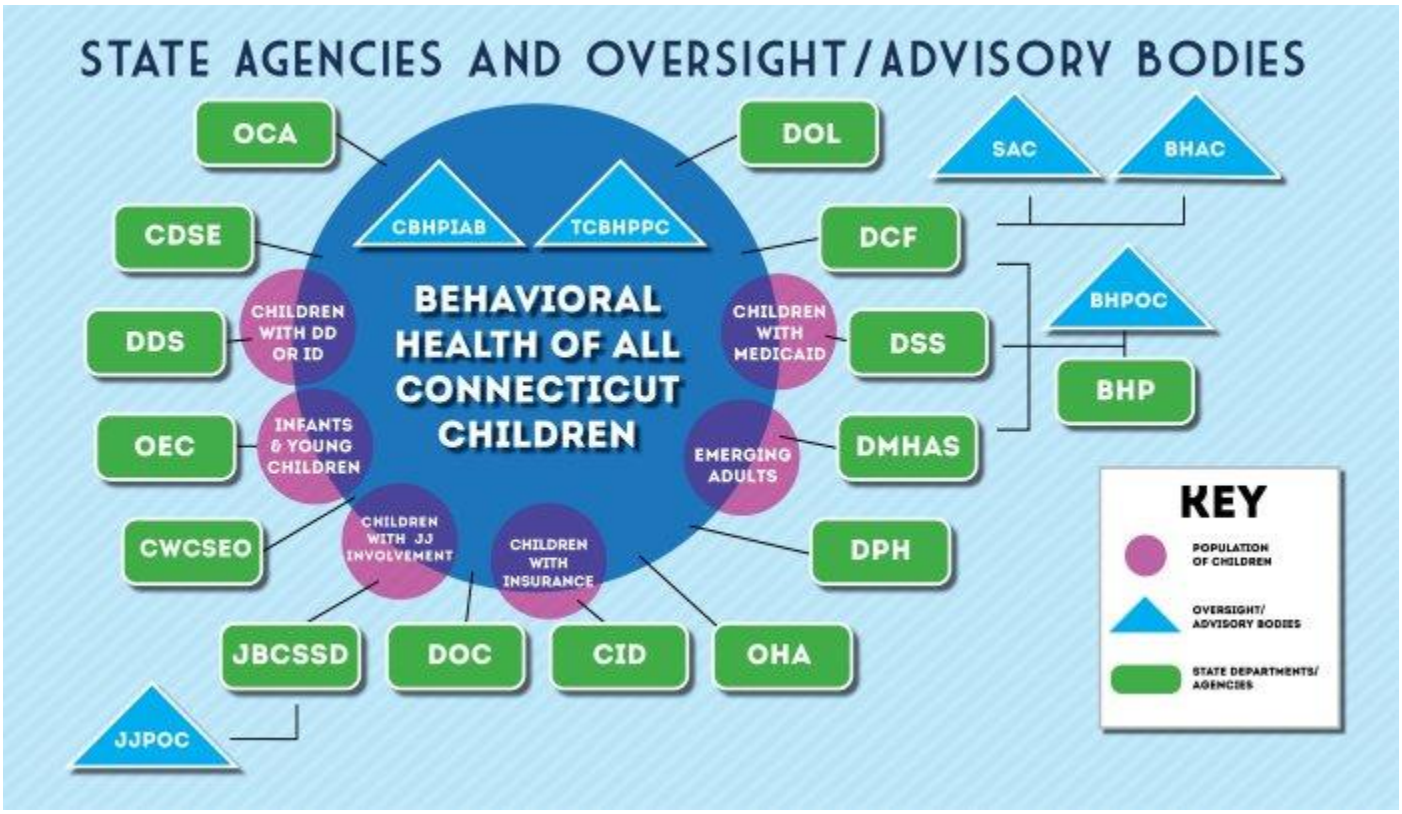
F. Family and Youth Engagement

- Mandated representation and strong participation of family members across policymaking bodies, including the Advisory Board, the Children's Behavioral Health Advisory Council, and the CONNECT Workgroups
- Development of the Connect4Families Toolkit
- Documenting and utilizing community conversations to include family voice in shaping the system
- Training for families on the behavioral health system of care

G. Workforce

- Training on home-, clinic- and school-based evidence-based treatments
- Learning collaboratives for providers to address recruitment and retention challenges
- Release of *Strengthening the Behavioral Health Workforce for Children, Youth, and Families: A Strategic Plan for Connecticut* by the Advisory Board in collaboration with the Child Health and Development Institute.

Addendum 3: Connecticut Children's Behavioral Health System: State Agencies and Oversight/Advisory Bodies



STATE AGENCIES

DCF - Department of Children and Families
DDS - Department of Developmental Services
DSS - Department of Social Services
DPH - Department of Public Health
DMHAS - Department of Mental Health and Addiction Services
CID - Connecticut Insurance Department
DOC - Department of Corrections
DOL - Department of Labor
CSDE - Connecticut State Department of Education
OEC - Office of Early Childhood
OCA - Office of the Child Advocate
OHA - Office of the Healthcare Advocate
JBCSSD - Judicial Branch Court Support Services Division
CWCSEO - Commission on Women, Children, Seniors, Equity and Opportunity
BHP – Behavioral Health Partnership (incudes DCF, DMHAS and DSS)

OVERSIGHT/ADVISORY BODIES

CBHPIAB – Children's Behavioral Health Plan Implementation Advisory Board
TCBHPPC – Transforming Children's Behavioral Health Policy and Planning Committee
JJPOC – Juvenile Justice Policy and Oversight Committee
BHPOC – Behavioral Health Partnership Oversight Council
SAC – State Advisory Council on Children and Families
CBHAC – Children's Behavioral Health Advisory Council

Addendum 4: Connecticut Children's Behavioral Health System: State Agencies and Oversight/Advisory Bodies

Leadership and Structure	Committee Charge Per Statute	Reporting Requirements	Family Engagement and Membership	FY24 Priorities
Children's Behavioral Health Plan Implementation Advisory Board **Target Population: all children in Connecticut**				
Tri-chairs selected by DCF Commissioner Quarterly mtgs Short-term workgroups are established and meet as needed to address specific needs in the system	**CGS Sec. 17a-22ff** **Established 2015** The board shall advise member agencies, service providers, advocates, and others regarding (a) execution of the behavioral health plan for all children in Connecticut developed pursuant to Connecticut law, (b) cataloguing the mental, emotional, and behavioral health services offered for families with children in the state by agency, service type, and funding allocations to reflect capacity and utilization of services, (c) adopting standard definitions and measurements for services that are delivered, when applicable, and (d) demonstrating the collaboration of such agencies, providers, advocates, and other stakeholders in implementing the Plan. (Home - Plan 4 Children). The Advisory Board meets quarterly and issues an annual report to the General Assembly each October. Subcommittees are convened to address aspects of the board's statutory charge.	Annual report to the joint standing committee of the General Assembly having cognizance of matters relating to children [Children's Committee] Report must address: the status of the Plan's execution; level of collaboration among agencies and stakeholders; recommendations for improvements in execution of the plan or collaboration among stakeholders; additional information as needed to reduce long-term impact of behavioral health needs on children.	At least 8 members must be families with lived expertise Beginning FY25, will provide Spanish/English translation and stipends to participating family members	(1) Coordinate Efforts of Advisory Bodies (2) Address the Workforce Crisis (3) Develop optimal funding paradigms
Children's Behavioral Health Advisory Committee **Target Population: all children in Connecticut**				

Two chairs: one family member and one provider Bimonthly mtgs required, but typically meet monthly	**CGS Sec. 17a-4a** **Established 2000** The committee shall promote and enhance the provision of behavioral health services for all children in this state. It shall meet at least bimonthly and submit a status report on local systems of care and practice standards for state-funded behavioral health programs to the commissioner of children and families and State Advisory Council on Children and Families.	Annual status report to the DCF Commissioner on local Systems of Care/Community Collaboratives and practice standards for state-funded behavioral health programs Biannual recommendations to the DCF Commissioner and the SAC on the provision of behavioral health services for all children in the state, including: assessment and benefit options for children with behavioral health needs; appropriateness and quality of care for children with behavioral health needs; the coordination of services provided under the HUSKY Health program with services provided by other publicly-funded programs; (4) performance standards for preventive services, family supports and emergency service training programs; (5) assessments of community-based and residential care programs; (6) outcome measurements by reviewing provider practice; and (7) a medication protocol and standards for the monitoring of medication and after-care programs.	At least 51% of members must be parents or relatives of a child who has or had a serious emotional disturbance or persons who had a serious emotional disturbance as children Family members receive a stipend for participation All meetings have live Spanish/English translation services	2022-2025 Priorities: (1) Pediatric Primary Care and Behavioral Health Care Integration (2) Disparities in Access to Culturally Appropriate Care (3) Access to a Comprehensive Array of Services and Supports More specific recommendations within annual reports
Behavioral Health Partnership Oversight Council and the Child/Adolescent Quality, Access, and Policy Committee **Target Population: Medicaid-insured**				
Tri-chairs: provider, family member, and Administrative support provided by the Joint	**CGA Sec. 17a-22j** **Established 2006** The council shall advise the commissioners of children and	Committees report on meeting content back to the Oversight Council and make recommendations to the Council about improvements in quality		CAQAP Key Topics: (1) Utilization of EDs and in-patient beds

Cmte on Legislative Management Council and committees meet monthly; committees are open to public without formal membership Committees: Child/Adolescent Quality, Access, and Policy; Adult Quality, Access, and Policy; Operations; Coordination of Care/Consumer Access	families, mental health and addiction services, and social services on the planning and implementation of the Behavioral Health Partnership (BHP) established on behalf of children and adults participating in the HUSKY Health Program members (Medicaid and CHIF services) and children enrolled in the voluntary services program operated by the Department of Children and Families.	and access in children's behavioral health		(2) Utilization/availability of intermediate levels of care (3) Urgent Crisis Center utilization and effectiveness and Medicaid funding (4) Non-Emergency Medical Transportation and its impact on access to care (5) Medicaid reimbursement levels and state response to study revealing inadequacy of current funding (6) Health equity within all of topics
State Advisory Council on Children and Families **Target Population: children served by DCF**				
Chair and Vice Chair Quarterly mtgs	**CGS Sec. 17a-4** **Established 1971** The council shall (a) recommend to the commissioner of children and families programs, legislation or other matters to improve services for children and youth, (b) annually review and advise the commissioner regarding the proposed budget, (c) interpret to the community at large the policies, duties and programs of the department, (d) issue reports to the Governor and commissioner, (e) assist in the development and review of strategic plans, (f) receive a quarterly status report from the commissioner, (g) independently	Annual progress report Review and comment on the annual DCF budget (annually) and the Child and Family Service Plan (every five years)	Positions designated for youth and caregivers Request youth and caregivers for agenda items Family advocate representatives Members of the Youth Advisory Board Meetings includes Regional Advisory Council updates representing family	(1) Access for services (2) Workforce shortage (3) Low Medicaid reimbursement rates and contracts without COLAs (4) Racial Justice (5) Foster family recruitment and retention

	monitor the department's progress in achieving its goals, and (h) provide an outside perspective to the department.		voices from the regions	
Transforming Children's Behavioral Health Policy and Planning Committee **Target Population: all children**				
Tri-chairs: OPM representative and two members of the General Assembly Monthly meetings Subcommittees include: Strategic Planning; Infrastructure; Services; Prevention; School-Based	**CGS Sec. 2-137** **Established 2022** The committee shall evaluate the availability and efficacy of prevention, early intervention, and behavioral health treatment services and options for children from birth to age eighteen and make recommendations to the General Assembly and executive agencies regarding the governance and administration of the behavioral health care system for children.		Statute does not require family or youth participation Family members are engaged within planning efforts and presentations	Workgroups defining priorities
Juvenile Justice Policy and Oversight Committee **Target Population: justice-involved youth**				
Chairs: Representatives from OPM and General Assembly Monthly mtgs Workgroups: Diversion; Incarceration; Cross Agency Data Sharing; Racial and Ethnic Disparities; Community Expertise Workgroup; Education Committee; Gender Responsiveness Workgroup	**CSG Sec. 46b-121n** **Established 2015** The committee shall evaluate policies related to the juvenile justice system and the expansion of juvenile jurisdiction to include persons sixteen and seventeen years of age.		Statute requires participation by youth and family members	

stamford youth mental health alliance

Presenting:

Jody Bishop-Pullan – Director, Stamford Department of Health and Human Services

Vincent Tufo – Director, Vita Health and Wellness Partnership

Transforming Children's Behavioral Health Policy and Planning Committee (TCB)

December 18, 2024

Background and Purpose

In late 2021, a large cohort of community leaders, now representing over three dozen youth-serving Stamford organizations, came together in a singular initiative: **Stamford Youth Mental Health Alliance** (YMHA).

The collaborative approach of the YMHA is to address the burgeoning youth mental health crisis through a community-based strategy and response with an emphasis on universal promotion of wellness, prevention, early intervention and targeted services/care coordination dovetailed into the evolving mental health infrastructure.

What population do we serve?

- Stamford, Connecticut, located in Fairfield County, has a population of 136,188 residents, and is the state's fastest growing and second largest city.
- Stamford has 45 economically and socially diverse neighborhoods, several of which have high rates of poverty and immigrant concentration.
- Stamford has evolved into a majority-minority city, with 52% of residents being people of color and 32% foreign-born.
- In 2020, the city was 49% non-Hispanic white, 14% Black or African American, 0.3% American Indian or Alaska Native, 9% Asian, 3% two-or-more races, and 27% Hispanic or Latino (of any race).
- Seventy-five different languages are spoken at home, with English, Spanish, Haitian Creole, Bengali, Ukrainian and Polish among the most common.

YMHA Organizational Model

To create a broad-based, proactive and effective response to the youth mental health crisis, the YMHA is organized into three integrated areas of strategic focus: **Mental Wellness, Continuum of Care** and **Communication.**

- **Mental Wellness** (Prevention): Addressing the mental health issues of children and youth is most often performed reactively, following appearance of a problem. YMHA enhances prevention efforts, focusing 'upstream' to promote mental wellness, by both strengthening protective factors and reducing risk factors.

- **Continuum of Care** (Clinical): It is imperative to assess our current mental health infrastructure using an established continuum of care model to identify gaps in services, systemic barriers to care, underutilized supports and the need for additional services.

- **Communication:** Mental health problems are often associated with stigma or seen as "someone else's concern". The YMHA public information campaigns work to reframe that thinking and spur a community-based understanding and response to this urgent public health issue.

Challenges and Opportunities – Mental Wellness

- **Improve ability of youth serving professionals to positively interact and support children, building capacity through training and networking.**
  - Conduct free, quarterly training on topics consisting of Restorative Practices, QPR, cultural competency, reduction of stigma, impact of social media, trauma, and other pertinent topics.

- **Address needs of parents, caregivers, teachers, and others to learn about youth mental health challenges, early indicators and prevention and to build requisite skills for promoting healthy youth development.**
  - Offer free Mental Health First Aid and Suicide Prevention training for community members, in multiple languages.
  - Implement innovative native language Mental Health First Aid (MHFA) trainings in Creole and Spanish.

Challenges and Opportunities – Continuum of Care

- **Solve challenge of parents and caregivers who lack information about available resources for clinical care when they have a child in need.**
  - Produce the Stamford Youth Mental Health Resource Guide as a 'must have' tool for accessing information on MH resources by service sector, spoken language and program.
  - Available in multiple languages, in digital and print formats.

- **Most children receive their primary mental health care in school settings, but there is little coordination, accountability and impact evaluation through these levels of care.**
  - Collaborate with Stamford Public Schools to improve in-school clinical and detection services.
  - Assist SPS and affiliated MH partners to implement improvements in school-based mental health support and detection services.

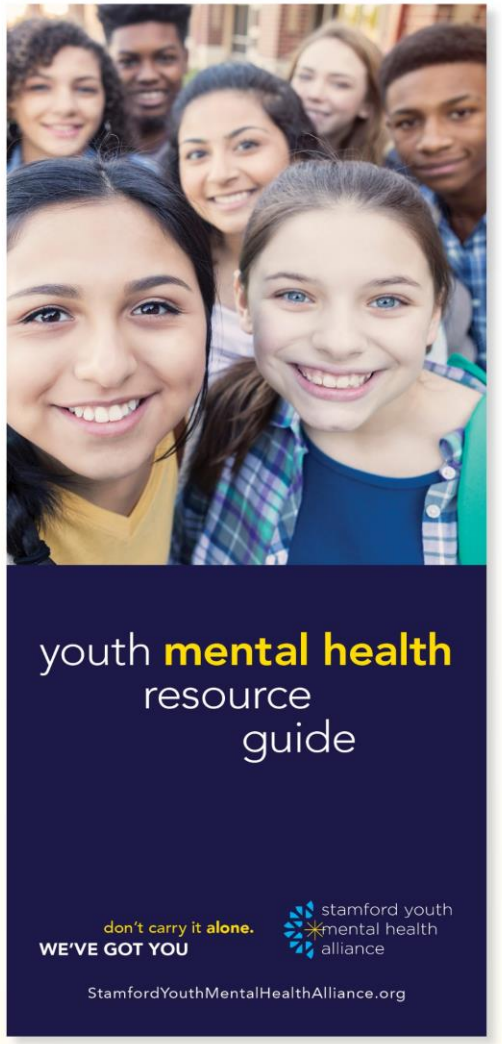
Challenges and Opportunities – **Communication**

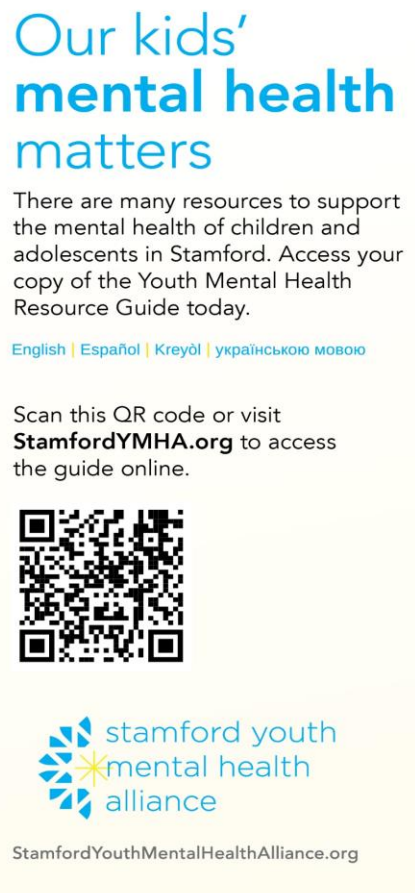
- **Promote positive image of good mental health and destigmatize mental illness through a robust public education campaign.**
  - Design and execute social media, advertising and public relations campaigns to reach and inform multiple audiences.

- **Reach into community settings through multi-cultural outreach events to bring needed information and support in community settings.**
  - Support relevant community outreach initiatives to bring YMHA brand, imagery, messaging and resources into youth-focused outreach events.

Communication: Resource Guide

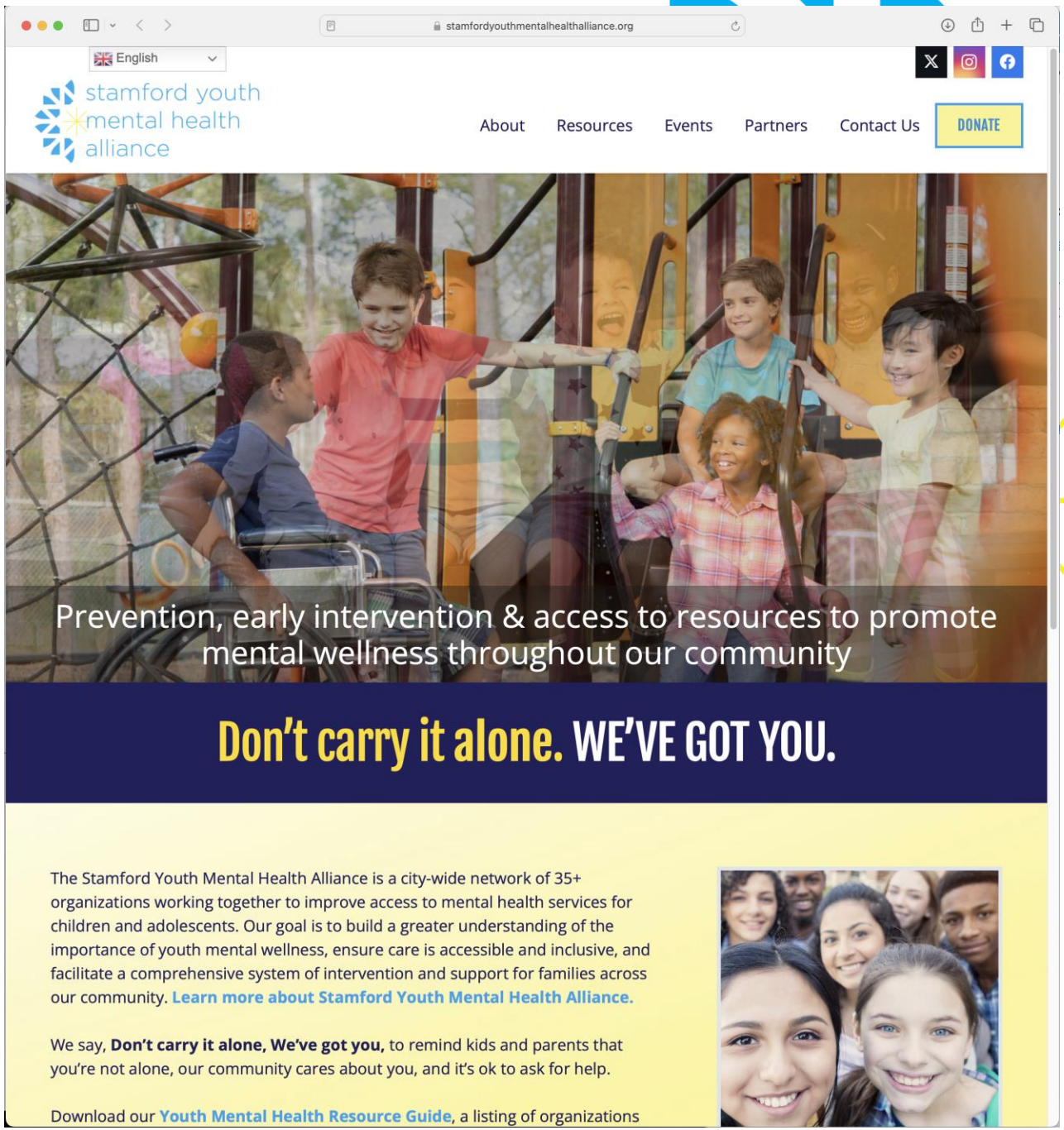
- Information on all Stamford youth-serving providers
- Branded consistent with all YMHA materials
- Available in multiple languages
- Guides and posters at Library branches, pediatricians and other organizations across Stamford





Communication: Summer Web Update

- More outward-facing than previous site
- Branded consistent with all YMHA materials
- Consolidated resources of all kinds
- Information about YMHA campaigns, videos, links



Communication:
Back to School - Social Media

Stamford Youth Mental Health Alliance
Published by Sprout Social
· August 23 ·

As you get ready for the new school year, remember – it's okay to take breaks, ask for help and prioritize self-care. You've got this!

#StamfordYMHA #MentalHealthAwareness #YouthMentalHealth

Stamford Youth Mental Health Alliance
Published by Sprout Social
· August 28 ·

Happy first day of school! Whether you're diving into student life or supporting young minds as an educator, let's create a positive environment where every student feels valued and heard.

#StamfordYMHA #MentalHealthAwareness #YouthMentalHealth

Stamford Youth Mental Health Alliance
Published by Sprout Social
· September 4 ·

New school year = new activities! Sports, clubs and hobbies are great for your mental health. What are you excited to get involved in this year?

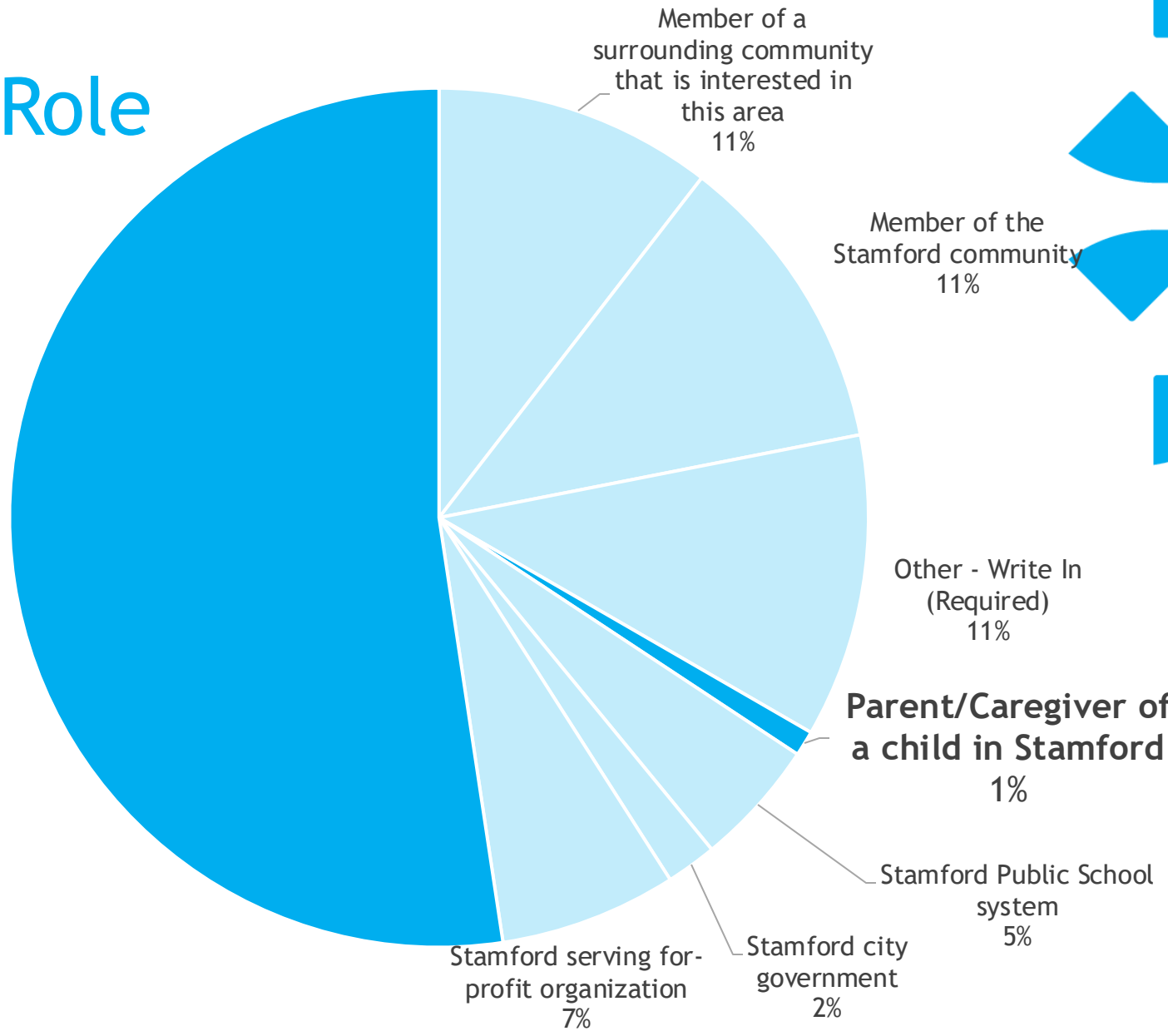
#StamfordYMHA #MentalHealthAwareness #YouthMentalHealth

Evaluation and Impact

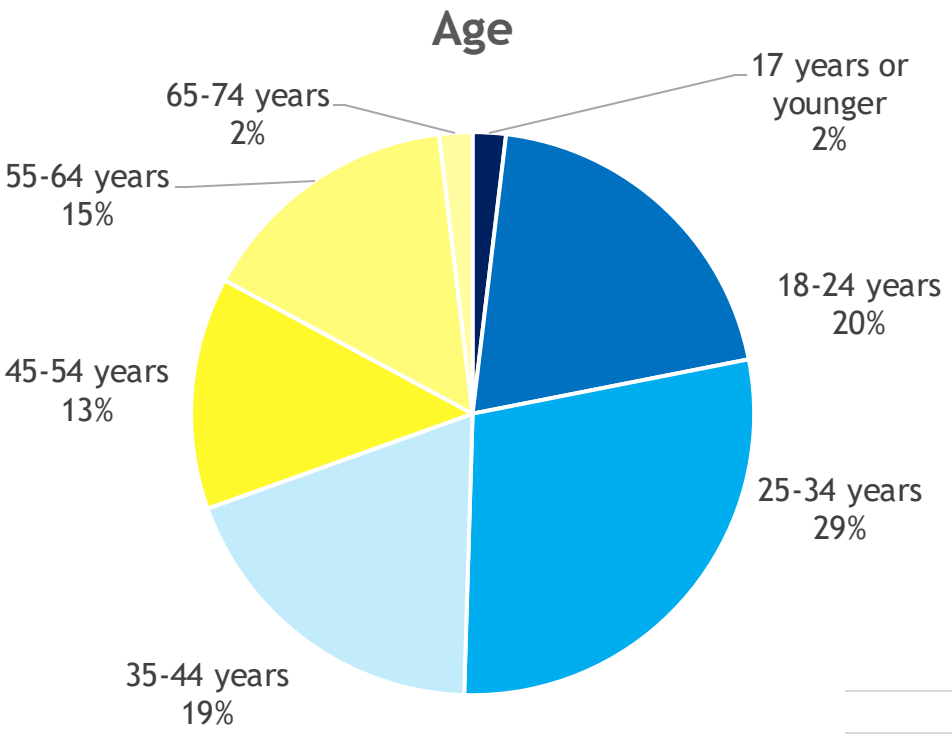
Evaluate effectiveness of Mental Health First Aid, Question, Persuade, Refer (QPR) and other training applications.

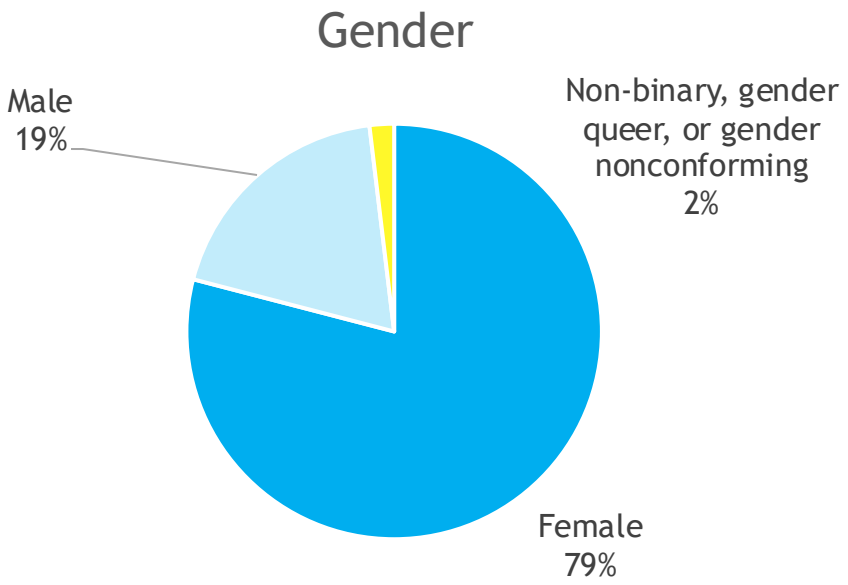
- Analyze post-survey data from multiple Mental Health First Aid (MHFA) and QPR training sessions.
- Data analysis indicates whom and whom not has been participating in MHFA and QPR trainings by sector, gender, race and ethnicity.
- It tracks satisfaction responses to assess effectiveness and suitability of training

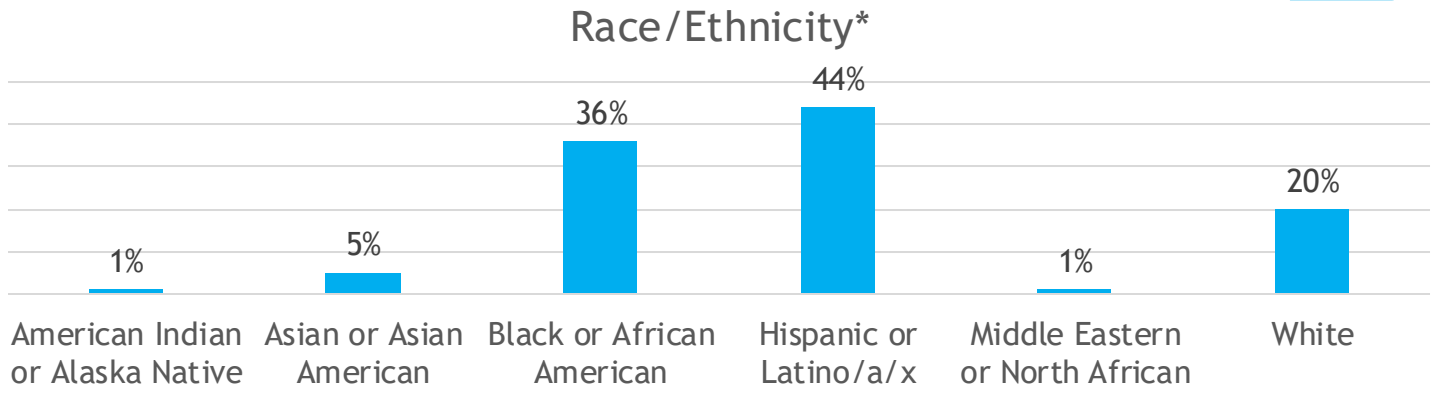
Participant Role



Participant Demographics







*Race/Ethnicity is a multi-select field, so percentages do not sum to 100.

Postvention Team

Implement Suicide & Untimely Death Postvention Plan.

- Postvention Team supports community members impacted by death by suicide or untimely death with direct assistance, providing messaging of hope and support, and information on appropriate resources.
- Develop a Response and Recovery Plan for incidents of mass casualty.

Actions

- Response to 17 cases in 2024; 2 death by suicide
- Response to 76 cases since inception
- Revising plan and resource brochure based on lessons learned from implementation, types of response needed, and resources requested

Barriers Remaining - Recommendations

Improve Care Coordination, currently fragmented, across all platforms and providers.

- Sharpen focus on improving the Continuity of Care, particularly for acute cases, by enhancing communication, referral protocols, transitional case management and coordination between all providers.
- Conducted numerous practitioner meetings and discussions to determine gaps, barriers and other challenges to improving care coordination.
- More research is required to determine the extent of challenge, identify needed resources and recommend actionable solutions.

Transforming Children's Behavioral Health Policy and Planning Committee (TCB)

December 18, 2024

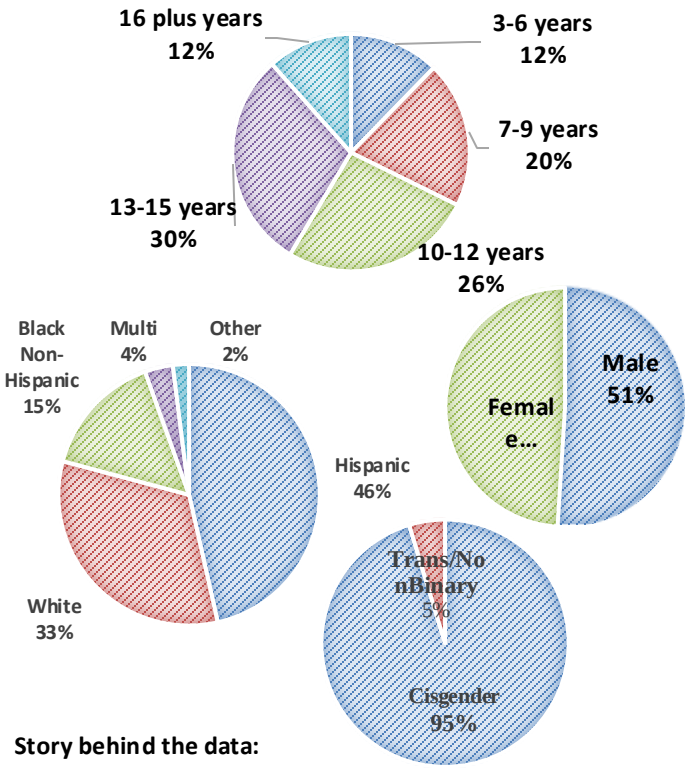
IICAPS: Intensive In-Home Child and Adolescent Psychiatric Services (IICAPS)

Improving Quality of Life: Children and adolescents experiencing serious emotional disturbance have and will continue to have a decrease in the utilization of psychiatric hospitalization days, fewer Emergency Department visits, fewer Psychiatric Residential Treatment Facility stays, improved functioning and decreased problem severity.

Our Approach: IICAPS is an intensive multi-generational complex trauma and attachment informed in-home treatment model. IICAPS is a level of care across CT. This means that we are offered to all families receiving Medicaid who are experiencing chronic and acute psychiatric crisis. Data has consistently shown that IICAPS families (both parents and children) struggle with histories of significant and often chronic developmental stress, adversity, and trauma which impacts parenting practices and child and family mental health.

Our Evidence Base: IICAPS considers itself Practice Based Research which refers to evidence that is collected in real world scenarios rather than tightly controlled environments. This better reflects the actual work teams do with families with multiple complex comorbidities, financial stressors, and structural inequalities. Our model is flexible and responsive to research and best practices. We use quarterly quality assurance and quality improvement data to demonstrate effectiveness and inform ongoing model development.

Who are the families who need IICAPS (2023-2024)?



Story behind the data:

- When compared to the state, IICAPS disproportionally serves families of minority racial/ethnic groups.
- Diagnosis data is extremely variable, and many youth have multiple diagnosis.
- IICAPS primarily serves youth eligible for Medicaid.

How well does it work (2023-2024)?

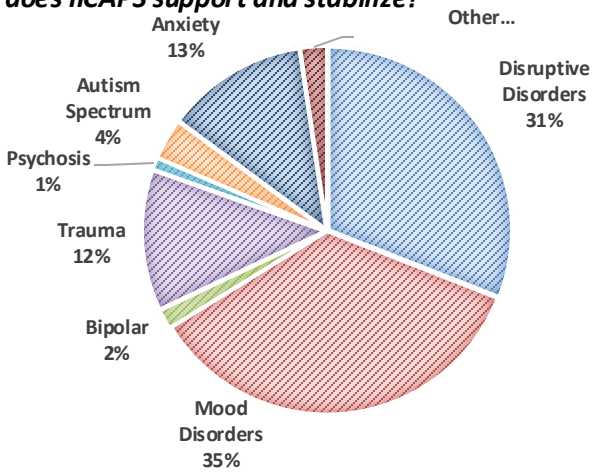
Significant reduction in service utilization for treatment completers.

- > 58.2% reduction in hospital admissions
- >72.9% reduction in inpatient days,
- 47.1% reduction in ED visits

Significant reduction in Ohio scale symptom severity and improvement in Ohio scale functioning for treatment completers.

- For the Fiscal Year, Ohio scores also showed statistically significant improvements on all scale subdomains: Ohio Scales Problem Severity scores decreased on average by 10.9 points per parent report, 7.4 points per youth report, and 9.5 points per worker report, and Functioning scores increased by an average of 8.2 points by parent report, 4.1 per youth report, and an average of 8.5 points per worker report.
- Treatment completion rate: 75%
- As the intervention has evolved to become more complex trauma-informed, there has been an increase in treatment completion.
- For the families who discharge having successfully completed treatment, these gains have been shown to maintain 6 months after discharge.

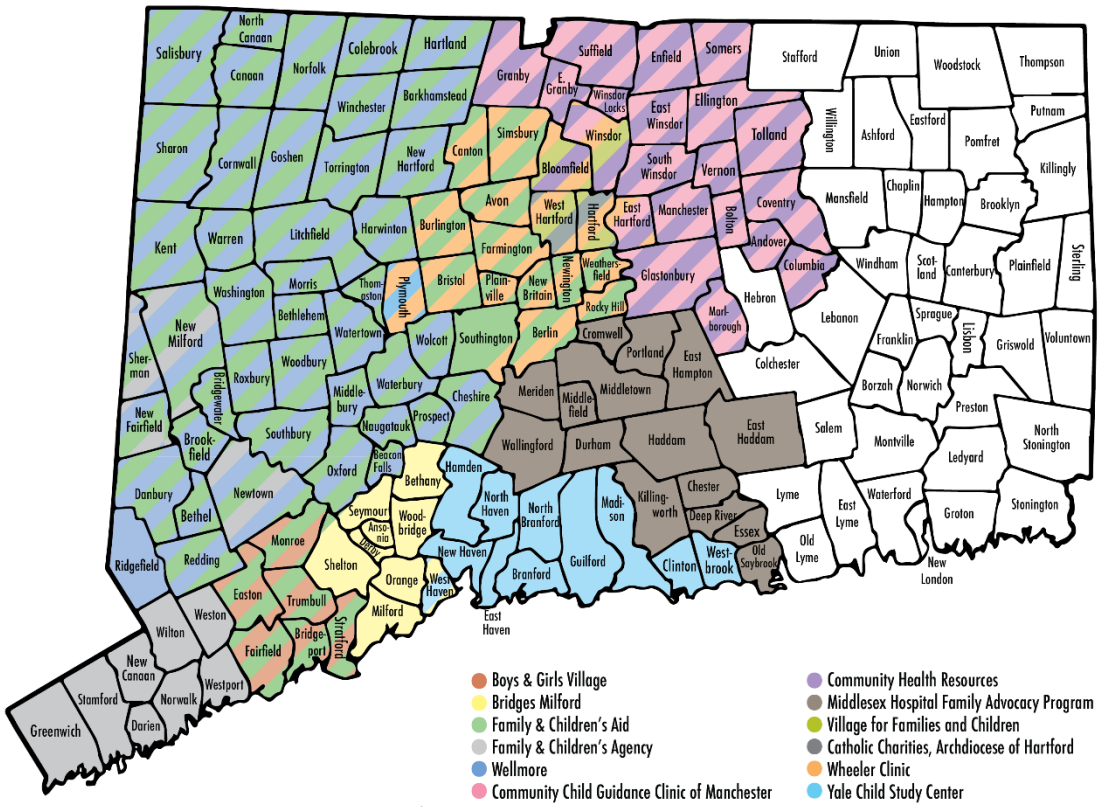
What types of adolescent psychiatric diagnoses does IICAPS support and stabilize?



- Most children and adolescents have more than one diagnosis
- 71% of children and adolescents report one or more experiences of complex trauma.
- Roughly half of IICAPS parents endorse 4+ adverse childhood experiences
- The majority of IICAPS patients (82%) will require only one episode of care to maintain stability.
- For those who require a second episode of care, they don't return as acute, and they make increased gains. The likelihood of requiring more than three episodes of IICAPS is extremely rare and is only used for youth with persistent and severe symptoms.

What is the overall impact?

IICAPS Network Coverage:



UDATE ON THE NETWORK

Wheeler clinic and Community Health Resources remained in network due to Medicaid rate increases and ARPA funds allocated. CFA New London expressed interest in providing coverage for New London County

ARPA funds have been dispersed to some sites, with other sites awaiting contracts. Sites report the wording of the contracts are confusing and state that funds are for "provision to non-Medicaid eligible children who lack any other form of insurance and for non-Medicaid billable operational costs." Sites requested funding to support staffing stability and retention.

State-wide waitlist is at 544 families as of 12/16/24.

Our Partners:

- IICAPS is covered by Medicaid and reimbursed on a fee-for-service basis.
- IICAPS Model Development and Operations through the Yale Child Study Center, provides ongoing training, consultation, and support for 16 sites at 12 distinct agencies across the state of CT and is funded by a grant through the Department of Children and Families.

IICAPS In Summary:

- Completion rate is high for this complex population.
- Quality assurance data show clinically meaningful reductions in parent, child, and clinician rated symptom child severity and improvements in child functioning.
- Home-based modality reduces barriers to accessing treatment.
- Model allows time and flexibility to build trusting relationships with family members.
- Model provides multi-generational complex-trauma informed psychotherapy for parents, child, and family.
- Positive long-term relationship with home-based providers translates into greater institutional trust – connect to care, referrals for psychiatric evaluation, collaboration with schools, DCF, hospitals.
- Significant cost-savings for the state due to reductions in service utilization.

***To make this level of care sustainable we are requesting*:**

1. Ongoing review of Medicaid rate.
2. Increased funding ($870,000.00) for IICAPS Model Development and Operations through our DCF contract to onboard new sites, ensure adequate training, clinical support, quality assurance, model development and other enhancements.
3. $600,000 in supplemental grant funding to onboard 3 sites in unserved and underserved areas.