

December TCB Meeting Unanswered Questions Follow Up

In December, there were three presentations given to the committee. Only two of the three presentations required follow-up from the presenters. Please see follow-up from those presenters below.

Presentation: Stamford Youth Mental Health Alliance (YMHA)

Presenters: Jody Bishop-Pollin, Director of Stamford Health and Human Services and Vin Tufo, Director of VITA Health and Wellness Center

Question: Is this a replicable model across other towns in Connecticut?

Presenter Response:

The model is both replicable and scalable in other towns.

- YMHA's core strategies - such as having a clear statement of purpose; compelling workgroup objectives and roles; attractive branding and communications; extensive community relations; and consistent focus on well-defined, evolving goals - are applicable to any complex, multi-partner project.
- A capable project management team or 'backbone' entity is needed to pull it all together and keep the initiative on track.
- Some of YMHA's collateral materials could be reused or easily adapted to similar efforts (e.g., resource guides, social media campaign, videos and website).
- The cornerstone of our capacity building efforts – Mental Health First Aid and QPR training – sends an important signal to the community that YMHA is accessible to all citizens and holds itself to the highest standards.
- Finally, the rapid assembly of the YMHA organization, with two dozen partners recruited within the first month, is owing to the preexisting partnerships established under the Vita Health and Wellness Partnership, a 15 year network of human service agencies, Stamford Public Schools and other agencies/interests focused on the social determinants of health. Several Connecticut towns have such partnerships among human service, health care, municipal and educational

institutions (e.g., United Way-sponsored collective impact initiatives). In addition, many towns/districts have an established Local Prevention Council that brings partners together to address substance use and abuse prevention. An effort similar to YMHA could be built on one of these established platforms.

Question: How is this work funded?

Presenter Response:

The work is funded by a combination of Operating and Program grants. Operating grants are the hardest to acquire, but YMHA is fortunate to have a broad base of support from the City of Stamford, Stamford Hospital, Charter Oak Communities and Fairfield County's Community Foundation along with numerous community service organizations and corporate philanthropies. Program Grants from charitable organizations (e.g., Tudor Foundation, Cohen Foundation, CT Health Foundation, etc.) have been essential to providing our community outreach, capacity building and training services free of charge to the general public."

Presentation: IICAPS Update

Presenter: Victoria Stob, Clinical Director of IICAP's Model Development at Yale Child Study Center:
Question: What is an average cost for one, for a visit? I mean, for a referral or something like that, what is the average cost?

Presenter Response:

With the two rate increases (15% in 22/23 and 15% in 23/24) the current Medicaid rate is \$42.38 per 15 minutes. A 60 minute session costs \$169.52. Every family should get 4-5 hours of face to face service weekly. If the family needs 5 hours of treatment each week for 6 months (26 weeks) the total cost is \$20,340.40. This does not include non-billable costs that agencies incur. If the family needs 4 hours of treatment each week for 6 months the total cost is 17,630.08.

If the average psychiatric inpatient stay cost ~\$3,500 per day, in FY23/24 total cost savings based on psychiatric inpatient hospital days (3783-1295=2,488*3,500)=\$8,708,000. See below data from FY23/24. “

SUQ Event	Patients with an Admission	Total# During 6 Months (180 Days) Prior to IICAPS	Total # During IICAPS (Ave. Duration = 180 Days)	# During IICAPS Adjusted for Duration of 180 Days	% Change Adjusted for Duration
Psychiatric Inpatient Admissions	198/903 (21.9%)	248	11	111	-55.2%
Psychiatric Inpatient Days		3,783	1,295	1,224	-67.6%
ED Visits	298/903 (33.)	414	250	241	-41.8%