

TCB March Meeting Minutes

March 26, 2025
2:00PM – 4:00 PM
Zoom Option Available

Attendance

Aleece Kelly	Derrick Sanders
Alice Forrester	Edith Boyle
Allison Vanetten	Gerald O' Sullivan
Andrea Goetz	Howard Sovronsky
Ashely Hampton	Jeanne Milstein
Betty Ann McDonald	Jeff Vanderberg
Carolyn Grandell	Jodi Hill Lilly
Christina Ghio	Kimberly Karanda
Claudio Gualtieri	Lorna Thomas Farquharson
Darcy Lowell	Melvette Hill
David McSergi	Michael Powers

TYJI Staff

Mickey Kramer	Emily Bombach
Nicole Taylor	Erika Nowakowski
Sean King	Jacqueline Marks
Shari Shapiro	Stacey Olea
Tammy Exum	
Tammy Freeburg	
Tammy Venega	
Yann Poncin	
Yvonne Pallotto	

Welcome and Introductions

The meeting was opened with welcoming all attendees.

Acceptance of TCB Meeting Minutes

A motion to accept the February meeting minutes was put forward. The motion was moved, seconded, and unanimously approved.

Overview of the Meeting

The March monthly meeting was opened with legislative updates from the TCB Tri-chairs. The March meeting consisted of an overview of the 2025 – 2028 Strategic Plan draft and the draft workgroup workplans. Once the presentations concluded, the floor was open for a question-and-answer segment.

Legislative Updates:

A TCB Tri chair expressed that H.B. 6951 had a public hearing on February 20, 2025, through the children's committee, and on March 12, 2025, it was sent to the appropriations committee. It HB 6951 includes a recommendation for a crisis continuum study, a school-based health center study, and the sustaining funding for mobile crisis recommendation. Additionally, an update regarding HB 7109 was given to the committee. HB 7109 was referred out of the Children's Committee into the Human Services Committee, and a public hearing was held on March 6, 2025. HB 7109 includes recommendations regarding amending the age for insurance coverage for ABA-applied behavioral health analysis therapy for individuals with autism spectrum disorders, a review of private insurance billing for Urgent Crisis Centers (UCCs), the IICAPS

recommendations, and the design of the CCBHC planning grant. The tri-chairs encouraged the committee to be on the lookout for updates and refer to the issue brief from the Tow Youth Justice Institute.

Draft 2025-2028 Strategic Plan:

TYJI informed the committee that they will receive physical copies of the strategic plan during the April TCB meeting. TYJI also noted that the strategic plan is open for feedback until April 7th, and the committee members will vote to adopt it during the April 16th, 2025, TCB committee meeting. A consultant for TCB was introduced to the committee and shared details of his role in developing a strategic plan that illustrates the full scope of TCB's work. He elaborated that he met with families, State agencies, the Tri-Chairs, and workgroup co-chairs.

TYJI staff noted that the ideas for the strategic plan were gathered from the strategic planning sessions with TCB committee members. TYJI shared a brief overview of the committee's structure and elaborated on each workgroup's mission statement, goals, strategies, priorities, and objectives. The presenters highlighted the overarching frameworks of TCB's work, consisting of a special population, a whole family, and a multisystem approach that centers around all children and the overarching framework that interacts with how children are impacted through every system. The System Infrastructure workgroup chairs shared their purpose statement and pursuit to improve effectiveness and access to services for the strategic priorities for funding, data, workforce, and governance. They explained the goals for each strategic priority, the potential partners involved, the information needed, outputs, and measures of success needed to accomplish each goal. The services workgroup co-chairs shared their purpose statement and their plan to ensure affordable, coordinated, and family-centered services for individuals aged 22 through the strategic priorities for a continuum of care, school-based health centers, and prevention. They explained the goals for each strategic priority and identified potential partners, information needed, outputs, and measures of success needed to accomplish each goal.

TYJI described the Quality Assurance Framework for the strategic plan. Additionally, TYJI created a Children's Behavioral Health Advisory Bodies Alignment document to identify the current alignment between TCB and other advisory bodies across Connecticut to pursue further collaboration and partnership.

Draft Annual Workgroup Workplans:

The co-chairs of the System Infrastructure Workgroup highlighted their focus on defining systems of care in CT and across the country. They plan to monitor legislation for all TCB recommendations, analyze data across access quality and outcomes, and receive data reports on the national system of care models.

The co-chairs of the Services Workgroup emphasized their draft priorities focusing on peer-to-peer support, mobile crisis, 211 services, monitoring TCB legislation, and continuum of crisis, IICAPS, and UCCs. They elaborated that the short-term goals are to operationalize the

workgroup, finalize the work plan, and review 2025 legislation. The medium-term goals include monitoring TCB legislative recommendations, reviewing data collected from the UConn services array survey, and peer-to-peer support.

A prevention work group co-chair expressed that the focus of the workgroup is to gather evidence for base prevention strategies and address emerging trends. She highlighted the key focus is to examine what occurs for early crisis intervention regarding universal screening while noting trauma is pertinent to include in the screening process. She explained the medium-term goals will explore where funding for behavioral health services comes from, the populations that are being targeted, substance use data review and integrating work with the other workgroups of TCB. She added the long-term goals are to develop 2026 draft recommendations and sustain the work of the group for the future.

The School-Based workgroup co-chairs overviewed the draft purpose of the workgroup, which is to promote mental health, well-being, and academic success for children from birth to age 22 to increase the reach and quality of school-based behavioral health services. The first legislative priority is to conduct a study that analyzes the current data practices, barriers, and opportunities in SBHCs to retrieve more consistent data collection that entails all data for SBHCs throughout CT. The second priority is a school-based behavioral health services study focused on billing to maximize the revenue streams and avoid duplicative billing for the school-based behavioral health workforce while establishing multidisciplinary collaboration. She noted a third priority may be developed based on the workgroup member's input. The other co-chair elaborated on the short-term, medium-term, and long-term goals. As a short-term goal, it is important to establish culture and trust under a collaborative expertise model that includes lived experience while creating a quality assurance structure. The medium-term goals are to provide clear and inclusive language to develop a glossary of terms, integrate work among all TCB workgroups, and monitor priority studies and 2025 TCB legislative recommendations. TJYI concluded by informing the committee that workgroup work plans are subject to change and are living documents that will be updated upon changes at the state and federal levels.

TCB Studies:

TYJI updated the committee that it is working with TCB leadership, researchers, and the workgroup co-chairs to develop the scope of work. TYJI provided a copy of the studies identified in the TCB Legislative Recommendations document for the committee to review.

Question and Answer:

A TCB committee member recommended for governance that the Prevention Workgroup should partner with the Department of Mental Health and Addiction Services (DHMAS) and the Connecticut Office of Early Childhood (OEC). This member added that the governance priority should review children's behavioral health programs and funding across all the agencies to measure if they are keeping up with current community needs. This member suggested that a friendly amendment be made to ensure measures of success, eliminate duplication and identify unmet targets to show improvement. He added that a goal and measure of success is to refine and sunset spaces that have been around for a long time but are not meeting expectations so they can be rescoped or pivoted entirely.

A TCB member suggested a partner that should be added under governance is the Department of Developmental Services (DDS) because it serves kids with complicated cases. Another TCB member agreed with collaborating with DDS and explained that in terms of the information needed and comprehensive mapping of existing services across prevention, intervention, and long-term care, DDS has a lot to offer. A TCB member inquired how the measures of success are being used as a measuring tool and what the baseline against the current measures of success is. She noted that there are many measures, and some may need to be refined, but she would like a better understanding to shape her feedback. TYJI responded there are documents dedicated to the quality assurance framework to track partners, output, strategies, and all the measures that the workgroup chairs will analyze to build it over the three-year strategic plan timeline. She added that all the work will not be completed in year one, but as time proceeds, the impact of measures of success may change and be refined to measure all incremental steps concretely. A TCB member clarified the current measures of success were developed in the strategic planning sessions, but it is a part of the process so the workgroup chairs can prioritize and plan to measure the work. Another TCB member replied that a measure is to develop a culture of trust and explained that TCB work is not technical, but the outreach is driven by a multisystem, and the TCB job is to view the whole picture of children's behavioral health. She emphasized that DDS should be included as a partner and the elderly too because they take care of children. She continued by explaining the outcomes need to have strategic skills to achieve a holistic family dynamic that measures the outcomes TCB expects while collaborating with multidisciplinary groups and advisory bodies.

A TCB member suggested TCB collaborate with the CT Suicide Prevention Advisory Board (CTSAB). He encouraged TCB to incorporate the role of primary care providers because they are the largest group that prescribes medication to children with behavioral health needs concerning prevention. Another TCB member emphasized partnering with OEC and incorporating the continuum of care throughout the lifespan. She stated that as the prevention workgroup plans to examine universal screening, the OEC has an option for families in CT to use the mobile app "Sparkler" as a screening tool to look at developmental milestones that promote prevention. She also advocated that lifespan development and engagement are rooted in family engagement and stated that the first teachers of children are their family members, who

are the primary caretakers of the home. This committee member agreed that data is important but urged the committee to be culturally aware of who is collecting the data and consider the difference in how data can be interpreted.

A TCB member noted that regarding the continuum care strategic priorities, New England is a haven for the arts and faith-based community. She elaborated that local partners vary throughout towns in CT, but the community should be considered in partnership and planning for TCB. She highlighted that New England has a youth initiative led by youth navigators with lived experience who engage with disconnected youth.

Closing Remarks:

The TCB Tri-chairs acknowledged TYJI for all their hard work, professionalism, and passion. TYJI thanked the committee for their recognition and asserted they will continue to move forward in the right direction to complete the work of TCB.

Next Meeting:

April 16, 2025

Time: 2:00 P.M. – 4:00 P.M.

ZOOM ONLY