

Making connections. Informing solutions.

Transforming Children's Behavioral Health Policy and Planning Committee

March 26th, 2025 LOB Room 2B with Virtual Option

2:00 PM - 3:30 PM

Scan to submit your attendance



Meeting Facilitation

Mute on Zoom

Participants must remain muted on Zoom unless speaking

Hand Raising

Virtual attendees should use the Hand Raise feature on Zoom for questions and comments

Questions at 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 \bullet



Agenda

Welcoming, Opening Remarks	Tri Chairs; Claudio Gu
Acceptance of the Minutes	
Legislative Updates	Tri-Chairs Claudio Gu
Draft 2025-2028 Strategic Plan	TYJI, Anto
Draft Annual Workgroup Workplans	Workgrou Poncin, In Vlahos
TCB 2025 Studies	TYJI
Q&A	
Closing Remarks	Tri Chairs; Claudio Gu



rs; Senator Ceci Maher, Representative Tammy Exum & Gualtieri, Senior Policy Advisor to the Secretary, OPM

rs; Senator Ceci Maher, Representative Tammy Exum & Gualtieri, Senior Policy Advisor to the Secretary, OPM

conio Aiello, Workgroup Co-chairs

up Co-Chairs; Alice Forrester, Jason Lang, Edith Boyle, Yann ngrid Gillespie, Pamela Mautte, Elizabeth Connors, Katerina

s; Senator Ceci Maher, Representative Tammy Exum & Gualtieri, Senior Policy Advisor to the Secretary, OPM

Legislative Updates



4

2025-2028 Draft Strategic Plan



2025-2028 Draft Strategic Plan

The Draft 2025-2028 Strategic Plan is structured as follows, please refer to either the Draft PDF Attachment or Draft Plan in your folders

- I. Acknowledgements
- II. Letter from the Tri-Chairs
- III. Mission Statement and Purpose
- IV. Operationalization of Committee
- V. Strategic Planning Process
- VI. Strategic Priorities
- VII. Quality Assurance Framework
- VIII. Conclusion
- IX. Addendums



Strategic Planning Process – Development

In 2024, the Strategic Planning Workgroup was enacted to help build the foundation TCB's priorities, strategies, and goals for the next three years. TYJI and consultants utilized information from the three workgroup planning sessions to develop a sustainable and living plan that will guide the TCB's work and legislative priorities for the subsequent years.

A draft plan was distributed, with feedback from the TCB committee, workgroups, and leadership, the plan will be finalized and voted on in the April TCB Meeting.



Strategic Planning Process-Timeline





Strategic Planning Process-June 2024 Workgroup Meeting













Strategic Planning Process-October 2024 Workgroup Meeting

* Purpose of the TCB Strategic meeting was to produce a mission statement for TCB and rank strategic objectives.





Focus of the day; creating a clear purpose statement for both system infrastructure and service goals as well as identifying high-priority objectives within key focus areas (Funding, Data, Workforce, Governance, etc.).



Strategic Planning Process-November 2024 Workgroup Meeting

The last workgroup meeting was held virtually in November of 2024. Workgroup members were split into groups and asked to identify the following for the strategies identified in previous meetings through an interactive whiteboard session:

- Who do we partner with?
- What information do we need?

We also need commercial insurance providers to enter fical information in the fiscal mappint that has been done indicating expenditures for different service types

 Needs to be an increase in rates to align with the cost of providing services
 Elaborate on what fair

means eg. cost of providing services, inflation and revisited in a periodic basis

Creating innovation brining new ideas and new service delivery Insurances coverage: state and medicaid

Braided funding using grants to create new ideas for impact



Funding:

--Increase Medicaid rates to match DSS 5-peer state average and a systematic process for rate adjustments that match actual cost of high quality care, inflation, cost increases.

--Enforce commercial parity laws (rates for BH and physical health; rates between Medicaid and commercial)

--Secure grant funds to sustain the youth crisis service array (988, MCIS, UCC, SAC) particularly components currently supported by expiring ARPA funds.

--fund system infrastructure (generally non-reimbursable; needs to be grant funded): managing the governance structure, central point of access for info and referral (esp. 988); workforce development in delivering effective practices; data and quality improvement to promote equitable access, quality, outcomes of care.

System Infrastructure : Funding

Ensuring comprehensive insurance coverage.

Strategies To enhance the children's behavioral health system by increasing and sustaining state funding:

- Streamlining service delivery
- Who do we need to partner ?
- Developing a fair rate-setting process for providers.
 Exploring innovative funding models to guarantee long-
- term system.

What information do we need from partners?

Measurements

Proactively vs Reactionary

hases

1) Technical - doing things said we are going to do

- Attendance of all people
 Number of children receiving services , wait time in services (need to have baseline)
- getting a baseline
- Who's going out to ask questions and meeting with families ?

2) Medium Term Outcomes

- Reducing in need for higher levels of care/ calls 211/ 988 for SI, not needing crissi care
- 2) Long- Team Outcomes
- · Academic achievement and access for marginalize communities
- drop out rates reduce
- indicators children are doing well
- Decrease in average level of "Stuck" kids in the ED

Important for funding to be unconditi onally governed by identified goals, g oals that promote social and emotion al wellness for Connecticut's children. Promoting social and emotional welln ess is a constant, it is not timelimited. Therefore funding supportin g this effort needs to align in the sam e way.

Cost of delivery of services Data - grants return on investment

Partners

CSDE Providers DSS Non-Profit Providers Private Sector/ Insurance Companies

Private Foundations - focused on children's behavioral health and wellness

Voice from consumers to understand how rates impact access, what services are most helpful to consumers.

are we doubling on outpatient, Peer services?

Consumer feedback and outcomes

Utilization outcomes

Committee Structure





Mission Statement

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

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

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



Strategic Priorities- Goals, Strategies, Priorities & Objectives

Goals, Priorities and Objectives were created for all strategies listed within the Overarching Framework, System Infrastructure and Services.

- **Priorities** are the key areas of focus
- **Strategies** are the action steps needed toward achieving the goal
- **Objectives** are the intentions of each workgroup

In the draft strategic plan, following the goals, priorities, and objectives for each strategy, there are charts that lists partners and information needed, outputs, and measures of success. The chart summarizes and highlights the input received at the strategic planning sessions and gives the committee direction into how to achieve strategies and objectives listed within the plan.



Strategic Priorities-Overarching Framework

In the process of developing this plan, the TCB members identified three themes to be infused in all aspects of the TCB's work. Within each TCB meeting, workgroup meeting, and when drafting legislative language, the TCB should ensure these themes are embedded in our work to ensure equitable, inclusive and sustainable outcomes.



*Refer to the Overarching Framework section in the Strategic Plan for more information.



Strategic Priorities- System Infrastructure

Purpose Statement: Build the capacity and coordination of the children's behavioral health infrastructure to increase the effectiveness of and access to services that meet family needs. Effectiveness refers to data, governance, oversight and accountability. Access refers to availability of a diverse set of services and trained service providers, the coordination of services, systematic knowledge, channels of communication, and funding for sustainability.







Strategic Priorities- Funding

Goal: Enhance the children's behavioral health system by increasing and sustaining state funding through state and commercial payors







Strategic Priorities- Data

Goal: Implement a comprehensive data collection, reporting and analysis system across the state.





Strategic Priorities-Work

Goal: Strengthen and stabilize the children's behavioral health workforce.





' d	rC	
		5

Measures of Success

Increased workforce

Higher student in field/workforce

Shorter waitlists and less bottlenecking

Improved workforce retention and job satisfaction

Increased job retention rates

Streamlined service delivery

Sustainable on boarding funding

Culturally competent care

Strategic Priorities- Governance

Goal: Increase efficiency and transparency in children's behavioral health.





Measures of Success

Clinical and functional gains

Public data to advance behavioral health research

Continous Quality Improvement framework that supports ongoing coachingand support

Sustainable collaboration between advisory bodies

20

Strategic Priorities- Services

Purpose Statement: Ensure statewide and local capacity and awareness to provide a comprehensive range of affordable, integrated, coordinated, and family-centered services to children from birth to age 22, individualized and within the context of their families, caregivers, and communities.







Strategic Priorities- Continuum of Care

Goal: Ensure timely access to an integrated system of care that coordinates services across various settings (in-home, community based, residential and hospital).





Strategic Priorities- School Based

Goal: Ensure timely access to an integrated system of care that coordinates services across various settings (in-home, community based, residential and hospital).





Strategic Priorities- Prevention

Goal: Increase access to preventive behavioral health services and ensure early identification for all children.



Measures of Success

Shorter waitlists and less bottlenecking

Increase utilization of urgent crisis centers

Decrease length of stay and volume of ED.

Increase # of kids transported to urgent care instead of ED.

Higher mobile crisis referral

Less demand of more intensive/restrictive services.

Quality Assurance Framework







Quality Assurance Framework

Measuring TCB Policy Impact

Monitor and Refine	The TCB Strategic Plan is a living document that should be consistently reviewe Policy changes, priorities, goals, and action steps may shift. The plan should be r to ensure the identified priorities align with those in the 2025-2028 Strategic P ensure priorities identified in workgroup workplans reflect those identified in the
Identify Issues with Process	The committee should consistently identify what is and what is not working for a imperative the TCB follow a process that works for all to ensure there are no bar
Generate Corrective Actions	Identify areas or policies that are not working for the membership and implemen
Monitoring Impact- Defining How the Committee Defines Success	 The committee should redefine how success is measured when appropriate. Workforce retention Access to Behavioral Health Services Equitable and Culturally Competent Care Barriers of care School Attendance/ Engagement Wait times for services Outreach and Marketing Efforts Utilization of Services
Monitoring Impact- Assessment of TCB Engagement	 The TCB should assess the engagement of all stakeholders to ensure there is an How many stakeholders were engaged How many meetings were held How many data presentations were held How many children and family were engaged How was community feedback incorporated





ved and refined. Due to changes in environment, State, and Federal e reviewed by leadership and membership of the committee annually Plan. Additionally, the committee should refer to the plan annually to he 2025-2028 workplan.

^r committee members, workgroup members, and stakeholders. It is arriers for implementing change.

ent corrective actions/changes in workflow.

an equitable opportunity for inclusion.

Addendums

At the end of the strategic plan, you will see three addendums.

- The Draft TCB Glossary will remain a living document and be utilized in each workgroup to level set with members terms and • services across the behavioral health system. The new workgroups, Prevention and School Based, will add terms to theirs in relation to their work.
- The 2025 Draft Annual Workgroup Workplans will be presented by co-chairs of the workgroups and finalized following the first workgroup meetings in April.
- Lastly, the Draft Children's Behavioral Health Advisory Bodies Alignment Document.



Children's Behavioral Health Advisory Bodies Alignment Document

Purpose:

The intent of this document is to identify alignment in TCB's work and identify areas for collaboration across advisory bodies in Connecticut.

Process:

To gather information, TYJI staff identified various advisory bodies where there could be alignment with the TCB's scope of work. The TYJI reviewed meeting minutes, watched meetings, and reviewed reports identifying the various advisory bodies priorities and legislative recommendations.

Diagrams:

TYJI created Venn diagram charts, where applicable, with the identified advisory bodies. A broad overview of the TCB's legislative priorities is identified in the diagrams, as well as the priorities of the advisory bodies. In the middle of the diagram, the alignment between the two committees is listed. TYJI will continue to collaborate and find alignment with committees. Venn Diagrams were created for the applicable advisory bodies where alignment was found.

*TYJI has not yet connected with two of the advisory bodies in the document



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

- Increase Medicaid reimbursement rates based on access needs
- · Sustain funding for mobile crisis
- Promote Medicaid and commercial billing for Urgent Crisis Center (UCC) services by refining the interim rates established for UCCs
- · Identify and help off-set initial costs for on-boarding and training clinical staff in evidence-based models
- Support and identify the needs and time-demands placed on families and children, and the ability to deliver positive outcomes in a sustainable manner for In Home Child and Adolescent Psychiatric Services (IICAPS)
- Increase the age of insurance coverage for Applied Behavioral Analysis (ABA) for individuals with autism spectrum disorder (ASD)
- · Review utilization and anticipated demand of the children's behavioral health crisis continuum
- · Develop effective reporting mechanisms for school based health centers (SBHCs) and identify data collection strategies

Statewide Advisory Council (SAC)

- · Annually review an advise commissioner regarding proposed budget

Improve behavioral

health services for

children and youth.

- Issue any reports it deems necessary to the Governor and the Commissioner of DCF
- Review and comment on reports
- · Independently monitor the dept's progress in achieving its goals as expressed in such reports
- · Offer assistance and provide an outside perspective to the dept so that it may be able to achieve the goals expressed in such reports.

· Recommend to commissioner programs, legislation or other matters which will improve services for children and youth, including behavioral health.

- a. Timely, appropriate and adequate provision of services to meet the physical, mental health and developmental needs of children.
- · Interpret to the community at large the policies, duties and programs of the dept.

Next Steps

- TCB Committee members and workgroup members will provide feedback by <u>April 7th, 2025</u>
- If there is consensus among the committee, TCB members will vote during the April 16th Meeting

*Please send all feedback to Emily Bohmbach at ebohmbach@newhaven.edu or Erika Nowakowski at enowakowski@newhaven.edu



2025 Draft Workgroup Workplans

*Please refer to the Workgroup Workplan Sheet provided via email and in the packet (if in person)



31

System Infrastructure Draft Workplan Overview

Suggested Purpose Statement: Build the capacity and coordination of the children's behavioral health infrastructure to increase the <u>effectiveness</u> of and <u>access</u> to services that meet family needs. Effectiveness refers to data, governance, oversight and accountability. Access refers to availability of a diverse set of services and trained service providers, the coordination of services, systematic knowledge, channels of communication, and funding for sustainability.

Draft Priorities: Systems of care, children's behavioral health data (access, quality, outcomes), 2025 TCB legislation (Medicaid Rates, CCBHC grant planning, Feasibility and Fiscal Analysis)

Short-Term Goals: Operationalize the workgroup (meeting frequency, level-setting, finalize workplan, review of 2025 legislation)

Medium-Term Goals:

- Consistent Monitoring of TCB Legislation
- Conduct a thorough review of children's behavioral health data (access, quality, outcomes)
- Evaluate systems of care efforts (nationally and at the State level) and evaluate how CT can be advanced and altered to model work of other States
- Review of Uconn's Governance and Data Reports
- Develop a set of 2026 draft recommendations (if applicable)

Long-Term Goals: Utilize information from the workgroup to plan for 2026, 2027, and in subsequent years.



quality, outcomes) /aluate how CT can be advanced and altered to model

Services Draft Workplan Overview

Suggested Purpose Statement: Ensure statewide and local capacity and awareness to provide a comprehensive range of affordable, integrated, coordinated, and family-centered services to children from birth to age 22, individualized and within the context of their families, caregivers, and communities.

*In first workgroup meeting the membership will discuss adding "...to expectant parents and children from birth to age 22..."

Draft Priorities: Peer to Peer Support, 211 Services, Consistent monitoring of TCB Legislation (Crisis Continuum, UCC's, **IICAPS**)

Short-Term Goals: Operationalize the workgroup (meeting frequency, level-setting, finalize workplan, review of 2025 legislation)

Medium-Term Goals:

- Consistent Monitoring of TCB Legislation
- Uconn Services Array- identifying distribution, monitoring response rate, review results
- Assess peer to peer support and services schedule workgroup presentations, workgroup expertise, literature reviews
- Monitor additional legislation that impacts TCB following legislative session
- Operationalize work with the Services and System Infrastructure Workgroup
- Develop a set of Draft 2026 recommendations (if applicable)

Long-Term Goals: Utilize information from the workgroup to plan for 2026, 2027, and in subsequent years.





Draft Prevention Workplan Overview

Suggested Purpose Statement: The Prevention Workgroup of the Transforming Children's Behavioral Health Policy and Planning Committee (TCB) is committed to strengthening children's behavioral health prevention services and programming. We collaborate to identify challenges, examine solutions, and provide advisory recommendations to enhance prevention efforts statewide.

Draft Priorities:

- Preventing substance use and overdose by promoting evidence-based strategies and addressing emerging trends.
- Evaluating how to expand access to suicide prevention and behavioral health services to facilitate early intervention and reduce crises.
- □ Promoting resilience and emotional well-being through education, community engagement, and policy advocacy.
- □ Integrating behavioral and physical health care to create a more cohesive, accessible, and effective support system.
- Embedding brief screenings in healthcare, schools, and community programs to improve early identification, build social emotional learning (SEL) skills, reinforce positive choices, and connect individuals to appropriate supports.

Short-Term Goals: Operationalize the workgroup (meeting frequency, level-setting, finalize workplan, review of 2025 legislation, establish a workplan foundation)

Medium-Term Goals:

- Identify and map preventative services in CT to evaluate the sustainability of programs, program needs, and assess barriers ۲
- Assess data collection methods for prevention services throughout the state- map out services, create crosswalk, prevention report card for CT
- Narrow in on substance use data results from the services array survey ٠
- **Operationalize integrating work with Services and School Based Workgroups** •
- Develop a set of draft 2026 recommendations (if applicable) •

Long-Term Goals: Utilize information from the workgroup to plan for 2026, 2027, and in subsequent years.



Draft School Based Workplan Overview

Suggested Purpose Statement: Promote mental health, well-being, and academic success for children birth to age 22 by increasing the reach and quality of school-based behavioral health services. Reach refers to equitable availability of timely and appropriate school-based behavioral health services in all CT jurisdictions, through a multidisciplinary array of coordinated community-partnered and school-employed service providers. Quality refers to effective, student- and family-centered, interventions and approaches which are culturally responsive, equitable, inclusive, and evidence-based.

Draft Priorities: SBHC Study, School Behavioral Health Services Recommendation, TBD with input from community

Short-Term Goals: Operationalize the workgroup (meeting frequency, level-setting, finalize workplan, review of 2025 legislation, establish a workplan foundation)

Medium-Term Goals:

- Provide education and clear, inclusive language-develop a glossary of terms related to SBHCs, community behavioral health partnerships, and the variety of school employed mental health professionals
- Operationalize integrated work with the Services and Prevention workgroups
- SBHC design and monitor the implementation of the study
- School Behavioral Health Services Study-develop a scope, monitor progress of the study
- Identify potential third priority in partnership with the workgroup
- Consistent monitoring of 2025 TCB legislation
- Develop a set of draft 2026 recommendations (if applicable)

Long-Term Goals: Identify how the workgroup will sustainably implement the 2025, 2026 and subsequent years' legislative priorities & Identify how the workgroup will implement priorities identified in the strategic plan into the School Based Annual Workplan for 2026, 2027, and subsequent years.



2025 TCB Studies

Justice Institute

Studies Identified in TCB Legislative Recommendations*

Study	Study Description	Researcher/Agenc y Involved	Status of Report
IICAPS Review of Models	The Commissioner of Social Services shall consult with the Yale Child Study Center to review IICAPS and other evidence- based alternatives that focus on delivering positive outcomes for children with behavioral health issues in a sustainable manner while considering the needs and time demands on children and families enrolled in the center's IICAPS program.	Department of Social Services/Yale Child Study Center	Going through legislative process
IICAPS RCT	The Transforming Children's Behavioral Health Policy and Planning Committee, within available appropriations, may contract with the Yale Child Study Center to determine what additional federal funding and reimbursements may be available for IICAPS model development and to conduct a randomized trial of the Yale Child Study Center model to determine whether it may qualify federally as an evidence-based treatment program.	Yale Child Study Center	Going through the legislative process
UCC Private Insurance Review	The Commissioner of Health Strategy shall file a report, with the Transforming Children's Behavioral Health Policy and Planning Committee. The report shall include the commissioner's analysis of claims data concerning private health insurance coverage of urgent crisis center services and recommendations to improve affordable access to such services.	Office of Health Strategy	Going through the legislative process
Crisis Continuum Study Review	Such study shall include, but not be limited to, (1) the rates of utilization of the United Way of Connecticut 2-1-1 Infoline program, 9-8-8 National Suicide Prevention Lifeline, mobile crisis intervention services, urgent crisis centers, as defined in section 19a-179f of the general statutes, subacute crisis stabilization centers and hospital emergency departments for such services, outreach and marketing strategies utilized by the service providers, common sources of patient referrals to such service providers, the allocation of state and other financial resources to such service providers, and the anticipated demand for behavioral health services for children into the future.	Possible RFQ if needed - Possible internal capacity with University of New Haven Business College	Going through the legislative process

Studies Identified in TCB Legislative Recommendations*

Study	Study Description	Researcher/Agency Involved	Status of Report
School Health Services Billing Review	A review of Medicaid and private insurance billing codes (e.g)behavioral health services provided and billed within schools) to ensure non- duplicative billing and opportunities to fully claim reimbursement for services provided.	Possible RFQ if needed	Going through the legislative process
Medicaid Rate Study-Children's Behavioral Health	The Department of Social Services (DSS) should conduct an additional Medicaid Rate Study that specifically evaluates children's behavioral health and compares codes to peer states. The report shall describe how Medicaid investments are reducing the number of codes remaining below the benchmark and evaluating access needs.	Department of Social Services (DSS)	Going through the legislative process
Feasibility/ Fiscal Analysis of Workforce billing codes	The Department of Social Services conduct a feasibility determination and fiscal analysis to estimate adding a billing code to help off-set initial costs for on-boarding and training clinical staff in evidence-based models, before they can bill for services e.g. "observation and direction"	Department of Social Services (DSS)	Going through the legislative process
School Based Health Center Survey	In collaboration with the state-wide association of school-based health centers, develop a survey for administration at such centers that is designed to obtain information concerning existing data collection practices and the anticipated challenges and opportunities presented by the implementation of more comprehensive data collection systems at such centers, and in collaboration with the Commissioner of Public Health, develop appropriate reporting requirements for school-based health centers to determine and respond to the needs of school-based health center.	In collaboration with the State-wide Association of School Based Health Centers and Department of Public Health (DPH) • RFQ Needed for Researcher	Going through the legislative process

37







Making connections. Informing solutions.

Next Meeting

TCB April Meeting: April 16th, 2025

*All workgroups will be re-convening in April reach out to <u>ebohmbach@newhaven.edu</u> to be added to any workgroup meeting invites