



TCB June Meeting Monthly Meeting Minutes

June 18th, 2025
2:00pm -3:30pm
ZOOM

Attendance

Alice Forrester

Edith Boyle

Lorna Thomas
Farquharson

Sarah Eagan

Andrea Goetz
Carol Bourdon

Erin Williamson
Gabrielle Hall

Manisha Juthani
Melvette Hill

Sean King
Shari Shapiro

Carolyn Crandell

Howard Sovronsky

Michael
Moravecek

Tammy Freeberg

Catherine Foley
Geib

Jeanne Milstein

Michael Patota

Tammy Venenga

Ceci Maher

Jodi Hill Lilly

Michael Powers

Yann Poncin

Christina Ghio

Jody Bishop Pullan

Mickey Kramer

Yvonne Pallotto

Claudio Gualtieri

Kimberly Karanda

Nicole Taylor

Sinthia Sone
Moyano

TYJI Staff

Emily Bombach

Erika Nowakowski
Jacqueline Marks

Stacey Olea

Welcome and Introductions:

The meeting was opened with a welcome to all attendees.

Acceptance of TCB Meeting Minutes:

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

Overview of the Meeting:

The June Monthly Meeting was opened with a post-legislative session update from the TCB Tri-chairs, followed by workgroup and summer schedules updates from TYJI. The meeting closed with the UConn Innovation Institute presenting updates on the Services Array Gaps Survey & Data Infrastructure Report.

Post Legislative Session Overview and Updates:

The TCB Tri-chairs shared an update on what did and did not pass throughout the legislative session.

A TCB tri chair went over the first two pieces of legislation that passed in session. This includes HB 5001, Section 14, which would require the TCB to submit a report to the Education and Children's Committees that examines and provides recommendations regarding behavioral health issues affecting special education students. A TCB tri-chair noted that SB one through ten and 5001, carry esteem and recognition, as these are pieces of legislation that both parties put forward as a caucus priority.

The chair elaborated that the next legislation that passed was HB 7287 Section 369, which would ultimately require the TCB to collaborate with CSDE and DSS to develop a framework of operational guidelines to streamline municipal billing for Medicaid-eligible school-based services. A tri-chair added that this recommendation was approved by the TCB.

A chair then proceeded to provide an overview of the mobile crisis recommendation and added that funding for mobile crisis did make it into the budget. The chair then went over the Urgent Crisis Center's (UCC) Insurance Review recommendation, noting that while it did not pass, the TCB plans to enact a UCC ADHOC Workgroup, that will be formed with the Behavioral Health Advocate, along with other identified individuals to assess and provide data to the committee.

The chair then addressed the Certified Community Behavioral Health Clinic (CCBHC) Planning Grant Recommendation, which did not pass in session. However, a tri-chair added that the Department of Social Services (DSS) has already secured a nearly one-million-dollar planning grant, and that there is some formality on how that planning is going to be undertaken. The chair noted that we are going to move forward with DSS's process.

A tri-chair then addressed the Medicaid Rate Recommendations from the TCB Recommendations in brief. The chair noted that the budget did include money for rate reinvestment in Medicaid based on findings from the DSS Study that was undertaken. The chair noted that the study was done in two parts, the first part focused on behavioral health needs, physician practices, fee schedules as well as dental, and the second part of the study was the remaining balance of the Medicaid system. The chair elaborated that after the two-part study was complete, DSS put forth ideas on where to best put in dollars and resources to maximize access issues. The chair further elaborated that part of the money will be set aside for FQHCs. The chair noted that this is important, as it's an area where they accept all patients, so whether people have insurance, no insurance, or great insurance, there is a sliding fee schedule for what they will pay based on what they can afford.

A tri-chair then moved to discuss the IICAPS Model Development and RCT recommendations. The chair elaborated that the TCB will continue to take next steps with Yale, and that the Services workgroup will monitor and track the progress of these studies. Additionally, a tri-chair added that one thing that came to their attention over the course of developing these recommendations is that IICAPS has never been validated as evidence-based, so, designing a randomized controlled trial where there is a fair comparator is going to help get the recognition it deserves.

The chairs then addressed the recommendation to amend the insurance coverage for individuals with ASD utilizing ABA therapy. The chair noted that this was apart of the bill that did not get through the legislature at the very last minute, however, we will keep working on this as we move forward. The chair then addressed the Crisis Continuum Recommendation and elaborated that TCB will work with CHDI and DCF to identify data collected, and that the study will be monitored and tracked by the Services Workgroup. Lastly, the chair touched upon the School Based Health Center (SBHC) study and further noted that the TCB will collaborate with DPH, CASBHC and OPM to design and develop the scope of work for the study.

A tri-chair ended the overview by stating that some of the TCB recommendations did not pass due to the end of the session, as all three bills were merged. In the interim, between sessions, we will work towards these recommendations. Another TCB Tri-chair noted that this was a team effort, and that we will bring to bear all the voices we have on TCB.

The floor was then opened to questions from the committee. A committee member noted that that funding was not put in for 2026 for mobile crisis 24/7 funding, and that it was put in for 2027. The member elaborated that they have been told to use any leftover money to fund 24/7 for next year, and that the reality is they will not be able to fund in 2026, and that the UCC's would be unfunded also. The member further elaborated that the UCC's are working together to find money. However, the 24/7 is a grave concern. A tri-chair responded that they can provide additional context. The chair noted that they are aware that funding was explicitly picked up in the general fund through 2027. The chair noted that Mobile Crisis 24/7 expansion was ARPA expansion, and that ARPA dollars run through the end of the 2026 calendar year. The chair further noted that it is their understanding that DCF is taking inventory and has identified remaining ARPA dollars which would be a significant portion of what is needed for 2026. Additionally, there is a commitment to braid any additional funding that is needed to get through 2026, which comes out of the general fund and built into the current services base.

Another TCB member asked for clarification regarding UCC Funding, as it was their original understanding that none of the grant funds were in the budget. The member elaborated that they had seen a news article saying there was around 2 million dollars of grant funding in the budget, which they think is inadequate for what is needed. A tri-chair member responded that UCC funding was initiated with ARPA dollars, and that we need to make sure that we exhaust all ARPA dollars, which we have until the end of 2026 to use, which will provide additional runway. The chair further elaborated that DCF has given some feedback that at least 2 out of the 3 community-based UCCs have a significant reserve of ARPA that is unspent, which would provide runway between 6-12 months. Additionally, there is additional grant funding through the community services line of DSS, so the shift was made for the legislature to move DCF's jurisdiction, where the ARPA dollars resided to DSS under the community services line. The tri-chair added that within the Medicaid line item, there is a little over 7 million dollars of funding for billings. So UCC's will operate like a health service facility and be able to code and bill different service lines. The tri chair additionally noted that a key for this period of transition is to make sure that UCCs have all the technical assistance needed to fully unlock Medicaid dollars that are built into the budget.

Another TCB member voiced that the tri-chair has laid out ways in which the long-term sustainability plan is going to be a blending of commercial Medicaid billing and grant support to sustain the model of UCC's. The member added that they are still working through the details, and that providers have not yet been able to realize the billing guidance from DSS. The member noted that they have felt very supported lately and encouraged by the work being done with DSS to resolve billing challenges.

Workgroup Updates & Summer Schedule:

TYJI provided brief workgroup and administrative updates to the committee. The System Infrastructure workgroup's next meeting is on July 15th on Zoom. The Services Workgroup's

next meeting is on July 9th on Zoom. The School-Based workgroup's next meeting is on July 7th on Zoom. This meeting will overview the 2025 legislative session, as well as have a presentation around Trauma-Informed Multi-Tiered System of Supports (MTSS) by the Services Workgroup Chair. The Prevention workgroup's next meeting is on June 26th on Zoom. Additionally, there will be no workgroup meetings or TCB committee meetings for August. TYJI closed by sharing that there is an opportunity for individuals with lived experience to complete a CVW workgroup application. The application is open to youth, parents, and community members with firsthand and secondhand experience in the children's behavioral health care systems in CT.

Services Array Gaps Survey & Data Report Overview:

The presenter from UConn Innovations Institute shared an overview on the Children's Behavioral Health Provider Survey as well as the Data Infrastructure Report. The presenter expressed that the purpose of the health provider survey is to assess the availability, accessibility, and scope of behavioral health services for children, youth, and their families (ages 0-18) throughout Connecticut. The presenter added that this survey is a key tool for mapping the current service array, identifying gaps and needs, and informing recommendations to the Connecticut General Assembly. Additionally, the presenter added that the survey utilized the charge of the TCB to define the scope of the survey. The presenter then provided an overview of Survey Development. The Services workgroup formed a Services Array subgroup that reviewed information provided by state agencies and conducted pilot testing with subgroup members and volunteers. The presenter also elaborated on the process of meeting with stakeholders individually, who are experts in certain areas, such as schools to ensure that what the survey captures is the core of what types of services and who services are provided to in their return.

Additionally, the presenter elaborated on the survey content, including site information and services information collected throughout the survey. Site information being collected includes Organization/Site Name, site address, services setting types, areas served, workforce/staffing, size/numbers served, and populations served. Services Information being collected throughout the survey includes, types of Behavioral Health Services, ages served, population of focus, where services are delivered, wait lists, and primary implementation challenges. The presenter then provided an overview of the different service array buckets that the survey is assessing. The presenter elaborated that in theory, any of the sites they're querying could provide any or one of all of the service types, and then they will only respond to items if they provide specific services. The presenter added that there are optional items for those who have the capacity to respond. Optional questions include most significant barriers for accessing services, most urgent behavioral health services gaps, additional information on behavioral health services provided, and potential interest in offering more services and the resources and infrastructure that would be needed to implement them.

The presenter then addressed the survey dissemination strategy and noted they will be using Qualtrics to distribute the survey. The survey includes a letter from the TCB Tri-chairs. Additionally, the presenter noted that there will be an overview of webinar and/or virtual office hours for the survey. Reminder emails will be sent and the presenter noted there will be targeted outreach.

A committee member posed a question to the presenter regarding the scope of early intervention and prevention services and how they will be defined. The presenter responded that the survey includes a brief description of each service and lists modalities, programs, and more to prompt concrete responses from providers. The presenter also emphasized that she is willing to work with service providers in terms of the timeline for completion. A committee member who piloted the survey shared their experience and explained that it took forty-five minutes to an hour, but it will not take hours to complete. The member added that a couple of pieces required data collection, and a challenge is knowing if responses should be based on one site or expansive. A committee member asked if an effort was made to directly ask consumers about their experiences and obstacles when receiving care. They noted that the client's perspective on the barriers to care may be different than the providers. The presenter replied that the intent is to gather this information and share it in community forums to gain consumer feedback.

A committee member noted that they would like to ensure that services for children with intellectual and developmental disabilities (IDD) are included. She also noted that the survey listed behavioral health/ mental health and explained that behavioral health teams often define behavioral health differently. This member would like behavioral health to be clearly defined, so all populations have specific information on what services are truly available. The presenter replied that she has worked on the survey to capture specific services that children with IDD have access to. The presenter added that the behavioral health/mental health included in the survey was purposeful because people have different lenses on what the definition is, but the service array subgroup will be tasked with providing the definition in a comprehensive glossary. A committee member shared that in December 2024, DCF required them to provide updated information on all DCF programs, which included numbers of individuals treated and billed, and emphasized that the data might be accessible through DCF. The member also stated that waitlists may find it difficult to gather information based on ECC standards and recommended that there be a clear way to include them in the survey. This member also encouraged the presenter to collect data on intervention services like sports because it creates community connections for children and families. The presenter responded that the survey is flexible enough for that data to be included, but it depends on how targeted the survey dissemination is for those specific service providers to receive it. The presenter agreed that waitlists are difficult to reword and have many dimensions, but there was an effort to include them as a generic term. A committee member added that it is difficult to meet the mandate of ECCs with the demand and a two-hour minimum wait time, which can lead to questions about formal definitions. A committee member asked for a timeline of when the survey will be ready for dissemination and when the data collected in the survey will be ready to be reported on. The presenter answered that the survey should be ready in a week, the data will be collected throughout the summer, the data will be compiled in September and October, and the information will be summarized and ready for forums in late October and November to receive additional feedback. Once those steps are completed, the final report should be available in the spring.

The presenter continued her presentation by providing an overview of the Data Infrastructure Report, which is titled the "*Children's Behavioral Health System Data Infrastructure and Use of Data for System Improvement: Recommendations for Connecticut's Public-Child and Family Serving Behavioral Health System*". The presenter elaborated that this report aims to provide an overview of the data infrastructure and quality improvement processes and structures related to



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children's behavioral health. The report content includes key data infrastructure components, model approaches for data infrastructure and use of data, core components of Connecticut's children's behavioral health data infrastructure, including identified strengths and limitations, recommendations, a glossary, and profiles of Connecticut's primary children's behavioral health data systems and partnerships.

Next Meeting:

July 23rd, 2025

2:00pm – 4:00pm

Zoom