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# Transforming Children's Behavioral Health Policy and Planning Committee

June 18th, 2025

ZOOM

2:00 PM – 3:30 PM

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# 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

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# Agenda

## **Welcome, Opening Remarks**

TCB Tri Chairs; Senator Ceci Maher, Representative Tammy Exum & Claudio Gualtieri, Senior Policy Advisor to the Secretary, OPM

## **Review and Acceptance of May Minutes**

## **Post- Legislative Session Overview and Updates**

TYJI & TCB Tri Chairs; Senator Ceci Maher, Representative Tammy Exum & Claudio Gualtieri, Senior Policy Advisor to the Secretary, OPM

## **Q&A**

## **Workgroup Updates and Summer Schedules**

TYJI

## **Services Array Gaps Survey & Data Report Overview**

Jill Farrell, Research Scientist, UConn Innovations Institute

## **Q&A**

## **Closing Remarks**

TCB Tri Chairs; Claudio Gualtieri, Senior Policy Advisor to the Secretary, OPM

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# Legislative Session Overview & Updates

# Overview and Outcomes of 2025 TCB Recommendations

## Legislation that Passed Involving TCB:

Bill Number and Section:	Overview/ task Assigned:	Language:	Included in TCB Recommendation s in Brief (Y/N)
HB 5001, Section 14:	The TCB will submit a report to Education and Children’s Committees that examines and provides recommendations about behavioral health issues affecting special education students.	<p>Not later than January 1, 2027, the Transforming Children's Behavioral Health Policy and Planning Committee shall submit a report, in accordance with the provisions of section 11-4a, to the joint standing committees of the General Assembly having cognizance of matters relating to education and children.</p> <p>Such report shall consist of the committee's examination of and recommendations for behavioral health issues impacting students in the state receiving special education that includes, but is not limited to, the following: (A) The behavioral intervention methods utilized by private providers of special education services and the feasibility and impact of requiring such private providers to utilize evidence-based interventions that are proactive and highly individualized, such as the Assessment of Lagging Skills and Unsolved Problems, including, but not limited to, the feasibility and impact of requiring staff at such private providers to be trained in such evidence-based interventions with an emphasis on problem-solving as the primary goal; and (B) Best practices for the monitoring and random audits by the Department of Education of the use of physical restraint and seclusion pursuant to section 10-236b for students receiving special education, including, but not limited to, best practices for (i) ensuring the accuracy and consistency of the annual compilation of incidents of physical restraint and seclusions reported to the department pursuant to subsection (l) of said section, (ii) intervention by the department in schools and special education programs that report a high incidence of physical restraint and seclusion, (iii) enforcement of the laws relating to physical restraint and seclusion, such as through site visits of seclusion spaces and review of incident reports and parental notifications, (iv) mandatory training of staff and administrators to reduce reliance on physical restraint and seclusion, and (v) development of uniform rules or regulations applicable to physical restraint and seclusion of any student.</p>	N

# Overview and Outcomes of 2025 TCB Recommendations

## Legislation that Passed Involving TCB:

Bill Number and Section:	Overview/ task Assigned:	Language:	Included in TCB Recommendations in Brief (Y/N)
HB 7287 – Section 369:	The TCB will collaborate with CSDE and DSS to develop a framework and operational guidelines to streamline municipal Medicaid billing for Medicaid-eligible school-based behavioral health services.	Not later than September 1, 2026, the Transforming Children's Behavioral Health Policy and Planning Committee, in collaboration with the Departments of Education and Social Services, shall develop a framework and operational guidelines to streamline Medicaid billing by municipalities for Medicaid-eligible school-based behavioral health services. Not later than October 1, 2026, the committee shall file a report, in accordance with the provisions of section 11-4a of the general statutes, on the framework and operational guidelines with the joint standing committees of the General Assembly having cognizance of matters relating to appropriations and the budgets of state agencies, education and human services.	Y

# Overview and Outcomes of 2025 TCB Recommendations

2025 Recommendation in Brief Language:	Amended Legislative Language:	Next Steps
<p><b>Medicaid Rates Recommendation:</b></p> <p>It is recommended that effective October 1st, 2025, the legislature and the Governor should adequately fund the Department of Social Services to implement an increase of Children’s Medicaid behavioral health reimbursement rates based on access needs. The Children’s Medicaid reimbursement rate increase should include:</p> <p>a. Adjustment to meet peer-state benchmark rates for children’s behavioral health where an applicable benchmark is available, and funding is needed to address access issues. Where a benchmark rate is not available, DSS should recommend a methodology for equitably distributing rate increases to address any access issues/needs.</p> <p><b>Medicaid Rate Study Recommendation:</b></p> <p>The Department of Social Services 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. This study should report the following to the TCB by October 1st, 2025:</p> <p>i. The breakdown of children’s behavioral health spend, and where clinic codes are located,</p> <p>ii. After each investment to children’s behavioral health (FY ‘25, ‘26), the Department of Social Services should evaluate if CT is closer to peer Fiscal Impact/ Children’s Committee state benchmarks on a code basis and total spending amount, and</p> <p>iii. Identify the proportion of the system that was not matched in the Phase 1 Medicaid Rate Study and provide the TCB a set of recommendations regarding how to approximate access needs for those codes.</p>	<p>Not specifically included in legislative language.</p>	<p>**Recommendation s to be further discussed</p>



# Overview and Outcomes of 2025 TCB Recommendations

2025 Recommendation in Brief Language:	Amended Legislative Language:	Next Steps
<p><b>Mobile Crisis Funding Recommendation:</b></p> <p>It is recommended that effective July 1, 2025, the Department of Children and Families should sustain 24/7 mobile crisis expansion initially funded through ARPA</p>	<p>The sum of eight million six hundred thousand dollars is appropriated to the Department of Children and Families from the General Fund, for the fiscal year ending for mobile crisis intervention services.</p> <p>The sum of eight million six hundred thousand dollars is appropriated to the Department of Children and Families from the General Fund, for the fiscal year ending June 30, 2027, for mobile crisis intervention services.</p>	<p>Funding provided.</p>
<p><b>Urgent Crisis Centers Insurance Review:</b></p> <p>The Department of Social Services should promote Medicaid and commercial billing for UCC services by refining the interim model and rates established for UCCs (as needed) and report on provider billing status under Medicaid to the TCB by Oct 1st , 2025.</p> <p>The Office of Health Strategy (OHS) should submit to the TCB a report on any updates in commercial coverage of UCCs, including changes to plans and contracts, and claims data. The report should be submitted to the TCB by Oct 1st, 2026.</p>	<p>The bill requires the Transforming Children’s Behavioral Health Policy and Planning Committee, in consultation with the behavioral health advocate and DCF and insurance commissioners, to convene a working group to (1) review private health insurance coverage for children’s treatment at urgent crisis centers, (2) identify potential barriers to commercial insurance coverage and reimbursement, and (3) make recommendations to address any barriers. The behavioral health committee must report, by October 1, 2025, on the working group’s findings and recommendations to the Appropriations, Children, and Human Services committees and the Office of Policy and Management secretary.</p>	<p>A UCC ADHOC Workgroup will be formed with the Behavioral Health Advocate, along with other identified individuals to assess and provide data in a report to the TCB Committee.</p>



# Overview and Outcomes of 2025 TCB Recommendations

2025 Recommendation in Brief Language:	Amended Legislative Language:	Next Steps:
<p><b>CCBHC Planning Grant:</b> The Department of Social Services should include as part of the Certified Community Behavioral Health Clinics (CCBHCs) planning and designing grant the following:</p> <ul style="list-style-type: none"><li>i. the development of separately payable acuity-based care coordination service to improve outcomes of children,</li><li>ii. a value-based payment model that holds providers accountable and rewards them for improved outcomes,</li><li>iii. and navigation support</li></ul>	<p>The Commissioner of Social Services, in consultation with the Commissioners of Mental Health and Addiction Services and Children and Families, shall include in the Certified Community Behavioral Health Clinics Planning Grant support for development of:</p> <p>Reimbursement for acuity-based care coordination service to improve behavioral outcomes for children, a value-based payment model that provides financial incentives to providers when outcomes improve for children in their care and holds them accountable for poor outcomes, and a system to help providers and clients better navigate behavioral health care resources and requirements.</p> <p>Not later than September 1, 2025, the Commissioner of Social Services shall file a report, in accordance with the provisions of section 11-4a of the general statutes, with the joint standing committees of the General Assembly having cognizance of matters relating to children, human services and public health on the status of the planning grant and any benefits of changes made to the grant pursuant to subsection (b) of this section .</p>	<p><b>**Recommendations to be further discussed</b></p>

# Overview and Outcomes of 2025 TCB Recommendations

2025 Recommendation in Brief Language:	Amended Legislative Language:	Next Steps:
<p><b>IICAPS Model Development and RCT:</b></p> <p>It is recommended that the Department of Social Services and Intensive In Home Child and Adolescent Psychiatric Services (IICAPS) Model Development and Operations (MDO) at the Yale Child Study Center, review and design levels of the IICAPS model for consideration. This should be reported back to the TCB by October 1st, 2025.</p> <p>i. Such a model should consider the needs and time demands placed on families and children, and the ability to deliver positive outcomes sustainably.</p> <p>It is recommended that TCB contract with IICAPS Model Development and Operations (MDO) at the Yale Child Study Center to</p> <p>i. determine what additional federal funding and reimbursements may be available to IICAPS MDO and the IICAPS network as an evidence based/promising practice treatment program, and if determined prudent,</p> <p>ii. conduct a randomized controlled trial (RCT) of IICAPS for the purpose of qualifying</p> <p>iii. IICAPS federally as an evidence based treatment program.</p> <p>Interim recommendations to TCB by October 1st, 2025.</p>	<p>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. Not later than October 1, 2025, the commissioner shall report, the results of the review to the Transforming Children's Behavioral Health Policy and Planning Committee established pursuant to section 2-137 of the general statutes.</p> <p>The report shall include recommendations concerning IICAPS models that may be used to deliver Medicaid-funded behavioral health care in the state. (c) 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.</p>	<p>TCB will continue to work in collaboration with the Yale Child Study Center to develop scopes of work. The TCB Services workgroup will monitor and track the progress of the studies.</p>

# Overview and Outcomes of 2025 TCB Recommendations

2025 Recommendation in Brief Language:	Amended Legislative Language:	Next Steps:
<p>Amending Age of Insurance Coverage for individuals with ASD Utilizing ABA Therapies:</p> <p>The TCB recommends an amendment to Sec. 38a-514b (group coverage) and Sec. 38a-488b (individual coverage) of the general statutes section to strike through the age of insurance coverage of ABA from 21 to 26, effective January 1st, 2026.</p>	<p>"Behavioral therapy" means any interactive behavioral therapies derived from evidence-based research and consistent with the services and interventions designated by the Commissioner of Social Services pursuant to subsection (e) of section 17a-215c, including, but not limited to, applied behavior analysis, cognitive behavioral therapy, or other therapies supported by empirical evidence of the effective treatment of individuals diagnosed with autism spectrum disorder, that are:</p> <p>(A) Provided to children [less than twenty-one] under twenty-six years of age; and</p> <p>(B) provided or supervised by (i) a licensed behavior analyst, (ii) a licensed physician, or (iii) a licensed psychologist. For the purposes of this subdivision, behavioral therapy is "supervised by" such licensed behavior analyst, licensed physician or licensed psychologist when such supervision entails at least one hour of face-to-face supervision of the autism spectrum disorder services provider by such licensed behavior analyst, licensed physician or licensed psychologist for each ten hours of behavioral therapy provided by the supervised provider</p>	<p>**Recommendations to be further discussed</p>



# Overview and Outcomes of 2025 TCB Recommendations

2025 Recommendation in Brief Language:	Amended Legislative Language:	Next Steps:
<p><b>Crisis Continuum Review:</b></p> <p>It is recommended that TCB conduct a study to review utilization and anticipated demand of the children's BH crisis continuum, which includes 211/988, mobile crisis, Urgent Crisis Centers (UCCs), Sub-Acute Crisis Stabilization, and ED, to assess and advance optimal capacity utilization.</p> <ul style="list-style-type: none"><li>i. Studies should include current utilization of services, marketing efforts, and outreach strategies, referral pathways, and resource allocation.</li><li>ii. TCB should submit a report of recommendations by November 1st, 2025.</li></ul>	<p>The Transforming Children's Behavioral Health Policy and Planning Committee established pursuant to section 2-137 of the general statutes shall conduct a study concerning existing behavioral health services for children and anticipated demand for such services in the future. 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, (2) outreach and marketing strategies utilized by the service providers listed in subdivision (1) of this section, (3) common sources of patient referrals to such service providers, (4) the allocation of state and other financial resources to such service providers, and (5) the anticipated demand for behavioral health services for children into the future.</p> <p>Not later than January 1, 2026, the Transforming Children's Behavioral Health Policy and Planning Committee shall submit a report, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committees of the General Assembly having cognizance of matters relating to developmental services, public health and children. Such report shall include an analysis of (1) data collected in conducting the study required pursuant to subsection (a) of this section, and (2) recommendations to improve the delivery of behavioral health services for children and meet anticipated demand for such services into the future.</p>	<p>TCB will work with CHDI &amp; DCF to identify data collected in regard to the study.</p> <p>The Services workgroup will track and monitor the progress of the report.</p>

# Overview and Outcomes of 2025 TCB Recommendations

2025 Recommendation in Brief Language:	Revised Legislative Language:	Next Steps:
<p><b>School-Based Health Center Study:</b></p> <p>It is recommended that TCB contract with an outside entity to conduct a School Based Health Center (SBHC) study for</p> <ul style="list-style-type: none"><li>i. Developing and administering a survey to better understand current data collection practices and the anticipated challenges and opportunities in implementing a more robust data and QI system.</li><li>ii. Identifying effective reporting standards for SBHC’s to report to the Department of Public Health (DPH).</li><li>iii. The study will be designed and piloted in collaboration with the Department of Public Health (DPH) and the department of Children and Families (DCF).</li><li>iv. A standardized definition of SBHCs.</li></ul> <p>It is recommended that all School Based Health Centers (SBHCs) report to DPH</p> <p>The following effective January 1st, 2026, annually thereafter</p> <ul style="list-style-type: none"><li>i. Establish comprehensive reporting across all SBHCs to inform targeted investment by utilizing the reporting mechanisms outlined in the study above.</li></ul>	<p>The Transforming Children's Behavioral Health Policy and Planning Committee established pursuant to section 2-137 of the general statutes, shall (1) in collaboration with a 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 (2) 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 centers. The committee may contract with a consultant to develop the survey required pursuant to this subsection.</p> <p>(b) Not later than January 1, 2026, the Transforming Children's Behavioral Health Policy and Planning Committee shall submit a report, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committee of the General Assembly having cognizance of matters relating to public health. Such report shall include, but need not be limited to, the survey and reporting = requirements developed pursuant to subsection (a) of this section.</p>	<p>TCB will collaborate with DPH, CASBHC, and OPM to design and develop a scope of work for the study.</p> <p>The School Based workgroup is tasked with monitoring the progress of the study.</p>

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# Workgroup Updates and Summer Schedules

TYJI



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# Workgroup Upcoming Meetings and Focus Areas

Workgroup	Upcoming Meeting Date	Meeting Topics/ Focus Areas for Upcoming Months
System Infrastructure Workgroup	July 15th, 2025 3-4:30PM (ZOOM)	<b>Systems of Care</b> <ul style="list-style-type: none"><li>• The last workgroup meeting consisted of presentations from Gary Blau, Ph.D., Judith Meyers, Ph.D., and Jeff Vanderploeg, Ph.D.</li><li>• Presentations will focus on history of systems of care in CT, process of embedding systems of care, and current landscape in CT</li><li>• The workgroup will spend the next few months focusing on Systems of Care in CT and other States.</li></ul>
Services Workgroup	July 9th, 2025 2-3:30PM (ZOOM)	<ul style="list-style-type: none"><li>• The Services Workgroup had a presentation from CHDI and DCF on what data currently is being collected in regard to the crisis continuum recommendation at their May meeting.</li></ul>
School Based Workgroup	July 7th, 2025 3-4:30PM (ZOOM)	<ul style="list-style-type: none"><li>• The School Based workgroup has been focusing on their two priorities identified in the workplan, which include the School Based Health Center Study and the School Behavioral Health Services billing review.</li></ul>
Prevention Workgroup	June 26th, 2025 3-4:30PM (ZOOM)	<ul style="list-style-type: none"><li>• The Prevention workgroup had presentations regarding the SEPI CT Program, and Early Childhood Prevention in their May meeting. The group will begin mapping services, barriers to services, and data collection methods of services, and funding of services as identified in the workplan.</li></ul>

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# Services Array & Gaps Survey & Data Report Overview



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## Transforming Children's Behavioral Health Policy and Planning Committee (TCB): Service Array Survey & Data Infrastructure Report Updates



Jill Farrell, PhD

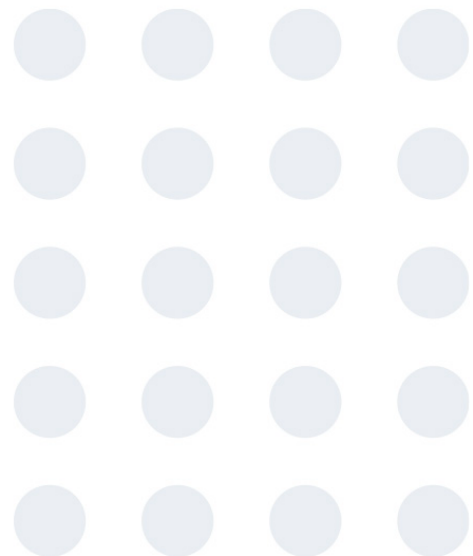
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# Connecticut Children's Behavioral Health Provider Survey

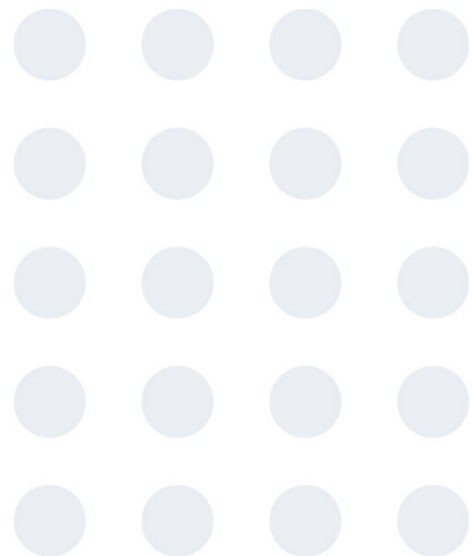
- Purpose: To assess the availability, accessibility, and scope of behavioral health services for children, youth, and their families (ages 0–18) throughout Connecticut.
- Includes services focused on prevention, early intervention, and treatment related to mental health, substance use, and developmental disabilities.
- This survey is a key tool for mapping the current service array, identifying gaps and needs, and informing recommendations to the Connecticut General Assembly.





# Survey Development

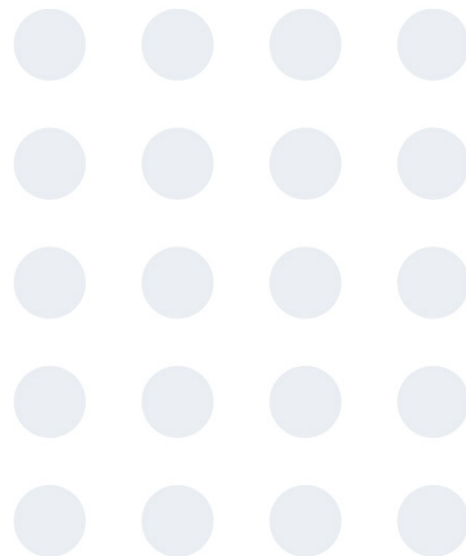
- Service Array Subgroup comprised of the Services Workgroup Co-Chairs, additional providers, and state agency partners
- Reviewed services information provided by the state agencies, as well as reports and lists/directories available online
- Held individual meetings with key stakeholders to inform data collection for specific service types and sites
- Conducted pilot testing with subgroup members and other volunteers





# Survey Content: Service Types

1. Prevention and Early Intervention Services
2. Crisis Services
3. Screening and Assessment
4. Behavioral/Mental Health Treatment and Services
5. Substance Use Treatment and Services
6. Care Coordination Services
7. Peer Support Services
8. Intellectual and Developmental Disability Services
9. Other Services and Supports







# Survey Content

## Site Information

- Organization/Site Name
- Site Address
- Service Setting Type(s)
  - In-Home/Community-Based
  - Out-of-Home/Residential
- Area(s) Served
- Workforce/Staffing
- Size/Numbers Served
- Populations Served

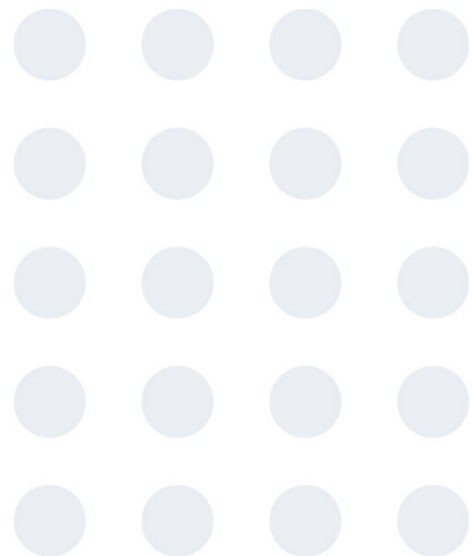
## Services Information

- Types of Behavioral Health Services
  - Generic modalities
  - EBPs and Promising Practices
- Ages Served
- Population of Focus, if relevant
- Where Services are Delivered
- Wait List
- Primary Implementation Challenge



# Survey Dissemination Strategy

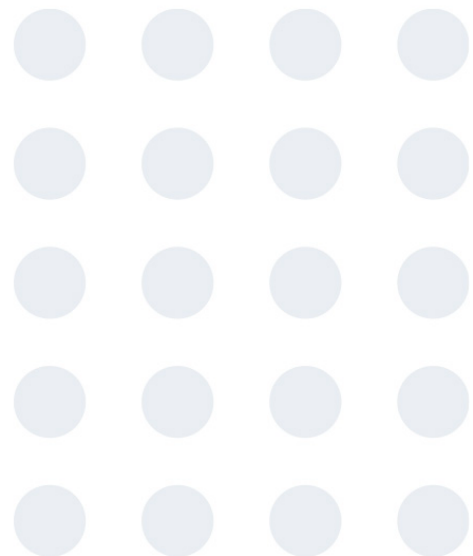
- Online survey (Qualtrics)
- Disseminate via state agencies, associations, and networks
- Overview webinar and/or virtual office hours
- Attend and present at stakeholder meetings to help get the word out and answer questions
- Reminder emails and targeted outreach
- Submission tracking and follow up





# Survey Content: Optional Items

- Most significant barriers youth and families face in accessing behavioral health services in your area
- Additional information on behavioral health services provided; service array needs and challenges
- Most urgent behavioral health service gaps for children, youth, and families in your area
- Interest in offering additional behavioral health services, and the resources or infrastructure needed to implement them

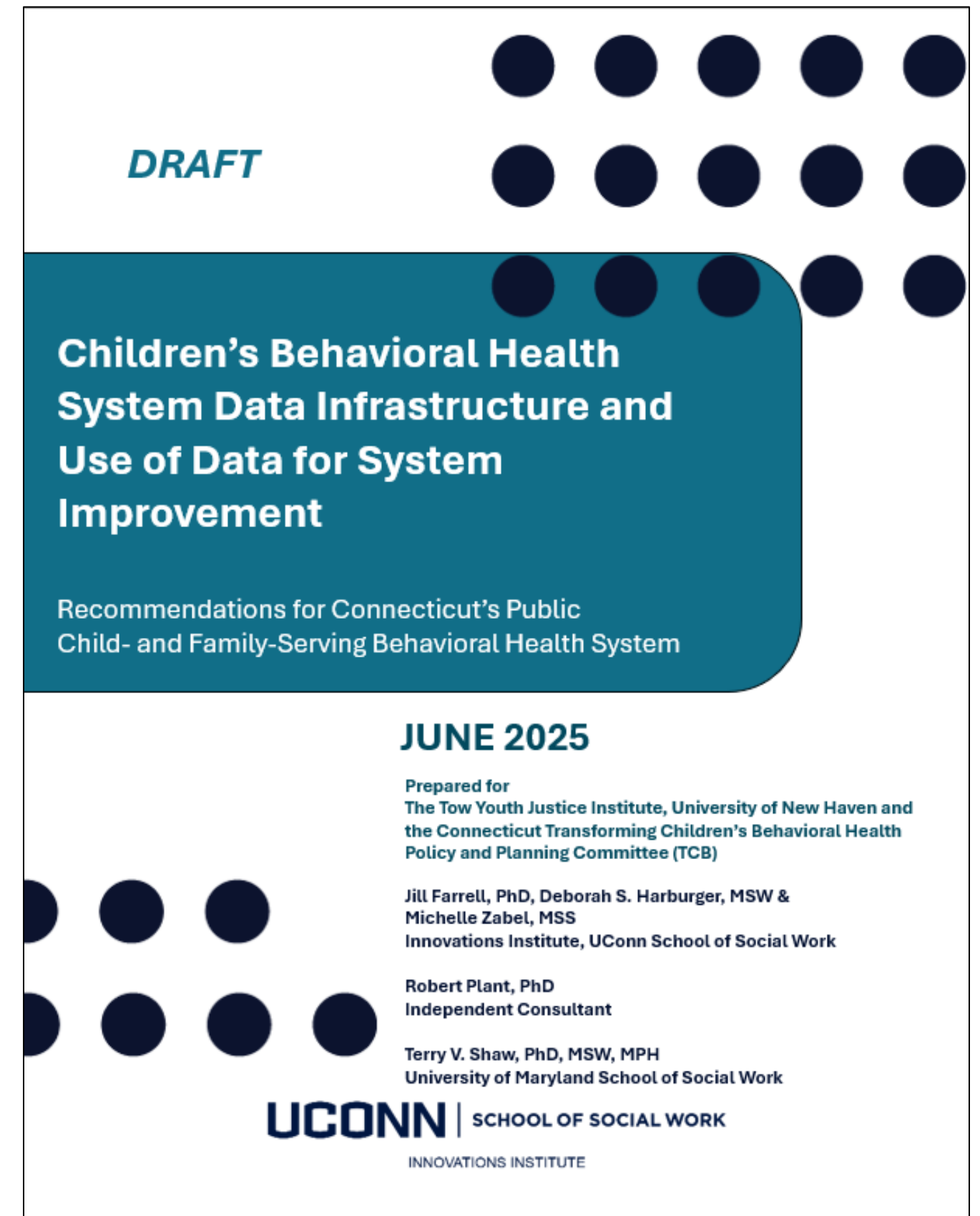





# Data Infrastructure Report

## “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”

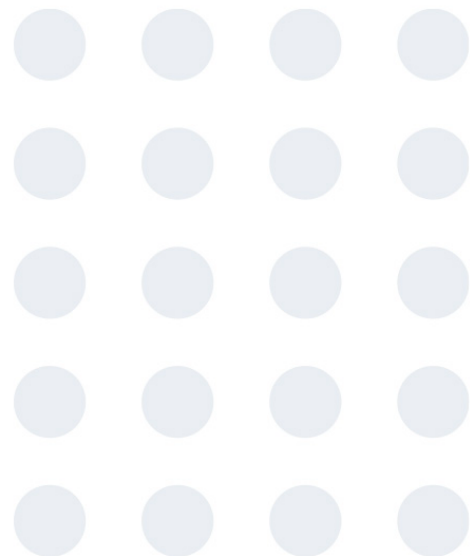
This report provides an overview of the **data infrastructure** and **quality improvement** processes and structures related to children’s behavioral health, as well as **recommendations** for next steps, to inform the TCB.





# Report Content

- Key data infrastructure components
- Model approaches for data infrastructure and use of data, referencing the examples from other states
- Core components of Connecticut's children's behavioral health data infrastructure, including identified strengths and limitations
- Recommendations
- Glossary
- Profiles of Connecticut's Primary Children's Behavioral Health Data Systems and Partnerships



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# Q&A





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# Next Meeting

**TCB July Meeting: July 23<sup>rd</sup>, 2025**