Tow Youth Justice Institute
Making connections. Informing solutions.

April 17th, 2024
3-4:30PM
Zoom

TCB Prevention Workgroup Agenda

1. **Introduction**
    a. Introducing Co-Chairs, TCB staff and members of the workgroup
2. **Review of Materials**
    a. Engagement & Operational Rules
3. **Workplan Review and Discussion**
    a. Review Draft Workgroup Workplan
    b. Feedback and Discussion
4. **Next Steps**

TCB Prevention Workgroup April Meeting Summary

April 17, 2025
3:00 pm- 4:30 pm

Attendance			**TYJI Staff**
Alexis Melville	Edith Boyle	Kristen Parsons	Emily Bombach
Angela Duhaime	Ingrid Gillespie	Pamela Mautte	Jacqueline Marks
Corina Restrepo	Jill Farrell	Sarah Lehberger	Stacey Olea
Daniella Arias	Julie Vigil		
Darcy Lowell	Kris Robles		

Meeting Objectives:

- Workplan Review and Discussion
- UConn Services Array Updates and Discussion
- Poll Update
- Next Steps

Meeting Summary:

1. ***Workplan Review and Discussion:***
   a. Draft Workgroup Workplan Review
      i. The cochairs reviewed the workgroup's draft purpose statement, priorities, short term work goals, medium term goals, and long- term goals.
   b. Feedback and Discussion
      i. A workgroup member suggested the role for birth to three and early childhood should be added to the workgroup priorities. The members shared early childhood organizations that can collaborate with the workgroup such as Child first organization, The office of Early Childhood (OEC), and Parents Connecting Parents.
      ii. A workgroup member expressed that assessing the barriers in services should be among the first steps to prevention.
   c. The workgroup members were encouraged to provide input for potential presenters.
      i. Workgroup members suggested Connecticut Association for Infant Mental Health (CT- AIMH), Substance Exposed Pregnancy Initiative of Connecticut (SEPI-CT), and Assisted Intervention Matching Tool (AIM).

2. ***UConn Services Array Updates and Discussion:***

a. The presenter highlighted the intention of the survey is to identify services in Connecticut and collect substantive information on the gaps and needs for services.
    i. The workgroup members were encouraged to offer feedback on the survey and provide names of organizations to collaborate with for the survey.
    ii. A workgroup member recommended adding Gizmos Pawsomes Guide to Mental Health to the evidence-based practices section of the survey.

3. ***Poll Update:***
    a. The poll did not track names and emails, so it was adjusted, and the workgroup members were encouraged to complete the poll again.

4. ***Next Steps:***
    a. Members are to provide feedback on the UConn Services Array Survey.
    b. Members are to identify potential presenters for upcoming meetings.

5. ***Next meeting***
    a. May 15th, 2025 3:00 pm- 4:30 pm

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TCB Glossary of Terms and Acronyms

The TCB Glossary is a living document that contains frequently used phrases and terms. Additional terminology will be added as meetings occur throughout the year.

1. **42 CFR**: Part 2: A federal regulation that protects the privacy of patients with substance use disorders (SUD). Confidentiality protections help address concerns that discrimination and fear of prosecution deter people from entering treatment for SUD.
2. **504:** Section 504 of the Rehabilitation Act and the Americans with Disabilities Act is civil rights law protects individuals with disabilities from discrimination that arise because of their disability. A 504 Service Agreement is considered when a A child has a disability that can limit at least one major life activity, which can include walking, seeing, hearing, speaking, breathing, learning, reading, writing, performing math calculations, taking care of oneself, or performing simple manual tasks. A 504 Service Agreement often contains a list of accommodations and modifications that can assist the child with disabilities in the classroom.
3. **Acute Care:** Medical treatment rendered to individuals whose illnesses or health problems are of short-term or short episodes. Acute care facilities are those hospitals that mainly serve persons with short-term health problems.
4. **Advocacy:** Advocacy means encouraging someone, including legislators, but also the public or individual community members, to take action on an issue that is not currently being considered as legislation by the legislature, or as administrative action by the executive branch. (Compare to "Lobbying" and "Education."
5. **Amendment:** A written proposal to change the language of a CGA bill or resolution, prepared by the Legislative Commissioner's office. Each amendment can be identified as House or Senate "A."
6. **Anorexia Nervosa (also called anorexia):** An eating disorder characterized by low body weight (less than 85 percent of normal weight for height and age), a distorted body image, and an intense fear of gaining weight.
7. **Attention-Deficit/Hyperactivity Disorder (ADHD):** A behavior disorder, usually first diagnosed in childhood, which is characterized by inattention, impulsivity, and, in some cases, hyperactivity.
8. **Autistic Spectrum Disorder (also called autism**): A neurological and developmental disorder that usually appears during the first three years of life. A child with autism appears to live in his/her own world, showing little interest in others, and a lack of social awareness. The focus of an autistic child is a consistent routine and includes an interest in repeating odd and peculiar behaviors. Autistic children often have problems in communication, avoid eye contact, and show limited attachment to others.

9. **Behavioral Health:** A state of mental and emotional being and/or choices and actions that affect wellness. Behavioral health challenges include substance abuse or misuse, alcohol and drug addiction, serious psychological distress, suicidal ideation, and mental disorders.
10. **Bill Number**: The number given to each CGA bill when it is first introduced in a legislative session. Senate bills are number 1 to 4999; House bills are number 5000 and up.
11. **Case Management:** A process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet a client's health and human service needs.
12. **Children's Health Insurance Program (CHIP):** A program by which states insure low-income children (aged 19 or younger) who are ineligible for Medicaid but whose families cannot afford private insurance. States receive federal matching dollars to help provide for this coverage
13. **Ohio Scales:** Include 40 items that measure the degree of problems a child is currently experiencing (problem severity) and the degree to which a child's problems affect their day-to-day activities (functioning).
14. **Practitioner or Clinician**: A healthcare professional such as a mental health counselor, physician, psychiatrist, psychologist, or nurse who works directly with patients (as opposed to one who does research or theoretical studies).
15. **Co-morbidity:** Having more than one disorder or illness at the same time.
16. **Commitment:** A court order, giving guardianship of a minor to the state department of juvenile justice or corrections. The facility in which a juvenile is placed may be publicly or privately operated and may range from a secure correctional placement between non-secure or staff secure, group home, foster care, or day treatment setting. Involuntary Commitment of an individual to a psychiatric in-patient unit by a psychiatrist after finding patient to be a danger to self or others.
17. **Education:** In the context of policy change, education means informing someone, including legislators, but also the public or individual community members, about facts, or real-life experience related to a particular issue, without encouraging any particular action on the issue, whether or not that issue is currently being considered, as legislation by the legislature. (Compared to "Advocacy.")
18. **Evidence-Based Practice:** The use of current best evidence in making decisions about the care of individuals. This approach must balance the best evidence with the desires of the individual and the clinical expertise of health care providers. Evidence Based Treatment is any practice that has been established as effective through scientific research according to a set of explicit criteria (Drake et al., 2001). These are interventions that, when consistently applied, consistently produce improved client outcomes. Some states,

government agencies, and payers have endorsed certain specific evidence-based treatments such as cognitive behavioral therapy for anxiety disorders and community assertive treatment for individuals with severe mental illness and thus expect that practitioners are prepared to provide these services.

19. **Fiscal Analysis, Office of (OFA):** The nonpartisan staff office of the CGA responsible for assisting the legislature in its analysis of tax proposals, the budget, and other physical issues.
20. **Fiscal Note:** Statement prepared by the Office of Fiscal Analysis of the cost for savings resulting from a bill or amendment. Required for every bill or amendment considered by the House or Senate.
21. Fiscal Year (FY): The state's budget year which runs from July 1 to June 30.
22. **HIPAA:** HIPAA (The Health Insurance Portability and Accountability Act of 1996) is a federal law that required the creation of national standards to protect sensitive patient health information from being disclosed without the patient's or legal guardian's consent or knowledge.
23. **Inpatient Care:** Care for a period of time in a hospital or (psychiatric residential treatment- not technically considered in-patient) facility during which an individual can be closely monitored to provide accurate diagnosis, to help adjust or stabilize medications, or during an acute episode when a person's mental illness temporarily worsens.
24. **Lobbying:** Communicating directly or soliciting others to communicate with any official or their staff in the legislative or executive branch of government or in a quasi-public agency, for the purpose of influencing any legislative or administrative action. For example, encouraging a legislator or member of their staff to "vote for/against" a particular bill is lobbying. (Compare to "Advocacy.") "Lobbying" does not include (A) communications by or on behalf of a party to a contested case before an executive agency, or a quasi-public agency, (B) communications by vendor acting as a salesperson, and now otherwise trying to influence an administrative action, (C) communications by an attorney made while engaging in the practice of law. (For more, see CGA definition.)
25. **Lobbyist:** Person required to register with the Ethics Commission who spends or is paid at least $2000 a year to influence legislation. Lobbyists are required to wear blue badges stating their names and whom they represent.
26. **Managed Care:** May specify which caregivers the insured family can see and may also limit the number of visits and kinds of services that are covered by insurance. Connecticut is one of a small number of states that does not participate in Medicaid Managed Care.
27. **Medicaid:** A program jointly funded by federal and state governments that provides health care coverage to certain classes of people with limited income and resources.

Within federal guidelines, state governments set eligibility standards, determine optional services provided, set reimbursement rates, and administer the program.

28. **Medicare:** A federal government program that provides health insurance coverage to eligible adults aged 65 or older and people with disabilities. It has four parts: Part A, which covers institutional services, including inpatient hospital services, nursing home care, initial home health visits, and hospice care; Part B, which covers physicians and other professional services, outpatient clinic or hospital services, laboratory services, rehabilitation therapy, and home health visits not covered by Part A, among other services; Part C, the Medicare Advantage program, which is managed by private companies for a flat fee per patient per month; and Part D, which began in 2006 and covers medication.
29. **Mental Health:** A state of emotional and psychological well-being in which an individual is able to use his or her cognitive and emotional capabilities, function in society, and meet the ordinary demands of everyday life.
30. **Mental Illness:** A state of emotional and psychological unrest characterized by alterations in thinking, mood, and/or behavior, causing distress and/or impaired functioning.
31. **Motion:** A formal request for particular action. One member must take a motion and another member second for the group to discuss and vote on an issue before the group. Any member can make a motion.
32. **Outpatient:** A patient who receives medical and/or mental health treatment without being admitted to a hospital.
33. **Readings:** A technical term for three stages of a CGA bill's passage. The first reading is the initial committee referral, the second occurs when the bill is reported to the floor and tables for the calendar and printing, and the third when the bill is debated and voted on. At none of the stages is the bills text actually read aloud.
34. **Second:** To endorse a motion made by another member. Required for further consideration of the motion. Short session: The three-month CGA session held during even-numbered years.
35. **Statute:** Another name for a law. "The statutes" are the General Statutes of Connecticut.
36. **Supplemental Security Income (SSI):** A disability program of the Social Security Administration.
37. **Substance Abuse and Mental Health Services Administration (SAMHSA):** The mission of SAMHSA is to provide, through the U.S. Public health Services, a national focus for the Federal effort to promote effective strategies for the prevention and treatment of addictive and mental disorders. SAMHSA is primarily a grant-making organization, promoting knowledge and scientific state-of-theart practice. SAMHSA strives to reduce barriers to high quality, effective programs and services for individuals

who suffer from, or are at risk for, these disorders, as well as for their families and communities

Prevention Workgroup Operational and Engagement Rules

1. Membership & Roles

Workgroup Composition

- Members will include representatives from key stakeholders such as legislators, state agencies, school administrators, educators, mental health professionals, parents, students, and advocacy organizations.
- Participation is voluntary, but active engagement is expected.
- Additional members may be invited based on expertise and workgroup needs.

Roles & Responsibilities

- **Chair/Co-Chairs:** Lead meetings, set agendas, facilitate discussions, and ensure accountability.
- **Members:** Provide expertise, review policy proposals, participate in discussions, and contribute to assigned tasks.
- **TYJI Staff:** Handle scheduling, documentation, and logistical support.

2. Meeting Structure & Procedures

Frequency & Scheduling

- Meetings will be held at least once a month, with additional sessions scheduled as needed.
    - School-Based Workgroups are set to begin **April 7th, 2025**, and reoccur on the **first Monday of the month** from **3:00-4:30 PM**. All meetings will be virtual. Meeting agendas and the Zoom link will be sent out before the meeting, each month.
- Meetings may take place in person or virtually to accommodate accessibility.

Agenda & Documentation

- Agendas will be shared prior to each meeting to allow for preparation.
- Meeting minutes will be documented and distributed within one week following each meeting.
- Action items and follow-ups will be tracked to ensure accountability.

3. Decision-Making Process

Consensus-Based Approach

- The workgroup will prioritize consensus in policy recommendations and decisions.
- If consensus cannot be reached, differing viewpoints will be documented.

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4. Confidentiality

- As participants, we will respect the confidentiality of all discussions and information shared durin g the meeting. We will not disclose any sensitive or personal information outside of the meeting without explicit consent.

5. Respectful communication

- We will treat each other with respect and courtesy. We will use inclusive language and avoid any f orm of discrimination, bullying, or harassment. We will express disagreements constructively and respectfully.

6. Accountability

- We will take personal responsibility for our actions and commitments. We will follow through on agreed-upon tasks and deadlines. Should any of us be unable to fulfill a commitment, we will communicate openly and promptly to find a solution or reassign the task.

7. Meeting Conduct & Logistics

- Mute microphones when not speaking (for virtual meetings) and use chat features professionally.
- Follow the meeting agenda while allowing flexibility for emergent topics as needed.
- Submit agenda items in advance when possible to ensure efficient discussions.

DRAFT PREVENTION ANNUAL WORKGROUP WORKPLAN:

Workgroup Co Chairs: Ingrid Gillespie, Director of Prevention, Liberation Programs Inc & Pamela Mautte, Director, Alliance for Prevention & Wellness Program of BH Healthcare

Draft 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.

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, including trauma 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 Workgroup Goals:

- Identify meeting schedule, frequency of meetings, and meeting presentations with the workgroup
- Identify and finalize workgroup priorities with feedback from the workgroup
- Set terms of engagement and community engagement for the workgroup to set the tone and operationalize how we engage
- Establish a Workgroup Foundation
    - Set terms of engagement and community engagement for the workgroup to set the tone and operationalize how we engage
    - Create space for workgroup members to share their personal priorities, biases, or special interests that bring them to the workgroup, connect, feel a sense of belonging and discuss how that intersects with the priorities of the workgroup
    - Compile, discuss and share initial definitions important for active participation (defining primary, secondary, tertiary prevention
    - Level-set with the workgroup with an overview of progression or lack of prevention efforts across the State
- Review of 2025 TCB legislation with the workgroup, refine how this workgroup will monitor and track the passed legislation
    - For TCB recommendations that do not pass in legislation, the workgroup will identify how they would like to proceed on those specific recommendations.

Medium Term Workgroup Goals (2025):

- Identify and map preventative services in CT and evaluate the sustainability of the programs, program needs, and asses' barriers to services
    - Utilize expertise of the workgroup, resources, and presentations to build out mapping of services.
    - Identify barriers and needs of individuals who utilize those services
    - Identify community engagement efforts across the state, identify outreach and engagement strategies
    - Create a report card for CT-where are we with prevention efforts, what are we missing?
    - Review of funding for prevention programs, how are prevention efforts being funded across the State?
- Assess data collection methods for prevention services data in the State
    - Map out various data collection methods in a crosswalk
    - Identify best practices, best data collection methodologies for reporting, and identify barriers and gaps in data reporting
    - Create a report card for CT- what data are we lacking, what needs to be improved?
- Narrow in on the substance use data results from the services array survey and build opportunities for collaboration with DCF and OSAC and other key partners to develop policy and service recommendations.
- Operationalize how does the workgroup integrate work with the Prevention and School Based Workgroups (e.g., UConn Services Array Results, 2025 and 2026 recommendations
- Develop a set of 2026 draft recommendations with the workgroup and present recommendations to the TCB committee in fall of 2025
    - TCB leadership will review drafts and provide feedback
    - Draft Workgroup recommendations will be presented at the October TCB Meeting

**The development of 2026 recommendations is dependent on priorities, and progress within the group. If the group does come up with a set of recommendations, the decision to proceed with 2026 legislative recommendations package depends on committee and leadership feedback*

Long-Term Workgroup Goals (2025-2028):

*Other priority areas and strategies identified in the strategic plan will be added to the workplan annually

- Utilize the results of the services array to build sustainable recommendations and priorities in 2025, 2026, and in subsequent years.
- Utilize information from the workgroup to plan for 2026, 2027, and in subsequent years.

Meeting Schedule: Prevention Workgroups are set to Start April 17th, 2025, and recur on the third Thursday of the month from 3:00-4:30 PM. All meetings will be virtual. Meeting agendas and the zoom link will be sent out prior to the meeting each month.