Tow Youth Justice Institute

Making connections. Informing solutions.

April 7th, 2024
3:00-4:30PM
Zoom

TCB School Based Workgroup Agenda

1. **Introduction**
    a. Introducing Co-Chairs, TCB staff and members of the workgroup
    b. Workgroup Icebreaker
2. **Review of Materials**
    a. Standard Engagement & Operational Rules
    b. Discuss members' vision for terms of engagement and community engagement for this workgroup specifically (per workplan)
3. **Workplan Review and Discussion**
    a. Review Draft Workgroup Workplan
        i. Discuss opportunities to clarify school-based behavioral health services (personnel, models of care, key terms for glossary) for inclusion
        ii. Nominate additional workgroup invitees
    b. Feedback and Discussion
        i. Current 2 priorities
4. **Ideas for a 3rd priority**

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April 7th, 2025

3 PM – 4:30 PM

TCB School-Based Workgroup April Meeting Summary

Web based Meeting – Zoom

Attendees:
Ann Gionet
Carli Rocha-Reases
Christina M. Trani
Edith Boyle
Elizabeth Connors, PhD
Ellen Brevosky
Jennifer Nadeau
John Tarka
Katerina Vlahos
Katie Rudek
Kris Robles
Michael Powers
Shari L. Shapiro
Megan Bourguillon
Hilary May
Marissa Mangone
Allison Whitman
Christina L.Morales
Evan S. Dantos
Susan Israel
Melissa Hannequin
Juliana Chen, MD
Paula Feyerharm, RN
Stephanie Bozark
Kim Traveron
Allison Van Etten

TYJI Staff:
Erika Nowakowski
Emily Bohmbach
Jackie Marks
Stacey Olea

Meeting Objectives:

- Meeting Introduction
- Review of Workgroup Materials
- Workplan Review and Discussion

Meeting Summary:

1) **Meeting Introduction**
   a) Workgroup Co-chairs, TYJI Staff, and workgroup members introduced themselves, their roles and organizations, and shared what they are most excited about this spring/summer.
2) **Review of Materials**
   i) All workgroup items were sent in advance to the group. The Co-chairs introduced and projected the Draft 2025 workplan.
      (a) The workgroup chairs introduced the workgroup workplan with the workgroup members. All materials were sent prior to the meeting.
         (i) Time was spent defining what "school-based services" are, including how these services function and are funded within the state.

1. *"School-Based behavioral health services refer to a full array of multi-tiered behavioral health services and supports including promotion, prevention, early intervention, and treatment for students in general and special education and accomplished through school-community-family partnerships."*

(ii) The workgroup chairs then introduced the purpose statement of the group.

1. "*Promote mental health, well-being, and academic success for children birth to age 22 by increasing the read an 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 effecting, student- and family-centered, interventions and approaches which are culturally responsive, equitable, inclusive, and evidence-based.*"
    a. A Workgroup member provided a comment on the draft work plan and asked if there any words that we don't necessarily want to have in the workplan.
    b. Additionally, another workgroup member added that the Chief Equity and Opportunity Officer is putting a list together of words that can be used.

ii) A Workgroup Co-chair proceeded to identify the priorities of the workgroup. There are two legislative priorities for this workgroup.

- Commission a School Based Health Center Study
- Commission a School Based Behavioral Health Services study
- TBD with input from the community

iii) The Workgroup Co-chairs then continued with going through the short-term and medium-term goals of the workgroup.

(1) **Short Term Goals:** Establish a workgroup foundation
    (a) Set terms of engagement, community engagement, and operationalize how we engage
    (b) Create a space for workgroup members to share personal priorities, biases, or special interests that bring them to the workgroup to connect, feel a sense of belonging and discuss how that intersects with the priorities of the group.
    (c) Identify meeting schedule, frequency of meetings, and meeting presentations with the group
    (d) Finalize workgroup priorities

(2) **Medium Term Goals**:
    (a) Establish a workgroup foundation: The TCB Glossary was shared with the group, however, this has not been added to. Workgroup members provided

feedback on what terms should be added to the glossary. The workgroup will begin to map the alignment and differences of School Based Behavioral Health Services vs School Based Health Centers with the group.

(i) Workgroup Members were asked to send any terms that should be added to the glossary. The following terms were suggested:

1. Operationalize
2. FERPA (Family Educational Rights and Privacy Act)
3. HIPAA (Health Insurance Portability and Accountability Act)
4. Public Act
5. Special Education
6. Behavioral Health Assessment
7. IDEA (Individuals with Disabilities Education Act)
8. FAPE (Free Appropriate Public Education)
9. PPT (Planning and Placement Team)
10. IEP (Individualized Education Program)
11. SEL (Social-Emotional Learning)
12. Restorative Practices

(b) SBHC study design and monitor the implementation of the study: A Workgroup Co-chair, gave an overview of the SBHC Study, as well as the process for designing the study.

(c) School Based Behavioral Health Services Study: A Workgroup Co-chair gave an overview of the School Based Behavioral Health Services recommendation. This was generated around the question of how school based behavioral health services are funded, particularly billing criteria.

(d) Potential third priority: This priority will be determined by input from the workgroup.

iv) Workgroup Discussion

(1) TYJI staff mentioned that the Draft TCB Strategic Plan was released in March, and that all feedback should be sent by April 8th. The Draft Strategic Plan will be sent to the group following the meeting.

(2) Additionally, TYJI staff added that as we are in the midst of the legislative process, the workgroup may be asked to take things on as there may be immediate needs from State and/or National level.

(3) A workgroup member stated that the group should be calling out the climate and culture, unless there is a climate and culture what allows access, doesn't stigmatize, a lot of this work is not possible.

(4) A workgroup member added that we should ensure that student, parent, and family voice is embedded into the workgroup's work.

(5) A workgroup member stated that in regard to the priority one or two, that family wrap around support is included. Wrap around supports refers to how the school can provide resources to the family.

(a) A Workgroup Co-chair added that this would make sense under priority two, as it is focused on conducting a review of Medicaid and Private insurance billing.

Next Meeting: May 5th, 2025 3pm – 4:30 PM

Transforming Children's Behavioral Health Policy and Planning Committee

2025 – 2028 Strategic Plan

Tow Youth Justice Institute
University of New Haven

Contents

I. Acknowledgements

We are proud to present the strategic plan for the Transforming Children's Behavioral Health Policy and Planning Committee (TCB) that will guide their work through 2028. This plan **embodies the spirit** of collaboration across a multi-faceted array of stakeholders and represents the **extraordinary potential to bring about meaningful change** when a coalition of passionate and dedicated parties come together to strengthen Connecticut's children's behavioral health system to **ensure the best outcomes for all our children**.

We thank the TCB Tri-Chairs, who each bring a unique yet complimentary devotion and approach to the work that created an environment where all voices can be heard. We want to acknowledge the enthusiasm and dedication of the TCB Members, a diverse assembly of experts, stakeholders, and parents from across the state, and every individual who helped realize this plan by sharing their personal and professional experiences, knowledge, and expertise over the many months of meetings, presentations, focus groups, workshops, and working sessions. Their commitment to the idea that a sustainable, accessible, and high-quality behavioral health system is paramount to the well-being of all children is commendable and inspiring.

We acknowledge and thank the **many dedicated, hard-working, deeply caring originators of reform** who pioneered the creation of Connecticut's Children's Behavioral Health Plan, and the Children's Behavioral Health Plan Implementation Advisory Board who have graciously allowed us to work alongside them and whose groundbreaking efforts laid the foundation for our current work.

Tow Youth Justice Institute

II. Letter from the Tri-Chairs

Dear Members, Stakeholders, and Advocates,

It is with great honor and pride that we present the Transforming Children's Behavioral Health Policy and Planning Committee's (TCB) first strategic plan, a living document intentionally focused on our future, and intended to help guide us over the next three years.

We recognize that so much important work has been done in the area of children's behavioral health services in Connecticut over the last decade to create a broad array of services and resources. We understand that our children's needs continue as they age and develop, and that new needs arise. We have the expertise of dedicated state agencies committed to working alongside a strong network of providers, organizations, advocates, and advisory bodies, all of whom are working tirelessly for Connecticut's children and families. We also understand that our children's behavioral health system is facing a crisis that cannot be ignored, and even with our significant progress, more work is needed.

For some of us, we know this through personal experience. We have loved ones, friends, colleagues, or someone in our community who has been impacted by behavioral health issues and the growing challenges they face getting the services and resources they need. These challenges and needs became acutely apparent during COVID and continued as we emerged from the pandemic. It is critical that the system(s) and communities that play such crucial roles in our children's care and growth are prepared to identify, early, any developmental and or emotional needs our children may face.

The TCB was created as a vehicle for action and re-calibration to strengthen and make sustainable our children's behavioral health system through policy and legislative action, ensuring Connecticut's children's behavioral health system is responsive to each community.

As a body we are tasked to consider both the micro of the very personal, one-on-one work done with children and families, and the macro of aligning and strengthening the complex system of care and its many parts that treat them, including the deeply invested funder and provider networks. Working together, we all believe it's possible to reconcile the two to create a high performing, stronger system of services.

The TCB is composed of an extraordinarily diverse group of stakeholders from every area and level of expertise, all of whom are dedicated to a nuanced and intentional approach to our work. We witnessed this in the first year of preparation that went into creating this strategic plan and first round of legislative recommendations. The work wasn't just done in the monthly planning meetings. It was done in the workgroup

sessions, in workshops, focus groups, through data collection, and research, proving that as active members committed to a shared ideal centered on the wellbeing of our children and their family, we can get things done.

We are here to improve our children's outcomes. There is much to do, much more than can be accomplished with one strategic plan or one round of legislative recommendations. Remember: we are only at the beginning of this extraordinary journey, and it will take all of us learning together and collaborating to earn each 'win' as we stabilize, strengthen, and make our children's behavioral health system responsive and sustainable.

Sincerely,

Senator Ceci Maher

Representative Tammy Exum

Claudio Gualtieri, Office of Policy & Management, Senior Policy Advisor

TCB Tri-Chairs

III. Mission Statement and Purpose

Mission

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.

Purpose

The Transforming Children's Behavioral Health Policy and Planning Committee ("TCB") was established in 2023 by Public Act 23-90 and mandated to evaluate the availability and effectiveness of prevention, early intervention, and treatment services for children's behavioral health, substance use disorders, and general well-being of children aged from birth to eighteen. **Through targeted recommendations** to the General Assembly and executive agencies, the TCB may propose necessary actions to improve: (1) developmental and behavioral health outcomes for children, (2) facilitate transparency and accountability across state agencies, community-based organizations, and institutional providers, and (3) promote policies to advance data sharing and reporting between state agencies and state-funded programs. The law further directs the committee to assess and identify:

1. Statutory and Budgetary changes to improve the children's behavioral health system.
2. Service Delivery Gaps and other missed opportunities to advance the State's ability to offer families a set of streamlined, accessible, and responsive solutions.
3. Strengths and Barriers that either support or hinder children's behavioral health care.
4. School-Based Behavioral Health Efforts that collaboratively support efforts to improve behavioral health outcomes for children.

5. Disproportionate Behavioral Health Access and Outcomes for children of color and those in underserved communities such as rural parts of the state.
6. Disproportionate access and outcomes across the behavioral health care system for children with developmental and intellectual disabilities.
7. Quality Assurance framework(s) to maintain timely data analytics to improve both private and publicly operated behavioral health services, facilities, and programs capacity to streamline and centralize processes and operations with accountability and agility.
8. Governance Structure to align state public policy and healthcare goals to ensure that all children and families, in urban, rural, and all other areas of the state, can access high-quality behavioral health care regardless of their ability to pay.
9. Sustainable Workforce Needs to support the evolving behavioral health needs of children.

While the enacting legislation sets out a comprehensive agenda, the **TCB builds on the substantial progress** made by statewide children's behavioral health initiatives over the years. The TCB aims to propel this work forward and support efforts to increase collaboration, strengthen partnerships, and align systems that will ensure a strong and sustainable behavioral health system that prevents, identifies, and addresses the behavioral health needs of all children in Connecticut.

IV. Operationalization of the TCB

A. Leadership

The committee is led by Tri-Chairs, Representative Tammy Exum, Senator Ceci Maher, and Policy Advisor Claudio Gualtieri, who have together, fostered a positive and inclusive environment and maintained open communication between members, workgroups, government agencies, and the legislature.

Tammy Exum
State Representative, Deputy Majority Leader

"I am not an expert in behavioral health; I am a mom who has experienced the entire spectrum of the behavioral health service system, and what I found was broken, and that children and families were falling through the cracks at every conceivable point along the way. As a legislator and a Tri-Chair, I am laser-focused on operationalizing the 2022 legislation that will build the best, most comprehensive system we can."

Ceci Maher
State Senator, Deputy President Pro Tempore

"We need to create a system that works not just for the well-to-do residents of Fairfield County but for all residents, especially those who don't know where to turn, and who don't know how to get the help they need. If we smooth the path of accessibility for the most underserved; we smooth the path for everyone."

Claudio Gualtieri
Office of Policy & Management, Senior Policy Advisor

"The North Star for me is how do we make lasting and meaningful change sustainable so that the next generation won't be vulnerable."

B. Administrators

The Tow Youth Justice Institute (TYJI) at the University of New Haven administers and oversees the work of TCB. In operationalizing the TCB, TYJI is dedicated to facilitating and strengthening collaborations across a complex network of oversight bodies, stakeholders, and agencies in Connecticut's Behavioral Health Services System to ensure that information remains accurate, relevant, and at the forefront of the field.

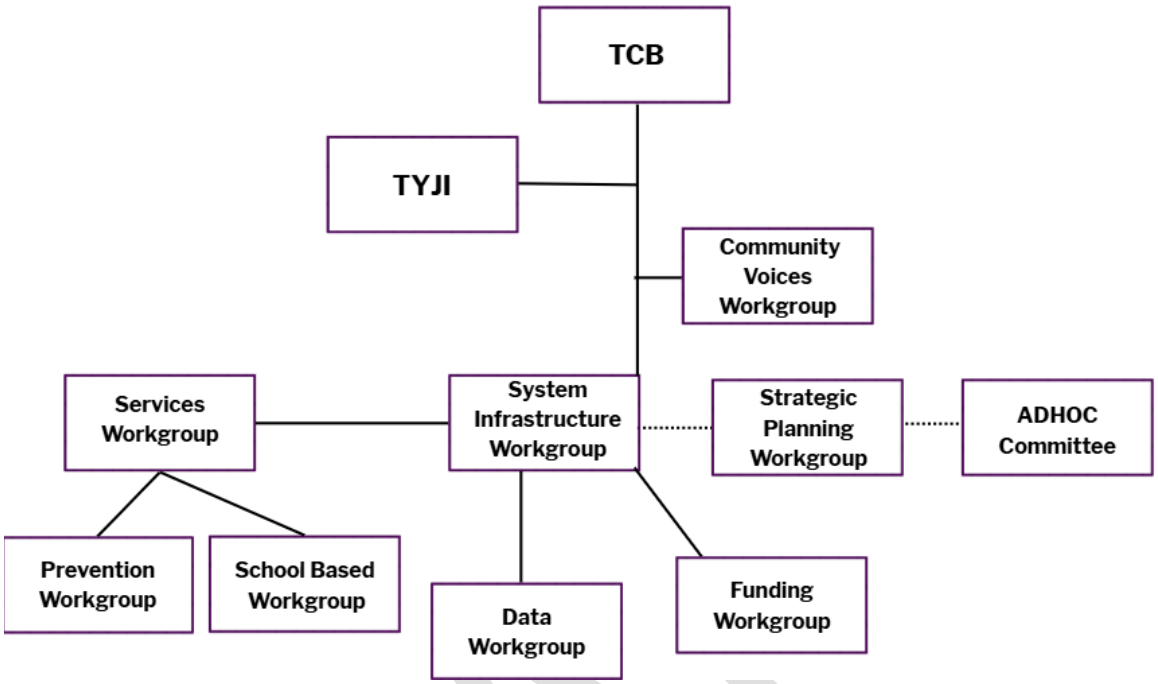
Erika Nowakowski
MSW, Executive Director

Emily Bohmbach
MPH, Senior Project Manager

Jacqueline Marks
Project Coordinator

Stacey Olea
Project Coordinator

C. Committee Structure



D. TCB Members

The TCB is a **diverse multi-sector body**, whose 51 members draw on a vast array of experience and expertise and include representatives of Connecticut's legislative body, state agencies and departments, non-profit behavioral health organizations serving Connecticut's children, and individuals with lived experience. **Collaboration is key.** The TCB is committed to making sure that all voices are both heard and valued, and to translating all the aspirations for policy changes, the data collected, the conversations that have taken place over the last decade, and all the great work, into legislative recommendations and actions that will bring about lasting and meaningful change. It is a body that has proven since its inception that it can provide opportunities and connections to bring it all together and turn potential into action.

E. Workgroups

Workgroups within the TCB are **the "roll up your sleeves" teams** that come together throughout the year to develop workplans, identify priorities and draft legislative, policy and fiscal recommendations for the TCB committee to consider for the upcoming legislative session. The committee identified the need to focus on the financing of the

behavioral health system and have embedded an annual review of system financing in the workplans of all workgroups. **There are four active workgroups**, System Infrastructure, Services, School-Based, and Prevention. Each workgroup has their own set of goals and priorities identified below. Additionally, the committee has established a Community Voices Workgroup and is working to build an ADHOC Committee to monitor national policy impact and response.

- **System Infrastructure Workgroup**

  Workgroup Co Chairs: *Alice Forrester, PhD, Chief Executive Officer, Clifford Beers Community Health Partners & Jason Lang, PhD, Chief Program Officer, CHDI*

  The System Infrastructure's role is to 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 the availability of a diverse set of services and trained service providers, the coordination of services, systematic knowledge, channels of communication, and funding for sustainability.

- **Services Workgroup**

  Workgroup Co-Chairs: *Edith Boyle, LCSW, President and Chief Executive Officer, LifeBridge Community Services & Yann Poncin, MD, Associate Professor and Vice Chair of Clinical Affairs in the Child Study Center*

  The Services Workgroup is focused on ensuring 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.

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

  The Prevention is committed to strengthening children's behavioral health prevention services and programming. It will collaborate to identify challenges, examine solutions, and provide advisory recommendations to enhance prevention efforts statewide.

- **School-Based Workgroup**

  Workgroup Co Chairs: *Dr. Elizabeth Connors, Associate Professor of Psychiatry, Division of Prevention and Community Research, Yale School of Medicine & Katerina Vlahos, Executive Director, Bridgeport Prospers*

  The School-Based Workgroup will 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 multi-disciplinary 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.

F. Legislative Recommendations

As a vehicle for reform, the TCB developed its first round of Legislative Recommendations in tandem to the strategic plan and informed by a robust and rigorous process that included workgroups, monthly presentations, feedback from critical stakeholders, research, and evidence-based best practices.

The TCB's 2025 proposed recommendations seek to accelerate efforts to achieve greater value and improve health outcomes for children and families in Connecticut.

Summary of recommendations

- Children's Medicaid Behavioral Health Reimbursement Rate
- Workforce Stabilization
- Autism Spectrum Disorder
- Continuum of Crisis Services Study
- School-Based Health Center study
- School-Behavioral Health Services

V. Strategic Planning Process

A. Introduction

Creating a strong and sustainable children's behavioral health system is **an enormous undertaking that requires coordination and collaboration** across a complex array of agencies, committees, and providers. Connecticut has worked for over two decades to build a sustainable children's behavioral health system. In more recent years, the 2018 Federal Family First Prevention Services Act prioritized family-based prevention services that led to Connecticut's federally approved Family First Prevention Plan in 2019. However, the COVID-19 pandemic in 2020 exposed critical vulnerabilities in the system that amplified workforce shortages and service demand and revealed access disparities as service needs peaked.

By 2021, the children's behavioral healthcare system was in crisis and clearly failing children and families. The lack of coordination, accessibility, and services were being acutely felt by families across the socio-economic spectrum to the point that families were seeking services outside of the state. In response, in 2022, both chambers of the Connecticut Legislature passed by unanimous vote the **landmark Public Act number 22-47**, signed into law by the executive branch, that committed a $300 million investment to help establish and support urgent crisis centers (UCCs), fund 24/7 emergency mobile crisis services, establish the 988 helpline, and provide respite grants to children when no insurance coverage was available, among other initiatives. It also established the Transforming Children's Behavioral Health Policy and Planning Committee as a vehicle for evaluating needs and gaps and taking the necessary action to make legislative recommendations that would align and implement new initiatives with past ones.

B. Planning Process

In 2024, the TCB began work on this strategic plan in a very nuanced and intentional way. The Plan was developed through a deliberate, comprehensive, and collaborative process led by the Tow Youth Justice Institute and the TCB Strategic Planning Workgroup that engaged stakeholders, nonprofits, advocates, children and families, and national experts, conducted extensive fact-finding, and facilitated workshops.

Members set out to take the responsibility of the Behavioral Health System for children by acknowledging the shortcomings of the current system and committing to making real improvements so that children and families have easy access to the support they need, when they need it to help them survive and thrive in their communities.

The process included **months of meaningful and difficult conversations**, not dominated by the few people who know a single program or issue best, but by a consensus of dedicated people united by a **core idea**—*to develop a realistic, working document that would both guide their work for the next three years and lay an important foundation of collaboration and alignment to strengthen and make a sustainable children's behavioral health system.*

Experts guided various one-day virtual level setting workshops to help members and stakeholders develop the focus of the Strategic Plan, enable informed decision-making, and inspire realistic and practical revisions. In addition, members provided input on what information, data, issues, were missing and explored opportunities to leverage stakeholder voices and encourage engagement with an emphasis on the expertise and voices with lived experience to inform their work.

- On January 5th, 2024, the TCB Strategic Plan Workgroup hosted an all-day "level setting" workshop at Middlesex Community College.
- On June 3rd, 2024, the TCB Strategic Planning Workgroup put on an all-day strategic planning session.
- On October 16th, the workgroup hosted an in-person strategic planning lunch.
- On November 14th, the workgroup hosted a final virtual session.

**Surveys were utilized as a tool for voting on mission and purpose statements, and priorities*

Collaboration and inclusion drove the process, combined with the underlying notion that developing the strategic plan, accompanying mission statement, and legislative recommendations would be an opportunity for learning and sharing expertise and experiences while inspiring creative and innovative solutions.

VI. Strategic Priorities

The strategic plan is meant to be a **roadmap to guide the TCB's work** over the next three years. As a **"living document"**, it will evolve and adapt as external changes occur (e.g., elections of new state leadership, changes in local, state, and federal funding and budgets) as well as internal ones (e.g., the addition of new TCB members and consultants with specific expertise). This allows the TCB the flexibility to respond to new challenges and positive opportunities as they arise within the overall framework of the work ahead.

The extensive work done during this strategic planning process has defined the following goals for the 2025 – 2028 work of the TCB. Within each goal, the priorities are the key areas of focus, the strategies are the action steps needed toward achieving the goal, and the objectives are the intentions of each workgroup.

System Infrastructure

- Funding Goal:
  Enhance the children's behavioral health system by increasing and sustaining state funding through state and commercial payors
- Data Goal:
  Implement a comprehensive data collection, reporting and analysis system across the state.
- Workforce Goal:
  Strengthen, grow and stabilize the children's behavioral health workforce.
- Governance Goal:
  Increase efficiency and transparency in children's behavioral health.

Services

- School-based Services Goal:
  Expand access to school-based services for all students in Connecticut.
- Prevention Goal:
  Increase access to preventive behavioral health services and ensure early identification for all children.
- 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).

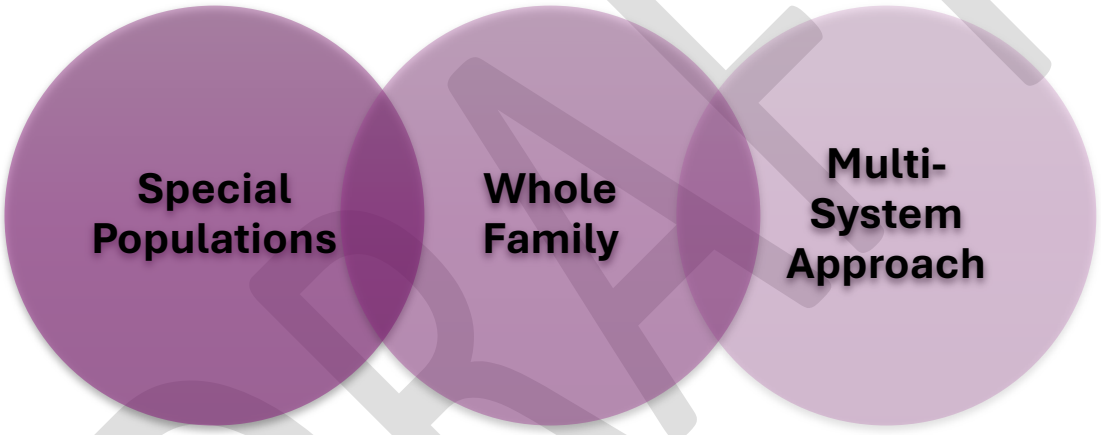
Overarching Framework

- Special Populations Goal:
  Establish a children's behavioral health system that addresses the diverse medical and cultural needs of all children.

- Whole Family Goal:
  Provide family-centered, comprehensive behavioral health services to children and families in their natural environments.
- Multi-System Approach Goal:
  Enhance resource sharing and collaboration among network providers to maximize efficiency and avoid duplication of efforts.

A. Overarching Framework

In the process of developing this plan, the TCB members identified **three themes to be infused in all aspects of this strategic plan** and TCB's efforts. Within each workgroup, these are strategies that need to be included in the activities and considerations to ensure equitable and sustainable outcomes.



Special Populations Goal:

Establish a children's behavioral health system that addresses the diverse developmental and cultural needs of all children.

Strategies

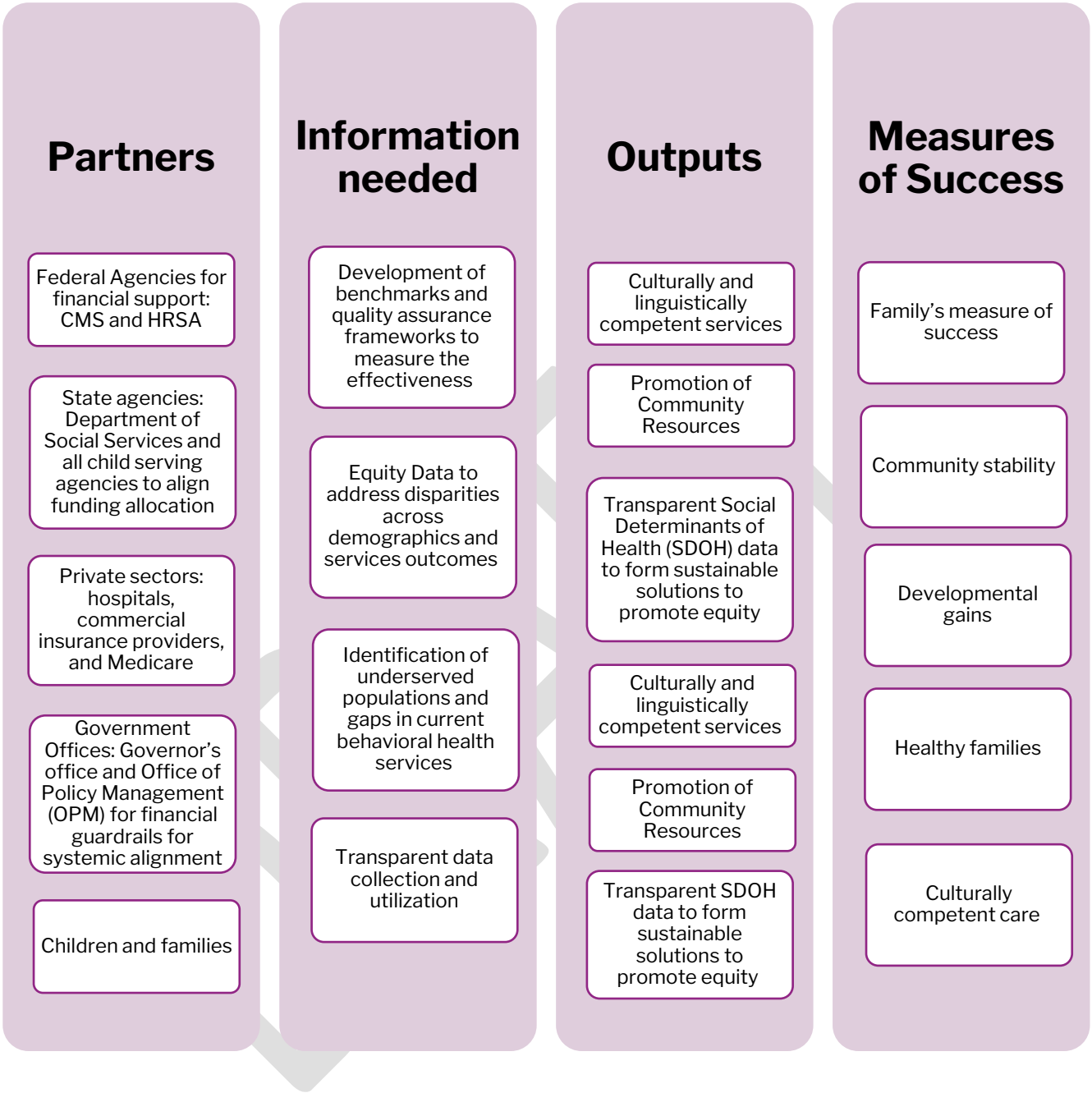
- Develop training teams in cultural competency and trauma-informed care.
- Identify children's behavioral health demographic data collection methods across the State.
- Evaluate children's behavioral health data across the continuum.
- Identify measures of success.
- Monitor impact on the population.

- Assess engagement of the population.
- Incorporate plans for corrective action if needed.
- Identify underserved populations.
- Identify gaps in services and barriers to care.
- Ensure data is public for transparent utilization and communication across the behavioral health system.
- Identify barriers to implementing training across the system.
- Promote culturally and linguistically competent services that reflect diverse backgrounds and populations served.
- Support the successful transition of children into adulthood by providing developmentally appropriate care.
- Review of publicly available studies in Connecticut.

Objectives

- Support the successful transition of children into adulthood by providing developmentally appropriate care that fosters increasing independence.
- Promote cultural and linguistically competent services that reflect the diverse backgrounds of populations served, enhancing access, and eliminating disparities in care.
- Need for a comprehensive and inclusive children's behavioral health system that addresses the diverse medical and cultural needs of all children, particularly vulnerable populations like young children, victims of sexual abuse, and those with disabilities.
- Support the successful transition of youth into adulthood by providing developmentally appropriate care that fosters increasing independence.

Special Populations Goal



Whole Family Goal:

Provide family-centered, comprehensive behavioral health services to children and families in their natural environments.

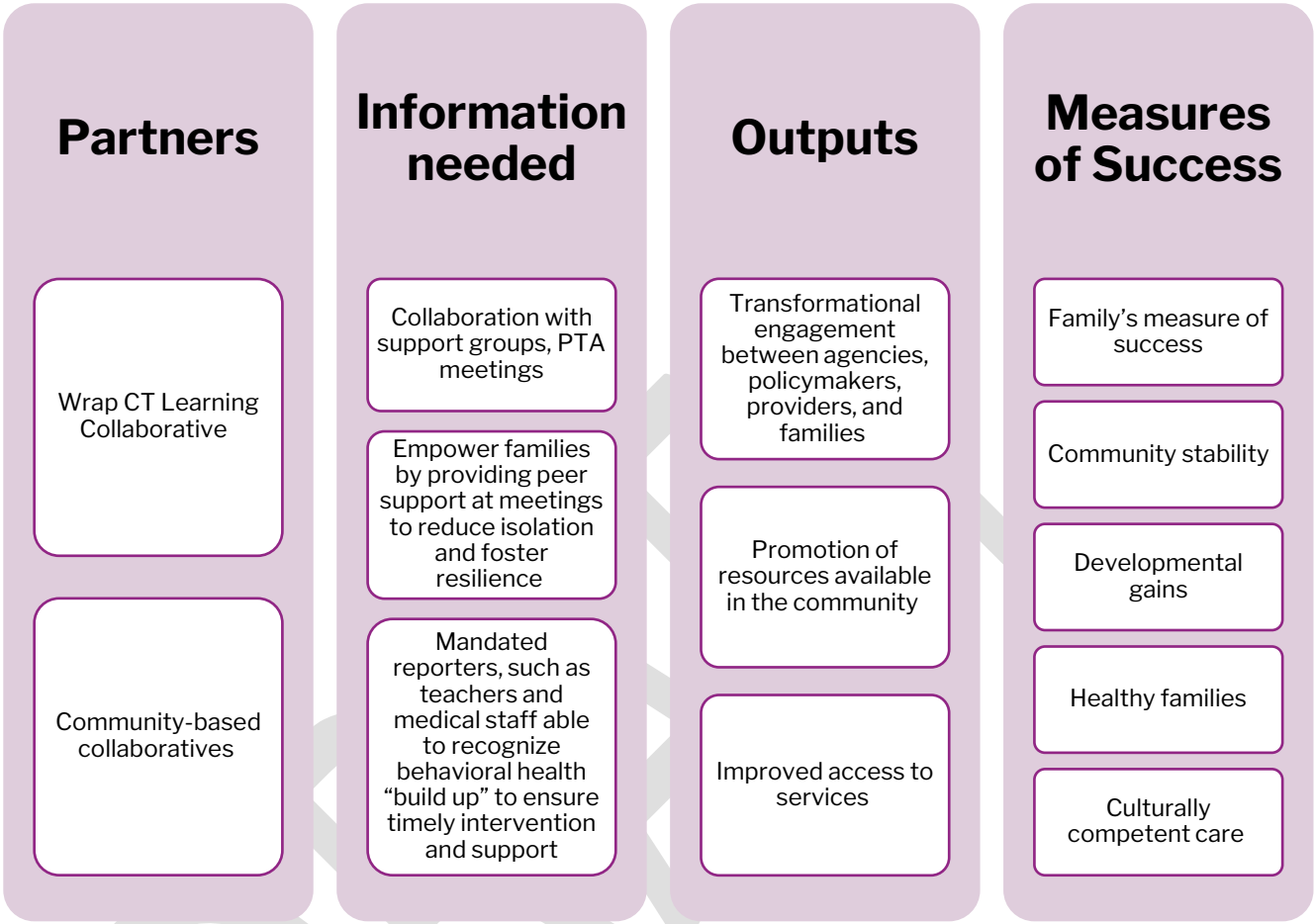
Strategies

- Obtain input and feedback from those with lived experience (families, providers, CBOs).
    - Build connections with support groups, Parent Teacher Associations, Community Based Organizations (CBOs).
    - Share resources and build a sustainable power dynamic between the TCB and those providing their lived experience.
    - Develop a space for those with lived experience to be fully involved in our work.
- Empower families by providing peer support at meetings to reduce isolation and foster resilience.
    - Incentivize families to sustain transformational engagement.
    - Create a safe space for families by providing peer supports, and offer a diverse array of services, including both traditional and innovative approaches to address the holistic needs of children and families.
- Review publicly available studies in Connecticut.

Objectives

- Decrease the average out-of-pocket costs for families seeking children's behavioral health services to improve access to care.
- Increase family awareness of available community-based services and supports.
- Ensure accessible and comprehensive support for children and families by providing a diverse and flexible array of services to address holistic needs through both traditional and innovative approaches.
- Provide individualized care that is tailored to the unique needs of each child, considering their developmental stage, cultural background, and individual circumstances.
- Empower families to actively participate in decision-making and treatment planning.

Whole Family Goal



Multi-System Approach Goal:

Enhance resource sharing and collaboration among network providers to maximize efficiency and avoid duplication of efforts.

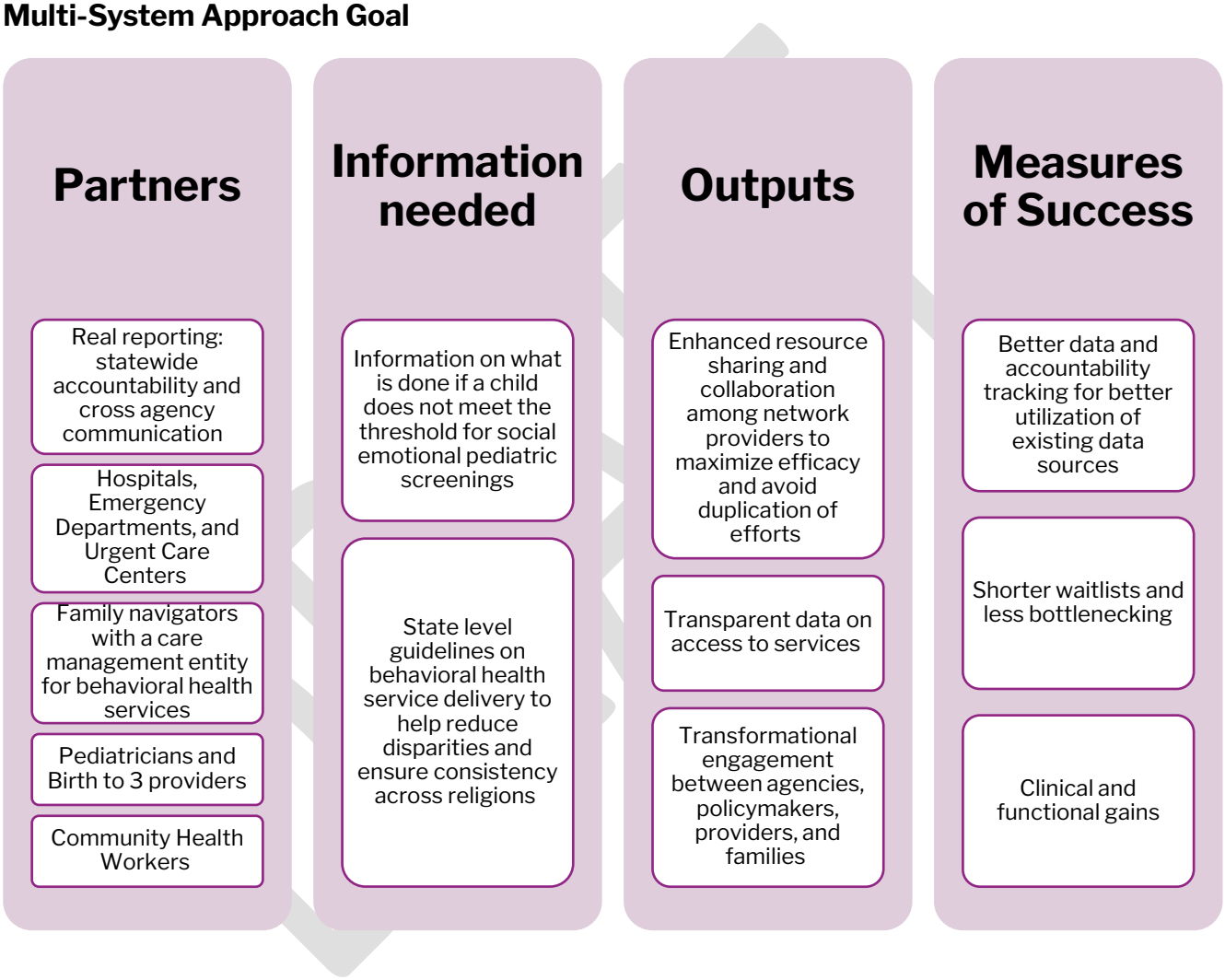
Strategies

- Integrate pediatric and behavioral health care to provide comprehensive and holistic care.
- Review publicly available studies in Connecticut.
- Enhance resource sharing to maximize efficiency and avoid duplication of efforts.
- Improve network access and quality.

Objectives

- Transparent data collection methodology to evaluate what happens to social emotional psychiatric screenings.
- Evaluation of outcomes of social emotional psychiatric screenings to determine what is often diagnosed and prescribed.

Multi-System Approach Goal

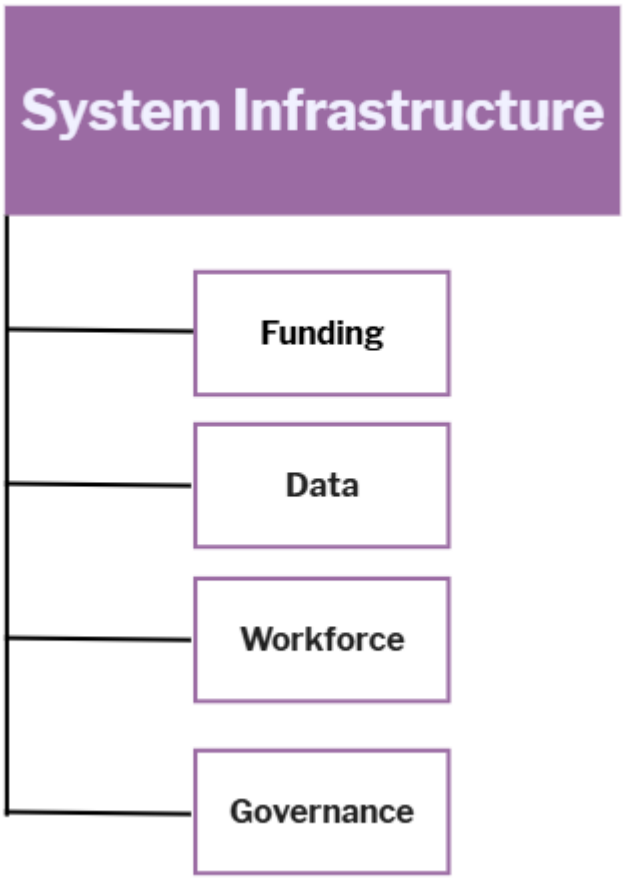


B. System Infrastructure

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

the availability of a diverse set of services and trained service providers, the coordination of services, systematic knowledge, channels of communication, and funding for sustainability. Areas of focus include funding, data, workforce and governance.



Funding Goal:

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

**Fiscal review, analysis and impact will be embedded within each workgroup and will be part of the evaluations of any recommendation prior to the delivery of any TCB recommendations.*

Strategies

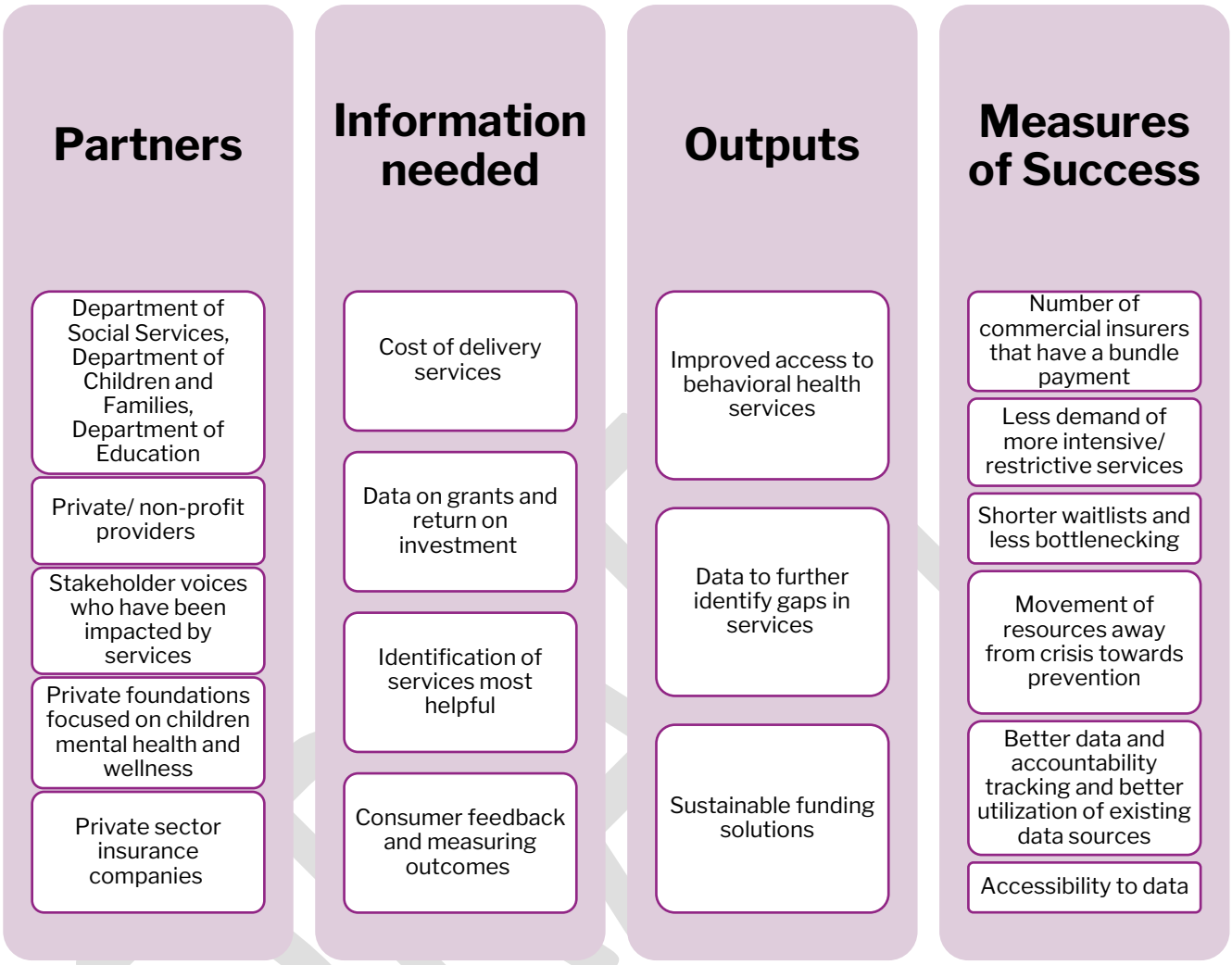
- Develop a fiscal map of the cost of delivery services.

    - Identify variations of costs of services.
    - Identify gaps and barriers to services.
    - Identify steps/policies to streamline service delivery.
- Gather data on grants relevant to childrens behavioral health.
    - Identify return on investment of grants.
- Develop a fiscal map of services throughout the state and what insurance is accepted within each service.
    - Identify gaps and barriers to care.
    - Develop recommendations to ensure comprehensive insurance coverage.
    - Develop a fair rate setting process for providers.
    - Explore innovative funding models to guarantee long term system changes.
- Review publicly available studies in Connecticut and nationally.

Objectives

- Advocate for increased and sustained state funding for children's behavioral health services.
- Develop a rate-setting process that ensures reimbursement rates adequately cover the actual costs of providing quality care.
- Ensure that all insurance plans cover a comprehensive range of behavioral health services for children, including individual therapy, family therapy, group therapy, medication management, and crisis services.
- Explore and implement innovative funding models (e.g., blended and braided funding, pay-for-success) to diversify funding streams and ensure the long-term financial stability of the children's behavioral health system.
- Streamline funding and service delivery processes across key state agencies involved in children's behavioral health care.

Funding Goal



Data Goal:

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

**Data review, analysis and impact will be embedded within each workgroup and will be part of the evaluations of any recommendation prior to the delivery of any TCB recommendations.*

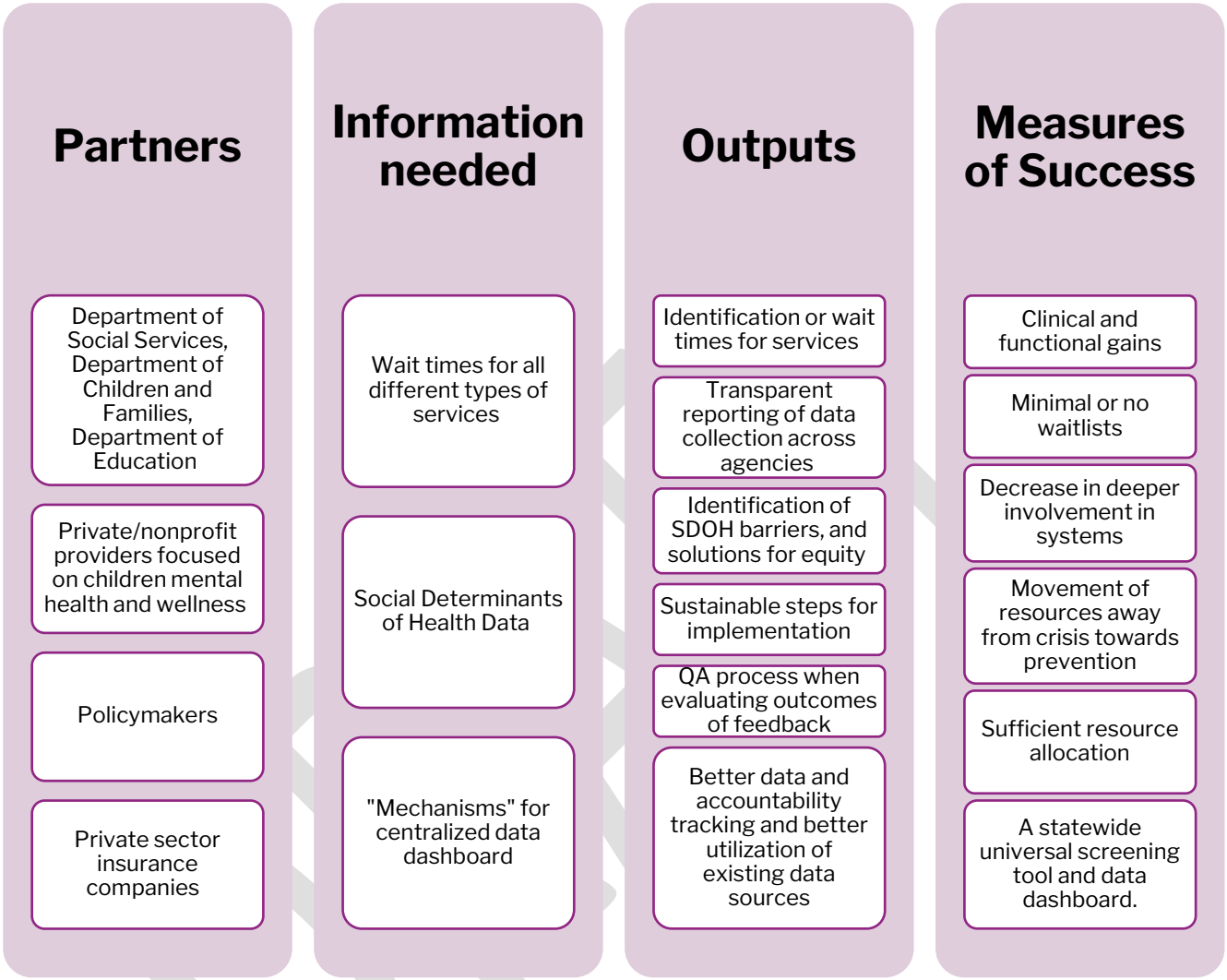
Strategies

- Develop a centralized repository or dashboard to streamline data collection.
    - Develop clear metrics and standards to measure progress
    - Map out benchmarks from other States, identify how Connecticut compares
    - Increasing transparency and accountability in behavioral health services by developing a public data dashboard that provides accessibility. information and creates reporting expectations across state agencies and funding systems.
- Gather data regarding wait times for all services in the behavioral health system.
    - Identify barriers to care, gaps in services.
    - Develop action steps/policy changes to ensure timely access to care.
    - Utilizing data to make system level decisions across agencies.
- Review publicly available studies in Connecticut.

Objectives

- Utilize data to make system level decisions across agencies and identify data collection and services duplication.
- Increase transparency and accountability in behavioral health services by developing a public data dashboard that provides accessible information and creates reporting expectations across state agencies and funding systems.
- Promote better behavioral health outcomes for children and families by measuring progress, aligning efforts with clear goals, and optimizing resource allocation.
- Streamline data reporting expectations across state agencies and funding systems to minimize administrative burden on providers while ensuring high-quality data collection.
- Develop and implement tools to support data-driven decision- making in behavioral health.
- Ensure data collection aligns with clear goals and reducing unnecessary metrics will help optimize resources while driving improved behavioral health outcomes for children and families across the state.
- Track service utilization across the system to identify areas of overlap and streamline care pathways.
- Measure and improve client outcomes.

Data Goal


Partners
Department of Social Services, Department of Children and Families, Department of Education
Private/nonprofit providers focused on children mental health and wellness
Policymakers
Private sector insurance companies
Information needed
Wait times for all different types of services
Social Determinants of Health Data
"Mechanisms" for centralized data dashboard
Outputs
Identification or wait times for services
Transparent reporting of data collection across agencies
Identification of SDOH barriers, and solutions for equity
Sustainable steps for implementation
QA process when evaluating outcomes of feedback
Better data and accountability tracking and better utilization of existing data sources
Measures of Success
Clinical and functional gains
Minimal or no waitlists
Decrease in deeper involvement in systems
Movement of resources away from crisis towards prevention
Sufficient resource allocation
A statewide universal screening tool and data dashboard.

Workforce Goal:

Strengthen and stabilize the children's behavioral health workforce.

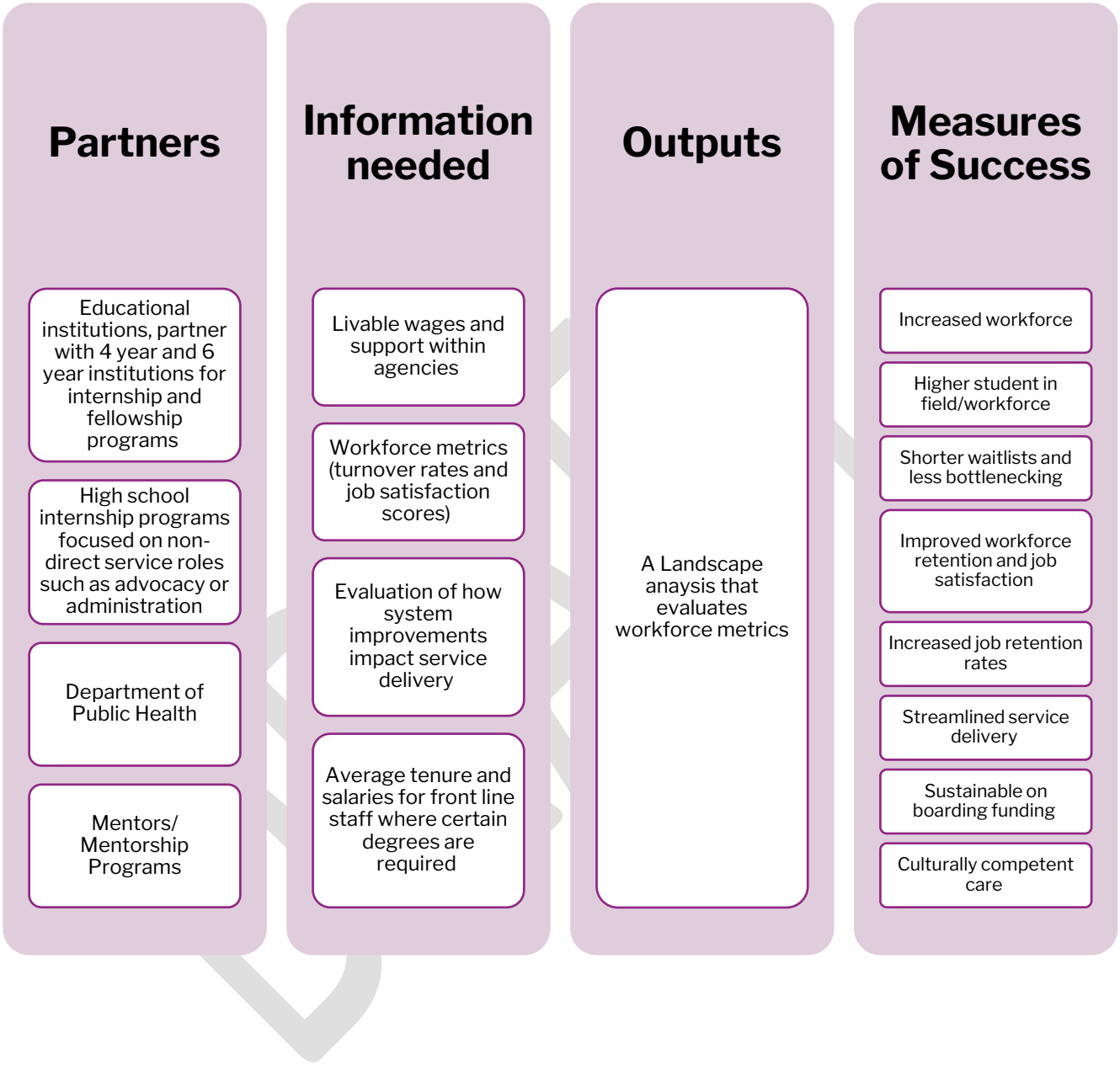
Strategies

- Provide incentives to attract and retain workforce professionals.
- Continue to explore and implement interstate health license compacts to make it easier for practitioners to practice across state lines and deliver telehealth services
- Increase the number of workforce professionals.
- Promote diversity and inclusivity in the workforce to reflect the communities served.
- Eliminate obstacles hindering workforce entry, retention, and service delivery.
- Ensure systems in place are sustainable, collect feedback from health systems and organizations.
- Adjust wages to match inflation and enviornment changes.
- Review of publicly available studies in Connecticut.

Objectives

- Make significant investments in retention and recruitment.
- Provide incentives to attract and retain professionals in the field, such as loan repayment programs and competitive salaries.
- Promote a diverse and inclusive workforce that reflects the communities served.
- Eliminate obstacles that hinder workforce entry, retention, and effective service delivery.
- Invest in training and education programs to increase the number of qualified behavioral health professionals, particularly in underserved areas.
- Develop requirements and structure for behavioral healthcare programs including:
    - Evaluating requirements of internship programs.
    - Identifying barriers.
    - Developing a set of sustainable requirements that work for the healthcare centers, students, and universities.
- Build partnerships with universities and colleges to create pipelines for internships and fellowships in school-based care.

Workforce Goal



Governance Goal:

Increase efficiency and transparency in children's behavioral health.

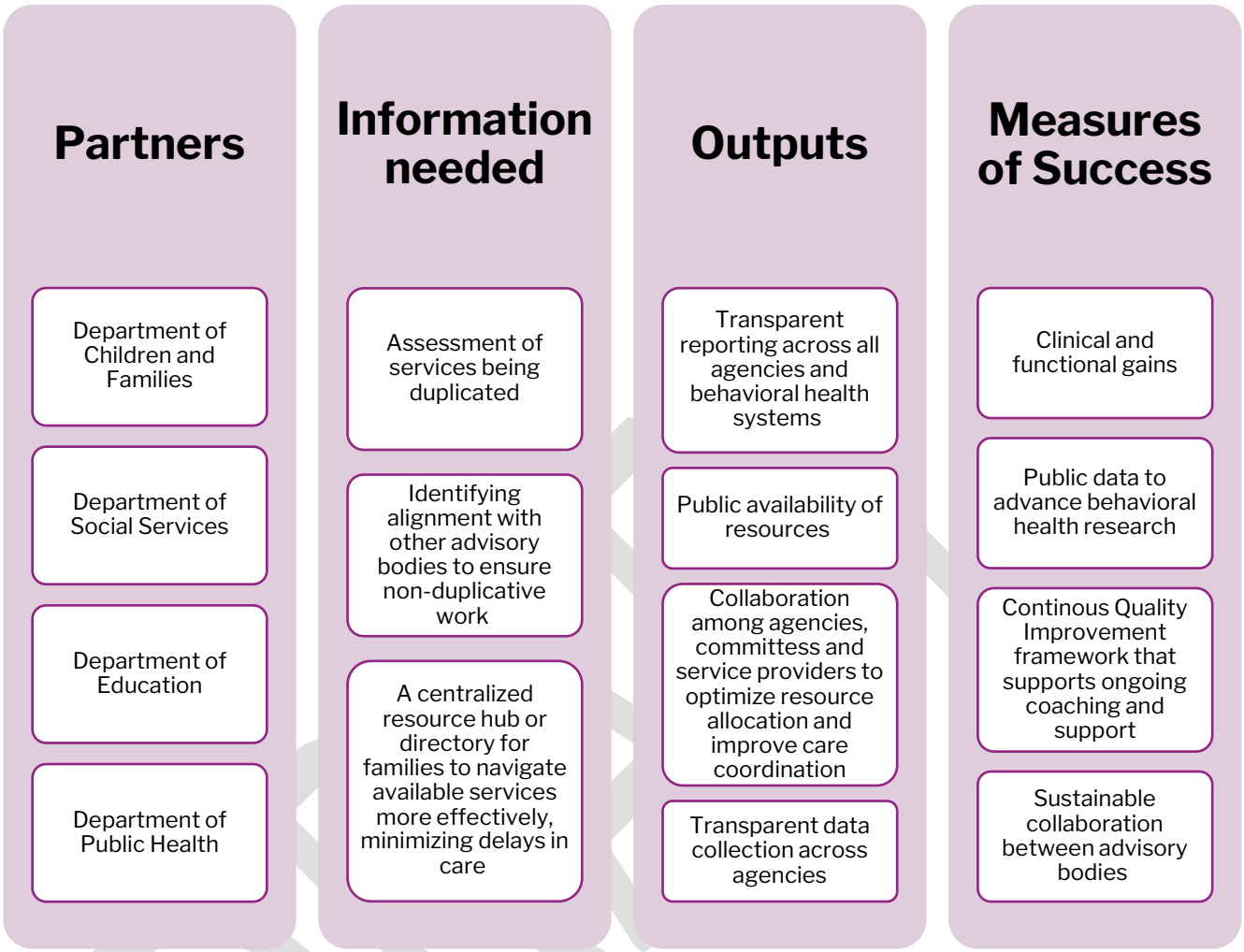
Strategies

- Evaluate systems of care efforts in the State and nationally through presentations, workgroup expertise, and resources provided by the membership.
- Create a roadmap of the data to evaluate how data is being collected
    - Identify gaps in care
- Develop and maintain a glossary of terms regarding systems of care/community of care, and other applicable terms to ensure the membership is aligned on definitions and level-set scope of work for the workgroup
- Review of publicly available studies in Connecticut.
- Create a crosswalk of models and services throughout the state, to identify gaps in services and barriers to care
    - Utilize other state examples of systems of care models (Ohio, Oregon) and compare models to Connecticut crosswalk
    - Review how systems of care models in Connecticut can be advanced and altered to model the work of other states
- Conduct a thorough review of children's behavioral health data (access, quality & outcomes)

Objectives

- Ensure seamless communication and coordination on children's behavioral health issues across all relevant committees.
- Maximize the use of existing resources by improving coordination and collaboration among different agencies and service providers.
- Increase transparency and accountability.

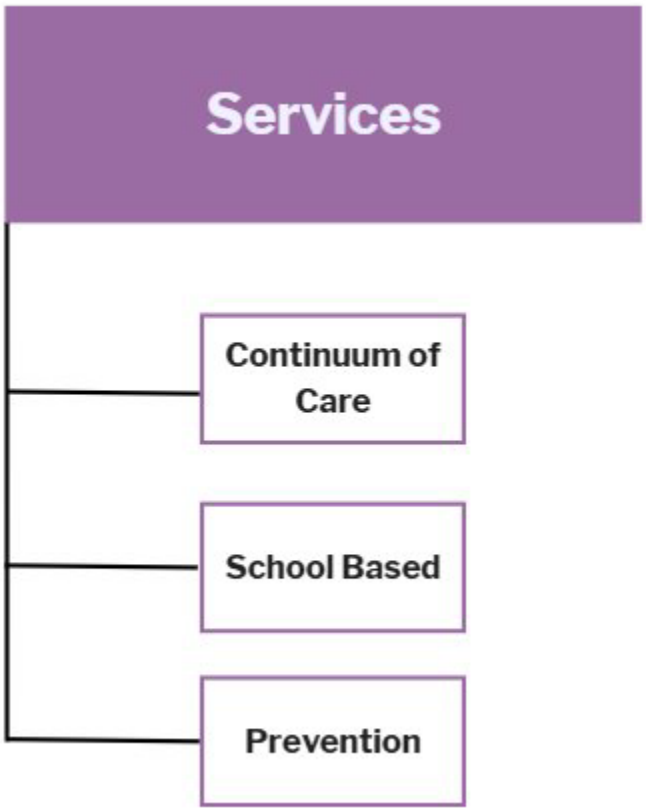
Governance Goal



C. 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. They have identified the following 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).

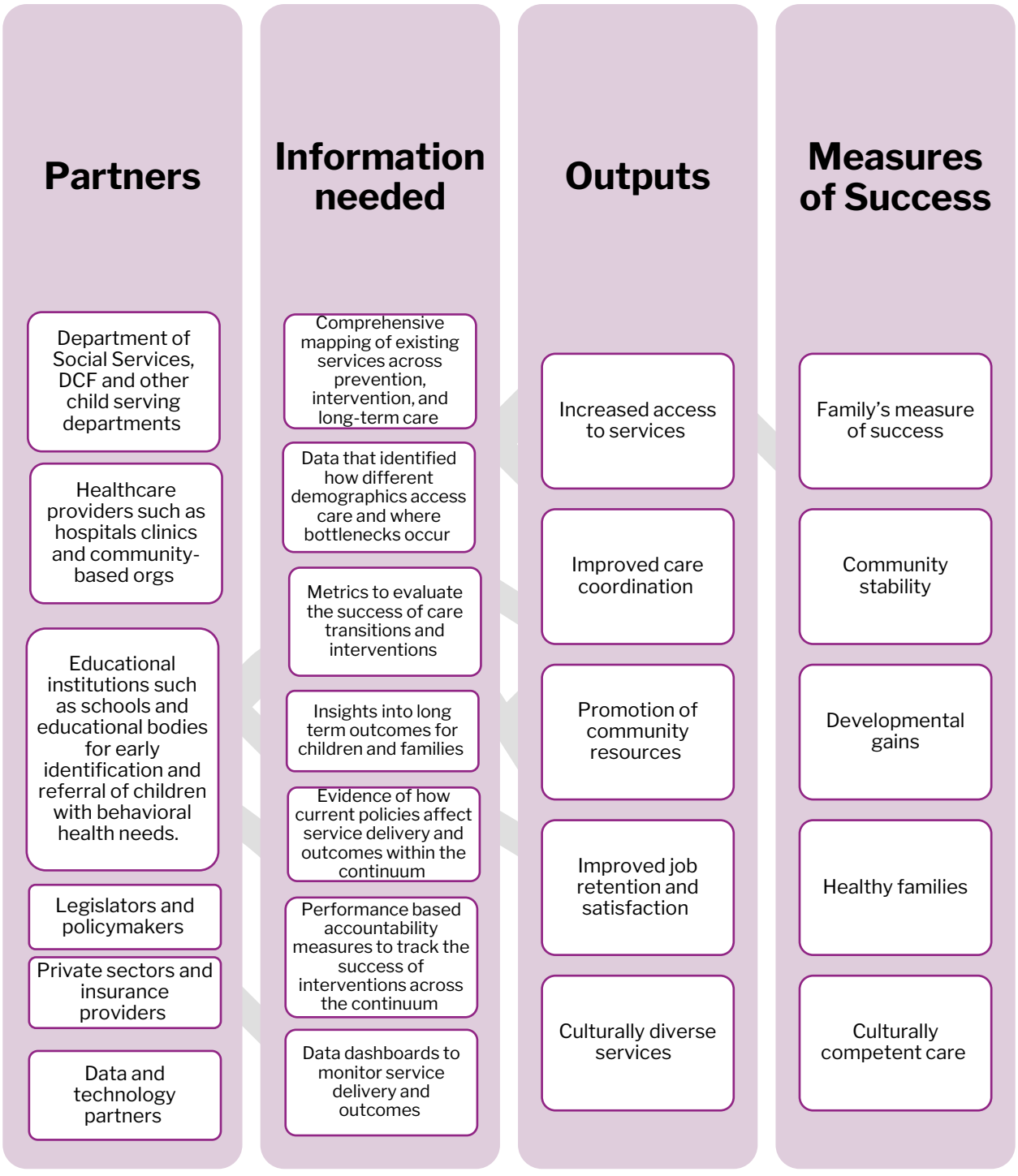
Strategies

- Decrease average wait times across all service care settings.
- Expand access to treatment for substance abuse for all ages.
- Diversify and expand access to the full continuum of care, including higher levels of care, sustainable outpatient clinics, and intermediate options (intensive outpatient programs).
- Improve Care Coordination for multi-system involved children and families.
- Enhance investments for non-traditional support systems (peer support, respite care, care coordination, and mobile responses).
- Explore and invest in telehealth and other technology-based solutions to increase access to care, especially in rural or remote areas.
- Review of publicly available studies in Connecticut.

Objectives

- Ensure access to a comprehensive range of behavioral health services, including expanded higher levels of care, sustainable outpatient clinics, and diverse intermediate options to meet the unique needs of all children.
- Prioritize timely access to care and develop integrated models that coordinate services across various settings (in-home, community-based, residential, and hospital) for continuity and adaptability. Expand access to treatment for substance abuse for all ages.
- Improve care coordination for youth and families involved in multiple systems.

Continuum of Care Goal



School-based Services

"School-based behavioral health services" refer to a full array of multi-tiered behavioral health services and supports including promotion, prevention, early intervention, and treatment for students in general and special education and accomplished through school-community-family partnerships.

They have identified the following priorities:

- Conducting a School-Based Health Center Study
- School-Based Behavioral Health Services Recommendation

School-Based Services Goal:

Expand access to school-based services for all students in Connecticut.

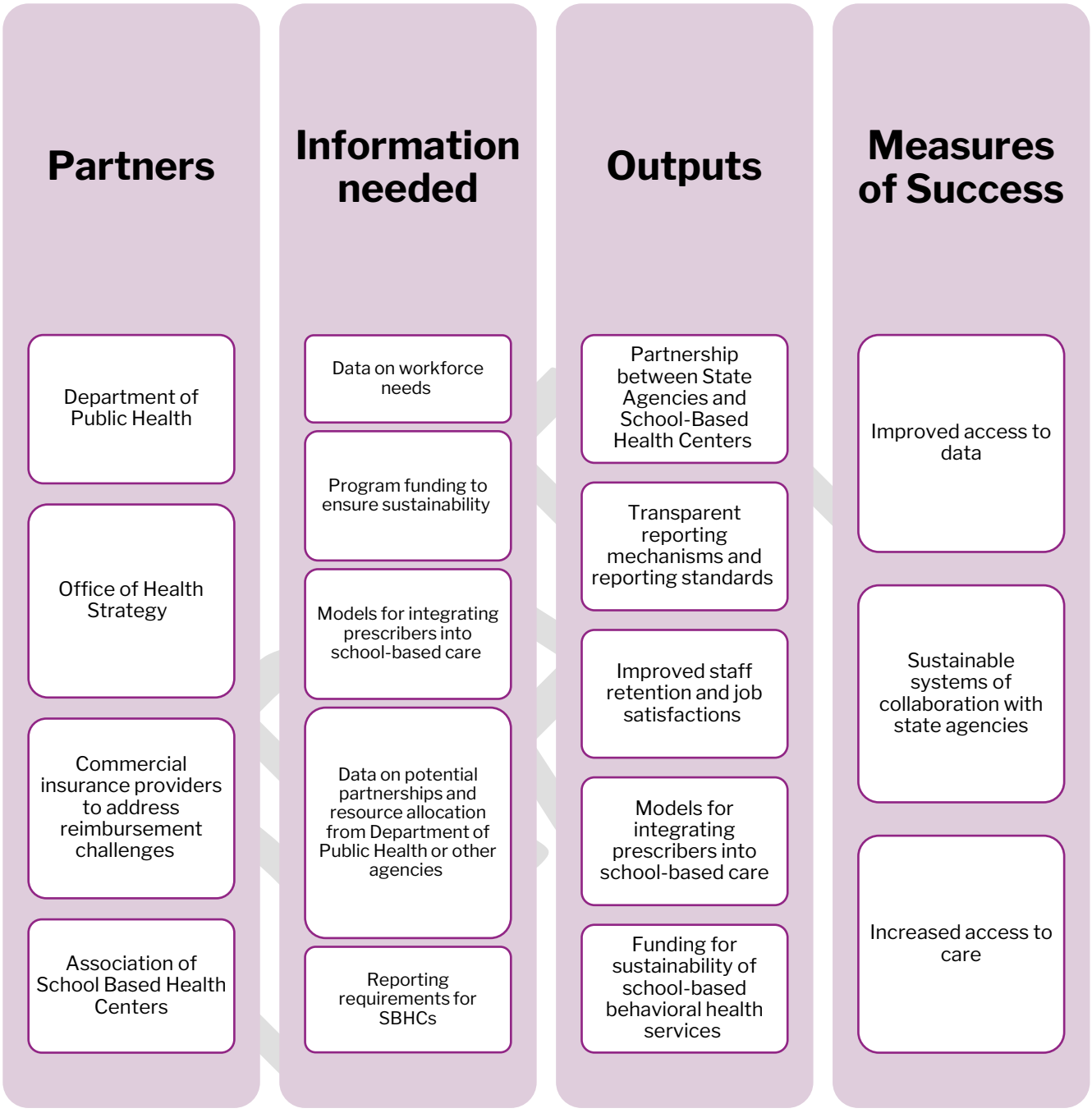
Strategies

- Establish a statewide, school-based coordination center into an existing entity to reduce duplication and silos.
- Expand access to school-based behavioral health services.
- Increase service coverage and expand Medicaid eligibility to ensure that all students can receive the support they need.
- Increase the number of behavioral health professionals in schools, including counselors, psychologists, social workers and trauma informed professionals.
- Ensure sustainable funding for school-based behavioral health services.
- Evaluate provider service integration into school-based care.
- Create a standardized set of reporting requirements for School-Based Health Centers' for Department of Public Health to evaluate needs and gaps in services.
- Review of publicly available studies in Connecticut.

Objectives

- Ensure all students receive support through Medicaid and private insurance eligibility and service coverage.
- Streamlining billing processes to explore alternative payment models to ensure sustainable and equitable access to care.
- Develop a standardized reporting system for SBHC's in partnership with DPH.

School-Based Services Goal



Prevention Goal:

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

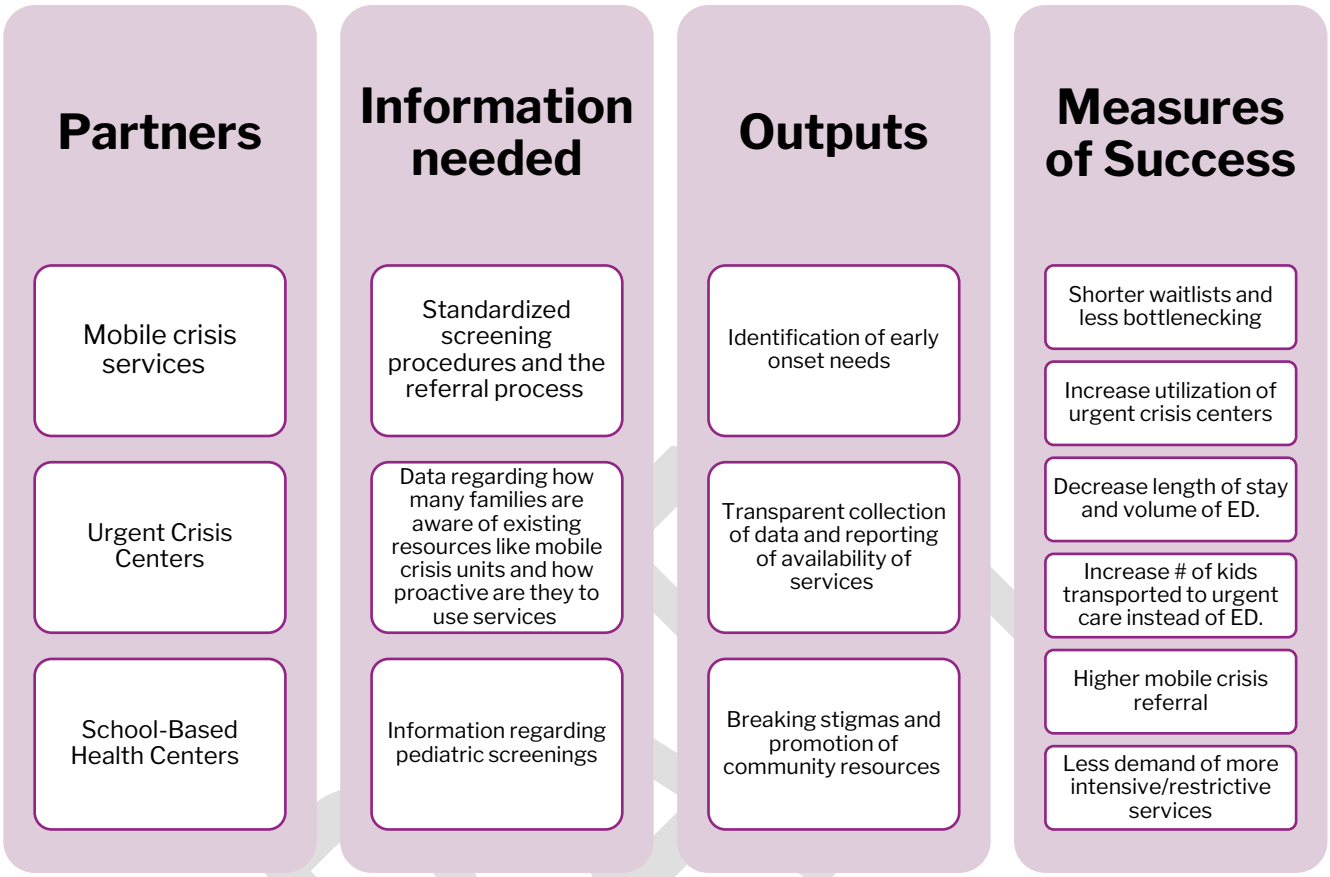
Strategies

- Implement routine, standardized screening using age appropriate and validated tools.
- Invest in early intervention and prevention programs to reduce the onset of behavioral health challenges and promote overall wellbeing.
- Promote public education initiatives to cultivate a community wide commitment to suicide prevention and mental wellness.
- Develop a standardized screening procedure to identify referral source.
- Perform a crosswalk of prevention services and resources throughout Connecticut.
- Propose policy and enforce the need to invest in early intervention and prevention programs to reduce the onset of behavioral health challenges and promote overall well-being.
- Identify children's behavioral health needs for those showing concern but not meeting certain criteria.
- Review of publicly available studies in Connecticut.

Objectives

- Identify utilization of services and resources.
- Review and assess marketing and outreach strategies utilized.
- Identify barriers/ gaps in outreach efforts.
- Promotion of resources and education initaitives to cultivate a commitment to suicide prevention and mental illness.

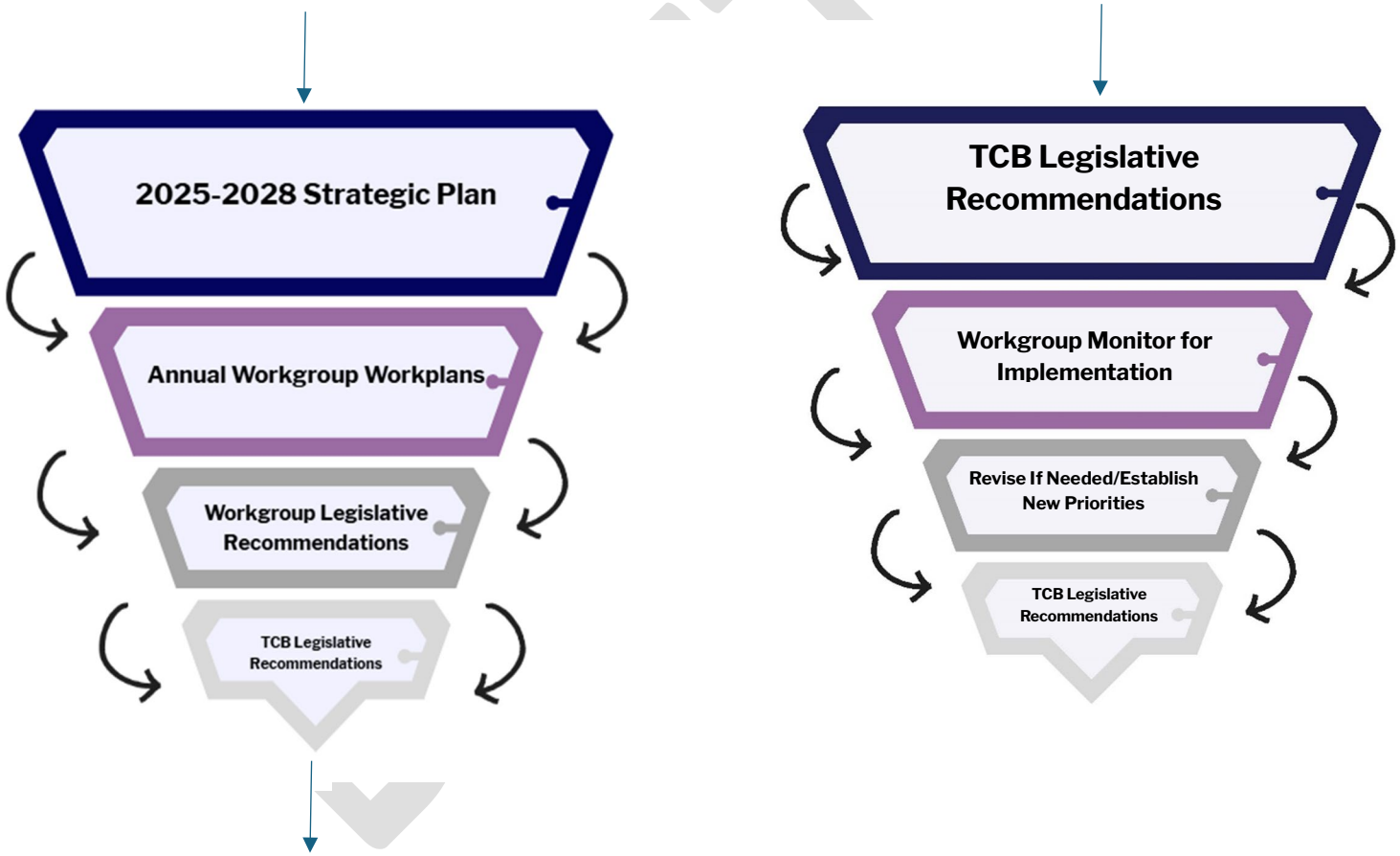
Prevention Goal



VII. Quality Assurance Framework

The intent of the strategic plan is to ensure the priorities, goals, and strategies identified by the TCB members remain the core of our work. While this is a 'living' document, it is imperative to ensure that items identified in this plan are re-evaluated through a quality assurance process each year. Each year, the workgroups will review the strategic plan and recommendation from the previous year to identify how the content can be utilized in new workplans.

The figure below portrays the re-occurring quality assurance that will take place annually. All of the TCB's work should be based on priorities, goals, and purposes highlighted in the 2025-2028 Strategic Plan.



In addition, the following quality assurance framework will be utilized to ensure successful outcomes.

Measuring TCB Policy Impact	
Monitor and Refine	The TCB Strategic Plan is a living document that should be consistently reviewed and refined. Due to changes in environment, State, and Federal Policy changes, priorities, goals, and action steps may shift. The plan should be reviewed by leadership and membership of the committee annually to ensure the identified priorities align with those in the 2025-2028 Strategic Plan. Additionally, the committee should refer to the plan annually to ensure priorities identified in workgroup workplans reflect those identified in the 2025-2028 workplan.
Identify Issues with Process	The committee should consistently identify what is and what is not working for committee members, workgroup members, and stakeholders. It is imperative the TCB follow a process that works for all to ensure there are no barriers for implementing change.
Generate Corrective Actions	Identify areas or policies that are not working for the membership and implement corrective actions/changes in workflow.
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 equitable opportunity for inclusion. • 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

VIII. Conclusion

The 2025-2028 Strategic Plan is a comprehensive document that delineates the priorities and objectives of the committee and embodies the dedication of the TCB membership, workgroups, and presenters who have contributed their expertise and experience in the children's behavioral health system since the committee's inception. This plan serves as the cornerstone of TCB's efforts and will be continuously updated over the next three years to address the evolving needs of both children and the workforce, functioning as a dynamic and adaptable 'living document.'

Commencing in April 2025, all TCB Workgroups will convene to develop and refine workplans for the current year. Each workplan will incorporate long-term goals to ensure the strategic plan's priorities are identified and implemented in subsequent years' workplans.

In essence, the 2025-2028 Strategic Plan demonstrates TCB's role as a vehicle and will provide a robust foundation for TCB to foster inclusive and sustainable policy recommendations and drive systematic change over the next three years.

A. 2025 Annual Workgroup Workplans

DRAFT 2025 ANNUAL SYSTEM INFRASTRUCTURE WORKGROUP WORKPLAN:

Workgroup Co Chairs: Alice Forrester, PhD, Chief Executive Officer, Clifford Beers Community Health Partners & Jason Lang, PhD, Chief Program Officer, CHDI

Suggested 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 the availability of a diverse set of services and trained service providers, the coordination of services, systematic knowledge, channels of communication, and funding for sustainability.

Priorities: Priorities identified are systems of care models and public children's behavioral health data (access, quality & outcomes). The workgroup will monitor the TCB's legislation regarding Medicaid Rates, CCBHC grant planning & Feasibility and Fiscal Analysis of billing codes for training clinical staff on evidence-based models.

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
- 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):

- Consistent monitoring of TCB 2025 passed legislation, updates on status of the implementation progress will be given at each workgroup meeting.
    - Medicaid rate legislation (multiple factors)
        - ♣ Children's behavioral health reimbursement based on access needs
        - ♣ DSS Study that focuses specifically on children's behavioral health
    - Certified Community Behavioral Health Clinics (CCBHC) planning grant that would include reimbursement for acuity-based care coordination services, value-based payment model that provides incentives for providers based on care outcomes and help navigate behavioral health resources and requirements.
    - 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. This would include potential Medicaid reimbursement for training and ramp-up, and feasibility assessment and fiscal analysis estimate should be submitted no later than October 1st, 2025.
        - ♣ The workgroup will collaborate with the Children's Behavioral Health Plan Implementation Advisory Board (CBHPIAB) to review and find alignment on their work on Children's Feasibility and Fiscal Analysis
- Conduct a thorough review of children's behavioral health data (access, quality & outcomes)

    - Create a roadmap of the data to evaluate how data is being collected, where are gaps
- Evaluate systems of care efforts in the State and nationally through presentations, workgroup expertise, and resources provided by the membership.
    - Create a crosswalk of models and services throughout the state, to identify gaps in services and barriers to care
    - Utilize other state examples of systems of care models (Ohio, Oregon) and compare models to Connecticut crosswalk
        - ♣ Review how systems of care models in Connecticut can be advanced and altered to model the work of other states
- Review of UConn Innovation's Governance and Data report
    - Identify how the results can be utilized to build recommendations, and priorities.
- 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 information from the workgroup to plan for 2026, 2027, and in subsequent years.

Meeting Schedule: System Infrastructure Workgroup meetings are set to Start April 15th, 2025, and recur on the third Tuesday of the month from 3-4:30 PM. All meetings will be virtual. Meeting agendas and the zoom link will be sent out prior to the meeting each month.

Workgroup Co-Chairs: Edith Boyle, LCSW, President and Chief Executive Officer, LifeBridge Community Services & Yann Poncin, MD, Associate Professor and Vice Chair of Clinical Affairs in the Child Study Center

Suggested 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.

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

Priorities: The identified priorities include peer-to-peer support and 211 services. The workgroup will monitor the TCB recommendations related to the crisis continuum, UCC's and IICAPs. Additionally, the group will prioritize and track legislation regarding access to care for children and young adults covered by private/commercial insurance.

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
- 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):

- Consistent monitoring of TCB 2025 passed legislation and updates on the status of the implementation progress will be given at each services workgroup meeting.
- Collaborate with identified responsible state agencies and private organizations on progress of implementation, barriers, and needed adjustments.
- Services Array Survey (Implementation, distribution, collection, and analysis)
    - Identify a distribution date and distribution list
    - Ensure a periodic review of the response rate, if there is a low response rate, the workgroup will identify other strategies for dissemination to increase the response rate
- Review services array survey results
    - Review the draft report accompanying the results
    - Review draft report with TCB leadership
- CT Peer-to-peer support and services
    - Assess peer-to-peer support and services in the state through presentations, workgroup expertise, literature reviews, and completed studies.
- Monitor 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, subacute crisis stabilization centers, and hospital emergency departments for such services, outreach and marketing strategies 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.
    - Identify who we will be partnered with to complete the study.

    - TYJI to release RFQ for research partner on the study
    - Once awarded, work with the researcher on the implementation of the study
    - Monitor progress of study, review findings and data analysis
    - From the data, assess best practices for Crisis Continuum staffing, evaluate models used and identify best practices from across the State,
    - From the data, assess scan of hours of services used that operate 24/7
- Monitor the IICAPS study (multiple factors)
    - The study will review and design levels of the IICAPS model for consideration. Such a model should consider the needs and time demands placed on families and children and the ability to deliver positive outcomes sustainably.
    - What additional federal funding and reimbursement may be available to IICAPS MDO and the IICAPS network as an evidence-based/promising practice treatment program, if determined prudent to do so.
    - Randomized controlled trial (RCT) of IICAPS to qualify IICAPS federally as an evidence-based treatment program. Recommendation to TCB by Oct. 2025
- Monitor the UCC Report:
    - The report will include a review of private health insurance coverage for treatment of children at urgent crisis centers and be reported to the TCB no later than October 1st, 2025.
    - Identify barriers and gaps in services
- Operationalize how the workgroup integrate work with the Prevention and School-Based Workgroups (e.g., UConn Services Array Results, 2025 and 2026 recommendations)
- Assess and monitor additional non-TCB 2025 legislation regarding access to services for children and young adults covered by private/commercial insurance
    - Identify barriers to care and gaps in services
- 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 information from the workgroup to plan for 2026, 2027, and in subsequent years.

Meeting Schedule: Services Workgroups are set to Start April 9th, 2025, and recur on the second Wednesday of the month from 2-3:30 PM. All meetings will be virtual. Meeting agendas and the Zoom link will be sent out before the meeting each month.

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 in healthcare, including trauma screenings, 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.

DRAFT 2025 ANNUAL SCHOOL BASED WORKGROUP WORKPLAN:

Workgroup Co Chairs: Dr. Elizabeth Connors, Associate Professor of Psychiatry, Division of Prevention and Community Research, Yale School of Medicine & Katerina Vlahos, Executive Director, Bridgeport Prospers

"School-based behavioral health services" refer to a full array of multi-tiered behavioral health services and supports including promotion, prevention, early intervention, and treatment for students in general and special education and accomplished through school-community-family partnerships.

Draft 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.

Priorities:

1. School Based Health Center Study
2. School Based Behavioral Health Services Recommendation
3. TBD with input from community

Short Term Workgroup Goals:

- 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
- Identify Meeting Schedule, frequency of meetings, and meeting presentations with the workgroup
- Identify and finalize workgroup priorities with feedback from the workgroup
- 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.
- Provide education and clear, inclusive language:

- Discuss and map the array of school based behavioral health professionals and create an infographic or other resources to communicate who school-based mental health professionals are in terms of discipline, training, role and employer type.
- Compile, discuss and share initial definitions important for active participation, clear communication within the workgroup and future glossary

Medium Term Workgroup Goals (2025):

- Provide education and clear, inclusive language:
  - Identify and map school-based behavioral health models in CT districts, including those who have SBHCs, community behavioral health partnerships, and the variety of school employed mental health professional staffing ratios
  - Develop and maintain a glossary of terms related to school based behavioral health to promote diverse engagement in the efforts of the workgroup among stakeholders with an array of personal and professional backgrounds and expertise
- Operationalize how we will integrate work with the Services and Prevention Workgroups
  - UConn Services Array Results
  - 2025 and 2026 recommendations
- SBHC study design and monitor the implementation of the study
  - Develop scope of work in partnership with DPH, OPM and CASBHC
  - TYJI to release RFQ for research partner on the study
  - Once awarded, work with researcher on study implementation
  - Monitor study progress, review findings and data analysis, as follows:
    - ♣ 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.
    - ♣ 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 not later than January 1, 2026, the Transforming Children's Behavioral Health Policy and Planning Committee shall submit a report, 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.

- School Behavioral Health Services study
    - Develop a scope of work for the intent of conducting a review of Medicaid and private insurance billing codes (e.g., behavioral health services provided and billed within schools) to ensure non-duplicative billing, opportunities to fully claim reimbursement for services provided, and efficient effective team coordination and collaboration among school-based mental health professionals.
    - TYJI to release RFQ for research partner on the study (if applicable)
    - If applicable, once awarded, work with research partner on the study
    - Monitor progress of study, review findings and data analysis
- Identify potential third priority area in partnership with the workgroup (e.g., early childhood)
- Consistent monitoring of TCB 2025 passed legislation and updates on the status of the implementation progress will be given at each workgroup meeting.
    - Collaborate with identified responsible state agencies and private organizations on progress of implementation, barriers, and needed adjustments.
- 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

- 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.

Meeting Schedule: School Based Workgroups are set to Start April 7th, 2025, and recur 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 prior to the meeting each month.

Tow Youth Justice Institute

Making connections. Informing solutions.

2025 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. The Transforming Children's Behavioral Health Policy and Planning Committee (TCB) has developed a draft 3-year strategic plan and has identified goals, priority areas, strategies, and data needs. Within the Strategic Plan, and throughout TCB workgroup and monthly meetings, it has been identified that there is a need to align work to ensure the TCB is not duplicating efforts with other advisory bodies and find areas of alignment where the TCB can collaborate and work with individuals to ensure systems and policies are effective and sustainable.

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. The TYJI set up introductory meetings with committees to explain the structure of the TCB, our priorities, 2025 legislation, and scope of work. The TCB is dedicated to promoting collaboration with advisory bodies. This document represents a significant step forward, reinforcing partnerships and ensuring efficient coordination of initiatives in the realm of children's behavioral health. In the process of meeting with advisory bodies, there were instances where the advisory body identified they were no longer active, or did not have alignment with the TCB.

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.

Please note not all advisory bodies listed have diagrams

Identified Advisory Bodies:

Advisory Body	Leadership	Description	Venn Diagram *if applicable
Children's Behavioral Health Advisory Committee (CBHAC)	Co-Chairs: Gabrielle Hall and Jo Hawke, Ph.D	The mission of this committee is to provide a system of care that addresses children's and families' behavioral needs. This committee focuses on the effectiveness of preventative care, early intervention, and behavioral health treatment programs for children aged from birth to 18.[1]	Page: 9
Statewide Advisory Council (SAC)	Co-Chairs: Sarah Lockery, LMFT and Myke Halpin	The Statewide Advisory Council evaluates and provides an outside perspective on reports, budgets, and policies of the Department of Children and Families (DCF). Additionally, the SAC provides recommendations to DCF for the purpose of improving services for children and youth and ensuring those seeking services are receiving timely, appropriate, and adequate provision of services to meet the	Page: 10

[1] Hall G. & Hawke J. (2024) *2024 Annual Report* Children's Behavioral Health Advisory Committee SCCC-Report-FY24Final1.pdf

		physical, mental health and developmental needs of children.[2]	
Behavioral Health Partnership Oversight Council (BHPOC) **TYJI to connect with the Child/Adolescent Quality, Access, and Policy Committee*	Tri- chairs: Terri Depietro, MBA, OTR/L, Howard Drescher, and Representative Mike Demicco	This council's mission is to oversee the state's Behavioral Health Partnership, ensuring that behavioral health services are effective, efficient, and accessible. It monitors service delivery and provides recommendations for improvements.[3]	Page: 11
Children's Behavioral Health Plan Implementation Advisory Board (CBHPIAB)	Tri - chairs: Elisabeth Cannata, PH.D., Carl Schiessl, JD, and Ann Smith, JD, MBA	This board's mission is to oversee and guide the implementation of community behavioral health partnerships. It aims to enhance the delivery of behavioral health services through collaboration among state agencies, service providers, and the community.[4]	Page: 12
Juvenile Justice Policy Oversight Committee (JJPOC)	Co-chairs: Representative Toni	The JJPOC's mission is to evaluate and improve the juvenile justice system in Connecticut. It focuses on promoting	Page: 13

[2] Lockery, S., & Halpin, M. (2024). 2024 *Annual Report* - Statewide Advisory Council to the Department of Children and Families
[3] Connecticut General Assembly. (2025b, January 8). https://www.cga.ct.gov/ph/BHPOC/
[4] Cannata E., Schiessl C., & Smith A. (2024) 2024 *Annual Report* Children's Behavioral Health Plan Implementation Advisory Board CBHPIAB 2024 Annual Report_Final.pdf

	Walker, Daniel Karpowitz	public safety, offender accountability, and rehabilitation through effective policies and practices.[5]	
Children's (Kids) Cabinet	Chaired by Thea Montanez, Senior Advisor in the Office of the Governor	Created in the fall of 2023, the Governor's Kids Cabinet is an advisory panel of 12 state agency leaders focused on the implementation of solution focused, interagency initiatives designed to achieve better outcomes for Connecticut's children, youth and their families. The work of the Kids Cabinet is guided by the three key principals below: • Promote equitable policies to ensure all children's safety and well-being by reducing racial and socioeconomic disparities • Create comprehensive & integrated systems of care by strengthening communication & partnership across the child well-being system Make better use of existing resources by coordinating services and funding opportunities	

[5] (2025). *Juvenile Justice Policy and Oversight Committee 2025 Recommendations* (p. 5) [Review of *Juvenile Justice Policy and Oversight Committee 2025 Recommendations*]. TYJI Tow Youth Justice Institute. https://acrobat.adobe.com/id/urn:aaid:sc:US:d9777bb7-f5c7-4df6-bde9-e9701b657c8f

Children's Subcommittee Healthcare Cabinet	Co-chairs: Paul Dworkin, MD and Alice Forrester, Ph.D.	The subcommittee's mission is to ensure children access affordable, quality, and holistic healthcare by addressing obstacles and supporting the health of families and communities. The Committee's focus is on providing high-needs children and youth with wraparound services and a continuum of care, as well as advocating for policies that enhance community efforts through improved systems and communication.[6]	Page:
State Advisory Council on Special Education	Co-chairs: Jennifer Lussier and Susan Yankee	The council's mission is to advise the state on special education services and policies. It focuses on ensuring that students with disabilities receive appropriate education and support.[7]	Page: 15
Autism Spectrum Disorder Advisory Council (ASDAC)	Co Chairs: Jimnahs Miller and Yana Razumnaya	The council's mission is to advise state on policies and practices that impact individuals with autism spectrum disorder (ASD). The council focuses on improving services, support, and resources for individuals with ASD and their families.[8,9]	Page: 16

[6] 2025 *Healthcare Cabinet Report* 2025 healthcare cabinet report. (2025). https://osc.ct.gov/wp-content/uploads/2025/01/2025_OSC_Healthcare_cabinet_report_FINAL.pdf
[7] Lussier J. and Yankee S. (2024) 2024 *Annual Report* The Connecticut State Advisory Council for Special Education State Advisory Council for Special Education 2024 Annual Report
[8] Autism spectrum disorder advisory council. CT.gov. (2025a). https://portal.ct.gov/OPM/PDPD/PDPD/Autism-Spectrum-Disorder-Advisory-Council
[9] ASDAC Legislative Priorities. CT.gov. (2025a). https://portal.ct.gov/OPM/PDPD/PDPD/Autism-Spectrum-Disorder-Advisory-Council

School Nurse Advisory Council	Co Chairs: Donna Kosiorowski, MS, RN, NCSN-E and Paula Feyerharm, RN	The council's mission is to provide guidance on school nursing practices. It focuses on promoting the health and well-being of students through effective school health policies and programs.[10,11]	Page: 17
School Based Health Center Advisory Committee	Co-chairs: Melanie Wilde Lane & Amanda Pickett	This committee's mission is to advise on the operation and expansion of school-based health centers. It aims to ensure that students have access to comprehensive health services within the school setting. [12,13]	Page: 18
Two Generation Advisory Council	State Wide Coordinator: Christina Morales, MSW	The council's mission is to promote two-generational approaches that address the needs of both children and their parents. It focuses on creating opportunities that support family economic success and children's development.[14]	Page: 19

[10] School Nurse Advisory Council. CT.gov. (2025). https://portal.ct.gov/sde/school-nursing/school-nurse-advisory-council#:~:text=This%20council%20advises%20the%20Commissioners,matters%20that%20affect%20school%20nurses.

[11] Recommendations of the Connecticut School Nurse Advisory Council. 2024 school-nurse-advisory-council-recommendations-2024.pdf

[12] *School Based Health Centers*. (2013). CT.gov - Connecticut's Official State Website. https://portal.ct.gov/DPH/Family-Health/School-Based-Health-Centers/School-Based-Health-Centers

[13] October 2024. School Based Health Center Advisory Committee Meeting Minutes. October Meeting Minutes

[14] (2022). Connecticut Two-Generational (2Gen) Initiative [Review of *Connecticut Two-Generational (2Gen) Initiative*]. In *Connecticut Office of Early Childhood*. https://www.ctoec.org/2gen/#:~:text=2Gen%27s%20innovative%20whole-family%20approach,and%20partners%20in%20our%20work.

Comprehensive Needs of Children Task Force *Per the chairs, this committee is no longer active*	Co-Chairs: Alicia Roy, Ph.D, and Christoper Trombly, Ph.D.	This task force was established to study the comprehensive needs of children in Connecticut and to make recommendations for improvements. Its mission includes evaluating various aspects of children's well-being, such as health, education, and safety, to ensure a holistic approach to supporting the state's youth.[15,16]	Page: 20
Task Force to Study Special Education Services and Funding *Per the chairs, this committee is no longer active*	Tri-chairs: Fran Rabinowitz, Andrew A. Feinstein and Michelle Laubin	This task force's purpose was to study and evaluate issues relating to special education including providing special education, the cost of special education, how costs affect a district's minimum budget requirement, special education reimbursement to boards of education, and any other issues or topics relating to special education deemed necessary by	

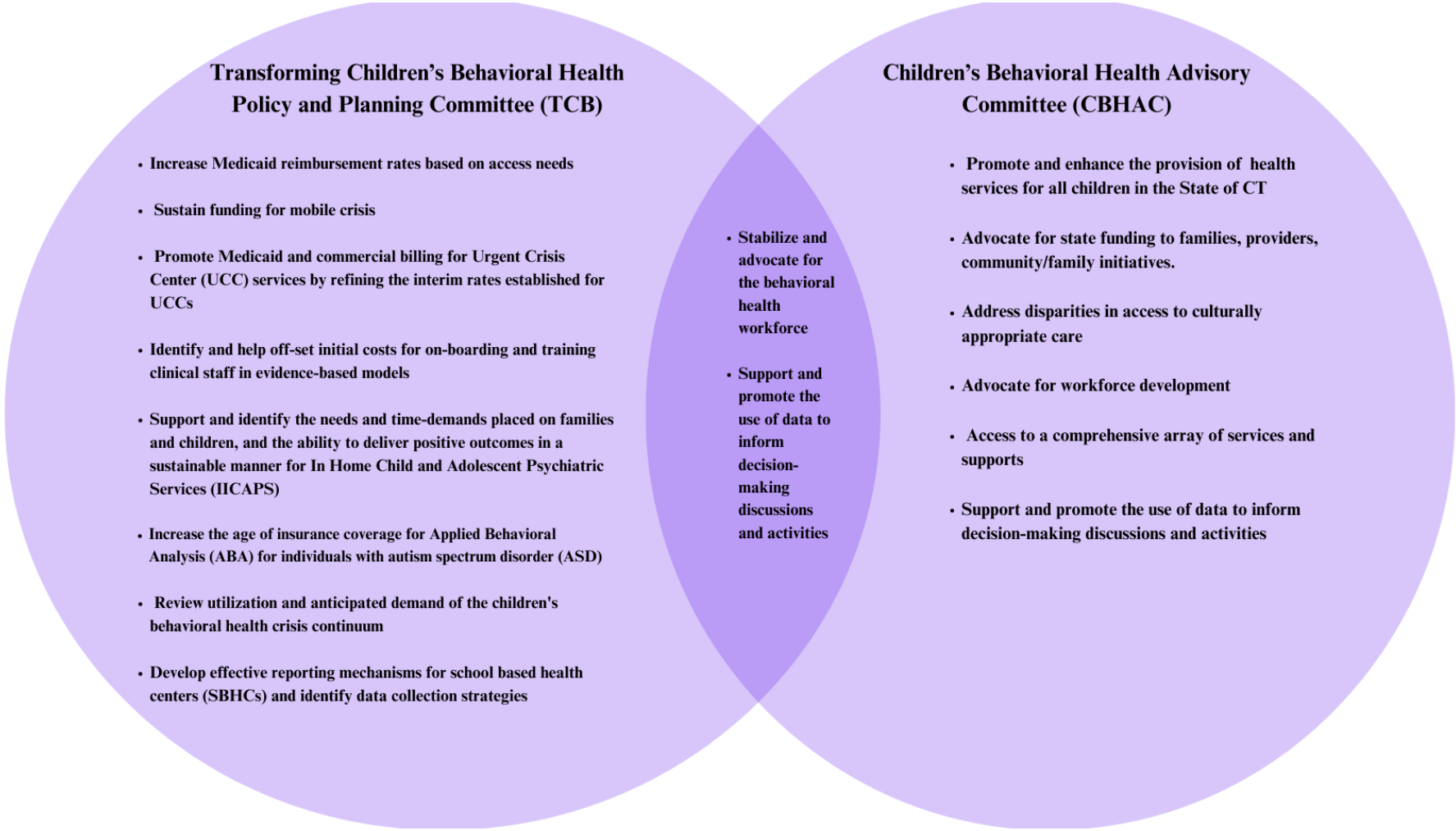
[15] Task Force to Study the Comprehensive Needs of Children in the State - C G A - Connecticut General Assembly

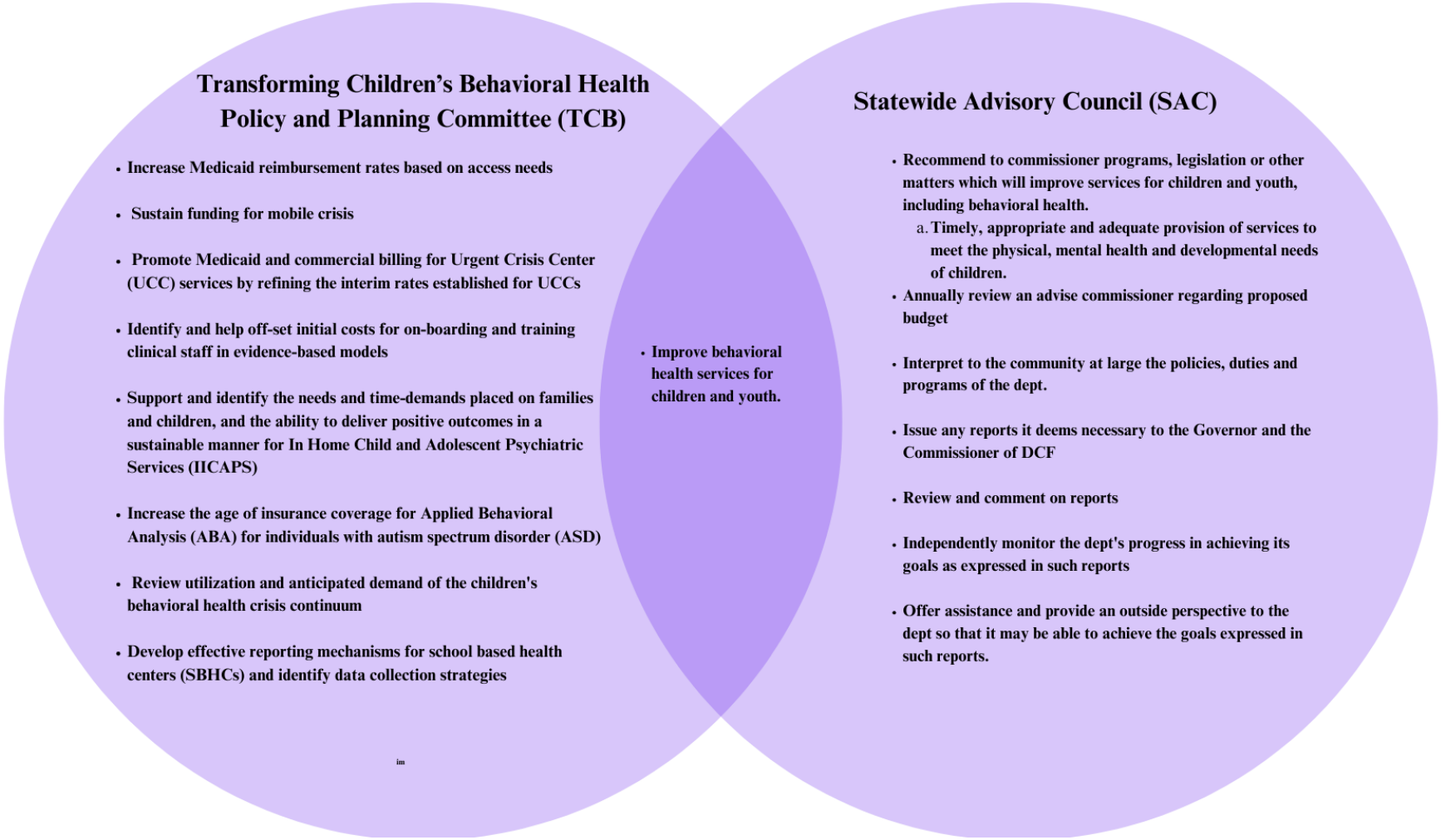
[16] *2024 Final Report* [Review of *2024 Final Report*]. Comprehensive Needs of Children Task Force. https://docs.google.com/document/d/10eKlBS5r_nLfR4D1YBDsxKCwD4m7Rv1u/edit

		the task force. The task force submitted their final report in January of 2025.[17]	

Venn Diagrams:

[17] 2025. Final Report to the Task Force to Study Special Education Services and Funding. Final Report of the Task Force January 15, 2025.pdf


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
• Stabilize and advocate for the behavioral health workforce
• Support and promote the use of data to inform decision-making discussions and activities
Children's Behavioral Health Advisory Committee (CBHAC)
• Promote and enhance the provision of health services for all children in the State of CT
• Advocate for state funding to families, providers, community/family initiatives.
• Address disparities in access to culturally appropriate care
• Advocate for workforce development
• Access to a comprehensive array of services and supports
• Support and promote the use of data to inform decision-making discussions and activities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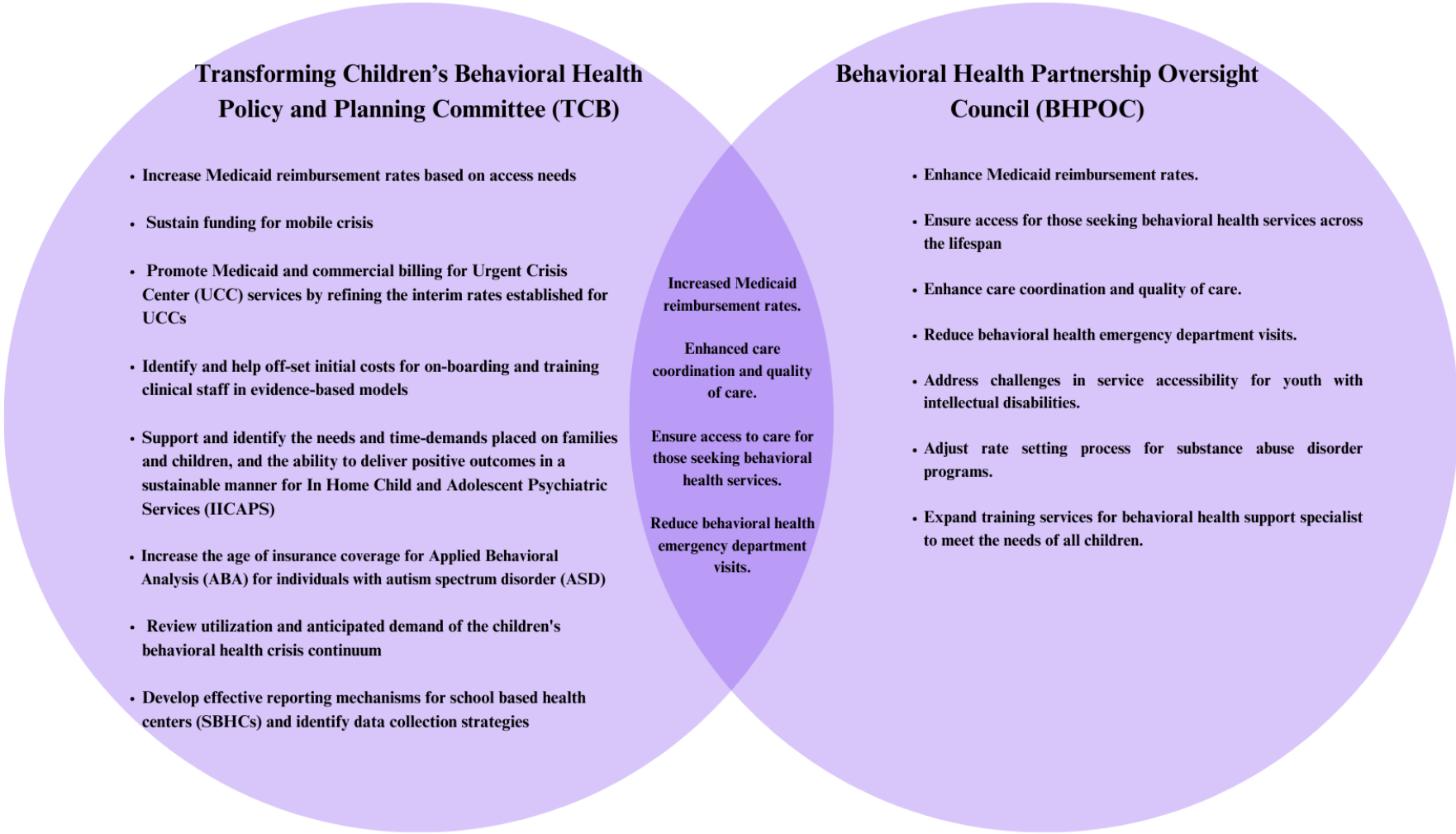
• Improve behavioral health services for children and youth.
Statewide Advisory Council (SAC)
• Recommend to commissioner programs, legislation or other matters which will improve services for children and youth, including behavioral health.
a. Timely, appropriate and adequate provision of services to meet the physical, mental health and developmental needs of children.
• Annually review an advise commissioner regarding proposed budget
• Interpret to the community at large the policies, duties and programs of the dept.
• 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.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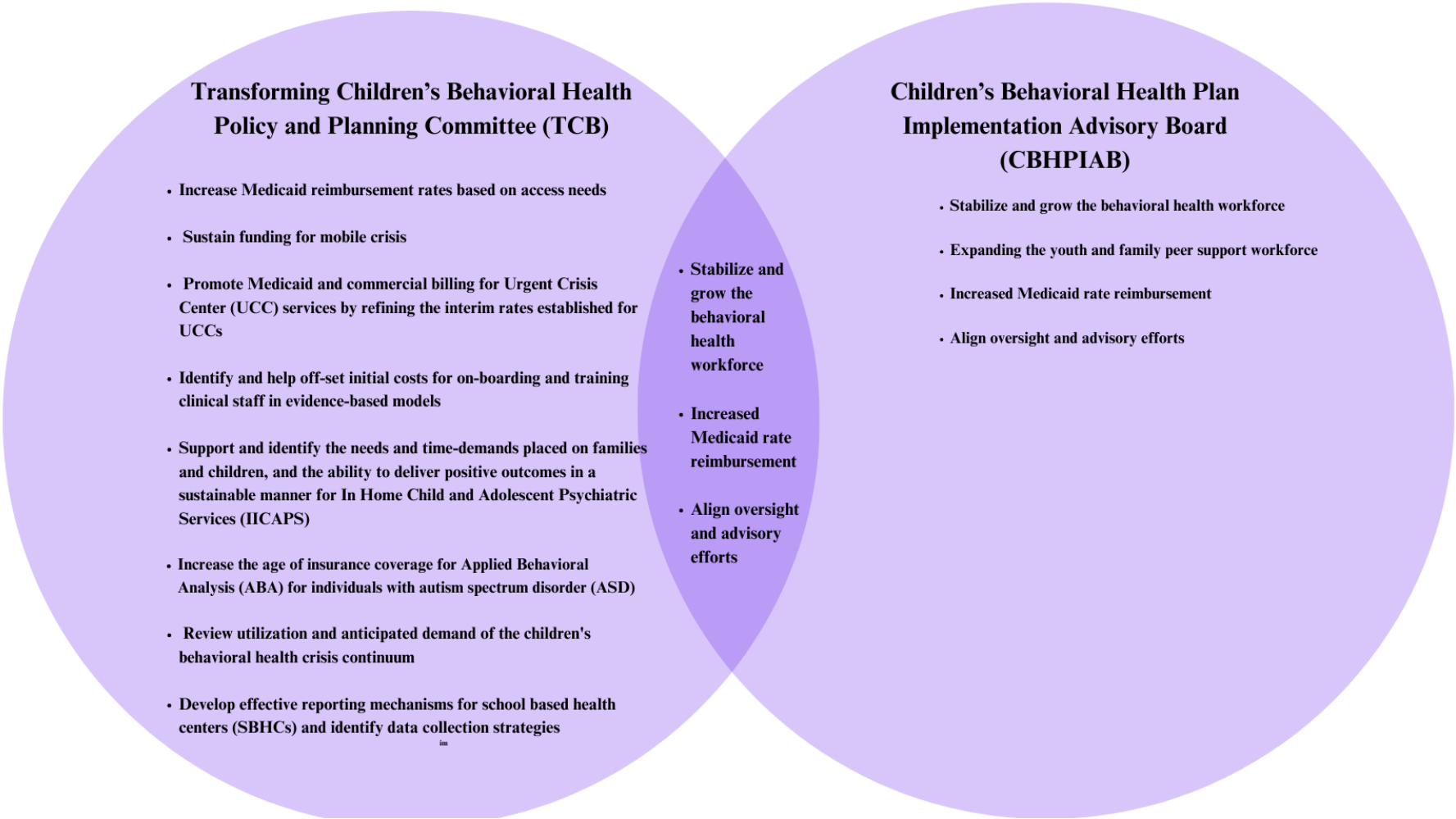
Enhanced care coordination and quality of care.
Ensure access to care for those seeking behavioral health services.
Reduce behavioral health emergency department visits.
Behavioral Health Partnership Oversight Council (BHPOC)
Enhance Medicaid reimbursement rates.
Ensure access for those seeking behavioral health services across the lifespan
Enhance care coordination and quality of care.
Reduce behavioral health emergency department visits.
Address challenges in service accessibility for youth with intellectual disabilities.
Adjust rate setting process for substance abuse disorder programs.
Expand training services for behavioral health support specialist to meet the needs of all children.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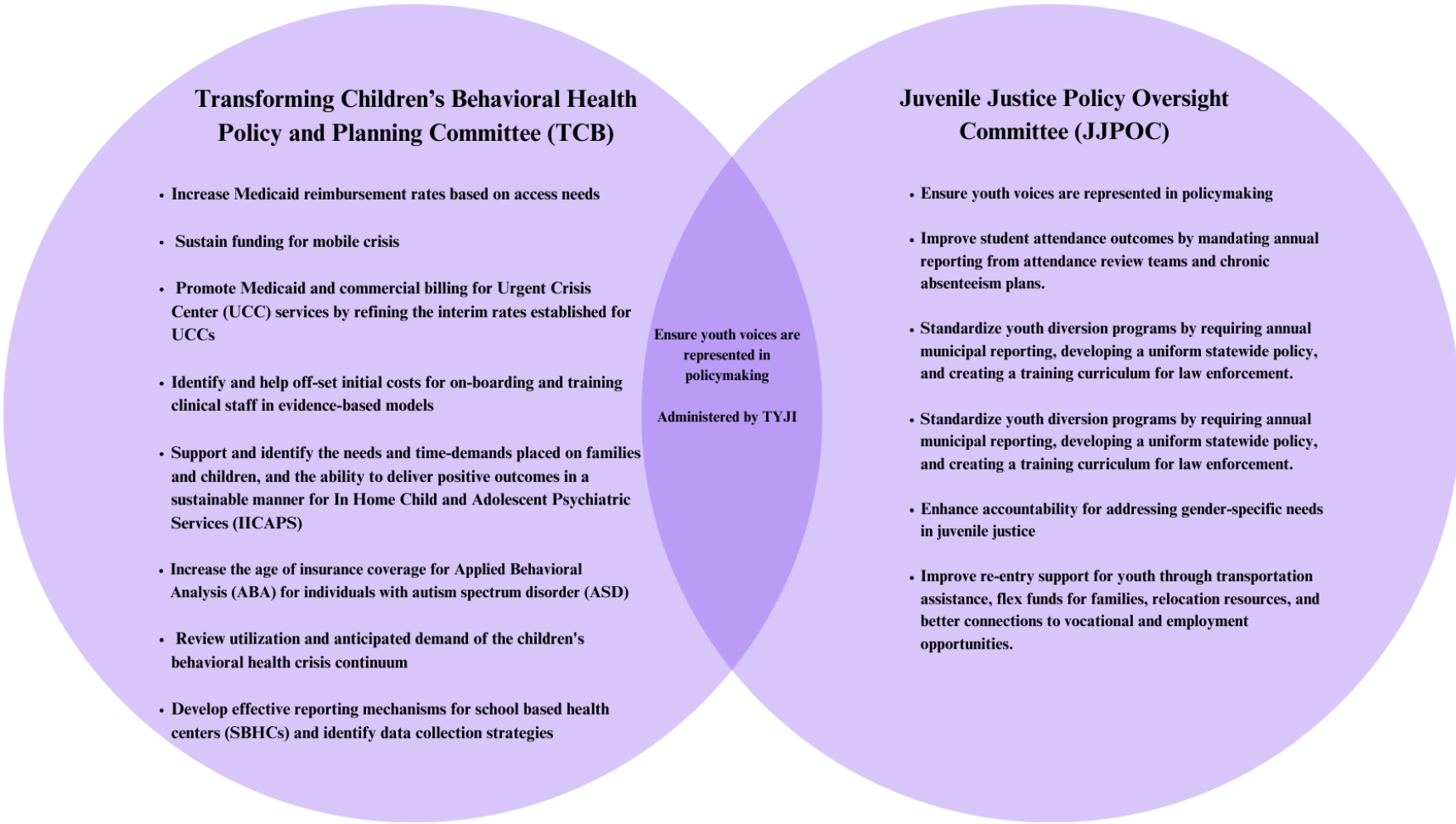
• Increased Medicaid rate reimbursement
• Align oversight and advisory efforts
Children's Behavioral Health Plan Implementation Advisory Board (CBHPIAB)
• Stabilize and grow the behavioral health workforce
• Expanding the youth and family peer support workforce
• Increased Medicaid rate reimbursement
• Align oversight and advisory efforts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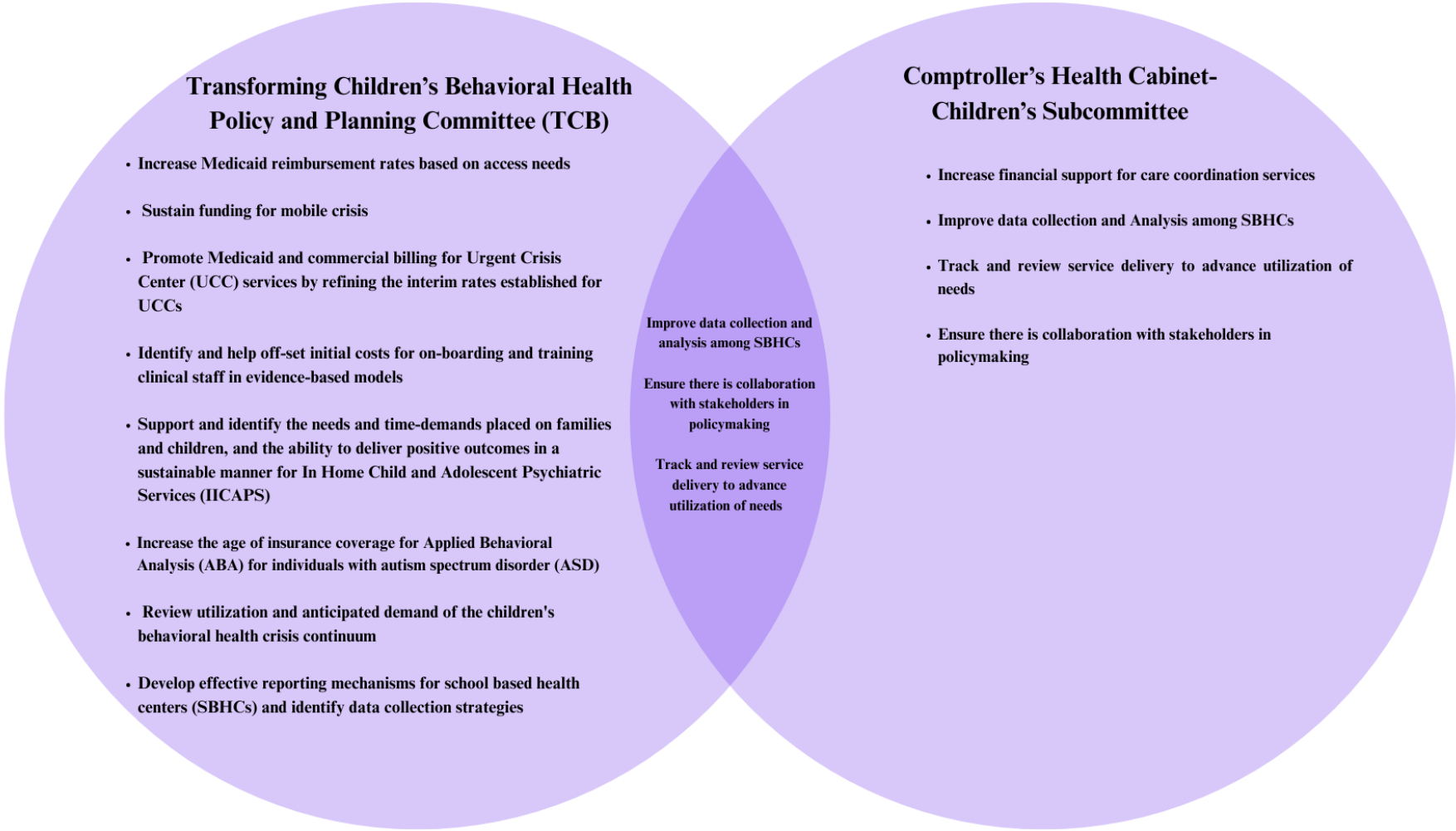
Ensure youth voices are represented in policymaking
Administered by TYJI
Juvenile Justice Policy Oversight Committee (JJPOC)
Ensure youth voices are represented in policymaking
Improve student attendance outcomes by mandating annual reporting from attendance review teams and chronic absenteeism plans.
Standardize youth diversion programs by requiring annual municipal reporting, developing a uniform statewide policy, and creating a training curriculum for law enforcement.
Standardize youth diversion programs by requiring annual municipal reporting, developing a uniform statewide policy, and creating a training curriculum for law enforcement.
Enhance accountability for addressing gender-specific needs in juvenile justice
Improve re-entry support for youth through transportation assistance, flex funds for families, relocation resources, and better connections to vocational and employment opportunities.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Improve data collection and analysis among SBHCs
Ensure there is collaboration with stakeholders in policymaking
Track and review service delivery to advance utilization of needs
Comptroller's Health Cabinet-Children's Subcommittee
Increase financial support for care coordination services
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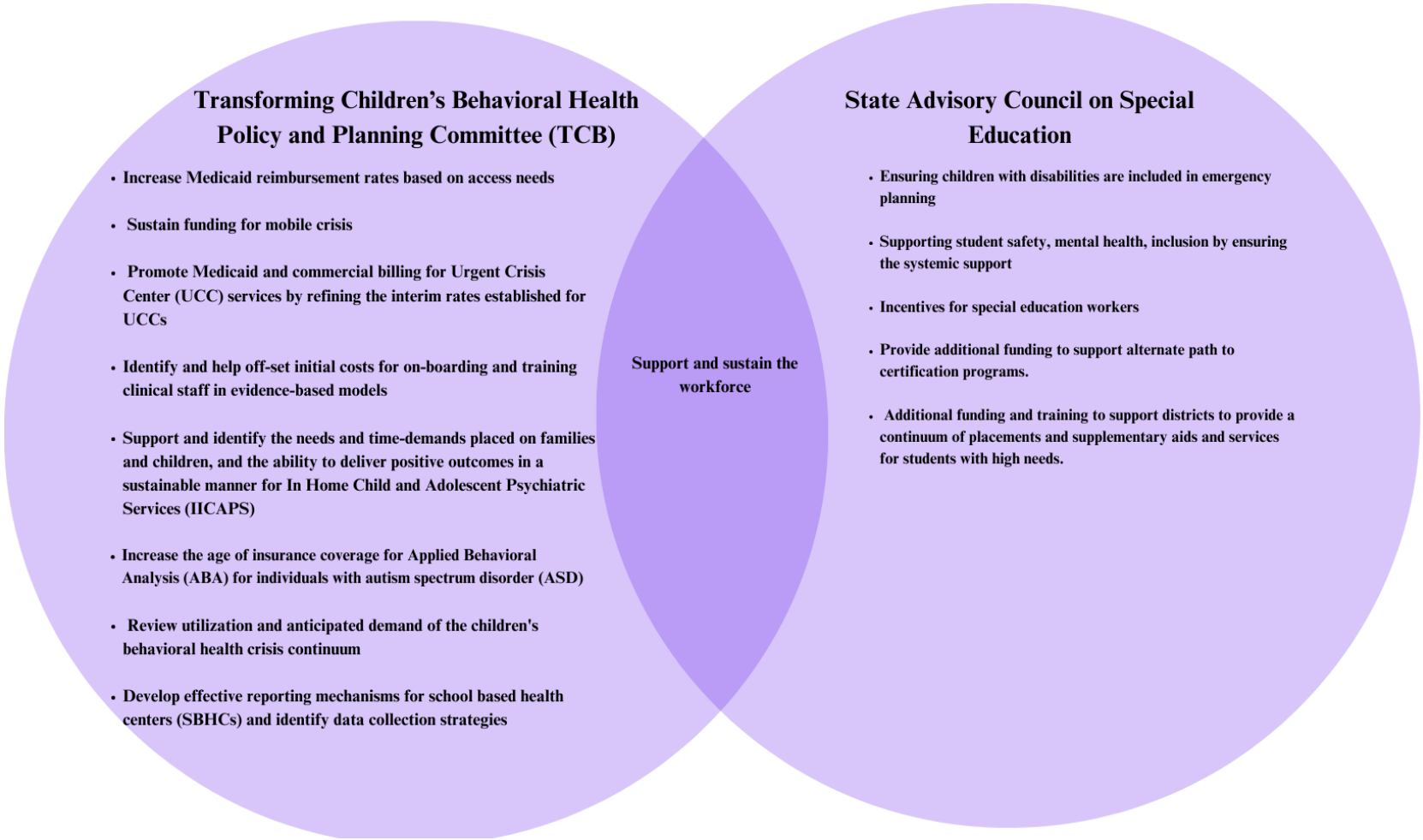
Ensure there is collaboration with stakeholders in policymaking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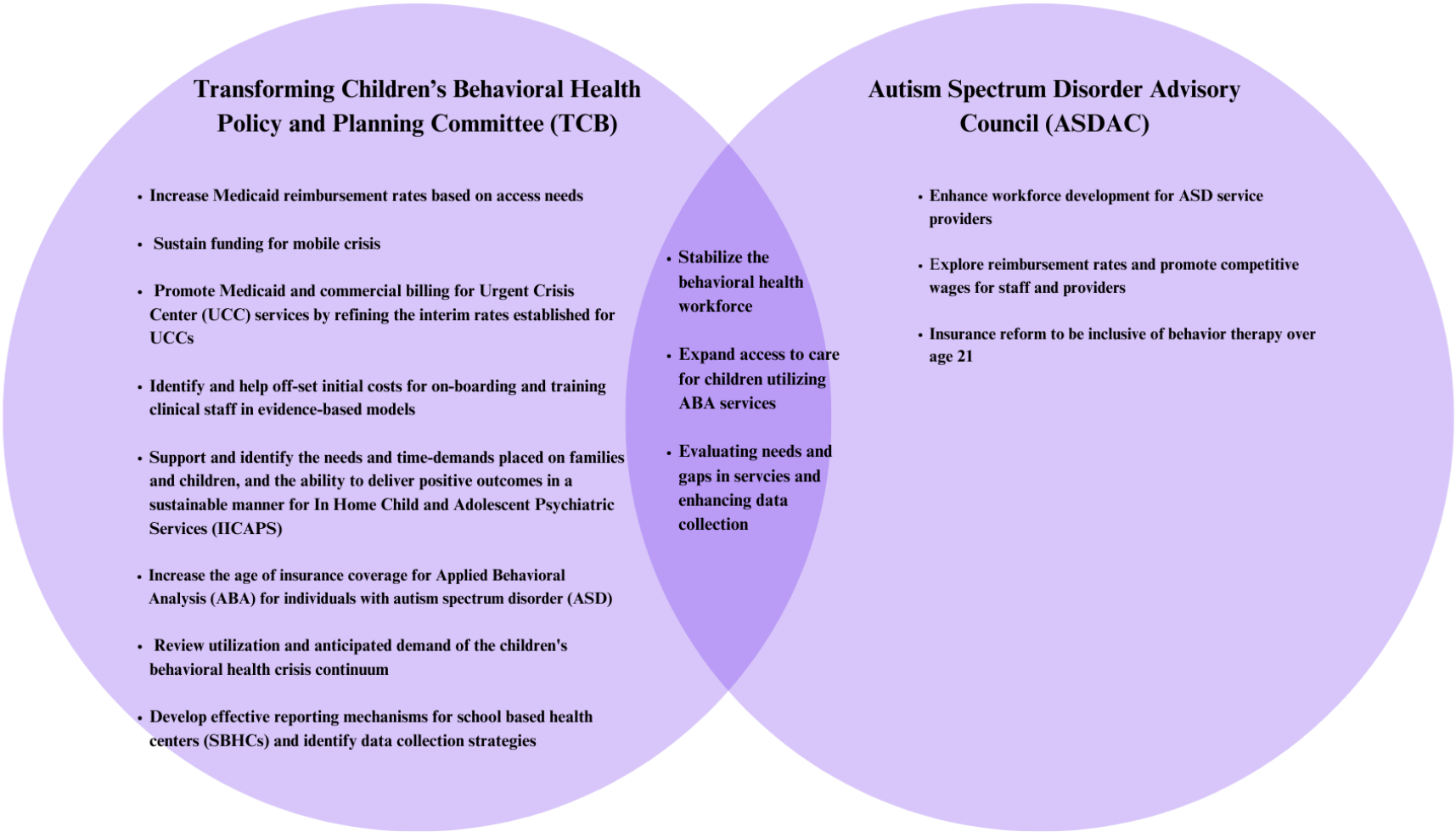
Support and sustain the workforce
State Advisory Council on Special Education
• Ensuring children with disabilities are included in emergency planning
• Supporting student safety, mental health, inclusion by ensuring the systemic support
• Incentives for special education workers
• Provide additional funding to support alternate path to certification programs.
• Additional funding and training to support districts to provide a continuum of placements and supplementary aids and services for students with high needs.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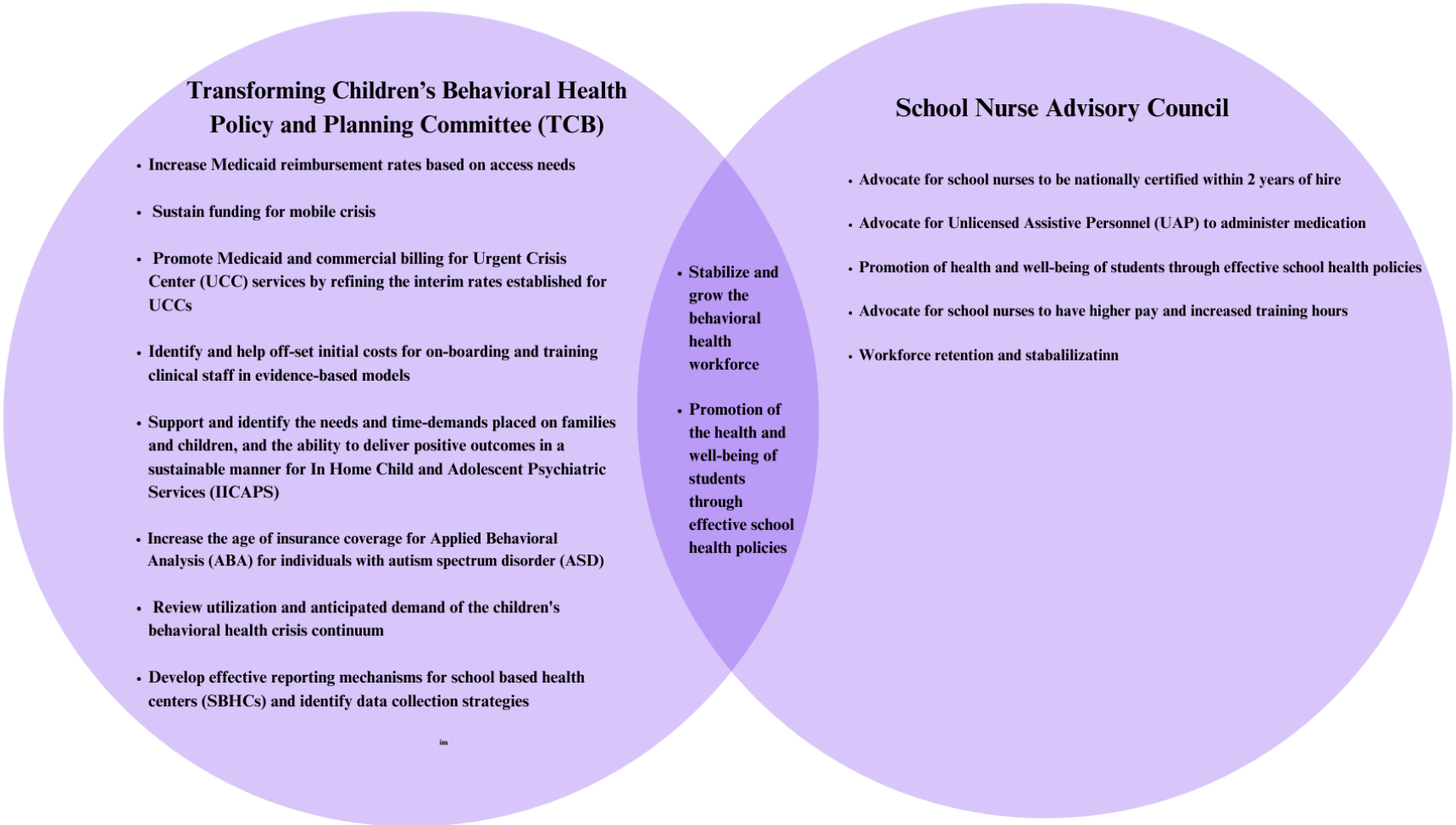
• Stabilize the behavioral health workforce
• Expand access to care for children utilizing ABA services
• Evaluating needs and gaps in servcies and enhancing data collection
Autism Spectrum Disorder Advisory Council (ASDAC)
• Enhance workforce development for ASD service providers
• Explore reimbursement rates and promote competitive wages for staff and providers
• Insurance reform to be inclusive of behavior therapy over age 21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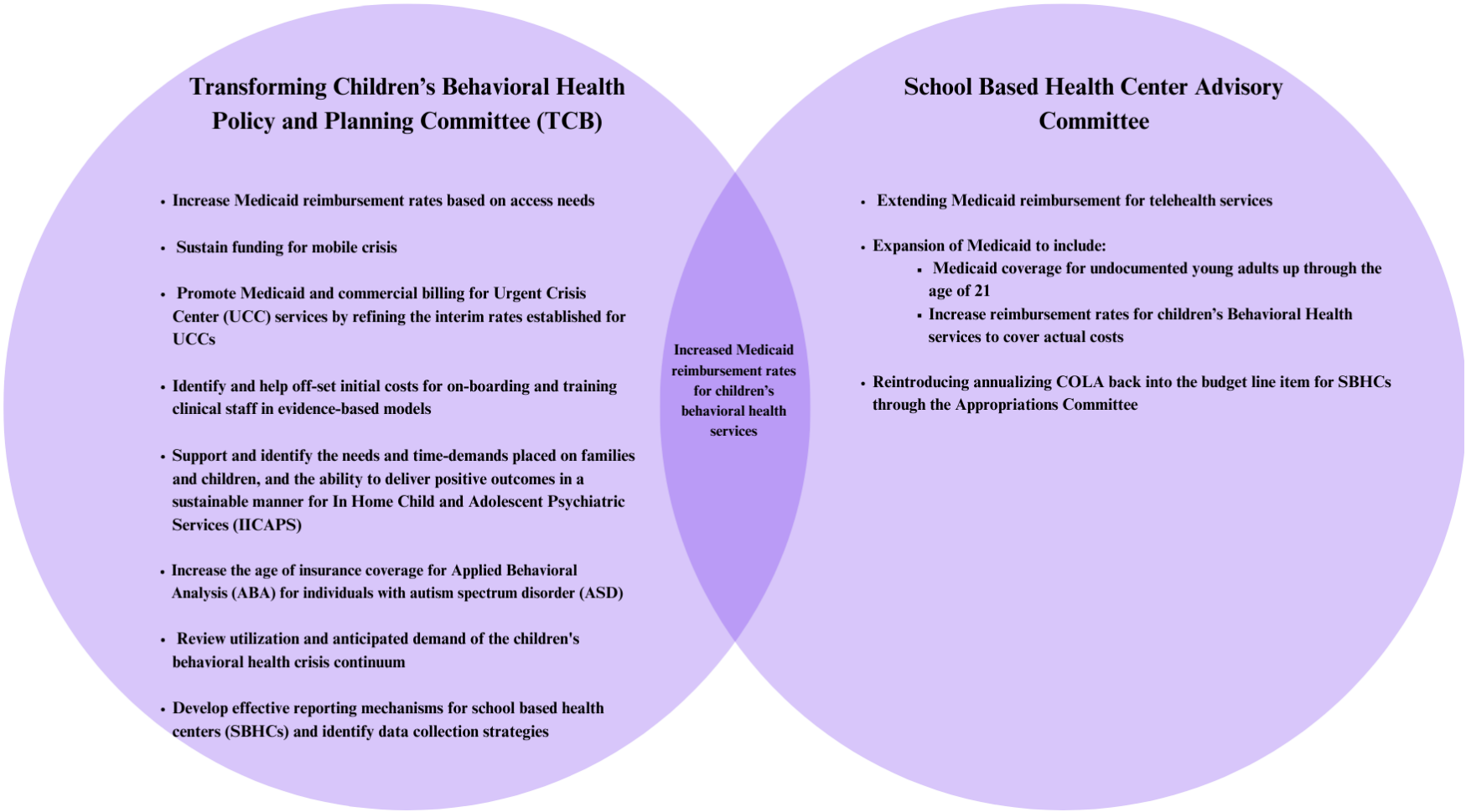
• Stabilize and grow the behavioral health workforce
• Promotion of the health and well-being of students through effective school health policies
School Nurse Advisory Council
• Advocate for school nurses to be nationally certified within 2 years of hire
• Advocate for Unlicensed Assistive Personnel (UAP) to administer medication
• Promotion of health and well-being of students through effective school health policies
• Advocate for school nurses to have higher pay and increased training hours
• Workforce retention and stabalilizatinn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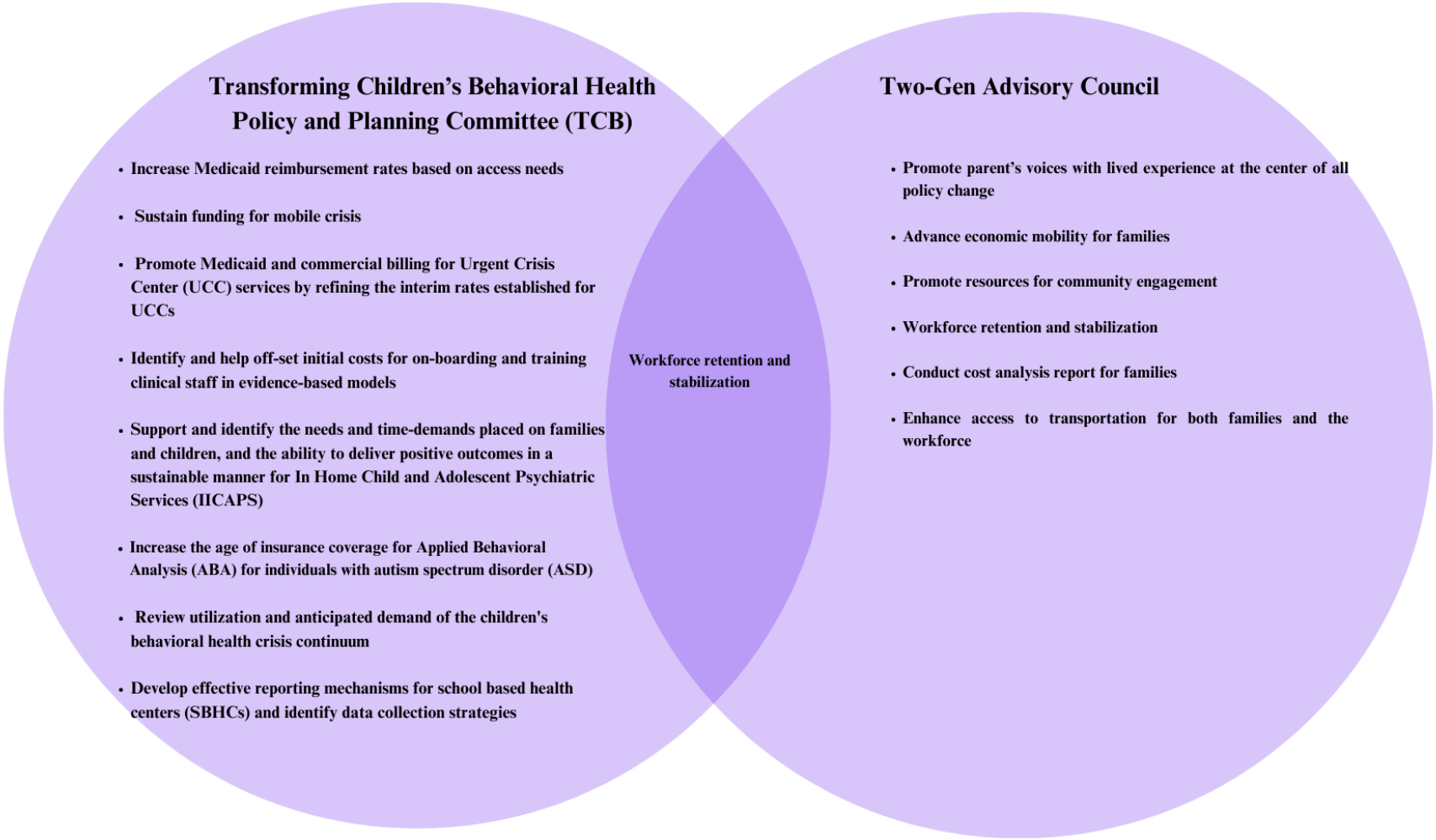
Review utilization and anticipated demand of the children's behavioral health crisis continuum
Develop effective reporting mechanisms for school based health centers (SBHCs) and identify data collection strategies
Increased Medicaid reimbursement rates for children's behavioral health services
School Based Health Center Advisory Committee
Extending Medicaid reimbursement for telehealth services
Expansion of Medicaid to include:
Medicaid coverage for undocumented young adults up through the age of 21
Increase reimbursement rates for children's Behavioral Health services to cover actual costs
Reintroducing annualizing COLA back into the budget line item for SBHCs through the Appropriations Committee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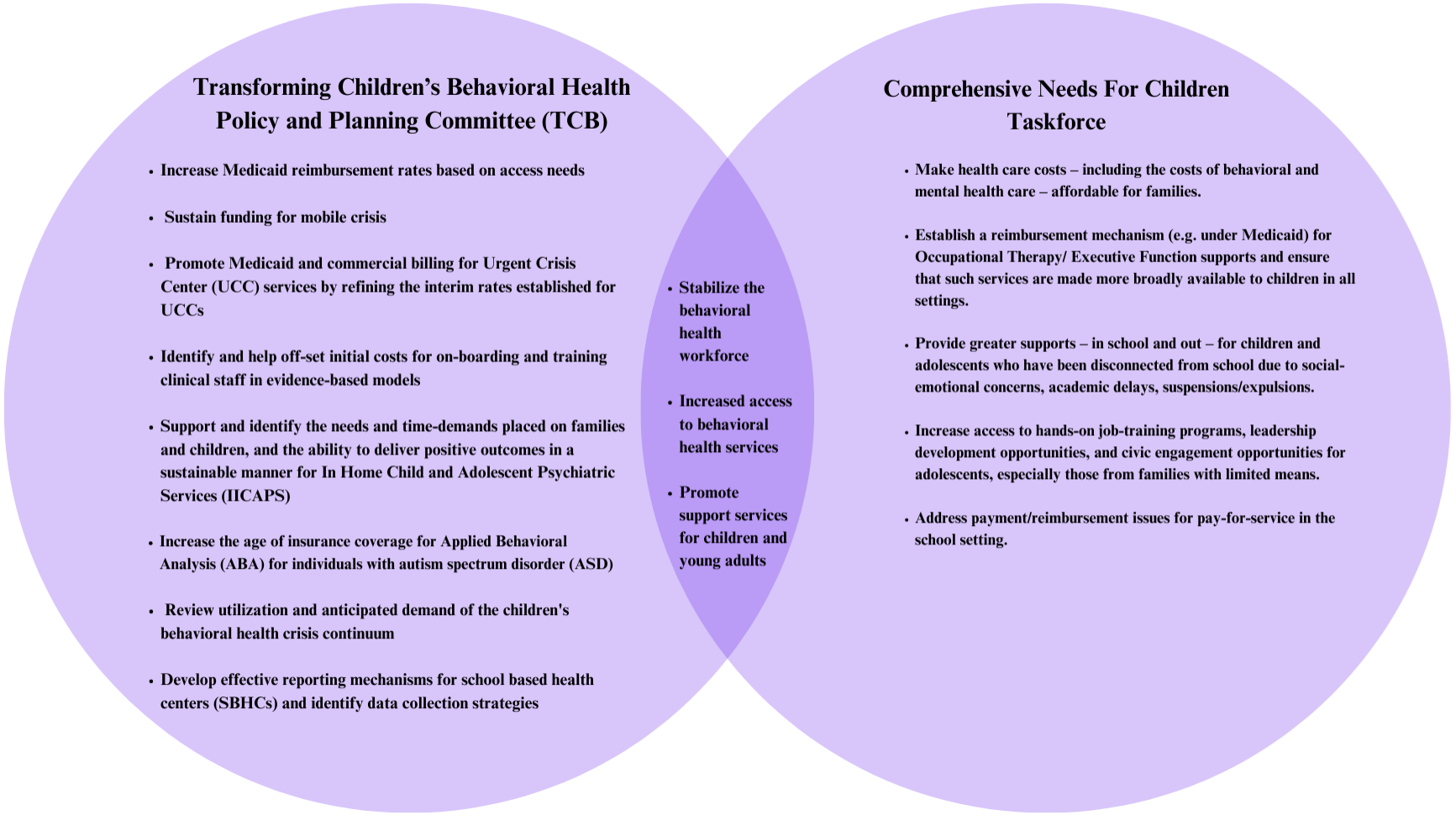
Workforce retention and stabilization
Two-Gen Advisory Council
Promote parent's voices with lived experience at the center of all policy change
Advance economic mobility for families
Promote resources for community engagement
Workforce retention and stabilization
Conduct cost analysis report for families
Enhance access to transportation for both families and the workforce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• Stabilize the behavioral health workforce
• Increased access to behavioral health services
• Promote support services for children and young adults
Comprehensive Needs For Children Taskforce
• Make health care costs – including the costs of behavioral and mental health care – affordable for families.
• Establish a reimbursement mechanism (e.g. under Medicaid) for Occupational Therapy/ Executive Function supports and ensure that such services are made more broadly available to children in all settings.
• Provide greater supports – in school and out – for children and adolescents who have been disconnected from school due to social-emotional concerns, academic delays, suspensions/expulsions.
• Increase access to hands-on job-training programs, leadership development opportunities, and civic engagement opportunities for adolescents, especially those from families with limited means.
• Address payment/reimbursement issues for pay-for-service in the school setting.

Conclusion:

The TCB aims to leverage the initial meetings with advisory bodies to identify and enhance alignment and collaboration opportunities. This document, along with the strategic plan, should be regarded as 'living documents,' subject to continuous review and updates in response to changes in the environment, state, and federal policies.

C. Glossary of Commonly Used Terms

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.

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Children's Behavioral Health Advisory Bodies Alignment Document

Tow Youth Justice Institute
Making connections. Informing solutions.

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Tow Youth Justice Institute
University of New Haven

ISSUE BRIEF

A Publication of the Tow Youth Justice Institute
Making Connections. Informing Solutions.

Understanding the 2025 Transforming Children's Behavioral Health Policy and Planning Committee Recommendations for Legislation

Background

In January 2025, the Transforming Children's Behavioral Health Policy and Planning Committee voted on recommendations for the 2025 legislative session. The recommendations touch on a variety of issues facing children's behavioral health in Connecticut, which include Medicaid behavioral health reimbursement rates, workforce stabilization, the age of insurance coverage of applied behavioral analysis for Autism Spectrum Disorder, a study of the crisis continuum, a study to evaluate data collection of school-based health centers, and a review of Medicaid and private insurance billing codes for behavioral health services billed within schools . These recommendations thus put forth another mechanism of improving the status of children's behavioral health in the state of Connecticut.

Children's Medicaid Behavioral Health Reimbursement Rate Recommendations

At both the State and national level, there is an increasing demand for children's behavioral health services. Nationally, 1 in 10 children on Medicaid utilize behavioral health services, which accounts for one-third of all costs for children in Medicaid. In Connecticut alone, 21% of children ages 0-17 are on Medicaid and 42% of them live in poverty or low-income households. According to a recent Medicaid Rate Study, Medicaid rates in Connecticut averaged only 62.3% of the five-state comparison rate for behavioral health services.

The TCB recommendations for legislative consideration include increasing Medicaid behavioral health reimbursement rates based on access needs and recommends a study of Medicaid rates that focuses specifically on children's behavioral health, sustaining 24/7 mobile crisis expansion, promoting the use of Medicaid and commercial billing for Urgent Crisis Center services, and for the Office of Health Strategy to then report changes and updates in Medicaid and commercial coverage of Urgent Crisis Centers.

Workforce Stabilization Recommendations

The burnout of behavioral health workers and providers continue to be a growing issue nationwide while the need for behavioral health services increases. Specifically, 93% of behavioral health workers have reported burnout across the United States, according to the National Council for Wellbeing; and 91% of surveyed nonprofit organizations reported experiencing difficulties in recruiting employees, as stated by

the Alliance Voice of Community Nonprofits.

The TCB recommends an analysis of the potential billing code to offset initial costs for on-boarding and training clinical staff in evidence-based models, as well as recommends grant planning for Certified Community Behavioral Health Clinics (CCBHCs) design to include the development of separately payable acuity-based care coordination service to improve the outcomes for children, a value-based payment model that holds providers accountable and rewards them for improved outcomes, and navigation support, and a review of the IICAPS model for expansion consideration. The TCB recommendations identify that the TCB will contract with the IICAPS Model Development and Operations to determine potential available reimbursements and to conduct a randomized control trial for qualifying IICAPS federally as an evidence-based treatment program.

Autism Spectrum Disorder Recommendations

Autism Spectrum Disorder (ASD) continues to be increasingly more prevalent nationwide, yet services are costly and can vary based on insurance coverage. While the Center for Disease Control and Prevention (CDC) estimates that 1 in 36 children in the United States have ASD, Connecticut parents report rates above the national average. A critical gap for youth with ASD exists in Connecticut for the access to the necessary behavioral health treatment services, specifically Applied Behavioral Analysis (ABA). Currently, the insurance coverage is only available until the age of 21 even though young people can be included on their parents' insurance up until the age of 26. This creates a significant gap in therapeutic services for those aged from 21-25 and hinders long-term development.

TCB's recommendation to increase the age of coverage for applied behavioral analysis (ABA) for Autism Spectrum Disorder from 21 to 26 would ensure the continuity of care for young people with ASD; improve long-term outcomes in communication, social skills, and adaptive behavior; reduce financial burden by alleviating out-of-pocket expenses; and promote health equity in the state.

Continuum of Crisis Services Study Recommendation

As the need for children's behavioral health services continues to rise, there becomes an increasing need for a comprehensive understanding of the entire crisis continuum to best determine effective resource allocation, timely intervention, and the improvement of outcomes for children in crisis.

The TCB is recommending a study be conducted to review the utilization and anticipated demand of a children's behavioral health crisis continuum, which includes 211/988, mobile crisis, Urgent Crisis Centers, Sub-Acute Crisis Stabilization, and Emergency Departments. This study would provide further insight to the current state of crisis services that are available; allow for the projection of future demand of crisis services to proactively plan for resource needs; optimize resource allocation; identify service gaps and unmet needs; and inform data-driven policy decisions to build a stronger, equitable, and more responsive behavioral health system for Connecticut's children.

School-Based Health Center Study Recommendations

School Based Health Centers (SBHCs) are outpatient clinics on school grounds that provide an array of medical and behavioral health services for children. The services that are offered range from primary care to behavioral health to best serve students and their unique needs. These centers are an ideal location for health care for children since they are on-site and therefore provide services for those populations that may face barriers of care. SBHCs also have shown to improve student attendance.

The TCB recommends a survey to idenitfy current data collection practices, and the anticipated challenges and opportunities presented by the implementation of more comprehensive data collection systems. From this survey, recommendations regarding effective reporting standards for School Based Health Centers, will be provided with collaboration from the Department of Public Health.

School Health Services Recommendation

School Health Services are typically provided within schools by school nurses and other school health

professionals, and include the treatment of minor illnesses and injuries, ensuring students meet the state mandates for physicals and immunizations, coordinating care through communication between the school and family, and educating families on what health care services are available to their child at school.

The TCB recommendation to review Medicaid and private insurance billing codes to ensure non-duplicative billing and opportunities to fully claim reimbursement for services provided would allow for school districts to have further clarification of billing codes and would optimize the operational efficiency of school health services, improving the health outcomes for students.

Conclusion

The Transforming Children's Behavioral Health Planning and Policy Committee has worked tirelessly to develop their first set of recommendations for legislative consideration that target specific areas that address the most urgent needs of Connecticut's children. Continued support and collaboration among organizations are imperative for the success of these recommendations and their intended outcomes.

The Tow Youth Justice Institute is a university, state and private partnership established to lead the way in juvenile justice reform through collaborative planning, training, research and advocacy.

Please visit our website at towyouth.newhaven.edu and follow us on social media @towyouth or call 203-932-7361 with questions or for more information.

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Autism Spectrum Disorder (ASD) Recommendation

Background

The prevalence of children with Autism Spectrum Disorder (ASD) continues to increase nationwide, yet treatment and necessary services remain costly, and the costs can vary across insurance coverage. Young adults with autism spectrum disorder (ASD) in Connecticut face a critical gap in access to necessary behavioral health treatment services, specifically Applied Behavior Analysis (ABA), due to current insurance coverage up to age 21. This creates a critical gap in care for individuals over the age of 21, disrupting therapeutic progress and hindering long-term development. This gap exists even though both state and federal law recognize the importance of supporting individuals with disabilities in their development and pursuit of their full potential. Connecticut recognized ABA therapy as a crucial, evidence-based treatment for ASD when it enacted age limits for coverage under CGS §§ 38a-514b and 38a-488b in 2015. This recognition highlights the importance of ABA and the financial burden it places on families.

Facts

- The Centers for Disease Control and Prevention (CDC), estimates 1 in 36 children nationwide have ASD. When applied to Connecticut's 2020 population census data, this suggests approximately 20,481 youth. Survey data from Connecticut parents report rates above the national average.
- Despite young adults with ASD being eligible to remain on their parents' insurance until age 26 and being able to access special education services up to age 22, Connecticut law only mandates insurance coverage for ASD behavioral health therapy until age 21. This creates a critical gap in care for individuals above the age of 21.
- Roughly 5% of children between the ages of 3- and 17-years old with public insurance have ASD.
- Currently in Connecticut, state insurance laws only require insurance coverage for those utilizing Applied Behavioral Analysis (ABA) services up to 21 years of age, yet adolescents are covered on their parent's insurance until age 26.
- Relatedly, students with ASD and other disabilities are eligible for special education services until 22 years of age.

- The high prevalence (97%) of co-occurring health conditions among children with ASD on public insurance emphasizes the need for continuous, comprehensive care, including consistent access to ABA.

TCB Recommendation

1. The TCB recommends an amendment to Sec. 38a-514b (group coverage) and Sec. 38a-488b (individual coverage) of the general statues section to strike through the age of insurance coverage of ABA from 21 to 26, effective January 1, 2026.

Impact of Recommendation

- **Ensure Continuity of Care**: Prevent a disruptive loss of essential ABA services for young adults with ASD during a critical transitional period.
- **Improve Long-Term Outcomes**: Support continued progress in communication, social skills, and adaptive behavior, leading to greater independence and improved quality of life.
- **Reduce Financial Burden**: Alleviate the significant out-of-pocket expenses families currently face when seeking ABA therapy for young adults.
- **Promote Health Equity**: Increase access to affordable, quality healthcare, addressing disparities faced by individuals with ASD and their families.

Conclusion

The enaction of the TCB Autism Spectrum Disorder (ASD) recommendation will result in a significant number of young adults sustaining coverage without paying large amounts out of pocket. The accompanying access, affordability, and quality of health care services will result in positive health outcomes for individuals with ASD that they previously lost access to at the age of 21.

AUTISM SPECTRUM DISORDER RECOMMENDATION

The prevalence of autism spectrum disorder (ASD) among children has been steadily rising in recent years.

According to the CDC, 1 in 36 children are diagnosed with ASD, with prevalence rising over the past decade.

Approximately 20,481 youth in Connecticut are estimated to have ASD.

Rising ASD prevalence is met with costly treatment and inconsistent insurance coverage, creating significant access barriers..

Roughly 5% of children between the ages of 3- and 17-years old with public insurance have ASD.

Connecticut mandates behavioral health therapy coverage only until 21, while federal law allows young adults with ASD to remain on parental insurance until 26 and access special education until 22.

This gap has significant consequences, as evidenced by:

97% of children with ASD on public insurance have co-occurring health conditions.

The TCB ASD recommendation aims to address the gap in insurance coverage for young adults with ASD. Its implementation could allow individuals to maintain coverage, potentially improving access to and affordability of healthcare services.

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Children's Behavioral Health Services Recommendation

Background

Underfunding of Children's Behavioral Health Services Is Creating a Looming Crisis. In recent years, there has been an increased demand for behavioral health treatment and access to these related services which has resulted in an increase in behavioral health disparities. Relatedly, Medicaid reimbursement rates in Connecticut do not correspond to the necessary funds needed, resulting in significant gaps in services. If unaddressed, the continued underfunding of Medicaid and low reimbursement rates will exacerbate existing challenges.

Data

Increased Demand for services

Behavioral health disparities are on the rise, leading to greater demand for treatment.

- Nationally, 1 in 10 children on Medicaid utilize behavioral health services, accounting for 1/3 of all costs for children in Medicaid.
- According to the CDC's *Youth Risk Behavior Survey*, a growing number of adolescents experience poor indicators of mental health and thoughts of suicide.
- In Connecticut, 21% of children ages 0-17 are on Medicaid (742,877 children total), and 42% of them live in poverty or low-income households.
- Untreated mental illness results in significant costs to the state in other areas, such as:
- Increased Emergency Room Visits: Individuals experiencing mental health crises often end up in emergency rooms, which are a far more expensive setting for care than outpatient mental health services.
- Increased Hospitalizations: Untreated mental illness can lead to psychiatric hospitalizations, further straining the healthcare system and driving up costs.

Reimbursement Rates Significantly Below Benchmarks

- The Department of Social Services (DSS) *Phase 1 Report: Studies of Medicaid Rates of Reimbursement* in 2024, compared Connecticut to five other states (New York, Maine, New Jersey, Massachusetts, and Oregon).
- The report revealed that several Medicaid reimbursement rates in Connecticut are significantly below benchmarks established by Medicare and comparable state Medicaid programs.
- Behavioral health services show the most significant gaps, with Medicaid reimbursement rates in Connecticut averaging only 62.3% of the five-state comparison rate.

TCB Recommendations

Recommendation 1: 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:

1. 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.

Recommendation 2: 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:

1. The breakdown of children's behavioral health spend, and where clinic codes are located,

2. After each investment to children's behavioral health (FY '25, '26), The Department of Social Services should evaluate if CT is closer to peer state benchmarks on code basis and total spending amount, and
3. 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.

Recommendation 3: 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.

Recommendation 4: 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.

Recommendation 5: 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.

Impact of Increased Medicaid Reimbursement:

- Improved Access: Higher rates will enable providers to expand services and reach more children, particularly in underserved communities.
- Enhanced Quality: Providers can invest in quality improvement, including hiring more staff, upgrading facilities, and implementing new programs.
- Crisis Services: Sustainable funding for mobile crisis expansion is critical for providing timely community-based interventions.

Conclusion

Investing in children's behavioral health through increased Medicaid reimbursement rates is not just a matter of healthcare policy – it is a moral and economic imperative. By taking immediate action to address these chronically low rates, Connecticut can ensure that all

children, regardless of their socioeconomic background, have access to the quality mental health care they need to thrive. Failure to act will only exacerbate the current challenges, leading to poorer outcomes for children and higher costs for the state. This investment will improve the lives of Connecticut's most vulnerable young people and strengthen the state's future.

CHILDREN'S MEDICAID BEHAVIORAL HEALTH REIMBURSEMENT RATE RECOMMENDATION

The CDC's Youth Risk Behavior Survey reveals a concerning trend: more adolescents are reporting poor mental health and suicidal thoughts, with rising behavioral health disparities driving increased demand for treatment.

1 in 10 children on Medicaid use behavioral health services but account for 1/3 of all costs for children in Medicaid.

of children in CT are on Medicaid.

42% of them live in poverty or low-income households.

As the DSS Phase 1 Report (2024) indicates, Connecticut's Medicaid reimbursement rates are well below the average of five comparable states (NY, ME, NJ, MA, OR).

Behavioral health services are the most underfunded, averaging only 62.3% of the five-state comparison rate.

The Cost of Underfunded System

Without access to treatment, costs rise in other areas:

- Treating mental health crises in emergency rooms is a far more costly approach than providing preventative outpatient care.
- Lack of early intervention increases psychiatric admissions, straining healthcare systems.

Increasing Medicaid reimbursement rates for children's behavioral health is a critical policy consideration with both ethical and economic implications. Addressing the current funding shortfall is essential to ensuring equitable access to necessary mental health services for all children. Failure to do so is projected to negatively impact child well-being and increase long-term costs for the state.

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Continuum of Crisis Services Study Recommendation

Background

Connecticut's children deserve a robust and accessible behavioral health crisis response system. While the state has made strides in mobile crisis services, increasing demand and the complexity of children's behavioral health needs require a comprehensive understanding of the entire crisis continuum. This understanding is crucial for effective resource allocation, timely intervention, and ultimately, improving outcomes for children in crisis. The findings of this study will be the cornerstone for policy discissions that protect children and improve system performance.

Connecticut is experiencing a surge in demand for children's behavioral health services. Strong community supports with accessible pathways, can prevent escalation that would require utilization of crisis and/or inpatient services.

Without effective community-based crisis options, families are forced to rely on Emergency Departments that are not fit to offer developmentally appropriate setting for children experiencing a behavioral health crisis. By strengthening community-based crisis options, we can reduce the reliance on EDs and ensure children receive appropriate care in the right setting.

Facts

- Data from Mobile Crisis Intervention Services Fiscal Year 2024 Annual Report revealed Mobile Crisis services responded to 11,346 episodes of care, serving 8,428 Children.
- Data from 2024 indicates that 95.7% of children served in UCC's returned to their homes and communities, and that 49.1% of families indicated that they would have gone to the ED if not for the UCC option.

TCB Recommendation

Recommendation 1: 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, in order to assess optimal capacity utilization and decisions for which services will be utilized.

a. Studies should include current utilization of services, marketing efforts, outreach strategies, referral pathways, and resource allocation.
b. TCB should submit a report of recommendations by November 1st, 2025.

Impact of Study

Analyze current crisis services:

- Current utilization of 211/988, mobile crisis, Urgent Crisis Centers (UCCs), sub-acute crisis stabilization, and EDs for behavioral health crises.
- The effectiveness of existing marketing and outreach strategies for crisis services.
- Referral pathways to identify bottlenecks and improve care coordination.

Project: Future demand for crisis services to proactively plan for resource needs.

Optimize: Resource allocation to ensure funding aligns with needs and maximizes impact.

Identify: Service gaps and unmet needs to ensure equitable access to care for all children.

Inform: Data-driven policy decisions to build a stronger, more responsive, and equitable behavioral health system for Connecticut's children.

Conclusion

This study will provide the data and insights needed for direct effective resource allocation, timely intervention, and ultimately, improving outcomes for Connecticut's children's behavioral health crisis response system.

CONTINUUM OF CRISIS SERVICES STUDY RECOMMENDATION

Connecticut is experiencing a significant increase in children's behavioral health needs.

The Mobile Crisis Intervention Services Annual Report revealed in 2024:

11,346 episodes of care were delivered by mobile crisis intervention services.

8,428 children received services

While mobile crisis services have advanced, limited community-based support results in overuse of emergency departments, which are not ideally suited for children's developmental needs in crisis.

Expanding community-based crisis intervention is essential to de-escalate situations and ensure children receive appropriate care.

Crisis Service Continuum Study Scope

Evaluate the use of 211/988, mobile crisis services, UCCs, sub-acute stabilization, and EDs to improve behavioral health crisis response.

Evaluate outreach strategies and referral pathways to improve accessibility and coordination.

Analyze current service utilization, marketing efforts, outreach strategies, referral pathways, and resource allocation.

Identify service gaps to ensure equitable care.

The Impact of UCCs in 2024:

95.7% of children served returned home or to their communities.

49.1% of families would have otherwise relied on the ED.

This study will provide data and insights to inform effective resource allocation, timely intervention, and ultimately, improved outcomes for Connecticut's children's behavioral health crisis response system.

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School Based Health Center Study Recommendation

Background

School Based Health Centers (SBHC) are imperative to children's behavioral health, as they have been shown to improve health outcomes, education outcomes, and the utilization of services. SBHC's have been reported to be the ideal location for youth-focused services, given that they are in locations that allow both primary care and mental health staff to collaboratively address student's health needs. SBHCs face a variety of barriers, including insufficient staffing, provider burnout, competing salary and benefits (which negatively impact recruitment and retention), high caseloads, inequities in insurance reimbursement, and documentation requirements. In Connecticut, the Department of Public Health funds 91 SBHC sites in 27 communities.

What are School Based Health Centers?

- SBHCs are licensed as outpatient clinics or as hospital satellites, as stated by the *Connecticut Department of Public Health,* and are staffed with Advanced Nurse Practitioners, Physician Assistants, or Pediatric/Family Medical doctors who can assess, diagnose, treat, and make external referrals to specialists, according to the *Connecticut Association of School Based Health Centers*
- School Health Services staff and School Based Health Center Practitioners work together to:
  - Coordinate care for the student
  - Create a culture of health within the school community to include students, families, school staff, and private practitioners
  - Adress social determinants of health and identify barriers students may face

Data

SBHCs can help with academic success.

- According to the *Los Angeles Trust for Children's Health*, student attendance increased by 5.4 school days per year following a visit to SBHC.
- Students' attendance increased by 7 school days per year after attending a SBHC visit for a mental health diagnosis.

SBHCs are available to populations that may face barriers of care.

- According to the Findings from the *2022 National Census of School Based Health Centers, about* 80% schools served by SBHCs were Title 1 schools, and around 70% students in schools with access to an SBHCs were youth who were Black, Indigenous, and POC
- According to the report the *Evaluation of the Impact of School Based Health Centers*, SBHC's can increase access to services and help improve outcomes by reducing or removing many of the barriers experienced by the students, families, and communities they serve

TCB Recommendations

Recommendation 1: It is recommended that TCB contract with an outside entity to conduct a School Based Health Center (SBHC) study for:

a. Developing and administering a survey to better understand current data collection practice and the anticipated challenges and opportunities in implementing a more robust data and QI system.
b. Identifying effective reporting standards for SBHC's to report to the Department of Public Health (DPH).
c. The study will be designed and piloted in collaboration with the Department of Public Health (DPH) and the department of Children and Families (DCF).
d. A standardized definition of SBHCs.

Recommendation 2: It is recommended that all School Based Health Centers (SBHCs) report to DPH the following effective January 1st, 2026, annually thereafter

a. Establish comprehensive reporting across all SBHCs to inform targeted investment by utilizing reporting mechanisms outlined in the study above.

Conclusion

The enaction of the TCB School Based Health Center Study recommendations will allow for SBHCs to implement standardized methodologies for evaluating data, outcomes, and service costs, as well as identify barriers to services.

SCHOOL BASED HEALTH CENTER RECOMMENDATION

School-based health centers (SBHCs) are crucial for children's behavioral health, improving health and educational outcomes while increasing service utilization. Their location within schools makes them ideal for collaborative primary care and mental health services addressing student needs.

The Impact & Challenges of School-Based Health Centers (SBHCs)

SBHCs are licensed as outpatient clinics or hospital satellites staffed by medical professionals who provide comprehensive care, from assessment to treatment to referrals. SBCH's staff collaborate with school personnel to coordinate student care, foster a healthy school environment and address social determinants of health.

3,900 SBHCs across 49 states and Washington D.C. (2022)

91 SBHC sites funded by the Department of Public Health across 27 CT communities.

Students receiving school-based mental health services have lower suspension rates & better peer relationships.

Barriers Facing SBHCs

- Staffing shortages
- Provider burnout
- High caseloads
- Salary competition
- Documentation burdens
- Insurance reimbursement inequities

Inequities persist in both healthcare access and provider representation, with racial minorities underrepresented in mental health professions.

The enaction of the TCB School Based Health Center Study recommendations will allow for SBHCs to implement standardized methodologies for evaluating data, outcomes, and service costs, as well as identify barriers to services.

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Workforce Stabilization Recommendations

Background

Across the United States, behavioral health staff have been experiencing burnout, yet the need for behavioral health services continues to be in high demand. There is an ongoing need for both clinical and non-clinical behavioral health workers to meet the needs of individuals seeking services. Addressing barriers to the workforce is imperative to improving both access to behavioral health services and supporting the needs of both the staff and the individual seeking services.

Facts

- **93% of behavioral health workers have reported burnout across the United States, according to the National Council for Mental Wellbeing.**
    - Such contributing factors include the inability to offer competitive salaries and benefits, a lack of qualified applicants, and staff burnout.

- **According to the 2024 Behavioral Health Insurance Coverage and Payment Parity in HUSKY, Private Insurance, and Medicare Advancement Report, as of 2022, there were substantially more providers per 100,000 enrollees in commercial insurance compared to HUSKY for all provider types, with psychologists having the largest difference.**
    - Specifically, there was four times the number of psychologists seeing patients enrolled in commercial insurance than in HUSKY.
    - ***This same report found that 1.54 million people in Connecticut live within mental health workforce shortage areas.***

- **The Intensive In Home Child and Adolescent Psychiatric Services (IICAPS) is utilized in Connecticut, with the children and families who use IICAPS having often shown histories of significant and chronic developmental stress, adversity, and trauma.**
    - IICAPS disproportionately serves families of minority racial and ethnic groups compared to the state and primarily serves youth eligible for Medicaid.
    - With the utilization of IICAPS, the completion rate is high for complex populations (75%).

- **The Alliance Voice of Community Nonprofits 2022 report found that 91% of the surveyed non-profit organizations reported experiencing difficulties in recruiting employees being faced with an average vacancy rate of 18%.**

- This report also found that 59% of nonprofits currently have a waiting list for community services, 68% of nonprofits say that demand for services has increased in the past two years, and 94% of nonprofits say that additional funding would allow them to fill more open positions.

TCB Recommendations

1. **It is recommended that 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"). This should include:**
   a. Potential Medicaid reimbursement for training and ramp-up, where extensive clinical training in an evidence-based model is needed before billing can occur.
   b. Feasibility assessment and fiscal analysis estimate should be submitted no later than October 1st, 2025.

2. **The Department of Social Services should include as part of the Certified Community Behavioral Health Clinics (CCBHCs) planning and designing grant the following:**
   a. the development of separately payable acuity-based care coordination service to improve outcomes of children,
   b. a value-based payment model that holds providers accountable and rewards them for improved outcomes,
   c. and navigation support.

3. **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.**
   a. Such model should consider the needs and time-demands placed on families and children, and the ability to deliver positive outcomes in a sustainable manner.

4. **It is recommended that TCB contract with IICAPS Model Development and Operations (MDO) at the Yale Child Study Center to**

a. 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,

b. conduct a randomized controlled trial (RCT) of IICAPS for purpose of qualifying IICAPS federally as an evidence-based treatment program. Interim recommendations to TCB by October 1st, 2025.

Conclusion

The enaction of the TCB Workforce Stabilization recommendations will result in the reduction of barriers to workforce retention and recruitment and costs for behavioral health services due to the potential reimbursement of the initial onboarding and training of clinical staff costs based on evidence-based models. The recommendations will allow for the enhancement of care coordination and navigation support to individuals seeking services through Certified Community Behavioral Health Clinics (CCBHCs). The review and design of IICAPS levels will ensure that staff can deliver sustainable positive outcomes. As IICAPS has led to a 47.1% reduction in emergency department visits for individuals utilizing those services, it is imperative for the securement of sufficient funding.

WORKFORCE STABILIZATION RECOMMENDATION

The demand for behavioral health services in Connecticut is outpacing Medicaid funding, contributing to service gaps and disparities.

Nonprofits Struggling to Meet Demand

The National Council for Mental Wellbeing reports that 93% of U.S. behavioral health workers experience burnout.

91 % of non-profits struggle to recruit employees.

18 % average vacancy rate

Driven by factors such as:

- Inability to offer competitive salaries and benefits.
- Lack of qualified applicants
- Staff burnout

This workforce shortage is reflected in access to care.

Increasing the Service Gap

59% have waiting lists for community services.

94% say more funding would help fill open positions.

According to the *2024 Behavioral Health Insurance Coverage and Payment Parity in HUSKY, Private Insurance, and Medicare Advancement Report* :

4x more psychologists per 100K enrollees in commercial insurance vs. HUSKY.

1.54 million CT residents live in mental health workforce shortage areas.

The TCB Workforce Stabilization recommendation focuses on improving workforce retention, reducing behavioral health service costs, and enhancing care coordination through evidence-based models.

For IICAPS, redesigning service levels will ensure sustainable outcomes, **as evidenced by a 75% success rate and a 47.1% reduction in emergency department visits, underscoring the need for adequate funding.**

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School-Based Workgroup Operational and Engagement Rules

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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 2025 ANNUAL SCHOOL BASED WORKGROUP WORKPLAN:

Workgroup Co Chairs: Dr. Elizabeth Connors, Associate Professor of Psychiatry, Division of Prevention and Community Research, Yale School of Medicine & Katerina Vlahos, Executive Director, Bridgeport Prospers

"School-based behavioral health services" refer to a full array of multi-tiered behavioral health services and supports including promotion, prevention, early intervention, and treatment for students in general and special education and accomplished through school-community-family partnerships.

Draft 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.

Priorities:

1. School Based Health Center Study
2. School Based Behavioral Health Services Recommendation
3. TBD with input from community

Short Term Workgroup Goals:

- 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
- Identify Meeting Schedule, frequency of meetings, and meeting presentations with the workgroup
- Identify and finalize workgroup priorities with feedback from the workgroup

- 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.
- Provide education and clear, inclusive language:
    - Discuss and map the array of school based behavioral health professionals and create an infographic or other resources to communicate who school-based mental health professionals are in terms of discipline, training, role and employer type.
    - Compile, discuss and share initial definitions important for active participation, clear communication within the workgroup and future glossary

Medium Term Workgroup Goals (2025):

- Provide education and clear, inclusive language:
    - Identify and map school-based behavioral health models in CT districts, including those who have SBHCs, community behavioral health partnerships, and the variety of school employed mental health professional staffing ratios
    - Develop and maintain a glossary of terms related to school based behavioral health to promote diverse engagement in the efforts of the workgroup among stakeholders with an array of personal and professional backgrounds and expertise
- Operationalize how we will integrate work with the Services and Prevention Workgroups
    - UConn Services Array Results
    - 2025 and 2026 recommendations
- SBHC study design and monitor the implementation of the study
    - Develop scope of work in partnership with DPH, OPM and CASBHC
    - TYJI to release RFQ for research partner on the study
    - Once awarded, work with researcher on study implementation
    - Monitor study progress, review findings and data analysis, as follows:

        - 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.
        - 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 not later than January 1, 2026, the Transforming Children's Behavioral Health Policy and Planning Committee shall submit a report, 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.
- School Behavioral Health Services study
    - Develop a scope of work for the intent of conducting a review of Medicaid and private insurance billing codes (e.g., behavioral health services provided and billed within schools) to ensure non-duplicative billing, opportunities to fully claim reimbursement for services provided, and efficient effective team coordination and collaboration among school-based mental health professionals.
    - TYJI to release RFQ for research partner on the study (if applicable)
    - If applicable, once awarded, work with research partner on the study
    - Monitor progress of study, review findings and data analysis
- Identify potential third priority area in partnership with the workgroup (e.g., early childhood)
- Consistent monitoring of TCB 2025 passed legislation and updates on the status of the implementation progress will be given at each services workgroup meeting.
    - Collaborate with identified responsible state agencies and private organizations on progress of implementation, barriers, and needed adjustments.
- 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

- 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.

Meeting Schedule: School Based Workgroups are set to Start 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 prior to the meeting each month.