

May Services Workgroup Meeting Agenda

May 7th, 2025

2:00pm – 3:30pm

- 1. Welcome and Introductions**
- 2. TCB Updates**
 - a. May Meeting
 - b. Legislative Updates
 - c. TCB Studies Update
 - d. School Based and Prevention Workgroup Updates
- 3. Strategic Plan**
 - a. Ranking measures of success listed in Continuum of Care Section of the Plan
- 4. Peer to Peer Services**
 - a. CHDI Peer to Peer Study Updates
 - b. Discussion
- 5. Continuum of Care Study- listed in [2025HB-06951-R00-HB.PDF](#)**
 - a. Review of legislation
 - b. Identify potential scope and researchers to be involved in the study
- 6. Services Array Updates**
 - a. Survey Updates
 - b. Plan for Dissemination / Pilot

TCB Services Workgroup May Meeting Summary

May 7, 2025
2:00pm -3:00pm

Attendance

Aleece Kelly
Edith Boyle
Ingrid Gillespie
Jack Lu
Jennifer Abbatemarco
Jill Farrell
Joan Neveski

Joanne Tremblay
Kellie Randall
Kristen Parsons
Naomi Libby
Stephanie Bozak
Yann Poncin

TYJI Staff

Emily Bombach
Erika Nowakowski
Jacqueline Marks
Stacey Olea

Meeting Objectives:

- TCB Administrative Updates
- Peer to Peer Study – CHDI
- Continuum of Care Study Overview and Discussion
- Services Array Updates

Meeting Summary:

1. TCB Administrative updates:

- TYJI Staff gave an overview of the April Monthly TCB Meeting and provided workgroup updates for both the School Based and Prevention Workgroups. Additionally, TYJI staff gave an overview of the 2025-2028 Strategic plan to discuss the workgroup's proposed measures of success. The workgroup members were encouraged to contact TYJI if they have any questions.
- Lastly, TYJI Staff gave an overview of TCB's bills currently going through the legislative process.
 - **HB 6951:** The bill includes the Crisis Continuum study recommendation, School-Based Health Center study, and funding for Mobile Crisis recommendation.
 - **HB 7109:** This bill includes the recommendation to amend the age of insurance for ABA therapy for individuals with ASD, the UCC study, the IICAPS recommendation, and the CCBHC planning grant.
 - **HB 7263:** This bill would include the Behavioral Health Advocate and two providers of substance abuse disorder who treat youth as appointed members of the TCB committee.

2. Peer-to-peer Services Study Presentation

- CHDI provided a presentation regarding the Peer-to-Peer Services Study they are currently working on with collaboration from CBHPIAB. The recommendations from

the report will address specific areas for youth and family support specialists, while also evaluating the role of lived experience in Connecticut. CHDI also reviewed the methods used to develop recommendations, the current peer support in CT, and the next steps for data collection.

b. Feedback and discussion:

- i. Workgroup members asked the presenter various questions including how mentorship was viewed in the spectrum of youth, and how many State agencies utilize peer to peer for youth and parents.
- ii. A workgroup member expressed some challenges in peer support outside of CT are low reimbursement rates, staff being underpaid, transition age youth, the certification process in different states, and non-supportive supervision in their roles.

3. *Continuum of Care Study Updates and Feedback*

- a. TYJI provided a brief overview of HB 6951, and the Crisis Continuum Study.
 - i. A Workgroup member asked how the study interrelates with the current performance improvement for urgent care crisis centers. This member further explained the aspects of data points covered in the performance improvement tool.
 - ii. A workgroup member inquired how the proposed bill was established. TYJI explained that TCB will continue to invite agencies to present data, but the bill focuses on the utilization and usage of hours for services to gather the missing data.
 - a. CHDI and DCF will come back to the workgroup to present what data currently exists.

4. *Service Array Survey Updates and Feedback*

- a. UConn Innovations gave an overview of the status of the UConn Services Array Survey. The study is currently piloting, and the goal is to disseminate it by the end of May. There is a glossary that aligns with the survey language, and the survey results will be collected throughout the summer. There is effort to compile the collected information by September 2025.

5. *Next Steps:*

- a. The service array survey will be piloted, and updates will be provided upon the next workgroup meeting.

6. *Next meeting*

- a. **June 4th, 2025 2:00-3:30PM (ZOOM)**



Transforming Children's Behavioral Health Policy and Planning Committee

2025 LEGISLATIVE RECOMMENDATIONS IN BRIEF



Making connections. Informing solutions.

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2025 TCB RECOMMENDATIONS

Note: Recommendations were revised following the January TCB Meeting.

<p>Children's Medicaid Behavioral Health Reimbursement Rate Recommendations</p>	<ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> a. Adjustment to meet peer-state benchmark rates for children's behavioral health where an applicable benchmark is available, and funding is needed to address access issues. Where a benchmark rate is not available, DSS should recommend a methodology for equitably distributing rate increases to address any access issues/needs. 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: <ol style="list-style-type: none"> i. The breakdown of children's behavioral health spend, and where clinic codes are located, ii. After each investment to children's behavioral health (FY '25, '26), The Department of Social Services should evaluate if CT is closer to peer 	<p>Fiscal Impact/ Children's Committee</p>
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	<p>state benchmarks on code basis and total spending amount, and</p> <p>iii. Identify the proportion of the system that was not matched in the Phase 1 Medicaid Rate Study and provide the TCB a set of recommendations regarding how to approximate access needs for those codes.</p> <p>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.</p> <p>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.</p> <p>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.</p>	
Workforce Stabilization Recommendations	<p>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:</p> <p>a. Potential Medicaid reimbursement for training and ramp-up, where extensive</p>	Children’s Committee

	<p>clinical training in an evidence-based model is needed before billing can occur.</p> <p>b. Feasibility assessment and fiscal analysis estimate should be submitted no later than October 1st, 2025.</p> <p>2. The Department of Social Services should include as part of the Certified Community Behavioral Health Clinics (CCBHCs) planning and designing grant the following:</p> <p>a. the development of separately payable acuity-based care coordination service to improve outcomes of children,</p> <p>b. a value-based payment model that holds providers accountable and rewards them for improved outcomes,</p> <p>c. and navigation support.</p> <p>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.</p> <p>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.</p> <p>4. It is recommended that TCB contract with IICAPS Model Development and Operations (MDO) at the Yale Child Study Center to</p> <p>a. determine what additional federal funding and reimbursements may be available to IICAPS MDO and the</p>	
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	<p>IICAPS network as an evidence-based/promising practice treatment program, and if determined prudent,</p> <ol style="list-style-type: none"> b. conduct a randomized controlled trial (RCT) of IICAPS for the purpose of qualifying IICAPS federally as an evidence-based treatment program. Interim recommendations to TCB by October 1st, 2025. 	
ASD Recommendation	<ol style="list-style-type: none"> 1. The TCB recommends an amendment to Sec. 38a-514b (group coverage) and Sec. 38a-488b (individual coverage) of the general statutes section to strike through the age of insurance coverage of ABA from 21 to 26, effective January 1st, 2026. 	<i>Insurance</i>
Continuum of Crisis Services Study Recommendation	<ol style="list-style-type: none"> 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, to assess and advance optimal capacity utilization. <ol style="list-style-type: none"> 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. 	Children's Committee
School-Based Health Center Study Recommendations	<ol style="list-style-type: none"> 1. It is recommended that TCB contract with an outside entity to conduct a School Based Health Center (SBHC) study for <ol style="list-style-type: none"> a. Developing and administering a survey to better understand current data collection practice and the anticipated challenges and opportunities 	Children's Committee

	<p>in implementing a more robust data and QI system.</p> <ul style="list-style-type: none"> 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. <p>1. It is recommended that all School Based Health Centers (SBHCs) report to DPH the following effective January 1st, 2026, annually thereafter</p> <ul style="list-style-type: none"> a. Establish comprehensive reporting across all SBHCs to inform targeted investment by utilizing reporting mechanisms outlined in the study above. 	
School Health Services Recommendation	<p>1. A review of Medicaid and private insurance billing codes (e.g behavioral health services provided and billed within schools) to ensure non-duplicative billing and opportunities to fully claim reimbursement for services provided.</p> <p>Note: This language is pending.</p>	Children's Committee