

June Services Workgroup Meeting Agenda

June 4th, 2025

2:00pm – 3:30pm

- 1. Welcome and Introductions**
- 2. TCB Updates**
 - a. Legislative Updates
 - b. TCB Studies Update
 - c. School Based and Prevention Workgroup Updates
- 3. Review of Crisis Continuum Data Collection in CT – CHDI/DCF**
- 4. Continuum of Care Study- listed in [2025HB-06951-R00-HB.PDF](#)**
 - a. Review of legislation
 - b. Discussion
- 5. Services Array Updates**

TCB Services Workgroup June Meeting Summary

June 4, 2025

2:00pm-3:00pm

Attendance

Danielle Cooper	Jack Lu	Joan Neveski	Keri Lloyd	<u>TYJI Staff</u> Emily Bombach
Donna Pfrommer	Jennifer Abbatemarco	Katerina Vlahos	Kristen Parsons	Erika Nowakowski
Edith Boyle	Jennifer Nadeau	Kayla Theriault	Melissa Whitman	Jacqueline Marks
Erin Williamson	Jill Farrell	Kellie Randall	Mickey Kramer	Stacey Olea
Naomi Libby	Rita Demo	Stephanie Bozak	Yann Poncin	

Meeting Objectives:

- TCB Administrative Updates
- Review of Crisis Continuum Data Collection in CT – CHDI/DCF
- Services Array Updates

Meeting Summary:

1. TCB Administrative Updates

- TYJI Staff gave an overview of the May Monthly TCB Meeting and provided workgroup updates for the School Based, System Infrastructure, and Prevention Workgroups.
- TYJI Staff gave an overview of TCB's bills currently going through the legislative process.
 - All three bills (HB7109, HB7263, and HB6951) have been merged into one bill; HB 6951. As of 6/2/2025, HB 6951 passed the house.

2. Review of Crisis Continuum Data Collection in CT – CHDI/DCF

- CHDI provided an overview of the specific data that is collected, how it is collected, who is collecting it, patient referral sources, outreach and marketing, and funding.
 - The presenter noted that CHDI's data is collected by program staff through the child and family initial assessment. The data is then entered into PIE (Provider Information Exchange), and DCF extracts the data monthly and sends the data to CHDI to use for quality improvement.
 - The presenter then elaborated that the type of data collected can be separated into three categories; access, quality, and outcomes. Access includes who is using the services, and how often the service is being utilized. Quality looks at if services are delivered in a way that maximizes the likelihood of improved outcomes. Lastly, outcomes look at if children and families are better off. The presenter highlighted that equity is embedded into all three of these categories.
 - Next, the presenter highlighted the review of the utilization of services. The presenter noted that they evaluate the number of episodes, number of unique

children served, day and time of initial call/ walk in, child demographic information, and the geographic location the child lives in.

- iv. The presenter then touched upon the marketing and outreach strategies used. Each quarter, mobile crisis and UCC providers will submit a list of their outreaches to CHDI. The presenter noted that DCF additionally does outreach strategies, such as presentations to a Police Chief Academy, and webinars.
 - v. The presenter then touched upon the allocation of state and financial resources to providers. The presenter noted that Mobile Crisis is funded through DCF, Medicaid reimbursable, and 24/7 expansion is partially funded through ARPA. Additionally, the presenter noted that UCCs are funded by federal dollars given to DCF and collaborate with DSS and other providers to develop service codes and fee schedules for Medicaid billing.
 - vi. The presenter then touched upon the anticipated demand for services in the future, and that CHDI looks at past data to help predict future utilization. This is done by evaluating seasonal trends, looking at time/date of the week services are utilized, and assessing regional/ geographic trends.
- b. Feedback and discussion:
- i. Work group members asked the presenters a range of questions regarding elaboration on CHDI tasks, funding, Medicaid data, and the role in the crisis continuum study legislative recommendation.
 - ii. The floor was open to questions for the committee.
 - a. A workgroup member expressed to the workgroup that all the data collected is available from United Way, and that the work that CHDI does regarding this is funded by DCF.
 - b. A CHDI staff member noted that they do receive requests for mobile crisis data, and that when they do receive these requests, they work with DCF and check with them.
 - c. DCF and CHDI expressed they would be able to fulfill the Crisis Continuum of Care Study Recommendation.
 - d. A workgroup member posed the question of if DCF has hospital emergency room data.
 - i. A DCF staff member noted that they do not have hospital room data, however they get a report around the capacity of hospitals.

3. *Services Array Updates*

- a. There was an overview of the feedback collected from the piloting of the survey and updates made to the survey as it being finalized for dissemination.

4. Next Meeting

- a. July 16th 2025, 2:00 pm -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