Tow Youth Justice Institute

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April 15th, 2024
3-4:30PM
Zoom

**TCB System Infrastructure Workgroup Agenda**

1. **Introduction**
    a. Introducing Co-Chairs, TCB staff and members of the workgroup
    b. Identify potential new members
2. **Legislative Updates**
3. **Workplan Review and Discussion**
    a. Review Draft Workgroup Workplan
    b. Feedback and Discussion
4. **Systems of Care Models**
    a. Goals –What do we hope to obtain
    b. Potential presenters' discussion
    c. Questions to ask presenters
    d. Crosswalk of SOC Models
        i. Identify measures/tools that can be used

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# TCB Glossary of Terms and Acronyms

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

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

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

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

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

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

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

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

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**Transforming Children's Behavioral Health Policy and Planning Committee (TCB) System Infrastructure Workgroup April Meeting Summary**
**April 15th, 2025**
**3:00 PM – 4:30 PM**
**Web Based Meeting- Zoom**

| **Attendance** | | | **TYJI Staff** |
|---|---|---|---|
| Alice Forrester | Victoria Stob | Kristen Parsons | Emily Bohmbach |
| Jason Lang | Karen Snyder | Jennifer Fiorillo | Jackie Marks |
| David McSergi | Edith Boyle | Tammy Freeberg | Stacey Olea |
| Howard Sovronsky | Melanie Wilde-Lane | | |

**Meeting Objectives:**

- Introductions from Co-chair, TCB Staff and members of the workgroup
- Legislative Updates
- Review of workplan
- System of Care Models

**Meeting Summary:**

1. **Introduction**
    a. Co-chairs, TCB staff, and members of the group all introduced themselves, their roles, and organizations.
2. **Legislative Updates**
    a. Senior Project Manager, Emily Bohmbach, gave an update on the 3 bills going through the legislative process from TCB.
        i. **House Bill 7263**, which was the Bill that housed the appointment of the Behavioral Health Advocate and would also appoint 2 providers of substance use disorder who treat youth to be appointed members of the TCB.
        ii. **House Bill 6951** had a public hearing on 02/20 through the Children's Committee. This included the crisis continuum study, recommendation, school-based health center study and funding for mobile crisis.
        iii. **House Bill 7109** included the age of insurance coverage for ABA therapies and individuals with ASD, The UCC Study, ICAPS recommendation and the design for the CCBHC planning grant.

3. **Workplan Review**
    a. Workgroup Co-Chair Jason Lang went over the workplan with the group and highlighted the workgroup goals for 2025.
        i. **Monitoring Legislation**: the workgroup will monitor TCB's 2025 legislative recommendations applicable to the workgroup. TYJI will provide legislative updates at every meeting.
        ii. **Systems of Care:** We will focus on the idea of systems of care, values and principles, and how we can strengthen CT's model
        iii. **Data in the Behavioral Health System:** Our workgroup will focus on how the system works, how services are working, and who they're working for. The workgroup will review and utilize the Data Report from UConn Innovations once it is complete.
4. **System of Care Models**
    a. Workgroup Co-chair Alice Forrester then gave a brief presentation that went over Systems of Care. As identified in the workplan, the workgroup will evaluate the infrastructure of Children's Behavioral Health in the state of Connecticut.
        **i.** The workgroup co-chair went over the philosophy of system of care: The philosophy of system of care is the foundation of service delivery and includes the core values of family- and youth-driven, community based, and culturally and linguistically competent systems and services. The 2010 update added principles to explicitly include evidence-informed practices and practice-based evidence; linkage with mental health prevention an early identification; accountability; and developmentally appropriate services for both transition-age youth and young adults and infants and young children and their families.
            1. A workgroup member then added that we should be looking at the inclusion of school as part of the system of care team and supports of the child.
        **ii.** The Workgroup Co-chair then introduced the Multi-Disciplined and Cross Sectors of Children's behavioral health needs.
            1. The Co-chair added that when we think of children's behavioral health, we should be thinking of it as multidisciplined and cross-sectored, so we are not just looking at the behavioral health system, but all of the services the child is receiving.
                a. Pediatrics, Mental Health, Social Services, Child Welfare, Juvenile Justice, Education, Community Programs, Families/extended family, Neighborhoods, and more.
        iii. The co-chair then briefly touched upon Connecticut's System of Care Model

1. Connecticut has a system of care that focuses on behavioral health for children and youth. The system is not a single monolithic structure, but rather different systems operating under different rules.

iv. The Co-chair then touched upon the public health approach to care
   ***1.*** SOC should focus on systems of care to focus on both reducing mental health problems among children with identified problems and on a more holistic approach to optimize mental health for all young people.
   2. Prevention is as important as the actual treatment.

v. Within the next 6 months, the workgroup would like to focus on learning from other states and evaluate what is happening in Connecticut. The workgroup co-chair went over the next areas of focus for the system infrastructure workgroup
   1. Invite CBHPIAB to come present to the group and learn about their efforts, recommendations, and learn how we can collaborate.
   2. Invite other States to come present on their System of Care Models; MA, OH, NJ
   3. Develop optimal funding paradigms and evaluate CT's past fiscal mapping
   4. Look for opportunities to collaborate with advisory bodies as a potential long-term recommendation
   5. Evaluate current efforts to integrate children's behavioral health within all systems; physical, mental, and social
   6. Address the workforce crisis and data coordination

**5. Next Steps:**

1) Schedule Presenters to come and present on Systems of Care Models
   a) Children's Behavioral Health Plan and Implementation Advisory Board
   b) Invite States such as Massachusetts and Ohio to come and present SOC models in the State

**Next Meeting: May 20th, 2025**

**DRAFT 2025 ANNUAL SYSTEM INFRASTRUCTURE WORKGROUP WORKPLAN**:

*Workgroup Co Chairs: Alice Forrester & Jason Lang*

**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 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.***