



Making connections. Informing solutions.

TCB September Monthly Meeting Minutes

September 19th, 2025

2:00pm- 4:00PM

LOB 1C with ZOOM Option

Viewing Option [YouTube](#) or [CTN](#)

Attendance

Alice Forrester
Ashley Hampton
Carolyn Grandell
Carol Bourdan
Ceci Maher

Christina Ghio
Claudio Gualteiri
Garielle Hall
Gerald O'Sullivan

Jeanne Milstein
Jody Bishop-Pullan
Joe Drane
Kimberly Karanda
Lorna Thomas-

Farqurson
Michael Moravacek
Michael Patota
Mickey Kramer
Shari Shapiro

Sinthia Sone-Moyano
Tammy Exum
Tammy Freeburg
Tammy Nuccio
Vincent Russo

Yann Poncin
Yvonne Palatto

TYJI Staff

Emily Bohmbach
Erika Nowakowski
Jacqueline Marks
Stacey Olea

Welcome and Introductions:

The meeting was opened with a welcome to all attendees.

Acceptance of TCB August Meeting Minutes:

A motion to accept the minutes from the August meeting was put forward, with two committee members remaining abstained.

Administrative Updates:

The TCB Senior Project Manager informed members that TCB is required to submit gender and racial comparison data biannually. All appointed members and designees received a survey to complete before October 1, 2025. TYJI also updated the TCB committee on upcoming workgroup meetings. Additionally, all appointed members received an email regarding attendance for the CVW Summit, scheduled for October 10, 2025. The summit will now be divided into two sessions: the morning session for CVW workgroup members only, and the afternoon session for both TCB appointed members and CVW participants.

Overview of the Meeting:

The TCB Committee meeting reviewed statewide efforts to strengthen children's behavioral health through interagency collaboration, school-based initiatives, survey data collection, and sustainable funding strategies. The Connecticut State Department of Education presented its 2025 theme and initiatives to strengthen student mental health through collaboration, while Norwalk and Killingly Public Schools shared successes from their behavioral health pilots showing improved student wellbeing and staff retention. The presenter from the Innovations

Institute at the UConn School of Social Work provided updates that the Children's Behavioral Health Services Survey. The Department of Social Services provided updates on Medicaid rate increases. The Office of Health Strategy reported progress on their statewide survey to assess children's behavioral health services and identify gaps. Overall, the meeting emphasized sustaining behavioral health initiatives, enhancing interagency collaboration, and ensuring continued support for Connecticut's youth and families.

Connecticut State Department of Education (CSDE) Presentation

The presenter opened by expressing the 2025 theme of the State Department of Education (SDE), which is to work together to unlock lifelong potential of the students and youth in Connecticut. The presenter provided an overview of Connecticut Education Landscape, including data on the number of students, breakdown of student demographics, number of school districts, and student absenteeism rates. The presenter emphasized that the five-year strategic plan prioritizes the social and emotional wellbeing of each student to advance the child's support, expanding access to services to behavioral health resources, and fostering a safe and inclusive school environment. Moreover, the presenter explained, that SDE requires cross collaborations to build expertise on academics, talent, culture, and climate operations through external partners to align work across CT. The presenter explained that the unified approach addresses students' needs comprehensively to remove any fragmented support and coordinate strategies for positive outcomes. The presenter shared sixteen ways CT is supporting students, highlighting efforts to examine components of social, emotional, and intellectual habits and a school based divergent initiative to help train school professionals on de-escalation prior to utilizing 2-1-1 services. The presenter continued by reviewing staffing ratios and awards amounts for ARPA Mental Health grant programs.

Another presenter added that in 2024, CSDE partnered with Regional Suicide Advisory Boards, Mobile Crisis teams, Urgent Care Centers, and the CT Center for School Safety to host seven webinars on prevention, suicide awareness, and mental health support. Following these sessions, CSDE released the "*Preventing Youth Suicide in Connecticut*" resource memo. CSDE also launched the Student Support Series Professional Learning for Youth Mental and Behavioral Health, providing free monthly professional development for school mental health professionals. The department is working toward having all sessions approved for continuing education credits.

The presenter noted that more than 15 suicide deaths occurred during the summer of 2024 and emphasized the importance of interagency crisis response, prevention efforts, and training through Mental Health First Aid. This initiative trains caregivers to recognize and respond to mental health and substance use challenges among youth ages 12–18. More highlighted programs include The Learner Engagement and Attendance Program (LEAP), which began post-COVID to support anxious students returning to school. The program focuses on home visits, relationship-building, and improving attendance. The presenter concluded by noting progress

from the Behavioral Health Pilot Plan and data from the Devereux Student Strengths Assessment (DESSA) system.

Norwalk Schools

The presenter reviewed challenges, support and resources, and demographics of the Norwalk school community. The presenter further elaborated that the Norwalk Public Schools strategic priorities included making an investment in the mental health and well-being of all students. The presenter noted that there was an effort to find funding to have school counselors at every elementary school and identify the services to help children with mental health support. All the Norwalk schools participated in the behavioral health pilot and completed the School Health Assessment and Performance Evaluation (SHAPE) assessment.

The assessment identified two key areas that needed improvement: screening tools and resource mapping. The presenter elaborated that the Norwalk district created an online resource map in English, Spanish, and Haitian Creole so families have direct access to mental health support resources. Additionally, DEESA has led to a greater focus on student impact, which has led to a decrease in overall incidents, depression, suicide ideation, and acute anxiety in middle schools and high schools. The presenter concluded that there has been great success at Norwalk Public Schools, but there is a need for funding and support from legislators across the state to continue the work moving forward.

Killingly Public Schools

The presenter opened the presentation with an overview of the enrollment population, school demographics, and a timeline of involvement data collected in the behavioral health pilot from 2022 to 2024. The district conducted SHAPE assessments and implemented action plans to improve mental health services. The district developed implementation plans, actions, steps, timelines, and indications of progress for mental health promotion services and support. Additionally, DEESA was given to grades 5-12, and it measured six indicators, including Social Emotional Learning (SEL), whole school feedback, and individual class data. Furthermore, Killingly Schools expanded DEESA and continued the SHAPE assessment by using the Connect 4 program to meet additional goals to strengthen behavioral health in schools. Between 2021-2025, there has been a significant increase in responsible thinking, self-management, optimistic thinking, and relationship skills.

Question-and-Answer segment

A TCB member inquired how CSDE services will be maintained once the ARPA funding is sunset by 2026. CSDE responded that a lot of services are billable to Medicaid but there should be collective and creative thinking between state partners to determine how to utilize more funding. The presenter added that there is also the American Rescue Act Specialist funding available to districts in CT to provide training to existing staff on classroom management and mental health first aid. Additionally, ninety positions in the summer were displayed in existing

programs to efficiently use available funding. Moreover, CSDE was able to leverage federal funding by providing technical assistance and training to Education Consultants to work together across the state.

A TCB member asked if the in-home services are in partnership with schools. The Norwalk Public school's presenter answered that there were several elements created so students can receive services, including adding additional counseling support at the school level and beyond school hours in collaboration with Midfairfield Partners. There is also a partnership with the Norwalk Community Health Center, which provides mental health counseling support services for families at home. Additionally, there was an assistant principal added with behavioral health science expertise to coordinate support within the school to ensure that additional interventions were developed to streamline all support for students in and out of schools. The TCB member added that the Handle with Care program is a great service for kids to feel connected and understood. The presenter emphasized the importance of ARPA funding for behavioral health services and resources in schools and hopes to find other creative ways to fund district like Norwalk to continue doing the important work to help students perform well in schools.

A TCB member highlighted that there is direct correlation between the workforce concerns and behavioral health in schools and emphasized that fewer people are going into teacher and school health services because there needs to be more support for existing school professionals to solve the workforce issues and sustain a helpful system. The Killingly Public-school presenter replied that there has been a decrease in teacher vacancies within the last two years of implementation of the SHAPE assessment and DESSA. The presenter added that there has been a climate where teachers want to stay in Killingly and continue to work in that district. Another workgroup member added that there has been a growing population of homeless children in New London, but due to lack of funding, the town has used creative techniques with a youth navigator, community health workers, and the faith community to engage kids and connect them with Urgent Care Centers and DCF resources. This member added that affordable housing is a critical part of mental health and recommended that DOH join a partnership with the TCB Committee.

A committee member recommended that a goal be set for the state that every school district is trained in QPR because it is critically important to normalize conversations on how to communicate with children when they are struggling. The member added that data from Norwalk and Killingly school districts show that when children and families have the support they need, there is a reduction in negative behaviors, so CT needs to find a way to fund DESSA and SHAPE across the state. Additionally, the member asked if the skills of instruction for social and emotional learning also include training and behavioral intervention, such as a collaborative approach for intervening when there are problematic behaviors in school. The Killingly school presenter answered that the lessons for each indicator are scenario based on "what to do if" circumstances and intervening prior to negative behaviors occurring. The Norwalk presenter added that they focused on providing strategic training to counselors, social workers, and

psychologists. Norwalk also did a pilot on mental wellness for teachers in three schools in the district so they can support staff which will translate into teachers and staff pouring into the children. A workgroup member stated that their organization contracts with CT state agencies to offer free QPR training and anyone who wants it, including schools and anyone, can feel free to reach out to take the training.

Department of Social Services (DSS) Updates:

The presenter provided an update on Medicaid initiatives and the dollars received in the last legislative session. The presenter elaborated that the Medicaid Rate Study prompted a proposal to increase behavioral health reimbursement rates. The presenter welcomed feedback from all providers on how to allocate additional dollars more Medicaid. The presenter added that DSS has been working with UCCs to create a fee for service payment method to develop a fiscal note that evaluates fiscal implications and a state plan on how to pay urgent crisis centers. DSS also invested in the Yale Child Study Center to conduct a randomized controlled trial with IICAPS. DSS is also working with OPM to provide intensive behavioral health services in schools. Additionally, the presenter explained there has been an appropriation to expand autism for individuals under the age of 21 with HUSKY B.

Question-and-Answer Segment

A TCB member thanked the presenter for all his hard work with UCCs to find a blended rate that includes a crisis intervention that is easier to bill and avoid duplication. The presenter added that once the Medicaid aspect is complete and it will be a base for commercial carriers to model, which is moving in a good direction for CT. The member noted that the major investment on RFQs provides a huge basis for mental health across the state, and this is the first time in history CT has had a formal rebate. The presenter responded that Federally Qualified Health Centers (FQHCs) are in many CT School Based Health Centers and in a good position to expand and provide services in the schools. A workgroup member asked if DSS has increased Medicaid rates for outpatient clinics. The presenter answered yes and that it is included in the proposal. The workgroup member asked if there was a timeline. The presenter answered that there is no timeline, but DSS is working as quickly as possible to get the rates finalized.

TCB Children's Behavioral Health Provider Survey Updates

The TCB Senior Project Manager announced that the survey has been distributed statewide, and the deadline for completion of the survey has expanded. Additionally OHS has also disseminated a survey and TCB will continue collaboration to improve children's behavioral health initiatives in CT. There was a link sent to all TCB members to share input on any projects and initiatives across CT to ensure that there are no duplicative efforts made in children's behavioral health projects.

The presenter from the Innovations Institute, at the UConn School of Social Work, gave a brief update on the Children's Behavioral Health Services Survey and the next steps. The presenter

opened by sharing that the survey intent is to help understand the children's behavioral health services landscape and covers a broad scope of services across mental health, substance use, and developmental disabilities to inform recommendations for the next legislative session. The presenter added that 159 surveys have been submitted to date and emphasized that the response rate remains low, as the master list identified more than 1,000 service sites across Connecticut. The survey date has been extended to increase submissions and participation from TCV members and state partners. The presenter concluded the presentation by noting that Data collected will be aggregated in October to provide a statewide overview of current services and needs.

Office of Health Strategy (OHS): Children's Behavioral Health Survey

The presenter opened with informing the committee on OHS tasks to draft the statewide facilities services plan to collect inventory of facilities and services. The presenter further elaborated that this was the first year a completed report of the full overhaul of facilities and services was developed into a 250-page document with a primary focus to give guidance to agencies submitting a certificate of need application. The presenter explained the statewide facilities services plan includes outpatient, inpatient bed needs, labor and delivery, and behavioral health services. OHS gathered input from state agencies, and it came to their attention that behavioral health providers do not have enough data that shows capacity and utilization, which makes it difficult for the agencies to demonstrate their needs. The survey has been dispersed to licensed entities and includes questions such as what services are provided, what is capacity for each service offered, and what is an estimate of how full each service line is, and how many slots are open for patients. Is there Medicaid, and more. Following dissemination, 60% of entities have completed the survey, and the next steps will be intensive outreach to ensure more data is collected.

Question and Answer Segment

A committee member stated they are looking forward to collaboration and urges people to remember that the survey is critical to gather data close gaps in services. Another member asked what can be done to increase the response rates and wants members to provide ideas. This member urged other members to complete the Children's Behavioral Health survey and share it with their partners and networks. A member suggested TCB presents updates annually on key issues in children's behavioral health that the committee is tasked to address. A committee member responded that in November numbers will be shown on updates in the TCBs work, but also the CVW workgroup will be the face behind numbers. She added this will allow the committee to understand what the data means and how families are impacted. Furthermore, a lot of work in the TCB committee happens in the workgroup, and the data will be used to support legislative reform with the continued help of state agencies and key state partners.

Next Meeting:

October 22nd, 2025



2:00pm- 4:00pm
LOB Room 1E