AGENDA

September 6, 2023
2:00 PM
LOB-Room 2C, 300 Capitol Ave Hartford
Covered by CTN
Virtual Option Available

Welcome and Introductions
Representative Tammy Exum
Senator Ceci Maher
Claudio Gualtieri, Senior Policy Advisor to the Secretary, OPM

Attendance
Erika Nowakowski, University of New Haven
Tow Youth Justice Institute

Review and Acceptance of Minutes

Presentation of Operational Workplan
Tow Youth Justice Institute

Presentation on Connecticut’s Urgent Care Centers
Commissioner Vannessa Dorantes- Department of Children and Families
Wellmore Behavioral Health
The Village for Families & Children
Child & Family Agency of SE
Yale Child Center / YNHH

Next Meeting: October 4, 2023
Transforming Children’s Behavioral Health Policy and Planning Committee

LOB – Room 2C
September 6, 2023
2:00 PM – 3:30 PM
Virtual Option Available
Welcome and Introductions

• Opening Remarks
  • Tri-Chairs
• Roll Call
  • TYJI-Introduction to new process
  • TCB Team
• Acceptance of July Meeting Minutes
Meeting Facilitation

• Kindly remain “muted” on Zoom, unless speaking.
• Kindly refrain from interrupting with comments or questions until each presenter is finished speaking.
• Questions and comments will be limited to TCBHPC members.
• Meeting is being recorded.
• Virtual attendants: use the “Chat” and “Hand Raising” feature so TYJI can help monitor and facilitate the meeting.
Meeting Overview

• Presentation on recommended operationalization of the work – TYJI Team

• Presentation On CT’s Urgent Crisis Center
  • Commissioner Dorantes, Department of Children and Families
  • Francis X. Gregory- Administrator Children’s Behavioral Health Community Service System DCF
  • Stephanie Bozak, PsyD- Behavioral Health Clinical Manager DCF
  • Kristin Pracitto, LCSW – VP of Child Services, Wellmore Behavioral Health
  • Amy Samella, LPC – Vice President of Residential Programs, The Village for Families & Children
  • Erin Saylor, LCSW– Chief Operation Officer, Child & Family Agency of Southeastern CT
  • Dr. Yann Poncin – Yale Child Center / YNHH
  • Erika Setzer MSN, RN, CEN, CNML, NE-BC Patient Services Children’s Ed Manager, Yale New Haven Hospital
TYJI Administrative Tasks

• TYJI will support the TCB through staffing, coordination of efforts, research, and drafting of reports.

• Communications:
  • TYJI-TCB website (in development), & CGA –TCB site (TCBHPC)
  • Meeting schedule, agenda, minutes & summary, meeting material, reports
  • Planning calls for monthly meetings with stakeholders included in the agenda
AN ACT CONCERNING THE TRANSFORMING CHILDREN'S BEHAVIORAL HEALTH
POLICY AND PLANNING COMMITTEE

<table>
<thead>
<tr>
<th>Section</th>
<th>Task</th>
<th>Action Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Section 2-137 (a)</td>
<td>Established the TCBHPC to evaluate the availability/efficacy of prevention, early intervention, and other behavioral health treatment services/options; make recommendations on the governance and administration.</td>
<td>➢ Formation of TCBHP &lt;br&gt; ➢ Appointments of the designated authorities &lt;br&gt; ➢ Conducting the 1st TCB Meeting – July 2023</td>
</tr>
<tr>
<td>Section 2 (j)</td>
<td>Permits TCBHPC to form workgroups/subcommittees to inform recommendations (suggest workforce issues/school-based/prevention/ acute and or intermediate care subcommittees)</td>
<td>➢ Identification of workgroups and subgroups &lt;br&gt; ➢ Survey to volunteer for the workgroup</td>
</tr>
<tr>
<td>Section (k)</td>
<td>Annual work plan for reviewing and making status or progress reports on the recommendations/activities. The work plan includes recommendations to improve outcomes related to children's behavioral health/timeline with dates for tasks/outcomes achieved.</td>
<td>➢ Strategic Workgroup convenes by October 2023 &lt;br&gt; ➢ Submits report on recommendation by December 2023</td>
</tr>
</tbody>
</table>
Existing Work: Need to Know Resource

<table>
<thead>
<tr>
<th>Existing Bills</th>
<th>Past bills to be aware of.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Existing Task groups</td>
<td>Work groups created in past legislations</td>
</tr>
<tr>
<td>Stakeholder Partners</td>
<td>Contacts for Outreach to Workgroups</td>
</tr>
<tr>
<td>Past Publications</td>
<td>Previous Publications and Data.</td>
</tr>
<tr>
<td>Acronyms</td>
<td>Common terminology</td>
</tr>
</tbody>
</table>
Organizational Chart

Category type
E.g. System Infrastructure

Workgroup
Subgroups will report to Workgroup
Meet once a month.

Task to Complete by Subgroup
E.g. Licensure Regulations
Flow Chart Building Consensus

Subgroup
- Assign Tasks
- Collect and review the data
- Identify strategies and solutions
- Build consensus

Workgroup
- Identify task / assign to subgroups
- Vet subgroup
- Provides oversight of tasks
- Finalize recommendations from subgroups

TCBHPC
- Identify strategic goals.
- Direct workgroup.
- Provide oversight of the workgroup's tasks.
- Vote on proposed recommendations.
- Make final changes to proposed workgroup plans and recommendations.
- Provide oversight of the implementation of recommendations.
TCBHPC Process

January
- TCBHPC votes on proposed recommendations.

February – June
- Legislative Session
- Public Hearings

March–September
- Workgroups convene
- Create yearly workplans
- Subgroups perform assigned tasks to accomplish goal

October – December
- Draft language of proposed recommendations from all workgroups
- Consensus building
- Community information/ Forms
Workplan September - December

September 2023
- Gather and review workgroup and operational plan feedback
- Appointing Co-Chairs to workgroups.
- System Stakeholder meetings

October 2023
- Workgroups convene
- Draft workgroup project plans and timelines
- TCB-level setting training

November 2023
- Draft possible reports/legislative recommendations
- Draft strategic plan to be delivered to the Committee

December 2023
- Finalize strategic plan
- Finalize any corresponding plans in the agenda for the Committee.
<table>
<thead>
<tr>
<th>Requires annual report to CGA Appropriations Committee</th>
<th>12/1/2023</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommend statutory &amp; and budgetary changes to (a) improve behavioral health system of prevention/development/treatment outcomes; (b) improve transparency (c) improve data sharing/collection.</td>
<td>12/1/2023</td>
</tr>
<tr>
<td>Identify gaps in behavioral health services provided to children and families; build recommendations to bridge identified gaps.</td>
<td>12/1/2023</td>
</tr>
<tr>
<td>Conduct strengths and barriers analysis to identify what supports/impediments impact children/youth behavioral health needs; provide recommendations for reforms</td>
<td>12/1/2023</td>
</tr>
<tr>
<td>Examine best practices for state agencies to collaboratively work through school-based efforts and other processes to improve developmental and behavioral health outcomes for children.</td>
<td>12/1/2023</td>
</tr>
<tr>
<td>Examine children of color disproportionate access/outcomes in the behavioral health care system.</td>
<td>12/1/2023</td>
</tr>
<tr>
<td>Examine children with developmental disabilities' disproportionate aces/outcomes in the behavioral health care system.</td>
<td>12/1/2023</td>
</tr>
<tr>
<td>Create a plan to ensure the quality assurance framework for efficacy and outcome data for both private/state-operated behavioral health service facility providers.</td>
<td>12/1/2023</td>
</tr>
</tbody>
</table>
Build a governance structure for the children's behavioral health system in urban, rural and all other areas of the state. 12/1/2023

Allows TCBHPC to collaborate with consulting organizations. 12/1/2023

Provides access to data collected by state/contractors on matters related to children's behavioral health. 12/1/2023

Permits TCBHPC to create workgroups/subcommittees to inform recommendations (suggest workforce issues/school-based/prevention/acute and or intermediate care subcommittees) 12/1/2023

Annual work plan for reviewing and making status or progress reports on the recommendations/activities. The work plan includes recommendations to improve outcomes related to children's behavioral health/timeline with dates for tasks/outcomes achieved 12/1/2023

Annual strategic plan integrating recommendations task defined in sec.(g)(1-8). 12/1/2023
Collaborative Approach

• Identify key stakeholders to explore linkages and funding related to youth mental health services.
  • State agencies e.g., DCF, DMHAS, DSS, DPH
  • Judicial Department and Probation
  • Local community organizations and local parent groups
  • Local School Officials
    • Focus on Bridgeport, Hartford, New Haven, and smaller districts e.g., Plainville

• Approach: Initiate contact with agencies and gather crucial information to begin discussions related to barriers and challenges.
  • What are the linkages between DCF and the DMH youth-adult services and the linkage process?
  • What funding, access, and capacity information is available related to IHT, OP, and other non-acute mental health services?

• Develop a comprehensive strategy for engaging local organizations and schools.
Feedback and Q&A

• Scan QR Code.

• Volunteer for a Workgroup of your preference.

• If you wish to be considered for a Co-Chair.

• Input Feedback
  • Open ended answers
    • Organizational Chart
    • Workgroups
Next Steps

• Results of the Feedback Surveys reviewed with Tri-chairs
• Finalize Organizational Chart
• Karen Snyder and TYJI will begin to meet with workgroup co-chairs and system partners to draft the work plan
• Workgroups convenes
• Karen Snyder and TYJI will meet system partners to develop the level-setting training.
Presentation of CT Urgent Care Centers
Next Meeting:

October 4, 2023
MEET THE STAFF

Aishwarya Sreenivasan
Senior Project Manager

Meet Aishwarya Sreenivasan, an accomplished and passionate individual dedicated to making a positive impact in the field of public health and community well-being. With a master's in public health from the University of New Haven, Aishwarya combines her background in psychology with her expertise in public health, expanding her horizons to address diverse health challenges. Currently, Aishwarya is serving as the Senior Project Manager for the Transforming Children's Behavioral Health Policy and Planning Committee at the Tow Youth Justice Institute. In this role, she designs and implements policies to improve children's behavioral health outcomes and ensure their well-being.

Aishwarya's contributions extend beyond her professional role. She actively participates in the American Public Health Association (APHA), where she lends her expertise and passion to the Suicide Prevention - Policy and Planning Committee, contributing to the groundbreaking 988 Suicide Prevention Helpline number. She also conducted her research as a We Embody Research Fellow at the University of New Haven. She spent two years as a Mental Health Fellow, focusing on serving rural communities in India. This experience provided invaluable insights into the unique challenges faced by marginalized populations. Aishwarya Sreenivasan's journey exemplifies her unwavering dedication to public health, research, and advocacy, making her a dynamic force in promoting community well-being and children's behavioral health outcomes.

Erika Nowakowski
Executive Director

Erika Nowakowski, has a Master's degree from the University of CT School of Social Work with a focus on Policy and Planning. In her current role she is working with the CT Juvenile Justice Policy Oversight Committee in fostering and sustaining youth justice reform efforts. Prior to arriving at TYJI she worked for 8 ½ years for the State of CT Judicial Branch Court Support Services Division as a project manager for several statewide initiatives, Quality Assurance, implementation and ongoing adherence to Gender Responsive Services, contract compliance, and training coordination. She also worked for 4 years with the Council on Accreditation in New York City and provided Technical Assistance to private nonprofit and state agencies seeking accreditation. She also worked with Wheeler Clinic for 3 years in various roles from case manager with the Emergency Mobile Psychiatric services, managing and coordinating system of care community efforts, and developing and implementing foster care best practices for recruitment of foster parents.

Erika oversees the operations of the Tow Youth Justice Institute and its programs and projects. She has extensive experience in managing the Juvenile Justice Policy and Oversight Committee (JJPOC), the legislatively created body that oversees reform in the Juvenile Justice system in Connecticut. She works with Senators, Representative, State Agencies, non-profit organizations and many other partners on goals to reduce recidivism, reduce incarceration and increase diversion.

Izarelli Mendieta-Martinez
Project Coordinator

Izarelli Mendieta-Martinez serves as the Project Coordinator for the Tow Youth Justice Institute. She has extensive experience providing care for children in diverse contexts, including human trafficking, immigration, crisis intervention, and chronic illness, both locally and nationally. With nine years of experience in the social service field, Izarelli combines her skills in care coordination, establishing efficient workflows, and engaging multiple stakeholders to serve vulnerable populations. She collaborates with local and national agencies to connect families with essential resources such as providers, shelters, social services, police departments, and hospitals.

Izarelli's contributions extend beyond direct care. She has played a pivotal role in running workshops for parents of first-generation college students and undocumented students, raising awareness, and facilitating educational opportunities. She has also raised public awareness about the DREAM Act and the issues unaccompanied minors face at the border. Through dialogues, education, and advocacy, Izarelli exemplifies her dedication to effecting positive change at individual and systemic levels.

Shelby Henderson
Policy Administrator

Shelby Henderson-Griffiths serves as the Policy Administrator for the Tow Youth Justice Institute (TYJI) at the University of New Haven. She supports the center’s efforts to advance evidence-based juvenile justice and children’s behavioral health policies and programming in Connecticut. She also works with municipal governments to support program performance evaluations. Shelby earned her Master's in Public Administration (MPA) from John Jay College of Criminal Justice and is pursuing a Juris Doctorate at the City University of New York School of Law.
Welcome and Introductions
TCBHPC Tri-Chairs Representative Tammy Exum, Senator Ceci Maher, and Claudio Gualtieri, Senior Policy Advisor to the Secretary, OPM, welcomed the committee members and those in attendance at the inaugural meeting of the TCB. They provided opening remarks on their excitement about getting the committee started and what they hope to accomplish toward improving systems, access, and equity in children’s behavioral health. Rep. Exum asked for a role call and for committee members to introduce themselves.

Committee Introductions
Each of the committee members and/or their designees who were in attendance introduced themselves and their role in the arena of children’s behavioral health.
Introduction to Tow Youth Justice Institute
Rep. Exum introduced the Tow Youth Justice Institute (TYJI) as the staffing and facilitating entity for the committee. Erika Nowakowski, Chief Operating Officer, shared her experience with the JJPOC and how the Institute will operationalize the work of this committee in the same way. She gave an overview of what the process will look like and what they can expect from the TYJI. She introduced Donna Pfrommer and explained that staff are being hired to help facilitate the work. She asked Michelle Zabel and Deborah Harburger from the UCONN Innovations Institute to introduce themselves as they will be the research partners in this project. Nowakowski also introduced Dr. Melissa Whitson from the University of New Haven who will serve in a consultation role in research, Dr. Karl Minges who was not able to attend, and consultant Karen Snyder who was out of the country.

Working Goals
Erika Nowakowski described the strategic planning process and how the goals and objectives will be defined and asked members to think about serving on a smaller committee to move the planning process forward.

Next Steps
Representative Tammy Exum asked that those who had not completed the survey for their preferred meeting dates and times do so and the schedule for the monthly meetings would be finalized soon. The Tri-Chairs thanked everyone for their commitment to improving children’s behavioral health and serving on the committee.

Questions
The meeting was adjourned with no questions from the members.

Next Meeting:  6th September 2023
2 pm -3 pm, LOB Room 2C
<table>
<thead>
<tr>
<th>Legislative Section</th>
<th>Task Name</th>
<th>Task Type</th>
<th>Responsible Agency</th>
<th>Deadline</th>
<th>Suggested Workgroup</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section 1. Section 2-137 (a)</td>
<td>Established the TCBHPC to evaluate the availability/efficacy of prevention, early intervention, and other behavioral health treatment services/options; make recommendations on the governance and administration.</td>
<td>Planning</td>
<td>Tri-chairs/TCBHPC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(g)</td>
<td>Requires annual report to CGA Appropriations Committee</td>
<td>Planning</td>
<td></td>
<td>12/1/2023</td>
<td>Strategic Plan</td>
</tr>
<tr>
<td>(g)(1)</td>
<td>Recommend statutory &amp; budgetary changes to (a) improve behavioral health system of prevention/development/treatment outcomes; (b) improve transparency (c) improve data sharing/collection.</td>
<td>Planning</td>
<td></td>
<td>12/1/2023</td>
<td>Strategic Plan</td>
</tr>
<tr>
<td>Section (g)(2)</td>
<td>Identify gaps in behavioral health services provided to children and families; build recommendations to bridge identified gaps.</td>
<td>Planning</td>
<td></td>
<td>12/1/2023</td>
<td>Strategic Plan</td>
</tr>
<tr>
<td>-3</td>
<td>Conduct strengths and barriers analysis to identify what supports/impediments impact children/youth behavioral health needs; provide recommendations for reforms</td>
<td>Planning</td>
<td>TCBHPC</td>
<td>12/1/2023</td>
<td>Services</td>
</tr>
<tr>
<td>-4</td>
<td><strong>Examine</strong> best practice for state agencies to collaboratively work through school-based efforts and other processes to improve developmental and behavioral health outcomes for children.</td>
<td>Planning</td>
<td></td>
<td>12/1/2023</td>
<td>None</td>
</tr>
<tr>
<td>-5</td>
<td><strong>Examine</strong> children of colour disproportionate access/outcomes in behavioral health care system.</td>
<td>Planning</td>
<td></td>
<td>12/1/2023</td>
<td>Special Populations</td>
</tr>
<tr>
<td>-6</td>
<td><strong>Examine</strong> children with developmental disabilities disproportionate access/outcomes in behavioral health care system.</td>
<td>Planning</td>
<td></td>
<td>12/1/2023</td>
<td>Special Populations</td>
</tr>
<tr>
<td>-7</td>
<td><strong>Create</strong> a plan to ensure the quality assurance framework for efficacy and outcome data for both private/state-operated behavioral health service facility providers.</td>
<td>Planning</td>
<td></td>
<td>12/1/2023</td>
<td>Infrastructure</td>
</tr>
<tr>
<td>-8</td>
<td><strong>Build</strong> governance structure for the children's behavioral health system in in urban, rural and all other areas of the state.</td>
<td>Planning</td>
<td></td>
<td>12/1/2023</td>
<td>Infrastructure</td>
</tr>
<tr>
<td></td>
<td><strong>Allow</strong>s TCBHPC to collaborate with consulting organizations.</td>
<td>Planning</td>
<td>TCBHPC</td>
<td>12/1/2023</td>
<td>Strategic Plan</td>
</tr>
<tr>
<td>---</td>
<td>--------------------------------------------------------------</td>
<td>---------</td>
<td>--------</td>
<td>----------</td>
<td>---------------</td>
</tr>
<tr>
<td>(i)</td>
<td><strong>Provides</strong> access to data collected by state/contractors on matters related to children's behavioral health.</td>
<td>Planning</td>
<td>12/1/2023</td>
<td>Data Sharing</td>
<td></td>
</tr>
<tr>
<td>(j)</td>
<td><strong>Permits</strong> TCBHPC to create workgroups/subcommittees to inform recommendations (suggest workforce issues/school based/prevention/acute)</td>
<td>Planning</td>
<td>TCBHPC, Tri-Chairs</td>
<td>12/1/2023</td>
<td>Strategic Plan</td>
</tr>
<tr>
<td>(k)</td>
<td><strong>Annual work plan</strong> for reviewing and making status or progress reports on the recommendations/activities. The work plan include recommendations to improve outcomes related to children's behavioral health/timeline with dates for tasks/outcomes achieved</td>
<td>Planning</td>
<td>TCBHPC</td>
<td>12/1/2023</td>
<td>Strategic Plan</td>
</tr>
<tr>
<td>(l)</td>
<td><strong>Annual strategic plan</strong> integrating recommendations task defined in sec.(g)(1-8).</td>
<td>Planning</td>
<td>TCBHPC</td>
<td>12/1/2023</td>
<td>Strategic Plan</td>
</tr>
</tbody>
</table>
(m) Not later than [August 1, 2023] December 1, 2024, the committee shall report, in accordance with section 11-4a, such plan, together with an account of progress made toward the full implementation of such plan, and any recommendations concerning the implementation of identified goals in the plan to the joint standing committees of the General Assembly.

<table>
<thead>
<tr>
<th>Planning</th>
<th>TCBHPC</th>
<th>12/1/2024</th>
<th>Strategic Plan</th>
</tr>
</thead>
</table>

The committee shall submit a progress report including the any recommendation concerning the implementation of the identified goals in the plan to the joint standing committee of the General Assembly.
Workgroup Descriptions

Each workgroup will provide leadership and direction on practical and policy matters to help foster comprehensive community and state-level programming. Workgroups will review the needs and develop strategies to leverage opportunities to improve children's behavioral health across the state.

- The workgroups must meet regularly (bimonthly or once per month) to establish group cohesion and develop a work plan. Each work group will recommend changes to align children's behavioral health programming with policy initiatives to optimize funding, decrease disparities, and improve outcomes for children with behavioral health needs and their families.
- While each work group co-chairs are appointed, membership is open to the public.

- **Strategic Planning Workgroup**: Task with developing a strategic plan that will identify strategies and goals to Transform Children’s Behavioral Health across the state. Identified priority areas will guide the work of the various workgroups and subcommittees to ensure committee efforts are coordinated and are not duplicative against similar legislatively appointed behavioral health initiatives.

- **Infrastructure Workgroup**: Guide TCBHPC activities and provide advisory recommendations to promote maximized efficiency in achieving children's behavioral health needs. Prospective work may include a landscape analysis to identify emerging needs and/or service implementation gaps relating to the allocation of resources, state insurance structures, funding, licensing requirements, workforce, and children's behavioral health system governance.

- **Services Workgroup**: Focus on issues related to service. This may include inpatient, and outpatient acute services and intermediate services provided to children and families. The workgroup may review the needs and strategies for an effective continuum of care, service availability, and system capacity.

- **Prevention Workgroup**: Examine and provide TCBHPC with advisory recommendations to improve children's behavioral health prevention services and programming. The group priorities may include: 1) preventing substance use and overdose; 2) enhancing access to suicide prevention and behavioral health services; 3) promoting resilience and emotional health for children, youth, and families; and 4) integrating behavioral and physical health care.

- **School-Based Workgroup**: Advances efforts to ensure all school districts integrate trauma-informed approaches that provide equitable academic, social, emotional, behavioral, and physical well-being. This workgroup will strengthen collaborations across schools and community initiatives to improve school mental health services infrastructure.
Urgent Crisis Centers

Presentation to the Transforming Children’s Behavioral Health Policy and Planning Committee

September 6, 2023
Urgent response for children's mental health crises.

- Thoughts of suicide or self-injury
- Feelings of depression, anxiety or hopelessness
- Out-of-control behaviors
- Substance misuse
- Any mental health crisis

No appointment needed
Why Urgent Crisis Centers?

Children’s Behavioral Health Plan (2014):

• Recommended expanding crisis-oriented behavioral health services to address high utilization rates in emergency departments. Specifically, explore alternative options to ED's, through short-term (e.g., 23 hour) behavioral health assessment/crisis stabilization centers.

Children’s Behavioral Health Urgent Care and Crisis Stabilization Unit Workgroup (2021):

• EDs are routinely overwhelmed by the numbers of patients presenting for care, resulting in overtaxed staff resources and significant wait times for patients.

• A significant percentage of youth who present to an ED with a behavioral health need could be effectively assessed and treated in another setting. This is supported by the fact that these youth are not ultimately admitted to an inpatient hospital.

• EDs vary regarding the behavioral health expertise of their staff, and in their familiarity with local systems of care and their ability to connect youth to ongoing community services. This can sometimes increase the chances of youth being referred for continued hospitalization.
Why Urgent Crisis Centers?

Short-Term Solutions to Behavioral Health ED Volume Workgroup -- Family Input
(family surveys administered through family advocacy organizations and local community collaboratives):

- **Create alternatives to Emergency Departments for youth experiencing behavioral health needs:**
  - Expanding Mobile Crisis services
  - Create alternate places to receive care (e.g., Urgent Crisis Center)
- **Improve the behavioral health care in Emergency Departments for youth who need to go there:**
  - Add more staff with behavioral health expertise
  - Create separate space appropriate for serving children with behavioral health needs
  - Improve timeliness of assessments
  - Improve referral process from ED to other services
  - Better communication between EDs, community-based providers, and schools
Why Urgent Crisis Centers?

SAMHSA National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit:

• Regional Crisis Call Hub Services:  
  Someone To Talk To

• Mobile Crisis Team Services:  
  Someone To Respond

• Crisis Receiving and Stabilization Services:  
  A Place to Go
<table>
<thead>
<tr>
<th>UCC Catchment Region</th>
<th>Program Location</th>
<th>Included Cities</th>
<th>Daily Service Capacity</th>
<th>12-Month Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Central</td>
<td>Hartford</td>
<td>Hartford / Manchester / Meriden New Britain / Enfield</td>
<td>24</td>
<td>$4,200,000</td>
</tr>
<tr>
<td>Southern</td>
<td>New Haven</td>
<td>Bridgeport/ Norwalk Stamford / New Haven/Milford</td>
<td>24</td>
<td>$4,200,000</td>
</tr>
<tr>
<td>Eastern</td>
<td>New London</td>
<td>New London / Willimantic Norwich / Old Saybrook</td>
<td>12</td>
<td>$2,600,000</td>
</tr>
<tr>
<td>Western</td>
<td>Waterbury</td>
<td>Waterbury / Danbury Torrington</td>
<td>12</td>
<td>$2,600,000</td>
</tr>
</tbody>
</table>
Multi-System Implementation

- Department of Social Services
  - Program-Specific Billing Codes and Fees
  - Medicaid State Plan Amendment

- Department of Public Health
  - Protocols for Ambulance Transport to UCC in Consultation with Hospital Medical Staff

- Department of Education
  - Statewide Meeting of School Superintendents
  - Statewide Special Education Conference
<table>
<thead>
<tr>
<th>UCC Program Component</th>
<th>Community-Based Programs</th>
<th>Hospital-Based Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialized Space</td>
<td>Yes</td>
<td>In Process</td>
</tr>
<tr>
<td>24/7 Availability</td>
<td>In Process</td>
<td>Yes</td>
</tr>
<tr>
<td>Walk-In Access</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Emergency Services Access</td>
<td>In Process</td>
<td>Yes</td>
</tr>
<tr>
<td>Crisis Triage</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Nursing Assessment</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Clinician Assessment</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Psychiatric Assessment</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Crisis Stabilization</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Youth/Family Strengths &amp; Needs Assessment</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Youth/Family Safety Planning</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Connect to Care</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Community Collaboration</td>
<td>Yes</td>
<td>In Process</td>
</tr>
<tr>
<td>Follow-Up Support</td>
<td>Yes</td>
<td>In Process</td>
</tr>
</tbody>
</table>
Shared Vision of Care

Collaborative
Inclusive
Deliberate
Innovative
Partnering
Committed

Informed by variety of clinical approaches used by outpatient and home-based treatment, but inclusive of solution focused, crisis intervention and trauma informed approaches
Youth and Families Connecting to Care
Hearing from the youth and families...what have they said about their experience at the UCC

Connected  Grateful  Safe  Hopeful  Motivated  Calm  Trusted  Satisfied  Heard
Making an Impact

• Utilization
  • How many youth & families access the services?
  • From where are youth & families referred to UCCs?
  • What are the presenting challenges & needs of the youth & families?
  • Are there disparities or barriers to youth and families accessing the UCCs?

• Youth & Family Experience of Care
  • Do youth & families experience engagement, connection, and affirmation in UCCs?
  • Do youth and families believe the UCCs were helpful to them?

• Outcomes
  • Are youth and families able to successfully stabilize and manage their crisis?
  • Are youth and families able to be connected to the follow-up care they need?

• Systems Issues
  • What services do youth & families most often need after UCCs? Are these services available?
  • Do UCCs contribute to fewer youth presenting unnecessarily to EDs?
  • Do EDs experience fewer instances of overcapacity?
Challenges for Success

• Workforce
  • Shortage, diversity

• Reimbursement
  • No reimbursement
  • Under reimbursement
  • Medicaid rates
  • COLA
  • Private insurance vs. Medicaid

• Connect to care
  • Families cannot access care where and when needed
  • Long waitlists (outpatient and in-home services)

• UCCs are embedded within larger systems
  • Community mental health, school, primary care offices, DCF.
  • Time to demonstrate impact
  • Linkage of these systems is often limited (clinically, data)
  • Ambulance service

available services
Urgent Crisis Centers

The Village
1680 Albany Avenue, Hartford, CT 06105
(860) 297-0520
thevillage.org/UCC

Child & Family Agency of Southeaster Connecticut, Inc.
255 Hempstead St, New London, CT 06320
(860) 437-4550
childandfamilyagency.org/urgent-crisis-center

Wellmore
141 East Main Street, Waterbury, CT 06702
(203) 580-4298
wellmore.org/urgent-crisis-center

YaleNewHaven Health
Yale New Haven Children's Hospital
20 York Street, New Haven, CT 06510
(203) 688-4707
ynhh.org/childrens-hospital/services/emergency-services

In partnership with: DCF Connecticut

If a youth needs immediate medical attention, call 9-1-1 or go to the nearest hospital.
2023 – 2024 TCBHPC Meeting Schedule

Meetings take place the first Wednesday of the month at the Legislative Office Building with a zoom virtual option.

July 10, 2023

NO AUGUST MEETING

September 6, 2023
October 4, 2023
November 1, 2023
December 6, 2023
January 3, 2024
February 7, 2024
March 6, 2024
April 3, 2024
May 1, 2024
June 5, 2024
July 3, 2024
August 7, 2024
September 4, 2024
October 2, 2024
November 6, 2024
December 4, 2024

Contact: Izarelli Mendieta-Martinez Project Coordinator - TCBHPC
P: 203-932-7367 E: imendietamartinez@newhaven.edu