

TCBHPC Meeting Minutes

September 6, 2023

2:00-4:00

LOB- 300 Capitol Ave Hartford, Room 1E

Virtual Option Available

Attendance:

Rep Tammy Exum

Claudio Gualtieri

Jeff Venderploeg

Jeanne Milstein

Sen. Lisa Seminara

Sen. Catherine Osten

Dr. Derrick Gordon

Rep. Tammy Nuccio

Mike Meyer

Ashley Hampton

Michael Patota

Commissioner Vanessa Dorantes

Dr. Yann Poncin

Commissioner Jordan A. Scheff

Gerard O'Sullivan

Deputy Commissioner Jody Terranova

Cindy Dubuque Gallo

Sean King

Steven Hernandez, Esq

Carolyn Grandell

Alice Forrester

Aishwarya Sreenivasan

Karen Snyder

Shelby Henderson

Dr. Melissa Whitson

Michelle Zabel

Senator Ceci Maher

Sen. Saud Anwar

Rep. Cristin McCarthy Vahey

Rep. Jillian Gilchrest

Michelle Anderson

Rep. Toni Walker

Aimee Monroy

Dr. Javeed Sukhera

Tammy Freeberg

Rep. Kai Belton

Shari L. Shapiro

Michael Moravecek

Deputy Commissioner Sinthia Sone-Moylan

Dr. Kimberly Karanda

Yvonne Pallotto

Sarah Eagan, Esq

Catherine FoleyGeib

Carol Bourdon

Ann Smith

Akriti Rai

Erika Nowakowski

Izarelli Mendieta-Martinez

Donna Pfrommer

Taylor Hyde

Deborah Harburge



Welcoming:

Representative Tammy Exum welcomed everyone to the September Transforming Children's Behavioral Health Policy and Planning Committee meeting. She stated that the committee shall be commonly referred to as "TCB." She thanked the committee members who had come together to bring a change and the co-chairs to introduce themselves. Senator Ceci Maher and Mr. Claudio Gualtieri-Senior Policy Advisory, Rep. Exum introduced Erika Nowakowski and the Tow Youth Justice Institute. She also reminded the committee that attendance will be recorded by scanning the QR code.

New team members at the Tow Youth Justice Institute:

Erika Nowakowski, Executive Director, of Tow Youth Justice Institute introduced the operationalization of the committee. She reiterated that the attendance will be taken through QR code scanning, and the TYJI team shall also be checking in with the committee members to double-check this method of attendance. Erika informed the committee that as expressed in the July TCB meeting, TYJI has hired more members to help with the administrative work of the committee and introduced them. The material package printout provided to the committee members had the bio and the picture of the newly appointed staff members. Aishwarya Sreenivasan introduced herself as the Senior Project Manager for TCB and her background in psychology and public health. Izarelli Mendieta, introduced herself as the Project Coordinator for TCB and her experience working as a case manager for children who were detained at the immigration, children with chronic medical conditions and she also worked at the DREAM ACT. Shelby Henderson introduced herself as the Policy Administrator for the TCB committee, her experience in policy work, and her current pursuit in law. Erika introduced Karen Snyder, the consultant for TCB. Karen shared that her experience in Massachusetts working closely with families gave her the experience of strengths and a quality-based mental health system for children which would be welcoming and would help families.

Acceptance of the TCB July Meeting Minutes:

Rep. Tammy expressed excitement about the new team and moved the meeting agenda to receive acceptance from the committee members for the July TCB meeting minutes.

The TYJI team then focused on operationalizing the work of TCB about the administrative task. The TYJI team will be sending out regular emails to the committee to coordinate the work of the TCB, draft reports, and partner with others to draft reports for the committee to provide the committee with meeting agendas, minutes, and timely reports, and to provide a space to update all the information. The TYJI shall also have all the TCB documents uploaded on their website. All the materials of the TCB committee can also be found at the Connecticut General Assembly website specifically on the TCB page. Erika also informed the committee that the members can expect planning call meeting requests to present their expertise in the monthly meetings, TYJI shall help in coordinating various stakeholders and members for such planning calls. These planning meetings are scheduled to have a productive and successful monthly meeting.



Aishwarya then focused on the Public Act 23-90 which will be used as a foundational document to define the goals and objectives to guide the work of the committee. She gave some examples of the sections of the Public Act 23-90 such as the formation of the TCB Committee and, the formation of the workgroups, and subgroups, and mentioned that in December there will be a proposed list of legislative recommendations that will be provided to the committee. Erika also mentioned that there have been various committees who have also worked on the same work and collaborating with them is also equally essential to avoid duplication. Erika then mentioned the groundwork that TYJI has done by looking into various bills and its task to understand the overall workings of TCB and how can the work be interlinked and tied to other related task forces. The draft organizational chart was explained, which was made based on the Public Act 23-90. The goals of the strategic plan and its function to help the committee identify its goals and timeline to produce legislative recommendations were explained. The strategic workgroup will only be active until the strategic plan is approved by the committee members. Based on the statute – Prevention, Services, School-Based, and System Infrastructure were identified as the main workgroups for the work of the committee. The draft description of each work group was provided as supplemental information to the committee members. Each workgroup would have subgroups to have focused discussions to feed the work of the larger workgroup. The work thus discussed in these workgroups will be brought back to the committee for everyone's feedback. The flow chart showcased the flow of the consensus building that first happens at the subgroup level, followed by the workgroup, and is then presented with research and data to the TCB committee for feedback. The tentative timeline of the TCB process was shared with the members. The next steps of the committee for October – December 2023 were discussed:

- Gather and review workgroup and operational plan feedback.
- Appointing Co-chairs to the workgroup
- Workgroup convenes.
- TCB level setting training
- Draft of legislative recommendations
- Finalize strategic plan

The work plan timeline was discussed and the importance of prioritizing the work and accommodate the need for amendments was highlighted. Rep Exum stated that the bill was drafted while ARPA funding was provided, and the TCB committee was formed later, hence most of the dates seem close and would require amendments. Erika mentioned that some of the work mentioned might have already been kickstarted by various other task forces. Knowing the status of such work would help in processing any changes required to the dates mentioned in the Public Act 23-90.

Karen Snyder presented on collaborative approach that she will be engaged in by reaching out to all key agencies that work with children and families, supporting families directly, and meeting various providers, to understand what the needs of the system are. She also wanted to engage with families and family groups to understand the groundwork. She also wanted to meet the school systems and know about mental health response teams in these schools. She also wanted to speak to advocacy groups, DCF, DSS DMHAS, and other such agencies to understand their priorities.



A survey was provided to the committee to receive feedback about the organizational structure, and priorities of the committee, sign up for workgroup memberships, and become co-chairs of the same. Even the individuals who were not members of the committee were welcome to be a part of the workgroups. Senator Maher welcomed parents and other members to participate and be ambassadors of the workgroup. A suggestion was made by the committee members that finance and data pieces should be embedded in every workgroup. Sarah Eagan recommended that the finance and infrastructure, service array should be a workgroup of their own, and under each of that workgroups of workforce, prevention, and underserved populations could also be included. Dr. Gordon also backed this recommendation. Dr. Gordon recommended that the chairs of the workgroups should be the ones who have voting rights in the committee. Mr. Gualtieri recommended that these workgroups be formed to accommodate the needs of everyone and their time. Erika mentioned that an orientation manual will be developed for the committee. All the details about working for the workgroups will be mentioned in greater detail in the orientation manual. This orientation manual will be built with the help of the committee members and will be administered by TYJI.

Rep. Exum discussed the legislative process and its development since November 2021, with an emphasis on the significant role of parent voices. The importance of incorporating children's and parents' perspectives into decision-making was highlighted. Rep. Nuccio supported the existing structure and disagreed with suggestions to minimize it, citing the complexity of the issue. She proposed adding a finance subgroup to each area. She expressed enthusiasm for improving relationships in the service sector and recounted a previous legislative effort that went unassigned. Nuccio emphasized the value of examining individual components for a comprehensive understanding of Connecticut's behavioral health.

Presentation of CT Urgent Crisis Centers (UCC):

Rep. Exum introduced the working of UCCs and welcomed DCF Commissioner Vanessa Dorantes. The Commissioner emphasized the need to discuss urgent crisis centers and cautioned against creating more work groups without streamlining existing ones due to the abundance of mandated boards and commissions. They commended the collaboration among state agencies and an existing workgroup and noted the role of ARPA funding in establishing urgent crisis centers. Various agency representatives, including DCF, were present for the discussion. Dr. Frank Gregory facilitated the conversation with provider representatives from Wellmore Behavioral Health, The Village for Families and Children, Child and Family Agency of Southeast, Yale Child Center, and Yale New Haven Hospital. Dr. Gregory provided context on the urgent crisis centers and their purpose. He explained that these centers are accessible 24/7 without the need for appointments, offering crisis assessment in a safe and supportive environment for youth and families facing behavioral health crises. These centers aim to provide same-day care, redirecting youth and young adults from emergency departments. Dr. Gregory discussed the background, emphasizing the collaborative work among various agencies and the development of these centers as an alternative to overburdened emergency departments. The need for these centers was identified in 2014, and they address the high utilization of emergency departments for behavioral health crises. He noted that urgent crisis centers aim to enhance the care experience and reduce wait times in emergency departments.



Dr. Gregory mentioned that this initiative aligns with best practices identified nationally, involving regional crisis call centers, mobile crisis response teams, and crisis receiving and stabilization resources. He also shared information about the locations and associated costs of the urgent crisis centers. These centers have been made possible through funding from various resources. Gregory highlighted the collaborative efforts involving the Department of Social Services, the Department of Public Health, and the Department of Education in implementing this program. He mentioned the establishment of specialized service types and associated service codes for approved providers in the network. He emphasized that the expectations for the program are the same, but providers may approach implementation from different perspectives. Dr. Gregory concluded his presentation and handed over the discussion to the provider partners, starting with Wellmore.

Senator Austin expressed appreciation for the presentation and asked two questions. First, she inquired about the 4.2 million mentioned, asking whether it covered both operating and capital costs. Dr. Gregory explained that it referred to the annualized operating budget, with startup costs being partially offset by operating funds. Senator Austin's second question related to the locations of the crisis centers, specifically the coverage in northeast Connecticut. Dr. Gregory explained that the providers' proposals guided the center locations. While some areas in eastern Connecticut might still be distant from the proposed centers, the intention was to address the accessibility issue by intersecting the catchment areas of the New London and Hartford programs. Dr. Gregory noted that if the centers prove successful, they could consider expanding to address the needs of more rural areas with limited access to services. Senator Austin expressed gratitude for the information and shared her concerns about rural sections of the state that require greater access to services.

Wellmore Urgent Crisis Center shared insights into the family experience. They emphasized the unique partnership formed during the development process and weekly discussions to ensure consistent clinical experiences across centers. Their vision focused on creating a supportive and calming environment for families seeking crisis mental healthcare. Families learn about the Urgent Crisis Center from various sources and can choose to visit the center during a crisis. The family's perspective guides the process, including engagement and problem-solving. If a medical evaluation or support is needed, the triage nurse facilitates the discussion and transition to an emergency department. Presidio described the deliberate design of the Urgent Crisis Center space, featuring comfortable and child-friendly furniture, sensory tools, and calming decor. The center encourages clinical and supportive conversations and assessments, ensuring that both the youth and parents feel heard and understood. These discussions follow research-supported approaches, including solution-focused therapy, crisis intervention, and trauma-informed practices. After assessments, the team reviews the information and unmet needs with senior clinical staff, potentially leading to psychiatric evaluation or medication consultation within the center. The team collaborates with the family to develop a safety plan and connects them to appropriate resources, ensuring that the plan aligns with the family's perspective and needs. Wellmore concluded by highlighting the importance of family involvement and their agreement in finalizing the safety plan.

The Child and Family Agency stressed the importance of intentional collaboration in the Urgent Crisis Center's discharge planning. They focused on working with families, recognizing that a child in crisis



affects the entire family. Collaborative partnerships with various organizations were established to ensure families received appropriate care and services. They highlighted the importance of seamless transitions between different levels of care, which could include hospitalization. Additionally, they acknowledged the potential underlying factors contributing to mental health crises and worked with families to connect them to community resources. Saylor mentioned the UCC's commitment to staying with families until they were connected to the next level of care, using various means, including technology and mobile crisis support. In summary, the UCC's approach prioritized family involvement and comprehensive care with an emphasis on collaboration and smooth transitions.

The Village for Families and Children emphasized the intentional and family-focused approach of the UCC. They've seen over 60 children and families at the UCCs, each with their unique situations and backgrounds. The UCC teams spend considerable time listening to the families' needs and concerns, resulting in families feeling heard, connected, and safe. Amy shared a poignant example of a mother who had repeatedly taken her son to the Emergency Department (ED) and her emotional experience at the UCC. The UCC experience doesn't end when families leave; they receive aftercare services, which are a vital part of what makes the UC a new level of care. These services include safety plan reviews, discussions about the next level of treatment, and continuous support. They discussed their efforts to gather family feedback through surveys and shared a consistent theme: families express that the UCCs are doing everything right and meeting their needs. Amy concluded with a powerful story about a visitor's emotional reaction to the UCC and how it offered hope that families wouldn't have to experience what their family went through a decade ago in the ED. The UCCs are making a significant impact on the lives of the families they serve.

Dr. Laine Taylor, a child psychiatrist and the Medical Director of The Village for Families and Children, discussed the impact, challenges, and potential for Urgent Crisis Centers (UCCs). She highlighted that the UCCs' impact is already evident in utilization, the youth and family experience of care, and the early outcomes, despite being in operation for only a short time. Dr. Taylor stressed the importance of collaboration and interconnection within the behavioral health system, emphasizing that the UCCs should not exist in isolation. She acknowledged that while the UCCs are exciting and beneficial, addressing systemic issues in the behavioral healthcare system is essential to ensure that the UCCs can play a pivotal role in the larger system. She outlined several challenges for success, including workforce shortages, reimbursement issues, and ensuring strong connections to care, especially for rural communities. Dr. Taylor also discussed the need for a sustainable funding system, as high-intensity care for crisis intervention requires long-term support and cannot solely rely on Medicaid or fee-for-service reimbursement. Lastly, she mentioned the importance of ambulance services as a means of connecting families to UCs, particularly in situations where transportation is challenging. Yann Poncin shared that at their clinic, which receives about 30% of its arrivals by ambulance, many of these cases come from schools. He emphasized the importance of addressing the ambulance issue as a significant and potentially more achievable goal.

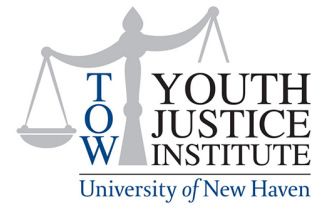
Q and A were conducted.

Next meeting:





**Transforming Children's Behavioral Health
Policy and Planning Committee**



1st November: 2 pm -4 pm.

