Welcome and Introductions

Senator Ceci Maher and Mr. Claudio Gualtieri conducted opening remarks and introduced Tow Youth Justice Institute (TYJI)

Acceptance of TCB Meeting Minutes

Mr. Claudio Gualtieri moved for a motion to approve the September TCB meeting minutes. The motion was moved, seconded, and passed. Senator Matthew Lesser abstained from the vote.

Overview of Meeting

Erika Nowakowski from the TYJI introduced the meeting overview, reminded the committee to use the QR code for attendance, and provided an update on the Statewide Listening Sessions and TCB’s next steps. Children Health and Development Institute, Community Health Resource, Mid-Fairfield Community Care Center, and LifeBridge presented on Accessing Continuum of Care: Outpatient Services in Connecticut.
Announcements:

**TCB Organizational Chart**

TYJI has been tasked with creating an organizational chart for the Transforming Children’s Behavioral Health Policy and Planning committee. The chart will include the following workgroups: Prevention, Services, School-Based, System Infrastructure, and creating the strategic work plan. There is also a noted need for Finance and Data-Sharing workgroups. To address the various needs of the workgroups, additional subgroups will be necessary. Finance should be a focus within all workgroups.

TYJI has received interest from seventeen candidates to be considered for workgroup chair. However, the need for finance and a data group may shift co-chair sign-ups. Currently, there are four nominations for System Infrastructure, five for Services, five for Prevention, six for School-Based, and one for Strategic Workgroups. TCB focuses on service, payment, and system reform while ensuring that previous work is not duplicated. The interest in each workgroup is fairly even, with each workgroup having 22-31 interested members.

Throughout November, the goal is to finalize the selection of co-chairs, create workgroup meetings, and kick off the first round of workgroups to convene based in the new year.

**TCB Statewide Listening Sessions**

The TCB Statewide Listening Sessions aim to gather perspectives from various stakeholders, such as parents, youth, state agencies, and non-profit organizations, to guide policymaking on children’s behavioral health in Connecticut. Participants are invited to share their insights on the current system, envision its ideal functionality, and suggest future directions. The TCB Statewide Listening Sessions will kick off on November 15, 2023, in the New Haven region. The New Haven Statewide Listening Session will target parents and youth, recognizing the importance of inclusivity and the unique perspectives of the different populations. TCB partnered with a non-profit organization to invite parents and youth. The New Haven Statewide Listening Session will be open to all parents and youth from the New Haven region. TCB members were encouraged to attend the New Haven Region session.

The Statewide Listening Sessions approach aims to promote open dialogue, capture diverse perspectives, and work toward a more comprehensive understanding of the current system and its potential evolution. The findings from the listening sessions will be compiled into a final report to be presented at the April Monthly TCB meeting, serving as a roadmap for the strategic workplan.

**Accessing Continuum of Care: Outpatient Services**

A presentation titled "Accessing Continuum of Care: Outpatient Services in Connecticut" was delivered during the TCB November meeting. The presentation included information from Community Health Resource, Mid-Fairfield Community Care Center, and LifeBridge about the
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community and the services they provide. CHDI also gave an overview of the outpatient services available in Connecticut. They revealed that outpatient mental health services for children are the most widely used and available services, catering to a diverse population. These services are typically less intensive and usually consist of medication management or talk therapy sessions that last for 50 minutes. These sessions are conducted weekly or bi-weekly for children, families, or groups. Unfortunately, it is difficult to determine the exact number of available services in the state as there are many groups and private practices, and there is no data to capture the private landscape. CHDI estimates that approximately 110 community-based, licensed outpatient care clinics (OPCCs) exist in Connecticut, 24 of which are DCF grant-funded OPCCs. Outpatient services are vital for the mental health system, as highlighted by CHDI. Connecticut has 22 Outpatient Care Clinics (OPCC), which provide evidence-based treatments to numerous youths, reducing disparities. In the fiscal year 2023, these clinics have served the highest number of individuals (over 27,000) since 2019, with an average caseload of 60-80 youths. The youths receive an average of 20 sessions, with 55-60% showing significant improvement. OPCCs offer both office-based and telehealth services, with almost one-third of the services being delivered virtually.

CHDI discussed how Evidence-Based Treatments (EBTs) can significantly improve outpatient therapy outcomes. EBTs are twice as effective as routine outpatient therapy and can help reduce health disparities, according to CHDI. CHDI's cost analysis suggests that Evidence-Based Treatments (EBTs) can benefit around $414.8 million and expedite children's recovery. Medicaid reimbursement rates not keeping pace with inflation over the last decade have impacted service delivery by creating a 25% gap between actual and potential rates.

LifeBridge Community Services stresses the need to consider client and caregiver perspectives and utilize their feedback to improve outpatient services and the system. A parent's story highlighted the challenges in accessing mental health services. The parent expressed difficulties parents have in obtaining timely support. The parent found LifeBridge independently and accessed necessary care quickly for their child. They emphasized the need for more tools to support children and thanked LifeBridge clinicians for their help.

LifeBridge addresses challenges faced by Bridgeport children's mental health system. They presented the landscape of difficulties faced by youth, including poverty, underperforming schools, trauma, and fragile home situations. Bridgeport's poverty rate is over ten times the average in Fairfield County, at 21%, with an estimated one to three children living under impoverished conditions. In 2019, only 30% of residents had access to regular mental and behavioral health services. Lifebridge has pledged to recruit more clinicians to serve minority and low-income populations.

Mid-Fairfield Community Care Center serves Norwalk and surrounding communities by offering a range of programs and outpatient services for individuals, families, and groups from
prenatal/birth through early adulthood. They focus on family-centered, trauma-focused, culturally responsive, and evidence-based therapy. Mid-Fairfield Community Care Center presented a survey conducted in October 2022, which revealed that almost 30% of Norwalk Public Schools students suffer from anxiety, depression, or both. The survey also found that 6.4% of these students reported attempting suicide. This highlights the urgent need for mental health services for young people. The Mid-Fairfield Community Care Center is aware of the significant shortage of mental health providers, which makes it challenging to meet the increasing demand for these services.

Community Health Resources offers behavioral healthcare services in central and eastern Connecticut. Their services include clinical and psychiatric assessment, crisis intervention, emergency coverage, and therapy options. During their recent discussion, they talked about the sources of funding available and the high incidence of trauma exposure in the locality. In 2015, over 16 million people lived in the region served by CHR, with 24% under 18 years old. More than 65% of youth in this area are considered low-income based on poverty levels, Medicaid eligibility, and free lunches. CHR acknowledges the need for evidence-based, trauma-focused services. 37% of young people at CHR have reported trauma, according to national data. CHR stresses the importance of addressing the emotional and systemic needs of children.

The providers discussed intake challenges, limited resources, the need for higher care levels, and referrals. Financial barriers outpatient providers face includes administrative and regulatory challenges, workforce and recruitment issues, and financial sustainability. The presenters emphasized crucial changes for children's behavioral health needs and statewide access, distinguishing between family needs and children's. Families face transportation, language, and socioeconomic challenges to access services. Children require specialized care for social and emotional issues and navigating systemic challenges.

The meeting discussed system challenges and needs, such as chronic underfunding and accountability. Policy recommendations included adequate funding for outpatient services, standardized data collection, and reduced administrative requirements. The solutions proposed were improvements in Medicaid reimbursement, school-based recommendations, and quality care.

Next Meeting:

Hybrid Model Option (In-person and available over Zoom)
December 6, 2023
2:00-4:00 PM