

## TCB Meeting Minutes

January 10, 2024

2:00-4:00 PM

LOB – 300 Capitol Avenue Hartford, Room 2C

Virtual Option Available

### Attendance:

Alice Forrester	Gerard O'Sullivan	Mickey Kramer
Anne Dauphinaias	Howard Sovronsky	Michelle Scott
Ashley Hampton	Jeana Bracey	Sarah Eagan
Carol Bourdon	Jody Terranova	Sean King
Carolyn Grandell	Kai Belton	Shari Shapiro
Catherine Osten	Kimberly Karanda	Tammy Freeberg
Ceci Maher	Lorna Thomas-	Tammy Venenga
Claudio Gualtieri	Farquharson	Toni Walker
Deidre Gifford	Michael Powers	Michael Williams
Derrik Gordon	Micheal Moravecek	Yann Poncin
Edith Boyle	Micheal Patota	

### Welcome and Introductions:

The meeting commenced with welcomes, announcements, and instructions for attendance. The highlighted presentations continued the December presentation on Sustainability Efforts through Commercial Insurance and Accessing the Continuum of Care: Intensive Home-Based Services. A motion was made, and the minutes of the previous meeting were approved unanimously.

### Updates:

On January 5, TCB members participated in a Level-Setting Training session. The session was designed to lay the foundation for future TCB work and included experiential activities. A networking lunch was also provided to encourage relationship-building among the committee members. Additionally, the training covered topics such as 'Understanding Children's Behavioral Health in Connecticut', 'Overview of the Behavioral Health Treatment System for Children in Connecticut', 'Mental Health Treatment for Young Children', and 'Children and Youth with Neurodevelopmental Disorders'. The following trainers participated in the TCB Level Setting program: Rachel Keyworth, M.Ed., CTRS, Dr. Melissa Whitson, Ph.D., Dr. Laine Taylor, DO, MBA, Dr. Jeana Bracey, Ph.D., Dr. Elisabeth Cannata, Ph.D., Dr. Darcy Lowell, MD, Jennifer Nadeau, LCSW, and Dr. Michael Powers, Psy.D. Tow Youth Justice Institute and TCB Chairs thanked all these trainers for their commitment and willingness to share their expertise in supporting TCB's efforts. A second day of Level-Setting Training will take place after the legislative session. This day will focus on working towards building the strategic plan. Details about a potential third day will be shared later.

## **Sustainability Efforts through Commercial Insurance**

Carelon Behavioral Health, formerly known as Beacon Health Options, plays a crucial role in Connecticut's behavioral health and insurance landscape, serving as the Administrative Service Organization (ASO) for mental health, behavioral health, and substance use services under Medicaid. Collaborating with the Department of Children and Families (DCF), the Department of Social Services (DSS), and the Department of Mental Health and Addiction Services (DMHAS), the ASO manages Medicaid and community services, impacting over 900,000 individuals. The Child & Family Division, focusing on family-centered approaches, contributes to CT's Behavioral Health System of Care, annually serving 10,000+ youth and families. The division actively contributes to a comprehensive system of care, including doc-to-doc psychiatric consultation. The Carelon Behavioral Health Commercial Division, independent from CTBHP and Child and Family Divisions, leads as the Behavioral Health clinical and network lead for Anthem Blue Cross and Blue Shield in Connecticut. Staff, leadership, and resources in this division are distinct and separate.

Diversified insurance coverage in Connecticut includes: Self-Insured (37%), Medicaid (26%), Medicare (19%), Large Group – Fully-Insured (7%), Uninsured (5%), Small Group—Fully-Insured (3%), and Individual—Fully-Insured (3%). Within the Commercial Market, the majority is self-insured (74%), followed by Large Group—Fully-Insured (15%), Individual—Fully-Insured (6%), and Small Group—Fully-Insured (5%)

Carelon Behavioral Health has achieved significant milestones, such as expanding ASO services, launching the Child & Family Division, and introducing Preventive Care Management, emphasizing a commitment to comprehensive services for all age groups and collaborative efforts with Anthem to enhance behavioral health quality in the state.

## **Accessing the Continuum of Care: Intensive Home-Based Services**

A mother and her son opened the presentation by sharing their journey with children's behavioral health care for her son, who faced challenges from a young age. The story included struggles with finding suitable care, navigating various therapists and centers, and the eventual discovery of In-Home Therapy (IICAPS). The in-home therapy was a turning point, helping her son build trust, progress positively, and navigate crises. Despite challenges, the in-home care team provided crucial support, enabling her son to graduate high school, attend Gateway, and remain hospital-free for five years. The speaker emphasizes the importance of accessible in-home programs such as IICAPS tailored to individual needs and highlights the overwhelming demand for such services.

Elizabeth Cannata, VP of Community-Based Family Services at Wheeler Clinic, provided an in-depth overview of the evolution of children's behavioral mental health care in Connecticut, emphasizing models such as Multi-Dimensional Family Therapy (MDFT) and Multi-Systemic Therapy (MST). The presentation highlighted Connecticut's efforts since 1999 to enhance the behavioral health treatment system, aligning with national priorities of early detection, access, evidence-based practices, and strengthening families collaboratively. Connecticut has implemented community-based treatments for diverse needs, addressing justice-involved youth and emphasizing family involvement in treatment teams. The state collaborates on research-

supported treatments, committing to a holistic approach outlined in the CT Children's Behavioral Health Plan and CT Family First Plan. The comprehensive Connecticut behavioral health system offers various levels of care, including outpatient services, intermediate care, partial hospitalization, residential care, and inpatient hospitalization. The first level is outpatient services, which include clinic-based options like specialized programs in psychiatric clinics (such as MATCH, TF-CBT, and SSTRY), School-Based Health Centers, Private Practices, Integrated Care, and Youth Service Bureaus. Home-based outpatient services, such as Functional Family Therapy, are also available for a more personalized approach. The next level is intermediate care, which can be clinic-based includes Extended Day Treatment, Intensive Outpatient Programs (IOP) or home based services such as Child First, IICAPS, Multisystemic Therapy, MST FIT, MST PSB, Multidimensional Family Therapy (MDFT), and HYPE Recovery. Partial hospitalization is the next level, which includes office-based programs like Partial Hospital Programs (PHP). Residential care is also available, including Short-Term Assessment and Respite Homes, Psychiatric Residential Treatment Facilities (PRTF), and Therapeutic Group Homes. The highest level of care is inpatient hospitalization. Crisis stabilization services, such as Mobile Crisis Intervention Services (EMPS), Urgent Crisis Centers, Emergency Rooms, and Subacute Crisis Stabilization are available across all levels.

### **Multi-Dimensional Family Therapy**

Multi-Dimensional Family Therapy (MDFT) is a targeted intervention for individuals aged 9 to 18 dealing with substance use and disruptive behavior challenges in various settings. With 2-3 weekly sessions for 4-6 months, involving parents, youth, and family, led by a therapist (master's level) and therapist assistant (BA level), MDFT incorporates case management for resource access, collaboration, positive youth activities, drug testing, and 24/7 crisis availability. Supported by extensive research, MDFT has shown significant reductions in substance use, arrests, negative peer involvement, and improvements in psychological functioning, family relationships, parenting, and school or job performance, outperforming evidence-based group treatment. In FY 2023, all 12 standard MDFT programs in CT reported positive outcomes at discharge, including high percentages of youth living at home, no new arrests, engagement in education or employment, avoidance of hard drug use, stable mental health functioning, and families resolving issues without resorting to violence. Providers like Boys & Girls Village, Child and Family Agency of Southeastern CT, Community Health Resources, Community Mental Health Affiliates, United Community & Family Services, and Wheeler offer MDFT services, funded by DCF grants, Medicaid, and Anthem (commercial insurance). Adaptations for Opioid Use Disorder recovery, known as Helping Youth & Parents Enter Recovery (HYPE-Recovery), encompass full MDFT, Medically Assisted Treatment (MAT), and Recovery Management Check-up Support (RCMS), with an expanded age range up to 21 years old.

### **Multisystemic Therapy - MST**

Multisystemic Therapy (MST) is a targeted family intervention program for at-risk youth aged 12-18, addressing severe disruptive behavior and aiming to prevent out-of-home placement, juvenile justice involvement, or substance misuse. The MST approach involves three weekly sessions for 3-5 months, focusing on supporting parents, setting clear expectations, monitoring youth, and identifying parenting supports. With a therapist (master's level), drug testing, and 24/7 crisis availability, MST has extensive research support, including 96 published studies as of January 2023, demonstrating better outcomes than "treatment as usual." In Connecticut, MST services were provided to 626 individuals, achieving a 90% "Not Arrested" rate. Demographically, White (non-Hispanic), Hispanic/Latinx, and Black or African American individuals comprised the largest groups served. Connecticut MST providers, including Connecticut Junior Republic (CJR), North American Family Institute (NAFI), Village for Families & Children, and Wheeler, receive funding from DCF grants, Medicaid, and Anthem. Adaptations include MST for Problem Sexual Behavior (MST-PSB), MST for Emerging Adults (MST-EA), and MST Family Integrated Transitions (MST-FIT)..

### **Intensive In-Home Child and Adolescent Psychiatric Services - IICAPS**

Victoria Stob, Co-Director of the Yale IICAPS model, provided an overview of Intensive In-Home Child & Adolescent Psychiatric Services (IICAPS), offering 4-6 hours of weekly support through parent, child, and family sessions. IICAPS teams, led by master's level clinicians, employ a trauma-informed approach addressing mental health in various domains. The program caters to children and adolescents aged 4-18 facing emotional or psychiatric challenges, disproportionately supporting racial and ethnic minority groups. Notably, 67% report complex trauma experiences, and about half of IICAPS parents acknowledge their child experiencing 4+ adverse childhood experiences (ACES). Positive outcomes include a 73% treatment completion rate, with 50% of cases showing reliable clinical changes. Completers experience significantly reduced service utilization, with 60% fewer hospital admissions, over 50% fewer inpatient days, and 40% fewer ED visits. Improvements are sustained for 6 months post-discharge for 73% of families completing treatment. Funding sources include Fee-For-Service, Medicaid, and private insurance, with DCF grants supporting model development. As of 2023, the IICAPS network comprises 16 sites, primarily located on the West Side of the state.

### **Functional Family Therapy - FFT**

Kenneth Lacilla, LCSW, presented the landscape of Functional Family Therapy (FFT), an evidence-based intervention for at-risk youths aged 11 to 18, addressing diverse issues. Applied in multiethnic contexts, FFT is a short-term, strength-focused family counseling model conducted in the home. Connecticut's FFT outcomes for 2022-23 reported a 65% completion rate, with 47% noting substantial improvement and 95% observing some improvement or greater. Treatment completers showed positive results, with 100% remaining in the home/community. Connecticut's

FFT utilization reached 60% in FY 22, coinciding with increased referrals and three out of six teams meeting the FFT national standard of 70% utilization. Among the 391 youths served by FFT in Connecticut in 2022, the majority were White/Caucasian (41%), followed by Latinx (14%), Black (10%), and Bi-racial (9%). The program is well-trained, well-studied, and well-supported, meeting all FFT National Standards for Program Fidelity and a Federally approved "Well Supported" Family First Program, recognized as effective by various authorities.

Carrie Bourdon, LCSW, Executive Director of Carenton Behavioral Health, gave an overview of the Medicaid youth profile in 2022, emphasizing in-home services. In 2022, the Medicaid Youth Population Profile in Connecticut showed that 16.9% of all Medicaid Youth, totaling 64,060 individuals, utilized behavioral health services. In-home services, including IICAPS, FFT, MDFT, and MST, were utilized by 0.7% of the Medicaid Youth population. However, there was a decrease in IICAPS utilization from the previous year. An analysis of Youth In-Home Service Utilization revealed that 5% of youths concurrently utilized both IICAPS and another in-home service, with significant rates of psychiatric hospitalization and emergency department visits among IICAPS-involved youth. The second quarter of 2023 saw a temporary emergency period with no prior authorization requirements, recording 443 in-home service admissions. IICAPS emerged as the most utilized service, comprising 68.6% of admissions but experienced a notable decrease. The broader child mental health crisis in Connecticut has strained the In-Home Family Therapy workforce, leading to shortages, staff retention challenges, and reduced clinical expertise. Urgent legislative support is needed, emphasizing adjustments to Medicaid reimbursement rates, increased grant funding, and commercial insurance inclusion for in-home family therapy programs to ensure equitable care and preserve the state's continuum of child mental health services.

**Next Meeting:**

February 1, 2024  
10:00- 11:30 AM  
Virtual Only