

TCB members (in-person/virtual)
must scan the QR code to confirm
attendance.



Attendance



<https://forms.office.com/r/ezjJkHHiiS>

Transforming Children's Behavioral Health Policy and Planning Committee



Virtual: Zoom
April 3, 2024
2:00 PM – 3:30 PM

Meeting Overview



- **Opening Remarks - Tri-Chairs**
- **Acceptance of March Meeting Minutes – Tri-Chairs**
- **Administrative Updates – TYJI**
- **HUSKY/CT Medicaid BH Autism Services**
Jennifer Krom, LPC, CTBHP Director of Autism Services, Carelon Behavioral Health
- **Follow -up and Updates of TCB meetings**
Karen Snyder, Independent Consultant
Erika Nowakowski, MSW, Executive Director, Tow Youth Justice Institute



Meeting Facilitation

- **Mute on Zoom**

Participants must remain muted on Zoom unless speaking.

- **Hand raising**

Virtual attendees should use the hand raise feature on Zoom for questions and comments.

- **Questions at End**

Hold questions and comments until presenters have finished speaking.

- **TCB only**

Only TCB members may ask questions and make comments.

- **Recording**

This meeting is being recorded.

TYJI Updates



Save the Dates

- TCB Strategic Planning Meeting
 - June 3, 2024
8:30 AM – 4:00 PM
Middlesex Community College
Middletown, CT 06457
* **No June TCB Meeting**

- Pathways to Success: Trailblazers and Innovators in Youth Justice Conference
 - May 22, 2024
8:30 AM – 5:00 PM
Connecticut Convention Center
100 Columbus Blvd, Hartford, CT

TCB - Strategic Planning Meeting
Registration Form and Survey



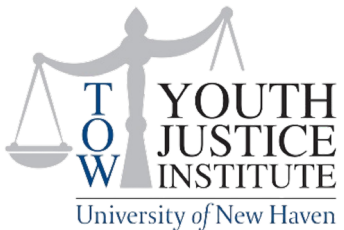
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HUSKY/CT Medicaid BH Autism Services

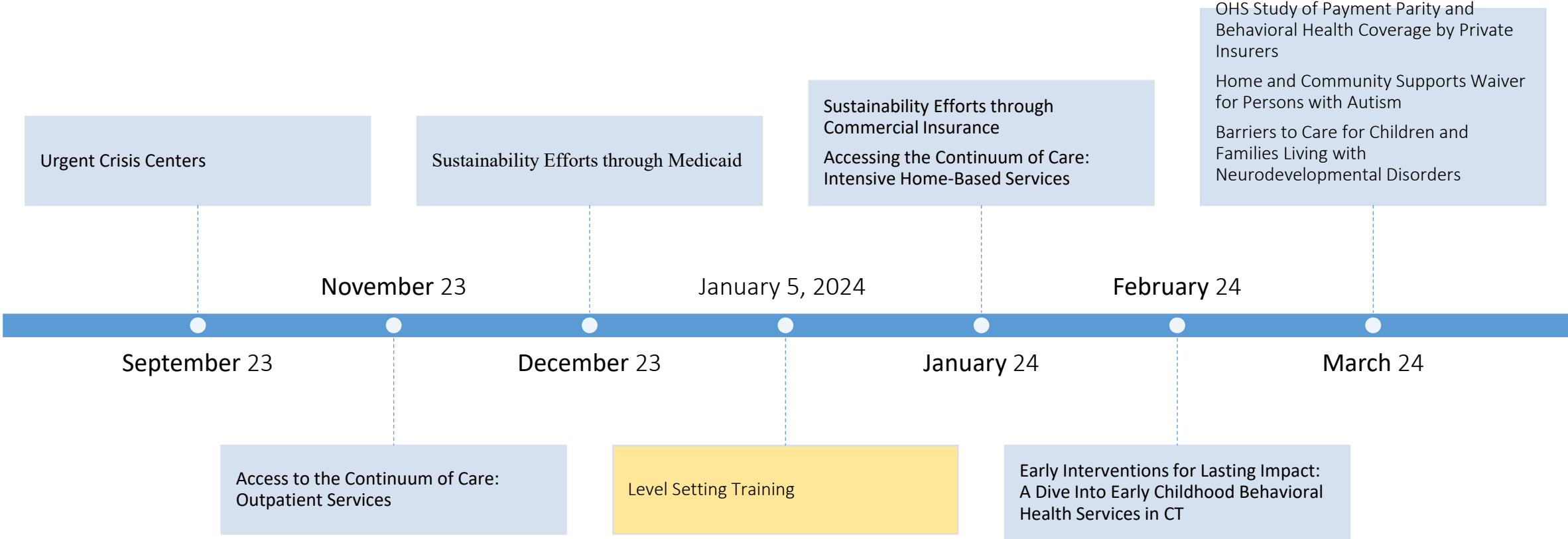
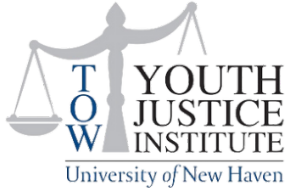


TCB Common Themes

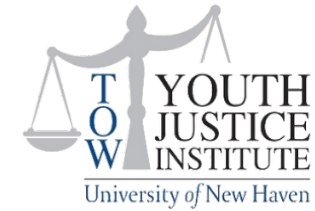
September 2023 – March 2024



TCB Presentation Highlights (Sept 2023-Mar 2024)



Fiscal



Overview of Fiscal Challenges:

A gap exists between current Medicaid rates, grant allocations and the expenses required to deliver essential mental health services. This shortfall restricts providers' ability to recruit and retain qualified staff, maintain or create necessary infrastructure, offer competitive wages, expand service capacity, which could impact the overall quality of care provided.

Examples of Fiscal Challenges

- Chronic underfunding and competitive grant environments pose significant financial challenges for organizations. With a typical grant success rate of only 25%, clinics face a persistent funding gap of approximately 35%. This creates intense competition for resources from private donors, fundraising initiatives, and limited grant opportunities. The time-consuming and resource-intensive nature of grant applications further exacerbates budgetary constraints.
- Notable gap in coverage among those with private commercial insurance plans to include coverage for urgent crisis centers and intensive in-home services.
- Medicaid rates do not reimburse for pre-service activities like initial screenings, scheduling appointments, and navigating the system for families.

Recommendations:

- Advocacy for commercial insurance plans to include coverage for intensive care services and in-home services and establishing a billing mechanism.
- Increase the Medicaid reimbursement rates and grant funding that reflects the actual cost of providing services, including competitive wages for clinicians and case management/ care coordination, while also accounting for inflation.

Workforce



Overview of Workforce Challenges:

Retention challenges stemming from low wages, high-stress levels, and burnout contribute to difficulties in retaining staff. This turnover further strains resources and impacts the continuity and quality of care.

Examples of Workforce Challenges

- A critical shortage especially those fluent in Spanish and specializing in ASD and neurodevelopmental disorders. This high demand creates a competitive environment, making it difficult to recruit staff due to salary expectations that may not be readily met. The resulting reduction in available providers ultimately impacts access to care for individuals with these conditions.
- The workforce shortage intensifies stress for current staff, contributing to frequent turnover. This turnover cycle prompts clinicians to pursue private practice or transition to telehealth services, further limiting capacity. Consequently, experienced professionals often leave for higher-paying and less stressful opportunities, depriving the mental health system of valuable skill sets.
- Connecticut's DSS Medicaid standards for Behavior Technicians exceed commercial insurance requirements, hindering recruitment and reducing access to care for children on Medicaid

Recommendations

- Adjust Medicaid reimbursement rates to offer competitive salaries and attractive incentives for retaining existing staff and attracting new clinicians, particularly bilingual professionals. This will ensure agencies can retain qualified therapists and their expertise.
- Implement targeted development programs that attract and retain skilled mental health professionals, with a focus on recruiting bilingual clinicians. Enhance compensation packages to make outpatient clinic positions competitive with private practice opportunities.
- Promote the integration of individuals with lived experience in recovery into the workforce as certified peer support specialists. This enhances peer support services and leverages valuable firsthand experiences.
- Align Connecticut DSS Medicaid standards with commercial insurance requirements. This will promote workforce parity and ensure equitable access to care for children covered by Medicaid.

Data and Information Sharing

Overview of Data and Information Sharing Challenges

Variability in data collection methods across mental health providers presents challenges and missed opportunities. This inconsistency hinders efforts to comprehensively assess the prevalence of mental health concerns, monitor treatment progress, and ensure accountability. The lack of standardized data collection makes it difficult to efficiently allocate resources and design targeted programs to address the most pressing mental health needs.

Examples of Data and Information Sharing Challenges

- Lack of available information for the public regarding current access information about waitlist and service capacity data.
- Difficulty tracking and improving system performance due to gaps in data and limited data-sharing protocols.

Recommendations

- Strengthening the overall infrastructure, including data collection and sharing systems, referral processes, and service coordination mechanisms, can enhance the efficiency and effectiveness of the mental health system
Implement data collection standards across all providers for public access and accountability.
- Considering reimbursement incentives for data reporting and meeting benchmarks.
- Prioritizing and identifying funding for data infrastructure and information-sharing initiatives to improve accountability and system performance.

Delivery of Services



Overview Challenges in the Delivery of Services

- The demand for intermediate levels of care, such as extended day programs and intensive home-based approaches, exceeds the capacity of available providers, creating bottlenecks in the referral process. This bottleneck further complicates access to timely and appropriate mental health care services.

Examples of Challenges in the Delivery of Services

- The requirement for Enhanced Care Clinics (ECCs) to eliminate waitlists, while promoting access to care, presents a potential challenge for existing staff. Increased patient volume within a fixed timeframe can lead to higher workload and ultimately contribute to staff burnout and turnover. This, in turn, could negatively impact the quality of services provided..
- Limited availability of specialized services for diverse populations.
- Lack of intensive treatment options for children with complex needs, e.g. Autism, Early Childhood.
- Increase in acuity of mental health issues, particularly among children as young as five is rising.

Recommendations:

- Invest in expanding mental health service capacity to meet the increasing demand, including developing additional facilities, hiring more qualified staff, and enhancing outreach efforts to connect with underserved populations.
- Embrace telehealth solutions to increase access to mental health services, especially in remote or underserved areas, and to alleviate strain on in-person resources.
- Increased funding for intensive treatment programs to cover areas where gaps are prevalent.
- Collaborative efforts among stakeholders, including government agencies, healthcare providers, advocacy groups, and community organizations, are essential to address systemic challenges and improve service delivery.

Access and Equity of Services



Overview of Challenges in Access and Equity Concerns:

Certain populations, including those with private insurance, face barriers to accessing mental health services due to coverage limitations or affordability issues.

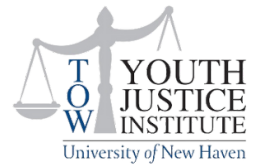
Examples of Challenges

- Individuals in rural or underserved areas may have limited access to mental health services due to geographic isolation or lack of service providers.
- Medicaid's current policy of only reimbursing for in-person mental health services restricts the flexibility and reach of care delivery. This limitation can be a significant barrier for families facing transportation challenges or seeking geographically accessible options, especially in rural areas.
- Inadequate insurance coverage, high deductibles, and out-of-pocket expenses limit access to care. Policy changes promoting equitable coverage, including addressing disparities between private insurance and Medicaid, are crucial.

Recommendations

- The lack of Medicaid reimbursement for pre-service activities (e.g., initial phone calls, insurance verification, intake paperwork) hinders access for families and strains provider resources.
- To increase access to mental health services, we need to invest in robust outreach and engagement efforts. This includes raising awareness about available services, particularly in underserved communities, and actively working to reduce the stigma surrounding mental illness.
- To improve access to mental health services, we must address transportation challenges, promote supportive work environments, and ensure culturally and linguistically competent care is available.

Family and Caregiver Support



Overview of Family and Caregiver Support Challenge:

Disadvantaged families, particularly families of color, face delayed diagnoses and limited services. Existing services often have access barriers due to transportation, work, language, and family obligations.

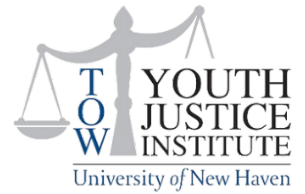
Examples of Challenges:

- Late diagnoses postpone early intervention, crucial for development during formative years.
- Limited group home options force reliance on overburdened outpatient/in-home services or emergency rooms, not ideal for long-term care.
- Limited family-based treatment options, reimbursement challenges, and a complex system can leave families struggling. Family Peer Supports, where families connect with others who've been through similar experiences, can be invaluable. They offer guidance on understanding services, advocating for school support, and seeking specialized assessments for their child.
- The absence of essential care coordination services leaves families struggling to navigate the complex maze of the healthcare system. Without dedicated support, families face challenges with: application assistance, program selection, referral coordination, and maintaining active involvement in their child's care plan
- Confusing discrepancies in age requirements between state agencies create complicated transitions and disproportionately impact disadvantaged families.. Federal law mandates educational support for individuals identified with ASD up to age 22, exacerbating the issue.

Recommendations:

- Implement funding models prioritizing family-based, needs-based approaches, including family training and consultations.
- Revise reimbursement rates to reflect the actual costs of holistic care and consider expanding service codes to fit family model .
- Establish consistent age-related service access and discharge criteria across state agencies.
- An investment in expanding access to comprehensive care coordination services for families. This model should incorporate a sustainable funding mechanism to ensure compensation for providers delivering these essential services.

Building a Stronger Children's Mental Health System Together : Communication, Coordination, Collaboration (CCC)



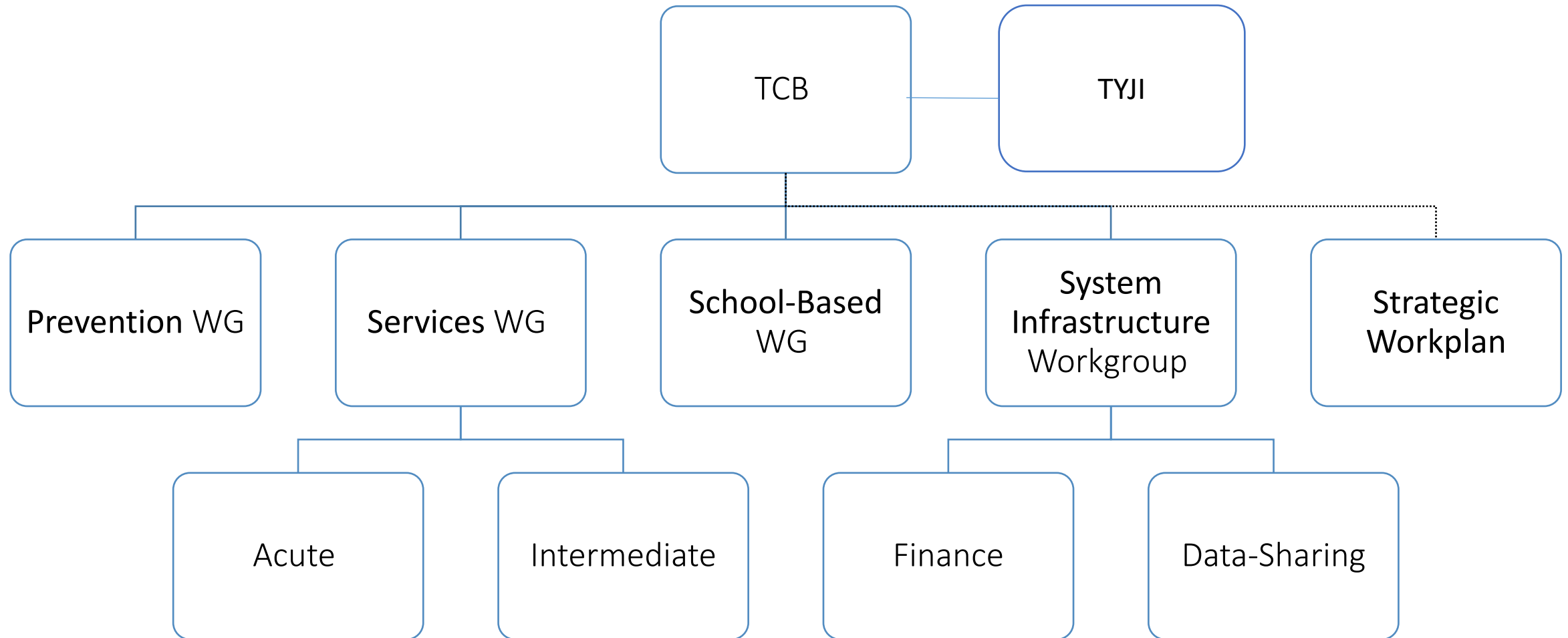
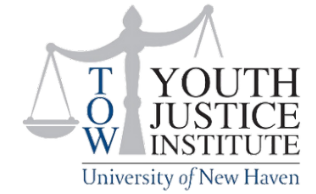
Key Takeaways:

- **Local Focus:** Solutions closest to home are critical for families.
- **Stronger Together:** Effective systems require Communication, Coordination, Collaboration (CCC) between agencies, existing committees, and service providers.
- **Federal & State Partnership:** Collaboration is key for funding, leadership, and policy.
- **Trauma-Informed Care:** Recognizing the impact of diverse traumas is essential.
- **Care Coordinators:** Building supportive teams around children and families.

Next Steps:

- **Joint Agency & Committee Meeting:** Convene state agencies, existing mental health committees, and service providers to develop common objectives.
- **Financing Solutions:** Explore sustainable funding for UCCs beyond ARPA funds (DSS & DCF) in collaboration with providers.
- **Sustainable In-Home Services:** Investigate transitioning in-home services to Medicaid/insurance rates, partnering with existing providers to ensure smooth implementation.
- **Inter-Agency & Provider Collaboration:** Facilitate regular meetings (DCF, DSS, DMHAS, committees, providers) for service delivery, data sharing, and ongoing collaboration.

TCB Organizational Chart



Existing Work

As we embark on this journey to strengthen the children's behavioral health system for our youth and families, it's essential to acknowledge the tremendous work already accomplished. Our committee's true power lies not in starting from scratch but in fostering collaboration. By working with existing committees and service providers, we can harness their expertise and build upon ongoing initiatives. This collaborative approach ensures a comprehensive, efficient strategy for creating a robust mental health support system.

Samples of Existing Work

- **Children's Behavioral Health Plan Annual Report October 2023** (<https://plan4children.org/>) by the Children's Behavioral Health Plan Implementation Advisory Board provides valuable insights.
- **Strengthening the Behavioral Health Workforce for Children, Youth, and Families: A Strategic Plan for Connecticut** (<https://www.chdi.org/our-work/system-development-and-integration/behavior-health-workforce-development/>) by the Child Health and Development Institute offers a strategic framework.
- **Issue Brief 90: Students Helping Students: School-Based Peer Support Programs Enhance Student Well-Being** (<https://www.chdi.org/>) by the Child Health and Development Institute highlights effective support models.

Topics for Exploration in the Upcoming TCB Meetings



- School-Based Mental Health Services
- Accessing the Continuum of Care: Focus on Inpatient Hospital Psychiatric Residential Treatment Facilities (PRTFs), Intensive Outpatient Programs (IOP) and Partial Hospitalization Programs (PHP), Extended Day Treatment (EDT)
- CT Carelon – Behavioral Health Partnership: Role and Activities in the Service System, Successes and Challenges
- Follow Up: Urgent Crisis Care Services
- Update on Ambulance Rates
- Barriers to Care:
 - Undocumented and Uninsured Children
 - LGBTQ Youth
 - Juvenile Justice Involved Youth
 - Disadvantaged Families/Communities
- Understanding the Role of Social Determinants of Health in Children's Behavioral Health
- Approval of TCB Strategic Plan
- Possible 2025 TCB Legislative Recommendations
- Enhanced Care Clinics (ECC)s

Q & A

