

TCB May 2024 Meeting Minutes

May 29, 2024
2:00PM-3:30PM
Virtual: Zoom

Attendance

Alice Forrester	Jeana Bracey	Tammy Freeberg
Carol Bourdon	Jilian Gilchrest	Tammy Nuccio
Carolyn Grandell	Jody Terranova	Teri McHale
Catherine Foley Geib	Kimberly Karanda	Yann Poncin
Catherine Osten	Lorna Thomas- Farquharson	Yvonne Pallotto
Ceci Maher	Michael Moravecek	
Christina D. Ghio	Michael D Powers	
Claudio Gualtieri	Michael Patota	
Cristin McCarthy Vahey	Michelle Anderson	
Edith Boyle	Michele Scott	
Gerard O'Sullivan	Sarah Eagan	
Howard Sovronsky	Shari Shapiro	
Javeed Sukhera	Tammy Exum	

TYJI Staff

Erika Nowakowski
Izarelli Mendieta-Martinez
Aryana Agli
Karen Snyder
Melissa Whitson

UCONN Staff

Michelle Zabel

Welcome and Introductions

Tri-Chairs Senator Ceci Maher, Representative Tammy Exum, and Claudio Gualtieri welcomed all attendees to the meeting. Erika Nowakowski requested attendees to report their attendance and called for the acceptance of the March meeting minutes. Senator Maher moved to amend the minutes of the March meeting to include Representative Exum's title alongside her name in the introduction. Following this amendment, Senator Maher moved to accept the amended minutes. Representative Exum seconded the motion.

Overview of the Meeting

The May monthly meeting included presentations from school partners discussing children's behavioral health in a school setting. Jeana Bracey, Associate Vice President of School and Community Initiatives with the Child Health and Development Institute (CHDI) presented a comprehensive school behavioral health overview. Melanie Wilde-Lane, Executive Director of the CT Association of School Based Health Centers Inc presented an overview of school-based health centers and Jason Shirley, Behavioral Health Program Manager of the Child and Family Agency, discussed the success of school-based health centers. Deputy Superintendent Michael Dietter and Director of Climate, Culture, and Engagement, Erika Treannie provided a school-based perspective to discuss children's behavioral health in Bristol Public Schools. An

additional school-based perspective was provided by Superintendent Gary Highsmith and his discussion of Hamden's public school district. The meeting was concluded with updates from the committee's tri-chairs.

Updates

Erika Nowakowski provided an update on upcoming dates. The TCB Strategic Planning Day will occur on June 3, 2024, from 8:30 AM to 4:00 PM at Middlesex Community College. The event reached full capacity, with 58 attendees. The session's purpose will be to brainstorm goals and identify strategies for achieving them. Erika emphasized that this session marks the beginning of a series of discussions leading up to the completion of the strategic plan in December 2024. For those unable to attend, engagement with members and workgroups will be ongoing throughout the summer. The day's logistics were reviewed. For further inquiries, attendees should contact TYJI staff.

Comprehensive School Mental Health Framework Overview

Jeanne Bracey presented an overview of the Child Health and Development Institute of Connecticut's (CHDI) work and comprehensive school mental health framework. CHDI's expertise is in systems development, evidence-based practices, and school mental health. CHDI helps schools develop comprehensive, sustainable systems to promote student development and address behavioral health concerns using research-based strategies. Current initiatives include assessment and planning, system building, trauma screening and treatment, diversion of arrests, peer-to-peer support, and professional development for staff.

CHDI supports schools in developing comprehensive and sustainable systems to address behavioral health concerns through various initiatives. For assessment and planning, CHDI utilizes the SHAPE system, an online portal managed by the National Center for School Mental Health, to identify school needs, strengths, and strategies. System building is supported by the CONNECTing to Care grant, awarded to the Department of Children and Families (DCF) in its fourth round. As the statewide coordinator for this grant, CHDI emphasizes integration and aims to increase staff and family knowledge of available resources, addressing access challenges highlighted by various factors. Trauma screening is facilitated by the Trauma Screen TIME school course, a free online resource that helps school staff identify and address student trauma. For trauma treatment, CHDI implements Cognitive Behavioral Intervention for Trauma in Schools (CBITS) and Bounce Back, group-based treatments designed for students with identified trauma needs. The diversion of arrests initiative, through the School-Based Diversion Initiative (SBDI and SBDI-E), has successfully reduced school-based arrests by 26% and increased mobile crisis referrals by 55%, with SBDI-E

focusing on elementary schools. The Peer Support Pilot Program, following legislation PA-2247, establishes systems for students to support each other. Finally, the Educate-SMART portal provides professional development for school staff on mental health and behavioral issues. Over the last fiscal year, CHDI has worked with 360 schools across the state, with a goal to reach 206 districts and build state capacity.

Jeana Bracey also reviewed the role of mobile crisis services in the state, noting that about 46% of referrals come from schools, 38% from families, and 8% from emergency departments. Despite a decrease during the pandemic, schools remain the highest referral source. Notably, 70% of students seeking services receive them within school settings.

The landscape analysis process, conducted in partnership with the Department of Children and Families (DCF) and the Connecticut State Department of Education (CSDE) through ARP ESSER funds, will continue through December 31, 2024. This analysis aims to summarize national best practices and current Connecticut efforts to support student behavioral health, encompassing comprehensive school mental health and other relevant activities, services, and programs. The process begins with identifying content and evaluating the strengths, needs, and capacities of the current system, using a similar approach to the report on strengthening the behavioral health workforce for children, youth, and families. Jeana Bracey detailed the landscape analysis process and timeline, which involves gathering stakeholder input through surveys and interviews with students, families, educators, administrators, providers, state agencies, and policymakers. The findings will culminate in a set of recommendations and an action plan designed to guide policyholders in enhancing children's mental health support. CHDI presented a call to action to expand comprehensive school mental health systems, establishing sustainable infrastructure support, leveraging increasing crisis support resources, and enhancing family and youth engagement.

School-Based Health Center Overview

Melanie Wilde-Lane, Executive Director of the Connecticut Association of School-Based Health Centers Inc., provided a presentation highlighting the pandemic's impact on children's behavioral health, funding challenges, and future recommendations for school-based health centers (SBHCs). SBHCs function as comprehensive primary care facilities within schools or as outpatient clinics on hospital satellite campuses. Staffed by multidisciplinary teams, including pediatricians, adolescent health specialists, nurse practitioners, social workers, physicians, and dentists, SBHCs offer diagnostic and treatment services beyond traditional school nurse offices. Serving students from

Pre-K through 12th grade, with 316 centers across the state, SBHCs provide medical, mental, and dental health services tailored to each district's specific needs.

The COVID-19 pandemic revealed significant deficiencies in the behavioral health system, overburdening emergency departments, urgent care centers, and school nurses. In 2021, the Surgeon General declared a national mental health crisis, highlighting the need to expand behavioral health services, including SBHCs. Increased funding and comprehensive training for teachers and paraprofessionals are crucial for early identification of mental health needs. Addressing disparities in SBHC access, especially for underrepresented populations, is essential. The predominantly white female SBHC workforce needs diversification to reflect student backgrounds. The pandemic exacerbated issues like obesity, anxiety, depression, and adverse social determinants of health such as job loss and food insecurity. The main barriers are provider shortages, low reimbursement rates, and insufficient funding, causing high burnout and recruitment challenges. Melanie highlighted mental health professional shortage areas in Connecticut, particularly in Waterbury, New Haven, and Bridgeport, underscoring the need for more mental health professionals. During the pandemic, \$12 million from the CARES Act was allocated to SBHCs but was not disbursed until 2023. Additionally, the 2022 SB1 legislation aimed to expand school-based health services and extend service hours for families, yet funds remain largely undistributed. Legislative committees require robust data to justify funding, prompting SBHCs to advocate for interagency collaboration and value-based care models. Effective data collection and sharing are crucial for targeted relief. Following this, Jason Shirley, Behavioral Health Program Manager at the Child and Family Agency Southeastern CT, discussed SBHCs' successes. The Child and Family Agency Southeastern CT are train providers in the Columbia Suicide Severity Rating Scale for evaluating students with suicidal or risky thoughts, referring them to urgent crisis centers when necessary. Despite needing additional support, SBHCs have proven effective in addressing children's behavioral health needs.

Questions and Comments

A meeting attendee raised concerns about the closure of nine SBHC sites as of June 30th. Discussions centered on seeking alternative funding sources due to high deductible plans and copays, with a focus on sustainability challenges. For instance, programs serving high undocumented populations are unsustainable without HRSA funding. A request for \$1.2 million was made to prevent the closure of nine sites in

eastern Connecticut. Participants also questioned how payment is collected, highlighting the complexities of sustaining these essential services.

Bristol Public Schools: Looking Forward

Deputy Superintendent Michael Dietter and Director Climate, Culture and Engagement Erika Treannie led a presentation discussing the issues faced by Bristol Public Schools. They highlighted that 22% of Bristol's students qualify for special education, with 178 attending private or public special education programs. Additionally, 430 risk assessments were conducted, resulting in 93 calls to 911. The primary challenge identified was the district's ability to provide a continuum of support services across all grade levels and connect students and families to community-based providers. To address this, the Deputy Superintendent proposed standardizing databases across districts, implementing real-time funding solutions to address transiency, and providing sustainable, skills-based aftercare and transition services. Increased funding was deemed necessary to support additional services such as school-based health centers and to train and host certified support staff. Policy recommendations included developing a clearinghouse to identify regional service providers, updating it quarterly, and establishing universal data collection for progress monitoring. Collaboration with local and regional officials was also suggested to secure long-term funding solutions for SBHCs.

The second major challenge discussed was the funding of special education and related services due to cost variability and unpredictability. Proposed solutions included fully funding excess costs, creating a tiered system of maximum daily rates, establishing a reserve fund, addressing enrollment variability, and streamlining Medicaid reimbursement for approved services. Legislative proposals included providing guidance for tiered tuition/fee structures and funding to administer the Medicaid process.

The third challenge addressed the difficulties schools and families face in accessing behavioral health services. It was proposed that credentialed school personnel should be able to request that children in crisis be transported to appropriate resources. Setting aside spots in similar programs and hosting comprehensive aftercare transitions after crises or hospitalizations were also recommended. Policy implications included addressing regional disparities in resources, ensuring transportation to aftercare, and providing emergency psychiatric support in all emergency departments for children.

The Future of School-Based Mental Health Supports

Superintendent Gary Highsmith of Hamden Public Schools also presented, noting that 21% of Hamden students qualify for special education. He highlighted the district's challenge of maintaining robust behavioral health support across all grade levels amidst insufficient funding. The district has established four SBHCs in elementary schools and a strong program with Clifford Beers Clinic in middle and high schools, with plans to expand further. Proposals included providing technical support for grant writing to secure funding without reallocating staff funds, developing community-based behavioral health supports, and embedding a whole-family, trauma-informed care model. Increased clinical and care coordination activities at schools were also recommended. Policy implications included fully funding a dedicated department to enhance school-based behavioral health supports, ensuring ongoing communication between policymakers, community-based providers, and school personnel, and emphasizing care coordination to include entire families. Superintendent Gary Highsmith also emphasized the importance of enhancing the role of parents and caretakers in students' behavioral health. Recommendations included actively engaging families in all aspects of the child's education, increasing collaboration between caregivers and treatment professionals, and reducing blame on adult caregivers. Policy suggestions involved providing funding for enhanced collaboration, streamlining eligibility for services with at-risk student identification processes, and offering direct family access to resources through state-level agencies.

Lastly, the challenge of supporting students with serious behavioral health issues was discussed. Recommendations included providing ongoing resources for students returning to school after treatment, technical support for elementary students and staff dealing with dysregulation, and temporary interim school settings for intensive support before regular school reentry. Policy implications involved ongoing resource provision, technical support, and establishing interim school settings to ensure continuous support for students' post-treatment.

Questions and Comments

A comment was raised regarding the funding for school-based services, highlighting that many professionals, not in Federally Qualified Health Centers (FQHCs) providing these services, have experienced significant funding reductions. The difficulties in using a fee-for-service model for school-based services were noted. Another member appreciated the focus on adult behavioral health and mentioned reasons for leaving the field such as financial challenges and housing affordability for providers. They suggested that if these issues could not be addressed within the current working group, they should be allies to other groups tackling these concerns. Additionally, a member emphasized the need for a full-time clinician available during school hours and

24-hour backup services outside of school hours, suggesting that these services be funded through different means. This member intends to share data supporting this model from over 30 years and announced a summit on funding and sustainability scheduled for July 22nd, with a save-the-date to be distributed to Erika Nowakowski. Erika Nowakowski provided an update on the upcoming School-Based Behavioral Health Workgroup, which will be activated this summer. The tri-chairs will conduct interviews and appoint co-chairs for the workgroup.

Updates from Tri-Chairs

Claudio Gualtieri acknowledged the profound impact of workforce shortages on the behavioral health sector, underscoring the urgent need for legislative measures to improve access to care and ensure provider sustainability. He highlighted several key legislative initiatives designed to address these challenges, including the expansion of telehealth requirements, the adoption of the Social Work Compact, and Connecticut's participation in the Nurse Licensure Compact.

The committee has also concentrated on significant investments in children's behavioral health. This includes \$7 million in state funding, which is matched by federal resources, allocated for Medicaid rate increases. These rate increases, informed by the Medicaid Rate Study, will support a broad range of services, from intensive home-based programs such as Intensive In-Home Child and Adolescent Psychiatric Services (IICAPS) to outpatient supports, including clinical providers, psychiatrists, and social workers.

Additionally, \$7 million in one-time funding has been designated for urgent crisis centers. This funding must be obligated by the end of this year through grants or contracts with the Department of Children and Families (DCF) but can be expended through the end of 2026. The Department of Social Services (DSS) has established Medicaid codes for Urgent Crisis Centers (UCCs), formalizing Medicaid billing codes for these services. As these codes are now embedded in the Medicaid system, any future expansion of UCCs will benefit from these new rate codes. Furthermore, \$10 million has been allocated for children's behavioral health services through DCF. This funding is intended to strengthen the system within a short timeframe, focusing on identifying successful programs, addressing gaps, and ensuring comprehensive support across the continuum of children's behavioral health services. The aim is to utilize this flexible funding to enhance and fortify the full spectrum of services, addressing any deficiencies in Medicaid rates and ensuring a robust support system for children in need.

Senator Ceci Maher Senator Ceci Maher highlighted COVID-19's role in revealing the critical need for school-based behavioral health services, increasing

awareness of the necessity for mental health support for children. She also reported the formation of a working group tasked with developing a universal behavioral health intake form for children. The location and implementation of this form are still under consideration, with decisions pending due to privacy and HIPAA requirements. A broad consensus on the need for such a form was reported. Additionally, discussions included the intersection of behavioral health and hate speech. A recent bill aims to facilitate conversations and review programs across the state that address these issues, with the goal of bringing successful programs back to the workgroup for further development and enhancement. The impact of grief on children's behavioral health, particularly following COVID-19, was also highlighted. The workgroup will investigate effective programs that assist children and families in navigating grief.

Representative Exum recognized the interconnectedness of children's issues at home and in school, underscoring the necessity for heightened awareness and effective utilization of urgent crisis centers as critical resources for parents. She noted the advancements made in addressing mental health concerns since the pandemic, including the implementation of peer-to-peer support programs in educational settings. However, Representative Exum also acknowledged the frustration with the slow pace of progress and the pressing need for accelerated action. She expressed optimism regarding the committee's capability to address these challenges and stressed the importance of acknowledging the diverse needs of children. Representative Exum concluded by emphasizing the importance of sustained collaboration and continued funding to effectively combat the ongoing mental health crisis affecting children.

Erika Nowakowski concluded by summarizing the strategic planning session held on June 3rd for the TCB, which will inform workgroups and the TCB committee with the goal of producing a strategic plan and legislative recommendations. TCB is collaborating with Innovations Institute at UCONN School of Social Work and Dr. Whitson from the University of New Haven to enhance the service landscape, data infrastructure, and governance. There will be no meetings in June or August.

Next Meeting: July 31, 2024