Tow Youth Justice Institute
Making connections. Informing solutions.

TCB July Monthly Meeting Minutes

July 31st, 2024
2:00 pm- 4:00 pm
LOB 2C
Zoom Option Available

Attendance

Alice Forrester
Beth Bye
Betty Ann MacDonald
Carolyn Grandell
Catherine Foley-Geib
Sen. Carrie Bourdon
Sen. Catherine Osten
Sen. Ceci Maher
Claudio Gualtieri
Rep. Cristin McCarthy Vahey
Derrick Gordon
Edith Boyle
Gary A. Roberge
Gerard O'Sullivan
Javeed Sukhera
Jeanne Milstein
Jeff Vanderploeg
Jody Terranova
Rep. Kai Belton
Lorna Thomas-Farquharson
Michael Patota
Michael D. Powers
Michelle Anderson
Mickey Kramer
Sean King
Shari L. Shapiro
Sinthia Sone-Moyano
Rep. Tammy Exum
Tammy K. Freeberg
Rep. Tammy Nuccio
Tammy Venenga
Rep. Toni Walker
Yann Poncin
Yvonne Pallotto
Amy Monroy-Smith

TYJI Staff

Izarelli Mendieta-Martinez
Erika Nowakowski
Shelby Henderson

Welcome and Introductions

TCB Tri-Chairs Senator Ceci Maher, Claudio Gualtieri, and Representative Tammy Exum commenced the meeting by welcoming all attendees. Representative Exum delivered remarks commemorating TCB's anniversary, emphasizing the formation of our workgroups—specifically on services and system infrastructure—and noting the significant in-person sessions held in January and June, focused on strategic planning and level setting. She also highlighted the submission of the intern report and expressed her appreciation for the committee's dedication and active participation. Senator Ceci Maher spoke on the value of the learning and gathering process that the committee has engaged in, while Claudio Gualtieri commended the ongoing 24/7 dialogue within TCB, acknowledging the progress made thus far and underscoring the work that lies ahead.

Overview of the Meeting

The July monthly meeting included a presentation by The Connecticut Alliance of Regional Education Service Centers (RESC) on their "UPLIFT" program, a presentation on school-based mental health care practices by Effective School Solutions (ESS) , and an update from The Department of Children and Families

(DCF), The Department of Social Services (DSS), and The Office of Policy Management (OPM), on Behavioral Health Investments.

Acceptance of TCB Meeting Minutes
Erika Nowakowski called for a motion to approve the minutes from the May 29, 2024, meeting. The motion was duly moved, seconded, and passed unanimously by the committee.

Updates

The Tow Youth Justice Institute provided an overview of the meeting, sharing that it would be part two of a three-part series discussing school-based mental health services.

UPLIFT: A Trauma Informed Care Training Program for Schools- Connecticut Alliance of Regional Education Service Centers (RESC)

Diana Perry, PsyD, LPC, Regional Trauma Coordinator at CREC, and Kate Ericson, Executive Director of LEARN, presented on the Trauma-Informed Care Training Program for Schools, a program developed by the Connecticut Alliance of Regional Education Service Centers (RESC). RESC is a partnership of the six regional educational service centers: ACES, CREC, EASTCONN, EdAdvance, and LEARN. These centers are not-for-profit, fee-for-service public education agencies with a mission to provide quality, cost-effective education resources, programs, and services to Connecticut public schools. Collectively, the RESC alliance serves over 14,000 students across its magnet schools and employs more than 2,000 educators throughout the state.

The presenters discussed the legislative and budgetary context, noting that in Spring 2022, the Connecticut General Assembly allocated $1.2 million in FY23 for the development of this trauma-informed care program. However, due to funding delays, the allocation was not distributed until FY24. Despite this, the RESC alliance recognized the critical need for trauma-informed care in schools and decided to finance the program's first year with their own funds, utilizing the state funding to expand the program statewide in the following year, at no cost to districts. Unfortunately, the General Assembly reduced the FY25 allocation to $500,000, which has raised concerns about the program’s sustainability. The presenters stressed the importance of establishing a permanent general fund line item of $1.2 million to ensure the program's continuation. A call to action was made for advocacy, encouraging the Connecticut General Assembly and the Executive Branch to establish a permanent funding source to continue this critical work.

Diana Perry presented on the rationale for trauma-informed care in Connecticut was based on alarming mental health statistics. At the time of the program's inception, 40% of adults in the state, including school staff, reported symptoms of anxiety and depression. Furthermore, 49% of youth aged 12-17 experienced depression, with 51% of them not receiving any treatment. Of those who did receive treatment, 70% accessed it through their schools. The program was designed not only to address the mental health needs of students but also to educate school personnel on the basics of trauma, stress responses, and how trauma affects both students and staff in educational settings.

To support these goals, the RESC Alliance developed several program modules, including the Foundations of Trauma-Informed Care, Compassionate Leadership, and Staff and System Wellness modules. Additionally, the Trauma-Informed Care (TIC) in Practice Series was introduced, comprising six modules based on the six principles of trauma-informed care. The modules provided practical tools for administrators and staff to implement trauma-informed practices effectively and feasibly, focusing on building system-wide wellness and compassionate leadership. The presenters explained how, even before the state funding was released, the program was piloted, and significant efforts were made to gather feedback and refine the content. RESC conducted focus groups with 115 students, focusing on safety and trust, and reviewing trauma-informed care principles. An impressive 95% of the student participants reported finding the program relevant and useful. Partnerships were also established with the American Federation of Teachers and Western Connecticut State University, allowing trauma-informed care training to be extended to school personnel and counseling students entering the workforce. In FY24, 108 UPLIFT training sessions were conducted across the state, with 4,311 participants involved. The program also formed partnerships with 25 public school districts.

The presentation highlighted the impact and effectiveness of the training. Based on participant feedback, 93% of attendees found the concepts relevant to their work, and 89% stated that they could apply what they had learned immediately. The data revealed a strong demand for trauma-informed care training, not only from clinical personnel but also from school staff across various levels.
Looking forward, the presenters proposed strategies to sustain the program if adequate funding is not secured. One suggestion was to offer statewide UPLIFT training and Train the Trainer opportunities, allowing individuals and districts to access training even without full district support for program implementation. Additionally, RESC has developed a Trauma-Informed Care Implementation Assessment Tool, a 33-item measure used by teams to track progress, create smart

action plans, and generate district-specific reports. The presenters emphasized the importance of refining these data collection tools and reporting structures, which currently include a dashboard highlighting district and community indicators, with quarterly and annual reporting to the state.

In closing, the presenters underscored the urgency of securing sustainable funding to maintain the program. Without consistent support, the ability to offer trauma-informed care equitably across the state could be compromised. They highlighted concerns about the long-term viability of the program, especially given the reduction in funding for FY25.

A question was raised regarding the selection process for districts participating in the pilot program. RESC clarified that districts were accepted on a self-selection basis, determined by their readiness to implement the Trauma-Informed Care Training Program. Districts that demonstrated readiness and interest were welcomed into the pilot phase of the program.

Another inquiry centered on the marketing strategies employed to attract participants. RESC explained that they leveraged existing connections through their trauma coordinators to spread awareness and promote the program across the state, utilizing established networks to encourage district participation.

A concern was voiced about how the UPLIFT program could be implemented in specialized environments, such as the American School for the Deaf. RESC responded by affirming their commitment to making accommodations to ensure the program's accessibility in every school across Connecticut. However, they noted that limitations may arise without the availability of interpreters, which could impact full implementation in certain settings.

The discussion also touched on the financial aspect of program implementation, with a concern raised about the cost to districts. RESC emphasized their efforts to keep the program cost-free for interested districts. A distinction was made between "free" and "currently funded by the state through ARPA allocations," clarifying that while the program comes at no direct cost to districts, it is ultimately funded through state dollars.

In closing, a member highlighted a crucial distinction between Trauma-Informed Treatment and Trauma-Informed Care/Practices. Trauma-Informed Treatment, they explained, is delivered by licensed practitioners, whereas Trauma-Informed Practices represent a broader paradigm shift in how we approach individuals who may experience stress due to adverse experiences, focusing on compassion and understanding. While training is one key component of this shift within the

education system, concerns were raised regarding implementation in underfunded school districts, especially those facing a shortage of behavioral health professionals. Additional concerns were voiced about the inequitable distribution of resources tied to the way school-based services are funded in the state, as well as the potential challenges staff may face with reduced resources. There is also apprehension that the program may not lead to equitable change across all districts

In response, RESC shared their experience working with schools that could be considered underfunded, noting that the program has still been successful in such environments. They further explained that the program's success is closely tied to the staff's capacity to absorb the training, which RESC supports by emphasizing educators' ability to focus on aspects of the system within their control. Training educators in trauma-informed practices, RESC suggested, can shift systematic practices within schools, such as reframing disciplinary actions—educators, for example, may be less inclined to punish a student for not having a pencil if they are aware of underlying trauma that may be affecting the student's life.

Best Practices in High Acuity School-Based Mental Health Care- Effective School Solutions (ESS)

Effective School Solutions (ESS) is a provider of High Acuity School-Based Mental Health Care across Connecticut and the Northeast. They highlighted the growing youth behavioral health crisis, noting that while the issue is seen as a social problem, it frequently impacts students' education. Connecticut has made progress in expanding school-based behavioral health care, which is critical for addressing this crisis. Students are more likely to complete treatment in school, services in schools reduce outplacements, schools are uniquely positioned for prevention, and behavioral health is a crucial foundation for student educational success.

Mental Health Intensity is generally measured on a four-tier scale. Foundational support includes vision and planning, tier one consists of mental health awareness and prevention, tier two consists of moderate care and crisis response, and tier 3 consists of intensive in school clinical support. ESS's presentation concentrated on support services for tier three cases.

ESS runs a full-year program for tier three cases, assigning one clinician to 10-12 students in a single school building. The program includes daily group therapy, weekly individual therapy, bi-weekly family therapy, monthly support groups and newsletters, urgent interventions (also called "push-on" support), clinical supervision, and comprehensive therapeutic support.

ESS also shared that this program would be self-funded, because as the occurrence of in-school mental health services increased, the occurrence of outplacement would decrease.

ESS partnered with the Yale Child Study Center to conduct three studies of ESS outcomes in the fall of 2022. The first study examined how ESS's services impact grades, discipline, and attendance. The second study looked at the relationship between dosage of services delivered and results. Finally, the third study assessed ESS Service's impact on non-school usage of high acuity mental health care.

The first study found that ESS services led to significant improvements in GPA, reduced absences, and fewer severe disciplinary incidents compared to baseline. These results were consistent across all ethnicities, with White, Hispanic, and African American students showing the most improvement.

The second study revealed that students exposed to a full year of ESS programming had better GPA outcomes, fewer absences, and fewer out-of-school suspensions compared to students who did not receive services. There was no correlation between service dosage and academic success for students who received programming for half of the year. However, for students who received programming for less than half the year, academic success increased as the dosage of services increased.

The third study concluded that Intensive Outpatient (IOP) referrals and the number of weeks spent in higher levels of care (HLOC) decreased between 23% and 56% after implementing ESS services. There was no effect on partial hospitalization referrals. Students enrolled in ESS services for 12 months or longer had significantly lower IOP referrals and fewer weeks in HLOC than students enrolled for less than 12 months.

Regarding the funding transition, ESS explained that if 100% of funding for traditional behavioral health services currently comes from district, state, and federal funds, their program would require districts to redirect 30% of funding to Medicaid and commercial reimbursement, 30% to ODP prevention and avoidance, and leave 40% for traditional funding sources.

ESS made two recommendations to TCB. The first was to create financial incentives to encourage districts to establish in-district therapeutic programs and reduce outplacements. ESS estimated this would require a one-time grant of $165,000. The second recommendation was to implement a pilot program to demonstrate the feasibility of high-acuity behavioral health care in schools.

During the question-and-answer session, ESS was asked how many students they had served before 2023. They estimated serving 600-800 students.

A committee member asked what percentage of youth in the program were still moved to outplacement. ESS estimated that only about 5% of students were outplaced.

Another member expressed concern about the potential overlap between ESS programming and school-based health centers (SBHC). ESS clarified that SBHCs provide tier two services, while ESS focuses on tier three cases, offering more intensive wraparound support. Additionally, ESS programs include touchpoints in students' homes, which SBHCs do not.

A member asked whether the 50% increase in students needing services was due to Connecticut's reputation as a behavioral health provider, potentially attracting families from out of state. ESS agreed this was a factor, but noted they lacked data to confirm this. When asked how many students ESS had served in Bridgeport, ESS estimated around 150 students in the 2023-24 school year.

Concerns were also raised about the state's ability to staff programs like ESS, given the behavioral health workforce shortage. ESS shared their success with a seven-person recruitment team and utilizing sub-clinical, bachelor's level positions to meet staffing demands.

A member also inquired about what the 4-5 touch points look like ESS explained that Tier 3 care is divided into two levels: Tier 3a and Tier 3b. Tier 3b is a more traditional, district self-contained program in which districts provide the staff, and ESS provides the therapeutic component. Tier 3a is more of a wraparound model in which schools offer a mental health elective that is built into students' schedules. ESS prefers Tier 3a care because it follows the mandate that schools support students' mental health in the least restrictive way possible.

A question was raised regarding the funding sources that districts utilized for ESS services. ESS responded that most districts had utilized SEED funding or ARPA funding. However, many districts had partnered with ESS prior to the establishment of ARPA, and these districts often funded the programs by reallocating funds previously earmarked for outplacement services. Districts that have used ARPA funds to support ESS services have been collaborating with ESS to develop a sustainability plan to ensure the continuation of services once ARPA funding is exhausted.

A member asked if the number of Bridgeport students served in outpatient programs included residential placements. ESS clarified that their data only covered day programs, not residential placements.

When asked about the source of data on Connecticut's outplacement spending, ESS cited the NCES Common Core of Data from 2021 and agreed to share the full report with the committee.

Questions were raised about ESS's oversight and certifications. ESS holds a Psychiatric Outpatient Clinic License for Adults from the Department of Public Health and is in the process of obtaining certification from the Department of Children and Families (DCF). Though not required, they are pursuing DCF certification to enable direct billing to Medicaid on behalf of school districts, redistributing savings.

A member voiced concerns about funding ESS services through local taxes, given the challenges districts face in passing budgets. They advocated for close to 100% reimbursement from Medicaid and commercial insurers. ESS agreed, though they noted this would be challenging due to Medicaid reimbursement rates and commercial insurers' willingness to fund school-based behavioral health initiatives. ESS also emphasized that the strongest case for taxpayer support is for students mandated by the state to receive these services.

The member also expressed concern over the class time students would miss to participate in ESS services, especially given Connecticut's low test scores in core subjects. ESS acknowledged that their services require a balance between class time and behavioral health care. However, they argued that improving students' behavioral health can lead to better academic outcomes, as students struggle to engage in learning when their basic needs are unmet. ESS assured the committee that students are not pulled from critical or struggling classes, and that schools often integrate ESS services into students' schedules, with some offering course credit for participation.

Interest was expressed in seeing more data on the cost savings structure of ESS services to ensure districts are realizing the anticipated financial benefits. ESS agreed that further research would be needed, but their proposed pilot program would allow districts to evaluate the savings.

Lastly, a member asked about districts that had partnered with ESS in the past but were no longer working with them. ESS explained that most partnerships ended due to budget constraints, though many districts have sustained their programs.

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Update on Behavioral Health Investments- Department of Children and Families (DCF), Department of Social Services (DSS), and the Office of Policy Management (OPM)

The Department of Children and Families (DCF), Department of Social Services (DSS), and the Office of Policy and Management (OPM) provided updates on the allocation of state funds for children's behavioral health services in FY 2025. A total of $7 million in state Medicaid funding was designated for DSS to implement rate increases focused on family-inclusive therapies and children's behavioral health. DSS used these funds to implement a 15% rate increase for services such as Intensive In-Home Child and Adolescent Psychiatric Services (IICAPS), Functional Family Therapy (FFT), Multi-Dimensional Family Therapy (MDFT), and other programs. A 15% increase was also applied to family psychotherapy services involving children, as well as child autism services. All other children's behavioral health codes received a 3.5% increase in funding, resulting in an overall boost for service providers.

Additionally, DSS allocated funding from the American Rescue Plan Act (ARPA) and Medicaid to support key programs, including the Connecticut Children's Medical Center Inpatient Med Psych Unit, Infant Mental Health programs, and four urgent care centers. During the recent legislative session, the Connecticut General Assembly (CGA) allocated $7 million for urgent crisis centers and $10 million to DCF for general children's behavioral health services. DCF utilized this funding for workforce development, provider incentives for in-home programs, and support for ICAPS providers, with a focus on onboarding and program expansion.
The TCB requested a map detailing the distribution of programs receiving funding across the state. DCF will develop this map and provide it to the TYJI, who will circulate it to TCB members.

Due to time constraints, it was reported the TCB Mission Statement exercise will be shifted into a survey. TYJI will send this survey out to all TCB members in the coming weeks. TYJI will compile the results and bring them to the TCB Meeting in September. Erika reminded the TCB that they will not meet in August, but workgroups will continue to meet. Additionally, an in-person session will be held at the Legislative Office Building (LOB) prior to the September meeting, where members will have the opportunity to discuss and refine the TCB mission statement. Invitations for this session will be sent out soon.

Next Meeting:
September 25th, 2024

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12:00- 1:30- Crafting Mission Statement, TCB Meeting to follow 2:00 pm- 4:00 pm