Tow Youth Justice Institute
Making connections. Informing solutions.

TCB Meeting Minutes

September 25, 2024
2:00PM-4:00PM
Legislative Office Building 1D
Zoom Option Available

Attendance

Alice Forrester
Ashley Hampton
Carol Bourdon
Carolyn Grandell
Catherine Foley Geib
Sen. Catherine Osten
Sen. Ceci Maher
Charlene Russell-Tucker
Claudio Gualtieri
Cristin McCarthy Vahey
Edith Boyle
Gary Highsmith
Sen. Heather S. Somers
Howard Sovronsky
Javeed Sukhera
Jeanne Milstein
Jeff Vanderploeg
Rep. Jillian Gilchrest
Jodi Hill Lilly
Jody Terranova
Rep. Kai Belton
Kimberly Karanda
Lorna Thomas-Farquharson
Sen. Matthew Lesser
Michael D. Powers
Michael Moravecek
Michael Patota
Mickey Kramer
Rep. Nicole Klarides-Ditria
Sarah Eagan
Sean King
Shari L. Shapiro
Sinthia Sone-Moyano
Tammy Freeberg
Rep. Tammy Nuccio
Tammy Venenga
Rep. Toni Walker
Yann Poncin
Yvonne Pallotto

TYJI Staff

Erika Nowakowski
Izarelli Mendieta-Martinez

Welcome and Introductions

Tri-Chairs Representative Tammy Exum, Senator Ceci Maher, and Claudio Gualtieri opened the meeting by welcoming all attendees.

Acceptance of TCB Meeting Minutes

Erika Nowakowski called for a motion to approve the July meeting minutes, which was moved, seconded, and unanimously approved.

Overview of the Meeting

The September monthly meeting featured three presentations: the State Department of Education (CSDE) provided updates on school-based services, the Department of Social Services (DSS) discussed Medicaid school services, and Sarah Eagan from the Office of the Child Advocate (OCA) presented data on youth suicide. Additionally, Tow Youth Justice (TYJI) staff reported on progress within the on the strategic plan.

State Department of Education Update on School-Based Services

Commissioner Charlene M. Russell-Tucker introduced the theme "A Universe of Opportunities" and presented an overview of Connecticut's student demographics: 512,652 students, including 275,000 students of color, 225,000 eligible for free/reduced meals, and 92,000 with disabilities. Connecticut supports 1,554 schools, staffed by 122,616 certified and non-certified personnel.

She also outlined the CSDE's 2023-2028 *Strategic Plan, Every Student Prepared for Learning, Life, and Work Beyond School*, focusing on four priorities: ensuring equitable access to exceptional educators; creating safe, healthy learning environments that support students' socio-emotional well-being; enhancing curriculum frameworks; and developing multiple career pathways through partnerships with higher education institutions.The seven focal areas for the academic year: recruiting and retaining diverse educators; supporting safe learning environments while addressing mental health needs; ensuring student engagement; enhancing early literacy; modernizing post-secondary pathways; improving outcomes for students, particularly those with disabilities; and strengthening partnerships with families and communities.

John D. Frassinelli, Division Director of School Health, Nutrition, and Family Services reported on the *Voice 4 Change Program*, which allocated $1.5 million in student-led initiatives. 80% of students emphasized the need for enhanced social, emotional, and mental health support. The 2023 Connecticut School Health Survey showed that 15.7% of students considered suicide (up from 14.1% in 2022) and 7.7% attempted suicide (up from 5.9%).

Post-pandemic CSDE surveys such as the Behavioral Health Landscape Scan and the Social-Emotional Learning Landscape Scan demonstrated that school leaders expressed seek sustained financial support to hire and retain additional Family input is gathered through the Commissioner's Roundtable and Friday Community and Family Engagement (CAFÉ) sessions—a collaborative forum involving family liaisons, school leaders, educators, librarians, and afterschool staff. In the Community Stakeholder Forums and the Survey on ARP ESSER investments, 42% of respondents identified the social, emotional, and behavioral health of both students and school staff as their top priority.

In response to the feedback received, the CSDE has taken several key actions. The state received $1.7 billion from the Federal Elementary and Secondary School Emergency Relief (ESSER) fund, with 90% allocated for direct use at the district level and 10% reserved for state-level investments aimed at creating sustainable impact. Much of this state-level funding was distributed to community providers and districts for various services. Upon receiving the ESSER funds, the commissioner identified five priority areas. To address these priorities, the department has focused on re-engaging schools with their communities. This effort includes forming new partnerships with local Community Health Centers, creating dedicated mental health spaces in schools, introducing academic and life support coaches, and launching the Adult Climate Camp—a professional development program that emphasizes teaching emotional regulation, problem-solving, and de-escalation techniques. Additionally, $3 million was invested in the juvenile justice system to provide socio-emotional support and educational assistance to youth in facilities. Details of these investments are publicly available on the department's dashboard.

Through partnerships with legislators, the CSDE secured the School Mental Health Workers Grant and the Mental Health Specialists Grant. These grants enabled districts to hire 93 full-time equivalent positions for social workers, psychologists, trauma specialists, BCBAs, school nurses, and other mental health professionals. This staffing increase will continue through the 2026 school year. Furthermore, the funding has provided behavioral health services and support to 84 schools and summer camp programs during the summer months. Data on these initiatives, including information about the behavioral health staff, can be found on the department's behavioral health staff dashboard.

The Learner Engagement and Attendance Program (LEAP) is implemented across 25 school districts, with evaluations demonstrating its effectiveness. LEAP takes a comprehensive approach, moving beyond addressing truancy alone to understanding broader challenges facing students and their families. To date, the program has conducted over 42,000 home visits, supporting 29,839 students by connecting families to services and addressing barriers early.
The Behavioral Health Pilot aims to create a scalable and sustainable coordinated care system in selected school districts based on demographic criteria. Robert Pennington, Norwalk's Assistant Superintendent of Schools, highlighted that the pilot began with the School Health Assessment Performance Evaluation (SHAPE), which identified the district's needs and gaps, leading to enhanced behavioral health support in all schools. Despite concerns about potential funding cessation, the district is partnering with local community health agencies for additional resources. Similarly, Kevin Chavez, Principal of Chaplin Elementary School, noted that the SHAPE assessment helped his district identify actions to improve curricula,

implement behavioral health screenings, and establish dedicated behavioral health spaces. The district is also working to increase support for parents and families while addressing the challenge of developing sustainable practices due to the non-permanent nature of current funding.

The presenter outlined several initiatives, including the State Board of Education's policy guidance on personal technology use, virtual house calls for children's health, suicide prevention efforts such as adding 9-8-8 to student ID cards for grades 6-12, and partnerships with Handle with Care to improve transparency between families and school staff. Additional support for Urgent Care Centers and investments in Child Nutrition Programs aim to address social determinants of health. The SDE collaborates with the Center for Connecticut Education Research Collaborative (CCERC) to conduct rigorous evaluations of their initiatives, ensuring they are targeted and data informed. A link to further information is included in the presentation.

The presentation opened for questions. A committee member inquired about the summer behavioral health support funding and the number of unfilled staff positions due to hiring challenges. Presenters noted that while positions were filled, recruiting social workers was difficult, leading to a revision in hiring criteria to include Board Certified Behavior Analysts (BCBAs). The commissioner added that collaboration with districts is ongoing to assess funding and sustain support for behavioral health staff.

Another member raised concerns about school-based health centers cut due to funding issues, asking if the CSDE knew their current status and funding sources. The CSDE clarified that these centers are funded by the Department of Public Health (DPH) and estimated that about 109 schools have them, with some utilizing relief funding. The commissioner will initiate discussions with the CSDE and DPH to address funding fairness.

Further inquiries focused on expected behavioral health staff ratios in districts. The presenter indicated that while national standards exist, districts primarily determine staffing needs based on population. A member referenced Ohio's initiatives for school-community partnerships, prompting the commissioner to express plans for further discussions.

Concerns about engaging districts with high absentee rates were raised. The presenter highlighted ongoing initiatives beyond the LEAP program, including monthly meetings with district liaisons to share best practices. They noted that over 100 additional districts have attended LEAP-related trainings.

A member pointed out disparities in data regarding behavioral health staffing ratios, noting that counselors in Bridgeport often function as career resource guides while social workers handle specific tasks, leading to reliance on community resources. The presenter explained that the Behavioral Health Specialists grant allows licensed professional counselors to work as case managers and care coordinators, enabling certified staff to focus on students' more complex needs.

Medicaid Reimbursed School-Based Health Services presented by the Connecticut Department of Social Services

The presenter began by displaying a comparison of School-Based Child Health and School-Based Health Center programs. As of 2024, 117 of the 160 districts have participated in the school-based child health program, and 91 health center sites exist in 27 communities. Currently, the School-Based Child Health program specifically targets special education and Medicaid-eligible students with an Individualized Education Program (IEP) or similar plan, contingent upon parental consent for Medicaid billing.

Billing procedures differ between the two programs: the SBCH program allows school districts to bill Medicaid via Certified Public Expenditure, which yields a 25% federal matching rate. In contrast, SBHC programs have private providers billing Medicaid directly, with Federally Qualified Health Center (FQHC) staff billing Medicaid based on the encounter rate. The SBCH program facilitates a range of services for Medicaid-eligible students and permits the billing of medical services for Medicaid-eligible special education students under their IEP or Section 504 Plans, provided those plans include medical services. Under Public Act 24-81, districts may bill for medical services rendered to all Medicaid-eligible students, irrespective of whether those services fall under the student's specific plan. A State Plan Amendment to extend this billing capability will be submitted to the Centers for Medicare and Medicaid Services (CMS) by October 1, 2025, with full implementation anticipated by July 1, 2026. CMS guidelines issued in 2023 as part of the Bipartisan Safer Communities Act require certain provisions to be addressed by June 1, 2026, while other aspects remain optional for local school districts. Nationally, CMS reported in October 2023 that 17 states, including Connecticut, have expanded school-based services. Additionally, the Healthy Schools Campaign indicated that 25 states have broadened school-based services, with some extending beyond the scope defined by CMS. Upon implementation of the expansion, Connecticut will join 22 other states in providing coverage for either all medically necessary services or a defined package of services for all Medicaid-eligible students.

The presentation concluded with a session for questions and comments. A committee member inquired about positive developments in school-based healthcare and areas needing further attention. The presenter acknowledged the significance of federal Medicaid funding for these services and expressed enthusiasm for collaborating with other states during the implementation of the expansion.

Another member sought clarification on the funding sources for these programs, asking whether they are entirely funded through Medicaid billing and private insurance. The presenter clarified that the Department of Social Services (DSS) is solely involved in the Medicaid aspect of the School-Based Child Health (SBCH) program. The member further asked if local property tax dollars contribute to the funding, to which the presenter confirmed that the SBCH program is also supported by property tax revenues and school budgets.

A member requested information on federal initiatives aimed at addressing barriers related to parental consent for certain services. The presenter mentioned a proposal by the U.S. Department of Education to remove some parental consent requirements; however, she noted that the proposal did not fully achieve its objectives, and they must now monitor the situation as it evolves.

Regarding billing changes for providers, a member asked if the department was considering alternative waivers that encompass care coordination. The presenter responded that the current focus of the SBCH program is on a state plan amendment to broaden eligibility from just the special education population to include all Medicaid-eligible students. She clarified that the school-Based Health Centers are not encompassed in Public Act 24-81.

Another member sought clarification on the distinction between medically based and educationally based services for students with IEPs, noting past issues that limited service inclusion. The presenter indicated that, while this is not her primary focus, she would relay the inquiry to the department for further clarification.

Concerns were raised regarding underreported student needs, particularly for those without Medicaid coverage. A member expressed apprehension about the burden placed on smaller communities to educate their residents about these programs and the lack of services for uninsured students, questioning whether schools are billing private insurance. The difficulty of integrating outside services into schools due to various barriers was also noted.

A member highlighted the absence of baseline standards to guide districts, which could foster consistency across educational institutions. Several members discussed the reliance on police and emergency rooms for children's behavioral health crises, attributing this to the lack of timely access to crisis response services. A call was made for future meetings to focus on expanding crisis response for children and improving response times for crisis intervention outside cities,

Youth Suicide Data Presented by Sarah Eagan of the Office of the Child Advocate

This presentation, led by Sarah Eagan of the Office of the Child Advocate, provides a comprehensive overview of youth suicides in Connecticut and the updated Suicide Prevention Plan. It highlights data from youth aged 13-17 across the state, indicating an increase in youth suicides and a concerning trend of younger children dying by suicide. Traditionally, this population was predominantly white boys, but recent data shows a shift in demographics. As of 2024, there have been 12 reported youth suicides, with a notable rise in incidents among girls.

The Child Fatality Review Panel at the Office of the Child Advocate inputs data into the national child fatality database, with the presentation featuring various charts to illustrate the findings. A key statistic is that 59% of youth have communicated thoughts of suicide to someone else, and approximately half of the reported cases had previously received mental health services. Notably, 33% of the children who died by suicide in Connecticut were aged 10-14, and roughly 17 children are treated daily for suicidal ideation or self-harm.

Eagan discussed the 3 Step Theory of Suicide, which begins with pain, distress, and despair, leading to hopelessness and an increased risk of suicidal ideation. Contributing factors include lack of connectedness, isolation, impulsivity, acquired knowledge of self-harm methods, and access to lethal means, all of which elevate the risk of suicide attempts. The updated 5-year suicide prevention plan aims to normalize conversations around mental health and suicide among schools, parents, coaches, and other adults. A significant recommendation is that all adults working with children receive training in suicide prevention.

Eagan proposed incorporating a 5-10 minute review of the dashboard during TCB meetings to track progress. Additionally, she emphasized the state's accountability in following through with the intervention opportunities outlined in the plan.

During the open question and comment session, one member underscored the importance of discussing suicide openly. Another member, sharing insights from a hospital setting, noted that every child is subject to universal suicide screening,

revealing that nearly 20% score at concerning levels. This indicates that many children are suffering in silence, prompting a recommendation for universal suicide screenings in all schools. Another member expressed interest in gathering mental health data from schools that have implemented cell phone bans.

Updates

The meeting concluded with a discussion on the TCB group's mission statement. Two options were provided in members' packets and during the presentation. A survey yielded 30 responses, with **Option 2** currently leading. Additional feedback is sought as there are about 60 committee members, and some members are interested in merging the options.

Two new workgroups, the **Prevention Workgroup** and the **School-Based Workgroup**, will be activated. A QR code in the presentation allows members to request invitations, and those interested in co-chairing should contact the TYJI staff.

The next meeting is set for **October 16, 2024**, which includes a rescheduled strategy development working lunch from **12:00 PM to 1:30 PM** and the TCB monthly meeting from **2:00 PM to 4:00 PM**. The November meeting will occur on **November 13, 2024**, due to election wee

Next Meeting: October 16, 2024
Time: 2:00PM-4:00PM
In Person with Zoom Option