Tow Youth Justice Institute
Making connections. Informing solutions.

TCB December Meeting Minutes

December 18, 2024
2:00PM – 4:00 PM
Legislative Office Building 1E
Zoom Option Available

Attendance

Alice Forrester
Andrea Goetz
Betty Ann Macdonald
Carolyn Grandell
Catherine Foley-Geib
Catherine Olsten
Ceci Maher
Christina Ghio
Claudio Gualtieri
Cristin Mcarthy-Vahey
Edith Boyle
Howard Sovronsky
Janeen Reid-Full
Javeed Sukhera
Jeanne Milstein
Jeff Vanderberg
Jilian Gilchrest
Jodi Hill Lilly
Kimberly Karanda
Manisha Juthani
Michael Moravecek
Michael Patota
Michael Powers
Michelle Scott
Mickey Kramer
Sean King
Sinthia Sone-Moyano
Tammy Exum
Tammy Freeberg
Tammy Nuccio
Tammy Venenga
Toni Walker
Yann Poncin
Yvonne Pallotto

TYJI Staff

Emily Bohmbach
Erika Nowakowski
Jaqueline Marks
Stacey Olea

Welcome and Introductions

The TCB Tri- Chairs opened the meeting by welcoming all attendees.

Acceptance of TCB Meeting Minutes

A motion to accept November's meeting minutes was put forward. The motion was moved, seconded, and unanimously approved.

Overview of the Meeting

The December monthly meeting was opened with a presentation on the Children's Behavioral Health Plan Implementation Advisory Board's (CBHPIAB) Annual Report followed by the Stamford Youth Mental Health Alliance (YMHA) and an Intensive In-Home Child and Adolescent Psychiatric Services (IICAPS) update. Additionally, a brief update was provided on the draft legislative recommendations by the Tow Youth Justice Institute (TYJI).

Children's Behavioral Health Plan Implementation Advisory Board (CBHPIAB):

The presenters provided an update on their 2024 Annual Report. Their report highlighted opportunities for collaboration, their strategic plan to raise Medicaid reimbursement rates, and suggested an updated fiscal map for 2025. The CBHIAB noted the need to address delays in care, workforce burnout, staff shortages, and high caseloads. In 2025, The CBHPIAB recommendations include increased reimbursement Medicaid rates for children's behavioral

health services to cover high-quality care costs, implementing a systematic rate-setting process, and expanding the family and youth peer support workforce. Additionally, the CBHPIAB recommended an updated 2025 fiscal map of behavioral health services to include Medicaid and private insurance spending. The CBHPIAB further explained their suggestion to update the fiscal map will demonstrate that the funds gathered for service providers are being spent appropriately, allowing for an increase in financing for provider services.

The presentation then shifted to questions. A TCB member shared appreciation for the effort the CBHPIAB has put into children's behavioral health and agrees collaboration across agencies to address the workforce issues and finding effective ways to implement peer support. The TCB member also acknowledged the overlap in priorities between children behavioral health agencies and would like to look at what all the agencies have done, want to most achieve, and the best way to work together with all agencies. Another TCB member suggested a way the CBHPIAB can leverage more opportunities could be having a conversation with the Department of Housing (DOP) to build partnership. A TCB member inquired about how the CBHPIAB can help all current advisory groups lean into all their different unique factors by refocusing on each of their subject matters so each group can identify what ask and offer they bring to children's behavioral health. This member further explained this will be a robust way to collaborate, so agencies are not competing with one another. The presenter confirmed the CBHPIAB will continue to be an agent for alignment and welcomes TCB to attend meetings and speak to their members as well. The presenters elaborated that their recommendation for updated fiscal mapping helped the board consider the difference in levels of care through varying departments and identify where children's needs are.

Another TCB committee member shared appreciation for the fiscal mapping and stated the committee is working with a consultant to develop a pipeline of information and is currently collaborating with one group that will speak on the issues of peer-to-peer support to further the goals in providing children's behavioral health. A presenter continued the discussion by adding there is a need for special education advocacy, and it is critical to investigate the education system and the impact it has on children's mental health is having after the pandemic. The presenter continued by stating there is a need to expand perception of challenges with children's behavioral health to involve the voice of families with lived experience to better develop the system.

Stamford Youth Mental Health Alliance (YMHA)

The presenters provided a brief overview of the YMHA goals, objectives, and achievements. The YMHA opened with a brief background and purpose statement of their multi parentship initiative for children's behavioral health. The presenters explained that the development of YMHA was established to address the mental health of children post - covid by collaborating with all clinical providers in Stamford, school and community youth peer organizations, government agencies,

faith organizations, and educational providers. The YMHA further elaborated on their organizational model made up of mental wellness, continuum of care, and communication workgroup that focuses on preventing risk factors, identify gaps in services, and emphasizes an urgent response to the public health issues of children's behavioral health. The YMHA shared details on their communication resource guide, summer website update, and established social media presence. The YMHA also provided demographic data that evaluates the effectiveness of and impact of their agency, as well as data on their suicide and untimely death prevention program. The YMHA concluded their presentation discussing their effort to improve continuity of care, improve care coordination, and identify the resources needed to address barriers.

The presentation then shifted to a question – and – answer segment. A TCB member raised a question regarding how YMHA came together in the Stamford community and asked if the YMHA organization model is replicable across other towns in CT and inquired about their funding. The presenter responded that they were approached by the chair of the health commission to attend a meeting with providers of the Stamford public schools to discuss creating an alliance to address mental health. Another TCB member highlighted there are 59 local health departments across districts and Stamford represents local public health and that the YHMA has done great work with prevention and communication locally.

Intensive In – Home Child and Adolescent Psychiatric Services (IICAPS) Spotlight:
The presenter provided a brief background of IICAPS services and provided an update on data from the last fiscal year. The IICAPS data highlighted 5% transgender and nonconforming children mostly thirteen to fifteen years of age that struggle with social stigma and rejecting family systems. The IICAPS data also reported there is a 72% reduction in the number of hospitalization days 6 months before IICAPS and 6 months during IICAPS which shows significant saving cost for the state. The presenter concluded they have a huge waitlist for children to be serviced due to insufficient funding.

The presentation then shifted to questions from the Committee. A TCB committee member asked the presenter how a child receives a referral to IICAPS. The presenter responded stating that referrals come from all over, including many from hospital emergency departments, IOPs, DCF, juvenile justice, schools, parents, and self-referrals. The TCB member followed up by asking if there are criteria to be met when a child is referred from a school. The presenter then replied that the school must show that there has been acuity and other attempts made to help the child. The TCB member was curious about the amount of time it takes for the child to be connected to a clinician when they are acting out in school. The presenter replied that it depends on where the child is at in the state because half of the state does not receive services, so it takes about 4 to 5 months for a child to receive the IICAPS services. The TCB member inquired if it takes 4 to 5 months due to workforce. The presenter answered that the workforce has stabilized in some areas because salaries were adjusted following the Medicaid reimbursement increase but there are still

not enough sites and teams to meet the children's needs. A TCB member asked how many members are on the IICAPS team. The presenter replied that there are two members per IICAPS team. The TCB member asked what the average cost per clinician referral visit is. The presenter responded that they can follow up with that information.

Another TCB member shared their support for IICAPS but would like to find a way to service children with commercial insurance because it is difficult for them to be involved with the IICAPS program. The TCB member indicated curiosity in whether there has been thought put in creating an IICAPS program for families that may need less than six months of treatment. The presenter responded they are open to discussing the idea with state partners but there is also a need for children who require services beyond six months. Another TCB committee member inquired if IICAPS is available for children with intellectual disabilities. The presenter answered IICAPS services a good percentage of children with intellectual disabilities and psychiatric diagnoses.

Another TCB committee member asked if IICAPS has a grant on top of the fee for service. The presenter replied that they do not have a grant. The TCB committee member added there might be a grant available for IICAPS in the outpatient array, outside of particular grant programs that do not bill in Medicaid. The member elaborated that people who work for IICAPS earns their salary by fee for service which causes great risk in an organization so there should be an idea to make an investment of implementation and startup in the certain areas of the state that do not provide services. The presenter responded that there is a financial difference with large sites that have several team members where it is easier to remain afloat compared to smaller sites that struggle with annual loss.

Another TCB member stated that enhanced care clinics and outpatient clinics are bridging cases that need a higher level of care, so outpatient clinics can provide care. A question was then asked if the IICAPS peer review research is accepted by private insurance companies and if there has there been any movement on that. This member would like an update of the peer review process. The presenter responded that IICAPS has been in stabilization mode to get the capacity where it should be rather than pursuing private insurance right now. The presenter elaborated that the supplemental funding grant contracts sites received from DCF mention non-Medicaid billable families so there is a potential way to cover those families that but given the sites waitlist it will be a tight timeframe. The TCB committee member mentioned they understand staffing issues but believe the program should be fully reviewed so there can be more grants outside of just the state that include children with private insurance. The member continued by stating that with more children involved it can cause expansion throughout the state and more providers will be able to work with IICAPS. The presenter agreed they see the need as well and are in the process of applying for national evidence-based status and partaking in analysis of the population.

Another TCB member emphasized that investment could fix barriers of entry, especially now that payments are more sustainable and agrees with the potential value of looking into more individualized length of services based on need. This member acknowledged the data showing the significant support to the Model Development and Operations (MDO) from ARPA dollars and asked what sustainability looks like for the work that Yale does. The presenter responded that the ARPA dollars did not go to the MDO, but they have a contract with DCF that funds multiple IICAPS employee positions. The presenter continued by explaining IICAPS would like to provide more clinical support to the network, and that they are advocating for additional financial support for quality insurance, quality improvement, and training programs. Another TCB member inquired if there is a follow up process with the child's family after intervention is completed. The presenter replied that there is follow up or re-referral. Another TCB member sought more information regarding the lasting impact of IICAPS following post intervention. The presenter expressed they have data of an analysis of repeaters and found that about 80% of children did not require services again and those who require additional services are likely to have more chronic psychiatric issues, and those who did return were not doing as poorly as they were doing during initial services.

Legislative Recommendations Updates:
TCB is now in the process of appropriately collecting feedback and revising recommendations. Additionally, in the January TCB meeting, a final set of recommendations will be provided to the committee to vote on. The TCB is also seeking to activate the school based and prevention workgroups in 2025 and are continuing to look for members to be co-chairs. Updated recommendations, along with the Recommendation Justification Report and TCB Orientation manual will be provided prior to the Voting meeting which will be held January 15th.

Next Steps:
The voting meeting will be held January 15th.
Next Meeting: January 15, 2025.
Time: 2:00 P.M. – 4:00 P.M.
Hybrid Model Option (In person and available over Zoom)