1/13/2025

Transforming Children's Behavioral Health Policy and Planning Committee

Orientation Manual

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Introduction

Welcome to the ***Transforming Children's Behavioral Health Policy and Planning Committee ("TCB").*** We appreciate your commitment to public service and willingness to serve on this committee. Your expertise and drive are invaluable, and we are confident that you will make significant contributions to this critical work. Together, we can build a brighter future for our children—a future where healthy children mean a stronger Connecticut.

United by a common goal, we strive to forge a path where behavioral health is prioritized, early intervention is normalized, and timely treatment is accessible to all. Our shared passion drives us to ensure every child has the opportunity to thrive. As members of this committee, you are both the architects of this hope and the champions of resilience. Your dedication will shape a behavioral health landscape that empowers young lives and strengthens communities. Through our collective efforts, we are establishing a sustainable behavioral health infrastructure.

We recognize the best way to work towards improving behavioral health services for children, youth, and families starts with dynamic collaboration. Strong group dynamics are foundational to the success of transformative systems change and critical to improving children's behavioral health systems. This means inviting diverse viewpoints and welcoming the unique contributions of every individual who joins. We urge you to share your unique insights, challenge assumptions and champion solutions that resonate with the diverse needs of our state. Your voice and input are essential. By fostering open communication, respectful dialogue, and a commitment to understanding one another's contributions, we can develop a supportive network of care that benefits every child, youth, and family facing a behavioral health challenge.

The collective wisdom of our members not only allows us to challenge blind spots and spark innovative recommendations for reform but also ensures that the developed solutions are representative of all corners of the entire state.

This manual is a comprehensive resource designed to answer questions about roles, responsibilities, committee structure, expectations, and other important information. It aims to provide a clear understanding of your duties to ensure

consistent and efficient operation. Additionally, a glossary of commonly used terms and acronyms has been included for your reference.

While we encourage you to refer to this orientation manual whenever you have questions, should you require any further assistance or have any additional questions please do not hesitate to reach out to **any member of the TCB leadership or administrative staff at the Tow Youth Justice Institute (TYJI).** Our team is committed to providing you with the necessary support to ensure that your experience with the committee is positive and productive.

We look forward to learning from your expertise and collaborating with you as we work together to create a brighter future for Connecticut's children.

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*****Please note that this ORIENTATION Manual is continuously updated as information changes. Always check to ensure you are reviewing the most updated version.**

Overview: Purpose and Authority

In response to the national children's mental health crisis paired with the impact of the pandemic, the Connecticut legislature **enacted Public Act 23-90 which established the Transforming Children's Behavioral Health Policy and Planning Committee ("TCB") in 2023**.[1] The committee's mandate is to evaluate the availability and effectiveness of prevention, early intervention, and treatment services for children's behavioral health, substance use disorders, and general well-being of children aged from birth to eighteen.[2] Through targeted recommendations to the General Assembly and executive agencies, our committee may propose recommendations necessary to improve: (1) developmental and behavioral health outcomes for children, (2) facilitate transparency and accountability across state agencies, community-based organizations, and institutional providers, and (3) promote policies to advance data sharing and reporting between state agencies and state-funded programs. The law further directs the committee to assess and identify:

1. **Statutory and Budgetary** changes to improve the children's behavioral health system.
2. **Service Delivery Gaps** and other missed opportunities to advance the State's ability to offer families a set of streamlined, accessible, and responsive solutions.
3. **Strengths and Barriers** that either support or hinder children's behavioral health care.
4. **School-Based Behavioral Health Efforts** that collaboratively support efforts to improve behavioral health outcomes for children.
5. **Disproportionate Behavioral Health Access and Outcomes for** children of color and those in underserved communities such as rural parts of the state**.**
6. **Disproportionate** access and outcomes across the behavioral health care system for children with developmental and intellectual disabilities.
7. **Quality Assurance** framework(s) to maintain timely data analytics to improve both private and publicly operated behavioral health services, facilities, and programs capacity to streamline and centralize processes and operations with accountability and agility.
8. **Governance Structure to** align state public policy and healthcare goals to ensure that all children and families, in urban, rural, and all other areas of the state, can access high-quality behavioral health care regardless of their ability to pay.

[1] The committee's official name is Transforming Children's Behavioral Health Policy and Planning Committee. The acronym "TCB" is used throughout this orientation manual. Conn. Gen. Stat. 2-137 (Public Act 23-90); Accessed: https://www.cga.ct.gov/current/pub/chap_023j.htm

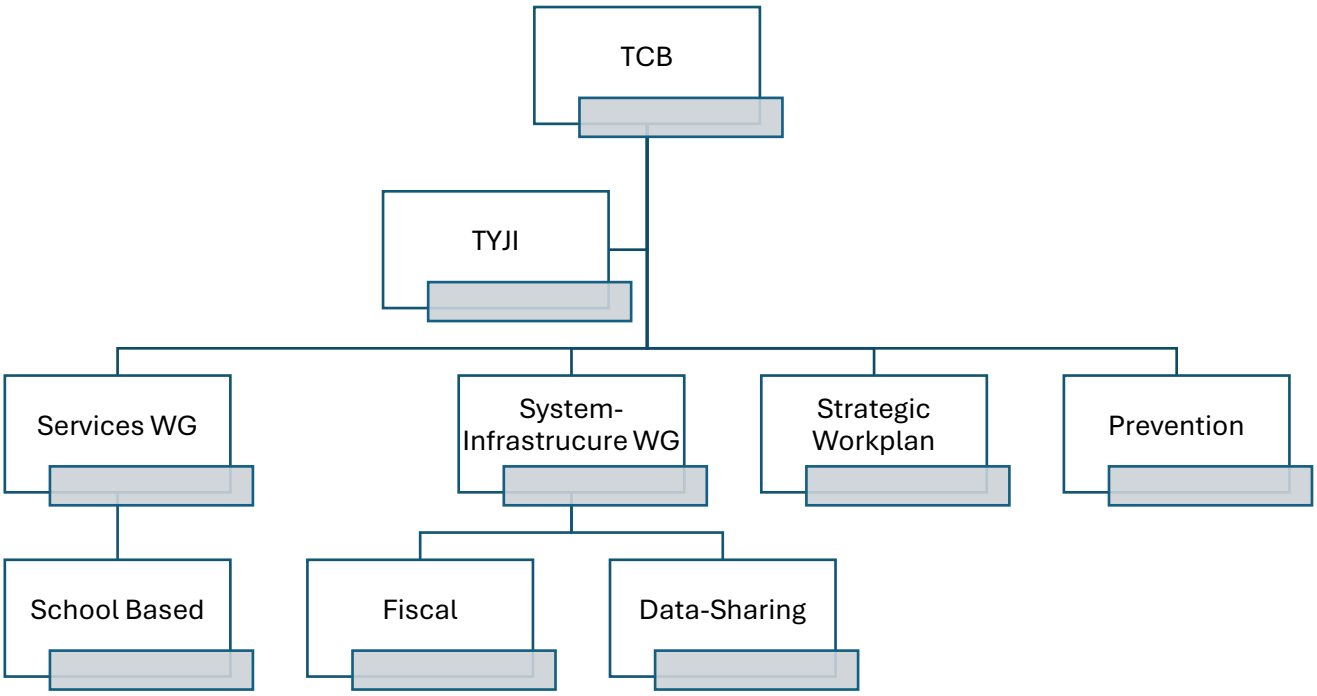
[2] For purposes of this legislation children behavioral health includes "mental health and substance use disorders, as well as overall psychological well-being birth to 18 years." Conn. Gen. Stat. 2-137.

9. **Sustainable Workforce Needs to** support the evolving behavioral health needs of children.

   While the enacting legislation sets out a comprehensive agenda, the committee will build upon the substantial progress made by statewide children's behavioral health initiatives over the years. We continue this work and support efforts to increase collaboration, strengthen partnerships, and to build a strong and sustainable behavioral health system that prevents, identifies, and addresses the behavioral health needs of all children in Connecticut.

Committee Organizational Structure

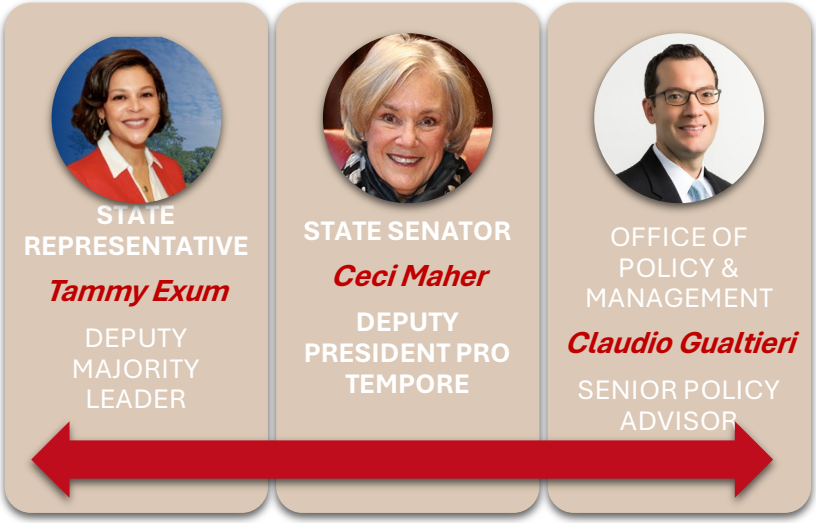
The authorizing statute establishes a diverse multi-sector body composed of 45 members. This body draws on the expertise of various sectors such as the legislature, state agencies, community advocates, and non-profits. The committee is led by Tri-Chairs and receives administrative support from TYJI. The focus of the workgroups addresses key areas such as **prevention, services, school-based initiatives, system infrastructure, and strategic planning**. Notably, all workgroups integrate financial and data considerations into their scope of work, ensuring sustainable funding resources as a foundational focus. This emphasizes the committee's commitment to long-term, resource-backed solutions. Additionally, each workgroup is tasked with identifying structural opportunity needs and developing strategies to enhance children's behavioral health statewide. This multifaceted approach aims to optimize the committee's impact and is guided by the TCB's overarching goal of transforming the behavioral health care system for children.



In addition, a **Community Expertise Workgroup** is being established. TYJI has contracted with organizations that work with parents and youth with lived experience to engage them in a variety of strategies to gain insight regarding their experiences accessing and engaging with prevention, early intervention, and behavioral health treatment services; their priorities and suggestions for improvising specific behavioral health issues and policies; and their perspectives of specific legislative agenda items and topics.

Committee Tri-Chairs

In accordance with **Conn. Gen. Stat. § 2-137(b)(e)**, the designated Tri-Chairs provide collaborative leadership and manage all committee activities. This ensures the committee functions efficiently, cohesively, and effectively in achieving identified goals. The Tri-Chairs work together to foster a positive and inclusive environment and maintain open communication channels between members, workgroups, government agencies, and the legislature.



<u>Tri-Chair Roles and Responsibilities:</u>

- **Preside Over Monthly Meetings**:
  - Ensure meetings run smoothly, efficiently, fairly, and impartially.
  - Guide discussions, encourage participation, and ensure all voices are heard.
  - Maintain focus on agenda topics and effectively prioritize meeting time.
- **Collaboratively Manage Committee Activities:**
  - Facilitate communication and collaboration between committee members, workgroups, and the legislature.
- **Review Monthly Meeting Agenda and Materials**.
  - Provide feedback and ensure materials are relevant, informative, and well-organized.
- **Direct Strategic Goals:**
  - Guide the development and implementation of the committee's strategic plan.
  - Monitor progress toward goals and make adjustments as needed.
- **Facilitate Candid and Open Discussions**.
  - Create a safe and respectful environment for open dialogue and diverse perspectives.
  - Promote constructive and orderly dialogue.
  - Encourage constructive thought and collaboration.
- **Appoint Workgroup Co-Chairs:**
  - Identify qualified individuals to lead workgroups based on expertise and commitment.
  - Provide guidance and support to workgroup co-chairs.

- **Perform All Other Duties Necessary or Incidental** to fulfill the responsibilities and duties that may be necessary to ensure the committee functions efficiently, and cohesively.

TCB Administrators: Tow Youth Justice Institute

The Tow Youth Justice Institute (TYJI) oversees the administration of the committee. Their duties encompass a range of administrative tasks, including managing day-to-day operations, coordinating meetings, preparing reports, and managing project operations.

The team consists of:

- **Erika Nowakowski, MSW,** Executive Director
- **Emily Bohmbach, MPH,** Senior Project Manager
- **Jacqueline Marks,** Project Coordinator
- **Stacey Olea,** Project Coordinator
- **Shelby Henderson-Griffiths, MPA**, Policy Administrator

Our dedicated internal team is further strengthened by collaborations with esteemed content experts. This ensures our information remains accurate, relevant, and at the forefront of the field.

Membership Roles and Responsibilities

The TCB committee serves as an expert advisory body to the legislature—providing subject matter expertise, knowledge, and guidance in the review and development of a comprehensive and coordinated children's behavioral health system.

Core Principles: Expectations for Collaboration and Engagement

Respectful And Inclusive Communication: All members should engage in discussions with respect and openness to diverse perspectives.

Expert Knowledge: Share expertise to provide valuable insights and perspectives.

Effective Time Management: Members should contribute actively while balancing their time commitments within the committee's overall schedule.

Clear Communication Channels: Regular communication between members, workgroups, and leadership is crucial for effective collaboration.

Commitment To Shared Goals: All members should work towards the committee's overall objectives and contribute to the successful development of a comprehensive children's behavioral health system.

While specific roles and responsibilities may vary based on the committee's identified priorities and needs, all members contribute to the committee's overall success. The committee will collectively achieve the goals defined in the enabling statute through organized efforts between members, workgroups, subcommittees, and individual workgroup members.

Membership composition aims to include individuals representing diverse behavioral health perspectives. This includes both **(1) appointed members, (2) workgroup members/co-chairs and (3) individuals with lived experience**. To ensure inclusive and effective recommendations, our committee strives for diverse representation, including geographic diversity (urban, suburban, and rural) and stakeholders from minority, parent and youth led groups. While everyone's voice and opinions are both valued and necessary, it is important to acknowledge the diverse roles within the committee.

Appointed Members

Individuals appointed to the committee are recognized as appointed TCB Members. In the spirit of making positive changes for children and youth in Connecticut, **appointed members should**:

- Attend, participate and engage in monthly meetings and other TCB activities.
- Remain informed on current state related behavioral health system matters.
- Partake in committee voting resolution(s) during monthly meetings.
- Participate in workgroups when available and relevant to their expertise.
- Value inclusiveness and respect for all other members.

Membership Vacancies are filled under Conn. Gen. Stat. § 2-137(b)(e), by the appointing authority.

Workgroup Members

Workgroup members play an equally critical role in advancing and identifying committee objectives and goals—We recognize collaboration strengthens our capacity and effectiveness and welcome members of the public to join. **Workgroup members should**:

- Attend workgroup meetings.
- Actively participate in tasked activities outside of workgroup meetings (i.e., collect information/resources, reading materials, etc.)
- Provide expert knowledge/experience when pertinent to the strategic goals of the workgroup.
- Participate in subgroups when asked.
- Value inclusiveness and respect for all other members.

Workgroup Co-Chairs

Each **TCB Workgroup** is co-chaired by two individuals (*at least one of whom must be an appointed member*). With the support of the Committee Tri-Chairs and TYJI, Workgroup Co-chairs play a crucial role in leading, facilitating, and overseeing the workgroups and subgroups. Workgroup Co-Chairs are tasked with ensuring workgroup and subgroup efforts align with the TCB's strategic plan and mission. Workgroup Co-Chairs promote the spirit of collaboration by:

- **Drive the planning process**: by developing work plans that align with the TCB strategic plan.

- **Vetting Workgroup & Subgroup:** Review the work of workgroup & subgroups to ensure activities align with TCB goals and contribute to achievable reforms.
- **Encouraging open communication and collaboration by fostering an environment** between members to openly share ideas and work together.
- **Identifying content experts** to support adopted objectives and goals.
- **Setting Agendas and Managing Meetings:** Create and manage agendas for workgroup meetings, ensuring they are conducive to participation and efficient.
- **Holding High-Integrity Meetings**: Conduct meetings ethically and professionally, building community trust in the workgroup's outcomes.

Criteria To Serve as A Workgroup Co-Chair

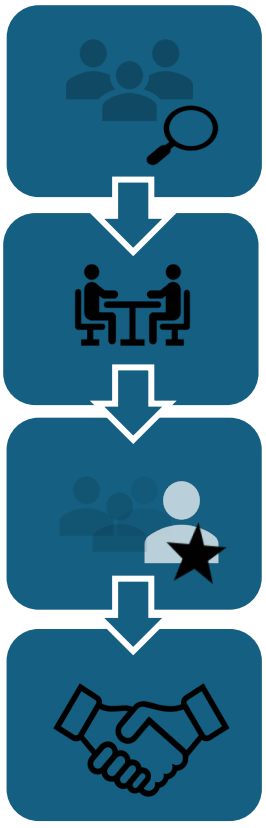
- Exclusionary Criteria: Cannot hold another leadership position within TCB or its workgroups (i.e. another workgroup co-chair.)
- Time commitment to attend: planning meetings, subgroup meetings, workgroup meetings, and monthly TCB meetings.
- Understanding of TCB work, and/or the ability to dedicate time to reviewing orientation materials and building an understanding.
- Understanding of current children's behavioral health issues, particularly those relevant to the workgroup's goals.

Selection Process for Workgroup Co-Chairs

Candidate consideration for workgroup co-chair positions can be initiated by either:	**Self-Nomination:** Individuals with relevant experience and strong commitment to the workgroup's objectives are encouraged to submit a self-nomination form and apply. **Community Leader Recommendation:** Recognized leaders with exceptional leadership qualities and with demonstrated experience in the workgroup's focus area(s) may be nominated for the co-chair position. Recommendation should include: ▪ Nominee's name and contact information. ▪ A brief explanation outlining why/how the nominee's skills and experience may benefit the workgroup's objectives.

***We encourage both self-nominations and community nominations to ensure a diverse and qualified pool of candidates. This will allow the consideration of individuals with a wide range of perspectives and experiences, ultimately leading to the selection of the best co-chair for the workgroup.

- Candidates submit a letter of interest and resume to TCB Tri-Chairs and TYJI staff.
- All nominations will be reviewed by the TCB Tri-Chairs and a shortlist of candidates may be interviewed by the TCB Tri-Chairs.
- TCB Tri-Chairs meet to discuss candidate qualifications to consider such as:
  - Leadership experience
  - Communication and interpersonal skills
  - Subject matter expertise relevant to the workgroup's focus
- TCB Tri-Chairs make the final decision and notify candidates on the selection of the workgroup chair(s).
- TCB Tri-Chairs and TYJI work with appointed workgroup chairs to identify workgroup needs, and priority tasks/focus; a draft work plan is then released.



Resignation Process for Workgroup Co-Chairs

In the event a workgroup co-chair elects to resign for any reason, we ask that the following steps be followed:

1. **Resignation Notice:**
   - Inform TYJI staff of your resignation as soon as possible.
   - We encourage, if possible, to provide a two-week notice to aid in a smooth transition and minimize disruption to the workgroup's activities.

2. **Communication To TCB Tri-Chairs:**
   - TYJI will communicate resignation decisions to the TCB Tri-Chairs.

3. **Open Workgroup Chairs Position Announcement:**
   - TYJI and TCB leadership will announce the resignation and the subsequent search for workgroup chair(s) at the monthly TCB meeting.

Please note: These are general guidelines, and specific circumstances may require additional steps or adjustments.

TCB Meetings

Meeting: Regular monthly meetings are held on the first Wednesday of each month at 2:00 PM at the Legislative Office Building with a virtual option. Meetings may be subject to be rescheduled due to building closures due to public holidays, inclement weather, or policy considerations. Public notice of scheduled alternative dates will be provided in accordance with C.G.S. § 1-225.

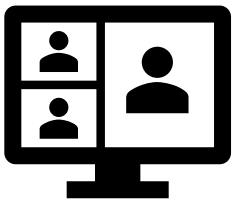
- Regular, and Special meetings will be conducted using Robert's Rules of Order Abbreviated (See Appendix III).

Special Meetings: Can be scheduled at the discretion of the Tri-Chairs. Notice of Special meetings will be provided at least 24 hours in advance, as per C.G.S. § 1-225.

Meeting Cancellations: Require Tri-Chairs' approval. Notice of a canceled meeting will be posted on the CGA website.

Meeting Materials: TYJI staff send meeting materials electronically to all TCB members before each monthly meeting. All materials are posted on the CGA website. A limited printed copies may be available at the meeting.

Zoom Attendance: This option is available only for *appointed TCB members only*. Please note Zoom meetings may be recorded. We ask for members attending monthly meetings on Zoom to:



- **Muted Microphone:** Remain muted unless speaking.
- **Respectful Participation**: Refrain from interrupting speakers with comments or questions until after each presenter has finished.
    - Utilize "Chat" and "Hand Raising" features for assistance.

Virtual Public Options: *Members of the public* are welcome to watch live-streamed and on-demand meetings on (1) CT-N, (2) the Appropriations Committee YouTube Channel. And (3) TYJI YouTube Channel.

- Meeting recordings are available on both platforms after each meeting.

Artificial Intelligence ("AI"):

FOIA: All TCB meetings are open to the public in accordance with Connecticut's Freedom of Information Act. (C.G.S. § 1- 225).

- **Meeting minutes and summaries:** Can be found online on the Connecticut General Assembly website.

Workgroup Meetings
Each workgroup establishes its own meeting schedules to reflect the requirements of their timelines and membership availability and shall report, as necessary, to the full TCB.

- Workgroup meetings conducted over Zoom may be recorded for administrative purposes only.

Voting Rules for Legislative Recommendations
TCB members will receive advance notice of any meeting that involves voting on recommendations. During a voting meeting, members will vote on each recommendation presented by the workgroup co-chairs. Legislative recommendations are developed through the workgroups, through the Tri-Chair as it pertains to the original purpose of the TCB, and from reoccurring themes raised at the meetings of the full TCB. Recommendations brought forward from the workgroups will be vetted to ensure they are in a language and reasonability of them being included in new legislation. In addition, the Tri-Chairs may explore additional background information that may affect operational issues, to ensure effective implementation of any recommendations that become law. Members of the workgroup and other interested stakeholders will have several additional opportunities to help shape and refine the recommendations through the legislative process.

Voting Rules for TCB Members: Only statutorily appointed TCB members or their designee may participate in the voting process.

⇒ It is recommended that designees consult with their appointing authority before casting a vote(s).

- **To initiate a formal vote, a quorum must be present.**
- **A TCB Tri-Chair may call for a vote on the proposed recommendation.**
- After a vote has been called**, a TYJI staff member will conduct a roll call**.
- Where consensus has been reached, recommendations will proceed and may be translated into *proposed* budgetary, legislation, administrative and or other policy changes.
- Consensus shall be reached through a simple majority of members voting "yea."
- A TYJI staff member will record the votes and announce the outcome.

Quorum: An official quorum shall be a majority of the total number of TCB members. No binding actions shall be taken, or final decisions reached without a quorum present at a meeting.

TCB Workgroups

Per Public Act **23-90**, the TCB Committee has established five workgroups to address critical areas of children's behavioral health: **prevention, services, school-based initiatives, system infrastructure, and strategic planning.** These workgroups are pivotal in fulfilling the TCB's mandate by providing leadership and guidance on practical and policy matters to foster comprehensive community and state-level programming. Each workgroup is tasked with reviewing the needs and formulating strategies to leverage opportunities and improve children's behavioral health across the state. Their work is guided by the TCB's overarching goal of transforming the governance and administration of the behavioral health care system for children.

Strategic Planning Workgroup: Tasked with developing a three-year strategic plan that will identify strategies and goals for transforming children's behavioral health across the state. The plan will delineate priority areas priority areas, objectives, and primary measures to guide the work of the various workgroups and subcommittees, ensuring coordinated and non-duplicative efforts with other legislatively appointed behavioral health initiatives. Upon the approval of the TCB strategic plan, this workgroup will sunset, with oversight of the plan then charged to the full TCB committee.

Infrastructure Workgroup: Provides advisory recommendations to promote maximized efficiency in meeting children's behavioral health needs. Prospective work may include a landscape analysis to identify emerging needs and/or service implementation gaps pertaining to resource allocation, state insurance structures, funding, licensing requirements, workforce, and governance.

⇒ Possible Subgroups
- Fiscal
- Data-sharing

Services Workgroup: Focuses on accessing service issues related to the continuum of care. This may include inpatient and outpatient services provided to children and families. The workgroup may review the needs and strategies for an effective continuum of care, service availability, and system capacity.

Prevention Workgroup: Examines and provides advisory recommendations to improve children's behavioral health prevention services and programming. The group priorities may include: 1) preventing substance use and overdose; 2) enhancing access to suicide prevention and behavioral health services; 3) promoting resilience

and emotional health for children, youth, and families; and 4) integrating behavioral and physical health care.

School-Based Workgroup: Advances efforts to ensure all school districts integrate trauma-informed approaches that provide equitable academic, social, emotional, behavioral, and physical well-being. This workgroup will strengthen collaborations across schools and community initiatives to improve school mental health services.

TCB members will receive advance notice of any meeting that involves voting on recommendations. During a voting meeting, members will vote on each recommendation presented by the workgroup co-chairs. Legislative recommendations are developed through the workgroups, through the Tri-Chair as it pertains to the original purpose of the TCB, and from reoccurring themes raised at the meetings of the full TCB. Recommendations brought forward from the workgroups will be vetted to ensure they are in a language and reasonability of them being included in new legislation. In addition, the Tri-Chairs may explore additional background information that may affect operational issues, to ensure effective implementation of any recommendations that become law. Members of the workgroup and other interested stakeholders will have several additional opportunities to help shape and refine the recommendations through the legislative process.

******Workgroups can be added, and sunset based on the priorities of the committee.**

History of Reforms to Connecticut's Behavioral Health System

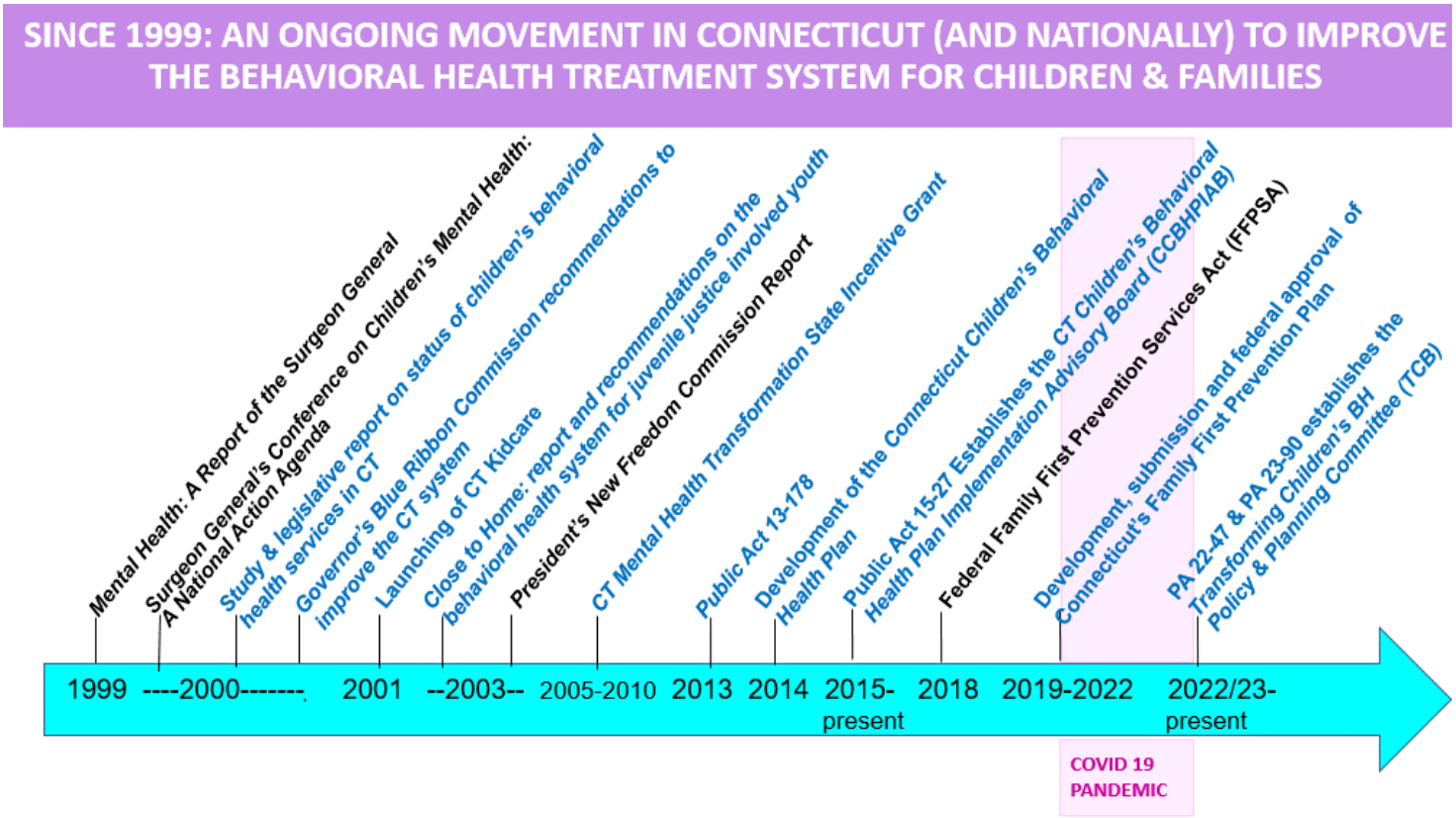


FIGURE 1:

THIS TIMELINE ILLUSTRATES KEY MILESTONES IN CONNECTICUT'S ONGOING MOVEMENT TO IMPROVE THE BEHAVIORAL HEALTH TREATMENT SYSTEM FOR CHILDREN AND FAMILIES, HIGHLIGHTING BOTH STATE AND NATIONAL INITIATIVES FROM 1999 TO THE PRESENT.

NOTE: THE FIGURE USED ABOVE IS FROM PART ONE OF THE 2024 TCB LEVEL SETTING TRAINING PRESENTED BY ELISABETH CANNATA, PH.D., VICE PRESIDENT, COMMUNITY-BASED FAMILY SERVICES AND PRACTICE INNOVATION, WHEELER CLINIC. JANUARY 10, 2024.

Resources

- Connecticut Behavioral Health Partnership: Comprehensive guidelines for determining appropriate behavioral health care levels. https://www.ctbhp.com/providers/level-of-care-guidelines-2/#

- Connecticut Department of Children and Families: Regulations for licensure of outpatient clinics providing behavioral health services. https://portal.ct.gov/dcf/policy/regulations/licensure-of-outpatient

- Connecticut Behavioral Health Partnership: Specialized outpatient services to improve access and quality of mental health care. https://www.ctbhp.com/providers/enhanced-care-clinics/

- Connecticut Department of Children and Families: Support for children and adolescents with significant behavioral health needs. https://portal.ct.gov/dcf/behavioral-health-partnership/intensive-home-based-services
- Connecting to Care CT: Therapeutic interventions for children with emotional and behavioral challenges. https://www.connectingtocarect.org/supports-services/understanding-support-and-care/therapeutic-childcare/

Appendix I: Commonly Used Acronyms

- Administrative Services Organization (ASO)
- Autism Spectrum Disorder (ASD)
- Birth to three (B23)
- Care Coordination (CC)
- Certified Community Behavioral Health Clinic (CCBHC)
- Cognitive Behavioral Intervention for Trauma in Schools (CBITS)
- Cognitive Behavioral Intervention for Trauma in Schools (CBITS)
- Congregate Care
- Connecticut Insurance Department (CID)
- Connecticut Suicide Advisory Board (CTSAB)
- DMHAS Young Adult Services (YAS)
- Early and Periodic Screening and Diagnostic Treatment (EPSDT)
- Extended Day Treatment (EDT)
- Extended Day Treatment (EDT)
- Family Peer Specialists (FPS)
- Family Resource Centers (FRC)
- Intellectual Development Disability (IDD)
- Individual and Family Supports (IFS)
- Individualized Education Plan (IEP)
- Intensive Care Coordination (ICC)
- Intensive Care Coordination (ICC)
- Intensive Care Coordinators (ICCs)
- Intensive In-Home Child and Adolescent Psychiatric Services (IICAPS)
- Medicaid Management Information System (MMIS)
- Mobile Crisis (MC)
- Modular Approach to Therapy for Children (MATCH)
- Modular Approach to Therapy for Children (MATCH)
- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, and Conduct (MATCH-ADTC)
- Outpatient Psychiatric Clinics for Children (OPCC)
- Outpatient Psychiatric Clinics for Children (OPCC)
- Primary Mental Health Program (PMHP)
- Psychiatric Residential Treatment Facilities (PRTFs)
- Regional Behavioral Health Action Organization (RBHAO)
- Regional Suicide Advisory Board (RSAB)
- School-based Diversion Initiative (SBDI)
- School-Based Health Centers (SBHC)
- Seriously Emotionally Disturbed" (SED)
- Short Term Family Integrated Treatment (S-FIT) DCF
- Social-emotional Learning (SEL)
- Social-emotional Learning (SEL)
- Substance Screening, Treatment, and Recovery for Youth (SSTRY)
- Therapeutic Foster Care" - aka "TFC
- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- Youth Services Bureau (YSB)

Appendix II: Commonly used terms/Definitions

1. **42 CFR Part 2:** A federal regulation that protects the privacy of patients with substance use disorders (SUD). Confidentiality protections help address concerns that discrimination and fear of prosecution deter people from entering treatment for SUD.
2. **504:** Section 504 of the Rehabilitation Act and the Americans with Disabilities Act is civil rights law protects individuals with disabilities from discrimination that arises because of their disability. A 504 Service Agreement is considered when a child has a disability that can limit at least one major life activity, which can include walking, seeing, hearing, speaking, breathing, learning, reading, writing, performing math calculations, taking care of oneself, or performing simple manual tasks. A 504 Service Agreement often contains a list of accommodations and modifications that can assist the child with disabilities in the classroom.
3. **Acute Care**: Medical treatment rendered to individuals whose illnesses or health problems are of short-term or short episodes. Acute care facilities are those hospitals that mainly serve persons with short-term health problems.
4. **Advocacy:** Advocacy means encouraging someone, including legislators, but also the public or individual community members, to take action on an issue that is not currently being considered as legislation by the legislature, or as administrative action by the executive branch. (Compare to "Lobbying" and "Education.")
5. **Amendment:** A written proposal to change the language of a CGA bill or resolution, prepared by the Legislative Commissioner's office. Each amendment can be identified as House or Senate "A."
6. **Anorexia Nervosa (also called anorexia):** An eating disorder characterized by low body weight (less than 85 percent of normal weight for height and age), a distorted body image, and an intense fear of gaining weight.
7. **Attention-Deficit/Hyperactivity Disorder (ADHD):** A behavior disorder, usually first diagnosed in childhood, which is characterized by inattention, impulsivity, and, in some cases, hyperactivity.
8. **Autistic Spectrum Disorder (also called autism):** A neurological and developmental disorder that usually appears during the first three years of life. A child with autism appears to live in his/her own world, showing little interest in others, and a lack of social awareness. The focus of an autistic child is a consistent routine and includes an interest in repeating odd and peculiar behaviors. Autistic children often have problems in communication, avoid eye contact, and show limited attachment to others.
9. **Behavioral Health:** A state of mental and emotional being and/or choices and actions that affect wellness. Behavioral health challenges include substance abuse or misuse, alcohol and drug addiction, serious psychological distress, suicidal ideation, and mental disorders.

10. **Bill Number**: The number given to each CGA bill when it is first introduced in a legislative session. Senate bills are number 1 to 4999; House bills are number 5000 and up.
11. **Case Management:** A process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet a client's health and human service needs.
12. **Children's Health Insurance Program (CHIP):** A program by which states insure low-income children (aged 19 or younger) who are ineligible for Medicaid but whose families cannot afford private insurance. States receive federal matching dollars to help provide for this coverage.
13. **Ohio Scales:** Include 40 items that measure the degree of problems a child is currently experiencing (problem severity) and the degree to which a child's problems affect their day-to-day activities (functioning).
14. **Practitioner or Clinician:** A healthcare professional such as a mental health counselor, physician, psychiatrist, psychologist, or nurse who works directly with patients (as opposed to one who does research or theoretical studies).
15. **Co-morbidity:** Having more than one disorder or illness at the same time.
16. **Commitment:** A court order, giving guardianship of a minor to the state department of juvenile justice or corrections. The facility in which a juvenile is placed may be publicly or privately operated and may range from a secure correctional placement between non-secure or staff secure, group home, foster care, or day treatment setting. Involuntary Commitment of an individual to a psychiatric in-patient unit by a psychiatrist after finding patient to be a danger to self or others.
17. **Education:** In the context of policy change, education means informing someone, including legislators, but also the public or individual community members, about facts, or real-life experience related to a particular issue, without encouraging any particular action on the issue, whether or not that issue is currently being considered, as legislation by the legislature. (Compared to "Advocacy.")
18. **Evidence-Based Practice:** The use of current best evidence in making decisions about the care of individuals. This approach must balance the best evidence with the desires of the individual and the clinical expertise of health care providers. Evidence Based Treatment is any practice that has been established as effective through scientific research according to a set of explicit criteria (Drake et al., 2001). These are interventions that, when consistently applied, consistently produce improved client outcomes. Some states, government agencies, and payers have endorsed certain specific evidence-based treatments such as cognitive behavioral therapy for anxiety disorders and community assertive treatment for individuals with severe mental illness and thus expect that practitioners are prepared to provide these services.
19. **Fiscal Analysis, Office of (OFA):** The nonpartisan staff office of the CGA responsible for assisting the legislature in its analysis of tax proposals, the budget, and other physical issues.

20. **Fiscal Note:** Statement prepared by the Office of Fiscal Analysis of the cost for savings resulting from a bill or amendment. Required for every bill or amendment considered by the House or Senate.
21. **Fiscal Year (FY):** The state's budget year which runs from July 1 to June 30.
22. **HIPAA**: HIPAA (The Health Insurance Portability and Accountability Act of 1996) is a federal law that required the creation of national standards to protect sensitive patient health information from being disclosed without the patient's or legal guardian's consent or knowledge.
23. **Inpatient Care:** Care for a period of time in a hospital or (psychiatric residential treatment- not technically considered in-patient) facility during which an individual can be closely monitored to provide accurate diagnosis, to help adjust or stabilize medications, or during an acute episode when a person's mental illness temporarily worsens.
24. **Lobbying:** Communicating directly or soliciting others to communicate with any official or their staff in the legislative or executive branch of government or in a quasi-public agency, for the purpose of influencing any legislative or administrative action. For example, encouraging a legislator or member of their staff to "vote for/against" a particular bill is lobbying. (Compare to "Advocacy.") "Lobbying" does **not** include (A) communications by or on behalf of a party to a contested case before an executive agency, or a quasi-public agency, (B) communications by vendor acting as a salesperson, and now otherwise trying to influence an administrative action, (C) communications by an attorney made while engaging in the practice of law. (For more, see CGA definition.)
25. **Lobbyist**: Person required to register with the Ethics Commission who spends or is paid at least $2000 a year to influence legislation. Lobbyists are required to wear blue badges stating their names and whom they represent.
26. **Managed Care:** May specify which caregivers the insured family can see and may also limit the number of visits and kinds of services that are covered by insurance. Connecticut is one of a small number of states that does not participate in Medicaid Managed Care.
27. **Medicaid:** A program jointly funded by federal and state governments that provides health care coverage to certain classes of people with limited income and resources. Within federal guidelines, state governments set eligibility standards, determine optional services provided, set reimbursement rates, and administer the program.
28. **Medicare**: A federal government program that provides health insurance coverage to eligible adults aged 65 or older and people with disabilities. It has four parts: Part A, which covers institutional services, including inpatient hospital services, nursing home care, initial home health visits, and hospice care; Part B, which covers physicians and other professional services, outpatient clinic or hospital services, laboratory services, rehabilitation therapy, and home health visits not covered by Part A, among other services; Part C, the Medicare

Advantage program, which is managed by private companies for a flat fee per patient per month; and Part D, which began in 2006 and covers medication.

29. **Mental Health:** A state of emotional and psychological well-being in which an individual is able to use his or her cognitive and emotional capabilities, function in society, and meet the ordinary demands of everyday life.
30. **Mental Illness:** A state of emotional and psychological unrest characterized by alterations in thinking, mood, and/or behavior, causing distress and/or impaired functioning.
31. **Motion:** A formal request for particular action. One member must take a motion and another member second for the group to discuss and vote on an issue before the group. Any member can make a motion.
32. **Outpatient:** A patient who receives medical and/or mental health treatment without being admitted to a hospital.
33. **Readings:** A technical term for three stages of a CGA bill's passage. The first reading is the initial committee referral, the second occurs when the bill is reported to the floor and tables for the calendar and printing, and the third when the bill is debated and voted on. At none of the stages is the bills text actually read aloud.
34. **Second:** To endorse a motion made by another member. Required for further consideration of the motion. Short session: The three-month CGA session held during even-numbered years.
35. **Statute:** Another name for a law. "The statutes" are the General Statutes of Connecticut.
36. **Statute:** Another name for a law. "The statutes" are the General Statutes of Connecticut.
37. **Supplemental Security Income (SSI):** A disability program of the Social Security Administration.
38. **Substance Abuse and Mental Health Services Administration (SAMHSA):** The mission of SAMHSA is to provide, through the U.S. Public health Services, a national focus for the Federal effort to promote effective strategies for the prevention and treatment of addictive and mental disorders. SAMHSA is primarily a grant-making organization, promoting knowledge and scientific state-of-the-art practice. SAMHSA strives to reduce barriers to high quality, effective programs and services for individuals who suffer from, or are at risk for, these disorders, as well as for their families and communities.

Appendix III: Robert's Rules of Order, Abbreviated

What are the Robert rules of order? A standardized set of conduct rules for meetings that allows everyone to participate, be heard, and make decisions without confusion. It is a time-tested method of conducting business at meetings and public gatherings. Robert's Rules of Order can be adapted to fit the needs of any organization.

Sample Meeting Order:

1. Call to order.
2. Present the Agenda
3. Consider minutes of last meeting—vote to accept amended minutes.
4. Special orders--important business previously designated for consideration at the present meeting.
5. Business-motions
6. Announcements
7. Adjournment

Presenting Motions:

1. Obtain the floor.
2. Make a motion--avoid personalities and stay on subject.
3. Wait for someone to second the motion.
4. Another member will second the motion or a Tri-Chair will call for a second--if there is no second to motion it is lost.
5. A Tri-Chair restates the motion.
6. Debate—concise and focused on the content of motion.
7. Adhere to established time limits.
8. Put the question to the membership--if there is no more discussion, a vote is taken.

How it Works: When no other motion is on the table after being (1) recognized by a Tri-chair, members who wish to present a new idea or topic for discussion (2) will move—to introduce the topic. (e.g., "I move that we get a coffee break at meetings" or "I move to amend meeting minutes"). A motion requires a second to be considered. If there is no second, the matter is not considered. A motion must be disposed of (passed, defeated, tabled, referred to committee, or postponed indefinitely).

Voting on a Motion:

1. By General Consent—When a motion is not likely to be opposed, says, "If there is no objection ..." The membership shows agreement by their silence, however, if one member says, "I object," the item must be put to a vote.
2. By Voice—a Tri-chair asks those in favor to say, "aye", and those opposed to say "no". Although "voice" is preferred, any member may move for an exact count.
3. By Ballot -- Members record their votes; this method is used when secrecy is desired.

In summary, parliamentary procedure is an effective means to get things done at meetings. But it will only work if used properly.

Appendix IV: TCB Monthly Meeting Schedule

Monthly Meetings: Held on the first Wednesday of each month at 2:00 PM at the Legislative Office Building with a virtual option.

TCB meetings are open to the public (1) in person, (2) live-streamed on CT-N, (3) on the Appropriations Committee YouTube Channel, and (4) TYJI YouTube Channel.

⇒ You can find more information and updated meeting schedules on the following websites:

- **Tow Youth Justice Institute**: https://towyouth.newhaven.edu/
- **Connecticut General Assembly**: https://www.cga.ct.gov/

For any questions or concerns Contact: Emily Bombach, Senior Project Manager, ebombach@newhaven.edu.