



TCB Meeting Presentation Highlights

April 2024 – December 2024

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Executive Summary

Introduction:

Every six months, the Tow Youth Justice Institute will produce a report in the likes of this one that presents the highlights of the TCB monthly meetings from the previous six months. This highlight report is the second of its kind; the first highlight report can be found on the Connecticut General Assembly (CGA) TCB website.¹ The Transforming Children’s Behavioral Health Policy and Planning Committee (TCB) convened seven (7) meetings between April 2024 and December 2024. These meetings addressed critical issues within Connecticut’s behavioral health landscape, including school-based behavioral health care, urgent crisis centers, insurance coverage, and special populations, including those of high acuity.

Objective:

This Executive Summary condenses the key challenges and recommendations identified by stakeholders during the TCB meetings held from April 2024 to December 2024. Stakeholders from various backgrounds, including state agencies, non-profit providers, school officials, and other stakeholders involved in the children’s behavioral health system, presented and identified several critical challenges. These themes will inform workgroup discussions, guide future planning, and build upon previous work.

For a deeper understanding of each presentation topic, including specific challenges and provided recommendations please refer to the dedicated sections within this report using the provided

Contents table.

Common Themes:

Behavioral Health Workforce Shortages: The behavioral health system is suffering from a staffing and workforce shortage, which is resulting in service waitlists, provider burnout, and delays in care for families and youth.

Funding: A blanket funding shortage across the Connecticut children’s behavioral health system has created significant shortages in adequate servicing of youth. In response, multiple recommendations include increasing financial support for the behavioral health system.

Medicaid Reimbursement: Connecticut’s Medicaid reimbursement rates do not align with comparable states, forcing the providers to be responsible for the remaining payment for provided services. With extensive efforts, providers are still having to brunt the financial loss due to the lack of adequate Medicaid funding.

¹ CGA TCB Website: <https://www.cga.ct.gov/searchresults.asp?q=tcb#gsc.tab=0&gsc.q=tcb&gsc.page=1>

Multi-Level Care and Communication: A lack of communication across systems and levels of care which results in delayed care continuum for youth in need of behavioral health services. In response, many recommendations presented involve standardized practices of cross-service and stakeholder communication.

Presenter Recommendations:

- The behavioral health workforce should be further diversified to ensure youth feel comfortable, heard, and included during their time of behavioral health crisis. In addition, the behavioral health system personnel positions should be incentivized for training to counteract the current workforce shortages that is causing strain across the system.
- Increased funding is needed across the Connecticut behavioral health system to better provide adequate care and resources to youth in need. Increased funding will also address the workforce shortage, provider burnout, and care continuum delays.
- Medicaid reimbursement rates should be more aligned with comparable states which will relinquish providers of significant financial strain.
- Increased data collection and standardization allows for intersystem communication and communication with policymakers and other stakeholders. Furthermore, improved data-handling methods will allow for more efficient monitoring of treatment goals.
- Community engagement should be integrated into the behavioral health system to better serve the youth involved with these services.

Conclusion:

This summary serves to provide insight into the significant challenges and related suggestions highlighted by stakeholders during TCB meetings that took place between April 2024 and December 2024. Collaboration among policymakers, providers, and community organizations is imperative to address these challenges effectively and efficiently. The presenters' recommendations identified can set the stage and assist in guiding the work of the TCB moving forward, which strives towards a children's behavioral health system in Connecticut that is more accessible, equitable, and efficient.

Thank You: We extend our sincere gratitude to all the providers and state agencies who shared their valuable insights and updates as of December 2024. Recordings of each meeting topic are accessible through hyperlinked references within each section of the report. The presentations and supplementary materials shared during the meeting can be accessed on the [TCB](#) page of the Connecticut General Assembly website.

HUSKY/CT Medicaid Behavioral Health Autism Services (April 2024)

Presenters:

Carelon Behavioral Health

The April TCB meeting centered on the HUSKY and Connecticut Medicaid Behavioral Health Autism Services. Carelon Behavioral Health began by reviewing the Medicaid Autism Spectrum Disorder (ASD) services that have been authorized by Carelon Behavioral Health, including the diagnostic evaluation, behavior assessment, direct intervention, program book development, observation and direction, group intervention, and treatment plan development.² The services covered by Medicaid are for those under the age of 21 with HUSKY A, C, or D. Even if a diagnosis is not available at the time, diagnostic testing can be covered by statewide partners. After diagnosis, Medicaid assists families in connecting to a provider for a behavioral assessment through care coordinators and peer specialists through Carelon. Intensive Care Managers outreach daily to the high-volume pediatric emergency departments (EDs) to gather information on the youth “stuck” in the ED, and, based on these reports, youth with an ASD and/or an intellectual disability (ID) diagnosis are connected to an ASD Care Coordinator and/or Peer Specialist.

A Carelon representative emphasized the main challenge they as an organization are battling: staffing shortages. Staff are regionally assigned, leading to certain regions to be lacking a significant number of providers, in turn diminishing the ability for treatment. The staff shortage is only exaggerated by the advanced requirements for behavior technicians and their training. Providers do report, though, that staff retention has been higher since increased reporting to center-based services.

Key Challenges:

- Staff Shortage: There is a shortage of bilingual staff to assist ASD youth.
- Lengthy Waitlists: The waitlists that are managed by providers are lengthy.

Presenter Recommendations:

- Amended Qualifications: The Behavior Technician qualifications should be amended so that they better align with other state agencies requiring a high school diploma instead of an associate’s degree.
- Incentivization of Training: Registered Behavior Technician training should be incentivized.

² CT Medicaid ASD Services TCB Presentation link: <https://www.youtube.com/watch?v=ER9sleGqeYQ>

Comprehensive School Mental Health Overview (May 2024)

Presenters:

Child Health and Development Institute (CHDI)

The Child Health and Development Institute (CHDI) presented an overview of school-related mental health, including their own initiatives which include assessment and planning, system building, trauma screening and treatment, diversion of arrests, peer-to-peer support, and professional development.³ For trauma treatment specifically, CHDI implements Cognitive Behavioral Intervention for Trauma in Schools (CBITS) and Bounce Back, which are group-based treatments. Their arrest diversion initiative has since successively reduced school-based arrests by 26% and increased mobile crisis referrals by 55%.

In partnership with the Department of Children and Families (DCF) and the Connecticut State Department of Education (CSDE) a landscape analysis is being conducted as of the meeting date. This landscape analysis will continue through December 31st, 2024, and aims to summarize national best practices and current Connecticut efforts to support student behavioral health. The analysis will encompass comprehensive school mental health and other relevant activities, services, and programs. Stakeholders' input will be taken into consideration and included in the landscape analysis along with information provided by students, families, educators, administrators, providers, state agencies, and policymakers.

Key Challenges:

- **Mobile Crisis Services:** Most mobile crisis service referrals come from schools (46%) and 70% of students seeking such services receive them within school settings.

Presenter Recommendations:

- **Expansion:** Expand comprehensive school mental health systems
- **Infrastructure:** Establish sustainable infrastructure support
- **Crisis Support:** Increase crisis support resources
- **Engagement:** Enhance family and youth engagement

³ Comprehensive School Mental Health Overview TCB Presentation link: <https://www.youtube.com/watch?v=zfYoywsfDIA>

School-Based Health Center Overview (May 2024)

Presenters:

The CT Association of School-Based Health Centers, Inc.

The CT Association of School-Based Health Centers, Inc. presented on the pandemic's impact on children's behavioral health and funding challenges.⁴ School based health centers (SBHCs) are facilities that provide comprehensive primary care, including diagnostic and treatment services, either within schools or as outpatient clinics on hospital satellite campuses. The COVID-19 pandemic, consequently, revealed significant deficiencies in the behavioral health system with the overburdening of emergency departments, urgent care centers, and school nurses. Along with the overwhelmed health system, the pandemic exacerbated issues of obesity, anxiety, depression, and adverse social determinants. In order to combat these deficiencies, The CT Association of School-Based Health Centers, Inc. identified crucial recommendations that are listed in the relevant section below.

Mental health professional shortages were identified across Connecticut, especially in Waterbury, New Haven, and Bridgeport. These shortages were the result of provider shortages, low reimbursement rates, and insufficient funding, causing high burnout and recruitment challenges. Funding continues to prove to be a significant barrier to the success of SBHCs, exemplified by the fact that \$12 million from the CARES Act was allocated to SBHCs during the pandemic, but these funds were not allocated until 2023. Furthermore, the 2022 SB1 legislation aimed to expand school-based health services and service hours for families but lacks adequate funding distribution.

Key Challenges:

- Lack of Licensed Providers: There is an insufficient number of licensed providers.
- Burnout: Providers are experiencing burnout. The competing salary and benefits negatively impact recruitment and retention.
- Increased Demands: Increasing demands leads to high caseloads, which results in minimal or no on-site administrative support staff.
- Insurance Inequities: Inequities in insurance reimbursement and documentations requirements exist for services.
- Need for Psychiatrists: There is a dire need for psychiatrists to provide case consultation and referral for needs outside the scope of School Based Health Centers.

⁴ School-Based Health Center Overview TCB Presentation link: <https://www.youtube.com/watch?v=zfYoywsfDIA>

Presenter Recommendations:

- Funding Distribution: Adequate funding needs to be allocated and distributed to SBHCs, providers, and other behavioral health services.
- Addressing Disparities: The disparities among SBHC access, especially for underrepresented populations need to be addressed.
- Increased Funding: Increased funding and comprehensive training for teachers and paraprofessionals are crucial for early identification of students' behavioral health needs.
- Diversification: The SBHC workforce is predominantly white females and needs to be further diversified to reflect the backgrounds of students.

BPS Looking Forward (May 2024)

Presenters:

Bristol Public Schools

Bristol Public Schools presented on the issues they are being faced with as well as data that is representative of Bristol's students.⁵ 22% of their students qualify for special education with 178 students attending private or public special education programs, 430 risk assessments were conducted resulting in 93 calls to 911. At the time of presentation, the main challenge identified by Bristol Public Schools is the district's ability to provide a continuum of support services across all grade levels and connect students and families to community-based providers. Multiple recommendations were provided to address these and other challenges, which are outlined below in the respective section.

Key Challenges:

- Continuum of Services: Providing a continuum of supports and services across all grade levels and schools bridging students and families to community-based providers.
- Funding: Funding of Special Education and related services due to variability and unpredictability of costs.
- Addressing Roadblocks: Addressing the roadblocks schools and families experience when accessing behavioral health services.

Presenter Recommendations:

- Data Standardization: The standardization of a database across the districts and real-time funding solutions to address transiency and portability. Such standardization includes developing a clearing house, by region, of approved/vetted service providers that updates at least quarterly. In addition, the data collection will be universal.
- Transition Services: Aftercare and transition services that are sustainable, skills based, and flexible/portable maintained through a universal and accessible data collection for progress monitoring of treatment goals.
- Increased Funding: Funding should be increased for additional support services such as school-based health centers with comprehensive services and trained (licensed/certified) support staff. Pathways to be created for districts to collaborate with local and regional elected officials to address long term sustainable funding solutions for school-based health centers.

⁵ BPS Looking Forward TCB Presentation link: <https://www.youtube.com/watch?v=zfYoywsfDIA>

- Tiered System: Creating a tiered system of maximum daily rates based on the acuity of student need. There should be legislative guidance for tiered tuition and fee structures agreed upon by APSEPs.
- Reserve Fund: Establish a reserve fund of similarly funded programs in which districts could access when funds are not fully expended.
- Variability System: Create a system to address variability of enrollment post budget adoption dates.
- Insurance Reimbursement: Streamline Medicaid reimbursement for approved services. Legislation should provide guidance and advocacy for timely and/or accelerated Medicaid application and reimbursement as well as ensuring that funding is provided for the administration of the Medicaid application and reimbursement process.
- School Personnel: Credentialed school personnel should be empowered to request the transport of children in crisis to resources that can address their complex needs in the short and long term. Regional disparities need to be addressed to ensure the efficacy of such transportation.
- Setting Space Aside: Allotted spots should be set aside in programs similar to IICAPS or MST.
- Emergency Psychiatric Support: All emergency departments would benefit from having emergency psychiatric supports for children on their respective staff.

The Future of School-Based Mental Health Supports (May 2024)

Presenters:

Hamden Public Schools

Personnel from Hamden Public Schools presented on the issues the district's school system is facing as well as data representative of Hamden's students.⁶ 21% of Hamden's students qualify for special education. As for the challenges facing the district, representatives identified the difficulty of maintaining robust behavioral health support across grade levels due to insufficient funding and difficulty supporting students with serious behavioral health struggles. The district, at the time of presentation, has established four school-based health centers (SBHCs) in elementary schools and a strong program with Clifford Beers Clinic in middle and high schools, with the plan to expand further. Recommendations to address these challenges were subsequently provided and are detailed below in their respective section.

Key Challenges:

- **Across Grade Support:** The district is faced with a challenge of maintain robust behavioral health support across all grade levels.
- **Insufficient Funding:** There is a lack of sufficient funding to support the behavioral health needs of students in the district, including fully funding a dedicated department to enhance school-based behavioral supports.
- **Serious Needs:** The district struggles to support students with serious behavioral health needs.

Presenter Recommendations:

- **Technical Support:** Provide technical support for grant writing to secure funding without reallocating staff as well as technical support for elementary students and staff experiencing dysregulation.
- **Community-Based Supports:** Develop community-based behavioral health supports.
- **Trauma-Informed Care Model:** Implement and embed a whole-family, trauma-informed care model.
- **Clinical and Care Coordination:** Increase the clinical and care coordination activities at schools.
- **Communication:** Ensure ongoing communication between policymakers, community-based providers, and school personnel.
- **Enhance Guardian Engagement:** The role of parents and caretakers in students' behavioral health should be enhanced, such as through actively engaging families in all aspects of the

⁶ The Future of School-Based Mental Health Supports TCB Presentation link:
<https://www.youtube.com/watch?v=zFYoywsfDIA>

child's education, increasing collaboration between caregivers and treatment professionals, and reducing the blame placed on adult caregivers. This engagement can be enhanced through provided funding, streamlining eligibility for services with at-risk student identification processes, and offering direct family access to resources through agencies at the state-level.

- After Treatment: Ongoing resources should be provided for students returning to school after treatment and temporary interim school settings should be provided for students' intensive support before regular school reentry.

UPLIFT: A Trauma-Informed Care Training Program for Schools (July 2024)

Presenters:

Connecticut Alliance of Regional Educational Service Centers

Representatives from the Connecticut Alliance of Regional Educational Services Centers presented to the TCB committee on the Trauma-Informed Care Training Program for Schools.⁷ This program was developed by the Connecticut Alliance of Regional Education Service Centers (RESC), which is a partnership of the six regional educational service centers: ACES, CREC, EASTCONN, EdAdvance, and LEARN. These centers are public education agencies that aim to provide quality, cost-effective education resources, programs, and services to public schools in Connecticut. The rationale for the existence of this program rests on the alarming behavioral health statistics across the state of Connecticut, including symptomology and lack of access to treatment, especially for young people. Collectively, the RESC alliance serves thousands of students and employs more than 2,000 educators throughout the state. Further, the legislative and budgetary context was presented, which includes significant decreases in funding allocation to the program.

Regarding the training and implementation of the program, RESC presented the components of the program modules, the pilot of the program, and the training sessions, known as Train the Trainer. Train the Trainer, specifically, has seen immense success based on participant feedback. Data has supported the strong demand for trauma-informed care training in both clinical and school fields. Suggestions were provided regarding how to expand the influence and opportunity of Train the Trainer across Connecticut.

Key Challenges:

- **Funding:** Fluctuating funding has created concern and uncertainty about the program.
- **Statewide Implementation:** These resources are not widely accessible, creating a gap in availability for those who need them.

Presenter Recommendations:

- **Funding:** To ensure the program's continuation, \$1.2 million should be established as a permanent general fund.
- **Training:** UPLIFT training and Train the Trainer opportunities should be offered statewide to allow individuals and districts to access training without full district support for program implementation.
- **Data Collection:** Data collection methods and reporting structures should be refined.

⁷ UPLIFT: A Trauma-Informed Care Training Program for Schools: TCB Presentation Link: <https://ct-n.com/ctnplayer.asp?odID=23401>

Best Practices in High Acuity School-Based Mental Health Care: A Roadmap for Supporting CT Youth and Reducing Therapeutic Outplacements (July 2024)

Presenters:

Effective School Solutions

Effective School Solutions (ESS) is a provider of High Acuity School-Based Mental Health Care across Connecticut and the Northeast and presented on their roadmap to support Connecticut youth.⁸ The growing youth behavioral health crisis has been shown to not only impact the social experiences of young people but also impacts their education. Since students are more likely to complete treatment in school, in-school services reduce outplacements and allow for prevention. To determine the outcomes of ESS's services, three studies were conducted in partnership with the Yale Child Study Center. The first study found that ESS services led to significant improvements in GPA, reduced absences, and fewer severe disciplinary incidents. The second study found that students exposed to a full year of ESS programming had better GPA outcomes, fewer absences, and fewer out-of-school suspensions. The third study found that after ESS service implementation, Intensive Outpatient referrals and the number of weeks spent in higher levels of care decreased.

Key Challenges:

- Funding: ESS programs require adequate funding to provide and expand their services.

Presenter Recommendations:

- Incentives: Create financial incentive programming to encourage districts to build in-district therapeutic programs to reduce outplacements. This would require an estimated one-time grant of \$165,000.
- Service Pilot: Implement a pilot to demonstrate the feasibility of high acuity behavioral health care in schools.

⁸ Best Practices in High Acuity School-Based Mental Health Care: A Roadmap for Supporting CT Youth and Reducing Therapeutic Outplacements TCB Presentation Link: <https://ct-n.com/ctnplayer.asp?odID=23401>

Update on Behavioral Health Investments (July 2024)

Presenters:

Department of Children and Families (DCF)

Department of Social Services (DSS)

Office of Policy and Management (OPM)

An update on the allocation of state funds for children’s behavioral health services for the 2025 fiscal year was provided by the Department of Children and Families (DCF), the Department of Social Services (DSS), and the Office of Policy and Management (OPM).⁹ In sum, a total of \$7 million in state Medicaid funding was designated to DSS for the implementation of increased family-inclusive therapies and children’s behavioral health, \$7 million was allocated for urgent crisis centers by the Connecticut General Assembly (CGA), and \$10 million was allocated to DCF for general children’s behavioral health services by the CGA. The details of how the funding was used by its respective organizations were outlined by both DSS and DCF.

No key challenges were identified

No presenter recommendations were provided.

⁹ Update on Behavioral Health Investments TCB Presentation Link: <https://ct-n.com/ctnplayer.asp?odID=23401>

Update on School-Based Services (September 2024)

Presenters:

Connecticut State Department of Education (CSDE)

The Connecticut State Department of Education (CSDE) provided an overview of Connecticut's student demographics as well as the supported schools and their respective personnel, both certified and non-certified.¹⁰ CSDE's strategic plan was also outlined and will focus on four priorities: ensuring equitable access to exceptional educators; creating safe, healthy learning environments that support student's socio-emotional well-being; enhancing curriculum frameworks; and developing multiple career pathways through partnerships with higher education institutions. Further, their seven focal areas for the academic year were presented. Further, post-pandemic CSDE surveys were analyzed and resulted in the identification of funding being a significant challenge.

In response to the results of the data, CSDE took many actions, which includes allocating 90% of \$1.7 billion from the Federal Elementary and Secondary School Emergency Relief fund and secured the School Mental Health Workers Grant which enabled districts to hire full-time equivalent positions of behavioral health professionals, providing behavioral health services to support 84 schools and summer camp programs.

An overview of the Learner Engagement and Attendance Program (LEAP) is provided. LEAP is implemented across at least two dozen school districts and takes a comprehensive approach by understanding broader challenges facing students and their families. CSDE also presented on their Behavioral Health Pilot, which aims to create a scalable and sustainable coordinated care system in selected school districts. The pilot originated with the School Health Assessment Performance Evaluation (SHAPE) which identified Norwalk's needs and gaps in children's health, subsequently allowing the district to address them.

No key challenges were identified.

No presenter recommendations were provided.

¹⁰ Update on School-Based Services TCB Presentation Link: <https://www.youtube.com/watch?v=FpSoCcOw2bQ>

Update on Medicaid-Reimbursed School Based Services (September 2024)

Presenters:

Department of Social Services

The Department of Social Services (DSS) provided an update on Medicaid-reimbursed school-based services.¹¹ School-Based Child Health (SBCH) and School-Based Health Centers (SBHC) were compared in terms of district involvement, billing procedures (including insurance availability), and service facilitation and broadened school-based services. As of 2024, a vast majority of school districts in Connecticut have participated in the school-based child health program, which specifically targets special education and Medicaid-eligible students with an Individualized Education Program (IEP) or similar plan. While the SBCH program allows school districts to bill Medicaid via Certified Public Expenditure, the SBHC programs have private providers that bill Medicaid directly and have Federally Qualified Health Center staff billing Medicaid based on the encounter rate. The current timeline for the extending of the billing capability of Medicaid-covered medical services is as follows: A State Plan Amendment will be submitted to the Centers for Medicare and Medicaid Services (CMS) by October 1st, 2025, with full implementation anticipated by July 1st, 2026.

No key challenges were identified.

No presenter recommendations were provided.

¹¹ Update on Medicaid-Reimbursed School Based Services TCB Presentation Link:
<https://www.youtube.com/watch?v=FpSoCcOw2bQ>

Youth Suicide Data (September 2024)

Presenters:

Office of the Child Advocate

A comprehensive overview of youth suicides in Connecticut and the updated Suicide Prevention Plan were presented by a representative from the Office of the Child Advocate (OCA).¹² Young people, aged 13-17 across the state of Connecticut were included in the data that subsequently revealed an increase in youth suicides and a concerning trend of younger children dying by suicide, as well as a shift in demographics regarding who is dying by suicide. At the time of the presentation, 12 young people have died by suicide, with a notable increase in incidents among girls. 59% of youth involved in the national child fatality database as inputted by the Child Fatality Review Panel at the OCA communicated thoughts of suicide to someone else and approximately half of the reported cases had previously received behavioral health services. 33% of the children who died by suicide in Connecticut were aged 10-14, and approximately 17 children are treated daily for suicidal ideation or self-harm.

In addition to key data, the Three Step Theory of Suicide and an updated five-year suicide prevention plan were presented. The prevention plan aims to normalize conversations around mental health and suicide among schools, parents, coaches, and other adults.

No key challenges were identified.

Presenter Recommendations:

- Training: Adults working with children should receive training in suicide prevention.

¹² Youth Suicide Data TCB Presentation Link: <https://www.youtube.com/watch?v=FpSoCcOw2bQ>

Update on Scope of Work (October 2024)

Presenters:

Innovations Institute at the UCONN School of Social Work

The Innovations Institute at the University of Connecticut (UCONN) School of Social Work provided an overview of their organization and their learning management system and an update on their scope of work.¹³ The Innovations Institute, at the time of their presentation, has four upcoming reports. The first report's draft is due by December 16th, 2024 (with a final version due by April 30th, 2025) which will focus on reviewing interagency structures, governance, and oversight mechanisms in Connecticut regarding children's behavioral health. The second report is to examine a financing desk review in children's behavioral health with initial recommendations provided by March 31st, 2025, and a final report produced by June 6th, 2025. By June 30th, 2025, Innovations Institute will also provide a draft framework for an updated children's behavioral health expenditures. A third report will be developed regarding data infrastructure, data sharing, and continuous quality improvement of data systems in children's behavioral health with a draft to be delivered by December 16th, 2024, and the final report completed by April 30th, 2025. The fourth report will be a service array intended to summarize the efforts of identifying the publicly funded children's behavioral health service array in Connecticut, population needs, and service gaps, with a draft completed by June 30th, 2025.

No key challenges were identified.

No presenter recommendations were provided.

¹³ Update on Scope of Work TCB Presentation Link: <https://www.youtube.com/watch?v=odx9J8d99JA>

Data Spotlight: Mobile Crisis and UCCs (November 2024)

Presenters:

The Child Health and Development Institute (CHDI)

The Village for Families and Children

Child and Family Agency of Southeastern CT

Representatives from The Child Health and Development Institute (CHDI), The Village for Families and Children, and the Child and Family Agency of Southeastern CT presented on their annual report which examined data on the access and utilization, quality, response times, and outcomes regarding Mobile Crisis and Urgent Crisis Centers.¹⁴ The overall goals of Mobile Crisis are to be highly mobile, be responsive (arrive within 45 minutes), have convenient hours (response is available 24/7/365), reach all in need, and reduce inappropriate use of more restrictive services. CHDI's annual report revealed that Connecticut is a national leader in children's mobile response and stabilization services, with the highest benchmarks for mobility and response time. The highest presenting problem during this fiscal year was harm/risk of harm to self (29%) with the lowest presenting problem listed being school problems (5.2%). In terms of quality metrics, Mobile Crisis had a 94.4% mobility rate and responded to 86.6% of mobile episodes in under 45 minutes. During the 2024 fiscal year, Mobile Crisis found that 42% of callers were schools and 41% were the family or youth themselves.

Regarding Urgent Crisis Centers (UCC), a total of 1470 episodes occurred between July 2023 and September 2024, with the highest number of episodes occurring in May 2024. The greatest referral source for UCCs were schools, with the highest ranked presenting problem being harm/risk of harm to self and the lowest ranked presenting problem being trauma. The outcomes for youth in UCCs are represented by 95.7% of children served in UCCs returned to their homes and communities, with nearly all (99%) of youth meeting treatment goals, and 95% of youth were rated as having improved during their time at a UCC. This data was recorded between January 1st, 2024, and September 30th, 2024.

Key Challenges:

- **Workforce Shortages:** There is a behavioral health workforce shortage and a lack of diversity within the behavioral health workforce.
- **Connect to Care Barriers:** Families not being able to access care where and when needed along with long waitlists for outpatient and in-home services makes it difficult for families and youth to access care.

¹⁴ Data Spotlight: Mobile Crisis and UCCs TCB Presentation Link: https://www.youtube.com/watch?v=09NvuKh_E2E

- Reimbursement Rates: Reimbursement difficulties include a lack of reimbursement, under reimbursement, Medicaid rates, cost of living adjustments (COLA), and differences between private insurance and Medicaid available services.
- Embedded in Larger Systems: Behavioral health care is embedded within community mental health, schools, primary care offices, and DCF. Therefore, it is difficult to demonstrate impact, there is limited linkage of these systems, and difficulties with ambulance services.

No presenter recommendations were provided.

Data Spotlight: Carelon and Connecticut Behavioral Health Partnership (November 2024)

Presenters:

Connecticut Behavioral Health Partnership
Carelon

The Connecticut Behavioral Health Partnership and Carelon presented a data spotlight on the Connecticut Behavioral Health Partnership and a report on Youth Behavioral Health Emergency Department Visits, Youth Inpatient Psychiatric Facilities, and Psychiatric Residential Treatment Facility Utilization.¹⁵ The Connecticut Behavioral Health Partnership was established by Connecticut General Statute to provide a multi-agency approach to problem-solving as well as identifying and addressing gaps in services across the entire behavioral health continuum.

Regarding Youth Behavioral Health Emergency Department Visits, the utilization of behavioral health emergency departments (ED) has remained relatively stable over the past few years, with a decrease during the COVID-19 pandemic but has since returned to pre-pandemic levels. The volume of youth (aged 3-17) that have been classified as ED “stuck,” or in the ED for “8+ hours after medical clearance and psychiatric evaluation and is awaiting disposition to recommended service” has decreased between Q1 2024 and Q3 2024. Most commonly, youth are recommended to “other levels of care.”

The average length of stay in an ED for youth was presented based on DCF status. Although DCF involved youth have a lower involvement in ED stays, their length of stay is on par, and at times greater, than non-DCF involved youth. In terms of connect to care, there has been a slight decrease in the percentage of youth being connected to care over both seven (7) days and fourteen (14) days since 2021. Return rates of youth over seven (7) days and fourteen (14) days to EDs has remained relatively stable.

Connect to Care rates for youth community hospital inpatient facility within seven (7) days and fourteen (14) days has remained relatively stable over the past several years. Psychiatric Treatment Facility (PRFT) youth awaiting services are similar to ED stuck youth, which are youth who are ready to discharge but the next level of care is unable to take them. DCF involved youth were overrepresented in youth awaiting service after their PRFT stay completion.

No key challenges were identified.

¹⁵ Data Spotlight: Carelon and Connecticut Behavioral Health Partnership TCB Presentation Link: https://www.youtube.com/watch?v=09NvuKh_E2E

No presenter recommendations were provided.

Medicaid Reimbursement Rates Presentation (November 2024)

Presenters:

TCB System Infrastructure Workgroup

The TCB System Infrastructure Workgroup presented a brief update on the Medicaid reimbursement rates for behavioral health services in Connecticut.¹⁶ As compared to the comparative states in the Medicaid Rates Study, Connecticut's Medicaid rates for behavioral health were, on average, 62% of those in the other states. The current Medicaid reimbursement amount compared to the actual cost of a 45-minute therapy across Connecticut's southeast were presented. Even with DCF offset in licensed outpatient settings, there is a significant gap between actual service cost and Medicaid reimbursement for behavioral health services.

Key Challenges:

Significant Underfunding: There are significant gaps in Medicaid reimbursements rates for behavioral health services compared to the actual costs of these services.

Presenter Recommendations:

Funding: Immediate funding and policy changes needed to increase Medicaid behavioral health rates to the average rate of the five comparison states outlined in the recent Medicaid Rates Study with inflation adjusted for the year implemented.

¹⁶ Medicaid Reimbursement Rates TCB Presentation Link: https://www.youtube.com/watch?v=09NvuKh_E2E

Children’s Behavioral Health Plan Implementation Advisory Board (CBHPIAB) Annual Report Presentation (December 2024)

Presenters:

Children’s Behavioral Health Plan Implementation Advisory Board

The Children’s Behavioral Health Plan Implementation Advisory Board presented on the Connecticut Children’s Behavioral Health Plan, which offers a blueprint to ensure that Connecticut’s behavioral health system and its services promote well-being while meeting the mental, emotional, and behavioral health needs for all children in the state.¹⁷ In addition to an overview of the advisory board and related plan, key challenges and recommendations were provided, which are further explained in their respective sections.

Key Challenges:

Workforce Shortages: Severe workforce shortages have been identified across the behavioral health system at every level of care, which is causing waitlists for services, delays in care, and an escalating cycle of workforce needs.

Presenter Recommendations:

- **Address Workforce Crisis:** Increase reimbursement for children’s behavioral health services to cover the actual costs of high-quality care and establish a transparent and systematic rate-setting process.
- **Develop Optimal Funding Paradigms:** The fiscal map of children’s behavioral health services that was developed by Carelon, Department of Social Services, and Department of Children and Families in 2018 should be completed again in 2025 and expanded to include private insurance spending in addition to Medicaid.
- **Coordinate Efforts of Advisory Bodies:** Ongoing alignment and collaboration between these bodies is necessary.

¹⁷ Children’s Behavioral Health Plan Implementation Advisory Board (CBHPIAB) Annual Report TCB Presentation Link: <https://www.youtube.com/watch?v=RWBd-hFv110>

Stamford Youth Mental Health Alliance Presentation (December 2024)

Presenters:

Stamford Department of Health and Human Services
Vita Health and Wellness Partnership

The Stamford Youth Mental Health Alliance (YMHA) is a large cohort of community leaders that currently represent over three dozen youth-serving Stamford organizations to address the growing youth mental health crisis and serves Stamford, Connecticut specifically. Representatives presented on their own behavioral health services that they provide, along with challenges they have identified and their methods of addressing these challenges.¹⁸ The YMHA is organized into three integrated areas of focus, those being: mental wellness, continuum of care, and communication. Regarding the mental wellness focus, YMHA aims to “improve the ability of youth serving professionals to positively interact and support children” and “address the needs of parents, caregivers, teachers, and others to learn about youth mental health challenges, early indicators, and prevention, and to build requisite skills for promoting healthy youth development.”

In terms of continuum of care, YMHA aims to “solve the challenge of parents and caregivers who lack information about available resources for clinical care when they have a child in need.” In addition, YMHA’s communication focus aims to destigmatize mental illness “through a robust public education campaign” and “reach into community settings through multi-cultural outreach events to bring needed information and support in community settings.” Further, YMHA has a resource guide that contains information on all the Stamford youth-serving providers; an update to their summer website, which is an outward facing resource that has information about YMHA campaigns; and back to school social media. Key challenges were identified as well and can be found in their designated section. In response to the identified key challenges, YMHA has implemented multiple initiatives and resources.

Key Challenges:

- **Lack of Information:** Parents and caregivers often lack information about available resources for clinical care when they have a child in need, about youth mental health challenges, early indicators, and prevention.
- **Accountability Issues:** Most children receive their primary mental health care in school settings, but there is a lack of coordination, accountability, and impact evaluation through these levels of care.
- **Mental Health Stigmatization:** Mental health is surrounded by stigmatization and negative images.

¹⁸ Stamford Youth Mental Health Alliance TCB Presentation Link: <https://www.youtube.com/watch?v=RWbD-hFv110>

- Care Coordination: Care coordination is currently fragmented across all platforms and providers.

No presenter recommendations were provided.

IICAPS Update (December 2024)

Presenters:

IICAPS

A representative from the IICAPS Model Development and Operations presented an update on their services.¹⁹ Intensive In-Home Child and Adolescent Psychiatric Services (IICAPS) aims to improve quality of life through decreasing the utilization of psychiatric hospitalization days, decreasing Emergency Department visits, decreasing the number of Psychiatric Residential Treatment Facility stays, and improve functioning, and decreased problem severity for youth experiencing serious emotional disturbance. IICAPS aims to accomplish this by being offered to all families receiving Medicaid who are experiencing chronic and acute psychiatric needs across Connecticut and is considered Practice Based Research.

Between 2023 and 2024, IICAPS disproportionally served families of minority racial/ethnic groups with a slight majority of youth being, a significant majority being cisgender, and the largest age population served being 13-15 years (30%). Regarding the age of the youth served, most of the youth fall between six years old and 16+ years old, with 3-6 years and 16+ years being the least served during 2023 and 2024, at the time this data was presented. In terms of psychiatric diagnoses, most of the youth served have comorbid diagnoses with 71% of youth reporting one or more experiences of complex trauma. Relatedly, roughly half of IICAPS parents endorse 4+ adverse childhood experiences (ACEs).

During this time, there was a significant reduction in service utilization for treatment completers and most of the youth served by IICAPS (82%) will require only one episode of care to maintain stability.

No key challenges were identified.

Presenter Recommendations:

- **Medicaid Rate Review:** There should be an ongoing review of Medicaid rates.
- **Increased Funding:** An increase in funding for IICAPS Model Development and Operations through the DCF contract to onboard new sites, ensure adequate training, clinical support, quality assurance, model development, and other enhancements is proposed. Supplemental grant funding should be provided to onboard three sites in unserved or underserved areas.

¹⁹ IICAPS TCB Presentation Link: <https://www.youtube.com/watch?v=RWbD-hFv110>