

TCB January Meeting Minutes

January 15, 2025

2:00PM – 4:00 PM

Legislative Office Building 1E

Zoom Option Available

Attendance

Ashely Hampton

Alice Forrester

Andrea Goetz

Angel Quiros

Betty Ann MacDonald

Beverly Streit – Kefalas

Carol Bourdan

Catherine Foley – Geib

Catherine Olsten

Ceci Maher

Christina Ghio

Claudio Gualtieri

Corey Harris

Darcy Dowell

Derrick Gordan

Gary Ostrow

Gerald O’
Sullivan

Howard
Sovronsky

Janeen Reid - Full

Javeed Sukhera

Jeanne Milstein

Jeff Vanderploeg

Jillian Gilchrest

Jodi Hill Lilly

Kai Belton

Kimberly
Karanda

Kristen Parsons

Lorna Thomas –
Farquharson

Manisha Juthani

Melvette Hill

Michael Moravececk

Michael Patota

Michael Powers

Michelle Scott

Mickey Kramer

Shari Shapiro

Sinthia Sone-Moyano

Tammy Exum

Tammy Freeberg

Tammy Nuccio

Tammy Venega

Toni Walker

Yann Ponchin

Yvonne Pallotto

TYJI Staff

Emily Bohmbach

Erika Nowakowski

Jaqueline Marks

Stacey Olea

Welcome and Introductions

The meeting opened with the TCB Tri-chairs acknowledging the work of the Transforming Children’s Behavioral Health Policy and Planning Committee (TCB) and acknowledged Connecticut’s legislative efforts towards children’s behavioral health. Additionally, the Tri-chairs thanked the members of the TCB, legislators, and State Agencies who have and will continue to collaborate with the TCB to help identify issues in children’s behavioral health services.

Acceptance of TCB Meeting Minutes

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

Overview of Voting and 2025 Recommendations

A brief overview of the recommendation's timeline and voting protocol was provided to the committee. A TCB team member did a rollcall of all voting TCB committee members. The TCB was introduced to friendly amendments and updated modifications recommendations. A tally of all votes for each recommendation was announced at the end of the meeting,

Medicaid Reimburse Rate Recommendations

A TCB workgroup chair reviewed the revised version of the Medicaid rate recommendation 1.1 and presented amendments to the recommendation. The floor was then open to discussion and questions. A TCB committee inquired regarding recommendation 1.1 on whether the age of children being referred to is 18 or 21. A member answered that the understanding is from the legislative body it is up to age 18. A TCB committee member answered there is a need to understand the framework and evaluate where we can extend to minimize the impact of any cliffs, so there may be opportunities to go up to 21. The committee member followed up by asking if there needed to be an amendment for the age referred to in the recommendations. The Tri - chair answered the recommendations will be reconciled into legislative language and formally introduced to the legislature. All 5 recommendations were then voted on by the committee.

Workforce Stabilization Recommendation

A workgroup chair presented a brief review of the Workforce Stabilization recommendations. A tri-chair highlighted the Department of Social Services (DSS) was awarded just under one million dollars for the CCBHC grant opportunity and that the TCB will be eligible to apply for the implementation grant in April 2026. A TCB committee member confirmed the Tri -chairs summary and the planning grant is correct and expressed there will be a better understanding of the model and design progress in Spring 2026.

For Workforce recommendation 1.1, a member inquired if the evidence-based model refers to IICAPS specifically or if it is a broad statement. This member also asked how TCB defines evidence-based models, who determines it, and what is the process to establish that as a basis for reimbursement. A TCB member answered it is specific to the IICAPS model, and that IICAPS is the primary focus of this recommendation. The TCB member added the broader statement in the recommendation is applicable to other evidence-based model programs that might emerge and wonders if TCB intends to keep it broad or become more restrictive to IICAPS. A tri - chair suggested the friendly consideration will be reconciled in legislative text to specify IICAPS as the evidence-based model.

A committee member wanted clarification on the conduction of the randomized controlled trial and inquired if the recommendation suggests a trial should be conducted but the funding will be obtained elsewhere to conduct the trial. A tri-chair answered that TCB will contract for funding and if prudent, part of the TCB funds will be dedicated to completing the randomized control

trial to unlock additional federal resources for IICAPS. The committee then voted on the rest of the workforce recommendations.

Autism Spectrum Disorder (ASD) Recommendation

A workgroup chair reviewed the revised version of the ASD recommendation and the amendments to the recommendation. A tri-chair explained there was a friendly amendment to the recommendation regarding Sec. 38a – 514b and Sec. 38a – 488b to reference both group coverage and individual coverage, which was not covered in the original recommendation to amend statute 17a 215c. The Tri - chair also stated the effective date will be extended to allow insurance companies to complete the proper rate filing process to comply with the traditional coverage plan year. The committee then voted on the recommendation.

Continuum of Crisis Services Study Recommendation

A Services workgroup co- chair presented a brief review of the recommendation language. The floor was then opened to discussion and questions. A TCB committee member asked if the study would rely on existing data available for current crisis services. A tri-chair answered that there is overlap with data that exists, but several Urgent Crisis Centers (UCC) providers are trying to identify optimal utilization, and that part of what the study would look at utilization of UCC's, and the hours UCC's are utilized. Another TCB member suggested the study should not rely solely on Medicaid claims data so children without Medicaid are not excluded. Another TCB committee member suggested the scope of review include the referral pathways. A tri-chair agreed that is an excellent point to incorporate, especially when looking into schools. Another TCB committee member urged TCB to think more broadly regarding the continuum of crisis services to include additional crisis services aside from specific behavioral health care crisis centers, such as faith-based communities and crisis text lines. This member also noted the study should include data regarding race, ethnicity, sexual orientation, gender identity, and social determinants of health. A tri-chair expressed it is difficult to commit to scopes of work due to how much funding is available but agrees with the TCB committee member. The Committee then voted on the recommendation.

School Based Health Center (SBHC) Study

A workgroup chair reviewed the SBHC recommendation and the amendments to the recommendation language. A TCB committee member suggested the proposed study be conducted first to identify the data elements that should be a part of the data collection tool going forward. This member would like the study to be designed in collaboration with the Department of Public Health (DPH). Additionally, this member would like to have a standardized definition of school-based health centers and stated that SBHCs require robust infrastructure. A member then suggested to attain a comprehensive view on the behavioral health services provided in schools, TCB should distinguish the information being collected from school health centers and from regular providers. Another committee member added school-based health clinics should include extended school mental health services.

A TCB committee member noted they are collaborating with the Department of Children and Families (DCF) for a landscape analysis of school mental health services that include SBHCs and will share the results of their analysis with TCB. The committee then voted on the recommendations.

School Health Services Recommendation

A brief overview of the school health services recommendation was provided to the TCB. A member inquired if this recommendation should be defined by what schools and SBHCs provide for billing and service provision. A TCB member responded that information may be found during the Individualized Education Plan (IEP) process and explains this area may need to be explored more. The member suggested that TCB determines who will be partner in the study to establish what services are being provided and who is providing them in schools as a separate data indicator designed in the study. The committee then voted on the recommendation.

Voting Count Announcement

Medicaid reimbursement recommendation 1.1 passed with 21 yes, 0 no, 11 abstain, and 16 not present.

Medicaid reimbursement recommendation 1.2 passed with 32 yes, 0 no, 0 abstain, and 16 not present.

Medicaid reimbursement recommendation 1.3 passed with 32 yes, 0 no, 0 abstain, and 16 not present.

Medicaid reimbursement recommendation 1.4 passed with 31 yes, 0 no, 1 abstain, and 16 not present.

Medicaid reimbursement recommendation 1.5 passed with 32 yes, 0 no, 0 abstain, and 16 not present.

The Workforce Stabilization recommendations passed with 32 Yes, 0 no, 0 abstain, and 16 not present.

The ASD Recommendation passed with 31 yes, 0 no, 1 abstain, and 16 not present.

The Continuum of Crisis Services was passed with 32 yes, 0 no, 0 abstain, and 16 not present.

The School Based Health Center Study passed with 31 yes, 0 no, 0 abstain, and 17 not present.

The School Health Services passed with 31 yes, 0 no, 0 abstain, and 17 not present.

Next Steps

TYJI will produce fact sheets to inform and educate the committee and stakeholders.

Next Meeting

February 26, 2025

Time: 2:00 P.M. – 4:00 P.M.

Hybrid Model Option (In person and available over zoom)