



Making connections. Informing solutions.

TCB February Meeting Minutes

February 26, 2025
2:00PM – 4:00 PM
Legislative Office Building 1E
Zoom Option Available

Attendance

Alice Forrester
Betty Ann Macdonald

Beverly Streit
Carolyn Grandell
Carol Bourdon

Ceci Mahor
Christina Ghio
Claudio Gualtieri
Edith Boyle
Gerald O’Sullivan
Howard Sovronsky
Jeanne Milstein

Jeff Vanderploeg
Kai Belton
Kimberly Karanda
Lisa Morrissey
Lorna Thomas
Farquharson
Manisha Juthani
Melvette Hill
Micheal Moravecek
Michael Patota
Michael Powers
Michele Scott
Mickey Kramer

TYJI Staff

Nicole Taylor
Sean King
Shari Shapiro
Sinthia Sone-Moyano
Tammy Freeburg
Tammy Venenga
Yann Poncin
Yvonne Pallotto
Emily Bombach
Erika Nowakowski
Jacqueline Marks
Stacy Olea

Welcome and Introductions

The meeting was opened with welcoming all attendees.

Acceptance of TCB Meeting Minutes

A motion to accept the January meeting minutes was put forward. The motion was moved, seconded, and unanimously approved.

Overview of the Meeting

The February monthly meeting was opened with the prevention and school-based workgroup co-chairs introducing themselves to the TCB committee members. The February meeting consisted of a panel of peer-to-peer support presentations from the community voice, national, and state level. Once the presentations concluded, the floor was open for a question-and-answer segment. TYJI closed the meeting providing a brief legislative update.

Community Voice: Parent

A community member with lived experience utilizing peer-to-peer services presented her experience utilizing peer to peer services in Connecticut. The parent is involved with the peer-to-

peer group, National Alliance on Mental Illness Child and Adolescent Network (NAMICAN). She emphasized that the role of peer-to-peer support provides services of support from other parents with lived experience to give validation, strength, connection, empathy, and hope. She was inspired by NAMICAN to take training and facilitate her own classes and urges parents to share their stories to join new groups.

National Peer to Peer Perspective: Family- Run Executive Director Leadership Association (FREDLA)

The presenter from FREDLA shared a national perspective study on peer-to-peer support while providing an overview of the organization. The presenter highlighted that FREDLA is the only national association of family-run organizations dedicated solely to all children and young adults with social, emotional, substance use, and multisystem challenges. FREDLA also provides support, consultation, and training within the areas of strategic solutions, research and outcomes, family-run organizations, workforce readiness, and training and resources. The presenter used information gathered from a study on the findings of comparisons and differences in what matters most to parents, caregivers, and youth. The information highlighted that their experience while accessing services was an important outcome for all involved in the study. Caregivers prioritized accessible services, consistent care, and provider collaboration, while youth prioritized feeling understood by providers, the ability to trust, and positive rapport with providers. The parents, caregivers, and youth aligned in prioritizing effective communication, resources, and support. The study also found that families want partnerships at individual family levels, program levels, and organizational levels. Further research FREDLA conducted shows that engaging with families also yields positive outcomes with managed care, agency, community, family, system, and youth.

The presenter stated that peer support helps families navigate the system, connects them to resources, and includes family voices to close any gaps in the delivery of all mental health care to children. The presenter underlined challenges and barriers of the services, such as maintaining identity and role in the workplace, stigma and negative views on parents, and lack of workplace support throughout peer-to-peer providers, organizations, and systems, but acknowledged there are also solutions and benefits like cross-training, establishing quality standards for employers, and establishing wages and reimbursement so parent peer support providers can thrive. The presenter concluded by encouraging people to use accurate data to combat false information about peer-to-peer support.

Peer to Peer Study Update: Child Health and Development Institute (CHDI)

The presenter gave a brief overview of the project, emphasizing that their 2023 strategic plan served as the framework for identifying solutions to solve peer support specialist workforce shortages. The Children's Behavioral Health Plan Implementation Advisory Board (CBHPIAB) has approved the 2023 strategic plan's recommendation for expanding the youth and family support specialist workforce and will collaborate with CHDI to prioritize the project this year. The presenter indicated that the goal is to create a report of recommendations by September 2025. The study will look at the roles of family and peer support experts, best practices from other states, the current landscape in Connecticut, and integration of the children's behavioral

health workforce. The research will examine a variety of questions about the roles of family and peer support experts, best practices from literature and other states, the present environment in Connecticut, and how to integrate the existing children's behavioral health workforce.

The presenter described the numerous peer support programs within Connecticut, such as family and kid support programs, training and certification programs, rehabilitation programs, and young adult services; family advocacy services; LGBTQ+ peer support programs; specialized expertise; and cross-system programs. The presenter concluded with a review of a timeline of their next steps towards finalizing their report in September 2025.

Family Peer Support Services: FAVOR

FAVOR and the FPSS Program provided an overview of the FAVOR programs, mission, and specialist services. The presenters expressed FAVOR's mission is to empower families so they can advocate on behalf of their children and gain access to family-driven and culturally sensitive services. The presenter explained the program's core values are family empowerment, mutual respect, accountability, and partnership. They informed the committee of the different programs offered, such as Learning and Leadership Academy, Connecticut Medical Home Initiative, Family Systems Managers, and Family Peer Support Specialists. Additionally, they explain that the family peer support program provides a safe space for parents to share their experiences, support for all children's behavioral needs, and expertise on educational needs. They continued by explaining the attributes of a family peer support specialist include lived experience, completing ongoing training courses, and being nationally certified to work in partnership with families to assist them in their needs. The presenters elaborated that the FAVOR program is a free service that has twelve peer support specialists across Connecticut, and families are referred to by schools, caregivers, parents, hospitals, DCF, schools, and community providers. They further elaborated there are two types of referrals, a system of care and brief intervention; the referral type for each family is dependent on the level of care needed. They continued explaining that there are two sorts of referrals: system of care and brief intervention; the referral type for each family is determined by the amount of care required. The presenters closed by giving FAVOR's contact information, expressing an urgent need for more peer support experts across Connecticut, and inviting discussion about expanding funding to meet the needs of all families.

Youth Peer to Peer Support Services: CT Support Group

The presenter from CT Support Group provided an overview of the group's mission and the impact it has on teenagers and young adults in Connecticut. CT Support Group provides connection, peer support, and community with a trauma-informed space that prioritizes consent, choice, and mutual respect for young people to share their experiences in a supportive environment. The presenter expressed that the Discord website server was launched so youth can connect through text and video chat to build connection by providing personal stories, a service locator map, and blogs for young adults to express their creativity. The presenter elaborated on current barriers to peer support, such as lack of availability to young people in CT, no insurance reimbursement, and lack of awareness statewide. They also provided solutions and policies like

requiring the department of education to share digital peer support fliers in schools, insurance reimbursement, expanding peer support to age 18, increasing the number of peer support specialists across the state, and increasing funding for programs. The presenter concluded with resources to stay informed on peer support outcomes and shared ways to access the group's social media, service providers, and events held.

Question and Answer:

A TCB committee member asked a presenter from the CT Support group what the top recommendation would be to address the barriers of peer support. The presenter responded that the number one priority is to expand peer support availability to people who are under the age of 18. They elaborated that they want people who experience barriers with finance, transportation, access to reliable internet, digital devices for telehealth, and insurance when seeking clinical mental health support to know they have other options. The presenter further explained they do not want people on a fast track to crisis and peer support is good at meeting people where they are to change their trajectory, and they want to see people have access to that. The committee member followed up by asking the dollar amount of human resources would be to allow peer support specialists in every country and what does a model of replication look like. The CT Support Group presenter replied that the project they work for is flat funded with \$100,000.00 a year, that includes one full-time project manager and a part-time social media manager. The presenter would like three or four peer support specialists to the staff and would like to see the budget tripled to reach more people. They further explained they would like to see more money allocated toward peer support services in general because currently less than 5% of the state's budget goes towards peer support services. Additionally, with the state potentially increasing Medicaid reimbursement, the presenter stated they are looking to Connecticut to protect the existing funding and reinvest in peer support services. A committee member asked what the curriculum looks like for more peer support specialists, if it is tailored to provide training and certification for youth peer support, and what the vision is. The CT Support Group presenter responded that the training offered by Hartford Healthcare and Advocacy Unlimited is not tailored towards young people but there is a way to incorporate that into the existing curriculum. They explained it can also be added into continuing education offerings so when people become recovery specialist certification, they can expand offerings to people interested in working with young people. They continued by saying the state has a plethora of people with certifications who are not currently working because of the lack of availability of them and would like to tap into expanding the workforce.

A TCB committee member asked the CT Support Group presenter if they insinuated peer support people in CT are not working because of funding. The presenter replied they are not working due to the lack of availability of roles which ties into funding and explained when organizations do not receive funding to allocate towards peer support, they use them elsewhere.

Another TCB committee member questioned if there is youth support for individuals with intellectual disabilities in CT and emphasized that they are often ignored due to their diagnosis and need someone who can listen to them as well. The CT Support Group presenter responded FAVOR may be able to answer that question better, but described their personal experience as a peer support specialist working with youth with developmental disabilities and stated they believe most recovery support specialists would be comfortable with. The presenter elaborated that these unique challenges can be understood in training offered in continued education credits.

Another TCB member asked about the different models of approaching peer support and which model is recommended to work in the system. The CT Support Group presenter answered that due to waitlists they would prefer to see more standalone projects, like the CT Support Group, to remove as many barriers as possible. They elaborated that enrollment in clinical programs involves a lot of paperwork and eligibility requirements and they would like to see people access peer support without that process while being subjected to answering personal questions that break a foundation of trust. A FAVOR presenter then responded and agreed the stand-alone model is preferred. They explained there are not the same barriers that other providers have but urged that stand alone projects be included into clinical settings when needed as partners.

Another TCB member asked what the role of CT Support Group is. The presenter answered that the CT Support Group is the name of the project, and it has a website, discord server, and peer support offerings that are housed under Positive Directions since it's in inception ten years ago and are funded solely by the Department of Mental Health and Addiction Services young adult services division. The member also asked how many people the group works with. The presenter replied that last year they supported thirteen individual young people over zoom and in the community and since the discord was launched, they hope to grow more. The committee members followed up by asking if there is an increase in young people who need support due to impacts of the federal legislation. The presenters replied yes, they have seen young people that are fearful.

Administrative Updates:

The TYJI announced the updated forthcoming meeting calendar dates and explained it was altered due to the legislative session and upcoming holidays. TYJI encouraged the committee to contact TYJI to join the prevention and school-based workgroups.

Next Meeting

March 26, 2025

Time: 2:00 P.M. – 4:00 P.M.

Hybrid Model Option (In person and available over zoom)