

#### Making connections. Informing solutions.

# Transforming Children's Behavioral Health Policy and Planning Committee

March 26<sup>th</sup>, 2025 LOB Room 2B with Virtual Option

2:00 PM - 3:30 PM

Scan to submit your attendance



### Meeting Facilitation

#### **Mute on Zoom**

Participants must remain muted on Zoom unless speaking

#### **Hand Raising**

• Virtual attendees should use the Hand Raise feature on Zoom for questions and comments

#### **Questions at the End**

Hold questions and comments until the presenters have finished speaking

#### TCB only

Only TCB members may ask questions and make comments

#### Recording

This meeting is being recorded



### Agenda

**Welcoming, Opening Remarks** 

**Acceptance of the Minutes** 

**Legislative Updates** 

**Draft 2025-2028 Strategic Plan** 

**Draft Annual Workgroup Workplans** 

TCB 2025 Studies

Q&A

**Closing Remarks** 

Tri Chairs; Senator Ceci Maher, Representative Tammy Exum & Claudio Gualtieri, Senior Policy Advisor to the Secretary, OPM

Tri-Chairs; Senator Ceci Maher, Representative Tammy Exum & Claudio Gualtieri, Senior Policy Advisor to the Secretary, OPM

TYJI, Antonio Aiello, Workgroup Co-chairs

Workgroup Co-Chairs; Alice Forrester, Jason Lang, Edith Boyle, Yann Poncin, Ingrid Gillespie, Pamela Mautte, Elizabeth Connors, Katerina Vlahos

**TYJI** 

Tri Chairs; Senator Ceci Maher, Representative Tammy Exum & Claudio Gualtieri, Senior Policy Advisor to the Secretary, OPM



### Legislative Updates



### 2025-2028 Draft Strategic Plan



### 2025-2028 Draft Strategic Plan

The Draft 2025-2028 Strategic Plan is structured as follows, please refer to either the Draft PDF Attachment or Draft Plan in your folders

- I. Acknowledgements
- II. Letter from the Tri-Chairs
- III. Mission Statement and Purpose
- IV. Operationalization of Committee
- V. Strategic Planning Process
- VI. Strategic Priorities
- VII. Quality Assurance Framework
- VIII. Conclusion
- IX. Addendums



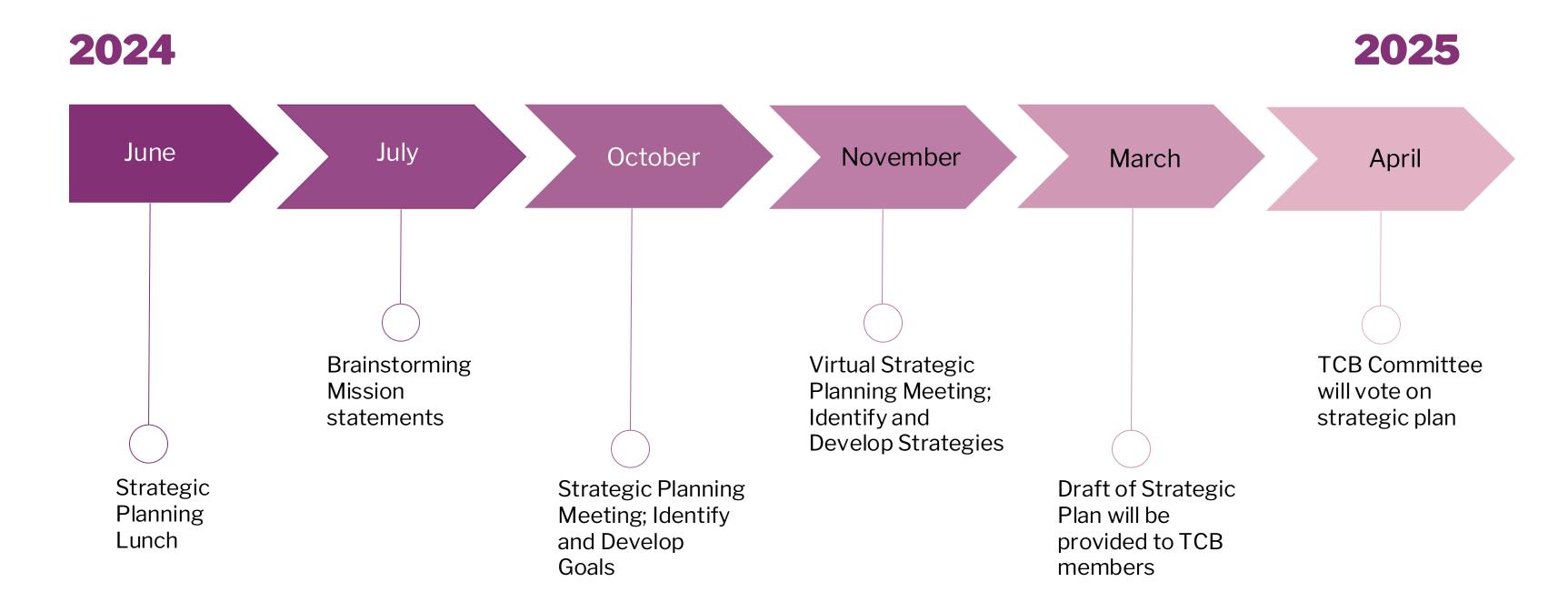
### Strategic Planning Process - Development

In 2024, the Strategic Planning Workgroup was enacted to help build the foundation TCB's priorities, strategies, and goals for the next three years. TYJI and consultants utilized information from the three workgroup planning sessions to develop a sustainable and living plan that will guide the TCB's work and legislative priorities for the subsequent years.

A draft plan was distributed, with feedback from the TCB committee, workgroups, and leadership, the plan will be finalized and voted on in the April TCB Meeting.



### Strategic Planning Process-Timeline





### Strategic Planning Process-June 2024 Workgroup Meeting









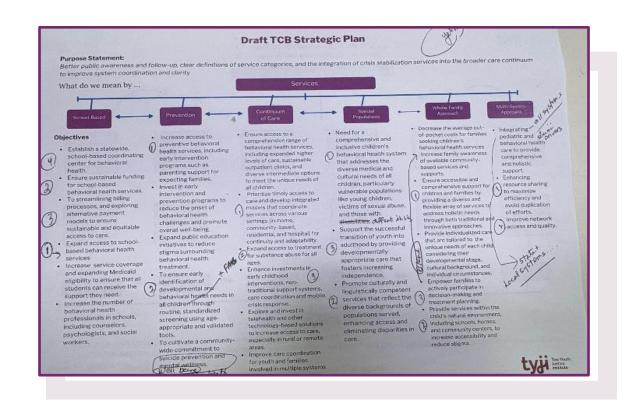




### Strategic Planning Process-October 2024 Workgroup Meeting

\* Purpose of the TCB Strategic meeting was to produce a mission statement for TCB and rank strategic objectives.







Focus of the day; creating a clear purpose statement for both system infrastructure and service goals as well as identifying high-priority objectives within key focus areas (Funding, Data, Workforce, Governance, etc.).



### Strategic Planning Process-November 2024 Workgroup Meeting

The last workgroup meeting was held virtually in November of 2024. Workgroup members were split into groups and asked to identify the following for the strategies identified in previous meetings through an interactive whiteboard session:

- Who do we partner with?
- What information do we need?

We also need commercial nsurance providers to enter fical information in the fiscal mappint that has peen done indicating expenditures for different service types

- Needs to be an increase in rates to align with the cost
- of providing services Elaborate on what fair means eg. cost of providing services, inflation and revisited in a periodic basis

--Increase Medicaid rates to match DSS 5-peer state average and a systematic process for rate adjustments that match actual cost of high quality care, inflation, cost increases.

-- Enforce commercial parity laws (rates for BH and physical health; rates between Medicaid and commercial)

--Secure grant funds to sustain the youth crisis service array (988, MCIS UCC, SAC) particularly components currently supported by expiring

--fund system infrastructure (generally non-reimbursable; needs to be grant funded): managing the governance structure, central point of access for info and referral (esp. 988); workforce development in delivering effective practices; data and quality improvement to promote equitable access, quality, outcomes of care.

#### System Infrastructure: Funding

Strategies To enhance the children's behavioral health system by increasing and sustaining state funding:

- Streamlining service delivery
- · Ensuring comprehensive insurance coverage.
- Developing a fair rate-setting process for providers.
- · Exploring innovative funding models to guarantee longterm system.

What information do we need from partners?

Who do we need to

partner?

Creating innovation brining new ideas and new service

Insurances coverage: state and medicaid

Braided funding using grants to create new ideas for impact

Proactively vs Reactionary

- 1) Technical doing things said we are going to do · Attendance of all people
- Number of children receiving services , wait time in services (need to have baseline)
- Who's going out to ask questions and meeting with families?
- Reducing in need for higher levels of care/ calls 211/ 988 for SI, not needing crissi care
- · Academic achievement and access for marginalize communities
- drop out rates reduce
- indicators children are doing well Decrease in average level of "Stuck" kids in the ED

Important for funding to be unconditi onally governed by identified goals, g oals that promote social and emotion al wellness for Connecticut's children. Promoting social and emotional welln ess is a constant, it is not timelimited. Therefore funding supportin g this effort needs to align in the sam

Cost of delivery of services Data - grants return on investment

Partners

Providers

Non-Profit Providers

Utilization outcomes

Private Sector/ Insurance Companies

behavioral health and wellness

Consumer feedback and outcomes

Private Foundations - focused on children's

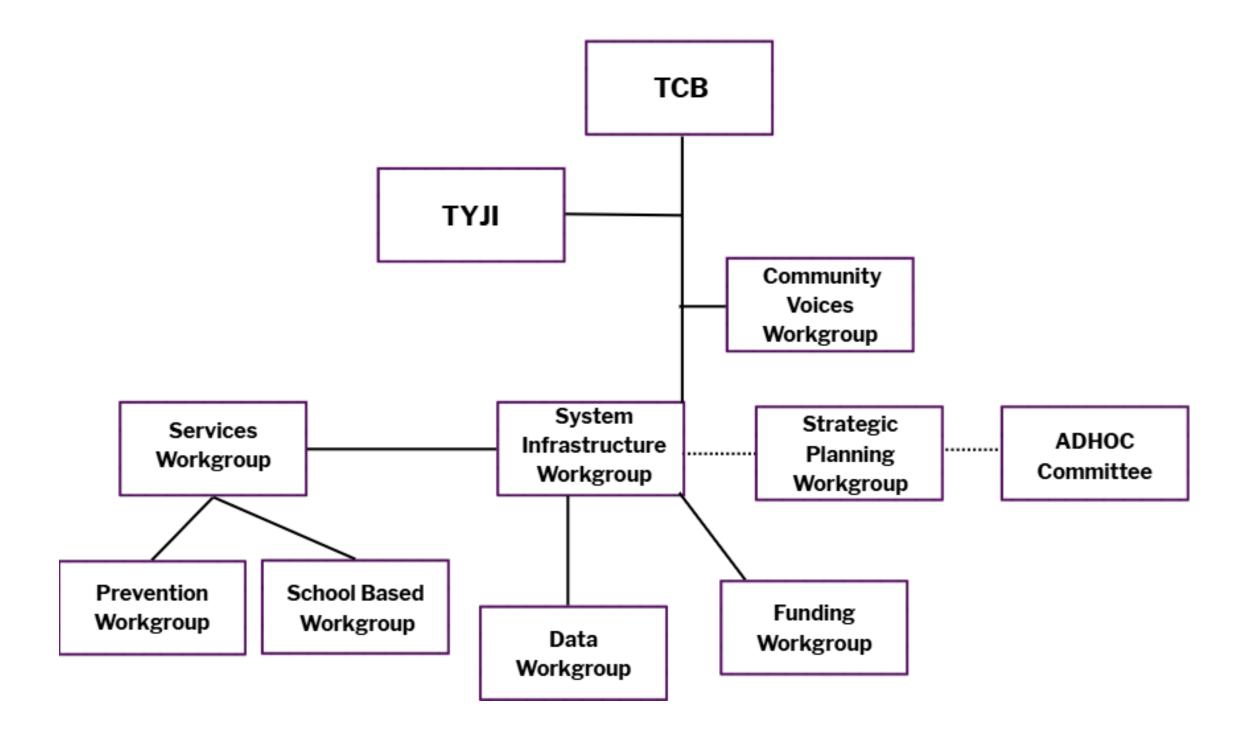
Voice from consumers to understand how rates impact access, what services are most helpful to

are we doubling on outpatient, Peer services?

DSS



### Committee Structure





### Mission Statement

TCB Committee exists to strengthen and align Connecticut's system of care through legislative recommendations and strategic reforms aimed at improving access to high-quality services and promoting children's behavioral health and well-being through a sustainable continuum of care.

As a bridgebuilder, TCB will engage system-wide stakeholders, use data to assess gaps and system inefficiencies, identify cross-system alignment, and make recommendations that address and overcome the root obstacles in order to promote the well-being and resilience of all children and families.

We define success as achieving a behavioral health system that is accessible to all children and provides appropriate, affordable, high-quality behavioral health services at the right time and place to ensure the most positive outcomes so that Connecticut's children can thrive well into the future.



### Strategic Priorities- Goals, Strategies, Priorities & Objectives

Goals, Priorities and Objectives were created for all strategies listed within the Overarching Framework, System Infrastructure and Services.

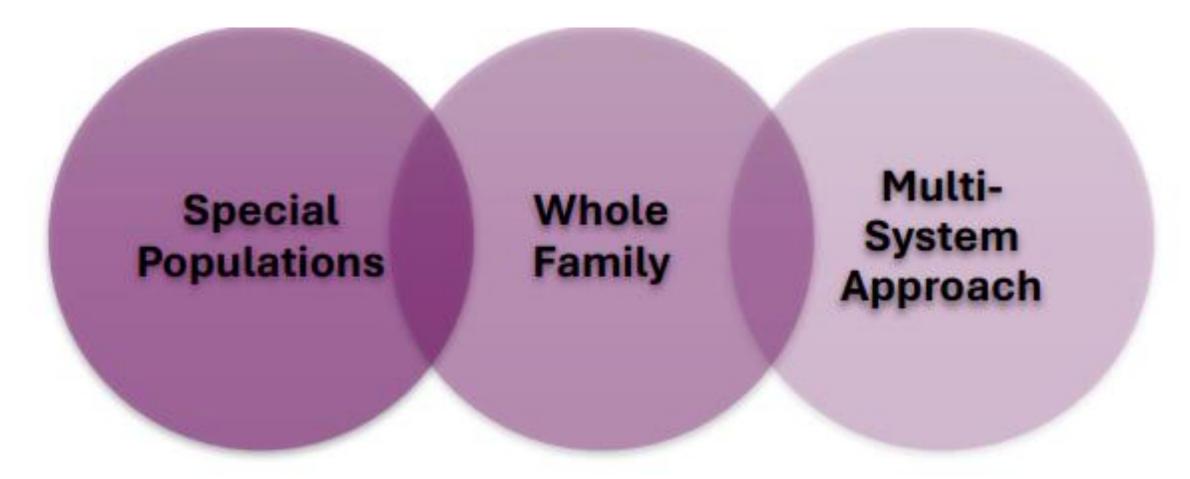
- Priorities are the key areas of focus
- Strategies are the action steps needed toward achieving the goal
- Objectives are the intentions of each workgroup

In the draft strategic plan, following the goals, priorities, and objectives for each strategy, there are charts that lists partners and information needed, outputs, and measures of success. The chart summarizes and highlights the input received at the strategic planning sessions and gives the committee direction into how to achieve strategies and objectives listed within the plan.



### Strategic Priorities-Overarching Framework

In the process of developing this plan, the TCB members identified three themes to be infused in all aspects of the TCB's work. Within each TCB meeting, workgroup meeting, and when drafting legislative language, the TCB should ensure these themes are embedded in our work to ensure equitable, inclusive and sustainable outcomes.

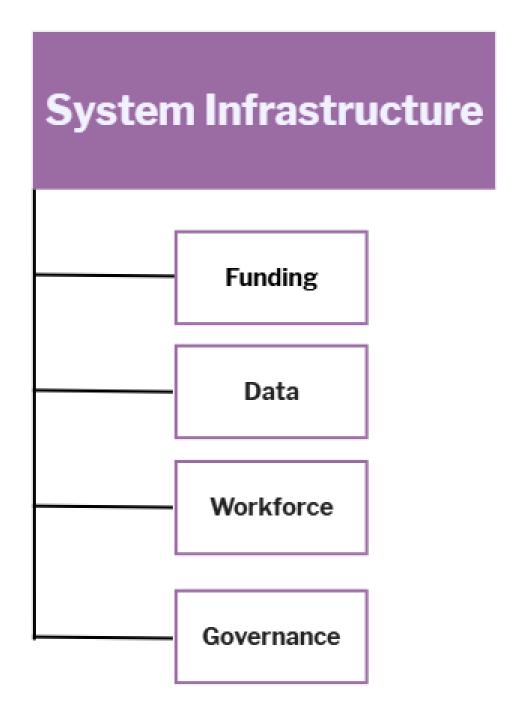


\*Refer to the Overarching Framework section in the Strategic Plan for more information.



### Strategic Priorities- System Infrastructure

**Purpose Statement:** Build the capacity and coordination of the children's behavioral health infrastructure to increase the <u>effectiveness</u> of and <u>access</u> to services that meet family needs. Effectiveness refers to data, governance, oversight and accountability. Access refers to availability of a diverse set of services and trained service providers, the coordination of services, systematic knowledge, channels of communication, and funding for sustainability.





### Strategic Priorities- Funding

Goal: Enhance the children's behavioral health system by increasing and sustaining state funding through state and commercial payors

#### **Partners**

Department of Social Services, Department of Children and Families, Department of Education

Private/non-profit providers

Stakeholder voices who have been impacted by services

Private foundations focused on children mental health and wellness

> Private sector insurance companies

### Information needed

Cost of delivery services

Data on grants and return on investment

ldentification of services most helpful

Consumer feedback and measuring outcomes

#### Outputs

Improved access to behavioral health services

> Data to further identify gaps in services

Sustainable funding solutions

### Measures of Success

Number of commercial insurers that have a bundle payment

Less demand of more intensive/ restrictive services

Shorter waitlists and less bottlenecking

Movement of resources away from crisis towards prevention

Better data and accountability tracking and better utilization of existing data sources

Accessibility to data



### Strategic Priorities- Data

Goal: Implement a comprehensive data collection, reporting and analysis system across the state.

#### **Partners**

Department of Social Services, Department of Children and Families, Department of Education

Private/nonprofit providers focused on children mental health and wellness

Policymakers

Private sector insurance companies

### Information needed

Wait times for all different types of services

Social Determinants of Health Data

"Mechanisms" for centralized data dashboard

#### **Outputs**

Identification or wait times for services

Transparent reporting of data collection across agencies

Identification of SDOH barriers, and solutions for equity

Sustainable steps for implementation

QA process when evaluating outcomes of feedback

Better data and accountability tracking and better utilization of existing data sources

### Measures of Success

Clinical and functional gains

Minimal or no waitlists

Decrease in deeper involvement in systems

Movement of resources away from crisis towards prevention

Sufficient resource allocation

A statewide universal screening tool and data dashboard.



### Strategic Priorities- Workforce

Goal: Strengthen and stabilize the children's behavioral health workforce.

#### **Partners**

Educational institutions, partner with 4 year and 6 year institutions for internship and fellowship programs

High school internship programs focused on nondirect service roles such as advocacy or administration

> Department of Public Health

Mentors/ Mentorship Programs

#### Information needed

Livable wages and support within agencies

Workforce metrics (turnover rates and job satisfaction scores)

Evaluation of how system improvements impact service delivery

Average tenure and salaries for front line staff where certain degrees are reguired

#### Outputs

A Landscape

anaysis that

evaluates

workforce metrics

Measures

of Success

Increased workforce

Higher student in field/workforce

Shorter waitlists and less bottlenecking

Improved workforce retention and job satisfaction

Increased job retention rates

Streamlined service delivery

Sustainable on boarding funding

Culturally competent



### Strategic Priorities- Governance

Goal: Increase efficiency and transparency in children's behavioral health.

#### **Partners**

Department of Children and Families

Department of Social Services

Department of Education

Department of Public Health

### Information needed

Assessment of services being duplicated

Identifying alignment with other advisory bodies to ensure non-duplicative work

A centralized resource hub or directory for families to navigate available services more effectively, minimizing delays in care

#### **Outputs**

Transparent reporting across all agencies and behavioral health systems

Public availability of resources

Collaboration among agencies, committess and service providers to optimize resource allocation and improve care coordination

Transparent data collection across agencies

### Measures of Success

Clinical and functional gains

Public data to advance behavioral health research

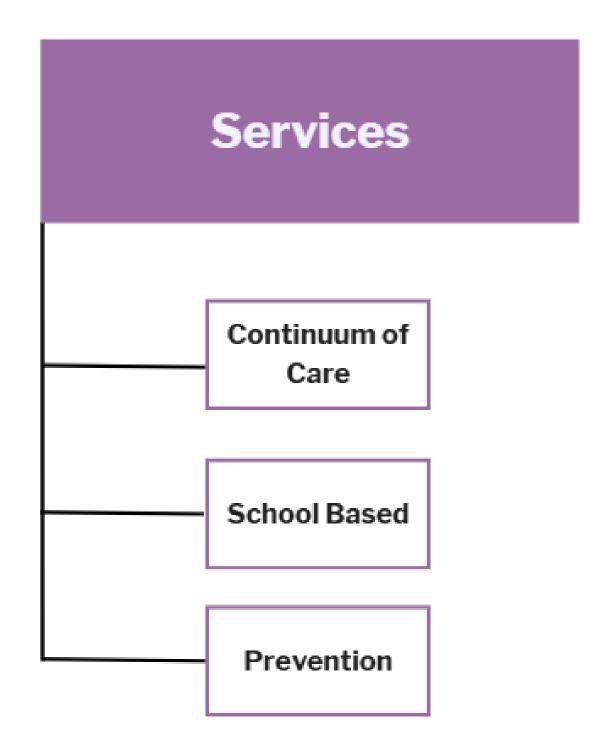
Continous Quality Improvement framework that supports ongoing coaching and support

Sustainable collaboration between advisory bodies



### Strategic Priorities- Services

**Purpose Statement:** Ensure statewide and local capacity and awareness to provide a comprehensive range of affordable, integrated, coordinated, and family-centered services to children from birth to age 22, individualized and within the context of their families, caregivers, and communities.





### Strategic Priorities- Continuum of Care

Goal: Ensure timely access to an integrated system of care that coordinates services across various settings (in-home, community based, residential and hospital).

#### **Partners**

Department of Social Services, DCF and other child serving departments

Healthcare providers such as hospitals clinics and communitybased orgs

Educational institutions such as schools and educational bodies for early identification and referral of children with behavioral health needs.

Legislators and policymakers

Private sectors and insurance providers

Data and technology partners

### Information needed

Comprehensive mapping of existing services across prevention, intervention, and long-term care

Data that identified how different demographics access care and where bottlenecks occur

Metrics to evaluate the success of care transitions and interventions

Insights into long term outcomes for children and families

Evidence of how current policies affect service delivery and outcomes within the continuum

Performance based accountability measures to track the success of interventions across the continuum

Data dashboards to monitor service delivery and outcomes

#### Outputs

Increased access to services

Improved care coordination

Promotion of community resources

Improved job retention and satisfaction

Culturally diverse services

### Measures of Success

Family's measure of success

> Community stability

Developmental gains

Healthy families

Culturally competent care



### Strategic Priorities- School Based

Goal: Ensure timely access to an integrated system of care that coordinates services across various settings (in-home, community based, residential and hospital).

#### **Partners**

Department of Public Health

Office of Health Strategy

Commercial insurance providers to address reimbursement challenges

Association of School Based Health Centers

### Information needed

Data on workforce needs

Program funding to ensure sustainability

Models for integrating prescribers into school-based care

Data on potential partnerships and resource allocation from Department of Public Health or other agencies

Reporting requirements for SRHCs

#### Outputs

Partnership between State Agencies and School-Based Health Centers

Transparent reporting mechanisms and reporting standards

Improved staff retention and job satisfactions

Models for integrating prescribers into school-based care

Funding for sustainability of school-based behavioral health services

### Measures of Success

Improved access to data

Sustainable systems of collaboration with state agencies

Increased access to care



### Strategic Priorities- Prevention

Goal: Increase access to preventive behavioral health services and ensure early identification for all children.

#### **Partners**

Mobile crisis services

Urgent Crisis Centers

School-Based Health Centers

### Information needed

Standardized screening procedures and the referral process

Data regarding how many families are aware of existing resources like mobile crisis units and how proactive are they to use services

Information regarding pediatric screenings

#### Outputs

Identification of early onset needs

Transparent collection of data and reporting of availability of services

Breaking stigmas and promotion of community resources

### Measures of Success

Shorter waitlists and less bottlenecking

Increase utilization of urgent crisis centers

Decrease length of stay and volume of ED.

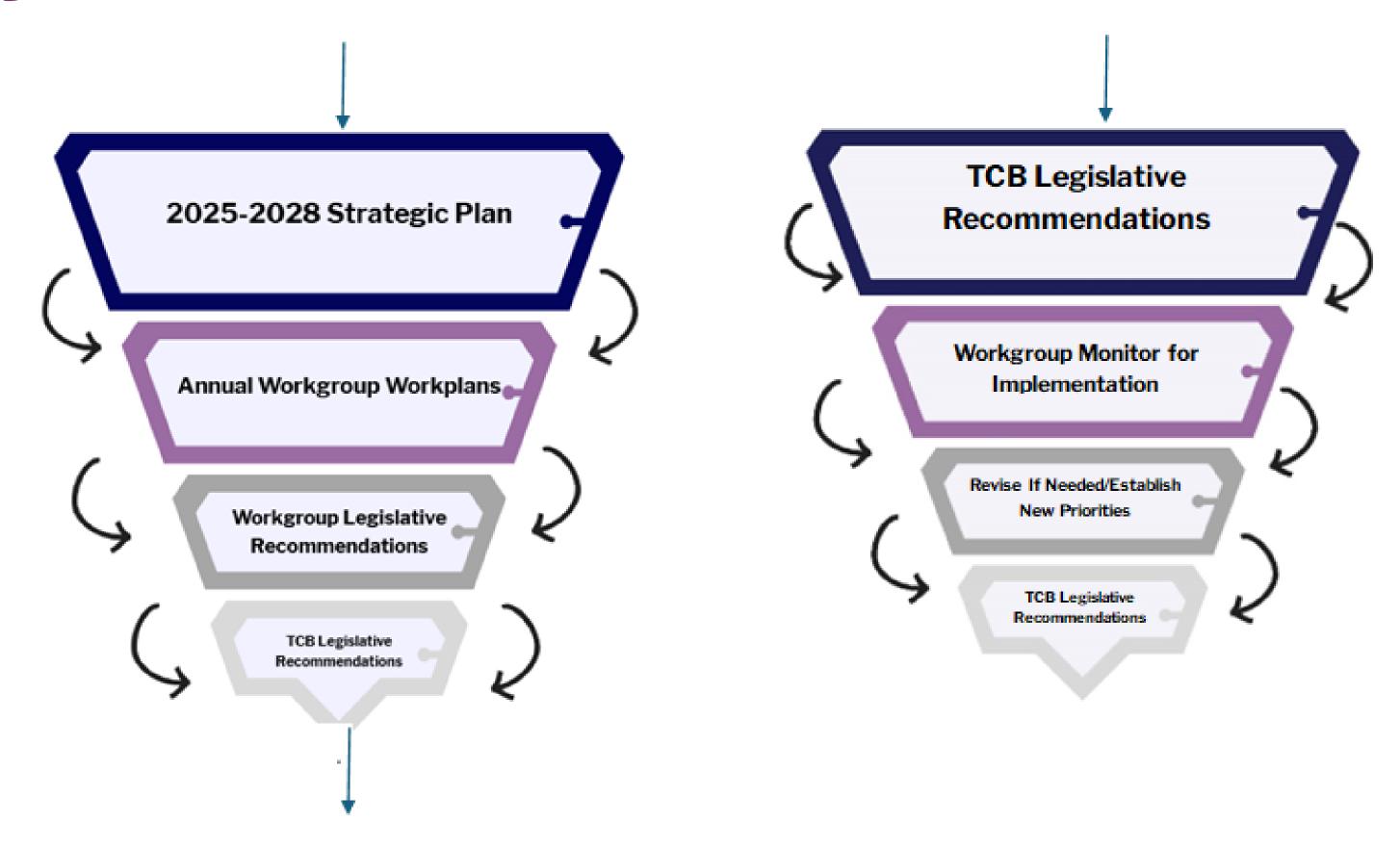
Increase # of kids transported to urgent care instead of ED.

Higher mobile crisis referral

Less demand of more intensive/restrictive services



### Quality Assurance Framework





### Quality Assurance Framework

Measuring TCB Policy Impact				
Monitor and Refine	The TCB Strategic Plan is a living document that should be consistently reviewed and refined. Due to changes in environment, State, and Federal Policy changes, priorities, goals, and action steps may shift. The plan should be reviewed by leadership and membership of the committee annually to ensure the identified priorities align with those in the 2025-2028 Strategic Plan. Additionally, the committee should refer to the plan annually to ensure priorities identified in workgroup workplans reflect those identified in the 2025-2028 workplan.			
Identify Issues with Process	The committee should consistently identify what is and what is not working for committee members, workgroup members, and stakeholders. It is imperative the TCB follow a process that works for all to ensure there are no barriers for implementing change.			
Generate Corrective Actions	dentify areas or policies that are not working for the membership and implement corrective actions/changes in workflow.			
Monitoring Impact- Defining How the Committee Defines Success	The committee should redefine how success is measured when appropriate.  Workforce retention Access to Behavioral Health Services Equitable and Culturally Competent Care Barriers of care School Attendance/ Engagement Wait times for services Outreach and Marketing Efforts Utilization of Services			
Monitoring Impact- Assessment of TCB Engagement	<ul> <li>The TCB should assess the engagement of all stakeholders to ensure there is an equitable opportunity for inclusion.</li> <li>How many stakeholders were engaged</li> <li>How many meetings were held</li> <li>How many data presentations were held</li> <li>How many children and family were engaged</li> <li>How was community feedback incorporated</li> </ul>			



### Addendums

At the end of the strategic plan, you will see three addendums.

- The Draft TCB Glossary will remain a living document and be utilized in each workgroup to level set with members terms and services across the behavioral health system. The new workgroups, Prevention and School Based, will add terms to theirs in relation to their work.
- The 2025 Draft Annual Workgroup Workplans will be presented by co-chairs of the workgroups and finalized following the first workgroup meetings in April.
- Lastly, the Draft Children's Behavioral Health Advisory Bodies Alignment Document.



### Children's Behavioral Health Advisory Bodies Alignment Document

#### **Purpose:**

The intent of this document is to identify alignment in TCB's work and identify areas for collaboration across advisory bodies in Connecticut.

#### **Process:**

To gather information, TYJI staff identified various advisory bodies where there could be alignment with the TCB's scope of work. The TYJI reviewed meeting minutes, watched meetings, and reviewed reports identifying the various advisory bodies priorities and legislative recommendations.

#### **Diagrams:**

TYJI created Venn diagram charts, where applicable, with the identified advisory bodies. A broad overview of the TCB's legislative priorities is identified in the diagrams, as well as the priorities of the advisory bodies. In the middle of the diagram, the alignment between the two committees is listed. TYJI will continue to collaborate and find alignment with committees. Venn Diagrams were created for the applicable advisory bodies where alignment was found.

\*TYJI has not yet connected with two of the advisory bodies in the document



#### Transforming Children's Behavioral Health Policy and Planning Committee (TCB)

- · Increase Medicaid reimbursement rates based on access needs
- · Sustain funding for mobile crisis
- Promote Medicaid and commercial billing for Urgent Crisis Center (UCC) services by refining the interim rates established for UCCs
- Identify and help off-set initial costs for on-boarding and training clinical staff in evidence-based models
- Support and identify the needs and time-demands placed on families and children, and the ability to deliver positive outcomes in a sustainable manner for In Home Child and Adolescent Psychiatric Services (IICAPS)
- Increase the age of insurance coverage for Applied Behavioral Analysis (ABA) for individuals with autism spectrum disorder (ASD)
- Review utilization and anticipated demand of the children's behavioral health crisis continuum
- Develop effective reporting mechanisms for school based health centers (SBHCs) and identify data collection strategies

 Improve behavioral health services for children and youth.

#### Statewide Advisory Council (SAC)

- Recommend to commissioner programs, legislation or other matters which will improve services for children and youth, including behavioral health.
  - a. Timely, appropriate and adequate provision of services to meet the physical, mental health and developmental needs of children.
- Annually review an advise commissioner regarding proposed budget
- Interpret to the community at large the policies, duties and programs of the dept.
- Issue any reports it deems necessary to the Governor and the Commissioner of DCF
- Review and comment on reports
- Independently monitor the dept's progress in achieving its goals as expressed in such reports
- Offer assistance and provide an outside perspective to the dept so that it may be able to achieve the goals expressed in such reports.

29

### **Next Steps**

- TCB Committee members and workgroup members will provide feedback by April 7th, 2025
- If there is consensus among the committee, TCB members will vote during the April 16th Meeting

\*Please send all feedback to Emily Bohmbach at <u>ebohmbach@newhaven.edu</u> or Erika Nowakowski at <u>enowakowski@newhaven.edu</u>



## 2025 Draft Workgroup Workplans

\*Please refer to the Workgroup Workplan Sheet provided via email and in the packet (if in person)



### System Infrastructure Draft Workplan Overview

**Suggested Purpose Statement:** Build the capacity and coordination of the children's behavioral health infrastructure to increase the <u>effectiveness</u> of and <u>access</u> to services that meet family needs. Effectiveness refers to data, governance, oversight and accountability. Access refers to availability of a diverse set of services and trained service providers, the coordination of services, systematic knowledge, channels of communication, and funding for sustainability.

**Draft Priorities:** Systems of care, children's behavioral health data (access, quality, outcomes), 2025 TCB legislation (Medicaid Rates, CCBHC grant planning, Feasibility and Fiscal Analysis)

**Short-Term Goals:** Operationalize the workgroup (meeting frequency, level-setting, finalize workplan, review of 2025 legislation)

#### **Medium-Term Goals:**

- Consistent Monitoring of TCB Legislation
- Conduct a thorough review of children's behavioral health data (access, quality, outcomes)
- Evaluate systems of care efforts (nationally and at the State level) and evaluate how CT can be advanced and altered to model work of other States
- Review of Uconn's Governance and Data Reports
- Develop a set of 2026 draft recommendations (if applicable)

**Long-Term Goals:** Utilize information from the workgroup to plan for 2026, 2027, and in subsequent years.



### Services Draft Workplan Overview

**Suggested Purpose Statement:** Ensure statewide and local capacity and awareness to provide a comprehensive range of affordable, integrated, coordinated, and family-centered services to children from birth to age 22, individualized and within the context of their families, caregivers, and communities.

\*In first workgroup meeting the membership will discuss adding "... to expectant parents and children from birth to age 22..."

**Draft Priorities:** Peer to Peer Support, 211 Services, Consistent monitoring of TCB Legislation (Crisis Continuum, UCC's, IICAPS)

**Short-Term Goals:** Operationalize the workgroup (meeting frequency, level-setting, finalize workplan, review of 2025 legislation)

#### **Medium-Term Goals:**

- Consistent Monitoring of TCB Legislation
- Uconn Services Array- identifying distribution, monitoring response rate, review results
- Assess peer to peer support and services- schedule workgroup presentations, workgroup expertise, literature reviews
- Monitor additional legislation that impacts TCB following legislative session
- Operationalize work with the Services and System Infrastructure Workgroup
- Develop a set of Draft 2026 recommendations (if applicable)

**Long-Term Goals:** Utilize information from the workgroup to plan for 2026, 2027, and in subsequent years.



### **Draft Prevention Workplan Overview**

**Suggested Purpose Statement:** The Prevention Workgroup of the Transforming Children's Behavioral Health Policy and Planning Committee (TCB) is committed to strengthening children's behavioral health prevention services and programming. We collaborate to identify challenges, examine solutions, and provide advisory recommendations to enhance prevention efforts statewide.

#### **Draft Priorities:**

Preventing substance use and overdose by promoting evidence-based strategies and addressing emerging trends.
Evaluating how to expand access to suicide prevention and behavioral health services to facilitate early intervention and reduce crises.
Promoting resilience and emotional well-being through education, community engagement, and policy advocacy.
Integrating behavioral and physical health care to create a more cohesive, accessible, and effective support system.
Embedding brief screenings in healthcare, schools, and community programs to improve early identification, build social-emotional learning
(SEL) skills, reinforce positive choices, and connect individuals to appropriate supports.

**Short-Term Goals:** Operationalize the workgroup (meeting frequency, level-setting, finalize workplan, review of 2025 legislation, establish a workplan foundation)

#### **Medium-Term Goals:**

- Identify and map preventative services in CT to evaluate the sustainability of programs, program needs, and assess barriers
- Assess data collection methods for prevention services throughout the state- map out services, create crosswalk, prevention report card for CT
- Narrow in on substance use data results from the services array survey
- Operationalize integrating work with Services and School Based Workgroups
- Develop a set of draft 2026 recommendations (if applicable)

Long-Term Goals: Utilize information from the workgroup to plan for 2026, 2027, and in subsequent years.



### **Draft School Based Workplan Overview**

**Suggested Purpose Statement:** Promote mental health, well-being, and academic success for children birth to age 22 by increasing the reach and quality of school-based behavioral health services. Reach refers to equitable availability of timely and appropriate school-based behavioral health services in all CT jurisdictions, through a multidisciplinary array of coordinated community-partnered and school-employed service providers. Quality refers to effective, student- and family-centered, interventions and approaches which are culturally responsive, equitable, inclusive, and evidence-based.

Draft Priorities: SBHC Study, School Behavioral Health Services Recommendation, TBD with input from community

**Short-Term Goals:** Operationalize the workgroup (meeting frequency, level-setting, finalize workplan, review of 2025 legislation, establish a workplan foundation)

#### **Medium-Term Goals:**

- Provide education and clear, inclusive language-develop a glossary of terms related to SBHCs, community behavioral health partnerships, and the variety of school employed mental health professionals
- Operationalize integrated work with the Services and Prevention workgroups
- SBHC design and monitor the implementation of the study
- School Behavioral Health Services Study-develop a scope, monitor progress of the study
- · Identify potential third priority in partnership with the workgroup
- Consistent monitoring of 2025 TCB legislation
- Develop a set of draft 2026 recommendations (if applicable)

**Long-Term Goals:** Identify how the workgroup will sustainably implement the 2025, 2026 and subsequent years' legislative priorities & Identify how the workgroup will implement priorities identified in the strategic plan into the School Based Annual Workplan for 2026, 2027, and subsequent years.



### 2025 TCB Studies

#### Studies Identified in TCB Legislative Recommendations\*

Study	Study Description	Researcher/Agenc y Involved	Status of Report
IICAPS Review of Models	The Commissioner of Social Services shall consult with the Yale Child Study Center to review IICAPS and other evidence-based alternatives that focus on delivering positive outcomes for children with behavioral health issues in a sustainable manner while considering the needs and time demands on children and families enrolled in the center's IICAPS program.	Department of Social Services/Yale Child Study Center	Going through legislative process
IICAPS RCT	The Transforming Children's Behavioral Health Policy and Planning Committee, within available appropriations, may contract with the Yale Child Study Center to determine what additional federal funding and reimbursements may be available for IICAPS model development and to conduct a randomized trial of the Yale Child Study Center model to determine whether it may qualify federally as an evidence-based treatment program.	Yale Child Study Center	Going through the legislative process
UCC Private Insurance Review	The Commissioner of Health Strategy shall file a report, with the Transforming Children's Behavioral Health Policy and Planning Committee. The report shall include the commissioner's analysis of claims data concerning private health insurance coverage of urgent crisis center services and recommendations to improve affordable access to such services.	Office of Health Strategy	Going through the legislative process
Crisis Continuum Study Review	Such study shall include, but not be limited to, (1) the rates of utilization of the United Way of Connecticut 2-1-1 Infoline program, 9-8-8 National Suicide Prevention Lifeline, mobile crisis intervention services, urgent crisis centers, as defined in section 19a-179f of the general statutes, subacute crisis stabilization centers and hospital emergency departments for such services, outreach and marketing strategies utilized by the service providers, common sources of patient referrals to such service providers, the allocation of state and other financial resources to such service providers, and the anticipated demand for behavioral health services for children into the future.	Possible RFQ if needed - Possible internal capacity with University of New Haven Business College	Going through the legislative process



#### Studies Identified in TCB Legislative Recommendations\*

Study	Study Description	Researcher/Agency Involved	Status of Report
School Health Services Billing Review	A review of Medicaid and private insurance billing codes (e.g)behavioral health services provided and billed within schools) to ensure non-duplicative billing and opportunities to fully claim reimbursement for services provided.	Possible RFQ if needed	Going through the legislative process
Medicaid Rate Study-Children's Behavioral Health	The Department of Social Services (DSS) should conduct an additional Medicaid Rate Study that specifically evaluates children's behavioral health and compares codes to peer states. The report shall describe how Medicaid investments are reducing the number of codes remaining below the benchmark and evaluating access needs.	Department of Social Services (DSS)	Going through the legislative process
Feasibility/ Fiscal Analysis of Workforce billing codes	The Department of Social Services conduct a feasibility determination and fiscal analysis to estimate adding a billing code to help off-set initial costs for on-boarding and training clinical staff in evidence-based models, before they can bill for services e.g. "observation and direction"	Department of Social Services (DSS)	Going through the legislative process
School Based Health Center Survey  Tow Youth Justice Institute	In collaboration with the state-wide association of school-based health centers, develop a survey for administration at such centers that is designed to obtain information concerning existing data collection practices and the anticipated challenges and opportunities presented by the implementation of more comprehensive data collection systems at such centers, and in collaboration with the Commissioner of Public Health, develop appropriate reporting requirements for school-based health centers to determine and respond to the needs of school-based health center.	In collaboration with the State-wide Association of School Based Health Centers and Department of Public Health (DPH)  • RFQ Needed for Researcher	Going through the legislative process

### Q&A





Making connections. Informing solutions.

### Next Meeting

TCB April Meeting: April 16th, 2025

\*All workgroups will be re-convening in April reach out to <a href="mailto:ebohmbach@newhaven.edu">ebohmbach@newhaven.edu</a> to be added to any workgroup meeting invites