TCB July Meeting Monthly Meeting Minutes

July 23rd, 2025
2:00pm -3:30pm
ZOOM

Attendance				**TYJI Staff**
Alice Forrester	Evan Brunetti	Kimberly Karanda	Sarah Eagan	Emily Bombach
Allison Matthews-Wilson	Gerald O' Sullivan	Kristen Parson	Sean King	Erika Nowakowski
Andrea Goetz	Howard Sovronsky	Lorna Thomas Farquharson	Shari L Shapiro	Stacey Olea
Angel Quiros	Javeed Sukhera	Manisha Juthani	Sone-Moyano Sinthia	
Carolyn Crandell	Jeff Vanderploeg	Melvette Hill	Sarah Eagan	
Carol Bourdan	Jodi Hill-Lilly	Michael Moravecek	Tammy Freeberg	
Catherine Foley	Jody Bishop-Pullan	Michael Powers	Tammy Nuccio	
Ceci Maher	Joe Drane	Mickey Kramer	Tammy Venenga	
Claudio Gualtieri	Kai Belton	Miriam Miller	Yann Poncin	
Edith Boyle	Karen Siegel	Nicole Taylor	Yvonne Pallotto	

Welcome and Introductions:
The meeting was opened with a welcome to all attendees.

Acceptance of TCB Meeting Minutes:
A motion to accept the minutes from the July meeting was put forward. The motion was moved, seconded, and unanimously approved.

Overview of the Meeting:
The July meeting was opened with administrative updates from TYJI, followed by a discussion around current challenges and potential strategies led by the TCB tri-chairs. Additionally, DSS provided a UCC Technical Assistance Update to the committee. The meeting closed with a presentation on the Child and Adolescent Integrated Behavioral Health Fiscal Map and Analysis, which provided insight on 2015-2018 fiscal map development methods, challenges, and limitations.

Administrative Updates:
The TCB Senior Project Manager gave a brief overview of the upcoming workgroup meeting dates. Additionally, it was announced that the TCB project planning meeting will be held on August 25th, including the Tri-chairs, workgroup chairs, and TYJI to evaluate workplans and next steps in workgroups. The TYJI staff member additionally added that the CVW Youth Summit is on October 10th, and a poll will be emailed to all appointed members and designees to

reserve a spot for the summit. Lastly, the staff member added that the TCB's Children's Behavioral Health Survey is now live. Contacts for the survey were provided if members have further questions.

Current Challenges and Potential Strategies:
The TCB Tri-Chairs discussed current federal and state challenges. A TCB tri-chair informed the committee that the OFA write-up for the budget has been drafted and identified the TCB recommendations that will be funded with the budget. A tri-chair discussed the funding that was allocated to DSS in the budget, including funding for the IICAPS study TCB put forward. The tri chair further elaborated that while the bill did not pass, the legislative intent was written into the OFA budget book, and that working closely with DSS is going to allow us to operationalize and move forward with that important initiative. The tri chair then addressed bridge funding and patching together remaining ARPA dollars and some potential retention dollars at DCF, and as needed through other braided resources to get through FY 26 and maintain 24/7 mobile crisis expansion.

The chair further elaborated that there was a clear legislative addition in the budget to cover the 24/7 expansion that was first initiated under ARPA for FY '27 , so that we will have 24/7 mobile crisis for children. The tri chair further added that we're committed to working with DCF and the provider network to identify the resources needed for FY '26. Additionally, the tri-chair elaborated that the budget includes a significant investment into the Medicaid rate study identified areas, including a $15.4 million state share in FY '26 and a $45 million federal share in 2027. The proposed budget prioritizes identifying access needs and includes a three-year investment in FQHCs, which is expected to total approximately $80 million by the third year. The tri-chair elaborated that FQHCs offer primary care, mental health support, and holistic care services to all individuals, regardless of insurance or ability to pay. Lastly, the tri-chair elaborated that in terms of the Urgent Crisis Centers, a lot of work has been done to ensure commercial insurers are able to be recognized and include them in network and establish a rate that's commensurate with the valuable resources they provide, especially in delaying or diverting from costly emergency department placements.

The floor was opened for a question-and-answer segment. A TCB member noted that the 24/7 MCIS was removed from their payment, and they have requested a meeting with the CFO of DSS. The member further elaborated that they have spent their dollars, therefore, they will not have those dollars to continue 24/7. The TCB member noted that the unspent dollars organizations are expected to use are from their unspent dollars and not from DCF's funds. A tri-chair responded that not all mobile crisis providers are situated the same way, as some mobile crisis providers have stretched their funds, and DCF will conduct a full inventory of every provider that expanded to 24/7 to determine where money is being utilized by looking at ARPA

remaining dollars and retention dollars. A DCF representative stated that funding options are being investigated, starting with unspent ARPA funds. The TCB member added that from a provider's point of view, they are trying to do the best they can, but it is impossible to do without the funding. A committee member expressed empathy towards the provider and noted that there is potential failure in the position we are putting providers in which will impact the most vulnerable young people across Connecticut.

A tri-chair provided a brief overview of the state funding and cuts throughout Connecticut due to federal changes. The chair stated that the new employment and eligibility requirements will result in the loss of Medicaid for 138,000 to 156,000 residents. Medicaid funding to Planned Parenthood has been frozen for a year, which threatens over $12 million in clinic resources. Furthermore, SNAP has been estimated to cost the state $200 million. Additionally, there is a 4% cut in federal funding, including Medicare, so the state has allocated $700 million of Connecticut's budget to cover the impact of federal reductions.

A committee member asked the TCB member who had brought up their 24/7 mobile crisis funding if there is a difference between the organizations that got ARPA funding for the 24/7, and encouraged providers to bill private insurance companies and regular commercial insurance, so they are not solely relying on state dollars. This member added that all Medicaid changes after 2027 will only impact people ages 19 to 64, and approximately 80% of recipients are employed, so they will not be impacted. The TCB member explained that potential changes will not affect recipients of Medicaid A or B with a dependent under the age of 14.

UCC Technical Assistance Update:
The presenter provided an overview on UCC technical assistance, and the work that has been done to further understand Medicaid billing with the UCCs. The presenter noted that effective April 1st of 2024, a fee schedule was created to allow UCCs to begin to bill services under Medicaid because the ARPA funding was winding down. Before meeting with the UCCs, DSS had done a data run which showed that the UCCs were billing one or two codes which were the evaluation codes. The presenter elaborated that they had come together with the consultant Berry Dunn, DSS, DCF, and auditors and identified that the UCCs were having issues billing two codes at the same time because when a kid has a crisis, they must provide overlapping services. The presenter elaborated that after meeting with the auditors, they were still having trouble and were worried regarding the CMS guidelines that states you cannot bill two codes together. The UCCs requested case rates and Medicaid supplemental payments. DSS then asked the UCCs to look at the codes on the fee schedule, and identify those that do not intersect, and noted they are looking into seeing if they can collapse some of the codes and increase rates so they are able to bill. The presenter added that the UCCs are going to go back and look at the codes, and DSS will also go back and look at the codes. DSS is also looking into ways the UCCs can advertise to increase utilization. The presenter finalized the presentation by saying there is a lot of work

being done, and there is a goal to increase the number of patients the UCCs are seeing a day, and there will be an additional meeting on August 11th.

A tri-chair emphasized that rates and volumes create sustainability and support identifying where utilization can be built. The chair added that TCB will investigate the Crisis Continuum to examine better points of referral and the use of services throughout the day. A committee member stated that sustainability also serves as an element of cost versus rate. The committee member then inquired about whether the cost of service is being examined, and what degree of rate maximization covers the service costs. The presenter responded that she has considered the cost as a factor, but the primary concern is the volume of services. The presenter further noted that there is incorrect billing of codes for the services that are being provided, it is more so about boosting utilization and creating infrastructure for members to get the appropriate care at the appropriate time. A committee member inquired whether the Medicaid utilization of UCC services is more than 50%. The presenter responded that commercial insurance is in the 40% range and Medicaid is in the 60% range. A committee member added that the UCCs are relatively new, and the infrastructure will be demonstrated once billing and commercial insurance are optimized.

Child and Adolescent Integrated Behavioral Health Fiscal Map and Analysis:
The presenters provided a brief overview of the fiscal map development methods, challenges, and limitations, as well as a summary of data collected from fiscal year 2015 to fiscal year 2018. The presenters shared the vision for the fiscal map, which aimed to align Connecticut's resources to provide quality services to children and families with behavioral health needs. The goal was to operationalize and develop a fiscal map that specified the costs of the behavioral health network of care for children and families across the state. They reviewed two iterations of the fiscal map and discussed different focuses on specific data collected from the different state departments. The presenter elaborated on the revisions included in the second mapping, including integrating substance use and mental health financial maps, specifying Medicaid codes, creating a primary diagnosis categorization system, and expanding race and age demographics for Medicaid expenditure. A primary challenge with the second integration was merging DCF's financial and demographic data, so demographics were kept separate to avoid double-counting and enhance interpretability. Another obstacle to integrating data sources was the inconsistent spelling of provider names, making it difficult to combine programs. Yet, this was addressed by including service type descriptions in the DCF expenditure data. The presenter concluded the presentation by discussing the data collected in SFY 2015 through SFY 2018. The data included the total expenditure from Medicaid and DCF from SFY 2015 to SFY 2018 using the CT Children's

Behavioral Health System categorization system, service type, level of care, treatment, and demographics.

The presentation was followed by questions from the committee. A committee member asked if the fiscal map yielded a set of recommendations and findings for implementation. The presenter responded that several takeaways and recommendations were added to the report, but believed that during the time, financial mapping was difficult for many grantees. The presenter proceeded to explain that states are now interested in fiscal mapping again, but he is aware of the current implementations and findings. It was added by committee members that TCB is tasked to lead the efforts on a fiscal mapping and encourages anyone with input on implementation and outcomes to share so the TCB can learn and continue to build off the efforts of the prior fiscal map. The presenter pointed out that the project's progress was interrupted due to COVID, but they will examine the report and recommendations.

A tri-chair inquired around how long the process took to complete data collection and the final report. The presenter answered that once the operational system was established, it took approximately six to nine months to complete the data collection, cleaning, analysis, and the reporting process. The committee member asked if the work to align and collect information was used to help the DCF's framework. A DCF representative replied that the work done was used to inform and instruct DCF, but she will report back to the group once she has more information. The presenter added that the data was informative to DCF's application for the SAMHSA expansion sustainability grants. He stated DCF used the data to contextualize expenditures, and Connecticut was able to map out the financial impact for children's behavioral health. A committee member assured that the mapping laid a foundation, but COVID created challenges. She stated that the primary recommendation was to conduct an ongoing examination with current information, including commercial insurance. This effort would help service providers gain a comprehensive understanding of the children's behavioral health system.

A committee member suggested analyzing funding sources to inform future initiatives for children's behavioral health programs. They also inquired about available data regarding funds throughout children's behavioral health programs. The presenter replied that there was no in-depth analysis of funding sources, but it would be fascinating to gain insight into the origins of DCF funding sources and how funding has flowed through programs over time. Another committee member inquired about the full range of services available in the Connecticut behavioral health system, as well as whether there is information on all funds spent. A committee member replied that the second data definition process was conducted to understand the behavioral health expenditure, and it included definitions of different levels of care to inform other behavioral health partners. A committee member continued the conversation by adding the state does a good job at blending wrap around flex funds to address social determinants of basic needs with clinical service delivery but the system level could have improved outcomes for

children and families in CT. this member added that the holistic view across the children behavioral health systems across CT will incorporates all pieces to enhance the system. A committee member asked if the second definition work is available for committee members to review. Another committee member added that they want to review the second report and collaborate with stakeholders to create a project plan for the next actionable steps to determine the capacity to design an updated fiscal map. A presenter responded that they would examine the compiled data to share additional information with the committee.

Next Meeting:
September 17th, 2025
2:00 –4:00PM
LOB Room 1C