

INTERAGENCY COUNCIL FOR ENDING THE ACHIEVEMENT GAP

March 11, 2022
Meeting Minutes



OPENING REMARKS & ROLL CALL

The Honorable Susan Bysiewicz, Lieutenant Governor
State of Connecticut

Opening Remarks

Lieutenant Governor Bysiewicz calls meeting to order and offers opening remarks:

- Acknowledges and thanks agencies for their efforts to ensure equitable access to education resources and opportunities.
- Expresses that closing the opportunity gap is a priority for the administration and that quality education for our young people is a critical factor in this work.
- Notes that this meeting will focus on children's behavioral health.
- Welcomes guests:
 - *Department of Developmental Services represented by Tammy Venenga, Director of Specialized Service; and*
 - *Dr. Shyknia Brown, Assistant Professor of Clinical Psychiatry at Yale School of Medicine.*

Member Agencies

Lt. Governor asks Kari Sullivan Custer, State Department of Education (SDE) to conduct the roll call.

- Office of the Lieutenant Governor:
The Honorable Susan Bysiewicz, Lieutenant Governor, Chair; and Cherie Phoenix-Sharpe, General Counsel
- Connecticut State Colleges and Universities (CSCU): Dr. Stephen Hegedus, Dean of Education, Southern Connecticut State University
- Department of Administrative Services (DAS): Mark Raymond, Chief Information Officer, State of Connecticut
- Department of Children and Families (DCF): Vanessa Dorantes, Commissioner, Michael Williams, Deputy Commissioner, Matt Folan, Superintendent, Unified School District #2, Dr. Glen Worthy, Superintendent of Education, Juvenile Justice Facilities
- Department of Economic and Community Development (DECD): (Not present)
- Department of Housing (DOH): Shante Hanks, Deputy Commissioner
- Department of Public Health (DPH): Miriam Miller, Special Projects and Policy Manager, Ann Gionet, Health Program Supervisor
- Department of Social Services (DSS): Dr. Deidre Gifford, Commissioner, Astread Ferron-Poole, Chief of Staff
- Judicial Branch: Patricia Nunez, Program Manager
- Office of Early Childhood (OEC): Beth Bye, Commissioner, Elena Trueworthy, Director, Head Start State Collaboration Office
- Office of Policy and Management (OPM): Holly Williams, Director, Fiscal and Program Policy Section
- State Department of Education (SDE): Charlene Russell-Tucker, Commissioner-Designate; John Frassinelli, Division Director; Chlo-Ann Bobrowski, Education Manager, Kari Sullivan-Custer, Education Consultant; and Matthew Falconer, Education Consultant

Agenda

Lt. Governor Bysiewicz reviews the agenda noting that the behavioral health discussion will be co-facilitated by DCF Commissioner Dorantes and SDE Commissioner Russell-Tucker. She further notes that other agencies with comments are welcome to participate in the discussion.

- I. **Opening Remarks & Roll Call**
The Honorable Susan Bysiewicz
Lieutenant Governor, State of Connecticut
- II. **Acceptance of Minutes and Follow-up from Last Meeting Discussion**
- III. **Children's Behavioral Health Presentation and Discussion**
- IV. **Next Steps**
- V. **Closing/Meeting Adjourned**

Acceptance of Minutes and Follow Up from Last Meeting

Topic	Notes
December 15, 2021 Meeting	<ul style="list-style-type: none">• Lt. Governor notes the following topics covered:<ul style="list-style-type: none">• Chronic Absence• Reading• Multilingual Learners• Lt. Governor notes that meeting minutes were circulated in draft to Council for review and no edits were received• Lt. Governor notes that if anyone has corrections at this time to let her know and, seeing none, asks if there are objections to accepting minutes as final.<ul style="list-style-type: none">• No objections; December 15, 2021, minutes accepted as final.
Follow-up items from December 15, 2021, Council Meeting	<ul style="list-style-type: none">• Lt. Governor notes that Dr. Hegedus shared information about programs in the last 5 years related to education and mental health and that this information was circulated to the Council members with the draft minutes.

Lt. Governor introduces Commissioner Dorantes to kick-off the children's behavioral health presentation and discussion

Interagency
Council on Ending
the Achievement
Gap

Children's
Behavioral Health
Initiatives

March 11, 2022

Connecticut's Children's Behavioral Health System

A Multi-Agency and Multi-Branch Collaboration



Interagency Council for Ending the Achievement Gap

March 11, 2022

Order of Speakers

1. Vannessa Dorantes, Commissioner, Department of Children and Families
2. Charlene Russell-Tucker, Commissioner, State Department of Education
3. Tammy Venenga, Director of Specialized Service, Department of Developmental Services
4. William Halsey, Interim Director of Medicaid and Division of Health Services, Department of Social Services
5. Ann Gionet, Health Program Supervisor, Department of Public Health
6. Patricia Nunez, Program Manager, Judicial Branch
Dr. Shyknia Brown, Assistant Professor of Clinical Psychiatry, Yale University, School of Medicine



Overview of Children's Behavioral Health System

VANNESSA DORANTES
DCF COMMISSIONER

Current Issues

- ❖ American Academy of Pediatrics has declared a national emergency regarding children's mental health
- ❖ Nationally, this is a seasonal problem which has been exacerbated by the pandemic
- ❖ Hospital emergency departments (EDs) are seeing high volumes of children with behavioral health (BH) needs, many arriving by ambulance
- ❖ Supporting CCMC's requests for assistance
- ❖ Current crisis is straining inpatient behavioral health capacity, causing children to spend extended periods of time in the ED awaiting placement in other institutions
- ❖ Relevant state agencies have been working to address the chronic underlying problems over the last several months

State Agency Collaboration

- ❖ DCF – Statutory responsibility for children’s BH; directly operates or contracts for BH facilities and services for children
- ❖ SDE – Social-Emotional Learning initiatives, school-based BH services
- ❖ DDS – Manages services for children with intellectual disabilities
- ❖ DSS – Largest payer of children’s BH services; enrolls providers, designates what services can be covered and determines pay rates; statutory responsibility for individuals on the autism spectrum
- ❖ DPH – Licenses hospitals, school-based health centers, oversees emergency transport systems
- ❖ OWS – Evaluates ways to attract professionals to the BH field
- ❖ OHS – Manages the “Certificate of Need” (CON) process for hospitals; reviews and approves hospital requests to expand or reduce beds or service categories
- ❖ DMHAS – Statutory responsibility for adult BH system; directly operates or contracts for BH services for adults, some of which also treat older adolescents
- ❖ OPM – Budget and policy oversight
- ❖ Judicial Branch –Standardized procedure for identifying the mental health needs of juveniles under its jurisdiction

Levels of Care

- ❖ The CT Behavioral Health Partnership (CTBHP) was created to determine the appropriate treatment for a Medicaid eligible child with behavioral health needs
- ❖ The legislature empowered the CTBHP to establish the guidelines that ensure effective use of state and federal treatment funds
- ❖ The guidelines only apply to children who receive healthcare through Medicaid and not those using private commercial insurance
- ❖ There are 17 levels of care where a child may be treated after assessment by the CTBHP, from in-home supports to long-term inpatient hospitalization
- ❖ A child can receive treatment at a lower level of care but not a higher level of care unless approved by the CTBHP

Population Served by DCF

- ❖ DCF is the lead state agency for children's behavioral health services
 - Mental health services
 - Substance use disorders
 - Suicide prevention
 - Juvenile justice diversion
- ❖ All children under age 18
- ❖ Children in foster care at age 18 can voluntarily remain in DCF care until the age of 21 and continue to receive services and support

DCF Actions

- ❖ Reviewed existing strategic plans for guidance
 - Children's Behavioral Health Plan: www.plan4children.org
 - State Suicide Prevention Plan www.preventsuicidect.org
- ❖ Developed Children's Behavioral Health resource guides for parents: [Support & Services | Wrap CT \(connectingtocarect.org\)](http://Support&Services|WrapCT.connectingtocarect.org)

Funding Sources

- ❖ General Fund Appropriation
- ❖ Community Mental Health Services Block Grant (CMHBG)
- ❖ American Rescue Plan Act (ARPA)
- ❖ Health Resources & Services Administration (HRSA)

General Fund Appropriation

- ❖ Support from the Governor and the Legislature has allowed DCF to develop a strong network of care
- ❖ DCF budgeted amounts for behavioral health services:
 - Community Programs – both contract and fee-for-service - \$76.4 million
 - Congregate Care – both contract and fee-for-service - \$71.5 million
 - State-Operated Institutions - \$45.1 million

Solnit Children's Center

- ❖ The Solnit Center is a state-operated psychiatric facility for children that includes both inpatient and psychiatric residential treatment facility (PRTF) capacity in Middletown (Solnit South), as well as a PRTF in East Windsor (Solnit North)
- ❖ Solnit South PRTF treats girls (ages 13-17) and has 14 beds; 44 inpatient beds
- ❖ Solnit North PRTF treats boys (ages 13-17) and has 30 beds
- ❖ COVID-19 restrictions required the census to be modified with beds being kept vacant to accommodate potential isolation for infection and to maintain recommended social distancing protocols
- ❖ DCF is working to restore the pre-pandemic census at Solnit Hospital

Services for Juvenile Justice Population

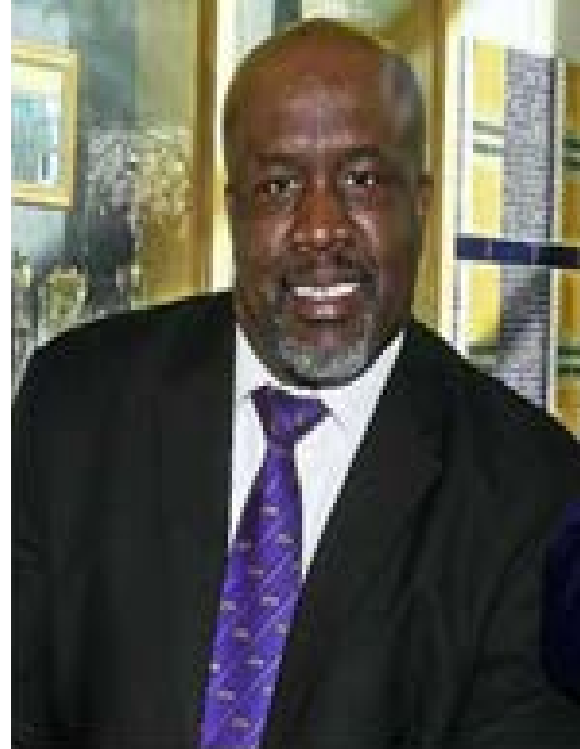
- ❖ After the transfer to the Judicial Branch's Court Support Services Division (CSSD), DCF has continued to contract for many programs that are targeted at children in the juvenile justice system who fall under DCF's behavioral health mandate
- ❖ DCF contracts for services and provides slots that include youth being served by CSSD
- ❖ DCF budgets more than \$23 million annually for this population
- ❖ Most prominent resources:
 - Multisystemic Therapy (MST)
 - Multidimensional Family Therapy (MDFT)
 - Functional Family Therapy (FFT)
 - Adolescent Community Reinforcement Approach (ACRA)
 - Juvenile Review Boards (JRB)

PA 21-174 & Raised SB387

WELCOME Dr. Worthy!

Public Act 21-174 required DCF to develop an operational plan for a unit within DCF to **educate* children who are incarcerated or residing in a juvenile justice facility.

*Sections 1-2 of Raised SB 387 refine the language of that Public Act to clarify that DCF will serve **an administrative role and provide oversight of the education** at these facilities. The proposed language changes also confirm that the Department **will not be directly involved in hiring of teachers or contracting with school boards.***



Dr. Glen Worthy
Superintendent of
Education in JJ Facilities

Dr. Worthy received his Bachelor of Science in health education from Western Connecticut State University, Master of Science in school counseling from the University of Bridgeport, a Sixth-Year degree in school administration from Sacred Heart University, and his doctorate from Walden University. In addition, he obtained his superintendent certification from Sacred Heart University.

Most recently, he was the proud principal of James Hillhouse High School. As a strong advocate for at-risk students, Dr. Worthy is passionate that all students receive a high-quality education. At Hillhouse High School, Dr. Worthy implemented a Pre-Advance Placement program for 9th and 10th graders in order to increase the number of male students taking Advance placement courses. He has partnered with Gateway Community College to create an Associates program for students interested in health career pathways and an automotive program. All these programs are to ensure the students at Hillhouse are college and career ready.

As a principal at Hill Central a K-8 school in New Haven, Dr. Worthy received the chance to launch a “turnaround” effort financed by a federal School Improvement Grant (SIG) aimed at overhauling low-performing schools. He took advantage of attrition to replace half of his staff and rebuilt the school using a “distributive leadership” model, where teachers were empowered to make instructional changes at the school. The effort quickly yielded results: The number of kids scoring “proficient” in reading on state standardized tests climbed from 24 percent to over 52% in two years. Dr. Worthy narrowed achievement gap for ELLs with 67.5% increase in reading in grade 5, 33.4% in grade 6, and 13.9% in 8th grade all in 2 years.

Dr. Worthy was nominated by the State Department of Education to be an America Achieves Fellow. America Achieves is a National non-profit organization that consults with policy makers on school reform. This Fellowship Program helps communities and states leverage policy, practice, and leadership to build high quality educational systems. Out of thousands of applicants across the country, Dr. Worthy was accepted and as part of the program, he participated in the NBC News Education Nation Summit – a national conference held in New York City to discuss the state of education in America. There, he met to advise public officials and educational leaders on educational policy and practice including U.S. Secretary of Education Arne Duncan.

Dr. Worthy currently served as First District Keeper of Records and Seal for Omega Psi Phi Inc. Fraternity. He is also on the board of Connecticut Interscholastic Athletic Conference football committee.

Dr. Worthy grew up in the Newhallville section of New Haven and graduated from Wilbur Cross High School.

CMHBG-Funded Initiatives

- ❖ Mobile crisis hub development with electronic appointment scheduling
 - \$250,000 total (exploration of platforms)
- ❖ Development of the Regional Suicide Advisory Boards: prevention, outreach and postvention activities
 - \$500,000 total
- ❖ Urban Trauma Performance Improvement Center
 - \$500,000 total
- ❖ Promotion of National Culturally and Linguistically Appropriate Services Standards and Racially Just Health Equity Plans for community providers
 - \$200,000 total
- ❖ Children's Behavioral Health Plan Systems Improvements
 - \$250,000 total
- ❖ First Episode Psychosis (FEP) Learning Community
 - \$480,000 total (\$120,000 annually next 3 years)

CMHBG-Funded Initiatives



- ❖ Child and Family Empowerment project
 - ❖ Empowering children with mental health issues who are being identified through a social determinants of health lens
 - ❖ \$400,000 total (\$200,000 annual for 2 years)
- ❖ System Collaboration on Student Mental Health project
 - ❖ \$500,000 total (\$166,666 annual for 3 years)
- ❖ Child mental health plans through promotion of Gizmo's mental health book and curriculum
 - ❖ \$400,000 total (\$200,000 annual for 2 years)
- ❖ Workforce development focused on increased competency development for special populations
 - ❖ Intellectual/developmental disability, eating disorders, problem sexual behavior, FEP, etc.
 - ❖ \$961,932 total (~\$240,000 annual for 4 years)

ARPA-Funded Initiatives

Immediate/Near-Term Solutions

- ❖ 12 Intensive Transition Care Management teams to improve throughputs from acute levels of care
 - ❖ \$1 million (annually for 2 years)
- ❖ Mobile crisis 24/7 enhancements
 - ❖ \$1.4 million (annually for 2 years)

ARPA-Funded Initiatives

Medium/Long-Term Solutions

- ❖ Develop Urban Trauma Network
 - ❖ \$1 million
- ❖ Develop Behavioral Health Urgent Crisis Centers (BHUCC) and Crisis Stabilization Centers
 - ❖ \$2 million (annually for 2 years)

Contract and RFP Process

- ❖ Funds budgeted for improvements must be distributed following state laws and procedures to ensure appropriate fiscal controls and oversight
- ❖ Existing contracts must be properly amended and executed
- ❖ New programs (BHUCC, Stabilization Centers) must be appropriately posted and vetted
- ❖ DCF consulted community providers on funding needs and determination of gaps in the behavioral health service array
- ❖ ARPA funding must be reconciled with the federal rules

Contract and RFP Process

TOUCHPOINT	SUMMARY	TIMEFRAME
Planning & Service Development	Design of the service, identification of key components, analysis of need, determination of capacity	2-4 weeks
RFP Drafting & Finalization	Writing the RFP, determining procurement schedule	2 weeks
OPM Request & Approval	Required per statute (any contract in excess of \$50,000)	1 week * <i>(completed concurrent to 2 week RFP drafting period)</i>
Scope of Service Development & OAG Approval	Drafting of contract scope and review by OAG (required for any contract in excess of \$25,000)	2 weeks * <i>(completed concurrent to 2 week RFP drafting period)</i>
RFP Evaluation Plan Development & Approval	Required per OPM Procurement Standards. Designates RFP Evaluation Committee, scoring criteria and establishes operating guidelines for the RFP	1 week * <i>(completed concurrent to 2 week RFP drafting period)</i>
RFP Release & Process	Posting to CT Source, newspapers and DCF website. RFP process (Bidders Conference, Questions & Answers, Letter of Intent, Proposal submission)	7 weeks

Contract and RFP Process (Cont.)

TOUCHPOINT	SUMMARY	TIMEFRAME
Proposal Review & Evaluation	Review and scoring of proposals by Evaluation Team	2 weeks
Proposal Award	Review and Award by Commissioner	1 week
Contract Negotiations	Negotiation of contract with awardee(s)	1 week
Contract & Budget Development	Assembly of contract and budget completion by provider	1 week
Contract Signature	Signature by provider, DCF and OAG	1-2 weeks
Contract Execution & Payment	---	---

Timeline from Identification of Funding to Release of Funding: 20 weeks (4-5 months)

HRSA-Funded Initiative

ACCESS Mental Health Expansion - \$445,000 (January 2022)

- ❖ Providing real-time psychiatric consultation, care coordination and education to primary care physicians across the state
- ❖ Expanding services to support all youth ages 21 and younger
- ❖ Services provided regardless of insurance coverage
- ❖ Beacon Health Options subcontracts with three community hubs:
 - ❖ Wheeler Clinic
 - ❖ Yale
 - ❖ Hartford HealthCare

2021 BH Legislation

- ❖ PA 21-35 - Establishes a working group to develop recommendations for the strategic expansion of school-based health center services with a focus on providing onsite mental, emotional or behavioral health services to children and adolescents at school
- ❖ PA 21-46 - Requires the Youth Suicide Advisory Board and Office of the Child Advocate to jointly administer Question, Persuade, Refer (QPR), an evidence-based youth suicide prevention training program in each local and district health department
- ❖ PA 21-116 - Requires DCF to develop and annually review and update a document for each mental health region designated by DMHAS describing the behavioral and mental health evaluation and treatment resources available to children
- ❖ PA 21-2 June Special Session - State Budget
 - ❖ Provides funding for DCF to hire additional nurses at Solnit North
 - ❖ Provides additional funding for Youth Service Bureaus and Juvenile Review Boards

Questions

Lt. Governor asks about a Hartford program that provides counselors to support families and victims of gun violence?

- Commissioner Dorantes responds that many municipalities have their own funding sources as it relates to children's behavioral health so along with all of those categories that we just stepped through with funding from the state and federal government, municipalities also were the recipients of funding and this program provided through that local funding.
- Commissioner Gifford adds that a Gun Violence Prevention benefit has been added to the Husky Program and is currently being implemented in Hartford. DSS is working with the founders and originators of that program to translate that program into a statewide Medicaid benefit by which counselors would be available to visit the victims and families of violence.

Lt Governor inquires how municipalities can use ARPA funding for mental health. She adds that legislators from every kind of community in the state are concerned about mental health? How much money are municipalities getting to address this on their own?

- Commissioner Dorantes responds that we are thinking of the ARPA funds from a sustainability standpoint and really trying to replicate some of the best practices to be Medicaid reimbursables. We're looking to see how we can expand beyond the ARPA funding so it's not just a "one and done" practice.
- Commissioner Gifford adds that one of the main focus areas in the federal guidance is to focus on the mental health consequences of the pandemic.

Commissioner Dorantes introduces SDE Commissioner Charlene Russell-Tucker to lead next portion of the presentation.



CONNECTICUT STATE DEPARTMENT OF EDUCATION

Commissioner Dorantes introduces Commissioner Russell-Tucker to discuss how behavioral health is addressed in schools.

CSDE's Commitment to Addressing Schools' Social-Emotional and Behavioral Health Needs

Interagency Council for Ending the Achievement Gap

Commissioner Charlene M. Russell-Tucker
March 11, 2022

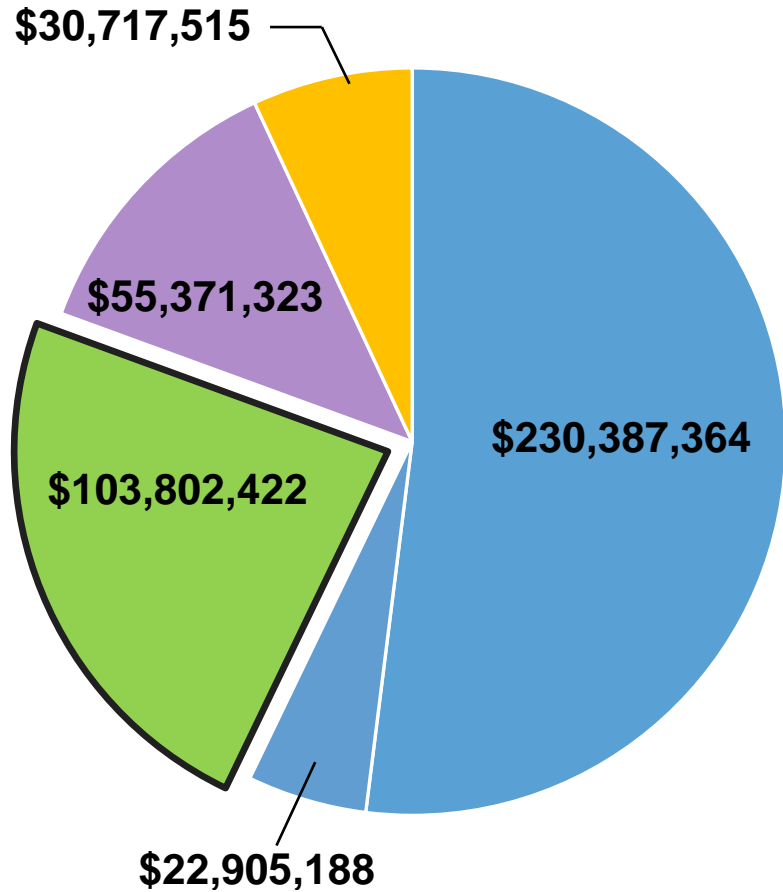
CSDE's Priorities to Guide Investment Decisions

Five State-Level Priorities

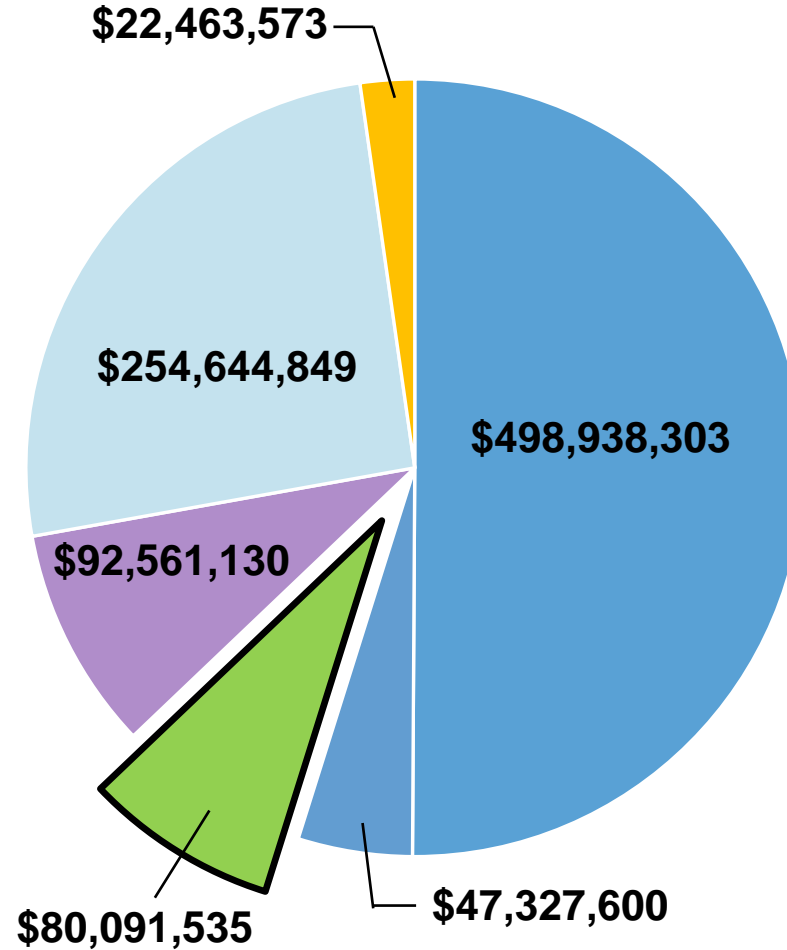
guiding the investment of more than \$1.7 billion in Federal Elementary and Secondary School Emergency Relief (ESSER) funds since the start of the pandemic

- ✓ Learning Acceleration, Academic Renewal, and Student Enrichment
- ✓ Social, Emotional, & Mental Health of the Students & School Staff
- ✓ Strategic use of Technology, Staff Development, & the Digital Divide
- ✓ Family & Community Connections
- ✓ Building Safe & Healthy Schools

ESSER II District Investments by Priority Area



ARP ESSER District Investments by Priority Area



- Priority 1: Learning Acceleration, Academic Renewal and Student Enrichment
- Priority 2: Family and Community Connections
- Priority 3 - Social, Emotional, and Mental Health of Students and Staff
- Priority 4: Strategic Use of Technology, Staff Development and the Digital Divide
- Priority 5: Building Safe and Healthy Schools
- Other

Highlighted District Investments in Social, Emotional, & Mental Health

Investments have been made to support students and school staff to re-engage with their school communities as schools returned to in-person learning.

District Highlights
<ul style="list-style-type: none">• Contracting with local health providers to expand mental, physical, and behavioral 1-to-1 services both during and after the school day• Continuing and expanding district Social-Emotional Learning (SEL) teams to monitor staff training and implementation• Professional development on trauma-informed practices; culturally relevant pedagogy; SEL; Diversity, Equity, and Inclusion (DEI); and non-discriminatory policies and practices• Establishing districtwide common language, plus procedures in conflict resolution• Hiring Behavioral Tutors to address learning loss and implement SEL practices• Creating a district ‘train-the-trainer’ model for therapeutic crisis intervention

Across CT, there has been a 6% increase in full-time equivalent counselors, social workers, and school psychologists to provide necessary academic and social-emotional/mental health supports to students.



Question

Lt. Governor asks if the pie charts shared are used to guide municipal priorities: 1) learning and academic acceleration; 2) family and community; 3) social and emotional; and 4) technology?

- Commissioner Russell-Tucker responds that this is exactly right. All districts had to do a detailed plan that was submitted to the agency. CSDE said that these are the investment priorities and that the districts should do an assessment to look at: What do you currently have in place? What are your needs? What are other resources that you currently have? This ESSER funding is on top of additional funds. District plans were submitted for approval to the State Department of Education.

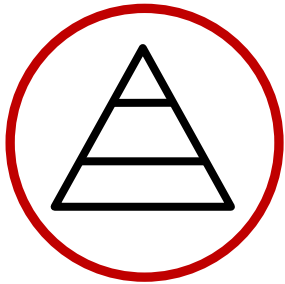
CSDE Current Initiatives & Investments



Project AWARE: 5-yr, SAMHSA-funded initiative using trauma-informed, multi-tiered system of supports for addressing mental health and preventing violence among school-age youth



Learner Engagement and Attendance Program (LEAP): \$10.7M program providing targeted support to 15 districts through home visits in order to improve attendance and engagement, as well as address chronic absenteeism



Tiered Supports for School Discipline: Advised by the CT School Discipline Collaborative, developed tiered system of supports aimed at reducing school discipline and disproportionality



Statewide Behavioral Health Landscape Scan & Focus Group: Snapshot of emerging trends, concerns, and work taking place in schools regarding mental health services



Webinars & Digital Resources: Free, online resources to assist students, parents, caregivers, educators, and student support personnel, as well as virtual events to engage in social, emotional, and mental health discussions

CSDE Current Initiatives & Investments



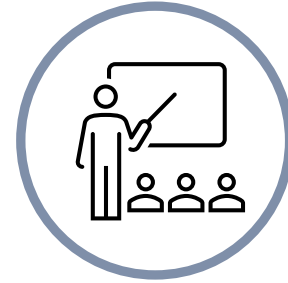
Statewide SEL Landscape Scan: Systematic collection of data, offering insight into great work already taking place in districts, plus emerging concerns and trends related to SEL for K-12 across CT



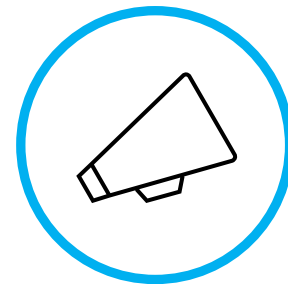
Components of Social, Emotional, and Intellectual Habits: Framework for districts to integrate SEL content into lessons so that K-3 students can learn, practice, and model essential personal life habits that will contribute to academic and personal success



Devereux Student Strengths Assessment (DESSA) System: Free tool to measure 8 SEL competencies and quickly assess students for SEL attributes, available to all districts



Designed SEL Hub: Providing on-demand resources to inform, educate, and develop compassionate learning spaces, as well as accelerate learning and advance equity

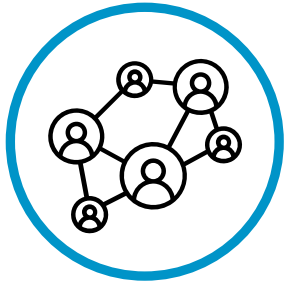


Student & Teacher Engagement: Boosting student participation (e.g., Voice4Change) & educator recruitment & retention efforts (e.g., TEACH CT)



School-Based Diversion Initiative (SBDI): [Keeping kids in school](#), improving student outcomes, & ensuring that students receive fair and equitable in-school discipline regardless of mental health, special education needs, or demographic characteristics. Implemented in 60 schools across 22 districts.

CSDE Planned Initiatives & Investments



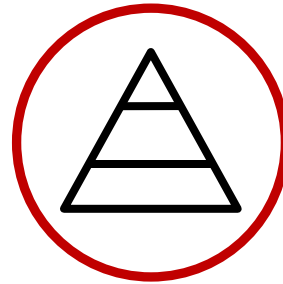
Behavioral Health Pilot: ‘Big Audacious Goal’ to create a scalable/ sustainable system of coordinated care for all K-12 schools to provide comprehensive behavioral and mental health supports and services to students and staff



Healthy and Balanced Living Curriculum Framework: Research-based, theory-driven framework providing districts with a best practice approach to implement a planned, ongoing, and sequential pre-K-12 curriculum that addresses the physical, mental, social, and emotional dimensions of health



Support for Youth in the Criminal Justice System: In partnership with programs serving students involved with the juvenile justice system, providing high-quality instructional resources, devices, and access to digital curricula to align with public school settings



Continued Support Addressing School Discipline: Using 2018-19 district tiers to identify LEAs needing additional support in their efforts to reduce and eliminate disparities in school discipline



Comprehensive School Counseling Framework: Providing a proactive, preventative, and early intervention model for school counselors to support all students in reaching their full potential and acquire critical skills in the areas of academic, career, and SEL

Commissioner Russell-Tucker introduces Tammy Venenga, Director of Specialized Service, DDS

Children's Supports at the Department of Developmental Services (DDS)

March 11, 2022

Department of Developmental Services: *Statutory Definition of Eligibility*

- **Sec. 1-1g. “Intellectual disability” defined.** (a) Except as otherwise provided by statute, “intellectual disability” means a significant limitation in intellectual functioning existing concurrently with deficits in adaptive behavior that originated during the developmental period before eighteen years of age.
- (b) As used in subsection (a) of this section, “significant limitation in intellectual functioning” means an intelligence quotient more than two standard deviations below the mean as measured by tests of general intellectual functioning that are individualized, standardized and clinically and culturally appropriate to the individual; and “adaptive behavior” means the effectiveness or degree with which an individual meets the standards of personal independence and social responsibility expected for the individual's age and cultural group as measured by tests that are individualized, standardized and clinically and culturally appropriate to the individual.

Department of Developmental Services: *Eligibility Criteria*

- Eligibility determined by DDS psychologists, based on documentation of appropriate test measures
- Valid full-scale IQ that is two standard deviations below the mean
 - For most test measures = 69 or below
 - Discrepancies of more than 1.5 standard deviations between IQ indices (verbal comprehension, perceptual reasoning, working memory, processing speed) may invalidate the test → in which case, more specific measures are used to assess
- *Concurrent* deficits in adaptive functioning
 - Main domains: practical (e.g., self-care), conceptual (e.g., money), social skills
- All of this must be evidenced during the developmental period from birth to 18 years

Department of
Developmental
Services:
*Behavioral
Services
Program (BSP)*

- DDS BSP is the department's primary program for delivering behavioral health supports to children
- Eligibility conducted by DDS psychologists
 - Pre-existing eligibility for DDS
 - Evidence of an emotional, behavioral, or mood disorder diagnosis
 - Ages 8 – 18 years
- If the child also has a diagnosis of autism spectrum disorder then the family is directed first to Beacon Health Options Autism Division for state plan services
- If the child also has a mental health diagnosis then the family is directed first to DCF Voluntary Care Management

Department of Developmental Services: *Behavioral Services Program (BSP) cont.*

- DDS BSP is intended to be an in-home program
 - Behaviorist for behavior plan
 - In-home direct care
 - Out-of-school hours
- Certain exceptions have been made for out-of-home placements (residential schools, treatment facilities, group homes)
- BSP Respite – DDS is currently preparing to launch a respite center for children in BSP to have planned weekend respite opportunities (DDS Respite Centers are typically only for individuals with no annualized residential funding)
- Children's Step Up/Down Unit – Plans are underway to develop a Step Up/Down Unit for children with ID who are at risk of hospitalization or are transitioning out of a hospitalization due to significant behavioral health concerns (modeled after DDS adult Step Up/Down Unit).
- Many partnerships with sister agencies to collaborate on jointly eligible children – DCF, DMHAS, SDE/LEAs, CSSD, etc.

Questions

Lt. Governor asks what “step down units” are?

- Ms. Venenga responds that at DDS it is defined as: if a patient is at the hospital and ready to step down to something less restrictive than the hospital would be but not yet ready to step down back to your family home. A patient may not be accepted for hospital level of care but may need something in between. The patient is stepping down or they’re stepping up to get that middle level of support.

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DSS alignment with the Master Plan to Eliminate the Achievement Gap

Commissioner Dorantes introduces Commissioner Gifford to present.

Result will be: All children will be emotionally stable, resilient and capable of self-regulation

“Outside the Schoolhouse”:

- **Poverty:** maximize Medicaid eligibility, SNAP, LIHEAP, TANF, WIC and Access Health CT
- **Hunger and Food Insecurity:** SNAP, Continued partnership around Free and Reduced Price School Meals, Summer EBT
- **Housing:** CT Housing Engagement and Support Services (CHESS)
- **Early Care and Education & Social Emotional Health:** Maternity bundle, universal home visiting, home visiting, Birth to Three, behavioral health in primary care, Infant and early childhood mental health, EPSDT

DSS alignment with Master Plan to Eliminate the Achievement Gap

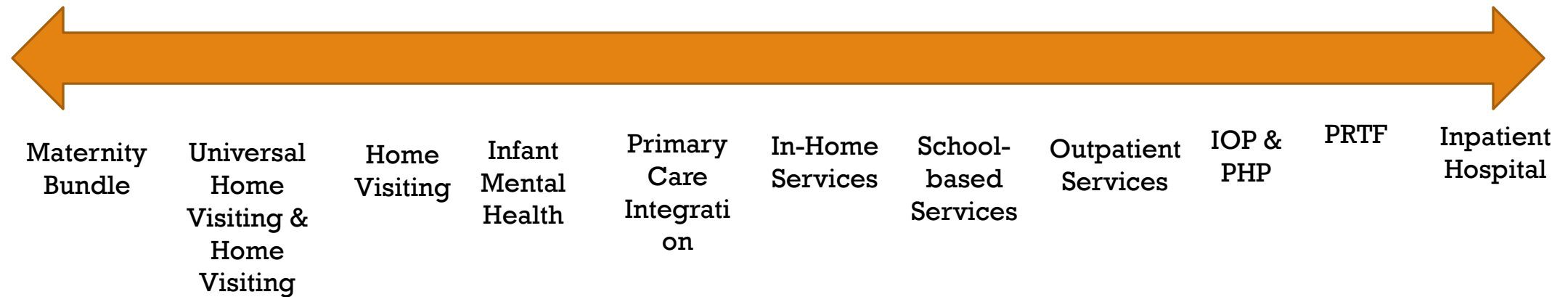
Result will be: All children will be emotionally stable, resilient and capable of self-regulation

“Inside the Schoolhouse and Inside State Government”

DSS stands ready to explore opportunities to collaborate with SDE on evidence based social emotional learning interventions provided within the school to Medicaid eligible youth and reimbursed by Medicaid.

e.g. Project AWARE, CBITS, “Big Audacious Goal”

Assessment of the Entire Continuum



Short-Term Initiatives

Initiative	Status
Pediatric Inpatient Hospital Bed Expansion- Round 1	<ul style="list-style-type: none">• Bulletin Issued in June 2021• Hospital for Special Care expansion – 8 beds (for special needs, autism, and intellectual disability)
Intensive Transition Care Management RFQ Issued	<ul style="list-style-type: none">• June 2021• Contracts are now executed
4% Rate Enhancement to raise salaries and benefits	<ul style="list-style-type: none">• Implemented in November 2021
Pediatric Inpatient Hospital Bed Expansion- Round 2	<ul style="list-style-type: none">• Bulletin re-issued in November 2021• Total increase of 25 new pediatric inpatient beds:<ul style="list-style-type: none">• Hartford Health• Trinity• ECHN• Hospital for Special Care

Medium-Term Initiatives

Initiative	Status
Mobile Crisis Enhancement	Medicaid enhanced match for improved and enhanced mobile crisis system effective 4/1/22
Outpatient Alternative Payment Model (APM)/Care Management Entity Development	Multi-state agency workgroup developing outpatient APM/care management entity concept
Universal Home Visiting/Home Visiting	Under development with Office of Early Childhood (OEC)
Infant and Early Childhood Mental Health	Under development with DCF and OEC
School-based Mental Health	<ul style="list-style-type: none">• Review role of school-based health clinics• Assess expansion of evidence-based, school-based mental health interventions

Commissioner Russell-Tucker introduces Ann Gionet, Supervisor, Adolescent and Child Health Unit

School-Based Health Centers (SBHC)



**Promoting the Health and Well-Being of
Connecticut Students**





SBHC Background

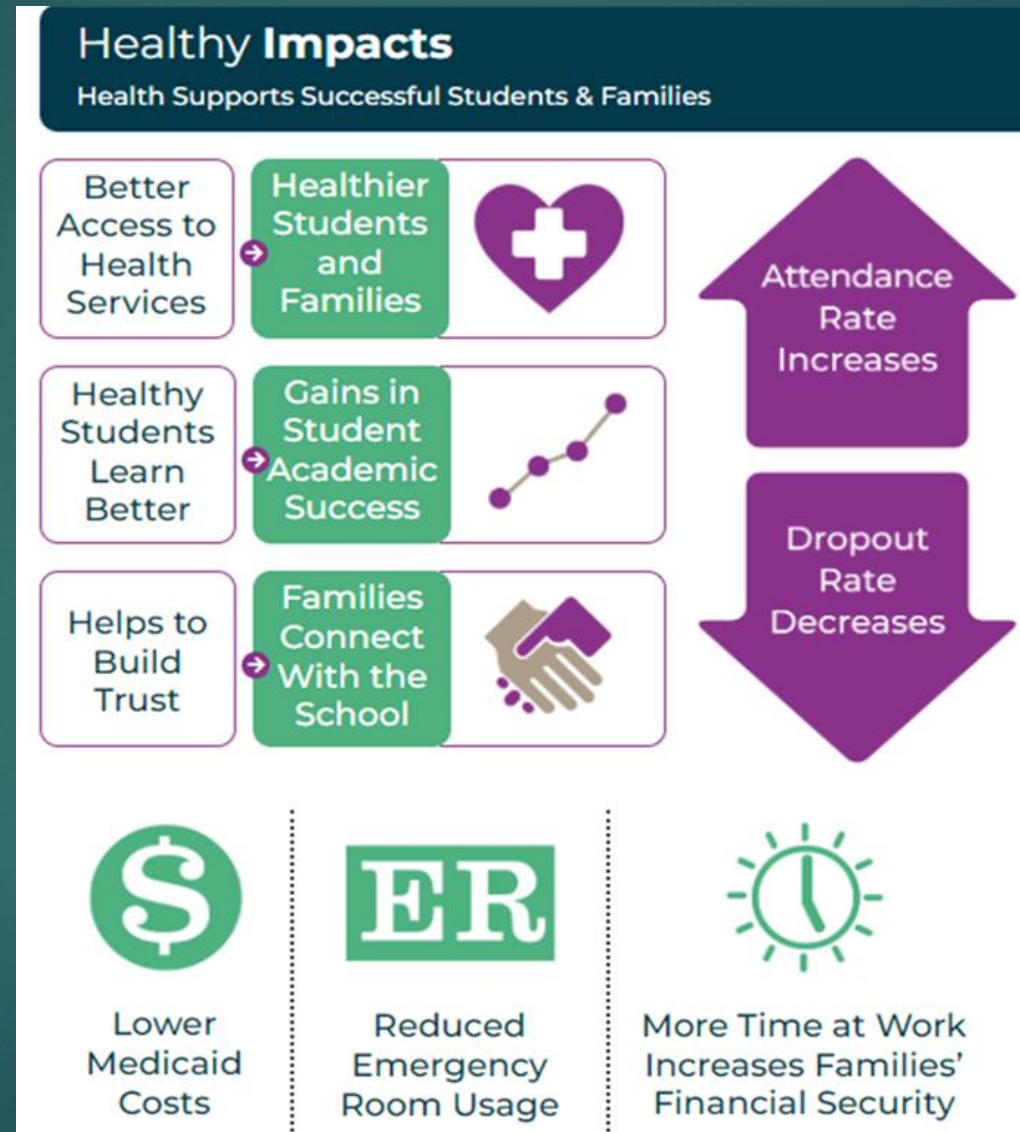
What is a School-Based Health Center?

- ▶ Free standing medical clinics located within or on the grounds of schools.
- ▶ Licensed as outpatient clinics or as hospital satellites.
- ▶ Open to all enrolled in the school regardless of ability to pay/insurance status.
- ▶ Work collaboratively with schools, parents, and the community.
- ▶ Ensure that students are healthy and ready to learn.



Benefits of SBHCs

Intersection of Health and Education



Source: School-Based Health Alliance, <https://www.sbh4all.org/what-we-do/>

SBHC Types

School Based Health Center Sites (78 DPH funded)	Expanded School Health Sites (12 DPH funded)
A health clinic that provides comprehensive on-site medical and behavioral health services to children and adolescents.	A health clinic that provides medical or behavioral services, which may include but not limited to dental services, counseling, health education, health screening and prevention services to children and adolescents.



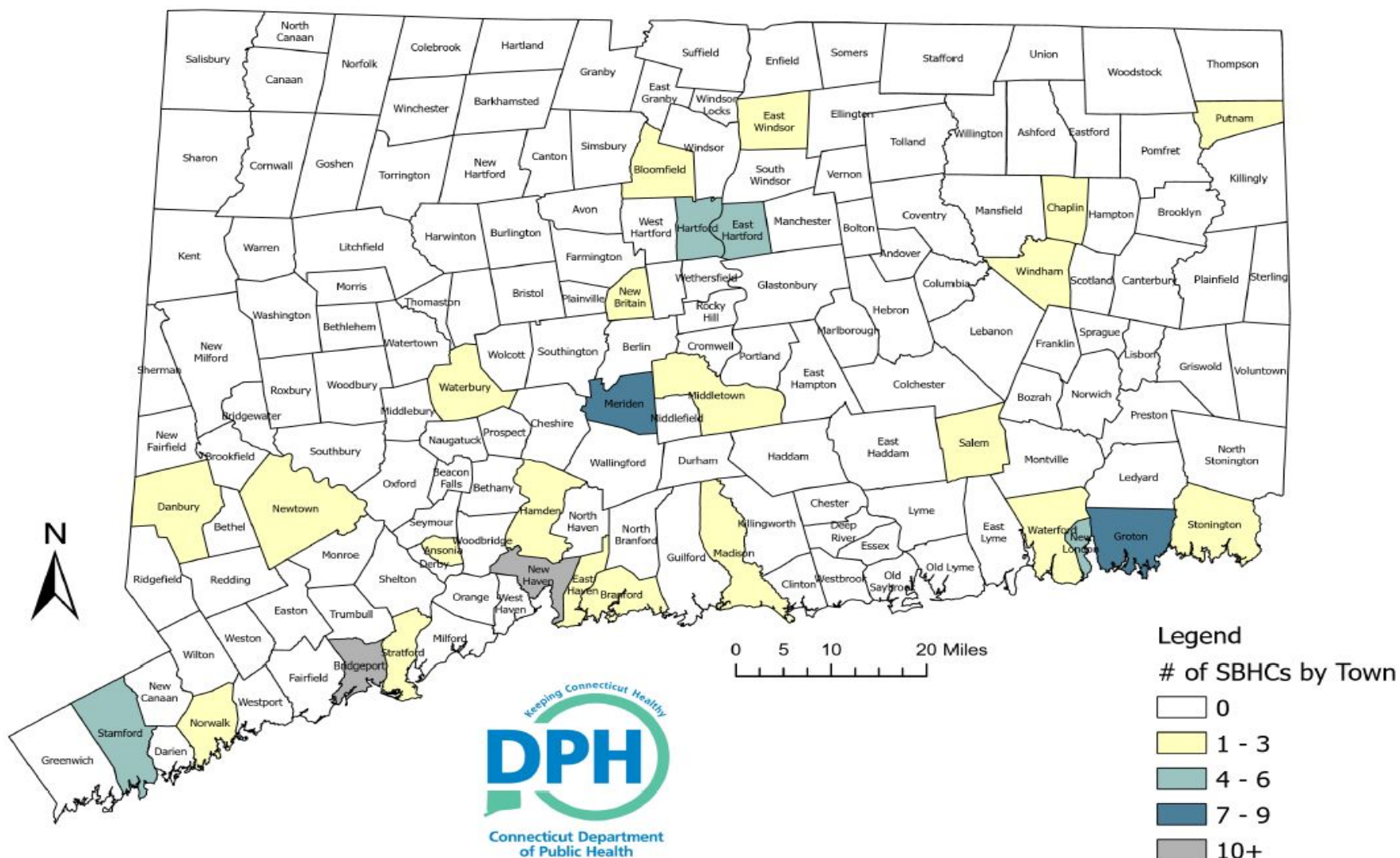
DPH Funded School Based Health Centers

This map illustrates the distribution of DPH Funded School Based Health Centers across the state of Connecticut. The towns are color-coded based on the number of SBHCs they contain. The legend indicates the following ranges:

- 0 (White)
- 1 - 3 (Yellow)
- 4 - 6 (Light Blue)
- 7 - 9 (Dark Blue)
- 10+ (Grey)

The map includes a north arrow and a scale bar (0 to 20 miles). The Connecticut Department of Public Health logo is also present.

Town	# of SBHCs
Stamford	4 - 6
Meriden	7 - 9
Groton	7 - 9
Waterbury	1 - 3
Danbury	1 - 3
Newtown	1 - 3
Hamden	1 - 3
Middletown	1 - 3
Stonington	1 - 3
Putnam	1 - 3
East Windsor	1 - 3
Bloomfield	1 - 3
Windham	1 - 3
Chaplin	1 - 3
Windsor	1 - 3
East Hartford	1 - 3
West Hartford	1 - 3
Avon	1 - 3
Plainville	1 - 3
New Britain	1 - 3
Rocky Hill	1 - 3
Cromwell	1 - 3
Portland	1 - 3
East Hampton	1 - 3
Colchester	1 - 3
Salem	1 - 3
Montville	1 - 3
Ledyard	1 - 3
Stonington	1 - 3
Waterbury	1 - 3
New London	1 - 3
East Lyme	1 - 3
Old Lyme	1 - 3
Westbrook	1 - 3
Clinton	1 - 3
Madison	1 - 3
Gulford	1 - 3
North Branford	1 - 3
East Haven	1 - 3
West Haven	1 - 3
Orange	1 - 3
Shelton	1 - 3
Derby	1 - 3
Woodbridge	1 - 3
Seymour	1 - 3
Monroe	1 - 3
Redding	1 - 3
Ridgefield	1 - 3
Bethel	1 - 3
Danbury	1 - 3
Brookfield	1 - 3
New Fairfield	1 - 3
Norwalk	1 - 3
Westport	1 - 3
Fairfield	1 - 3
Bridgeport	1 - 3
Trumbull	1 - 3
Easton	1 - 3
Weston	1 - 3
Wilton	1 - 3
Shelton	1 - 3
Orange	1 - 3
West Haven	1 - 3
East Haven	1 - 3
North Branford	1 - 3
Guilford	1 - 3
Madison	1 - 3
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Fairfield	1 - 3
Bridgeport	1 - 3
Trumbull	1 - 3
Easton	1 -

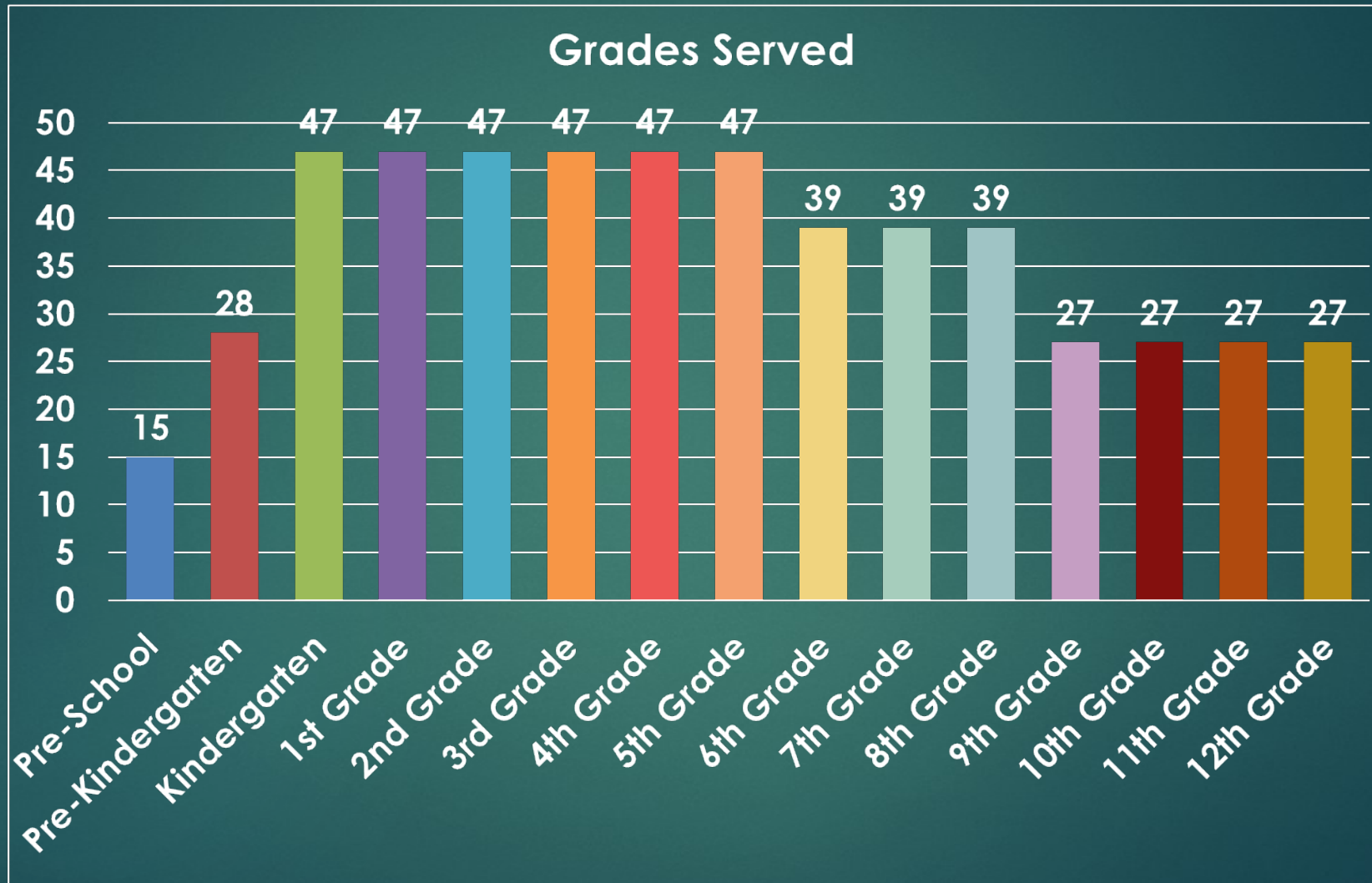


CT Communities with DPH Funded SBHCs

- ▶ Ansonia
- ▶ Bloomfield
- ▶ Branford
- ▶ Bridgeport
- ▶ Chaplin
- ▶ Danbury
- ▶ East Hartford
- ▶ East Haven
- ▶ East Windsor
- ▶ Groton
- ▶ Hamden
- ▶ Hartford
- ▶ Madison
- ▶ Meriden
- ▶ Middletown
- ▶ Mystic
- ▶ New Britain
- ▶ New Haven
- ▶ New London
- ▶ Newtown
- ▶ Norwalk
- ▶ Putnam
- ▶ Stratford
- ▶ Stamford
- ▶ Waterbury
- ▶ Waterford
- ▶ Windham

**TOTAL: 27
Communities**

SBHC Sites by Grade Served



Source: 2020-2021 SBHC Period 1 Report (Q9) What is your school's population?



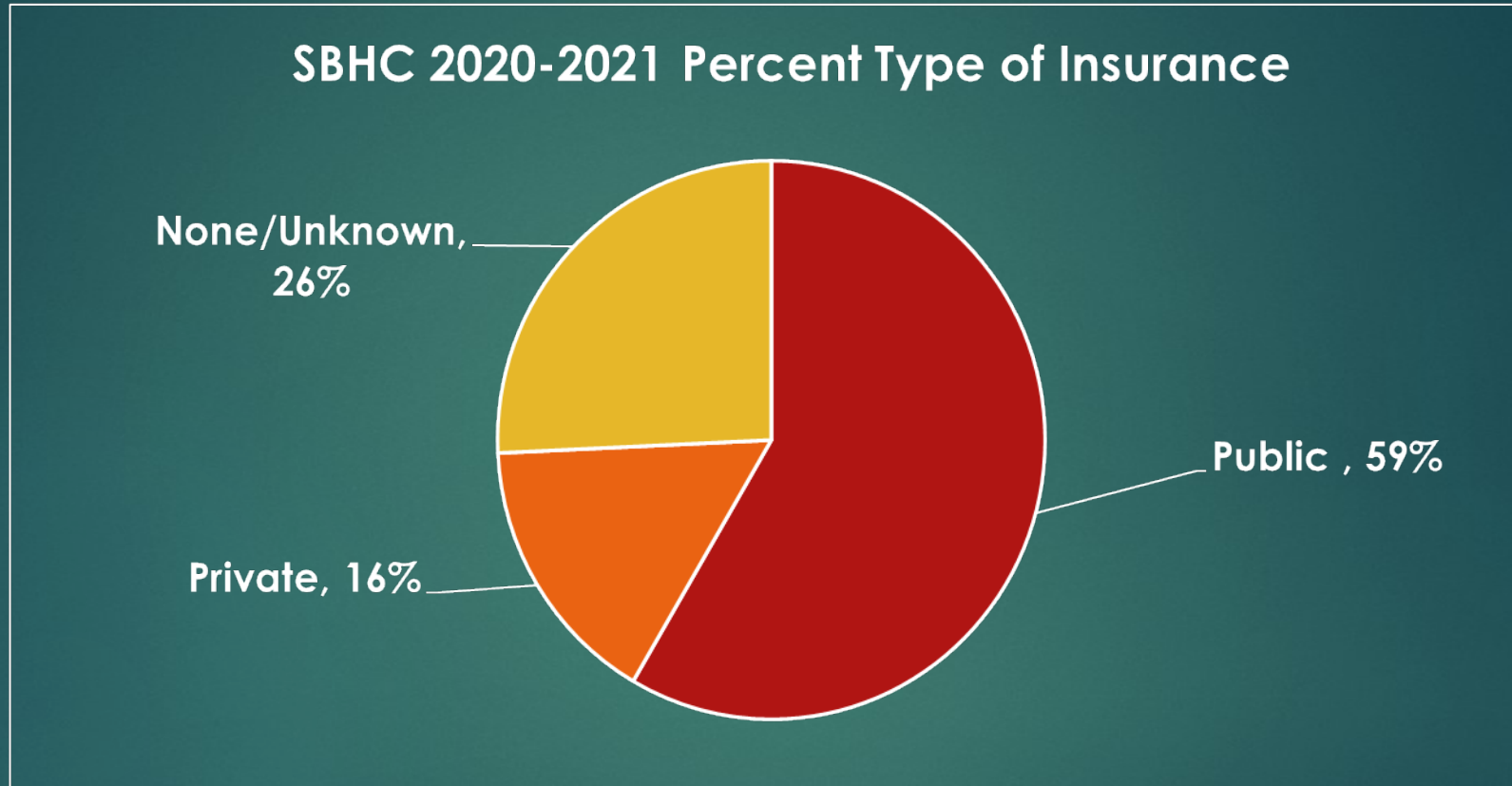
Population, Services Provided and Utilization

Enrollment and Visits Data

	2018-2019	2019-2020	2020-2021
Student Population	69,926	69,804	67,206
Enrolled	39,776	38,869	35,958
Served	23,109	20,148	12,953
% of Population Served	33%	29%	19%

Source: DPH SBHC Year-end Reports.

Type of Insurance by Client



75% of client's have public or private insurance.

DPH funded SBHCs that provided medical and behavioral health services bill and may be reimbursed for services.

Source: DPH SBHC Year-end Reports.

SBHC Medical Services

- ▶ Physical exams and routine checkups
- ▶ Immunizations
- ▶ Diagnosis and treatment of acute injuries and illnesses
- ▶ Managing/monitoring chronic disease
- ▶ Prescribing and dispensing medications
- ▶ Reproductive health
- ▶ Health education/promotion/risk reduction activities
- ▶ Nutrition counseling and weight management
- ▶ Outreach and linkages to community-based providers
- ▶ Referral and follow-up for specialty care

	2018-2019	2019-2020	2020-2021
Medical Visits	62,159	44,955	25,711
Medical Users	20,216	17,254	9,831
Average # of Medical Visits	3.1	2.6	2.6

SBHC Mental Health Services

- ▶ Mental health services and screenings
- ▶ Individual, family, and group counseling
- ▶ Crisis intervention
- ▶ Education

	2018-2019	2019-2020	2020-2021
Mental Health Visits	60,697	49,297	51,182
Mental Health Users	4,589	4,344	4,515
Average # of Mental Health Visits	13.2	11.3	11.3

SBHC Dental Services

- ▶ Oral health screening
- ▶ Restorative care
- ▶ Sealants
- ▶ Prophylaxis
- ▶ Mobile dental

	2018-2019	2019-2020	2020-2021
Dental Visits	9,557	5,914	2,880
Dental Users	3,814	3,181	1,674
Average # of Dental Visits	2.5	1.9	1.7



Current Project

PA 21-35 Access to health care in response to COVID

- ▶ Working group to develop recommendations for the strategic expansion of SBHC services in CT
- ▶ The group shall consider:
 - ▶ Geographic regions where SBHCs may be needed.
 - ▶ 157 schools were identified in 21 towns.
 - ▶ Options to expand or add services at existing SBHCs.
 - ▶ 36 schools (no current MH services) were identified in 11 towns or
 - ▶ 124 schools (to expand on current hours for MH and/or Medical services) were identified in 22 towns
 - ▶ Methods for providing support for SBHCs to expand telehealth.
 - ▶ Options for expanding insurance reimbursement
 - ▶ Options to expand access





Commissioner Dorantes introduces Patricia Nunez, Program Manager, from the Judicial Branch

Behavioral Health & Academic Achievement for Students in State Care

Judicial Branch
Court Support Services Division
Patricia Nunez, Program Manager
March 11, 2022



Juvenile Residential Centers and Residential Treatment Programs

2 juvenile residential centers (Bridgeport and Hartford) - pretrial

3 REGIONS secure treatment programs - post adjudication

1 REGIONS limited-secure treatment program - post adjudication

3 REGIONS staff secure programs - post adjudication

4 Community Residential Programs - probation supervision



Educational Profile of Students in State Care

54% suspended in past

32% expelled in past

25% reporting special education needs

Overage and under credit

Less than 5% perform at stated grade level or above

Typically perform 2-3 levels below stated grade



Patricia Nunez introduces Dr. Shekinah Brown, Program Director, Yale Behavioral Health.

The Impact of Behavioral Health on Academic Achievement for Students in State Care

Shykina Brown, PsyD

Yale Behavioral Health - Juvenile Justice Mental Health Program

Program Director

Yale SCHOOL OF MEDICINE

Behavioral Health Considerations

Emotional Regulation and Stability → Better Academic Performance and Achievement

- Mental health diagnoses that impact learning
- Unidentified/undiagnosed emotional-behavioral disorders and the school-to-prison pipeline
- Youth in the juvenile justice system with mental health disorders
- Families with their own mental health and environmental needs

Social-Emotional Health for Students in State Care

Clinical interventions that can be applied in classroom settings

Training of staff on understanding youth with emotional-behavioral needs

Interdisciplinary collaboration to promote learning

Routine review of academic needs and performance

Social-Emotional Health for Students in State Care

Family partnership to address barriers in the community

Access and use of educational resources to support with community re-integration

Collaboration with community providers to ensure continuity of care

Vignette: John

17-year-old male

Inconsistent stability and structure at home

History of complex trauma

Behavioral issues first noted at 3 years of age

Emotional and behavioral issues resulting in a few suspensions in middle school

Suspended 25x in high school

Eligibility for special education services not determined until 10th grade

Transferred schools- frequently truant, performed poorly behaviorally and academically

Incident in school led to arrest and charge for assault

Vignette: John

Discovered ongoing depressed mood that had not been addressed- often interpreted as just behavioral problems

Need for DBT coping strategies for self-regulation and medication management

Work with mother to understand their relationship and barriers to success in the community

Exploration of educational and vocational needs/goals

Collaboration with educators for credit recovery given his school attendance and performance while in detention

Use of educational resources to connect him to college prep program upon discharge

Communication with community providers to ensure mental health needs are met

Strategic and meaningful discharge planning so all supports are in place prior to release

Next Steps

Lt. Governor thanks Dr. Brown, Commissioners Russell-Tucker and Dorantes and each presenter and then reviews next steps.

2022 Meeting Schedule	June 7, 2022, September 16, 2022, and December 13, 2022 (all meetings will be held from 1 to 3 p.m.)
Preparation and planning for future meetings	<p>Lieutenant Governor shares that the June meeting will be facilitated by OPM and DAS and will cover closing the digital divide and the use of technology in teaching and learning. Members are asked to notify Holly Williams and Doug Casey by Friday, May 6th if their agency would like to contribute to the subject</p> <p>Lt. Governor reviews potential topics for future meetings:</p> <ul style="list-style-type: none">• Progress of the DCF education unit that will provide administrative oversight of education for youth in juvenile justice facilities*• Fatherhood initiative• EBT• EdSight Data Portal <p>Lt. Governor asks that Council members keep three things in mind for future meetings:</p> <ol style="list-style-type: none">1) Identify any applicable Task Force Report Results Statement(s) and policy recommendations with respect to the information you are sharing2) Explain how any other agencies might help advance the work, and invite any relevant non-Council member agencies to participate in the meeting; and3) Identify any existing or proposed legislation, as may be applicable <p>Lt. Governor additionally reminds the Council to be proactive about sharing:</p> <ol style="list-style-type: none">1) Program updates and measured progress with respect to existing programs2) Any new initiatives consistent with goals of the Council,3) Any proposed legislation relevant to the work of the Council. <p>Lt. Governor asks for any comments or questions.</p> <p>*This DCF unit is being designed to close the gaps of justice involved youth while in facilities and facilitating the transitions back to their home district with attention to academic performance and identifying barriers to achievement. Dr Glen Worthy has been brought on board to lead those efforts.</p>

Closure/Meeting Adjourned
(apx. 2:30 pm)

