

# INTERAGENCY COUNCIL FOR ENDING THE ACHIEVEMENT GAP

March 11, 2022  
Virtual Meeting  
1:00 to 3:00 p.m.



# OPENING REMARKS & ROLL CALL

The Honorable Susan Bysiewicz, Lieutenant Governor  
State of Connecticut

# Member Agencies

Roll Call – Kari Sullivan, State Department of Education

- Connecticut State Colleges and Universities
- Department of Administrative Services
- Department of Children and Families
- Department of Economic and Community Development
- Department of Housing
- Department of Public Health
- Department of Social Services
- Judicial Branch
- Office of Early Childhood
- Office of Policy and Management
- State Department of Education

# Agenda

- 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

# Connecticut's Children's Behavioral Health System

## A Multi-Agency and Multi-Branch Collaboration



Interagency  
Council on Ending  
the Achievement  
Gap

Children's  
Behavioral Health  
Initiatives

March 11, 2022

# Interagency Council for Ending the Achievement Gap

March 11, 2022

## Order of Speakers

1. Vanessa 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

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VANNESSA DORANTES  
DCF COMMISSIONER



# Current Issues

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- ❖ 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

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- ❖ 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

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- ❖ 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

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- ❖ 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

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- ❖ Reviewed existing strategic plans for guidance
  - Children's Behavioral Health Plan: [www.plan4children.org](http://www.plan4children.org)
  - State Suicide Prevention Plan [www.preventsuicidect.org](http://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

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

# General Fund Appropriation

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- ❖ 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

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- ❖ 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

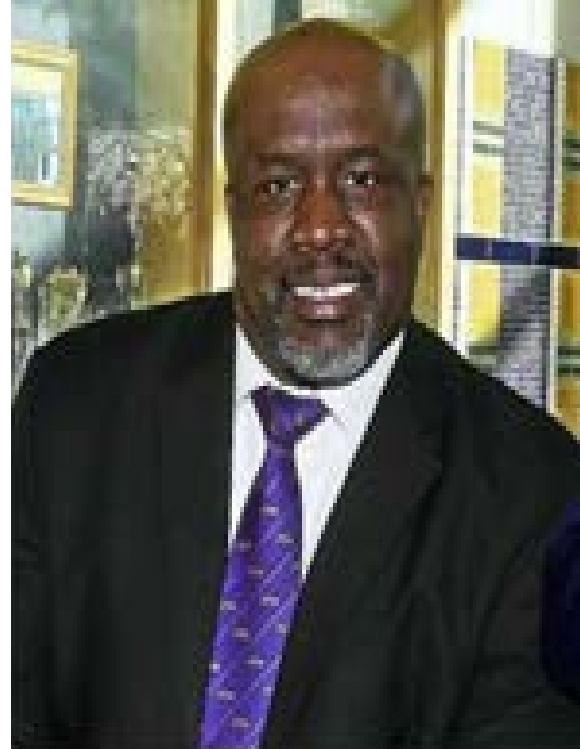
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- ❖ After the transfer to the Judicial Branch's Court Support Services Division (CSSD), DCF has continued to contract for many programs that are targeted at children in the juvenile justice system who fall under DCF's behavioral health mandate
- ❖ 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.



**Dr. Glen Worthy**  
Superintendent of  
Education in JJ Facilities

*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. 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 9<sup>th</sup> and 10<sup>th</sup> 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

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- ❖ 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

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- ❖ 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

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## 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

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## 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

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- ❖ 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

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## **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

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- ❖ 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



CONNECTICUT STATE DEPARTMENT OF EDUCATION

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

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**Interagency Council for Ending the Achievement Gap**

Commissioner Charlene M. Russell-Tucker  
March 11, 2022

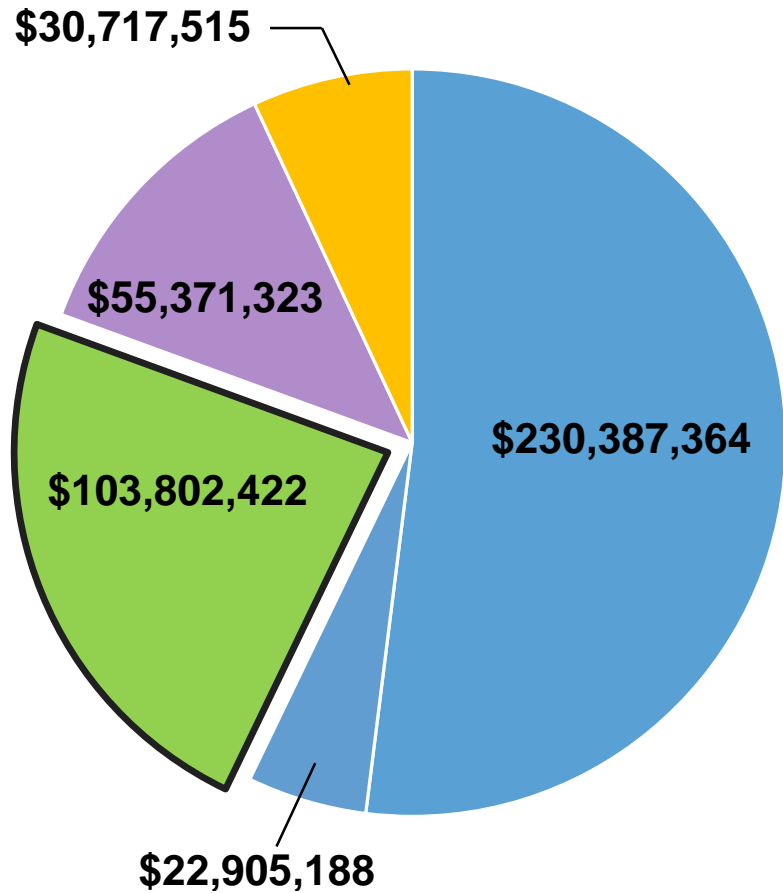
# CSDE's Priorities to Guide Investment Decisions

## Five State-Level Priorities

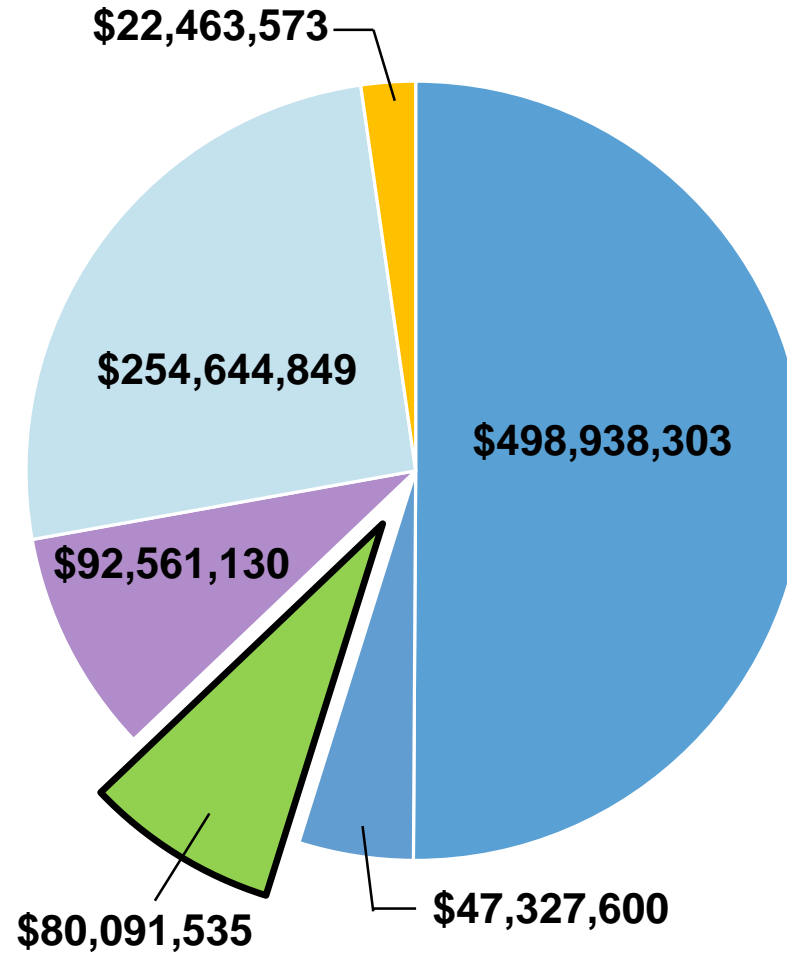
*guiding the investment of more than \$1.7 billion in Federal Elementary and Secondary School Emergency Relief (ESSER) funds since the start of the pandemic*

-  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

# 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

- 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.

# 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



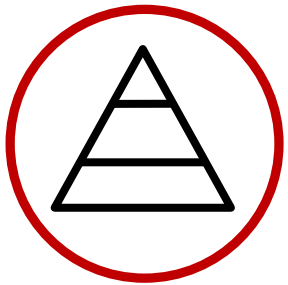
**Statewide Behavioral Health Landscape Scan & Focus Group:** Snapshot of emerging trends, concerns, and work taking place in schools regarding mental health services



**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



**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



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



# CSDE Current Initiatives & Investments



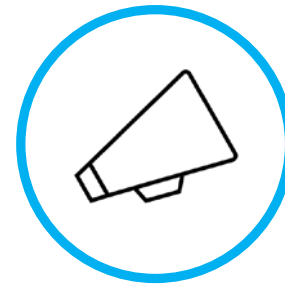
**Statewide SEL Landscape Scan:** Systematic collection of data, offering insight into great work already taking place in districts, plus emerging concerns and trends related to SEL for K-12 across CT



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



**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



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



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



**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



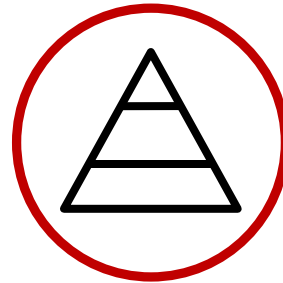
**Behavioral Health Pilot:** ‘Big Audacious Goal’ to create a scalable/ sustainable system of coordinated care for all K-12 schools to provide comprehensive behavioral and mental health supports and services to students and staff



**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

# 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.

# DSS alignment with the Master Plan to Eliminate the Achievement Gap

**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

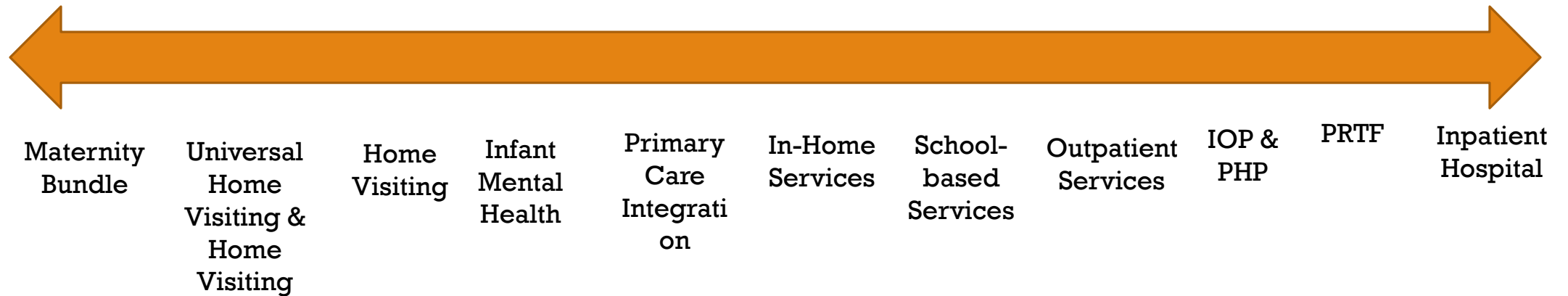
## **“Inside the Schoolhouse and Inside State Government”**

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

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# Short-Term Initiatives

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

# 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"><li>• Review role of school-based health clinics</li><li>• Assess expansion of evidence-based, school-based mental health interventions</li></ul>

# School-Based Health Centers (SBHC)



Promoting the Health and Well-Being of  
Connecticut Students



# SBHC Background

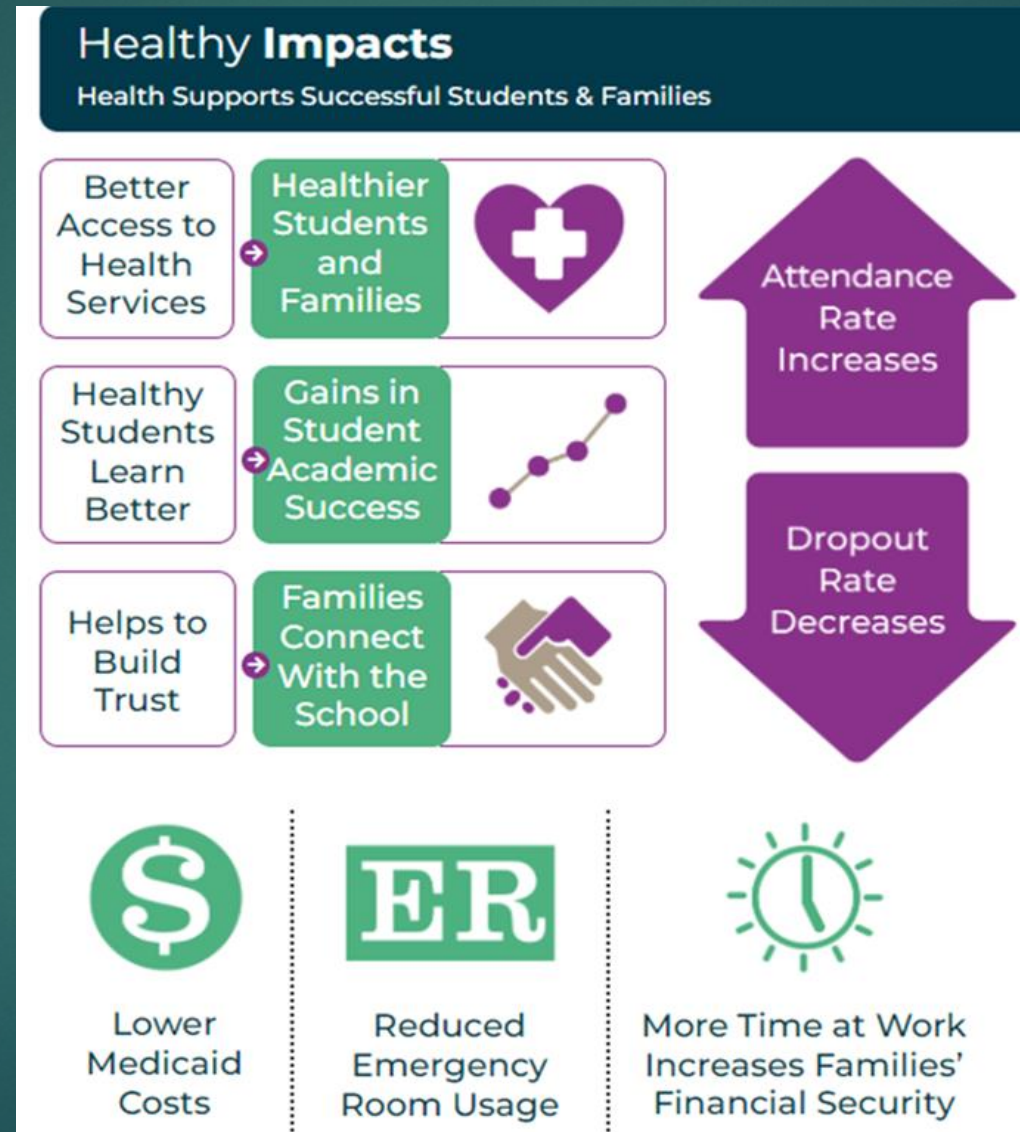
# What is a School-Based Health Center?

- ▶ 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/>

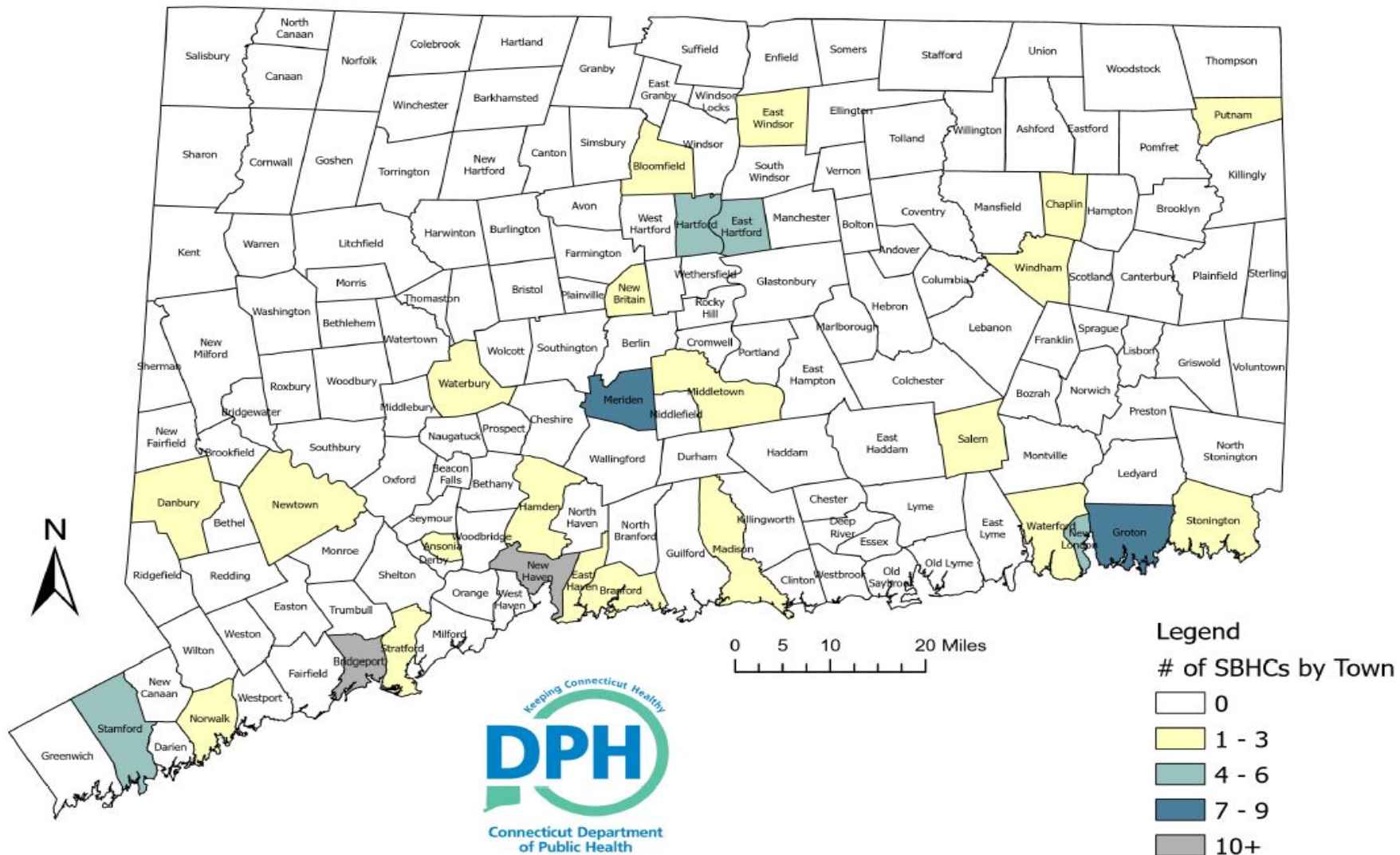


# SBHC Types

School Based Health Center Sites (78 DPH funded)	Expanded School Health Sites (12 DPH funded)
A health clinic that provides comprehensive on-site medical <b>and</b> behavioral health services to children and adolescents.	A health clinic that provides medical <b>or</b> 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

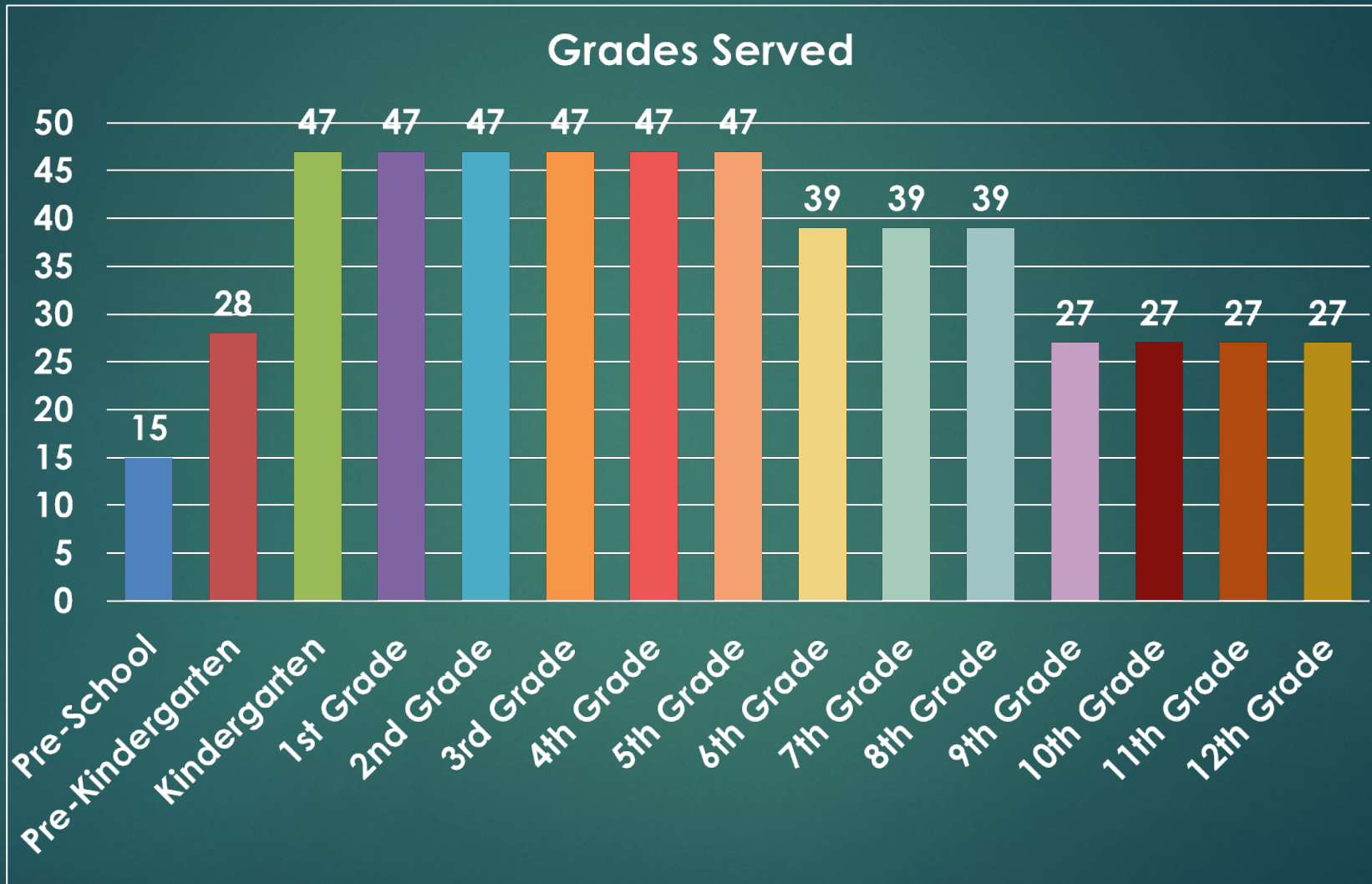


# CT Communities with DPH Funded SBHCs

- ▶ 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?



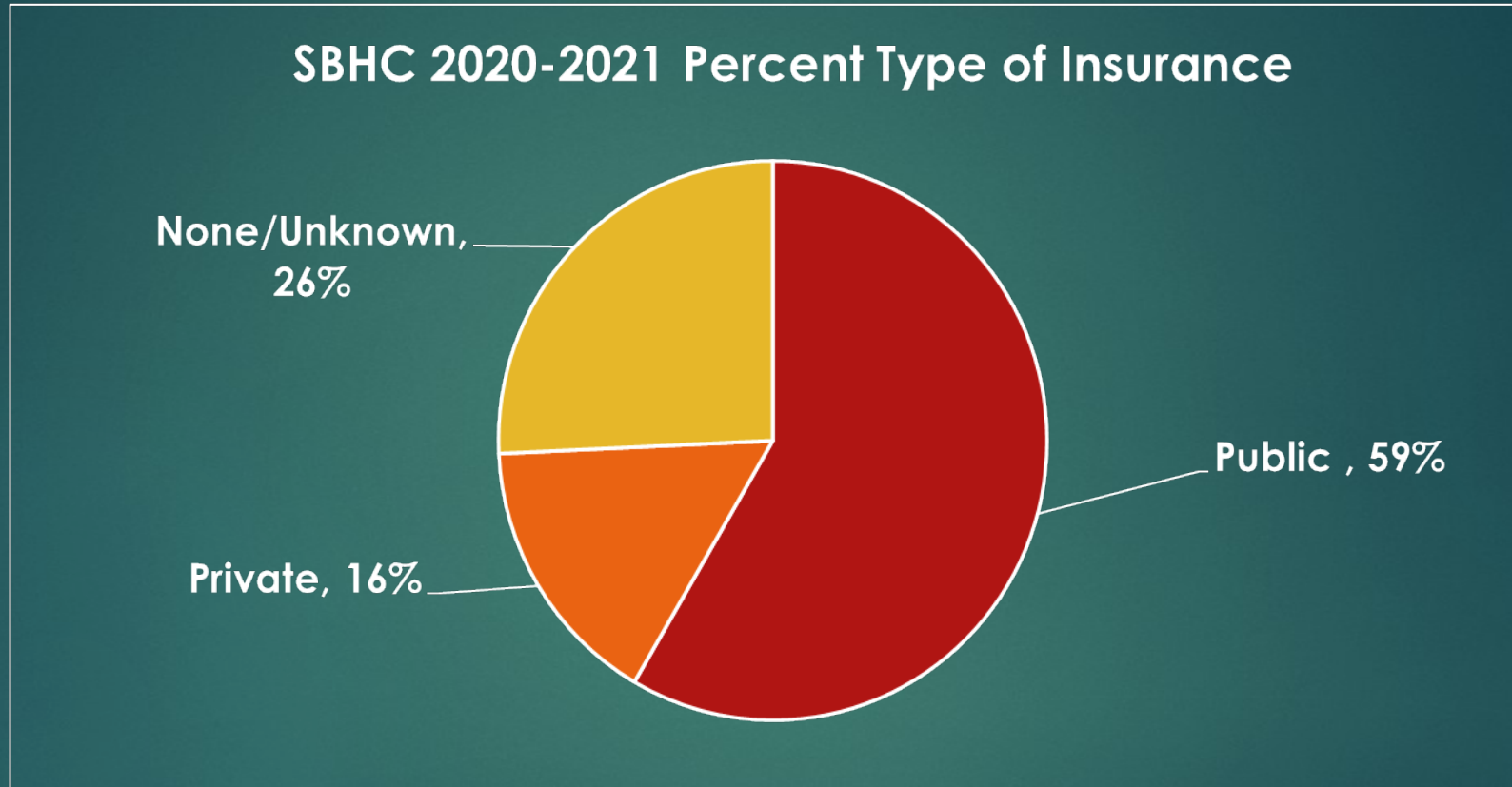
# Population, Services Provided and Utilization

# 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
<b>Medical Visits</b>	62,159	44,955	25,711
<b>Medical Users</b>	20,216	17,254	9,831
<b>Average # of Medical Visits</b>	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
<b>Mental Health Visits</b>	60,697	49,297	51,182
<b>Mental Health Users</b>	4,589	4,344	4,515
<b>Average # of Mental Health Visits</b>	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





# 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 REGION 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





# 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 10<sup>th</sup> 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

# Questions?

Shykina Brown, PsyD  
shykina.brown@yale.edu



# Next Steps

- 2022 Meeting Schedule (all meetings will be held from 1 to 3 p.m.)
  - *Tuesday, June 7, 2022*
  - *Friday, September 16, 2022*
  - *Tuesday, December 13, 2022*
- Preparation for next meeting

Closure/Meeting Adjourned

