Connecticut BHP
Supporting Health and Recovery

Administered by
carelon
Behavioral Health

Certified Community Behavioral Health Clinics

Statewide Needs Assessment & Target Population

January 2026

What Is a CCBHC? (Certified Community Behavioral Health Clinic)

Key Features

1. Comprehensive Care Hub

- Full continuum of behavioral health services, including 24/7 crisis response, mental health, and substance use treatment.

2. No Wrong Door Access

- Serves anyone regardless of insurance or ability to pay, with rapid intake and same-day access options.

3. Integrated, Whole-Person Approach

- Coordinates with primary care, hospitals, schools, courts, and social services, addressing medical, behavioral, and social needs together.

4. Evidence-Based, Quality-Driven Care

- Trauma-informed practices, standardized assessments, and required quality reporting.

5. Sustainable Funding Model

- Enhanced Medicaid Prospective Payment System (PPS) or SAMHSA grant funding, supports workforce stability and expanded community services.

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Statewide Needs Assessment

- This presentation comes from a big study done across the state to find out what services are needed.
- This study helped us find where there are gaps and what the state needs.
- In this presentation, we will look at which groups of people (target populations) need more help or special services to make things better for them. The full study has more details if you want them.
- Our tasks today are to:
  - Go over these groups/target populations
  - Think about any other groups you believe should be included
  - Pick the top three groups you think are most important
- More information is included at the end of the presentation.

Potential Target Populations

Population Description	Rationale
A. Individuals with an opioid use disorder who may be less able/likely to access medications for opioid use disorder (MOUD) due to limited service-capacity in their region of the state, or other barriers.	MOUD (Methadone or buprenorphine) are the best treatment for helping people with opioid problems, but many people who need them are not using these helpful medications. The needs assessment across the state showed that people used these treatment differently based on their location. By making it easier for people in underserved areas to get these treatments, for example: improving transportation, using mobile vans, and reaching out to communities, we can really help people get better, avoid overdoses, and improve their lives.
B. School-age youth who are at higher risk for anxiety, depression, and traumatic stress.	The COVID-19 pandemic continues to hurt young people, causing more kids to suffer from depression, anxiety, and stress. Many of them cannot get the help they need or not quickly enough. Working together with schools to improve access to better mental health care could help reduce these problems. Helping kids earlier can make a big difference in how happy and healthy they are now and later in life.
C. Individuals residing in urban and rural areas of the state that are designated Health Professional Shortage Areas (HPSAs).	A person's background, feelings of shame, unfair treatment in the past, and where they live can all make it harder to seek mental health care. Also, people in areas with fewer mental health resources (HPSAs) have a tough time getting care or face delays compared to people living in places with more resources. Changing how CCBHCs cover these areas and offer remote services like online visits, mobile services, and school-based care can help people get the important care they need more quickly.

Potential Target Populations

Population Description	Rationale
D. Youth and adults that identify as LGBTQ+.	A lot of LGBTQ+ kids and young adults say they feel anxious (69%) and sad (53%). Many think about suicide (42%) or try to end their own lives (11%). More than half of them (55%) have a hard time getting the mental health help they need. One big problem in helping these kids is that most systems do not have a good way to identify who they are, and some people are pushing back against efforts to support diversity and inclusion.
E. Individuals who are unstably housed and struggle with tri-morbidity.	People who have tri-morbidity, which means they struggle with mental health, substance use, and medical problems at the same time, often do not get the best help from the health system which tends to focus on only one of these conditions. These people often go to emergency rooms more and have higher chances of dying. CCBHCs can help them by checking all their mental, substance, and medical issues, working closely with regular doctors, and partnering with places that specialize in mental health care and substance use treatment.
F. Preschool-aged children.	About one in three Husky Health kids ages 0-5 have been diagnosed with a mental health disorder. A lot of research shows it's very important to help these young kids early on but helping them often needs special training that not all professionals have. There are several programs proven to work that could be used in CCBHCs to help these kids. The HUSKY Health Population Dashboard can help find young kids who might not be getting the services they need.
G. Individuals with various types of disabilities.	People with different types of disabilities, like intellectual and developmental ones, sensory problems, physical disabilities, brain injuries, and learning issues, often have more mental health problems. It is also harder for them to get the care they need because the health system is confusing and does not always offer what they need. There are different policies, people, tools, and technology that can help make services much better for these at-risk groups.

Potential Target Populations

Population Description	Rationale
H. Young adults with a first episode psychosis.	Young adults who have their first episode of psychosis (FEP) need a lot of special help to avoid having serious problems later. Usually, it takes a long time for them to get the special care they need. However, there is a lot of proof that getting help early can really make their lives better and keep them healthier.
I. Veterans	There are about 68,000 veterans in Connecticut, and most of them live around New London. Veterans have a higher chance of suicide (21.4 out of 100,000) compared to people who are not veterans (13.4 out of 100,000). Understanding the special things about veteran culture and working better with state and veteran affairs resources can help improve their lives.
J. Older adults	About 20% of people in Connecticut are 65 years or older, and this age group is growing the fastest. Older people often deal with high levels of depression, anxiety, and trouble doing everyday things, and they do not always get the support and care they need. Older adults in rural areas and those who do not identify as White experience even more challenges because of where they live and their race, making it harder to stay healthy and get the help they need.
K. Individuals residing in areas of the state that rank high on the Area Deprivation Index (ADI).	Having less money, not having a stable home, worrying about having enough food, and being around community violence can really hurt mental health and overall well-being. These problems happen more often in certain areas, which can be found by looking at the Area Deprivation Index (ADI). Finding these areas within CCBHC service regions helps us reach out better and, with the right resources, solve these issues.

Feedback on Potential Target Populations

Population
A. Individuals with an opioid use disorder who may be less able/likely to access medications for opioid use disorder (MOUD) due to limited service-capacity in their region of the state, or other barriers
B. School-age youth who are at higher risk for anxiety, depression, and traumatic stress
C. Individuals residing in urban and rural areas of the state that are designated Health Professional Shortage Areas (HPSAs)
D. Youth and adults that identify as LGBTQ+
E. Individuals who are unstably housed and struggle with co-occurring mental health, substance use, and medical disorders
F. Preschool age children
G. Individuals with various types of disabilities
H. Young adults with a first episode psychosis
I. Veterans
J. Older adults
K. Individuals residing in areas of the state that rank high on the Area Deprivation Index (ADI)*
Other:

* Due to space constrictions, this target population is not included in the online survey

Survey for Potential Target Populations

Certified Community Behavioral Health Clinics (CCBHC) - Potential Target Populations

Additional Questions

- What community-based programs or practices does CT most need to implement or expand to better meet the community's needs?
- What are the 1 or 2 things that would most improve the ability of outpatient behavioral health clinics to more effectively serve their community?

Thank You

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Appendix

Mental Health in CT

- Compared to the total CT population, HUSKY Health members faced more challenges.
- In CY 2023, 24% of all adults in CT had any mental health (MH) illness (19% for those on private insurance vs. 38% for those on HUSKY Health).
- The ratio to which HUSKY Health members had a MH diagnosis differed considerably based on demographics, especially racial identity (see Table).
- The most common diagnoses among HUSKY Health members were (CY 2023):

Adults

- anxiety disorders (17%)
- depressive disorders (13%)
- trauma/stress disorders (11%)

Youth

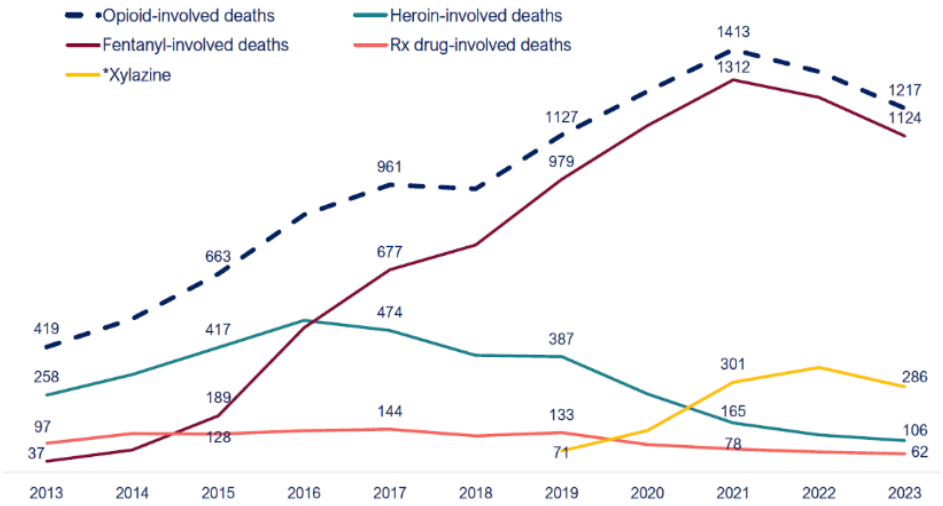
- neurodevelopmental (14%)
- anxiety disorders (7%)
- trauma/stress disorders (7%)

HUSKY Members with a Mental Health Diagnosis Stratified by Demographics	
Total population	**38%**
Race	
White	39%
Black or African American	27%
American Indian/Alaskan Native	34%
Asian	16%
Pacific Islander	25%
Two or More Races	31%
Hispanic	
Hispanic or Latino	30%
Non-Hispanic	30%
Sex	
Female	33%
Male	27%
Geography	
Urban/Suburban	30%
Rural	35%
SDoH	
None	29%
One or More	73%
Language	
English	32%
Spanish	22%
Other	16%

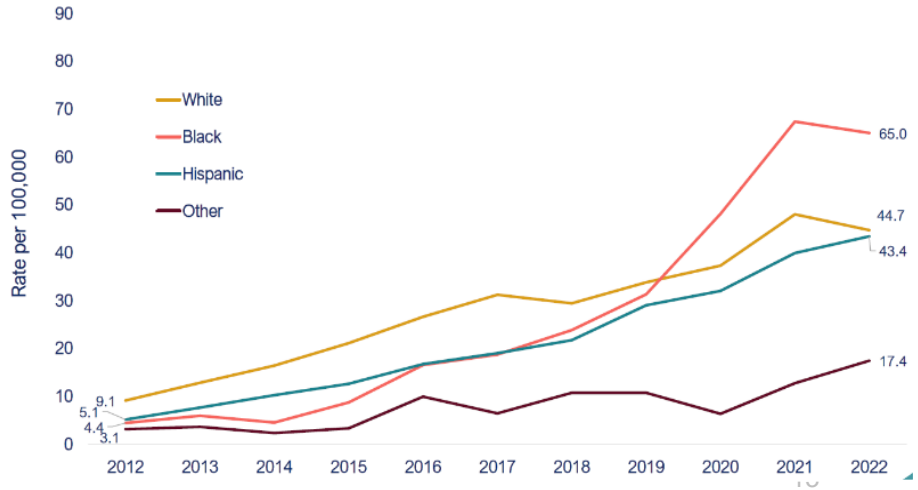
Substance Use Disorders in CT

- An estimated 18% of adults, 9% of older adults, and 8% of youth had a substance use disorder (SUD).
- Alcohol and cannabis use rates were higher than rates for the use of other substances.
- Substance-involved accidental deaths decreased annually after peaking in 2021, including those involving opioids (see Figure).
- Overdose mortality rates differed by region and race, and the gaps are widening (see Figure).
- **Utilization of medication for opioid use disorder (MOUD) differs by region. Access to transportation (car or public transit options) influence access to MOUD.**
- **Buprenorphine prescriptions were under-utilized in major urban areas which tended to be populated by non-White individuals and where there were more opioid overdoses.**

Opioid Overdose Deaths in Connecticut



Opioid Overdose Death Rate per 100,000 by Race



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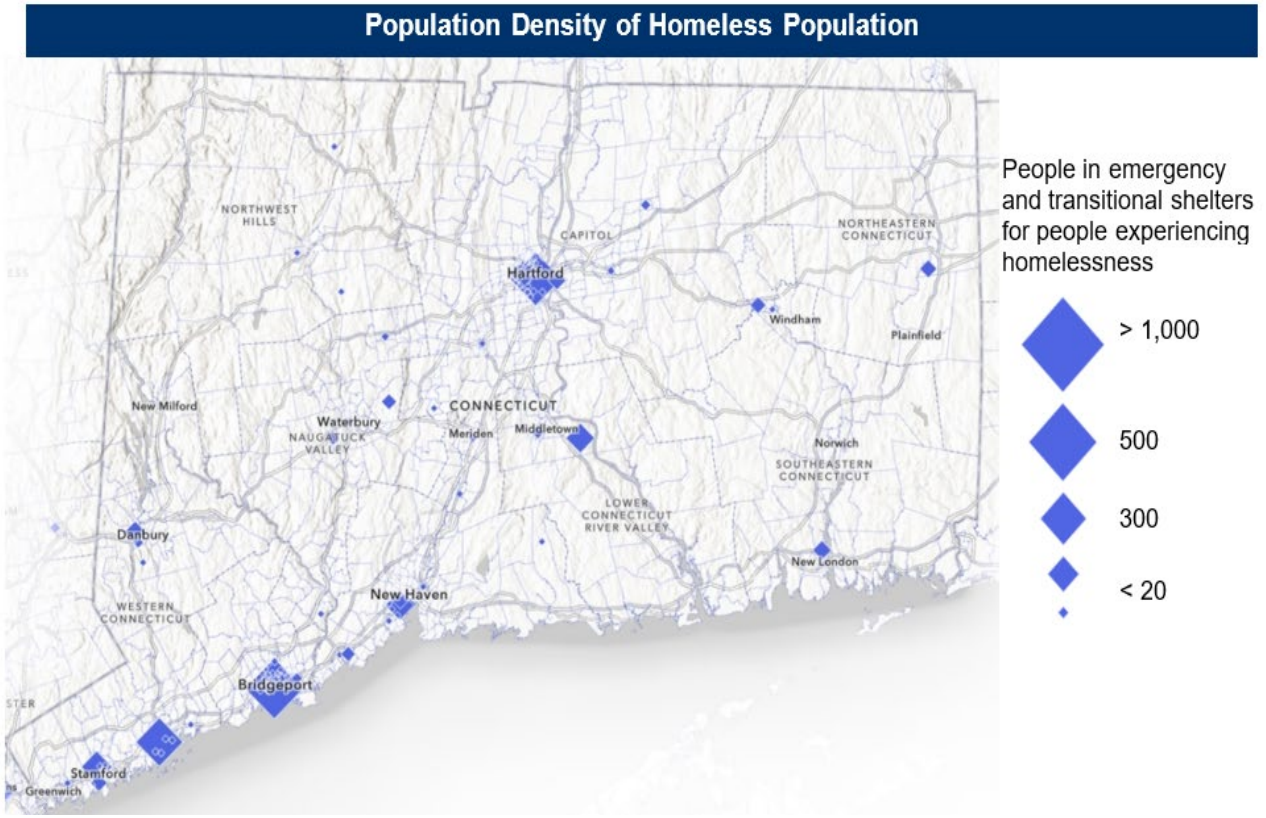
Unstable Housing/Homelessness Population

CT faces a growing homelessness crisis

- estimated homeless population rose 13% in 2024 over the previous year: 3,410 persons (including 700 children and 800 adults aged 55+ years)
- 68% of unhoused population are persons of color, with individuals identifying as Black being over-represented compared to the total population
- persons experiencing homelessness are concentrated in larger urban areas



Rural Residence & HUSKY Health Population

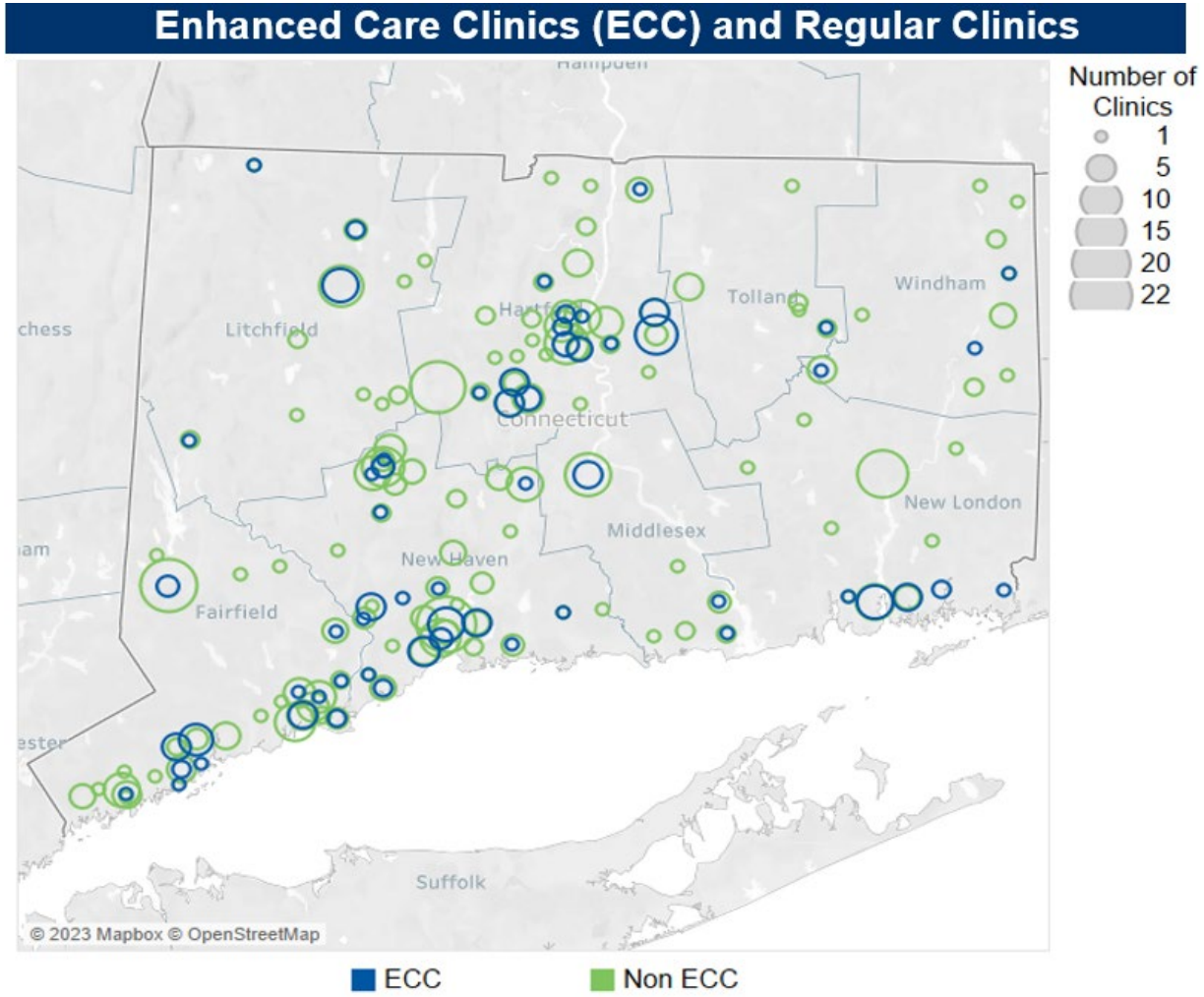
HUSKY Health members living in rural areas have slightly higher rates of mental health diagnosis (42%) compared to people living in non-rural areas (38%).

- psychotropic use is higher in rural areas (30%)

  compared to non-rural areas (22%)
- most enhanced care clinics are located

  in non-rural areas

Why it matters: Residents in rural areas often experience significant disparities in mental health outcomes despite similar prevalence of mental illness to metropolitan areas.



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Special Populations - Veterans

Approximately 146,000 veterans live in CT

- 68,000 receive healthcare via Veterans Affairs
- New London County has largest veteran population

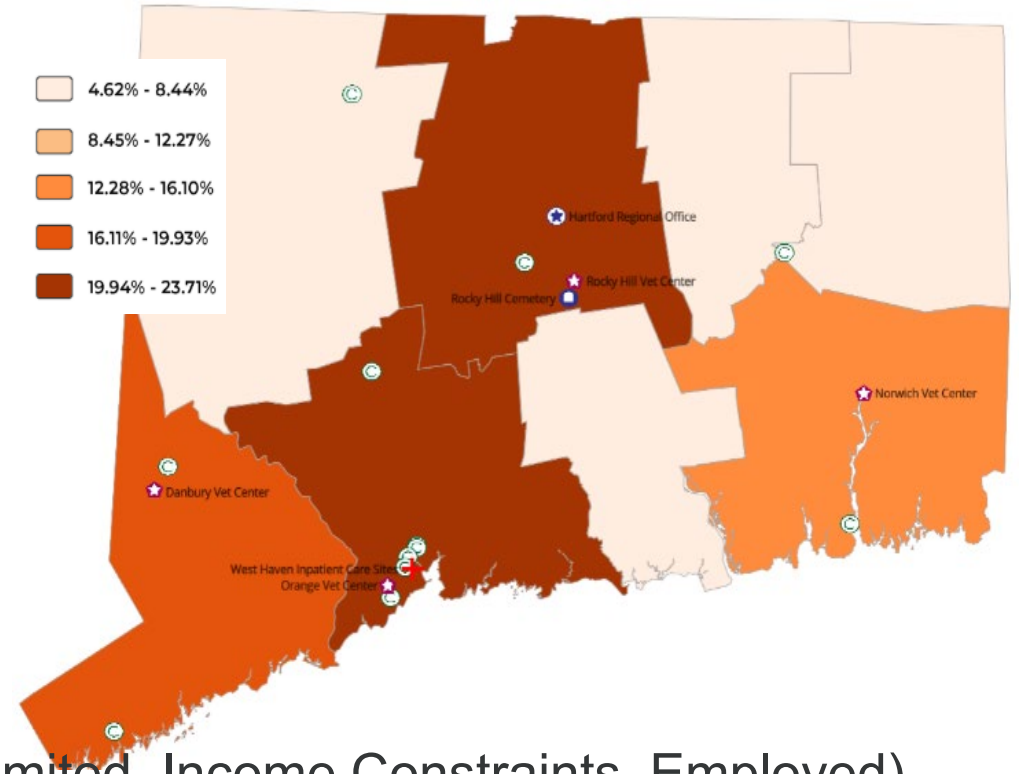
Nationally, suicide risk among veterans is significantly higher than non-veterans

- veteran suicide rate (21.4 per 100,000) compared to non-veteran (13.4 per 100,000)
- large county-level differences

Financial and Racial disparities exist

- among CT veterans, 23% lived below ALICE (Asset Limited, Income Constraints, Employed) threshold
- higher rates among Black (41%) and Hispanic (28%) veterans compared to White veterans (21%)

Veteran Population by County



Special Populations – LGBTQ+ Youth

CT youth (ages 13-24) face heightened mental health challenges

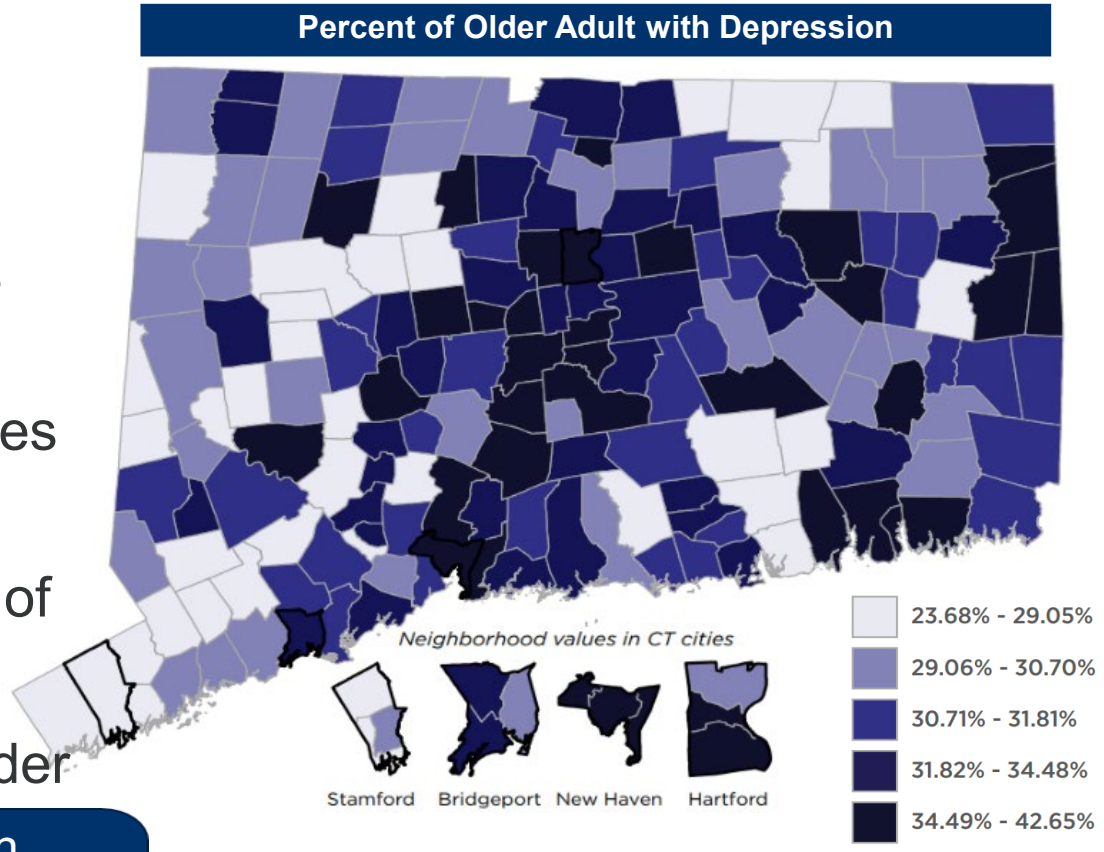
- self-reported anxiety (69%) and depression (53%)
- 42% seriously considered suicide and 11% attempted suicide in past year
- 52% who wanted mental health care in the past year were unable to access it

55% of LGBTQ+ youth in CT have concerns about accessing behavioral health care and only 30% report "being out" with their family.

Why It Matters: LGBTQ+ youth who experience family rejection are up to 8.4 times more likely to attempt suicide, 5.9 times more likely to experience depression, and 3.4 times more likely to use illicit drugs than youth with affirming families.

Special Populations – Older Adult Population

- 20% of CT residents are aged 65+ years
- fastest growing population segment
- significant county-level differences in depression
- significant disparities exist for rural and non-White older adults, revealing compounded effects of geographic and racial inequities on health outcomes and service access
- in CT older women have significantly higher rates of anxiety and depression then men
- suicide rates are highest among people 85 and older



Why It Matters: Seniors face elevated rates of depression, anxiety, and functional limitations -- and often lack access to networked clinical and supportive services.

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Special Populations – Members with a First Episode Psychosis

- HUSKY Health data shows that in CY 2024, there were 167 young adults (ages 13-34) with First Episode Psychosis (FEP)*
- compared to age-matched controls, disproportionately male (63% vs 46%) and Black (29% vs. 17%)
    - striking differences in medical, clinical, and SDoH characteristics

Diagnoses of Young Adults with FEP vs. Controls		
	With FEP**	Without CHR-P
Total population	167*	349,241
Experienced homelessness	19%	3%
At least one SDoH	32%	4%
At least one MH diagnosis	97%	38%
At least one medical diagnosis	81%	58%
At least one SUD diagnosis	59%	7%
Utilized BH care	96%	25%
At least one BH inpatient stay	87%	7%

Why It Matters: As a group, young adults with FEP require a high level of support to reduce the likelihood of poor clinical and functional outcomes which are worsened when compounded by homelessness.

Notes:
* The number of people with FEP is difficult to estimate based on administrative data. This number is likely higher.
** Data based on people having an indicator for being at risk for a first episode psychosis (FEP)

Special Populations – People Identifying as Black and/or Hispanic

- People identifying as Black make up 11% of the CT population and 16% of the HUSKY Health population.
- Life expectancy in CT varies by as much as 20 years between neighborhoods with the largest disparities observed between Black and Hispanic urban communities and affluent White suburbs.
- People identifying as Black and/or Hispanic are more prone to experience a multitude of SDoH such as poverty, lack of transportation, homelessness, limited access to quality health care, etc.
- Veterans identifying as Black were twice as likely as veterans identifying as White to live below the ALICE threshold (41% vs 21%).

Access to Care Recommendations

Recommendation 1: Expand Access in Underserved Regions

- **Prioritize service expansion in rural and urban areas with a Health Professional Shortage Area (HPSA) designation.**

Recommendation 2: Increase Access to Substance Use Disorder Treatment

- Expand access to medication for opioid use disorder (MOUD) in areas with low prescribing rates and poor public transportation, and promote mobile treatment units or community-based dispensing for hard-to-reach areas.

Recommendation 3: Expand School and Youth-Centered Interventions

- **Focus preventive care and treatment services on adolescents by partnering with schools and embedding BH staff, including trauma-informed practices.**

CONNECTICUT CHILDREN'S BEHAVIORAL HEALTH PLAN

Annual Report 2025

Executive Summary

This Annual Report is being submitted by the Children's Behavioral Health Plan Implementation Advisory Board (Advisory Board) to the Connecticut General Assembly Committee on Children in accordance with Connecticut General Statutes (CGS) Sections 17a-22ff and 11-4. The Annual Report highlights the collective and collaborative efforts of the Advisory Board membership, including multiple state agencies, family advocates, parents/caregivers, and children's behavioral health providers. This integrated approach is consistent with the process used to *develop* the Children's Behavioral Health Plan (Plan). The Advisory Board has worked to address the 2025 recommendations (identified in its 2024 Annual Report), and Advisory Board members have accomplished many achievements over the last year across the following components of the children's behavioral health system (note that the following categories are in alignment with the organization of the Plan):

- System Organization, Financing and Accountability
- Health Promotion, Prevention and Early Identification
- Access to a Comprehensive Array of Services and Supports
- Pediatric Primary Care and Behavioral Health Care Integration
- Disparities in Access to Culturally Appropriate Care
- Family and Youth Engagement
- Workforce

While progress was made in the areas above as well as across the Advisory Board goals for 2025, there is an ongoing need to address the increasingly significant workforce concerns and the lack of coordination across the multiple advisory bodies.

The strengths of Connecticut's behavioral health system for children, including its robust continuum of care and availability of evidence-based programs, are frequently commended within national discussions. However, *without sufficiently addressing the workforce crisis, including staffing shortages and inadequate pay for highly demanding work, the system that Connecticut has built will continue to erode. It will not be able to meet the needs of children and families, and they will face waitlists, delays in care, and, in turn, exacerbated needs.*

The Advisory Board makes the following Recommendations for 2026 to help stabilize and enhance the children's behavioral health system. We urge legislative attention to the specific strategies that are offered in detail later in the report (specific page references are provided).

1. Address the workforce crisis (page 12)
    - Adequately resource and support the system (page 13)

Introduction

The Children's Behavioral Health Plan (Plan) was developed as a legislative response to the Newtown tragedy, and continues to serve as a comprehensive blueprint for promoting the emotional wellbeing of all children in our state (https://plan4children.org). The Plan reflects extensive input from multiple stakeholders, including substantial contributions to the vision for our system from Connecticut families.

The Children's Behavioral Health Plan Implementation Advisory Board (Advisory Board) was initiated by Public Act 13-178 and is charged with guiding execution of the Plan. The membership, most recently updated within Public Act 22-47, reflects the system's reliance on collaboration and coordination among state agencies, providers, advocates, family members, and other partners to provide comprehensive behavioral health services across the full continuum of care in home, community, school, and hospital settings. The full list of affiliations of Advisory Board members together with the membership of other related governing bodies can be found in Addendum 1.

Over the last year, the Advisory Board has focused on coordination of efforts across advisory bodies, improving engagement of caregivers in its meetings, and ongoing progress within its subcommittees: the Peer Support Project Steering Committee and the Data Integration Workgroup. The members continue to partner and report system enhancements to achieve the overarching goals of the Plan. Their individual and joint accomplishments are included in the *2025 Children's Behavioral Health Plan Implementation Updates* section of this report.

Advisory Board 2025 Recommendations Update

Last year's Annual Report identified the following recommendations for 2025:

1. Address the workforce crisis
2. Develop optimal funding paradigms

3. Coordinate efforts of advisory bodies

Advisory Board 2025 Recommendation 1: Address the workforce crisis
The Advisory Board's 2024 report discussed the cycle occurring in children's behavioral health services of rising need, higher caseloads, clinician burnout, staff shortages, and delays in care. As the cycle continues, it results not only in waitlists and delays in care, but also reduced quality of care that Connecticut has worked so hard and long to build (e.g., limited use of evidence-based treatments, reduced frequency of treatment sessions, less coordination of care, etc.). A fundamental cause of this cycle is the gap between current funding levels and the actual cost of providing services. In November 2023, CHDI, in collaboration with the Advisory Board and with funding from the Department of Children and Families (DCF), published *Strengthening the Behavioral Health Workforce for Children, Youth, and Families: A Strategic Plan for Connecticut*. The Workforce Strategic Plan was the culmination of a process involving extensive stakeholder engagement, advisement from a small group including Advisory Board representatives and those with lived expertise, and a comprehensive review of national and out-of-state initiatives. The plan includes recommendations for short- and long-term solutions to strengthen the pipeline, diversity, recruitment, retention, and competencies of the workforce.

The Advisory Board identified Recommendation 7 from the Workforce Strategic Plan, *expand the youth and family peer support workforce,* as a priority for 2025. Over the course of the last year, the Child Health and Development Institute (CHDI) has worked collaboratively with the Advisory Board, with funding from DCF, to develop recommendations and action steps for Connecticut to expand family and youth peer support within children's behavioral health. CHDI has worked with a project Steering Committee inclusive of members of the Advisory Board, providers, current family peer support specialists, and family members with lived expertise to guide the process and review recommendations. Methods included a literature review, focus groups, interviews, a scan of work already underway in Connecticut as well as best practices in implementation across other states. The recommendations will address training, certification, roles, and career pathways, and will identify opportunities for reimbursement and other sustainable funding. The report with recommendations is being released in the fall of 2025.

Advisory Board 2025 Recommendation 2: Develop optimal funding paradigms
In 2018 the Advisory Board worked with Carelon Behavioral Health, as well as DCF and Department of Social Services (DSS), to complete a fiscal map of children's behavioral health services across defined levels of care. In its 2024 report, the Advisory Board recommended that the fiscal map be updated in 2025 to be responsive to current challenges and be inclusive of Medicaid, commercial insurance, and other payers. The TCB also identified the completion of fiscal mapping of the system as a priority for their Committee's work. To facilitate timely mapping, leverage existing tools, and avoid duplication of efforts, the Advisory Board urged utilization of the previously developed template. The fiscal map was recently presented to the TCB by Dr. Chris Bory, one of the original tool developers, in partnership with Carelon. The Advisory Board will continue to offer support to the TCB to complete the updated fiscal map.

Advisory Board 2025 Recommendation 3: Coordinate Efforts of Advisory Bodies
For the past several years, the Advisory Board has recommended the alignment of six existing children's behavioral health oversight and advisory bodies (bodies), including:

- Children's Behavioral Health Plan Implementation Advisory Board (Advisory Board);
- Children's Behavioral Health Advisory Committee (CBHAC);
- Statewide Advisory Council (SAC);
- Child/Adolescent Quality, Access and Policy Committee of the Behavioral Health Partnership Oversight Council (BHPOC);
- Transforming Children's Behavioral Health Policy and Planning Committee (TCB); and
- Juvenile Justice Policy and Oversight Committee (JJPOC).

The complexity of the children's behavioral health system is depicted in Addendum 2, and a crosswalk of the bodies' legislative mandates are available in Addendum 3. Together with Addendum 1, they offer a comparison of the legislative mandates, priorities, family engagement strategies, and memberships among the above six bodies.

In 2024 the chairs of three of the groups (CBHAC, SAC, and BHPOC) presented to the Advisory Board membership regarding their priorities, incorporation of family voice, and opportunities to support the work of one another. In 2025, the Advisory Board continued to work toward alignment. In January 2025, the Advisory Board and CBHAC held a joint meeting to discuss shared priorities for the upcoming year. Additionally, the Advisory Board tri-chairs presented their 2024 Annual Report to the TCB and continue to attend TCB meetings, as well as to participate on the SAC and workgroups of the JJPOC.

2025 Children's Behavioral Health Plan Implementation Updates

Implementation of the Children's Behavioral Health Plan is the responsibility of the various members of the Advisory Board. The highlights below reflect a sample of the accomplishments and investments from member organizations over the past year and are organized in alignment with the components of the Plan. Lead agencies and multi-agency partnerships are in bold.

System Organization, Financing and Accountability

- **DSS** received a one-year planning grant to prepare for implementation of the federal Certified Community Behavioral Health Clinic (CCBHC) model. During the planning period the state will select three programs for participation. CCBHCs provide comprehensive community-based behavioral health care as well as coordination with medical/primary care for all ages (children and adults). The model includes a per member per month payment from Medicaid in place of a traditional fee-for-service reimbursement approach, allowing more flexibility in services provided to meet various needs of clients.
- **The Judicial Branch Court Support Services Division (JBCSSD) is working in partnership with DSS and the Office of Policy and Management (OPM)** to prepare the system for the implementation of the federal Consolidated Appropriations Act, 2023 (CAA), Section 5121. The CAA modified Medicaid requirements and aligned CHIP requirements for certain justice-involved juveniles including the provision of screening, diagnostic, and targeted case management services for 30 days before and after release. Given that Connecticut has opted to pursue the Medicaid 1115 Reentry Waiver (see below), the implementation date of the CAA is tied to the implementation of the 1115 Waiver. All providers working with detained or incarcerated young people (medical, behavioral health,

case management) must enroll in Medicaid by March 1, 2026, to begin billing for the required services by July 1, 2026.

- **JBCSSD worked with DSS, OPM, and the other impacted state agencies** to submit the state agency plan in response to the Justice-Involved Medicaid Waiver, Section 1115 Reentry Demonstration Opportunity. If approved, the plan will allow the state to partially waive the inmate exclusion policy and provide certain Medicaid benefits before an individual's release from a correctional facility to improve care transitions and reentry outcomes. Pre-release services to be provided for up to 90 days prior include behavioral health screenings and assessments, medication-assisted treatment for substance use disorders, care coordination and case management services, a supply of medications upon release, and connections to community-based providers and resources to address social health-related needs. The Medicaid Section 1115 Reentry Waiver requires the reinvestment of federal matching funds into initiatives that improve health care access and qualify for incarcerated and recently released individuals.

- **School Based Health Alliance, the Department of Public Health (DPH) subcontractor** for school based health center (SBHC) fiduciary, training and technical assistance, selected 59 sites to expand or establish SBHCs using ARPA funds following a competitive process. Funding supports the 2024 through 2026 school years. The funded SBHC sites use these funds to establish or expand services including behavioral health care and Wraparound services in order to fill gaps in the current landscape of youth mental health. In one case, the SBHC will add a School-Based Behavioral Health Manager, and add a full-time bi-lingual therapist to our team.

- **The Connecticut Association of School-Based Health Centers (CASBHC)** has continued to advocate for minimum quality standards for SBHCs and Expanded School Health Sites (ESHS), ensuring consistent, high-quality care which are legislatively mandated but not yet included within DPH outpatient licensure requirements.

- **CASBHC** successfully advocated for the addition to minor consent laws to include reproductive health as it pertains to pregnancy testing and birth control/counseling for minors without parental consent. CASBHC's remaining legislative priorities include maintaining state budget funding, annualizing the COLA for DPH funded SBHCs, increasing Medicaid reimbursement rates, and expanding Medicaid eligibility for underinsured and uninsured students.

Health Promotion, Prevention and Early Identification

- **JBCSSD** is strengthening services to improve the identification and treatment of adolescent substance abuse concerns for youth in its juvenile residential programs. Staff use Adolescent-Screening, Brief Intervention, and Referral to Treatment (A-SBIRT) to proactively screen all youth admitted to the juvenile residential centers and flag substance use risks. For pre-trial youth, JBCSSD has implemented Motivational Enhancement Therapy and Cognitive Behavioral Therapy (MET – CBT) to improve engagement, support readiness for change, and address preliminary substance use challenges. Additionally, Medication

Assisted Treatment (MAT) is being implemented for young people with acute substance use needs (i.e. dependance, withdrawal) to provide comprehensive evidence-based support while in care and upon return to the community or discharge to another setting.

- **JBCSSD** has also strengthened efforts to expand its suicide prevention strategies within the residential programs by implementing the *Zero Suicide* framework, a best-practice model founded on evidence-based practices. This framework provides a systemwide approach to identifying, engaging, and supporting at-risk youth by ensuring safety and continuity of care from time of admission through discharge to the community or another setting.

- **The Department of Mental Health and Addiction Services (DMHAS), in collaboration with DCF and the Program for Specialized treatment Early in Psychosis (STEP) at the Connecticut Mental Health Center (CMHC)/Yale University School of Medicine**, developed a statewide plan for scaling the First Episode Psychosis (FEP) program statewide. STEP has been internationally recognized for Early Intervention Services (EIS) provided to individuals between the ages of 16 and 35 with recent onset schizophrenia spectrum disorders within New Haven and surrounding towns. The statewide learning collaborative launched in February 2024. This statewide scale-up of FEP services includes Early Detection and Assessment Coordinators (EDACs) across the five DMHAS regions. The EDACs are offering outreach to individuals experiencing a recent onset of schizophrenia spectrum disorders, conducting screenings/assessments using specific scales, providing outreach and education to family members, and collaborating with treatment providers and connecting them with clinical consultation and trainings via STEP's Learning Collaborative. To date, there have been 494 inquiries to the statewide STEP Learning Collaborative referral line and 76 of them met the criteria for a recent onset schizophrenia disorder, based on the screenings. Connections to care took place across DMHAS' 13 Local Mental Health Authorities (LMHAs) and DCF's providers. Those callers not meeting the criteria were also given information on how to access services.

- **DMHAS Prevention and Health Promotion Division, in collaboration with DCF,** provides oversight of Regional Suicide Advisory Board (RSAB) staff who are part of the Regional Behavioral Health Action Organizations (RBHAOs) charged to build an RSAB coalition, regional and community-level capacity, community readiness, support for suicide prevention, intervention, response efforts, and mental health promotion informed by individuals with lived experience including those with serious mental illness and/or chronic thoughts of suicide, and those who are survivors of suicide loss, and survivors of suicide attempts across the 5 RBHAO areas aligned with the CT Suicide Prevention Plan 2025. The RSABs promote and facilitate the integration and coordination of suicide prevention, intervention and response and mental health promotion activities region-wide to address service gaps.

- In SFY 2025, **DMHAS and DCF** supported RSABs serving over 3,300 people directly through regional coalition meetings, performing gatekeeper and postvention trainings, providing technical assistance for postvention plan development, providing support to communities following suicide loss, hosting information tables at public events, and performing *Gizmo's Pawesome Guide to Mental Health* © read-alongs. Additionally, they served citizens in their regions by promoting the state's suicide prevention 1 WORD

campaign, the 988 Suicide & Crisis Lifeline, and Gizmo's Pawesome Guide to Mental Health resources using billboards, social media, and newsletters. Their social media posts resulted in over 20,000 impressions for the year.

- **The Office of Early Childhood (OEC)** recognizes the long-term benefits social-emotional learning has for children. The *Pyramid Model* is a framework that provides programs with guidance on how to promote social and emotional competence in all children, and designing effective interventions that support young children with persistent challenging behavior. This past year OEC's efforts to expand Pyramid Model's reach within Connecticut expanded further.

- **In partnership with The Parent Infant Early Childhood (PIEC) Team at UConn School of Social Work's Innovations Institute,** OEC launched a pilot of Connecticut's first Community-Wide Implementation Site of the Pyramid Model, also referred to as *Pyramid for All*. The Pyramid Model stresses the importance of teams, coaching, and data-based decision making. By promoting *Pyramid for All,* a goal was to strengthen and enhance expansion efforts already in place to ensure sustainability of expansion.

- **OEC** supports *ECCP* as a strength-based mental health consultation program designed to build capacity of caregivers by offering support, education, and consultation. *ECCP*'s purpose is to meet the social-emotional needs and/or developmental concerns of children birth to five; this includes promoting inclusion to mitigate exclusionary discipline practices. Furthermore, *Suspension & Expulsion* is proactively addressed in preschool settings by educating staff and family on the importance of social and emotional learning. Promoting inclusion in early child care settings is fundamental, especially when Black and Brown children are disproportionately impacted by suspension and expulsions.

- The goal of **OEC's** *Doula* project is to reduce low birth weight babies and birth complications involving mothers or their babies, increase initiation of breastfeeding, and increase mother's self-efficacy regarding her own pregnancy outcomes. In support of a continuum of perinatal service delivery, *Mind Over Mood* is an initiative that helps a mother transition from birth to postnatal care by addressing maternal mental health within early childhood Home Visitation. This also relates to services provided by *CT-AIMH* and *Sparkler* as they collectively support the social and emotional development of children, while also heightening awareness of overcoming developmental milestones.

- **OEC's** Behavioral Health Initiatives, including the *Head Start Collaboration Office,* supports proactively addressing child and family housing. Provision of services often presumes the child and family live in stable and secure housing, however, this is not a reality for many children and families. *Insecure Housing Training and Support* provides training on homelessness and housing instability to increase awareness of the McKinney-Vento Homeless Assistance Act. Training is intended to increase awareness on how homelessness is a traumatic experience impacting children's development in lasting ways, including malnutrition, maltreatment, multiple school placements, and exposure to violence.

- Special Act 24-10 required that **DPH** convene a working group, and by January 1, 2026, develop a universal patient intake form based on the working group's requirements and guidelines. The chairs of the Advisory Board serve on the working group to support coordination. The universal patient intake form is intended to reduce the duplication of intake information collected across providers of behavioral health services for children. Over the last year, workgroup members were appointed and monthly meetings included discussions of what should be included on the universal patient intake document from both the parent/consumer and provider perspectives. A report will be submitted to the joint standing committees of the General Assembly having cognizance of matters relating to children and public health, and shall include recommendations, form requirements and guidelines.

- **Connecticut State Department of Education (CSDE) Behavioral Health Project (BHP)** has created and pilot-tested systems to address the behavioral health needs of students, families, and staff in educational settings. The BHP includes 48 school buildings serving 23,007 students across diverse environments. These sites vary in size, with student populations from 149 to 11,405, spanning rural, urban, and suburban areas in Connecticut. The project aims to enhance existing care systems, evaluate the effectiveness of behavioral and mental health services, and identify areas for improvement. Through assessments and technical assistance, it develops tailored interventions, improves staffing and service delivery, and establishes partnerships with external providers.

- During the 2024 – 2025 academic year, **CSDE** hosted seven virtual events related to youth suicide prevention, including an evening session for families. Additionally, "Preventing Youth Suicide in Connecticut" guidance and was provided to districts in May 2025 to share the recordings of the virtual events, promote local and national resources, and provide information on relevant legislation.

- **The CSDE, in partnership with the Department of Emergency Services and Public Protection(DEMHS) and the OEC**, held a virtual informational session about the Handle with Care program. The goal of Handle with Care is to provide law enforcement a way to inform a school, without sharing confidential information, if one of their students witnessed a potentially traumatic event and may need to be "handled with care" upon arrival at school the next day.

- **CSDE** continues to work with **Regional Educational Service Centers (RESC)** Trauma coordinators to support the UPLIFT Trauma-Informed Care (TIC) Training Program for Schools. This training focuses on engaging public schools and districts and expanding statewide training on the impact of trauma on students and schools. During FY 2025 the RESC Trauma Coordinators conducted over 100 sessions, training over 3000 participants in UPLIFT. To date, ongoing partnerships have been forged with 39 public school districts, and the RESCs have supported and collaborated with numerous other organizations, including: community-based social service organizations, private, charter and/or parochial schools, universities/institutions of higher learning, medical organizations and/or community members/caregivers.

- In August 2024, the **Connecticut State Board of Education (SBE)** adopted the Position Statement and Policy Guidance: Personal Technology Use in Schools - Impact of Social Media and the Use of Cell Phones on Student Learning and Mental Health in response to emerging research suggesting that social media has a significant negative impact on brain development at a time in adolescence when identities and a sense of self-worth are forming, and social rewards, pressures and acceptance are paramount. The SBE, in its policy guidance, strongly recommended that schools implement policies that restrict the use of cell phones during the school day to ensure student engagement in class and learning, support emotional well-being, and build student skills in peer interaction and social communication.

- **CHDI** is implementing *Students Supporting Students,* a new school-based peer support model that trains middle and high school students to provide mental health information and support to peers in the school setting. This model was developed with funding from DCF and SDE following the passage of Public Act 22-47 which required development of a "peer-to-peer mental health support program".

Access to a Comprehensive Array of Services and Supports

- **Through funding from DCF, Carelon Behavioral Health** continues to offer the Community Pathways program, an integral part of Connecticut's Family First Prevention Services Act Plan. This initiative employs a person-centered, strengths-based, and family-oriented approach, aiming to facilitate early intervention and improve access to preventive services for children and their families. Parents and caregivers of children under 18 who need non-emergency referrals can reach out to the Community Pathways program at 877-381-4193. Specialists are available to connect families with community resources and evidence-based interventions, offering ongoing support as required. This program is accessible to all families, regardless of income or insurance status.

- **DMHAS Young Adult Services (YAS)** finalized the outcomes upon completion of a five-year federal SAMHSA grant, CT Stay Strong Healthy Transitions, to develop and implement an early intervention program for young people between the ages of 16 and 25 operated by the New Britain and East Hartford DMHAS Local Mental Health Authorities (LMHAs). The program demonstrated statistically significant improvement in overall mental health ratings noted between baseline and six month follow up. It exceeded goals in the areas of outreach, partnership/collaboration, screenings, and referral to services. Sustainability efforts included adding a new outpatient level of care at both YAS program sites.

- **DMHAS YAS** opened the first YAS Dialectical Behavior Therapy (DBT) five bed mental health intensive residential program for young adults, operated by Continuum of Care in New Haven. This evidence-based DBT program offers a therapeutic community with intentional, trauma-informed care on-site, with staff supported through intensive training and supervision. All program staff have been trained by a DBT consultant with expertise working with this specialized population.

- In the 2023-2024 school year there were 136 mental health SBHC sites in Connecticut, that provided 111,862 mental health visits for 6,514 unduplicated users through **DPH and DPH**

Contractor (School Based Health Alliance) funds. SBHCs are free standing medical clinics located within or on the grounds of schools, licensed as outpatient clinics or as hospital satellites and are open to all enrolled in the school regardless of ability to pay or insurance status. SBHCs offer primary and preventive health care as well as mental health and other essential public health services. Students utilize mental health services to improve their psychosocial, emotional functioning through screening, assessment, intervention, and referral. SBHCs are located in cities with greater economic need and in schools that provide free and reduced lunches for students.

Pediatric Primary Care and Behavioral Health Care Integration

- **JBCSSD** is working with its contracted medical and behavioral health providers at the juvenile residential center to ensure MAT services are available to youth in need. Policy and procedure development is being done in consultation with a physician at the Yale School of Medicine who is board certified in pediatrics and addiction medicine with expertise in adolescent addiction.

- The 2025 **CASBHC** conference will focus on adapting SBHCs to better integrate these services amid shifting healthcare landscapes. SBHCs integrate medical and behavioral health services, offering crisis intervention, counseling, and treatment for illness and injury.

Disparities in Access to Culturally Appropriate Care

- A recent study conducted by **DHP** found that an overwhelming number of SBHC dental programs were at urban school settings, declaring a staggering need for dental health services amongst this population.
- **Carelon Behavioral Health supports the Statewide CLAS Advisory Council (SCAC)** which was formed in early 2022 as a subcommittee of CBHAC to help support the priority area of addressing Disparities in Access to Culturally Appropriate Care. Funding through the current iteration of the CONNECT grant has shifted away from supporting CLAS activities such as training and technical assistance. Throughout the years, CLAS focused efforts have been sustained through six DCF regional Learning Communities which are overseen by the Statewide CLAS Advisory Council (SCAC) under CBHAC. SCAC membership consists of Connecting to Care partners, family/youth, regional representation from the CLAS/Health Equity Learning Communities, representation from the care coordination Wraparound Multicultural Workgroup, and state partners. The SCAC reports to CBHAC to inform on activities, receive feedback and make recommendations to ensure the behavioral health system of care is responsive to individualized needs and families, with emphasis on culturally and linguistically competent care and services. Although training and technical assistance are not currently funded, the need for both remains strong.

Family and Youth Engagement

- A central focus of the **JBCSSD** 2024-2026 Strategic Plan is Client Engagement and Services. Juvenile Probation Services utilizes Wraparound funding (flex funds) to meet the urgent and individualized needs of youth and their families. Flex funds are used to fulfill

basic needs and purchase educational, recreational, and therapeutic goods and services that are outside the CSSD contracted provider network. Furthermore, flex funds support Juvenile Probation's graduated response system, which offers incentives and positive reinforcements to promote positive behavioral change, compliance with conditions of supervision, and attainment of case plan goals, as well as engagement in community-based supervision activities.

- **JBCSSD** Juvenile Probation Services developed and implemented a Child and Family Team Partnership Guide for probation officers to assist in relationship development with the client youth and their family, as defined by the youth. In addition, Juvenile Probation uses Child and Family Team meetings and family mapping as strategies to prevent youth from becoming further entrenched in the juvenile justice system, reduce technical violations, decrease the use of short-term detention, and reduce the number of non-judicial cases becoming judicial cases.

- **JBCSSD** Juvenile Probation Services is in the process of revamping client and parent/guardian exit surveys to ensure feedback obtained on their experience working with the probation officer and service providers align with the care coordination and targeted case management services under CAA. By the end of 2025, Juvenile Residential Services (JRS) will implement a Family Engagement policy that includes family engagement strategies (e.g., flex funds, phones, bus passes, virtual visits, family events) and the ongoing solicitation of family input and feedback.

- **DMHAS YAS** partnered with Positive Directions to update the CTSupportGroup.org website (formerly TurningPointCT.org), developed by young adults for young adults. After 10 years of providing almost 400,000 young people throughout CT with an online platform to share their advice, personal experiences, and resources related to mental health, the project has evolved based on feedback from young adults. The CT Support Group has launched a Discord Server where young people in CT can connect to resources and supports around the state, build their community, and directly access free one-on-one-person support, both virtually and in person.

- Based on young adult and staff survey feedback, **DMHAS YAS** developed a five-module training curriculum to improve education for YAS staff members on multiple topics related to the Young Adult Voice Initiative. The modules focus on the following areas: recovery and recovery-oriented care; supporting recovery; barriers to bridges; self-advocacy; and engagement and recruitment). The goal of this initiative is to increase young adult participation in all aspects and phases of service delivery by creating a practice that includes young adults as partners and decision makers serving on committees that inform policy, procedures, and program services, such as the statewide and local YAS Advisory Boards.

- **CSDE** engaged families and youth through a variety of initiatives, including the Commissioner's Roundtable on Family and Community engagement, Parent Leadership Training Programs, and a series of Virtual House Calls for Parents and Families on Supporting Your Child's Health and Well-being During the School Year.

Workforce

- **With funding from DCF as well as other sources, CHDI** has added multiple trainings to the asynchronous training platform, *Kids Mental Health Training*, to strengthen the capacity of the child-serving workforce to impact children's wellbeing. New training opportunities on the platform developed this year include an Introduction to CLAS, Introduction to Wraparound, System of Care, Crisis Safety Planning, Race and Mental Health, Intellectual and Developmental Disabilities, and other topics. Multiple Trauma ScreenTIME modules are also now also available on this platform.

- **JBCSSD** staff, including counselors and licensed clinicians, in the juvenile residential centers and contracted residential programs are focusing efforts to enhance the identification and treatment of adolescent substance use. During 2025-2026, staff have been trained in A-SBIRT and are undergoing fidelity reviews and coaching with **CHDI** to ensure consistency and quality of practice. In addition, to promote sustainability, key staff are being coached to become A-SBIRT champions receiving booster consultations and advanced substance use training, including advanced training utilizing foundational MST/CBT strategies in A-SBIRT. Clinical and counseling staff are also being trained in the full complement of MET/CBT strategies, which include fidelity rating sessions.

- In 2024-2025, **JBCSSD allocated funds and entered into a memorandum of agreement with the Department of Labor, in collaboration with the Workforce Development Boards,** to connect youth under probation supervision with meaningful jobs and vocational opportunities to help them build professional networks, gain valuable work experience, and enhance their resumes and marketability in the workforce. JBCSSD is committed to working with municipalities, Police Athletic Leagues, local businesses, and other state agencies to increase access to a range of work and learning opportunities for youth involved with juvenile probation. Additionally, JBCSSD, in partnership with the contracted Linking Youth to Natural Communities (LYNC) programs, developed a summer work and learn program with the Connecticut Department of Energy and Environmental Protection (DEEP) to provide youth under probation supervision with environmental education, soft skills development, and subsidized work experience.

- **CSDE** is continuing to grow the school-based mental health workforce through a series of targeted grant programs. A total of 92 school districts across the state were awarded funding to support the hiring and retention of mental health professionals, resulting in 94 new positions. Additionally, 85 grants are providing summer programming in schools and camps, enabling the hiring of 96 seasonal staff to support students during the summer months.

Advisory Board Recommendations for the Upcoming Year:

1. Address the Workforce Crisis

The Advisory Board strongly encourages the state to implement the recommendations from the 2023 workforce strategic plan, *Strengthening the Behavioral Health Workforce for Children, Youth, and Families: A Strategic Plan for Connecticut* (Workforce Plan), The Workforce Plan

features 8 recommendations to provide Connecticut with a blueprint for supporting a diverse and competent workforce to meet the behavioral health needs of children and families. While the State has made progress toward the recommendations, workforce shortages and the associated impact on availability and timeliness of care continue to be a challenge.

The Advisory Board recommends continued implementation of the Workforce Plan, with particular focus on two areas:

Workforce Plan Recommendation 1: Increase reimbursement for children's behavioral health services to cover actual costs of high-quality care and establish a transparent and systematic rate-setting process. The Department of Social Services (DSS), with funding allocated in the enacted budget, has increased Medicaid rates for some children's behavioral health services. DSS has also committed to a five-year evaluation plan to review rates on a fixed schedule with stakeholder feedback and to work with the Governor and legislature on increases within available funding resources. However, these increases fall significantly short of what is necessary to cover costs, or even to bridge the gap between Connecticut and comparable states' rates as identified in a 2024 study. Continued attention to reimbursement rates is still necessary to effectively address workforce shortages in many areas. Legislative attention is also needed to ensure adequate Medicaid rates for all behavioral health service types and to secure comparable coverage and rates by commercial insurance. Additionally, state grant funding that contributes to Connecticut's behavioral health service array for children must be reviewed and enhanced to promote and support ongoing recruitment and retention of a skilled workforce across the continuum of care.

Workforce Plan Recommendation 7: Expand the youth and family peer support workforce. In furtherance of the Advisory Board's 2024 Annual Report recommendation to address the workforce crisis, DCF commissioned CHDI to develop a report and recommendations to expand family and youth peer support services. Work on the report and recommendations was done in collaboration with the Advisory Board and a Steering Committee and is in its final stages of development. Distribution is anticipated in November.

2. Coordinate Collection and Reporting of System-Level Data to Improve Outcomes

The Advisory Board's Data Integration Workgroup met on May 29, 2025 to review the work that it had previously assigned to CHDI. This included a report on stakeholder perspectives (i.e., family members, family advocates, providers, and DCF staff) regarding access to children's behavioral health data, as well as a demonstration of a *System Dashboard* on children's behavioral health in Connecticut. The *Dashboard* was subsequently presented to the full Advisory Board for input.

The *System Dashboard* is posted on the plan4children website. It is intended to inform system-level decisions and identify trends in need, workforce availability, equity, and access to services. It currently includes data regarding depression and suicidality prevalence, substance use prevalence, system-identified needs (e.g., juvenile justice involvement, school-based indicators), and the behavioral health workforce. The Advisory Board recommends that the *System Dashboard* continue to be expanded to include the remaining components of the framework and

indicators selected by the Data Integration Workgroup. It is further recommended that the Advisory Board review trends reported within the *Dashboard* to inform future State leadership decisions and Advisory Board recommendations. To foster efficiency and avoid duplication of effort, it is urged that all advisory boards connected to children's behavioral health review, contribute to, and utilize the platform, as well as identify any missing data that should be added.

3. Coordinate roles and contributions for each of the advisory bodies to the Connecticut children's behavioral health system, with attention to expanding youth and family voice

The Advisory Board worked toward coordination across bodies in 2025 but acknowledges the importance of continued improvement in coordinating and distinguishing roles and responsibilities to improve efficiency and effectiveness of the children's behavioral health system. There is opportunity to address urgent challenges, strengthen services, and collaboratively advance implementation of the system of care, by aligning and coordinating efforts across bodies. A unified approach to making recommendations will also improve clarity for policymakers as they work to adopt recommendations into legislation or administrative changes.

For example, the 2025 SAC report recommends addressing both workforce needs and the alignment of advisory bodies, presenting an opportunity for the Advisory Board to partner in implementation of these shared recommendations. Additionally, the SAC report included recommendations that are of particular priority given its unique role in child protection and as a Citizen Review Panel. As these recommendation areas, such as quality of congregate care and substance use services for families with young children, intersect with behavioral health services, the Advisory Board membership and meetings can serve as an opportunity to discuss such topics and inform implementation of recommendations.

Similarly, the TCB has been working to compile a more comprehensive fiscal mapping of the current state resources, and to ensure the collection and availability of data to monitor the system. To expedite these tasks, the Fiscal Map previously developed for the Advisory Board has been recommended as the foundation for an updated system analysis. Similarly, the work of the Data Integration Workgroup of the Advisory Board is proposed as the launching point for the TCB's data collection goals, thereby building upon foundational work that incorporated extensive stakeholder input.

As another example, CBHAC has identified the following priorities for the upcoming year:

- System Organization, Financing and Accountability
- Health Promotion, Prevention and Early Identification
- Access to a Comprehensive Array of Services and Supports

With each of those priorities reflected in the Children's Behavioral Health Plan, the Advisory Board can serve as a partner in supporting CBHAC while receiving input from the family representatives regarding strengths and challenges with implementation of plan elements.

In addition to aligning common goals and distinguishing roles and responsibilities, the Advisory Board has identified the following specific aspects of the system that present timely opportunities for collaborative decision-making:

- Identifying priorities in furthering system of care implementation and operationalizing its values and principles throughout the system;
- Adopting a common definition of "behavioral health" (i.e., inclusive of mental health, substance use, and developmental needs;
- Improving access to information and data for policymakers, providers, and families.

The Advisory Board recommends the following activities to strengthen alignment in the upcoming report year:

- Convene a summit of the chairs of those advisory bodies focused on children's behavioral health to review and align their work where there are shared priorities, and to clarify each group's unique roles and activities to maximize both the effectiveness and efficiency of efforts.

- Continue to hold an annual joint Advisory Board/CBHAC meeting in which their annual recommendations and activities are discussed across memberships. Consider joint meetings of other advisory bodies as may be feasible.

- Increase participation and input of a larger number and broader representation of parents/caregivers and youth in all system advisory work. Here too, a more thoughtful coordination of efforts, and cross body communication and reporting can increase review and input from more families and potentially reduce burden on parents and caregivers that currently participate in multiple bodies.

The Advisory Board remains committed to pursuing alignment among the six bodies in order to advance common goals and a shared vision of wellbeing for children and families in Connecticut.

Respectfully submitted,

Elisabeth Cannata, Ph.D.
Ann R. Smith, JD, MBA

STATE AGENCY PARTNERS

Department of Children and Families (DCF)
Department of Developmental Services (DDS)
Department of Social Services (DSS)
Department of Public Health (DPH)
Department of Mental Health and Addiction Services (DMHAS)
Connecticut Insurance Department (CID)
Department of Corrections (DOC)
Department of Labor (DOL)
Office of the Governor
Office of Policy and Management (OPM)
Connecticut State Department of Education (CSDE)
Office of Early Childhood (OEC)
Office of the Child Advocate (OCA)
Office of the Healthcare Advocate (OHA)
Judicial Branch Court Support Services Division (JBCSSD)
Commission on Women, Children, Seniors, Equity and Opportunity (CWCSEO)

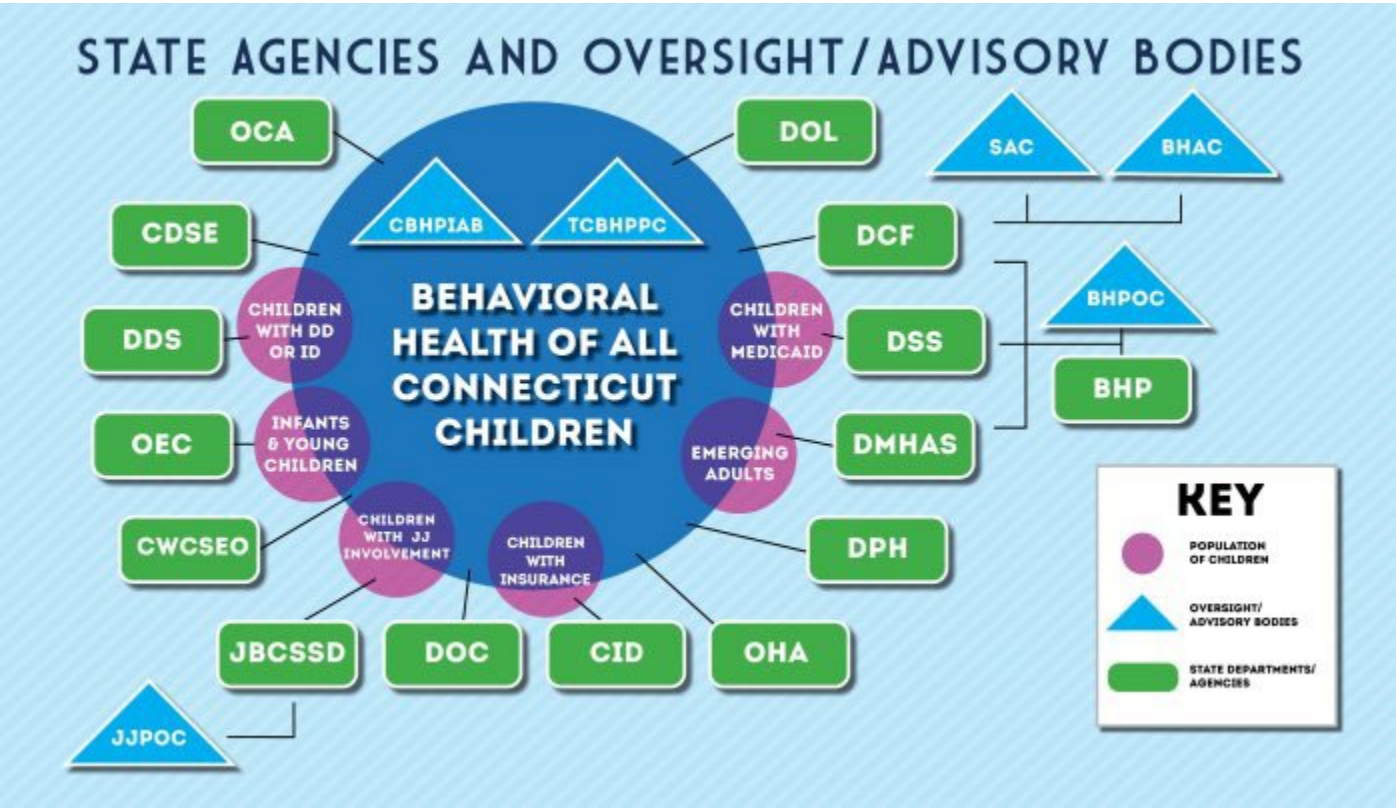
Addendum 1: Advisory Bodies' Membership Crosswalk

Member Affiliation[1]		Children's Behavioral Health Plan Implementation Advisory Board	Children's Behavioral Health Advisory Council	Behavioral Health Partnership Oversight Council	State Advisory Council	Transforming Children's Behavioral Health Policy and Planning Committee	Juvenile Justice Policy and Oversight Committee
Connecticut State Departments and Offices	Children & Families	X	X	X	X	X	X
	Child Advocate	X				X	X
	Comptroller			X			
	Corrections	X	X			X	X
	Developmental Serrvices	X	X	X		X	
	Education	X	X	X		X	X
	Early Childhood	X				X	
	Governor's Office	X					
	Healthcare Advocate	X		X		X	
	Health Strategy					X	
	Insurance	X				X	
	Judicial	X	X	X		X	X
	Dept of Labor	X					X
	Mental Health &Addiction	X	X	X		X	X
	Policy & Management	X		X		X	X
	Public Health	X		X		X	X
	Social Services	X		X		X	X
	Victim Advocate						X
Lived Expertise[2]		X	X(≥51%)	X	X	X	X
Behavioral health providers		X	X	X	X	X	
Child care providers					X		

[1] Affiliation with department or organization (specific designee or representative may differ across committees)
[2] Member has lived experience with Connecticut behavioral health system (either self or family member)

Family Advocates	**X**	**X**	**X**		**X**	**X**
General Assembly			**X**		**X**	**X**
Council on Medical Assistance..		**X**				
Cmsn on Women, Children…	**X**					
Medical Provider	**X**				**X**	
Police Chiefs' Assn	**X**		**X**			
Private Foundation	**X**					**X**
Regional Advisory Councils	**X**			**X**		
School-Based Health Centers	**X**					
School Superintendent						
Tskfc: Children's Needs	**X**				**X**	
Tskfc: MH Service Providers…	**X**					
United Way Infoline	**X**					

Addendum 2: Connecticut Children's Behavioral Health System:
State Agencies and Oversight/Advisory Bodies



STATE AGENCIES

DCF - Department of Children and Families
DDS - Department of Developmental Services
DSS - Department of Social Services
DPH - Department of Public Health
DMHAS - Department of Mental Health and Addiction Services
CID - Connecticut Insurance Department
DOC - Department of Corrections
DOL - Department of Labor
CSDE - Connecticut State Department of Education
OEC - Office of Early Childhood
OCA - Office of the Child Advocate
OHA - Office of the Healthcare Advocate
JBCSSD - Judicial Branch Court Support Services Division
CWCSEO - Commission on Women, Children, Seniors, Equity and Opportunity
BHP – Behavioral Health Partnership (incudes DCF, DMHAS and DSS)

OVERSIGHT/ADVISORY BODIES

CBHPIAB – Children's Behavioral Health Plan Implementation Advisory Board
TCBHPPC – Transforming Children's Behavioral Health Policy and Planning Committee
JJPOC – Juvenile Justice Policy and Oversight Committee
BHPOC – Behavioral Health Partnership Oversight Council
SAC – State Advisory Council on Children and Families
CBHAC – Children's Behavioral Health Advisory Council

Addendum 3: Connecticut Children's Behavioral Health System: State Agencies and Oversight/Advisory Bodies

Leadership and Structure	Committee Charge Per Statute	Reporting Requirements	Family Engagement and Membership	FY24 Priorities
Children's Behavioral Health Plan Implementation Advisory Board **Target Population: all children in Connecticut**				
Tri-chairs selected by DCF Commissioner Quarterly mtgs Short-term workgroups are established and meet as needed to address specific needs in the system	**CGS Sec. 17a-22ff** **Established 2015** The board shall advise member agencies, service providers, advocates, and others regarding (a) execution of the behavioral health plan for all children in Connecticut developed pursuant to Connecticut law, (b) cataloguing the mental, emotional, and behavioral health services offered for families with children in the state by agency, service type, and funding allocations to reflect capacity and utilization of services, (c) adopting standard definitions and measurements for services that are delivered, when applicable, and (d) demonstrating the collaboration of such agencies, providers, advocates, and other stakeholders in implementing the Plan. (Home - Plan 4 Children). The Advisory Board	Annual report to the joint standing committee of the General Assembly having cognizance of matters relating to children [Children's Committee] Report must address: the status of the Plan's execution; level of collaboration among agencies and stakeholders; recommendations for improvements in execution of the plan or collaboration among stakeholders; additional information as needed to reduce long-term impact of behavioral health needs on children.	At least 8 members must be families with lived expertise Beginning FY25, will provide Spanish/English translation and stipends to participating family members	(1) Coordinate Efforts of Advisory Bodies (2) Address the Workforce Crisis (3) Develop optimal funding paradigms

	meets quarterly and issues an annual report to the General Assembly each October. Subcommittees are convened to address aspects of the board's statutory charge.			
Children's Behavioral Health Advisory Committee **Target Population: all children in Connecticut**				
Two chairs: one family member and one provider Bimonthly mtgs required, but typically meet monthly	**CGS Sec. 17a-4a** **Established 2000** The committee shall promote and enhance the provision of behavioral health services for all children in this state. It shall meet at least bimonthly and submit a status report on local systems of care and practice standards for state-funded behavioral health programs to the commissioner of children and families and State Advisory	Annual status report to the DCF Commissioner on local Systems of Care/Community Collaboratives and practice standards for state-funded behavioral health programs Biannual recommendations to the DCF Commissioner and the SAC on the provision of behavioral health services for all children in the state, including: assessment and benefit options for children	At least 51% of members must be parents or relatives of a child who has or had a serious emotional disturbance or persons who had a serious emotional disturbance as children	2022-2025 Priorities: (1) Pediatric Primary Care and Behavioral Health Care Integration (2) Disparities in Access to Culturally Appropriate Care (3) Access to a Comprehensive Array of Services and Supports

	Council on Children and Families.	with behavioral health needs; appropriateness and quality of care for children with behavioral health needs; the coordination of services provided under the HUSKY Health program with services provided by other publicly-funded programs; (4) performance standards for preventive services, family supports and emergency service training programs; (5) assessments of community-based and residential care programs; (6) outcome measurements by reviewing provider practice; and (7) a medication protocol and standards for the monitoring of medication and after-care programs.	Family members receive a stipend for participation All meetings have live Spanish/English translation services	More specific recommendations within annual reports
Behavioral Health Partnership Oversight Council and the Child/Adolescent Quality, Access, and Policy Committee **Target Population: Medicaid-insured**				
Tri-chairs: provider, family member, and Administrative support provided by the Joint Committee on Legislative Management	**CGA Sec. 17a-22j** **Established 2006** The council shall advise the commissioners of children and families, mental health and addiction services, and social services on the planning and implementation of the Behavioral Health Partnership (BHP)	Committees report on meeting content back to the Oversight Council and make recommendations to the Council about improvements in quality and access in children's behavioral health		CAQAP Key Topics: (1) Utilization of EDs and in-patient beds (2) Utilization/availability of intermediate levels of care (3) Urgent Crisis Center utilization and effectiveness and Medicaid funding

Council and committees meet monthly; committees are open to public without formal membership Committees: Child/Adolescent Quality, Access, and Policy; Adult Quality, Access, and Policy; Operations; Coordination of Care/Consumer Access	established on behalf of children and adults participating in the HUSKY Health Program members (Medicaid and CHIF services) and children enrolled in the voluntary services program operated by the Department of Children and Families.			(4) Non-Emergency Medical Transportation and its impact on access to care (5) Medicaid reimbursement levels and state response to study revealing inadequacy of current funding (6) Health equity within all of topics
State Advisory Council on Children and Families **Target Population: children served by DCF**				
Chair and Vice Chair Monthly mtgs	**CGS Sec. 17a-4** **Established 1971** The council shall (a) recommend to the commissioner of children and families programs, legislation or other matters to improve services for children and youth, (b) annually review and advise the commissioner regarding the proposed budget, (c) interpret to the community at large the policies, duties and programs of the department, (d) issue reports to the Governor and	Annual progress report Review and comment on the annual DCF budget (annually) and the Child and Family Service Plan (every five years)	Positions designated for youth and caregivers Request youth and caregivers for agenda items Family advocate representatives Members of the Youth Advisory Board	(1) Access for services (2) Workforce shortage (3) Low Medicaid reimbursement rates and contracts without COLAs (4) Racial Justice (5) Foster family recruitment and retention

	commissioner, (e) assist in the development and review of strategic plans, (f) receive a quarterly status report from the commissioner, (g) independently monitor the department's progress in achieving its goals, and (h) provide an outside perspective to the department.		Meetings includes Regional Advisory Council updates representing family voices from the regions	
Transforming Children's Behavioral Health Policy and Planning Committee **Target Population: all children**				
Tri-chairs: OPM representative and two members of the General Assembly Monthly meetings Subcommittees include: Strategic Planning; Infrastructure; Services; Prevention; School-Based	**CGS Sec. 2-137** **Established 2022** The committee shall evaluate the availability and efficacy of prevention, early intervention, and behavioral health treatment services and options for children from birth to age eighteen and make recommendations to the General Assembly and executive agencies regarding the governance and administration of the behavioral health care system for children.		Statute does not require family or youth participation Family members are engaged within planning efforts and presentations	Workgroups defining priorities
Juvenile Justice Policy and Oversight Committee **Target Population: justice-involved youth**				
Chairs: Representatives from OPM and General Assembly Monthly mtgs	**CSG Sec. 46b-121n** **Established 2015** The committee shall evaluate policies related to the juvenile justice system and the expansion		Statute requires participation by youth and family members	

Workgroups: Diversion; Incarceration; Cross Agency Data Sharing; Racial and Ethnic Disparities; Community Expertise Workgroup; Education Committee; Gender Responsiveness Workgroup	of juvenile jurisdiction to include persons sixteen and seventeen years of age.			

CONNECTICUT
Children & Families

SAC 1/2026
Service Provision

Child and Family Services Plan

Active Contract Management including:

- **Regular provider meetings and contract monitoring**
- **Performance Outcome Measures embedded in contracts**
- **Updates to the Provider Information Exchange (PIE)**
- **Matches to specialty services by gatekeepers, service coordinators, and regional resource group clinicians**

Systems Program Directors:

- **Pivoting focus to continuous quality improvement (CQI) in private provider service delivery**

Child and Family Service Review

Increasing knowledge of existing services in the community-Assisted Intervention Matching Tool –refresher for staff, updates to tool for behavioral health.

Mental Health Service | AIM Tool

Reduce Steps to referral:

Automation of our RRG referral form, request multiple consults at the same time, to reduce time and paperwork

Utilization:

Focus on under or over utilized programs and needed systemic adjustments by increasing available data

- Administrative Case Review (ACR) tool now captures more details as to any service provision challenges, looping in others for support as needed as part of permanency strategy
- Consideration for utilizing of GEO mapping by program types-infancy stage, just received approval for the program, testing

Transforming Children's Behavioral Health Policy and Planning Committee

2025 – 2028 Strategic Plan

Tow Youth Justice Institute
University of New Haven

Contents

I. Acknowledgements

We are proud to present the strategic plan for the Transforming Children's Behavioral Health Policy and Planning Committee (TCB) that will guide their work through 2028. This plan **embodies the spirit** of collaboration across a multi-faceted array of stakeholders and represents the **extraordinary potential to bring about meaningful change** when a coalition of passionate and dedicated parties come together to strengthen Connecticut's children's behavioral health system to **ensure the best outcomes for all our children**.

We thank the TCB Tri-Chairs, who each bring a unique yet complimentary devotion and approach to the work that created an environment where all voices can be heard. We want to acknowledge the enthusiasm and dedication of the TCB Members, a diverse assembly of experts, stakeholders, and parents from across the state, and every individual who helped realize this plan by sharing their personal and professional experiences, knowledge, and expertise over the many months of meetings, presentations, focus groups, workshops, and working sessions. Their commitment to the idea that a sustainable, accessible, and high-quality behavioral health system is paramount to the well-being of all children is commendable and inspiring.

We acknowledge and thank the **many dedicated, hard-working, deeply caring originators of reform** who pioneered the creation of Connecticut's Children's Behavioral Health Plan, and the Children's Behavioral Health Plan Implementation Advisory Board who have graciously allowed us to work alongside them and whose groundbreaking efforts laid the foundation for our current work.

Tow Youth Justice Institute

II. Letter from the Tri-Chairs

Dear Members, Stakeholders, and Advocates,

It is with great honor and pride that we present the Transforming Children's Behavioral Health Policy and Planning Committee's (TCB) first strategic plan, a living document intentionally focused on our future, and intended to help guide us over the next three years.

We recognize that so much important work has been done in the area of children's behavioral health services in Connecticut over the last decade to create a broad array of services and resources. We understand that our children's needs continue as they age and develop, and that new needs arise. We have the expertise of dedicated state agencies committed to working alongside a strong network of providers, organizations, advocates, and advisory bodies, all of whom are working tirelessly for Connecticut's children and families. We also understand that our children's behavioral health system is facing a crisis that cannot be ignored, and even with our significant progress, more work is needed.

For some of us, we know this through personal experience. We have loved ones, friends, colleagues, or someone in our community who has been impacted by behavioral health issues and the growing challenges they face getting the services and resources they need. These challenges and needs became acutely apparent during COVID and continued as we emerged from the pandemic. It is critical that the system(s) and communities that play such crucial roles in our children's care and growth are prepared to identify, early, any developmental and or emotional needs our children may face.

The TCB was created as a vehicle for action and re-calibration to strengthen and make sustainable our children's behavioral health system through policy and legislative action, ensuring Connecticut's children's behavioral health system is responsive to each community.

As a body we are tasked to consider both the micro of the very personal, one-on-one work done with children and families, and the macro of aligning and strengthening the complex system of care and its many parts that treat them, including the deeply invested funder and provider networks. Working together, we all believe it's possible to reconcile the two to create a high performing, stronger system of services.

The TCB is composed of an extraordinarily diverse group of stakeholders from every area and level of expertise, all of whom are dedicated to a nuanced and intentional approach to our work. We witnessed this in the first year of preparation that went into creating this strategic plan and first round of legislative recommendations. The work wasn't just done in the monthly planning meetings. It was done in the workgroup

sessions, in workshops, focus groups, through data collection, and research, proving that as active members committed to a shared ideal centered on the wellbeing of our children and their family, we can get things done.

We are here to improve our children's outcomes. There is much to do, much more than can be accomplished with one strategic plan or one round of legislative recommendations. Remember: we are only at the beginning of this extraordinary journey, and it will take all of us learning together and collaborating to earn each 'win' as we stabilize, strengthen, and make our children's behavioral health system responsive and sustainable.

Sincerely,

Senator Ceci Maher

Representative Tammy Exum

Claudio Gualtieri, Office of Policy & Management, Senior Policy Advisor

TCB Tri-Chairs

III. Mission Statement and Purpose

Mission

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

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

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

Purpose

The Transforming Children's Behavioral Health Policy and Planning Committee ("TCB") was established in 2023 by Public Act 23-90 and mandated to evaluate the availability and effectiveness of prevention, early intervention, and treatment services for children's behavioral health, substance use disorders, and general well-being of children aged from birth to eighteen. **Through targeted recommendations** to the General Assembly and executive agencies, the TCB may propose necessary actions to improve: (1) developmental and behavioral health outcomes for children, (2) facilitate transparency and accountability across state agencies, community-based organizations, and institutional providers, and (3) promote policies to advance data sharing and reporting between state agencies and state-funded programs. The law further directs the committee to assess and identify:

1. Statutory and Budgetary changes to improve the children's behavioral health system.
2. Service Delivery Gaps and other missed opportunities to advance the State's ability to offer families a set of streamlined, accessible, and responsive solutions.
3. Strengths and Barriers that either support or hinder children's behavioral health care.
4. School-Based Behavioral Health Efforts that collaboratively support efforts to improve behavioral health outcomes for children.

5. Disproportionate Behavioral Health Access and Outcomes for children of color and those in underserved communities such as rural parts of the state.
6. Disproportionate access and outcomes across the behavioral health care system for children with developmental and intellectual disabilities.
7. Quality Assurance framework(s) to maintain timely data analytics to improve both private and publicly operated behavioral health services, facilities, and programs capacity to streamline and centralize processes and operations with accountability and agility.
8. Governance Structure to align state public policy and healthcare goals to ensure that all children and families, in urban, rural, and all other areas of the state, can access high-quality behavioral health care regardless of their ability to pay.
9. Sustainable Workforce Needs to support the evolving behavioral health needs of children.

While the enacting legislation sets out a comprehensive agenda, the **TCB builds on the substantial progress** made by statewide children's behavioral health initiatives over the years. The TCB aims to propel this work forward and support efforts to increase collaboration, strengthen partnerships, and align systems that will ensure a strong and sustainable behavioral health system that prevents, identifies, and addresses the behavioral health needs of all children in Connecticut.

IV. Operationalization of the TCB

A. Leadership

The committee is led by Tri-Chairs, Representative Tammy Exum, Senator Ceci Maher, and Policy Advisor Claudio Gualtieri, who have together, fostered a positive and inclusive environment and maintained open communication between members, workgroups, government agencies, and the legislature.

Tammy Exum

State Representative, Deputy Majority Leader

"I am not an expert in behavioral health; I am a mom who has experienced the entire spectrum of the behavioral health service system, and what I found was broken, and that children and families were falling through the cracks at every conceivable point along the way. As a legislator and a Tri-Chair, I am laser-focused on operationalizing the 2022 legislation that will build the best, most comprehensive system we can."

Ceci Maher

State Senator, Deputy President Pro Tempore

"We need to create a system that works not just for the well-to-do residents of Fairfield County but for all residents, especially those who don't know where to turn, and who don't know how to get the help they need. If we smooth the path of accessibility for the most underserved; we smooth the path for everyone."

Claudio Gualtieri

Office of Policy & Management, Senior Policy Advisor

"The North Star for me is how do we make lasting and meaningful change sustainable so that the next generation won't be vulnerable."

B. Administrators

The Tow Youth Justice Institute (TYJI) at the University of New Haven administers and oversees the work of TCB. In operationalizing the TCB, TYJI is dedicated to facilitating and strengthening collaborations across a complex network of oversight bodies, stakeholders, and agencies in Connecticut's Behavioral Health Services System to ensure that information remains accurate, relevant, and at the forefront of the field.

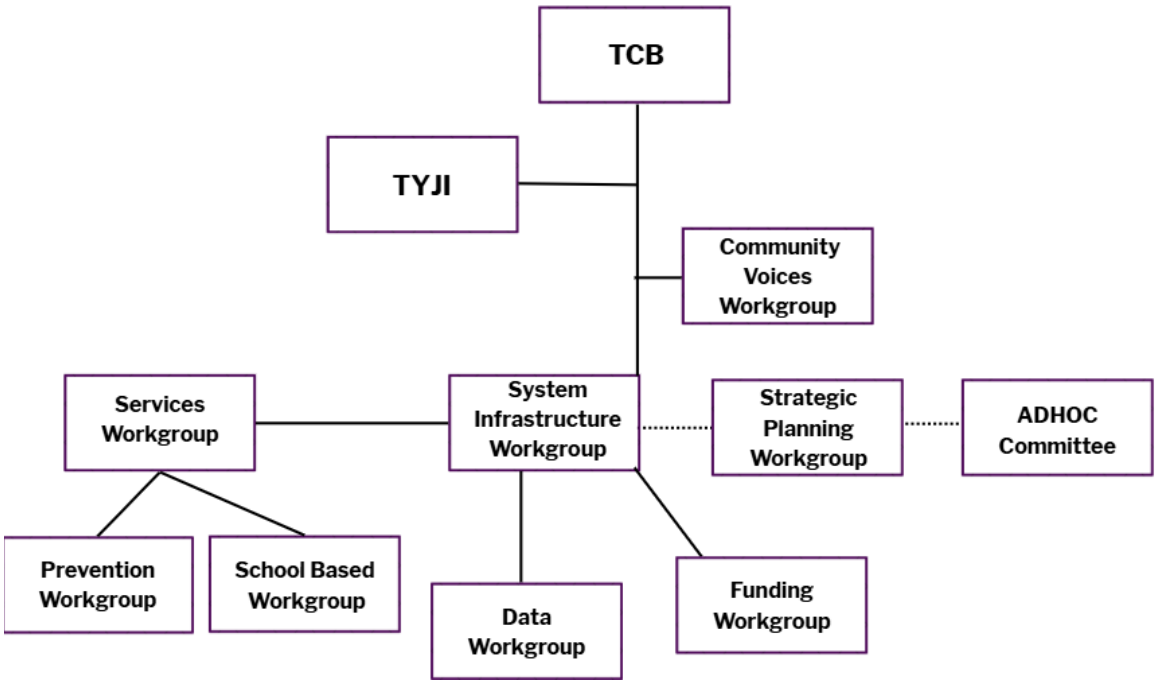
Erika Nowakowski
MSW, Executive Director

Emily Bohmbach
MPH, Senior Project Manager

Jacqueline Marks
Project Coordinator

Stacey Olea
Project Coordinator

C. Committee Structure



The Image above is the TCB's organizational chart, which reflects the workgroups and structure of the committee.

D. TCB Members

The TCB is a **diverse multi-sector body**, whose 51 members draw on a vast array of experience and expertise and include representatives of Connecticut's legislative body, state agencies and departments, non-profit behavioral health organizations serving Connecticut's children, and individuals with lived experience. **Collaboration is key.** The TCB is committed to making sure that all voices are both heard and valued, and to translating all the aspirations for policy changes, the data collected, the conversations that have taken place over the last decade, and all the great work, into legislative recommendations and actions that will bring about lasting and meaningful change. It is a body that has proven since its inception that it can provide opportunities and connections to bring it all together and turn potential into action.

E. Workgroups

Workgroups within the TCB are **the "roll up your sleeves" teams** that come together throughout the year to develop workplans, identify priorities and draft legislative, policy and fiscal recommendations for the TCB committee to consider for the upcoming legislative session. The workgroups are open to the public and consist of an array of professionals from State agencies, local organizations, providers, and other

stakeholders from across the State. The committee identified the need to focus on the financing of the behavioral health system and have embedded an annual review of system financing in the workplans of all workgroups. **There are five active workgroups**. Each workgroup has their own set of goals and priorities identified below. Additionally, the committee has established a Community Voices Workgroup and is working to build an ADHOC Committee to monitor national policy impact and response.

- **System Infrastructure Workgroup**
  Workgroup Co Chairs: *Alice Forrester, PhD, Chief Executive Officer, Clifford Beers Community Health Partners & Jason Lang, PhD, Chief Program Officer, CHDI*
  The System Infrastructure's role is to build the capacity and coordination of the children's behavioral health infrastructure to increase the effectiveness of and access to services that meet family needs. Effectiveness refers to data, governance, oversight, and accountability. Access refers to the availability of a diverse set of services and trained service providers, the coordination of services, systematic knowledge, channels of communication, and funding for sustainability.

- **Services Workgroup**
  Workgroup Co-Chairs: *Edith Boyle, LCSW, President and Chief Executive Officer, LifeBridge Community Services & Yann Poncin, MD, Associate Professor and Vice Chair of Clinical Affairs in the Child Study Center*
  The Services Workgroup is focused on ensuring statewide and local capacity and awareness to provide a comprehensive range of affordable, integrated, coordinated, and family-centered services to children from birth to age 22, individualized and within the context of their families, caregivers, and communities.

- **Prevention Workgroup**
  Workgroup Co Chairs: *Ingrid Gillespie, Director of Prevention, Liberation Programs Inc & Pamela Mautte, Director, Alliance for Prevention & Wellness Program of BH Healthcare*
  The Prevention workgroup is committed to strengthening children's behavioral health prevention services and programming. It will collaborate to identify challenges, examine solutions, and provide advisory recommendations to enhance prevention efforts statewide.

- **School-Based Workgroup**
  Workgroup Co Chairs: *Dr. Elizabeth Connors, Associate Professor of Psychiatry, Division of Prevention and Community Research, Yale School of Medicine & Katerina Vlahos, Executive Director, Bridgeport Prospers*
  The School-Based Workgroup will promote mental health, well-being, and academic success for children birth to age 22 by increasing the reach and quality of school-based behavioral health services. Reach refers to equitable availability of timely and appropriate school-based behavioral health services in all CT jurisdictions, through a multi-disciplinary array of coordinated community-partnered and school-employed service providers. Quality refers to effective, student-and family-centered, interventions and approaches which are culturally responsive, equitable, inclusive, and evidence-based.

- **Community Voices Workgroup**
  Workgroup Co Chairs: Janeen Reid, CEO, Full Circle Youth Empowerment Inc., Jenny Bridges, Executive Director, FAVOR
  Intent: The Community Voices Workgroup engages families and children from across the State to foster partnerships between the TCB and the community and prioritize children and family voice into TCB initiatives and legislative recommendations, underscoring a firm commitment to equity and meaningful youth engagement.
  Purpose Statement: This workgroup authentically engages families and children with lived experience to gain insight on needs, gaps in services, and their priorities and suggestions for improvising specific behavioral health issues and policies. The members of this workgroup practice receptive listening by providing support and feedback to the parents and youth on the importance of their insight when they provide their expertise to the committee.

F. Legislative Recommendations

As a vehicle for reform, the TCB developed its first round of Legislative Recommendations in tandem to the strategic plan and informed by a robust and rigorous process that included workgroups, monthly presentations, feedback from critical stakeholders, research, and evidence-based best practices.

The TCB's 2025 proposed recommendations seek to accelerate efforts to achieve greater value and improve health outcomes for children and families in Connecticut.

Summary of recommendations

- Children's Medicaid Behavioral Health Reimbursement Rate
- Workforce Stabilization
- Autism Spectrum Disorder

- Continuum of Crisis Services Study
- School-Based Health Center study
- School-Behavioral Health Services

V. Strategic Planning Process

A. Introduction

Creating a strong and sustainable children's behavioral health system is **an enormous undertaking that requires coordination and collaboration** across a complex array of agencies, committees, and providers. Connecticut has worked for over two decades to build a sustainable children's behavioral health system. In more recent years, the 2018 Federal Family First Prevention Services Act prioritized family-based prevention services that led to Connecticut's federally approved Family First Prevention Plan in 2019. However, the COVID-19 pandemic in 2020 exposed critical vulnerabilities in the system that amplified workforce shortages and service demand and revealed access disparities as service needs peaked.

By 2021, the children's behavioral healthcare system was in crisis and clearly failing children and families. The lack of coordination, accessibility, and services were being acutely felt by families across the socio-economic spectrum to the point that families were seeking services outside of the state. In response, in 2022, both chambers of the Connecticut Legislature passed by unanimous vote the **landmark Public Act number 22-47**, signed into law by the executive branch, that committed a $300 million investment to help establish and support urgent crisis centers (UCCs), fund 24/7 emergency mobile crisis services, establish the 988 helpline, and provide respite grants to children when no insurance coverage was available, among other initiatives. It also established the Transforming Children's Behavioral Health Policy and Planning Committee as a vehicle for evaluating needs and gaps and taking the necessary action to make legislative recommendations that would align and implement new initiatives with past ones.

B. Planning Process

In 2024, the TCB began work on this strategic plan in a very nuanced and intentional way. The Plan was developed through a deliberate, comprehensive, and collaborative process led by the Tow Youth Justice Institute and the TCB Strategic Planning Workgroup that engaged stakeholders, nonprofits, advocates, children and families, and national experts, conducted extensive fact-finding, and facilitated workshops.

Members set out to take the responsibility of the Behavioral Health System for children by acknowledging the shortcomings of the current system and committing to making real improvements so that children and families have easy access to the support they need, when they need it to help them survive and thrive in their communities.

The process included **months of meaningful and difficult conversations**, not dominated by the few people who know a single program or issue best, but by a consensus of dedicated people united by a **core idea**—*to develop a realistic, working document that would both guide their work for the next three years and lay an important foundation of collaboration and alignment to strengthen and make a sustainable children's behavioral health system.*

Experts guided various one-day virtual level setting workshops to help members and stakeholders develop the focus of the Strategic Plan, enable informed decision-making, and inspire realistic and practical revisions. In addition, members provided input on what information, data, issues, were missing and explored opportunities to leverage stakeholder voices and encourage engagement with an emphasis on the expertise and voices with lived experience to inform their work.

- On January 5th, 2024, the TCB Strategic Plan Workgroup hosted an all-day "level setting" workshop at Middlesex Community College.
- On June 3rd, 2024, the TCB Strategic Planning Workgroup put on an all-day strategic planning session.
- On October 16th, the workgroup hosted an in-person strategic planning lunch.
- On November 14th, the workgroup hosted a final virtual session.

**Surveys were utilized as a tool for voting on mission and purpose statements, and priorities*

Collaboration and inclusion drove the process, combined with the underlying notion that developing the strategic plan, accompanying mission statement, and legislative recommendations would be an opportunity for learning and sharing expertise and experiences while inspiring creative and innovative solutions.

VI. Strategic Priorities

The strategic plan is meant to be a **roadmap to guide the TCB's work** over the next three years. As a **"living document"**, it will evolve and adapt as external changes occur (e.g., elections of new state leadership, changes in local, state, and federal funding and budgets) as well as internal ones (e.g., the addition of new TCB members and consultants with specific expertise). This allows the TCB the flexibility to respond to new challenges and positive opportunities as they arise within the overall framework of the work ahead.

The extensive work done during this strategic planning process has defined the following goals for the 2025 – 2028 work of the TCB. Within each goal, the priorities are the key areas of focus, the strategies are the action steps needed toward achieving the goal, and the objectives are the intentions of each workgroup.

System Infrastructure

- Funding Goal:
  Enhance the children's behavioral health system by increasing and sustaining funding through state and commercial payors.
- Data Goal:
  Implement a comprehensive data collection, reporting and analysis system across the state.
- Workforce Goal:
  Strengthen, grow and stabilize the children's behavioral health workforce.
- Governance Goal:
  Increase efficiency and transparency in children's behavioral health.

Services

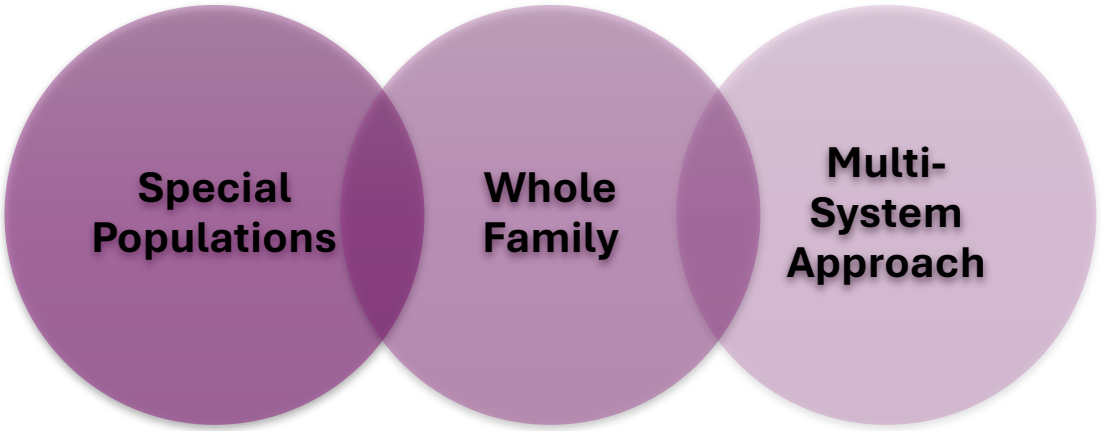
- School-based Services Goal:
  Expand access to high quality school-based behavioral health services for all students in Connecticut.
- Prevention Goal:
  Increase access to preventive behavioral health services and ensure early identification for all children.
- Continuum of Care Goal:
  Ensure timely access to an integrated system of care that coordinates services across various settings (in-home, community based, residential and hospital).

Overarching Framework

- Special Populations Goal:
  Establish a children's behavioral health system that addresses the diverse medical and cultural needs of all children.
- Whole Family Goal:
  Provide family-centered, comprehensive behavioral health services to children and families in their natural environments.
- Multi-System Approach Goal:
  Enhance resource sharing and collaboration among network providers to maximize efficiency and avoid duplication of efforts.

A. Overarching Framework

In the process of developing this plan, the TCB members identified **three themes to be infused in all aspects of this strategic plan** and TCB's efforts. Within each workgroup, these are strategies that need to be included in the activities and considerations to ensure equitable and sustainable outcomes.



Special Populations Goal:

Establish a children's behavioral health system that addresses the diverse developmental and cultural needs of all children.

Strategies

- Develop training teams in cultural competency and trauma-informed care.
- Identify children's behavioral health demographic data collection methods across the State.

- Evaluate children's behavioral health data across the continuum.
- Identify measures of success.
- Monitor impact on the population.
- Assess the engagement of the population.
- Incorporate plans for corrective action if needed.
- Identify underserved populations.
- Identify gaps in services and barriers to care.
- Ensure data is public for transparent utilization and communication across the behavioral health system.
- Identify barriers to implementing training across the system.
- Promote culturally and linguistically competent services that reflect diverse backgrounds and populations served.
- Support the successful transition of children into adulthood by providing developmentally appropriate care.

Objectives

- Support the successful transition of children into adulthood by providing developmentally appropriate care that fosters increasing independence.
- Promote cultural and linguistically competent services that reflect the diverse backgrounds of populations served, enhancing access, and eliminating disparities in care.
- Need for a comprehensive and inclusive children's behavioral health system that addresses the diverse medical and cultural needs of all children, particularly vulnerable populations like young children, victims of sexual abuse, and those with disabilities.
- Support the successful transition of youth into adulthood by providing developmentally appropriate care that fosters increasing independence.

Special Populations Goal

Partners

- Federal Agencies for financial support: CMS and HRSA
- State Departments of: Social Services, Childrens and Families, Developmental Services, Mental Health and Addiction Services, Public Health, and Office of Early Childhood
- Private sectors: hospitals, commercial insurance providers, and Medicare
- Government Offices: Governor's office and Office of Policy Management (OPM) for financial guardrails for systemic alignment
- Children and families

Information needed

- Development of benchmarks and quality assurance frameworks to measure the effectiveness
- Equity Data to address disparities across demographics and services outcomes
- Identification of underserved populations and gaps in current behavioral health services
- Transparent data collection and utilization

Outputs

- Culturally and linguistically competent services
- Promotion of Community Resources
- Transparent Social Determinants of Health (SDOH) data to form sustainable solutions to promote equity
- Promotion of Community Resources
- Transparent SDOH data to form sustainable solutions to promote equity

Measures of Success

- Improved community stability
- Improved health outcomes for children
- Increased number of healthier families
- Improved culturally competent care

Whole Family Goal:

Provide family-centered, comprehensive behavioral health services to children and families in their natural environments.

Strategies

- Obtain input and feedback from those with lived experience (families, providers, CBOs).
    - Build connections with support groups, Parent Teacher Associations, Community Based Organizations (CBOs).
    - Share resources and build a sustainable power dynamic between the TCB and those providing their lived experience.
    - Develop a space for those with lived experience to be fully involved in our work.
- Empower families by providing peer support at meetings to reduce isolation and foster resilience.
    - Incentivize families to sustain transformational engagement.
    - Create a safe space for families by providing peer supports, and offer a diverse array of services, including both traditional and innovative approaches to address the holistic needs of children and families.

Objectives

- Decrease the average out-of-pocket costs for families seeking children's behavioral health services to improve access to care.
- Increase family awareness of available community-based services and supports.
- Ensure accessible and comprehensive support for children and families by providing a diverse and flexible array of services to address holistic needs through both traditional and innovative approaches.
- Provide individualized care that is tailored to the unique needs of each child, considering their developmental stage, cultural background, and individual circumstances.
- Empower families to actively participate in decision-making and treatment planning.

Whole Family Goal

Partners

- Wrap CT Learning Collaborative
- Community-based collaboratives

Information needed

- Collaboration with support groups, PTA meetings
- Empower families by providing peer support at meetings to reduce isolation and foster resilience
- Mandated reporters, such as teachers and medical staff able to recognize behavioral health “build up” to ensure timely intervention and support

Outputs

- Transformational engagement between agencies, policymakers, providers, and families
- Promotion of resources available in the community
- Improved access to services

Measures of Success

- Increased number of healthier families
- Improved community stability
- Improved culturally competent care

Multi-System Approach Goal:

Enhance resource sharing and collaboration among network providers to maximize efficiency and avoid duplication of efforts.

Strategies

- Integrate pediatric and behavioral health care to provide comprehensive and holistic care.
- Review publicly available studies in Connecticut.
- Enhance resource sharing to maximize efficiency and avoid duplication of efforts.
- Improve network access and quality.

Objectives

- Transparent data collection methodology to evaluate what happens to social emotional psychiatric screenings.
- Evaluation of outcomes of social emotional psychiatric screenings to determine what is often diagnosed and prescribed.

Multi-System Approach Goal

Partners

- Real reporting: statewide accountability and cross agency communication
- Hospitals, Emergency Departments, and Urgent Crisis Centers
- Family navigators with a care management entity for behavioral health services
- Pediatricians and Birth to 3 providers
- Primary care providers
- Community Health Workers

Information needed

- Information on what is done if a child does not meet the threshold for social emotional pediatric screenings
- State level guidelines on behavioral health service delivery to help reduce disparities and ensure consistency across religions

Outputs

- Enhanced resource sharing and collaboration among network providers to maximize efficacy and avoid duplication of efforts
- Transparent data on access to services
- Transformational engagement between agencies, policymakers, providers, and families
- Cross agency communications

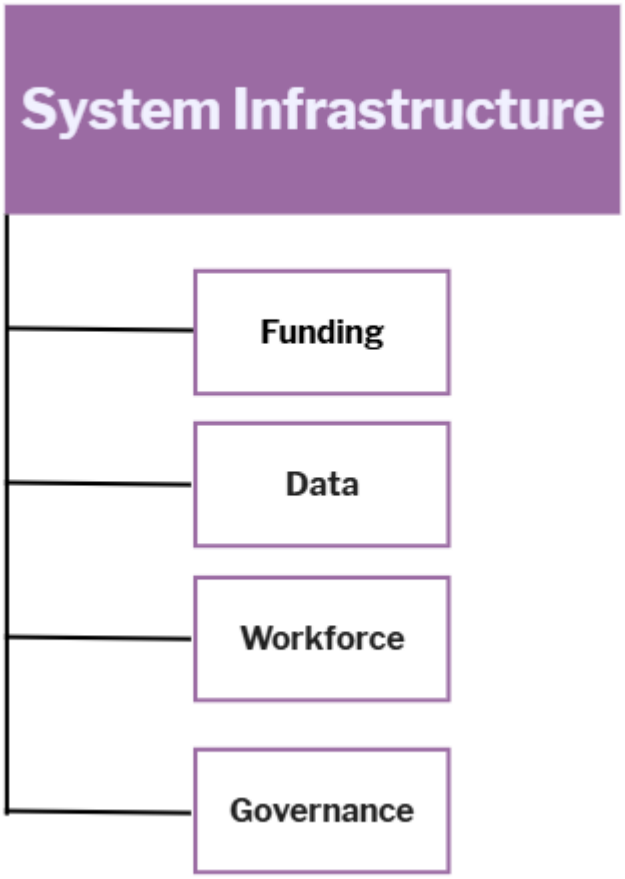
Measures of Success

- Increased data and accountability tracking for better utilization of existing sources
- Improved waitlists and less bottlenecking
- Improved Clinical and functional gains

B. System Infrastructure

Purpose Statement

Build the capacity and coordination of the children's behavioral health infrastructure to increase the effectiveness of and access to services that meet family needs. Effectiveness refers to data, governance, oversight, and accountability. Access refers to the availability of a diverse set of services and trained service providers, the coordination of services, systematic knowledge, channels of communication, and funding for sustainability. Areas of focus include funding, data, workforce and governance.



The image above reflects the priorities identified within System Infrastucture. Not all priorities are workgroups within the TCB.

Funding Goal:

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

**Fiscal review, analysis and impact will be embedded within each workgroup and will be part of the evaluations of any recommendation prior to the delivery of any TCB recommendations.*

Strategies

- Develop a fiscal map of the cost of delivery services.
  - Identify variations of costs of services.
  - Identify gaps and barriers to services.
  - Identify steps/policies to streamline service delivery.
- Gather data on grants relevant to childrens behavioral health.
  - Identify return on investment of grants.
- Develop a fiscal map of services throughout the state and what insurance is accepted within each service.
  - Identify gaps and barriers to care.
  - Develop recommendations to ensure comprehensive insurance coverage.
  - Develop a fair rate setting process for providers.
  - Explore innovative funding models to guarantee long term system changes.
- Review publicly available studies in Connecticut and nationally.

Objectives

- Advocate for increased and sustained state funding for children's behavioral health services.
- Develop a rate-setting process that ensures reimbursement rates adequately cover the actual costs of providing quality care.
- Ensure that all insurance plans cover a comprehensive range of behavioral health services for children, including individual therapy, family therapy, group therapy, medication management, and crisis services.
- Explore and implement innovative funding models (e.g., blended and braided funding, pay-for-success) to diversify funding streams and ensure the long-term financial stability of the children's behavioral health system.
- Streamline funding and service delivery processes across key state agencies involved in children's behavioral health care.

Funding Goal

Partners

- Department of Social Services, Department of Children and Families, Department of Education
- Private/ non-profit providers
- Stakeholder voices who have been impacted by services
- Private foundations focused on children mental health and wellness
- Private sector insurance companies

Information needed

- Cost of delivery services
- Data on grants and return on investment
- Identification of services most helpful
- Consumer feedback and measuring outcomes

Outputs

- Improved access to behavioral health services
- Data to further identify gaps in services
- Sustainable funding solutions

Measures of Success

- Number of commercial insurers that have a bundle paymentLess demand of more intensive/ restrictive services
- Shorter waitlists and less bottlenecking
- Movement of resources away from crisis towards prevention
- Better data and accountability tracking and better utilization of existing data sources
- Improved Accessibility to data

Data Goal:

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

***Data infrastructure** encompasses the systems, technologies, and processes involved in collecting, storing, managing, processing, and analyzing data. An effective data infrastructure should be efficient, safeguard sensitive information, comply with security protocols, adapt to evolving data needs, and support decision-making and collaboration.*

**Data review, analysis and impact will be embedded within each workgroup and will be part of the evaluations of any recommendation prior to the delivery of any TCB recommendations.*

Strategies

- Develop a centralized repository or dashboard to streamline data collection.
    - Develop clear metrics and standards to measure progress
    - Map out benchmarks from other States, identify how Connecticut compares
    - Increasing transparency and accountability in behavioral health services by developing a public data dashboard that provides accessibility. information and creates reporting expectations across state agencies and funding systems.
- Gather data regarding wait times for all services in the behavioral health system.
    - Identify barriers to care, gaps in services.
    - Develop action steps/policy changes to ensure timely access to care.
    - Utilizing data to make system level decisions across agencies.
- Review publicly available studies in Connecticut.

Objectives

- Utilize data to make system level decisions across agencies and identify data collection and services duplication.
- Increase transparency and accountability in behavioral health services by developing a public data dashboard that provides accessible information and creates reporting expectations across state agencies and funding systems.
- Streamline data reporting expectations across state agencies and funding systems to minimize administrative burden on providers while ensuring high-quality data collection.
- Ensure data collection aligns with clear goals and reducing unnecessary metrics will help optimize resources while driving improved behavioral health outcomes for children and families across the state.
- Track service utilization across the system to identify areas of overlap and streamline care pathways.
- Measure and improve health outcomes.

Data Goal

Partners

- State Departments of: Social Services, Children and Families, Education, and Developmental Disabilities
- Private/nonprofit providers focused on children mental health and wellness
- Policymakers
- Private sector insurance companies
- Office of Early Childhood

Information needed

- Wait times for all different types of services
- Social Determinants of Health Data
- "Mechanisms" for centralized data dashboard

Outputs

- Identification or wait times for services
- Transparent reporting of data collection across agencies
- Identification of SDOH barriers, and solutions for equity
- Sustainable steps for implementation
- QA process when evaluating outcomes of feedback
- Better data and accountability tracking and better utilization of existing data sources
- A statewide tool and data dashboard

Measures of Success

- Increased clinical and functional gains
- Decrease in deeper involvement in systems
- Shorter waitlist times
- Improved resource allocation

Workforce Goal:

Strengthen, grow and stabilize the children's behavioral health workforce.

Strategies

- Provide incentives to attract and retain workforce professionals.
- Continue to explore and implement interstate health license compacts to make it easier for practitioners to practice across state lines and deliver telehealth services
- Increase the number of workforce professionals.
- Promote diversity and inclusivity in the workforce to reflect the communities served.
- Eliminate obstacles hindering workforce entry, retention, and service delivery.
- Ensure systems in place are sustainable by collecting feedback from health systems and organizations.
- Adjust wages to match inflation and enviornment changes.
- Review of publicly available studies in Connecticut.

Objectives

- Make significant investments in retention and recruitment.
- Provide incentives to attract and retain professionals in the field, such as loan repayment programs and competitive salaries.
- Promote a diverse and inclusive workforce that reflects the communities served.
- Eliminate obstacles that hinder workforce entry, retention, and effective service delivery.
- Invest in training and education programs to increase the number of qualified behavioral health professionals, particularly in underserved areas.
- Develop requirements and structure for behavioral healthcare programs including:
    - Evaluating requirements of internship programs.
    - Identifying barriers.
    - Developing a set of sustainable requirements that work for the healthcare centers, students, and universities.
- Build partnerships with universities and colleges to create pipelines for internships and fellowships in school-based care.

Workforce Goal

Partners

- Educational institutions, partner with 4 year and 6 year institutions for internship and fellowship programs
- High school internship programs focused on non-direct service roles such as advocacy or administration
- Department of Public Health
- Providers/behavioral health professionals
- Mentors/ Mentorship Programs

Information needed

- Livable wages and support within agencies
- Workforce metrics (turnover rates and job satisfaction scores)
- Evaluation of how system improvements impact service delivery
- Average tenure and salaries for front line staff where certain degrees are required

Outputs

- A Landscape anaysis that evaluates workforce metrics

Measures of Success

- Increased workforce
- Higher student in field/workforce
- Shorter waitlists and less bottlenecking
- Improved workforce retention and job satisfaction
- Increased job retention rates
- Streamlined service delivery
- Sustainable on boarding funding
- Culturally competent care

Governance Goal:

Increase efficiency and transparency in children's behavioral health.

Strategies

- Evaluate systems of care efforts in the State and nationally through presentations, workgroup expertise, and resources provided by the membership.
- Create a roadmap of the data to evaluate how data is being collected
    - Identify gaps in care
- Develop and maintain a glossary of terms regarding systems of care/community of care, and other applicable terms to ensure the membership is aligned on definitions and level-set scope of work for the workgroup
- Review of publicly available studies in Connecticut.
- Create a crosswalk of models and services throughout the state, to identify gaps in services and barriers to care
    - Utilize other state examples of systems of care models (Ohio, Oregon) and compare models to Connecticut crosswalk
    - Review how systems of care models in Connecticut can be advanced and altered to model the work of other states
- Conduct a thorough review of children's behavioral health data (access, quality & outcomes)

Objectives

- Ensure seamless communication and coordination on children's behavioral health issues across all relevant committees.
- Maximize the use of existing resources by improving coordination and collaboration among different agencies and service providers.
- Increase transparency and accountability.

Governance Goal

Partners

- Department of Children and Families
- Department of Developmental Services
- Department of Mental Health and Addiction Services
- Department of Social Services
- Department of Education
- Department of Public Health
- Office of Early Childhood

Information needed

- Assessment of services being duplicated
- Identifying alignment with other advisory bodies to ensure non-duplicative work
- A centralized resource hub or directory for families to navigate available services more effectively, minimizing delays in care

Outputs

- Transparent reporting across all agencies and behavioral health systems
- Public availability of resources
- Coordinated expert leadership among agencies, committees and service providers to optimize resource allocation and improve care coordination
- Transparent data collection across agencies
- Improvement in child social-emotional functioning
- Sustainable collaboration between advisory bodies

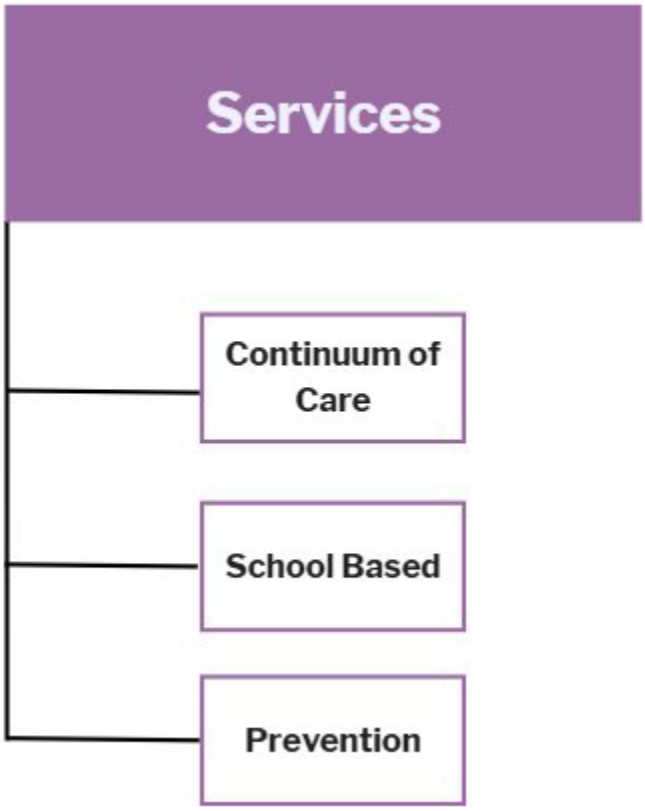
Measures of Success

- Increased number of ongoing coachings and support based on a Continuous Quality Improvement Framework
- Increased data informed decision making at the system level

C. Services

Purpose Statement

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



The image above reflects the priorities identified within Services. Not all priorities are workgroups within the TCB.

**Throughout the TCB's work in Services, there are multiple task forces that the TCB can collaborate and learn from and ensure non-duplicative work across the behavioral health continuum, such as the State Advisory Council for Special Education, and the Autism Spectrum Disorder Advisory Council.*

Continuum of Care Goal:

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

Strategies

- Decrease average wait times across all service care settings.
- Expand access to treatment for substance abuse for all ages.
- Diversify and expand access to the full continuum of care, including higher levels of care, sustainable outpatient clinics, and intermediate options (intensive outpatient programs).
- Improve Care Coordination for multi-system involved children and families.
- Enhance investments for non-traditional support systems (peer support, respite care, care coordination, and mobile responses).
- Explore and invest in telehealth and other technology-based solutions to increase access to care, especially in rural or remote areas.
- Review of publicly available studies in Connecticut.

Objectives

- Ensure access to a comprehensive range of behavioral health services, including expanded higher levels of care, sustainable outpatient clinics, and diverse intermediate options to meet the unique needs of all children.
- Prioritize timely access to care and develop integrated models that coordinate services across various settings (in-home, community-based, residential, and hospital) for continuity and adaptability. Expand access to treatment for substance abuse for all ages.
- Improve care coordination for youth and families involved in multiple systems.

Continuum of Care Goal

Partners

- Department of Social Services, DCF and other child serving departments
- Healthcare providers such as hospitals clinics and community-based orgs
- Office of Early Childhood
- Educational institutions such as schools and educational bodies for early identification and referral of children with behavioral health needs
- Legislators and policymakers
- Private sectors and insurance providers
- Data and technology partners
- Primary care providers

Information needed

- Comprehensive mapping of existing services across prevention, intervention, and long-term care
- Data that identified how different demographics access care and where bottlenecks occur
- Metrics to evaluate the success of care transitions and interventions
- Insights into long term outcomes for children and families
- Evidence of how current policies affect service delivery and outcomes within the continuum
- Performance based accountability measures to track the success of interventions across the continuum
- Data dashboards to monitor service delivery and outcomes

Outputs

- Increased access to services
- Improved care coordination
- Promotion of community resources
- Improved job retention and satisfaction
- Culturally diverse services

Measures of Success

- Increased community stability
- Improved developmental gains
- Increased number of healthy families
- Improved culturally competent care

School-based Services

"School-based behavioral health services" refer to a full array of multi-tiered behavioral health services and supports including promotion, prevention, early intervention, and treatment for students in general and special education and accomplished through school-community-family partnerships.

They have identified the following priorities to assess and improve school-based behavioral health funding and services across the State:

- Commission a School-Based Health Center Study
- Commission a School-Based Behavioral Health Services Study

School-Based Services Goal:

Expand access to high quality school-based behavioral health services for all students in Connecticut.

Strategies

- Increase service coverage by maximizing third-party reimbursement in school based behavioral health services.
- Increase the number of behavioral health professionals in schools, including counselors, psychologists, social workers and trauma informed professionals.
- Improve efficiency and avoid duplication of multidisciplinary teams of school-based behavioral health professionals working in Prek-12 schools.
- Ensure sustainable funding for school-based behavioral health services through blended and braided sources, while maximizing opportunities for parity and third-party reimbursement.
- Evaluate strategic, effective, and sustainable integration of school-community partnerships into school-based care.
- Create a standardized set of reporting requirements for School-Based Health Centers' to evaluate needs and gaps in services.

Objectives

- Improve communication and public knowledge of school-based behavioral health throughout the state of Connecticut, including who provides these services, what is available, and how those services are funded.
- Reduce silos and improve collaboration across school-community-family partnerships to improve school-based behavioral health in our state.
- Ensure all students receive support through Medicaid and private insurance eligibility and service coverage.

School-Based Services Goal

Partners

- State Departments of: Education, Mental Health and Addiction Services, Public Health and Social Services
- Office of Health Strategy
- National Association of Social Workers - CT Chapter
- CT Association of School Psychologists
- CT School Counselor Association
- Community Child Guidance Clinics
- Commercial insurance providers to address reimbursement challenges
- Association of School Based Health Centers

Information needed

- Data on workforce needs
- Program funding to ensure sustainability
- Data on potential partnerships and resource allocation from Department of Public Health or other agencies
- Reporting requirements for SBHCs

Outputs

- Models to integrate community partners into school based care
- Transparent reporting mechanisms and reporting standards
- Models for integrating prescribers into school-based careImproved staff retention and job satisfactions
- Funding for sustainability of school-based behavioral health services
- Sustainable systems of collaboration with state agencies

Measures of Success

- Improved school mental health quality
- Increased number of school-community partnerships across the State
- Number of policy and planning conversations and decision incorporating Family and Youth voice

Prevention Goal:

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

Strategies

- Implement routine, standardized screening using age appropriate and validated tools.
- Invest in early intervention and prevention programs to reduce the onset of behavioral health challenges and promote overall wellbeing.
- Promote public education initiatives to cultivate a community wide commitment to suicide prevention and mental wellness.
- Develop a standardized screening procedure to identify referral source.
- Perform a crosswalk of prevention services and resources throughout Connecticut.
- Propose policy and enforce the need to invest in early intervention and prevention programs to reduce the onset of behavioral health challenges and promote overall well-being.
- Identify children's behavioral health needs for those showing concern but not meeting certain criteria.
- Review of publicly available studies in Connecticut.

Objectives

- Identify utilization of services and resources.
- Review and assess marketing and outreach strategies utilized.
- Identify barriers/ gaps in outreach efforts.
- Promotion of resources and education initaitives to cultivate a commitment to suicide prevention and mental illness.

Prevention Goal

Partners

- Mobile crisis services
- Urgent Crisis Centers
- School-Based Health Centers
- Office of Early Childhood
- Department of Mental Health and Addiction Services

Information needed

- Standardized screening procedures and the referral process
- Data regarding how many families are aware of existing resources like mobile crisis units and how proactive are they to use services
- Information regarding pediatric screenings

Outputs

- Identification of early onset needs
- Transparent collection of data and reporting of availability of services
- Breaking stigmas and promotion of community resources

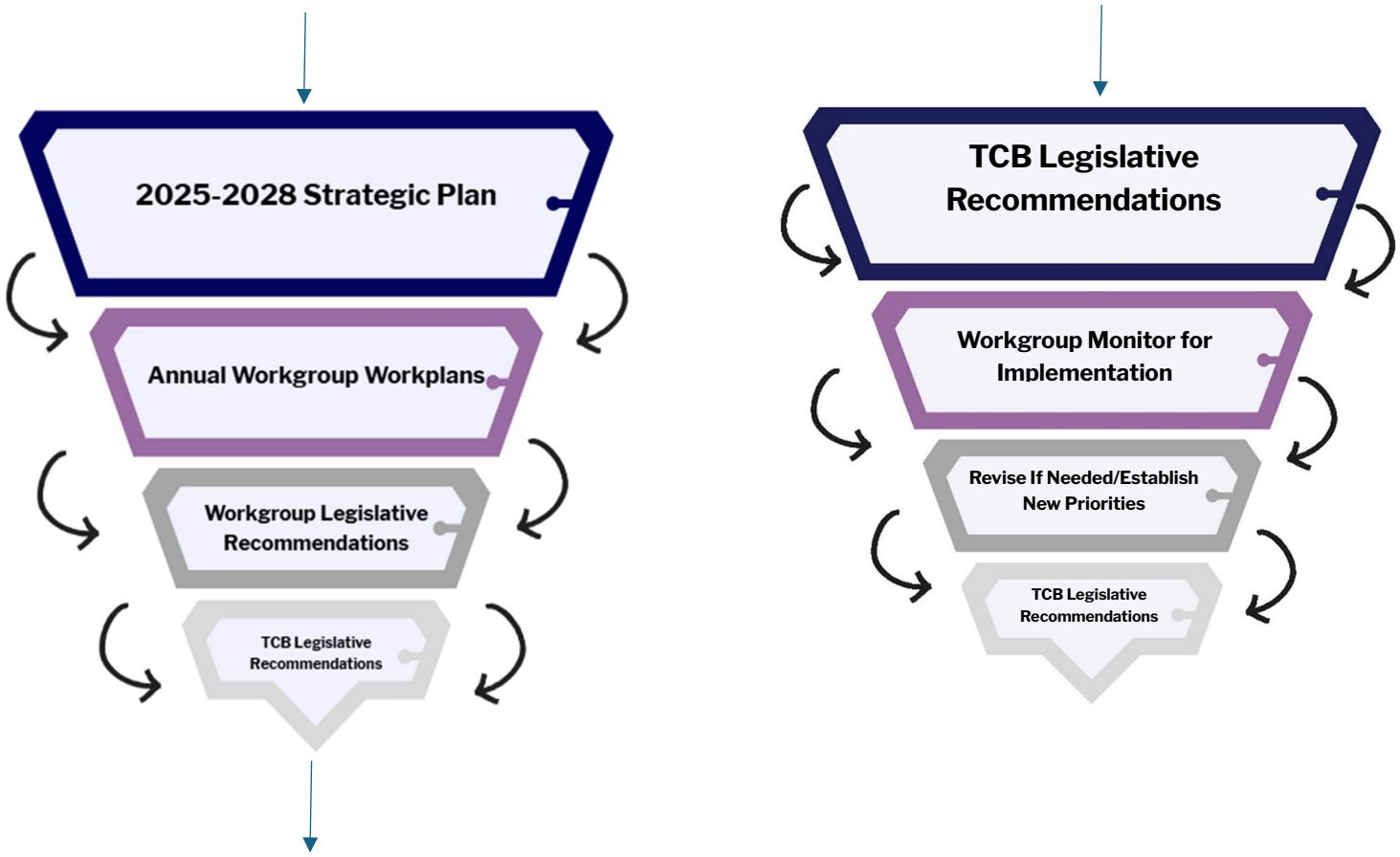
Measures of Success

- Shorter waitlists and less bottlenecking
- Increase utilization of urgent crisis centers
- Decrease length of stay and volume of ED
- Increase # of kids transported to urgent crisis centers instead of ED
- Higher mobile crisis referral
- Less demand of more intensive/restrictive services

VII. Quality Assurance Framework

The intent of the strategic plan is to ensure the priorities, goals, and strategies identified by the TCB members remain the core of our work. While this is a 'living' document, it is imperative to ensure that items identified in this plan are re-evaluated through a quality assurance process each year. Each year, the workgroups will review the strategic plan and recommendation from the previous year to identify how the content can be utilized in new workplans.

The figure below portrays the re-occurring quality assurance that will take place annually. All of the TCB's work should be based on priorities, goals, and purposes highlighted in the 2025-2028 Strategic Plan.



In addition, the following quality assurance framework will be utilized to ensure successful outcomes.

Measuring TCB Policy Impact	
Monitor and Refine	The TCB Strategic Plan is a living document that should be consistently reviewed and refined. Due to changes in the environment, State, and Federal Policy changes, priorities, goals, and action steps may shift. The plan should be reviewed by leadership and membership of the committee annually to ensure the identified priorities align with those in the 2025-2028 Strategic Plan. Additionally, the committee should refer to the plan annually to ensure priorities identified in workgroup workplans reflect those identified in the 2025-2028 workplan.
Identify Issues with Process	The committee should consistently identify what is and what is not working for committee members, workgroup members, and stakeholders. It is imperative the TCB identify possible barriers and implement strategies to eliminate or reduce those barriers.
Generate Corrective Actions	Identify areas of policy and impact that are not working and implement corrective actions/changes in workplan and measures of success.
Monitoring Impact- Defining How the Committee Defines Success	The committee should redefine how success is measured when appropriate. • Workforce retention • Access to Behavioral Health Services • Equitable and Culturally Competent Care • Barriers of care • School Attendance/ Engagement • Wait times for services • Outreach and Marketing Efforts • Utilization of Services
Monitoring Impact- Assessment of TCB Engagement	The TCB should assess the engagement of all stakeholders to ensure there is an equitable opportunity for inclusion. • # of stakeholders engaged • # of meetings held • # of data presentations held • # of children and family engaged • % of community feedback incorporated

VIII. Conclusion

The 2025-2028 Strategic Plan is a comprehensive document that delineates the priorities and objectives of the committee and embodies the dedication of the TCB membership, workgroups, and presenters who have contributed their expertise and experience in the children's behavioral health system since the committee's inception. This plan serves as the cornerstone of TCB's efforts and will be continuously updated over the next three years to address the evolving needs of both children and the workforce, functioning as a dynamic and adaptable 'living document.'

Commencing in April 2025, all TCB Workgroups will convene to develop and refine workplans for the current year. Each workplan will incorporate long-term goals to ensure the strategic plan's priorities are identified and implemented in subsequent years' workplans.

In essence, the 2025-2028 Strategic Plan demonstrates TCB's role as a vehicle and will provide a robust foundation for TCB to foster inclusive and sustainable policy recommendations and drive systematic change over the next three years.

A. 2025 Annual Workgroup Workplans

DRAFT 2025 ANNUAL SYSTEM INFRASTRUCTURE WORKGROUP WORKPLAN:

Workgroup Co Chairs: Alice Forrester, PhD, Chief Executive Officer, Clifford Beers Community Health Partners & Jason Lang, PhD, Chief Program Officer, CHDI

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

Priorities: Priorities identified are systems of care models and public children's behavioral health data (access, quality & outcomes). The workgroup will monitor the TCB's legislation regarding Medicaid Rates, CCBHC grant planning & Feasibility and Fiscal Analysis of billing codes for training clinical staff on evidence-based models.

Short Term Workgroup Goals:

- Identify meeting schedule, frequency of meetings, and meeting presentations with the workgroup
- Identify and finalize workgroup priorities with feedback from the workgroup
- Review of 2025 TCB legislation with the workgroup, refine how this workgroup will monitor and track the passed legislation
    - For TCB recommendations that do not pass in legislation, the workgroup will identify how they would like to proceed on those specific recommendations.

Medium Term Workgroup Goals (2025):

- Consistent monitoring of TCB 2025 passed legislation, updates on status of the implementation progress will be given at each workgroup meeting.
    - Medicaid rate legislation (multiple factors)
- Children's behavioral health reimbursement based on access needs
- DSS Study that focuses specifically on children's behavioral health
    - Certified Community Behavioral Health Clinics (CCBHC) planning grant that would include reimbursement for acuity-based care coordination services, value-based payment model that provides incentives for providers based on care outcomes and help navigate behavioral health resources and requirements.

    - Feasibility determination and fiscal analysis to estimate adding a billing code to help off-set initial costs for on-boarding and training clinical staff in evidence-based models, before they can bill for services. This would include potential Medicaid reimbursement for training and ramp-up, and feasibility assessment and fiscal analysis estimate should be submitted no later than October 1st, 2025.
- The workgroup will collaborate with the Children's Behavioral Health Plan Implementation Advisory Board (CBHPIAB) to review and find alignment on their work on Children's Feasibility and Fiscal Analysis
- Conduct a thorough review of children's behavioral health data (access, quality & outcomes)
    - Create a roadmap of the data to evaluate how data is being collected, where are gaps
- Evaluate systems of care efforts in the State and nationally through presentations, workgroup expertise, and resources provided by the membership.
    - Create a crosswalk of models and services throughout the state, to identify gaps in services and barriers to care
    - Utilize other state examples of systems of care models (Ohio, Oregon) and compare models to Connecticut crosswalk
- Review how systems of care models in Connecticut can be advanced and altered to model the work of other states
- Review of UConn Innovation's Governance and Data report
    - Identify how the results can be utilized to build recommendations, and priorities.
- Develop a set of 2026 draft recommendations with the workgroup and present recommendations to the TCB committee in fall of 2025
    - TCB leadership will review drafts and provide feedback
    - Draft Workgroup recommendations will be presented at the October TCB Meeting

Long-Term Workgroup Goals (2025-2028):

**Other priority areas and strategies identified in the strategic plan will be added to the workplan annually*

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

Workgroup Operational Notes:

- The development of 2026 recommendations is dependent on priorities, and progress within the group. If the group does come up with a set of recommendations, the decision to proceed with 2026 legislative recommendations package depends on committee and leadership feedback
- Data and fiscal review, analysis and impact will be embedded within each workgroup and will be part of any review of best practices and evaluations of any recommendation prior to the delivery of any TCB recommendations.
- System Infrastructure Workgroup meetings are set to Start April 15th, 2025, and recur on the third Tuesday of the month from 3-4:30 PM. All meetings will be virtual. Meeting agendas and the zoom link will be sent out prior to the meeting each month.

DRAFT 2025 ANNUAL SERVICES WORKGROUP WORKPLAN:

Workgroup Co-Chairs: Edith Boyle, LCSW, President and Chief Executive Officer, LifeBridge Community Services & Yann Poncin, MD, Associate Professor and Vice Chair of Clinical Affairs in the Child Study Center

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

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

Priorities: The identified priorities include peer-to-peer support and 211 services. The workgroup will monitor the TCB recommendations related to the crisis continuum, UCC's and IICAPs. Additionally, the group will prioritize and track legislation regarding access to care for children and young adults covered by private/commercial insurance.

Short-Term Workgroup Goals:

- Identify meeting schedule, frequency of meetings, and meeting presentations with the workgroup
- Identify and finalize workgroup priorities with feedback from the workgroup
- Review of 2025 TCB legislation with the workgroup, refine how this workgroup will monitor and track the passed legislation
    - For TCB recommendations that do not pass in legislation, the workgroup will identify how they would like to proceed on those specific recommendations.

Medium-Term Workgroup Goals (2025):

- Consistent monitoring of TCB 2025 passed legislation and updates on the status of the implementation progress will be given at each services workgroup meeting.
- Collaborate with identified responsible state agencies and private organizations on progress of implementation, barriers, and needed adjustments.
- Services Array Survey (Implementation, distribution, collection, and analysis)
    - Identify a distribution date and distribution list

    - Ensure a periodic review of the response rate, if there is a low response rate, the workgroup will identify other strategies for dissemination to increase the response rate
- Review services array survey results
    - Review the draft report accompanying the results
    - Review draft report with TCB leadership
- CT Peer-to-peer support and services
    - Assess peer-to-peer support and services in the state through presentations, workgroup expertise, literature reviews, and completed studies.
- Monitor the rates of utilization of the United Way of Connecticut 2-1-1 Infoline program, 9-8-8 National Suicide Prevention Lifeline, mobile crisis intervention services, urgent crisis centers, subacute crisis stabilization centers, and hospital emergency departments for such services, outreach and marketing strategies common sources of patient referrals to such service providers, the allocation of state and other financial resources to such service providers, and the anticipated demand for behavioral health services for children into the future.
    - Identify who we will be partnered with to complete the study.
    - TYJI to release RFQ for research partner on the study
    - Once awarded, work with the researcher on the implementation of the study
    - Monitor progress of study, review findings and data analysis
    - From the data, assess best practices for Crisis Continuum staffing, evaluate models used and identify best practices from across the State,
    - From the data, assess scan of hours of services used that operate 24/7
- Monitor the IICAPS study (multiple factors)
    - The study will review and design levels of the IICAPS model for consideration. Such a model should consider the needs and time demands placed on families and children and the ability to deliver positive outcomes sustainably.
    - What additional federal funding and reimbursement may be available to IICAPS MDO and the IICAPS network as an evidence-based/promising practice treatment program, if determined prudent to do so.

    - Randomized controlled trial (RCT) of IICAPS to qualify IICAPS federally as an evidence-based treatment program. Recommendation to TCB by Oct. 2025
  - Monitor the UCC Report:
    - The report will include a review of private health insurance coverage for treatment of children at urgent crisis centers and be reported to the TCB no later than October 1st, 2025.
    - Identify barriers and gaps in services
- Operationalize how the workgroup integrate work with the Prevention and School-Based Workgroups (e.g., UConn Services Array Results, 2025 and 2026 recommendations)
- Assess and monitor additional non-TCB 2025 legislation regarding access to services for children and young adults covered by private/commercial insurance
    - Identify barriers to care and gaps in services
- Develop a set of 2026 draft recommendations with the workgroup and present recommendations to the TCB committee in fall of 2025*
    - TCB leadership will review drafts and provide feedback
    - Draft Workgroup recommendations will be presented at the October TCB Meeting

Long-Term Workgroup Goals (2025-2028):

*Other priority areas and strategies identified in the strategic plan will be added to the workplan annually

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

Workgroup Operational Notes:

- The development of 2026 recommendations is dependent on priorities, and progress within the group. If the group does come up with a set of recommendations, the decision to proceed with 2026 legislative recommendations package depends on committee and leadership feedback
- Data and fiscal review, analysis and impact will be embedded within each workgroup and will be part of any review of best practices and evaluations of any recommendation prior to the delivery of any TCB recommendations.
- Services Workgroups are set to Start April 9th, 2025, and recur on the second Wednesday of the month from 2-3:30 PM. All meetings will be virtual. Meeting agendas and the Zoom link will be sent out before the meeting each month.

DRAFT PREVENTION ANNUAL WORKGROUP WORKPLAN:

Workgroup Co Chairs: Ingrid Gillespie, Director of Prevention, Liberation Programs Inc & Pamela Mautte, Director, Alliance for Prevention & Wellness Program of BH Healthcare

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

Priorities:

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

Short Term Workgroup Goals:

- Identify meeting schedule, frequency of meetings, and meeting presentations with the workgroup
- Identify and finalize workgroup priorities with feedback from the workgroup
- Set terms of engagement and community engagement for the workgroup to set the tone and operationalize how we engage
- Establish a Workgroup Foundation
    - Set terms of engagement and community engagement for the workgroup to set the tone and operationalize how we engage
    - Create space for workgroup members to share their personal priorities, biases, or special interests that bring them to the workgroup, connect,

feel a sense of belonging and discuss how that intersects with the priorities of the workgroup
    - Compile, discuss and share initial definitions important for active participation (defining primary, secondary, tertiary prevention
    - Level-set with the workgroup with an overview of progression or lack of prevention efforts across the State
- Review of 2025 TCB legislation with the workgroup, refine how this workgroup will monitor and track the passed legislation
    - For TCB recommendations that do not pass in legislation, the workgroup will identify how they would like to proceed on those specific recommendations.

Medium Term Workgroup Goals (2025):

- Identify and map preventative services in CT and evaluate the sustainability of the programs, program needs, and asses' barriers to services
    - Utilize expertise of the workgroup, resources, and presentations to build out mapping of services.
    - Identify barriers and needs of individuals who utilize those services
    - Identify community engagement efforts across the state, identify outreach and engagement strategies
    - Create a report card for CT-where are we with prevention efforts, what are we missing?
    - Review of funding for prevention programs, how are prevention efforts being funded across the State?
- Assess data collection methods for prevention services data in the State
    - Map out various data collection methods in a crosswalk
    - Identify best practices, best data collection methodologies for reporting, and identify barriers and gaps in data reporting
    - Create a report card for CT- what data are we lacking, what needs to be improved?
- Narrow in on the substance use data results from the services array survey and build opportunities for collaboration with DCF and OSAC and other key partners to develop policy and service recommendations.
- Operationalize how does the workgroup integrate work with the Prevention and School-Based Workgroups (e.g., UConn Services Array Results, 2025 and 2026 recommendations
- Develop a set of 2026 draft recommendations with the workgroup and present recommendations to the TCB committee in fall of 2025
    - TCB leadership will review drafts and provide feedback

- Draft Workgroup recommendations will be presented at the October TCB Meeting

Long-Term Workgroup Goals (2025-2028):

*Other priority areas and strategies identified in the strategic plan will be added to the workplan annually

- Utilize the results of the services array to build sustainable recommendations and priorities in 2025, 2026, and in subsequent years.
- Utilize information from the workgroup to plan for 2026, 2027, and in subsequent years.

Workgroup Operational Notes:

- The development of 2026 recommendations is dependent on priorities, and progress within the group. If the group does come up with a set of recommendations, the decision to proceed with 2026 legislative recommendations package depends on committee and leadership feedback
- Data and fiscal review, analysis and impact will be embedded within each workgroup and will be part of any review of best practices and evaluations of any recommendation prior to the delivery of any TCB recommendations.
- Prevention Workgroups are set to Start April 17th, 2025, and recur on the third Thursday of the month from 3:00-4:30 PM. All meetings will be virtual. Meeting agendas and the zoom link will be sent out prior to the meeting each month.

DRAFT 2025 ANNUAL SCHOOL BASED WORKGROUP WORKPLAN:

Workgroup Co Chairs: Dr. Elizabeth Connors, Associate Professor of Psychiatry, Division of Prevention and Community Research, Yale School of Medicine & Katerina Vlahos, Executive Director, Bridgeport Prospers

"School-based behavioral health services" refer to a full array of multi-tiered behavioral health services and supports including promotion, prevention, early intervention, and treatment for students in general and special education and accomplished through school-community-family partnerships.

Draft Purpose Statement:

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

Priorities:

1. School Based Health Center Study
2. School Based Behavioral Health Services Recommendation
3. TBD with input from community

Short Term Workgroup Goals:

- Establish a Workgroup Foundation
    - Set terms of engagement and community engagement for the workgroup to set the tone and operationalize how we engage
    - Create space for workgroup members to share their personal priorities, biases, or special interests that bring them to the workgroup, connect, feel a sense of belonging and discuss how that intersects with the priorities of the workgroup
- Identify Meeting Schedule, frequency of meetings, and meeting presentations with the workgroup
- Identify and finalize workgroup priorities with feedback from the workgroup
- Review of 2025 TCB legislation with the workgroup, refine how this workgroup will monitor and track the passed legislation

    - For TCB recommendations that do not pass in legislation, the workgroup will identify how they would like to proceed on those specific recommendations.
- Provide education and clear, inclusive language:
    - Discuss and map the array of school based behavioral health professionals and create an infographic or other resources to communicate who school-based mental health professionals are in terms of discipline, training, role and employer type.
    - Compile, discuss and share initial definitions important for active participation, clear communication within the workgroup and future glossary

Medium Term Workgroup Goals (2025):

- Provide education and clear, inclusive language:
    - Identify and map school-based behavioral health models in CT districts, including those who have SBHCs, community behavioral health partnerships, and the variety of school employed mental health professional staffing ratios
    - Develop and maintain a glossary of terms related to school based behavioral health to promote diverse engagement in the efforts of the workgroup among stakeholders with an array of personal and professional backgrounds and expertise
- Operationalize how we will integrate work with the Services and Prevention Workgroups
    - UConn Services Array Results
    - 2025 and 2026 recommendations
- SBHC study design and monitor the implementation of the study
    - Develop scope of work in partnership with DPH, OPM and CASBHC
    - TYJI to release RFQ for research partner on the study
    - Once awarded, work with researcher on study implementation
    - Monitor study progress, review findings and data analysis, as follows:
- In collaboration with a state-wide association of school-based health centers, develop a survey for administration at such centers that is designed to obtain information concerning existing data collection practices and the anticipated challenges and opportunities presented by the implementation of more comprehensive data collection systems at such centers.
- In collaboration with the Commissioner of Public Health, develop appropriate reporting requirements for school-based health centers to determine and respond to the needs of school-based health centers. The committee may

contract with a consultant to develop the survey not later than January 1, 2026, the Transforming Children's Behavioral Health Policy and Planning Committee shall submit a report, to the joint standing committee of the General Assembly having cognizance of matters relating to public health. Such report shall include, but need not be limited to, the survey and reporting requirements.

- School Behavioral Health Services study
    - Develop a scope of work for the intent of conducting a review of Medicaid and private insurance billing codes (e.g., behavioral health services provided and billed within schools) to ensure non-duplicative billing, opportunities to fully claim reimbursement for services provided, and efficient effective team coordination and collaboration among school-based mental health professionals.
    - TYJI to release RFQ for research partner on the study (if applicable)
    - If applicable, once awarded, work with research partner on the study
    - Monitor progress of study, review findings and data analysis
- Identify potential third priority area in partnership with the workgroup (e.g., early childhood)
- Consistent monitoring of TCB 2025 passed legislation and updates on the status of the implementation progress will be given at each workgroup meeting.
    - Collaborate with identified responsible state agencies and private organizations on progress of implementation, barriers, and needed adjustments.
- Develop a set of 2026 draft recommendations with the workgroup and present recommendations to the TCB committee in fall of 2025
    - TCB leadership will review drafts and provide feedback
    - Draft Workgroup recommendations will be presented at the October TCB Meeting

Long-Term Workgroup Goals (2025-2028):

***** *Other priority areas and strategies identified in the strategic plan will be added to the workplan annually

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

Workgroup Operational Notes:

- The development of 2026 recommendations is dependent on priorities, and progress within the group. If the group does come up with a set of recommendations, the decision to proceed with 2026 legislative recommendations package depends on committee and leadership feedback
- Data and fiscal review, analysis and impact will be embedded within each workgroup and will be part of any review of best practices and evaluations of any recommendation prior to the delivery of any TCB recommendations.
- School Based Workgroups are set to Start April 7th, 2025, and recur on the first Monday of the month from 3:00-4:30 PM. All meetings will be virtual. Meeting agendas and the zoom link will be sent out prior to the meeting each month.

DRAFT 2025 ANNUAL COMMUNITY VOICES WORKGROUP (CVW) WORKPLAN:

Workgroup Co Chairs: Janeen Reid & Jenny Bridges

Draft Purpose Statement: This workgroup authentically engages parents and youth with lived experience to gain insight on needs, gaps in services, and their priorities and suggestions for improvising specific behavioral health issues and policies. The members of this workgroup practice receptive listening by providing support and feedback to the parents and youth on the importance of their insight when they provide their expertise to the committee.

Priorities:

- Evaluate what is happening in schools, what services and supports are provided for children and families across CT from a youth and parent perspective
- Identifying what resources are available for children and families after receiving behavioral health treatment or services
- Evaluating family and youth support options and initiatives in CT
- Promote culturally competent care (peer to peer services, Community Health Workers (CHWs)) and distribute their resources to the community
- Engage children and their families in TCB work; transformational engagement with the community

Short Term Workgroup Goals:

- Operationalize the workgroup (meeting frequency, level-setting, finalize workplan)

Medium Term Workgroup Goals (2025):

- Collect data on children's behavioral health needs and supports in CT by disseminating a survey to youth and family organizations across the State
    - Identify barriers, gaps, and trends
    - Report results back to the TCB Committee
- Identify ways to engage our communities; promote resources and programs, and network with a diverse array of organizations throughout the State
- Level-set power dynamics and transformational engagement with the TCB Committee through multiple engagement summits
    - Identify ways to engage children and families from across the state in TCB's work
- Develop a youth report with input from youth organizations across the state to identify their support and needs

    - Coordinate a TCB meeting to be led by youth/parents with a press conference
- Develop a set of 2026 draft recommendations with the workgroup and present recommendations to the TCB committee in fall of 2025
    - TCB leadership will review drafts and provide feedback
    - Draft Workgroup recommendations will be presented at the October TCB Meeting

Long-Term Workgroup Goals (2025-2028):

**Other priority areas and strategies identified in the strategic plan will be added to the workplan annually*

- Utilize information from the survey, CVW Summit, and Youth Report to establish workplans for the subsequent years.

Workgroup Operational Notes:

- The development of 2026 recommendations is dependent on priorities, and progress within the group. If the group does come up with a set of recommendations, the decision to proceed with 2026 legislative recommendations package depends on committee and leadership feedback
- Data and fiscal review, analysis and impact will be embedded within each workgroup and will be part of any review of best practices and evaluations of any recommendation prior to the delivery of any TCB recommendations.

B. Advisory Body Alignment

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2025 Advisory Bodies Alignment Document

Purpose:

The intent of this document is to identify alignment in TCB's work and identify areas for collaboration across advisory bodies in Connecticut. The Transforming Children's Behavioral Health Policy and Planning Committee (TCB) has developed a 3-year strategic plan and has identified goals, priority areas, strategies, and data needs. Within the Strategic Plan, and throughout TCB workgroup and monthly meetings, it has been identified that there is a need to align work to ensure the TCB is not duplicating efforts with other advisory bodies and find areas of alignment where the TCB can collaborate and work with the advisory bodies to ensure systems and policies are effective and sustainable.

Process:

To gather information, TYJI staff identified various advisory bodies where there could be alignment with the TCB's scope of work. The TYJI reviewed meeting minutes, watched meetings, and reviewed reports identifying the various advisory bodies priorities and legislative recommendations. The TYJI set up introductory meetings with committees to explain the structure of the TCB, our priorities, 2025 legislation, and scope of work. The TCB is dedicated to promoting collaboration with advisory bodies. This document represents a significant step forward, reinforcing partnerships and ensuring efficient coordination of initiatives in the realm of children's behavioral health. In the process of meeting with advisory bodies, there were instances where the advisory body identified they were no longer active, or did not have alignment with the TCB.

Diagrams:

TYJI created Venn diagram charts, where applicable, with the identified advisory bodies. A broad overview of the **TCB's legislative priorities** is identified in the diagrams, as well as the priorities of the advisory bodies. While some advisory bodies did not have legislative priorities, their broader overarching goals for their body are listed. In the middle of the diagram, the alignment between the two committees is listed. TYJI will continue to collaborate and find alignment with committees. Venn Diagrams were created for the applicable advisory bodies where alignment was found. ***Continual assessment of overlap is an ongoing process that will be monitored following each legislative session.***

Identified Advisory Bodies:

Advisory Body	Leadership	Description	Venn Diagram *if applicable
Children's Behavioral Health Advisory Committee (CBHAC)	Co-Chairs: Gabrielle Hall and Jo Hawke, Ph.D	The mission of this committee is to provide a system of care that addresses children's and families' behavioral needs. This committee focuses on the effectiveness of preventative care, early intervention, and behavioral health treatment programs for children aged from birth to 18.[1]	Page:8
Statewide Advisory Council (SAC)	Co-Chairs: Sarah Lockery, LMFT and Myke Halpin	The Statewide Advisory Council evaluates and provides an outside perspective on reports, budgets, and policies of the Department of Children and Families (DCF). Additionally, the SAC provides recommendations to DCF for the purpose of improving services for children and youth and ensuring those seeking services are receiving timely, appropriate, and adequate provision of services to meet the physical, mental health and developmental needs of children.[2]	Page:9
Behavioral Health Partnership Oversight Council (BHPOC)	Tri- chairs: Terri Depietro, MBA, OTR/L,	This council's mission is to oversee the state's Behavioral Health Partnership,	Page:10

[1] Hall G. & Hawke J. (2024) *2024 Annual Report* Children's Behavioral Health Advisory Committee SCCC-Report-FY24Final1.pdf

[2] Lockery, S., & Halpin, M. (2024). 2024 *Annual Report* - Statewide Advisory Council to the Department of Children and Families

TYJI to connect with the Child/Adolescent Quality, Access, and Policy Committee	Howard Drescher, and Representative Mike Demicco	ensuring that behavioral health services are effective, efficient, and accessible. It monitors service delivery and provides recommendations for improvements.[3]	
Children's Behavioral Health Plan Implementation Advisory Board (CBHPIAB)	Tri - chairs: Elisabeth Cannata, PH.D., Carl Schiessl, JD, and Ann Smith, JD, MBA	Established under Public Act 15-27, The Children's Behavioral Health Plan Implementation Advisory Board is tasked with monitoring progress on the implementation of the Connecticut Children's Behavioral Health Plan , developed through Public Act 13-178 , with extensive input from families, providers and other stakeholders as a blue print to improve Connecticut's child behavioral health system to prevent or reduce the long-term negative impact of mental, emotional and behavioral health issues on Connecticut's children. [4,5]	Page:11
Juvenile Justice Policy Oversight Committee (JJPOC)	Co-chairs: Representative Toni Walker, Daniel Karpowitz	The JJPOC's mission is to evaluate and improve the juvenile justice system in Connecticut. It focuses on promoting public safety, offender accountability, and	Page:12

[3] Connecticut General Assembly. (2025b, January 8). https://www.cga.ct.gov/ph/BHPOC/
[4] Connecticut General Assembly. (2015). *Public Act No. 15-27: An Act Concerning the Implementation of a Comprehensive Children's Mental, Emotional and Behavioral Health Plan*. https://www.cga.ct.gov/2015/ACT/PA/2015PA-00027-R00SB-00841-PA.htm
[5] Cannata E., Schiessl C., & Smith A. (2024) 2024 *Annual Report* Children's Behavioral Health Plan Implementation Advisory Board CBHPIAB 2024 Annual Report_Final.pdf

		rehabilitation through effective policies and practices.[6]	
Children's (Kids) Cabinet	Chaired by Thea Montanez, Senior Advisor in the Office of the Governor	Created in the fall of 2023, the Governor's Kids Cabinet is an advisory panel of 12 state agency leaders focused on the implementation of solution focused, interagency initiatives designed to achieve better outcomes for Connecticut's children, youth and their families. The work of the Kids Cabinet is guided by the three key principals below: • Promote equitable policies to ensure all children's safety and well-being by reducing racial and socioeconomic disparities • Create comprehensive & integrated systems of care by strengthening communication & partnership across the child well-being system Make better use of existing resources by coordinating services and funding opportunities	*no venn diagram listed
Children's Subcommittee Healthcare Cabinet *TYJI to connect with CSHC	Co-chairs: Paul Dworkin, MD and Alice Forrester, Ph.D.	The subcommittee's mission is to ensure children access affordable, quality, and holistic healthcare by addressing obstacles	Page: 13

[6] (2025). *Juvenile Justice Policy and Oversight Committee 2025 Recommendations* (p. 5) [Review of *Juvenile Justice Policy and Oversight Committee 2025 Recommendations*]. TYJI Tow Youth Justice Institute. https://acrobat.adobe.com/id/urn:aaid:sc:US:d9777bb7-f5c7-4df6-bde9-e9701b657c8f

		and supporting the health of families and communities. The Committee's focus is on providing high-needs children and youth with wraparound services and a continuum of care, as well as advocating for policies that enhance community efforts through improved systems and communication.[7]	
State Advisory Council on Special Education	Co-chairs: Jennifer Lussier and Susan Yankee	The council's mission is to advise the state on special education services and policies. It focuses on ensuring that students with disabilities receive appropriate education and support.[8]	Page: 14
Autism Spectrum Disorder Advisory Council (ASDAC)	Co Chairs: Jimnahs Miller and Yana Razumnaya	The council's mission is to advise state on policies and practices that impact individuals with autism spectrum disorder (ASD). The council focuses on improving services, support, and resources for individuals with ASD and their families.[9,10]	Page:15
School Nurse Advisory Council	Chair: Paula Feyerharm, RN	The council's mission is to provide guidance on school nursing practices. It focuses on promoting the health and well-	Page:16

[7] 2025 *Healthcare Cabinet Report* 2025 healthcare cabinet report. (2025). https://osc.ct.gov/wp-content/uploads/2025/01/2025_OSC_Healthcare_cabinet_report_FINAL.pdf
[8] Lussier J. and Yankee S. (2024) 2024 *Annual Report* The Connecticut State Advisory Council for Special Education State Advisory Council for Special Education 2024 Annual Report
[9] Autism spectrum disorder advisory council. CT.gov. (2025a). https://portal.ct.gov/OPM/PDPD/PDPD/Autism-Spectrum-Disorder-Advisory-Council
[10] ASDAC Legislative Priorities. CT.gov. (2025a). https://portal.ct.gov/OPM/PDPD/PDPD/Autism-Spectrum-Disorder-Advisory-Council

		being of students through effective school health policies and programs.[11,12]	
School Based Health Center Advisory Committee	Chair: Melanie Wilde Lane & Amanda Pickett	This committee's mission is to advise on the operation and expansion of school-based health centers. It aims to ensure that students have access to comprehensive health services within the school setting.[13,14]	Page:17
Two Generation Advisory Council	State Wide Coordinator: Christina Morales, MSW	The council's mission is to promote two-generational approaches that address the needs of both children and their parents. It focuses on creating opportunities that support family economic success and children's development.[15]	Page:18
Comprehensive Needs of Children Task Force *Per the chairs, this committee is no longer active*	Co-Chairs: Alicia Roy, Ph.D, and Christoper Trombly, Ph.D.	This task force was established to study the comprehensive needs of children in Connecticut and to make recommendations for improvements. Its mission includes evaluating various aspects of children's well-being, such as health, education, and safety, to ensure a	Page:19

[11] School Nurse Advisory Council. CT.gov. (2025). https://portal.ct.gov/sde/school-nursing/school-nurse-advisory-council#:~:text=This%20council%20advises%20the%20Commissioners,matters%20that%20affect%20school%20nurses.

[12] Recommendations of the Connecticut School Nurse Advisory Council. 2024 school-nurse-advisory-council-recommendations-2024.pdf

[13] *School Based Health Centers*. (2013). CT.gov - Connecticut's Official State Website. https://portal.ct.gov/DPH/Family-Health/School-Based-Health-Centers/School-Based-Health-Centers

[14] October 2024. School Based Health Center Advisory Committee Meeting Minutes. October Meeting Minutes

[15] (2022). Connecticut Two-Generational (2Gen) Initiative [Review of *Connecticut Two-Generational (2Gen) Initiative*]. In *Connecticut Office of Early Childhood*. https://www.ctoec.org/2gen/#:~:text=2Gen%27s%20innovative%20whole-family%20approach,and%20partners%20in%20our%20work.

		holistic approach to supporting the state's youth.[16,17]	
Task Force to Study Special Education Services and Funding *Per the chairs, this committee is no longer active **no alignment	Tri-chairs: Fran Rabinowitz, Andrew A. Feinstein and Michelle Laubin	This task force's purpose was to study and evaluate issues relating to special education including providing special education, the cost of special education, how costs affect a district's minimum budget requirement, special education reimbursement to boards of education, and any other issues or topics relating to special education deemed necessary by the task force. The task force submitted their final report in January of 2025.[18]	*no venn diagram listed
CT Suicide Advisory Board *TYJI to connect with CTSAB	Tri-Chairs: Andrea Duarte MSW MPH LCSW, Tim Marshall LCSW, Tom Steen	The CTSAB is a network of diverse advocates, educators and leaders concerned with addressing the problem of suicide with a focus on prevention, intervention, and health and wellness promotion.[19]	*no venn diagram listed

[16] Task Force to Study the Comprehensive Needs of Children in the State - C G A - Connecticut General Assembly
[17] *2024 Final Report* [Review of *2024 Final Report*]. Comprehensive Needs of Children Task Force. https://docs.google.com/document/d/10eKlBS5r_nLfR4D1YBDsxKCwD4m7Rv1u/edit

[18] 2025. Final Report to the Task Force to Study Special Education Services and Funding. Final Report of the Task Force January 15, 2025.pdf
[19] Connecticut Suicide Advisory Board. (2020, September 4). *State of Connecticut Suicide Prevention Plan* 2020-2025.

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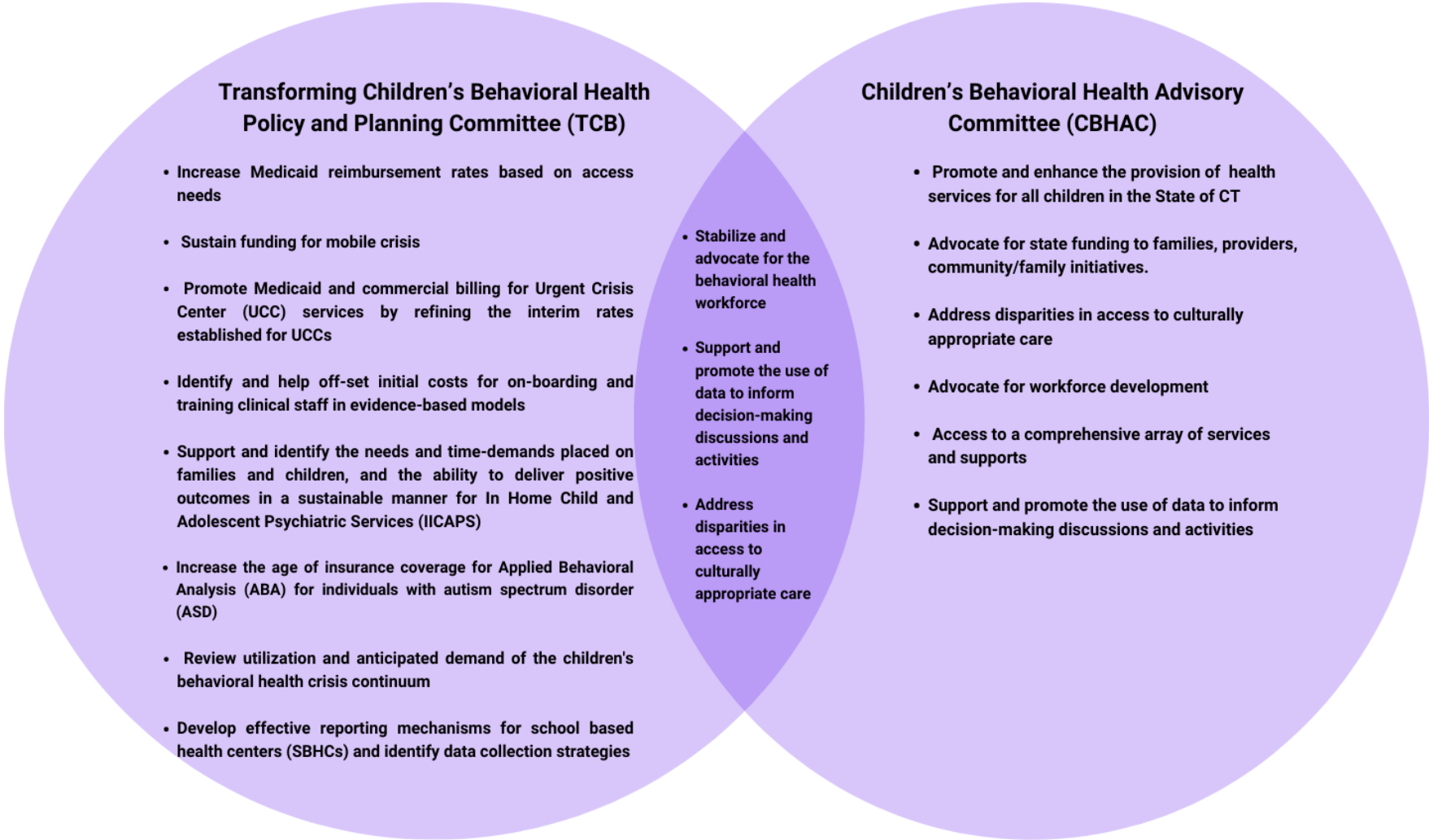
Children's Behavioral Health Advisory Board (CBHAC): The mission of this committee is to provide a system of care that addresses children's and families' behavioral needs. This committee focuses on the effectiveness of preventative care, early intervention, and behavioral health treatment programs for children aged from birth to 18.

Co-Chairs: Gabrielle Hall and Jo Hawke, Ph.D



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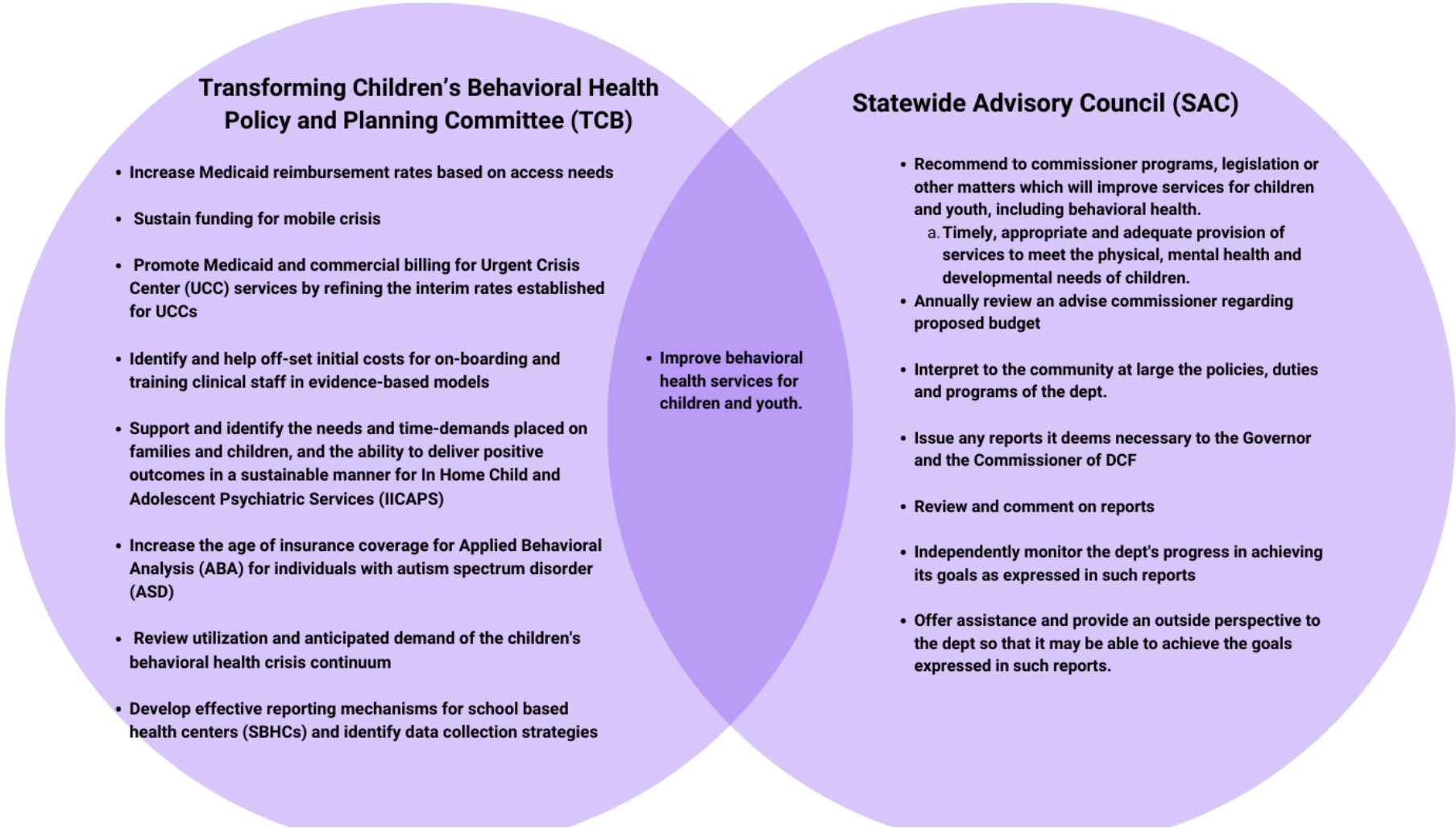
Statewide Advisory Council: The Statewide Advisory Council evaluates and provides an outside perspective on reports, budgets, and policies of the Department of Children and Families (DCF). Additionally, the SAC provides recommendations to DCF for the purpose of improving services for children and youth and ensuring those seeking services are receiving timely, appropriate, and adequate provision of services to meet the physical, mental health and developmental needs of children.

Co-Chairs: Sarah Lockery, LMFT and Myke Halpin



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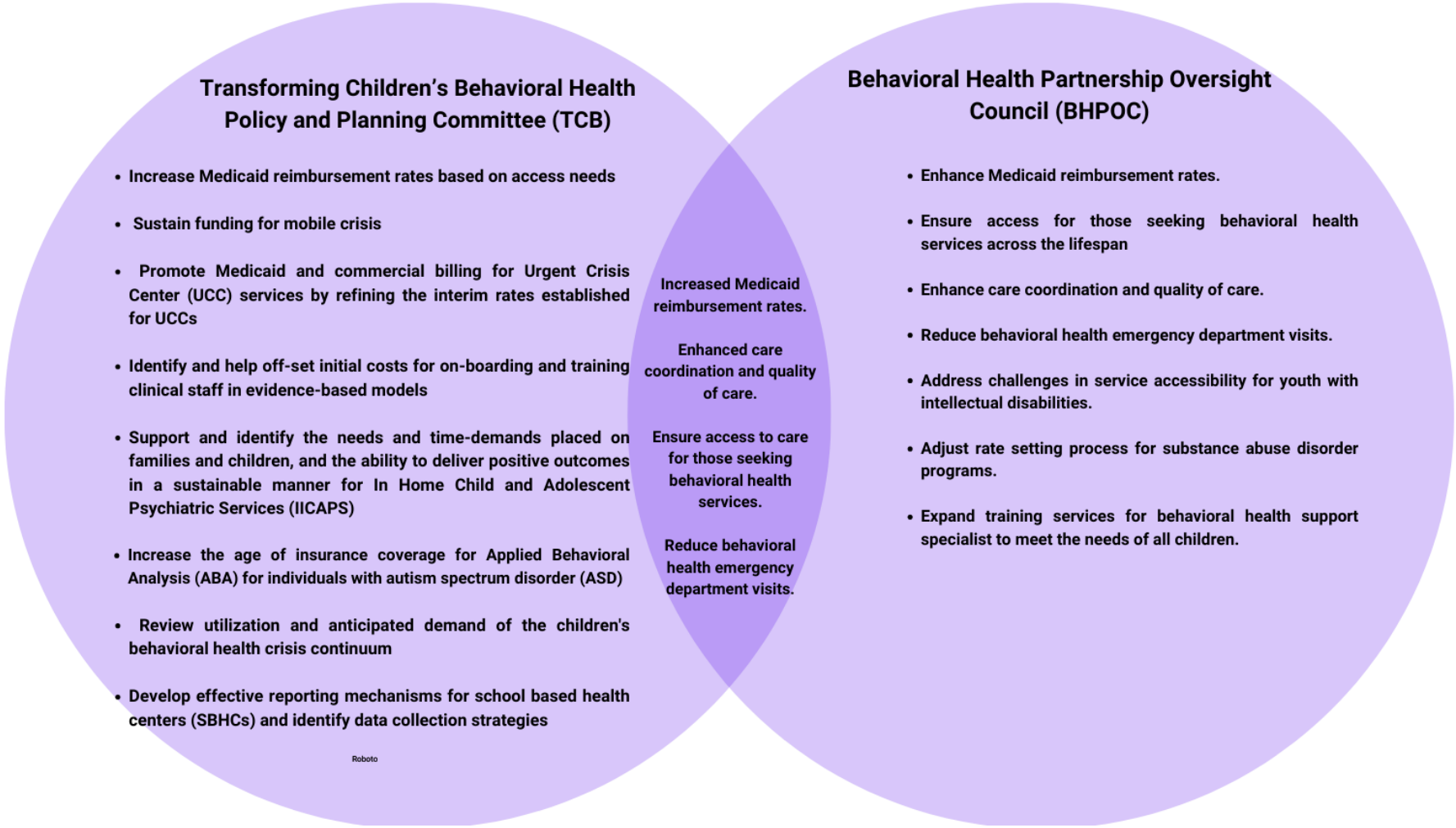
Behavioral Health Partnership Oversight Council: This council's mission is to oversee the state's Behavioral Health Partnership, ensuring that behavioral health services are effective, efficient, and accessible. It monitors service delivery and provides recommendations for improvements.

Tri-Chairs: Representative Mike Demicco, Terri Depietro, MBA, OTR/L &Howard Drescher



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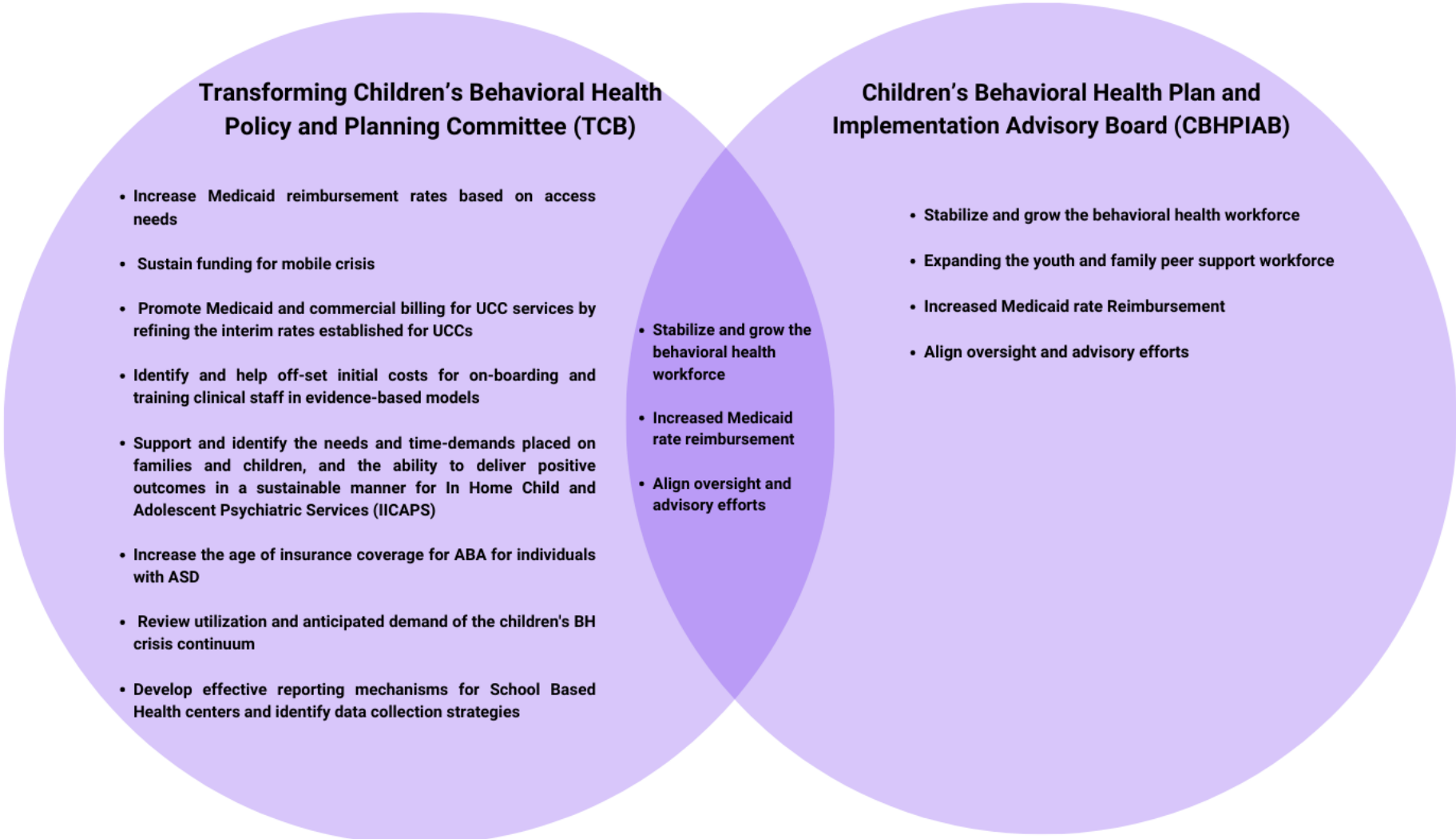
Children's Behavioral Health Plan Implementation Advisory Board: Established under Public Act 15-27, The Children's Behavioral Health Plan Implementation Advisory Board is tasked with monitoring progress on the implementation of the Connecticut Children's Behavioral Health Plan , developed through Public Act 13-178 , with extensive input from families, providers and other stakeholders as a blue print to improve Connecticut's child behavioral health system to prevent or reduce the long-term negative impact of mental, emotional and behavioral health issues on Connecticut's children.

Tri-Chairs: Elisabeth Cannata, PH.D., Carl Schiessl, JD, and Ann Smith, JD, MBA



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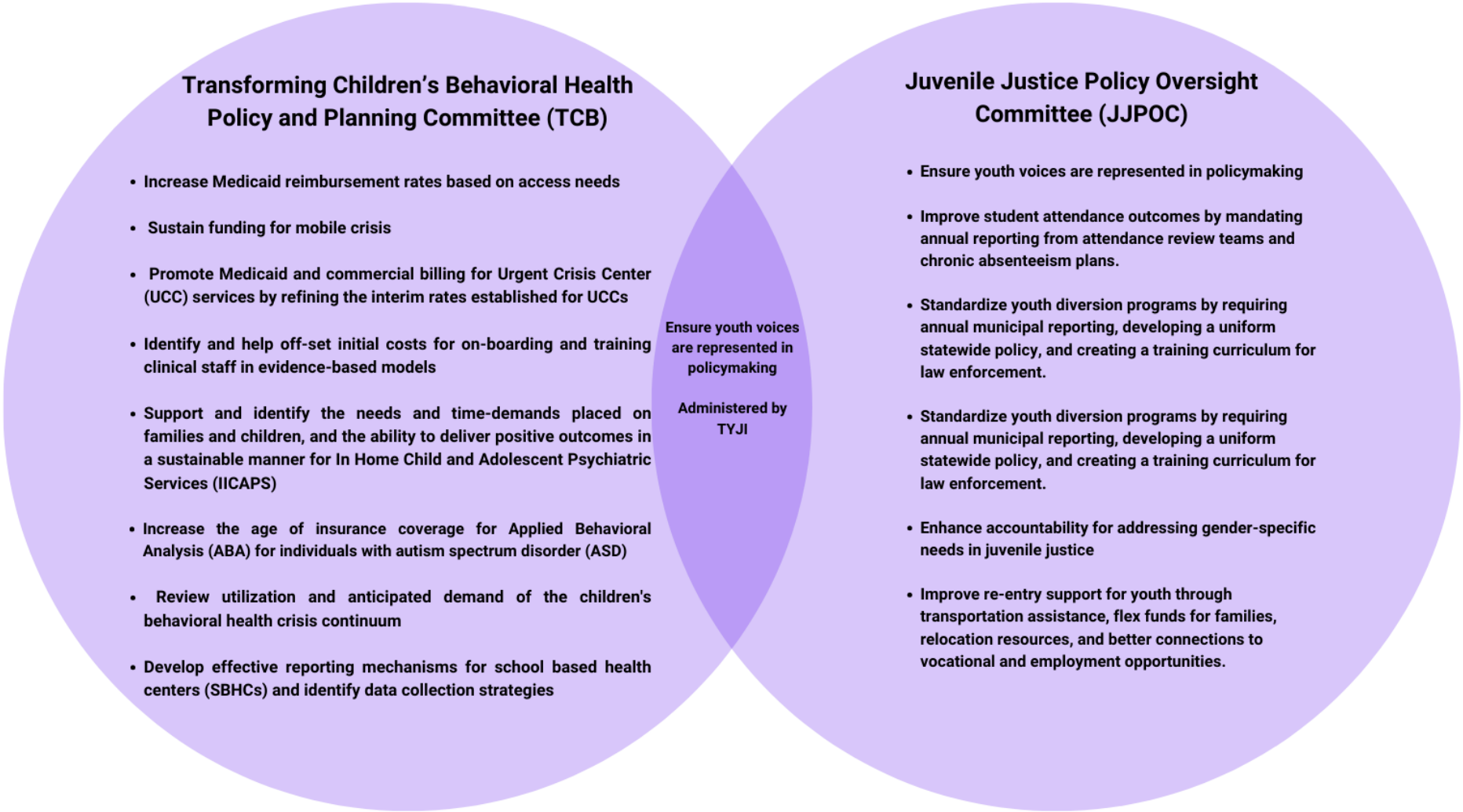
Juvenile Justice Policy Oversight Committee: The JJPOC's mission is to evaluate and improve the juvenile justice system in Connecticut. It focuses on promoting public safety, offender accountability, and rehabilitation through effective policies and practices

Co-Chairs: Representative Toni Walker & Daniel Karpowitz



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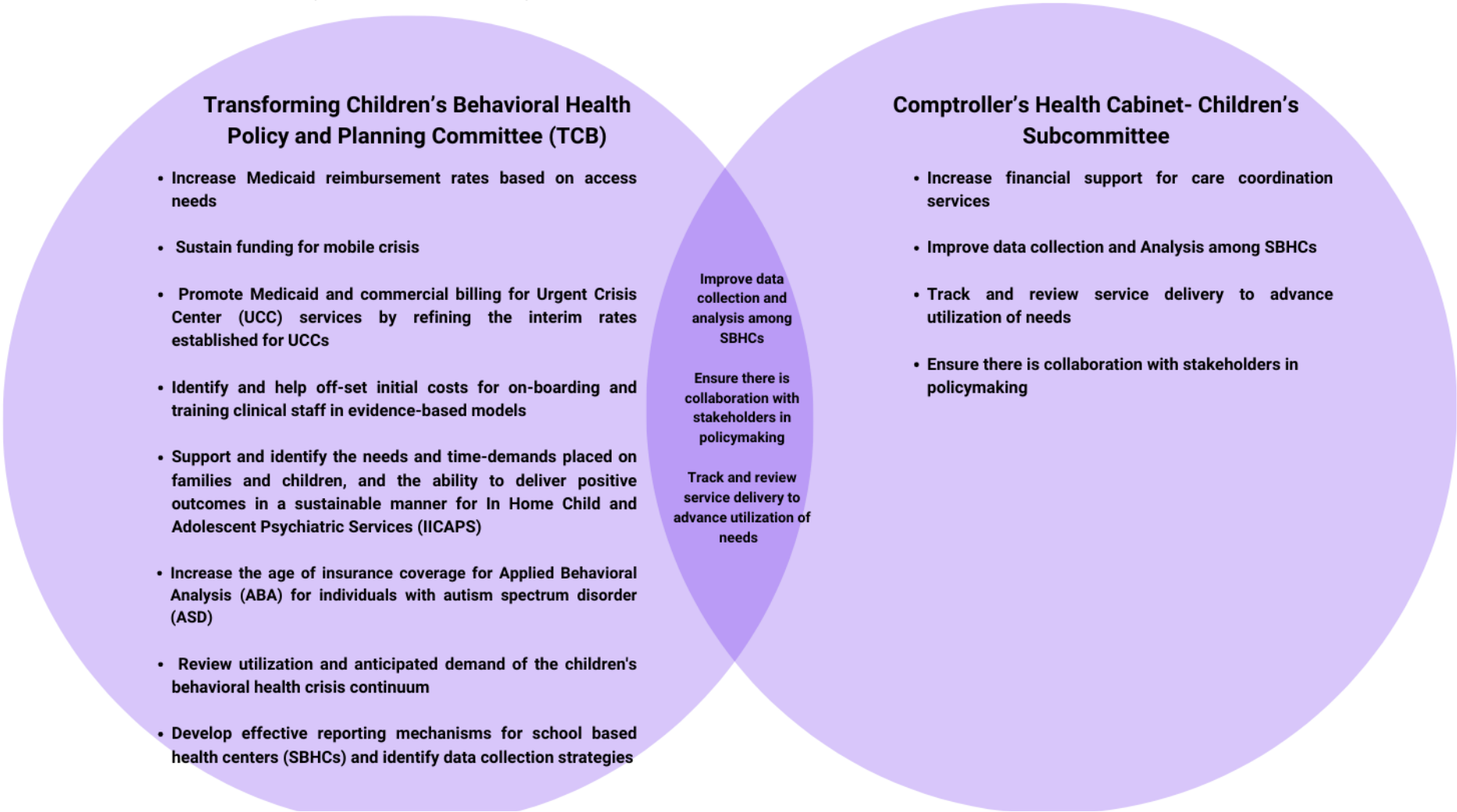
Comptroller's Health-Cabinet Children's Subcommittee: The subcommittee's mission is to ensure children access affordable, quality, and holistic healthcare by addressing obstacles and supporting the health of families and communities. The Committee's focus is on providing high-needs children and youth with wraparound services and a continuum of care, as well as advocating for policies that enhance community efforts through improved systems and communication.

Co-Chairs: Paul Dworkin, MD and Alice Forrester, Ph.D.



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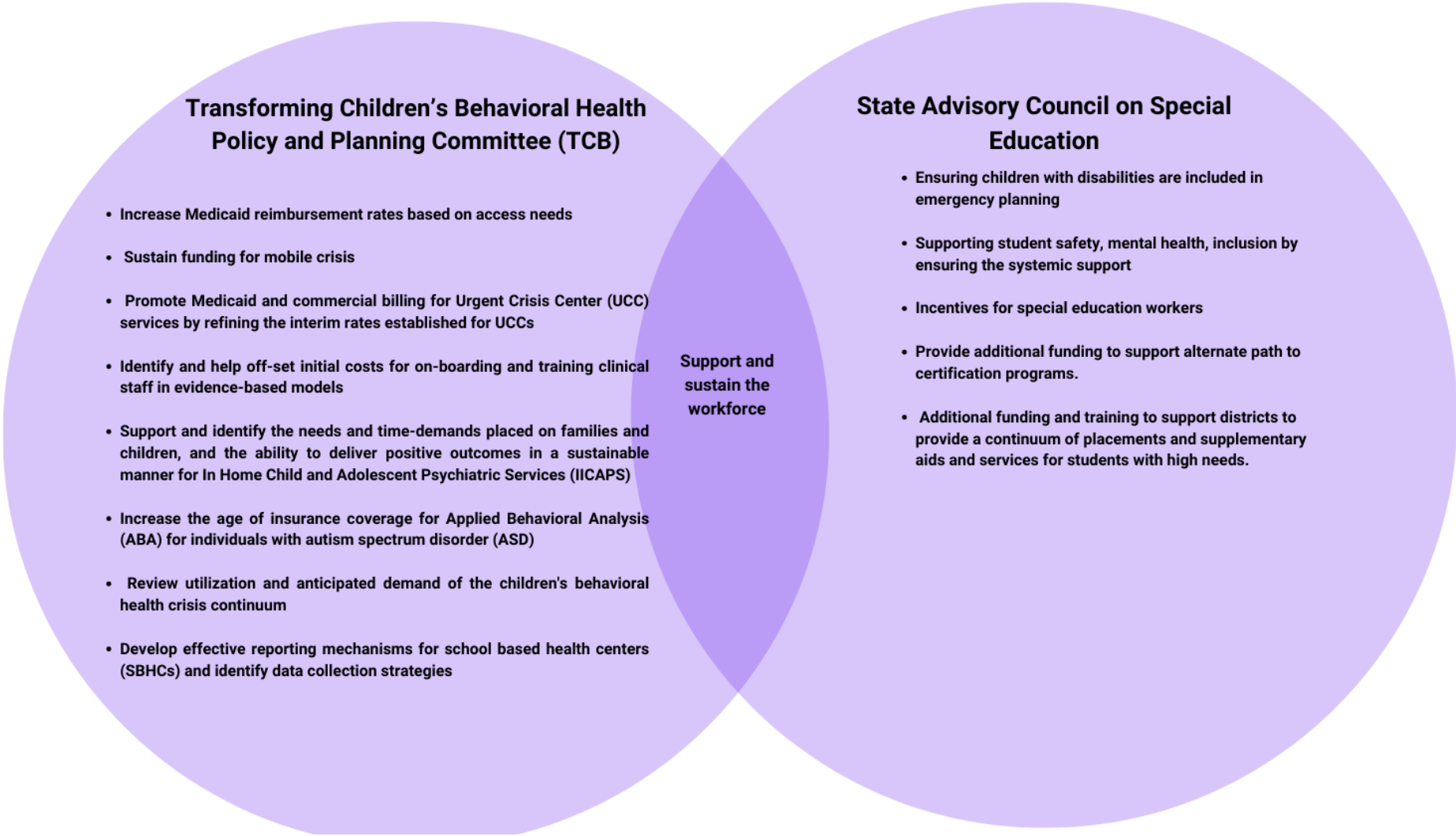
State Advisory Council for Special Education: The council's mission is to advise the state on special education services and policies. It focuses on ensuring that students with disabilities receive appropriate education and support.

Co-Chairs: Jennifer Lussier & Susan Yankee



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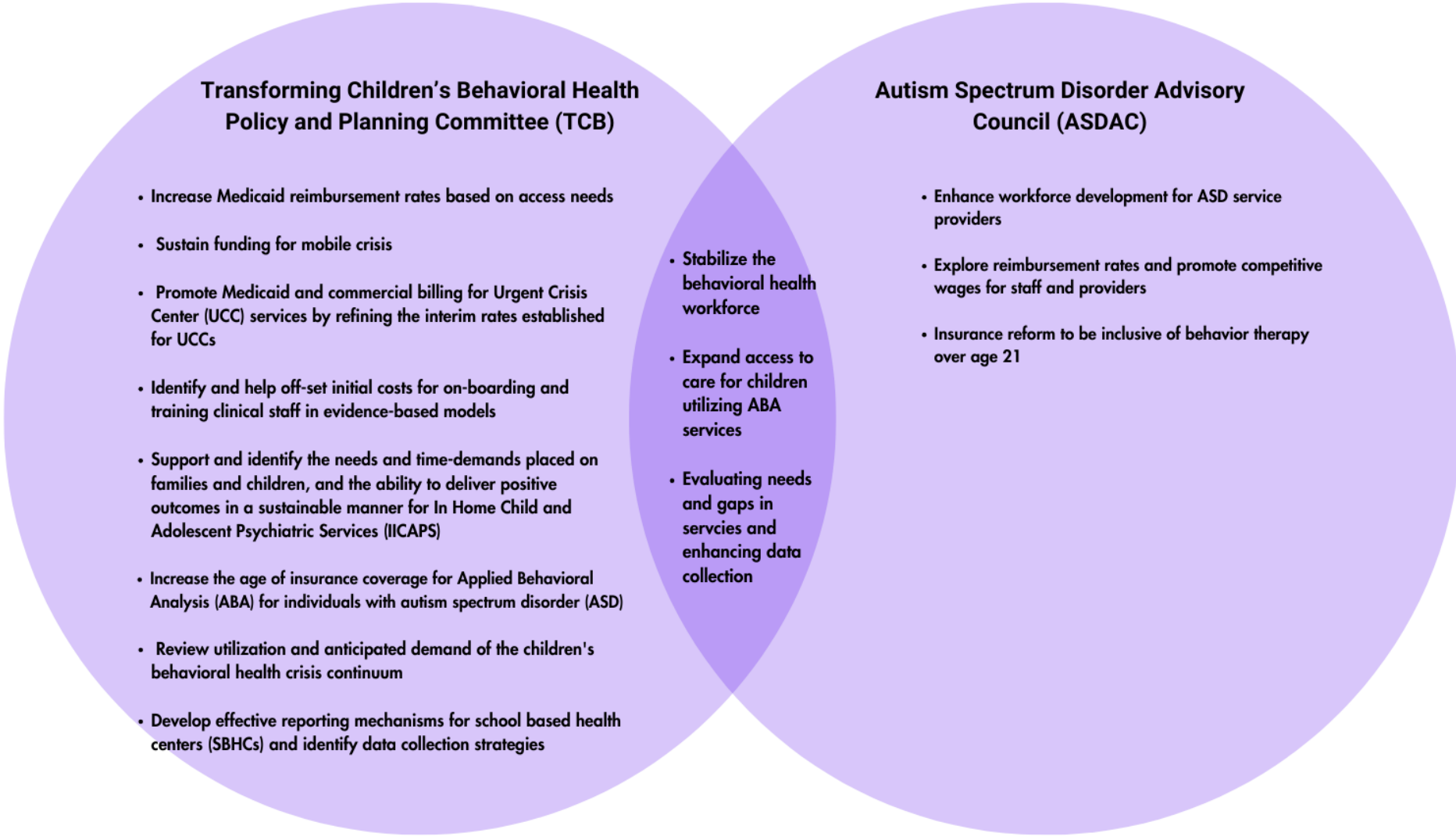
Autism Spectrum Disorder Council: The council's mission is to advise state on policies and practices that impact individuals with autism spectrum disorder (ASD). The council focuses on improving services, support, and resources for individuals with ASD and their families.

Co-Chairs: Jimnahs Miller & Yana Razumnaya



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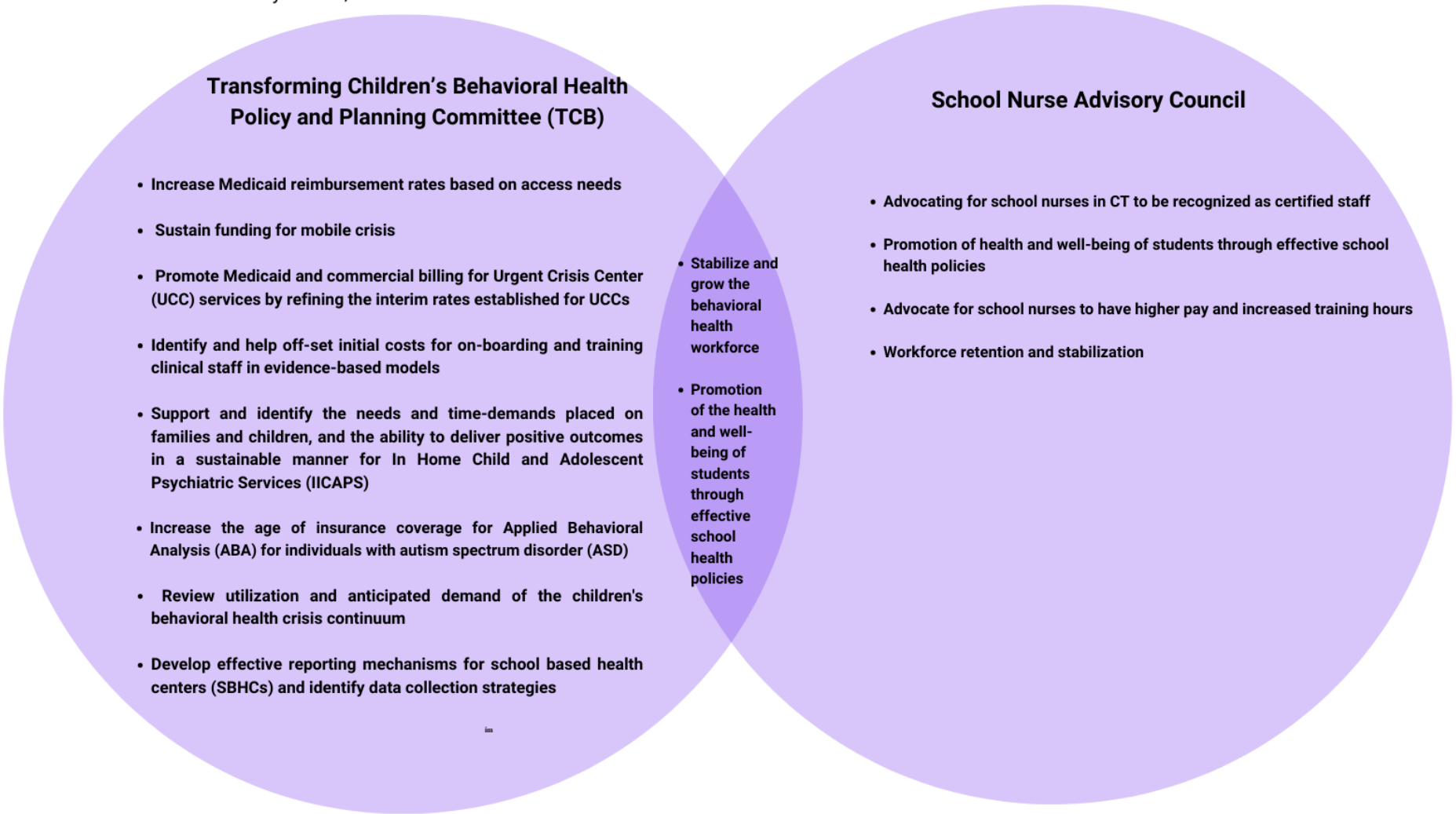
School Nurse Advisory Council: The council's mission is to provide guidance on school nursing practices. It focuses on promoting the health and well-being of students through effective school health policies and programs.

Chair: Paula Feyerharm, RN



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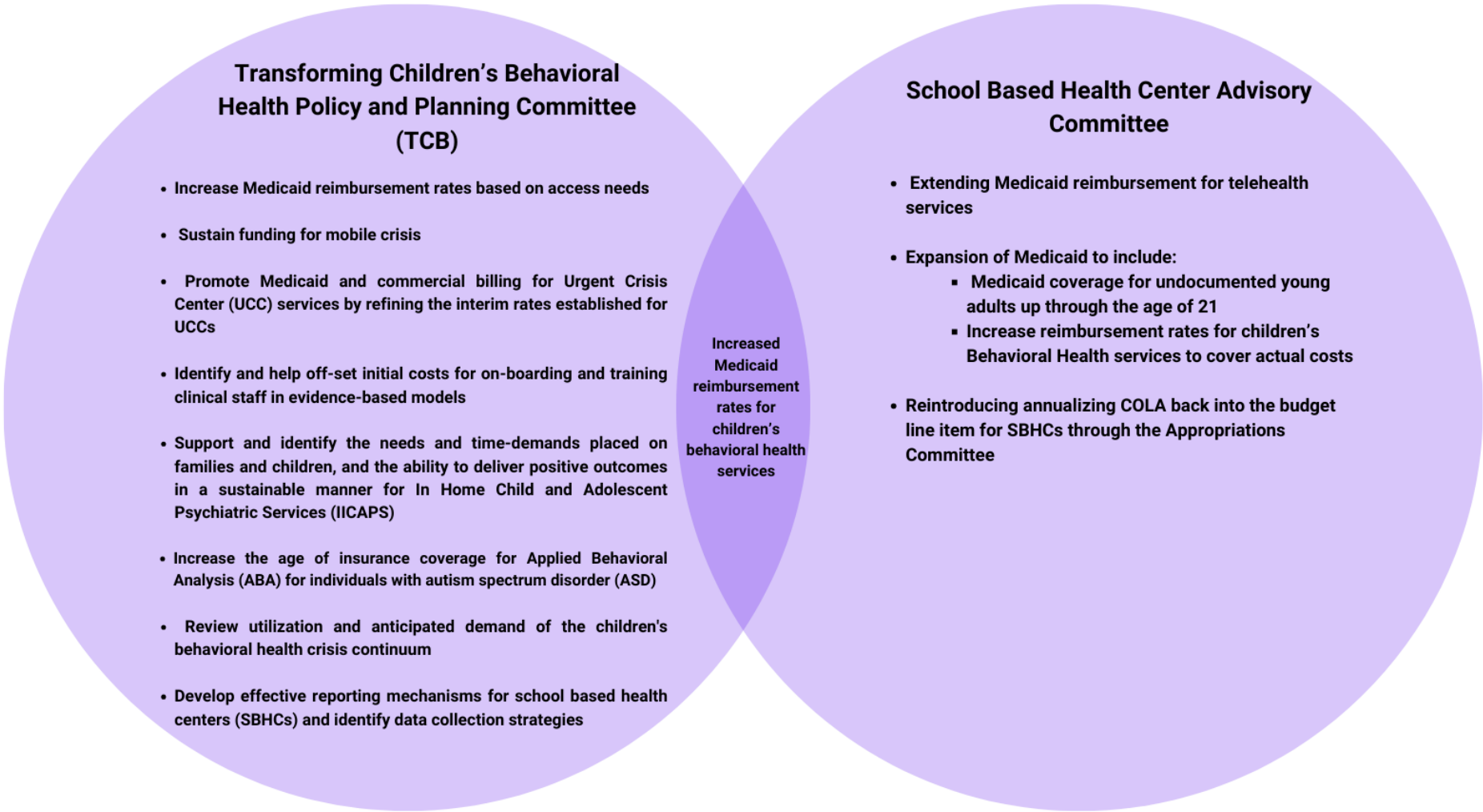
School Based Health Center Advisory Committee: This committee's mission is to advise on the operation and expansion of school-based health centers. It aims to ensure that students have access to comprehensive health services within the school setting.

Co-Chairs: Melanie Wilde Lane & Amanda Pickett



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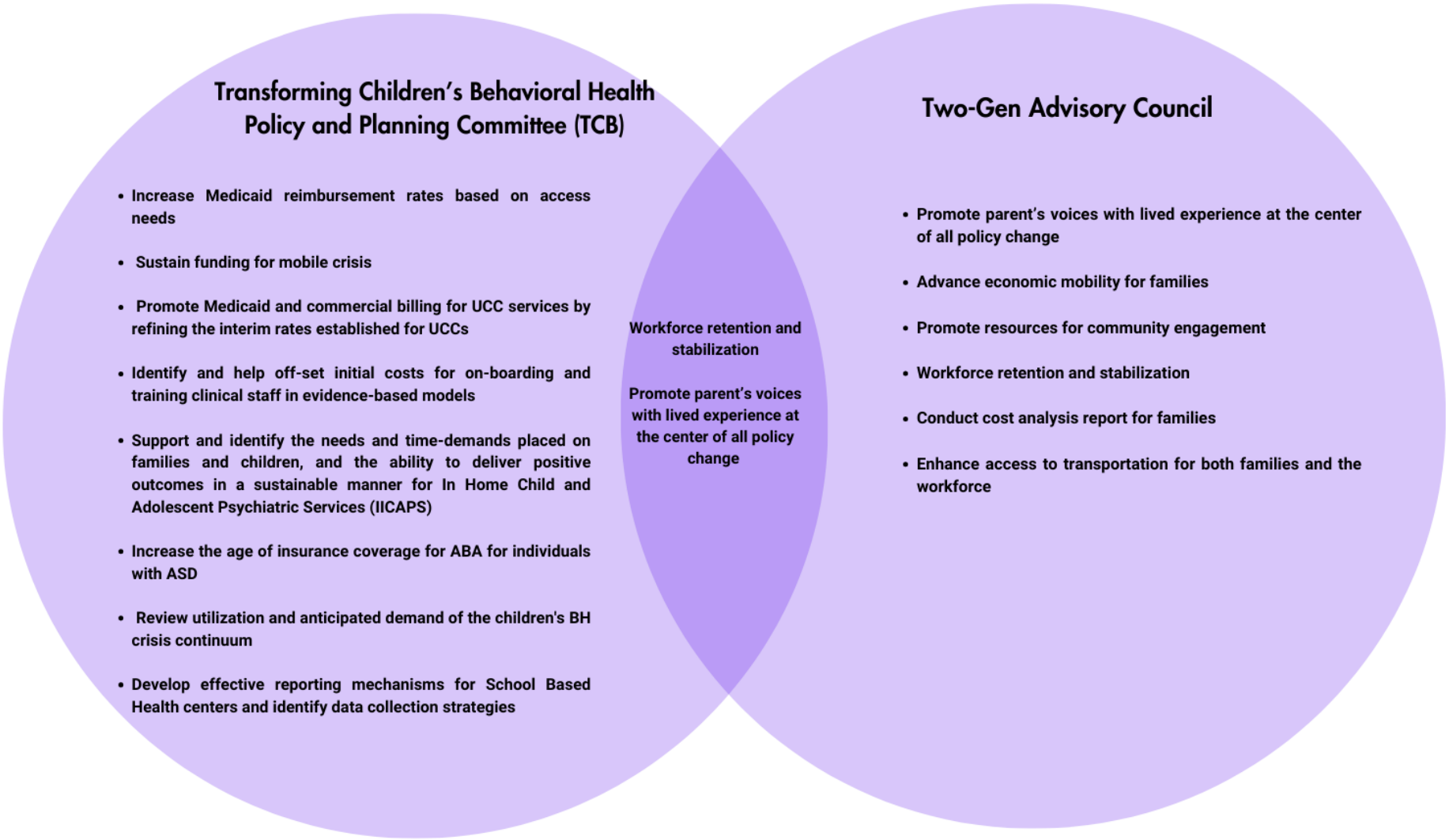
Two Generation Advisory Council: The council's mission is to promote two-generational approaches that address the needs of both children and their parents. It focuses on creating opportunities that support family economic success and children's development.

State-Wide Coordinator: Christina Morales, MSW



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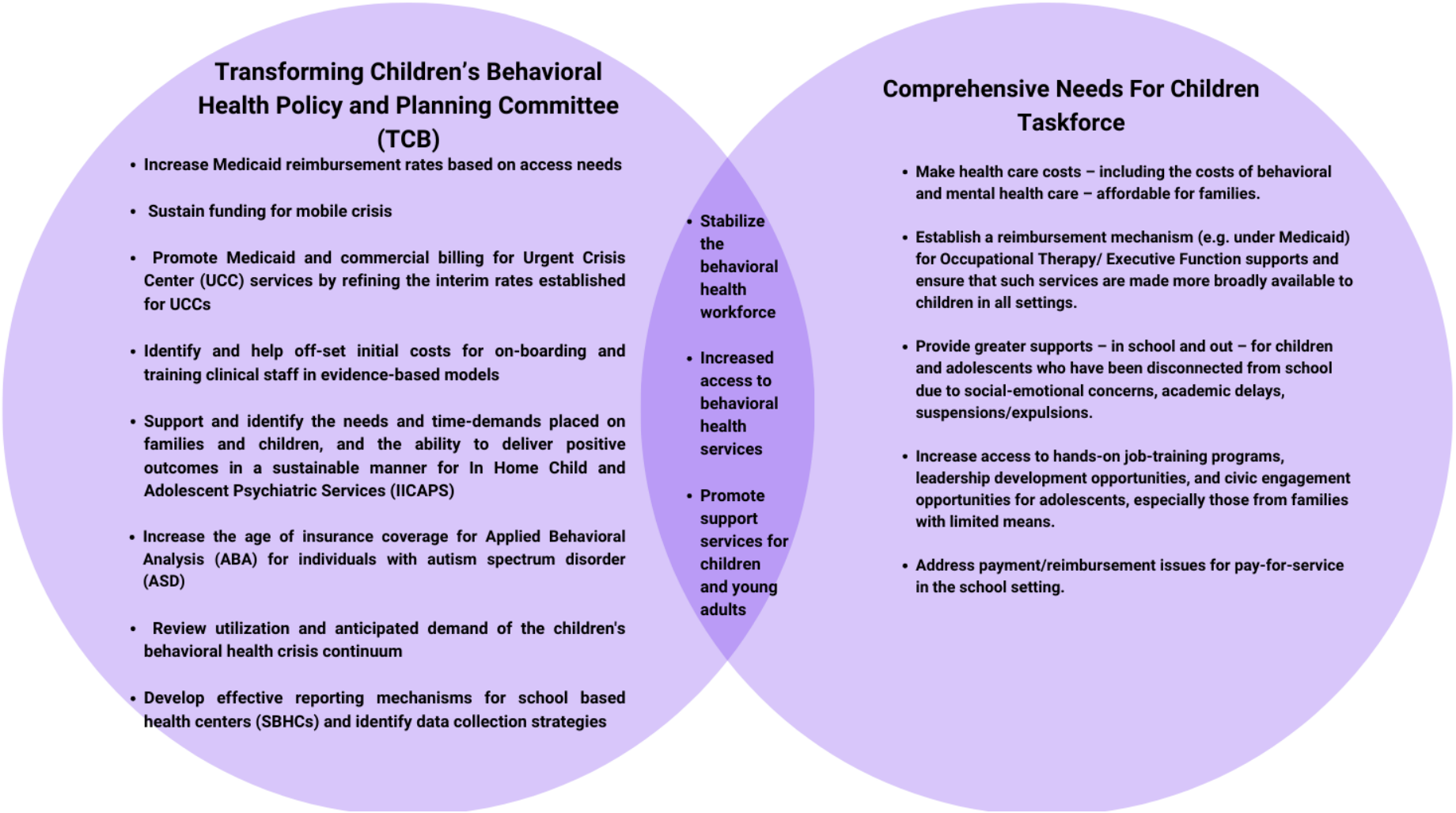
Comprehensive Needs of Children Taskforce: This task force was established to study the comprehensive needs of children in Connecticut and to make recommendations for improvements. Its mission includes evaluating various aspects of children's well-being, such as health, education, and safety, to ensure a holistic approach to supporting the state's youth.

Co-Chairs: Alicia Roy, PhD & Christopher Trombly, PhD



Conclusion:

The TCB aims to leverage the initial meetings with advisory bodies to identify and enhance alignment and collaboration opportunities. This document, along with the strategic plan, should be regarded as 'living documents,' subject to continuous review and updates in response to changes in the environment, state, and federal policies.

C. Glossary of Commonly Used Terms

The TCB Glossary is a living document that contains frequently used phrases and terms. Additional terminology will be added as meetings occur throughout the year.

1. **42 CFR**: Part 2: A federal regulation that protects the privacy of patients with substance use disorders (SUD). Confidentiality protections help address concerns that discrimination and fear of prosecution deter people from entering treatment for SUD.
2. **504:** Section 504 of the Rehabilitation Act and the Americans with Disabilities
   Act is civil rights law protects individuals with disabilities from discrimination that
   arise because of their disability. A 504 Service Agreement is considered when a
   A child has a disability that can limit at least one major life activity, which can include walking, seeing, hearing, speaking, breathing, learning, reading, writing,
   performing math calculations, taking care of oneself, or performing simple manual tasks. A 504 Service Agreement often contains a list of accommodations
   and modifications that can assist the child with disabilities in the classroom.
3. **Acute Care:** Medical treatment rendered to individuals whose illnesses or health
   problems are of short-term or short episodes. Acute care facilities are those hospitals that mainly serve persons with short-term health problems.
4. **Advocacy:** Advocacy means encouraging someone, including legislators, but also
   the public or individual community members, to take action on an issue that is not
   currently being considered as legislation by the legislature, or as administrative
   action by the executive branch. (Compare to “Lobbying” and “Education.”
5. **All Children:** All children refers to every child, regardless of their abilities, backgrounds, or circumstances from birth to twenty-two. This term includes children with developmental disabilities, ensuring they have equal access to the same resources as their peers.
6. **Amendment:** A written proposal to change the language of a CGA bill or

resolution, prepared by the Legislative Commissioner's office. Each amendment
can be identified as House or Senate “A.”

7. **Anorexia Nervosa (also called anorexia):** An eating disorder characterized by low
body weight (less than 85 percent of normal weight for height and age), a distorted body image, and an intense fear of gaining weight.
8. **Attention-Deficit/Hyperactivity Disorder (ADHD):** A behavior disorder, usually
first diagnosed in childhood, which is characterized by inattention, impulsivity, and, in some cases, hyperactivity.
9. **Autistic Spectrum Disorder (also called autism**): A neurological and developmental disorder that usually appears during the first three years of life. A
child with autism appears to live in his/her own world, showing little interest in others, and a lack of social awareness. The focus of an autistic child is a consistent routine and includes an interest in repeating odd and peculiar behaviors. Autistic children often have problems in communication, avoid eye contact, and show limited attachment to others.
10. **Behavioral Health:** A state of mental and emotional being and/or choices and actions that affect wellness. Behavioral health challenges include substance abuse or misuse, alcohol and drug addiction, serious psychological distress, suicidal ideation, and mental disorders.
11. **Bill Number**: The number given to each CGA bill when it is first introduced in a legislative session. Senate bills are number 1 to 4999; House bills are number 5000 and up.
12. **Case Management:** A process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet a client's health and human service needs.
13. **Children's Health Insurance Program (CHIP):** A program by which states insure low-income children (aged 19 or younger) who are ineligible for Medicaid but whose families cannot afford private insurance. States receive federal matching dollars to help provide for this coverage.
14. **Data infrastructure:** encompasses the systems, technologies, and processes involved in collecting, storing, managing, processing, and analyzing data. An effective data infrastructure should be efficient, safeguard sensitive information, comply with security protocols, adapt to changing data requirements, and support decision-making and collaboration.

15. **Ohio Scales:** Include 40 items that measure the degree of problems a child is currently experiencing (problem severity) and the degree to which a child's problems affect their day-to-day activities (functioning).
16. **Practitioner or Clinician**: A healthcare professional such as a mental health counselor, physician, psychiatrist, psychologist, or nurse who works directly with patients (as opposed to one who does research or theoretical studies).
17. **Co-morbidity:** Having more than one disorder or illness at the same time.
18. **Commitment:** A court order, giving guardianship of a minor to the state department of juvenile justice or corrections. The facility in which a juvenile is placed may be publicly or privately operated and may range from a secure correctional placement between non-secure or staff secure, group home, foster care, or day treatment setting. Involuntary Commitment of an individual to a psychiatric in-patient unit by a psychiatrist after finding patient to be a danger to self or others.
19. **Education:** In the context of policy change, education means informing someone, including legislators, but also the public or individual community members, about facts, or real-life experience related to a particular issue, without encouraging any particular action on the issue, whether or not that issue is currently being considered, as legislation by the legislature. (Compared to "Advocacy.")
20. **Evidence-Based Practice:** The use of current best evidence in making decisions about the care of individuals. This approach must balance the best evidence with the desires of the individual and the clinical expertise of health care providers. Evidence Based Treatment is any practice that has been established as effective through scientific research according to a set of explicit criteria (Drake et al., 2001). These are interventions that, when consistently applied, consistently produce improved client outcomes. Some states, government agencies, and payers have endorsed certain specific evidence-based treatments such as cognitive behavioral therapy for anxiety disorders and community assertive treatment for individuals with severe mental illness and thus expect that practitioners are prepared to provide these services.
21. **Fiscal Analysis, Office of (OFA):** The nonpartisan staff office of the CGA responsible for assisting the legislature in its analysis of tax proposals, the budget, and other physical issues.
22. **Fiscal Note:** Statement prepared by the Office of Fiscal Analysis of the cost for savings resulting from a bill or amendment. Required for every bill or amendment considered by the House or Senate.
23. Fiscal Year (FY): The state's budget year which runs from July 1 to June 30.

24. **HIPAA:** HIPAA (The Health Insurance Portability and Accountability Act of 1996) is a federal law that required the creation of national standards to protect sensitive patient health information from being disclosed without the patient's or legal guardian's consent or knowledge.
25. **Inpatient Care:** Care for a period of time in a hospital or (psychiatric residential treatment- not technically considered in-patient) facility during which an individual can be closely monitored to provide accurate diagnosis, to help adjust or stabilize medications, or during an acute episode when a person's mental illness temporarily worsens.
26. **Lobbying:** Communicating directly or soliciting others to communicate with any official or their staff in the legislative or executive branch of government or in a quasi-public agency, for the purpose of influencing any legislative or administrative action. For example, encouraging a legislator or member of their staff to "vote for/against" a particular bill is lobbying. (Compare to "Advocacy.") "Lobbying" does not include (A) communications by or on behalf of a party to a contested case before an executive agency, or a quasi-public agency, (B) communications by vendor acting as a salesperson, and now otherwise trying to influence an administrative action, (C) communications by an attorney made while engaging in the practice of law. (For more, see CGA definition.)
27. **Lobbyist:** Person required to register with the Ethics Commission who spends or is paid at least $2000 a year to influence legislation. Lobbyists are required to wear blue badges stating their names and whom they represent.
28. **Managed Care:** May specify which caregivers the insured family can see and may also limit the number of visits and kinds of services that are covered by insurance. Connecticut is one of a small number of states that does not participate in Medicaid Managed Care.
29. **Medicaid:** A program jointly funded by federal and state governments that provides health care coverage to certain classes of people with limited income and resources. Within federal guidelines, state governments set eligibility standards, determine optional services provided, set reimbursement rates, and administer the program.
30. **Medicare:** A federal government program that provides health insurance coverage to eligible adults aged 65 or older and people with disabilities. It has four parts: Part A, which covers institutional services, including inpatient hospital services, nursing home care, initial home health visits, and hospice care; Part B, which covers physicians and other professional services, outpatient clinic or hospital services, laboratory services, rehabilitation therapy, and home health visits not covered by Part A, among other services;

Part C, the Medicare Advantage program, which is managed by private companies for a flat fee per patient per month; and Part D, which began in 2006 and covers medication.

31. **Mental Health:** A state of emotional and psychological well-being in which an individual is able to use his or her cognitive and emotional capabilities, function in society, and meet the ordinary demands of everyday life.
32. **Mental Illness:** A state of emotional and psychological unrest characterized by alterations in thinking, mood, and/or behavior, causing distress and/or impaired functioning.
33. **Motion:** A formal request for particular action. One member must take a motion and another member second for the group to discuss and vote on an issue before the group. Any member can make a motion.
34. **Outpatient:** A patient who receives medical and/or mental health treatment without being admitted to a hospital.
35. **Readings:** A technical term for three stages of a CGA bill's passage. The first reading is the initial committee referral, the second occurs when the bill is reported to the floor and tables for the calendar and printing, and the third when the bill is debated and voted on. At none of the stages is the bills text actually read aloud.
36. **Second:** To endorse a motion made by another member. Required for further consideration of the motion. Short session: The three-month CGA session held during even-numbered years.
37. **Statute:** Another name for a law. "The statutes" are the General Statutes of Connecticut.
38. **Supplemental Security Income (SSI):** A disability program of the Social Security Administration.
39. **Substance Abuse and Mental Health Services Administration (SAMHSA):** The mission of SAMHSA is to provide, through the U.S. Public health Services, a national focus for the Federal effort to promote effective strategies for the prevention and treatment of addictive and mental disorders. SAMHSA is primarily a grant-making organization, promoting knowledge and scientific state-of-the art practice. SAMHSA strives to reduce barriers to high quality, effective programs and services for individuals who suffer from, or are at risk for, these disorders, as well as for their families and communities