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)

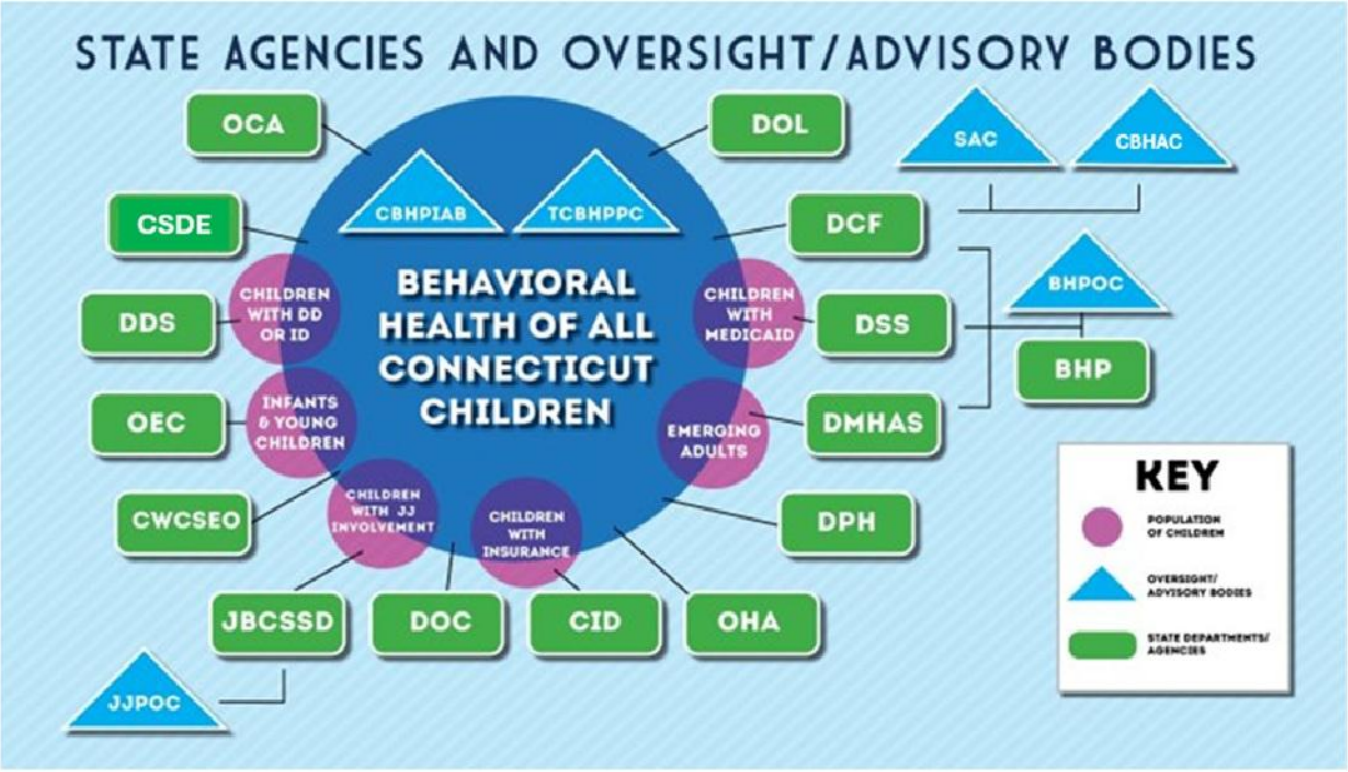
Addendum 1: Advisory Bodies' Membership Crosswalk

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.			