

Children's Behavioral Health Plan Implementation Advisory Board

Connecticut General Statutes (CGS) Section 17a-22ff

Quarterly Meeting

April 6, 2026

Chairs:

Elisabeth Cannata, PhD

Ann Smith, JD, MBA

System Dashboard: Updates

- **New homepage**

- Background, Intended Use and Framework
- <https://plan4children.org/connecticut-plan/childrens-bh-system-dashboard-ct/>

- **Dashboard page**

- How to navigate dashboard

Plan4Children
Connecticut's roadmap for children's behavioral health

English

About Connecticut's Plan Connecting to Care System Dashboard Resources Get Involved

About the Dashboard
View the Dashboard

Tracking Children's Behavioral Health Trends in Connecticut: System Dashboard Overview

[VIEW THE DASHBOARD →](#)

Children's Behavioral Health System Dashboard for Connecticut: Overview + Background

In response to the growing need for children's behavioral health services and the need to improve coordination of data collection and reporting across child-serving systems, the [Data Integration Workgroup](#) of the [Children's Behavioral Health Plan Implementation Advisory Board](#) was formed in 2021 and includes representatives of children's behavioral health providers, family members, family advocates, and state agencies.

The workgroup's [initial report](#) included recommendations to strengthen Connecticut's integration of children's behavioral health data, including development of a system-level dashboard. The goal of the resulting *Children's Behavioral Health System Dashboard for Connecticut* is to make data about the children's behavioral health system transparent, accessible, and publicly available to providers, policymakers, and families alike.

The System Dashboard is intended to:

- Bring together key children's behavioral health system data in one place
- Help providers, policymakers, schools, and families understand the scope of children's behavioral health needs and where gaps exist
- Show whether indicators vary by demographic, geographic, or other characteristics, when data permit
- Display trends in data over time
- Inform planning, policy, and decision-making

This dashboard will continue to be updated and expanded over time as more comprehensive data become available.

Examples of How You Can Use the Dashboard In Your Work +

Dashboard Indicators +

Data Sources +

[VIEW THE DASHBOARD →](#)

System Dashboard: Data Brief

Identify trends across...	<ul style="list-style-type: none">• Depression and Suicidality• Substance Use• System needs (School-based needs, juvenile justice services)• Behavioral Health Workforce• Social drivers of health
Framework for Identifying Trends	<ul style="list-style-type: none">• Equity: Are there disparities by race/ethnicity, geography, age?• What's improving? vs What's worsening?• Is there consistency in trend movement? What are the outliers?

How can we incorporate community voice into the data brief?

System Dashboard: Data Walk/Cafe

Purpose: To gather community interpretation and lived experience to contextualize trends from the systems dashboard and inform a data brief.

Who to invite

- Family/Caregivers
- Community orgs
- Providers/School-based staff
- Policymakers
- **Older Youth**

Format

- In-Person
- Location TBD
- 60 – 90 mins
- Small group rotations
- **Interactive discussion**

Recruitment

- Partner-based recruitment
 - AB membership
 - CHBAC
 - FAVOR

Timeline

- May – Complete trend analysis
- June – Data walk
- July – Review findings with AB
- July – Draft brief
- Sept - Final brief

Discussion: Community Engagement

What do you see?

- What stands out?
- What surprises you?

Why is this happening?

- Does this reflect your experience?

Who is impacted?

- Who is most affected?
- What is missing?

What should change?

- What would improve this?
- What do you want policymakers to do?

We would love your feedback:

- Are we engaging the right groups?
- Are these the right questions?
- Suggestions for recruitment?
- What would make this most useful for decision-making?

BEHAVIORAL HEALTH SERVICES FOR CHILDREN WITH INTELLECTUAL OR DEVELOPMENTAL DISABILITIES



Behavioral Health Services for Children with I/DD

Project Questions

1. What are the roles and responsibilities among Connecticut state agencies in coordinating, providing oversight, and funding screening, identification, referral, and services for children with co-occurring needs?

- service responsibility?
- Financial responsibility?
- How are services coordinated across systems?
- Where is there overlap or duplication?

2. What community-based behavioral health services are currently available in Connecticut for children with co-occurring needs?

- Are there any exclusionary criteria that limit access?
- What are the current availability, capacity and gaps?
- What evidence-based models of treatment are available?

Behavioral Health Services for Children with I/DD Project Questions

3. What training and support are available to Connecticut's workforce to strengthen quality of services for children with co-occurring needs?
 - Training, certification, or continuing education opportunities?
 - What is the reported skill and experience level of providers?
4. What support and advocacy opportunities are available to parents/caregivers of children with co-occurring needs?
5. What evidence-based models or best practices exist within Connecticut or other states for coordinating and delivering effective community-based behavioral health services care for children with co-occurring needs?
 - System-level structures?
 - Workforce development programs?
 - Practices could be adopted or expanded in CT?
6. Recommendations for the State of Connecticut

Behavioral Health Services for Children with I/DD

Methodology and Timeline

Methods	Timeline
Literature review	Apr-July
Landscape scan	Apr-May
Key informant interviews	Apr-May
Focus groups	May-June
Data analysis	May-June
Draft brief	August
Final brief	Sept 30

Ongoing guidance provided by Workgroup and Advisory Board



Behavioral Health Services for Children with I/DD

Workgroup

Representatives:

Parents/Caregivers

State Agencies

Providers

Family Advocates

Role:

Advisors

Guide process and provide input at decision-making points

Review draft recommendations

Anticipated Meetings:

April, June, August



IAB Member Roles: Children with I/DD

Agency	Role
Carelon	For Husky members, care coordination and peer support to assist with accessing clinical and non-clinical services; help with completing waiver application
CT Association of School-Based Health Centers	Comprehensive, integrated, school-based model of care
CT State Department of Education	Oversight and monitoring of IDEA implementation; support districts in developing IEPs; support and training to educators and parents
Department of Children and Families	State's lead agency for children's behavioral health, with mandates for prevention, child protection, and behavioral health service delivery; coordinates care across systems as needed for children with co-occurring I/DD and behavioral health needs
Department of Developmental Services	Makes referrals to services; as needed adds supports not available through other programs (e.g., respite support, Family Grants, Helpline)
Department of Mental Health and Addiction Services Young Adult Services	Supports planful transition into adult behavioral health services including referrals and coordination across multiple agencies
Department of Public Health	Provides care coordination through the CT Medical Home Initiative
Judicial Branch Court Support Services Division	Clinical coordinators screen for and make referrals to DDS; provide training on working with neurodivergent youth
Office of the Child Advocate	Assist families with navigating access
Office of the Behavioral Health Advocate	Assist families to access services
Office of Policy and Management	Oversight and interagency policy and planning to support children with autism and ID