Meeting Minutes

Connecticut Children's Behavioral Health Plan Implementation Advisory Board

Date: February 2, 2026
Time: 2:59 PM – 4:29 PM
Format: Hybrid (In-person & Zoom)

Opening & Attendance

- Meeting opened by Co-Chair Ann Smith.
- Elisabeth Cannata, Ann Smith, Catherine Foley-Geib, John Frassinelli, Francis Gregory, Howard Sovronsky, Nicole Taylor, Tara Viens, Tonya Patricia, Gabrielle Hall, Amy Marracino, Sarah Lockery, Ann Gionet, Erica Bromley, Tammy Venenga, Laine Taylor, Benita Toussaint, Lorna Thomas-Farquharson, Tanya Barett, Melanie Wilde-Lane, Kate Dormont, Erika Nowakowski, Emily Bohmbach, Alyssa Korell, Jason Lang, Aleece Kelly
- New members welcomed: Thomas Anderson and Melvette Hill.

Presentation: Family & Youth Peer Support Report

Presenter: Aleece Kelly (CHDI)

Key Findings

- Kelly presented a Family & Youth Peer Support Report. The peer support improves engagement, treatment completion, caregiver stress, family relationships, and reduces system costs (reduced ER visits and hospitalizations).
- Treatment engagement and completion: the presentation summarized literature evidence of peer support benefits for engagement, treatment completion, caregiver stress reduction, family relationships, and system cost savings, described peer roles and distinctions from other non-clinical staff, and reported survey findings showing role emphasis and needs for clearer training pathways and supervision.
- The board reviewed Connecticut's existing strengths in family peer training, gaps in youth peer programs, funding vulnerabilities due to grant reliance, and a set of seven recommendations including securing Medicaid reimbursement, expanding training, building program capacity, prioritizing high-need populations, using peers for prevention, broadening lived-expertise roles, and evaluating outcomes.

- Connecticut has strong family peer training but few youth peer programs and limited coverage because services rely on grants rather than Medicaid.
- The report recommended Medicaid reimbursement via a state plan amendment and DPH verification of peer certification.
- The report included seven recommendations ranging from funding and training to evaluation and expanded lived-expertise roles.

Key Recommendations

1. Establish Medicaid/insurance reimbursement for peer support
2. Expand training & certification access
3. Strengthen program integration (clear roles, supervision, career paths)
4. Target high-need populations (crisis, waitlists, transition-age youth)
5. Use peer support for prevention/early intervention
6. Increase lived-experience roles across systems
7. Track outcomes and evaluate impact

Discussion Highlights

- Challenges integrating peers into clinical settings
- Value of partnerships between agencies and family-run organizations
- Interest in expanding peer models into schools

System Data Dashboard Update

Presenter: Felicia Annan Mills (CHDI)

- Mills presented the Children's Behavioral Health Dashboard that launched in Fall of 2025 on plan4children.org; the system dashboard consolidates children's behavioral health data across prevalence, system-indicated needs, and workforce indicators. The dashboard tracks behavioral health prevalence, system needs (e.g., absenteeism), and workforce data
- Planned enhancements for the dashboard include social drivers of health (poverty, housing, insurance), cross-service indicators, data brief (expected to launch in September of 2026).

Website Analytics & 2026 Priority Focus Areas

- A participant asked about tracking site access; Kelly confirmed analytics are being monitored, though reporting is pending, and co-chairs connected dashboard work to planned efforts for 2026 to strengthen services for children with developmental and intellectual disabilities. The advisory board plans to launch a workgroup to develop recommendations for strengthening community-based behavioral health services for children with IDD.
- Co-chair remarks linked dashboard and workforce work to improving services for children with IDD; Tammy described exclusionary PRTF practices, denials after ID diagnosis, shortages and waits for ABA, and emphasized the need for training, agency partnerships, and workforce development to close service gaps. Stakeholders reported service gaps for children with IDD, including PRTF exclusions and lengthy waits for ABA, and emphasized the need for workforce training and cross-agency partnerships.

Community Engagement

- Participants opened by underscoring current service shortages and the need to launch conversations to identify gaps for families excluded by eligibility criteria. Benita Toussaint proposed practical community engagement strategies, including focus groups and PTO outreach, to surface barriers and recommend system changes.
- The group will form work groups to produce immediate, intermediate, and long-term recommendations to address gaps in behavioral health services for children with ID/ASD and complex needs.
- Community engagement via focus groups and outreach to PTOs was recommended to identify exclusionary criteria and service barriers.

Additional Updates

- Tara Viens described Public Act 25-89 work and a recently completed OPM-led work group report addressing complex care for those with behavioral health diagnoses and ID/autism, noting short- and long-term recommendations and plans to post the report online. The group agreed to review and build upon those recommendations rather than starting anew. A recent OPM-led report on complex care conversations contains concrete short- and long-term recommendations and will be posted publicly.
- The discussion emphasized workforce training, piloting adapted service models, and data tracking to evaluate effectiveness, with references to national efforts by the National Association of Developmental Disabilities and the Link Center. State

practitioners noted consultations (e.g., Wheeler) and CHDI support as sources of expertise and data.
- The meeting prioritized linking service expansion to workforce development and piloting adapted service models with data tracking.
- National resources such as the Link Center and NASDDDS were identified as technical assistance sources to avoid starting from scratch.
- CHDI has funding to facilitate work groups this year and will be engaged for coordination.
- DCF's RRG consultations and Wheeler's contract are expected to provide actionable data on where families face access challenges.

Advisory Board Role and Urgent Care Communications

- Speakers reiterated the advisory board's coordination role and invited agencies to contribute resources and participants for 2026 work groups. Updates covered collaboration on urgent care center sustainability, reimbursement discussions, and a planned media campaign to educate primary care, adolescents, and communities about available urgent care services.
- A communications campaign for urgent care centers will target primary care, adolescents via social media, and local town halls with legislators.

Next Meeting

Date: April 6, 2026

Adjournment

Meeting adjourned at approximately 4:29 PM.