Meeting Minutes

Meeting: Connecticut Children's Behavioral Health Plan Implementation Advisory Board

Date: July 13, 2026

Duration: 1:12 PM – 2:55 PM

Location: Legislative Office Building Room 1B & Zoom

In-Person Attendance: Ann Smith, Elisabeth Cannata, Benita Toussaint, Amy Marracino, Dr. Laine Taylor, Gabrielle Hall, Vin Russo
Online Attendance: Nicole Taylor, Tara Viens, Tammy Venenga, Ann Gionet, Melvette Hill, Gerard O'Sullivan, Lorna Thomas-Farquharson – Psy.D., Tanya Barrett, Thomas Anderson, Sara Lockery, Liz Sitler, Muna Abass, Sabra Mayo, Jeffrey Vanderploeg – PhD, Erica Bromley, Melanie Wilde-Lane, Arielle Levin-Becker, Drew Lavelle, Kate Bohannan, Felicia Annan-Mills, Aleece Kelly

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Opening & Logistics

Felicia Annan-Mills of CHDI welcomed attendees and provided instructions for accessing Spanish interpretation. Annan-Mills shared stipend information for family participants and caregivers, including submission process via FAVOR.

Susanna (Interpreter): Delivered Spanish interpretation instructions.

Welcome & Introductions

Ann Smith opened the meeting and introduced herself as Executive Director of AFCAMP Family Empowerment Center and co-chair.

Elisabeth Cannata (Co-Chair) welcomed participants and noted a full agenda.

Legislative Update

Vin Russo of DCF framed the legislative update, referenced a detailed 2026 legislative summary on the department website, and introduced Public Act 26-26 (House Bill 5004), noting it spans 23 sections and affects many areas of departmental work. He stated he would focus on sections relevant to children's behavioral health.

Russo described grant programs for after-school and childcare, paid internships, mentor stipends, and a kinship grant program with approximately $300,000 available for initial kin placements up to $625. He also reviewed three mandatory trainings (human trafficking, cultural implicit bias, and perinatal mood and anxiety disorder) to be deployed via the department LMS with existing staff required to complete them by December 31, 2028. Parents' prior mental health treatment cannot be used against them. The Commissioner's priority to establish a department-wide data dashboard was discussed, including legislative funding, a convened working group of legislators and agency staff, and an October 1 deadline to post required data to support dashboard development. Russo also outlined plans and funding (~$1.5M startup) for a fifth urgent crisis center in Stamford and noted that ongoing funding will transition to Medicaid and private insurance after startup, with an RFP to follow.

Russo summarized the DCF agency bill consolidating multiple statutory reports into one annual report due October 15 covering the prior fiscal year and combining two Behavioral Health Partnership reports into a single report. He also described a technical statutory fix to the missing-from-care notification process and a renaming of a statewide data collection center to DataLink, Connecticut. The meeting closed the presented portion with a review of the TCB bill provisions addressing eating disorders through working groups and a multi-agency feasibility study to explore creating a PRTF-style facility for youth with co-occurring mental health and intellectual disability or autism spectrum disorder. Russo also highlighted its budget increases and specific line items, including a $12M overall increase, $1.5M bonding for a dashboard, staff additions for training and grants, expanded background-check responsibilities, and a $1M foster care rate increase planned to be spread across tiers. The speaker also noted continued funding for specific clinics and programs such as the Pawcatuck outpatient clinic and mid-Fairfield child guidance.

Russo also confirmed cost-of-living adjustments are included for providers and state employees. The budget extended existing hazardous-duty permanent-disability protections to employees at state-operated healthcare facilities, explicitly covering Solnit Hospital and PRTFs. Russo summarized Public Act 2670, which centralizes trafficking work under OPM, requires provider staff to receive human trafficking training, codifies multidisciplinary teams (MDTs), and assigns DCF to assist police training within appropriations; the speaker emphasized ongoing collaborative subcommittee work and the need to strengthen adult services in addition to child services. Russo described amendments to statute 17A-93 that codify six additional security items mirroring existing regulations, aiming to improve safety in licensed residential and outpatient facilities while preserving a home-like environment for youth who retain freedom of movement for school, work, and community activities.

Russo outlined a new, more stringent process for distributing legislative-directed earmarks to increase transparency and oversight. The budget funded a $50,000 feasibility study for a captive insurance option to address rapidly rising provider liability costs. The legislature also created a nonprofit advisory board within OPM to coordinate nonprofit-related strategy and planning, with meetings expected to begin shortly. Russo provided a link to a 2026 legislative summary and contact emails for follow-up. Russo also said a Children's Committee-led working group will determine dashboard data and that DCF will send IT and data experts to participate. On Stamford's UCC, Russo explained the budget includes up-start funds but no ongoing Medicaid funding in the current biennium and projected future consideration in the next biennial budget.

Community participants urged stronger legislative action, facility visits, and rehabilitative approaches for justice-involved youth, arguing for prevention and better treatment rather than criminalization. Speaker 2 noted expanded juvenile review boards, a new juvenile justice program director, youth service bureau support, and outposted social workers in detention while acknowledging room for improvement. Participants proposed training and prevention education for youth to reduce peer-mediated trafficking recruitment.

There was also a request to ensure the project's data work aligns with the Children's Advisory Board dashboard and that the Board's representation be included in statewide data discussions. Participants agreed to explore integrating existing dashboard work into the new internal website and to continue conversations about coordination and representation.

Data Dashboard & Data Walk Update

Felicia Annan Mills (CHDI) introduced the systems dashboard update, noting the new social drivers of behavioral health indicator category and the addition of child poverty data, with insurance and housing income indicators forthcoming. She described plans for a data brief to analyze trends and consider actions based on what is improving or worsening in the data. Annan-Mills described the June 29 in--person data walk at Bristol Public Library, explaining its format of poster stations and small-group discussions followed by a large-group debrief. The event convened 37 participants from 22 organizations to review indicators (depression, suicidality, substance use, workforce, system data, social drivers), surface surprises and gaps, and recommend actions. Major themes included calls for more localized and disaggregated data, improved consistency across indicators, adding qualitative lived experience, shared learning, and using data for coordinated action.

Participants expressed hope due to transparent, open data and observed indicator improvements, and they valued cross-sector discussion as evidence of shared commitment. Policy recommendations highlighted data integration and standardization, investing in prevention and early identification, elevating family and youth voice in system design, and strengthening workforce capacity and ecosystem coordination.

Attendees asked whether CHDI duplicates work performed by other organizations such as FAVOR and whether efforts could be consolidated. CHDI clarified it is a Connecticut nonprofit intermediary focused on quality improvement and does not provide direct services; the data walk was produced under the Children's Behavioral Health Implementation Advisory Board and includes family voice and FAVA among advisory members. Several speakers praised the data walk for enabling diverse perspectives and cross-fertilization of ideas, noting its usefulness to the Advisory Board's charge. The chair transitioned the meeting to the next agenda item, indicating an upcoming presentation from Aleece Kelly (CHDI) on the IDD work group and related data.

IDD Workgroup Update

Aleece Kelly summarized the project's five primary focus areas—system roles, services/access, workforce, family supports, and best practices—and clarified the population of interest as children with co-occurring intellectual/developmental and behavioral health needs. She noted the team is in the final data-analysis phase and will likely bring draft recommendations to the advisory board at the next meeting. The team reported 14 key informant interviews, focus groups with parents/caregivers and providers, and a literature review that incorporated a recent national Link Center report. The presenters acknowledged the need to expand parent/caregiver focus group participation.

Findings indicated families shoulder care coordination, agency roles are unclear, and coordination may vary by insurance (e.g., Husky). Service gaps were noted across the continuum—especially intermediate services, school-aged at-home supports, long waits for autism diagnosis and ABA—and eligibility often depends on diagnosis rather than functioning, causing diagnostic overshadowing. Behavioral health providers requested more training on intellectual/developmental diagnoses, case consultation access, and adjusted caseloads and timelines for complex cases; confidence was also cited as a workforce barrier. Families valued peer support, holistic providers, recreational opportunities with trained staff, legal advocacy, centralized information pathways, culturally responsive services, and workforce members with lived experience. The group reviewed system-of-care principles and national best practices including reimbursement

reflective of competencies, bundled rates, comprehensive assessments, integrated treatments, embedded clinical support in primary care and schools, expanded care coordination and peer support, and removing diagnosis-based eligibility barriers while using data to demonstrate outcomes.

Kelly acknowledged that several identified needs extend beyond the current project's scope and recommended acknowledging these findings while flagging potential next steps that cannot be completed within the project timeline. They emphasized aligning any eligibility changes with workforce and access capacity.

Benita Toussaint emphasized the need for a centralized “clearinghouse” system for services and information. Toussaint noted that information and resources are “all over the place,” making it difficult for families to access what they need. Cannata reiterated the advisory board's role in leveraging Connecticut's multiple state agencies and provider organizations to address identified gaps.

The meeting transitioned from the previous item into agenda item six and acknowledged nearly two dozen remote participants on Zoom. Participants were asked to email any feedback or comments if they could not speak during the meeting and the chair offered time at the end to return to outstanding comments.

State Agency Updates

A legislative update highlighted Department of Mental Health and Addiction Services recommendations to permit distribution of over-the-counter opioid antagonists by state agencies and to exempt free distribution from certain drug permit requirements and indicated DEMIS will be added to agencies coordinated by Emergency Services and Public Protection for behavioral health deployments in select emergencies.

Several state agency representatives gave brief status updates, with OPM, the Insurance Department, OCA, the State Department of Education, and DDS reporting no new formal updates, while DPH reported submission of its maternal and child health block grant application.

Speakers emphasized productive collaboration across advisory bodies (CBAC, SAC, and others), noted overlapping membership that helps link efforts, and mentioned that both CBAC and SAC are working on annual reports and recruiting youth members for SAC.

Annual Report Planning

The board discussed preparing the annual report, proposing a shift to organize most of the report around the plan's goal statements with baseline context from 2014, progress to date, specific member accomplishments in the past year, lead agencies/partnerships, and identified gaps or priorities.

A timeline was presented by Aleece Kelly that advisory staff will circulate a draft of goal-progress language by early August (August 7), members will have about three weeks to submit corrections and their annual member updates by end of August, the full draft will be shared by September 7 for one week of review, and the board will aim to approve the report on September 14 for submission to the General Assembly at month-end.

Closing

Upcoming deliverables include a policymaker-facing dashboard and coordinated community collaboration data due in the fall, IDD workgroup draft recommendations and brief forthcoming in the fall, and slides from today's presentations will be shared for email feedback. Elisabeth Canada & Ann Smith thanked participants and emphasized collaboration across agencies and stakeholders.