Children's Behavioral Health Plan Implementation Advisory Board

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

Quarterly Meeting
Monday, July 13, 2026

CBHPIAB Co-Chairs:
Elisabeth Cannata, PhD, Wheeler
Ann Smith, JD, MBA, AFCAMP Family Empowerment Center

CONNECTICUT
Children & Families

2026 Legislative Summary

Children's Behavioral Health Plan Implementation Advisory Board

Vincent Russo – Chief of Government Relations & Policy

Mike Carone – Legislative Program Director

Significant Public Acts

- PA 26-26 An Act Concerning Child Welfare Accountability and Transparency
- PA 26-48 An Act Concerning the Recommendations of the Department of Children and Families and the Data Link Connecticut System
- PA 26-62 An Act Implementing Recommendations of the Transforming Children's Behavioral Health Policy and Planning Committee
- PA 26-68 State Budget
- PA 26-70 An Act Concerning Oversight of Efforts to Prevent Human Trafficking and the Use of Confidential Crisis Hotlines at Correctional Institutions

Other Public Acts

- PA 26-27 An Act Requiring Transparency and Additional Oversight of the Distribution of Certain Legislatively Directed Funds and Appropriations for Other Expenses

- PA 26-47 An Act Concerning the Recommendations of the Insurance and Real Estate Committee Working Groups

- PA 26-102 An Act Establishing a Nonprofit Provider Advisory Board and Prohibiting Auto Insurance Penalties on Volunteer Drivers Providing Transportation to Nonprofit Organizations

PA 26-26 An Act Concerning Child Welfare Accountability and Transparency

- House priority focused on providing supports and transparency for child welfare
- Originally House Bill 5004
- DCF leadership was involved in negotiations throughout the evolution of the proposal
- Contains 23 sections

PA 26-26 An Act Concerning Child Welfare Accountability and Transparency

- Sections 4 and 5 Other Grant Programs
  - After school programs
  - Childcare services
  - Paid social worker internship program
  - First-year social worker mentorship program
    - Mentors will be eligible for stipends
- The Department must establish applications and eligibility criteria for these programs by January 1, 2027

PA 26-26 An Act Concerning Child Welfare Accountability and Transparency

- Sections 6 - 8 Mandatory Trainings (January 1, 2028)
  - Perinatal Mood and Anxiety Disorder
    - Collaborate with DMHAS on developing the training
  - Human Trafficking
    - Training exists but mandates all DCF staff to attend
  - Cultural Sensitivity and Implicit Bias
    - Training exists under the mandatory pre-service racial justice training
- Staff must complete trainings by December 31, 2028

PA 26-26 An Act Concerning Child Welfare Accountability and Transparency

- Sections 11 and 12 Online Data Dashboard (January 1, 2027)
  - Requires an online dashboard that includes date that is determined by working group that must issue its recommendations by October 1, 2026
  - Requires additional information to be posted on the DCF website (much of it is currently posted)
    - Ex. Office of Community Relations, how to make a report to the Careline
    - Mandated Reporter training

PA 26-26 An Act Concerning Child Welfare Accountability and Transparency

- Section 14 Mental Health Treatment
  - Prohibits DCF from using evidence of a person seeking mental health treatment as the sole reason to pursue any action (From passage)

- Section 17 Urgent Crisis Center (UCC)
  - Requires DCF to establish a UCC in Stamford by July 1, 2027

PA 26-48 An Act Concerning the Recommendations of DCF and the Data Link Connecticut System

- Consolidates several statutory reports into an annual report due October 15, 2027 and annually thereafter. The other reports are repealed as of July 1, 2026
- Combines 2 reports by the Behavioral Health Partnership submitted by DCF, DMHAS and DSS concerning the services and fiscal savings of the partnership
- Repeals the requirement that DCF report any missing or abducted child in DCF custody to the FBI's National Crime Information Center (NCIC)
- Rename P20WIN to Data Link Connecticut

PA 26-62 An Act Implementing Recommendations of the Transforming Children's Behavioral Health Policy and Planning Committee

- Most of the act concerns eating disorders and establishing programs to identify and treat them

- DSS in collaboration with DCF, DDS, DMHAS, and the Office of the Behavioral Health Advocate, will study the feasibility of establishing an inpatient facility to provide psychiatric treatment services to children and young adults between the ages of 14 and 21, inclusive, who have intellectual or developmental disabilities. Report is due July 1, 2027

PA 26-68 State Budget

- The budget provides over $12 million more to the DCF budget for FY 2027
- Much of the additional funding is for the programs and grants established by PA 26-26
- $1.5 million in bonding for the data dashboard
- Additional staff for background checks and training
- $1 million for increased foster care maintenance payments
- $14,000 for Sherman Youth Service Bureau
- $250,000 to expand Transitional Supports for Emerging Adults(TSEA) statewide
- $250,000 for Pawcatuck OPCC
- $618,000 for Mid-Fairfield Child Guidance

PA 26-68 State Budget

- The budget includes funding to cost or living adjustments (COLAS) for non-profit providers
- It also includes funding for colas and step increases for state employees
- Per state law, state managers receive the same increases as unionized personnel

PA 26-68 State Budget

- Section 222 requires health care providers who are employed by a state agency at a state-operated health care facility or institution, and that provide direct patient care, to receive state employee hazardous duty disability benefits if (1) they are injured as a result of being assaulted while performing their duties and (2) the injury is a direct result of the special hazards inherent in their duties.

- Requires the state to pay all necessary medical and hospital expenses resulting from the injury. In addition, if the employee is totally incapacitated due to the injury, the law requires that he or she receive 100% of their salary at the time of the injury, plus normal salary increases, for up to five years. If the employee is still totally disabled after five years, the benefit generally drops to 50% of their salary for as long as the employee remains totally disabled

PA 26-70 An Act Concerning Oversight of Efforts to Prevent Human Trafficking

- Expands OPM's responsibility to coordinate human trafficking efforts
- Amends 17a-106h to require mandatory human trafficking training for:
  - All DCF employees who have regular contact with children
  - All employees of DCF contracted providers
  - Trainings of all employees must be complete by July 1, 2027 or not later than 6 months after hire
- DCF shall establish MDT's within available appropriations
- Requires DCF, within available appropriations, to assist POST with developing a human trafficking training for law enforcement
- Establishes a Human Trafficking Prevention and Response Subcommittee of the Statewide Steering Committee to implement items from "A Blueprint to Strengthen Connecticut's Response to Human Trafficking"

PA 26-70 An Act Concerning Oversight of Efforts to Prevent Human Trafficking

- Requires all facilities as defined in 17a-93 to:
  - (1) Maintain policies covering its plans, program and services which shall be clearly stated in writing and reviewed for necessary updates not less than annually
  - (2) Maintain personnel policies for the training and education of employees
  - (3) Develop a plan for ongoing training which includes a written curriculum and a minimum number of hours of annual training
  - (4) Submit to the department not less than once every two years a written quality assurance plan
  - (5) Provide internal and external security measures necessary to ensure the safety of residents of the facility and
  - (6) Provide supervisory staff capable of ensuring (A) the health and safety of each child; (B) the security and well-being of each child; and (C) appropriate security of the facility while maintaining a home-like atmosphere

PA 26-27 An Act Requiring Transparency and Additional Oversight of the Distribution of Certain Legislatively Directed Funds and Appropriations for Other Expenses

- Establishes stricter guidelines for legislatively directed funds or earmarks
- Requires OPM to adopt policies for agencies to administer the funds
- Key provisions:
  - Requires the legislature to identify the use of the funds and identifying information of the organization receiving the funds
  - Funds up to $150,000 may be distributed at once. Those over $150,000 may received an initial payment for stat up costs with the remainder distributed according to a written agreement
  - Administrative policies may not create a burden on recipients, and all payments must be made within 45 days after the recipient's expense claim is submitted
  - Subrecipients must be identified and may only be paid after the recipient received written approval from the agency and OPM
  - OPM must hold an annual pre-award conference by August 1st with each recipient and stat agency representative to describe the funding process

PA 26-47 An Act Concerning the Recommendations of the Insurance and Real Estate Committee Working Groups

- Requires the Insurance Department to study the feasibility of creating a captive insurance plan to cover liability insurance for non-profit private providers

PA 26-102 An Act Establishing a Nonprofit Provider Advisory Board and Prohibiting Auto Insurance Penalties on Volunteer Drivers Providing Transportation to Nonprofit Organizations

- Establishes within OPM a Nonprofit Provider Advisory Board for the purpose of advising the Governor and OPM on the matters concerning the non-profit private providers

2026 Legislative Summary

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CONNECTICUT Children & Families

DASHBOARD & DATA WALK UPDATE

Quick System Dashboard Update

✓ **New Indicator**

- Child Poverty
- Insurance coverage, income, housing to be added soon

https://plan4children.org/connecticuts-plan/childrens-bh-system-dashboard-ct/

Data Walk

When: Monday, June 29

Where: Bristol Public Library

Why: The Data Walk was designed to bring together diverse stakeholders to:

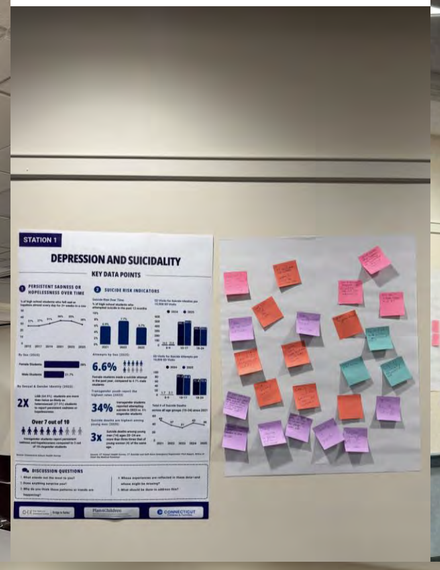
- Discuss trends in Connecticut's Children's Behavioral Health System data.
- Add context to quantitative data.
- Better understand the "why" behind observed trends.
- Identify priorities and opportunities for action.
- **Foster shared ownership of system improvement.**

Who Participated?

37 participants

22 organizations represented

- Families
- Advocates
- Community Orgs
- Providers
- Researchers
- State Agency Reps
- Funders
- Attorneys
- Other Non-Profit Staff



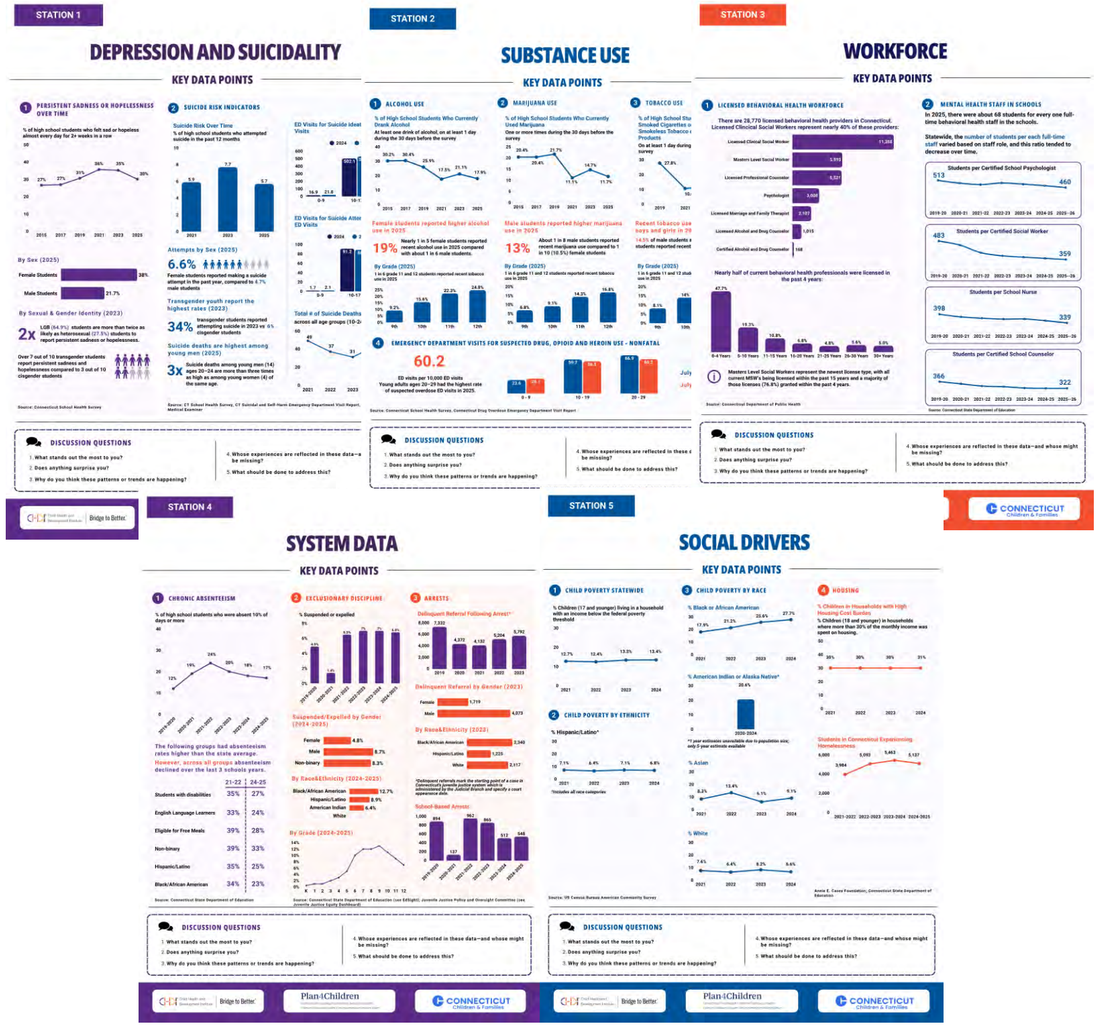
What did participants do?

Small group discussions of children's behavioral health system data

- Participants explored the data and discussed:
  - What stands out?
  - What is surprising or missing?
  - Whose experiences are (or are not) reflected in the data?
  - Why might these trends be occurring?

Large group discussion

- Participants reflected on:
  - Cross-cutting themes across the system
  - The broader story the data tell
  - Sources of hope and promising practices
  - System and policy recommendations



Discussion Highlights

- ❖Expand Regional and Local Data
- ❖Increase Data Disaggregation and Representation
- ❖Improve consistency and comparability across indicators and agencies.
- ❖Pair Data with Context and Lived Experience
- ❖Continue Investing in Collaboration and Shared Learning
- ❖Use Data to Drive Earlier, More Coordinated Action

What Made Participants Feel Hopeful?

- ❖ Transparency and Data Availability
- ❖ Using Data to Drive Meaningful Action
- ❖ Improvements Over Time
- ❖ A Shared Commitment to Improving Children's Behavioral Health
- ❖ The Passion and Engagement of Participants

Policy Recommendations

- ❖Strengthen Data Integration and Standardization Across Systems
- ❖Invest in Prevention and Earlier Identification
- ❖Elevate Family and Youth Voice in System Design
- ❖Strengthen Workforce Capacity and Cross-System Coordination

Participant Feedback

Suggestions for Additional Data:

- Children with intellectual/developmental disabilities
- Co-occurring mental health and substance use conditions
- Younger children and early childhood
- Substance use screening data
- Family well-being indicators (stress, financial hardship, literacy)

CO-OCCURRING I/DD & BEHAVIORAL HEALTH PROJECT UPDATE

Project Questions

System & Agency Roles	What are the roles and responsibilities among Connecticut state agencies in coordinating, providing oversight, and funding of screening, identification, referral, and services for children with co-occurring needs?
Services & Access	What community-based services are currently available in Connecticut for children with co-occurring needs?
Workforce	What training and support are available to Connecticut's workforce to strengthen quality of services for children with co-occurring needs?
Family Supports	What support and advocacy opportunities are available to parents/caregivers of children with co-occurring needs?
Best Practices	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?

Recommendations: What can the State of Connecticut do to strengthen the systems and workforce that support children with co-occurring needs?

Project Timeline

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

Data Collection

Key informant interviews

- ❑ 14 key informants interviewed
- ❑ 12 organizations
  - o DCF
  - o DDS
  - o OPM
  - o NASDDDS
  - o Hospital for Special Care
  - o UCEDD
  - o Disability Rights CT
  - o PATH CT
  - o Hamden SEPTA
  - o UCONN School of Social Work
  - o Health Disparities Institute
  - o ENR Psychology PC

Focus Groups

- **Parent Focus Groups**
  - o 7 parents
- **Provider Focus Groups**
  - o 11 providers

Document Review

- **NASDDDS/LINK Center report**

Summary of Preliminary Findings

System & Agency Roles

1. **Families bear the primary responsibility** for navigating systems and coordinating their children's care.
   - Roles and responsibilities across systems are unclear to many families and providers.

Workgroup Discussion: This may vary by type of insurance (more support is available for Husky members).

2. **System structure and responsibility is not clear** for children with co-occurring I/DD and behavioral health needs; no single agency has responsibility for holistically serving a child's needs.

CBHPIAB is collaborating with the TCB to develop a visual map of the current roles of state agencies for children with co-occurring intellectual or developmental disabilities and behavioral health needs.

Summary of Preliminary Findings

Services & Access

1. **Gaps across the service continuum**
   - More challenges when seeking intermediate levels of care, school-age children, residential shortages.
   - Waitlists for autism diagnoses and applied behavior analysis (ABA) services.

Workgroup Discussion: Waitlists for diagnoses may vary by type of insurance (more diagnostic capacity available for Husky members).

2. **Access to services is often determined by diagnosis and eligibility criteria rather than the child's functional needs.**
   - Families and providers consistently referred to diagnostic overshadowing as a barrier to services.

Summary of Preliminary Findings

Workforce

Overall Findings:

1. Providers are seeking both training on I/DD diagnoses and co-occurring diagnoses AND access to case consultation.
2. Graduate programs provide limited education related to I/DD making on-the-job training critical
3. Provider and employer expectations for caseloads and timelines may need adjustment.
4. Confidence is often as much of a challenge as skills.

Training Needs:

- Intellectual and developmental diagnoses
- Diagnostic overshadowing
- Trauma-informed care for children with I/DD
- How physical health influences behavior
- Adapting EBTs for children with I/DD.
- Communication accommodations
- Expanded training on individualized treatment planning for children with I/DD
- Family engagement
- Service system and care coordination for co-occurring needs

Summary of Preliminary Findings

Family Supports

Families report benefiting from:

- Peer support services
- Providers who see child and family holistically (not just diagnosis)
- Community and recreational opportunities
- Legal advocacy resources

Families report needing more:

- Centralized information with a clear pathway to navigate
- Care coordination
- Culturally responsive services and lived experience
- Broad family wellbeing supports beyond clinical services
- Provider awareness of community resources for children and families with complex needs
- Behavioral health services for young children
- Developmental services as children age

Summary of Preliminary Findings

Best Practices/Promising Models

Should be planned using System of Care principles. Provide a place that is safe, treatment to heal, and opportunities to grow. Connecticut is consistent with national findings; states have challenges in designing systems to meet children with co-occurring needs

System Design and Funding:

- Reimbursement rates must be reflective of competencies required and supervision costs
- Rates for complex needs may require adjustments in service units, service limits
- Bundled rate structures support integrated care

Services:

- Children with complex needs should be provided a *comprehensive* assessment
- Integrated therapeutic approaches to treatment
- Care coordination
- Crisis planning and access to crisis services

Summary of Preliminary Findings

Best Practices/Promising Models

Workforce:

- Partner with experts to provide statewide training
- Offer training and case consultation

Trends across states:

- Expanding Medicaid eligibility for complex needs and excluding parent income
- Expanding care coordination and peer support for families
- Removing diagnosis-based eligibility and exclusionary criteria
- Embedding clinical support in primary care, schools
- Building Collaborative relationships across the workforce
- Using data to demonstrate outcomes

Workgroup Discussion: May be challenging to have bundled rates within outpatient care with current system structure; Cannot remove all exclusionary criteria without addressing workforce and access needs; some findings reflect broad system-level considerations outside scope of project questions.

Preliminary Findings

Discussion

- **What is your reaction to the findings?**
- **Considerations as we draft recommendations?**

Next Steps

- Additional Parent/Youth Focus Group
- Draft visual
- Draft recommendations in August and share with workgroup for feedback.

ANNUAL REPORT

2026 CBHPIAB Annual Report

Prior Annual Reports:

- Organized by the thematic areas of the Children's Behavioral Health Plan with running list of accomplishments across member agencies.

2026 proposed report structure:

- Organized by the Plan's goals, including:
  - Goal Statement
  - Summary of status at time of Plan
  - Progress to date (or loss of programs, funding, etc.)
    - Identify lead organization and partners
  - Remaining gaps/priorities

Progress to date to be identified by:

- Prior CBHPIAB reports
- Other public reports
- Member review/updates

2026 CBHPIAB Annual Report Timeline

August 7

Draft progress toward goals shared with members

August 7 – August 28

Members update progress toward goals and comment on remaining gaps/priorities

September 7

Draft report shared with members

September 14

CBHPIAB meeting to review/approve annual report

September 30th

Submit to the General Assembly's Committee on Children