CONNECTICUT CHILDREN'S BEHAVIORAL HEALTH PLAN

Executive Summary

The Children's Behavioral Health Plan Implementation Advisory Board (Advisory Board) submits this 2026 Annual Report in accordance with Connecticut General Statutes (CGS) Section 17a-22ff and its mandate to guide implementation of the Children's Behavioral Health Plan. The report provides an update on progress toward the recommendations from the 2025 report, recommendations for 2027, and a review of activities supporting the Plan's implementation from 2015 to 2026. The Advisory Board identified recommendations within two primary cross-cutting themes: (1) Strengthen and Support the Workforce, building upon the recommendations in *Strengthening the Behavioral Health Workforce for Children, Youth, and Families: A Strategic Plan for Connecticut;* and (2) Expand the role and voice of families and youth with lived expertise, building upon recommendations in *"I've Been There": How Connecticut Can Expand Family and Youth Peer Support Services*

Priority 1: Strengthen and Support the Workforce

2027 Recommendations: Advisory Board Priorities

a. The Workgroup on Children with Co-occurring Behavioral Health and Intellectual or Developmental Disabilities (I/DD Workgroup) will identify specific evidence-based practices that are designed for or appropriately adaptable to meet the needs of children with I/DD and co-occurring behavioral health diagnoses within each level of care.[1]
b. Expand training and case consultation opportunities to increase skills and capacity among providers and staff within Connecticut's system of care to effectively serve children with intellectual disabilities, autism, and other developmental disabilities.
c. Expand the capacity of Connecticut's system of care to provide behavioral health services to infants and young children.
d. Engage partners and providers representative of underserved populations and communities in system design and implementation.

2027 Recommendations: Policy Priorities

e. Review recent Medicaid rate increases for allocation to and impact on the children's behavioral health system. Increase baseline Medicaid and commercial insurance reimbursement rates to address enduring gaps and cover the true cost of high-quality care, including costs to recruit and retain a skilled workforce, which will require competitive compensation rates.
f. Ensure that funding/reimbursement for behavioral health services for children with I/DD reflects costs associated with potential adaptations to existing services (e.g., longer lengths of service for youth with complex needs, adequate funding for other wraparound supports, etc.).
g. Ensure funding for expanded training and case consultation to increase skills and capacity among providers and staff within Connecticut's system of care to effectively provide

[1]The forthcoming report from the I/DD Workgroup will identify specific recommendations for implementation.

specialized services to identified populations (e.g., children with I/DD, infants and young children).

Priority 2: Expand family and youth participation in planning, service delivery, quality improvement, and governance to support high-quality services that are culturally and linguistically responsive.

2027 Recommendations: Advisory Board Priorities

a. Enlist and amplify family contributions to system design, in particular through continued coordination with CBHAC, which maintains robust family participation, as well as other formal and informal sources.
b. Expand integration of family and youth peer support roles and services throughout Connecticut's System of Care.
c. Engage commercial insurers in discussions regarding cost savings and positive outcomes achievable through coverage of family and youth peer support.
d. In collaboration with families and youth with lived experience, and other advisory bodies, increase skills and capacity across Connecticut's system of care to provide culturally responsive care.

2027 Recommendations: Policy Priorities

e. Expand availability of Connecticut's family and youth peer certification programs.
f. Change Connecticut Medicaid policy to allow reimbursement for services offered by peer support specialists (inclusive of adult, youth, and family peer support specialists or recovery specialists).

Introduction

The Children's Behavioral Health Plan (Plan) was developed in 2014 as a legislative mandate in response to the Newtown tragedy. It was developed with extensive input from multiple stakeholders, including substantial contributions from Connecticut families to the vision for our system, and continues to serve as a comprehensive blueprint for promoting the emotional wellbeing of all children in our state (https://plan4children.org).

The Children's Behavioral Health Plan Implementation Advisory Board (Advisory Board) was initiated by Public Act 15-27 in 2015 and is charged with guiding execution of the Plan. The Advisory Board's submission of an annual report is required by Connecticut General Statutes (CGS) Section 17a-22ff. The membership (updated in 2022 through Public Act 22-47), reflects the range of state agencies, providers, advocates, family members, and other partners that collaboratively impact the provision of comprehensive behavioral health services across the full continuum of care in home, community, school, and hospital settings. Addendum 1 includes the list of Advisory Board member organizations.

This report provides:

1. An update on work completed by the Advisory Board and its membership to advance the recommendations identified in the 2025 report.
2. Recommendations for 2027.
3. Activities completed in 2026 by the member organizations of the Advisory Board.

4. A comprehensive review of work completed to date toward the goals of the Children's Behavioral Health Plan.

Updates on Advisory Board Recommendations from the October 2025 Annual Report

1. Address the workforce crisis
    a. Adequately resource and support the children's behavioral health system.
    b. Expand availability of youth and family peer supports.

Note that these recommendations are consistent with those in the 2023 Workforce Strategic Plan. Alignment with specific recommendations from the Workforce Strategic Plan are noted in parentheses.

2026 Update: Adress the Workforce Crisis

- PA 26-146 requires the Department of Social Services (DSS) to develop a transparent and regular Medicaid rate-setting process to reevaluate rates every five years (Recommendation 1 of Workforce Plan).
    PA26-146, in requiring a transparent systematic rate-setting process moves us in the right direction. Additional attention is needed to ensure that rates are adequate and competitive to recruit and retain the necessary workforce.
- The State's FY27 budget increased Medicaid reimbursement rates (Recommendation 1 of Workforce Plan) with the expectation that DSS will recommend service allocation of rate increases in early 2027.
    It was noted that behavioral health services were to be a priority among the rates increased. It will be critical to track the allocation to and its impact on the children's behavioral health system, and to address remaining deficiencies resulting from persistent underfunding.
- The Advisory Board, in collaboration with the Child Health and Development Institute (CHDI) and with funding from DCF, completed a comprehensive report on youth and family peer support in children's behavioral health services with recommendations for expanding these roles (Recommendation 8 of Workforce Plan).
- Availability of youth peer support in Connecticut was expanded through the Department of Children and Families' (DCF) Youth Peer Bridger program for youth with substance use concerns (Recommendation 8 of Workforce Plan).
- Legislation (HB 5480) was introduced during the 2026 session to allow Medicaid reimbursement for peer support services (Recommendation 8 of the Workforce Plan). The bill did not pass.

2. Coordinate collection and reporting of system-level data to improve outcomes
    a. Expand data included on the Children's Behavioral Health System Dashboard for Connecticut.[2]

[2] The System Dashboard was launched in 2025, reflecting the work of the Advisory Board's Data Integration Workgroup, and their design of a framework and indicators of system-wide strengths and challenges.

b. Utilize the data to identify trends and inform policy.

2026 Update: Collect and report system-level data to improve outcomes

- Expansion of the System Dashboard to include social determinants of behavioral health data.
- In June 2026, the Advisory Board held a Data Walk to convene family members, providers, policymakers, community organizations, advocates, youth, and other stakeholders to review trends in behavioral health system data, discuss their perspectives on the findings, and identify opportunities for action.
- A data brief inclusive of trends across the system, feedback from Data Walk participants, and identified action steps will be released in the fall of 2026.
- The Advisory Board chairs are participating with the Cross Agency Data Sharing Workgroup of the Transforming Children's Behavioral Health Policy and Planning Committee (TCB) and working closely with the chairs of that workgroup to ensure coordination, and to build upon the work of the Data Integration Workgroup.

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.
   a. Convene chairs of advisory bodies to determine roles and activities across shared priorities.
   b. Hold a minimum of two joint Advisory Board/Children's Behavioral Health Advisory Council meetings.
   c. Amplify and diversify the voices of parents/caregivers and youth across advisory bodies.

2026 Update: Coordinate roles and contributions for each of the advisory bodies to the Connecticut children's behavioral health system; expand youth and family voice

- The TCB chairs hosted a joint meeting with the chairs of the Advisory Board, as well as the Children's Behavioral Health Advisory Committee (CBHAC), the State Advisory Council (SAC), and the Connecticut Suicide Advisory Board (CTSAB).
- The Advisory Board and CBHAC held joint meetings with their full memberships in November 2025 and May 2026, with additional meetings planned for the upcoming year. These joint meetings were particularly helpful for garnering input on Advisory Board activities from the significant number of family members who participate in CBHAC.
- The participation by family members has also been central to the Advisory Board's Intellectual and Developmental Disabilities (I/DD) Workgroup, which met throughout 2026. They have actively participated in workgroups, focus groups, and interviews, which have informed the findings of this workgroup. Note the next section discusses more about the work of the I/DD Workgroup that launched this year.

  While these activities reflect progress on collaboration across advisory bodies, there continues to be a need for improved coordination and increased efficiency.

Additional Advisory Board Prioritized Focus for 2026

Consistent with Plan's thematic area, *Access to a Comprehensive Array of Services and Supports*, and Goal C.1, *Build and adequately resource an array of behavioral health care services that has the capacity to meet child and family needs, is accessible to all, and is equally distributed across all areas of the state*, it was identified that the Advisory Board establish a workgroup to develop strategies and recommendations to address the underserved needs in the current system of children with co-occurring behavioral health needs *and* intellectual or developmental disabilities, including Autism (hereafter referred to as children with I/DD). The I/DD Workgroup is comprised of parents/caregivers with lived expertise, representatives of community-based providers, researchers, advocates, and state agencies, including Department of Developmental Services, Department of Children and Families, Department of Mental Health and Addiction Services, Office of the Child Advocate, Office of the Behavioral Health Advocate, and the Office of Policy and Management.

The goal of the I/DD Workgroup is to identify opportunities to strengthen access to and quality of behavioral health services for children with co-occurring behavioral health needs and I/DD. A forthcoming report from the Workgroup will include recommendations and next steps.

In recognition that there was potential overlap with the TCB's work, the Advisory Board reached out to the TCB to coordinate efforts. Staff from the two bodies have since been meeting to collaborate on a shared goal of mapping Connecticut's system for serving children with co-occurring behavioral health (mental health and/or substance use) and developmental or intellectual disabilities. The forthcoming report from the I/DD Workgroup will include the visual depiction of the system developed collaboratively by TCB and the Advisory Board.

2026 Update: I/DD Workgroup Activities to Date

- The I/DD Workgroup identified specific project questions to address the current landscape and best practices in relation to improving access to and quality of behavioral health services for children with co-occurring I/DD and behavioral health needs.
- Methodology has included a literature review, 15 key informant interviews, 3 focus groups with parents/caregivers with lived experience, 2 focus groups with providers, and analysis of data from behavioral health services.
- A draft report has been shared with Workgroup members.
- A final report will be released by the end of this year.

Advisory Board Priority Recommendations for 2027

As shared in the opening of this report, the Advisory Board has broad representation of families, providers, advocates, and state agency leadership matched to the perspectives that collaboratively developed the Plan and laid out a framework that reflected values and important components of an effective behavioral health vision for all of Connecticut's children. This framework remains relevant as Connecticut's Children's Behavioral Health System progresses in response to emerging needs. This collective, in-depth understanding of children and families and the systems that serve

them is the unique contribution of the Advisory Board as it monitors and advises on implementation consistent with the Plan's vision.

On September 14, 2026, the Advisory Board members assessed progress across the Plan's seven thematic areas and 16 goals to identify aspects of the system that require intensified focus at this time. Two primary cross-cutting themes emerged that the Advisory Board viewed as currently critical to achieving the Plan's goals: (1) Strengthen and Support the Workforce, building upon the recommendations in the 2023 Advisory Board report, *Strengthening the Behavioral Health Workforce for Children, Youth, and Families: A Strategic Plan for Connecticut;* and (2) Expand the role and voice of families and youth with lived expertise, building upon recommendations in the 2026 Advisory Board report, *"I've Been There": How Connecticut Can Expand Family and Youth Peer Support Services*.

Note that within each of these priorities, the associated recommendations are organized by those that are: (1) *implementation-focused* and are therefore appropriate for the Advisory Board to adopt; and (2) *policy focused*, requiring legislative and budgetary support more effectively promoted by another body. The recommendations for 2027 seek to build upon the intensified efforts over the past year to bridge between different legislatively appointed bodies and to identify opportunities to collectively promote necessary system reform.

Priority 1: Strengthen and Support the Workforce

The Advisory Board Report, *Strengthening the Behavioral Health Workforce for Children, Youth, and Families: A Strategic Plan for Connecticut* (Workforce Plan) identified eight recommendations to strengthen the recruitment, retention, diversity, and competencies of the children's behavioral health workforce. While progress has been made in relation to some of the recommendations, there is significant work to be done to achieve full implementation.

The following recommendations will address the needs identified in the Workforce Strategic Plan and strengthen the capacity of the children's behavioral health workforce to provide effective services that meet the needs of all children, including the most complex or vulnerable children and families in Connecticut.

2027 Recommendations: Advisory Board Priorities

a. The I/DD Workgroup will identify specific evidence-based practices that are designed for or appropriately adaptable to meet the needs of children with I/DD and co-occurring behavioral health diagnoses within each level of care.
b. Expand training and case consultation opportunities to increase skills and capacity among providers and staff within Connecticut's system of care to effectively serve children with intellectual disabilities, autism, and other developmental disabilities.
c. Expand the capacity of Connecticut's system of care to provide behavioral health services to infants and young children.
d. Engage partners and providers representative of underserved populations and communities in system design and implementation.

2027 Recommendations: Policy Priorities

e. Review recent Medicaid rate increases for allocation to and impact on the children's behavioral health system. Increase baseline Medicaid and commercial insurance reimbursement rates to address enduring gaps and cover the true cost of high-quality care, including costs to recruit and retain a skilled workforce, which will require competitive compensation rates.
f. Ensure that funding/reimbursement for behavioral health services for children with I/DD reflects costs associated with potential adaptations to existing services (e.g., longer lengths of service for youth with complex needs, adequate funding for other wraparound supports, etc.).
g. Ensure funding for expanded training and case consultation to increase skills and capacity among providers and staff within Connecticut's system of care to effectively provide specialized services to identified populations (e.g., children with I/DD, infants and young children).

Priority 2: Expand family and youth participation in planning, service delivery, quality improvement, and governance to support high-quality services that are culturally and linguistically responsive.

In 2026 the Advisory Board released the report, *"I've Been There": How Connecticut Can Expand Family and Youth Peer Support Services*. The report included seven recommendations for expanding the state's capacity to train, certify, and employ family and youth peer specialists within children's behavioral health services. It also addressed the need for expanded family and youth voice throughout the system.

Note that while the Advisory Board continues to work directly with parents and caregivers as members and contributors, there is significant depth and breadth of lived expertise within CBHAC (more than 51% of members are families). The Advisory Board will therefore continue to collaborate with CBHAC as a regular component of its family engagement strategy.

2027 Recommendations: Advisory Board Priorities

a. Enlist and amplify family contributions to system design, in particular through continued coordination with CBHAC, which maintains robust family participation, as well as other formal and informal sources.
b. Expand integration of family and youth peer support roles and services throughout Connecticut's System of Care.
c. Engage commercial insurers in discussions regarding cost savings and positive outcomes achievable through coverage of family and youth peer support.
d. In collaboration with families and youth with lived experience, and other advisory bodies, increase skills and capacity across Connecticut's system of care to provide culturally responsive care.

2027 Recommendations: Policy Priorities

e. Expand availability of Connecticut's family and youth peer certification programs.
f. Change Connecticut Medicaid policy to allow reimbursement for services offered by peer support specialists (inclusive of adult, youth, and family peer support specialists or recovery specialists).

The remaining sections of the Annual Report of the Children's Behavioral Health Plan Implementation Advisory Board reflect the significant contributions and progress that have been made to advance the children's behavioral health system since the adoption of the Children's Behavioral Health Plan. Progress has been substantial, with significant contributions and collaboration among the appointed members, agencies, and state departments, as well as input sought from families and the community. With many current and looming challenges facing Connecticut families, resulting demands upon the system will require increased fiscal resources and timely legislative support. The Connecticut Children's Behavioral Health Plan remains a viable blueprint for ensuring continuous evaluation, monitoring, and enhancement of the state's children's behavioral health system in furtherance of the original and enduring goal "to promote the wellbeing of all of Connecticut's children."

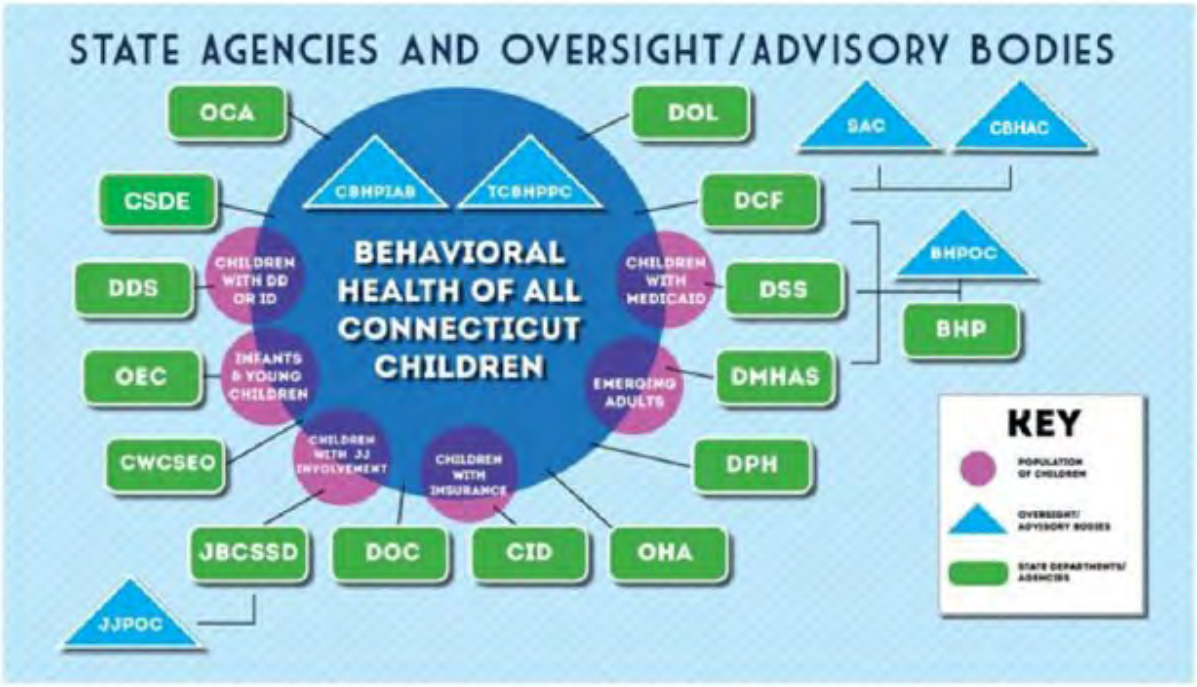
Respectfully submitted,

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: 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 2: Summary of Connecticut Children's Behavioral Health Plan Activities (2015 – 2026)

Goal	Highlighted Activities by Year Reported | 2026 activities shown in blue
A. System Organization, Financing, and Accountability	
A.1 Redesign the publicly financed system of behavioral health care for children to direct the allocation of existing and new resources	**2016 | JBCSSD; DCF; JJPOC:** PA 16-147 establishes Detention Diversion Release Plan and Community-based diversion system **2016 | OEC; DCF; OPM:** PA 14-45 establishes the Home Visitation Consortium **2018 | Advisory Board:** Fiscal map of the children's behavioral health system **2019 | Advisory Board:** Levels of care and associated services defined to inform future fiscal maps. **2019 | Advisory Board:** Visual representation of the optimal children's behavioral health system **2021 | Advisory Board:** Alternative Payment Methodology Workgroup report with proposed framework toward value-based payment model **2024 | DSS:** $7 million was appropriated for FY 2025 children's behavioral health Medicaid rate increases. **2026 | JBCSSD; DSS; DOC; DMHAS:** Effective 10/1, Medicaid billing will cover eligible justice-involved youth's screening, diagnosis, and targeted case management before and after release. **2026 | DSS; Behavioral Health Partnership:** Planning grant underway; three agencies were selected to implement Certified Community Behavioral Health Clinic (CCBHC) models. Demonstration grant application has been postponed
A.2 Create a Care Management Entity to streamline access to and management of services	**2015 | DCF; Carelon:** Connecticut established its first Care Management Entity for youth in or at risk of congregate care. **2016 | DCF; Behavioral Health Partnership:** Families began receiving intensive care coordination through the Care Management Entity. **2018 | DCF:** Care including youth leaving psychiatric residential treatment. **2023 | DCF:** The Preventive Care Management Entity (PCME) includes programs and services rooted in the values and principles of wraparound care. The PCME includes Community Pathways, a warmline open to all community members, regardless of insurance, to gain access to children's behavioral health services in CT. Community Pathways is the state's implementation of the Family First Prevention Services Act, offering evidence based interventions to children and families. **2026 | JBCSSD; DSS; DCF; DMHAS; DOC:** Partners are coordinating reentry transitions and uninterrupted behavioral health care for justice-involved youth beginning October 1.
A.3 Develop a plan to address the major areas of concern regarding how commercial insurers meet children's behavioral health needs.	**2015 | CID:** Behavioral Health Workgroup informs review structure **2018 | CID:** The annual consumer report added behavioral health and substance-use quality measures to support insurer comparison. **2018 | CID:** Network reviews assessed children's mental health provider access against time-and-distance standards. **2026 | OBHA; commercial insurers:** OBHA established working relationships with major carriers to address consumer and provider access and quality concerns. **2026 | CID:** Utilization-review "clinical peers" must now hold an unrestricted license and share the treating clinician's specialty. **2026 | CID:** Pediatric-specific network standards continue to go above and beyond federal time-and-distance requirements. **2026 | CID:** Autism therapy coverage was extended through age 26, effective January 1, 2027.

Goal	Highlighted Activities by Year Reported | 2026 activities shown in blue
A.4 Develop an agency- and program-wide integrated behavioral health data infrastructure	**2015 | DMHAS:** Develops sample quality measure set for use across all payers. **2016 | DCF:** Implementation of RBA reporting. **2022 | Advisory Board:** The Data Integration Workgroup issued recommendations for improved cross-agency data use. **2024 | DCF; CHDI:** Focus groups informed recommendations for reporting children's behavioral health data. **2025 | Advisory Board:** Children's Behavioral Health System Dashboard launched. **2026 | Advisory Board; TCB:** Aligning the new Cross Agency Data Sharing Workgroup with prior Data Integration Workgroup findings.
B. Health Promotion, Prevention, and Early Identification	
B.1 Implement evidence-based promotion and universal prevention models across all age groups and settings to meet the need statewide	**2018 | CSDE; OEC:** Schools expanded PBIS, school-based diversion, RULER, trauma-informed practices, and K–3 SEL standards. **2025 | DMHAS YAS; Continuum of Care:** Connecticut opened its first five-bed, DBT-based intensive residential program for young adults. **2025 | DMHAS YAS; SAMHSA:** CT Stay Strong showed significant improvement in overall mental health from baseline to six-months. **2026 | TCB; OBHA; United Way:** Exploring early intervention for youth who use 988 for needs other than acute suicidal ideation.
B.2 All children will receive age-appropriate periodic standardized screening for developmental and behavioral concerns	**2016 | DCF; OEC; CSSD; CHDI:** Use of the Children's Trauma Screen [formerly Connecticut Trauma Screen] across child welfare, early care, justice, and pediatric settings. **2017 | DPH; school-based health centers:** School-based health centers required to use approved mental and behavioral health screening tools. **2018 | DPH:** Developmental-screening training and materials reach thousands of families and professionals. **2020 | Advisory Board:** Inventory and assessment of screening tools and practices and issued a report with recommendations. **2026 | JBCSSD; CHDI:** A-SBIRT was implemented statewide in juvenile residential programs, with sustainability, quality assurance, and fidelity monitoring underway.
B.3 Ensure providers and caregivers who work with children demonstrate competency in promoting social emotional development, recognizing risk factors, and connecting children to services	**2016 | OEC; CHDI:** Training modules and on-site education increased pediatric health care provider knowledge of children's mental health. **2017 | OEC; ECCP:** Early Childhood Consultation Partnership services helped caregivers prevent removals from early-care settings. **2024 | OEC; CT-AIMH:** Sparkler initiative to increase developmental awareness, infant mental health, and caregiver capacity. **2025 | OEC; UConn:** Launched first community-wide Pyramid Model pilot to strengthen young children's social-emotional competence.

Goal	Highlighted Activities by Year Reported | 2026 activities shown in blue
B.4 Develop, implement, and monitor effective programs that promote wellness and prevent suicide and suicidal ideation	**2014–2030 | CT Suicide Advisory Board:** Connecticut's State Suicide Prevention Plans updated every five-years (now through 2030) **2018 | DPH:** Title V staff train on QPR for all partners working with adolescents. **2022–2025 | DMHAS; DCF; United Way:** 988 launched statewide and handled more than 60,000 calls, texts, or chats in 2025. **2025 | CSDE:** Seven virtual youth-suicide-prevention events and statewide guidance connected districts and families with resources. **2025 | DMHAS; DCF:** Regional suicide-prevention activities directly reached more than 3,300 people. **2026 | JBCSSD:** Residential staff received CALM, Staff Durability as Suicide Prevention, and State of Our Youth training. **2026 | JBCSSD:** Pre-service and annual refresher training added current data and strategies supporting the Shield of Care curriculum.
C. Access to a Comprehensive Array of Services and Supports	
C.1 Build and adequately resource an array of behavioral health care services that has the capacity to meet child and family needs, is accessible to all, and is equally distributed across all areas of the state	**2016 | DCF; CSSD; DMHAS; OEC:** Expansion of evidence-based models (Circle of Security, TF-CBT, CBITS, Triple P, MST, MDFT, FFT). **2017 | OCA; state agencies:** Developmental Disabilities Workgroup issues first report. **2018 | DDS; DSS; partners:** Pilot treatment models for children with I/DD and families. **2022 | DCF:** Connecticut received federal approval of Connecticut's Families First Prevention Services Act (FFPSA) Plan to support strengthening families and reducing out-of-home placement. **2024 | DCF; Carelon:** Community Pathways (part of the FFPSA Plan) promoted a person-centered, strengths-based, and family-oriented early-intervention approach. **2024 | DCF; Wheeler:** The Assisted Intervention Matching Tool (AIM) helps providers, family members and others identify local services to meet behavioral health needs.. **2024 | CHDI; DCF:** Report on strengthening center-based *Intermediate Levels of Care for Children with Behavioral Health Needs*. **2024 | DDS:** A Children's Services Division is launched including in-home, family supports, and respite centers. **2024 | DCF; CHDI:** Training and consultation for substance-use prevention, identification, treatment, and recovery supports for youth. **2024 | DCF; CSDE; CHDI:** Students Supporting Students began piloting school-based peer mental health support. **2026 | CID; OBHA; OHA; State Parity Coalition:** Partners increased attention to network adequacy and accountability for parity compliance. **2026 | JBCSSD; CHDI:** State centers implemented standardized MET/CBT training, clinical certification, and programming for pretrial youth. **2026 | Judicial Branch/CSSD; Yale:** State centers embedded MAT screening and induction protocols and linked participating youth to MET/CBT.

Goal	Highlighted Activities by Year Reported | 2026 activities shown in blue
C.2 Expand crisis-oriented behavioral health services to address high utilization rates in emergency departments	**2016 | DCF:** Mobile Crisis assigned clinicians to emergency departments and added a liaison for high-need youth. **2018 | DCF; Carelon:** Eighty-two short-term stabilization and emergency respite beds were accessible statewide. **2021 | Advisory Board:** A statewide family survey identified ways to prevent ED visits, improve experiences, and reduce discharge delays. **2023 | Advisory Board:** From workgroup recommendations Urgent Crisis Centers and sub-acute stabilization centers are implemented. **2026 | Yale; Stamford hospitals:** EmPATH units opened in emergency departments as alternative treatment settings for children in crisis.
C.3 Strengthen the role of schools in addressing the behavioral needs of students	**2017 | DCF:** MOUs are signed between Mobile Crisis providers and nearly every school district statewide. **2017 | CHDI; CSDE; JBCSSD; DCF:** PA 16-147 expands School-Based Diversion Initiative to divert students from juvenile justice system. **2017 | CSDE:** School Climate Transformation Grant strengthens schools' ability and capacity to support students' behavioral health. **2023 | DCF; Carelon; FAVOR; CHDI:** CONNECT IV system of care grant for trauma-informed school- and community-based care. **2025 | DPH; School-Based Health Centers:** 59 sites were selected to establish or expand school-based health centers using ARPA funds. **2025 | CSDE:** The Behavioral Health Project pilot-tested systems addressing student, family, and staff behavioral health needs. **2025 | CSDE; DEMHS; OEC:** Handle with Care - law enforcement discreetly alert schools when students witness potentially traumatic events.
C.4 Integrate and coordinate suicide prevention activities across the behavioral health service array and across multiple sectors and settings	**2015–2016 | DMHAS; DCF; DPH; CTSAB:** A Garrett Lee Smith grant supported a statewide network for youth suicide prevention. **2018 | DMHAS:** Mental Health First Aid trained youth and adults to recognize and respond to mental health and substance-use crises. **2026 | Judicial Branch/CSSD:** Quarterly suicide-prevention meetings were aligned with Zero Suicide and a statewide residential-workforce survey assessed readiness. **2026 | United Way, DCF and DMHAS:** The 988 crisis line was launched in 2022 in the state, and is now widely used, with more than 60,000 calls, texts or chats to the line in 2025.
D. Pediatric Primary Care and Behavioral Health Care Integration	

Goal	Highlighted Activities by Year Reported | 2026 activities shown in blue
D.1 Strengthen connections between pediatric primary care and behavioral health services	**2016 | DPH; DCF; DSS:** Systems Enhancement for Children and Youth with Special Health Care Needs. **2018 | DCF; Carelon; Wheeler; Institute of Living; Yale:** ACCESS Mental Health provides statewide psychiatric consultation and care coordination to pediatric primary care. **2018 | JBCSSD:** Medical and behavioral health staff meet weekly to review each youth's needs in detention and residential programs. **2025 | JBCSSD; contracted providers:** Juvenile residential centers advanced access to medication-assisted treatment for youth.
E. Disparities in Access to Culturally Appropriate Care	
E.1 Develop, implement, and sustain standards of culturally and linguistically appropriate care	**2016 | DCF; CONNECT Partners:** Provider cohorts received technical assistance to complete organizational Health Equity Plans.
E.2 Enhance availability, access, and delivery of services that are culturally and linguistically responsive	**2016 | DCF:** A statewide DCF Racial Justice Workgroup is established inclusive of internal and external stakeholders. **2018 | JBCSSD:** Residential and community programs applied CLAS standards and provided interpreter and language-line access. **2018 | JBCSSD:** Service referrals, utilization, and completion were monitored by gender and race or ethnicity. **2022 | CONNECT Partners:** Adoption of the CT Culturally and Linguistically Appropriate Standards (CLAS) with racial justice framework. **2022 | Carelon; Statewide CLAS Advisory Council:** A statewide council supported work to reduce disparities in access to culturally appropriate care. Introductory CLAS training remained available live and asynchronously. **2022 | DCF:** Behavioral health contractors developed Health Equity Plans and tracked progress. **2022 | DCF; CSSD; DMHAS; providers:** Quality-improvement work examined access and outcomes by race and ethnicity.
F. Family and Youth Engagement	

Goal	Highlighted Activities by Year Reported | 2026 activities shown in blue
F.1 Include family members of children with behavioral health needs, youth, and family advocates in the governance and oversight of the behavioral health system.	**2021 | Advisory Board:** Short-term ED Workgroup surveys families for recommendations to reduce use of the ED for youth behavioral health. **2021 | Advisory Board:** Piloted the FamVoc, a self-assessment for boards developed by Family-Run Executive Director Leadership Association. **2025 | CSDE:** Roundtables, parent leadership programs, and virtual family sessions expanded family and youth participation. **2025 | DMHAS YAS:** Young adult and staff feedback shaped a five-module Young Adult Voice training curriculum. **2025 | DMHAS YAS; Positive Directions:** Partners updated CTSupportGroup.org, a resource developed by young adults for young adults. **2025 | JBCSSD:** A Child and Family Team Partnership Guide strengthened probation officers' relationships with youth and families. **2026 | DMHAS; DCF partners:** Family-focused substance-use services combined therapy, parent-child interventions, and coordination for DCF-involved families. **2026 | DMHAS; DCF; Wheeler:** SEPI CT continued statewide resources, training, strategic-plan implementation, and Connecticut's CAPTA response.
1. Workforce	
	Ongoing since 2008 | DCF with provider and higher education partners: Current Trends curriculum provides graduate students with overview of in-home evidence-based practices. **2018 | OEC; ECSU:** Training materials developed on children's mental health for early education providers. **2018 | DDS:** Trainings related to intellectual disabilities are developed and offered across providers. **2023 | Advisory Board:** A statewide strategic plan established priorities for strengthening the children's behavioral health workforce. **2024–2025 | JBCSSD; CTDOL; workforce boards:** Probation-involved youth connected with jobs and vocational opportunities. **2025 | CSDE:** Targeted grants added 94 school mental health positions and 96 seasonal staff across school and summer programs. **2026 | Advisory Board:** Family and Youth Peer Support workgroup develops recommendations for expanding services within children's behavioral health. **2026 | JBCSSD; CHDI:** Juvenile residential staff received A-SBIRT training, coaching, and fidelity review.

Addendum 3: Comprehensive Review of Work to Date toward Goals of the Connecticut Children's Behavioral Health Plan

The following provides an overview of work to date toward the goals of the Connecticut Children's Behavioral Health Plan (Plan). The 14 goals are organized by the six thematic areas of the Plan. This section of the report provides a brief summary of each goal as described within the Plan and identifies accomplishments to date toward achievement of the given goal (with 2026 activities noted in blue for the purposes of noting updates for the 2026 Annual Report). Note that activities below are from prior Advisory Board annual reports and were submitted directly from member agencies. Dates in parentheses reflect the date of the annual report that included the given activity. Addendum 1 includes agency names by acronym.

SYSTEM ORGANIZATION, FINANCING AND ACCOUNTABILITY

Goal A.1: Redesign the publicly financed system of behavioral health care for children to direct the allocation of existing and new resources.

To realize a fully integrated system of care and reduce fragmentation, the state must analyze the existing financing of the system, determine opportunities for fiscal realignment in support of integration, and conduct a cost analysis to predict savings through increased investments in prevention.

- (2016) **CSSD with DCF and JJPOC partners** PA 16-147 development of Detention Diversion Release Plan and Community based diversion system.
- (2016) **OEC with DCF and OPM** PA 14-45 Home Visitation Consortium
- (2016) **DCF; Carelon; CHDI; Yale; FAVOR**; and other partners implement CONNECT system of care grant award supports initiative to create a partnership between families, state agencies, and service providers at the local, regional and state levels to support children, youth and families in accessing the services they need in a timely and effective manner through an integrated network of care. First system of care award in 2012.
- (2017) **DCF** completed a network of care analysis.
- (2018) **Advisory Board** completed a fiscal map inclusive of all children's behavioral health state agency partners in the behavioral health system. *In their 2025 Annual Report, the Advisory Board recommended that the fiscal map be updated and include private insurance.*
- (2018) CSDE is assisting LEAs with developing improved billing systems to access Medicaid payment for general education student needs.
- (2019) **Advisory Board** Creation of a visual representation of an optimal children's behavioral health system resting on a foundation that acknowledges the role of social determinants of health: https://www.plan4children.org/wp-content/uploads/2019/02/CBHP-OnePager-Final.pdf.
- (2020) **DCF** together with Advisory Board members organized visioning discussions to ensure focused and coordinated action to address ongoing and new challenges for implementing the vision articulated in the Plan. These discussions culminated in a summit meeting of state agencies held on May 10, 2021 entitled Advancing the Children's Behavioral Health System in Connecticut (Summit Meeting).
- (2021) **The Advisory Board's Alternative Payment Methodology Workgroup** 2021 report included recommendations for a framework and phased implementation of a value-based payment system.

- (2022) **DCF** established the Children's Behavioral Health Community Service System as its own Division
- (2024) **DSS** Public Act 23-204, Sec. 15 appropriated $7,000,000 for FY 2025 to DSS for Medicaid rate increases (also noted above) for providers of behavioral health services to children. This will address a 15% increase for therapeutic behavioral health services, targeted case management, family psychotherapy that includes the patient, and adaptive behavioral health treatment by a technician using an established plan. It additionally will allow for a 3.75% increase on the remaining children's procedure codes with the exception of Autism Spectrum Disorder evaluations. Coverage is expanded to those up to 20 years of age.
- (2025) **DSS** received a one-year planning grant to prepare for implementation of the federal Certified Community Behavioral Health Clinic (CCBHC) model.
- (2025) **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.
- (2026) **JBCSSD** as well as contracted residential healthcare providers (physical and behavioral health) will be able to bill for Medicaid reimbursement for necessary screening, diagnostic, and targeted case management before and after release for eligible youth and young adults (underage 21) who are post-adjudication in juvenile residential centers and correctional facilities. This will be effective October 1, 2026, as part of implementation of the federal Consolidated Appropriations Act (CAA) of 2023 and 2024. The Act allows for the billing for services for eligible youth and young people pending disposition of charges in a juvenile residential center or correctional institution. The Judicial Branch/CSSD is working closely with DSS and DOC to implement the required processes and regulations to allow for Medicaid billing.

Goal A.2: Create a Care Management Entity to streamline access to and management of services in the publicly financed system of behavioral health care for children.

Add a care management entity (CME) to serve as a centralized organization responsible for coordinating care for youth and families with complex needs, and reduce the fragmentation experienced by families when navigating systems. The CME would reflect system of care values and principles. It would be responsible for providing information and ensuring access to the full array of services available. In some models within other states, the CME is also responsible for selected administrative or service delivery functions.

- (2015) **DCF** executed a contract with Value Options [now Carelon] to establish Connecticut's first CME. Given this is the state's first effort the CME is focused on children and youth involved with DCF currently in congregate care and those at risk of needing a higher level of care.
- (2016) **Behavioral Health Partnership (DCF, DMHAS, DSS)** Program implementation began July 2015. Families engaged with CME for intensive care coordination
- (2018) **DCF** continues to maintain eight fulltime Care Coordinators under the Care Management Entity to serve DCF-involved youth or non-DCF children being discharged

from Psychiatric Residential Treatment Facilities (PRTFs). Capacity is limited, serving approximately 120-160 youth annually.
- (2026) **JBCSSD is working with DSS, DCF, DMHAS, DOC** and other state partners to strengthen transitions, coordinate services, and support successful reentry and community reintegration related to the Judicial Branch's/CSSD reentry initiative. Effective October 1, 2026, the initiative leverages the Consolidated Appropriations Act to transition justice-involved youth by enabling pre-release Medicaid billing and ensuring uninterrupted behavioral healthcare services.

Goal A.3: Develop a plan to address the major areas of concern regarding how commercial insurers meet children's behavioral health needs.

Ensure the full participation of the commercial insurance industry in funding, design, and delivery of children's behavioral health services. Specific concerns included: coverage of the full array of services and for specific condition (e.g., autism, substance use), medical necessity criteria and utilization management procedures that hinder service delivery, adequacy of provider networks, and cost shifting to individuals or the public sector.

- (2015 – 2025) **CID** Since the inception of the Children's Behavioral Health Plan, Connecticut has made sustained progress in engaging commercial insurers and improving alignment around coverage, medical-necessity standards, provider networks, and accountability in children's behavioral health. Efforts across agencies have helped clarify benefit requirements, expand mandated coverage, and reduce administrative barriers that hinder access to care. Key improvements include stronger oversight of utilization-management practices, expansion of coverage for essential behavioral health services (such as autism and substance-use treatments), and increased attention to pediatric-specific provider adequacy. Collective efforts have also reduced cost-shifting to families and public programs, advancing a more equitable and coordinated system. While challenges persist—particularly among federally regulated self-funded plans—the work to date reflects meaningful progress in strengthening coverage and insurer participation for Connecticut's children.
- (2015) **CID** Behavioral Health Workgroup. The Working Group found that network availability for child behavioral health treatment continues to be a concern due to the shortage of health care providers in this field. Further, provider reluctance to become part of networks in Connecticut and throughout the country is well documented. The Insurance Department will be looking further at this issue in its network adequacy review and has expanded its data calls of behavior health denial and appeal rates to include children.
- (2018) **CID's** annual Consumer Report on Health Insurance Carriers in Connecticut is a comprehensive tool that consumers and public policymakers can use to meaningfully compare health insurers against a number of factors including quality measures. The Department has been publishing the report since 1998 and has greatly enhanced it over the last two years to include quality measures for behavioral health and substance abuse coverage.
- (2018) **CID** CGS 38a-472f has given the Department the responsibility to review the adequacy of commercial insurance networks. Carriers are required to maintain adequate arrangements to assure that covered members have reasonable access to participating providers located near the member's home or workplace. Mental Health Providers for

children is one of numerous categories that are reviewed to determine adherence to CMS requirements for Time and Distance standards based on county size and population density.

- (2023) **DCF** formed the Preventive Care Management Entity (PCME), which includes programs and services rooted in the values and principles of wrap around care. The PCME includes Community Pathways, a warmline open to all community members, regardless of insurance, to gain access to children's behavioral health services in CT. Community Pathways is the state's implementation of the Family First Prevention Services Act, offering evidence based interventions to children and families.
- (2026) **OBHA** is specifically charged with addressing issues both consumers and licensed providers are having with commercial insurance carriers. **Working relationships have been created with most major carriers** to address issues that impact both access and quality of care.
- (2026) **CID** Enhanced network adequacy standards - Connecticut continues to exceed federal time/distance requirements by distinguishing behavioral-health specialties into "adult" versus "children" categories. This pediatric-specific approach ensures that children can access providers who are adequately trained and credentialed to deliver specialized behavioral health care within a reasonable geographic area.
- (2026) **CID** Revision to the definition of "clinical peer" for utilization review (effective 1/1/2026) The definition of "clinical peer" was updated to require that utilization-review determinations be made by a reviewer who holds a nonrestricted license in any U.S. state and is in the same specialty as the treating clinician. Removing the prior "or similar" language ensures that clinical decisions affecting children's behavioral health services are made by professionals with genuinely relevant expertise, reducing inappropriate denials and strengthening clinical integrity.
- (2026) **CID** Extension of autism-related coverage (effective 1/1/2027). Legislation enacted last year expanded commercial insurance coverage for autism-related therapies—including Applied Behavioral Analysis (ABA) and Cognitive Behavioral Therapy (CBT)—by increasing the age limit from 21 to 26. This expansion addresses a well-documented treatment gap for transition-age youth with autism, ensuring continuity of clinically necessary care as young adults navigate higher education, employment, and independent living.

Goal A.4: Develop an agency- and program-wide integrated behavioral health data collection, management, analysis and reporting infrastructure across an integrated public behavioral health system of care.

Develop an infrastructure that can integrate data across departments to be reflective of the system of care as a whole. Data should be collected, analyzed, and reported across the service array to track indicators of access, quality, and outcomes. *Per CID, it's important to note that jurisdiction is specific to State insurance laws and the regulatory authority of the Connecticut Insurance Department apply only to fully insured Connecticut commercial health plans. The majority of Connecticut residents with commercial insurance—over 75%—are covered under self-funded employer plans regulated at the federal level (ERISA), which are not required to follow Connecticut Insurance Statutes or Regulations. As a result, while Connecticut continues to strengthen protections and requirements for fully insured plans, significant changes to federal law would be necessary to achieve broad, system-wide alignment across all commercial coverage.*

- (2015) **DSS** has put forth a sample quality measure set for the children's behavioral health plan that could be used across all payers to see how the state is doing on a set of uniform quality measures for children.
- (2016) **DCF** implementation of RBA reporting. For DCF 85% Contracts have incorporated RBA framework and complete quarterly reports
- (2017) **DDS** has traditionally faced challenges in accessing treatment data from outside sources for individuals we support. Recently, DDS executed an MOA with DSS allowing access to Medicaid Management Information System (MMIS) claims data.
- (2018) **Beacon Health Options [now Carelon]**, under the direction of the state agency partners – **DSS, DCF, and DMHAS** - has improved their capacity to collect, analyze and report healthcare outcomes data, including, but not limited to HEDIS measures. This allows Connecticut to compare itself to other states on validated healthcare measures.
- (2022) **Advisory Board's Data Integration Workgroup** completed a 2021 report with recommendations for improved cross-agency use of data.
- (2024) **CHDI with funding from DCF** as follow up to recommendations from the Advisory Board's Data Integration Workgroup, conducted focus groups with family members with lived expertise, family advocates, providers, and DCF staff. The findings have been reflected within a report with recommendations regarding reporting of data related to children's behavioral health. The report findings will be shared with the Advisory Board and the Data Integration Workgroup members at upcoming meetings.
- (2025) **DPH**, in response to Special Act 24-10 requirements, convened 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.
- (2025) **CHDI in collaboration with The Advisory Board Data Integration Workgroup** with funding from DCF designed a Children's Behavioral Health System Dashboard for Connecticut to track trends in system-level data.
- (2026) **The Advisory Board** chairs are coordinating closely with the TCB's newly launched Cross Agency Data Sharing Workgroup to ensure work builds off of the report and accomplishments of the Advisory Board's Data Integration Workgroup.
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- (2026) **The Advisory Board with CHDI** held a data walk to engage varied stakeholders in the trends identified from the System Dashboard. The group discussion has informed a brief to be published in the fall 2026.

HEALTH PROMOTION, PREVENTION AND EARLY IDENTIFICATION

Goal B.1: Implement evidence-based promotion and universal prevention models across all age groups and settings to meet the need statewide.

Promote social emotional skills and wellbeing across settings, and coordinate and expand existing evidence-based models in the state to reach a statewide scale.

- (2016) **DCF** expanded intensive in home services including: MST Building Stronger Families (BSF), MST Transitioning Age Youth (TAY), Family Based Recovery (FBR), Emergency Mobile Psychiatric Services (EMPS), Intimate Partner Violence-FAIR (IPV-FAIR).
- (2016) **DCF, DMHAS, CSSD** investment in range of EBP's statewide including TF CBT (DCF, CSSD), CBITS (DCF), Circle of Security Parenting (DCF, DMHAS), Triple P (DCF, OEC), MST (DCF, CSSD), MDFT (DCF, CSSD), FFT
- (2016) **DCF with DMHAS** Circle of Security – trained over 200 people since January 2016 from various service types. Introduced Adolescent Screening Brief Intervention and Referral to Treatment (ASBIRT) into service array including training to EMPS, SBHC and Youth Service Bureaus.
- (2016) **DMHAS** established three ACCESS centers throughout CT that offer services to youth who would not necessarily be identified as needing the intensive level of care provided by Young Adult Services. One of the goals of this service is to connect youth with appropriate treatment and community support services.
- (2017) **OHA** after several months of comprehensive study, 21 analysis and discussion, a final report was generated recommending legislative and policy changes to promote improved cost controls and health quality.
- (2018) **DCF** continued to support the Infant Mental Health Training Series both statewide and in each of the six DCF regions. Since 2012, over 553 staff have attended the training sessions. The response to the training series has been overwhelmingly positive. The CT-AIMH and the Department will continue to offer two statewide training 8 session training series in this year, inclusive of DCF staff and community providers serving young children.
- (2018) **DCF** has maintained support to train Circle of Security Parenting (COS P) since 2013 to DCF staff, DCF-funded programs that served parents, Therapeutic Child Care, Caregiver Support Teams, Therapeutic Foster Care, and Intimate Partner Violence programs.
- (2018) **DMHAS Young Adult Services (YAS)** program continues to provide, through funding from the Department of Public Health (DPH), a perinatal support program to young parents engaged in the young adult services program.
- (2018) **SDE** supports initiatives addressing prevention-oriented activities that include: PBIS, SBDI, RULER and the expansion of trauma-informed practices. The CSDE in collaboration with the OEC, has developed the Social-emotional Learning (SEL) Standards for K-3
- (2018) **OEC** launched a year-long outcomes rate card pilot with Social Finance, a nonprofit organization dedicated to mobilizing capital to drive social progress. An outcomes rate card is a procurement tool through which government defines a menu of outcomes it wishes to "purchase" and the amount it is willing to pay each time a given outcome is achieved.
- (2018) **JBCSSD** the juvenile detention centers use Positive Behavioral Interventions and Supports (PBIS) in the education program and throughout the center to support social-emotional learning of the children in detention. The Judicial Branch is moving all its contracted residential treatment programs to use PBIS as well.
- (2020) **OEC** was awarded one of four awards from the CDC for a data to action grant for PACES.
- (2022) **DCF** Connecticut's Family First Prevention Services Plan was approved in March 2022. States having an approved Family First Prevention Services Plan are authorized to use Title IV-E funding to expand family access to a broad array of evidence-based treatment interventions for children who are candidates for foster care, pregnant and parenting youth in

foster care, and their caregivers to address mental health, substance abuse, parenting skill-building, and kinship navigator services to positively impact family functioning, child development, and safety to allow children to stay with their parents and relatives.

- (2025) **DMHAS Young Adult Services (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.
- (2025) **DMHAS 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.
- (2025) **OEC** the *Doula* project's goal 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.
- (2025) **DCF** Gizmo's Pawesome Guide to Mental Health has been used by at least 25 Connecticut public schools, primarily with elementary school students (also recently adapted for younger and older age groups).
- (2026) **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. This plan has been implemented, including DMHAS' 13 Local Mental Health Authorities (LMHAs) and DCF's outpatient child guidance clinics. The activities include a statewide access line for referrals, early detection and assessment coordinators, rapid access to services, data collection and workforce development activities.
- (2026) **DMHAS, in collaboration with DCF and the Prevention through Risk Mitigation, Management and Education (PRIME) clinic at CMHC/Yale University School of Medicine**, have received their third SAMHSA grant award to serve young people (ages 12-25) who are showing signs of potentially developing a psychosis disorder. These services are also starting to scale up in other areas of the state.
- (2026) **OEC in partnership with University of Connecticut School of Social Work-Innovations Institute (Innovations),** Parent Infant Early Childhood (PIEC) Program launched a pilot of Connecticut's first Community-Wide Implementation Site of the Pyramid Model, also referred to as *Pyramid for All*. In this partnership, Connecticut Pyramid Partnership continued building and supporting social emotional growth and development in young children in preschool Child Care Centers (CCC) and Family Child Care (FCC) settings through planning, developing, and offering training, in both English and Spanish. Additionally, providers had access to information on how to support children's behavioral

health through monthly newsletters (sharing information for families and providers), monthly Lunch & Learn virtual sessions, training sessions, and cohort-based training and coaching. The Pyramid Model Newsletter is a newsletter created and distributed monthly in both English and Spanish; to date there are over 4,600 self-subscribed contacts statewide. Adhering to Pyramid Model fidelity, Connecticut's Pyramid Partnership includes a State Leadership Team (SLT) comprised of seven subcommittees including Governance, Coaching and Training, Data Marketing, Higher Education, Family Child Care, and Family Engagement. The SLT meets monthly, with subcommittees meeting in-between monthly sessions.

- (2026) **The TCB**, **in collaboration with the Office of the Behavioral Health Advocate and the United Way** is considering how to address the needs of those children/adolescents who have been using the 988 Line for reasons other than acute suicidal ideation. They are exploring whether early intervention makes a difference.

Goal B.2: All children will receive age-appropriate periodic standardized screening for developmental and behavioral concerns as part of a comprehensive system for screening, assessment, and referral for services.

Ensure the use of standardized screening tools across early care and education, pediatric care, and school settings. Promote provider reimbursement for screenings contingent on also providing referral for services. Expand the network of service providers as needed to meet the demand for services in response to increased screening.

- (2016) **DCF** incorporated Connecticut Trauma Screen (CTS) into all Multi-disciplinary Evaluations for children entering care. OEC is beginning to use CTS in early childcare settings. CSSD utilizing CTS OEC supports CHDI in EPIC education to Pediatricians
- (2016) **New Haven Trauma Coalition** active in 6 NH schools screened most students and refer to CBITS or other appropriate treatment
- (2016) **DSS** continued to track positive screens to determine whether they result in connection to treatment.
- (2017) **DPH SBHCs** are required to conduct a mental/behavioral health screening using a DPH approved tool at the time of a physical and at a medical visit as warranted.
- (2017) **OCA** published an investigative report detailing educational service delivery for preschool age children with disabilities transitioning into a mid-sized Connecticut school district from the state's Birth to Three system
- **(2018) DPH** provided training on the importance of developmental screening and supporting materials were provided to 2,441 families and 2,105 professionals for a total of 4,456 trainings; Community outreach activities and distribution of developmental screening materials totaled 6,402; 14 "Learn the Signs. Act Early."
- (2018) **DPH**'s Developmental Screening Workgroup supported Connecticut's Project LAUNCH's media campaign message which includes information on and the promotion of developmental screening, a focus on families & relationships, and the Strengthening Families' Protective Factors.
- (2018) **DPH** trained community and healthcare providers to improve screening rates and coordination of referrals and linkage to services within the state. Success will be tracked through a variety of Educating Practices in Communities (EPIC) including but not limited to Help Me Grow EPIC.

- (2018) **DPH's** MAVEN online reporting system is available to care coordinators within the CT Medical Home Initiative for Children and Youth with Special HealthCare Needs (CMHI) with enhanced fields specifically related to developmental screening.
- (2018) **CSDE** supported 58 Family Resource Centers operate in 41 communities and provide information and referral for developmental, behavioral and mental health issues.
- (2018) **DCF** participated in the CHA Neonatal Abstinence Syndrome-Comprehensive Education and Needs Training (NASCENT) initiative to develop standardized approaches to NAS across hospitals and to improve early recognition of substance use disorders in pregnant and parenting women.
- (2018) **CT's Help Me Grow (HMG) Advisory Committee and CT's Maternal and Child Health (MCH) Developmental Screening Workgroup** partnered to develop strategies for raising awareness of the importance of developmental and mental health screenings, as well as, working to align efforts across early childhood systems to use standardized developmental and social/emotional screenings.
- (2018) **DSS**, through its medical Administrative Services Organization (CHN-CT) has incentivized CHN to increase the rate of PCP providers performing annual developmental and behavioral health screens.
- (2020) **The Advisory Board** conducted an assessment of screening tools and practices through a multi-agency cooperation in providing and collecting data and issued a report with recommended screening measures. The report offers an inventory of validated screening tools for detecting children's behavioral health needs to promote a more coordinated approach and better connection to services:
- (2024) **OEC** provided free access for all Connecticut families with children from birth through age five to the Sparkler mobile app, a screening tool heightening awareness of overcoming developmental milestones as well as promoting social and emotional development in children. The mobile app provides digital access to Ages & Stages Questionnaires (ASQ and ASQ:SE-2) as well as play-based learning activities.
- (2025) **DMHAS, in collaboration with DCF,** offered Circle of Security trainings to our workforce and have implemented this curriculum with our 3.5 Pregnant & Parenting Treatment Programs.
- (2026) **JBCSSD, in collaboration with CHDI,** successfully completed statewide training and implementation of the Adolescent-Screening, Brief Intervention, and Referral to Treatment (A-SBIRT) across state operated and contracted juvenile residential programs. Current efforts are focused on finalizing a comprehensive sustainability plan, which incorporates quality assurance measures and clinical adherence tracking to maintain model fidelity.

Goal B.3: Ensure that all providers and caregivers who work with young children and youth demonstrate competency in promoting social and emotional development in the context of families, recognizing risk factors and early signs of social emotional problems and in connecting all children to appropriate services and supports.

Educate the broader child-serving workforce on social-emotional promotion, identification of behavioral health needs, and community resources. Increase knowledge of infant mental health among all staff working with very young children and their families.

- (2016) **DCF** expanded training on Infant Mental Health for early childhood partners and Circle of Security training for parents.
- (2016) **OEC** provided funds to the **Child Health and Development Institute** (CHDI) for the purpose of enhancing and increasing mental health training for pediatricians and health care providers. The funding led to the development of several training modules and on-site training for health care practitioners. In addition, CHDI established a web site that provides information for parents, early care and education providers, and on-line training opportunities for health care practitioners. The web site can be accessed at www.kidsmentalhealthinfo.com
- (2016, 2017) **OEC** The Early Childhood Consultation Partnership (ECCP) provides early intervention and prevention mental health strategies and supports the implementation of such strategies to prevent the disruption of children from their early care and education settings.
- (2017) **DDS c**reated a Positive Behavior Support Strategies goal in its Five Year Plan: This goal states, "DDS will continue to build on the strong partnerships that have been developed with DCF, DMHAS, DPH and others to help better support the complex behavioral needs of individuals supported by the agency. This project will focus on providing 18 information to families on implementation of effective positive behavior support strategies across the lifespan, beginning at an early age."
- (2018) **OEC and United Way** partnered to bring Sparkler, a mobile developmental screening tool to Connecticut to increase the number of children under 5 being screened for developmental delays including social emotional/behavioral health issues.
- (2018) **OEC** has provided funding to the CT Association of Infant Mental Health to offer clinical supervisors in home visiting and early interventionists at Birth to Three reflective supervision. Reflective supervision is the regular, collaborative reflection between a service provider and a clinical supervisor on the impact the work has on the service provider's thoughts, feelings and values.
- (2025) **OEC** supports *ECCP,* a strength-based mental health consultation program designed to build capacity of caregivers, and *Mind Over Mood,* an initiative that helps a mother transition from birth to postnatal care by addressing maternal mental health.
- (2025) OEC promotes Pyramid Model 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.
- (2026) **DMHAS** provided perinatal support services provided to young adults requiring these specialized services.

Goal B.4: Develop, implement, and monitor effective programs that promote wellness and prevent suicide and suicidal ideation.

Promote and evaluate the activities of the Suicide Advisory Board, which include an extensive number of training and programs that address suicide prevention.

- (2016) **DCF and DMHAS** State Suicide Prevention Plan completed Promotion and delivery of evidence based training included: ASSIST, QPR, AMSR, CONNECTIONS 4 Institutions participating in the Zero Suicide Initiative Suicide Prevention social marketing campaign continues Evaluation of suicide prevention activities continues Garrett Lee Smith Suicide Prevention grant
- (2018) **DPH** Title V staff provided Question, Persuade, Refer (QPR) suicide prevention training to partners working with adolescents including high schools, SBHCs, DCF foster

parents, and numerous care coordination and family advocacy partners. DPH partnered with Child Health and Development Institute and CT Children's Medical Center to promote Educating Practices In the Community (EPIC) training on suicide prevention for pediatric providers, including SBHCs.

- (2025) **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.
- (2025) **DMHAS and DCF** coordinated oversight of Regional Suicide Advisory Boards (RSAB) which promote and facilitate the integration and coordination of suicide prevention, and in SFY 2025 served over 3,300 people directly through regional coalition meetings, gatekeeper and postvention trainings, technical assistance for postvention plan development, providing support to communities following suicide loss, and performing Gizmo's Pawesome Guide to Mental Health © read-alongs.
- (2026) **DCF and DMHAS** The State's Suicide Prevention Plan was developed in 2014 and has continued to be updated with a new five-year plan through 2030.
- (2026) **United Way**, **DCF and DMHAS** The 988 crisis line was launched in 2022 in the state, and is now widely used, with more than 60,000 calls, texts or chats to the line in 2025.
- (2026) **JBCSSD** developed and implemented in-service training for residential staff across the state, focusing on Counseling on Access to Lethal Means (CALM), Staff Durability as Suicide Prevention, and The State of Our Youth.
- (2026) **JBCSSD** updated and enhanced pre-service training (onboarding) and annual refresher training to integrate current statistics and new strategies that promote wellness and support the Shield of Care curriculum.

ACCESS TO A COMPREHENSIVE ARRAY OF SERVICES AND SUPPORTS

Goal C.1: Build and adequately resource an array of behavioral health care services that has the capacity to meet child and family needs, is accessible to all, and is equally distributed across all areas of the state.

Quantify gaps in the service array through a transparent, public needs assessment that considers local as well as statewide needs, and continuously track progress toward filling those gaps. Ensure availability of and access to a full array of services in the state, including promotion, prevention, early identification, early intervention, treatment, and transition services. Fund services as indicated by the needs assessment, and projecting future need. Plan for equitable access across insurance types, geographic location, and system involvement. Ensure the service array is fully staffed to meet demand. Prioritize maintaining children in their homes, and the least restrictive setting possible, but for those children who *require* congregate care settings, ensure there is sufficient capacity to meet their needs within the state.

Services identified as being especially in need of expansion were: crisis services, school-based behavioral health, early childhood interventions, non-clinical services, care coordination, and services were identified as being especially in need of expansion.

- (2016) **JBCSSD** Per Public Act 16-147, Section 1(c), as of January 1, 2017, a child may only be detained by the Court for one of three grounds; (i) probable cause to believe that the child will pose a risk to public safety if released to the community prior to the initial court hearing or disposition; (ii) a need to hold the child in order to ensure the child's appearance before the

court, as demonstrated by the child's previous failure to respond to the court process, or (iii) a need to hold the child for another jurisdiction. Children and youth will no longer be detained for risk of self-harm, running away, family conflict, or inaccessibility of behavioral health treatment.

- (2016) On January 1, 2015, **DSS**, **in partnership with DCF and DDS**, implemented autism evaluation and treatment services for individuals under the age of 21 under the Medicaid Program. In addition to evaluation and treatment services, Beacon Health Options offers care coordination services to individuals with autism spectrum disorder and/or their families regardless of age. DSS is in the process of updating the existing Medicaid ASD fee schedule as well as expanding the services available to individuals with ASD.
- (2016) **CSSD** has been funding HOMECARE, a psychiatric medication monitoring bridging service, since 2003. HOMECARE was developed, in conjunction with DCF and the University of Connecticut Health Center, to address the needs of children and youth in detention who were being held until an appropriate community-based treatment service could be accessed.
- (2017) **OCA** is a lead participant on the Developmental Disabilities work group established through P.A. 16-142, An Act Concerning Recommendations For Services Provided To Children And Young Adults With Developmental Disabilities. The working group issued its first report July 2017 to the legislative Medical Assistance Program Oversight Council (MAPOC) with the initial findings and several recommendations focused on improving service delivery, ensuring provision of high-skilled care coordination to families, and ensuring access to state-funded voluntary services through an effective and collaborative state-agency approach. Members found that the current system for Children with Developmental Disabilities has inadequate/disparate access to state-funded voluntary services.
- (2017) **JBCSSD with DCF** developed the Detention Diversion and Release Plan, in response to Public Act 16-147, Section 5. The Plan, as required by Public Act 16-147, is informed by the Children's Behavioral Health Plan and addresses the provision of community-based services to children who are diverted or released from detention. Per Section 5, the plan is informed by the comprehensive behavioral health implementation plan and addresses the needs of the child, concerning (1) behavioral health, (2) intervention in the case of family violence, and (3) identification and means of resolution of precipitating behavioral factors that may be exhibited by a child who may run away.
- (2017) **JJPOC (including members JBCSSD, DCF, DMHAS, and CSDE)** Section 18(k) of Public Act 16-147 requires a community-based diversion system plan, including cost options, which must include recommendations to address issues concerning mental health and juvenile justice. The JJPOC has adopted the recommendation that the Community-based Diversion System Plan be coordinated with the efforts of the Children's Behavioral Health Plan.
- (2017) **DDS,** through its national Supporting Families Community of Practice (COP) system change grant, introduced the Charting the LifeCourse Planning principles and practices to stakeholders as a way to assist families to better understand their loved one's needs and to help 24 expand and enhance the manner in which they respond to these needs.
- (2017) **DMHAS** participated in the CHA Neonatal Abstinence Syndrome-Comprehensive Education and Needs Training (NASCENT) initiative to initiate standardized approaches to

recognition and treatment of NAS across hospitals and improve early recognition of substance use disorders in pregnant and parenting women.

- (2017) **DCF** is nearing the end of the second and final year of a SAMHSA/CSAT grant to develop a comprehensive plan for adolescent substance use treatment known in CT as IMPACCT (Improving Access to Continuing Care and Treatment). DCF has continued collaborating with DMHAS, CSSD, CSDE, Beacon Health Options, youth and families, other SAMHSA grantees in CT, the CT Alcohol and Drug Policy Council (ADPC), and technical experts to develop this plan.
- (2017) **DCF** was awarded the ASSERT grant, the companion implementation grant to the IMPACCT planning grant. The ASSERT grant will provide funding for CT to implement the IMPACCT comprehensive statewide strategic plan for substance use. This program will fund improvements in treatment for adolescents and transitional aged youth (age 12-21 years) with substance use disorders (SUD) and/or co-occurring substance use and mental health disorders by assuring youth state-wide access to evidence-based assessments, treatment models, and recovery services supported by the strengthening of the existing infrastructure system.
- (2017) **CSSD** has implemented two significant initiatives during the last three years related to substance use and trauma. A continuous quality improvement rapid cycle change initiative has been implemented with Juvenile Probation Officers and CSSD contracted providers to streamline access to care and to effectively use available, but limited, resources. **CSSD is working with DCF, DMHAS and UCHC** through the IMPACCT and ASSERT grants to further define and address workforce training needs.
- (2018) **CT DPH** continued to support activities identified in the completed HRSA State Implementation Grant for Improving Services for Children and Youth with Autism Spectrum Disorders and other Developmental Disabilities to improve access to comprehensive, coordinated health and related services. The grant was a collaborative project between DPH – the state's Title V agency and A.J. Pappanikou Center – the state's University Center for Excellence on Developmental Disabilities (UCEDD).
- (2018) **Multiple community-based providers, with the support of DDS and DSS**, are piloting innovative treatment models for children with I/DD/ASD and their families, including the provision of intensive technical support to existing programs (CCSN), Hospital for Special Care, Autism Services and Resources Connecticut (ASRC), Southern CT State University, and Suffield School system.
- (2018) **CWCS** is the lead legislative agency for Connecticut's two-generational initiative. The two generation approach is a growing national strategy that seeks to serve children and the adults in their lives together.
- (2018) **DDS** continued to support implementation of Supporting Families Community of Practice (COP) activities as a vehicle to provide better supports to all families. In the past year, staff from the CT Regional Education Service Centers (RESCS) have been trained by the national COP staff on how to use Charting the LifeCourse planning tools in school systems.
- (2018; 2017) **DMHAS YAS** has been training direct care and clinical staff in the trauma-based Attachment, Self-Regulation and Competency Model (ARC)
- (2018) **DCF** continued to implement activities related to the ASSERT grant. The ASSERT grant provides funding for CT to implement the IMPACCT comprehensive statewide strategic plan for substance use. This program funds improvements in treatment for adolescents and transitional aged youth (age 12-21 years) with substance use disorders

(SUD) and/or co-occurring substance use and mental health disorders by assuring youth state-wide access to evidence-based assessments, treatment models, and recovery services supported by the strengthening of the existing infrastructure system.

- (2018) **DDS/DCF** MOU formalizes the departments' mutual commitment to work together to ensure that each child receives appropriate services. A DDS Central Office liaison has been assigned to work with DCF so that there is cooperation and consistency across departments and regions.
- (2018) **CSSD** The continuum of services includes cognitive-behavioral therapies offered at the Child, Youth, and Family Support Centers (CYFSC), Multisystemic Therapy (MST), Multidimensional Family Therapy (MDFT), psychiatric medication management (HomeCare), Adolescent Community Reinforcement Approach (ACRA), mentors, treatment for inappropriate sexual behavior, and flex funding to support prosocial interests and basic needs. Children and families are also referred to trauma-focused cognitive-behavioral therapy (TF-CBT), Intensive In home Child and Adolescent Psychiatric Services (IICAPS), and other outpatient services offered by Child Guidance Clinics.
- (2022) **The Connecticut General Assembly** responded to the growing demand for action on the number of children in the state experiencing behavioral health crises by holding multiple informational forums, and each of the four legislative caucuses declared children's behavioral health to be a sessional priority. Multiple legislative actions were taken including: PA 22-47, PA 22-80, PA 22-81, and PA 22-118.
- (2022) **DCF** Connecticut received federal approval of Connecticut's Families First Prevention Services Act (FFPSA) Plan to support strengthening families and reducing out-of-home placement.
- (2024) **CHDI with funding from DCF** released the report *Intermediate Levels of Care for Children with Behavioral Health Needs* identified recommendations for Connecticut to strengthen center-based care for children with needs more acute than is appropriate for outpatient services and less acute than is required for inpatient care.
- (2024) **DDS** established a Children's Services Division to create a more centralized support system for families of our younger individuals. These services offer in-home supports, respite and other waivered services. The Division has also opened 2 respite centers (4 beds in each).
- (2024) **Carelon Behavioral Health's Community Pathways program, through funding from DCF**, launched this year, is part of Connecticut's Family First Prevention Services Act Plan. The person-centered, strengths- and family-based approach promotes early intervention and upstream access to preventive services to ensure optimal results for children and their families. Parents and caregivers with a child under the age of 18 in need of a non-emergency referral can call Carelon Behavioral Health at 877-381-4193 and specialists will connect families to evidence-based interventions and community resources and will provide on-going support as needed. This program is available regardless of income or insurance.
- (2024) **DCF contracted with CHDI** to expand prevention, identification, and treatment of substance use disorders (SUD) through training, professional development, and consultation for DCF contracted Outpatient Psychiatric Clinic for Children (OPCC) Providers on SUD. Additionally, through a federal SAMHSA grant, CHDI is coordinating comprehensive, family-based treatment, early intervention and recovery support services for transitional aged youth (TAY) ages 16-25 with SUD.

- (2024) **Wheeler, DCF, CONNECT** The Assisted Intervention Matching Tool (AIM) helps providers, family members and others identify services available within their communities that to address child's specific behavioral health intervention needs.
- (2025) **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".
- **(2025) The Department of Insurance, the Office of the Behavioral Health Advocate, the Office of the Healthcare Advocate and the State Parity Coalition** worked to bring greater attention to network adequacy and continued accountability for parity conformance. This is critical because nearly half of all children receive services via commercial insurance and services available through networks.
- (2026) **JBCSSD partnered with CHDI** to implement standardized Motivational Enhancement Treatment/Cognitive Behavioral Therapy (MET/CBT) training, clinical certification, and program implementation across all state centers, ensuring access to high-quality care for pretrial youth.
- (2026) **JBCSSD collaborated with a Yale MAT specialist** to embed Medication Assisted Treatment (MAT) protocols in state centers. This initiative actively flags at-risk youth via objective screening tools (COWS/CIWA), manages inductions safely, and directly bridges MAT participants into ongoing MET/CBT therapy to support recovery.

Goal C.2: Expand crisis-oriented behavioral health services to address high utilization rates in emergency departments.

Increase Emergency Mobile Psychiatric Services (now Mobile Crisis) services, invest in workforce recruitment, and promotion among referral sources. Develop a model of short-term crisis intervention centers (23-hour beds) and short-term overnight settings for stabilization (e.g., 14 day).

- (2016) **DCF** EMPS Mobile Crisis clinicians dedicated to responding to EDs EMPS Mobile Crisis added Facility Liaison position for high need children and youth
- (2018) **DDS** is in the process of planning for the structuring and staffing of the step-up/step-down unit project.
- (2018) **DCF** provides 82 beds for crisis stabilization and emergency respite services for up to 14 days through Short Term Family Integrated Treatment (S-FIT) providers. Effective access to these 82 statewide beds occurs through Mobile Crisis and Beacon Health Options.
- (2018) **DSS** is currently developing a specialized Intensive Care Management model for youth with ID and/or ASD who get stuck in the ED or on inpatient unit. This model should be operational in September 2018.
- (2018) **DMHAS with DCF** is developing a comprehensive plan for adolescent substance use treatment over the next two years. DMHAS' ACCESS centers throughout CT that offer services to youth who would not necessarily be identified as needing the intensive level of care provided by Young Adult Services.
- (2021) **Advisory Board's Short-Term Solutions To Behavioral Health Ed Volume Workgroup** release family member survey results.

- (2023) **Advisory Board's** **Behavioral Health Urgent Care and Crisis Stabilization Workgroup** developed models for both short-term crisis intervention centers (Urgent Crisis Centers) and short-term overnight settings (Sub-acute Crisis Stabilization Centers). These models of care are now available within Connecticut.
- (2023) **DCF** Children's Mobile Crisis Intervention Services (MCIS) expanded to a 24-hour in-person response capacity. The 9-8-8 Planning Workgroup also launched 9-8-8 as a means to access MCIS services, creating an opportunity to gain federal reimbursement support to the crisis system.
- (2026) **TCB** is conducting two studies relative to Crisis Services: investigating the role of commercial insurance in supporting the Urgent Care Centers. Report to be issued in October, 2026; and investigating the current status of our continuum of crisis services with specific recommendations to be included in the final report expected this fall.
- (2026) **TCB, along with the United Way and Daydream Communication** is launching a state-wide media/communications campaign to inform the public about the availability of the full range children's behavioral health crisis services and specifically the new Urgent Care Centers.
- (2026) **Yale and Stamford hospitals** open EmPATH Units in their emergency rooms to provide an alternative treatment milieu for children in crisis.

Goal C.3: Strengthen the role of schools in addressing the behavioral needs of students.

Pool federal, state, and local funding to invest in delivery and coordination of behavioral health services through schools. This includes: expanding the behavioral health-related workforce in schools and availability of school-based health centers, delivering evidence-based treatments designed for school settings, training all school staff in recognizing behavioral health needs, improving coordination of services through the network of outpatient clinics and through formal memorandums of understanding (MOUs) with Mobile Crisis providers, addressing any regulatory barriers to insurance reimbursement, and collecting outcome data.

- (2017) **CSDE** released multiple opportunities for schools, including: Primary Mental Health Program, a nationally recognized evidence-based program developed to assist students in Pre-K to 3 with improved social competencies and learning; School Climate Transformation Grant, support for implementing an evidence-based, multi-tiered systems of support (MTSS) for improving behavioral outcomes and learning conditions for all students; Family Resources Center grants to provide access, within a community, to a broad continuum of early childhood and family support services which foster the optimal development of children and families; Youth Service Bureau grants intended to provide community, youth development and support activities for youth and families.
- (2017) **CSDE, DCF, DMHAS, JBCSSD, CHDI** Section 11 of Public Act 16-147 requires the development of a plan to expand school-based diversion initiatives to divert from the juvenile justice system students with behavioral health issues. The initiative is to be expanded to schools and school districts with high rates of school based arrests, disproportionate minority contact, and court referrals.
- (2017) **DCF** MOUs have been signed between Youth Mobile Crisis and nearly all school districts in the state (schools now account for the highest proportion of referrals to the program).

- (2017) **CSDE** provided an extensive, day-long workshop on Trauma-informed Practices for the state's Alliance Districts, which represent the 30 lowest performing school districts in Connecticut.
- (2018) **DCF continued to work with CSDE, CHDI and Connecticut Children's Medical Center-Injury Prevention Center and interested schools** throughout the state to utilize the National School Mental Health Census and Performance Measures using the School Health Assessment and Performance Evaluation (SHAPE) electronic self-assessment system.
- (2018) **CSDE** School Climate Transformation Grant (SCTG): supporting schools' ability and capacity to support students' behavioral health, growth and development, learning capacity, teaching strategies and learning environments
- (2024) CONNECTing Schools to Care IV Students (CONNECT IV) represents the fourth round of funding awarded to Connecticut from the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) to strengthen the system of care in the state. CONNECT IV is a four-year grant awarded to DCF, with CHDI serving as the statewide Coordinating Center. Other grant partners include Carelon Behavioral Health, FAVOR, Inc., and The Consultation Center at Yale.
- (2024) **CHDI with funding from DCF** will conduct a Comprehensive School Mental Health Landscape Analysis that will identify and catalog the many behavioral health services that occur within school settings.
- (2024) **CSDE** 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.
- (2025) **DPH contractor, the School Based Health Alliance,** the school-based health center (SBHC) fiduciary, training and technical assistance, selected 59 sites to expand or establish SBHCs using ARPA 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.
- (2025) **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.
- **(2025) CSDE, in partnership with the Department of Emergency Services and Public Protection (DEMHS) and 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.
- **(2025) CSDE** continued 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.

Goal C.4: Integrate and coordinate suicide prevention activities across the behavioral health service array and across multiple sectors and settings.

Widely increase the awareness of suicide prevention programs throughout communities, and promote the availability of initiatives for suicide prevention, intervention, and postvention.

- (2016) **CTSAB, with UCONN, DCF, DMHAS, DPH** State Suicide Prevention Plan completed Promotion and delivery of evidence based training including: ASSIST, QPR, AMSR, CONNECTIONS 4 Institutions participating in the Zero Suicide Initiative Suicide Prevention social marketing campaign continues Evaluation of suicide prevention activities continues.
- (2016) **DMHAS, DCF, DPH** in 2015 Connecticut was awarded a Garrett Lee Smith Memorial Suicide Prevention federal grant. Agencies partnered with the CT Suicide Advisory Board (CTSAB), Community Health Resources; United Way 211, Manchester Public Schools, Manchester Police Department, Manchester Community College; the Eastern CT Health Network; and the UConn Health Center. Through this partnership and the resources awarded Connecticut will establish a statewide Network of Care for suicide prevention, intervention and response, and implement an intensive community-based effort to reduce non-fatal suicide attempts and suicide deaths among at risk youth age 10-24.
- (2017, 2018) **DMHAS** provided Mental Health First Aid trainings to youth and to adults to increase awareness and the ability to intervene. Youth Mental Health First Aid is designed to teach parents, family members, caregivers, teachers, school staff, peers, neighbors, health and human services workers, and other caring citizens how to help an adolescent (age 12-18) who is experiencing a mental health or addictions challenge or is in crisis.
- (2026) **JBCSSD** overhauled the quarterly Suicide Prevention and Advisory Counsil meetings to align with the Zero Suicide framework and monitored program readiness by completing a workforce survey across all statewide residential programming.

PEDIATRIC PRIMARY CARE AND BEHAVIORAL HEALTH CARE INTEGRATION

Goal D.1: Strengthen connections between pediatric primary care and behavioral health services.

Increase access to integrated pediatric primary and behavioral health care within Patient Centered Medical Homes (PCMH) by building on the state's existing models. Add co-location of behavioral health providers within pediatric primary care to offer brief intervention to youth or families and coordinate care with community providers. Address structural barriers, such as licensing and insurance requirements, and training of both primary and behavioral health providers to support integration. Ensure coordination through the CME once developed.

- (2016) **DPH** facilitated a Systems Enhancement for Children and Youth with Special Health Care Needs through Systems Integration project with the goal of increasing access to medical homes and related services for children with special health care needs and other children. The project focuses on systems level integration, cross-systems shared care coordination and shared resources. **Numerous private and state agencies are partnering including DCF and DSS.**
- (2016) **DCF contracted with Value Options** [now Carelon] to oversee ACCESS Mental Health. ACCESS-MH CT provides telephonic psychiatric consultations by child and adolescent psychiatrists to Primary Care Physicians in the state for all children under 19 years of age regardless of insurance coverage. The program allows for face-to-face consultations when a telephone consultation with a child psychiatrist and/or clinician is not sufficient to completely address the PCP's questions. Care coordinators and family peer specialists assist in obtaining identified services. The three "hub" providers contracted to

provide the services are **Wheeler Clinic, The Institute of Living, and Yale Child Study Center.** Implementation of ACCESS Mental Health has increased pediatric knowledge of mental health and direct consultation for youth behavioral health needs for children, youth and young adults.
- (2018) **JBCSSD** Medical and mental health staff in the detention centers and residential programs meet weekly to review the needs of each child.
- (2025) **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.

DISPARITIES IN ACCESS TO CULTURALLY APPROPRIATE CARE

Goal E.1: Develop, implement, and sustain standards of culturally and linguistically appropriate care.

Formally adopt, implement, and monitor use of the National Standards for Culturally and Linguistically Appropriate Services (CLAS) standards.

- (2016) **DCF** through the CONNECT federal SAMHSA grant developed a Cultural and Linguistic Competency workgroup and hired technical assistants to work with behavioral health providers to develop their own Health Equity Plan. Three cohorts have been established. Cohort A included 12 behavioral health providers from around the state and they completed their Health Equity plans on June 29th 2016, and presented them to a statewide group of CLAS experts.
- (2019) **CONNECT partners** adopted the Culturally and Linguistically Appropriate Standards (CLAS), CT-developed inclusion of a racial justice framework, development of a CLAS Toolkit, and consultation to support implementation.
- (2022) **Carelon Behavioral Health supports the Statewide CLAS Advisory Council (SCAC)** 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.
- (2025) **Carelon; CHDI** Introduction to CLAS trainings are available via both live and now also asynchronous trainings.

Goal E.2: Enhance availability, access, and delivery of services and supports that are culturally and linguistically responsive to the unique needs of diverse populations.

Conduct a needs assessment to identify strengths and gaps in relation to culturally and linguistically responsive services. Require publicly funded behavioral health services to provide culturally and linguistically appropriate services. Intentionally use recruitment and retention strategies to increase the racial, ethnic, linguistic and cultural diversity of behavioral health providers, and train providers in culturally and linguistically appropriate care. Ensure data systems collect a range of demographic data and that data are disaggregated and reported to identify disparities.

- (2016) **DCF** statewide Racial Justice Workgroup has been established inclusive of internal and external stakeholders. The agencies review of services includes a focus of race/ethnicity elements in terms of those referred, those served and outcome activities. DCF has benefitted

from consultation from a national expert assisting teams in identifying key areas to reduce disparity and disproportionality.

- (2016) **CSSD** monitors referral activity, program utilization, and service completion rates for clinical assessments, IICAPS, TF-CBT, MST, MDFT, and other services by gender and race/ethnicity to identify disparate access to care or outcomes. The availability of Spanish-speaking service providers, in particular, is continuously monitored and new means to attract and retain such personnel remains a priority for CSSD.
- (2018) **CSSD** is requiring adherence to the CLAS standards in its new residential and community-based contracted programs. The Judicial Branch has an extensive limited English proficiency (LEP) initiative that works to address the communication needs of clients. Access to interpreters and the use of language-line services is available to all Judicial Branch staff.
- (2018) **CSSD** continues to offer a training series related to cultural competence and responsiveness for all employees and offers additional workshops on understanding and working with specific populations. CSSD has engaged in an initiative with the Ceres Policy Institute to pilot SOGIE data collection in the two juvenile detention centers and two juvenile probation offices. SOGIE is the collection of data related Sexual Orientation, Gender Identity, and Gender Expression.
- (2024) **Governor's Office** Per Executive Order 24-2, Governor Lamont hired a Chief Opportunity Officer, Mariana Monteiro who is also overseeing every state agency's Opportunity Plans that they have to submit to the Governor's Office.
- (2025) **OEC's** monthly webinars (offered with Spanish interpretation) were held highlighting various behavioral health initiatives promoting the importance and universal presence of mental health. Several webinars included participation from DCF, SDE, and DOC. All webinars were accessible to the community at large and recorded; the recordings can be found on OEC's website under Behavioral Health Initiative, as well as on OEC's YouTube page.

FAMILY AND YOUTH ENGAGEMENT

Goal F.1: Include family members of children with behavioral health needs, youth, and family advocates in the governance and oversight of the behavioral health system.

Toward a family-driven and youth-guided system of care, engage families and youth *as full partners* in the governance, planning, delivery, and evaluation of the children's behavioral health system. Increase opportunities for family peer support and family advocacy to reduce stigma and to offer emotional and navigation support of families. Conduct annual (at minimum) community conversations to inform understanding of the strengths and challenges in the system. Fund an evaluator to work collaboratively with families on analysis and dissemination of findings.

- (2015 – 2026) **FAVOR, YALE, CONNECT Partners** conduct annual community conversations have been conducted through the CONNECT grant to document family voice in shaping the system.
- (2016) **DCF** has made family and youth involvement a priority in both the implementation of the CME and the CONNECT federal grant. The CONNECT grant requires that all committees and workgroups are no less than 50% family members. FAVOR and AFCAMP, have played a major role in the implementation of the CME.

- (2016) **The CT Adult Mental Health Planning Council** provided funds from the Mental Health Block Grant to South-West Regional Mental Health Board to create a technology-based approach to engaging youth and young adults in the mental health/recovery services. The project is youth driven and managed and the result has been a web-based resource called TurningpointCt.org. It is for adolescents who are looking for answers regarding mental health issues, sharing of stories and resources for help. The project is in the process of mapping the behavioral health and wellness services and supports aimed at youth and their families that exist in CT.
- (2016) **Youth Leaders Partnership**, is driven by young adults who promote culturally appropriate services by building relationships and bridging systems to enhance outcomes for youth in the community.
- (2016) **CWCS and other key partners**, convened a statewide family engagement conference for school personnel, families, family engagement professionals and community leaders entitled High Impact Strategies for Family-School Partnerships. A subsequent blog was published on the U.S. Department of Education's Web site related to the conference.
- (2016) **DCF through the CONNECT workforce development committee** has developed three family training curriculums: the Network of Care-Agents of Transformation (NOC-AOT) training curriculum; Persuasive Story Telling, and Data 101. Each of these one-day curriculums train volunteer parents, caregivers and other family members to be comfortable and competent in the behavioral health system and prepare them to be more informed partners in the behavioral health system.
- (2018) **DMHAS** Youth advisory boards have been established at the young adult program sites. Staff have received and continues to receive training on youth culture and issues that impact youth's access to care.
- (2018) **DMHAS YAS** has provided additional funding to Advocacy Unlimited (AU) to develop and implement a Statewide Young Adult Warmline and to hire a Young Adult Recovery Support Coordinator.
- (2018) **DCF partnered with FAVOR,** to support the Family and Youth Engagement workgroup. The goal of the workgroup is to increase mental health awareness by partnering with parents, caregivers, emerging adults, adolescents and youth with the goal of integrating family and youth voice into the statewide Children's Behavioral Health System.
- (2018) **DDS contracted with the CT Family Support Network (CTFSN)** to provide outreach to families who do not receive waiver services from the department. CTFSN and DDS partnered with FAVOR to implement six Community Conversation meetings aimed at gathering information from DDS families who have a child who experiences behavioral health concerns.
- (2018) **CSDE's Parent Trust Fund** supports 5 models for developing parent leadership initiatives, including the Parent Leadership Training Institute.
- (2019) **The Advisory Board** piloted FamVoc, a family voice self-assessment for boards and councils that was developed by the national Family-Run Executive Director Leadership Association (FREDLA).
- (2024) **CSDE** engaged families and youth through a variety of initiatives, including the Commissioner's Roundtable on Family and Community Engagement, and community stakeholder forums and surveys on Elementary and Secondary School Emergency Relief (ESSER) investments.

- (2024) **CSDE's** Voice4Change program gave students the opportunity to propose and vote on how more than $1.5 million in federal relief funds should be invested to reimagine Connecticut's schools. Over 80% of Voice4Change submissions addressed the need for more social, emotional, and mental health supports for students and school staff.
- (2025) **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.
- (2025) **DMHAS YAS** developed a five-module training curriculum Based on young adult and staff survey feedback, to improve education for YAS staff members on multiple topics related to the Young Adult Voice Initiative.
- **(2025) DMHAS YAS** partnered with Positive Directions to update the CTSupportGroup.org website developed by young adults for young adults.
- (2025) **CONNECT partners** developed the Connect4Families Toolkit.
- (2025) **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.
- (2025) **JBCSSD** 2024-2026 Strategic Plan includes Client Engagement and Services. Juvenile Probation Services utilizes Wraparound funding (flex funds) to meet the urgent and individualized needs of youth and their families.
- (2025) **CBHAC and the Advisory Board** legislative mandates require representation of family members, with more than 50% of CBHAC members being parents or caregivers. The **TCB** has now also added a workgroup of family representatives and included family representatives across their other workgroups.
- (2026) **The OEC Parent Cabinet** established the Wellness, Engagement, Lasting Leadership (W.E.L.L.) Subcommittee to further support and sustain family engagement and promote mental health and wellness. The subcommittee's ***Vision*** *is a future where parent leadership drives the transformation of early childhood programs, ensuring families are heard, valued, and empowered. At the heart of this vision is holistic wellness—embracing behavioral, mental, physical, and spiritual health—as the foundation for every child and family to thrive. By elevating parent voices and lived experiences, we create communities rooted in strength, equity, and shared purpose.* In February, 2026, the Parent Cabinet W.E.L.L. Subcommittee held its first Community Conversation, the first of several in-person gatherings held throughout the year and throughout Connecticut within regions represented by Parent Cabinet members. With all that is going on in and around families and communities at large, the purpose for the gathering was to allow space for parents/caregivers to come together for a "family check-in" to hear and learn more about what matters most to them and their family. Additionally, the community conversation allowed space for parents/caregivers to know they are not alone, support is available to them, and to share resources that can provide said support. The Community Conversations were held:
  - February 28, 2026 in Danbury, CT (region #5),
  - April 18, 2026 in Stamford, CT (region #1)
  - June 27, 2026 in Manchester, CT (region #4).
- (2026) **DMHAS's** continuum of treatment and recovery services including 3.5 Pregnant & Parenting Residential Treatment Programs, Women's Recovery Support Programs (WRSPs,) REACH and PROUD have continued to provide a family focused response to supporting

women and families impacted by substance use and co-occurring disorders. Family therapy is offered as part of treatment alongside targeted interventions aimed at strengthening parent/child bonding, coordinating with child focused services and improving communication and collaboration with DCF involved families.

- (2026) **DMHAS and DCF** co-funded the Substance Exposed Pregnancy Initiative (SEPI CT), administered by **Wheeler**, has continued to collaborate on providing resources, educational materials and training opportunities to community, hospital and state partners statewide. SEPI CT implements the 5-year strategic plan on supporting individuals impacted by a substance exposed pregnancy and oversees the implementation of the state's response to the Child Abuse and Prevention Act (CAPTA).

WORKFORCE

Specific workforce goals are embedded within the other themes of the Plan. These identified a need to address workforce shortages, improve training, and expand awareness of behavioral health prevention and identification among the broader child-serving workforce. Specific training needs identified include: data analysis, use of validated screening tools, infant mental health, integration of physical and behavioral health, CLAS, and family leadership.

- (2015) **OEC** provided funds to **Eastern Connecticut State University** to develop training materials about children's mental health for early care and education providers. The training materials include videos and supplemental handouts that can help early care and education providers to better understand the mental health needs of children and respond to challenging situations in their classrooms.
- (2016) **CSSD** staff received pre-service and annual refresher trainings on a variety of topics, including but not limited to, adolescent development, behavioral health disorders and effective treatments, the impact of trauma on behavior, and suicide prevention.
- (2016) **DMHAS YAS in collaboration with UCONN** received a grant from HRSA to provide internships for 18 second year or advanced placement master level social worker's in young adult programs for the next 3 years. DMHAS and UCONN will be providing training for these social workers in an effort to establish a skilled workforce for youth with mental health and substance use issues.
- (2018) **DDS** Three informational videos titled, "Understanding ID", "Understanding ASD", and "Positive Behavior Supports for Developmental Disabilities", are being developed by a team of DDS psychologists. The completed videos will appear on the DDS website and on YouTube for individuals, caregivers, and providers to access. **DDS continues to partner with DCF, DMHAS, Beacon Health and BRISC** to offer trainings to EMPS [now Mobile Crisis] providers on proactive and reactive strategies to use in work with I/DD children and families.
- (2018) **OCA** has convened an interagency (**OCA, DCF, DDS, DDS, OEC, SDE, UCEDD and UConn**) working group to further assess workforce learning and practice based upon extensive workforce development needs still exist across all child serving systems with regard to the assessment and service delivery for children with complex developmental disabilities.
- (2023) **Advisory Board in collaboration with CHDI with funding from DCF** released *Strengthening the Behavioral Health Workforce for Children, Youth, and Families: A Strategic Plan for Connecticut*.

- (2024) As part of **OEC's** Behavioral Health Initiatives, monthly webinars were held to highlight mental health. All webinars were accessible to the community at large and recorded; the recordings can be found on OEC's website under Behavioral Health Initiative, as well as on OEC's YouTube page.
- (2024) **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.
- (2024) **CHDI with funding from DCF and other public and private partners** launches online asynchronous training on children's behavioral health topics development. Freely available on www.kidsmentalhealthtraining.org.
- (2025) **Advisory Board Family and Youth Peer Support Steering Committee** in response to one of the recommendations from the Workforce Plan, an Advisory Board workgroup developed a report with recommendations and action steps for Connecticut to expand family and youth peer support within children's behavioral health.
- (2025) **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.
- (2025) **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.
- (2025) **DMHAS** funds a supported education program at CCSU and has developed supported education programs at many of the community colleges in CT.
- (2026) **CHDI** launched the Children's Behavioral Health Workforce Center for Connecticut with funding from The Tow Foundation to build upon recommendations from the 2023 workforce strategic plan.