July 15th, 2026
2:00 PM – 4:00 PM
Virtually, Zoom
Viewing options: YouTube or CTN

TCB July Monthly Meeting Minutes

Attendees			TYJI Staff
Edith Boyle	Jeanne Milstein	Mickey Kramer	Erika Nowakowski
Susan Hamilton	Michael Powers	Alice Forrester	Emily Bohmbach
Sarah Eagan	Carolyn Grandell	Tara Viens	Ryan Connick
Tammy Exum	Ceci Maher	Shari Shapiro	Stacey Olea
Christina Ghio	Howard Sovronsky	Sean King	
Tammy Venenga	Melvette Hill	Kimberly Karanda	
Lisa Morrissey	Lorna Thomas-Farquharson	Michael Moavecek	
Jeff Vanderploeg	Yann Poncin	Tammy Freeberg	
Vincent Russo	Nicole Taylor	Kai Belton	
Jason Lang	Jody Bishop Pullan	Ceci Maher	
Claudio Gualtieri			

Welcome and Introductions:
The Meeting was opened with a welcome to all attendees.

Acceptance of TCB July Meeting Minutes:

A motion was introduced to accept the July meeting minutes. The motion carried and was approved.

Meeting Summary

The TCB Senior Project Manager welcomed members and reviewed administrative announcements before introducing the meeting agenda. Members were informed that the July meeting would focus primarily on providing historical context for the Albert J. Solnit Children's Center Hospital and reviewing its recent transition to UConn Health.

The Tri-chairs explained that the transition represents a significant milestone within Connecticut's children's behavioral health system and reflects continued collaboration among the Department of Children and Families, UConn Health, and numerous state partners. Presenters emphasized that the meeting was intended to establish a common understanding of Solnit's history, mission, and role within the statewide continuum of care before future meetings examine operational changes, implementation activities, and opportunities for ongoing system improvement. Members were advised that the committee would continue to monitor the transition through subsequent meetings and presentations to ensure transparency, promote stakeholder engagement, and support ongoing collaboration among state agencies, providers, and families.

Solnit Overview – DCF and UConn Health

Representatives from DCF and UConn Health provided the committee with an overview of the history of Albert J. Solnit Children's Center Hospital and its longstanding role in Connecticut's children's behavioral health system. The presentation served as the first in a series of discussions intended to familiarize committee members with the hospital's history, the recent transition to UConn Health, and the future direction of specialized inpatient behavioral health services for children and adolescents.

The discussion began with a historical overview of the hospital's development, noting that Connecticut has maintained specialized psychiatric services for children for several decades in response to the growing recognition that children require behavioral health

treatment specifically designed to meet their developmental, educational, and clinical needs. Presenters reviewed the evolution of the state's inpatient children's psychiatric programs, describing how the facility ultimately became the Albert J. Solnit Children's Center in recognition of Dr. Albert J. Solnit's significant contributions to child psychiatry and children's mental health policy.

Members learned Dr. Solnit's work for being nationally recognized for his leadership in advancing children's behavioral health care and advocating for treatment models that emphasize family involvement, child development, and multidisciplinary care. His work helped shape many of the principles that continue to guide Connecticut's behavioral health system today, including the importance of delivering individualized, evidence-informed care while maintaining strong partnerships with families, schools, and community providers.

Solnit Hospital occupies a unique role within Connecticut's behavioral health continuum. Unlike traditional inpatient psychiatric hospitals, the facility serves children and adolescents with some of the state's most complex psychiatric, developmental, and behavioral health needs, including youth who require highly specialized clinical services that are not readily available in community-based settings. Representatives noted that many patients admitted to Solnit have experienced significant trauma, multiple psychiatric diagnoses, or complex medical and developmental needs that require coordinated treatment from multidisciplinary teams. The presenters explained that the hospital's mission extends beyond providing inpatient psychiatric care. Treatment focuses on comprehensive assessment, stabilization, skill development, educational continuity, family engagement, and discharge planning to support successful transitions back into community settings whenever clinically appropriate. Members heard that collaboration with families, schools, outpatient providers, residential programs, and state agencies remains an essential component of treatment planning throughout a child's hospitalization.

The discussion highlighted the hospital's close partnership with Unified School District #2, which ensures that children continue receiving educational services while hospitalized. Representatives explained that integrating education into treatment helps

minimize disruptions to academic progress and supports successful reintegration into school environments following discharge. The speakers then discussed the recent transition to UConn Health under the John Dempsey Hospital license. Members were informed that the transition represents the culmination of extensive collaboration among DCF, UConn Health, OPM, DPH, and numerous state and clinical partners working to strengthen Connecticut's specialized pediatric behavioral health services.

The transition was described as an opportunity to integrate Solnit Hospital into Connecticut's only public academic medical center while preserving its longstanding mission of serving children with the most significant behavioral health needs. Presenters explained that the partnership is expected to enhance clinical quality, strengthen workforce recruitment and retention, expand opportunities for education and research, and improve access to specialized pediatric medical consultation through closer collaboration with UConn Health's academic and clinical resources. Members heard that planning for the transition involved numerous operational workgroups responsible for clinical services, regulatory compliance, finance, facilities, information technology, human resources, and patient care operations. Representatives emphasized that careful planning was undertaken to ensure continuity of services throughout implementation and to minimize disruptions for children, families, and staff.

The speakers highlighted the advantages of operating within an academic health system, including increased access to pediatric medical specialists, expanded opportunities for consultation across clinical disciplines, and stronger collaboration between behavioral health and medical providers. Presenters explained that these partnerships are intended to improve care for children whose behavioral health needs are accompanied by complex medical or developmental conditions requiring coordinated treatment. Representatives also discussed the importance of workforce recruitment and retention in sustaining high-quality inpatient psychiatric services. Members heard that, like many behavioral health providers across Connecticut, the hospital has experienced workforce shortages affecting a variety of clinical and support positions. The partnership with UConn Health is expected to strengthen recruitment by expanding opportunities for physician training, nursing education, clinical internships, residency programs, and continuing professional development. Presenters noted that

creating clear educational and career pathways may help build a more stable workforce while preparing the next generation of behavioral health professionals.

The discussion emphasized that multidisciplinary collaboration remains central to the hospital's model of care. Physicians, psychologists, nurses, social workers, occupational therapists, educators, and other specialists work together to develop individualized treatment plans that address each child's clinical, developmental, educational, and family needs. Members were informed that maintaining this team-based approach will remain a priority as operational responsibilities transition to UConn Health.

Presenters further explained that affiliation with an academic medical center creates opportunities to strengthen quality improvement initiatives and incorporate emerging evidence-based practices into clinical care. Enhancing collaboration in research, education, and program evaluations may support ongoing improvements in treatment approaches while contributing to broader knowledge of children's behavioral health care.

Q&A

Committee members expressed appreciation for the historical overview and the collaborative planning that supported the transition. Discussion focused on how the partnership between DCF, and UConn Health will preserve the hospital's specialized expertise while positioning the program for long-term sustainability.

Members asked several questions regarding continuity of care throughout the transition process. One member asked for the purpose of the DPH consent order and why a consultant is required to be on-site forty hours per week as well as requesting to see the document to see what is being ordered. A speaker explained that a DPH consent order is a standard part of a hospital transition when one organization partners with or takes over another facility. Its purpose is to allow DPH to review the facility's operations and ensure that patient safety and quality of care continue to meet the standards expecting in a hospital setting. A follow-up question was asked about the requirement for consultants to indicate that DPH identified specific problems or safety concerns for Solnit. The presenter explained that two separate consultants are involved.

An independent expert compliance consultant reviews the clinical side, including staffing, supervisory staffing, staff education, investigations, timely reporting, security, and other areas related to patient safety and quality of care. An environmental consulting firm reviews the physical facility to ensure that it complies with applicable laws and regulations and that any conditions that could create a safety risk are identified and addressed.

Committee members also discussed workforce sustainability and the importance of recruiting and retaining qualified behavioral health professionals. Presenters acknowledged that workforce challenges continue to affect behavioral health providers statewide but noted that integration with an academic medical center offers new opportunities to strengthen recruitment, expand professional training programs, and improve long-term workforce capacity through educational partnerships. A member asked about additional security personnel and whether it fit within Solnit's trauma-informed model of care. In response, the speaker advised that it is an ongoing discussion particularly within the workflow and collaboration with DCF and the Office of Child Advocate. They noted that the acuity of youth being served at Solnit has increased over the past year. They identified restraints and seclusion as areas to continuously work on related to programming. In addition, UConn Health is exploring enhancements to the ARC program. They explained that one of the primary reasons for adding security personnel is to provide staff with immediate support during emergencies.

A tri-chair then asked about trauma-informed care for the residents and whether security teams are trained to handle the patients. The presenters responded that they wikk first going to be training security with the mandatory requirements from the agency themselves and then they'll train the physicians and staff. The tri-chair followed up by asking how long it will take for the timing, the growth and the arc of change. In response, the speakers state the stabilization phase must happen as quickly as possible. There are a lot of different committees and groups working to make sure that staffing needs have been identified and that barriers and obstacles are removed.

Additional discussion focused on collaboration across Connecticut's behavioral health continuum. Members emphasized that inpatient psychiatric treatment represents only one component of an effective system of care and highlighted the importance of strong coordination among hospitals, outpatient providers, schools, community-based organizations, residential programs, and family support services. A member raised a question in regards of children with disabilities, on whether UConn is willing to reach out to DDS about referrals due to finding it difficult to gather denial data along with a follow up question on whether UConn will be reaching out to DDS to have a discussion on referrals for kids with disabilities. The speakers advised that Solnit certainly has and currently does admit youth of various presenting needs, including youth with intellectual disabilities, and are open to engage with DDS and look forward to hearing their points of view and incorporating that as they move forward.

Another member expressed their support for the current efforts and emphasized the importance of transparency, accountability, and stakeholder engagement through the process. It was also emphasized that the value of incorporating the perspectives of parents, families, consumers, and other stakeholder with relevant experience, they recommend that information regarding the progress and implementation of the action plan be made broadly accessible, when permitted, to ensure that stakeholders remain informed and have a shared understanding of the work underway. Presenters agreed that successful treatment depends upon seamless communication across providers and careful discharge planning that connects children and families with appropriate community-based services following hospitalization.

The discussion concluded with committee members expressing support for continued updates as implementation progresses. The TCB will have multiple working sessions in the month of August to discuss questions submitted by the committee.

Integrated Pediatric Behavioral Health Care

Representatives from LifeBridge Community Services and PHA presented an overview of their integrated pediatric behavioral health partnership, describing a collaborative model designed to improve timely access to outpatient behavioral health services by embedding licensed behavioral health clinicians within pediatric primary care

practices. The presentation emphasized early identification and intervention as key strategies for preventing behavioral health crises and reducing reliance on emergency department and inpatient psychiatric care.

The presenter reviewed statewide behavioral health trends affecting children and adolescents, noting that many behavioral health conditions, including anxiety, depression, and trauma-related disorders, can often be effectively treated in outpatient settings when services are available early. They explained that families frequently encounter barriers to care, including lengthy wait times, insurance limitations, and difficulty navigating multiple providers. The integrated partnership was developed to address these challenges by enabling pediatricians to make direct referrals to embedded behavioral health clinicians who initiate services promptly within the pediatric practice.

The speakers described a coordinated model in which pediatric providers identify behavioral health concerns through routine screening and clinical assessment while embedded behavioral health clinicians provide evaluations, therapy, care coordination, and ongoing consultation with the children's primary care provider. Members were informed that clinicians are currently embedded within three pediatric practice locations, allowing behavioral health services to be delivered in a familiar and trusted setting while strengthening collaboration between medical and behavioral health providers. The presenters shared encouraging early outcomes associated with the initiative, including a significant increase in the number of children accessing behavioral health services through the partnership. Preliminary evaluation data indicates improvements in emotional regulation, persistence, and family engagement while maintaining positive clinical outcomes. The presenters emphasized that integrating behavioral health services within pediatric practices improves access to timely treatment and helps children receive care before symptoms escalate to crisis.

The speakers addressed the financial challenges associated with sustaining integrated pediatric behavioral health services. Members heard that many essential components of collaborative care, including provider consultation, care coordination, warm handoffs, interdisciplinary communication, and treatment planning, are not adequately

reimbursed under Connecticut's current Medicaid payment structure. Although both organizations have continued to invest substantial resources to support the partnership, presenters noted that long-term sustainability and statewide expansion will require reimbursement models that recognize the full scope of integrated care.

Presenters referenced findings from Connecticut's Medicaid rate study and discussed the need for payment reforms that support integrated behavioral health partnerships and strengthen outpatient behavioral health capacity throughout the state. They emphasized that investing in timely outpatient services can improve outcomes for children and families while reducing reliance on more intensive and costly levels of care. The speakers offered the following recommendations:

- Encourage partnerships between pediatric primary care practices and community behavioral health providers through infrastructure funding, workforce support, and technical assistance.
- Develop a Medicaid payment model that supports integrated pediatric behavioral health partnerships and reimburses essential care coordination activities.
- Pursue a Medicaid demonstration waiver to evaluate integrated pediatric behavioral health partnerships and inform future statewide implementation.
- Update Medicaid reimbursement rates to reflect the actual cost of outpatient behavioral health services and establish a predictable process for future rate reviews.

Q&A

Committee members discussed how the integrated pediatric behavioral health partnership complements existing behavioral health initiatives and explored opportunities to strengthen collaboration across Connecticut's behavioral health system. Members sought clarification regarding how the embedded behavioral health model differs from existing pediatric consultation programs. Presenters explained that, unlike consultation models that primarily provide guidance and care coordination for pediatric providers, the integrated model places licensed behavioral health clinicians

directly within pediatric practices to provide assessment, therapy, care coordination, and ongoing collaboration with pediatricians in a single setting.

Discussion also focused on similarities between the integrated model and services provided through Federally Qualified Health Centers (FQHCs). Presenters noted that while both models emphasize integrated behavioral health services, FQHCs benefit from enhanced reimbursement structures that are not available to independent pediatric practices or community behavioral health providers. Members heard that comparable reimbursement mechanisms could help support expansion of integrated behavioral health partnerships throughout Connecticut.

Committee members asked about staffing requirements and care coordination responsibilities associated with the model. Presenters explained that behavioral health clinicians currently perform care coordination activities in addition to providing direct clinical services and emphasized that many of these essential activities are not separately reimbursed despite being critical to successful treatment outcomes. Discussion also highlighted opportunities to incorporate community health workers and student interns to strengthen care coordination and support clinical staff.

Members expressed strong support for integrating behavioral health services within pediatric primary care settings, noting that pediatric practices are often the first point of contact for families seeking assistance with children's behavioral health concerns. Several members observed that improving access to behavioral health services in trusted medical settings may reduce delays in treatment, improve early intervention, and decrease the need for emergency department visits and inpatient psychiatric care. Additional discussion emphasized the importance of strengthening behavioral health training for pediatric providers while recognizing the need for adequate financial support to sustain these expanded responsibilities.

Committee members also discussed care coordination resources available through Medicaid and explored opportunities to improve communication between healthcare providers. Presenters described current processes for sharing treatment information between separate electronic health record systems and noted that regular interdisciplinary meetings and structured communication are essential components of

effective integrated care. They emphasized, however, that these collaborative activities require significant staff time and remain difficult to sustain without dedicated funding.

The next meeting will be held on **September 2nd, 2026, at the LOB**