September 4, 2026 BHP Operations Committee Zoom Meeting

Meeting summary

Quick recap

The meeting focused on two agenda items: updates on the 1115 monitoring plan and planning for future presentations on CCBHC implementation and the Rural Health Transformation Grant. The state partners requested to flip the agenda order, so they could discuss the CCBHC presentation for the November meeting first. Fatmata Williams (DSS) agreed to reach out to the rural health team to provide a status update on behavioral health integration into the Rural Health Transformation Grant, which will be presented at the November 6th meeting. Rob Haswell and Kris Robles then presented a comprehensive update on the 1115 substance use disorder demonstration reinvestment strategy, covering approximately $6.7 million in reinvestments across multiple state agencies including DMIS and DCF. The presentation detailed various initiatives including support for SUD providers, expansion of recovery-focused housing, supported employment opportunities, and the new Young Peer Support Program for adolescents ages 12-17, with about 30 youth currently participating statewide. The conversation ended with discussions about residential bed capacity, concerns about individuals losing Medicaid coverage during redetermination, and the need for better engagement strategies for behavioral health patients.

Next steps

Fatmata Williams

- Reach out to the rural health team (contact Dan) to arrange for a status update presentation on the Rural Health Transformation Grant for the November 6th meeting, focusing on behavioral health integration and specific projects/contracts.
- Connect Heather with Suzette and Christine Stewart (leaders of the DSAC communications team) to discuss behavioral health provider engagement in Medicaid redetermination efforts.

Rob Haswell

- Provide a broader update on the CCBHC implementation in Connecticut at the November meeting, including progress and roadmap for post-planning grant (ending December 2023).
- Share information about the annual 1115 SUD demonstration statewide meeting (next Thursday) with David for inclusion in the meeting minutes.
- Take back the question about utilizing funds to support engagement specialists/case management for Medicaid redetermination and share information about the related program.
- Send the PowerPoint slides from the reinvestment strategy presentation to David for posting online.

Summary

CCBHC Implementation Planning Meeting

The meeting began with participants joining at 2:29 PM, with 17 people present by 2:32 PM. Chair Heather Gates noted it was a short agenda due to the Friday before Labor Day weekend. The meeting had two agenda items: a 1115 monitoring plan update and planning for a future presentation on CCBHC implementation in Connecticut and the Rural Health Transformation Grant. Due to scheduling constraints, the group decided to start with the CCBHC presentation discussion, and they were waiting for someone who could not join until 3:15 PM.

Rural Health Grant Updates Meeting

The meeting focused on updates regarding the Rural Health Transformation Grant and CCBHCs (Certified Community Behavioral Health Clinics). Heather requested a status update on how behavioral health needs are being integrated into the Rural Health Transformation Grant implementation, as it represents a significant funding effort for the state. Fatmata Williams agreed to reach out to the rural health team to provide a presentation at the next meeting on November 6th, focusing on behavioral health aspects including contracts, programs, and projects. The discussion also touched on the status of CCBHCs, with the planning grant set to end in December, though specific next steps after the grant expiration were not detailed in the transcript.

CCBHC Project Update Meeting

Rob Haswell provided an update on the CCBHC project, explaining that three selected clinics are working with consultant Mercer on cost reporting and PPS rate structure development. The team plans to provide a broader update in the November meeting, including policy discussions about adapting the model for Connecticut-specific needs. Rob also announced he would present on the 1115 reinvestment strategy, which involves reinvesting federal financial participation revenue back into substance use treatment and recovery services across multiple state agencies including DSA, DCF, DMS, and the judicial branch.

DCF Project and Reimbursement Updates

Kris Robles from DCF provided a high-level overview of prioritized projects, including training curriculum for recovery peer support specialists and the Young Peer Support Program. Key updates included new Medicaid reimbursement policies for substance use screening and brief interventions, with new coding implemented on July 1st, 2025, to allow reimbursement for negative to low-risk screens and longer interventions. Additionally, new reimbursement rates were established for adolescent substance use residential treatment programs, with increased rates for ASAM 3.5 level of care and new rates for 3.1 and 3.7 levels to support the full continuum of care.

SUD Provider Support Expansion Plans

Rob presented on continued support for SUD providers, highlighting a $450K annual reinvestment into current DMIS contractors to maintain access to care following Medicaid reimbursement rate increases in July 2025. The state allocated $2 million to support non-Medicaid reimbursable costs for new SUD treatment beds across the continuum, with five successful applications to date aimed at reaching approximately 1,200 total beds. Rob also discussed expansion efforts including a medically-oriented recovery house for individuals with complex medical needs, expanded supported recovery-focused housing to all HUSKY beneficiaries, and statewide employment services coverage for substance use treatment and recovery support.

Addiction Services Program Updates

Rob presented updates on several addiction services initiatives, including upgrades to the CT addiction services website with additional information on residential and outpatient providers, and the implementation of health-centric training for skilled nursing facility staff. He also announced the purchase of five new methadone dispensing pumps to expand MOUD treatment access. Kris detailed the Young Peer Support Program (YPPS), a statewide non-clinical recovery support program for youth aged 12-17, with approximately 30 youth currently receiving peer support services through CCAR and Advocacy Unlimited. The team announced an upcoming annual 1115 SUD demonstration statewide meeting scheduled for the following Thursday at 10 a.m.

Residential Treatment and Medicaid Redetermination

The meeting focused on residential treatment capacity and Medicaid redetermination impacts. Kris reported that an RFP for adolescent residential beds is in progress, while Rob noted that recent RFPs will help rebuild adult bed capacity to approximately 1,100 beds, with ongoing analysis to determine if additional beds are needed. The group discussed concerns about individuals losing Medicaid coverage during redetermination and how to support them, with Fatmata explaining that DSAC is working with 8 community agencies to train staff on helping members navigate the changes. The meeting also addressed the need for engagement specialists and case management, with Robert confirming that care coordination and case management were built into the process, and Fatmata mentioning that DSAC is training community workers to assist with redetermination processes.

Attendees: David Kaplan, Keri Lloyd, CT DCF, Joy Pendola, Maria Sullivan, Stephney Springer (External), CzunasS (External), Ece Tek, Jim Farrales, Continuum of Care, John Hamilton, Marie Mormile, Kim Haugabook, Fatmata Williams, DSS, Rep. Susan Johnson, Tyler Booth, InterCommunity, Shea Mitlehner, DMHAS, Maria Coutant-Skinner, Rob Haswell, DMHAS, Lois Berkowitz State of CT DCF, Susan Cutillo, Lisa Otto, Heather Gates.

Key Points

The meeting focused on the status of the **1115 Substance Use Disorder (SUD) demonstration** and the **CCBHC implementation**. The state provided a detailed review of reinvestment strategies across multiple agencies to expand treatment capacity, housing, and peer support, while identifying the need for a roadmap for CCBHCs and a strategy for Medicaid redetermination impacts.

1115 SUD Demonstration Reinvestments

The state is utilizing federal financial participation to reinvest in the SUD treatment and recovery continuum.

Adult-Focused Initiatives (DMHAS)

- **Provider Support:** Approximately $450K annually is dedicated to SUD residential programs to cover non-Medicaid costs, including cybersecurity, EHR maintenance, and workforce training.
- **Bed Capacity:** $2 million was allocated to open new SUD treatment beds, specifically targeting **ASAM 3.1 and 3.5 levels of care** to reach a goal of approximately 1,200 beds.
- **Housing & Shelter:**
  - $4.7 million dedicated to expanding the supported recovery house network and short-term therapeutic shelters.
  - Established a 12-bed medically-oriented recovery house for clients with complex medical needs.
  - Expanded sober house access to all **HUSKY** types, including HUSKY C.
- **Employment & Access:**
  - $2 million expanded employment services (job coaching, resume writing) to regions, and.
  - Expanded the 24/7 access line and the mental health/SUD program for mothers.
  - Upgraded the CT addiction services website to provide real-time bed and provider availability.
- **Equipment & Training:** Purchased five new methadone dispensing pumps and provided health-centric training for skilled nursing facility staff.

Adolescent-Focused Initiatives (DCF)

- **Young Peer Support Program (YPPS):** $1.6 million used to launch a statewide non-clinical recovery program for youth ages 12-17, regardless of DCF involvement.
- **Training & Certification:** Partnered with Choice Recovery Coaching to develop a peer support specialist training curriculum and certification track.
- **Reimbursement Changes:** New coding effective July 1, 2025, allows reimbursement for low-risk SBIRT screens and increased rates for adolescent ASAM 3.5 care.

CCBHC Implementation Status

- **Current Phase:** The state is working with consultant **Mercer** on cost reporting to develop the **PPS rate structure**.
- **Timeline:** The planning grant ends in December; a broader roadmap and status update will be presented in November.

Risks and Open Questions

- **Medicaid Redetermination:** Concerns were raised regarding the "payer mix" as individuals lose Medicaid, potentially increasing the uninsured population in residential programs.
- **Bed Capacity:** While adult beds are increasing, there is an ongoing discussion regarding the potential need for *fewer* women and children's beds due to a decrease in census and a shift toward in-home services.
- **Engagement Gaps:** A lack of funded case management/engagement specialists was identified as a systemic gap that may hinder members' ability to navigate Medicaid changes.

Action Items

- **Fatmata:** Reach out to the rural health team to arrange a status update presentation for the November 6th meeting.
- **Robert:** Provide the reinvestment strategy PowerPoint slides to David for online posting.
- **Robert:** Follow up on whether care coordination/case management funding can be used for engagement specialists to help members stay on Medicaid.
- **Fatmata:** Connect Heather with the DSS communications leaders (Suzette and Christine Stewart) regarding behavioral health integration in redetermination outreach.

Next Meeting

- **Date:** November 6, 2026.