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Children's Behavioral Health System Overview for BHPOC

Susan Hamilton
DCF Interim Commissioner

November 12, 2025

Children's Behavioral Health System Vision Statement

An integrated, accessible system of effective services supporting all youth and their families that addresses individualized needs, social determinants of mental health and produces equitable, positive outcomes.

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System Partners

STATE AGENCIES AND OVERSIGHT/ADVISORY BODIES

BEHAVIORAL HEALTH OF ALL CONNECTICUT CHILDREN
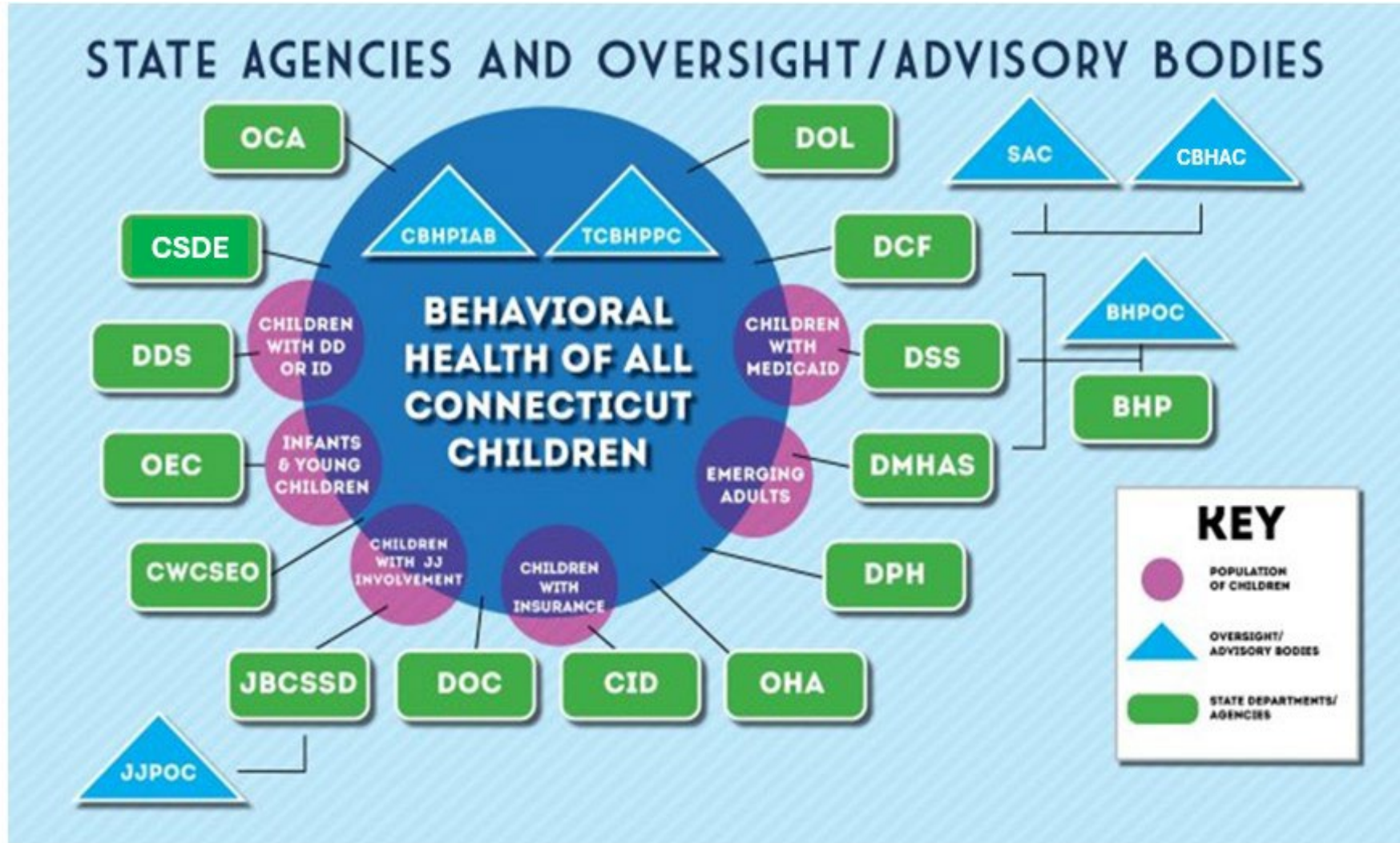
STATE AGENCIES

DCF - Department of Children and Families
DDS - Department of Developmental Services
DSS - Department of Social Services
DMHAS - Department of Mental Health and Addiction Services
DPH - Department of Public Health
CID - Connecticut Insurance Department
CSDE - Connecticut State Department of Education
CWCSEO - Commission on Women, Children, Seniors, Equity and Opportunity
DOC - Department of Corrections
DOL - Department of Labor
OEC - Office of Early Childhood
OCA - Office of the Child Advocate
OHA - Office of the Healthcare Advocate
JBCSSD - Judicial Branch Court Support Services Division
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
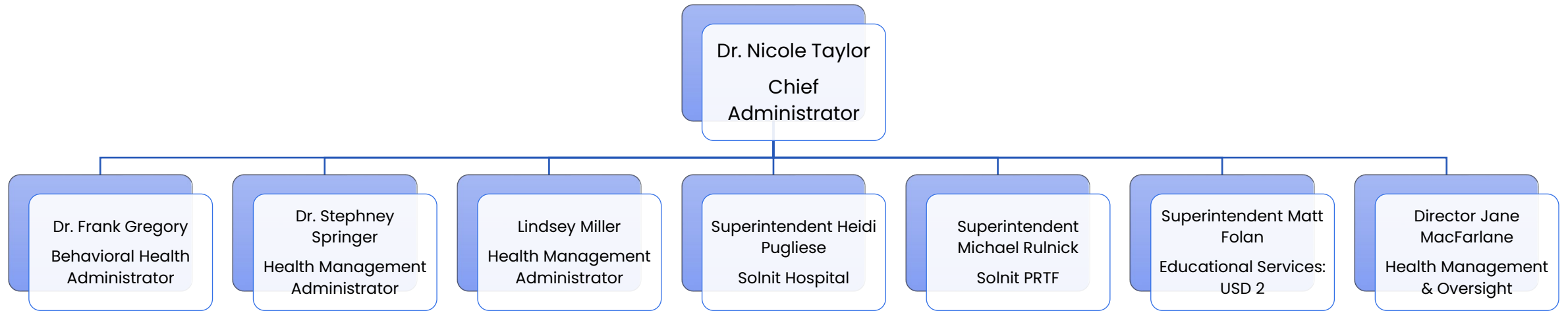
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State Collaboration

- DCF – Statutory responsibility for children's behavioral health; directly operates or contracts for services across the continuum - inpatient, residential and outpatient

- OPM – Long-range, cross agency planning; budget and policy oversight

- CSDE – Social-Emotional Learning initiatives, school-based behavioral health services

- DDS – Manages services for children with intellectual disabilities

- DSS – Largest payer of children's behavioral health services; enrolls providers, designates covered services and determines rates

- DPH – Licenses hospitals, school-based health centers, oversees emergency transport systems

- DMHAS – Statutory responsibility for the continuum of behavioral health services for individuals over 18; works collaboratively with DCF to transition youth aging out of DCF who are in continued need of BH services

- CID – Provides rate approval and oversight for commercial insurance and consumer protections

- OHS – Manages the "Certificate of Need" (CON) process for hospitals; reviews and approves hospital requests to ensure access for needed services while limiting duplication or excess capacity

- OWS – Provides strategic guidance on workforce initiatives and investments to meet demand for professionals in the behavioral health field

- JB-CSSD – Manages youth in the juvenile justice system

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Population Served by DCF

- DCF is the lead state agency for children's behavioral health services

  – Mental health services
  – Substance use disorders
  – Suicide prevention
  – Juvenile justice diversion

- Serves all children under age 18
  – Children in foster care at age 18 can voluntarily remain in DCF care until the age of 21 (age 23 in certain circumstances) and continue to receive services and support

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Division of Behavioral Health and Well-Being

Dr. Nicole Taylor

Chief Administrator

Dr. Frank Gregory

Behavioral Health Administrator

Dr. Stephney Springer

Health Management Administrator

Lindsey Miller

Health Management Administrator

Superintendent Heidi Pugliese

Solnit Hospital

Superintendent Michael Rulnick

Solnit PRTF

Superintendent Matt Folan

Educational Services: USD 2

Director Jane MacFarlane

Health Management & Oversight

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Values and Principles

Community-Based

Services and system management located within a supportive, adaptive infrastructure of structures, processes and relationships at the community level

Family Driven Youth Guided

Family voice informs all aspects of the service system

Trauma Informed

All services must be trauma informed, with recognition that unmitigated exposure to adverse childhood experiences including violence, physical or sexual abuse can cause serious, chronic health and behavioral health problems. ACEs are associated with increased involvement with the criminal justice and child welfare systems

Full BH System Integration

Children's Behavioral Health System

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Values and Principles

Racial Equity and Justice

All services will be measured and evaluated with a health equity and racial justice perspective with the explicit intent of ultimately eliminating disparities and injustice.

Culturally & Linguistically Appropriate Services

Reflect the cultural, racial, ethnic, and linguistic diversity of populations served including native, rural and undocumented

Intentional Focus on LGBTQIA+ Youth Needs

Facilitate access to and utilization of appropriate services and supports to eliminate disparities in clinical health care

Full BH System Integration

Children's Behavioral Health System

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Goals

Promote wellbeing of *all* of Connecticut's Children through prevention, early detection and access to responsive and effective services

Empower and support families to raise healthy and happy children

Provide a broad array of services through a coordinated and integrated system that maximizes available resources

Reduce racial and ethnic disparities in outcomes for children and families of color

Continuous Quality Improvement

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CT Behavioral Health Partnership

- The CT Behavioral Health Partnership (CT BHP) is a partnership among the Departments of Children and Families, Social Services and Mental Health and Addiction Services.

- Carelon serves as the behavioral health Administrative Services Organization (ASO) and manages behavioral healthcare for over a million HUSKY Health members.

- Carelon's role is to support access to community services, assuring delivery of quality services, ensuring delivery at the appropriate level of care and promoting practice improvement.

- The CT BHP in collaboration with Carelon work on improving the overall behavioral health delivery system by assessing network adequacy.

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Service Array

Care Coordination	IICAPS Consultation and Evaluation	Outpatient Psychiatric Clinic for Children
Care Management Entity	Intimate Partner Violence: Family Assessment Intervention	Outpatient Urban Trauma Center
Child First Consultation and Evaluation	Mental Health Consultation to Child Care	Parenting Support Services
CT Access Mental Health	Mobile Crisis Intervention Services	Prevention Care Management Entity
Early Childhood Consultation Partnership	Multidimensional Family Therapy	SAFE Family Recovery
Extended Day Treatment	Multidisciplinary Team	START Program for Youth and Young Adults
Family Assistance and Social Determinant	Multisystemic Therapy for Emerging Adults	Statewide Family Organization
Family Based Recovery	Multisystemic Therapy	Supportive Housing for Families
Family Based Recovery Quality Assurance	Multisystemic Therapy- Building Stronger Families	Survivor Care
First Episode Psychosis Program	Multisystemic Therapy- Problem Sexual Behavior	Therapeutic Child Care
Functional Family Therapy - Foster Care	Multisystemic Therapy: Consultation and Evaluation	Therapeutic Child Care: Trauma Informed
Functional Family Therapy	New Haven Trauma Coalition	Urgent Crisis Centers

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Funding Sources

- DCF General Fund Appropriation

- Medicaid funding

- Community Mental Health Services Block Grant (CMHBG)

- American Rescue Plan Act (ARPA) – available through December 2026

- Health Resources & Services Administration (HRSA)

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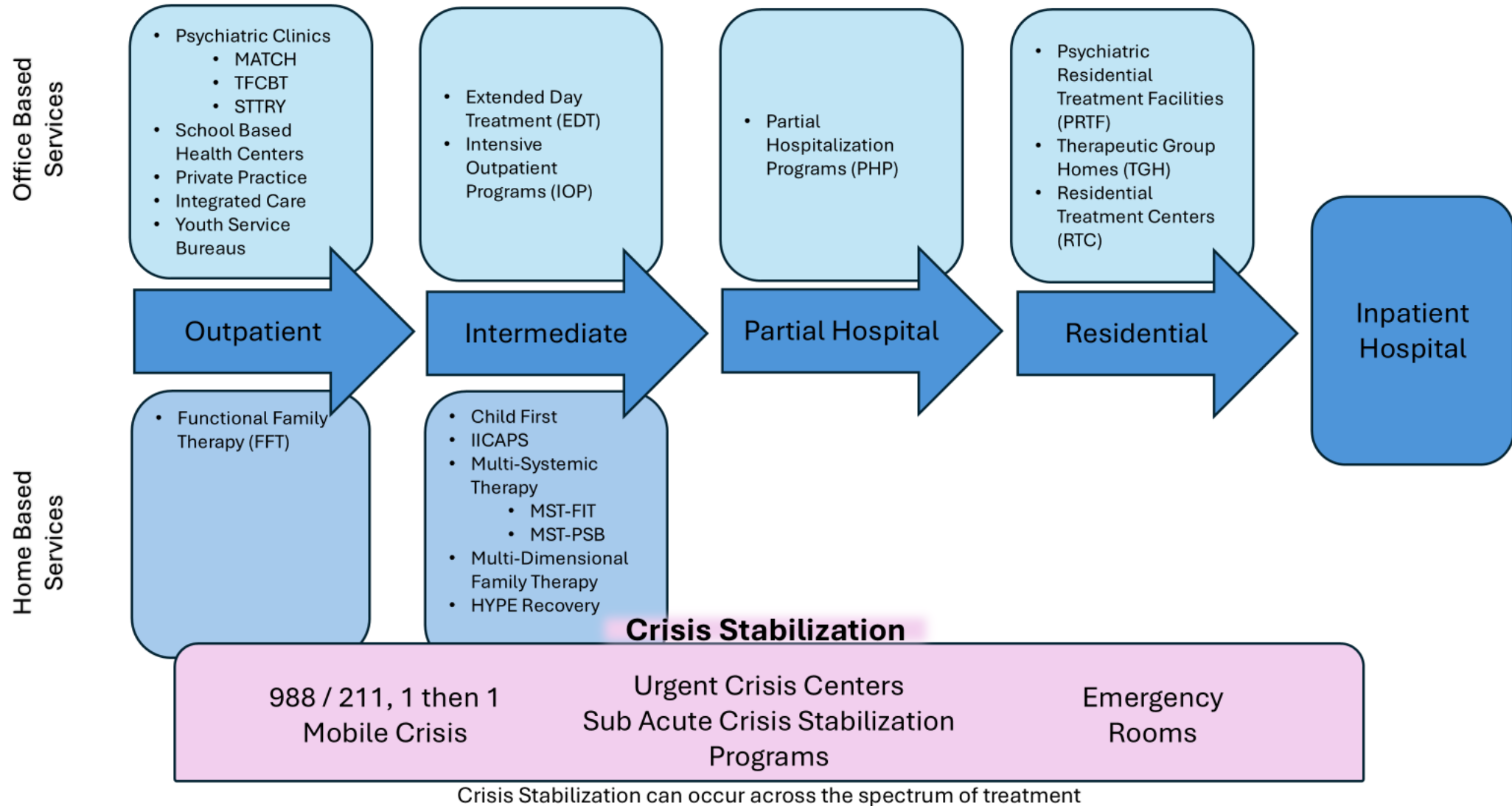Children & Families

Funding Sources – General Fund

- Support from the Governor's Office and the Legislature has helped build a strong network of care

- DCF behavioral health services:

  - Community Programs – both contracted and fee-for-service
  - Congregate Care – both contracted and fee-for-service
  - State-Operated Facilities – inpatient and PRTFs

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Funding Sources - CMHBG

- Respite Care for Families

- FAVOR, Statewide Family Organization-Family Peer Support Specialists

- CT Community KidCare/Workforce Development

- Youth Suicide Prevention/Mental Health Promotion

- Extended Day Treatment

- Early Serious Mental Illness/First Episode Psychosis

- Quality of Care/Best Practices

- Outpatient Care: System and Treatment Improvement

- Behavioral Health Outcomes, Performance Improvement and Data Dashboard

- Other Connecticut Community KidCare

- Emergency Crisis

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Service Continuum

Office Based Services

- Psychiatric Clinics
  - MATCH
  - TFCBT
  - STTRY
- School Based Health Centers
- Private Practice
- Integrated Care
- Youth Service Bureaus

- Extended Day Treatment (EDT)
- Intensive Outpatient Programs (IOP)

- Partial Hospitalization Programs (PHP)

- Psychiatric Residential Treatment Facilities (PRTF)
- Therapeutic Group Homes (TGH)
- Residential Treatment Centers (RTC)

Outpatient → **Intermediate** → **Partial Hospital** → **Residential** → **Inpatient Hospital**

Home Based Services

- Functional Family Therapy (FFT)

- Child First
- IICAPS
- Multi-Systemic Therapy
  - MST-FIT
  - MST-PSB
- Multi-Dimensional Family Therapy
- HYPE Recovery

Crisis Stabilization

988 / 211, 1 then 1
Mobile Crisis

Urgent Crisis Centers
Sub Acute Crisis Stabilization Programs

Emergency Rooms

Crisis Stabilization can occur across the spectrum of treatment

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Crisis Continuum

SAMHSA National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit

988 and / or 211, 1 then 1

Urgent Crisis Centers and Sub-Acute Crisis Stabilization

Someone to Contact

Someone to Respond

A Safe Place for Help

All children remaining in their homes and communities with a system of supports

Mobile Crisis Intervention Services

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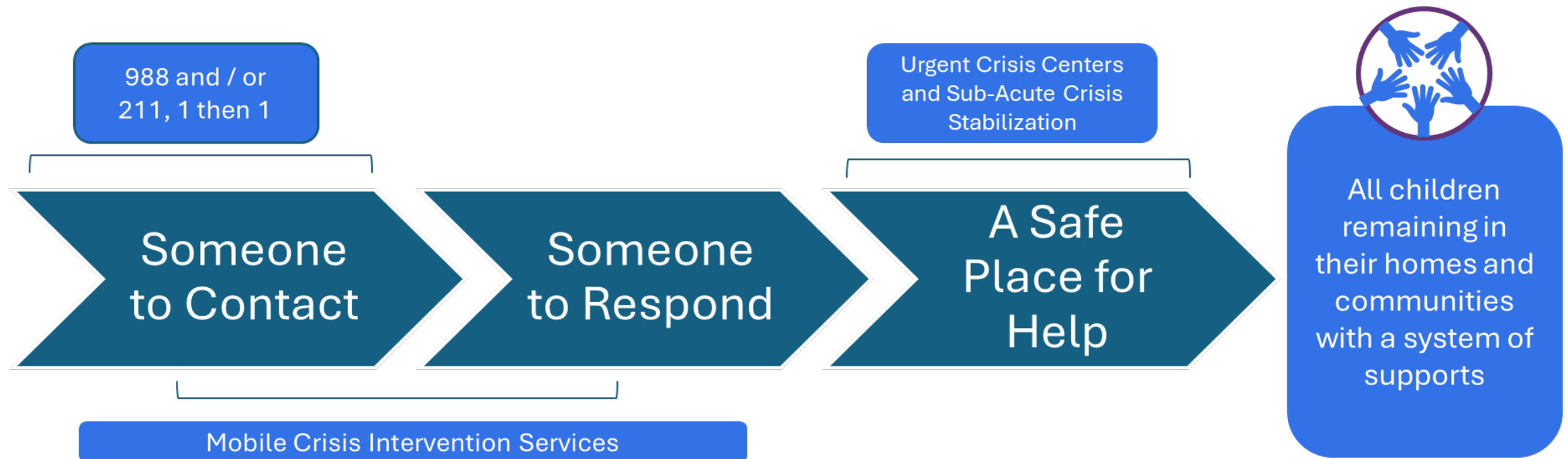
Mobile Crisis

- Mobile Crisis Intervention Services (MCIS) is a face-to-face intervention for children experiencing a behavioral health need or crisis

- It is available to any child across the state, no matter their ability to pay, 24/7

- MCIS is a critical part of the crisis continuum that reduces reliance on hospital ED's

- MCIS is implemented by 6 providers with 14 mobile sites across the state

KEY FINDINGS FY25:

Mobile Crisis had **11,608** episodes of care serving **8,428** children.

42% of callers to Mobile Crisis were schools, and **40%** were the family or child themselves.

39% of children received ongoing stabilization services from Mobile Crisis.

Children were most commonly presenting to Mobile Crisis with Harm/Risk of Harm to Self (**30%**) and Disruptive Behavior (**26%**).

Mobile Crisis had a **95.8% mobility rate**, and responded to **88.0%** of mobile episodes in **under 45 minutes.**

72% of children were discharged after completing their treatment with Mobile Crisis

41% of children were referred to outpatient services, and **36%** were referred back to an existing provider. **29%** of children received referrals to multiple services.

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Urgent Crisis Centers

- Receive youth/young adults ages 0-18, experiencing a behavioral health crisis via walk-in (or police or ambulance drop off)
- Triage youth based on risk and needs
- Provide de-escalation and crisis stabilization services
- Offer a thorough assessment to determine appropriate level of care
- Develop a crisis safety plan collaboratively with the family
- Provide quality care coordination
- Provide aftercare/bridge services until next service is available

Urgent Crisis Centers

Urgent response for children's mental health crises.

- Thoughts of suicide or self-injury
- Feelings of depression, anxiety or hopelessness
- Out-of-control behaviors
- Substance misuse
- Any mental health crisis

No appointment needed

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Urgent Crisis Centers

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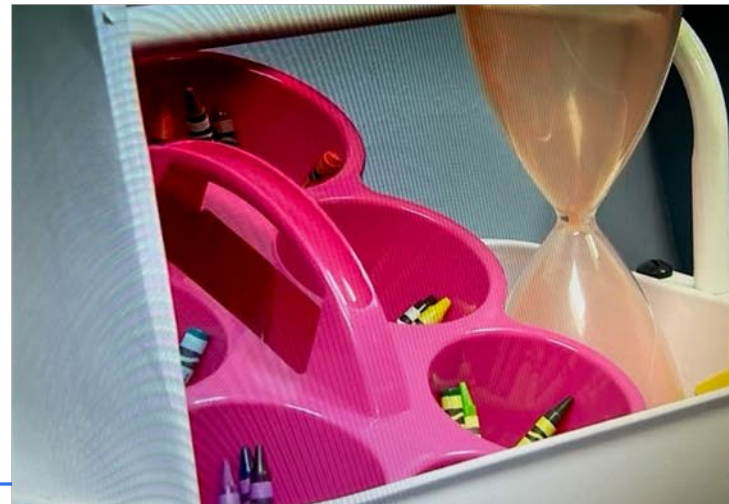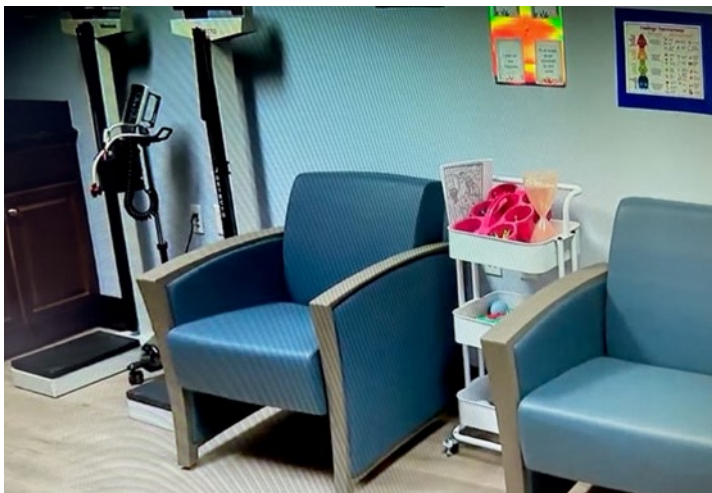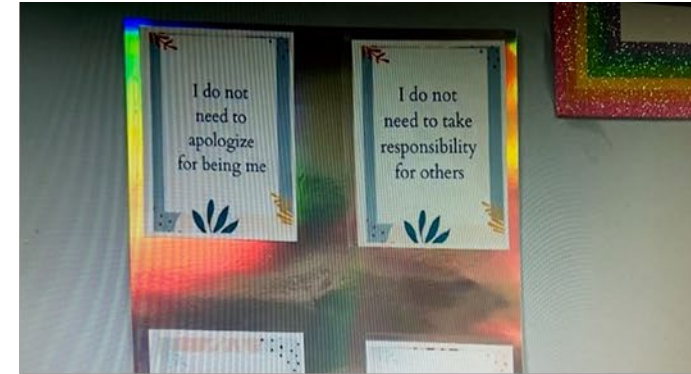
Solnit Children's Psychiatric Hospital and PRTF

- The Solnit Center is a state-operated psychiatric treatment facility for children that comprises a psychiatric hospital and two psychiatric residential treatment facilities (PRTFs). The hospital and one PRTF are located in Middletown (Solnit South) and the other PRTF is in East Windsor (Solnit North)

    – Solnit Hospital treats males and females and has 45 inpatient beds

    – Solnit South PRTF treats adolescent males (13-17 y.o.) and has 21 beds

    – Solnit North PRTF treats adolescent males (13-17 y.o.) and has 30 beds

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ACCESS Mental Health

- ✓ Pediatric program launched statewide June 2014 – Department of Children and Families (DCF) state funds

- ✓ Expanded to include 19- to 21-year-old young adults – HRSA PMHCA Award 2021

- ✓ In 2022, CT state legislation allocated a portion of the American Rescue Plan Act funding to support the Hub teams in providing telephonic bridge treatment

- ✓ DCF contracts with Carelon Behavioral Health to provide administrative oversight

- ✓ Carelon contracts with three child and adolescent psychiatric hub teams to provide real-time telephonic consultation and direct resource and referral support

- ✓ Offering monthly provider trainings and toolkits on mental health and substance use screening and treatment

- ✓ Created a parent education video series

Average Yearly Utilization*

9,613 Real-time psychiatric consults provided

2,088 Individuals and their families served

*fiscal year 2022-2024 data

What Participating PCPs Are Saying About ACCESS Mental Health

"Had it not been for the support and training I received from the child psychiatrists at AMH, many of my patients would not be receiving the care that they desperately need. I am a far better pediatrician because of ACCESS Mental Health."

"ACCESS Mental Health has markedly enhanced my ability to take care of my patients and families"

"This program is the best thing that has happened to Connecticut"

Treating Provider feels stuck and isn't sure what do next

Treating Provider calls **Hub Team's toll-free number** and talks directly with a seasoned psychiatrist every call

HELP — Hub team psychiatrist provides diagnostic clarification, psychopharmacology and counseling recommendations and, if needed, offers resource and referral support to patient

SUPPORT — Resource and Referral Support team outreaches to patient and family to help them find services
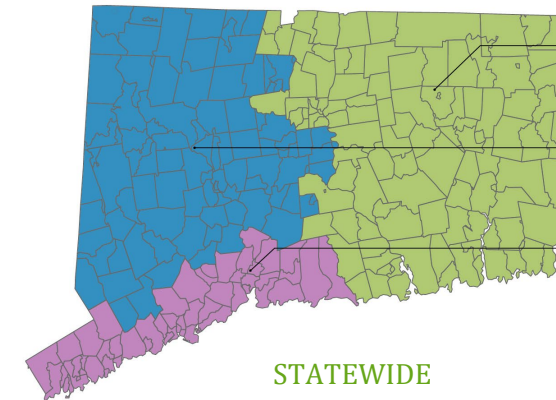
Hartford Hospital Hub: 855-561-7135

Wheeler Clinic Hub: 855-631-9835

Yale Child Study Hub: 844-751-8955

STATEWIDE
MONDAY-FRIDAY 9am to 5pm

Each Hub Team (1.0FTEs):
- ✓ Child and Adolescent Psychiatrist(s)
- ✓ Licensed Clinician(s)
- ✓ Family Peer Specialist
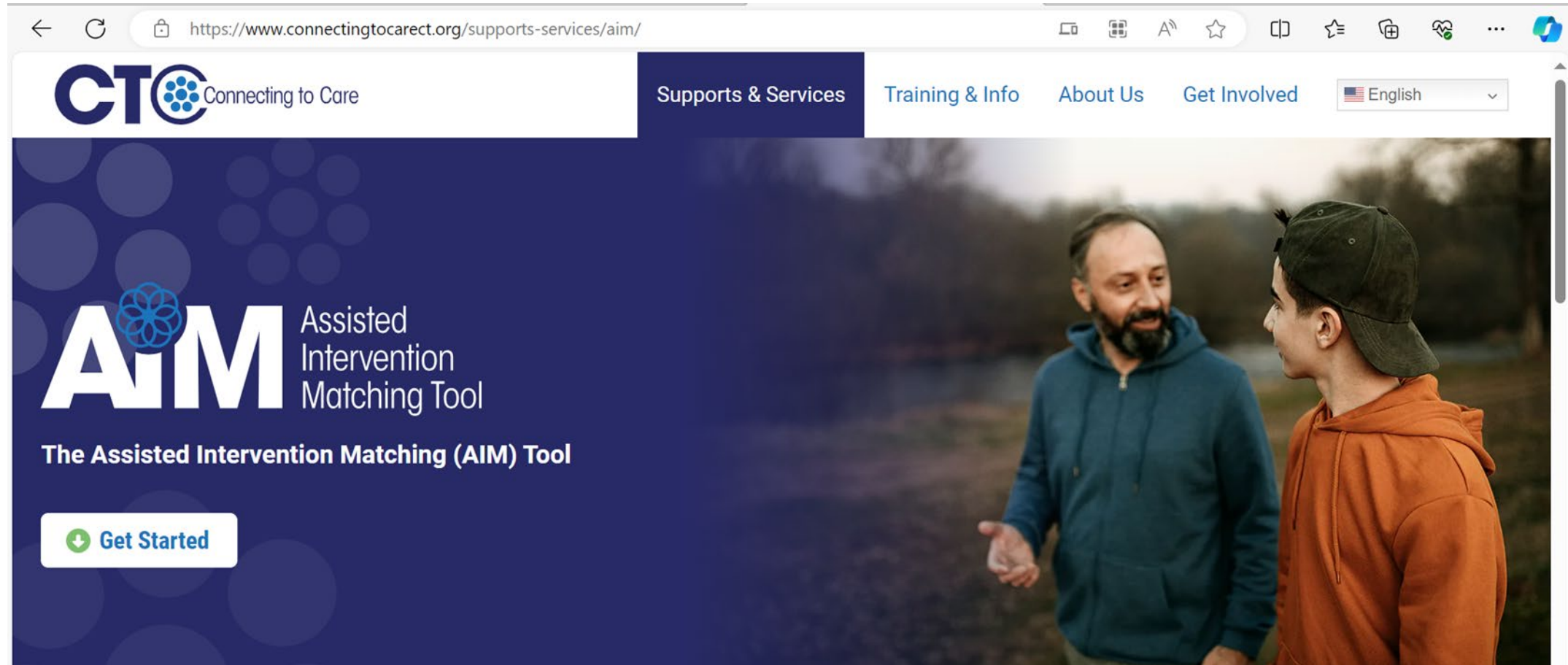- ✓ Program Coordinator

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Juvenile Justice Prevention Services

- After the transfer to Judicial Branch -Court Support Services Division (JB-CSSD), DCF has continued to contract for many programs that are targeted at children in the juvenile justice system who fall under the Department's behavioral health mandate

- DCF contracts for services and provides slots that include youth being served by JB-CSSD

- DCF budgets more than $23 million annually for this population

- Most prominent services:

    - Multisystemic Therapy (MST)
    - Multidimensional Family Therapy (MDFT)
    - Functional Family Therapy (FFT)
    - Adolescent Community Reinforcement Approach (ACRA)
    - Youth Service Bureaus (YSB)
    - Juvenile Review Boards (JRB)

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Resources for Families

- Children's Behavioral Health resource guides for parents: Support & Services | Wrap CT (connectingtocarect.org)

- Children's Behavioral Health Plan: www.plan4children.org

- State Suicide Prevention Plan www.preventsuicidect.org

- Prevention, Mental Health, and Substance Use Recovery www.wearect.org

Resources for Families

QUESTIONS?