

February 11, 2026 BHPOC Zoom Meeting

Meeting summary

Quick recap

The Behavioral Health Partnership Oversight Council meeting focused on updates from various state agencies and departments, including DDS Commissioner Jordan Scheff's presentation on services for individuals with intellectual disabilities. Bill Halsey announced his transition from Medicaid Director to Director of Healthcare Policy and Payment Reform at DSS. The council discussed challenges in serving individuals with both intellectual disabilities and behavioral health issues, as well as workforce shortages in the field. Updates were provided on behavioral health rates, residential substance use treatment providers, and a new \$154 million Rural Health Transformation Program. Various committee reports were shared, including upcoming meetings for CAAP and AQP, with the next BPOC meeting scheduled for March 11.

Next steps

- [Bryan Klimkiewicz \(CSDE\): Follow up with Steve Girelli to confirm definitively whether the Rural Health Transformation Program funding can be applied to underserved urban settings, and report back.](#)
- [Bryan \(CSDE\): Provide a more detailed update at the next meeting regarding whether the new funding is for both study and implementation, and the implications of the funding.](#)
- [\(Optional, implicit from discussion\) Bill Halsey and/or Fatmata \(DSS\): Provide a high-level overview of the Rural Health Transformation Program and its 31 projects to the BPOC at a future meeting.](#)

Summary

Behavioral Health Council Leadership Update

The Behavioral Health Partnership Oversight Council meeting began with introductions and setup of live CTN coverage and Spanish translation services. The main agenda item was a report from Bill Halsey about organizational changes at DSS, where he announced his transition from Medicaid Director to Director of Healthcare Policy and Payment Reform, focusing on chronic conditions, behavioral health, and pharmacy costs. The meeting was co-chaired by Janine Sullivan-Wiley, who noted that Terry DiPietro was absent due to medical issues.

Improving State Agency Communication

Bill Halsey discussed his new role and mentioned ongoing efforts to address communication silos between state agencies, referencing a previous study called "500 Familiar Faces" and the Rural

Health Transformation Grant, which received \$154 million in year one. Maureen inquired about research into communication practices in other states to reduce costs and improve outcomes, to which Bill responded by highlighting these initiatives and expressing interest in reviewing a platform Maureen O'Neil Davis suggested. Janine Sullivan-Wiley expressed confidence in Bill Halsey's continued effectiveness in behavioral health and wished him well in his new position.

DDS Services and Budget Overview

DDS Commissioner Jordan Scheff presented an overview of the department's services, highlighting that they serve approximately 17,000 individuals with intellectual disabilities across the state with a budget of \$1.6 billion. The presentation covered DDS's partnership with private providers for most services, the three Medicaid HCBS waivers, and current waitlist statistics of 1,552 individuals. Key initiatives discussed included expanding assistive technology, supportive housing projects, supported employment programs, and efforts to ensure continuity of care for high school graduates and age-outs.

Crisis Response and Housing Support

Commissioner Scheff presented an overview of crisis response teams and emergency transitional housing units to support individuals at risk of losing their residential homes. He explained that over 14,000 people are engaged in services daily, with supports tailored to individual needs through a person-centered planning process. Steve asked about the total numbers on slide 3, and the Commissioner clarified that it includes individuals whose needs are not currently met and those anticipated to need services in the future. Maureen O'Neil Davis inquired about how the department becomes aware of future needs, particularly for children currently supported by DCF or school systems, and the Commissioner acknowledged the need for better mechanisms to anticipate and prepare for these transitions.

DDS Eligibility Criteria Shift Discussion

Commissioner Scheff discussed the current process of determining eligibility for DDS services, noting that while they work closely with other state agencies to prepare for individuals' needs, they sometimes encounter people who are unknown to them, often in emergent situations. Co-Chair Representative Mike Demicco inquired about the potential impact of shifting Connecticut's eligibility criteria for DDS services from IQ scores to functional characteristics, as seen in other states. Commissioner Scheff speculated that this change could potentially double the number of eligible individuals but emphasized that it is difficult to predict the exact cost implications. He also mentioned that while there is a current waitlist for individuals with intellectual disabilities, waitlists in other states have grown after similar eligibility changes.

Autism Waiver and Workforce Challenges

Commissioner Scheff explained that while the autism waiver is now housed at DSS, DDS still partners with DSS on certain responsibilities. He discussed the ongoing workforce crisis in the field, noting that it has been a persistent issue since the late 1980s and was exacerbated by COVID-19. The Commissioner mentioned that the department has taken various steps to address the crisis, including bringing on a private provider to work on the Governor's Workforce Council and utilizing ARPA funding. He also mentioned that wages for direct care workers have increased from around \$13.85 to about \$20, with plans to reach \$23 through recent negotiations between the governor's office and providers.

Behavioral Health for Intellectual Disabilities

Commissioner Scheff discussed the challenges of serving individuals with intellectual disabilities who also have behavioral health issues, emphasizing that behavioral challenges are not inherent to intellectual disabilities. He explained that while a small minority of individuals with intellectual disabilities require behavioral health support, existing systems may not be adequately equipped to address these needs. He highlighted ongoing conversations about whether to build a parallel system or make accommodations within existing structures, as well as funding and staffing challenges. He noted that Connecticut is not unique in facing these issues and that similar discussions occur across states.

Behavioral Health Services Expansion Updates

The Behavioral Health Partnership Oversight Council meeting covered several key topics. Commissioner Scheff provided an update on potential expansion of services for individuals with developmental and mental health disabilities, including discussions about funding and placement challenges. The group discussed workforce shortages in clinical expertise for this population, with the Commissioner noting that while skilled professionals exist in Connecticut, there are not enough focused on intellectual disability and behavioral health issues. Alexis Mohammed (DSS) announced rate increases for behavioral health services, effective retroactively to January 1, 2026. Rob Haswell (DMHAS) reported on ongoing interim monitoring of residential substance use treatment providers and training opportunities through the 1115 substance use disorder demonstration program. Bryan Klimkiewicz shared updates on a \$154 million CMS grant for rural health transformation, which will fund 31 projects across 10 agencies to improve behavioral and mental health systems in rural districts. The conversation ended with updates from various committees, including Child Adolescent Quality Access and Policy Committee, which will have a presentation from Carelon and their legislative 101 report next week.